



**South Sefton**  
Clinical Commissioning Group

# **South Sefton Clinical Commissioning Group**

## Integrated Performance Report July 2018

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## Summary Performance Dashboard

Metric	Reporting Level	2018-19													YTD	
		Q1			Q2			Q3			Q4					
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
<b>E-Referrals</b>																
<b>2142: <a href="#">NHS e-Referral Service (e-RS) Utilisation Coverage</a></b> 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	32.129%	32.129%	47.013%											37.576%
		Target	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
<b>Diagnostics &amp; Referral to Treatment (RTT)</b>																
<b>1828: <a href="#">% of patients waiting 6 weeks or more for a diagnostic test</a></b> The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R	R										
		Actual	2.733%	2.066%	2.254%	3.16%										
		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%	1.00%
<b>1291: <a href="#">% of all Incomplete RTT pathways within 18 weeks</a></b> Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R	R										
		Actual	90.112%	90.458%	89.959%	89.3%										
		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%	92.00%
<b>1839: <a href="#">Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</a></b> The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	R	R	R									R	
		Actual	3	3	10	9										25
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Cancelled Operations</b>																
<b>1983: <a href="#">Urgent Operations cancelled for a 2nd time</a></b> Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G	G									G	
		Actual	0	0	0	0										0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Metric	Reporting Level		2018-19												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
<b>Cancer Waiting Times</b>																
<b>191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</b> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	R	R	R	R									R	
		Actual	90.40%	90.41%	88.60%	92.69%										90.54%
		Target	93.00 %	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<b>17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</b> 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	G	G	G									G	
		Actual	92.06%	94.32%	96.05%	94%										94.22%
		Target	93.00 %	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<b>535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</b> 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	R	G	G	G									G	
		Actual	95%	100%	96.3%	97.26%										97.21%
		Target	96.00 %	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
<b>26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	G	G	R	G									G	
		Actual	100%	100%	84.3%	100%										96.43%
		Target	94.00 %	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
<b>1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	G	G	G									G	
		Actual	100%	100%	96.30%	100%										98.81%
		Target	98.00 %	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
<b>25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	G	G									G	
		Actual	96.43 %	100%	100%	100%										98.89%
		Target	94.00 %	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%



Metric	Reporting Level	2018-19												
		Q1			Q2			Q3			Q4			YTD
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	

<b>539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</b> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R	R	R	R									R	
		Actual	82.76%	83.78%	82.93%	71.79%										80.14%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
<b>540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</b> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	No patients	R	R	G									R	
		Actual	-	66.67%	0%	100%										60%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

### Accident & Emergency

<b>2123: 4-Hour A&amp;E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio)</b> % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	South Sefton CCG	RAG	R	R	R	R									R	
		Actual	86.60%	87.39%	88.33%	87.27%										87.40%
		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%	95.00%
<b>1928: 12 Hour Trolley waits in A&amp;E</b> Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G	R									R	
		Actual	-	-	-	1										1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

### EMSA

<b>1067: Mixed sex accommodation breaches - All Providers</b> No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG	G	R	R	G									R	
		Actual	0	2	2	0										4
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>1812: Mixed Sex Accommodation - MSA Breach Rate</b> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG	G	R	R	G									R	
		Actual	0	0.30	0.30	0.00										0.30
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Metric	Reporting Level	2018-19												YTD
		Q1			Q2			Q3			Q4			
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	

## HCAI

<b>497: <a href="#">Number of MRSA Bacteraemias</a></b> Incidence of MRSA bacteraemia (Commissioner)	South Sefton CCG	RAG	G	G	G	R									R	
		YTD	0	0	0	1										-
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>24: <a href="#">Number of C.Difficile infections</a></b> Incidence of Clostridium Difficile (Commissioner)	South Sefton CCG	RAG	R	G	R	R									R	
		YTD	6	9	16	21										21
		Target	5	9	14	18	22	26	31	35	40	44	49	53	9	

## Mental Health

<b>138: <a href="#">Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</a></b> 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%												
		Target	95.00%				95.00%		95.00%			95.00%			95.00%

## Episode of Psychosis

<b>2099: <a href="#">First episode of psychosis within two weeks of referral</a></b> 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	G	G	G	G									G	
		Actual	80.00%	100.00%	57.14%	100%										73%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%

Metric	Reporting Level	2018-19											YTD
		Q1			Q2			Q3			Q4		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	

## IAPT (Improving Access to Psychological Therapies)

<b>2183: <a href="#">IAPT Recovery Rate (Improving Access to Psychological Therapies)</a></b> 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	
		Actual	48.773%										48.773%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%						
<b>2131: <a href="#">IAPT Access</a></b> 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	
		Actual	3.66%										3.66%
		Target	4.20%	4.20%	4.20%	4.20%	4.20%						4.74%
<b>2253: <a href="#">IAPT Waiting Times - 6 Week Waiters</a></b> 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	
		Actual											
		Target	75.00%	75.00%	75.00%	75.00%	75.00%						75.00%
<b>2254: <a href="#">IAPT Waiting Times - 18 Week Waiters</a></b> 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	
		Actual											
		Target	95.00%	95.00%	95.00%	95.00%	95.00%						95.00%

Metric	Reporting Level	2018-19												YTD		
		Q1			Q2			Q3			Q4					
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
<b>Dementia</b>																
<b>2166: <a href="#">Estimated diagnosis rate for people with dementia</a></b> Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R									R	
		Actual	62.02%	62.02%	63.44%	63.8%										62.83%
		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%	66.70%
<b>Children and Young People with Eating Disorders</b>																
<b>2095: <a href="#">The number of completed CYP ED routine referrals within four weeks</a></b> The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	South Sefton CCG	RAG	G												G	
		Actual	100%													100%
		Target	100%			100%			100%			100%			100%	
<b>2096: <a href="#">The number of completed CYP ED urgent referrals within one week</a></b> The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	South Sefton CCG	RAG	G												G	
		Actual	100%													100%
		Target	100%			100%			100%			100%			100%	
<b>Wheelchairs</b>																
<b>2197: <a href="#">Percentage of children waiting less than 18 weeks for a wheelchair</a></b> 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														
		Target	92.00%			92.00%			92.00%			92.00%			92.00%	

## 1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 4 (note: time periods of data are different for each source).

### Financial position

This report focuses on the financial performance for South Sefton CCG as at 31 August 2018.

The year to date financial position is a deficit of £0.600m, which is in line with the planned position for the year. The full year forecast financial position is £1m surplus. It should be noted that this represents the best case scenario and that this is reliant upon the delivery of current QIPP plans or development of alternative mitigation strategies in full. At this stage in the financial year significant risk exists to the full delivery of these plans.

The QIPP savings requirement to deliver the 2018-19 financial plan is £5.329m. As at 31st August 2018 QIPP savings of £1.482m have been achieved against a year to date plan of £2.090m

As at 31st August 2018 the CCGs likely year-end financial position is a deficit of £2.968m. The CCG's initial financial plan highlighted net risk reported to NHS England of £2.809m; which equates to a deficit of £1.809m. This indicates that the CCG's forecast position has deteriorated since the plan was signed off by the Governing Body. The position reported to NHS England in month 5 remains unchanged and is consistent with the initial financial plan.

### Planned Care

GP referrals in 2018/19 to date are 1% down on the equivalent period in the previous year. There have been significant reductions in GP referrals to General Medicine and Dermatology.

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in July reporting 3.16%, higher than last month when 2.25% was recorded. Aintree recorded 3.89% a decline from last month when 1.03% was recorded.

The CCG continues to report below the 92% target for patients on an incomplete non-emergency pathway waiting no more than 18 weeks, at 89.3% for July. This is a slight decline in performance from 90% reported in June. Aintree also failed this standard for July recording 89.66%.

In July, 9 South Sefton patients were waiting on the incomplete pathway for 52+ weeks against a zero tolerance threshold. 6 cases were at North Midlands, 2 at Liverpool Women's and 1 at Royal Liverpool & Broadgreen Hospitals.

The CCG are failing 4 of the 9 cancer measures in month 4. The 2 week wait metric for suspected cancer reported 90.54% year to date against the 93% target. 62 day consultant upgrade reported 76.19% YTD against a local target of 85%. 62 day screening service reported 60% YTD against 90% target and 62 day urgent GP referral reported 80.14% YTD against 85% target.

Friends and Family inpatient response rates at Aintree are under target for July at 21.7%. The proportion of patients who would recommend the Trust is higher than last month at 93% but unfortunately is still below the England average of 96%. The proportion who would not recommend has remained the same as the previous month, but is still above the England average of 2%.

Performance at Month 4 of the financial year 2018/19, against planned care elements of the contracts held by NHS South Sefton CCG show an under performance of -£253k/-1.5%. However, applying a

neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being an over spend of approximately £136k/0.8%.

### **Unplanned Care**

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2018/19 and have failed July's trajectory of 87.2% with a performance of 85.92% for all A&E department types.

Work continues with NWS to address poor ARP (Ambulance Response Programme performance with significant strides being made against the agreed Performance Improvement Plan where improvement needed to be demonstrated by the end of Quarter 2. A summary report will be produced and shared with CCG Governing Bodies once all September data has been submitted.

Performance against the stroke indicator was 70% for July 2018; out of 30 patients, only 21 spent more than 90% of their hospital stay on a stroke unit. All breaches of the standard are reviewed and reasons for underperformance identified.

The CCG had 5 new cases of Clostridium Difficile reported in July (21 YTD) against a year to date plan of 18 (11 apportioned to acute trust and 10 apportioned to community). The CCG had 1 case of MRSA in July apportioned to the community.

Aintree had no new cases of MRSA in July but as they had a case in May they have now failed the zero tolerance threshold for 2018/19.

NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2018/19 NHS South Sefton CCG's year-end target is 128. In July there were 18 cases (55 YTD) against a year to date plan of 42. Aintree reported 35 cases in July (126 YTD). There are no targets set for Trusts at present.

Performance at Month 4 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £385k/2.3%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a reduced over spend of approximately £197k/1.2%.

### **Mental Health**

The CCG has a target to reduce Out of Area Placements (OAP's) by 33% based on quarter 4 2017/18 activity. In quarter 4 2017/18, 165 OAP's were reported, and therefore the target for 2018/19 is 111. The latest reporting period is April to June 2018 when there were no OAP days reported.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership reported reported 332 patients entering treatment in Month 4, which is an increase from 295 reported in month 3. Confirmation from NHS England has outlined that Commissioners are advised that for 2018/19 the access standard of 4.75% per quarter (19.0% annually) should apply to quarter 4 only. For the first 3 quarters of the year, the annual Access rate of 16.8% should be aspired to (4.2% per quarter).

The latest data on the HSCIC website shows South Sefton CCG are recording a dementia diagnosis rate in July of 63.8%, which is under the national dementia diagnosis ambition of 66.7% but a slight improvement on last month. The current agreed date for recovery of the standard is 31st December 2018.

### **Community Health Services**

The information leads from the CCG and Mersey Care continue to meet on a monthly basis to discuss the current contract performance. Along with the performance review of each service, discussions regarding adjusting the activity baselines for 2018/19 are also being had. The Trust has shared a proposal with the CCG for review. 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.

### **Better Care Fund**

A quarter 1 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in July 2018. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, Reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date.

### **CCG Improvement & Assessment Framework**

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. 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.

## 2. Financial Position

### 2.1 Summary

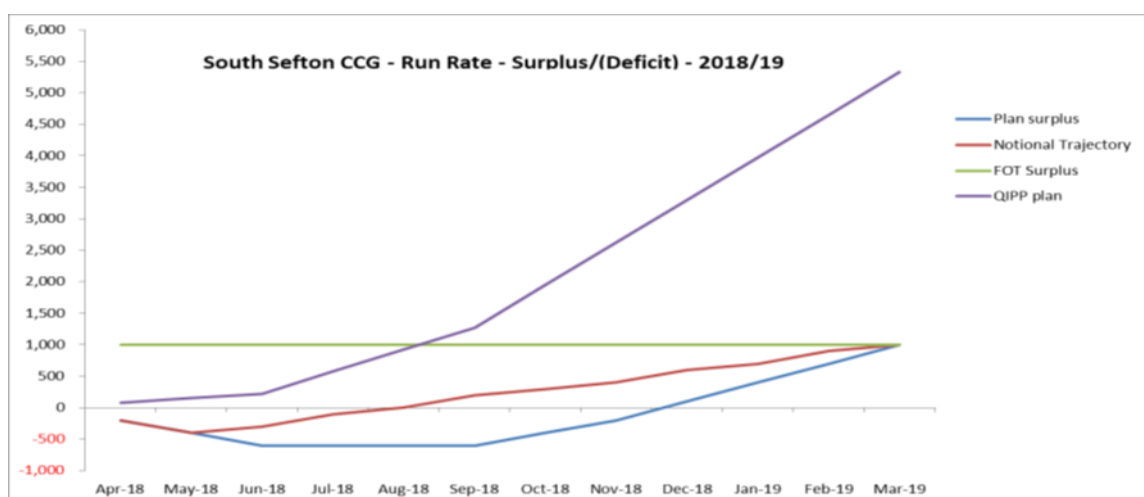
This report focuses on the financial performance for South Sefton CCG as at 31 August 2018.

**Figure 1 – CCG Financial Position**

	Annual Budget	Budget To Date	Actual To Date	Variance To Date	Actual Outturn	FOT Variance
	£000	£000	£000	£000	£000	£000
Non NHS Commissioning	24,302	10,050	11,012	962	26,544	2,242
Corporate & Support Services: admin	3,263	1,319	1,259	(60)	3,131	(132)
Corporate & Support Services: programme	3,798	1,582	1,513	(69)	3,610	(188)
NHS Commissioned Services	181,717	75,176	75,730	554	182,818	1,101
Independent Sector	3,671	1,510	1,501	(10)	3,614	(57)
Primary Care	4,216	1,774	1,864	89	4,246	30
Prescribing	30,268	12,612	12,605	(6)	30,282	14
<b>Total Operating budgets</b>	<b>251,235</b>	<b>104,024</b>	<b>105,483</b>	<b>1,460</b>	<b>254,245</b>	<b>3,009</b>
Reserves	(4,714)	1,460	0	(1,460)	(7,723)	(3,009)
In Year (Surplus)/Deficit	1,000	(600)	0	600	0	(1,000)
<b>Grand Total (Surplus)/ Deficit</b>	<b>247,521</b>	<b>104,884</b>	<b>105,483</b>	<b>600</b>	<b>246,522</b>	<b>(1,000)</b>

The year to date financial position is a deficit of £0.600m, which is in line with the CCG's revised planned deficit at this stage. The planned delivery of the forecast year end position and QIPP delivery throughout the year is shown in figure 2 below:

**Figure 2 – CCG Run Rate 2018/19**



The CCG will need to take action to improve financial performance over the remaining months of the financial year in line with the financial plan. To summarise:

- Q1 reported deficit position
- Q2 plans to breakeven
- Q3 & Q4 plan to return to surplus position through delivery of mitigation strategies.



The CCG has achieved a balanced run-rate during month 5 although this was supported by a re-phasing of reserves and QIPP which will not be a sustainable option for the remainder of the year.

As at 31st August, the full year forecast financial position is £1m surplus. This position requires the QIPP plans to be achieved in full. It is important to recognise that significant risk exists in terms of delivering the plans in full.

The most likely financial outturn position for the CCG assessed at 31st August 2018 is a deficit of £2.968m. This assumes that QIPP delivery during the year will be £2.804m. Further work is required to provide assurance that the required savings can be achieved in order to deliver this level of QIPP savings in year.

The cumulative deficit brought forward from previous years is £2.892m which will reduce should the CCG deliver a surplus in 2018/19. The cumulative deficit will be addressed as part of the CCG longer term recovery plan.

The CCGs financial recovery plan was submitted to NHS England on 27 July 2018 and has now been agreed by NHS England. The financial recovery plan was developed in accordance with NHS England requirements and demonstrates progress made to date. This acknowledges that the most significant challenge facing the CCG in 2018/19 is the Acting as One agreement which does not enable any planned or unplanned care cash efficiencies to be easily released in year.

To secure delivery of financial balance the CCG will be aligning QIPP and other transformation programmes to that of acute sustainability and place based developments.

The risks and mitigations to delivery of the financial recovery plan were included in the document and were re-assessed. QIPP plans were reviewed through check and challenge sessions with commissioning leads and the risks associated with delivery have been refreshed.

The financial recovery plan acknowledges the CCG's continued commitment to maintaining current levels of service however, realistically the CCG is likely to be facing significant risk and some very difficult decisions in 2018-19.

Cost pressures have emerged in the first five months of the financial year which are offset by underspends in other areas. The main areas of forecast overspend are within the following areas:

- Increased costs within continuing healthcare budgets. This is due a number of high cost cases emerging in 2018-19 and the impact of the continuation of the 28 day discharge from hospital. This equates to a full year cost pressures of £2.752m.
- Cost pressures of £0.239m within St Helens and Knowsley NHS Trust relating to over performance in elective activity within plastics and trauma and orthopaedics.
- Increased costs of £0.183m within AQP audiology contract with Specsavers.
- Cost pressures within Aintree NHS Trust of £0.127m and Alder Hey NHS Trust, £0.124m, both relating to high cost drugs and devices outside the Acting as One contract agreement.

The forecast cost pressures are partially offset by underspends in running costs, programme costs, Funded Nursing Care and the reserve budget due to the 0.5% contingency held.

The CCG's financial position has reached a critical point in terms of delivering the financial plan for 2018-19, and it is vital that the focus of CCG officers and membership on the possible is non-delivery of QIPP plans and development of mitigations where necessary.

This risk of non-delivery of both its statutory duty and financial plan should be considered the highest risk facing the CCG and issues need to be addressed with this in mind. It is vital that the revised savings plan agreed by the Governing Body is fully supported; otherwise the CCG will need to consider alternative measures to contain expenditure.

## 2.2 Finance Key Performance Indicators

Figure 3 – Financial Dashboard

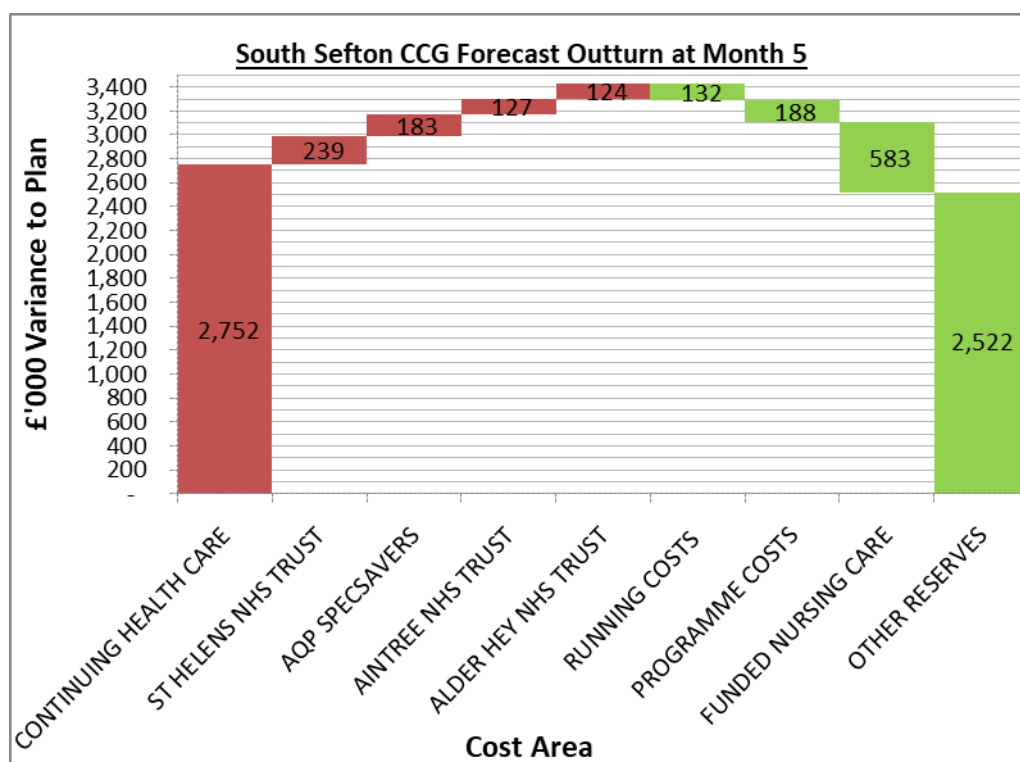
Key Performance Indicator		This Month
Business Rules	1% Surplus	✗
	0.5% Contingency	✓
0.4% Surplus (£1m)	Financial Balance	✓
QPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£1.482m
Running Costs	CCG running costs < 2018/19 allocation	✓
BPPC	NHS - Value YTD > 95%	99.29%
	NH - Volume YTD > 95%	98.18%
	Non NHS - Value YTD > 95%	97.60%
	Non NHS - Volume YTD > 95%	96.20%

- NHS England business rules routinely require CCGs to deliver a 1% surplus. The CCG has been set a financial control total by NHS England to deliver a £1m surplus, which is a 0.4% surplus.
- 0.5% Contingency Reserve of £1.239m is held as mitigation against potential cost pressures.
- The current financial plan is to achieve a £1m surplus position in year. The CCG most likely position assessed at 31st August 2018 for the financial year is a deficit of £2.968m.
- The QIPP target for 2018-19 is £5.329m. Delivery is £1.482m to date which is £0.608m below planned delivery at month 5
- The forecast expenditure on the Running Cost budget is below the allocation by £0.132m at month 5.
- All BPPC targets have been achieved year to date. Work to maintain this continues.

## 2.3 CCG Financial Position – Month 5 2018-19

The main financial pressures included within the financial position are shown below in figure 4 which presents the CCGs forecast outturn position for the year.

Figure 4 – Forecast Outturn



- The CCG's most likely financial position for the financial year is a **deficit of £2.968m**.
- The main financial pressures relate to
  - Cost pressures relating to Continuing Healthcare packages which have increased in volume against plan.
  - Cost pressures within St Helens and Knowsley NHS Trust relating to over performance in elective activity within plastics and trauma and orthopaedics.
  - Increased costs within AQP audiology contract with Specsavers.
  - Cost pressures within Aintree NHS Trust and Alder Hey NHS Trust relating to high cost drugs and devices outside the Acting as One contract agreement.
- The cost pressures are partially offset by underspends in running costs, programme costs, Funded Nursing Care budget and the reserve budget due to the 0.5% contingency held.

## 2.4 CCG Reserves Budget

**Figure 5 – Reserves Budget**

Reserves Budget	Opening Budget £m	Additions £m	Transfer to QJPP £m	Deployed (to Operational budgets) £m	Closing Budget £m
QJPP Target	(5.329)				(5.329)
QJPP Achieved			1.482		1.482
NCSO Adjustment	(1.400)				(1.400)
Primary care additional allocation	(1.500)				(1.500)
CAT M expenditure reduction	(0.300)				(0.300)
CCG Growth Reserve	0.789		(0.489)	(0.300)	0.000
CHC Growth Reserve	0.500				0.500
Better Care Fund	0.270		(0.235)		0.035
Intermediate Care	1.081			(1.081)	0.000
Community services	0.500				0.500
GPFV Improving Access	0.000	0.564	(0.111)		0.453
Other investments / Adjustments	0.162	0.240	(0.258)	(0.538)	(0.394)
0.5% Contingency Reserve	1.239				1.239
<b>Total Reserves</b>	<b>(3.988)</b>	<b>0.804</b>	<b>0.389</b>	<b>(1.919)</b>	<b>(4.714)</b>

- The CCG reserve budgets reflect the approved financial plan.
- The QJPP target is held as a negative budget and offset with budget transfers from operational budgets into the reserves budget as schemes are achieved.
- The reserve budget assumes a reduction in NSCO cost pressures which will either materialise through an additional allocation from NHS England or reduced costs on the prescribing budget.
- The forecast position is £0.414m for the first five months of the year.
- The budget also includes an assumption for increased savings relating to CATM prescribing.
- An assumption is included relating to the Primary Care underspend which will be allocated to the CCG in line with the principle established in 2017/18.

## 2.5 Provider Expenditure Analysis – Acting as One

**Figure 6 – Acting as One Contract Performance (Year to Date)**

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	0.215
Alder Hey Children's Hospital NHS Foundation Trust	(0.056)
Liverpool Women's NHS Foundation Trust	(0.088)
Liverpool Heart & Chest NHS Foundation Trust	(0.081)
Royal Liverpool and Broadgreen NHS Trust	0.035
Mersey Care NHS Foundation Trust	0.000
The Walton Centre NHS Foundation Trust	(0.008)
<b>Total</b>	<b>0.018</b>

- The CCG is included in the Acting as One contracting arrangements for the North Mersey LDS. Contracts have been agreed on a block contract basis for the financial years 2017/18 and 2018/19.

- The agreement protects against overperformance with these providers but does present a risk that activity could move to other providers not included in the arrangements, causing a pressure for the CCG.
- Due to fixed financial contract values, the agreement also restricts the ability to achieve QIPP savings in the two year contract period. However, identification of QIPP schemes should continue as this will create capacity to release other costs and long term efficiencies within the system.
- The year to date performance for the Acting as One providers shows an overperformance spend against plan, this would represent an overspend of £0.018m under usual contract arrangements.
- It should be noted that both Aintree University Hospitals, and Royal Liverpool and Broadgreen NHS Trust have not agreed control totals for 2018-19 and therefore would be subject to potential contract sanctions which would be reclaimable without Acting as One.

## 2.6 QIPP

Figure 7 – QIPP Plan and Forecast

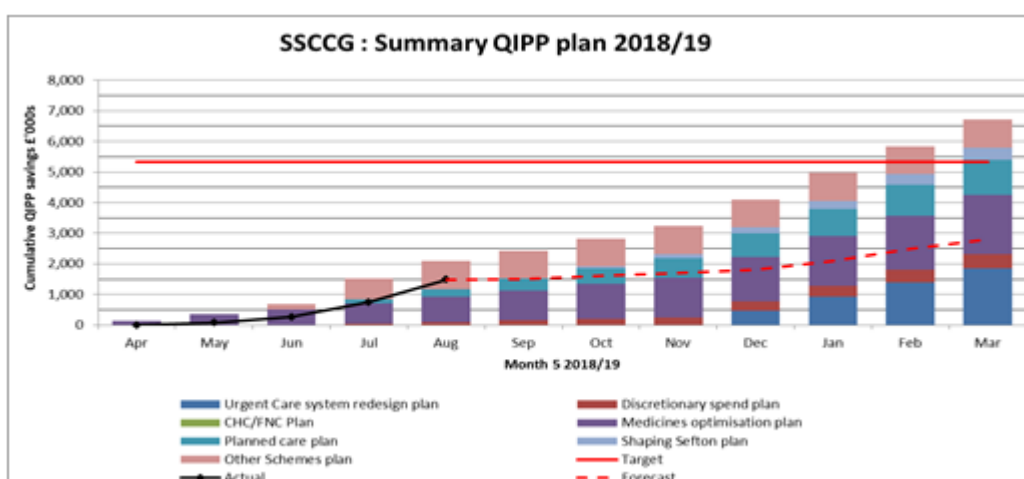


Figure 8 – RAG Rated QIPP Plan

	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned Care plan	1,146	0	1,146	200	0	946	1,146
Medicines optimisation plan	1,931	0	1,931	1,364	0	567	1,931
CHC/FNC plan	0	0	0	0	0	0	0
Discretionary spend plan	100	356	456	106	250	100	456
Urgent Care system redesign plan	1,859	0	1,859	0	200	1,659	1,859
Shaping Sefton Plan	410	0	410	0	0	410	410
Other Schemes Plan	489	420	909	909	0	0	909
<b>Total QIPP Plan</b>	<b>5,935</b>	<b>776</b>	<b>6,711</b>	<b>2,579</b>	<b>450</b>	<b>3,682</b>	<b>6,711</b>
<b>QIPP Delivered 2018/19</b>				<b>(1,482)</b>		<b>0</b>	<b>(1,482)</b>

- The 2018/19 QIPP target is **£5.329m**.
- QIPP schemes worth £6.476m have been identified; however **£4.132m** of the schemes are rated amber and red so there is a high risk of non-delivery in year, which needs to be addressed in order to deliver the CCG's financial plan.

- To date the CCG has achieved **£1.482m** QIPP savings in respect of prior year technical adjustments and prescribing savings.

## 2.7 Risk

**Figure 9 – CCG Financial Position**

	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	2.470	(1.470)	1.000
QIPP Target	(5.329)	0.000	(5.329)
<b>Revised surplus / (deficit)</b>	<b>(2.859)</b>	<b>(1.470)</b>	<b>(4.329)</b>
I&E Impact & Reserves budget	0.000	1.000	1.000
<b>Management action plan</b>			
QIPP Achieved	0.573	0.909	1.482
Remaining QIPP to be delivered	4.756	(0.909)	3.847
<b>Total Management Action plan</b>	<b>5.329</b>	<b>0.000</b>	<b>5.329</b>
<b>Year End Surplus / (Deficit)</b>	<b>0.000</b>	<b>1.000</b>	<b>1.000</b>

- The CCG forecast financial position is a surplus of £1m.
- The forecast position is dependent on achieving a QIPP saving of **£5.329m** and this represents the best case scenario.
- The underlying position is a breakeven position; this position removes non-recurrent expenditure commitments and non-recurrent QIPP savings from the forecast position.

## 2.8 Risk Adjusted Position

**Figure 10 – Risk Adjusted Position**

South Sefton CCG	Best Case £m	Most Likely £m	Worst Case £m
<b>Underlying Deficit</b>	<b>(4.329)</b>	<b>(4.329)</b>	<b>(4.329)</b>
Predicted QIPP achievement	5.329	2.804	2.804
I&E impact	(1.799)	(3.009)	(3.009)
<b>Forecast Surplus / (Deficit)</b>	<b>(0.799)</b>	<b>(4.534)</b>	<b>(4.534)</b>
<b>Further Risk</b>	<b>(0.150)</b>	<b>(0.150)</b>	<b>(0.650)</b>
Management Action Plan	1.949	1.716	1.716
<b>Risk adjusted Surplus / (Deficit)</b>	<b>1.000</b>	<b>(2.968)</b>	<b>(3.468)</b>

- The risk adjusted position provides an assessment of the best, most likely and worst case scenarios in respect of the CCGs year end outturn.
- The best case scenario is a **£1m surplus**. This assumes that QIPP will be delivered in full and current expenditure trends improve.

- The most likely case is a **deficit of £2.968m** and assumes that QIPP delivery will be £2.804m in total with further risk in relation to mental health IAPT and mitigations relating to the CCG contingency budget and other reserves.
- The worst case scenario is a **deficit of £3.468m** and assumes further pressures emerging in year including an assumption that the costs of the Sefton Transformation Board will be split between the Sefton CCGs with no contribution from other partners.

## 2.9 Statement of Financial Position

Figure 11 – Summary of working capital

Working Capital , Aged Debt and BPPC Performance	Quarter 1			Quarter 2		Prior Year 2017/18
	M1	M2	M3	M4	M5	M12
	£'000	£'000	£'000	£'000	£'000	£'000
Non-Current Assets	115	115	115	115	115	115
Receivables	1,729	1,649	1,218	3,432	3,905	1,938
Cash	3,245	4,392	7,927	1,124	30	105
Payables & Provisions	(11,092)	(16,765)	(19,657)	(19,066)	(18,850)	(14,100)
Value of Debt > 180 days	751	647	707	558	551	506

- The non-current asset balance relates to the purchase of IT equipment in 2017-18.
- The receivables balance includes invoices raised for services provided accrued income and prepayments.
- Outstanding debt in excess of 6 months old stands at £0.551m. This predominately consists of:
  - CQUIN payment recovery (£0.182m) with Southport & Ormskirk NHS Trust relating to the expert determination. Advice from the Trust indicates that payment is planned for October 2018, and
  - Annual invoices raised to other local CCGs for the Cheshire and Merseyside (C&M) Rehabilitation Network (£0.338m).
- The Maximum Cash Drawdown (MCD) is the maximum amount of cash available to a CCG each financial year. Cash is allocated monthly following notification of cash requirements. The CCG MCD was set at £246.059m at Month 5. The actual cash utilised at Month 5 was

£104.457m which represents 42.5% of the total allocation. The balance of MCD to be utilised over the rest of the year is £141.602m.

## 2.10 Recommendations

The Governing Body is asked to receive the finance update, noting that:

- The full year most likely financial position for the CCG is a deficit of £2.968m. The agreed financial plan for 2018-19 requires the CCG to deliver a £1m surplus.
- QIPP delivery at month 5 is £1.482m which relates to a prior year non recurrent benefit arising from a technical adjustments, planned application of reserves and prescribing savings. The QIPP target for 2018-19 is £5.329m.
- The CCG has posted a balanced run rate for month 5 following losses in earlier months. The CCG will need to deliver balance in the next month to keep in line with plan before delivering surplus positions in the remaining months of the year.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address these issues accordingly.
- In order to deliver the long term financial recovery plan, the CCG requires on going and sustained support from member practices, supported by Governing Body GP leads to identify and implement QIPP plans which deliver the required level of savings to meet its statutory financial duties into 2018-19 and in future years.

<b>Leadership Team Lead</b>	<b>Clinical Lead</b>	<b>Managerial Lead</b>
Martin McDowell	N/A	Alison Ormrod



### 3. Planned Care

#### 3.1 Referrals by source

Figure 12 - Referrals by Source across all providers for 2017/18 & 2018/19

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2017/18 Previous Financial Year	2018/19 Actuals	+/-	%	2017/18 Previous Financial Year	2018/19 Actuals	+/-	%	2017/18 Previous Financial Year	2018/19 Actuals	+/-	%
April	2994	3611	617	21%	2031	1768	-263	-13%	5886	6463	577	10%
May	3620	3672	52	1%	2447	2010	-437	-18%	7123	6724	-399	-6%
June	3666	3412	-254	-7%	2385	1944	-441	-18%	7097	6433	-664	-9%
July	3416	2906	-510	-15%	2321	1887	-434	-19%	6836	5608	-1228	-18%
August	3520				2160				6745			
September	3495				2322				6901			
October	3661				2476				7272			
November	3682				2428				7127			
December	2672				1964				5466			
January	3483				2260				6861			
February	3509				2038				6564			
March	3686				2241				6938			
<b>Monthly Average</b>	<b>3450</b>	<b>3400</b>	<b>-50</b>	<b>-1%</b>	<b>2256</b>	<b>1902</b>	<b>-354</b>	<b>-16%</b>	<b>6735</b>	<b>6307</b>	<b>-428</b>	<b>-6%</b>
<b>YTD Total Month 4</b>	<b>13696</b>	<b>13601</b>	<b>-95</b>	<b>-1%</b>	<b>9184</b>	<b>7609</b>	<b>-1575</b>	<b>-17%</b>	<b>26942</b>	<b>25228</b>	<b>-1714</b>	<b>-6%</b>
<b>Annual/FOT</b>	<b>41404</b>	<b>40803</b>	<b>-601</b>	<b>-1%</b>	<b>27073</b>	<b>22827</b>	<b>-4246</b>	<b>-16%</b>	<b>80816</b>	<b>75684</b>	<b>-5132</b>	<b>-6%</b>



From 1st April 2018, Aintree University Hospital implemented a counting change to local referral submissions. This has resulted in a significant reduction in referral numbers reported with referral source codes 01, 02, 06, 10 and 11 being removed. Four of these codes form consultant-to-consultant referrals. The Trust has stated that referral submissions are now compliant with MAR guidance. South Sefton CCG continues to liaise with the provider to understand the true impact of these changes.

Also, Walton Neuro Centre has been excluded from the above analysis due to data quality issues.

A significant decrease in referrals of 13% occurred in July representing the lowest monthly total of this financial year as well as May being the highest monthly total of this financial year. Referrals in July have had a 13% decrease in activity from the previous Month, with further analysis illustrating that the main cause of this overall decrease was due a significant reduction in GP referrals at the Royal Hospital to the Dermatology specialty.

GP referrals in 2018/19 to date are 1% down on the equivalent period in the previous year. There have been significant reductions in GP referrals to General Medicine and Dermatology. However, the aforementioned decrease in General Medicine GP referrals in June will have contributed to overall reductions as well as Dermatology in July. Consultants to consultant referrals are currently 17% down when comparing to 2017/18 with General Medicine, Geriatric Medicine and Trauma & Orthopaedics seeing substantial decreases. Total Referrals are currently 6% down compared to the equivalent period last year. These decreases can be linked to the data quality note included above relating to Aintree Hospital.

### 3.1.1 E-Referral Utilisation Rates

**Figure 13 - South Sefton CCG E Referral Performance**

NHS E-Referral Service Utilisation				
NHS South Sefton CCG	18/19 - June	80% by End of Q2 2017/18 & 100% by End of Q2 2018/19	47%	↑

The national NHS ambition is that E-referral Utilisation Coverage should be 80% by end of Q2 2017/18 and 100% by end of Q2 2018/19.

The latest data (June) for E-referral Utilisation rates reported for the CCG as a whole is 47%; and did not achieve the 80% by end of Q2 2017/18. June has seen a marked increase from the previous month when 34% was reported.

Work continues to promote the use of Advice and Guidance services through localities, Wider Groups and Local Quality Contract. There are also some issues in relation to integration of the e-RS Advice and Guidance functionality within EMIS.

Paper switch off at Royal Liverpool, Liverpool Women's, and Liverpool Heart and Chest Providers in May and June, as expected, has seen in an increase in utilisation.

## 3.2 Diagnostic Test Waiting Times

**Figure 14 - Diagnostic Test Waiting Time Performance**

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	18/19 - July	1.00%	3.16%	↑
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	18/19 - July	1.00%	3.89%	↑

### Performance Overview/Issues

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in July recording 3.16%, higher than last month when 2.25% was recorded. In July out of 3,037 patients, 96 patients were waiting at 6+ weeks and 2 at 13+ weeks. The majority of breaches were for a MRI (48) and CT (18). Performance at the Royal Liverpool and Broadgreen is still having an impact on the CCG's overall performance as they continue to report above the threshold, at 3.89% in July but a lot lower than last month when 7.4% was reported. The biggest pressures are in Gastroscopy (71), Colonoscopy (36) and Flexi-Sigmoidoscopy (60).

Aintree failed the target for less than 1% of patients waiting longer than 6 weeks for a diagnostic test in June recording 3.89% a decline from last month when 1.03% was recorded. In July out of 6,089 patients, 237 patients were waiting at 6+ weeks and none at 13+ weeks. The majority of breaches were waiting for MRI (147) and CT (47).

Radiology continues to experience a sustained increase in demand for Imaging (CT Cardiac, MR Cardiac, MR MSK and Ultrasound MSK). Additional Inpatient activity has had a significant impact, reducing Outpatient capacity for CT and MR. In addition, one of the MR scanners broke down for one week and this has resulted in outpatient appointments being deferred pending additional capacity to recover the position. Of the patients waiting for MR scanning (in excess of 6 weeks), 42% are Cardiac MR scans (38 patients currently awaiting appointment), 104 non-cardiac MR patients have been appointed and will be cleared week beginning the 13th August. Waiting List Initiatives' have been approved for additional sessions for Ultrasound, including MSK imaging and steroid injections into joints.

For Endoscopy, during July, 21 of the 785 patients on the active waiting list for an endoscopic test waited over 6 weeks for their appointment. Endoscopy has continued to experience pressures with capacity due to a 34% increase in cancer referrals. All patients were allocated a date for their procedure within 6 weeks for the July end position however due to a number of 2ww referrals requiring prioritisation within 8 days the patients were moved to dates on 2nd and 3rd of August breaching the standard by a maximum of 3 days.

### How are the issues being addressed?

#### Radiology Proposed actions:

- Weekly demand and capacity reviews with associated action plans supported by the Head of Performance.
- MSK Radiologist recruited, commenced in May but induction period extended. Envisaged to start full sessions from mid-September, which will reduce waiting times for joint injections and imaging.

- Mobile MR Scanner booked for an extra 7 days in August in addition to the 2-weeks previously planned in order to increase capacity and reduce 6+ week waiters.
- Working with GPs in order to improve patient referrals and ensure that unnecessary referrals are no longer generated – creating capacity to focus on appropriate referrals and imaging.

### Endoscopy Proposed actions:

- Additional waiting list initiatives activity continues to cover the Consultant vacancy.
- Weekly capacity meetings continue with operational and clinical teams to maximise the utilisation of capacity.
- Additional bank administration support staff are telephoning patients 7 days in advance. This approach has seen a reduction in DNA's by 50% (a reduction from 15% to 8%).
- Cancer Alliance regional review of Endoscopy Services has submitted a service level report for the Trust. This was received in July 2018. The data is being clinically validated and key actions will be identified to improve utilisation.
- Case of Need under development to increase workforce resources to support service delivery.

### When is the performance expected to recover by?

Recovery timescales to be discussed with main provider.

### Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	John Wray	Sarah McGrath

## 3.3 Referral to Treatment Performance

Figure 15 - Referral to Treatment Time (RTT) Performance

Referral To Treatment waiting times for non-urgent consultant-led treatment				
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	17/18 - July	0	9	↓
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	17/18 - July	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	18/19 - July	92%	89.30%	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Aintree)	18/19 - July	92%	89.66%	↔

**Figure 16 – South Sefton CCG Total Incomplete Pathways**

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	9,845	9,951	10,101	10,161	10,310	10,577	10,658	10,578	10,170	9,735	10,469	10,806
2018/19	11,114	11,266	11,393	11,313								
<b>Difference</b>	<b>1,269</b>	<b>1,315</b>	<b>1,292</b>	<b>1,152</b>								

### Performance Overview/Issues

For 2018/19 CCGs have a new target to reduce 52+ week waiters by at least a half from 2017/18 levels. The CCG submitted plans to NHS England based on the latest data available (January 2018). At the time only one 52 week waiter had been reported, so the plan submitted was zero, but following that two more were reported in March 2018.

In July, 9 South Sefton patients were waiting on the incomplete pathway for 52+ weeks against the national zero tolerance threshold. Three out of 9 have been treated so far and no patients harm reported to date. Of the 9 breaches, 2 were Gynaecology patients at Liverpool Women’s Hospital. The first patient was a last minute cancellation and had their procedure on the 6-9-18; the second patient has had their procedure on the 6-9-18. Both patients treated.

There was 1 case at the Royal Liverpool Broadgreen University Hospital reported to the CCG, a risk was identified (as the Trust had approximately 250 patients waiting over 52 weeks), reasons were multi-factorial around systems and processes, the Trust recognise that this is clearly unacceptable, and are working intensely to investigate and make the necessary changes and improvements. A clinical review was undertaken of the patients - so far have not identified any significant harm as a result of the delay.

The remaining 6 cases are patients waiting at University Hospital of North Midlands (UHNM) for bariatric surgery. Bariatric surgery commissioning and contract arrangements for North West CCGs at UHNM are complex; the service was previously commissioned by NHS England, provided by Aintree and the current UHNM contract is managed on behalf of the lead commissioner (Stoke CCG) by the Midlands and Lancashire Commissioning Support Unit in Staffordshire. Following the closure of bariatric services in the North West, University Hospital of North Midlands agreed to take on the service, however, demand has far exceeded capacity. The issues regarding delays have been communicated with commissioners and CCGs across the North West region are affected by this issue. Through collaborative commissioning arrangements capacity is being sourced at alternative providers and the Trust continues to clinically review all long waiting patients and allocate appointment dates based on clinical need, followed by chronological waiting time.

NHS England set CCGs the target to total RTT incomplete pathways in March 2019 being no higher than in March 2018. Current performance for July 2018 (11,313) is higher than that of July of the previous year and is therefore not on target to achieve the year end position. South Sefton CCG and Aintree Hospital have been asked submit a joint plan for delivery of the March 2019 position as part of a Liverpool system wide elective capacity analysis.

The CCG continues to report performance below the 92% standard for patients on an incomplete non-emergency pathway waiting no more than 18 weeks, at 89.30% for July. This is a slight decline in performance from 90% reported in June. In July, of 11,313 patients, 1,211 were waiting over 18 weeks on the incomplete pathway. The CCG position is contributed to by RTT failures predominately at Aintree and Royal Liverpool and Broadgreen Hospitals, and University Hospital of North Midlands.

Aintree also failed this standard for July recording 89.66%. Out of 18,703 patients there were 1,933 waiting over 18 weeks on the incomplete pathway. The significant non-elective pressure experienced at the Trust circa November 2017 had greatly impacted on RTT performance from which the Trust has not yet fully recovered. The increase in non-elective demand following a pathway change implemented by the Trust continues to be compounded by an increase in the number of elective list's being cancelled for more urgent trauma cases. Not only does this impact the elective patient negatively in terms of their experience, it also places increased pressure on the Trust to deliver more activity than plan in relation to the NHS constitutional 28 day cancellation guarantee which the Trust is continuing to maintain.

The Trust are also declaring increased GP demand of 2.5% in referrals at trust catchment level, compounded by increases in patients attending AED subsequently being added to the elective waiting list. This is adding to the increased demand on follow-up capacity. South Sefton CCG are working with the provider to fully understand the true position in relation to the current referral levels being reported given that elective activity is currently under plan (see section 3.7.1).

Cancellations and Did Not Attend (DNA) rates continue to remain high and are highlighted at internal performance meetings. The Trust is maximising its capacity with patients being booked into all available clinic capacity as well as additional waiting list sessions although this is adding to the overall waiting times.

#### **How are the issues being addressed?**

Aintree has submitted plans to NHSI to achieve the March 2019 position.

#### *Aintree Proposed Actions:*

- Improve theatre utilisation at speciality level.
- Regular review of all long waiting patients within the clinical business units to address capacity issues and undertake WLI's where available in conjunction with a relaunch of weekly performance meetings with Planning and Performance / Business Intelligence leads.
- Business cases for 2 additional EGSU Consultants has been agreed. This will provide additional theatre activity and ambulatory surgical clinics. Recruitment currently underway.
- Continue to support the reduction in Endoscopy waits by supporting WLI scope lists using dropped sessions in the week and additional sessions at weekends.
- Continued weekly monitoring of diagnostics waiting times to ensure delivery of the 6 weeks standard as a milestone measure for RTT performance. This is to include horizon scanning and capacity / demand planning with Head of Planning and performance.
- Continue to meet with CBMs on a weekly basis to focus on data quality and pathway validation.
- Continue to support the ACBU's with their RTT validation processes and Standard Operating procedures with a special focus on inter Provider Transfers and data recording / entry.

The Royal Liverpool and Broadgreen Hospital reported that they did not achieve the 92% incomplete Referral to Treatment target in July (82.6%). The provider reported that the delivery of the 92% target remains a significant challenge for the Trust. NHS Improvement requested a revised trajectory, the trust have increased their trajectory to 85% for active pathways. A capacity and demand review is also being undertaken jointly with KPMG to enable them to plan for this increase in performance. The Outpatient Improvement Group and the Peri-Operative Group are well established now and early improvements have been noted in colorectal and dermatology. RTT action plans have been developed by each challenged speciality and progress against these are being monitored via the weekly care group performance meetings and the position is being reported via the monthly Trust performance meeting.

University Hospital North Midlands NHS Trust in June recorded 76.7% RTT performance. This provider is commissioned to deliver bariatric surgery for Cheshire and Merseyside CCGs. The RTT performance standard overall at the Trust has not been met since May 2017. 22 out of 31 South Sefton CCG patients were recorded as waiting over 18 weeks in June 2018. The issues regarding RTT performance and waiting times are described above in relation to 52+ week waits. For recovery this will depend on the process of management of the patient cohort which is 176 patients across the North West patch from this one provider (University of North Midlands). The key here is to keep patients safe and have no-one get lost in the new system.

### When is the performance expected to recover?

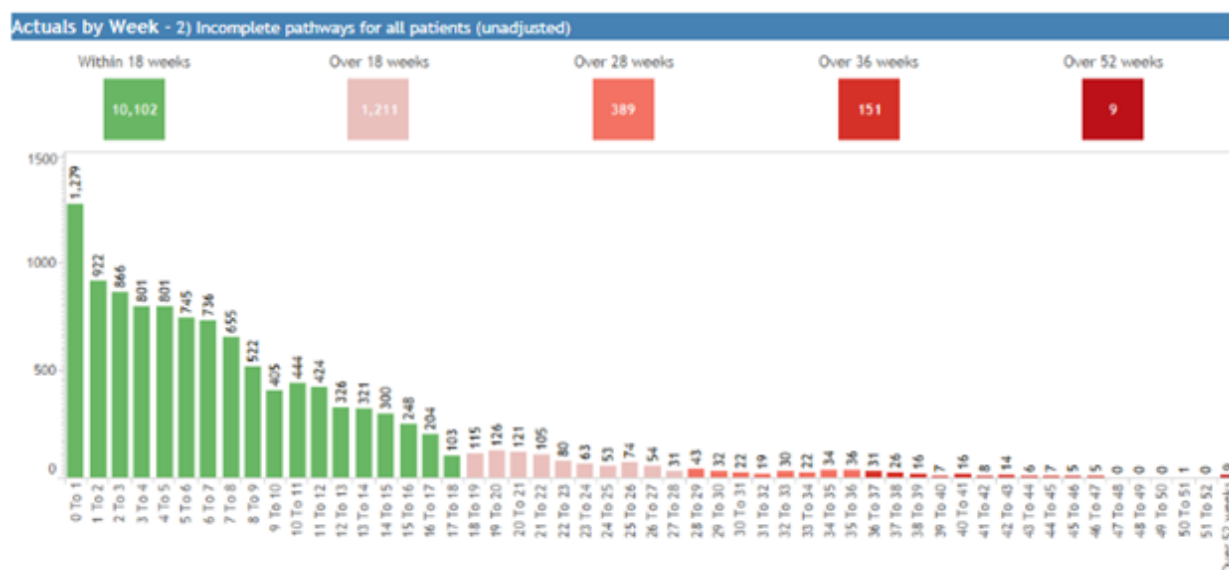
March 2019.

### Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	John Wray	Sarah McGrath

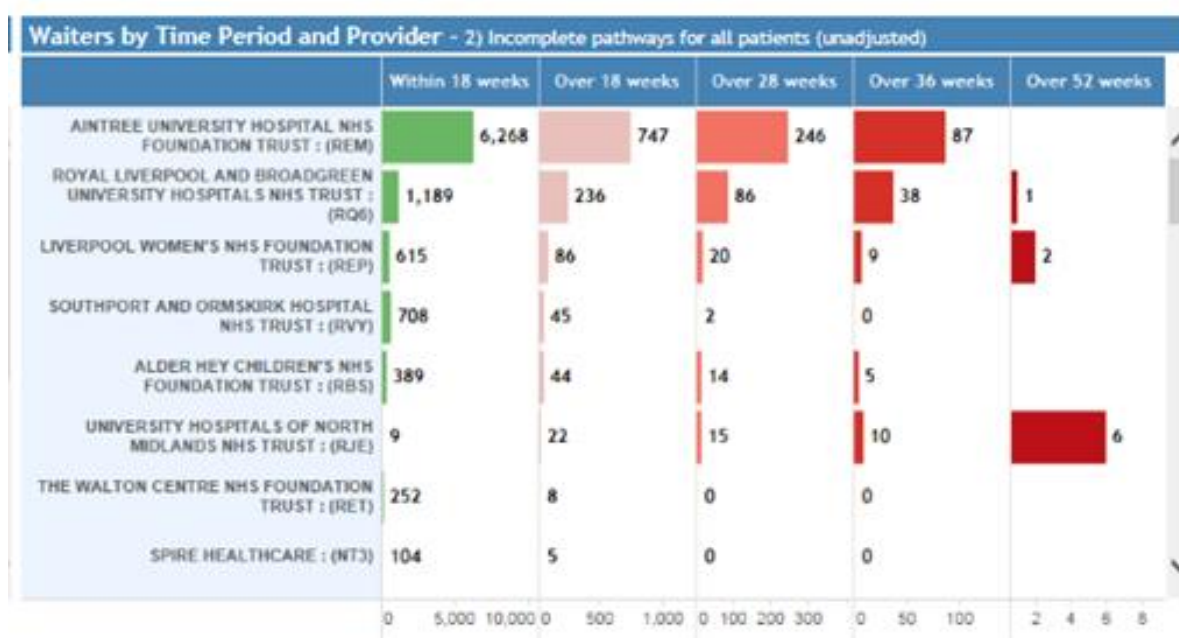
### 3.3.1 Incomplete Pathway Waiting Times

Figure 17 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



### 3.3.2 Long Waiters analysis: Top 5 Providers

Figure 18 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers



### 3.3.3 Long Waiters Analysis: Top 2 Providers split by Specialty

Figure 19 - Patients waiting (in bands) on incomplete pathways by Specialty for Aintree University Hospitals NHS Foundation Trust



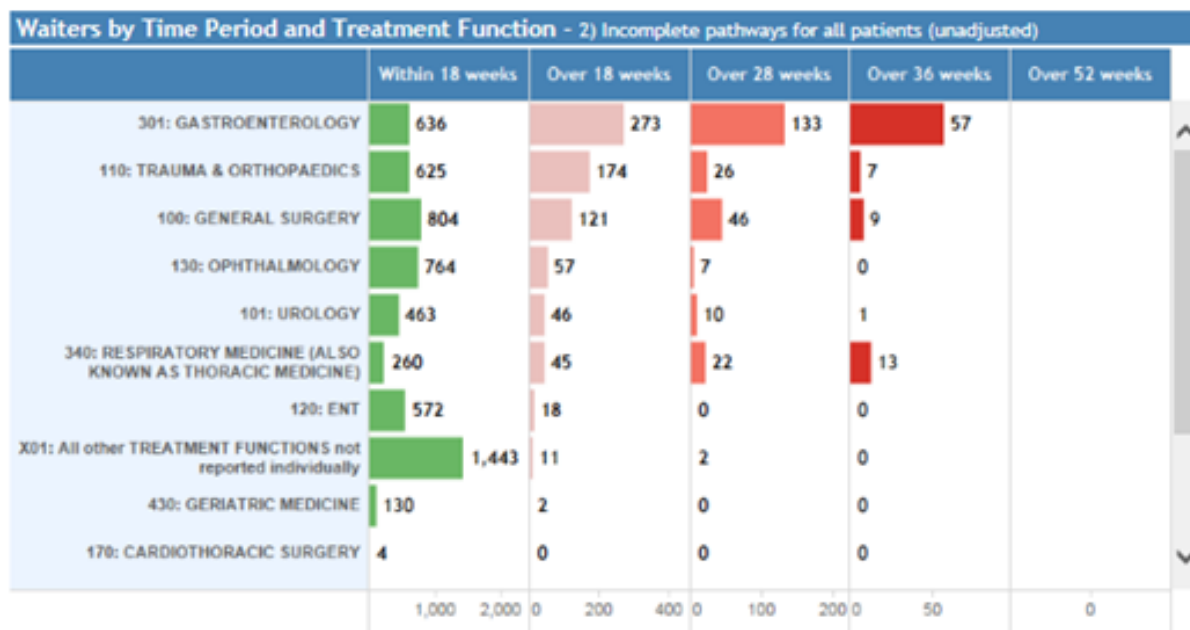
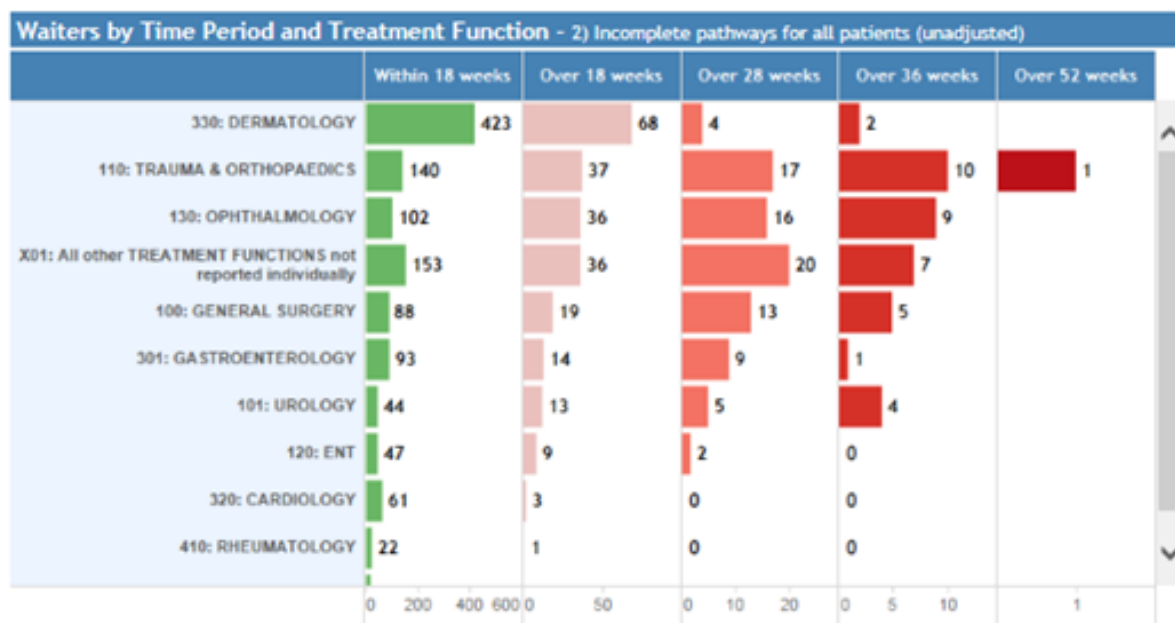


Figure 20 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



### 3.3.4 Provider assurance for long waiters

Figure 21 - South Sefton CCG Provider Assurance for Long Waiters

CCG	Trust	Speciality	Wait band	Has the patient been seen/has a TCI date	Detailed Reason for the delay
South Sefton CCG	North Midlands	General Surgery	52	No TCI date as yet	Decision to admit agreed, no TCI, patient has attended pre-anaesthetics.
South Sefton CCG	North Midlands	General Surgery	52	No TCI date as yet	Clock stop on 4-9-18, patient now on watch and wait.
South Sefton CCG	North Midlands	General Surgery	52	No TCI date as yet	Non admitted, patient DNA'd 1st OP appointment, not yet reached decision to treat. Awaiting decision re: refer back to GP.
South Sefton CCG	North Midlands	General Surgery	52	No TCI date as yet	Clock stop on 4-9-18, patient now on watch and wait.
South Sefton CCG	North Midlands	General Surgery	52	No TCI date as yet	Clock stop on 14-8-18, patient now on watch and wait.
South Sefton CCG	North Midlands	General Surgery	52		Decision not to treat on 4-9-18
South Sefton CCG	Liverpool Womens	Gynaecology	52	Treated 06/08/2018	There was a last minute cancellation on 03/08/18 and had the procedure on 06/08/18 (definitive treatment).
South Sefton CCG	Liverpool Womens	Gynaecology	52	Appt 06/09/2018	Patient attended diagnostics on 23/07/2018 diagnostics. The next appointment is on 06/09/2018
South Sefton CCG	Royal Liverpool	T&O	52	No Date Yet	Long Wait on Waiting List - Long Wait on Waiting List RTT action plans have been developed by each challenged speciality and progress is being monitored via the weekly care group performance meeting and the position is being reported via the monthly Trust performance meeting.
South Sefton CCG	North Midlands	General Surgery	42		Patient waiting for bariatric surgery. The issue re: delays has been communicated with commissioners. Following closure of services in the North West the Directorate agreed to take on the service for those areas, however demand has far exceeded capacity.
South Sefton CCG	North Midlands	General Surgery	42		See above.
South Sefton CCG	Aintree	Gastroenterology	40	Treated 1/8/2018	Clock stopped 1/8/18
South Sefton CCG	Aintree	Gastroenterology	40	Treated 29/8/2018	Clock stopped 29/8/18
South Sefton CCG	Aintree	Gastroenterology	40	Treated 10/8/2018	Clock stopped 10/8/18
South Sefton CCG	Aintree	Gastroenterology	40		App't 12/09/18
South Sefton CCG	Aintree	Gastroenterology	40	Treated 18/8/2018	Clock stopped 18/8/18
South Sefton CCG	Aintree	Gastroenterology	40	Treated 14/8/2018	Clock stopped 14/8/18
South Sefton CCG	Aintree	Gastroenterology	40	Treated 13/8/2018	Clock stopped 13/8/18
South Sefton CCG	Aintree	Thoracic Medicine	40	Treated 3/8/2018	Clock stopped 3/8/18
South Sefton CCG	Aintree	Gastroenterology	41	Treated 03/08/2018	Clock stopped 03/08/18
South Sefton CCG	Aintree	Gastroenterology	41	Treated 16/8/2018	Clock stopped 16/8/18
South Sefton CCG	Aintree	Gastroenterology	41	TCI 20/09/2018	TCI Date 20/9/18
South Sefton CCG	Aintree	Gastroenterology	41	Treated 3/8/2018	Clock stopped 3/8/18
South Sefton CCG	Aintree	T&O	41	Treated 22/5/2018	Clock stopped 22/5/18
South Sefton CCG	Aintree	Gastroenterology	42	Treated 15/8/2018	Clock stopped 15/8/18
South Sefton CCG	Aintree	Gastroenterology	42	Treated 7/8/2018	Clock stopped 7/8/18
South Sefton CCG	Aintree	Gastroenterology	42	Treated 16/8/2018	Clock stopped 16/8/18
South Sefton CCG	Aintree	Gastroenterology	42	Treated 1/8/2018	Clock stopped 1/8/18
South Sefton CCG	Aintree	Gastroenterology	42	Treated 1/8/2018	Clock stopped 1/8/18
South Sefton CCG	Aintree	Gastroenterology	42	Treated 15/8/2018	Clock stopped 15/8/18
South Sefton CCG	Aintree	General Surgery	42	Treated 08/08/2018	Clock stopped 08/08/18
South Sefton CCG	Aintree	Thoracic Medicine	42	Treated 14/8/2018	Clock stopped 14/8/18
South Sefton CCG	Aintree	Gastroenterology	43	Treated 14/8/2018	Clock stopped 14/8/18
South Sefton CCG	Aintree	Gastroenterology	43	Treated 21/8/2018	Clock stopped 21/8/18
South Sefton CCG	Aintree	Gastroenterology	43	Treated 6/8/2018	Clock stopped 6/8/18
South Sefton CCG	Aintree	Thoracic Medicine	43	Treated 8/8/2018	Clock stopped 8/8/18
South Sefton CCG	Aintree	Gastroenterology	44	Treated 8/8/2018	Clock stopped 8/8/18
South Sefton CCG	Aintree	Gastroenterology	44	Treated 12/9/2018	Clock stopped 12/9/18
South Sefton CCG	Aintree	Gastroenterology	44	Treated 8/8/2018	Clock stopped 8/8/18
South Sefton CCG	Aintree	Urology	44		Pathway deleted as Previously Treated
South Sefton CCG	Aintree	Thoracic Medicine	45	Treated 7/8/2018	Clock stopped 7/8/18
South Sefton CCG	Aintree	Thoracic Medicine	45	Treated 7/8/2018	Clock stopped 7/8/18
South Sefton CCG	Aintree	Thoracic Medicine	46	Treated 6/8/2018	Clock stopped 6/8/18
South Sefton CCG	Aintree	Thoracic Medicine	46	Treated 7/8/2018	Clock stopped 7/8/18
South Sefton CCG	Aintree	Thoracic Medicine	46	Treated 7/8/2018	Clock stopped 7/8/18
South Sefton CCG	Aintree	Thoracic Medicine	50	Treated 1/8/2018	Clock stopped 1/8/18
South Sefton CCG	Liverpool Womens	Gynaecology	40	Awaiting Trust update	
South Sefton CCG	Liverpool Womens	Gynaecology	41	Awaiting Trust update	
South Sefton CCG	Liverpool Womens	Gynaecology	43	Awaiting Trust update	
South Sefton CCG	Liverpool Womens	Gynaecology	44	Awaiting Trust update	
South Sefton CCG	Liverpool Womens	Gynaecology	46	Awaiting Trust update	
South Sefton CCG	Royal Liverpool	Ophthalmology	40	Pathway Stopped	Capacity
South Sefton CCG	Royal Liverpool	Ophthalmology	40	Pathway Stopped	Capacity
South Sefton CCG	Royal Liverpool	Ophthalmology	40	TCI 28/09/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	Ophthalmology	40	Pathway Stopped	Capacity
South Sefton CCG	Royal Liverpool	other	40	Pathway Stopped	Capacity
South Sefton CCG	Royal Liverpool	T&O	40	TCI 26/09/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	Ophthalmology	41	Pathway Stopped	Capacity
South Sefton CCG	Royal Liverpool	other	41	Pathway Stopped	Capacity
South Sefton CCG	Royal Liverpool	General Surgery	42	TCI 12/09/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	General Surgery	42	TCI 12/09/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	Ophthalmology	42	Pathway Stopped	Capacity
South Sefton CCG	Royal Liverpool	T&O	42	TCI 26/10/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	Dermatology	43	Pathway Stopped	Capacity
South Sefton CCG	Royal Liverpool	Gastroenterology	44	No Date Yet	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	T&O	44	Patient Treated	Capacity
South Sefton CCG	Royal Liverpool	General Surgery	45	Patient Treated	Capacity
South Sefton CCG	Royal Liverpool	Ophthalmology	45	Patient Treated	Capacity
South Sefton CCG	Royal Liverpool	Ophthalmology	46	Patient Treated	Capacity
South Sefton CCG	Wirral	General Surgery	45	Awaiting Trust update	
South Sefton CCG	Countess of Chester	General Surgery	40		Reported by West Cheshire as host CCG

### 3.4 Cancelled Operations

#### 3.4.1 All patients who have cancelled operations on or day after the day of admission for non-clinical reasons to be offered another binding date within 28 days

**Figure 22 – Aintree Cancelled Operations**

Cancelled Operations				
All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice - <b>Aintree</b>	18/19 - July	0	0	1 ↔

#### 3.4.2 No urgent operation to be cancelled for a 2nd time

**Figure 23 – Aintree Cancelled Operations for a second time**

Cancelled Operations				
No urgent operation should be cancelled for a second time - <b>Aintree</b>	18/19 - July	0	0	1 ↔

### 3.5 Cancer Indicators Performance

#### 3.5.1- Two Week Waiting Time Performance

**Figure 24 – Two Week Cancer Performance measures**

Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) <b>(CCG)</b>	18/19 - July	93%	90.54%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) <b>(Aintree)</b>	18/19 - July	93%	88.88%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) <b>(CCG)</b>	18/19 - July	93%	94.22%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) <b>(Aintree)</b>	18/19 - July	93%	90.28%	↔

#### Performance Overview/Issues

The CCG failed the 93% target in July for patients referred urgently with suspected cancer with 92.7% (90.54% YTD). 47 patients out of 643 waited longer than two weeks for a first outpatient appointment. The majority of delays were due to patient choice delay relating to first out-patient appointment. Nationally there has been a decline in 2 week wait performance since the start of 2018/19. This could be linked to increased demand due to lengthening waits for routine priority services. Work is being undertaken at a North Mersey level to look at the volume of referrals and any shifts between providers. Aintree Hospital are undertaking an audit of appropriateness of head and neck 2 week wait referrals against NICE guidance which will be reported to the CCG.

Aintree also failed the 93% target in July for patients referred urgently with suspected cancer with 89.97%. 96 patients out of 957 waited longer than two weeks for a first outpatient appointment. The reasons for failure of this target include capacity for outpatient appointments and patient choice. The Trust has failed this measure for quarter 1.

There has been a significant increase in cancer referrals in some specialties and the internal Aintree clinical business units will plan additional capacity. If patients are given appointments towards the end of the 14 day period and then cancel or do not attend (DNA) it is difficult to give them another appointment within the 14 day period. This then contributes to the target being breached.

Aintree failed the 93% breast target for July reaching 87.94% and are still failing year to date reporting 90.28%. Out of 141 patients there were 17 breaches. This was due to a lack of capacity and patient choice. When patients are offered appointments in days 7 to 14 of the pathway and decline or cancel, they are rebooked outside of the standard timescales due to capacity to provide a clinic appointment within 14 days from referral. The Trust has also failed this measure for quarter 1.

The launch of Advice and Guidance for breast services in July 2018 at Aintree should help in reducing demand in this cohort of patients where cancer is not initially suspected.

### How are the issues being addressed?

See Trust actions below (62 Day Cancer section).

## 3.5.2- 31 Day Cancer Waiting Time Performance

Figure 25 – 31 Day Cancer Performance measures

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(CCG)</b>	18/19 - July	96%	97.21%	↑
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(Aintree)</b>	18/19 - July	96%	97.03%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(CCG)</b>	18/19 - July	94%	98.89%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(Aintree)</b>	18/19 - July	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(CCG)</b>	18/19 - July	94%	96.43%	↑
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(Aintree)</b>	18/19 - July	94%	98.99%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(CCG)</b>	18/19 - July	98%	98.81%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(Aintree)</b>	18/19 - July	98%	100.00%	↔

### 3.5.3 - 62 Day Cancer Waiting Time Performance

**Figure 26 – 62 Day Cancer Performance measures**

Cancer waits – 62 days				
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	18/19 - July	85% local target	76.19%	↑
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (Aintree)	18/19 - July	85% local target	85.03%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	18/19 - July	90%	60.00%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	18/19 - July	90%	79.49%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	18/19 - July	85%	80.14%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	18/19 - July	85%	78.69%	↓

#### Performance Overview/Issues

The CCG achieved 2 of the 3 62 day measures in July, but are failing all 3 year to date. 62 day upgrade reported 88.89%, 76.19% year to date, in July there was 1 breach out of 9 patients reason not listed. 62 day screening reported 100% in July but are still failing year to date recording 60%. Lastly the 62 day standard 71.79% was reported in July, 80.14% year to date, there were the equivalent of 11 breaches out of a total of 39 patients, reasons reported were 7 other, 3 complex diagnostic pathway and 1 treatment delayed for medical reasons.

Aintree failed the 90% target for 62 day screening in July with a 1 patient breach out of a total of 6 patients, a performance of 83.33% (YTD 79.49%). It should be noted that the Trust undertakes Bowel screening only and so treatment numbers are low in comparison to other organisations. Therefore a 0.5 breach will result in the Trust failing this standard unless treatments are higher.

Aintree also failed the 85% target in July for 2 month wait from urgent GP referral to first definitive treatment recording 72.93% (78.69% year to date). Out of a total equivalent of 66.5 patients, 18 breached the target. The reasons for breaches include complex diagnostic pathway and reasons not listed. There are also significant pressures for treatments in other organisations such as Clatterbridge Cancer Centre and RLUBHT.

In July there were significant pressures from increased demand in high volume specialties, specifically in Head and Neck, Urology and Breast. There are also still large number of patients

who choose to delay their pathways because of holiday and work commitments. There are also some capacity issues for patients referred to other organisations for surgery.

#### How are the issues being addressed?

The CCG have ongoing actions around cancer and are undergoing a capacity and demand review currently. They are working to understand the increases in demand and are looking to address them where possible. All proposals will be taken to the Cancer Alliance.

#### Trust Actions:

- Strengthened performance monitoring with twice weekly tumour site reviews. Escalation of patient pathway delays to weekly DDO's senior team meetings.
- Weekly Senior Operations Team briefings taking place, with focus on measures to reduce delays including any delays to patient diagnosis from LCL or diagnostics to ensure pathway is streamlined as much as possible. Targeted work lists are now produced to provide focus and remove barriers to the patient journey
- Work on-going with the Cancer Alliance to review specific pathways and to highlight reasons for late referrals from other Trusts for areas such as Head and Neck. Funding has been received from Macmillan to introduce new posts to assist with the pre diagnosis phase of the patient Pathways.
- Review of capacity and demand undertaken with information shared with Senior Operations Team. Information has been provided to particularly focus on 14 day target and the number of patients who are being booked between 7 and 14 days. This will reduce patient initiated delays at the start of the pathway
- There has been a confirmed increase in all Tumour groups in the last 4 months, although this is now returning to normal levels. There has been a significant rise in the numbers of patients on cancer pathways when compared to the same time in 2017. An audit has been completed in Head and Neck to identify the number of inappropriate 14 day referrals that are received to ensure that the correct patients are referred into 2 week services. The aim is to reduce the demand in areas where there have been the most significant increase in demand and that appropriate referrals are seen.
- Increased collaborative working with partners such as Liverpool Clinical Laboratories and CCGs to ensure that delays in patient pathways because of patient choice or delayed results are minimised.

#### When is the performance expected to recover?

62 day standard is likely to fail the 85% operational standard.

#### Who is responsible for this indicator?

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

### 3.5.4 104+ Day Breaches




The Managing Long Waiting Cancer Patients - policy on “backstop” measures introduced in 2015 signalled the need for harm reviews to be undertaken in addition to root cause analyses on pathways breaching 104 days. Root cause analyses will be shared with NHSE via CCGs as

outlined in responsibilities under the national Backstop policy for managing long waiting cancer patients.

Aintree had 4 half patient breaches and 2 full patient over 104 days, days ranging from 104 to 134 days waiting. Reasons were either not given or due to complex diagnostic pathways. RCAs are awaited and will be shared with NHSE.

### 3.6 Patient Experience of Planned Care

**Figure 27 – Aintree Inpatient Friends and Family Test Results**

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Inpatient	25.2%	21.7%		96%	93%		2%	4%	

Aintree Friends and Family Inpatient test response rates are under the England average of 24.9% for July at 21.7%. The proportion of patients who would recommend the Trust is higher than last month at 93% and unfortunately is still below the England average of 96%. The proportion who would not recommend has remained the same as the previous month, but is still above the England average of 2%.

The Trust presented an update on their FFT and patient to the CCG Engagement and Patient Experience Group (EPEG) in May 2018; a further update is expected in November 2018 to EPEG. The Patient & Family Experience Plan 2018-2020 is due to be shared at the September 2018 CQPG to align with the Safety and Quality Strategy and Strategy for Care.

### 3.7 Planned Care Activity & Finance, All Providers

Performance at Month 4 of the financial year 2018/19, against planned care elements of the contracts held by NHS South Sefton CCG show an under performance of -£253k/-1.5%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being an over spend of approximately £136k/0.8%.

At specific over performing Trusts, Southport & Ormskirk are reporting the largest cost variance with a total of £37k/5%. However, in contrast, Aintree Hospital are under performing by -£345k/-3%.



**Figure 28 - Planned Care - All Providers**

PROVIDER NAME	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	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	59,134	58,330	-804	-1%	£10,300	£9,955	£-345	-3%	£345	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	4,721	5,179	458	10%	£596	£628	£32	5%	£-32	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	414	465	51	12%	£141	£139	£-2	-2%	£2	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	5,381	4,792	-589	-11%	£1,025	£950	£-75	-7%	£75	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	10,172	10,874	702	7%	£1,705	£1,739	£34	2%	£-34	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	1,048	1,082	34	3%	£338	£305	£-34	-10%	£34	£0	0.0%
<b>ACTING AS ONE PROVIDERS TOTAL</b>	<b>80,870</b>	<b>80,722</b>	<b>-148</b>	<b>0%</b>	<b>£14,105</b>	<b>£13,716</b>	<b>£-390</b>	<b>-3%</b>	<b>£390</b>	<b>£0</b>	<b>0%</b>
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	62	72	10	16%	£9	£15	£6	63%	£0	£6	63%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	47	47	0%	£0	£5	£5	0%	£0	£5	-
FAIRFIELD HOSPITAL	65	74	9	15%	£18	£18	£1	3%	£0	£1	3%
ISIGHT (SOUTHPORT)	181	262	81	45%	£32	£48	£16	49%	£0	£16	49%
RENACRES HOSPITAL	2,127	2,280	153	7%	£654	£614	£-40	-6%	£0	£-40	-6%
SALFORD ROYAL NHS FOUNDATION TRUST	0	48	48	0%	£0	£19	£19	0%	£0	£19	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	4,286	4,170	-116	-3%	£730	£767	£37	5%	£0	£37	5%
SPIRE LIVERPOOL HOSPITAL	956	984	28	3%	£300	£279	£-20	-7%	£0	£-20	-7%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	1,559	1,542	-17	-1%	£337	£399	£62	19%	£0	£62	19%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	425	451	26	6%	£98	£87	£-11	-11%	£0	£-11	-11%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	64	64	0%	£0	£19	£19	0%	£0	£19	-
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST									£0	£0	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	150	150	0%	£0	£30	£30	0%	£0	£30	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	399	525	126	32%	£160	£173	£13	8%	£0	£13	8%
<b>ALL REMAINING PROVIDERS TOTAL</b>	<b>10,059</b>	<b>10,669</b>	<b>610</b>	<b>6%</b>	<b>£2,337</b>	<b>£2,473</b>	<b>£136</b>	<b>6%</b>	<b>£0</b>	<b>£136</b>	<b>6%</b>
<b>GRAND TOTAL</b>	<b>90,930</b>	<b>91,391</b>	<b>461</b>	<b>1%</b>	<b>£16,442</b>	<b>£16,189</b>	<b>£-253</b>	<b>-1.5%</b>	<b>£390</b>	<b>£136</b>	<b>0.8%</b>

\*PbR Only

### 3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust

**Figure 29 - Planned Care - Aintree University Hospital NHS Foundation Trust by POD**

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	4,576	4,441	-135	-3%	£2,826	£2,823	-£3	0%
Elective	673	516	-157	-23%	£1,912	£1,543	-£369	-19%
Elective Excess BedDays	225	236	11	5%	£54	£55	£1	2%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	149	99	-50	-33%	£31	£22	-£10	-31%
OPFANFTF - Outpatient first attendance non face to face	869	749	-120	-14%	£25	£21	-£4	-14%
OPFASPCL - Outpatient first attendance single professional consultant led	10,701	10,425	-276	-3%	£1,695	£1,675	-£20	-1%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	482	232	-250	-52%	£41	£22	-£19	-46%
OPFUPNFTF - Outpatient follow up non face to face	1,104	2,434	1,330	121%	£27	£59	£32	121%
OPFUPSPCL - Outpatient follow up single professional consultant led	27,601	25,691	-1,910	-7%	£1,913	£1,851	-£62	-3%
Outpatient Procedure	7,568	8,122	554	7%	£1,019	£1,092	£72	7%
Unbundled Diagnostics	4,693	4,905	212	5%	£379	£425	£46	12%
Wet AMD	493	480	-13	-3%	£377	£367	-£10	-3%
<b>Grand Total</b>	<b>59,134</b>	<b>58,330</b>	<b>-804</b>	<b>-1%</b>	<b>£10,300</b>	<b>£9,955</b>	<b>-£345</b>	<b>-3%</b>

Underperformance within planned care at Aintree Hospital is evident against the majority of points of delivery. However, the overall under spend of -£345/-3% driven by reduced elective activity. Electives are currently -£369/-19% under plan, which can be attributed to a 29% reduction in activity within the Trauma & Orthopaedics specialty.

Outpatient procedures are currently £72k/7% above plan at month 4. Cardiology is showing the largest cost variance within this particular POD (£42k/47%), which can be attributed to an increased number of electrocardiograms being performed.

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.

### 3.7.2 Planned Care Southport & Ormskirk Hospital

**Figure 30 - Planned Care - Southport & Ormskirk Hospital by POD**

Southport & Ormskirk 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	275	306	31	11%	£177	£212	£35	20%
Elective	47	44	-3	-7%	£111	£101	-£9	-9%
Elective Excess BedDays	1	26	25	1683%	£0	£6	£6	1130%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	42	69	27	65%	£7	£12	£5	73%
OPFASPCL - Outpatient first attendance single professional consultant led	573	547	-26	-5%	£94	£91	-£2	-2%
OPFUPMPCl - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	94	106	12	12%	£8	£10	£3	36%
OPFUPSCL - Outpatient follow up single professional consultant led	1,370	1,170	-200	-15%	£106	£94	-£12	-11%
Outpatient Procedure	1,614	1,611	-3	0%	£206	£216	£10	5%
Unbundled Diagnostics	270	291	21	8%	£21	£22	£1	6%
<b>Grand Total</b>	<b>4,286</b>	<b>4,170</b>	<b>-116</b>	<b>-3%</b>	<b>£730</b>	<b>£767</b>	<b>£37</b>	<b>5%</b>

\* PbR only

Plans for 2018/19 have been rebased using the 2017/18 forecasted outturn position with some additional growth added to accommodate staffing increases in some aspects of planned care as well as national requirements for RTT performance. The plan rebasing exercise for 2018/19 was required to readjust activity and finance levels in line with continued reductions in demand and activity levels.

Overall, planned care elements of the contract are largely above plan with over performance evident across a number of PODs. The total over performance of £37k/5% at month 4 is due in part to increased day case activity. Minor skin procedures and hernia procedures have contributed to the overall increased within day cases.

### 3.7.3 Renacres Hospital

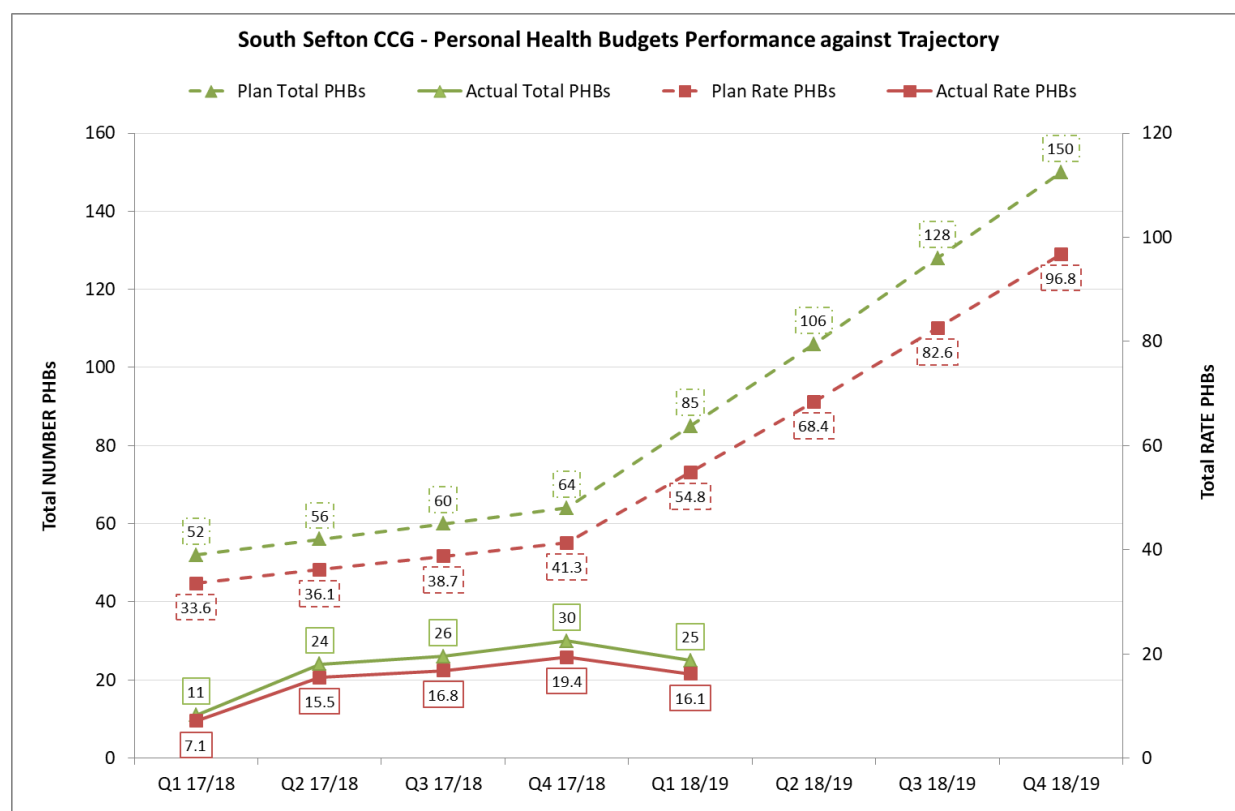
**Figure 31 - Planned Care - Renacres Hospital by POD**

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	200	188	-12	-6%	£248	£216	-£32	-13%
Elective	53	42	-11	-21%	£249	£216	-£33	-13%
OPFASPCL - Outpatient first attendance single professional consultant led	375	451	76	20%	£62	£73	£11	18%
OPFUPSCL - Outpatient follow up single professional consultant led	562	618	56	10%	£36	£39	£4	10%
Outpatient Procedure	304	183	-121	-40%	£31	£30	£0	-1%
Unbundled Diagnostics	149	173	24	16%	£14	£16	£2	14%
Physio	484	474	-10	-2%	£14	£14	£0	-2%
OPPREOP	0	151	151	0%	£0	£9	£9	0%
<b>Grand Total</b>	<b>2,127</b>	<b>2,280</b>	<b>153</b>	<b>7%</b>	<b>£654</b>	<b>£614</b>	<b>-£40</b>	<b>-6%</b>

Renacres under performance is evident within Day Case and Electives, with these two PODs showing a combined under spend of -£65k. Very major knee/hip procedures account for the majority of this reduced performance against plan at month 4. It is thought that MCAS is the cause of this under performance, along with the PLCP policy currently in place. The CCG monitors this and it is discussed at regular contract meetings with the provider.

### 3.8 Personal Health Budgets

**Figure 32 - South Sefton CCG – PHB Performance against Trajectory**



#### Performance Overview/Issues

Quarterly plans for 2018/19 have been set with the expectation of the total number of PHBs for Quarter 1 to increase to 85 to reach 54.84 per 100,000 population. Quarter 1 shows 25 PHBs and an actual rate of 16.1, this is under the trajectory set by NHS England.

#### How are the issues being addressed?

- Adults CHC: PHBs for adults receiving Continuing Health Care will be a default position from April 2019. Community providers and CSU have been requested to provide assurance to meet compliance at; Clinical Quality and Performance Group, Contract Review Meetings and CHC steering group
- Wheelchairs: The CCG have secured mentorship from NHS England with support of Hull CCG. A stakeholder event is scheduled to take place in September. Wheelchair PHBs are an agenda item at the Integrated Commissioning Group for engagement with Sefton Council. The budget for South Sefton CCG remains with NHS E.

- Children Complex Care: The CCG have secured mentorship from NHS E with mentor CCG yet to be confirmed.
- End of Life Fastrack: The programme of work is being led by planned care lead for Southport and Formby CCG with support from GP Clinical Lead.
- Mental Health S117: The CCG is exploring the possibility of PHBs for mental health and learning disabilities for S117 outside of NHS CHC, with attendance to a NHS E event in October supported by; Assistant Chief Nurse, Senior Manager Commissioning and Redesign and Manager and LD Commissioning Manager.

### When is the performance expected to recover?

End of quarter 4 2018/19.

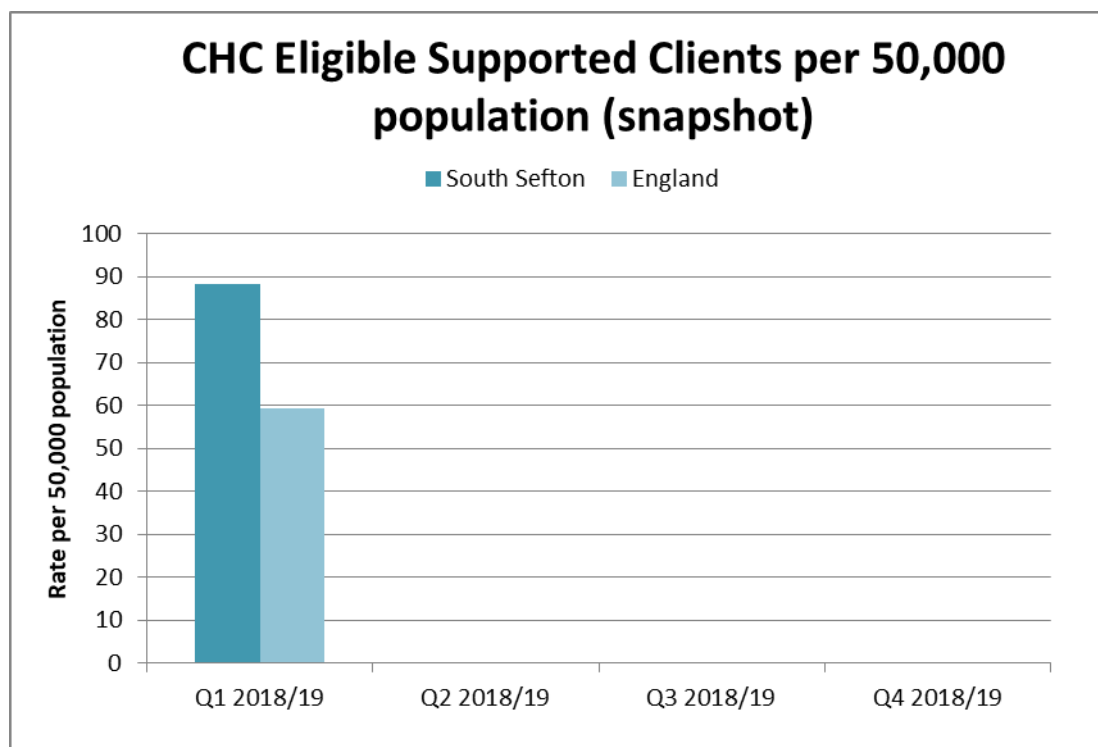
### Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Debbie Fagan	Debbie Fagan	Tracey Forshaw

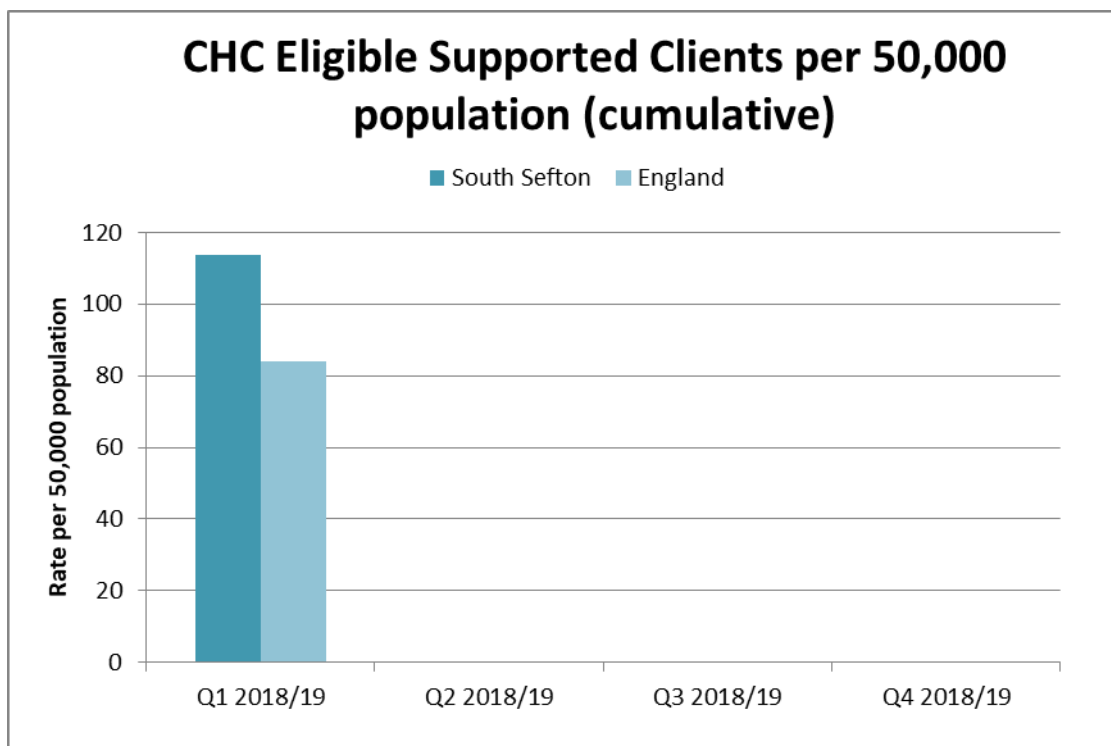
## 3.9 Continuing Health Care (CHC)

A number of measures are reported nationally on the NHS England website relating to Continuing Health Care (CHC). Three are reported in this report, and further indicators will be added to the report in the coming months.

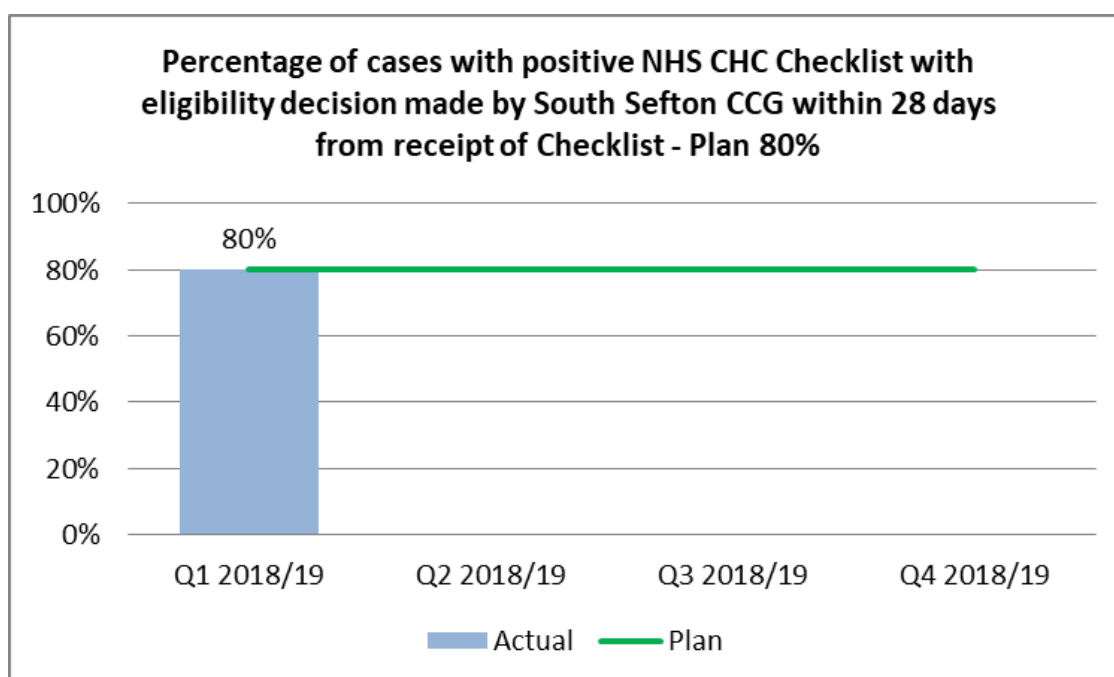
**Figure 33 - People eligible (both newly eligible and existing patients) at the end of the quarter (snapshot) divided by the population aged 18+, and expressed as a rate per 50,000 population**



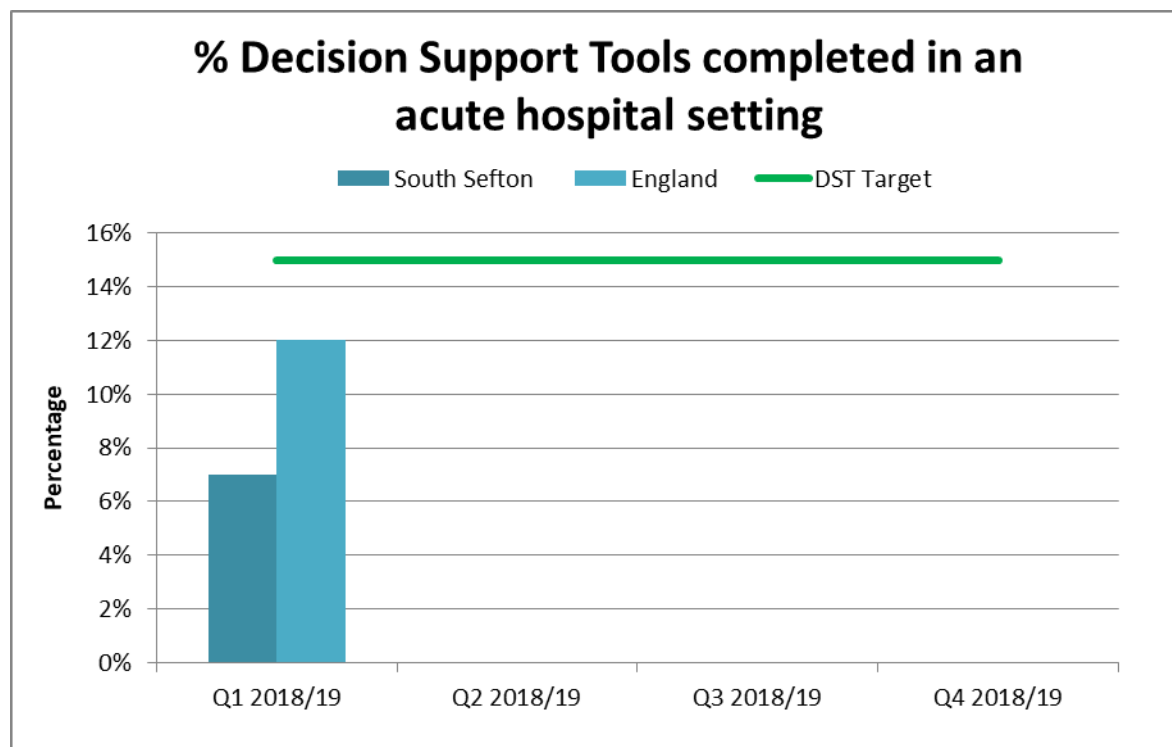
**Figure 34 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population**



**Figure 35 – Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist**



**Figure 36 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed**



### 3.10 Smoking at Time of Delivery (SATOD)

**Figure 37 - Smoking at Time of Delivery (SATOD)**

	South Sefton		
	Actual	YTD	FOT
Number of maternities	376	376	1504
Number of women known to be smokers at the time of delivery	55	55	220
Number of women known not to be smokers at the time of delivery	320	320	1280
Number of women whose smoking status was not known at the time of delivery	1	1	4
Data coverage %	99.7%	99.7%	99.7%
Percentage of maternities where mother smoked	14.6%	14.6%	14.6%

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.

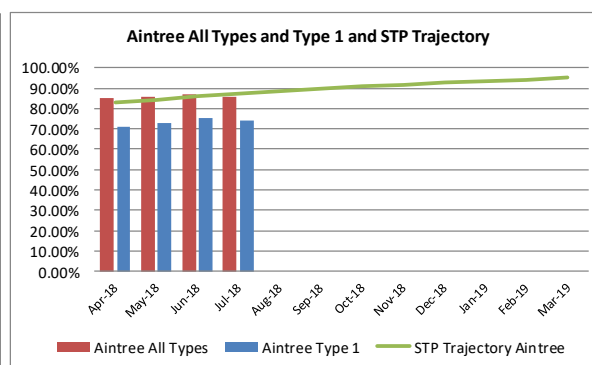
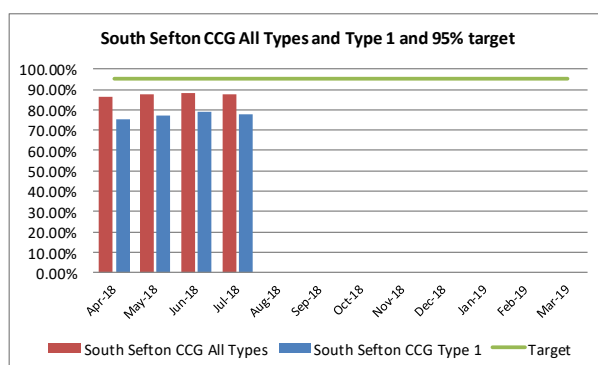
## 4. Unplanned Care

### 4.1 Accident & Emergency Performance

Figure 38 - A&E Performance

A&E waits				
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	18/19 - July	95%	87.40%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	18/19 - July	95%	77.41%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) All Types	18/19 - July	STP Trajectory July Target 87.2%	85.94%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	18/19 - July	95%	73.25%	↔

A&E All Types	Apr-18	May-18	Jun-18	Jul-18	YTD
STP Trajectory Aintree	83%	84.4%	85.8%	87.2%	%
Aintree All Types	85.10%	85.82%	86.92%	85.92%	85.94%



#### Performance Overview/Issues

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2018/19 and have failed July trajectory of 87.2% with a performance of 85.9% for all A&E department types.

#### How are the issues being addressed?

##### Trust Actions:

- Continue to embed all interventions included in the non-elective flow programme and regularly monitor performance to ensure delivery of 90% ED performance.
- Optimise use of clinical resources: Improve utilisation of PCS (audit underway to ensure service specification meets demand). Consider use of assessment areas out of hours.
- Recruit vacancies for medical staff to ensure rota adequate to meet service needs. Align nursing roster to meet patient demand profile.



- Complete Non Elective Flow (NEF) dashboard to enable reliable data to be used to drive decision making. Dashboard has been developed for ED, AEC and assessment areas – development for site team KPI's in progress to support flow from the department once decision is made to admit.
- On-going programme of Rapid Improvement Weeks (RIW) to embed processes in the following elements of EACP:
  - See and Treat
  - Pit-stop
  - Triage
  - Board Rounds
  - Transfer times from the department
  - Review times for specialties
  - Escalation processes
  - Ambulance handover
  - Direct conveyancing

Multi Agency Discharge Events (MADE) continue to be held on a weekly basis with representation from health and social care to review practice at ward level. These are supplemented by weekly patient flow telephone meetings to facilitate and support discharge processes with multi-agency representation.

#### CCG Actions:

Urgent Care Lead supports a wide range of work which focuses on improving patient flow within A&E and main hospital in regard to discharge planning; as well as admission avoidance schemes to reduce A&E attendances:

- Involvement in weekly Multi Agency Discharge Events (MADE) along with other representatives from health and social care. The MADEs have been refocused and are ward based alternate weeks to support discharge planning with opportunity to ensure SAFER processes are embedded and sustained.
- Also involved in weekly Patient Flow Telecons where stranded and superstranded patients reviewed with MDT involvement. Support provided where required with opportunity to identify specific themes requiring further action.
- CCG have taken a lead role within the Newton Europe DTOC project with system wide action plans now being developed to support patient flow and enhance quality of care. Work is being undertaken with health and social care providers and commissioners across North Mersey.
- Facilitated development 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. Aim to share good practice and roll out to Southport & Formby and Liverpool to ensure consistent offer to NWAS.
- Pathway developments underway or being refocused to reduce A&E attendances e.g. Falls being progressed with plans to review DVT and Cellulitis as examples of admissions observed on MADEs.
- Collaborative work being carried out with Liverpool and Knowsley CCGs to review Urgent Treatment Centre provision within Aintree footprint again with focus of reducing A&E attendances.

#### **When is the performance expected to recover?**

For achievement by March 2019.

**Who is responsible for this indicator?**

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Andy Mimmagh	Janet Spallen

**Figure 39 - A&E Performance – 12 hour breaches**

12 Hour A&E Breaches				
Total number of patients who have waited over 12 hours in A&E from decision to admit to admission - <b>Aintree</b> (cumulative)	18/19 - July	0	1	↑

Aintree reported one 12 hour breaches in July 2018. Issue related to side room availability to support infection control with the site team unable to step down existing patients to accommodate the transfer from A&E leading to 12 hour breach. A Root Cause Analysis (RCA) has been submitted by the Trust and is presently being reviewed by the CCG Quality Team.

**Ambulance Service Performance**

In August 2017 North West Ambulance Service (NWAS) implemented the national Ambulance Response Programme (ARP). Performance is based upon the average (mean) time for all Category 1 and 2 incidents. Performance will also be measured on a 90<sup>th</sup> percentile (9 out of 10 times) for Category 1, 2, 3 and 4 incidents.

In July there was an average response time in South Sefton of 8 minutes 28 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response was 33 minutes against a target of 18 minutes, the slowest response times in Merseyside. The CCG also failed the category 3 target of 120 minutes, but achieved for category 4, the only CCG in the area to do so.

**Figure 40 – Ambulance handover time performance**

Handover Times				
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - <b>Aintree</b>	18/19 - July	0	130	↑
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - <b>Aintree</b>	18/19 - July	0	56	↓

**Performance Overview/Issues**

Whilst handover performance saw an increase in the number of delays in excess of 30 minutes to 130 (+24) there was a decrease in the number of delays in excess of 60 minutes 56 (-8). The average time from notification to handover remains within the standard of 15 minutes with a slight increase in month to 11.33mins (+44 seconds). The median time to see 1st clinician has increased to 83 (+7) minutes in July against the 60 minute clinical quality indicator. The % of patients seen from registration within 15 minutes is 74.20% (-2.46%). The clinical quality indicators for the number of patients who leave the department before being seen has seen a slight increase to 5.17% (+ 0.77) in month. Patients re-attending in July has increased to 14.82% against June 9.12%.

**How are the issues being addressed?**

The Ambulance Response Programme is made up of a range of standards – some which are within the delivery of NWS with others that are dependant of acute provider performance in regard to ambulance handover times and the need to release vehicles from A&E on a timely basis. Feedback at the monthly NWS meeting has identified that significant strides are being made by NWS to improve their performance e.g. additional vehicles are now in operation, recruitment of call handlers and utilisation of advanced paramedic within control room on each shift to provide clinical leadership have all helped to improve performance. Focus is also on Aintree and the need to improve handover times. Aintree has been identified as one of six sites within the North West who will work in collaboration with NWS to improve against this standard. The six sites were chosen on the basis of their performance in regard to handover, against the four hour target and their volume of NWS activity. Further support will be given to the improvement work from NHS Improvement.

**When is the performance expected to recover?**

ARP performance is expected to demonstrate significant improvements from end of Quarter 2 with continued positive progress (incorporating ambulance handover times) against targets by March 2019. A summary report will be produced once all September data has been submitted to be shared with CCG Governing Bodies.

**Who is responsible for this indicator?**

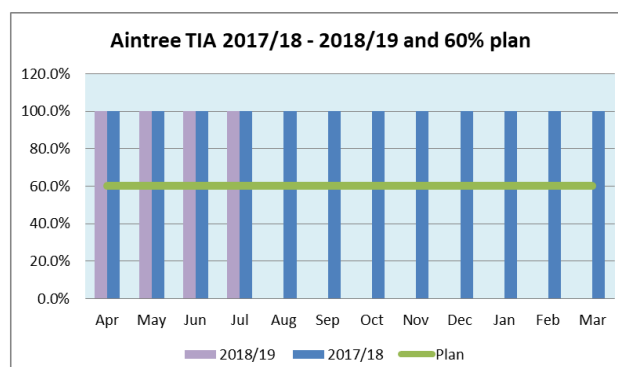
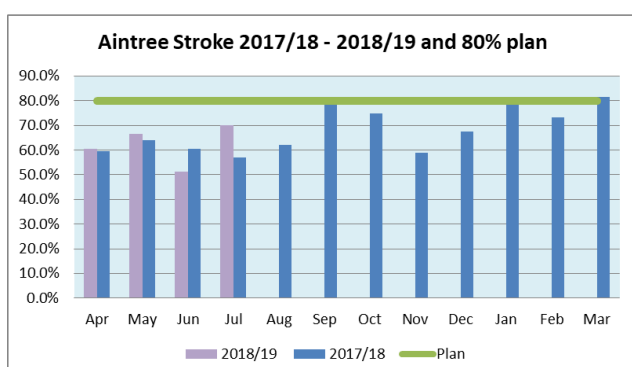
Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Andy Mimmagh	Janet Spallen

**4.2 Unplanned Care Quality Indicators**

**4.2.1 Stroke and TIA Performance**

**Figure 41 - Stroke & TIA performance**

Stroke				
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	18/19 - July	80%	70.00%	↑
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	18/19 - July	60%	100%	↔



**Performance Overview/Issues**

Performance against the 90% stay standard was 70% for July 2018. There were 30 patients with a diagnosis of stroke who were discharged from the Trust during the month.

Of these discharges, 21 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:

- 4 patients required admission to the Stroke Unit but no beds were available
- 2 patients were referred to the Stroke team after MRI confirming stroke
- 1 patient referred to Walton Neuro and not the Stroke team
- 1 patient Stroke Nurse not bleeped on arrival. Seen 7 hours after arrival to ED
- 1 patient was seen by the Stroke team and not accepted. MRI confirmed diagnosis

Lack of available stroke beds remains the biggest contributor to the inability to achieve the standard.

**How are the issues being addressed?**

A business case has been through the QIPP committee to commission an (ESD) Early Supported Discharge team.

Trust Actions:

- Implement agreed workforce plan to include a review of Stroke Nurse Clinician capacity, ANP, therapy and Band 6 posts. Open fourth HASU Bed.
- Provide full-time dedicated Discharge Planner for the Stroke Unit supported by a Discharge Planning Assistant to improve flow out of the unit.
- Improve time to senior review in the Emergency Department 8pm to 9am to ensure timely transfer of patients from ED to the Stroke Unit.
- Implement training programme across Emergency Department and Acute Medical Unit to improve referral process to the stroke team.
- Embed daily operational meetings to review stroke performance, outliers and discharges to include step-down beds on A2H and Ward 34.
- Improve SSNAP score for Speech and Language and MDT working.

**When is the performance expected to recover?**

March 2019.

**Who is responsible for this indicator?**

Leadership Team Lead	Clinical Lead	Managerial Lead
Fiona Taylor	TBC	Geraldine O'Carroll

### 4.2.2 Mixed Sex Accommodation

**Figure 42 - Mixed Sex Accommodation breaches**

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	18/19 - July	0.00	0.00	↓
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	18/19 - July	0.00	0.00	↓

### 4.2.3 Healthcare associated infections (HCAI)

**Figure 43 - Healthcare associated infections (HCAI)**

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	18/19 - July	18	21	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	18/19 - July	15	16	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	18/19 - July	0	1	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	18/19 - July	0	1	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	18/19 - July	42	55	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Aintree)	18/19 - July	No Plan	126	↔

#### Performance Overview/Issues

The CCG had 5 new cases of Clostridium Difficile reported in July (21 YTD) against a year to date plan of 18 (11 apportioned to acute trust and 10 apportioned to community). Aintree had 5 new cases reported in July (16 YTD) against a year to date plan of 15.

The CCG had 1 case of MRSA in July apportioned to the community. Aintree had no new cases of MRSA in July but as they had a case in May they have now failed the zero tolerance threshold for 2018/19.

NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2018/19 NHS South Sefton CCG's year-end target is 128. In July there were 18 cases (55 YTD) against a year to date plan of 42. Aintree reported 35 cases in July (126 YTD). There are no targets set for Trusts at present.

#### How are the issues being addressed?

The Gram Negative Bloodstream Infection Steering Group continues to meet on a bi-monthly basis with specific workstream areas on surveillance and reporting; continence and hydration to prevent symptoms of Urinary Tract Infection (UTI). The outputs of the workstreams should impact on HCAI outcomes (inclusive of both C.difficile and E.Coli).

**When is the performance expected to recover?**

Quarter 1, 2019/20.

**Who is responsible for this indicator?**

Leadership Team Lead	Clinical Lead	Managerial Lead
Debbie Fagan	Brendan Prescott	Amanda Gordon

### 4.2.4 Hospital Mortality

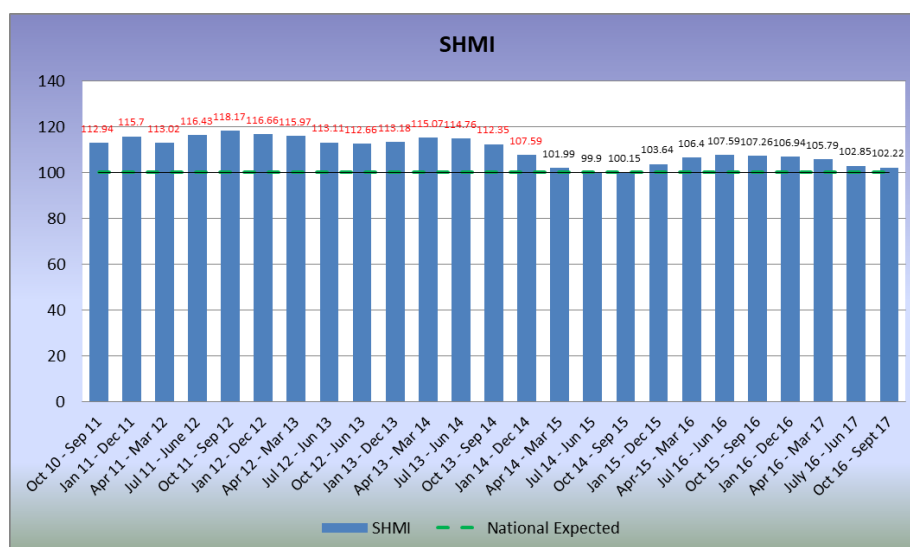
**Figure 44 - Hospital Mortality**

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	18/19 - July	100	97.18	↓
Summary Hospital Level Mortality Indicator (SHMI)	Oct 16 - Sept 17	100	102.22	↔

HSMR has remained at 97.18 this month (91.20 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 102.22 is marginally better at June 2017 and within tolerance levels. SHMI is risk adjusted mortality ratio based on number of expected deaths.

**Figure 45 - Summary Hospital Mortality Indicator**



### 4.3 CCG Serious Incident Management

NHSE C&M have now submitted the draft report and the Quality Team are currently collating a response demonstrating progress and action planned before a final report can be agreed. The final report will be presented at JQC and Governing Body meeting. An external review with MIAA will take place in Q2.

There are a total of 61 serious incidents (SIs) open on StEIS for South Sefton as the RASCI (Responsible, Accountable, Supporting, Consulted, Informed) commissioner or involve a South Sefton CCG patient. Those where the CCG is not the RASCI responsible commissioner are highlighted in green in the table below.

#### Serious Incident for South Sefton Commissioned Services and South Sefton CCG Patients

Trust	SIs reported (month 4)	SIs reported (YTD)	Never Events (YTD)	Closed SIs (month 4)	Closed SIs (YTD)	Open SIs	Open SIs (>100days)
Aintree Hospital	6	16	0	4	11	30	13
Mersey Care (Community)	0	2	0	2	13	5	3
South Sefton CCG	0	0	0	0	0	5	5*
Mersey Care (MH)	1	7	0	3	9	16	9
Liverpool Community Health	0	0	0	0	0	3	3
Liverpool Women's	0	0	0	0	0	2	2

\*2 SIs have since been closed (at the time of reporting).

An escalation letter has been sent to the Chief Nurse for Aintree Hospital, as per CCG internal escalation process for 2 x breaches.

For Aintree University Hospital a theme has been noted on the timely actioning of results at the Trust which is being managed with oversight by the CQPG with the Trust implementing a 'Results to Action' task and finish group.

Also themes have been highlighted including:

- Staffing issues with staff feeling stressed over workload
- Executive sign off is not being evidenced in RCAs
- Quality of nursing documentation
- Lack of escalation
- Following out of date guidelines

The themes noted above have been escalated via the CQPG meetings.

#### 4.4 CCG Delayed Transfers of Care

Delayed transfers of care data is available on the NHS England website. The data is submitted by NHS providers (acute, community and mental health) monthly.

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. This is supported through MADEs (Multi Agency Discharge Events) where patients are reviewed at ward level identifying blockers and support which can be provided by the MADE MDT. In addition we review patients waiting over 7 days on a weekly telecom 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 have also been able to ensure that ward staff are educated on community services which are available to facilitate early discharge with particular focus on ICRAS.

#### 4.5 Patient Experience of Unplanned Care

**Figure 46 - Aintree A&E Friends and Family Test performance**

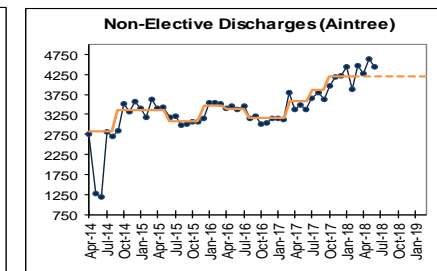
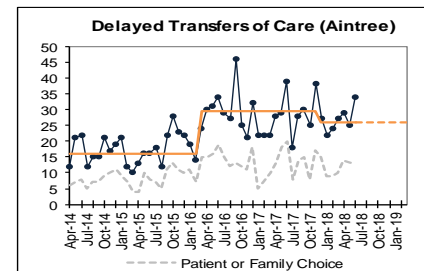
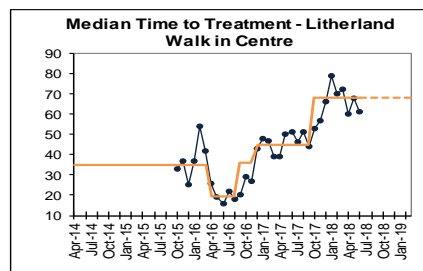
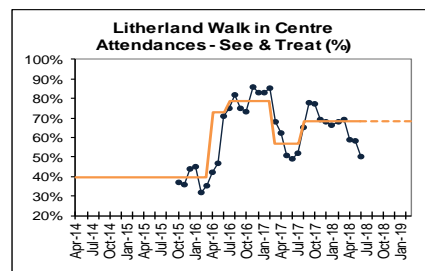
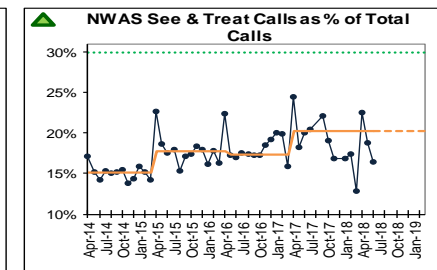
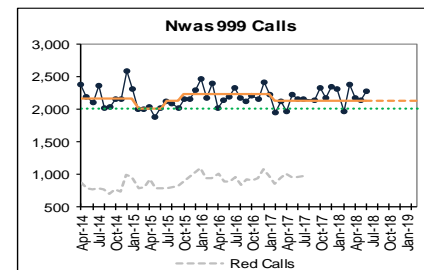
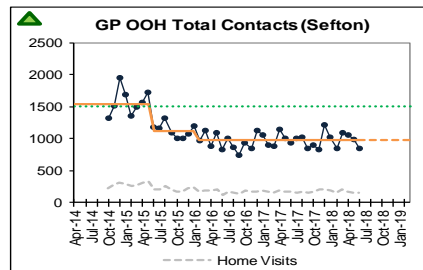
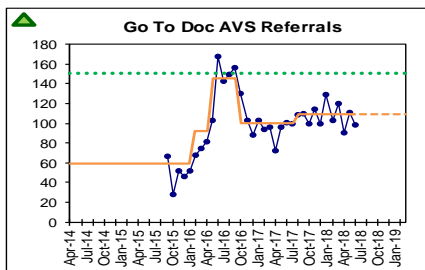
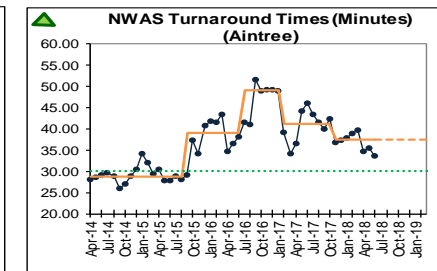
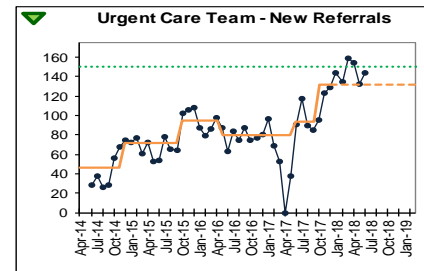
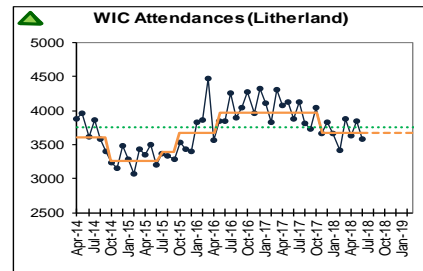
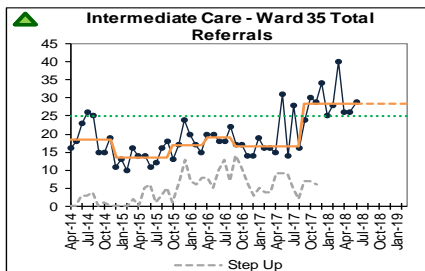
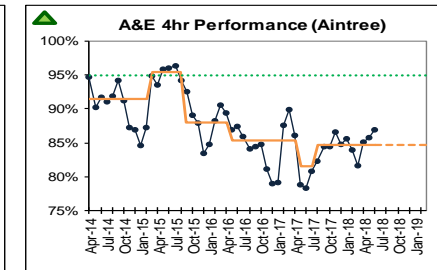
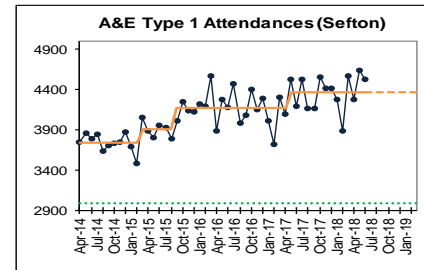
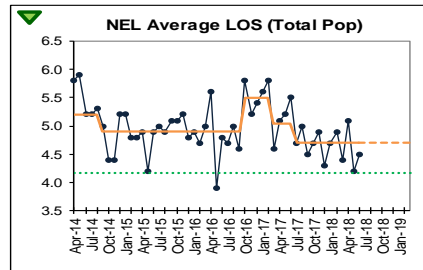
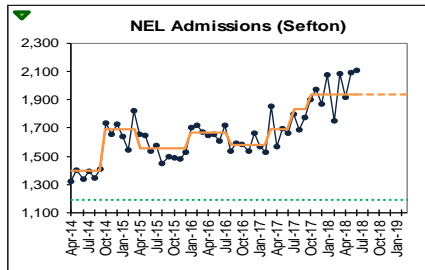
Friends and Family Response Rates and Scores  
Aintree University Hospital NHS Foundation Trust  
Latest Month: Jul-18

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	12.8%	19.6%	✓	87%	91%	✓	8%	5%	✓














#### 4.6 South Sefton Urgent Care Dashboard

An urgent care system dashboard has been developed by Dr Pete Chamberlain incorporating 16 key measures of urgent care. It forms part of a wider project to develop system-wide cascading dashboards to bring multiple indicators together to provide oversight of care in different settings.





## Definitions

Measure	Description	Expected Directional Travel	
Non-Elective Admissions (O#1)	Spells with an admission method of 21-28 where the patient is registered to a South Sefton GP practice.		Commissioners aim to reduce non-elective admissions by 15%
Non-Elective Admissions Length of Stay (O#2)	The average length of stay (days) for spells with an admission method of 21-28 where the patient is registered to a South Sefton GP practice.		Commissioners aim to see a reduction in average non-elective length of stay.
A&E Type 1 Attendances (O#3)	South Sefton registered patients A&E attendances to a Type 1 A&E department i.e. consultant led 24 hour service with full resus facilities and designated accommodation for the reception of A&E patients.		Commissioners aim to see fewer patients attending Type 1 A&E departments.
A&E 4hr % Aintree - All Types (O#4)	The percentage of A&E attendances where the patient spends four hours or less in A&E from arrival to transfer, admission or discharge. Refers to Aintree University Hospital Trust catchment activity across all A&E department types (including walk-in centres).		Commissioners aim to improve A&E performance to ensure that it meets/exceeds the 95% target.
Walk-in Centre Attendances (P#1)	All attendances (irrespective of patient registered GP practice) to Litherland walk-in centre.		Commissioners aim to see an increase in patients attending walk-in centres (thus avoiding Type 1 A&E departments where possible).
Urgent Care Team New Referrals (P#2)	New patients seen by the Community Urgent Care Team in South Sefton.		Commissioners aim to see an increase in patients being referred to the Community Urgent Care Team.
Intermediate Care - Ward 35 Total Referrals (P#3)	New referrals for South Sefton patients to Ward 35 Intermediate Care Unit at Aintree University Hospital.		Commissioners aim to see an increase in patients being referred to Ward 35 Intermediate Care Unit.
Go to Doc ATT Referrals (P#4)	All South Sefton referrals to the Alternative to Transfer (ATT) service.		Commissioners aim to see an increase in referrals to the ATT service.
Go to Doc Out of Hours Activity (P#5)	Total contacts to the South Sefton out of hours provider.		Commissioners aim to see an increase in out of hours contacts.
NWAS Turnaround Times - Aintree (P#6)	Average time of Ambulance arrival (geofence or button press) to Ambulance clear and available (of All attendances) at Aintree University Hospital.		Commissioners aim to see a reduction in average turnaround times so that they are less than or meet the 30 minute standard.
NWAS 999 Calls (B#1)	South Sefton - The total number of emergency and urgent calls presented to switchboard and answered.		Commissioners aim to see a decrease in the number of emergency calls.
NWAS Cat Red Calls (B#2)	South Sefton - A combination of Red 1 and Red 2 Calls. Red 1 refers to life-threatening requiring intervention and ambulance response. Red 2 refers to immediately life-threatening requiring ambulance response.		Commissioners aim to see a decrease in the number of life-threatening emergency calls.
NWAS See & Treat Calls	South Sefton - The number of incidents, following emergency or urgent calls, resolved with the patient being treated and discharged from ambulance responsibility on scene. There is no conveyance of any patient.		Commissioners aim to see an increase in the number of patients who can be seen and treated on scene (where possible) to avoid an unnecessary conveyance to hospital.

## 4.7 Unplanned Care Activity & Finance, All Providers

### 4.7.1 All Providers

Performance at Month 4 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £385k/2.3%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a reduced over spend of approximately £197k/1.2%.

Aintree represents the highest over performing provider for unplanned care at month 4 with a year to date variance of £407k/3%. In contrast, Alder Hey and Liverpool Women's hospitals are currently underperforming by -£165k/-21% and -£134k/-9% respectively.

**Figure 47 - Month 4 Unplanned Care – All Providers**

PROVIDER NAME	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	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	33,283	36,900	3,617	11%	£12,710	£13,117	£407	3%	-£407	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	3,391	3,053	-338	-10%	£771	£606	-£165	-21%	£165	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	94	35	-59	-63%	£142	£102	-£41	-29%	£41	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	1,164	1,120	-44	-4%	£1,501	£1,367	-£134	-9%	£134	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	1,818	1,943	125	7%	£671	£784	£112	17%	-£112	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	3	4	1	18%	£19	£27	£8	41%	-£8	£0	0.0%
<b>ACTING AS ONE PROVIDERS TOTAL</b>	<b>39,754</b>	<b>43,055</b>	<b>3,301</b>	<b>8%</b>	<b>£15,815</b>	<b>£16,002</b>	<b>£187</b>	<b>1%</b>	<b>-£187</b>	<b>£0</b>	<b>0%</b>
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	27	36	9	33%	£6	£26	£20	318%	£0	£20	-
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	36	36	0%	£0	£17	£17	0%	£0	£17	-
SALFORD ROYAL NHS FOUNDATION TRUST	0	12	12	0%	£0	£2	£2	0%	£0	£2	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	2,666	2,868	202	8%	£939	£983	£45	5%	£0	£45	5%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	368	405	37	10%	£149	£184	£35	23%	£0	£35	23%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	25	32	7	30%	£61	£81	£20	33%	£0	£20	33%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	11	11	0%	£0	£10	£10	0%	£0	£10	-
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST									£0	£0	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	94	94	0%	£0	£37	£37	0%	£0	£37	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	21	20	-1	-3%	£13	£24	£11	88%	£0	£11	88%
<b>ALL REMAINING PROVIDERS TOTAL</b>	<b>3,107</b>	<b>3,514</b>	<b>407</b>	<b>13%</b>	<b>£1,168</b>	<b>£1,365</b>	<b>£197</b>	<b>17%</b>	<b>£0</b>	<b>£197</b>	<b>17%</b>
<b>GRAND TOTAL</b>	<b>42,861</b>	<b>46,569</b>	<b>3,708</b>	<b>9%</b>	<b>£16,983</b>	<b>£17,367</b>	<b>£385</b>	<b>2.3%</b>	<b>-£187</b>	<b>£197</b>	<b>1.2%</b>

\*PBR Only

## 4.7.2 Aintree University Hospital NHS Foundation Trust

**Figure 48 - Month 4 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD**

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	13,949	14,469	520	4%	£325	£325	£0	0%
A&E - Accident & Emergency	10,942	11,796	854	8%	£1,505	£1,625	£120	8%
NEL - Non Elective	5,199	5,952	753	14%	£9,746	£9,667	-£79	-1%
NELNE - Non Elective Non-Emergency	17	24	7	40%	£62	£84	£22	36%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	7	53	46	642%	£2	£12	£10	524%
NELST - Non Elective Short Stay	708	778	70	10%	£479	£503	£24	5%
NELXBD - Non Elective Excess Bed Day	2,461	3,828	1,367	56%	£592	£901	£309	52%
<b>Grand Total</b>	<b>33,283</b>	<b>36,900</b>	<b>3,617</b>	<b>11%</b>	<b>£12,710</b>	<b>£13,117</b>	<b>£407</b>	<b>3%</b>

## 4.7.3 Aintree Hospital Key Issues

Plans for 2018/19 have been rebased with additional growth added to accommodate a pathway change implemented by the Trust from October 2017 onwards. Growth has mainly been focussed within the Non-Elective PODs.

Aintree is over performing across the majority of PODs related to Urgent Care. However, the total over spend of £407k/3% is mainly driven by an over performance within A&E and Non-Elective Excess Bed Days. Acute Medicine, Geriatric Medicine and Diabetic Medicine account for the majority of over performance within Non-Elective Excess Bed Days. Within A&E, Aintree's Type 1 attendances during May 2018 were the highest reported at the Trust since April 2015. This was part of a trend of increased A&E activity, which was evident across North Mersey providers at this time.

Despite the overall indicative overspend for unplanned care PODs at Aintree, there is no financial impact of this to South Sefton CCG due to the Acting As One block contract arrangement.

## 5. Mental Health

### 5.1 Mersey Care NHS Trust Contract

Figure 49 - NHS South Sefton CCG – Shadow PbR Cluster Activity

NHS South Sefton CCG	Caseload 2018/19 M2	2018/19 Plan	Variance from Plan	Variance from Case load 2017/18 M2
0 Variance	79	106	-27	-24
1 Com Prob Low Sev	11	11	0	-30
2 Prob Low Sev/Need	7	7	0	-12
3 Non Psychotic Mod	64	72	-8	-27
4 Non Psychotic Sev	266	286	-20	-49
5 Non Psychot V Sev	88	84	4	1
6 Non Psychotic Dis	38	35	3	0
7 Endur Non Psychot	308	303	5	24
8 Non Psychot Chaot	140	133	7	3
10 1st Ep Psychosis	160	149	11	10
11 Ongo Rec Psychos	324	320	4	-14
12 Ongo/Rec Psych	383	397	-14	-18
13 Ong/Rec Psyc High	108	107	1	3
14 Psychotic Crisis	30	32	-2	-5
15 Sev Psychot Cris	7	8	-1	-1
16 Dual Diagnosis	48	42	6	7
17 Psy & Affect Dis	41	40	1	-4
18 Cog Impairment	201	245	-44	-28
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	394	436	-42	-36
20 Cognitive Impairment or Dementia Complicated (High Need)	411	446	-35	-23
21 Cognitive Impairment or Dementia (High Physical or Engagement)	116	119	-3	-16
Cluster 97	123	116	160	-267
Cluster 98	153	147		
<b>Total</b>	<b>3,500</b>	<b>3,641</b>	<b>6</b>	<b>-506</b>

Due to disruption caused by the implementation of the RiO system this report stand as at May and will be updated in future reports.

### 5.1.1 Key Mental Health Performance Indicators

**Figure 50 - CPA – Percentage of People under CPA followed up within 7 days of discharge**

	Target	Apr-18	May-18	Jun-18	Jul-18
The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	100%	100%	100%
Rolling Quarter				100%	100%

**Figure 51 - CPA Follow up 2 days (48 hours) for higher risk groups**

	Target	Apr-18	May-18	Jun-18
CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	100%	No Patients	No Patients
Rolling Quarter				100%

It was agreed this data would not be provided due to the implementation of RiO and will be updated in future reports.

**Figure 52 - EIP 2 week waits**

	Target	Apr-18	May-18	Jun-18	Jul-18
Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (in month)	50%	80%	100%	57%	100%
Rolling Quarter				73%	100%

The 2 week waiting standard continues to be met by the CCGs. However the Royal College of Psychiatrists Centre for Quality Improvement (CCQI) audit report identified service deficits in the interventions being offered including physical health interventions and these were the subject of discussion at an NHS England “Deep Dive “ visit held on 21st May 2018. The audit was run between October and January 2018, during which the Family Therapist post only commenced in January 2018 in addition the STP allocated additional resource towards Individual Placement Support advisors in Q1 2018/19 which are provided by the VCF provider Imagine. The CCQI audit will be re-run later in 2018/19 and these developments will have a positive impact on any future result. In respect of physical health the Trust is working to improve monitoring across all areas.

### 5.1.2 Out of Area Placements (OAP's)

**Figure 53 - OAP Days**

Period	Period Covered	Total number of OAP days over the period
Q4 2017/18	Jan 18 to Mar 18	165
	Feb 18 to Apr 18	80
	Mar 18 to May 18	35
Q1 2017/18	Apr 18 to Jun 18	0

### 5.1.3 Mental Health Contract Quality Overview

From April 2017 Liverpool CCG became the lead commissioner for the Mersey Care NHS Trust Foundation contract and as such joint contract and quality monitoring arrangements have been put in place to provide oversight and scrutiny to the contract.

#### Transformation Update

The Trust, in response to the Crisis Resolution Home Treatment Team (CRHTT) core fidelity review findings has established an urgent pathway work stream to establish a Single Point of Access to enable a more responsive access point for urgent referrals. This work also includes the identification of staff who undertake CRHTT functions with the aim of establishing a one stop integrated referral and response across the Trust's footprint. The Trust has recently communicated its decision to utilise its Acting as One Uplift to enable the implementation of a fully compliant CRHTT towards the end of 2018/19 instead of a staged approach until 2020/21 as previously envisaged. A fully compliant CRHTT will offer the following:

- 24/7 accessibility (call handler and triage 10pm – 8am)
- Rapid assessment in the community for urgent and emergency referrals
- A gatekeeping function (managing access to inpatient beds and facilitate early discharge.
- Initial treatment packages of timely and intensive treatment
- Management of immediate risk and safety.

The Trust will be updating the Leadership Team on planned CRHTT developments on 21<sup>st</sup> August 2018.

In conjunction with the urgent pathway redesign and recognising the need to improve collaborative working, the Trust has developed enhanced GP liaison building upon the primary care mental health practitioners which have been in place since 2013/14. Consultant psychiatrists have been aligned to primary care localities so as to increase the mental health support available for GPs. Contact has being established to arrange consultant visits to practices and within these meetings it will be possible to discuss GP patients open to mental health services, and those patients not open but for whom the GP may wish to take advice on to either avoid the need for a referral or for support with signposting to an appropriate alternative service e.g. The Life Rooms. Meetings

have been on-going to explore the discharge pathway from secondary to primary care for adult mental health patients and a pilot proposal will be presented to the LMC in September 2018.

**Psychotherapy waits**

The Psychotherapy service model is being changed to increase capacity over the next 2 years which should address previously reported waiting times issues and in consequence the KPIs and activity plans will need to be reviewed. At the June CQPG the Trust outlined plans to remodel the psychotherapy workforce to enable psychotherapy to be undertaken within CMHT settings aligned to GP practices localities. The plans included:

- Psychological staff to directly deliver routine time limited interventions (16 – 24 sessions).
- Supervision of CMHT nursing staff to deliver low intensity interventions that are currently being undertaken in the existing service configuration.
- Within the CMHT and inpatient settings there will be a tiered approach to Psychological interventions with a much more skilled workforce to deliver interventions.

Quality and BI colleagues will need to be involved to agree the process for reporting activity plan, waiting times and trajectories for reducing the number waiting over 18 weeks.

**Rio Update**

The Trust implemented its new RiO patient information system on 1<sup>st</sup> June 2018. The Commissioners agreed with the Trust to suspend elements of KPI reporting to allow for more accurate information flows and reporting. With the exception of nationally mandated KPIs and those not generated by RiO (e.g. sickness and absence) KPI reporting will be suspended M3 and M4. In M5 a shadow report will be generated. In M6 a full report will be generated with backdated performance.

**Safeguarding**

The Trust was issued with a Performance Notice on 11<sup>th</sup> May 2017 following deterioration in Safeguarding related performance between Quarter 2 and Quarter 3 in 2016/17 since then related performance has improved. The Trust is proceeding to make progress against their action plan and trajectory in 2017/18 which has been monitored by the Safeguarding Team. The staff training target has not yet been achieved however progress has been made. The Performance notice will remain until the Trust achieves the training target and then for 6 months afterwards to ensure the performance is sustained.

**5.1.4 Patient Experience of Mental Health Services**

**Figure 54 - Merseycare Friends and Family Test Performance**

Friends and Family Response Rates and Scores  
Mersey Care NHS Foundation Trust  
Latest Month: Jul-18

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Mental Health	2.8%	3.6%		89%	92%		4%	2%	



## 5.2 Improving Access to Psychological Therapies

**Figure 55 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)**

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March	Total
National definition of those who have entered into treatment	2017/18	223	319	331	315	269	289	295	358	232	336	245	283	3,495
	2018/19	315	283	295	332									1,225
Access % ACTUAL - Monthly target 1.4% for Q1 to Q3 - Quarter 4 only 1.58% is required	2017/18	0.92%	1.31%	1.36%	1.30%	1.11%	1.19%	1.21%	1.47%	0.95%	1.38%	1.01%	1.16%	14.38%
	2018/19	1.30%	1.16%	1.21%	1.37%									5.04%
Recovery % ACTUAL - 50% target	2017/18	35.4%	46.3%	41.9%	44.2%	46.8%	49.5%	43.0%	47.1%	42.1%	45.7%	41.7%	40.4%	43.8%
	2018/19	52.3%	49.2%	43.5%	48.2%									48.3%
ACTUAL % 6 weeks waits - 75% target	2017/18	98.8%	98.9%	97.9%	100.0%	99.5%	98.4%	99.5%	99.5%	99.3%	100.0%	99.5%	99.5%	99.5%
	2018/19	99.6%	99.0%	99.5%	100.0%									99.5%
ACTUAL % 18 weeks waits - 95% target	2017/18	100.0%	100.0%	99.5%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	2018/19	100%	100%	100.0%	100.0%									100%
National definition of those who have completed treatment (KPI5)	2017/18	169	181	196	185	199	186	192	197	150	183	207	183	2,228
	2018/19	225	200	215	201									841
National definition of those who have entered Below Caseness (KPI6b)	2017/18	8	4	5	4	9	2	6	8	5	8	8	5	72
	2018/19	9	7	8	10									34
National definition of those who have moved to recovery (KPI6)	2017/18	57	82	80	80	89	91	80	89	61	80	83	72	944
	2018/19	113	95	90	92									390
Referral opt in rate (%)	2017/18	84.5%	89.0%	90.3%	84.7%	88.6%	88.9%	91.8%	89.3%	86.9%	91.3%	82.6%	88.2%	88.8%
	2018/19	90.2%	84.6%	93.8%	88.1%									89.1%

### Performance Overview/Issues

Cheshire and Wirral Partnership reported 332 patients entering treatment in Month 4, which is a slight increase from the 2952 reported in Month 3. Confirmation from NHS England has outlined that Commissioners are advised that for 2018/19 the access standard of 4.75% per quarter (19.0% annually) should apply to quarter 4 only. For the first 3 quarters of the year, the annual Access rate of 16.8% should be aspired to (4.2% per quarter).

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) is therefore set for Quarter 1 2018/19 at 4.2% which equates to 1.4% per month. The access rate for Month 4 was 1.37% and therefore narrowly failed to meet the standard.

The percentage of people moved to recovery was 48.2% in Month 4, which is higher than the 43.5% for the previous month and failing to achieve the target of 50%.

### How are the issues being addressed?

Internal waits, i.e. the wait from referral to treatment continues to improve with support from NHSE. At the start of the contract, there were in excess of 1000 individuals waiting for step 2 therapy alone.

In July 2018 the number of people who have waited over 90 days for follow up appointments reduced from 94 in May 2018 (32 in South Sefton, 62 in Southport & Formby) to 24 people (9 in South Sefton, 15 in Southport & Formby). This is a result of on-going work with ring-fencing long internal waiters and proactively contacting clients. This would have a positive impact on the number of people completing treatment and moving to Recovery increasing the recovery rates performance.

The provider is working closely with GP Practices to increase the number of GP Referrals which will improve Access rates performance. As a part of this the provider will increase their presence at GP Locality meetings in the hope of improving promotion of their service by GPs.

There continues to a focus on increasing group work provision so as complement the existing one to one service offer to increase capacity. In relation to capacity the provider has submitted a business case for increased staffing to enable the service to achieve the equivalent of 19% access in the last quarter of 2018/19. The business case is currently being scrutinised by finance colleagues.

### When is the performance expected to recover by?

The ambition is that the above actions will improve performance in line with the National target to achieve an annual Access rate of 19% in the last quarter of 2018/19.

### Who is responsible for this indicator?

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

## 5.3 Dementia

Figure 56 - Dementia casefinding

### NHS South Sefton CCG

	Apr-18	May-18	Jun-18	Jul-18
People Diagnosed with Dementia (Age 65+)	1159	1163	1191	1203
Estimated Prevalence (Age 65+)	1869	1874.3	1877.3	1885.7
<b>NHS South Sefton CCG - Dementia Diagnosis Rate (Age 65+)</b>	<b>62.0%</b>	<b>62.0%</b>	<b>63.4%</b>	<b>63.8%</b>
Target	66.7%	66.7%	66.7%	66.7%

### Performance Overview/Issues

The latest data on the HSCIC website shows South Sefton CCG are recording a dementia diagnosis rate in July of 63.8%, which is under the national dementia diagnosis ambition of 66.7% and a slight improvement from last month of 0.4%.

### How are the issues being addressed?

In terms of actions being taken to improve performance in relation to the National Dementia diagnosis ambition, Sefton Information Facilitators have been implementing the plan to run agreed searches for dementia diagnosis codes. So far this has resulted in 41 records being identified across 18 practices and were given to practice clinicians for follow up and / or recall for further assessment.

South Sefton CCG also continues to support GP practices to fill their GP vacancies that are likely to have an impact on resources to review potential dementia patients. Dementia resource information has also been sent to all GP practices and remains an on-going agenda item at all Locality meetings. GP bulletins contain a link to Dementia resources and will be updated by-monthly.

Following on from a deep dive meeting with NHSE in May, a refreshed plan has been agreed which includes a local trajectory for the CCG. The CCG's agreed trajectory for July 2018 was 66.7% and therefore the CCG is below target. A refreshed plan is in place and issues causing underperformance are being addressed.

**When is the performance expected to recover?**

The agreed date of recovery is 31<sup>st</sup> December 2018.

**Who is responsible for this indicator?**

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

**5.4 Improve Access to Children & Young People’s Mental Health Services (CYPMH)**

**Figure 57 - NHS South Sefton CCG – Improve Access Rate to CYPMH 18/19 Plans (32% Target)**

E.H.9	Q1 18/19		Q2 18/19		Q3 18/19		Q4 18/19		2018/19 YTD	
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
2a- Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	250	310	250		250		250		250	310
2b- Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	3,121	3,121	3,121	3,121	3,121	3,121	3,121	3,121	3,121	3,121
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	8.0%	9.9%	8.0%		8.0%		8.0%		8.0%	9.9%

**5.5 Waiting Times for Urgent and Routine Referrals to Children and Young People Eating Disorder Services**

*The performance in this category is calculated against completed pathways only.*

**Figure 58 - South Sefton CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2017/18 Plans (95% Target)**

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	3	21	6		4		4	
Number of CYP with a suspected ED (routine cases) that start treatment	3	21	6		4		4	
%	100.00%	100.00%	100.00%	-	100.00%	-	100.00%	-

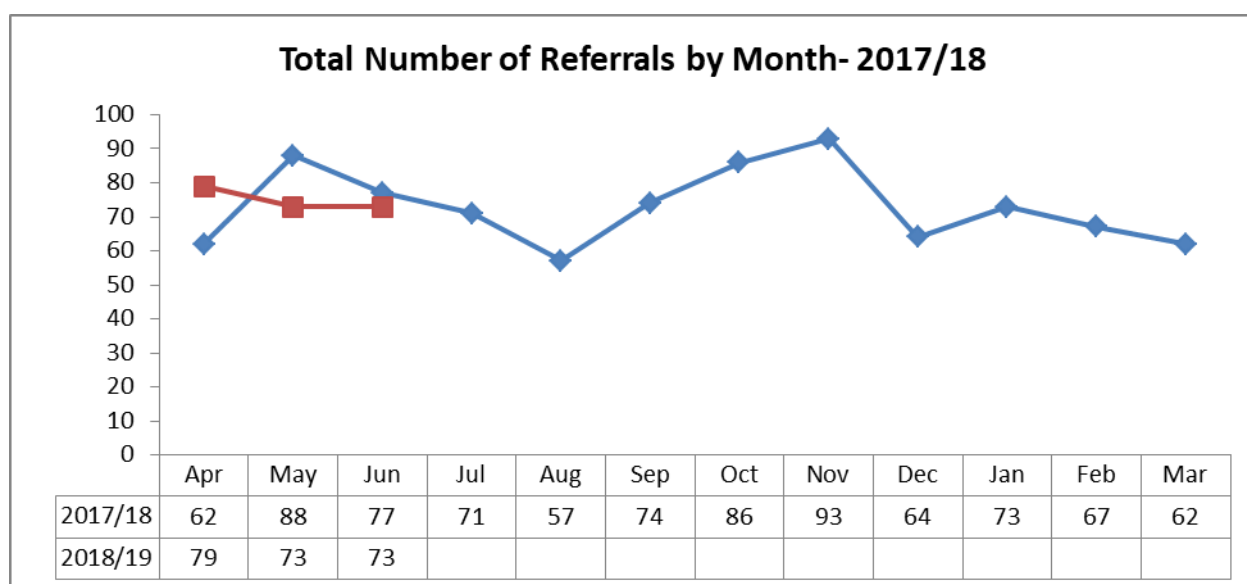
**Figure 59 - South Sefton CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2017/18 Plans (95% Target)**

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	1	5	1		1		1	
Number of CYP with a suspected ED (urgent cases) that start treatment	1	5	1		1		1	
%	100.00%	100.00%	100.00%	-	100.00%	-	100.00%	-

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

The following analysis derives from local data received on a quarterly basis from Alder Hey Child and Adolescent Mental Health Service (CAMHS). The data is cumulative and the time period is to quarter 1 2018/19. The date period is based on the date of referral so focuses on referrals made to the service during April to June 2018/19. 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 60 – CAMHS Referrals**



Throughout quarter 1 2018/19 there were a total of 225 referrals made to CAMHS from South Sefton CCG patients. May and June saw the same number of referrals (73) which were both slightly lower than the previous year.

**Figure 61 – CAMHS Waiting Times Referral to Assessment**

Waiting Time in Week Bands	Number of Referrals	% of Total
0-2 Weeks	15	55.6%
2-4 Weeks	8	29.6%
4- 6 Weeks	2	7.4%
6-8 weeks	1	3.7%
8- 10 weeks	1	3.7%
<b>Total</b>	<b>27</b>	<b>100%</b>

Of those Referrals during April to June 2018/19 that have been allocated and an assessment taken place, 55.6% (15) waited between 0 and 2 weeks for the assessment.

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.

**Figure 62 - CAMHS Waiting Times Assessment to Intervention**

Waiting Time in Week Bands	Number of Referrals	% of Total	% of Total with intervention only
0-2 Weeks	4	14.8%	36.4%
2-4 Weeks	3	11.1%	27.3%
4- 6 Weeks	3	11.1%	27.3%
6-8 weeks	0	0.0%	0.0%
8- 10 weeks	0	0.0%	0.0%
10-12 Weeks	0	0.0%	0.0%
12- 14 Weeks	1	3.7%	9.1%
(blank)	16	59.3%	
<b>Total</b>	<b>27</b>	<b>100%</b>	<b>100%</b>

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.

59.3% (16) of all allocated referrals did not have a date of intervention so the assumption can be made that this is yet to take place.

If these 16 referrals were discounted, that would mean 63.6% (7) of referrals waited 4 weeks or less from assessment to intervention. Collectively all referrals where an intervention took place had their intervention within 14 weeks.

## 5.7 Learning Disability Health Checks

**Figure 63 – Learning Disabilities Performance Measures**

2018/19 Quarter 1			
CCG Name	Total Registered	Total Checked	Total % Checked
<b>Plan</b>	675	126	18.7%
<b>Actual</b>	235	43	18.3%

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. 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 1 only 24 practices (out of 30) submitted data, and 4 practices had significant data quality issues meaning their data had to be excluded from the table above. Practices are being supported with to improve data quality.

## 6. Community Health

### 6.1 Mersey Care Community Contract

The information leads from the CCG and Mersey Care continue to meet on a monthly basis to discuss the current contract performance. Along with the performance review of each service, discussions regarding adjusting the activity baselines for 2018/19 are also being had. The Trust has shared a proposal with the CCG for review. 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.

Further work to understand the impact of ICRAS and the reporting mechanism for such schemes are on-going. A draft ICRAS report was shared with the CCG, and following some additional information being added the report will be approved and varied into the contract. The Trust has undertaken a gap analysis of each measure stipulated in the contract, detailing what is currently available and which needs further work. This has been shared with the CCG for review.

#### 6.1.1 Quality

##### **Mersey Care Community**

The CCG Quality Team and Mersey Care Community frequently discuss the Quality Schedule KPIs, Compliance Measures and CQUIN development, this is to ensure that any issues are dealt with in a timely manner. The work programme continues to be reviewed and is updated with specific areas requiring assurance, as well as focussing on areas highlighted in the QRP (Quality Risk Profile), Aintree CQC Inspection Action Plan (Community Services) and the enhanced surveillance from the transition handover document. For 18/19 the CCG has worked collaboratively with the Trust to ensure that work plans are addressing current quality issues and all aspects of the quality schedule.

There is a review of all KPIs included in the Service Specifications, being undertaken by Mersey Care Community. This work will include LCH and Mersey Care Community BI Teams. KPIs focusing on Quality, Patient Safety, Clinical Effectiveness and Patient Experience will be prioritised.

The CCG Quality Team and Mersey Care Community have built strong working relationships, since the transition of the services, with the CCG supporting Mersey Care and undertaking open and honest conversations regarding the status and safety levels of the services, which include a schedule of quality site visits every quarter.

#### **Aintree University Hospital NHS Foundation Trust**

A workshop style CQPG meeting was held in July 2018 to review the running of the CQPG meetings. The terms of reference, membership and agreed running of the meeting were discussed. The CCG chief officer will take up role of Chair for the next six months and the meetings will focus on the Quality Improvement Plan submitted by the Trust alongside statutory reporting functions.

### **Patient DNA's and Provider Cancellations**

A number of services have seen a high number of DNA's and Provider cancellations so far in 2018/19.

#### Patient DNAs

The Trust monitors DNA performance against an 8.5% threshold. Performance was discussed at the last CCQRM where the Trust updated that work is on-going to understand why patients DNA their appointments and to try and reduce them.

The Physiotherapy service continues to perform well above the threshold at 18% in July, a decline on June's performance (12.9%). The service has failed each month of 2018/19 and the trend continues. The Trust has stated that this service runs at Aintree Hospital who book appointments and send out text reminders, therefore Mersey Care staff have no control over this performance.

Dietetics performance has improved from 18.5% in June to 15.8% in July but is still reporting well above the threshold. The service has failed each month of 2018/19 and the trend continues. The Trust has reported that all face to face dietetics clinics have a maximum slot utilisation of 5 appointments, therefore 1 failed attendance results in a high DNA rate. The Trust has undertaken two audits looking at the types of referrals which are not turning up for appointments. The results illustrated patients with two or more long term conditions and a diagnosis of diabetes were the most frequent to DNA.

#### Provider Cancellations

The Trust monitors performance against a 3.5% threshold.

Treatment rooms, Podiatry and Physiotherapy services have all seen an increase in provider cancellations in July.

## 6.1.2 Waiting Times




Waiting times are reported a month in arrears. In June 2018, the following services reported above the 18 week waiting times target.

Nutrition & Dietetics: May's completed pathways position has improved slightly from 23 weeks in May to 22 weeks in June. The longest wait is currently recorded at 30 weeks by one patient.

## 6.1.3 Patient Experience of Community Services

**Figure 64 – Mersey Care Friends and Family Test Performance**

**Friends and Family Response Rates and Scores**  
Mersey Care NHS Foundation Trust  
Latest Month: Jul-18

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Community Health	4.1%	1.7%		95%	97%		2%	1%	

Mersey Care is reporting a response rate of 1.7% in July against an England average of 4.1%, an increase from 3.7% reported in June. The percentage who recommended the service was 97%, the same as last month and remaining above the England average of 95%. Performance for the percentage who would not recommend remains at 1%, below the England average of 2%.

Currently all teams have a target of two friends and family cards to be completed for each practitioner per month. Completed cards are then shared with the Governance and Quality Team for reporting.

## 6.2 Any Qualified Provider Mersey Care Podiatry Contract

At Month 4 2018/19 the total year to date costs for the CCG were £83,428 with 2,111 contacts. There have been data quality issues in respects of follow ups reported by Mersey Care NHS FT and the Trust is working with the CCG on this. The Merseyside AQP contracts for Podiatry are due to expire on 30<sup>th</sup> September 2018. There are on-going discussions with Mersey Care on taking the whole service forward including how low-level podiatry needs are being met.

### 6.2.1 Liverpool Community Health Quality Overview

Paediatric Therapy Services - From 1<sup>st</sup> May 2017, therapy services were transitioned across to Alder Hey; the CCG will continue close monitoring of performance and patient safety particularly in relation to waiting times.

## 6.3 Alder Hey Community Services

### 6.3.1 Services



The following services have been taken over by the Trust for South Sefton CCG patients;

- Paediatric Continence
- Paediatric Dietetics
- Paediatric OT
- Paediatric SALT

An internal group set up within the CCG which includes Finance, Contracts, Business Intelligence, and the Children’s Commissioning Manager for the CCG. This group is designed to assess current information flows and performance of the services which have transferred to Alder Hey. The initial meeting reviewed current information and set up a gap analysis review.

### 6.3.2 Waiting Times

Waiting times are reported a month in arrears. The following issues arose in June 2018.

Paediatric SALT: June is reporting 31 weeks for the 92<sup>nd</sup> percentile for incomplete pathways, with 1 patient waiting as long as 42 weeks. This is a further decline in performance compared to last month when 28 weeks was reported. The Trust has undertaken some validation work and the service is still performing well above the standard 18 weeks, which evidences that there is a genuine capacity issue. The Trust has submitted a business case to the CCG which was presented to the CCG’s senior leadership team in July.

### 6.3.3 Patient DNA’s and Cancellations

Paediatric Dietetics: The Trust is reporting a DNA rate of 14.9% in July 2018, a decline on 11.1% reported last month and therefore still reporting above the 8.5% threshold.

## 6.4 Percentage of Children Waiting more than 18 Weeks for a Wheelchair

**Figure 65 - South Sefton CCG – Percentage of children waiting more than 18 weeks for a wheelchair - 2018/19 (100% Target)**

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of Children whose episode of care was closed within the reporting period where equipment was delivered in 18 weeks or less being referred to the service	20	Nil return	20		20		20	
Total number of children whose episode of care was closed within the quarter where equipment was delivered or a modification was made	20	Nil return	20		20		20	
%	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%

NHS England guidance states that CCGs should set out improvement plans to halve the number of children waiting 18 weeks by Q4 2017/18 and eliminate 18 week waits for wheelchairs by the end of 2018/19. All children requiring a wheelchair will receive one within 18 weeks from referral in 92% of cases by Q4 2017/18 and in 100% of cases by Q4 2018/19.

Commissioning arrangements are complex; services for South Sefton patients are commissioned by NHS England and services are provided by Aintree Hospital who then submit data to NHS England nationally. Publication of quarter 1 performance is awaited. Quarterly plans have been submitted with the expectation the CCG is to achieve 100% of patients waiting less than 18 weeks.

## 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 the resultant *Third Sector Quarter 1 2018-19 Report* has been circulated amongst relevant commissioning leads. Referrals to some services have increased during Q1 compared to the same period last year, others remain more stable. Individual service user issues (and their accompanying needs) are becoming more complex, increasing pressure on staffing and resources. Despite this providers continue to prioritise frontline service delivery.

### Age Concern – Liverpool & Sefton

The Befriending and Reablement Service promotes older people's social independence by providing Befriending Reablement Officer or volunteer support. During Q1, Age Concern had a total of 268 service users engaging with the service. 41 cases were closed and a further 60 referrals received. All referred clients were assessed within 14 days of initial referral, plans detailing reablement outcomes were conducted for all, and 112 care plan reviews took place within 6 weeks of service commencement. Although one third of referrals were received from across the local health economy, only a relatively small percentage was from local GPs. To this end staff attended a Maghull locality meeting during Q1 and will liaise with CCG Locality Managers to attend meetings in other localities moving forward.

### Alzheimer's Society

The Society continues to work with Sefton GP's delivering 7 Dementia Support sessions in practices during Q1, 5 in South Sefton and 2 in Southport & Formby. Pre-arranged sessions are booked and then run on an as-needed basis. 12 practices are actively engaged to-date. A further 4 practices will be visited before introductory sessions are scheduled for other practices. During Q1 the Society received 74 new referrals. For the first time more were received via the local health economy than self/carer referrals. 71 cases were closed and there were 194 Dementia support and Side by Side active cases. Dementia Community Support conducted 66 Individual Needs Assessments; the Dementia Peer Support Group ran 10 Singing for the Brain, 6 Active & Involved and 12 Reading sessions, as well as 12 memory Cafes. A pop-up Café was also run in Bootle.

### Expect Ltd

Expect LTD employs 4 paid members of staff plus 1 volunteer that look after the Bowersdale Centre in Litherland. During Q1 there were 1,728 drop-in contacts (Monday to Friday). A total of 2,129 structured activities were delivered e.g. drama, music, comedy workshops, weekly cooking activities, summer parties and groups such as the *Let's Talk Mental Health*, plus outreach support. Case studies illustrate how the socially isolated, people with mild learning disabilities, anxiety, acquired brain injuries and epilepsy are helped. Positive outcomes include improved mental health and well-being, reducing access to crisis services, A&E attendance or hospital admissions. The social and life skills acquired also boosts service users opportunities to obtain sustainable employment.

### Sefton Carers Centre

Sefton Carers report steady increases in the number of carers' assessments (and reassessments). The Welfare Advice Service has seen significant demand due to rising numbers of tribunal cases (that require more complex support) and the shift to Universal Credit (to ensure benefits are maintained and smoothly transferred). During Q1 the Centre redesign was completed, improving facilities and enabling Alder Hey's Physio & Occupational Therapy service and Sefton Advocacy to co-locate. Outcomes included 258 new carer registration (52 are parent carers). During Q1 325

Child Needs Assessments that inform Carers' Support Plans were completed or closed. £316k of additional or maintained annual income was also secured on behalf of carers, together with £39k back payments. 226 information and guidance contacts were made with carers. 4 new volunteers were recruited to the volunteer (non-personal care) sitting service that enables carers to have a short break. 100 hours of sitting service was provided with a volunteer value equating to £23k. Physical and emotional health and wellbeing is provided by counselling and holistic therapies (with 89% of therapy users reporting this had a marked or significant positive impact on them).

#### Citizens Advice Sefton

The service presently delivers advice sessions to in-patients at Clock View Hospital, Walton. During Q1 55 new referrals were received (5 more than the same period last year). 29% of these were from Mental Health Professionals or GPs, with the remainder self/carer referrals. 65% of new referrals had mental health problems, 13% multiple impairments, 11% long-term health conditions, 9% another disability (or type not given) and 2% physical (non-sensory) impairment. 89% of enquiries were around general benefits, with the others comprising Universal Credit, debt, financial services and capability, travel and transport issues. As a result of service interventions, financial outcomes (in terms of benefit/tax credit new awards, increases, appeals, revisions, reinstatements or reductions in overpayments) totalled £397,382 during the period.

#### Sefton Council for Voluntary Service (CVS)

In Q1 the Community Development Worker supported 22 new referrals and 79 existing service users who had on-going programmes of support in place. People were helped to register with GP's and access mental health services. The majority of enquiries were around mental health, legal issues, benefits and housing. During the period Children, Young People and Families facilitated 4 network/forum meetings that had 37 attendees. Health and Wellbeing Trainers saw 167 new referrals during Q1 with service users supported to address smoking and weight loss, drug and alcohol problems, social isolation, low confidence, family and relationships issues and money problems. The service attended locality meetings to discuss patients' needs and give feedback; and District Nurses 'huddles' to maintain and build on professional relationships. The Reablement/ Signposting service received 71 client contacts, with 70 enquiries resolved. The top five specified reasons for support were social inclusion (29%), everyday living/food (20%), housing (8%), health-related issues (6%) and confidence-building (6%).

#### Sefton Advocacy

Following the merger of Sefton Advocacy and Sefton Pension's Advocacy, 242 existing cases from both organisations' were brought forward. A total of 136 new referrals were received and of these 13% were signposted for more appropriate support. 4% of new referrals comprised general enquiry/information-only queries. 64 cases were closed due to cases being completed (75%), advocacy not wanted (8%), advocacy not appropriate (5%), service user deceased (11%) and unable to contact service user (1%). During Q1 there were a total of 1,986 contacts comprising 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 (20%), representations made (17%), information supplied (17%), client empowerment (15%), signposting (8%) and support (23%). During Q1 these case outputs resulted in financial outcomes worth a total of £359,551 being achieved.

#### Swan Women's Centre

The Centre reported increasing numbers requesting counselling with 77 new referrals during Q1 alone. An additional four volunteer counsellors have been recruited to meet additional need. Whilst increasing organisational costs this represents excellent value for money and an efficient use of resources. The main referral sources were self-referral (55%), direct GP referral (18%), Other Healthcare Professionals (11%) and Mersey Care NHS Trust (6%). During Q1 the

counselling service had 61 existing cases. 52 women were part-way through their 12 allocated counselling sessions, whilst 9 have exceeded twelve weeks and are continuing with further sessions as required. 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. The Emotional Well-being Support Group also offers health-related benefits including therapies to aid self-care and improved well-being, emotional and physical health.

#### Imagine independence

During Q1 Imagine Independence carried forward 49 existing cases. A further 123 were referred to the service via IAPT during the period. Referrals during Q1 in 2017-18 were lower at 104. Of the new referrals 67% were female and 33% male. All completed personal profiles and commenced job searches. A total of 41 service users attended job interviews; 20 managed to secure paid work for 16+ hours per week; and a further 1 secured paid work for less than 16 hours per week. The service supported 65 people in retaining their current employment, and liaised with employers on behalf of clients. Activities included completed job profiles (28%), employment courses attended (4%), commenced job search (28%), job interviews attended (24%), employment engagement meetings attended by service (2%) and service contact with employers (14%).

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

SWACA also reported increased demand with 627 new referrals during Q1. 89% were female service users and 11% male. Referrals came from various sources, with the top three once again being the police (41%), self-referrals (16%) and CYPS Safeguarding Children (16%). Other sources included consultants, health visitors and professionals, Adult Social Care, Children's Centres, family and friends, and schools and colleges. There are currently 390 women and 214 children in receipt of support. The refuge accommodated 3 women along with 3 children for 11 weeks during the period.

#### Stroke Association

As an integral part of the stroke pathway, of the 91 referrals in South Sefton 91% were from Aintree Hospital/Community Stroke Team. Of the 89 Southport & Formby referrals 93% were from Southport & Ormskirk NHS Trust. The numbers of working age stroke survivors and carers was 28% (South Sefton) and 17% (Southport & Formby) who were provided with post-stroke back-to-work, welfare benefits, financial and emotional support, plus tailored information for young families. During Q1, the service dealt with a total of 1,198 contacts: 642 in South Sefton and 556 in Southport & Formby. The top 5 outcome indicators during Q1 were a Better Understanding of Stroke (13%), Self-Management of Stroke & its Effects (10%), Healthy Lifestyle Choices (10%), Reduced Anxiety or Stress (10%) and Increased Independence and Choice (8%). 46 stroke survivors were discharged during Q1. The service also attends weekly discharge planning meetings with the Early Supported Discharge Team to discuss the support and rehabilitation needs of new and existing service users, jointly planning the way forward. Group meetings held during the period included the Communication Group, Peer Support Group, Merseyside Life After Stroke Voluntary Group and the Music Group. Trained volunteers work with the groups (Supporting Services); befriending (Delivering Services); and act as ambassadors (for the organisation). 124 volunteering hours were worked across Sefton during Q1. The Association also assists with applications for grant payments/benefits, securing five recovery grants totalling £1,433.48.

#### Parenting 2000

During Q1 the service received 16 adult referrals and 90 referrals for children. A total of 110 service users accessed counselling for the first time. Of the 506 appointments available during this period a total of 489 were booked and 379 were actually used. There were 74 cancellations and 36 did not attend their scheduled appointment. The top five referral sources during Q1 were

self/carer/parent referrals (30%), GP recommendations (22%), GP referrals (16%), hospitals (8%) and schools (8%).

### Netherton Feelgood Factory

In Q1 three paid staff were employed with expertise and experience in psychology, psychotherapy, social work, nursing counselling and forensics, together with a small number of volunteers. The Drop-In offers a safe space for people with complex mental and social care needs. It has been operating for several years, offering open sessions at the Feelgood Factory and Linacre Mission. Diagnostically most clients have complex personality disorders plus severe anxiety/depression, with a number having bipolar, schizoaffective disorders, learning disabilities or dementia. During Q1 referral routes included GPs, self/carer referrals and legal. Previous referral sources have included mental health professionals, job centres, Sefton Veteran's project, IAPT and other voluntary, community and faith organisations. There are three broad categories of clients attending the Drop in: short-term service users who come with problems of an immediate nature, often following a specific event; long-term clients who may have personality disorders together with physical problems; and recovering service users with complex mental health issues that use the service as an 'Open Door' resource.

### CHART (Crosby Housing and Reablement Team)

During Q1 the service received 61 new referrals, with the main source being Mersey Care NHS Foundation Trust (83%). Other referral sources included Sefton Metropolitan Borough Council (Adult Social Care), housing offices, self-referrals, floating support staff and advocacy service. Case outcomes during the period included accommodating 20 service users and supporting a further 13 people to stay in their current residence. The service ensured 3 people avoided being admitted to hospital (and enabled 8 patients to be discharged). It prevented 18 people from becoming homeless; moved 4 people into less supported accommodation (and 7 into more); helped 10 people moved into independent accommodation; and moved 3 into accommodation with the same level of support.

## 8. Primary Care

### 8.1 Extended Access (evening and weekends) at GP services

**Figure 66 - South Sefton CCG - Extended Access at GP services 2018/19 Plan**

E.D.14	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
CCG weighted population benefitting from extended access services commissioned 365 days a year for each day of the week by the CCG (including bank holiday). For Monday to Friday each day of the week should include any extended access after 6.30pm, before 8.00am (this would be in addition to evening provision not a replacement or substitute for evening appointments) and any extended access provided in-hours as long as it is distinguishable from core services. For Saturday and Sunday this should include any extended access provided.	0	0	0	0	0	0	166,319	166,319	166,319	166,319	166,319	166,319
All currently provided services including extended hours Direct Enhanced Services (DES) should not be included.												
CCG Weighted Population	166,319	166,319	166,319	166,319	166,319	166,319	166,319	166,319	166,319	166,319	166,319	166,319
2018/19 Plan %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

This indicator 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. The numerator in future will be calculated from the extended access to general practice survey, a new data collection from GP

practices in the form of a bi-annual survey conducted through the Primary Care Web Tool (PCWT). Currently in South Sefton 15 out of 30 practices are offering some extended hours, however the planning requirements include Saturday and Sunday and appointments outside core hours. No practices are offering all three elements at this stage. A CCG working group are developing 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 will be live from October 2018.

## 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 have been 2 new inspections in South Sefton recently. They were North Park Health Centre and Maghull Family Surgery, who both received an overall rating of 'Good'. All the results are listed below:

**Figure 67 - 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	17 June 2016	Good	Good	Good	Good	Good	Good
N84019	North Park Health Centre	05 June 2018	Good	Good	Good	Good	Good	Requires Improvement
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	29 October 2015	Requires Improvement	Good	Good	Good	Good	Requires Improvement
N84041	Kingsway Surgery	07 November 2016	Good	Good	Good	Good	Good	Good
N84621	Thornton Practice	19 February 2015	Good	Requires Improvement	Good	Good	Good	Good
N84627	Crossways Practice	06 August 2015	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	05 February 2015	Good	Good	Good	Good	Good	Good
Y00446	Maghull Practice	19 March 2015	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
N84004	Glovers Lane Surgery	10 May 2016	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	31 March 2015	Good	Good	Good	Good	Good	Good
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	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	24 September 2015	Good	Requires Improvement	Good	Good	Good	Good

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

## 9. Better Care Fund

A quarter 1 2017/18 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in July 2018. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date.

A summary of the Q1 BCF performance is as follows:

**Figure 68 – BCF Metric performance**

Metric	Definition	Assessment of progress against the planned target for the quarter
NEA	Reduction in non-elective admissions	On track to meet target
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Data not available to assess progress
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	Not on track to meet target

**Figure 69 – BCF High Impact Change Model assessment**

		Maturity assessment				
		Q2 17/18	Q3 17/18	Q4 17/18 (Current)	Q1 18/19 (Planned)	Q2 18/19 (Planned)
Chg 1	Early discharge planning	Plans in place	Plans in place	Plans in place	Plans in place	Plans in place
Chg 2	Systems to monitor patient flow	Established	Established	Established	Established	Established
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Established	Established	Established
Chg 4	Home first/discharge to assess	Mature	Mature	Mature	Mature	Mature
Chg 5	Seven-day service	Plans in place	Plans in place	Plans in place	Plans in place	Plans in place
Chg 6	Trusted assessors	Established	Established	Established	Established	Established
Chg 7	Focus on choice	Plans in place	Plans in place	Plans in place	Plans in place	Plans in place
Chg 8	Enhancing health in care homes	Plans in place	Plans in place	Plans in place	Plans in place	Plans in place



## **10. CCG Improvement & Assessment Framework (IAF)**

### **10.1 Background**

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.

## **11. NHS England Monthly Activity Monitoring**

Two year plans set which started in 2017/18 have been rebased for 2018/19 due to changes in pathways and coding practices, as well as variations in trend throughout 2017/18. The updated plans also include national growth assumptions which CCGs were required to add. 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 against the usual +/-3% threshold. 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 4 performance and narrative detailed in the table below.

**Figure 70 - South Sefton CCG's Month 4 Submission to NHS England**

July 2018 Month 04	Month 04 Plan	Month 04 Actual	Month 04 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
<b>Referrals (MAR)</b>				
GP	3608	3425	-5.1%	Seasonal variation accounts for the variance in GP led referrals with the YTD levels within the 2% threshold. On-going discussions with the CCG's main provider are continuing regarding the coding of referral figures, this is affecting 'Other' referral levels locally. Total YTD figures are expected to come back in line with planned levels over the coming months.
Other	2391	2617	9.5%	
<b>Total (in month)</b>	<b>5999</b>	<b>6042</b>	<b>0.7%</b>	
Variance against Plan YTD	23306	24308	4.3%	
Year on Year YTD Growth			6.8%	
<b>Outpatient attendances (Specific Acute) SUS (TNR)</b>				
All 1st OP	5228	4825	-7.7%	Seasonal variation accounts for shifts in month for both frost and follow-up activity levels, this however is not outside the statistical norm. YTD levels are within the 2% threshold similar to last months YTD position, this is expected to continue.
Follow Up	11438	10895	-4.7%	
<b>Total Outpatient attendances (in month)</b>	<b>16666</b>	<b>15720</b>	<b>-5.7%</b>	
Variance against Plan YTD	63649	63176	-0.7%	
Year on Year YTD Growth			-3.5%	
<b>Admitted Patient Care (Specific Acute) SUS (TNR)</b>				
Elective Day case spells	1922	1856	-3.4%	Elective activity plan increased from 2017/18 and YTD activity in line with planned levels. Seasonal variation in month has shown reduced levels against the plan but nothing outside the statistical norm. YTD activity levels are expected to be in line with the planned values. The largest variance is attributed to T&O speciality at the CCGs main provider.
Elective Ordinary spells	269	246	-8.6%	
<b>Total Elective spells (in month)</b>	<b>2191</b>	<b>2102</b>	<b>-4.1%</b>	
Variance against Plan YTD	8196	8266	0.9%	
Year on Year YTD Growth			-0.1%	
<b>Urgent &amp; Emergency Care</b>				
Type 1	4373	4486	2.6%	CCG's local monitoring of A&E activity show month 4 levels within the 2% tolerance for both type 1 and all types. Issues remain with the CCG unable to replicate TNR CAM in local information provided by DSCRO. Urgent care levels are closely monitored by our Urgent Care leads within the CCG who link closely with our local acute providers. Although increased activity levels have been noted the CCGs 4hr target position has remains steady at approx. 88%.
Year on Year YTD			4.2%	
<b>All types (in month)</b>	<b>9039</b>	<b>8763</b>	<b>-3.1%</b>	
Variance against Plan YTD	35223	34821	-1.1%	
Year on Year YTD Growth			0.2%	
<b>Total Non Elective spells (in month)</b>	<b>1939</b>	<b>2230</b>	<b>15.0%</b>	Changes in pathway at the CCG's main provider part way through 2017/18 resulted in higher levels of admissions, this trend has continued into 2018/19 and continues to rise. The increase is focused with the zero length of stay category as 1+ day levels have remained steady. A&E activity has not risen to the same extent as admissions but conversion rates have increased significantly over the past year in line with the pathway changes at the CCG's main acute provider. Plans have increased from 2017/18 in line with changes in activity and seasonal trend has increased levels in the latter half of the year. This should bring plan and actual closer in line in the coming months. On-going discussions with the Trust are taking place via contract routes to establish the nature of the increase.
Variance against Plan YTD	7651	8554	11.8%	
Year on Year YTD Growth			20.7%	