



**South Sefton**  
Clinical Commissioning Group

# **South Sefton Clinical Commissioning Group**

## Integrated Performance Report December 2019

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## Summary Performance Dashboard

Metric	Reporting Level		2019-20												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
<b>E-Referrals</b>															
<a href="#">NHS e-Referral Service (e-RS) Utilisation Coverage</a> Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R				R
		Actual	66%	62.8%	70.9%	69.3%	62.1%	60.0%	58.5%	61.6%	62.9%				
		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%
<b>Diagnostics &amp; Referral to Treatment (RTT)</b>															
<a href="#">% of patients waiting 6 weeks or more for a diagnostic test</a> The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	G	R	R	G	R	R	R	G	R				R
		Actual	0.77%	1.06%	1.56%	0.94%	1.37%	1.59%	1.37%	0.97%	2.72%				
		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%
<a href="#">% of all Incomplete RTT pathways within 18 weeks</a> Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R				
		Actual	89.49%	89.64%	88.46%	88.15%	87.22%	87.77%	87.00%	86.04%	85.30%				
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
<a href="#">Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</a> The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	G	R	R	G	G	R	R	G				R
		Actual	1	0	1	1	0	0	1	1	0				4
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Cancelled Operations</b>															
<a href="#">% of Cancellations for non clinical reasons who are treated within 28 days</a> Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G	G	G	G	G	G	G				G
		Actual	0	0	0	0	0	0	0	0	0				
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<a href="#">Urgent Operations cancelled for a 2nd time</a> Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G	G	G	G	G	G	G				G
		Actual	0	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																
<p><b><u>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</u></b> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP with suspected cancer</p>	South Sefton CCG	RAG	R	G	G	G	R	R	G	G	G				R	
		Actual	86.142%	94.578%	93.813%	94.25%	89.09%	88.85%	95.50%	94.52%	96.34%					92.638%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<p><b><u>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</u></b> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for susp breast cancer</p>	South Sefton CCG	RAG	R	R	R	G	R	G	G	R	G				R	
		Actual	50.00%	86.842%	91.176%	93.103%	91.67%	96.23%	96.77%	92.16%	97.78%					88.65%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<p><b><u>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</u></b> % of patients receiving their first definitive treatment within one month (31 days) of a decision to treat for cancer</p>	South Sefton CCG	RAG	G	G	G	G	R	R	G	G	G				G	
		Actual	96.296%	98.718%	100.00%	96%	94.118%	91.18%	96.39%	98.02%	97.65%					96.613%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
<p><b><u>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</u></b> 31-Day Standard for Subsequent Cancer Treatments (surgery)</p>	South Sefton CCG	RAG	G	G	R	G	G	G	R	R	R				G	
		Actual	100.00%	100.00%	93.333%	95.00%	100%	100%	89.47%	90.0%	91.67%					95.04%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
<p><b><u>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</u></b> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)</p>	South Sefton CCG	RAG	G	G	G	G	R	R	R	G	G				G	
		Actual	100.00%	100.00%	100.00%	100.00%	96.552%	97.14%	96.97%	100%	100%					98.82%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
<p><b><u>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</u></b> 31-Day Standard for Subsequent Cancer Treatments (Radiotherapy)</p>	South Sefton CCG	RAG	G	G	G	G	G	G	R	G	G				G	
		Actual	96.667%	100.00%	100%	100%	100%	100%	93.55%	96.77%	100%					98.39%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
<p><b><u>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</u></b> The % of patients receiving their first definitive treatment for cancer within two months of urgent referral</p>	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	G				R	
		Actual	75.00%	77.273%	65.517%	75.676%	68.00%	71.43%	81.40%	82.61%	96.11%					75.76%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
<p><b><u>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</u></b> % of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.</p>	South Sefton CCG	RAG	N/A	R	R	N/A	G	R	G	G	G				G	
		Actual	-	85.714%	0.00%	-	100.00%	83.33%	100%	100%	90.91%					92.31%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
<p><b><u>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</u></b> % 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.</p>	South Sefton CCG (local target)	RAG				G										
		Actual	60.00%	70.00%	33.333%	88.889%	50.00	50.00%	80.00%	64.71%	92.73%					67.06%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%

Metric	Reporting Level		2019-20												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
<b>Accident &amp; Emergency</b>															
<b>4-Hour A&amp;E Waiting Time Target</b> <b>(Monthly Aggregate based on HES 17/18 ratio)</b> % of patients who spent less than four hours in A&E (HES 17/18 ratio Acute position via NHSE HES DataFile)	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R				R
		Actual	78.178%	78.324%	81.153%	80.07%	85.15%	83.43%	84.32%	81.53%	80.65%				81.43%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
<b>EMSA</b>															
<b>Mixed sex accommodation breaches - All Providers</b> No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG	G	G	G	G	G	G	R	G	G				R
		Actual	0	0	0	0	0	0	1	0	0				1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Mixed Sex Accommodation - MSA Breach Rate</b> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG	G	G	G	G	G	G	R	G	G				R
		Actual	0.00	0.00	0.00	0.00	0.00	0.00	0.1	0.00	0.00				0.1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>HCAI</b>															
<b>Number of MRSA Bacteraemias</b> Incidence of MRSA bacteraemia (Commissioner) cumulative	South Sefton CCG	RAG	G	G	G	R	R	R	R	R	R				R
		YTD	0	0	0	1	1	1	1	1	1				1
		Target	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Number of C.Difficile infections</b> Incidence of Clostridium Difficile (Commissioner) cumulative	South Sefton CCG	RAG	R	G	G	G	G	R	R	G	G				G
		YTD	7	7	11	17	22	29	35	36	42				42
		Target	6	11	15	20	24	28	34	40	46	51	55	60	60
<b>Number of E.Coli infections</b> Incidence of E.Coli (Commissioner) cumulative	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R				R
		YTD	15	33	47	63	75	84	99	112	125				125
		Target	11	21	32	42	53	63	75	85	96	108	125	128	128



Metric	Reporting Level		2019-20												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
<b>Mental Health</b>															
<a href="#">Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</a> The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G			G			G						G
		Actual	100%			100%			100%						100%
		Target	95.00%			95.00%			95.00%			95.00%			
<b>Episode of Psychosis</b>															
<a href="#">First episode of psychosis within two weeks of referral</a> The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	R			G			G						G
		Actual	54.5%			100%			85.7%						80.1%
		Target	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%
<b>IAPT (Improving Access to Psychological Therapies)</b>															
<a href="#">IAPT Recovery Rate (Improving Access to Psychological Therapies)</a> The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R				R
		Actual	37.10%	47.1%	35.7%	48.2%	43.8%	45.2%	41.1%	45.4%	27.8%				41.77%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%
<a href="#">IAPT Access</a> The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R				R
		Actual	1.34%	1.22%	1.06%	1.11%	0.99%	1.07%	1.27%	1.02%	0.71%				9.79%
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.83%	1.83%	1.83%	19.8%
<a href="#">IAPT Waiting Times - 6 Week Waiters</a> The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G				G
		Actual	99.60%	97.70%	100%	96.9%	100%	97.5%	96.3%	94.6%	93.8%				97.3%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
<a href="#">IAPT Waiting Times - 18 Week Waiters</a> The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G				G
		Actual	100%	100%	100%	100%	100%	100%	100%	99.1%	98.8%				99.8%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
<b>Dementia</b>															
<a href="#">Estimated diagnosis rate for people with dementia</a> Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R				R
		Actual	64.169%	64.37%	64.60%	63.90%	63.90%	63.69%	63.05%	63.63%	63.93%				64.08%
		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	
<b>Children and Young People with Eating Disorders</b>															
<a href="#">The number of completed CYP ED routine referrals within four weeks</a> The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	South Sefton CCG	RAG	R			R			R						
		Actual	86.96%			82.6%			91.3%						
		Target	95.00%			95.00%			95.00%			95.00%			95.00%
<a href="#">The number of completed CYP ED urgent referrals within one week</a> The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	South Sefton CCG	RAG	R			R			G						
		Actual	50%			66.7%			100%						
		Target	95.00%			95.00%			95.00%			95.00%			95.00%

## 1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at month 9 (note: time periods of data are different for each source).

Constitutional Performance for December/Quarter 3	CCG	Aintree
<b>A&amp;E Improvement Trajectory</b>	89%	89%
<b>A&amp;E (All Types) (Nat Target 95%)</b>	80.65%	76.92%
<b>RTT Improvement Trajectory</b>	90.0%	90.6%
<b>RTT (Nat Target 92%)</b>	85.30%	83.00%
<b>Diagnostics Improvement Trajectory</b>	1.70%	1.00%
<b>Diagnostics (Nat Target less than 1%)</b>	2.72%	0.65%
<b>Ambulance Handovers 30-60 mins (Zero Tolerance)</b>	-	257
<b>Ambulance Handovers 60+ mins (Zero Tolerance)</b>	-	271
<b>Stroke (Target 80%)</b>	-	73.8%
<b>TIA Assess &amp; Treat 24 Hrs (Target 60%)</b>	-	100%
<b>Mixed Sex Accommodation (Zero Tolerance)</b>	0	0
<b>Cancer 62 Day (Nat Target 85%)</b>	86.11%	-
<b>Care Programmed Approach (CPA) (Target 95%)</b>	100%	-
<b>Early Intervention in Psychosis (EIP) (Target 56%)</b>	85.7%	-
<b>IAPT % 6 week waits to enter treatment (Target 75%)</b>	93.8%	-
<b>IAPT % 18 week waits to enter treatment (Target 95%)</b>	98.8%	-

### Planned Care

Year to date referrals at December 2019 are 6.2% up on 2018/19 due to a 14.7% increase in consultant-to-consultant referrals. The cause of the increase is being investigated by the Trust. In contrast, GP referrals are -0.8% lower when compared to 2018/19. GP referrals have also decreased by -12.1% at month 9 compared to the previous month.

At provider level, Aintree has reported a 12.5% increase in total referrals at month 9 when comparing to 2018/19. Closer inspection shows that consultant-to-consultant referrals are driving the increases across 2019/20 compared to 2018/19. Further analysis is being conducted 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 85.3% for December. This has resulted in the CCG failing the improvement plan of 90%. In December, the incomplete waiting list for the CCG was 11,680 against a plan of 10,910; a difference of 770 patients over plan.

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 December 2019 at 18.5%. The percentage of patients who would recommend the service has decreased to 93%, which is below the England average of 96% and the percentage who would not recommend has increased to 4% but still above the England average of 2%.

Performance at month 9 of financial year 2019/20, against planned care elements of the contracts held by NHS South Sefton CCG shows an under performance of circa -£2.6m/-6.9%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an over spend of approximately £349k/0.9%.

Renacres over performance is evident across the majority of planned care points of delivery. The BI Team are working with the Planned Care Lead to review referral patterns and planned care activity to review patient flows into the independent sector rather than main providers.

### **Unplanned Care**

In relation to A&E 4-Hour waits, the CCG reported a 1% decrease in patients seen reporting 80.65%. Aintree revised their trajectory for 2019/20. The provider has failed their improvement plan in December with 76.92% (a decrease of 3.4% from the previous month), 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.

Stroke Performance against the 90% stay standard was 73.80% for December 2019. There were 42 patients with a diagnosis of stroke discharged from Aintree during the month. Of these, 31 patients spent 90% of their stay on the Stroke Unit. The standard was not achieved for 11 patients. All breaches of the standard are reviewed and reasons for underperformance identified. The Trust continue to achieve the TiA target.

The CCG and lead provider have reported no new cases of MRSA in December. 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 42 cases. This is 4 under their year to date target of 46 in December and are reporting green. Aintree are reporting over their year to date plan for C.difficile as at December they have had 98 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 December there were 13 cases (125 YTD) and the CCG is reporting red for this measure.

Performance at month 9 of financial year 2019/20, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £2.3m/5.4%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in a smaller variance of £361k/0.8%. This over performance is clearly driven by Aintree Hospital, which has a variance of £2m/6% against plan at month 9.

### **Mental Health**

For Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership reported the monthly target for M9 2019/20 is approximately 1.59%. Month 9 performance was 0.71% so failed to achieve the target standard. The percentage of people moved to recovery was 27.8% in month 9 of 2019/20 which failed the 50% target and shows a significant decline from the previous month.

The latest data shows South Sefton CCG are recording a dementia diagnosis rate in December of 63.9%, which is under the national dementia diagnosis ambition of 66.7%. A similar percentage was reported last month (63.6%).

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

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

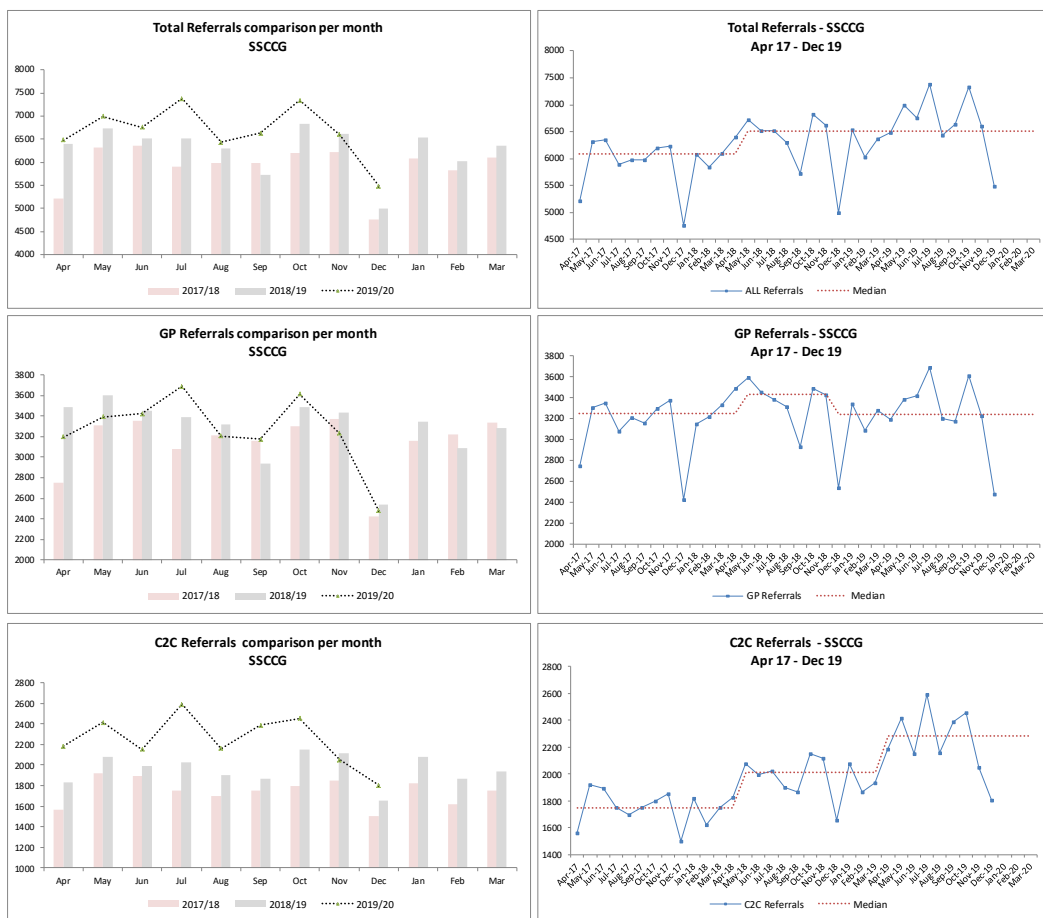
NHS England and Improvement released the new Oversight Framework (OF) for 2019/20 to replace the Improvement Assessment Framework (IAF). The framework has been revised to reflect that CCGs and providers will be assessed more consistently. Most of the oversight metrics will be fairly similar to last year,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

## 2. Planned Care

### 2.1 Referrals by source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
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	3198	-289	-8.3%	1828	2183	355	19.4%	6399	6486	87	1.4%
May	3599	3390	-209	-5.8%	2076	2416	340	16.4%	6727	6992	265	3.9%
June	3453	3421	-32	-0.9%	1992	2154	162	8.1%	6525	6763	238	3.6%
July	3386	3687	301	8.9%	2025	2591	566	28.0%	6510	7382	872	13.4%
August	3320	3207	-113	-3.4%	1899	2160	261	13.7%	6303	6437	134	2.1%
September	2934	3173	239	8.1%	1864	2389	525	28.2%	5727	6628	901	15.7%
October	3487	3612	125	3.6%	2154	2453	299	13.9%	6825	7339	514	7.5%
November	3430	3232	-198	-5.8%	2114	2050	-64	-3.0%	6613	6605	-8	-0.1%
December	2541	2479	-62	-2.4%	1653	1802	149	9.0%	4993	5492	499	10.0%
January	3343				2076				6530			
February	3090				1864				6028			
March	3284				1934				6369			
Monthly Average	3280	3267	-13	-0.4%	1957	2244	288	14.7%	6296	6680	385	6.1%
YTD Total Month 9	29637	29399	-238	-0.8%	17605	20198	2593	14.7%	56622	60124	3502	6.2%
Annual/FOT	39354	39199	-155	-0.4%	23479	26931	3452	14.7%	75549	80165	4616	6.1%



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



## Month 9 Summary:



- Trends show that the baseline median for total South Sefton CCG referrals has remained flat from May 2018. However, two consecutive monthly decreases have resulted in the lowest monthly total since Dec-18.
- This is in line with seasonal trends with the extended festive period impacting on referral numbers reported. Taking this into account results in -12.7% (-40) less referrals for the working day lost.
- Year to date referrals at December 2019 are 6.2% up on 2018/19 due to a 14.7% increase in consultant-to-consultant referrals.
- In contrast, GP referrals are -0.8% lower when compared to 2018/19. GP referrals have also decreased by -12.1% at month 9 compared to the previous month.
- Taking into account working days, further analysis has established there have been approximately 12 fewer GP referrals per day in 2019/20 when comparing to the equivalent period of the previous year.
- Aintree Hospital has reported a 12.5% increase in total referrals at month 9 when comparing to 2018/19. Further investigation shows that consultant-to-consultant referrals are driving the increases across 2019/20 compared to 2018/19. Further analysis is being conducted by the provider to find the potential causes of these increases.
- 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.
- Trauma & Orthopaedics was the highest referred to specialty for South Sefton CCG in 2018/19. Referrals to this speciality at month 9 are currently -2.7% lower than in 2018/19.
- South Sefton CCG is also aware of potential impacts on referral patterns due to the merger of Aintree Hospital and Royal Liverpool in October 2019. The Trauma & Orthopaedic speciality merged in November 2019 and an immediate impact on referral flows has been evident with a drop in referrals from A&E at Aintree Hospital and subsequent increase in those coded as 'self-referrals' at the Royal Liverpool site.

## 2.2 E-Referral Utilisation Rates



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>NHS e-Referral Service (e-RS): Utilisation Coverage</b>		<b>Previous 3 months and latest</b>				144a	e-RS national reporting has been escalated to NHSD via NHSE/I. Data provided potentially inaccurate therefore making it difficult for the CCG to understand practice utilisation. Potential for non e-RS referrals that are rejected to be missed by the practice.
<b>RED</b>	<b>TREND</b>	Sep-19	Oct-19	Nov-19	Dec-19		
		60.0%	58.5%	61.6%	62.9%		
		Plan: 100% by end of Q2 2018/19					
<b>Performance Overview/Issues:</b>							
<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 December 2019 and reports performance to be 62.9%. 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 74.6% for South Sefton CCG, a slight improvement on the previous month (72.9%).</p>							
<b>Actions to Address/Assurances:</b>							
<p>The Planned Care Team has assigned a commissioning manager to review e-RS performance in line with the CCGs outpatient strategy. As such, Advice and Guidance and improved e-RS performance are key areas that have been identified to reduce unwarranted variation. e-RS will be included as part of the outpatient strategy case for change which will go through the CCGs governance process early 2020.</p> <p>A review of referral data was undertaken to get a greater understanding of the underlying issues relating to the underperformance. The data indicates that there is no uniform way that Trusts code receipt of electronic referral and the e-RS data at Trust level is of poor quality. This has therefore provided difficulties in identifying the root causes of the underperformance. However, as outpatients is a priority QIPP area and e-RS is a nationally recognised vehicle to achieve outpatient reductions (Advice &amp; Guidance), the CCG Programme Lead will be working with local Acute Trusts to formulate a plan to increase utilisation.</p> <p>The CCG has communicated to its Acute providers (LUHFT and S&amp;O) with regards to the development of Trust plans to reduce outpatient activity. An expectation was set that the Trusts develop plans that would be ratified by the CCG before submission to the system management board. Advice and Guidance, and improved utilisation of e-RS will be key components. The CCG have yet to receive detailed plans and this has been escalated to the CCGs turnaround director.</p>							
<b>When is performance expected to recover:</b>							
To be confirmed as part of the outpatient strategy case for change.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Karl McCluskey		Rob Caudwell			Terry Hill		



## 2.3 Diagnostic Test Waiting Times

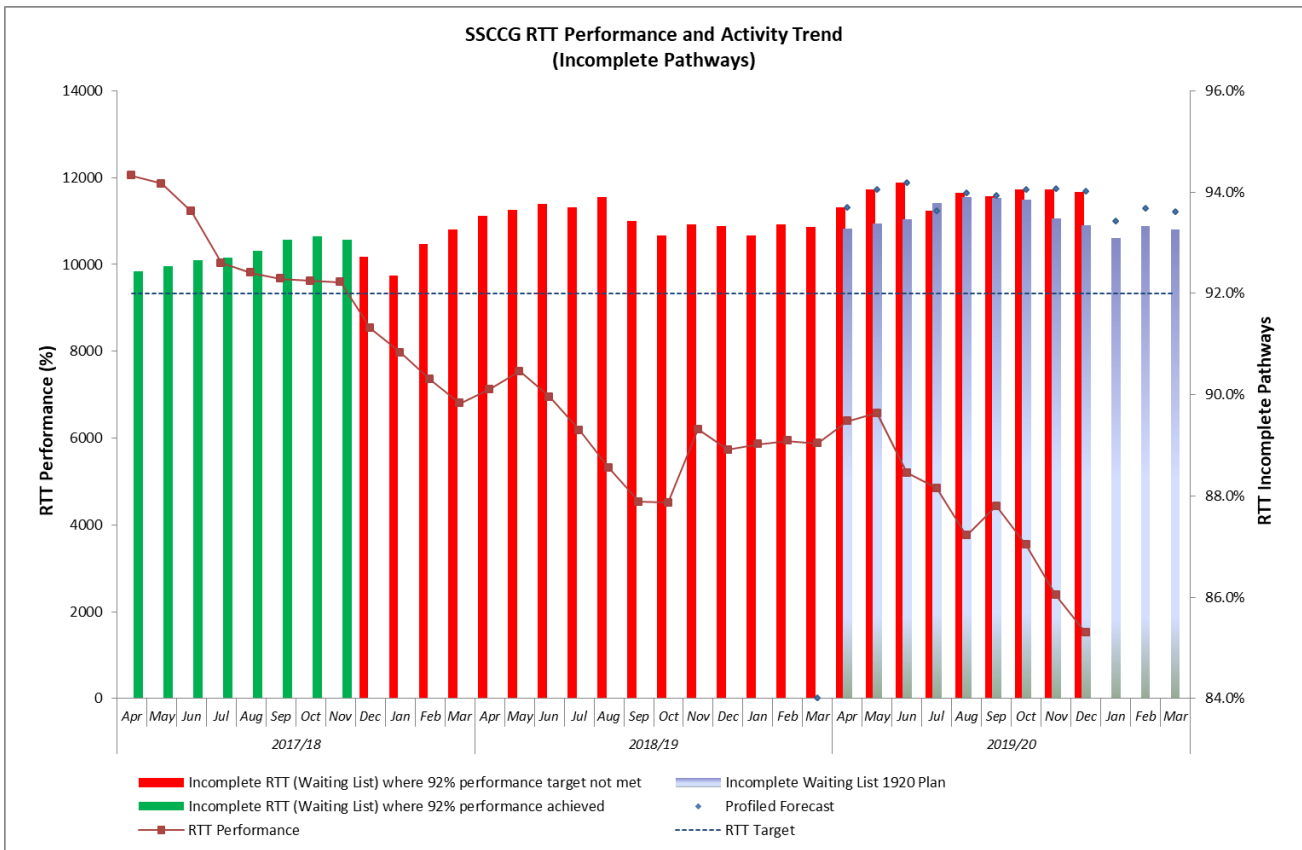
Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test</b>		<b>Previous 3 months and latest</b>				133a	The risk that the CCG is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.
<b>RED</b>	<b>TREND</b>	Sep-19	Oct-19	Nov-19	Dec-19		
		CCG	1.59%	1.37%	0.97%		
		Aintree	0.06%	0.03%	0.15%	0.65%	
		Plan: less than 1% December's CCG improvement plan: 1.70% Yellow denotes achieving 19/20 improvement plan but not national standard of less than 1%					
<b>Performance Overview/Issues:</b>							
The CCG have failed the improvement plan of 1.70% in December and the national standard reporting 2.72%. In December out of a total of 2,683 patients on the waiting list, 73 patients waited over 6 weeks. Of these patients, 4 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.							
Aintree are achieving in December reporting 0.65%. A continuation of the improvement observed since January 2019. This metric is continually monitored via weekly operations groups down to modality level.							
<b>Actions to Address/Assurances:</b>							
Liverpool Heart & Chest performance is expected to fluctuate as a result of ongoing theatre upgrade programme, which has now been completed. However, patient backlog will be addressed up until expected recovery in June 2020. The Sefton Planned Care Lead will liaise closely with the lead commissioning organisation (LCCG) to understand if changes in performance are expected.							
<b>When is performance expected to recover:</b>							
June 2020.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Karl McCluskey		John Wray			Terry Hill		

## 2.4 Referral to Treatment Performance

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>Referral to Treatment Incomplete pathway (18 weeks)</b>		<b>Previous 3 months and latest</b>				129a	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
<b>RED</b>	<b>TREND</b>	Sep-19	Oct-19	Nov-19	Dec-19		
		CCG	87.8%	87.0%	86.0%		
		Aintree	86.4%	85.8%	84.3%	83.0%	
		Plan: 92% December's improvement plan: CCG - 90% and Aintree - 90.6% Yellow denotes achieving 19/20 improvement plan but not national standard of 92%					
<b>Performance Overview/Issues:</b>							
<p>The CCG's performance has dropped since April 2019 when 89.5% was reported. In December 85.3% was reported, slightly lower than the previous month. The CCG continues to fail their improvement plan (December being 90%). The CCG's main provider Aintree are also under the 92% target reporting 83%; also failing their local trajectory of 90.6% for December and is a decline in overall performance of 1.3% from November's position. The overall number of patients on the RTT incomplete list at Aintree increased in December by 89 patients compared to the previous month to an overall position of 20,160. A sustainability plan has been drawn up with specific actions linked to operational processes and performance improvements in seven key specialties.</p> <p>Challenges still exist however in increasing activity levels back to plan which will also help in reducing the overall caseload size back to planned levels. RTT however continues to be adversely affected by non-elective pressures, short term sickness of medical staff and reduced additional sessions as a result of pension/ tax implications for consultants. As Aintree 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. A response has been received which will be discussed at the March LUHFT CCF to discuss whether the CCG's accept the revised improvement trajectory.</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 (WLI's) 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 &amp; 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>							
<b>Actions to Address/Assurances:</b>							
<b>CCG Actions:</b>							
<ul style="list-style-type: none"> <li>• CCG have received a revised improvement trajectory response to be discussed at March CCF.</li> <li>• The CCG have the support of Trust turn-around directors to support Task &amp; Finish Groups in order to get a system resolution.</li> <li>• A Project Team will be mobilised to deliver the high level action plan developed at the Task &amp; Finish Group. However, escalation via Turnaround Directors has been initiated to accelerate mobilisation.</li> <li>• 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.</li> <li>• The CCG has escalated HMRC Pensions and Tax issues with NHSE and are awaiting a response.</li> </ul>							
<b>Trust Actions Overall:</b>							
<ul style="list-style-type: none"> <li>• Improve theatre utilisation at speciality level in conjunction with transformational team.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• In conjunction with the central RTT team ensure staff undergo refresher training in RTT rules and clock stop processes.</li> </ul>							

<b>Trust Actions Gastro:</b>		
<ul style="list-style-type: none"> <li>• 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.</li> <li>• Endoscopy capacity and demand modelling has been implemented.</li> <li>• Additional scoping activity commissioned by Trust by independent provider Medinet to continue.</li> <li>• Recruitment to posts ongoing however locum consultants recruited until permanent posts are filled.</li> <li>• Virtual consultant led clinics scheduled (30 patients per clinic) with an expected 80% discharge rate.</li> <li>• Telephone confirmation of endoscopy appointments implemented reducing DNA rates from 14% to 9% (in line with national average).</li> </ul>		
<b>When is performance expected to recover:</b>		
The CCG revised improvement trajectory from Aintree Hospital which will be ratified by Aintree Collaborative Commissioning Forum (CCF).		
<b>Indicator responsibility:</b>		
<b>Leadership Team Lead</b>	<b>Clinical Lead</b>	<b>Managerial Lead</b>
Karl McCluskey	John Wray	Terry Hill

**Figure 2 - RTT Performance & Activity Trend**





**Figure 3 - South Sefton CCG Total Incomplete Pathways**

South Sefton CCG													
Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan	10,833	10,934	11,046	11,422	11,561	11,541	11,498	11,052	10,910	10,608	10,893	10,863	10,863
2019/20	11,309	11,727	11,880	11,234	11,648	11,574	11,725	11,734	11,680				11,680
Difference	476	793	834	-188	87	33	227	682	770				817

In December, the incomplete waiting list for the CCG was 11,680 against a plan of 11,910; a difference of 770 patients over plan. South Sefton CCG incomplete pathways has seen a -54/0.46% decrease for December 2019 compared to November 2019. In terms of the NHSE plans, 2019/20 incomplete pathways is currently at 11,680 compared to the March 2020 plan of 10,863.

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

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>Referral to Treatment Incomplete pathway (52+ weeks)</b>		<b>Previous 3 months and latest</b>				129c	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
<b>RED</b>	<b>TREND</b>	Sep-19	Oct-19	Nov-19	Dec-19		
		CCG	0	1	1		
		Aintree	0	0	0	0	
		Plan: Zero					
<b>Performance Overview/Issues:</b>							
In December there were no patients showing at over 52+ weeks for the CCG. After 2 breaches (1 in October and 1 in November) at the Liverpool Womens. The CCG have failed the zero tolerance for 52+ week waiters in 2019/20 so will report RED for the remainder of the financial year.							
<b>Actions to Address/Assurances:</b>							
Monitoring of the 36 week waiting continues with the CSU.							
<b>When is performance expected to recover:</b>							
A sustainable recovery expected to continue.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Karl McCluskey		John Wray			Terry Hill		

## 2.4.2 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
Alder Hey	All Other	36-45	17 patients; 11 TCI dates given, 4 Sent for service date, 1 discharged, 1 treated. Capacity issues within community paediatrics, Patient Choice - Paediatric Medicine. Patient cancelled appts - No longer requires treatment. Community Paeds - capacity.
Lancashire Teaching	T&O	44	1 patient; TCI Date in January, Elective Capacity
Liverpool Heart & Chest	Cardiothoracic Surgery	40	1 patient; treated 21/01/2020. The patient was referred to LHCH with missing diagnostic tests. Diagnostic tests were reviewed and Transcatheter aortic valve implantation (TAVI) discussed. TAVI protocol CT was requested but there was a requirement for MDT discussion. The patient was discussed and accepted for TAVI on 28/11/2019. Surgery was completed on 21/01/2020.
Liverpool University Hospitals (Aintree)	Respiratory Medicine	37-42	3 patients; 2 TCI Dates given, 1 treated
Liverpool University Hospitals (Aintree)	ENT	42	1 patient; treated 14/01/2020
Liverpool University Hospitals (Aintree)	Gastroenterology	39-44	3 patients; 3 treated.
Liverpool University Hospitals (Aintree)	General Surgery	36-42	17 patients; 15 treated, 1 No date yet, 1 TCI date in February. Validated
Liverpool University Hospitals (Aintree)	Ophthalmology	36-47	33 patients; 24 treated, 6 TCI dates given, 2 No date yet given, 1 Awaiting appointment
Liverpool University Hospitals (Aintree)	T&O	37-46	8 patients; 4 treated, 3 awaiting TCI date, Pathway stopped .
Liverpool University Hospitals (Aintree)	Urology	37-41	4 patients; 4 treated.
Liverpool University Hospitals (Royal)	All Other	36	1 patient; TCI Date in February. Long Wait on Waiting List
Liverpool University Hospitals (Royal)	Dermatology	38-40	2 patients; 2 Pathways Stopped. Capacity Issues
Liverpool University Hospitals (Royal)	Gastroenterology	37	1 patient; Pathway Stopped. Capacity Issues
Liverpool University Hospitals (Royal)	General Surgery	40-44	2 patients; 2 Pathways Stopped. Capacity Issues.
Liverpool University Hospitals (Royal)	T&O	36-41	3 patients; 3 Pathways Stopped. Capacity Issues
Liverpool Women's	Gynaecology	36-49	17 patients; No Trust Information Given
Southport & Ormskirk	Gynaecology	37	1 patient; Treated 15/01/2020. The clock started on the waiting list on 16/04/2019. Patient attended the pre-op clinics on 16/05/2019 and 10/01/2020 and had treatment on 15/01/2022 at 39 weeks.
St Helens & Knowsley	Plastic Surgery	36	1 patients; No Trust Information Given. Trust will only provide updates for 40+ week waiters as per the information contract
St Helens & Knowsley	T&O	37	1 patients; No Trust Information Given. Trust will only provide updates for 40+ week waiters as per the information contract
Wirral University	General Surgery	44	1 patients; No Trust Information Given
Wirral University	Gynaecology	40-43	2 patients; No Trust Information Given

The CCG had a total of 120 patients waiting 36 weeks and over. Of the 120, there were 55 patients treated, 22 with a To Come In (TCI) dates, 3 awaiting TCI date, 3 no TCI date, 4 patients sent for service date, 22 patients unknown (which includes Trusts who don't provide updates under 52 weeks) 1 awaiting first appointment and 9 pathway stopped, 1 discharged.

### Alder Hey Update:

Interviews took place for a locum at the end of January, the successful candidate will start in post in May 2020 and will be allocated to the Southport area.

Waiting List Initiative (WLI) clinics will continue until March 2020 as an improvement has been seen in the RTT performance.

Long term sickness is now at 1 member of staff, but the returning member is still on a long phased return. A new round of recruitment is underway for 2 new nursing staff to support the clinics (previous recruitment round was unsuccessful in appointing).

### Liverpool University Hospital Update:

There are 9 nationally reported specialties not achieving 92%.



Ophthalmology is now compliant; this has improved the Trust's overall position. Care Group and speciality compliance trajectories are currently being worked on. 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. There is a programme of work which involves pre-operative assessment, theatre utilisation, on the day flow and scheduling (particularly focusing on booking patients in chronological order.)

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. Provider Business Intelligence teams have been asked to produce data so each Care Group can be monitored against activity plan.

## 2.5 Cancer Indicators Performance



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

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
<b>2 week urgently GP Referral for suspected cancer</b>		<b>Previous 3 months, latest and YTD</b>					122a (linked)	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
<b>RED</b>	<b>TREND</b>	Sep-19	Oct-19	Nov-19	Dec-19	YTD			
		CCG	88.85%	95.50%	94.52%	96.34%			92.64%
		Aintree	95.27%	94.92%	94.03%	96.55%			92.83%
		Plan	93%	93%	93%	93%			93%
		Aintree December Trajectory: 92.5% (National 93%)							
<b>Performance Overview/Issues:</b>									
<p>The CCG achieved the target in December reporting 96.34%. The CCG continues to fail the YTD target with 92.64% due to previous months breaches. In December there were 20 breaches from a total of 547 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 92.5% reporting 96.55% in December but they continue to fail 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 Hospital Foundation Trust (LUHFT).</p>									
<b>Actions to Address/Assurances:</b>									
Not required due to achievement of the target.									
<b>When is performance expected to recover:</b>									
Continued recovered position is expected.									
<b>Quality:</b>									
<b>Indicator responsibility:</b>									
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>				
Karl McCluskey		Debbie Harvey			Sarah McGrath				



## 2.5.2 Two Week Wait for Breast Symptoms

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
<b>2 week wait for breast symptoms (where cancer was no initially suspected)</b>		<b>Previous 3 months, latest and YTD</b>					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
<b>RED</b>	<b>TREND</b>		Sep-19	Oct-19	Nov-19	Dec-19			YTD
		CCG	96.23%	96.77%	92.16%	97.78%			88.65%
		Aintree	97.64%	96.84%	96.35%	96.18%			88.35%
		Plan	93%	93%	93%	93%			93%
		Aintree November Trajectory: 93% (National 93%)							
<b>Performance Overview/Issues:</b>									
The CCG have failed to achieve the target in December reporting 97.78% and remains below the YTD target with 88.65%. In December there was 1 breach from a total of 45 patients seen. Cancer data is monitored cumulatively so year to date the CCG is reporting red.									
Aintree reported 96.18% in December and are achieving the 93% target and improvement trajectory, having just 5 breaches out of a total of 131 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 Hospital Foundation Trust (LUHFT).									
<b>Actions to Address/Assurances:</b>									
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.									
<b>When is performance expected to recover:</b>									
Continued recovered position is expected.									
<b>Quality:</b>									
<b>Indicator responsibility:</b>									
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>				
Karl McCluskey		Debbie Harvey			Sarah McGrath				



## 2.5.3 31 Day first definitive treatment of cancer diagnosis

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
<b>31 day first definitive treatment of cancer diagnosis</b>		<b>Previous 3 months, latest and YTD</b>					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
<b>GREEN</b>	<b>TREND</b>		Sep-19	Oct-19	Nov-19	Dec-19			YTD
		CCG	91.18%	96.39%	98.02%	97.65%			96.61%
		Aintree	94.56%	97.20%	95.14%	93.13%			97.05%
		Plan	96%	96%	96%	96%			96%
		Aintree November Trajectory: 93% (National 96%)							
<b>Performance Overview/Issues:</b>									
The CCG are achieving in December reporting 97.65%, they are also achieving year to date with 96.61%. In December there were 2 patients who didn't have their first treatment within 31 days out of 85 patients in total.									
Aintree failed this measure in December reporting 93.13% but are achieving year to date recording 97.05%. In December there were 9 patient breaches out of a total of 131. Please note the Aintree data is taken from a local flow, as the Trust has now merged with The Royal Liverpool Broadgreen, now known as Liverpool University Hospital Foundation Trust (LUHFT).									
<b>Actions to Address/Assurances:</b>									
Not required due to achievement of the target.									
<b>When is performance expected to recover:</b>									
Continued recovered position is expected.									
<b>Quality:</b>									
<b>Indicator responsibility:</b>									
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>				
Karl McCluskey		Debbie Harvey			Sarah McGrath				

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



Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
31 day standard for subsequent cancer treatment - drug		Previous 3 months, latest and YTD					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
GREEN	TREND	Sep-19	Oct-19	Nov-19	Dec-19	YTD			
		CCG	97.14%	96.97%	100%	100%			98.82%
		Aintree	100%	100%	100%	100%			98.95%
		Plan	98%	98%	98%	98%	98%		
<b>Performance Overview/Issues:</b>									
The CCG are achieving the 98% target, reporting 100%. 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 December and continue to achieve year to date.									
<b>Actions to Address/Assurances:</b>									
Not required due to achievement of the target.									
<b>When is performance expected to recover:</b>									
Continued recovered position is expected.									
<b>Quality:</b>									
<b>Indicator responsibility:</b>									
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	Sep-19	Oct-19	Nov-19	Dec-19	YTD			
		CCG	100%	89.47%	90.00%	91.67%			95.04%
		Aintree	97.1%	94.4%	87.1%	95.7%			95.04%
		Plan	94%	94%	94%	94%	94%		
<b>Performance Overview/Issues:</b>									
The CCG failed the target for December with 91.67% but remains above target YTD with 95.04%. This was due to 1 patient breach out of 12, this urological patient's delay was due to treatment delayed for medical reasons (35 days waited) first treatment provider being Aintree. Cancer data is monitored cumulatively so year to date the CCG is reporting green.									
Aintree are achieving the target reporting 95.7% in December out of 23 patients there was 1 patient breach. They also continue to achieve year to date.									
<b>Actions to Address/Assurances:</b>									
Small numbers accounting for the failure of the target, the patient was delayed for medical reasons and was 4 days over the 31 day target. Failing specialties were Head and Neck and Lower Gastrointestinal, both these tumour sites are undergoing improvement programme work.									
<b>When is performance expected to recover:</b>									
Continued recovered position is expected.									
<b>Quality:</b>									
<b>Indicator responsibility:</b>									
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	
<b>31 day standard for subsequent cancer treatment - radiotherapy</b>		<b>Previous 3 months, latest and YTD</b>					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
<b>GREEN</b>	<b>TREND</b>	Sep-19	Oct-19	Nov-19	Dec-19	YTD			
		CCG	100%	93.55%	96.77%	100%			98.39%
		Aintree	n/a	n/a	n/a	n/a			n/a
		Plan	94%	94%	94%	94%	94%		
<b>Performance Overview/Issues:</b>									
The CCG achieved the 94% plan in December reporting 100%. Cancer data is monitored cumulatively so year to date the CCG is reporting green.									
<b>Actions to Address/Assurances:</b>									
Not required due to achievement of the target.									
<b>When is performance expected to recover:</b>									
Continued recovered position is expected.									
<b>Quality:</b>									
<b>Indicator responsibility:</b>									
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>				
Karl McCluskey		Debbie Harvey			Sarah McGrath				



## 2.5.7 62 Day Cancer Urgent Referral to Treatment Wait

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>All cancer two month urgent referral to treatment wait</b>		<b>Previous 3 months, latest and YTD</b>					122b	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
<b>RED</b>	<b>TREND</b>		Sep-19	Oct-19	Nov-19	Dec-19	YTD	
		CCG	71.43%	81.40%	82.61%	86.11%	76.76%	
		LUHFT		79.06%	77.08%	75.32%	77.15%	
		Plan	85%	85%	85%	85%	85%	
		CCG Improvement Trajectory November: 84.4%						
<b>Performance Overview/Issues:</b>								
<p>The CCG achieved the target for December reporting 86.11%. In December there were 5 breaches from a total of 36 patients seen.</p> <p>Due to how the Cancer Wait Times (CWT) 62 day activity data is recorded, specifically relating to the recording of Inter Provider Transfers (IPT), it is not possible to report 62 days targets at site level using the extracts. Therefore, 62 day positions can only be allocated to the Trust and not reported at site level, for this reason from October onwards the CCG will report the Liverpool University Hospital Foundation Trust (LUHFT) position.</p> <p>For December LUHFT are recording 75.32% out of a total of 132 patients there were 28.5 patient breaches.</p>								
<b>Actions to Address/Assurances:</b>								
<p>Please note: Significant pressures continue for Histology and Diagnostics services to meet demand within the defined timescales.</p> <p>Aintree site -specific actions:</p> <ul style="list-style-type: none"> <li>• Diagnostic C&amp;D review to be undertaken. Outsourcing of Radiology reporting has increased to support performance improvement. Additional scanner capacity secured at The Walton Centre and the mobile scanner has been booked to increase capacity. Currently in October and November there are still significant pressures despite out-sourcing and additional capacity.</li> <li>• All RCAs to be scrutinised by DDO Surgery, General Manager Patient Access and Cancer Manager to ensure that themes and trends are identified for discussion with the Tumour groups. CCG has now asked for thematic review instead of individual 104 day breach pathways which has been submitted. Still awaiting feedback from CCG re the thematic review which has been submitted.</li> <li>• A Peer visit has taken place with staff from St Helens and Knowsley and the Cancer Alliance visiting to look at processes and procedures, meetings and Governance structures. Feedback was good but identified differences in processes/staffing and structures between the Royal and Aintree Sites. A written report has been received, the recommendations of which are largely about future structures and processes going forward in the new organisation.</li> <li>• Work ongoing with the Cancer Alliance to review specific pathways and to highlight reasons for late referrals from other Trusts for areas such as Head and Neck. Funding has been received from Macmillan to introduce new posts to assist with the pre diagnosis phase of the patient Pathways. There are now vacancies for Early diagnosis navigators to support the 28 day faster diagnosis target. These posts are being recruited to at present and should be in post from early in the New Year.</li> <li>• All current action plans are being amalgamated into one action plan for submission to CCGs to ensure defined work-streams and progress against targets.</li> <li>• Weekly Senior Management Task and Finish Group established to discuss pathways/breach themes with particular focus on Governance arrangements and infrastructure for cancer and diagnostic delays.</li> </ul>								
<b>When is performance expected to recover:</b>								
Improvement in recovery to continue.								
<b>Quality:</b>								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Karl McCluskey		Debbie Harvey			Sarah McGrath			



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

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
<b>62 day wait for first treatment following referral from an NHS Cancer Screening Service</b>		<b>Previous 3 months, latest and YTD</b>					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
<b>GREEN</b>	<b>TREND</b>	Sep-19	Oct-19	Nov-19	Dec-19	YTD			
		CCG	83.33%	100%	100%	90.91%			92.31%
		LUHFT		74.2%	86.1%	87.5%			82.60%
		Plan	90%	90%	90%	90%	90%		
<b>Performance Overview/Issues:</b>									
<p>The CCG reported 90.9% for screening services in December achieving the 90% target. Year to date the CCG are now achieving 92.31% and over the 90% target. Cancer data is monitored cumulatively so year to date the CCG is reporting green.</p> <p>For December LUHFT are recording 87.50% out of a total of 30 patients there were 3.5 patient breaches.</p>									
<b>Actions to Address/Assurances:</b>									
<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 (estimated at 250%) resulting in increased demand for endoscopy.</p> <p>The service is managing demand by decreasing volumes of invitations being sent out for a period of 6 months. New British Society of Gastroenterology (BSG) guidance for screening surveillance will create 5 slots per week.</p>									
<b>When is performance expected to recover:</b>									
Continued recovered position is expected.									
<b>Quality:</b>									
<b>Indicator responsibility:</b>									
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>				
Karl McCluskey		Debbie Harvey			Sarah McGrath				

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

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
<b>62 day wait for first treatment for Cancer following a Consultants Decision to Upgrade the Patient's Priority</b>		<b>Previous 3 months, latest and YTD</b>					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.	
<b>RED</b>	<b>TREND</b>		Sep-19	Oct-19	Nov-19	Dec-19			YTD
		CCG	50.00%	80.00%	64.71%	72.73%			67.06%
		LUHFT		83.46%	84.33%	76.14%			81.31%
		Plan	85%	85%	85%	85%	85%		
		(Local target 85%)							
<b>Performance Overview/Issues:</b>									
The CCG reported 72.73% in December with year to date being 67.06%. In December there were 3 breaches from a total of 11 patients seen. All 2 breaches were lung patients, their delay was due to other reason (not stated) and patient choice. The third was a breast patient whose delay was due to complex diagnostic pathway.									
For December LUHFT are recording 76.14% out of a total of 53 patients there were 10.5 patient breaches.									
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.									
<b>When is performance expected to recover:</b>									
Continued improvement is hoped to continue.									
<b>Quality:</b>									
<b>Indicator responsibility:</b>									
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>				
Karl McCluskey		Debbie Harvey			Sarah McGrath				

## 2.5.10 104+ Day Breaches

Indicator		Performance Summary				Potential organisational or patient risk factors
<b>Cancer waits over 104 days - Aintree</b>		<b>Latest and previous 3 months</b>				Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
<b>RED</b>	<b>TREND</b>	Sep-19	Oct-19	Nov-19	Dec-19	
		10	10	14	9	
		Plan: Zero				
<b>Performance Overview/Issues:</b>						
In December there were 9 over 104 days breaches at Aintree. The longest waiting patient was a head & neck patient who waited 172 days. There will be a review of harm and the details of this pathway will be reviewed by the Performance & Quality Investigation Review Panel (PQIRP)						
<b>Actions to Address/Assurances:</b>						
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 Provider'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.						
<b>When is performance expected to recover:</b>						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Jan Leonard		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%	78.90%				81.59%
No of Patients	337	486	437	446	416	449	554	579	436				4140
Diagnosed within 28 Days	289	410	359	380	319	359	457	461	344				3378

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%	93%				97.20%
No of Patients	28	57	57	51	40	45	56	49	45				428
Diagnosed within 28 Days	28	54	57	49	39	45	55	47	42				416

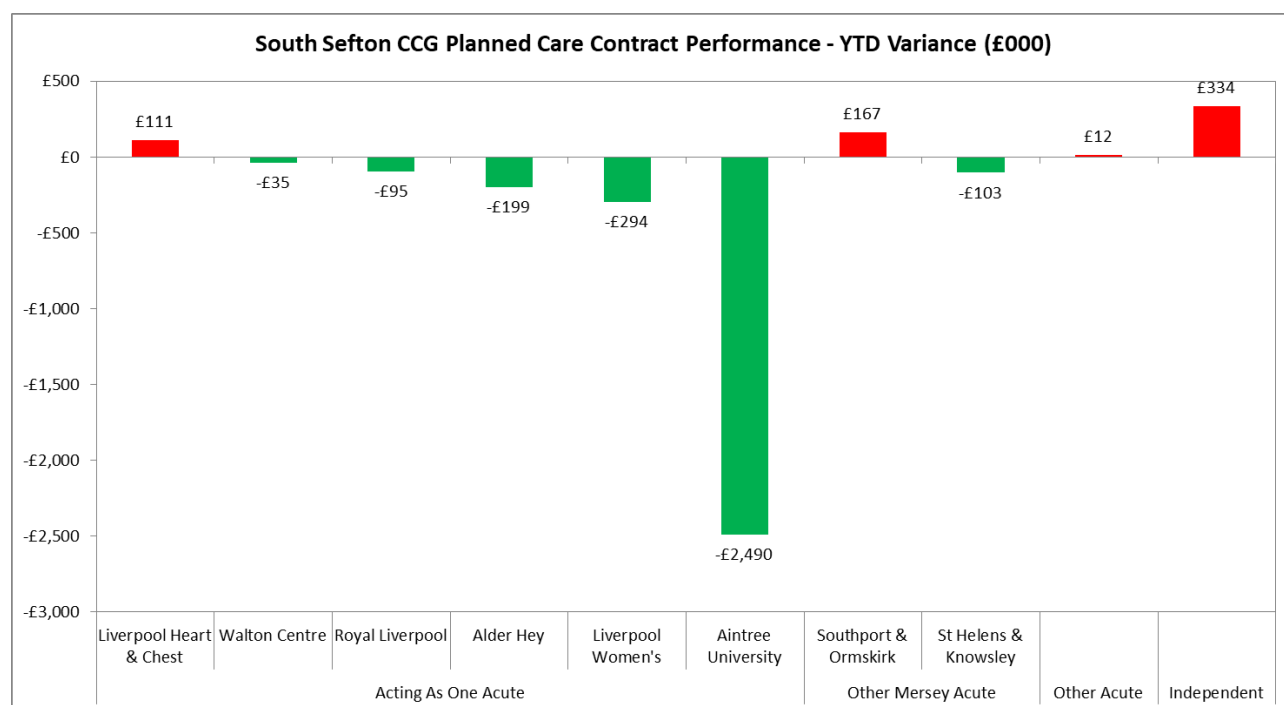
28-Day FDS Screening Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD 19-20
%	86.11%	54.00%	62.50%	69.44%	61.02%	71.15%	71.43%	62.30%	45.90%				63.89%
No of Patients	36	50	32	36	59	52	70	61	61				457
Diagnosed within 28 Days	31	27	20	25	36	37	50	38	28				292

## 2.6 Patient Experience of Planned Care

Indicator		Performance Summary				Potential organisational or patient risk factors	
<b>Aintree Friends and Family Test (FFT) Results: Inpatients</b>		<b>Previous 3 months and latest</b>					
<b>RED</b>	<b>TREND</b>	Sep-19	Oct-19	Nov-19	Dec-19		
		RR	19.1%	20.4%	19.5%		18.5%
		% Rec	94.0%	93.0%	94.0%		93.0%
		% Not Rec	3.0%	4.0%	3.0%		4.0%
		<u>2019 England Averages</u> Response Rates: 24.9% % Recommended: 96% % Not Recommended: 2%					
<b>Performance Overview/Issues:</b>							
Aintree Hospital has reported a response rate for inpatients of 18.5% in December which is below the England average of 24.9% and 1% lower than last month. The percentage of patients who would recommend the service has also declined to 93% and is also below the England average of 96% and the percentage who would not recommend has increased to 4% above the England average of 2%.							
<b>Actions to Address/Assurances:</b>							
In January the newly formed LUHFT presented to the Patient Experience Group outlining plans for the Patient and Family Experience which would include :							
<ul style="list-style-type: none"> <li>• Patient and Family Experience part of Quality Strategy</li> <li>• Development and implementation of engagement plan</li> <li>• New team structure for delivering patient and family experience and engagement</li> <li>• Alignment of systems, processes and policies for local and national patient experience metrics</li> <li>• Internal and external stakeholder mapping</li> <li>• Joint working with partners including Healthwatch organisations and charities, including introduction of Brain Charity staff on-site</li> <li>• Joint working with NHS Improvement on Patient and Experience and Engagement framework</li> </ul>							
<b>When is performance expected to recover:</b>							
The above actions will continue with an ambition to improve performance during 2019/20.							
<b>Quality:</b>							
This will be monitored via the newly formed LUHFT CQPG within the enhanced surveillance, as all action plans now cover all sites for the provider							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Brendan Prescott		N/A		Jennifer Piet			

## 2.7 Planned Care Activity & Finance, All Providers

Figure 6 - Planned Care - All Providers



Performance at month 9 of financial year 2019/20, against planned care elements of the contracts held by NHS South Sefton CCG shows an under performance of circa -£2.6m/-6.9%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an over spend of approximately £349k/0.9%.

At individual providers, Aintree Hospital is showing the largest under performance at month 9 with a variance of -£2.4m/-11%. In contrast, a notable over performance of £317k/20% against Renacres Hospital has been evident. This is followed by Southport & Ormskirk Hospital with an over performance of £167k/9% at month 9.

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 -£523k/-8% at month 9. However, a notable over performance is being reported at Renacres Hospital with market share for this provider increasing from 18% to 21% when comparing 2019/20 to the equivalent period of 2018/19.

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

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	9,675	9,417	-258	-3%	£6,243	£5,780	£-463	-7%
Elective	1,204	947	-257	-21%	£3,850	£2,970	£-880	-23%
Elective Excess BedDays	465	490	25	5%	£122	£131	£9	8%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	231	159	-72	-31%	£45	£33	£-12	-27%
OPFANFTF - Outpatient first attendance non face to face	1,408	1,004	-404	-29%	£42	£34	£-8	-20%
OPFASPCL - Outpatient first attendance single professional consultant led	25,021	22,999	-2,022	-8%	£4,155	£3,715	£-440	-11%
OPFUPMPC - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	607	639	32	5%	£64	£65	£1	1%
OPFUPNFTF - Outpatient follow up non face to face	4,967	4,585	-382	-8%	£124	£115	£-9	-7%
OPFUPSCL - Outpatient follow up single professional consultant led	55,651	48,194	-7,457	-13%	£4,104	£3,611	£-493	-12%
Outpatient Procedure	18,144	17,190	-954	-5%	£2,584	£2,402	£-181	-7%
Unbundled Diagnostics	11,218	10,809	-409	-4%	£943	£896	£-47	-5%
Wet AMD	1,245	1,269	24	2%	£982	£1,016	£34	3%
<b>Grand Total</b>	<b>129,835</b>	<b>117,702</b>	<b>-12,133</b>	<b>-9%</b>	<b>£23,258</b>	<b>£20,768</b>	<b>£-2,490</b>	<b>-11%</b>

Underperformance at Aintree Hospital is evident against the majority of planned care points of delivery. However, the overall under spend of -£2.4m/-11% is driven in the main by reduced outpatient activity, specifically first and follow up appointments (single professional consultant led).

Referral patterns suggest that underperformance is not attributed to reduced referrals for South Sefton CCG to Aintree Hospital (referrals are currently 13% 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. Non Elective pressures and 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 -£880k/23%. This can be attributed to reduced activity within Trauma & Orthopaedics and Colorectal Surgery. The former has seen a switch in activity trends from the Aintree site to the Royal Liverpool site from November-19 onwards as a result of the merger of Trauma & Orthopaedics following the creation of Liverpool University Hospitals Foundation Trust.

**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	445	567	122	27%	£535	£679	£144	27%
Elective	105	123	18	17%	£583	£681	£98	17%
Elective Excess Bed Days	11	0	-11	-100%	£3	£0	-£3	-100%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	992	1,117	126	13%	£169	£189	£20	12%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	1,446	1,756	310	21%	£100	£121	£21	21%
Outpatient Procedure	418	538	120	29%	£75	£99	£25	33%
Unbundled Diagnostics	458	541	84	18%	£41	£53	£11	27%
Physio	1,110	1,093	-17	-2%	£34	£33	£0	-1%
OPPREOP	353	382	29	8%	£21	£23	£2	8%
<b>Grand Total</b>	<b>5,336</b>	<b>6,117</b>	<b>781</b>	<b>15%</b>	<b>£1,561</b>	<b>£1,878</b>	<b>£317</b>	<b>20%</b>



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

Work is on-going looking into the potential shift in referral patterns in South Sefton from the main Acute Provider to other providers such as Renacres with market share for this particular provider increasing in the last 3 years. Contributing factors to changes in referral flows could be due to long waiting times performance of RTT at Aintree and increased capacity in specialities at Renacres. Referrals to this provider for South Sefton CCG are currently 2% above 2018/19 levels. However, Trauma & Orthopaedic referrals are down -23% when comparing to the equivalent period of the previous year. In contrast, increases have been evident for specialities such as Gynaecology, Gastroenterology and ENT.



## 2.8 Personal Health Budgets

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Personal Health Budgets (PHBs)		Previous 3 quarters and latest				105b	CCG resource to be identified to support the progression of PHBs for children and young people continuing care, s117 and specialist wheelchair services, and the wider personalisation agenda.
GREEN	TREND	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20		
		46	86	108	172		
		150	85	106	128		
		Plan: 150 PHBs in Place 2019/20 Lower Boundary 150, Upper Boundary 210					
<b>Performance Overview/Issues:</b>							
Quarterly plans for 2019/20 have been set with the expectation of the total number of PHBs for Quarter 3 to be 128, and to increase to 150 by Quarter 4. In quarter 3 the cumulative position shows 172 PHBs. This shows a significant increase since last quarter and is now above the lower boundary set by NHS England. NHS England has confirmed the lower boundary of 150 would be acceptable in terms of aspirations.							
<b>Actions to Address/Assurances:</b>							
Trajectory has increased following the NHS default position for all CHC packages of care for people living in their own home to be in receipt of a PHB. The CHC team are working to transfer all CHC packages of care across to a PHB including fast track and nursing homes. The majority of these packages are notional PHBs with a smaller number being provided as a 3rd party/managed budget or a direct payment. Sefton Carers Centre are taking referrals to support 3rd party/managed budget and direct payments this includes new and existing PHBs. Awareness sessions are planned to take place by Midlands and Lancs CSU (MLCSU) with Community teams to promote PHBs as part of CHC pathway including as part of the CHC review process.							
The CCG has submitted the five year planning figures to NHS E which predict a number of 176 by the end of Q4 (19-20). The CCG is on target to meet the internal target and the NHSE target and exceed the lower boundary of 155 for Q4 2020-21 .							
There is little progress against PHBs for Children and Young People continuing care as a legal right to have. This has been raised with MLCSU with the plan for the current service specification to be updated to reflect the delivery requirements.							
<b>When is performance expected to recover:</b>							
Continued recovered position is expected.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Fiona Taylor		Tracey Forshaw			Tracy Forshaw		

## 2.9 Continuing Health Care

Indicator		Performance Summary				Potential organisational or patient risk factors
<b>Percentage of cases with positive CHC checklist eligibility decision made</b>		<b>Previous 3 quarters and latest</b>				
<b>GREEN</b>	<b>TREND</b>	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	
		78%	76%	82%	82%	
Target: 80%						
<b>Performance Overview/Issues:</b>						
For quarter 3 2019/20, the CCG reported 82% of cases with a positive CHC checklist eligibility decision within 28 days, against an 80% target and are now reporting green for this indicator. 6 patients breached the target out of a total 34 patients.						
<b>Actions to Address/Assurances:</b>						
Performance monitored through the CHC operational meeting with CSU and providers.						
<b>Actions to address:</b> - To review of patients placed in discharge to assess beds within 28 days. - Action to instruct providers to ensure referral information for CHC eligibility provided enough clarity to allow for decisions to be made.						
<b>When is performance expected to recover:</b>						
Continued recovered position is expected to continue throughout 2019/20.						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Fiona Taylor		Brendan Prescott		Brendan Prescott		



## 2.10 Smoking at Time of Delivery (SATOD)

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Smoking at Time of Delivery (SATOD)		Latest and previous 3 quarters				125d	
RED	TREND	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20		
		13.30%	12.30%	14.00%	12.30%		
		National ambition of 11% for % of maternities where mother smoked					
<b>Performance Overview/Issues:</b>							
Quarter 3 shows a decrease in mothers smoking at time of delivery compared to Quarter 2 2019/20. Out of 375 maternities there were 46 women know to be smokers at the time of delivery.							
<b>Actions to Address/Assurances:</b>							
Our Provider is 100% compliant with carbon monoxide (CO) monitoring at the time of booking and they also undertake repeat testing of this at 36 weeks, The 36 week re-testing and discussion details are only paper documentation and not electronic – unlike the time of booking test data. The provider has been asked to look in to this to double check and improve accuracy. They are very aware of the poor achievement figures and are totally committed to improvement.							
Referrals to the stop smoking service are undertaken in line with guidance, however, the provider has reported a reduction in the number of referrals in the South Sefton area. They have reported a decline in referrals to this service which was due to a problem with e- referrals that has now been resolved. The provider is reviewing their Meditech system to ensure they are capturing the data accurately and additionally are exploring if the data entry for SATOD is being correctly entered.							
The smoking cessation service is commissioned by Public Health via the Local Authority and CCG influence is indirect. The CCG supports Public Health in discussions with providers in respect of ensuring compliance and timely testing/referrals to the stop smoking service.							
The CCG commission midwifery services and Public Health are keen for the CCG to invest in a Nurse with the specific role of targeting and supporting mothers who are smoking or wish to stop. Public health invested in a stop smoking nurse as part of a pilot							
<b>When is performance expected to recover:</b>							
Given the difficulty of achieving this outcome, the provider has been reminded of the target and the hope is to see an improvement in the next quarter performance figures.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Fiona Taylor		Wendy Hewit		Peter Wong			

### 3. Unplanned Care

#### 3.1 Accident & Emergency Performance

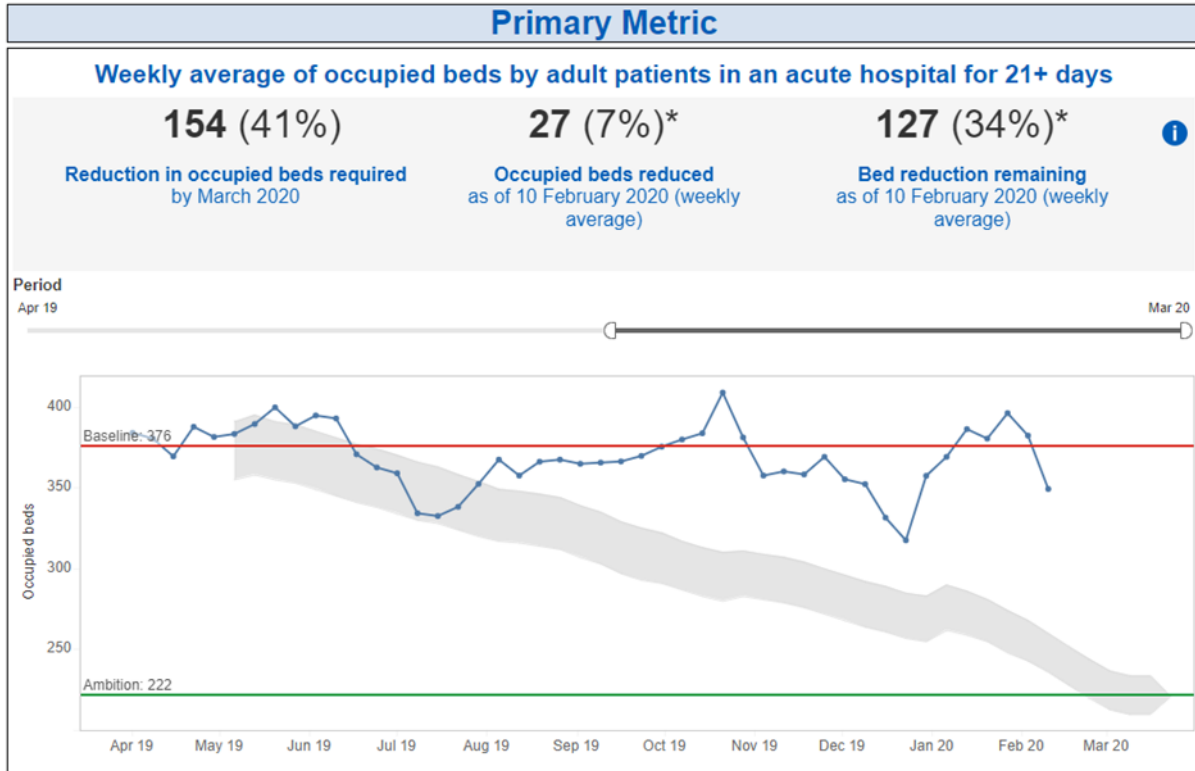
##### 3.1.1 A&E 4 Hour Performance

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
<b>CCG and Aintree A&amp;E Waits - % of patients who spend 4 hours or less in A&amp;E</b>		<b>Previous 3 months, latest and YTD</b>					127c  Plan: 95% CCG Improvement trajectory 89% March 2020 Unable to split CCG type 1 from Oct onwards		
<b>RED</b>	<b>TREND</b>		Sep-19	Oct-19	Nov-19	Dec-19			YTD
		CCG All Types	83.43%	84.32%	81.53%	80.65%			81.53%
		CCG Type 1	82.66%						77.55%
		Aintree Improvement Plan	89%	88%	88%	88%			
		Aintree All Types	87.45%	84.24%	80.36%	76.92%			85.05%
		Aintree Type 1	78.55%	71.79%	65.76%	65.47%	72.11%		
<b>Performance Overview/Issues:</b>									
<p>The CCG is failing the national standard of 95% in December reporting 80.65% 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 76.92% (type 1 and 3), which shows a decline from last month (80.36%) and also under the 88% improvement trajectory for December. Type 1 performance on the Aintree site was 65.47%. A contract performance notice is in place with actions agreed being closely monitored by the CCG.</p>									
<b>Actions to Address/Assurances:</b>									
<b>Internal Trust Actions:</b>									
<b>Improve Non Admitted performance</b>									
<p>The department has commenced a workstream to improve non-admitted performance in See &amp; Treat. The action plan is under development and will be monitored weekly against the agreed trajectory.</p> <p>Primary Care Streaming (PCS) new model of delivery was approved and commenced 1st December 2019. A quarterly report will be produced to evaluate the changes in service delivery.</p>									
<b>Improve AEC functionality</b>									
<p>Work has commenced via NHSEI Same Day Emergency Care (SDEC) collaborative to review the role of Advanced Nurse Practitioner (ANP) to support in-reach function, final event end of January. New model to be trialled this month and with an update in March.</p>									
<b>Minimise frequency of crowding (surge) in the Emergency Department</b>									
<p>a) Department has identified 2 cubicles in the ambulance drop off bay, which will be ring-fenced for the new handover/pitstop process. The impact of this will be reviewed at the weekly performance meeting. Work continues in collaboration with NNAS and the NNAS Stakeholder event with the next collaborative meeting being held on 20th January 2020.</p> <p>b) To implement Direct Conveyancing to Assessment Areas - Frailty have successfully implemented direct conveyancing and a Task and Finish group will be formed to agree the process for medical assessment area. Progress will be reported into the weekly performance meeting.</p>									
<b>System Partners Actions:</b>									
<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"> <li>• Collaborative focus on increasing ambulatory care within the Frailty Assessment Unit with direct conveyancing to unit without A&amp;E attendance/review</li> <li>• On-going implementation of Mersey Care Alternative to Transfer scheme with system introduced to provide timely response to NNAS to support patients at home who do not require conveyance to A&amp;E. Work underway to promote service further and increase referrals and range of pathways that can be supported.</li> <li>• Implementation of actions from Long Length of Stay action plan to reduce A&amp;E attendances e.g. development of community DVT pathway, ICRAS offer in community.</li> <li>• Collaborative work continues with Liverpool CCG to review potential Urgent Treatment Centre provision within Aintree footprint again with focus of reducing A&amp;E attendances.</li> <li>• 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 to support patient flow and escalation work required.</li> </ul>									
<b>When is performance expected to recover:</b>									
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%.									
<b>Quality:</b>									
<b>Indicator responsibility:</b>									
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>				
Karl McCluskey		John Wray			Janet Spallen				

### 3.2 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 10<sup>th</sup> February 2020 (weekly average) shows 349 occupied beds. This shows a reduction of 27 beds, 127 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					<p><b>Category 1</b> -Time critical and life threatening events requiring immediate intervention</p> <p><b>Category 2</b> -Potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and / or urgent transport</p> <p><b>Category 3</b> - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering</p> <p><b>Category 4 / 4H / 4HCP</b> - Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly transport</p>	<p>Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient.</p> <p>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.</p>
RED	TREND	Cat	Target	Oct-19	Nov-19	Dec-19		
		1 mean	<=7 mins	00:06:59	00:07:09	00:07:47		
		1 90	<=15 mins	00:11:30	00:11:49	00:13:34		
		2 mean	<=18 mins	00:33:00	00:36:33	00:40:11		
		2 90	<=40 mins	01:13:45	01:24:57	01:33:04		
		3 90	<=120 mins	03:53:10	04:38:41	04:52:42		
		4 90	<=180 mins	03:57:33	03:49:55	03:42:02		
<b>Performance Overview/Issues:</b>								
<p>In December 2019 there was an average response time in South Sefton of 7 minutes 47 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 40 minutes 11 seconds against a target of 18 minutes, the second slowest response time in Merseyside. The CCG also failed the category 3 and 4 90th percentile. South Sefton is yet to achieve the targets in either category 2 or category 3 since the introduction of the ARP system. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&amp;E to release vehicles back into system.</p>								
<b>Actions to Address/Assurances:</b>								
<p>In 2019/20 NWAS has continued to progress improvements in delivery against the national ARP standards. The actions identified then continue to be implemented through Q4 of 2019/20. This included re-profiling the fleet, improving call pick up in the EOCs, use of the Manchester Triage tool to support both hear &amp; treat and see &amp; treat and reduce conveyance to hospital. The joint independent modelling commissioned by the Trust and CCGs set out the future resource landscape that the Trust needs if they are to fully meet the national ARP standards. Critical to this is a realignment of staffing resources to demand which will only be achieved by a root and branch re-rostering exercise. This exercise has commenced, however, due to the scale and complexity of the task, this will not be fully implemented until the end of Quarter 1 2020/21. Work is ongoing.</p> <p>To support the service to both maintain and continue to improve performance, the contract settlement from commissioners for 2019/20 provided the necessary funding to support additional response for staffing and resources, including where required the use of VAS and overtime to provide interim additional capacity, prior to full implementation of the roster review. We have been advised that implementation of the roster review has been delayed in Cheshire &amp; Merseyside until Quarter 4 which increases the risk of no-achievement of targets required for Quarter 1 2020/21. NWAS have advised that whilst formal implementation of the roster review has been delayed it is being progressed where there is mutual agreement with staff which will enable greater flexibility with shift patterns and use of staff resource.</p> <p>North Mersey 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>								
<b>When is performance expected to recover:</b>								
<p>The 2019/20 contract agreement with NWAS identified that the ARP standards must be met in full (with the exception of the C1 mean) from quarter 4 2019/20. The C1 mean target is to be delivered from quarter 2 2020/21. A trajectory has been agreed with the Trust for progress towards delivery of the standards. There are however concerns that the targets will not be met within the required timeframes and further review and negotiation is taking place by the ambulance commissioning team with further feedback to be provided to CCGs.</p>								
<b>Quality:</b>								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Karl McCluskey		John Wray			Janet Spallen			





### 3.4 Ambulance Handovers



Indicator		Performance Summary				Indicator a) and b)	Potential organisational or patient risk factors
<b>Ambulance Handovers</b>		<b>Latest and previous 2 months</b>				a) All handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 30 minutes	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
<b>RED</b>	<b>TREND</b>	Target	Oct-19	Nov-19	Dec-19		
		(a) <=15-30mins	116	186	257	b) All handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 60 minutes	
		(b) <=15-60mins	39	128	271		
<b>Performance Overview/Issues:</b>							
NWS performance saw an increase with handover delays of over 30 and 60 minutes. With 30 minute delays increasing from 186 to 257 and 60 minute delays increasing from 128 to 271.							
<b>Actions to Address/Assurances:</b>							
Aintree have been part of the Super Six working with NWS 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 provider 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.							
<b>When is performance expected to recover:</b>							
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.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Karl McCluskey		John Wray			Janet Spallen		

## 3.5 Unplanned Care Quality Indicators



### 3.5.1 Stroke and TIA Performance

Indicator		Performance Summary				Measures	Potential organisational or patient risk factors
<b>Aintree Stroke &amp; TIA</b>		<b>Latest and previous 3 months</b>				a) % who had a stroke & spend at least 90% of their time on a stroke unit  b) % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	Risk that CCG is unable to meet statutory duty to provide patients with timely access to Stroke treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
<b>RED</b>	<b>TREND</b>	Sep-19	Oct-19	Nov-19	Dec-19		
		73.20%	80.43%	79.41%	73.80%		
		Stroke Plan: 80% TIA 60% (achieving)					
<b>Performance Overview/Issues:</b>							
<p>Performance against the 90% stay standard was 73.80% for December 2019. There were 42 patients with a diagnosis of stroke discharged from the provider during the month. Of these, 31 patients spent 90% of their stay on the Stroke Unit. The standard was not achieved for 11 patients. All breaches of the standard are reviewed and reasons for underperformance identified:</p> <ul style="list-style-type: none"> <li>- 5 patients required admission to the Stroke Unit with no bed availability</li> <li>- 3 patients was referred after an MRI confirmed Stroke diagnosis</li> <li>- 1 patient was a late referral to the Stroke Team from ED</li> <li>- 2 patients had atypical presentation and not referred to the Stroke team on arrival</li> </ul> <p>TIA continues to achieve and is reporting 100% in December.</p>							
<b>Actions to Address/Assurances:</b>							
<b>Proposed Trust Actions : -</b>							
<b>Work with Lead Nurse for workforce on a recruitment strategy for Registered Nursing Vacancies</b>							
<ul style="list-style-type: none"> <li>• Finalise recruitment briefing for Clinical Business Unit (CBU) and Stroke</li> </ul>							
<b>Improve therapy Scores Sentinel Stroke National Audit Programme (SSNAP)</b>							
<ul style="list-style-type: none"> <li>• Evaluate pilot of working hours to create evening capacity</li> <li>• Evaluate pilot of weekend working</li> </ul>							
<b>Work with ED and Radiology to improve time to CT scan to improve SSNAP score</b>							
<ul style="list-style-type: none"> <li>• Monthly review of all patients who didn't meet the standard</li> <li>• Attend ED Governance meeting to discuss Stroke</li> </ul>							
<b>Review of all patients transferred to MAB/FAB</b>							
<ul style="list-style-type: none"> <li>• Attend Acute Medical Unit (AMU) meeting to discuss timely transfers</li> <li>• DATIX all patients</li> </ul>							
<b>Review of all delayed discharges relating to Sefton Early Supported Discharge (ESD) and insertion of Percutaneous endoscopic gastrostomy (PEG)</b>							
<ul style="list-style-type: none"> <li>• Attend AMU meeting to discuss timely transfers</li> <li>• DATIX all patients</li> </ul>							
<b>When is performance expected to recover:</b>							
<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 provider has now failed the target in November and December 2019. Ongoing work is focussed on patient flow and a emphasis on the North Mersey Stroke Work and how an enhanced early supported discharge team would impact on discharge delays enabling timely admission to stroke beds for new presentations.</p>							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Karl McCluskey		John Wray		Janet Spallen			



### 3.5.2 Mixed Sex Accommodation (MSA)

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



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

Indicator		Performance Summary				Potential organisational or patient risk factors	
<b>Incidence of Healthcare Acquired Infections: MRSA</b>		<b>Latest and previous 3 months (cumulative position)</b>				Cases of MRSA carries a zero tolerance and is therefore not benchmarked.	
<b>RED</b>	<b>TREND</b>	Sep-19	Oct-19	Nov-19	Dec-19		
		CCG	1	1	1		1
		Aintree	2	2	2		2
		Plan: Zero					
<b>Performance Overview/Issues:</b>							
The CCG and the lead provider have reported no new cases of MRSA in December. 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.							
<b>Actions to Address/Assurances:</b>							
No further incidence reported and provider action included:							
<ul style="list-style-type: none"> <li>• Undertook a post infection review with the clinical team</li> <li>• Reviewed the post infection review with CCG</li> <li>• Identified lessons learned and actions undertaken</li> <li>• Draft action plan sent to the CCG</li> <li>• Action plan monitored through the Decontamination Action Group (DAG) and Infection Prevention Control (IPC) Operational Group</li> </ul>							
<b>When is performance expected to recover:</b>							
Will remain red due to the Zero tolerance for MRSA although Trust continues to monitor action plan.							
<b>Quality:</b>							
Any further incidents will be reported by exception							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Brendan Prescott		Gina Halstead		Jennifer Piet			

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

Indicator		Performance Summary				Potential organisational or patient risk factors	
<b>Incidence of Healthcare Acquired Infections: C Difficile</b>		<b>Previous 3 months and latest (cumulative position)</b>					
<b>GREEN</b>	<b>TREND</b>	Sep-19	Oct-19	Nov-19	Dec-19		
		CCG	29	35	36		42
		Aintree	62	77	85		98
		2019/20 Plan: <=60 YTD for the CCG 2019/20 Plan: <=56 for Aintree					
<b>Performance Overview/Issues:</b>							
<p>The CCG are achieving the target year to date for c difficile reporting 42 cases against at year to date target of 46, 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. Aintree's national objective is to have no more than 56 healthcare associated cases in 19/20. The provider is reporting from April - December 2019 there have been 71 cases, 19 cases have been appealed as having no lapses in care and so for performance there have been 52 cases. A further ten cases are being put forward for appeal with the CCG. Since June 2019 no cases have been linked by ribotype. In December 2019 there have been 10 healthcare associated cases (3 x HOHA and 2 X COHA).</p> <p>From April - Dec 19 in total there have been 98 cases reported on the HCAI database (13 cases in December). 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. This is total numbers and not including pending appeals.</p>							
<b>Actions to Address/Assurances:</b>							
<p><b>Trust Proposed Actions:</b></p> <ul style="list-style-type: none"> <li>• Commode cleanliness monitored weekly and performance sent to Ward Nurse Manager (WNM).</li> <li>• Quality Improvement project to standardise bay cleaning, decant and Hydrogen Peroxide Vapour (HPV) fogging following C Difficile and other infections.</li> <li>• Trust wide CDI action plan developed and in progress, including Trust-wide education, deep cleaning, focus on prompt stool testing and isolation, patient and staff hand hygiene.</li> <li>• Trial new approach to CDI appeals and CCG colleagues with greater emphasis on discussing themes and areas for improvement.</li> </ul>							
<b>When is performance expected to recover:</b>							
Recovery will be monitored as part of the LUHFT overall plan with specific emphasis on each of the sites.							
<b>Quality:</b>							
CDI action plan in progress and near completion.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Brendan Prescott		Gina Halstead		Jennifer Piet			

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

Indicator		Performance Summary				Potential organisational or patient risk factors	
<b>Incidence of Healthcare Acquired Infections: E Coli (CCG)</b>		<b>Previous 3 months and latest (cumulative position)</b>					
<b>RED</b>	<b>TREND</b>	Sep-19	Oct-19	Nov-19	Dec-19		
		CCG	84	99	112		125
		Aintree	190	222	249		283
		2018/19 CCG plan <=128 and failed 2019/20 Plan: <=128 YTD <i>There are no Trust plans at present numbers for information</i>					
<b>Performance Overview/Issues:</b>							
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 December there were 13 cases (125 YTD) against a year to date plan of 96 (this being the same as last month when 13 was reported, still over YTD plan).							
Aintree reported 34 cases in December (283 YTD) with no targets set for Trusts at present. The figures above are not just attributable to the Aintree hospital site.							
<b>Actions to Address/Assurances:</b>							
The Chair of the Gram Negative Blood Stream Infection (GNBSI) meeting made enquiries if NHSE/I regarding Cheshire and Merseyside would consider hosting the purchase of Catheter Passports/Cares for the CCGs with a view to reducing costs. NHSE/I have convened a GNBSI/Healthcare Associated Infection Programme Board for Cheshire and Merseyside CCGs as it had been acknowledged that there was a lack of a system wide collaborative support within Cheshire and Merseyside. and Catheter Passports are included within the targeted areas. An overarching system wide improvement plan is being developed and will be shared locally upon receipt. The majority of cases continue to be urinary source, with none this year linked to urinary catheters.							
<b>When is performance expected to recover:</b>							
This is a cumulative total so recovery not expected although monitoring of the numbers and exception reporting will continue.							
<b>Quality:</b>							
Following the Gram Negative Blood Stream Infection (GNBSI) Single Item Quality Surveillance Group meeting with NHSE/I, a letter was received from AQUA requesting participation in the Antimicrobial Resistance (AMR) programme. AQUA are hosting an action based learning programme for clinical teams in the North West of England. The Deputy Head of Clinical Quality & Safety will follow this up with AQUA. There is an NHSE/I AMR Programme Board at which there is a senior leader from NHSE/I who also attends the GNBSI Programme Board – information will be shared between the Boards.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Brendan Prescott		Gina Halstead		Jennifer Piet			

### 3.5.6 Hospital Mortality

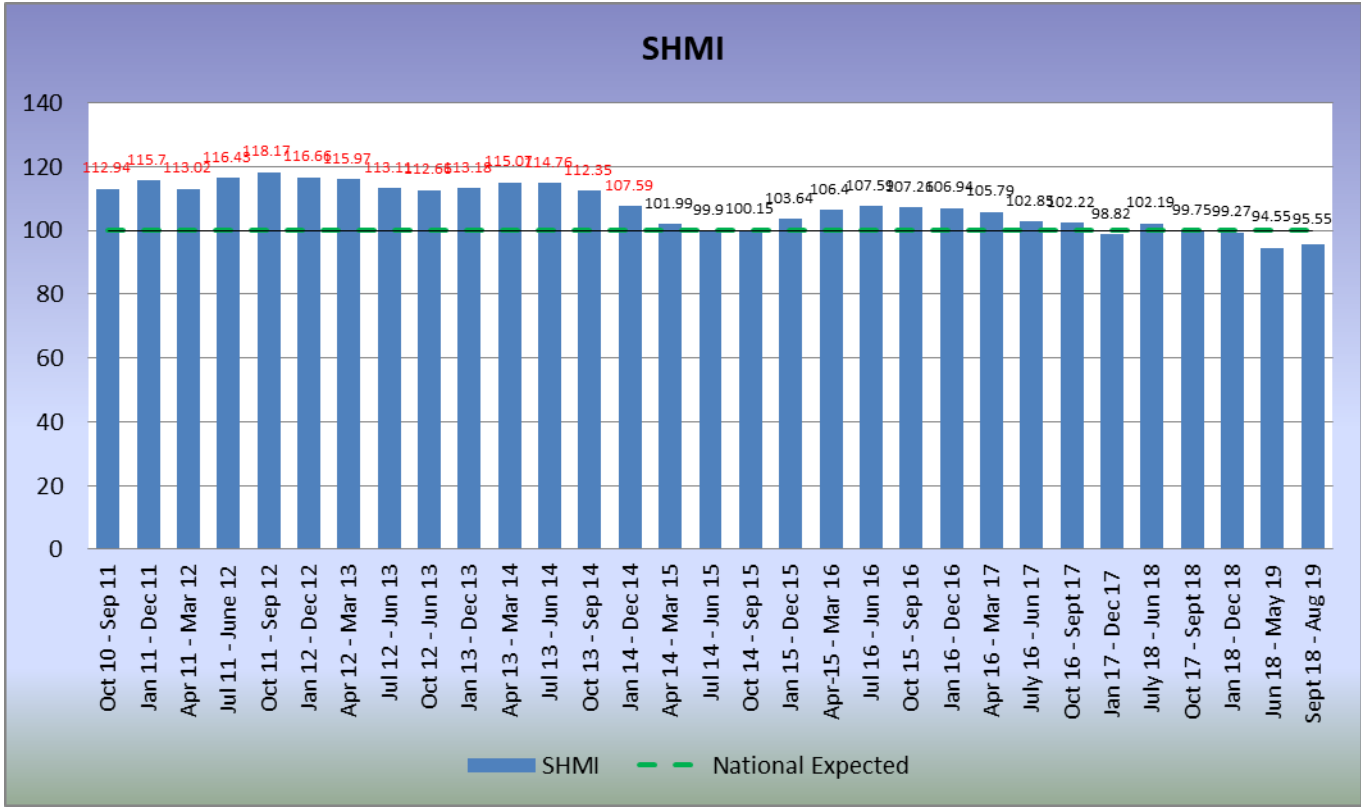
Figure 10 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	19/20 - Dec	100	95.55	↑

HSMR is the same as reported last month at 95.55 for the period October 2018 to September 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 95.55 in the “as expected” range and is continuing its downward trend within tolerance levels for the period September 18 – August 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**

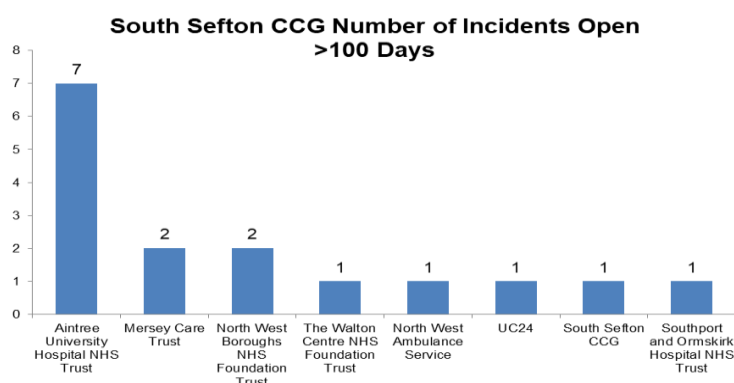
In Quarter 3 2019/20 there were a total of 36 serious incidents (SIs) open on StEIS for South Sefton as the RASCI (Responsible, Accountable, Supporting, Consulted, Informed) commissioner or that involve a South Sefton CCG patient.

N.B. As of 1<sup>st</sup> 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	No. of Incidents
Aintree University Hospital	9
Liverpool University Foundation Trust (LUFT)	8
Mersey Care Foundation Trust (Mental Health)	3
Mersey Care Foundation Trust (South Sefton Community Division)	3
North West Boroughs NHS Foundation Trust	4
North West Ambulance	1
Cheshire & Wirral Partnership	2
South Sefton CCG	2
The Walton Centre NHS Foundation Trust	1
Southport & Ormskirk NHS Foundation Trust	1
UC24	2
<b>TOTAL</b>	<b>36</b>

There are 16 SIs which remain open on StEIS >100 days for South Sefton CCG (see table below). The majority are attributed to Aintree University Hospital (7) and one is attributed to South Sefton CCG.

**Figure 13 - Open Incidents over 100 Days for South Sefton CCG**





At the time of writing this report, of the 7 open SIs for Aintree, the following applies:

- 1 has been reviewed and are now closed
- 1 extension has been granted by the CCG
- 3 further assurance requested from the provider
- 2 have been reviewed and closure agreed at South Sefton SIRG, however awaiting confirmation of closure from patients CCG.

The following applies to the remaining open SIs

- Mersey Care NHS Foundation Trust (Mental Health) – 2 RCAs reviewed and SIs now closed. 1 RCA is still awaited from the provider.
- Northwest Boroughs NHS Foundation Trust – 2 x Ongoing Serious Case Review due to complete in January 2020.
- The Walton Centre NHS Foundation Trust - This RCA is being performance managed by NHSE Specialised Commissioning.
- Northwest Ambulance Service NHS Foundation Trust – 1 RCA still awaited from provider.
- PC24 – RCA reviewed and SI now closed.
- South Sefton CCG – this has now been closed
- Southport and Ormskirk Hospital NHS Trust – SI subject to HSIB investigation – stop the clock applied

**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)	9	0	2	7*	11	2	0	1	8*

The CCG noted improvements in the performance management of SIs during Q3 19/20. Please note however, the figures above apply to only South Sefton Community Division only and not Mersey Care as a whole.

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

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

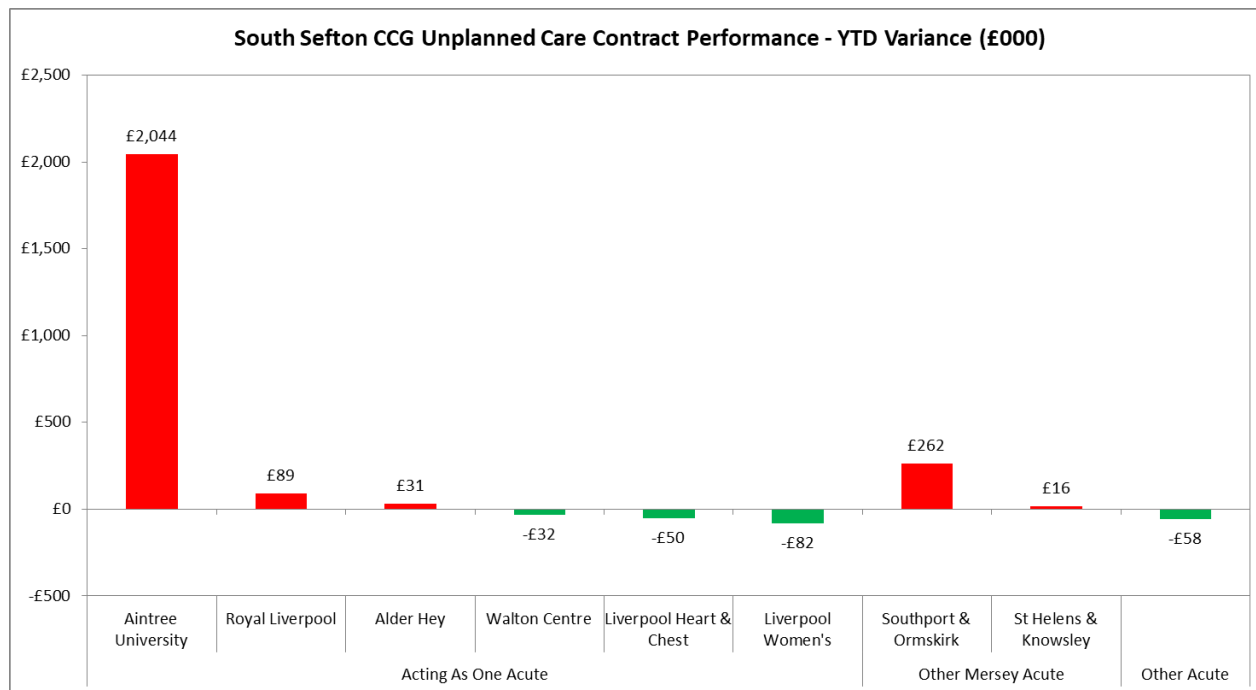
Total DTCs reported in December 2019 was 1,443, an increase compared to December 2018 with 1,437. Delays due to NHS have increased, with those due to social care decreasing. The majority of delay reasons in December 2019 were due to care package in home and patient family choice.

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 9 of financial year 2019/20, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £2.3m/5.4%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in a smaller variance of £361k/0.8%.

This over performance is clearly driven by Aintree Hospital, which has a variance of £2m/6% against plan at month 9.

South Sefton CCG is also aware of activity being undertaken at Virgin Healthcare walk in centres at Ormskirk and Skelmersdale. At month 9, the value is £124k. This has previously been paid for on a non-contract activity basis and CCG contract leads are in discussions with Virgin Care on developing a contract for 2020/21. The table below shows the movement year on year.

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

South Sefton CCG at Virgin Care	Activity	Cost
2018/19 (M1-9)	3,176	£122,472
2019/20 (M1-9)	3,120	£124,392
Variance	-56	£1,920
Variance %	-2%	1.6%

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

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

### 3.8.2 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	32,338	30,450	-1,888	-6%	£757	£757	£0	0%
A&E - Accident & Emergency	27,253	27,625	372	1%	£4,400	£4,507	£107	2%
NEL - Non Elective	13,161	13,108	-53	0%	£23,737	£26,620	£2,883	12%
NELNE - Non Elective Non-Emergency	37	33	-4	-11%	£137	£177	£40	29%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	208	57	-151	-73%	£54	£15	£40	-73%
NELST - Non Elective Short Stay	2,541	2,798	257	10%	£1,764	£1,958	£194	11%
NELXBD - Non Elective Excess Bed Day	10,991	6,523	-4,468	-41%	£2,813	£1,672	£1,141	-41%
<b>Grand Total</b>	<b>86,530</b>	<b>80,594</b>	<b>-5,936</b>	<b>-7%</b>	<b>£33,662</b>	<b>£35,706</b>	<b>£2,044</b>	<b>6%</b>

A&E type 1 attendances are 1% 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 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 also decreased for three consecutive months up to November-19. Type 1 and Litherland walk-in centre attendances have each increased in December-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). Non-elective activity is currently aligned to 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.

##### Autism Spectrum Disorder (ASD)

The Trust has employed a consultant to fully understand capacity and demand issues within the ASD service which will identify the service redesign required to increase assessment capacity in the first instance as commissioners have requested so as to mitigate against long waits and options for possible future investment. Commissioners have requested that proposals should be shared by March 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 fed back that the proposal was lacking physical health input and will be meeting the Trust in late February to work up a more sufficient proposal which will be submitted for approval via CAG and QIPP committee route.

##### Core 24 KPIs

In Month 9 with backdated activity the Trust reported CORE 24 indicators.

Core 24 Indicator	Threshold	Dec 2019	
Emergency Pathway - Assessment within 1 hour	90%	87.50%	Decline from 88.89% in November 2019
Emergency Pathway - Package of care within 4 hours	90%	57.14%	Decline from 62.26% in November 2019
Urgent Pathway - Assessment within 4 hour	90%	91.67%	Improvement from 82.0% reported in November 2019
Urgent Pathway - Full MH assessment within 24 hours	90%	100.00%	Improvement from 69.23% reported in November 2019

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

- The Standard Operating Procedure (SOP) is being revised to improve more consistent recording of different codes and stages which will improve the accuracy of the levels of urgent /emergency referral being received by CORE 24 and will ensure that the right care that matches their needs at the right time of assessment.
- CORE 24 staff have received appropriate communication to understand the correct process and this will be supported by managers on a regular basis.

**Communication KPI: All patients seen in outpatients to have their change in medication or treatment plan communicated to General Practice within 24 hours (excluding weekends and Bank Holidays).**



There has been long standing sub-optimal performance against the KPI and the Trust presented an action plan at recent Clinical Quality Performance Group (CQPG) with an improvement trajectory to achieve the 95% threshold. Commissioners were not assured by the action plan and have asked for it to be resubmitted.

**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
<b>Eating Disorder Service (EDS): Treatment commencing within 18 weeks of referrals</b>		<b>Previous 3 months and latest</b>				KPI 125
<b>RED</b>	<b>TREND</b>	Sep-19	Oct-19	Nov-19	Dec-19	
		64.3%	75.0%	92.9%	63.2%	
		Plan: 95% - October 2019/20 reported 75.0% and failed				
<b>Performance Overview/Issues:</b>						
Out of a potential 19 Service Users, 12 started treatment within the 18 week target (63.2%), which is a deterioration from the 92.9% starting treatment within 18 weeks for the previous month (79 people across the Trust footprint waiting for treatment in December 2019).						
Demand for the service continues to increase and to exceed capacity. In December 79 people were waiting for treatment with 24 breaching the 18 week to treatment target. This has remained stable from last month's figure of 25 breaching the 18 week to treatment KPI.						
<b>Actions to Address/Assurances:</b>						
<b>Trust Actions:</b>						
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. Recruitment to Band 7 Clinical Psychologist has taken place and post will shortly join the service 7. Commissioners reviewed a service proposal which was received in November. The commissioners have feedback that the proposal lacks physical health input. CCG will be meeting with Trust in Feb 2020 to develop business case with physical health component with the aim of bring case through CAG/QIPP in 2020/21.						
<b>When is performance expected to recover:</b>						
Performance overall continues to improve with 12/19 (63.2%) people achieving the standard In December. This remains an improvement when compared to 55.280% for 2018/19.						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough		Gordon Jones		

## 4.2 Cheshire & Wirral Partnership (Adult)

### 4.2.1 Improving Access to Psychological Therapies: Access



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>IAPT Access - % of people who receive psychological therapies</b>		<b>Latest and previous 3 months</b>				123b	Risk that CCG is unable to achieve nationally mandated target.
<b>RED</b>	<b>TREND</b>	Sep-19	Oct-19	Nov-19	Dec-19		
		1.07%	1.27%	1.02%	0.71%		
		Access Plan: 19.0% (First 3 quarters) - December 2019/20 reported 0.71% and failed					
<b>Performance Overview/Issues:</b>							
<p>The access standard is defined as being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues. The national target for 2019/20 is to achieve 22% (5.5% per quarter), therefore the monthly target is approximately 1.59%. However, local commissioning arrangements are to achieve 4.75% in the last quarter of 2019/20 only. Month 9 performance was 0.71% and failing to achieve the target standard even allowing for Christmas/New Year. Achieving the access KPI has been an ongoing issue for the provider and the forthcoming procurement exercise may further exacerbate poor performance. The service also reported in January that 2 staff members have left to go to Liverpool IAPT after training from Psychological Wellbeing Practitioner (PWP) level. The percentage of clients leaving with no intervention significantly increased in December will have had an impact on the access rate.</p>							
<b>Actions to Address/Assurances:</b>							
<p>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. Three staff returning from maternity leave and long term sickness are expected to 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 Cognitive Behavioural Therapy (CBT). GP practices have been informed of Silver Cloud.</p>							
<b>When is performance expected to recover:</b>							
<p>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.</p>							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Geraldine O'Carroll/Karl McCluskey		Sue Gough		Geraldine O'Carroll			

## 4.2.2 Improving Access to Psychological Therapies: Recovery



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Recovery - % of people moved to recovery		Latest and previous 3 months				123a	Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Sep-19	Oct-19	Nov-19	Dec-19		
		45.2%	41.1%	45.4%	27.8%		
		Recovery Plan: 50% - December 2019/20 27.8% and failed					
<b>Performance Overview/Issues:</b>							
After an improvement in November the percentage of people moved to recovery was 27.8% in month 9 of 2019/20 and the target was not achieved and was a significant decrease from the previous month.							
<b>Actions to Address/Assurances:</b>							
The newly appointed clinical lead for the service has been reviewing non recovered cases and work with practitioners to improve recovery rates, commissioners are expecting a report on the findings in March 2020. 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 going forward.							
<b>When is performance expected to recover:</b>							
The above actions will continue with an ambition to improve performance during 2019/20.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Geraldine O'Carroll/Karl McCluskey		Sue Gough			Geraldine O'Carroll		





## 4.3 Dementia

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>Dementia Diagnosis</b>		<b>Latest and previous 3 months</b>				126a	Waiting times for assessment and diagnosis of dementia are currently 14+ weeks. NHS Mersey Care Trust have assured SS CCG that they are taking necessary steps to reduce waiting times for the South Sefton Memory Service.
<b>RED</b>	<b>TREND</b>	Sep-19	Oct-19	Nov-19	Dec-19		
		63.7%	63.0%	63.6%	63.9%		
		Plan: 66.7%					
<b>Performance Overview/Issues:</b>							
<p>The latest data on NHS Digital shows South Sefton CCG are recording a dementia diagnosis rate in December of 63.93%, which is under the national dementia diagnosis ambition of 66.7%. This is slightly higher than the percentage that was reported last month. CCG believes that coding issues in primary care may be impacting on performance. The South Sefton Memory service waiting times had reported a waiting time of up to 14 weeks in some cases. There also appears to be a continued delay with the memory service sending diagnosis letters back to primary care. No further update from Mersey Care Trust re waiting times.</p>							
<b>Actions to Address/Assurances:</b>							
<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 EMS 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 (LQC) 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"> <li>• identify patients at clinical risk of dementia</li> <li>• offer an assessment to detect for possible signs of dementia for those at risk</li> <li>• offer a referral for diagnosis where dementia is suspected</li> <li>• For people with a diagnosis of dementia, practices to take responsibility for the onward prescribing of dementia medication.</li> </ul> <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. Take up was slow via GP practices however an increase in referrals is expected in the last quarter. 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. iMersey report that staffing issues are now easing.</p> <p>4. 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 QIPP/CAG in November, the proposal was <b>not approved</b>.</p>							
<b>When is performance expected to recover:</b>							
Plans are in place to achieve in 2019/20.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Jan Leonard		Susan Gough			Kevin Thorne		

## 4.4 Learning Disabilities Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>Learning Disabilities Health Checks (Cumulative)</b>		<b>Latest and previous 3 quarters</b>				124b	
<b>RED</b>	<b>TREND</b>	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%					
<b>Performance Overview/Issues:</b>							
<p>A national enhanced service is in place with payment available for GPs providing annual health checks, and CCGs were required to submit plans for an increase in the number of health checks delivered in 2019/20. South Sefton CCGs target is 499 for the year. Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. There have been issues with data quality issues and practices not submitting their register sizes manually, the CCG are using a local data source for the registered patient numbers which comes directly from the practices and are more accurate. In quarter 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>							
<b>Actions to Address/Assurances:</b>							
<p>Programme of work established with South Sefton GP Federation to increase uptake of annual health checks. A meeting is being arranged with the Local Authority to offer the annual health checks to patients with an LD in their own home or in day services.</p>							
<b>When is performance expected to recover:</b>							
March 2020							
<b>Quality impact assessment:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough			Gordon Jones		

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

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
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		<b>Latest and previous 3 quarters</b>				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.
<b>RED</b>	<b>TREND</b>	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20		
		17.2%	18.6%	20.7%	22.7%		
		Plan: 50% - Quarter 2 2019/20 reported 20.7% and failed					
<b>Performance Overview/Issues:</b>							
The most recent data period is July to September 2019/20. In the 12 month period to the end of quarter 3 2019/20, 22.7% of the 1,887 of people on the GP SMI register in South Sefton CCG (428) received a comprehensive health check. Despite not yet achieving the 50% ambition this is an improvement from the previous quarter (20.7%).							
<b>Actions to Address/Assurances:</b>							
Local Quality Contract (LQC) scheme developed and is in place from April 2019. In Q2 the data capture tool was simplified following feedback and is in place. Practices have been reminded of the importance of SMI health checks. Performance is expected to improve in Quarter 4.							
<b>When is performance expected to recover:</b>							
Performance should improve in Quarter 4 2019/20 onwards.							
<b>Quality impact assessment:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough			Gordon Jones		

## **5. Community Health**

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



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. Waiting times for Speech and Language Therapy (SALT) and Physiotherapy continue to be scrutinised at monthly information sub groups.

#### **5.1.1 Quality**



For the Trust, the CCG Quality Team and Mersey Care NHS Foundation Trust (MCFT) have aligned where appropriate the Quality schedule and KPIs, which will enable the Trust to produce one relevant report with both Liverpool and Sefton CCGs information and action plans to address any issues. Work is ongoing to merge the CQPGs for the Community Trusts and Mental Health as one meeting across the CCGS to reduce duplication and support consistency of reporting and messages.

For Q3 CQUIN the Trust met all indicators.

## 5.1.2 Mersey Care Adult Community Services: Physiotherapy

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
<b>Mersey Care Adult Community Services: Physiotherapy</b>		<b>Previous 3 months and latest</b>				<=18 weeks: <b>Green</b> > 18 weeks: <b>Red</b>	
<b>GREEN</b>	<b>TREND</b>	Incomplete Pathways (92nd Percentile)					
		Sep-19 <b>20 wks</b>	Oct-19 <b>17 wks</b>	Nov-19 <b>16 wks</b>	Dec-19 <b>16 wks</b>		
		Target: 18 weeks					
<b>Performance Overview/Issues:</b>							
<p>The incomplete pathway refers to patients who have been referred into the service and are awaiting their initial treatment. References made to the completed pathway are how long those patients had waited at the point when they received treatment. This provides an indication of actual waits and patient experience.</p> <p>Due to the concerns regarding waits for this service, the Trust has agreed to provide more timely waiting times information (as opposed to a month in arrears). December's incomplete pathways reported within the 18 week standard with 16 weeks, showing a sustained position. However, it is important to note that the completed pathways continues to exceed the 18 week target at 20 weeks in December, although this is an improvement on November (21 weeks). The Trust has provided an early warning indication of 17 weeks for January.</p>							
<b>Actions to Address/Assurances:</b>							
<p>The Trust has had action plan in place with feedback on following areas to date:</p> <ul style="list-style-type: none"> <li>- Backfill has been used for staff physiotherapy sickness/annual leave with locum cover. Administrative support from other areas within ICRAS.</li> <li>- 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.</li> <li>- Implementing SAFER within the team, monitored through clinical supervision.</li> <li>- In the process of going through a safer staffing review with senior managers.</li> <li>- Appointment of Postural Stability Instructor, to work with 'Active Steps' and this will have a positive on the Physiotherapy waiting list and times</li> <li>- Implementation of the Integrated Care Team's to support patients with long-term conditions.</li> </ul> <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>							
<b>When is performance expected to recover:</b>							
<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>							
<b>Quality impact assessment:</b>							
<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>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Karl McCluskey		Sunil Sapre		Janet Spallen			



### 5.1.3 Mersey Care Adult Community Services: SALT

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: SALT		Previous 3 months and latest				<=18 weeks: <b>Green</b> > 18 weeks: <b>Red</b>	
<b>RED</b>	<b>TREND</b>	Incomplete Pathways (92nd Percentile)					
		Sep-19	Oct-19	Nov-19	Dec-19		
		13 wks	16 wks	15 wks	19 wks		
		Target: 18 weeks					
<b>Performance Overview/Issues:</b>							
<p>The incomplete pathway refers to patients who have been referred into the service and are awaiting their initial treatment. References made to the completed pathway are how long those patients had waited at the point when they received treatment. This provides an indication of actual waits and patient experience.</p> <p>Due to the concerns regarding waits for this service, the Trust has agreed to provide more timely waiting times information (as opposed to a month in arrears). December's incomplete pathways reported above the 18 week standard with 19 weeks, showing a decline on last month. It is important to note that the completed pathways continues to exceed the 18 week target at 21 weeks in December, also a decline from 19 weeks in November.</p>							
<b>Actions to Address/Assurances:</b>							
<p>The Trust's waiting times performance is a standing agenda item at the monthly information sub group, which feeds into the monthly Contracting and Clinical Quality Review Meeting (CCQRM). The Trust advised that as at 27th January they had an average waiting time of 21 weeks; 15 patients waiting over 18 weeks. The Trust advised this is a small service with just 3 staff, 1 WTE is currently on leave and 1 locum has left. The Trust put 4 posts out to recruitment across Liverpool and Sefton but has been unable to recruit. The Trust is looking to source more locums to increase capacity. Liverpool is also supporting the team despite having their own staffing issues although it is a bigger team.</p>							
<b>When is performance expected to recover:</b>							
<p>The CCG have asked the Trust to review and advise urgently on their long term strategy for SALT an other Allied Health Professional (AHP) workforce recruitment and retention. This is not a South Sefton specific issue with same challenges in neighbouring CCG areas and opportunity to consider sustainability on a larger footprint and also across Community and Acute provision. Recovery trajectory to be developed as part of this work which will be based on recruitment actions identified above.</p>							
<b>Quality impact assessment:</b>							
<p>The Trust has assured the CCG that they continue to see urgent patients in a timely manner and these are prioritised.</p>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Karl McCluskey		Sunil Sapre			Janet Spallen		

## 6. Children's Services



### 6.1 Alder Hey Children's Mental Health Services

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

Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services		Previous 3 quarters and latest				
<b>RED</b>	<b>TREND</b>	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				
<b>Performance Overview/Issues:</b>						
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.						
<b>Actions to Address/Assurances:</b>						
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.						
<b>When is performance expected to recover:</b>						
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.						
<b>Quality impact assessment:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough		Peter Wong		



No Q3 update for this indicatory data will be available for the next report.

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

Indicator		Performance Summary				Potential organisational or patient risk factors
<b>Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral</b>		<b>Latest and previous 3 quarters</b>				Performance in this category is calculated against completed pathways only.
<b>RED</b>	<b>TREND</b>	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	
		92.3%	87.0%	82.6%	91.3%	
		Access Plan: 100% - 2019/20 National standard 95%				
<b>Performance Overview/Issues:</b>						
In quarter 3 the Trust reported under the 100% plan. Out of 23 routine referrals to children and young people's eating disorder service, 21 were seen within 4 weeks recording 91.3% against the 100% target. The 2 breaches waited between 4 and 12 weeks. Reporting difficulties and the fact that demand for this service exceeds capacity are both contributing to under performance in this area.						
<b>Actions to Address/Assurances:</b>						
All breaches are tracked and reported monthly. Service has relatively small numbers so breaches have large impact on %. All clinically tracked and breach always related to patient choice (which metric doesn't account for). Nationally all services have capacity issues. Additional investment to CCG baseline to fund increased capacity as part of national commitments has been confirmed and currently in negotiations with AHCH about the additional capacity to be provided.						
<b>When is performance expected to recover:</b>						
Additional investment to be released for implementation. Due to recruitment (specialist posts), currently agreeing trajectory for planned increase in activity for 2020/21.						
<b>Quality impact assessment:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough		Peter Wong		



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



Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral		Latest and previous 3 quarters				
<b>GREEN</b>	<b>TREND</b>	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	
		80.0%	50.0%	66.7%	100.0%	
		Access Plan: 100% - 2019/20 National standard 95%				
<b>Performance Overview/Issues:</b>						
Achieved 100% in quarter 3 local plan 100%, national standard 95%.						
<b>Actions to Address/Assurances:</b>						
Not required due to achievement of the target. The service has relatively small numbers so breaches can have large impact on % performance.						
<b>When is performance expected to recover:</b>						
Continued recovered position is expected.						
<b>Quality impact assessment:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough		Peter Wong		

## 6.2 Child and Adolescent Mental Health Services (CAMHS)



The CCG and provider are reviewing the consistency of data between the national data submission and local interpretation. Discussions and review with the provider have been initiated on expanding and standardising metrics across CAMHS and community services. The plan is to conclude this for flowing of data in 2020/21. Internally Alder Hey have identified and submitted a recovery plan to reduce RTT for specialist CAMHS to <18 weeks for quarter 1 2020/21.

## 6.3 Children's Community (Alder Hey)

### 6.3.1 Paediatric SALT

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
<b>Alder Hey Children's Community Services: SALT</b>		<b>Previous 3 months and latest</b>				<=18 weeks: <b>Green</b> > 18 weeks: <b>Red</b>	Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required.
<b>RED</b>	<b>TREND</b>	Incomplete Pathways (92nd Percentile)					
		Sep-19	Oct-19	Nov-19	Dec-19		
		34 wks	33 wks	31 wks	27 wks		
		Target <= 18 weeks					
<b>Performance Overview/Issues:</b>							
<p>In December the Trust reported a 92nd percentile of 27 weeks for Sefton patients waiting on an incomplete pathway. This is an improvement on November when 31 weeks was reported. Performance has steadily improved this financial year but is still significantly above 18 weeks.</p> <p>At the end of December there were no children who had waited over 52 weeks. 181 were waiting above 18 weeks; 165 were between 18-30 weeks and 16 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>							
<b>Actions to Address/Assurances:</b>							
<p>Additional investment into SALT recurrently and non-recurrently has already been agreed. Recruitment took 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>The Trust continues to report reduction in numbers of children with long waiting times and the those waiting the longest. The progress is on target.</p>							
<b>When is performance expected to recover:</b>							
<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>							
<b>Quality impact assessment:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Karl McCluskey		Wendy Hewitt			Peter Wong		

## 6.3.2 Paediatric Dietetics

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
<b>Alder Hey Children's Community Services: Dietetics</b>		<b>Previous 3 months and latest</b>				<b>DNAs</b> <= 8.5%: <b>Green</b> > 8.5% and <= 10%: <b>Amber</b> > 10%: <b>Red</b>  <b>Provider Cancellations</b> <= 3.5%: <b>Green</b> > 3.5% and <= 5%: <b>Amber</b> > 5%: <b>Red</b>	
<b>RED</b>	<b>TREND</b>	Outpatient Clinic DNA Rates					
		Sep-19	Oct-19	Nov-19	Dec-19		
		17.5%	10.30%	23.30%	20.5%		
		Outpatient Clinic Provider Cancellations					
		Sep-19	Oct-19	Nov-19	Dec-19		
		7.5%	6.3%	11.6%	5.1%		
		DNA threshold: 8.5%					
		Provider cancellation threshold: 3.5%					
<b>Performance Overview/Issues:</b>							
The paediatric dietetics service has seen high percentages of children not being brought to their appointment. In December 2019 performance has improved, with DNA rates decreasing from 23.3% in November to 20.5% in December. Provider cancellations have also seen a decrease from 11.6% in November to 5.1% in December.							
<b>Actions to Address/Assurances:</b>							
The CCGs have invested in extra capacity in response to Safe Staffing levels from Alder Hey. Waiting times are being reported at M9 referral to first contact is 6.1 weeks and has peaked at 7.5 weeks during 2019/2020.							
Alder Hey has introduced a new weekly South Sefton Clinic so that South Sefton Patients no longer have to travel to North Sefton for an appointment (data has been reported Sefton wide, but in future will be reported by CCG). This is seeing a reduction in the number of Did Not Attend (DNA)/Was Not Brought (WNB) patients.							
<b>When is performance expected to recover:</b>							
March 2020.							
<b>Quality impact assessment:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Karl McCluskey		Wendy Hewitt			Peter Wong		

## 7. Third Sector Overview

### Introduction

Quarterly reports from CCG commissioned Third Sector providers detailing activities and outcomes achieved have been collated and analysed. A copy of this report has been circulated amongst relevant commissioning leads. Referrals to most services have increased during Q3, Individual service user issues (and their accompanying needs) continue to increase in complexity, causing pressure on services provided.

Most contracts and grants are now in place and signed by both parties with the exception of Macmillan Cancer Support and Sefton CVS – High Intensity Users. There were no complaints or incidents reported during Q3 for any of the services detailed below.

### Age Concern – Liverpool & Sefton

The Befriending and Reablement Service promotes older people's social independence via positive health, support and well-being to prevent social isolation. During Q3 the service received 90 new referrals and engaged with a further 51 service users who are already active, a total of 49 cases were closed during this period. All referred clients were assessed within 14 days of initial referral, all received plans detailing Reablement outcomes, and 90 care plan reviews took place within 6 weeks of service commencement. The majority of new cases were from other sources (31%) and self-referral or family & friends (4%). GP referrals have significantly dropped during Q3 compared to Q2 but referrals from other NHS providers have significantly increased (21%). Volunteers to the service continue to increase, the service has successfully recruited an additional 16 during Q3 adding to the 18 recruited during Q2. There are 71 currently progressing with training. The majority of new service users were female (76%).

### Alzheimer's Society

During Q3 the service has continued to deliver Dementia Support sessions at GP practices, a total of 8 sessions were delivered. The practices currently working with the service are Blundellsands Surgery, The Village surgery, Roe Lane surgery, Kew surgery and Ainsdale Village.

The Society received 45 new referrals; 75% were received via local health services including GPs, Mersey Care Memory clinic (North) and NWAS. The number of direct referrals received from GPs has doubled since Q2 but the figure still remains low and only equates to 13% of the overall referrals.

The Side by Side project continues to reach more people in Sefton. During this period the service has seen a steady increase in the number of volunteers - 3 new volunteers have commenced training during this period. There have been a combined total of 206 visits made to service users during Q3 and in addition, volunteers have given up a total of 530 hours for this project.

The waiting list of people affected by dementia continues to show that the greatest need is in Southport, the service is targeting this area for volunteer recruitment.

The service has highlighted the following activity for Q3:

- Dementia Friendly Sefton - launch
- Southport Golf Academy training in preparation for Golf with Dementia sessions taking place at the end of this month.
- Christmas lunch event for people affected by dementia
- 9 x DF sessions mainly at Sheltered accommodation sites in Sefton
- Talk to Santander staff in Formby
- Talk to Social Worker team at Aintree Hospital

The service has also undertaken work around the new 'hidden disability' Blue Badge scheme for service users, enabling people with dementia to apply.

### **Citizens Advice Sefton**

Advice sessions are delivered to in-patients of Clock View Hospital, Walton by an experienced social welfare law advisor with a specialist knowledge of mental health issues. During Q3 34 new referrals were received; 53% were via Mental Health professionals on the ward, 23% were self-referrals and 3% were from other sources.

The type of advice required was mainly in regard to benefits including tax credits and Universal Credits. Of these new referrals 74% were recorded as being permanently sick or disabled, 3% are unemployed and 3% undertake voluntary employment. New award or increases following a revision or intervention from the service are shown in the table below.

	Q1	Q2	Q3	Total
Benefit / tax credit gain - a new award or increase	161,545	252,603	286,932	<b>701,080</b>
Benefit / tax credit gain - award or increase following revision or appeal	28,663	41,428	53,417	<b>123,508</b>
Benefit / tax credit gain - Money put back into payment	1,415	781	13,431	<b>15,627</b>
Benefit / tax credit gain - overpayment reduced or not recovered	0	2,035	0	<b>2,035</b>
Benefit / tax credit maintained	107,346	0	0	<b>107,346</b>
Tax - other (financial gain)	509	0	0	<b>509</b>
<b>Grand Total</b>	<b>299,478</b>	<b>296,847</b>	<b>353,780</b>	<b>950,105</b>

The gender of service users 62% male, 35% female & 3% Other.

During Q3 10 patients were re-admitted to Clock View hospital; 1 of these patients was recorded as a military veteran.

The health condition of the patients referred into the service during Q3 were shown to be, 53% Mental Health, 44% long term health conditions and 3% multiple impairments.

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

During Q3 the service has received 65 new referrals with 89% coming from Mersey Care NHS Foundation Trust. Other referrals were mainly via Sefton MBC - Adult Social Care (12%). Case outcomes during the period included accommodating 46 service users and supporting a further 30 people to stay in their current residence. The service helped 6 people avoid hospital admission and enabled 22 patients to be discharged. In addition to this, the service assisted 9 clients to move to more supported accommodation and prevented 29 people becoming homeless. A further 15 service users were supported in becoming more independent and assisted to move to accommodation within the community. The majority of new referrals were recorded as male 60%, females 38% and transgender 2%.

### **Expect Limited**

Expect Limited's staff complement comprises 4 paid members of staff plus 1 volunteer looking after the Bowersdale Centre in Litherland. During Q3 the service received 1 new referral. There are 112 existing service users who remain actively engaged within the service. All existing clients are in receipt of benefits with a diagnosis e.g. anxiety, depression, personality disorder, Post-Traumatic Stress Disorder etc.

43% are known to have learning disabilities. During Q3 there were 1,302 drop-in contacts (Monday to Friday). A total of 2,455 contacts were made to attend structured activities e.g. drama, music, comedy workshops, weekly cooking activities, Christmas parties and health information talks and groups.

The centre hosted a session held by Health-watch Sefton, service users; as a result of the meeting 1 service user was given information regarding GP surgeries in their area along with contact details. Another service user was signposted to Reach Men's Centre and for support and advice in regard to accessing advice in regard to reducing prescription medication safely was given.

### **Imagine independence**

During Q3 Imagine Independence carried forward 92 existing cases. A further 91 were referred to the service via IAPT and 28 cases were closed during the period. Of the new referrals 58% were female and 42% male. All completed personal profiles and commenced job searches. A total of 28 service users attended job interviews; 46% managed to secure paid work for 16+ hours per week. The service supported 40 people in retaining their current employment, and liaised with employers on behalf of clients.

The service assisted clients with undertaking job profiles, attendance at employment courses, commencing job searches, attended job interviews with clients, attended employment engagement meetings and made contact with client's current employers.

### **Netherton Feelgood Factory**

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

*Monitoring information has not yet been received for Q1 – Q3 reporting, this will be updated once it is received.*

### **Parenting 2000**

During Q3 the service received a total of 118 referrals; these were broken down as 18 adults and 100 children. A total of 38 service users accessed counselling for the first time. Of the 206 appointments available during this period a total of 196 were booked and 141 were actually used. There were 28 cancellations whilst 27 did not attend their scheduled appointment. The top five referral sources during Q2 were Hospital 22% (Alder Hey & CAMHS) GP direct referral or recommendation 32%, Self/Carer/Parent 18%, Other VCF 14% & schools 9%. The referring GP surgeries were recorded as Maghull, Westway, Churchtown, Ainsdale Medical Centre, Corner Surgery, Roe Lane, Norwood Surgery, Cumberland House & St Marks.

### **Sefton Advocacy**

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

During this period there were a total of 228 contacts comprising of office visits and other case contacts. Advocates also carried out 7 home visits and attended 3 medical appointments. In addition to this, advocates attended 6 court tribunals supporting service users.

Some of the outcomes reported by the service during Q3 include the following; service users rights being upheld, improvement in choices and control, improved health & wellbeing, feeling safer and more secure, reduced isolation, personal dignity enhanced and confidence building.

The service have also achieved the following financial outcomes for service users accessing the service during Q3:

<b>Financial Outcomes</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Total</b>
One off payments/backdated benefits	24,463	7,860	520	<b>32,843</b>
Benefits (3 years at weekly rate)	239,413	240,409	104,668	<b>584,490</b>
Grants/legacys	320	250	91,322	<b>91,892</b>
Care fees reductions/refunds	0	16,848	0	<b>16,848</b>
Prevented costs being incurred	1,212	21,840	0	<b>23,052</b>
CHC funding	100,000	0	0	<b>100,000</b>
Type not collected	0			<b>0</b>
<b>Total</b>	<b>365,407</b>	<b>287,207</b>	<b>196,511</b>	

The service currently employs 3.28 WTE staff who are advocates; the majority of the workforce are volunteers. There are currently 19 voluntary advocates and 8 other volunteers carrying out various supporting roles at the organisation.

### **Sefton Carers Centre**

The number of Carers supported during Q3 continued to increase, there were 255 new referrals to the service; of these referrals 41 were parent carers. There are currently 1,219 carers receiving support from the service, 283 of these are parent carers. The Carers Support Team continue to reduce the backlog of referrals (longer than 28 days) for Carers Needs Assessments and Reviews that remain outstanding at the end of this second quarter. The majority of referrals were via Sefton MBC (30%) followed by other (not specified (36%) and other health services (10%). During this period, the service provided the following support for carers; listening ear support, advocacy plans developed, assessments of needs completed and various training courses. In addition, Sefton Carers Centre delivered 114 counselling appointments aimed at helping Carers develop stress management techniques and coping strategies. Some carers are offered an extended number of counselling sessions to meet their needs and to enable service users to work through their issues. This can mean slightly longer waiting times for other carers wishing to access the service.

The service has an average of 49 volunteers helping to deliver services to carers across Sefton, during Q3 a total of 1,918 hours were worked by volunteers this equates to approximately £25k in salaries. There are 305 Young Carers registered for additional support with their school or college (in Tier 1) and 189 Young Carers registered with Sefton Carers Centre (in Tier 2).

The Sitting Service continues to grow with a further 4 volunteers having been recruited during this quarter, providing a total of 175.5 respite hours break to Carers.

The table below shows the total amount of benefits or backdated payments made to carers to date, support and advice was given by staff and volunteers at the centre enabling carers to receive funds.

	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	
Number of Volunteers delivering service	199	161	184	
Number of Hours worked by Volunteers	2,009	1,918	1,580	
No. of Benefit Appointments	156	197	218	
Benefits awarded (£)	220,486	332,288	257,253	
<b>Total</b>	<b>222,850</b>	<b>334,564</b>	<b>259,235</b>	
			<b>816,649</b>	<b>Grand Total</b>

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

Sefton CVS provide the following services on behalf of both CCGs; 4 x Health & Wellbeing Trainers develop 6-12 week pro-active care programme encouraging better self-care, behavioural change, increased confidence & lifestyle changes to prevent unnecessary hospital admissions & reduce dependency hospital resources; relieve anxiety & link with preventative resources signposting to other health/social care services.

During Q3, the Health & Wellbeing team received 162 new referrals to the service; in addition to this there are currently 219 existing active service users. Of the new referrals, 33% were via community matrons/district nurses, 23% from GPs and 10% from OTs/Physiotherapists.

The service received 1,210 contacts during the period. The majority of new referrals were recorded as being female (57%).

In addition to the above, the Health & Wellbeing Team have facilitated meetings and Health & Social Care Forums.

A pilot project – Material Matters has also been launched; this pilot distributes donated coats, school uniforms and bedding to those who need it most in the Sefton community. A repair café has also started; the aim is to mend clothing that would otherwise be sent to landfill. The project has exceeded its annual target within the first 6 months of operation; further details are included within the attached report.

**Community Development Worker (BME)** tackles health & social care service inequalities.

During Q3, the service has received 24 new referrals. Of these new referrals 30% were via NHS services (8% Mersey Care NHS Trust), 24% from local schools and Children's Centres, 18% via other VCF providers. The gender of service users during this period was evenly split.

The majority of new service users were recorded as permanently sick/disabled (52%) whilst 23% were recorded as working full/part time. The majority of service users accessing the service during this period were supported with finding appropriate legal advice (54%) and benefit advice (26%).

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

SWACA provides crisis intervention, early intervention and prevention to overcome the impact of domestic abuse; including advocacy, advice, programmes of work, parenting support, legal advice and therapeutic support; plus multi-agency training and VCF partnership working.

During Q3 there were 523 new referrals, 241 assessments completed and 35 are pending further action; 207 were closed due to support being refused. There are currently 380 women and 179 children in receipt of support; the number of women has doubled and children trebled compared to the same period 2018-19. During the period the refuge accommodated 2 women along with 2 children. Referrals came from various sources, with the top three being the police 33%, self-referrals 16% and CYPS Safeguarding Children 22%. Other sources included Adult Social Care, Children's Centres, family and friends.

### **Stroke Association**

The Association provides information, advice and support for up to 12 months post-stroke. It works in hospital and community settings, alongside a multi-disciplinary team of health and social care professionals. As plans evolve, work is being undertaken to ensure stroke's new priority status is supported by ambitious and deliverable interventions across the whole National Stroke Programme pathway. During Q3 there were 143 referrals to the service (South Sefton 72 & Southport & Formby 71). The number of working age stroke survivors and carers in South Sefton accessing the service under the age of 65 years old equates to 34%. This is higher than the current national average of 25%.

**21%** of stroke survivors and carers in Southport and Formby accessing the service are of working age, under 65 years old. This is **lower** than the current national average of 25%. These service users were given post-stroke information to help with returning to work, advice around welfare benefits, financial and emotional support, and help for young families. The top 5 outcome indicators were better understanding of stroke 19% (and stroke risk 8%), feeling reassured 17%, enabled to self-manage stroke and its effects 7% and improved physical health and wellbeing 7%. The service also attends weekly discharge planning meetings with the Early Supported Discharge Team. Group meetings held during the period included the Communication Group, Peer Support Group and Merseyside Life After Stroke Voluntary Group. During this quarter there were 100 (24 South Sefton



and 76 Southport and Formby) volunteering hours to support service delivery, which equates to an added value of £1,309 (£313 South Sefton and £996 Southport and Formby).

Stroke Association also attended Southport & Formby CCG Big Chat event, leaflets and information were distributed amongst attendees. In addition to this, the service were asked to attend an Arriva Bus service – Health & Wellbeing event; blood pressure readings were taken from 36 employees at Arriva resulting in 13 urgent follow ups required within 1 week and a further 6 follow ups needed within 1 month.

In addition to the above, the service managed to secure grant funding for 15 service users totalling £1,427 during this period.

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

The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. During Q3 there were 72 new referrals for counselling services, 1 to the support group and a further 5 for the outreach service.

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

Of the 557 counselling sessions available during this period 380 were booked and used, 156 were cancelled by the client and 21 were recorded as DNA. The Centre also provides an Outreach Service (only available by professional referral) for women diagnosed with severe mental illness, and those that do not fit the mental illness criteria but who need support, there were 5 referrals made to the Outreach Service (with 46 outreach sessions delivered in total). The Emotional Well-being Support Group offers support to women via a qualified counsellor with experience of group therapy. There was 1 new referrals received during the period with 37 attendances in total.

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

The Centre was opened in January 2012 and was funded fully by Macmillan Cancer Support until 2018. During 2018, Macmillan Cancer support Centre were awarded joint funding between Southport & Formby CCG and Macmillan Cancer Support to deliver a service offering support and advice to people in Southport affected by cancer. An increase to funding by Southport & Formby CCG was then agreed for 2019-20 following the gradual step down of funding by Macmillan. The CCG are to fully fund the center from January 2020.

An NHS Standard Contract is to be implemented shortly to reflect this arrangement.



Macmillan cancer support offers advice, information & support to people affected by cancer, their carers, families and friends; signposting to local services and support groups. During 2018 the centre received 1356 contacts. Support is mainly given to service users suffering Breast, Prostate, Colorectal, lung and head and neck cancers.

During Q2 the centre received 130 new referrals; 78% were self-referrals, 8% Aintree UHT, Southport & Ormskirk Hospital NHS Trust & 4% GPs. There were 142 contacts at the centre and a further 12 active service users.

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

## 8. Primary Care

### 8.1 Extended Access Appointment Utilisation

Indicator		Performance Summary				Potential organisational or patient risk factors
<b>Extended Access Appointment Utilisation</b>		<b>Latest and previous 3 months</b>				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.
<b>GREEN</b>	<b>TREND</b>	Sep-19	Oct-19	Nov-19	Dec-19	
		78.8%	79.7%	85.4%	75.3%	
		The CCG should deliver at least 75% utilisation of extended access appointments by March 2020 (if the service went live in 2017/18). November target 69.9%				
<b>Performance Overview/Issues:</b>						
<p>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.</p> <p>In December South Sefton CCG practices reported a combined utilisation rate of 75.3%, exceeding the 69.9% target. Total available appointments was 1,390 with 1,129 (81.2%) being booked. Of these there were 82 DNA's (7.3%). This shows an decline in utilisation compared to November and still on target due to Christmas. The bank holidays had reduced appointments 24 each day (usually around 45) for Christmas day and Boxing day, out of the 48 appointments over the 2 days only 4 were taken up.</p>						
<b>Actions to Address/Assurances:</b>						
<b>When is performance expected to recover:</b>						
<b>Quality impact assessment:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Jan Leonard		Craig Gillespie		Angela Price		

**Figure 18 - Breakdown of appointment by month for South Sefton CCG Extended Hours Service**

	Month	GP	Advanced Nurse Practitioner	Practice Nurse
<b>Breakdown of Appointments</b>	Apr-19	337	552	151
		32.40%	53.08%	14.52%
	May-19	354	661	157
		30.20%	56.40%	13.40%
	Jun-19	357	544	139
		34.33%	52.31%	13.37%
	Jul-19	356	644	141
		31.20%	56.44%	12.36%
	Aug-19	373	652	200
		30.45%	53.22%	16.33%
	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%	
Dec-19	409	587	170	
	36.23%	51.99%	15.06%	

## 8.2 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

## 9. 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 to replace the Improvement Assessment Framework (IAF). The framework has been revised to reflect that CCGs and providers will be assessed more consistently. Most of the oversight metrics will be fairly similar to last year, but with some elements a little closer to the Long Term Plan priorities. The new OF will include an additional 6 metrics relating to waiting times, learning disabilities, prescribing, children and young people's eating disorders, and evidence-based interventions.

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

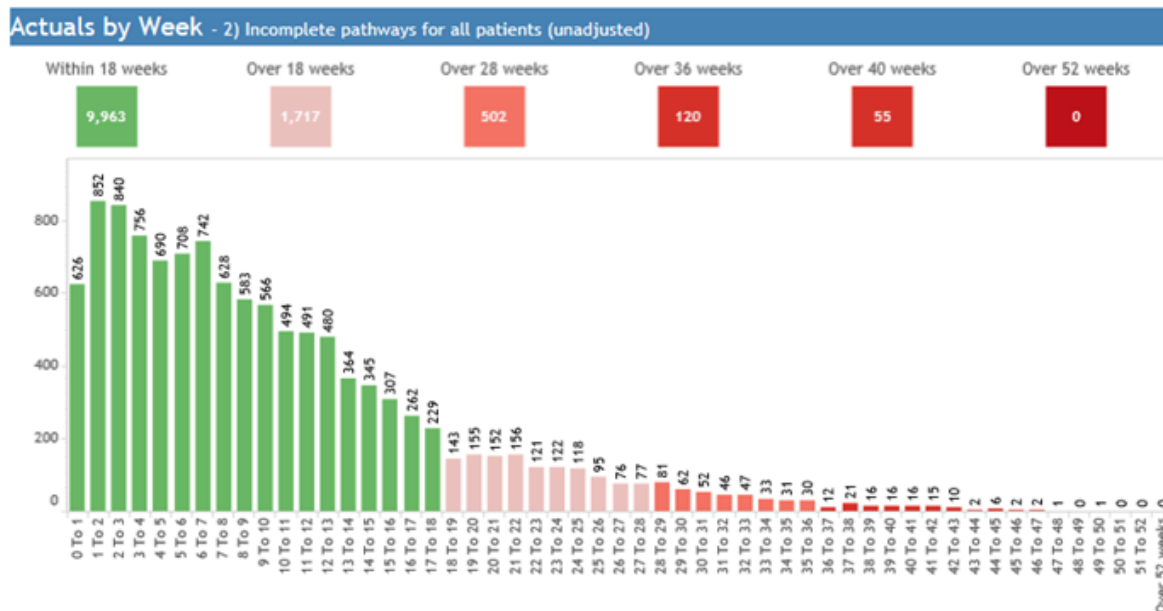
The table below summarises the total number of indicators ranked in each quartile for Q1 and Q2 2019/20.

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

## 10. Appendices

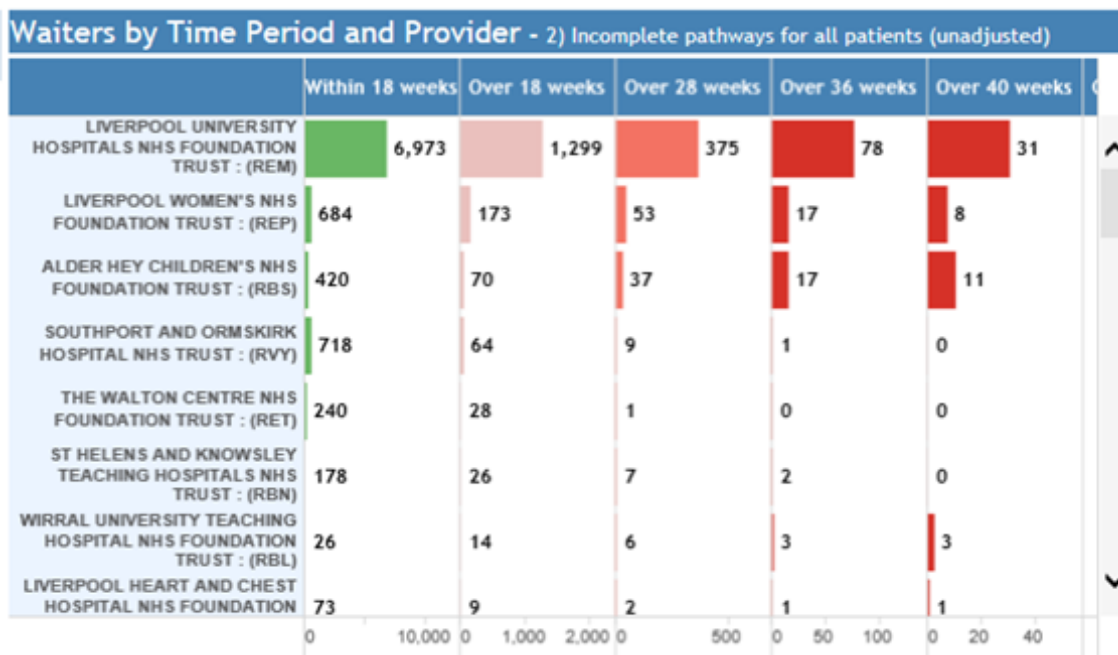
### 10.1.1 Incomplete Pathway Waiting Times

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



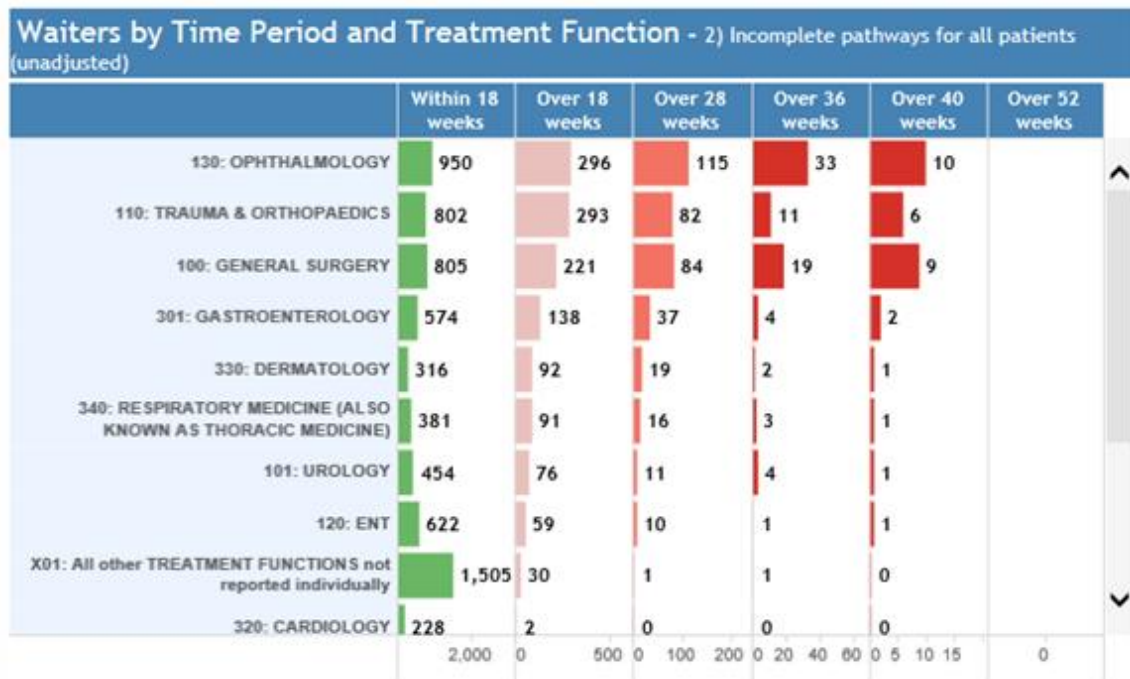
### 10.1.2 Long Waiters analysis: Top Providers

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



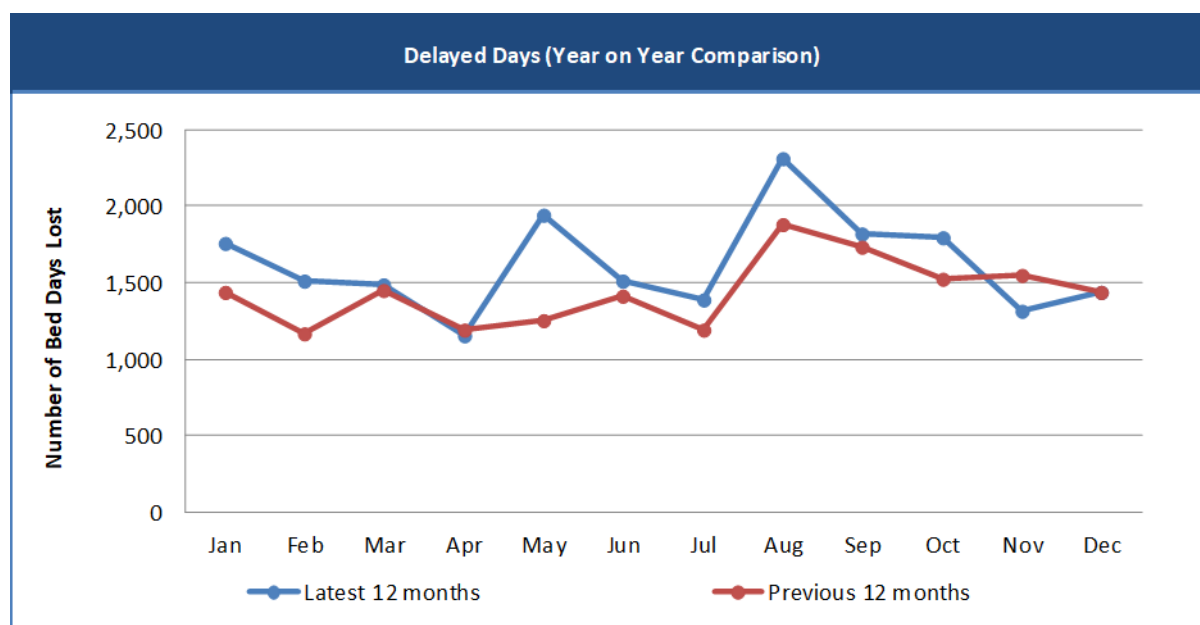
### 10.1.3 Long Waiters Analysis: Top Provider split by Specialty

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



## 10.2 Delayed Transfers of Care

Figure 23 - Liverpool University Foundation Trust DTOC Monitoring



DTOC Key Stats			
	This month	Last month	Last year
<b>Delayed Days</b>	<b>Dec-19</b>	<b>Nov-19</b>	<b>Dec-18</b>
Total	1,443	1,310	1,437
NHS	71.3%	69.5%	81.9%
Social Care	28.7%	30.5%	18.1%
Both	0.0%	0.0%	0.0%
Acute	80.2%	73.9%	72.8%
Non-Acute	19.8%	26.1%	27.2%





### Reasons for Delayed Transfer % of Bed Day Delays (Dec-19)

LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	
Care Package in Home	25.7%
Community Equipment Adapt	2.1%
Completion Assesment	15.7%
Disputes	0.0%
Further Non-Acute NHS	2.8%
Housing	3.4%
Nursing Home	16.4%
Patient Family Choice	27.1%
Public Funding	0.7%
Residential Home	6.0%
Other	0.0%





## 10.3 Alder Hey Community Services Contract Statement

Commissioner Name	Service	Currency	2019/20													
			Previous Year Outturn	Plan	FOT	Variance %	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
NHS South Sefton CCG	Paediatric Continence	Caseload at Month End	264	264	182	-31.06	264	275	240	249	244	105	102	78	77	270
		Total Contacts (Domiciliary)	1,734	1,734	1,521	-12.28	147	115	142	117	153	112	149	100	106	1,141
		Total New Referrals	171	171	169	-1.17	11	15	22	16	17	11	17	11	7	127
	Paediatric Diets/etios	Caseload at Month End	5	5	217	4,240.00	217	199	200	199	217	216	244	231	226	217
		Referral to 1st contact (weeks average)	8.6	8.6	8.3	-3.45	6.7	2.4	4.6	8.6	12.1	17.1	9.5	5.8	7.8	8.7
		Total Contacts	356	356	632	77.53	27	45	41	46	44	46	63	72	68	474
		Total Contacts (Domiciliary)	63	63	116	84.13	6	10	4	4	7	2	11	7	36	87
		Total Contacts (Outpatients)	293	293	483	64.85	21	35	37	43	37	44	45	54	46	362
		Total New Referrals	283	283	317	12.01	21	18	26	22	23	27	51	26	24	238
	Paediatric Occupational Therapy	Caseload at Month End	201	201	121	-39.80	151	140	139	130	135	104	79	101	108	151
		Referral to 1st contact (weeks average)	15.9	15.9	12.7	-20.13	14.1	13.9	13	11.7	11.4	12.1	12	12.8	13	14.1
		Total Contacts (Domiciliary)	4,893	4,893	4,371	-10.67	298	300	341	415	341	389	446	441	307	3,278
		Total New Referrals	619	619	515	-16.80	41	60	42	43	39	31	35	42	53	386
	Paediatric Speech and Language Therapy	Referral to 1st contact (weeks average)	24.9	24.9	29.1	16.87	35	35.5	29.3	28.5	30.4	23.8	26	25.3	28.5	35.3
		Total Contacts (Domiciliary)	12,815	12,815	14,751	15.11	1,046	1,244	1,337	1,294	866	1,257	1,504	1,493	1,022	11,063
		Total Contacts Complex Cochlear (N&S Sefton)	507	507	261	-48.52	30	30	30	6	21	23	21	25	10	196
		Total New Referrals	1,093	1,093	1,105	1.15	94	90	78	72	66	79	129	116	105	829
		Total New Referrals Complex Cochlear (N&S Sefton)	6	6	0	-100.00	0	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

## 10.4 Alder Hey SALT Waiting Times – Sefton

Paediatric SALT Sefton	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	18/19 Outturn	FOT 19/20	% Variance
Number of Referrals	146	162	139	150	110	152	219	197	161				1,843	1,792	-2.8%
Incomplete Pathways - 92nd Percentile	45	43	37	36	35	34	33	31	27				448		
Total Number Waiting	945	920	878	818	763	732	732	661	658				9,372		
Number waiting over 18 weeks	522	464	469	436	406	375	319	244	196				4,678		

RAG rating

	≤16 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.



## 10.5 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	Dec-19	Jan-20	Feb-20	Mar-20
Number of Referrals	21	18	26	22	23	27	51	26	24			
Incomplete Pathways - 92nd Percentile	32	36.64	39.52	38.52	31.72	21.96	11	9.92	14.88			
Incomplete Pathways RTT within 18 weeks	61.67%	69.39%	67.31%	71.70%	78.00%	87.18%	98.33%	100%	97.37%			
Total Number Waiting	60	49	52	53	50	39	60	39	38			
Number waiting over 18 weeks	23	15	17	15	11	5	1	0	1			

RAG rating

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

## 10.6 Alder Hey Dietetic Cancellations and DNA Figures – Sefton

Sefton Dietetics Paeds

### 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	Dec-19	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	100	67	99	145	99	93	815
DNA	66	53	41	147	68	116	13	19	16	21	14	21	17	30	24	175
DNA Rate	18.8%	9.1%	8.7%	18.5%	11.4%	14.3%	20.0%	22.4%	14.5%	17.4%	17.3%	17.5%	10.5%	23.3%	20.5%	17.7%

### 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	Dec-19	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	100	67	99	145	99	93	815
Cancellations	0	0	5	29	0	44	4	7	3	3	8	8	13	13	5	64
Rate	1.8%	0.0%	1.2%	4.3%	0.0%	6.9%	7.1%	9.6%	3.1%	2.9%	10.7%	7.5%	8.2%	11.6%	5.1%	7.3%

### Outpatient Clinics - Cancs by PATIENT

	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	100	67	99	145	99	93	815
Cancellations	27	63	63	207	128	184	10	38	18	33	17	24	49	39	31	259
Rate	7.3%	10.6%	12.8%	24.2%	19.5%	20.9%	16.1%	36.5%	16.1%	24.8%	20.2%	19.5%	25.3%	28.3%	25.0%	24.1%

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

## 10.7 Alder Hey Activity & Performance Charts



## 10.8 Better Care Fund

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

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

A summary of the Q3 BCF performance is as follows:

**Figure 24 - BCF Metric performance**

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

**Figure 25 - BCF High Impact Change Model assessment**

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

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

## 10.9 NHS England Monthly Activity Monitoring

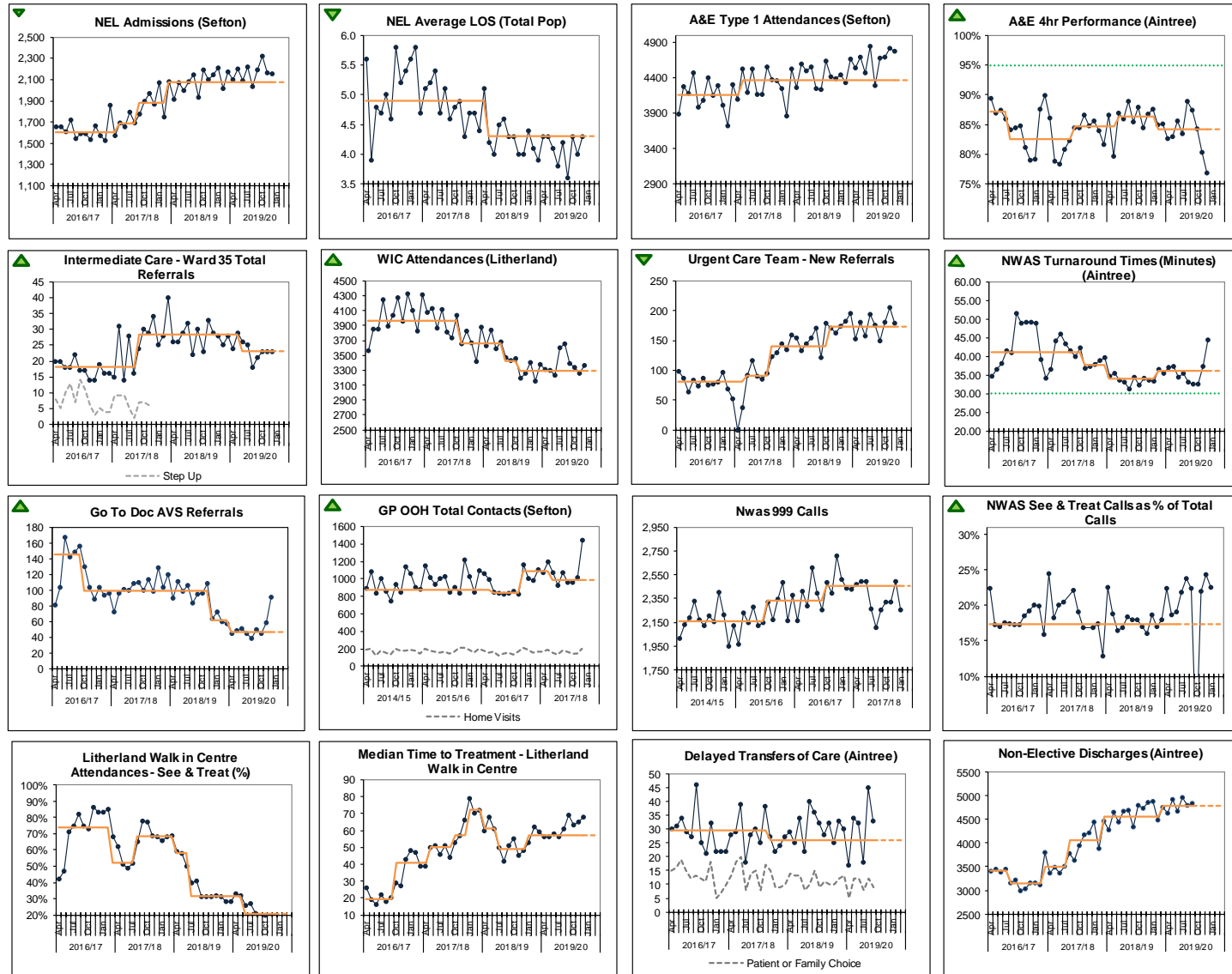
The CCG is required to monitor plans and comment against any area which varies above or below planned levels by 2%; this is a reduction as previously the threshold was set at +/-3%. It must be noted CCGs are unable to replicate NHS England's data and as such variations against plan are in part due to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

Month 9 performance and narrative detailed in the table below.


















**Figure 26 - South Sefton CCG's Month 9 Submission to NHS England**

Month 9 (December)	Month 09 Plan	Month 09 Actual	Month 09 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
<b>Referrals (MAR)</b>				
GP	2830	2554	-9.8%	GP referrals have followed a similar seasonal trend to plan in recent months but saw a significant decrease in month 9. However, the number of referrals reported in month was comparable to Dec-18.
Other	2446	2417	-1.2%	In contrast to GP referrals, 'Other' referrals remain above plan year to date but month 9 has also seen a drop in referral numbers and these were comparable to plan in month. YTD increases have been evident at the main hospital provider (Aintree site) across a number of specialities - notably in Ophthalmology, Respiratory Medicine and ENT (predominantly ref source 5).
Total (in month)	5276	4971	-5.8%	
Variance against Plan YTD	53036	52900	-0.3%	Variance for total referrals against plan YTD is within the 2% threshold and referrals are slightly above 2018/19 levels. Discussions regarding referrals at the main hospital provider (Aintree site) take place via information sub groups, contract review meetings and the planned care group (with the increase in C2C to specialities named above being queried in these forums). The creation of the new Liverpool University Hospitals is also expected to impact on referral flows and subsequent activity as departments merge. Month 8 saw a merger of T&O with local analysis showing an increase in self-referrals to the Royal Liverpool site and a corresponding drop in referrals from A&E at Aintree Hospital.
Year on Year YTD Growth			1.9%	
<b>Outpatient attendances (Specific Acute) SUS (TNR)</b>				
All 1st OP	4496	4144	-7.8%	
Follow Up	10711	8675	-19.0%	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.
Total Outpatient attendances (in month)	15207	12819	-15.7%	
Variance against Plan YTD	153303	135809	-11.4%	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.
Year on Year YTD Growth			-3.2%	
<b>Admitted Patient Care (Specific Acute) SUS (TNR)</b>				
Elective Day case spells	1582	1724	9.0%	
Elective Ordinary spells	239	200	-16.3%	CCG local monitoring of day case admissions has activity at 3% below plan in month 9 and slightly outside of the 2% threshold YTD (at -2.3%). 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.
Total Elective spells (in month)	1821	1924	5.7%	
Variance against Plan YTD	17286	18828	8.9%	
Year on Year YTD Growth			1.2%	
<b>Urgent &amp; Emergency Care</b>				
Type 1	4612	4716	2.3%	
Year on Year YTD			5.9%	Local monitoring of type 1 A&E attendances suggests month 9 has seen a slight decrease in attendances to the previous month but remain historically high. The previous month had seen the second highest attendances of 1920 to date. Trends are generally influenced by the main hospital provider (Aintree) site and performance appears to have been affected, dropping to 76.9%. This is the lowest monthly performance reported at this site in the past three years. A trend of decreasing WIC attendances (focused at Litherland WIC) continues to contribute to a reduction in all types attendances. However, local monitoring has total A&E activity within 2% of plan in recent month and within 1% of plan year to date.
All types (in month)	9321	8490	-8.9%	
Variance against Plan YTD	82369	76622	-7.0%	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. Collaborative work continues with Liverpool CCG to review potential Urgent Treatment Centre provision within Aintree footprint again with focus of reducing A&E attendances. The CCG are also sighted on internal actions initiated by the provider to support patient flow and 4 hour performance.
Year on Year YTD Growth			1.6%	
Total Non Elective spells (in month)	2200	2144	-2.5%	
Variance against Plan YTD	19231	20165	4.9%	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. Following a reduction in A&E attendances, admissions decreased in month 9 and were below plan for zero LOS and for 1+ LOS (but remain historically high). Local monitoring has established that admissions with a 1+ LOS were within 2% of planned levels in month 9. 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).
Year on Year YTD Growth			2.7%	

## 10.10 Urgent Care Dashboard



## Definitions

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