South Sefton Clinical Commissioning Group

Integrated Performance Report
September 2019

Contents

1. Executive Summary ... 11
2. Planned Care ... 14
2.1 Referrals by source ... 14
2.2 E-Referral Utilisation Rates ... 16
2.3 Diagnostic Test Waiting Times ... 17
2.4 Referral to Treatment Performance ... 18
2.4.1 Referral to Treatment Incomplete pathway – 52+ week waiters ... 20
2.4.2 Provider assurance for long waiters ... 21
2.5 Cancer Indicators Performance ... 22
2.5.1 Two Week Urgent GP Referral for Suspected Cancer ... 22
2.5.2 Two Week Wait for Breast Symptoms ... 23
2.5.3 31 Day first definitive treatment of cancer diagnosis ... 24
2.5.4 31 Day Standard for Subsequent Cancer Treatment – Drug ... 24
2.5.5 62 Day Cancer Urgent Referral to Treatment Wait ... 25
2.5.6 62 day wait for first treatment following referral from an NHS Cancer Screening Service 26
2.5.7 62 Day wait for first treatment for Cancer following a Consultants Decision to Upgrade 27
2.5.8 104+ Day Breaches ... 28
2.5.9 Faster Diagnosis Standard (FDS) ... 28
2.6 Patient Experience of Planned Care ... 30
2.7 Planned Care Activity & Finance, All Providers ... 31
2.7.1 Aintree University Hospital NHS Foundation Trust ... 32
2.7.2 Renacres Hospital ... 33
2.8 Personal Health Budgets ... 34
2.9 Continuing Health Care ... 35
2.10 Smoking at Time of Delivery (SATOD) ... 36
3. Unplanned Care ... 37
3.1 Accident & Emergency Performance ... 37
3.1.1 A&E 4 Hour Performance: South Sefton CCG ... 37
3.1.2 A&E 4 Hour Performance: Aintree Hospital ... 38
3.2 Occupied Bed Days ... 39
3.3 Ambulance Performance ... 40
3.4 Ambulance Handovers ... 41
3.5 Unplanned Care Quality Indicators ... 42
3.5.1 Stroke and TIA Performance ... 42
3.5.2 Healthcare associated infections (HCAI): MRSA ... 43
3.5.3 Healthcare associated infections (HCAI): C Difficile ... 44
3.5.4 Healthcare associated infections (HCAI): E Coli ... 45
3.5.5 Hospital Mortality ... 45
3.6 CCG Serious Incident Management ... 47

3.7 CCG Delayed Transfers of Care ... 49
3.8 Unplanned Care Activity & Finance, All Providers ... 49
3.8.1 All Providers ... 49
3.8.2 Aintree University Hospital ... 50
4. Mental Health ... 51
4.1 Mersey Care NHS Trust Contract (Adult) ... 51
4.1.1 Mental Health Contract Quality Overview ... 51
4.1.2 Mental Health Contract Quality ... 52
4.2 Cheshire & Wirral Partnership (Adult) ... 53
4.2.1 Improving Access to Psychological Therapies: Access ... 53
4.2.2 Improving Access to Psychological Therapies: Recovery ... 54
4.3 Dementia ... 55
4.4 Learning Disabilities Health Checks ... 56
4.5 Improving Physical Health for people with Severe Mental Illness (SMI) ... 57
5. Community Health ... 57
5.1 Adult Community (Mersey Care) ... 57
5.1.1 Quality ... 57
5.1.2 Mersey Care Adult Community Services: Physiotherapy ... 58
6. Children's Services ... 59
6.1 Alder Hey Children's Mental Health Services ... 59
6.1.1 Improve Access to Children & Young People's Mental Health Services (CYPMH) ... 59
6.1.2 Waiting times for Routine Referrals to Children and Young People's Eating Disorder Services ... 60
6.1.3 Waiting times for Urgent Referrals to Children and Young People's Eating Disorder Services 61
6.2 Child and Adolescent Mental Health Services (CAMHS) ... 62
6.3 Children's Community (Alder Hey) ... 65
6.3.1 Paediatric SALT ... 65
6.3.2 Paediatric Dietetics ... 66
7. Third Sector Overview ... 67
8. Primary Care ... 71
8.1 Extended Access Appointment Utilisation ... 71
8.2 CQC Inspections ... 72
9. CCG Oversight Framework (OF) ... 73
10. Appendices ... 74
10.1.1 Incomplete Pathway Waiting Times ... 74
10.1.2 Long Waiters analysis: Top Providers ... 74
10.1.3 Long Waiters Analysis: Top 2 Providers split by Specialty ... 75
10.2 Delayed Transfers of Care ... 76
10.3 Alder Hey Community Services Contract Statement ... 77
10.4 Alder Hey SALT Waiting Times – Sefton ... 77

10.5 Alder Hey Dietetic Cancellations and DNA Figures – Sefton 78
10.6 Alder Hey Activity & Performance Charts 79
10.7 Better Care Fund 79
10.8 NHS England Monthly Activity Monitoring 82

List of Tables and Graphs

Figure 1 - Referrals by Source across all providers for 2017/18, 2018/19 & 2019/20 14
Figure 2 - RTT Performance & Activity Trend 19
Figure 3 - South Sefton CCG Total Incomplete Pathways 19
Figure 4 - South Sefton CCG Provider Assurance for Long Waiters 21
Figure 5 – FDS monitoring for South Sefton CCG 29
Figure 6 - Planned Care - All Providers 31
Figure 7 - Planned Care – Aintree Hospital 32
Figure 8 - Planned Care – Renacres Hospital 33
Figure 9 - Occupied Bed Days, Aintree Hospital 39
Figure 10 - Hospital Mortality 45
Figure 11 - Summary Hospital Mortality Indicator 46
Figure 12 - Serious Incident for South Sefton Commissioned Services and South Sefton CCG patients 47
Figure 13 - Timescale Performance for Aintree University Hospital 48
Figure 14 - Timescale Performance for Mersey Care Foundation Trust (South Sefton Community Services) 48
Figure 15 - Unplanned Care – All Providers 49
Figure 16 - Unplanned Care – Aintree Hospital 50
Figure 17 - CAMHS Referrals by Month 62
Figure 18 - CAMHS Source of Referral 62
Figure 19 - CAMHS Outcome of Referral 63
Figure 20 - CAMHS Waiting Times Referral to Assessment 63
Figure 21 - CAMHS Waiting Times Referral to Intervention 64
Figure 22 - Breakdown of appointment by month for South Sefton CCG Extended Hours Service 71
Figure 23 - CQC Inspection Table 72
Figure 24 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting 74
Figure 25 - Patients waiting (in bands) on incomplete pathway for the top Providers 74
Figure 26 - Patients waiting (in bands) on incomplete pathways by Speciality for Aintree University Hospitals NHS Foundation Trust 75
Figure 27 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust 75
Figure 28 - Aintree DTOC Monitoring 76
Figure 29 - BCF Metric performance 80
Figure 30 - BCF High Impact Change Model assessment 81
Figure 31 - South Sefton CCG's Month 6 Submission to NHS England 82

Summary Performance Dashboard

Metric	Reporting Level		2019-20												
			Q1			Q2			Q3			Q4			YTD
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
E-Referrals															
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	R	R	R	R	R								R
		Actual	66%	62.8%	70.9%	69.3%	62.1%								
		Target	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
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	G	R	R	G	R	R							R
		Actual	0.77%	1.06%	1.56%	0.94%	1.37%	1.59%							
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R	R	R	R							
		Actual	89.49%	89.64%	88.46%	88.15%	87.22%	87.77%							
		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%
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	G	R	R	G	G							R
		Actual	1	0	1	1	0	0							2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations															
% of 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.	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G	G	G	G							G
		Actual	0	0	0	0	0	0							
		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.	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G	G	G	G							G
		Actual	0	0	0	0	0	0							
		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 with suspected cancer	South Sefton CCG	RAG	R	G	G	G	R	R							R
		Actual	86.142%	94.578%	93.813%	94.25%	89.09%	88.85%							91.214%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
% 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 susp breast cancer	South Sefton CCG	RAG	R	R	R	G	R	G							R
		Actual	50.00%	86.842%	91.176%	93.103%	91.67%	96.23%							85.552%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) % of patients receiving their first definitive treatment within one month (31 days) of a decision to treat for cancer	South Sefton CCG	RAG	G	G	G	G	R	R							G
		Actual	96.296%	98.718%	100.00%	96%	94.118%	91.18%							96.098%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
% 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	G	R	G	G	G							G
		Actual	100.00%	100.00%	93.333%	95.00%	100%	100%							97.50%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
% 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	G	G	G	G	R	R							G
		Actual	100.00%	100.00%	100.00%	100.00%	96.552%	97.14%							98.87%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	G	G	G	G							G
		Actual	96.667%	100.00%	100%	100%	100%	100%							99.291%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
% 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 of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R	R	R	R	R	R							R
		Actual	75.00%	77.273%	65.517%	75.676%	68.00%	71.43%							72.772%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) % of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	N/A	R	R	N/A	G	R							R
		Actual	-	85.714%	0.00%	-	100.00%	83.33%							83.33%
		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%
% 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 GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	South Sefton CCG	RAG	R	R	R	G	R	R							R
		Actual	60.00%	70.00%	33.333%	88.889%	50.00	50.00%							63.83%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%

Metric	Reporting Level		2019-20												
			Q1			Q2			Q3			Q4			YTD
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Accident & Emergency															
4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 17/18 ratio) % of patients who spent less than four hours in A&E (HES 17/18 ratio Acute position via NHSE HES DataFile)	South Sefton CCG	RAG	R	R	R	R	R	R							R
		Actual	78.178%	78.324%	81.153%	80.07%	85.15%	83.43%							81.04%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
EMSA															
Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG	G	G	G	G	G	G							G
		Actual	0	0	0	0	0	0							0
		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	G	G	G	G	G	G							G
		Actual	0.00	0.00	0.00	0.00	0.00	0.00							0.00
		Target	0	0	0	0	0	0							
HCAI															
Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner) cumulative	South Sefton CCG	RAG	G	G	G	R	R	R							R
		YTD	0	0	0	1	1	1							1
		Target	-	-	-	-	-	-	-	-	-	-	-	-	0
Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner) cumulative	South Sefton CCG	RAG	R	G	G	G	G	G							G
		YTD	7	7	11	17	22	35							35
		Target	6	11	15	20	24	28	34	40	46	51	55	60	60
Number of E.Coli infections Incidence of E.Coli (Commissioner) cumulative	South Sefton CCG	RAG	R	R	R	R	R	R							R
		YTD	15	33	47	63	75	84							84
		Target	11	21	32	42	53	63	75	85	96	108	125	128	128

Metric	Reporting Level		2019-20												
			Q1			Q2			Q3			Q4			YTD
			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
		Actual	100%			100%									100%
		Target	95.00%			95.00%			95.00%			95.00%			
Episode of Psychosis															
First episode of psychosis within two 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	R	G	No patients	G	G	G							G
		Actual	50.00%	60.00%	-	100%	100%	75%							72.727%
		Target	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	
IAPT (Improving Access to Psychological Therapies)															
IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R	R	R	R	R	R							R
		Actual	37.10%	47.1%	35.7%	47.8%	44.2%	47.0%							42.86%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	
IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R	R	R	R	R	R							R
		Actual	1.34%	1.22%	1.06%	1.11%	0.99%	1.07%							
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.83%	1.83%	1.83%	
IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	G	G	G	G	G	G							G
		Actual	99.60%	97.70%	100%	96.9%	100%	97.5%							98.7%
		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%	
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G	G	G	G	G	G							G
		Actual	100%	100%	100%	100%	100%	100%							100.00%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	
Dementia															
Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	R	R							R
		Actual	64.169%	64.37%	64.60%	63.90%	63.90%	63.69%							64.101%
		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%

<table>
<tr><th rowspan="3">Metric</th><th rowspan="3">Reporting Level</th><th rowspan="3"></th><th colspan="13">2019-20</th></tr>
<tr><th colspan="3">Q1</th><th colspan="3">Q2</th><th colspan="3">Q3</th><th colspan="3">Q4</th><th rowspan="2">YTD</th></tr>
<tr><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sep</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th></tr>
<tr><td colspan="16">Children and Young People with Eating Disorders</td></tr>
<tr><td rowspan="3">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)</td><td rowspan="3">South Sefton CCG</td><td>RAG</td><td colspan="3">R</td><td colspan="3">R</td><td colspan="3"></td><td colspan="3"></td><td></td></tr>
<tr><td>Actual</td><td colspan="3">86.96%</td><td colspan="3">82.6%</td><td colspan="3"></td><td colspan="3"></td><td></td></tr>
<tr><td>Target</td><td colspan="3">95.00%</td><td colspan="3">95.00%</td><td colspan="3">95.00%</td><td colspan="3">95.00%</td><td>95.00%</td></tr>
<tr><td rowspan="2">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)</td><td rowspan="2">South Sefton CCG</td><td>RAG</td><td colspan="3">R</td><td colspan="3">R</td><td colspan="3"></td><td colspan="3"></td><td></td></tr>
<tr><td>Actual</td><td colspan="3">66.7%</td><td colspan="3">66.7%</td><td colspan="3"></td><td colspan="3"></td><td></td></tr>
</table>

1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 6 (note: time periods of data are different for each source).

Key Exception Areas for August	CCG	Aintree
A&E Improvement Trajectory	89%	89%
A&E (All Types) (Nat Target 95%)	83.43%	87.45%
RTT Improvement Trajectory	90.5%	91.3%
RTT (Nat Target 92%)	87.80%	86.40%
Diagnostics Improvement Trajectory	1.71%	1.20%
Diagnostics (Nat Target less than 1%)	1.59%	0.06%
62 Day Improvement Trajectory	75.80%	86.1%
Cancer 62 Day (Nat Target 85%)	71.43%	69.14%

To Note:

A Contract Performance Notice was issued to Aintree in August for the above exception areas along with ambulance handovers. Although failing the national standard, the CCG is achieving the agreed improvement trajectory for Diagnostics.

Planned Care

Year to date referrals at September are 5.5% up on 2018/19 due to a 17.5% increase in consultant-to-consultant referrals. In contrast, GP referrals are -1.7% lower when compared to 2018/19. September 2019 saw the lowest number of GP referrals reported since December 2018.

At provider level, Aintree has reported an 11.1% increase in total referrals at month 6 when comparing to 2018/19. However, it should be noted that it appears that Aintree Hospital have conducted a refresh of year to date referrals, which is affecting both the provider and CCG position.

The CCG are achieving the improvement plan in September for Diagnostics reporting 1.59% (improvement plan 1.71%) but are still failing the National standard of under 1% of patients waiting no more than 6 weeks for a diagnostic test.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCGs performance has dipped slightly in the last few months recording 87.8% in September. This has resulted in the CCG failing the improvement plan of 90.4%. In September, the incomplete waiting list for the CCG was 11,574 against a plan of 11,541; a difference of 33 patients over plan.

The CCG are failing 5 of the 9 cancer measures year to date. Aintree are failing 5 of the 9 cancer measures.

Aintree Friends and Family Inpatient test response rate is still below the England average of 24.9% in September 2019 at 19.1%. The percentage of patients who would recommend the service has remained the same at 94%, which is below the England average of 96% and the percentage who would not recommend has decreased to 3% above the England average of 2%.

Unplanned Care
In relation to A&E 4-Hour waits the CCG reported at 2% decrease in patients seen reporting 83.43%, 81.04% year to date. Aintree revised their trajectory for 2019/20. The Trust has failed their improvement plan in September with 87.45%, which is slightly below the target of 89%.

Throughout 2018/19 and 2019/20 NWAS has made good and sustained progress in improving delivery against the national ARP standards. Significant progress has been made in re-profiling the fleet, improving call pick up in the EOCs, and use of the Manchester Triage tool to support both hear & treat and see & treat and reduce conveyance to hospital. The joint independent modelling commissioned by the Trust and CCGs set out the future resource landscape that the Trust needs if they are to fully meet the national ARP standards. Critical to this is a realignment of staffing resources to demand which will only be achieved by a root and branch re-rostering exercise. This exercise has commenced, however, due to the scale and complexity of the task, this will not be fully implemented until the end of Quarter 1 2020/21.

After achieving for 3 months in a row, unfortunately Aintree have slipping under the target of 80% of patients to spend 90% stay on a stroke unit, reporting 73.20%. There were 11 breaches out of a total of 41 patients.

The CCG and Trust have reported no new cases of MRSA in September. July saw the first case for the CCG reported at Aintree so have failed the zero tolerance threshold for 2019/20. Aintree have had 2 cases year to date so have also failed the zero tolerance threshold.

For C-difficle, the CCG are reporting 1 case over their year to date target of 28 in September. Aintree are reporting over their year to date plan for C.difficile as at September they have had 62 cases and are reporting red for this indicator.

NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2019/20 (NHS South Sefton CCG's year-end target is 128). In September there were 9 cases (84 YTD) and the CCG are reporting red for this measure.

Mental Health
For Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership reported the monthly target for M6 2019/20 is approximately 1.58%. Month 6 performance was 1.07% so failed to achieve the target standard. The percentage of people moved to recovery was 47% in month 6 of 2019/20 which failed the 50% target but shows an improvement from the previous month.

The latest data shows South Sefton CCG are recording a dementia diagnosis rate in September of 63.70%, which is under the national dementia diagnosis ambition of 66.7%. A similar percentage was reported last month (63.90%).

Community Health Services
CCG and Mersey Care leads continue to work on a collaborative basis to progress the outcomes and recommendations from the service reviews undertaken of all South Sefton community services. A transformation plan has been developed and will provide the focus for service improvements over the coming year. It has been agreed that reporting requirements and activity baselines will be reviewed alongside service specifications and transformation work.

Children's Services
Children's services have experienced a reduction in performance across a number of metrics linked to mental health and community services. Long waits in Paediatric speech and language remains an issue. Alder Hey has provided a Recovery Plan to bring waiting times down by February 2020 and as part of this South Sefton and Southport & Formby CCGs have provided additional investment.

Better Care Fund
A quarter 1 2019/20 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in November 2019. This reported that all national BCF conditions were met in

regard to assessment against the High Impact Change Model; but with on-going work required against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care. Narrative is provided of progress to date. Work is now ongoing in regard to collaborative work between health and social care.

CCG Oversight Framework
NHS England and Improvement released the new Oversight Framework (OF) for 2019/20 on 23rd August, to replace the Improvement Assessment Framework (IAF). The framework has been revised to reflect that CCGs and providers will be assessed more consistently. Most of the oversight metrics will be fairly similar to last year, but with some elements a little closer to the LTP priorities. The new OF will include an additional 6 metrics relating to waiting times, learning disabilities, prescribing, children and young people's eating disorders, and evidence-based interventions.

2. Planned Care

2.1 Referrals by source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
Month	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%
April	3487	3192	-295	-8.5%	1828	2185	357	19.5%	6399	6482	83	1.3%
May	3599	3381	-218	-6.1%	2076	2408	332	16.0%	6727	6972	245	3.6%
June	3453	3406	-47	-1.4%	1992	2144	152	7.6%	6525	6736	211	3.2%
July	3386	3667	281	8.3%	2025	2578	553	27.3%	6510	7350	840	12.9%
August	3320	3131	-189	-5.7%	1899	2139	240	12.6%	6303	6341	38	0.6%
September	2934	3051	117	4.0%	1864	2276	412	22.1%	5727	6393	666	11.6%
October	3487				2154				6825			
November	3430				2114				6613			
December	2541				1653				4993			
January	3343				2076				6530			
February	3090				1864				6028			
March	3284				1934				6369			
Monthly Average	**3280**	**3305**	**25**	**0.8%**	**1957**	**2288**	**332**	**17.0%**	**6296**	**6712**	**417**	**6.6%**
YTD Total Month 6	**20179**	**19828**	**-351**	**-1.7%**	**11684**	**13730**	**2046**	**17.5%**	**38191**	**40274**	**2083**	**5.5%**
Annual/FOT	**39354**	**39656**	**302**	**0.8%**	**23479**	**27460**	**3981**	**17.0%**	**75549**	**80548**	**4999**	**6.6%**

Figure 1 - Referrals by Source across all providers for 2017/18, 2018/19 & 2019/20

Data quality note

Month 6 analysis has established that Aintree Hospital have provided a refresh of referrals backdated to April 2019. This has resulted in a greater number of both GP and consultant-to-consultant referrals reported when compared to previous months.

Month 6 Summary

- Trends show that the baseline median for total South Sefton CCG referrals has remained flat from May 2018. However, following a decrease in referrals during month 5, numbers have remained below average for September 2019.
- Year to date referrals at September 2019 are 5.5% up on 2018/19 due to a 17.5% increase in consultant-to-consultant referrals.
- In contrast, GP referrals are -1.7% lower when compared to 2018/19. September 2019 saw the lowest number of GP referrals reported since December 2018.
- Taking into account working days, further analysis has established there have been approximately 13 fewer GP referrals per day in 2019/20 when comparing to the previous year.
- Southport & Ormskirk and Aintree Hospitals are responsible for the majority of consultant-to-consultant increases with Alder Hey also having an impact. The former has reported increases within specialties such as Trauma & Orthopaedics, Ophthalmology, Respiratory Medicine and ENT amongst others.
- There has also been a step change triggered within consultant-to-consultant referrals as referrals have been above average since Apr-19.
- Liverpool Heart & Chest Hospital has also seen a number of consultant-to-consultant referrals to the Congenital Heart Disease Service in 2019/20. These were previously not recorded in 2018/19.
- Aintree has reported an 11.1% increase in total referrals at month 6 when comparing to 2018/19. In contrast, Liverpool Women's have reported a reduction of -7.7%.
- Trauma & Orthopaedics was the highest referred to specialty for South Sefton CCG in 2018/19. Referrals to this speciality at month 6 are currently -3.0% lower than in 2018/19.

2.2 E-Referral Utilisation Rates

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
NHS e-Referral Service (e-RS): Utilisation Coverage		**Previous 3 months and latest**				IAF - 144a (linked)	e-RS national reporting has been escalated to NHSD via NHSE/I. Data provided potentially inaccurate therefore making it difficult for the CCG to understand practice utilisation. Potential for non e-RS referrals that are rejected to be missed by the practice.
RED	**TREND**	May-19	Jun-19	Jul-19	Aug-19		
		62.8%	70.9%	69.3%	62.1%		
		Plan: 100% by end of Q2 2018/19					

Performance Overview/Issues:

The national ambition that E-referral utilisation coverage should be 100% by the end of Q2 2018/19 wasn't achieved. Latest published e-referral utilisation data for South Sefton CCG is for August 2019 and reports performance to be 62.1%. This shows a decline from the previous month and remains significantly below the national position. The above data however is based upon NHS Digital reports that utilises MAR (Monthly Activity Reports) data and initial booking of an E-Rs referral, excluding re-bookings. MAR data is nationally recognised for not providing an accurate picture of total referrals received, and as such NHS Digital will, in the near future, use an alternative data source (SUS) for calculating the denominator by which utilisation is ascertained.

In light of the issues in the national reporting of E-Rs utilisation, a local data set has been used. The referrals information is sourced from a local referrals flow submitted by the CCGs main hospital providers. This has been used locally to enable a GP practice breakdown. August data shows an overall performance of 70.7% for South Sefton CCG, a decline on the previous month (77.6%). A meeting to validate inclusion criteria will be arranged imminently following escalation via Planned Care and Information Sub Group Meetings.

Actions to Address/Assurances:

A review of referral data was undertaken to get a greater understanding of the underlying issues relating to the underperformance. The data indicates that there is no uniform way that trusts code receipt of electronic referral and the e-RS data at trust level is of poor quality. This has therefore provided difficulties in identifying the root causes of the underperformance.

The reporting of ERS was escalated to NHSE as part of an SI investigation relating to ERS standard operating procedures (now resolved), however, it was acknowledged that the National reporting of ERS is not consistent with no suggestion of a fix imminently. Initial escalation to NHSE was on 21st May, with subsequent requests for update on NHSE performance calls in July and August. No resolution identified, however, NHSE stated that they will provide an update as soon as it is available.

The planned care group will have oversight of eRs performance and this is a standing agenda item. The group will look to drive improvements in advice and guidance uptake and eRs performance. Additionally, it will review the consistency of the localised datasets to ensure a standardised approach and provide assurance that the denominator used to inform eRs performance is as accurate as possible.

When is performance expected to recover:

A recovery trajectory will be formulated after discussions with providers.

Quality:

An incident has been reviewed relating to Alder Hey with subsequent actions agreed with NHSE and Liverpool CCG relating to mitigating risks of non e-RS patients being missed, the following actions were agreed:
- A review of Trust SOPs to be fit for 'business as usual' (requests for updated SOPs to be made via Planned Care Group and Contract Review Meetings with a view to present a paper to the relevant Quality Committee).
- NHSE to escalate to NHSI concerns regarding e-RS National Reporting (response requested from NHSE on the 22nd July, however due to leave a response has yet to be received).

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	Rob Caudwell	Terry Hill

2.3 Diagnostic Test Waiting Times

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test		**Previous 3 months and latest**					133a	The risk that the CCG is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.
YELLOW	**TREND**		Jun-19	Jul-19	Aug-19	Sep-19		
		CCG	1.56%	0.94%	1.37%	1.59%		
		Aintree	0.33%	0.19%	0.06%	0.06%		
		Plan: less than 1% September's CCG improvement plan: 1.71% Yellow denotes achieving 19/20 improvement plan but not national standard of less than 1%						

Performance Overview/Issues:

The CCG are achieving the improvement plan for September (1.71%) but not the national standard reporting 1.59%. In September out of a total of 2,644 patients on the waiting list, 42 patients waited over 6 weeks. Of these patients, 7 waited over 13+ weeks.

Aintree are achieving in September reporting 0.06%.

Liverpool Heart & Chest (LHCH) diagnostic performance is affecting the CCG position. In September the Trust reported 32.5%. Upgrade of diagnostic facilities has impacted performance, with upgrade completed on 21st October, and first cohort of patients booked in on 23rd October. It is expected that there is a significant backlog of patients to book in that will impact delivery throughout the course of the current financial year. LHCH are expecting performance to recover by June 2020.

Actions to Address/Assurances:

A close eye is being kept on performance at Aintree as waiting list initiatives are in the process of ceasing due to tax and pension implications. This is regularly being monitored via the Planned Care Group but latest information suggests performance to remain on trajectory for the near future.

Aintree have reduced the reliance on insourcing endoscopy activity - a close eye will kept on this to ensure any dip in performance at Trust level with not impact the CCG overall performance.

When is performance expected to recover:

A sustainable recovery expected Q4.

Quality:

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	John Wray	Terry Hill

2.4 Referral to Treatment Performance

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (18 weeks)		**Previous 3 months and latest**					129a	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
RED	**TREND**		Jun-19	Jul-19	Aug-19	Sep-19		
		CCG	88.5%	88.2%	87.2%	87.8%		
		Aintree	89.0%	87.9%	86.6%	86.4%		
		Plan: 92% September's improvement plan: CCG - 90.4% and Aintree - 91.5% Yellow denotes achieving 19/20 improvement plan but not national standard of 92%						

Performance Overview/Issues:

The CCG's performance has dipped slightly over the past few months, in September 87.8% was reported very similar to the previous month. The CCG continues to fail their improvement plan (plan for September being 90.4%). The CCG's main provider Aintree are also under the 92% target reporting 86.4%; also failing their local trajectory of 91.5% for September. Gastroenterology is one of the specialties most underperforming with 81.8%, which has increased since last month when 80.9% was reported. For September this equates to 391 patients waiting over 18 weeks and equivalent to 2.20% of their overall denominator. The CCG is working closely with the main provider, Aintree, via the Planned Care Group to ensure performance remains on trajectory. The Trust was issued a Contract Performance Notice in August, and the improvement trajectory plan received in October. The improvement trajectory plan suggested that improvement would be notional with the Trust achieving 87.1% by March 2020, below the original NHSE/I ratified improvement trajectory. This was escalated to the Collaborative Commissioning Forum (CCF) for discussion and agreement on next steps. The recommendation of the CCF was to respond to the Trust stating that the improvement trajectory was unsatisfactory and requires revising.

Further updates from the Trust suggests that capacity shortfalls are being met by outsourcing of scopes and delivery of waiting list initiatives whilst recruitment to posts is ongoing. Delivery of waiting list initiatives have been challenging due to HMRC Pensions and Tax issues. In addition the CCG is actively working with the Trust on QIPP programmes (i.e. Gastroenterology etc.) that will support the Trust to reduce unwarranted variation and support in delivery of its RTT position. However, delays in implementing Task & Finish Groups will have an impact on delivering reductions in activity.

Actions to Address/Assurances:

CCG Actions:

• The CCG have escalated RTT performance through its Governance structure and have now instigated a Contract Performance Notice, against RTT performance more specifically in relation to gastroenterology.
• CCG to request a revised improvement trajectory.
• In addition the CCG have been working on a system approach to provide a sustainable delivery model for gastroenterology working with the STP. The CCG organised a Task and Finish/Vision Event on the 9th September to try and pull together a system action plan that will hope to recover performance. This event was supported by turnaround directors, clinical leads and CCG representatives to provide additional impetus.
• The CCG have the support of Trust turn-around directors to support Task & Finish Groups in order to get a system resolution.
• A Project Team will be mobilised to deliver the high level action plan developed at the Task & Finish Group.
• The CCG has escalated HMRC Pensions and Tax issues with NHSE and are awaiting a response.

Trust Actions Overall:

• Improve theatre utilisation at speciality level in conjunction with transformational team and Ernst & Young.
• Regularly review all long waiting patients within the clinical business units to address capacity issues and undertake waiting list initiatives (WLI's) where available in conjunction with weekly performance meetings with Planning and performance / Business Intelligence leads.
• Continue to support the reduction in Endoscopy waits by supporting waiting list initiative scope lists using dropped sessions in the week and additional sessions in the evening and at weekends.
• Continued weekly monitoring of diagnostics waiting times to ensure delivery of the 6 week standard as a milestone measure for RTT performance. This to include horizon scanning and capacity / demand planning with Head of Planning and Performance.
• Continue to meeting with managers on a weekly basis to focus on data quality, capacity and demand and pathway validation. This is also to include weekly performance focus on delivery against specialty level trajectories.
• Continue to support the Clinical Business Units with their RTT validation processes and Standard Operating Procedures (SOPs) with a special focus on inter provider transfers and data recording / entry.
• In conjunction with the central RTT team ensure staff undergo refresher training in RTT rules and clock stop processes.

Trust Actions Gastro:

• Continue to support the reduction in Endoscopy waits by supporting WLI scope lists using dropped sessions in the week and additional sessions at weekends along with Insourcing extra capacity.
• Endoscopy capacity and demand modelling has been implemented.
• Additional scoping activity commissioned by Trust by independent provider Medinet to continue.
• Recruitment to posts ongoing however locum consultants recruited until permanent posts are filled.
• Virtual consultant led clinics scheduled (30 patients per clinic) with an expected 80% discharge rate.
• Telephone confirmation of endoscopy appointments implemented reducing DNA rates from 14% to 9% (in line with national average).

When is performance expected to recover:		
The CCG have an improvement plan trajectory which shows the performance plans to improve by Quarter 4, 2019/20. The CCG have requested ratification from NHSE/I of this improvement plan. In addition, the revised improvement plan was be escalated to Aintree CCF in November with recommendation to revise.		
Indicator responsibility:		
Leadership Team Lead	**Clinical Lead**	**Managerial Lead**
Karl McCluskey	John Wray	Terry Hill

Figure 2 - RTT Performance & Activity Trend

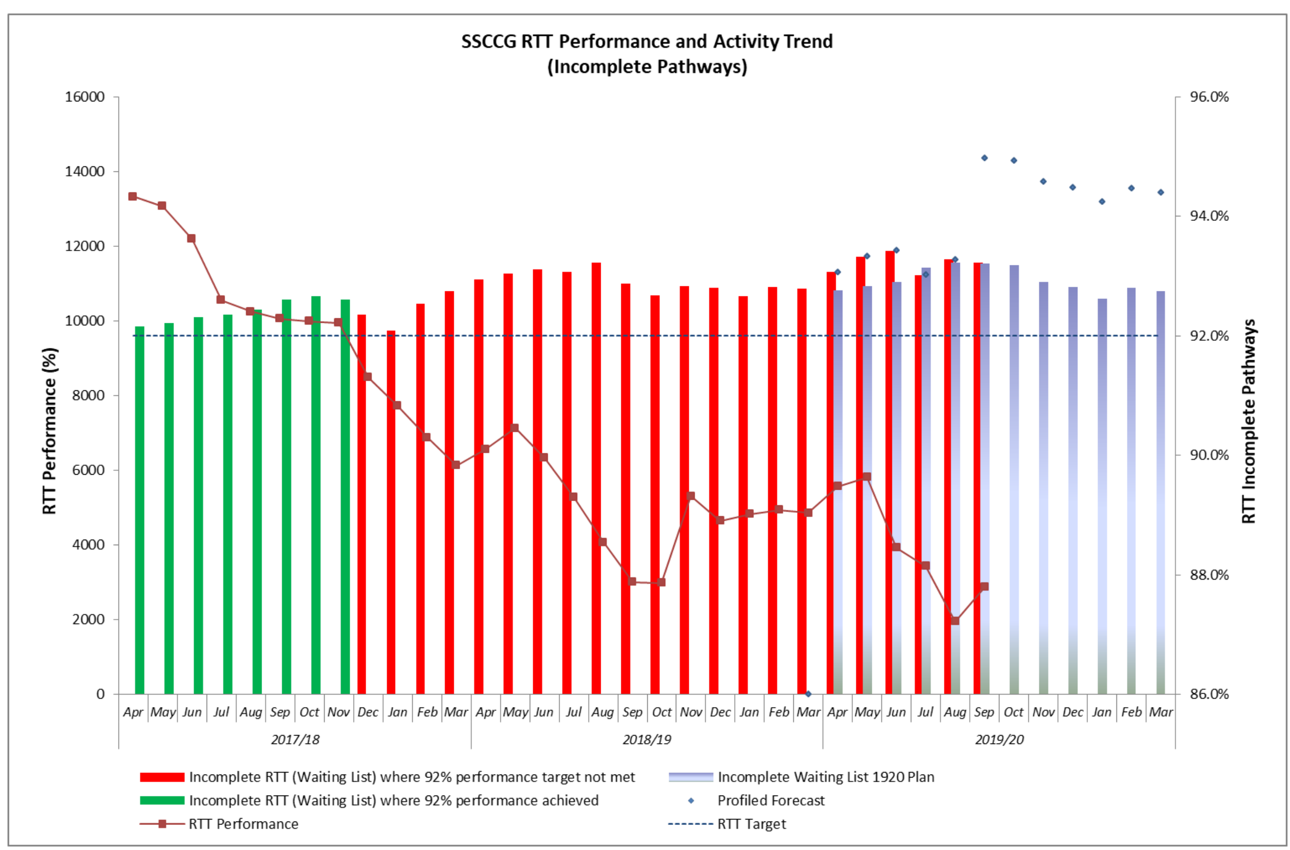


Figure 3 - South Sefton CCG Total Incomplete Pathways

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan	10,833	10,934	11,046	11,422	11,561	11,541	11,498	11,052	10,910	10,608	10,893	10,805	10,833
2019/20	11,309	11,727	11,880	11,234	11,648	11,574							11,574
Difference	476	793	834	-188	87	33							741

In September, the incomplete waiting list for the CCG was 11,574 against a plan of 11,541; a difference of 33 patients over plan. South Sefton CCG incomplete pathways has seen a 74/0.6% decrease for September 2019 compared to August 2019. In terms of the NHSE plans, 2019/20 incomplete pathways is currently at 11,574 compared to the March 2020 plan of 10,833.

2.4.1 Referral to Treatment Incomplete pathway – 52+ week waiters

Indicator		Performance Summary						Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (52+ weeks)		**Previous 3 months and latest**						The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
RED	**TREND**		Jun-19	Jul-19	Aug-19	Sep-19		
		CCG	1	1	0	0		
		Aintree	0	0	0	0		
		Plan: Zero						

Performance Overview/Issues:

In September there are no patients showing at over 52+ weeks. The patient which breached in June and then July has now been seen. A discussion with NHSE was held regarding this breach and they are happy with the unavoidable nature and the decision based on clinical need. This indicator will continue to show as red for 2019/20 as there has been a breach against a zero tolerance target.

Actions to Address/Assurances:

Monitoring of the 36 week waiting continues with the CSU.

When is performance expected to recover:

Quality:

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	John Wray	Terry Hill

2.4.2 Provider assurance for long waiters

Figure 4 - South Sefton CCG Provider Assurance for Long Waiters

CCG	Trust	Speciality	Wait band (weeks)	Detailed reason for the delay
South Sefton CCG	Royal Liverpool & Broadgreen	T&O	39 & 44	**2 patients**; pathway stopped, capacity issues. The Trust reported 84.9% for RTT, which although is an improvement on the previous
South Sefton CCG	Alder Hey	All Other	38-40	**3 patients**; 1 treated, 2 TCI date in November. Capacity issues in community paediatrics.
South Sefton CCG	Aintree	Gastroenterology	37-42	**19 patients**; 12 treated, 2 TCI date in November, 5 DNA'd
South Sefton CCG	Liverpool Women's	Gynaecology	36-49	**17 patients**, No trust comments for individual patients.
South Sefton CCG	Aintree	Ophthalmology	36-46	**15 patients**; 7 treated, 1 TCI Date in November, 7 awaiting 1st appointment
South Sefton CCG	Aintree	General Surgery	36-44	**15 patients**; All treated
South Sefton CCG	Robert Jones & Agnes Hunt	T&O	50	**1 patient**; treated in October, Scoliosis & Spinal pressures
South Sefton CCG	Stockport	T&O	46	**1 patient**; treated in October.
South Sefton CCG	Aintree	Respiratory Medicine	42	**1 patient**; Treated in October.
South Sefton CCG	Pennine Acute	All Other	42	**1 patient**; Rebooked date in December, The patient cancelled his first appointment on 29/8/19, and was given the next available appointment on 31/10/19. Unfortunately the patient had to be cancelled due to consultant leave, he has been rebooked to 19/12/2019.
South Sefton CCG	Hull University	Ophthalmology	42	**1 patient**; DNA, Patient DNA'd and so clock reset. At 3 weeks as of 05/11/2019
South Sefton CCG	Univ of North Midlands	General Surgery	39	**1 patient**; No trust comments
South Sefton CCG	Southport & Ormskirk	General Surgery	39	**1 patient**; TCI date in November, New referral 29/12/2018. First appointment 03/04/2019 clinic cancelled. 19/07/2019 clinic cancelled. 02/09/2019 added to day case waiting list. Pre op referral 06/09/2019 and attended 02/10/2019. TCI 08/11/2019
South Sefton CCG	Aintree	Urology	38	**1 patient**; Treated in October.
South Sefton CCG	Aintree	ENT	37	**1 patient**; Treated in March.
South Sefton CCG	University of Birmingham	Urology	37	**1 patient**; TCI date in Novmeber, The patient has been offered a TCI date of 22/11/2019 but has not yet confirmed. There is currently a lengthy wait for vasectomy procedures. The patient has also moved from Birmingham to Merseyside which could also be a contributing factor.

The CCG had a total of 81 patients waiting 36 weeks and over. Of the 81, there were 42 patients treated, 7 with a TCI date, 7 patients' awaiting first appointment, 18 patients unknown (which includes Trusts who don't provide updates under 52 weeks) 6 DNA's and 1 rebooked.

Liverpool Women's don't provide narrative on individual patients but have provided an overall comment regarding their long waiting patients, see below:

For most of 2018/19 the Trust has operated with 25% gaps in consultant workforce due to difficult to recruit specialist posts and long-term sickness with locum Consultants and own Consultants completing WLIs to provide additional capacity currently.

RTT incomplete 18-week pathways remained consistently between 80-85% as focus continues managing long waiting patients and ASI lists, however, unprecedented levels of Consultant sickness in from February to August has affected the position. Recruitment on-going into substantive general gynaecology and oncology posts and successful recruitment will have a significant impact on the trajectory continuing to improve moving forward

2.5 Cancer Indicators Performance

2.5.1 Two Week Urgent GP Referral for Suspected Cancer

Indicator		Performance Summary						IAF	Potential organisational or patient risk factors
2 week urgently GP Referral for suspected cancer		Previous 3 months, latest and YTD						122a (linked)	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND		Jun-19	Jul-19	Aug-19	Sep-19	YTD		
		CCG	93.81%	94.25%	89.09%	88.85%	91.21%		
		Aintree	95.00%	95.27%	94.75%	95.27%	91.65%		
		Plan	93%	93%	93%	93%	93%		
		Aintree September Trajectory: 91.7% (National 93%)							

Performance Overview/Issues:

The CCG failed the target again in September after achieving for 3 months running (May, June and July) reporting 88.85%. The CCG continues to fail the YTD target with 91.21%. In September there were 67 breaches from a total of 601 patients seen. There were 38 breaches at Royal Liverpool, 19 at Aintree, 5 at Liverpool Women's, 3 at Southport & Ormskirk and 2 at Whiston. 37 breaches were due to inadequate out-patient capacity, 28 due to patient choice to delay, 1 due to an admin delay and 1 listed as other reason. The maximum wait was 38 days (at Royal Liverpool) and was due to inadequate out-patient capacity. Cancer data is monitored cumulatively so year to date the CCG is reporting red.

Aintree have again achieved the 93% target and exceeded the improvement trajectory of 91.7% reporting 95.27% in September but failing YTD due to the poor performance in April.

NB The National Cancer Waits Database reports breaches by 6 primary delay categories ie the reason which has added the most days to the pathway . No information on subsidiary delay reasons is given.

Actions to Address/Assurances:

The majority of breaches and longer waits for South Sefton patients are at Royal Liverpool Hospital . Outpatient capacity is restricted by consultant workforce gaps in urology, skin and colorectal specialties due to vacancies and emergency leave and the impact of pension issues on staff undertaking additional sessions.

Actions to address include:
Skin- Locum undertaking 30 slot days to address backlog. There is also system -wide work to reduce demand on routine priority dermatology service which will in turn release capacity for suspected cancer patients
Urology- additional weekly clinic in place
Colorectal- Royal Liverpool is seeking to appoint a locum; there is work to increase registrar cover for clinics; and where possible work that requires specialist skills, e.g. complex cases, are being discussed with Christies. It is also being discussed with Aintree whether additional support can be offered for this specialty.

When is performance expected to recover:

No date given, monitored through contract and performance meetings with Aintree.

Quality:

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	Debbie Harvey	Sarah McGrath

2.5.2 Two Week Wait for Breast Symptoms

Indicator		Performance Summary						IAF	Potential organisational or patient risk factors
2 week wait for breast symptoms (where cancer was no initially suspected)		Previous 3 months, latest and YTD							Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND		Jun-19	Jul-19	Aug-19	Sep-19	YTD		
		CCG	91.18%	93.10%	91.67%	96.23%	85.55%		
		Aintree	96.43%	97.02%	94.53%	97.64%	84.66%		
		Plan	93%	93%	93%	93%	93%		
		Aintree September Trajectory: 93.1% (National 93%)							

Performance Overview/Issues:

After failing the target last month the CCG have again managed to achieve the target in September reporting 96.23% but remains below the YTD target with 85.55%. In September there were 2 breaches from a total of 53 patients seen. Cancer data is monitored cumulatively so year to date the CCG is reporting red.

Aintree reported 97.64% in September and are achieving the 93% target and improvement trajectory, having just 3 breaches out of a total of 127 patients. They are also failing year to date due to a significant number of breaches earlier in the year.

Actions to Address/Assurances:

As a health economy, we have developed some revised referral forms and educational resources for primary care aimed at better risk stratification of referrals into suspected cancer and symptomatic pathways and increased management of benign breast disease in primary care. These forms will be installed on GP practice EMIS systems in South Sefton from September onwards.

There has been a significant improvement at Aintree from month 2 onwards brought about by workforce re-design and waiting list initiatives.
We will continue to monitor as a system, mindful of workforce and capacity pressures for breast services at neighbouring providers.

When is performance expected to recover:

Continued recovered position is expected.

Quality:

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	Debbie Harvey	Sarah McGrath

2.5.3 31 Day first definitive treatment of cancer diagnosis

Indicator		Performance Summary						IAF	Potential organisational or patient risk factors
31 day first definitive treatment of cancer diagnosis		Previous 3 months, latest and YTD							Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
GREEN	TREND		Jun-19	Jul-19	Aug-19	Sep-19	YTD		
		CCG	100.0%	96.0%	94.12%	91.18%	96.10%		
		Aintree	98.17%	99.17%	95.33%	94.56%	97.03%		
		Plan	96%	96%	96%	96%	96%		

Performance Overview/Issues:

The CCG are failing the 96% target for the second month running reporting 91.18%, but they are achieving year to date with 96.10%. In September there were 6 patients who didn't have their first treatment within 31 days out of 68 patients in total. Three patients delay was due to inadequate elective capacity, 1 for treatment delay due to medical reasons, 1 elective cancellation and 1 was due to patient DNA. Cancer data is monitored cumulatively so year to date the CCG is reporting green.

Aintree also failed this measure in September reporting 94.56% but are also achieving year to date recording 97.03%. In September there were 8 patient breaches out of a total of 147. The reasons for delay were inadequate elective capacity (5), medical reasons (2) and complex diagnostic pathway (1). 5/8 of these breaches related to Head and Neck pathways.

Actions to Address/Assurances:

The majority of breaches of this target related to Head and Neck pathways. Aintree has received Cancer Alliance investment to develop a Rapid Diagnostic Centre model for Head and Neck with the aim of significantly reducing the length of diagnostic pathways by concentrating a range of diagnostic investigations into a minimum number of visits.

When is performance expected to recover:

Quarter 4 2019/20

Quality:

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	Debbie Harvey	Sarah McGrath

2.5.4 31 Day Standard for Subsequent Cancer Treatment – Drug

Indicator		Performance Summary						IAF	Potential organisational or patient risk factors
31 day standard for subsequent cancer treatment - drug		Previous 3 months, latest and YTD							Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
GREEN	TREND		Jun-19	Jul-19	Aug-19	Sep-19	YTD		
		CCG	100%	100%	96.55%	97.14%	98.87%		
		Aintree	95.24%	100%	100%	100%	98.63%		
		Plan	98%	98%	98%	98%	98%		

Performance Overview/Issues:

The CCG are failing this measure for the second month running, reporting 97.14% against a target of 98%, this was due to just 1 patient breach out of a total of 35 patients. This was a Lower Gastro patient at Clatterbridge who waited 42 days due to patient choice to delay. Cancer data is monitored cumulatively so year to date the CCG is reporting green.

Aintree have achieved 100% in September and are now achieving year to date reporting 98.63%.

Actions to Address/Assurances:

Breach was patient's own choice to delay treatment.

When is performance expected to recover:

Oct-19

Quality:

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	Debbie Harvey	Sarah McGrath

2.5.5 62 Day Cancer Urgent Referral to Treatment Wait

Indicator		Performance Summary						IAF	Potential organisational or patient risk factors
All cancer two month urgent referral to treatment wait		Previous 3 months, latest and YTD						122b	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND		Jun-19	Jul-19	Aug-19	Sep-19	YTD		
		CCG	65.52%	75.68%	68.00%	71.43%	72.77%		
		Aintree	60.90%	63.70%	71.03%	69.14%	67.35%		
		Plan	85%	85%	85%	85%	85%		
		CCG Improvement Trajectory September: 75.8% Aintree September Trajectory: 86.1% (National 85%)							

Performance Overview/Issues:

The CCG failed the target for September reporting 71.43%. In September there were 10 breaches from a total of 35 patients seen. Breach reasons include delays due elective cancellations, inadequate elective capacity and other reasons not stated.

Aintree also failed the target and planned trajectory of 86.1% in September recording 69.14%. Performance is reported at a tumour site level. For Aintree only 4 of the 10 tumour sites were compliant with the 85% operational standard for September 2019 (breast, colorectal, upper GI, and skin).

A Contract Performance Notice (CPN) has been issued to Aintree in respect of this indicator and a recovery plan to reach the agreed trajectory has been supplied. Key actions include
- promotion of correct grading for diagnostic requests with a feedback mechanism to requesting clinicians
- increase radiology capacity by outsourcing and use of mobile CT and MR
- further scanning capacity secured through agreement with the Walton Centre
- more rigour applied to escalation processes including establishment of a Cancer Board from September 2019 to focus on thematic review, improved compliance with Access Policy, additional co-ordination role and MDT tracker training
- More collaboration with system partners including primary care around demand management and referral quality
- South Sefton CCG clinical and managerial leads leading the Referral Task and Finish workstream of the Colorectal Optimal Pathway project
- Peer support visit 20th November 2019

When is performance expected to recovery:

Trajectory submitted by Aintree to NHSE/I does not indicate recovery to the 85% operational standard within this financial year. However the plans predict recovery to the agreed trajectory by the end of quarter 3 2019/20.

Quality:

Root cause analyses should be undertaken on any tumour pathway which is failing 62 days. Themes will populate the provider's cancer improvement plan.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	Debbie Harvey	Sarah McGrath

2.5.6 62 day wait for first treatment following referral from an NHS Cancer Screening Service

Indicator		Performance Summary						IAF	Potential organisational or patient risk factors
62 day wait for first treatment following referral from an NHS Cancer Screening Service		**Previous 3 months, latest and YTD**							Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	**TREND**		Jun-19	Jul-19	Aug-19	Sep-19	YTD		
		CCG	0.00%	No patients	100%	83.33%	83.33%		
		Aintree	73.33%	85.71%	100%	63.2%	80.95%		
		Plan	90%	90%	90%	90%	90%		

Performance Overview/Issues:

The CCG reported 83.33% for screening services in September failing the 90% target. Year to date the CCG are also under target achieving 83.33%. One patient out of 6 waited longer than 62 days for their first treatment following referral from the screening service. This was a breast patient who was delayed for medical reasons. Cancer data is monitored cumulatively so year to date the CCG is reporting red.

Aintree reported 63.2% for screening in September, with 3.5 patient breaches. Reasons for the breaches were patient choice, medical reasons and other (reason not stated).

Actions to Address/Assurances:

Cancer Screening programmes are commissioned by Public Health England but CCGs are accountable for performance against the 62 day standard for any patients who receive a positive cancer diagnosis from screening and require treatment. There are some concerns around patient engagement which exhibits as higher numbers of DNAs and patient -initiated cancellation in the pre-diagnostic phase of the pathway compared with a GP 2 week wait referral pathway.

There is also an impact of the introduction of FIT testing into the Bowel Cancer Screening Programme from July 2019 in terms of higher uptake and sensitivity than had been planned for. This has resulted in increased demand for endoscopy and may mean that any patients with a positive cancer diagnosis wait longer to move through the pathway.

A project is underway led by Champs Public Health Collaborative to promote patient engagement with screening pathways.

When is performance expected to recovery:

Very small numbers in this patient cohort (typically 2-3 per month) make for volatile performance against this standard and difficult prediction of recovery.

Quality:

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	Debbie Harvey	Sarah McGrath

2.5.7 62 Day wait for first treatment for Cancer following a Consultants Decision to Upgrade

Indicator		Performance Summary							Potential organisational or patient risk factors
62 day wait for first treatment for Cancer following a Consultants Decision to Upgrade the Patient's Priority		Previous 3 months, latest and YTD						Local target is 85%, where above this measure is RAG rated green, where under the indicator is grey due to no national target	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND		Jun-19	Jul-19	Aug-19	Sep-19	YTD		
		CCG	33.33%	88.89%	50.00%	50.00%	63.83%		
		Aintree	45.45%	79.31%	77.78%	36.84%	69.23%		
		Plan	85%	85%	85%	85%	85%		
		Aintree September Trajectory: 87.5% (Local target 85%)							

Performance Overview/Issues:

The CCG failed the target for September reporting 50% year to date 63.83%. In September there were 3 breaches from a total of 6 patients seen. The first patient's delay (gynae) was due to inadequate elective capacity, the second lung patient was due to complex diagnostic pathway and the final urological patient due to inadequate out-patient capacity.

Aintree failed the monthly target for September with 36.84% also failing the trajectory of 87.5%. There were the equivalent of 12 breaches out of a total of 19 patients. Breach reasons include complex diagnostic pathways, and other reasons (not stated).

Actions to Address/Assurances:

Numbers in this cohort appear to be reducing making for increasing volatility in performance. The Cheshire and Mersey Cancer Alliance are undertaking some work to promote more consistent use of the 62 day upgrade pathway especially from emergency settings which should result in increased numbers of patients in this target cohort.

When is performance expected to recovery:

Very small numbers in this patient cohort make for volatile performance against this standard and difficult prediction of recovery.

Quality:

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	Debbie Harvey	Sarah McGrath

2.5.8 104+ Day Breaches

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
Cancer waits over 104 days - Aintree		Latest and previous 3 months					Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Jun-19	Jul-19	Aug-19	Sep-19		
		6	12	6	10		
		Plan: Zero					

Performance Overview/Issues:		
In September there were 10 over 104 day breaches at Aintree.		
Actions to Address/Assurances:		
South Sefton CCG will continue to work with Aintree to ensure best use of Performane & Quality Investigation Review Panel (PQIRP) as a forum to achieve sustained improvement using thematic reviews that will feed into the Trust's Cancer recovery plan. The most recent 104 day thematic review has identified radiology capacity, histopathology delays and genuinely complex pathways associated with high levels of co-morbidity as the key factors.		
When is performance expected to recovery:		
Quality:		
Indicator responsibility:		
Leadership Team Lead	**Clinical Lead**	**Managerial Lead**
Jan Leonard	Debbie Harvey	Sarah McGrath

2.5.9 Faster Diagnosis Standard (FDS)

The new Faster Diagnosis Standard (FDS) is designed to ensure that patients who are referred for investigation of suspected cancer will have this excluded or confirmed within a 28 day timeframe. Note that the current 31 and 62 day standards only apply to the cohort of patients who are treated for a **confirmed** cancer diagnosis in the reported time period.

Considerable progress continues to be made to develop and implement faster diagnosis pathways with the initial focus on prostate, colorectal and lung pathways. The standard will become mandated from April 2020.

Hospitals are recording data in 2019, which will help the CCG to understand current performance in England. It will enable Cancer Alliances to identify where improvements need to be made before the standard is introduced.

This new standard should help to:

- Reduce anxiety for patients who will be diagnosed with cancer or receive an ‘all clear’ but do not currently hear this information in a timely manner;
- Speed up time from referral to diagnosis, particularly where faster diagnosis is proven to improve clinical outcomes; and
- Reduce unwarranted variation in England by understanding how long it is taking patients to receive a diagnosis or ‘all clear’ for cancer across the country.

Shadow reporting against the 28 day FDS is now available and has been included in the IPR Report from this month **for information only**. Please note there is currently no agreed operational standard for this measure and that there are also limitations on data completeness at the present time.

The standard will initially apply to referrals from:

- Two week wait (for suspicion of cancer as per NG12 guidance or with breast cancer symptoms); and
- The urgent cancer screening programme.

Figure 5 – FDS monitoring for South Sefton CCG

28-Day FDS 2 Week Wait Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD 19-20
%	85.76%	84.36%	82.15%	85.20%	76.68%	79.96%							82.30%
No of Patients	337	486	437	446	416	449							2571
Diagnosed within 28 Days	289	410	359	380	319	359							2116

28-Day FDS 2 Week Wait Breast Symptoms Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD 19-20
%	100%	94.74%	100%	96.08%	97.50%	100%							97.84%
No of Patients	28	57	57	51	40	45							278
Diagnosed within 28 Days	28	54	57	49	39	45							272

28-Day FDS Screening Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD 19-20
%	86.11%	54.00%	62.50%	69.44%	61.02%	71.15%							66.42%
No of Patients	36	50	32	36	59	52							265
Diagnosed within 28 Days	31	27	20	25	36	37							176

2.6 Patient Experience of Planned Care

Indicator		Performance Summary						Potential organisational or patient risk factors
Aintree Friends and Family Test Results: Inpatients		Previous 3 months and latest						
RED	TREND		Jun-19	Jul-19	Aug-19	Sep-19		
		RR	20.8%	19.8%	19.3%	19.1%		
		% Rec	94.0%	94.0%	94.0%	94.0%		
		% Not Rec	4.0%	3.0%	4.0%	3.0%		
		2019 England Averages Response Rates: 24.9% % Recommended: 96% % Not Recommended: 2%						

Performance Overview/Issues:

Aintree Trust has reported a response rate for inpatients of 19.1% in September which is below the England average of 24.9%. The percentage of patients who would recommend the service has remained the same at 94%, which is below the England average of 96% and the percentage who would not recommend has decreased to 3% but is above the England average of 2%.

Actions to Address/Assurances:

In October the trust submitted a report to the CCG which was presented at the Clinical, Quality and Performance Group (CQPG) and included the outcome of their aggregated review of patient and carer experience. Currently satisfaction scores are in line with the local average scores. Results for National Inpatient survey have placed the trust in a positive position and will inform further future improvement work Response rates for Inpatients are below the local, regional and national averages, with the action plan implemented expected to address this and monitored through the Patient Experience Operational Group and Patient Experience Executive Led Group meetings.

The Trust have also published the patient and family experience plan for 2019/20 which sets out the visions and expectations of the trust, . Ongoing discussion will take place with the Trust via the newly formed LUHFT CQPG from January 2020

When is performance expected to recover:

The above actions will continue with an ambition to improve performance during 2019/20.

Quality:

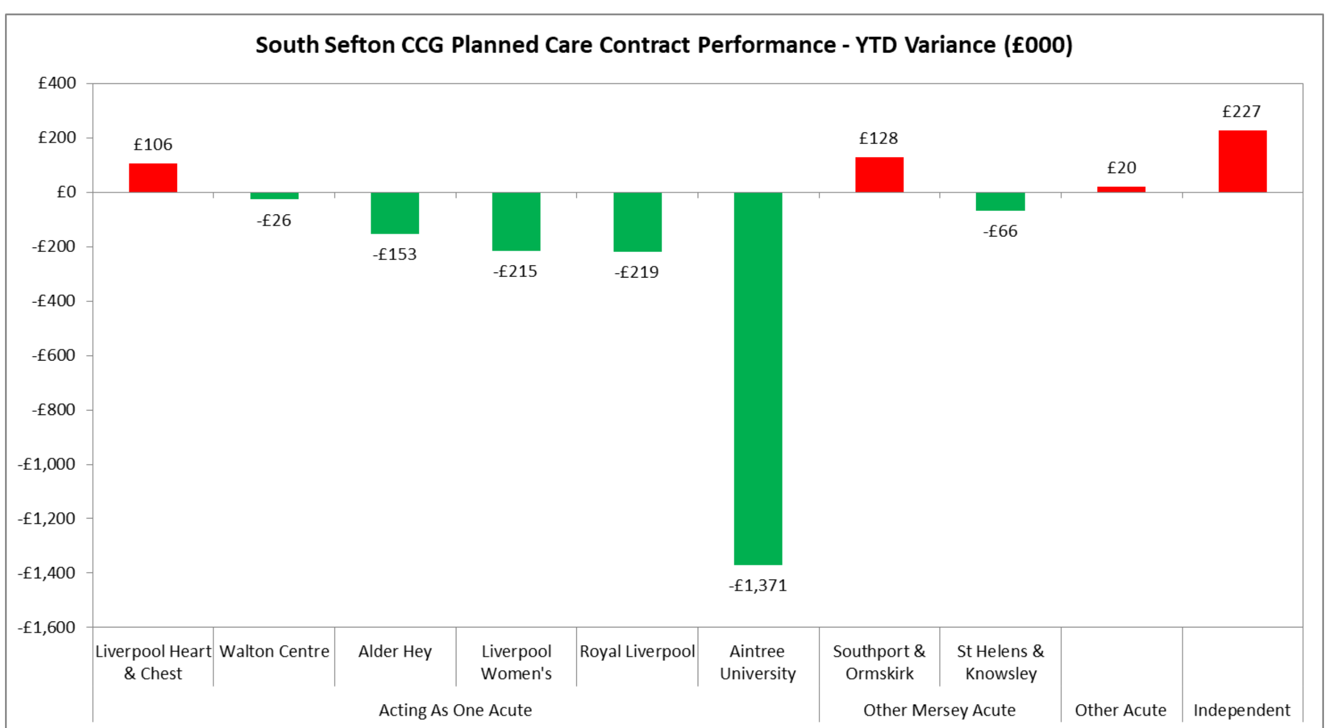
Since Q4 18/19, FFT response rates have improved across providers which is encouraging. NHS England produced revised FFT Guidance which takes effect from 01 April 2020 and replaces all previous guidance. Providers and commissioners will need to prepare for the changes in time for 01 April 2020.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Brendan Prescott	N/A	Jennifer Piet

2.7 Planned Care Activity & Finance, All Providers

Figure 6 - Planned Care - All Providers



Performance at month 6 of financial year 2019/20, against planned care elements of the contracts held by NHS South Sefton CCG shows an under performance of circa -£1.5m/-6.2%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an over spend of approximately £309k/1.2%.

At individual providers, Aintree Hospital is showing the largest under performance at month 6 with a variance of -£1.3m/-9%. In contrast, a notable over performance of £183k/18% against Renacres Hospital has been evident. This is followed by Southport & Ormskirk with an over performance of £128k/11% at month 6.

At speciality level, Trauma & Orthopaedics represents the highest area of spend for South Sefton CCG in 2019/20 to date. Overall, spend within this speciality is currently below planned levels by -£129k/-3% at month 6 with the majority of this underperformance attributed to Aintree Hospital. However, a notable over performance is being reported at Renacres Hospital with market share for this provider increasing from 17% to 20% when comparing 2019/20 to the equivalent period of 2018/19.

NB. There is no financial impact to South Sefton CCG for contract performance at any Providers within the Acting as One block contract arrangement. The Acting as One Providers are identified in the above chart.

2.7.1 Aintree University Hospital NHS Foundation Trust

Figure 7 - Planned Care – Aintree Hospital

Aintree University Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	6,355	6,273	-82	-1%	£4,100	£3,927	-£174	-4%
Elective	799	652	-147	-18%	£2,548	£2,061	-£486	-19%
Elective Excess BedDays	309	308	-1	0%	£81	£82	£1	1%
OPFAMPCL - *OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)*	152	102	-50	-33%	£30	£21	-£9	-30%
OPFANFTF - *Outpatient first attendance non face to face*	932	608	-324	-35%	£28	£20	-£8	-28%
OPFASPCL - *Outpatient first attendance single professional consultant led*	16,534	15,271	-1,263	-8%	£2,745	£2,464	-£281	-10%
OPFUPMPCL - *Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).*	400	389	-11	-3%	£42	£40	-£2	-5%
OPFUPNFTF - *Outpatient follow up non face to face*	3,278	3,069	-209	-6%	£82	£77	-£5	-6%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	36,756	32,530	-4,226	-11%	£2,711	£2,425	-£286	-11%
Outpatient Procedure	11,970	11,311	-659	-6%	£1,705	£1,579	-£126	-7%
Unbundled Diagnostics	7,479	7,215	-264	-4%	£629	£599	-£30	-5%
Wet AMD	820	853	33	4%	£647	£682	£35	5%
Grand Total	**85,786**	**78,581**	**-7,205**	**-8%**	**£15,348**	**£13,977**	**-£1,371**	**-9%**

Underperformance at Aintree Hospital is evident against the majority of planned care points of delivery. However, the overall under spend of -£1.3m/-9% is driven in the main by reduced outpatient activity, specifically first and follow up appointments (single professional consultant led).

Referral patterns suggest that underperformance is not attributed to reduced referrals for South Sefton CCG to Aintree Hospital. Referrals are currently 11% above 2018/19 levels. Instead, Trust feedback suggests reduced programmed activity for consultants as a result of the on-going tax and pensions issue is currently impacting on contracted performance for planned care. Workforce issues related to sickness and theatre staff shortages are also impacting on activity levels.

Elective procedures are also currently under performing at month 6 by -£486k/19%. This can be attributed to reduced activity within Trauma & Orthopaedics and Colorectal Surgery.

NB. Despite the indicative underspend at this Trust; there is no financial impact of this to South Sefton CCG due to the Acting as One block contract arrangement.

2.7.2 Renacres Hospital

Figure 8 - Planned Care – Renacres Hospital

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	297	350	53	18%	£357	£436	£79	22%
Elective	70	78	8	11%	£389	£442	£54	14%
Elective Excess Bed Days	7	0	-7	-100%	£2	£0	-£2	-100%
OPFASPCL - *Outpatient first attendance single professional consultant led*	661	743	82	12%	£112	£125	£13	12%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	964	1,113	149	15%	£67	£77	£10	15%
Outpatient Procedure	514	348	-166	-32%	£64	£66	£2	3%
Unbundled Diagnostics	305	371	66	22%	£28	£36	£9	31%
Physio	740	746	6	1%	£23	£23	£0	1%
OPPREOP	0	295	295	0%	£0	£18	£18	0%
Grand Total	**3,558**	**4,044**	**486**	**14%**	**£1,040**	**£1,223**	**£183**	**18%**

Renacres over performance is evident across the majority of planned care points of delivery. Over performance is focussed largely within the Trauma & Orthopaedics speciality. Small numbers of high cost procedures account for the over performance within electives and day cases.

Work is on-going looking into the potential shift in referral patterns in South Sefton from the main Acute Provider to other providers such as Renacres. Contributing factors to changes in referral flows could be due to long waiting times performance of RTT at Aintree and increased capacity in specialities at Renacres. Referrals to this provider for South Sefton CCG are currently 4% above 2018/19 levels with increases evident in specialities such as ENT and Gastroenterology.

2.8 Personal Health Budgets

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
Personal Health Budgets (PHBs)		**Previous 3 quarters and latest**				105b	CCG resource to be identified to support the progression of PHBs for children and young people continuing care, s117 and specialist wheelchair services, and the wider personalisation agenda.
GREEN	**TREND**	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20		
		42	46	86	108		
		90	90	90	90		
		Plan: 150 PHBs in Place 2019/20					

Performance Overview/Issues:

Quarterly plans for 2019/20 have been set with the expectation of the total number of PHBs for Quarter 2 to be 106, and to increase to 150 by Quarter 4. In quarter 2 the cumulative position shows 108 PHBs. This shows a significant increase over the previous two quarters and is now above the trajectory set by NHS England. NHS England has confirmed the lower boundary of 90 would be acceptable in terms of aspirations.

Actions to Address/Assurances:

Trajectory has increased following the NHS default position for all CHC packages of care for people living in their own home to be in receipt of a PHB. The CHC team are working to transfer all CHC packages of care across to a PHB including fast track and nursing homes. The majority of these packages are notional PHBs with a smaller number being provided as a 3rd party/managed budget or a direct payment. Sefton Carers Centre are taking referrals to support 3rd party/managed budget and direct payments this includes new and existing PHBs. Awareness sessions are planned to take place by MLCSU with community teams to promote PHBs as part of CHC pathway including as part of the CHC review process.

The CCG has submitted the five year planning figures to NHS E which predict a number of 176 by the end of Q4 (19-20). The CCG is on target to meet the internal target and the NHS E target of 150 (upper boundary) and exceeding the lower boundary of 155 for Q4 2020-21 .

There is little progress against PHBs for Children and Young People continuing care as a legal right to have. This is an agenda item at the monthly IPA board.

NHSE have announced a legal right for PHBs for s117 and specialist wheelchair services from April 2020-21. This has been flagged to CCG commissioners and Leadership Team. A request has been made for inclusion with the provider contract for Mersey Care via Liverpool CCG as the co-ordinating commissioner with respect to s117, and included as an agenda item at the CQPG. Resource needs to be identified to support the progressions of PHBs and the personalisation agenda.

When is performance expected to recovery:

Quality:

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Fiona Taylor	Tracey Forshaw	Tracy Forshaw

2.9 Continuing Health Care

Indicator		Performance Summary					Potential organisational or patient risk factors
Percentage of cases with positive CHC checklist eligibility decision made		Previous 3 quarters and latest					
RED	TREND	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20		
		81%	78%	76%	82%		
		Target: 80%					

Performance Overview/Issues:
For quarter 2 2019/20, the CCG reported 82% of cases with a positive CHC checklist eligibility decision within 28 days, against an 80% target and are now reporting green for this indicator. 9 patients breached the target out of a total 49 patients.
Actions to Address/Assurances:
Performance monitored through the CHC operational meeting with CSU and providers. Actions to address: - To review of patients placed in discharge to assess beds within 28 days. - Action to instruct providers to ensure referral information for CHC eligibility provided enough clarity to allow for decisions to be made.
When is performance expected to recover:
The improvement in quarter 2 is hoped to continue throughout 2019/20.
Quality:
Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Fiona Taylor	Brendan Prescott	Brendan Prescott

2.10 Smoking at Time of Delivery (SATOD)

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
Smoking at Time of Delivery (SATOD)		Latest and previous 3 quarters				125d	
RED	TREND	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20		
		14.50%	13.30%	12.30%	14.00%		
		National ambition of 11% for % of maternities where mother smoked					

Performance Overview/Issues:

Quarter 2 shows an increase in mothers smoking at time of delivery compared to Quarter 1 2019/20.

Actions to Address/Assurances:

The contract requires providers to comply with NICE re: smoking. This corresponds also to Public Health projects commissioned by the Local Authority and specifically smoking cessation services. There has been an issue about e-referrals into this service. The CCG does support Public Health in their discussions with providers in this regard i.e. ensuring correct and timely referrals to the stop smoking service. CCG will be working with Public Health and the Provider to establish what improvements are required to meet the target.

CCG influence is indirect. The CCG doesn't commission the smoking cessation services, but we do commission midwifery where the provider would do screening as part of general pathway and signpost/refer accordingly. If the stop smoking service is not getting the expected number of referrals, public health can directly engage with the provider. If they have any issues with this e.g. the provider won't comply or any changes are required to clinical pathways then the CCG would look to engage further with the Provider.

As part of the Integrated discussion meetings that are currently taking place between the Council and the CCGs the programme around smoking cessation and maternity will be included in our collective approach.

When is performance expected to recovery:

Ongoing.

Quality:

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Fiona Taylor	Wendy Hewit	Peter Wong

3. Unplanned Care

3.1 Accident & Emergency Performance

3.1.1 A&E 4 Hour Performance: South Sefton CCG

Indicator		Performance Summary						IAF	Potential organisational or patient risk factors
CCG A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD						127c	
RED	TREND		Jun-19	Jul-19	Aug-19	Sep-19	YTD		
		All Types	81.15%	80.07%	85.15%	83.43%	81.04%		
		Type 1	77.55%	75.67%	82.25%	82.66%	77.55%		
		Plan: 95% Improvement trajectory 89% March 2020							

Performance Overview/Issues:

The CCG is failing the national standard of 95% in September reporting 83.43% for the South Sefton population, this being a decline on last month. A trajectory has been agreed with NHSE/I that runs to 89% in March 2020 not the national target. However, Aintree AED overall performance in September was 87.45% (type 1 and 3), and also under the 89% improvement trajectory.

Actions to Address/Assurances:

Internal Trust Actions:

Improve Non Admitted performance

1. To recruit substantive staff so to support consistent application of agreed processes

Work continues in See and Treat to stream according to acuity. Service review continues and is showing early positive results. Primary Care Streaming (PCS) proposal presented to Operational Pressure Escalation Level Group (OPELG) is awaiting a decision.

2. Improve AEC functionality

Work continues to implement the changes from the improvement event and this is now being monitored weekly to ensure changes are embedded.

3. Minimise frequency of crowding (surge) in the Emergency Department

The Emergency Department will participate in the NWAS Collaborative due to commence on the 25th October. The focus will be on implementation of direct conveyancing to all assessment areas. A pilot for direct conveyancing to frailty commenced 7th October. This pilot included the ability to directly refer from Pit stop therefore bypassing ED.

4. Improved role clarity in the Department

The recruitment of 2 wte's Band 8a and Deputy Operational Lead Nurses both have now been assigned to specific areas of the department to focus on improvements. The areas of focus are non admitted performance in see and treat and NWAS handover. Work continues in these areas as detailed above.

System Partners Actions:

A wide range of work continues to support the Aintree system involving CCG and community provider, local authority:

• Collaborative focus on increasing ambulatory care within the Frailty Assessment Unit with direct conveyancing to unit without A&E attendance/review
• On-going implementation of Mersey Care Alternative to Transfer scheme with system introduced to provide timely response to NWAS to support patients at home who do not require conveyance to A&E. Work underway to promote service further and increase referrals and range of pathways that can be supported.
• Implementation of actions from Long Length of Stay action plan to reduce A&E attendances e.g. development of community DVT pathway, ICRAS offer in community
• Collaborative work continues with Liverpool CCG to review potential Urgent Treatment Centre provision within Aintree footprint again with focus of reducing A&E attendances.
• Weekly Aintree system calls are held as required with NHSE and all partners to agree priority areas to progress each week reflecting local requirements. These are working well in maintaining operational and strategic communication across organisations.

When is performance expected to recovery:

Aintree have an agreed trajectory with NHSE/I profiled from 88% in Month 1 to 89% in Month 12 not the national target of 95%.

Quality:

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	John Wray	Janet Spallen

3.1.2 A&E 4 Hour Performance: Aintree Hospital

Indicator		Performance Summary							Potential organisational or patient risk factors
Aintree A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD							Risk that the Trust is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND		Jun-19	Jul-19	Aug-19	Sep-19	YTD		
		Improvement Plan	95%	88%	88%	89%			
		All Types	85.56%	83.47%	88.88%	87.45%	85.17%		
		Type 1	74.82%	70.90%	80.37%	78.55%	73.95%		
		Plan: 95% September's improvement plan: 89% Yellow denotes achieving 19/20 improvement plan but not national standard of 95%							

Performance Overview/Issues:

Overall performance in September was 87.45% (type 1 and 3), which shows a slight decline from last month, but overall has been an improvement on the last few months. However this is under the 89% improvement trajectory.

Actions to Address/Assurances:

Trust Actions:

Improve Non Admitted performance

1. To recruit substantive staff so to support consistent application of agreed processes

Work continues in See and Treat to stream according to acuity. Service review continues and is showing early positive results. Primary Care Streaming (PCS) proposal presented to Operational Pressure Escalation Level Group (OPELG) is awaiting a decision.

2. Improve AEC functionality

Work continues to implement the changes from the improvement event and this is now being monitored weekly to ensure changes are embedded.

3. Minimise frequency of crowding (surge) in the Emergency Department

The Emergency Department will participate in the NWAS Collaborative due to commence on the 25th October. The focus will be on implementation of direct conveyancing to all assessment areas. A pilot for direct conveyancing to frailty commenced 7th October. This plot included the ability to directly refer from Pit stop therefore bypassing ED.

4. Improved role clarity in the Department

The recruitment of 2 wte's Band 8a and Deputy Operational Lead Nurses both have now been assigned to specific areas of the department to focus on improvements. The areas of focus are non admitted performance in see and treat and NWAS handover. Work continues in these areas as detailed above.

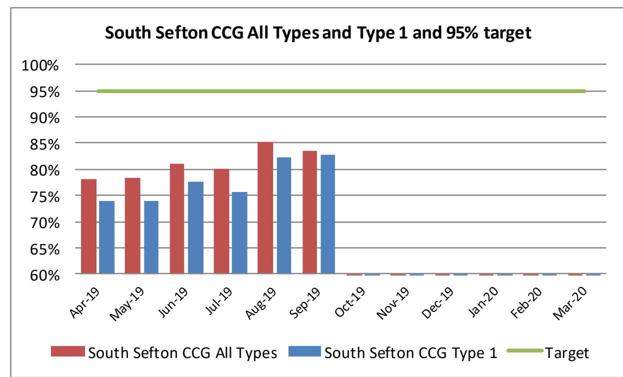
When is performance expected to recovery:

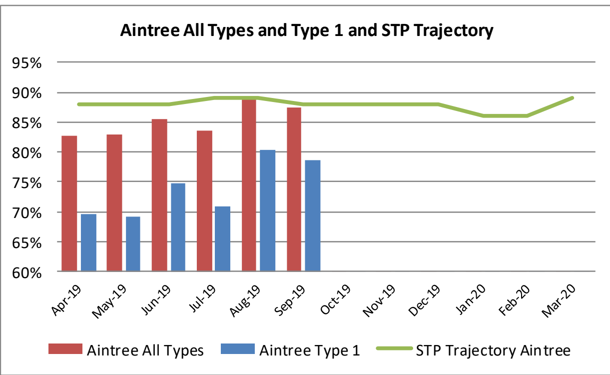
Quarter 4, 2019/20 trajectory is 89%.

Quality:

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	John Wray	Janet Spallen





3.2 Occupied Bed Days

The NHS has a new national ambition to lower bed occupancy by reducing the number of long stay patients (and long stay beds) in acute hospitals by 40% (25% being the 2018/19 ambition with an addition of 15% for 2019/20). Providers are being asked to work with their system partners to deliver this ambition.

Figure 9 - Occupied Bed Days, Aintree Hospital

Primary Metric

Weekly average of occupied beds by adult patients in an acute hospital for 21+ days

77 (41%) Bed reduction required by March 2020

46 (25%)* Occupied beds reduced as of 16 September 2019 (weekly average)

31 (16%)* Bed reduction remaining as of 16 September 2019 (weekly average)

Ambition | Baseline | Primary Metric | Trajectory Range

Period Apr 19 – Mar 20

Baseline: 188

Ambition: 111

Occupied beds

Apr 19 May 19 Jun 19 Jul 19 Aug 19 Sep 19 Oct 19 Nov 19 Dec 19 Jan 20 Feb 20 Mar 20

Data Source: NHS Improvement – Long Stays Dashboard

The long stays dashboard has been updated for 2019 to report on a weekly basis. The Trust's revised target is a total bed reduction of 77 (41%) by March 2020; therefore the target is 111 or less. This target is yet to be achieved as the latest reporting as at 16th September 2019 (weekly average) shows 141 occupied beds. Therefore a reduction of 31 is now remaining in order to achieve the ambition in March 2020.

An action plan to support the achievement of the Long Length of Stay trajectory was developed with Aintree partners in April 2019. Actions focussed on improvements required for internal processes, those which support patient flow at A&E and other front door units, and also admission avoidance and timely discharge/step down initiatives. There are a range of developments underway in regard to placement processes; discharge to assess pathways, the patient choice policy to facilitate flow, development of care home trusted assessor roles and community pathways to facilitate earlier discharge. Patient Flow Telecoms and focussed individual patient case work continue where stranded and super stranded patients reviewed with MDT involvement. Support provided where required with opportunity to identify specific themes requiring further action with Long Length of Stay reports shared with partners on a weekly basis.

3.3 Ambulance Performance

Indicator		Performance Summary				
Category 1,2,3 & 4 performance		Previous 2 months and latest				
RED	TREND	Cat	Target	Jul-19	Aug-19	Sep-19
		1 mean	<=7 mins	00:07:17	00:07:18	00:06:56
		1 90	<=15 mins	00:12:02	00:11:42	00:11:03
		2 mean	<=18 mins	00:28:13	00:25:22	00:28:24
		2 90	<=40 mins	01:05:04	00:54:07	01:03:16
		3 90	<=120 mins	03:40:09	02:57:01	02:52:50
		4 90	<=180 mins	03:15:48	02:56:42	03:33:33

Definitions

Category 1 -Time critical and life threatening events requiring immediate intervention
Category 2 -Potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and / or urgent transport
Category 3 - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering
Category 4 / 4H / 4HCP- Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly transport

Potential organisational or patient risk factors

Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.

Performance Overview/Issues:

In September 2019 there was an average response time in South Sefton of 6 minutes 56 seconds achieving the target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 28 minutes against a target of 18 minutes, the slowest response time in Merseyside. The CCG also failed the category 3 and 4 90th percentile. 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.

Actions to Address/Assurances:

In 2019/20 NWAS has continued to progress improvements in delivery against the national ARP standards. This included re-profiling the fleet, improving call pick up in the EOCs, use of the Manchester Triage tool to support both hear & treat and see & treat and reduce conveyance to hospital. The joint independent modelling commissioned by the Trust and CCGs set out the future resource landscape that the Trust needs if they are to fully meet the national ARP standards. Critical to this is a realignment of staffing resources to demand which will only be achieved by a root and branch re-rostering exercise. This exercise has commenced, however, due to the scale and complexity of the task, this will not be fully implemented until the end of Quarter 1 2020/21.

To support the service to both maintain and continue to improve performance, the contract settlement from commissioners for 2019/20 provided the necessary funding to support additional response for staffing and resources, including where required the use of VAS and overtime to provide interim additional capacity, prior to full implementation of the roster review. We have been advised that implementation of the roster review has been delayed in Cheshire & Merseyside until Quarter 4 which increases the risk of no-achievement of targets required for Quarter 1 2020/21. NWAS have advised that whilst formal implementation of the roster review has been delayed it is being progressed where there is mutual agreement with staff which will enable greater flexibility with shift patterns and use of staff resource.

North Mersey commissioner working with community providers is in regard to increasing the range of alternatives that can be used to support Category 3 and 4 calls to maximise NWAS resources to be used on higher priority calls. Aintree continues to work with NWAS to reduce ARP times with present focus on direct conveyancing of appropriate patients to front door units to reduce handover times.

When is performance expected to recovery:

The 2019/20 contract agreement with NWAS identified that the ARP standards must be met in full (with the exception of the C1 mean) from quarter 4 2019/20. The C1 mean target is to be delivered from quarter 2 2020/21. A trajectory has been agreed with the Trust for progress towards delivery of the standards.

Quality:

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	John Wray	Janet Spallen

3.4 Ambulance Handovers

Indicator		Performance Summary					Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months					a) All handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 30 minutes b) All handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 60 minutes	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND		Target	Jul-19	Aug-19	Sep-19		
		(a)	<=15-30mins	180	98	102		
		(b)	<=15-60mins	85	38	46		

Performance Overview/Issues:

NWAS performance saw a small decline with handover delays of over 30 and 60 minutes increasing. With 30 minute delays increasing from 98 to 102 and 60 minute delays increasing from 38 to 46. Work continues in this area to meet the a green trajectory. The number of triaged within 15 minutes saw a slight decrease in September (3.25%) as did the time to see first clinician (12 minutes).

Actions to Address/Assurances:

Aintree have been part of the Super Six working with NWAS to improve processes to support achievement of the handover targets. They have identified that the priority area which will have the greatest impact will be the introduction of direct conveyancing of appropriate patients to front door units e.g. Ambulatory Medical Unit, Frailty Assessment Unit, without being first triaged through AED. The Trust have updated their Ambulance Handover Improvement Plan with details of implementation plans and timescales for the introduction of direct conveyancing.

When is performance expected to recovery:

This is a priority area for immediate improvement. An updated Improvement Plan has been submitted which details timescales for implementation of direct conveyancing over Autumn. Pilot work was carried out initially to test plans that patients categorised as Amber pathway patients, following a call to AEC and following a predetermined clinical criteria, will travel directly to AEC via ambulance. The clinical protocol will support the correct and accurate redirection of patients and this will be supported by the ability for crews to call a senior clinician in AEC to discuss the safe conveyance of a patient to the department.

Direct conveyancing to Frailty Assessment Unit (FAU) began at start of November. This process will progress to other assessment areas (MAB/FAB, SAU). Aintree also formally merged with the Royal to become the Liverpool University Hospitals and are actively working on the management of ambulance arrivals at the two sites with informal diverts in place when extreme pressures within A&E or significant influx notified at one site or other.

Quality:

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	John Wray	Janet Spallen

3.5 Unplanned Care Quality Indicators

3.5.1 Stroke and TIA Performance

<table>
<tr><th colspan="2">Indicator</th><th colspan="4">Performance Summary</th><th>Measures</th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">Aintree Stroke & TIA</td><td colspan="4">Latest and previous 3 months</td><td rowspan="4">a) % who had a stroke & spend at least 90% of their time on a stroke unit

b) % high risk of Stroke who experience a TIA are assessed and treated within 24 hours</td><td rowspan="4">Risk that CCG is unable to meet statutory duty to provide patients with timely access to Stroke treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.</td></tr>
<tr><td>RED</td><td>TREND</td><td>Jun-19</td><td>Jul-19</td><td>Aug-19</td><td>Sep-19</td></tr>
<tr><td rowspan="2"></td><td rowspan="2"></td><td>80.85%</td><td>86.67%</td><td>80.43%</td><td>73.20%</td></tr>
<tr><td colspan="4">Stroke Plan: 80%
TIA 60% (achieving in June)</td></tr>
</table>

Performance Overview/Issues:

Performance against the National Quality Stroke metric of 80% of patients to spend 90% stay standard was 73.20% for September 2019 at Aintree, which has now unfortunately fallen under target, after achieving for 3 months running. There were 41 patients with a primary diagnosis of stroke discharged from the Trust during the month. Of these, 30 patients spent 90% of their stay on the Stroke Unit. The standard was not achieved for 11 patients. All breaches of the standard are reviewed and reasons for underperformance identified:

- 4 patients required admission to the Stroke Unit with no bed availability
- 1 patient had no neurology on arrival to hospital
- 1 patient was a late referral to the Stroke Team from ED
- 1 patient was delayed waiting a medical review in ED
- 1 patient was palliative and transferred to a side-room on a medical ward
- 1 patient was thought to have brain metastases and MRI diagnosed Stroke
- 1 patient had HASU bed available documented but was transferred to MAB
- 1 patient was delayed in ED as HASU not staffed for one night (CCG Action: this incident was raised at the CCQRM with Aintree who have an action to check the further detail as the unit is staffed 24 hours a day)

TIA continues to achieve and is reporting 100% in September

Actions to Address/Assurances:

Proposed Trust Actions:

• Work with Lead Nurse for workforce on a recruitment strategy for Registered Nursing vacancies
• Finalise recruitment briefing for Clinical Business Unit and Stroke
• Improve therapy Scores SSNAP
• Evaluate pilot of working hours to create evening capacity
• Evaluate pilot of weekend working
• Work with ED and Radiology to improve time to CT scan to improve SSNAP score
• Monthly review of all patients who didn't meet the standard
• Attend ED Governance meeting to discuss Stroke
• Review of all patients transferred to MAB/FAB
• Attend AMU meeting to discuss timely transfers
• DATIX all patients

When is performance expected to recovery:

Performance against the stroke metrics are monitored on a monthly basis with all breaches examined to inform improvement. Review of September data identifies that whilst there was stroke bed capacity issues for 4 of the patients other breaches related to clinical / internal issues. Ongoing work needs to continue to focus on patient flow and consider within the North Mersey Stroke Work how an enhanced early supported discharge team would impact on discharge delays enabling timely admission to stroke beds for new presentations.

Quality:

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	John Wray	Janet Spallen

3.5.2 Healthcare associated infections (HCAI): MRSA

Indicator		Performance Summary						Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: MRSA		Latest and previous 3 months (cumulative position)					Cases of MRSA carries a zero tolerance and is therefore not benchmarked.	
RED	TREND		Jun-19	Jul-19	Aug-19	Sep-19		
		CCG	0	1	1	1		
		Aintree	1	2	2	2		
		Plan: Zero						

Performance Overview/Issues:

The CCG and Trust have reported no new cases of MRSA in September. June saw the first case for the CCG reported at Aintree so have failed the zero tolerance threshold for 2019/20.

Aintree have had 2 cases year to date (1 in May and 1 in July) the latest case was a patient with trust apportioned MRSA bacteraemia, this was a contaminant, blood culture taken.

Actions to Address/Assurances:

PIR feedback meeting chaired by CCG.
Ward managers/matrons and IPCT representation. Action plan agreed.
PII's/outbreaks CDI managed as per national guidance, with increased focus on clinical practice, antibiotic stewardship and cleanliness of the environment.

When is performance expected to recovery:

Quality:

Will remain red due to the Zero tolerance for MRSA although trust continues to monitor action plan

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Brendan Prescott	Gina Halstead	Jennifer Piet

3.5.3 Healthcare associated infections (HCAI): C Difficile

Indicator		Performance Summary						Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: C Difficile		**Previous 3 months and latest (cumulative position)**						
RED	**TREND**		Jun-19	Jul-19	Aug-19	Sep-19		
		CCG	11	17	22	29		
		Aintree	25	39	46	62		
		2018/19 CCG plan 53 and failed, Trust plan 45 and achieved 2019/20 Plan: </=60 YTD for the CCG 2019/20 Plan: </=56 for Aintree						

Performance Overview/Issues:

The CCG had 7 new cases of C.Difficile in September, making a total of 29, against a year to date plan of 28 (year end plan 60) so are over plan currently (14 apportioned to acute trust and 15 apportioned to community).

The national objective for C Difficile has changed. All acute trusts are now performance monitored on all cases of healthcare associated infections including those which are hospital onset health care associated (HOHA): cases detected in the hospital three or more days after admission and community onset healthcare associated (COHA): cases that occur in the community (or within 2 days of admission) when the patient has been an inpatient in the trust reporting the case in the previous 4 weeks.

The Trusts national objective is to have no more than 56 healthcare associated cases in 2019/20. In September the Trust had 16 cases of c diff (62 YTD). 10 community onset healthcare associated (COHA) and 6 hospital onset healthcare associated (HOHA). This equates to 62 YTD - 30 apportioned to the trust and 32 community onset, which is the data reported above. This is over the monthly objective of no more than 4.66 cases per month.

Actions to Address/Assurances:

CDI action plan developed and in progress, including Trust-wide education, deep cleaning, patient and staff hand hygiene & Comms campaign (intranet, posters).

When is performance expected to recovery:

Quality:

All cases appealed have been upheld in this month

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Brendan Prescott	Gina Halstead	Jennifer Piet

3.5.4 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary						Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: E Coli (CCG)		Previous 3 months and latest (cumulative position)						
RED	TREND		Jun-19	Jul-19	Aug-19	Sep-19		
		CCG	47	63	75	84		
		Aintree	93	128	160	190		
		2018/19 CCG plan </=128 and failed 2019/20 Plan: </=128 YTD *There are no Trust plans at present numbers for information*						

Performance Overview/Issues:		
NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2019/20. NHS South Sefton CCG's year-end target is 128 the same as last year when the CCG failed reporting 170 cases. In September there were 9 cases (84 YTD) against a year to date plan of 63 (this being a lower number than last month when 12 was reported, an improvement although still over ytd plan). Aintree reported 30 cases in August (190 YTD) with no targets set for Trusts at present. The figures above are not just attributable to the Aintree trust site.		
Actions to Address/Assurances:		
The chair of the GNBSI meeting is liaising with NHSE/I regarding Cheshire and Merseyside hosting the purchase of Catheter Passports/Cares for the CCGs with a view to reducing costs.		
When is performance expected to recovery:		
Less cases reported via Aintree.		
Quality:		
Following the GNBSI SIQSG meeting with NHSE/I, a letter was received from AQuA requesting participation in the AMR programme. AQuA are hosting an action based learning programme for clinical teams in the North West of England. Lynne Savage will follow this up with AQUA		
Indicator responsibility:		
Leadership Team Lead	**Clinical Lead**	**Managerial Lead**
Brendan Prescott	Gina Halstead	Jennifer Piet

3.5.5 Hospital Mortality

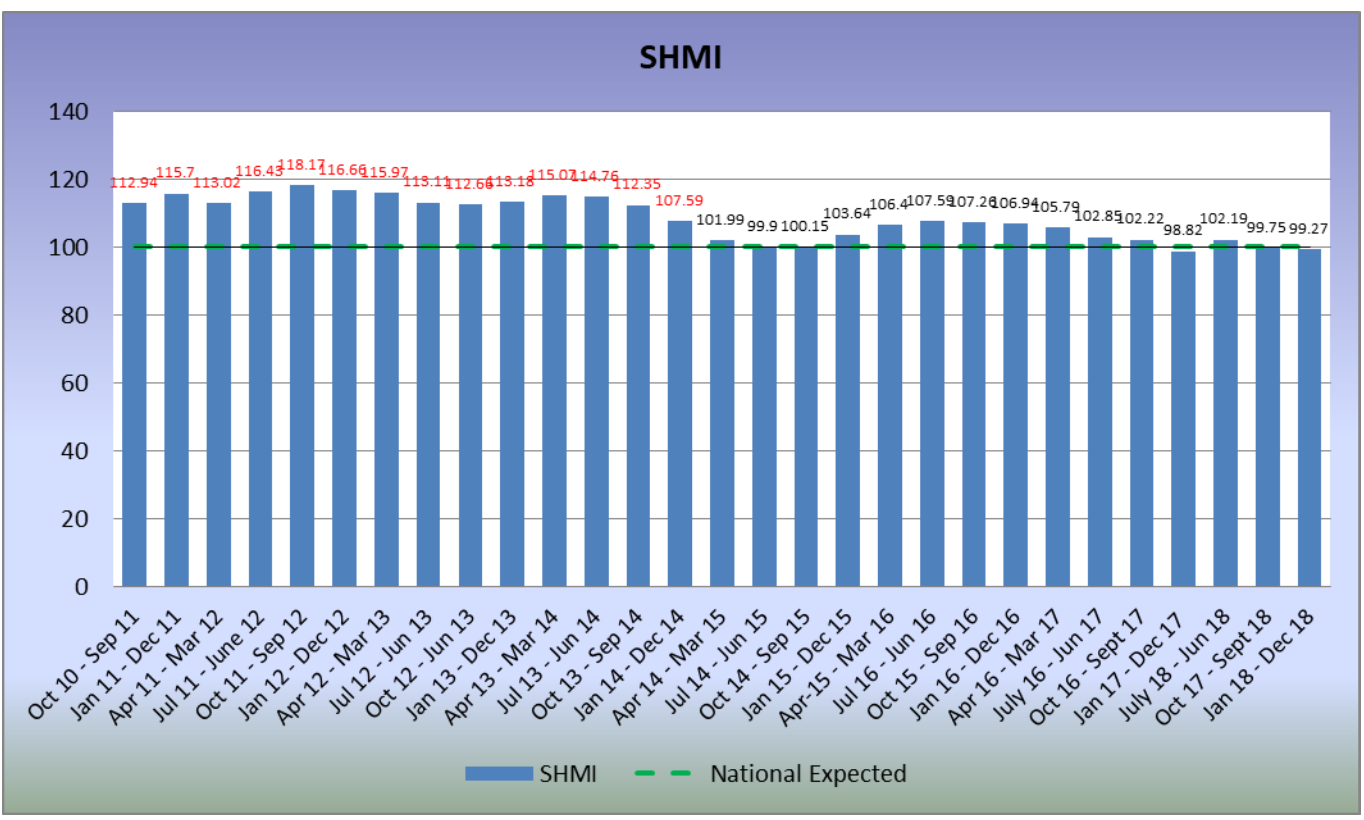
Figure 10 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	19/20 - Sept	100	89.83	↔

HSMR is the same as reported last month at 89.83 for the period June 2018 to May 2019; this is the same as reported previously. Position remains better than expected. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is fewer than 100 this suggest fewer deaths occurred than expected. Ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

SHMI at 99.27 is lower than previous period and within tolerance levels. SHMI is risk adjusted mortality ratio based on number of expected deaths.

Figure 11 - Summary Hospital Mortality Indicator



3.6 CCG Serious Incident Management

CCG SI Improvement Action Plan 2019/20

The Quality Team have developed a CCG SI Improvement Plan for 2019/20 and will continue to monitor progress at SIRG and via the Joint Quality and Performance Committee on a monthly basis. The Quality Team are currently aligning SI processes with the Quality Team at Liverpool CCG. This collaborative approach will allow for more effective management of the SI process and support wider learning across the area.

Figure 12 - Serious Incident for South Sefton Commissioned Services and South Sefton CCG patients

In September 2019 there are a total of 36 serious incidents (SIs) open on StEIS for South Sefton as the RASCI (Responsible, Accountable, Supporting, Consulted, Informed) commissioner or that involve a South Sefton CCG patient. This is an increase from 34 in Month 5. Those where the CCG is not the RASCI responsible commissioner are highlighted in green in the table below.

Trust	SIs reported (M6)	SIs reported (YTD)	Closed SIs (M6)	Closed SIs (YTD)	Open SIs (M6)	SIs open >100days
Aintree University Hospital	3	18	0	25	20	10
Mersey Care NHS Foundation NHS Trust (SSCS)	0	7	4	8	2	1
South Sefton CCG	0	0	0	1	1	1
Mersey Care NHS Foundation Trust (Mental Health)	0	5	0	5	4	1
Royal Liverpool and Broadgreen	0	0	0	1	0	0
The Walton Centre	0	0	0	0	1	1
Alder Hey Children's Hospital	0	1	0	0	2	1
UC24	0	0	0	0	1	1
North West Boroughs NHS Foundation Trust	1	3	0	1	3	1
North West Ambulance Service NHS Foundation Trust	0	1	0	0	1	0
Southport and Ormskirk Hospital	0	1	0	0	1	0
TOTAL	**4**	**31**	**4**	**41**	**36**	**17**

Of the 10 SIs open > 100days for Aintree University Hospital (AUH), the following applies at the time of writing this report:

- 7 have been reviewed and are now closed
- 1 further assurance requested from the provider and will be reviewed at December's Serious Incident Review Group (SIRG) meeting.
- 2 have been reviewed and closure agreed at South Sefton SIRG, however awaiting confirmation of closure from patients CCG.

For the remaining 6 SIs open > 100 days the following applies:

- *Mersey Care Foundation Trust) Community Division)* – Root Cause Analysis (RCA) reviewed and SI now closed.
- *South Sefton CCG* – Investigation involving a number of patients across a number of the South Sefton GP Practices – still ongoing.
- *Mersey Care NHS Foundation Trust (Mental Health)* – this is a mental health homicide – it is closed from South Sefton CCG perspective but is subject to external processes.

- *The Walton Centre NHS Foundation Trust* - This RCA is being performance managed by NHSE Specialised Commissioning.
- *PC24* – RCA received and reviewed at SIRG and the CCGs Primary Care Team will discuss with the provider. Confirmation of closure awaited.
- *Alder Hey Children's Hospital* – RCA received and reviewed and closed at SIRG.
- *Northwest Boroughs NHS Foundation Trust* – Ongoing Serious Case Review due to complete in January 2020.

Figure 13 - Timescale Performance for Aintree University Hospital

PROVIDER	SIs reported within 48 hours of identification (YTD)		72 hour report received (YTD)			RCAs Received (YTD)				
	Yes	No	Yes	No	N/A	Total RCAs due	Received within 60 days	Extension Granted	SI Downgraded	RCA 60+
Aintree	16	2*	14	0	1**	12	6	4	2	0

** SI was reported in retrospect following a structured judgement review.*
** SI was reported just outside 48 hour timescale due to discussion at weekly harm confirming this required reporting and investigation.*

*** A 72 hour report was not submitted for this SI as a downgrade was agreed and the incident was closed.*

Figure 14 - Timescale Performance for Mersey Care Foundation Trust (South Sefton Community Services)

PROVIDER	SIs reported within 48 hours of identification (YTD)		72 hour report received (YTD)		RCAs Received (YTD)				
	Yes	No	Yes	No	Total RCAs Due	Received within 60 days	Extension Granted	SI Downgraded	RCA rcvd 60+
Mersey Care (Community)	7	0	0	7*	8	0	0	1	7*

**The trust performance against this target is monitored by Liverpool CCG, the Lead Commissioner for Mersey Care Foundation Trust.*

South Sefton CCG Quality Team have escalated concerns in relation to compliance with the SI framework and the requirements of the Providers Quality Schedule 2019/20 to the Lead Commissioner and this was discussed at the Contract and Clinical Quality Review Meeting (CCQRM) in October 2019. The provider informed the CCG that the reason for late submission of reports will be established and feedback will be provided at the next CCQRM.

The CCG also note that a deep dive into MCFT's SI processes has commenced with support being provided by Liverpool CCG and NHS England, Cheshire and Merseyside DCO.

3.7 CCG Delayed Transfers of Care

The CCG Urgent Care lead works closely with Aintree as the provider with the greatest number of delayed bed days and the wider MDT involving social care colleagues to review delayed transfers of care on a weekly basis. There is opportunity within these interventions to identify key themes which need more specific action e.g. the CCG is presently reviewing discharge to assess pathway where the aim is to ensure DSTs are undertaken outside of a hospital setting. Specific focus for south Sefton is to improve flow and placement within the 28 day bed pathway for patients requiring nursing care on discharge. In addition consistent and robust application of the Choice Policy is required. Collaborative action by all Aintree partners is detailed in NHSI action plan with trajectory for reductions on long lengths of stay. Further work has been carried out to understand delayed transfers of care within other providers e.g. Mersey Care and the Walton Centre. Reporting processes are being agreed so that the CCG are aware of issues an early stage and are able to respond appropriately.

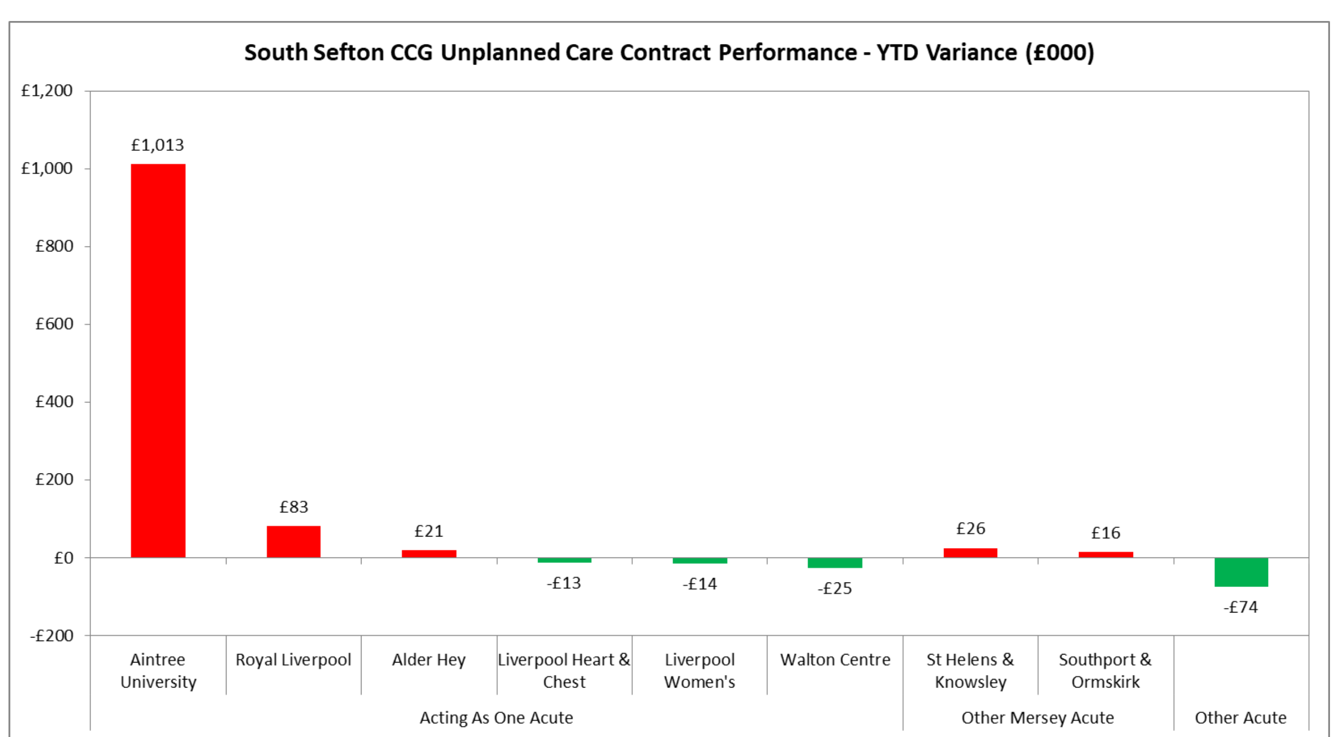
Total Delayed Transfers of Care (DTOC) reported in September 2019 was 984, a decrease compared to September 2018 with 1,093. Delays due to social care have worsened, with those due to NHS improving. This is due to improved recording and understanding within the teams of appropriate categories to use following participation in a North West ADASS Masterclass on DTOC in July 2019. The majority of delay reasons in September 2019 were due to further non-acute NHS, patient family choice and care package in home.

See DTOC appendix for more information.

3.8 Unplanned Care Activity & Finance, All Providers

3.8.1 All Providers

Figure 15 - Unplanned Care – All Providers



Performance at month 6 of financial year 2019/20, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £1m/3.6%. However, applying a

neutral cost variance for those Trusts within the Acting as One block contract arrangement results in costs being aligned to plan with a small variance of -£33k/-0.1%.

This over performance is clearly driven by Aintree Hospital, which has a variance of £1m/5% against plan at month 6.

NB. There is no financial impact to South Sefton CCG for contract performance at any Providers within the Acting as One block contract arrangement. Acting as One Providers are identified in the above chart.

3.8.2 Aintree University Hospital

Figure 16 - Unplanned Care – Aintree Hospital

Aintree University Hospitals Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E WiC Litherland	21,568	20,489	-1,079	-5%	£505	£505	£0	0%
A&E - *Accident & Emergency*	18,176	18,667	491	3%	£2,935	£3,032	£98	3%
NEL - *Non Elective*	8,689	8,751	62	1%	£15,693	£17,224	£1,531	10%
NELNE - *Non Elective Non-Emergency*	25	23	-2	-6%	£91	£135	£44	48%
NELNEXBD - *Non Elective Non-Emergency Excess Bed Day*	138	24	-114	-83%	£36	£6	-£30	-82%
NELST - *Non Elective Short Stay*	1,671	1,834	163	10%	£1,160	£1,280	£121	10%
NELXBD - *Non Elective Excess Bed Day*	7,241	4,269	-2,972	-41%	£1,853	£1,103	-£750	-40%
Grand Total	**57,507**	**54,057**	**-3,450**	**-6%**	**£22,272**	**£23,285**	**£1,013**	**5%**

A&E type 1 attendances are 3% above plan for South Sefton CCG at Aintree Hospital with the Trust (catchment) reporting an historical peak for monthly attendances in July-19. Litherland walk-in centre continues to see decreased activity against plan as in 2018/19 although August-19 saw the highest monthly attendances reported since July-18.

Non-elective admissions account for the majority of the total over spend at Aintree. Plans were rebased for 2019/20 to take into account a pathway change previously implemented by the Provider, which was related to the Same Day Emergency Care model (SDEC). Aligned to increased A&E attendances, non-elective activity is currently 1% above plan but costs are exceeding planned values by 10%, which could suggest a change in the case mix of patients presenting. Over performance has been recorded against various HRGs including those related to Pneumonia, Stroke and Alzheimer's Disease / Dementia.

NB. Despite the indicative over spend at this Trust; there is no financial impact to South Sefton CCG due to the Acting as One block contract arrangement.

4. Mental Health

4.1 Mersey Care NHS Trust Contract (Adult)

4.1.1 Mental Health Contract Quality Overview

Mersey Care NHS RiO M6 update
Commissioners and the Trust have agreed a reporting format that ensures that the quality contract schedule KPIs are reflected in the Trust's board reports.

Communication KPIs
Discharge Communication (Inpatients) to General Practice with 24 hours: The position at Q2 remains marginally in line with improvement trajectory with 79.95% being reported against a target of 95%. (54.20% in 2018/19)

Communication (Clinic letters/Outpatients) to General Practice within working 10 days: There has been an improvement in line with projected trajectory with 68.83% being reported against a target of 95%. (36.96% in 2018/19) The implementation of e-Comms across the service has contributed to improved performance in what has been historically has been a significantly under-performing KPI.

ADHD Transition
Transition pathway developments planned for 2019/20 have been hindered by recruitment issues. The Trust has now recruited a consultant and it is expected that the transition pathway will commence from November 2019 onwards. Work will shortly commence on exploring a primary care option using the GP Federation to deliver ADHD as the specialist service is experiencing waits of 2 years.

Following investment in Mersey Care NHS FT the transition pathway from the Alder Hey ADHD service will commence in December 2019 this initially will enable those people aged 18+ who have been treated within the Alder Hey service to transition to the adult service.

ASD
The Trust presented ASD at the October CQPG. It was highlighted that that despite having similar staffing (including staff trained in assessment) the Sefton service was reporting 6 year waits for an Asperger's Assessment whilst 26 months was being reported for Liverpool. Sefton and Liverpool despite the two services being similarly staffed but with Liverpool receiving almost double the referrals that Sefton receives. The commissioners met with the Trust on 18/11/2019 and an initial outcome is that the trust are going explore reconfiguring the existing resource to create additional assessment capacity. The Trust will report back on options at the CQPG on 04/12/2019.

Eating Disorders
The Trust's eating disorder service has moved towards providing group therapy as research suggests it can be equally as effective as individual therapy sessions as a result the number of individual therapy slots has been reduced and this has required better management of patient expectations, this has contributed to improved wait times although performance is still sub-optimal. In addition a clearer and stricter DNA and cancellation policy has been put in place. The Trust has recently submitted a draft business case for comment.

Safeguarding
The contract performance notice remains in place in respect of training compliance. Bi-monthly meetings continue to take place between the Trust and CCG Safeguarding teams to scrutinise progress against the agreed action plan and trajectory. The performance notice will remain open for a further 6 months to ensure sustainability. The Trust has been advised that Safeguarding will be introducing quality review visits.

4.1.2 Mental Health Contract Quality

KPI 125: Eating Disorder Service Treatment commencing within 18 weeks of referrals – Target 95%

Indicator		Performance Summary					Potential organisational or patient risk factors
Eating Disorder Service: Treatment commencing within 18 weeks of referrals		Previous 3 months and latest				KPI 125	
RED	TREND	Jun-19	Jul-19	Aug-19	Sep-19		
		70.0%	71.4%	66.7%	64.3%		
		Plan: 95% - September 2019/20 reported 64.3% and failed					

Performance Overview/Issues:

Out of a potential 14 Service Users, 9 started treatment within the 18 week target (64.3%), which is a decline from the 66.7% starting treatment within 18 weeks for the previous month (94 people across the Trust footprint waiting for treatment in September 2019).

Demand for the service continues to increase and to exceed capacity. The Trust will undertake a detailed review of capacity and demand with the aim of stabilising the service pending confirmation of whether the Business Case has been approved. The Business Case recognises that since the initial service was commissioned that prevalence and identification of eating disorders in the population has increased.

This month 94 people are waiting for treatment with 43 breaching the 18 week to treatment target. This has increased from last month's figure of 33 breaching the 18 week to treatment KPI. The decline in performance has been identified as service users declining group appointments which delays their start date as they remain on the waiting list through patient choice.

Actions to Address/Assurances:

Trust Actions:

1. Increasing psychological provision – by introducing more group interventions in place of individual therapy.
2. Tightening EDS Criteria – to ensure service users are able to access a psychological therapies commissioned service.
3. Clearer and stricter DNA and cancellation policy.
4. Using therapy contracts to contract number of sessions.
5. Staff will be offered opportunity for overtime using some of the money from vacant posts to provide additional therapy slots.
6. Recruit to vacant posts.
7. Commissioners are awaiting a business identifying investment required to enhance the existing service and increase psychological provision within the service.

When is performance expected to recover:

Performance is linked to current service capacity which mitigates against significant recovery. The group work commences in September and the Trust will develop a trajectory.

Quality:

Linked to the above comments.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll	Sue Gough	Gordon Jones

4.2 Cheshire & Wirral Partnership (Adult)

4.2.1 Improving Access to Psychological Therapies: Access

Indicator		Performance Summary					Potential organisational or patient risk factors
IAPT Access - % of people who receive psychological therapies		Latest and previous 3 months					Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Jun-19	Jul-19	Aug-19	Sep-19		
		1.06%	1.11%	0.99%	1.07%		
		Access Plan: 19.0% (First 3 quarters) - September 2019/20 reported 1.07% and failed.					

Performance Overview/Issues:

The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) target for 2019/20 is to achieve 22% (5.5% per quarter) in Quarter 4 only. The monthly target for M6 19/20 is therefore approximately 1.59%. Month 6 performance was 1.07% and failing to achieve the target standard. Achieving the access KPI has been an ongoing issue for the provider but it should be acknowledged that other organisations in Sefton provide non IAPT interventions which people may take up as an alternative to IAPT. In 2019 the voluntary sector (5 organisations) recieved a total of 4406 therapy related referrals. Waiting times from referral continue to be within national timescales.

Actions to Address/Assurances:

Access – Group work continues to be rolled out so as to complement the existing one to one service offer to increase capacity. In addition IAPT services aimed at diabetes and cardiac groups are planned with IAPT well-being assessments being delivered as part of the routine standard pathway for these conditions. In addition those GP practices that have the largest number of elderly patients are being engaged with the aim of providing IAPT services to this cohort. The service has undertaken marketing exercises aimed at targeted groups (eg Colleges) to encourage uptake of the service. Additional High Intensity Training staff are in training (with investment agreed by the CCG) and they will contribute to access rates whilst they are in training prior to qualifying in October 2019 when they will be able to offer more sessions within the service. Three staff returning from maternity leave and long term sickness will have a positive impact on the service capacity. The service is also recruiting 5.0 Psychological Wellbeing Practitioners to work across both CCGs. Work is being undertaken to ascertain the number of people who chose to access non - IAPT compliant counselling interventions which are provided by the voluntary sector. The provider will also be asked to provide regular age profile information so as to enable specific age groups to be targeted. Fortnightly teleconference is taking place to monitor performance.

When is performance expected to recover:

The above actions will continue with an ambition to improve performance during 2019/20.

Quality:

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll/Karl McCluskey	Sue Gough	Geraldine O'Carroll

4.2.2 Improving Access to Psychological Therapies: Recovery

<table>
<tr><th colspan="2">Indicator</th><th colspan="4">Performance Summary</th><th></th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">IAPT Recovery - % of people moved to recovery</td><td colspan="4">Latest and previous 3 months</td><td rowspan="4"></td><td rowspan="4">Risk that CCG is unable to achieve nationally mandated target.</td></tr>
<tr><td>RED</td><td>TREND</td><td>Jun-19</td><td>Jul-19</td><td>Aug-19</td><td>Sep-19</td></tr>
<tr><td rowspan="2"></td><td rowspan="2"></td><td>35.7%</td><td>47.8%</td><td>44.2%</td><td>47.0%</td></tr>
<tr><td colspan="4">Recovery Plan: 50% - September 2019/20 47.0% and failed</td></tr>
<tr><td colspan="8">Performance Overview/Issues:</td></tr>
<tr><td colspan="8">The percentage of people moved to recovery was 47.0% in month 6 of 2019/20 and the target was not achieved although this was an increase from the previous month. The increase in group work as opposed to one on one interaction has resulted in some people dropping out throughtout the treatment which has had a detrimental effect on Recovery performance. This approach is being revised.</td></tr>
<tr><td colspan="8">Actions to Address/Assurances:</td></tr>
<tr><td colspan="8">Recovery – The newly appointed clinical lead for the service has been reviewing non- recovered cases and work with practitioners to improve recovery rates. Bi-monthly teleconferences/meetings have been set up with the provider to understand the progress around the recovery rate.</td></tr>
<tr><td colspan="8">When is performance expected to recover:</td></tr>
<tr><td colspan="8">The above actions will continue with an ambition to improve performance during 2019/20.</td></tr>
<tr><td colspan="8">Quality:</td></tr>
<tr><td colspan="8"></td></tr>
<tr><td colspan="8">Indicator responsibility:</td></tr>
<tr><td colspan="3">Leadership Team Lead</td><td colspan="4">Clinical Lead</td><td>Managerial Lead</td></tr>
<tr><td colspan="3">Geraldine O'Carroll/Karl McCluskey</td><td colspan="4">Sue Gough</td><td>Geraldine O'Carroll</td></tr>
</table>

4.3 Dementia

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
Dementia Diagnosis		Latest and previous 3 months				126a	Waiting times for assessment and diagnosis of dementia are currently 14+ weeks. NHS Mersey Care Trust have assured SS CCG that they are taking necessary steps to reduce waiting times for the South Sefton Memory Service.
RED	TREND	Jun-19	Jul-19	Aug-19	Sep-19		
		64.60%	63.90%	63.90%	63.70%		
		Plan: 66.7%					

Performance Overview/Issues:

The latest data on NHS Digital shows South Sefton CCG are recording a dementia diagnosis rate in September of 63.7%, which is under the national dementia diagnosis ambition of 66.7% this is slightly lower than the percentage that was reported last month. CCG believes that coding issues in primary care may be impacting on performance. Memory service waiting times have increased to 14 plus weeks in some cases, along with a delay in memory service sending diagnosis letters back to primary care. In addition there may be care home residents who may not have a diagnosis of dementia.

Actions to Address/Assurances:

1. Sefton CCG dementia clinical leads and commissioners have been working with Merseycare Trust to establish a dementia referral template to be used by GPs referring to the two memory services within Sefton. This work is now complete and has been approved via LMC and Merseycare Trust. The new dementia template is now available to GPs on the EMIS System. Letters to GPs supporting the new referral system will now go to all practices across Sefton. This initiative will assist with the timely and appropriate referral to the memory service; it will assist with diagnosis rates and reduce rejected referrals by the memory service.
2. Work continues with iMersey Staff and Merseycare Trust Staff to deliver a rolling programme of work across primary care to identify registry coding errors that will have a negative impact of Dementia Diagnosis rates.
3. Merseycare Trust is recruiting to vacant posts within the dementia pathway / service. This includes administration support to the service.
4. The South Sefton CCG is also exploring the feasibility and costs of identifying care homes in South Sefton that may have residents who have a diagnosis of dementia but are not on primary care registers. In addition there may be residents who might benefit from a diagnosis. A proposal has been developed for consideration CAG.

When is performance expected to recover:

Plans are in place to achieve in 2019/20.

Quality:

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Susan Gough	Kevin Thorne

4.4 Learning Disabilities Health Checks

Indicator		Performance Summary					Potential organisational or patient risk factors
Learning Disabilities Health Checks		**Latest and previous 3 quarters**				People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people's health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check.	
RED	**TREND**	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20		
		11.7%	7.6%	13.8%	2.8%		
		Q1 2019/20 Plan: 16.8%					

Performance Overview/Issues:

A national enhanced service is in place with payment available for GPs providing annual health checks, and CCGs were required to submit plans for an increase in the number of health checks delivered in 2019/20. South Sefton CCGs target is 499 for the year. Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. Data quality issues are apparent with practices not submitting their register sizes manually, or incorrectly which is why the 'actual' data in the table above is significantly lower than expected. In quarter 1 2019/20, the CCG reported a performance of 2.8%, below the plan of 16.8%. Out of 611 registered patients, 17 patients had a health check compared to a plan of 122.

Actions to Address/Assurances:

The CCG Primary Care Leads are working with the Council and their commissioned LD providers to identify the cohort of patients with Learning Disabilities who are identified on the GP registers as part of the DES (Direct Enhanced Service). The CCG has also identified additional clinical leadership time to support the DES, along with looking at an initiative to work with People First (an advocacy organisation for people with learning disabilities) to raise the importance of people accessing their annual health check. To review reporting to mitigate data quality issues.

When is performance expected to recover:

Quality impact assessment:

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll	Sue Gough	Gordon Jones

4.5 Improving Physical Health for people with Severe Mental Illness (SMI)

<table>
<tr><th colspan="2">Indicator</th><th colspan="4">Performance Summary</th><th></th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">The percentage of the number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as ‘in remission’ that have had a comprehensive physical health check</td><td colspan="4">Latest and previous 3 quarters</td><td rowspan="4">As part of the ‘Mental Health Five Year Forward View’ NHS England has set an objective that by 2020/21, 280,000 people should have their physical health needs met by increasing early detection and expanding access to evidence-based care assessment and intervention. It is expected that 50% of people on GP SMI registers receive a physical health check in a primary care setting.</td><td rowspan="4">Risk that CCG is unable to achieve nationally mandated target.</td></tr>
<tr><td>RED</td><td>TREND</td><td>Q3</td><td>Q4</td><td>Q1</td><td>Q2</td></tr>
<tr><td rowspan="2"></td><td rowspan="2"></td><td>15.3%</td><td>17.2%</td><td>18.6%</td><td>20.7%</td></tr>
<tr><td colspan="4">Plan: 50% - Quarter 2 2019/20 reported 20.7% and failed</td></tr>
<tr><td colspan="8">Performance Overview/Issues:</td></tr>
<tr><td colspan="8">The most recent data period is July to September 2019/20. In the 12 month period to the end of quarter 2 2019/20, 20.7% of the 1,983 of people on the GP SMI register in South Sefton CCG (411) received a comprehensive health check. Despite not yet achieving the 50% ambition this is an improvement from the previous quarter (18.6%).</td></tr>
<tr><td colspan="8">Actions to Address/Assurances:</td></tr>
<tr><td colspan="8">A Local Quality Contract (LQC) scheme for primary care to undertake SMI health checks has been developed and agreed by Sefton Local Medical Committee. EMIS screens to enable data capture have been developed, however the initial version modified to be more simpler for primary care to complete.</td></tr>
<tr><td colspan="8">When is performance expected to recover:</td></tr>
<tr><td colspan="8">Performance should improve from Quarter 3 2019/20 onwards.</td></tr>
<tr><td colspan="8">Quality impact assessment:</td></tr>
<tr><td colspan="8"></td></tr>
<tr><td colspan="8">Indicator responsibility:</td></tr>
<tr><td colspan="3">Leadership Team Lead</td><td colspan="3">Clinical Lead</td><td colspan="2">Managerial Lead</td></tr>
<tr><td colspan="3">Geraldine O'Carroll</td><td colspan="3">Sue Gough</td><td colspan="2">Gordon Jones</td></tr>
</table>

5. Community Health

5.1 Adult Community (Mersey Care)

The CCG and Mersey Care leads continue to meet on a monthly basis to discuss the current contract performance. Along with the performance review of each service, discussions regarding 2020/21 reporting requirements are being had. The service reviews are now complete and the Trust and CCG community contract leads have had a number of meetings to discuss outcomes and recommendations. A detailed action plan has been developed by the Trust to support this and regular meetings with the CCG have been arranged. It has been agreed that additional reporting requirements and activity baselines will be reviewed alongside service specifications and transformation. A discussion regarding ICRAS reporting took place at a recent information sub group and amendments to the current report were agreed to meet CCG requirements.

5.1.1 Quality

The CCG Quality Team and Mersey Care NHS Foundation Trust (MCFT), have aligned where appropriate the Quality schedule and KPIs, which enables the trust to produce 1 report in some instances with both Liverpool and Sefton CCGs information. For the reporting this has ensures consistency for the CQPG/CCQRM in both organisations. For the CQUIN minor changes for quarter 1 for the localised PHB/CHC reporting where required due to the timescales for implementation, this

ensured that from Q2 reporting requirements are the same. Providers are requested to provide action plans for any unmet indicators.

5.1.2 Mersey Care Adult Community Services: Physiotherapy

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: Physiotherapy		Previous 3 months and latest				<=18 weeks: Green > 18 weeks: Red	
GREEN	TREND	Incomplete Pathways (92nd Percentile)					
		May-19	Jun-19	Jul-19	Aug-19		
		20 wks	18 wks	17 wks	18 wks		
		Target: 18 weeks *(reported a month in arrears)*					

Performance Overview/Issues:

The incomplete pathway refers to patients who have been referred into the service and are awaiting their initial treatment. References made to the completed pathway are how long those patients had waited at the point when they received treatment. This provides an indication of actual waits and patient experience.

August's incomplete pathways reported within the 18 week standard with 18 weeks, showing an increase on last month. It is important to note that the completed pathways continues to exceed the 18 week target at 25 weeks in August, an increase on July.

Actions to Address/Assurances:

The Trust has advised of the following actions:
- Full review to understand the relationship between new to follow up appointments and urgent to routine assessments against team capacity and skill mix levels - November 2019
- Backfill for staff physiotherapy sickness/annual leave with locum cover. Administrative support from other areas within ICRAS - October 2019
- Implementing SAFER within the team, monitored through clinical supervision - November 2019
- In the process of going through a safer staffing review with senior managers - December 2019
- Appointment of Postural Stability Instructor, to work with 'Active Steps' and this will have a positive impact on the Physiotherapy waiting list and times - December 2019
- Implementation of the Integrated Care Team's to support patients with long-term conditions - March 2020.

The Trust has advised that although the completion of the actions described above have helped to ensure that the incomplete target has been achieved, the gap between capacity and demand has resulted in the completed pathway time continuing to be above target and the improvement being unsustainable. Further work is on-going as per the action plan above to ensure that the complexities of the service are understood and specific remedial actions can be put in place.

When is performance expected to recover:

The CCG are working closely with the Trust in regard to therapy waiting times and whilst assurance is being given that all actions are being taken to address workforce issues it is clear that there is a lack of consistency in performance and resilience to cope with unexpected demand, sickness or annual leave. There had been a decrease in the number of patients waiting over 18 weeks between April to July but the numbers have began to rise again in August.

A Contract Performance Notice has not been issued as yet but a formal letter to outlne concerns win regard to AHP waiting times with more detailed action plan provided to the CCG. Whilst it is recognised that considerable work has been undertaken in regard to waiting times the need for greater resilience in workforce has been flagged up and also the need for capacity and demand to be modelled to understand whether present resources will support required waiting times.

Quality impact assessment:

The Trust has informed that there is limited risk of patient harm as all referrals to the service are triaged and seen based on clinical need. The service aims to see patients triaged as urgent within four weeks of referral. Patients, their carers and healthcare professionals can contact the service to discuss any change in a patients presentation and be retriaged into another part of the ICRAS pathway.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	Sunil Sapre	Janet Spallen

6. Children's Services

6.1 Alder Hey Children's Mental Health Services

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

Indicator		Performance Summary					Potential organisational or patient risk factors
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services		**Previous 3 quarters and latest**					
RED	**TREND**	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20		
		5.5%	5.8%	6.8%	10.9%		
		Access Plan: 34% - Q1 reported 10.9% and achieved					

Performance Overview/Issues:
The CCG has now received data from a third sector organisation Venus. This Provider has submitted data to the MHSDS and this is included in the June data, so the actual access rate would be higher if this was included in April and May's data. Quarter 1 date is reporting 10.9% achieving plan.
Actions to Address/Assurances:
Additional activity has been commissioned and mainstreamed from the voluntary sector in 19/20 which is South Sefton targeted.
When is performance expected to recover:
Additional activity to be implemented for 19/20. Online counselling for Sefton is being jointly commissioned and will come online in 19/20. AHCH has submitted business cases to increase CYP Eating Disorder activity and Crisis/Out of Hours support during 19/20. These will make notable improvements to access rates in South Sefton.
Quality impact assessment:
Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll	Sue Gough	Peter Wong

Please note: No new update this month, the Q2 update with be the 13th December when the data is published.

6.1.2 Waiting times for Routine Referrals to Children and Young People's Eating Disorder Services

Indicator		Performance Summary					Potential organisational or patient risk factors
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral		**Latest and previous 3 quarters**				Performance in this category is calculated against completed pathways only.	
RED	**TREND**	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20		
		90.9%	92.3%	87.0%	82.6%		
		Access Plan: 100% - 2019/20					

Performance Overview/Issues:

In quarter 2 the Trust reported under the 100% plan. Out of 23 routine referrals to children and young people's eating disorder service, 19 were seen within 4 weeks recording 82.6% against the 100% target. The 4 breaches waited between 4 and 12 weeks. Reporting difficulties and the fact that demand for this service exceeds capacity are both contributing to under performance in this area.

Actions to Address/Assurances:

Work is being under taken by the Provider to reduce the number of DNAs. The Service works with small numbers and a single case can create a breach for this KPI, which is understood nationally. Activity commissioned on nationally indicated levels. The last year has seen activity levels exceed these levels by over 100%. Risk is being managed and is part of national reporting. AHCH submitted business case for extra capacity - not approved yet, further discussions required to establish national uplifts included in CCG baseline.

When is performance expected to recover:

Improvement is dependent upon extra capacity, discussions ongoing (re: National uplift in CCG baseline).

Quality impact assessment:

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll	Sue Gough	Peter Wong

6.1.3 Waiting times for Urgent Referrals to Children and Young People's Eating Disorder Services

Indicator		Performance Summary					Potential organisational or patient risk factors
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral		Latest and previous 3 quarters					
RED	TREND	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20		
		100.0%	80.0%	66.7%	66.7%		
		Access Plan: 100% - 2019/20					

Performance Overview/Issues:

In quarter 2, the CCG had 3 patients under the urgent referral category, only 2 met the target bringing the total performance to 66.7% against the 100% target. The patient who breached waited between 1 and 4 weeks. Reporting difficulties and the fact that demand for this service exceeds capacity are both contributing to under performance in this area.

Actions to Address/Assurances:

Work is being under taken by the Provider to reduce the number of DNAs. The Service works with small numbers and a single case can create a breach for this KPI, which is understood nationally. Activity commissioned on nationally indicated levels. The last year has seen activity levels exceed these levels by over 100%. Risk is being managed and is part of national reporting. AHCH submitted business case for extra capacity - not approved yet, further discussions required to establish national uplifts included in CCG baseline.

When is performance expected to recover:

Improvement is dependent upon extra capacity, discussions ongoing (re: National uplift in CCG baseline).

Quality impact assessment:

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll	Sue Gough	Peter Wong

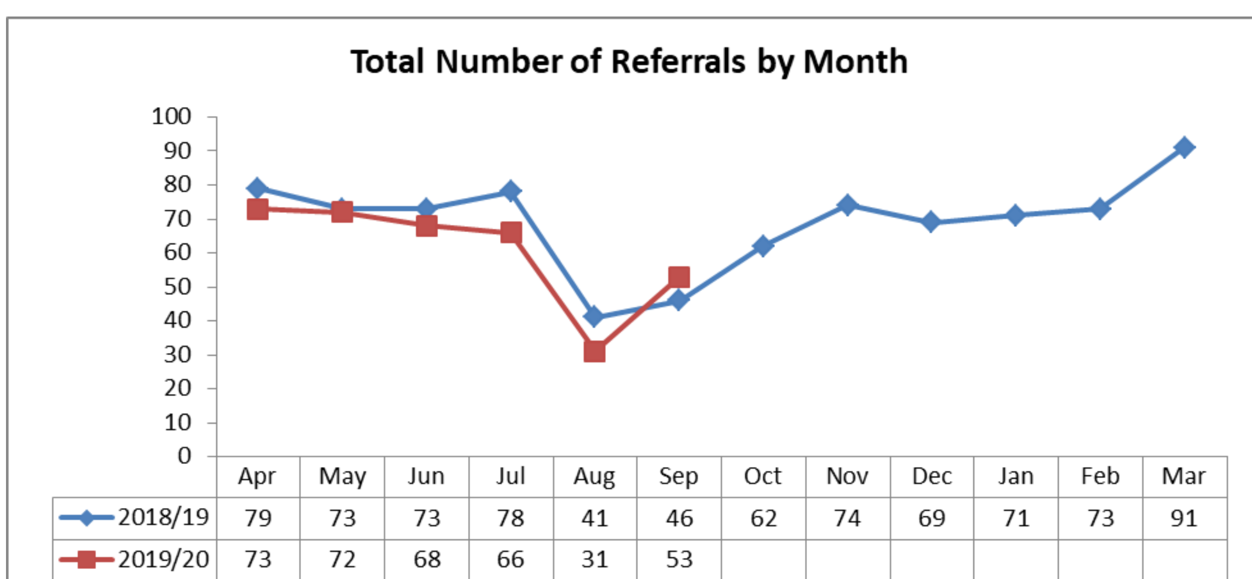
6.2 Child and Adolescent Mental Health Services (CAMHS)

Scope of Data

The following analysis derives from local data received on a quarterly basis from Alder Hey. The data source is cumulative and the time period is to Quarter 2 2019/20. The date period is based on the date of Referral so focuses on referrals made to the service during July to September 2019/20. Data includes both South Sefton CCG and Southport and Formby CCGs.

It is worth noting that the activity numbers highlighted in the report are based on a count of the Local Patient Identifier and there may be patients that have more than one referral during the given time period. The 'Activity' field within the tables therefore does not reflect the actual number of patients referred.

Figure 17 - CAMHS Referrals by Month



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19	79	73	73	78	41	46	62	74	69	71	73	91
2019/20	73	72	68	66	31	53						

Throughout quarter 2 2019/20 there were a total of 150 referrals made to CAMHS from South Sefton CCG patients. The monthly number of referrals saw a decrease in August which subsequently increased in September. The same trend was observed in the previous financial year when the upward trend continued in the remaining months.

During the first quarter of 2019/20 there were 6 DNAs out of 66 appointments, equating to a DNA rate of 9.1% which is a decrease from the 11.8% in the previous quarter.

Figure 18 - CAMHS Source of Referral

Source of Referral	No. of Referrals	% of Total
GP Referral	92	61.3%
Allied Health Professional	22	14.7%
Consultant In This Hospital	16	10.7%
Other	13	8.7%
A&E Dept	3	2.0%
A&E Attendance	2	1.3%
Consultant In Other Hospital	1	0.7%
Self	1	0.7%
Total	**150**	**100%**

In relation to the Primary Referrer, 61.3% (92) of the total referrals made during Quarter 2 2019/20 derived from a GP Referral and 14.7% (22) came from an ‘Allied Health Professional’.

Figure 19 - CAMHS Outcome of Referral

Outcome of Referral	No. of Referrals	% of Total
Declined	87	58.0%
Allocated	41	27.3%
Pending Action	22	14.7%
Total	**150**	**100%**

Of the total number of referrals received during July to September 2019/20, 87 (58.0%) of which had been ‘Declined’, 41 (27.3%) were ‘Allocated’ and 22 (14.7%) were ‘Pending Action’. The proportion of referrals that were allocated has increased in quarter 2 from 21.1% in quarter 1. All of those referrals that were declined were due to being an ‘Inappropriate Referral’.

The term ‘Inappropriate Referral’ will incorporate referrals that have been rejected and turned down completely, but also include those referrals that have been signposted to a more appropriate service and so do receive support albeit in a different environment. Data recording improvements will allow this to be reported in future reports to provide a more accurate outcome of referral. This work is still in progress.

The remaining tables within this section will focus on only those 41 Referrals that have been accepted and allocated.

Figure 20 - CAMHS Waiting Times Referral to Assessment

Waiting Time in Week Bands	Number of Referrals	% of Total
0-2 Weeks	11	26.8%
2-4 Weeks	15	36.6%
4- 6 Weeks	5	12.2%
6-8 weeks	3	7.3%
8- 10 weeks	1	2.4%
10 to 12 weeks	0	0.0%
Over 12 weeks	6	14.6%
Total	**41**	**100%**

The biggest percentage (36.6%) of referrals where an assessment has taken place waited between 2 and 4 weeks from their referral to assessment. 85.4% of allocated referrals waited 10 weeks or less from point of referral to an assessment being made. The longest wait from referral to assessment during this period waited 14.5 weeks (102 days).

Figure 21 - CAMHS Waiting Times Referral to Intervention

Waiting Time in Week Bands	Number of Referrals	% of Total	% of Total with intervention only
0-2 Weeks	0	0.0%	0.0%
2-4 Weeks	5	12.2%	38.5%
4- 6 Weeks	6	14.6%	46.2%
6-8 weeks	2	4.9%	15.4%
(blank)	28	68.3%	
Total	**41**	**100%**	**100%**

68.3% (28) of all allocated referrals did not have a date of intervention. Of these, 11 have already been discharged without having had an intervention so are therefore not waiting for said intervention.

The assumption can be made that of the remaining 17 referrals where an assessment has taken place and no date of intervention reported, these are waiting for their intervention. Of the 17 waiting for an intervention, 7 were referred to the service within the month of September 2019.

If the 28 referrals with no date of intervention were discounted, all of the referrals made within Quarter 2 of 2019/20 waited 8 weeks or less from their referral to their first intervention taking place.

Performance Overview/Issues

Specialist CAMHS has had long waits, up to 20 weeks during 2018/19. The CCG are seeing the waits reducing in 2019/20 as the longest wait was 14.5 weeks in quarter 2.

How are the issues being addressed?

NHSE non-recurrent funding secured and waits are reducing. The CCG has jointly commissioned online counselling for 2019/20 which will increase accessible support for those with needs but don't meet CAMHS threshold, reducing necessity to refer to CAMHS. National uplifts being reviewed to identify what additional resource is available for increasing capacity in line with national standards/targets. Additional activity targeted at South Sefton to be brought online in 2019/20.

When is the performance expected to recover by?

NHSE funding is reducing lengthy waiting times this will continue to be monitored throughout the remainder of the year.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll	Vicky Killen	Peter Wong

6.3 Children's Community (Alder Hey)

6.3.1 Paediatric SALT

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: SALT		**Previous 3 months and latest**				<=18 weeks: **Green** > 18 weeks: **Red**	Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required.
RED	**TREND**	Incomplete Pathways (92nd Percentile)					
		Jun-19	Jul-19	Aug-19	Sep-19		
		37wks	36 wks	35 wks	34 wks		
		Target: 18 weeks					

Performance Overview/Issues:

In September the Trust reported a 92nd percentile of 34 weeks for Sefton patients waiting on an incomplete pathway. This is a slight improvement on August when 35 weeks was reported. In September the longest waiting patient was 1 patient waiting at **51 weeks**. Performance has steadily improved this financial year but is still significantly above 18 weeks.

At the end of September there were no children who had waited over 52 weeks. 232 were waiting above 18 weeks; 141 were between 30- 40 weeks and 2 between 40-52 weeks (both had an appointment by the end of October).

Actions to Address/Assurances:

In September the waits continue to be under 40 weeks with a continuing trend downwards from April 2019. Alder Hey submitted a business case for an additional £188k for additional speech therapists (recurrent and non-recurrent funding) to bring waiting times down to 18 weeks by end of February 2020. This was agreed by the Sefton CCGs. Recruitment has taken place in September and the Trust anticipate that the waiting times will further significantly reduce over the next few months. Monitoring of the position takes place at Contract Review meetings and with Executive senior input.

Currently Paediatric speech and language waiting times are reported on a Sefton basis. There is a workplan being developed currently with the Trust to report on CCG level on all their transacted services. This is a legacy issue from when Liverpool Community Health/ Mersey Care reported the waiting time information.

When is performance expected to recover:

Following investment, target is for reduction to 18 wk RTT by Feb 2020 and sustained thereafter.

Quality impact assessment:

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	Wendy Hewitt	Peter Wong

6.3.2 Paediatric Dietetics

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: Dietetics		Previous 3 months and latest				DNAs <= 8.5%: Green > 8.5% and <= 10%: Amber > 10%: Red Provider Cancellations <= 3.5%: Green > 3.5% and <= 5%: Amber > 5%: Red	
RED	TREND	Outpatient Clinic DNA Rates					
		Jun-19	Jul-19	Aug-19	Sep-19		
		14.5%	17.6%	17.3%	17.5%		
		Outpatient Clinic Provider Cancellations					
		Jun-19	Jul-19	Aug-19	Sep-19		
		3.1%	3.0%	10.7%	7.5%		
		DNA threshold: 8.5% Provider cancellation threshold: 3.5%					

Performance Overview/Issues:

The paediatric dietetics service has seen high percentages of children not being brought to their appointment. In September 2019 this remained static again at a rate of 17.5%. Provider cancellations saw a decrease from 10.7% in August to 7.5% in September.

Actions to Address/Assurances:

The CCGs have invested in extra capacity into the service in response to a Safe Staffing business case from Alder Hey. They continue not report on waiting times for Sefton Dietetics again the CCGs have raised this as a significant concern at Contract Review meetings, asking for data to be submitted as a priority. A contract performance notice may be considered by commissioners. The CCGs are working with AHCH to understand the nature of the DNAs for this service.

AHCH has implemented a text appointment reminder system.

There is a workplan being developed currently with the Trust to report on CCG level on all their transacted services.

When is performance expected to recover:

March 2020.

Quality impact assessment:

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	Wendy Hewitt	Peter Wong

7. Third Sector Overview

Introduction
Quarterly reports from CCG-funded Third Sector providers detailing activities and outcomes achieved have been collated and analysed. A copy of this report has been circulated amongst relevant commissioning leads. Referrals to most services have increased during Q2 and referrals made by GP practices across the borough have increased significantly (indicated in bold italics throughout this summary).

Individual service user issues (and their accompanying needs) continue to increase in complexity, causing pressure on services provided. Funding following the reductions made during 2017-18 have remained static during 2018-19 & 2019-20.

Age Concern – Liverpool & Sefton
The Befriending and Reablement Service promotes older people's social independence via positive health, support and well-being to prevent social isolation. During Q2 143 service users engaged with the service, 41 cases were closed and 76 new referrals received. All referred clients were assessed within 14 days of initial referral, all received plans detailing Reablement outcomes, and 128 care plan reviews took place within 6 weeks of service commencement. The majority of new cases were via other sources; these include social workers, other VCF providers, fire service and community mental health teams. Self-referrals or via family & friends has reduced during this period, however, ***GP referrals have trebled during Q2***. During this quarter a further 18 volunteers were recruited to the service adding to the 11 during Q1, a further 38 volunteers are currently in the process of training prior to recruitment.

Alzheimer's Society
The Alzheimer's Society continued to deliver Dementia Support sessions in GP practices during Q2; 8 in total (7 in the South and 1 in the North). Pre-arranged sessions are booked and run on an as-needed basis. 7 practices were actively engaged with during the period. The service plan to meet with PCN's shortly to scope further need working with practices across Sefton.
The Society received 61 new referrals; 41% of referrals during Q2 were from a mixture of memory clinics, GP's and other health providers. ***Referrals from GPs have doubled since Q4.***

The Side-by-Side service presently has 20 service users matched with volunteers, 4 additional volunteers have signed up to the service during this period. A total of 195 visits were made during Q2. Dementia Community Support conducted 66 Individual Needs Assessments. The Dementia Peer Support Group ran 11 Singing for the Brain, 6 Active & Involved and 12 Reading sessions, plus 12 Memory Cafes.

Citizens Advice Sefton
Advice sessions to in-patients at Clock View Hospital, Walton continue. During Q2 45 new referrals were received; 56% were self-referrals and 38% from Mental Health Professionals on the ward. The type of advice required was mainly in regard to benefits (94%). Other types of advice included debt management and housing. Of these new referrals 67% were recorded as being permanently sick or disabled. New award or increases following a revision or intervention from the service totalled £296,847 during this period; the total so far from April is £596,325

Crosby Housing and Reablement Team (CHART)
During Q2 the service received 66 new referrals, with more than half coming from Mersey Care NHS Foundation Trust. Other referral sources included Sefton Metropolitan Borough Council (MBC) Adult Social Care, housing offices and self-referrals. Case outcomes during the period included accommodating 46 service users and supporting a further 30 people to stay in their current residence. The service helped 3 people avoid hospital admission (and enabled 19 patients to be discharged). The service also prevented 16 people from becoming homeless. The majority of new referrals were recorded as female (64%) with the remainder recorded as male.

Expect Limited
Expect Limited's staff complement comprises 4 paid members of staff plus 1 volunteer that look after the Bowersdale Centre in Litherland. ***The majority of referrals were made via GPs (50%)*** and other VCF providers (38%), self-referrals reduced considerably to 12% compared to 67% in the first quarter. All of Expect Limited's existing clients are in receipt of benefits with a diagnosis e.g. anxiety, depression, personality disorder, Post-Traumatic Stress Disorder etc. During Q2 there were 1,428 drop-in contacts (Monday to Friday). A total of 2,545 contacts were made to attend structured activities e.g. drama, music, comedy workshops, weekly cooking activities, summer parties and health information talks and groups. The centre also hosted a diabetes health talk for service users during this period; advice was given regarding diet and exercise with a focus around prevention. This was delivered by an NHS community diabetes nurse. The centre are aiming to deliver further health talks for service users following on from the success of this and the bowel screening talk during Q1.

Imagine independence
During Q2 Imagine Independence carried forward 109 existing cases. A further 79 were referred to the service via IAPT and 32 cases were closed during the period. Of the new referrals 53% were female and 47% male. All completed personal profiles and commenced job searches. A total of 30 service users attended job interviews; 70% managed to secure paid work for 16+ hours per week and a further 6% secured employment for less than 16 hours per week. The service supported 45 people in retaining their current employment, and liaised with employers on behalf of clients.

Netherton Feelgood Factory
The service provides a safe space for people with complex mental and social care needs (Upstairs @ 83 offers open access drop-in, one-to-one counselling, group interventions, welfare advice and support). Three paid staff are employed to deliver this service together with a small number of volunteers.
Monitoring information has not yet been received for Q1or Q2 reporting, this will be updated once received.

Parenting 2000
During Q2 the service received a total of 96 new referrals; these were for 19 adult and 77 children. A total of 23 service users accessed counselling for the first time. Of the 206 appointments available during this period a total of 196 were booked and 141 were actually used. There were 28 cancellations whilst 27 did not attend their scheduled appointment. The top five referral sources during Q2 were ***GPs 32%,*** Self/Carer/Parent 18%, ***Hospital Trusts 22% (CAMHS & Alder Hey)***, Other VCF 14% & schools 9%. The referring GP surgeries were recorded as Maghull, Westway, Churchtown, Ainsdale Medical Centre, Corner Surgery, Roe Lane, Norwood Surgery, Cumberland House & St Marks.

Sefton Advocacy
During Q2 the service received a total of 121 new referrals were received; of these 45% were signposted to more appropriate support. There were a total of 2,572 contacts recorded during this period and a further 257 home visits carried out. Advocates attended 5 medical appointments and a further 5 court tribunals. Case outcomes included options explained to service user, Representations made, Information given, Client empowerment, Signposting and Support. During Q2 these case outputs resulted in financial outcomes worth a total of £287,207 being achieved, the total achieved so far during this contract year is £652,615

Sefton Carers Centre
The number of Carers supported during Q2 increased significantly, there were a total of 214 new referrals (36 were parent carers) to the service along with 613 existing cases (134 parent carers). The Carers Support Team continue to work to reduce the backlog of 68 referrals (longer than 28 days) that remain outstanding, whilst also successfully completing more than 24% above the quarterly target for Carers Needs Assessments and Reviews. The majority of which were Sefton MBC (46%) Self- referral (19%) and other health services (10%). During this period, the service provided the following support for carers; listening ear support, advocacy plans developed, assessments of needs

completed and various training courses. The service has an average of 49 volunteers helping to deliver services to carers across Sefton, during Q2 a total of 1,918 hours were worked by volunteers this equates to approximately £25k in salaries. There are 305 Young Carers registered for additional support with their school or college (in Tier 1) and 189 Young Carers registered with Sefton Carers Centre (in Tier 2)

Sefton Council for Voluntary Service
Sefton CVS provide the following services on behalf of both CCGs:

- 4 x Health & Wellbeing Trainers that develop 6-12 week pro-active care programme encouraging better self-care, behavioural change, increased confidence & lifestyle changes; to prevent unnecessary hospital admissions & reduce dependency hospital resources; relieve anxiety & link with preventative resources; & signpost to other health/social care services.
- Health & Wellbeing Development Officer and Support Officer facilitate meetings: Health & Social Care Forum, election of sector representatives to partnership /planning groups; evaluate CCG/LA funded VCFSE sector health & wellbeing performance; and support Sefton Partnership Older Citizens.
- Community Development Worker (BME) tackles health & social care service inequalities. In addition to this the service received 169 new referrals, there are currently 189 active service users accessing services. During Q2 the service had 776 contacts.
- Children, Young People & Family Lead (Every Child Matters) provides representation on working groups & partnerships; enabling VCFSE participation in decision-making; identify gaps and needs; develop training for & promote VCFSE groups working with children; and identify under-represented groups. Outcomes include development and extension of partnership working. Referrals had been put on hold during Q1 but are now being accepted again following the successful recruitment of the Children & Families Development Officer.
- Community Development Worker (BME) tackles health & social care service inequalities. During Q2, the service has received 109 new referrals. Of these new referrals 33% were via NHS services (6% Mersey Care NHS Trust), 15% from local schools and Children's Centres, 13% word of mouth and 6% self-referred. The community development worker works in collaboration with other VCF organisations such as Parenting 2000.

Sefton Women's And Children's Aid (SWACA)
SWACA provides crisis intervention, early intervention and prevention to overcome the impact of domestic abuse; including advocacy, advice, programmes of work, parenting support, legal advice and therapeutic support; plus multi-agency training and VCF partnership working.

Reporting for Q2 is delayed due to an overlap in recruitment of a Business Support manager; reports will be submitted for Q2 retrospectively with Q3 reports.

During Q1 there were 527 new referrals, 210 assessments completed and 78 are pending further action; 138 were closed due to support being refused. There are currently 406 women and 190 children in receipt of support. During the period the refuge accommodated 6 women along with 5 children for 23 weeks... Referrals came from various sources, with the top three being the police 31%, self-referrals 21% and CYPS Safeguarding Children 14%. Other sources included Adult Social Care, Children's Centres, family and friends.

Stroke Association
The Association provides information, advice and support for up to 12 months post-stroke. It works in hospital and community settings, alongside a multi-disciplinary team of health and social care professionals. As plans evolve, work is being undertaken to ensure stroke's new priority status is supported by ambitious and deliverable interventions across the whole National Stroke Programme pathway. During Q2 there were 88 referrals in South Sefton and 79 in Southport & Formby. The number of working age stroke survivors and carers in South Sefton accessing the service under the age of 65 years old equates to 35%.This is higher than the current national average of 25%. These service users were given post-stroke information on going back-to-work, advice around welfare

benefits, financial and emotional support, and help for young families. The top 5 outcome indicators were better understanding of stroke 19% (and stroke risk 8%), feeling reassured 17%, enabled to self-manage stroke and its effects 7% and improved physical health and wellbeing 7%. The service also attends weekly discharge planning meetings with the Early Supported Discharge Team. Group meetings held during the period included the Communication Group, Peer Support Group and Merseyside Life After Stroke Voluntary Group. During this quarter there were 110 volunteering hours to support service delivery, which equates to an added value of £1,429.
Stroke Association also attended Southport & Formby CCG Big Chat event, leaflets and information were distributed amongst attendees. In addition to this, the service were asked to attend an Arriva Bus service – Health & Wellbeing event; blood pressure readings were taken from 36 employees at Arriva resulting in 13 urgent follow ups required within 1 week and a further 6 follow ups needed within 1 month.

Swan Women's Centre
The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. During Q2 there were 79 new referrals for counselling services, 18 to the support group and a further 4 for the outreach service.

The number of GP referrals during this period has increased significantly; this category is now the second largest referral group to the centre closely followed by Mersey Care NHS Trust.

Of the 625 counselling sessions available during this period, 450 were booked and used, 151 were cancelled by the client and 24 were recorded as DNA. The Centre also provides an Outreach Service (only available by professional referral) for women diagnosed with severe mental illness, and those that do not fit the mental illness criteria but who need support, there were 4 referrals made to the Outreach Service (with 62 outreach sessions delivered in total). The Emotional Well-being Support Group offers support to women via a qualified counsellor with experience of group therapy. There were 18 new referrals received during the period with 90 attendances in total.

Macmillan Cancer Support Centre – Southport
During 2018, Macmillan Cancer support were awarded funding by Southport & Formby CCGs to deliver a service offering support and advice to people in Southport affected by cancer. A further award has been agreed to fund the Centre up until 31st December 2021. An NHS Standard Contract is to be implemented shortly.

Macmillan cancer support offers advice, information & support to people affected by cancer, their carers, families and friends; signposting to local services and support groups. During 2018 the centre received 1356 contacts. Support is mainly given to service users suffering Breast, Prostate, Colorectal, lung and head and neck cancers.

During Q2 the centre received 130 new referrals; 78% were self-referrals, 8% Aintree UHT, Southport & Ormskirk Hospital NHS Trust 4% GPs 4%. There were 130 contacts at the centre and a further 12 active service users.

The main reasons for advice and support during the period were Emotional Support, Benefits/welfare advice, Financial Support, Information, Carers Issues, Social Isolation, Work related issues, grants, travel and onward signposting/referrals.

8. Primary Care

8.1 Extended Access Appointment Utilisation

Indicator		Performance Summary					Potential organisational or patient risk factors
Extended Access Appointment Utilisation		Latest and previous 3 months				Extended access is based on the percentage of practices within a CCG which meet the definition of offering extended access; that is where patients have the option of accessing routine (bookable) appointments outside of standard working hours Monday to Friday.	
GREEN	TREND	Jun-19	Jul-19	Aug-19	Sep-19		
		67.9%	71.3%	75.3%	78.8%		
		The CCG should deliver at least 75% utilisation of extended access appointments by March 2020 (if the service went live in 2017/18). September target 68.5%					

Performance Overview/Issues:

A CCG working group developed a service specification for an extended hour's hub model to provide extended access in line with the GP Five Year Forward View requirements. This service went live on the 1st October 2018 and now all GP practices are offering 7 day access to all registered patients. Therefore the CCG is 100% compliant.

In September South Sefton CCG practices reported a combined utilisation rate of 78.8%, exceeding the 68.5% target. Total available appointments was 1,445 with 1,215 being booked (84.1%) and 77 DNA's (6.3%). This shows an improvement in utilisation compared to August and still on target.

Actions to Address/Assurances:

When is performance expected to recover:

Quality impact assessment:

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Craig Gillespie	Angela Price

Figure 22 - Breakdown of appointment by month for South Sefton CCG Extended Hours Service

	Month	GP	Advanced Nurse Practitioner	Practice Nurse
Breakdown of Appointments	Apr-19	337	552	151
		32.40%	53.08%	14.52%
	May-19	354	661	157
		30.20%	56.40%	13.40%
	Jun-19	357	544	139
		34.33%	52.31%	13.37%
	Jul-19	356	644	141
		31.20%	56.44%	12.36%
	Aug-19	373	652	200
		30.45%	53.22%	16.33%
	Sep-19	379	626	210
		31.19%	51.52%	17.28%

8.2 CQC Inspections

A number of practices in South Sefton CCG have been visited by the Care Quality Commission and details of any inspection results are published on their website. There have been no new inspections recently. All results are listed below:

Figure 23 - CQC Inspection Table

South Sefton CCG								
Practice Code	Practice Name	Date of Last Visit	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84002	Aintree Road Medical Centre	19 March 2018	Good	Good	Good	Good	Good	Good
N84015	Bootle Village Surgery	03 August 2016	Good	Good	Good	Good	Good	Good
N84016	Moore Street Medical Centre	30 April 2019	Good	Good	Good	Good	Good	Good
N84019	North Park Health Centre	27 March 2019	Good	Good	Good	Good	Good	Good
N84028	The Strand Medical Centre	04 April 2018	Good	Good	Good	Good	Good	Good
N84034	Park Street Surgery	17 June 2016	Good	Good	Good	Good	Good	Good
N84038	Concept House Surgery	30 April 2018	Good	Good	Good	Good	Good	Good
N84001	42 Kingsway	07 November 2016	Good	Good	Good	Good	Good	Good
N84007	Liverpool Rd Medical Practice	06 April 2017	Good	Good	Good	Good	Good	Good
N84011	Eastview Surgery	11 October 2017	Good	Good	Good	Good	Good	Good
N84020	Blundellsands Surgery	24 November 2016	Good	Good	Good	Good	Good	Good
N84026	Crosby Village Surgery	27 December 2018	Good	Good	Good	Good	Good	Good
N84041	Kingsway Surgery	07 November 2016	Good	Good	Good	Good	Good	Good
N84621	Thornton Practice	16 October 2018	Good	Good	Good	Good	Good	Good
N84627	Crossways Surgery	19 February 2019	Good	Good	Good	Good	Good	Good
N84626	Hightown Village Surgery	18 February 2016	Good	Requires Improvement	Good	Good	Good	Good
N84003	High Pastures Surgery	09 June 2017	Good	Good	Good	Good	Good	Good
N84010	Maghull Family Surgery (Dr Sapre)	31 July 2018	Good	Good	Good	Good	Good	Good
N84025	Westway Medical Centre	23 September 2016	Good	Good	Good	Good	Good	Good
N84624	Maghull Health Centre	07 September 2018	Good	Good	Good	Good	Good	Good
Y00446	Maghull Practice PC24	28 August 2019	Good	Requires Improvement	Good	Good	Good	Good
N84004	Glovers Lane Surgery	27 March 2019	Good	Good	Good	Good	Good	Good
N84023	Bridge Road Medical Centre	15 June 2016	Good	Good	Good	Good	Good	Good
N84027	Orrell Park Medical Centre	14 August 2017	Good	Good	Good	Good	Good	Good
N84029	Ford Medical Practice	15 March 2019	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
N84035	15 Sefton Road	22 March 2017	Good	Good	Good	Good	Good	Good
N84043	Seaforth Village Practice	29 October 2015	Good	Good	Good	Good	Good	Good
N84605	Litherland Town Hall Health Centre PC24	26 November 2015	Good	Good	Good	Good	Good	Good
N84615	Rawson Road Medical Centre	16 March 2018	Good	Good	Good	Good	Good	Good
N84630	Netherton Practice	19 February 2019	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement

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

9. CCG Oversight Framework (OF)

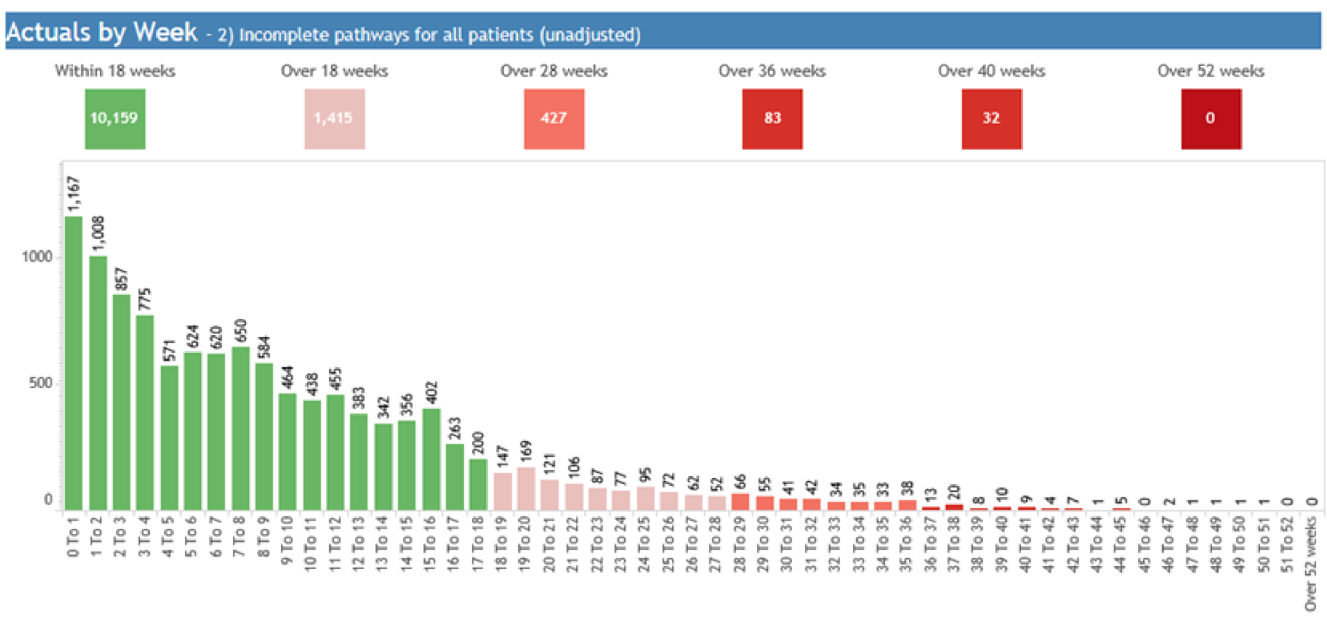
The 2018/19 annual assessment has been published for all CCGs, ranking South Sefton CCG as 'requires improvement'. However, some areas of positive performance have been highlighted; cancer was rated 'Good' and diabetes was rated 'Outstanding'. A full exception report for each of the indicators citing performance in the worst quartile of CCG performance nationally or a trend of three deteriorating time periods is presented to Governing Body as a standalone report on a quarterly basis. This outlines reasons for underperformance, actions being taken to address the underperformance, more recent data where held locally, the clinical, managerial and SLT leads responsible and expected date of improvement for the indicators.

NHS England and Improvement released the new Oversight Framework (OF) for 2019/20 on 23rd August, to replace the Improvement Assessment Framework (IAF). The framework has been revised to reflect that CCGs and providers will be assessed more consistently. Most of the oversight metrics will be fairly similar to last year, but with some elements a little closer to the LTP priorities. The new OF will include an additional 6 metrics relating to waiting times, learning disabilities, prescribing, children and young people's eating disorders, and evidence-based interventions.

10. Appendices

10.1.1 Incomplete Pathway Waiting Times

Figure 24 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



10.1.2 Long Waiters analysis: Top Providers

Figure 25 - Patients waiting (in bands) on incomplete pathway for the top Providers

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

	Within 18 weeks	Over 18 weeks	Over 28 weeks	Over 36 weeks	Over 40 weeks	Over 52 weeks
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST : (REM)	5,962	872	259	52	16	
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST : (RQ6)	1,085	172	36	2	1	
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST : (REP)	713	134	61	17	8	
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)	360	76	33	3	1	
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVY)	792	55	8	1	0	
THE WALTON CENTRE NHS FOUNDATION TRUST : (RET)	301	24	2	0	0	
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST : (RBN)	164	17	6	2	2	
PHOENIX PUBLIC HEALTH LTD : (DTT)	7	10	0	0	0	
	0 10,000	0 500 1,000	0 200 400	0 20 40 60 80	0 10 20	0

10.1.3 Long Waiters Analysis: Top 2 Providers split by Specialty

Figure 26 - Patients waiting (in bands) on incomplete pathways by Speciality for Aintree University Hospitals NHS Foundation Trust

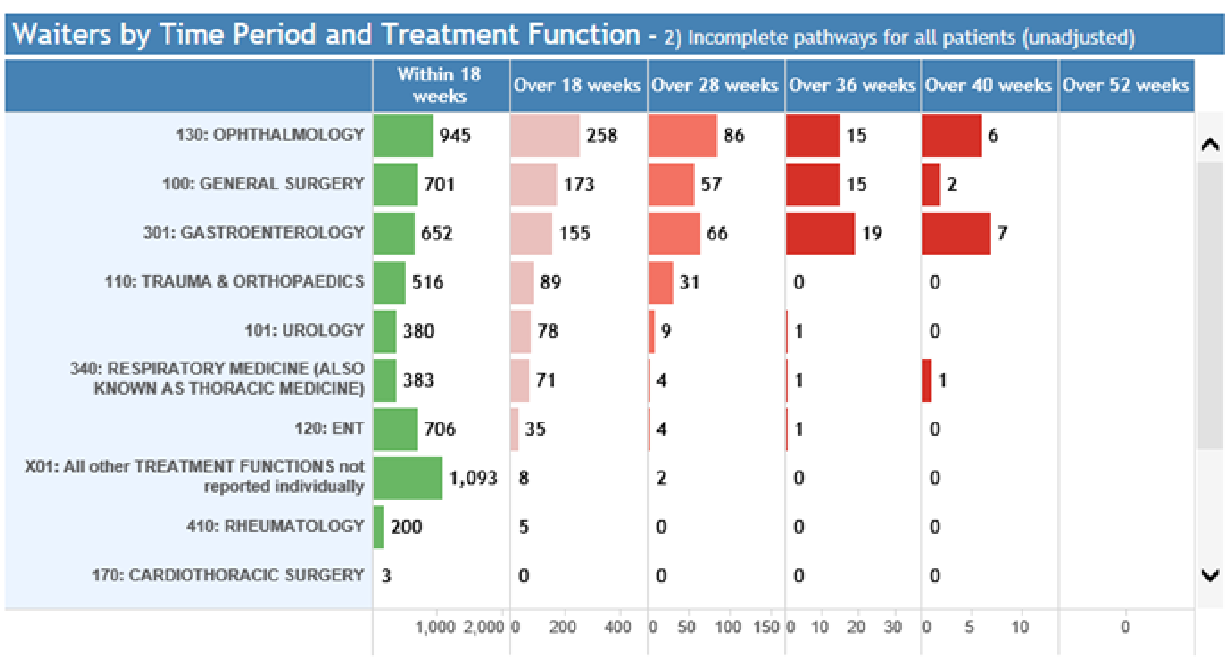
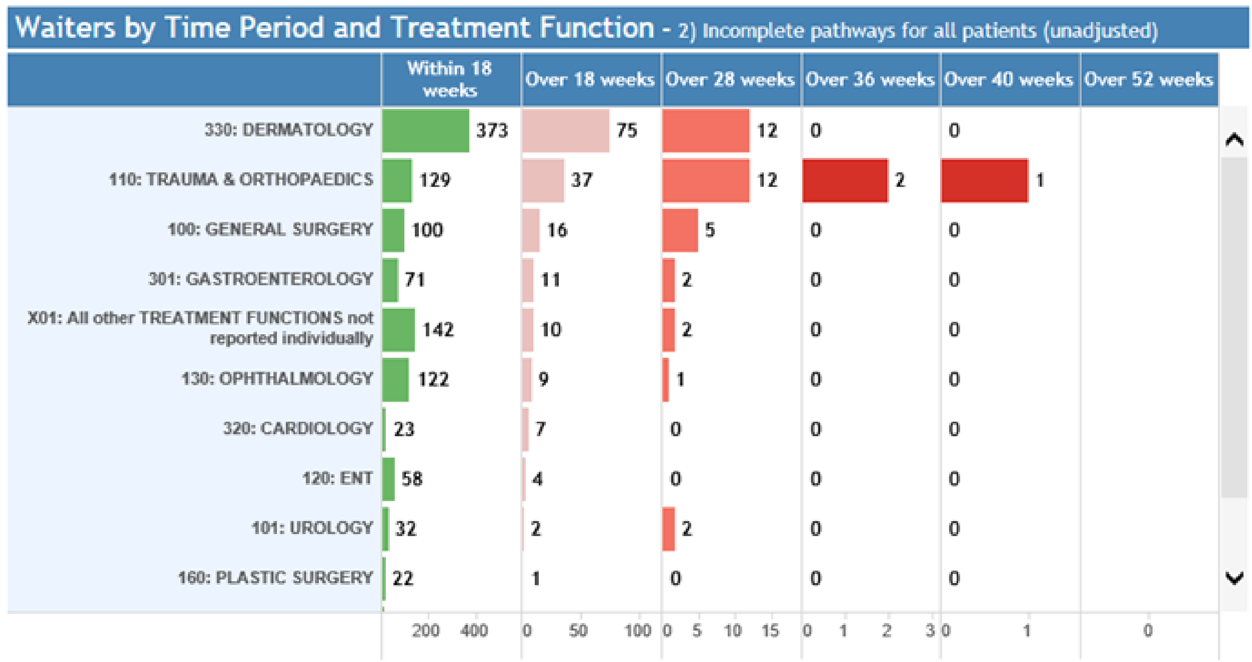
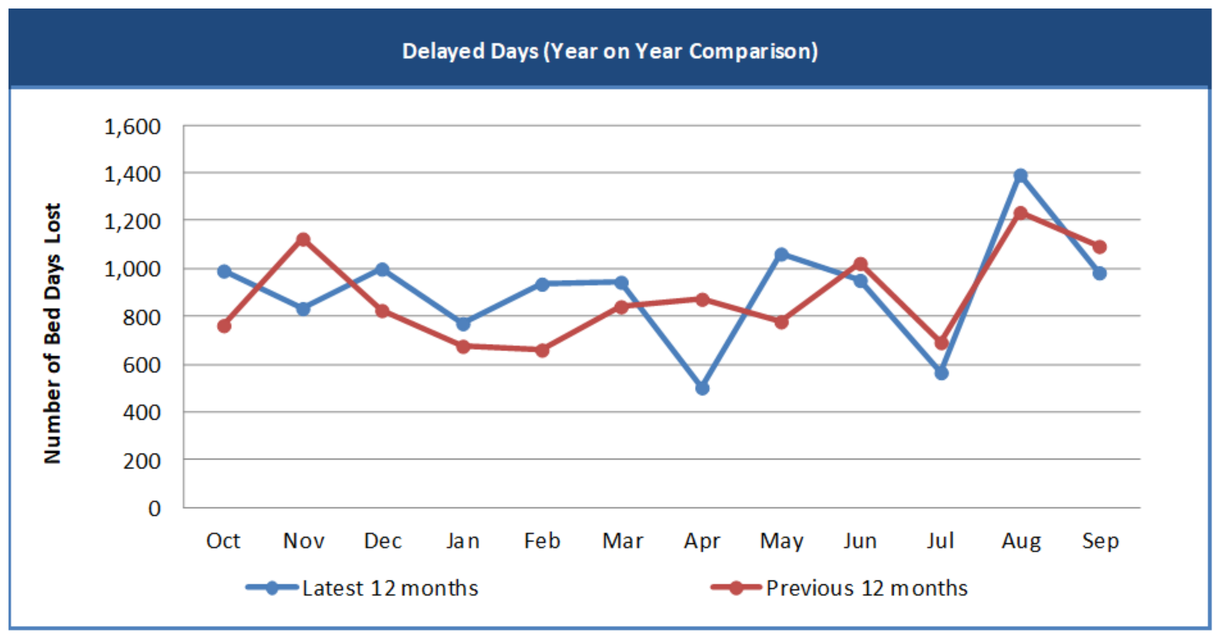


Figure 27 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



10.2 Delayed Transfers of Care

Figure 28 - Aintree DTOC Monitoring



DTOC Key Stats	This month	Last month	Last year
Delayed Days	**Sep-19**	**Aug-19**	**Sep-18**
Total	984	1,395	1,093
NHS	75.1%	83.0%	77.7%
Social Care	24.9%	17.0%	22.3%
Both	0.0%	0.0%	0.0%
Acute	48.3%	54.6%	53.6%
Non-Acute	51.7%	45.4%	46.4%

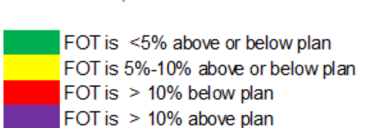
Reasons for Delayed Transfer % of Bed Day Delays (Sep-19)	
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	
Care Package in Home	23.5%
Community Equipment Adapt	2.1%
Completion Assesment	3.3%
Disputes	0.0%
Further Non-Acute NHS	43.1%
Housing	0.0%
Nursing Home	0.0%
Patient Family Choice	28.0%
Public Funding	0.0%
Residential Home	0.0%
Other	0.0%

10.3 Alder Hey Community Services Contract Statement

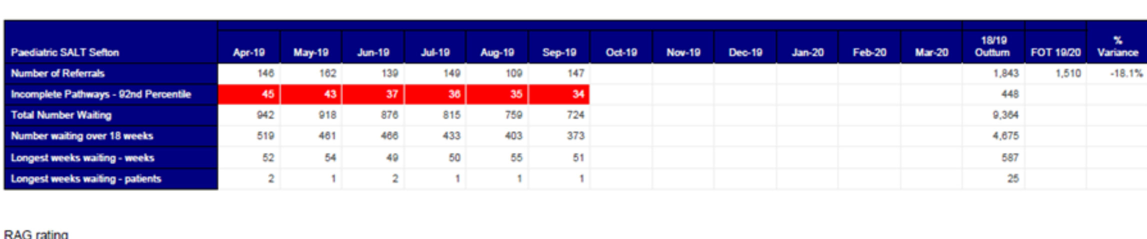
Commissioner Name	Service	Currency	Previous Year Outturn	Plan	FOT	Variance %	Apr	May	Jun	Jul	Aug	Sep	YTD
							2019/20						
NHS South Sefton CCG	Paediatric Continence	Caseload at Month End	264	264	230	-12.88	264	275	240	249	244	106	270
		Total Contacts (Domiciliary)	1,734	1,734	1,570	-9.46	147	115	142	117	153	111	785
		Total New Referrals	171	171	184	7.60	11	15	22	16	17	11	92
	Paediatric Dietetics	Caseload at Month End	5	5	205	4,000.00	216	196	197	194	213	212	216
		Referral to 1st contact (weeks average)	8.6	8.6	8.1	-5.81	7	2.4	4.6	11	9.5	14.3	8.1
		Total Contacts	356	356	496	39.33	27	45	41	49	41	45	248
		Total Contacts (Domiciliary)	64	64	66	3.12	7	10	4	4	7	1	33
		Total Contacts (Outpatients)	292	292	428	46.58	20	35	37	44	34	44	214
		Total New Referrals	280	280	272	-2.86	20	18	26	22	23	27	136
	Paediatric Occupational Therapy	Caseload at Month End	201	201	133	-33.83	151	140	139	130	135	104	151
		Referral to 1st contact (weeks average)	15.9	15.9	12.9	-18.87	14.1	13.9	13	11.7	11.4	13.5	14.1
		Total Contacts (Domiciliary)	4,879	4,879	4,064	-16.70	297	298	333	409	339	356	2,032
		Total New Referrals	619	619	508	-17.93	41	60	42	42	39	30	254
	Paediatric Speech and Language Therapy	Referral to 1st contact (weeks average)	24.8	24.8	30.4	22.58	35	35.5	29.3	28.7	30.3	23.5	35.3
		Total Contacts (Domiciliary)	12,833	12,833	14,042	9.42	1,046	1,240	1,336	1,295	864	1,240	7,021
		Total Contacts Complex Cochlear (N&S Sefton)	507	507	234	-53.85	30	30	30	6	21	0	117
		Total New Referrals	1,097	1,097	946	-13.76	94	89	77	72	65	76	473
		Total New Referrals Complex Cochlear (N&S Sefton)	6	6	0	-100.00	0	0	0	0	0	0	0

If Plan is <10,000:

FOT is <10% above or below plan
FOT is 10%-20% above or below plan
FOT is > 20% below plan
FOT is > 20% above plan



10.4 Alder Hey SALT Waiting Times – Sefton

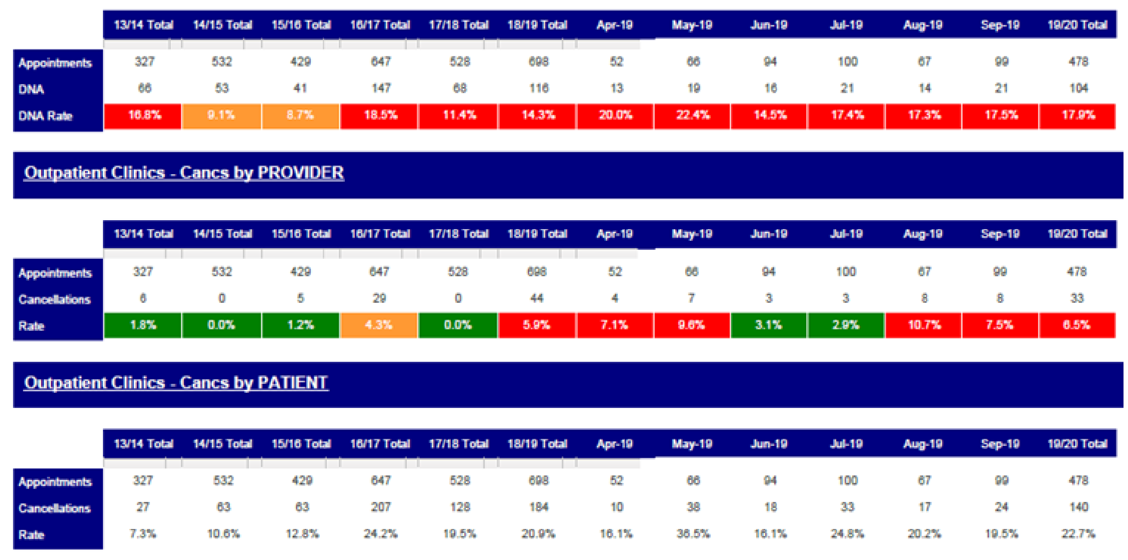


Paediatric SALT Sefton	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	18/19 Outturn	FOT 19/20	% Variance
Number of Referrals	146	162	139	149	109	147							1,843	1,510	-18.1%
Incomplete Pathways - 92nd Percentile	45	43	37	38	35	34							448		
Total Number Waiting	942	918	876	815	759	724							9,364		
Number waiting over 18 weeks	519	461	466	433	403	373							4,675		
Longest weeks waiting - weeks	52	54	49	50	55	51							587		
Longest weeks waiting - patients	2	1	2	1	1	1							25		

RAG rating
<=18 weeks
19 to 22 weeks
23 weeks plus

Currently Paediatric speech and language waiting times are reported as Sefton view; the Trust is working to supply CCG level information. This is a legacy issue from when Liverpool Community Health reported the waiting time information.

10.5 Alder Hey Dietetic Cancellations and DNA Figures – Sefton



	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	100	67	99	478
DNA	66	53	41	147	68	116	13	19	16	21	14	21	104
DNA Rate	16.8%	9.1%	8.7%	18.5%	11.4%	14.3%	20.0%	22.4%	14.5%	17.4%	17.3%	17.5%	17.9%

Outpatient Clinics - Cancs by PROVIDER

	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	100	67	99	478
Cancellations	6	0	5	29	0	44	4	7	3	3	8	8	33
Rate	1.8%	0.0%	1.2%	4.3%	0.0%	5.9%	7.1%	9.6%	3.1%	2.9%	10.7%	7.5%	6.5%

Outpatient Clinics - Cancs by PATIENT

	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	100	67	99	478
Cancellations	27	63	63	207	128	184	10	38	18	33	17	24	140
Rate	7.3%	10.6%	12.8%	24.2%	19.5%	20.9%	16.1%	36.5%	16.1%	24.8%	20.2%	19.5%	22.7%

Rag Ratings & Targets 19/20

DNAs Outpatients	
<= 8.47%	Green
> 8.47% and <= 10%	Amber
> 10%	Red

CANCs Outpatients - by Provider	
<= 3.5%	Green
> 3.5% and <= 5%	Amber
> 5%	Red

10.6 Alder Hey Activity & Performance Charts

10.7 Better Care Fund

A quarter 1 2019/20 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in November 2019. This reported that all national BCF conditions were met in regard to assessment against the High Impact Change Model; but with on-going work required against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care. Narrative is provided of progress to date.

A summary of the Q1 BCF performance is as follows:

Figure 29 - BCF Metric performance

8.1 Non-Elective Admissions

	19/20 Plan	Overview Narrative
Total number of specific acute non-elective spells per 100,000 population	**Collection of the NEA metric plans via this template is not required** as the BCF NEA metric plans are based on the NEA CCG Operating plans submitted via SDCS.	Building on work in 18/19 we will continue to focus on our multi-agency ICRAS services around both the S&O and Aintree systems to provide community interventions that support admission avoidance with activity monitored through our A&E Delivery Board. In addition there are a wide range of schemes that support care closer to home and seek to maintain independence and health and well being. Examples include our health and social care community beds which can be utilised with wrap around care from our health teams to avoid admission. In addition, SW posts have now also been implemented within localities as part of our place based developments to support early interventions that may avert emergency admission. It is important to note that there has been pathway changes at one of our acute Trusts in regard to AED activity conversion to zero length of stay which affects this metric with a higher level of activity recorded over the past year.

8.2 Delayed Transfers of Care

	19/20 Plan	Overview Narrative
Delayed Transfers of Care per day (daily delays) from hospital (aged 18+)	28.3	There is a recognition of the need for a whole system approach and collaborative working across health and social care providers to reduce our DTOCs. Work is supported by local operational forums at our 2 acute Trusts to address issues on a weekly basis and also through our agreed NHSI Long Stay plans which identify muti-agency work to meet trajectory against admissions with longer stays by March 2020. Discharge pathways which were developed in the past year using winter funding e.g. transitional and reablement beds at James Dixon and Chase Heys will be further embedded in this year's winter plans. In addition the Trusted Assessor model will have a renewed focus in conjunction with our Choice Policy to facilitate timely discharge. Work is also being carried out to increase reablement capacity and optimise effective use of domiciallary care through the single handed project.

8.3 Residential Admissions

		18/19 Plan	19/20 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	815	756	Whilst local programmes such as ICRAS and Home First should continue to help avoid care home admissions it should be noted that Sefton's demographics (with some of the highest proportions of older people in the country) makes continued reductions in admissions increasingly difficult. Also in some instances care home admission may be entirely appropriate and should not be seen as a broken element of the system. Sefton's target for 19/20 reflects this balanced approach. The current target is set to get Sefton to our CIPFA Statistical Nearest Neighbours average.
	Numerator	522	490	
	Denominator	64,032	64,779	

8.4 Reablement

		18/19 Plan	19/20 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	85.6%	90.3%	Sefton is currently reviewing its reablement delivery and is in the process of developing it's approach to the service in terms of targeting need whilst supporting the preventative agenda as well as supporting hospital discharge. This year's target is set to maintain our above average performance but with some stretch.
	Numerator	202	213	
	Denominator	236	236	

Figure 30 - BCF High Impact Change Model assessment

		Please enter current position of maturity	Please enter the maturity level planned to be reached by March 2020
Chg 1	Early discharge planning	Established	Established
Chg 2	Systems to monitor patient flow	Established	Established
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Mature	Mature
Chg 4	Home first / discharge to assess	Established	Established
Chg 5	Seven-day service	Established	Established
Chg 6	Trusted assessors	Established	Established
Chg 7	Focus on choice	Established	Established
Chg 8	Enhancing health in care homes	Established	Established

10.8 NHS England Monthly Activity Monitoring

The CCG is required to monitor plans and comment against any area which varies above or below planned levels by 2%; this is a reduction as previously the threshold was set at +/-3%. It must be noted CCGs are unable to replicate NHS England's data and as such variations against plan are in part due to this.

Month 6 performance and narrative detailed in the table below.

Figure 31 - South Sefton CCG's Month 6 Submission to NHS England

Month 06 (September)	*Month 06 Plan*	*Month 06 Actual*	*Month 06 Variance*	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	**3,490**	**3,131**	**-10.3%**	GP referrals have increased slightly from the previous month for SS CCG. However, this is below planned levels and an average for 1920. Referrals to the main hospital provider influence overall trends and a calcualtion of working days in month suggests GP referrals are lower than in Aug-19. Year to date, GP referrals have seen reductions in specialities such as Gastro, ENT and T&O. Other referrals remain above plan year to date but month 6 referrals were within the 2% threshold against plan. Increases have been evident at the main hospital provider, notably in Ophthalmology. Total referral numbers are within the 2% threshold against plan and are comparable to 2018/19 levels. Discussions regarding referrals at the main hospital provider take place via information sub groups, contract review meetings and the planned care group.
Other	**2,669**	**2,714**	**1.7%**	
Total (in month)	**6,159**	**5,845**	**-5.1%**	
Variance against Plan YTD	35,485	35,556	0.2%	
Year on Year YTD Growth			1.1%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	**5,352**	**4,813**	**-10.1%**	1920 has seen a consistent decrease against plan for outpatient appointments. Activity trends are driven by the main hospital provider and contracted activity levels are below plan across various specialities. A planned care group was established in 2018/19 with the main hospital provider to review elements of performance and activity. This group will continue to work throughout 2019/20. Provider feedback has suggested tax and pensions issues are affecting planned care activity levels and this is expected to continue throughout the year.
Follow Up	**12,403**	**10,543**	**-15.0%**	
Total Outpatient attendances (in month)	**17,755**	**15,356**	**-13.5%**	
Variance against Plan YTD	101,945	90,331	**-11.4%**	
Year on Year YTD Growth			**-3.6%**	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1,730	1,760	1.7%	CCG local monitoring of day case admissions has activity at 10% below plan in month 6 but within the 2% threshold YTD. Electives are also below plan in month and year to date. Planned care leads continue to work with the main hospital provider to understand activity and performance via the planned care group. Trust feedback suggests reduced programmed activity for consultants as a result of the on-going tax and pensions issue is currently impacting on contracted performance for planned care. Workforce issues related to sickness and theatre staff shortages are also impacting on activity levels. The planned care group will continue throughout 2019/20 and the provider has fed back that some recruitment has already taken place to alleviate some of the workforce issues noted above.
Elective Ordinary spells	238	192	**-19.3%**	
Total Elective spells (in month)	**1,968**	**1,952**	**-0.8%**	
Variance against Plan YTD	11,396	12,485	**9.6%**	
Year on Year YTD Growth			0.2%	
Urgent & Emergency Care				
Type 1	**4,399**	**4,654**	**5.8%**	Local monitoring of type 1 A&E attendances suggests a spike in activity during month 6 but YTD attendances are within the 2% threshold against plan. Activity trends are driven by the main hospital provider and A&E performance decreased slightly in month 6 to 87.5%. Despite the decrease, this is the second highest performace achieved in 1920 to date. A trend of decreasing attendances at Litherland WIC has been evident in the last 12 months, which has contributed to a reduction in all types attendances. This appears to be part of North Mersey trend of decreased WIC attendances. CCG urgent care leads are continuing to work collaboratively with the provider and local commissioners to understand A&E attendances/performance and address issues relating to patient flow as a system (i.e. North Mersey A&E delivery board). Actions include weekly system calls, implementation of alternative to transfer scheme and long length of stay action plan. The CCG are also sighted on internal actions initiated by the provider to support patient flow.
Year on Year YTD			**5.4%**	
All types (in month)	**8,911**	**8,584**	**-3.7%**	
Variance against Plan YTD	54,700	51,002	**-6.8%**	
Year on Year YTD Growth			0.3%	
Total Non Elective spells (in month)	**2,054**	**2,271**	**10.6%**	Plans were rebased for 2019/20 and now take into account pathway changes at the CCG's main hospital provider relating to Same Day Emergency Care. Admissions increased in month 6 in line with increased A&E attendances. However, zero LOS admissions in month were the highest reported in 1920 to date. Admissions with a 1+ LOS were within 1% of planned levels. The increased zero LOS has contributed to the overall increase in NEL admissions against plan YTD. As above, CCG urgent care leads are continuing to work collaboratively with the provider and local commissioners to understand urgent care activity and address issues relating to patient flow as a system (i.e. North Mersey A&E delivery board).
Variance against Plan YTD	12,761	13,372	**4.8%**	
Year on Year YTD Growth			**4.1%**	