NHS
South Sefton
Clinical Commissioning Group

South Sefton Clinical Commissioning Group

Integrated Performance Report

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Metric	Reporting Level		2019-20												
			Q1			Q2			Q3			Q4			YTD
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
E-Referrals															
NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG	R	R	R										R
		Actual	66%	62.8%	70.9%										67%
		Target	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Diagnostics & Referral to Treatment (RTT)															
% of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	G	R	R										R
		Actual	0.765%	1.055%	1.559%										1.13%
		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
		Actual	89.486%	89.64%	78.791%										81.604%
		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
		Actual	1	0	1										2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations															
% of Cancellations for non clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G										G
		Actual	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
		Actual	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										R
		Actual	86.142%	94.578%	93.813%										91.513%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	R	R	R										R
		Actual	50.00%	86.842%	91.176%										78.866%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G	G	G										G
		Actual	96.296%	98.718%	100.00%										98.148%%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	G	G	R										G
		Actual	100.00%	100.00%	93.333%										97.222%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
% 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
		Actual	100.00%	100.00%											100.00%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	G										G
		Actual	96.667%	100.00%	100.00%										98.913%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R	R	R										R
		Actual	75.00%	77.273%	65.517%										73.333%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	n/a	R	R										R
		Actual	-	85.714%	0.00%										75.00%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	South Sefton CCG	RAG	R	R	R										R
		Actual	60.00%	70.00%	33.333%										60.714%
		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
		Actual	78.178%	78.324%	81.153%										79.207%
		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
		Actual	0	0	0										0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG	G	G	G										G
		Actual	0.00	0.00	0.00										0.00
		Target	0	0											
HCAI															
Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	South Sefton CCG	RAG	G	G	G										G
		YTD	0	0	0										-
		Target	-	-	-	-	-	-	-	-	-	-	-	-	0
Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner) cumulative	South Sefton CCG	RAG	R	G	G										G
		YTD	7	7	11										11
		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
		YTD	15	33	47										47
		Target	11	21	32	42	53	63	75	85	96	108	125	128	128

Metric	Reporting Level		2019-20												
			Q1			Q2			Q3			Q4			YTD
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Mental Health															
Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G												G
		Actual	100.00%												100%
		Target	95.00%			95.00%			95.00%			95.00%			
Episode of Psychosis															
First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	R	G	No patients										R
		Actual	50.00%	60.00%											54.545%
		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
		Actual	37.70%	52.90%	36.8%										40.80%
		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
		Actual	1.23%	1.14%	0.94%										3.31%
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.83%	1.83%	1.83%	
IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	G	G	G										G
		Actual	99.60%	97.70%	100%										99.0%
		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
		Actual	100%	100%	100%										100.00%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	
Dementia															
Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R										R
		Actual	64.169%	64.37%	64.60%										64.27%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

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

1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 3 (note: time periods of data are different for each source).

Planned Care
Month 3 referrals are -5.2% down on 2018/19 due to a -11.9% reduction in GP referrals. In contrast, consultant-to-consultant referrals are 2.7% higher when compared to 2018/19 and a trend of 3 consecutive monthly increases has been apparent.

At provider level, Aintree Hospital saw a -8% decrease in total referrals in month 3 when comparing to 2018/19. Liverpool Womens has also reported a reduction of -14%

For Diagnostics the CCG are failing the improvement plan for June (1.26%) reporting 1.56% and are failing the National Standard of under 1%.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks the CCG has remained just over 89% for the past several months but dipped slightly in June recording 88.46% this has resulted in the CCG now failing the improvement plan of 90.2%. In June the incomplete waiting list for the CCG was 11,880 against a plan of 11,046 - a difference of 834 patients. This was also a 41/1.3% increase in June Incomplete Pathways compared to May.

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

Aintree Friends and Family Inpatient test response rate is still below the England average of 24.9% in June 2019 at 20.8%. The percentage of patients who would recommend the service decreased to 94% below the England average of 96% and the percentage who would not recommend has increased to 4% above the England average of 2%.

Unplanned Care
In relation to A&E 4-Hour waits, Aintree revised their trajectory for 2019/20. The Trust has failed their improvement plan target of 88% in June reaching 85.96%.

The NWAS Ambulance Response Programme (ARP) made progress during 2018/19 but failed to achieve the range of standards required. Based on this the 2019/20 contract has been negotiated and agreed with recurrent investment to deliver additional capacity and transformation of the service delivery model. Additional non recurrent capacity investment of £1m is conditional upon NWAS delivering the ARP standards in full (with the exception of the C1 mean) from quarter 4 2019/20. The C1 mean target is to be delivered from quarter 2 2020/21. A trajectory has been agreed with the Trust for progress towards delivery of the standards and if these are not met as per the trajectory, the payment will not be made.

Aintree have had no new cases of MRSA in June, but reported a case of MRSA in May so have failed the zero tolerance threshold for 2019/20.

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 June there were 14 cases (47 YTD) and the CCG are reporting red for this measure.

Mental Health
For Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership reported the monthly target for M3 19/20 is approximately 1.58%. Month 3 performance was 0.94% so failed to

achieve the target standard. The percentage of people moved to recovery was 36.8% in month 3 of 2019/20 with the target of 50% not being achieved.

The latest data shows South Sefton CCG are recording a dementia diagnosis rate in June of 64.60%, which is under the national dementia diagnosis ambition of 66.7%. This is very similar to last month when 64.37% was reported.

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

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

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

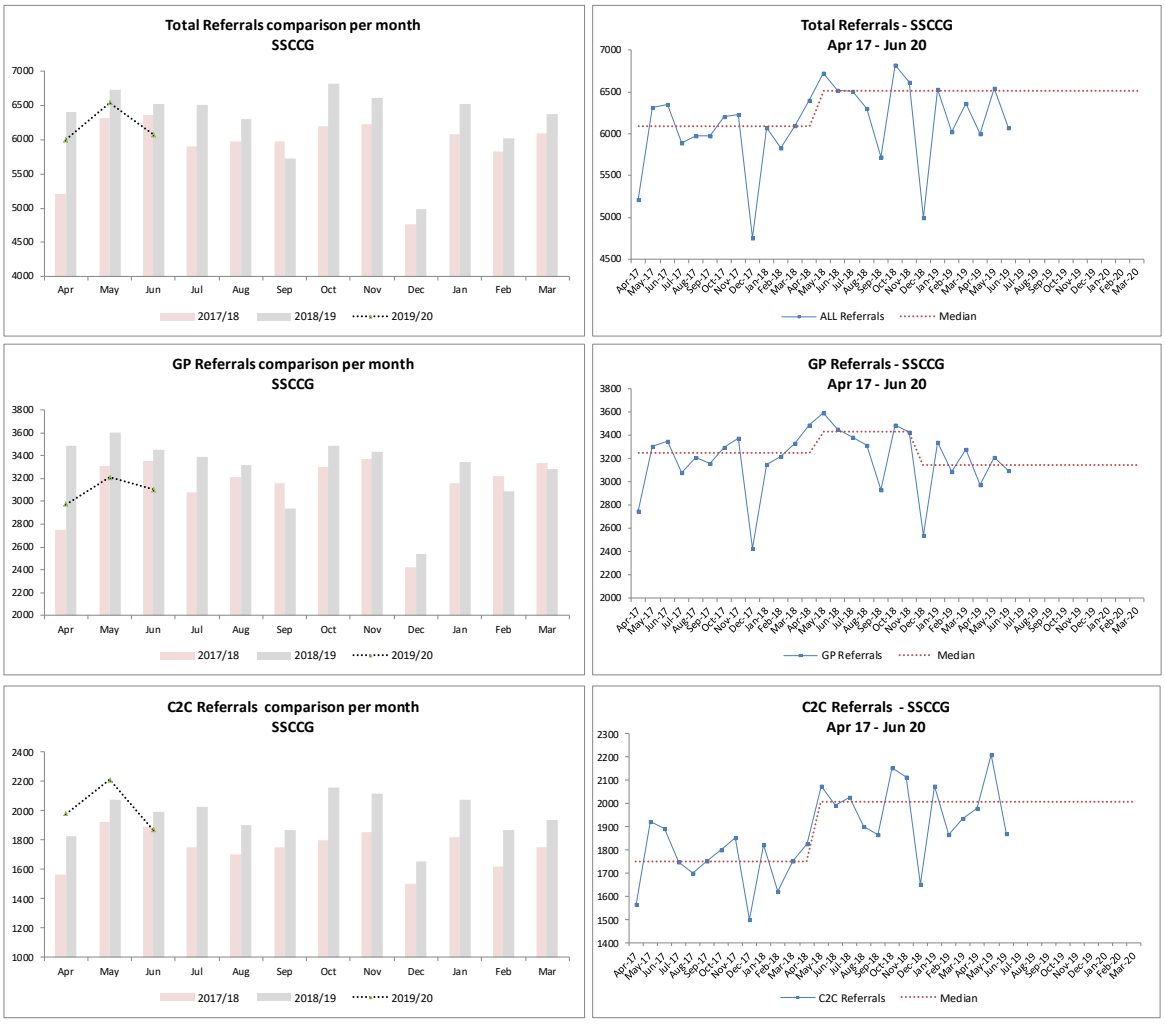
CCG Improvement & Assessment Framework
The 2018/19 annual assessment has been published for all CCGs, ranking South Sefton CCG as 'requires improvement'. However, some areas of positive performance have been highlighted; cancer was rated 'Good' and diabetes was rated 'Outstanding'.

2. Planned Care

2.1 Referrals by source

Indicator / Month	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
	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	2977	-510	-14.6%	1828	1979	151	8.3%	6399	6004	-395	-6.2%
May	3599	3210	-389	-10.8%	2076	2209	133	6.4%	6727	6543	-184	-2.7%
June	3453	3102	-351	-10.2%	1992	1870	-122	-6.1%	6525	6076	-449	-6.9%
July	3386				2025				6510			
August	3320				1899				6303			
September	2934				1864				5727			
October	3487				2154				6825			
November	3430				2114				6613			
December	2541				1653				4993			
January	3343				2076				6530			
February	3090				1864				6028			
March	3284				1934				6369			
Monthly Average	**3280**	**3096**	**-183**	**-5.6%**	**1957**	**2019**	**63**	**3.2%**	**6296**	**6208**	**-88**	**-1.4%**
YTD Total Month 3	**10539**	**9289**	**-1250**	**-11.9%**	**5896**	**6058**	**162**	**2.7%**	**19651**	**18623**	**-1028**	**-5.2%**
Annual/FOT	**39354**	**37156**	**-2198**	**-5.6%**	**23479**	**24232**	**753**	**3.2%**	**75549**	**74492**	**-1057**	**-1.4%**

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



Data quality note:

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

Month 3 Summary:

- Trends show that the baseline median for total South Sefton CCG referrals has remained flat from May 2018. However, a recent downward trend has been evident with referrals below average for five of the last seven months.
- Year to date referrals at June 2019 are -5.2% down on 2018/19 due to a -11.9% reduction in GP referrals.
- In contrast, consultant-to-consultant referrals are 2.7% higher when compared to 2018/19 and a recent trend of three consecutive monthly increases has been apparent leading to a peak throughout the reporting period in May-19. A decrease has then occurred in month 3.
- Southport & Ormskirk and Alder Hey Hospitals are responsible for the majority of consultant-to-consultant increases. The former has reported increases within Gynaecology, Paediatrics and Trauma & Orthopaedics.
- Liverpool Heart & Chest Hospital has also seen a number for consultant-to-consultant referrals to the Congenital Heart Disease Service in 2019/20. These were previously not recorded in 2018/19.
- Aintree has reported a -8% decrease in total referrals at month 3 when comparing to 2018/19. Liverpool Women's have also reported a reduction of -14%.
- St Helens & Knowsley (Plastic Surgery), Renacres (ENT/Gastroenterology) and Southport & Ormskirk (Gynaecology/Clinical Physiology) are seeing a notable increase in referrals when comparing to the previous year.
- GP referrals were below average from Dec-18, which triggered a decrease in the baseline median. This can largely be attributed to reduced referrals to Aintree Hospital.
- Taking into account working days, further analysis has established there have been approximately 24 fewer GP referrals per day in 2019/20 when comparing to the previous year.
- Trauma & Orthopaedics was the highest referred to specialty for South Sefton CCG in 2018/19. Referrals to this speciality are currently -4.5% lower than in 2018/19.

2.2 E-Referral Utilisation Rates

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
NHS e-Referral Service (e-RS): Utilisation Coverage		**Previous 3 months and latest**				IAF - 144a (linked)	e-RS national reporting has been escalated to NHSD via NHSE/I. Data provided potentially inaccurate therefore making it difficult for the CCG to understand practice utilisation. Potential for non e-RS referrals that are rejected to be missed by the practice.
RED	**TREND**	Mar-19	Apr-19	May-19	Latest		
		65%	66%	62.8%	70.9%		
		Plan: 100% by end of Q2 2018/19					

Performance Overview/Issues:

The national ambition is that E-referral utilisation coverage should be 100% by the end of Q2 2018/19 this wasn't achieved. Latest published e-referral utilisation data for South Sefton CCG is for June 2019 and reports performance to be 70.9%. An improvement from previous month but remains significantly below the national position. The above data however is based upon NHS Digital reports that utilises MAR (Monthly Activity Reports) data and initial booking of an E-Rs referral, excluding re-bookings. MAR data is nationally recognised for not providing an accurate picture of total referrals received, and as such NHS Digital will, in the near future, use an alternative data source (SUS) for calculating the demonitator by which utilisation is ascertained.

In light of the issues in the national reporting of E-Rs utilisation, a local data set derived from SUS has been used. The referrals information above is sourced from a local referrals flow submitted by the CCGs main hospital providers. This has been used locally to enable a GP practice breakdown. June data shows an overall performance of 81.2% for South Sefton CCG, an improvement on last month (79.4%). A meeting to validate inclusion criteria will be arranged imminently following escalation via Planned Care and Information Sub Group Meetings.

Actions to Address/Assurances:

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

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

When is performance expected to recover:

A recovery trajectory will be formulated after discussions with providers.

Quality:

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

Indicator responsibility:

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

2.3 Diagnostic Test Waiting Times

Indicator	Performance Summary	IAF	Potential organisational or patient risk factors
Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test	**Previous 3 months and latest**	133a	The risk that the CCG is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.

RED	TREND
	

	Mar-19	Apr-19	May-19	Latest
CCG	1.75%	0.73%	1.05%	1.56%
Aintree	0.38%	0.09%	0.21%	0.33%

Plan: less than 1%
June's CCG improvement plan: 1.26%
Yellow denotes achieving 19/20 improvement plan but not national standard of leass than 1%

Performance Overview/Issues:

The CCG are failing the improvement plan for June (1.26%) reporting 1.56%, out of 2823 patients waiting there were 44 who waited over 6 weeks including 3 patients waiting over 13 weeks. Of the 44 there were 13 for Echocardiography and 10 for CT. The 3, 13+ week waiters was for MRI, Echocardiography and Urodynamics. The issues affecting performance are mainly with Liverpool Heart and Chest and Southport Trust. It is understood that LH&C issues relate to planned upgrades to their diagnostic facilities where performance is expected to recover by quarter 4. Southport Trust is experiencing staffing and workforce problems, no immediate assurance on recovery. It is understood that the Trust is negotiating to outsource activity, however, no detail has been provided as to the provider, quantity and planned commencement.

Aintree are achieving in June reporting 0.33%.

Actions to Address/Assurances:

CCG performance currently just over trajectory, expectation that Liverpool Heart & Chest recovery will happen in quarter 4 which will bring the CCG back under the less than 1% target.

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

When is performance expected to recover:

Recovery is expected in quarter 4.

Quality:

Indicator responsibility:

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

2.4 Referral to Treatment Performance

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (18 weeks)		**Previous 3 months and latest**				129a	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
RED	**TREND**		Mar-19	Apr-19	May-19	Latest	
		CCG	89.04%	89.48%	89.64%	88.46%	
		Aintree	88.98%	89.67%	90.08%	89.00%	
		Plan: 92% June's improvement plan: CCG - 90.2% and Aintree - 90.3% Yellow denotes achieving 19/20 improvement plan but not national standard of 92%					

Performance Overview/Issues:

The CCG's Performance has remained just over 89% for the past several months but dipped slightly in June to recording 88.46%, which has resulted in the CCG now failing the improvement plan of 90.2% in June. The CCG's main provider Aintree are also under the 92% target reporting 89% also failing their local trajectory of 90.3% for June. Gastroenterology is the specialty most underperforming with achievement of 79.5% which is an improvement of last month when 73.9% was reported. For June this equates to 435 patients waiting over 18 weeks and equivalent to 2.45% of their overall denominator. The CCG is working closely with the main provider, Aintree, via the Planned Care Group to ensure performance remains on trajectory. Updates provided by a highlight report and suggests that capacity shortfalls are being met by outsourcing of scopes and delivery of waiting list initiatives whilst recruitment to posts ongoing. Delivery of waiting list initiatives have been challenging due to HMRC Pensions and Tax issues. Latest indications suggest performance to remain on trajectory; however, outsourcing of scopes has been extended but on a reduced number of weekends. The CCG are working with all its acute providers to develop a system plan for Gastroenterology on the 9th September with an aim of developing an action plan that will both reduce unwarranted demand and seek to share resources across the system that will provide system resilience and improve performance.
Referral rates comparing YTD positions in 19/20 and 18/19 indicate a reduction in GP initiated activity (however, the CCG is still a significant outlier in first and follow-up activity in gastroenterology), this is monitored on an on-going basis internally by the CCG with a view to see if demand is increasing and therefore possible pressures on RTT.

In June the incomplete waiting list for the CCG was 11,880 against a plan of 11,046 a difference of 834 patients. South Sefton CCG has seen a 153/1% increase for Jun-19 Incomplete Pathways compared to May-19. Aintree make up 50% of the CCG increase with a Provider monthly increase of 77/1%. Compared to the same period of the previous financial year, 2018/19, current incomplete waiting list is 1143/3% higher than last year. In terms of the NHSE submitted plans, 2019/20 Incomplete Pathways is currently 2103/6% above plan. The CCG are conducting analysis on waiting list by speciality and will pick up improvement trajectory at the next Planned Care meeting with Aintree Hospital.

CCG Actions:

• The CCG have escalated RTT performance through its Governance structure and have now instigated a Contract Performance Notice, against RTT performance more specifically in relation to gastroenterology.
• Discussions with clinical director and Clinical Business Unit Manager at Aintree in relation to performance and risk of 52 week breaches, the Trust have indicated that they have reduced overall wait times and have assured the CCG that there are not expecting any over 52 week breaches.
• In addition the CCG have been working on a system approach to provided a sustainable delivery model for gastroenterology working with the STP. The CCG have organised a Task and Finish/Vision Event on the 9th September to try and pull together a system action plan that will hope to recover performance. This event will be supported by turnaround directors at respective trusts to provide additional impetus.
• The CCG have the support of Trust turn-around directors to support Task & Finish Groups in order to get a system resolution.

Trust Actions Overall:

• Improve theatre utilisation at speciality level as per the theatre improvement programme.
• 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.
• 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 meet with clinical business managers (CBMs) on a weekly basis to focus on data quality, capacity & demand and pathway validation.
• Continue to support the clinical business units (CBUs) with their RTT validation processes and Standard Operating procedures with a special focus on inter Provider Transfers and data recording/entry.

Trust Actions Gastro:

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

When is performance expected to recover:

The CCG have an improvement plan trajectory which shows the performance plans to improve by Quarter 4, 2019/20. CCG will request the Trust to provide an improvement trajectory along with action plan.

Indicator responsibility:

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

Figure 2 – RTT Performance & Activity Trend

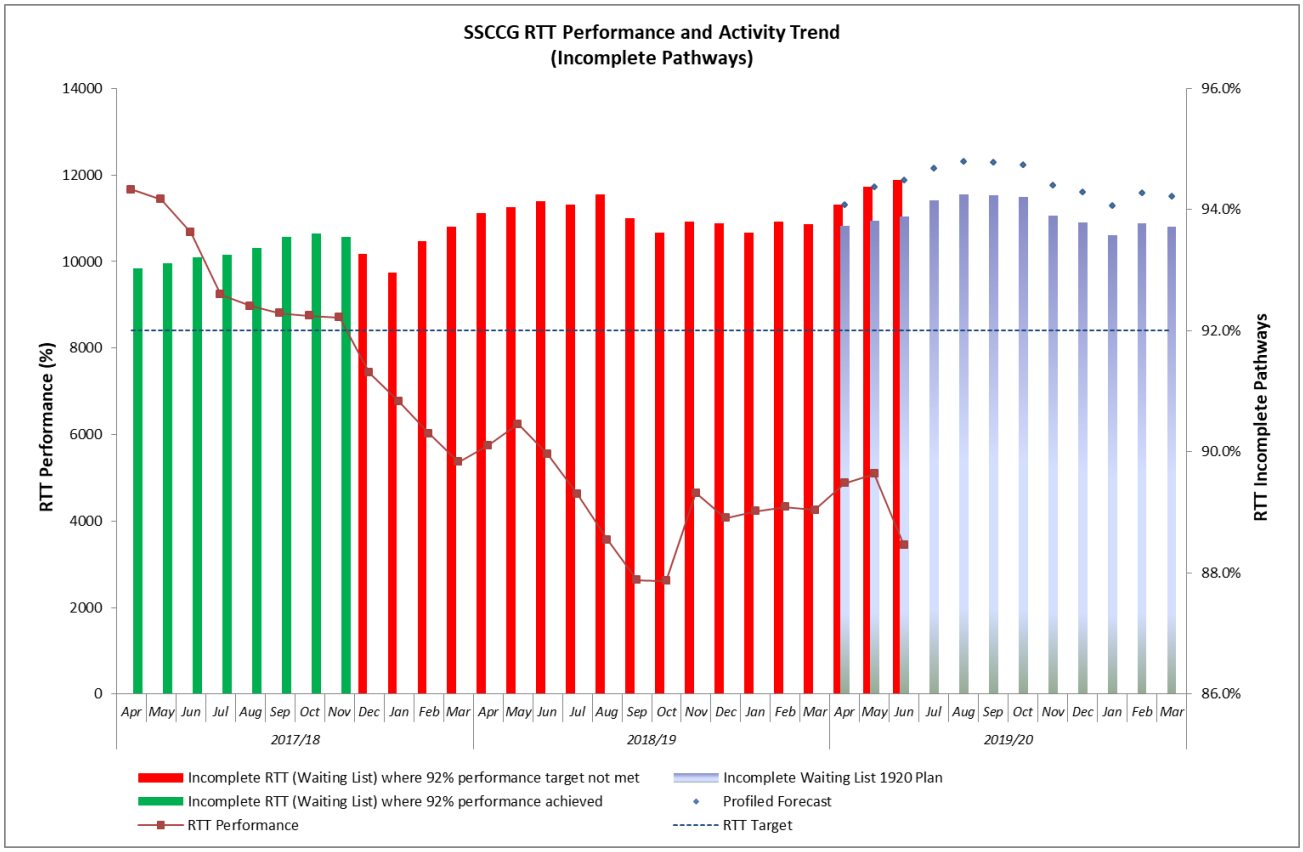


Figure 3 – South Sefton CCG Total Incomplete Pathways

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan	10,833	10,934	11,046	11,422	11,561	11,541	11,498	11,052	10,910	10,608	10,893	10,805	10,833
2019/20	11,309	11,727	11,880										11,880
Difference	**476**	**793**	**834**										**1,047**

South Sefton CCG has seen a 153/1% increase for Jun-19 Incomplete Pathways compared to May-19. Aintree make up 50% of the CCG increase with a Provider monthly increase of 77/1%.

Compared to the same period of the previous financial year 2018/19, the current incomplete waiting list is 1143/3% higher than last year. In terms of the NHSE submitted plans, 2019/20 Incomplete Pathways is currently 2103/6% above plan.

2.4.1 Referral to Treatment Incomplete pathway – 52+ week waiters

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

Performance Overview/Issues:

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

Actions to Address/Assurances:

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

When is performance expected to recover:

Next month.

Quality:

Indicator responsibility:

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

2.4.2 Provider assurance for long waiters

Figure 4 - South Sefton CCG Provider Assurance for Long Waiters

CCG	Trust	Speciality	Wait band (weeks)	Detailed reason for the delay
South Sefton CCG	**Liverpool Womens**	**Gynaecology**	**52**	**Patient initially referred 18th June 2018, referrals to urodynamics not made referred to UroGynae, patient wanted surgery, patient DNA'd 3 times then attended 18th July booked out as STOP - discharged treatment not required by patient, awaiting further details from patient's latest appointment from the Trust.**
South Sefton CCG	Liverpool Womens	Gynaecology	36 to 50 weeks	**24 patients**; Focus continues on managing long waiting patients and ASI lists, however, unprecedented levels of Consultant sickness in February & March have affected the position. This was further impacted upon by one locum being on leave for all of April. Long-term capacity issues persist in Uro-Gynaecology with 2 Consultants successfully recruited in March 2019 to address this shortfall. This is anticipated to improve as new Consultants started in post in May with a phased increase in activity as they become familiar with Trust pathways/processes.
South Sefton CCG	Aintree	Gastroentrology	36 to 43 weeks	**12 patients**; all patients have been treated
South Sefton CCG	Aintree	General Surgery	36 to 43 weeks	**7 patients;** all patients have been treated
South Sefton CCG	Aintree	T&O	37 to 41 weeks	**4 patients;** all patients have been treated
South Sefton CCG	Aintree	ENT	37 to 42 weeks	**2 patients;** I patient treated other has TCI of 2-8-19
South Sefton CCG	Aintree	Ophthalmology	36 to 38 weeks	**3 patients;** all patients have been treated
South Sefton CCG	Aintree	Urology	36 weeks	**1 patient;** patient has TCI date of 12-8-19
South Sefton CCG	Aintree	All other	38 weeks	**1 patient;** patient treated 24-7-19
South Sefton CCG	Alder Hey	All Other	to 47 wee	**33 patients**; community - capacity issues. Sent to service for dates.
South Sefton CCG	The Royal Liverpool Broadgreen	Dermatology	36 to 48 weeks	**6 patients**; 3 pathway stopped, 2 with TCI dates, 1 no date yet
South Sefton CCG	The Royal Liverpool Broadgreen	Gastroentrology	39 weeks	1 patient waiting, pathway stopped
South Sefton CCG	The Royal Liverpool Broadgreen	General Surgery	37 weeks	1 patient waiting, pathway stopped
South Sefton CCG	The Royal Liverpool Broadgreen	T&O	36 and 37 weeks	**2 patients**; 1TCI, 1 pathway stopped
South Sefton CCG	The Royal Liverpool Broadgreen	Cardiology	36 weeks	1 patient waiting, pathway stopped
South Sefton CCG	Wirral Teaching	Dermatology	37 and 38 weeks	**2 patients**; Trust does not supply update on over 40 week waiters
South Sefton CCG	Wirral Teaching	Gynaecology	41 weeks	**2 patients**; Trust does not supply update on over 40 week waiters
South Sefton CCG	St Helens & Knowsley	Plastic Surgery	37 and 38 weeks	**2 patients**; no provider update
South Sefton CCG	St Helens & Knowsley	Other	41 weeks	1 patient; no provider update
South Sefton CCG	North Midlands	Other	38 and 40 weeks	2 patients; 1 has TCI and 1 dishcharged
South Sefton CCG	Robert Jones	T&O	36 weeks	1 patient; This patient is currently waiting for a Surgery date, no TCI
South Sefton CCG	Hull University Teaching	Other	45 weeks	Patient has TCI date of 1-8-19
South Sefton CCG	West Hertfordshire	Opthamology	36 weeks	Patient treated 23-7-19
South Sefton CCG	Spire Liverpool	T&O	37 weeks	Awaiting results, still active.
South Sefton CCG	Manchester University	Gynaecology	44 weeks	1 patient; no provider update
South Sefton CCG	Southport & Ormskirk	Urology	38 weeks	stopped 17-7-19, multiple UDA cancellations

The CCG had a total of 114 patients waiting 36 weeks and over. Of the 114, there was an over 52 week breach, details in table above, there were 28 patients treated, 7 have a TCI date, 9 patients stopped (not required) and 70 patients unknown, which includes Trusts who don't provide updates under 52 weeks.

2.5 Cancer Indicators Performance

2.5.1 Two Week Urgent GP Referral for Suspected Cancer

<table>
<tr><th colspan="2">Indicator</th><th colspan="6">Performance Summary</th><th>IAF</th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">2 week urgenty GP Referral for suspected cancer</td><td colspan="6">Previous 3 months, latest and YTD</td><td rowspan="2">122a
(linked)</td><td rowspan="2">Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed dianosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.</td></tr>
<tr><td>RED</td><td>TREND</td><td></td><td>Mar-19</td><td>Apr-19</td><td>May-19</td><td>Latest</td><td>YTD</td></tr>
<tr><td rowspan="4"></td><td rowspan="4"></td><td>CCG</td><td>86.14%</td><td>86.14%</td><td>94.58%</td><td>93.81%</td><td>91.51%</td><td rowspan="4"></td></tr>
<tr><td>Aintree</td><td>85.92%</td><td>76.97%</td><td>93.88%</td><td>95.00%</td><td>88.39%</td></tr>
<tr><td>Plan</td><td>93%</td><td>93%</td><td>93%</td><td>93%</td><td>93%</td></tr>
<tr><td colspan="6">Aintree June Trajectory: 93.4% (National 93%)</td></tr>
<tr><td colspan="9">Performance Overview/Issues:</td></tr>
<tr><td colspan="9">South Sefton CCG achieved the target for June with 93.91% but is still failing to achieve YTD target with 91.51%, due to performance in previous months. YTD there have been 161 breaches from a total of 1,897 patients seen.

Aintree also achieved the 93% target reporting 95% in June but also failing YTD due to poor performance in April.</td></tr>
<tr><td colspan="9">Actions to Address/Assurances:</td></tr>
<tr><td colspan="9">Breast services have dominated any previous underperformance against this standard.
There has been a significant improvement for month 2 onwards brought about by workforce re-design and waiting list initiatives within breast services.
However there are pressures within other local services, especially St Helens and Knowsley NHST which may result in increased demand at Aintree.</td></tr>
<tr><td colspan="9">When is performance expected to recover:</td></tr>
<tr><td colspan="9">Continued recovery expected.</td></tr>
<tr><td colspan="9">Quality:</td></tr>
<tr><td colspan="9"></td></tr>
<tr><td colspan="9">Indicator responsibility:</td></tr>
<tr><td colspan="3">Leadership Team Lead</td><td colspan="3">Clinical Lead</td><td colspan="3">Managerial Lead</td></tr>
<tr><td colspan="3">Karl McCluskey</td><td colspan="3">Debbie Harvey</td><td colspan="3">Sarah McGrath</td></tr>
</table>

2.5.2 Two Week Wait for Breast Symptoms

Indicator		Performance Summary						IAF	Potential organisational or patient risk factors
2 week wait for breast symptoms (where cancer was no initially suspected)		Previous 3 months, latest and YTD							Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed dianosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND		Mar-19	Apr-19	May-19	Latest	YTD		
		CCG	68.00%	50.00%	86.84%	91.18%	78.87%		
		Aintree	64.83%	39.10%	85.42%	96.43%	75.00%		
		Plan	93%	93%	93%	93%	93%		
		Aintree June Trajectory: 93.3% (National 93%)							

Performance Overview/Issues:

The CCG failed the target for June with 91.18% and is also below YTD target with 78.87% but have showed an improvement from last month. In June there were 6 breaches from a total of 68 patients seen. 4 breaches were at Aintree with 1 each at Royal Liverpool and Whiston. 5 delays were due to patient choice and 1 due to inadequate out-patient capacity. The maximum wait was 24 days.

Aintree reported 96.43% in June and are now achieving the 93% target, having 6 breaches out of a total of 168 patients.

Actions to Address/Assurances:

As a health economy, we have developed some revised referral forms and educational resources for primary care aimed at better risk stratification of referrals into suspected cancer and symptomatic pathways and increased management of benign breast disease in primary care.
There has been a significant improvement at Aintree from month 2 onwards brought about by workforce re-design and waiting list initiatives.
However there are pressures within other local services, specifically St Helens and Knowsley NHST breast services which may result in increased demand at Aintree.

When is performance expected to recover:

July 2019.

Quality:

Indicator responsibility:

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

2.5.3 31 Day Standard for Subsequent Cancer Treatment – Drug

Indicator		Performance Summary						IAF	Potential organisational or patient risk factors
31 day standard for subsequent cancer treatment - drug		Previous 3 months, latest and YTD							Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed dianosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
GREEN	TREND		Mar-19	Apr-19	May-19	Latest	YTD		
		CCG	100%	100%	100%	100%	100%		
		Aintree	95.45%	100%	97.22%	95.24%	97.26%		
		Plan	98%	98%	98%	98%	98%		

Performance Overview/Issues:

CCG Achieving.

Aintree have again failed in June and are now failing YTD. In June the Trust has 1 breach out of a total of 21 patients which resulted in the failure of the 98% target. The breach was an Upper Gastro patient who waited 35 days

Actions to Address/Assurances:

Breaches relate to Transcatheter Arterial Chemoembolization (TACE). Plans to address capacity constraints to be discussd at Aintree Cancer Improvement Group on 22nd August 2019.

When is performance expected to recover:

July 2019.

Quality:

Indicator responsibility:

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

2.5.4 31 Day Standard for Subsequent Cancer Treatment – Surgery

Indicator		Performance Summary						IAF	Potential organisational or patient risk factors
31 day standard for subsequent cancer treatment - surgery		Previous 3 months, latest and YTD							Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed dianosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
GREEN	TREND		Mar-19	Apr-19	May-19	Latest	YTD		
		CCG	100%	100%	100%	93.33%	97.22%		
		Aintree	95.24%	96.88%	96.55%	95.45%	96.39%		
		Plan	94%	94%	94%	94%	94%		

Performance Overview/Issues:

The CCG failed the target for June with 93.33% but remains above target YTD with 97.22%, due to performance in previous months. In June there was 1 breach from a total of 15 patients seen, this urological patient's delay was due to diagnosis delay - medical reasons, number of days waited was 50 first treatment trust was The Royal Liverpool.

Actions to Address/Assurances:

Further clarity is required, delay reasons point to a diagnosis delay which would not be a factor for a 31 days pathway. One patient has resulted in the failure of this measure, historically reporting 100%.

When is performance expected to recover:

Next month, target failure in June was due to 1 patient breach.

Quality:

Indicator responsibility:

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

2.5.5 62 Day Cancer Urgent Referral to Treatment Wait

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
All cancer two month urgent referral to treatment wait		**Previous 3 months, latest and YTD**					122b	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed dianosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	**TREND**		Mar-19	Apr-19	May-19	Latest	YTD	
		CCG	78.79%	75.00%	77.27%	65.52%	73.33%	
		Aintree	81.58%	69.06%	70.20%	60.90%	66.90%	
		Plan	85%	85%	85%	85%	85%	
		Aintree June Trajectory: 73.8% (National 85%)						

Performance Overview/Issues:

The CCG failed the target for June reporting 65.52%. In June there were 10 breaches from a total of 29 patients seen, breach reasons include delays due to complex diagnostic pathways, delay due to treatment delay (medical reasons) and other reasons not stated.
Performance is reported at a tumour site level. For Aintree no tumour site was compliant with the 85% operational standard in June 2019

Aintree also failed the target and planned trajectory of 73.8% in June reporting 60.90%.

CCGs have received recovery plans from Aintree which will be reviewed monthly at the Aintree Planned Care Group. Key areas of focus include:
- Leadership and internal management processes.
- Capacity and demand review.
- Radiology workforce solutions.
- Work with Liverpool Clinical Laboratories on improvement of pathology turnaround times.
- Work with CCG clinicians around referral quality and interface issues, shared understanding of issues, meeting of Cancer Improvement Group 22nd August.
- A Contract Performance Notice (CPN) has been issued to Aintree in respect of this indicator. The next steps will be agreed at the Aintree Planned Care Group on 29th August 2019.

When is performance expected to recovery:

Trajectory submitted by Aintree does not indicate recovery within this financial year.

Quality:

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

Indicator responsibility:

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

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

Indicator		Performance Summary						IAF	Potential organisational or patient risk factors
62 day wait for first treatment following referral from an NHS Cancer Screening Service		Previous 3 months, latest and YTD							Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed dianosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND		Mar-19	Apr-19	May-19	Latest	YTD		
		CCG	100%	No patients	85.71%	0.00%	75.00%		
		Aintree	91%	92.86%	86.96%	73.33%	84.62%		
		Plan	90%	90%	90%	90%	90%		

Performance Overview/Issues:

The CCG are failing the 62 day wait for first treatment following referral from the screening service reporting 0% in June. This equates to 1 patient not seen out 1 screening referral. This lower gastro patient delay was due to complex diagnostic pathway, first seen trust being Aintree, first treatment trust also Aintree, 87 days waited.

Aintree report 73.33% for screening in June, which equates to 2 patient breaches out of a total of 7.5 patients, breaches being for breast and lower gastro patient whose delays were due to (breast) admin delay and gastro complex diagnostic pathways.

Actions to Address/Assurances:

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

A representative from the Operations & Delivery Directorate of NHSE will be attending the Bowel Cancer Screening Programme Board in September to discuss these issues and impact on performance.

When is performance expected to recovery:

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

Quality:

Indicator responsibility:

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

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

Indicator		Performance Summary						IAF	Potential organisational or patient risk factors
62 day wait for first treatment for Cancer following a Consultants Decision to Upgrade the Patient's Priority		Previous 3 months, latest and YTD							Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed dianosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND		Mar-19	Apr-19	May-19	Latest	YTD		
		CCG	90.91%	60.00%	70.00%	33.33%	60.71%		
		Aintree	76.47%	70.00%	66.67%	45.45%	63.46%		
		Plan	85%	85%	85%	85%	85%		
		Aintree June Trajectory: 87.5% (Local target 85%)							

Performance Overview/Issues:

The CCG failed the target for June with 33.33%. In June there were 2 breaches from a total of 3 patients seen, reasons for delay being Health Care Provider initiated delay to diagnostic test/reatment and other reasons (not stated).

Aintree failed the monthly target for June with 45.45% also failing the trajectory of 87.5%. There were the equivalent of 6 breaches out of a total of 11 patients breach reasons include complex diagnostic pathways, delay due to Health care provider delaying diagnostic test/treatment and other reasons (not stated).

Actions to Address/Assurances:

Numbers in this cohort appear to be reducing making for increasing volatility in performance. The Cheshire and Mersey Cancer Alliance are undertaking some work to promote more consistent use of the 62 day upgrade pathway especially from emergency settings which should result in increased numbers of patients in this target cohort. An update will be requested from Aintree at the Cancer Improvement Group meeting on 22nd August.

When is performance expected to recovery:

Quality:

Indicator responsibility:

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

2.5.8 104+ Day Breaches

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
Cancer waits over 104 days - Aintree		**Latest and previous 3 months**					Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed dianosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	**TREND**	Mar-19	Apr-19	May-19	Latest		
		4	4	6	6		
		Plan: Zero					

Performance Overview/Issues:

In June there were 6 over 104 day breaches at Aintree the longest waiting 131 days, this was a head and neck patient delay due to patient choice delay relating to first out-patient appointment.

Actions to Address/Assurances:

RCAs for very long waiting patients treated in April 2019 were reviewed at the Perfomance and Quality Investigation Review Panel (PQIRP) and thematic review undertaken . Key issues identified to date include:
- availability of chemicals for Transcatheter arterial chemoembolization (TACE)
- delays in accessing diagnostics at peripheral trusts (head and neck pathway)
- complex sequential diagnostic pathways and access to radiology investigation and reporting
- 3-4 week waits for CT colonography

South Sefton CCG will continue to work with Aintree to ensure best use of PQIRP as a forum to achieve sustained improvement

When is performance expected to recovery:

Quality:

Indicator responsibility:

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

2.6 Patient Experience of Planned Care

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

Performance Overview/Issues:

Aintree Trust has reported a response rate for inpatients of 20.8% in June this is below the England average of 24.9%. The percentage of patients who would recommend the service decreased to 94% below the England average of 96% and the percentage who would not recommend has increased to 4% above the England average of 2%.

Actions to Address/Assurances:

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

When is performance expected to recover:

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

Quality:

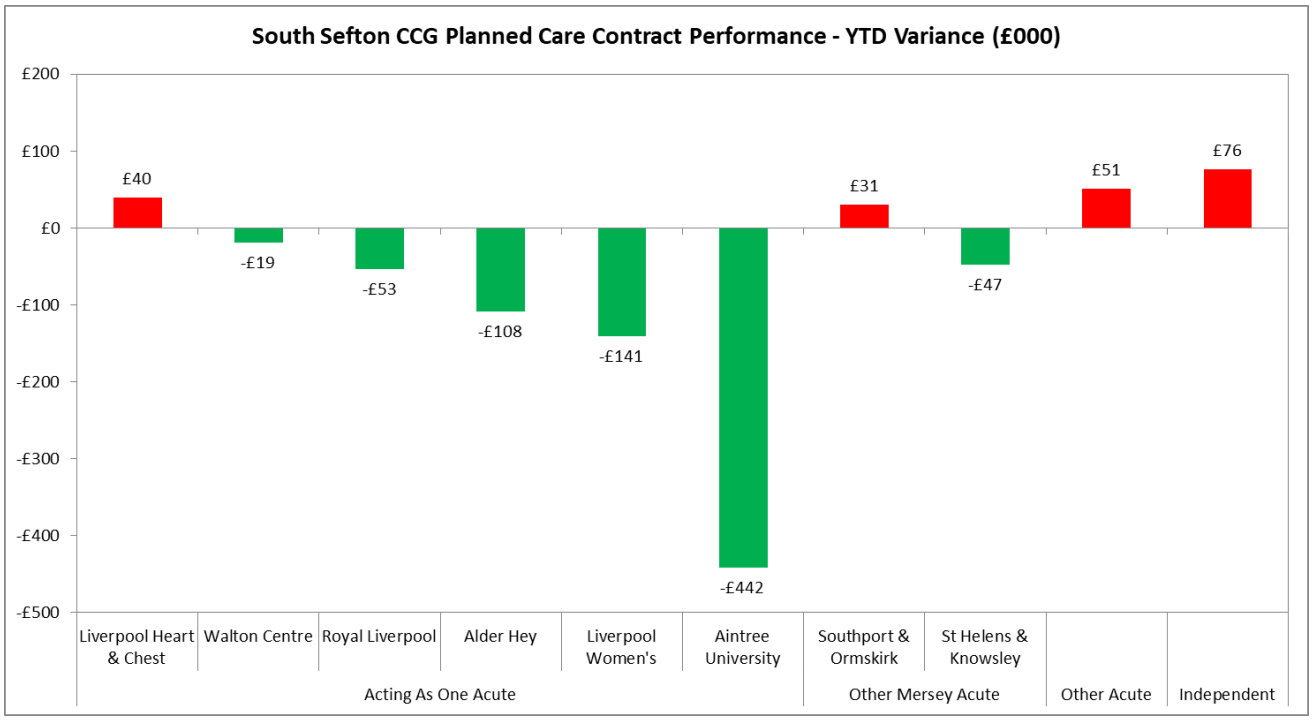
Patient experience aggregate review annual progress update to the October CQPG

Indicator responsibility:

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

2.7 Planned Care Activity & Finance, All Providers

Figure 5 - Planned Care - All Providers



Performance at month 3 of financial year 2019/20, against planned care elements of the contracts held by NHS South Sefton CCG shows an under performance of circa -£531k/-4.3%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an over spend of approximately £165k/1.3%.

At individual providers, Aintree Hospital is showing the largest under performance at month 3 with a variance of -£442k/-6%. In contrast, a notable over performance of £90k/17% against Renacres Hospital has been evident.

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 aligned to planned levels at month 3. However, over performance is evident at Renacres Hospital. Market share for this particular provider has increased from 17% to 20% when comparing 2019/20 to the equivalent period of 2018/19.

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

2.7.1 Aintree University Hospital NHS Foundation Trust

Figure 5 - 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	3,050	3,160	110	4%	£1,968	£1,948	-£20	-1%
Elective	386	360	-26	-7%	£1,234	£1,181	-£54	-4%
Elective Excess BedDays	149	218	69	46%	£39	£57	£18	47%
OPFAMPCL - *OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)*	75	54	-21	-28%	£15	£11	-£4	-24%
OPFANFTF - *Outpatient first attendance non face to face*	463	278	-185	-40%	£14	£9	-£5	-36%
OPFASPCL - *Outpatient first attendance single professional consultant led*	8,206	7,451	-755	-9%	£1,362	£1,198	-£165	-12%
OPFUPMPCL - *Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).*	199	179	-20	-10%	£21	£19	-£2	-12%
OPFUPNFTF - *Outpatient follow up non face to face*	1,631	1,449	-182	-11%	£41	£36	-£5	-11%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	18,235	16,573	-1,662	-9%	£1,344	£1,230	-£114	-8%
Outpatient Procedure	5,963	5,656	-307	-5%	£849	£782	-£67	-8%
Unbundled Diagnostics	3,739	3,552	-187	-5%	£314	£296	-£18	-6%
Wet AMD	410	398	-12	-3%	£323	£317	-£7	-2%
Grand Total	**42,508**	**39,328**	**-3,180**	**-7%**	**£7,525**	**£7,083**	**-£442**	**-6%**

Underperformance at Aintree Hospital is evident against the majority of planned care points of delivery. However, the overall under spend of -£442k/-6% is driven in the main by reduced outpatient activity, specifically first appointments.

South Sefton CCG GP referrals to Aintree Hospital are currently below 2018/19 levels and further analysis has established a number of specialities are currently below planned levels for outpatient appointments at month 3. This includes Gastroenterology and Trauma & Orthopaedics for outpatient first appointments and Nephrology, Ophthalmology and General Surgery amongst others for follow up appointments.

Elective excess bed days is currently the single point of delivery to be over performing against plan within planned care. The majority of variance against plan is within the Gastroenterology speciality.

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

2.7.2 Renacres Hospital

Figure 5 - 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	148	167	19	13%	£178	£217	£39	22%
Elective	35	37	2	6%	£194	£220	£25	13%
Elective Excess Bed Days	4	0	-4	-100%	£1	£0	-£1	-100%
OPFASPCL - *Outpatient first attendance single professional consultant led*	331	353	22	7%	£56	£59	£3	5%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	482	551	69	14%	£33	£38	£5	14%
Outpatient Procedure	257	199	-58	-23%	£32	£37	£5	16%
Unbundled Diagnostics	153	201	49	32%	£14	£20	£6	45%
Physio	370	393	23	6%	£11	£12	£1	6%
OPPREOP	0	128	128	0%	£0	£8	£8	0%
Grand Total	**1,779**	**2,029**	**250**	**14%**	**£520**	**£611**	**£90**	**17%**

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

Work is on-going looking into the potential shift in referral patterns in South Sefton from the main Acute Provider to other providers such as Renacres. Contributing factors to changes in referral flows could be due to long waiting times performance of RTT at Aintree and increased capacity in such specialties as ENT at Renacres. The CCGs are currently undertaking a deep dive into ENT to understand the reasons for the over performance, including reviewing coding and counting. Business intelligence have produced detailed analysis on activity delivered for this specialty and there was commissioner representative at the July contract review meeting to understand the pathways into Renacres.

2.8 Personal Health Budgets

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
Personal Health Budgets (PHBs)		**Previous 3 quarters and latest**				105b	
RED	**TREND**	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20		
		38	42	46	86		
		90	90	90	90		
		Plan150 PHBs in Place 2019/20					

Performance Overview/Issues:

Quarterly plans for 2019/20 have been set with the expectation of the total number of PHBs for Quarter 1 to be 85 to increase to 150 by Quarter 4 cumulative position shows 86 PHBs and an actual rate of 55.48, this is a big increase this remains under trajectory set by NHS England. NHS England has confirmed the lower boundary of 90 would be acceptable in terms of aspirations.

Actions to Address/Assurances:

• Adults: Target missed by 4. CCG have commissioned Sefton Carers Centre to provide 3rd party support services to potential PHB clients as a12 month pilot, which was initiated in Q1 19/20. Implementation group has been set up with all stakeholders to support development. Sefton Carers Centre as planning to support publicity in relation to PHBs via article in local paper to promote the public understanding and uptake of PHBs. There are a number events planned in Q3 to support enagagement with the 3rd sector, and engagement and training offer to community NHS providers with the support of CHC and Sefton Carers Centre. PHBs is a standing agenda at the CCG CHC and operational programme board.
Children Continuing Care: Currently the CCG is unable to progress the offer. There are small numbers of children who meet CC funding which in the majority of cases receive tripartite funding. There is additional complexity with the CCG commissioning Alder Hey Children's Hospital to provide domiciliary care services as part of this offer. Currently a lack of capacity and resource across the CCG Quality and Commissioning to develop this offer at this stage.
• Wheelchairs: There is currently a lack of capacity and resource across the CCG Quality and Commissioning Teams to develop the offer at this stage. The CCG will continue consider how PHBs can be provided and achieved as part of 2020 / 2021 plans.
• Mental Health S117: There is currently a lack of capacity and resource across the CCG Quality and Commissioning Teams to develop the offer at this stage. The CCG will continue consider how PHBs can be provided and achieved as part of 2019 / 2020 plans.

When is performance expected to recovery:

End of Quarter 1 of 2020/21.

Quality:

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Fiona Taylor	Tracey Forshaw	Tracy Forshaw

2.9 Continuing Health Care

Indicator		Performance Summary					Potential organisational or patient risk factors
Percentage of cases with positive CHC checklist eligibility decision made		Previous 3 quarters and latest					
RED	TREND	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20		
		83%	81%	78%	76%		
		Target: 80%					

Performance Overview/Issues:

For quarter 1 2019/20, the CCG reported 76% of cases with a positive CHC checklist eligibilty decision within 28 days, against an 80% target. 10 patients breached the target out of a total 42 patients.

Actions to Address/Assurances:

Performance monitored through the CHC operational meeting with CSU and providers. Actions to address, the review of patients placed in discharge to assess beds within 28 days action to instruct providers to ensure referral information for CHC eligibility provided enough clarity to allow for decisions to be made.

When is performance expected to recover:

End of quarter 2 2019/20.

Quality:

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Fiona Taylor	Brendan Prescott	Brendan Prescott

2.10 Smoking at Time of Delivery (SATOD)

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
Smoking at Time of Delivery (SATOD)		**Latest and previous 3 quarters**				125d	
RED	**TREND**	Q2	Q3	Q4	Latest		
		15.00%	14.50%	13.30%	12.30%		
		National ambition of 11% for % of maternities where mother smoked					

Performance Overview/Issues:

The CCG is above the data coverage plan of 95% at Q1, meaning the data is generally robust, but currently above the national ambition of 11% for the percentage of maternities where mother smoked the ambition will be 6% by the end of 2022. There is no national target for this measure. Performance against this metric is discussed with Providers at Maternity Commissioning Leads meetings attended by the CCG managerial lead for Children and Maternity Services. Quarter 1 shows a reduction in mothers smoking at time of delivery compared to quarter 4 2018/19.

Actions to Address/Assurances:

The contract requires providers to comply with NICE re: smoking. This corresponds also to Public Health projects commissioned by the Local Authority and specifically smoking cessation services. There has been an issue about e-referrals into this service. The CCG does support Public Health in their discussions with providers in this regard i.e. ensuring correct and timely referrals to the stop smoking service. CCG will be working with Public Health and the Provider to establish what improvements are required to meet the target.

CCG influence is indirect. The CCG doesn't commission the smoking cessation services, but we do commission midwifery where the provider would do screening as part of general pathway and signpost/refer accordingly. If the stop smoking service is not getting the expected number of referrals, public health can directly engage with the provider. If they have any issues with this e.g. the provider won't comply or any changes are required to clinical pathways then the CCG would get involved.

When is performance expected to recovery:

Ongoing.

Quality:

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Fiona Taylor	Wendy Hewit	Peter Wong

3. Unplanned Care

3.1 Accident & Emergency Performance

3.1.1 A&E 4 Hour Performance: South Sefton CCG

<table>
<tr><th>Indicator</th><th>Performance Summary</th><th>IAF</th><th>Potential organisational or patient risk factors</th></tr>
<tr><td>CCG A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%
RED | TREND
   </td><td>Previous 3 months, latest and YTD
<table>
<tr><th></th><th>Mar-19</th><th>Apr-19</th><th>May-19</th><th>Latest</th><th>YTD</th></tr>
<tr><td>All Types</td><td>80.64%</td><td>78.17%</td><td>78.34%</td><td>81.15%</td><td>79.21%</td></tr>
<tr><td>Type 1</td><td>77.15%</td><td>74.01%</td><td>73.92%</td><td>77.55%</td><td>75.15%</td></tr>
</table>
Plan: 95%
Improvement trajectory 89% March 2020</td><td>127c</td><td>Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.</td></tr>
<tr><td colspan="4">Performance Overview/Issues:</td></tr>
<tr><td colspan="4">The CCG is failing the national standard of 95% in June reporting 81.15% although this an improvement on last month. A trajectory has been agreed with NHSE/I that runs to 89% in March 2020 not the national target.</td></tr>
<tr><td colspan="4">Actions to Address/Assurances:</td></tr>
<tr><td colspan="4">A wide range of work continues to support the Aintree system involving CCG and community provider, local authority:
• Action on A&E is supported by a system wide approach with significant involvement of the CCG Urgent Care lead, our community provider and local authority. Work has been refocused following the Newton Europe review with a wide range of work which focuses on improving patient flow within A&E and main hospital in regard to discharge planning that enables movement from A&E for appropriate admissions; as well as admission/attendance avoidance schemes to reduce A&E activity. This work will remain on-going in 2019/20.
• CCG have taken a lead role in facilitating the Newton Europe DTOC project with system wide action plans now developed to support patient flow and enhance quality of care in three specific areas – decision making, placements and home care. Work is being undertaken with all health and social care providers and commissioners across North Mersey. Within Aintree Hospital there is specific focus on the decision making element of this work.
• An escalation plan has been in place over the winter within North Mersey which outlines the expected roles and responsibilities of all providers with guidance as to when issues should be escalated outside of the Trust to commissioners. This was developed to ensure that resources are used appropriately and that there is a clear understanding of the mutual aid and partnership working that is expected at provider level prior to commissioner engagement. Aintree managed AED pressures over a challenging winter often providing support through ambulance diversions for other local Trusts. This support has continued in 2019.
• The weekly Multi Agency Discharge Events (MADE) which involve representatives from health and social care have being revised to provide a greater focus on areas requiring immediate action. Instead they have been operating as MDT Flying Squads from the start of December targeting front of house areas e.g. AED, Frailty, Observation ward. Working to maintain focus on patient flow from front door units has continued in 2019/20 with system work initiated to improve ambulatory care pathways within the Frailty Assessment Unit.
• On-going implementation of Mersey Care Alternative to Transfer scheme with system introduced to provide timely response to NWAS to support patients at home who do not require conveyance to A&E. Work underway to promote service further and increase referrals and range of pathways that can be supported. Work is being rolled out within Mersey Care to Liverpool and aim to share good practice and roll out to Southport & Formby to ensure consistent offer to NWAS.
• Collaborative work continues with Liverpool and Knowsley CCGs to review potential Urgent Treatment Centre provision within Aintree footprint again with focus of reducing A&E attendances.
• Weekly Aintree system calls are held as required with NHSE and all partners to agree priority areas to progress each week reflecting local requirements. These are working well in maintaining operational and strategic communication across organisations.
In addition to above the three priority areas which the Trust have identified will make the greatest impact on A&E performance are:
- Optimising processes for See and Treat / Primary Care Streaming cohort of patients - Review of process underway with opportunity to learn from Royal where higher uptake to primary care streaming
- Ambulance turn around times and introduction of direct conveyancing to agreed front door units - Awaiting Aintree revised ambulance turnaround plan
- Integrated work with partners to address superstranded and support patient flow in and out of hospital - On target for South Sefton patient cohort in regard to NHSI Long Length of Stay action plan and trajectory</td></tr>
<tr><td colspan="4">When is performance expected to recovery:</td></tr>
<tr><td colspan="4">Aintree have an agreed trajectory with NHSE/I profiled from 88% in Month 1 to 89% in Month 12 not the national target of 95%.</td></tr>
<tr><td colspan="4">Quality:</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td colspan="4">Indicator responsibility:</td></tr>
<tr><td colspan="2">Leadership Team Lead</td><td>Clinical Lead</td><td>Managerial Lead</td></tr>
<tr><td colspan="2">Karl McCluskey</td><td>John Wray</td><td>Janet Spallen</td></tr>
</table>

3.1.2 A&E 4 Hour Performance: Aintree

Indicator		Performance Summary						Potential organisational or patient risk factors
Aintree A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		**Previous 3 months, latest and YTD**						Risk that the Trust is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	**TREND**		Mar-19	Apr-19	May-19	Latest	YTD	
		Improvement Plan	95%	88%	88%	88%		
		All Types	85.12%	82.67%	82.92%	85.56%	83.70%	
		Type 1	73.36%	69.69%	69.29%	74.82%	71.25%	
		Plan: 95% June's improvement plan: 88% Yellow denotes achieving 19/20 improvement plan but not national standard of 95%						

Performance Overview/Issues:

Overall performance in June was 85% (type 1 and 3) with a 5.5% improvement noted in type 1 performance against a 3% decrease in overall attendances. This is a 3% improvement on May's overall position.

Actions to Address/Assurances:

Trust Actions:

1. To improve Non Admitted performance

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

Recruitment of 14 candidates in process. These are both Medical staff and Advanced Nurse Practitioners.

*Increase utilisation of Primary Care Streaming (PCS)

The external review of PCS has commenced and the recommendations will be available at the end of July.

*** Improve AEC functionality**

The AEC Pathway Improvement Event took place as planned w/c 24th June and resulted in 6 key improvement ideas/themes designed to remove waste from the pathway and dramatically reduce the lead time per patient. This will support further patients being safely diverted to same day emergency care (SDEC). The themes include better coordination of the inputs needed per patient and a separation of the three main pathways with separate designated clinical leadership to oversee each stream on a daily basis. The changes are now the subject of PDSA cycles to ensure they are sustainably implemented

* Extend ANP hours

The extension of hours has commenced from beginning of July

*** Improve Pitstop Consistency**

The Clinical Director and CBM will reaffirm to all clinicians of FY3 and above the need to Pit Stop between the hours of 07:00 and midnight every day. The aim will be to formalise a Pit Stop roster encompassing the full set of staff required to successfully deliver the model during these hours including senior nurse, FY1's, staff nurse and HCA.

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

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

A desk top exercise has been proposed to retrospectively clinically assess patients who were conveyed by ambulance, referred to the medical team and later discharged. This will be scheduled for August. Patients categorised as Amber pathway patients, following a call to AEC and following a predetermined clinical criteria, will travel directly to AEC via ambulance. The clinical protocol will support the correct and accurate redirection of patients and this will be supported by the ability for crews to call a senior clinician in AEC to discuss the safe conveyance of a patient to the department. This process will then progress to other assessment areas (Mab/Fab, SAU, FAU)

***Improved role clarity in the Department**

This new structure has been in operation for 3 weeks and will be strengthened by the recruitment of 2 WTE's Band 8a Deputy Operational Lead Nurses to strengthen leadership to the Emergency Department team. The recruitment process is underway and the expected start date for this role is be August.

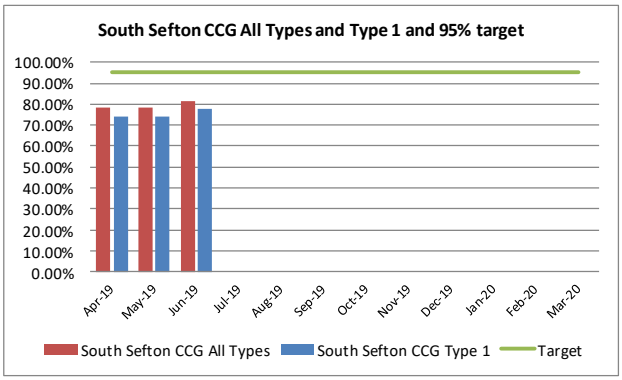
When is performance expected to recovery:

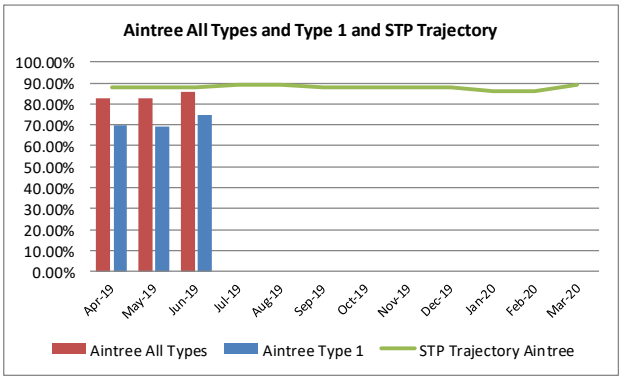
Quarter 4, 2019/20 trajectory is 89%.

Quality:

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	John Wray	Janet Spallen

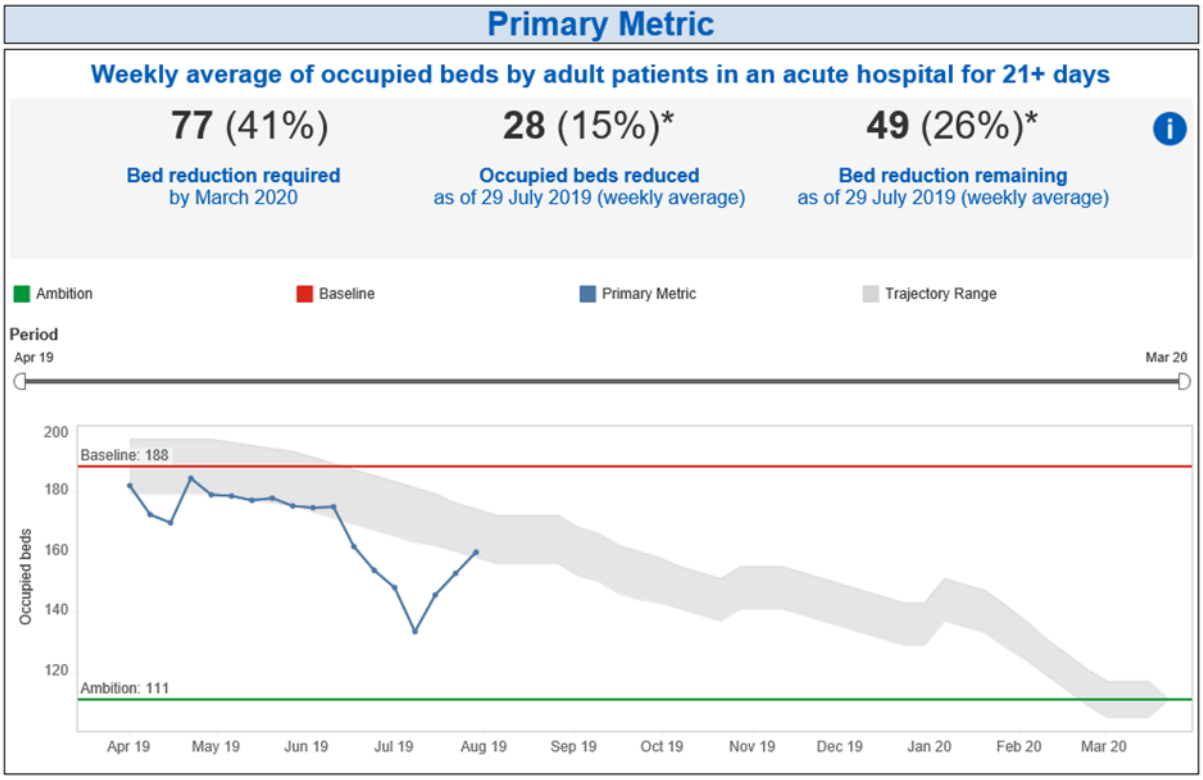




3.2 Occupied Bed Days

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

Figure 6 – Occupied Bed Days, Aintree Hospital



Data Source: NHS Improvement – Long Stays Dashboard

The long stays dashboard has been updated for 2019 to report on a weekly basis. The Trust's revised target is a total bed reduction of 77 (41%) by March 2020; therefore the target is 111 or less. This target is yet to be achieved as the latest reporting as at 29th July 2019 (weekly average) shows 160 occupied beds. Unfortunately the past 3 weeks have shown an increase in occupied beds. Therefore a reduction of 49 is now remaining in order to achieve the ambition in March 2020.

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

3.3 Ambulance Performance

Indicator		Performance Summary					Definitions	Potential organisational or patient risk factors
Category 1,2,3 & 4 performance		Latest and previous 2 months					**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	Apr-19	May-19	Latest		
		1 mean	<=7 mins	00:07:13	00:06:57	00:07:15		
		1 90	<=15 mins	00:11:36	00:11:24	00:12:21		
		2 mean	<=18 mins	00:26:56	00:25:34	00:29:03		
		2 90	<=40 mins	01:01:45	00:59:13	01:03:26		
		3 90	<=120 mins	03:03:14	02:33:43	02:53:14		
		4 90	<=180 mins	03:00:37	03:14:38	02:35:24		

Performance Overview/Issues:

In June 2019 there was an average response time in South Sefton of 7 minutes 15 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 29 minutes against a target of 18 minutes, the slowest response time in Merseyside. The CCG also failed the category 3 90th percentile response but reported green for category 4. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system.

Actions to Address/Assurances:

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

When is performance expected to recovery:

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

Quality:

Indicator responsibility:

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

3.4 Ambulance Handovers

Indicator		Performance Summary				Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months				a) All handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 30 minutes b) All handovers between ambulance and A&E must take place within 15 minutres 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	Apr-19	May-19	Latest	
		(a)	<=15-30mins	183	151	150	
		(b)	<=15-60mins	101	91	43	

Performance Overview/Issues:

Ambulance delays of 30 minutes remained static at 150 with an improvement noted in the number of delays over 60 minutes from 91 in May to 43 in June (-48). The average time from notification to handover for June was 12:45 minutes showing an improvement of 2:02 minutes. The median time to see 1st clinician also saw an improvement in June to 79 minutes against May's 82 minutes and April's 88 minutes. There was a significant improvement in the % of patients seen from registration within 15 minutes to 83.01% (+9.3%). The clinical quality indicators for the number of patients who leave the department before being seen has decreased to 407 down from 461 in May (-54).

Actions to Address/Assurances:

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

When is performance expected to recovery:

This is a priority area for immediate improvement. We are awaiting an update Improvement Plan which will detail timescales for implementation of direct conveyancing. Aintree have advised that a desk top exercise has been proposed to retrospectively clinically assess patients who were

Quality:

Indicator responsibility:

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

3.5 Unplanned Care Quality Indicators

3.5.1 Stroke and TIA Performance

Indicator		Performance Summary				Measures	Potential organisational or patient risk factors
Aintree Stroke & TIA		**Latest and previous 3 months**				a) % who had a stroke & spend at least 90% of their time on a stroke unit b) % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	Risk that CCG is unable to meet statutory duty to provide patients with timely access to Stroke treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
GREEN	**TREND**	Mar-19	Apr-19	May-19	Latest		
		70.60%	60.00%	76.10%	80.90%		
		Stroke Plan: 80% TIA 60% (achieving in June)					

Performance Overview/Issues:

Performance against the National Quality Stroke metric of 80% of patients to spend 90% stay standard was 80.9% for June 2019 at Aintree so have achieved. There were 47 patients with a primary diagnosis of stroke discharged from the Trust during the month. Of these, 38 patients spent 90% of their stay on the Stroke Unit. The standard was not achieved for 9 patients. All breaches of the standard are reviewed and reasons for underperformance identified.

TIA also continue to achieve reporting 100% in June.

Actions to Address/Assurances:

Achieving in June.

When is performance expected to recovery:

Quarter 3, 2019/20.

Quality:

Indicator responsibility:

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

3.5.2 Healthcare associated infections (HCAI): MRSA

<table>
<tr><th>Indicator</th><th colspan="5">Performance Summary</th><th></th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">Incidence of Healthcare Acquired Infections: MRSA</td><td colspan="5">Latest and previous 3 months (cumulative position)</td><td rowspan="3">Cases of MRSA carries a zero tolerance and is therefore not benchmarked.</td><td rowspan="3"></td></tr>
<tr><td>GREEN</td><td>TREND</td><td></td><td>Mar-19</td><td>Apr-19</td><td>May-19</td><td>Latest</td></tr>
<tr><td rowspan="2">  </td><td rowspan="2">  </td><td>CCG</td><td>0</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>Aintree</td><td>0</td><td>0</td><td>1</td><td>1</td></tr>
<tr><td colspan="8">Plan: Zero</td></tr>
<tr><td colspan="8">Performance Overview/Issues:</td></tr>
<tr><td colspan="8">The CCG and Trust have reported no new cases of MRSA in June. Aintree have had a case of MRSA in May so has failed the zero tolerance threshold for 2019/20.</td></tr>
<tr><td colspan="8">Actions to Address/Assurances:</td></tr>
<tr><td colspan="8">Proposed Trust Actions for the 1 case in May :
• To undertake a post infection review with the clinical team.
• To review the post infection review with CCG.
• To identify lessons learnt and actions.
• Draft action plan.
• Monitor action plan through DAG and Iinfection Prevention Control (IPC) Operational Group.</td></tr>
<tr><td colspan="8">When is performance expected to recovery:</td></tr>
<tr><td colspan="8">Recovery plan commenced.</td></tr>
<tr><td colspan="8">Quality:</td></tr>
<tr><td colspan="8">Awaiting final report through the quality schedule for the 1 case reported in May. No further cases for June 2019.</td></tr>
<tr><td colspan="8">Indicator responsibility:</td></tr>
<tr><td colspan="3">Leadership Team Lead</td><td colspan="3">Clinical Lead</td><td colspan="2">Managerial Lead</td></tr>
<tr><td colspan="3">Brendan Prescott</td><td colspan="3">Gina Halstead</td><td colspan="2">Jennifer Piet</td></tr>
</table>

3.5.3 Healthcare associated infections (HCAI): C Difficile

<table>
<tr><th>Indicator</th><th colspan="5">Performance Summary</th><th></th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">Incidence of Healthcare Acquired Infections: C Difficile</td><td colspan="5">Previous 3 months, latest (cumulative position)</td><td rowspan="2"></td><td rowspan="2"></td></tr>
<tr><td>RED</td><td>TREND</td><td></td><td>Mar-19</td><td>Apr-19</td><td>May-19</td><td>latest</td></tr>
<tr><td rowspan="3">  </td><td rowspan="3">  </td><td>CCG</td><td>59</td><td>7</td><td>7</td><td>11</td><td rowspan="3"></td><td rowspan="3"></td></tr>
<tr><td>Aintree</td><td>39</td><td>9</td><td>16</td><td>25</td></tr>
<tr><td colspan="5">2018/19 CCG plan 53 and failed, Trust plan 45 and achieved
2019/20 Plan: </=60 YTD for the CCG
2019/20 Plan: </=56 for Aintree</td></tr>
<tr><td colspan="8">Performance Overview/Issues:</td></tr>
<tr><td colspan="8">The CCG had 4 new cases of C.Difficile in June making a total of 11, against a year to date plan of 15 (year end plan 60) so are under plan currently (5 apportioned to acute trust and 6 apportioned to community).

The national objective for C Difficile has changed. All acute trusts are now performance monitored on all cases of healthcare associated infections including those which are hospital onset health care associated (HOHA): cases detected in the hospital three or more days after admission and community onset healthcare associated (COHA): cases that occur in the community (or within 2 days of admission) when the patient has been an inpatient in the trust reporting the case in the previous 4 weeks. The Trusts national objective is to have no more than 56 healthcare associated cases in 2019/20. In June the Trust reports they had 9 cases of c diff (25 YTD). 1 community onset healthcare associated (COHA) and 8 hospital onset healthcare associated (HOHA). This is over the monthly objective of no more than 4.66 cases per month. NB the national PHE data set does not currently reflect this change attribution and shows Aintree have had 9 cases in June (25 YTD) (11 apportioned to the trust and 14 community onset) this is the data reported above.</td></tr>
<tr><td colspan="8">Actions to Address/Assurances:</td></tr>
<tr><td colspan="8"><u>Trust Actions</u>:
• To undertake a post infection review with the clinical team.
• To review the post infection review with CCG.
• To identify lessons learnt and actions.
• Draft action plan.
• Monitor action plan through DAG and IPC Operational Group.</td></tr>
<tr><td colspan="8">When is performance expected to recovery:</td></tr>
<tr><td colspan="8"></td></tr>
<tr><td colspan="8">Quality:</td></tr>
<tr><td colspan="8">Eight cases being prepared for CCG appeal.</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">Brendan Prescott</td><td colspan="3">Gina Halstead</td><td colspan="3">Jennifer Piet</td></tr>
</table>

3.5.4 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary					Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: E Coli (CCG)		Previous 3 months, latest (cumulative position)					
RED	TREND		Mar-19	Apr-19	May-19	Latest	
		CCG	170	15	33	47	
		Aintree	358	32	63	93	
		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 June there were 14 cases (47 YTD) against a year to date plan of 32. Aintree reported 30 cases in June (93 YTD) there are no targets set for Trusts at present.
Actions to Address/Assurances:
Gram-negative Blood Stream Infection Steering group (GNBSI) doing collaborative work with further work with Public Health England around ecoli who have asked the sustainability and transformation partnership (STP) for nominated reponsible officer to impement, oversee and deliver a systemwide Antimicrobial Resistance (AMR) strategy. A Single Issue Quality Surveillance Group (SIQSG) is also taking place on the 3rd September with CCG and AMR leads invited. At the next GNBSI meeting further discussion on the potential to visit Leeds CCG as they have brought the numbers of those with Ecoli down
When is performance expected to recovery:
Less cases reported via Aintree.
Quality:
North Mersey Gram Negative have oversight and progress against action plan will be reported through to JQPC. IPC Lead Nurse attending CCG hydration workstream also.
Indicator responsibility:

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

3.5.5 Hospital Mortality

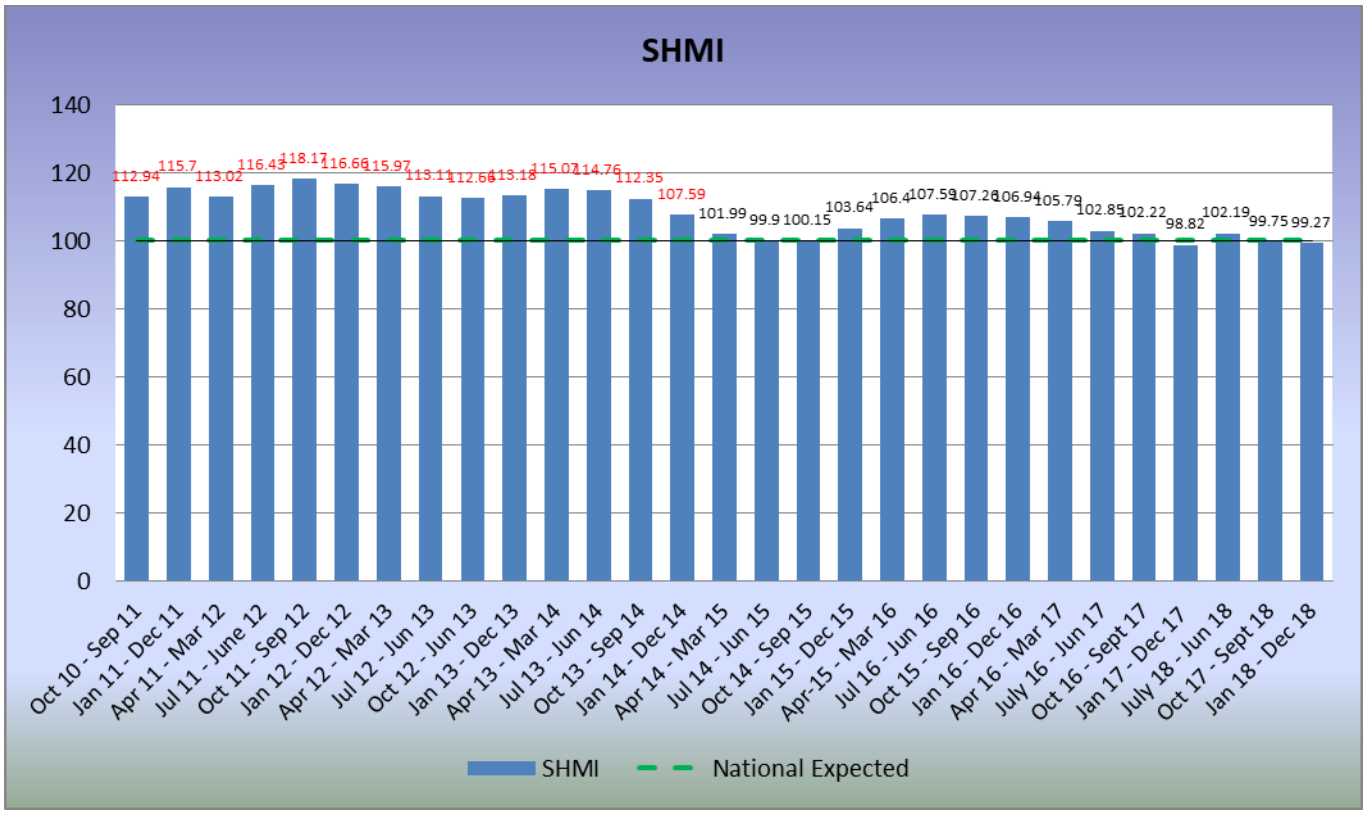
Figure 7 - Hospital Mortality

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

HSMR is similar to last month at 90.64 (April 18 to March 19 - 90.83 was previously reported). Position remains better than expected. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is fewer than 100 this suggest fewer deaths occurred than expected. Ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

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

Figure 8 - Summary Hospital Mortality Indicator



3.6 CCG Serious Incident Management

CCG SI Improvement Action Plan 2019/20

The Quality Team have developed a CCG SI Improvement Plan for 2019/20 to further enhance the SI process and obtain the necessary assurances from our Providers. This was presented at Joint Quality and Performance Committee in July and will be monitored on a monthly basis and includes the following key areas of improvement:

- Enhance the current CCG systems and processes to ensure appropriate assurances are gained from providers following the reporting and investigation of serious incidents
- Utilise Datix module to capture trends and themes following CCG assurance review of SI RCAs.
- Establish effective methods for capturing and distributing lessons learnt following SI investigations.
- Ensure all SIRG panel members and other appropriate CCG staff undertake RCA training.
- Enhance current CCG systems and processes to ensure provider compliance is maintained in relation to reporting an SI within the 48 hour timescale.
- Revise the current Terms of Reference for the CCGs Serious Incident Review Group (SIRG), to ensure appropriate quoracy is maintained and supported.

Figure 9 – Serious Incident for South Sefton Commissioned Services and South Sefton CCG patients

In June 2019 there are a total of 35 serious incidents (SIs) open on StEIS for South Sefton as the RASCI (Responsible, Accountable, Supporting, Consulted, Informed) commissioner or that involve a

South Sefton CCG patient. This continues to decrease from 37 in Month 2. Those where the CCG is not the RASCI responsible commissioner are highlighted in green in the table below.

Trust	SIs reported (M3)	SIs reported (YTD)	Closed SIs (M3)	Closed SIs (YTD)	Open SIs (M3)	SIs open >100days
Aintree University Hospital	1	7	9	18	16	7
Mersey Care NHS Foundation NHS Trust (SSCS)	1	6	1	1	8	1
South Sefton CCG	0	0	0	1	1	1
Mersey Care NHS Foundation Trust (Mental Health)	2	3	1	3	4	1
Royal Liverpool and Broadgreen	0	0	0	1	0	0
The Walton Centre	0	0	0	0	1	1
Alder Hey Children's Hospital	0	0	0	0	1	1
UC24	0	0	0	0	1	1
North West Boroughs NHS Foundation Trust	1	2	0	1	2	0
TOTAL	**5**	**18**	**11**	**25**	**34**	**13**

Of the 7 SIs open > 100days for Aintree University Hospital (AUH), the following applies at the time of writing this report:

- 5 have been reviewed and are now closed
- 2 have been reviewed and closure agreed at South Sefton SIRG, however awaiting confirmation of closure from patients CCG.

For the remaining 4 SIs open > 100 days the following applies:

- *Mersey Care NHS Foundation Trust (Mental Health)* – RCA reviewed at SIRG but further assurances requested from the provider via Liverpool CCG.
- *The Walton Centre NHS Foundation Trust* - This RCA is being performance managed by NHSE Specialised Commissioning.
- *UC24* – The RCA is awaited from the provider via Liverpool CCG.
- *Alder Hey Children's Hospital* – RCA received and reviewed at SIRG and further assurances requested form the Provider.

Figure 10 – Timescale Performance for Aintree University Hospital

PROVIDER	SIs reported within 48 hours of identification (YTD)		72 hour report received (YTD)			RCAs Received (YTD)				
	Yes	No	Yes	No	N/A	Total RCAs due	Received within 60 days	Extension Granted	SI Downgraded	RCA 60+
Aintree	**7**	**0**	**6**	**0**	**1***	**5**	**2**	**2**	**1**	**0**

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

Figure 11 – Timescale Performance for Mersey Care Foundation Trust (South Sefton Community Services (SSCS)

PROVIDER	SIs reported within 48 hours of identification (YTD)		72 hour report received (YTD)		RCAs Received (YTD)				
	Yes	No	Yes	No	Total RCAs Due	Received within 60 days	Extension Granted	SI Downgraded	RCA 60+
Mersey Care (Community)	6	0	0	6*	3	0	0	0	3*

*The trust performance against this target is monitored by Liverpool CCG, the Lead Commissioner for Mersey Care Trust. South Sefton CCG Quality Team have escalated concerns in relation to compliance with the SI framework and the requirements of the Providers Quality Schedule 2019/20 to the Lead Commissioner which will be discussed at the Contract and Clinical Quality Review Meeting (CCQRM) in September 2019.

3.7 CCG Delayed Transfers of Care

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

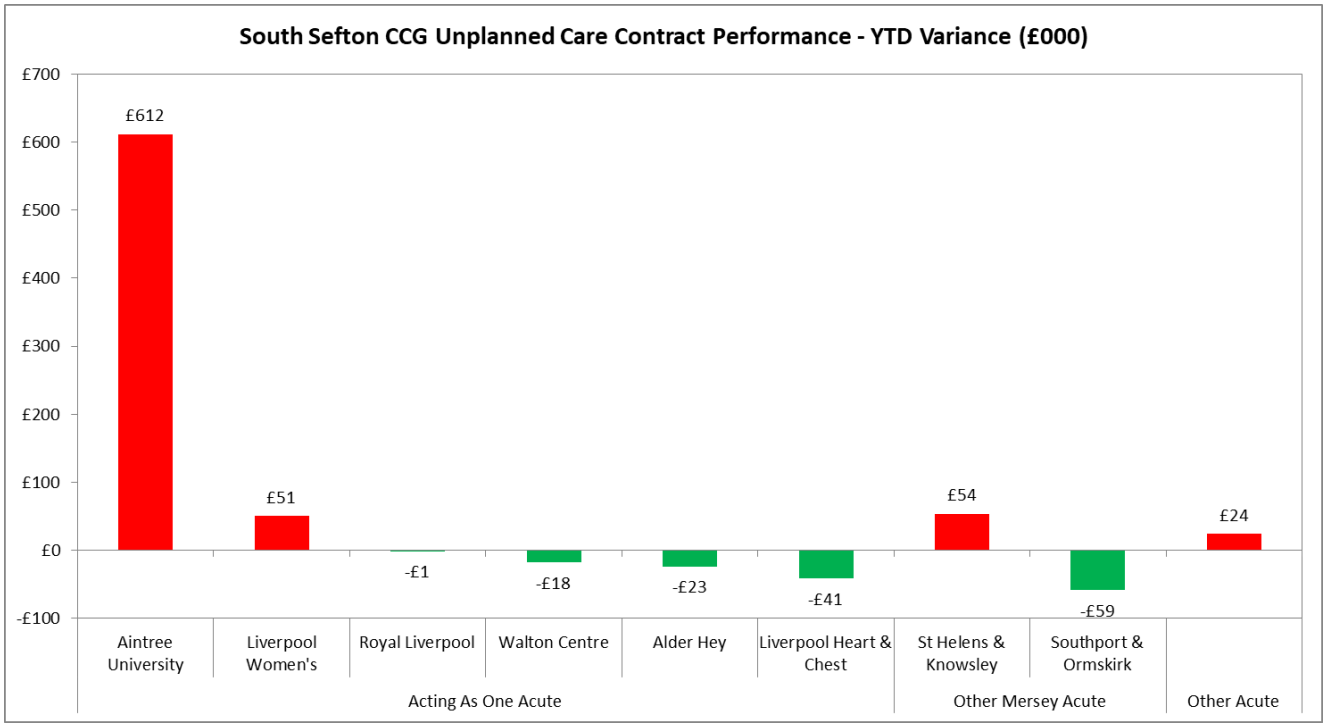
Total delayed transfers of care (DTOC) reported in June 2019 was 945, a decrease compared to June 2018 with 1,026. Delays due to Social Care have worsened, with those due to NHS improving. The majority of delay reasons in June 2019 were due to patient family choice, further non-acute NHS and care package in home.

See DTOC appendix for more information.

3.8 Unplanned Care Activity & Finance, All Providers

3.8.1 All Providers

Figure 12 - Month 3 Unplanned Care – All Providers



Performance at month 3 of financial year 2019/20, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £598k/4.2%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in a small over performance of approximately £19k/0.1%.

This over performance is clearly driven by Aintree Hospital, which has a variance of £612k/6% against plan at month 3.

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

3.8.2 Aintree University Hospital

Figure 13 - 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	10,604	9,850	-754	-7%	£252	£252	£0	0%
A&E - *Accident & Emergency*	8,936	9,193	257	3%	£1,443	£1,496	£53	4%
NEL - *Non Elective*	4,308	4,424	116	3%	£7,786	£8,526	£740	9%
NELNE - *Non Elective Non-Emergency*	12	11	-1	-10%	£45	£60	£15	33%
NELNEXBD - *Non Elective Non-Emergency Excess Bed Day*	68	0	-68	-100%	£18	£0	-£18	-100%
NELST - *Non Elective Short Stay*	826	869	43	5%	£573	£603	£30	5%
NELXBD - *Non Elective Excess Bed Day*	3,585	2,736	-849	-24%	£918	£710	-£208	-23%
Grand Total	**28,339**	**27,083**	**-1,256**	**-4%**	**£11,035**	**£11,647**	**£612**	**6%**

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

Non-elective admissions account for the majority of the total over spend at Aintree. Plans were rebased for 2019/20 to take into account a pathway change previously implemented by the Provider. Aligned to increased A&E attendances, non-elective activity is currently 3% above plan but costs are exceeding planned values by 9%, which could suggest a change in the case mix of patients presenting. Over performance has been recorded against various HRGs including those related to Pneumonia, Stroke and Alzheimers Disease / Dementia.

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

4. Mental Health

4.1 Mersey Care NHS Trust Contract (Adult)

4.1.1 Mental Health Contract Quality Overview

Mersey Care NHS RiO M3 update
Commissioners and the Trust have agreed a reporting format that ensures that the quality contract schedule KPIs are reflected in the Trust's board reports.

Performance which is dependent on the Trust's RiO system is expected to be fully reported from Quarter 2 with performance backdated, however commissioners are expecting some improvements to take place in Quarter 1.

Any KPI that is rag rated Red the Trust will be submitting a narrative to how they expect to improve performance with a clear trajectory for expected time they will achieve the KPI.

The Commissioners at the next CQPG in August 2019 are seeking assurance that RiO will be fully able to capture data and KPIs. Communication and Eating Disorder KPIs will also be subject to further scrutiny at the August CQPG and contract performance notice(s) cannot be ruled out at this stage as a contractual lever to improve performance.

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

4.1.2 Mental Health Contract Quality

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

Indicator		Performance Summary					Potential organisational or patient risk factors
Eating Disorder Service: Treatment commencing within 18 weeks of referrals		**Latest and previous 3 months**				KPI 125	
RED	**TREND**	Mar-19	Apr-19	May-19	Latest		
		5.9%	0.0%	25.0%	70.0%		
		Plan: 95% - June 2019/20 reported 70.0% and failed					

Performance Overview/Issues:

Out of a potential 10 Service Users, 7 started treatment within the 18 week target, which is an improvement from the 25% starting treatment within 18 weeks for the previous month. Issues contributing to this poor performance are the high number of referrals to the service and there is also a vacant post that the provider is planning on recruiting for; in the meantime the possibility of internal or bank staff carrying out additional duties is being explored, as well as current staff being offered overtime. In addition to this, two part time staff will be returning from maternity leave which will increase the therapy capacity.

Actions to Address/Assurances:

Demand for the service continues to increase and to exceed capacity.Commissioners have asked for the trust to present an action plan as part of a Deep Dive at August CQPG to include service transformation/ eligibility/primary care/capacity& modelling and managing risk of long waiters. The Trust is developing a business case for commissioners to consider for funding by October 2019. Any additional investment would be made in 2020/21 subject to approval.

The provider has also developed a psychological skill/psycho- education group consisting of 4 two hour sessions a week. The first cohort of clients have completed this programme and the intervention is being evaluated; the intention being to deliver 4 to 5 groups in the coming months to assess how effective it is.

When is performance expected to recover:

Performance is linked to current service capacity which mitigates against significant recovery. The Deep Dive at August CQPG will better inform commissioner as to when performance is expected to recover.

Quality:

Linked to the above comments re: August CQPG Deep Dive.

Indicator responsibility:

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

KPI 19: Patients identified as at risk of falling to have a care plan in place across the trust – Target 98%

Indicator		Performance Summary					Potential organisational or patient risk factors
Falls Management & Prevention: Of the patients identified as at risk of falling to have a care plan in place		**Latest and previous 3 quarters**				KPI 19	
RED	**TREND**	Q2	Q3	Q4	Latest		
		69.2%	28.6%	50.0%	57.1%		
		Plan: 98% - 2019/20 Quarter 1 reported 57.1% and failed.					

Performance Overview/Issues:

The Trust reported performance well below the 98% target in Q1, 57.1% which was higher than quarter 4 when 50.0% was reported. In Quarter 1 there were a total of 7 patients, 3 of which didn't have a care plan in place. On examination of the data by the provider 1 of these was identified as a recording error, which would result in a performance of 71.4% as oppose to 57.1%.

Actions to Address/Assurances:

Ward staff have been emailed and reminded to ensure that all patients identifiying as a falls risk have an appropriate care plan in place. Modern Matrons are working with staff to ensure that care plans are now in place for those who require one.

When is performance expected to recover:

From Q2 The Trust will submit a narrative to how they expect to improve performance with a clear trajectory for expected time they will achieve the KPIs.

Quality:

Narrative will include an impact of not achieving a KPI has on quality of care for the patient.

Indicator responsibility:

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

KPI 25 (Keeping nourished) Patients with a score of 2 or more to receive an appropriate care plan – Target 100%

Indicator		Performance Summary					Potential organisational or patient risk factors
Patients with a score of 2 or more to receive an appropriate care plan		**Latest and previous 3 quarters**				KPI 25	
RED	**TREND**	Q2	Q3	Q4	Latest		
		66.7%	50.0%	80.0%	77.8%		
		Plan: 100% - 2018/19 YTD reported 63.6% and failed					

Performance Overview/Issues:

The Trust reported performance below the 98% target in Q1, with the above performance reported. Out of 9 patients there were 2 patients who didn't receive an appropriate care plan. The transition to Rio had an impact on MUST KPI's as templates in Rio are different to Epex forms therefore ward teams needed additional support. The changes to the observation form in Rio are now completed. BI continue working on reports where there are inaccuracies.

Actions to Address/Assurances:

The indicator is number sensitive however to improve KPIs the Dietetic team and Physical Health Performance Nurse are offering a range of support and training to ward staff. MUST training will continue for staff induction. The Dietetic team are also planning on offering training to each ward on the new observation form. The Dietetic team lead will meet with ward managers of the wards that are not meeting the target to develop an action plan how they will improve performance for Quarter 2.

When is performance expected to recover:

Quarter 2 2019/20.

Quality:

Indicator responsibility:

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

4.2 Learning Disability Health Checks

Indicator		Performance Summary						Potential organisational or patient risk factors
Learning Disabilities Health Checks		**Latest and previous 3 quarters**					People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people's health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check.	
GREEN	**TREND**	Q1	Q2	Q3	Latest	2018/19		
		6.5%	11.7%	7.6%	13.8%	40.0%		
		Plan: 18.7% 2018/19						

Performance Overview/Issues:

A national enhanced service is 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 2018/19 (target 504 for the year). Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. Data quality issues are apparent with practices not submitting their register sizes manually, or incorrectly which is why the 'actual' data in the table above is significantly lower than expected. In quarter 4, the CCG reported a performance of 13.8%, below the plan of 18.7%. Out of 675 registered patients 95 patients checked compared to a plan of 126. Year to date out of an average LD registered patients of 638 there have been a total of 255 patients who have received their check, giving a total for 2018/19 of 39.97%. This is the latest data available, Q1 data due.

Actions to Address/Assurances:

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

When is performance expected to recover:

Quality impact assessment:

Indicator responsibility:

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

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

Indicator		Performance Summary					Potential organisational or patient risk factors
The percentage of the number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission' that have had a comprehensive physical health check		Latest and previous 3 quarters				As part of the 'Mental Health Five Year Forward View' NHS England has set an objective that by 2020/21, 280,000 people should have their physical health needs met by increasing early detection and expanding access to evidence-based care assessment and intervention. It is expected that 50% of people on GP SMI registers receive a physical health check in a primary care setting.	Risk that CCG is unable to achieve nationally mandated target.
RED	**TREND**	Q2	Q3	Q4	Latest		
		14.5%	15.3%	17.2%	18.6%		
		Plan: 50% - 2018/19 YTD reported 17.2% and failed					

Performance Overview/Issues:

The most recent data period is April to June 2019/20. In the 12 month period to the end of quarter 1 2019/20, 18.6% of the 2035 of people on the GP SMI register in South Sefton CCG (361) received a comprehensive health check. Despite not yet achieving the 50% ambition this is an improvement from the previous quarter (17.2%).

Actions to Address/Assurances:

A Local Quality Contract (LQC) scheme for primary care to undertake SMI health checks has been developed and agreed by Sefton Local Medical Committee. EMIS screens to enable data capture have been developed, however the initial version is being refreshed in Q2 (meeting on 14/08/2019) to as to be more user friendly.

When is performance expected to recover:

Performance should improve from Quarter 2 2019/20 onwards.

Quality impact assessment:

Indicator responsibility:

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

4.4 Cheshire & Wirral Partnership (Adult)

4.4.1 Improving Access to Psychological Therapies: Access

Indicator		Performance Summary					Potential organisational or patient risk factors
IAPT Access - % of people who receive psychological therapies		Latest and previous 3 months					
RED	TREND	Mar-19	Apr-19	May-19	Latest		
		1.28%	1.23%	1.14%	0.94%		Risk that CCG is unable to achieve nationally mandated target.
		Access Plan: 19.0% - May 2019/20 reported 1.03% and failed.					

Performance Overview/Issues:

The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) target for 2019/20 is to achieve 19% (4.75% per quarter). The monthly target for M3 19/20 is therefore approximately 1.59%. Month 3 performance was 0.94% and failing to achieve the target standard. Achieving the access KPI has been an ongoing issue for the provider but it should be acknowledged that other organisations in Sefton provide non IAPT interventions which people may take up as an alternative to IAPT. Waiting times from referral continue to be within national timescales.

Actions to Address/Assurances:

Access – Group work continues to be rolled out so as to complement the existing one to one service offer to increase capacity. In addition IAPT services aimed at diabetes and cardiac groups are planned with IAPT well-being assessments will be delivered as part of the routine standard pathway for these conditions. In addition those GP practices that have the largest number of elderly patients are being engaged with the aim of providing IAPT services to this cohort. The service has undertaken marketing exercises aimed at targeted groups(eg Colleges) to encourage uptake of the service. Additonal High Intensity Training staff are in training (with investment agreed by the CCG) and they will contribute to access rates whilst they are in training prior to qualifying in October 2019 when they will be able to offer more sessions within the service. Three staff returning from maternity leave and long term sickness will have a positive impact on the service capacity. Fortnightly teleconference is taking place monitor performance.

When is performance expected to recover:

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

Quality:

Indicator responsibility:

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

4.4.2 Improving Access to Psychological Therapies: Recovery

Indicator		Performance Summary					Potential organisational or patient risk factors
IAPT Recovery - % of people moved to recovery		Latest and previous 3 months					
RED	TREND	Mar-19	Apr-19	May-19	Latest		
		47.4%	37.7%	47.8%	36.8%		Risk that CCG is unable to achieve nationally mandated target.
		Recovery Plan: 50% - June 2019/20 36.8% and failed					

Performance Overview/Issues:

The percentage of people moved to recovery was 36.8% in month 3 of 2019/20 and the target was not achieved and a significant drop from the previous month. The increase in group work as opposed to one on one interaction has resulted in some people dropping out throughtout the treatment which has had a detrimental effect on Recovery performance.

Actions to Address/Assurances:

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

When is performance expected to recover:

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

Quality:

Indicator responsibility:

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

4.5 Dementia

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
Dementia Diagnosis		**Latest and previous 3 months**				126a	Waiting times for assessment and diagnosis of dementia are currently 14+ weeks. NHS Mersey Care Trust have assured SS CCG that they are taking necessary steps to to reduce waiting times for the South Sefton Memory Service.
RED	**TREND**	Mar-19	Apr-19	May-19	Latest		
		65.00%	64.17%	64.37%	64.60%		
		Plan: 66.7%					

Performance Overview/Issues:

The latest data on NHS Digital shows South Sefton CCG are recording a dementia diagnosis rate in June of 64.6%, which is under the national dementia diagnosis ambition of 66.7% although a slight increase on last month when 64.37% was reported. CCG believes that coding issues in primary care may be impacting on performance. Memory service waiting times have increased to 14 plus weeks in some cases, along with a delay in memory service sending diagnosis letters back to primary care. In addition there may be care home residents who may not have a diagnosis of dementia.

Actions to Address/Assurances:

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

When is performance expected to recover:

Plans are in place to achieve in 2019/20.

Quality:

Indicator responsibility:

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

5. Community Health

5.1 Adult Community (Mersey Care)

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

5.1.1 Quality

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

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

5.1.2 Mersey Care Adult Community Services: Physiotherapy

<table>
<tr><th colspan="2">Indicator</th><th>Performance Summary</th><th>RAG</th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">Mersey Care Adult Community Services: Physiotherapy</td><td>Previous 3 months and latest</td><td rowspan="3"><=18 weeks: Green
> 18 weeks: Red</td><td rowspan="3"></td></tr>
<tr><td>RED</td><td>TREND</td><td>Incomplete Pathways (92nd Percentile)
Feb-19 | Mar-19 | Apr-19 | May-19</td></tr>
<tr><td>  </td><td>  </td><td>23 wks | 20 wks | 20 wks | 20 wks
Target: 18 weeks
(reported a month in arrears)</td></tr>
<tr><td colspan="5">Performance Overview/Issues:</td></tr>
<tr><td colspan="5">May's incomplete pathways reported above the 18 week standard with 20 weeks, showing no improvement on last month. The longest waiter on the incomplete pathway was 2 patients at 27 weeks, an improvement on last month. Completed pathways reported a 95th percentile of 26 weeks, a slight decrease on 28 reported last month. The Trust has reported that capacity issues due to staff sickness and vacancies have resulted in increased waiting times.</td></tr>
<tr><td colspan="5">Actions to Address/Assurances:</td></tr>
<tr><td colspan="5">Remedial actions have focussed on workforce and review of processes to manage referrals:
- Utilisation of agency physiotherapists whilst waiting for new starter to commence in post - commenced in February
- Implementation of single point of contact for all South Sefton OT & Physio referrals - commenced in April
- Recruited band 7 co-ordinator to support team with triage - awaiting start date
- Senior daily support from ICRAS Clinical Therapy Lead to allocate waiting list - commenced in May
- Senior Therapy Support reviewing caseload - commenced in May</td></tr>
<tr><td colspan="5">When is performance expected to recover:</td></tr>
<tr><td colspan="5">Trajectory identifies return to 18 weeks in July 2019 following implementation of all actions. The CCG are working closely with the Trust in regard to therapy waiting times and are assured that all action is being taken to address workforce issues. There has been a steady decrease in the number of patients waiting over 18 weeks with indications that this will resolve in line with the Trust trajectory of July 19 data still to be validated but feedback identifies waiting times down to 17 weeks in July.</td></tr>
<tr><td colspan="5">Quality impact assessment:</td></tr>
<tr><td colspan="5">The Trust has advised that all referrals are triaged by senior clinicians so that risks are identified and urgent referrals are seen appropriately.</td></tr>
<tr><td colspan="5">Indicator responsibility:</td></tr>
<tr><td colspan="2">Leadership Team Lead</td><td colspan="2">Clinical Lead</td><td>Managerial Lead</td></tr>
<tr><td colspan="2">Karl McCluskey</td><td colspan="2">Sunil Sapre</td><td>Janet Spallen</td></tr>
</table>

5.1.3 Mersey Care Adult Community Services: Dietetics

<table>
<tr><th>Indicator</th><th colspan="2">Performance Summary</th><th>RAG</th><th>Potential organisational or patient risk factors</th></tr>
<tr><td>Mersey Care Adult Community Services: Dietetics</td><td colspan="2">Previous 3 months and latest</td><td rowspan="3"><=18 weeks: Green
> 18 weeks: Red</td><td rowspan="3"></td></tr>
<tr><td>RED</td><td>TREND</td><td>Incomplete Pathways (92nd Percentile)
Feb-19 | Mar-19 | Apr-19 | May-19</td></tr>
<tr><td>  </td><td>  </td><td>15 wks | 16 wks | 14 wks | 19 wks
Target: 18 weeks
(reported a month in arrears)</td></tr>
</table>

Performance Overview/Issues:

Mersey Care has reported an increase in average waiting times for patients waiting on an incomplete pathway in the Dietetics service. In May an average (92nd Percentile) of 19 weeks was reported, breaching the 18 week standard. This shows an increase from April 2019 when average waits were at just 14 weeks.
The Dietetics service continues to experience high DNA rates, although they have recently decreased with 8.9% in June 2019 compared to the 8.5% target; 12 DNAs out of a total 123 booked appointments. Provider cancellation rates are also above the Trusts internal threshold of 3.5% with 4.7% in June.

Actions to Address/Assurances:

Trust Actions
- Proactive caseload cleanse took place. Waiting list reviewed in line with access policy.
- Opt in process reviewed, patients triaged and discharged as per access policy.
- Process to triage daily and a duty line clinician is being explored.

When is performance expected to recover:

The Trust has reported that local unvalidated data suggests the position has improved and waits are back within the 18 week

Quality impact assessment:

The Trust has reported that all referrals were triaged as a priority. Those with the highest clinical need were appointed urgently and lower risk patients added to the waiting list.

Indicator responsibility:

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

6. Children's Services

6.1 Alder Hey Children's Mental Health Services

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

<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">Latest and previous 3 quarters</td><td rowspan="4"></td><td rowspan="4"></td></tr>
<tr><td>RED</td><td>TREND</td><td>Q1</td><td>Q2</td><td>Q3</td><td>Latest</td></tr>
<tr><td rowspan="2">  </td><td rowspan="2">  </td><td>11.3%</td><td>5.5%</td><td>5.8%</td><td>6.8%</td></tr>
<tr><td colspan="4">Access Plan: 32% - 2018/19 reported 29.4% and failed</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 not yet submitted data to the MHSDS although this is a work in progress. These additional figures have been included in the table above thus increasing the CYP Access performance and creating a variation in previous data.

The CCG still failed to achieve the target of 8% in Q4 with 6.8%; a total of 181 children and young people were receiving treatment out of a total 3,121 with a diagnosable mental health condition. This is an increase on the5.8% of children and young people receiving treatment in quarter 3. The CCG is narrowly failing to meet the year to date target of 32% (yearly performance being 29.4%).</td></tr>
<tr><td colspan="8">Actions to Address/Assurances:</td></tr>
<tr><td colspan="8">Additional activity has been commissioned and mainstreamed from the VCF in 19/20 which is South Sefton targeted. Figures for 18/19 are big improvement from previous years.</td></tr>
<tr><td colspan="8">When is performance expected to recover:</td></tr>
<tr><td colspan="8">Additional activity to be implemented for 19/20. Online counselling for Sefton is being jointly commissioned and will come online in 19/20. AHCH has submitted business cases to increase CYP Eating Disorder activity and Crisis/Out of Hours support during 19/20. These will make notable improvements to access rates in South Sefton.</td></tr>
<tr><td colspan="8">Quality impact assessment:</td></tr>
<tr><td colspan="8"></td></tr>
<tr><td colspan="8">Indicator responsibility:</td></tr>
<tr><td colspan="2">Leadership Team Lead</td><td colspan="3">Clinical Lead</td><td colspan="3">Managerial Lead</td></tr>
<tr><td colspan="2">Geraldine O'Carroll</td><td colspan="3">Sue Gough</td><td colspan="3">Peter Wong</td></tr>
</table>

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

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

Performance Overview/Issues:

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

Actions to Address/Assurances:

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

When is performance expected to recover:

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

Quality impact assessment:

Indicator responsibility:

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

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

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

Performance Overview/Issues:

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

Actions to Address/Assurances:

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

When is performance expected to recover:

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

Quality impact assessment:

Indicator responsibility:

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

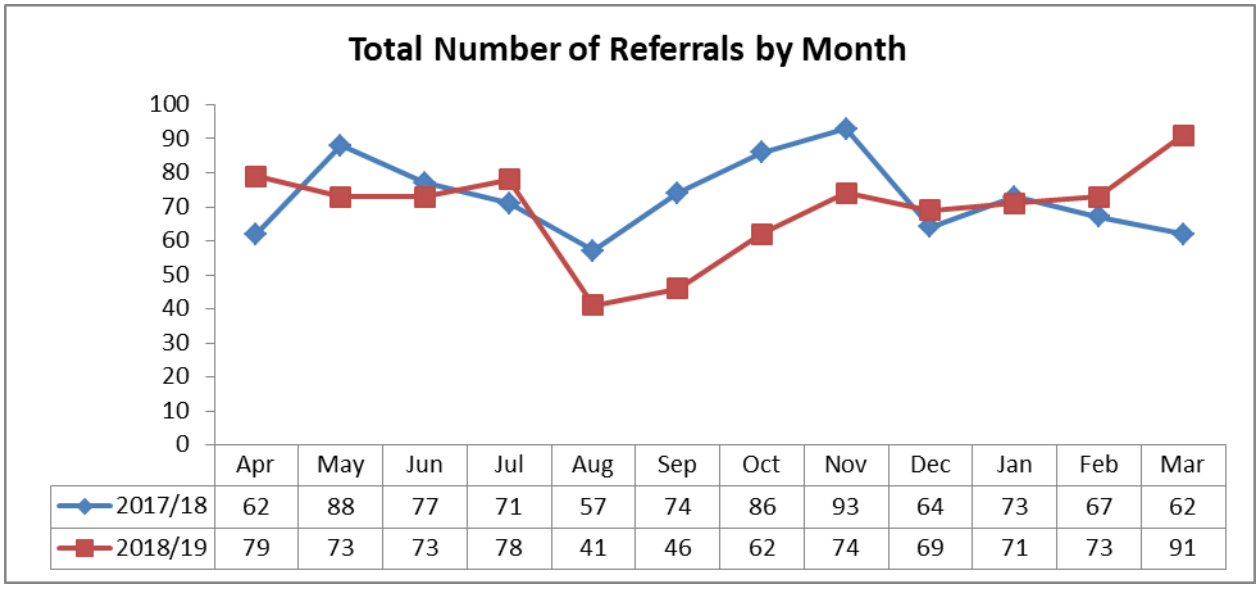
6.2 Child and Adolescent Mental Health Services (CAMHS)

The Trust is undertaking validation work on the data for 2019/20. Therefore, quarter 4 2018/19 remains the most up to date information the CCG has received from the Trust.

The following analysis derives from local data received on a quarterly basis from Alder Hey. The data source is cumulative and the time period is to Quarter 4 2018/19. The date period is based on the date of Referral so focuses on referrals made to the service during January to March 2018/19. Data includes both South Sefton CCG and Southport and Formby CCGs.

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

Figure 14 – CAMHS Referrals



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	62	88	77	71	57	74	86	93	64	73	67	62
2018/19	79	73	73	78	41	46	62	74	69	71	73	91

Throughout quarter 4 2018/19 there were a total of 235 referrals made to CAMHS from South Sefton CCG patients. The monthly number of referrals remained stable between November and February then saw a subsequent increase in March 2019.

During the fourth quarter of 2018/19 there were no DNAs, which is an improvement from the last quarter.

The remaining tables within this section will focus on only the 78 Referrals that have been accepted and allocated.

Figure 15 – CAMHS Waiting Times Referral to Assessment

Waiting Time in Week Bands	Number of Referrals	% of Total
0-2 Weeks	30	38.5%
2-4 Weeks	33	42.3%
4- 6 Weeks	6	7.7%
6-8 weeks	0	0.0%
8- 10 weeks	5	6.4%
Over 10 weeks	4	5.1%
Total	**78**	**100%**

The biggest percentage (42.3%) of referrals where an assessment has taken place waited between 2 and 4 weeks from their referral to assessment. 94.5% of allocated referrals waited 10 weeks or less from point of referral to an assessment being made.

Of those referrals that waited over 10 weeks, there was one referral that waited 94 days (13.4 weeks) which was the longest wait during this quarter.

An assessment follows on from the Triage stage when the clinical risk is assessed and patients are prioritised accordingly. At the point of assessment the child/young person meets with a clinician to discuss their issues and it is possible to determine whether the CAMHS is appropriate. At this stage it may be that the child/young person is signposted to another service rather than continue to an intervention within the service.

Alder Hey has received some additional funding for staff for CAMHS services, and additional funding for neurodisability developmental pathways (ADHD, ASD). These should contribute to reducing CAMHS waiting times.

Figure 16 - CAMHS Waiting Times Assessment to Intervention

Waiting Time in Week Bands	Number of Referrals	% of Total	% of Total with intervention only
0-2 Weeks	10	12.8%	23.8%
2-4 Weeks	9	11.5%	21.4%
4- 6 Weeks	14	17.9%	33.3%
6-8 weeks	5	6.4%	11.9%
8- 10 weeks	0	0.0%	0.0%
10-12 Weeks	3	3.8%	7.1%
Over 12 Weeks	1	1.3%	2.4%
(blank)	36	46.2%	
Total	**78**	**100%**	**100%**

An intervention is the start of treatment. If the patient needs further intervention such as a more specific type of therapy then they would be referred onto the specific waiting list. These waiting times are routinely reviewed in local operational meetings.

46.2% (36) of all allocated referrals did not have a date of intervention. Of these, 10 have already been discharged without having had an intervention so are therefore not waiting for said intervention.

The assumption can be made that of the remaining 26 referrals where an assessment has taken place and no date of intervention reported, these are waiting for their intervention. Of the 26 waiting for an intervention, 17 were referred to the service within the month of March 2019 so have been waiting a maximum of four weeks from their referral date to their first intervention.

If the 36 referrals were discounted, 90.5% of the referrals made within Quarter 4 of 2018/19 waited 8 weeks or less from their referral to their first intervention taking place.

The one referral that waited over 12 weeks for an intervention waited for 94 days (13.4 weeks). This is an improvement on the previous quarter when there was 1 referral that waited over 14 weeks.

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

How are the issues being addressed?
NHSE non-recurrent funding secured and waits are reducing. CCG has jointly commissioned online counselling for 19/20 which will increase accessible support for those with needs but don't meet CAMHS threshold, reducing necessity to refer to CAMHS. AHCH submitted business case for extending crisis and out of hours support. Additional activity targeted at South Sefton to be brought online in 19/20.

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

Who is responsible for this indicator?

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

6.3 Children's Community (Alder Hey)

6.3.1 Paediatric SALT

<table>
<tr><th>Indicator</th><th colspan="2">Performance Summary</th><th>RAG</th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">Alder Hey Children's Community Services: SALT</td><td colspan="2">Previous 3 months and latest</td><td rowspan="4"><=18 weeks: Green
> 18 weeks: Red</td><td rowspan="4">Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required.</td></tr>
<tr><td>RED</td><td>TREND</td><td colspan="2">Incomplete Pathways (92nd Percentile)</td></tr>
<tr><td rowspan="2"></td><td rowspan="2"></td><td>Mar-19 | Apr-19 | May-19 | Latest</td></tr>
<tr><td>45 wks | 45 wks | 43 wks | 37 wks
Target: 18 weeks</td></tr>
</table>

Performance Overview/Issues:

In June the Trust reported a 92nd percentile of 37 weeks for Sefton patients waiting on an incomplete pathway. This is an improvement on May when 43 weeks was reported. In June the longest waiting patient was 1 patients waiting at **58 weeks**. Performance has steadily declined over the past two financial years, with referrals remaining static.

At the end of June there were 28 children with an appointment and 6 children without an appointment who have waited over 40 weeks. Out of those without an appointment, 2 had appointments in June but had cancelled and have an appointment in July, 2 have been sent letters out but not yet responded and 2 have out of date information on the spine which we are investigating with GP/referrer.

Actions to Address/Assurances:

Sefton SALT waiting times have been raised and discussed at contract review meetings. Alder Hey has developed a formal recovery plan to bring long waiting time to 18 weeks by 28-2-20. As part of this the CCGs have provifed additional funding. Discussions are on-going at a senior and also operational level on the reporting, including narrative on long waiters. A wider piece of work with Alder Hey and the CCG is taking place to review and improve current data flows across all community and mental health services.

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

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

The CCG are working with provider to develop an improvement trajectory from Q2 onwards.

When is performance expected to recover:

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

Quality impact assessment:

Indicator responsibility:

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

6.3.2 Paediatric Dietetics

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

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

Provider Cancellations
<= 3.5%: Green
> 3.5% and <= 5%: Amber
> 5%: Red</td><td rowspan="2"></td></tr>
<tr><td>RED</td><td>TREND</td><td>Outpatient Clinic DNA Rates
Mar-19 | Apr-19 | May-19 | Jun-19
17.2% | 20.0% | 22.6% | 14.50%

Outpatient Clinic Provider Cancellations
Mar-19 | Apr-19 | May-19 | Jun-19
0.0% | 7.1% | 9.7% | 3.10%

DNA threshold: 8.5%
Provider cancellation threshold: 3.5%</td></tr>
<tr><td colspan="4">Performance Overview/Issues:</td></tr>
<tr><td colspan="4">The paediatric dietetics service has seen high percentages of children not being brought to their appointment. In June 2019 this decreased but was still significant with a rate of 14.5%. Provider cancellations also decreased in June with 3.1%.</td></tr>
<tr><td colspan="4">Actions to Address/Assurances:</td></tr>
<tr><td colspan="4">The CCG has invested in extra capacity into the service. The CCG is working with AHCH to understand the nature of the DNAs for this service. AHCH has implemented a text appointment reminder system.

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

7. Third Sector Overview

Introduction
Quarterly reports from CCG-funded Third Sector providers detailing activities and outcomes achieved have been collated and analysed. A copy of this report has been circulated amongst relevant commissioning leads. Referrals to most services have increased during Q1, Individual service user issues (and their accompanying needs) continue to increase in complexity, causing pressure on services provided.

Age Concern – Liverpool & Sefton
The Befriending and Reablement Service promotes older people's social independence via positive health, support and well-being to prevent social isolation. During Q1 397 service users engaged with the service, 46 cases were closed and 60 new referrals received. All referred clients were assessed within 14 days of initial referral, all received plans detailing Reablement outcomes, and 112 care plan reviews took place within 6 weeks of service commencement. The majority of new cases were via self-referral or family & friends. GP referrals have increase during Q1 but still remain low. During this quarter a further 11 volunteers were recruited to the service, the number of active volunteers has now increased to 87, this is an increase of 61%.

Alzheimer's Society
The Alzheimer's Society continued to deliver Dementia Support sessions in GP practices during Q1; 9 in total (8 in the South and 1 in the North). Pre-arranged sessions are booked and run on an as-needed basis. 7 practices were actively engaged with during the period. The service plan to meet with PCN's shortly to scope further need working with practices across Sefton.

The Society received 66 new referrals; 42% of referrals during Q1 were from a mixture of memory clinics, GP's and other health providers. Referrals from health have doubled since Q4.
The Side-by-Side service presently has 20 service users matched with volunteers, 4 additional volunteers have signed up to the service during this period. A total of 210 visits were made during Q1.

Dementia Community Support conducted 56 Individual Needs Assessments. The Dementia Peer Support Group ran 9 Singing for the Brain, 6 Active & Involved and 12 Reading sessions, plus 12 Memory Cafes.

Citizens Advice Sefton
Advice sessions to in-patients at Clock View Hospital, Walton continue. During Q1 34 new referrals were received. 57% were self-referrals and 43% from Mental Health Professionals on the ward. The type of advice required was mainly in regard to benefits (94%). Other types of advice included debt management and housing. Of these new referrals 76% were recorded as being permanently sick or disabled. New award or increases following a revision or intervention from the service totalled £299,478 during this period.

Crosby Housing and Reablement Team (CHART)
During Q1 the service received 46 new referrals, with half coming from Mersey Care NHS Foundation Trust. Other referral sources included Sefton Metropolitan Borough Council (MBC) Adult Social Care, housing offices and self-referrals. Case outcomes during the period included accommodating 28 service users and supporting a further 22 people to stay in their current residence. The service helped 7 people avoid hospital admission (and enabled 13 patients to be discharged). It prevented 13 people from becoming homeless. The majority of new referrals were recorded as female (61%) with the remainder recorded as male.

Expect Limited
Expect Limited's staff complement comprises 4 paid members of staff plus 1 volunteer that look after the Bowersdale Centre in Litherland. 67% of new referrals were received via self/carers whilst the remaining 33% were received via GP recommendation. All of Expect Limited's existing clients are in receipt of benefits with a diagnosis e.g. anxiety, depression, personality disorder, Post-Traumatic

Stress Disorder etc. During Q1 there were 1,516 drop-in contacts (Monday to Friday). A total of 2,502 contacts were made to attend structured activities e.g. drama, music, comedy workshops, weekly cooking activities, summer parties and health information talks and groups.

Imagine Independence

During Q1 Imagine Independence carried forward 109 existing cases. A further 93 were referred to the service via IAPT and 30 cases were closed during the period. Of the new referrals 61% were female and 39% male. All completed personal profiles and commenced job searches. A total of 12 service users attended job interviews; all managed to secure paid work for 16+ hours per week. The service supported 55 people in retaining their current employment, and liaised with employers on behalf of clients. Activities included completed job profiles 27%, employment courses attended 7%, commenced job search 27%, job interviews attended 25%, employment engagement meetings attended by service 2% and service contact with employers 15%.

Netherton Feelgood Factory

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

Monitoring information has not yet been received for Q1 reporting, this will be updated for Q2.

Parenting 2000

During Q1 the service received 15 adult and 81 child referrals. A total of 128 service users accessed counselling for the first time. Of the 271 appointments available during this period a total of 252 were booked and 203 were actually used. There were 27 cancellations whilst 22 did not attend their scheduled appointment. The top five referral sources during Q1 were GPs 27%, Self/Carer/Parent 24%, Hospital 16% (CAMHS & Alder Hey), Other VCF 9% & Children's Centres. The referring GP surgeries were recorded as Cumberland House, Village Surgery, Family Surgery, Norwood Surgery, Ainsdale Medical Centre, Corner Surgery, St Marks MC, Chapel Lane Surgery, Grange Surgery & Elbow Lane Surgery.

Sefton Advocacy

During Q1 215 existing cases were brought forward. A total of 138 new referrals were received and of these 23% were signposted to more appropriate support, whilst 7% comprised general enquiry /information-only queries. 71 cases were closed. During Q1 there were a total of 2,259 contacts comprising of office visits, other case contacts; medical appointments, assessments, court and tribunal attendances; home visits, research preparation work and housing bids (PPP). Case outcomes included options explained to service user, Representations made, Information given, Client empowerment, Signposting and Support. During Q1 these case outputs resulted in financial outcomes worth a total of £365,407 being achieved.

Sefton Carers Centre

The number of Carers supported during Q1 remained steady; there were 40 new referrals to the service along with 306 existing cases. The Carers Support Team continue to work to reduce the backlog of 50 referrals (longer than 28 days) that remain outstanding, whilst also successfully completing more than 24% above the quarterly target for Carers Needs Assessments and Reviews. In addition to the above, the Carers Centre received 176 new referrals for other types of carers along with 1,606 existing carers registered with the service. The majority of which were self-referrals (59%) followed by Sefton MBC (21%) and other health services (13%). During this period, the service provided the following support for carers; listening ear support, advocacy plans developed, assessments of needs completed and various training courses. The service has an average of 66 volunteers helping to deliver services to carers across Sefton, during Q1 a total of 2,009 hours were worked by volunteers this equates to approximately £26k in salaries. There are 305 Young Carers registered for additional support with their school or college (in Tier 1) and 168 Young Carers registered with Sefton Carers Centre (in Tier 2)

Sefton Council for Voluntary Service

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

Health & Wellbeing Development Officer and Support Officer facilitate meetings Health & Social Care Forum, election of sector representatives to partnership /planning groups; evaluate CCG/LA funded VCFSE sector health & wellbeing performance; & support Sefton Partnership Older Citizens. Community Development Worker (BME) tackles health & social care service inequalities.

Reablement & Care For You Service Coordinator and Signposting Worker promote reablement reducing dependency statutory services; work in partnership with other healthcare providers; manage interface between social work teams, OT's, GPs, home care & residential/nursing care providers; take responsibility safeguarding; and contribute policy & development work.

Children, Young People & Family Lead (Every Child Matters) provides representation on working groups & partnerships; enabling VCFSE participation in decision-making; identify gaps and needs; develop training for & promote VCFSE groups working with children; and identify under-represented groups. Outcomes include development & extension of partnership working.
Monitoring information has not been submitted for Q1, this will be updated for Q2 reporting.

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

SWACA provides crisis intervention, early intervention and prevention to overcome the impact of domestic abuse; including advocacy, advice, programmes of work, parenting support, legal advice and therapeutic support; plus multi-agency training and VCF partnership working. During Q1 there were 527 new referrals, 210 assessments completed and 78 are pending further action; 138 were closed due to support being refused. There are currently 406 women and 190 children in receipt of support. During the period the refuge accommodated 6 women along with 5 children for 23 weeks.. Referrals came from various sources, with the top three being the police 31%, self-referrals 21% and CYPS Safeguarding Children 14%. Other sources included Adult Social Care, Children's Centres, family and friends.

Stroke Association

The Association provides information, advice and support for up to 12 months post-stroke. It works in hospital and community settings, alongside a multi-disciplinary team of health and social care professionals. As plans evolve, work is being undertaken to ensure stroke's new priority status is supported by ambitious and deliverable interventions across the whole National Stroke Programme pathway. During Q1 there were 79 referrals in South Sefton and 120 in Southport & Formby. The number of working age stroke survivors and carers in South Sefton accessing the service under the age of 65 years old equates to 35%.This is higher than the current national average of 25%. These service users were given post-stroke information on going back-to-work, advice around welfare benefits, financial and emotional support, and help for young families. The top 5 outcome indicators were better understanding of stroke 19% (and stroke risk 8%), feeling reassured 17%, enabled to self-manage stroke and its effects 7% and improved physical health and wellbeing 7%. The service also attends weekly discharge planning meetings with the Early Supported Discharge Team. Group meetings held during the period included the Communication Group, Peer Support Group and Merseyside Life After Stroke Voluntary Group. During this quarter there were 74 (2 South Sefton and 72 Southport and Formby) volunteering hours to support service delivery, which equates to an added value of £966 (£33 South Sefton and £934 Southport and Formby)

Swan Women's Centre

The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. During Q1 there were 66 new referrals for counselling services, 17 to the support group and a further 4 for the outreach service.

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

Of the counselling sessions available during this period 72% were booked and used, 24% were cancelled by the client and 4% were recorded as DNA. The Centre also provides an Outreach Service (only available by professional referral) for women diagnosed with severe mental illness, and those that do not fit the mental illness criteria but who need support, there were 4 referrals made to the Outreach Service (with 51 outreach sessions delivered in total). The Emotional Well-being Support Group offers support to women via a qualified counsellor with experience of group therapy. There were 17 new referrals received during the period with 77 attendances in total.

Macmillan Cancer Support Centre – Southport

During 2018, Macmillan Cancer support were awarded funding by Southport & Formby CCGs to deliver a service offering support and advice to people in Southport affected by cancer. A further award has been agreed to fund the centre up until 31st December 2021. An NHS Standard Contract is to be implemented shortly.

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

During Q1 the centre received 100 new referrals; 67% were self-referrals, 12% Aintree UHT, Southport & Ormskirk Hospital NHS Trust & 9% GPs. There were 162 contacts at the centre and a further 62 active service users.

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

8. Primary Care

8.1 Extended Access Appointment Utilisation

Indicator		Performance Summary					Potential organisational or patient risk factors
Extended Access Appointment Utilisation		**Latest and previous 3 months**				Extended access is based on the percentage of practices within a CCG which meet the definition of offering extended access; that is where patients have the option of accessing routine (bookable) appointments outside of standard working hours Monday to Friday.	
GREEN	**TREND**	Mar-19	Apr-19	May-19	Latest		
		73.5%	64.6%	72.7%	67.9%		
		The CCG should deliver at least 75% utilisation of extended access appointments by March 2020 (if the service went live in 2017/18). June target 66.2%					

Performance Overview/Issues:

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

In June South Sefton CCG practices reported a combined utilisation rate of 67.9%, exceeding the 66.2% target. Total available appointments was 1377 with 1040 being booked (75.53%) and 105 DNA's (7.63%). This shows an decline in utilisation compared to May but still on target.

Actions to Address/Assurances:

When is performance expected to recover:

Quality impact assessment:

Indicator responsibility:

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

8.2 CQC Inspections

A number of practices in South Sefton CCG have been visited by the Care Quality Commission and details of any inspection results are published on their website. There has been one recent inspection at Moore Street Medical Centre, this remains good in all areas. All results are listed below:

Figure 17 - CQC Inspection Table

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

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

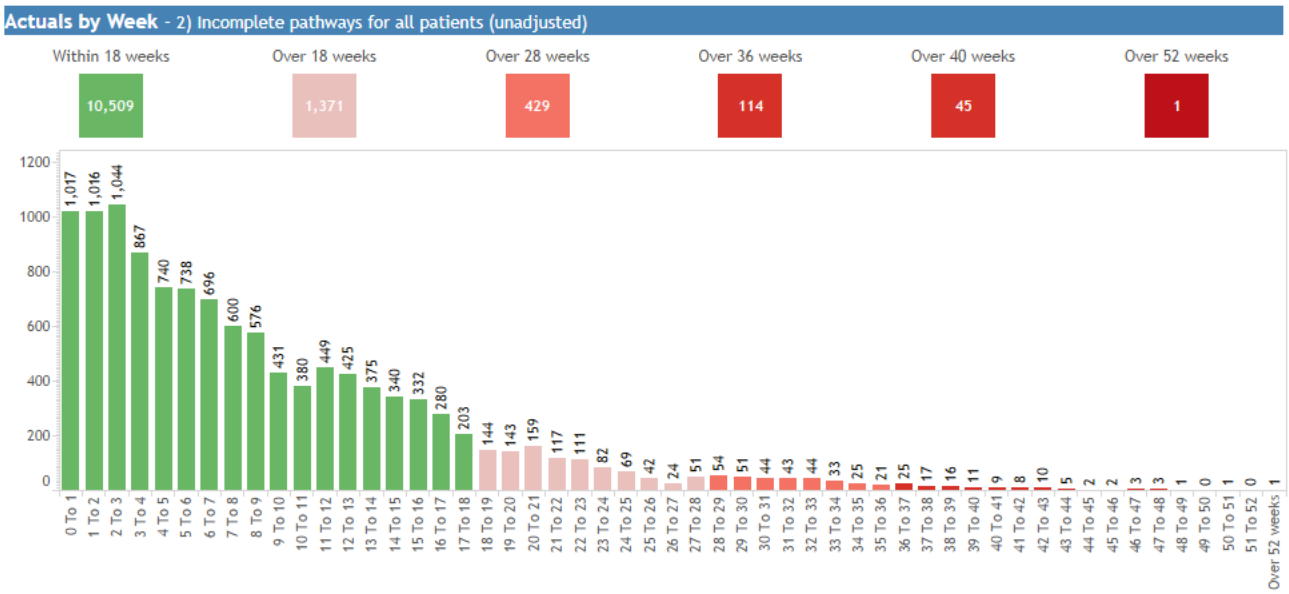
9. CCG Improvement & Assessment Framework (IAF)

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

10. Appendices

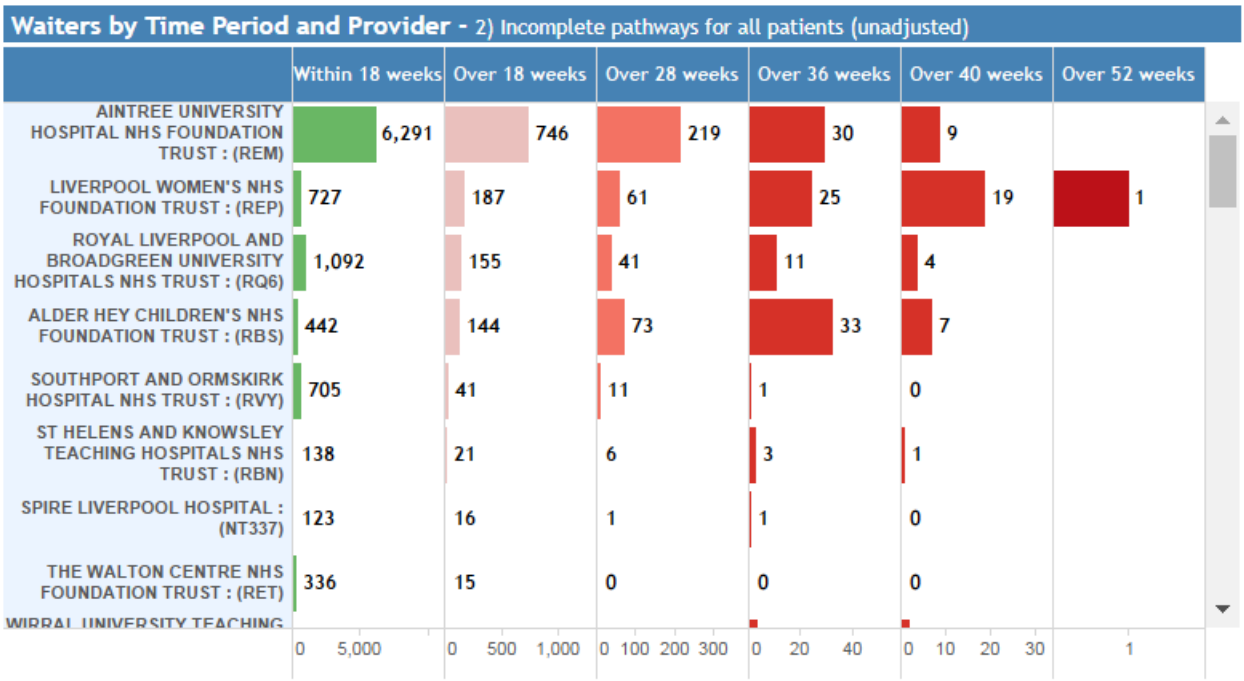
10.1.1 Incomplete Pathway Waiting Times

Figure 18 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



10.1.2 Long Waiters analysis: Top Providers

Figure 19 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers



10.1.3 Long Waiters Analysis: Top 2 Providers split by Specialty

Figure 20 - Patients waiting (in bands) on incomplete pathways by Speciality for Aintree University Hospitals NHS Foundation Trust

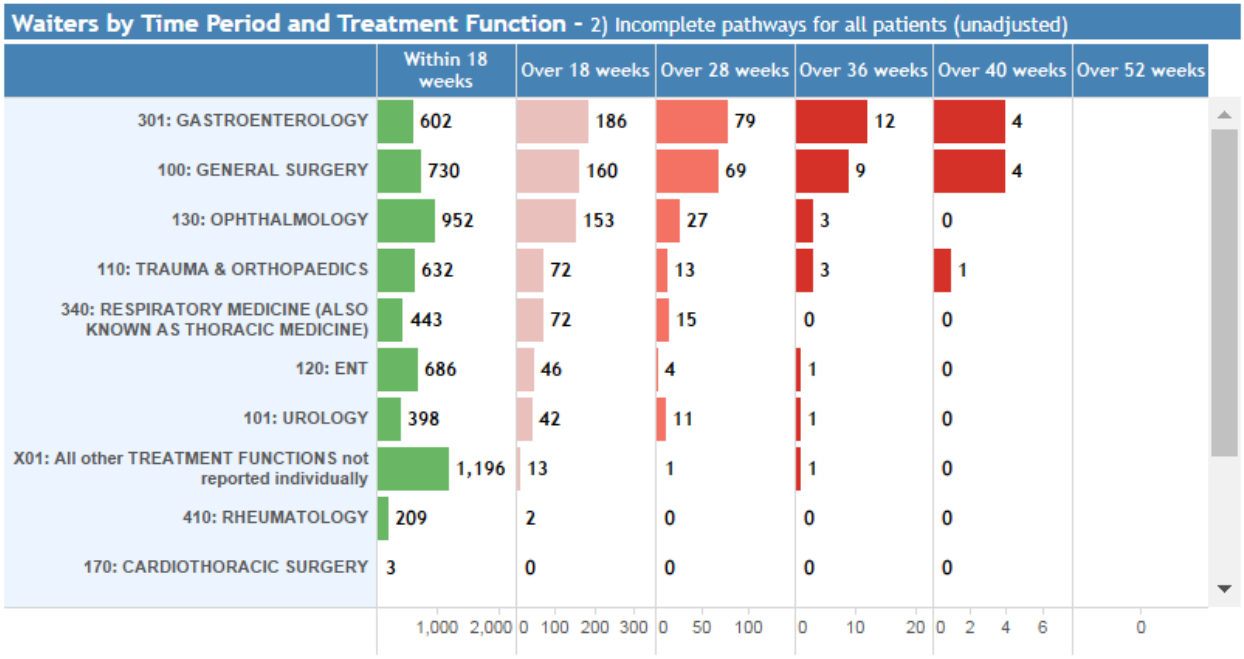
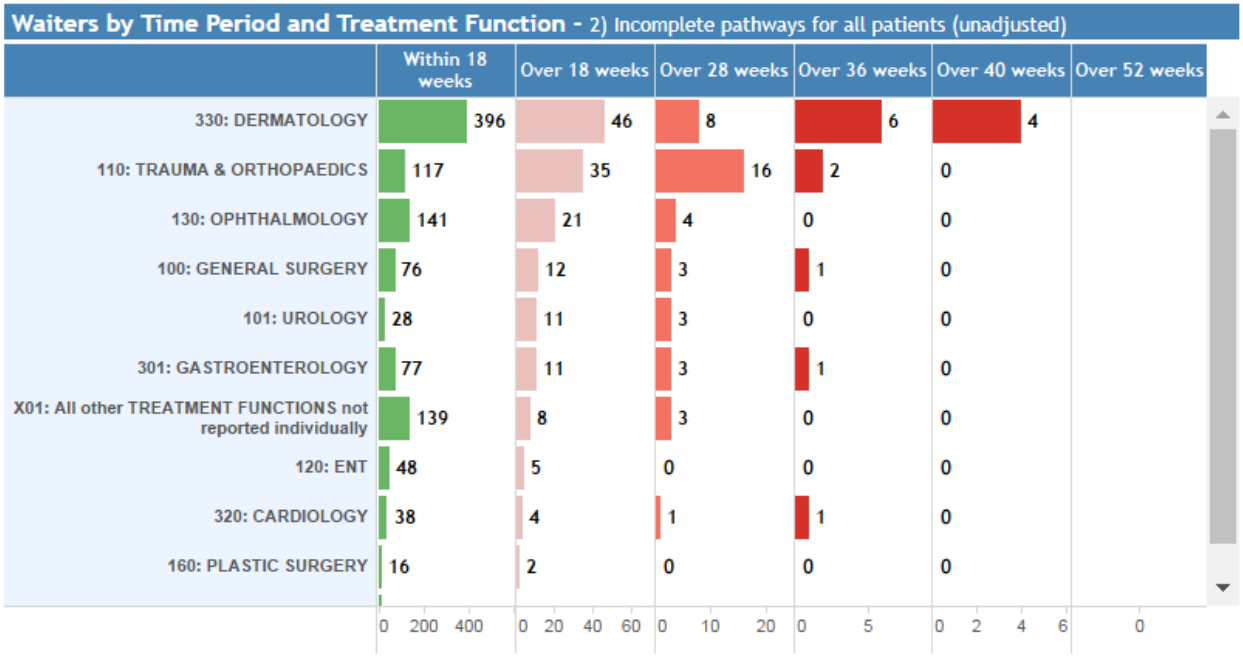
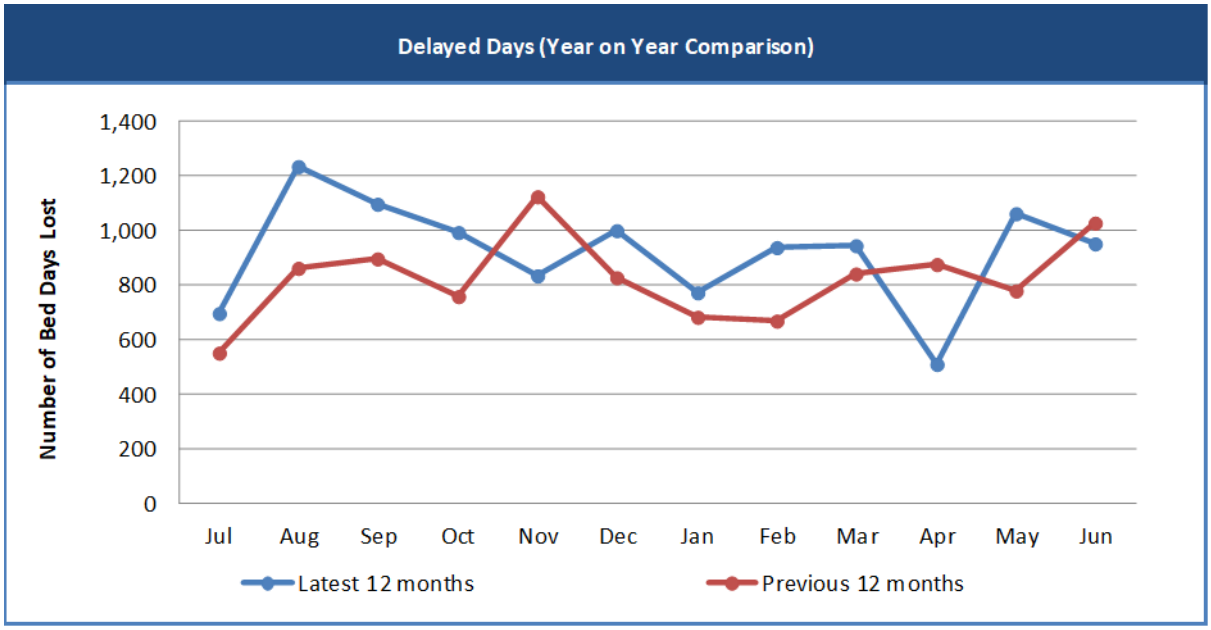


Figure 21 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



10.2 Delayed Transfers of Care

Figure 22 – Aintree DTOC Monitoring



DTOC Key Stats	This month	Last month	Last year
Delayed Days	**Jun-19**	**May-19**	**Jun-18**
Total	948	1,062	1,026
NHS	77.0%	89.5%	71.4%
Social Care	23.0%	10.5%	28.6%
Both	0.0%	0.0%	0.0%
Acute	46.5%	60.4%	48.4%
Non-Acute	53.5%	39.6%	51.6%

Reasons for Delayed Transfer % of Bed Day Delays (Jun-19)	
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	
Care Package in Home	20.8%
Community Equipment Adapt	5.2%
Completion Assesment	7.3%
Disputes	0.0%
Further Non-Acute NHS	26.5%
Housing	1.5%
Nursing Home	0.0%
Patient Family Choice	37.3%
Public Funding	1.5%
Residential Home	0.0%
Other	0.0%

10.3 Alder Hey Community Services Contract Statement

Commissioner Name	Service	Currency	Previous Year Outturn	Plan	FOT	Variance %	2019/20 Apr	May	Jun	YTD
NHS South Sefton CCG	Paediatric Continence	Caseload at Month End	264	264	262	-0.76	267	278	242	273
		Total Contacts (Domiciliary)	1,740	1,740	1,625	-6.42	149	115	143	407
		Total New Referrals	174	174	192	10.34	11	15	22	48
	Paediatric Dietetics	Caseload at Month End	5	5	202	3,940.00	216	195	196	216
		Referral to 1st contact (weeks average)	8.6	8.6	4.7	-45.35	7	2.4	4.6	7
		Total Contacts	356	356	452	26.97	27	45	41	113
		Total Contacts (Domiciliary)	64	64	84	31.25	7	10	4	21
		Total Contacts (Outpatients)	292	292	368	26.03	20	35	37	92
		Total New Referrals	279	279	256	-8.24	20	18	26	64
	Paediatric Occupational Therapy	Caseload at Month End	201	201	143	-28.86	151	140	139	151
		Referral to 1st contact (weeks average)	15.9	15.9	13.8	-13.21	14.4	13.9	13.1	14.4
		Total Contacts (Domiciliary)	4,862	4,862	3,668	-24.56	298	291	328	917
		Total New Referrals	619	619	564	-8.89	41	60	40	141
	Paediatric Speech and Language Therapy	Referral to 1st contact (weeks average)	24.8	24.8	33.6	35.48	35	35.5	30.2	35.3
		Total Contacts (Domiciliary)	12,815	12,815	14,408	12.43	1,044	1,235	1,323	3,602
		Total Contacts Complex Cochlear (N&S Sefton)	507	507	644	27.02	56	54	51	161
		Total New Referrals	1,096	1,096	1,032	-5.84	92	88	78	258
		Total New Referrals Complex Cochlear (N&S Sefton)	6	6	0	-100.00	0	0	0	0

If Plan is <10,000:

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

If Plan is >10,000:

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

10.4 Alder Hey SALT Waiting Times – Sefton

Paediatric SALT Sefton	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	18/19 Outturn	FOT 19/20	% Variance
Number of Referrals	146	161	137										1,842	1,485	-19.4%
Incomplete Pathways - 92nd Percentile	45	43	37										448		
Total Number Waiting	941	916	874										9,382		
Number waiting over 18 weeks	520	462	467										4,688		
Longest weeks waiting - weeks	52	54	58										587		
Longest weeks waiting - patients	2	2	1										25		

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

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

10.5 Alder Hey Dietetic Cancellations and DNA Figures – Sefton

Outpatient Clinics - DNAs

	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	19/20 Total
Appointments	327	532	429	647	528	698	52	65	94	211
DNA	66	53	41	147	68	116	13	19	16	48
DNA Rate	16.8%	9.1%	8.7%	18.5%	11.4%	14.3%	20.0%	22.6%	14.5%	18.5%

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	19/20 Total
Appointments	327	532	429	647	528	698	52	65	94	211
Cancellations	6	0	5	29	0	44	4	7	3	14
Rate	1.8%	0.0%	1.2%	4.3%	0.0%	5.9%	7.1%	9.7%	3.1%	6.2%

Outpatient Clinics - Cancs by PATIENT

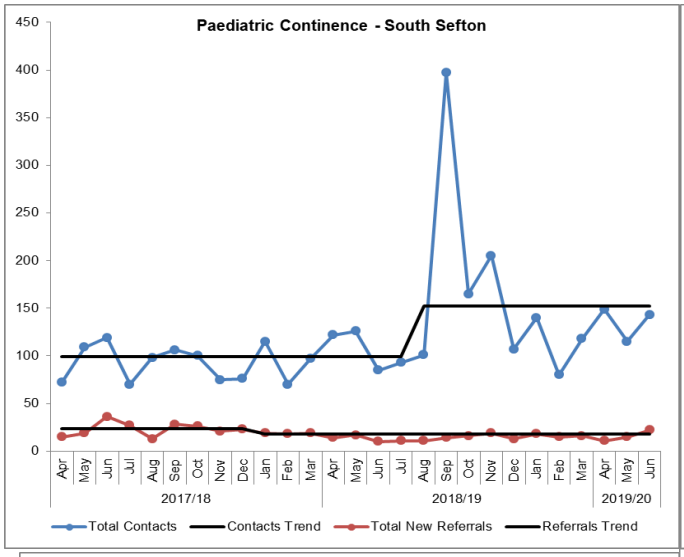
	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	19/20 Total
Appointments	327	532	429	647	528	698	52	65	94	211
Cancellations	27	63	63	207	128	184	10	38	18	66
Rate	7.3%	10.6%	12.8%	24.2%	19.5%	20.9%	16.1%	36.9%	16.1%	23.8%

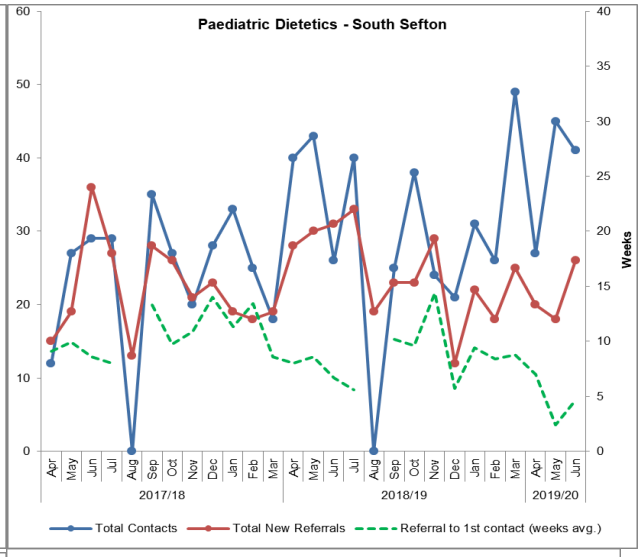
Rag Ratings & Targets 19/20

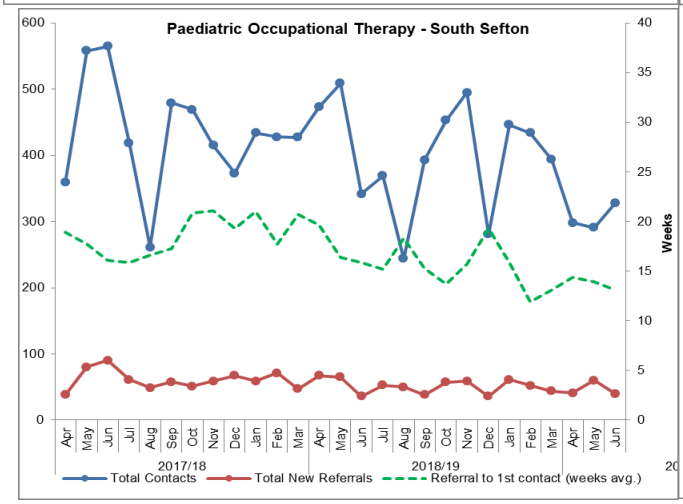
DNAs Outpatients	
<= 8.47%	Green
> 8.47% and <= 10%	Amber
> 10%	Red

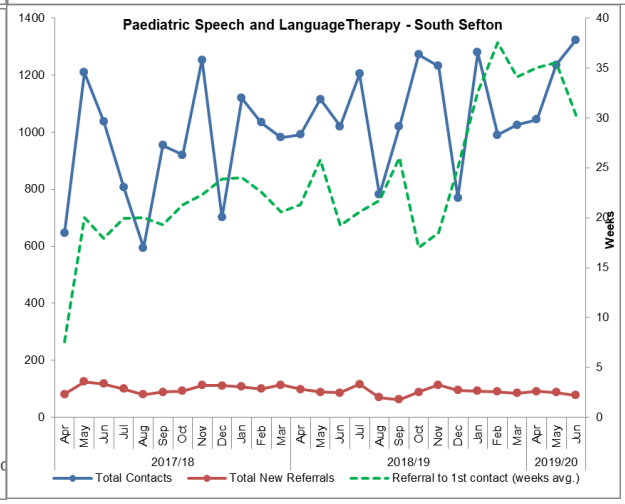
CANCs Outpatients - by Provider	
<= 3.5%	Green
> 3.5% and <= 5%	Amber
> 5%	Red

10.6 Alder Hey Activity & Performance Charts









10.7 Better Care Fund

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

A summary of the Q4 BCF performance is as follows:

Figure 23 – BCF Metric performance

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

Figure 24 – BCF High Impact Change Model assessment

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

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

10.8 NHS England Monthly Activity Monitoring

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

Month 3 performance and narrative detailed in the table below.

Figure 25 - South Sefton CCG's Month 3 Submission to NHS England

Month 03 (June)	*Month 03 Plan*	*Month 03 Actual*	*Month 03 Variance*	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	**3,470**	**3,344**	**-3.6%**	GP referrals have increased in month 3 following an expected seasonal trend but were below planned levels. Despite this, GP referrals were comparable to a monthly average for South Sefton CCG. Other referrals remain high against plan although month 3 saw referral numbers comparable to an average for the CCG. Local monitoring has identified relatively increases evident for T&O referrals at Southport Hospitals and Cardiology referrals at LHCH. However, total referral numbers are within the 2% threshold at month 3 and year to date for South Sefton CCG. Seasonal trends suggest referral increases in month 4 before reductions during month 5. Discussions regarding referrals at the main hospital provider take place via information sub groups, contract review meetings and the planned care group.
Other	**2,583**	**2,644**	**2.4%**	
Total (in month)	**6,053**	**5,988**	**-1.1%**	
Variance against Plan YTD	17,502	17,628	0.7%	
Year on Year YTD Growth			-1.9%	
Outpatient attendances (Specfic Acute) SUS (TNR)				
All 1st OP	**5,433**	**4,408**	**-18.9%**	First and follow up OP attendances decreased in month 3 against seasonal trends and each has seen activity numbers well below current monthly averages. Activity trends are driven by the main hospital provider and contracted acivity levels are below plan across various specialities including T&O, Acute Medicine, Gastro and General Surgery amongst others. A planned care group was established in 2018/19 with the main hospital provider to review elements of performance and activity. This group will continue to work throughout 2019/20. CCG planned care leads are also querying the overall reduction in OP numbers with the lead provider.
Follow Up	**12,576**	**9,945**	**-20.9%**	
Total Outpatient attendances (in month)	**18,009**	**14,353**	**-20.3%**	
Variance against Plan YTD	50,774	44,335	-12.7%	
Year on Year YTD Growth			-3.7%	
Admitted Patient Care (Specfic Acute) SUS (TNR)				
Elective Day case spells	1,740	1,788	2.8%	CCG local monitoring of day case and elective spells has activity at less than 1% variance against plan year to date at month 3 (-0.4% overall with electives and day cases each aligned to planned levels). A planned care group was established in 2018/19 with the main hospital provider to review elements of performance and activity. This group will continue to work throughout 2019/20.
Elective Ordinary spells	253	248	-2.0%	
Total Elective spells (in month)	**1,993**	**2,036**	**2.2%**	
Variance against Plan YTD	5,583	6,219	11.4%	
Year on Year YTD Growth			0.5%	
Urgent & Emergency Care				
Type 1	**4,479**	**4,425**	**-1.2%**	Type 1 attendances are aligned to plan in month 3 as they had been in the previous month. Attendances remain historically high but 4hr performance at the main hospital provider has improvided in month 3 to 85.6%. A trend of decreasing attendances at Litherland WIC has been evident in the last 12 months, which has contributed to a reduction in all types attendances. This appears to be part of North Mersey trend of decreased WIC attendances. CCG urgent care leads are continuing to work collaboratively with the provider and local commissioners to understand A&E attendances/performance and address issues relating to patient flow as a system.
Year on Year YTD			3.3%	
All types (in month)	**9,065**	**8,183**	**-9.7%**	
Variance against Plan YTD	27,351	25,112	-8.2%	
Year on Year YTD Growth			-3.0%	
Total Non Elective spells (in month)	**2,089**	**2,162**	**3.5%**	Plans were rebased for 2019/20 and now take into account pathway changes at the CCG's main hospital provider. Admissions decreased in month 3 as part of a seasonal trend and local monitoring suggests that YTD activity remains within the 2% threshold.
Variance against Plan YTD	6,500	6,643	2.2%	
Year on Year YTD Growth			5.0%	