NHS
South Sefton
Clinical Commissioning Group

South Sefton Clinical Commissioning Group

Integrated Performance Report
July 2019

Contents

List of Tables and Graphs

Summary Performance Dashboard

Metric	Reporting Level		2019-20												
			Q1			Q2			Q3			Q4			YTD
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
E-Referrals															
NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG	R	R	R	R									R
		Actual	66%	62.8%	70.9%	69.3%									67%
		Target	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Diagnostics & Referral to Treatment (RTT)															
% of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	G	R	R	G									R
		Actual	0.765%	1.055%	1.559%	0.939%									1.082%
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R	R									R
		Actual	89.486%	89.64%	88.46%	88.15%									88.936%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	G	R	R									R
		Actual	1	0	1	1									2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations															
% of Cancellations for non clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G	G									G
		Actual	0	0	0	0									
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G	G									G
		Actual	0	0	0	0									
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times																
% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP with suspected cancer	South Sefton CCG	RAG	R	G	G	G										R
		Actual	86.142%	94.578%	93.813%	94.25%										92.248%
		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%	93.00%
% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	R	R	R	G										R
		Actual	50.00%	86.842%	91.176%	93.103%										82.143%
		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%	93.00%
% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G	G	G	G										G
		Actual	96.296%	98.718%	100.00%	96%										97.595%
		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%	96.00%
% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	G	G	R	G										G
		Actual	100.00%	100.00%	93.333%	95.00%										97.222%
		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%	94.00%
% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	G	G	G										G
		Actual	100.00%	100.00%	100.00%	100.00%										100.00%
		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%	98.00%
% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	G	G										G
		Actual	96.667%	100.00%	100.00%	100.00%										99.123%
		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%	94.00%
% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R	R	R	R										R
		Actual	75.00%	77.273%	65.517%	75.676%										73.333%
		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%	85.00%
% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	n/a	R	R	n/a										R
		Actual	-	85.714%	0.00%	-										75.00%
		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%	90.00%
% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	South Sefton CCG	RAG	R	R	R	R										R
		Actual	60.00%	70.00%	33.333%	88.889%										67.568%
		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%	85.00%

Metric	Reporting Level		2019-20												
			Q1			Q2			Q3			Q4			YTD
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Accident & Emergency															
4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 17/18 ratio) % of patients who spent less than four hours in A&E (HES 17/18 ratio Acute position via NHSE HES DataFile)	South Sefton CCG	RAG	R	R	R	R									R
		Actual	78.178%	78.324%	81.153%	80.05%									79.426%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
EMSA															
Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG	G	G	G	G									G
		Actual	0	0	0	0									0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG	G	G	G	G									G
		Actual	0.00	0.00	0.00	0.00									0.00
		Target	0	0	0	0									
HCAI															
Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	South Sefton CCG	RAG	G	G	G	R									R
		YTD	0	0	0	1									1
		Target	-	-	-	-	-	-	-	-	-	-	-	-	0
Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner) cumulative	South Sefton CCG	RAG	R	G	G	G									G
		YTD	7	7	11	17									17
		Target	6	11	15	20	24	28	34	40	46	51	55	60	60
Number of E.Coli infections Incidence of E.Coli (Commissioner) cumulative	South Sefton CCG	RAG	R	R	R	R									R
		YTD	15	33	47	63									63
		Target	11	21	32	42	53	63	75	85	96	108	125	128	128

Metric	Reporting Level		2019-20												
			Q1			Q2			Q3			Q4			YTD
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Mental Health															
Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G												G
		Actual	100.00%												100%
		Target	95.00%			95.00%			95.00%			95.00%			
Episode of Psychosis															
First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	R	G	No patients	G									G
		Actual	50.00%	60.00%	-	100%									66.667%
		Target	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	
IAPT (Improving Access to Psychological Therapies)															
IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R	R	R	G									R
		Actual	37.10%	47.1%	35.4%	50%									42.4%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	
IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R	R	R	R									R
		Actual	1.34%	1.22%	1.06%	1.11%									4.73%
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.83%	1.83%	1.83%	
IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	G	G	G	G									G
		Actual	99.60%	97.70%	100%	96.9%									98.5%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G	G	G	G									G
		Actual	100%	100%	100%	100%									100.00%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	
Dementia															
Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R									R
		Actual	64.169%	64.37%	64.60%	63.90%									64.26%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

Metric	Reporting Level		2019-20												
			Q1			Q2			Q3			Q4			YTD
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Children and Young People with Eating Disorders															
The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	South Sefton CCG	RAG	R												
		Actual	86.96%												
		Target	95.00%			95.00%			95.00%			95.00%			95.00%
The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	South Sefton CCG	RAG	R												
		Actual	50%												
Wheelchairs															
Percentage of children waiting less than 18 weeks for a wheelchair The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	South Sefton CCG	RAG													
		Actual	Nil Return												
		Target													

1. Executive Summary

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

Key Exception Areas for July	CCG	Aintree
A&E Improvement Trajectory	89%	89%
A&E (All Types) (Nat Target 95%)	80.07%	83.47
RTT Improvement Trajectory	90.4%	90.8%
RTT (Nat Target 92%)	88.15%	88.15%
62 Day Improvement Trajectory	84.40%	75.8%
Cancer 62 Day (Nat Target 85%)	75.68%	63.70%

To Note:
A Contract Performance Notice was issued to Aintree in August for the above exception areas along with ambulance handovers.

Planned Care
Year to date referrals at July are -2.7% down on 2018/19 due to a -8.3% reduction in GP referrals. In contrast, consultant-to-consultant referrals are 5.8% higher when compared to 2018/19. Monthly trends have shown that consultant-to consultant referrals increased to an historical peak in July 2019.

At provider level, Aintree Hospital saw a -4.6% decrease in total referrals in July when comparing to 2018/19. Liverpool Womens has also reported a reduction of -12.9%

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG has dipped slightly in the last 2 months recording 88.15% in July. This has resulted in the CCG failing the improvement plan of 90.4%. In June, the incomplete waiting list for the CCG was 11,234 against a plan of 11,422 - a difference of 188 patients under plan.

In July, the CCG is reporting one patient waiting in excess of 52 weeks, which is a Liverpool Womens patient carried over from the previous month. Discussions regarding the breach have taken place with NHSE who are happy unavoidable nature and the decision based on clinical need.

The CCG are failing 5 of the 9 cancer measures year to date. Aintree are failing 6 of the 9 cancer measures.

Aintree Friends and Family Inpatient test response rate is still below the England average of 24.9% in July 2019 at 19.8%. The percentage of patients who would recommend the service has remained the same at 94% below the England average of 96% and the percentage who would not recommend has decreased to 3% above the England average of 2%.

Unplanned Care
In relation to A&E 4-Hour waits, Aintree revised their trajectory for 2019/20. The Trust has failed their improvement plan target of 89% in July reaching 83.47%.

The NWAS Ambulance Response Programme (ARP) made progress during 2018/19 but failed to achieve the range of standards required. Based on this the 2019/20 contract has been negotiated and agreed with recurrent investment to deliver additional capacity and transformation of the service delivery model. Additional non recurrent capacity investment of £1m is conditional upon NWAS delivering the ARP standards in full (with the exception of the C1 mean) from quarter 4 2019/20. The C1 mean target is to be delivered from quarter 2 2020/21. A trajectory has been agreed with the Trust

for progress towards delivery of the standards and if these are not met as per the trajectory, the payment will not be made.

The CCG have reported 1 new MRSA case in July at Aintree. Aintree now have a year to date total of 2 cases (previous case reported of MRSA reported in May) and have failed the zero tolerance threshold for 2019/20.

Aintree are reporting over their year to date plan of 19 for C.difficile as at July they have had 39 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 July there were 16 cases (63 YTD) and the CCG are reporting red for this measure.

Mental Health
For Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership reported the monthly target for M4 2019/20 is approximately 1.58%. Month 4 performance was 1.11% so failed to achieve the target standard. The percentage of people moved to recovery was 50% in month 4 of 2019/20 which achieved the 50% target.

The latest data shows South Sefton CCG are recording a dementia diagnosis rate in July of 63.90%, which is under the national dementia diagnosis ambition of 66.7%. This is slightly lower than last month when 64.60% was reported.

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

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

Better Care Fund
A quarter 4 2018/19 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in May 2019. This reported that all national BCF conditions were met in regard to assessment against the High Impact Change Model; but with on-going work required against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care. Narrative is provided of progress to date. Work is now ongoing in regard to collaborative work between health and social care which will evidence the 2019/20 BCF returns.

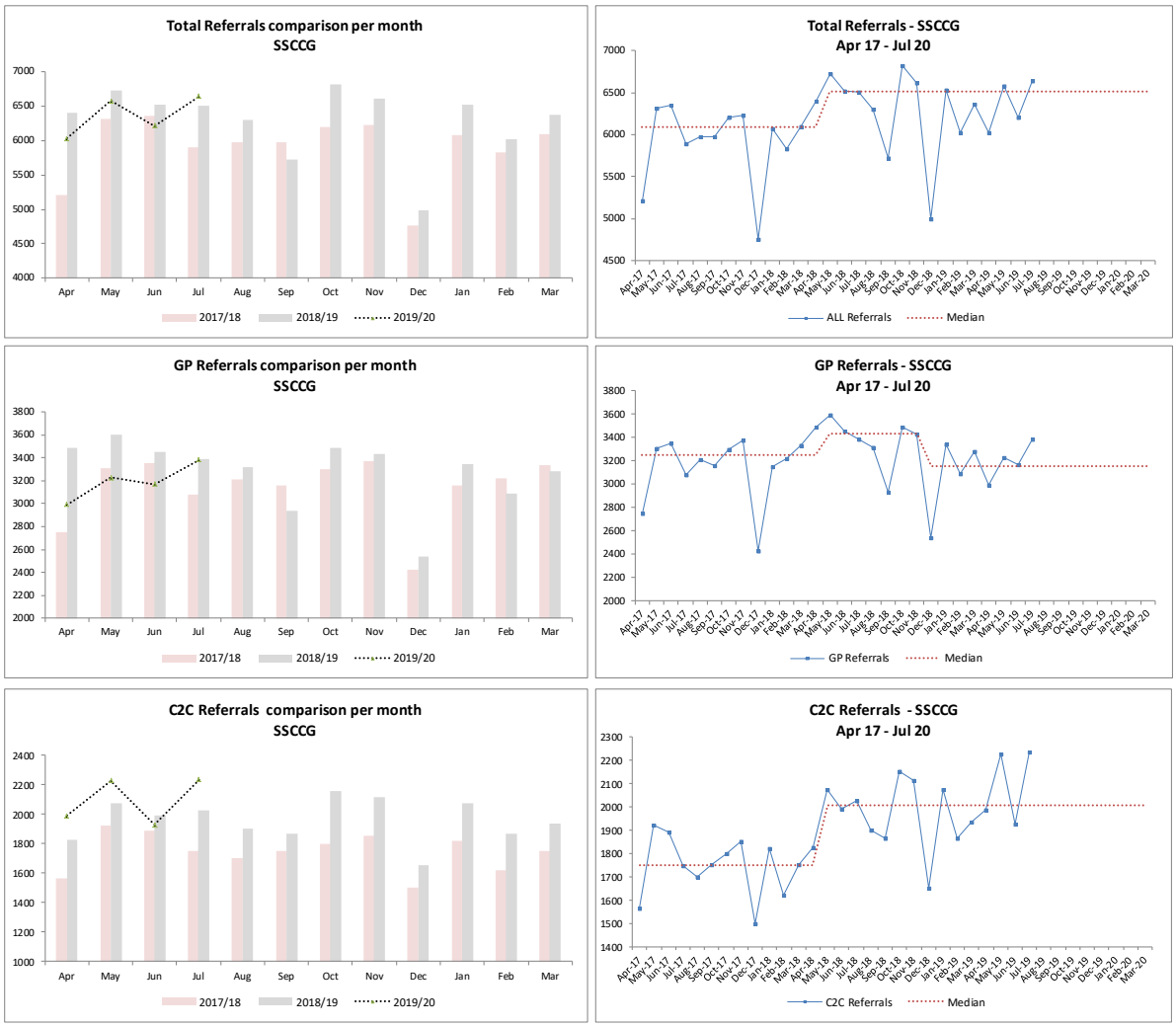
CCG Improvement & Assessment Framework
The 2018/19 annual assessment has been published for all CCGs, ranking South Sefton CCG as 'requires improvement'. However, some areas of positive performance have been highlighted; cancer was rated 'Good' and diabetes was rated 'Outstanding'.

2. Planned Care

2.1 Referrals by source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
Month	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%
April	3487	2991	-496	-14.2%	1828	1989	161	8.8%	6399	6029	-370	-5.8%
May	3599	3228	-371	-10.3%	2076	2228	152	7.3%	6727	6579	-148	-2.2%
June	3453	3172	-281	-8.1%	1992	1927	-65	-3.3%	6525	6213	-312	-4.8%
July	3386	3383	-3	-0.1%	2025	2235	210	10.4%	6510	6646	136	2.1%
August	3320				1899				6303			
September	2934				1864				5727			
October	3487				2154				6825			
November	3430				2114				6613			
December	2541				1653				4993			
January	3343				2076				6530			
February	3090				1864				6028			
March	3284				1934				6369			
Monthly Average	**3280**	**3194**	**-86**	**-2.6%**	**1957**	**2095**	**138**	**7.1%**	**6296**	**6367**	**71**	**1.1%**
YTD Total Month 4	**13925**	**12774**	**-1151**	**-8.3%**	**7921**	**8379**	**458**	**5.8%**	**26161**	**25467**	**-694**	**-2.7%**
Annual/FOT	**39354**	**38322**	**-1032**	**-2.6%**	**23479**	**25137**	**1658**	**7.1%**	**75549**	**76401**	**852**	**1.1%**

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



Data quality note:

Royal Liverpool Hospital data for month 2 of 2019/20 is currently unavailable. As a result, monthly averages have been applied for this particular month.

Month 4 Summary:

- Trends show that the baseline median for total South Sefton CCG referrals has remained flat from May 2018. However, after a downward trend from January to April 2019 referrals have now risen above average for two of the last three months.
- Year to date referrals at July 2019 are -2.7% down on 2018/19 due to a -8.3% reduction in GP referrals.
- In contrast, consultant-to-consultant referrals are 5.8% higher when compared to 2018/19. Monthly trends have shown that consultant-to-consultant referrals increased to an historical peak in July 2019.
- Southport & Ormskirk and Aintree Hospitals are responsible for the majority of consultant-to-consultant increases. The former has reported increases within Ophthalmology, ENT and Trauma & Orthopaedics.
- Liverpool Heart & Chest Hospital has also seen a number for consultant-to-consultant referrals to the Congenital Heart Disease Service in 2019/20. These were previously not recorded in 2018/19.
- Aintree has reported a -4.6% decrease in total referrals at month 4 when comparing to 2018/19. Liverpool Women's have also reported a reduction of -12.9%.
- Southport & Ormskirk are seeing a notable increase in referrals when comparing to the previous year with increases across specialities such as Gynaecology, Clinical Physiology and Trauma & Orthopaedics.
- GP referrals were below average from Dec-18, which triggered a decrease in the baseline median. This can largely be attributed to reduced referrals to Aintree Hospital.
- Taking into account working days, further analysis has established there have been approximately 12 fewer GP referrals per day in 2019/20 when comparing to the previous year.
- Trauma & Orthopaedics was the highest referred to specialty for South Sefton CCG in 2018/19. Referrals to this speciality at month 4 are currently -4.0% lower than in 2018/19.

2.2 E-Referral Utilisation Rates

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
NHS e-Referral Service (e-RS): Utilisation Coverage		**Previous 3 months and latest**				IAF - 144a (linked)	e-RS national reporting has been escalated to NHSD via NHSE/I. Data provided potentially inaccurate therefore making it difficult for the CCG to understand practice utilisation. Potential for non e-RS referrals that are rejected to be missed by the practice.
RED	**TREND**	Apr-19	May-19	Jun-19	Jul-19		
		66%	62.8%	70.9%	69.3%		
		Plan: 100% by end of Q2 2018/19					

Performance Overview/Issues:

The national ambition that E-referral utilisation coverage should be 100% by the end of Q2 2018/19 wasn't achieved. Latest published e-referral utilisation data for South Sefton CCG is for July 2019 and reports performance to be 69.3%. A slight decline from the previous month and remains significantly below the national position. The above data however is based upon NHS Digital reports that utilises MAR (Monthly Activity Reports) data and initial booking of an E-Rs referral, excluding re-bookings. MAR data is nationally recognised for not providing an accurate picture of total referrals received, and as such NHS Digital will, in the near future, use an alternative data source (SUS) for calculating the demonitator by which utilisation is ascertained.

In light of the issues in the national reporting of E-Rs utilisation, a local data set derived from SUS has been used. The referrals information above 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. July data shows an overall performance of 77.6% for South Sefton CCG, a decline on last month (81.2%). A meeting to validate inclusion criteria will be arranged imminently following escalation via Planned Care and Information Sub Group Meetings.

Actions to Address/Assurances:

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

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

When is performance expected to recover:

A recovery trajectory will be formulated after discussions with providers.

Quality:

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

Indicator responsibility:

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

2.3 Diagnostic Test Waiting Times

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test		**Previous 3 months and latest**				133a	The risk that the CCG is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.
GREEN	**TREND**		Apr-19	May-19	Jun-19	Jul-19	
		CCG	0.73%	1.05%	1.56%	0.94%	
		Aintree	0.09%	0.21%	0.33%	0.19%	
		Plan: less than 1% July's CCG improvement plan: 1.65% Yellow denotes achieving 19/20 improvement plan but not national standard of leass than 1%					

Performance Overview/Issues:

The CCG are achieving the improvement plan for July (1.65%) and the national standard reporting 0.94%, and therefore back on track.

Aintree are achieving in July reporting 0.19%.

Actions to Address/Assurances:

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

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

When is performance expected to recover:

A sustainable recovery expected Q4.

Quality:

Indicator responsibility:

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

2.4 Referral to Treatment Performance

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (18 weeks)		**Previous 3 months and latest**					129a	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
RED	**TREND**		Apr-19	May-19	Jun-19	Jul-19		
		CCG	89.48%	89.64%	88.46%	88.15%		
		Aintree	89.67%	90.08%	89.00%	87.92%		
		Plan: 92% July's improvement plan: CCG - 90.4% and Aintree - 90.8% Yellow denotes achieving 19/20 improvement plan but not national standard of 92%						

Performance Overview/Issues:

The CCG's Performance has dipped slightly in the last 2 months with July recording 88.15%, which has resulted in the CCG failing the improvement plan of 90.4% in July. The CCG's main provider Aintree are also under the 92% target reporting 87.9% also failing their local trajectory of 90.8% for July. Gastroenterology is one of the specialties most underperforming with achievement of 84.4%, which is an improvement to last month when 79.5% was reported. For July this equates to 349 patients waiting over 18 weeks and equivalent to 2.03% of their overall denominator. The CCG is working closely with the main provider, Aintree, via the Planned Care Group to ensure performance remains on trajectory. Updates provided by a highlight report and suggests that capacity shortfalls are being met by outsourcing of scopes and delivery of waiting list initiatives whilst recruitment to posts is ongoing. Delivery of waiting list initiatives have been challenging due to HMRC Pensions and Tax issues. Latest indications suggest performance to remain on trajectory; however, outsourcing of scopes has been extended but on a reduced number of weekends. The CCG are working with all its acute providers to develop a system plan for Gastroenterology on the 9th September with an aim of developing an action plan that will both reduce unwarranted demand and seek to share resources across the system that will provide system resilience and improve performance.
Referral rates comparing YTD positions in 19/20 and 18/19 indicate a reduction in GP initiated activity (however, the CCG is still a significant outlier in first and follow-up activity in gastroenterology), this is monitored on an on-going basis internally by the CCG with a view to see if demand is increasing and therefore possible pressures on RTT.

In July the incomplete waiting list for the CCG was 11,234 against a plan of 11,422; a difference of 188 patients under plan. South Sefton CCG has seen a 646/5% decrease for July 2019 Incomplete Pathways compared to June 2019. Aintree have seen 522/7% reduction in their waiting list in July 2019 compared to June 2019. Specialty wise, this is recorded under X01 - Other. In terms of the NHSE plans, 2019/20 Incomplete Pathways is currently at 11,234 compared to the Mar-18 plan of 10,806. This is 428/4% above plan.

CCG Actions:

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

Trust Actions Overall:

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

Trust Actions Gastro:

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

When is performance expected to recover:		
The CCG have an improvement plan trajectory which shows the performance plans to improve by Quarter 4, 2019/20. CCG will request the Trust to provide an improvement trajectory along with action plan.		
Indicator responsibility:		
Leadership Team Lead	**Clinical Lead**	**Managerial Lead**
Karl McCluskey	John Wray	Terry Hill

Figure 2 - RTT Performance & Activity Trend

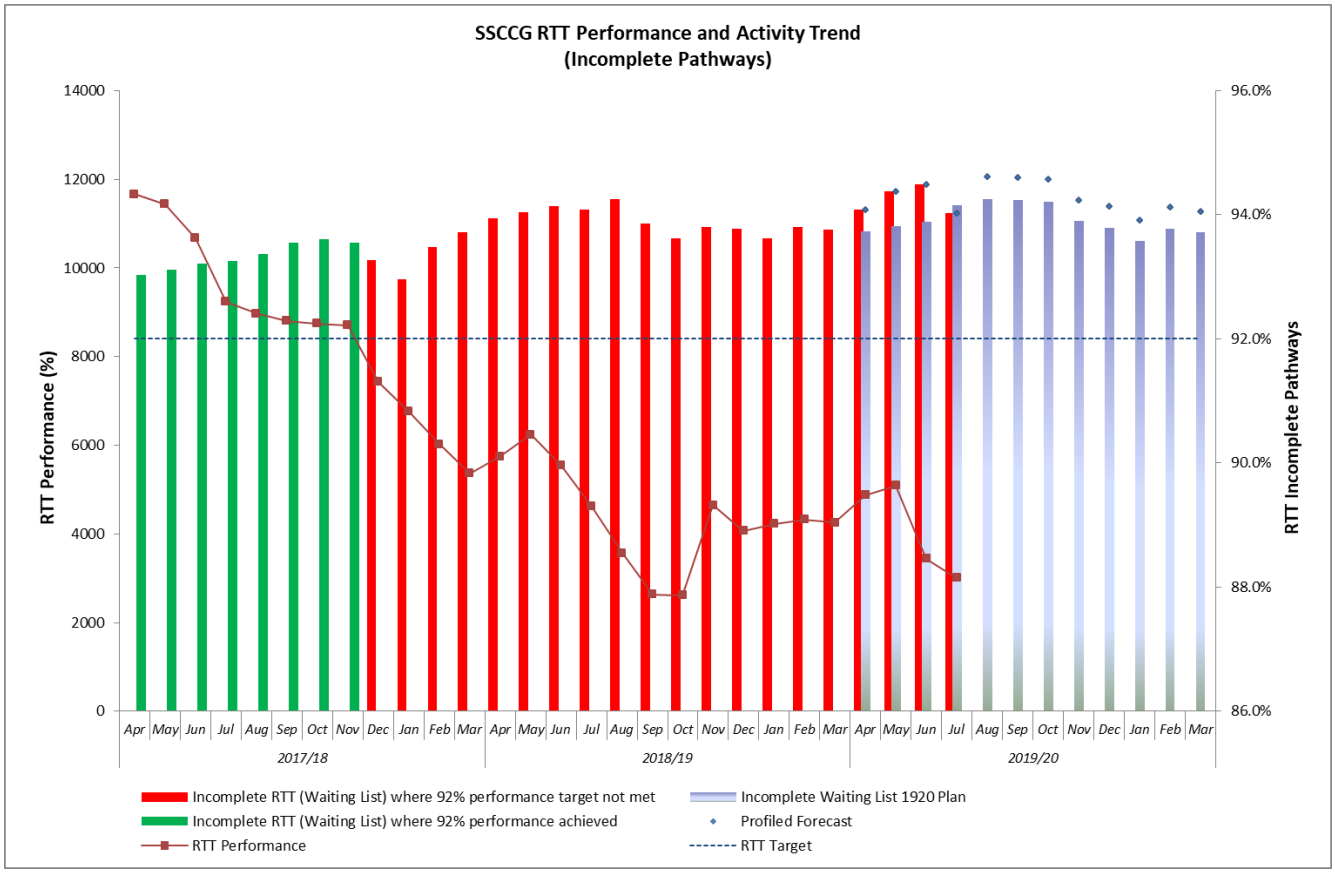


Figure 3 - South Sefton CCG Total Incomplete Pathways

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan	10,833	10,934	11,046	11,422	11,561	11,541	11,498	11,052	10,910	10,608	10,893	10,805	10,833
2019/20	11,309	11,727	11,880	11,234									11,234
Difference	**476**	**793**	**834**	**-188**									**401**

South Sefton CCG has seen a 646/5% decrease for July 2019 Incomplete Pathways compared to June 2019. Aintree have seen 522/7% reduction in their waiting list in July 2019 compared to June 2019. Specialty wise, this is recorded under X01 - Other. In terms of the NHSE plans, 2019/20 Incomplete Pathways is currently at 11,234 compared to the Mar-18 plan of 10,805. This is 429/4% above plan.

2.4.1 Referral to Treatment Incomplete pathway – 52+ week waiters

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

Performance Overview/Issues:

There has been 1 over 52 week waiter in June for South Sefton CCG. This patient was at the Liverpool Womens and continues to show for July. The patient was initially referred on the 18th June 2018, however, due to some admin errors the referral to urodynamics was not made and the patient was then re-referred to UroGynae. Patient agreed to surgery, however, the patient DNA'd 3 times up until attendance on the 18th July and clock was stopped on attendance. Discharged without treatment as not required by patient. Subsequent discussions with the Trust suggest that is was a clinical decision not to rigorously follow the access policy due to clinical reasons. A discussion with NHSE was held regarding this breach and they are happy with the unavoidable nature and the decision based on clinical need.

Actions to Address/Assurances:

No new breaches are on the radar for next month. Monitoring of the 36 week waiting continues with the CSU.

When is performance expected to recover:

Next month.

Quality:

Indicator responsibility:

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

2.4.2 Provider assurance for long waiters

Figure 4 - South Sefton CCG Provider Assurance for Long Waiters

CCG	Trust	Speciality	Wait band (weeks)	Detailed reason for the delay
South Sefton CCG	**Liverpool Womens**	**Gynaecology**	**52**	*This breach was listed last month the patient has now been treated on the 27th August.*
South Sefton CCG	Liverpool Womens	Gynaecology	36 to 47 weeks	**20 patients**; Focus continues on managing long waiting patients and ASI lists, after unprecedented levels of Consultant sickness and a locum being on leave for all of April. Long-term capacity issues persist in Uro-Gynaecology with 2 Consultants successfully recruited to address this shortfall. This is anticipated to improve as new Consultants started in post in May with a phased increase in activity as they become familiar with Trust pathways/processes.
South Sefton CCG	Aintree	Gastroentrology	36 to 37 weeks	**4 patients**; 3 have been treated, 1 has TCI of 9-9-2019
South Sefton CCG	Aintree	General Surgery	36 to 44 weeks	**14 patients;** 13 have been treated, 1 has TCI of 30-9-2019
South Sefton CCG	Aintree	T&O	36 to 37 weeks	**2 patients;** 1 has been treated, 1 has TCI of 2-9-2019
South Sefton CCG	Aintree	ENT	42 weeks	**1 patient;** has been treated on 2-8-2019
South Sefton CCG	Aintree	Ophthalmology	36 to 38 weeks	**5 patients;** 3 have been treated, 1 has TCI of 3-10-2019 and 1 is awaiting 1st appointment
South Sefton CCG	Aintree	Urology	36 weeks	**3 patients;** all treated
South Sefton CCG	Aintree	All other	38 weeks	**1 patient;** patient treated 7-8-19
South Sefton CCG	Alder Hey	All Other	36 to 44 weeks	**8 patients**; 3 treated, 4 have TCI dates and 1 DNA and discharged.
South Sefton CCG	The Royal Liverpool Broadgreen	Dermatology	36 to 46 weeks	**4 patients**; 3 treated, and 1 is waiting due to capacity
South Sefton CCG	The Royal Liverpool Broadgreen	T&O	39 and 42 weeks	**3 patients**; 2 treated 1 waiting due to capacity
South Sefton CCG	The Royal Liverpool Broadgreen	All other	38 weeks	**1 patient** waiting, has TCI date of 17-9-2019
South Sefton CCG	Wirral Teaching	Gynaecology	45 weeks	**1 patients**; Trust does not supply update on over 40 week waiters
South Sefton CCG	St Helens & Knowsley	Plastic Surgery	38 and 41 weeks	**2 patients**; 1 has TCI date and 1 waiting
South Sefton CCG	North Midlands	Other	45 weeks	**1 patient** who has been treated
South Sefton CCG	Robert Jones	T&O	41 weeks	**1 patient**; This patient is currently waiting for a Surgery date and has TCI date of 10-10-2019
South Sefton CCG	Hull University Teaching	All Other	49 weeks	**1 patient** no provider comment provided
South Sefton CCG	Spire Liverpool	T&O	41 weeks	Awaiting results, still active.
South Sefton CCG	Manchester University	Gynaecology	49 weeks	**1 patient**; no provider update

The CCG had a total of 75 patients waiting 36 weeks and over. Of the 75, there was an over 52 week breach, this being the same patient that was listed in June not a further 52 week breach. There were 34 patients treated, 11 have a TCI date, 2 patients stopped (not required) and 28 patients unknown, which includes Trusts who don't provide updates under 52 weeks.

Alder Hey Trust has provided the following information in relation to their capacity issues:

- The Trust has planned for locum medical support concentrating on follow up's only (previous locums have not worked well with long term patients). This may allow the Trust to increase new patient capacity for current doctors.

- The Trust has recruited a prescribing pharmacist with a specialism in ADHD and who has commenced their own clinics. The appointment of a Community Matron and the return of 2 staff off long term should see improved capacity.

2.5 Cancer Indicators Performance

2.5.1 Two Week Urgent GP Referral for Suspected Cancer

Indicator		Performance Summary						IAF	Potential organisational or patient risk factors
2 week urgently GP Referral for suspected cancer		Previous 3 months, latest and YTD						122a (linked)	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND		Apr-19	May-19	Jun-19	Jul-19	YTD		
		CCG	86.14%	94.58%	93.81%	94.25%	92.25%		
		Aintree	76.97%	93.88%	95.00%	95.27%	90.21%		
		Plan	93%	93%	93%	93%	93%		
		Aintree July Trajectory: 91.7% (National 93%)							

Performance Overview/Issues:

South Sefton CCG achieved the target for July for the third month running with 94.25%, but is still failing to achieve the YTD target with 92.25%, due to poor performance in April. YTD there have been 201 breaches from a total of 2,593 patients seen. Cancer data is monitored cumulatively so year to date the CCG is reporting red.

Aintree also achieved the 93% target and improvement trajectory of 91.7% reporting 95.27% in July but also failing YTD due to the poor performance in April.

Actions to Address/Assurances:

As a health economy we have developed refreshed referral forms for suspected cancer with the aim of promoting better awareness of and compliance with NICE guidance for the management and referral of suspected cancer 2015.
Breast services have dominated any previous underperformance against this standard.
There has been a significant improvement for month 2 onwards brought about by workforce re-design and waiting list initiatives within breast services.
We will continue to monitor as a system, mindful of workforce and capacity pressures in breast services at neighbouring providers.

Refreshed refer

Continued recovery expected.

Quality:

Indicator responsibility:

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

2.5.2 Two Week Wait for Breast Symptoms

Indicator		Performance Summary						IAF	Potential organisational or patient risk factors
2 week wait for breast symptoms (where cancer was no initially suspected)		Previous 3 months, latest and YTD							Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND		Apr-19	May-19	Jun-19	Jul-19	YTD		
		CCG	50.00%	86.84%	91.18%	93.10%	82.14%		
		Aintree	39.10%	85.42%	96.43%	97.02%	80.41%		
		Plan	93%	93%	93%	93%	93%		
		Aintree July Trajectory: 91.8% (National 93%)							

Performance Overview/Issues:

The CCG have now achieved the target in July reporting 93.10% but remains below YTD target with 82.14% this again shows an improvement from the previous month. In July there were 4 breaches from a total of 58 patients seen. Cancer data is monitored cumulatively so year to date the CCG is reporting red.

Aintree reported 97.02% in July and are now achieving the 93% target and improvement trajectory, having just 5 breaches out of a total of 168 patients.

Actions to Address/Assurances:

As a health economy, we have developed some revised referral forms and educational resources for primary care aimed at better risk stratification of referrals into suspected cancer and symptomatic pathways and increased management of benign breast disease in primary care. These forms will be installed on GP practice EMIS systems in South Sefton from September onwards
There has been a significant improvement at Aintree from month 2 onwards brought about by workforce re-design and waiting list initiatives.
We will continue to monitor as a system, mindful of workforce and capacity pressures for breast services at neighbouring providers.

When is performance expected to recover:

Continued recovery expected.

Quality:

Indicator responsibility:

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

2.5.3 31 Day Standard for Subsequent Cancer Treatment – Drug

Indicator		Performance Summary						IAF	Potential organisational or patient risk factors
31 day standard for subsequent cancer treatment - drug		Previous 3 months, latest and YTD							Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed dianosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
GREEN	TREND		Apr-19	May-19	Jun-19	Jul-19	YTD		
		CCG	100%	100%	100%	100%	100%		
		Aintree	100%	97.22%	95.24%	100%	97.89%		
		Plan	98%	98%	98%	98%	98%		

Performance Overview/Issues:

CCG Achieving.

Aintree have achieved 100% in July but are narrowly failing YTD due to the 2 breaches reported in the past 2 months. These breaches related to TACE plans to address capacity constraints were discussed at the Aintree Cancer Improvement Group in August.

Actions to Address/Assurances:

When is performance expected to recover:

Quality:

Indicator responsibility:

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

2.5.4 31 Day Standard for Subsequent Cancer Treatment – Surgery

Indicator		Performance Summary						IAF	Potential organisational or patient risk factors
31 day standard for subsequent cancer treatment - surgery		Previous 3 months, latest and YTD							Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed dianosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
GREEN	TREND		Apr-19	May-19	Jun-19	Jul-19	YTD		
		CCG	100%	100%	93.33%	95.00%	96.43%		
		Aintree	96.88%	96.55%	95.45%	94.44%	95.80%		
		Plan	94%	94%	94%	94%	94%		

Performance Overview/Issues:

The CCG achieved the target for July with 95% after failing the target in June and remains above target YTD with 96.43%.

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

Actions to Address/Assurances:

When is performance expected to recover:

Quality:

Indicator responsibility:

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

2.5.5 62 Day Cancer Urgent Referral to Treatment Wait

Indicator		Performance Summary						IAF	Potential organisational or patient risk factors
All cancer two month urgent referral to treatment wait		**Previous 3 months, latest and YTD**						122b	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	**TREND**		Apr-19	May-19	Jun-19	Jul-19	YTD		
		CCG	75.00%	77.27%	65.52%	75.68%	73.94%		
		Aintree	69.06%	70.20%	60.90%	63.70%	66.13%		
		Plan	85%	85%	85%	85%	85%		
		CCG Improvement Trajectory July: 84.4% Aintree July Trajectory: 75.8% (National 85%)							

Performance Overview/Issues:

The CCG failed the target for July reporting 75.68%. In July there were 9 breaches from a total of 28 patients seen. Breach reasons include delays due to complex diagnostic pathways, delay due to inadequate out-patient capacity and other reasons not stated.

Aintree also failed the target and planned trajectory of 75.8% in July reporting 63.70%. Performance is reported at a tumour site level. For Aintree only 2 tumour sites were compliant with the 85% operational standard for July 2019; breast and head & neck. This is an improvement on the previous month when no tumour site were compliant.

A Contract Performance Notice (CPN) has been issued to Aintree in respect of this indicator and a recovery plan to reach the agreed trajectory has been supplied. Key actions include
- promotion of correct grading for diagnostic requests with a feedback mechanism to requesting clinicians
- increase radiology capacity by outsourcing and use of mobile CT and MR
- more rigour applied to escalation processes including establishment of a Cancer Board from September 2019 to focus on thematic review, improved compliance with Access Policy, additional co-ordination role and MDT tracker training
- More collaboration with system partners including primary care

When is performance expected to recovery:

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

Quality:

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

Indicator responsibility:

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

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

Indicator		Performance Summary						IAF	Potential organisational or patient risk factors
62 day wait for first treatment following referral from an NHS Cancer Screening Service		Previous 3 months, latest and YTD							Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND		Apr-19	May-19	Jun-19	Jul-19	YTD		
		CCG	No patients	85.71%	0.00%	No patients	75.00%		
		Aintree	92.86%	86.96%	73.33%	85.71%	84.75%		
		Plan	90%	90%	90%	90%	90%		

Performance Overview/Issues:

The CCG had no patients for screening services in July. Year to date the CCG are reporting 75% which is under the 90% target.

Aintree report 85.71% for screening in July, which equates to a half patient breach out of a total of 3.5 patients, breaches being for a lower gastro patient whose delay was due to other reason not stated, days waited 68.

Actions to Address/Assurances:

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

A representative from the Operations & Delivery Directorate of NHSE will be attending the Bowel Cancer Screening Programme Board in September to discuss these issues and impact on performance. The impact of FIT testing on endoscopy is likely to reduce target performance for this cohort over coming months.

When is performance expected to recovery:

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

Quality:

Indicator responsibility:

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

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

Indicator		Performance Summary							Potential organisational or patient risk factors
62 day wait for first treatment for Cancer following a Consultants Decision to Upgrade the Patient's Priority		Previous 3 months, latest and YTD						Local target is 85%, where above this measure is RAG rated green, where under the indicator is grey due to no national target	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND		Apr-19	May-19	Jun-19	Jul-19	YTD		
		CCG	60.00%	70.00%	33.33%	88.89%	67.57%		
		Aintree	70.00%	66.67%	45.45%	79.31%	66.92%		
		Plan	85%	85%	85%	85%	85%		
		Aintree July Trajectory: 87.5% (Local target 85%)							

Performance Overview/Issues:

The CCG achieved the target for July reporting 88.89%. In July there was 1 breach from a total of 9 patients seen.

Aintree failed the monthly target for July with 79.31% also failing the trajectory of 87.5%. There were the equivalent of 3 breaches out of a total of 14.5 patients. Breach reasons include complex diagnostic pathways, and other reasons (not stated).

Actions to Address/Assurances:

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

When is performance expected to recovery:

Quality:

Indicator responsibility:

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

2.5.8 104+ Day Breaches

<table>
<tr><th>Indicator</th><th colspan="5">Performance Summary</th><th>IAF</th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">Cancer waits over 104 days - Aintree</td><td colspan="4">Latest and previous 3 months</td><td rowspan="3"></td><td rowspan="3">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.</td></tr>
<tr><td>RED</td><td>TREND</td><td>Apr-19</td><td>May-19</td><td>Jun-19</td><td>Jul-19</td></tr>
<tr><td rowspan="2">  </td><td rowspan="2">  </td><td>4</td><td>6</td><td>6</td><td>12</td></tr>
<tr><td colspan="4">Plan: Zero</td></tr>
<tr><td colspan="8">Performance Overview/Issues:</td></tr>
<tr><td colspan="8">In July there were 12 over 104 day breaches at Aintree, the longest waiting 209 days. This was a lower gastro patient delay due to complex diagnostic pathway.</td></tr>
<tr><td colspan="8">Actions to Address/Assurances:</td></tr>
<tr><td colspan="8">South Sefton CCG will continue to work with Aintree to ensure best use of PQIRP as a forum to achieve sustained improvement using thematic reviews that will feed into the Trust's Cancer recovery plan.</td></tr>
<tr><td colspan="8">When is performance expected to recovery:</td></tr>
<tr><td colspan="8"></td></tr>
<tr><td colspan="8">Quality:</td></tr>
<tr><td colspan="8"></td></tr>
<tr><td colspan="8">Indicator responsibility:</td></tr>
<tr><td colspan="2">Leadership Team Lead</td><td colspan="3">Clinical Lead</td><td colspan="3">Managerial Lead</td></tr>
<tr><td colspan="2">Jan Leonard</td><td colspan="3">Debbie Harvey</td><td colspan="3">Sarah McGrath</td></tr>
</table>

2.6 Patient Experience of Planned Care

Indicator		Performance Summary					Potential organisational or patient risk factors
Aintree Friends and Family Test Results: Inpatients		**Previous 3 months and latest**					
RED	**TREND**		Apr-19	May-19	Jun-19	Jul-19	
		RR	16.0%	18.0%	20.8%	19.8%	
		% Rec	92.0%	95.0%	94.0%	94.0%	
		% Not Rec	4.0%	3.0%	4.0%	3.0%	
		2019 England Averages Response Rates: 24.9% % Recommended: 96% % Not Recommended: 2%					

Performance Overview/Issues:

Aintree Trust has reported a response rate for inpatients of 19.8% in July, which is below the England average of 24.9%. The percentage of patients who would recommend the service has remained the same at 94%, which below the England average of 96% and the percentage who would not recommend has decreased to 3% above the England average of 2%.

Actions to Address/Assurances:

On an annual basis the provider will submit a report to the CCG and present at the Clinical, Quality and Performance Group (CQPG) the outcome of their aggregated review of patient and carer experience. As a minimum this will include the following:
the outcomes of the FFT responses and actions planned/taken as a result of these
- how the provider listens to patients and carers and respond to their feedback
- how the provider provides a safe environment for patients
- how the provider meets the physical and comfort needs of patients
- how the provider supports carers
- how the provider recognises patients and carers individuality and involves them in decisions about their care
- how the provider communicates effectively patients throughout their journey
- how the provider used E&D data to drive patient and carer experience and service improvement

The Trust have also published the patient and family experience plan for 2019/20 which sets out the visions and expectations of the trust.

When is performance expected to recover:

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

Quality:

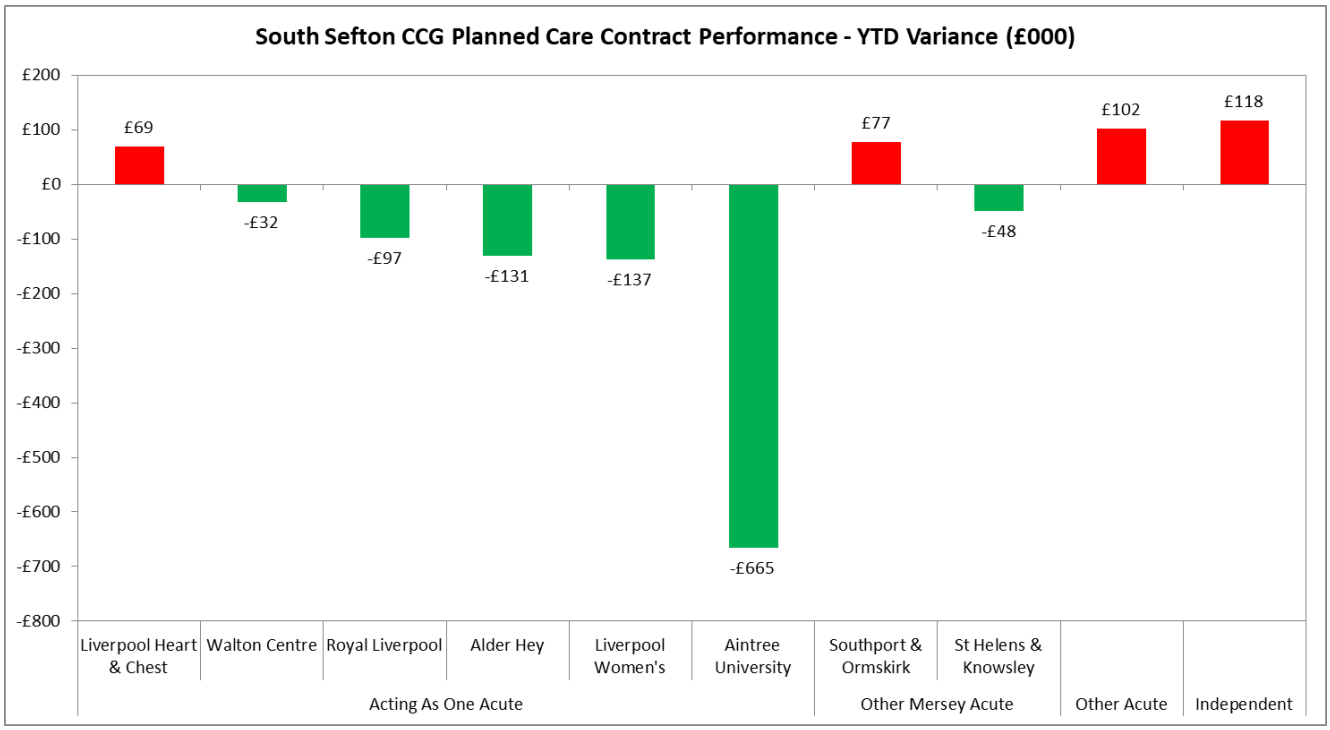
Patient experience aggregate review annual progress update to the October CQPG

Indicator responsibility:

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

2.7 Planned Care Activity & Finance, All Providers

Figure 5 - Planned Care - All Providers



Performance at month 4 of financial year 2019/20, against planned care elements of the contracts held by NHS South Sefton CCG shows an under performance of circa -£636k/-3.7%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an over spend of approximately £308k/1.8%.

At individual providers, Aintree Hospital is showing the largest under performance at month 4 with a variance of -£665k/-6%. In contrast, a notable over performance of £96k/14% against Renacres Hospital has been evident. This is followed by Liverpool Heart & Chest Hospital with an over performance of £69k/56% at month 4.

At speciality level, Trauma & Orthopaedics represents the highest area of spend for South Sefton CCG in 2019/20 to date. Overall spend within this speciality is currently below planned levels by -£41k/-1% at month 4. However, a notable over performance is being reported at Renacres and Southport & Ormskirk Hospitals. Market share for Renacres Hospital has increased from 17% to 20% when comparing 2019/20 to the equivalent period of 2018/19.

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

2.7.1 Aintree University Hospital NHS Foundation Trust

Figure 6 - 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	4,185	4,314	129	3%	£2,700	£2,674	-£26	-1%
Elective	535	479	-56	-10%	£1,707	£1,492	-£215	-13%
Elective Excess BedDays	207	234	27	13%	£54	£62	£7	14%
OPFAMPCL - *OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)*	103	76	-27	-26%	£20	£15	-£4	-22%
OPFANFTF - *Outpatient first attendance non face to face*	631	407	-224	-35%	£19	£13	-£6	-30%
OPFASPCL - *Outpatient first attendance single professional consultant led*	11,166	10,365	-801	-7%	£1,854	£1,681	-£173	-9%
OPFUPMPCL - *Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).*	271	260	-11	-4%	£29	£27	-£2	-5%
OPFUPNFTF - *Outpatient follow up non face to face*	2,214	2,142	-72	-3%	£55	£54	-£2	-3%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	24,815	22,259	-2,556	-10%	£1,830	£1,661	-£169	-9%
Outpatient Procedure	8,086	7,779	-307	-4%	£1,152	£1,074	-£77	-7%
Unbundled Diagnostics	4,986	4,869	-117	-2%	£419	£402	-£17	-4%
Wet AMD	554	571	17	3%	£437	£455	£18	4%
Grand Total	**57,751**	**53,755**	**-3,996**	**-7%**	**£10,276**	**£9,611**	**-£665**	**-6%**

Underperformance at Aintree Hospital is evident against the majority of planned care points of delivery. However, the overall under spend of -£665k/-6% is driven in the main by reduced outpatient activity, specifically first and follow up appointments (single professional consultant led).

South Sefton CCG referrals to Aintree Hospital are currently -4.6% below 2018/19 levels, influenced in the main by a reduction in GP referrals, particularly to the ENT and Gastroenterology specialities. Further analysis has established a number of specialities are currently below planned levels for outpatient appointments at month 4. This includes Gastroenterology for outpatient first appointments and Nephrology for follow up appointments.

Elective procedures are also currently under performing at month 4 by -£215k/13%. This can be attributed to reduced activity within Colorectal Surgery and Trauma & Orthopaedics.

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

2.7.2 Renacres Hospital

Figure 7 - 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	198	226	28	14%	£238	£278	£40	17%
Elective	47	47	0	1%	£259	£278	£19	7%
Elective Excess Bed Days	5	0	-5	-100%	£1	£0	-£1	-100%
OPFASPCL - *Outpatient first attendance single professional consultant led*	441	481	40	9%	£75	£81	£6	8%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	643	742	99	15%	£44	£51	£7	15%
Outpatient Procedure	343	251	-92	-27%	£43	£47	£5	11%
Unbundled Diagnostics	203	271	68	33%	£18	£27	£9	47%
Physio	493	527	34	7%	£15	£16	£1	7%
OPPREOP	0	178	178	0%	£0	£11	£11	0%
Grand Total	**2,372**	**2,723**	**351**	**15%**	**£694**	**£789**	**£96**	**14%**

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

Work is on-going looking into the potential shift in referral patterns in South Sefton from the main Acute Provider to other providers such as Renacres. Contributing factors to changes in referral flows could be due to long waiting times performance of RTT at Aintree and increased capacity in specialities at Renacres.

3. Unplanned Care

3.1 Accident & Emergency Performance

3.1.1 A&E 4 Hour Performance: South Sefton CCG

<table>
<tr><th>Indicator</th><th colspan="7">Performance Summary</th><th>IAF</th><th>Potential organisational or patient risk factors</th></tr>
<tr><td rowspan="2">CCG A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%</td><td colspan="7">Previous 3 months, latest and YTD</td><td rowspan="2">127c</td><td rowspan="2">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.</td></tr>
<tr><td>RED</td><td>TREND</td><td></td><td>Apr-19</td><td>May-19</td><td>Jun-19</td><td>Jul-19</td><td>YTD</td></tr>
<tr><td rowspan="3">  </td><td rowspan="3">  </td><td>All Types</td><td>78.17%</td><td>78.34%</td><td>81.15%</td><td>80.07%</td><td>79.43%</td></tr>
<tr><td>Type 1</td><td>74.01%</td><td>73.92%</td><td>77.55%</td><td>75.67%</td><td>75.28%</td></tr>
<tr><td colspan="6">Plan: 95%
Improvement trajectory 89% March 2020</td></tr>
<tr><td colspan="10">Performance Overview/Issues:</td></tr>
<tr><td colspan="10">The CCG is failing the national standard of 95% in July reporting 80.07% this being a slight decline on last month. A trajectory has been agreed with NHSE/I that runs to 89% in March 2020 not the national target. August sees an improved position which for all types is within the trajectory target of 88-89%.</td></tr>
<tr><td colspan="10">Actions to Address/Assurances:</td></tr>
<tr><td colspan="10">A wide range of work continues to support the Aintree system involving CCG and community provider, local authority:
• Action on A&E is supported by a system wide approach with significant involvement of the CCG Urgent Care lead, our community provider and local authority. Work has been refocused following the Newton Europe review with a wide range of work which focuses on improving patient flow within A&E and main hospital in regard to discharge planning that enables movement from A&E for appropriate admissions; as well as admission/attendance avoidance schemes to reduce A&E activity. This work will remain on-going in 2019/20.
• CCG have taken a lead role in facilitating the Newton Europe DTOC project with system wide action plans now developed to support patient flow and enhance quality of care in three specific areas – decision making, placements and home care. Work is being undertaken with all health and social care providers and commissioners across North Mersey. Within Aintree Hospital there is specific focus on the decision making element of this work.
• An escalation plan has been in place over the winter within North Mersey which outlines the expected roles and responsibilities of all providers with guidance as to when issues should be escalated outside of the Trust to commissioners. This was developed to ensure that resources are used appropriately and that there is a clear understanding of the mutual aid and partnership working that is expected at provider level prior to commissioner engagement. Aintree managed AED pressures over a challenging winter often providing support through ambulance diversions for other local Trusts. This support has continued in 2019.
• The weekly Multi Agency Discharge Events (MADE) which involve representatives from health and social care have being revised to provide a greater focus on areas requiring immediate action. Instead they have been operating as MDT Flying Squads from the start of December targeting front of house areas e.g. AED, Frailty, Observation ward. Working to maintain focus on patient flow from front door units has continued in 2019/20 with system work initiated to improve ambulatory care pathways within the Frailty Assessment Unit.
• On-going implementation of Mersey Care Alternative to Transfer scheme with system introduced to provide timely response to NWAS to support patients at home who do not require conveyance to A&E. Work underway to promote service further and increase referrals and range of pathways that can be supported. Work is being rolled out within Mersey Care to Liverpool and aim to share good practice and roll out to Southport & Formby to ensure consistent offer to NWAS.
• Collaborative work continues with Liverpool and Knowsley CCGs to review potential Urgent Treatment Centre provision within Aintree footprint again with focus of reducing A&E attendances.
• Weekly Aintree system calls are held as required with NHSE and all partners to agree priority areas to progress each week reflecting local requirements. These are working well in maintaining operational and strategic communication across organisations.
In addition to above the three priority areas which the Trust have identified will make the greatest impact on A&E performance are:
- Optimising processes for See and Treat / Primary Care Streaming cohort of patients - Review of process underway with opportunity to learn from Royal where higher uptake to primary care streaming
- Ambulance turn around times and introduction of direct conveyancing to agreed front door units - Awaiting Aintree revised ambulance turnaround plan
- Integrated work with partners to address superstranded and support patient flow in and out of hospital - On target for South Sefton patient cohort in regard to NHSI Long Length of Stay action plan and trajectory</td></tr>
<tr><td colspan="10">When is performance expected to recovery:</td></tr>
<tr><td colspan="10">Aintree have an agreed trajectory with NHSE/I profiled from 88% in Month 1 to 89% in Month 12 not the national target of 95%.</td></tr>
<tr><td colspan="10">Quality:</td></tr>
<tr><td colspan="10"></td></tr>
<tr><td colspan="10">Indicator responsibility:</td></tr>
<tr><td colspan="3">Leadership Team Lead</td><td colspan="3">Clinical Lead</td><td colspan="4">Managerial Lead</td></tr>
<tr><td colspan="3">Karl McCluskey</td><td colspan="3">John Wray</td><td colspan="4">Janet Spallen</td></tr>
</table>

3.1.2 A&E 4 Hour Performance: Aintree

Indicator	Performance Summary						Potential organisational or patient risk factors
Aintree A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%	**Previous 3 months, latest and YTD**						Risk that the Trust is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED / **TREND**		Apr-19	May-19	Jun-19	Jul-19	YTD	
 	Improvement Plan	95%	88%	88%	89%		
	All Types	82.67%	82.92%	85.56%	83.47%	83.64%	
	Type 1	69.69%	69.29%	74.82%	70.90%	71.16%	
	Plan: 95% July's improvement plan: 89% Yellow denotes achieving 19/20 improvement plan but not national standard of 95%						

Performance Overview/Issues:

Overall performance in July was 83.4% (type 1 and 3). Whilst this has seen a slight decrease when compared with June this is against a 6.8% increase in type 1 attendance which at 8,412 is the highest recorded. August sees an improved position for all types in line with trajectory of 88-89%.

Actions to Address/Assurances:

Trust Actions:

1. To improve Non Admitted performance

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

Recruitment to additional medical seeing power is now complete, with a total of 11 staff who have either started or are in process of completing pre-employment checks. All staff will be in post by the end of September.

*Increase utilisation of Primary Care Streaming (PCS)

Currently awaiting final report of PCS review.

*** Improve AEC functionality**

The AEC Pathway team are currently implementing the 6 key changes arising from the Rapid Process Improvement Event and a 60 day 'report-out' sustainability meeting was scheduled for the end of August to report fully against the Length of Stay metric.

*** Improve Pitstop Consistency**

The Clinical Director and CBM will reaffirm to all clinicians of FY3 and above the need to Pit Stop between the hours of 07:00 and midnight every day. As the new medical staff commence in post there will be more capacity to Pit Stop consistency throughout the day.

2. Minimise frequency of overcrowding (surge) in the Department

*** To implement Direct Conveyancing to Assessment Areas**

The sector manager from NWAS has been invited to join the joint ED and Acute Medical Improvement forum to establish an agreed way forward for conveying patients directly to the AEC area. This will include agreement for the proposed table top exercise if deemed appropriate.

***Improved role clarity in the Department**

This new structure has been in operation for 7 weeks and will be strengthened by the recruitment of 2 WTE's Band 8a Deputy Operational Lead Nurses to strengthen leadership to the Emergency Department team.

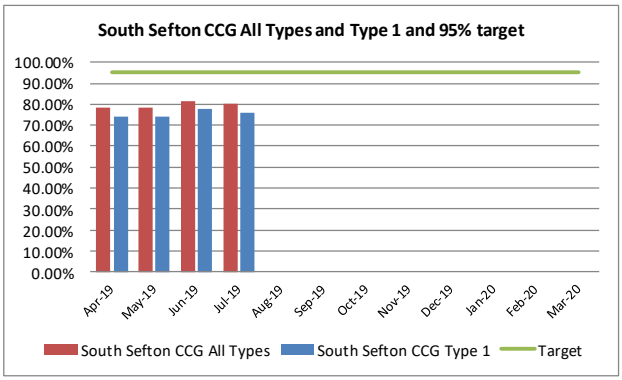
When is performance expected to recovery:

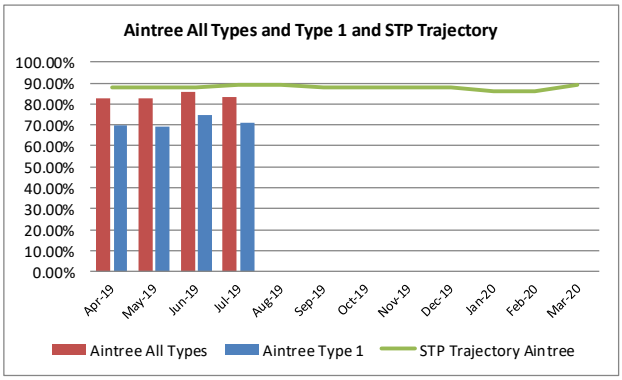
Quarter 4, 2019/20 trajectory is 89%.

Quality:

Indicator responsibility:

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

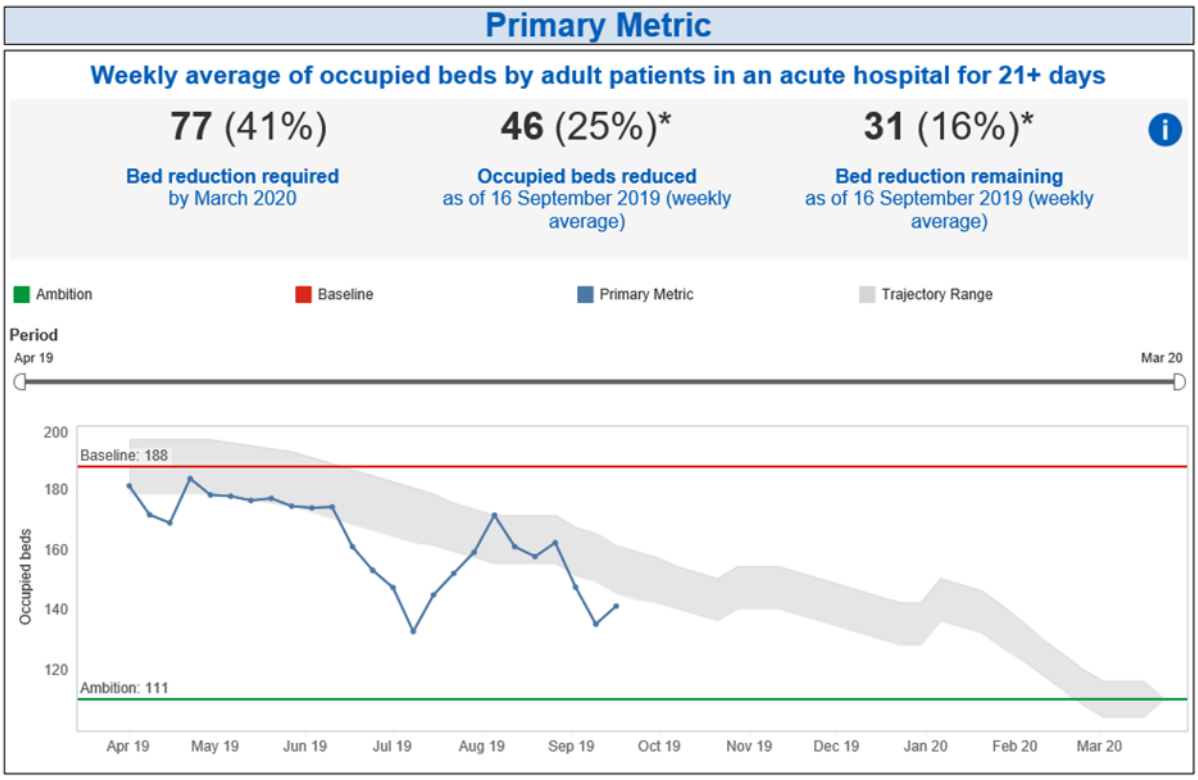




3.2 Occupied Bed Days

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

Figure 8 - Occupied Bed Days, Aintree Hospital



Data Source: NHS Improvement – Long Stays Dashboard

The long stays dashboard has been updated for 2019 to report on a weekly basis. The Trust's revised target is a total bed reduction of 77 (41%) by March 2020; therefore the target is 111 or less. This target is yet to be achieved as the latest reporting as at 9th September 2019 (weekly average) shows 136 occupied beds. Therefore a reduction of 25 is now remaining in order to achieve the ambition in March 2020.

Actions to support improvement are identified within Newton work with a focus on initiatives which will support complex discharges with longer lengths of stay. There are a range of developments underway in regard to placement processes; discharge to assess pathways, the patient choice policy to facilitate flow, development of care home trusted assessor roles and community pathways to facilitate earlier discharge. Patient Flow Telecoms and focussed individual patient case work continue where stranded and super stranded patients reviewed with MDT involvement. Support provided where required with opportunity to identify specific themes requiring further action. Collaborative work by all Aintree partners is detailed in NHSI action plan and trajectory to address patients with long lengths of stay.

3.3 Ambulance Performance

Indicator		Performance Summary					Definitions	Potential organisational or patient risk factors
Category 1,2,3 & 4 performance		Previous 2 months and latest					**Category 1** -Time critical and life threatening events requiring immediate intervention **Category 2** -Potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and / or urgent transport **Category 3** - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering **Category 4 / 4H / 4HCP**- Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly transport	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Cat	Target	May-19	Jun-19	Jul-19		
		1 mean	<=7 mins	00:06:57	00:07:15	00:07:17		
		1 90	<=15 mins	00:11:24	00:12:21	00:12:02		
		2 mean	<=18 mins	00:25:34	00:29:03	00:28:13		
		2 90	<=40 mins	00:59:13	01:03:26	01:05:04		
		3 90	<=120 mins	02:33:43	02:53:14	03:40:09		
		4 90	<=180 mins	03:14:38	02:35:24	03:15:48		

Performance Overview/Issues:

In July 2019 there was an average response time in South Sefton of 7 minutes 17 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 28 minutes against a target of 18 minutes, the slowest response time in Merseyside. The CCG also failed the category 3 and 4 90th percentile. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system.

Actions to Address/Assurances:

Through 2018/19 and 2019/20 NWAS has made good and sustained progress in improving delivery against the national ARP standards. Significant progress has been made in re-profiling the fleet, improving call pick up in the EOCs, use of the Manchester Triage tool to support both hear & treat and see & treat and reduce conveyance to hospital. The joint independent modelling commissioned by the Trust and CCGs set out the future resource landscape that the Trust needs if they are to fully meet the national ARP standards. Critical to this is a realignment of staffing resources to demand which will only be achieved by a root and branch re-rostering exercise. This exercise has commenced however due to the scale and complexity of the task, this will not be fully implemented until the end of Quarter 1 2020/21. To support the service to both maintain and continue to improve performance, the contract settlement from commissioners for 2019/20 provided the necessary funding to support additional response for staffing and resources, including where required the use of VAS and overtime to provide interim additional capacity, prior to full implementation of the roster review. We have been advised that implementation of the roster review has been delayed in Cheshire & Merseyside until Quarter 4 which increases the risk of no-achievement of targets required for Quarter 1 2020/21. NWAS have been asked by the lead commissioners for a briefing on action that will be taken to mitigate risk.

When is performance expected to recovery:

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

Quality:

Indicator responsibility:

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

3.4 Ambulance Handovers

Indicator	Performance Summary	Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers	**Latest and previous 2 months**	a) All handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 30 minutes b) All handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 60 minutes	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.

RED	TREND
	

	Target	May-19	Jun-19	Jul-19
(a)	<=15-30mins	151	150	180
(b)	<=15-60mins	91	43	85

Performance Overview/Issues:

NWAS performance for July saw delays of over 30 minutes increasing from 150 to 180 and over 60 minutes increasing from 43 to 85. There was a 2.6% increase in ambulance arrivals in July with the average time from notification to handover at 14.56 minutes, showing a deterioration of 2.11 minutes when compared with June. The median time to see 1st clinician continues to show improvement from 79 minutes in June to 74 in July. However, deterioration in the percentage of patients triaged within 15 minutes was noted from 83.01% in June to 78.20% in July (-4.81%).

Actions to Address/Assurances:

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

When is performance expected to recovery:

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

Quality:

Indicator responsibility:

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

3.5 Unplanned Care Quality Indicators

3.5.1 Stroke and TIA Performance

Indicator		Performance Summary				Measures	Potential organisational or patient risk factors
Aintree Stroke & TIA		**Latest and previous 3 months**				a) % who had a stroke & spend at least 90% of their time on a stroke unit b) % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	Risk that CCG is unable to meet statutory duty to provide patients with timely access to Stroke treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
GREEN	**TREND**	Apr-19	May-19	Jun-19	Jul-19		
		60.00%	76.10%	80.90%	86.70%		
		Stroke Plan: 80% TIA 60% (achieving in June)					

Performance Overview/Issues:

Performance against the National Quality Stroke metric of 80% of patients to spend 90% stay standard was 86.7% for July 2019 at Aintree so has achieved for the second month running. There were 45 patients with a primary diagnosis of stroke discharged from the Trust during the month. Of these, 39 patients spent 90% of their stay on the Stroke Unit. The standard was not achieved for 6 patients. All breaches of the standard are reviewed and reasons for underperformance identified.

TIA also continue to achieve reporting 100% in July.

Actions to Address/Assurances:

When is performance expected to recovery:

Achieving in June and July and hopes to continue recovery in the coming months.

Quality:

Indicator responsibility:

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

3.5.2 Healthcare associated infections (HCAI): MRSA

<table>
<tr><th>Indicator</th><th colspan="5">Performance Summary</th><th></th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">Incidence of Healthcare Acquired Infections: MRSA</td><td colspan="5">Latest and previous 3 months (cumulative position)</td><td rowspan="3">Cases of MRSA carries a zero tolerance and is therefore not benchmarked.</td><td rowspan="3"></td></tr>
<tr><td>RED</td><td>TREND</td><td></td><td>Apr-19</td><td>May-19</td><td>Jun-19</td><td>Jul-19</td></tr>
<tr><td rowspan="3">  </td><td rowspan="3">  </td><td>CCG</td><td>0</td><td>0</td><td>0</td><td>1</td></tr>
<tr><td>Aintree</td><td>0</td><td>1</td><td>1</td><td>2</td></tr>
<tr><td colspan="5">Plan: Zero</td></tr>
<tr><td colspan="8">Performance Overview/Issues:</td></tr>
<tr><td colspan="8">The CCG and Trust have reported one new case of MRSA in July, this case being at Aintree. Aintree have had a new case of MRSA in July bringing their total to 2 year to date. Their first case was in May so has failed the zero tolerance threshold for 2019/20. This new case was a patient with trust apportioned MRSA bacteraemia, this was a contaminant, blood culture taken.</td></tr>
<tr><td colspan="8">Actions to Address/Assurances:</td></tr>
<tr><td colspan="8">Proposed Trust Actions:
• To undertake a post infection review with the clinical team.
• To review the post infection review with CCG.
• To identify lessons learnt and actions.
• Draft action plan.
• Monitor action plan through DAG and Infection Prevention Control (IPC) Operational Group.</td></tr>
<tr><td colspan="8">When is performance expected to recovery:</td></tr>
<tr><td colspan="8">Recovery plan commenced awaiting final report for expected recovery.</td></tr>
<tr><td colspan="8">Quality:</td></tr>
<tr><td colspan="8">Awaiting final report through the quality schedule for the 1 case reported in May. Also 1 MRSA reported in July 2019 (awaiting report).</td></tr>
<tr><td colspan="8">Indicator responsibility:</td></tr>
<tr><td colspan="3">Leadership Team Lead</td><td colspan="3">Clinical Lead</td><td colspan="2">Managerial Lead</td></tr>
<tr><td colspan="3">Brendan Prescott</td><td colspan="3">Gina Halstead</td><td colspan="2">Jennifer Piet</td></tr>
</table>

3.5.3 Healthcare associated infections (HCAI): C Difficile

Indicator		Performance Summary					Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: C Difficile		**Previous 3 months and latest (cumulative position)**					
RED	**TREND**		Apr-19	May-19	Jun-19	Jul-19	
		CCG	7	7	11	17	
		Aintree	9	16	25	39	
		2018/19 CCG plan 53 and failed, Trust plan 45 and achieved 2019/20 Plan: </=60 YTD for the CCG 2019/20 Plan: </=56 for Aintree					

Performance Overview/Issues:

The CCG had 5 new cases of C.Difficile in July making a total of 17, against a year to date plan of 20 (year end plan 60) so are under plan currently (9 apportioned to acute trust and 8 apportioned to community).

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

The Trusts national objective is to have no more than 56 healthcare associated cases in 2019/20. In July the Trust reports they had 14 cases of c diff (39 YTD). 4 community onset healthcare associated (COHA) and 10 hospital onset healthcare associated (HOHA). This is over the monthly objective of no more than 4.66 cases per month. In total Aintree have had 14 cases in July (39 YTD) (29 apportioned to the trust and 10 community onset) this is the data reported above.

Actions to Address/Assurances:

Proposed Trust Actions:
- Commode cleanliness monitored weekly and performance reported.
- Bristol stool chart to be used for all patients.
- Review of all CDI and GDH tox B positive cases ribotyping.
- Revised commode cleaning guide and checklist issues to wards.
- Trust wide CDI action plan in draft and being implemented, to be agreed at IPR Operational Group.

When is performance expected to recovery:

The Trust have forecast recovery in Q2.

Quality:

Eight cases being prepared for CCG appeal awaiting submission.

Indicator responsibility:

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

3.5.4 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary					Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: E Coli (CCG)		Previous 3 months and latest (cumulative position)					
RED	TREND		Apr-19	May-19	Jun-19	Jul-19	
		CCG	15	33	47	63	
		Aintree	32	63	93	128	
		2018/19 CCG plan </=128 and failed 2019/20 Plan: </=128 YTD *There are no Trust plans at present numbers for information*					

Performance Overview/Issues:

NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2019/20. NHS South Sefton CCG's year-end target is 128 the same as last year when the CCG failed reporting 170 cases. In July there were 16 cases (63 YTD) against a year to date plan of 42 (this being a higher number than last month when 14 was reported, a deterioration). Aintree reported 35 cases in July (128 YTD) there are no targets set for Trusts at present.

Actions to Address/Assurances:

Gram-negative Blood Stream Infection Steering group (GNBSI) doing collaborative work with further work with Public Health England around ecoli who have asked the Sustainability and Transformation Partnership (STP) for nominated responsible officer to implement, oversee and deliver a systemwide Antimicrobial Resistance (AMR) strategy. The Single Issue Quality Surveillance Group (SIQSG) took place on the 3rd September with CCG and AMR leads invited. The C&M 2018/19 rate for community onset E. coli Bacteraemias was higher than both the England and North West , with some of the highest rates seen in Southport and Formby and South Sefton. Following the meeting, it was agreed to set-up a sub-group to undertake improvement work across the Cheshire and Merseyside patch with support from NHSI.

When is performance expected to recovery:

Less cases reported via Aintree.

Quality:

North Mersey Gram Negative have oversight and progress against action plan will be reported through to JQPC. IPC Lead Nurse attending CCG hydration workstream also. Awaiting confirmation of membership and SRO of the sub-group following the SIQSG held in September 2019.

Indicator responsibility:

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

3.5.5 Hospital Mortality

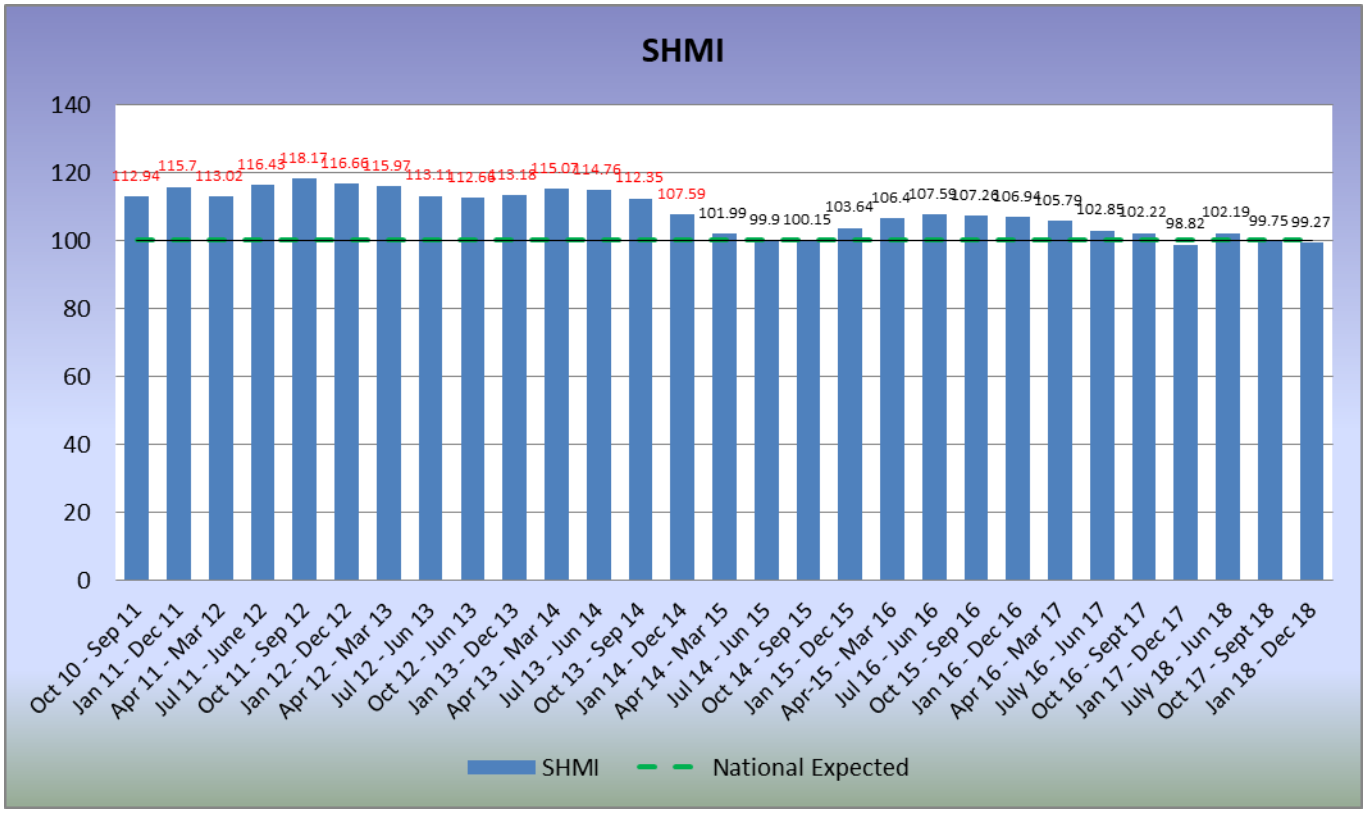
Figure 9 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	19/20 - July	100	90.64	↔

HSMR is the same as reported last month at 90.64. Position remains better than expected. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is fewer than 100 this suggest fewer deaths occurred than expected. Ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

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

Figure 10 - Summary Hospital Mortality Indicator



3.6 CCG Serious Incident Management

CCG SI Improvement Action Plan 2019/20

The Quality Team have developed a CCG SI Improvement Plan for 2019/20 and will continue to monitor progress at the Serious Incident Review Group (SIRG) and via the Joint Quality and Performance Committee on a monthly basis.

Figure 11 - Serious Incident for South Sefton Commissioned Services and South Sefton CCG patients

In July 2019 there are a total of 39 serious incidents (SIs) open on StEIS for South Sefton as the RASCI (Responsible, Accountable, Supporting, Consulted, Informed) commissioner or that involve a South Sefton CCG patient. This is in increase from 35 in Month 3. Those where the CCG is not the RASCI responsible commissioner are highlighted in green in the table below.

Trust	SIs reported (M4)	SIs reported (YTD)	Closed SIs (M4)	Closed SIs (YTD)	Open SIs (M4)	SIs open >100days
Aintree University Hospital	4	11	3	21	17	8
Mersey Care NHS Foundation NHS Trust (SSCS)	0	6	0	1	8	1
South Sefton CCG	0	0	0	1	1	1
Mersey Care NHS Foundation Trust (Mental Health)	2	5	0	3	6	1
Royal Liverpool and Broadgreen	0	0	0	1	0	0
The Walton Centre	0	0	0	0	1	1
Alder Hey Children's Hospital	1	1	0	0	2	1
UC24	0	0	0	0	1	1
North West Boroughs NHS Foundation Trust	1	2	0	1	2	0
North West Ambulance Service NHS Foundation Trust	0	1	0	0	1	0
TOTAL	**8**	**26**	**3**	**28**	**39**	**14**

Of the 8 SIs open > 100days for Aintree University Hospital (AUH), the following applies at the time of writing this report:

- 3 have been reviewed and are now closed
- 3 are awaiting further assurances from the provider following the CCGs review of the root cause analyst (RCA).
- 2 have been reviewed and closure agreed at South Sefton SIRG, however awaiting confirmation of closure from patients CCG.

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

- *Mersey Care Foundation Trust)Community Division)* – RCA reviewed and SI now closed.
- *South Sefton CCG* – Investigation involving a number of patients across a number of the South Sefton GP Practices – still ongoing.
- *Mersey Care NHS Foundation Trust (Mental Health)* – RCA reviewed at SIRG but further assurances requested from the provider via Liverpool CCG.
- *The Walton Centre NHS Foundation Trust* - This RCA is being performance managed by NHSE Specialised Commissioning.
- *UC24* – RCA received and reviewed at SIRG and further assurances requested form the Provider.
- *Alder Hey Children's Hospital* – RCA received and reviewed at SIRG and further assurances requested form the Provider.

Figure 12 - Timescale Performance for Aintree University Hospital

PROVIDER	SIs reported within 48 hours of identification (YTD)		72 hour report received (YTD)			RCAs Received (YTD)				
	Yes	No	Yes	No	N/A	Total RCAs due	Received within 60 days	Extension Granted	SI Downgraded	RCA 60+
Aintree	**11**	**0**	**10**	**0**	**1***	**10**	**4**	**4**	**2**	**0**

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

Figure 13 - Timescale Performance for Mersey Care Foundation Trust (South Sefton Community Services (SSCS)

PROVIDER	SIs reported within 48 hours of identification (YTD)		72 hour report received (YTD)		RCAs Received (YTD)					
	Yes	No	Yes	No	Total RCAs Due	Received within 60 days	Extension Granted	SI Downgraded	RCA rcvd 60+	RCA not rcvd
Mersey Care (Community)	6	0	0	6*	7	0	0	0	6*	1*

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

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

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

3.7 CCG Delayed Transfers of Care

The CCG Urgent Care lead works closely with Aintree and the wider MDT involving social care colleagues to review delayed transfers of care on a weekly basis. There is weekly telecom to review patients waiting over 7 and 21 days with the aim of ensuring movement against agreed discharge plans. There is opportunity within these interventions to identify key themes which need more specific action e.g. we are presently reviewing our discharge to assess pathway where we aim to ensure DSTs are undertaken outside of a hospital setting. We are also working with Mersey Care as our community provider to ensure that ward staff are educated on community pathways which are available to facilitate early discharge with particular focus on ICRAS. Collaborative action by all Aintree partners is detailed in NHSI action plan with trajectory for reductions on long lengths of stay.

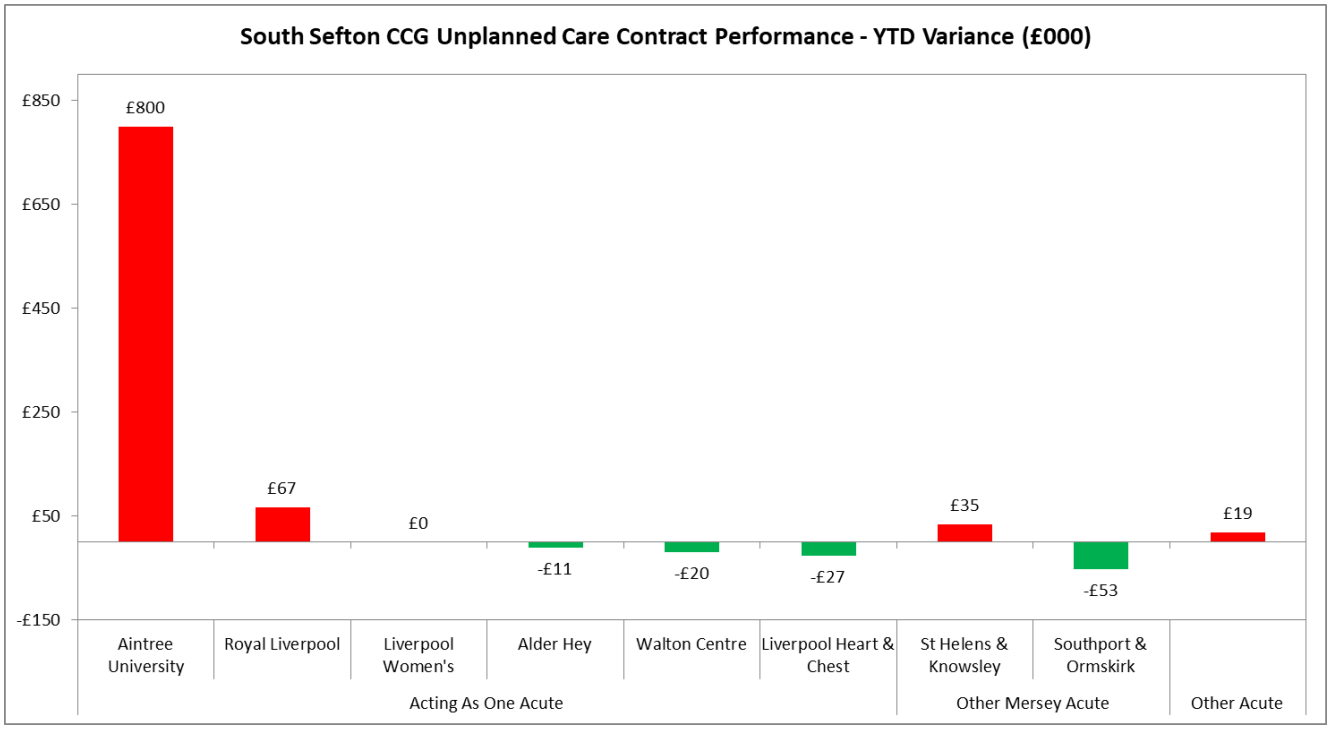
Total delayed transfers of care (DTOC) reported in July 2019 was 566, a decrease compared to July 2018 with 693. Delays due to NHS have worsened, with those due to social care improving. The majority of delay reasons in July 2019 were due to patient family choice, further non-acute NHS and care package in home.

See DTOC appendix for more information.

3.8 Unplanned Care Activity & Finance, All Providers

3.8.1 All Providers

Figure 14 - Unplanned Care – All Providers



Performance at month 4 of financial year 2019/20, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £809k/4.2%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in costs being aligned to plan.

This over performance is clearly driven by Aintree Hospital, which has a variance of £800k/5% against plan at month 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. Acting as One Providers are identified in the above chart.

3.8.2 Aintree University Hospital

Figure 15 - 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	14,391	13,455	-936	-7%	£337	£337	£0	0%
A&E - *Accident & Emergency*	12,128	12,477	349	3%	£1,958	£2,031	£73	4%
NEL - *Non Elective*	5,781	5,952	171	3%	£10,441	£11,519	£1,078	10%
NELNE - *Non Elective Non-Emergency*	16	15	-1	-8%	£60	£86	£26	43%
NELNEXBD - *Non Elective Non-Emergency Excess Bed Day*	92	24	-68	-74%	£24	£6	-£18	-73%
NELST - *Non Elective Short Stay*	1,111	1,174	63	6%	£771	£817	£46	6%
NELXBD - *Non Elective Excess Bed Day*	4,817	3,195	-1,622	-34%	£1,233	£827	-£406	-33%
Grand Total	**38,337**	**36,292**	**-2,045**	**-5%**	**£14,825**	**£15,624**	**£800**	**5%**

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

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. Aligned to increased A&E attendances, non-elective activity is currently 3% above plan but costs are exceeding planned values by 10%, which could suggest a change in the case mix of patients presenting. Over performance has been recorded against various HRGs including those related to Pneumonia, Stroke and Alzheimers Disease / Dementia.

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

4. Mental Health

4.1 Mersey Care NHS Trust Contract (Adult)

4.1.1 Mental Health Contract Quality Overview

Mersey Care NHS RiO M4 update
Commissioners and the Trust have agreed a reporting format that ensures that the quality contract schedule KPIs are reflected in the Trust's board reports.

Performance which is dependent on the Trust's RiO system is expected to be fully reported from Quarter 2 with performance backdated. The Trust presented its updated RiO action plan and RiO is expected to improve from quarter 2.

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.

The service is considering using a stepped care approach to match patient need with presentation and appropriate service and is considering areas where they can do more joint working (eg dietetic service). The service intends to submit a business case to improve skill mix (eg support workers, specialist nurses and dieticians).

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

4.1.2 Mental Health Contract Quality

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

Indicator		Performance Summary					Potential organisational or patient risk factors
Eating Disorder Service: Treatment commencing within 18 weeks of referrals		**Previous 3 months and latest**				KPI 125	
RED	**TREND**	Apr-19	May-19	Jun-19	Jul-19		
		0.0%	25.0%	70.0%	71.4%		
		Plan: 95% - July 2019/20 reported 71.4% and failed					

Performance Overview/Issues:

Out of a potential 14 Service Users, 10 started treatment within the 18 week target, which is a slight improvement from the 70.0% starting treatment within 18 weeks for the previous month (125 people across the Trust footprint waiting for treatment in July 2019). Issues contributing to this poor performance are the high number of referrals to the service and there is also a vacant post that the provider is planning on recruiting for; in the meantime the possibility of internal or bank staff carrying out additional duties is being explored, as well as current staff being offered overtime. In addition to this, two part time staff will be returning from maternity leave which will increase the therapy capacity.

Actions to Address/Assurances:

Demand for the service continues to increase and to exceed capacity. The service is moving to 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. The groups are gender mixed and diagnostically mixed and assignment to group or individual therapy is done via initial clinical assessment of the patient.
The Trust are planning to submit a business case to commissioners at the end of September for consideration, any additional investment would have to be considered for 2020/21.
The provider has also developed a psychological skill/psycho- education group consisting of 4 two hour sessions a week. The first cohort of clients have completed this programme and the intervention is being evaluated; the intention being to deliver 4 to 5 groups in the coming months to assess how effective it is.

When is performance expected to recover:

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

Quality:

Linked to the above comments.

Indicator responsibility:

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

4.2 Cheshire & Wirral Partnership (Adult)

4.2.1 Improving Access to Psychological Therapies: Access

Indicator		Performance Summary					Potential organisational or patient risk factors
IAPT Access - % of people who receive psychological therapies		**Latest and previous 3 months**					
RED	**TREND**	Apr-19	May-19	Jun-19	Jul-19		
		1.34%	1.22%	1.06%	1.11%		Risk that CCG is unable to achieve nationally mandated target.
		Access Plan: 19.0% (First 3 quarters) - July 2019/20 reported 1.11% and failed.					

Performance Overview/Issues:

The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) target for 2019/20 is to achieve 22% (5.5% per quarter) in Quarter 4 only. The monthly target for M4 19/20 is therefore approximately 1.59%. Month 4 performance was 1.11% and failing to achieve the target standard. Achieving the access KPI has been an ongoing issue for the provider but it should be acknowledged that other organisations in Sefton provide non IAPT interventions which people may take up as an alternative to IAPT. Waiting times from referral continue to be within national timescales.

Actions to Address/Assurances:

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

When is performance expected to recover:

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

Quality:

Indicator responsibility:

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

4.2.2 Improving Access to Psychological Therapies: Recovery

Indicator		Performance Summary					Potential organisational or patient risk factors
IAPT Recovery - % of people moved to recovery		Latest and previous 3 months					Risk that CCG is unable to achieve nationally mandated target.
GREEN	TREND	Apr-19	May-19	Jun-19	Jul-19		
		37.1%	47.1%	35.4%	50.0%		
		Recovery Plan: 50% - July 2019/20 50.0% and achieved					

Performance Overview/Issues:
Achieving plan.
Actions to Address/Assurances:
When is performance expected to recover:
Quality:
Indicator responsibility:

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

4.3 Dementia

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
Dementia Diagnosis		**Latest and previous 3 months**				126a	Waiting times for assessment and diagnosis of dementia are currently 14+ weeks. NHS Mersey Care Trust have assured SS CCG that they are taking necessary steps to reduce waiting times for the South Sefton Memory Service.
RED	**TREND**	Apr-19	May-19	Jun-19	Jul-19		
		64.17%	64.37%	64.60%	63.90%		
		Plan: 66.7%					

Performance Overview/Issues:

The latest data on NHS Digital shows South Sefton CCG are recording a dementia diagnosis rate in July of 63.9%, which is under the national dementia diagnosis ambition of 66.7% this is a slight decrease on last month when 64.6% was reported. CCG believes that coding issues in primary care may be impacting on performance. Memory service waiting times have increased to 14 plus weeks in some cases, along with a delay in memory service sending diagnosis letters back to primary care. In addition there may be care home residents who may not have a diagnosis of dementia.

Actions to Address/Assurances:

1. Work continues with iMersey Staff and Merseycare Trust Staff to deliver a rolling programme of work across primary care to identify registry coding errors that will have a negative impact of Dementia Diagnosis rates.
2. Merseycare Trust acknowledge there have been consultant staffing vacancies within the memory service. They are working to recruit, which will improve waiting times for the service.
3. Merseycare Trust acknowledge there have been delays in returning diagnostic letters to primary care. This was largely due to administration post vacancies that are now being recruited. In addition primary care / CCG have requested that the diagnosis decision is required on the front page of letters from the service. This will help to improve the delay in diagnosis being entered on to primary care registers.
4. The CCG is also exploring the feasibility and costs of identifying care homes in South Sefton that may have residents who have a diagnosis of dementia but are not on primary care registers. In addition there may be residents who might benefit from a diagnosis. A proposal is being developed for the CAG.

When is performance expected to recover:

Plans are in place to achieve in 2019/20.

Quality:

Indicator responsibility:

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

5. Community Health

5.1 Adult Community (Mersey Care)

The CCG and Mersey Care leads continue to meet on a monthly basis to discuss the current contract performance. Along with the performance review of each service, discussions regarding 2019/20 reporting requirements are being had. The service reviews are now complete and the Trust and CCG community contract leads have had a number of meetings to discuss outcomes and recommendations. A detailed action plan has been developed by the Trust to support this and regular meetings with the CCG have been arranged. It has been agreed that additional reporting requirements and activity baselines will be reviewed alongside service specifications and transformation. A discussion regarding ICRAS reporting took place at a recent information sub group and amendments to the current report were agreed to meet CCG requirements.

5.1.1 Quality

The CCG Quality Team and Mersey Care NHS Foundation Trust (MCFT) are in the process aligning the Quality Schedule, KPIs, Compliance Measures and CQUIN for community services with Liverpool

CCG for 2019/20. In terms of improving the quality of reporting, providers are given quarterly feedback on Quality Compliance evidence which will feed through CQPG/ CCQRM. Providers are asked to provide trajectories for any unmet indicators/measures.

5.1.2 Mersey Care Adult Community Services: Physiotherapy

<table>
<tr><th colspan="2">Indicator</th><th>Performance Summary</th><th>RAG</th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">Mersey Care Adult Community Services: Physiotherapy</td><td>Previous 3 months and latest</td><td rowspan="3"><=18 weeks: Green
> 18 weeks: Red</td><td rowspan="3"></td></tr>
<tr><td>GREEN</td><td>TREND</td><td>Incomplete Pathways (92nd Percentile)
Mar-19 | Apr-19 | May-19 | Jun-19
20 wks | 20 wks | 20 wks | 18 wks
Target: 18 weeks
(reported a month in arrears)</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td colspan="5">Performance Overview/Issues:</td></tr>
<tr><td colspan="5">June's incomplete pathways reported within the 18 week standard with 18 weeks, showing an improvement on last month but with an awareness that completed pathways have and will continue to exceed the 18 week target .</td></tr>
<tr><td colspan="5">Actions to Address/Assurances:</td></tr>
<tr><td colspan="5">Remedial actions have focussed on workforce and review of processes to manage referrals:
- Utilisation of agency physiotherapists whilst waiting for new starter to commence in post - commenced in February
- Implementation of single point of contact for all South Sefton OT & Physio referrals - commenced in April
- Recruited band 7 co-ordinator to support team with triage - awaiting start date
- Senior daily support from ICRAS Clinical Therapy Lead to allocate waiting list - commenced in May
- Senior Therapy Support reviewing caseload - commenced in May</td></tr>
<tr><td colspan="5">When is performance expected to recover:</td></tr>
<tr><td colspan="5">Trajectory identifies return to 18 weeks in July 2019 following implementation of all actions. The CCG are working closely with the Trust in regard to therapy waiting times and are assured that all action is being taken to address workforce issues. There has been a steady decrease in the number of patients waiting over 18 weeks with indications that this will resolve in line with the Trust trajectory of July 19 data still to be validated but feedback identifies waiting times down to 17 weeks in July.</td></tr>
<tr><td colspan="5">Quality impact assessment:</td></tr>
<tr><td colspan="5">The Trust has advised that all referrals are triaged by senior clinicians so that risks are identified and urgent referrals are seen appropriately.</td></tr>
<tr><td colspan="5">Indicator responsibility:</td></tr>
<tr><td colspan="2">Leadership Team Lead</td><td>Clinical Lead</td><td colspan="2">Managerial Lead</td></tr>
<tr><td colspan="2">Karl McCluskey</td><td>Sunil Sapre</td><td colspan="2">Janet Spallen</td></tr>
</table>

5.1.3 Mersey Care Adult Community Services: Dietetics

<table>
<tr><th>Indicator</th><th>Performance Summary</th><th>RAG</th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">Mersey Care Adult Community Services: Dietetics</td><td colspan="2">Previous 3 months and latest</td></tr>
<tr><td>GREEN</td><td>TREND</td><td colspan="2">Incomplete Pathways (92nd Percentile)
Mar-19 | Apr-19 | May-19 | Jun-19
16 wks | 14 wks | 19 wks | 18 wks
Target: 18 weeks
(reported a month in arrears)</td><td rowspan="2"><=18 weeks: Green
> 18 weeks: Red</td></tr>
<tr><td>  </td><td>  </td><td colspan="2"></td></tr>
<tr><td colspan="4">Performance Overview/Issues:</td></tr>
<tr><td colspan="4">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.

Mersey Care has reported a decrease in average waiting times for patients waiting on an incomplete pathway in the Dietetics service. In June an average (92nd Percentile) of 18 weeks was reported, achieving the 18 week standard. This shows a decrease from May 2019 when average waits were at 19 weeks.

The Dietetics service continues to experience high DNA rates, and they have recently increased with 10.3% in July 2019 compared to the 8.5% target; 18 DNAs out of a total 157 booked appointments. Provider cancellation rates are also above the Trusts internal threshold of 3.5% with 6.5% in July.</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td colspan="4">Trust Actions
- Proactive caseload cleanse took place. Waiting list reviewed in line with access policy - by June 2019
- Opt in process reviewed, patients triaged and discharged as per access policy - by June 2019
- Process to triage daily and a duty line clinician is being explored - by August 2019 currently being scoped by clinical manager</td></tr>
<tr><td colspan="4">When is performance expected to recover:</td></tr>
<tr><td colspan="4">The Trust has reported that local unvalidated data suggests the position has improved further for incomplete pathways but with waiting times increasing for complete pathways.</td></tr>
<tr><td colspan="4">Quality impact assessment:</td></tr>
<tr><td colspan="4">The Trust has reported that all referrals were triaged as a priority. Those with the highest clinical need were appointed urgently and lower risk patients added to the waiting list.</td></tr>
<tr><td colspan="4">Indicator responsibility:</td></tr>
<tr><td>Leadership Team Lead</td><td>Clinical Lead</td><td colspan="2">Managerial Lead</td></tr>
<tr><td>Karl McCluskey</td><td>Sunil Sapre</td><td colspan="2">Janet Spallen</td></tr>
</table>

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)

<table>
<tr><th colspan="2">Indicator</th><th colspan="4">Performance Summary</th><th></th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services</td><td colspan="4">Previous 3 quarters and latest</td><td rowspan="3"></td><td rowspan="3"></td></tr>
<tr><td>RED</td><td>TREND</td><td>Q2 18/19</td><td>Q3 18/19</td><td>Q4 18/19</td><td>Q1 19/20</td></tr>
<tr><td rowspan="2"></td><td rowspan="2"></td><td>5.5%</td><td>5.8%</td><td>6.8%</td><td>10.9%</td></tr>
<tr><td colspan="4">Access Plan: 34% - Q1 reported 10.9% and achieved</td></tr>
<tr><td colspan="8">Performance Overview/Issues:</td></tr>
<tr><td colspan="8">The CCG has now received data from a third sector organisation Venus. This Provider has submitted data to the MHSDS and this is included in the June data, so the actual access rate would be higher if this was included in April and May's data. Quarter 1 date is reporting 10.9% achieving plan.</td></tr>
<tr><td colspan="8">Actions to Address/Assurances:</td></tr>
<tr><td colspan="8">Additional activity has been commissioned and mainstreamed from the VCF in 19/20 which is South Sefton targeted.</td></tr>
<tr><td colspan="8">When is performance expected to recover:</td></tr>
<tr><td colspan="8">Additional activity to be implemented for 19/20. Online counselling for Sefton is being jointly commissioned and will come online in 19/20. AHCH has submitted business cases to increase CYP Eating Disorder activity and Crisis/Out of Hours support during 19/20. These will make notable improvements to access rates in South Sefton.</td></tr>
<tr><td colspan="8">Quality impact assessment:</td></tr>
<tr><td colspan="8"></td></tr>
<tr><td colspan="8">Indicator responsibility:</td></tr>
<tr><td colspan="2">Leadership Team Lead</td><td colspan="3">Clinical Lead</td><td colspan="3">Managerial Lead</td></tr>
<tr><td colspan="2">Geraldine O'Carroll</td><td colspan="3">Sue Gough</td><td colspan="3">Peter Wong</td></tr>
</table>

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

Indicator		Performance Summary					Potential organisational or patient risk factors
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral		**Latest and previous 3 quarters**				Performance in this category is calculated against completed pathways only.	
RED	**TREND**	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20		
		100.0%	90.9%	92.3%	86.96%		
		Access Plan: 100% - 2019/20					

Performance Overview/Issues:

In quarter 1 the Trust reported under the 100% plan. Out of 23 routine referrals to children and young people's eating disorder service, 20 were seen within 4 weeks recording 86.96% against the 100% target. The 3 breaches waited between 4 and 12 weeks. Reporting difficulties and the fact that demand for this service exceeds capacity are both contributing to under performance in this area.

Actions to Address/Assurances:

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

When is performance expected to recover:

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

Quality impact assessment:

Indicator responsibility:

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

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

Indicator		Performance Summary					Potential organisational or patient risk factors
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral		**Latest and previous 3 quarters**					
RED	**TREND**	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20		
		100.0%	80.0%	66.7%	50.0%		
		Access Plan: 100% - 2019/20					

Performance Overview/Issues:

In quarter 1, the CCG had 2 patients under the urgent referral category, only 1 met the target bringing the total performance to 50% against the 100% target. The patient who breached waited between 1 and 4 weeks. Reporting difficulties and the fact that demand for this service exceeds capacity are both contributing to under performance in this area.

Actions to Address/Assurances:

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

When is performance expected to recover:

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

Quality impact assessment:

Indicator responsibility:

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

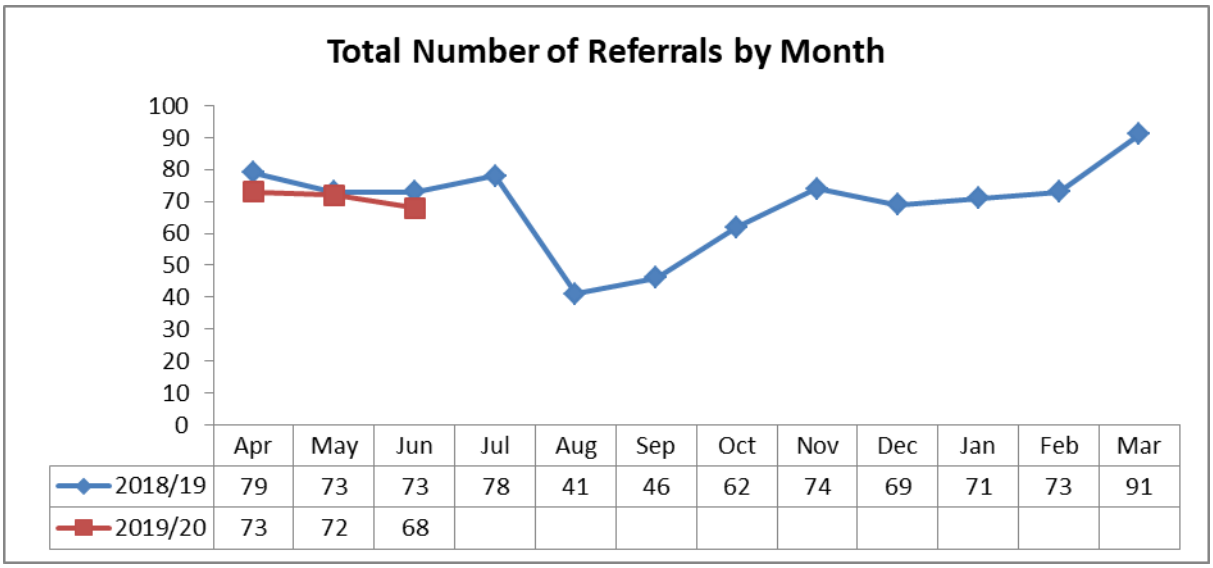
6.2 Child and Adolescent Mental Health Services (CAMHS)

Scope of Data

The following analysis derives from local data received on a quarterly basis from Alder Hey. The data source is cumulative and the time period is to Quarter 1 2019/20. The date period is based on the date of Referral so focuses on referrals made to the service during April to June 2019/20.

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

Figure 16 - CAMHS Referrals by Month



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

Throughout quarter 1 2019/20 there were a total of 213 referrals made to CAMHS from South Sefton CCG patients. The monthly number of referrals remained stable between April and June with a slight decrease in June 2019.

During the first quarter of 2019/20 there were 8 DNAs out of 68 appointments, equating to a DNA rate of 11.8%.

Figure 17 - CAMHS Source of Referral

Source of Referral	No. of Referrals	% of Total
GP Referral	110	51.6%
Allied Health Professional	34	16.0%
Other	26	12.2%
Consultant In This Hospital	24	11.3%
A&E Attendance	12	5.6%
A&E Dept	7	3.3%
Total	**213**	**100%**

In relation to the Primary Referrer, 51.6% (110) of the total referrals made during Quarter 1 2019/20 derived from a GP Referral and 16.0% (34) came from an 'Allied Health Professional'.

Figure 18 - CAMHS Outcome of Referral

Outcome of Referral	No. of Referrals	% of Total
Declined	108	50.7%
Pending Action	60	28.2%
Allocated	45	21.1%
Total	**213**	**100%**

Of the total number of referrals received during April to June 2019/20, 108 (50.7%) of which had been 'Declined', 60 (28.2%) were 'Pending Action' and 45 (21.1%) were 'Allocated'. All of those referrals that were declined were due to being an 'Inappropriate Referral'.

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

The remaining tables within this section will focus on only those 45 Referrals that have been accepted and allocated.

Figure 19 - CAMHS Waiting Times Referral to Assessment

Waiting Time in Week Bands	Number of Referrals	% of Total
0-2 Weeks	17	37.8%
2-4 Weeks	14	31.1%
4- 6 Weeks	3	6.7%
6-8 weeks	5	11.1%
8- 10 weeks	0	0.0%
10 to 12 weeks	0	0.0%
Over 12 weeks	6	13.3%
Total	**45**	**100%**

The biggest percentage (37.8%) of referrals where an assessment has taken place waited between 0 and 2 weeks from their referral to assessment. 86.7% of allocated referrals waited 8 weeks or less from point of referral to an assessment being made.

Figure 20 - CAMHS Waiting Times Referral to Intervention

Waiting Time in Week Bands	Number of Referrals	% of Total	% of Total with intervention only
0-2 Weeks	2	4.4%	16.7%
2-4 Weeks	0	0.0%	0.0%
4- 6 Weeks	5	11.1%	41.7%
6-8 weeks	3	6.7%	25.0%
8- 10 weeks	2	4.4%	16.7%
10-12 Weeks	0	0.0%	0.0%
Over 12 Weeks	0	0.0%	0.0%
(blank)	33	73.3%	
Total	**45**	**100%**	**100%**

73.3% (33) of all allocated referrals did not have a date of intervention. Of these, 2 have already been discharged without having had an intervention so are therefore not waiting for said intervention.

The assumption can be made that of the remaining 31 referrals where an assessment has taken place and no date of intervention reported, these are waiting for their intervention. Of the 31 waiting for an intervention, 10 were referred to the service within the month of June 2019 and all of which have had an assessment.

If the 33 referrals were discounted, all of the referrals made within Quarter 1 of 2019/20 waited 10 weeks or less from their referral to their first intervention taking place.

Performance Overview/Issues
Specialist CAMHS has had long waits, up to 20 weeks during 2018/19.

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

When is the performance expected to recover by?
Impact of NHSE funding will be seen early 2019/20 and the impact of online counselling and additional South Sefton activity will be seen in quarters 2 and 3 of 19/20.

Who is responsible for this indicator?

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

6.3 Children's Community (Alder Hey)

6.3.1 Paediatric SALT

<table>
<tr><th colspan="2">Indicator</th><th colspan="4">Performance Summary</th><th>RAG</th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">Alder Hey Children's Community Services: SALT</td><td colspan="4">Previous 3 months and latest</td><td rowspan="3"><=18 weeks: Green
> 18 weeks: Red</td><td rowspan="3">Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required.</td></tr>
<tr><td>RED</td><td>TREND</td><td colspan="4">Incomplete Pathways (92nd Percentile)</td></tr>
<tr><td rowspan="2">  </td><td rowspan="2">  </td><td>Apr-19</td><td>May-19</td><td>Jun-19</td><td>Jul-19</td></tr>
<tr><td>45wks</td><td>43wks</td><td>37wks</td><td>36 wks</td><td colspan="2">Target: 18 weeks</td></tr>
<tr><td colspan="8">Performance Overview/Issues:</td></tr>
<tr><td colspan="8">In July the Trust reported a 92nd percentile of 36 weeks for Sefton patients waiting on an incomplete pathway. This is a slight improvement on June when 37 weeks was reported. In July the longest waiting patient was 1 patient waiting at 62 weeks. Performance has steadily declined over the past two financial years, with referrals remaining static.

At the end of August there were NO children who have waited over 52 weeks. 9 children have waited over 40 weeks, but have an appointment scheduled within the month.</td></tr>
<tr><td colspan="8">Actions to Address/Assurances:</td></tr>
<tr><td colspan="8">Sefton SALT waiting times have been raised and discussed at contract review meetings. Alder Hey has developed a formal recovery plan to bring long waiting time to 18 weeks by 28-2-20. As part of this the CCGs have provided additional funding. Discussions are on-going at a senior and also operational level on the reporting, including narrative on long waiters. A wider piece of work with Alder Hey and the CCG is taking place to review and improve current data flows across all community and mental health services.

June 2019: Business case approved for some non-recurrent and recurrent therapists.

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/ Mersey Care reported the waiting time information.

The CCG are working with provider to develop an improvement trajectory from Q2 onwards.</td></tr>
<tr><td colspan="8">When is performance expected to recover:</td></tr>
<tr><td colspan="8">Following investment, target is for reduction to 18 wk RTT by Feb 2020 and sustained thereafter.</td></tr>
<tr><td colspan="8">Quality impact assessment:</td></tr>
<tr><td colspan="8"></td></tr>
<tr><td colspan="8">Indicator responsibility:</td></tr>
<tr><td colspan="3">Leadership Team Lead</td><td colspan="3">Clinical Lead</td><td colspan="2">Managerial Lead</td></tr>
<tr><td colspan="3">Karl McCluskey</td><td colspan="3">Wendy Hewitt</td><td colspan="2">Peter Wong</td></tr>
</table>

6.3.2 Paediatric Dietetics

<table>
<tr><th>Indicator</th><th>Performance Summary</th><th>RAG</th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">Alder Hey Children's Community Services: Dietetics</td><td rowspan="2">Previous 3 months and latest

DNAs
<= 8.5%: Green
> 8.5% and <= 10%: Amber
> 10%: Red

Provider Cancellations
<= 3.5%: Green
> 3.5% and <= 5%: Amber
> 5%: Red</td><td rowspan="2"></td></tr>
<tr><td>RED</td><td>TREND</td><td>
Outpatient Clinic DNA Rates
May-19 | Jun-19 | Jul-19 | Aug-19
22.4% | 14.5% | 17.6% | 17.3%
Outpatient Clinic Provider Cancellations
May-19 | Jun-19 | Jul-19 | Aug-19
9.6% | 3.1% | 3.0% | 10.7%

DNA threshold: 8.5%
Provider cancellation threshold: 3.5%
</td></tr>
<tr><td colspan="4">Performance Overview/Issues:</td></tr>
<tr><td colspan="4">The paediatric dietetics service has seen high percentages of children not being brought to their appointment. In August 2019 this remained high at a rate of 17.3%. Provider cancellations saw a significant increase in August with 10.7%.</td></tr>
<tr><td colspan="4">Actions to Address/Assurances:</td></tr>
<tr><td colspan="4">The CCG has invested in extra capacity into the service. The CCG is working with AHCH to understand the nature of the DNAs for this service. AHCH has implemented a text appointment reminder system.

In the contract review meeting in June is was agreed that operational issues relating to dietetics would be raised in advance of the next contract meeting, so as to arrange attendance of the service or commissioning leads at the next contract review meeting.</td></tr>
<tr><td colspan="4">When is performance expected to recover:</td></tr>
<tr><td colspan="4">To be confirmed following the next contract review meeting and meeting with the leads.</td></tr>
<tr><td colspan="4">Quality impact assessment:</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td colspan="4">Indicator responsibility:</td></tr>
<tr><td colspan="2">Leadership Team Lead</td><td>Clinical Lead</td><td>Managerial Lead</td></tr>
<tr><td colspan="2">Karl McCluskey</td><td>Wendy Hewitt</td><td>Peter Wong</td></tr>
</table>

7. Primary Care

7.1 Extended Access Appointment Utilisation

Indicator		Performance Summary					Potential organisational or patient risk factors
Extended Access Appointment Utilisation		Latest and previous 3 months				Extended access is based on the percentage of practices within a CCG which meet the definition of offering extended access; that is where patients have the option of accessing routine (bookable) appointments outside of standard working hours Monday to Friday.	
GREEN	TREND	Apr-19	May-19	Jun-19	Jul-19		
		64.6%	72.7%	67.9%	71.3%		
		The CCG should deliver at least 75% utilisation of extended access appointments by March 2020 (if the service went live in 2017/18). July target 67%					

Performance Overview/Issues:

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

In July South Sefton CCG practices reported a combined utilisation rate of 71.3%, exceeding the 67% target. Total available appointments was 1,451 with 1,141 being booked (78.6%) and 107 DNA's (9.4%). This shows an improvement in utilisation compared to June and still on target.

Actions to Address/Assurances:

When is performance expected to recover:

Quality impact assessment:

Indicator responsibility:

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

Figure 21 - Breakdown of appointment by month for South Sefton CCG Extended Hours Service

	Month	GP	Advanced Nurse Practitioner	Practice Nurse
Breakdown of Appointments	Apr-19	337	552	151
		32.40%	53.08%	14.52%
	May-19	354	661	157
		30.20%	56.40%	13.40%
	Jun-19	357	544	139
		34.33%	52.31%	13.37%
	Jul-19	356	644	141
		31.20%	56.44%	12.36%

7.2 CQC Inspections

A number of practices in South Sefton CCG have been visited by the Care Quality Commission and details of any inspection results are published on their website. There has been one recent inspection at Maghull Practice PC24, this remains good in all areas apart from Safe which still requires improvement. All results are listed below:

Figure 22 - CQC Inspection Table

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

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

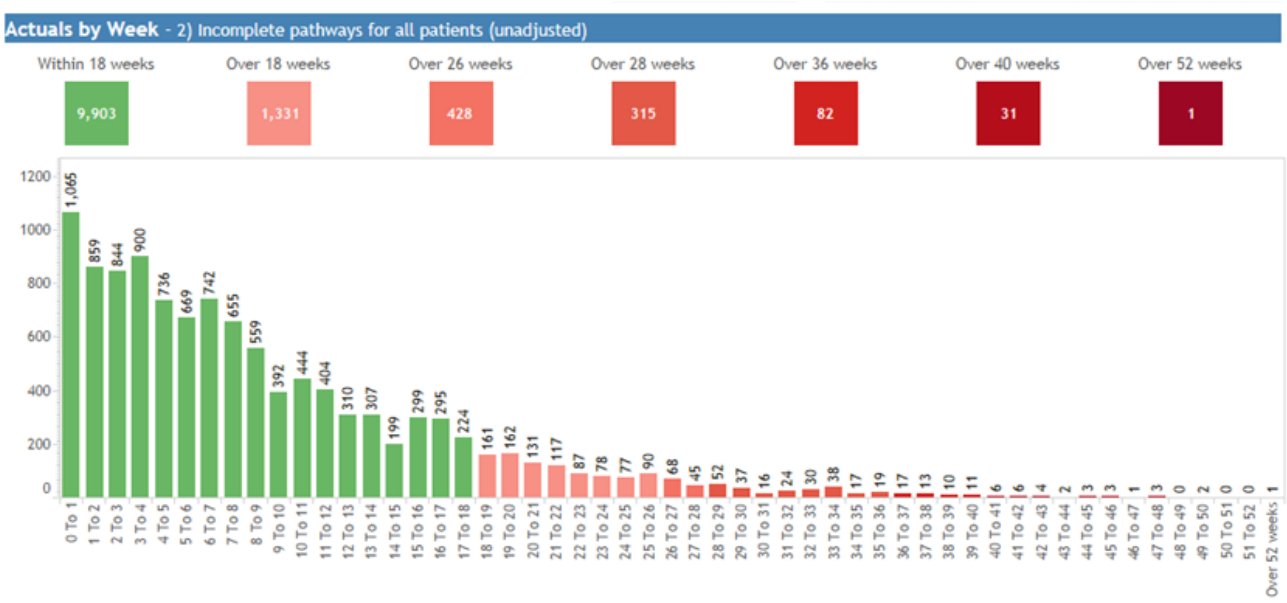
8. CCG Improvement & Assessment Framework (IAF)

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

9. Appendices

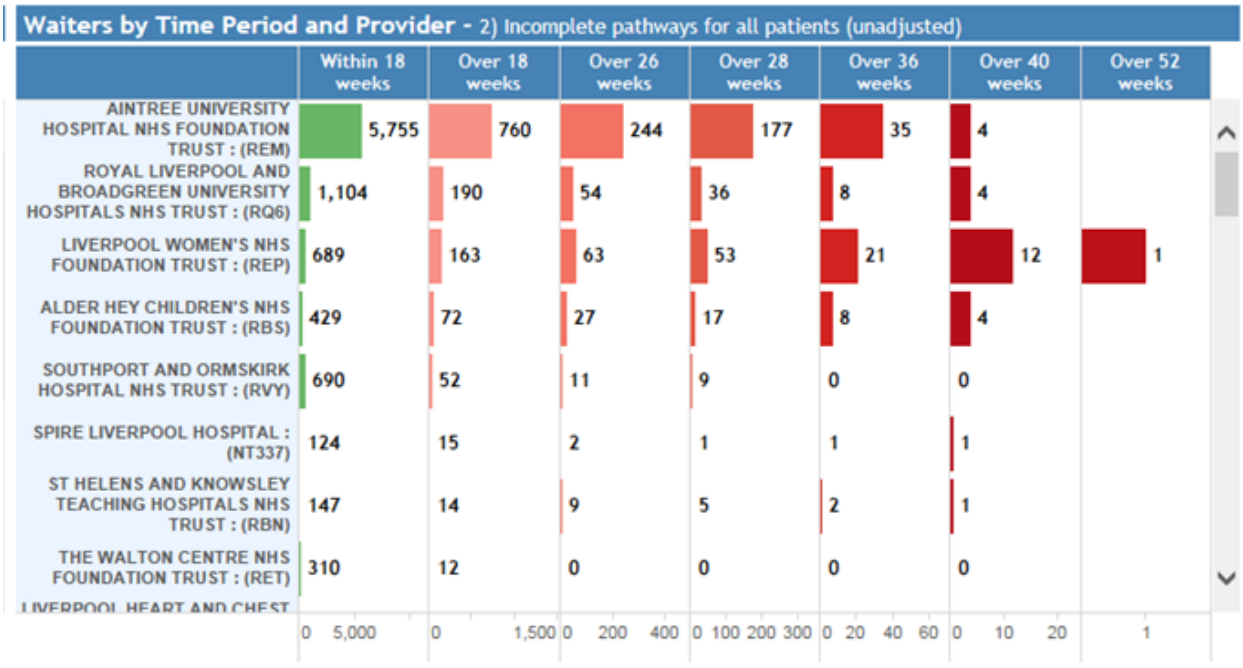
9.1.1 Incomplete Pathway Waiting Times

Figure 23 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



9.1.2 Long Waiters analysis: Top Providers

Figure 24 - Patients waiting (in bands) on incomplete pathway for the top Providers



9.1.3 Long Waiters Analysis: Top 2 Providers split by Specialty

Figure 25 - Patients waiting (in bands) on incomplete pathways by Speciality for Aintree University Hospitals NHS Foundation Trust

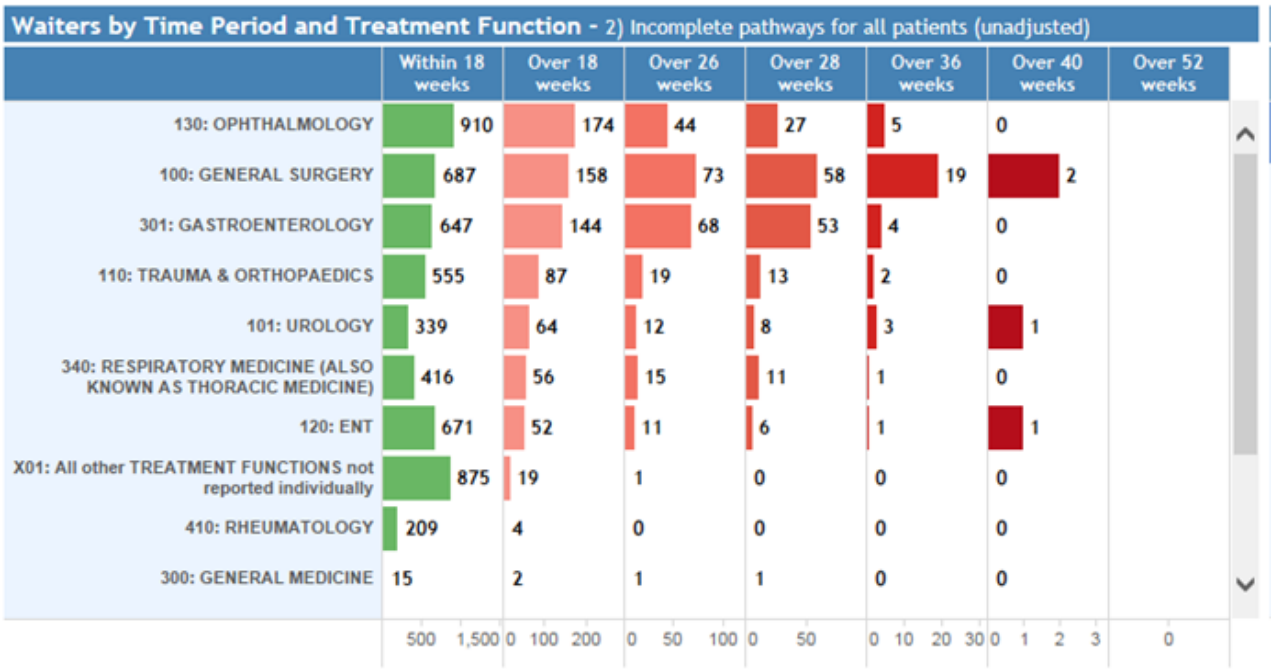
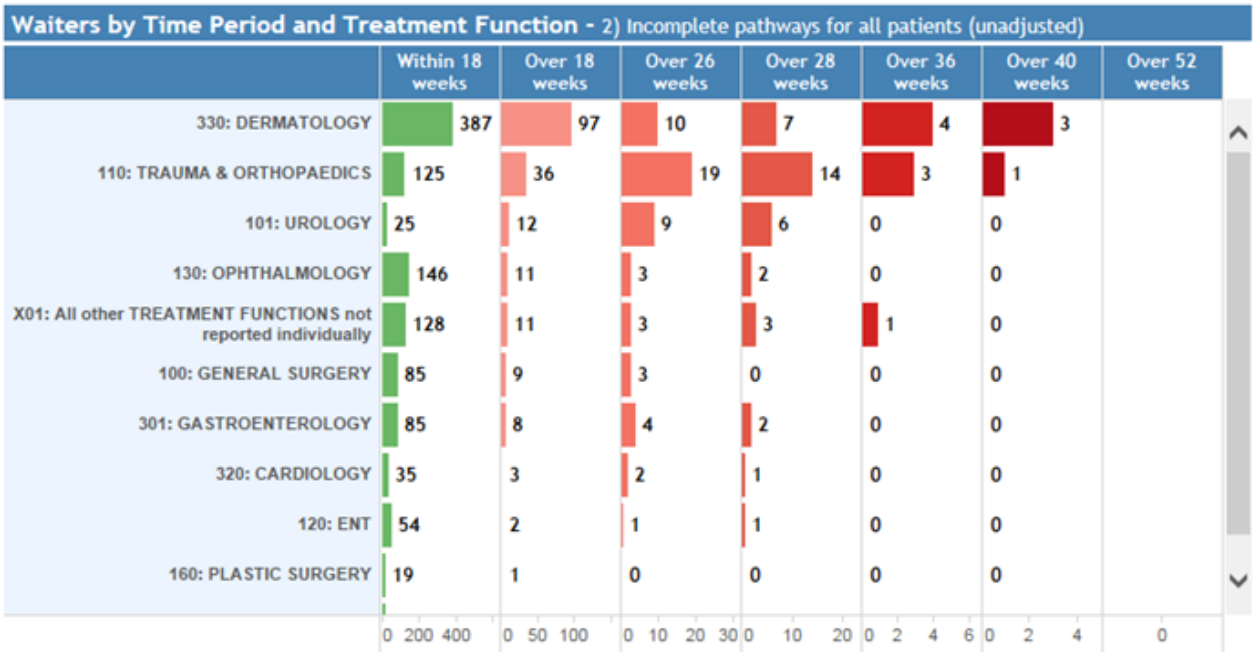
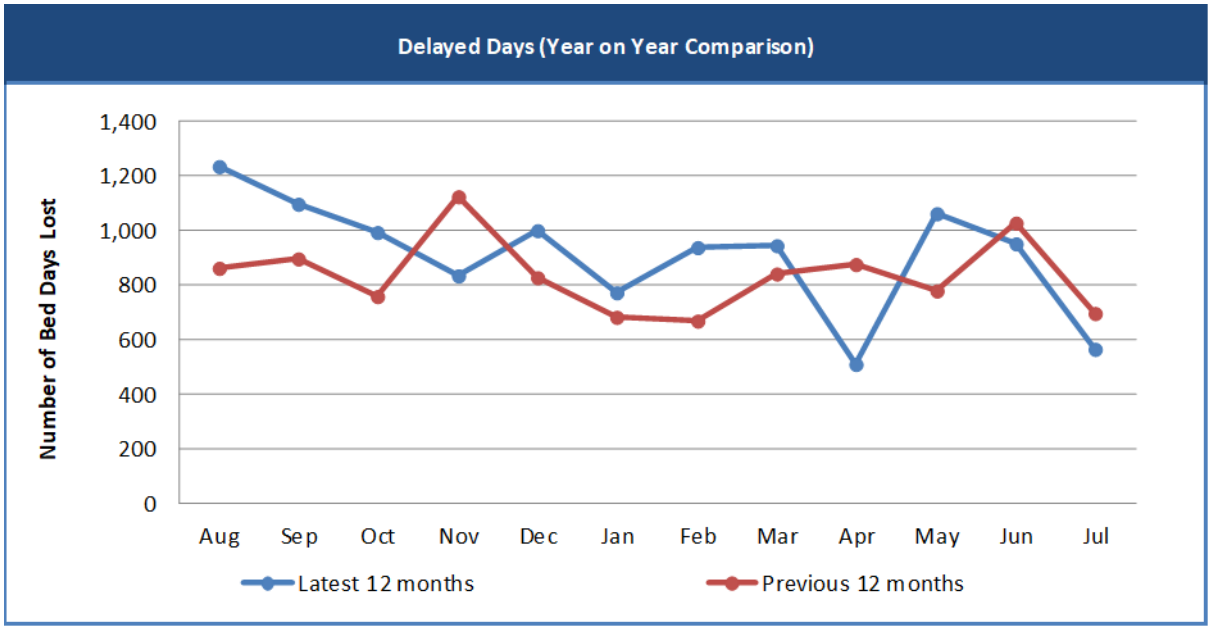


Figure 26 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



9.2 Delayed Transfers of Care

Figure 27 - Aintree DTOC Monitoring



DTOC Key Stats	This month	Last month	Last year
Delayed Days	**Jul-19**	**Jun-19**	**Jul-18**
Total	566	948	693
NHS	88.5%	77.0%	83.8%
Social Care	11.5%	23.0%	16.2%
Both	0.0%	0.0%	0.0%
Acute	50.7%	46.5%	54.8%
Non-Acute	49.3%	53.5%	45.2%

Reasons for Delayed Transfer % of Bed Day Delays (Jul-19)	
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	
Care Package in Home	10.2%
Community Equipment Adapt	8.5%
Completion Assesment	4.8%
Disputes	0.0%
Further Non-Acute NHS	33.0%
Housing	0.0%
Nursing Home	0.0%
Patient Family Choice	41.2%
Public Funding	2.3%
Residential Home	0.0%
Other	0.0%

9.3 Alder Hey Community Services Contract Statement

Commissioner Name	Service	Currency	Previous Year Outturn	Plan	FOT	Variance %	Apr	May	Jun	Jul	YTD
NHS South Sefton CCG	Paediatric Continence	Caseload at Month End	264	264	260	-1.52	267	278	242	251	273
		Total Contacts (Domiciliary)	1,740	1,740	1,575	-9.48	149	116	143	117	525
		Total New Referrals	174	174	192	10.34	11	15	22	16	64
	Paediatric Dietetics	Caseload at Month End	5	5	201	3,920.00	216	196	197	193	216
		Referral to 1st contact (weeks average)	8.6	8.6	6.4	-25.58	7	2.4	4.6	11.7	7
		Total Contacts	356	356	471	32.30	27	45	41	44	157
		Total Contacts (Domiciliary)	64	64	66	3.12	7	10	4	1	22
		Total Contacts (Outpatients)	292	292	402	37.67	20	35	37	42	134
		Total New Referrals	280	280	255	-8.93	20	18	26	21	85
	Paediatric Occupational Therapy	Caseload at Month End	201	201	140	-30.35	151	140	139	130	151
		Referral to 1st contact (weeks average)	15.9	15.9	13.2	-16.98	14.1	13.9	13	11.7	14.1
		Total Contacts (Domiciliary)	4,859	4,859	3,999	-17.70	297	297	333	406	1,333
		Total New Referrals	619	619	555	-10.34	41	60	42	42	185
	Paediatric Speech and Language Therapy	Referral to 1st contact (weeks average)	24.8	24.8	32.2	29.84	35	35.5	29.7	28.7	35.3
		Total Contacts (Domiciliary)	12,823	12,823	14,700	14.64	1,044	1,238	1,329	1,289	4,900
		Total Contacts Complex Cochlear (N&S Sefton)	507	507	531	4.73	56	54	51	16	177
		Total New Referrals	1,096	1,096	996	-9.12	93	89	78	72	332
		Total New Referrals Complex Cochlear (N&S Sefton)	6	6	0	-100.00	0	0	0	0	0

If Plan is <10,000:

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

If Plan is >10,000:

- FOT is <5% above or below plan
- FOT is 5%-10% above or below plan
- FOT is > 10% below plan
- FOT is > 10% above plan

9.4 Alder Hey SALT Waiting Times – Sefton

Paediatric SALT Sefton	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	18/19 Outturn	FOT 19/20	% Variance
Number of Referrals	146	162	137	148									1,843	1,555	-15.6%
Incomplete Pathways - 92nd Percentile	45	43	37	36									448		
Total Number Waiting	943	919	876	813									9,375		
Number waiting over 18 weeks	520	462	467	434									4,682		
Longest weeks waiting - weeks	52	54	58	62									587		
Longest weeks waiting - patients	2	2	1	1									25		

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

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

9.5 Alder Hey Dietetic Cancellations and DNA Figures – Sefton

Outpatient Clinics - DNAs

	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	19/20 Total
Appointments	327	532	429	647	528	698	52	65	94	98	309
DNA	66	53	41	147	68	116	13	19	16	21	69
DNA Rate	16.8%	9.1%	8.7%	18.5%	11.4%	14.3%	20.0%	22.6%	14.5%	17.6%	18.3%

Outpatient Clinics - Cancs by PROVIDER

	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	19/20 Total
Appointments	327	532	429	647	528	698	52	65	94	98	309
Cancellations	6	0	5	29	0	44	4	7	3	3	17
Rate	1.8%	0.0%	1.2%	4.3%	0.0%	5.9%	7.1%	9.7%	3.1%	3.0%	5.2%

Outpatient Clinics - Cancs by PATIENT

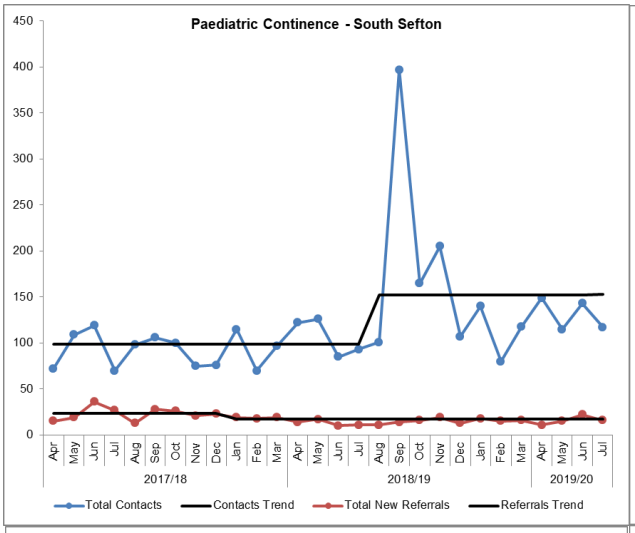
	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	19/20 Total
Appointments	327	532	429	647	528	698	52	65	94	98	309
Cancellations	27	63	63	207	128	184	10	38	18	33	99
Rate	7.3%	10.6%	12.8%	24.2%	19.5%	20.9%	16.1%	36.9%	16.1%	25.2%	24.3%

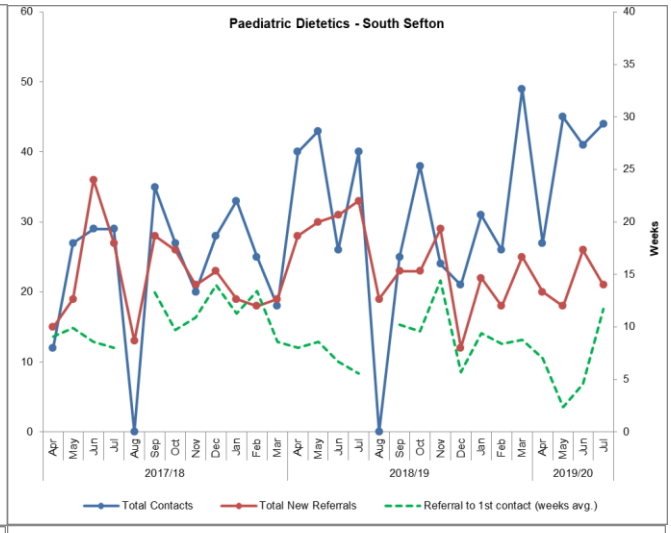
Rag Ratings & Targets 19/20

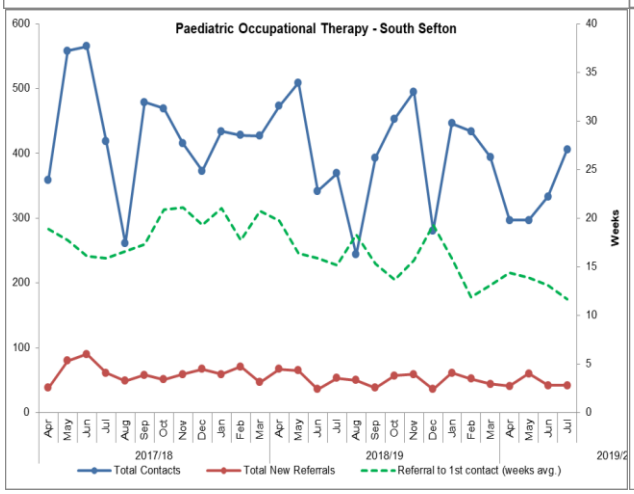
DNAs Outpatients	
<= 8.47%	Green
> 8.47% and <= 10%	Amber
> 10%	Red

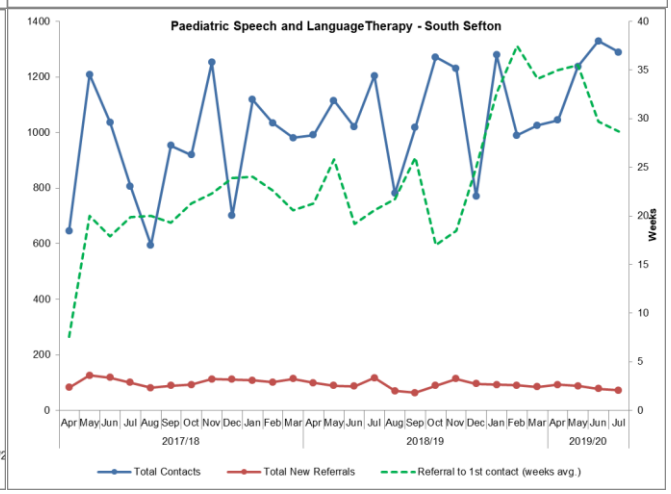
CANCs Outpatients - by Provider	
<= 3.5%	Green
> 3.5% and <= 5%	Amber
> 5%	Red

9.6 Alder Hey Activity & Performance Charts









9.7 Better Care Fund

A quarter 4 2018/19 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in May 2019. This reported that all national BCF conditions were met in regard to assessment against the High Impact Change Model; but with on-going work required against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care. Narrative is provided of progress to date.

A summary of the Q4 BCF performance is as follows:

Figure 28 - BCF Metric performance

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements
NEA	Reduction in non-elective admissions	Not on track to meet target	NHS England set an expectation nationally for growth within Non-Elective admissions, specifically of note is the requirement to increase zero length of stay activity by 5.6% and any admission with a longer length of stay by 0.9%. Despite these growth asks, the CCGs in the Sefton HWBB area have planned for 18/19 growth as follows: South Sefton CCG: 5.12% 0 day LOS, 0.82% 1+ day LOS. Southport & Formby CCG: 1.4% 0 day LOS, 0.4% 1 day LOS. Indicative Q3 YTD data shows a slight increase for the Sefton HWBB NEA position from 25% in Q2 to 27% in Q3 with 34,677 NEA compared to a plan of 27, 310. However, this is measured against BCF original 18/19 plans that were submitted back in 2017, not the latest CCG Ops Plan submissions for 18/19 which were made Apr 18.	There is a continued focus from our ICRAS services around both the S&O and Aintree systems to provide community interventions that support admission avoidance with activity monitored through A&E Delivery Board. SW posts have now also been implemented within localities as part of our place based developments to support early interventions that may avert emergency admission.
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Sefton's aging in ill health demographics continue to place signifciant additional demand on social care services for older people. Work continues to provide a home first culture and maintain people at home where possible. This is a key aspect of our Newton Decision Making action plan in regard to hospital discharge. Reablement, rehabilitation and ICRAS services all help to support our care closer to home strategy.	Implementation of enabling beds within Chase Heys and James Dixon care homes is an example of model of care designed to increase independence and avoid permanent placements.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Not on track to meet target	Review of reablement service ongoing but recruitment of workforce continues to be a challenge. Recruitment events underway to strengthen workforce. Plans to develop reablement 'offer' available to community cases - such as people in crisis and/or who are at risk of Hospital admission.	Agreement to conduct a Pilot Scheme around rapid response - meeting held with Providers, CCG and Lancashire Care to discuss approach and next steps.
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	Not on track to meet target	Following Newton Europe Review of delayed transfers of care across system we have reviewed recommendations of report with action plans developed for the three key areas.	At an operational and strategic level there has been enhanced partnership working around the S&O and Aintree systems to address delayed transfers of care. There are weekly calls between partners, MDT flying squads to target patient areas, increased focus on 7 and 21 day + LOS and actions to progress discharge.

Figure 29 - BCF High Impact Change Model assessment

						Narrative	
		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Current)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Milestones met during the quarter / Observed impact
Chg 1	Early discharge planning	Plans in place	Plans in place	Plans in place	Established		This Chg is in already established for SFCCG area and work continues to progress to move to maturity though implementation of MADE recommendations. Aim to move to one system for S&O across into W.Lancs. For SSCCG area this has been implemented through the ICRAS programme and the discharge lanes/SAFER system within Aintree.
Chg 2	Systems to monitor patient flow	Plans in place	Plans in place	Plans in place	Established		Currently established in Southport and Formby in S&O and system working well to monitor capacity and demand. In Aintree there has been a re-focus in Q4 on use of the Medworxx system in conjunction with the SAFER and discharge lanes approach. Band 4 discharge posts have been introduced attached to wards to support patient flow but also provide additional support to data capture. Ongoing work will aim to develop a mature system with peer support from the Royal Liverpool who also use Medworxx as part of planned merger work.
Chg 3	Multi-disciplinary/multi-agency discharge teams	Plans in place	Plans in place	Established	Mature	Assessment of mature is based on robust implementation of the ICRAS model (Integrated Community Reablement & Assessment Services) within Sefton but also across North Mersey. It is an example of collaboration designed to introduce consistency in approach and pathways across a larger geographical footprint. Further evidenced by linking our ongoing MDT development work to Newton Europe findings to improve Sefton service provision. Again work carried out locally but in conjunction with similar work underway across North Mersey. Shared learning and peer support has been an important part of our development.	Significant progress has been made in regard to multi-disciplinary / multi-agency discharge teams across Sefton. Our ICRAS model (Integrated Community Reablement & Assessment Services) has been key in facilitating joint working arrangements between health and social care and third sector partners with robust pathways in place to support step down from hospital and admission avoidance/step up if required from community. Areas developed in Q4 include our reablement bed based service pathway (Chase Heys & James Dixon Court) developed through collaborative working of all partners. The MDT approach has also been the focus of collaboration with primary care. Examples of this include the pilot work for Integrated Care Communities which is being implemented. During the last quarter activity in the South of the borough has included the identification of resource to support the work this includes two dedicated Primary Care Link Workers who will work across four health localities. This pilot work is being scoped further in terms of monitoring
Chg 4	Home first/discharge to assess	Established	Plans in place	Plans in place	Established		In Q4 we have achieved our plan to develop short stay enablement beds with model of care and pathway now in place. Work involved inputs from partners across acute, community and primary care (Chase Heys and James Dixon Court pathways referenced in Change 3). The newly introduced enablement bed provision complements our Home First service and our intermediate care beds and has helped to widen the range of support that we can provide for our Sefton population.

		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Current)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Milestones met during the quarter / Observed impact
Chg 5	Seven-day service	Plans in place	Plans in place	Plans in place	Established		Nurse led discharge and ICRAS services in place at the weekends to support patient flow. Review ongoing of impact alongside social work activity at weekend to move to more mature assesment.
Chg 6	Trusted assessors	Plans in place	Plans in place	Plans in place	Established		Model has been developed within S&O area in past year. For the Aintree catchment a 12 month pilot is being implemented through Mersey Care community trust with consistent approach being utilised which is in place in Knowsley and Liverpool. Domiciliary Care Trusted assessor established across Sefton footprint
Chg 7	Focus on choice	Not yet established	Plans in place	Plans in place	Established		The Choice Policy has been revisited with partners across North Mersey to ensure a consistent approach. In place within S&O and Aintree. The Newton Europe work will focus on strengthening and again ensuring consistency in processes e.g. best interest, capacity assessements. Process is established with opportunity to progress to mature over 19/20 as it is utilised and used positively to support patient flow and decision making.
Chg 8	Enhancing health in care homes	Plans in place	Plans in place	Plans in place	Established		Many key components in place such as Care Home Matrons, Acute Visiting Service (South Sefton) Red Bag scheme and work planned to move to mature such as on falls, pro-active management and therapy strategy. Focus for the Provider Alliance and further strategic development across the system. This work will continue to be progressed in 19/20.

9.8 NHS England Monthly Activity Monitoring

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

Month 4 performance and narrative detailed in the table below.

Figure 30 - South Sefton CCG's Month 4 Submission to NHS England

Month 04 (July)	*Month 04 Plan*	*Month 04 Actual*	*Month 04 Variance*	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	**3,409**	**3,573**	**4.8%**	GP referrals have increased for South Sefton CCG in month 4 across a number of providers. However, this appears to be linked to an increased number of workdays in month. Taking this into account, average daily referrals were actually below month 3 levels. Year to date GP referrals are also within the 2% threshold against plan. Other referrals remain high against plan and month 4 saw an historical peak. However, as above, this appears to have been influenced by an increased number of working days in month. Taking this into account, daily averages are below the previous month and comparable to July-18. Total referral numbers are slightly outside of the 2% threshold year to date for South Sefton CCG. Referrals are also comparable to the previous year. Seasonal trends suggest a low for referrals in month 5, which is expected to result in a closer alignment to plan. Discussions regarding referrals at the main hospital provider take place via information sub groups, contract review meetings and the planned care group.
Other	**2,665**	**2,901**	**8.9%**	
Total (in month)	**6,074**	**6,474**	**6.6%**	
Variance against Plan YTD	23,576	24,102	2.2%	
Year on Year YTD Growth			-0.8%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	**5,047**	**5,209**	**3.2%**	First OP appointments increased in month 4, aligning to the increased referral rates noted above. However, first and FUP appointments have seen reductions against plan year to date in 1920. Activity trends are driven by the main hospital provider and contracted activity levels are below plan across various specialities. A planned care group was established in 2018/19 with the main hospital provider to review elements of performance and activity. This group will continue to work throughout 2019/20. CCG planned care leads are working with acute providers on an outpatient reduction strategy. This strategy will be focussed on unwarranted variation as identified by Rightcare. AUH have indicated that they have already made progress regarding reducing unwarranted variation through the implementation of digital solutions which will be shared as part of a framework with other acute providers in the system.
Follow Up	**12,088**	**11,091**	**-8.2%**	
Total Outpatient attendances (in month)	**17,135**	**16,300**	**-4.9%**	
Variance against Plan YTD	67,909	61,039	-10.1%	
Year on Year YTD Growth			-3.1%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1,712	2,017	17.8%	CCG local monitoring of day case admissions has activity at a 1% variance against plan year to date at month 4. Electives have a greater % variance against plan but activity variances are minimal. A planned care group was established in 2018/19 with the main hospital provider to review elements of performance and activity. This group will continue to work throughout 2019/20.
Elective Ordinary spells	273	225	-17.6%	
Total Elective spells (in month)	**1,985**	**2,242**	**12.9%**	
Variance against Plan YTD	7,568	8,480	12.1%	
Year on Year YTD Growth			0.5%	
Urgent & Emergency Care				
Type 1	**4,717**	**4,434**	**-6.0%**	Type 1 attendances increased to an historical peak in July-19. CCG local monitoring has attendances 7% above plan in month but within the 2% threshold year to date. Activity trends are driven by the main hospital provider and A&E performance decreased slightly in month 4 to 83.47%. A trend of decreasing attendances at Litherland WIC has been evident in the last 12 months, which has contributed to a reduction in all types attendances. This appears to be part of North Mersey trend of decreased WIC attendances. CCG urgent care leads are continuing to work collaboratively with the provider and local commissioners to understand A&E attendances/performance and address issues relating to patient flow as a system (i.e. North Mersey A&E delivery board).
Year on Year YTD			2.3%	
All types (in month)	**9,582**	**8,474**	**-11.6%**	
Variance against Plan YTD	36,933	33,596	-9.0%	
Year on Year YTD Growth			-2.9%	
Total Non Elective spells (in month)	**2,180**	**2,323**	**6.6%**	Plans were rebased for 2019/20 and now take into account pathway changes at the CCG's main hospital provider relating to Same Day Emergency Care. Admissions increased in month 4 in line with increased A&E attendances. As above, CCG urgent care leads are continuing to work collaboratively with the provider and local commissioners to understand urgent care activity and address issues relating to patient flow as a system (i.e. North Mersey A&E delivery board).
Variance against Plan YTD	8,680	8,966	3.3%	
Year on Year YTD Growth			5.0%	