



**South Sefton**  
Clinical Commissioning Group

# **South Sefton Clinical Commissioning Group**

## Integrated Performance Report March 2020

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## Summary Performance Dashboard

Metric	Reporting Level		2019-20												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
<b>E-Referrals</b>																
<a href="#">NHS e-Referral Service (e-RS) Utilisation Coverage</a> Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R			R	
		Actual	66%	62.8%	70.9%	69.3%	62.1%	60.0%	58.5%	61.6%	62.9%	68.4%	Not Available	Not Available		
		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%	100.00%
<b>Diagnostics &amp; Referral to Treatment (RTT)</b>																
<a href="#">% of patients waiting 6 weeks or more for a diagnostic test</a> The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	G	R	R	G	R	R	R	G	R	R	R	R	R	
		Actual	0.77%	1.06%	1.56%	0.94%	1.37%	1.59%	1.37%	0.97%	2.72%	2.70%	1.06%	14.14%		
		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%	1.00%
<a href="#">% of all Incomplete RTT pathways within 18 weeks</a> Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R	
		Actual	89.49%	89.64%	88.46%	88.15%	87.22%	87.77%	87.00%	86.04%	85.30%	83.23%	82.07%	79.08%		
		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%	
<a href="#">Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</a> 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	G	G	G	R	R	
		Actual	1	0	1	1	0	0	1	1	0	0	0	3	7	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Cancelled Operations</b>																
<a href="#">% of Cancellations for non clinical reasons who are treated within 28 days</a> 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	G	G	G		G	
		Actual	0	0	0	0	0	0	0	0	0	0	0	0	Not Available	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<a href="#">Urgent Operations cancelled for a 2nd time</a> 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	G	G	G		G	
		Actual	0	0	0	0	0	0	0	0	0	0	0	0	Not Available	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times															
<p><b>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</b></p> <p>The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP with suspected cancer</p>	South Sefton CCG	RAG	R	G	G	G	R	R	G	G	G	R	G	G	G
		Actual	86.142%	94.578%	93.813%	94.25%	89.09%	88.85%	95.50%	94.52%	96.34%	92.26%	97.55%	95.28%	93.25%
		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%
<p><b>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</b></p> <p>Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits</p>	South Sefton CCG	RAG	R	R	R	G	R	G	G	R	G	G	G	R	R
		Actual	50.00%	86.842%	91.176%	93.103%	91.67%	96.23%	96.77%	92.16%	97.78%	97.37%	93.75%	92.73%	89.89%
		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%
<p><b>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</b></p> <p>% of patients receiving their first definitive treatment within one month (31 days) of a decision to treat for cancer</p>	South Sefton CCG	RAG	G	G	G	G	R	R	G	G	G	R	R	G	G
		Actual	96.296%	98.718%	100.00%	96%	94.118%	91.18%	96.39%	98.02%	97.65%	95.06%	91.03%	97.78%	96.13%
		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%
<p><b>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</b></p> <p>31-Day Standard for Subsequent Cancer Treatments (surgery)</p>	South Sefton CCG	RAG	G	G	R	G	G	G	R	R	R	R	R	G	G
		Actual	100.00%	100.00%	93.333%	95.00%	100%	100%	89.47%	90.0%	91.67%	81.82%	85.71%	100%	94.16%
		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%
<p><b>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</b></p> <p>31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)</p>	South Sefton CCG	RAG	G	G	G	G	R	R	R	G	G	R	G	G	G
		Actual	100.00%	100.00%	100.00%	100.00%	96.552%	97.14%	96.97%	100%	100%	96.30%	100%	100%	98.77%
		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%
<p><b>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</b></p> <p>31-Day Standard for Subsequent Cancer Treatments (Radiotherapy)</p>	South Sefton CCG	RAG	G	G	G	G	G	G	R	G	G	G	G	G	G
		Actual	96.667%	100.00%	100%	100%	100%	100%	93.55%	96.77%	100%	96.30%	100%	100%	98.48%
		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%
<p><b>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</b></p> <p>The % of patients receiving their first definitive treatment for cancer within two months of urgent referral</p>	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	G	R	R	R	R
		Actual	75.00%	77.273%	65.517%	75.676%	68.00%	71.43%	81.40%	82.61%	86.11%	82.86%	61.11%	78.57%	76.14%
		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%
<p><b>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</b></p> <p>% of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.</p>	South Sefton CCG	RAG	N/A	R	R	N/A	G	R	G	G	G	G	G	R	G
		Actual	-	85.714%	0.00%	-	100.00%	83.33%	100%	100%	90.91%	90.91%	100%	92.86%	92.68%
		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%
<p><b>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</b></p> <p>% of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, have been seen by a clinician who suspects cancer, who has upgraded their priority.</p>	South Sefton CCG (local target)	RAG				G							G		
		Actual	60.00%	70.00%	33.333%	88.889%	50.00	50.00%	80.00%	64.71%	72.73%	77.78%	90.91%	66.67%	69.35%
		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												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
<b>Accident &amp; Emergency</b>																
<b>4-Hour A&amp;E Waiting Time Target (Monthly Aggregate based on HES 17/18 ratio)</b> % 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	R	R	R	R	R	
		Actual	78.178%	78.324%	81.153%	80.07%	85.15%	83.43%	84.32%	81.53%	80.65%	81.17%	82.42%	86.03%	81.76%	
		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%	
<b>EMSA</b>																
<b>Mixed sex accommodation breaches - All Providers</b> No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG	G	G	G	G	G	G	R	G	G	G	G	Not Available	R	
		Actual	0	0	0	0	0	0	0	1	0	0	0	0	Not Available	1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Mixed Sex Accommodation - MSA Breach Rate</b> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG	G	G	G	G	G	G	R	G	G	G	G	Not Available	R	
		Actual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.1	0.00	0.00	0.00	0.00	Not Available	0.1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>HCAI</b>																
<b>Number of MRSA Bacteraemias</b> Incidence of MRSA bacteraemia (Commissioner) cumulative	South Sefton CCG	RAG	G	G	G	R	R	R	R	R	R	R	R	R	R	
		YTD	0	0	0	1	1	1	1	1	1	1	1	1	1	
		Target	-	-	-	-	-	-	-	-	-	-	-	-	-	0
<b>Number of C.Difficile infections</b> Incidence of Clostridium Difficile (Commissioner) cumulative	South Sefton CCG	RAG	R	G	G	G	G	R	R	G	G	G	R	R	R	
		YTD	7	7	11	17	22	29	35	36	42	50	59	63	63	
		Target	6	11	15	20	24	28	34	40	46	51	55	60	60	
<b>Number of E.Coli infections</b> Incidence of E.Coli (Commissioner) cumulative	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R	
		YTD	15	33	47	63	75	84	99	112	125	139	147	156	156	
		Target	11	21	32	42	53	63	75	85	96	108	125	128	128	

Metric	Reporting Level		2019-20												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
<b>Mental Health</b>															
<a href="#">Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</a> The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G			G			G			G			G
		Actual	100%			100%			100%			100%			100%
		Target	95.00%			95.00%			95.00%			95.00%			
<b>Episode of Psychosis</b>															
<a href="#">First episode of psychosis within two weeks of referral</a> 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			G			G			G
		Actual	54.5%			100%			85.7%			80%			79.25%
		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%	56.00%
<b>IAPT (Improving Access to Psychological Therapies)</b>															
<a href="#">IAPT Recovery Rate (Improving Access to Psychological Therapies)</a> The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	37.10%	46.7%	36.7%	48.5%	44.2%	45.2%	41.1%	45.4%	28.2%	41.0%	49.4%	45.5%	42.36%
		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%	50.00%
<a href="#">IAPT Access</a> The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	1.34%	1.23%	1.06%	1.11%	0.99%	1.07%	1.27%	1.02%	0.71%	0.97%	0.74%	0.68	12.18%
		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%	19.8%
<a href="#">IAPT Waiting Times - 6 Week Waiters</a> 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	G	G	G	G	G
		Actual	99.60%	97.70%	100%	96.9%	100%	97.5%	96.3%	94.6%	93.8%	97.7%	96.3%	99%	97.7%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
<a href="#">IAPT Waiting Times - 18 Week Waiters</a> 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	G	G	G	G	G
		Actual	100%	100%	100%	100%	100%	100%	100%	99.1%	98.8%	100%	100%	100%	99.8%
		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%
<b>Dementia</b>															
<a href="#">Estimated diagnosis rate for people with dementia</a> Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	64.169%	64.37%	64.60%	63.90%	63.90%	63.69%	63.05%	63.63%	63.93%	64.64%	64.5%	64.04%	64.031%
		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										YTD		
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan		Feb	Mar
<b>Children and Young People with Eating Disorders</b>															
<a href="#">The number of completed CYP ED routine referrals within four weeks</a> The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	South Sefton CCG	RAG	R			R			R			R			
		Actual	87%			82.6%			91.3%			91.7%			
		Target	95.00%			95.00%			95.00%			95.00%			95.00%
<a href="#">The number of completed CYP ED urgent referrals within one week</a> The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	South Sefton CCG	RAG	R			R			G			G			
		Actual	50%			66.7%			100%			100%			
		Target	95.00%			95.00%			95.00%			95.00%			95.00%

## 1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at month 12 (note: time periods of data are different for each source).

Information was collated during the outbreak of COVID-19 and as previously anticipated, the effects of COVID-19 are noticed in month 12 across a number of performance areas. In addition, this will mean there will be limited capacity to work on planned improvement trajectories with providers.

Constitutional Performance for March 2020/Quarter 4	CCG	Aintree
<b>A&amp;E Improvement Trajectory</b>	<b>89%</b>	<b>89%</b>
<b>A&amp;E (All Types) (Nat Target 95%)</b>	<b>86.03%</b>	<b>85.73%</b>
<b>RTT Improvement Trajectory</b>	<b>92%</b>	<b>92%</b>
<b>RTT (Nat Target 92%)</b>	<b>79.1%</b>	<b>78.4%</b>
<b>Diagnostics Improvement Trajectory</b>	<b>0.98%</b>	<b>1%</b>
<b>Diagnostics (Nat Target less than 1%)</b>	<b>14.14%</b>	<b>13.45%</b>
<b>Ambulance Handovers 30-60 mins (Zero Tolerance)</b>	-	<b>133</b>
<b>Ambulance Handovers 60+ mins (Zero Tolerance)</b>	-	<b>20</b>
<b>Stroke (Target 80%)</b>	-	Not Available
<b>TIA Assess &amp; Treat 24 Hrs (Target 60%)</b>	-	Not Available
<b>Mixed Sex Accommodation (Zero Tolerance)</b>	Not Available	Not Available
<b>Cancer 62 Day (Nat Target 85%)</b>	<b>78.57%</b>	-
<b>Care Programmed Approach (CPA) (Target 95%)</b>	<b>100%</b>	-
<b>Early Intervention in Psychosis (EIP) (Target 56%)</b>	<b>80%</b>	-
<b>IAPT % 6 week waits to enter treatment (Target 75%)</b>	<b>99%</b>	-
<b>IAPT % 18 week waits to enter treatment (Target 95%)</b>	<b>100.0%</b>	-

### Planned Care

Year to date referrals at March 2020 are 4.7% up on 2018/19 due to a 12.5% increase in consultant-to-consultant referrals. In contrast, GP referrals are consistent with the previous year (reporting a -2.4% decrease year to date). Referrals have now decreased by -24.1% (1,548) in March 2020, the lowest monthly total reported since December 2018.

At provider level, Aintree has reported an 11.1% increase in total referrals at month 12 when comparing to 2018/19. Closer inspection shows that consultant-to-consultant referrals are driving the increases across 2019/20 compared to 2018/19. Further analysis is being conducted by the provider to identify the potential cause of these increases.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance has dropped since April-19 and is reporting 79.1% for March-20. This has resulted in the CCG failing the improvement plan. In March-20, the incomplete waiting list for the CCG was 13,013 against a plan of 10,863; a difference of 2,150 patients over plan.

In March there have been 3 over 52 week breaches at Alder Hey.

The CCG are failing 6 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 (IPT), it is not possible to report 62-day targets at site level (Aintree Hospital) using the extracts.

Data submission and publication for the Friends and Family Test has been paused during the response to COVID-19, therefore not updated for March-20.

Performance at month 12 of financial year 2019/20, against planned care elements of the contracts held by NHS South Sefton CCG shows an under performance of circa -£4.2m/-8.4%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an over spend of approximately £431k/0.8%. Month 12 has seen a decrease in planned care against the majority of providers and points of delivery. This is a direct consequence of the reduced activity related to the COVID-19 pandemic.

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. As with other providers, Renacres has reported a drop in activity for month 12. Overall, activity at this provider is down -27% when compared to the previous month and down -35% when compared to March 2019.

### **Unplanned Care**

In relation to A&E 4-Hour waits, the CCG reported a 3.61% increase in patients seen reporting 86.03%. Aintree revised their trajectory for 2019/20. The provider has failed their improvement plan in March-20 with 85.73% (an increase of 3.32% from the previous month), which is below the target of 89%.

Work to address NWS performance has been ongoing throughout 2019/20 to deliver improvements against the national ARP standards. This was agreed as a detailed action plan which would extend to end of Quarter 1 2020/21. Actions included re-profiling the vehicle 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.

The CCG and lead provider have reported no new cases of MRSA in March-20. July-19 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 63 cases. This is 3 over their year to date target of 60 in March-20 and are now reporting red and have failed the 2019/20 target. Aintree are reporting over their year to date plan for C difficile as at March-20 they have had 121 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 March-20 there were 9 cases (156 YTD) and the CCG is reporting red for this measure and have failed the 2019/20 plan.

Performance at month 12 of financial year 2019/20, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £2.3m/3.9%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in a smaller variance of £230k/0.4%. This is a reduced overspend when comparing to the previous month and can be attributed to decreasing activity in month 12 as a result of the COVID-19 pandemic.

## **Mental Health**

For Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership reported the monthly target for month 12 2019/20 is approximately 1.59%. Month 12 performance was 0.68% so failed to achieve the target standard. The percentage of people moved to recovery was 45.5% in month 12 of 2019/20 which also 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 March-20 of 64%, which is under the national dementia diagnosis ambition of 66.7%. This similar to what was reported last month (64.5%).

## **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 South Sefton community services. A transformation plan has been developed and will continue to 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**

Prior to COVID-19, waiting times for Child and Adolescent Mental Health Services (CAMHS), Speech and Language Therapies (SALT), ASD/ADHD assessments had reduced in line with recovery plans and improvement trajectories, a direct result of additional investment in these areas by South Sefton and Southport and Formby CCGs

However, as a result the pandemic, children's services have experienced a reduction in performance across a number of metrics linked to mental health and community services, specifically waiting times. This is due to the redeployment of staff to support emergency preparedness and/or as a result of staff sickness and the requirement to self-isolate; and whilst there has been a swift and largely successful adaptation to remote/digital methods of service delivery, this has not been possible for all services or for all patients.

Notably, the national mandate to implement the 24/7 mental health crisis service 2 years earlier than planned required Alder Hey's specialist CAMHS staff to be redirected to support and deliver the new service; this has further impacted on waiting times for other CAMHS services.

## **Better Care Fund**

A quarter 3 2019/20 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in January 2020. This reported that all national BCF conditions were met in regard to assessment against the High Impact Change Model. Narrative is provided of progress to date in the appendices. Quarter 4 data will be submitted on the 5<sup>th</sup> June 2020.

## **CCG Oversight Framework (OF)**

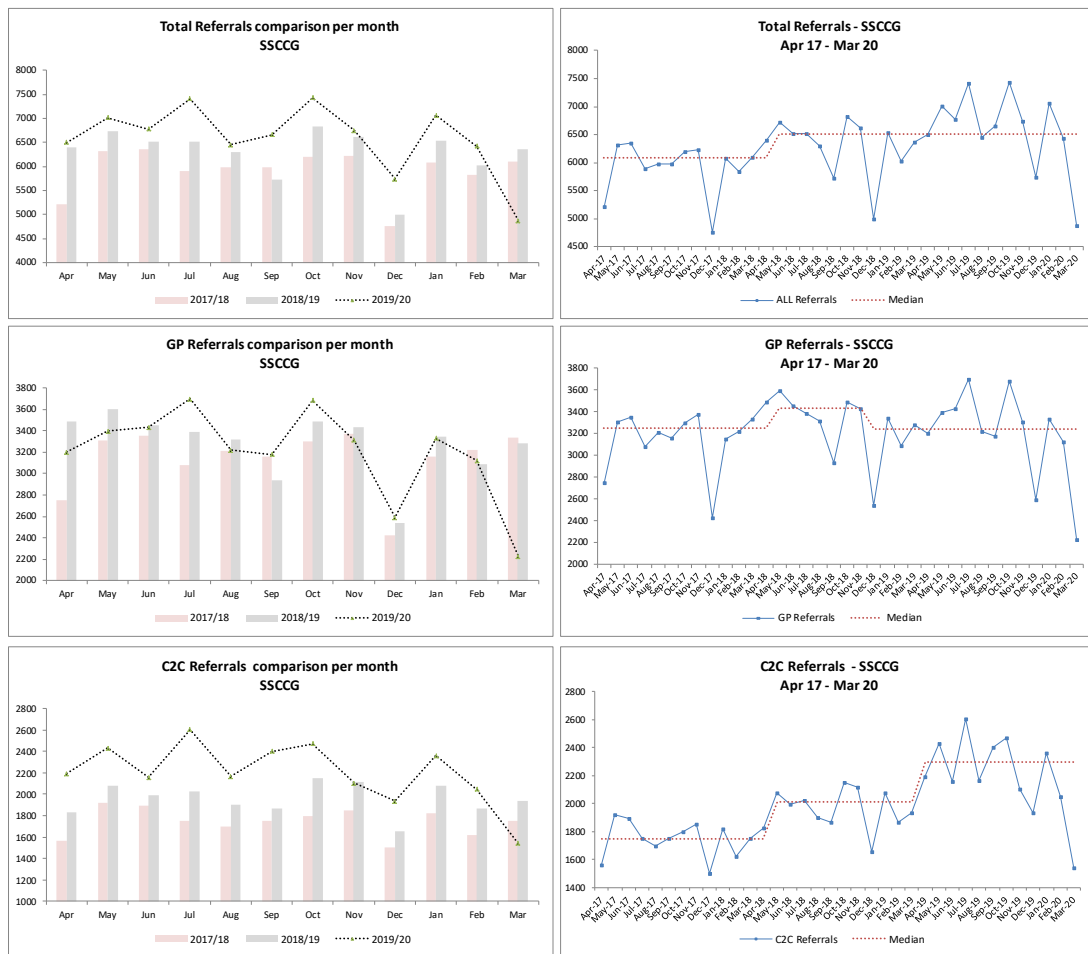
NHS England and Improvement released the new Oversight Framework (OF) for 2019/20 to replace the Improvement Assessment Framework (IAF). The framework has been revised to reflect that CCGs and providers will be assessed more consistently. Most of the oversight metrics will be fairly similar to last year, but with some elements a little closer to the Long Term Plan 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			
	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	3203	-284	-8.1%	1828	2191	363	19.9%	6399	6501	102	1.6%
May	3599	3395	-204	-5.7%	2076	2430	354	17.1%	6727	7015	288	4.3%
June	3453	3434	-19	-0.6%	1992	2158	166	8.3%	6525	6780	255	3.9%
July	3386	3698	312	9.2%	2025	2603	578	28.5%	6510	7409	899	13.8%
August	3320	3218	-102	-3.1%	1899	2164	265	14.0%	6303	6448	145	2.3%
September	2934	3180	246	8.4%	1864	2403	539	28.9%	5727	6656	929	16.2%
October	3487	3686	199	5.7%	2154	2471	317	14.7%	6825	7433	608	8.9%
November	3430	3312	-118	-3.4%	2114	2105	-9	-0.4%	6613	6745	132	2.0%
December	2541	2590	49	1.9%	1653	1934	281	17.0%	4993	5739	746	14.9%
January	3343	3330	-13	-0.4%	2076	2362	286	13.8%	6530	7063	533	8.2%
February	3090	3121	31	1.0%	1864	2048	184	9.9%	6028	6427	399	6.6%
March	3284	2226	-1058	-32.2%	1934	1541	-393	-20.3%	6369	4879	-1490	-23.4%
Monthly Average	3280	3199	-80	-2.4%	1957	2201	244	12.5%	6296	6591	296	4.7%
YTD Total Month 12	39354	38393	-961	-2.4%	23479	26410	2931	12.5%	75549	79095	3546	4.7%
Annual/FOT	39354	38393	-961	-2.4%	23479	26410	2931	12.5%	75549	79095	3546	4.7%

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





## Month 12 Summary:

### Data quality note:



Due to the COVID-19 Pandemic, referrals to secondary care have been considerably affected in March 2020 with significant decreases evident across GP and Other (e.g. consultant-to-consultant) referrals.

- Trends show that the baseline median for total South Sefton CCG referrals has remained flat from May 2018. However, referrals have now decreased by -24.1% (1,548) in March 2020, the lowest monthly total reported since December 2018.
- Year to date referrals at March 2020 are 4.7% up on 2018/19 due to a 12.5% increase in consultant-to-consultant referrals.
- In contrast, GP referrals are reporting a -2.4% decrease when comparing to the previous year. Furthermore, GP referrals have now decreased by -28.7% at Month 12.
- Taking into account working days, further analysis has established there have been approximately -55 fewer GP referrals per day in March 2020 when comparing to the previous month.
- Aintree Hospital has reported an 11.1% increase in total referrals at month 12 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 by the provider to find the potential causes of these increases.
- Trauma & Orthopaedics was the highest referred to specialty for South Sefton CCG in 2018/19. Referrals to this speciality at month 12 are approximately 0.5% (41) higher than in 2018/19.
- South Sefton CCG is also aware of potential impacts on referral patterns due to the merger of Aintree Hospital and Royal Liverpool in October 2019. The Trauma & Orthopaedic speciality merged in November 2019 and an immediate impact on referral flows has been evident with a drop in referrals from A&E at Aintree Hospital and subsequent increase in those coded as 'self-referrals' at the Royal Liverpool site.

## 2.2 E-Referral Utilisation Rates



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>NHS e-Referral Service (e-RS): Utilisation Coverage</b>		<b>Previous 3 months and latest</b>				144a	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.
<b>RED</b>	<b>TREND</b>	Oct-19	Nov-19	Dec-19	Jan-20		
		58.5%	61.6%	62.9%	68.4%		
		Plan: 100% by end of Q2 2018/19					
<b>Performance Overview/Issues:</b>							
<p>No new update, latest data is for January. 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 January 2020 and reports performance to be 68.4%. This shows an improvement 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.</p> <p>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. January data shows an overall performance of 68.7% for South Sefton CCG, a decline on the previous month (74.6%).</p>							
<b>Actions to Address/Assurances:</b>							
<p>The Planned Care Team has assigned a commissioning manager to review e-RS performance in line with the CCGs outpatient strategy. As such, Advice and Guidance and improved e-RS performance are key areas that have been identified to reduce unwarranted variation. e-RS will be included as part of the outpatient strategy case for change which will go through the CCGs governance process early 2020.</p> <p>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. However, as outpatients is a priority QIPP area and e-RS is a nationally recognised vehicle to achieve outpatient reductions (Advice &amp; Guidance), the CCG Programme Lead will be working with local Acute Trusts to formulate a plan to increase utilisation.</p> <p>The CCG had previously communicated to its Acute providers (LUHFT and S&amp;O) with regards to the development of Trust plans to reduce outpatient activity. An expectation was set that the Trusts develop plans that would be ratified by the CCG before submission to the system management board.</p> <p>COVID-19 has delayed progress with formulating a co-ordinated plan to improve ERS utilisation, however, as part of ongoing system discussions regarding recovery, ERS and advice and guidance will form an integral part of future plans. Recovery meetings with system wider partners started on 21st May 2020, and will progress developing scope of recovery quickly, utilising forums already in existence to drive programmes of work. Additionally, the CCG will progress negotiations with iMersey regarding the recruit of a digital lead whose responsibility will be to pick up e-Rs and Advice and Guidance, as this again has been delayed due to iMersey capacity being fully utilised to support COVID-19 requirements.</p>							
<b>When is performance expected to recover:</b>							
To be confirmed as part of the development of COVID-19 recovery and the new 'business as usual'.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Karl McCluskey		Rob Caudwell			Terry Hill		

## 2.3 Diagnostic Test Waiting Times



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test</b>		<b>Previous 3 months and latest</b>				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.
<b>RED</b>	<b>TREND</b>	Dec-19	Jan-20	Feb-20	Mar-20		
		CCG	2.72%	2.66%	1.06%		
		Aintree	0.65%	1.03%	0.05%	13.45%	
		Plan: less than 1% March CCG improvement plan: 0.98% Aintree's improvement plan: 1% Yellow denotes achieving 19/20 improvement plan but not national standard of less than 1%					
<b>Performance Overview/Issues:</b>							
<p>The CCG have failed the improvement plan of 0.98% in March and the national standard, reporting 14.14%. This is a notable decline on the February figure of 1.06% due to the COVID-19 pandemic. In March, out of a total of 2,786 patients on the waiting list, 394 patients waited over 6 weeks. Of these patients, 3 waited over 13+ weeks. The main diagnostics failing the target are CT (84) MRI (68) and Dexa scans (54).</p> <p>Aintree failed the target reporting 13.45% - out of 5,888 tests, 792 were not performed within the 6 week target. The failure of the target was primarily due to the COVID-19 pandemic. The Trust were also unable to provide an exception report for March as a result of the ongoing pandemic.</p> <p>On 17th March-20, as a result of Simon Stephen's letter, the Trust (LUHFT) enacted its strategic response to the emerging COVID-19 situation and reduced elective activity and closed ERS to all but essential referrals (including diagnostic services) to help support the Trust in responding to the national emergency by increasing its ICU and nursing capacity. Command and control structures have been initiated via NHS E/I, with contract review and quality meetings stood down during the early phases of the pandemic. On 29th April 20, Simon Stephens initiated the phase 2 response to the pandemic, setting an expectation that providers should plan for recovery and with plans to be submitted to the recovery cells by 15th April.</p> <p>It is yet to be confirmed what the CCGs responsibilities are during the pandemic in relation to its constitutional duties and assurance of the plans for recovery.</p>							
<b>Actions to Address/Assurances:</b>							
<b>Aintree Trust Actions:</b>							
<ul style="list-style-type: none"> <li>Limited information has been provided by the Trust (LUHFT) in relation to the impact of COVID19, and any resulting recovery plans. The Trust were awaiting executive sign off, before submitting plans by 15th May 20. At this time, the CCG are not sighted on the provider recovery plans, impact of COVID-19 on current waiting lists and activity, and likely impact of reopening services in light of social distances measures and infection protection and control measures outlined in the 'Operating framework for urgent and planned services in hospital settings during COVID-19'.</li> </ul>							
<b>CCG Actions:</b>							
<ul style="list-style-type: none"> <li>To formally request the Trust to provide activity data that would support the statement that diagnostic activity is in excess of funded capacity, via the Planned Care Group meeting.</li> <li>The CCG project leads continuing to work up solutions/projects that will help look to deliver efficiencies and improved services that provide better value for money.</li> <li>The CCG will continue to work with the Health Care Partnership (HCP) to drive forward innovation, that will provide better health outcomes.</li> <li>The CCG continue, in the absence of guidance, continue to work with its providers/neighbouring CCGs to seek understand provider recovery plans and ensure they align with the CCGs commissioning intentions and its strategic direction.</li> </ul>							
<b>When is performance expected to recover:</b>							
Awaiting further guidance with regard to CCGs responsibilities to its constitutional duties.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Karl McCluskey		John Wray			Terry Hill		



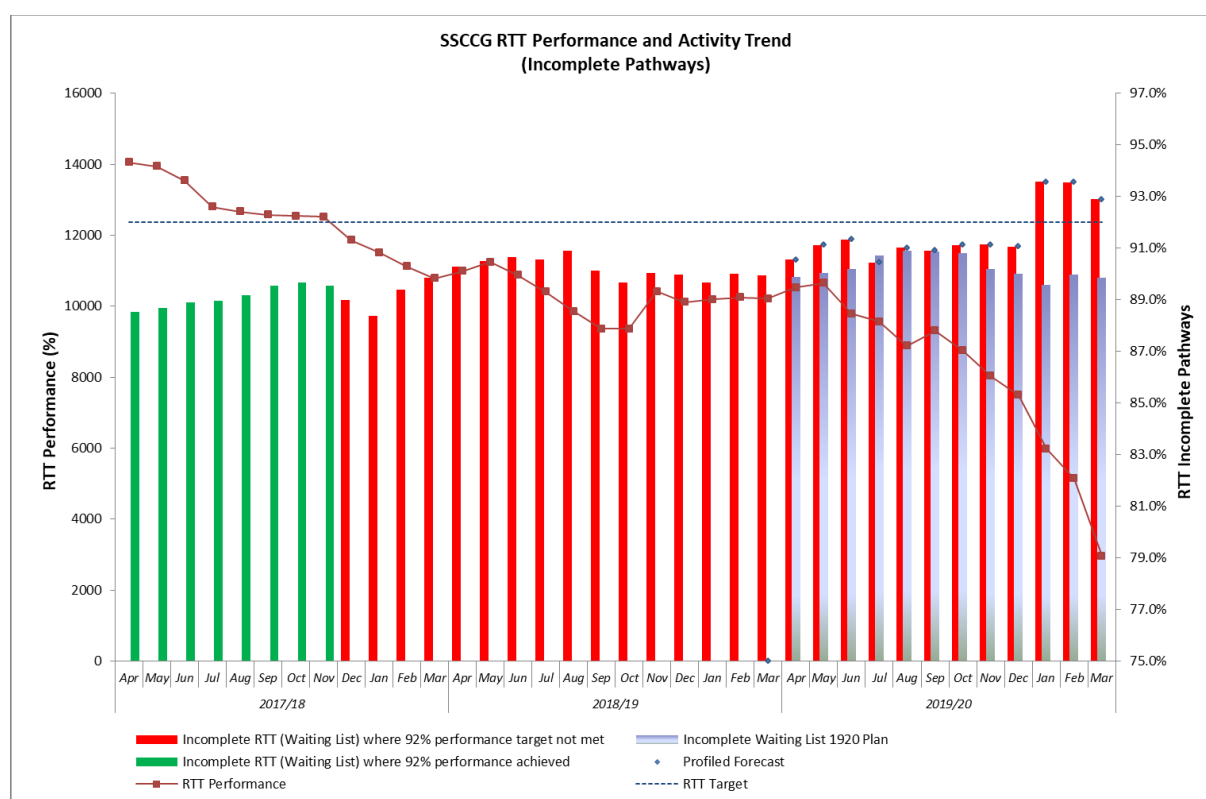
## 2.4 Referral to Treatment Performance

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
<b>Referral to Treatment Incomplete pathway (18 weeks)</b>		<b>Previous 3 months and latest</b>				129a	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.	
<b>RED</b>	<b>TREND</b>		Dec-19	Jan-20	Feb-20			Mar-20
		CCG	85.3%	83.2%	82.1%			79.1%
		Aintree	83.0%	82.2%	81.9%	78.4%		
		Plan: 92% March improvement plan: CCG - 92% and Aintree - 92% Yellow denotes achieving 19/20 improvement plan but not national standard of 92%						
<b>Performance Overview/Issues:</b>								
<p>The CCG's performance in March was 79.1%, which is lower than the previous month due to COVID-19. General surgery remains one of the main failing specialties for March reporting 69.3%, with 436 breaches, Trauma and Orthopaedics is also failing with a performance of 64.4%; a total of 454 breaches, Ophthalmology reports 70.9%; a total of 570 breaches. Out of 18 specialties 14 are failing the 92% target. The CCG continues to fail their improvement plan which in March is 92%.</p> <p>The CCG's main provider, Aintree, are also under the 92% target reporting 78.4%; also failing their local trajectory of 92% for March and is a decline in overall performance of 3.5% from February's position. The total number of patients on an incomplete pathway referred from an English Commissioner at month end was 18,686 which is a reduction of 1,139 patients from February. Challenges still exist however in increasing activity levels back to plan which will also help in reducing the overall caseload size back to planned levels. RTT however continues to be adversely affected by non-elective pressures, short term sickness of medical staff and reduced additional sessions as a result of pension/ tax implications for consultants. As Aintree Hospital has now merged with the Royal Liverpool Broadgreen to become Liverpool University Hospitals NHS Foundation Trust (LUHFT), this is a local data flow relating to the Aintree site only.</p> <p>The CCG will work closely with the main provider, LUHFT, however, as Liverpool CCG are the lead commissioning organisation, are now awaiting confirmation of the re-instatement of the Planned Care Group meetings to ensure performance remains on trajectory. The Trust was issued a Contract Performance Notice (CPN) in August 2019, and subsequent responses did not provide adequate assurance that sufficient improvements were being made. Due to COVID-19 contractual issues are not being pursued.</p> <p>On 17th March 20, as a result of Simon Stephens letter, the Trust (LUHFT) enacted its strategic response to the emerging COVID-19 situation and reduced elective activity and closed ERS to all but essential referrals to help support the Trust is responding to the national emergency by increasing its ICU and nursing capacity. Command and control structures have been initiated via NHS E/I, with contract review and quality meetings stood down during the early phases of the pandemic. On 29th April, Simon Stephens initiated the phase 2 response to the pandemic, setting an expectation that providers should plan for recovery and with plans to be submitted to the recovery cells by 15th May 20. As part of the recovery phase the CCG are working with Liverpool CCG on how best to address the backlog with LUHFT and what is a reasonable timescale to address constitutional requirements.</p>								
<b>Actions to Address/Assurances:</b>								
<b>CCG Actions:</b>								
<ul style="list-style-type: none"> <li>The CCG project leads continuing to work up solutions/projects that will help look to deliver efficiencies and improved services that provide better value for money.</li> <li>The CCG will continue to work with the Health Care Partnership (HCP) to drive forward innovation, that will provide better health outcomes.</li> <li>The CCG continue, in the absence of guidance, continue to work with its providers/neighbouring CCGs to seek understand provider recovery plans and ensure they align with the CCGs commissioning intentions and its strategic direction.</li> <li>The CCG will liaise with the lead commissioner (LCCG) to understand timescales for the re-issue of the CPN.</li> </ul>								
<b>Trust Actions Overall:</b>								
<ul style="list-style-type: none"> <li>Limited information has been provided by the Trust (LUHFT) in relation to the impact of COVID-19, and any resulting recovery plans. The Trust were awaiting executive sign off, before submitting plans by 15th May-20. At this time, the CCG are not sighted on the provider recovery plans, impact of COVID-19 on current waiting lists and activity, and likely impact of reopening services in light of social distances measures and infection protection and control measures outlined in the 'Operating framework for urgent and planned services in hospital settings during COVID-19'.</li> </ul>								
<b>When is performance expected to recover:</b>								
Awaiting further guidance with regard to CCGs responsibilities to its constitutional duties.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Karl McCluskey		John Wray			Terry Hill			

## 2.4.1 Referral to Treatment Incomplete pathway – 52+ week waiters

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
<b>Referral to Treatment Incomplete pathway (52+ weeks)</b>		<b>Previous 3 months and latest</b>				129c	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.	
<b>RED</b>	<b>TREND</b>		Dec-19	Jan-20	Feb-20			Mar-20
		CCG	0	0	0			3
		Aintree	0	0	0			0
		Plan: Zero						
<b>Performance Overview/Issues:</b>								
<p>In March there were 3 South Sefton CCG patients waiting over 52 weeks for treatment. These patients were at Alder Hey, they all had appointment dates in March 2020 but were cancelled either by the patient or hospital due to COVID-19 guidance issued. All were Community Paediatrics patients the first 1 patient indicated that they were self-isolating and will be given a virtual appointment in due course the other 2 patients have been prioritised for a virtual appointments in May.</p> <p>Along with having 2 patient breaches this financial year (1 in October and 1 in November) at the Liverpool Women's, the CCG have failed the zero tolerance threshold for 2019/20 and will therefore report red for the remainder of the financial year.</p>								
<b>Actions to Address/Assurances:</b>								
<p>Monitoring of the 36 week waiting continues.</p> <p>As indicated, the breaches/appointment cancellations were directly related to COVID-19 issues and the patients have since been prioritised and offered new appointments.</p>								
<b>When is performance expected to recover:</b>								
<p>Recently received Operating framework for urgent and planned services in hospital settings during COVID-19 is in the process of being implemented with the recovery plans as requested by the regional in Hospital cell: as per Simon Stevens letter 29th April-20. This focused on the next 6 weeks for recovery and restoration. Long waits are given priority although it is expected that there will be significant clinical oversight which may impact on lower Clinical need long waits. Virtual appointments are considered to be entirely appropriate in some cases as above with the potential to rely on same even more as work progresses to recover. The CCG leads are working closely with colleagues in LCCG who now commission most of the providers in South Sefton including those breaching above.</p>								
<b>Quality:</b>								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
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	10,863	10,863
2019/20	11,309	11,727	11,880	11,234	11,648	11,574	11,725	11,734	11,680	13,503	13,493	13,013	13,013
<b>Difference</b>	<b>476</b>	<b>793</b>	<b>834</b>	<b>-188</b>	<b>87</b>	<b>33</b>	<b>227</b>	<b>682</b>	<b>770</b>	<b>2,895</b>	<b>2,600</b>	<b>2,150</b>	<b>2,150</b>

In March, the incomplete waiting list for the CCG was 13,013 against a plan of 10,863, a difference of 2,150 patients over plan. South Sefton CCG incomplete pathways has seen a -480/3.6% decrease for March 2020 compared to February 2020. The total waiting list has increased significantly for the final quarter of 2019/20. In terms of the NHSE plans, 2019/20 incomplete pathways has not achieved its required goal of 10,863 and is 2,150 patients over plan at March 2020.

These increases are in contrast to the position for Liverpool CCG and overall at Aintree catchment level, which has been attributed to waiting list validation.

## 2.4.2 Provider assurance for long waiters

Figure 4 - South Sefton CCG Provider Assurance for Long Waiters



Trust	Speciality	Wait band (Weeks)	Detailed reason for the delay
<b>Alder Hey</b>	<b>All Other</b>	<b>52</b>	<b>3 patients: Awaiting Trust exception Information</b>
Royal Liverpool Hospital	Gastroenterology	40-44	<b>2 patients:</b> No trust information given
North Midlands	General Surgery	40-42	<b>3 patients:</b> No trust information given
Aintree Hospital	Rheumatology	40-41	<b>2 patients:</b> No trust information given
Royal Liverpool Hospital	Ophthalmology	38-40	<b>2 patients:</b> No trust information given
Aintree Hospital	Gastroenterology	37-39	<b>3 patients:</b> No trust information given
Alder Hey	All Other	36-48	<b>12 patients:</b> No trust information given
Aintree Hospital	General Surgery	36-48	<b>69 patients:</b> No trust information given
Aintree Hospital	Ophthalmology	36-48	<b>73 patients:</b> No trust information given
Royal Liverpool Hospital	T&O	36-47	<b>29 patients:</b> No trust information given
Aintree Hospital	ENT	36-46	<b>24 patients:</b> No trust information given
Aintree Hospital	T&O	36-46	<b>17 patients:</b> No trust information given
Liverpool Womens	Gynaecology	36-46	<b>20 patients:</b> No trust information given
Aintree Hospital	Respiratory	36-44	<b>14 patients:</b> No trust information given
St Helens & Knowsley	Plastic Surgery	36-43	<b>2 patients:</b> No trust information given
Southport & Ormskirk	Gynaecology	36-41	<b>5 patients:</b> No trust information given
Manchester University	ENT	47	<b>1 patient:</b> No trust information given
Cambridge University	General Surgery	44	<b>2 patients:</b> No trust information given
Liverpool Heart & Chest	Cardiology	44	<b>1 patient:</b> No trust information given
University College London	Rheumatology	43	<b>1 patient:</b> No trust information given
Calderdale & Huddersfield	General Surgery	42	<b>1 patient:</b> No trust information given
University College London	Gynaecology	42	<b>1 patient:</b> No trust information given
Royal Liverpool Hospital	Dermatology	39	<b>3 patients:</b> No trust information given
St Helens & Knowsley	ENT	39	<b>1 patient:</b> No trust information given
Wirral	Dermatology	39	<b>1 patient:</b> No trust information given
Aintree Hospital	All Other	38	<b>1 patient:</b> No trust information given
Aintree Hospital	Urology	38	<b>1 patient:</b> No trust information given
St Helens & Knowsley	Dermatology	38	<b>2 patients:</b> No trust information given
Wirral	ENT	37	<b>1 patient:</b> No trust information given
Wirral	General Surgery	37	<b>1 patient:</b> No trust information given
Lancashire Teaching	All Other	36	<b>1 patient:</b> No trust information given
Aintree Hospital	Dermatology	36	<b>1 patient:</b> No trust information given
Wirral	Gynaecology	36	<b>1 patient:</b> No trust information given

The CCG had a total of 301 patients waiting 36 weeks and over. Of the 301 there were 3 at Alder Hey waiting over 52 weeks see 2.4.1 above for further information.



Due to the current situation with regards to COVID-19 and in line with other reporting changes by NHS England, Trust reporting on individual patients' pathways has been suspended until June 2020 at the earliest.

## 2.5 Cancer Indicators Performance



### 2.5.1 Two Week Urgent GP Referral for Suspected Cancer

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
<b>2 week urgently GP Referral for suspected cancer</b>		<b>Previous 3 months, latest and YTD</b>					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.	
<b>GREEN</b>	<b>TREND</b>	Dec-19	Jan-20	Feb-20	Mar-20	YTD			
		CCG	96.34%	92.26%	97.55%	95.28%			93.25%
		Aintree	96.55%	91.64%	96.43%	Not available			93.07%
		Plan	93%	93%	93%	93%			93%
		Aintree March Trajectory: 93% (National 93%)							
<b>Performance Overview/Issues:</b>									
<p>The CCG has achieved the target in March reporting 95.28% and is achieving the target year to date with 93.25%. In March there were 30 breaches from a total of 636 patients seen. Cancer data is monitored cumulatively so year to date the CCG is reporting green.</p> <p>Aintree achieved the 93% target in February reporting 96.43%, a significant improvement in performance from January when the target was failed. Therefore the Trust is again now achieving year to date with 93.07%. 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 Hospital Foundation Trust (LUHFT).</p> <p>Please note: the March data is not yet available from the Trust so has not been updated.</p>									
<b>Actions to Address/Assurances:</b>									
<p>The CCG expect to see the effects of the COVID-19 pandemic in this data. Two week wait referrals for suspected cancer have fallen significantly since the end of March but are now rising again. As at week ending 15/5/20, 2 week referrals are at 57% of expected levels, a rise of 5% from the previous week. Patients with symptoms suspicious of cancer meeting with NICE Guidance NG12 should continue to be referred as normal. Where the referrer considers that the risk due to COVID-19 may outweigh the risks associated with a potential cancer diagnosis, they must document their decision making and safety net appropriately in primary care.</p> <p>In response to national guidance, delivery of 2 week wait services has changed to reduce footfall on sites. Services are predominantly using telephone assessment as the first appointment in line with Cancer Wait Time guidance and only seeing a small number of patients face to face following triage.</p>									
<b>When is performance expected to recover:</b>									
<p>Services are predominantly using telephone assessment as the first appointment in line with Cancer Wait Time guidance which allows this intervention to "stop the clock" and only seeing a small number of patients face. Achievement of the 2 week standard is therefore unlikely to be compromised.</p>									
<b>Quality:</b>									
<b>Indicator responsibility:</b>									
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>				
Karl McCluskey		Debbie Harvey			Sarah McGrath				



## 2.5.2 Two Week Wait for Breast Symptoms

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
2 week wait for breast symptoms (where cancer was no initially suspected)		Previous 3 months, latest and YTD					N/A	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	Dec-19	Jan-20	Feb-20	Mar-20	YTD			
		CCG	97.78%	97.37%	93.75%	92.73%			89.89%
		Aintree	96.18%	96.67%	93.28%	Not available			89.34%
		Plan	93%	93%	93%	93%			93%
		Aintree March Trajectory: 93.1% (National 93%)							
<b>Performance Overview/Issues:</b>									
<p>The CCG failed the target in March reporting 92.73% and did not achieve target overall for 19/20 with 89.89%. In March there were 4 breaches from a total of 55 patients seen. 3 breaches were at Aintree and were all due to patient choice. 1 breach was at Whiston which was listed as other reason. The maximum wait was 20 days. Cancer data is monitored cumulatively so year to date the CCG is reporting red.</p> <p>Aintree reported 93.28% in February and therefore achieved the 93% target and improvement trajectory, having just 8 breaches out of a total of 119 patients. They are however 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 this provider has now merged with The Royal Liverpool Broadgreen Hospital, now known as Liverpool University Hospital Foundation Trust (LUHFT).</p> <p>Please note: March data is not yet available from the Trust so has not been updated.</p>									
<b>Actions to Address/Assurances:</b>									
<p>Guidance for breast services during the COVID-19 pandemic from the Association of Breast Surgeons has focussed on prioritisation of patients where there is a high risk of cancer. This standard relates to those where cancer is not initially suspected and therefore has fallen more in line with the system response for routine priority referrals.</p> <p>Sir Simon Stephens' letter of 29th April-20 signalled the start of the second phase of the NHS Response to COVID-19 and asked that "referrals, diagnostics (including direct access diagnostics available to GPs) and treatment must be brought back to pre-pandemic levels at the earliest opportunity to minimise potential harm, and to reduce the scale of the post-pandemic surge in demand. Urgent action should be taken by hospitals to receive new two-week wait referrals and provide two-week wait outpatient and diagnostic appointments at pre-COVID-19 levels in COVID-19 protected hubs/environments".</p>									
<b>When is performance expected to recover:</b>									
In response to the above, recovery plans have been requested from all providers of cancer services to Sefton patients.									
<b>Quality:</b>									
<b>Indicator responsibility:</b>									
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>				
Karl McCluskey		Debbie Harvey			Sarah McGrath				

## 2.5.3 31 Day first definitive treatment of cancer diagnosis



Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
<b>31 day first definitive treatment of cancer diagnosis</b>		<b>Previous 3 months, latest and YTD</b>					N/A	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.	
<b>GREEN</b>	<b>TREND</b>	Dec-19	Jan-20	Feb-20	Mar-20	YTD			
		CCG	97.65%	95.06%	91.03%	97.78%			96.13%
		Aintree	93.13%	92.11%	94.69%	Not available			96.45%
		Plan	96%	96%	96%	96%	96%		
<b>Performance Overview/Issues:</b>									
<p>The CCG are achieving the 96% target in March reporting 97.78% and are achieving year to date with 96.13%. In March, there were 2 breaches out of 90 patients seen. Cancer data is monitored cumulatively so year to date the CCG is reporting green.</p> <p>Aintree failed this measure in February reporting 94.69% but are achieving year to date recording 96.45%. In February, there were 6 patient breaches out of a total of 113. Please note the Aintree data is taken from a local flow, as the provider has now merged with The Royal Liverpool Broadgreen, now known as Liverpool University Hospital Foundation Trust (LUHFT).</p> <p>Please note: March data is not yet available from the Trust and so has not been updated.</p>									
<b>Actions to Address/Assurances:</b>									
<p>National guidance 'Clinical guide for the management of non-coronavirus patients requiring acute treatment: Cancer' (23 March 2020) proposed prioritisation criteria for patients on surgical pathways and categorisation of patients undergoing systemic anti-cancer and radiation treatments to support clinical decision making.</p> <p>Trusts were required to create a surgical prioritisation list based on the following priority levels:</p> <ul style="list-style-type: none"> <li>• Priority level 1a Emergency: operation needed within 24 hours to save life</li> <li>• Priority level 1b Urgent: operation needed with 72 hours</li> <li>• Priority level 2 Elective surgery with the expectation of cure within 4 weeks to save life/progression of disease beyond operability</li> <li>• Priority level 3 Elective surgery can be delayed for 10-12 weeks with no predicted negative outcome.</li> </ul> <p><b>Cancer surgical hub</b> The purpose of the surgical hub is to maintain surgical activity levels and ensure treatment delays are minimised due to the impact of COVID-19. The hub will manage those patients in the priority level 2 category whose surgery cannot be performed under normal local arrangements i.e. by the referring trust within a clinically appropriate timescale and for whom no acceptable alternative treatment options (such as radiotherapy) exist.</p> <p>Priority 1a and 1b patients are emergency cases and management should still be undertaken at the site of presentation. Referral for patients in level 1a and 1b will only occur in exceptional circumstances, or where the required procedure is not available locally as transfer to the hub is likely to cause a delay in treatment.</p> <p>Trusts are expected to hold priority 3 patients locally and only consider referral to the hub when a patient moves to priority level 2 either due to a change in clinical circumstances or due to the length of delay they have already experienced.</p>									
<b>When is performance expected to recover:</b>									
Recovery plans have been requested from all providers of cancer treatments.									
<b>Quality:</b>									
<b>Indicator responsibility:</b>									
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>				
Karl McCluskey		Debbie Harvey			Sarah McGrath				

## 2.5.4 31 Day Standard for Subsequent Cancer Treatment – Drug



Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
31 day standard for subsequent cancer treatment - drug		Previous 3 months, latest and YTD					N/A	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.	
<b>GREEN</b>	<b>TREND</b>	Dec-19	Jan-20	Feb-20	Mar-20	YTD			
		CCG	100%	96.30%	100%	100%			98.77%
		Aintree	100%	93.33%	100%	Not available			98.59%
		Plan	98%	98%	98%	98%	98%		
<b>Performance Overview/Issues:</b>									
The CCG are achieving the 98% target in March reporting 100%, and are still achieving year to date with 98.77%. Cancer data is monitored cumulatively so year to date the CCG is reporting green.									
Aintree have also achieved the target in February reporting 100% and the provider continues to achieve year to date with 98.59%.									
Please note: March data is not yet available from the Trust so has not been updated.									
<b>Actions to Address/Assurances:</b>									
Not required due to achievement of the target.									
<b>When is performance expected to recover:</b>									
Trajectory for 2020/21 indicates an average monthly performance of 99%.									
<b>Quality:</b>									
<b>Indicator responsibility:</b>									
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>				
Karl McCluskey		Debbie Harvey			Sarah McGrath				





## 2.5.5 31 Day Standard for Subsequent Cancer Treatment – Surgery

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
<b>31 day standard for subsequent cancer treatment - surgery</b>		<b>Previous 3 months, latest and YTD</b>					N/A	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.	
<b>GREEN</b>	<b>TREND</b>	Dec-19	Jan-20	Feb-20	Mar-20	YTD			
		CCG	91.67%	81.82%	85.71%	100%			94.16%
		Aintree	95.7%	92.86%	92.31%	Not available			94.62%
		Plan	94%	94%	94%	94%	94%		
<b>Performance Overview/Issues:</b>									
<p>The CCG achieved the 94% target for March with 100% and are now achieving year to date reporting 94.16%. Cancer data is monitored cumulatively so year to date the CCG is reporting green.</p> <p>Aintree are also failing the target reporting 92.31% in February; out of 26 patients there were 2 patient breaches. However, the provider continue to achieve year to date with 94.62%.</p> <p>Please note: March data is not yet available from the Trust so has not been updated.</p>									
<b>Actions to Address/Assurances:</b>									
The Cheshire and Merseyside Cancer Alliance weekly Sitrep provides a summary of patients waiting for surgical treatment and those waiting longer than 4 weeks at level 2 priority. If patients cannot be seen within the 4 week time-frame by the current provider, they should be offered the choice to transfer to surgical hubs for their treatment.									
<b>When is performance expected to recover:</b>									
Recovery plans have been requested from all providers of cancer services in response to Sir Simon Stephens' letter of 29th April-20 as part of the second phase NHS response to the COVID-19 pandemic.									
<b>Quality:</b>									
<b>Indicator responsibility:</b>									
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>				
Karl McCluskey		Debbie Harvey			Sarah McGrath				



## 2.5.6 62 Day Cancer Urgent Referral to Treatment Wait

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>All cancer two month urgent referral to treatment wait</b>		<b>Previous 3 months, latest and YTD</b>					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.
<b>RED</b>	<b>TREND</b>	Dec-19	Jan-20	Feb-20	Mar-20	YTD		
		CCG	86.11%	82.86%	61.11%	78.57%	76.14%	
		LUHFT	75.32%	68.93%	55.08%	70.85%	69.98%	
		Plan	85%	85%	85%	85%	85%	
		CCG Improvement Trajectory March: 87.1%						
<b>Performance Overview/Issues:</b>								
<p>The CCG failed the 85% target for March reporting 78.57% and year to date with 76.14%. In March, there were 9 breaches from a total of 42 patients seen. The reasons for the breaches were complex diagnostic pathways, delays due to inadequate elective capacity, patient choice and other reasons not listed.</p> <p>Due to how the Cancer Wait Times (CWT) 62 day activity data is recorded, specifically relating to the recording of Inter Provider Transfers (IPT), it is not possible to report 62 days targets at site level using the extracts. Therefore, 62 day positions can only be allocated to the Trust and not reported at site level, for this reason from October onwards the CCG will report the Liverpool University Hospital Foundation Trust (LUHFT) position.</p> <p>For March LUHFT are recording 70.85% - Out of a total of 171.5 patients there were 50 patient breaches.</p>								
<b>Actions to Address/Assurances:</b>								
<p>The Government and NHS England /Improvement made it clear that cancer treatment should continue to be prioritised wherever possible in response to COVID-19, supported by a number of publications to aid decision making and consistency of approach. The key principles outlined for cancer services were:</p> <ul style="list-style-type: none"> <li>• Essential and urgent cancer treatments must continue.</li> <li>• Cancer specialists should discuss with their patients whether it is riskier for them to undergo or to delay treatment at this time.</li> <li>• Where referrals or treatment plans depart from normal practice, safety-netting must be in place so that patients can be followed up.</li> <li>• Cancer hubs should be established</li> <li>• Consolidation of cancer surgery in ring fenced, 'clean' facilities with patients prioritised as level 2 (treatment within 4 weeks) prioritised for 'clean sites'.</li> <li>• Wherever possible, operations will be deferred for patients prioritised as level 3 (treatment can be deferred for 10-12 weeks with no negative impact on outcome), with arrangements in place for review if their condition worsens and for tracking to ensure their treatment is prioritised as soon as capacity allows.</li> </ul> <p>National guidance 'Clinical guide for the management of non-coronavirus patients requiring acute treatment: Cancer' (23rd March 2020) proposed prioritisation criteria for patients on surgical pathways and categorisation of patients undergoing systemic anti-cancer and radiation treatments to support clinical decision making.</p>								
<b>When is performance expected to recover:</b>								
Recovery plans have been requested from all providers of cancer services as part of the NHS second phase response to the COVID-19 pandemic.								
<b>Quality:</b>								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Karl McCluskey		Debbie Harvey			Sarah McGrath			



## 2.5.7 62 day wait for first treatment following referral from an NHS Cancer Screening Service

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
<b>62 day wait for first treatment following referral from an NHS Cancer Screening Service</b> 		Previous 3 months, latest and YTD					N/A	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	Dec-19	Jan-20	Feb-20			Mar-20
		CCG	90.91%	90.91%	100%	92.86%			92.68%
		LUHFT	87.5%	78.9%	64.6%	75.0%			77.98%
		Plan	90%	90%	90%	90%			90%
<b>Performance Overview/Issues:</b>									
The CCG reported 92.86% for screening services in March achieving the 90% target. Year to date the CCG are now achieving 92.68% and over the 90% target. Cancer data is monitored cumulatively so year to date the CCG is reporting green.									
For March LUHFT are recording 77.98% out of a total of 43.5 patients there were 14.5 patient breaches.									
<b>Actions to Address/Assurances:</b>									
All three cancer screening programmes have been paused during the COVID-19 pandemic.									
<b>When is performance expected to recover:</b>									
An indicative timeframe for the re-commencement of cancer screening programmes has not yet been made clear.									
<b>Quality:</b>									
<b>Indicator responsibility:</b>									
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>				
Karl McCluskey		Debbie Harvey			Sarah McGrath				

## 2.5.8 62 Day wait for first treatment for Cancer following a Consultants Decision to Upgrade

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
<b>62 day wait for first treatment for Cancer following a Consultants Decision to Upgrade the Patient's Priority</b> 		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	Dec-19	Jan-20	Feb-20			Mar-20
		CCG	72.73%	77.78%	90.91%	66.67%			69.35%
		LUHFT	76.14%	82.61%	86.54%	82.08%			78.35%
		Plan	85%	85%	85%	85%			85%
		(Local target 85%)							
<b>Performance Overview/Issues:</b>									
The CCG reported 66.67% in March with year to date being 69.35% and have failed the local target of 85%. In March there were 6 breaches from a total of 18 patients seen.									
For March LUHFT are recording 82.08% out of a total of 86.5 patients there were 15.5 patient breaches.									
<b>Actions to Address/Assurances:</b>									
During the COVID-19 pandemic all patients on PTLs are actively reviewed to ensure most appropriate prioritisation category ie less than 72 hours, less than 4 weeks or less than 10 weeks from decision to treat to avoid predicted detriment to outcome. Patients may have their priority escalated if deterioration is reported. This process would override the consultant upgrade pathway during this period.									
<b>When is performance expected to recover:</b>									
All providers of cancer services have been asked to provide commissioners with recovery plans to meet constitutional standards as we move into the second phase of COVID-19 planning.									
<b>Quality:</b>									
<b>Indicator responsibility:</b>									
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>				
Karl McCluskey		Debbie Harvey			Sarah McGrath				

## 2.5.9 104+ Day Breaches

Indicator		Performance Summary				Potential organisational or patient risk factors
<b>Cancer waits over 104 days - Aintree</b>		<b>Latest and previous 3 months</b>				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.
<b>RED</b>	<b>TREND</b>	Dec-19	Jan-20	Feb-20	Mar-20	
		9	17	13	21	
		Plan: Zero				
<b>Performance Overview/Issues:</b>						
In March there were 21 over 104 days breaches at Aintree. The longest waiting patient was a urological patient who waited 214 days. Their treatment was delayed due to elective capacity inadequate, the patient was unable to be scheduled for treatment within standard time. Out of the 21 breaches, 8 were Urological. There will be a review of harm and the details of this pathway will be reviewed by the Performance & Quality Investigation Review Panel (PQIRP).						
<b>Actions to Address/Assurances:</b>						
The most recent 104 day thematic review has identified patient choice, radiology capacity, histopathology delays and genuinely complex pathways associated with high levels of co-morbidity as the key factors. Patients with very long waits usually experience two or more of these factors on their pathway. Provider recovery plans acknowledge and address these areas.						
<b>When is performance expected to recover:</b>						
Work to improve 62 days performance will also impact on very long waiters.						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Jan Leonard		Debbie Harvey		Sarah McGrath		

## 2.5.10 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 2019/20, 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**.

There was no agreed operational standard for this measure initially and there are also limitations on data completeness at the present time.

Update: The performance threshold for the cancer 28-day faster diagnosis standard will initially be set in the range between 70% and 85%, with a phased increase in future years if appropriate, subject to the recommendations of the Clinical Review of Standards. No operational standard has yet been set. Achievement is variable between the breast symptomatic, 2 week wait and screening entry points Trajectories for 2020/21 have been based on shadow monitoring during 2019/20.

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 cancer screening programme.

The CCG will also be working with providers to have a place a maximum waiting time.



**Figure 5 - FDS monitoring for South Sefton CCG**

<b>28-Day FDS 2 Week Wait Referral</b>	<b>Apr-19</b>	<b>May-19</b>	<b>Jun-19</b>	<b>Jul-19</b>	<b>Aug-19</b>	<b>Sep-19</b>	<b>Oct-19</b>	<b>Nov-19</b>	<b>Dec-19</b>	<b>Jan-20</b>	<b>Feb-20</b>	<b>Mar-20</b>	<b>YTD 19-20</b>
%	85.76%	84.36%	82.15%	85.20%	76.68%	79.96%	82.49%	79.62%	78.90%	78.35%	81.00%	79.60%	81.11%
No of Patients	337	486	437	446	416	449	554	579	436	462	479	446	5527
Diagnosed within 28 Days	289	410	359	380	319	359	457	461	344	362	388	355	4483

<b>28-Day FDS 2 Week Wait Breast Symptoms Referral</b>	<b>Apr-19</b>	<b>May-19</b>	<b>Jun-19</b>	<b>Jul-19</b>	<b>Aug-19</b>	<b>Sep-19</b>	<b>Oct-19</b>	<b>Nov-19</b>	<b>Dec-19</b>	<b>Jan-20</b>	<b>Feb-20</b>	<b>Mar-20</b>	<b>YTD 19-20</b>
%	100%	94.74%	100%	96.08%	97.50%	100%	98.21%	95.92%	93.33%	100%	91.11%	88.89%	96.03%
No of Patients	28	57	57	51	40	45	56	49	45	27	45	54	554
Diagnosed within 28 Days	28	54	57	49	39	45	55	47	42	27	41	48	532

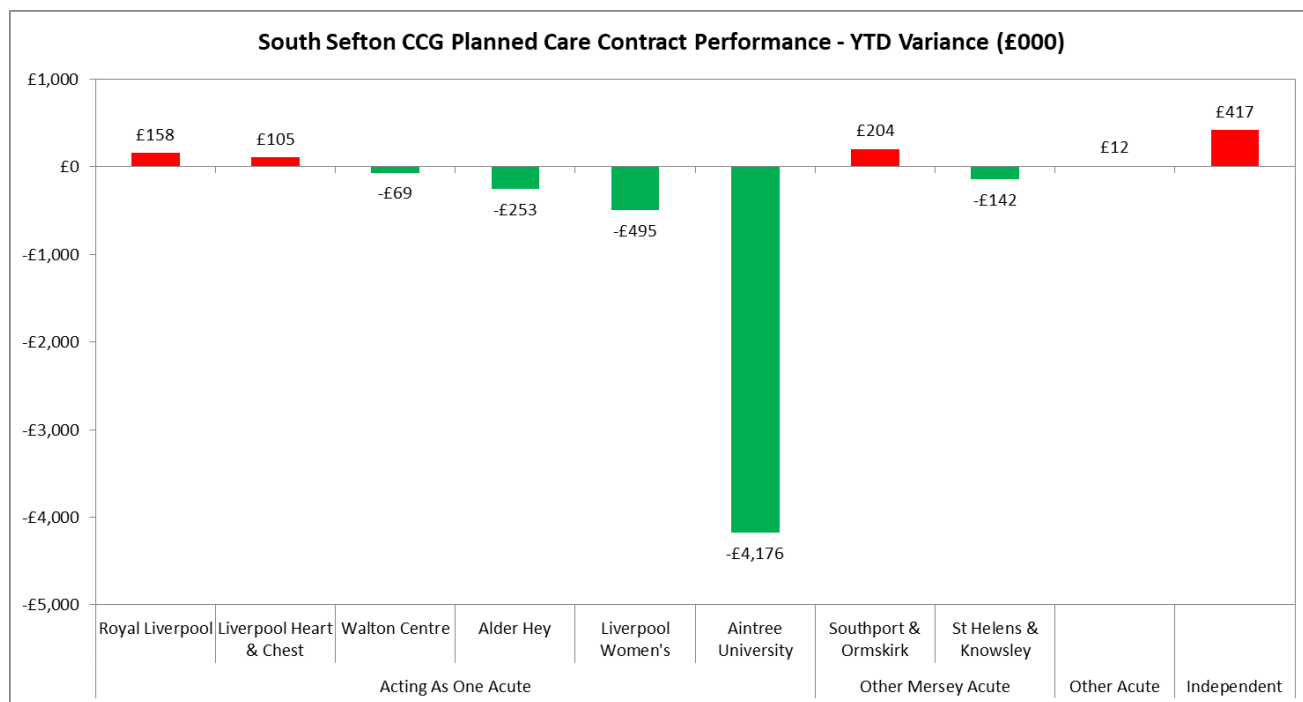
<b>28-Day FDS Screening Referral</b>	<b>Apr-19</b>	<b>May-19</b>	<b>Jun-19</b>	<b>Jul-19</b>	<b>Aug-19</b>	<b>Sep-19</b>	<b>Oct-19</b>	<b>Nov-19</b>	<b>Dec-19</b>	<b>Jan-20</b>	<b>Feb-20</b>	<b>Mar-20</b>	<b>YTD 19-20</b>
%	86.11%	54.00%	62.50%	69.44%	61.02%	71.15%	71.43%	62.30%	45.90%	48.44%	60.00%	49.12%	60.68%
No of Patients	36	50	32	36	59	52	70	61	61	64	40	57	618
Diagnosed within 28 Days	31	27	20	25	36	37	50	38	28	31	24	28	375

## 2.6 Patient Experience of Planned Care

Indicator		Performance Summary				Potential organisational or patient risk factors	
<b>Aintree Friends and Family Test (FFT) Results: Inpatients</b>		<b>Previous 3 months and latest</b>				Very low/minimal risk on patient safety identified.	
<b>RED</b>	<b>TREND</b>	Dec-19	Jan-20	Feb-20	Mar-20		
		RR	18.5%	19.4%	19.3%		Not available
		% Rec	93.0%	94.0%	94.0%		
		% Not Rec	4.0%	3.0%	4.0%		
		<u>2019/20 England Averages</u> Response Rates: 24.9% % Recommended: 96% % Not Recommended: 2%					
<b>Performance Overview/Issues:</b>							
Data submission and publication for the Friends and Family Test has been paused during the response to COVID-19, therefore not updated for March.							
Aintree has reported a response rate for inpatients of 19.3% in February which is below the England average of 24.9% - similar to last month. The percentage of patients who would recommend the service has remained at 94% and is below the England average of 96% and the percentage who would not recommend has increased to 4% - still above the England average of 2%.							
<b>Actions to Address/Assurances:</b>							
Provider patient experience event being held in June 2020 will likely be rescheduled for later on the year or 2021 due to increased pressure on providers during the COVID-19 pandemic.							
The CCG Quality team will continue to monitor trends and request assurances from providers when exceptions are noted. However, by means of supporting the providers, a more relaxed approach is currently being taken with regards to submission of evidence during this period.							
Monthly FFT reports will continue to be produced by Quality team. However, Engagement and Patient Experience Group (EPEG) meetings have been put on hold for the foreseeable future.							
<b>When is performance expected to recover:</b>							
The above actions will continue with an ambition to improve performance during 2020/21.							
<b>Quality:</b>							
The Provider patient experience meetings have been put on hold during this period and the CCG will request an update in June/July 2020, dependent on Trust activity and prioritisation levels.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Brendan Prescott		N/A		Mel Spelman			

## 2.7 Planned Care Activity & Finance, All Providers

Figure 6 - Planned Care - All Providers



Performance at month 12 of financial year 2019/20, against planned care elements of the contracts held by NHS South Sefton CCG shows an under performance of circa -£4.2m/-8.4%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an over spend of approximately £431k/0.8%. Month 12 has seen a decrease in planned care against the majority of providers and points of delivery. This is a direct consequence of the reduced activity related to the COVID-19 pandemic.

At individual providers, Aintree Hospital is showing the largest under performance year to date at month 12 with a variance of -£4.1m/-13% against plan. In contrast, a notable over performance of £413k/20% against Renacres Hospital has been evident. This is followed by Southport & Ormskirk Hospital with an over performance of £204k/8% at month 12.

At speciality level, Trauma & Orthopaedics represents the highest area of spend for South Sefton CCG in 2019/20. Overall, spend within this speciality is below planned levels by -£964k/-11% at month 12. However, a notable over performance is being reported at Renacres Hospital with market share increasing for this provider in the last three years. The CCG's Business Intelligence (BI) Team are working with the Planned Care Lead to review referral patterns and planned care activity to review patient flows into the independent sector rather than main providers.

**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	12,989	12,380	-609	-5%	£8,382	£7,490	£-892	-11%
Elective	1,574	1,182	-392	-25%	£5,031	£3,567	£-1,464	-29%
Elective Excess BedDays	609	866	257	42%	£160	£229	£69	43%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	308	217	-91	-29%	£60	£45	£-15	-25%
OPFANFTF - Outpatient first attendance non face to face	1,888	1,328	-560	-30%	£56	£44	£-12	-21%
OPFASPCL - Outpatient first attendance single professional consultant led	33,448	30,250	-3,198	-10%	£5,553	£4,878	£-676	-12%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	815	851	36	4%	£86	£86	£0	-1%
OPFUPNFTF - Outpatient follow up non face to face	6,669	6,219	-450	-7%	£167	£156	£-11	-6%
OPFUPSPCL - Outpatient follow up single professional consultant led	74,758	63,111	-11,647	-16%	£5,513	£4,750	£-763	-14%
Outpatient Procedure	24,296	22,278	-2,018	-8%	£3,460	£3,130	£-330	-10%
Unbundled Diagnostics	14,958	14,052	-906	-6%	£1,258	£1,175	£-83	-7%
Wet AMD	1,667	1,636	-31	-2%	£1,315	£1,315	£0	0%
<b>Grand Total</b>	<b>173,980</b>	<b>154,370</b>	<b>-19,610</b>	<b>-11%</b>	<b>£31,041</b>	<b>£26,866</b>	<b>£-4,176</b>	<b>-13%</b>

Underperformance at Aintree Hospital is evident against the majority of planned care points of delivery. However, the overall under spend of -£3.1m/-11% is driven in the main by reduced outpatient activity, specifically first and follow up appointments (single professional consultant led).

Referral patterns suggest that underperformance is not attributed to reduced referrals for South Sefton CCG to Aintree Hospital (referrals are currently 11.1% above 2018/19 levels). Instead, Trust feedback suggests reduced programmed activity for consultants as a result of the on-going tax and pensions issue has impacted on contracted performance for planned care. Non Elective pressures and workforce issues related to sickness and theatre staff shortages have also impacted on activity levels. Furthermore, the COVID-19 pandemic has had a significant impact on activity during month 12 with a -20% reduction evident when comparing to activity in the previous month and a -29% decrease when comparing to March 2019.

Elective procedures are under performing at month 12 by -£1.4m/-29%. This reduced activity is focussed predominantly within Trauma & Orthopaedics and Colorectal Surgery. The former can be partly attributed to a switch in activity trends from the Aintree site to the Royal Liverpool site from November-19 onwards. This was as a result of the merger of Trauma & Orthopaedics following the creation of Liverpool University Hospitals Foundation Trust (LUHFT).

**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<sup>st</sup> 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	593	734	141	24%	£713	£884	£171	24%
Elective	140	171	31	22%	£777	£948	£170	22%
Elective Excess Bed Days	14	0	-14	-100%	£4	£0	-£4	-100%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	1,322	1,423	101	8%	£225	£241	£16	7%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	1,928	2,221	293	15%	£133	£153	£20	15%
OPPREOP	471	542	71	15%	£29	£33	£4	15%
Outpatient Procedure	557	701	144	26%	£100	£124	£24	25%
Physio	1,480	1,381	-99	-7%	£45	£42	-£3	-7%
Unbundled Diagnostics	610	705	95	16%	£55	£68	£13	24%
<b>Grand Total</b>	<b>7,115</b>	<b>7,878</b>	<b>763</b>	<b>11%</b>	<b>£2,081</b>	<b>£2,493</b>	<b>£413</b>	<b>20%</b>

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. As with other providers, Renacres has reported a drop in activity for month 12, which can be attributed to the COVID-19 pandemic. Overall, activity at this provider is down -27% when compared to the previous month and down -35% when compared to March 2019.

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 with market share for this particular provider increasing in the last 3 years. 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. COVID-19 has temporarily delayed progress; however, this work will be progressed imminently as part of recovery planning. Consideration of acute provider capacity in relation to the new 'operating framework for urgent and planned care service in a hospital setting during COVID-19' will need to be understood in conjunction with independent sector capacity (as part of the national procurement to support COVID-19) during and post contract end which is expected on 23<sup>rd</sup> June 2020.



Referrals to this provider for South Sefton CCG are currently 2% above 2018/19 levels. However, Trauma & Orthopaedic referrals are down -23% when comparing to the equivalent period of the previous year. In contrast, increases have been evident for specialities such as Gynaecology, ENT, Pain Management and General Surgery.

## 2.8 Personal Health Budgets



### Quarter 4 PHB Data collection

Due to the current circumstances, the personal health budget data collection is being paused and no data is being requested at this time for Quarter 4 (2019/20). Data on personal health budgets will continue to be recorded by CCGs locally wherever possible. The CCG are currently achieving this measure (Q3) and have surpassed the year end plan.

## 2.9 Continuing Health Care

Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of cases with positive CHC checklist eligibility decision made within 28 days		Previous 3 quarters and latest				There is a risk of decisions not being made in a timely manner which may lead to uncertainty of the patient / patient's family of knowing if the patient is CHC eligible.
RED	TREND	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	
		76%	82%	82%	70%	
		Target: 80%				
<b>Performance Overview/Issues:</b>						
For quarter 4 2019/20, the CCG reported 70% of cases with a positive CHC checklist eligibility decision within 28 days, against an 80% target and are now reporting red for this indicator. 11 patients breached the target out of a total 37 patients.						
<b>Actions to Address/Assurances:</b>						
This performance monitored through the Individual Patient Activity operational meeting with CSU and providers to identify any issues with provider capacity to carry out assessments. IPA has been suspended due to COVID-19 activity and will next meet June 2020.						
<b>Actions to address:</b>						
As a result of the COVID-19 pandemic and NHSE/I instruction, the legislated processes for CHC were suspended in month 12 2019-20						
<b>When is performance expected to recover:</b>						
This will not be measured in Q1 20-21 and recovery is likely to be later on in 20-21 the task of moving out of continuity into recovery and ensuring all patients have been captured for review.						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Fiona Taylor		Brendan Prescott		Brendan Prescott		



## 2.10 Smoking at Time of Delivery (SATOD)

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>Smoking at Time of Delivery (SATOD)</b>		<b>Latest and previous 3 quarters</b>				125d	<p><u>Risk to CCG</u> Where services do not meet the agreed standard, the CCG and Public Health are able to challenge provider(s) to improve and demonstrate that they are concerned with monitoring the quality of their services and improving the healthcare provided to the required standard.</p> <p><u>Risk to Patients</u> The impact of providers not achieving the SATOD indicator could mean that the service provided is poorly performing and not sufficiently engaging with the patients or providing the correct level or quality of service. South Sefton however, has a notoriously difficult population to engage with; having a high number of younger mothers in an area of high deprivation. Smoking significantly increases the risk of pregnancy complications, some of which can be fatal for the mother or the baby. This in turn impacts on CCG spend on budgets</p>
<b>RED</b>	<b>TREND</b>	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20		
		12.30%	14.00%	12.30%	9.00%		
		<p>National ambition of 11% or less of maternities where mother smoked Year to date 12% so reporting red</p>					
<b>Performance Overview/Issues:</b>							
<p>Quarter 4 shows another decrease in mothers smoking at time of delivery compared to Quarter 3 2019/20. Out of 322 maternities there were 29 women known to be smokers at the time of delivery. This more than achieves the national ambition of 11% or less for Q4. Year to date 12% was recorded.</p>							
<b>Actions to Address/Assurances:</b>							
<p>It is pleasing to see the achievement of 9% was reached by the end of Qtr. 4. At the last report, the provider was requested to check and improve on paper work and accuracy when undertaking and recording the retesting at 36 weeks stage of carbon monoxide (CO). Previous poor achievement may have been due to paper work inaccuracies and poor transposing paper records to SATOD via the Meditech system despite their committed efforts to achieving the target. The Year to date figure of 12% is reflective of the previous quarters' impact on the overall performance and it is hoped that the national ambition of 11% or less is continued in the future reports.</p> <p>The smoking cessation service is commissioned by Public Health via the Local Authority and CCG influence is indirect. The CCG supports Public Health in discussions with providers in respect of ensuring compliance and timely testing/referrals to the stop smoking service.</p> <p>The CCG and Public Health are working together with the Health Care Network partners as part of the Transformation work to improve all aspects maternal health however meetings since February 2020 have been cancelled due to COVID-19.</p>							
<b>When is performance expected to recover:</b>							
<p>The Year to date figure of 12% is reflective of the previous quarters' impact on the overall performance and it is hoped that the national ambition of 11% or less is continued in the future reports.</p>							
<b>Quality:</b>							
<p>The Provider has taken action as requested to improve the quality of their recording and transposing of CO testing reports to their computer system – reflected in Qtr. 4 achievement of 9% against the national average target of 11%.</p>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Fiona Taylor		Wendy Hewit		Peter Wong			

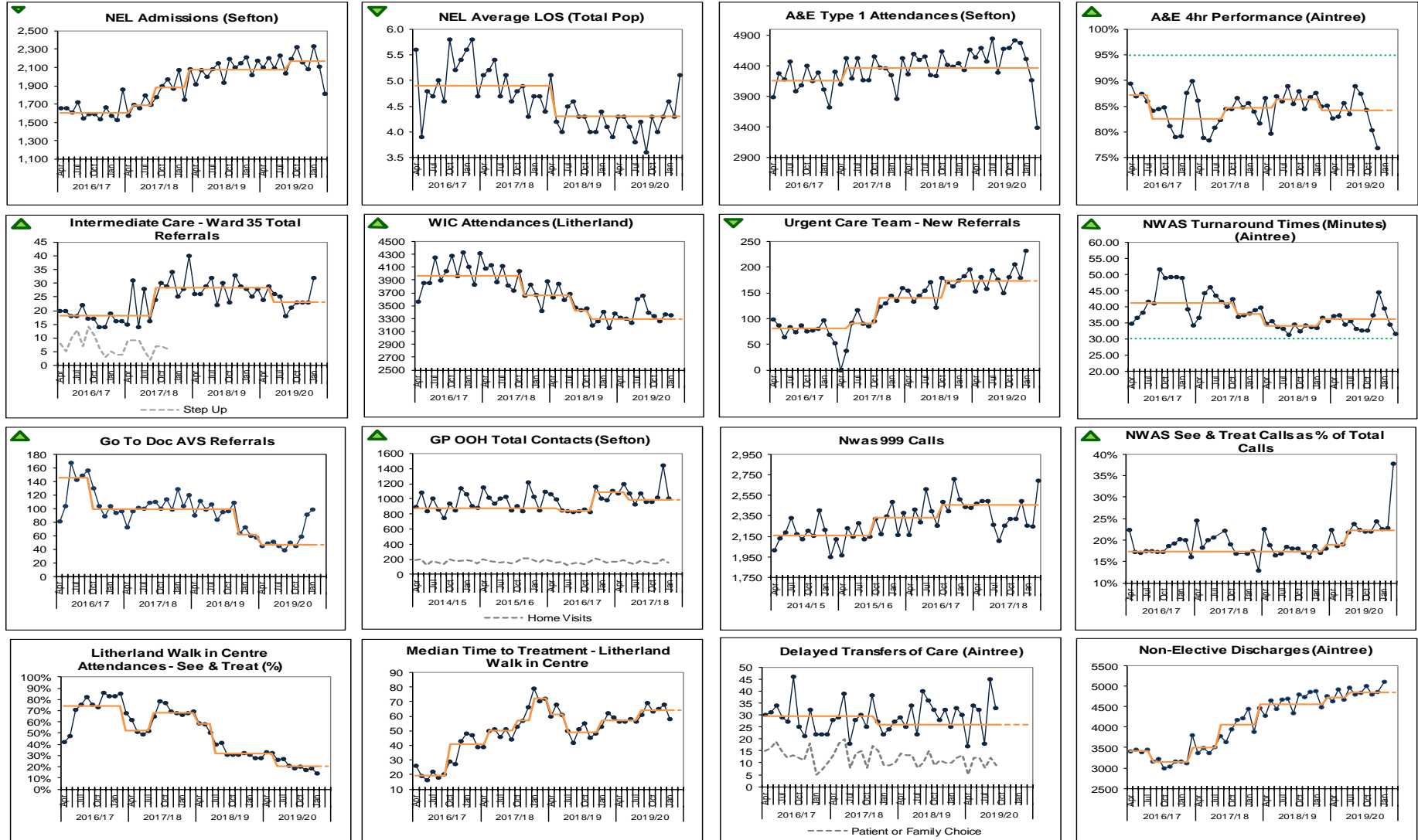
### 3. Unplanned Care

#### 3.1 Accident & Emergency Performance


















##### 3.1.1 A&E 4 Hour Performance

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>CCG and Aintree A&amp;E Waits - % of patients who spend 4 hours or less in A&amp;E (cumulative) 95%</b>		<b>Previous 3 months, latest and YTD</b>					127c	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients' conditions worsening significantly before treatment can be given, increasing patient safety risk.
<b>RED</b>	<b>TREND</b>		Dec-19	Jan-20	Feb-20	Mar-20	YTD	
		CCG All Types	80.65%	81.17%	82.42%	86.03%	81.76%	
		CCG Type 1						
		Aintree Improvement Plan	88%	86%	86%	89%	-	
		Aintree All Types	76.92%	78.33%	82.41%	85.73%	83.23%	
		Aintree Type 1	65.47%	61.80%	Not availa	Not availa	66.21%	
<b>Performance Overview/Issues:</b>								
Due to COVID-19 there has been a marked reduction in the numbers of patients attending A&E. Whilst this has improved waiting times, this should be seen as a temporary situation. Recovery will see increased attendances and also different ways to see patients who may not require emergency treatment as the impact of social distancing will need to be managed effectively. March saw an improvement in performance for Aintree with 85.73% (type 1 and 3) patients spending 4 hours or less in A&E. The provider has not achieved the trajectory that was agreed with NHSE/I that runs to 89% in March 2020 not the national target. However, there has been improvement over the past 4 months with remedial work and recruitment plans starting to take effect. A contract performance notice remains in place with actions agreed being closely monitored by the CCG.								
<b>Actions to Address/Assurances:</b>								
<b>Ongoing Internal Trust Actions:</b>								
<b>Improve Non Admitted performance</b>								
The department commenced a workstream to improve non-admitted performance in See & Treat. The action plan is under development and will be monitored weekly against the agreed trajectory. Primary Care Streaming (PCS) new model of delivery is now embedded and a report was due in March to evaluate the changes in service delivery for the first quarter.								
<b>Improve AEC functionality</b>								
Work has commenced via NHSE/I Same Day Emergency Care (SDEC) collaborative to review the role of Advanced Nurse Practitioner (ANP) to support in-reach function, final event was held at end of January. A Task & Finish group has assembled to develop a model for the trial period.								
<b>Minimise frequency of crowding (surge) in the Emergency Department</b>								
a) Department has identified 2 cubicles in the ambulance drop off bay, which will be ring-fenced for the new handover/pitstop process. This has been reviewed and feedback from clinicians and patients has been positive. Work continues in collaboration with NWS and crews are no longer being held within the department which has reduced ambulance handover time. Further monitoring and evaluation is planned to reduce this to acceptable tolerance levels. b) A Task & Finish group is to be set up with regards to Direct Conveyancing to Assessment Areas to agree the process for medical assessment area. Progress will be reported into the weekly performance meeting.								
<b>System Partners Actions:</b>								
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 as business as usual with system introduced to provide timely response to NWS 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 Long Length of Stay action plan to reduce A&E attendances e.g. development of community DVT pathway, ICRAS offer in community. • Collaborative work with Liverpool CCG to review potential Urgent Treatment Centre provision within Aintree footprint again with focus of reducing A&E attendances on hold at present (COVID). • Weekly Aintree system calls held as required with NHSE and all partners to agree priority areas to progress each week reflecting local requirements presently on hold (COVID-19). Daily calls are being held at operational level across provider organisations to support patient flow and escalation work required.								
<b>When is performance expected to recover:</b>								
Aintree agreed a trajectory with NHSE/I profiled from 88% in Month 1 to 89% in Month 12, which wasn't met. This is below the national target of 95%.								
<b>Quality:</b>								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Karl McCluskey		John Wray			Janet Spallen			

## 3.2 Urgent Care Dashboard



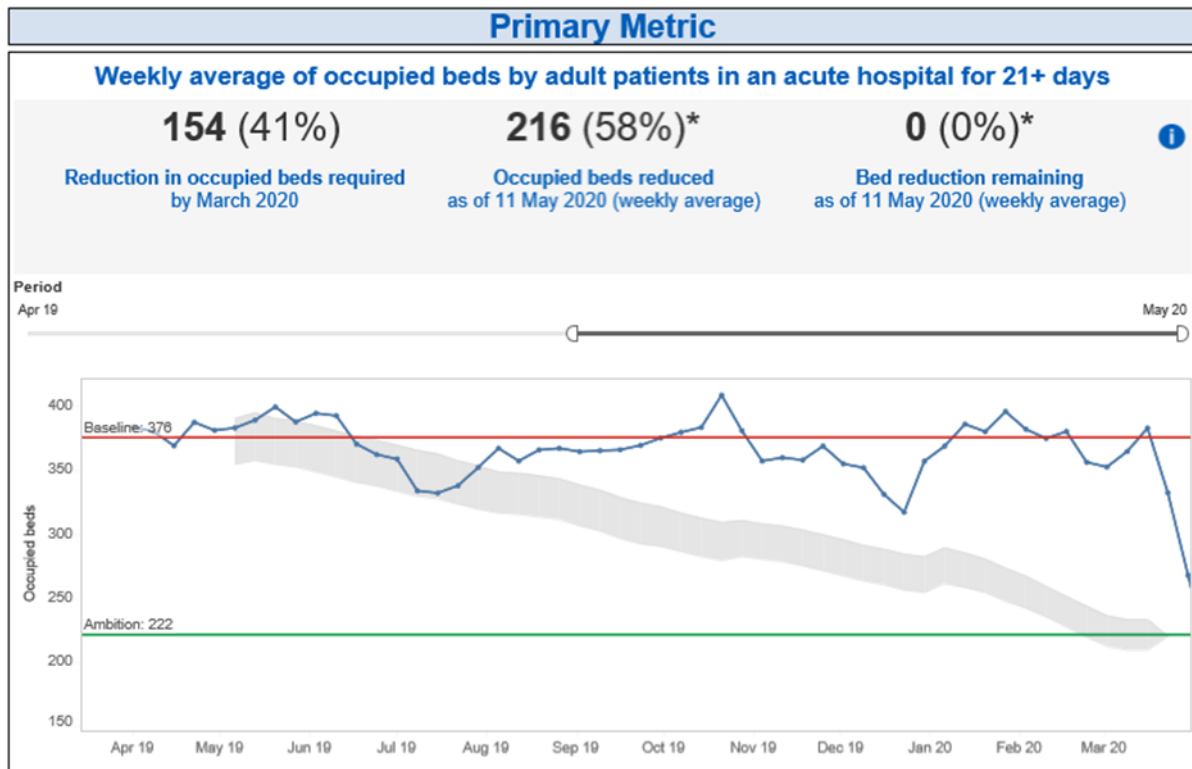
## Definitions

Measure	Description	Expected Directional Travel	
Non-Elective Admissions	Spells with an admission method of 21-28 where the patient is registered to a South Sefton GP practice.		Commissioners aim to reduce non-elective admissions by 15%
Non-Elective Admissions Length of Stay	The average length of stay (days) for spells with an admission method of 21-28 where the patient is registered to a South Sefton GP practice.		Commissioners aim to see a reduction in average non-elective length of stay.
A&E Type 1 Attendances	South Sefton registered patients A&E attendances to a Type 1 A&E department i.e. consultant led 24 hour service with full resus facilities and designated accommodation for the reception of A&E patients.		Commissioners aim to see fewer patients attending Type 1 A&E departments.
A&E 4hr % Aintree - All Types	The percentage of A&E attendances where the patient spends four hours or less in A&E from arrival to transfer, admission or discharge. Refers to Aintree University Hospital Trust catchment activity across all A&E department types (including walk-in centres).		Commissioners aim to improve A&E performance to ensure that it meets/exceeds the 95% target.
Walk-in Centre Attendances	All attendances (irrespective of patient registered GP practice) to Litherland walk-in centre.		Commissioners aim to see an increase in patients attending walk-in centres (thus avoiding Type 1 A&E departments where possible).
Urgent Care Team New Referrals	New patients seen by the Community Urgent Care Team in South Sefton.		Commissioners aim to see an increase in patients being referred to the Community Urgent Care Team.
Intermediate Care - Ward 35 Total Referrals	New referrals for South Sefton patients to Ward 35 Intermediate Care Unit at Aintree University Hospital.		Commissioners aim to see an increase in patients being referred to Ward 35 Intermediate Care Unit.
Go to Doc AVS Referrals	All South Sefton referrals to the Alternative to Transfer (AVS) service.		Commissioners aim to see an increase in referrals to the AVS service.
Go to Doc Out of Hours Activity	Total contacts to the South Sefton out of hours provider.		Commissioners aim to see an increase in out of hours contacts.
NWAS Turnaround Times - Aintree	Average time of Ambulance arrival (geofence or button press) to Ambulance clear and available (of All attendances) at Aintree University Hospital.		Commissioners aim to see a reduction in average turnaround times so that they are less than or meet the 30 minute standard.
NWAS 999 Calls	South Sefton - The total number of emergency and urgent calls presented to switchboard and answered.		Commissioners aim to see a decrease in the number of emergency calls.
NWAS Cat Red Calls	South Sefton - A combination of Red 1 and Red 2 Calls. Red 1 refers to life-threatening requiring intervention and ambulance response. Red 2 refers to immediately life-threatening requiring ambulance response.		Commissioners aim to see a decrease in the number of life-threatening emergency calls.
NWAS See & Treat Calls	South Sefton - The number of incidents, following emergency or urgent calls, resolved with the patient being treated and discharged from ambulance responsibility on scene. There is no conveyance of any patient.		Commissioners aim to see an increase in the number of patients who can be seen and treated on scene (where possible) to avoid an unnecessary conveyance to hospital.
Walk-in Centre See and Treat %	The percentage of attendances to Litherland Walk-in centre which were treated and discharged in the WIC with no onward referral.		Commissioners aim to see an increase in the number of patients who can be seen and treated on scene (where possible) to avoid an unnecessary conveyance to hospital.
Walk-in Centre Median Time to Treatment	The median time taken for patients to be treated from arrival at Litherland Walk-in Centre.		Commissioners aim to see lower average time taken to treat patients.
Delayed Transfers of Care	The number of patients who are ready to be transferred from Aintree University Hospital which are delayed.		Commissioners aim to see fewer delayed transfers of care.
Non-Elective Discharges	The number of discharges from Aintree University Hospital from patients who were admitted as Non-Elective.		Commissioners aim to see more Non-elective discharges than admissions.

### 3.3 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 Hospitals Foundation Trust**



Data Source: NHS Improvement – Long Stays Dashboard



The long stays dashboard was been updated for 2019/20 to report on a weekly basis. The Trust’s revised target was a total bed reduction of 154 (41%) by March 2020; therefore the ambition was 222 or less. Despite a significant improvement in March 2020, the Trust did not achieve the ambition in March 2020, with a total reduction of 108 and 46 remaining as at 30<sup>th</sup> March 2020. However, the Trust has since seen further significant improvements, and was reporting a total 216 reduced occupied bed days as at 11<sup>th</sup> May 2020, compared with a reduction target of 154. This further bed reduction can be attributed to the Trust response to the ongoing COVID-19 pandemic.

### 3.4 Ambulance Performance

Indicator		Performance Summary					Definitions	Potential organisational or patient risk factors
Category 1,2,3 & 4 performance		Previous 2 months and latest					<b>Category 1</b> -Time critical and life threatening events requiring immediate intervention <b>Category 2</b> -Potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and / or urgent transport <b>Category 3</b> - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering <b>Category 4 / 4H / 4HCP</b> - 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	Jan-20	Feb-20	Mar-20		
		1 mean	<=7 mins	00:06:27	00:07:21	00:07:32		
		1 90	<=15 mins	00:10:09	00:12:15	00:13:09		
		2 mean	<=18 mins	00:27:36	00:26:13	00:39:35		
		2 90	<=40 mins	00:57:55	00:57:13	01:30:12		
		3 90	<=120 mins	03:45:15	03:39:29	05:16:21		
		4 90	<=180 mins	02:56:16	03:03:16	03:29:36		
<b>Performance Overview/Issues:</b>								
<p>In March 2020 there was an average response time in South Sefton of 7 minutes 32 seconds, not achieving the target of 7 minutes for Category 1 incidents, however this was the second shortest Cat.1 response time in Merseyside. Following this, Category 2 incidents had an average response time of 39 minutes 35 seconds against a target of 18 minutes, the second 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&amp;E to release vehicles back into system.</p>								
<b>Actions to Address/Assurances:</b>								
<p>Actions to address performance has been ongoing throughout 2019/20 to deliver improvements against the national ARP standards. This was agreed as a detailed action plan which would extend to end of Quarter 1 2020/21. Actions included re-profiling the vehicle fleet, improving call pick up in the EOCs, use of the Manchester Triage tool to support both hear &amp; treat and see &amp; 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. Work is ongoing but will now have been affected by COVID.</p> <p>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 &amp; 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.</p> <p>North Mersey commissioners are working with community providers 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 focus on direct conveyancing of appropriate patients to front door units to reduce handover times.</p>								
<b>When is performance expected to recover:</b>								
<p>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 required to be delivered from quarter 2 2020/21. The Sefton data shows our best performance is in regard to C1 with all other areas inconsistent and failing the targets. End of year performance has however been within the context of emerging COVID-19 activity with full impact to be seen in April and May. The targets have not been met for C2, 3 &amp; 4 within the required timeframes and further review and negotiation is required by the ambulance commissioning team with further feedback to be provided to CCGs.</p>								
<b>Quality:</b>								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Karl McCluskey		John Wray			Janet Spallen			





## 3.5 Ambulance Handovers



Indicator		Performance Summary				Indicator a) and b)	Potential organisational or patient risk factors
<b>Ambulance Handovers</b>		<b>Latest and previous 2 months</b>				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.
<b>RED</b>	<b>TREND</b>	Target	Jan-20	Feb-20	Mar-20		
		(a) <=15-30mins	362	134	133		
		(b) <=15-60mins	200	66	20		
<b>Performance Overview/Issues:</b>							
<p>NWAS performance saw a marked decrease with handover delays of over 30 and 15-60 minutes. With 30 minute delays decreasing slightly from 134 to 133 and 60 minute delays decreasing from 66 to 20. Improvement has been seen with a need to maintain this and seek to decrease times further and eliminate delays over 60 minutes.</p>							
<b>Actions to Address/Assurances:</b>							
<p>Work has been ongoing for Aintree in collaboration 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 A&amp;E. A contract notice is in place with actions agreed which are being closely monitored by the CCG. The provider have updated their Ambulance Handover Improvement Plan with details of implementation plans and timescales for the introduction of direct conveyancing.</p>							
<b>When is performance expected to recover:</b>							
<p>This has remained a priority area for immediate improvement with the Trust. An updated Improvement Plan was submitted detailing timescales for implementation of direct conveyancing over Autumn. Pilot work was completed to test plans that patients categorised as Amber pathway patients, following a call to A&amp;E and following a predetermined clinical criteria, will travel directly to A&amp;E 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 A&amp;E to discuss the safe conveyance of a patient to the department. Improvements are now being seen in the handover times.</p> <p>Direct conveyancing to Frailty Assessment Unit (FAU) began at start of November and has been working well since. This process will progress to other assessment areas (including male and female assessment bays and surgical assessment unit). Aintree also formally merged with Royal Liverpool to become the Liverpool University Hospitals Foundation Trust (LUHFT) and are actively working on the management of ambulance arrivals at the two sites with informal diversions in place when extreme pressures within A&amp;E or significant influx notified at one site or other.</p>							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Karl McCluskey		John Wray			Janet Spallen		

## 3.6 Unplanned Care Quality Indicators



### 3.6.1 Stroke and TIA Performance

Indicator		Performance Summary				Measures	Potential organisational or patient risk factors
<b>Aintree Stroke &amp; TIA</b>		<b>Latest and previous 3 months</b>				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.
<b>GREEN</b>	<b>TREND</b>	Dec-19	Jan-20	Feb-20	Mar-20		
		73.80%	78.57%	87.00%	Not Avail		
		Stroke Plan: 80% TIA 60% (previously achieving, unavailable in March)					
<b>Performance Overview/Issues:</b>							
Due to the COVID-19 pandemic the Trust were unable to provide Stroke or TIA for March 2020. Status and trend are for February.							
All breaches of the standard are reviewed and reasons for underperformance identified.							
<b>Actions to Address/Assurances:</b>							
<b>Following are ongoing Trust Actions: -</b>							
<b>Work with Lead Nurse for workforce on a recruitment strategy for Registered Nursing Vacancies</b>							
• Finalise recruitment briefing for Clinical Business Unit (CBU) and Stroke							
<b>Improve therapy Scores Sentinel Stroke National Audit Programme (SSNAP)</b>							
• Evaluate pilot of working hours to create evening capacity							
• Evaluate pilot of weekend working							
<b>Work with ED and Radiology to improve time to CT scan to improve SSNAP score</b>							
• Monthly review of all patients who didn't meet the standard							
• Attend ED Governance meeting to discuss Stroke							
<b>Review of all patients transferred to Male Assessment Bays/Female Assessment Bays (MAB/FAB)</b>							
• Attend Acute Medical Unit (AMU) meeting to discuss timely transfers							
• DATIX all patients							
<b>Review of all delayed discharges relating to Sefton Early Supported Discharge (ESD) and insertion of Percutaneous endoscopic gastrostomy (PEG)</b>							
• Attend AMU meeting to discuss timely transfers							
• DATIX all patients							
<b>When is performance expected to recover:</b>							
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 provider failed the target for 3 consecutive months but with significant improvement and achievement of target in February. Ongoing work is focussed on patient flow and a emphasis on the North Mersey Stroke Work and how an enhanced early supported discharge team would impact on discharge delays enabling timely admission to stroke beds for new presentations. There is a need to see consistency now in meeting target.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Karl McCluskey		John Wray		Janet Spallen			



### 3.6.2 Mixed Sex Accommodation (MSA)

Indicator		Performance Summary				Potential organisational or patient risk factors	
<b>Mixed Sex Accommodation (MSA)</b>		<b>Latest and previous 3 months</b>					
<b>RED</b>	<b>TREND</b>	Dec-19	Jan-20	Feb-20	Mar-20		
		CCG	0	0	0		Not Avail
		Aintree	0	0	0		Not Avail
		Plan: Zero					
<b>Performance Overview/Issues:</b>							
<p>Due to the COVID-19 pandemic and the need to release capacity across the NHS to support the response, some collection and publication of the official statistics has been paused with MSA being one of them.</p> <p>The plan is zero, the 1 breach in October will now show the measure as red for the remainder of 19/20.</p> <p>Due to the COVID-19 pandemic the Trust were unable to provide MSA data for March 2020. Status and trend are for February.</p>							
<b>Actions to Address/Assurances:</b>							
Escalation beds have been identified and are being utilised to prevent further breaches.							
<b>When is performance expected to recover:</b>							
Continued achievement expected for this measure.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Karl McCluskey		John Wray		Brendan Prescott			



### 3.6.3 Healthcare associated infections (HCAI): MRSA

Indicator		Performance Summary				Potential organisational or patient risk factors		
<b>Incidence of Healthcare Acquired Infections: MRSA</b>		<b>Latest and previous 3 months (cumulative position)</b>				Cases of MRSA carries a zero tolerance and is therefore not benchmarked.	Due to the increased strengthening of IPC control measures due to the ongoing Covid 19, risks have been mitigated.	
<b>RED</b>	<b>TREND</b>	Dec-19	Jan-20	Feb-20	Mar-20			
		CCG	1	1	1			1
		Aintree	2	2	2			2
		Plan: Zero						
<b>Performance Overview/Issues:</b>								
The CCG and the lead provider have reported no new cases of MRSA in March, 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 provider apportioned MRSA bacteraemia, this was a contaminant, blood culture taken.								
<b>Actions to Address/Assurances:</b>								
No further incidents reported and provider action included:								
<ul style="list-style-type: none"> <li>• Undertook a post infection preview with the clinical team.</li> <li>• Identified lessons learned and actions undertaken.</li> <li>• Action plan monitored through the Decontamination Action Group (DAG) and Infection Prevention Control (IPC) Operational Group which continue to meet.</li> </ul>								
<b>When is performance expected to recover:</b>								
Remain red due to the Zero tolerance for MRSA and failed for 2019/20.								
<b>Quality:</b>								
Any further incidents will be reported by exception.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>				
Brendan Prescott		Gina Halstead		Jennifer Piet				

### 3.6.4 Healthcare associated infections (HCAI): C Difficile

Indicator		Performance Summary				Potential organisational or patient risk factors	
<b>Incidence of Healthcare Acquired Infections: C Difficile</b>		<b>Previous 3 months and latest (cumulative position)</b>				Due to the increased strengthening of IPC control measures due to the ongoing Covid 19 this will be monitored closely across the trust sites to ensure any risks mitigated.	
<b>RED</b>	<b>TREND</b>		Dec-19	Jan-20	Feb-20		Mar-20
		CCG	42	50	59		63
		Aintree	98	109	117		121
		2019/20 Plan: </=60 YTD for the CCG 2019/20 Plan: </=56 for Aintree					
<b>Performance Overview/Issues:</b>							
<p>The CCG failed the target year to date for C difficile reporting 63 cases against the year end target of 60, there were 4 cases in March.</p> <p>For Aintree in 2019/20 the total number of cases was 121 cases reported on the HCAI database (4 cases in March) failing the target of 56 year to date. The data in the table above shows the HCAI database numbers which includes Hospital Onset, Community Onset of which Healthcare Associated, Indeterminate Association and Community Associated cases.</p> <p>This is total numbers and not including pending appeals. No further updates at all highlighted workload in relation to COVID-19 as a priority.</p>							
<b>Actions to Address/Assurances:</b>							
<p>Trust Actions:</p> <ul style="list-style-type: none"> <li>• Trust cleaning and IPC measure heightened at present due to Covid-19</li> <li>• Trust wide CDI action plan developed and in progress, including Trust-wide education, deep cleaning, focus on prompt stool testing and isolation, patient and staff hand hygiene all remain a priority.</li> </ul>							
<b>When is performance expected to recover:</b>							
Recovery will be monitored as part of the LUHFT overall plan with specific emphasis on each of the sites.							
<b>Quality:</b>							
CDI action plan in progress.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Brendan Prescott		Gina Halstead		Jennifer Piet			

### 3.6.5 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary				Potential organisational or patient risk factors	
<b>Incidence of Healthcare Acquired Infections: E Coli (CCG)</b>		<b>Previous 3 months and latest (cumulative position)</b>				Due to the increased strengthening of IPC control measures due to the ongoing Covid 19 this will be monitored closely across the trust sites to ensure any risks mitigated.	
<b>RED</b>	<b>TREND</b>		Dec-19	Jan-20	Feb-20		Mar-20
		CCG	125	139	147		156
		Aintree	283	320	345		264
		2019/20 Plan: <=128 YTD and failed There are no Trust plans at present numbers for information					
<b>Performance Overview/Issues:</b>							
<p>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 March there were 9 cases (156 YTD) against a year to date plan of 128. Therefore, the CCG have failed the 2019/20 target.</p> <p>Aintree reported 19 cases in March (364 YTD) with no targets set for Trusts at present. The figures above are not just attributable to the Aintree hospital site.</p>							
<b>Actions to Address/Assurances:</b>							
The NHSE GNBSI Programme Board Meetings are yet to reconvene due to the COVID-19 incident. Local meetings are yet to be rescheduled - all highlighted as due to workload in relation to COVID-19. Local Teams are aware of escalation processes should there be an incident requiring investigation and review and noted at local Contract and Clinical Quality Review Meetings (CCQRM's).							
<b>When is performance expected to recover:</b>							
This is a cumulative total so recovery not expected although monitoring of the numbers and exception reporting will continue.							
<b>Quality:</b>							
An overarching Cheshire & Merseyside delivery plan has been put on hold due to the COVID-19 Pandemic, this will continue to be developed and will be included within the local recovery plan.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Brendan Prescott		Gina Halstead		Lynne Savage			

### 3.6.6 Hospital Mortality

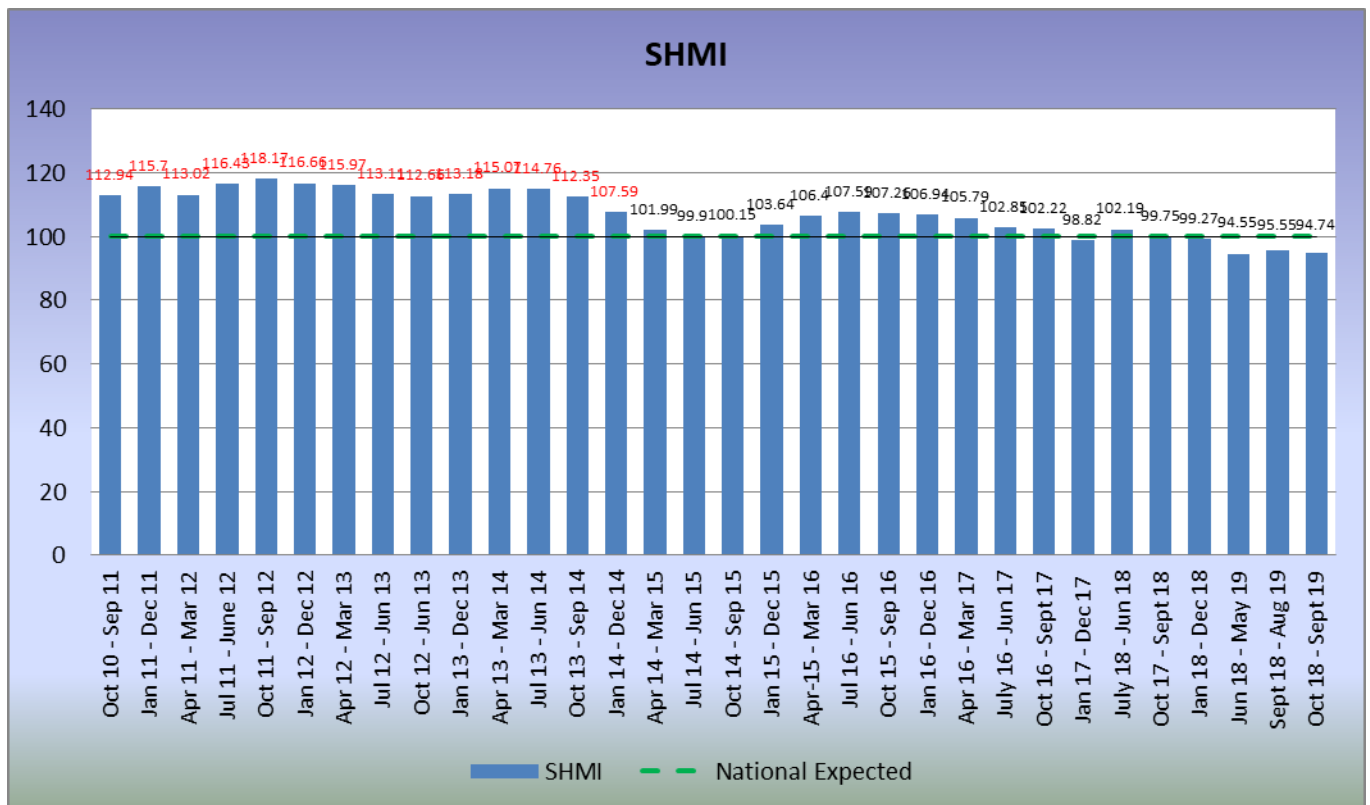
Figure 10 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	19/20 - Mar	100	81.80	↑ ↓

HSMR is lower than reported last month at 81.80 for the period November 2018 to October 2019. 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 is at 94.74 in the “as expected” range and is continuing its downward trend within tolerance levels for the period October 18 – September 19. SHMI is risk adjusted mortality ratio based on number of expected deaths.

Figure 11 - Summary Hospital Mortality Indicator



### 3.7 CCG Serious Incident (SI) Management – Quarter 4

Please note: This report is a summarised version of the report previously provided by the CCG. This is due to the transition of the incident database from Datix to Ulysees the transition of the data was on the 1<sup>st</sup> April. The CCGs quality team are working with the Midlands and Lancashire Commissioning Support Unit, in order to provide a reporting mechanism that is fit for purpose. The Quality team is also working collaboratively with Liverpool CCG who now manage the CCG's SI process.

Therefore, in the interim, the data presented in this report has been extracted directly from the Strategic Executive Incident System (StEIS).

#### 1. Number of Serious Incidents Open for South Sefton CCG

As of Q4, 2019/20, there are a total of 26 serious incidents (SIs) open on StEIS where South Sefton CCG are either responsible or accountable commissioner. Of the 26, 6 are attributed to Aintree Hospital, 15 to Liverpool University Foundation Trust (LUHFT – Aintree site only) 10 are attributed to South Sefton CCG patients in other Providers. See table below for breakdown by Provider.

Trust	No. of Incidents
Aintree University Hospital	6
Liverpool University Foundation Trust (LUFT) Aintree site only	15
North West Boroughs NHS Foundation Trust	4
Cheshire & Wirral Partnership	1
South Sefton CCG – reported on behalf of other providers	5
<b>TOTAL</b>	<b>26</b>

As of 1<sup>st</sup> October 2019, Aintree University Hospitals started reporting their serious incidents under the newly merged Liverpool University Hospitals NHS Foundation Trust (LUHFT). Liverpool CCG is the Lead Commissioner for LUHFT and has taken over the management of SIs. However, South Sefton CCG will continue to manage those reported before this time until closure has been agreed as well as providing a summary of those reported after this date, but for the Aintree site only.

#### 2. Number of Serious Incidents (SIs) Reported In Quarter 4 2019/20

There have been a total of 17 SIs reported in Q4 2019/20 where South Sefton CCG are either responsible or accountable commissioner. The following table shows the types of SIs reported by Provider during this reporting period.

SIs Reported Q4	Q4			
	01/01/2020	01/02/2020	01/03/2020	Total
<b>Liverpool University Hospital - Aintree Site only</b>				
Blood product/ transfusion incident meeting SI criteria		2		2
Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	1			7
HCAI/Infection control incident meeting SI criteria			1	2
Medication incident meeting SI criteria	5			9
Sub-optimal care of the deteriorating patient meeting SI criteria	1			5
Surgical/invasive procedure incident meeting SI criteria		1		3
Treatment delay meeting SI criteria	1	1		9
VTE meeting SI criteria				1
<b>MCFT - Community Sefton</b>				
Slips/trips/falls meeting SI criteria			1	
<b>NHS South Sefton CCG</b>				
Diagnostic incident including delay meeting SI criteria (including failure to act on test results)			3	
<b>Grand Total</b>	<b>8</b>	<b>4</b>	<b>5</b>	<b>38</b>



### 3. Number of Never Events reported

There were no Never Events reported in Q4 2019/20.

The table below shows the total number of never events reported for South Sefton CCG over the past 3 years and those reported YTD.

Never Events Reported by Provider	2015/16	2016/17	2017/18	2018/19	2019/20
Aintree University Hospital	1	1	8	1	0
Liverpool University Hospitals (Aintree site)	0	0	0	0	5
St Helens and Knowsley Hospital NHS Trust	0	1	0	0	0
<b>Total for SSCCG</b>	<b>1</b>	<b>2</b>	<b>8</b>	<b>1</b>	<b>4</b>

There have been 5 never events reported by Liverpool University Hospitals (Aintree site) during Q4 19/20. Four of which were related to the same medication incident involving the mis-selection of high strength midazolam during conscious sedation.

The incident affected patients that were admitted for PEG or NJ insertion whereby a box of Midazolam used for sedation was the wrong strength. No harm came to the 3 of the 4 affected patients and low harm to the fourth patient as the patient did not have their PEG inserted due to the procedure being abandoned. This meant the patient had to return for another PEG insertion and had the length of stay in hospital prolonged.

In each case the procedure was stopped and action taken to ensure the patients were stabilized and monitored until the procedure could be safely carried out.

The fourth never event was in relation to wrong site surgery whereby the patient had an unplanned femoral block in the wrong leg. The patient was anaesthetised when the wrong side injection was administered.

Immediate action by the trust included an increase in awareness of the incident and the intrinsic risk of wrong-side blocks across the department via group discussion at departmental meetings and via email. The 'Stop before you block' principle amongst anaesthetists and operating department practitioners was enforced as well as the empowering of the operating department practitioners to challenge and/or stop the anaesthetist if this principle is not followed. It was reiterated to practitioners not to provide block needles, local anaesthetic or an ultrasound machine until a 'Stop before you block' has been carried out.

The Root Cause Analyses (RCA) and lessons learnt are awaited for all 5 of the above Never Events. A combined RCA is being undertaken for the 4 related Never Events.

### 4. SIs reported during last 12 months

For South Sefton CCG during the last 12 months and for Q4 19/20, the top 4 most commonly reported SIs were:

- Treatment delay
- Medication Incident
- Diagnostic incident
- Pressure ulcer

Liverpool CCG is currently undertaking a thematic review of delays in treatment that can also be linked to diagnostic delays.

## 5. RCAs due during Q4 19/20

There were 7 RCAs due for LUHFT (Aintree site) during Q4 19/20. 5 were received on time, 1 was downgraded and 1 extension was granted.

For Mersey Care 4 RCAs were due:

- 2 for Mental Health - RCAs were received on time and closed
- 2 for South Sefton Community division - RCAs were overdue but were closed.

## 6. Serious Incidents Ongoing

There are 26 SIs which remain open on StEIS for South Sefton CCG. There are 6 legacy SIs open for AUH, 15 open for LUHFT (Aintree site only) and 5 open for South Sefton CCG. At the time of writing this report, 6 of the SIs have now been closed.

The table below provides an update for each in terms of current status at the time of writing this report.

Trust	STEIS Ref	Reported on StEIS	Type of Incident	RCA Due Date	RCA Submitted	Status
AUH	2019/15116	09/07/2019	Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	02/10/2019	24/02/2020	Closed at March 2020 SIRG
	2019/15605	16/07/2019	Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	09/10/2019	09/10/2019	Closed at March 2020 SIRG
	2019/16091	22/07/2019	HCAI/Infection control incident meeting SI criteria	15/10/2019	14/10/2019	Closed in May 2020
	2019/17311	07/08/2019	Sub-optimal care of the deteriorating patient meeting SI criteria	31/10/2019		Closed at March 2020 SIRG
	2019/20222	13/09/2019	Medication incident meeting SI criteria	06/12/2019		Knowsley CSU requested an updated action plan which was requested to the trust on 15/04/20, SSCCG reviewed at SSCCG SIRG 12/12/20 was not agreed closed until escalation to CCF/CQPG.
	2019/20770	20/09/2019	Treatment delay meeting SI criteria	13/12/2019		Closed at March 2020 SIRG
LUHFT	2019/23068	22/10/2019	Treatment delay meeting SI criteria	17/01/2020	09/01/2020	Reviewed at LCCG SIRG – awaiting further assurance
	2019/23169	23/10/2019	Treatment delay meeting SI criteria	20/01/2020	20/01/2020	Reviewed at LCCG SIRG – awaiting further assurance
	2019/23739	30/10/2019	VTE meeting SI criteria	27/01/2020		Reviewed at LCCG SIRG – awaiting further assurance
	2019/23885	01/11/2019	Sub-optimal care of the deteriorating patient meeting SI criteria	29/01/2020	26/02/2020	Reviewed at LCCG SIRG – awaiting further assurance
	2019/24961	15/11/2019	Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	12/02/2020	26/02/2020	Reviewed at LCCG SIRG – awaiting further assurance
	2020/968	15/01/2020	Treatment delay meeting SI criteria	08/04/2020	06/05/2020	To be reviewed at LCCG SIRG
	2020/1061	16/01/2020	Medication incident meeting SI criteria	Ext to 31/05/2020		Awaiting aggregated RCA (Never Event)– being managed by LCCG
	2020/1343	21/01/2020	Medication incident meeting SI criteria	Ext to 31/05/2020		Awaiting aggregated RCA (Never Event)– being managed by LCCG
	2020/1345	21/01/2020	Medication incident meeting SI criteria	Ext to 31/05/2020		Awaiting aggregated RCA (Never Event)– being managed by LCCG
	2020/1346	21/01/2020	Medication incident meeting SI criteria	Ext to 31/05/2020		Awaiting aggregated RCA (Never Event)– being managed by LCCG

Trust	STEIS Ref	Reported on StEIS	Type of Incident	RCA Due Date	RCA Submitted	Status
	2020/1691	27/01/2020	Surgical/invasive procedure incident meeting SI criteria	22/04/2020	01/05/2020	To be reviewed at LCCG SIRG
	2020/2316	04/02/2020	Medication incident meeting SI criteria	30/04/2020		Awaiting RCA – being managed by LCCG
	2020/3125	13/02/2020	Blood product/ transfusion incident meeting SI criteria	12/05/2020		Awaiting RCA – being managed by LCCG
	2020/3916	25/02/2020	Blood product/ transfusion incident meeting SI criteria	22/05/2020		Awaiting RCA – being managed by LCCG
	2020/4323	02/03/2020	Surgical/invasive procedure incident meeting SI criteria	29/05/2020		Awaiting RCA – being managed by LCCG
SSCCG	2019/23364	24/10/2019	Treatment delay meeting SI criteria	21/01/2020		Closed in April 2020
	2020/5449	17/03/2020	Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	15/06/2020		Awaiting RCA (DMC)
	2020/5455	17/03/2020	Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	15/06/2020		Awaiting RCA (DMC)
	2020/5456	17/03/2020	Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	15/06/2020		Awaiting RCA (DMC)
	2020/5458	17/03/2020	Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	15/06/2020		Awaiting RCA (DMC)

The following SIs are not performance managed by South Sefton CCG but by the relevant RASCI commissioner. The SIs will involve South Sefton CCG patients therefore as accountable commissioner, South Sefton CCG will review all RCAs and provide feedback to the RASCI commissioner. The following applies to the remaining open SIs from other providers.

Trust	SI ref	Status
North West Boroughs	2019/11420	Subject to SCR – ongoing
	2019/20493	Awaiting RCA from NWB
	2019/27927	Forwarded 72HR report to TF 120520 asked to liaise with Mel re should LCCG be dealing?! - (NWB)
	2019/17311	RCA received, TF forwarded to Gina & Sue130520 for comments to collate a response back to NWB
CWP	2019/19353	Awaiting RCA form CWP

## 7. Closed SIs

During Q4, 9 SIs have been closed for South Sefton CCG. This includes the following:

Closed SIs	Q4			
	Jan-20	Feb-20	Mar-20	Total
<b>LUHFT - Aintree Site</b>				
Diagnostic incident including delay meeting SI criteria (including failure to act on test results)		2		2
Medication incident meeting SI criteria	1			1
Treatment delay meeting SI criteria		1		1
<b>MCFT - Community Division</b>				
Pressure ulcer meeting SI criteria	1	1	1	3
Slips/trips/falls meeting SI criteria		1		1
<b>MCFT - Mental Health</b>				
Treatment delay meeting SI criteria			1	1
<b>Total</b>	<b>2</b>	<b>5</b>	<b>2</b>	<b>9</b>

As per the new process, all RCAs received for Mersey Care Community and Mental Health and all those received for Liverpool University Hospitals, will be reviewed by the Liverpool CCG SIRG panel. South Sefton CCG SIRG members will be invited to comment on RCAs and sit on the panel where necessary. Additionally, a member of the quality team will attend each Liverpool SIRG meeting and report back any issues, themes or trends as appropriate.

South Sefton CCG SIRG panel will convene to review RCAs reported on behalf of their smaller commissioned providers and those other trusts (not commissioned by Liverpool CCG) that involve South Sefton patients.

The CCG quality team will continue to manage their own SIs for smaller providers and convene the SIRG panel to review those RCAs.

### **3.8 CCG Delayed Transfers of Care (DTC)**

The CCG Urgent Care lead works closely with Aintree Hospital, now Liverpool University Hospital Foundation Trust (LUHFT) and the wider Multidisciplinary Team (MDT) involving social care colleagues to review DTCs 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 Decision Support Tools (DST) 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 LUHFT partners is detailed in NHSI action plan with trajectory for reductions on long lengths of stay. Further work has been carried out to understand DTC 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 (DTC) reported in February 2020 was 1,340, a decrease compared to February 2019 with 1,514. Delays due to NHS have decreased, with those due to social care increasing. The majority of delay reasons in February 2020 were due to care package in home, patient family choice, completion assessment and residential home.

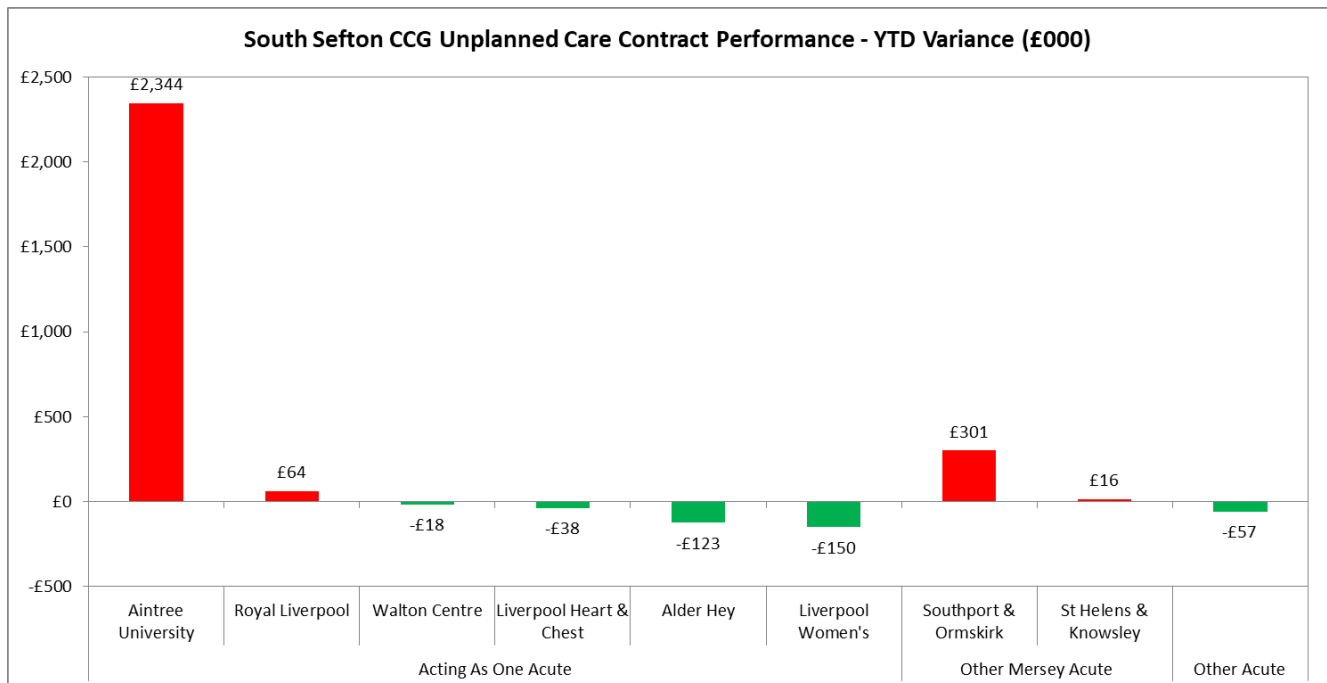
There has been no update for March on the DTC data, February data remains for information.

See DTC appendix for more information.

### 3.9 Unplanned Care Activity & Finance, All Providers

#### 3.9.1 All Providers

Figure 12 - Unplanned Care – All Providers



Performance at month 12 of financial year 2019/20, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £2.3m/3.9%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in a smaller variance of £230k/0.4%. This is a reduced overspend when comparing to the previous month and can be attributed to decreasing activity in month 12 as a result of the COVID-19 pandemic.

The contracted over performance is clearly driven by Aintree Hospital, which has a variance of £2.3m/5% against plan at month 12. This appears to be driven by increased costs within the Non-Elective point of delivery and CCG leads are currently reviewing data to understand the potential impact of increased coding. This work will continue and will be discussed formally with the provider via contract routes.

South Sefton CCG is also aware of activity being undertaken at Virgin Healthcare walk in centres at Ormskirk and Skelmersdale. At month 12, the value is £159k. This has previously been paid for on a non-contract activity basis and CCG contract leads are in discussions with Virgin Care on developing a contract for 2020/21. The table below shows the movement year on year.

Figure 13 - South Sefton CCG at Virgin Care Activity & Cost

South Sefton CCG at Virgin Care	Activity	Cost
2018/19	4,203	£160,461
2019/20	3,975	£159,870
Variance	-228	-£591
Variance %	-5%	-0.4%

**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 1<sup>st</sup> 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.

### 3.9.2 Aintree University Hospital

**Figure 14 - 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	42,981	39,286	-3,695	-9%	£1,010	£1,010	£0	0%
A&E - Accident & Emergency	36,222	35,640	-582	-2%	£5,848	£5,834	-£14	0%
NEL - Non Elective	17,711	17,267	-444	-3%	£31,912	£35,663	£3,751	12%
NELNE - Non Elective Non-Emergency	50	52	2	4%	£185	£253	£69	37%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	280	244	-36	-13%	£73	£70	-£4	-5%
NELST - Non Elective Short Stay	3,430	3,724	294	9%	£2,380	£2,591	£211	9%
NELXBD - Non Elective Excess Bed Day	14,811	8,279	-6,532	-44%	£3,790	£2,121	-£1,670	-44%
<b>Grand Total</b>	<b>115,484</b>	<b>104,492</b>	<b>-10,992</b>	<b>-10%</b>	<b>£45,198</b>	<b>£47,541</b>	<b>£2,344</b>	<b>5%</b>

A&E type 1 attendances are -2% below plan for South Sefton CCG at Aintree Hospital with the provider (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. Attendances and admissions have each seen a significant drop in activity reported during month 12 and this can be attributed to the impact of the COVID-19 pandemic. Type 1 attendances saw a -21% reduction when comparing to the previous month and a -28% reduction when comparing to March 2019.

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).

Non-elective activity is below planned levels by -3% but costs are exceeding planned values by £3.7m/12%, which could suggest a change in the case mix of patients presenting. Over performance has been recorded against various specialities (predominantly Acute Medicine) and HRGs including those related to Pneumonia, Alzheimer's disease / Dementia, Stroke and Heart Failure. A notable switch in the recording of Casemix Companion (CC) scores has been evident with an increase in admissions related to Pneumonia (with a score of 10+) increasing against plan and against 2018/19 levels. Total admissions recorded under the 'NEL' point of delivery have also increased to a peak for 2019/20 in January-20. CCG leads are further reviewing data to understand the financial impact of CC scores and will raise this with the provider via contract routes.

**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

As result of COVID-19 and NHSE/I contracting guidance all contracting has been suspended including CQPG meetings. Commissioners are seeking to establish a regular dialogue with Mersey Care NHS FT to ensure that long standing quality issues are addressed including communication to primary care and safeguarding.

#### Autism Spectrum Disorder (ASD)

The Trust is also reporting that waiting times for assessment have increased and exact times are being confirmed. An options paper has been received by the CCGs, but this requires further detail detailing how and when the wait times will be reduced including financial implications. In addition the NHS/E instruction to suspend contracting and related investment while providers respond to COVID-19 may have an impact on progressing any service development. The long waits will also have an impact on the SEND transition pathway to adult services.

#### 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 CAG in May considered an outline proposal to enhance the Eating Disorder service which was approved for further development however progression needs to be considered whilst contracting has been suspended.

#### Core 24 KPIs

In Month 12 the Trust reported CORE 24 indicators:



Core 24 Indicator	Target	March 2020	
Emergency Pathway - Assessment within 1 hour	90%	100.00%	Sustained from 100.00% reported in February 2020
Urgent Pathway - Assessment within 1 hour	66.67%	100.00%	Sustained from 100.00% reported in February 2020
Urgent Pathway - Assessment within 4 hour	90%	100.00%	Sustained from 100.00% reported in February 2020

For all CORE 24 indicators the Trust are undertaking the following actions to maintain performance.

- The Standard Operating Procedure (SOP) is being revised to improve more consistent recording of different codes and stages which will improve the accuracy of the levels of urgent /emergency referral being received by CORE 24 and will ensure that the right care that matches their needs at the right time of assessment.



- CORE 24 staff has received appropriate communication to understand the correct process and this will be supported by managers on a regular basis.

#### 4.1.2 CPA Follow up 2 days



Indicator		Performance Summary				Potential organisational or patient risk factors
CPA Follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams		Previous 3 months and latest				Patient safety risk re: – suicide/harm to others.
GREEN	TREND	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	
		100%	100%	100%	90.0%	
		Plan: 95% - Quarter 4 2019/20 reported 90.0% and failed				
<b>Performance Overview/Issues:</b>						
In quarter 4 the Trust failed to achieve the 95% plan for CPA follow up in 2 days for higher risk groups by appropriate teams, reporting 90%, out of 10 patients there was 1 patient breach. The Trust have not given any update on this patients delay. Reporting has been limited due to the COVID-19 pandemic. Year to date the Trust are reporting 96.67% and achieving the 95% target.						
<b>Actions to Address/Assurances:</b>						
The indicator is number sensitive. The underperformance for quarter 4 related to just 1 breach out of 10 patients.						
<b>When is performance expected to recover:</b>						
Trust has achieved 100% for the Q1-Q3 in 2019/20. Expectation is that performance will improve in 2020/21.						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough		Gordon Jones		



### 4.1.3 Eating Disorder Service Waiting Times (KPI 125)



Indicator		Performance Summary				Potential organisational or patient risk factors
<b>Eating Disorder Service (EDS): Treatment commencing within 18 weeks of referrals</b>		<b>Previous 3 months and latest</b>				KPI 125  Patients safety risk. Reputation.
<b>RED</b>	<b>TREND</b>	Dec-19	Jan-20	Feb-20	Mar-20	
		63.2%	63.16%	71.43%	45.83%	
		Plan: 95%				
<b>Performance Overview/Issues:</b>						
Out of a potential 24 Service Users, 11 started treatment within the 18 week target (45.83%), which shows a deterioration from the previous month. The Trust has stated that demand for the service continues to increase and to exceed capacity. Demand for the service continues to increase and exceed capacity.						
<b>Actions to Address/Assurances:</b>						
<b>Trust Actions:</b>						
1. Increasing psychological provision – by introducing more group interventions in place of individual therapy. We are recruiting to 1 Compassion Focussed Therapy (CFT) group and 1 CBT group.						
2. Tightening EDS Criteria – to ensure service users are able to access a psychological therapies commissioned service						
3. Clearer and stricter DNA and cancellation policy						
4. Using therapy contracts to contract number of sessions						
5. Staff will be offered opportunity for overtime using some of the money from vacant posts to provide additional therapy slots.						
6. The recent advert for the Band 7 Clinical Psychology post was unsuccessful, and the Trust placed an advert for a CBT Therapy post Band						
7. A business case is being developed requesting key investment to enhance the existing service and increase physical health and psychological provision within the service. The CAG in May gave outline approval for a case to be developed however progression may be delayed due to the NHSE/I instruction that contracting activity and transformation initiatives have been ceased whilst the NHS responds to COVID-19						
The number of service users waiting for therapy and the waiting times for psychological intervention improved this month. Further data analysis is required to provide accurate timeframe for further improvement.						
<b>When is performance expected to recover:</b>						
Aiming for significant improvement by Quarter 1 20/21. However COVID-19 may have a significant impact on activity.						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough		Gordon Jones		

#### 4.1.4 Falls Management & Prevention (KPI 19)



Indicator		Performance Summary				Potential organisational or patient risk factors
<b>Falls Management &amp; Prevention: Of the patients identified as at risk of falling to have a care plan in place</b>		<b>Previous 3 quarters and latest</b>				KPI 19  Patient Safety.
<b>RED</b>	<b>TREND</b>	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	
		57.1%	85.7%	80.0%	75.0%	
		Plan: 98% - 2019/20 Quarter 4 reported 75.0% and failed.				
<b>Performance Overview/Issues:</b>						
The Trust reported performance below the 98% target in Q4, 75.0% which was lower than quarter 3 18/19 when 80.0% was reported. In Quarter 4 there were a total of 4 patients, only 1 of which didn't have a care plan in place. The small number of patients means only 1 breach will have a significant impact on performance.						
<b>Actions to Address/Assurances:</b>						
Modern Matrons have been tasked with ensuring the review and completion of FRAT and care plan where identified.						
<b>When is performance expected to recover:</b>						
Quarter 1 2020/21.						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
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				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>IAPT Access - % of people who receive psychological therapies</b>		<b>Latest and previous 3 months</b>				123b	Risk that CCG is unable to achieve nationally mandated target.  Demand for the service continues to increase and exceed capacity.
<b>RED</b>	<b>TREND</b>	Dec-19	Jan-20	Feb-20	Mar-20		
		0.71%	0.97%	0.74%	0.68%		
		Access Plan: 19.0% (First 3 quarters) - March 2019/20 reported 0.68% and failed YTD 12.18%					
<b>Performance Overview/Issues:</b>							
The access standard is defined as 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. The national target for 2019/20 is to achieve 22% (5.5% per quarter), therefore the monthly target is approximately 1.59%. However, local commissioning arrangements are to achieve 4.75% in the last quarter of 2019/20 only. Month 12 performance was 0.68% and failed to achieve the target standard with a significant drop in the numbers of people accessing the service in the latter half of M12. Achieving the access KPI has been an ongoing issue for the provider and the forthcoming procurement exercise coupled with COVID-19 may further exacerbate poor performance. The service also reported in May that 3 x PWP vacancies are having an impact on capacity.							
<b>Actions to Address/Assurances:</b>							
Nationally it is recognised that IAPT services will be in the forefront in dealing with mental health related issues arising out of COVID-19. The service has moved over delivering a remote based services using digital and telephone access. It is intended to rollout on-line group work. The service is looking to reduce wait times so as free up capacity for the additional numbers expected to enter the service as part of COVID-19 national recovery efforts.							
<b>When is performance expected to recover:</b>							
The above actions will continue with an ambition to improve performance. Procurement exercise commenced in February 2020 with the aim of a new provider to be in place by 1st January 2021.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Geraldine O'Carroll/Karl McCluskey		Sue Gough			Geraldine O'Carroll		



## 4.2.2 Improving Access to Psychological Therapies: Recovery

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Recovery - % of people moved to recovery		Latest and previous 3 months				123a	Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Dec-19	Jan-20	Feb-20	Mar-20		
		28.2%	41.0%	49.4%	45.5%		
		Recovery Plan: 50% - March 2019/20 45.5% and failed YTD 42.36%					
<b>Performance Overview/Issues:</b>							
The Recovery rate decreased from 49.4% in February to 45.5% in March and failing to achieve the 50% target. Year to date the Trust achieved 42.36%. It has been recognised that for South Sefton CCG people enter the service with higher severity which has an impact on recovery times.							
<b>Actions to Address/Assurances:</b>							
In response to COVID-19 the provider moved to a remote access service which may have impacted on recovery rates. The clinical lead for the service continues to review non recovered cases and work with practitioners to improve recovery rates. It is recognised that demand for services in the aftermath of the COVID-19 will significantly increase.							
<b>When is performance expected to recover:</b>							
National expectation that IAPT services will be at forefront of the mental health response in the aftermath of COVID-19. Procurement exercise commenced in February 2020 with the aim of a new provider to be in place by 1st January 2021.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Geraldine O'Carroll/Karl McCluskey		Sue Gough			Geraldine O'Carroll		



## 4.3 Dementia

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>Dementia Diagnosis</b>		<b>Latest and previous 3 months</b>				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.
<b>RED</b>	<b>TREND</b>	Dec-19	Jan-20	Feb-20	Mar-20		
		63.9%	64.6%	64.5%	64.0%		
		Plan: 66.7%					
<b>Performance Overview/Issues:</b>							
<p>The latest data on NHS Digital shows South Sefton CCG are recording a dementia diagnosis rate in March of 64%, which is under the national dementia diagnosis ambition of 66.7%. This is similar to the percentage that was reported last month.</p> <p>The Memory Assessment Service operated by NHS Mersey Care Trust (MCT) has been suspended due to the Government's COVID-19 restrictions. This will have a severe impact on dementia assessments and dementia diagnosis ambition. It will also likely increase waiting times across both North and South services once recovery starts.</p>							
<b>Actions to Address/Assurances:</b>							
<p>Commissioners have been notified by NHS MCT that contracting arrangements have been suspended under guidance from NHSE/I.</p> <p>Memory Assessment Services across Sefton have been changed due to the Government restrictions. Indications are that no new assessments have taken place since the restrictions were put in place.</p> <p>Documentation received from MCT states: 'reviewing remote options'. Commissioners have contacted NHS MCT to clarify what this means. Commissioners have recently received a recovery plan from the provider; however, this does not have the detail needed and appears not to cover memory assessment services recovery approach.</p> <p>Commissioners will communicate with Mersey Care Trust to gain clarity around the functioning and recovery plan for the Memory Assessment Service across Sefton.</p>							
<b>When is performance expected to recover:</b>							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Jan Leonard		Susan Gough			Kevin Thorne		

## 4.4 Learning Disabilities Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>Learning Disabilities Health Checks (Cumulative)</b>		<b>Latest and previous 3 quarters</b>				124b	
<b>GREEN</b>	<b>TREND</b>	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	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.	
		13.8%	2.9%	13.0%	30.1%		
		Q3 2019/20 Plan: 16.8%					
<b>Performance Overview/Issues:</b>							
<p>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. There have been issues with data quality issues and practices not submitting their register sizes manually, the CCG are using a local data source for the registered patient numbers which comes directly from the practices and are more accurate. In quarter 3 2019/20, the CCG reported a performance of 19.9%, now above the plan of 16.8%, cumulatively they are achieving 30.1%. Year to date out of 670 registered patients, 202 patients had a health check compared to a plan of 122.</p>							
<b>Actions to Address/Assurances:</b>							
<p>Programme of work established with South Sefton GP Federation to increase uptake of annual health checks. A meeting is being arranged with the Local Authority to offer the annual health checks to patients with an LD in their own home or in day services.</p>							
<b>When is performance expected to recover:</b>							
<p>March 2020, however the current COVID-19 pandemic may impact on future performance.</p>							
<b>Quality impact assessment:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough			Gordon Jones		

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

Indicator	Performance Summary	NHS Oversight Framework (OF)	Potential organisational or patient risk factors								
<p>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</p>	<p>Latest and previous 3 quarters</p>		<p>Risk that CCG is unable to achieve nationally mandated target.</p>								
	<p>RED</p> 	<p>TREND</p> 		<p>123g</p> <p>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.</p>							
	<table border="1"> <thead> <tr> <th>Q1 19/20</th> <th>Q2 19/20</th> <th>Q3 19/20</th> <th>Q4 19/20</th> </tr> </thead> <tbody> <tr> <td>18.6%</td> <td>20.7%</td> <td>22.7%</td> <td>28.1%</td> </tr> </tbody> </table> <p>Plan: 50% - Quarter 4 2019/20 reported 28.1% and failed</p>	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	18.6%	20.7%	22.7%	28.1%		
Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20								
18.6%	20.7%	22.7%	28.1%								
<b>Performance Overview/Issues:</b>											
<p>In the financial year of 2019/20, 28.1% of the 1,755 of people on the GP SMI register in South Sefton CCG (494) received a comprehensive health check. Despite not yet achieving the 50% ambition at the end of the financial year, there has been an improvement in each of the quarterly time periods showing performance is heading in the right direction.</p>											
<b>Actions to Address/Assurances:</b>											
<p>Action plan developed which focuses on the following:</p> <ul style="list-style-type: none"> <li>• Redrafting of the LQC scheme to be more explicit on the 6 interventions that make up the SMI health.</li> <li>• Highlighting the correct EMIS template which is better suited for capturing the 6 interventions.</li> <li>• Data quality checking.</li> <li>• Increased awareness of the scheme amongst practices.</li> </ul>											
<b>When is performance expected to recover:</b>											
<p>Performance should improve from Quarter 2 2020/21 onwards.</p>											
<b>Quality impact assessment:</b>											
<b>Indicator responsibility:</b>											
<b>Leadership Team Lead</b>	<b>Clinical Lead</b>	<b>Managerial Lead</b>									
Geraldine O'Carroll	Sue Gough	Gordon Jones									

## **5. Community Health**

### **5.1 Adult Community (Mersey Care FT)**

Due to the COVID-19 outbreak, recent information sub group and Contract & Clinical Quality Review Meetings (CCQRM) have been postponed. A commissioner only CCQRM was held in May and the next CCQRM is due to take place in June with the Trust. Prior to the COVID-19 outbreak, the Trust was undertaking a performance review of each service, and discussions regarding 2020/21 reporting requirements were being had. The CCG met with the Trust to discuss revising the service review action plan to incorporate actions to address service pressures and service development opportunities. It has been agreed that additional reporting requirements and activity baselines would be reviewed alongside service specifications and transformation. Waiting times for Speech and Language Therapy (SALT) and Physiotherapy continue to be scrutinised.



#### **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 will enable the Trust to produce one relevant report with both Liverpool and Sefton CCGs information and action plans to address any issues. Work is ongoing to merge the CQPGs for the Community Trusts and Mental Health as one meeting across the CCGs to reduce duplication and support consistency of reporting and messages.

In light of COVID-19 plans for the merging of the CQPGS has been delayed and work will recommence once the full meetings have been recommenced. For Q4 for the CQUIN, National guidance was amended and providers did not need to submit the data and the decision to pay the full amount was made by the Leadership Team of the CCGs.



## 5.1.2 Mersey Care Adult Community Services: SALT

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: SALT		Previous 3 months and latest				<=18 weeks: <b>Green</b> > 18 weeks: <b>Red</b>	
<b>RED</b>	<b>TREND</b>	Incomplete Pathways (92nd Percentile)					
		Dec-19	Jan-20	Feb-20	Mar-20		
		19 wks	22 wks	21 wks	25 wks		
		Target: 18 weeks					
<b>Performance Overview/Issues:</b>							
<p>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.</p> <p>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). March's incomplete pathways reported above the 18 week standard with 25 weeks, showing an increase on last month and therefore remaining above the 18 week standard. It is important to note that the completed pathways also continues to exceed the 18 week target at 26 weeks in March, a further increase in waiting times from February.</p>							
<b>Actions to Address/Assurances:</b>							
<p><b>The CCG have not received update improvement plans for March due to COVID-19 but feedback previously provided is still being progressed with the greatest challenge being workforce recruitment and retention:</b> The Trust's waiting times performance is a standing agenda item at the monthly information sub group, which feeds into the monthly Contracting and Clinical Quality Review Meeting (CCQRM). The Trust has advised this is a small service with just 3 staff, 1 WTE is currently on leave and 1 locum has left. The Trust put 4 posts out to recruitment across Liverpool and Sefton but has been unable to recruit. The Trust is looking to source more locums to increase capacity. Liverpool is also supporting the team despite having their own staffing issues although it is a bigger team.</p> <p>The Trust continues to prioritise urgent patients and the long waiters are all non-urgent patients. The total waiting list is increasing due to staffing issues and difficulties recruiting. The Trust has advised of the following actions:</p> <ul style="list-style-type: none"> <li>- Action: Weekly review and validation of the waiting list. Progress: Weekly reviews have shown longest waiting times to be increasing but that the higher priority patients are being seen and triage is being completed in a timely fashion. Weekly reviews of the waiting list / times are now business as usual.</li> <li>- Action: Additional SALT capacity being utilised through overtime / additional hours within the division. Progress: Part-time team members have put in additional hours &amp; full-time members have carried out overtime. Triage and new patient assessments have been supported by colleagues from Liverpool team.</li> <li>- Progress: Team currently has 1.24 WTE vacancies. These are currently being filled by locums who commenced in March and April. Posts have been advertised four times but unable to recruit.</li> </ul> <p>Action: Recruitment issues are within context of national shortages. It has been discussed the need to consider workforce strategy on a larger footprint in collaboration with other providers.</p>							
<b>When is performance expected to recover:</b>							
<p>The CCG have asked the Trust to review and advise urgently on their long term strategy for SALT and other Allied Health Professional (AHP) workforce recruitment and retention. This is not a South Sefton specific issue with same challenges in neighbouring CCG areas and opportunity to consider sustainability on a larger footprint and also across Community and Acute provision. Recovery trajectory to be developed as part of this work which will be based on recruitment actions identified above. There has been further deterioration in March with workforce issues not yet resolved and impacting on waiting time position.</p>							
<b>Quality impact assessment:</b>							
<p>The Trust has assured the CCG that they continue to see urgent patients in a timely manner and these are prioritised.</p>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Karl McCluskey		Sunil Sapre		Janet Spallen			

## **5.2 Any Qualified Provider – Audiology**



In February 2020 the Merseyside CCGs agreed to offer a further continuation of contracts to AQP Audiology providers in 2020/21, pending further work on an updated specification and a Liverpool led engagement process.

The guidance issued in the 26<sup>th</sup> March-20 revised arrangements for NHS contracting and payment during the COVID-19 pandemic has been followed in respect of payment for non NHS providers of AQP services.



## 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				
<b>RED</b>	<b>TREND</b>	Q1 19/20	Q2 19/20	Q3 19/20	YTD	
		12.2%	5.4%	4.8%	22.5%	
		YTD Access Plan: 25.5% - YTD reported performance: 22.5% and failing				
<b>Performance Overview/Issues:</b>						
<p>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 3 Access rate. The quarterly Access rate has declined from Q2 to 4.8%, with the year to date Access rate at 22.5% against the target of 25.5%. Year end target being 34%.</p> <p>Note: Q4 data is not yet available. Provisional data expected 14th June-20.</p>						
<b>Actions to Address/Assurances:</b>						
<p>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. Data from online support initiated in 2019/20 is not yet being flowed or reported. This is being investigated so data can be reported in year. This additional activity will need to be recorded and reported to deliver target.</p>						
<b>When is performance expected to recover:</b>						
<p>Data from online support initiated in 2019/20 is not yet being flowed and being reported, this is being investigated so data can be reported in year. CAMHS affected by significant capacity issues during year affecting numbers and access times. Trust has initiated improvement plan which will increase activity in quarter 4 compared to previous quarters.</p>						
<b>Quality impact assessment:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
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
<b>Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral</b>		<b>Latest and previous 3 quarters</b>				<p>Performance in this category is calculated against completed pathways only.</p> <p>Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required</p> <p>Possibility that planned increase in activity for 2020/21 may be delayed by COVID-19 related factors.</p> <p>May be a surge in referrals as part of COVID-19 recovery phase.</p>
<b>RED</b>	<b>TREND</b>	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	
		87.0%	82.6%	91.3%	91.7%	
		Access Plan: 100% - 2019/20 National standard 95%				
<b>Performance Overview/Issues:</b>						
In quarter 4 the Trust reported under the 100% plan. Out of 24 routine referrals to children and young people's eating disorder service, 22 were seen within 4 weeks recording 91.7% against the 100% target. The 2 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.						
<b>Actions to Address/Assurances:</b>						
All breaches are tracked and reported monthly. Service has relatively small numbers so breaches have a large impact on performance. All clinically tracked and breach always related to patient choice (which the metric doesn't account for). Nationally, all services have capacity issues. Additional investment to CCG baseline to fund increased capacity as part of national commitments has been confirmed and currently in negotiations with AHCH about the additional capacity to be provided.						
<b>When is performance expected to recover:</b>						
Additional investment to be released for implementation. Due to recruitment (specialist posts), currently agreeing trajectory for planned increase in activity for 2020/21. Despite COVID-19 challenges, the Trust is continuing with recruitment.						
<b>Quality impact assessment:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
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				Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required
<b>GREEN</b>	<b>TREND</b>	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	
		50.0%	66.7%	100.0%	100.0%	
		Access Plan: 100% - 2019/20 National standard 95%				
<b>Performance Overview/Issues:</b>						
Achieved 100% in quarter 4 local plan 100%, national standard 95%.						
<b>Actions to Address/Assurances:</b>						
Not required due to achievement of the target. The service has relatively small numbers so breaches can have large impact on % performance.						
<b>When is performance expected to recover:</b>						
Continued recovered position is expected.						
<b>Quality impact assessment:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
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 the national data submission and local interpretation. Discussions and review with the provider on expanding and standardising metrics across CAMHS and community services were initiated prior to the COVID-19 outbreak, and are now in the process of being finalised. The plan is to conclude this for flowing of data in 2020/21.

Alder Hey have submitted a recovery plan to reduce RTT for specialist CAMHS, to less than 18 weeks for quarter 1 2020/21, however, due to the impact of the pandemic on service delivery and staffing, waiting times have increased. In light of this, the RTT plan will be revisited as part of Alder Hey's phase 2 response to COVID-19 and be considered in its wider recovery plan.

## 6.3 Children's Community (Alder Hey)

### 6.3.1 Paediatric SALT



Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
<b>Alder Hey Children's Community Services: SALT</b>		<b>Previous 3 months and latest</b>					<p>The CCG may not deliver on all aspects of the SEND improvement plan as the SALT waiting time improvement trajectory cannot be met within the plan's timescales (due to impact of COVID-19).</p> <p>Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required, particularly for the SEND cohort.</p> <p>Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase.</p>
<b>RED</b>	<b>TREND</b>	Incomplete Pathways (92nd Percentile)				<p>&lt;=18 weeks: <b>Green</b></p> <p>&gt; 18 weeks: <b>Red</b></p>	
		Dec-19	Jan-20	Feb-20	Mar-20		
		27 wks	22 wks	20 wks	23 wks		
		Target <= 18 weeks					
<b>Performance Overview/Issues:</b>							
<p>In March the Trust reported a 92nd percentile of 23 weeks for Sefton patients waiting on an incomplete pathway. Unfortunately this shows an increase in average waiting times from February when 20 weeks was reported. Prior to this increase, performance had steadily improved and was on track to achieve 18 weeks by March. Demand for the service continues to increase. In March 2020, year to date referrals were 12.7% higher than in March 2019.</p> <p>At the end of March there were no children who had waited over 52 weeks. 84 were waiting between 18 and 29 weeks. No patients were waiting above 29 weeks. The total number waiting over 18 weeks continues to decrease.</p>							
<b>Actions to Address/Assurances:</b>							
<p>Prior to COVID-19, additional investment into SALT recurrently and non-recurrently had already been agreed and a recovery plan was in place to significantly reduce waiting times, which was on target to deliver a month by month reduction to 18 weeks by end of March. Monitoring of this position was taking place at contract review meetings and with Executive senior input and performance and updated trajectories are provided monthly. However, due to the impact of COVID-19, waiting times have increased as services move from face-to-face to remote and digital modes of delivery; and staffing levels are impacted by staff redeployment and illness/requirement to self isolate.</p> <p>The Trust is making every effort to continue to deliver the service remotely where possible, given the constraints. It will revise the recovery plan and waiting time trajectories as part of its COVID-19 recovery plans, including consideration of the waiting time backlog.</p>							
<b>When is performance expected to recover:</b>							
As part of its phase 2 response to COVID-19, the Trust will develop recovery plans and revised trajectories to address the increase in waiting times and the waiting time backlog.							
<b>Quality impact assessment:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Karl McCluskey		Wendy Hewitt			Peter Wong		

Figure 15 – Alder Hey Community Paediatric SALT Waiting Times – Sefton

Paediatric SALT Sefton	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	18/19 Outturn
Number of Referrals	146	162	139	150	110	152	219	197	164	187	199	194	1,846
Incomplete Pathways - 92nd Percentile	45	43	37	36	35	34	33	31	27	22	20	23	448
Total Number Waiting	945	920	878	818	763	732	732	680	657	597	578	574	9,372
Number Waiting Over 18 Weeks	522	464	469	436	406	375	319	244	196	97	82	84	4,678

RAG Rating

<=18 Weeks	
19 to 22 Weeks	
23 Weeks Plus	

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

## 6.3.2 Paediatric Dietetics



Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
<b>Alder Hey Children's Community Services: Dietetics</b>		<b>Previous 3 months and latest</b>				DNAs <= 8.5%: <b>Green</b> > 8.5% and <= 10%: <b>Amber</b> > 10%: <b>Red</b>	Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required.
<b>RED</b>	<b>TREND</b>	Outpatient Clinic DNA Rates					
		Dec-19	Jan-20	Feb-20	Mar-20		
		20.5%	17.5%	15.3%	18.7%		
		Outpatient Clinic Provider Cancellations				Provider Cancellations <= 3.5%: <b>Green</b> > 3.5% and <= 5%: <b>Amber</b> > 5%: <b>Red</b>	Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase.
		Dec-19	Jan-20	Feb-20	Mar-20		
		5.1%	6.6%	7.4%	6.5%		
		DNA threshold: 8.5% Provider cancellation threshold: 3.5%					
<b>Performance Overview/Issues:</b>							
The paediatric dietetics service has seen high percentages of children not being brought to their appointment. In March 2020 performance declined, with DNA rates increasing from 15.3% in February to 18.7% in March. However, provider cancellations saw an improvement, decreasing from 7.4% in February to 6.5% in March.							
<b>Actions to Address/Assurances:</b>							
Prior to COVID-19, Alder Hey had introduced a new weekly South Sefton clinic so that south Sefton patients no longer had to travel to north Sefton for an appointment (data has been reported Sefton wide, but in future will be reported by CCG). This was seeing a reduction in the number of Did Not Attend (DNA)/Was Not Brought (WNB) patients which can be seen in the performance above.							
The CCGs have invested in extra capacity in response to Safe Staffing levels from Alder Hey.							
As part of its response to COVID-19, Alder Hey is offering telephone and digital appointments which is helping to keep DNA rates to a minimum.							
<b>When is performance expected to recover:</b>							
As part of COVID-19 recovery phase.							
<b>Quality impact assessment:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Karl McCluskey		Wendy Hewitt			Peter Wong		

Figure 16 – Alder Hey Community Paediatric Dietetic Waiting Times – South Sefton CCG

Paediatric DIETETICS - South Sefton	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Number of Referrals	27	51	26	24	24	28	34
Incomplete Pathways - 92nd Percentile	21.96	11.00	9.92	14.88	14.88	12.16	8.36
Incomplete Pathways RTT Within 18 Weeks	87.18%	98.33%	100.00%	97.37%	100.00%	97.00%	100.00%
Total Number Waiting	39	60	39	38	28	35	45
Number Waiting Over 18 Weeks	5	1	0	1	0	1	0

RAG Rating

<=18 Weeks
19 to 22 Weeks
23 Weeks Plus

**Figure 17 – Alder Hey Community Paediatric Dietetic DNA's & Cancellations – Sefton**

Outpatient Clinics - DNAs															
	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	19/20 Total	
Appointments	327	532	429	647	528	698	99	142	99	93	113	100	100	1,125	
DNA	66	53	41	147	68	116	21	17	30	24	24	18	23	240	
DNA Rate	16.8%	9.1%	8.7%	18.5%	11.4%	14.3%	17.5%	10.7%	23.3%	20.5%	17.5%	15.3%	18.7%	17.6%	

Outpatient Clinics - Cancs by Provider															
	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	19/20 Total	
Appointments	327	532	429	647	528	698	99	142	99	93	113	100	100	1,125	
Cancellations	6	0	5	29	0	44	8	15	13	5	8	8	7	89	
Rate	1.8%	0.0%	1.2%	4.3%	0.0%	5.9%	7.5%	9.6%	11.6%	5.1%	6.6%	7.4%	6.5%	7.3%	

Outpatient Clinics - Cancs by Patient															
	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	19/20 Total	
Appointments	327	532	429	647	528	698	99	142	99	93	113	100	100	1,125	
Cancellations	27	63	63	207	128	184	24	50	39	31	31	25	19	335	
Rate	7.3%	10.6%	12.8%	24.2%	19.5%	20.9%	19.5%	26.0%	28.3%	25.0%	21.5%	20.0%	16.0%	22.9%	

RAG Ratings & Targets 19/20

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

CANCs Outpatients - by Provider	
<= 8.47%	Green
> 8.47% and <= 10%	Amber
> 10%	Red

## 6.4 Alder Hey Community Services Contract Statement

Commissioner Name	Service	Currency	Previous												
			Year	Plan	FOT	Variance %	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD	
NHS South Sefton CCG	Paediatric Continence	Caseload at Month End	264	264	154	-41.67	106	102	78	77	85	67	58	270	
		Total Contacts (Domicillary)	1,734	1,734	1,710	-1.38	112	148	100	106	159	222	188	1,710	
		Total New Referrals	171	171	174	1.75	11	17	11	7	8	23	16	174	
	Paediatric Dietetics	Caseload at Month End	5	5	224	4,380.00	218	246	233	228	229	233	258	224	
		Referral to 1st Contact (Weeks Average)	8.6	8.6	7.7	-10.47	17.1	9.5	60.6	7.8	7.8	4.3	5.3	8.7	
		Total Contacts	356	356	758	112.92	46	63	74	88	100	78	102	758	
		Total Contacts (Domicillary)	63	63	195	209.52	2	11	8	36	37	28	42	195	
		Total Contacts (Outpatients)	293	293	525	79.18	44	45	55	46	60	47	53	525	
	Paediatric Occupational Therapy	Total New Referrals	284	284	326	14.79	27	51	26	24	24	28	34	326	
		Caseload at Month End	201	201	116	-42.29	104	79	101	108	95	102	103	151	
		Referral to 1st Contact (Weeks Average)	15.9	15.9	12.2	-23.27	12.1	12.0	12.8	13.0	11.9	13.2	7.9	14.1	
		Total Contacts (Domicillary)	4,894	4,894	4,405	-9.99	298	448	443	314	460	325	327	4,405	
		Total New Referrals	619	619	519	-16.16	32	36	42	54	32	57	41	519	
	Paediatric Speech and Language Therapy	Referral to 1st Contact (Weeks Average)	25.0	25.0	26.6	6.4	23.8	26.0	25.3	28.5	21.3	18.8	17.2	35.3	
		Total Contacts (Domicillary)	12,825	12,825	15,328	19.52	1,270	1,510	1,496	1,030	1,548	1,285	1,396	15	
		Total Contacts Complex Cochlear (N&S Sefton)	507	507	247	-51.28	23	21	25	10	18	24	9	247	
		Total New Referrals	1,094	1,094	1,170	6.95	80	127	115	106	106	114	121	1,170	
		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:

Green	FOT is <10% above or below plan
Yellow	FOT is 10%-20% above or below plan
Red	FOT is > 20% below plan
Purple	FOT is > 20% above plan

If Plan is >10,000:

Green	FOT is <5% above or below plan
Yellow	FOT is 5%-10% above or below plan
Red	FOT is > 10% below plan
Purple	FOT is > 10% above plan



## 6.5 Alder Hey Activity & Performance Charts



## 7. Third Sector Overview

### Quarter 4 Overview

#### Introduction

Quarterly reports from CCG-funded Third Sector providers detailing activities and outcomes achieved have been collated and analysed. A copy of this report has been circulated amongst relevant commissioning leads. Referrals to most services have continued to increase during Q4, Individual service user issues (and their accompanying needs) continue to increase in complexity, causing pressure on services provided.

Some reports for Q4 have been delayed due to the current COVID-19 pandemic and services needing to shift to accommodate the needs of the community

#### Age Concern – Liverpool & Sefton

The Befriending and Re-ablement Service promotes older people's social independence via positive health, support and well-being to prevent social isolation. Due to the current COVID-19 pandemic, activity during Q4 has involved Befriending and Re-ablement Officers (BRO's), volunteers and the volunteering Officers telephoning as many past and current clients as possible to ascertain what support they have in place whilst at the same time offering companionship. Where support is needed the team have been signposting on to those able to offer frontline support. Clients are receiving at least one phone call per week that checks on their wellbeing and offers a friendly chat. As a consequence of the current situation April will highlight a significant increase in the number of client/volunteer matches being made, with many volunteers phoning as many as 3 times more clients than they usually visit. During this quarter, 450 people have been supported by a Befriending and Re-ablement officer. Of the new referrals, received in this quarter, 15% were received from local NHS trusts (a decrease of 7% on Q3) no referrals were received from GPs. This is the second quarter in succession to receive a drop in referrals from GPs and NHS trusts.

The number of active volunteers is currently 105 with 38 volunteers progressing towards becoming active. This equates to a 41% increase on the end of Q3.

#### Alzheimer's Society

During Q4 the service received 76 new referrals received, referrals have considerably increased during this period by 60%.

During this period the service has been affected by COVID-19 with 5 groups cancelled. There were a total of 19 activity groups in 6 locations delivered throughout Jan -Mar:

9	x	Singing for the Brain, 6 in Southport and 6 in Bootle
2	x	Active & Involved – 2 in Lydiate & 3 in Bootle
9	x	Reading sessions - 4 at the Hope centre in Aintree & 6 at the Salvation Army-Southport

The service has delivered 2 Dementia Support sessions at Blundellsands Surgery and Cumberland House. With agreement from the surgeries the following are now on hold due to lack of referrals; Thornton, 42 Kingsway & Rawson Road. All sessions ceased at GP practices once the COVID-19 lockdown came into effect.

The side by side service made 183 visits to 28 people; the service currently has 31 volunteers. By the beginning of March COV-19 was already having an impact on the project. All new planned matches were suspended on the 9<sup>th</sup> March, following national guidance all service users and volunteers were contacted by staff explaining the suspension of all visits

### **Citizens Advice Sefton**

Advice sessions are delivered to in-patients of Clock View Hospital, Walton by an experienced social welfare law advisor with a specialist knowledge of mental health issues. During Q4 31 new referrals were received; 45% were via Mental Health professionals on the ward, 52% were self-referrals and 3% were from other sources.

The type of advice required was mainly in regard to benefits including tax credits and Universal Credits. Of these new referrals 61% were recorded as being permanently sick or disabled, 16% are unemployed and a further 16% are currently employed. During the year, the officer based at Clock View Hospital has assisted Sefton patients in applying for various grants, benefits and entitlements totalling £1,125,562

### **Crosby Housing and Reablement Team (CHART)**

Reports for Q4 have not yet been forwarded to the CCGs due to staff working at home during the COVID-19 Pandemic. The following information was submitted for Q3.

During Q3 the service has received 65 new referrals with 89% coming from Mersey Care NHS Foundation Trust. Other referrals were mainly via Sefton MBC - Adult Social Care (12%). Case outcomes during the period included accommodating 46 service users and supporting a further 30 people to stay in their current residence. The service helped 6 people avoid hospital admission and enabled 22 patients to be discharged. In addition to this, the service assisted 9 clients to move to more supported accommodation and prevented 29 people becoming homeless. A further 15 service users were supported in becoming more independent and assisted to move to accommodation within the community.

### **Expect Limited**

Expect Limited's staff complement comprises 4 paid members of staff plus 1 volunteer that look after the Bowersdale Centre in Litherland. During Q4 the service received 8 new referrals. There are 108 existing service users who remain actively engaged within the service. All existing clients are in receipt of benefits with a diagnosis e.g. anxiety, depression, personality disorder, Post-Traumatic Stress Disorder etc.

43% are known to have learning disabilities. During Q4 there were 1,157 drop-in contacts (Monday to Friday). The number of contacts at the centre reduced by less than half during March due to COVID-19. Services at the Bowersdale Centre ceased, centre staff made contact with all service users and their appropriate relatives and/or care providers to offer support, including the provision of a contact telephone number should they experience difficulties or need further advice and guidance.

### **Imagine independence**

During Q4 Imagine Independence carried forward 104 existing cases. A total of 83 were referred via IAPT. Of the new referrals 53% were female and 47% male. All completed personal profiles and commenced job searches. A total of 36 service users attended job interviews; 46% managed to secure paid work for 16+ hours per week. The service supported 47 people in retaining their current employment, and liaised with employers on behalf of clients.

During the COVID-19 pandemic services have ceased, both employment workers are providing employment support to people on their caseloads via telephone, but are not currently receiving referrals from IAPT. Some capacity has been identified within the service to provide telephone support to assist with emotional wellbeing and companionship to vulnerable people within the community; details have been forwarded to Sefton CVS.

### **Netherton Feelgood Factory**

The service provides a safe space for people with complex mental and social care needs (Upstairs @ 83 offers open access drop-in, one-to-one counselling, group interventions, welfare advice and support). Three paid staff are employed to deliver this service together with a small number of volunteers.

Monitoring information has not been received for 2019-20 due to funding and staffing issues. The following update in regard to COVID-19 from the centre has been noted and is currently being acted on.

The service is offering a Community shopping service for vulnerable service users, in addition to this a telephone befriending with some access to counselling is being offered. This is also operational during weekends. The service has also developed a programme of weekly activity packs including local history information, creative writing guidance, puzzles, gardening tips and crafts.

### **Parenting 2000**

During Q4 the service received a total of 129 referrals; these were broken down as 15 adults and 114 children. A total of 40 service users accessed counselling for the first time. Of the 283 appointments available during this period a total of 263 were booked and 220 were actually used. There were 23 cancellations whilst 20 did not attend their scheduled appointment. The current waiting lists stands at 363; this has been discussed with the commissioner of children's services at the CCGs.

The top five referral sources during Q4 were Hospital 22% (Alder Hey & CAMHS) GP direct referral or recommendation 32%, Self/Carer/Parent 18%, Other VCF 14% & schools 9%. The referring GP surgeries were recorded as Family Surgery, Ainsdale St Johns, Cumberland House, Norwood Surgery, St Marks, The Village Surgery, Dr Elliot Westway Medical Centre, Crosby Surgery.

### **Sefton Advocacy**

Due to the COVID-19 pandemic, reports detailing Q4 activity have not yet been submitted to the CCGs, Sefton Advocacy are currently working collaboratively with Sefton Carers Centre. Work being undertaken at the moment is mainly via telephone and email, the service has directly contacted all service users and helped with the development of a volunteer shopping project with Sefton CVS. The following information was submitted for Q3.

Q3 the service received a total of 110 new referrals were received and of these 7% were signposted to more appropriate support, the majority of referrals were received via Sefton MBC (39%) and service user self- referrals including friends/family (35%).

During this period there were a total of 228 contacts comprising of office visits and other case contacts. Advocates also carried out 7 home visits and attended 3 medical appointments. In addition to this, advocates attended 6 court tribunals supporting service users. Reports so far this year detail case outputs resulting in financial outcomes worth a total of £849,125.

### **Sefton Carers Centre**

The total number of Carers supported in this final quarter of the financial year has steadily increased by 1.1 % from the third quarter. There are currently 11,732 carers registered with the centre. There has been steady growth in the number of referrals received from GP practices during this period. This could be attributed to the appointment of 8 Social Prescribing Link Workers in December 2019 that are now working closely with the PCN's to support the health and wellbeing of patients across the borough of Sefton.

The Sitting Service continues to grow with a further 4 volunteers having been recruited during this quarter, providing a total of 266 respite hours break to Carers. The centre has aided a number of carers with applications for various benefits and grants totalling £1,158,037 during the contract year.

### **Sefton Council for Voluntary Service**

Due to the COVID-19 pandemic, activity reports have not yet been submitted by Sefton CVS for Q4. The service are co-ordinating in collaboration with the CCGs the discharge from hospital programme and co-ordinating a large number of volunteers offering befriending telephone calls, shopping services and prescription collection for the most vulnerable and isolated people within the Sefton community.

### **Sefton Women's And Children's Aid (SWACA)**

SWACA provides crisis intervention, early intervention and prevention to overcome the impact of domestic abuse; including advocacy, advice, programmes of work, parenting support, legal advice and therapeutic support; plus multi-agency training and VCF partnership working. During Q4 there were 910 new referrals compared to 523 during Q3 (74% increase) of these 910 referrals, 394 were children under the age of 14. During the period the refuge accommodated 2 women along with 3 children for a period of 4 weeks. Referrals came from various sources; with the top three being self/friend or family 30% police 18%, and CYPS Safeguarding Children 36%.

### **Stroke Association**

The Association provides information, advice and support for up to 12 months post-stroke. It works in hospital and community settings, alongside a multi-disciplinary team of health and social care professionals. As plans evolve, work is being undertaken to ensure stroke's new priority status is supported by ambitious and deliverable interventions across the whole National Stroke Programme pathway.

Reports detailing Q4 activity and information have not yet been submit but the Stroke Association remains committed to patients and have given the following update whilst adjusting to COVID-19 pandemic plans.

- Home, hospital and care home visits have been entirely ceased until further notice.
- Voluntary and service led groups were on hold until 14<sup>th</sup> April but have now been ceased until further notice.
- We continue to offer telephone based post stroke reviews to areas where we are commissioned to do so – blood pressure testing will not be carried out.
- All of our offices have closed and all staff have moved to home working – our IT systems are working well and we do not anticipate disruption.

The Stroke Association are also working with NHS England and counterparts to ensure all newly diagnosed stroke survivors get support during this unprecedented time.

### **Swan Women's Centre**

The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. During Q4 there were 63 new referrals for counselling services, 13 for the support group and a further 2 for the outreach service and 48 for counselling.

The majority of women accessing the service self-referred but the number of GP recommendations and direct referrals have increased significantly; this category is now the second largest referral group to the centre closely followed by Mersey Care NHS Trust.

Of the 655 counselling sessions available during this period 467 were booked and used, 170 were cancelled by the client and 18 were recorded as DNA. The Centre also provides an Outreach Service (only available by professional referral) for women diagnosed with severe mental illness, and those that do not fit the mental illness criteria but who need support, there were 2 referrals made to the Outreach Service (with 73 outreach sessions delivered in total). The Emotional Well-being Support Group offers support to women via a qualified counsellor with experience of group therapy. There was 1 new referrals received during the period with 37 attendances in total.

### **Macmillan Cancer Support Centre – Southport**

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

Macmillan cancer support offers advice, information & support to people affected by cancer, their carers, families and friends; signposting to local services and support groups. During 2018 the centre

received 1356 contacts. Support is mainly given to service users suffering Breast, Prostate, Colorectal, lung and head and neck cancers.

During Q4 the centre received 79 new referrals; most were Right by You & GP referrals (21) Aintree UHT (13), Southport & Ormskirk Hospital NHS Trust (9). There were 464 recorded contacts at the centre during the period.

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

The following update in regard to the centre's response to COVID-19 was forwarded:

### **COVID-19**

The current situation and the impact of the pandemic is going to have a significant impact on the Centre and the RBY service. The centre has closed and all staff are currently working from home providing support by telephone. Currently Centre staff are focusing on supporting existing service users, we are identifying service users that we know are particularly vulnerable and making regular calls to them and when appropriate registering them for support.

The Navigators are continuing to process RBY referrals, support Cancer Champions and carry out HNAs where appropriate. The Centre Manager has a weekly phone call with key staff at Aintree and The Royal to get information about the impact on cancer patients and to be updated with any changes for example CNSs being redeployed to other areas. We are already aware that lots of patients are having diagnostics, surgery and treatment postponed or cancelled. It is recognised that some of these patients may need immediate psychological/counselling support. We are working with a number of partners to try and develop a virtual wellbeing service to support these patients.

We are working in a similar way with Southport Hospital. Aintree and The Royal are going to look at referring any patients that haven't already had an HNA into the RBY service which may mean that our workload is increased significantly.

The service recognise that the numbers of patients where immediate concerns need to be addressed will increase significantly, the service will be ensuring that patients that need to shield have the practical support they need in order to do this rather than offering an HNA. In addition the Navigators are already finding that often it isn't appropriate to offer an HNA when people are so worried about the current situation.

The service expects impact within the primary care pathway. This is very unfortunate given that we are so early on in the process of establishing the pathway and have been so successful at getting practices to engage with the RBY service. We are continuing to try and work with practices, although some have already said that they won't be able to continue to send packs out to patients with a new cancer diagnosis.

We will have a better idea of the impact on the RBY service after the next quarter but given that we are already one third of the way through the 12 month service we are very concerned about what we will be able to deliver especially with regards to future sustainability. In terms of sustainability we had hoped to achieve this through the development of Practice Cancer Champions and working with other new roles for example Social Prescribing Link Workers and other wellbeing services. We had started developing these working relationships but won't have the opportunity to take this any further at the current times. Again we are concerned that due to the short term funding of our service we will now struggle to develop any sustainability going forward depending on how long COVID-19 disrupts services.

## 8. Primary Care

### 8.1 CQC Inspections

A number of practices in South Sefton CCG have been visited by the Care Quality Commission (CQC) and details of any inspection results are published on their website. There have been two inspections recently, Ford Medical Practice; who have gone from 'requiring improvement' for overall, safe and well-led to 'good' across the board. The second practice inspected was Netherton Practice; they have also gone from 'requiring improvement' for overall, safe and to 'good' across the board. All results are listed below:

**Please note: CQC inspections have been halted due to COVID-19 pandemic.**

**Figure 18 - CQC Inspection Table**

South Sefton CCG								
Practice Code	Practice Name	Latest Inspection	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	30 August 2017	Good	Good	Good	Good	Good	Good
N84015	Bootle Village Surgery	12 July 2016	Good	Good	Good	Good	Good	Good
N84016	Moore Street Medical Centre	21 March 2019	Good	Good	Good	Good	Good	Good
N84019	North Park Health Centre	24 January 2019	Good	Good	Good	Good	Good	Good
N84020	Blundellsands Surgery	20 July 2016	Good	Good	Good	Good	Good	Good
N84023	Bridge Road Medical Centre	18 May 2016	Good	Good	Good	Good	Good	Good
N84025	Westway Medical Centre	10 August 2016	Good	Good	Good	Good	Good	Good
N84026	Crosby Village Surgery	13 November 2018	Good	Good	Good	Good	Good	Good
N84027	Orell 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	05 March 2020	Good	Good	Good	Good	Good	Good
N84034	Park Street Surgery	12 November 2019	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
N84035	15 Sefton Road	10 March 2017	Good	Good	Good	Good	Good	Good
N84038	Concept House Surgery	27 March 2018	Good	Good	Good	Good	Good	Good
N84041	Kingsway Surgery	07 October 2016	Good	Good	Good	Good	Good	Good
N84043	Seaforth Village Surgery	08 September 2015	Good	Good	Good	Good	Good	Good
N84605	Litherland Practice	10 September 2015	Good	Good	Good	Good	Good	Good
N84615	Rawson Road Surgery	12 February 2018	Good	Good	Good	Good	Good	Good
N84621	Thornton Practice	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	19 November 2019	Good	Requires Improvement	Good	Good	Good	Good
N84627	Crossways Surgery	14 December 2018	Good	Good	Good	Good	Good	Good
N84630	Netherton Practice	24 January 2020	Good	Good	Good	Good	Good	Good
Y00446	Maghull Surgery	16 July 2019	Good	Requires Improvement	Good	Good	Good	Good

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

## 9. CCG Oversight Framework (OF)

**Due to the impact and prioritisation of the COVID-19 response, data collection and reporting on Future NHS has now been paused. As a result, there will be no further updates to the NHS Oversight Framework Dashboard until further notice.**

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 Senior Leadership Team (SLT) Leads responsible and expected date of improvement for the indicators.

NHS England and Improvement released the new Oversight Framework (OF) for 2019/20 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 Long Term Plan 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.

A live dashboard is available on Future NHS and was updated in January. The CCG continues to monitor performance with focus on indicators highlighted in the worst performing quartile and in the Key Lines of Enquiry (KLOEs).

The table below summarises the total number of indicators ranked in each quartile for Q1 and Q2 2019/20. Information on the performance is detailed in the quarterly oversight framework governing body report. Further detail can be found in this report. The next one is due for the June 2020 governing body.

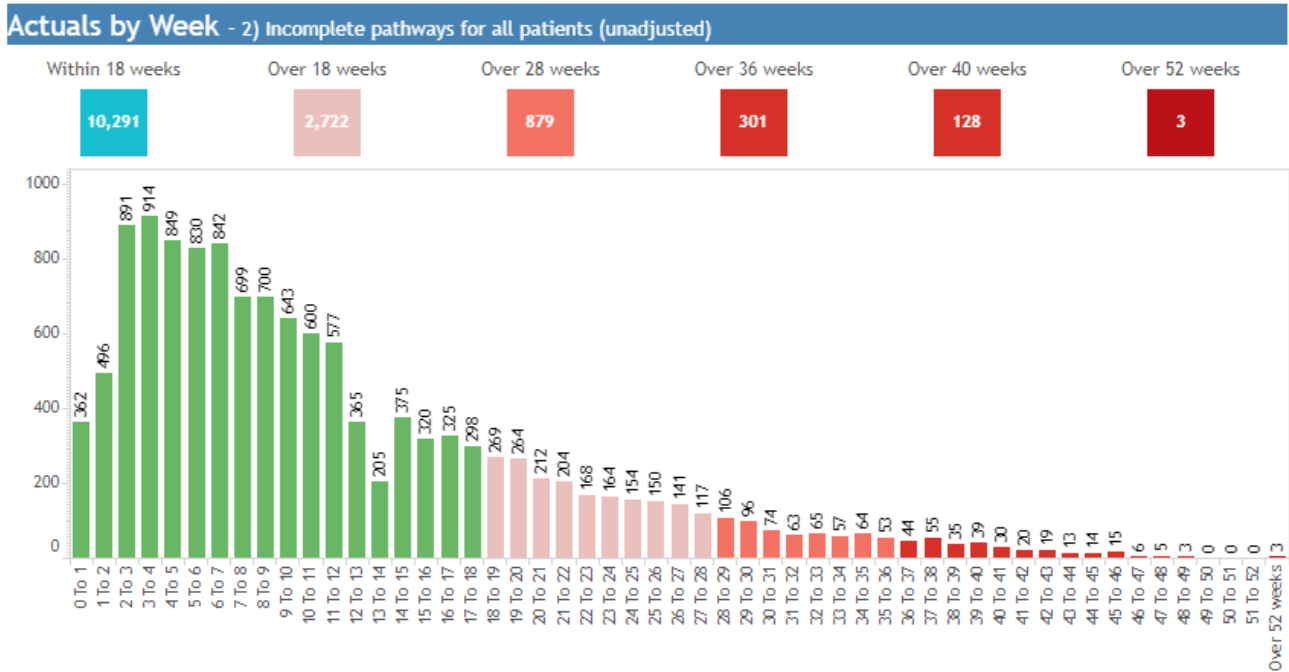
<b>South Sefton CCG</b>	<b>Q1</b>	<b>Q2</b>
Highest Performing Quartile	7	6
Interquartile Range	17	19
Lowest Performing Quartile	17	19



## 10. Appendices

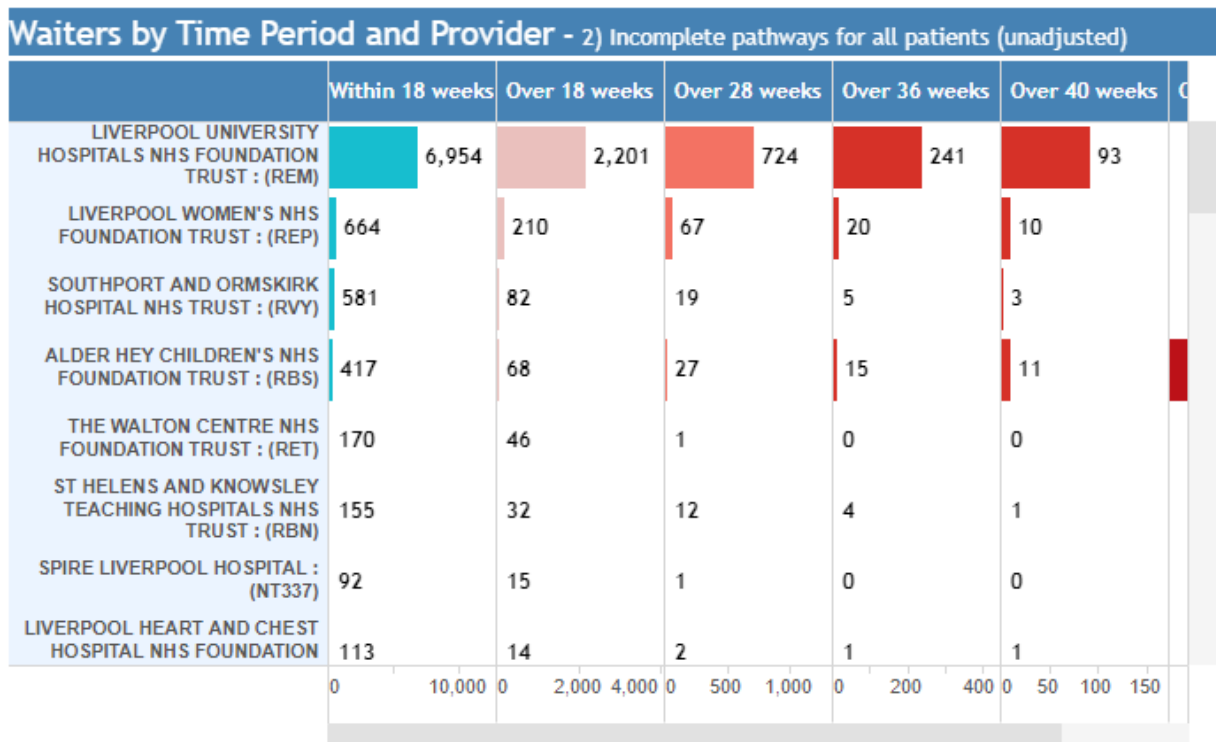
### 10.1.1 Incomplete Pathway Waiting Times

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



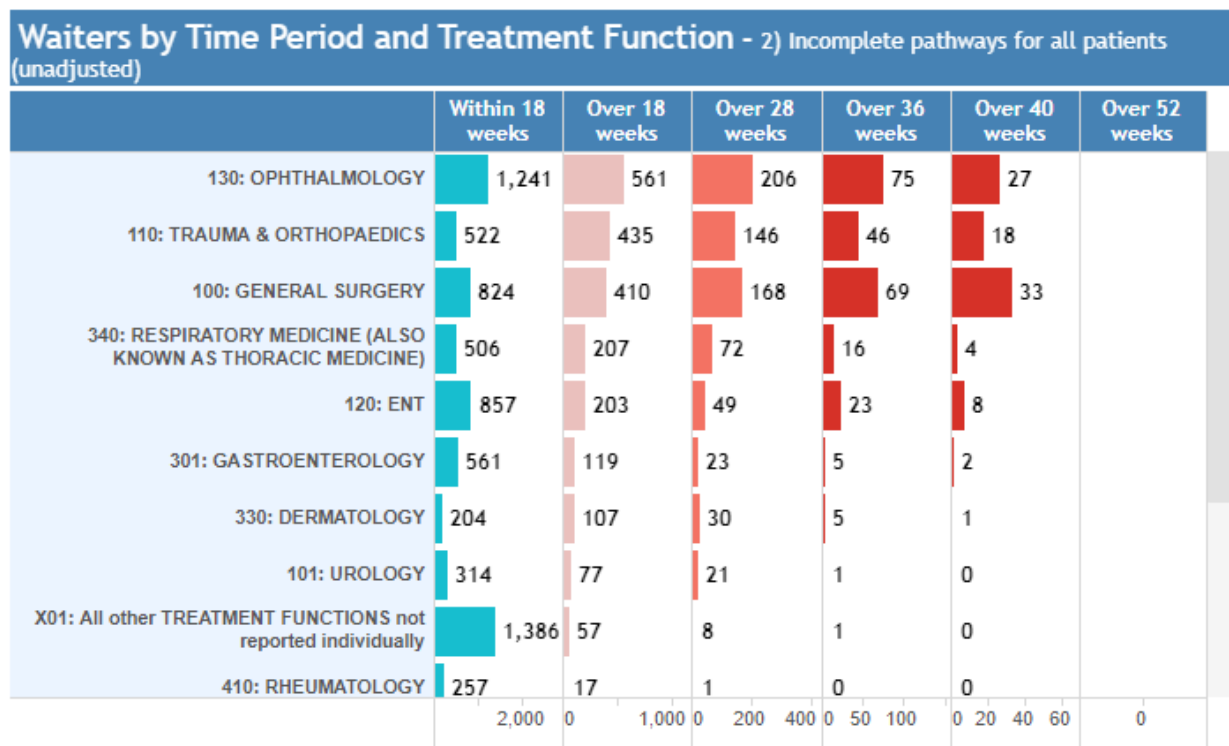
### 10.1.2 Long Waiters analysis: Top Providers

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



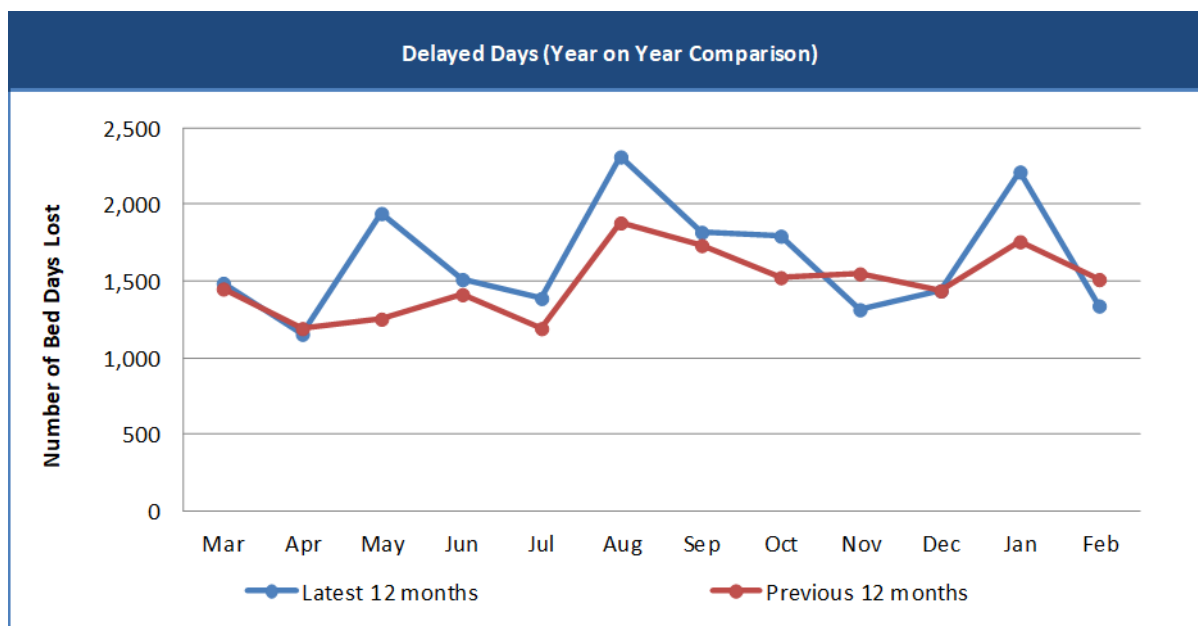
### 10.1.3 Long Waiters Analysis: Top Provider split by Specialty

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



## 10.2 Delayed Transfers of Care

Figure 22 - Liverpool University Hospital Foundation Trust DTOC Monitoring



<b>DTOC Key Stats</b>			
	This month	Last month	Last year
<b>Delayed Days</b>	<b>Feb-20</b>	<b>Jan-20</b>	<b>Feb-19</b>
Total	1,340	2,214	1,514
NHS	62.2%	68.5%	84.7%
Social Care	37.8%	31.5%	15.3%
Both	0.0%	0.0%	0.0%
Acute	71.1%	84.6%	70.9%
Non-Acute	28.9%	15.4%	29.1%

<b>Reasons for Delayed Transfer % of Bed Day Delays (Feb-20)</b>	
<b>LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST</b>	
Care Package in Home	19.8%
Community Equipment Adapt	1.0%
Completion Assesment	19.3%
Disputes	0.0%
Further Non-Acute NHS	7.5%
Housing	3.4%
Nursing Home	4.6%
Patient Family Choice	26.5%
Public Funding	1.3%
Residential Home	16.8%
Other	0.0%

## 10.3 Better Care Fund

A quarter 3 2019/20 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in January 2020. This reported that all national BCF conditions were met in regard to assessment against the High Impact Change Model. Narrative is provided of progress to date.

For Q2, the Local Authority returned a submission for Domiciliary Care and Care at Home Rates, due to reduced reporting requirements for 2019/20.

A summary of the Q3 BCF performance is as follows:

Q4 BCF is due to be submitted on the 5<sup>th</sup> June and will be added to a future report.

**Figure 23 - BCF Metric performance**

Metric	Definition	Assessment of progress against the metric plan for the quarter	Challenges and any Support Needs	Achievements
NEA	Total number of specific acute (replaces General & Acute) non-elective spells per 100,000 population	On track to meet target	Winter pressure has presented challenges as expected in terms of volumes.	Strategic Plans for Sefton for 2020 - 2025 through Sefton2gether and the Health and Wellbeing Strategy published in this quarter set the clear prevention programme for the footprint and plans for implementation are progressing well.
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	The demographic challenge remains and further work with our Care Home Market as both Social Care and Health on ensure we establish fees, support the market to deliver the best quality, and ensure we	The roll out of the demand management programme in the council encourages our care closer to home approach, and we have clear plans to continue this approach.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	On track to meet target	Volumes have increased and work has been needed from our commissioning teams to ensure capacity if available.	There was a 5% increase in average monthly hours of reablement provided in Q3 compared to Q2. % We know the vast majority of service users discharged with a short term service do not translate into a longer term service (approximately 89%)
Delayed Transfers of Care	Average Number of People Delayed in a Transfer of Care per Day (daily delays)	On track to meet target	Errors in reporting and recording of DTOC identified during audit and review. Now correct recording from all acute partners, this may result in a reduction in DTOC attributable to Social Care within this quarter. Current date up to November 2019 still shows a spike in DTOC although overall the year will meet IBCF targets	Our latest dashboard reported that we are in track to meet the targets in the IBCF. Continued closer working to manage this with weekly winter pressure meetings, and increased capacity in Reablement coming on line and the retender of the Care at Home contract for one area of the borough. The wider use of community equipment and HIA will be supported though recruitment to an additional post to develop this through the BCF.

**Figure 24 - BCF High Impact Change Model assessment**

		Narrative			
		Q3 19/20	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges and any Support Needs	Milestones met during the quarter / Observed impact
Chg 1	Early discharge planning	Established		Early discharge planning in place. There is variation across providers in terms of delivery. Further improvement work required to implement consistent approach to SAFER bundles across all wards.	Boardrounds in situ on all wards attended by all members of the health and social multidisciplinary teams. Red to Green in place in both community and acute bed base. Expected dates of discharge discussed early and referrals made to the ICRAS team to plan for discharge.
Chg 2	Systems to monitor patient flow	Mature	Four times daily bed rounds in place monitoring, ambulance waits, patients in department, decisions to admit, bed capacity and admissions and discharges via spread sheets. These feed into	The challenge is joining primary care, community and secondary care dashboards together as reflect the whole system flow across all care pathways, work is ongoing.	Implementation of NM dashboard at the AED executive delivery board. Implementation of Southport and Ormskirk flow management dashboard and spreadsheet.
Chg 3	Multi-disciplinary/multi-agency discharge teams	Mature	Colocation of health and social care workforce and daily multidisciplinary huddles are now business as usual. Multi agency community and acute multidisciplinary discharge events	The challenge going forward is around workforce distribution to ensure that primary care networks, community and secondary care strategy and ways of working align.	Key managerial roles have been recruited across the health and social care system which has greatly improved relationships and integration of teams across the community and the acute sector.
Chg 4	Home first/discharge to assess	Established		Home first pathways are in place across Sefton. Capacity within reablement hours has been a challenge to the success of these pathways	The commissioning of additional reablement hours and rapid response hours. Pathway enhancement and relaunch went live on the 6th January. A SERV Car
Chg 5	Seven-day service	Established		7 day service provision is in place for social care and health reablement services across Sefton. The challenge is that not all services are 7 day which can affect weekend	There has been enhancement of weekend service provision within the acute trusts including enhanced medical workforce, improved access to ambulatory care,
Chg 6	Trusted assessors	Established		Trusted assessment is in place, there is ongoing work to engage the wider care home market before this can be classed as mature. The trusted assessor model is currently under review in Southport and	Trusted assessors now in place in South Sefton. Trusted assessment process to return to community provider in Southport and Formby. Impact of this is reduction in hospital discharges and delays.
Chg 7	Focus on choice	Established		Patient choice policy agreed across North Mersey and in place. The challenge is that there is variation across providers in terms of application and implementation. Processes need to be more robust and application more consistent.	Acute trusts currently reviewing how the choice policy can be more consistently applied. Recognition is that this needs to be considered on a case by case basis. In this quarter commitment to jointly commission Advocacy has been made and work has begun to formalise a project plan around this. We have also seen reported Personal Health Budgets Targets to be met for both CCGs.
Chg 8	Enhancing health in care homes	Established		Southport and Formby area have a higher than national average number of care and residential homes which impacts on workforce capacity. Southport and Formby CCG and South Sefton currently have disproportionate service provision for care home support.	Sefton wide care home forum has been established. Improved collaboration between health and social care in the co production of a care home strategy for joined-up commissioning. A joint commissioning group established to support roll out of the new specification with PCNs. Series of workstreams for the review of section 75 schedules of the integrated BCF commissioning group have been formed. Greater clinical ownership across providers for quality improvement initiatives and service development schemes across NWS, community and the care home sector.

Hospital Transfer Protocol (or the Red Bag scheme)					
Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.					
		Q3 19/20 (Current)	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact
UEC	Red Bag scheme	Established		The challenges include bags being misplaced within the acute trust and failure to return to care home setting on discharge with the patient. A number of bags have currently been returned to the CCG and will need to be redistributed.	All care homes were allocated a red bag. Evidence that the scheme was initiated however bags are being misplaced in the trust. Need to relaunch and improve communication and engagement of the scheme within secondary care. This will form part of the care home strategy for Sefton residents.

## **10.4 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.

**Please note due to the COVID-19 pandemic there is no update for month 12 as this return has been stood down for the foreseeable future.**