



South Sefton
Clinical Commissioning Group

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Integrated Performance Report October 2018

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Summary Performance Dashboard

Metric	Reporting Level		2018-19												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
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	R							R	
		Actual	32.129%	32.129%	47.013%	50.703%	62.07%	73.26%								48.79%
		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	R						R	
		Actual	2.733%	2.066%	2.254%	3.161%	3.009%	3.728%	3.76%							2.96%
		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	R						R	
		Actual	90.112%	90.458%	89.959%	89.296%	88.554%	87.882%	87.87%							89.21%
		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%	
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	R						R	
		Actual	3	3	10	9	6	1	3							35
		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	G						G	
		Actual	0	0	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	R						R	
		Actual	90.40%	90.41%	88.60%	92.69%	93.84%	92.75%	88.87%							91.10%
		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	G						G	
		Actual	92.06%	94.32%	96.05%	94.00%	87.84%	89.83%	100%							93.25%
		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	G						G	
		Actual	95.00%	100.00%	96.30%	97.26%	97.37%	96.88%	100%							97.64%
		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	R						G	
		Actual	100%	100%	84.615 %	100%	100%	100%	92.86%							96.74%
		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	G						G	
		Actual	100%	100%	96.30%	100%	100%	100%	100%							99.37%
		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	G						G	
		Actual	96.429%	100%	100%	100%	94.44%	100%	100%							98.68%
		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												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
541: % of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	South Sefton CCG	RAG	R	R	R	G	R	R	R						R
		Actual	70.00%	63.636%	83.333%	88.889%	77.778%	75.00%	66.67%						75.004%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85%	85%	85%	85%	85%	85%
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	G	R	R	G	G	G	R						R
		Actual	No patients	66.667%	0.00%	100.00%	100.00%	100.00%	83.33%						85.71%
		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%
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	R						R
		Actual	82.759%	83.784%	82.927%	71.795%	88.235%	66.667%	79.41%						79.20%
		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%

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	R						R
		Actual	86.602%	87.388%	88.326%	87.271%	89.760%	87.004%	83.45%						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%
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	G	G						R
		Actual	-	-	-	1	-	-	-						1
		Target	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	G	G							R	
		Actual	0	2	2	0	1	0	0								5
		Target	0	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	G	G							R	
		Actual	0	0.30	0.30	0.00	0.20	0	0								0.30
		Target	0	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) (Cumulative)	South Sefton CCG	RAG	G	G	G	R	R	R	R							R	
		YTD	0	0	0	1	1	1	1								1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner) (Cumulative)	South Sefton CCG	RAG	R	G	R	R	R	R	R							R	
		YTD	6	9	16	22	26	35	39								39
		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			G										G	
		Actual	100%			96.774%											
		Target	95.00%			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	G						G	
		Actual	80.00%	100.00%	57.14%	100%	75.00%	66.67%	75.00%							74.19%
		Target	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%

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										R	
		Actual	48.065%	46.046%											45.837%
		Target	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										R	
		Actual	3.66%	3.70%											7.37%
		Target	4.20%	4.20%				4.20%				4.74%			
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										G	
		Actual	99.4%	99.7%											99.5%
		Target	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										G	
		Actual	100%	100%											100%
		Target	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	R						R
		Actual	62.022%	62.05%	63.442%	63.796%	64.518%	64.706%	65.06%						63.79%
		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%
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								G	
		Actual	100%			100%								100%	
		Target	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			R								G	
		Actual	100%			100%								100%	
		Target	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	Nil Return			Nil Return									
		Target	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 7 (note: time periods of data are different for each source).

Financial position

The year to date financial position is a deficit of £1.200m, which represents deterioration against the planned deficit of £0.200m. 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. It is important to note that in the financial year significant risk exists to the delivery of these plans.

The QIPP savings requirement to deliver the 2018-19 financial plan is £5.329m. As at 30 November 2018 QIPP savings of £2.050m have been achieved against a year to date plan of £3.334m.

As at 30 November 2018 the CCGs likely year-end financial position is a deficit of £4.495m. 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 8 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 remainder 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

An issue has been identified with Aintree Hospital's month 7 Breast referrals appointments not being visible. Aintree have advised this is now resolved. data. Since month 6 when there was an issue relating specifically to the paper switch off in preparation for ERS implementation, the Trust are reporting no further issues only some relating quality of referrals.

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in October reporting 3.76%, slightly higher than last month when 3.57% both months 6/7 have seen an increase on month 5 which recorded 3.01% was recorded. Aintree recorded at month 7 3.34%, higher than month 6 2.66% which was similar to last month 5 when 2.64% was recorded.

In October, 3 South Sefton patient was waiting on the incomplete pathway for 52+ weeks against a zero tolerance threshold. This was 1 gynaecology patient at Liverpool Women's Hospital, who now has an appointment in December 2018 at Liverpool Women's and 2 for General Surgery (bariatric surgery). 1 of which has a TCI date of 22/12/18

The CCG continues to report below the 92% target for patients on an incomplete non-emergency pathway waiting no more than 18 weeks, at 87.9% for October. Which is the same as September 2018.

The CCG are failing 5 of the 9 cancer measures year to date, only achieving the 31 day measures. Aintree are failing 4 of the 9 cancer measures.

It should be noted the 62 day upgrade target has a local target of 85% and the CCG measure on this as there is no national target.

Aintree Friends and Family Inpatient test response rates have fallen below the England average of 24.9% for October 21%; this is similar to last month when 20.3% was recorded. The proportion of patients who would recommend the Trust is lower than last month at 94% and unfortunately is still below the England average of 96%. The proportion who would not recommend is 4% higher than last month and still above the England average of 2%.

Performance at Month 7 of the financial year 2018/19, against planned care elements of the contracts held by NHS South Sefton CCG show a minor under performance of -£136k/-0.5%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being an over spend of approximately £394k/1.4%.

Unplanned Care

Aintree have failed the October trajectory of 90.8% with an in month performance of 87.89% for all A&E department types. However, this is a 2% improvement on last month. There is a continued focus on the A&E performance with weekly engagement from all health and social care partners who support the Aintree system to improve patient flow.

NWAS continues to be monitored in regard to service improvement and performance requirements in line with the Ambulance Response Programme. There have been significant improvements against many areas of the agreed Performance Improvement Plan which needed to be demonstrated by the end of Quarter 2. We have been advised that a summary report is being developed to share with CCG Governing Bodies in regard to the performance position at the end of Quarter 2. However, comparative performance data on other ambulance services across the country is still awaited for inclusion in the report.

The CCG had 4 new cases of Clostridium Difficile reported in October (39 YTD) against a year to date plan of 26 (17 apportioned to acute trust and 22 apportioned to community). The CCG had 1 case of MRSA in July apportioned to the community. The CCG had no new cases in October 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 October but as they had a case in May they will fail 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 October there were 12 cases (102 YTD) against a year to date plan of 74. Aintree reported 30 cases in October (216 YTD). There are no targets set for Trusts at present.

Performance at Month 7 of financial year 2018/19, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £1.4m/4.9%. 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 £351k/1.2%.

Mental Health

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership reported 360 patients entering treatment in Month 7, which is an increase from 272 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 October of 65.1%, which is under the national dementia diagnosis ambition of 66.7% very similar to last month when 64.7% was reported. The current agreed date for recovery of the standard is March 2019.

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 service reviews are now complete and the Trust and CCG community contract leads have had a number of meetings to discuss outcomes and recommendations. It has been agreed that reporting requirements and activity baselines will be reviewed alongside service specifications and transformation.

Better Care Fund

A quarter 2 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in November 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

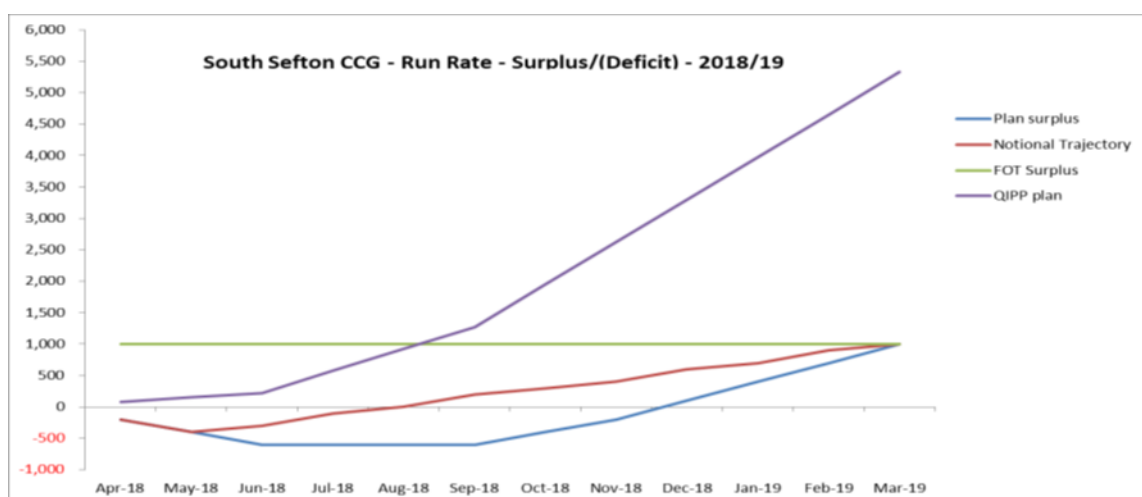
This report focuses on the financial performance for South Sefton CCG as at 30 November 2018.

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	24,220	16,060	17,515	1,455	26,389	2,169
Corporate & Support Services: admin	3,263	2,109	1,979	(130)	3,109	(154)
Corporate & Support Services: programme	3,798	2,523	2,447	(76)	3,649	(148)
NHS Commissioned Services	181,092	120,418	121,677	1,259	182,797	1,705
Independent Sector	3,668	2,437	2,527	90	3,811	143
Primary Care	4,841	3,196	3,385	190	4,956	115
Prescribing	27,998	18,476	19,282	806	28,998	1,000
Total Operating budgets	248,880	165,220	168,812	3,593	253,708	4,828
Reserves	(2,427)	2,593	0	(2,593)	(7,255)	(4,828)
In Year (Surplus)/Deficit	1,000	(200)	0	200	0	(1,000)
Grand Total (Surplus)/ Deficit	247,453	167,612	168,812	1,200	246,454	(1,000)

The year to date financial position is a deficit of £1.200m, which represents deterioration against the planned deficit of £0.200m. 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 continue to take action to improve financial performance over the remaining months of the financial year in line with the financial plan. To summarise, the CCG's plans is as follows:-

- 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 not delivered the planned surplus in month 8, this will make the delivery of the financial position more challenging in the future months ahead.

As at 30 November, 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 November 2018 is a deficit of £4.495m. This assumes that QIPP delivery during the year will be £2.579m. Further work is required to provide assurance that the required savings can be achieved in order to deliver this level of QIPP savings in year.

The 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 difficult decisions in the near future.

An external check and challenge exercise is currently being progressed to reflect on CCG actions in response to the Menu of Opportunities and in support of the 2019/20 QIPP plan. A paper was taken to the Governing Body development session in December 2018 – (Financial Outlook - December 2018 – March 2020) which included the draft QIPP requirement for 2019/20. This will be taken to the Joint QIPP and Financial Recovery Committee in December 2018 for further discussion.

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.

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

- Increased costs within continuing healthcare budgets. This is due a number of individual high cost cases in 2018-19 and increasing numbers of cases coming through due to assessments taking place outside of the hospital setting. This equates to a full year cost pressure of £2.401m.

This has enabled the CCG to meet its hospital requirements through faster discharge but has had financial impact.

- Over spend of £0.972m within prescribing due to NCSO and other prescribing cost pressures.
- Cost pressures within Aintree NHS Trust of £0.325m due to high cost drugs and devices outside the Acting as One contract agreement.
- Cost pressures of £0.284m on learning disabilities budget due to new individual high cost packages.
- Cost pressures of £0.230m within St Helens and Knowsley NHS Trust relating to over performance in elective activity, notably plastics and trauma and orthopaedics.

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 remains at 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

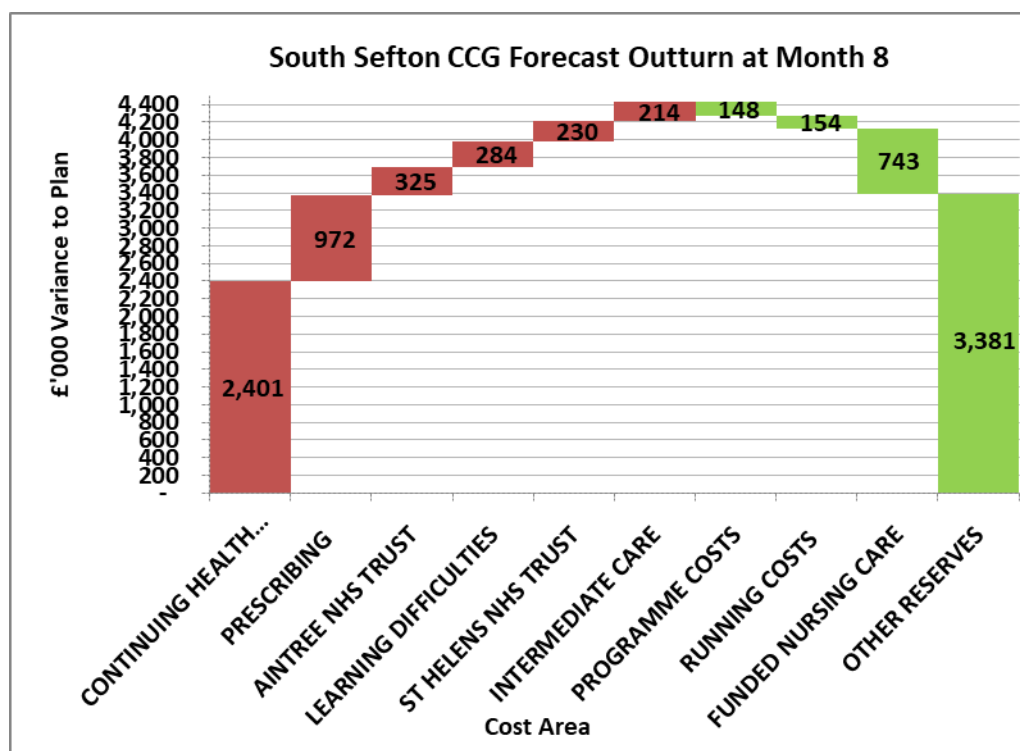
Key Performance Indicator		This Month
Business Rules	1% Surplus	✗
	0.5% Contingency	✓
0.4% Surplus (£1m)	Financial Balance	✓
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£2.050m
Running Cost	CCG running costs < 2018/19 allocation	✓
BPPC	NHS - Value YTD > 95	98.82%
	NHS - Volume YTD > 95%	96.99%
	Non NHS - Value YTD > 95%	96.23%
	Non NHS - Volume YTD > 95%	95.79%

- 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 November 2018 for the financial year is a deficit of £4.495m, without implementation of mitigations.
- The QIPP target for 2018-19 is £5.329m. Delivery is £2.050m to date which is £1.185m below planned delivery at month 8 (see appendix 3).
- The forecast expenditure for the year on the Running Cost budget is below the allocation by £0.154m at month 8.
- 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 8 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 £4.495m**.
- The main financial pressures relate to
 - Cost pressures within continuing healthcare due to an increase in overall numbers of cases and a number of high cost cases.
 - Over spend within prescribing due to NCSO and other prescribing cost pressures.

- Cost pressures within Aintree NHS Trust relating to high cost drugs and devices outside the Acting as One contract agreement.
 - Cost pressures within learning disabilities due to new individual high cost packages.
 - Cost pressures within St Helens and Knowsley NHS Trust relating to over performance in elective activity, notably plastics and trauma and orthopaedics.
- 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			2.050		2.050
Primary care additional allocation	(1.400)	(0.100)			(1.500)
NCSO Adjustment	(1.500)			1.500	0.000
CAT M expenditure reduction	(0.300)	0.100			(0.200)
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)	0.000
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	0.444	(0.258)	(0.035)	0.313
0.5% Contingency Reserve	1.239				1.239
Total Reserves	(3.988)	1.008	0.957	(0.404)	(2.427)

- 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 budget also includes an assumption for increased savings relating to CATM prescribing. The CCG will review the impact of CATM following the recent announcement regarding 2018/19 arrangements and will include an update in the next report.
- 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 financial year.

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	1.251
Alder Hey Children's Hospital NHS Foundation Trust	(0.039)
Liverpool Women's NHS Foundation Trust	(0.491)
Liverpool Heart & Chest NHS Foundation Trust	(0.060)
Royal Liverpool and Broadgreen NHS Trust	0.083
Mersey Care NHS Foundation Trust	0.000
The Walton Centre NHS Foundation Trust	0.007
Total	0.751

- 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 £0.751m 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

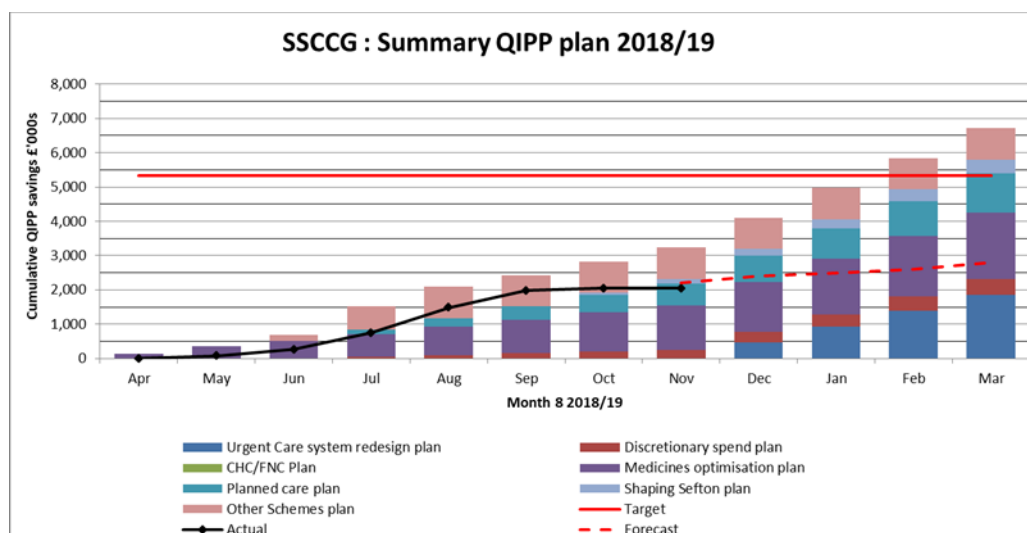


Figure 8 – RAG Rated QIPP Plan

	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	0	350	456
Urgent Care system redesign plan	1,859	0	1,859	0	0	1,859	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	0	4,132	6,711
QIPP Delivered 2018/19				(2,050)		0	(2,050)

- The 2018/19 QIPP target is **£5.329m**.
- QIPP schemes worth £6.711m have been identified; however **£4.132m** of the schemes are rated 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 **£2.050m** 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	1.477	2.050
Remaining QIPP to be delivered	4.756	(1.477)	3.279
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	2.579	2.579
I&E impact	(2.437)	(4.828)	(4.828)
Forecast Surplus / (Deficit)	(1.437)	(6.578)	(6.578)
Further Risk	(0.150)	(0.271)	(1.180)
Management Action Plan	2.587	2.354	2.354
Risk adjusted Surplus / (Deficit)	1.000	(4.495)	(5.404)

- 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 £4.495m** and assumes that QIPP delivery will be £2.579m for the year with further risk in relation to mental health investment, Sefton Transformation Board and mitigations relating to the CCG contingency budget and other reserves.
- The worst case scenario is a **deficit of £5.404m** 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 working capital

Working Capital and Aged Debt	Quarter 1	Quarter 2	Quarter 3		Prior Year 2017/18
	M3 £'000	M6 £'000	M7 £'000	M8 £'000	M12 £'000
Non-Current Assets	115	155	155	155	115
Receivables	1,218	3,875	4,074	1,992	1,938
Cash	7,927	3,265	38	8,205	105
Payables & Provisions	(19,657)	(17,172)	(15,313)	(15,005)	(14,100)
Value of Debt > 180 days	707	489	510	298	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 £0.298m. £0.149m of this balance has been recovered since the reporting date of 30 November 2018. The remaining balance consists of invoices to Knowsley CCG (£0.062m), Manchester House (£0.031m) and Liverpool CCG (£0.028m).
- The Annual Cash Drawdown (ACDR) is the annual cash drawdown is the estimated cash requirement for the financial year, previously known as the Maximum Cash Drawdown (MCD). Cash is allocated monthly following notification of cash requirements. The CCG ACDR was set at £246.437m at Month 8. The actual cash utilised at Month 8 was £167.849m which represents 68.11% of the total allocation. The balance of ACDR to be utilised over the rest of the year is £78.588m.

2.10 Recommendations

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

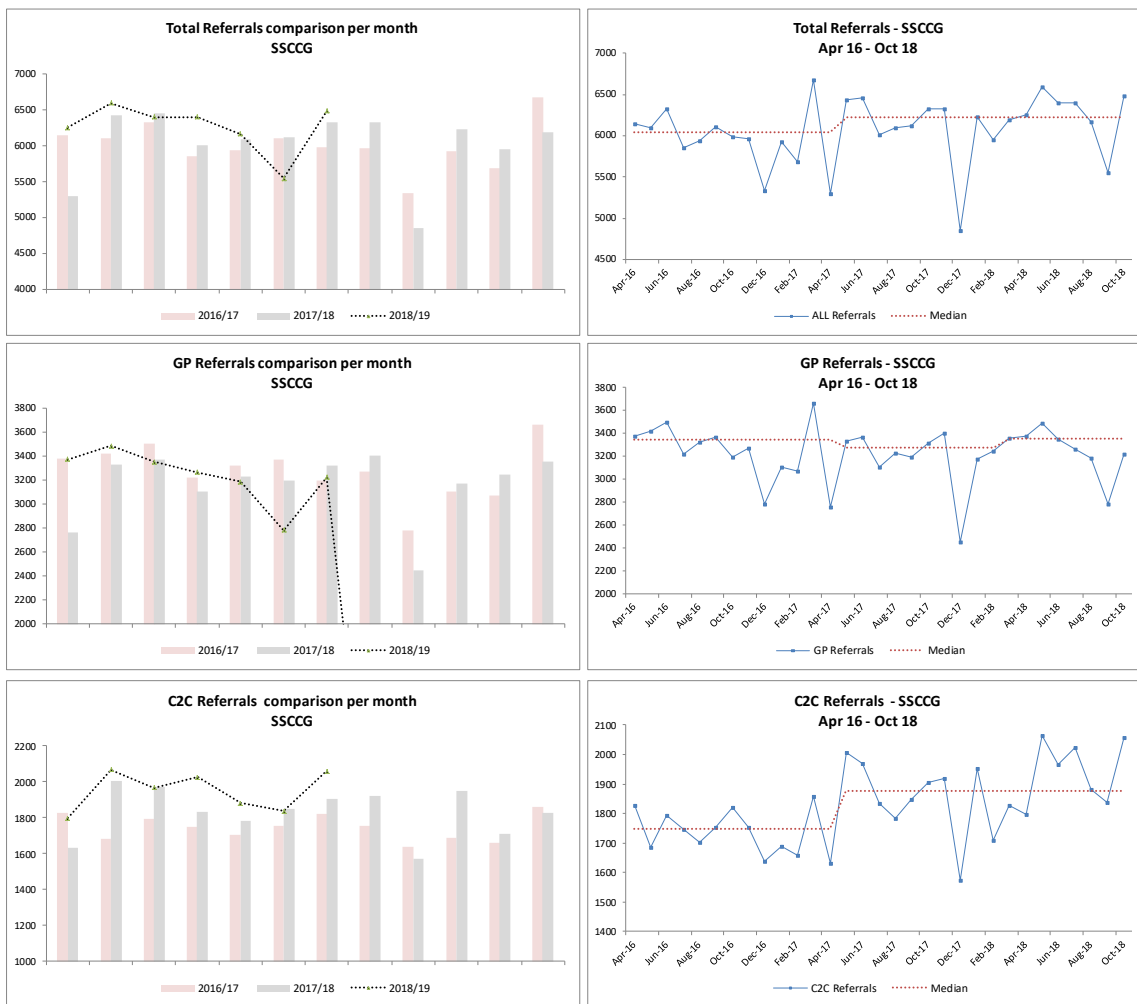
- The full year most likely financial position for the CCG is a deficit of £4.495m. The agreed financial plan for 2018-19 requires the CCG to deliver a £1m surplus.
- QIPP delivery at month 8 is £2.050m which relates to a prior year non recurrent benefit arising from technical adjustments, planned application of reserves and prescribing savings. The QIPP target for 2018-19 is £5.329m.
- The month 8 financial position is a £1.200m deficit against a planned deficit of £0.200m. The year to date financial position is £1.000m from plan due to £0.600m losses in month and not being able to deliver the planned surplus of £0.400m. The CCG will need to deliver surpluses in the remaining months to offset this deficit.
- 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

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	2762	3374	612	22%	1630	1798	168	10%	5298	6256	958	18%
May	3332	3489	157	5%	2006	2066	60	3%	6433	6598	165	3%
June	3372	3353	-19	-1%	1969	1967	-2	0%	6459	6402	-57	-1%
July	3105	3267	162	5%	1833	2024	191	10%	6009	6401	392	7%
August	3233	3188	-45	-1%	1784	1881	97	5%	6096	6169	73	1%
September	3194	2784	-410	-13%	1847	1837	-10	-1%	6119	5551	-568	-9%
October	3319	3224	-95	-3%	1905	2057	152	8%	6333	6485	152	2%
November	3406				1920				6334			
December	2452				1572				4858			
January	3175				1951				6228			
February	3246				1709				5953			
March	3357				1826				6197			
Monthly Average	3163	3240	77	2%	1829	1947	118	6%	6026	6266	240	4%
YTD Total Month 7	22317	22679	362	2%	12974	13630	656	5%	42747	43862	1115	3%
Annual/FOT	37953	38878	925	2%	21952	23366	1414	6%	72317	75192	2875	4%



Data quality note: An issue has been identified with Aintree Hospital's month 6 referrals data. This was related specifically to the paper switch off in preparation for ERS implementation. Initial feedback suggests this may be a result of paper referrals potentially being rejected and a replacement electronic referral received after the end of the month. Referral patterns may be impacted in the immediate months following ERS implementation. Discussions regarding referrals are on-going via the information sub group and contract review meetings.

GP referrals for South Sefton CCG patients have now been below 2017/18 levels for three consecutive months. It is anticipated that the data quality issue identified at Aintree Hospital in month 6 (see above) may be impacting on this. However, notable year to date reductions in GP referrals to providers such as Royal Liverpool and Alder Hey are also evident in 2018/19 when compared to the equivalent period in 2017/18. In contrast, GP referrals to Southport & Ormskirk and Renacres Hospitals have increased. In relation to the priority of GP referred patients, 2018/19 has seen a 21% increase in those categorised as a two week wait when compared to the previous year.

Consultant-to-consultant referrals are currently 5% higher than 2017/18 when comparing year to date levels. Month 7 saw a significant increase when comparing to the previous month with the majority of this increase attributed to Aintree Hospital and the Geriatric Medicine, Colorectal Surgery and Ophthalmology specialities. Aintree Hospital are also seeing increased consultant-to-consultant referrals year to date for South Sefton CCG as well as St Helens & Knowsley Hospital. The latter is predominantly a result of increased referrals within the Plastic Surgery speciality.

Total referrals for South Sefton CCG in 2018/19 are currently 3% higher when compared to the equivalent period in the previous year. On a monthly basis, referrals have exceeded 2017/18 levels in five of the seven months to date.

3.1.1 E-Referral Utilisation Rates

Figure 12 - South Sefton CCG E Referral Performance

NHS E-Referral Service Utilisation				
NHS South Sefton CCG	18/19 - Sept	100%	73%	↑

The national NHS ambition is that E-referral Utilisation Coverage should have been 100% by end of Q2 2018/19. The latest data (September) for E-referral Utilisation rates reported for the CCG was 73%, below the target of 100%. However this shows an improvement from the previous month when 62% 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 an increase in utilisation.

3.2 Diagnostic Test Waiting Times

Figure 13 - Diagnostic Test Waiting Time Performance

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	18/19 - Oct	1.00%	3.76%	↑ ↔
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	18/19 - Oct	1.00%	3.27%	↑

Performance Overview/Issues

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in October recording 3.76%, slightly higher than last month when 3.57% was recorded. In October out of 2,977 patients, 112 patients were waiting at 6+ weeks and 1 at 13+ weeks. The majority of breaches were for a MRI (31) and CT (23). 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 2.4% in October and similar to last month when 2.2% was reported. The biggest pressures are in MRI (44) and colonoscopy (26).

Aintree failed the target for less than 1% of patients waiting longer than 6 weeks for a diagnostic test in October recording 3.27% a decline on last month when 2.66% was recorded. In October out of 6,019 patients, 197 patients were waiting at 6+ weeks and none at 13+ weeks. The majority of breaches were waiting for colonoscopy (88), MRI (49) and CT (38).

During October 2018, the Endoscopy DM01 position reported 110 patients waiting over 6 weeks for a diagnostic appointment resulting in a position of 11.4% against the <1% standard. This is a significant in month deterioration compared to the previous 7 months. In September 2018 the Electronic Referral System (ERS) went live at Aintree. This has had a significant impact and increased demand for endoscopy procedures. The growth in demand for DM01 is summarised in the table below and reflects an increase of 138 patients in October compared to August 2018. This increase in demand reflects (a) the electronic referrals being added to the waiting list in real time (b) the electronic referrals contain more detailed clinical information which has resulted in more patients being triaged straight to test. This additional capacity created through WLIs has not been able to meet this increased demand. However, in October and November 2018, Endoscopy staff from RLBUH have been given honorary contracts and high volume endoscopy lists have been scheduled every Saturday to recover the position in November 2018. All Cancer 2ww referrals and have been scheduled within the required timescales.

How are the issues being addressed?

Aintree Endoscopy Proposed actions:

- Additional waiting list initiatives activity continues to cover the Consultant vacancy and shortfall in capacity. RLBUH staff have been given honorary contracts to undertake waiting list initiatives at Aintree. They are scheduled weekly on a Saturday from mid-October.
- 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 of 5% in DNA's in line with

the national average. To further reduce DNA's "go live" for the Trusts new DrDoctor text reminder service for Endoscopy is November 2018.

- Cancer Alliance are providing the Trust with their revised productivity tool in November. Following the review of the results produced by the tool AQuA will support the CBU with a P&E work stream to improve the utilisation of capacity. Meetings have taken place with AQuA in preparation for this workstream.
- Case of Need to support investment in the Gastro service has been agreed by the Executive Team with a maximum investment of £722k. A weekly Task & Finish Group will be chaired by Johnathan Lofthouse to oversee the implementation of the Case for Need. Professional managerial leadership has been put in place to provide additional support.
- The CBM role for DDU is to be split for a period of 4 months to support the CBM to focus on Gastro and implement the changes to services identified in the Case of Need.
- A capacity & demand model is under development by the transformation team. The first draft will be available at the beginning of December.

Radiology proposed actions:

- Weekly capacity meetings with operational and clinical teams to monitor performance and maximise capacity on-going.
- Cardiac imaging recovery plan is in place and will be managed to reduce the current waits for these tests. This is supported by the cardiac imaging scheduling sessions, with lost slots being re-provided.
- Mobile MR van on site 1 week in 8. Continue to engage Locum Radiographers. Recruitment to Radiographer vacant posts completed, awaiting start dates.
- Additional CT colongraphy sessions arranged plan for replacement of 2 CT scanners in place to address potential effect on waiting times.

When is the performance expected to recover by?

Quarter 4.

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 14 - 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 - Oct	0	3	↑
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	18/19 - Oct	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 - Oct	92%	87.87%	↔
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 - Oct	92%	88.90%	↓

Figure 15 – RTT Performance & Activity Trend

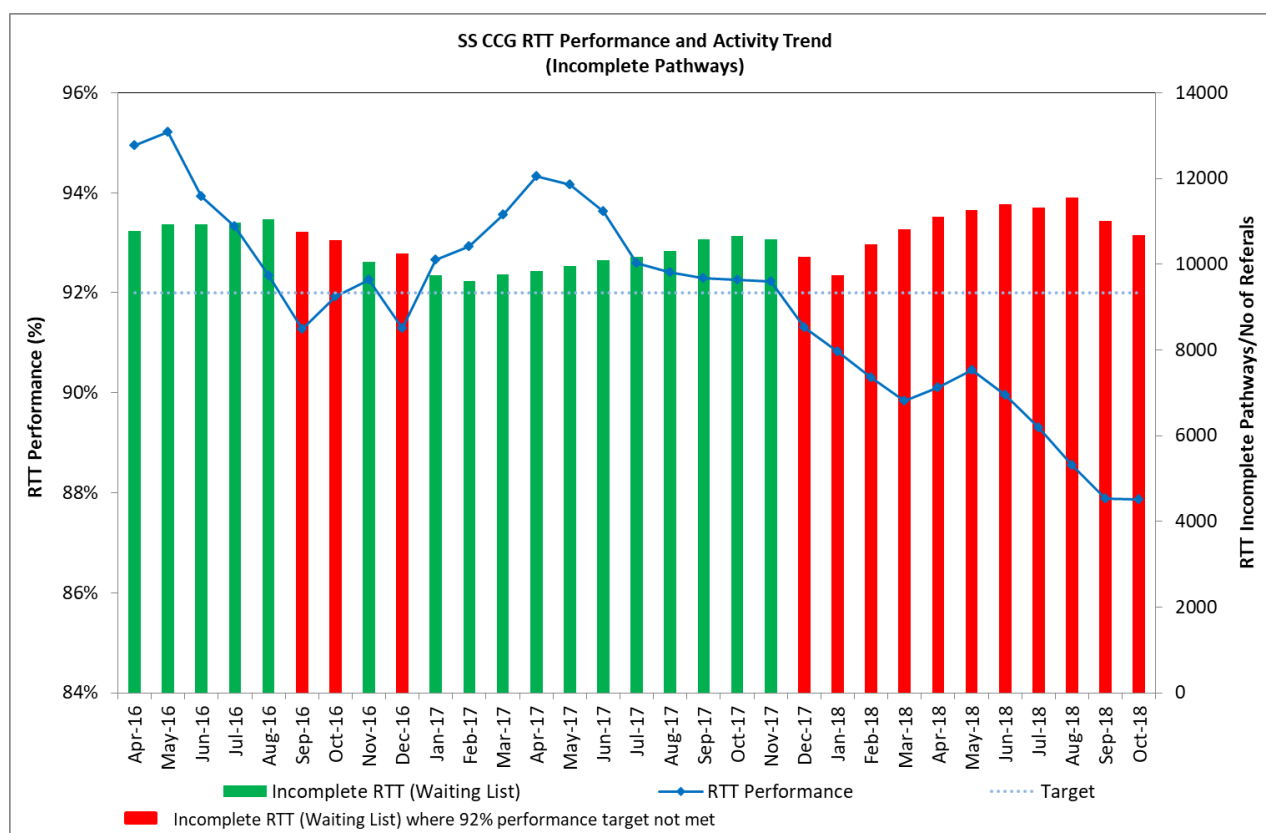


Figure 16 – South Sefton CCG Total Incomplete Pathways

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	9,845	9,951	10,101	10,161	10,310	10,577	10,658	10,578	10,170	9,735	10,469	10,806
2018/19	11,114	11,266	11,393	11,313	11,559	11,000	10,676					
Difference	1,269	1,315	1,292	1,152	1,249	423	18					

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 October, there were 3 South Sefton patient's waiting on the incomplete pathway for 52+ weeks against the national zero tolerance threshold. There were 2 bariatric patients from North Midlands the first patient has a TCI date of 22-12-18 reason for delay being therapeutic. The second patient has yet to get their TCI date. North Midlands have agreed with NHS England that all CCGs and CUSs obtain information from the host CCG. Unfortunately the CCG doesn't hold patient level data to track individual patient's pathways/movements and can only provide the snapshot at a given point in time. The third 52 week waiter was at Liverpool Womens and has a TCI date of 20-12-18, reason for delay was that they has physio planned 20/11/18.

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 October 2018 (10,676) is higher than that of October of the previous year and is therefore not on target to achieve the year end position (10,806) this is a much improved position compared to previous months though. 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 87.87% for October. This is very similar to the performance last month (87.88%). In October, of 10,676 patients, 1,295 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 October recording 88.9%. Out of 17,127 patients there were 1,907 waiting over 18 weeks on the incomplete pathway. The total number of incomplete pathways was reported to be 17,127 which is a 5.4% reduction September's position of 18,098.

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 several factors; (a) an increase in the number of elective lists being cancelled to accommodate increased urgent trauma cases (b) increases in referral for urgent consultation under the two week rule, leading to displacement of routine appointments to accommodate this demand in line with national standards.

Trust compliance with national directives to only accept GP referrals via the e-referrals system whilst rejecting and sending back those that arrive via paper has led to a drop in demand in month,

reducing the denominator and impacting on overall performance. This is being closely monitored via the weekly senior performance meeting.

The Trust has also experienced an increased GP demand circa 8% above agreed plans with commissioners. Cancellations and Did Not Attend (DNA) rates have fallen back to nominal levels although these continue to be highlighted at internal performance meetings. The Trust is maximising its capacity with patients being booked into all available clinic capacity as well as additional waiting list sessions although this is adding to the overall waiting times.

How are the issues being addressed?

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.
- Continue weekly monitoring of diagnostics waiting times to ensure delivery of the 6 week standard as a milestone measure for RTT performance. This to include horizon scanning and capacity / demand planning with Head of Planning and performance in all modalities.
- 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 October (80.7%). 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 September recorded 81.23% 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. In October 22 out of 33 South Sefton CCG patients were recorded as waiting over 18 weeks. 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?

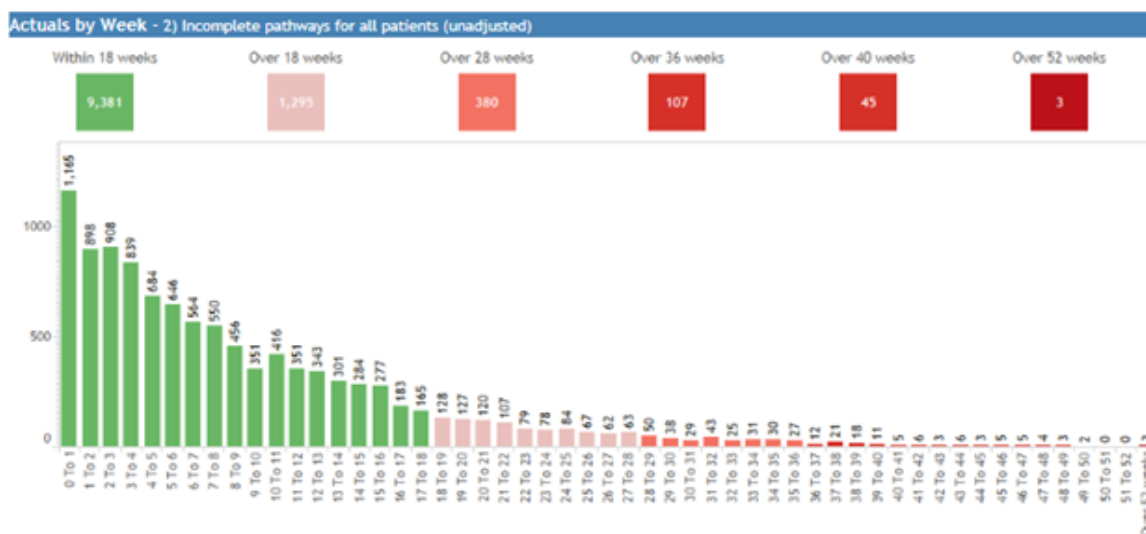
Aintree has submitted plans to NHSI to achieve the March 2019 RTT position.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	John Wray	Moira Harrison

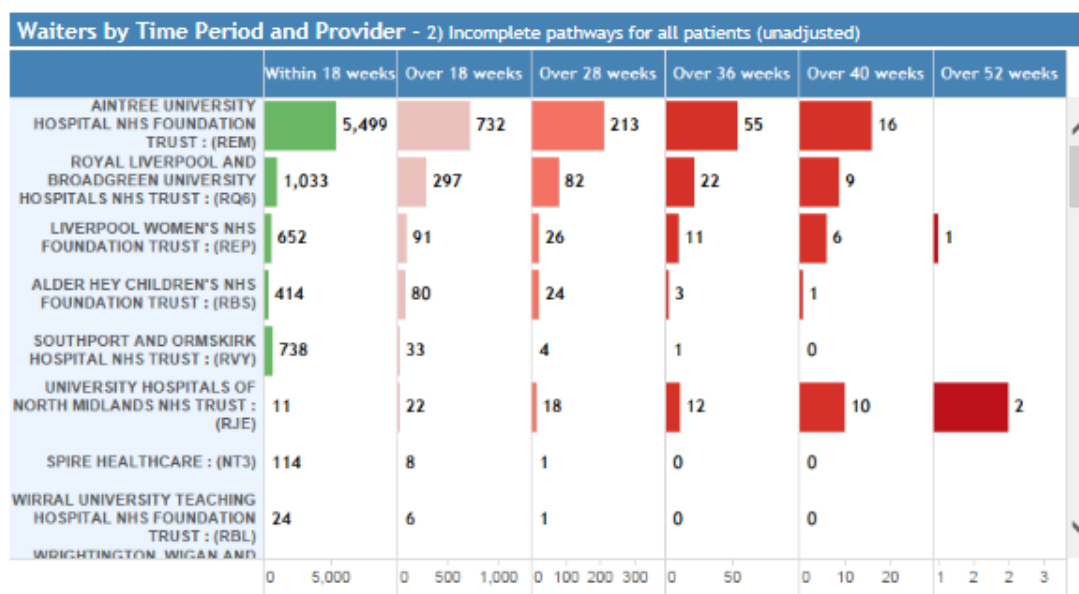
3.3.1 Incomplete Pathway Waiting Times

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



3.3.2 Long Waiters analysis: Top 5 Providers

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



3.3.3 Long Waiters Analysis: Top 2 Providers split by Specialty

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

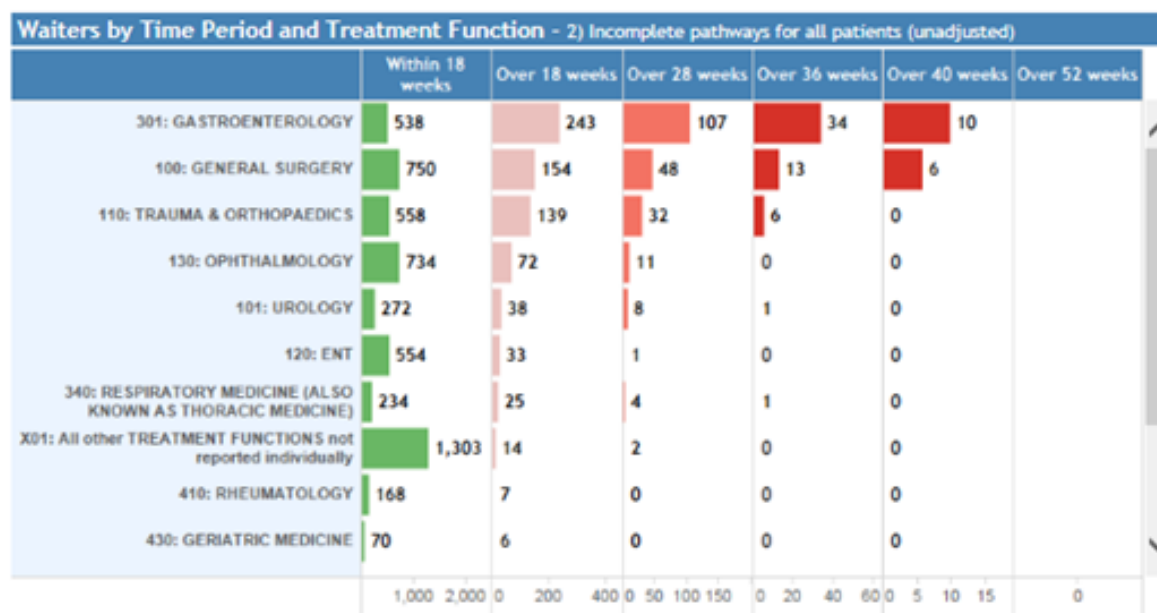


Figure 20 - Patient waiting (in bands) on incomplete pathway by Speciality for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust

3.3.4 Provider assurance for long waiters

Figure 21 - South Sefton CCG Provider Assurance for Long Waiters

CCG	Trust	Specialty	Wait band	Details
South Sefton	North Midlands	General Surgery	52+ weeks	2 bariatric patients at North Midlands breached the 52 week target, one patient has TCI date the other hasn't as yet. See body of report for more information.
South Sefton	Liverpool Womens	Gynaecology	52+ weeks	One Patient has TCI date 20-12-18 delay due to planned physio.
South Sefton	North Midlands	General Surgery	38 to 49 weeks	10 patients waiting for bariatric surgery.

South Sefton	Liverpool Womens	Gynaecology	48 weeks	The patient, supported by her family has asked that the decision to date for surgery is suspended until the New Year. The clinician has agreed that this will not adversely affect her clinical outcome. <i>This patient is on course to breach 52 weeks.</i>
South Sefton	Liverpool Womens	Gynaecology	37 to 46 weeks	9 patients - awaiting Trust update
South Sefton	Aintree	Gastroenterology	36 to 45 weeks	34 patients - 31 treated or has TCI date, 3 DNA'd
South Sefton	Aintree	General Surgery	36 to 47 weeks	13 patients - treated or has TCI date
South Sefton	Aintree	T&O	37 to 39 weeks	6 patients - treated or has TCI date
South Sefton	Aintree	Thoracic Medicine	37 weeks	1 patient - treated
South Sefton	Aintree	Urology	37 weeks	1 patient - treated
South Sefton	Alder Hey	Other	37 to 46 weeks	3 patients - treated 9-11-18, 29-11-18 and 30-11-18.
South Sefton	Hull & East Yorkshire	Other	47 weeks	1 patient - TCI 19-12-18
South Sefton	Robert Jones	T&O	46 weeks	1 patient - January 2019, patient receiving cell therapy.
South Sefton	Royal Liverpool	ENT	36 to 38 weeks	2 patients had pathway stopped.
South Sefton	Royal Liverpool	Gastroenterology	41 to 43 weeks	3 patients - 2 patients had pathway stopped, last patient awaiting TCI date.
South Sefton	Royal Liverpool	General Surgery	41 weeks	1 patient - TCI 21-12-18
South Sefton	Royal Liverpool	Ophthalmology	36 to 40 weeks	2 patients had pathway stopped.
South Sefton	Royal Liverpool	Other	36 to 44 weeks	9 patients - 8 pathway stopped, 1 patient TCI 3-1-19
South Sefton	Royal Liverpool	T&O	38 to 48 weeks	5 patients - 2 patients have TCI, 2 patients pathway stopped and 1 patient no TCI date.
South Sefton	Sheffield Teaching	Other	47 weeks	1 patient - TCI 9-11-18
South Sefton	Southport & Ormskirk	Gynaecology	39 weeks	1 patients awaiting trust update.

3.4 Cancelled Operations

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

Figure 22 – Aintree Cancelled Operations

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

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

Figure 23 – Aintree Cancelled Operations for a second time

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

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

Figure 24 – Two Week Cancer Performance measures

Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	18/19 - Oct	93%	91.10%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	18/19 - Oct	93%	89.33%	↔
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 - Oct	93%	93.25%	↑
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 - Oct	93%	90.96%	↑

Performance Overview/Issues

The CCG failed the 93% target in October for patients referred urgently with suspected cancer with 88.87% and are failing year to date 91.10%. 71 patients out of 638 waited longer than two weeks for a first outpatient appointment. 61 breaches were at Aintree, 5 at Royal Liverpool, 3 at Southport & Ormskirk and 2 at Liverpool Women's. 38 breaches were due to patient choice to delay, 27 due to inadequate capacity, 4 due to admin delays and 2 due to other reason. The maximum wait was 177 days and was due to an admin delay.

Aintree also failed the 93% target in October for patients referred urgently with suspected cancer with 85.7% (89.33 year to date). 144 patients out of 1007 waited longer than two weeks for a first outpatient appointment. 68 breaches were due to patient choice to delay, 57 due to inadequate out-patient capacity, 10 due to admin delays and 9 due to other reasons.

Aintree achieved the 93% breast target for October reaching 95.95% but are still failing year to date reporting 90.96%. Out of 148 patients there were 6 breaches. All breaches were due to patient choice delays relating to first out-patient appointments.

How are the issues being addressed?

There has been a confirmed increase in referrals 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 has been completed in Head and Neck to identify the number of inappropriate 14 day referrals that are received to ensure that the correct patients are referred into 2 week services. The audit has shown that many of the referrals are inappropriate and communication has commenced with GPs to reduce the number referrals being sent to 2 week clinic inappropriately. Increased collaborative working with CCG Colleagues CCGs to ensure that delays in patient pathways because of patient choice or delayed results are minimised.

3.5.2- 31 Day Cancer Waiting Time Performance

Figure 25 – 31 Day Cancer Performance measures

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	18/19 - Oct	96%	97.64%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	18/19 - Oct	96%	97.34%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	18/19 - Oct	94%	98.68%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	18/19 - Oct	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	18/19 - Oct	94%	96.74%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	18/19 - Oct	94%	97.87%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	18/19 - Oct	98%	99.37%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	18/19 - Oct	98%	100.00%	↔

3.5.3 - 62 Day Cancer Waiting Time Performance

Figure 26 – 62 Day Cancer Performance measures

Cancer waits – 62 days				
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	18/19 - Oct	85% local target	75.00%	↔
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 - Oct	85% local target	82.35%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	18/19 - Oct	90%	87.50%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	18/19 - Oct	90%	75.31%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	18/19 - Oct	85%	79.20%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	18/19 - Oct	85%	78.68%	↓

Performance Overview/Issues

The CCG failed all 3 62 day measures in October and year to date. 62 day upgrade reported 66.67%, 75% year to date, in October there were 3 breaches out of 9 patients the first patient was gynae and delay due to complex diagnostic pathway waited 70 days. The second patient was also gynae delay due to other reason not stated days waited 105 days. The third patient was urological also due to other reason not stated days waited 128. For 62 day screening the CCG reported 83.33% and 87.50% year to date, out of 12 there were 2 breaches, the first breast patient was delayed to other reason and the second was a lower gastro patient delay due to patient choice. Finally the CCG failed the 62 day standard reporting 79.41% in October (79.20% year to date). There were 7 patient breaches out of a total of 34 patients. Longest patient delays were 2 urological patients who waited 98 days delay reason not given first seen trust Aintree, first treatment Trust the Royal Liverpool Broadgreen.

Aintree also failed all 3 of the 62 day measures in October and year to date. 62 day screening reporting 57.14% in October (75.31% year to date) and had 3 breaches out of a total of the equivalent of 7 patients. 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. 2 month wait from urgent GP referral to first definitive treatment recording 75.42% (78.68% year to date). Out of a total equivalent of 59 patients, 14.5 breached the target. The reasons for breaches include complex diagnostic pathway, patient choice, elective capacity inadequate and majority where for reasons

not listed. There are also significant pressures for treatments in other organisations such as Clatterbridge Cancer Centre and RLUBHT.

In October there were significant pressures from increased demand in high volume specialties, specifically in Colorectal, Urology and Head and Neck. There are also still a large number of patients who choose to delay their pathways because of holiday or work commitments. There also some capacity issues for surgery in other organisations to which we refer patients.

How are the issues being addressed?

North Mersey Cancer Partnership Group are address cancer performance against the constitutional cancer access standards, advising of the following at December:

- There remains work to be done to implement the colorectal, prostate and lung optimal pathways across the whole North Mersey system. Support from the Cancer Alliance will reduce over time, as local focus on implementation becomes increasingly key to sustained delivery.
- RLBUHT has received £50k of Cancer Alliance money to support urology service improvement activity for 12 months. The trust is to shortly finalise the Project Initiation Document, and is currently confirming timescale for recruitment
- Aintree has received £50k of Cancer Alliance money to support colorectal service improvement activity. The trust is shortly to finalise the Project Initiation Document, and confirm timescale for recruitment.
- Aintree has received £150k of Cancer Alliance money to review and make recommendations around the delivery of the head and neck pathway, and whether there is a requirement to change service configuration within Cheshire & Merseyside. The project documentation is being developed for this, and is close to sign off after which recruitment will commence.
- Non delivery of performance places a significant workload on commissioners and providers to account for the issues and to make improvements in pathways. Commissioners (CCGs and spec comm), NHSE, NHSI, Cancer Alliance and RLBUHT are testing a monthly meeting, with one action plan, for all partners, to attempt to enable collective focus and channel all issues and queries through one route, to reduce the reporting burden and maximise collaboration and shared responsibility for improvements. So far, this feels constructive, and is supporting a shared understanding of the issues and required actions.
- There remain long standing, systemic pressures in radiology, endoscopy, and histopathology. There is work at local level, and across Cheshire and Merseyside, but there are no immediate resolutions to pressures over workforce and capacity; these remain key enablers to pathway improvement, and are expected to remain major risks for consistent delivery for a number of years to come.
- There remains scope for further service improvement work in releasing capacity from risk stratified follow up and promoting straight to test pathways. Lung cancer has developed virtual working across the region, and is reporting that this had helped make best use of MDT time and preparation, made clinics more manageable and worked well for both patients and staff.
- There is some interest to explore whether some public facing communications may be helpful in addressing the apparently high numbers of patients who defer to attend their 2 ww appointment due to other priorities. South Sefton CCG and StHK are exploring this with a view to development of a bid for Cancer Alliance Transformation funds.

Trust Actions:

- Reinforce leadership and workforce capacity within the Cancer Team, maternity leave and appointing to an Interim Head of Performance. Following a decision at RLBUH, a full time Cancer Manager will be appointed on the Aintree site. Interim Head of Performance commenced in post 19th Nov 18 and maternity leave backfill advertised.
- Established RCA Review Group led by DDO Surgery and DMD Support Services to validate RCAs and identify improvements that can be made to reduce delays for patients.
- SoP to be finalised for escalation of delays for access to diagnostic services and reporting to DDOs.
- Work on-going with the Cancer Alliance to review specific pathways and to highlight reasons for late referrals from other Trusts for areas such as Head & Neck. Funding has been received from McMillian to introduce new posts to assist with the pre diagnosis phase of the patient Pathways. Funding is now secured for a project manager for Colorectal pathway (£50k) and host employer for a region wide review of the Head & Neck pathway (£150k). Recruitment to posts December 18 and PIDs under development.

When is the performance expected to recover?

Quarter 4, 2018/19.

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.

In October Aintree had 1 full patient breach over 104 breaches and 5 half patient breaches reasons included complex diagnostic pathways, inconclusive diagnostic result and other reasons (not listed). RCAs are awaited and will be shared with NHSE

3.6 Patient Experience of Planned Care

Figure 27 – Aintree Inpatient Friends and Family Test Results

Friends and Family Response Rates and Scores
Aintree University Hospital NHS Foundation Trust
Latest Month: Oct-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	24.9%	21.0%		96%	94%		2%	4%	

Aintree Friends and Family Inpatient test response rates have fallen below the England average of 24.9% for October at 21%; this is a slight increase from last month when 20.3% was recorded. The proportion of patients who would recommend the Trust is lower than last month at 94% and

unfortunately is still below the England average of 96%. The proportion who would not recommend is 4% higher than last month and now 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 was due 21st 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 7 of the financial year 2018/19, against planned care elements of the contracts held by NHS South Sefton CCG show a minor under performance of -£136k/-0.5%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being an over spend of approximately £394k/1.4%.

At specific over performing Trusts, St Helens & Knowsley Hospital is reporting the largest cost variance with a total of £103k/17%. In contrast, Aintree Hospital are under performing by -£434k/-2%.

Figure 28 - Planned Care - All Providers

PROVIDER NAME	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	103,097	102,175	-922	-1%	£18,020	£17,586	£-434	-2%	£434	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	8,154	8,675	521	6%	£1,029	£1,028	£-1	0%	£1	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	722	803	81	11%	£246	£235	£-11	-5%	£11	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	9,418	8,411	-1,007	-11%	£1,800	£1,663	£-137	-8%	£137	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	18,055	19,213	1,158	6%	£3,025	£3,105	£80	3%	£-80	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	1,849	1,893	44	2%	£597	£570	£-27	-5%	£27	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	141,296	141,170	-126	0%	£24,718	£24,187	£-531	-2%	£531	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	108	141	33	30%	£16	£23	£7	43%	£0	£7	43%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	83	83	0%	£0	£18	£18	0%	£0	£18	-
FAIRFIELD HOSPITAL	115	153	38	34%	£31	£40	£8	27%	£0	£8	27%
ISIGHT (SOUTHPORT)	317	480	163	51%	£56	£89	£33	58%	£0	£33	58%
RENACRES HOSPITAL	3,722	4,284	562	15%	£1,145	£1,186	£42	4%	£0	£42	4%
SALFORD ROYAL NHS FOUNDATION TRUST	0	90	90	0%	£0	£30	£30	0%	£0	£30	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	7,552	7,473	-79	-1%	£1,286	£1,359	£73	6%	£0	£73	6%
SPIRE LIVERPOOL HOSPITAL	1,687	1,737	50	3%	£529	£525	£-4	-1%	£0	£-4	-1%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	2,764	2,837	73	3%	£593	£696	£103	17%	£0	£103	17%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	750	881	131	17%	£173	£169	£-4	-2%	£0	£-4	-2%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	123	123	0%	£0	£29	£29	0%	£0	£29	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	285	285	0%	£0	£55	£55	0%	£0	£55	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	791	944	153	19%	£313	£317	£3	1%	£0	£3	1%
ALL REMAINING PROVIDERS TOTAL	17,808	19,511	1,703	10%	£4,142	£4,536	£394	10%	£0	£394	10%
GRAND TOTAL	159,104	160,681	1,577	1%	£28,860	£28,723	£-136	-0.5%	£531	£394	1.4%

*PBR Only

3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust

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

Aintree University Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	8,054	7,717	-337	-4%	£4,976	£4,836	£-140	-3%
Elective	1,186	935	-251	-21%	£3,377	£2,836	£-541	-16%
Elective Excess BedDays	394	340	-54	-14%	£95	£80	£-15	-16%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	259	175	-84	-32%	£54	£38	£-16	-30%
OPFANFTF - Outpatient first attendance non face to face	1,513	1,038	-475	-31%	£43	£30	£-13	-31%
OPFASPCL - Outpatient first attendance single professional consultant led	18,632	18,975	343	2%	£2,939	£3,055	£116	4%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	839	455	-384	-46%	£71	£43	£-27	-39%
OPFUPNFTF - Outpatient follow up non face to face	1,904	4,368	2,464	129%	£46	£106	£60	130%
OPFUPSPCL - Outpatient follow up single professional consultant led	47,946	44,655	-3,291	-7%	£3,312	£3,216	£-96	-3%
Outpatient Procedure	13,183	13,877	694	5%	£1,775	£1,861	£86	5%
Unbundled Diagnostics	8,325	8,687	362	4%	£672	£759	£87	13%
Wet AMD	862	953	91	11%	£659	£726	£67	10%
Grand Total	103,097	102,175	-922	-1%	£18,020	£17,586	£-434	-2%

Underperformance within planned care at Aintree Hospital is evident against the majority of points of delivery. However, the overall under spend of £-434/-2% is driven by reduced elective activity. Electives are currently £-541/-16% under plan, which can be attributed to a 27% reduction in activity within the Trauma & Orthopaedics specialty. Very major knee procedures account for the majority of this under performance.

Outpatient first attendances (single professional consultant led) are currently £116k/4% above plan at month 7. Key over performing specialities for this POD include Acute Medicine, Transient Ischaemic Attack, Trauma & Orthopaedics, Geriatric Medicine and Respiratory Medicine.

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

3.7.2 Planned Care Southport & Ormskirk Hospital

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

Southport & Ormskirk Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	484	509	25	5%	£312	£342	£29	9%
Elective	83	77	-6	-7%	£195	£198	£3	1%
Elective Excess BedDays	3	26	23	916%	£1	£6	£5	601%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	74	113	39	53%	£13	£21	£9	70%
OPFASPCL - Outpatient first attendance single professional consultant led	1,010	1,113	103	10%	£165	£185	£20	12%
OPFUPMPCl - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	166	170	4	2%	£13	£17	£4	29%
OPFUPSPCL - Outpatient follow up single professional consultant led	2,414	2,137	-277	-11%	£187	£171	-£16	-8%
Outpatient Procedure	2,843	2,807	-36	-1%	£363	£378	£15	4%
Unbundled Diagnostics	476	521	45	10%	£37	£41	£4	10%
Grand Total	7,552	7,473	-79	-1%	£1,286	£1,359	£73	6%

* 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 £73k/6% at month 7 is due in part to increased day case activity and outpatient first attendances. Over performance is evident across a number of specialities in each of these points of delivery.

3.7.3 Renacres Hospital

Figure 31 - Planned Care - Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	350	347	-3	-1%	£434	£418	-£16	-4%
Elective	93	78	-15	-16%	£436	£419	-£17	-4%
OPFASPCL - Outpatient first attendance single professional consultant led	656	878	222	34%	£108	£142	£34	31%
OPFUPSPCL - Outpatient follow up single professional consultant led	984	1,142	159	16%	£63	£73	£10	16%
Outpatient Procedure	531	340	-191	-36%	£53	£58	£5	9%
Unbundled Diagnostics	261	361	100	38%	£25	£34	£9	37%
Physio	848	848	0	0%	£25	£25	£0	0%
OPPREOP	0	290	290	0%	£0	£17	£17	0%
Grand Total	3,722	4,284	562	15%	£1,145	£1,186	£42	4%

Renacres over performance is evident across outpatient PODs. In contrast, electives and day case procedures are under performing by a combined -£33k at month 7. 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

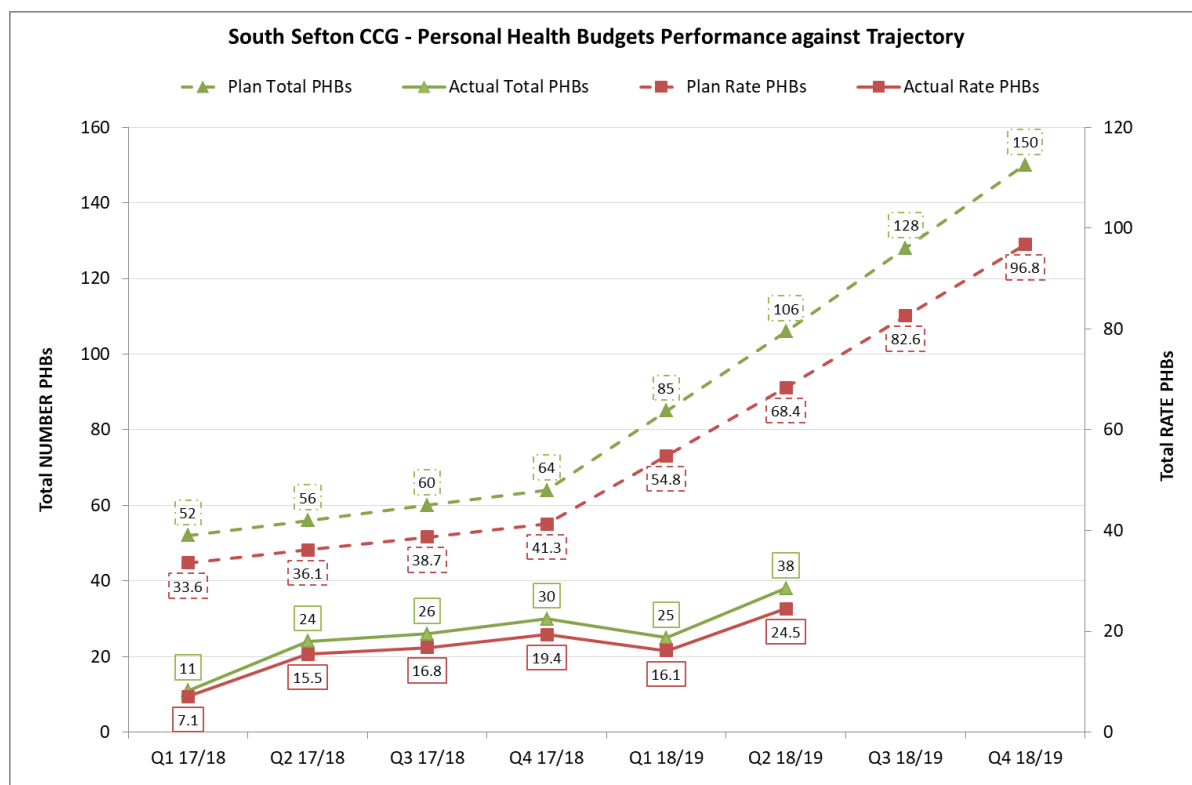
Figure 32 - Planned Care - St Helens & Knowsley Hospitals by POD

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	345	351	6	2%	£291	£317	£26	9%
Elective	32	53	21	66%	£84	£163	£78	93%
Elective Excess BedDays	6	36	30	519%	£1	£10	£8	589%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	4	11	7	199%	£1	£2	£2	212%
OPFASPCL - Outpatient first attendance single professional consultant led	418	420	2	1%	£58	£57	-£2	-3%
OPFASPCL - Outpatient first attendance single professional consultant led non face to face	1	1	0	16%	£0	£0	£0	16%
OPFASPCL - Outpatient first attendance single professional Non Consultant Led	35	40	5	16%	£2	£2	£0	15%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	58	79	21	37%	£5	£7	£2	38%
OPFUPSPCL - Outpatient follow up single professional consultant led	948	897	-51	-5%	£52	£49	-£3	-5%
OPFUPSPNCL - Outpatient follow up single professional non consultant led	155	248	93	60%	£7	£7	£0	1%
OPFUPSPNCL - Outpatient follow up single professional non consultant led non face to face	23	19	-4	-17%	£1	£0	£0	-17%
Outpatient Procedure	597	536	-61	-10%	£80	£69	-£11	-14%
Unbundled Diagnostics	145	146	1	1%	£11	£12	£2	18%
Grand Total	2,764	2,837	73	3%	£593	£696	£103	17%

St Helens & Knowsley over performance is apparent within Electives and Day Cases, with these two PODs showing a combined over spend of £104k. 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 33 - 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 2 to increase to 106 to reach 68.39 per 100,000 population. Quarter 2 cumulative position shows 38 PHBs and an actual rate of 24.5, whilst this is a slight increase this remains under trajectory set by NHS England. A briefing paper was submitted to Senior Management Team (SMT) in September 2018.

How are the issues being addressed?

- **Adults CHC:** PHBs for adults receiving Continuing Health Care will be a default position from April 2019. Discussions are taking place with Provider contracts teams in terms of the details with the service specifications to deliver against this element. Task and Finish Group is underway to support process mapping with all key stakeholders which reports into the CHC Programme Board as a sub-group of the Joint Committee.
- **Wheelchairs:** Progress on specialist wheelchair PHBs is currently on hold awaiting the outcome of the CCGs work prioritisation.
- **Children Complex Care:** Mentor CCG is yet to be confirmed by NHSE.
- **End of Life Fastrack:** The case for change has been reviewed internally prior to submission to QIPP; there are some aspects that need further clarification from a commissioning perspective. A revised proposal is being considered by Queens Court Hospice.
- **Mental Health S117:** The CCG will continue to consider how PHBs can be provided and achieved.

When is the performance expected to recover?

End of Quarter 1 of 2019/20.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Debbie Fagan	Tracey Forshaw	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 34 - 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

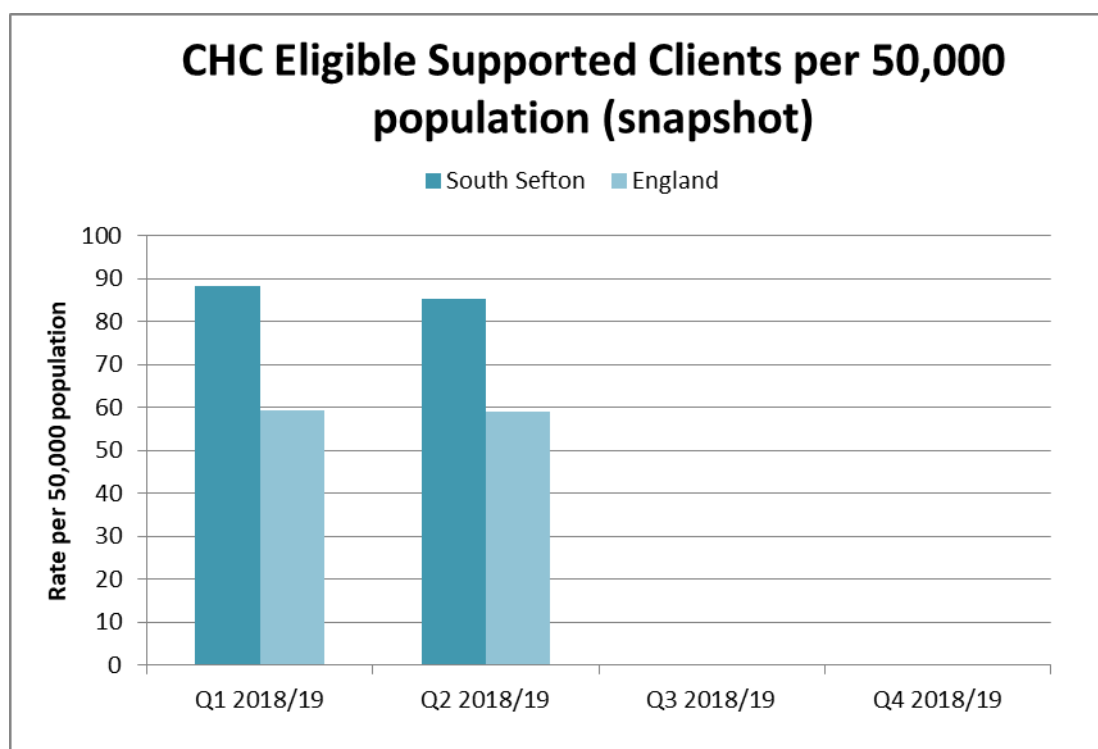


Figure 35 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

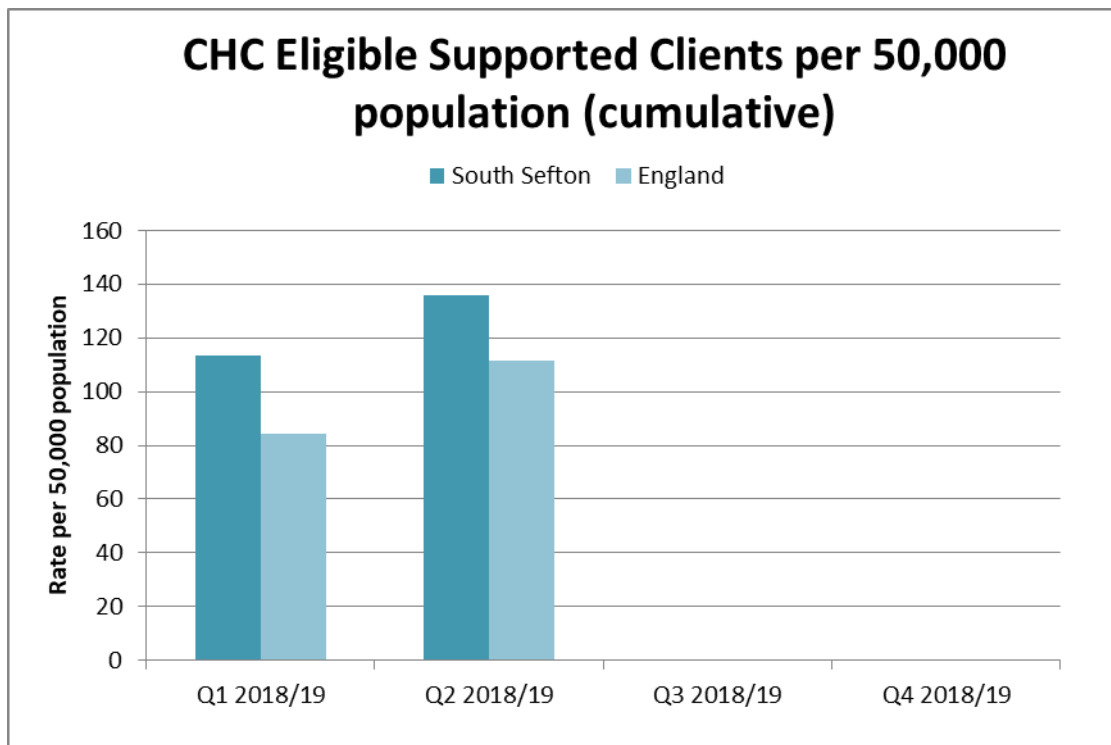


Figure 36 – Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist

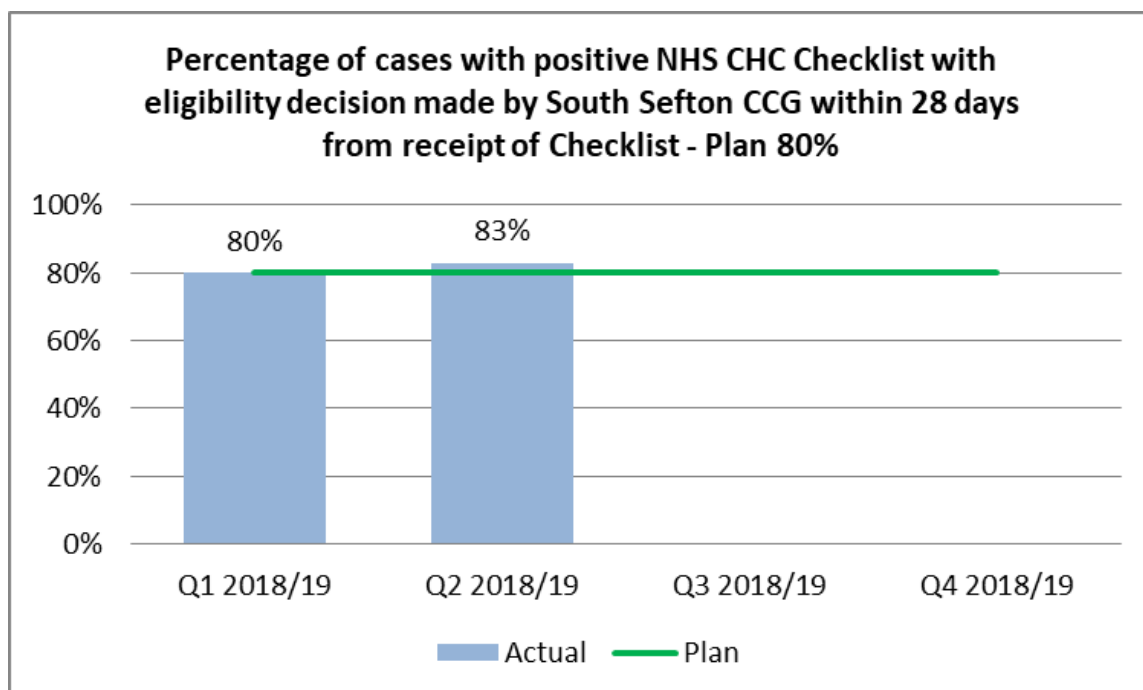
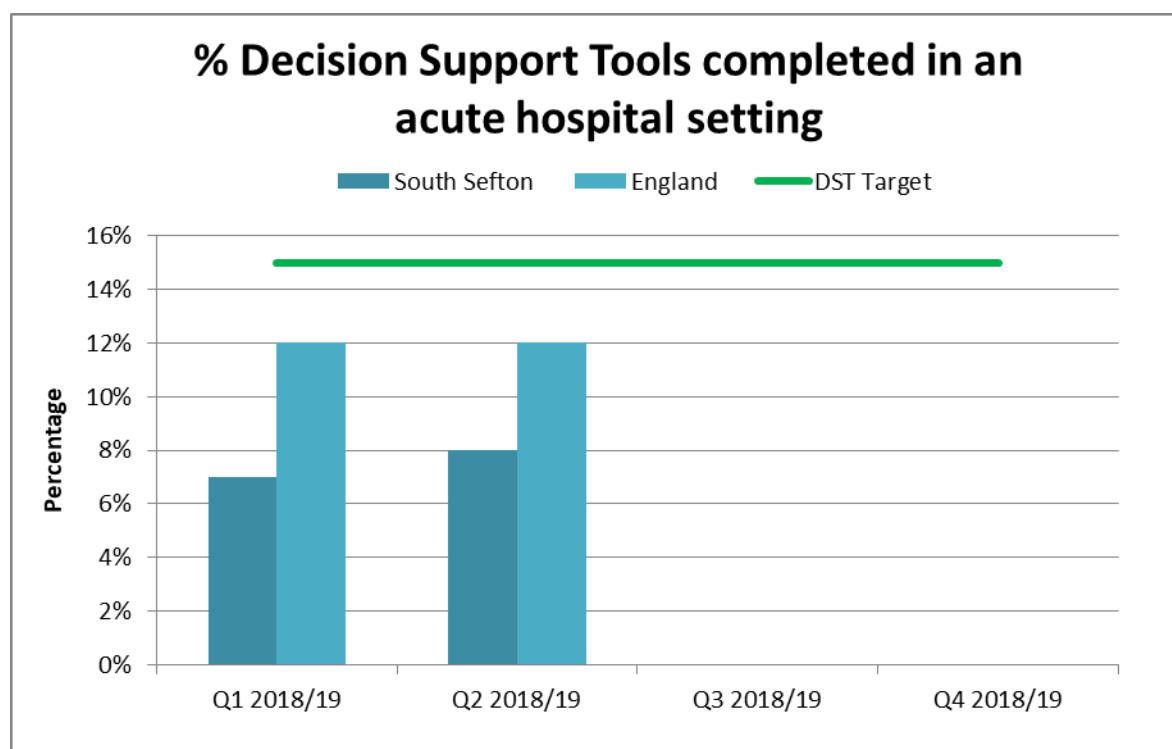


Figure 37 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



3.10 Smoking at Time of Delivery (SATOD)

Figure 38 - Smoking at Time of Delivery (SATOD)

	South Sefton		
	Actual	YTD	FOT
Number of maternities	399	775	1550
Number of women known to be smokers at the time of delivery	60	115	230
Number of women known not to be smokers at the time of delivery	338	658	1316
Number of women whose smoking status was not known at the time of delivery	1	2	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 Q2, 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.

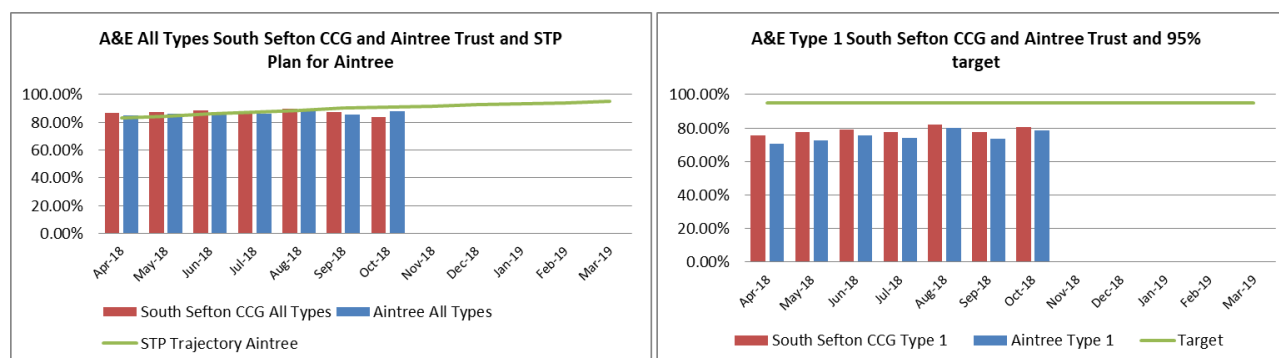
4. Unplanned Care

4.1 Accident & Emergency Performance

Figure 39 - A&E Performance

A&E waits				
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	18/19 - Oct	95%	87.28%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	18/19 - Oct	95%	78.52%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) All Types	18/19 - Oct	STP Trajectory Oct Target 90.8%	86.58%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	18/19 - Oct	95%	74.98%	↔

A&E All Types	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	YTD
STP Trajectory Aintree	83%	84.4%	85.8%	87.2%	88.6%	90%	90.8%	%
Aintree All Types	85.10%	85.82%	86.92%	85.92%	88.98%	85.50%	87.89%	86.58%



Performance Overview/Issues

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2018/19 and have failed the October trajectory of 90.8% with a performance of 87.89% for all A&E department types.

Trust Actions:

- See and Treat protocol continues to be reinforced with the SFL, Co-ordinator and CBM working as a team to oversee it being implemented during surge for See and Treat on a daily basis. Role cards will be updated after a period of trailing these to ensure the role cards reflect accurately how staff most effectively work. The next Kaizen Improvement Workshop, focussing on Pit Stop/Majors has been carried out at the end of November.
- PCS Review is currently being presented through the Trust's governance structures to gain approval for a new model of delivery.
- 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 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 team KPI's in progress to support flow from the department once decision is made to admit.
- The CBU is a participant in the NWAS Super Six Every Minute Matters campaign re: ambulance turn-around times. There are a number of PDSA cycles that have been run to try different ways of shortening turn-around times to the minimum.

System Actions:

Action on A&E is supported by a system wide approach with significant involvement of the CCG Urgent Care lead, our community provider and local authority. Work has been refocused following the Newton Europe review with a wide range of work which focuses on improving patient flow within A&E and main hospital in regard to discharge planning that enables movement from A&E for appropriate admissions; as well as admission/attendance avoidance schemes to reduce A&E activity:

- CCG have taken a lead role in facilitating the Newton Europe DTOC project with system wide action plans now developed to support patient flow and enhance quality of care in three specific areas – decision making, placements and home care. Work is being undertaken with all health and social care providers and commissioners across North Mersey. Within Aintree Hospital there is specific focus on the decision making element of this work.
- An escalation plan has been agreed within North Mersey which outlines the expected roles and responsibilities of all providers with guidance as to when issues should be escalated outside of the Trust to commissioners. This has been developed to ensure that resources are used appropriately and that there is a clear understanding of the mutual aid and partnership working that is expected at provider level prior to commissioner engagement.
- The weekly Multi Agency Discharge Events (MADE) which involve representatives from health and social care have been revised to provide a greater focus on areas requiring immediate action. Instead they have been operating as MDT *Flying Squads* from the start of December targeting front of house areas e.g. AED, Frailty, Observation ward.
- Patient Flow Telecoms continue where stranded and super stranded patients reviewed with MDT involvement. Support provided where required with opportunity to identify specific themes requiring further action.
- On-going implementation of Mersey Care Alternative to Transfer scheme with system introduced to provide timely response to NWAS to support patients at home who do not require conveyance to A&E. Work underway to promote service further and increase referrals. Aim to share good practice and roll out to Southport & Formby and Liverpool to ensure consistent offer to NWAS.
- Pathway developments underway or being refocused to reduce A&E attendances e.g. Falls being progressed with plans to review DVT and Cellulitis as examples of admissions observed on MADEs.
- Collaborative work being carried out with Liverpool and Knowsley CCGs to review potential Urgent Treatment Centre provision within Aintree footprint again with focus of reducing A&E attendances.
- Weekly Aintree system calls are in place with NHSE and all partners to agree priority areas to progress each week reflecting local requirements. These are working well in maintaining operational and strategic communication across organisations.

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 40 - A&E Performance – 12 hour breaches

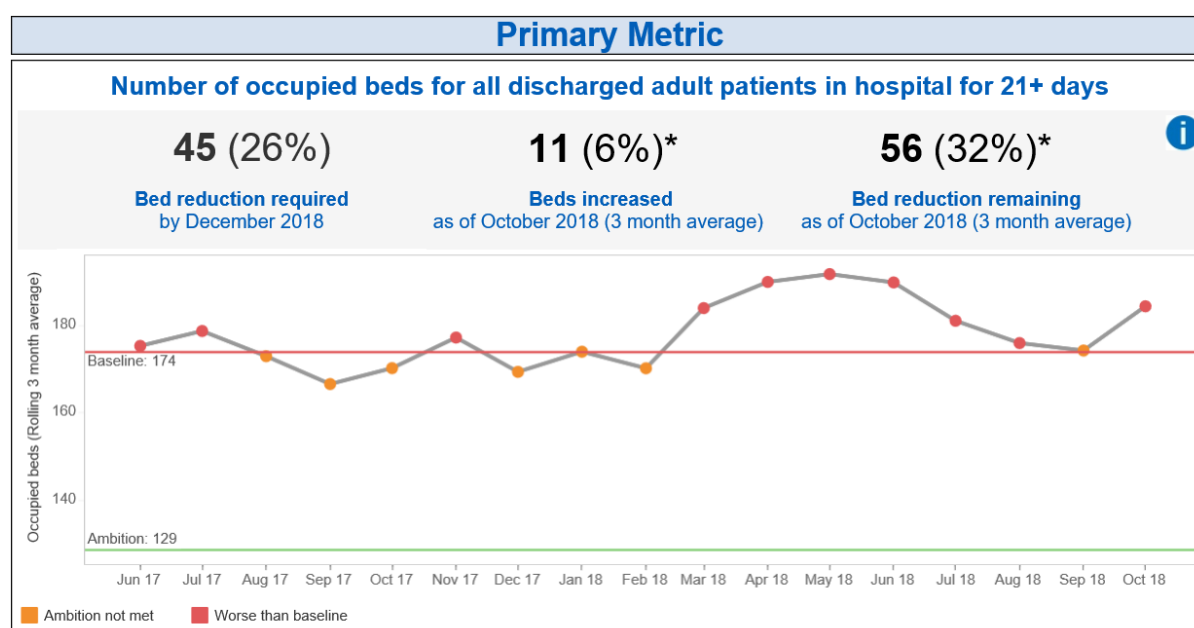
12 Hour A&E Breaches				
Total number of patients who have waited over 12 hours in A&E from decision to admit to admission - Aintree (cumulative)	18/19 - Oct	0	1	↔

No 12 hour breaches were reported in October. However, Aintree reported one 12 hour breach in July, therefore the year to date total remains at 1, above the zero tolerance threshold.

4.2 Occupied Bed Days

NHS England and NHS Improvement expect to reduce long stay patients (as defined by LOS of 21+ days) by 25% and free up at least 4,000 beds by December 2018. The reduction will be monitored on a 3 month rolling basis and success will be judged against the average for Jan-Mar 2019.

Figure 41 – Occupied Bed Days, Aintree Hospital



Data Source: NHS Improvement – Long Stays Dashboard

The Trust's target is to reduce total occupied beds by 45 (26%) by December 2018; therefore the target is 129 or less. This target is yet to be achieved as current reporting for October 2018 (rolling

3 months) shows 184 occupied beds (an increase of 11 beds). However recent reporting is shows occupied beds have increased from the previous month.

4.3 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 October 2018 there was an average response time in South Sefton of 8 minutes 33 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 27 minutes against a target of 18 minutes, the slowest in Merseyside. The CCG also failed the category 3 and category 4 90th percentile. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system.

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 - Oct	0	87	↓
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Aintree	18/19 - Oct	0	36	↑

Performance Overview/Issues

Ambulance handover performance saw a decrease in the number of delays both in excess of 30 minutes to 74 (-31) and 60 minutes to 33 (-15). The average time from notification to handover remained static. The median time to see 1st clinician decreased to 65 minutes (-6) against the 60 minute clinical quality indicator. The % of patients seen from registration within 15 minutes has increased to 87.12% in October which is an increase of 3.85% compared to September 83.27%. The clinical quality indicators for the number of patients who leave the department before being seen decreased from 4.24% in September to 3.44% in October (-.80%) Patients re-attending in October have also decreased to 10.62% against September 12.57% (-1.95%). Overall indicators improved in October helped by increased discharges (plus 300) which improved patient flow.

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 NWAS 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 NWAS meeting has identified that significant strides are being made by NWAS 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 and has been working in collaboration with NWAS 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 is being produced to share with CCG Governing Bodies to demonstrate performance against improvement plans at the end of Quarter 2. We are still awaiting information from other ambulance services across the country to ensure that feedback is presented within the context of comparative data.

Who is responsible for this indicator?

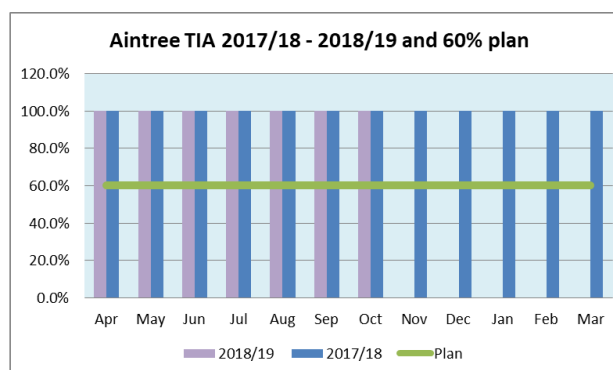
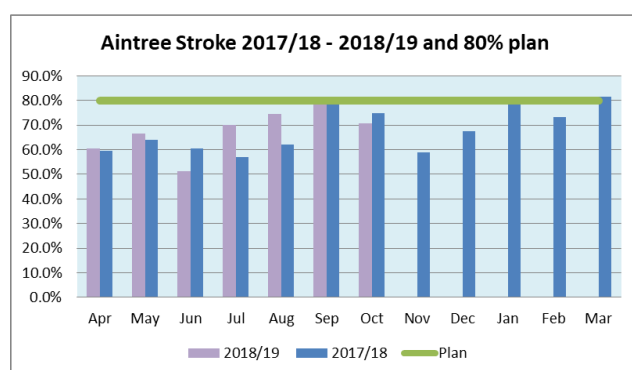
Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Andy Mimmagh	Janet Spallen

4.4 Unplanned Care Quality Indicators

4.4.1 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 - Oct	80%	70.60%	↓
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	18/19 - Oct	60%	100%	↔



Performance Overview/Issues

The Trust are failing the 80% target for Stroke in October with 70.6%. Out of 51 patients, only 36 spent more than 90% of their hospital stay on a stroke unit. This is a decline on last month when 80% was recorded.

How are the issues being addressed?

The standard was not achieved for 15 patients. All breaches of the standard are reviewed and reasons for underperformance identified:

- 5 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
- 1 patients were atypical presentations and diagnosed after MRI
- 1 patient was palliative and transferred to AMU despite there being a bed available
- 3 patients were late referrals to the Stroke team (MRI confirmed diagnosis)
- 3 Patients were seen by a Stroke Consultant and not accepted.

Proposed Trust Actions:

- A detailed review of the circumstances leading to the breaches in October is underway.
- Improve SSNAP Scores for Speech and Language Therapy through full review of stroke therapy pathway – service recommendations to be included.
- Improve SSNAP score for time to first CT scan (1 hour) through training and education of radiology staffing on stroke pathway.
- Audit of out of hours door to needle time for thrombolysis – Results to be presented to Operations & Performance Group with recommendations on improvement and clinical cover.
- Recruit to Stroke Nurse Clinician vacant post to ensure 24 hour cover is in place consistently.

When is the performance expected to recover?

Trust forecast for improvement:

Forecast for improvement:			
Q1	Q2	Q3	Q4
R	R	A	G

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Fiona Taylor	Cheshire & Merseyside Lead	Geraldine O'Carroll

4.4.2 Mixed Sex Accommodation

Figure 44 - Mixed Sex Accommodation breaches

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

4.4.3 Healthcare associated infections (HCAI)

Figure 45 - Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	18/19 - Oct	31	39	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	18/19 - Oct	26	24	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	18/19 - Oct	0	1	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	18/19 - Oct	0	1	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	18/19 - Oct	74	102	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Aintree)	18/19 - Oct	No Plan	216	↑

Performance Overview/Issues

The CCG had 4 new cases of Clostridium Difficile reported in October (39 YTD) against a year to date plan of 31 (17 apportioned to acute trust and 22 apportioned to community). Aintree had 2 new cases reported in October (24 YTD) against a year to date plan of 26 so are below target.

The CCG had no new cases in October but the 1 case of MRSA in July apportioned to the community has failed the zero tolerance threshold for 2018/19. Aintree also had no new cases of MRSA in October but again have failed the zero tolerance threshold for 2018/19 due to the 1 case reported in May.

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 October there were 12 cases (102 YTD) against a year to date plan of 74. Aintree reported 30 cases in October (216 YTD). There are no targets set for Trusts at present.

How are the issues being addressed?

The Gram Negative Bloodstream Infection Steering Group continues to meet on a bi-monthly basis with specific 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

4.4.4 Hospital Mortality

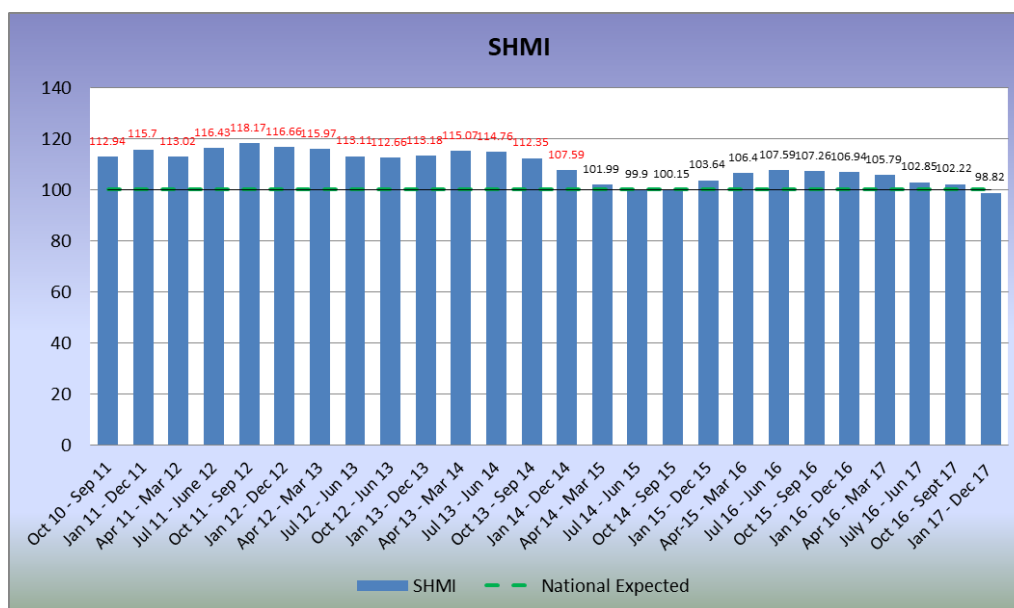
Figure 46 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	18/19 - Oct	100	98.30	↕
Summary Hospital Level Mortality Indicator (SHMI)	Jan 17 - Dec 17	100	98.82	↓

HSMR has decreased to 98.30 this month (99.42 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 98.82 is marginally better than previous period and within tolerance levels. SHMI is risk adjusted mortality ratio based on number of expected deaths.

Figure 47 - Summary Hospital Mortality Indicator



4.5 CCG Serious Incident Management

The MIAA Serious Incident (SI) Review has now been completed with the final report being received highlighting there is 'substantial assurance' in relation to the CCGs SI process. Substantial assurance indicates that there is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently. The 3 moderate recommendations have been incorporated into the overarching action plan which continues to be monitored at the Joint Quality Committee

There are a total of 70 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.

Figure 48 – Serious Incident for South Sefton Commissioned Services and South Sefton CCG patients

Trust	SIs reported (M7)	SIs reported (YTD)	Closed SIs (M7)	Closed SIs (YTD)	Open SIs (M7)	SIs open >100days (M7)
Aintree University Hospital	6	28	5	43	29	10
Mersey Care NHS Foundation NHS Trust (SSCS)	0	9	0	13	12	5
South Sefton CCG	1	1	1	4	4	3
Mersey Care NHS Foundation NHS Trust (Mental Health)	1	12	0	14	16	11
North West Boroughs NHS Foundation Trust	0	3	0	0	3	2
Southport and Ormskirk Hospitals NHS Trust	0	2	0	2	1	1
Liverpool Women's Hospital	0	2	1	4	2	1
Liverpool Community Health	0	0	0	0	2	2
The Walton Centre	0	0	0	0	1	1
TOTAL	8	56	8	80	70	36

Figure 49 – Timescale Performance for Aintree University Hospital

PROVIDER	SIs reported within 48 hours of identification (YTD)		72 hour report received (YTD)			RCAs Received (YTD)				
	Yes	No	Yes	No	N/A	Total RCAs due	Received within 60 days	Extension Granted	SI Downgraded	RCA 60+
Aintree	18	10	4	24*	-	29	10	7	4	8

*N.B. The Datix system does not currently allow for the field 'N/A' to be completed. As such, this figure may not truly represent the provider's performance. This will form part of the CCGs improvement work to support the performance management of 72 hour submissions.

The trust has completed a Serious Incident thematic review which has been through the Trusts governance committees. This will be presented at CQPG in January 2019. The following has also been highlighted at Aintree CQPG in October 2018.

- An exception report for Nurse staffing fill rates was presented with the trust showing evidence of triangulation with SIs. Going forward, staffing will form part of the quarterly update work programme.
- An update regarding NatSSIPs and LocSSIPs was presented. The trust confirmed that embedding and continuous quality improvement was on-going including engagement with senior clinicians. The group acknowledged that embedding and learning work will take some time but have requested an explicit update in March 2019.
- The Trust advised that they are in receipt of a Section 28 Notice in relation to sepsis training for staff in AED. It is not a new incident as it was reported in February 2017. It was requested by the CCG that this is brought to CQPG to go through the governance processes.
- The Trust have reported 2 surgical incidents in Month 11, one being a Never Event. Discussions have taken place with NHS E C&M, the Trust and co-commissioners in relation to further assurance. The Trust assurance template for SIQSG has been updated with the Trust remaining under enhanced surveillance. A quality visit took and telecom with all partners has taken place. The trust are to provide an overarching theatre safety action plan to include learning from Never Events.

Figure 50 – Timescale Performance for Mersey Care Foundation Trust (South Sefton Community Services (SSCS))

PROVIDER	SIs reported within 48 hours of identification (YTD)		72 hour report received (YTD)			RCAs Received (YTD)				
	Yes	No	Yes	No	N/A	Total RCAs due	Received within 60 days	Extension Granted	SI Downgraded	RCA 60+
Mersey Care (Community)	8	1	0	9*	-	6	5	1	0	0

**N.B. The Datix system does not currently allow for the field 'N/A' to be completed. As such, this figure may not truly represent the provider's performance. This will form part of the CCGs improvement work to support the performance management of 72 hour submissions.*

As part of the NHSI Stop the Pressure Collaborative Approach, the South Sefton and North Liverpool Locality are taking part in a Pressure Ulcer Reduction Pilot programme. This pilot aims to reduce the deterioration of grade 2 and 3 pressure ulcers for patients and reduce the overall reduction targets. The pilot commenced in August 2018, and the findings have yet to be shared with the CCG.

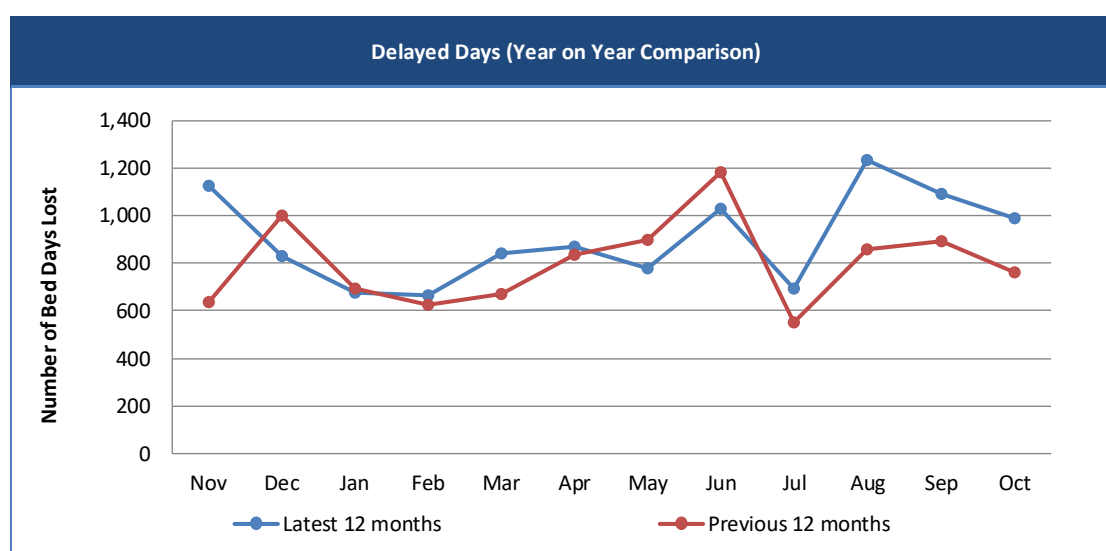
4.6 CCG Delayed Transfers of Care

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. There is weekly telecom to review patients waiting over 7 and 21 days with the aim of ensuring movement against agreed discharge plans. There is opportunity within these interventions to identify key themes which need

more specific action e.g. we are presently reviewing our discharge to assess pathway where we aim to ensure DSTs are undertaken outside of a hospital setting. We 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.

Figure 51 – Aintree DTOC Monitoring



DTOC Key Stats			
	This month	Last month	Last year
Delayed Days	Oct-18	Sep-18	Oct-17
Total	990	1,093	760
NHS	68.2%	77.7%	76.8%
Social Care	31.8%	22.3%	23.2%
Both	0.0%	0.0%	0.0%
Acute	56.9%	53.6%	48.0%
Non-Acute	43.1%	46.4%	52.0%

Reasons for Delayed Transfer % of Bed Day Delays (Oct-18)

AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST




Care Package in Home	30.1%
Community Equipment Adapt	1.7%
Completion Assessment	5.7%
Disputes	0.0%
Further Non-Acute NHS	33.3%
Housing	0.0%
Nursing Home	0.0%
Patient Family Choice	29.2%
Public Funding	0.0%
Residential Home	0.0%
Other	0.0%

Total delayed transfers of care (DTOC) reported in October was 990, an increase compared to October 2017 with 760. Delays due to NHS have improved, with those due to social care worsening. The majority of delay reasons in October 2018 were due to patient family choice, further non-acute NHS and care package in home.

4.7 Patient Experience of Unplanned Care

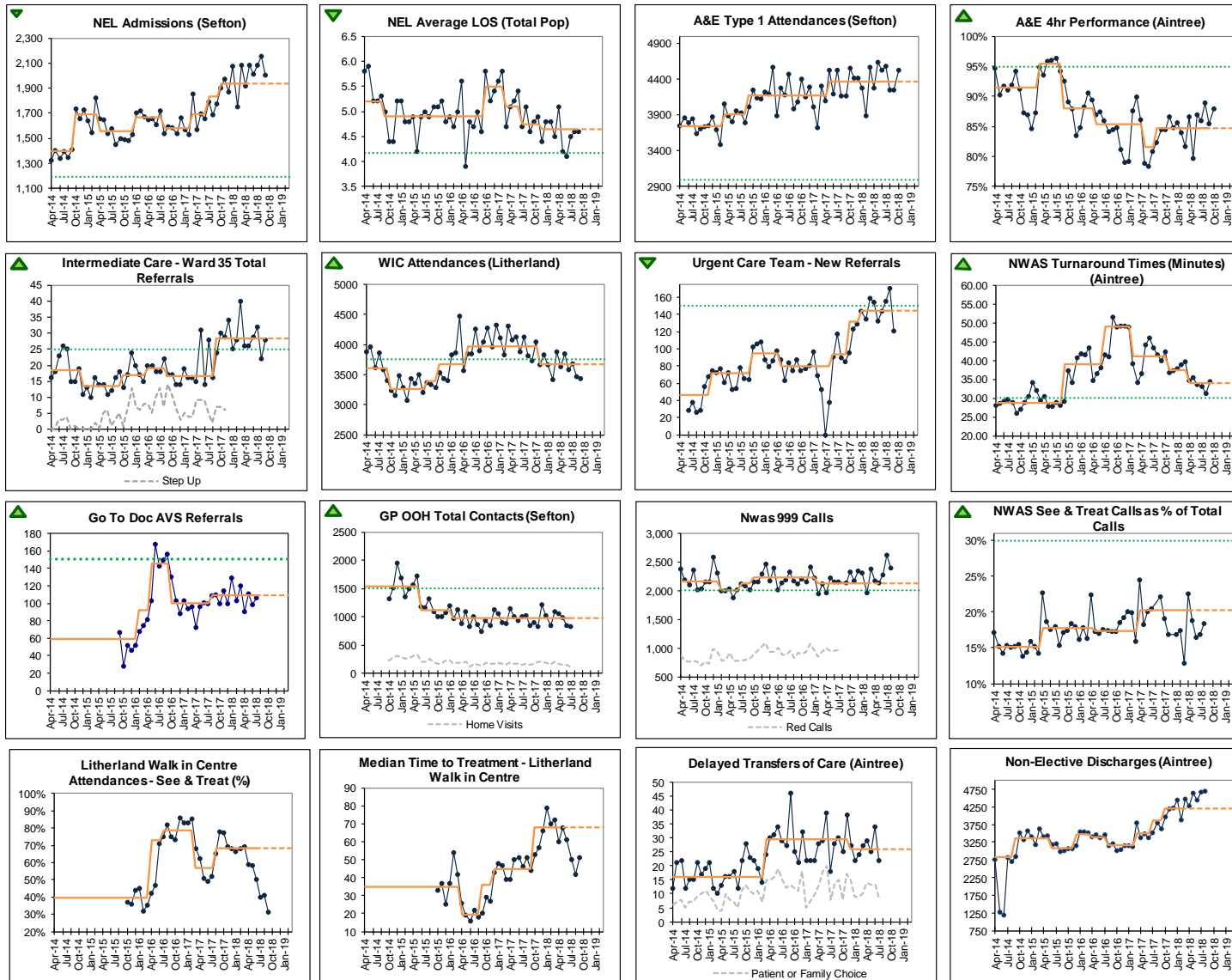
Figure 52 - Aintree A&E Friends and Family Test performance


















Friends and Family Response Rates and Scores
Aintree University Hospital NHS Foundation Trust
Latest Month: Oct-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	12.2%	20.0%		87%	89%		8%	7%	

4.8 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.



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

4.9 Unplanned Care Activity & Finance, All Providers

4.9.1 All Providers

Performance at Month 7 of financial year 2018/19, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £1.4m/4.9%. 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 £351k/1.2%.

At individual providers, Aintree represents the highest over performing provider for unplanned care at month 7 with a year to date variance of £1.4m/6%. In contrast, Liverpool Women's and Alder Hey hospitals are currently underperforming by -£200k/-8% and -£172k/-14% respectively.

Figure 53 - Month 7 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	57,779	64,796	7,017	12%	£22,068	£23,474	£1,406	6%	-£1,406	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	5,676	5,319	-357	-6%	£1,266	£1,093	-£172	-14%	£172	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	156	65	-91	-58%	£244	£192	-£52	-21%	£52	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	2,034	1,990	-44	-2%	£2,643	£2,443	-£200	-8%	£200	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	3,189	3,230	41	1%	£1,200	£1,303	£103	9%	-£103	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	6	6	0	1%	£33	£39	£6	17%	-£6	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	68,841	75,406	6,565	10%	£27,454	£28,544	£1,090	4%	-£1,090	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	47	63	16	33%	£11	£31	£20	186%	£0	£20	186%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	54	54	0%	£0	£19	£19	0%	£0	£19	-
SALFORD ROYAL NHS FOUNDATION TRUST	0	28	28	0%	£0	£14	£14	0%	£0	£14	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	4,623	4,908	285	6%	£1,649	£1,783	£134	8%	£0	£134	8%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	646	710	64	10%	£262	£286	£24	9%	£0	£24	9%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	43	62	19	44%	£107	£149	£42	40%	£0	£42	40%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	29	29	0%	£0	£18	£18	0%	£0	£18	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	183	183	0%	£0	£78	£78	0%	£0	£78	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	39	33	-6	-15%	£24	£26	£2	7%	£0	£2	7%
ALL REMAINING PROVIDERS TOTAL	5,398	6,070	672	12%	£2,053	£2,404	£351	17%	£0	£351	17%
GRAND TOTAL	74,239	81,476	7,237	10%	£29,506	£30,948	£1,442	4.9%	-£1,090	£351	1.2%

*Pbr Only

4.9.2 Aintree University Hospital NHS Foundation Trust

Figure 54 - Month 7 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	24,273	25,072	799	3%	£569	£569	£0	0%
A&E - Accident & Emergency	18,940	20,489	1,549	8%	£2,605	£2,848	£243	9%
NEL - Non Elective	9,025	10,378	1,353	15%	£16,927	£17,257	£331	2%
NELNE - Non Elective Non-Emergency	30	28	-2	-6%	£107	£99	-£8	-7%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	12	140	128	1031%	£3	£34	£31	882%
NELST - Non Elective Short Stay	1,228	1,462	234	19%	£830	£961	£131	16%
NELXBD - Non Elective Excess Bed Day	4,272	7,227	2,955	69%	£1,027	£1,706	£679	66%
Grand Total	57,779	64,796	7,017	12%	£22,068	£23,474	£1,406	6%

4.9.3 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 have not been 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 £1.4m/6% is mainly driven by an over performance within Non-Elective excess bed Days, Non-Elective admissions and Accident & Emergency attendances. Acute Medicine and Geriatric 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 7 (8% and 3% respectively). May 2018 and July 2018 saw some of the highest monthly attendances recorded at the Trust in the last three years.

Despite the 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 55 - NHS South Sefton CCG – Shadow PbR Cluster Activity

NHS South Sefton CCG	Caseload 2018/19 M7	2018/19 Plan	Variance from Plan	Variance from Caseload 2017/18 M7
0 Variance	59	106	-47	-44
1 Com Prob Low Sev	30	11	19	-11
2 Prob Low Sev/Need	24	7	17	5
3 Non Psychotic Mod	92	72	20	1
4 Non Psychotic Sev	233	286	-53	-82
5 Non Psychot V Sev	88	84	4	1
6 Non Psychotic Dis	30	35	-5	-8
7 Endur Non Psychot	266	303	-37	-18
8 Non Psychot Chaot	137	133	4	0
10 1st Ep Psychosis	158	149	9	8
11 Ongo Rec Psychos	303	320	-17	-35
12 Ongo/Rec Psych	331	397	-66	-70
13 Ong/Rec Psyc High	99	107	-8	-6
14 Psychotic Crisis	28	32	-4	-7
15 Sev Psychot Cris	4	8	-4	-4
16 Dual Diagnosis	53	42	11	12
17 Psy & Affect Dis	34	40	-6	-11
18 Cog Impairment	155	245	-90	-74
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	415	436	-21	-15
20 Cognitive Impairment or Dementia Complicated (High Need)	338	446	-108	-96
21 Cognitive Impairment or Dementia (High Physical or Engagement)	109	119	-10	-23
Cluster 97	1243	116	1,127	700
Cluster 98		147		
Total	4229	3641	735	223

5.1.1 Key Mental Health Performance Indicators

Figure 56 - CPA – Percentage of People under CPA followed up within 7 days of discharge

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

Figure 57 - CPA Follow up 2 days (48 hours) for higher risk groups

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	100%	No Patients	No Patients	50.0%	83.3%	No Patients	87.5%
Rolling Quarter				100%	50.0%	75.0%	75.0%	87.5%

The breach in October resulting in just 87.5% of patients being followed up within 48 hours was due to both the Inpatient and community team deciding it was actually a 7 day follow-up, but information provided on hospital admission led to RIO classifying it as a 48 hour follow up. The follow up was carried out within the appropriate time frame.

Figure 58 - EIP 2 week waits

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-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)	53%	80%	100%	57.1%	100%	80.0%	66.7%	75.0%
Rolling Quarter				73%	100%	83.3%	77.8%	75.0%

5.1.2 Out of Area Placements (OAP's)

Figure 59 - OAP Days

Period	Period Covered	Total number of OAP days over the period
Q4 2017/18	Jan 18 to Mar 18	95
	Feb 18 to Apr 18	80
	Mar 18 to May 18	35
Q1 2018/19	Apr 18 to Jun 18	0
	May 18 to Jul 18	0
	Jun 18 to Aug 18	0
Q2 2018/19	Jul 18 to Sep 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.

The Trust has confirmed that through a combination of reorganisation and recruitment they are planning to have 50.3 WTE multi-disciplinary staff providing the CRHTT function from March 2020 onwards.

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

Work is also required with Mersey Care and Southport DGH to ensure that that both organisations are able to agree the escalation timelines in for mental health patients who present to A&E and in particular those patients for whom a bed may be required under the 1983 Mental Health Act but which required an Mental Health Act Assessment to be undertaken.

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 was presented by the Trust to the LMC in November 2018 and it is proposed to pilot the discharge pathway in Bootle and Central Southport localities within Sefton.

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

Throughout 2018/19 Eating Disorder waits to commencing within 18 weeks of referral have been sub-optimal. In M7 no data against this KPI was submitted at CCG level but a Trust catchment figure of 39.33% was reported.

Commissioners from Sefton and Liverpool have identified Eating Disorders as requiring investment and the Trust is working to develop a proposal as to how it envisages the Eating Disorder service being developed.

The service continues to struggle with the higher referral rates of referrals. Short term funding has been arranged for maternity cover and in addition a trainee clinical psychologist in placement would apply for a fixed term post is currently being re-advertised as the Trust were unsuccessful in recruiting when initially advertised.

The service lead is working with HR colleagues to support a member of staff to return to work with a phased return to work package at the end of this month. Although the staff member will be working with a reduced workload for the interim, it will help to alleviate the current pressure within the system.

Adult ADHD

The current adult ADHD service is operating at above commissioned capacity with 284 patients on the caseload against an original cap of 180 and in consequence wait times are on average 2 years duration. This situation is further exacerbated by the decision by Alder Hey to serve notice on commissioners that they will no longer prescribe to ADHD medication of patients aged 18+ on their caseloads and in consequence the prescribing responsibility for these patients need to transfer to adult services from April 2019. There are 56 young adults on the combined Sefton CCGs' footprint aged over 18 who are continuing to be followed up in Paediatric/CAMHS services.

As part of phased approach a business case is being developed with phase 1 being a proposal to increase capacity in the adult service to enable Alder Hey patients to transition across. The CQC review of health services for Children Looked After and Safeguarding in Sefton also identified capacity issues in the Adult ADHD service as having an impact on transition and this will prevent people not having their ADHD being effectively managed and leaving their needs unmet. The business case is expected to the Clinical QIPP Advisory Group on 8th January 2019 for recommendation.

RiO and KPIs Reporting

The Trust implemented its new RiO patient information system on 1st June 2018. As per the RiO plan agreed between the trust and Clinical Commissioning Group's (CCGs), the Trust was required to provide shadow data for M5, where available, in order to demonstrate the development work undertaken by the trust extracting data from the new clinical information system. For M6 reporting the requirement was to report a full set of KPIs which would be used for contract monitoring purposes.

The Trust has reported in November that there are still some instances in which KPI are unable to be reported upon due to staff issues and/or data quality issues and consequently some local KPs have not been reported upon despite a reporting mechanism being developed and some local KPIs have been reported as sub-optimal but not supported by a narrative. This issue was discussed at November CQPG and escalated within the Trust and commissioners are expecting significant improvements both in reporting and KPI performance in Quarter 4. A meeting is being arranged with the Trust's newly appointed strategic contracts lead in January 2019 to discuss the commissioners' expectations with KPI and activity reporting.

Safeguarding

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

5.1.4 Patient Experience of Mental Health Services

Figure 60 – Mersey Care Friends and Family Test Performance

Friends and Family Response Rates and Scores

Mersey Care NHS Foundation Trust

Latest Month: Oct-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	3.4%	3.5%		90%	91%		3%	2%	

5.2 Improving Access to Psychological Therapies

Figure 61 - 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	331	272	296	360						2,152
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%	1.36%	1.12%	1.22%	1.48%						8.85%
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%	42.7%	47.7%	40.0%	41.3%	46.2%						45.5%
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%	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%	100%	100%	100%	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	219	203	200	191	213						1,451
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	78	78	96						642
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%	88.6%	87.4%	88.8%						88.6%

Performance Overview/Issues

Cheshire and Wirral Partnership reported 360 patients entering treatment in Month 7, which is an 21.6% increase from the 296 reported in Month 6. 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 3 2018/19 at 4.2% which equates to 1.4% per month. The access rate for Month 7 was 1.48% and therefore achieved the standard.

The percentage of people moved to recovery was 46.2% in Month 7, which is higher than the 41.3% for the previous month although 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 62 - Dementia casefinding

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
People Diagnosed with Dementia (Age 65+)	1159	1163	1191	1203	1221	1230	1240
Estimated Prevalence (Age 65+)	1869	1874.3	1877.3	1885.7	1892.5	1900.9	1906
NHS South Sefton CCG - Dementia Diagnosis Rate (Age 65+)	62.0%	62.0%	63.4%	63.8%	64.5%	64.7%	65.1%
Target	66.7%	66.7%	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 October of 65.1%, which is under the national dementia diagnosis ambition of 66.7% and a slight improvement on last month when 64.7% was reported.

How are the issues being addressed?

As it stands the CCG is only 31 un-diagnosed patients away from achieving the National Ambition. At a meeting between CCG representatives and NHS England it was concluded that despite on-going initiatives it would be unlikely that the CCG would achieve the ambition by December 2018. The CCG will endeavour to achieve the National Ambition by March 2019. The CCG is completing the Dementia Self-Assessment Tool requested by NHSE, which will have full details of the planned actions being undertaken by the CCG. This will be available by the 9th January 2019.

Sefton Information Facilitators have continued with the plan to run agreed searches for dementia diagnosis codes on EMIS. All practice EMIS registry searches have now been completed as per plan. Queries have been lodged with practice staff for resolution.

Searches will now be run every 3 months at all South Sefton Practices to identify coding errors.

The CCG will draft a proposal to submit as part of the GP Local Quality Contract for 2019-20. This initiative will primarily target potential patients on the Mild Cognitive Impairment register. These patients should be recalled once at 12 months post diagnosis to see if this was a transient state which has resolved or is progressing to dementia.

When is the performance expected to recover?

The CCG will endeavour to achieve the National Ambition by March 2019.

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 63 - NHS South Sefton CCG – Improve Access Rate to CYPMH 18/19 Performance

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 64 - South Sefton CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2018/19 Plans (100% 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	21	4		4	
Number of CYP with a suspected ED (routine cases) that start treatment	3	21	6	21	4		4	
%	100.00%	100.00%	100.00%	100.00%	100.00%	-	100.00%	-

Figure 65 - South Sefton CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2018/19 Plans (100% Target)

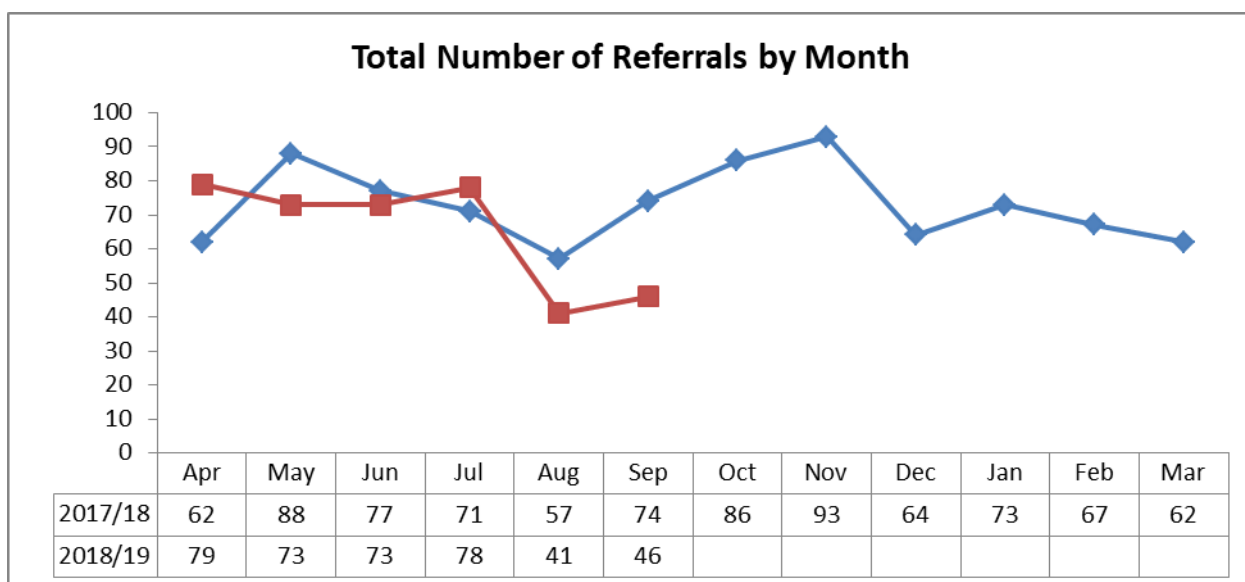
	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	1	5	1	5	1		1	
Number of CYP with a suspected ED (urgent cases) that start treatment	1	5	1	5	1		1	
%	100.00%	100.00%	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 2 2018/19. The date period is based on the date of referral so focuses on referrals made to the service during July to September 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 66 – CAMHS Referrals



Throughout quarter 2 2018/19 there were a total of 165 referrals made to CAMHS from South Sefton CCG patients. There was a decrease in referrals in August (from 78 in July to 41 in August) and the number remained low in September (46).

The following tables will focus on the 63 referrals that have been 'Allocated'.

Figure 67 – CAMHS Waiting Times Referral to Assessment

Waiting Time in Week Bands	Number of Referrals	% of Total
0-2 Weeks	28	44.4%
2-4 Weeks	9	14.3%
4- 6 Weeks	2	3.2%
6-8 weeks	10	15.9%
8- 10 weeks	7	11.1%
Over 10 weeks	5	7.9%
Blank	2	3.2%
Total	63	100%

The biggest percentage (44.4%) of referrals where an assessment has taken place waited between 0 and 2 weeks from their referral to assessment. All allocated referrals waited 13 weeks or less from point of referral to an assessment being made.

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 68 - CAMHS Waiting Times Assessment to Intervention

Waiting Time in Week Bands	Number of Referrals	% of Total	% of Total with intervention only
0-2 Weeks	7	11.1%	35.0%
2-4 Weeks	4	6.3%	20.0%
4- 6 Weeks	2	3.2%	10.0%
6-8 weeks	2	3.2%	10.0%
8- 10 weeks	3	4.8%	15.0%
10-12 Weeks	1	1.6%	5.0%
12- 14 Weeks	1	1.6%	5.0%
(blank)	43	68.3%	
Total	63	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.

68.3% (43) 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 43 referrals were discounted, that would mean 35.0% (7) of referrals waited 2 weeks or less from assessment to intervention. Collectively 75.0% (15) of those referrals where an intervention took place waited 8 weeks or less from assessment to first intervention.

5.7 Learning Disability Health Checks

Figure 69 – Learning Disabilities Performance Measures

2018/19			
CCG Name	Total Registered	Total Checked	Total % Checked
Plan	675	126	18.7%
Q1	200	37	18.5%
Q2	153	62	40.5%

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 in place with payment available for GPs providing annual health checks, and CCGs were required to submit plans for an increase in the number of health checks delivered in 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 2, the CCG reported a performance of 40.5%, above the plan of 18.7%. However, just 153 patients were registered compared to a plan of 675, with just 62 checked compared to a plan of 126.

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 service reviews are now complete and the Trust and CCG community contract leads have had a number of meetings to discuss outcomes and recommendations. It has been agreed that reporting requirements and activity baselines will be reviewed alongside service specifications and transformation.

6.1.1 Quality

The CCG Quality Team and Mersey Care NHS Foundation Trust (MCFT) have agreed and signed off the Quality Schedule KPIs, Compliance Measures and CQUIN for 2018/19 for community services. Initial discussions with regards possible new indicators for inclusion in 2019/20 are underway. Providers are keen to align as much as possible with Liverpool CCG quality measures going forward. In terms of improving the quality of reporting, providers are given quarterly feedback on Quality Compliance evidence which will feed through CQPG/ CCQRM. Providers are asked to provide trajectories for any unmet indicators and or measures.

There have been a number of MCFT community quality site visits which have been well received by front line staff.

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.

Diabetes DNAs were at 16.4% in October, a further decline on last month, showing a significant steady decline throughout the year.

Dietetics performance has shown an improvement in October with 10.4% but is still reporting above the threshold. The service has failed each month of 2018/19 and the trend continues. The Trust has undertaken two audits looking at the types of referrals which are not turning up for appointments. The results illustrated patients with two or more long term conditions and a diagnosis of diabetes were the most frequent to DNA.

Provider Cancellations

The Trust monitors performance against a 3.5% threshold. Treatment rooms is the only service reporting above this with 4.2% in October, a decline on last month.

6.1.3 Waiting Times

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

Physiotherapy: September's completed pathways reported a 95th percentile of 21 weeks, a significant decline on last month when 16 weeks was reported. The longest waiter on the incomplete pathway was at 22 weeks.

Occupational Therapy: September's completed pathways reported a 95th percentile of 19 weeks, a decline on last month when 18 weeks was reported. A steady increase in average waits over the past four months can be seen in this service for the completed pathways. The longest waiter on the incomplete pathway in September was at 18 weeks.

Podiatry: September's completed pathways reported a 95th percentile of 22 weeks and 92nd percentile on the incomplete at 20 weeks, with the longest waiting patient at **47 weeks**. The Trust has stated the decline in performance is due to staff sickness and an action plan is in place to improve. The CCG has requested sight of the action plan.

Nutrition & Dietetics: September's completed pathways position has improved further from 23 weeks in August to 19 weeks in September, but remains above 18 weeks. The longest wait is currently recorded at 31 weeks.

6.1.4 Patient Experience of Community Services

Figure 70 – Mersey Care Friends and Family Test Performance

Friends and Family Response Rates and Scores
Mersey Care NHS Foundation Trust
Latest Month: Oct-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	3.3%	1.4%		96%	99%		2%	0%	

Mersey Care is reporting a response rate of 1.4% in October against an England average of 3.3%. The percentage who recommended the service was 99%, 1% higher than last month and remaining above the England average of 95%. Performance for the percentage who would not recommend increased to 0%, but 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 7 2018/19 the total year to date costs for the CCG were £148,129 with 3,742 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 Occupational Therapy
- 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 September 2018.

Paediatric SALT: In September the Trust reported 35 weeks for the 92nd percentile for incomplete pathways, with 1 patient waiting as long as 45 weeks. Performance has steadily declined over the past 6 months. 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's performance has improved significantly in October and is now reporting below the threshold.

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

Figure 71 - 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	Nil return	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	Nil return	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. Quarter 2 was also a nil return. 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 2 2018-19 Report* has been circulated to relevant commissioning leads. Referrals to some services have increased during Q2, whilst others remained more stable. Individual service user issues (and their accompanying needs) continue to increase in complexity, causing pressure on staffing and resources.

Age Concern – Liverpool & Sefton

The Befriending and Reablement Service promotes older people's social independence via positive health, support and well-being to prevent social isolation. During Q2 260 service users engaged with the service. 25 cases were closed and 55 referrals received. All referred clients were assessed within 14 days of initial referral, all received plans detailing Reablement outcomes, and 96 care plan reviews took place within 6 weeks of service commencement. A particularly pleasing aspect is that GP referrals in Q2 increased by 11% compared to Q1. Age Concern staff attended a locality meeting during the period and are scheduled to address a further meeting in Q3.

Alzheimer's Society

The Society continued to deliver Dementia Support sessions in GP practices during Q2 (6 in South Sefton and 3 in Southport & Formby). Pre-arranged sessions are booked and run on an as-needed basis. 8 practices were actively engaged with during the period and a further 7 will be visited during the next 3 months. The Society received 75 new referrals. For the second quarter running more were received via the local health economy than self/carer referrals. 110 cases were closed. The Side-by-Side service presently has 20 people matched with volunteers enjoying a range of activities, conversations and social events. Dementia Community Support conducted 72 Individual

Needs Assessments. The Dementia Peer Support Group ran 11 Singing for the Brain, 5 Active & Involved and 12 Reading sessions, plus 12 Memory Cafes. Over four days at the annual road show in Southport Flower Show 750 people stopped to have a chat, pick up a leaflet or ask for advice or support.

Citizens Advice Sefton

Advice sessions to in-patients at Clock View Hospital, Walton continue. During Q2 51 new referrals were received. 51% were from Mental Health Professionals or GPs (a 22% increase on Q1) with 43% Self/Carers and 6% from other sources. 63% of new referrals had mental health problems, 17% another disability (or type not given), 14% a long-term health conditions and 6% multiple impairments. 83% of enquiries were for general benefits, with others comprising Universal Credit, debt, health and community care, housing, legal, relationships and family, travel and transport issues. 53% of service users were Female, 45% Male and 2% Other. During Q2 50 cases were closed. As a result of service interventions (in terms of benefit/tax credit gain e.g. a new award or increase following a revision, appeal or money put back into payments) financial outcomes totalled £346,533.

Crosby Housing and Reablement Team (CHART)

During Q2 the service received 63 new referrals, with the main source being Mersey Care NHS Foundation Trust 69%. Other referral sources included Sefton Metropolitan Borough Council (MBC) Adult Social Care, housing offices, self-referrals and floating support staff. Case outcomes during the period included accommodating 33 service users and supporting a further 32 people to stay in their current residence. The service helped 7 people avoid hospital admission (and enabled 15 patients to be discharged). It prevented 20 people from becoming homeless; moved 3 into less supported accommodation (and 8 into more); assisted 17 move into independent accommodation; and 8 into accommodation with the same level of support.

Expect Limited

Expect Limited's staff complement comprises 4 paid members of staff plus 1 volunteer that look after the Bowersdale Centre in Litherland. 78% of new referrals were received from Mersey Care NHS Trust whilst 22% were Self/Carer referrals. All of Expect Limited's existing clients are in receipt of benefits with a diagnosis e.g. anxiety, depression, personality disorder, Post Traumatic Stress Disorder etc. During Q2 there were 1,759 drop-in contacts (Monday to Friday). A total of 2,103 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*, together with outreach support.

Imagine independence

During Q2 Imagine Independence carried forward 37 existing cases. A further 121 were referred to the service via IAPT and 50 cases were closed during the period. Of the new referrals 53% were female and 47% male. All completed personal profiles and commenced job searches. A total of 40 service users attended job interviews; 22 managed to secure paid work for 16+ hours per week; and a further 2 secured paid work for less than 16 hours per week. The service supported 53 people in retaining their current employment, and liaised with employers on behalf of clients. Activities included completed job profiles 23%, employment courses attended 8%, commenced job search 23%, job interviews attended 29%, employment engagement meetings attended by service 1% and service contact with employers 16%.

Netherton Feelgood Factory

The service provides a safe space for people with complex mental and social care needs (Upstairs @ 83 offers open access drop-in, one-to-one counselling, group interventions, welfare advice and support). In Q2 three paid staff were employed together with a small number of volunteers. New

referrals together with existing cases saw 60 people accessing the service. Referral routes included GP practices and mental health professionals. The vast majority of clients were drawn from either Litherland (51%) or Netherton & Orrell (41%) electoral wards as well as Birkdale (4%), Harrington (4%) and Manor (2%). 54% of clients were female and 46% male, with an ethnicity of White British. Examples of work undertaken during Q2 included working with a client to tackle issues relating to domestic violence, his own troubled past and the effect on his children; and helping a client forced to leave work due to her poor mental health, anxiety and depression.

Parenting 2000

During Q2 the service received 14 adult and 107 child referrals. A total of 128 service users accessed counselling for the first time. Of the 912 appointments available during this period a total of 855 were booked and 635 were actually used. There were 103 cancellations whilst 117 did not attend their scheduled appointment. The top five referral sources during Q2 were Self/Carer/Parent 30%, GP recommendations 22%, Hospital 17% GP 8% and Other VCFSE 6%.

Sefton Advocacy

During Q2 248 existing cases were brought forward. A total of 131 new referrals were received and of these 17% were signposted to more appropriate support, whilst 5% comprised general enquiry /information-only queries. 79 cases were closed, the reasons being Cases completed 59%, Advocacy not wanted 22%, Advocacy not appropriate 1%, Service user deceased 4% and Unable to contact service user 14%. During Q2 there were a total of 1,826 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 24%, Representations made 17%, Information supplied 20%, Client empowerment 16%, Signposting 10% and Support 13%. During Q2 these case outputs resulted in financial outcomes worth a total of £232,010 being achieved.

Sefton Carers Centre

The Satisfaction Impact Survey revealed 65% of service users were 'extremely satisfied'. ICT systems implemented during Q2 will aid efficiency and security. The Centre is supporting Sefton MBC's Carers Strategy refresh. The Council is also considering Parent Carers, Carer Assessment arrangements, whilst Sefton Carers is reviewing Parent Carers support groups. Practices in Crosby are presently piloting the GP Carers Charter. The Centre reported tribunal cases are increasing whilst Universal Credit roll out means maintaining carers' income levels is now a key priority. During the period 259 new carers were registered (37 are Parent Carers). 263 Child Needs Assessments were completed or closed. £229k of additional or maintained annual income was secured, plus £34k back payments. 264 information and guidance contacts were made. 2 new volunteers were recruited to the (non-personal care) sitting service (that enables carers to have a short break). 140 hours of sitting service was provided with a volunteer value of £22k. Physical and emotional health and wellbeing is also provided by counselling and holistic therapies (with 91% of therapy users reporting this had a marked or significant positive impact on them). Skills training was provided for 80 carers, 45 Emergency Cards issued (for peace of mind) and 57 carers signposted to additional support.

Sefton Council for Voluntary Service

During Q2 the BME Community Development Worker supported 14 new referrals and 53 existing service users. People were helped to register with a GP and access mental health services. The majority of enquiries were around mental health, legal issues, safeguarding, benefits, finance, debt and general health. During the period Children, Young People and Families (CYPF) facilitated 3 network/forum meetings that had 24 attendees. The CYPF lead now has responsibility for management of VCFSE capacity building, volunteer co-ordination and collaborative working with Sefton MBC and the Clinical Commissioning Groups. Plans contributed to include the green paper

on health and social care. Health and Wellbeing Trainers saw 181 new referrals during Q2 with service users helped to address social exclusion, attitude/confidence issues, financial problems, accommodation needs, health issues (including smoking and weight loss), drug and alcohol problems and family and relationships issues. Total client contacts numbered 758. The Reablement/ Signposting service had 113 client contacts, with all enquiries resolved. The number of contacts at Strand By Me was 400 whilst there were 2,336 distinct users of the online service directory. Key areas of support included social inclusion 31%, everyday living/food 13%, health-related issues 8% and risk management 6%.

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

SWACA provides crisis intervention, early intervention and prevention to overcome the impact of domestic abuse; including advocacy, advice, programmes of work, parenting support, legal advice and therapeutic support; plus multi-agency training and VCFSE partnership working. During Q2 there were 624 new referrals. 172 assessments were completed and 84 are pending further action; 67 were already active in the service; 72 were placed on the waiting list; 8 were referred to a partner agency and 15 recorded under the Other category; 5 were found to be not within SWACA's remit and 4 subsequently moved out of the area; 188 were closed due to support being refused and a further 7 closed as SWACA was unable to contact the service user. There are currently 166 women and 75 children in receipt of support. During the period the refuge accommodated 2 women along with 3 children for 7 weeks. 91% were female service users and 9% male. Referrals came from various sources, with the top three being the police 41%, self-referrals 19% and CYPS Safeguarding Children 15%. Other sources included Adult Social Care, Children's Centres, family and friends.

Stroke Association

The Association provides information, advice and support for up to 12 months post-stroke. It works in hospital and community settings, alongside a multi-disciplinary team of health and social care professionals. As plans evolve, work is being undertaken to ensure stroke's new priority status is supported by ambitious and deliverable interventions across the whole National Stroke Programme pathway. During Q2 there were 79 referrals in South Sefton and 77 in Southport & Formby. Working age stroke survivors and carers figures were 29% and 16% respectively. These were given post-stroke information on going back-to-work, welfare benefits, available financial and emotional support, and help for young families. 179 stroke survivors were discharged. The top 5 outcome indicators were better understanding of stroke 19% (and stroke risk 8%), feeling reassured 17%, enabled to self-manage stroke and its effects 7% and improved physical health and wellbeing 7%. The service also attends weekly discharge planning meetings with the Early Supported Discharge Team. Group meetings held during the period included the Communication Group, Peer Support Group and Merseyside Life After Stroke Voluntary Group. 130 volunteering hours were worked across Sefton during Q2 that equates to £1,691.00. The Association also assists with applications for grant payments/benefits, securing 9 recovery grants totalling £2,549.35.

Swan Women's Centre

The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. During Q2 65 women were part-way through their 12 allocated counselling sessions whilst 10 have exceeded twelve weeks and are continuing. There were 78 new referrals for Counselling. The main referral sources were GP referral 38%, Self-referral/Carer 36%, Mersey Care NHS Trust 7% and Social Workers 5%. Of the counselling sessions available during this period 66% were booked and used, 29% were cancelled by the client and just 5% were recorded as Did Not Attend. 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. 2 referrals were made to the

Outreach Service (with 73 outreach sessions delivered in total). The Emotional Well-being Support Group offers support to women via a qualified counsellor with experience of group therapy. 5 new referrals were received during the period with 96 attendances in total.

8. Primary Care

8.1 Extended Access (evening and weekends) at GP services

Figure 72 - 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 hour's 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 2 new inspections in South Sefton recently Thornton practice which has improved and is now good rating previous require improvement for safe. Maghull practice has also improved with good rating for all apart from Safe which requires improvement previously requiring improvement for effective and well led also. All the results are listed below:

Figure 73 - 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	Inspection being undertaken November 2018	Requires Improvement	Good	Good	Good	Good	Requires Improvement
N84041	Kingsway Surgery	07 November 2016	Good	Good	Good	Good	Good	Good
N84621	Thornton Practice	16 October 2018	Good	Good	Good	Good	Good	Good
N84627	Crossways 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	30 October 2018	Good	Requires Improvement	Good	Good	Good	Good
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	Netherpton 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 revised quarter 2 2018/19 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in November 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 Q2 BCF performance is as follows:

Figure 74 – BCF Metric performance

Metric	Definition	Assessment of progress against the planned target for the quarter
NEA	Reduction in non-elective admissions	Not on track to meet target
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	Not 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	Not on track to meet target
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	Not on track to meet target

Figure 75 – BCF High Impact Change Model assessment

		Maturity Assessment				
		Q4 17/18	Q1 18/19	Q2 18/19 (Current)	Q3 18/19 (Planned)	Q4 18/19 (Planned)
Chg 1	Early discharge planning	Plans in place	Plans in place	Plans in place	Plans in place	Established
Chg 2	Systems to monitor patient flow	Established	Plans in place	Plans in place	Plans in place	Established
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Plans in place	Plans in place	Established	Mature
Chg 4	Home first/discharge to assess	Mature	Established	Plans in place	Plans in place	Established
Chg 5	Seven-day service	Plans in place	Plans in place	Plans in place	Plans in place	Established
Chg 6	Trusted assessors	Established	Plans in place	Plans in place	Plans in place	Established
Chg 7	Focus on choice	Plans in place	Not yet established	Plans in place	Plans in place	Established
Chg 8	Enhancing health in care homes	Plans in place	Plans in place	Plans in place	Plans in place	Established

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 7 performance and narrative detailed in the table below.

Figure 76 - South Sefton CCG's Month 7 Submission to NHS England

	Month 07 Plan	Month 07 Actual	Month 07 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	3,598	3,420	-4.9%	An issue has been identified with the CCGs main hospital provider regarding month 6 referrals data. This was related specifically to the paper switch off in preparation for ERS implementation. Initial feedback suggests this may be a result of paper referrals potentially being rejected and a replacement electronic referral received after the end of the month. The provider has assured the CCG that a refreshes of local referral data will continue to be received each month. However, referral patterns may be impacted in the immediate months following ERS implementation. Month 7 saw an increase in other referrals when comparing to the previous month with the majority of this increase attributed to the main hospital provider and the Geriatric Medicine, Colorectal Surgery and Ophthalmology specialities. Discussions regarding referrals are also ongoing via the information sub group and contract review meetings.
Other	2,377	2,683	12.9%	
Total (in month)	5,975	6,103	2.1%	
Variance against Plan YTD	40,719	41,289	1.4%	
Year on Year YTD Growth			0.9%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	5,449	5,322	-2.3%	First and follow up appointments have increased in month 7 with activity variances mainly focussed within the main hospital provider. However, analysis has established that activity in month is deemed common cause variance (within the statistical norm) and YTD levels are within the 2% threshold. Notable increases in OPFUP appointments have been identified at month 7 at the main hospital provider within Ophthalmology. Further analysis will be required to determine the nature of this increase.
Follow Up	11,294	11,870	5.1%	
Total Outpatient attendances (in month)	16,743	17,192	2.7%	
Variance against Plan YTD	111,884	111,157	-0.6%	
Year on Year YTD Growth			-2.4%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1,946	1,961	0.8%	YTD elective activity is in line with planned levels. Seasonal variation in month has shown increased levels for electives but nothing outside the statistical norm and activity variances are minimal and spread across various specialities. Day case trends are similar to 1718 levels.
Elective Ordinary spells	279	288	3.2%	
Total Elective spells (in month)	2,225	2,249	1.1%	
Variance against Plan YTD	14,506	14,407	-0.7%	
Year on Year YTD Growth			0.4%	
Urgent & Emergency Care				
Type 1	4,313	4,443	3.0%	CCG's local monitoring of A&E activity show month 7 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 in 1819, month 6 saw an increase as expected through historical trends but with activity levels lower than the equivalent period in the previous year. The 4hr target position at the main hospital provider has remained steady at approx. 87.9% in month 7.
Year on Year YTD			3.0%	
All types (in month)	8,914	8,411	-5.6%	
Variance against Plan YTD	61,222	59,542	-2.7%	
Year on Year YTD Growth			-1.3%	
Total Non Elective spells (in month)	1,986	2,307	16.2%	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. On-going discussions with the Trust are taking place via contract routes to establish the nature of the increase. Local monitoring suggests a 13% increase in emergency admissions in month 7 when compared to the previous month. Much of this increase is at the CCGs main hospital provider and has followed an increase in A&E attendances in month.
Variance against Plan YTD	13,267	15,119	14.0%	
Year on Year YTD Growth			18.6%	