South Sefton Clinical Commissioning Group

Integrated Performance Report

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Summary Performance Dashboard

Metric	Reporting Level		2019-20												
			Q1			Q2			Q3			Q4			YTD
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
E-Referrals															
NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG	R	R	R	R	R								R
		Actual	66%	62.8%	70.9%	69.3%	62.1%								
		Target	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Diagnostics & Referral to Treatment (RTT)															
% of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	G	R	R	G	R								R
		Actual	0.77%	1.06%	1.56%	0.94%	1.37%								
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R	R	R								
		Actual	89.49%	89.64%	88.46%	88.15%	87.22%								
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	G	R	R	G								R
		Actual	1	0	1	1	0								2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations															
% of Cancellations for non clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G	G	G								G
		Actual	0	0	0	0	0								
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G	G	G								G
		Actual	0	0	0	0	0								
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times															
% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP with suspected cancer	South Sefton CCG	RAG	R	G	G	G	R								R
		Actual	86.142%	94.578%	93.813%	94.25%	89.09%								91.659%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for susp breast cancer	South Sefton CCG	RAG	R	R	R	G	R								R
		Actual	50.00%	86.842%	91.176%	93.103%	91.67%								83.667%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) 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	R								G
		Actual	96.296%	98.718%	100.00%	96%	94.118%								97.076%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	G	G	R	G	G								G
		Actual	100.00%	100.00%	93.333%	95.00%	100%								96.923%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	G	G	G	R								G
		Actual	100.00%	100.00%	100.00%	100.00%	96.552%								99.222%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	G	G	G								G
		Actual	96.667%	100.00%	100.00%	100.00%	100.00%								99.291%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R	R	R	R	R								R
		Actual	75.00%	77.273%	65.517%	75.676%	68.00%								73.054%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) 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	G								R
		Actual	-	85.714%	0.00%	-	100.00%								83.33%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	South Sefton CCG	RAG	R	R	R	G	R								R
		Actual	60.00%	70.00%	33.333%	88.889%	50.00								65.854%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%

Metric	Reporting Level		2019-20												
			Q1			Q2			Q3			Q4			YTD
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Accident & Emergency															
4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 17/18 ratio) % of patients who spent less than four hours in A&E (HES 17/18 ratio Acute position via NHSE HES DataFile)	South Sefton CCG	RAG	R	R	R	R	R								R
		Actual	78.178%	78.324%	81.153%	80.07%	85.15%								80.56%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
EMSA															
Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG	G	G	G	G	G								G
		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								G
		Actual	0.00	0.00	0.00	0.00	0.00								0.00
		Target	0	0	0	0	0								
HCAI															
Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner) cumulative	South Sefton CCG	RAG	G	G	G	R	R								R
		YTD	0	0	0	1	1								1
		Target	-	-	-	-	-	-	-	-	-	-	-	-	0
Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner) cumulative	South Sefton CCG	RAG	R	G	G	G	G								G
		YTD	7	7	11	17	22								22
		Target	6	11	15	20	24	28	34	40	46	51	55	60	60
Number of E.Coli infections Incidence of E.Coli (Commissioner) cumulative	South Sefton CCG	RAG	R	R	R	R	R								R
		YTD	15	33	47	63	75								75
		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								G
		Actual	50.00%	60.00%	-	100%	100%								72.222%
		Target	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	
IAPT (Improving Access to Psychological Therapies)															
IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R	R	R	R	R								R
		Actual	37.10%	47.1%	35.4%	47.8%	43.4%								43.4%
		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								R
		Actual	1.34%	1.22%	1.06%	1.11%	0.99%								
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.83%	1.83%	1.83%	
IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	G	G	G	G	G								G
		Actual	99.60%	97.70%	100%	96.9%	100%								98.7%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G	G	G	G	G								G
		Actual	100%	100%	100%	100%	100%								100.00%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	
Dementia															
Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	R								R
		Actual	64.169%	64.37%	64.60%	63.90%	63.90%								64.184%
		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%												

Metric	Reporting Level		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
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 5 (note: time periods of data are different for each source).

Key Exception Areas for August	CCG	Aintree
A&E Improvement Trajectory	89%	89%
A&E (All Types) (Nat Target 95%)	85.15%	88.88%
RTT Improvement Trajectory	90.5%	91.3%
RTT (Nat Target 92%)	88.15%	87.92%
Diagnostics Improvement Trajectory	1.51%	1.30%
Diagnostics (Nat Target less than 1%)	1.37%	0.06%
62 Day Improvement Trajectory	86.50%	80.3%
Cancer 62 Day (Nat Target 85%)	68.00%	71.03%

To Note:

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

Planned Care

Year to date referrals at August are -3.1% down on 2018/19 due to a -8.8% reduction in GP referrals. In contrast, consultant-to-consultant referrals are 6.1% higher when compared to 2018/19. Also consultant-to consultant referrals have decreased to the lower point since February 2019 after being at an historical high in the previous month.

At provider level, Aintree Hospital saw a -4.9% decrease in total referrals in August when comparing to 2018/19. Liverpool Womens has also reported a reduction of -10.9%.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCGs performance has dipped slightly in the last few months recording 87.2% in August. This has resulted in the CCG failing the improvement plan of 90.5%. In August, the incomplete waiting list for the CCG was 11,648 against a plan of 11,561; a difference of 87 patients over plan.

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

Aintree Friends and Family Inpatient test response rate is still below the England average of 24.9% in August 2019 at 19.3%. The percentage of patients who would recommend the service has remained the same at 94%, which is below the England average of 96% and the percentage who would not recommend has increased to 4% above the England average of 2%.

Unplanned Care

In relation to A&E 4-Hour waits the CCG reported at 5% increase in patients seen reporting 85.15%, 80.56% year to date. Aintree revised their trajectory for 2019/20. The Trust has failed their improvement plan in August with 88.88%, which is slightly below the target of 89%.

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.

The CCG and Trust have reported no new cases of MRSA in August. The previous month was the first case for the CCG reported at Aintree so have failed the zero tolerance threshold for 2019/20.

Aintree are reporting over their year to date plan of 23 for C.difficile as at August they have had 46 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 August there were 12 cases (75 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 M5 2019/20 is approximately 1.58%. Month 5 performance was 0.99% so failed to achieve the target standard. The percentage of people moved to recovery was 43.4% in month 5 of 2019/20 which failed the 50% target.

The latest data shows South Sefton CCG are recording a dementia diagnosis rate in August of 63.90%, which is under the national dementia diagnosis ambition of 66.7%. The same percentage was reported last month.

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.

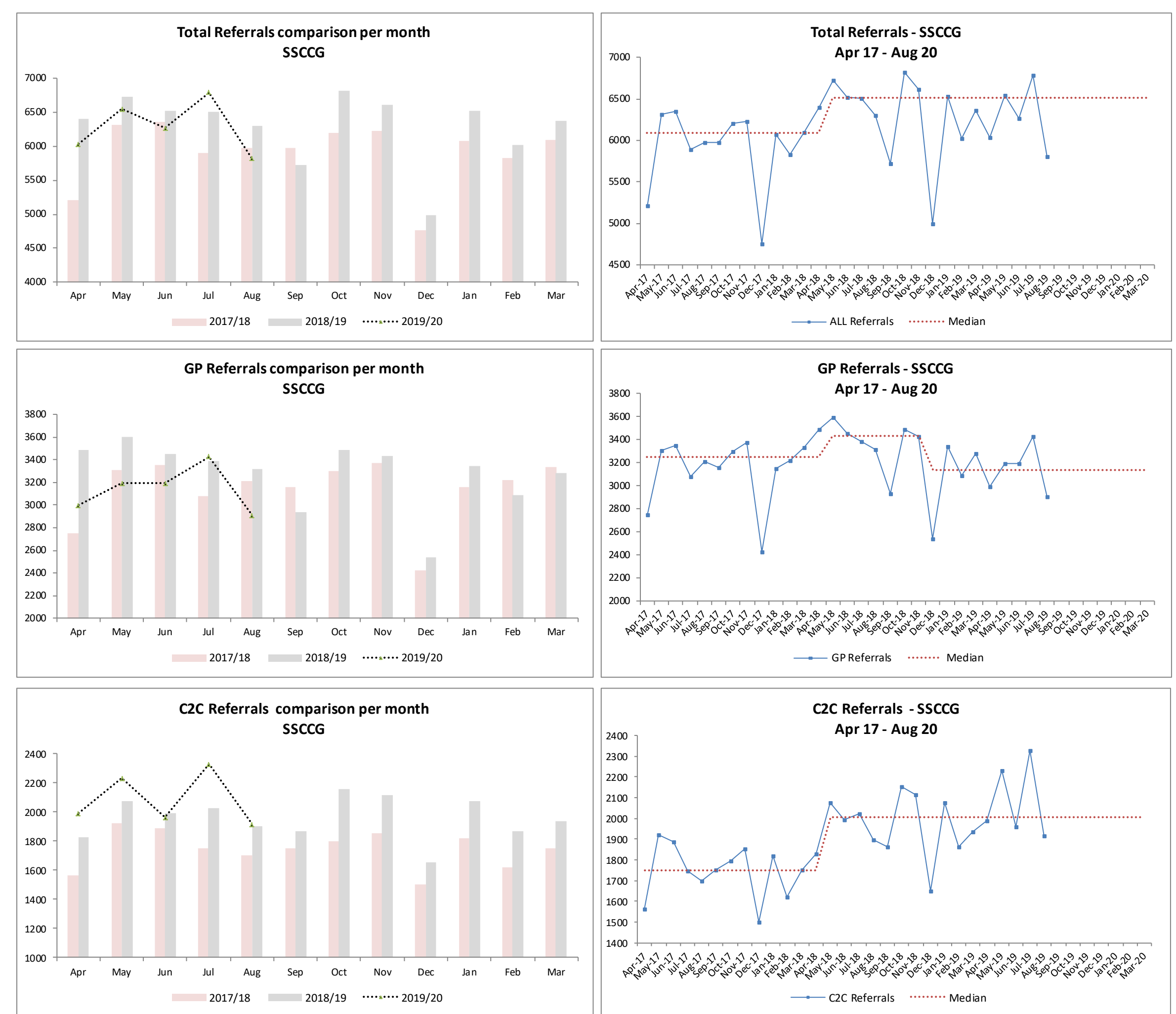
CCG Oversight Framework
NHS England and Improvement released the new Oversight Framework (OF) for 2019/20 on 23rd August, to replace the Improvement Assessment Framework (IAF). The framework has been revised to reflect that CCGs and providers will be assessed more consistently. Most of the oversight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

2. Planned Care

2.1 Referrals by source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
Month	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%
April	3487	2998	-489	-14.0%	1828	1988	160	8.8%	6399	6034	-365	-5.7%
May	3599	3192	-407	-11.3%	2076	2230	154	7.4%	6727	6552	-175	-2.6%
June	3453	3194	-259	-7.5%	1992	1961	-31	-1.6%	6525	6269	-256	-3.9%
July	3386	3427	41	1.2%	2025	2328	303	15.0%	6510	6790	280	4.3%
August	3320	2908	-412	-12.4%	1899	1915	16	0.8%	6303	5814	-489	-7.8%
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	3144	-136	-4.1%	1957	2084	128	6.5%	6296	6292	-4	-0.1%
YTD Total Month 5	17245	15719	-1526	-8.8%	9820	10422	602	6.1%	32464	31459	-1005	-3.1%
Annual/FOT	39354	37726	-1628	-4.1%	23479	25013	1534	6.5%	75549	75502	-47	-0.1%

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



Data quality note:

Liverpool Heart & Chest Hospital data for month 5 of 2019/20 is currently unavailable. As a result, monthly averages have been applied for this particular month.

Month 5 Summary:

- Trends show that the baseline median for total South Sefton CCG referrals has remained flat from May 2018. However, following a peak in referrals during month 4, numbers have now decreased in August 2019 to the lowest monthly total since December 2018.
- Year to date referrals at August 2019 are -3.1% down on 2018/19 due to a -8.8% reduction in GP referrals.
- In contrast, consultant-to-consultant referrals are 6.1% higher when compared to 2018/19. Also, consultant-to-consultant referrals have decreased to the lowest point since February 2019 after being at an historical high in the previous month.
- Southport & Ormskirk and Aintree Hospitals are responsible for the majority of consultant-to-consultant increases. The former has reported increases within specialties such as Trauma & Orthopaedics, Clinical Physiology, Paediatrics and ENT amongst others.
- Liverpool Heart & Chest Hospital has also seen a number for consultant-to-consultant referrals to the Congenital Heart Disease Service in 2019/20. These were previously not recorded in 2018/19.
- Aintree has reported a -4.9% decrease in total referrals at month 5 when comparing to 2018/19. Liverpool Women's have also reported a reduction of -10.9%.
- 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 13 fewer GP referrals per day in 2019/20 when comparing to the previous year.
- Trauma & Orthopaedics was the highest referred to specialty for South Sefton CCG in 2018/19. Referrals to this speciality at month 5 are currently -6.2% lower than in 2018/19.

2.2 E-Referral Utilisation Rates

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

Performance Overview/Issues:

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

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

Actions to Address/Assurances:

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

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

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

When is performance expected to recover:

A recovery trajectory will be formulated after discussions with providers.

Quality:

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

Indicator responsibility:

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

2.3 Diagnostic Test Waiting Times

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test		**Previous 3 months and latest**					133a	The risk that the CCG is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.
YELLOW	**TREND**		May-19	Jun-19	Jul-19	Aug-19		
		CCG	1.05%	1.56%	0.94%	1.37%		
		Aintree	0.21%	0.33%	0.19%	0.06%		
		Plan: less than 1% August's CCG improvement plan: 1.51% Yellow denotes achieving 19/20 improvement plan but not national standard of less than 1%						

Performance Overview/Issues:

The CCG are achieving the improvement plan for August (1.51%) but not the national standard reporting 1.37%. In August out of a total of 2554 patients on the waiting list, 35 patients waited over 6 weeks out of them 2 waited over 13+ weeks.

Aintree are achieving in August reporting 0.06%.

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

Actions to Address/Assurances:

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

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

When is performance expected to recover:

A sustainable recovery expected Q4.

Quality:

Indicator responsibility:

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

2.4 Referral to Treatment Performance

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (18 weeks)		Previous 3 months and latest					129a	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
RED	TREND		May-19	Jun-19	Jul-19	Aug-19		
		CCG	89.6%	88.5%	88.2%	87.2%		
		Aintree	90.1%	89.0%	87.9%	86.6%		
		Plan: 92% August's improvement plan: CCG - 90.5% and Aintree - 91.3% Yellow denotes achieving 19/20 improvement plan but not national standard of 92%						

Performance Overview/Issues:

The CCG's performance has dipped slightly over the past few months to 87.2% in August. This has resulted in the CCG failing the improvement plan of 90.5%. The CCG's main provider Aintree are also under the 92% target reporting 86.6%; also failing their local trajectory of 91.3% for August. Gastroenterology is one of the specialties most underperforming with 80.9%, which is a decline to last month when 84.4% was reported. For August this equates to 422 patients waiting over 18 weeks and equivalent to 2.35% 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 which met 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.

Actions to Address/Assurances:

CCG Actions:
• The CCG have escalated RTT performance through its Governance structure and have now instigated a Contract Performance Notice, against RTT performance more specifically in relation to gastroenterology.
• In addition the CCG have been working on a system approach to provide a sustainable delivery model for gastroenterology working with the STP. The CCG organised a Task and Finish/Vision Event on the 9th September to try and pull together a system action plan that will hope to recover performance. This event was supported by turnaround directors, clinical leads and CCG representatives to provide additional impetus.
• The CCG have the support of Trust turn-around directors to support Task & Finish Groups in order to get a system resolution.
• A Project Team 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.
• The trust have provided an improvement trajectory that forecasts neither attainment of either the constitutional or improvement trajectory performance by March 2020. NHS E/I have been asked to confirm if the revised performance trajectory has been ratified by the regulators.

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. The CCG have requested ratification from NHSE/I of this improvement plan. In addition, the revised improvement plan will be escalated to Aintree CCF on 7th November.

Indicator responsibility:

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

Figure 2 - RTT Performance & Activity Trend

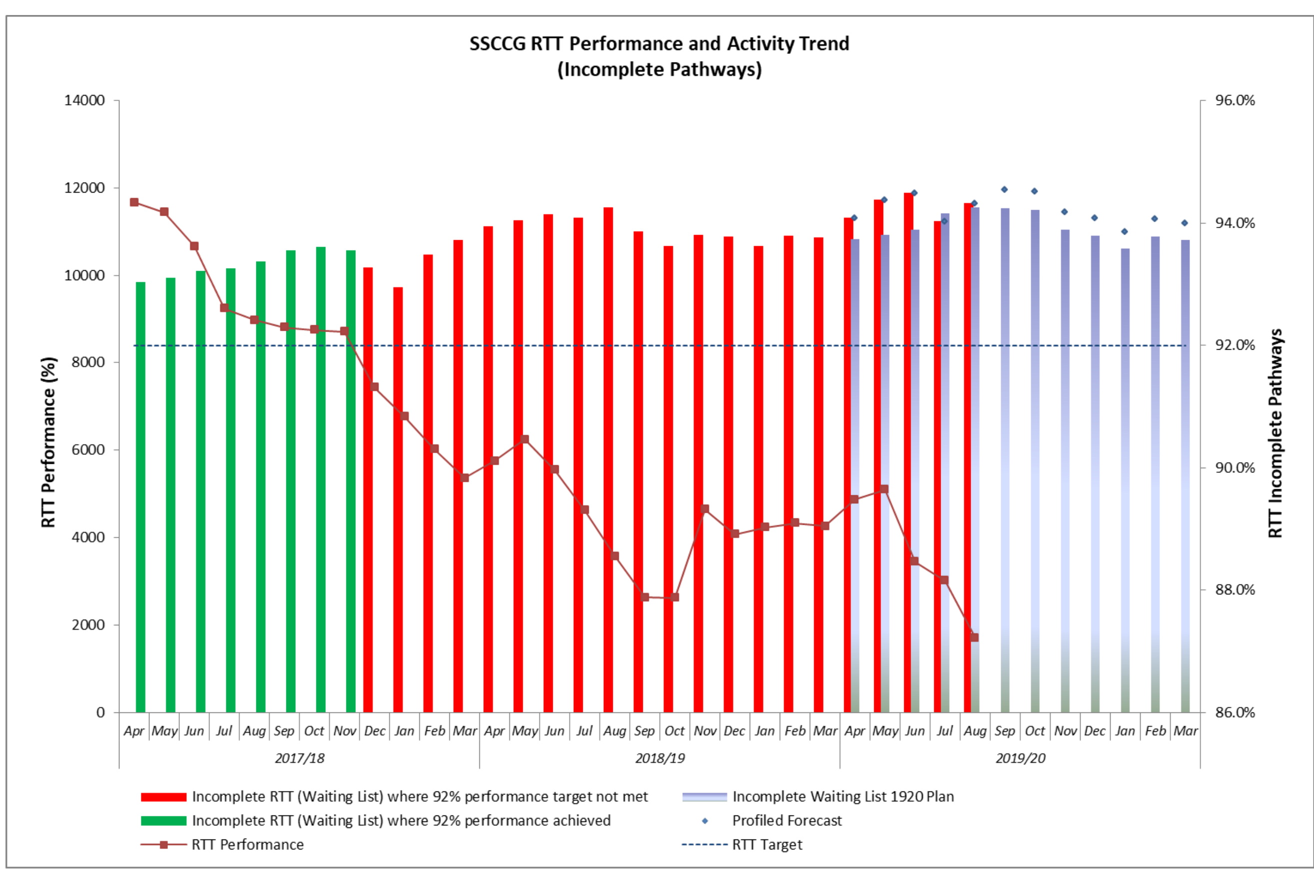


Figure 3 - South Sefton CCG Total Incomplete Pathways

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan	10,833	10,934	11,046	11,422	11,561	11,541	11,498	11,052	10,910	10,608	10,893	10,805	10,833
2019/20	11,309	11,727	11,880	11,234	11,648								11,648
Difference	476	793	834	-188	87								815

In August, the incomplete waiting list for the CCG was 11,648 against a plan of 11,561; a difference of 87 patients over plan. South Sefton CCG incomplete pathways has seen a 414/3% increase for August 2019 compared to July 2019. Aintree have seen 361/5% reduction in their waiting list in August 2019 compared to July 2019. Specialty wise, this is recorded under X01 - Other.

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		May-19	Jun-19	Jul-19	Aug-19		
		CCG	0	1	1	0		
		Aintree	0	0	0	0		
		Plan: Zero						

Performance Overview/Issues:

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

Actions to Address/Assurances:

Monitoring of the 36 week waiting continues with the CSU.

When is performance expected to recover:

Quality:

Indicator responsibility:

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

2.4.2 Provider assurance for long waiters

Figure 4 - South Sefton CCG Provider Assurance for Long Waiters

CCG	Trust	Speciality	Wait band (weeks)	Detailed reason for the delay
South Sefton CCG	Aintree	ENT	40	Patient treated in September.
South Sefton CCG	Aintree	Gastroenterology	36 to 42	**26 patients**; all treated.
South Sefton CCG	Aintree	General Surgery	36 to 43	**16 patients**; all treated.
South Sefton CCG	Aintree	Ophthalmology	36 to 44	**8 patients**; all treated.
South Sefton CCG	Aintree	Respiratory Medicine	37 & 38	**2 patients**; both treated.
South Sefton CCG	Aintree	T&O	36 to 41	**4 patients**; all treated.
South Sefton CCG	Aintree	Urology	37	Patient treated in September.
South Sefton CCG	Alder Hey	All Other	36 to 48	**7 patients**; 3 patients treated, 1 TCI date in October and 3 unknown. Capacity issues in community paediatrics. The Trust has recruited a prescribing pharmacist who has been in post (part time) since beginning of May and has now commenced his own clinics. Additional ADHD follow up capacity has been made available in Southport & Sefton to reduce the waiting times for follow ups. Additional nurse prescribers – two have completed the course through Edge Hill University and will start solo clinics in October again supporting ADHD follow up waiting lists. A further two commenced training in September with Liverpool University with the course finishing January 2020 and will be able to fly solo around July 2020. WLI clinics for new patients have been undertaken in August, September and October. There are plans to continue with these clinics, based on outpatient capacity until the end of the year.
South Sefton CCG	Hull University	Ophthalmology	38	Patient has TCI date for October.
South Sefton CCG	Liverpool Women's	Gynaecology	36 to 49	**12 patients;** 1 patient treated in September, the rest unknown. The provider reported that most of 2018/19 the Trust has operated with 25% gaps in consultant workforce due to difficult to recruit specialist posts and long term sickness with locum Consultants and own Consultants completing WLIs to provide additional capacity currently. RTT incomplete 18 week pathways remained consistently between 80-85% as focus continues on managing long waiting patients and ASI lists, however, unprecedented levels of Consultant sickness in from February to May has affected the position. Long-term capacity issues persist in Uro-Gynaecology with 2 Consultants successfully recruited in March 2019 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	Pennine Acute	All Other	38	Patient cancelled first appointment on 29/8/19 and has been given the next available appointment on 31/10/19. Given how far along the pathway they are, the Trust will see if it can bring that appointment forward but the clinic is full for the next few weeks. Once patient has had the appointment, the Trust will keep an eye on the pathway to ensure they are treated in time.
South Sefton CCG	Robert Jones & Agnes Hunt	T&O	45	Patient has TCI date for October. Scoliosis & Spinal pressures
South Sefton CCG	Royal Liverpool & Broadgreen	All Other	38 to 43	**2 patients**; both treated. Capacity issues.
South Sefton CCG	Royal Liverpool & Broadgreen	Cardiology	36	Patient treated. Capacity issues.
South Sefton CCG	Royal Liverpool & Broadgreen	Dermatology	37	Patient treated. Capacity issues.
South Sefton CCG	Royal Liverpool & Broadgreen	Gastroenterology	36	Patient treated. Capacity issues.
South Sefton CCG	Royal Liverpool & Broadgreen	T&O	37 to 40	**5 patients**; 3 treated, 1 TCI, 1 no date yet. Long Wait on Waiting List
South Sefton CCG	Royal Liverpool & Broadgreen	Urology	36	Patient treated. Capacity issues.
South Sefton CCG	Southport & Ormskirk	General Surgery	37	No Trust comments.
South Sefton CCG	Southport & Ormskirk	Gynaecology	37	No Trust comments.
South Sefton CCG	Spire Liverpool	T&O	46	Awaiting results – still active
South Sefton CCG	St Helens & Knowsley	Plastic Surgery	38 & 43	**2 patients**; both have TCI dates in November.
South Sefton CCG	Stockport	T&O	42	No Trust comments.
South Sefton CCG	Wrightington, Wigan & Leigh	T&O	42	Pathway stopped as patient was unfit for procedure.

The CCG had a total of 98 patients waiting 36 weeks and over. Of the 98, there were 71 patients treated, 6 with a TCI date, 1 patients' pathway stopped (not required) and 20 patients unknown, which includes Trusts who don't provide updates under 52 weeks.

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		May-19	Jun-19	Jul-19	Aug-19	YTD		
		CCG	94.58%	93.81%	94.25%	89.09%	91.66%		
		Aintree	93.88%	95.00%	95.27%	94.75%	91.02%		
		Plan	93%	93%	93%	93%	93%		
		Aintree August Trajectory: 92.4% (National 93%)							

Performance Overview/Issues:

The CCG failed the target for August after achieving for 3 months running reporting 89.09%. The CCG continues to fail the YTD target with 91.66%, mainly due to poor performance in April. In August there were 65 breaches from a total of 596 patients seen. There were 38 breaches at Royal Liverpool, 18 at Aintree, 8 at Southport & Ormskirk and 1 at Liverpool Women's. 41 breaches were due to inadequate out-patient capacity, 21 due to patient choice to delay, 1 due to an admin delay, 1 due to a clinic cancellation and 1 listed as other reason. The maximum wait was 51 days (at Royal Liverpool) and was due to inadequate out-patient capacity. Cancer data is monitored cumulatively so year to date the CCG is reporting red.

Aintree have again achieved the 93% target and improvement trajectory of 92.4% reporting 94.75% in August 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 NG 12 published in 2015. These forms are being uploaded onto South Sefton practice EMIS systems from September onwards.

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

2.5.2 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		May-19	Jun-19	Jul-19	Aug-19	YTD		
		CCG	86.84%	91.18%	93.10%	91.67%	83.67%		
		Aintree	85.42%	96.43%	97.02%	94.53%	82.64%		
		Plan	93%	93%	93%	93%	93%		
		Aintree August Trajectory: 91.9% (National 93%)							

Performance Overview/Issues:

After achieving the target last month the CCG have again failed the target in August reporting 91.67% and remains below YTD target with 83.67%. In August there were 4 breaches from a total of 48 patients seen. There were 3 breaches at Aintree and 1 at Royal Liverpool. All breaches were due patient choice to delay. The maximum wait was 24 days. Cancer data is monitored cumulatively so year to date the CCG is reporting red.

Aintree reported 94.53% in August and are achieving the 93% target and improvement trajectory, having just 7 breaches out of a total of 128 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 first definitive treatment of cancer diagnosis

Indicator		Performance Summary						IAF	Potential organisational or patient risk factors
31 day first definitive treatment of cancer diagnosis		Previous 3 months, latest and YTD							Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
GREEN	TREND		May-19	Jun-19	Jul-19	Aug-19	YTD		
		CCG	98.72%	100.0%	96.0%	94.12%	97.08%		
		Aintree	97.18%	98.17%	99.17%	95.33%	97.64%		
		Plan	96%	96%	96%	96%	96%		

Performance Overview/Issues:

The CCG are failing the 96% target for the first time in 2019/20 reporting 94.12%, but they are achieving year to date 97.08%. In August there were 3 patient who didn't have their first treatment within 31 days out of 51 patients in total. The first gynaecological patient's treatment was delayed due to medical reasons, the second head & neck patient delay was down to the patient failing to present for their elective treatment and the third a skin patient, their delay was due to a Health Care Provider initiated delay to diagnostic test/treatment plan. Cancer data is monitored cumulatively so year to date the CCG is reporting green.

Aintree also failed this measure in August reporting 95.33% but are also achieving year to date recording 97.64%. In August there were 5 patient breaches out of a total of 107.

Actions to Address/Assurances:

Breaches occurred across a variety of specialties and reasons. No thematic trends are evident as yet.

When is performance expected to recover:

Sep-19

Quality:

Indicator responsibility:

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

2.5.4 31 Day Standard for Subsequent Cancer Treatment – Drug

Indicator		Performance Summary						IAF	Potential organisational or patient risk factors
31 day standard for subsequent cancer treatment - drug		Previous 3 months, latest and YTD							Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
GREEN	TREND		May-19	Jun-19	Jul-19	Aug-19	YTD		
		CCG	100%	100%	100%	96.55%	99.30%		
		Aintree	97.22%	95.24%	100%	100%	98.37%		
		Plan	98%	98%	98%	98%	98%		

Performance Overview/Issues:

The CCG are failing this measure for the first time in 2019/20 reporting 96.55% against a target of 98%, this was due to just 1 patient breach out of a total of 29 patients, this lung patient's delay was due to the patient's choice. Cancer data is monitored cumulatively so year to date the CCG is reporting green.

Aintree have achieved 100% in August and are now achieving year to date reporting 98.37%.

Actions to Address/Assurances:

Breach was patient's own choice to delay treatment

When is performance expected to recover:

Sep-19

Quality:

Indicator responsibility:

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

2.5.5 62 Day Cancer Urgent Referral to Treatment Wait

Indicator		Performance Summary						IAF	Potential organisational or patient risk factors
All cancer two month urgent referral to treatment wait		Previous 3 months, latest and YTD						122b	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND		May-19	Jun-19	Jul-19	Aug-19	YTD		
		CCG	77.27%	65.52%	75.68%	68.00%	73.05%		
		Aintree	70.20%	60.90%	63.70%	71.03%	66.92%		
		Plan	85%	85%	85%	85%	85%		
		CCG Improvement Trajectory August: 86.5% Aintree August Trajectory: 80.3% (National 85%)							

Performance Overview/Issues:

The CCG failed the target for August reporting 68%. In August there were 8 breaches from a total of 25 patients seen. Breach reasons include delays due to complex diagnostic pathways, delay to Health Care Provider initated delay to diagnostic test/treatment plan, patient choice to delay with advance notice, inconclusive diagnostic and other reasons not stated.

Aintree also failed the target and planned trajectory of 80.3% in August recording 71.03%. Performance is reported at a tumour site level. For Aintree only 1 tumour site, Breast, was compliant with the 85% operational standard for August 2019.

A Contract Performance Notice (CPN) has been issued to Aintree in respect of this indicator and a recovery plan to reach the agreed trajectory has been supplied. Key actions include
- promotion of correct grading for diagnostic requests with a feedback mechanism to requesting clinicians
- increase radiology capacity by outsourcing and use of mobile CT and MR
- further scanning capacity secured through agreement with the Walton Cente
- 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		May-19	Jun-19	Jul-19	Aug-19	YTD		
		CCG	85.71%	0.00%	No patients	100%	83.33%		
		Aintree	86.96%	73.33%	85.71%	100%	86.15%		
		Plan	90%	90%	90%	90%	90%		

Performance Overview/Issues:

The CCG reported 100% for screening services in August. Year to date the CCG are reporting 83.33% which is under the 90% target. Cancer data is monitored cumulatively so year to date the CCG is reporting red.

Aintree report 100% for screening in August, all 3 patients were treated following referral from the screening service within 62 days.

Actions to Address/Assurances:

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

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

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		May-19	Jun-19	Jul-19	Aug-19	YTD		
		CCG	70.00%	33.33%	88.89%	50.00%	65.85%		
		Aintree	66.67%	45.45%	79.31%	77.78%	69.23%		
		Plan	85%	85%	85%	85%	85%		
		Aintree August Trajectory: 82.4% (Local target 85%)							

Performance Overview/Issues:

The CCG failed the target for August reporting 50% year to date 65.85%. In August there were 2 breaches from a total of 4 patients seen. The first lung patient delay was due to out-patient capacity the second lung patient delay was due to complex diagnostic pathway.

Aintree failed the monthly target for August with 77.78% also failing the trajectory of 82.4%. There were the equivalent of 4 breaches out of a total of 18 patients. Breach reasons include complex diagnostic pathways, and other reasons (not stated).

Actions to Address/Assurances:

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

When is performance expected to recovery:

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

Quality:

Indicator responsibility:

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

2.5.8 104+ Day Breaches

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

Performance Overview/Issues:

In August there were 6 over 104 day breaches at Aintree, the longest waiting 167 days. This was a urological patient delay due to complex diagnostic pathway.

Actions to Address/Assurances:

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.

When is performance expected to recovery:

Quality:

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Debbie Harvey	Sarah McGrath

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		May-19	Jun-19	Jul-19	Aug-19		
		RR	18.0%	20.8%	19.8%	19.3%		
		% Rec	95.0%	94.0%	94.0%	94.0%		
		% Not Rec	3.0%	4.0%	3.0%	4.0%		
		2019 England Averages Response Rates: 24.9% % Recommended: 96% % Not Recommended: 2%						

Performance Overview/Issues:

Aintree Trust has reported a response rate for inpatients of 19.3% in August, 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 increased to 4% 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:

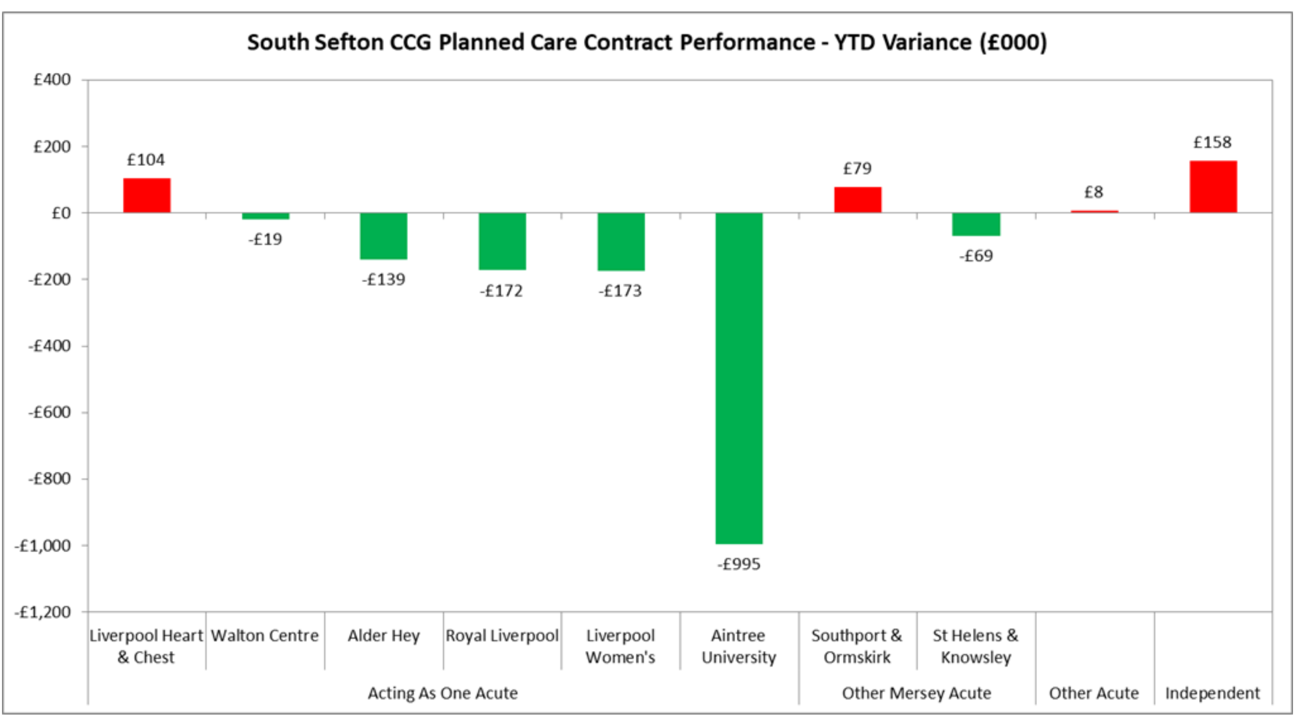
Since Q4 18/19, FFT response rates have improved across providers which is encouraging. NHS England produced revised FFT Guidance which takes effect from 01 April 2020 and replaces all previous guidance. Providers and commissioners will need to prepare for the changes in time for 01 April 2020.

Indicator responsibility:

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

2.7 Planned Care Activity & Finance, All Providers

Figure 5 - Planned Care - All Providers



Performance at month 5 of financial year 2019/20, against planned care elements of the contracts held by NHS South Sefton CCG shows an under performance of circa -£1.2m/-5.8%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an over spend of approximately £176k/0.8%.

At individual providers, Aintree Hospital is showing the largest under performance at month 5 with a variance of -£995k/-8%. In contrast, a notable over performance of £128k/15% against Renacres Hospital has been evident. This is followed by Liverpool Heart & Chest Hospital with an over performance of £104k/69% at month 5.

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 -£181k/-5% at month 5 with the majority of this underperformance attributed to Aintree Hospital. However, a notable over performance is being reported at Renacres Hospital with market share for this provider increasing from 17% to 21% 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	5,244	5,295	51	1%	£3,384	£3,287	-£97	-3%
Elective	665	570	-95	-14%	£2,119	£1,833	-£286	-14%
Elective Excess BedDays	258	264	6	2%	£68	£70	£2	3%
OPFAMPCL - *OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)*	127	92	-35	-27%	£25	£19	-£6	-24%
OPFANFTF - *Outpatient first attendance non face to face*	778	490	-288	-37%	£23	£16	-£7	-31%
OPFASPCL - *Outpatient first attendance single professional consultant led*	13,783	12,697	-1,086	-8%	£2,288	£2,051	-£237	-10%
OPFUPMPCL - *Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).*	334	324	-10	-3%	£35	£34	-£2	-5%
OPFUPNFTF - *Outpatient follow up non face to face*	2,735	2,586	-149	-5%	£68	£65	-£3	-5%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	30,673	27,078	-3,595	-12%	£2,262	£2,020	-£243	-11%
Outpatient Procedure	9,981	9,369	-612	-6%	£1,422	£1,305	-£117	-8%
Unbundled Diagnostics	6,232	6,016	-216	-3%	£524	£498	-£26	-5%
Wet AMD	684	709	25	4%	£540	£566	£27	5%
Grand Total	**71,494**	**65,490**	**-6,004**	**-8%**	**£12,758**	**£11,763**	**-£995**	**-8%**

Underperformance at Aintree Hospital is evident against the majority of planned care points of delivery. However, the overall under spend of -£995k/-8% 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 -4.9% below 2018/19 levels, influenced in the main by a reduction in GP referrals, particularly to the Trauma & Orthopaedics, ENT and Gastroenterology specialities. Further analysis has established a number of specialities are currently below planned levels for outpatient first appointments at month 5 including those noted above.

Elective procedures are also currently under performing at month 5 by -£286k/14%. This can be attributed to reduced activity within Colorectal Surgery and Trauma & Orthopaedics.

Trust feedback suggests reduced programmed activity for consultants as a result of the on-going tax and pensions issue is currently impacting on contracted performance for planned care. Workforce issues related to sickness and theatre staff shortages are also impacting on activity levels.

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	247	281	34	14%	£297	£348	£51	17%
Elective	58	61	3	5%	£324	£357	£33	10%
Elective Excess Bed Days	6	0	-6	-100%	£2	£0	-£2	-100%
OPFASPCL - *Outpatient first attendance single professional consultant led*	551	619	68	12%	£94	£104	£11	12%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	803	939	136	17%	£56	£65	£9	16%
Outpatient Procedure	428	300	-128	-30%	£53	£57	£3	6%
Unbundled Diagnostics	254	321	67	26%	£23	£32	£9	37%
Physio	617	637	20	3%	£19	£19	£1	3%
OPPREOP	0	225	225	0%	£0	£14	£14	0%
Grand Total	**2,965**	**3,383**	**418**	**14%**	**£867**	**£995**	**£128**	**15%**

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

Work is on-going looking into the potential shift in referral patterns in South Sefton from the main Acute Provider to other providers such as Renacres. Contributing factors to changes in referral flows could be due to long waiting times performance of RTT at Aintree and increased capacity in specialities at Renacres. Referrals to this provider for South Sefton CCG are currently 7% above 2018/19 levels with increases evident in specialities such as ENT and Gastroenterology.

3. Unplanned Care

3.1 Accident & Emergency Performance

3.1.1 A&E 4 Hour Performance: South Sefton CCG

<table>
<tr><th colspan="2">Indicator</th><th colspan="6">Performance Summary</th><th>IAF</th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">CCG A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%</td><td colspan="6">Previous 3 months, latest and YTD</td><td rowspan="5">127c</td><td rowspan="5"></td></tr>
<tr><td>RED</td><td>TREND</td><td></td><td>May-19</td><td>Jun-19</td><td>Jul-19</td><td>Aug-19</td><td>YTD</td></tr>
<tr><td rowspan="3"></td><td rowspan="3"></td><td>All Types</td><td>78.34%</td><td>81.15%</td><td>80.07%</td><td>85.15%</td><td>80.56%</td></tr>
<tr><td>Type 1</td><td>73.92%</td><td>77.55%</td><td>75.67%</td><td>82.25%</td><td>76.66%</td></tr>
<tr><td colspan="6">Plan: 95%
Improvement trajectory 89% March 2020</td></tr>
</table>

Performance Overview/Issues:

The CCG is failing the national standard of 95% in August reporting 85.15% this being an improvement on last month. A trajectory has been agreed with NHSE/I that runs to 89% in March 2020 not the national target. However Aintree AED overall performance in August was 88.88% (type 1 and 3), which has been an improvement on the last few months and just under the 89% improvement trajectory.

Actions to Address/Assurances:

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 super stranded 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**

When is performance expected to recovery:

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

Quality:

Indicator responsibility:

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

3.1.2 A&E 4 Hour Performance: Aintree Hospital

Indicator		Performance Summary							Potential organisational or patient risk factors
Aintree A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD							Risk that the Trust is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND		May-19	Jun-19	Jul-19	Aug-19	YTD		
		Improvement Plan	95%	88%	88%	89%			
		All Types	82.92%	85.56%	83.47%	88.88%	84.72%		
		Type 1	69.29%	74.82%	70.90%	80.37%	73.02%		
		Plan: 95% August's improvement plan: 89% Yellow denotes achieving 19/20 improvement plan but not national standard of 95%							

Performance Overview/Issues:

Overall performance in August was 88.88% (type 1 and 3), which has been an improvement on the last few months and just under the 89% improvement trajectory.

Actions to Address/Assurances:

Trust Actions:

Improve Non Admitted performance

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

Further work has taken place to trial streaming in See and Treat by acuity level thus enabling the workforce to be allocated to meet patient needs more effectively. The PDSA for this is in progress.

2. Increase utilisation of PCS

Final report of Primary Care Streams (PCS) review completed and proposal for new model will be presented for approval at Operational Pressure Escalation Level Group (OPELG).

3. Minimise frequency of crowding (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 to conveying patients directly to the AEC area. This will be expanded to include direct conveyancing to areas such as MAB, FAB, SAU and AMU as well as frailty.

4. Improved role clarity in the Department

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

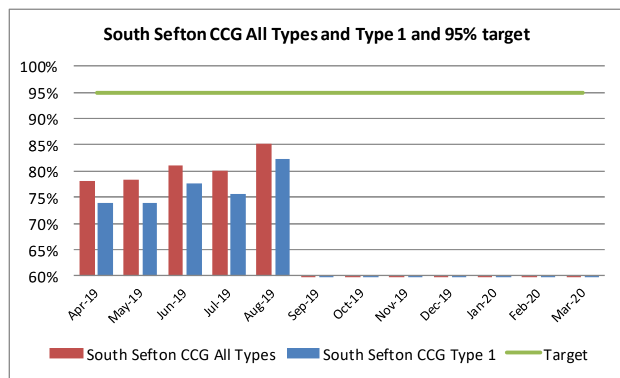
When is performance expected to recovery:

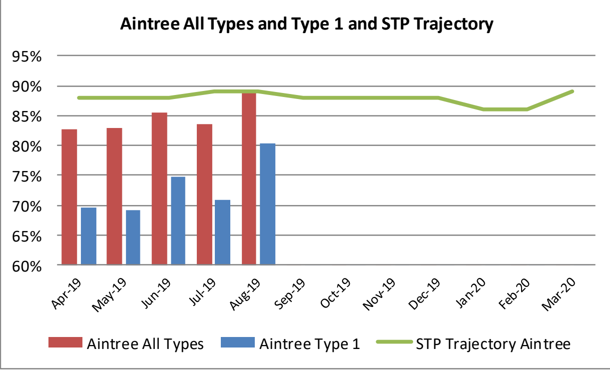
Quarter 4, 2019/20 trajectory is 89%.

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

Primary Metric

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

77 (41%)	46 (25%)*	31 (16%)*
Bed reduction required by March 2020	Occupied beds reduced as of 16 September 2019 (weekly average)	Bed reduction remaining as of 16 September 2019 (weekly average)

Ambition   Baseline   Primary Metric   Trajectory Range

Period: Apr 19 – Mar 20

Baseline: 188

Ambition: 111

Occupied beds

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

Data Source: NHS Improvement – Long Stays Dashboard

The long stays dashboard has been updated for 2019 to report on a weekly basis. The Trust's revised target is a total bed reduction of 77 (41%) by March 2020; therefore the target is 111 or less. This target is yet to be achieved as the latest reporting as at 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	Jun-19	Jul-19	Aug-19		
		1 mean	<=7 mins	00:07:15	00:07:17	00:07:18		
		1 90	<=15 mins	00:12:21	00:12:02	00:11:42		
		2 mean	<=18 mins	00:29:03	00:28:13	00:25:22		
		2 90	<=40 mins	01:03:26	01:05:04	00:54:07		
		3 90	<=120 mins	02:53:14	03:40:09	02:57:01		
		4 90	<=180 mins	02:35:24	03:15:48	02:56:42		

Performance Overview/Issues:

In August 2019 there was an average response time in South Sefton of 7 minutes 18 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 25 minutes against a target of 18 minutes, the slowest response time in Merseyside. The CCG also failed the category 3 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.

Aintree continues to work with NWAS to reduce ARP times with present focus on direct conveyancing of appropriate patients to front door units to reduce handover times. Work is ongoing by North Mersey Commissioners with providers to develop or improve care pathways with a focus on category 3/4 calls and reduction of conveyance to AED.

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	Jun-19	Jul-19	Aug-19		
		(a)	<=15-30mins	150	180	98		
		(b)	<=15-60mins	43	85	38		

Performance Overview/Issues:

NWAS performance saw an improvement with handover delays of over 30 and 60 minutes decreasing. This demonstrates the best performance in the last 12 months with 30 minute delays decreasing from 180 to 98 and 60 minute delays decreasing from 85 to 38. There was also an improvement of 3.07 minutes for the average time from notification to handover compared to July (from 14.56 to 11.49). The median time to see 1st clinician showed a slight improvement of 4 minutes when compared with July. There was also a 4.78% improvement in the percentage of patients triaged within 15 minutes to 82.98%. The clinical quality indicators for the number of patients who leave the department before being seen has seen a decrease of 130 (1.44%) to 345.

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**	May-19	Jun-19	Jul-19	Aug-19		
		76.10%	80.85%	86.67%	80.43%		
		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 80.43% for August 2019 at Aintree so has achieved for the third month running although a decline of just over 6% . There were 46 patients with a primary diagnosis of stroke discharged from the Trust during the month. Of these, 37 patients spent 90% of their stay on the Stroke Unit. The standard was not achieved for 9 patients. All breaches of the standard are reviewed and reasons for underperformance identified. TIA also continue to achieve reporting 100% in August.		
Actions to Address/Assurances:		
When is performance expected to recovery:		
Performance has recovered in the last 3 months and hopes to continue recovery in the following 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

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

Performance Overview/Issues:

The CCG and Trust have reported no new cases of MRSA in August. The previous month was the first case for the CCG reported at Aintree so have failed the zero tolerance threshold for 2019/20.

Aintree have had 2 cases year to date the first case in May and the second last month, the latest case was a patient with trust apportioned MRSA bactereamia, this was a contaminant, blood culture taken.

Actions to Address/Assurances:

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

When is performance expected to recovery:

Recovery plan commenced awaiting final report for expected recovery.

Quality:

Indicator responsibility:

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

3.5.3 Healthcare associated infections (HCAI): C Difficile

Indicator		Performance Summary						Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: C Difficile		**Previous 3 months and latest (cumulative position)**						
RED	**TREND**		May-19	Jun-19	Jul-19	Aug-19		
		CCG	7	11	17	22		
		Aintree	16	25	39	46		
		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 August, the same number as reported last month, making a total of 22, against a year to date plan of 24 (year end plan 60) so are under plan currently (11 apportioned to acute trust and 11 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 August the Trust reports they had 7 cases of c diff (46 YTD). 4 community onset healthcare associated (COHA) and 3 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 7 cases in August (46 YTD - 24 apportioned to the trust and 22 community onset) which is the data reported above.

Actions to Address/Assurances:

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

When is performance expected to recovery:

Quality:

Six cases appealed and upheld

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		May-19	Jun-19	Jul-19	Aug-19		
		CCG	33	47	63	75		
		Aintree	63	93	128	160		
		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 August there were 12 cases (75 YTD) against a year to date plan of 53 (this being a lower number than last month when 16 was reported, an improvement although still over ytd plan). Aintree reported 32 cases in August (160 YTD) with no targets set for Trusts at present. The figures above are not just attributable to the Aintree trust site.

Actions to Address/Assurances:

Gram-negative Blood Stream Infection Steering group (GNBSI) doing collaborative work with Public Health England around E Coli who have asked the Sustainability and Transformation Partnership (STP) for nominated responsible officer to implement, oversee and deliver a system wide Antimicrobial Resistance (AMR) strategy. The Single Issue Quality Surveillance Group (SIQSG) took place on the 3rd September with action and next steps identified as

- Identify SRO
- Agree 4 leads for individual subgroups
- Collectively agree platforms to share good practice and share learning
- Agee next steps and forward plan to be presented on 2 October 2019 at a regional event.

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.

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.

Indicator responsibility:

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

3.5.5 Hospital Mortality

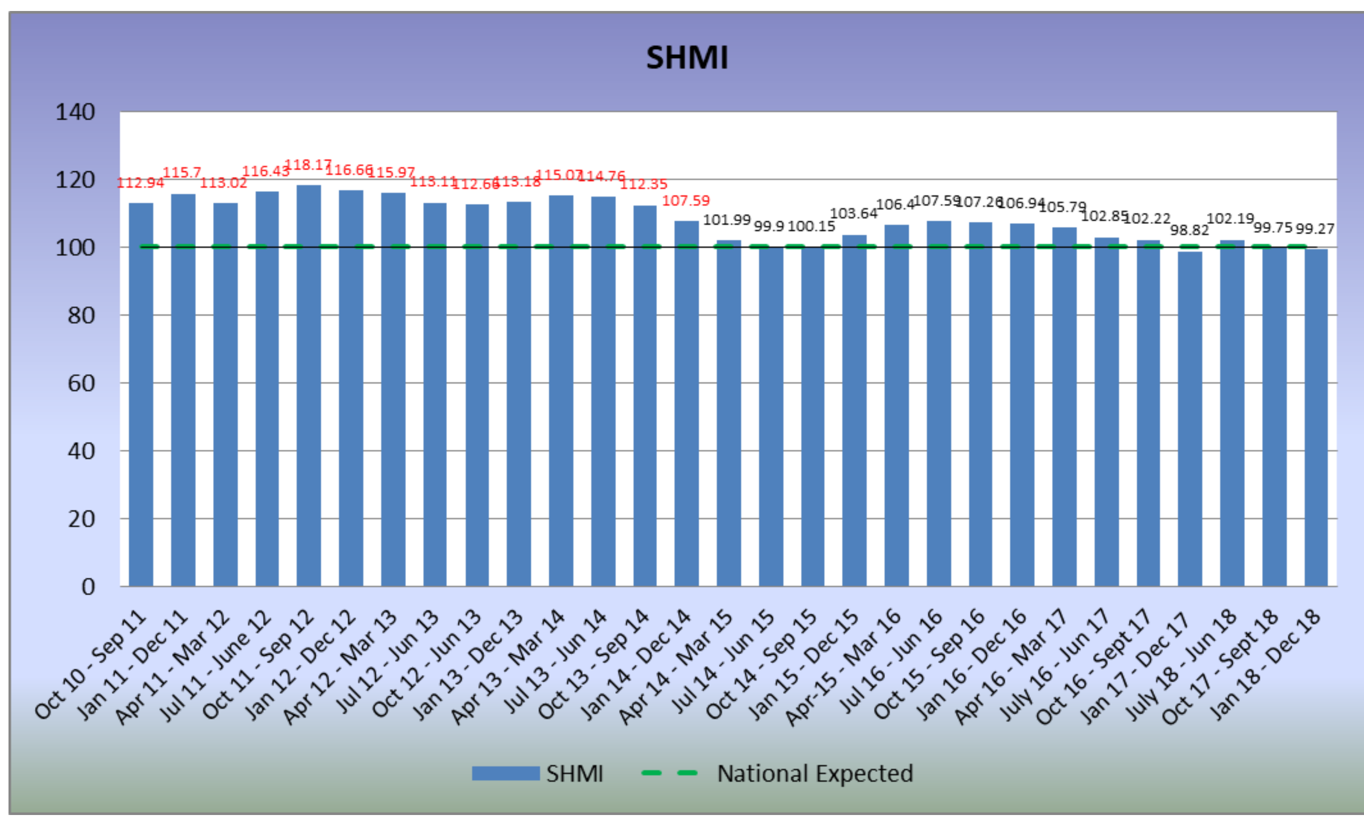
Figure 9 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	19/20 - August	100	89.83	↓

HSMR is the same as reported last month at 89.83 for the period April 2018 to March 2019. 90.64 was reported previously. Position remains better than expected. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is fewer than 100 this suggest fewer deaths occurred than expected. Ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

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

Figure 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 August 2019 there are a total of 34 serious incidents (SIs) open on StEIS for South Sefton as the RASCI (Responsible, Accountable, Supporting, Consulted, Informed) commissioner or that involve a South Sefton CCG patient. This is a decrease from 39 in Month 4. Those where the CCG is not the RASCI responsible commissioner are highlighted in green in the table below.

Trust	SIs reported (M5)	SIs reported (YTD)	Closed SIs (M5)	Closed SIs (YTD)	Open SIs (M5)	SIs open >100days
Aintree University Hospital	4	15	4	25	17	8
Mersey Care NHS Foundation NHS Trust (SSCS)	1	7	3	4	8	1
South Sefton CCG	0	0	0	1	1	1
Mersey Care NHS Foundation Trust (Mental Health)	0	5	2	5	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	0	1	0	0	2	1

UC24	0	0	0	0	1	1
North West Boroughs NHS Foundation Trust	0	2	0	1	2	1
North West Ambulance Service NHS Foundation Trust	0	1	0	0	1	0
TOTAL	**5**	**26**	**9**	**37**	**39**	**15**

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

- 4 have been reviewed and are now closed
- 1 further assurances requested from the provider and will be reviewed at November's SIRG meeting.
- 3 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 on hold due to legal/solicitor queries. Awaiting confirmation form Liverpool CCG was to when this can be recommenced.
- *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.
- *Northwest Boroughs NHS Foundation Trust* – Ongoing Serious Case Review, investigation not subject to SI timescales.

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	14	1*	14	0	1**	12	6	4	2	0

** This SI was reported in retrospect following a structured judgement review.*

*** 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)

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

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

South Sefton CCG Quality Team have escalated concerns in relation to compliance with the SI framework and the requirements of the Providers Quality Schedule 2019/20 to the Lead Commissioner and this was discussed at the Contract and Clinical Quality Review Meeting (CCQRM) in 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.

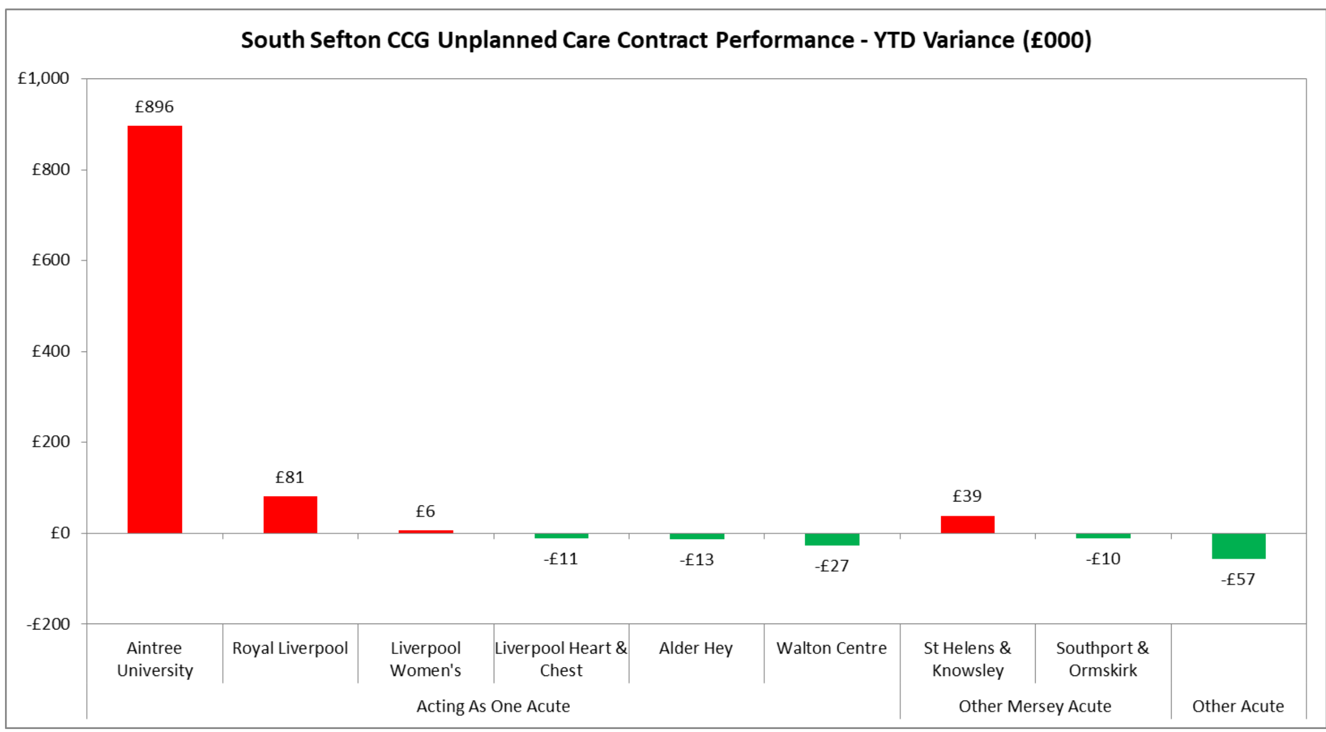
Total delayed transfers of care (DTOC) reported in August 2019 was 1,395, an increase compared to August 2018 with 1,235. Delays due to social care have worsened, with those due to NHS improving. The majority of delay reasons in August 2019 were due to further non-acute NHS, patient family choice and care package in home.

See DTOC appendix for more information.

3.8 Unplanned Care Activity & Finance, All Providers

3.8.1 All Providers

Figure 14 - Unplanned Care – All Providers



Performance at month 5 of financial year 2019/20, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £906k/3.7%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in costs being aligned to plan with a small variance of -0.1%.

This over performance is clearly driven by Aintree Hospital, which has a variance of £896k/5% against plan at month 5.

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	18,052	17,109	-943	-5%	£421	£421	£0	0%
A&E - *Accident & Emergency*	15,213	15,512	299	2%	£2,456	£2,520	£64	3%
NEL - *Non Elective*	7,259	7,341	82	1%	£13,111	£14,438	£1,327	10%
NELNE - *Non Elective Non-Emergency*	20	20	0	-2%	£76	£109	£33	43%
NELNEXBD - *Non Elective Non-Emergency Excess Bed Day*	115	24	-91	-79%	£30	£6	-£24	-79%
NELST - *Non Elective Short Stay*	1,395	1,468	73	5%	£968	£1,017	£49	5%
NELXBD - *Non Elective Excess Bed Day*	6,048	3,842	-2,206	-36%	£1,548	£995	-£553	-36%
Grand Total	**48,103**	**45,316**	**-2,787**	**-6%**	**£18,611**	**£19,507**	**£896**	**5%**

A&E type 1 attendances are 2% above plan for South Sefton CCG at Aintree Hospital with the Trust (catchment) reporting an historical peak for monthly attendances in July-19. Litherland walk-in centre continues to see decreased activity against plan as in 2018/19.

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

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

4. Mental Health

4.1 Mersey Care NHS Trust Contract (Adult)

4.1.1 Mental Health Contract Quality Overview

Mersey Care NHS RiO M5 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 – RiO reporting is expected to improve from Quarter 2.

ADHD Transition
Transition pathway developments planned for 2019/20 have been hindered by recruitment issues. The Trust has now recruited a consultant and it is expected that the transition pathway will commence from November 2019 onwards.

ASD
The Trust presented ASD at the October CQPG. It was highlighted that that despite having similar staffing (including staff trained in assessment) the Sefton service was reporting 6 year waits for an Asperger's Assessment whilst 26 months was being reported for Liverpool. Sefton commissioners will be meeting with Liverpool CCG on 22/10/2019 to agree revised contract activity within and a developing proposed joint service specification with an expectation that Sefton service will prioritise assessment from their existing resource.

Eating Disorders
The Trust's eating disorder service has moved towards providing group therapy as research suggests it can be equally as effective as individual therapy sessions as a result the number of individual therapy slots has been reduced and this has required better management of patient expectations, this has contributed to improved wait times although performance is still sub-optimal.

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

4.1.2 Mental Health Contract Quality

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

Indicator		Performance Summary					Potential organisational or patient risk factors
Eating Disorder Service: Treatment commencing within 18 weeks of referrals		**Previous 3 months and latest**				KPI 125	
RED	**TREND**	May-19	Jun-19	Jul-19	Aug-19		
		25.0%	70.0%	71.4%	66.7%		
		Plan: 95% - August 2019/20 reported 66.67% and failed					

Performance Overview/Issues:

Out of a potential 9 Service Users, 6 started treatment within the 18 week target, which is a decline from the 71.4% starting treatment within 18 weeks for the previous month (93 people across the Trust footprint waiting for treatment in August 2019).

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

This month 93 people are waiting for treatment with 33 breaching the 18 week to treatment target. This has reduced from last month's figure of 60 breaching the 18 week to treatment KPI. Two groups have been recruited to.

Actions to Address/Assurances:

Trust Actions:

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

The number of service users waiting for therapy and the waiting times for psychological intervention has reduced this month. Further data analysis is required to provide accurate timeframe for further improvement.

When is performance expected to recover:

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

Quality:

Linked to the above comments.

Indicator responsibility:

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

4.2 Cheshire & Wirral Partnership (Adult)

4.2.1 Improving Access to Psychological Therapies: Access

Indicator		Performance Summary					Potential organisational or patient risk factors
IAPT Access - % of people who receive psychological therapies		Latest and previous 3 months					Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	May-19	Jun-19	Jul-19	Aug-19		
		1.22%	1.06%	1.11%	0.99%		
		Access Plan: 19.0% (First 3 quarters) - August 2019/20 reported 0.99% 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 M5 19/20 is therefore approximately 1.59%. Month 5 performance was 0.99% and failing to achieve the target standard. Achieving the access KPI has been an ongoing issue for the provider but it should be acknowledged that other organisations in Sefton provide non IAPT interventions which people may take up as an alternative to IAPT. In 2019 the voluntary sector (5 organisations) recieved a total of 4406 therapy related referrals. Waiting times from referral continue to be within national timescales.

Actions to Address/Assurances:

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

When is performance expected to recover:

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

Quality:

Indicator responsibility:

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

4.2.2 Improving Access to Psychological Therapies: Recovery

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.
RED	TREND	May-19	Jun-19	Jul-19	Aug-19		
		47.1%	35.4%	47.8%	43.4%		
		Recovery Plan: 50% - August 2019/20 43.4% and failed					

Performance Overview/Issues:

The percentage of people moved to recovery was 43.4% in month 5 of 2019/20 and the target was not achieved and a slight drop from the previous month. The increase in group work as opposed to one on one interaction has resulted in some people dropping out throughout the treatment which has had a detrimental effect on Recovery performance. This approach is being revised.

Actions to Address/Assurances:

Recovery – The newly appointed clinical lead for the service will be reviewing non- recovered cases and work with practitioners to improve recovery rates. Bi-monthly teleconferences/meetings have been set up with the provider to understand the progress around the recovery rate.

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

4.3 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	May-19	Jun-19	Jul-19	Aug-19		
		64.37%	64.60%	63.90%	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 August of 63.9%, which is under the national dementia diagnosis ambition of 66.7% this is the same percentage that was reported last month. CCG believes that coding issues in primary care may be impacting on performance. Memory service waiting times have increased to 14 plus weeks in some cases, along with a delay in memory service sending diagnosis letters back to primary care. In addition there may be care home residents who may not have a diagnosis of dementia.

Actions to Address/Assurances:

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

When is performance expected to recover:

Plans are in place to achieve in 2019/20.

Quality:

Indicator responsibility:

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

4.4 Learning Disabilities Health Checks

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

Performance Overview/Issues:

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

Actions to Address/Assurances:

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

When is performance expected to recover:

Quality impact assessment:

Indicator responsibility:

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

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 colspan="4">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 colspan="4">Previous 3 months and latest</td><td rowspan="4"><=18 weeks: Green
> 18 weeks: Red</td><td rowspan="4"></td></tr>
<tr><td rowspan="2">GREEN</td><td rowspan="2">TREND</td><td colspan="4">Incomplete Pathways (92nd Percentile)</td></tr>
<tr><td>Apr-19</td><td>May-19</td><td>Jun-19</td><td>Jul-19</td></tr>
<tr><td></td><td></td><td>20 wks</td><td>20 wks</td><td>18 wks</td><td>17 wks</td></tr>
<tr><td></td><td></td><td colspan="4">Target: 18 weeks
(reported a month in arrears)</td><td></td><td></td></tr>
</table>

Performance Overview/Issues:

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

July's incomplete pathways reported within the 18 week standard with 17 weeks, showing an improvement on last month but it is important to note that the completed pathways continues to exceed the 18 week target at 22 weeks in July. The Trust previously identified that they would meet the 18 week trajectory in July for completed pathways but this has not been met.

Actions to Address/Assurances:

Remedial actions are continuing and are 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

When is performance expected to recover:

Trajectory identifies return to 18 weeks in July 2019 for completed pathways following implementation of all actions - this did not happen. The CCG are working closely with the Trust in regard to therapy waiting times and whilst assurance is being given that all actions are being taken to address workforce issues it is clear that there is a lack of consistency in performance and resilience to cope with unexpected demand, sickness or annual leave. There had been a decrease in the number of patients waiting over 18 weeks between April to July but the Trust has indicated that numbers will rise again in August.

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

Quality impact assessment:

The Trust has advised that all referrals are triaged by senior clinicians so that risks are identified and urgent referrals are seen appropriately.

Indicator responsibility:

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

5.1.3 Mersey Care Adult Community Services: Dietetics

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: Dietetics		**Previous 3 months and latest**				<=18 weeks: **Green** > 18 weeks: **Red**	
GREEN	**TREND**	Incomplete Pathways (92nd Percentile)					
		Apr-19	May-19	Jun-19	Jul-19		
		14 wks	19 wks	18 wks	13 wks		
		Target: 18 weeks *(reported a month in arrears)*					

Performance Overview/Issues:

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

Mersey Care has reported a decrease in average waiting times for patients waiting on an incomplete pathway in the Dietetics service. In July an average (92nd Percentile) of 13 weeks was reported, achieving the 18 week standard. This shows a decrease from June 2019 when average waits were at 18 weeks. However the completed pathways continues to fail, increasing to 23 weeks in July.

The Dietetics service continues to experience high DNA rates, increasing to 12.2% in August 2019 compared to the 8.5% target; 18 DNAs out of a total 129 booked appointments. Provider cancellation rates are also above the Trusts internal threshold of 3.5% with 7.9% in August.

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

When is performance expected to recover:

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

Quality impact assessment:

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.

Indicator responsibility:

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

6. Children's Services

6.1 Alder Hey Children's Mental Health Services

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

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

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

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

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

<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">Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral</td><td colspan="4">Latest and previous 3 quarters</td><td rowspan="4">Performance in this category is calculated against completed pathways only.</td><td rowspan="4"></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>100.0%</td><td>90.9%</td><td>92.3%</td><td>86.96%</td></tr>
<tr><td colspan="4">Access Plan: 100% - 2019/20</td></tr>
<tr><td colspan="8">Performance Overview/Issues:</td></tr>
<tr><td colspan="8">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.</td></tr>
<tr><td colspan="8">Actions to Address/Assurances:</td></tr>
<tr><td colspan="8">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.</td></tr>
<tr><td colspan="8">When is performance expected to recover:</td></tr>
<tr><td colspan="8">Improvement is dependent upon extra capacity, discussions ongoing (re: National uplift in CCG baseline).</td></tr>
<tr><td colspan="8">Quality impact assessment:</td></tr>
<tr><td colspan="8"></td></tr>
<tr><td colspan="8">Indicator responsibility:</td></tr>
<tr><th colspan="3">Leadership Team Lead</th><th colspan="3">Clinical Lead</th><th colspan="2">Managerial Lead</th></tr>
<tr><td colspan="3">Geraldine O'Carroll</td><td colspan="3">Sue Gough</td><td colspan="2">Peter Wong</td></tr>
</table>

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

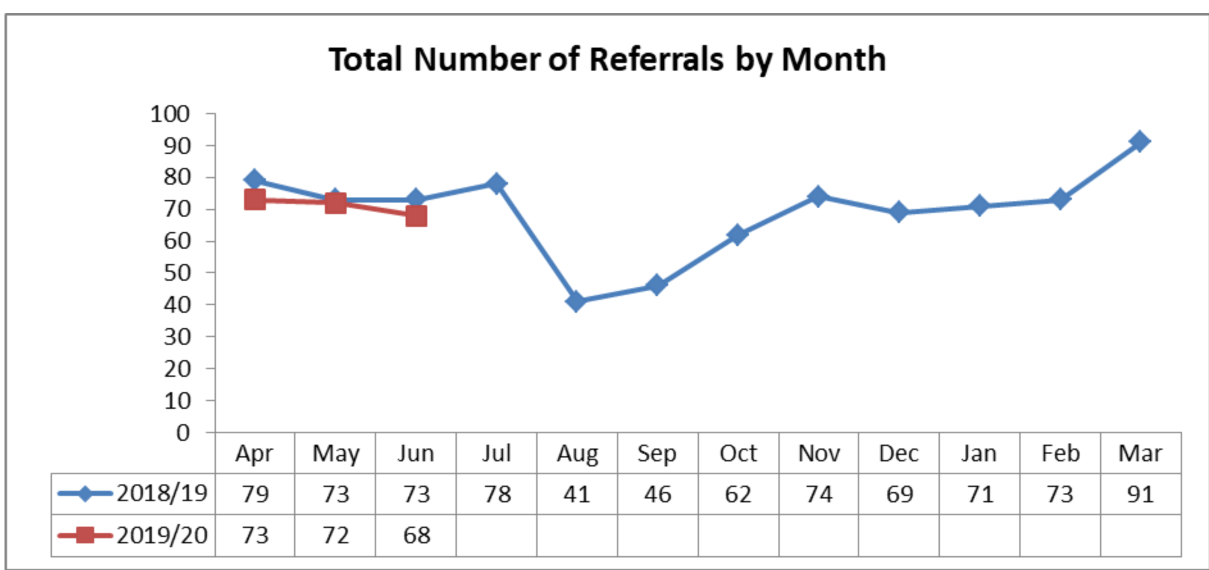
6.2 Child and Adolescent Mental Health Services (CAMHS)

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



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

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: SALT		Previous 3 months and latest				<=18 weeks: Green > 18 weeks: Red	Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required.
RED	TREND	Incomplete Pathways (92nd Percentile)					
		May-19	Jun-19	Jul-19	Aug-19		
		43wks	37wks	36 wks	35 wks		
		Target: 18 weeks					

Performance Overview/Issues:

In August the Trust reported a 92nd percentile of 35 weeks for Sefton patients waiting on an incomplete pathway. This is a slight improvement on July when 36 weeks was reported. In August the longest waiting patient was 1 patient waiting at 55 weeks. Performance has steadily improved this financial year.

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.

Actions to Address/Assurances:

August's figures show an improving position in waiting times and the numbers waiting over 40 weeks have significantly reduced since April 2019. The Sefton CCGs had already provided additional investment of £50k in 2018/19, recruitment has taken place and the effects are now having an impact. Alder Hey submitted a business case for an additional £188k for additional speech therapists (recurrent and non-recurrent funding) to bring waiting times down to 18 weeks by end of February 2020. This was agreed by the Sefton CCGs. Recruitment has taken place in September and the Trust anticipate that the waiting times will further significantly reduce over the next few months. A trajectory is being sought as part of the contract variation as assurance on meeting the February timescales. Monitoring of the position takes place at Contract Review meetings and with Executive senior input.

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.

When is performance expected to recover:

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

Quality impact assessment:

Indicator responsibility:

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

6.3.2 Paediatric Dietetics

Indicator		Performance Summary	RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: Dietetics		**Previous 3 months and latest**	DNAs <= 8.5%: **Green** > 8.5% and <= 10%: **Amber** > 10%: **Red** Provider Cancellations <= 3.5%: **Green** > 3.5% and <= 5%: **Amber** > 5%: **Red**	
RED	**TREND**			

Outpatient Clinic DNA Rates			
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%

Performance Overview/Issues:

The paediatric dietetics service has seen high percentages of children not being brought to their appointment. In August 2019 this remained static at a rate of 17.3%. Provider cancellations saw an increase from 3.0% in July to 10.7% in August.

Actions to Address/Assurances:

The CCGs have invested in extra capacity into the service in response to a Safe Staffing business case from Alder Hey. There are no reports on waiting times being received from Alder Hey for Sefton Dietetics and the CCGs have raised this as a significant concern at Contract Review meetings, asking for data to be submitted as a priority.

The CCGs are working with AHCH to understand the nature of the DNAs for this service. AHCH has implemented a text appointment reminder system.

A wider piece of work with Alder Hey and the CCGs is taking place to review and improve current data flows across all community and mental health services.

When is performance expected to recover:

Quality impact assessment:

Indicator responsibility:

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

7. Primary Care

7.1 Extended Access Appointment Utilisation

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	May-19	Jun-19	Jul-19	Aug-19		
		72.7%	67.9%	71.3%	75.3%		
		The CCG should deliver at least 75% utilisation of extended access appointments by March 2020 (if the service went live in 2017/18). August target 67.7%					

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 August South Sefton CCG practices reported a combined utilisation rate of 75.3%, exceeding the 67% target. Total available appointments was 1,475 with 1,225 being booked (83.1%) and 115 DNA's (9.4%). This shows an improvement in utilisation compared to July 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%
	Aug-19	373	652	200
		30.45%	53.22%	16.33%

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 Oversight Framework (OF)

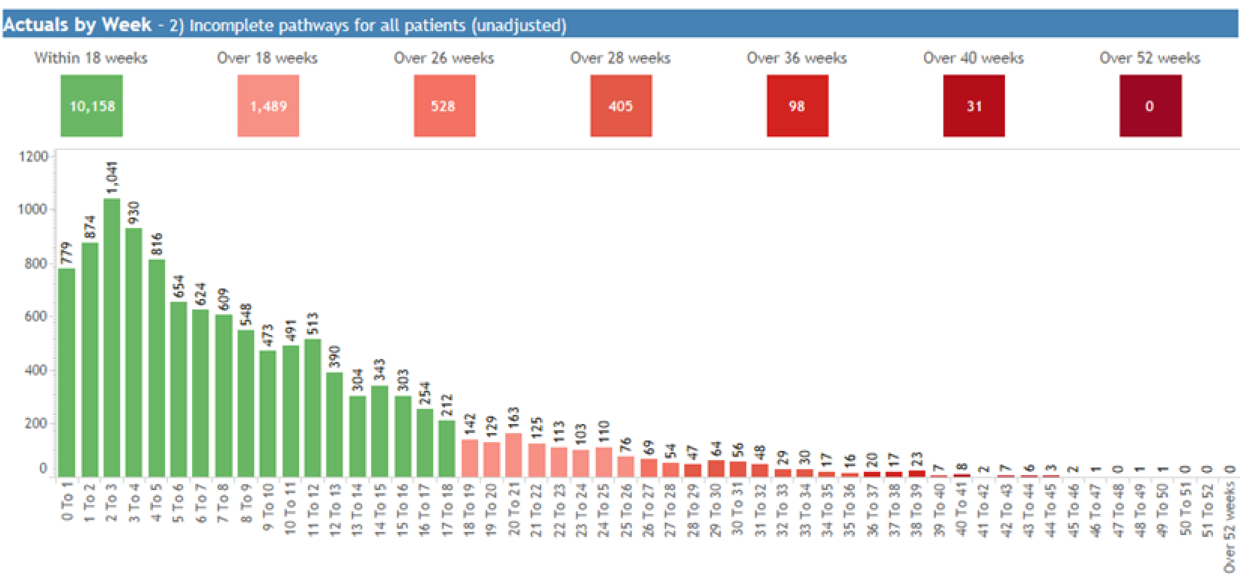
The 2018/19 annual assessment has been published for all CCGs, ranking South Sefton CCG as 'requires improvement'. However, some areas of positive performance have been highlighted; cancer was rated 'Good' and diabetes was rated 'Outstanding'. A full exception report for each of the indicators citing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

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

9. Appendices

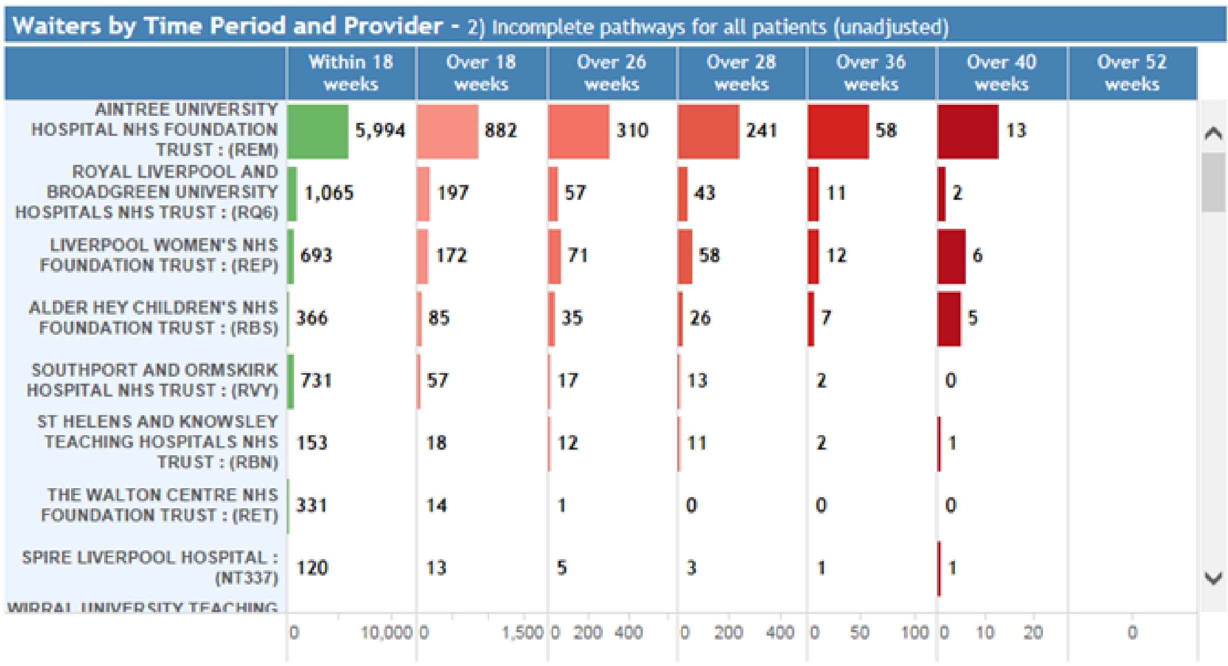
9.1.1 Incomplete Pathway Waiting Times

Figure 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



	Within 18 weeks	Over 18 weeks	Over 26 weeks	Over 28 weeks	Over 36 weeks	Over 40 weeks	Over 52 weeks
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST : (REM)	5,994	882	310	241	58	13	
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST : (RQ6)	1,065	197	57	43	11	2	
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST : (REP)	693	172	71	58	12	6	
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)	366	85	35	26	7	5	
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVY)	731	57	17	13	2	0	
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST : (RBN)	153	18	12	11	2	1	
THE WALTON CENTRE NHS FOUNDATION TRUST : (RET)	331	14	1	0	0	0	
SPIRE LIVERPOOL HOSPITAL : (NT337)	120	13	5	3	1	1	
WIRRAL UNIVERSITY TEACHING							
	0 10,000	0 1,500	0 200 400	0 200 400	0 50 100	0 10 20	0

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

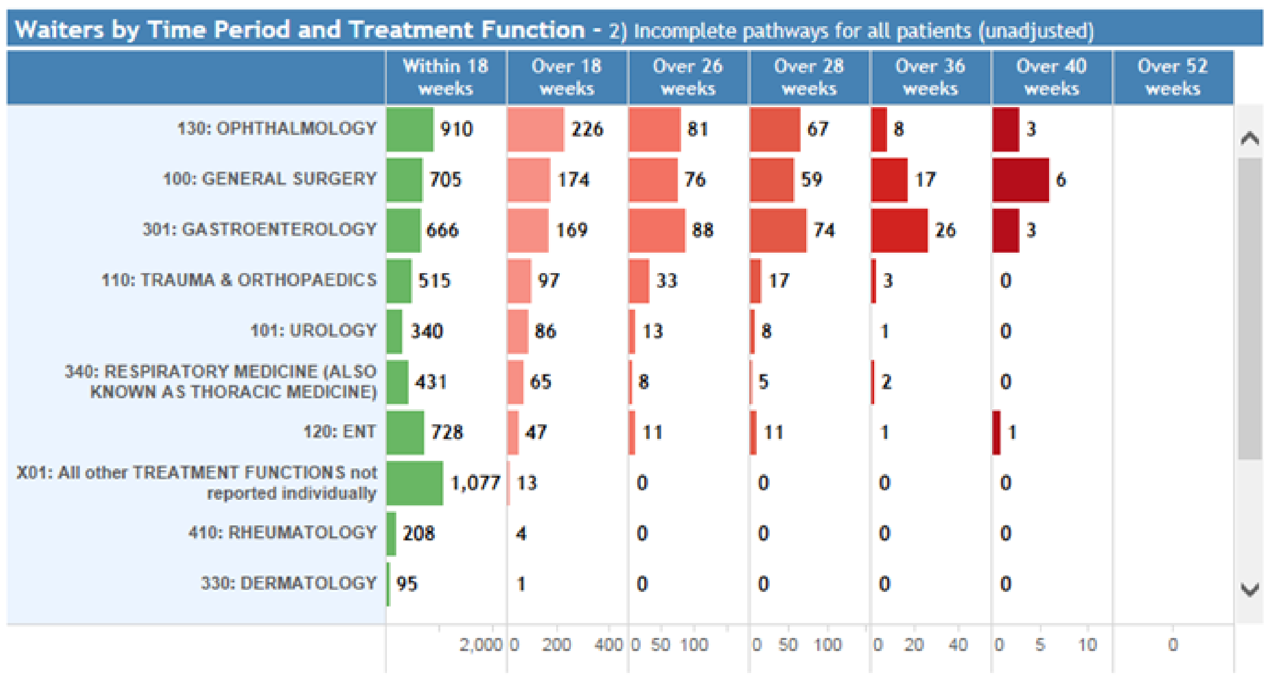
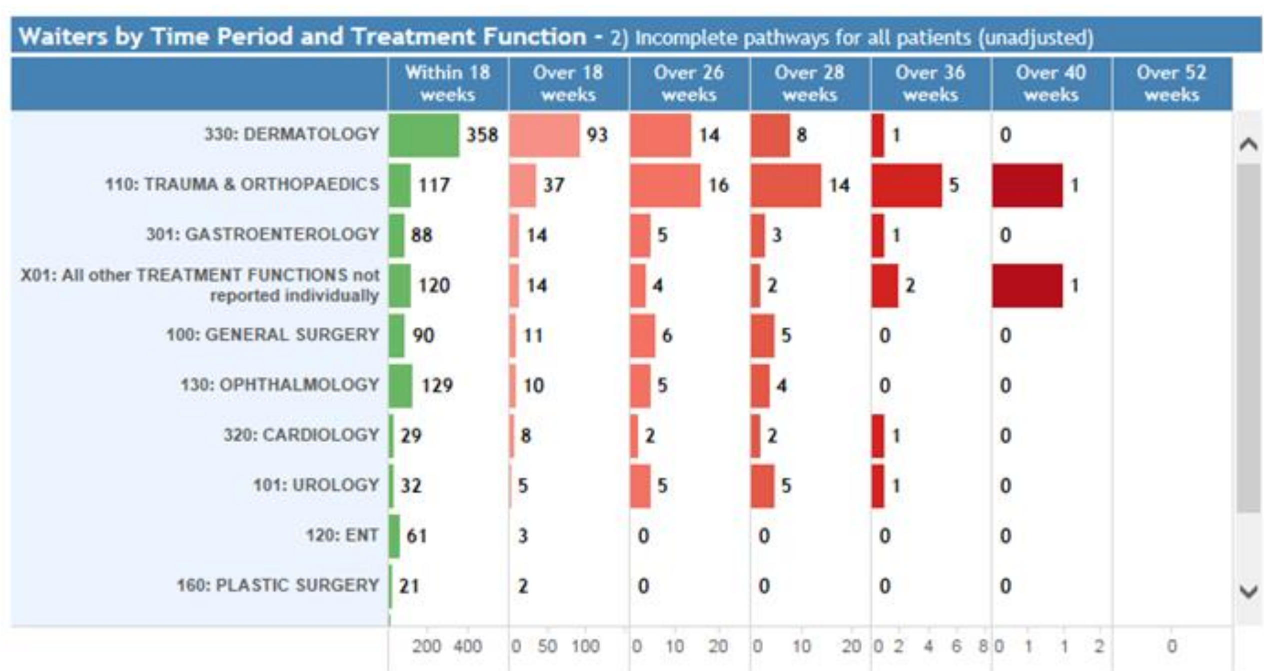
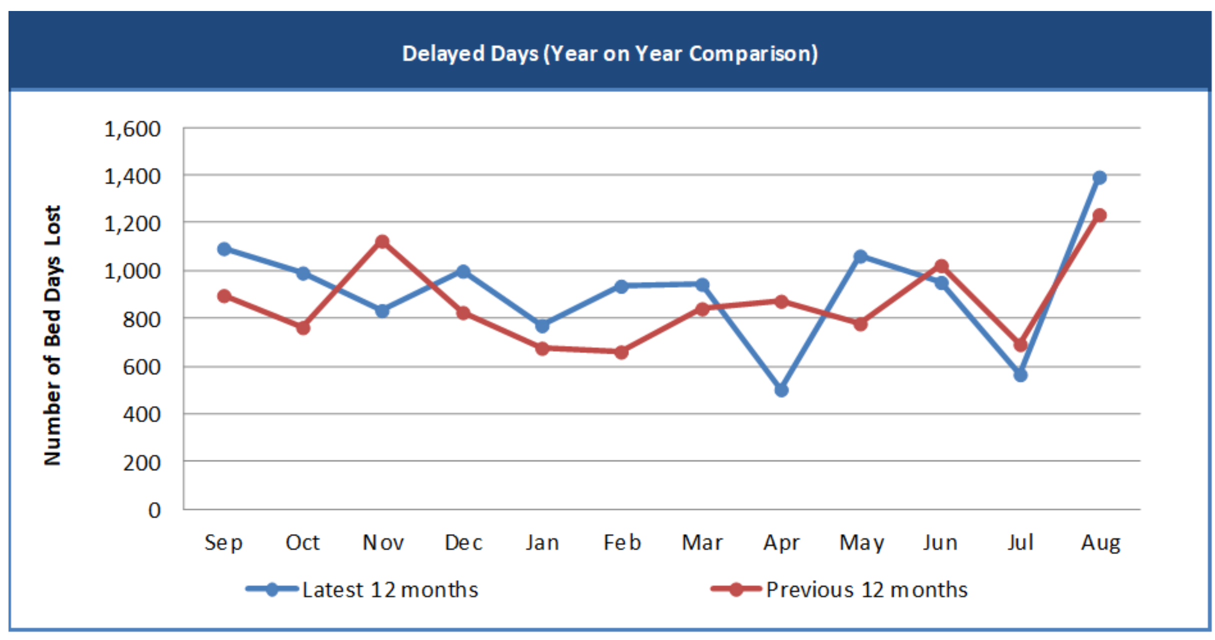


Figure 26 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



9.2 Delayed Transfers of Care

Figure 27 - Aintree DTOC Monitoring

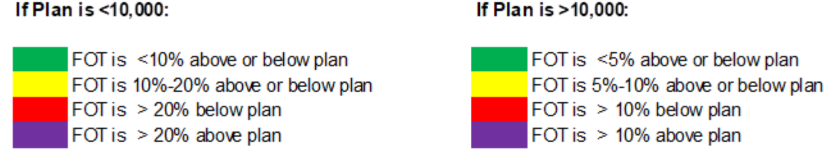


DTOC Key Stats			
	This month	Last month	Last year
Delayed Days	**Aug-19**	**Jul-19**	**Aug-18**
Total	1,395	566	1,235
NHS	83.0%	88.5%	62.3%
Social Care	17.0%	11.5%	37.7%
Both	0.0%	0.0%	0.0%
Acute	54.6%	50.7%	54.8%
Non-Acute	45.4%	49.3%	45.2%

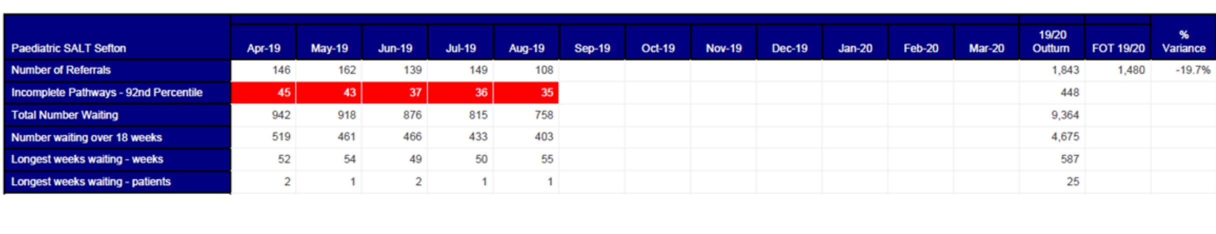
Reasons for Delayed Transfer % of Bed Day Delays (Aug-19)	
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	
Care Package in Home	16.5%
Community Equipment Adapt	6.2%
Completion Assesment	5.0%
Disputes	0.0%
Further Non-Acute NHS	46.2%
Housing	0.0%
Nursing Home	0.0%
Patient Family Choice	26.1%
Public Funding	0.0%
Residential Home	0.0%
Other	0.0%

9.3 Alder Hey Community Services Contract Statement

Commissioner Name	Service	Currency	2019/20 Previous Year Outturn	Plan	FOT	Variance %	Apr	May	Jun	Jul	Aug	YTD
NHS South Sefton CCG	Paediatric Continence	Caseload at Month End	264	264	254	-3.79	264	275	240	249	244	270
		Total Contacts (Domiciliary)	1,734	1,734	1,618	-6.69	147	115	142	117	153	674
		Total New Referrals	171	171	194	13.45	11	15	22	16	17	81
	Paediatric Dietetics	Caseload at Month End	5	5	203	3,960.00	216	196	197	194	213	216
		Referral to 1st contact (weeks average)	8.6	8.6	6.9	-19.77	7	2.4	4.6	11	9.5	7
		Total Contacts	356	356	487	36.80	27	45	41	49	41	203
		Total Contacts (Domiciliary)	64	64	77	20.31	7	10	4	4	7	32
		Total Contacts (Outpatients)	292	292	408	39.73	20	35	37	44	34	170
		Total New Referrals	280	280	262	-6.43	20	18	26	22	23	109
	Paediatric Occupational Therapy	Caseload at Month End	201	201	139	-30.85	151	140	139	130	135	151
		Referral to 1st contact (weeks average)	15.9	15.9	12.8	-19.50	14.1	13.9	13	11.7	11.3	14.1
		Total Contacts (Domiciliary)	4,878	4,878	4,006	-17.88	297	298	333	408	333	1,669
		Total New Referrals	619	619	535	-13.57	41	60	42	42	38	223
	Paediatric Speech and Language Therapy	Referral to 1st contact (weeks average)	24.8	24.8	31.8	28.23	35	35.5	29.3	28.7	30.3	35.3
		Total Contacts (Domiciliary)	12,833	12,833	13,874	8.11	1,046	1,240	1,336	1,295	864	5,781
		Total Contacts Complex Cochlear (N&S Sefton)	507	507	281	-44.58	30	30	30	6	21	117
		Total New Referrals	1,097	1,097	953	-13.13	94	89	77	72	65	397
		Total New Referrals Complex Cochlear (N&S Sefton)	6	6	0	-100.00	0	0	0	0	0	0



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	19/20 Outturn	FOT 19/20	% Variance
Number of Referrals	146	162	139	149	108								1,843	1,480	-19.7%
Incomplete Pathways - 92nd Percentile	45	43	37	36	35								448		
Total Number Waiting	942	918	876	815	758								9,364		
Number waiting over 18 weeks	519	461	466	433	403								4,675		
Longest weeks waiting - weeks	52	54	49	50	55								587		
Longest weeks waiting - patients	2	1	2	1	1								25		

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

	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	Aug-19	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	98	67	377
DNA	66	53	41	147	68	116	13	19	16	21	14	83
DNA Rate	16.8%	9.1%	8.7%	18.5%	11.4%	14.3%	20.0%	22.4%	14.5%	17.6%	17.3%	18.0%

Outpatient Clinics - Cancs by PROVIDER

	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	Aug-19	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	98	67	377
Cancellations	6	0	5	29	0	44	4	7	3	3	8	25
Rate	1.8%	0.0%	1.2%	4.3%	0.0%	5.9%	7.1%	9.6%	3.1%	3.0%	10.7%	6.2%

Outpatient Clinics - Cancs by PATIENT

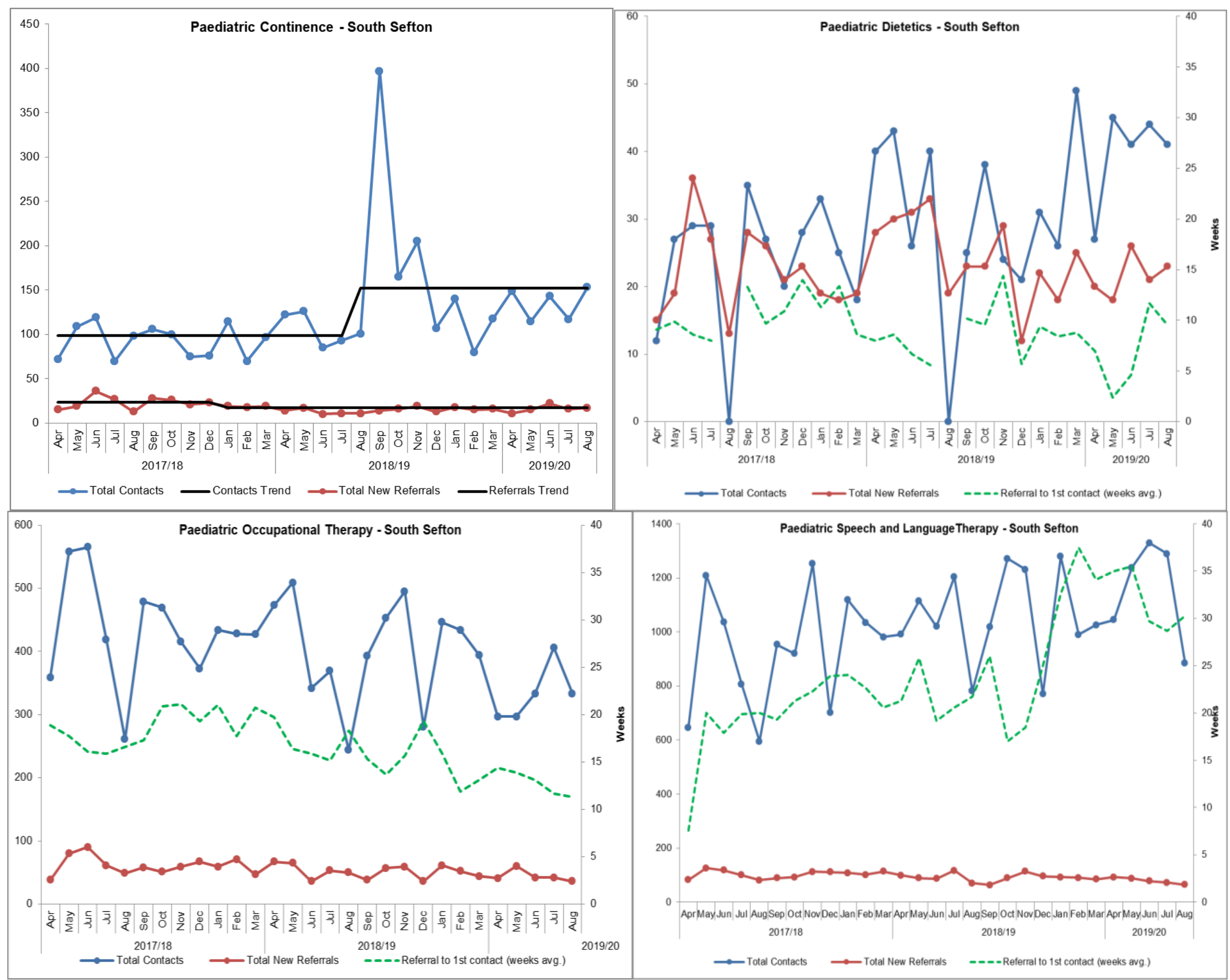
	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	Aug-19	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	98	67	377
Cancellations	27	63	63	207	128	184	10	38	18	33	17	116
Rate	7.3%	10.6%	12.8%	24.2%	19.5%	20.9%	16.1%	36.5%	16.1%	25.2%	20.2%	23.5%

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

		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Current)	Narrative: If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Narrative: 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 5 performance and narrative detailed in the table below.

Figure 30 - South Sefton CCG's Month 5 Submission to NHS England

Month 05 (August)	*Month 05 Plan*	*Month 05 Actual*	*Month 05 Variance*	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	**3,335**	**3,074**	**-7.8%**	GP referrals have decreased for South Sefton CCG in month 5 across a number of providers. This is part of a seasonal trend and a calcluation of workdays shows that levels are comparable to Aug-18. Other referrals remain above plan but month 5 saw a drop in referral numbers as expected due to seasonal trends. Increases have been evident at the main hospital provider, notably in Ophthalmology. Southport & Ormskirk have also reported increases YTD in specialities such as T&O and Gynae. Total referral numbers are within the 2% threshold against plan and are comparable to 2018/19 levels. Discussions regarding referrals at the main hospital provider take place via information sub groups, contract review meetings and the planned care group.
Other	**2,415**	**2,535**	**5.0%**	
Total (in month)	**5,750**	**5,609**	**-2.5%**	
Variance against Plan YTD	29,326	29,711	1.3%	
Year on Year YTD Growth			0.0%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	**4,844**	**4,292**	**-11.4%**	First OP appointments decreased in month 5, aligning to the reduced 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. Provider feedback has suggested on-going tax and pensions issues are affecting activity levels. Referrals to the Gastroenterology speciality have seen a notable decrease in month 5 and this will be queried with the provider as a potential data quality issue.
Follow Up	**11,437**	**9,178**	**-19.8%**	
Total Outpatient attendances (in month)	**16,281**	**13,470**	**-17.3%**	
Variance against Plan YTD	84,190	74,759	-11.2%	
Year on Year YTD Growth			-3.9%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1,616	1,800	11.4%	CCG local monitoring of day case admissions has activity at less than 1% variance against plan year to date at month 5. Electives have a greater % variance against plan but activity variances are minimal. Planned care leads continue to work with the main hospital provider to understand activity and performance via the planned care group. Trust feedback suggests reduced programmed activity for consultants as a result of the on-going tax and pensions issue is currently impacting on contracted performance for planned care. Workforce issues related to sickness and theatre staff shortages are also impacting on activity levels. Activity and performance is discussed at the planned care group. This group will continue throughout 2019/20 and the provider has fed back that some recruitment has already taken place to alleviate some of the workforce issues noted above.
Elective Ordinary spells	244	202	-17.2%	
Total Elective spells (in month)	**1,860**	**2,002**	**7.6%**	
Variance against Plan YTD	9,428	10,496	11.3%	
Year on Year YTD Growth			0.8%	
Urgent & Emergency Care				
Type 1	**4,337**	**4,265**	**-1.7%**	Type 1 attendances increased to an historical peak in July-19 but decreased in month 5 and were comparable to the equivalent period in 18/19. CCG local monitoring has attendances within the 2% threshold both in month and year to date. Activity trends are driven by the main hospital provider and A&E performance improved in month 5 to 88.88%, the highest performance reported since Aug-18. 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			4.0%	
All types (in month)	**8,856**	**8,432**	**-4.8%**	
Variance against Plan YTD	45,789	42,401	-7.4%	
Year on Year YTD Growth			-0.8%	
Total Non Elective spells (in month)	**2,027**	**2,137**	**5.4%**	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 decreaased in month 5 in line with reduced A&E attendances. CCG local monitoring has year to date admissions slightly outside of the 2% threshold against plan. 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	10,707	11,106	3.7%	
Year on Year YTD Growth			2.7%	