



South Sefton
Clinical Commissioning Group

South Sefton Clinical Commissioning Group

Integrated Performance Report November 2019

Contents

1. Executive Summary	11
2. Planned Care	14
2.1 Referrals by source	14
2.2 E-Referral Utilisation Rates	16
2.3 Diagnostic Test Waiting Times	17
2.4 Referral to Treatment Performance	18
2.4.1 Referral to Treatment Incomplete pathway – 52+ week waiters	20
2.4.2 Provider assurance for long waiters	21
2.5 Cancer Indicators Performance	22
2.5.1 Two Week Urgent GP Referral for Suspected Cancer	22
2.5.2 Two Week Wait for Breast Symptoms	23
2.5.3 31 Day first definitive treatment of cancer diagnosis	23
2.5.4 31 Day Standard for Subsequent Cancer Treatment – Drug	24
2.5.5 31 Day Standard for Subsequent Cancer Treatment – Surgery	24
2.5.6 31 Day Standard for Subsequent Cancer Treatment – Radiotherapy	25
2.5.7 62 Day Cancer Urgent Referral to Treatment Wait	26
2.5.8 62 day wait for first treatment following referral from an NHS Cancer Screening Service	27
2.5.9 62 Day wait for first treatment for Cancer following a Consultants Decision to Upgrade	28
2.5.10 104+ Day Breaches	28
2.5.11 Faster Diagnosis Standard (FDS)	29
2.6 Patient Experience of Planned Care	30
2.7 Planned Care Activity & Finance, All Providers	31
2.7.1 Aintree University Hospital NHS Foundation Trust	32
2.7.2 Renacres Hospital	33
3. Unplanned Care	34
3.1 Accident & Emergency Performance	34
3.1.1 A&E 4 Hour Performance	34
3.2 Occupied Bed Days	35
3.3 Ambulance Performance	36
3.4 Ambulance Handovers	37
3.5 Unplanned Care Quality Indicators	38
3.5.1 Stroke and TIA Performance	38
3.5.2 Mixed Sex Accommodation (MSA)	39
3.5.3 Healthcare associated infections (HCAI): MRSA	40
3.5.4 Healthcare associated infections (HCAI): C Difficile	41
3.5.5 Healthcare associated infections (HCAI): E Coli	42
3.5.6 Hospital Mortality	42
3.6 CCG Serious Incident Management	44
3.7 CCG Delayed Transfers of Care	46

3.8	Unplanned Care Activity & Finance, All Providers	46
3.8.1	All Providers.....	46
3.8.2	Aintree University Hospital	47
4.	Mental Health.....	49
4.1	Mersey Care NHS Foundation Trust Contract (Adult).....	49
4.1.1	Mental Health Contract Quality Overview	49
4.1.2	Mental Health Contract Quality.....	50
4.2	Cheshire & Wirral Partnership (Adult).....	51
4.2.1	Improving Access to Psychological Therapies: Access	51
4.2.2	Improving Access to Psychological Therapies: Recovery.....	52
4.3	Dementia	53
4.4	Learning Disabilities Health Checks	54
4.5	Improving Physical Health for people with Severe Mental Illness (SMI).....	55
5.	Community Health.....	56
5.1	Adult Community (Mersey Care FT).....	56
5.1.1	Quality.....	56
5.1.2	Mersey Care Adult Community Services: Physiotherapy.....	57
6.	Children's Services	58
6.1	Alder Hey Children's Mental Health Services	58
6.1.1	Improve Access to Children & Young People's Mental Health Services (CYPMH)	58
6.1.2	Waiting times for Routine Referrals to Children and Young People's Eating Disorder Services.....	59
6.1.3	Waiting times for Urgent Referrals to Children and Young People's Eating Disorder Services	60
6.2	Child and Adolescent Mental Health Services (CAMHS)	61
6.3	Children's Community (Alder Hey)	61
6.3.1	Paediatric SALT	61
6.3.2	Paediatric Dietetics	62
7.	Primary Care.....	63
7.1	Extended Access Appointment Utilisation	63
7.2	CQC Inspections.....	64
8.	CCG Oversight Framework (OF).....	65
9.	Appendices	66
9.1.1	Incomplete Pathway Waiting Times	66
9.1.2	Long Waiters analysis: Top Providers	66
9.1.3	Long Waiters Analysis: Top Provider split by Specialty	67
9.2	Delayed Transfers of Care	68
9.3	Alder Hey Community Services Contract Statement	69
9.4	Alder Hey SALT Waiting Times – Sefton.....	69
9.5	Alder Hey Dietetics Waiting Times – South Sefton CCG	70
9.6	Alder Hey Dietetic Cancellations and DNA Figures – Sefton	70

9.7	Alder Hey Activity & Performance Charts	71
9.8	Better Care Fund	71
9.9	NHS England Monthly Activity Monitoring	74

List of Tables and Graphs

Figure 1 - Referrals by Source across all providers for 2017/18, 2018/19 & 2019/20	14
Figure 2 - RTT Performance & Activity Trend	19
Figure 3 - South Sefton CCG Total Incomplete Pathways	19
Figure 4 - South Sefton CCG Provider Assurance for Long Waiters	21
Figure 5 – FDS monitoring for South Sefton CCG	29
Figure 6 - Planned Care - All Providers	31
Figure 7 - Planned Care – Aintree Hospital	32
Figure 8 - Planned Care – Renacres Hospital	33
Figure 9 - Occupied Bed Days, Liverpool University Hospitals Foundation Trust	35
Figure 10 - Hospital Mortality	42
Figure 11 - Summary Hospital Mortality Indicator	43
Figure 12 - Serious Incident for South Sefton Commissioned Services and South Sefton CCG patients	44
Figure 13 - Timescale Performance for Aintree University Hospital	45
Figure 14 - Timescale Performance for Mersey Care Foundation Trust (South Sefton Community Services)	45
Figure 15 - Unplanned Care – All Providers	46
Figure 16 – South Sefton CCG at Virgin Care Activity & Cost	47
Figure 17 - Unplanned Care – Aintree Hospital	47
Figure 18 - Breakdown of appointment by month for South Sefton CCG Extended Hours Service	63
Figure 19 - CQC Inspection Table	64
Figure 20 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting	66
Figure 21 - Patients waiting (in bands) on incomplete pathway for the top Providers	66
Figure 22 - Patients waiting (in bands) on incomplete pathways by Speciality for Liverpool University Hospitals NHS Foundation Trust	67
Figure 23 – Liverpool University Foundation Trust DTOC Monitoring	68
Figure 24 - BCF Metric performance	72
Figure 25 - BCF High Impact Change Model assessment	73
Figure 26 - South Sefton CCG’s Month 8 Submission to NHS England	74

Summary Performance Dashboard

Metric	Reporting Level		2019-20												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
E-Referrals															
NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					R
		Actual	66%	62.8%	70.9%	69.3%	62.1%	60.0%	58.5%	61.6%					
		Target	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Diagnostics & Referral to Treatment (RTT)															
% of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	G	R	R	G	R	R	R	G					R
		Actual	0.77%	1.06%	1.56%	0.94%	1.37%	1.59%	1.37%	0.97%					
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					
		Actual	89.49%	89.64%	88.46%	88.15%	87.22%	87.77%	87.00%	86.04%					
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	G	R	R	G	G	R	R					R
		Actual	1	0	1	1	0	0	1	1					4
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations															
% of Cancellations for non clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G	G	G	G	G	G					G
		Actual	0	0	0	0	0	0	0	0					
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G	G	G	G	G	G					G
		Actual	0	0	0	0	0	0	0	0					
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times															
<u>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</u> 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	G	G					R
		Actual	86.142%	94.578%	93.813%	94.25%	89.09%	88.85%	95.50%	94.52%					92.25%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<u>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</u> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for susp breast cancer	South Sefton CCG	RAG	R	R	R	G	R	G	G	R					R
		Actual	50.00%	86.842%	91.176%	93.103%	91.67%	96.23%	96.77%	92.16%					87.77%
		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%
<u>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</u> % of patients receiving their first definitive treatment within one month (31 days) of a decision to treat for cancer	South Sefton CCG	RAG	G	G	G	G	R	R	G	G					G
		Actual	96.296%	98.718%	100.00%	96%	94.118%	91.18%	96.39%	98.02%					96.46%
		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%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (surgery)	South Sefton CCG	RAG	G	G	R	G	G	G	R	R					G
		Actual	100.00%	100.00%	93.333%	95.00%	100%	100%	89.47%	90.0%					95.41%
		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%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	G	G	G	R	R	R	G					G
		Actual	100.00%	100.00%	100.00%	100.00%	96.552%	97.14%	96.97%	100%					98.71%
		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%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	G	G	G	G	R	G					G
		Actual	96.667%	100.00%	100%	100%	100%	100%	93.55%	96.77%					98.21%
		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%
<u>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</u> The % of patients receiving their first definitive treatment for cancer within two months of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					R
		Actual	75.00%	77.273%	65.517%	75.676%	68.00%	71.43%	81.40%	82.61%					75.60%
		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%
<u>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</u> % of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	N/A	R	R	N/A	G	R	G	G					G
		Actual	-	85.714%	0.00%	-	100.00%	83.33%	100%	100%					92.68%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
<u>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</u> % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	South Sefton CCG (local target)	RAG				G									
		Actual	60.00%	70.00%	33.333%	88.889%	50.00	50.00%	80.00%	64.71%					66.22%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%

Metric	Reporting Level		2019-20												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Accident & Emergency															
4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 17/18 ratio) % of patients who spent less than four hours in A&E (HES 17/18 ratio Acute position via NHSE HES DataFile)	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					R
		Actual	78.178%	78.324%	81.153%	80.07%	85.15%	83.43%	84.32%	81.53%					81.53%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
EMSA															
Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG	G	G	G	G	G	G	R	G					R
		Actual	0	0	0	0	0	0	1	0					1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG	G	G	G	G	G	G	R	G					R
		Actual	0.00	0.00	0.00	0.00	0.00	0	0.1	0.00					0.1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
HCAI															
Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner) cumulative	South Sefton CCG	RAG	G	G	G	R	R	R	R	R					R
		YTD	0	0	0	1	1	1	1	1					1
		Target	-	-	-	-	-	-	-	-	-	-	-	-	-
Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner) cumulative	South Sefton CCG	RAG	R	G	G	G	G	R	R	G					G
		YTD	7	7	11	17	22	29	35	36					36
		Target	6	11	15	20	24	28	34	40	46	51	55	60	60
Number of E.Coli infections Incidence of E.Coli (Commissioner) cumulative	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					R
		YTD	15	33	47	63	75	84	99	112					112
		Target	11	21	32	42	53	63	75	85	96	108	125	128	128

Metric	Reporting Level		2019-20												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Mental Health															
Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G			G									G
		Actual	100%			100%									100%
		Target	95.00%			95.00%			95.00%			95.00%			
Episode of Psychosis															
First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	R	G	No patients	G	G	G							G
		Actual	50.00%	60.00%	-	100%	100%	75%							72.727%
		Target	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%
IAPT (Improving Access to Psychological Therapies)															
IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R	R	R	R	R	R	R	R				R	
		Actual	37.10%	47.1%	35.7%	48.2%	43.8%	45.2%	41.3%	47.6%				42.93%	
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	
IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R	R	R	R	R	R	R	R				R	
		Actual	1.34%	1.22%	1.06%	1.11%	0.99%	1.07%	1.27%	1.02%				9.08%	
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.83%	1.83%	1.83%
IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	G	G	G	G	G	G	G	G				G	
		Actual	99.60%	97.70%	100%	96.9%	100%	97.5%	96.3%	94.6%				98.2%	
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G	G	G	G	G	G	G	G				G	
		Actual	100%	100%	100%	100%	100%	100%	100%	99.1%				100.00%	
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	
Dementia															
Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	R	R	R	R				R	
		Actual	64.169%	64.37%	64.60%	63.90%	63.90%	63.69%	63.05%	63.63%				63.91%	
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

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

1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at month 8 (note: time periods of data are different for each source).

Key Exception Areas for November	CCG	Aintree
A&E Improvement Trajectory	89%	89%
A&E (All Types) (Nat Target 95%)	81.53%	80.36%
RTT Improvement Trajectory	90.8%	91.8%
RTT (Nat Target 92%)	86.04%	84.30%
Diagnostics Improvement Trajectory	1.08%	1.00%
Diagnostics (Nat Target less than 1%)	0.97%	0.15%

To Note:

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

Planned Care

Year to date referrals at November are 5.3% up on 2018/19 due to a 14.8% increase in consultant-to-consultant referrals. In contrast, GP referrals are -1.2% lower when compared to 2018/19. GP referrals have also seen a -12.8% decrease in month 8.

At provider level, Aintree has reported an 11.8% increase in total referrals at month 8 when comparing to 2018/19, this may be due to a data refresh conducted by Aintree for referrals data. Further investigation shows that consultant-to-consultant referrals are driving the increases across 2019/20 compared to 2018/19. Further analysis is being conducted to identify the potential cause of these increases.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance has dropped since April and is reporting 86% for November. This has resulted in the CCG failing the improvement plan of 90.8%. In November, the incomplete waiting list for the CCG was 11,734 against a plan of 11,052; a difference of 682 patients over plan.

The CCG has reported one patient waiting in excess of 52 weeks at Liverpool Womens. The patient should have been referred to physio, and physio has now started. A harm review and RCA have been completed by the Trust.

The CCG are failing 4 of the 9 cancer measures year to date. Please note, due to how the Cancer Wait Times (CWT) 62 day activity data is recorded specifically relating to the recording of Inter Provider Transfers (IPT), it is not possible to report 62 day targets at site level using the extracts.

Aintree Friends and Family Inpatient test response rate is still below the England average of 24.9% in November 2019 at 19.5%. The percentage of patients who would recommend the service has increased to 94%, which is below the England average of 96% and the percentage who would not recommend has decreased to 3% but still above the England average of 2%.

Unplanned Care

In relation to A&E 4-Hour waits, the CCG reported a 3% decrease in patients seen reporting 81.53%. Aintree revised their trajectory for 2019/20. The Trust has failed their improvement plan in November with 80.36% (a decrease of 4%), which is below the target of 88%.

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

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

For C difficile, the CCG are reporting 36 cases. This is 3 under their year to date target of 40 in November and are reporting green. Aintree are reporting over their year to date plan for C.difficile as at November they have had 85 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 November there were 13 cases (112 YTD) and the CCG is reporting red for this measure.

Mental Health

For Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership reported the monthly target for M8 2019/20 is approximately 1.59%. Month 8 performance was 1.02% so failed to achieve the target standard. The percentage of people moved to recovery was 47.6% in month 8 of 2019/20 which failed the 50% target and shows an improvement from the previous month.

The latest data shows South Sefton CCG are recording a dementia diagnosis rate in November of 63.6%, which is under the national dementia diagnosis ambition of 66.7%. A similar percentage was reported last month (63%).

Community Health Services

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

Children's Services

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

Better Care Fund

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

reablement and Delayed Transfers of Care. Narrative is provided of progress to date. Work is now ongoing in regard to collaborative work between health and social care.

CCG Oversight Framework (OF)

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 Long Term Plan priorities. The new OF will include an additional 6 metrics relating to waiting times, learning disabilities, prescribing, children and young people's eating disorders, and evidence-based interventions.

2. Planned Care

2.1 Referrals by source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
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	3196	-291	-8.3%	1828	2187	359	19.6%	6399	6489	90	1.4%
May	3599	3385	-214	-5.9%	2076	2414	338	16.3%	6727	6985	258	3.8%
June	3453	3422	-31	-0.9%	1992	2151	159	8.0%	6525	6762	237	3.6%
July	3386	3687	301	8.9%	2025	2593	568	28.0%	6510	7382	872	13.4%
August	3320	3204	-116	-3.5%	1899	2160	261	13.7%	6303	6434	131	2.1%
September	2934	3168	234	8.0%	1864	2385	521	28.0%	5727	6621	894	15.6%
October	3487	3566	79	2.3%	2154	2446	292	13.6%	6825	7282	457	6.7%
November	3430	3130	-300	-8.7%	2114	1980	-134	-6.3%	6613	6418	-195	-2.9%
December	2541				1653				4993			
January	3343				2076				6530			
February	3090				1864				6028			
March	3284				1934				6369			
Monthly Average	3280	3345	65	2.0%	1957	2290	333	17.0%	6296	6797	501	8.0%
YTD Total Month 8	27096	26758	-338	-1.2%	15952	18316	2364	14.8%	51629	54373	2744	5.3%
Annual/FOT	39354	40137	783	2.0%	23479	27474	3995	17.0%	75549	81560	6011	8.0%



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





Month 8 Summary:

- Trends show that the baseline median for total South Sefton CCG referrals has remained flat from May 2018. However, after an increase in the previous month, referrals have now decreased by -11.9% (864) to the lowest point since March 2019.
- This is partly attributable to the 2 less working days in November 2019 compared to October 2019. Taking this into account results in -3.5% (11) less referrals for working days lost.
- South Sefton CCG is also aware of potential impacts on referral patterns due to the merger of Aintree Hospital and Royal Liverpool in October 2019. The Trauma & Orthopaedic speciality merged in November 2019 and an immediate impact on referral flows has been evident with a drop in referrals from A&E at Aintree Hospital and subsequent increase in those coded as 'self-referrals' at the Royal Liverpool site.
- Year to date referrals at November 2019 are 5.3% up on 2018/19 due to a 14.8% increase in consultant-to-consultant referrals.
- In contrast, GP referrals are -1.2% lower when compared to 2018/19. Also GP referrals have decreased by -12.2% at month 8 compared to the previous month.
- Southport & Ormskirk and Aintree Hospitals are responsible for the majority of consultant-to-consultant increases with Alder Hey also impacting on current variances. The former has reported increases within specialties such as Trauma & Orthopaedics, Ophthalmology, Respiratory Medicine and ENT amongst others.
- Liverpool Heart & Chest Hospital has also seen a number for consultant-to-consultant referrals to the Congenital Heart Disease Service in 2019/20. These were previously not recorded in 2018/19.
- Aintree has reported an 11.8% increase in total referrals at month 8 when comparing to 2018/19. Further investigation shows that consultant-to-consultant referrals are driving the increases across 2019/20 compared to 2018/19. Further analysis is being done to find the cause of these increases.
- 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 8 are currently -3.4% lower than in 2018/19.



2.2 E-Referral Utilisation Rates

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
NHS e-Referral Service (e-RS): Utilisation Coverage		Previous 3 months and latest				144a	e-RS national reporting has been escalated to NHSD via NHSE/I. Data provided potentially inaccurate therefore making it difficult for the CCG to understand practice utilisation. Potential for non e-RS referrals that are rejected to be missed by the practice.
RED	TREND	Aug-19	Sep-19	Oct-19	Nov-19		
		62.1%	60.0%	58.5%	61.6%		
		Plan: 100% by end of Q2 2018/19					
Performance Overview/Issues:							
<p>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 November 2019 and reports performance to be 61.61%. This shows a small improvement from the previous month and remains significantly below the national position. The above data however is based upon NHS Digital reports that utilises MAR (Monthly Activity Reports) data and initial booking of an E-Rs referral, excluding re-bookings. MAR data is nationally recognised for not providing an accurate picture of total referrals received, and as such NHS Digital will, in the near future, use an alternative data source (SUS) for calculating the denominator by which utilisation is ascertained.</p> <p>In light of the issues in the national reporting of E-Rs utilisation, a local data set has been used. The referrals information is sourced from a local referrals flow submitted by the CCGs main hospital providers. This has been used locally to enable a GP practice breakdown. November data shows an overall performance of 72.9% for South Sefton CCG, a slight improvement on the previous month (68.2%).</p>							
Actions to Address/Assurances:							
<p>The planned care team has assigned a commissioning manager to review eRs performance in line with the CCGs outpatient strategy. As such, advice and guidance and improved eRs performance are key areas that have been identified to reduce unwarranted variation. ERS will be included as part of the outpatient strategy case for change which will go through the CCGs governance process early 2020.</p> <p>A review of referral data was undertaken to get a greater understanding of the underlying issues relating to the underperformance. The data indicates that there is no uniform way that Trusts code receipt of electronic referral and the e-RS data at Trust level is of poor quality. This has therefore provided difficulties in identifying the root causes of the underperformance. However, as outpatients is a priority QIPP area and e-RS is a nationally recognised vehicle to achieve outpatient reductions (Advice & Guidance), the CCG Programme Lead will be working with local Acute Trusts to formulate a plan to increase utilisation.</p> <p>e-RS and Advice and Guidance are now standing agenda items in the Planned Care Group (Aintree) and issues will be addressed and escalated accordingly.</p>							
When is performance expected to recover:							
To be confirmed as part of the outpatient strategy case for change.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Rob Caudwell			Terry Hill		

2.3 Diagnostic Test Waiting Times

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test		Previous 3 months and latest				133a	The risk that the CCG is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.
GREEN	TREND	Aug-19	Sep-19	Oct-19	Nov-19		
		CCG	1.37%	1.59%	1.37%		
		Aintree	0.06%	0.06%	0.03%	0.15%	
		Plan: less than 1% November's CCG improvement plan: 1.08% Yellow denotes achieving 19/20 improvement plan but not national standard of less than 1%					
Performance Overview/Issues:							
<p>The CCG are now achieving the improvement plan of 1.08% in November and the national standard reporting 0.97%. In November out of a total of 2,898 patients on the waiting list, 28 patients waited over 6 weeks. Of these patients, 3 waited over 13+ weeks. A significant proportion of our diagnostic breaches still reside at Liverpool Heart & Chest and therefore a sustainable delivery of our target is dependant on delivery on reductions on backlogs of patients, as a result of the theatre upgrade programme, which is expected to be completed by June 2020.</p> <p>Aintree are achieving in November reporting 0.15%. A continuation of the improvement observed since January 2019. This metric is continually monitored via weekly operations groups down to modality level.</p>							
Actions to Address/Assurances:							
<p>The Sefton Planned Care Lead will liaise on a monthly basis with the lead commissioner for the provider (LCCG) to understand how the provider is managing their performance against NHSE/I improvement trajectory and will escalate in line with CCG escalation policy if required.</p> <p>Also a close eye is being kept on performance at Aintree as waiting list initiatives are in the process of ceasing due to tax and pension implications. This is regularly being monitored via the Planned Care Group but latest information suggests performance to remain on trajectory for the near future.</p> <p>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.</p>							
When is performance expected to recover:							
A sustainable recovery expected to continue.							
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				NHS Oversight Framework (OF)	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	Aug-19	Sep-19	Oct-19	Nov-19		
		CCG	87.2%	87.8%	87.0%		
		Aintree	86.6%	86.4%	85.8%	84.3%	
		Plan: 92% November's improvement plan: CCG - 92% and Aintree - 91.8% Yellow denotes achieving 19/20 improvement plan but not national standard of 92%					
Performance Overview/Issues:							
<p>The CCG's performance has dropped since April 2019 when 89.5% was reported. In November 86% was reported, 1% lower than the previous month. The CCG continues to fail their improvement plan (November being 92%). The CCG's main provider Aintree are also under the 92% target reporting 84.3%; also failing their local trajectory of 91.8% for November and is a decline in overall performance of 1.5% from October's position. The total number of patients on an incomplete pathway referred from an English Commissioner at month end was 20,071 which was a continuation of the reduction reported in October (20,691). Vacancies across a number of specialties along with capacity issues brought about via reduced programmed activities due to changes in tax legislation in the current financial year continue to impact upon performance as well as the sustained increase the site has observed in non elective demand. The Trust has stated that this is being managed safely and will continue to monitor the situation to ensure elective activity and patient experience is not unduly impacted. As Aintree Trust has now merged with the Royal Liverpool Broadgreen this is a local data flow relating to the Aintree site only.</p> <p>The CCG is working closely with the main provider, Aintree, via the Planned Care Group to ensure performance remains on trajectory. The Trust was issued a Contract Performance Notice in August, and the improvement trajectory plan received in October. The improvement trajectory plan suggested that improvement would be notional with the Trust achieving 87.1% by March 2020, below the original NHSE/I ratified improvement trajectory. This was escalated to the Collaborative Commissioning Forum (CCF) for discussion and agreement on next steps. The recommendation of the CCF was to respond to the Trust stating that the improvement trajectory was unsatisfactory and requires revising. The CCG formally responded to Aintree's initial improvement trajectory via contract review meeting and letter, reiterating verbal conversations regarding repatriation and also set an expectation that an improved trajectory should be received by the 22nd January 2020.</p> <p>Further updates from the Trust suggests that capacity shortfalls are being met by outsourcing of scopes and delivery of waiting list initiatives whilst recruitment to posts is ongoing. Delivery of waiting list initiatives have been challenging due to HMRC Pensions and Tax issues. In addition the CCG is actively working with the Trust on QIPP programmes (i.e. Gastroenterology etc.) that will support the Trust to reduce unwarranted variation and support in delivery of its RTT position. However, delays in implementing Task & Finish Groups will have an impact on delivering reductions in activity. This issue has been escalated via the CCG turnaround director for a one-to-one discussion with the Trust turnaround director to identify an expeditious resolution.</p> <p>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.</p>							
Actions to Address/Assurances:							
CCG Actions:							
<ul style="list-style-type: none"> • CCG have requested a revised improvement trajectory (response requested for the 22nd January 2020). • The CCG have the support of Trust turn-around directors to support Task & Finish Groups in order to get a system resolution. • A Project Team will be mobilised to deliver the high level action plan developed at the Task & Finish Group. However, escalation via Turnaround Directors has been initiated to accelerate mobilisation. • The CCG have facilitated discussions with local acute providers to agree North Mersey Gastro Pathways which are anticipated to be clinically signed off via the CCG in January 2020. • The CCG has escalated HMRC Pensions and Tax issues with NHSE and are awaiting a response. 							
Trust Actions Overall:							
<ul style="list-style-type: none"> • Improve theatre utilisation at speciality level in conjunction with transformational team. • Regularly review all long waiting patients within the clinical business units to address capacity issues and undertake Waiting List Initiatives (WLI's) where available in conjunction with weekly performance meetings with Planning and performance / Business Intelligence leads. • Continue to support the reduction in Endoscopy waits by supporting WLI 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 speciality level trajectories. • Continue to support the Clinical Business Units with their RTT validation processes and Standard Operating Procedures (SOPs) with a special focus on inter provider transfers and data recording / entry. • In conjunction with the central RTT team ensure staff undergo refresher training in RTT rules and clock stop processes. 							

Trust Actions Gastro:

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

When is performance expected to recover:

The CCG has requested a revised improvement trajectory from Aintree Hospital which will be ratified by Aintree Collaborative Commissioning Forum (CCF).

Indicator responsibility:

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

Figure 2 - RTT Performance & Activity Trend

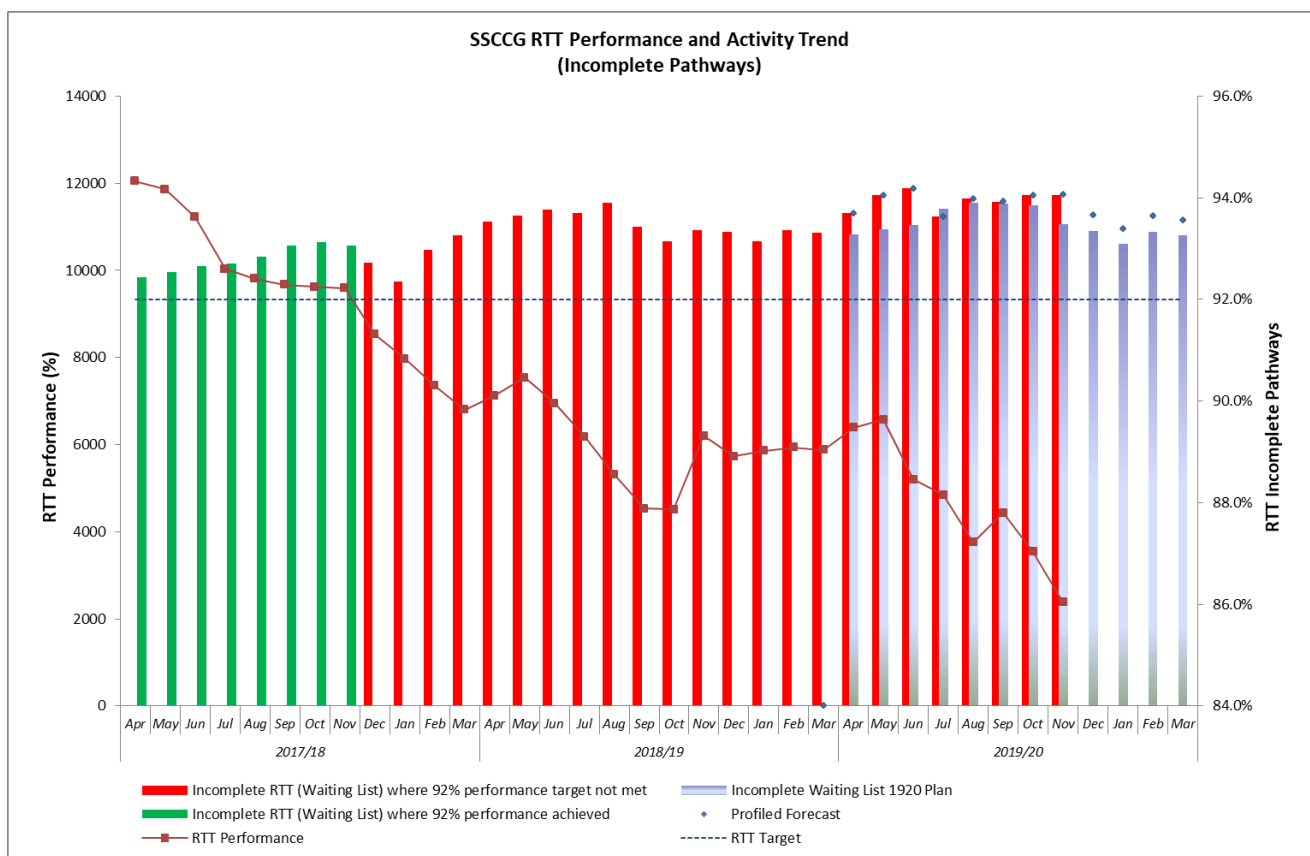




Figure 3 - South Sefton CCG Total Incomplete Pathways

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan	10,833	10,934	11,046	11,422	11,561	11,541	11,498	11,052	10,910	10,608	10,893	10,805	10,833
2019/20	11,309	11,727	11,880	11,234	11,648	11,574	11,725	11,734					11,734
Difference	476	793	834	-188	87	33	227	682					901

In November, the incomplete waiting list for the CCG was 11,734 against a plan of 11,052; a difference of 682 patients over plan. South Sefton CCG incomplete pathways has seen a 9/0.9% increase for November 2019 compared to October 2019. In terms of the NHSE plans, 2019/20 incomplete pathways is currently at 11,734 compared to the March 2020 plan of 10,833.

2.4.1 Referral to Treatment Incomplete pathway – 52+ week waiters

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (52+ weeks)		Previous 3 months and latest				129c	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
RED	TREND	Aug-19	Sep-19	Oct-19	Nov-19		
		CCG	0	0	1		
		Aintree	0	0	0	0	
		Plan: Zero					
Performance Overview/Issues:							
<p>In November there was 1 patient showing at over 52+ weeks for Liverpool Womens. This is not the same patient as reported last month at the Womens, who was treated in November. The November patient appeared at 58 weeks due to an incorrect clock stop being recorded as 03/01/2019, when in fact the patient should have been referred to physio. Physio started on 19/12/2019. A harm review and RCA has been completed and reported via the Governance and Quality meeting. In line with the RTT recovery plan agreed with NHSI the Trust has managed to continue the reduction in 52 week breaches overall.</p>							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Data validation continues at the Trust to reduce the likelihood of further patients appearing late within treatment pathways. Trust-wide RTT training for clinical and administrative staff has been launched to address inaccuracies in data at point of entry. The Service are holding appointments and anticipating what may happen in an upcoming appointment so that the patient has an appointment date available should they need it, this will help to prioritise capacity for the management of long waiting patients and reduce likelihood of breaches. Locum Consultants continue to support the Gynaecology workforce due to sickness and vacancy factors. Recruitment is on-going into substantive general Gynaecology posts and successful recruitment will have a significant impact on the trajectory continuing to improve moving forward. <p>The Womens was contacted over the POP ON breaches, and the Information & Performance Manager has confirmed that a harm review and RCA is completed on all 52 week breaches, and will go through the Governance and Quality meeting. This is also picked up via CQPG.</p> <p>Monitoring of the 36 week waiting continues with the CSU.</p>							
When is performance expected to recover:							
December 2019.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		John Wray			Terry Hill		

2.4.2 Provider assurance for long waiters

Figure 4 - South Sefton CCG Provider Assurance for Long Waiters



Trust	Speciality	Wait band (Weeks)	Detailed reason for the delay
Liverpool Womens	Gynaecology	52	1 patient; treated on 19/12/2019 This was a pop on patient at 58 weeks due to an incorrect clock stop being recorded as 03/01/2019 when in fact the patient should have been referred to physio. Physio started on 19/12/2019. A harm review and RCA has been completed and
Liverpool Womens	Gynaecology	36-46	17 patients; No information supplies by the trust for under 52 week waiters.
Alder Hey	All Other	37-44	17 patients; 9 sent to service for date, 5 TCI dates in December and January, 2 treated in December and 1 DNA. Capacity issues in community paediatrics. Additional ADHD follow up capacity has been made available in Southport and Sefton to reduce the waiting times for follow ups. WLI clinics continue which has seen an improvement in the RTT waiting times. A locum doctor is being allocated to this area.
Lancashire Teaching	T&O	40	1 patient; TCI date in January. Inpatient capacity issues
Lewisham and Greenwich	ENT	37	1 patient; pathway stopped. Patients pathway was stopped on the 04/12/2019 as patient declined treatment
Aintree Hospital	ENT	38	1 patient; No date yet.
Aintree Hospital	Thoracic Medicine	36	1 patient; treated on 16/12/2019
Aintree Hospital	Urology	37-38	2 patients; 1 treated in December, 1 validated and treated in August
Aintree Hospital	T&O	36-43	8 patients; 8 treated from May to December.
Aintree Hospital	Gastroenterology	36-44	6 patients; 5 treated in November and December, 1 TCI Date in January.
Aintree Hospital	General Surgery	36-45	24 patients; 19 treated, 2 failed to attend, 2 have no date yet and 1 TCI Date in January
Aintree Hospital	Ophthalmology	36-43	28 patients; 18 treated, 6 TCI Dates in January, 2 failed to attend, 2 have no date yet.
Royal Hospital	All Other	39	1 patient; TCI date in January. Long wait on waiting list
Royal Hospital	General Surgery	36-40	2 patients; No date yet. Long wait on waiting list.
Royal Hospital	Dermatology	36-41	3 patients; 3 pathways stopped. Capacity issues.
Royal Hospital	T&O	36-44	7 patients; 6 pathways stopped, 1 no date yet. Capacity issues, long wait on waiting list. Ophthalmology is now compliant, this has improved the Trust's overall position. <ul style="list-style-type: none"> The Deputy Chief Operating Officer has reviewed and updated the Access Policy to ensure it is in line with national guidance. This is now ratified, and a programme of work and training will be launched to ensure the policy is being adhered to. RTT action plans have been developed by each challenged speciality and progress is being monitored via the weekly care group performance meetings and the position is being reported via the monthly Trust performance meeting. The Deputy Chief Operating Officer is working with the General Managers to ensure all referrals into the Trust are from the locally commissioned area unless there is a service level agreement (SLA) in place or a justified clinical reason. BI teams have been asked to produce data so each Care Group can be monitored against activity plans
Northern Devon	Ophthalmology	36	1 patient; pathway stopped. This patient was referred to NDHCT in March 2019 for consideration of cataract surgery – at that point the patient lived in Braunton, Devon but remained registered with a Liverpool GP Practice. On the 30th September 2019 the Trust booked the patient an appointment for 12th December 2019. However it became apparent that the patient had moved address and so the appointment was cancelled and the patient removed from the waiting list. The pathway has now been closed with 'Decision made not to Treat'.
Renacres Hospital	T&O	36	1 patient; awaiting trust update.
Walton	Neurology	37	1 patient; treated in December. The patient cancelled 2 appointments and DNA'd 1. S/he attended 1st Appointment on 06/12/2019. The pathway has now been stopped and patient discharged.
Wirral University	General Surgery	40	1 patient; no information provided
Wirral University	Gynaecology	39	1 patient; no information provided
Southport & Ormskirk	Gynaecology	36-42	2 patients; 1 treated, 1 pathway stopped Patient referred and added to the waiting list on 06/02/2019. First TCI offered at 36 weeks on 12/11/2019 but cancelled by the hospital as there were no beds. Treated 17/12/2019. Listed 21/3/2019. Pre-Op appointment cancelled 4 times and subsequently clock stop as patient unfit for treatment.

The CCG had a total of 127 patients waiting 36 weeks and over. Of the 127, there were 58 patients treated, 15 with a To Come In (TCI) dates, 8 no TCI date, 9 patients send for service date, 20 patients unknown (which includes Trusts who don't provide updates under 52 weeks) 5 DNAs and 12 pathway stopped.



Liverpool Women's had an over 52 week waiter in November who has now been treated see **2.4.1. Referral to Treatment Incomplete pathway – 52+ week waiters** above for further detail on this long waiter.

2.5 Cancer Indicators Performance



2.5.1 Two Week Urgent GP Referral for Suspected Cancer

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
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	Aug-19	Sep-19	Oct-19	Nov-19	YTD			
		CCG	89.09%	88.85%	95.50%	94.52%			92.25%
		Aintree	94.75%	95.27%	94.92%	94.03%			92.41%
		Plan	93%	93%	93%	93%			93%
		Aintree November Trajectory: 92.3% (National 93%)							
Performance Overview/Issues:									
<p>The CCG achieved the target in November reporting 94.52%. Unfortunately the CCG continue to fail the YTD target with 92.25% due to previous months breaches. In November there were 37 breaches from a total of 675 patients seen. Cancer data is monitored cumulatively so year to date the CCG is reporting red.</p> <p>Aintree have achieved the 93% target and the improvement trajectory of 92.3% reporting 94.03% in November but they continue to failed year to date due to the poor performance earlier in 2019/20. Please note the Aintree data is taken from a local flow, as the Trust has now merged with The Royal Liverpool Broadgreen, now known as Liverpool University Foundation Trust (LUHFT).</p>									
Actions to Address/Assurances:									
Not required due to achievement of the target.									
When is performance expected to recover:									
Continued recovered position is expected.									
Quality:									
Indicator responsibility:									
Leadership Team Lead		Clinical Lead			Managerial Lead				
Karl McCluskey		Debbie Harvey			Sarah McGrath				



2.5.2 Two Week Wait for Breast Symptoms

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
2 week wait for breast symptoms (where cancer was no initially suspected)		Previous 3 months, latest and YTD					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
RED	TREND	Aug-19	Sep-19	Oct-19	Nov-19	YTD			
		CCG	91.67%	96.23%	96.77%	92.16%			87.77%
		Aintree	94.53%	97.64%	96.84%	96.35%			87.52%
		Plan	93%	93%	93%	93%			93%
		Aintree November Trajectory: 93% (National 93%)							
Performance Overview/Issues:									
The CCG have failed to achieve the target in November reporting 92.16% and remains below the YTD target with 87.77%. In November there were 4 breaches from a total of 51 patients seen. Of the 4 breaches 3 were at Aintree and all due to patient choice and 1 at St Helens & Knowsley with their delay due to an admin delay. The maximum wait was 22 days. Cancer data is monitored cumulatively so year to date the CCG is reporting red.									
Aintree reported 96.35% in November and are achieving the 93% target and improvement trajectory, having just 5 breaches out of a total of 137 patients. They are however failing year to date due to a significant number of breaches earlier in the year. Please note the Aintree data is taken from a local flow, as the Trust has now merged with The Royal Liverpool Broadgreen, now known as Liverpool University Foundation Trust (LUHFT).									
Actions to Address/Assurances:									
The majority of breast symptomatic referrals from South Sefton GPs are made to Aintree or Royal Liverpool sites. Both sites are meeting the operational standard for this indicator. 3/4 breaches this month were attributable to patient choice of appointment dates.									
When is performance expected to recover:									
Next month.									
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					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
31 day first definitive treatment of cancer diagnosis		Previous 3 months, latest and YTD					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
GREEN	TREND	Aug-19	Sep-19	Oct-19	Nov-19	YTD			
		CCG	94.12%	91.18%	96.39%	98.02%			96.46%
		Aintree	95.33%	94.56%	97.20%	95.14%			97.56%
		Plan	96%	96%	96%	96%			96%
		Aintree November Trajectory: 93% (National 96%)							
Performance Overview/Issues:									
The CCG are achieving in November reporting 98.02%, they are also achieving year to date with 96.46%. In November there were 2 patients who didn't have their first treatment within 31 days out of 101 patients in total.									
Aintree failed this measure in November reporting 95.14% but are achieving year to date recording 97.56%. In November there were 7 patient breaches out of a total of 144. Please note the Aintree data is taken from a local flow, as the Trust has now merged with The Royal Liverpool Broadgreen, now known as Liverpool University Foundation Trust (LUHFT).									
Actions to Address/Assurances:									
Not required due to achievement of the target.									
When is performance expected to recover:									
Quarter 4 2019/20									
Quality:									
Indicator responsibility:									
Leadership Team Lead		Clinical Lead			Managerial Lead				
Karl McCluskey		Debbie Harvey			Sarah McGrath				



2.5.4 31 Day Standard for Subsequent Cancer Treatment – Drug

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
31 day standard for subsequent cancer treatment - drug		Previous 3 months, latest and YTD					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
GREEN	TREND	Aug-19	Sep-19	Oct-19	Nov-19	YTD			
		CCG	96.55%	97.14%	96.97%	100%			98.71%
		Aintree	100%	100%	100%	100%			100%
		Plan	98%	98%	98%	98%	98%		
Performance Overview/Issues:									
The CCG are now achieving the 98% target, reporting 100% after failing for the previous 3 months. They are also achieving year to date. Cancer data is monitored cumulatively so year to date the CCG is reporting green.									
Aintree have achieved 100% in November and continue to achieve year to date.									
Actions to Address/Assurances:									
Not required due to achievement of the target.									
When is performance expected to recover:									
Continued recovered position is expected.									
Quality:									
Indicator responsibility:									
Leadership Team Lead			Clinical Lead			Managerial Lead			
Karl McCluskey			Debbie Harvey			Sarah McGrath			



2.5.5 31 Day Standard for Subsequent Cancer Treatment – Surgery

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
31 day standard for subsequent cancer treatment - surgery		Previous 3 months, latest and YTD					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
GREEN	TREND	Aug-19	Sep-19	Oct-19	Nov-19	YTD			
		CCG	100%	100%	89.47%	90.00%			95.41%
		Aintree	100%	97.1%	94.4%	87.1%			94.98%
		Plan	94%	94%	94%	94%	94%		
Performance Overview/Issues:									
The CCG failed the target for October with 90% but remains above target YTD with 95.41%. This was due to 1 patient breach out of 10, this skin patient's delay was due to diagnosis delayed for medical reasons (33 days waited) first treatment Trust being St Helens & Knowsley. Cancer data is monitored cumulatively so year to date the CCG is reporting green.									
Aintree are failing the target reporting over the 87.10% target in November out of 31 patients there were 4 patient breaches.									
Actions to Address/Assurances:									
Small numbers accounting for the failure of the target, the patient was delayed for medical reasons. Exception commentary from the Aintree site has been requested. Failing specialties were Head and Neck and Lower Gastrointestinal, both these tumour sites are undergoing improvement programme work.									
When is performance expected to recover:									
January 2020.									
Quality:									
Indicator responsibility:									
Leadership Team Lead			Clinical Lead			Managerial Lead			
Karl McCluskey			Debbie Harvey			Sarah McGrath			



2.5.6 31 Day Standard for Subsequent Cancer Treatment – Radiotherapy

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
31 day standard for subsequent cancer treatment radiotherapy		Previous 3 months, latest and YTD					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
GREEN	TREND	Aug-19	Sep-19	Oct-19	Nov-19	YTD			
		CCG	100%	100%	93.55%	96.77%			98.21%
		Aintree	n/a	n/a	n/a	n/a			n/a
		Plan	94%	94%	94%	94%	94%		
Performance Overview/Issues:									
The CCG achieved the 94% plan in November reporting 96.77% which was due to 1 breach out of a total of 31 patients. Cancer data is monitored cumulatively so year to date the CCG is reporting green.									
Actions to Address/Assurances:									
Not required due to achievement of the target.									
When is performance expected to recover:									
Continued recovered position is expected.									
Quality:									
Indicator responsibility:									
Leadership Team Lead		Clinical Lead			Managerial Lead				
Karl McCluskey		Debbie Harvey			Sarah McGrath				



2.5.7 62 Day Cancer Urgent Referral to Treatment Wait

Indicator		Performance Summary					NHS Oversight Framework (OF)	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		Aug-19	Sep-19	Oct-19	Nov-19	YTD	
		CCG	68.00%	71.43%	81.40%	82.61%	75.60%	
		LUHFT			79.06%	77.08%	78.07%	
		Plan	85%	85%	85%	85%	85%	
		CCG Improvement Trajectory November: 84.4%						
Performance Overview/Issues:								
<p>The CCG failed the target for November reporting 82.61%. In November there were 8 breaches from a total of 46 patients seen. Breach reasons include delays due to admin delay, complex diagnostics, patient choice, delay due to HCP initiated delay to diagnostic test/treatment plan and other reasons not stated.</p> <p>Due to how the Cancer Wait Times (CWT) 62 day activity data is recorded, specifically relating to the recording of Inter Provider Transfers (IPT), it is not possible to report 62 days targets at site level using the extracts. Therefore, 62 day positions can only be allocated to the Trust and not reported at site level, for this reason from October onwards we will report the Liverpool University Foundation Trust (LUHFT) position.</p> <p>For November LUHFT are recording 77.08% out of a total of 159 patients there were 33 patient breaches.</p>								
Actions to Address/Assurances:								
<p>Please note: Cancer pathways involving 2 or 3 providers (eg Aintree, Royal Liverpool and Clatterbridge Cancer Centre) are common and breaches are allocated between a maximum of 2 providers according to the proportion of the pathway under the care of each Trust. The new merged provider LUHFT is likely to take a higher proportion of breaches from 3 Trust pathways than the sum of its constituent providers and this will be reflected in performance.</p> <p><u>Actions:</u></p> <ul style="list-style-type: none"> • Recruitment to Urology Improvement Project manager post. • Recruitment to cancer management posts. • Outsourcing of radiology has increased to support delivery. • Work with Liverpool Clinical Laboratories to improve prioritisation of cancer related samples and transportation times between Aintree and Royal Liverpool sites. • Improvement actions through peer support visits. • Improvement of internal assurance and escalation processes. 								
When is performance expected to recover:								
Improvement in recovery to continue.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Debbie Harvey			Sarah McGrath			



2.5.8 62 day wait for first treatment following referral from an NHS Cancer Screening Service

Indicator		Performance Summary					NHS Oversight Framework (OF)	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					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
GREEN	TREND	Aug-19	Sep-19	Oct-19	Nov-19	YTD			
		CCG	100%	83.33%	100%	100%			92.68%
		LUHFT			74.2%	86.1%			80.20%
		Plan	90%	90%	90%	90%	90%		
Performance Overview/Issues:									
<p>The CCG reported 100% for screening services in November achieving the 90% target. Year to date the CCG are now achieving 92.68% and over the 90% target. Cancer data is monitored cumulatively so year to date the CCG is reporting green.</p> <p>For November LUHFT are recording 86.1% out of a total of 39 patients there were 5 patient breaches.</p>									
Actions to Address/Assurances:									
<p>NHSE/I is working with its screening programme commissioning teams to look at performance against the 62 day standard. In particular they will explore the impact of FIT testing introduction into the bowel cancer screening programme and the significant unplanned impact on uptake and positivity resulting in increased demand for endoscopy.</p> <p>A project led by Champs Public Health Collaborative is aimed at increasing patient engagement with screening pathways.</p> <p>The Colorectal Optimal Pathway Project at Aintree will also address the bowel screening programme as an entry point onto the pathway.</p> <p>A new Screening Group with Sefton Local Authority as a Sub Group of the Health Protection Forum commenced in January 2020.</p>									
When is performance expected to recover:									
Continued recovered position is expected.									
Quality:									
Indicator responsibility:									
Leadership Team Lead		Clinical Lead			Managerial Lead				
Karl McCluskey		Debbie Harvey			Sarah McGrath				

2.5.9 62 Day wait for first treatment for Cancer following a Consultants Decision to Upgrade

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
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	Aug-19	Sep-19	Oct-19	Nov-19	YTD			
		CCG	50.00%	50.00%	80.00%	64.71%			66.22%
		LUHFT			83.46%	84.33%			83.90%
		Plan	85%	85%	85%	85%	85%		
		(Local target 85%)							
Performance Overview/Issues:									
The CCG reported 64.7% in November with year to date being 66.22%. In November there were 6 breaches from a total of 17 patients seen. All 6 breaches were lung patients, their delay was due to other reason (not stated) the other was a gastro patient whose delay was due to patient choice.									
For November LUHFT are recording 84.33% out of a total of 77 patients there were 10.5 patient breaches.									
Actions to Address/Assurances:									
A piece of work to look at consistency in how the upgrade pathway is used is planned. Lung is the most common pathway to use the upgrade mechanism for patients who have cancer detected via a X ray to CT route, rather than 2 week wait.									
When is performance expected to recover:									
Quality:									
Indicator responsibility:									
Leadership Team Lead		Clinical Lead			Managerial Lead				
Karl McCluskey		Debbie Harvey			Sarah McGrath				

2.5.10 104+ Day Breaches

Indicator		Performance Summary					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	Aug-19	Sep-19	Oct-19	Nov-19		
		6	10	10	14		
		Plan: Zero					
Performance Overview/Issues:							
In November there were 14 over 104 days breaches at Aintree. The longest waiting patient was a urological patient who waited 189 days. There will be a review of harm and the details of this pathway will be reviewed by the Performance & Quality Investigation							
Actions to Address/Assurances:							
South Sefton CCG will continue to work with Aintree to ensure best use of Performance & Quality Investigation Review Panel (PQIRP) as a forum to achieve sustained improvement using thematic reviews that will feed into the Trust's Cancer recovery plan.							
The most recent 104 day thematic review has identified radiology capacity, histopathology delays and genuinely complex pathways associated with high levels of co-morbidity as the key factors.							
When is performance expected to recover:							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Jan Leonard		Debbie Harvey			Sarah McGrath		

2.5.11 Faster Diagnosis Standard (FDS)

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

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

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

This new standard should help to:

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

Shadow reporting against the 28 day FDS is now available and has been included in the IPR Report from this month **for information only**.

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

Update: The performance threshold for the cancer 28-day faster diagnosis standard will initially be set in the range between 70% and 85%, with a phased increase in future years if appropriate, subject to the recommendations of the Clinical Review of Standards.

The standard will initially apply to referrals from:

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

Figure 5 – FDS monitoring for South Sefton CCG



South Sefton CCG

28-Day FDS 2 Week Wait Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD 19-20
%	85.76%	84.36%	82.15%	85.20%	76.68%	79.96%	82.49%	79.62%					81.91%
No of Patients	337	486	437	446	416	449	554	579					3704
Diagnosed within 28 Days	289	410	359	380	319	359	457	461					3034

28-Day FDS 2 Week Wait Breast Symptoms Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD 19-20
%	100%	94.74%	100%	96.08%	97.50%	100%	98%	96%					97.65%
No of Patients	28	57	57	51	40	45	56	49					383
Diagnosed within 28 Days	28	54	57	49	39	45	55	47					374

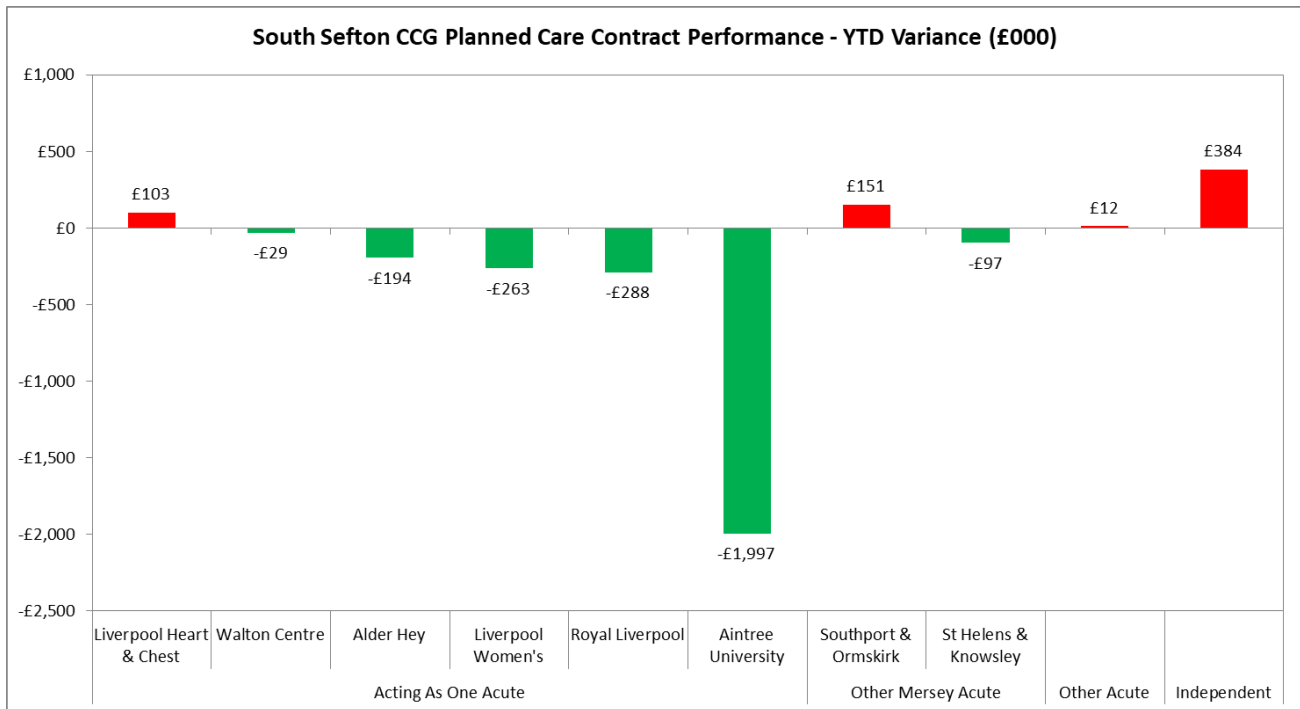
28-Day FDS Screening Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD 19-20
%	86.11%	54.00%	62.50%	69.44%	61.02%	71.15%	71.43%	62.30%					66.67%
No of Patients	36	50	32	36	59	52	70	61					396
Diagnosed within 28 Days	31	27	20	25	36	37	50	38					264

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	Aug-19	Sep-19	Oct-19	Nov-19		
		RR	19.3%	19.1%	20.4%		19.5%
		% Rec	94.0%	94.0%	93.0%		94.0%
		% Not Rec	4.0%	3.0%	4.0%		3.0%
		<u>2019 England Averages</u> Response Rates: 24.9% % Recommended: 96% % Not Recommended: 2%					
Performance Overview/Issues:							
Aintree Trust has reported a response rate for inpatients of 19.5% in November which is below the England average of 24.9% and slightly lower than last month. The percentage of patients who would recommend the service has improved at 94%, but is below the England average of 96% and the percentage who would not recommend has decreased to 3% above the England average of 2%.							
Actions to Address/Assurances:							
In October the Trust submitted a report to the CCG which was presented at the Clinical, Quality and Performance Group (CQPG) and included the outcome of their aggregated review of patient and carer experience. Currently satisfaction scores are in line with the local average scores. Results for National Inpatient survey have placed the trust in a positive position and will inform further future improvement work. Response rates for Inpatients are below the local, regional and national averages, with the action plan implemented expected to address this and monitored through the Patient Experience Operational Group and Patient Experience Executive Led Group meetings.							
The Trust have also published the patient and family experience plan for 2019/20 which sets out the visions and expectations of the Trust. Ongoing discussion will take place with the Trust via the newly formed LUHFT CQPG from January 2020. There is no further update until quarter 3.							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance during 2019/20.							
Quality:							
This will be monitored via the newly formed LUHFT CQPG within the enhanced surveillance.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		N/A		Jennifer Piet			

2.7 Planned Care Activity & Finance, All Providers

Figure 6 - Planned Care - All Providers



Performance at month 8 of financial year 2019/20, against planned care elements of the contracts held by NHS South Sefton CCG shows an under performance of circa -£2.2m/-6.6%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an over spend of approximately £400k/1.2%.

At individual providers, Aintree Hospital is showing the largest under performance at month 8 with a variance of -£1.9m/-10%. In contrast, a notable over performance of £338k/24% against Renacres Hospital has been evident. This is followed by Southport & Ormskirk Hospital with an over performance of £151k/9% at month 8.

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 -£429k/-7% at month 8 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 18% to 22% when comparing 2019/20 to the equivalent period of 2018/19. In contrast, Aintree market share has decreased from 51% to 46% in the equivalent period.

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

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

2.7.1 Aintree University Hospital NHS Foundation Trust

Figure 7 - Planned Care – Aintree Hospital

Aintree University Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	8,678	8,448	-230	-3%	£5,599	£5,244	£-356	-6%
Elective	1,091	882	-209	-19%	£3,486	£2,777	£-709	-20%
Elective Excess BedDays	422	381	-41	-10%	£111	£103	£-8	-7%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	207	146	-61	-30%	£40	£30	£-10	-25%
OPFANFTF - Outpatient first attendance non face to face	1,265	919	-346	-27%	£38	£30	£-8	-20%
OPFASPCL - Outpatient first attendance single professional consultant led	22,472	20,785	-1,687	-8%	£3,731	£3,365	£-367	-10%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	544	576	32	6%	£58	£59	£1	2%
OPFUPNFTF - Outpatient follow up non face to face	4,456	4,149	-307	-7%	£112	£104	£-7	-6%
OPFUPSPCL - Outpatient follow up single professional consultant led	49,930	43,843	-6,087	-12%	£3,682	£3,280	£-402	-11%
Outpatient Procedure	16,284	15,538	-746	-5%	£2,319	£2,173	£-146	-6%
Unbundled Diagnostics	9,972	9,747	-225	-2%	£839	£807	£-31	-4%
Wet AMD	1,117	1,159	42	4%	£881	£928	£47	5%
Grand Total	116,438	106,573	-9,865	-8%	£20,896	£18,899	£-1,997	-10%

Underperformance at Aintree Hospital is evident against the majority of planned care points of delivery. However, the overall under spend of -£1.9m/-10% is driven in the main by reduced outpatient activity, specifically first and follow up appointments (single professional consultant led).

Referral patterns suggest that underperformance is not attributed to reduced referrals for South Sefton CCG to Aintree Hospital. Referrals are currently 11.8% above 2018/19 levels. Instead, Trust feedback suggests reduced programmed activity for consultants as a result of the on-going tax and pensions issue is currently impacting on contracted performance for planned care. Workforce issues related to sickness and theatre staff shortages are also impacting on activity levels.

Elective procedures are also currently under performing at month 8 by -£709k/20%. This can be attributed to reduced activity within Trauma & Orthopaedics and Colorectal Surgery.

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

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

2.7.2 Renacres Hospital

Figure 8 - Planned Care – Renacres Hospital

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	395	516	121	31%	£475	£622	£147	31%
Elective	93	115	22	23%	£518	£641	£123	24%
Elective Excess Bed Days	9	0	-9	-100%	£2	£0	-£2	-100%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	881	1,001	120	14%	£150	£169	£19	13%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	1,285	1,523	238	18%	£89	£105	£16	18%
Outpatient Procedure	371	481	110	30%	£66	£90	£24	36%
Unbundled Diagnostics	407	494	87	21%	£37	£48	£11	30%
Physio	987	981	-6	-1%	£30	£30	£0	-1%
OPPREOP	314	341	27	9%	£19	£21	£2	9%
Grand Total	4,743	5,452	709	15%	£1,387	£1,726	£338	24%



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

Work is on-going looking into the potential shift in referral patterns in South Sefton from the main Acute Provider to other providers such as Renacres. Contributing factors to changes in referral flows could be due to long waiting times performance of RTT at Aintree and increased capacity in specialities at Renacres. Referrals to this provider for South Sefton CCG are currently comparable to 2018/19 levels. However, Trauma & Orthopaedic referrals are down -22.7% when comparing to the equivalent period of the previous year.

3. Unplanned Care

3.1 Accident & Emergency Performance

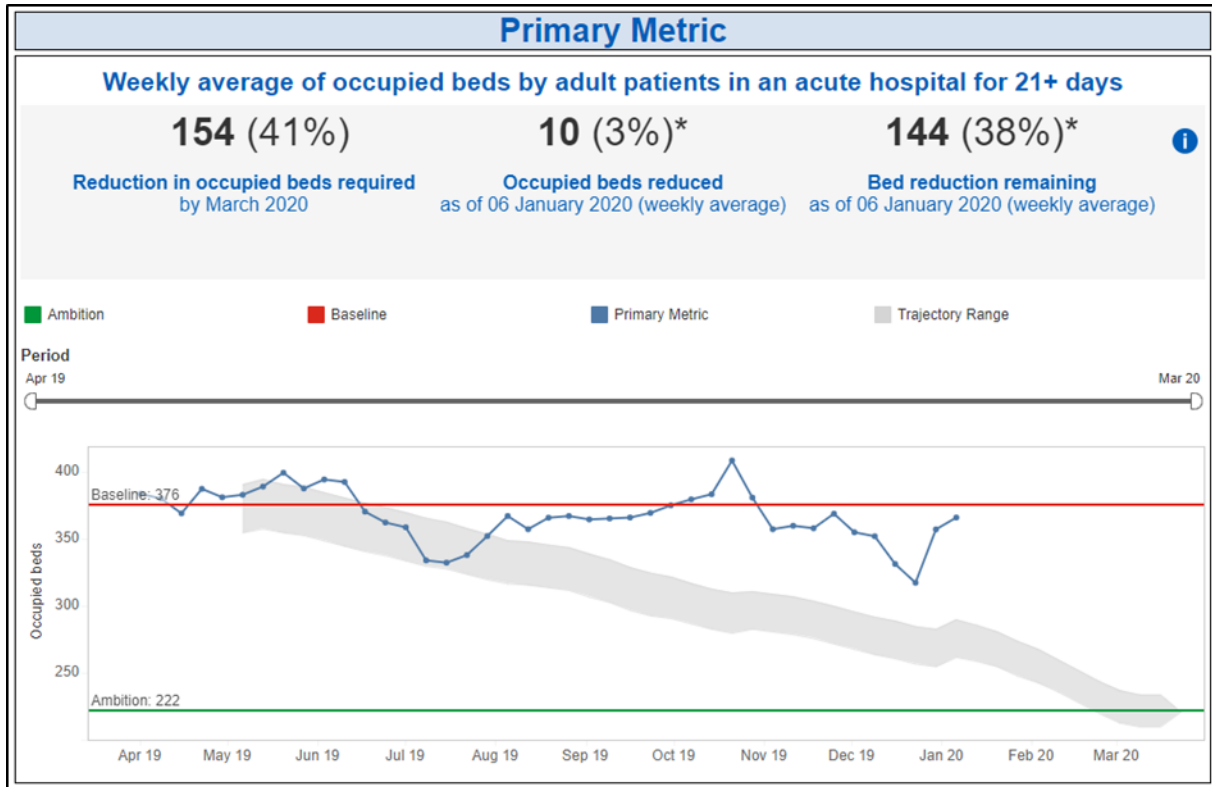
3.1.1 A&E 4 Hour Performance

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
CCG and Aintree A&E Waits - % of patients who spend 4 hours or less in A&E		Previous 3 months, latest and YTD					127c	
RED	TREND		Aug-19	Sep-19	Oct-19	Nov-19		
		CCG All Types	85.15%	83.43%	84.32%	81.53%	81.53%	Plan: 95% CCG Improvement trajectory 89% March 2020 Unable to split CCG type 1 from Oct onwards
		CCG Type 1	82.25%	82.66%			77.55%	
		Aintree Improvement Plan	88%	89%	88%	88%		
		Aintree All Types	88.88%	87.45%	84.24%	80.36%	85.05%	
		Aintree Type 1	80.37%	78.55%	71.79%	65.76%	72.11%	
Performance Overview/Issues:								
<p>The CCG is failing the national standard of 95% in November reporting 81.53% for the South Sefton population, this being a decrease on last month. A trajectory has been agreed with NHSE/I that runs to 89% in March 2020 not the national target. However, Aintree overall performance in November was 80.36% (type 1 and 3), which shows a decline from last month (84.24%) and also under the 88% improvement trajectory for November. Type 1 performance on the Aintree site was 65.76%. A contract performance notice is in place with actions agreed being closely monitored by the CCG.</p>								
Actions to Address/Assurances:								
Internal Trust Actions:								
<p>Improve Non Admitted performance</p> <p>1. To recruit substantive staff so to support consistent application of agreed processes Work continues in See and Treat to stream according to acuity. Service review continues and is showing early positive results. Primary Care Streaming (PCS) proposal presented to Operational Pressure Escalation Level Group (OPELG) is awaiting a decision. CCG have requested update of this.</p> <p>2. Improve AEC functionality Work continues to implement the changes from the improvement event and this is now being monitored weekly to ensure changes are embedded.</p> <p>3. Minimise frequency of crowding (surge) in the Emergency Department The Emergency Department participation in the NWS Collaborative has continued. Priority area for focus has been implementation of direct conveyancing to all assessment areas. This is now happening with the Frailty Assessment Unit. Pilot also included the ability to directly refer from Pit stop therefore bypassing ED.</p> <p>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 NWS handover. Work continues in these areas as detailed above.</p>								
System Partners Actions:								
<p>A wide range of work continues to support the Aintree system involving CCG and community provider, local authority:</p> <ul style="list-style-type: none"> • Collaborative focus on increasing ambulatory care within the Frailty Assessment Unit with direct conveyancing to unit without A&E attendance/review • On-going implementation of Mersey Care Alternative to Transfer scheme with system introduced to provide timely response to NWS to support patients at home who do not require conveyance to A&E. Work underway to promote service further and increase referrals and range of pathways that can be supported. • Implementation of actions from Long Length of Stay action plan to reduce A&E attendances e.g. development of community DVT pathway, ICRAS offer in community • Collaborative work continues with Liverpool CCG to review potential Urgent Treatment Centre provision within Aintree footprint again with focus of reducing A&E attendances. • Weekly Aintree system calls are held as required with NHSE and all partners to agree priority areas to progress each week reflecting local requirements. These are working well in maintaining operational and strategic communication across organisations. 								
When is performance expected to recover:								
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			

3.2 Occupied Bed Days

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



Figure 9 - Occupied Bed Days, Liverpool University Hospitals Foundation Trust





Data Source: NHS Improvement – Long Stays Dashboard

The long stays dashboard has been updated for 2019 to report on a weekly basis. The Trust’s revised target is a total bed reduction of 154 (41%) by March 2020; therefore the target is 222 or less. The Trust has not yet achieved this. The latest reporting as at 6th January 2020 (weekly average) shows 366 occupied beds. This shows a reduction of 10 beds, 144 less than the ambition for March 2020.

3.3 Ambulance Performance



Indicator		Performance Summary					Definitions	Potential organisational or patient risk factors
Category 1,2,3 & 4 performance		Previous 2 months and latest					Category 1 -Time critical and life threatening events requiring immediate intervention Category 2 -Potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and / or urgent transport Category 3 - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering Category 4 / 4H / 4HCP - Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly transport	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Cat	Target	Sep-19	Oct-19	Nov-19		
		1 mean	<=7 mins	00:06:56	00:06:59	00:07:09		
		1 90	<=15 mins	00:11:03	00:11:30	00:11:49		
		2 mean	<=18 mins	00:28:24	00:33:00	00:36:33		
		2 90	<=40 mins	01:03:16	01:13:45	01:24:57		
		3 90	<=120 mins	02:52:50	03:53:10	04:38:41		
		4 90	<=180 mins	03:33:33	03:57:33	03:49:55		
Performance Overview/Issues:								
<p>In November 2019 there was an average response time in South Sefton of 7 minutes 9 seconds, not achieving the target of 7 minutes for Category 1 incidents, however this was the second shortest Cat.1 response time in Merseyside. Following this, Category 2 incidents had an average response time of 36 minutes 33 seconds against a target of 18 minutes, the slowest response time in Merseyside. The CCG also failed the category 3 and 4 90th percentile. South Sefton is yet to achieve the targets in either category 2 or category 3 since the introduction of the ARP system. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system.</p>								
Actions to Address/Assurances:								
<p>In 2019/20 NWAS has continued to progress improvements in delivery against the national ARP standards. This included re-profiling the fleet, improving call pick up in the EOCs, use of the Manchester Triage tool to support both hear & treat and see & treat and reduce conveyance to hospital. The joint independent modelling commissioned by the Trust and CCGs set out the future resource landscape that the Trust needs if they are to fully meet the national ARP standards. Critical to this is a realignment of staffing resources to demand which will only be achieved by a root and branch re-rostering exercise. This exercise has commenced, however, due to the scale and complexity of the task, this will not be fully implemented until the end of Quarter 1 2020/21. Work is ongoing.</p> <p>To support the service to both maintain and continue to improve performance, the contract settlement from commissioners for 2019/20 provided the necessary funding to support additional response for staffing and resources, including where required the use of VAS and overtime to provide interim additional capacity, prior to full implementation of the roster review. We have been advised that implementation of the roster review has been delayed in Cheshire & Merseyside until Quarter 4 which increases the risk of no-achievement of targets required for Quarter 1 2020/21. NWAS have advised that whilst formal implementation of the roster review has been delayed it is being progressed where there is mutual agreement with staff which will enable greater flexibility with shift patterns and use of staff resource.</p> <p>North Mersey commissioner working with community providers is in regard to increasing the range of alternatives that can be used to support Category 3 and 4 calls to maximise NWAS resources to be used on higher priority calls. Aintree continues to work with NWAS to reduce ARP times with present focus on direct conveyancing of appropriate patients to front door units to reduce handover times.</p>								
When is performance expected to recover:								
<p>The 2019/20 contract agreement with NWAS identified that the ARP standards must be met in full (with the exception of the C1 mean) from quarter 4 2019/20. The C1 mean target is to be delivered from quarter 2 2020/21. A trajectory has been agreed with the Trust for progress towards delivery of the standards.</p>								
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	Sep-19	Oct-19	Nov-19		
		(a) <=15-30mins	102	116	186		
		(b) <=15-60mins	46	39	128		
Performance Overview/Issues:							
NWAS performance saw an increase with handover delays of over 30 and 60 minutes. With 30 minute delays increasing from 116 to 186 and 60 minute delays increasing from 39 to 128.							
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 A&E. A contract notice is in place with actions agreed which are being closely monitored by the CCG. The Trust have updated their Ambulance Handover Improvement Plan with details of implementation plans and timescales for the introduction of direct conveyancing. Further updates have been requested by the CCG following worsening position in winter months.							
When is performance expected to recover:							
This is a priority area for immediate improvement. An updated Improvement Plan has been submitted which details timescales for implementation of direct conveyancing over Autumn. Pilot work was carried out initially to test plans that patients categorised as Amber pathway patients, following a call to A&E and following a predetermined clinical criteria, will travel directly to A&E via ambulance. The clinical protocol will support the correct and accurate redirection of patients and this will be supported by the ability for crews to call a senior clinician in A&E to discuss the safe conveyance of a patient to the department. Direct conveyancing to Frailty Assessment Unit (FAU) began at start of November and is working well. This process will progress to other assessment areas (including male and female assessment bays and surgical assessment unit). Aintree also formally merged with Royal Liverpool to become the Liverpool University Hospitals Foundation Trust (LUHFT) and are actively working on the management of ambulance arrivals at the two sites with informal divers in place when extreme pressures within A&E or significant influx notified at one site or other.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		John Wray			Janet Spallen		

3.5 Unplanned Care Quality Indicators



3.5.1 Stroke and TIA Performance

Indicator		Performance Summary				Measures	Potential organisational or patient risk factors
Aintree Stroke & TIA		Latest and previous 3 months				a) % who had a stroke & spend at least 90% of their time on a stroke unit b) % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	Risk that CCG is unable to meet statutory duty to provide patients with timely access to Stroke treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Aug-19	Sep-19	Oct-19	Nov-19		
		80.43%	73.20%	80.43%	79.41%		
		Stroke Plan: 80% TIA 60% (achieving)					
Performance Overview/Issues:							
<p>Performance against the National Quality Stroke metric of 80% of patients to spend 90% stay standard was 79.41% for November at Aintree, which has now taken the Trust just under target, after achieving last month. There were 46 patients with a primary diagnosis of stroke discharged from the Trust during the month. Of these, 27 patients spent 90% of their stay on the Stroke Unit. The standard was not achieved for 7 patients. All breaches of the standard are reviewed and reasons for underperformance identified:</p> <ul style="list-style-type: none"> - 3 patients required admission to the Stroke Unit with no bed availability - 3 patients was referred after an MRI confirmed Stroke diagnosis - 1 patient was a late referral to the Stroke Team from ED <p>TIA continues to achieve and is reporting 100% in November.</p>							
Actions to Address/Assurances:							
Proposed Trust Actions: -							
Work with Lead Nurse for workforce on a recruitment strategy for Registered Nursing Vacancies							
<ul style="list-style-type: none"> • Finalise recruitment briefing for CBU and Stroke 							
Improve therapy Scores SSNAP							
<ul style="list-style-type: none"> • Evaluate pilot of working hours to create evening capacity • Evaluate pilot of weekend working 							
Work with ED and Radiology to improve time to CT scan to improve SSNAP score							
<ul style="list-style-type: none"> • Monthly review of all patients who didn't meet the standard • Attend ED Governance meeting to discuss Stroke 							
Review of all patients transferred to MAB/FAB							
<ul style="list-style-type: none"> • Attend AMU meeting to discuss timely transfers • DATIX all patients 							
Review of all delayed discharges relating to Sefton ESD and insertion of PEG							
<ul style="list-style-type: none"> • Attend AMU meeting to discuss timely transfers • DATIX all patients 							
When is performance expected to recover:							
<p>Performance against the stroke metrics are monitored on a monthly basis with all breaches examined to inform improvement. Whilst the 80% target was met in October the Trust continue to work for as high compliance as possible for all appropriate patients to be supported within the Stroke Unit (unfortunately falling just under target in November). Ongoing work needs to continue to focus on patient flow and consider within the North Mersey Stroke Work how an enhanced early supported discharge team would impact on discharge delays enabling timely admission to stroke beds for new presentations.</p>							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		John Wray		Janet Spallen			



3.5.2 Mixed Sex Accommodation (MSA)

Indicator		Performance Summary				Potential organisational or patient risk factors	
Mixed Sex Accommodation (MSA)		Latest and previous 3 months					
RED	TREND	Aug-19	Sep-19	Oct-19	Nov-19		
		CCG	0	0	1		0
		Aintree	0	0	0		0
		Plan: Zero					
Performance Overview/Issues:							
The CCG has had no more mixed sex breaches in November. Plan is zero so the 1 breach in October will now show the measure as red for the remainder of 19/20.							
Actions to Address/Assurances:							
Escalation beds have been identified and utilised.							
When is performance expected to recover:							
Continued recovery expected.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		John Wray		Brendan Prescott			



3.5.3 Healthcare associated infections (HCAI): MRSA

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: MRSA		Latest and previous 3 months (cumulative position)				Cases of MRSA carries a zero tolerance and is therefore not benchmarked.	
RED	TREND	Aug-19	Sep-19	Oct-19	Nov-19		
		CCG	1	1	1		1
		Aintree	2	2	2		2
		Plan: Zero					
Performance Overview/Issues:							
The CCG and Trust have reported no new cases of MRSA in November. July saw the first case for the CCG reported at Aintree so have failed the zero tolerance threshold for 2019/20.							
Aintree have had 2 cases year to date (1 in May and 1 in July) the latest case was a patient with trust apportioned MRSA bacteraemia, this was a contaminant, blood culture taken.							
Actions to Address/Assurances:							
PIR feedback meeting chaired by CCG. Ward managers/matrons and IPCT representation. Action plan agreed. PII's/outbreaks CDI managed as per national guidance, with increased focus on clinical practice, antibiotic stewardship and cleanliness of the environment. No further incidence reported and Trust action include: <ul style="list-style-type: none"> • To undertake a post infection review with the clinical team • To review the post infection review with CCG • To identify lessons learned and actions • Draft action plan and send to CCG • Monitor action plan through the DAG and IPC Operational Group 							
When is performance expected to recover:							
Will remain red due to the Zero tolerance for MRSA although Trust continues to monitor action plan.							
Quality:							
Any further incidents will be reported by exception							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Gina Halstead		Jennifer Piet			

3.5.4 Healthcare associated infections (HCAI): C Difficile

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: C Difficile		Previous 3 months and latest (cumulative position)					
GREEN	TREND	Aug-19	Sep-19	Oct-19	Nov-19		
		CCG	22	29	35		36
		Aintree	46	62	77		85
		2019/20 Plan: <=60 YTD for the CCG 2019/20 Plan: <=56 for Aintree					
Performance Overview/Issues:							
<p>The CCG are achieving the target year to date for c difficile reporting 36 cases against at year to date target of 40, so are reporting green for the CCG.</p> <p>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.</p> <p>The Trusts national objective is to have no more than 56 healthcare associated cases in 19/20. From April - Nov 19 in total there have been 85 cases reported on the HCAI database (8 cases in November). The data in the table above shows the HCAI database numbers which includes Hospital Onset, Community Onset of which Healthcare Associated, Indeterminate Association and Community Associated cases.</p> <p>There has been 65 cases reported via the local Trust template, minus 20 upheld cases totals 45 cases.</p>							
Actions to Address/Assurances:							
CDI action plan developed and in progress, including Trust-wide education, deep cleaning, patient and staff Hand Hygiene & Comms Campaign (intranet, posters). Trial new approach to CDI appeals and CCG colleagues with greater emphasis on discussing themes and areas for improvement.							
When is performance expected to recover:							
Recovery will be monitored as part of the LUHFT overall plan with specific emphasis on each of the sites.							
Quality:							
CDI action plan in progress & near completion							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Gina Halstead		Jennifer Piet			

3.5.5 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: E Coli (CCG)		Previous 3 months and latest (cumulative position)					
RED	TREND	Aug-19	Sep-19	Oct-19	Nov-19		
		CCG	75	84	99		112
		Aintree	160	190	222		249
		2018/19 CCG plan <=128 and failed 2019/20 Plan: <=128 YTD <i>There are no Trust plans at present numbers for information</i>					
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 November there were 13 cases (112 YTD) against a year to date plan of 85 (this being a lower number than last month when 15 was reported, a slight improvement although still over ytd plan).							
Aintree reported 27 cases in November (249 YTD) with no targets set for Trusts at present. The figures above are not just attributable to the Aintree trust site.							
Actions to Address/Assurances:							
The Chair of the GNBSI meeting is liaising with NHSE/I regarding Cheshire and Merseyside hosting the purchase of Catheter Passports/Cares for the CCGs with a view to reducing costs. The majority of cases continue to be urinary source, with none this year linked to urinary catheters.							
When is performance expected to recover:							
This is a cumulative total so recovery not expected although monitoring of the numbers and exception reporting will continue.							
Quality:							
Following the GNBSI SIQSG meeting with NHSE/I, a letter was received from AQUA requesting participation in the AMR programme. AQUA are hosting an action based learning programme for clinical teams in the North West of England. Lynne Savage will follow this up with AQUA.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Gina Halstead		Jennifer Piet			

3.5.6 Hospital Mortality

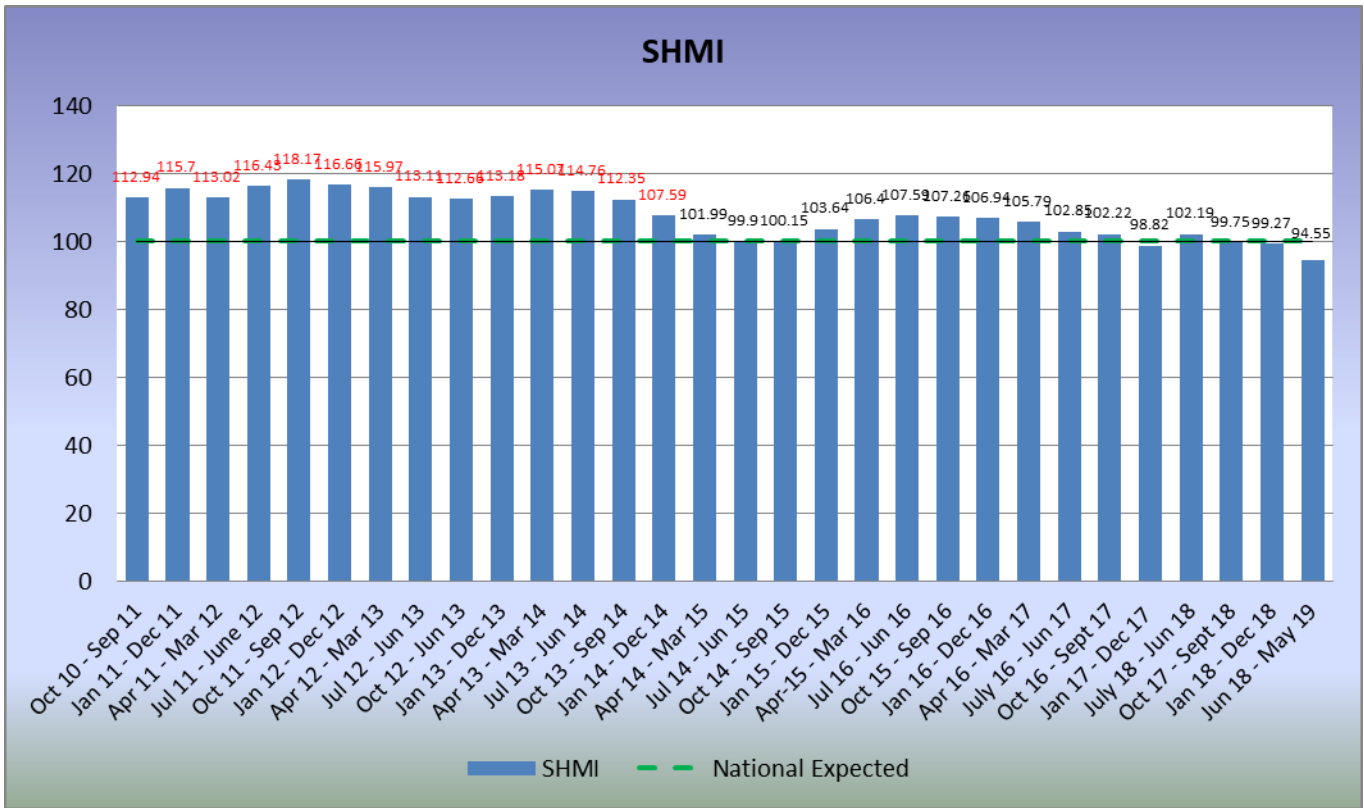
Figure 10 - Hospital Mortality

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

HSMR is the same as reported last month at 91.33 for the period June 2018 to May 2019. Position remains better than expected. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is fewer than 100 this suggest fewer deaths occurred than expected. Ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

SHMI is at 94.55 in the "as expected" range and is continuing its downward trend within tolerance levels for the period June 18 – May 19. SHMI is risk adjusted mortality ratio based on number of expected deaths.

Figure 11 - Summary Hospital Mortality Indicator



3.6 CCG Serious Incident Management

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

In November 2019 there are a total of 35 serious incidents (SIs) open on StEIS for South Sefton as the RASCI (Responsible, Accountable, Supporting, Consulted, Informed) commissioner or that involve a South Sefton CCG patient. This is an increase from 32 in Month 7. Those where the CCG is not the RASCI responsible commissioner are highlighted in green in the table below.

N.B. As of 1st October 2019, Aintree University Hospitals will be reporting their serious incidents under the newly merged Liverpool University Hospitals NHS Foundation Trust (LUHFT). Liverpool CCG will be the Lead Commissioner for LUHFT and will take over the management of SIs. However, South Sefton CCG will continue to manage those reported before this time until closure has been agreed.

Trust	SIs reported (M7)	SIs reported (YTD)	Closed SIs (M7)	Closed SIs (YTD)	Open SIs (M7)	SIs open >100days
Aintree University Hospital NHS Foundation Trust	0	18	1	33	12	4
Mersey Care NHS Foundation NHS Trust (SSCS)	0	7	0	9	1	0
South Sefton CCG	0	1	0	1	2	1
Liverpool University Hospital NHS Foundation Trust	3	5	0	0	5	0
Mersey Care NHS Foundation Trust (Mental Health)	0	6	0	6	4	3
Royal Liverpool and Broadgreen University Hospital NHS Trust	0	1	0	1	1	0
The Walton Centre NHS Foundation Trust	0	0	0	0	1	1
Alder Hey Children's Hospital NHS Foundation Trust	0	1	0	0	2	1
UC24	1	1	0	0	2	1
North West Boroughs NHS Foundation Trust	0	3	0	1	3	2
North West Ambulance Service NHS Foundation Trust	0	1	0	0	1	1
Southport and Ormskirk Hospital NHS Trust	0	1	0	0	1	0
TOTAL	4	45	1	51	35	14

Of the 4 SIs open > 100days for Aintree University Hospital (AUH), the following applies at the time of writing this report:

- 2 have been reviewed and are now closed
- 1 has been reviewed and closure agreed at South Sefton SIRG, however awaiting confirmation of closure from patients CCG.
- 1 extension was agreed due to being unable to establish where the incident originated. This has been confirmed and RCA is now awaited.

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

- South Sefton CCG – this has now been closed
- Mersey Care NHS Foundation Trust (Mental Health) – 2 RCAs reviewed and SIs now closed. 1 RCA is still awaited from the provider.
- The Walton Centre NHS Foundation Trust - This RCA is being performance managed by NHSE Specialised Commissioning.
- PC24 – RCA reviewed and SI now closed.
- Alder Hey Children's Hospital – RCA reviewed and SI now closed.

- Northwest Boroughs NHS Foundation Trust – 2 x Ongoing Serious Case Review due to complete in January 2020.
- Northwest Ambulance Service NHS Foundation Trust – 1 RCA still awaited from provider.

Figure 13 - Timescale Performance for Aintree University Hospital

PROVIDER	RCAs Received (YTD)				
	Total RCAs due	Received within 60 days	Extension Granted	SI Downgraded	RCA 60+
Aintree University Hospital	21	14	3	4	0

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

PROVIDER	SIs reported within 48 hours of identification (YTD)		72 hour report received (YTD)		RCAs Received (YTD)				
	Yes	No	Yes	No	Total RCAs Due	Received within 60 days	Extension Granted	SI Downgraded	RCA rcvd 60+
Mersey Care (Community)	7	0	0	7*	10	1	0	1	8*

*The figures above apply to only South Sefton Community Division only. However, the management of all SIs reported by this provider is monitored by Liverpool CCG, the Lead Commissioner for Mersey Care Foundation Trust.

3.7 CCG Delayed Transfers of Care

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

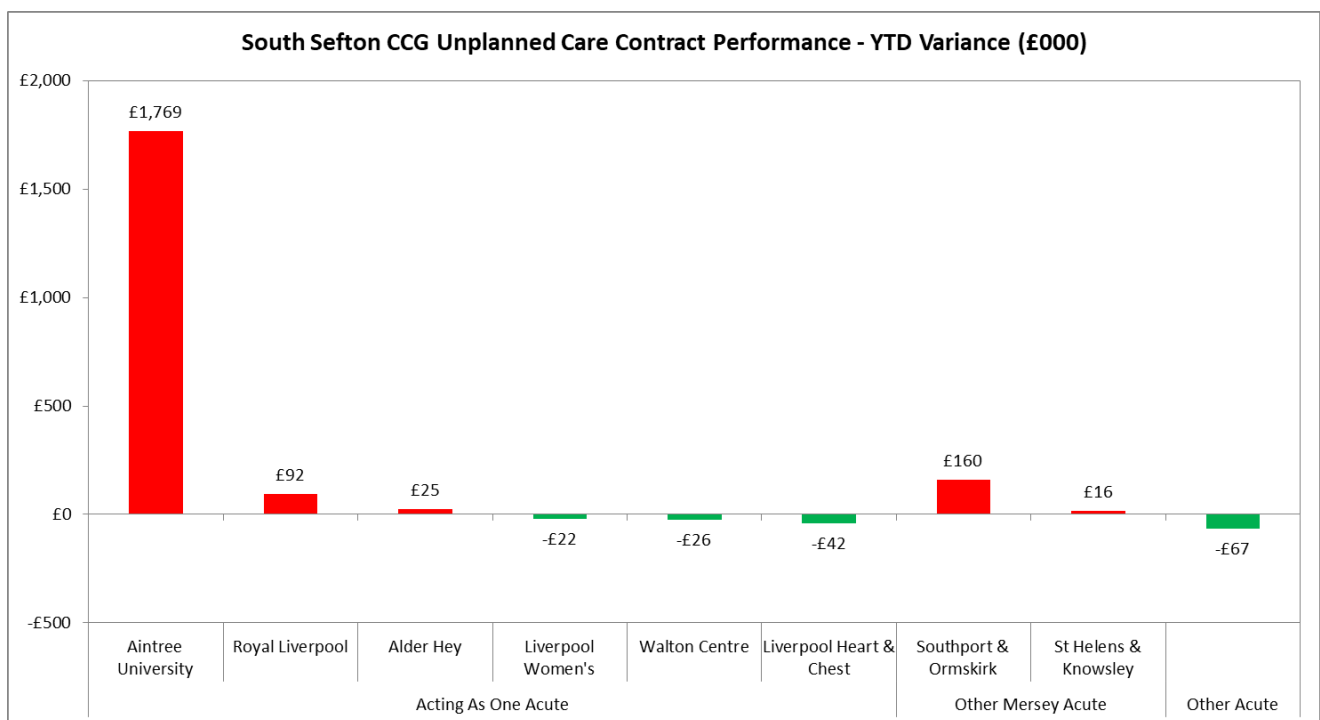
Total Delayed Transfers of Care (DTC) reported in November 2019 was 1,310, a decrease compared to November 2018 with 1,547. Delays due to NHS have increased, with those due to social care decreasing. The majority of delay reasons in November 2019 were due to care package in home, patient family choice and completion assessment.

See DTC appendix for more information.

3.8 Unplanned Care Activity & Finance, All Providers

3.8.1 All Providers

Figure 15 - Unplanned Care – All Providers



Performance at month 8 of financial year 2019/20, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £1.9m/4.9%. 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 £109k/0.3%.

This over performance is clearly driven by Aintree Hospital, which has a variance of £1.7m/6% against plan at month 8.

South Sefton CCG is also aware of activity being undertaken at Virgin Healthcare walk in centres at Ormskirk and Skelmersdale. At month 8, the value is £111k. This has previously been paid for on a non-contract activity basis and CCG contract leads are in discussions with Virgin Care on developing a contract with for 2020/21. The table below shows the movement year on year.

Figure 16 – South Sefton CCG at Virgin Care Activity & Cost

South Sefton CCG at Virgin Care	Activity	Cost
2018/19 (M1-8)	2,867	£111,384
2019/20 (M1-8)	2,770	£111,471
Variance	-97	£87
Variance %	-3%	0.1%

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

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

3.8.2 Aintree University Hospital

Figure 17 - 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	28,693	27,091	-1,602	-6%	£673	£673	£0	0%
A&E - Accident & Emergency	24,181	24,597	416	2%	£3,904	£4,007	£103	3%
NEL - Non Elective	11,626	11,723	97	1%	£20,977	£23,440	£2,463	12%
NELNE - Non Elective Non-Emergency	33	31	-2	-5%	£121	£170	£49	40%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	184	57	-127	-69%	£48	£15	-£33	-69%
NELST - Non Elective Short Stay	2,242	2,497	255	11%	£1,556	£1,741	£186	12%
NELXBD - Non Elective Excess Bed Day	9,702	5,783	-3,919	-40%	£2,483	£1,485	-£998	-40%
Grand Total	76,661	71,779	-4,882	-6%	£29,762	£31,531	£1,769	6%

A&E type 1 attendances are 2% above plan for South Sefton CCG at Aintree Hospital with the Trust (catchment) reporting an historical peak for monthly attendances in July-19. However, attendances have decreased in November-19 to the lowest monthly total since February-19. Litherland walk-in centre continues to see decreased activity against plan as in 2018/19 and attendances have decreased for three consecutive months up to November-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 12%, 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, Alzheimer's Disease / Dementia, Stroke and Heart Failure. Admissions recorded under the 'NEL' point of delivery increased to a peak for 2019/20 in October-19.

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

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

4. Mental Health

4.1 Mersey Care NHS Foundation Trust Contract (Adult)

4.1.1 Mental Health Contract Quality Overview

Commissioners and the Trust have agreed a reporting format that ensures that the quality contract schedule KPIs are reflected in the Trust's board reports.

ADHD Transition

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

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

ASD

The Trust presented ASD at the October CQPG. It was highlighted that despite having similar staffing (including staff trained in assessment) the Sefton service was reporting 6 year waits for an Asperger's Assessment whilst 26 months was being reported for Liverpool. Sefton and Liverpool, despite the two services being similarly staffed, Liverpool receives almost double the referrals that Sefton receives. The commissioners met with the Trust on 18th November 2019 and an initial outcome is that the Trust is going to explore reconfiguring the existing resource to create additional assessment capacity. The Trust will provide commissioners with proposals in January 2020.

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

Eating Disorders

The Trust's eating disorder service has moved towards providing group therapy as research suggests it can be equally as effective as individual therapy sessions as a result the number of individual therapy slots has been reduced and this has required better management of patient expectations, this has contributed to improved wait times although performance is still sub-optimal. In addition a clearer and stricter DNA and cancellation policy has been put in place. The Trust has submitted a service review document which contains proposals for how the service could be remodelled. The commissioners will provide comment in December one area of concern was the lack of physical health/medical input into any new service.

Core 24 KPIs

In Month 8 with backdated activity the Trust reported CORE 24 indicators.

Core 24 Indicator	Threshold	Nov 19	
Emergency Pathway - Assessment within 1 hour	90%	88.89%	Improvement from 78.68% in October
Emergency Pathway - Package of care within 4 hours	90%	62.26%	Improvement from 59.43% in October
Urgent Pathway - Assessment within 4 hour	90%	80.77%	Decline from 82.0% reported in October
Urgent Pathway - Full MH assessment within 24 hours	90%	63.33%	Decline from 69.23% reported in October

For all CORE 24 indicators and trust are undertaking the following actions:

- The SOP is being revised to improve more consistent recording of different codes and stages which will improve the accuracy of the levels of urgent /emergency referral being received by

CORE 24 and will ensure that the right care that matches their needs at the right time of assessment.



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

Safeguarding

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



4.1.2 Mental Health Contract Quality

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



Indicator		Performance Summary				Potential organisational or patient risk factors
Eating Disorder Service: Treatment commencing within 18 weeks of referrals		Previous 3 months and latest				KPI 125
RED	TREND	Aug-19	Sep-19	Oct-19	Nov-19	
		66.7%	64.3%	75.0%	92.9%	
		Plan: 95% - October 2019/20 reported 75.0% and failed				
Performance Overview/Issues:						
Out of a potential 14 Service Users, 13 started treatment within the 18 week target (92.9%), which is an improvement from the 75.0% starting treatment within 18 weeks for the previous month (98 people across the Trust footprint waiting for treatment in November 2019).						
Demand for the service continues to increase and to exceed capacity.						
This month 98 people are waiting for treatment with 25 breaching the 18 week to treatment target. This has remained stable from last month's figure of 24 breaching the 18 week to treatment KPI.						
Actions to Address/Assurances:						
Trust Actions:						
1. Increasing psychological provision – by introducing more group interventions in place of individual therapy.						
2. Tightening EDS 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 Band 7 Clinical Psychologist will commence on 04/11/2019						
7. Commissioners reviewed a service proposal which was received in November. The commissioners have feedback that the proposal lacks physical health input.						
When is performance expected to recover:						
Performance continues to improve and is close to the 95% threshold and is subject to number sensitive with 13/14 people achieving the standard.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Gordon Jones		

4.2 Cheshire & Wirral Partnership (Adult)



4.2.1 Improving Access to Psychological Therapies: Access

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Access - % of people who receive psychological therapies		Latest and previous 3 months				123b	Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Aug-19	Sep-19	Oct-19	Nov-19		
		0.99%	1.07%	1.27%	1.02%		
		Access Plan: 19.0% (First 3 quarters) - November 2019/20 reported 1.02% 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 M8 19/20 is therefore approximately 1.59%. Month 8 performance was 1.02% and failing to achieve the target standard. Achieving the access KPI has been an ongoing issue for the provider and the forthcoming procurement exercise may further exacerbate poor performance.							
Actions to Address/Assurances:							
Group work continues to be rolled out so as to complement the existing one to one service offer to increase capacity. IAPT services aimed at diabetes and cardiac groups are due to commence in January 2020 with IAPT well-being assessments being delivered as part of the routine standard pathway for these conditions. In addition those GP practices that have the largest number of elderly patients are being engaged with the aim of providing IAPT services to this cohort. The service has undertaken marketing exercises aimed at targeted groups (e.g. Colleges and older People) to encourage uptake of the service. Additional High Intensity Training staff are in training (with investment agreed by the CCG) and they will contribute to access rates whilst they are in training prior to qualifying in October 2019 when they will be able to offer more sessions within the service. Three staff returning from maternity leave and long term sickness will have a positive impact on the service capacity. Five trainees have now been appointed at Step 2, although productivity will not be seen until January. An agency therapist has been appointed, and further funds have been agreed for additional agency staff who are now being recruited. Silver Cloud online treatment package went live in October is now live and more clients will be directed through CBT. The service will be developing communication for GP practices.							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance during 2019/20. Procurement exercise planned to commence in January 2020. Recruitment nationally is an issue for IAPT services.							
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	Aug-19	Sep-19	Oct-19	Nov-19	
		44.2%	45.2%	41.3%	47.6%	
		Recovery Plan: 50% - October 2019/20 47.6% and failed				
Performance Overview/Issues:						
The percentage of people moved to recovery was 47.6% in month 8 of 2019/20 and the target was not achieved although this is an increase from the previous month.						
Actions to Address/Assurances:						
The newly appointed clinical lead for the service has been reviewing non recovered cases and work with practitioners to improve recovery rates. Bi-monthly teleconferences/meetings have been set up with the provider to understand the progress around the recovery rate. The introduction of the Silver Cloud online therapy tool in October should impact on recovery rates. The provider is also working to an action plan to reduce internal waits which can also impact on recovery rates.						
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				NHS Oversight Framework (OF)	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	Aug-19	Sep-19	Oct-19	Nov-19		
		63.9%	63.7%	63.0%	63.6%		
		Plan: 66.7%					
Performance Overview/Issues:							
<p>The latest data on NHS Digital shows South Sefton CCG are recording a dementia diagnosis rate in November of 63.63%, which is under the national dementia diagnosis ambition of 66.7%. This is slightly lower than the percentage that was reported last month. CCG believes that coding issues in primary care may be impacting on performance. Memory service waiting times have increased to 14 plus weeks in some cases, along with a delay in memory service sending diagnosis letters back to primary care. No further update from Mersey Care Trust re waiting times.</p>							
Actions to Address/Assurances:							
<p>1. Sefton CCG dementia clinical leads and commissioners have been working with Mersey Care 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 Mersey Care Trust. The new dementia referral template is now available to GPs on the EMIS System. This initiative will assist with the timely and appropriate referral to the memory service; it will assist with diagnosis rates and reduce rejected referrals by the memory service.</p> <p>2. Within the Local Quality Contract for GPs Phase 5 2019/20 a specification was introduced and agreed. This local specification builds on the national Enhanced Service for Dementia and complements the Quality Outcomes Framework (QOF) which aim to;</p> <ul style="list-style-type: none"> • identify patients at clinical risk of dementia • offer an assessment to detect for possible signs of dementia for those at risk • offer a referral for diagnosis where dementia is suspected • For people with a diagnosis of dementia, practices to take responsibility for the onward prescribing of dementia medication. <p>Secondary care consultants will initiate, titrate and stabilize patients on the medication and general practice to provide repeat onward prescribing as per PAN Mersey Area Prescribing Committee recommendations. A revised LQC has been agreed with clinical leads to go forward for the next phase for 2020/21.</p> <p>3. Work continues with iMersey Staff and Merseycare Trust Staff to deliver a rolling programme of work across primary care to identify registry coding errors that will have a negative impact of Dementia Diagnosis rates. This work continues however there are some staffing issues within the iMersey that could delay this work.</p> <p>4. Merseycare Trust is recruiting to vacant posts within the dementia pathway / service. This includes administration support to the service.</p> <p>5. A Case for Change proposal to fund Mersey Care Trust to complete the Care Home work, for residents who might benefit from a diagnosis was presented to QUIP / CAG in November, the proposal was not approved.</p>							
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				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Learning Disabilities Health Checks (Cumulative)		Latest and previous 3 quarters				124b	
RED	TREND	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people's health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check.	
		7.6%	13.8%	2.9%	13.0%		
		Q2 2019/20 Plan: 16.8%					
Performance Overview/Issues:							
<p>A national enhanced service is in place with payment available for GPs providing annual health checks, and CCGs were required to submit plans for an increase in the number of health checks delivered in 2019/20. South Sefton CCGs target is 499 for the year. Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. There have been issues with data quality issues and practices not submitting their register sizes manually, the CCG are using a local data source for the registered patient numbers which comes directly from the practices and are more accurate. In quarter 2 2019/20, the CCG reported a performance of 9.7%, below the plan of 16.8%, cumulatively they are achieving 13%. Year to date out of 714 registered patients, 91 patients had a health check compared to a plan of 122.</p>							
Actions to Address/Assurances:							
<p>Programme of work established with South Sefton GP Federation to increase uptake of annual health checks. A meeting is being arranged with the Local Authority to offer the annual health checks to patients with an LD in their own home or in day services.</p>							
When is performance expected to recover:							
March 2020							
Quality impact assessment:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Sue Gough			Gordon Jones		

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

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
The percentage of the number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission' that have had a comprehensive physical health check		Latest and previous 3 quarters				123g As part of the 'Mental Health Five Year Forward View' NHS England has set an objective that by 2020/21, 280,000 people should have their physical health needs met by increasing early detection and expanding access to evidence-based care assessment and intervention. It is expected that 50% of people on GP SMI registers receive a physical health check in a primary care setting.	Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Q3	Q4	Q1	Q2		
		15.3%	17.2%	18.6%	20.7%		
		Plan: 50% - Quarter 2 2019/20 reported 20.7% and failed					
Performance Overview/Issues:							
The most recent data period is July to September 2019/20. In the 12 month period to the end of quarter 2 2019/20, 20.7% of the 1,983 of people on the GP SMI register in South Sefton CCG (411) received a comprehensive health check. Despite not yet achieving the 50% ambition this is an improvement from the previous quarter (18.6%).							
Actions to Address/Assurances:							
A Local Quality Contract (LQC) scheme for primary care to undertake SMI health checks has been developed and agreed by Sefton Local Medical Committee. EMIS screens to enable data capture have been developed, however the initial version modified to be more simpler for primary care to complete.							
When is performance expected to recover:							
Performance should improve from Quarter 3 2019/20 onwards.							
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 FT)



The CCG and Mersey Care leads continue to meet on a monthly basis to discuss the current contract performance. Along with the performance review of each service, discussions regarding 2020/21 reporting requirements are being had. The CCG recently met with the Trust to discuss revising the service review action plan to incorporate actions to address service pressures and service development opportunities. This is to be shared with CCG colleagues for review. 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. A request has also been made by the CCG respiratory commissioning lead to make amendments to the community respiratory reports which the CCG expects to receive for December reporting.

5.1.1 Quality

For the Trust, the CCG Quality Team and Mersey Care NHS Foundation Trust (MCFT) have aligned where appropriate the Quality schedule and KPIs, which enables the Trust to produce one report in some instances with both Liverpool and Sefton CCGs information. Currently some of the reports are not providing assurance to the CCG about services that we commission due to reports providing total data and not always specific to the Sefton area, incidents for example. This has been raised and further assurance has been requested from the Trust via the CCQRM.

For Q2 CQUIN the Trust met all indicators and Q3 submission due end of January 2020.



5.1.2 Mersey Care Adult Community Services: Physiotherapy

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: Physiotherapy		Previous 3 months and latest				<=18 weeks: Green > 18 weeks: Red	
GREEN	TREND	Incomplete Pathways (92nd Percentile)					
		Aug-19	Sep-19	Oct-19	Nov-19		
		18 wks	20 wks	17 wks	16 wks		
		Target: 18 weeks					
Performance Overview/Issues:							
<p>The incomplete pathway refers to patients who have been referred into the service and are awaiting their initial treatment. References made to the completed pathway are how long those patients had waited at the point when they received treatment. This provides an indication of actual waits and patient experience.</p> <p>Due to the concerns regarding waits for this service, the Trust has agreed to provide more timely waiting times information (as opposed to a month in arrears). November's incomplete pathways reported within the 18 week standard with 16 weeks, showing an improvement on last month. It is important to note that the completed pathways continues to exceed the 18 week target at 21 weeks in November, although this is an improvement on October (25 weeks).</p>							
Actions to Address/Assurances:							
<p>The Trust has had action plan in place with feedback on following areas to date:</p> <ul style="list-style-type: none"> - Backfill has been used for staff physiotherapy sickness/annual leave with locum cover. Administrative support from other areas within ICRAS. - Full review is underway to understand the relationship between new to follow up appointments and urgent to routine assessments against team capacity and skill mix levels. - Implementing SAFER within the team, monitored through clinical supervision. - In the process of going through a safer staffing review with senior managers. - Appointment of Postural Stability Instructor, to work with 'Active Steps' and this will have a positive on the Physiotherapy waiting list and times - Implementation of the Integrated Care Team's to support patients with long-term conditions. <p>The Trust has advised that although the completion of the actions described above have helped to ensure that the incomplete target has been achieved, the gap between capacity and demand has resulted in the completed pathway time continuing to be above target and the improvement being unsustainable. Further work is on-going as per the action plan above to ensure that the complexities of the service are understood and specific remedial actions can be put in place.</p>							
When is performance expected to recover:							
<p>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. Improvements are now being seen but these need to be sustained.</p> <p>A formal letter to outline concerns with 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. The Trust have advised that this work will be completed and feedback provided in February 2020.</p>							
Quality impact assessment:							
<p>The Trust has informed that there is limited risk of patient harm as all referrals to the service are triaged and seen based on clinical need. The service aims to see patients triaged as urgent within four weeks of referral. Patients, their carers and healthcare professionals can contact the service to discuss any change in a patients presentation and be retriaged into another part of the ICRAS pathway.</p>							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Sunil Sapre			Janet Spallen		



6. Children's Services

6.1 Alder Hey Children's Mental Health Services



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

Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services		Previous 3 quarters and latest				
RED	TREND	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	
		5.8%	6.8%	12.2%	5.4%	
		Access Plan: 34% - Q2 reported 5.4% and failed				
Performance Overview/Issues:						
The CCG has now received data from a third sector organisation Venus. This Provider has submitted data to the MHSDS and this is included in the data, although local data has now been collated from the provider and has been included in the Quarter 2 Access rate. Despite not achieving the quarterly Access rate, the year to date Access rate is 17.7% against the target of 17.0%, therefore the CCG is on target to achieve the yearly Access rate.						
Actions to Address/Assurances:						
Will need to consider also reporting cumulative access rate as a better way of illustrating if on target. Access rates are known to be subject to seasonal variations. Additional activity has been commissioned and mainstreamed from the voluntary sector in 19/20 which is South Sefton targeted.						
When is performance expected to recover:						
Cumulative access to date is at 17.7% which exceeds the trajectory of 17% so performance is on target to achieve the year end target of 34%. Additional activity to be implemented for 19/20. Online counselling for Sefton is being jointly commissioned and will come online in 19/20.						
Quality impact assessment:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

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

Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral		Latest and previous 3 quarters				Performance in this category is calculated against completed pathways only.
RED	TREND	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	
		90.9%	92.3%	87.0%	82.6%	
		Access Plan: 100% - 2019/20				
Performance Overview/Issues:						
In quarter 2 the Trust reported under the 100% plan. Out of 23 routine referrals to children and young people's eating disorder service, 19 were seen within 4 weeks recording 82.6% against the 100% target. The 4 breaches waited between 4 and 12 weeks. Reporting difficulties and the fact that demand for this service exceeds capacity are both contributing to under performance in this area.						
Actions to Address/Assurances:						
Actions as per month 6: Work is being under taken by the Provider to reduce the number of DNAs. The Service works with small numbers and a single case can create a breach for this KPI, which is understood nationally. Activity commissioned on nationally indicated levels. The last year has seen activity levels exceed these levels by over 100%. Risk is being managed and is part of national reporting. National uplift has been identified within CCG allocations, SMT briefing on 28/1/20. Commissioning lead meeting with AHCH by mid-Feb to agree increase in capacity within the allocations identified.						
When is performance expected to recover:						
Extra capacity to be provided via identified national uplifts in CCG baseline. Commissioning lead meeting with AHCH by mid February to agree implementation of increased capacity. Improvement in performance dependent upon recruitment of additional capacity.						
Quality impact assessment:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

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



Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral		Latest and previous 3 quarters				
RED	TREND	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	
		100.0%	80.0%	50.0%	66.7%	
		Access Plan: 100% - 2019/20				
Performance Overview/Issues:						
In quarter 2, the CCG had 3 patients under the urgent referral category, only 2 met the target bringing the total performance to 66.7% against the 100% target. The patient who breached waited between 1 and 4 weeks. Reporting difficulties and the fact that demand for this service exceeds capacity are both contributing to under performance in this area.						
Actions to Address/Assurances:						
Actions as per month 6: Work is being under taken by the Provider to reduce the number of DNAs. The Service works with small numbers and a single case can create a breach for this KPI, which is understood nationally. Activity commissioned on nationally indicated levels. The last year has seen activity levels exceed these levels by over 100%. Risk is being managed and is part of national reporting. National uplift has been identified within CCG allocations, SMT briefing on 28/1/20. Commissioning Lead meeting with AHCH by mid-February to agree increase in capacity within the allocations identified.						
When is performance expected to recover:						
Improvement is dependent upon extra capacity, discussions ongoing (re: National uplift in CCG baseline).						
Quality impact assessment:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

6.2 Child and Adolescent Mental Health Services (CAMHS)



The CCG and provider are reviewing the consistency of data between the national data submission and local interpretation. The CCG are temporarily unable to report waiting times relating to CAMHS services this month whilst the review is ongoing and expect to report this information in the near future after discussions have taken place about standardising metrics for Community and CAMHS Services. CCG leads are currently in the process of setting up a working group to progress. After this work has been completed the information will be circulated each month.

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					
RED	TREND	Incomplete Pathways (92nd Percentile)				<=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.
		Aug-19	Sep-19	Oct-19	Nov-19		
		35 wks	34 wks	33 wks	31 wks		
		Target <= 18 weeks					
Performance Overview/Issues:							
<p>In November the Trust reported a 92nd percentile of 31 weeks for Sefton patients waiting on an incomplete pathway. This is a slight improvement on October when 33 weeks was reported. In November no children were waiting over 40 weeks. Performance has steadily improved this financial year but is still significantly above 18 weeks.</p> <p>At the end of November there were no children who had waited over 52 weeks. 246 were waiting above 18 weeks; 202 were between 18-30 weeks and 44 between 30-40 weeks. The total number waiting over 18 weeks continues to decrease. The current trajectory is to be under 18 weeks by March 2020.</p>							
Actions to Address/Assurances:							
<p>Additional investment into SALT recurrently and non-recurrently has already been agreed. Recruitment has taken place in September, so capacity has increased notably and the Trust trajectory is that the waiting times will further significantly reduce over the next few months. Monitoring of the position takes place at Contract Review meetings and with Executive senior input. Performance and updated trajectories are provided monthly.</p> <p>Currently Paediatric speech and language waiting times are reported on a Sefton basis. There is a workplan being developed currently with the Trust to report on CCG level on all their transacted services. This is a legacy issue from when Liverpool Community Health/ Mersey Care reported the waiting time information.</p>							
When is performance expected to recover:							
<p>Following investment, target is for reduction to 18 weeks by February 2020 and sustained thereafter. The Trust is projecting a steady decrease of 18+ week waiters over the coming months to zero by March 2020.</p>							
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					
		Aug-19	Sep-19	Oct-19	Nov-19		
		17.3%	17.5%	10.30%	23.30%		
		Outpatient Clinic Provider Cancellations					
		Aug-19	Sep-19	Oct-19	Nov-19		
		10.7%	7.5%	6.3%	11.6%		
		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 November 2019 performance has declined with DNA rates increasing from 10.3% in October to 23.3% in November. Provider cancellations have seen an increase from 6.3% in October to 11.6% in November.							
Actions to Address/Assurances:							
The CCGs have invested in extra capacity in response to Safe Staffing levels from Alder Hey. Waiting times are being reported (appendix 9.3) and current performance is "green" with 100% being seen in less than 18 weeks.							
AHCH has introduced a new weekly South Sefton Clinic so that South Sefton patients no longer have to travel to North Sefton for an appointment. It is anticipated that this will reduce the number of DNA/WNB (Did Not Attend, Was Not Brought) patients. DNAs etc have been reported Sefton wide but in future will reported by CCG. An improvement trajectory is to be agreed with AHCH in the next few weeks, covering reduction in DNAs, patient cancelled appointments and provider cancelled appointments.							
When is performance expected to recover:							
March 2020.							
Quality impact assessment:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Wendy Hewitt		Peter Wong			

7. Primary Care

7.1 Extended Access Appointment Utilisation



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	Aug-19	Sep-19	Oct-19	Nov-19	
		75.3%	78.8%	79.7%	80.1%	
		The CCG should deliver at least 75% utilisation of extended access appointments by March 2020 (if the service went live in 2017/18). November target 69.9%				
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 November South Sefton CCG practices reported a combined utilisation rate of 80.1%, exceeding the 69.9% target. Total available appointments was 1,454 with 1,333 being booked (91.7%) and 91 DNA's (6.8%). This shows an improvement in utilisation compared to October 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 18 - Breakdown of appointment by month for South Sefton CCG Extended Hours Service

Breakdown of Appointments	Month	GP	Advanced Nurse Practitioner	Practice Nurse		
	Apr-19	337	552	151	32.40%	53.08%
May-19	354	661	157	30.20%	56.40%	13.40%
Jun-19	357	544	139	34.33%	52.31%	13.37%
Jul-19	356	644	141	31.20%	56.44%	12.36%
Aug-19	373	652	200	30.45%	53.22%	16.33%
Sep-19	379	626	210	31.19%	51.52%	17.28%
Oct-19	377	660	232	30.04%	52.59%	18.49%
Nov-19	374	620	288	28.06%	46.51%	21.61%

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. November saw 2 inspections, Hightown Village Surgery, where the rating remained the same as previous inspection with 'Safe' requiring improvement. The second practice inspected was Park Street Surgery; they have gone from 'good' across the board to requiring improvement for their overall rating, safe and well-led. All results are listed below:

Figure 19 - CQC Inspection Table

South Sefton CCG								
Practice Code	Practice Name	Latest Inspection	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84001	42 Kingsway	15 June 2016	Good	Good	Good	Good	Good	Good
N84002	Aintree Road Medical Centre	28 February 2018	Good	Good	Good	Good	Good	Good
N84003	High Pastures Surgery	24 September 2019	Good	Good	Good	Good	Good	Good
N84004	Glovers Lane Surgery	21 February 2019	Good	Good	Good	Good	Good	Good
N84007	Liverpool Rd Medical Practice	07 March 2017	Good	Good	Good	Good	Good	Good
N84010	Maghull Health Centre (Dr Sapre)	31 July 2018	Good	Good	Good	Good	Good	Good
N84011	Eastview Surgery	30 August 2017	Good	Good	Good	Good	Good	Good
N84015	Bootle Village Surgery	12 July 2016	Good	Good	Good	Good	Good	Good
N84016	Moore Street Medical Centre	21 March 2019	Good	Good	Good	Good	Good	Good
N84019	North Park Health Centre	24 January 2019	Good	Good	Good	Good	Good	Good
N84020	Blundellsands Surgery	20 July 2016	Good	Good	Good	Good	Good	Good
N84023	Bridge Road Medical Centre	18 May 2016	Good	Good	Good	Good	Good	Good
N84025	Westway Medical Centre	10 August 2016	Good	Good	Good	Good	Good	Good
N84026	Crosby Village Surgery	13 November 2018	Good	Good	Good	Good	Good	Good
N84027	Orrell Park Medical Centre	14 August 2017	Good	Good	Good	Good	Good	Good
N84028	The Strand Medical Centre	04 April 2018	Good	Good	Good	Good	Good	Good
N84029	Ford Medical Practice	10 January 2019	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
N84034	Park Street Surgery	12 November 2019	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
N84035	15 Sefton Road	10 March 2017	Good	Good	Good	Good	Good	Good
N84038	Concept House Surgery	27 March 2018	Good	Good	Good	Good	Good	Good
N84041	Kingsway Surgery	07 October 2016	Good	Good	Good	Good	Good	Good
N84043	Seaforth Village Surgery	08 September 2015	Good	Good	Good	Good	Good	Good
N84605	Litherland Practice	10 September 2015	Good	Good	Good	Good	Good	Good
N84615	Rawson Road Surgery	12 February 2018	Good	Good	Good	Good	Good	Good
N84621	Thornton Practice	16 October 2018	Good	Good	Good	Good	Good	Good
N84624	Maghull Health Centre	31 July 2018	Good	Good	Good	Good	Good	Good
N84626	Hightown Village Surgery	19 November 2019	Good	Requires Improvement	Good	Good	Good	Good
N84627	Crossways Surgery	14 December 2018	Good	Good	Good	Good	Good	Good
N84630	Netherton Practice	11 December 2018	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
Y00446	Maghull Surgery	16 July 2019	Good	Requires Improvement	Good	Good	Good	Good

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

8. CCG Oversight Framework (OF)

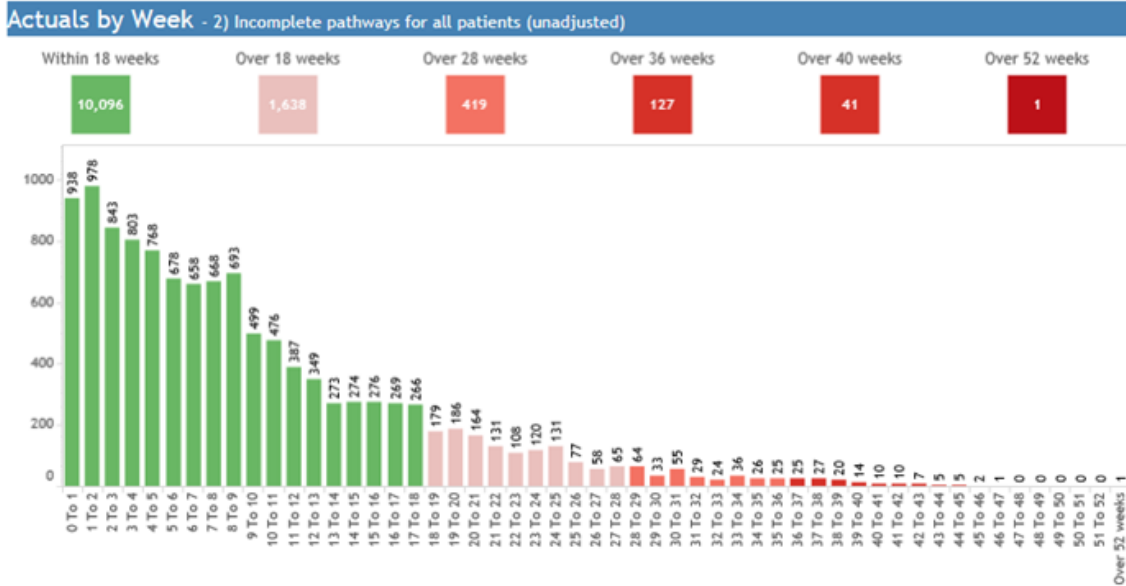
The 2018/19 annual assessment has been published for all CCGs, ranking South Sefton CCG as 'requires improvement'. However, some areas of positive performance have been highlighted; cancer was rated 'Good' and diabetes was rated 'Outstanding'. A full exception report for each of the indicators citing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

NHS England and Improvement released the new Oversight Framework (OF) for 2019/20 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 Long Term Plan priorities. The new OF will include an additional 6 metrics relating to waiting times, learning disabilities, prescribing, children and young people's eating disorders, and evidence-based interventions.

9. Appendices

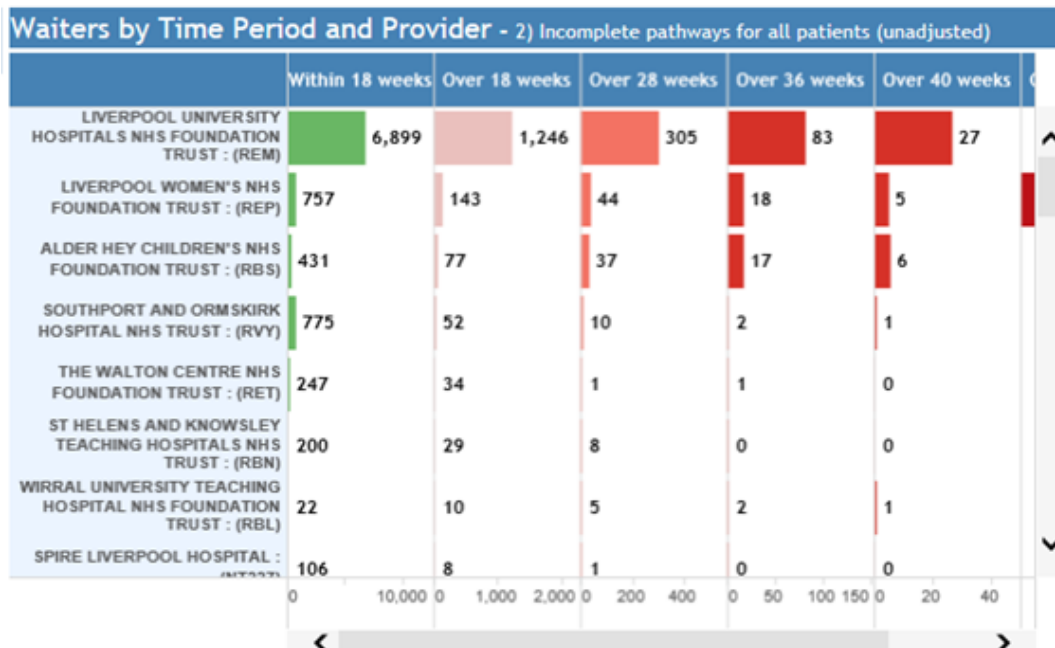
9.1.1 Incomplete Pathway Waiting Times

Figure 20 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



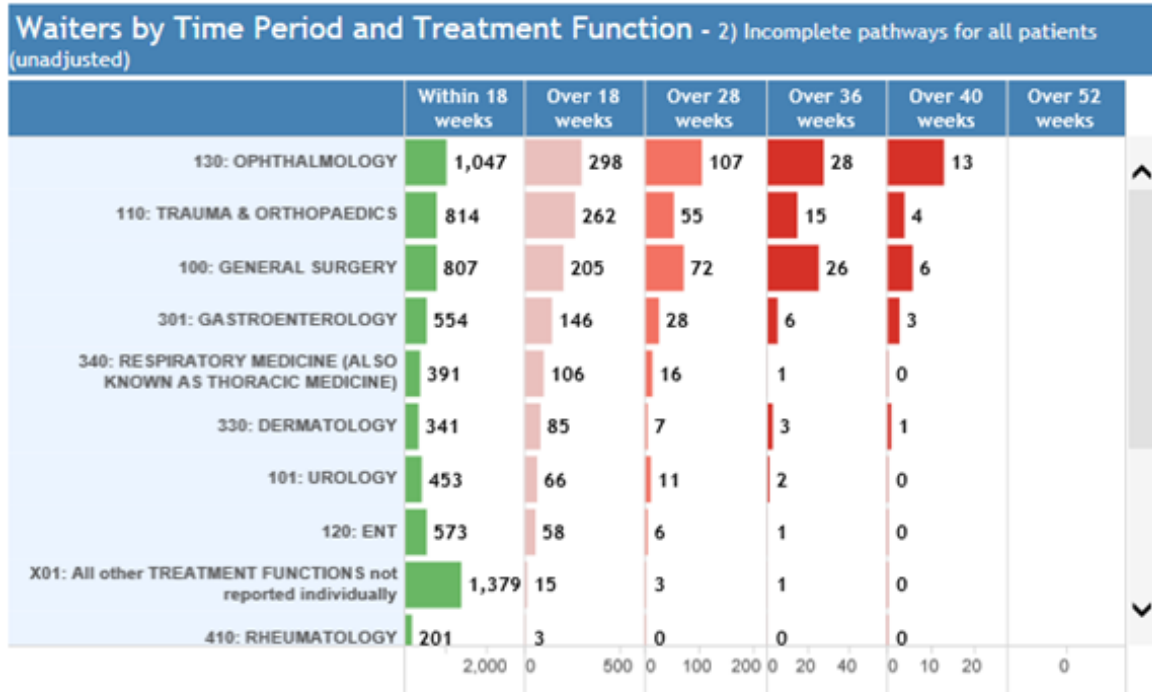
9.1.2 Long Waiters analysis: Top Providers

Figure 21 - Patients waiting (in bands) on incomplete pathway for the top Providers



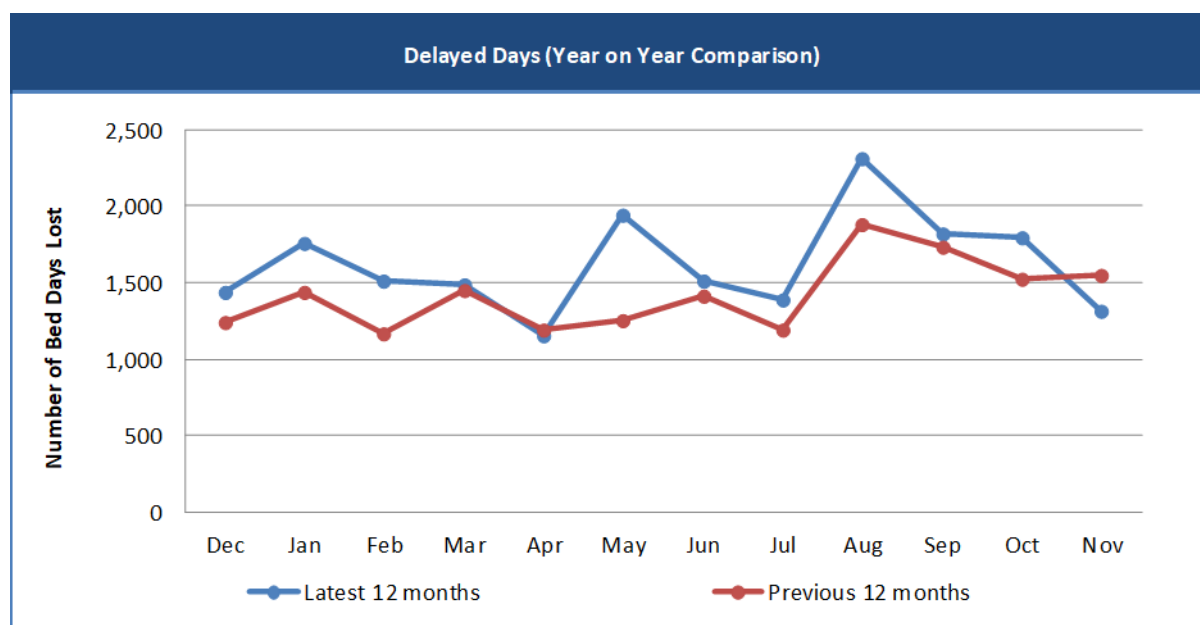
9.1.3 Long Waiters Analysis: Top Provider split by Specialty

Figure 22 - Patients waiting (in bands) on incomplete pathways by Speciality for Liverpool University Hospitals NHS Foundation Trust



9.2 Delayed Transfers of Care

Figure 23 – Liverpool University Foundation Trust DTOC Monitoring



DTOC Key Stats			
	This month	Last month	Last year
Delayed Days	Nov-19	Oct-19	Nov-18
Total	1,310	1,793	1,547
NHS	69.5%	58.2%	74.0%
Social Care	30.5%	41.8%	26.0%
Both	0.0%	0.0%	0.0%
Acute	73.9%	69.2%	75.9%
Non-Acute	26.1%	30.8%	24.1%

Reasons for Delayed Transfer % of Bed Day Delays (Nov-19)	
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	
Care Package in Home	28.0%
Community Equipment Adapt	3.6%
Completion Assesment	16.7%
Disputes	0.0%
Further Non-Acute NHS	8.6%
Housing	1.1%
Nursing Home	12.4%
Patient Family Choice	20.5%
Public Funding	0.5%
Residential Home	8.5%
Other	0.0%

9.3 Alder Hey Community Services Contract Statement

Commissioner Name	Service	Currency	Previous Year Outturn	Plan	FOT	Variance %	2019/20											
							Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD			
NHS South Sefton CCG	Paediatric Continence	Caseload at Month End	264	264	195	-26.14	264	275	240	249	244	106	102	78	270			
		Total Contacts (Domiciliary)	1,734	1,734	1,553	-10.44	147	115	142	117	153	112	149	100	1,035			
		Total New Referrals	171	171	180	5.26	11	15	22	16	17	11	17	11	120			
	Paediatric Dietetics	Caseload at Month End	5	5	215	4,200.00	215	198	199	197	216	215	243	230	216			
		Referral to 1st contact (weeks average)	8.6	8.6	7.9	-8.18	6.7	2.4	4.6	11	9.2	14.3	9.5	5.8	8.2			
		Total Contacts	357	357	575	61.06	28	45	41	49	42	48	61	69	353			
		Total Contacts (Domiciliary)	64	64	80	25.00	7	10	4	4	7	2	11	8	53			
		Total Contacts (Outpatients)	293	293	474	61.77	21	35	37	44	35	46	44	54	316			
	Paediatric Occupational Therapy	Total New Referrals	281	281	320	13.88	21	18	26	23	23	27	49	26	213			
		Caseload at Month End	201	201	122	-39.30	151	140	139	130	135	104	79	101	151			
		Referral to 1st contact (weeks average)	15.9	15.9	12.6	-20.75	14.1	13.9	13	11.7	11.4	12.1	12	12.8	14.1			
		Total Contacts (Domiciliary)	4,890	4,890	4,421	-9.58	298	300	341	413	341	383	438	433	2,947			
		Total New Referrals	619	619	497	-19.71	41	50	42	43	39	30	35	41	331			
	Paediatric Speech and Language Therapy	Referral to 1st contact (weeks average)	24.9	24.9	29.2	17.27	35	35.5	29.3	28.5	30.3	23.8	26	25.2	35.3			
		Total Contacts (Domiciliary)	12,814	12,814	15,014	17.17	1,045	1,244	1,337	1,294	862	1,252	1,498	1,477	10,009			
		Total Contacts Complex Cochlear (N&S Sefton)	507	507	242	-52.27	30	30	30	6	21	23	21	0	161			
		Total New Referrals	1,092	1,092	1,085	-0.54	94	90	78	72	66	79	128	116	723			
		Total New Referrals Complex Cochlear (N&S Sefton)	6	6	0	-100.00	0	0	0	0	0	0	0	0	0			

If Plan is <10,000:

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

If Plan is >10,000:

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

9.4 Alder Hey SALT Waiting Times – Sefton

Paediatric SALT Sefton	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Number of Referrals	146	162	139	150	110	152	219	197
Incomplete Pathways - 92nd Percentile	45	43	37	38	35	34	33	31
Total Number Waiting	944	920	879	819	764	733	733	683
Number waiting over 18 weeks	521	463	468	435	405	375	320	246

RAG rating

	<=18 weeks
	19 to 22 weeks
	23 weeks plus

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

9.5 Alder Hey Dietetics Waiting Times – South Sefton CCG

Paediatric DIETETICS - South Sefton	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Number of Referrals	21	18	26	23	23	27	49	26
Incomplete Pathways - 92nd Percentile	32	36.64	39.52	38.52	31.72	21.96	11	9.92
Incomplete Pathways RTT within 18 weeks	61.67%	69.39%	67.31%	71.70%	78.00%	87.18%	98.33%	100.00%
Total Number Waiting	60	49	52	53	50	39	60	39
Number waiting over 18 weeks	23	15	17	15	11	5	1	0

RAG rating

<= 18 weeks	Green
19 to 22 weeks	Amber
23 weeks plus	Red

9.6 Alder Hey Dietetic Cancellations and DNA Figures – Sefton

Outpatient Clinics - DNAs

	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	100	67	99	148	99	725
DNA	66	53	41	147	68	116	13	19	16	21	14	21	17	30	151
DNA Rate	16.8%	9.1%	8.7%	18.5%	11.4%	14.3%	20.0%	22.4%	14.5%	17.4%	17.3%	17.5%	10.3%	23.3%	17.2%

Outpatient Clinics - Cancs by PROVIDER

	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	100	67	99	148	99	725
Cancellations	6	0	5	29	0	44	4	7	3	3	8	8	10	13	56
Rate	1.8%	0.0%	1.2%	4.3%	0.0%	5.9%	7.1%	9.6%	3.1%	2.9%	10.7%	7.5%	6.3%	11.8%	7.2%

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	Sep-19	Oct-19	Nov-19	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	100	67	99	148	99	725
Cancellations	27	63	63	207	128	184	10	38	18	33	17	24	49	39	228
Rate	7.3%	10.6%	12.8%	24.2%	19.5%	20.9%	16.1%	38.5%	16.1%	24.8%	20.2%	19.5%	24.9%	28.3%	23.9%

Rag Ratings & Targets 19/20

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

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

9.7 Alder Hey Activity & Performance Charts



9.8 Better Care Fund

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

A summary of the Q1 BCF performance is as follows:

Figure 24 - BCF Metric performance

8.1 Non-Elective Admissions

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

8.2 Delayed Transfers of Care

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

8.3 Residential Admissions

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

8.4 Reablement

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

Figure 25 - BCF High Impact Change Model assessment

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

9.9 NHS England Monthly Activity Monitoring

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

Month 8 performance and narrative detailed in the table below.

Figure 26 - South Sefton CCG's Month 8 Submission to NHS England

Month 8 (November)	Month 08 Plan	Month 08 Actual	Month 08 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	3451	3254	-5.7%	GP referrals have followed a similar seasonal trend to plan in recent months. However, referrals were above plan in month 6 and 7 but have now decreased against plan in month 8. Referrals in month were also below the current average for 1920 but it should be noted that some of this was attributable to reduced work days to the previous month. Year to date, GP referrals are only slightly outside of the 2% threshold against plan with local analysis suggesting reductions in specialities such as T&O, Gastro and ENT.
Other	2662	2582	-3.0%	
Total (in month)	6113	5836	-4.5%	
Variance against Plan YTD	47760	47929	0.4%	Other referrals remain above plan year to date but month 8 has seen a drop with referral numbers below plan for the first time in 1920 to date (although referral numbers were in line with an average for 1920 to date). Increases have been evident at the main hospital provider (Aintree site) across a number of Specialities, notably in Ophthalmology (ref source 5).
Year on Year YTD Growth			1.8%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	5498	4976	-9.5%	1920 has seen a consistent decrease against plan for outpatient appointments. Activity trends are driven by the main hospital provider and contracted activity levels are below plan across various specialities. However, in terms of OPFA, activity has remained consistent with no statistically relevant variance throughout 1920. A planned care group was established in 2018/19 with the main hospital provider (Aintree site) to review elements of performance and activity. This group will continue to work throughout 2019/20. Provider feedback has suggested tax and pensions issues are affecting planned care activity levels (escalated by the CCG to NHS E) and this is expected to continue throughout the year.
Follow Up	12943	10477	-19.1%	
Total Outpatient attendances (in month)	18441	15453	-16.2%	
Variance against Plan YTD	138096	122990	-10.9%	
Year on Year YTD Growth			-3.0%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1747	1895	8.5%	CCG local monitoring of day case admissions has activity at 5% below plan in month 8 and slightly outside of the 2% threshold YTD (at -2.2%). Planned care leads continue to work with the main hospital provider to understand activity and performance via the planned care group. Electives are also below planned levels but the fewer numbers reported in this point of delivery can account for a greater volatility in performance against plan. Trust feedback suggests reduced programmed activity for consultants as a result of the on-going tax and pensions issue is currently impacting on contracted performance for planned care. Workforce issues related to sickness and theatre staff shortages are also impacting on activity levels. The planned care group will continue throughout 2019/20 and the provider has fed back that some recruitment has already taken place to alleviate some of the workforce issues noted above. Historically, month 9 anticipates a drop in elective activity when compared to recent months.
Elective Ordinary spells	270	211	-21.9%	
Total Elective spells (in month)	2017	2106	4.4%	
Variance against Plan YTD	15465	16904	9.3%	
Year on Year YTD Growth			0.4%	
Urgent & Emergency Care				
Type 1	4517	4776	5.7%	Local monitoring of type 1 A&E attendances suggests month 8 has seen a peak in attendances - the second highest of 1920 to date and the third consecutive monthly increase. Trends are generally influenced by the main hospital provider (Aintree) site and performance appears to have been affected, dropping to 80.4%. This is the lowest monthly performance reported at this site since May-18. However, an increase in paediatric attendances has occurred for both Alder Hey and S&O Hospital in month 8. A trend of decreasing WIC attendances (focussed at Litherland WIC) continues to contribute to a reduction in all types attendances. This appears to be part of North Mersey trend of decreased WIC attendances and YTD activity is within the 2% threshold.
Year on Year YTD			5.3%	
All types (in month)	8996	8475	-5.8%	
Variance against Plan YTD	73048	68132	-6.7%	CCG urgent care leads are continuing to work collaboratively with the provider and local commissioners to understand A&E attendances/performance and address issues relating to patient flow as a system (i.e. North Mersey A&E delivery board). Actions include weekly system calls, implementation of alternative to transfer scheme, focus on increasing ambulatory care within frailty unit and long length of stay action plan. The CCG are also sighted on internal actions initiated by the provider to support patient flow.
Year on Year YTD Growth			0.9%	
Total Non Elective spells (in month)	2165	2244	3.6%	Plans were rebased for 2019/20 and now take into account pathway changes at the CCG's main hospital provider relating to Same Day Emergency Care. In contrast to increased A&E attendances, admissions decreased in month 8 but remain historically high and above average for the last three months. Admissions with a 1+ LOS were within 2% of planned levels. 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	17031	18021	5.8%	
Year on Year YTD Growth			3.7%	