South Sefton Clinical Commissioning Group

Integrated Performance Report
October 2019

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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	R						R
		Actual	66%	62.8%	70.9%	69.3%	62.1%	60.0%	58.5%						
		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						R
		Actual	0.77%	1.06%	1.56%	0.94%	1.37%	1.59%	1.37%						
		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	R						
		Actual	89.49%	89.64%	88.46%	88.15%	87.22%	87.77%	87.00%						
		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						R
		Actual	1	0	1	1	0	0	1						3
		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						G
		Actual	0	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						G
		Actual	0	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						R
		Actual	86.142%	94.578%	93.813%	94.25%	89.09%	88.85%	95.50%						91.91%
		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	G						R
		Actual	50.00%	86.842%	91.176%	93.103%	91.67%	96.23%	96.77%						87.23%
		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						G
		Actual	96.296%	98.718%	100.00%	96%	94.118%	91.18%	96.39%						96.15%
		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	R						G
		Actual	100.00%	100.00%	93.333%	95.00%	100%	100%	89.47%						95.96%
		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	R						G
		Actual	100.00%	100.00%	100.00%	100.00%	96.552%	97.14%	96.97%						98.57%
		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	R						G
		Actual	96.667%	100.00%	100%	100%	100%	100%	93.55%						98.45%
		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						R
		Actual	75.00%	77.273%	65.517%	75.676%	68.00%	71.43%	81.40%						74.29%
		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	G						R
		Actual	-	85.714%	0.00%	-	100.00%	83.33%	100%						89.29%
		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 (local target)	RAG				G									
		Actual	60.00%	70.00%	33.333%	88.889%	50.00	50.00%	80.00%						66.67%
		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						R
		Actual	78.178%	78.324%	81.153%	80.07%	85.15%	83.43%	84.32%						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	R						R
		Actual	0	0	0	0	0	0	1						1
		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	R						R
		Actual	0.00	0.00	0.00	0.00	0.00	0	0.1						0.1
		Target	0	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						R
		YTD	0	0	0	1	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	R	R						R
		YTD	7	7	11	17	22	29	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						R
		YTD	15	33	47	63	75	84	86						86
		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						R
		Actual	37.10%	47.1%	35.7%	48.2%	43.8%	45.2%	41.2%						42.53%
		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						R
		Actual	1.34%	1.22%	1.06%	1.11%	0.99%	1.07%	1.27%						
		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						G
		Actual	99.60%	97.70%	100%	96.9%	100%	97.5%	96.3%						98.2%
		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						G
		Actual	100%	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						R
		Actual	64.169%	64.37%	64.60%	63.90%	63.90%	63.69%	63.05%						63.95%
		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%

Metric	Reporting Level		2019-20				
			Q1	Q2	Q3	Q4	YTD
			Apr May Jun	Jul Aug Sep	Oct Nov Dec	Jan Feb Mar	
Children and Young People with Eating Disorders							
The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	South Sefton CCG	RAG	R	R			
		Actual	86.96%	82.6%			
		Target	95.00%	95.00%	95.00%	95.00%	95.00%
The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	South Sefton CCG	RAG	R	R			
		Actual	66.7%	66.7%			

1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at month 7 (note: time periods of data are different for each source).

Key Exception Areas for October	CCG	Aintree
A&E Improvement Trajectory	89%	89%
A&E (All Types) (Nat Target 95%)	84.32%	84.24%
RTT Improvement Trajectory	90.8%	91.8%
RTT (Nat Target 92%)	87.00%	85.80%
Diagnostics Improvement Trajectory	1.30%	1.10%
Diagnostics (Nat Target less than 1%)	1.37%	0.03%

To Note:

Aintree University Hospital NHS Foundation Trust and The Royal Liverpool and Broadgreen University Hospitals NHS Trust merged in October 2019 to Liverpool University Foundation Trust (LUFT). This report will focus on Aintree Trust until March 2020 and local flows of data from the Trust will be used. Where there is no local flow the LUFT position will be added to the report, the CCG are working with the Trust on the split of the data.

Planned Care

Year to date referrals at October are 6% up on 2018/19 due to a 17.1% increase in consultant-to-consultant referrals. In contrast, GP referrals are -0.7% lower when compared to 2018/19. However, GP referrals have increased by 10.3% at month 7 compared to last month.

At provider level, Aintree has reported a 12.7% increase in total referrals at month 7 when comparing to 2018/19, this may be due to a data refresh conducted by Aintree for referrals data. Further investigation shows that consultant-to-consultant referrals are driving the increases across 2019/20 compared to 2018/19. Further analysis is being conducted to identify the potential cause of these increases.

The CCG are failing the improvement plan in October for diagnostics reporting 1.37% (improvement plan 1.30%) and are also 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 CCG's performance has dropped since April and is reporting 87% for October. This has resulted in the CCG failing the improvement plan of 90.8%. In October, the incomplete waiting list for the CCG was 11,725 against a plan of 11,498; a difference of 227 patients over plan.

The CCG are failing 5 of the 9 cancer measures year to date. Please note, due to how the Cancer Wait Times (CWT) 62 day activity data is recorded specifically relating to the recording of Inter Provider Transfers (IPR), it is not possible to report 62 day targets at site level using the extracts.

Aintree Friends and Family Inpatient test response rate is still below the England average of 24.9% in October 2019 at 20.4%. The percentage of patients who would recommend the service has dropped to 93%, which is below the England average of 96% and the percentage who would not recommend has increased to 4% above the England average of 2%.

Unplanned Care
In relation to A&E 4-Hour waits the CCG reported a 1% increase in patients seen reporting 84.32%, 81.52% year to date. Aintree revised their trajectory for 2019/20. The Trust has failed their improvement plan in October with 84.24%, which is below the target of 88%.

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.

The CCG and Trust have reported no new cases of MRSA in October. 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 difficile, the CCG are reporting 1 case over their year to date target of 34 in October. Aintree are reporting over their year to date plan for C.difficile as at October they have had 77 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 October there were 2 cases (86 YTD) and the CCG is reporting red for this measure.

Mental Health
For Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership reported the monthly target for M7 2019/20 is approximately 1.58%. Month 7 performance was 1.27% so failed to achieve the target standard. The percentage of people moved to recovery was 41.2% in month 7 of 2019/20 which failed the 50% target and shows a decline from the previous month.

The latest data shows South Sefton CCG are recording a dementia diagnosis rate in October of 63%, which is under the national dementia diagnosis ambition of 66.7%. A similar percentage was reported last month (63.7%).

Community Health Services
CCG and Mersey Care FT 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.

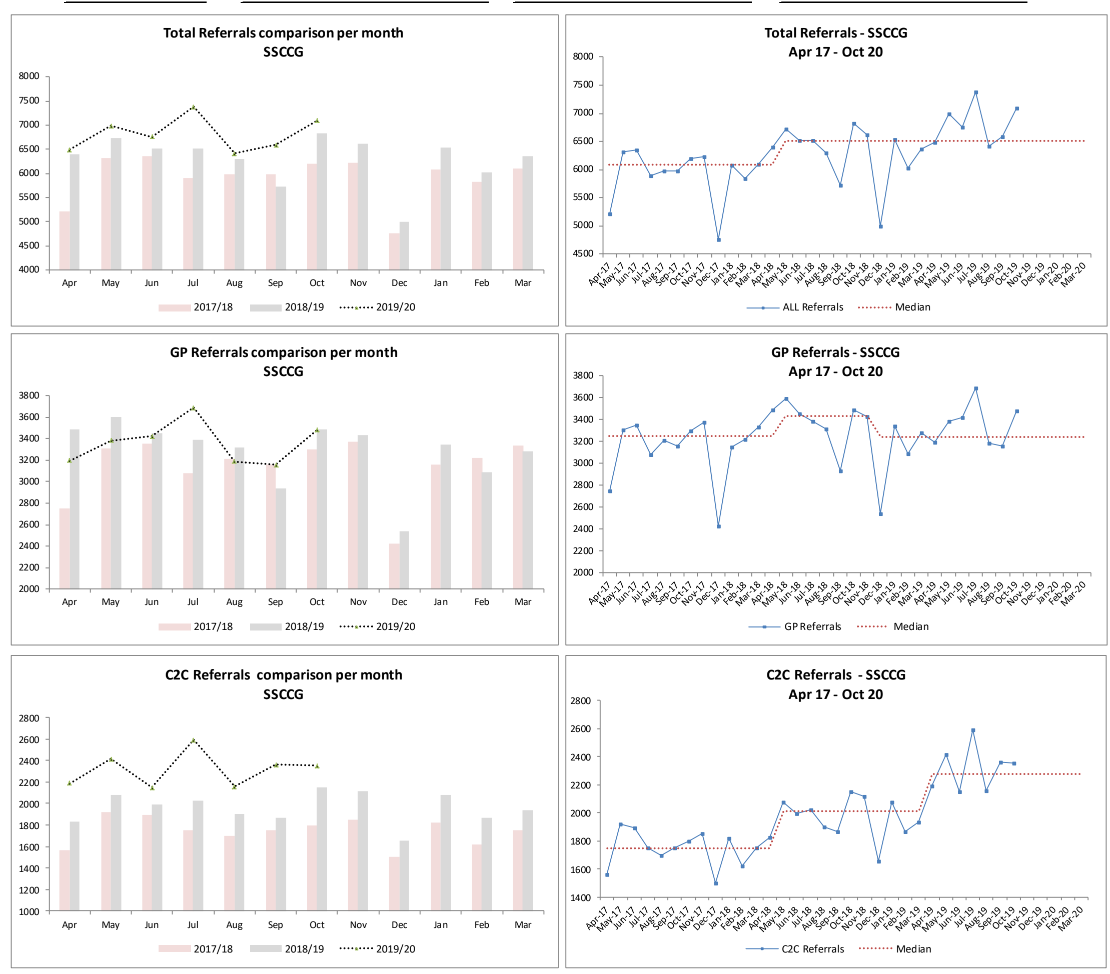
CCG Oversight Framework
NHS England and Improvement released the new Oversight Framework (OF) for 2019/20 on 23rd August, to replace the Improvement Assessment Framework (IAF). The framework has been revised to reflect that CCGs and providers will be assessed more consistently. Most of the oversight 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	3195	-292	-8.4%	1828	2189	361	19.7%	6399	6491	92	1.4%
May	3599	3382	-217	-6.0%	2076	2413	337	16.2%	6727	6984	257	3.8%
June	3453	3423	-30	-0.9%	1992	2148	156	7.8%	6525	6761	236	3.6%
July	3386	3687	301	8.9%	2025	2591	566	28.0%	6510	7382	872	13.4%
August	3320	3189	-131	-3.9%	1899	2156	257	13.5%	6303	6411	108	1.7%
September	2934	3156	222	7.6%	1864	2362	498	26.7%	5727	6589	862	15.1%
October	3487	3480	-7	-0.2%	2154	2351	197	9.1%	6825	7094	269	3.9%
November	3430				2114				6613			
December	2541				1653				4993			
January	3343				2076				6530			
February	3090				1864				6028			
March	3284				1934				6369			
Monthly Average	3280	3359	79	2.4%	1957	2316	359	18.4%	6296	6816	520	8.3%
YTD Total Month 7	23666	23512	-154	-0.7%	13838	16210	2372	17.1%	45016	47712	2696	6.0%
Annual/FOT	39354	40306	952	2.4%	23479	27789	4310	18.4%	75549	81792	6243	8.3%

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



Month 7 Summary:

- Trends show that the baseline median for total South Sefton CCG referrals has remained flat from May 2018. However referrals have now risen above average after a 7.7% (576) increase at month 7.
- Year to date referrals at October 2019 are 6.0% up on 2018/19 due to a 17.1% increase in consultant-to-consultant referrals.
- In contrast, GP referrals are -0.7% lower when compared to 2018/19. However GP referrals have increased by 10.3% at month 7 compared to the previous month.
- 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.
- Liverpool Heart & Chest Hospital has also seen a number for consultant-to-consultant referrals to the Congenital Heart Disease Service in 2019/20. These were previously not recorded in 2018/19.
- Aintree has reported a 12.7% increase in total referrals at month 7 when comparing to 2018/19. Further investigation shows that consultant-to-consultant referrals are driving the increases across 2019/20 compared to 2018/19. Further analysis is being conducted to find the potential cause of these increases.
- GP referrals were below average from Dec-18, which triggered a decrease in the baseline median at month 5, GP referrals at month 7 have now increased compared to the previous month. However GP referrals are still down when comparing to the same time frame of the previous year.
- 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.
- Trauma & orthopaedics was the highest referred to specialty for South Sefton CCG in 2018/19. Referrals to this speciality at month 7 are currently -4.5% lower than in 2018/19.

2.2 E-Referral Utilisation Rates

<table>
<tr><th colspan="2">Indicator</th><th colspan="4">Performance Summary</th><th>IAF</th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">NHS e-Referral Service (e-RS): Utilisation Coverage</td><td colspan="4">Previous 3 months and latest</td><td rowspan="4">IAF - 144a (linked)</td><td rowspan="4">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.</td></tr>
<tr><td rowspan="3">RED</td><td rowspan="3">TREND</td><td>Jul-19</td><td>Aug-19</td><td>Sep-19</td><td>Oct-19</td></tr>
<tr><td>69.3%</td><td>62.1%</td><td>60.0%</td><td>58.5%</td></tr>
<tr><td colspan="4">Plan: 100% by end of Q2 2018/19</td></tr>
</table>

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 October 2019 and reports performance to be 58.5%. 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. October data shows an overall performance of 68.1% for South Sefton CCG, a slight improvement on the previous month (67.8%).

Actions to Address/Assurances:

The planned care team has assigned a commissioning manager to review eRs performance in line with the CCGs outpatient strategy. As such, advice and guidance and improved eRs performance are key areas that have been identified to reduce unwarranted variation. ERS will be included as part of the outpatient strategy case for change which will go through the CCGs governance process early 2020.

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. A response has still not been received.

When is performance expected to recover:

To be confirmed as part of the outpatient strategy case for change.

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.
RED	**TREND**		Jul-19	Aug-19	Sep-19	Oct-19		
		CCG	0.94%	1.37%	1.59%	1.37%		
		Aintree	0.19%	0.06%	0.06%	0.03%		
		Plan: less than 1% October's CCG improvement plan: 1.30% Yellow denotes achieving 19/20 improvement plan but not national standard of less than 1%						

Performance Overview/Issues:

The CCG are now failing the improvement plan for October (1.30%) and the national standard reporting 1.37%. In October out of a total of 2,922 patients on the waiting list, 40 patients waited over 6 weeks. Of these patients, 3 waited over 13+ weeks.

Aintree are achieving in October reporting 0.03%.

Liverpool Heart & Chest (LHCH) diagnostic performance is affecting the CCG position. In October the Trust reported 27.3% against their improvement trajectory of 20%. Upgrade of diagnostic facilities has impacted performance, with upgrade completed on 21st October, and first cohort of patients booked in on 23rd October. There was a significant backlog of patients to book in that will impact delivery throughout the course of the current financial year. The plan to reduce the backlog started in November 2019 with an expectation that LHCH performance to recover by June 2020.

Actions to Address/Assurances:

The Sefton Planned Care Lead will liaise on a monthly basis with the lead commissioner for the provider (LCCG) to understand how the provider is managing their performance against NHSE/I improvement trajectory and will escalate in line with CCG escalation policy if required.

Also 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

<table>
<tr><th colspan="2">Indicator</th><th colspan="5">Performance Summary</th><th>IAF</th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">Referral to Treatment Incomplete pathway (18 weeks)</td><td colspan="5">Previous 3 months and latest</td><td rowspan="5">129a</td><td rowspan="5">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.</td></tr>
<tr><td>RED</td><td>TREND</td><td></td><td>Jul-19</td><td>Aug-19</td><td>Sep-19</td><td>Oct-19</td></tr>
<tr><td rowspan="3"></td><td rowspan="3"></td><td>CCG</td><td>88.2%</td><td>87.2%</td><td>87.8%</td><td>87.0%</td></tr>
<tr><td>Aintree</td><td>87.9%</td><td>86.6%</td><td>86.4%</td><td>85.8%</td></tr>
<tr><td colspan="5">Plan: 92%
October's improvement plan: CCG - 90.8% and Aintree - 91.8%
Yellow denotes achieving 19/20 improvement plan but not national standard of 92%</td></tr>
</table>

Performance Overview/Issues:

The CCG's performance has dropped since April when 89.5% was reported. In October 87% was reported, which is consistent to the previous month. The CCG continues to fail their improvement plan (plan for October being 90.8%). The CCG's main provider Aintree are also under the 92% target reporting 85.8%; also failing their local trajectory of 91.8% for October. Vacancies across a number of specialties along with capacity issues brought about via reduced programmed activity due to changes in tax legislation in the current financial year continue to impact upon performance. The sustained increase the site has observed in non elective demand is being managed both effectively and safely and the Trust is monitoring the situation on site to ensure elective activity and patient experience is not unduly impacted. In October the average time to treatment for admitted pathways was 13.5 weeks and was 6.5 weeks for non-admitted pathways. The average pathway for incomplete waits had decreased to 7 weeks. As Aintree Trust has now merged with the Royal Liverpool Broadgreen this is a local data flow from the Aintree only.

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. A letter has been drafted and is awaiting executive sign off. Additionally, the CCG Planned Care Lead has discussed possible opportunities for repatriation with local provider trusts.

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. This issues has been escalated via the CCG turnaround director for a one-to-one discussion with the Trust turnaround director to identity an expedious resolution.

Referral rates comparing YTD positions in 19/20 and 18/19 indicate a reduction in GP initiated activity (however, the CCG is still a significant outlier in first and follow-up activity in gastroenterology), this is monitored on an on-going basis internally by the CCG with a view to see if demand is increasing and therefore possible pressures on RTT.

Actions to Address/Assurances:

CCG Actions:

- CCG to request a revised improvement trajectory (awaiting executive sign off).
- 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. However, escalation via Turnaround Directors has been initiated to accelerate mobilisation.
- The CCG have facilitated discussions with local acute providers to agree North Mersey Gastro Pathways which are anticipated to be clinically signed off via the CCG in January 2020.
- 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.
- 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 drafted a formal response to the improvement trajectory submitted by the Trust, stating that the trajectory requires revision. On receipt of revised trajectory, the improvement trajectory will be presented to CCG for further ratification and ongoing monitoring.

Indicator responsibility:

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

Figure 2 - RTT Performance & Activity Trend

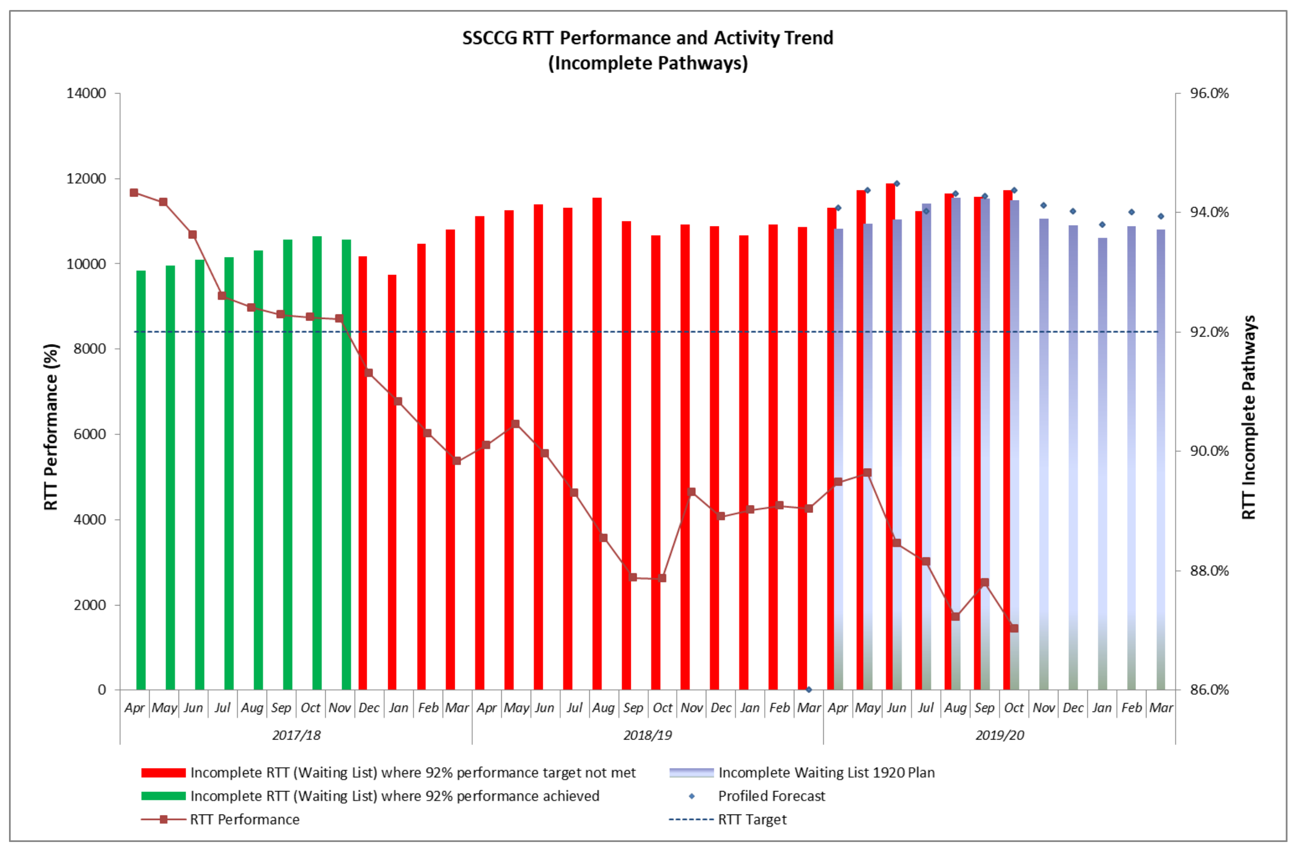


Figure 3 - South Sefton CCG Total Incomplete Pathways

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	11,725						11,725
Difference	476	793	834	-188	87	33	227						892

In October, the incomplete waiting list for the CCG was 11,725 against a plan of 11,498; a difference of 227 patients over plan. South Sefton CCG incomplete pathways have seen a 150/1.3% increase for October 2019 compared to September 2019. In terms of the NHSE plans, 2019/20 incomplete pathways is currently at 11,725 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**		Jul-19	Aug-19	Sep-19	Oct-19		
		CCG	1	0	0	1		
		Aintree	0	0	0	0		
		Plan: Zero						

Performance Overview/Issues:

In October there is 1 patient showing at over 52+ weeks. This patient is at Liverpool Womens and was a "POP ON" at 56 weeks. Incidental finding of ovarian cyst on antenatal pathway 17th October, new clock was not started the patient was contacted to chase appointment. Their 'To Come In' (TCI) date was 28th November and the patient has now been treated.

Actions to Address/Assurances:

Monitoring of the 36 week waiting continues with the CSU. The Womens was contacted over the above breach, and the Information & Performance Manager has confirmed that a harm review and RCA is completed on all 52 week breaches, and will go through the Governance and Quality meeting. This is also picked upt via CQPG.

When is performance expected to recover:

November 2019.

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	Liverpool Womens	Gynaecology	52	**1 Patient;** Treated on 28/11/2019. **POP ON @ 56 weeks**. Incidental finding of ovarian cyst on antenatal pathway 17/10/2018 – New clock was not started. Patient contacted to chase appointment. TCI 28/11/2019 went ahead – patient treated.
South Sefton CCG	Liverpool Womens	Gynaecology	38-49	**9 Patients;** Trust reported no information. No 52 week breaches reported on Trust's exception report at the end of November.
South Sefton CCG	Royal Liverpool Hospital	Dermotology	36	**1 Patient;** TCI date in December. Long Wait on Waiting List
South Sefton CCG	Royal Liverpool Hospital	T&O	39-40	**6 Patients;** 3 Pathway stopped, 2 with no TCI date yet, 1 TCI date in November. Capacity issues, Long wait on waiting list.
South Sefton CCG	Royal Liverpool Hospital	General Surgery	40	**1 Patient;** Pathway stopped.
South Sefton CCG	Aintree Hospital	T&O	36-40	**5 Patietns;** All treated
South Sefton CCG	Aintree Hospital	General Surgery	36-42	**14 Patients;** 9 Treated, 2 validated no longer a long waiter, 2 TCI dates in November, 1 failed to attend
South Sefton CCG	Aintree Hospital	ENT	42	**1 Patient;** Patient treated 08/03/2019.
South Sefton CCG	Aintree Hospital	Gastroenterology	36-45	**23 Patients;** 19 treated, 3 failed to attend, 1 TCI date in December
South Sefton CCG	Aintree Hospital	Urology	38	**1 Patient;** treated 18/11/2019
South Sefton CCG	Aintree Hospital	Ophthalmology	36-45	**38 Patients;** 24 treated, 11 TCI dates in December, 2 failed to attend, 1 Validated no longer a long waiter.
South Sefton CCG	Alder Hey	All Other	37-40	**7 Patients;** 7 Sent for service date, 1 Patient cancelled, Capacity issues in community paediatrics. • Main areas of concern are Sefton/Southport. • Currently out for advert for locum – have one doctor interested so far. On recruitment they will be allocated to this area • WLI clinics continue which has seen an improvement in the RTT and these will continue at least until January 2020. • Long term sick is now at 1 member of staff, but returning member is on long phased return. • Currently out for recruitment of 2 new nursing staff to support clinics.
South Sefton CCG	Pennine Acute	All Other	46	**1 Patient;** Patient treated 20/11/2019, Patient attended for an appointment on 20th November which stopped the pathway.
South Sefton CCG	Birmingham University	Urology	41	**1 Patient;** Patient discharged. The patient was contacted on 11th November and he informed the waiting list coordinator that he had already had the procedure undertaken at a local hospital in Liverpool and no longer needed the treatment at QEHB. He has been removed from the waiting list and discharged.
South Sefton CCG	Lancashire Teaching	T&O	36	**1 Patient;** No TCI date, Admitted capacity
South Sefton CCG	North Midlands	General Surgery	43	**1 Patient;** Trust reported no information. The latest weekly snapshot as at 24th November indicates no South Sefton CCG patients waiting over 26 weeks at North Midlands.
South Sefton CCG	Southport & Ormskirk	General Surgery	37	**1 Patient;** Treated on 21/11/2019. Decision to admit 08/02/2019. Appointments on 26th February and 20th March cancelled. Attended 02/09/2019 Sept. Due to come in 9/10/2019 but cancelled due to no beds and offer of 31/10/2019 declined. Hospital cancelled 14/11/2019 due to an emergency but completed 21/11/2019.
South Sefton CCG	Southport & Ormskirk	Gynaecology	38	**1 Patient;** TCI date in December. Patient referred/added to waiting list 06/02/2019. First TCI offered 12/11/2019 but cancelled by the hospital as had no beds. Has Treatment booked in for 17/12/2019.
South Sefton CCG	Southport & Ormskirk	Urology	43	**1 Patient;** Treated on 08/11/2019. Referral received 29/12/2019 for Andrology clinic. Appointment for 03/04/2019 changed by Trust to 19/7/2019. Listed for treatment on 02/09/2019 and treated on 08/11/2019.
South Sefton CCG	Spire Liverpool	Urology	38	**1 Patient;** No TCI date, Patient choice
South Sefton CCG	St Helens & Knowsley	T&O	40	**1 Patient;** Treated on 08/11/2019. Patient listed at week 1 of 18 week pathway, booked for surgery 8/11/2019 (week 42)

The CCG had a total of 116 patients waiting 36 weeks and over. Of the 116, there were 64 patients treated, 17 with a TCI date, 4 no TCI date, 7 patients send for service date, 10 patients unknown (which includes Trusts who don't provide updates under 52 weeks) 6 DNA's, 3 no longer a long waiter, 4 pathway stopped and 1 discharged.

Liverpool Women's don't provide narrative on individual patients but have given assurance there are no 52 week breaches reported on the Trust's exception report at the end of November.

RLBUHT reported that the following specialities have specific plans in place to recover:-

- General surgery
- Trauma and orthopaedics
- Urology

- Dermatology
- Paediatric dentistry

• Ophthalmology is now compliant; this has improved the Trust's overall position.
• A programme of work and training will be launched to ensure the Access policy is being adhered to.
• Throughout winter elective activity has been protected on the both the Royal and Broadgreen sites. 80% of this elective activity is Orthopaedics.
• RTT action plans have been developed by each challenged speciality and progress is being monitored via the weekly care group performance meetings and the position is being reported via the monthly Trust performance meeting.

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**		Jul-19	Aug-19	Sep-19	Oct-19	YTD		
		CCG	94.25%	89.09%	88.85%	95.50%	91.91%		
		Aintree	95.27%	94.75%	95.27%	94.92%	92.18%		
		Plan	93%	93%	93%	93%	93%		
		Aintree October Trajectory: 91.6% (National 93%)							

Performance Overview/Issues:

The CCG achieved the target in October after failing for the past 2 months running reporting 95.50%. Unfortunately the CCG continue to fail the YTD target with 91.91% due to previous months breaches. In October there were 33 breaches from a total of 734 patients seen. Cancer data is monitored cumulatively so year to date the CCG is reporting red.

Aintree have achieved the 93% target and the improvement trajectory of 91.6% reporting 94.92% in October but they continue to failed year to date due to the poor performance earlier in 2019/20. Please note the Aintree data is taken from a local flow, as the Trust has now merged with The Royal Liverpool Broadgreen, now known as Liverpool University Foundation Trust (LUFT).

Actions to Address/Assurances:

When is performance expected to recover:

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		Jul-19	Aug-19	Sep-19	Oct-19	YTD		
		CCG	93.10%	91.67%	96.23%	96.77%	87.23%		
		Aintree	97.02%	94.53%	97.64%	96.84%	84.66%		
		Plan	93%	93%	93%	93%	93%		
		Aintree October Trajectory: 94.2% (National 93%)							

Performance Overview/Issues:

The CCG have again managed to achieve the target in October reporting 96.77% but remains below the YTD target with 87.23%. In October there were 2 breaches from a total of 62 patients seen. Cancer data is monitored cumulatively so year to date the CCG is reporting red.

Aintree reported 96.84% in October and are achieving the 93% target and improvement trajectory, having just 5 breaches out of a total of 158 patients. They are also failing year to date due to a significant number of breaches earlier in the year. Please note the Aintree data is taken from a local flow, as the Trust has now merged with The Royal Liverpool Broadgreen, now known as Liverpool University Foundation Trust (LUFT).

Actions to Address/Assurances:

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		Jul-19	Aug-19	Sep-19	Oct-19	YTD		
		CCG	96.0%	94.12%	91.18%	96.39%	96.15%		
		Aintree	99.17%	95.33%	94.56%	97.20%	97.95%		
		Plan	96%	96%	96%	96%	96%		

Performance Overview/Issues:

The CCG are achieving in October after failing the 96% target for the last 2 months, reporting 96.39%, they are also achieving year to date with 96.15%. In October there were 3 patients who didn't have their first treatment within 31 days out of 83 patients in total.

Aintree achieved this measure in October reporting 97.20% but are also achieving year to date recording 97.95%. In October there were 4 patient breaches out of a total of 143. Please note the Aintree data is taken from a local flow, as the Trust has now merged with The Royal Liverpool Broadgreen, now known as Liverpool University Foundation Trust (LUFT).

Actions to Address/Assurances:

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		Jul-19	Aug-19	Sep-19	Oct-19	YTD		
		CCG	100%	96.55%	97.14%	96.97%	98.57%		
		Aintree	100%	100%	100%	100%	100%		
		Plan	98%	98%	98%	98%	98%		

Performance Overview/Issues:

The CCG are failing this measure for the third month running, reporting 96.97% against a target of 98%, this was due to just 1 patient breach out of a total of 33 patients. This was a Gynae patient at Clatterbridge who waited 35 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 October and continue to achieve year to date.

Actions to Address/Assurances:

When is performance expected to recover:

Quality:

Indicator responsibility:

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

2.5.5 31 Day Standard for Subsequent Cancer Treatment – Surgery

Indicator		Performance Summary						IAF	Potential organisational or patient risk factors
31 day standard for subsequent cancer treatment - surgery		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		Jul-19	Aug-19	Sep-19	Oct-19	YTD		
		CCG	95%	100%	100%	89.47%	95.96%		
		Aintree	94.44%	100%	97.1%	94.4%	96.63%		
		Plan	94%	94%	94%	94%	94%		

Performance Overview/Issues:

The CCG failed the target for October with 89.47% but remains above target YTD with 95.96%. This was due to 2 patient breaches out of 19, the first a lower gastro patient, their delay was due to inadequate elective capacity (33 days waited), the second was an upper gastro patient whose delay was also due to inadequate elective capacity (37 days waited). Cancer data is monitored cumulatively so year to date the CCG is reporting green.

Aintree are also achieving the target reporting over the 94% target again in October.

Actions to Address/Assurances:

Elective capacity shortfalls were within gastro-enterology at LUHFT (Royal Liverpool and Broadgreen site) . Remedial actions include additional locum capacity from January for lower GI and waiting list initiatives for upper GI.

When is performance expected to recover:

January 2020.

Quality:

Indicator responsibility:

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

2.5.6 31 Day Standard for Subsequent Cancer Treatment – Radiotherapy

Indicator		Performance Summary						IAF	Potential organisational or patient risk factors
31 day standard for subsequent cancer treatment - radiotherapy		Previous 3 months, latest and YTD							Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed dianosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
GREEN	TREND		Jul-19	Aug-19	Sep-19	Oct-19	YTD		
		CCG	100%	100%	100%	93.55%	98.45%		
		Aintree	n/a	n/a	n/a	n/a	n/a		
		Plan	94%	94%	94%	94%	94%		

Performance Overview/Issues:

The CCG failed the 94% plan in October reporting 93.55% this was due to 2 breaches out of a total of 31 patients. The first was a breast patient whose delay was due to patient choice (42 days waited) the second was an urological patient who also delay through choice (41 days waited). This is the first time in 2019/20 that the CCG has failed this measure. Cancer data is monitored cumulatively so year to date the CCG is reporting green.

Actions to Address/Assurances:

When is performance expected to recovery:

Quality:

Indicator responsibility:

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

2.5.7 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		Jul-19	Aug-19	Sep-19	Oct-19	YTD		
		CCG	75.68%	68.00%	71.43%	81.40%	74.29%		
		LUFT				79.06%	79.06%		
		Plan	85%	85%	85%	85%	85%		
		CCG Improvement Trajectory October: 86.5%							

Performance Overview/Issues:

The CCG failed the target for October reporting 81.40%. In October there were 8 breaches from a total of 43 patients seen. Breach reasons include delays due treatment delayed for medical reason, complex diagnostics, patient choice and other reasons not stated.

Due to how the Cancer Wait Times (CWT) 62 day activity data is recorded, specifically relating to the recording of Inter Provider Transfers (IPR), it is not possible to report 62 days targets at site level using the extracts. Therefore, 62 day positions can only allocated to the Trust and not reported at site level, for this reason from October onwards we will report the Liverpool University Foundation Trust (LUFT) position.

For October LUFT are recording 79.06% out of a total of 183 patients there were 33.5 patient breaches.

Please note;
Cancer pathways involving 2 or 3 providers (eg Aintree, Royal Liverpool and Clatterbridge Cancer Centre) are common and breaches are allocated between a maximum of 2 providers according to the proportion of the pathway under the care of each Trust. The new merged provider LUHFT is likely to take a higher proportion of breaches from 3 trust pathways than the sum of its constituent providers and this will be reflected in performance,

When is performance expected to recovery:

Quality:

Indicator responsibility:

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

2.5.8 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		Jul-19	Aug-19	Sep-19	Oct-19	YTD		
		CCG	No patients	100%	83.33%	100%	89.29%		
		LUFT				74.2%	74.20%		
		Plan	90%	90%	90%	90%	90%		

Performance Overview/Issues:

The CCG reported 100% for screening services in October achieving the 90% target. Year to date the CCG are under target achieving 89.29%. Cancer data is monitored cumulatively so year to date the CCG is reporting red.

For October LUFT are recording 74.19% out of a total of 34 patients there were 8 patient breaches.

Actions to Address/Assurances:

LUHFT will report performance across all 3 cancer screening programmes . In partiicular the number of breast patients treated will be higher.

When is performance expected to recovery:

Quality:

Indicator responsibility:

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

2.5.9 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		Jul-19	Aug-19	Sep-19	Oct-19	YTD		
		CCG	88.89%	50.00%	50.00%	80.00%	66.67%		
		LUFT				83.46%	83.46%		
		Plan	85%	85%	85%	85%	85%		
		Aintree October Trajectory: 87.5% (Local target 85%)							

Performance Overview/Issues:

The CCG failed the target for October reporting 80% year to date 66.67%. In October there were 2 breaches from a total of 10 patients seen. The first patient's delay (lung) was due to other reason, the second patient also lung was due to patient choice with advance notive given.

For October LUFT are recording 83.46% out of a total of 73 patients there were 10.5 patient breaches.

Actions to Address/Assurances:

When is performance expected to recovery:

Quality:

Indicator responsibility:

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

2.5.10 104+ 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	Jul-19	Aug-19	Sep-19	Oct-19		
		12	6	10	10		
		Plan: Zero					

Performance Overview/Issues:		
In October there were 10 over 104 days breaches at Aintree. The longest waiting patient was a urological patient who waited 189 days delay was due to Health Care Provider initiated delay due to diagnostic test/treatment planning.		
Actions to Address/Assurances:		
South Sefton CCG will continue to work with Aintree to ensure best use of Performance & 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 recover:		
Quality:		
Indicator responsibility:		
Leadership Team Lead	**Clinical Lead**	**Managerial Lead**
Jan Leonard	Debbie Harvey	Sarah McGrath

2.5.11 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

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%	82.49%						82.34%
No of Patients	337	486	437	446	416	449	554						3125
Diagnosed within 28 Days	289	410	359	380	319	359	457						2573

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%	98%						97.90%
No of Patients	28	57	57	51	40	45	56						334
Diagnosed within 28 Days	28	54	57	49	39	45	55						327

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%	71.43%						67.46%
No of Patients	36	50	32	36	59	52	70						335
Diagnosed within 28 Days	31	27	20	25	36	37	50						226

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		Jul-19	Aug-19	Sep-19	Oct-19		
		RR	19.8%	19.3%	19.1%	20.4%		
		% Rec	94.0%	94.0%	94.0%	93.0%		
		% Not Rec	3.0%	4.0%	3.0%	4.0%		
		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 20.4% in October which is below the England average of 24.9%. The percentage of patients who would recommend the service has remained the same at 93%, which is below the England average of 96% and the percentage who would not recommend has increased to 4% 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:

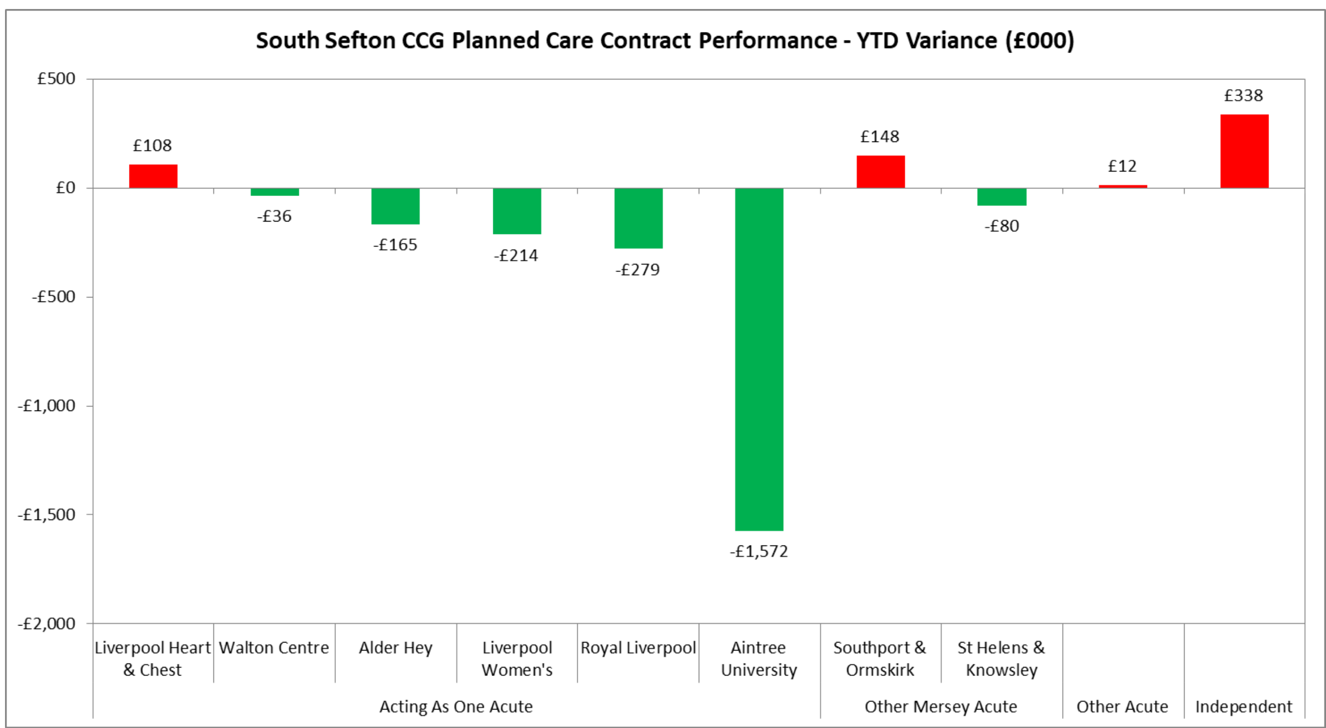
This will be monitored via the newly formed LUHFT CQPG within the enhanced surveillance.

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 7 of financial year 2019/20, against planned care elements of the contracts held by NHS South Sefton CCG shows an under performance of circa -£1.7m/-5.8%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an over spend of approximately £418k/1.4%.

At individual providers, Aintree Hospital is showing the largest under performance at month 7 with a variance of -£1.5m/-9%. In contrast, a notable over performance of £285k/23% against Renacres Hospital has been evident. This is followed by Southport & Ormskirk Hospital with an over performance of £148k/10% at month 7.

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 -£305k/-6% at month 7 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 22% 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.

The new Liverpool University Hospitals NHS Foundation Trust (LUHFT) was created on 1st October 2019 following the acquisition of the former Royal Liverpool and Broadgreen University Hospitals NHS Trust (RLBUHT) by Aintree University Hospital NHS Foundation Trust (AUHT). For the purposes of this report, South Sefton CCG will continue to monitor 2019/20 contract performance for the individual sites of AUHT and RLBUHT.

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	7,570	7,393	-177	-2%	£4,885	£4,636	-£249	-5%
Elective	942	789	-153	-16%	£3,006	£2,494	-£512	-17%
Elective Excess BedDays	365	372	7	2%	£96	£100	£4	5%
OPFAMPCL - *OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)*	181	120	-61	-34%	£35	£25	-£11	-30%
OPFANFTF - *Outpatient first attendance non face to face*	1,108	799	-309	-28%	£33	£27	-£6	-19%
OPFASPCL - *Outpatient first attendance single professional consultant led*	19,681	18,203	-1,478	-8%	£3,268	£2,937	-£331	-10%
OPFUPMPCL - *Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).*	476	489	13	3%	£50	£50	£0	0%
OPFUPNFTF - *Outpatient follow up non face to face*	3,899	3,593	-306	-8%	£98	£90	-£7	-7%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	43,715	38,568	-5,147	-12%	£3,224	£2,878	-£346	-11%
Outpatient Procedure	14,244	13,586	-658	-5%	£2,029	£1,898	-£130	-6%
Unbundled Diagnostics	8,726	8,470	-256	-3%	£734	£702	-£32	-4%
Wet AMD	976	1,021	45	5%	£770	£817	£47	6%
Grand Total	**101,884**	**93,403**	**-8,481**	**-8%**	**£18,227**	**£16,655**	**-£1,572**	**-9%**

Underperformance at Aintree Hospital is evident against the majority of planned care points of delivery. However, the overall under spend of -£1.5m/-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 12.7% 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 7 by -£512k/17%. 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.

The new Liverpool University Hospitals NHS Foundation Trust (LUHFT) was created on 1 October 2019 following the acquisition of the former Royal Liverpool and Broadgreen University Hospitals NHS Trust (RLBUHT) by Aintree University Hospital NHS Foundation Trust (AUHT). For the purposes of this report, South Sefton CCG will continue to monitor 2019/20 contract performance for the individual sites of AUHT and RLBUHT.

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	346	433	87	25%	£416	£525	£109	26%
Elective	82	101	19	24%	£453	£565	£112	25%
Elective Excess Bed Days	8	0	-8	-100%	£2	£0	-£2	-100%
OPFASPCL - *Outpatient first attendance single professional consultant led*	771	886	115	15%	£131	£150	£19	14%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	1,125	1,318	193	17%	£78	£91	£13	17%
Outpatient Procedure	600	422	-178	-30%	£75	£79	£4	5%
Unbundled Diagnostics	356	429	73	21%	£32	£42	£10	30%
Physio	863	875	12	1%	£26	£27	£0	1%
OPPREOP	0	341	341	0%	£0	£21	£21	0%
Grand Total	**4,150**	**4,805**	**655**	**16%**	**£1,214**	**£1,499**	**£285**	**23%**

Renacres over performance is evident across the majority of planned care points of delivery. Over performance is focussed largely within the trauma & orthopaedics speciality. Relatively 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 comparable to 2018/19 levels with a small variance of 0.8%. However, Trauma & Orthopaedic referrals are down -22% when comparing to the equivalent period of the previous year.

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		Jul-19	Aug-19	Sep-19	Oct-19	YTD		
		All Types	80.07%	85.15%	83.43%	84.32%	81.52%		
		Type 1	75.67%	82.25%	82.66%		77.55%		
		Plan: 95% Improvement trajectory 89% March 2020 ***Unable to split type 1 for October***							

Performance Overview/Issues:

The CCG is failing the national standard of 95% in October reporting 84.32% for the South Sefton population, this being a slight increase 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 October was 84.24% (type 1 and 3), and also under the 89% improvement trajectory. A contract performance notice is in place with actions agreed being closely monitored by the CCG.

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		Aug-19	Sep-19	Sep-19	Oct-19	YTD		
		Improvement Plan	88%	88%	89%	88%			
		All Types	83.47%	88.88%	87.45%	84.24%	85.05%		
		Type 1	70.90%	80.37%	78.55%	71.79%	73.95%		
		Plan: 95% October's improvement plan: 88% Yellow denotes achieving 19/20 improvement plan but not national standard of 95%							

Performance Overview/Issues:

Overall performance in October was 84.24% (type 1 and 3), which shows a decline from last month and also under the 88% improvement trajectory for October. A contract performance notice is in place with actions agreed being closely monitored by the CCG.

Actions to Address/Assurances:

Trust Actions:

1. Improve Non Admitted performance

- Work continues in See and Treat to stream according to acuity. PDSA continues and is showing early positive results. Primary Care Streaming (PCS) new model of delivery approved to commence 1st December 2019.
- Improve AEC functionality
- Work has commenced via NHSE/I collaborative to review the role of ANP to support In-reach function.

2. Minimise frequency of crowding (surge) in the ED

- To implement Direct Conveyancing to Assessment Areas
- The NWAS Collaborative has commenced and the department have started testing new processes via PDSA to support handover. This is in its infancy and more detail will be reported next month.
- Improved role clarity in the Department
- The recruitment of 2 WTE's Band 8a Deputy Operational Lead Nurses both have 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. This work is reported via NEF.

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, Liverpool University Foundation Trust

Primary Metric

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

154 (41%)
Reduction in occupied beds required by March 2020

24 (6%)*
Occupied beds reduced as of 09 December 2019 (weekly average)

130 (35%)*
Bed reduction remaining as of 09 December 2019 (weekly average)

Ambition | Baseline | Primary Metric | Trajectory Range

Period: Apr 19 – Mar 20

Occupied beds: 400, 350, 300, 250
Baseline: 376
Ambition: 222
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 154 (41%) by March 2020; therefore the target is 222 or less. The Trust has not yet achieved this. The latest reporting as at 9th December 2019 (weekly average) shows 352 occupied beds. This shows a reduction of 24 beds, 130 less than the ambition for March 2020.

3.3 Ambulance Performance

Indicator		Performance Summary					Definitions	Potential organisational or patient risk factors
Category 1,2,3 & 4 performance		Previous 2 months and latest					**Category 1** -Time critical and life threatening events requiring immediate intervention **Category 2** -Potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and / or urgent transport **Category 3** - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering **Category 4 / 4H / 4HCP**- Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly transport	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Cat	Target	Aug-19	Sep-19	Oct-19		
		1 mean	<=7 mins	00:07:18	00:06:56	00:06:59		
		1 90	<=15 mins	00:11:42	00:11:03	00:11:30		
		2 mean	<=18 mins	00:25:22	00:28:24	00:33:00		
		2 90	<=40 mins	00:54:07	01:03:16	01:13:45		
		3 90	<=120 mins	02:57:01	02:52:50	03:53:10		
		4 90	<=180 mins	02:56:42	03:33:33	03:57:33		

Performance Overview/Issues:

In October 2019 there was an average response time in South Sefton of 6 minutes 59 seconds, achieving the target of 7 minutes for Category 1 incidents. This was the second shortest Cat. 1 response time in Merseyside. In contrast, Category 2 incidents had an average response time of 33 minutes against a target of 18 minutes, the slowest response time in Merseyside. The CCG also failed the category 3 and 4 90th percentile. South Sefton is yet to achieve the targets in either category 2 or category 3 since the introduction of the ARP system. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system.

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	Aug-19	Sep-19	Oct-19		
		(a)	<=15-30mins	98	102	116		
		(b)	<=15-60mins	38	46	39		

Performance Overview/Issues:

NWAS performance saw a small increase and decline with handover delays of over 30 and 60 minutes. With 30 minute delays increasing from 102 to 116 and 60 minute delays decreasing from 46 to 39. Performance remained fairly static with the average time to handover at 12mins 22 seconds despite an increase of 105 ambulance arrivals in the month. Performance against the submitted trajectory is on target. Patient's triaged within 15 minutes saw a 7.2% improvement in month at 86.93%, however the time to see clinician saw a slight decrease from 82 minutes to 87.

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. A contract notice is in place with actions agreed which are being closely monitored by the CCG. 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 and is working well. 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

Indicator		Performance Summary				Measures	Potential organisational or patient risk factors
Aintree Stroke & TIA		Latest and previous 3 months				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	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.
RED	TREND	Jul-19	Aug-19	Sep-19	Oct-19		
		86.67%	80.43%	73.20%	80.43%		
		Stroke Plan: 80% TIA 60% (achieving)					

Performance Overview/Issues:

Performance against the National Quality Stroke metric of 80% of patients to spend 90% stay standard was 80.43% for October at Aintree, which has now taken the Trust back over target, after failing last month. There were 46 patients with a primary diagnosis of stroke discharged from the Trust during the month. Of these, 37 patients spent 90% of their stay on the Stroke Unit. The standard was not achieved for 9 patients. All breaches of the standard are reviewed and reasons for underperformance identified.

TIA continues to achieve and is reporting 100% in October.

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. Whilst the 80% target was met in October the Trust continue to work for as high compliance as possible for all appropriate patients to be suported within the Stroke Unit. 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 Mixed Sex Accommodation (MSA)

Indicator		Performance Summary						Potential organisational or patient risk factors
Mixed Sex Accommodation (MSA)		Latest and previous 3 months						
RED	TREND		Jul-19	Aug-19	Sep-19	Oct-19		
		CCG	0	0	0	1		
		Aintree	0	0	0	0		
		Plan: Zero						

Performance Overview/Issues:

The CCG has had 1 mixed sex accommodation breach in October at Southport & Ormskirk Trust. The Trust had limited capacity due to a surge in activity within A&E, no further breaches have occurred.

Actions to Address/Assurances:

Escalation beds have been identified and utilised.

When is performance expected to recovery:

November 2019.

Quality:

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	John Wray	Brendan Prescott

3.5.3 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		Jul-19	Aug-19	Sep-19	Oct-19		
		CCG	1	1	1	1		
		Aintree	2	2	2	2		
		Plan: Zero						

Performance Overview/Issues:

The CCG and Trust have reported no new cases of MRSA in October. 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 (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. No further incidence reported and trust action include • To undertake a post infection preview with the clinical team
• To review the post infection review with CCG
• To identify lessons learned and actions
• Draft action plan and send to CCG
• Monitor action plan through the DAG and IPC Operational Group

When is performance expected to recovery:

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

Quality:

Indicator responsibility:

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

3.5.4 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		Jul-19	Aug-19	Sep-19	Oct-19		
		CCG	17	22	29	35		
		Aintree	39	46	62	77		
		2019/20 Plan: </=60 YTD for the CCG 2019/20 Plan: </=56 for Aintree						

Performance Overview/Issues:

The CCG are failing the target year to date for c difficile reporting 35 cases against at year to date target of 34, so just under plan.

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 19/20. From April - Sept 19 in total there have been 57 cases, 12 cases have been appealed as having no lapses in care and so for performance there have been 45 cases. A further ten cases are being put forward for appeal in December.
In October 2019 there have been 12 healthcare associated cases (4 x COHA and 8 X HOHA).

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). Trial new approach to CDI appeals and CCG colleagues with greater emphasis on discussing themes and areas for improvement.

When is performance expected to recovery:

Recovery will be monitored as part of the LUHT overall plan with specific emphasis on each of the sites.

Quality:

All cases appealed have been upheld in this month - 8 in total

Indicator responsibility:

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

3.5.5 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**		Jul-19	Aug-19	Sep-19	Oct-19		
		CCG	63	75	84	86		
		Aintree	128	160	190	222		
		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 October there were 2 cases (86 YTD) against a year to date plan of 75 (this being a lower number than last month when 9 was reported, an improvement although still over ytd plan). Aintree reported 32 cases in October (222 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 - November meeting cancelled so no further progression at present.

When is performance expected to recovery:

This is a cummulative total so recovery not expected although monitoring of the numbers will continue.

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

3.5.6 Hospital Mortality

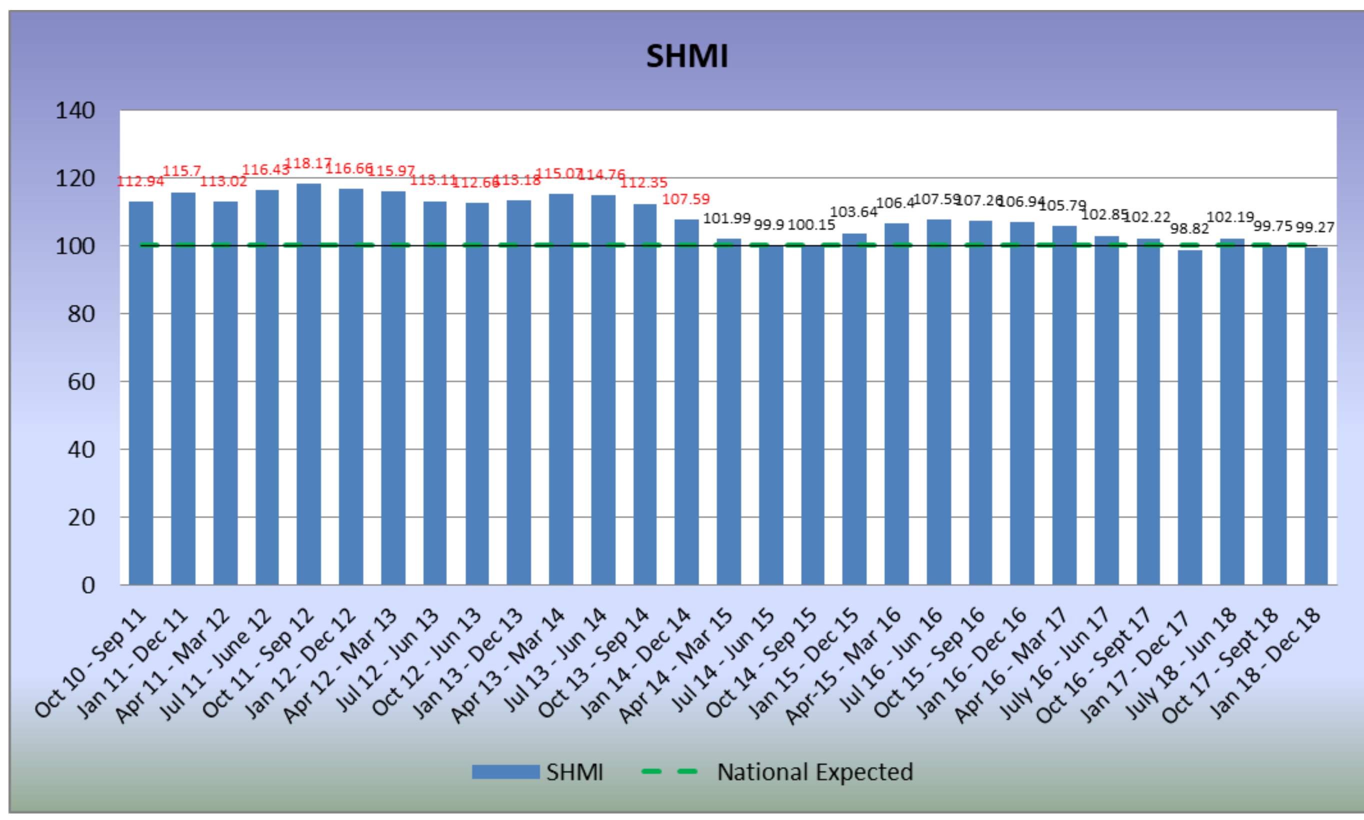
Figure 10 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	19/20 - Oct	100	91.33	↑

HSMR is higher than reported last month at 91.33 for the period June 2018 to May 2019; last month 89.83 was reported. 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

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

In October 2019 there are a total of 32 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 a decrease from 36 in Month 6. Those where the CCG is not the RASCI responsible commissioner are highlighted in green in the table below.

Trust	SIs reported (M7)	SIs reported (YTD)	Closed SIs (M7)	Closed SIs (YTD)	Open SIs (M7)	SIs open >100days
Aintree University Hospital	0	18	7	32	13	3
Mersey Care NHS Foundation NHS Trust (SSCS)	0	7	1	9	1	0
South Sefton CCG	1	1	0	1	2	1
Liverpool University Hospital	2	2	0	0	2	0
Mersey Care NHS Foundation Trust (Mental Health)	1	7	1	6	4	1
Royal Liverpool and Broadgreen	1	1	0	1	1	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	0	3	0	1	3	2
North West Ambulance Service NHS Foundation Trust	0	1	0	0	1	1
Southport and Ormskirk Hospital	0	1	0	0	1	0
TOTAL	**5**	**42**	**9**	**50**	**32**	**11**

Of the 3 SIs open > 100days for Aintree University Hospital (AUH), the following applies at the time of writing this report:

- 1 has been reviewed and are now closed
- 1 further information has been requested from the provider and will be reviewed at January 2020 SIRG meeting.
- 1 has been reviewed and closure agreed at South Sefton SIRG, however awaiting confirmation of closure from patients CCG.

For the remaining 8 SIs open > 100 days the following applies:

- *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)* – RCA reviewed and SI now closed
- *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* – 2 x Ongoing Serious Case Review due to complete in January 2020.
- *Northwest Ambulance Service NHS Foundation Trust* – RCA reviewed and SI now closed

Figure 13 - Timescale Performance for Aintree University Hospital

PROVIDER	RCAs Received (YTD)				
	Total RCAs due	Received within 60 days	Extension Granted	SI Downgraded	RCA 60+
Aintree University Hospital	18	13	2	3	0

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 has 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 now Liverpool University Foundation Trust (LUFT) 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 being progressed. Collaborative action by all LUFT 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 FT and the Walton Centre. Reporting processes have been agreed so that the CCG are aware of issues an early stage and are able to respond appropriately.

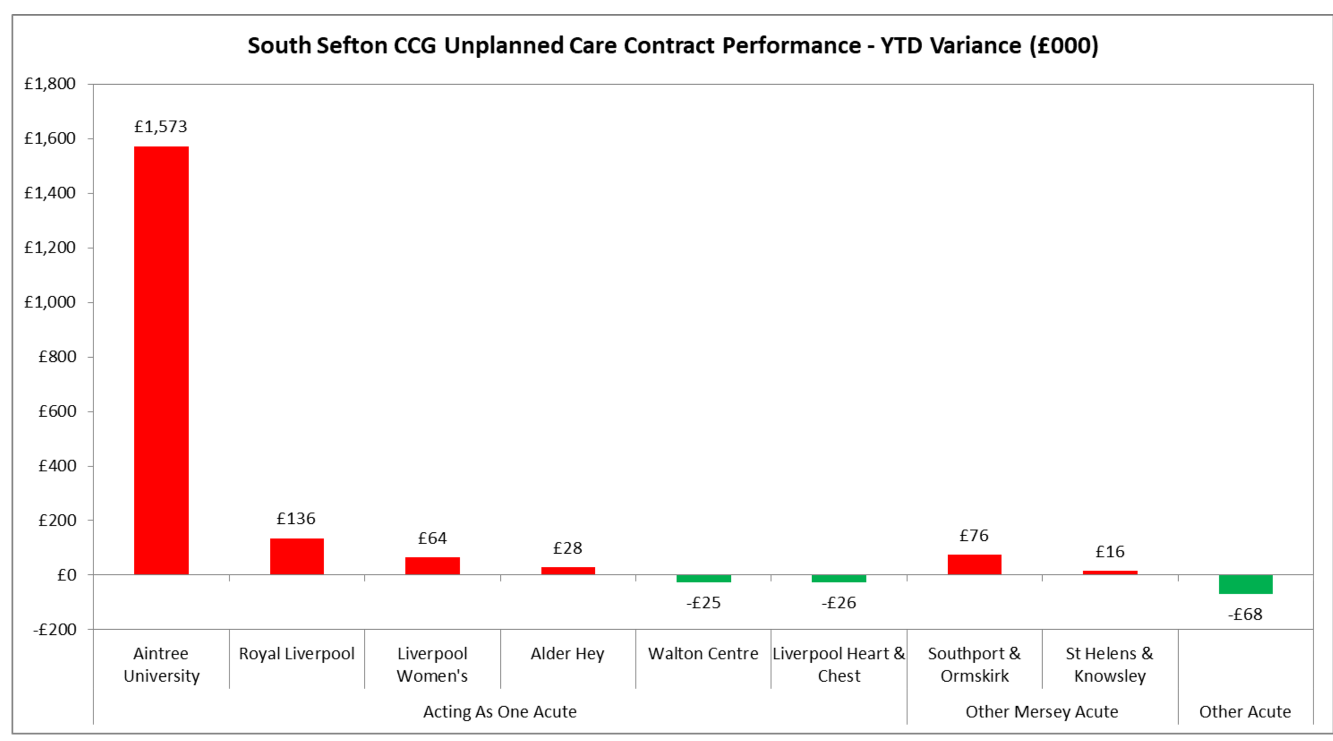
Total delayed transfers of care (DTOC) reported in October 2019 was 1,793, an increase compared to October 2018 with 1,520. Delays due to NHS have decreased, with those due to social care increasing. The majority of delay reasons in October 2019 were due to care package in home and patient family choice.

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 7 of financial year 2019/20, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £1.7m/5.3%. 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 £29k/0.1%.

This over performance is clearly driven by Aintree Hospital, which has a variance of £1.5m/6% 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. The Acting as One Providers are identified in the above chart.

The new Liverpool University Hospitals NHS Foundation Trust (LUHFT) was created on 1st October 2019 following the acquisition of the former Royal Liverpool and Broadgreen University Hospitals NHS Trust (RLBUHT) by Aintree University Hospital NHS Foundation Trust (AUHT). For the purposes of this report, South Sefton CCG will continue to monitor 2019/20 contract performance for the individual sites of AUHT and RLBUHT.

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	25,247	23,829	-1,418	-6%	£589	£589	£0	0%
A&E - *Accident & Emergency*	21,277	21,689	412	2%	£3,435	£3,527	£92	3%
NEL - *Non Elective*	10,187	10,294	107	1%	£18,390	£20,483	£2,093	11%
NELNE - *Non Elective Non-Emergency*	29	26	-3	-10%	£106	£150	£43	41%
NELNEXBD - *Non Elective Non-Emergency Excess Bed Day*	161	49	-112	-70%	£42	£13	-£29	-69%
NELST - *Non Elective Short Stay*	1,962	2,185	223	11%	£1,362	£1,527	£165	12%
NELXBD - *Non Elective Excess Bed Day*	8,496	5,384	-3,112	-37%	£2,175	£1,383	-£791	-36%
Grand Total	**67,359**	**63,456**	**-3,903**	**-6%**	**£26,098**	**£27,672**	**£1,573**	**6%**

A&E type 1 attendances are 2% 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 and attendances have decreased for two consecutive months up to October-19.

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 11%, 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, Heart Failure and Alzheimer's Disease / Dementia. Admissions recorded under the 'NEL' point of delivery increased to a peak for 2019/20 in October-19.

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.

The new Liverpool University Hospitals NHS Foundation Trust (LUHFT) was created on 1st October 2019 following the acquisition of the former Royal Liverpool and Broadgreen University Hospitals NHS Trust (RLBUHT) by Aintree University Hospital NHS Foundation Trust (AUHT). For the purposes of this report, South Sefton CCG will continue to monitor 2019/20 contract performance for the individual sites of AUHT and RLBUHT.

4. Mental Health

4.1 Mersey Care NHS Foundation Trust Contract (Adult)

4.1.1 Mental Health Contract Quality Overview

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.

ADHD Transition
Transition pathway developments planned for 2019/20 commenced in December with the Alder Hey patients being contacted by Mersey Care NHS FT.

Adult ADHD wait times will be included within the new contract schedule from April 2020.

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 provide commissioners with proposals in January 2020.

Adult ADHD wait times will be included within the new contract schedule form April 2020.

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 submitted a service review document which contains proposals for how the service could be remodelled. The commissioners will provide comment by December 2019.

Core 24 KPIs

In Month 7 with backdated activity the Trust reported CORE 24 indicators.

Core 24 Indicator	Threshold	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	YTD
Emergency Pathway - Assessment within 1 hour	90%	85.48%	86.38%	89.95%	88.04%	88.83%	88.59%	92.93%	88.54%
Emergency Pathway - Package of care within 4 hours	90%	86.96%	84.94%	85.62%	81.29%	85.38%	83.33%	78.69%	83.76%
Urgent Pathway - Assessment within 1 hour	90%	57.47%	54.43%	54.62%	60.52%	58.94%	59.42%	59.43%	57.91%
Urgent Pathway - Assessment within 4 hour	90%	94.95%	90.98%	82.96%	88.00%	84.18%	80.00%	82.00%	85.61%
Urgent Pathway - Full MH assessment within 24 hours	90%	65.06%	78.41%	64.00%	61.11%	65.55%	61.46%	69.23%	66.19%

The Trust has reviewed the data and has identified some coding issues relating to urgent/emergency coding and staff training is underway to ensure staff are recording the correct pathway codes. A further update and an improvement trajectory plan will be submitted for Month 8.

Safeguarding
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. The contract performance notice remains in place in respect of training compliance.

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**	Jul-19	Aug-19	Sep-19	Oct-19		
		71.4%	66.7%	64.3%	75.0%		
		Plan: 95% - October 2019/20 reported 75.0% and failed					

Performance Overview/Issues:

Out of a potential 12 Service Users, 9 started treatment within the 18 week target (75.0%), which is an improvement from the 64.3% starting treatment within 18 weeks for the previous month (79 people across the Trust footprint waiting for treatment in September 2019).

Demand for the service continues to increase and to exceed capacity.

This month 79 people are waiting for treatment with 24 breaching the 18 week to treatment target. This has decreased from last month's figure of 43 breaching the 18 week to treatment KPI.

Actions to Address/Assurances:

Trust Actions:
1. Increasing psychological provision – by introducing more group interventions in place of individual therapy.
2. Tightening EDS entry 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 have recieved a draft proposal which they will make comment on.

When is performance expected to recover:

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

Quality:

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	Jul-19	Aug-19	Sep-19	Oct-19		
		1.11%	0.99%	1.07%	1.27%		
		Access Plan: 19.0% (First 3 quarters) - October 2019/20 reported 1.27% 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 M7 19/20 is therefore approximately 1.59%. Month 7 performance was 1.27% and failing to achieve the target standard. Achieving the access KPI has been an ongoing issue for the provider and the forthcoming procurement exercise may futher exacerbate poor performance.

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 due to commence in January 2020 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 and older People 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. Five trainees have now been appointed at Step 2, although productivity will not be seen until January. An agency therapist has been appointed, and further funds have been agreed for additional agency staff who are now being recruited. SilverCloud online treatment package went live in October is now live and more clients will be directed through CBT. The service will be developing communication for GP practices.

When is performance expected to recover:

The above actions will continue with an ambition to improve performance during 2019/20. Procurement exercise planned to commence in January 2020.

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>Jul-19</td><td>Aug-19</td><td>Sep-19</td><td>Oct-19</td></tr>
<tr><td rowspan="2"></td><td rowspan="2"></td><td>48.2%</td><td>43.8%</td><td>45.2%</td><td>41.2%</td></tr>
<tr><td colspan="4">Recovery Plan: 50% - October 2019/20 41.2% 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 41.2% in month 7 of 2019/20 and the target was not achieved this is a decrease from the previous month. Recovery for step 2 patients was reported as being 57.4% whilst recovery for Step 3 patients was reported as being 36.8% which impacted on the overall recovery figure.</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. The introduction of the Silver Cloud online therapy tool should impact on recovery rates.</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><th colspan="3">Leadership Team Lead</th><th colspan="3">Clinical Lead</th><th colspan="2">Managerial Lead</th></tr>
<tr><td colspan="3">Geraldine O'Carroll/Karl McCluskey</td><td colspan="3">Sue Gough</td><td colspan="2">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	Jul-19	Aug-19	Sep-19	Oct-19		
		63.9%	63.9%	63.7%	63.0%		
		Plan: 66.7%					

Performance Overview/Issues:

The latest data on NHS Digital shows South Sefton CCG are recording a dementia diagnosis rate in October of 63.0%, 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 referral template is now available to GPs on the EMIS System. 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.Within the Local Quality Contract for GPs Phase 5 2019/20 a specification was introduced and agreed. This local specification builds on the national Enhanced Service for Dementia and complements the Quality Outcomes Framework (QOF) which aim to;

• identify patients at clinical risk of dementia
• offer an assessment to detect for possible signs of dementia for those at risk
• offer a referral for diagnosis where dementia is suspected
• For people with a diagnosis of dementia, practices to take responsibility for the onward prescribing of dementia medication. Secondary care consultants will initiate, titrate and stabilize patients on the medication and general practice to provide repeat onward prescribing as per PAN Mersey Area Prescribing Committee recommendations.

3.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.

4.Merseycare Trust is recruiting to vacant posts within the dementia pathway / service. This includes administration support to the service.

5. A Case for Change proposal to fund Mersey Care Trust to complete the Care Home work, for residents who might benefit from a diagnosis was presented to QUIP / CAG in November, the proposal was not approved.

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><th colspan="3">Leadership Team Lead</th><th colspan="3">Clinical Lead</th><th colspan="2">Managerial Lead</th></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 FT)

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

For the Trust, 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. Currently some of the reports are not providing assurance to the CCG about services that we commission due to reports providing total data and not always specific to the Sefton area. This has been raised at the CCQRM with a request for the trust to provide assurance. 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)					
		Jul-19	Aug-19	Sep-19	Oct-19		
		17 wks	18 wks	20 wks	17 wks		
		Target: 18 weeks					

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.

Due to the concerns regarding waits for this service, the Trust has agreed to provide more timely waiting times information (as opposed to a month in arrears). October's incomplete pathways reported within the 18 week standard with 18 weeks, showing an improvement on last month. It is important to note that the completed pathways continues to exceed the 18 week target at 25 weeks in October, an increase on September (23 weeks). This was discussed further at the November information sub group where the Trust informed of an average incomplete waiting time of 12 weeks as at 25th November.

Actions to Address/Assurances:

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

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.

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	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20		
		5.8%	6.8%	12.2%	5.4%		
		Access Plan: 34% - Q2 reported 5.4% and failed					

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 data, although local data has now been collated from the provider and has been included in the Quarter 2 Access rate. Despite not achieveing the quarterly Access rate, the year to date Access rate is 17.7% against the target of 17.0%, therefore the CCG is on target to achieve the yearly Access rate.
Actions to Address/Assurances:
Will need to consider also reporting cumulative access rate as a better way of illustrating if on target. Access rates are known to be subject to seasonal variations. 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:
Cumulative access to date is at 17.7% which exceeds the trajectory of 17% so performance is on target to achive the y/e target of 34%. 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

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:		
Actions as per month 6: 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:		
Situation same as month 6: 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%	50.0%	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:
Actions as per month 6: 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)

The CCG and provider are reviewing the consistency of data between national data submission and local interpretation. The CCG are temporarily unable to report waiting times relating to CAMHS services this month whilst the review is ongoing and expect to report this information in the next CCG published report.

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)					
		Jul-19	Aug-19	Sep-19	Oct-19		
		36 wks	35 wks	34 wks	33 wks		
		Target <= 18 weeks					

Performance Overview/Issues:
In October the Trust reported a 92nd percentile of 33 weeks for Sefton patients waiting on an incomplete pathway. This is a slight improvement on September when 34 weeks was reported. In October no children were waiting over 40 weeks. Performance has steadily improved this financial year but is still significantly above 18 weeks. At the end of October there were no children who had waited over 52 weeks. 309 were waiting above 18 weeks; 209 were between 18-30 weeks and 100 between 30-40 weeks. The total number waiting over 18 weeks continues to decrease. The current trajectory is to be under 18 weeks by March 2020.
Actions to Address/Assurances:
Additional investment into SALT recurrently and non-recurrently has already been agreed. Recruitment has taken place in September, so capacity has increased notably and the Trust trajectory is 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. Performance and updated trajectories are provided monthly. 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 weeks by February 2020 and sustained thereafter. The Trust is projecting a steady decrease of 18+ week waiters over the coming months to 0 by March 2020.
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

Jul-19	Aug-19	Sep-19	Oct-19
17.6%	17.3%	17.5%	10.30%

Outpatient Clinic Provider Cancellations

Jul-19	Aug-19	Sep-19	Oct-19
3.0%	10.7%	7.5%	6.3%

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 October 2019 performance improved but remains high at a rate of 10.3%. Provider cancellations have seen a decrease over the past two month from 7.5% in September to 6.3% in October. This is an improvement on DNAs and provider cancellations. It should be noted that RTT is under 18 weeks, also with relatively small number of clinics a single cancellation has a notable impact on the performance reported.

Actions to Address/Assurances:

Provider has established new clinic in South Sefton from December, which will contribute to further improvements.

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. Primary Care

7.1 Extended Access Appointment Utilisation

<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">Extended Access Appointment Utilisation</td><td colspan="4">Latest and previous 3 months</td><td rowspan="4">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.</td><td rowspan="4"></td></tr>
<tr><td>GREEN</td><td>TREND</td><td>Jul-19</td><td>Aug-19</td><td>Sep-19</td><td>Oct-19</td></tr>
<tr><td rowspan="2"></td><td rowspan="2"></td><td>71.3%</td><td>75.3%</td><td>78.8%</td><td>79.7%</td></tr>
<tr><td colspan="4">The CCG should deliver at least 75% utilisation of extended access appointments by March 2020 (if the service went live in 2017/18).
October target 69.1%</td></tr>
<tr><td colspan="8">Performance Overview/Issues:</td></tr>
<tr><td colspan="8">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 October South Sefton CCG practices reported a combined utilisation rate of 79.7%, exceeding the 69/1% target. Total available appointments was 1,447 with 1,255 being booked (86.7%) and 102 DNA's (8.1%). This shows an improvement in utilisation compared to September and still on target.</td></tr>
<tr><td colspan="8">Actions to Address/Assurances:</td></tr>
<tr><td colspan="8"></td></tr>
<tr><td colspan="8">When is performance expected to recover:</td></tr>
<tr><td colspan="8"></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><th colspan="3">Leadership Team Lead</th><th colspan="3">Clinical Lead</th><th colspan="2">Managerial Lead</th></tr>
<tr><td colspan="3">Jan Leonard</td><td colspan="3">Craig Gillespie</td><td colspan="2">Angela Price</td></tr>
</table>

Figure 17 - Breakdown of appointment by month for South Sefton CCG Extended Hours Service

<table>
<tr><th rowspan="15">Breakdown of Appointments</th><th>Month</th><th>GP</th><th>Advanced Nurse Practitioner</th><th>Practice Nurse</th></tr>
<tr><td rowspan="2">Apr-19</td><td>337</td><td>552</td><td>151</td></tr>
<tr><td>32.40%</td><td>53.08%</td><td>14.52%</td></tr>
<tr><td rowspan="2">May-19</td><td>354</td><td>661</td><td>157</td></tr>
<tr><td>30.20%</td><td>56.40%</td><td>13.40%</td></tr>
<tr><td rowspan="2">Jun-19</td><td>357</td><td>544</td><td>139</td></tr>
<tr><td>34.33%</td><td>52.31%</td><td>13.37%</td></tr>
<tr><td rowspan="2">Jul-19</td><td>356</td><td>644</td><td>141</td></tr>
<tr><td>31.20%</td><td>56.44%</td><td>12.36%</td></tr>
<tr><td rowspan="2">Aug-19</td><td>373</td><td>652</td><td>200</td></tr>
<tr><td>30.45%</td><td>53.22%</td><td>16.33%</td></tr>
<tr><td rowspan="2">Sep-19</td><td>379</td><td>626</td><td>210</td></tr>
<tr><td>31.19%</td><td>51.52%</td><td>17.28%</td></tr>
<tr><td rowspan="2">Oct-19</td><td>377</td><td>660</td><td>232</td></tr>
<tr><td>30.04%</td><td>52.59%</td><td>18.49%</td></tr>
</table>

7.2 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 18 - CQC Inspection Table

South Sefton CCG									
Practice Code	Practice Name	Date of Last Visit	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84001	42 Kingsway	15 June 2016	Good	Good	Good	Good	Good	Good
N84002	Aintree Road Medical Centre	28 February 2018	Good	Good	Good	Good	Good	Good
N84003	High Pastures Surgery	24 September 2019	Good	Good	Good	Good	Good	Good
N84004	Glovers Lane Surgery	21 February 2019	Good	Good	Good	Good	Good	Good
N84007	Liverpool Rd Medical Practice	07 March 2017	Good	Good	Good	Good	Good	Good
N84010	Maghull Health Centre (Dr Sapre)	31 July 2018	Good	Good	Good	Good	Good	Good
N84011	Eastview Surgery	11 October 2017	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
N84020	Blundellsands Surgery	24 November 2016	Good	Good	Good	Good	Good	Good
N84023	Bridge Road Medical Centre	15 June 2016	Good	Good	Good	Good	Good	Good
N84025	Westway Medical Centre	23 September 2016	Good	Good	Good	Good	Good	Good
N84026	Crosby Village Surgery	27 December 2018	Good	Good	Good	Good	Good	Good
N84027	Orrell Park Medical Centre	14 August 2017	Good	Good	Good	Good	Good	Good
N84028	The Strand Medical Centre	04 April 2018	Good	Good	Good	Good	Good	Good
N84029	Ford Medical Practice	15 March 2019	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
N84034	Park Street Surgery	17 June 2016	Good	Good	Good	Good	Good	Good
N84035	15 Sefton Road	22 March 2017	Good	Good	Good	Good	Good	Good
N84038	Concept House Surgery	30 April 2018	Good	Good	Good	Good	Good	Good
N84041	Kingsway Surgery	07 November 2016	Good	Good	Good	Good	Good	Good
N84043	n84041	29 October 2015	Good	Good	Good	Good	Good	Good
N84605	Litherland Practice	26 November 2015	Good	Good	Good	Good	Good	Good
N84615	Rawson Road Medical Centre	16 March 2018	Good	Good	Good	Good	Good	Good
N84621	Thornton Surgery	16 October 2018	Good	Good	Good	Good	Good	Good
N84624	Maghull Health Centre	31 July 2018	Good	Good	Good	Good	Good	Good
N84626	Hightown Village Surgery	18 February 2016	Good	Requires Improvement	Good	Good	Good	Good
N84627	Crossways Practice	19 February 2019	Good	Good	Good	Good	Good	Good
N84630	Netherton Surgery	19 February 2019	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
Y00446	Maghull Surgery	16 July 2019	Good	Requires Improvement	Good	Good	Good	Good

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

8. CCG Oversight Framework (OF)

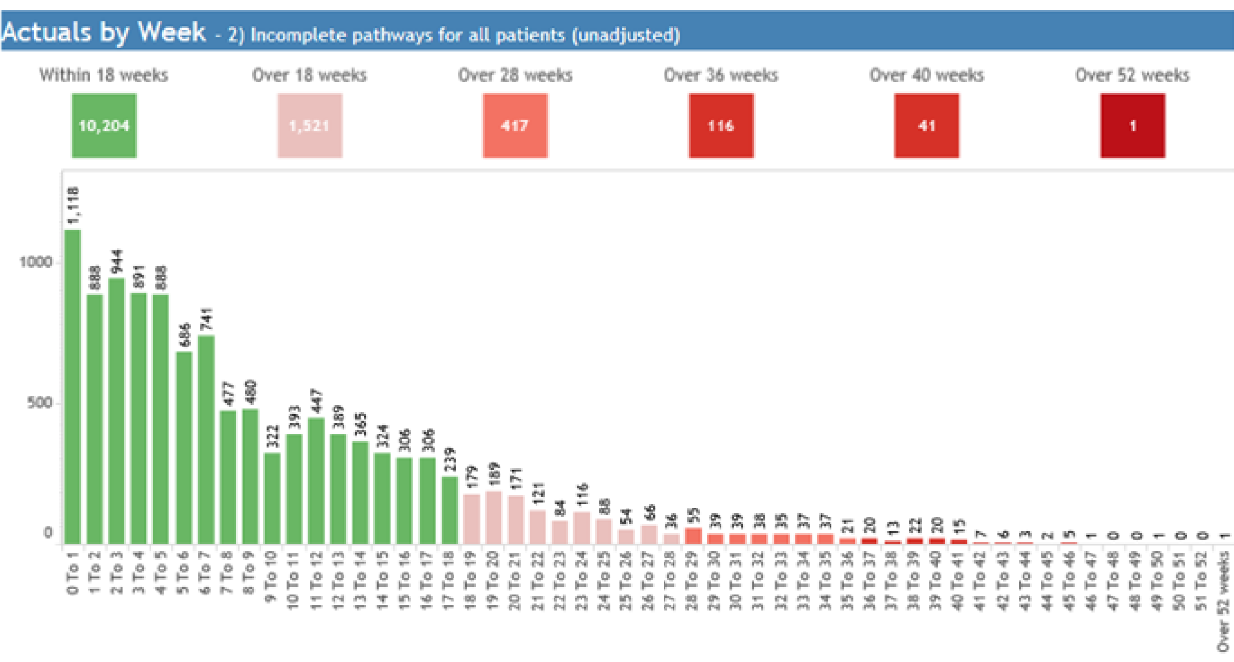
The 2018/19 annual assessment has been published for all CCGs, ranking South Sefton CCG as 'requires improvement'. However, some areas of positive performance have been highlighted; cancer was rated 'Good' and diabetes was rated 'Outstanding'. A full exception report for each of the indicators citing 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.

9. Appendices

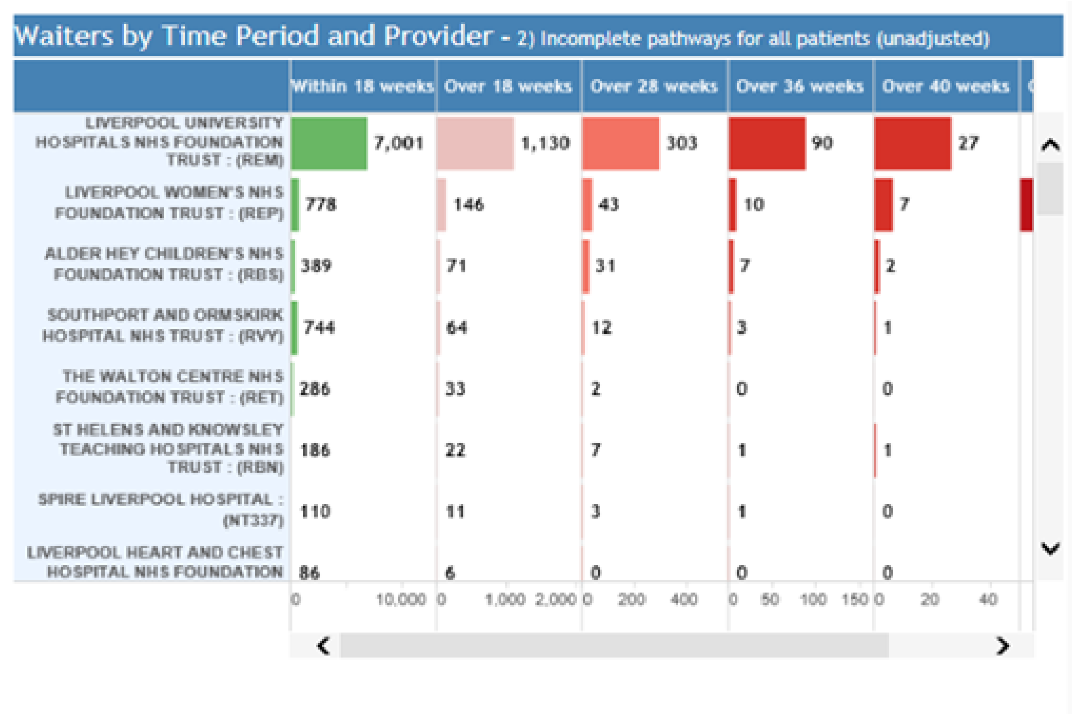
9.1.1 Incomplete Pathway Waiting Times

Figure 19 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



9.1.2 Long Waiters analysis: Top Providers

Figure 20 - Patients waiting (in bands) on incomplete pathway for the top Providers

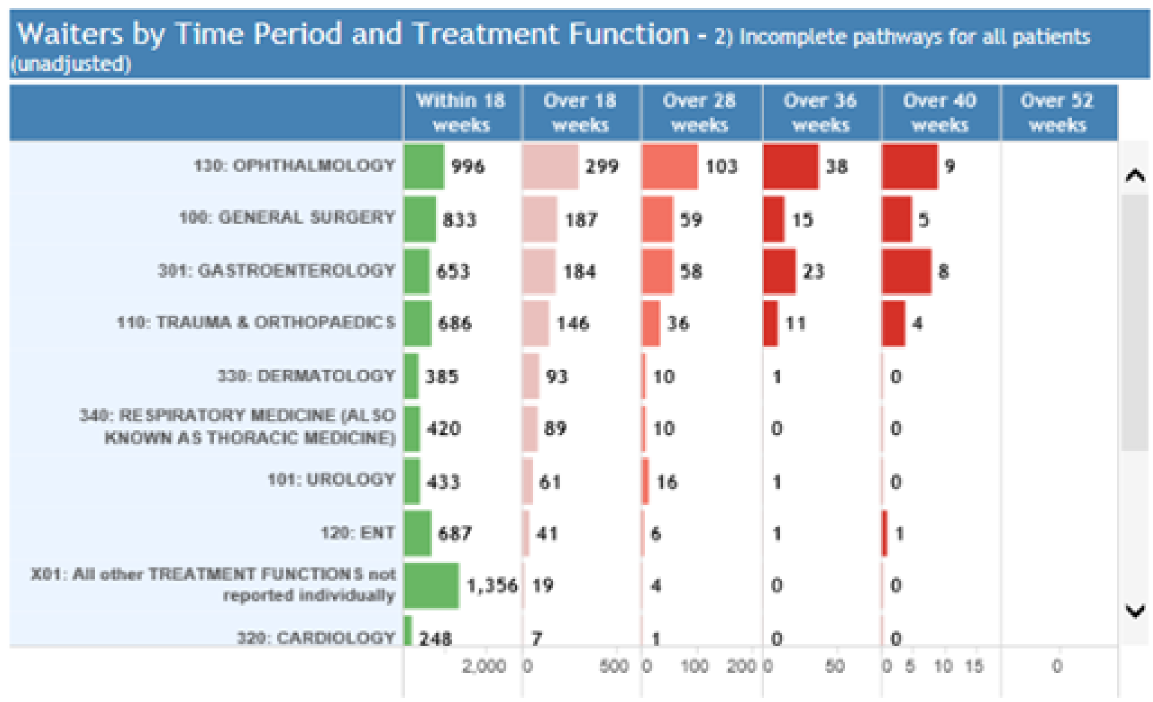


Waiters by Time Period and Provider - 2) Incomplete pathways for all patients (unadjusted)

	Within 18 weeks	Over 18 weeks	Over 28 weeks	Over 36 weeks	Over 40 weeks
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST : (REM)	7,001	1,130	303	90	27
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST : (REP)	778	146	43	10	7
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)	389	71	31	7	2
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVY)	744	64	12	3	1
THE WALTON CENTRE NHS FOUNDATION TRUST : (RET)	286	33	2	0	0
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST : (RBN)	186	22	7	1	1
SPIRE LIVERPOOL HOSPITAL : (NT337)	110	11	3	1	0
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION	86	6	0	0	0

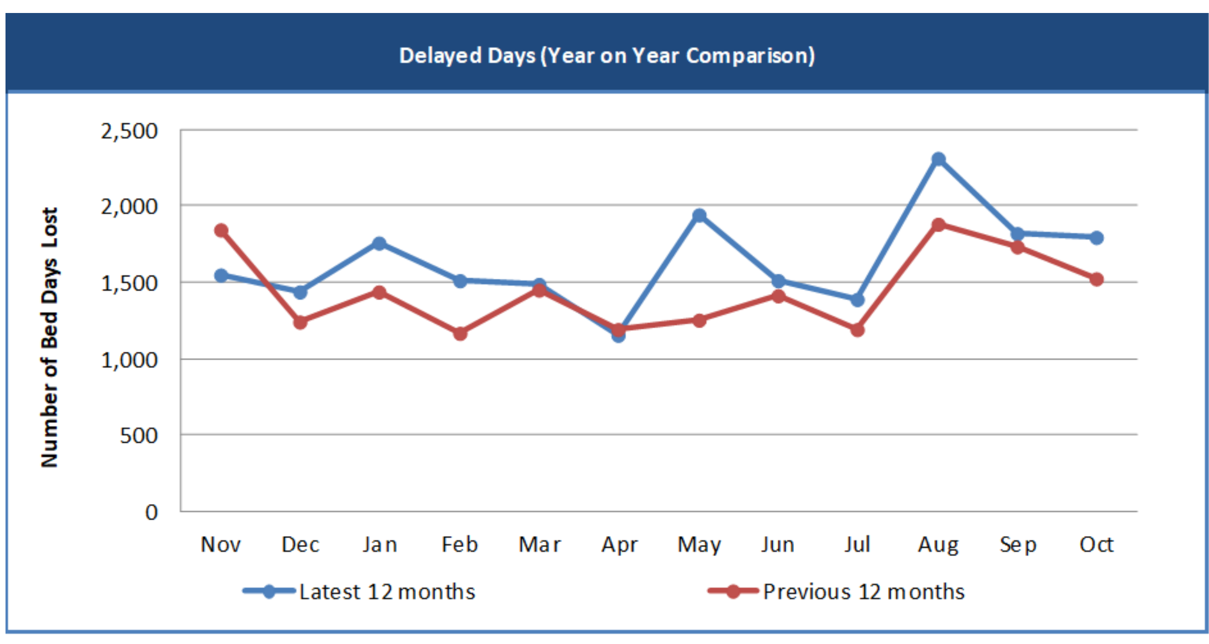
9.1.3 Long Waiters Analysis: Top Provider split by Specialty

Figure 21 - Patients waiting (in bands) on incomplete pathways by Speciality for Liverpool University Hospitals NHS Foundation Trust



9.2 Delayed Transfers of Care

Figure 22 – Liverpool University Foundation Trust DTOC Monitoring



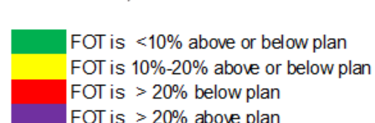
DTOC Key Stats	This month	Last month	Last year
Delayed Days	**Oct-19**	**Sep-19**	**Oct-18**
Total	1,793	1,817	1,520
NHS	58.2%	77.5%	68.2%
Social Care	41.8%	22.5%	31.8%
Both	0.0%	0.0%	0.0%
Acute	69.2%	72.0%	71.9%
Non-Acute	30.8%	28.0%	28.1%

Reasons for Delayed Transfer % of Bed Day Delays (Oct-19)	
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	
Care Package in Home	30.3%
Community Equipment Adapt	0.8%
Completion Assesment	8.9%
Disputes	0.0%
Further Non-Acute NHS	12.9%
Housing	1.1%
Nursing Home	9.1%
Patient Family Choice	22.6%
Public Funding	0.2%
Residential Home	14.0%
Other	0.0%

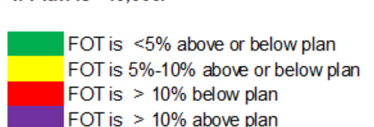
9.3 Alder Hey Community Services Contract Statement

Commissioner Name	Service	Currency	Previous Year Outturn	Plan	FOT	Variance %	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD
							2019/20							
NHS South Sefton CCG	Paediatric Continence	Caseload at Month End	264	264	211	-20.08	264	275	240	249	244	106	102	270
		Total Contacts (Domiciliary)	1,734	1,734	1,603	-7.55	147	115	142	117	153	112	149	935
		Total New Referrals	171	171	187	9.36	11	15	22	16	17	11	17	109
	Paediatric Dietetics	Caseload at Month End	5	5	212	4,140.00	218	198	199	197	216	215	243	218
		Referral to 1st contact (weeks average)	8.6	8.6	8.2	-4.65	6.7	2.4	4.6	11	9.2	14.3	9.5	8.2
		Total Contacts	357	357	538	50.70	28	45	41	49	42	48	61	314
		Total Contacts (Domiciliary)	64	64	77	20.31	7	10	4	4	7	2	11	45
		Total Contacts (Outpatients)	293	293	449	53.24	21	35	37	44	35	46	44	262
		Total New Referrals	281	281	321	14.23	21	18	26	23	23	27	49	187
	Paediatric Occupational Therapy	Caseload at Month End	201	201	125	-37.81	151	140	139	130	135	104	79	151
		Referral to 1st contact (weeks average)	15.9	15.9	12.8	-19.50	14.1	13.9	13	11.7	11.4	13.2	12	14.1
		Total Contacts (Domiciliary)	4,888	4,888	4,277	-12.50	297	300	341	410	340	376	431	2,495
		Total New Referrals	619	619	494	-20.19	41	60	42	42	39	30	34	288
	Paediatric Speech and Language Therapy	Referral to 1st contact (weeks average)	24.9	24.9	29.8	19.68	35	35.5	29.3	28.5	30.3	23.8	26	35.3
		Total Contacts (Domiciliary)	12,812	12,812	14,602	13.97	1,045	1,241	1,336	1,294	862	1,247	1,493	8,518
		Total Contacts Complex Cochlear (N&S Sefton)	507	507	240	-52.66	30	30	30	6	21	23	0	140
		Total New Referrals	1,090	1,090	1,032	-5.32	94	89	77	71	66	78	127	602
		Total New Referrals Complex Cochlear (N&S Sefton)	6	6	0	-100.00	0	0	0	0	0	0	0	0

If Plan is <10,000:



If Plan is >10,000:



9.4 Alder Hey SALT Waiting Times – Sefton

Paediatric SALT Sefton	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Number of Referrals	146	162	139	150	110	152	219
Incomplete Pathways - 92nd Percentile	45	43	37	38	35	34	33
Total Number Waiting	944	920	879	819	764	733	733
Number waiting over 18 weeks	521	463	468	435	405	375	320

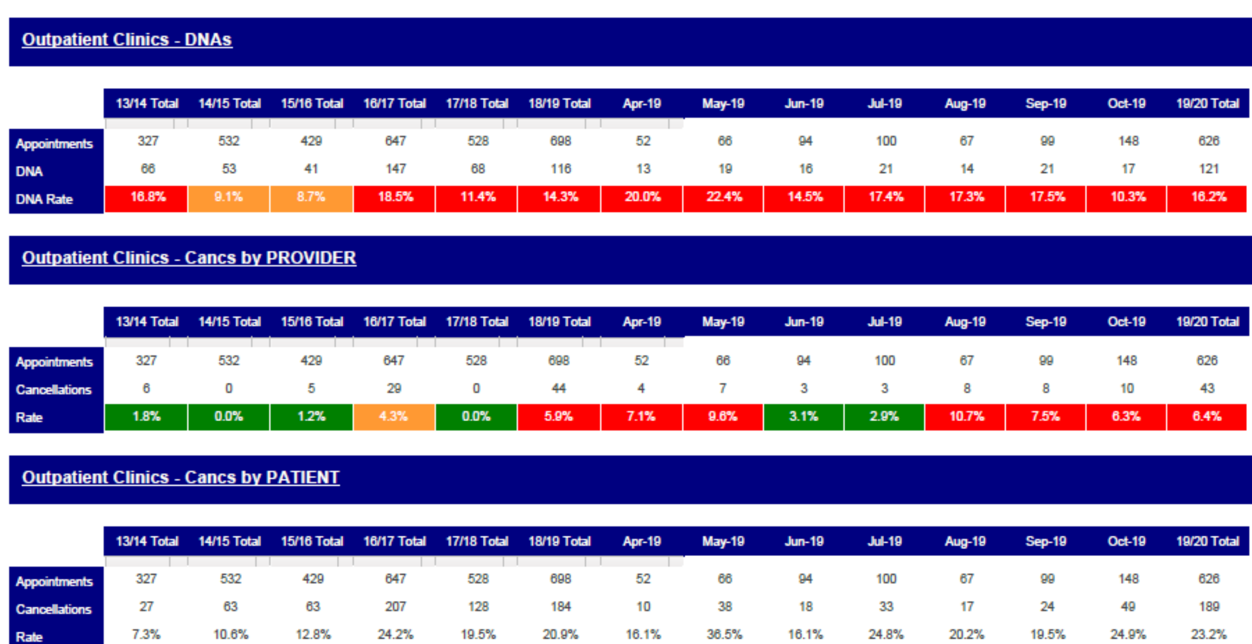
Currently Paediatric speech and language waiting times are reported as Sefton view; the Trust is working to supply CCG level information. This is a legacy issue from when Liverpool Community Health reported the waiting time information.

9.5 Alder Hey Dietetics Waiting Times – South Sefton CCG

Paediatric DIETETICS - South Sefton	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Number of Referrals	21	18	26	23	23	27	49
Incomplete Pathways - 92nd Percentile	32	36.64	39.52	38.52	31.72	21.96	11
Incomplete Pathways RTT within 18 weeks	61.67%	69.39%	67.31%	71.70%	78.00%	87.18%	98.33%
Total Number Waiting	60	49	52	53	50	39	60
Number waiting over 18 weeks	23	15	17	15	11	5	1

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

9.6 Alder Hey Dietetic Cancellations and DNA Figures – Sefton



Outpatient Clinics - DNAs

	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	Oct-19	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	100	67	99	148	626
DNA	66	53	41	147	68	116	13	19	16	21	14	21	17	121
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%	10.3%	16.2%

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	Oct-19	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	100	67	99	148	626
Cancellations	6	0	5	29	0	44	4	7	3	3	8	8	10	43
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%	6.3%	6.4%

Outpatient Clinics - Cancs by PATIENT

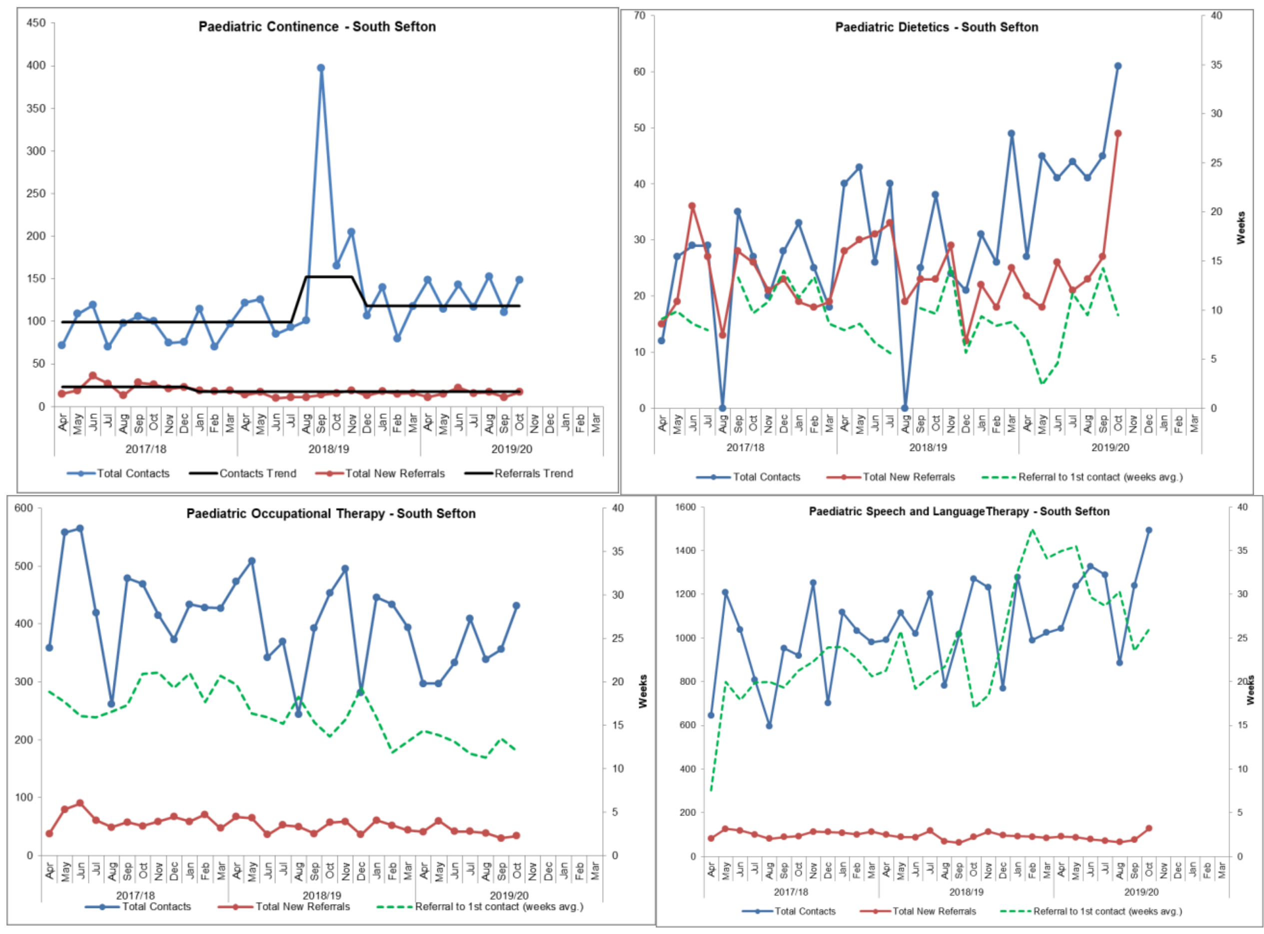
	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	100	67	99	148	626
Cancellations	27	63	63	207	128	184	10	38	18	33	17	24	49	189
Rate	7.3%	10.6%	12.8%	24.2%	19.5%	20.9%	16.1%	36.5%	16.1%	24.8%	20.2%	19.5%	24.9%	23.2%

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

9.7 Alder Hey Activity & Performance Charts



9.8 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 23 - 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 24 - 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

9.9 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 7 performance and narrative detailed in the table below.

Figure 25 - South Sefton CCG's Month 7 Submission to NHS England

Month 07 (October)	*Month 07 Plan*	*Month 07 Actual*	*Month 07 Variance*	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	3488	3578	2.6%	GP referrals have increased in month 7 following an expected seasonal trend; however, the seasonal % increase compared to Month 6 is lower than the increase seen in 2018/19. Year to date, GP referrals have seen reductions in specialities such as Gastro, ENT and T&O.
Other	2674	2959	10.7%	Other referrals remain above plan year to date and further work is taking place with the main provider to understand the impact of a recent data refresh/re-submission of referrals data. Increases have been evident at the main hospital provider across a number of Specialties, notably in Ophthalmology.
Total (in month)	6162	6537	6.1%	
Variance against Plan YTD	41647	42093	1.1%	Variance against plan YTD is within the 2% threshold 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.
Year on Year YTD Growth			2.0%	
Outpatient attendances (Specfic Acute) SUS (TNR)				
All 1st OP	5309	5452	2.7%	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. This said, Month 7 has saw the first increase in monthly actual vs plan, although still within the 2% threshold. 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	12395	11463	-7.5%	
Total Outpatient attendances (in month)	17704	16915	-4.5%	
Variance against Plan YTD	119649	107246	-10.4%	
Year on Year YTD Growth			-3.2%	
Admitted Patient Care (Specfic Acute) SUS (TNR)				
Elective Day case spells	1786	2003	12.2%	CCG local monitoring of day case admissions has activity at 2% below plan in month 7 and within the 2% threshold YTD. 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	266	264	-0.8%	
Total Elective spells (in month)	2052	2267	10.5%	
Variance against Plan YTD	13448	14752	9.7%	
Year on Year YTD Growth			0.1%	
Urgent & Emergency Care				
Type 1	4658	4662	0.1%	Local monitoring of type 1 A&E attendances suggests Month 7 and also FOT is within the 2% threshold against plan. A trend of decreasing attendances at Litherland WIC continues to contribute 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			4.8%	
All types (in month)	9352	8644	-7.6%	
Variance against Plan YTD	64052	59646	-6.9%	
Year on Year YTD Growth			0.4%	
Total Non Elective spells (in month)	2105	2407	14.3%	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 7 in line with seasonal increased A&E attendances causing zero LOS admissions in month to be 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	14866	15779	6.1%	
Year on Year YTD Growth			4.1%	