



South Sefton
Clinical Commissioning Group

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Integrated Performance Report August 2018

Contents

1. Executive Summary	13
2. Financial Position.....	16
2.1 Summary	16
2.2 Finance Key Performance Indicators	18
2.3 CCG Financial Position – Month 6 2018-19	19
2.4 CCG Reserves Budget	20
2.5 Provider Expenditure Analysis – Acting as One	20
2.6 QIPP	21
2.7 Risk	22
2.8 Risk Adjusted Position	22
2.9 Statement of Financial Position.....	23
2.10 Recommendations.....	24
3. Planned Care.....	25
3.1 Referrals by source.....	25
3.1.1 E-Referral Utilisation Rates.....	26
3.2 Diagnostic Test Waiting Times.....	27
3.3 Referral to Treatment Performance.....	28
3.3.1 Incomplete Pathway Waiting Times	32
3.3.2 Long Waiters analysis: Top 5 Providers	32
3.3.3 Long Waiters Analysis: Top 2 Providers split by Specialty	33
3.3.4 Provider assurance for long waiters	34
3.4 Cancelled Operations	35
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.....	35
3.4.2 No urgent operation to be cancelled for a 2nd time.....	35
3.5 Cancer Indicators Performance	36
3.5.1 - Two Week Waiting Time Performance.....	36
3.5.2 - 31 Day Cancer Waiting Time Performance.....	37
3.5.3 - 62 Day Cancer Waiting Time Performance.....	38
3.5.4 104+ Day Breaches	40
3.6 Patient Experience of Planned Care	40
3.7 Planned Care Activity & Finance, All Providers.....	41
3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust	42
3.7.2 Planned Care Southport & Ormskirk Hospital	43
3.7.3 Renacres Hospital	43
3.7.4 St Helens & Knowsley Teaching Hospitals NHS Trust	44

3.8	Personal Health Budgets	45
3.9	Continuing Health Care (CHC).....	46
3.10	Smoking at Time of Delivery (SATOD).....	48
4.	Unplanned Care.....	49
4.1	Accident & Emergency Performance	49
4.2	Ambulance Performance	51
4.3	Unplanned Care Quality Indicators	52
4.3.1	Stroke and TIA Performance.....	52
4.3.2	Mixed Sex Accommodation.....	53
4.3.3	Healthcare associated infections (HCAI).....	54
4.3.4	Hospital Mortality	55
4.4	CCG Serious Incident Management.....	56
4.5	CCG Delayed Transfers of Care	57
4.6	Patient Experience of Unplanned Care	57
4.7	South Sefton Urgent Care Dashboard	57
4.8	Unplanned Care Activity & Finance, All Providers.....	60
4.8.1	All Providers	60
4.8.2	Aintree University Hospital NHS Foundation Trust.....	61
4.8.3	Aintree Hospital Key Issues	61
5.	Mental Health.....	62
5.1	Mersey Care NHS Trust Contract	62
5.1.1	Key Mental Health Performance Indicators	63
5.1.2	Out of Area Placements (OAP's)	63
5.1.3	Mental Health Contract Quality Overview.....	64
5.1.4	Patient Experience of Mental Health Services.....	66
5.2	Improving Access to Psychological Therapies	67
5.3	Dementia	68
5.4	Improve Access to Children & Young People's Mental Health Services (CYPMH).....	69
5.5	Waiting Times for Urgent and Routine Referrals to Children and Young People Eating Disorder Services	69
5.6	Child and Adolescent Mental Health Services (CAMHS).....	69
5.7	Learning Disability Health Checks.....	71
6.	Community Health	72
6.1	Mersey Care Community Contract.....	72
6.1.1	Quality	72
6.1.2	Patient DNA's and Provider Cancellations	72
6.1.3	Waiting Times.....	73

6.2	Any Qualified Provider Mersey Care Podiatry Contract.....	73
6.2.1	Liverpool Community Health Quality Overview	74
6.3	Alder Hey Community Services	74
6.4	Percentage of Children Waiting more than 18 Weeks for a Wheelchair	75
7.	Third Sector Overview	75
8.	Primary Care.....	79
8.1	Extended Access (evening and weekends) at GP services.....	79
8.2	CQC Inspections.....	80
9.	Better Care Fund	80
10.	CCG Improvement & Assessment Framework (IAF)	83
10.1	Background	83
11.	NHS England Monthly Activity Monitoring	83

List of Tables and Graphs

Figure 1 – CCG Financial Position	16
Figure 2 – CCG Run Rate 2018/19	16
Figure 3 – Financial Dashboard	18
Figure 4 – Forecast Outturn	19
Figure 5 – Reserves Budget	20
Figure 6 – Acting as One Contract Performance (Year to Date)	20
Figure 7 – QIPP Plan and Forecast	21
Figure 8 – RAG Rated QIPP Plan	21
Figure 9 – CCG Financial Position	22
Figure 10 – Risk Adjusted Position	22
Figure 11 – Summary of working capital	23
Figure 12 - Referrals by Source across all providers for 2017/18 & 2018/19	25
Figure 13 - South Sefton CCG E Referral Performance	26
Figure 14 - Diagnostic Test Waiting Time Performance	27
Figure 15 - Referral to Treatment Time (RTT) Performance	28
Figure 16 – RTT Performance & Activity Trend	29
Figure 17 – South Sefton CCG Total Incomplete Pathways	29
Figure 18 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting	32
Figure 19 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers	32
Figure 20 - Patients waiting (in bands) on incomplete pathways by Speciality for Aintree University Hospitals NHS Foundation Trust	33
Figure 21 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust	33
Figure 22 - South Sefton CCG Provider Assurance for Long Waiters	34
Figure 23 – Aintree Cancelled Operations	35
Figure 24 – Aintree Cancelled Operations for a second time	35
Figure 25 – Two Week Cancer Performance measures	36
Figure 26 – 31 Day Cancer Performance measures	37
Figure 27 – 62 Day Cancer Performance measures	38
Figure 28 – Aintree Inpatient Friends and Family Test Results	40
Figure 29 - Planned Care - All Providers	41
Figure 30 - Planned Care - Aintree University Hospital NHS Foundation Trust by POD	42
Figure 31 - Planned Care - Southport & Ormskirk Hospital by POD	43
Figure 32 - Planned Care - Renacres Hospital by POD	43
Figure 33 - Planned Care - St Helens & Knowsley Hospitals by POD	44
Figure 34 - South Sefton CCG – PHB Performance against Trajectory	45
Figure 35 - 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	46
Figure 36 - 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	46
Figure 37 – Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist	47
Figure 38 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed	47
Figure 39 - Smoking at Time of Delivery (SATOD)	48
Figure 40 - A&E Performance	49

Figure 41 - A&E Performance – 12 hour breaches	51
Figure 42 – Ambulance handover time performance	51
Figure 43 - Stroke & TIA performance	52
Figure 44 - Mixed Sex Accommodation breaches	53
Figure 45 - Healthcare associated infections (HCAI)	54
Figure 46 - Hospital Mortality	55
Figure 47 - Summary Hospital Mortality Indicator	55
Figure 48 - Aintree A&E Friends and Family Test performance	57
Figure 49 - Month 5 Unplanned Care – All Providers	60
Figure 50 - Month 5 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD	61
Figure 51 - NHS South Sefton CCG – Shadow PbR Cluster Activity	62
Figure 52 - CPA – Percentage of People under CPA followed up within 7 days of discharge	63
Figure 53 - CPA Follow up 2 days (48 hours) for higher risk groups	63
Figure 54 - EIP 2 week waits	63
Figure 55 - OAP Days	63
Figure 56 – Mersey Care Friends and Family Test Performance	66
Figure 57 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)	67
Figure 58 - Dementia casefinding	68
Figure 59 - NHS South Sefton CCG – Improve Access Rate to CYPMH 18/19 Plans (32% Target)	69
Figure 60 - South Sefton CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2017/18 Plans (95% Target)	69
Figure 61 - South Sefton CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2017/18 Plans (95% Target)	69
Figure 62 – CAMHS Referrals	70
Figure 63 – CAMHS Waiting Times Referral to Assessment	70
Figure 64 - CAMHS Waiting Times Assessment to Intervention	71
Figure 65 – Learning Disabilities Performance Measures	71
Figure 66 – Mersey Care Friends and Family Test Performance	73
Figure 67 - South Sefton CCG – Percentage of children waiting more than 18 weeks for a wheelchair - 2018/19 (100% Target)	75
Figure 68 - South Sefton CCG - Extended Access at GP services 2018/19 Plan	79
Figure 69 - CQC Inspection Table	80
Figure 70 – BCF Metric performance	81
Figure 71 – BCF High Impact Change Model assessment	82
Figure 72 - South Sefton CCG’s Month 5 Submission to NHS England	84

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			
E-Referrals																
2142: NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG	R	R	R	R									R	
		Actual	32.129%	32.129%	47.013%	50.703%										40.786%
		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%
Diagnostics & Referral to Treatment (RTT)																
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R	R	R								R	
		Actual	2.733%	2.066%	2.254%	3.161%	3.009%									2.639%
		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%
1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R	R	R								R	
		Actual	90.112%	90.458%	89.959%	89.296%	88.554%									89.669%
		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%
1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	R	R	R	R								R	
		Actual	3	3	10	9	6									31
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations																
1983: Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G	G	G								G	
		Actual	0	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		
Cancer Waiting Times																
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	R	R	R	R	G								R	
		Actual	90.40%	90.41%	88.60%	92.69%	93.84%									91.23%
		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%
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	R	G	G	G	R								R	
		Actual	92.06%	94.32%	96.05%	94.00%	87.84%									92.88%
		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%
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	R	G	G	G	G								G	
		Actual	95.00%	100.00%	96.30%	97.26%	97.37%									97.25%
		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%
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	G	G	R	G	G								G	
		Actual	100%	100%	84.615 %	100%	100%									97.015 %
		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%
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	G	G	G	G								G	
		Actual	100%	100%	96.30%	100%	100%									99.00%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	G	G	G								G	
		Actual	96.429%	100%	100%	100%	94.444 %									98.165 %
		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	

539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R	R	R	R	G								R	
		Actual	82.759%	83.784%	82.927%	71.795%	88.235%									81.667%
		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%
540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	No patients	R	R	G	G								R	
		Actual	-	66.667%	0%	100%	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

2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % 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								R	
		Actual	86.602%	87.388%	88.326%	87.271%	89.760%									87.711%
		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%
1928: 12 Hour Trolley waits in A&E 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	G								R	
		Actual	-	-	-	1	-									1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

EMSA

1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG	G	R	R	G	R								R	
		Actual	0	2	2	0	1									5
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG	G	R	R	G	R								R	
		Actual	0	0.30	0.30	0.00	0.20									0.30
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

HCAI

497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	South Sefton CCG	RAG	G	G	G	R	R								R
		YTD	0	0	0	1	1								1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	South Sefton CCG	RAG	R	G	R	R	R								R
		YTD	6	9	16	22	26								26
		Target	5	9	14	18	22	26	31	35	40	44	49	53	9

Mental Health

138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G										
		Actual	100%										
		Target	95.00%			95.00%			95.00%			95.00%	

Episode of Psychosis

2099: First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	G	G	G	G	G								G	
		Actual	80.00%	100.00%	57.14%	100%	75.00%									75.00%
		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	Mar	

IAPT (Improving Access to Psychological Therapies)

2183: IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R										R	
		Actual	48.773%											48.773%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	
2131: IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R										R	
		Actual	3.66%											3.66%
		Target	4.20%	4.20%	4.20%	4.20%	4.20%	4.20%	4.20%	4.20%	4.20%	4.20%	4.20%	
2253: IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	G										G	
		Actual												
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
2254: IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G										G	
		Actual												
		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%

Metric	Reporting Level	2018-19												YTD		
		Q1			Q2			Q3			Q4					
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
Dementia																
2166: Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	R								R	
		Actual	62.022%	62.05%	63.442%	63.796%	64.518%									62.17%
		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%
Children and Young People with Eating Disorders																
2095: The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	South Sefton CCG	RAG	G												G	
		Actual	100%													100%
		Target	100%				100%		100%		100%		100%		100%	100%
2096: The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	South Sefton CCG	RAG	G												G	
		Actual	100%													100%
		Target	100%				100%		100%		100%		100%		100%	100%
Wheelchairs																
2197: Percentage of children waiting less than 18 weeks for a wheelchair The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	South Sefton CCG	RAG														
		Actual														
		Target	92.00%				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 5 (note: time periods of data are different for each source).

Financial position

This paper presents the Finance and Resource Committee with an overview of the year to date financial position for NHS South Sefton Clinical Commissioning Group as at 30 September 2018. The report discusses the year to date position at month 6; the forecast year end position and the risks associated with the delivery of the agreed plan for 2018/19.

NHS England business rules require delivery of a 1% surplus in each financial year. However, the financial plan agreed with NHS England for 2018/19 is a £1m surplus (0.4%).

The cumulative deficit brought forward from previous years is £2.892m this will reduce in 2018/19 if the planned surplus of £1m is delivered in year. The cumulative deficit will be addressed as part of the CCG longer term recovery plan.

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 30 September 2018 QIPP savings of £1.982m have been achieved against a year to date plan of £2.426m

As at 30 September 2018 the CCGs likely year-end financial position is a deficit of £2.953m. 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 6 remains unchanged and is consistent with the initial financial plan.

The focus for the remainder of the financial year will be to implement the CCG's financial recovery plan in order to deliver the required savings whilst mitigating any further risks that emerge in the latter part of the year.

Delivery of the financial plan for 2018-19 and the longer term financial strategy requires full commitment from CCG membership and CCG officers to ensure QIPP savings are achieved and mitigation plans are identified and actioned where required.

Planned Care

GP referrals in 2018/19 to date are 3% down on the equivalent period in the previous year. There have been significant reductions in GP referrals to Gynaecology and Ophthalmology

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in August reporting 3.01%, very slightly lower last month when 3.16% was recorded. Aintree recorded 2.64% a decline from last month when 3.89% 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 89.5% for August. This is similar to last months' performance of 89.3%. Aintree also failed this standard for August recording 89.3%.

In August, 6 South Sefton patients were waiting on the incomplete pathway for 52+ weeks against a zero tolerance threshold. 4 cases were at North Midlands and 2 at Liverpool Womens.

The CCG are failing 5 of the 9 cancer measures year to date only achieving the 31 day measures. Aintree are the same achieving for 31 day but failing the remainder of the measures.

Friends and Family inpatient response rates at Aintree are above the target for August at 38.7%. The proportion of patients who would recommend the Trust is the same as 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 5 of the financial year 2018/19, against planned care elements of the contracts held by NHS South Sefton CCG show an under performance of -£68k/-0.3%. 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 £234k/1.2%.

Unplanned Care

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2018/19 and have achieved August's trajectory of 88.6% with a performance of 88.9% 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 74.5% for August 2018; out of 47 patients, only 35 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 4 new cases of Clostridium Difficile reported in August (26 YTD) against a year to date plan of 18 (12 apportioned to acute trust and 14 apportioned to community). The CCG had 1 case of MRSA in July apportioned to the community.

Aintree had no new cases of MRSA in August 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 August there were 10 cases (65 YTD) against a year to date plan of 22. Aintree reported 27 cases in August (153 YTD). There are no targets set for Trusts at present.

Performance at Month 5 of financial year 2018/19, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £687k/3.2%. 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 £259k/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 July 2018 when there were no OAP days reported.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership reported 269 patients entering treatment in Month 5, which is a decrease from 332 reported last month. 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 August of 64.5%, 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 new ways of reporting for 2019/20 are being had. The Trust has offered to meet with the CCG to progress this. 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

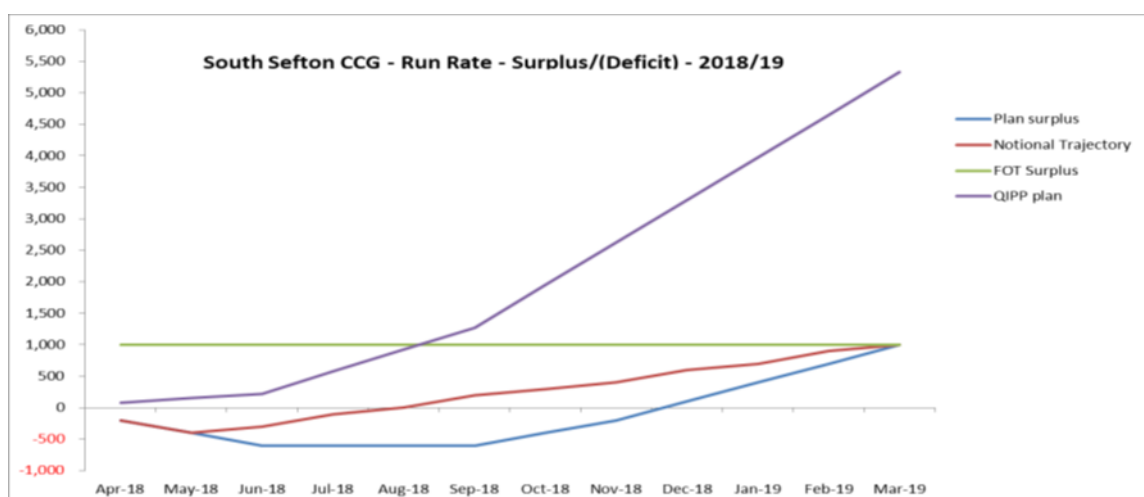
This report focuses on the financial performance for South Sefton CCG as at 30 September 2018.

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	12,086	12,852	766	25,975	1,672
Corporate & Support Services: admin	3,263	1,581	1,471	(110)	3,133	(130)
Corporate & Support Services: programme	3,798	1,896	1,760	(136)	3,553	(245)
NHS Commissioned Services	181,717	90,545	91,229	684	183,084	1,367
Independent Sector	3,671	1,823	1,857	34	3,712	42
Primary Care	4,747	2,100	2,238	138	4,830	84
Prescribing	28,768	14,384	14,886	502	29,745	977
Total Operating budgets	250,266	124,416	126,294	1,878	254,032	3,766
Reserves	(3,662)	1,878	0	(1,878)	(7,428)	(3,766)
In Year (Surplus)/Deficit	1,000	(600)	0	600	0	(1,000)
Grand Total (Surplus)/ Deficit	247,604	125,694	126,294	600	246,604	(1,000)

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 reported a breakeven position
- Q3 & Q4 plan to return to surplus position through delivery of mitigation strategies.

The CCG has achieved a balanced run-rate during month 6 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 30 September, 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 30 September 2018 is a deficit of £2.953m. 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, particularly in respect of amber rated schemes.

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 CCG's financial recovery plan 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 must align 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 and included within this report.

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 the near future.

Cost pressures have emerged in the first six 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 to a number of individual high cost cases emerging in 2018-19 and the impact of the continuation of individual arrangements to support discharge from hospital through provision of additional 28 day beds. This equates to full year cost pressures of £2.354m.
- Cost pressures of £0.269m within St Helens and Knowsley NHS Trust relating to over performance in elective activity, notably plastics and trauma and orthopaedics.
- Cost pressures of £0.222m on learning disabilities budget due to new individual high cost packages.
- Increased costs of £0.176m within AQP audiology contract with Specsavers.
- Cost pressures within Aintree NHS Trust of £0.190m and Alder Hey NHS Trust, £0.123m, 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 remains upon delivery of QIPP plans and savings schemes to reduce current levels of expenditure within the CCG.

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>)	£1.982m
Running Costs	CCG running costs < 2018/19 allocation	✓
BPPC	NHS - Value YTD > 95%	98.55%
	NHS - Volume YTD > 95%	98.50%
	Non NHS - Value YTD > 95%	98.10%
	Non NHS - Volume YTD > 95%	96.41%

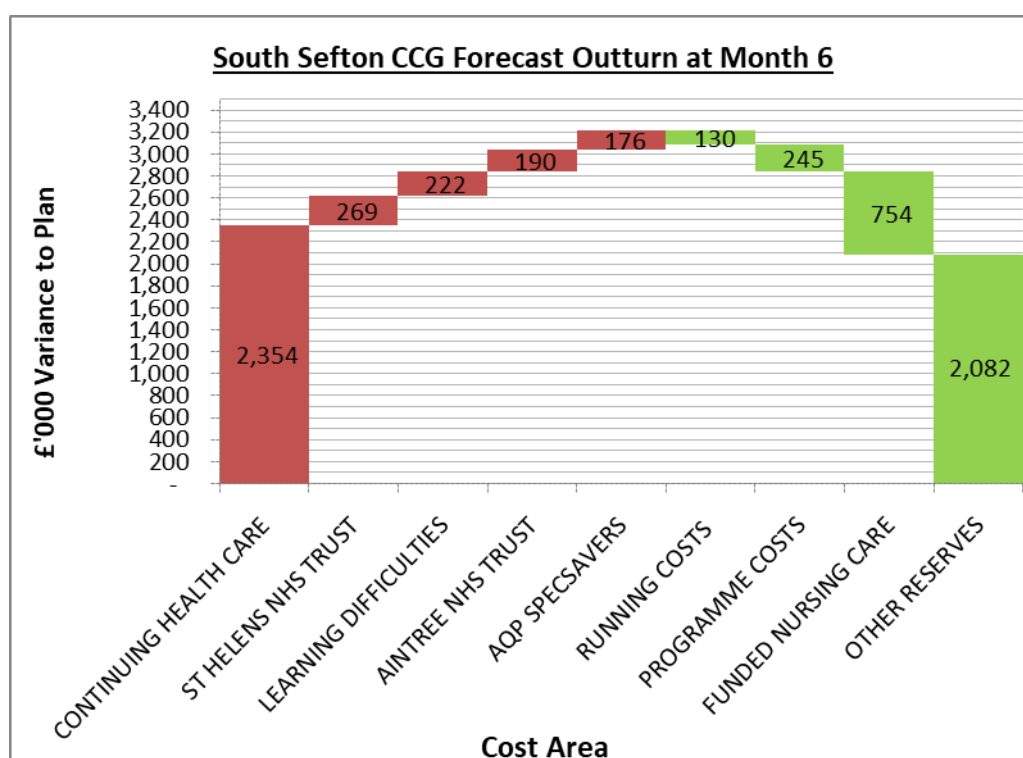
- NHS England business rules routinely require CCGs to deliver a 1% surplus. The CCG has been set a financial control total by NHS England to deliver a £1m surplus, which is a 0.4% surplus.
- 0.5% Contingency Reserve of £1.239m is held as mitigation against potential cost pressures.
- The current financial plan is to achieve a £1m surplus position in year. The CCG most likely position assessed at 30 September 2018 for the financial year is a deficit of £2.953m, without implementation of mitigations.
- The QIPP target for 2018-19 is £5.329m. Delivery is £1.982m to date which is £0.444m below planned delivery at month 6 (see appendix 3).
- The forecast expenditure for the year on the Running Cost budget is below the allocation by £0.130m at month 6.

- All BPPC targets have been achieved year to date. Work to maintain this performance through robust cash management continues

2.3 CCG Financial Position – Month 6 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 £2.953m**.
- 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, notably plastics and trauma and orthopaedics.
 - Cost pressures within learning disabilities due to new individual high cost packages.
 - 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 QIPP £m	Deployed (to Operational budgets) £m	Closing Budget £m
QIPP Target	(5.329)				(5.329)
QIPP Achieved			1.982		1.982
NCSO Adjustment	(1.400)				(1.400)
Primary care additional allocation	(1.500)			1.500	0.000
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)	0.000
Other investments / Adjustments	0.162	0.323	(0.758)	(0.616)	(0.889)
0.5% Contingency Reserve	1.239				1.239
Total Reserves	(3.988)	0.887	0.389	(0.950)	(3.662)

- The CCG reserve budgets reflect the approved financial plan.
- The QIPP target is held as a negative budget and offset with budget transfers from operational budgets into the reserves budget as schemes are achieved.
- The opening plan included an assumption that anticipated NCSO pressures would be covered by a central arrangement. The CCG has transferred this reserve into operational budgets which has in turn led to an increased pressure on expenditure.
- The forecast position for NCSO cost pressures for the year is £0.947m based upon the first six 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. The CCG is anticipating an allocation of £1.5m in this report.

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	0.604
Alder Hey Children's Hospital NHS Foundation Trust	(0.031)
Liverpool Women's NHS Foundation Trust	(0.068)
Liverpool Heart & Chest NHS Foundation Trust	(0.024)
Royal Liverpool and Broadgreen NHS Trust	0.037
Mersey Care NHS Foundation Trust	0.000
The Walton Centre NHS Foundation Trust	(0.003)
Total	0.515

- 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 £0.515m 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 if a PBR contract had been in place.

2.6 QIPP

Figure 7 – QIPP Plan and Forecast

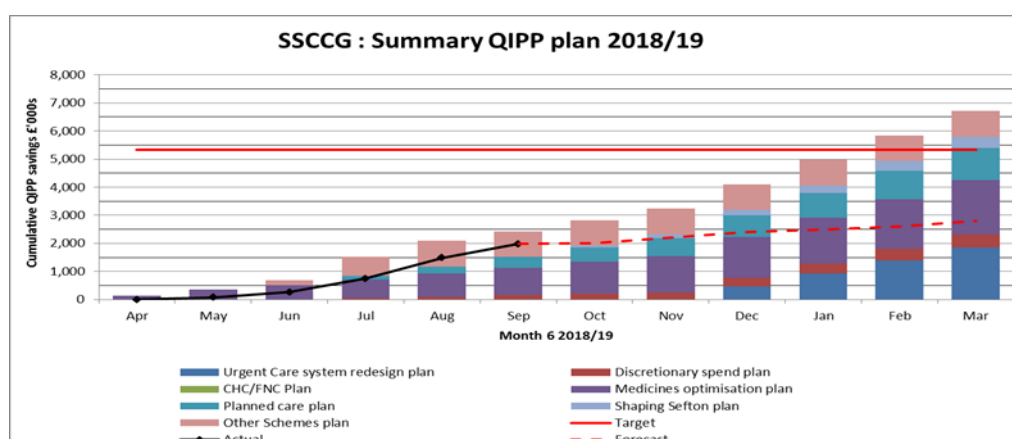


Figure 8 – RAG Rated QIPP Plan

	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
Total QIPP Plan	5,935	776	6,711	2,579	450	3,682	6,711
QIPP Delivered 2018/19				(1,982)		0	(1,982)

- The 2018/19 QIPP target is **£5.329m**.
- QIPP schemes worth £6.711m have been identified; however **£4.132m** of the schemes are rated amber and red which means that there is a high risk of non-delivery in year. This position needs to be addressed in order to deliver the CCG's financial plan.

- To date the CCG has achieved **£1.982m** 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)
Revised surplus / (deficit)	(2.859)	(1.470)	(4.329)
I&E Impact & Reserves budget	0.000	1.000	1.000
Management action plan			
QIPP Achieved	0.573	1.409	1.982
Remaining QIPP to be delivered	4.756	(1.409)	3.347
Total Management Action plan	5.329	0.000	5.329
Year End Surplus / (Deficit)	0.000	1.000	1.000

- 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
Underlying Deficit	(4.329)	(4.329)	(4.329)
Predicted QIPP achievement	5.329	2.804	2.804
I&E Impact	(2.571)	(3.766)	(3.766)
Forecast Surplus / (Deficit)	(1.571)	(5.291)	(5.291)
Further Risk	(0.150)	(0.150)	(1.309)
Management Action Plan	2.721	2.488	2.488
Risk adjusted Surplus / (Deficit)	1.000	(2.953)	(4.112)

- 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 £2.953m** and assumes that QIPP delivery will be £2.804m in total with further risk in relation to mental health investment and mitigations relating to the CCG contingency budget and other reserves.
- The worst case scenario is a **deficit of £4.112m** 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 and Aged Debt	Quarter 1			Quarter 2			Prior Year 2017/18
	M1	M2	M3	M4	M5	M6	M12
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Non-Current Assets	115	115	115	115	115	155	115
Receivables	1,729	1,649	1,218	3,432	3,905	3,875	1,938
Cash	3,245	4,392	7,927	1,124	30	3,265	105
Payables & Provisions	(11,092)	(16,765)	(19,657)	(19,066)	(18,850)	(17,172)	(14,100)
Value of Debt > 180 days	751	647	707	558	551	489	506

- The non-current asset balance relates to the purchase of IT equipment in 2017-18. There has been an addition in month 6 due to Primary Care IT Funding from NHS England.
- The receivables balance includes invoices raised for services provided accrued income and prepayments.
- Outstanding debt in excess of 6 months old stands at £0.489m. This predominately consists of:
 - CQUIN payment recovery (£0.182m) with Southport & Ormskirk NHS Trust relating to the expert determination. The most recent discussions with the Trust indicate that this will be settled in November 2018, and
 - Annual invoices raised to other local CCGs for the Cheshire and Merseyside (C&M) Rehabilitation Network (£0.212m).
- 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 £246.182m at Month 6. The actual cash utilised at Month 6 was £125.094m which represents 50.8% of the total allocation. The balance of MCD to be utilised over the rest of the year is £121.088m.

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 £2.953m. The agreed financial plan for 2018-19 requires the CCG to deliver a £1m surplus.
- QIPP delivery at month 6 is £1.982m 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 6 following losses in earlier months. As the CCG enters the second half of the financial year, its plan to deliver a surplus position in each month will prove challenging to deliver.
- 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. All members of the CCG must contribute to the implementation of QIPP plans which deliver the required level of savings to meet its statutory financial duties into 2018-19 and in future years.

Leadership Team Lead	Clinical Lead	Managerial Lead
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	2729	3365	636	23%	1691	1802	111	7%	5267	6253	986	19%
May	3265	3482	217	7%	2075	2059	-16	-1%	6386	6582	196	3%
June	3308	3325	17	1%	2013	1958	-55	-3%	6360	6361	1	0%
July	3108	3245	137	4%	1941	2010	69	4%	6141	6366	225	4%
August	3217	3129	-88	-3%	1829	1790	-39	-2%	6106	5989	-117	-2%
September	3174				1936				6185			
October	3310				2020				6457			
November	3340				2030				6380			
December	2398				1634				4857			
January	3136				1889				6139			
February	3204				1682				5895			
March	3312				1769				6082			
Monthly Average	3125	3309	184	6%	1876	1924	48	3%	6021	6310	289	5%
YTD Total Month 5	15627	16546	919	6%	9549	9619	70	1%	30260	31551	1291	4%
Annual/FOT	37501	39710	2209	6%	22509	23086	577	3%	72255	75722	3467	5%



Data quality note: General Medicine GP referrals at Aintree Hospital have been excluded due to the GP hotline service ceasing in April 2018. Also, Walton Neuro Centre has been excluded from the above analysis due to data quality issues.

A significant 6% decrease in referrals occurred in August, representing the lowest monthly total of this financial year. However, this reduction was anticipated as part of seasonal trends. GP referrals in 2018/19 to date are 6% up on the equivalent period in the previous year with notable increases occurring within specialties such as ENT, Urology and Gastroenterology. Trends are also heavily influenced by referrals to the main hospital provider (Aintree Hospital), which has reported a 9% increase in referrals year to date in 2018/19.

Consultant-to-consultant referrals are currently 1% lower compared to 2017/18, with referrals following a similar trend to GP referrals and decreasing in August (anticipated as part of seasonal trends). Despite an overall decrease, many of the top referred-to specialties for consultant-to-consultant referrals have seen year to date increases in 2018/19, particularly Cardiology at 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 - July	80% by End of Q2 2017/18 & 100% by End of Q2 2018/19	51%	↑

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 (July) for E-referral Utilisation rates reported for the CCG as a whole is 51%; and did not achieve the 80% by end of Q2 2017/18. July again has seen a marked increase from the previous month when 47% 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 - Aug	1.00%	3.01%	↑ ↔
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	18/19 - Aug	1.00%	2.64%	↓

Performance Overview/Issues

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in August recording 3.01%, very slightly lower than last month when 3.16% was recorded. In August out of 3,024 patients, 91 patients were waiting at 6+ weeks and 10 at 13+ weeks. The majority of breaches were for a MRI (40) and CT (25). 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 3.2% in August but a lot lower than last month when 3.9% was reported. The biggest pressures are in Gastroscopy (39), MRI (31) and Flexi-Sigmoidoscopy (28).

Aintree failed the target for less than 1% of patients waiting longer than 6 weeks for a diagnostic test in August recording 2.64% an improvement from last month when 3.89% was recorded. In August out of 5,920 patients, 156 patients were waiting at 6+ weeks and 14 at 13+ weeks. The majority of breaches were waiting for MRI (62), CT (4) and non-obstetric ultrasound (38).

Radiology continues to experience a sustained increase in demand for Imaging (CT Cardiac, MR Cardiac, MR MSK and Ultrasound MSK). Demand is in excess of funded capacity. Additional Inpatient activity has a consequence, reducing Outpatient capacity for CT and MR. Additional sessions have been agreed via Resource panel for September: The demand for Cardiac Imaging is impacting on performance against this standard. Wait for general CT, MR and Ultrasound is 6 weeks or less. Patients waiting longer than this time are for Cardiac CT and MR, in addition to MSK ultrasound.

For Endoscopy, during August, 14 of the 827 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 continued increase in colorectal cancer referrals. All patients were allocated a date for their procedure within 6 weeks for the August end of month position however due to a number of 2ww referrals requiring prioritisation within 8 days the patients were moved to dates in early September breaching the DM01 standard by a couple of days but not causing any clinical concern.

How are the issues being addressed?

Aintree Radiology Proposed actions:

- Additional waiting list initiatives activity continues to cover 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 and this will continue. This approach has seen a reduction in DNA's to below the national average.

- A full case of need is being prepared to present to the executive team at September Trust Board.

Aintree 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 staffs are telephoning patients 7 days in advance and this will continue. This approach has seen a reduction in DNA's to below the national average.
- A full case of need is being prepared to present to the executive team at September Trust Board.

When is the performance expected to recover by?

Recovery timescales are to be discussed with main provider.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	John Wray	Billie Dodd

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)	18/19 - Aug	0	6	↑
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	18/19 - Aug	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 - Aug	92%	89.54%	↔
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 - Aug	92%	89.34%	↔

Figure 16 – RTT Performance & Activity Trend

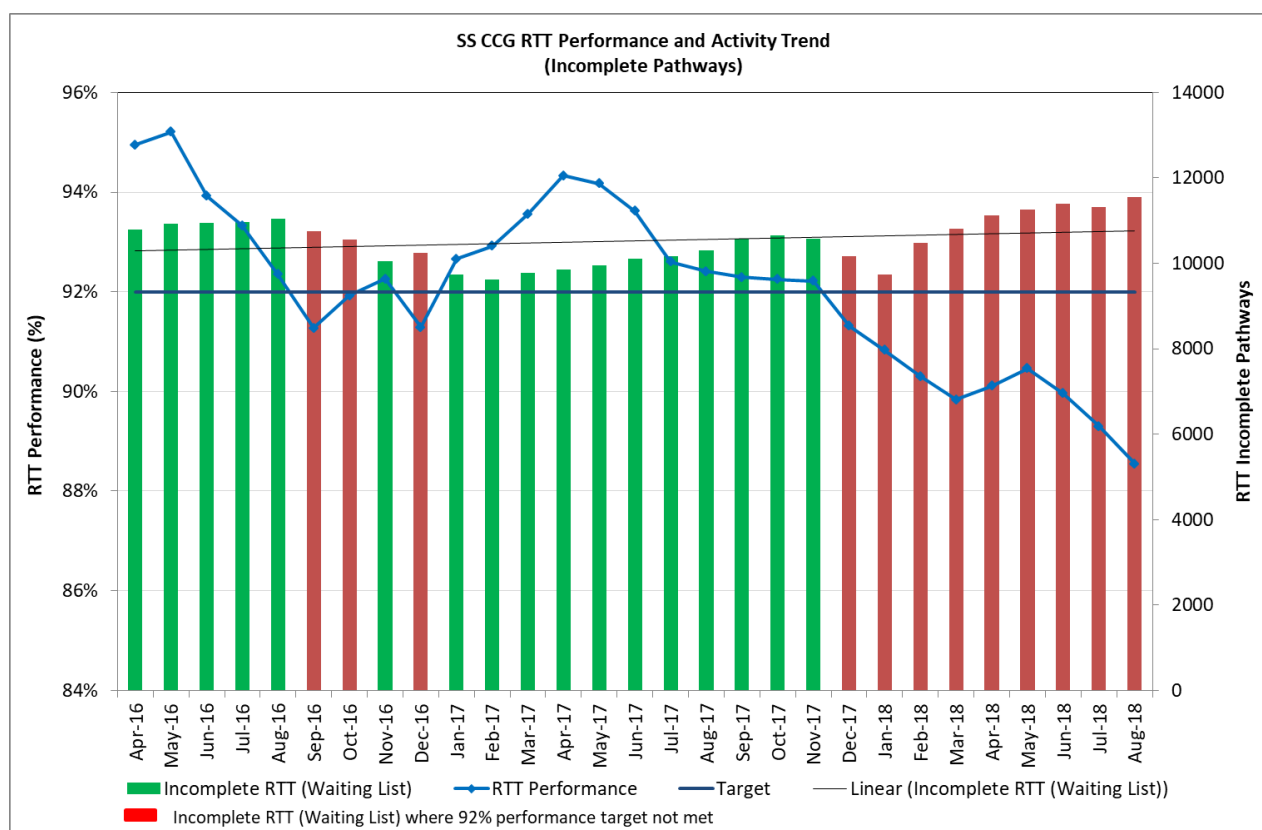


Figure 17 – South Sefton CCG Total Incomplete Pathways

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	11,510							
Difference	1,269	1,315	1,292	1,152	1,200							

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 August, 6 South Sefton patients were waiting on the incomplete pathway for 52+ weeks against the national zero tolerance threshold. 1 out of 6 has been treated so far and no patients harm reported to date. Of the 6 breaches, 2 were Gynaecology patients at Liverpool Women’s Hospital. The first patient was treated 06/09/2018 and the second patient has an appointment for 10/10/2018.

The remaining 4 cases are patients waiting at University Hospital of North Midlands (UHM) for bariatric surgery. Of the 4 cases, 2 are watch and wait, 1 was discharged with a decision not to treat, and one patient did not attend (DNA) meaning the clock has stopped. As previously reported 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. Commissioners participate in weekly calls with the Provider to progress this.

NHS England set CCGs the target for total RTT incomplete pathways in March 2019 to be no higher than in March 2018. Current performance for August 2018 (11,510) is higher than that of August of the previous year and is therefore not on target to achieve the year end position (10,806). South Sefton CCG and Aintree Hospital have submitted 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 89.54% for August. This is similar to the performance reported in July (89.3%). In August, of 11,510 patients, 1,319 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 August recording 89.34%. Out of 18,935 patients there were 2,018 waiting over 18 weeks on the incomplete pathway. Incomplete pathway totals 18,935 which is an increase of 232 against July's position.

The significant non-elective pressure experienced at the Trust over the winter period 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 lists being cancelled to accommodate increased urgent trauma cases.

Cancellations and Did Not Attend (DNA) rates continue to be scrutinised and actions taken to reduce these. 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.

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 be scrutinised and actions taken to reduce these. 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?

In order to increase CCG assurance in respect of the safety of long waiting patients, CCGs have requested patient level commentary for all 36 week plus waiters across all providers.

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.
- Recruitment of Trauma Consultant in progress.
- Continue to support the reduction in Endoscopy waits by supporting Waiting List Initiatives 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.

Royal Liverpool and Broadgreen Proposed Actions:

The Royal Liverpool and Broadgreen Hospital reported that they did not achieve the 92% incomplete Referral to Treatment target in August (81.56%). 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 Proposed Actions:

University Hospital North Midlands NHS Trust in August recorded 78.85% 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. 21 out of 28 South Sefton CCG patients were recorded as waiting over 18. The issues regarding RTT performance and waiting times are described above in relation to 52+ week waits. CCGs are working collaboratively with other commissioners in Merseyside and Lancashire and MLCSU regarding alternative providers to ease capacity issues at UHNM and interim contracts are close to being agreed. Weekly teleconferences are in place with commissioners, CSU and UHNM.

When is the performance expected to recover?

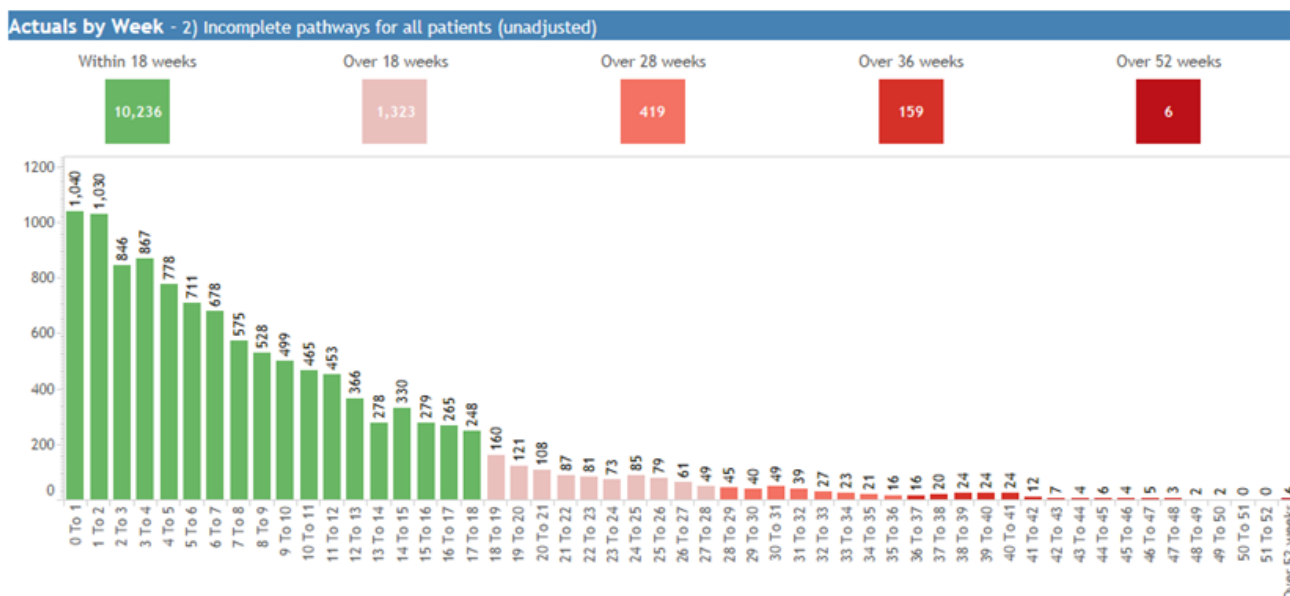
Aintree has submitted plans to NHSI to achieve the March 2019 position.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	John Wray	Billie Dodd

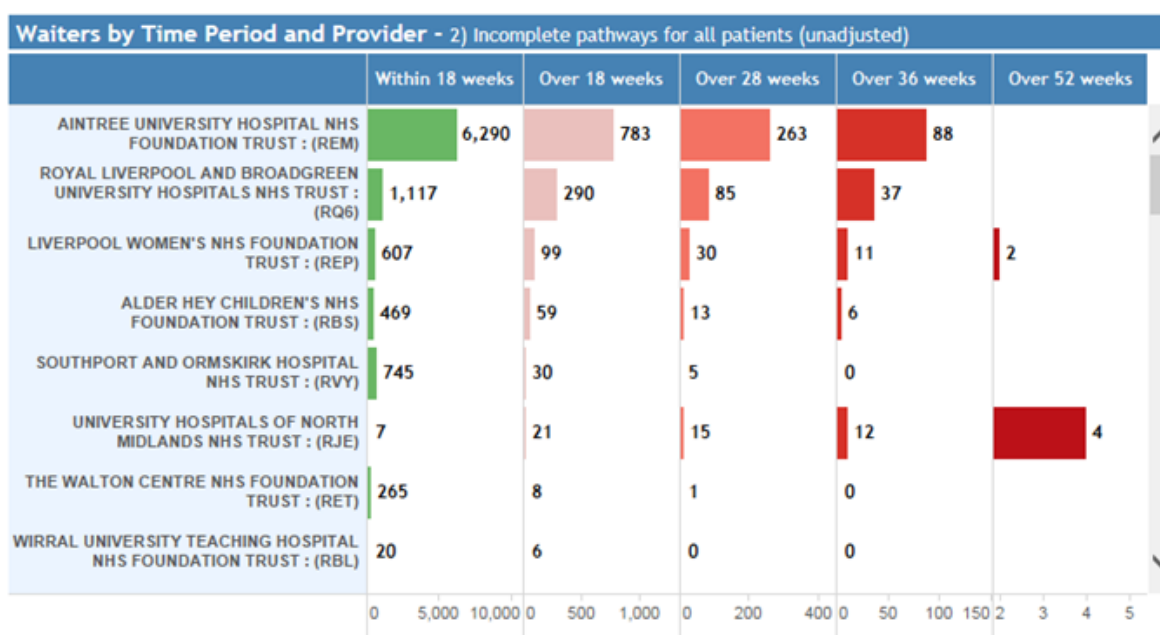
3.3.1 Incomplete Pathway Waiting Times

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



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 19 - 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 20 - Patients waiting (in bands) on incomplete pathways by Speciality for Aintree University Hospitals NHS Foundation Trust

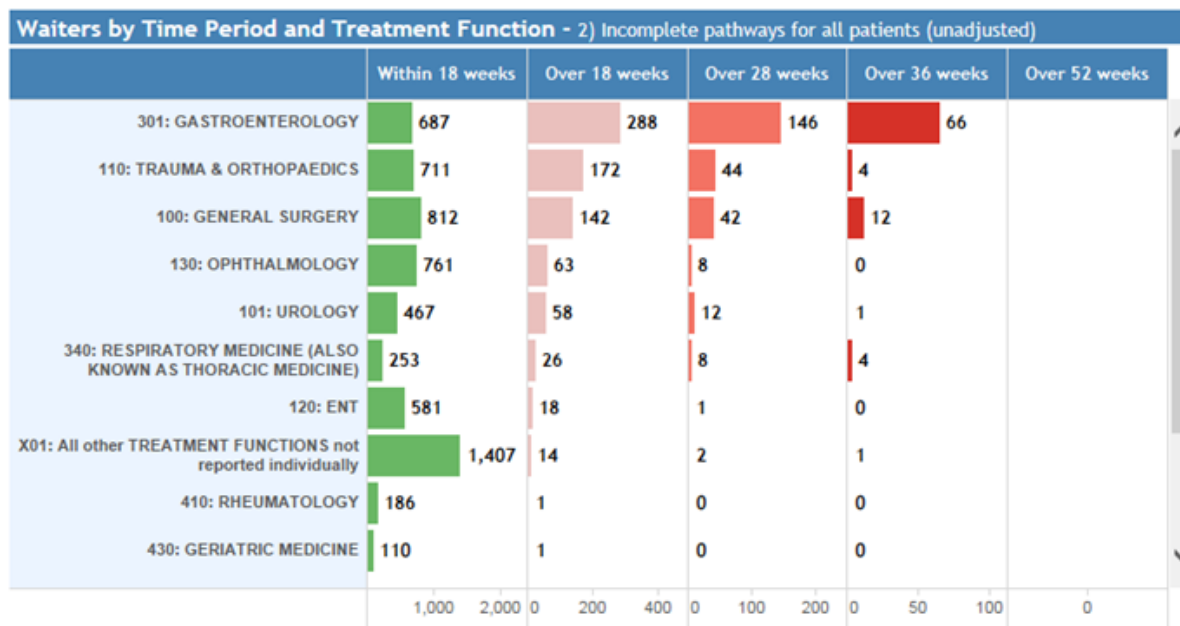
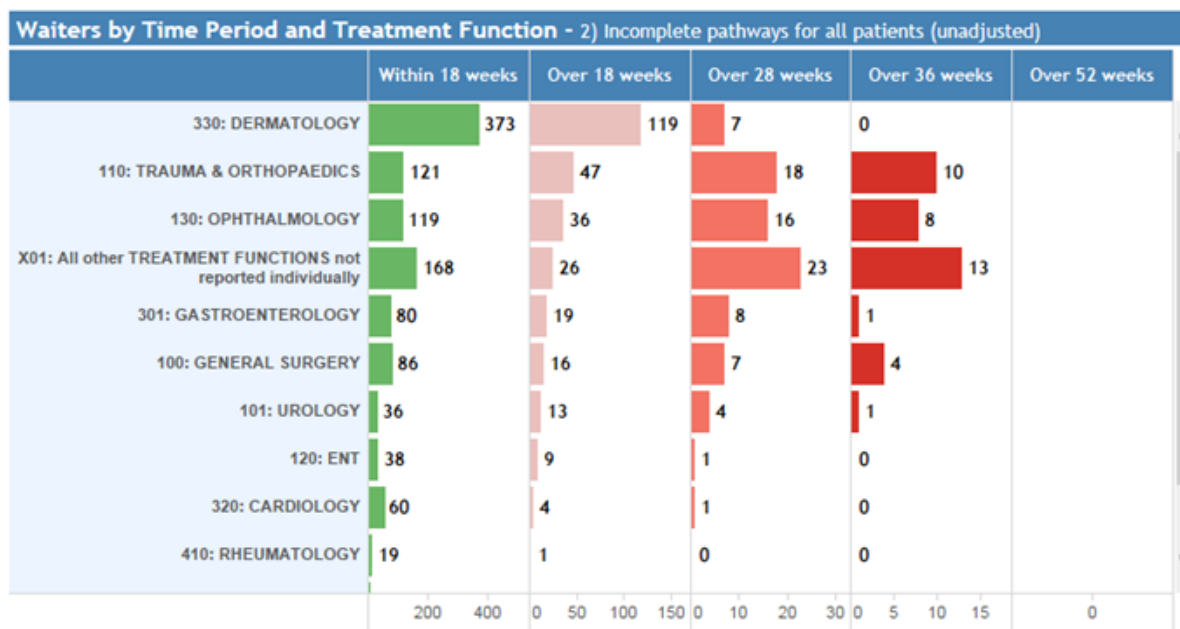


Figure 21 - Patient waiting (in bands) on incomplete pathway by Speciality for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



3.3.4 Provider assurance for long waiters

Figure 22 - South Sefton CCG Provider Assurance for Long Waiters

CCG	Trust	Specialty	Wait bands	Details
South Sefton	North Midlands	General Surgery	52+ weeks	4 Patients for 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, demand has far exceeded capacity. 2 watch and wait, 1 DNA, 1 discharged decision not to treat.
South Sefton	Liverpool Womens	Gynaecology	52+ weeks	2 patients, first treated 6-9-18 second patient has appointment 10-10-18.
South Sefton	Liverpool Womens	Gynaecology	36 to 49 weeks	9 in total BUT 2 are on course to breach 52 weeks
South Sefton	North Midlands	General Surgery	36 to 47 weeks	8 patients waiting for bariatric surgery, issue same as the above.
South Sefton	Aintree	Gastroenterology	36 to 48 weeks	66 patients - 63 patients have their TCI dates and 3 pathways deleted.
South Sefton	Aintree	General Surgery	36 to 42 weeks	12 patients, all have either been seen or have TCI dates
South Sefton	Aintree	T&O	36 to 42 weeks	4 patients, all have been seen
South Sefton	Aintree	Thoracic Medicine	37 to 39 weeks	4 patients, 3 seen and 1 pathway stopped
South Sefton	Aintree	Urology	38 weeks	1 patient - seen 17-9-18
South Sefton	Aintree	Other	37 weeks	1 patient - seen 6-9-18
South Sefton	Alder Hey	Other	39 to 43 weeks	6 patients - 3 seen (2 of them treated) 2 sent to survive for review and date and 1 DNA which was discharged back to GP
South Sefton	Royal Liverpool	Other	36 to 44 weeks	13 patients - 1- treated in September and remaining 3 with TCI dates
South Sefton	Royal Liverpool	T&O	39 to 49 weeks	10 patients - 7 treated in September 2 with TCI dates and 1 with no date as yet
South Sefton	Royal Liverpool	Ophthalmology	36 to 45 weeks	8 patients - 7 treated in September and 1 with TCI date
South Sefton	Royal Liverpool	General Surgery	36 to 36 weeks	4 patients - 1 patient treated in September, 1 patient with TCI date and 2 with no date as yet
South Sefton	Royal Liverpool	Urology	36 weeks	1 patient - TCI date 10-10-18
South Sefton	Royal Liverpool	Gastroenterology	39 weeks	1 patient - TCI date 11-10-18
South Sefton	Countess of Chester	General Surgery	45 weeks	1 patients - No details as they report to West Cheshire as host CCG
South Sefton	Hull & East Yorkshire	Other	38 weeks	1 patient - TCI date 19-12-18
South Sefton	Sheffield Teaching	Other	39 weeks	1 patient - Awaiting TCI date
South Sefton	Robert Jones	T&O	38 weeks	1 - patient - Awaiting Trust update
South Sefton	Wrightington, Wigan	General Surgery	37 weeks	1 patient - No TCI date

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 23 – 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 - Aintree	18/19 - Aug	0	0	1 ↔

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

Figure 24 – Aintree Cancelled Operations for a second time

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

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

Figure 25 – 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) (CCG)	18/19 - Aug	93%	91.23%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	18/19 - Aug	93%	89.75%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	18/19 - Aug	93%	92.88%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Aintree)	18/19 - Aug	93%	89.87%	↓

Performance Overview/Issues

The CCG achieved the 93% target in August for patients referred urgently with suspected cancer with 93.83% but are failing year to date 91.23%. 41 patients out of 665 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.

Aintree also achieved the 93% target in August for patients referred urgently with suspected cancer with 93.23%. 66 patients out of 975 waited longer than two weeks for a first outpatient appointment. The reasons for failure of this target include, patient choice as the majority, outpatient capacity inadequate, other reason (not stated) and administrative delay.

Aintree failed the 93% breast target for August reaching 87.90% and are still failing year to date reporting 89.87%. Out of 157 patients there were 19 breaches. This was due to patient choice, and other reasons. 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 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 26 – 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) (CCG)	18/19 - Aug	96%	97.25%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	18/19 - Aug	96%	97.47%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	18/19 - Aug	94%	98.15%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	18/19 - Aug	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	18/19 - Aug	94%	97.01%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	18/19 - Aug	94%	98.45%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	18/19 - Aug	98%	99.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	18/19 - Aug	98%	100.00%	↔

3.5.3 - 62 Day Cancer Waiting Time Performance

Figure 27 – 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 - Aug	85% local target	76.47%	↔
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 - Aug	85% local target	84.91%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	18/19 - Aug	90%	80.00%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	18/19 - Aug	90%	84.31%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	18/19 - Aug	85%	81.67%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	18/19 - Aug	85%	79.88%	↑

Performance Overview/Issues

The CCG achieved 2 of the 3 62 day measures in August, but are failing all 3 year to date. 62 day upgrade reported 77.78%, 76.47% year to date, in August there were 2 breaches out of 9 patients one reason not listed and the second was due to complex diagnostic pathway. 62 day screening reported 100% in August but are still failing year to date recording 80%. Lastly the 62 day standard 88.24% was reported in August, 81.67% year to date, there were the equivalent of 4 breaches out of a total of 34 patients, reasons reported were 2 other and 2 were complex diagnostic pathway.

Aintree failed 62 day upgrade reporting 84.44% in August (84.91% year to date) and had 3.5 breaches out of a total of the equivalent of 22.5 patients. But the achieved the 90% target for 62 day screening in August with a no patient breaches out of a total of 5 patients, but are failing year to date with a performance of 80%. 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 failed the 85% target in August for 2 month wait from urgent GP referral to first definitive treatment recording 84.73% (79.88% year to date). Out of a total equivalent of 65.5 patients, 10 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 August there were significant pressures from increased demand in high volume specialties, specifically in Colorectal, Urology and Head and Neck. The number of patients on a 62-day pathway is 1107 compared to 790 this time last year (30% increase in patients on pathway). There are also still a large number of patients who choose to delay their pathways because of holiday and work commitments. There are also capacity issues for surgery in other organisations to which the Trust refers patients (i.e. urology at RLBUH). Annual leave in July and August also resulted in reduced capacity in the Tumour groups. Increased demand has also impacted on Diagnostic services because all patients referred as suspected cancer have to receive the appropriate diagnostics to either confirm or exclude a cancer diagnosis.

How are the issues being addressed?

The CCG have on-going actions around cancer and are undertaking a capacity and demand review currently. This is to understand the increases in demand and are looking to address them where possible. All proposals will be taken to the Cancer Alliance.

Aintree undertook a 'snapshot' review of referrals re head and neck over a period of 2 weeks rather than a full audit. This revealed a number of inappropriate referrals. The team advised that they have difficulty accessing the referring GP to downgrade and end up seeing these inappropriate referrals. Work is currently being undertaken for a pilot in Liverpool using email as a mechanism to relay the downgrade in light of the above. Some National Support Fund money is planned to be used to support detailed work with this.

The overall number of referrals has increased enormously over recent months, particularly for prostate, circa 30%. This has been seen nationally and felt to be due to a number of factors including the 'celebrity effect' and charities such as Prostate Cancer UK encouraging 'screening' particularly through football venues. This has been considered nationally and as a result prostate performance from the last quarter was not used in consideration of transformation money for all cancer alliances nationally. Work is currently underway to support a gold standard prostate pathway through the cancer alliance. All trusts are involved in this work. Of note not only have the number of referrals increased for prostate but also the number of treatments.

There are on-going concerns from Trusts broadly around the quality of cancer referrals including both compliance with NICE Guideline 12, quality and critical information. Additional work is going on across the Cancer Alliance around referrals to ensure that all information is pulled through on the GP clinical system through the development of templates which have mandated fields. This is currently being tested in Warrington. Liverpool CCG are looking at the use of protocols on EMIS which should also help streamline referrals.

Aintree have had a National Support Fund for 62 day improvement to access additional funding to support the cancer performance for colorectal cancer services, the Cancer Alliance Programme Board has allocated £50k to support service improvement for the Trust over the next 12 months. Along with this Aintree will host and manage a project to deliver significant improvements for head & neck cancer services across Cheshire & Merseyside. It is proposed that funding of £150k is allocated to support project management and clinical leadership necessary to delivery improvements including implementation of the optimal pathway.

Trust Actions:

- Weekly Senior Operations Team briefings taking place, with focus on measures to reduce delays including any delays to patient diagnosis from Liverpool Clinical Laboratories (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.

- Meeting dates are now confirmed 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.
- There has been a confirmed increase in all Tumour groups since April. There has been a 30% rise in the numbers of patients on cancer pathways when compared to the same time in 2017. An audit was completed in Head & 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 audit has shown that many of the referrals are in appropriate and communication has commenced with GPs to reduce the number of referrals being sent to 2 week clinic inappropriately.
- Increased collaborative working with partners such as LCL 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?

The performance is not expected to recover this financial year but the actions above will impact on improved performance.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Debbie Harvey	Billie Dodd

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 1 half patient breach and 1 full patient over 104 days, the half patient breach waited 174 days no reason given than other. The second full patient breach waiting 104 days and delay was due to complex diagnostic pathway. RCAs are awaited and will be shared with NHSE.

3.6 Patient Experience of Planned Care

Figure 28 – Aintree Inpatient Friends and Family Test Results

Friends and Family Response Rates and Scores
 Aintree University Hospital NHS Foundation Trust
 Latest Month: Aug-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
Inpatient	25.2%	38.7%		96%	93%		2%	4%	

Aintree Friends and Family Inpatient test response rates are now above the England average of 24.9% for August at 38.7% this is a big increase from last month when 21.7% was recorded. The proportion of patients who would recommend the Trust is same as 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 was 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 5 of the financial year 2018/19, against planned care elements of the contracts held by NHS South Sefton CCG show an under performance of -£68k/-0.3%. 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 £234k/1.2%.

At specific over performing Trusts, St Helens & Knowsley Hospital is reporting the largest cost variance with a total of £86k/20%. However, in contrast, Aintree Hospital are under performing by -£265k/-2%.

Figure 29 - 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	72,432	72,408	-24	0%	£12,628	£12,363	£-265	-2%	£265	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	5,755	6,192	437	8%	£728	£768	£40	5%	£-40	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	509	580	71	14%	£174	£176	£1	1%	£-1	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	6,684	5,960	-724	-11%	£1,277	£1,188	£-89	-7%	£89	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	12,827	13,464	637	5%	£2,149	£2,186	£37	2%	£-37	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	1,307	1,351	44	3%	£422	£396	£-26	-6%	£26	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	99,513	99,955	442	0%	£17,379	£17,077	£-302	-2%	£302	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	77	93	16	20%	£11	£14	£3	25%	£0	£3	25%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	59	59	0%	£0	£6	£6	0%	£0	£6	-
FAIRFIELD HOSPITAL	82	90	8	10%	£22	£20	£-2	-8%	£0	£-2	-8%
ISIGHT (SOUTHPORT)	227	323	96	43%	£40	£58	£18	44%	£0	£18	44%
RENACRES HOSPITAL	2,659	2,863	204	8%	£818	£780	£-37	-5%	£0	£-37	-5%
SALFORD ROYAL NHS FOUNDATION TRUST	0	70	70	0%	£0	£26	£26	0%	£0	£26	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	5,358	5,180	-178	-3%	£912	£942	£30	3%	£0	£30	3%
SPIRE LIVERPOOL HOSPITAL	1,192	1,247	55	5%	£374	£376	£3	1%	£0	£3	1%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	1,957	1,942	-15	-1%	£421	£507	£86	20%	£0	£86	20%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	530	598	68	13%	£122	£117	£-5	-4%	£0	£-5	-4%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	82	82	0%	£0	£27	£27	0%	£0	£27	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	189	189	0%	£0	£39	£39	0%	£0	£39	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	489	639	150	31%	£198	£239	£41	21%	£0	£41	21%
ALL REMAINING PROVIDERS TOTAL	12,570	13,375	805	6%	£2,918	£3,152	£234	8%	£0	£234	8%
GRAND TOTAL	112,083	113,330	1,247	1%	£20,297	£20,229	£-68	-0.3%	£302	£234	1.2%

*PBR Only

3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust

Figure 30 - 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	5,644	5,515	-129	-2%	£3,486	£3,465	£-21	-1%
Elective	831	649	-182	-22%	£2,362	£1,936	£-426	-18%
Elective Excess BedDays	277	257	-20	-7%	£67	£61	£-6	-9%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	180	129	-51	-28%	£38	£28	£-9	-25%
OPFANFTF - Outpatient first attendance non face to face	1,079	834	-245	-23%	£31	£24	£-7	-22%
OPFASPCL - Outpatient first attendance single professional consultant led	13,075	13,099	24	0%	£2,061	£2,109	£49	2%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	585	304	-281	-48%	£49	£29	£-21	-41%
OPFUPNFTF - Outpatient follow up non face to face	1,339	3,010	1,671	125%	£32	£73	£40	125%
OPFUPSPCL - Outpatient follow up single professional consultant led	33,718	31,875	-1,843	-5%	£2,330	£2,297	£-33	-1%
Outpatient Procedure	9,183	9,991	808	9%	£1,237	£1,341	£104	8%
Unbundled Diagnostics	5,923	6,134	211	4%	£478	£534	£56	12%
Wet AMD	598	611	13	2%	£457	£466	£8	2%
Grand Total	72,432	72,408	-24	0%	£12,628	£12,363	£-265	-2%

Underperformance within planned care at Aintree Hospital is evident against the majority of points of delivery. However, the overall under spend of £-265/-2% driven by reduced elective activity. Electives are currently £-426/-18% under plan, which can be attributed to a 26% reduction in activity within the Trauma & Orthopaedics specialty.

Outpatient procedures are currently £104k/8% above plan at month 5. Cardiology is showing the largest cost variance within this particular POD (£52k/48%), 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 31 - 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	343	357	14	4%	£222	£242	£21	9%
Elective	59	56	-3	-5%	£138	£130	-£8	-6%
Elective Excess BedDays	2	26	24	1326%	£1	£6	£5	884%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	52	80	28	53%	£9	£15	£6	67%
OPFASPCL - Outpatient first attendance single professional consultant led	716	726	10	1%	£117	£122	£5	4%
OPFUPMPCl - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	118	124	6	5%	£9	£12	£3	27%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,713	1,459	-254	-15%	£132	£117	-£16	-12%
Outpatient Procedure	2,017	2,005	-12	-1%	£257	£270	£13	5%
Unbundled Diagnostics	337	347	10	3%	£26	£27	£1	4%
Grand Total	5,358	5,180	-178	-3%	£912	£942	£30	3%

* 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 read just 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 £30k/3% at month 5 is due in part to increased day case activity and outpatient procedures. Minor skin procedures have contributed to over performance in both areas.

3.7.3 Renacres Hospital

Figure 32 - 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	250	232	-18	-7%	£310	£272	-£37	-12%
Elective	67	52	-15	-22%	£312	£274	-£38	-12%
OPFASPCL - Outpatient first attendance single professional consultant led	468	602	134	29%	£77	£97	£20	26%
OPFUPSPCL - Outpatient follow up single professional consultant led	703	771	69	10%	£45	£49	£4	9%
Outpatient Procedure	380	233	-147	-39%	£38	£40	£2	4%
Unbundled Diagnostics	186	221	35	19%	£18	£21	£3	15%
Physio	605	571	-34	-6%	£18	£17	-£1	-6%
OPPREOP	0	181	181	0%	£0	£11	£11	0%
Grand Total	2,659	2,863	204	-17%	£818	£780	-£37	25%

Renacres under performance is evident within Day Case and Electives, with these two PODs showing a combined under spend of -£75k. Very major knee procedures account for the majority of this reduced performance against plan at month 5. 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.

3.7.4 St Helens & Knowsley Teaching Hospitals NHS Trust

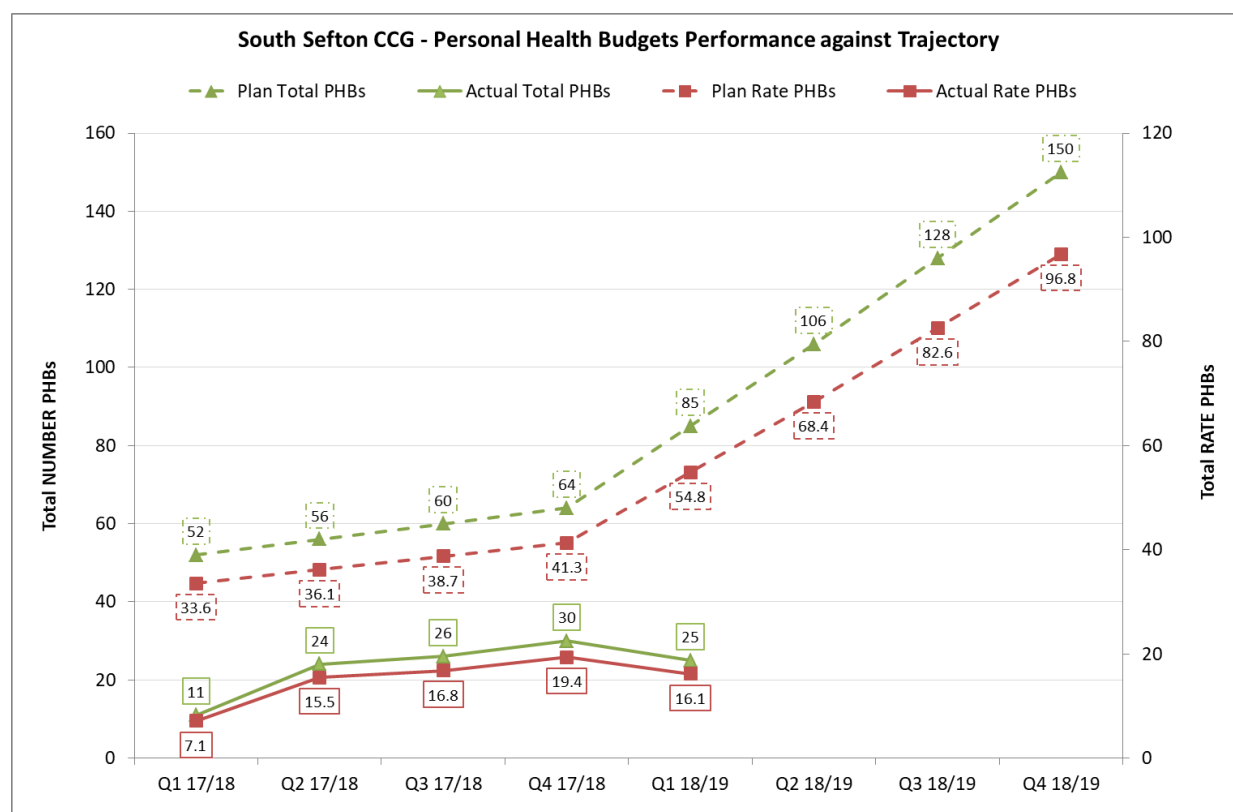
Figure 33 - Planned Care - St Helens & Knowsley Hospitals by POD

St Helens & Knowsley 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	242	247	5	2%	£204	£228	£23	11%
Elective	23	42	19	80%	£62	£140	£78	125%
Elective Excess BedDays	4	0	-4	-100%	£1	£0	-£1	-100%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	3	5	2	92%	£1	£1	£1	109%
OPFASPCL - Outpatient first attendance single professional consultant led	295	276	-19	-7%	£41	£37	-£4	-11%
OPFASPNC - Outpatient first attendance single professional Non Consultant Led	24	31	7	27%	£1	£2	£0	9%
OPFASPNC - Outpatient first attendance single professional	41	49	8	19%	£4	£5	£1	21%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	671	655	-16	-2%	£37	£36	-£1	-3%
OPFUPSPCL - Outpatient follow up single professional consultant led	109	172	63	58%	£5	£4	£0	-7%
OPFUPSPNC - Outpatient follow up single professional non consultant led	16	0	-16	-100%	£0	£0	£0	-100%
OPFUPSPNC - Outpatient follow up single professional non consultant led non face to face	0	10	10	-	£0	£0	£0	-
Outpatient Procedure	423	361	-62	-15%	£57	£47	-£10	-17%
Unbundled Diagnostics	104	93	-11	-10%	£8	£8	£0	2%
Grand Total	1,956	1,941	-15	-1%	£421	£507	£86	20%

St Helens & Knowsley over performance is evident within Electives and Day Cases, with these two PODs showing a combined over spend of £101k. Variance against plan across the remaining points of delivery within planned care is minimal. Plastic Surgery is the key over performing specialty within both Electives and Day Cases with small amounts of activity reported against a number of HRGs in both areas.

3.8 Personal Health Budgets

Figure 34 - 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 35 - 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

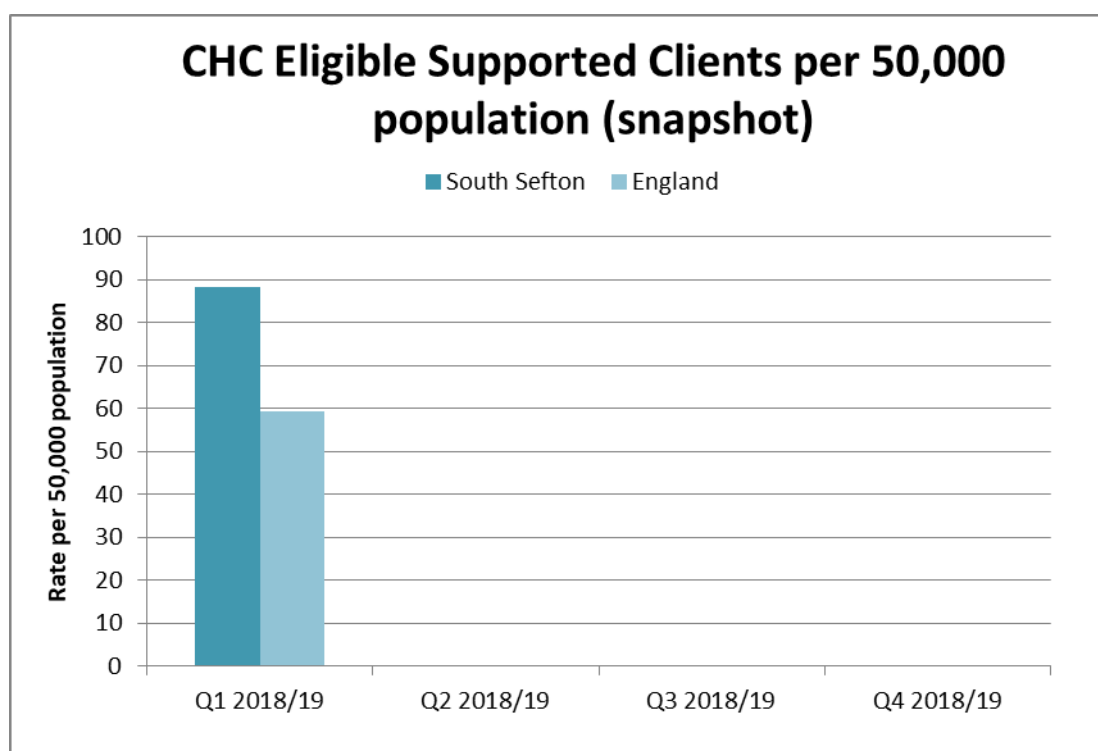


Figure 36 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

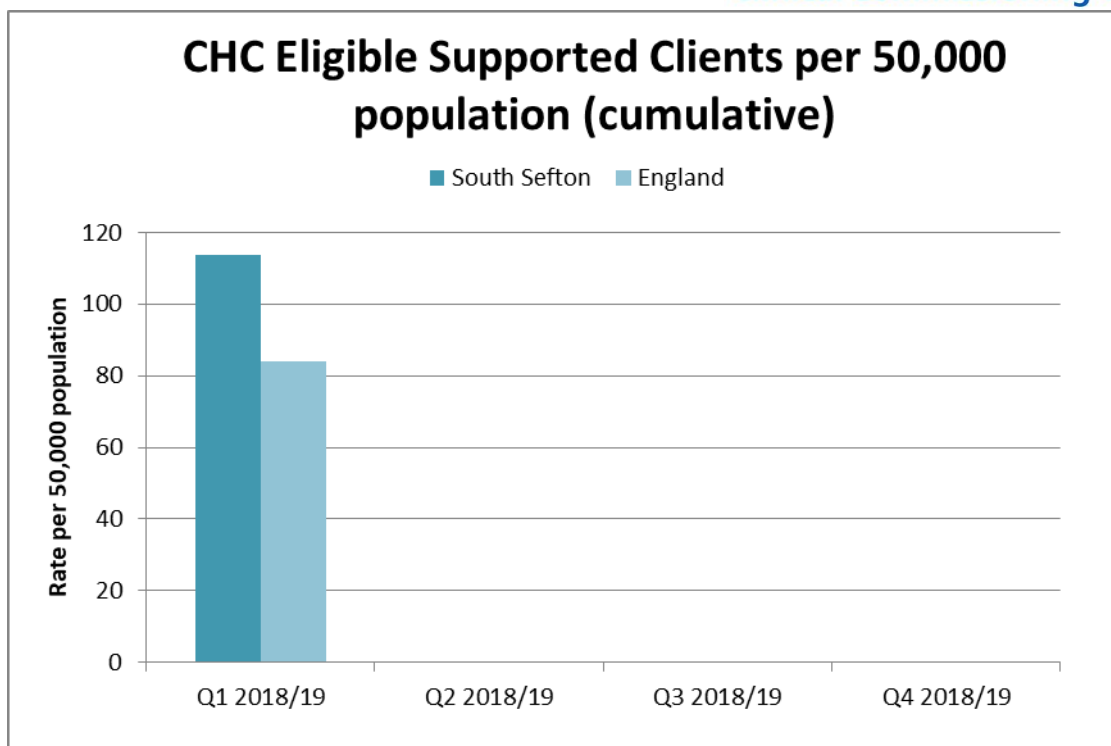


Figure 37 – Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist

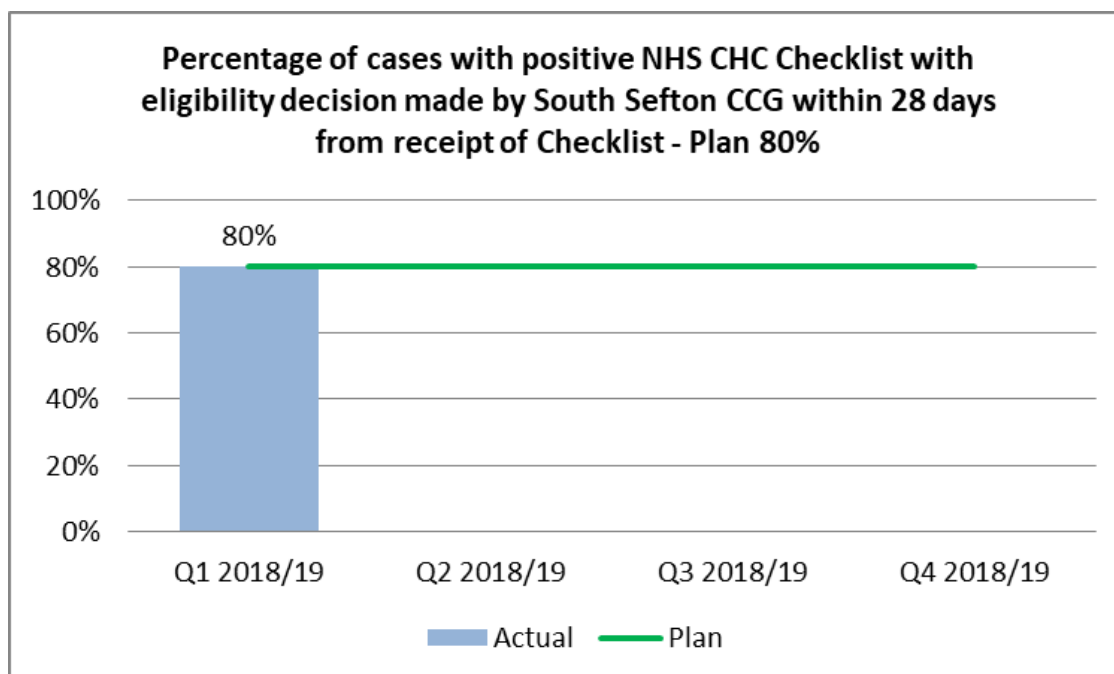
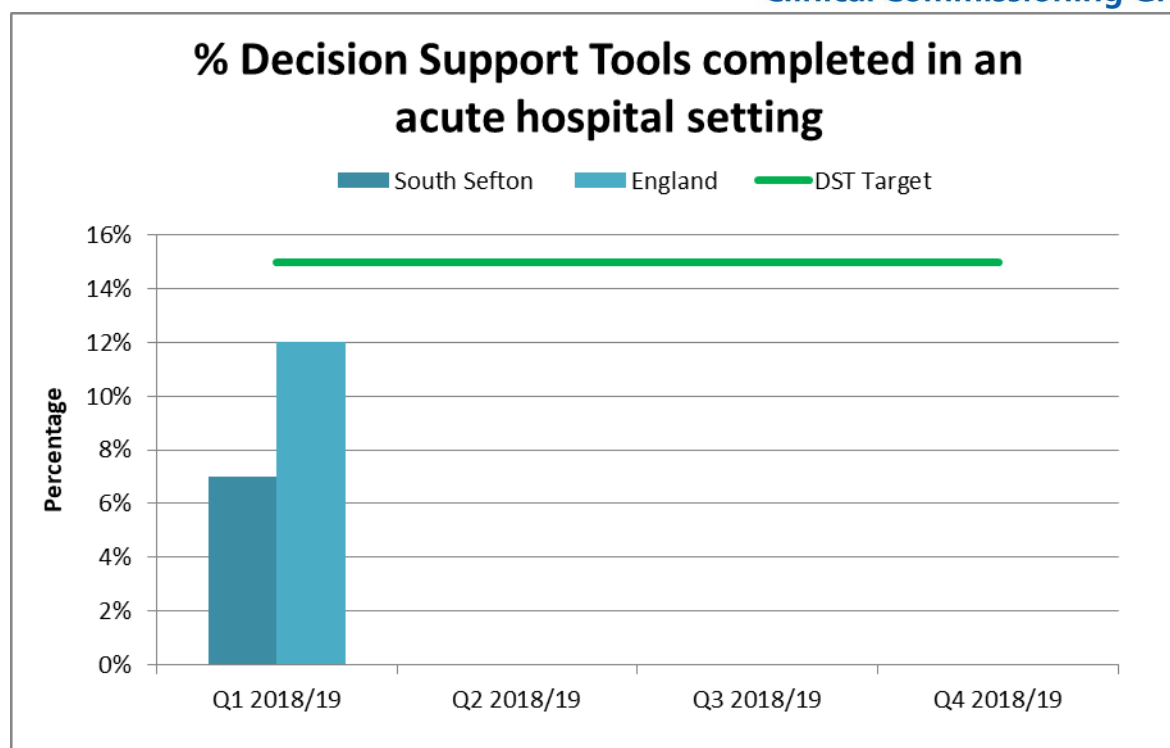


Figure 38 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



3.10 Smoking at Time of Delivery (SATOD)

Figure 39 - 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.

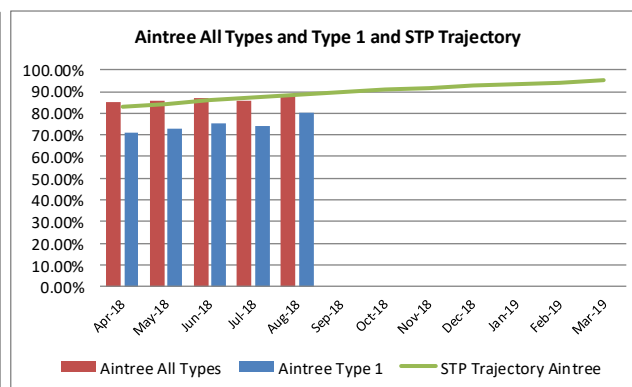
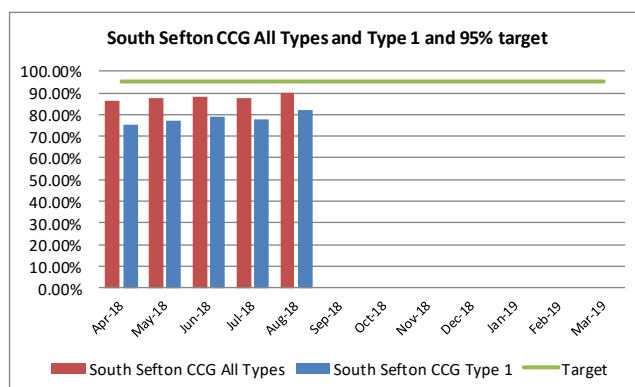
4. Unplanned Care

4.1 Accident & Emergency Performance

Figure 40 - A&E Performance

A&E waits				
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	18/19 - Aug	95%	87.85%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	18/19 - Aug	95%	78.33%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) All Types	18/19 - Aug	STP Trajectory Aug Target 88.6%	86.53%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	18/19 - Aug	95%	74.60%	↑

A&E All Types	Apr-18	May-18	Jun-18	Jul-18	Aug-18	YTD
STP Trajectory Aintree	83%	84.4%	85.8%	87.2%	88.6%	%
Aintree All Types	85.10%	85.82%	86.92%	85.92%	88.98%	86.53%



Performance Overview/Issues

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2018/19 and have achieved the August trajectory of 88.6% with a performance of 88.98% for all A&E department types.

How are the issues being addressed?

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 super stranded 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 NWS 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 NWS.
- 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.

Trust Actions:

- Consolidate all actions into one improvement plan that informs all improvement work in the department and is monitored through the senior team for the Clinical Business Unit (CBU) and reported into the Executive Led Non Elective Flow Group.
- Following review of Primary Care Streaming (PCS), implement a more effective staffing model which will potentially incorporate the GP's already working in the department and review and update the referral criteria to increase the throughput into the service. Following a recent deep dive review the use of Ambulatory Emergency Care (AEC) at weekends will be audited to determine whether there is demand at weekends (previous audit did not evidence requirement).
- A review of medical staff rosters will aim to identify opportunities to increase cover at weekends, and that key functions such as pit stopping and input from the trauma on call staff to the wider Emergency Department (ED) activity are issues that the review will address. The review will also include a scoping exercise to incorporate Advanced Nurse Practitioners into the medical staff rota.
- 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 teams KPI's in progress to support flow from the department once decision is made to admit.
- A four day Rapid Process Improvement Workshop is planned for 25th to the 28th September to focus on the pathway from registration to discharge from See and Treat. This has two broad aims – one is to improve the resilience of the pathway by removing waste and increasing throughput and the other is to explore ways in which we can better address surge. The actions from this will be implemented without delay after the event. The CBU will then aim to undertake a Rapid Improvement Event every 6-8 weeks thereafter. The department has instigated a deep dive desk top session looking at times when the department is/was particularly busy with the aim of getting a deeper level of understanding as to what causes the issues of poor flow and overcrowding. These deep dives then serve as a source of info to inform improvement plans.

When is the performance expected to recover?

For achievement by March 2019 in line with agreed A&E trajectory.

Who is responsible for this indicator?

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

Figure 41 - 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 - Aintree (cumulative)	18/19 - Aug	0	0	↓

4.2 Ambulance 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 90th percentile (9 out of 10 times) for Category 1, 2, 3 and 4 incidents.

In August there was an average response time in South Sefton of 8 minutes 58 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response was 28 minutes against a target of 18 minutes, an improvement on last month but still failing the target. The CCG whilst again improving on last month still failed the category 3 target of 120 minutes with an average response time of 2 hours 51 minutes, but achieved for category 4, one of only two CCGs in the area to do so.

Figure 42 – Ambulance handover time performance

Handover Times				
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Aintree	18/19 - Aug	0	89	↑ ↓
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Aintree	18/19 - Aug	0	56	↓

Performance Overview/Issues

Ambulance handover performance saw a decrease in the number of delays in excess of 30 minutes to 89 (-41) there was also a decrease in the number of delays in excess of 60 minutes to 28 (-28). The average time from notification to handover was the best it has been for the last 12 months at 9minutes 34 seconds. The median time to see 1st clinician has decreased to 61 minutes (-22) in August against the 60 minute clinical quality indicator. The % of patients seen from registration within 15 minutes has increased to 83.83% (+9.63%) from July 74.20%. The clinical quality indicators for the number of patients who leave the department before being seen has decreased to 3.72% from 5.17% in July (-1.45%) Patients re-attending in August has also decreased to 9.15% against July 14.82% (5.67%).

How are the issues being addressed?

The Ambulance Response Programme (ARP) 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?

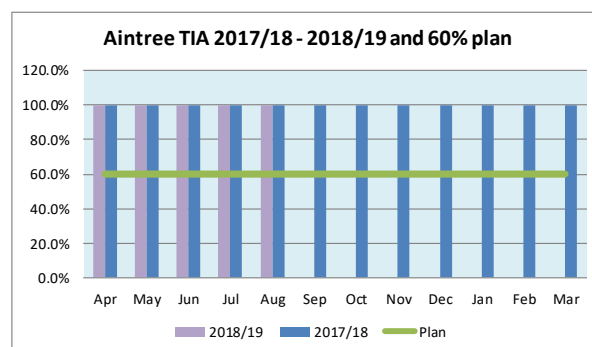
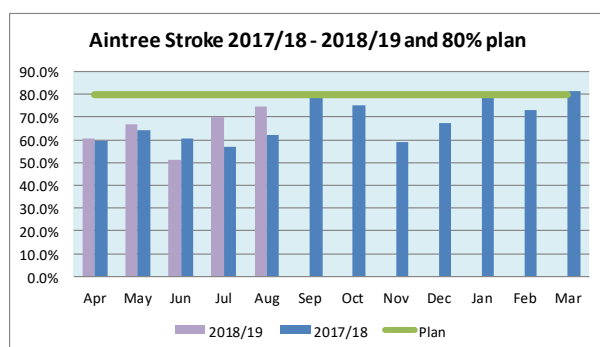
Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Andy Mimmagh	Janet Spallen

4.3 Unplanned Care Quality Indicators

4.3.1 Stroke and TIA Performance

Figure 43 - Stroke & TIA performance

Stroke				
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	18/19 - Aug	80%	74.47%	↑
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	18/19 - Aug	60%	100%	↔



Performance Overview/Issues

Performance against the 90% stay standard was 74.5% for August 2018. There were 47 patients with a diagnosis of stroke who were discharged from the Trust during the month.

Of these discharges, 35 patients spent 90% of their stay on the Stroke Unit. The standard was not achieved for 12 patients. All breaches of the standard are reviewed and reasons for underperformance identified:

- 7 patients required admission to the Stroke Unit but no beds were available
- 1 patient arrived during the night when there was no Stroke Nurse on duty
- 2 patients were atypical presentations and diagnosed after MRI
- 1 patient was transferred to a medical bed for palliative care
- 1 patient was a late referral to the Stroke team. 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

4.3.2 Mixed Sex Accommodation

Figure 44 - Mixed Sex Accommodation breaches

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	18/19 - Aug	0.00	0.20	↑
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	18/19 - Aug	0.00	0.00	↔

The CCG has 1 patient breach or mixed sex accommodation in August at Southport & Ormskirk Hospital. The Trust has reported that the majority of breaches on Critical Care are as a result of patients awaiting transfer to acute beds within the hospital. Due to improvements in patient flow in August, any delayed discharges from Critical Care were moved to more appropriated beds in a timelier manner. Actions to address poor flow both internal and system-wide continue to be implemented.

4.3.3 Healthcare associated infections (HCAI)

Figure 45 - Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	18/19 - Aug	22	26	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	18/19 - Aug	19	18	↓
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	18/19 - Aug	0	1	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	18/19 - Aug	0	1	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	18/19 - Aug	52	65	↓
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Aintree)	18/19 - Aug	No Plan	153	↓

Performance Overview/Issues

The CCG had 4 new cases of Clostridium Difficile reported in August (26 YTD) against a year to date plan of 22 (12 apportioned to acute trust and 14 apportioned to community). Aintree had 2 new cases reported in August (18 YTD) against a year to date plan of 19 so are now reporting green.

The CCG had no new cases in August but the 1 case of MRSA in July apportioned to the community has now failed the zero tolerance threshold for 2018/19. Aintree had no new cases of MRSA in July but as they had a case in May and will also failed the 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 August there were 10 cases (65 YTD) against a year to date plan of 52. Aintree reported 27 cases in August (153 YTD). CCGs are leading on achieving the Quality Premium; South Sefton came in under plan for 2017/18 reporting 138 against the plan of 142. There are no targets set for Trusts at present.

Enhanced surveillance of E. coli bacteraemia has been mandatory for NHS acute trusts since June 2011. Patient data of any E. coli bacteraemias are reported monthly to Public Health England (PHE). Independent sector healthcare organisations providing regulated activities have also undertaken surveillance of E. coli bacteraemia since June 2011. The government launched an initiative in April 2017, to reduce Gram-negative infections by 50% by 2021.

Approximately three-quarters of E.coli BSIs occur before people are admitted to hospital. Reduction therefore requires a whole health economy approach.

How are the issues being addressed?

The Gram Negative Bloodstream Infection Steering Group continues to meet on a bi-monthly basis with specific work stream areas on surveillance and reporting; continence and hydration to prevent symptoms of Urinary Tract Infection (UTI). The outputs of the work streams 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

4.3.4 Hospital Mortality

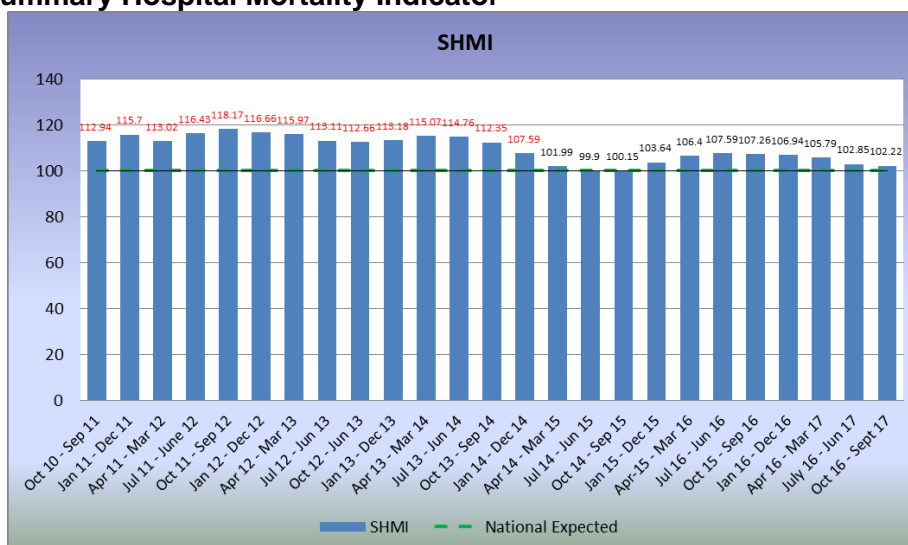
Figure 46 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	18/19 - Aug	100	98.61	↑
Summary Hospital Level Mortality Indicator (SHMI)	Oct 16 - Sept 17	100	102.22	↔

HSMR has increased to 98.61 this month (97.18 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 47 - Summary Hospital Mortality Indicator



4.4 CCG Serious Incident Management

The Quality Team have now submitted the response to NHSE Cheshire & Merseyside in relation to the review of the CCGs Management of Serious Incidents. The action plan resulting from the review will continue to be presented and monitored at Joint Quality Committee. An external review with MIAA will take place in Q3.

There are a total of 68 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 (M5)	SIs reported (YTD)	Closed SIs (M5)	Closed SIs (YTD)	Open SIs (month 5)	SIs open >100days (M5)
Aintree University Hospital	3	19	5	33	29*	15*
Mersey Care NHS Foundation NHS Trust (SSCS)	2	4	0	13	7	3
South Sefton CCG	0	0	2	3	3	3
Mersey Care NHS Foundation NHS Trust (Mental Health)	2	10	3	11	17	10
North West Boroughs NHS Foundation Trust	0	2	0	0	3	1
Southport and Ormskirk Hospitals NHS Trust	0	2	0	2	3	1
Liverpool Women's Hospital	0	0	0	0	3	3
Liverpool Community Health	0	0	0	0	2	2
The Walton Centre	0	0	0	0	1	1
TOTAL	7	37	10	62	68	39

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

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. A Results to Action report, action log and analysis report were all presented and discussed at CQPG in June 2018. The following has also been highlighted at Aintree CQPG at June 2018:

- Registered Nursing Substantive staffing and vacancies linked through to risk assessments not being completed implicated in Falls and Pressure Ulcers
- Falls Presentation was presented to CQPG with an action plan to support improvements/sustainability.
- A Never Events report was presented to CQPG on 11th April 2018 which included a discussion regarding the challenges/progress implementing LoCSIPPS and NatSIPPS. A further update was provided at CQPG on 9th May 2018 and on 13th June 2018.

Mersey Care NHS Foundation Trust – South Sefton Community Services (SSCS)

The most commonly reported incident type in 2018/19 is pressure ulcers meeting SI criteria. The CCG will continue to monitor themes that are emerging within this serious incident type and note that the provider has put in place a number of quality improvement measures to support the reduction of pressures ulcers in community patients.

Additionally, SSSCS is working in collaboration with NHS Improvement on the “Stop the Pressure” Programme (STPP) which is part of a wider Patient Safety Campaign and is an improvement priority within the NHSI business plan. This pilot aims to reduce the deterioration of category 2 and 3 pressure ulcers for patients and reduce the overall reduction targets.

4.5 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.

4.6 Patient Experience of Unplanned Care

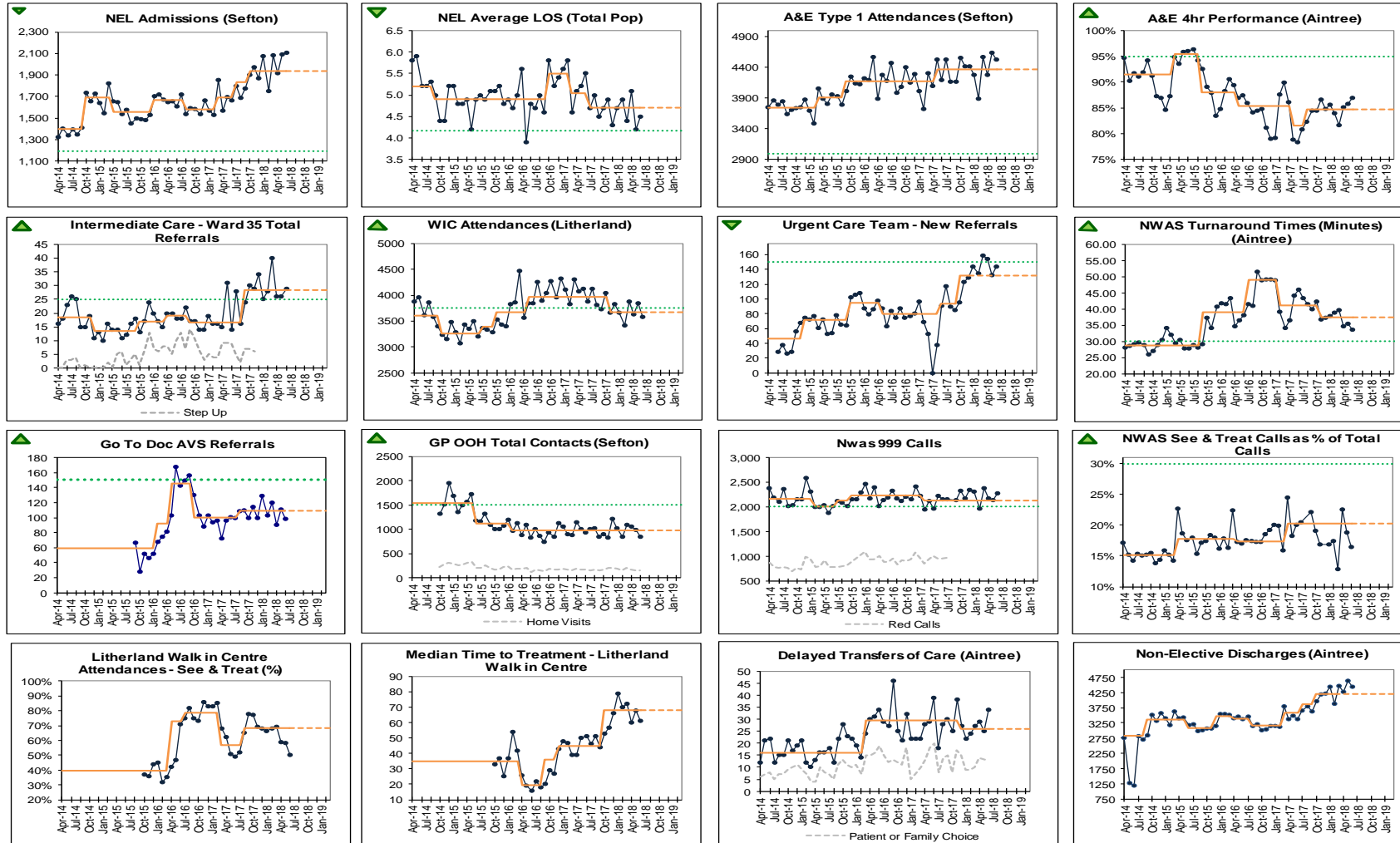
Figure 48 - Aintree A&E Friends and Family Test performance

Friends and Family Response Rates and Scores
Aintree University Hospital NHS Foundation Trust
Latest Month: Aug-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%	20.0%	✓	88%	90%	✓	7%	6%	✓

4.7 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.

4.8 Unplanned Care Activity & Finance, All Providers

4.8.1 All Providers

Performance at Month 5 of financial year 2018/19, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £687k/3.2%. 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 £259k/1.2%.

Aintree represents the highest over performing provider for unplanned care at month 5 with a year to date variance of £667k/4%. In contrast, Alder Hey and Liverpool Women's hospitals are currently underperforming by -£162k/-18% and -£156k/-8% respectively.

Figure 49 - Month 5 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	41,541	46,476	4,935	12%	£15,911	£16,578	£667	4%	-£667	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	4,051	3,653	-398	-10%	£916	£754	-£162	-18%	£162	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	125	49	-76	-61%	£177	£145	-£32	-18%	£32	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	1,445	1,408	-37	-3%	£1,875	£1,720	-£156	-8%	£156	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	2,280	2,402	122	5%	£858	£965	£107	12%	-£107	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	4	4	0	-6%	£24	£27	£3	12%	-£3	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	49,446	53,992	4,546	9%	£19,761	£20,188	£428	2%	-£428	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	34	43	9	27%	£8	£29	£21	267%	£0	£21	-
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	46	46	0%	£0	£17	£17	0%	£0	£17	-
SALFORD ROYAL NHS FOUNDATION TRUST	0	18	18	0%	£0	£8	£8	0%	£0	£8	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	3,298	3,460	162	5%	£1,168	£1,250	£82	7%	£0	£82	7%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	459	526	67	15%	£186	£213	£27	14%	£0	£27	14%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	31	44	13	43%	£76	£99	£22	29%	£0	£22	29%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	15	15	0%	£0	£16	£16	0%	£0	£16	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	125	125	0%	£0	£57	£57	0%	£0	£57	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	26	22	-4	-14%	£16	£24	£8	53%	£0	£8	53%
ALL REMAINING PROVIDERS TOTAL	3,847	4,299	452	12%	£1,454	£1,713	£259	18%	£0	£259	18%
GRAND TOTAL	53,293	58,291	4,998	9%	£21,215	£21,901	£687	3.2%	-£428	£259	1.2%

*Pbr Only

4.8.2 Aintree University Hospital NHS Foundation Trust

Figure 50 - Month 5 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	17,390	18,189	799	5%	£406	£406	£0	0%
A&E - Accident & Emergency	13,640	14,778	1,138	8%	£1,876	£2,040	£164	9%
NEL - Non Elective	6,511	7,509	998	15%	£12,209	£12,214	£6	0%
NELNE - Non Elective Non-Emergency	22	26	4	21%	£77	£89	£12	16%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	9	70	61	683%	£2	£17	£14	561%
NELST - Non Elective Short Stay	887	1,005	118	13%	£599	£653	£54	9%
NELXBD - Non Elective Excess Bed Day	3,082	4,899	1,817	59%	£741	£1,158	£417	56%
Grand Total	41,541	46,476	4,935	12%	£15,911	£16,578	£667	4%

4.8.3 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. However, these plans are yet to be agreed by the commissioners. 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 £667k/4% is mainly driven by an over performance within A&E and Non-Elective Excess Bed Days. Geriatric Medicine and Acute Medicine account for the majority of over performance within Non-Elective Excess Bed Days.

Within A&E, both type 1 attendances and Litherland walk in centre attendances are above plan at month 5 (8% and 5% respectively). May 2018 and July 2018 saw some of the highest monthly attendances recorded at the Trust in the last three years.

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 51 - 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		
Total	3,500	3,641	6	-506

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 52 - CPA – Percentage of People under CPA followed up within 7 days of discharge

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-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%	100%
Rolling Quarter				100%	100%	100%

Figure 53 - CPA Follow up 2 days (48 hours) for higher risk groups

This is local indicator which stretches the national seven days follow up KPI for high risk individuals requiring follow up with 2 days (48 Hours). Against a 95% threshold M5 performance was:

- NHS South Sefton CCG: 83.3% (YTD: 92.9%)

This is a RIO issue. This was sent through to the Care Co-ordinator at South Sefton Neighbourhood Centre for a 7 day follow-up from the in-patients staff which was completed in time but on the RIO system it was pulled through as a 48 hour follow up, as a pre-admission checklist noted suicidal ideas as part of the patients presentation.

Figure 54 - EIP 2 week waits

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-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%	80%
Rolling Quarter				73%	100%	83%

5.1.2 Out of Area Placements (OAP's)

Figure 55 - 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
	May 18 to Jul 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 workstream 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.

Concerns continue to be raised at locality level regarding the current access arrangements. As part of the CRHT redesign the Trust established a project steering group to meet monthly commencing from October 2018 which will involve commissioners, this will enable CCGs to shape the future operational requirements including access and the management of risk.

The assessment function also contains a bed management oversight and this arrangement has contributed to zero usage of external Out of Area placements (OAP) since November 2017.

In August 2018 there were no mental health related 12 hour breaches reported.

As part of the Trust's Transformation Programme it was highlighted that a number of service users open to community mental health teams (CMHTs) receive limited benefit from the provision of full CMHT services, being viewed as stable, or in recovery without on-going complex or acute needs. A proportion of these will have a diagnosis of a psychotic condition or bipolar illness. Meetings have taken place involving the Trust, CCG and the LMC to explore the discharge pathway from secondary to primary care for adult mental health patients and a pilot proposal is to be discussed at the LMC meeting in September 2018. The LMC have sought more clarity and assurance around rapid re-access to secondary care if required. The revised pilot proposal is to be presented by Mersey Care in November 2018.

Psychotherapy waits

As this service is only a small part of the Trust's psychological services, it was felt that these indicators do not give a true reflection of waiting times or capacity/demand for psychology as a whole with the local division.

The psychotherapy service model is being changed over the next two years including the provision of psychotherapy staff in each CMHT with the aim of improving its offer to patients. This is aimed at addressing previously reported waiting times issues. The Trust is working to develop reporting in RiO which will enable full psychology waiting lists to be reported in order to provide a fuller picture and understand hidden waits. This work should be completed by January 2019. It has therefore been agreed to suspend KPI 142 for the time being; CCGs will work with the service lead

to agree new KPIs and trajectories in order to work towards achieving 18 weeks RTT for psychological services across the local division, not just Psychotherapy.

Eating Disorder waits

Eating Disorder waits in August 2018 continue to be sub optimal against the KPI of 95% of people treatment commencing within 18 weeks of referral.

- NHS South Sefton CCG: 28.5% (YTD: 52.6%)

The service reported that they began therapy with 4 priority cases (no wait for therapy) and this will have impacted on waits for routine therapy. Group work continues to expand with 10 people commencing in August with a further group planned to commence in September. The service is actively managing wait times and are exploring pathway changes involving an initial psych-education group as first access to therapy.

The demand on the service is increasing and this is exacerbated by the service having two people on maternity leave and another full time member of staff is on extended sickness absence. Commissioners from Sefton and Liverpool have identified Eating Disorders as requiring investment as a part of the 2019/20 planning process and are awaiting feedback.

Adult ADHD

The adult ADHD service continues to experience numbers of people on the waiting list with waits being reported as being 2 years in duration. The introduction of a shared care protocol released some clinical capacity to assess new patients however the volume of referrals continues to limit access to the adult ADHD service.

Alder Hey have recently written to commissioners serving notice on the ADHD service for those people aged 16-18 who are within their care and the Trust is looking to cease the service both for new referrals and those already in the service and the lack of transition is cited as having an impact on an impact on waiting times for other patients, as the Trust is having to make clinical capacity available to support the continued management of this group of young people.

Currently there are 211 young adults on the North Mersey footprint aged over 16 who are continuing to be followed up in Paediatric services. Commissioners have requested further information on this cohort of patients so as to further understand the number and age profile by CCG and try and address this issue.

RiO

The Trust implemented its new RiO patient information system on 1st 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 contract performance notice remains in place in respect of training compliance. Bimonthly meetings continue to take place between the Trust and CCG Safeguarding teams to scrutinise progress against the agreed action plan and trajectory. Unfortunately Quarter 1 has seen a downward trajectory in training compliance rates for various reasons. The Trust has escalated this risk via internal safeguarding quality assurance meeting and through the divisional management structure. Actions have been agreed to get back on track and these have all been completed.

Commissioners expect performance to be back in line with the trajectory in Q2 but they are awaiting the Q2 submission.

It is unlikely that the training target will be achieved until Q1 2019/20. The performance notice will remain open for a further 6 months to ensure sustainability.

Communications KPIs Q1

The Trust continues to report underperformance against its Communication KPIs with insufficient narrative being provided. Underperformance was again raised at the CQPG meeting in September and it was suggested that contract performance notice would have to be issued. The Trust agreed to provide an action plan with trajectories setting out when the KPIs will be achieved and this will be on the agenda for the next CQPG meeting. Commissioners have also requested an action plan as to when digital dictation will be rolled out.

5.1.4 Patient Experience of Mental Health Services

Figure 56 – Mersey Care Friends and Family Test Performance

Friends and Family Response Rates and Scores
Mersey Care NHS Foundation Trust
Latest Month: Aug-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%	3.3%		90%	87%		3%	3%	
Community Health	4.1%	1.0%		96%	99%		2%	0%	

Mersey Care percentage of people recommending their service has dipped in August to 87% below the England average from last month reporting 92%. Not recommended has also dipped and are now reporting 3% this being the same as the England average.

5.2 Improving Access to Psychological Therapies

Figure 57 - 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	269								1,494
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%	1.11%								6.15%
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%	41.2%								47.0%
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%								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%	100.0%								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	187								1,028
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	5								39
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	75								465
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%	81.9%								87.7%

Performance Overview/Issues

Cheshire and Wirral Partnership reported 269 patients entering treatment in Month 5, which is a 18.9% decrease from the 332 reported in Month 4. 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 2 2018/19 at 4.2% which equates to 1.4% per month. The access rate for Month 5 was 1.11% and therefore failed to meet the standard.

The percentage of people moved to recovery was 41.2% in Month 5, which is lower than the 48.2% for the previous month and failing to achieve the target of 50%.

How are the issues being addressed?

Recovery – The newly appointed clinical lead is reviewing all cases that did not reach recovery to identify any learning.

Access – Group work continues to be rolled out so as to compliment the existing one to one service offer to increase capacity.

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 58 - Dementia casefinding

NHS South Sefton CCG

	Apr-18	May-18	Jun-18	Jul-18	Aug-18
People Diagnosed with Dementia (Age 65+)	1159	1163	1191	1203	1221
Estimated Prevalence (Age 65+)	1869	1874.3	1877.3	1885.7	1892.5
NHS South Sefton CCG - Dementia Diagnosis Rate (Age 65+)	62.0%	62.0%	63.4%	63.8%	64.5%
Target	66.7%	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 August of 64.5%, which is under the national dementia diagnosis ambition of 66.7% and a slight improvement from last month of 0.7%.

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.

When is the performance expected to recover?

The agreed date of recovery is 31st 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 59 - 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 60 - 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%	-

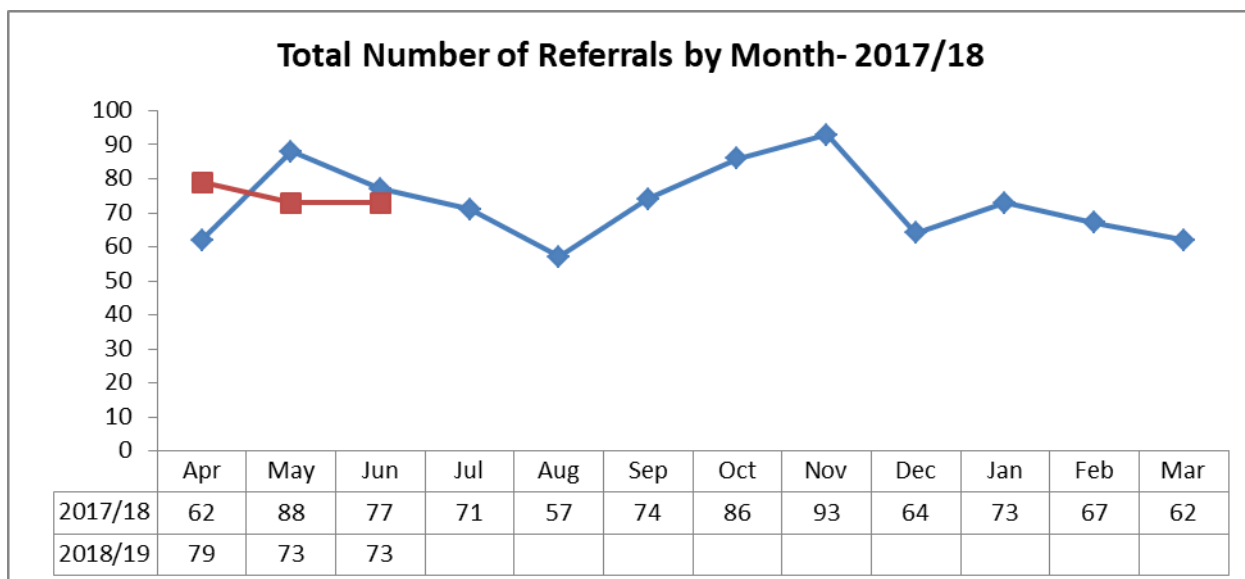
Figure 61 - South Sefton CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2017/18 Plans (95% Target)

	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 62 – 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 63 – 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%
Total	27	100%

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.

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

Figure 64 - 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%	
Total	27	100%	100%

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

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 65 – Learning Disabilities Performance Measures

2018/19 Quarter 1			
CCG Name	Total Registered	Total Checked	Total % Checked
Plan	675	126	18.7%
Actual	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 new ways of reporting for 2019/20 are being had. The Trust has offered to meet with the CCG to progress this. 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.

An additional ICRAS report is also now being provided to the CCG on a monthly basis 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

The CCG Quality Team and Aintree University Hospital NHS Foundation Trust and Mersey Care NHS Foundation Trust - Community (MCFT-C) have agreed and signed off the Quality Schedule KPIs, Compliance Measures and CQUIN for 2018/19.

There have been a number of MCFT-C quality site visits. Further assurance has been requested from both providers; AUHT - NatSSIPs and LocSIPPs, clinical/medical staffing. The Serious Incidents - Royal College External Review is due in November 2018; MCFT-C in terms of improving the quality of reporting and providing trajectories for any unmet indicators and or measures.

6.1.2 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 18.4% in August, a decline on June's performance (18%). 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 shown a slight decline in August with 16% and is therefore 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. Podiatry is the only service reporting above this with 4.3% in August.

6.1.3 Waiting Times

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




Nutrition & Dietetics: July's completed pathways position has declined from 22 weeks in June to 24 weeks in July. The longest wait is currently recorded at 35 weeks by one patient.

6.1.4 Patient Experience of Community Services

Figure 66 – Mersey Care Friends and Family Test Performance

Friends and Family Response Rates and Scores
Mersey Care NHS Foundation Trust

Latest Month: **Aug-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%	1.0%		96%	99%		2%	0%	

Mersey Care is reporting a response rate of 1% in August against an England average of 4.1%. The percentage who recommended the service was 99%, 2% higher than last month and remaining above the England average of 96%. Performance for the percentage who would not recommend remains at 0%, 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 5 2018/19 the total year to date costs for the CCG were £102,956 with 2,591 contacts. There have been data quality issues in respects of follow ups reported by Mersey Care NHS FT and the Trust has advised of a methodology to produce a proxy split. The Merseyside AQP contracts for Podiatry expired on 30th 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 1st 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 July 2018.

Paediatric SALT: July is reporting 33 weeks for the 92nd percentile for incomplete pathways, with 1 patient waiting as long as 43 weeks. This is a further decline in performance compared to last month when 31 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 Sefton CCGs. The CCGs have agreed some funding but not the full amount requested by Trust. Further discussion required re revised model. This issue is linked with the Autistic Spectrum disorder (ASD) pathway.

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. No activity was reported in August 2018 due to the service being provided by one member of staff who works term time only.

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

Figure 67 - 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 68 - 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). An extended hours hub model will launch on 1st October 2018 to provide extended access in line with the GP Five Year Forward View requirements.

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 no new inspections in South Sefton recently. All the results are listed below:

Figure 69 - 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 70 – 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 71 – 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 5 performance and narrative detailed in the table below.

Figure 72 - South Sefton CCG's Month 5 Submission to NHS England

August 2018 Month 05	Month 05 Plan	Month 05 Actual	Month 05 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	3,334	3,241	-2.8%	GP referrals decreased in month 5 in line with seasonal plans. A GP hotline service at the CCGs main hospital provider ceased from June 18 and the CCG has been using local referral data to understand the true impact by discussing at monthly info sub groups. 'Other' referrals (predominantly made up of C2C referrals) also decreased in month 5 as expected by historical trends. Referrals in month were within the statistical norm but slightly above average. Total YTD referrals are influenced by referral patterns at the main hospital provider and discussions are on-going with C2C referrals seeing YTD increases in specialties such as Cardiology and Maxillo-Facial Surgery.
Other	2,109	2,451	16.2%	
Total (in month)	5,443	5,692	4.6%	
Variance against Plan YTD	28,749	30,000	4.4%	
Year on Year YTD Growth			4.5%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	4,490	4,793	6.7%	Seasonal variation accounts for shifts in month for both first 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	9,987	10,488	5.0%	
Total Outpatient attendances (in month)	14,477	15,281	5.6%	
Variance against Plan YTD	78,126	78,641	0.7%	
Year on Year YTD Growth			-3.1%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1,708	1,768	3.5%	Elective activity plan increased from 2017/18 and YTD activity is in line with planned levels. Seasonal variation in month has shown reduced levels 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 specialty at the CCGs main provider.
Elective Ordinary spells	250	258	3.2%	
Total Elective spells (in month)	1,958	2,026	3.5%	
Variance against Plan YTD	10,154	10,263	1.1%	
Year on Year YTD Growth			-5.5%	
Urgent & Emergency Care				
Type 1	4,093	4,185	2.2%	CCG's local monitoring of A&E activity show month 5 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 (particularly in May 18 and Jul 18), the CCGs 4hr target position has remained steady at approx. 88% in month 5.
Year on Year YTD			3.9%	
All types (in month)	8,459	8,178	-3.3%	
Variance against Plan YTD	43,682	43,000	-1.6%	
Year on Year YTD Growth			-0.5%	
Total Non Elective spells (in month)	1,784	2,665	49.4%	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 predominantly with the zero length of stay / short stay categories. 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. On-going discussions with the Trust are taking place via contract routes to establish the nature of the increase.
Variance against Plan YTD			14.4%	
Year on Year YTD Growth			21.5%	