NHS
South Sefton
Clinical Commissioning Group

South Sefton Clinical Commissioning Group

Integrated Performance Report
February 2020

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Summary Performance Dashboard

Metric	Reporting Level		2019-20												
			Q1			Q2			Q3			Q4			YTD
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E-Referrals															
NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	66%	62.8%	70.9%	69.3%	62.1%	60.0%	58.5%	61.6%	62.9%	68.4%			
		Target	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Diagnostics & Referral to Treatment (RTT)															
% of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	G	R	R	G	R	R	R	G	R	R	R		R
		Actual	0.77%	1.06%	1.56%	0.94%	1.37%	1.59%	1.37%	0.97%	2.72%	2.70%	1.06%		
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R		R
		Actual	89.49%	89.64%	88.46%	88.15%	87.22%	87.77%	87.00%	86.04%	85.30%	83.23%	82.07%		
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	G	R	R	G	G	R	R	G	G	G		R
		Actual	1	0	1	1	0	0	1	1	0	0	0		4
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations															
% of Cancellations for non clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G	G	G	G	G	G	G	G	G		G
		Actual	0	0	0	0	0	0	0	0	0	0	0		
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G	G	G	G	G	G	G	G	G		G
		Actual	0	0	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															
% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP with suspected cancer	South Sefton CCG	RAG	R	G	G	G	R	R	G	G	G	R	G		G
		Actual	86.142%	94.578%	93.813%	94.25%	89.09%	88.85%	95.50%	94.52%	96.34%	92.26%	97.55%		93.07%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits	South Sefton CCG	RAG	R	R	R	G	R	G	G	R	G	G	G		R
		Actual	50.00%	86.842%	91.176%	93.103%	91.67%	96.23%	96.77%	92.16%	97.78%	97.37%	93.75%		89.63%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) % of patients receiving their first definitive treatment within one month (31 days) of a decision to treat for cancer	South Sefton CCG	RAG	G	G	G	G	R	R	G	G	G	R	R		R
		Actual	96.296%	98.718%	100.00%	96%	94.118%	91.18%	96.39%	98.02%	97.65%	95.06%	91.03%		95.95%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (surgery)	South Sefton CCG	RAG	G	G	R	G	G	G	R	R	R	R	R		R
		Actual	100.00%	100.00%	93.333%	95.00%	100%	100%	89.47%	90.0%	91.67%	81.82%	85.71%		93.53%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	G	G	G	R	R	R	G	G	R	G		G
		Actual	100.00%	100.00%	100.00%	100.00%	96.552%	97.14%	96.97%	100%	100%	96.30%	100%		98.70%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Radiotherapy)	South Sefton CCG	RAG	G	G	G	G	G	G	R	G	G	G	G		G
		Actual	96.667%	100.00%	100%	100%	100%	100%	93.55%	96.77%	100%	96.30%	100%		98.37%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months of urgent referral	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	G	R	R		R
		Actual	75.00%	77.273%	65.517%	75.676%	68.00%	71.43%	81.40%	82.61%	86.11%	82.86%	61.11%		75.88%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) % of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	N/A	R	R	N/A	G	R	G	G	G	G	G		G
		Actual	-	85.714%	0.00%	-	100.00%	83.33%	100%	100%	90.91%	90.91%	100%		92.65%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, have been seen by a clinician who suspects cancer, who has upgraded their priority.	South Sefton CCG (local target)	RAG				G							G		
		Actual	60.00%	70.00%	33.333%	88.889%	50.00	50.00%	80.00%	64.71%	72.73%	77.78%	90.91%		69.81%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%

Metric	Reporting Level		2019-20												
			Q1			Q2			Q3			Q4			YTD
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Accident & Emergency															
4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 17/18 ratio) % of patients who spent less than four hours in A&E (HES 17/18 ratio Acute position via NHSE HES DataFile)	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R		R
		Actual	78.178%	78.324%	81.153%	80.07%	85.15%	83.43%	84.32%	81.53%	80.65%	81.17%	82.42%		81.49%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
EMSA															
Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG	G	G	G	G	G	G	R	G	G	G	G		R
		Actual	0	0	0	0	0	0	1	0	0	0	0		1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG	G	G	G	G	G	G	R	G	G	G	G		R
		Actual	0.00	0.00	0.00	0.00	0.00	0.00	0.1	0.00	0.00	0.00	0.00		0.1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	
HCAI															
Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner) cumulative	South Sefton CCG	RAG	G	G	G	R	R	R	R	R	R	R	R		R
		YTD	0	0	0	1	1	1	1	1	1	1	1		1
		Target	-	-	-	-	-	-	-	-	-	-	-	-	0
Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner) cumulative	South Sefton CCG	RAG	R	G	G	G	G	R	R	G	G	G	R		R
		YTD	7	7	11	17	22	29	35	36	42	50	59		59
		Target	6	11	15	20	24	28	34	40	46	51	55	60	60
Number of E.Coli infections Incidence of E.Coli (Commissioner) cumulative	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R		R
		YTD	15	33	47	63	75	84	99	112	125	139	147		147
		Target	11	21	32	42	53	63	75	85	96	108	125	128	128

Metric	Reporting Level		2019-20												
			Q1			Q2			Q3			Q4			YTD
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Mental Health															
Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G			G			G						G
		Actual	100%			100%			100%						100%
		Target	95.00%			95.00%			95.00%			95.00%			
Episode of Psychosis															
First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	R			G			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%	
IAPT (Improving Access to Psychological Therapies)															
IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	G		R
		Actual	37.10%	46.7%	36.7%	48.5%	44.2%	45.2%	41.1%	45.4%	28.6%	41.8%	52.5%		42.34%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	
IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R		R
		Actual	1.34%	1.23%	1.06%	1.11%	0.99%	1.07%	1.27%	1.02%	0.71%	0.97%	0.74%		11.49%
		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%
IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G	G		G
		Actual	99.60%	97.70%	100%	96.9%	100%	97.5%	96.3%	94.6%	93.8%	97.7%	96.3%		97.4%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G	G		G
		Actual	100%	100%	100%	100%	100%	100%	100%	99.1%	98.8%	100%	100%		99.8%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	
Dementia															
Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R		R
		Actual	64.169%	64.37%	64.60%	63.90%	63.90%	63.69%	63.05%	63.63%	63.93%	64.64%	64.5%		63.98%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

Metric	Reporting Level		2019-20												
			Q1			Q2			Q3			Q4			YTD
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Children and Young People with Eating Disorders															
The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	South Sefton CCG	RAG	R			R			R						
		Actual	86.96%			82.6%			91.3%						
		Target	95.00%			95.00%			95.00%			95.00%			95.00%
The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	South Sefton CCG	RAG	R			R			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 11 (note: time periods of data are different for each source).

Constitutional Performance for February 2020/Quarter 3	CCG	Aintree
A&E Improvement Trajectory	89%	86%
A&E (All Types) (Nat Target 95%)	82.41%	82.41%
RTT Improvement Trajectory	90.3%	91.7%
RTT (Nat Target 92%)	82.10%	81.90%
Diagnostics Improvement Trajectory	0.98%	1.50%
Diagnostics (Nat Target less than 1%)	1.06%	0.05%
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	134
Ambulance Handovers 60+ mins (Zero Tolerance)	-	66
Stroke (Target 80%)	-	87.0%
TIA Assess & Treat 24 Hrs (Target 60%)	-	100%
Mixed Sex Accommodation (Zero Tolerance)	0	0
Cancer 62 Day (Nat Target 85%)	61.11%	-
Care Programmed Approach (CPA) (Target 95%)	100%	-
Early Intervention in Psychosis (EIP) (Target 56%)	85.7%	-
IAPT % 6 week waits to enter treatment (Target 75%)	96.3%	-
IAPT % 18 week waits to enter treatment (Target 95%)	100.0%	-

Planned Care

Year to date referrals at February 2020 are 7% up on 2018/19 due to a 15% increase in consultant-to-consultant referrals. In contrast, GP referrals are -0.1% lower when compared to 2018/19.

At provider level, Aintree has reported a 13.5% increase in total referrals at month 11 when comparing to 2018/19. Closer inspection shows that consultant-to-consultant referrals are driving the increases across 2019/20 compared to 2018/19. Further analysis is being conducted by the provider to identify the potential cause of these increases.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance has dropped since April and is reporting 82.1% for February. This has resulted in the CCG failing the improvement plan of 90.3%. In February, the incomplete waiting list for the CCG was 13,493 against a plan of 10,893; a difference of 2,600 patients over plan.

The CCG are failing 5 of the 9 cancer measures year to date. Please note, due to how the Cancer Wait Times (CWT) 62-day activity data is recorded specifically relating to the recording of Inter Provider Transfers (IPT), it is not possible to report 62-day targets at site level (Aintree Hospital) using the extracts.

Aintree Friends and Family Inpatient test response rate is still below the England average of 24.9% in February 2020 at 19.3%. The percentage of patients who would recommend the service has remained at 94%, which is below the England average of 96% and the percentage who would not recommend has increased to 4% and still above the England average of 2%.

Performance at month 11 of financial year 2019/20, against planned care elements of the contracts held by NHS South Sefton CCG shows an under performance of circa -£2.9m/-6.4%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an over spend of approximately £483k/1%.

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

Unplanned Care

In relation to A&E 4-Hour waits, the CCG reported a 0.52% increase in patients seen reporting 82.42%. Aintree revised their trajectory for 2019/20. The provider has failed their improvement plan in February with 82.41% (an increase of 4.08% from the previous month), which is below the target of 86%.

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

The CCG and lead provider have reported no new cases of MRSA in February. 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 59 cases. This is 4 over their year to date target of 55 in February and are now reporting red. Aintree are reporting over their year to date plan for C difficile as at February they have had 117 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 February there were 8 cases (147 YTD) and the CCG is reporting red for this measure and has failed.

Performance at month 11 of financial year 2019/20, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £2.8m/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 £307k/0.6%.

Mental Health

For Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership reported the monthly target for month 11 2019/20 is approximately 1.59%. Month 11 performance was 0.74% so failed to achieve the target standard. The percentage of people moved to recovery was 52.5% in month 11 of 2019/20 which achieved the 50% target and shows a significant improvement from the previous month.

The latest data shows South Sefton CCG are recording a dementia diagnosis rate in February of 64.5%, which is under the national dementia diagnosis ambition of 66.7%. This similar to what was reported last month (64.6%).

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 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 have done so. 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.

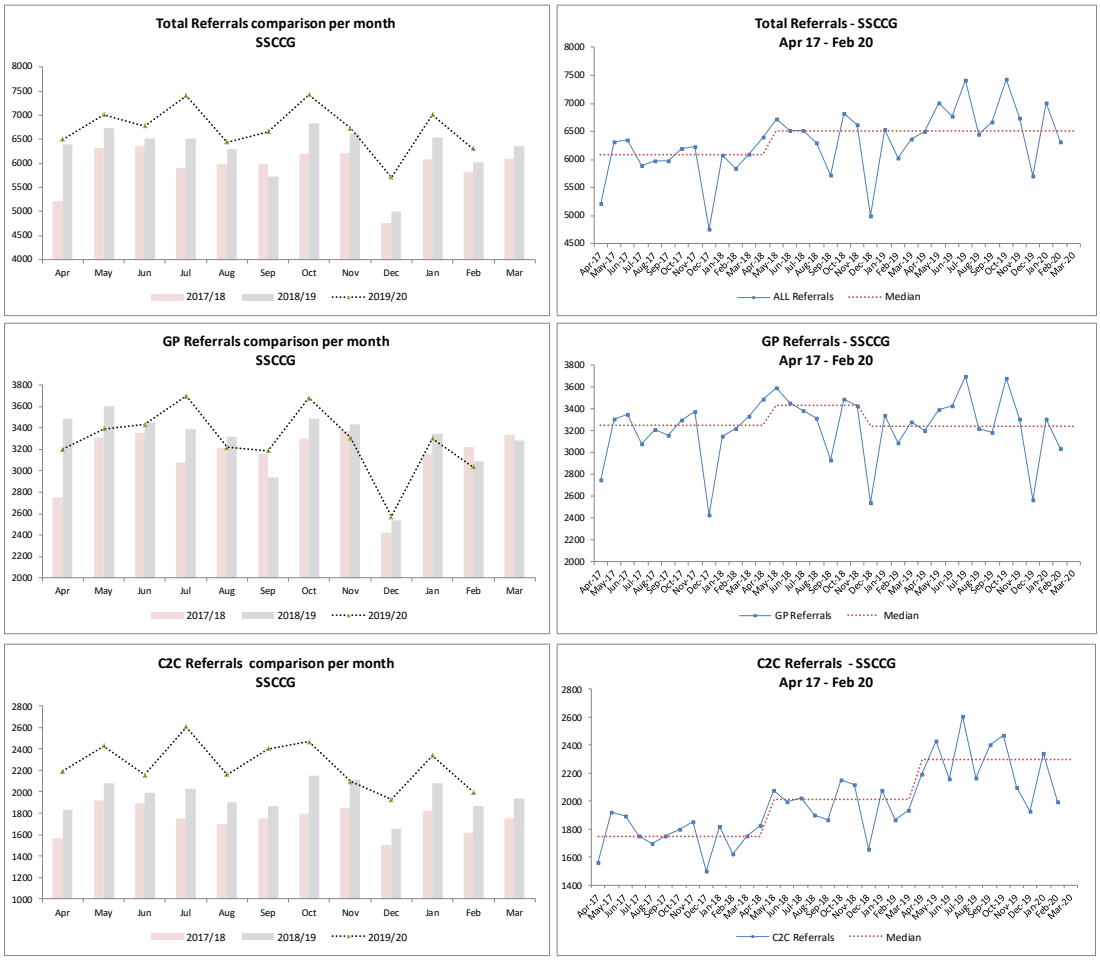
CCG Oversight Framework (OF)
NHS England and Improvement released the new Oversight Framework (OF) for 2019/20 to replace the Improvement Assessment Framework (IAF). The framework has been revised to reflect that CCGs and providers will be assessed more consistently. Most of the oversight metrics will 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	3202	-285	-8.2%	1828	2193	365	20.0%	6399	6503	104	1.6%
May	3599	3394	-205	-5.7%	2076	2428	352	17.0%	6727	7012	285	4.2%
June	3453	3433	-20	-0.6%	1992	2159	167	8.4%	6525	6780	255	3.9%
July	3386	3696	310	9.2%	2025	2606	581	28.7%	6510	7409	899	13.8%
August	3320	3217	-103	-3.1%	1899	2162	263	13.8%	6303	6445	142	2.3%
September	2934	3190	256	8.7%	1864	2401	537	28.8%	5727	6664	937	16.4%
October	3487	3679	192	5.5%	2154	2469	315	14.6%	6825	7426	601	8.8%
November	3430	3307	-123	-3.6%	2114	2097	-17	-0.8%	6613	6731	118	1.8%
December	2541	2570	29	1.1%	1653	1925	272	16.5%	4993	5710	717	14.4%
January	3343	3304	-39	-1.2%	2076	2338	262	12.6%	6530	7011	481	7.4%
February	3090	3039	-51	-1.7%	1864	1998	134	7.2%	6028	6309	281	4.7%
March	3284				1934				6369			
Monthly Average	**3280**	**3276**	**-4**	**-0.1%**	**1957**	**2252**	**296**	**15.1%**	**6296**	**6727**	**432**	**6.9%**
YTD Total Month 11	**36070**	**36031**	**-39**	**-0.1%**	**21545**	**24776**	**3231**	**15.0%**	**69180**	**74000**	**4820**	**7.0%**
Annual/FOT	**39354**	**39307**	**-47**	**-0.1%**	**23479**	**27028**	**3549**	**15.1%**	**75549**	**80727**	**5178**	**6.9%**

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



Month 11 Summary:

Data quality note:
Month 11 Royal Liverpool University Hospital referrals were unavailable. For consistency, a 3 month average has been applied for this particular provider in month 11 only.

- Trends show that the baseline median for total South Sefton CCG referrals has remained flat from May 2018. However, after an increase in the previous month, referrals have now decreased by 10% (702) at February 2020.
- This is in line with seasonal trends impacting on the referral numbers reported. As there are 3 fewer working days in February 2020 compared to January 2020.
- Year to date referrals at February 2020 are 7.0% up on 2018/19 due to a 15.0% increase in consultant-to-consultant referrals.
- In contrast, GP referrals are consistent with the previous year (reporting a -0.1% decrease year to date). Furthermore, GP referrals have now decreased by 8.0% (265) at month 11 after a 27.8% (709) increase at month 10 due to the seasonal trends noted above.
- Taking into account working days, further analysis has established there have been approximately -9 fewer GP referrals per day in 2019/20 when comparing to the equivalent period of the previous year.
- Aintree Hospital has reported a 13.5% increase in total referrals at month 11 when comparing to 2018/19. Further investigation shows that consultant-to-consultant referrals are driving the increases across 2019/20 compared to 2018/19. Further analysis is being conducted by the provider to find the potential causes of these increases.
- Trauma & Orthopaedics was the highest referred to specialty for South Sefton CCG in 2018/19. Referrals to this speciality at month 11 are approximately 1.4% (104) higher than in 2018/19.
- South Sefton CCG is also aware of potential impacts on referral patterns due to the merger of Aintree Hospital and Royal Liverpool Hospital 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
NHS e-Referral Service (e-RS): Utilisation Coverage		**Previous 3 months and latest**				144a	e-RS national reporting has been escalated to NHSD via NHSE/I. Data provided potentially inaccurate therefore making it difficult for the CCG to understand practice utilisation. Potential for non e-RS referrals that are rejected to be missed by the practice.
RED	**TREND**	Oct-19	Nov-19	Dec-19	Jan-20		
		58.5%	61.6%	62.9%	68.4%		
		Plan: 100% by end of Q2 2018/19					

Performance Overview/Issues:

The national ambition that E-referral utilisation coverage should be 100% by the end of Q2 2018/19 wasn't achieved. Latest published e-referral utilisation data for South Sefton CCG is for January 2020 and reports performance to be 68.4%. This shows an improvement from the previous month and remains significantly below the national position. The above data however is based upon NHS Digital reports that utilises MAR (Monthly Activity Reports) data and initial booking of an E-Rs referral, excluding re-bookings. MAR data is nationally recognised for not providing an accurate picture of total referrals received, and as such NHS Digital will, in the near future, use an alternative data source (SUS) for calculating the denominator by which utilisation is ascertained.

In light of the issues in the national reporting of E-Rs utilisation, a local data set has been used. The referrals information is sourced from a local referrals flow submitted by the CCGs main hospital providers. This has been used locally to enable a GP practice breakdown. January data shows an overall performance of 68.7% for South Sefton CCG, a decline on the previous month (74.6%).

Actions to Address/Assurances:

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.

A review of referral data was undertaken to get a greater understanding of the underlying issues relating to the underperformance. The data indicates that there is no uniform way that Trusts code receipt of electronic referral and the e-RS data at Trust level is of poor quality. This has therefore provided difficulties in identifying the root causes of the underperformance. However, as outpatients is a priority QIPP area and e-RS is a nationally recognised vehicle to achieve outpatient reductions (Advice & Guidance), the CCG Programme Lead will be working with local Acute Trusts to formulate a plan to increase utilisation.

The CCG has communicated to its Acute providers (LUHFT and S&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.

The CCG are in negotations with iMersey to recruit a digital lead whose responsibility will be to pick up e-Rs and Advice and Guidance. The recruitment of a digital lead has been delayed due to iMersey capacity being fully utilised to support COVID19 requirements.

When is performance expected to recover:

To be confirmed as part of the outpatient strategy case for change.

Quality:

Indicator responsibility:

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

2.3 Diagnostic Test Waiting Times

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test		**Previous 3 months and latest**					133a	The risk that the CCG is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.
RED	**TREND**		Nov-19	Dec-19	Jan-20	Feb-20		
		CCG	0.97%	2.72%	2.66%	1.06%		
		Aintree	0.15%	0.65%	1.03%	0.05%		
		Plan: less than 1% February's CCG improvement plan: 0.98% Aintree's improvement plan: 1.5% Yellow denotes achieving 19/20 improvement plan but not national standard of less than 1%						

Performance Overview/Issues:

The CCG have failed the improvement plan of 0.98% in February and the national standard, reporting 1.06%. This is an improvement on the January figure of 2.66%. In February, out of a total of 2,746 patients on the waiting list, 29 patients waited over 6 weeks. Of these patients, 11 waited over 13+ weeks. A significant proportion of the CCG's diagnostic breaches still reside at Liverpool Heart & Chest and therefore a sustainable delivery of the 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 again achieving the target reporting 0.05%. This metric is continually monitored via weekly operations groups down to modality level. Radiology experienced a sustained increase in demand for imaging (CT Cardiac).

Actions to Address/Assurances:

Aintree Trust Actions:
- Additional CT Cardiac sessions have been booked
- Review underway to look at all day CT cardiac sessions in hours
- Collaboration with cardiology to review imaging protocols and pathways

CCG Actions:
- To formally request the Trust to provide activity data that would support the statement that diagnostic activity is in excess of funded capacity, via the Planned Care Group meeting.

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.

When is performance expected to recover:

December 2019 and January 2020 saw a dip in performance with an expectation set from draft planning submissions for 2020/21 that the Trust expect to meet the constitutional target of less than 1% by March 2021. This improvement trajectory has not been ratified by the CCG and the regulators. It is anticipated that there will be a ratified improvement trajectory by April 2020.

Quality:

Indicator responsibility:

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

2.4 Referral to Treatment Performance

<table>
<tr><th>Indicator</th><th>Performance Summary</th><th>NHS Oversight Framework (OF)</th><th>Potential organisational or patient risk factors</th></tr>
<tr><td>Referral to Treatment Incomplete pathway (18 weeks)
RED | TREND</td><td>Previous 3 months and latest
<table>
<tr><th></th><th>Nov-19</th><th>Dec-19</th><th>Jan-20</th><th>Feb-20</th></tr>
<tr><td>CCG</td><td>86.0%</td><td>85.3%</td><td>83.2%</td><td>82.1%</td></tr>
<tr><td>Aintree</td><td>84.3%</td><td>83.0%</td><td>82.2%</td><td>81.9%</td></tr>
</table>
Plan: 92%
February improvement plan: CCG - 90.3% and Aintree - 91.7%
Yellow denotes achieving 19/20 improvement plan but not national standard of 92%</td><td>129a</td><td rowspan="2">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.</td></tr>
<tr><td colspan="3">Performance Overview/Issues:

The CCG's performance has dropped since April 2019 when 89.5% was reported. In February 82.17% was reported, which is lower than the previous month. Gynaecology remains one of the main failing specialties for February reporting 88.48%, with 104 breaches. General Surgery is also failing with a performance of 91.35%; a total of 90 breaches. Out of 18 specialties 13 are failing the 92% target, the 4 lowest performing specialities that are failing are T&O 70.33%, General Surgery 72.66%, Ophthalmology 73.69% and Thoracic Medicine 78.33%; The CCG continues to fail their improvement plan (February being 90.3%).

The CCG's main provider Aintree are also under the 92% target reporting 81.91%; also failing their local trajectory of 91.7% for February and is a decline in overall performance of 0.3% from January's position. The total number of patients on an incomplete pathway referred from an English Commissioner at month end was 19,825 which is a reduction of 104 patients from January. Challenges still exist however in increasing activity levels back to plan which will also help in reducing the overall caseload size back to planned levels. RTT however continues to be adversely affected by non-elective pressures, short term sickness of medical staff and reduced additional sessions as a result of pension/ tax implications for consultants. As Aintree Hospital has now merged with the Royal Liverpool Broadgreen this is a local data flow relating to the Aintree site only.

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 was received and discussed at the March LUHFT CCF and agreement sought for a re-issue of the Contract Performance Notice (CPN) by the new lead commissioner (Liverpool CCG) as a single provider. Further updates from the provider suggests that capacity shortfalls are being met by outsourcing of scopes and delivery of Waiting List Initiatives (WLIs) whilst recruitment to posts is ongoing. Delivery of WLIs have been challenging due to HMRC Pensions and Tax issues. In addition the CCG is actively working with the Trust on QIPP programmes (i.e. Gastroenterology etc.) that will support the Trust to reduce unwarranted variation and support in delivery of its RTT position. However, delays in implementing Task & Finish Groups will have an impact on delivering reductions in activity. This issue has been escalated via the CCG turnaround director for a one-to-one discussion with the Trust turnaround director to identity an expeditious resolution.</td></tr>
<tr><td colspan="4">Actions to Address/Assurances:

<u>CCG Actions:</u>
• CCG received a revised improvement trajectory response which was discussed at March CCF.
• Liverpool CCG to re-issue a CPN.
• The CCG have the support of Trust turn-around directors to support Task & Finish Groups in order to get a system resolution.
• A Project Team will be mobilised to deliver the high level action plan developed at the Task & Finish Group. However, escalation via Turnaround Directors has been initiated to accelerate mobilisation.
• The CCG have facilitated discussions with local acute providers to agree North Mersey Gastro Pathways which are anticipated to be clinically signed off via the CCG in January 2020.
• The CCG has escalated HMRC Pensions and Tax issues with NHSE and are awaiting a response.
• CCG to challenge inconsistency in waiting list positions for Mersey Commissioners (South Sefton CCG saw a significant increase in Jan-20) at March contract/planned care meetings.
• The CCG will liaise with the lead commissioner (LCCG) to understand timescales for the re-issue of the CPN.</td></tr>
</table>

Actions to Address/Assurances:

Trust Actions Overall:

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

Trust Actions Gastro:

• Continue to support the reduction in Endoscopy waits by supporting WLI scope lists using dropped sessions in the week and additional sessions at weekends along with Insourcing extra capacity.
• Endoscopy capacity and demand modelling has been implemented.
• Additional scoping activity commissioned by Trust by independent provider Medinet to continue.
• Recruitment to posts ongoing however locum consultants recruited until permanent posts are filled.
• Virtual consultant led clinics scheduled (30 patients per clinic) with an expected 80% discharge rate.
• Telephone confirmation of endoscopy appointments implemented reducing DNA rates from 14% to 9% (in line with national average).
• Trust to support the delivery of actions identified in the Task & Finish Group
• Trust and CCG have drafted 5 clinical pathways that are awaiting a clinical sign off before implementation (will support reductions in unwarranted demand).
• The Trust has supported the CCG in the development of gastro pathways that will support the implementation of a Referral Assessment Service (RAS) via ERS.
• The Trust anticipate implementation of the RAS by May 2020 which will look to reduce inappropriate activity/appropriately direct activity resulting in a more efficient service.

When is performance expected to recover:

Liverpool CCG to re-issue CPN and ratify the recovery trajectory the Trust provides.

Indicator responsibility:

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

2.4.1 Referral to Treatment Incomplete pathway – 52+ week waiters

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (52+ weeks)		Previous 3 months and latest					129c	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
RED	TREND		Nov-19	Dec-19	Jan-20	Feb-20		
		CCG	1	0	0	0		
		Aintree	0	0	0	0		
		Plan: Zero						

Performance Overview/Issues:

In February there were no South Sefton CCG patients waiting over 52 weeks for treatment. Due to having 2 patient breaches this financial year (1 in October and 1 in November) at the Liverpool Women's, the CCG have failed the zero tolerance threshold for 2019/20 and will therefore report red for the remainder of the financial year.

Actions to Address/Assurances:

Monitoring of the 36 week waiting continues.

When is performance expected to recover:

A sustainable recovery expected to continue.

Quality:

Indicator responsibility:

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

Figure 2 - RTT Performance & Activity Trend

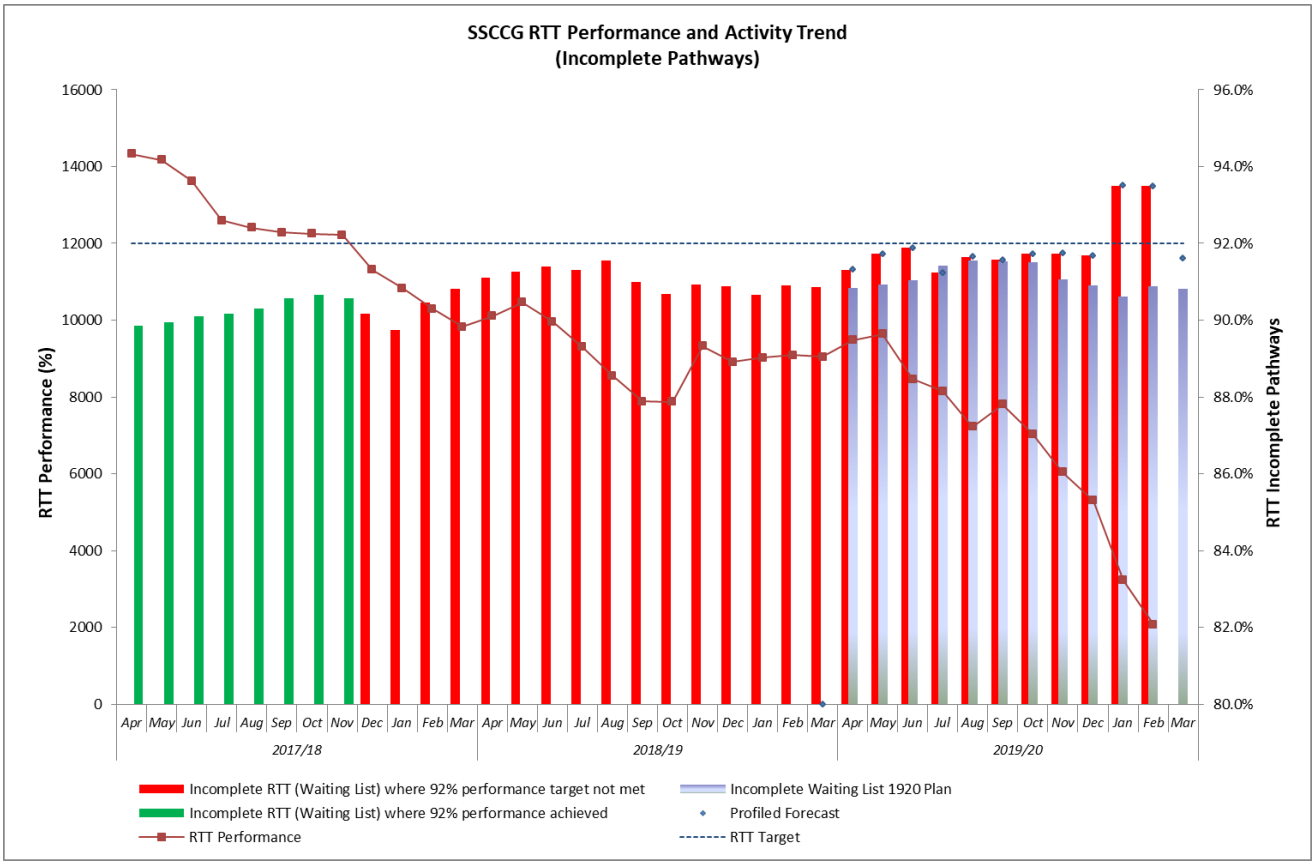


Figure 3 - South Sefton CCG Total Incomplete Pathways

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan	10,833	10,934	11,046	11,422	11,561	11,541	11,498	11,052	10,910	10,608	10,893	10,863	10,863
2019/20	11,309	11,727	11,880	11,234	11,648	11,574	11,725	11,734	11,680	13,503	13,493		13,493
Difference	**476**	**793**	**834**	**-188**	**87**	**33**	**227**	**682**	**770**	**2,895**	**2,600**		**2,630**

In February, the incomplete waiting list for the CCG was 13,493 against a plan of 10,893; a total 2,600 patients over plan. South Sefton CCG incomplete pathways has seen a -10/0.1% decrease for February 2020 compared to January 2020. The total waiting list has increased significantly for the second month compared to December 2019, which is heavily influenced by Aintree Hospital. In terms of the NHSE plans, 2019/20 incomplete pathways is currently at 13,493 compared to the March 2020 plan of 10,863.

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

2.4.2 Provider assurance for long waiters

Figure 4 - South Sefton CCG Provider Assurance for Long Waiters

Trust	Speciality	Wait band (Weeks)	Detailed reason for the delay
Aintree Hospital	All Other	37	**1 Patient**: No Trust information given
Aintree Hospital	Dermatology	36	**1 Patient**: No Trust information given
Aintree Hospital	ENT	36-42	**13 Patient**: No Trust information given
Aintree Hospital	Gastroenterology	37-42	**2 Patient**: No Trust information given
Aintree Hospital	General Surgery	36-44	**46 Patient**: No Trust information given
Aintree Hospital	Ophthalmology	36-39	**33 Patient**: No Trust information given
Aintree Hospital	Respiratory Medicine	36-48	**12 Patient**: No Trust information given
Aintree Hospital	T&O	36-42	**17 Patient**: No Trust information given
Aintree Hospital	Urology	37-48	**36 Patient**: No Trust information given
Alder Hey	All Other	37-40	**13 Patient**: No Trust information given
Calderdale & Huddersfield	General Surgery	38	**1 Patient**: No Trust information given
Cambridge University	All Other	40	**2 Patient**: No Trust information given
Liverpool Womens	Gynacology	36-42	**19 Patient**: No Trust information given
Manchester University	All Other	38	**1 Patient**: No Trust information given
Manchester University	ENT	43	**1 Patient**: No Trust information given
North Midlands	General Surgery	38	**1 Patient**: No Trust information given
North Midlands	Gynacology	37	**1 Patient**: No Trust information given
North Midlands	Rheumatology	39	**1 Patient**: No Trust information given
Southport & Ormskirk	General Medicine	36	**1 Patient**: No Trust information given
Southport & Ormskirk	General Surgery	37	**1 Patient**: No Trust information given
Southport & Ormskirk	Gynacology	36-45	**3 Patient**: No Trust information given
St Helens & Knowsley	Plastic Surgery	39-41	**3 Patient**: No Trust information given
The Royal Hospital	Dermatology	36-37	**4 Patient**: No Trust information given
The Royal Hospital	Gastroenterology	36-40	**2 Patient**: No Trust information given
The Royal Hospital	Ophthalmology	36-37	**3 Patient**: No Trust information given
The Royal Hospital	T&O	36-47	**24 Patient**: No Trust information given
The Royal Hospital	Urology	37-38	**2 Patient**: No Trust information given
University College London	Gynaecology	37	**1 Patient**: No Trust information given
University College London	Rheumatology	39	**1 Patient**: No Trust information given
Wirral University	ENT	44	**1 Patient**: No Trust information given
Wirral University	General Surgery	41	**1 Patient**: No Trust information given
Wirral University	Gynaecology	48	**1 Patient**: No Trust information given
Wirral University	T&O	39	**1 Patient**: No Trust information given
Wirral University	Urology	38	**1 Patient**: No Trust information given

The CCG had a total of 251 patients waiting 36 weeks and over. Due to the current situation with regards to COVID-19 and in line with other reporting changes by NHSE, Trust reporting on individual patients' pathways has been suspended until at least June 2020.

2.5 Cancer Indicators Performance

2.5.1 Two Week Urgent GP Referral for Suspected Cancer

Indicator		Performance Summary						NHS Oversight Framework (OF)	Potential organisational or patient risk factors
2 week urgently GP Referral for suspected cancer		**Previous 3 months, latest and YTD**						122a (linked)	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
GREEN	**TREND**		Nov-19	Dec-19	Jan-20	Feb-20	YTD		
		CCG	94.52%	96.34%	92.26%	97.55%	93.07%		
		Aintree	94.03%	96.55%	91.64%	96.43%	93.07%		
		Plan	93%	93%	93%	93%	93%		
		Aintree January Trajectory: 91.9% (National 93%)							

Performance Overview/Issues:

The CCG has achieved the target in February reporting 97.55% and is now achieving the target year to date with 99.07%. In February there were 16 breaches from a total of 638 patients seen. Cancer data is monitored cumulatively so year to date the CCG is reporting green.

Aintree achieved the 93% target in February reporting 96.43%, a significant improvement in performance from January when the target was failed. Therefore the Trust is again now achieving year to date with 93.07%. Please note the Aintree data is taken from a local flow, as the Trust has now merged with The Royal Liverpool Broadgreen, now known as Liverpool University Hospital Foundation Trust (LUHFT).

Actions to Address/Assurances:

Please note that reasons for breaches allocated by the national Cancer Waiting Times system only enable one reason from a limited list to be assigned to a pathway. "Inadequate outpatient capacity" does not include cancelled clinics but would include workforce constraints. The South Sefton CCG Governing Body has requested an analysis of breach reasons for each tumour type. This has highlighted breast, colorectal and skin pathways as having the highest proportion of pathway breaches attributed to "inadequate outpatient capacity". An analysis of commissioned capacity versus actual activity is underway.

A request has been made to the national cancer team for more meaningful and multiple breach reasons to be recorded by the Cancer Waiting Times system to enable a deeper understanding of performance issues.

When is performance expected to recover:

There were a number of failing specialties; notably Lung, Breast, Urology, Lower GI and Skin. A LUHFT level cancer improvement plan was requested for the Aintree Planned Care Group on 27th March. However, the meeting did not go ahead due to the current COVID-19 pandemic.

Quality:

Indicator responsibility:

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

2.5.2 Two Week Wait for Breast Symptoms

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
2 week wait for breast symptoms (where cancer was no initially suspected)		Previous 3 months, latest and YTD					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND		Nov-19	Dec-19	Jan-20	Feb-20	YTD	
		CCG	92.16%	97.78%	97.37%	93.75%	89.63%	
		Aintree	96.35%	96.18%	96.67%	93.28%	89.34%	
		Plan	93%	93%	93%	93%	93%	
		Aintree February Trajectory: 91.3% (National 93%)						

Performance Overview/Issues:

The CCG achieved the target in February reporting 93.75% but remains below the YTD target with 89.63% due to previous months breaches. YTD there have been 62 breaches from a total of 598 patients seen. Cancer data is monitored cumulatively so year to date the CCG is reporting red.

Aintree reported 93.28% in February and are therefore achieving the 93% target and improvement trajectory, having just 8 breaches out of a total of 119 patients. They are however failing year to date due to a significant number of breaches earlier in the year. Please note the Aintree data is taken from a local flow, as this provider has now merged with The Royal Liverpool Broadgreen Hospital, now known as Liverpool University Hospital Foundation Trust (LUHFT).

Actions to Address/Assurances:

The majority of breast symptomatic referrals from South Sefton GPs are made to Aintree or Royal Liverpool sites. Both sites are now meeting the operational standard for this indicator.

When is performance expected to recover:

Recovery against the year to date position is unlikely due to very low performance early in the financial year but sustained recovery is planned and expected for 2020/21.

Quality:

Indicator responsibility:

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

2.5.3 31 Day first definitive treatment of cancer diagnosis

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
31 day first definitive treatment of cancer diagnosis		Previous 3 months, latest and YTD					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND		Nov-19	Dec-19	Jan-20	Feb-20	YTD	
		CCG	98.02%	97.65%	95.06%	91.03%	95.95%	
		Aintree	95.14%	93.13%	92.11%	94.69%	96.45%	
		Plan	96%	96%	96%	96%	96%	

Performance Overview/Issues:

The CCG are failing the 96% target in February reporting 91.03% and are failing year to date with 95.95%. In February, there were 7 breaches out of 78 patients seen. Cancer data is monitored cumulatively so year to date the CCG is reporting red. Breaches related to Skin, Urology, Head & Neck and Gynae pathways. Inadequate elective capacity and treatment delays for medical reasons were cited as main breach reasons.

Aintree failed this measure in February reporting 94.69% but are achieving year to date recording 96.45%. In February, there were 6 patient breaches out of a total of 113. Please note the Aintree data is taken from a local flow, as the provider has now merged with The Royal Liverpool Broadgreen, now known as Liverpool University Hospital Foundation Trust (LUHFT).

Actions to Address/Assurances:

Breaches relate to complex pathways, medical reasons and patient choice. A LUHFT level cancer improvement plan was requested for the Aintree Planned Care Group meeting on 27th March 2020 including specific site specific actions for Aintree and Royal Liverpool sites. However, the meeting did not take place due to the current COVID-19 pandemic.

When is performance expected to recover:

Trajectory for 2020/21 indicates a 96% average monthly performance.

Quality:

Indicator responsibility:

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

2.5.4 31 Day Standard for Subsequent Cancer Treatment – Drug

Indicator		Performance Summary						NHS Oversight Framework (OF)	Potential organisational or patient risk factors
31 day standard for subsequent cancer treatment - drug		Previous 3 months, latest and YTD						N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
GREEN	TREND		Nov-19	Dec-19	Jan-20	Feb-20	YTD		
		CCG	100%	100%	96.30%	100%	98.70%		
		Aintree	100%	100%	93.33%	100%	98.59%		
		Plan	98%	98%	98%	98%	98%		

Performance Overview/Issues:

The CCG are achieving the 98% target in February, reporting 100%, and are still achieving year to date with 98.70%. Cancer data is monitored cumulatively so year to date the CCG is reporting green.

Aintree have also achieved the target in February reporting 100% and the provider continues to achieve year to date with 98.59%.

Actions to Address/Assurances:

Not required due to achievement of the target.

When is performance expected to recover:

Trajectory for 2020/21 indicates an average monthly performance of 99%.

Quality:

Indicator responsibility:

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

2.5.5 31 Day Standard for Subsequent Cancer Treatment – Surgery

Indicator		Performance Summary						NHS Oversight Framework (OF)	Potential organisational or patient risk factors
31 day standard for subsequent cancer treatment - surgery		Previous 3 months, latest and YTD						N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND		Nov-19	Dec-19	Jan-20	Feb-20	YTD		
		CCG	90.00%	91.67%	81.82%	85.71%	93.53%		
		Aintree	87.1%	95.7%	92.86%	92.31%	94.62%		
		Plan	94%	94%	94%	94%	94%		

Performance Overview/Issues:

The CCG failed the 94% target for February with 85.71% and therefore continue to fail year to date reporting 93.53%. In February, there was 1 patient breach out of 7 seen. Cancer data is monitored cumulatively so year to date the CCG is reporting red.

Aintree are also failing the target reporting 92.31% in February; out of 26 patients there were 2 patient breaches. However, the provider continue to achieve year to date with 94.62%.

Actions to Address/Assurances:

The CCG breach was related to surgical capacity for Gastroenterology at Aintree. The patient waited 43 days for treatment. Going forward, lists are likely to be combined across the two LUHFT sites to improve equity of access.

When is performance expected to recover:

Trajectory for 2020/21 indicates an average monthly performance of 97% with the majority of months achieving the operational standard of 94%.

Quality:

Indicator responsibility:

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

2.5.6 62 Day Cancer Urgent Referral to Treatment Wait

Indicator		Performance Summary						NHS Oversight Framework (OF)	Potential organisational or patient risk factors
All cancer two month urgent referral to treatment wait		Previous 3 months, latest and YTD						122b	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND		Nov-19	Dec-19	Jan-20	Feb-20	YTD		
		CCG	82.61%	86.11%	82.86%	61.11%	75.88%		
		LUHFT	77.08%	75.32%	68.93%	55.08%	69.10%		
		Plan	85%	85%	85%	85%	85%		
		CCG Improvement Trajectory February: 88.5%							

Performance Overview/Issues:

The CCG failed the 85% target for February reporting 61.11% and year to date with 75.88%. In February, there were 14 breaches from a total of 36 patients seen. The reasons for the breaches were complex diagnostic pathways, delays due to medical reasons, patient choice and other reasons not listed.

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.

For February LUHFT are recording 55.08% - Out of a total of 147 patients there were 57.5 patient breaches.

Actions to Address/Assurances:

A new Cancer Alliance Performance Improvement Group has been established to give oversight of cancer performance across the Cheshire and Merseyside system. The Group includes representation from Chief Operating Officers, cancer managers and commissioners. NHS Planning Guidance states a requirement for system improvement especially in relation to 6 challenged pathways namely; urology, colorectal, gynaecology, upper gastro-intestinal, head and neck and lung. Focus will be on developing improvement plans for urology at LUHFT as the biggest contributor to excess breaches.

When is performance expected to recover:

South Sefton CCG trajectory for 2020/21 indicates an average monthly performance of 82% which will be seasonally profiled according to historical trends and factors in growth of 4%.

Quality:

Indicator responsibility:

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

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

Indicator		Performance Summary						NHS Oversight Framework (OF)	Potential organisational or patient risk factors
62 day wait for first treatment following referral from an NHS Cancer Screening Service		Previous 3 months, latest and YTD						N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
GREEN	TREND		Nov-19	Dec-19	Jan-20	Feb-20	YTD		
		CCG	100%	90.91%	90.91%	100%	92.65%		
		LUHFT	86.1%	87.5%	78.9%	64.6%	79.30%		
		Plan	90%	90%	90%	90%	90%		

Performance Overview/Issues:

The CCG reported 100% for screening services in February achieving the 90% target. Year to date the CCG are now achieving 92.65% and over the 90% target. Cancer data is monitored cumulatively so year to date the CCG is reporting green.

For February LUHFT are recording 64.6% out of a total of 35 patients there were 11.5 patient breaches.

Actions to Address/Assurances:

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.

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.

Breach reasons are often cited as "other" for screening pathways. A request has been made to the national team to expand the range of reasons which are available and enable more than one reason per pathway in order to understand breaches in more depth.

When is performance expected to recover:

South Sefton CCG trajectory for 2020/21 indicates an average monthly position of 90% and builds in a growth rate of 11% based on previous 3 years' trends.

Quality:

Indicator responsibility:

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

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

<table>
<tr><th>Indicator</th><th colspan="7">Performance Summary</th><th>NHS Oversight Framework (OF)</th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">62 day wait for first treatment for Cancer following a Consultants Decision to Upgrade the Patient's Priority</td><td colspan="6">Previous 3 months, latest and YTD</td><td rowspan="6">Local target is 85%, where above this measure is RAG rated green, where under the indicator is grey due to no national target</td><td rowspan="6">Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.</td></tr>
<tr><td>RED</td><td>TREND</td><td></td><td>Nov-19</td><td>Dec-19</td><td>Jan-20</td><td>Feb-20</td><td>YTD</td></tr>
<tr><td rowspan="3">  </td><td rowspan="3">  </td><td>CCG</td><td>64.71%</td><td>72.73%</td><td>77.78%</td><td>90.91%</td><td>69.81%</td></tr>
<tr><td>LUHFT</td><td>84.33%</td><td>76.14%</td><td>82.61%</td><td>86.54%</td><td>82.41%</td></tr>
<tr><td>Plan</td><td>85%</td><td>85%</td><td>85%</td><td>85%</td><td>85%</td></tr>
<tr><td colspan="8">(Local target 85%)</td></tr>
<tr><td colspan="10">Performance Overview/Issues:</td></tr>
<tr><td colspan="10">The CCG reported 90.91% in February with year to date being 69.81%. In February there was 1 breaches from a total of 11 patients seen.

For February LUHFT are recording 86.54% out of a total of 61 patients there were 7 patient breaches.</td></tr>
<tr><td colspan="10">Actions to Address/Assurances:</td></tr>
<tr><td colspan="10">New Cancer Waits Guidance will change how lung patients on direct to CT pathways are monitored and will reduce the numbers of patients in this cohort.</td></tr>
<tr><td colspan="10">When is performance expected to recover:</td></tr>
<tr><td colspan="10">Very small numbers in this patient cohort make for volatile performance against this standard and difficult prediction of recovery.</td></tr>
<tr><td colspan="10">Quality:</td></tr>
<tr><td colspan="10"></td></tr>
<tr><td colspan="10">Indicator responsibility:</td></tr>
<tr><td colspan="3">Leadership Team Lead</td><td colspan="3">Clinical Lead</td><td colspan="4">Managerial Lead</td></tr>
<tr><td colspan="3">Karl McCluskey</td><td colspan="3">Debbie Harvey</td><td colspan="4">Sarah McGrath</td></tr>
</table>

2.5.9 104+ Day Breaches

Indicator		Performance Summary					Potential organisational or patient risk factors
Cancer waits over 104 days - Aintree		**Latest and previous 3 months**					Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	**TREND**	Nov-19	Dec-19	Jan-20	Feb-20		
		14	9	17	13		
		Plan: Zero					

Performance Overview/Issues:

In February there were 13 over 104 days breaches at Aintree. However, none of these were South Sefton CCG patients. The longest waiting patient was a Lower Gastro patient who waited 227 days. Their treament was delayed for medical reasons as the patient was unfit for their treament. Out of the 13 breaches, 6 were Urological. There will be a review of harm and the details of this pathway will be reviewed by the Performance & Quality Investigation Review Panel (PQIRP).

Actions to Address/Assurances:

South Sefton CCG will continue to work with Aintree to ensure best use of Performance & Quality Investigation Review Panel (PQIRP) as a forum to achieve sustained improvement using thematic reviews that will feed into the Provider's Cancer recovery plan. A LUHFT level cancer improvement plan is requested to be presented at the Aintree Planned Care Group on 27th March. However the meeting did not take place due to the COVID-19 pandemic.

The most recent 104 day thematic review has identified radiology capacity, histopathology delays and genuinely complex pathways associated with high levels of co-morbidity as the key factors.

When is performance expected to recover:

Work to improve 62 days performance will also impact on very long waiters.

Quality:

Indicator responsibility:

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

2.5.10 Faster Diagnosis Standard (FDS)

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

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

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

This new standard should help to:

- Reduce anxiety for patients who will be diagnosed with cancer or receive an ‘all clear’ but do not currently hear this information in a timely manner;
- Speed up time from referral to diagnosis, particularly where faster diagnosis is proven to improve clinical outcomes; and

- Reduce unwarranted variation in England by understanding how long it is taking patients to receive a diagnosis or 'all clear' for cancer across the country.

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

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

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

The standard will initially apply to referrals from:

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

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

Figure 5 - FDS monitoring for South Sefton CCG

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%	78.35%	81.00%		81.24%
No of Patients	337	486	437	446	416	449	554	579	436	462	479		5081
Diagnosed within 28 Days	289	410	359	380	319	359	457	461	344	362	388		4128

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%	98.21%	95.92%	93.33%	100%	91.11%		96.80%
No of Patients	28	57	57	51	40	45	56	49	45	27	45		500
Diagnosed within 28 Days	28	54	57	49	39	45	55	47	42	27	41		484

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%	48.44%	60.00%		61.85%
No of Patients	36	50	32	36	59	52	70	61	61	64	40		561
Diagnosed within 28 Days	31	27	20	25	36	37	50	38	28	31	24		347

2.6 Patient Experience of Planned Care

Indicator		Performance Summary					Potential organisational or patient risk factors
Aintree Friends and Family Test (FFT) Results: Inpatients		**Previous 3 months and latest**					
RED	**TREND**		Nov-19	Dec-19	Jan-20	Feb-20	
		RR	19.5%	18.5%	19.4%	19.3%	
		% Rec	94.0%	93.0%	94.0%	94.0%	
		% Not Rec	3.0%	4.0%	3.0%	4.0%	
		2019 England Averages Response Rates: 24.9% % Recommended: 96% % Not Recommended: 2%					

Performance Overview/Issues:

Aintree has reported a response rate for inpatients of 19.3% in February which is below the England average of 24.9% - similar to last month. The percentage of patients who would recommend the service has remained at 94% and is below the England average of 96% and the percentage who would not recommend has increased to 4% - still above the England average of 2%.

Actions to Address/Assurances:

Provider patient experience event being held in June 2020 will likely be rescheduled for later on the year or 2021 due to increased pressure on providers during the COVID-19 pandemic.

The CCG Quality team will continue to monitor trends and request assurances from providers when exceptions are noted. However, by means of supporting the providers, a more relaxed approach is currently being taken with regards to submission of evidence during this period.

Monthly FFT reports will continue to be produced by Quality team. However, EPEG meetings have been put on hold for the foreseeable future.

When is performance expected to recover:

The above actions will continue with an ambition to improve performance during 2020/21.

Quality:

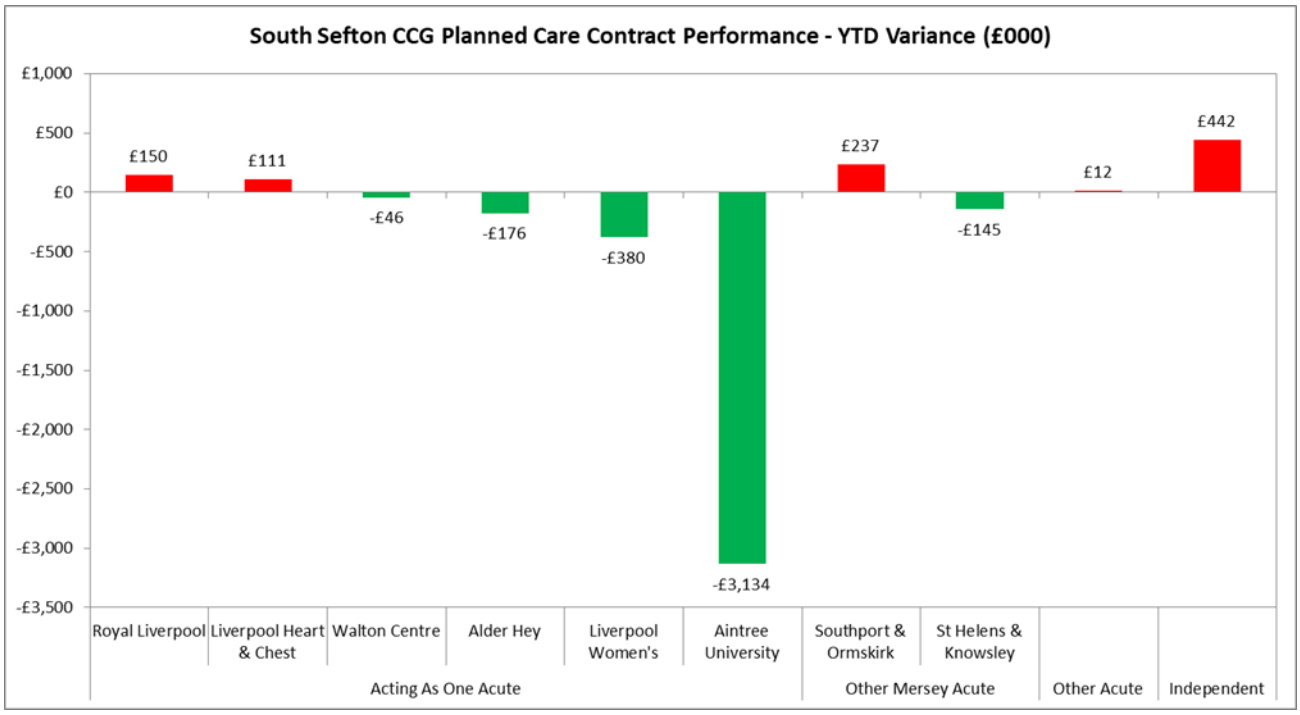
The Provider patient experience meetings have been put on hold during this period and the CCG will request an update in June/July 2020, dependent on Trust activity and prioritisation levels.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Brendan Prescott	N/A	Mel Spelman

2.7 Planned Care Activity & Finance, All Providers

Figure 6 - Planned Care - All Providers



Performance at month 11 of financial year 2019/20, against planned care elements of the contracts held by NHS South Sefton CCG shows an under performance of circa -£2.9m/-6.4%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an over spend of approximately £483k/1%.

At individual providers, Aintree Hospital is showing the largest under performance at month 11 with a variance of -£3.1m/-11%. In contrast, a notable over performance of £431k/23% against Renacres Hospital has been evident. This is followed by Southport & Ormskirk Hospital with an over performance of £237k/11% at month 11.

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 -£651k/-8% at month 11. However, a notable over performance is being reported at Renacres Hospital with market share increasing for this provider in the last three years. The CCG's Business Intelligence (BI) Team are working with the Planned Care Lead to review referral patterns and planned care activity to review patient flows into the independent sector rather than main providers.

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

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

2.7.1 Aintree University Hospital NHS Foundation Trust

Figure 7 - Planned Care – Aintree Hospital

Aintree University Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	11,786	11,591	-195	-2%	£7,605	£7,024	-£582	-8%
Elective	1,429	1,118	-311	-22%	£4,562	£3,387	-£1,176	-26%
Elective Excess Bed Days	553	542	-11	-2%	£145	£145	-£1	0%
OPFAMPCL - *OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)*	281	205	-76	-27%	£55	£43	-£12	-22%
OPFANFTF - *Outpatient first attendance non face to face*	1,724	1,216	-508	-29%	£51	£41	-£11	-21%
OPFASPCL - *Outpatient first attendance single professional consultant led*	30,569	28,272	-2,297	-8%	£5,076	£4,568	-£507	-10%
OPFUPMPCL - *Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).*	742	796	54	7%	£78	£80	£1	2%
OPFUPNFTF - *Outpatient follow up non face to face*	6,072	5,583	-489	-8%	£152	£140	-£12	-8%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	68,070	59,016	-9,054	-13%	£5,020	£4,430	-£590	-12%
Outpatient Procedure	22,157	21,023	-1,134	-5%	£3,156	£2,949	-£206	-7%
Unbundled Diagnostics	13,711	13,188	-523	-4%	£1,153	£1,101	-£51	-4%
Wet AMD	1,519	1,508	-11	-1%	£1,198	£1,210	£12	1%
Grand Total	**158,615**	**144,058**	**-14,557**	**-9%**	**£28,252**	**£25,118**	**-£3,134**	**-11%**

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

Referral patterns suggest that underperformance is not attributed to reduced referrals for South Sefton CCG to Aintree Hospital (referrals are currently 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 have also impacted on activity levels.

Elective procedures are also currently under performing at month 11 by -£1.1m/-26%. This can be attributed to reduced activity within Trauma & Orthopaedics and Colorectal Surgery. The former can be partly attributed to a switch in activity trends from the Aintree site to the Royal Liverpool site from November-19 onwards. This was as a result of the merger of Trauma & Orthopaedics following the creation of Liverpool University Hospitals Foundation Trust (LUHFT).

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

The new Liverpool University Hospitals NHS Foundation Trust (LUHFT) was created on 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.

2.7.2 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	544	695	151	28%	£654	£833	£179	27%
Elective	128	158	30	23%	£713	£881	£168	24%
Elective Excess Bed Days	13	0	-13	-100%	£3	£0	-£3	-100%
OPFASPCL - *Outpatient first attendance single professional consultant led*	1,212	1,337	125	10%	£206	£226	£20	10%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	1,767	2,106	339	19%	£122	£145	£23	19%
OPPREOP	432	493	61	14%	£26	£30	£4	14%
Outpatient Procedure	511	664	153	30%	£91	£119	£27	30%
Physio	1,357	1,310	-47	-3%	£41	£40	-£1	-3%
Unbundled Diagnostics	559	668	109	19%	£51	£65	£14	28%
Grand Total	**6,522**	**7,431**	**909**	**14%**	**£1,907**	**£2,338**	**£431**	**23%**

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 5% above 2018/19 levels. However, Trauma & Orthopaedic referrals are down -20% when comparing to the equivalent period of the previous year. In contrast, increases have been evident for specialities such as Gynaecology, ENT, Pain Management and Gastroenterology.

3. Unplanned Care

3.1 Accident & Emergency Performance

3.1.1 A&E 4 Hour Performance

Indicator		Performance Summary						NHS Oversight Framework (OF)	Potential organisational or patient risk factors
CCG and Aintree A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD						127c	
RED	TREND		Nov-19	Dec-19	Jan-20	Feb-20	YTD		
		CCG All Types	81.53%	80.65%	81.17%	82.42%	81.49%	Plan: 95% CCG Improvement trajectory 89% March 2020 Unable to split CCG type 1 from Oct onwards	
		CCG Type 1							
		Aintree Improvement Plan	88%	88%	86%	86%	-		
		Aintree All Types	80.36%	76.92%	78.33%	82.41%	83.07%		
		Aintree Type 1	65.76%	65.47%	61.80%	Not availab	66.21%		

Performance Overview/Issues:

The CCG continues to fail the national standard of 95% in February reporting 82.42% for the South Sefton population, this being a slight improvement on last month. A trajectory has been agreed with NHSE/I that runs to 89% in March 2020 not the national target. However, Aintree overall performance in February was 82.41% (type 1 and 3), which also shows an increase from last month (78.33%) and also under the 88% improvement trajectory for February. Type 1 performance on the Aintree site is not available. A contract performance notice is in place with actions agreed being closely monitored by the CCG.

Actions to Address/Assurances:

Internal Trust Actions:

Improve Non Admitted performance

The department has commenced a workstream to improve non-admitted performance in See & Treat. The action plan is under development and will be monitored weekly against the agreed trajectory.

Primary Care Streaming (PCS) new model of delivery is now embedded and a report will be due in March to evaluate the changes in service delivery for the first quarter.

Improve AEC functionality

Work has commenced via NHSE/I Same Day Emergency Care (SDEC) collaborative to review the role of Advanced Nurse Practitioner (ANP) to support in-reach function, final event held at end of January. A Task & Finish group has assembled to develop a model for the trial period.

Minimise frequency of crowding (surge) in the Emergency Department

a) Department has identified 2 cubicles in the ambulance drop off bay, which will be ring-fenced for the new handover/pitstop process. This has been reviewed and feedback from clinicians and patients has been positive. Work continues in collaboration with NWAS and crews are no longer being held within the department which has reduced ambulance handover time. Further monitoring and evaluation is planned to reduce this to acceptable tolerance levels.

b) A Task & Finish group is to be set up with regards to Direct Conveyancing to Assessment Areas to agree the process for medical assessment area. Progress will be reported into the weekly performance meeting.

System Partners Actions:

A wide range of work continues to support the Aintree system involving CCG and community provider, local authority:

• Collaborative focus on increasing ambulatory care within the Frailty Assessment Unit with direct conveyancing to unit without A&E attendance/review

• On-going implementation of Mersey Care Alternative to Transfer scheme with system introduced to provide timely response to NWAS to support patients at home who do not require conveyance to A&E. Work underway to promote service further and increase referrals and range of pathways that can be supported.

• Implementation of actions from Long Length of Stay action plan to reduce A&E attendances e.g. development of community DVT pathway, ICRAS offer in community.

• Collaborative work continues with Liverpool CCG to review potential Urgent Treatment Centre provision within Aintree footprint again with focus of reducing A&E attendances.

• Weekly Aintree system calls are held as required with NHSE and all partners to agree priority areas to progress each week reflecting local requirements. These are working well in maintaining operational and strategic communication across organisations to support patient flow and escalation work required.

When is performance expected to recover:

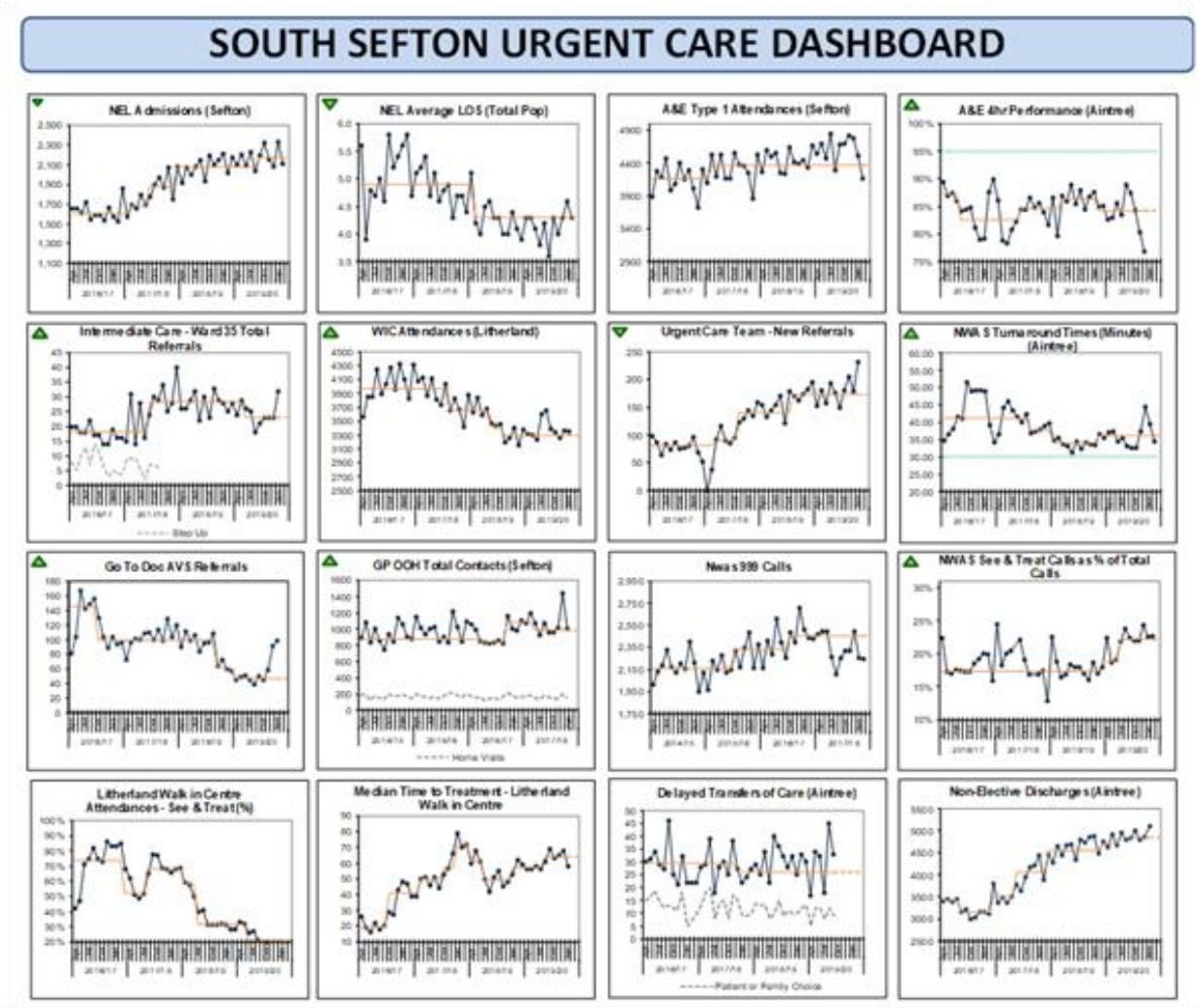
Aintree have an agreed trajectory with NHSE/I profiled from 88% in Month 1 to 89% in Month 12. This is below the national target of 95%.

Quality:

Indicator responsibility:

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

3.2 Urgent Care Dashboard



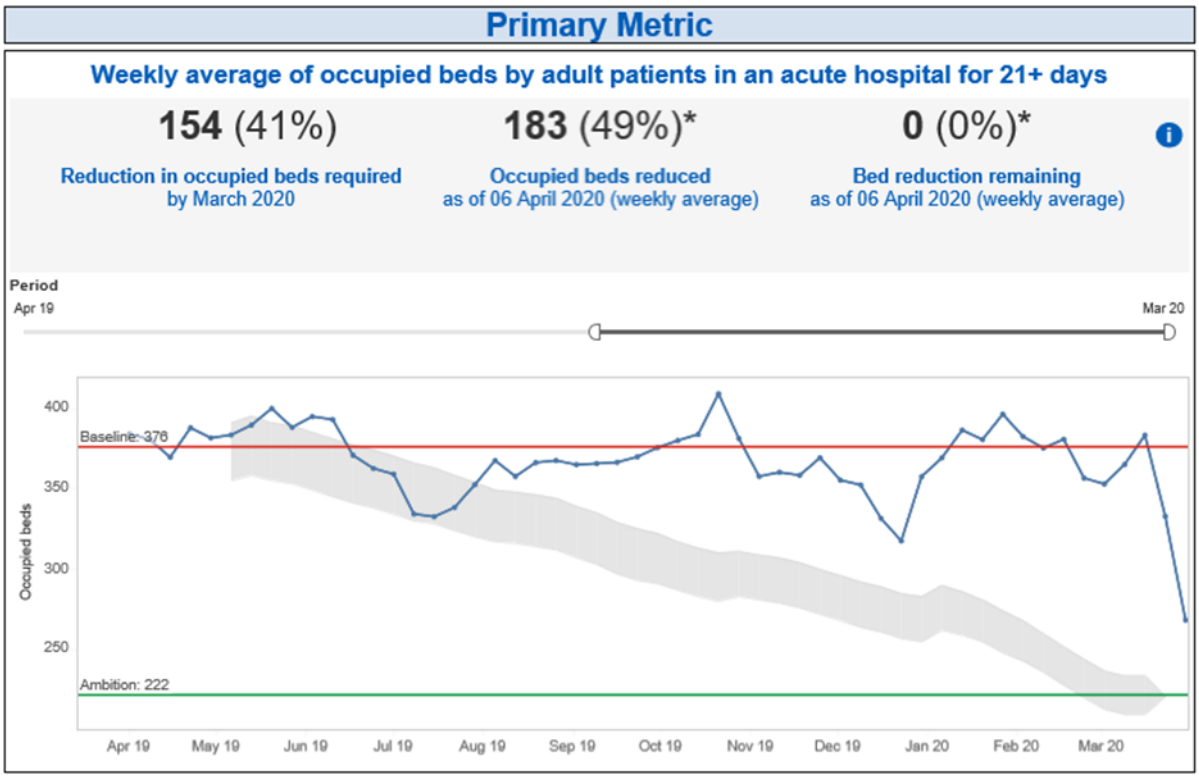
Definitions

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

3.3 Occupied Bed Days

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

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



Data Source: NHS Improvement – Long Stays Dashboard

The long stays dashboard has been updated for 2019/20 to report on a weekly basis. The Trust's revised target is a total bed reduction of 154 (41%) by March 2020; therefore the ambition is 222 or less. Despite a significant improvement in March 2020, the Trust did not achieve the ambition in March 2020, with a total reduction of 108 and 46 remaining as at 30th March 2020.

3.4 Ambulance Performance

Indicator		Performance Summary					Definitions	Potential organisational or patient risk factors
Category 1,2,3 & 4 performance		**Previous 2 months and latest**					**Category 1** -Time critical and life threatening events requiring immediate intervention **Category 2** -Potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and / or urgent transport **Category 3** - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering **Category 4 / 4H / 4HCP**- Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly transport	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	**TREND**	Cat	Target	Nov-19	Dec-19	Jan-20		
		1 mean	<=7 mins	00:07:47	00:06:27	00:07:21		
		1 90	<=15 mins	00:13:34	00:10:09	00:12:15		
		2 mean	<=18 mins	00:40:11	00:27:36	00:26:13		
		2 90	<=40 mins	01:33:04	00:57:55	00:57:13		
		3 90	<=120 mins	04:52:42	03:45:15	03:39:29		
		4 90	<=180 mins	03:42:02	02:56:16	03:03:16		

Performance Overview/Issues:

In February 2020 there was an average response time in South Sefton of 7 minutes 21 seconds, not achieving the target of 7 minutes for Category 1 incidents. However, this was the third shortest Cat.1 response time in Merseyside. Following this, Category 2 incidents had an average response time of 26 minutes 13 seconds against a target of 18 minutes, the third shortest response time in Merseyside. The CCG also failed the category 3 and 4 90th percentile although there is an ongoing improvement with category 3. South Sefton is yet to achieve the targets in either category 2 or category 3 since the introduction of the ARP system. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system.

Actions to Address/Assurances:

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 & treat and see & treat and reduce conveyance to hospital. The joint independent modelling commissioned by the Trust and CCGs set out the future resource landscape that the Trust needs if they are to fully meet the national ARP standards. Critical to this is a realignment of staffing resources to demand which will only be achieved by a root and branch re-rostering exercise. This exercise has commenced, however, due to the scale and complexity of the task, this will not be fully implemented until the end of Quarter 1 2020/21. Work is ongoing.

To support the service to both maintain and continue to improve performance, the contract settlement from commissioners for 2019/20 provided the necessary funding to support additional response for staffing and resources, including where required the use of VAS and overtime to provide interim additional capacity, prior to full implementation of the roster review. We have been advised that implementation of the roster review has been delayed in Cheshire & Merseyside until Quarter 4 which increases the risk of no-achievement of targets required for Quarter 1 2020/21. NWAS have advised that whilst formal implementation of the roster review has been delayed it is being progressed where there is mutual agreement with staff which will enable greater flexibility with shift patterns and use of staff resource.

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.

When is performance expected to recover:

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.

Quality:

Indicator responsibility:

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

3.5 Ambulance Handovers

Indicator		Performance Summary				Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months				a) All handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 30 minutes b) All handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 60 minutes	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND		Target	Dec-19	Jan-20	Feb-20	
		(a)	<=15-30mins	257	362	134	
		(b)	<=15-60mins	271	200	66	

Performance Overview/Issues:

NWAS performance saw a marked decrease with handover delays of over 30 and 15-60 minutes. With 30 minute delays decreasing from 362 to 134 and 60 minute delays decreasing from 200 to 66.

Actions to Address/Assurances:

Aintree have been part of the Super Six working with NWAS to improve processes to support achievement of the handover targets. They have identified that the priority area which will have the greatest impact will be the introduction of direct conveyancing of appropriate patients to front door units e.g. Ambulatory Medical Unit, Frailty Assessment Unit, without being first triaged through AED. 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.

When is performance expected to recover:

This is a priority area for immediate improvement. An updated Improvement Plan has been submitted which details timescales for implementation of direct conveyancing over Autumn. Pilot work was carried out initially to test plans that patients categorised as Amber pathway patients, following a call to AEC and following a predetermined clinical criteria, will travel directly to AEC via ambulance. The clinical protocol will support the correct and accurate redirection of patients and this will be supported by the ability for crews to call a senior clinician in AEC to discuss the safe conveyance of a patient to the department. Improvements are now being seen in the handover times.

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 diverts in place when extreme pressures within A&E or significant influx notified at one site or other.

Quality:

Indicator responsibility:

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

3.6 Unplanned Care Quality Indicators

3.6.1 Stroke and TIA Performance

<table>
<tr><th colspan="2">Indicator</th><th colspan="4">Performance Summary</th><th>Measures</th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">Aintree Stroke & TIA</td><td colspan="4">Latest and previous 3 months</td><td rowspan="3">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</td><td rowspan="3">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.</td></tr>
<tr><td>GREEN</td><td>TREND</td><td>Nov-19</td><td>Dec-19</td><td>Jan-20</td><td>Feb-20</td></tr>
<tr><td rowspan="2">  </td><td rowspan="2">  </td><td>79.41%</td><td>73.80%</td><td>78.57%</td><td>87.00%</td></tr>
<tr><td colspan="4">Stroke Plan: 80%
TIA 60% (achieving)</td></tr>
</table>

Performance Overview/Issues:

Performance against the 90% stay standard was 87% for February 2019. There were 46 patients with a diagnosis of stroke discharged from the provider during the month. Of these, 40 patients spent 90% of their stay on the Stroke Unit. The standard was not achieved for 6 patients. All breaches of the standard are reviewed and reasons for underperformance identified:

TIA continues to achieve and is reporting 100% in February.

Actions to Address/Assurances:

Proposed Trust Actions: -

Work with Lead Nurse for workforce on a recruitment strategy for Registered Nursing Vacancies

• Finalise recruitment briefing for Clinical Business Unit (CBU) and Stroke

Improve therapy Scores Sentinel Stroke National Audit Programme (SSNAP)

• Evaluate pilot of working hours to create evening capacity

• Evaluate pilot of weekend working

Work with ED and Radiology to improve time to CT scan to improve SSNAP score

• Monthly review of all patients who didn't meet the standard

• Attend ED Governance meeting to discuss Stroke

Review of all patients transferred to Male Assessment Bays/Female Assessment Bays (MAB/FAB)

• Attend Acute Medical Unit (AMU) meeting to discuss timely transfers

• DATIX all patients

Review of all delayed discharges relating to Sefton Early Supported Discharge (ESD) and insertion of Petcutaneous endoscopic gastrostomy (PEG)

• Attend AMU meeting to discuss timely transfers

• DATIX all patients

When is performance expected to recover:

Performance against the stroke metrics are monitored on a monthly basis with all breaches examined to inform improvement. Whilst the 80% target was met in October, the provider failed the target for 3 consecutive months but with significant improvement and achievement of target in February. Ongoing work is focussed on patient flow and a emphasis on the North Mersey Stroke Work and how an enhanced early supported discharge team would impact on discharge delays enabling timely admission to stroke beds for new presentations. There is a need to see consistency now in meeting target.

Quality:

Indicator responsibility:

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

3.6.2 Mixed Sex Accommodation (MSA)

Indicator		Performance Summary					Potential organisational or patient risk factors
Mixed Sex Accommodation (MSA)		Latest and previous 3 months					
RED	TREND		Nov-19	Dec-19	Jan-20	Feb-20	
		CCG	0	0	0	0	
		Aintree	0	0	0	0	
		Plan: Zero					

Performance Overview/Issues:
The CCG has had no mixed sex breaches in February. Plan is zero so the 1 breach in October will now show the measure as red for the remainder of 19/20.
Actions to Address/Assurances:
Escalation beds have been identified and are being utilised to prevent further breaches.
When is performance expected to recover:
Continued achievement expected for this measure.
Quality:
Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	John Wray	Brendan Prescott

3.6.3 Healthcare associated infections (HCAI): MRSA

Indicator		Performance Summary					Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: MRSA		Latest and previous 3 months (cumulative position)				Cases of MRSA carries a zero tolerance and is therefore not benchmarked.	
RED	TREND		Nov-19	Dec-19	Jan-20	Feb-20	
		CCG	1	1	1	1	
		Aintree	2	2	2	2	
		Plan: Zero					

Performance Overview/Issues:

The CCG and the lead provider have reported no new cases of MRSA in February, July saw the first case for the CCG reported at Aintree so have failed the zero tolerance threshold for 2019/20.

Aintree have had 2 cases year to date (1 in May and 1 in July) the latest case was a patient with provider apportioned MRSA bacteraemia, this was a contaminant, blood culture taken.

Actions to Address/Assurances:

No further incidents reported and provider action included:
- Undertook a post infection preview with the clinical team
- Reviewed the post infection review with CCG
- Identified lessons learned and actions undertaken
- Draft action plan sent to the CCG
- Action plan monitored through the Decontamination Action Group (DAG) and Infection Prevention Control (IPC) Operational Group

When is performance expected to recover:

Will remain red due to the Zero tolerance for MRSA although the provider continues to monitor the action plan.

Quality:

Any further incidents will be reported by exception.

Indicator responsibility:

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

3.6.4 Healthcare associated infections (HCAI): C Difficile

Indicator		Performance Summary					Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: C Difficile		Previous 3 months and latest (cumulative position)					
RED	TREND		Nov-19	Dec-19	Jan-20	Feb-20	
		CCG	36	42	50	59	
		Aintree	85	98	109	117	
		2019/20 Plan: </=60 YTD for the CCG 2019/20 Plan: </=56 for Aintree					

Performance Overview/Issues:

The CCG are failing the target year to date for C difficile reporting 59 cases against at year to date target of 55, having 9 cases in February.

From April to February 2020 in total there have been 117 cases reported on the HCAI database (8 cases in February). 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. No further updates at all highlighted workload in relation to COVID-19 as a priority

Actions to Address/Assurances:

Trust Proposed Actions:

- Commode cleanliness monitored weekly and performance sent to Ward Nurse Manager (WNM).
- Quality Improvement project to standardise bay cleaning, decant and Hydrogen Peroxide Vapour (HPV) fogging following C Difficile and other infections.
- 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.
- Trial new approach to CDI appeals and CCG colleagues with greater emphasis on discussing themes and areas for improvement.

When is performance expected to recover:

Recovery will be monitored as part of the LUHFT overall plan with specific emphasis on each of the sites.

Quality:

CDI action plan in progress.

Indicator responsibility:

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

3.6.5 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary					Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: E Coli (CCG)		Previous 3 months and latest (cumulative position)					
RED	TREND		Nov-19	Dec-19	Jan-20	Feb-20	
		CCG	112	125	139	147	
		Aintree	249	283	320	345	
		2018/19 CCG plan </=128 and failed 2019/20 Plan: </=128 YTD *There are no Trust plans at present numbers for information*					

Performance Overview/Issues:

NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2019/20. NHS South Sefton CCG's year-end target is 128, the same as last year when the CCG failed reporting 170 cases. In February there were 8 cases (147 YTD) against a year to date plan of 108 (this is less than to last month when 14 was reported, still over YTD plan).

Aintree reported 25 cases in February (345 YTD) with no targets set for Trusts at present. The figures above are not just attributable to the Aintree hospital site.

Actions to Address/Assurances:

Cheshire and Merseyside (C&M) are identified as an 'outlier' concerning Gram-negative bloodstream infections (GNBSI) and the national ambition is to reduce the number of healthcare associated Gram-negative bloodstream infections (GNBSI) by 25% by March 2022 and a 50% reduction by March 2024.

There is now a C&M NHS England/Improvement GNBSI/Sepsis/HCAI/Infection, Prevention & Control (IPC) Programme Board which has been created following a recommendation from the Single Item Quality Surveillance Group that took place September 2019. The main aim of the meeting is to bring key people together to focus on the reduction of Gram-negative bloodstream infections (GNBSI) and to implement a high-level approach in the communication of key messages. It was acknowledged that there is a lack of a system wide collaborative support within C&M. However, the group will aim to address this by identifying a key lead from the Health Care Partnership (HCP) and ensuring that key people are in place to support. The group should focus on building and improving on what is working and how best to share that learning, as opposed to what has not been achieved. This group will fit in as part of the integrated governance structure and will be monitored accordingly. There are also links between this and the Antimicrobial Resistance (AMR) Programme Board.

The NHSE GNBSI Programme Board Meeting was cancelled due to the COVID-19 incident, the local meeting was also cancelled due to the number of apologies given – all highlighted as due to workload in relation to COVID-19.

When is performance expected to recover:

This is a cumulative total so recovery not expected although monitoring of the numbers and exception reporting will continue.

Quality:

An overarching C&M delivery plan is being developed with plans to replicate at a local level in order to support consistently. 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

Indicator responsibility:

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

3.6.6 Hospital Mortality

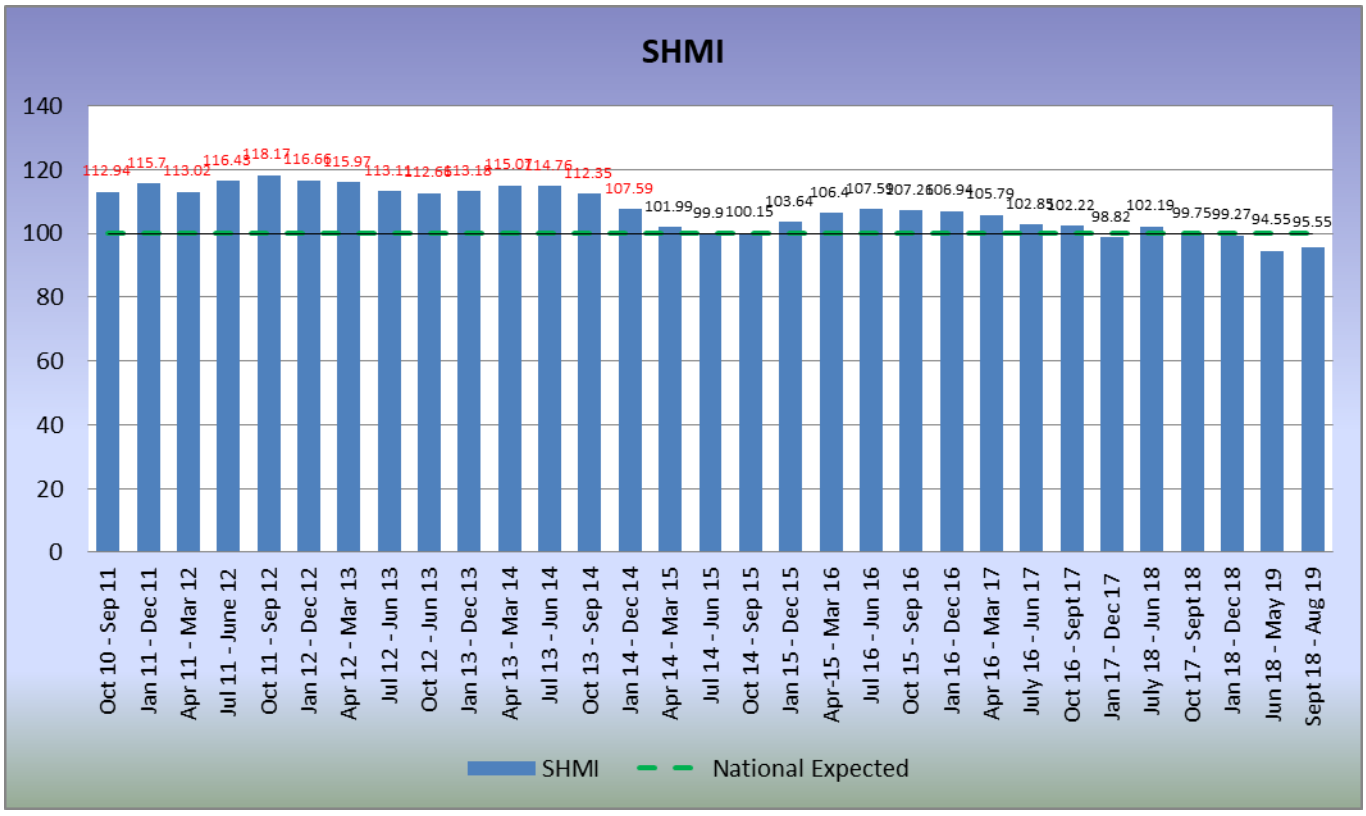
Figure 10 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	19/20 - Feb	100	90.00	↔

HSMR is lower than reported last month at 90 for the period November 2018 to October 2019. Position remains better than expected. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is fewer than 100 this suggest fewer deaths occurred than expected. Ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

SHMI is at 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



3.7 CCG Serious Incident (SI) Management

Due to changeover of SI reporting to the Ulysees system in the middle of the COVID-19 crisis there is no capacity to deal with the transition and issues that are arising. Therefore, the CCG are unable to provide information this month. It is hoped an update can be provided for the next report.

3.8 CCG Delayed Transfers of Care (DTOC)

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 DTOCs 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 DTOC within other providers e.g. Mersey Care FT and the Walton Centre. Reporting processes have been agreed so that the CCG are aware of issues an early stage and are able to respond appropriately.

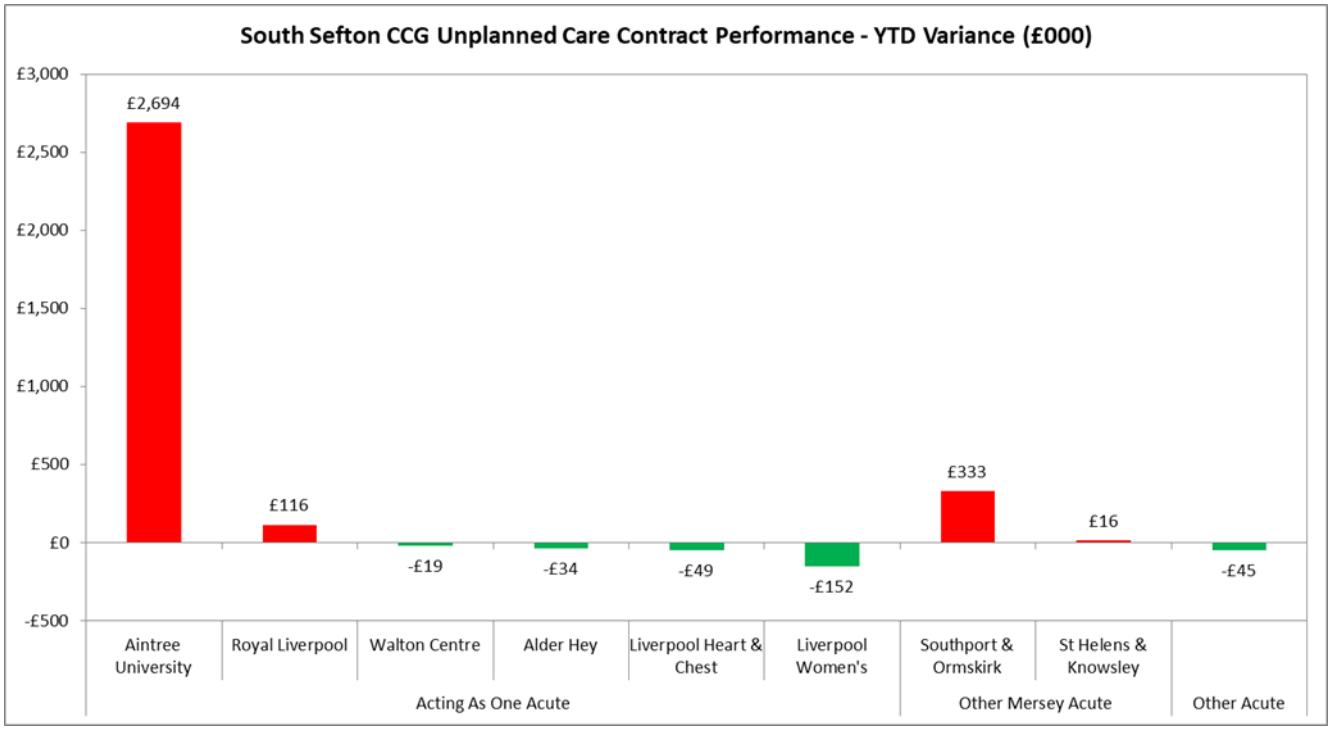
Total delayed transfers of care (DTOC) reported in February 2020 was 1,340, a decrease compared to February 2019 with 1,514. Delays due to NHS have decreased, with those due to social care increasing. The majority of delay reasons in February 2020 were due to care package in home, patient family choice, completion assessment and residential home.

See DTOC appendix for more information.

3.9 Unplanned Care Activity & Finance, All Providers

3.9.1 All Providers

Figure 12 - Unplanned Care – All Providers



Performance at month 11 of financial year 2019/20, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £2.8m/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 £307k/0.6%.

This over performance is clearly driven by Aintree Hospital, which has a variance of £2.6m/7% against plan at month 11. This appears to be driven by increased costs within the Non-Elective point of delivery and CCG leads are currently reviewing data to understand the potential impact of increased coding. This work will continue and will be discussed formally with the provider via contract routes.

South Sefton CCG is also aware of activity being undertaken at Virgin Healthcare walk in centres at Ormskirk and Skelmersdale. At month 11, the value is £150k. This has previously been paid for on a non-contract activity basis and CCG contract leads are in discussions with Virgin Care on developing a contract for 2020/21. The table below shows the movement year on year.

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

South Sefton CCG at Virgin Care	Activity	Cost
2018/19 (M1-11)	3,856	£146,538
2019/20 (M1-11)	3,749	£150,015
Variance	-107	£3,477
Variance %	-3%	2.4%

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

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

3.9.2 Aintree University Hospital

Figure 14 - Unplanned Care – Aintree Hospital

Aintree University Hospitals Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E WiC Litherland	39,251	37,024	-2,227	-6%	£925	£925	£0	0%
A&E - *Accident & Emergency*	33,079	33,458	379	1%	£5,341	£5,473	£132	2%
NEL - *Non Elective*	16,153	16,010	-143	-1%	£29,108	£32,924	£3,816	13%
NELNE - *Non Elective Non-Emergency*	46	43	-3	-6%	£168	£226	£58	34%
NELNEXBD - *Non Elective Non-Emergency Excess Bed Day*	256	207	-49	-19%	£67	£60	-£7	-10%
NELST - *Non Elective Short Stay*	3,127	3,494	367	12%	£2,170	£2,440	£270	12%
NELXBD - *Non Elective Excess Bed Day*	13,506	7,331	-6,175	-46%	£3,456	£1,881	-£1,575	-46%
Grand Total	**105,417**	**97,567**	**-7,850**	**-7%**	**£41,236**	**£43,930**	**£2,694**	**7%**

A&E type 1 attendances are 1% above plan for South Sefton CCG at Aintree Hospital with the provider (catchment) reporting an historical peak for monthly attendances in July-19. Litherland walk-in centre continues to see decreased activity against plan as in 2018/19. Type 1 attendances have been comparable to plan from month 8 onwards and decreased in Feb-20 as anticipated.

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 below planned levels by -1% but costs are exceeding planned values by £3.8m/13%, which could suggest a change in the case mix of patients presenting. Over performance has been recorded against various specialities (predominantly Acute Medicine) and HRGs including those related to Pneumonia, Alzheimer's disease / Dementia, Stroke and Heart Failure. A notable switch in the recording of Casemix Companion (CC) scores has been evident with an increase in admissions related to Pneumonia (with a score of 10+) increasing against plan and against 2018/19 levels. Total admissions recorded under the 'NEL' point of delivery have also increased to a peak for 2019/20 in January-20. CCG leads are further reviewing data to understand the financial impact of CC scores and will raise this with the provider via contract routes.

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

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

4. Mental Health

4.1 Mersey Care NHS Foundation Trust Contract (Adult)

4.1.1 Mental Health Contract Quality Overview

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 their ASD service. The Trust is also reporting that waiting times for assessment have increased to 7 years. This 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. A tele conference has been arranged for 5th May 2020 to progress.

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 is developing an investment case which will be submitted for approval via CAG and QIPP committee route.

Core 24 KPIs

In Month 11 with backdated activity the Trust reported CORE 24 indicators.

Core 24 Indicator	Target	Feb 2020	
Emergency Pathway - Assessment within 1 hour	90%	100.00%	Sustained from 100.00% in January 2020
Urgent Pathway - Assessment within 1 hour	66.67%	66.67%	Decline from 87.50% in January 2020
Urgent Pathway - Assessment within 4 hour	90%	100.00%	Improvement from 50.00% reported in January 2020

For all CORE 24 indicators the 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 February 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 for discussion at next CQPG.

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 in particular training compliance The performance notice will remains open The Trust has been advised that Safeguarding will be introducing quality review visits. The Trust's safeguarding team has a forthcoming vacancy and a long term sick post holder. Commissioners have sought assurance from the Trust as to how the safeguarding agenda will be covered.

4.1.2 Eating Disorder Service Waiting Times

Indicator		Performance Summary					Potential organisational or patient risk factors
Eating Disorder Service (EDS): Treatment commencing within 18 weeks of referrals		**Previous 3 months and latest**				KPI 125	
RED	**TREND**	Nov-19	Dec-19	Jan-20	Feb-20		
		92.9%	63.16%	63.16%	71.43%		
		Plan: 95%					

Performance Overview/Issues:

Out of a potential 14 Service Users, 10 started treatment within the 18 week target (71.43%), which shows a slight improvement from the previous month. The Trust has stated that demand for the service continues to increase and to exceed capacity. The Trust is developing an investment case for consideration by CCG.

Actions to Address/Assurances:

Trust Actions:

1. Increasing psychological provision – by introducing more group interventions in place of individual therapy. We are recruiting to 1 Compassion Focussed Therapy (CFT) group and 1 CBT group.
2. Tightening EDS Criteria – to ensure service users are able to access a psychological therapies commissioned service
3. Clearer and stricter DNA and cancellation policy
4. Using therapy contracts to contract number of sessions
5. Staff will be offered opportunity for overtime using some of the money from vacant posts to provide additional therapy slots.
6. The recent advert for the Band 7 Clinical Psychology post was unsuccessful, and the Trust placed an advert for a CBT Therapy post Band
7. A business case is being developed requesting key investment to enhance the existing service and increase physical health and psychological provision within the service.

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

When is performance expected to recover:

Performance overall has improved slightly with 10/14 (71.43%) people achieving the standard in February. This remains an improvement when compared to 55.280% for 2018/19. Aiming for significant improvement by March, however COVID-19 may have a significant impact on activity.

Quality:

Indicator responsibility:

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

4.2 Cheshire & Wirral Partnership (Adult)

4.2.1 Improving Access to Psychological Therapies: Access

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Access - % of people who receive psychological therapies		**Latest and previous 3 months**				123b	Risk that CCG is unable to achieve nationally mandated target.
RED	**TREND**	Nov-19	Dec-19	Jan-20	Feb-20		
		1.02%	0.71%	0.97%	0.74%		
		Access Plan: 19.0% (First 3 quarters) - February 2019/20 reported 0.74% and failed					

Performance Overview/Issues:

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 11 performance was 0.74% and failing to achieve the target standard. Achieving the access KPI has been an ongoing issue for the provider and the forthcoming procurement exercise coupled with COVID-19 may further exacerbate poor performance. The service also reported in January that 2 staff members have left to go to Liverpool IAPT after training from Psychological Wellbeing Practitioner (PWP) level.

Actions to Address/Assurances:

Group work has been rolled out so as to complement the existing one to one service offer to increase capacity. IAPT services aimed at diabetes and cardiac groups commenced 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 which will also impact on capacity. 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 2019 and more clients will be directed through Cognitive Behavioural Therapy.

When is performance expected to recover:

The above actions will continue with an ambition to improve performance during 2019/20. Procurement exercise planned to commence in January 2020. Recruitment nationally is an issue for IAPT services.

Quality:

Indicator responsibility:

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

4.2.2 Improving Access to Psychological Therapies: Recovery

Indicator		Performance Summary				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.
GREEN	**TREND**	Nov-19	Dec-19	Jan-20	Feb-20		
		45.4%	28.6%	41.8%	52.5%		
		Recovery Plan: 50% - February 2019/20 52.5% and achieved					

Performance Overview/Issues:
Achieving the target in February. Year to date 42.34%.
Actions to Address/Assurances:
The newly appointed clinical lead for the service continues to review non recovered cases and work with practitioners to improve recovery rates. Bi-monthly teleconferences/meetings have been set up with the provider to understand the progress around the recovery rate. The introduction of the Silver Cloud online therapy tool in October should impact on recovery rates. The provider is also working to an action plan to reduce internal waits which can also impact on recovery rates.
When is performance expected to recover:
The above actions will continue with an ambition to improve performance for the remainder of 2019/20. Procurement exercise commenced in February 2020 with the aim of a new provider to be in place by 1st January 2021.
Quality:
Indicator responsibility:

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

4.3 Dementia

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Dementia Diagnosis		**Latest and previous 3 months**				126a	Waiting times for assessment and diagnosis of dementia are currently 14+ weeks. NHS Mersey Care Trust have assured SS CCG that they are taking necessary steps to reduce waiting times for the South Sefton Memory Service.
RED	**TREND**	Nov-19	Dec-19	Jan-20	Feb-20		
		63.6%	63.9%	64.6%	64.5%		
		Plan: 66.7%					

Performance Overview/Issues:

The latest data on NHS Digital shows South Sefton CCG are recording a dementia diagnosis rate in February of 64.5%, which is under the national dementia diagnosis ambition of 66.7%. This is similar to 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. We are currently working with NHS Mersey Care Trust to understand the issues. There appears also to be a continued delay with the memory service sending diagnosis letters back to primary care.

Actions to Address/Assurances:

Please note the actions stated below will be considerably reduced due to the current declaration of Pandemic COVID-19. Providers and primary care will be working to ensure vulnerable groups, including those with dementia are kept safe for as long as possible.

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. The new dementia referral template is now available to GPs on the EMIS System and has gone live in most practices. 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. We are currently working with primary care and Mersey Care trust to review how this is working.

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;

• identify patients at clinical risk of dementia

• offer an assessment to detect for possible signs of dementia for those at risk

• offer a referral for diagnosis where dementia is suspected

• For people with a diagnosis of dementia, practices to take responsibility for the onward prescribing of dementia medication. 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.

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.

When is performance expected to recover:

Plans are in place to achieve in 2019/20.

Quality:

Indicator responsibility:

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

4.4 Learning Disabilities Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Learning Disabilities Health Checks (Cumulative)		**Latest and previous 3 quarters**				124b 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.	
GREEN	**TREND**	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20		
		13.8%	2.9%	13.0%	30.1%		
		Q3 2019/20 Plan: 16.8%					

Performance Overview/Issues:

A national enhanced service is in place with payment available for GPs providing annual health checks, and CCGs were required to submit plans for an increase in the number of health checks delivered in 2019/20. South Sefton CCGs target is 499 for the year. Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. There have been issues with data quality issues and practices not submitting their register sizes manually, the CCG are using a local data source for the registered patient numbers which comes directly from the practices and are more accurate. In quarter 3 2019/20, the CCG reported a performance of 19.9%, now above the plan of 16.8%, cumulatively they are achieving 30.1%. Year to date out of 670 registered patients, 202 patients had a health check compared to a plan of 122.

Actions to Address/Assurances:

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.

When is performance expected to recover:

March 2020, however the current COVID-19 pandemic may impact on future performance.

Quality impact assessment:

Indicator responsibility:

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

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

<table>
<tr><th colspan="2">Indicator</th><th>Performance Summary</th><th>NHS Oversight Framework (OF)</th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">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</td><td>Latest and previous 3 quarters</td><td rowspan="3">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.</td><td rowspan="3">Risk that CCG is unable to achieve nationally mandated target.</td></tr>
<tr><td>RED</td><td>TREND</td><td>Q4 18/19 | Q1 19/20 | Q2 19/20 | Q3 19/20</td></tr>
<tr><td>  </td><td>  </td><td>17.2% | 18.6% | 20.7% | 22.7%

Plan: 50% - Quarter 3 2019/20 reported 22.7% and failed</td></tr>
<tr><td colspan="5">Performance Overview/Issues:</td></tr>
<tr><td colspan="5">In the 9 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%).</td></tr>
<tr><td colspan="5">Actions to Address/Assurances:</td></tr>
<tr><td colspan="5">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.</td></tr>
<tr><td colspan="5">When is performance expected to recover:</td></tr>
<tr><td colspan="5">Performance should improve in Quarter 4 2019/20 onwards.</td></tr>
<tr><td colspan="5">Quality impact assessment:</td></tr>
<tr><td colspan="5"></td></tr>
<tr><td colspan="5">Indicator responsibility:</td></tr>
<tr><td colspan="2">Leadership Team Lead</td><td colspan="2">Clinical Lead</td><td>Managerial Lead</td></tr>
<tr><td colspan="2">Geraldine O'Carroll</td><td colspan="2">Sue Gough</td><td>Gordon Jones</td></tr>
</table>

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: SALT

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: SALT		Previous 3 months and latest					
RED	TREND	Incomplete Pathways (92nd Percentile)				<=18 weeks: Green > 18 weeks: Red	
		Nov-19	Dec-19	Jan-20	Feb-20		
		15 wks	19 wks	22 wks	21 wks		
		Target: 18 weeks					

Performance Overview/Issues:

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

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). February's incomplete pathways reported above the 18 week standard with 21 weeks, showing a slight improvement on last month but remaining above the 18 week standard. It is important to note that the completed pathways also continues to exceed the 18 week target at 25 weeks in February, a significant increase in waiting times from January.

Actions to Address/Assurances:

The Trust's waiting times performance is a standing agenda item at the monthly information sub group, which feeds into the monthly Contracting and Clinical Quality Review Meeting (CCQRM). The Trust has advised this is a small service with just 3 staff, 1 WTE is currently on leave and 1 locum has left. The Trust put 4 posts out to recruitment across Liverpool and Sefton but has been unable to recruit. The Trust is looking to source more locums to increase capacity. Liverpool is also supporting the team despite having their own staffing issues although it is a bigger team.

The Trust continues to prioritise urgent patients and the long waiters are all non-urgent patients. The total waiting list is increasing due to staffing issues and difficulties recruiting. The Trust has advised of the following actions:
- Action: Weekly review and validation of the waiting list. Progress: Weekly reviews have shown longest waiting times to be increasing but that the higher priority patients are being seen and triage is being completed in a timely fashion. Weekly reviews of the waiting list / times are now business as usual.
- Action: Additional SALT capacity being utilised through overtime / additional hours within the division. Progress: Part-time team members have put in additional hours & full-time members have carried out overtime. Triage and new patient assessments have been supported by colleagues from Liverpool team.
- Action: Recruitment into vacant posts. Progress: Team currently has 1.24 WTE vacancies. Interviews were held but the applicant did not accept the post. Second recruitment campaign in progess and locum support due to commence 6.3.20 with a second potential locum available April.

When is performance expected to recover:

The CCG have asked the Trust to review and advise urgently on their long term strategy for SALT and other Allied Health Professional (AHP) workforce recruitment and retention. This is not a South Sefton specific issue with same challenges in neighbouring CCG areas and opportunity to consider sustainability on a larger footprint and also across Community and Acute provision. Recovery trajectory to be developed as part of this work which will be based on recruitment actions identified above. There is a slight improvement in February and the CCG has been updated on recruitment that will aim to bring further reduction on waiting times in coming months.

Quality impact assessment:

The Trust has assured the CCG that they continue to see urgent patients in a timely manner and these are prioritised.

Indicator responsibility:

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

5.2 Any Qualified Provider – Audiology

Merseyside CCGs have agreed to offer a further continuation of contracts to AQP Audiology providers in 2020/21, pending further work on an updated specification and a Liverpool led engagement process. It is likely that in the interest of seeking consistency across the health economy and minimising duplication, CCGs within Merseyside will look to the Lancashire CCG work to see where we can adopt similar specifications, pathways and tariffs. Alongside this, the CCGs wish to ensure the service is commissioned in accordance with health economy priorities.

6. Children's Services

6.1 Alder Hey Children's Mental Health Services

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

<table>
<tr><th colspan="2">Indicator</th><th colspan="4">Performance Summary</th><th></th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services</td><td colspan="4">Previous 3 quarters and latest</td><td rowspan="3"></td><td rowspan="3"></td></tr>
<tr><td>RED</td><td>TREND</td><td>Q1 19/20</td><td>Q2 19/20</td><td>Q3 19/20</td><td>YTD</td></tr>
<tr><td rowspan="2"></td><td rowspan="2"></td><td>12.2%</td><td>5.4%</td><td>4.8%</td><td>22.5%</td></tr>
<tr><td colspan="4">YTD Access Plan: 25.5% - YTD reported performance: 22.5% and failing</td></tr>
<tr><td colspan="8">Performance Overview/Issues:</td></tr>
<tr><td colspan="8">The CCG has now received data from a third sector organisation Venus. This Provider has submitted data to the MHSDS and this is included in the data, although local data has now been collated from the provider and has been included in the Quarter 3 Access rate. The quarterly Access rate has declined from Q2 to 4.8%, with the year to date Access rate at 22.5% against the target of 25.5%. Year end target being 34%.</td></tr>
<tr><td colspan="8">Actions to Address/Assurances:</td></tr>
<tr><td colspan="8">Access rates are known to be subject to seasonal variations. Additional activity has been commissioned and mainstreamed from the voluntary sector in 19/20 which is South Sefton targeted. Data from online support initiated in 2019/20 is not yet being flowed or reported. This is being investigated so data can be reported in year. This additional activity will need to be recorded and reported to deliver target.</td></tr>
<tr><td colspan="8">When is performance expected to recover:</td></tr>
<tr><td colspan="8">Data from online support initiated in 2019/20 is not yet being flowed and being reported, this is being investigated so data can be reported in year. CAMHS affected by significant capacity issues during year affecting numbers and access times. Trust has initiated improvement plan which will increase activity in quarter 4 compared to previous quarters.</td></tr>
<tr><td colspan="8">Quality impact assessment:</td></tr>
<tr><td colspan="8"></td></tr>
<tr><td colspan="8">Indicator responsibility:</td></tr>
<tr><td colspan="2">Leadership Team Lead</td><td colspan="3">Clinical Lead</td><td colspan="3">Managerial Lead</td></tr>
<tr><td colspan="2">Geraldine O'Carroll</td><td colspan="3">Sue Gough</td><td colspan="3">Peter Wong</td></tr>
</table>

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

<table>
<tr><th colspan="2">Indicator</th><th colspan="4">Performance Summary</th><th></th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral</td><td colspan="4">Latest and previous 3 quarters</td><td rowspan="3">Performance in this category is calculated against completed pathways only.</td><td rowspan="3"></td></tr>
<tr><td>RED</td><td>TREND</td><td>Q4 18/19</td><td>Q1 19/20</td><td>Q2 19/20</td><td>Q3 19/20</td></tr>
<tr><td>  </td><td>  </td><td>92.3%</td><td>87.0%</td><td>82.6%</td><td>91.3%</td></tr>
<tr><td colspan="6">Access Plan: 100% - 2019/20
National standard 95%</td></tr>
<tr><td colspan="8">Performance Overview/Issues:</td></tr>
<tr><td colspan="8">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.</td></tr>
<tr><td colspan="8">Actions to Address/Assurances:</td></tr>
<tr><td colspan="8">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 capapcity to be provided.</td></tr>
<tr><td colspan="8">When is performance expected to recover:</td></tr>
<tr><td colspan="8">Additional investment to be released for implementation. Due to recruitment (specialist posts), currently agreeing trajectory for planned increase in activity for 2020/21.</td></tr>
<tr><td colspan="8">Quality impact assessment:</td></tr>
<tr><td colspan="8"></td></tr>
<tr><td colspan="8">Indicator responsibility:</td></tr>
<tr><td colspan="2">Leadership Team Lead</td><td colspan="3">Clinical Lead</td><td colspan="3">Managerial Lead</td></tr>
<tr><td colspan="2">Geraldine O'Carroll</td><td colspan="3">Sue Gough</td><td colspan="3">Peter Wong</td></tr>
</table>

6.1.3 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**					
GREEN	**TREND**	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%					
Performance Overview/Issues:							
Achieved 100% in quarter 3 local plan 100%, national standard 95%.							
Actions to Address/Assurances:							
Not required due to achievement of the target. The service has relatively small numbers so breaches can have large impact on % performance.							
When is performance expected to recover:							
Continued recovered position is expected.							
Quality impact assessment:							
Indicator responsibility:							
Leadership Team Lead		**Clinical Lead**				**Managerial Lead**	
Geraldine O'Carroll		Sue Gough				Peter Wong	

6.2 Child and Adolescent Mental Health Services (CAMHS)

The CCG and provider are reviewing the consistency of data between the national data submission and local interpretation. 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. Alder Hey have submitted a recovery plan to reduce RTT for specialist CAMHS, to less than 18 weeks for quarter 1 2020/21.

6.3 Children's Community (Alder Hey)

6.3.1 Paediatric SALT

<table>
<tr><th colspan="2">Indicator</th><th>Performance Summary</th><th>RAG</th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">Alder Hey Children's Community Services: SALT</td><td>Previous 3 months and latest</td><td rowspan="3"><=18 weeks: Green
> 18 weeks: Red</td><td rowspan="3">Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required.</td></tr>
<tr><td>RED</td><td>TREND</td><td>Incomplete Pathways (92nd Percentile)
Nov-19 | Dec-19 | Jan-20 | Feb-20
31 wks | 27 wks | 22 wks | 20 wks
Target <= 18 weeks</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td colspan="5">Performance Overview/Issues:</td></tr>
<tr><td colspan="5">In February the Trust reported a 92nd percentile of 20 weeks for Sefton patients waiting on an incomplete pathway. This is an improvement on January when 22 weeks was reported. Performance has steadily improved this financial year despite seeing an increase in referrals from October 2019.

At the end of February there were no children who had waited over 52 weeks. 91 were waiting above 18 weeks; 90 were between 18-29 weeks and 1 between 30-39 weeks. The total number waiting over 18 weeks continues to decrease.</td></tr>
<tr><td colspan="5">Actions to Address/Assurances:</td></tr>
<tr><td colspan="5">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.

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, but performance from March is likely to be impacted by COVID-19 as services move from face-to-face.</td></tr>
<tr><td colspan="5">When is performance expected to recover:</td></tr>
<tr><td colspan="5">Following investment, target is for reduction to 18 weeks by February 2020 and sustained thereafter. The Trust was projecting a steady decrease of 18+ week waiters over the coming months to zero by March 2020 pre COVID-19.</td></tr>
<tr><td colspan="5">Quality impact assessment:</td></tr>
<tr><td colspan="5"></td></tr>
<tr><td colspan="5">Indicator responsibility:</td></tr>
<tr><td colspan="2">Leadership Team Lead</td><td colspan="2">Clinical Lead</td><td>Managerial Lead</td></tr>
<tr><td colspan="2">Karl McCluskey</td><td colspan="2">Wendy Hewitt</td><td>Peter Wong</td></tr>
</table>

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

Paediatric SALT Sefton	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	18/19 Outturn	FOT 19/20	% Variance
Number of Referrals	146	162	139	150	110	152	219	197	164	187	198		1,843	1,876	1.8%
Incomplete Pathways - 92nd Percentile	45	43	37	36	35	34	33	31	27	22	20		448		
Total Number Waiting	945	920	878	818	763	732	732	680	657	597	577		9,372		
Number waiting over 18 weeks	522	464	469	436	406	375	319	244	196	97	81		4,678		

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

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

6.3.2 Paediatric Dietetics

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: Dietetics		**Previous 3 months and latest**				DNAs <= 8.5%: **Green** > 8.5% and <= 10%: **Amber** > 10%: **Red** Provider Cancellations <= 3.5%: **Green** > 3.5% and <= 5%: **Amber** > 5%: **Red**	
RED	**TREND**	Outpatient Clinic DNA Rates					
		Nov-19	Dec-19	Jan-20	Feb-20		
		23.30%	20.5%	17.5%	15.3%		
		Outpatient Clinic Provider Cancellations					
		Nov-19	Dec-19	Jan-20	Feb-20		
		11.6%	5.1%	6.6%	7.4%		
		DNA threshold: 8.5% Provider cancellation threshold: 3.5%					

Performance Overview/Issues:

The paediatric dietetics service has seen high percentages of children not being brought to their appointment. In February 2020 performance has improved further, with DNA rates decreasing from 17.5% in January to 15.3% in February. Provider cancellations have seen a further increase from 6.6% in January to 7.4% in February.

Actions to Address/Assurances:

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 which can be seen in the performance above. Despite reporting high levels of DNA's and cancellations the provider has maintained positive performance with waiting times being reported at month 11: 97% 18 weeks RTT (1 patient).

The CCGs have invested in extra capacity in response to Safe Staffing levels from Alder Hey. COVID-19 will impact on the service, however there is also likely to be a reduction in referrals during that time.

When is performance expected to recover:

March 2020.

Quality impact assessment:

Indicator responsibility:

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

Figure 16 – Alder Hey Community Paediatric Dietetic 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	24	28	
Incomplete Pathways - 92nd Percentile	32	36.64	39.52	38.52	31.72	21.96	11	9.92	14.88	14.88	12.16	
Incomplete Pathways RTT within 18 weeks	61.67%	69.39%	67.31%	71.70%	78.00%	87.18%	98.33%	100%	97.37%	100%	97%	
Total Number Waiting	60	49	52	53	50	39	60	39	38	28	35	
Number waiting over 18 weeks	23	15	17	15	11	5	1	0	1	0	1	

RAG rating

<= 18 weeks

19 to 22 weeks

23 weeks plus

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

Outpatient Clinics - DNAs

	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	100	67	99	142	99	93	113	100	1,025
DNA	66	53	41	147	68	116	13	19	16	21	14	21	17	30	24	24	18	217
DNA Rate	16.8%	9.1%	8.7%	18.5%	11.4%	14.3%	20.0%	22.4%	14.5%	17.4%	17.3%	17.5%	10.7%	23.3%	20.5%	17.5%	15.3%	17.5%

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	Jan-20	Feb-20	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	100	67	99	142	99	93	113	100	1,025
Cancellations	6	0	5	29	0	44	4	7	3	3	8	8	15	13	5	8	8	82
Rate	1.8%	0.0%	1.2%	4.3%	0.0%	5.9%	7.1%	9.6%	3.1%	2.9%	10.7%	7.5%	9.6%	11.6%	5.1%	6.6%	7.4%	7.4%

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	Jan-20	Feb-20	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	100	67	99	142	99	93	113	100	1,025
Cancellations	27	63	63	207	128	184	10	38	18	33	17	24	50	39	31	31	25	316
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%	26.0%	28.3%	25.0%	21.5%	20.0%	23.6%

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

6.4 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	Jan	Feb	YTD
NHS South Sefton CCG	Paediatric Continence	Caseload at Month End	264	264	162	-38.64	264	275	240	249	244	106	102	78	77	85	67	270
		Total Contacts (Domiciliary)	1,734	1,734	1,660	-4.27	147	115	142	117	153	112	149	100	106	159	222	1,522
		Total New Referrals	171	171	172	0.58	11	15	22	16	17	11	17	11	7	8	23	158
	Paediatric Dietetics	Caseload at Month End	5	5	220	4,300.00	218	200	201	200	218	217	245	232	227	228	232	220
		Referral to 1st contact (weeks average)	8.6	8.6	7.9	-8.14	6.7	2.2	4.6	8.6	12.1	17.1	9.5	5.8	7.8	7.8	4.4	8.7
		Total Contacts	356	356	710	99.44	27	46	42	48	44	46	63	73	88	100	74	651
		Total Contacts (Domiciliary)	63	63	167	165.08	6	10	4	4	7	2	11	8	36	37	28	153
		Total Contacts (Outpatients)	293	293	512	74.74	21	36	38	43	37	44	45	54	46	60	45	469
		Total New Referrals	284	284	317	11.62	21	19	26	22	23	27	51	26	24	24	28	291
	Paediatric Occupational Therapy	Caseload at Month End	201	201	117	-41.79	151	140	139	130	135	104	79	101	108	95	102	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	11.9	13.3	14.1
		Total Contacts (Domiciliary)	4,899	4,899	4,433	-9.51	298	300	341	417	341	389	448	443	313	456	318	4,064
		Total New Referrals	619	619	520	-15.99	41	60	42	43	39	32	36	42	54	32	56	477
	Paediatric Speech and Language Therapy	Referral to 1st contact (weeks average)	24.9	24.9	27.5	10.44	35	35.5	29.3	28.1	30.4	23.8	26	25.3	28.5	21.3	18.8	35.3
		Total Contacts (Domiciliary)	12,819	12,819	15,101	17.80	1,046	1,245	1,337	1,296	866	1,259	1,504	1,497	1,028	1,544	1,221	13,843
		Total Contacts Complex Cochlear (N&S Sefton)	507	507	260	-48.72	30	30	30	6	21	23	21	25	10	18	24	238
		Total New Referrals	1,093	1,093	1,148	5.03	94	90	78	73	66	80	127	116	106	108	114	1,052
		Total New Referrals Complex Cochlear (N&S Sefton)	6	6	0	-100.00	0	0	0	0	0	0	0	0	0	0	0	0

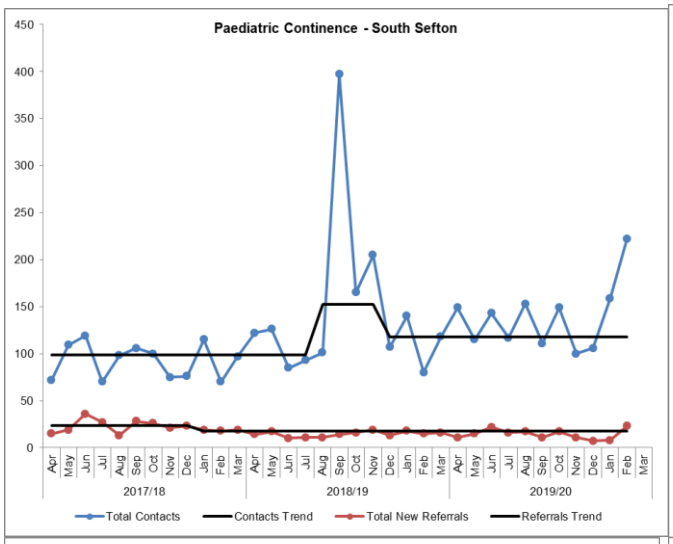
If Plan is <10,000:

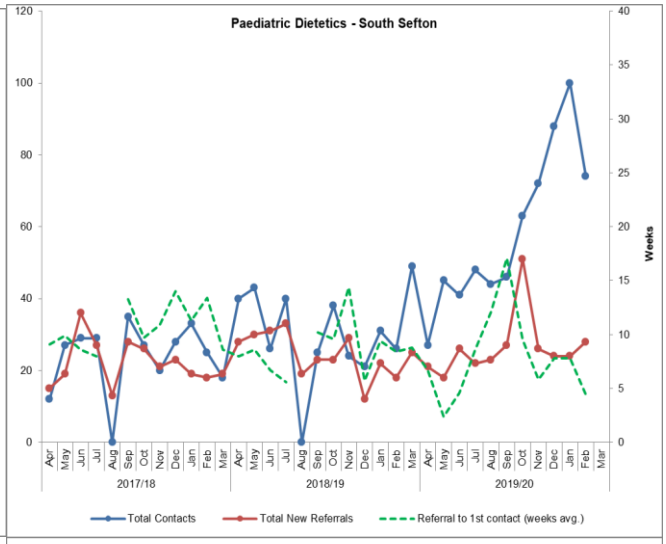
- FOT is <10% above or below plan
- FOT is 10%-20% above or below plan
- FOT is > 20% below plan
- FOT is > 20% above plan

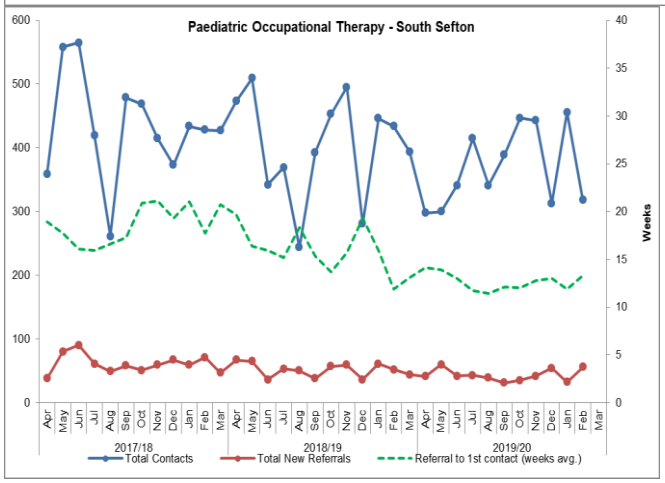
If Plan is >10,000:

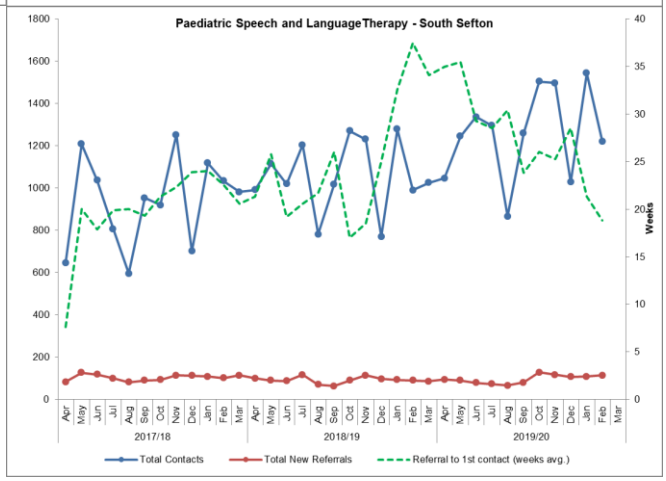
- FOT is <5% above or below plan
- FOT is 5%-10% above or below plan
- FOT is > 10% below plan
- FOT is > 10% above plan

6.5 Alder Hey Activity & Performance Charts









7. Primary Care

7.1 CQC Inspections

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

Figure 18 - CQC Inspection Table

South Sefton CCG								
Practice Code	Practice Name	Latest Inspection	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84001	42 Kingsway	15 June 2016	Good	Good	Good	Good	Good	Good
N84002	Aintree Road Medical Centre	28 February 2018	Good	Good	Good	Good	Good	Good
N84003	High Pastures Surgery	24 September 2019	Good	Good	Good	Good	Good	Good
N84004	Glovers Lane Surgery	21 February 2019	Good	Good	Good	Good	Good	Good
N84007	Liverpool Rd Medical Practice	07 March 2017	Good	Good	Good	Good	Good	Good
N84010	Maghull Health Centre (Dr Sapre)	31 July 2018	Good	Good	Good	Good	Good	Good
N84011	Eastview Surgery	30 August 2017	Good	Good	Good	Good	Good	Good
N84015	Bootle Village Surgery	12 July 2016	Good	Good	Good	Good	Good	Good
N84016	Moore Street Medical Centre	21 March 2019	Good	Good	Good	Good	Good	Good
N84019	North Park Health Centre	24 January 2019	Good	Good	Good	Good	Good	Good
N84020	Blundellsands Surgery	20 July 2016	Good	Good	Good	Good	Good	Good
N84023	Bridge Road Medical Centre	18 May 2016	Good	Good	Good	Good	Good	Good
N84025	Westway Medical Centre	10 August 2016	Good	Good	Good	Good	Good	Good
N84026	Crosby Village Surgery	13 November 2018	Good	Good	Good	Good	Good	Good
N84027	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	05 March 2020	Good	Good	Good	Good	Good	Good
N84034	Park Street Surgery	12 November 2019	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
N84035	15 Sefton Road	10 March 2017	Good	Good	Good	Good	Good	Good
N84038	Concept House Surgery	27 March 2018	Good	Good	Good	Good	Good	Good
N84041	Kingsway Surgery	07 October 2016	Good	Good	Good	Good	Good	Good
N84043	Seaforth Village Surgery	08 September 2015	Good	Good	Good	Good	Good	Good
N84605	Litherland Practice	10 September 2015	Good	Good	Good	Good	Good	Good
N84615	Rawson Road Surgery	12 February 2018	Good	Good	Good	Good	Good	Good
N84621	Thornton Practice	16 October 2018	Good	Good	Good	Good	Good	Good
N84624	Maghull Health Centre	31 July 2018	Good	Good	Good	Good	Good	Good
N84626	Hightown Village Surgery	19 November 2019	Good	Requires Improvement	Good	Good	Good	Good
N84627	Crossways Surgery	14 December 2018	Good	Good	Good	Good	Good	Good
N84630	Netherton Practice	24 January 2020	Good	Good	Good	Good	Good	Good
Y00446	Maghull Surgery	16 July 2019	Good	Requires Improvement	Good	Good	Good	Good

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

8. CCG Oversight Framework (OF)

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

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

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

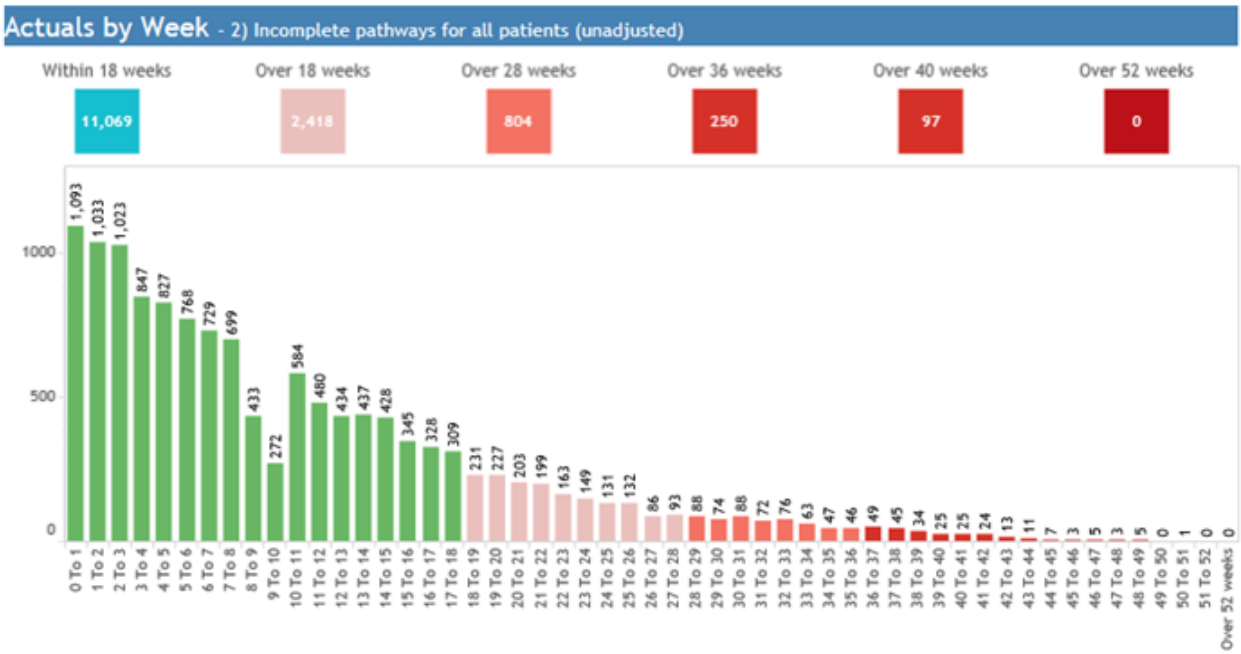
The table below summarises the total number of indicators ranked in each quartile for Q1 and Q2 2019/20. Information on the performance is detailed in the quarterly oversight framework governing body report. Further detail can be found in this report. The next one is due for the June 2020 governing body.

South Sefton CCG	Q1	Q2
Highest Performing Quartile	7	6
Interquartile Range	17	19
Lowest Performing Quartile	17	19

9. Appendices

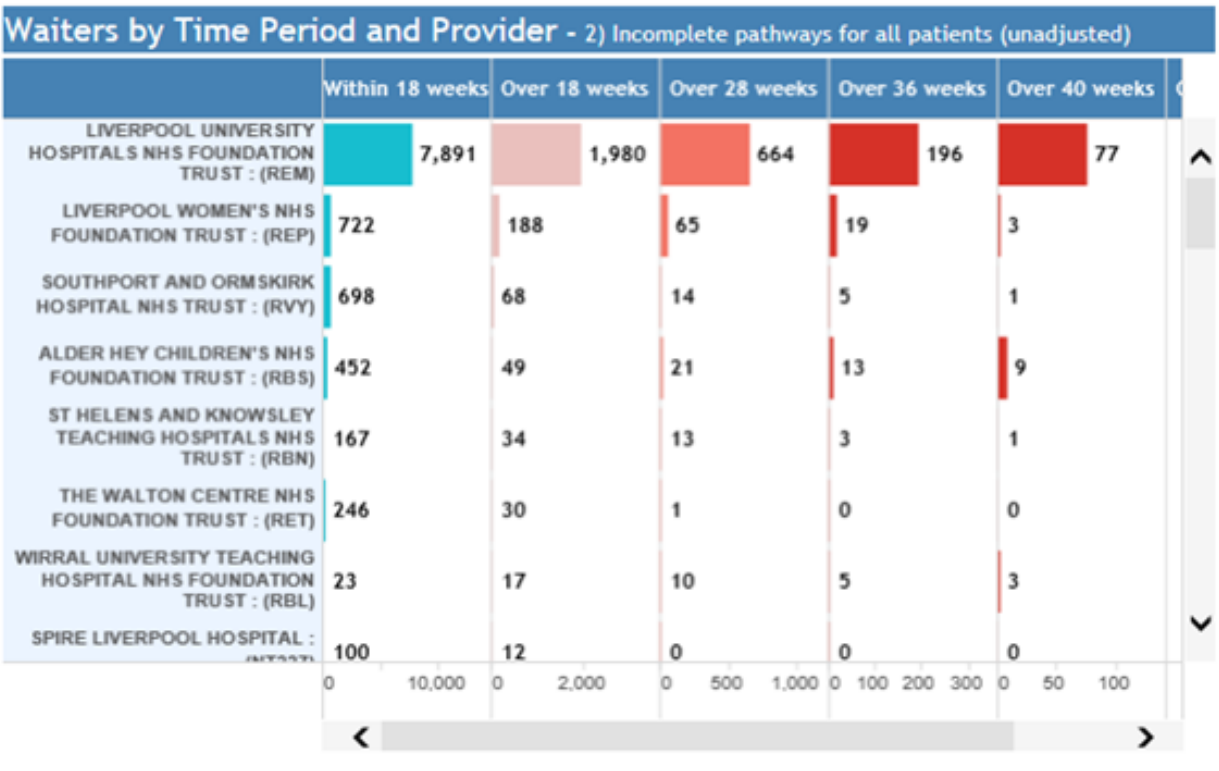
9.1.1 Incomplete Pathway Waiting Times

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



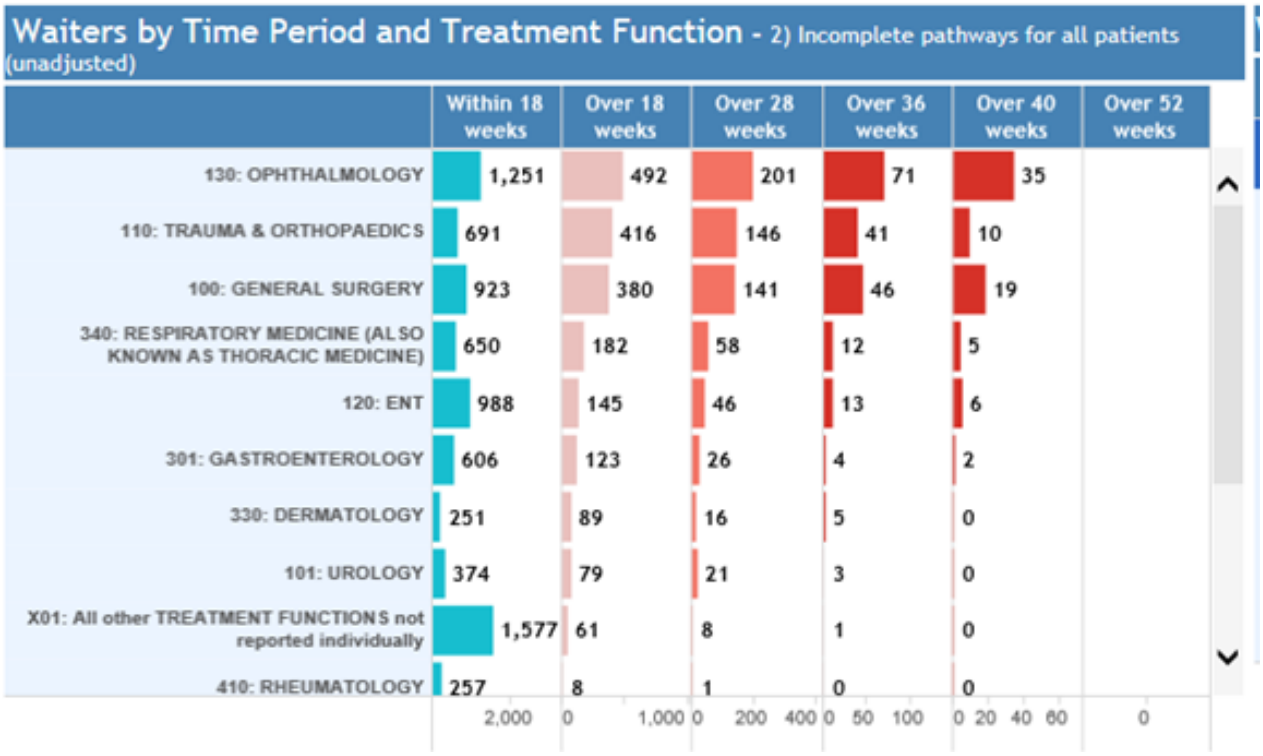
9.1.2 Long Waiters analysis: Top Providers

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



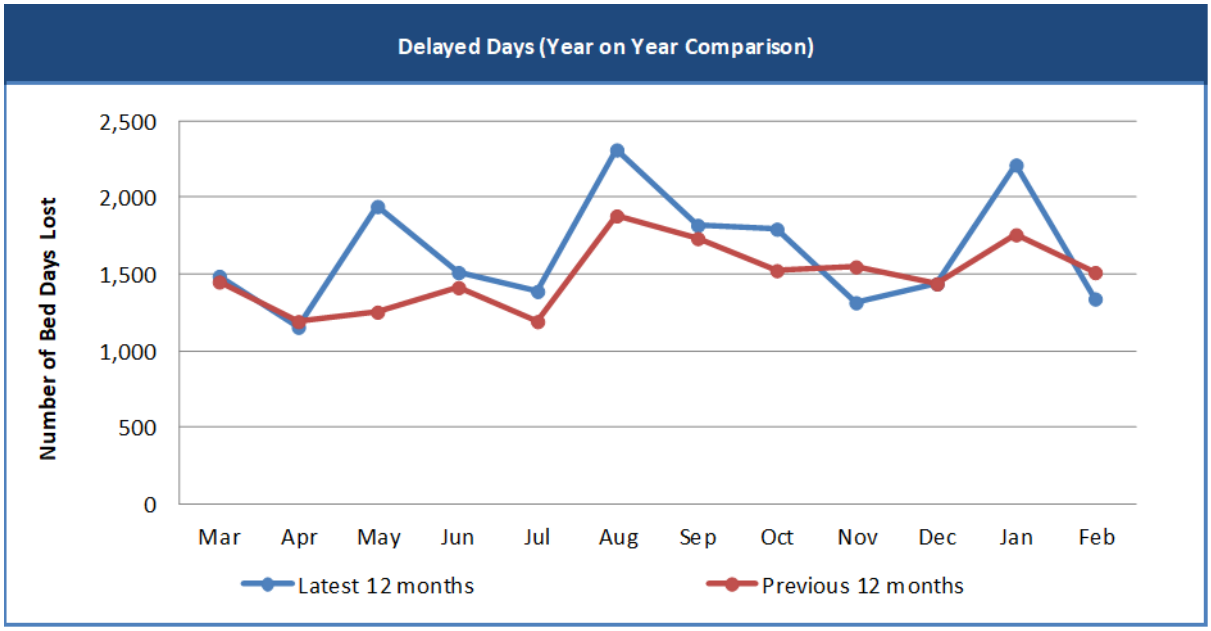
9.1.3 Long Waiters Analysis: Top Provider split by Specialty

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



9.2 Delayed Transfers of Care

Figure 22 - Liverpool University Hospital Foundation Trust DTOC Monitoring



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

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

9.3 Better Care Fund

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

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

A summary of the Q3 BCF performance is as follows:

Figure 23 - BCF Metric performance

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

Figure 24 - BCF High Impact Change Model assessment

			Narrative		
		Q3 19/20	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges and any Support Needs	Milestones met during the quarter / Observed impact
Chg 1	Early discharge planning	Established		Early discharge planning in place. There is variation across providers in terms of delivery. Further improvement work required to implement consistent approach to SAFER bundles across all wards.	Boardrounds in situ on all wards attended by all members of the health and social multidisciplinary teams. Red to Green in place in both community and acute bed base. Expected dates of discharge discussed early and referrals made to the ICRAS team to plan for discharge.
Chg 2	Systems to monitor patient flow	Mature	Four times daily bed rounds in place monitoring, ambulance waits, patients in department, decisions to admit, bed capacity and admissions and discharges via spread sheets. These feed into	The challenge is joining primary care, community and secondary care dashboards together as reflect the whole system flow across all care pathways, work is ongoing.	Implementation of NM dashboard at the AED executive delivery board. Implementation of Southport and Ormskirk flow management dashboard and spreadsheet.
Chg 3	Multi-disciplinary/multi-agency discharge teams	Mature	Colocation of health and social care workforce and daily multidisciplinary huddles are now business as usual. Multi agency community and acute multidisciplinary discharge events	The challenge going forward is around workforce distribution to ensure that primary care networks, community and secondary care strategy and ways of working align.	Key managerial roles have been recruited across the health and social care system which has greatly improved relationships and integration of teams across the community and the acute sector.
Chg 4	Home first/discharge to assess	Established		Home first pathways are in place across Sefton. Capacity within reablement hours has been a challenge to the success of these pathways	The commissioning of adittional 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 enhancment 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 assessement 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 begunto formalise a projject p;lan 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 commissioing 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 NWAS, community and the care home sector.

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

9.4 NHS England Monthly Activity Monitoring

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

Please note due to the COVID-19 pandemic there is no update for month 11 as this return has been stood down for the foreseeable future.