



South Sefton
Clinical Commissioning Group

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Integrated Performance Report Month 10

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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	R	R				R	
		Actual	32.129%	32.129%	47.013%	50.703%	62.07%	73.26%	73.12%	69.44%	62.37%				55.80%	
		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	R	R			R	
		Actual	2.733%	2.066%	2.254%	3.161%	3.009%	3.728%	3.76%	3.08%	4.97%	4.04%			3.23%	
		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	R	R			R	
		Actual	90.112%	90.458%	89.959%	89.296%	88.554%	87.882%	87.87%	89.32%	88.91%	89.02%			89.15%	
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R			R	
		Actual	3	3	10	9	6	1	3	4	2	2			43	
		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	RAG	G	G	G	G	G	G	G	G	G	G			G	
		Actual	0	0	0	0	0	0	0	0	0	0	0			0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	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	R	R			R
		Actual	90.40%	90.41%	88.6%	92.69%	93.84%	92.6%	88.9%	92.25%	90.79%	78.89%			89.90%
		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%
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	R	R			R
		Actual	92.06%	94.32%	96.1%	94.00%	87.84%	89.83%	100%	96.43%	75.00%	56.67%			88.60%
		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%
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	G	G			G
		Actual	95%	100%	96.0%	97.26%	97.37%	96.9%	100%	98.8%	96.88%	96.63%			97.58%
		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%
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	G	G			G
		Actual	100%	100%	84.6%	100%	100%	100%	92.9%	100%	94.44%	100%			97.12%
		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%
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	R	R			G
		Actual	100%	100%	96.30%	100%	100%	100%	100%	100%	95.00%	95.00%			98.72%
		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%
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	G	G			G
		Actual	96.43%	100%	100%	100%	94.4%	100%	100%	96.77%	95.24%	100%			98.36%
		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%

Metric	Reporting Level	2018-19												
		Q1			Q2			Q3			Q4			YTD
		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	G	R			R
		Actual	70%	63.636%	83.333%	88.889%	77.778%	75.00%	66.67%	66.7%	100%	60%			73.86%
		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	G	R	R			R
		Actual	-	66.67%	0.00%	100.00%	100.00%	100.00%	83.33%	100%	71.43%	88.89%			86.27%
		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	R	R			R
		Actual	82.76%	83.78%	82.93%	71.795%	88.235%	66.667%	79.41%	70.37%	83.87%	69.23%			77.81%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%

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	R	R			R
		Actual	86.6%	87.39%	88.3%	87.27%	89.76%	87%	83.45%	83.64%	82.89%	82.36%			86.19%
		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	RAG	G	G	G	R	G	G	G	G	G	G			R
		Actual	0	0	0	1	0	0	0	0	0	0			1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

EMSA															
1067: <u>Mixed sex accommodation breaches - All Providers</u> 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	G	G			R
		Actual	0	2	2	0	1	0	0	2	0	0			7
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
1812: <u>Mixed Sex Accommodation - MSA Breach Rate</u> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG	G	R	R	G	R	G	G	R	G	G			R
		Actual	0	0.30	0.30	0.00	0.20	0	0	0.3	0.00	0.00			
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

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

HCAI																
497: <u>Number of MRSA Bacteraemias</u> Incidence of MRSA bacteraemia (Commissioner) (Cumulative)	South Sefton CCG	RAG	G	G	G	R	R	R	R	R	R	R			R	
		YTD	0	0	0	1	1	1	1	1	1	1	2			2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
24: <u>Number of C.Difficile infections</u> Incidence of Clostridium Difficile (Commissioner) (Cumulative)	South Sefton CCG	RAG	R	G	R	R	R	R	R	R	R	R			R	
		YTD	6	9	16	22	26	35	39	44	46	48			48	
		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	G	G	G	G	G	G	G	G	G	G
		Actual	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		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%
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	R	G	R			G
		Actual	80.00%	100.00%	57.14%	100%	75.00%	66.67%	75.00%	50%	75.00%	50%			69.77%
		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%

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	R	R	R	R	R	R	R	R	R	R
		Actual	48.065%	42.759%	48.924%	48.924%	48.924%	48.924%	48.924%	48.924%	48.924%	48.924%	48.924%	48.924%	48.924%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%
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	R	R	R	R	R	R	R	R	R	R
		Actual	3.66%	3.70%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%
		Target	4.20%	4.20%	4.20%	4.20%	4.20%	4.20%	4.20%	4.20%	4.20%	4.20%	4.20%	4.20%	4.20%
2253: IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G
		Actual	99.4%	99.7%	99.3%	99.3%	99.3%	99.3%	99.3%	99.3%	99.3%	99.3%	99.3%	99.3%	99.3%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	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	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G
		Actual	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

treatment, against the number of people who finish a course of treatment in the reporting period.	Target	95.00%	95.00%	95.00%	95.00%	95.00%
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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	R			R	
		Actual	62.022%	62.05%	63.442%	63.796%	64.518%	64.706%	65.058%	64.679%	64.13%	63.51%			63.82%
		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	R		R
		Actual	100%	100%	90.91%		96.88%
		Target	100%	100%	100%	100%	100%
2096: The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	South Sefton CCG	RAG	G	G	R		R
		Actual	100%	100%	80%		93.33%
		Target	100%	100%	100%	100%	100%

Wheelchairs

2197: Percentage of children waiting less than 18 weeks for a wheelchair The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	South Sefton CCG	RAG				
		Actual	Nil Return	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 10 (note: time periods of data are different for each source).

Financial position

This report focuses on the financial performance for South Sefton CCG as at 28th February 2019.

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

The cumulative deficit brought forward from previous years is £2.892m this will reduce to £1.892m if the planned surplus of £1m is delivered in year. The cumulative deficit will be addressed as part of the CCG longer term recovery plan.

The CCG is on target to deliver its financial plan of £1m surplus following implementation of Governing Body agreed mitigations and an adjustment to the allocation.

The year to date financial position is £0.700m surplus which reflects implementation of agreed mitigating actions.

The QIPP savings requirement assessed at the beginning of the 2018/19 financial year is £5.329m. As at 28 February 2019 QIPP savings of £2.173m have been achieved. Further delivery for the financial year is expected to be £0.206m to deliver a total £2.379m for the financial year.

Delivery of the financial plan 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 month 9 and 10 referrals submissions with data for Liverpool Heart and Chest currently incomplete or unavailable. As a result, the analysis provided relates to a month 8 position.

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in January recording 4.04%, a slight improvement on last month when 4.97% was recorded. Aintree failed the under 1% of patients waiting over 6 weeks for a diagnostic test in January recording 3.90%, lower than last month when 5.32% was reported.

In January, there were 2 South Sefton patients waiting on the incomplete pathway for 52+ weeks against the national zero tolerance threshold. Both patients at the Liverpool Womens, the first patient was the same person who breached in November and December. The second patient was treated on the 7th February.

The CCG continues to report performance below the 92% standard for patients on an incomplete non-emergency pathway waiting no more than 18 weeks, with 89.02% in January. Aintree also failed this standard for January recording 90.13%.

In January the Trust reported 29 (0.9%) non clinical cancellations on the day of surgery of which all were offered a binding date within 28 days. One patient was unfortunately cancelled for a second time on the day of surgery due to an error on behalf of a third party in relation to loan equipment required to carry out the procedure.

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

Aintree Friends and Family Inpatient test response rates have fallen further below the England average of 24.9% in January at 18.9%; this is similar to last month when 18.5% was recorded. The percentage of patients who would recommend the Trust has improved slightly to 94% (last month 93%) and is still below the England average of 96%. The proportion who would not recommend has decreased from 4% in December to 3% in January and is above with the England average.

Performance at Month 10 of the financial year 2018/19, against planned care elements of the contracts held by NHS South Sefton CCG show an underperformance of -£416k/-1%. 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 £731k/1.8%.

Unplanned Care

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2018/19. The Trust have failed their STP target of 93.3% in January reaching 87.55% (YTD 86.49%). 1,823 attendances out of 14,637 were not admitted, transferred or discharged within 4 hours.

The NWAS Ambulance Response Programme has progressed well during 2018/19 but with significant work still required to achieve targets. A key piece of work to support this involves rota redesign which will involve significant staff involvement and engagement in order to realign resources to areas of greatest need. There has been a positive reduction against hospital handover times within Cheshire & Merseyside.

The CCG had 2 new cases of C.Difficile in January bringing the year to date total to 48, against a year to date plan of 44 (19 apportioned to acute trust and 29 apportioned to community).

The CCG had 1 new case of MRSA in January, this along with 1 case of MRSA in July apportioned to the community has failed the zero tolerance threshold for 2018/19. This case was at Aintree. Aintree now has 2 cases year to date and failed zero tolerance threshold for 2018/19, the earlier case was 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 (and have failed this target). In January there were 15 cases (145 YTD) against a year to date plan of 107. Aintree reported 30 cases in January (299 YTD). There are no targets set for Trusts at present.

Performance at Month 10 of financial year 2018/19, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £2.3m/5.5%. 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 £459k/1.1%.

Mental Health

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership reported 303 patients entering treatment in Month 10, which is a 56.2% increase from the 194 reported in Month 9. The access rate for Month 10 was 1.25% and therefore failed to achieve the standard. The percentage of people moved to recovery was 50.6% in Month 10, which is an increase from 45.2% for the previous month and achieving the 50% target.

The latest data shows South Sefton CCG are recording a dementia diagnosis rate in January of 63.51%, which is under the national dementia diagnosis ambition of 66.7% and a slight decline on last month when 64.13% was reported.

Community Health Services

CCG and Mersey Care leads continue to meet on a monthly basis to discuss the current contract performance. Along with the performance review of each service, discussions regarding 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. A community services transformation plan is being developed and will provide the focus for service improvements over the coming year. It has been agreed that reporting requirements and activity baselines will be reviewed alongside service specifications and transformation work.

Better Care Fund

A quarter 3 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in February 2019. 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

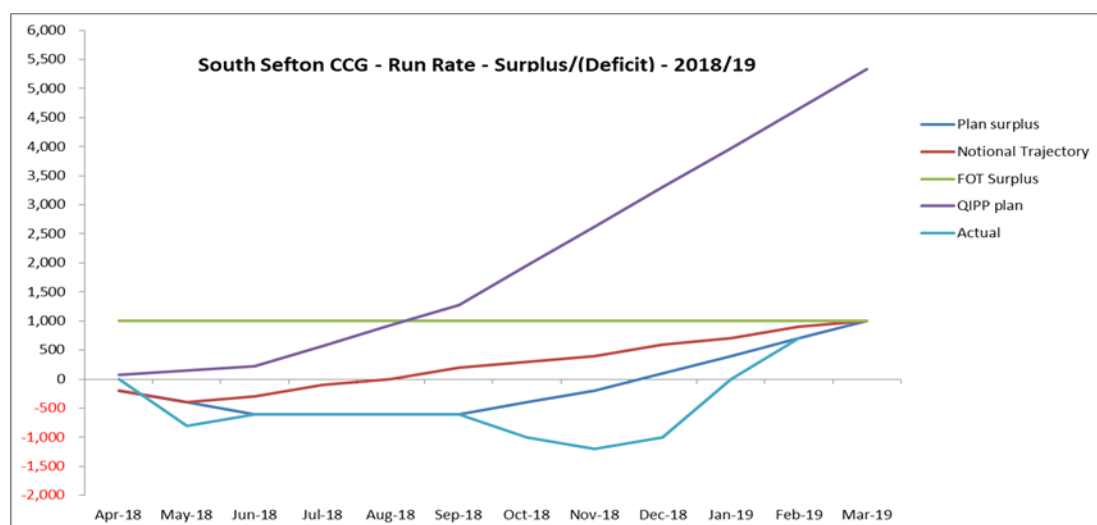
This report focuses on the financial performance for South Sefton CCG as at 28th February 2019.

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	24,259	22,219	23,708	1,489	25,759	1,499
Corporate & Support Services: admin	3,263	2,938	2,652	(286)	2,914	(349)
Corporate & Support Services: programme	3,798	3,465	3,541	76	3,850	52
NHS Commissioned Services	181,284	165,618	167,615	1,996	183,518	2,234
Independent Sector	3,668	3,346	3,663	317	4,034	366
Primary Care	5,031	4,600	4,766	166	5,066	35
Prescribing	27,724	25,618	25,612	(6)	28,216	492
Total Operating budgets	249,028	227,803	231,556	3,753	253,357	4,330
Reserves	176	3,753	0	(3,753)	(4,154)	(4,330)
In Year (Surplus)/Deficit	1,000	700	0	(700)	0	(1,000)
Grand Total (Surplus)/ Deficit	250,204	232,256	231,556	(700)	249,204	(1,000)

The year to date financial position is a surplus of £0.700m, which reflects implementation of mitigating actions during the month to address pressures previously reported to the Governing Body. 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's plan for 2018/19 is summarised as:

- Q1 reported deficit position
- Q2 maintained the level of deficit
- Q3 plan was to deliver a surplus of £0.100m which was not achieved due to emerging pressures; the actual position was a deficit of £1.000m.
- Q4 plan is to return to a surplus position through mitigating actions, a detailed review of expenditure and adjustments to the allocation.

The CCG is on target to deliver the agreed financial plan of £1m surplus 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. The CCG is on target to deliver £2.379m savings in 2018/19 which will bring the total QIPP saving to £11.295m over the past three financial years.

To secure delivery of recurrent financial balance the CCG must align QIPP and other transformation programmes to that of acute sustainability and place based developments.

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.

The QIPP programme has progressed following Governing Body work in January 2019 on the prioritisation of QIPP opportunities and review of CCG operational processes. The CCG is working to secure plans to deliver transformation schemes across the health economy to reflect in provider contracts in the new financial year. The Governing Body have agreed the approach to CCG contracting processes for 2019/20 and positive discussions continue taking account of financial risk across the local health economy. National timescales require contracts to be signed off by both parties by 21st March 2019

The cumulative deficit brought forward from previous years is £2.892m which will reduce to £1.892m if the CCG delivers its current forecast position. 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 to a number of individual high cost cases in 2018/19 and the impact of improving the rate at which patients are assessed for packages of care outside hospital. The collective impact of this equates to a full year cost pressure of £1.696m.
- Overspend of £0.485m within prescribing due to NCSO pressures which have been partly mitigated with efficiencies in other areas of prescribing expenditure.
- Cost pressures within Acute provider contracts of £0.864m due to high cost drugs and devices chargeable outside the Acting as One contract agreement.
- Other cost pressures on Acute contracts in respect of over performance.
- Cost pressures of £0.261m on learning disabilities budget due to new individual high cost packages emerging during the year.

- Cost pressures of £0.297m within St Helens and Knowsley NHS Trust relating to over performance in elective activity, notably in plastic surgery 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.

2.2 Finance Key Performance Indicators

Figure 3 – Financial Dashboard

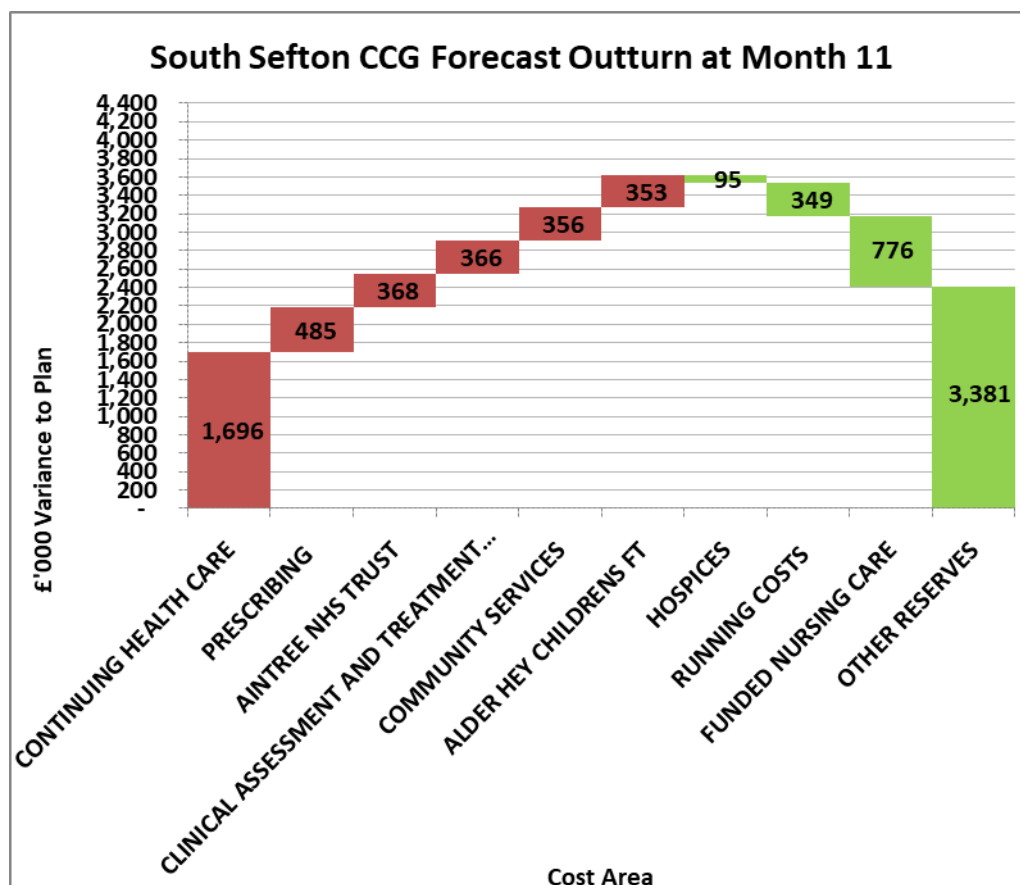
Key Performance Indicator		This Month
Business Rules	1% Surplus	n/a
	0.5% Contingency	✓
0.4% Surplus (£1m)	Financial Balance	✓
QIPP	QIPP delivered to date (<i>Red reflects that the QIPP delivery is behind plan</i>)	£2.173m
Running Cost	CCG running costs < 2018/19 allocation	✓
BPPC	NHS - Value YTD > 95%	99.00%
	NHS - Volme YTD > 95%	97.16%
	Non NHS - Value YTD > 95%	96.42%
	Non NHS - Volume YTD > 95%	95.33%

- 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 28 February 2019 for the financial year will achieve this.
- The QIPP target for 2018-19 is £5.329m. Delivery is £2.173m to date which is £3.669m below planned delivery at month 11 (see appendix 3).
- The forecast expenditure for the year on the Running Cost budget is below the allocation by £0.349m at month 11.
- 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 11 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 after the impact of mitigations is a **surplus of £1m.**
- 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.
 - Overspend within prescribing due to NCSO and other prescribing cost pressures.
 - Cost pressures within acute providers relating to high cost drugs and devices outside the Acting as One contract agreement as well as over performance against contracts.
 - Cost pressures within Community Services due agreed service developments for Neuro-Development, Dietetics & CAMHS.
 - Cost pressures within the Independent Sector due to Ramsay Healthcare, this is mostly in relation to Trauma & Orthopaedic activity.
- 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			2.173		2.173
Primary care additional allocation	(1.400)	1.400			0.000
NCSO Adjustment	(1.500)	1.500			0.000
CAT Mxpenditure reduction	(0.300)	0.300			0.000
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			(0.200)	0.300
GPFV Improving Access	0.000	0.564	(0.111)	(0.453)	0.000
Other investments / Adjustments	0.162	1.667	(0.398)	(0.138)	1.293
0.5% Contingency Reserve	1.239				1.239
Total Reserves	(3.988)	5.431	0.940	(2.207)	0.176

- 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.
- An additional allocation of £1.500m was received in month 11 in respect of the Primary Care allocation as agreed with NHS England.

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	1.565
Alder Hey Children's Hospital NHS Foundation Trust	(0.017)
Liverpool Women's NHS Foundation Trust	(0.766)
Liverpool Heart & Chest NHS Foundation Trust	(0.079)
Royal Liverpool and Broadgreen NHS Trust	0.151
Mersey Care NHS Foundation Trust	0.000
The Walton Centre NHS Foundation Trust	(0.008)
Total	0.846

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

- The agreement protects against over performance 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 over performance spend against plan, this would represent an overspend of £0.846m 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 had a PBR contract had been in place.

2.6 QIPP

Figure 7 – QIPP Plan and Forecast

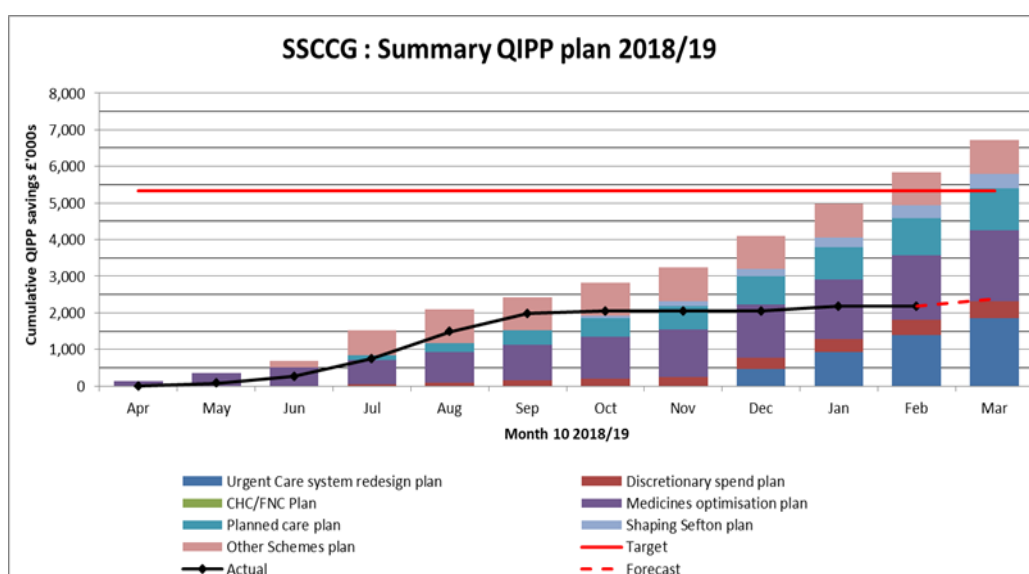


Figure 8 – RAG Rated QIPP Plan

	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned Care plan	1,146	0	1,146	0	0	1,146	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	2,379	0	4,332	6,711
QIPP Delivered 2018/19				(2,173)		0	(2,173)

- The 2018/19 QIPP target is **£5.329m**.
- QIPP schemes worth £6.711m have been identified; however **£4.332m** 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 **£2.173m** QIPP savings in respect of prior year technical adjustments and prescribing savings. The full year QIPP achievement is forecast to be £2.379m.

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	1.600	2.173
Remaining QIPP to be delivered	4.756	(1.600)	3.156
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	2.379	2.379	2.379
I&E impact	(3.809)	(3.809)	(3.950)
Forecast Surplus / (Deficit)	(5.759)	(5.759)	(5.900)
Further Risk	0.000	0.000	(0.569)
Management Action Plan	6.759	6.759	5.443
Risk adjusted Surplus / (Deficit)	1.000	1.000	(1.026)

- 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 most likely case is a **surplus of £1.000m** and assumes that QIPP delivery will be £2.379m for the year with no further risk and agreed mitigations agreed by the Governing Body in December 2018, the CCG contingency budget and other reserves.
- The worst case scenario is a **deficit of £1.026m** and assumes further pressures emerging in year and a reduced level of mitigation.

2.9 Statement of Financial Position

Figure 11 – Summary working capital

Working Capital and Aged Debt	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Prior Year 2017/18
	M3 £'000	M6 £'000	M9 £'000	M11 £'000	M12 £'000
Non-Current Assets	115	155	155	115	115
Receivables	1,218	3,875	3,385	2,406	1,938
Cash	7,927	3,265	2,813	2,902	105
Payables & Provisions	(19,657)	(17,172)	(16,301)	(16,247)	(14,100)
Value of Debt > 180 days	707	489	77	79	506

- The CCG is on target to meet the year end cash target of 1.75% of cash drawdown for month 12 (£0.236m)
- The non-current asset balance relates to funding received from NHS England for Primary Care IT. The reduction in balance in month 11 is due to depreciation charge applied for 2018/19.
- The receivables balance includes invoices raised for services provided, accrued income and prepayments.
- Outstanding debt in excess of 6 months old is £0.079m. This balance relates to a number of small balances which continue to be chased by NHS SBS and CCG finance team.
- 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 £251.499m at Month 11. The actual cash utilised at Month 11 was £229.479m which represents 91.24% of the total allocation. The balance of ACDR to be utilised over the rest of the year is £22.019m.

2.10 Recommendations

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

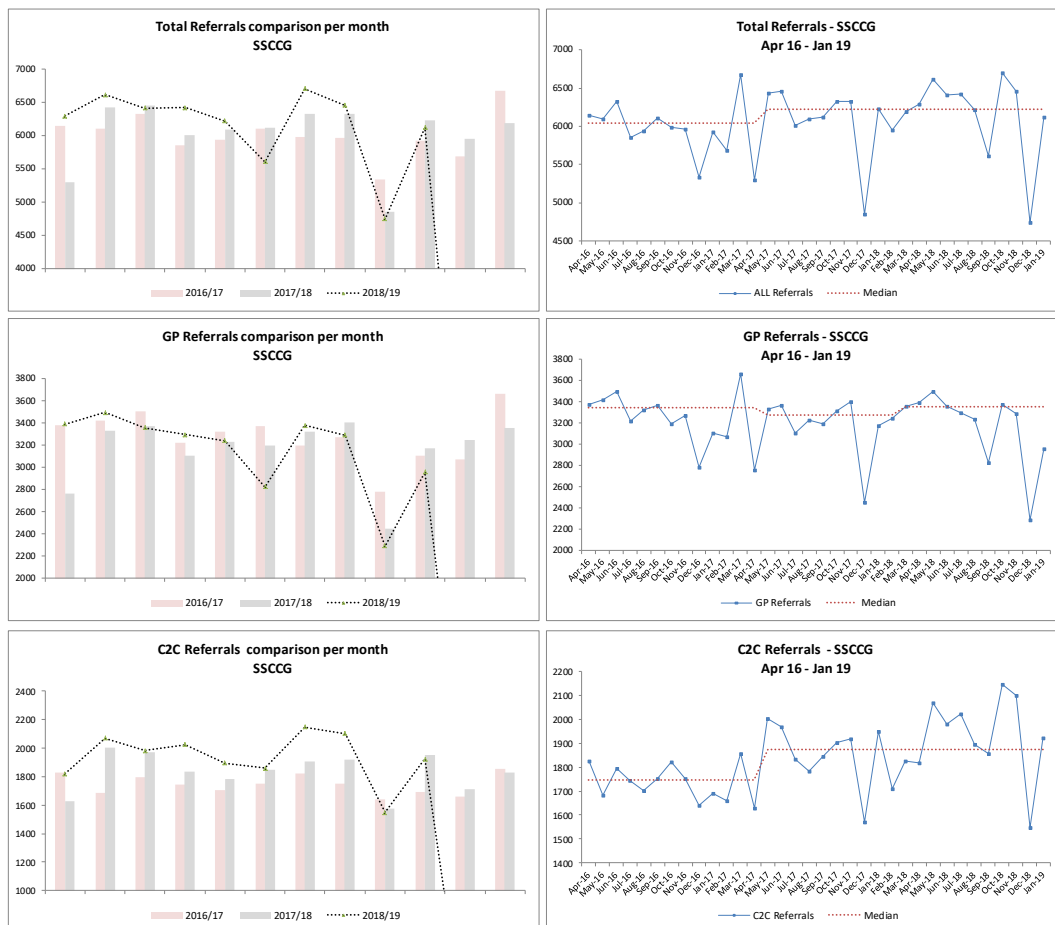
- The full year most likely financial position for the CCG is a deficit of £3.400m before mitigation and expenditure review. The impact of mitigating actions will reduce this position to breakeven. The agreed financial plan for 2018-19 requires the CCG to deliver a £1m surplus.
- QIPP delivery at month 10 is £2.173m 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 10 financial position is breakeven against a planned surplus of £0.400m.
- The CCG's commissioning team must continue to 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			
Month	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	3391	629	23%	1630	1820	190	12%	5298	6295	997	19%
May	3332	3497	165	5%	2006	2069	63	3%	6433	6617	184	3%
June	3372	3358	-14	0%	1969	1983	14	1%	6459	6419	-40	-1%
July	3105	3296	191	6%	1833	2024	191	10%	6009	6422	413	7%
August	3233	3240	7	0%	1784	1895	111	6%	6096	6220	124	2%
September	3194	2825	-369	-12%	1847	1859	12	1%	6119	5610	-509	-8%
October	3319	3380	61	2%	1905	2147	242	13%	6333	6709	376	6%
November	3406	3293	-113	-3%	1920	2101	181	9%	6334	6461	127	2%
December	2452	2292	-160	-7%	1572	1549	-23	-1%	4858	4749	-109	-2%
January	3175	2959	-216	-7%	1951	1924	-27	-1%	6228	6126	-102	-2%
February	3246				1709				5953			
March	3357				1826				6197			
Monthly Average	3163	3153	-10	0%	1829	1937	108	6%	6026	6163	136	2%
YTD Total Month 10	31350	31531	181	1%	18417	19371	954	5%	60167	61628	1461	2%
Annual/FOT	37953	37837	-116	0%	21952	23245	1293	6%	72317	73954	1637	2%



Data quality note: An issue has been identified with month 9 and 10 referrals submissions with data for Liverpool Heart & Chest currently incomplete or unavailable. On average, there have been 127 referrals per month to this provider for South Sefton CCG patients at month 8.

Year to date referrals at month 10 have increased by 2.4% when comparing to the equivalent period in the previous year. Referrals in month 10 increased to the previous month when referrals dropped to the lowest levels of 2018/19. However, this aligned to a trend identified in the previous year. Month 10 referrals were below 2017/18 levels and were below a monthly average for 2018/19.

At provider level, referrals to Aintree Hospital are higher when compared to the equivalent period in 2017/18 with an increase of 1%. There are also noteworthy increases occurring at Renacres and Southport & Ormskirk Hospital's.

Within individual specialties, Ophthalmology, Urology and Breast Surgery are reporting a notable increase in referrals during 2018/19 with each linked predominantly to referral increases at the main hospital provider.

GP referrals in 2018/19 to date are comparable to the previous year with a small increase of 0.6% at month 10. However, GP referrals have been below 2017/18 levels for four of the last five months of 2018/19. This may be partly a result of ERS implementation at Aintree Hospital in September 2018 with year to date GP referrals at Aintree currently down -1% compared to the previous year. Liverpool Heart & Chest data is also currently unavailable for the last two reporting months (see data quality note above), which may be impacting on the overall position. Royal Liverpool and Alder Hey are also reporting notable GP referral reductions at month 10.

Consultant-to-consultant referrals are currently 5.2% higher in 2018/19 when comparing to the previous year with increases evident at Aintree Hospital and a number of other providers including St Helens & Knowsley Hospital. The former has seen increases within a number of specialities including T&O and Cardiology. St Helens & Knowsley increases are within Plastic Surgery and Physiotherapy.

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 - Dec	100%	62%	↓

The national NHS ambition is that E-referral Utilisation Coverage should have been 100% by end of Q2 2018/19 this ambition was not achieved. The latest data for E-referral Utilisation rates is December when the CCG achieved 62% below the target of 100%. There had been significant improvement August to October but November and December has seen a drop.

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.

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 - Jan	1.00%	4.04%	↑ ↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	18/19 - Jan	1.00%	3.90%	↓

Performance Overview/Issues

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in January recording 4.04%, a slight improvement from last month when 4.97% was recorded. In January, out of 2,674 patients, 108 patients were waiting at 6+ weeks of those 4 at 13+ weeks. The majority of breaches were for Gastroscopy (34) and CT (23).

Aintree failed the under 1% of patients waiting over 6 weeks for a diagnostic test in January recording 3.90%, lower than last month when 5.32% was reported. Out of 5,125 patients, 200 patients were waiting at 6+ weeks of those 9 at 13+ weeks.

Endoscopy - During January 2019, the Endoscopy DM01 position reported 129 patients waiting over 6 weeks for a diagnostic appointment resulting in a position of 16% against the <1% standard. This is a significant improvement compared to previous month (245 patients in December). Endoscopy trained Registered Nurse (RN) recruitment has been a focus replacing the 9 RN vacancies. The Unit is now fully staffed with RN's. Nurse training packages have been intensified to ensure scope trained RNs are available to commence independent lists from 28th January 19. A loss of 21 lists (approximately 230 scopes per week) continues due to Endoscopy Nurse long term sickness, ML and a Consultant vacancy. The Trust has commenced work with Medinet to provide high volume endoscopy lists to offset the shortfall in baseline capacity. Over December and January there has been 110 lists undertaken by Medinet at weekends equating to 713 patients. Medinet lists are currently planned up to the end of February 2019. Additional waiting lists initiatives continue during the week and at weekends to ensure Cancer 2ww referrals have been scheduled within the required timescales unless the patient has chosen to wait a longer period of time.

Radiology - Radiology continues to experience a sustained increase in demand for Imaging (CT Cardiac, MR Cardiac, MR MSK) Demand is in excess of funded capacity. With additional capacity put into place during January, performance against this standard for Radiology is 1.4%, which is a significant improvement compared to previous months. Additional unfunded Inpatient activity continues to have an impact, reducing Outpatient capacity for CT and MR.

How are the issues being addressed?

Monthly recovery trajectories have now been formally requested through the Contract review meeting route.

The Trust are forecasting amber for Q4 2018/19, this represents a recovery trend for endoscopy but steady for radiology.

Trust Endoscopy Proposed actions:

- Additional in house WLI activity continues along with a new partnership with Medinet to cover the Consultant vacancy and shortfall in capacity. RLBHU staff have been given honorary contracts to undertake waiting list initiatives at Aintree.
- Weekly capacity meetings continue with operational and clinical teams to maximise the utilisation of capacity.
- Additional bank administration support providing telephone reminders 3 days in advance and this will continue. This approach has seen a reduction of 5% in DNA's in line with the national average. To further reduce DNA's "go live" for the Trust's new DrDoctor text reminder service for Endoscopy is January 2019.
- The Cancer Alliance provided the Trust with a revised productivity tool in November 18. Due to staff sickness and consequential list reductions, the tool implementation has been delayed until Jan 2019. Following the review of the results produced by the tool, AQUA will support the CBU with a work stream to improve the utilisation of capacity. Meetings have taken place with AQUA in preparation for this work-stream.
- 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 to oversee the implementation of the Case of Need. Recruitment to additional posts is underway.
- A capacity & demand model is under development by the transformation team. The first draft will be available at the beginning of January 2019.

Trust Radiology proposed actions:

- Weekly capacity meetings with operational and clinical teams to monitor performance and maximise capacity on-going.
- Additional CT WLI's arranged including cardiac, attempting to gain extra capacity on Walton Centre scanner. Additional MR WLI's arranged and CT colonography sessions.
- Replacement of 2 CT scanners completed. Relocatable mobile on site for 5 weeks, 4th CT scanner in use Mon-Fri to maintain waiting times.
- Mobile MR Unit on site 1 week on 8. Continue to engage Locum Radiographers. Recruitment of Radiographer vacant posts completed, start dates middle of January.
- Cardiology demand is being managed via detailed scheduling meetings held between Cardiology and Radiology led by the Divisional Directors.

When is the performance expected to recover by?

Endoscopy

Trust Forecast for improvement:			
Q1	Q2	Q3	Q4

Radiology

Forecast for improvement:			
Q1	Q2	Q3	Q4

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 - Jan	0	2	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	18/19 - Jan	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 - Jan	92%	89.02%	↔
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 - Jan	92%	90.13%	↑

Figure 15 – RTT Performance & Activity Trend

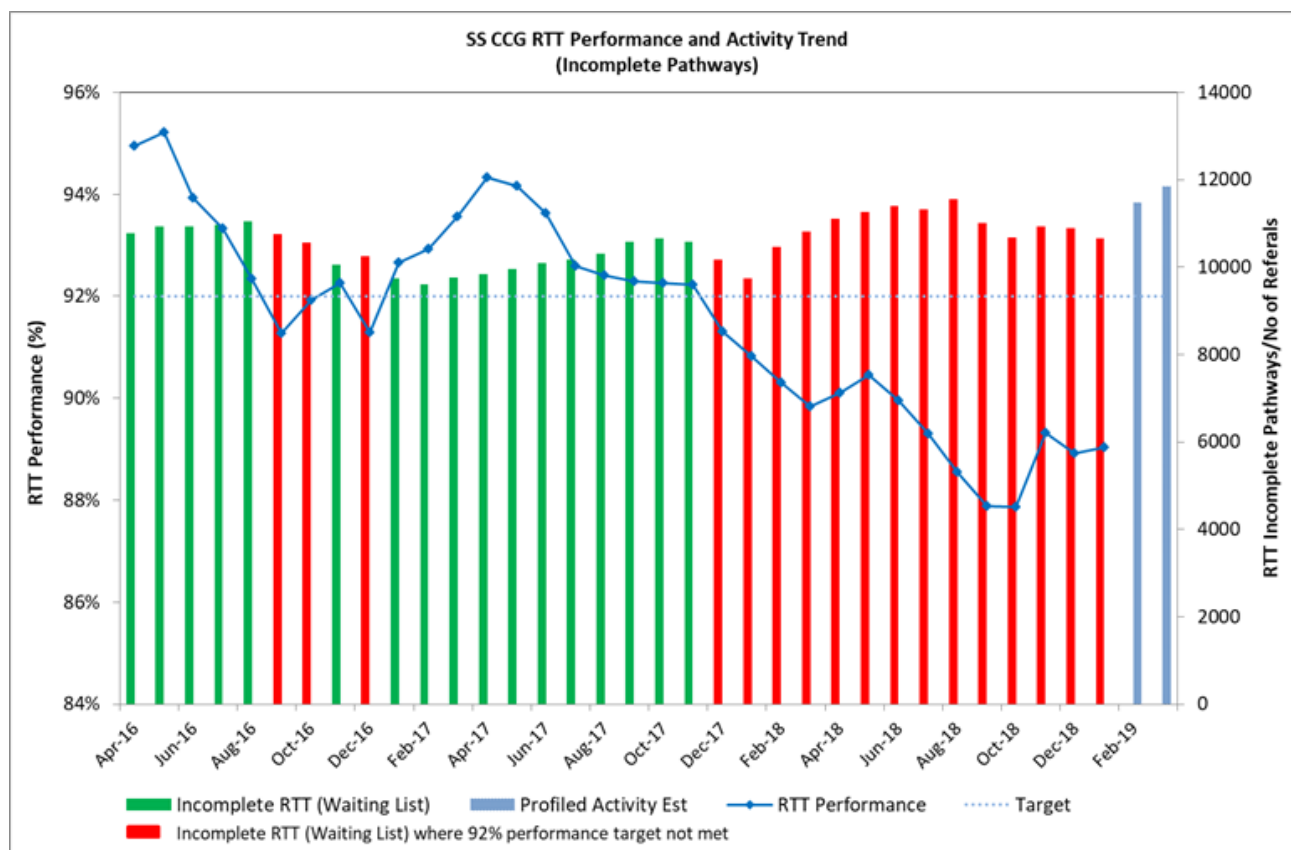


Figure 16 – South Sefton CCG Total Incomplete Pathways

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Mar v Latest
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	10,806
2018/19	11,114	11,266	11,393	11,313	11,559	11,000	10,676	10,930	10,883	10,665			10,665
Difference	1,269	1,315	1,292	1,152	1,249	423	18	352	713	930			-141
St Helens 17/18 Actuals	150	148	142	175	192	201	180	187					0
Revised 2018/19 Position	11,264	11,414	11,535	11,488	11,751	11,201	10,856	11,117	10,883	10,665			10,665
Revised Difference	1,419	1,463	1,434	1,327	1,441	624	198	539	713	930			-141

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 January, there were 2 South Sefton patients waiting on the incomplete pathway for 52+ weeks against the national zero tolerance threshold. Both patients at the Liverpool Womens, the first patient was the same person who breached in November and December. The delay in the patients treatment is due to the initial physio treatment offered to the patient no longer being offered by the Trust. The patients treatment plan was reviewed on the 28th January and the patient has decided that they want to continue with the original treatment discussed and the Trust is therefore looking to outsource treatment. The second patient was treated on the 7th February.

NHS England set CCGs the target of total RTT incomplete pathways in March 2019 being no higher than in March 2018. St Helens & Knowsley Trust did not submit RTT information nationally from April 2018 to November 2018 due to known reporting issues during a change in their PAS system. Therefore, figure 16 (above) was revised for those months to include a proxy of South Sefton CCG patients waiting at St Helens & Knowsley Trust, based on 2017/18 data. The Trust are now submitting again from December 2018 onwards. In January, the CCG had 10,665 incomplete pathways, 930 patients more than the January of the previous year and is therefore not on target to achieve the year end position. Although the total waiting list had been seeing a reduction over a few months this month shows another increase. 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. Aintree have provided assurance through the Contract Review Meeting that the year end waiting list position will be achieved.

The CCG continues to report performance below the 92% standard for patients on an incomplete non-emergency pathway waiting no more than 18 weeks, with 89.02% in January. This is similar to last month. In January, of 10,665 patients, 1,171 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.

Aintree also failed this standard for January recording 90.13%. Out of 17,026 patients there were 1,680 waiting over 18 weeks on the incomplete pathway a 0.7% reduction on December's position and places the Trust in a good position to achieve an incomplete waiting list size in March 2019.

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.

The significant non-elective pressure experienced at the Trust over the winter period last year combined with capacity issues brought about via increased levels of sickness in certain specialties had greatly impacted on RTT performance from which the Trust has not yet fully recovered. The continued increase in non-elective demand is however being managed effectively and the Trust are monitoring the situation to ensure elective activity and patient experience is not negatively impacted.

From October 1st the Trust went live with e-RS and also offered a larger range of services to advice and guidance which continues to contribute to the reduction in referrals from general practice for routine consultation. However, the volume of two week wait urgent requests has not reduced which continues to add pressure into the system. As at January the volume of 2WW demand via all referral sources had shown a 13% increase when compared to Apr - Dec 2017/18. This has also been compounded by patients attending AED and subsequently being added to the elective waiting list which is adding to the increased demand on follow up capacity. Cancellation and DNA rates continue to be monitored and are highlighted at internal performance meetings. The Trust is maximising its capacity with patients being booked into all available clinic capacity as well as additional waiting list sessions although this is adding to the overall waiting times.

Aintree Proposed Actions:

- Improve theatre utilisation at speciality level.
- Regularly review all long waiting patients within the clinical business units to address capacity issues and undertake waiting list initiatives (WLI's) where available in conjunction with weekly performance meetings with Planning and performance / Business Intelligence leads.
- Continue to support the reduction in Endoscopy waits by supporting WLI scope lists using dropped sessions in the week and additional sessions at weekends along with Insourcing extra capacity.
- Continued weekly monitoring of diagnostics waiting times to ensure delivery of the 6 week standard as a milestone measure for RTT performance. This to include horizon scanning and capacity / demand planning with Head of Planning and performance
- Continue to meet with clinical business managers (CBMs) on a weekly basis to focus on data quality, capacity & demand and pathway validation.
- Continue to support the clinical business units (CBUs) with their RTT validation processes and Standard Operating procedures with a special focus on inter Provider Transfers and data recording / Entry.
- Conduct a review of current processes, operating procedures and training revalidation at business unit level to ensure compliance with best practice and national guidance.

The Royal Liverpool and Broadgreen Hospital reported that they did not achieve the 92% incomplete Referral to Treatment target in January (80.6%). The provider reported that the delivery of the 92% target remains a significant challenge for the Trust. NHS Improvement requested a revised trajectory, the trust have increased their trajectory to 85% for active pathways. A capacity and demand review is also being undertaken jointly with KPMG to enable them to plan for this increase in performance. The Outpatient Improvement Group and the Peri-Operative Group are well established now and early improvements have been noted in colorectal and dermatology. RTT action plans have been developed by each challenged speciality and progress against these are being monitored via the weekly care group performance meetings and the position is being reported via the monthly Trust performance meeting.

When is the performance expected to recover?

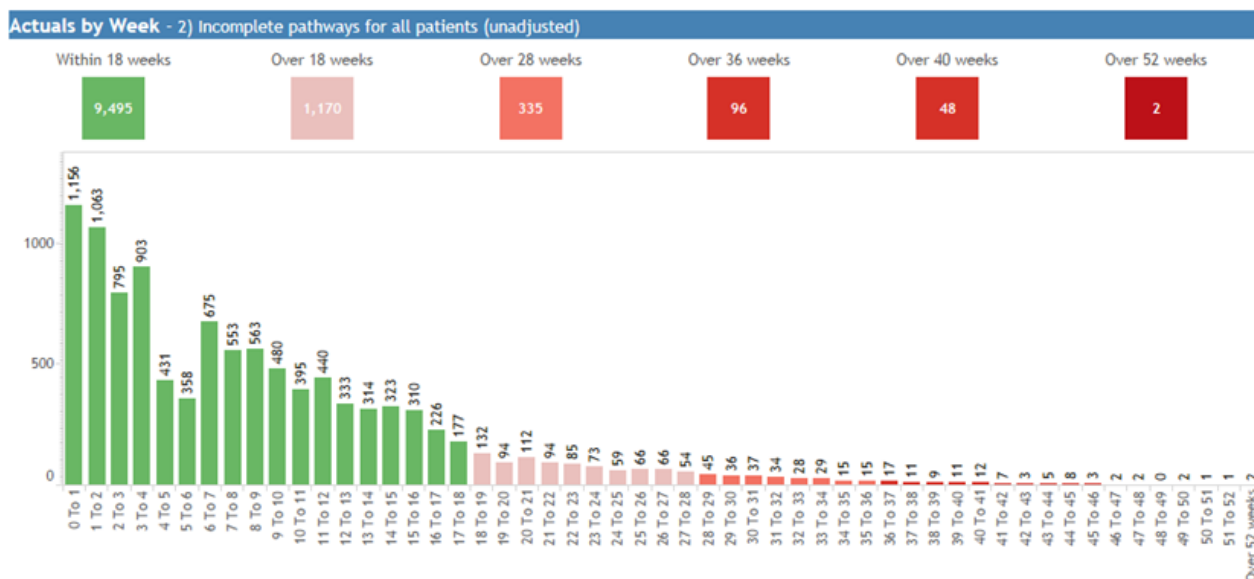
Aintree has submitted plans to NHSI to achieve the March 2019 RTT position.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	John Wray	Terry Hill

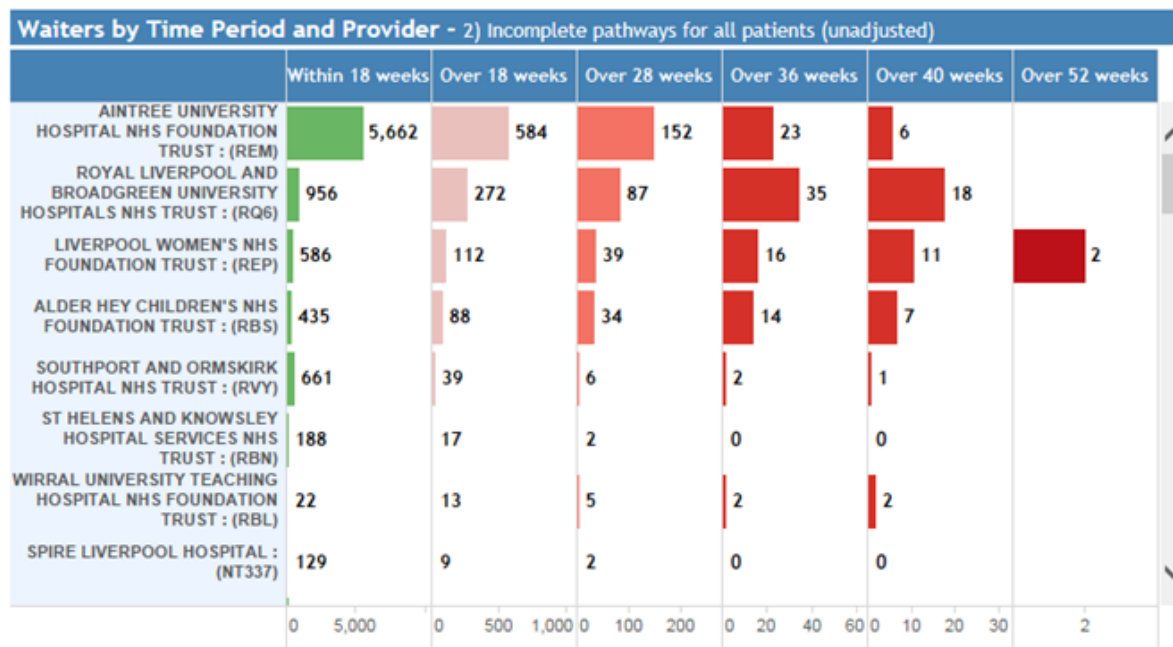
3.3.1 Incomplete Pathway Waiting Times

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

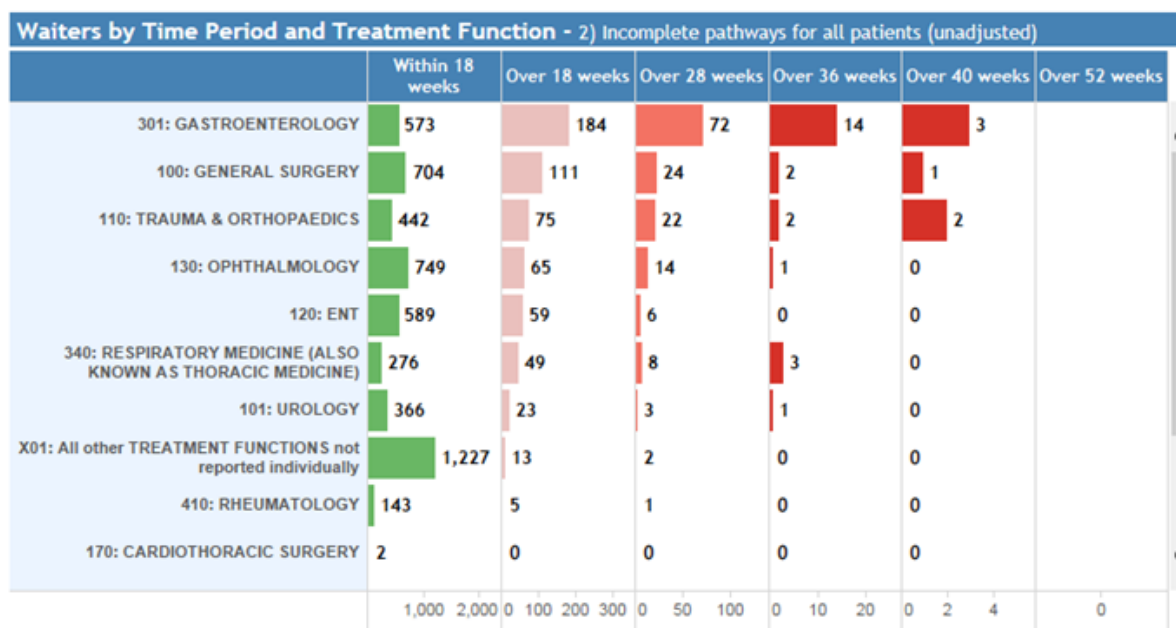
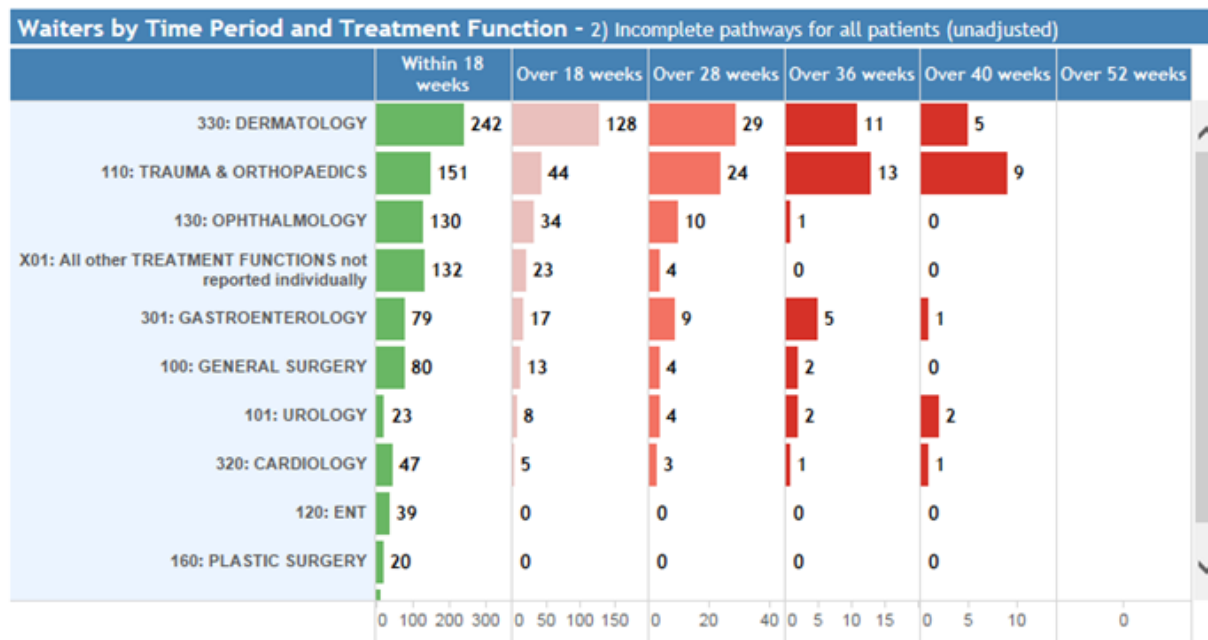


Figure 20 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



3.3.4 Provider assurance for long waiters

Figure 21 - South Sefton CCG Provider Assurance for Long Waiters

CCG	Trust	Specialty	Wait band	Details
South Sefton CCG	Liverpool Womens	Gynaecology	52+ weeks	The patient breaching at the end of January is the same patient that was breaching at the end of December and November. The delay in her treatment is due to the initial physio treatment offered to the patient no longer being offered by the Trust. Her treatment plan was reviewed on the 28th January and the patient has decided that she wants to continue with the original treatment discussed and the Trust is therefore looking to outsource her treatment.
South Sefton CCG	Liverpool Womens	Gynaecology	52+ weeks	Patient treated 7th February, no further details from Trust.
South Sefton CCG	Liverpool Womens	Gynaecology	51	Patient treated.
South Sefton CCG	Liverpool Womens	Gynaecology	50	Patient treated.
South Sefton CCG	Liverpool Womens	Gynaecology	36 to 47 weeks	12 patients ; Trust will only provide details of 52+ week waiters
South Sefton CCG	Royal Liverpool Broadgreen	Dermatology	36 to 44 weeks	11 patients ; 8 patients treated and 3 patients have their TCI dates
South Sefton CCG	Royal Liverpool Broadgreen	Gastroenterology	37 to 40 weeks	5 patients ; 3 treated, 1 has TCI date and 1 awaiting TCI date
South Sefton CCG	Royal Liverpool Broadgreen	T&O	36 to 49 weeks	13 patients ; 6 patients treated, 5 have TCI date, 2 awaiting TCI date
South Sefton CCG	Royal Liverpool Broadgreen	Urology	40 to 36 weeks	2 patients ; 1 treated and 1 awaiting TCI date
South Sefton CCG	Royal Liverpool Broadgreen	General Surgery	36 weeks	2 patients ; both awaiting TCI dates
South Sefton CCG	Royal Liverpool Broadgreen	Cardiology	40 weeks	Patient treated
South Sefton CCG	Royal Liverpool Broadgreen	Ophthalmology	37 weeks	Patient treated
South Sefton CCG	Aintree	Gastroenterology	37 to 45 weeks	15 patients ; all have been seen or have TCI dates
South Sefton CCG	Aintree	Thoracic Medicine	36 to 39 weeks	3 patients ; TCI date 6-3-19
South Sefton CCG	Aintree	T&O	40 to 45 weeks	2 patients ; both seen February
South Sefton CCG	Aintree	General Surgery	36 to 40 weeks	2 patients ; both seen
South Sefton CCG	Aintree	Urology	39 weeks	1 patient TCI date 21-2-19
South Sefton CCG	Aintree	Ophthalmology	38 weeks	1 patient , was seen 7-2-19
South Sefton CCG	Alder Hey	Other	36 to 49 weeks	14 patients ; 1 seen and treated, 5 sent to service for action and 9 have their TCI dates
South Sefton CCG	Southport & Ormskirk	ENT	36 weeks	This patient was seen in September last year and was referred to Alder Hey for a paediatric audiogram, hadn't had audiogram for apt 21/01, audiogram performed 27/02 F/U Apt 18/03
South Sefton CCG	Imperial College	Thoracic Medicine	44 weeks	No trust update received.
South Sefton CCG	Wirral Teaching Hospital	T&O	41 weeks	Trust will only provide details of 52+ week waiters
South Sefton CCG	Wirral Teaching Hospital	Gynaecology	40 weeks	Trust will only provide details of 52+ week waiters
South Sefton CCG	University College London	Gynaecology	42 weeks	TCI date 27-3-19 - After the patient signed the required consent forms, patient required a scan ahead of treatment. Treatment was originally set for 20/03/19, however because the scan was DNA'd the TCI has now been rescheduled to 27/03/19.
South Sefton CCG	Birmingham University	Cardiothoracic Surgery	37 weeks	Not been seen as yet - awaiting TCI date

3.4 Cancelled Operations

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

Figure 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 - Jan	0	1	1 ↑

Performance Overview/Issues

The standard stipulates that cancellations of elective surgery will be minimised to less than 0.8% of all elective procedures carried out within an NHS provider and that where cancellations do occur at the last minute for non-clinical reasons that the patient will be offered a binding date for the procedure within the following 28 days. If this is not possible the Trust will, in conjunction with the commissioner, offer a suitable alternative. The Trust has had no patients waiting in excess of 28 days for rescheduling of surgery since August 2017.

In January the Trust reported 29 (0.9%) non clinical cancellations on the day of surgery of which all were offered a binding date within 28 days. One patient was unfortunately cancelled for a second time on the day of surgery due to an error on behalf of a third party in relation to loan equipment required to carry out the procedure. The patient was listed for complex orthopaedic surgery that required a representative from the loan company to be present on site to advise on the use of equipment. The equipment company representative did not follow procedure in that they failed to attend theatre prior to surgery to check on the completeness / suitability of the equipment to be used in the procedure. Regrettably the surgery was cancelled as essential equipment was not available. The patient has since had their operation.

How are the issues being addressed?

Proposed Actions:

- Ensure third party representatives follow Trust procedure/protocols and attend prior to procedure to ensure completeness and compliance.
- Undertake rapid reviews of all cancellations generated by theatre staff for non-clinical reasons and engaging with colleagues in terms of escalation procedures.

When is the performance expected to recover?

Next month.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	John Wray	Terry Hill

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 - Jan	0	0	↑ ↔

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 - Jan	93%	89.90%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	18/19 - Jan	93%	87.62%	↓
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 - Jan	93%	88.60%	↓
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 - Jan	93%	86.24%	↓

Performance Overview/Issues

The CCG failed the 93% target in January for patients referred urgently with suspected cancer with 78.89% and are failing year to date with 89.90%. 133 patients out of 630 waited longer than two weeks for a first outpatient appointment. Out of the 133 breaches, 111 were at Aintree, 20 at Royal Liverpool, 1 at Southport & Ormskirk and 1 at Liverpool Women's. 95 breaches were due to inadequate capacity. 36 were due to patient choice to delay, 2 were due to admin delays. The maximum wait was 63 days and was due to patient choice.

Aintree failed the target for January for cancer 2 week waits with 75.44% and remains below target YTD with 87.62%. In January there were 280 breaches from a total of 1140 patients seen. Of the 280 breaches, 209 were due to inadequate out-patient capacity, 66 due to patient choice to delay, 3 due to admin delays and 2 due to clinic cancellations. The maximum wait was 63 days and was due to patient choice to delay.

The CCG also failed the 93% 2 week breast target in January reporting 56.67% out of 60 referrals only 34 had their appointment within 2 weeks, year to date reporting 88.60%. Out of the 26

breaches 25 were due to inadequate capacity and 1 due to patient choice to delay. The maximum wait was 44 days.

Aintree failed the 93% breast target for January reaching 57.82 % also failing year to date reporting 86.24%. In January, out of 147 patients there were 62 breaches. 54 breaches were due to inadequate out-patient capacity, 8 due to patient choice to delay and 1 due to other reason. The maximum wait was 44 days due to inadequate outpatient capacity.

How are the issues being addressed?

South Sefton CCG is showing steady rates of total GP referrals over last 12 months but a 5% shift from routine to 2ww. Thought to be a similar pattern for Liverpool. Conversion rates are reducing slowly, currently 5.4% across all tumour sites this is still higher than the NICE NG12 threshold of 3%. Mode of presentation considered a better marker of improvement than conversion rates. RCGP cancer diagnosis audit data will help with this but uptake not likely to be high amongst practices.

Going forward Primary Care Networks will have a key role in helping to ensure that all their GPs are using the latest evidence-based guidance to identify people at risk of cancer; recognise cancer symptoms and patterns of presentation; and make appropriate and timely referrals for those with suspected cancer. A QOF Quality Improvement module for national use in 2020/21 to help practices and networks understand their own data, and work through what they can do to achieve earlier diagnosis.

Lack of capacity for 2 week breast appointments is a major concern. Referrals have risen 25% over the last year. Service has been run on WLIs. Recruitment to radiology roles and finding cover for leave is challenging. Diagnostic pathway being split, no longer a one stop service. Breast requires a city-wide solution.

The Trust are Creating sustainable workforce, 2 surgical consultant roles will be changed to be 100% breast. GPwSI recruited. Business cases for additional breast consultant and additional radiology.

Ensure safety and sustainability of breast services included in corporate risk registers for both organisations

See Trust actions below in section 3.5.3.

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 - Jan	96%	97.58%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	18/19 - Jan	96%	97.47%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	18/19 - Jan	94%	98.36%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	18/19 - Jan	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	18/19 - Jan	94%	97.12%	↑
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	18/19 - Jan	94%	97.31%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	18/19 - Jan	98%	98.72%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	18/19 - Jan	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 - Jan	85% local target	73.86%	↓
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 - Jan	85% local target	81.63%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	18/19 - Jan	90%	86.27%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	18/19 - Jan	90%	75.19%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	18/19 - Jan	85%	77.81%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	18/19 - Jan	85%	77.35%	↔

Performance Overview/Issues

The CCG failed all 3 62 day measures in January year to date. For 62 day upgrade the CCG reported 60% in January (but 73.76% year to date). For 62 day screening the CCG failed reporting 88.89% (year to date with 86.27%). Out of 9 patients there was 1 breach, this breast patients delay due to the Health care Provider initiated delay to diagnostic test or treatment planning, days delayed 94, first seen and first treatment trust being the Royal Liverpool Broadgreen. For the 62 day standard, the CCG failed in January with 69.23% (12 breaches out of 39) and 77.81% year to date. In January, breaches were due to delay due to complex diagnostic pathway, inadequate elective capacity, outpatient capacity and other reason (not stated).

Aintree also failed all 3 of the 62 day measures in January year to date. For 62 day upgrade the Trust reported 69.70% in January and year to date performance of 81.63%. For 62 day screening the Trust reported 73.91% in January (75.19% year to date) with the equivalent of 3 breaches out of 11.5 accountable patients. For the 62 day standard the Trust reported 74.81% in January (77.35% year to date) with the equivalent of 16.5 breaches out of 65.5 accountable patients.

How are the issues being addressed?

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.

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.

The Cancer Alliance is gradually reducing its support with regards to optimal pathways for lung and colorectal. Supportive work will commence for prostate and upper GI.

Optimal pathways for Colorectal and lung are now in place.

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 2nd 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. However no funding was agreed.

Trust Actions:

- Reinforce leadership and workforce capacity within the Cancer Team, backfilling maternity leave and appointing to an Interim Head of Performance. A full time Cancer Manager will be appointed on the Aintree site. Interim Head of Performance commenced in post 19th November 2018.
- 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 and Neck. Funding has been received from Macmillan 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 H&N pathway (£150k). Recruitment to posts December 18 and PIDs under development.
- £94k awarded by NHSE to schedule additional diagnostic activity to improve 62 day performance November 18 - March 19. This will be used to support the urology and colorectal pathways and to fund additional MRI capacity. Activity underway, MRI capacity planned 4-15 January 2019. To date we have scheduled £72.5k of activity.

When is the performance expected to recover?

Quarter 1 2019/20.

Who is responsible for this indicator?

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

3.5.4 104+ Day Breaches

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

A Local Agreement is being finalised to support full operationalization of this Policy

In January Aintree had 10 breaches, 1 of which were fully applicable to the Trust, 4 partly due to Clatterbridge, 3 to the Royal 1 to Wirral Teaching and 1 to the Countess of Chester. Only the primary cause of delay to the patient’s treatments is recorded on the national cancer waiting times system and it is likely that there are multifactorial reasons for delays in these very protracted pathways. Primary delays were due to inadequate elective capacity (2), complex diagnostic pathway (2), other reason not listed (4), did not attend (1) and administrative delay (1). The longest waiting patient was for urology patient 196 days (elective capacity inadequate). The CCG will receive detailed root cause analyses for these patients.

Aintree are developing a refreshed SOP and submit further clarification questions if needed. The Trust are to provide the CCG monthly pathways from RCAs for tumour sites failing 62 target. Also to provide monthly refreshed cancer improvement plan.

Aintree to notify South Sefton CCG of all commissioners’ potential 104 day breaches and provide patient level detailed RCAs once criteria has been confirmed.

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: Jan-19

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%	18.9%		96%	94%		2%	3%	

Aintree Friends and Family Inpatient test response rates have fallen further below the England average of 24.9% in January at 18.9%; this is similar to last month when 18.5% was recorded. The percentage of patients who would recommend the Trust has improved slightly to 94% (last month 93%) and is still below the England average of 96%. The proportion who would not recommend has decreased from 4% in December to 3% in January and is above with the England average.

The Trust were due to present an update on their FFT and patient to the CCG Engagement and Patient Experience Group (EPEG) on 21st November 2018 to EPEG. This was postponed due to service pressures on the trust has now been scheduled for EPEG on 14th March 2019. Mersey Care NHS Foundation Trust, South Sefton Community Services are also scheduled to provide a presentation on Patient Experience at the March EPEG meeting.

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 10 of the financial year 2018/19, against planned care elements of the contracts held by NHS South Sefton CCG show an underperformance of -£416k/-1%. 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 £731k/1.8%.

At specific over performing Trusts, Royal Liverpool is reporting the largest cost variance with a total of £174k/4% followed by St Helens & Knowsley with a variance of £139/16%. In contrast, Aintree Hospital are under performing by -£1m/-4%.

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	148,359	143,850	-4,509	-3%	£25,678	£24,656	£-1,022	-4%	£1,022	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	11,566	12,571	1,005	9%	£1,461	£1,434	£-27	-2%	£27	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	1,022	1,130	108	11%	£349	£373	£24	7%	£-24	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	13,430	11,892	-1,538	-11%	£2,562	£2,317	£-245	-10%	£245	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	25,593	27,533	1,940	8%	£4,289	£4,463	£174	4%	£-174	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	2,632	2,664	32	1%	£850	£798	£-52	-6%	£52	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	202,601	199,640	-2,961	-1%	£35,189	£34,041	£-1,147	-3%	£1,147	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	155	211	56	36%	£23	£49	£27	117%	£0	£27	117%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	125	125	0%	£0	£23	£23	0%	£0	£23	-
FAIRFIELD HOSPITAL	163	254	91	56%	£44	£70	£26	58%	£0	£26	58%
ISIGHT (SOUTHPORT)	453	672	219	48%	£80	£120	£40	50%	£0	£40	50%
RENACRES HOSPITAL	5,317	6,287	969	18%	£1,635	£1,737	£101	6%	£0	£101	6%
Salford Royal NHS FOUNDATION TRUST	0	124	124	0%	£0	£38	£38	0%	£0	£38	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	10,818	10,857	39	0%	£1,841	£1,950	£109	6%	£0	£109	6%
SPIRE LIVERPOOL HOSPITAL	2,401	2,505	104	4%	£753	£788	£35	5%	£0	£35	5%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	3,966	4,166	200	5%	£845	£984	£139	16%	£0	£139	16%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	1,068	1,332	264	25%	£246	£263	£17	7%	£0	£17	7%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	186	186	0%	£0	£46	£46	0%	£0	£46	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	444	444	0%	£0	£85	£85	0%	£0	£85	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	1,126	1,354	228	20%	£446	£491	£45	10%	£0	£45	10%
ALL REMAINING PROVIDERS TOTAL	25,468	28,517	3,049	12%	£5,914	£6,646	£731	12%	£0	£731	12%
GRAND TOTAL	228,069	228,157	88	0%	£41,103	£40,687	£-416	-1.0%	£1,147	£731	1.8%

*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	11,298	10,862	-436	-4%	£6,979	£6,775	£-204	-3%
Elective	1,664	1,298	-366	-22%	£4,732	£3,881	£-851	-18%
Elective Excess BedDays	553	457	-96	-17%	£134	£109	£-25	-18%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	374	231	-143	-38%	£78	£50	£-28	-36%
OPFANFTF - Outpatient first attendance non face to face	2,174	1,289	-885	-41%	£62	£38	£-24	-39%
OPFASPCL - Outpatient first attendance single professional consultant led	26,893	26,762	-131	0%	£4,256	£4,292	£36	1%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,212	624	-588	-48%	£102	£59	£-43	-42%
OPFUPNFTF - Outpatient follow up non face to face	2,766	6,377	3,611	131%	£67	£154	£87	131%
OPFUPSPCL - Outpatient follow up single professional consultant led	69,307	62,775	-6,532	-9%	£4,800	£4,533	£-267	-6%
Outpatient Procedure	19,032	19,425	393	2%	£2,563	£2,604	£41	2%
Unbundled Diagnostics	11,846	12,322	476	4%	£956	£1,070	£114	12%
Wet AMD	1,241	1,428	187	15%	£949	£1,090	£141	15%
Grand Total	148,359	143,850	-4,509	-3%	£25,678	£24,656	£-1,022	-4%

Underperformance within planned care at Aintree Hospital is evident against various points of delivery. However, the overall under spend of -£1m/-4% is driven by reduced elective and day case activity. Electives are currently -£851/-18% under plan, which can be attributed to a 29% reduction in activity within the Trauma & Orthopaedics specialty. Very major knee procedures account for the majority of this under performance.

In contrast to underperforming areas identified above, over performance is evident within a number of outpatient points of delivery, diagnostics and Wet aged related macular disease (AMD). Key over performing specialities for outpatient first attendances (single professional consultant led) include Acute Medicine, Transient Ischaemic Attack, Trauma & Orthopaedics, Geriatric Medicine and Respiratory Medicine. Non-face-to-face outpatient follow up attendances are also over performing at month 10 with the majority of this activity focussed within the Ophthalmology and Cardiology specialities.

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	693	743	50	7%	£447	£480	£33	7%
Elective	119	110	-9	-8%	£279	£289	£10	3%
Elective Excess BedDays	4	27	23	638%	£1	£6	£5	416%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	106	151	45	43%	£18	£29	£11	63%
OPFASPCL - Outpatient first attendance single professional consultant led	1,446	1,655	209	14%	£236	£276	£40	17%
OPFUPMPCl - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	238	219	-19	-8%	£19	£23	£3	18%
OPFUPSPCL - Outpatient follow up single professional consultant led	3,458	3,223	-235	-7%	£267	£257	-£10	-4%
Outpatient Procedure	4,072	3,985	-87	-2%	£520	£532	£12	2%
Unbundled Diagnostics	681	744	63	9%	£53	£57	£4	8%
Grand Total	10,818	10,857	39	0%	£1,841	£1,950	£109	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 £109k/6% at month 10 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 but particularly Trauma & Orthopaedics within outpatient first attendances and General Surgery within day cases.

3.7.3 Planned Care Royal Liverpool & Broadgreen Hospital

Figure 31 - Planned Care – Royal Liverpool & Broadgreen Hospital by POD

Royal Liverpool & Broadgreen 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	1,117	1,267	150	13%	£949	£946	-£2	0%
Elective	296	281	-15	-5%	£985	£1,054	£69	7%
Elective Excess BedDays	282	170	-112	-40%	£67	£41	-£26	-39%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	239	323	84	35%	£45	£60	£16	35%
OPFANFTF - OP 1st Attendance non face to face	18	35	17	92%	£0	£1	£1	164%
OPFASPCL - Outpatient first attendance single professional consultant led	4,092	4,132	40	1%	£644	£670	£26	4%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	406	445	39	10%	£30	£30	£0	0%
OPFUPNFTF - Outpatient follow up non face to face	292	378	86	29%	£7	£9	£2	30%
OPFUPSPCL - Outpatient follow up single professional consultant led	12,385	12,829	444	4%	£876	£900	£24	3%
Outpatient Procedure	4,528	5,216	688	15%	£493	£555	£62	13%
All Other Outpatients	150	130	-20	-13%	£6	£6	£0	0%
Unbundled Diagnostics	1,786	2,317	531	30%	£187	£190	£3	1%
AKI Unbundled	2	10	8	389%	£0	£1	£1	389%
Grand Total	25,593	27,533	1,940	8%	£4,289	£4,463	£174	4%

Over performance within planned care at Royal Liverpool & Broadgreen Hospital is evident against various points of delivery. However, the overall variance of £174/4% is driven by increased electives and outpatient procedures costs. Vascular surgery accounts for the majority of over performance within electives whereas in outpatient procedures, over performance is focussed largely within the Dermatology speciality. This may be attributed to a shift in patients away from Aintree Hospital due to reduced service provision.

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

3.7.4 Renacres Hospital

Figure 32 - Planned Care - Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	500	495	-5	-1%	£620	£561	£-59	-10%
Elective	133	126	-7	-5%	£623	£668	£44	7%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	937	1,230	293	31%	£155	£199	£44	28%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	1,405	1,728	323	23%	£89	£111	£21	24%
Outpatient Procedure	759	519	-240	-32%	£76	£86	£9	12%
Unbundled Diagnostics	372	537	165	44%	£36	£52	£16	45%
Physio	1,211	1,226	15	1%	£36	£36	£0	1%
OPPREOP	0	426	426	0%	£0	£25	£25	0%
Grand Total	5,318	6,287	970	18%	£1,635	£1,737	£101	6%

Renacres over performance is now evident across the majority of planned care points of delivery. Over performance is focussed largely within the Trauma & Orthopaedics speciality. Major knee procedures account for the majority of increased variance against plan as well as first and follow up outpatient appointments.

3.7.5 St Helens & Knowsley Teaching Hospitals NHS Trust

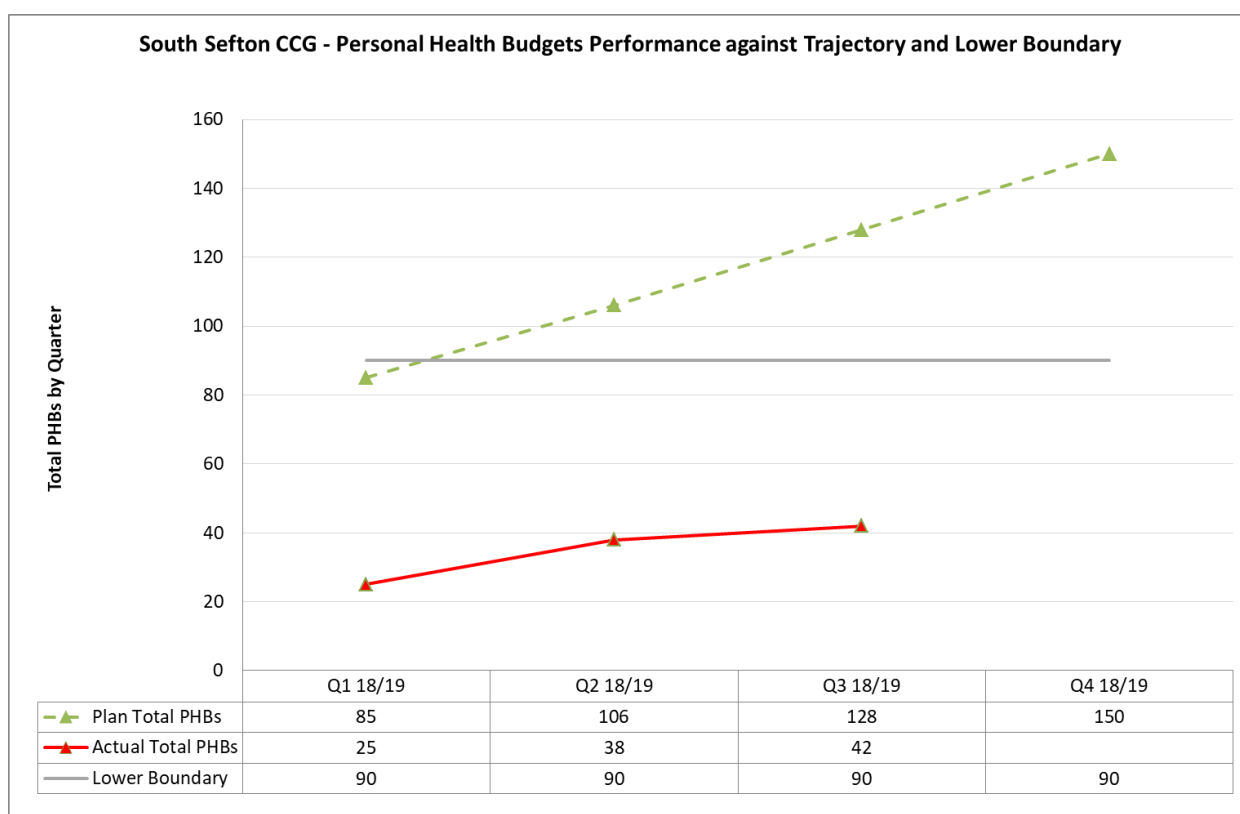
Figure 33 - Planned Care - St Helens & Knowsley Hospitals by POD

St Helens & Knowsley Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	494	522	28	6%	£417	£463	£46	11%
Elective	44	67	23	52%	£115	£205	£89	77%
Elective Excess BedDays	8	36	28	344%	£2	£10	£8	394%
OPFAMPCL - <i>OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)</i>	5	12	7	129%	£1	£3	£1	137%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	599	643	44	7%	£83	£87	£3	4%
OPFASPCL - <i>Outpatient first attendance single professional consultant led non face to face</i>	1	2	1	80%	£0	£0	£0	80%
OPFASPCL - <i>Outpatient first attendance single professional Non Consultant Led</i>	49	63	14	28%	£3	£4	£1	28%
OPFUPMPCL - <i>Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).</i>	83	108	25	31%	£8	£10	£2	31%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	1,357	1,304	-53	-4%	£75	£72	£-3	-4%
OPFUPSPCL - <i>Outpatient follow up single professional non consultant led</i>	225	367	142	63%	£10	£11	£2	16%
OPFUPSPCL - <i>Outpatient follow up single professional non consultant led non face to face</i>	33	27	-6	-17%	£1	£1	£0	-17%
Outpatient Procedure	860	786	-74	-9%	£115	£102	£-13	-12%
Unbundled Diagnostics	208	229	21	10%	£15	£18	£3	18%
Grand Total	3,966	4,166	200	5%	£845	£984	£139	16%

St Helens & Knowsley over performance is apparent within Electives and Day Cases, with these two points of delivery showing a combined over spend of £136k. 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 relatively small amounts of activity reported against a number of HRGs in both areas.

3.8 Personal Health Budgets

Figure 34 - South Sefton CCG – PHB Performance against Trajectory



Performance Overview/Issues

Quarterly plans for 2018/19 have been set with the expectation of the total number of PHBs for Quarter 3 to increase to 128 to reach 82.58 per 100,000 population. Quarter 3 cumulative position shows 42 PHBs and an actual rate of 27.1, whilst this is a slight increase this remains under trajectory set by NHS England. NHS England has confirmed the lower boundary of 90 would be acceptable in terms of aspirations.

How are the issues being addressed?

- **Adults CHC:** PHBs for adults receiving CHC will be a default position from April 2019. Discussions are on-going with Provider contracts teams in terms of the details with the service specifications to deliver against this element of the contract. A draft process map has been developed with key stakeholders who will support the contracting arrangements. The CCG has formally indicated to Sefton Carers Centre to support a service level agreement for a 12 month pilot, for Sefton Carers Centre to act as a 3rd party PHB support provider for all CCG new PHBs requiring either a direct payment and or managed budget.

Processes are in place to support the development of the SLA and reporting requirements with an expectation for the SLA to be signed off in March 2019. This should reduce current response times for PHBs in this cohort.

- Wheelchairs: The Deputy Director of Finance is liaising with NHS E Specialised Commissioning to consider a process for the contract for specialist wheelchair services to come across to South Sefton CCG. Currently the CCG is unable to progress this work due to current commissioning arrangements.
- Children Complex Care: NHS England are unable to support mentorship at this time. The CCG will look to review this as part of 2019 / 2020 plans.
- End of Life Fastrack: The case or change for Southport and Formby CCG involving Queens Court Hospice is yet to be finalised. Clarification is to be sought from Queens Court Hospice whether they wish to progress as the CCG is not able to delegate the statutory function to approve decision for meeting fast-track eligibility criteria.
- Mental Health S117: The CCG will continue consider how PHBs can be provided and achieved as part of 2019 / 2020 plans.

When is the performance expected to recover?

End of Quarter 3 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 35 - People eligible (both newly eligible and existing patients) at the end of the quarter (snapshot) divided by the population aged 18+, and expressed as a rate per 50,000 population

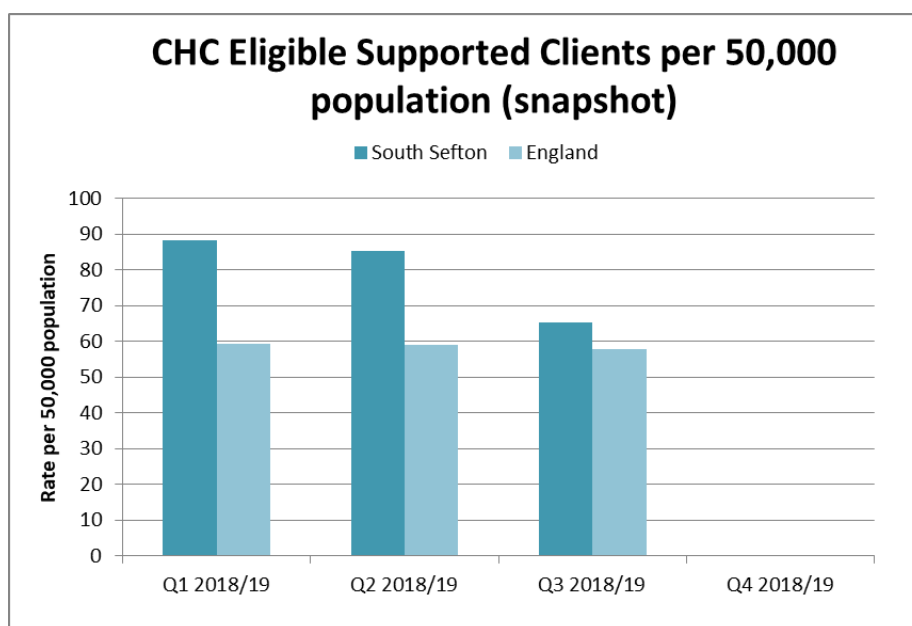


Figure 36 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

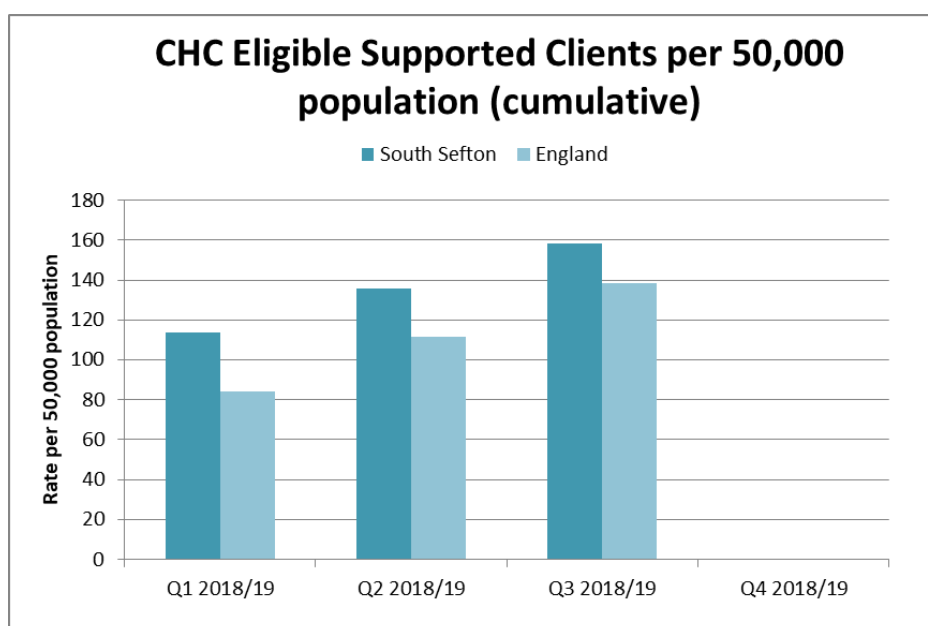


Figure 37 – Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist

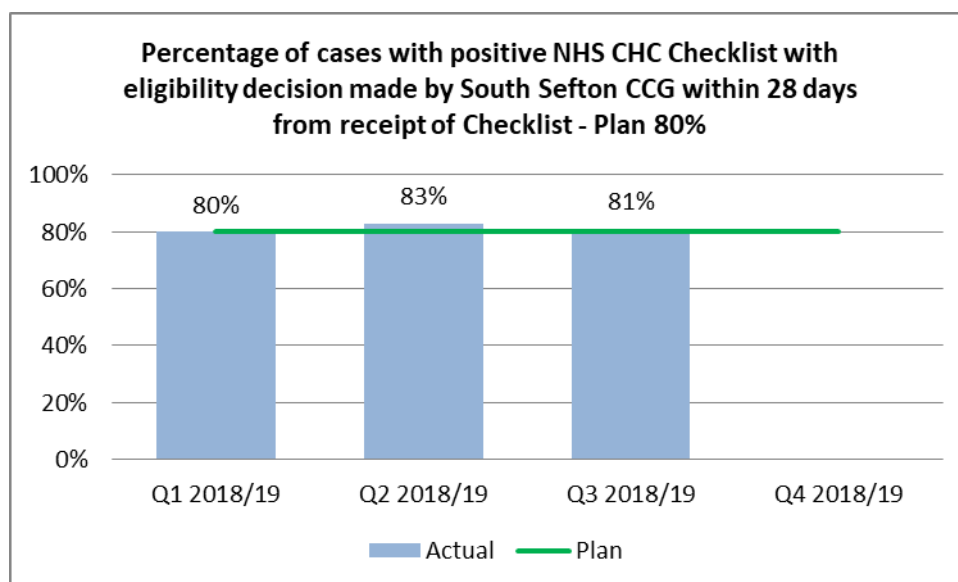
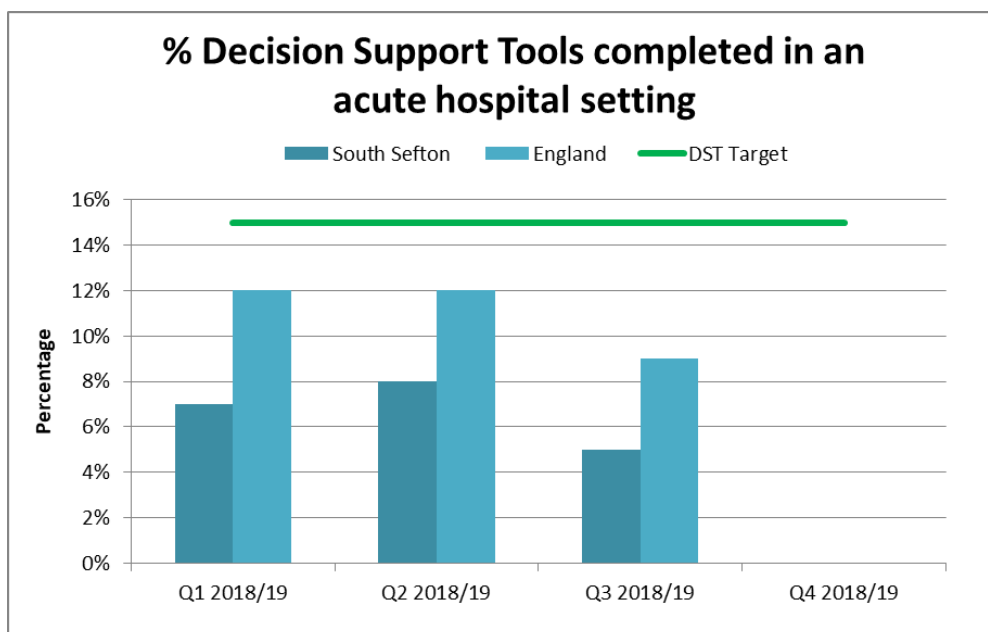


Figure 38 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



3.10 Smoking at Time of Delivery (SATOD)

Figure 39 - Smoking at Time of Delivery (SATOD)

	South Sefton				
	Actual Q1	Actual Q2	Actual Q3	Actual Q4	YTD
Number of maternities	376	399	387		1162
Number of women known to be smokers at the time of delivery	55	60	56		171
Number of women known not to be smokers at the time of delivery	320	338	331		989
Number of women whose smoking status was not known at the time of delivery	1	1	0		2
Data coverage %	100.0%	99.7%	100.0%		99.8%
Percentage of maternities where mother smoked	14.6%	15.0%	14.5%		14.7%

The CCG is above the data coverage plan of 95% at Q3, meaning the data is generally robust, but currently above the national ambition of 11% for the percentage of maternities where mother smoked the ambition will be 6% by the end of 2022. There is no national target for this measure. Performance against this metric is discussed with Providers at Maternity Commissioning Leads meetings attended by the CCG managerial lead for Children and Maternity Services.

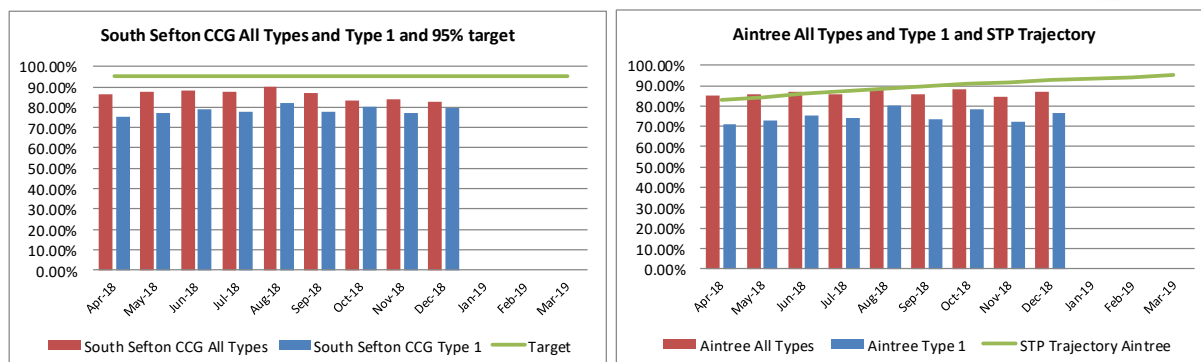
4. Unplanned Care

4.1 Accident & Emergency Performance

Figure 40 - A&E Performance

A&E waits				
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	18/19 - Jan	95%	86.19%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	18/19 - Jan	95%	78.58%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) All Types	18/19 - Jan	STP Trajectory Jan Target 93.3%	86.49%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	18/19 - Jan	95%	75.14%	↔

A&E All Types	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	YTD
STP Trajectory Aintree	83%	84.4%	85.8%	87.2%	88.6%	90%	90.8%	91.7%	92.5%	93.3%	%
Aintree All Types	85.10%	85.82%	86.92%	85.92%	88.98%	85.50%	87.89%	84.49%	86.73%	87.55%	86.49%



Performance Overview/Issues

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2018/19. The Trust have failed their STP target of 93.3% in January reaching 87.55% (YTD 86.49%). 1,823 attendances out of 14,637 were not admitted, transferred or discharged within 4 hours.

Trust Actions:

- Implement and embed all actions from rapid improvement events for both See and Treat and Pit Stop/Ambulance Handover. All actions from the Pit Stop event are to be addressed by the end of February in respect of estate work and role cards. A revision/review of the See and Treat role cards has taken place and the CD and CBM are leading a 90 day post implementation review to agree a share-and-spread plan to communicate and embed the processes.
- Implementation of PCS model now agreed. All agreed shifts have now been covered with a firm commitment from the Trust doctors to work in the GP streaming service. A SOP is being updated to cover both operational and governance aspects of the new model. Once this has been concluded the service can commence in its new form.
- A review of medical staff rosters has confirmed there is limited scope for increasing the medical staff cover at weekends within the existing resource related to remaining roster compliant (weekend frequency and educational requirements for junior doctors). Options for achieving sufficient weekend cover have been reviewed and the CBU has prepared and submitted a case of need to increase the rota to 12 FY3's against a current number of 5. The case was discussed at the Finance and Performance Committee in February and is included in the Divisional Cases of Needs (process led by HMB).
- 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. ED quality & performance metrics will be displayed in ED to share regularly with staff during huddles. The first draft of the data has been completed and once approved the data can then be published on the knowing how we are doing board in ED Majors.
- The super six 90 day improvement event has now concluded and the Trust will take part in a further closing event in April to share good practice. The rapid improvement event showed how it is possible to achieve total turn-around of ambulance staff within the allocated timeframe. Commitment has been given to trial auto clear, real time handover protocol and revisit and re-energise the previous plans in order to apply direct conveyance to Ambulatory Emergency Care.

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 in place over the winter within North Mersey which outlines the expected roles and responsibilities of all providers with guidance as to when issues should be escalated outside of the Trust to commissioners. This 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.
- 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 Mimnagh	Janet Spallen

Figure 41 - A&E Performance – 12 hour breaches

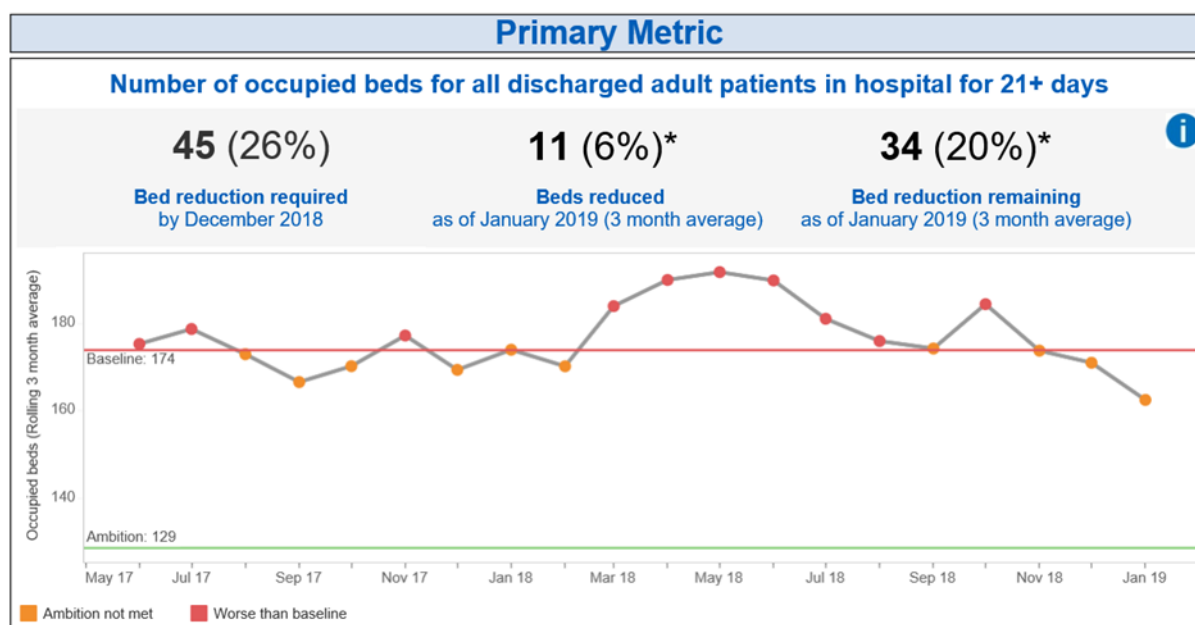
12 Hour A&E Breaches				
Total number of patients who have waited over 12 hours in A&E from decision to admit to admission - Aintree (cumulative)	18/19 - Jan	0	1	↔

No 12 hour breaches were reported in January. 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 42 – 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 January 2019 (rolling 3 months) shows 162 occupied beds (a decrease by 11 beds). This is a decrease of 9 occupied beds compared to last month.

Actions to support improvement are identified within Newton work with a focus on initiatives which will support complex discharges with longer lengths of stay. There are a range of developments underway in regard to placement processes; discharge to assess pathways, the patient choice

policy to facilitate flow, development of care home trusted assessor roles and community pathways to facilitate earlier discharge. Patient Flow Telecoms and focussed individual patient case work continue where stranded and super stranded patients reviewed with MDT involvement. Support provided where required with opportunity to identify specific themes requiring further action.

4.3 Ambulance Performance

The NWAS Ambulance Response Programme has progressed well during 2018/19 but with significant work still required to achieve targets. A key piece of work to support this involves rota redesign which will involve significant staff involvement and engagement in order to realign resources to areas of greatest need. There has been a positive reduction against hospital handover times within Cheshire & Merseyside.

In January 2019 there was an average response time in South Sefton of 7 minutes 50 seconds against a target of 7 minutes for Category 1 incidents – a slight improvement on December performance. For Category 2 incidents the average response time was 29 minutes 15 seconds against a target of 18 minutes, this is an improvement on December performance although still one of the slowest in Merseyside. The CCG also failed category 3 and 4 performance targets.

Category 1 and 2 remains an area of major focus with performance 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. There are further aspects of the Ambulance Response Programme where benefits have not yet been realised and are expected to provide significant step change in terms of performance. These include review of rosters and call pick up times within Emergency Operations Centre (EOC).

Figure 43 – 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 - Jan	0	127	↑ ↓
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Aintree	18/19 - Jan	0	55	↓

Performance Overview/Issues

There was a decrease in the number of ambulance handover delays both in excess of 30 minutes (-16) and 60 minutes (-12). In addition to this the average time from notification to handover has improved to 13.11 minutes in January (-1.03 minutes) against 14.13 in December. The median time to see a 1st clinician has remained fairly static with a slight decrease to 69 minutes in January (-2) against 71 minutes in December. The percentage of patients seen from registration within 15 minutes has also decreased to 73.54% in January (-9.13). The clinical quality indicators for the number of patients who leave the department before being seen has again remained fairly static with a slight decrease from December to 3.58% in January (-0.32%). The number of patients re-attending in January has seen a slight increase of 2% in January.

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 has been on Aintree and the need to improve handover times. Aintree was identified as one of six sites within the North West and has worked 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 NWAS activity. Further support was given to the improvement work from NHS Improvement.

Aintree Proposed Actions:

Ambulance handover performance is supported by the wider range of initiatives already highlighted to support overall AED flow and efficient use of resources. Specific work in collaboration between the Trust and NWAS is as follows:

- Implement all actions from the 4 day Rapid Process Improvement Workshop that will improve the patient experience and reduce waste, and therefore increase patients through See and Treat by maximising clinical time. The 3 day kaizen event in January focussed on improving the pit stop process in majors. The event also incorporated improving the turnaround times for ambulance handover and improving the safety and speed of handover releasing ambulance crews promptly from the department.
- The department has taken part in a number of live tests for the newly developed Ambulance Handover protocol; test results so far have shown that up to 70% of patients were safe enough to be left by the crew so they can be released to respond to emergency calls. Further tests took place in early January to refine the model and Aintree will be conducting tests with the Super Six Trusts as part of the 90 day improvement project.

When is the performance expected to recover?

ARP performance was 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.

Trust Recovery Trajectory

Q1	Q2	Q3	Q4

Who is responsible for this indicator?

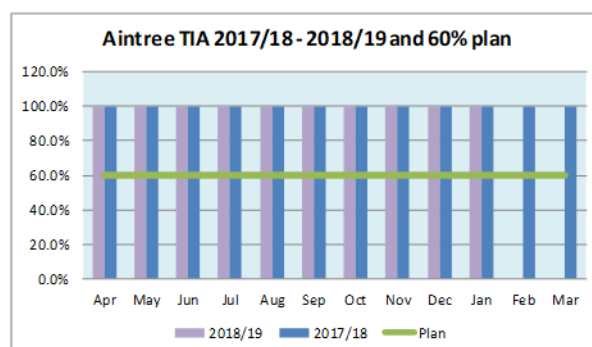
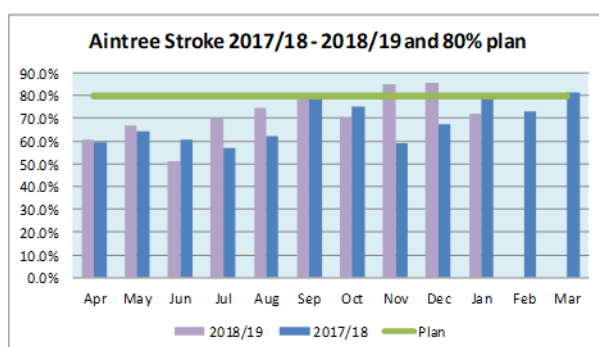
Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Andy Mimmagh	Janet Spallen

4.4 Unplanned Care Quality Indicators

4.4.1 Stroke and TIA Performance

Figure 44 - Stroke & TIA performance

Stroke				
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	18/19 - Jan	80%	71.88%	↓



Performance Overview/Issues

The stroke performance in January has fallen under the 80% target. Out of 32 patients only 23 spent at least 90% of their time on a stroke unit. The standard was not achieved for 9 patients. All breaches of the standard are reviewed and reasons for underperformance identified:

- 6 patients required admission to the Stroke Unit with no bed availability
- 1 patient was GP accepted to AEC and CT confirmed a stroke
- 1 patient was not referred to the Stroke Team
- 1 patient was transferred outside of the 4 hour standard despite there being a HASU bed available

It should be noted that the frequency of stroke divers accepted from Southport have impacted on bed availability on the Stroke Unit in January and is expected to continue to be a pressure throughout February and beyond.

How are the issues being addressed?

Trust Actions:

- Develop and present a case for additional therapy support to achieve improved SSNAP scores.
- Complete clinical review of door to needle time audit to improve SSNAP Thrombolysis score.
- Improve SSNAP score for time to first CT scan (1 hour)

When is the performance expected to recover?

Forecast for improvement:			
Q1	Q2	Q3	Q4

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 45 - Mixed Sex Accommodation breaches

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

4.4.3 Healthcare associated infections (HCAI)

Figure 46 - Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	18/19 - Jan	44	48	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	18/19 - Jan	38	28	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	18/19 - Jan	0	2	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	18/19 - Jan	0	2	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	18/19 - Jan	107	145	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Aintree)	18/19 - Jan	No Plan	299	↑

Performance Overview/Issues

The CCG had 2 new cases of C.Difficile in January bringing the year to date total to 48, against a year to date plan of 44 (19 apportioned to acute trust and 29 apportioned to community).

The CCG had 1 new case of MRSA in January; this along with 1 case of MRSA in July apportioned to the community has failed the zero tolerance threshold for 2018/19. This case was at Aintree. Aintree now has 2 cases year to date and failed zero tolerance threshold for 2018/19, the earlier case was 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 (and have failed this target). In January there

were 15 cases (145 YTD) against a year to date plan of 107. Aintree reported 30 cases in January (299 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

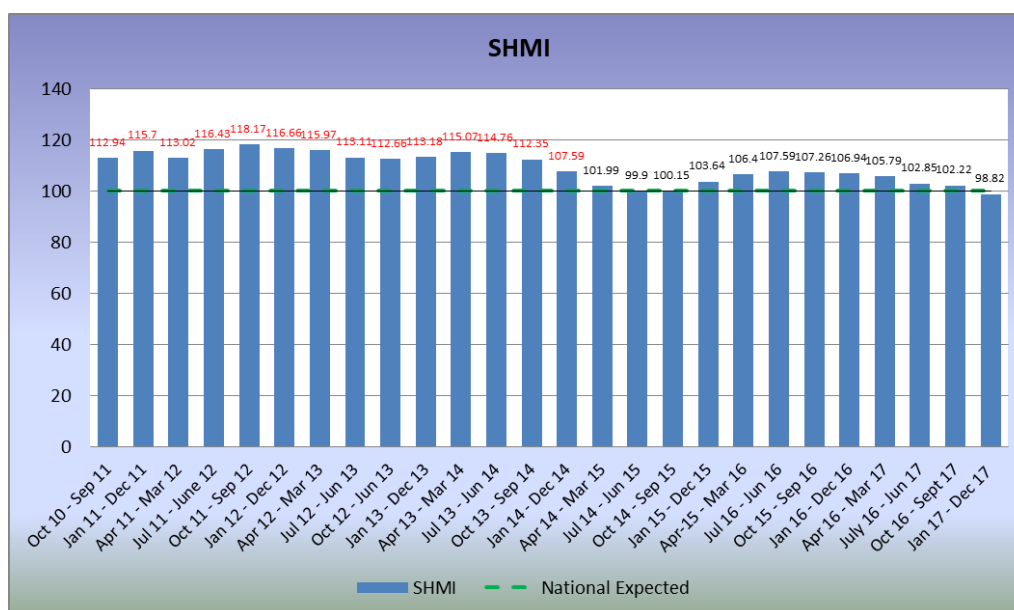
Figure 47 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	18/19 - Jan	100	98.58	↔ 1
Summary Hospital Level Mortality Indicator (SHMI)	Jan 17 - Dec 17	100	98.82	↑

HSMR has remained similar to last month at 98.58 (98.04 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 48 - Summary Hospital Mortality Indicator



4.5 CCG Serious Incident Management

There has been progress made with regards to the areas remain open on the CCGs serious incident improvement programme action plan. The CCG have planned a provider action planning learning session which is due to take place at the end of March 2019 and CCG staff members are scheduled to undertake RCA training in May 2019. Once completed, the action plan will be reviewed for closure to be considered.

There are a total of 52 serious incidents (SIs) open on StEIS for South Sefton (compared to 57 the previous month) as the RASCI (Responsible, Accountable, Supporting, Consulted, Informed) commissioner or that 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 49 – Serious Incident for South Sefton Commissioned Services and South Sefton CCG patients

Trust	SIs reported (M10)	SIs reported (YTD)	Closed SIs (M10)	Closed SIs (YTD)	Open SIs (M10)	SIs open >100days (M10)
Aintree University Hospital	1	40	2	53	32	14
Mersey Care NHS Foundation NHS Trust (SSCS)	1	11	1	21	6	0
South Sefton CCG	0	1	0	4	4	3
Mersey Care NHS Foundation NHS Trust (Mental Health)	1	14	3	28	4	3
Royal Liverpool and Broadgreen	0	1	0	0	1	0

North West Boroughs NHS Foundation Trust	0	5	0	0	3	1
Southport and Ormskirk Hospitals NHS Trust	0	2	1	6	0	0
Liverpool Women's Hospital	0	2	0	6	0	0
Liverpool Heart and Chest	0	1	0	0	1	0
Liverpool Community Health	0	0	0	5	0	0
The Walton Centre	0	0	0	0	1	1
Alder Hey	0	0	0	1	0	0
Cheshire and Wirral Partnership	0	0	0	1	0	0
North West Ambulance Service	0	0	0	1	0	0
TOTAL	3	77	7	126	52	22

Figure 50 – 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	31	9	18	22*	-	41	13	11	5	12

*N.B. The trust performance against this target continues to improve following an increased emphasis on submission of 72 hour reports. The CCG continue to monitor this requirement and work with the providers to ensure reports are submitted on time or rationales are provided where a 72 hour report is not submitted.

The CCG are continuing to monitor to length of time for the provider to respond to feedback following the review of the RCA. This is discussed regularly with the provider as part of the monthly SI meetings with providers and internal weekly SI reporting.

Figure 51 – Timescale Performance for Mersey Care Foundation Trust (South Sefton Community Services (SSCS))

PROVIDER	SIs reported within 48 hours of identification (YTD)		72 hour report received (YTD)		RCAs Received (YTD)				
	Yes	No	Yes	No	Total RCAs Due	Received within 60 days	Extension Granted	SI Downgraded	RCA 60+
Mersey Care (Community)	10	1	1	10*	12	5	1	0	6

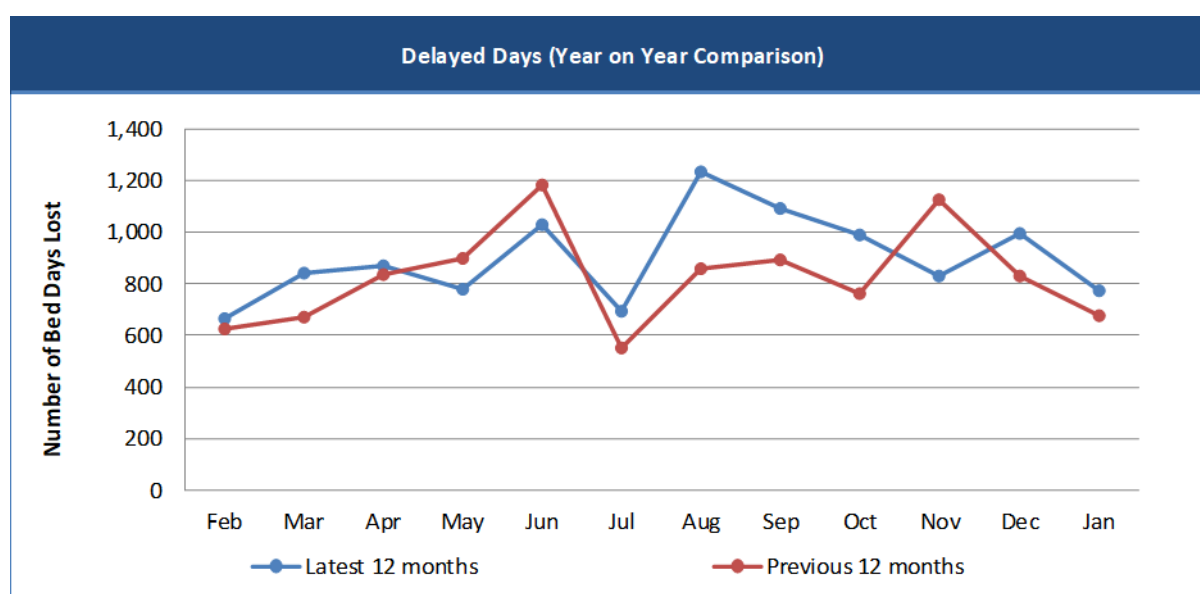
*N.B. The trust performance against this target is monitored by Liverpool CCG, the Lead Commissioner for Mersey Care Trust.

Progress in terms of the pressure ulcer reduction continues to be monitored on a monthly basis via the Divisional Harm Free Care Group. This group also provides monthly progress updates to CCQRM.

4.6 CCG Delayed Transfers of Care

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

Figure 52 – Aintree DTOC Monitoring



DTOC Key Stats			
	This month	Last month	Last year
Delayed Days	Jan-19	Dec-18	Jan-18
Total	774	997	678
NHS	82.8%	89.8%	68.0%
Social Care	17.2%	10.2%	32.0%
Both	0.0%	0.0%	0.0%
Acute	47.4%	60.8%	48.8%
Non-Acute	52.6%	39.2%	51.2%

Reasons for Delayed Transfer % of Bed Day Delays (Jan-19)	
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	
Care Package in Home	11.9%
Community Equipment Adapt	1.9%
Completion Assesment	8.0%
Disputes	0.0%
Further Non-Acute NHS	39.9%
Housing	0.0%
Nursing Home	0.0%
Patient Family Choice	38.2%
Public Funding	0.0%
Residential Home	0.0%
Other	0.0%

Total delayed transfers of care (DTC) reported in January 2019 was 774, an increase compared to January 2018 with 678. Delays due to NHS have worsened, with those due to social care improving. The majority of delay reasons in January 2019 were due to patient family choice, further non-acute NHS and care package in home.

4.7 Patient Experience of Unplanned Care

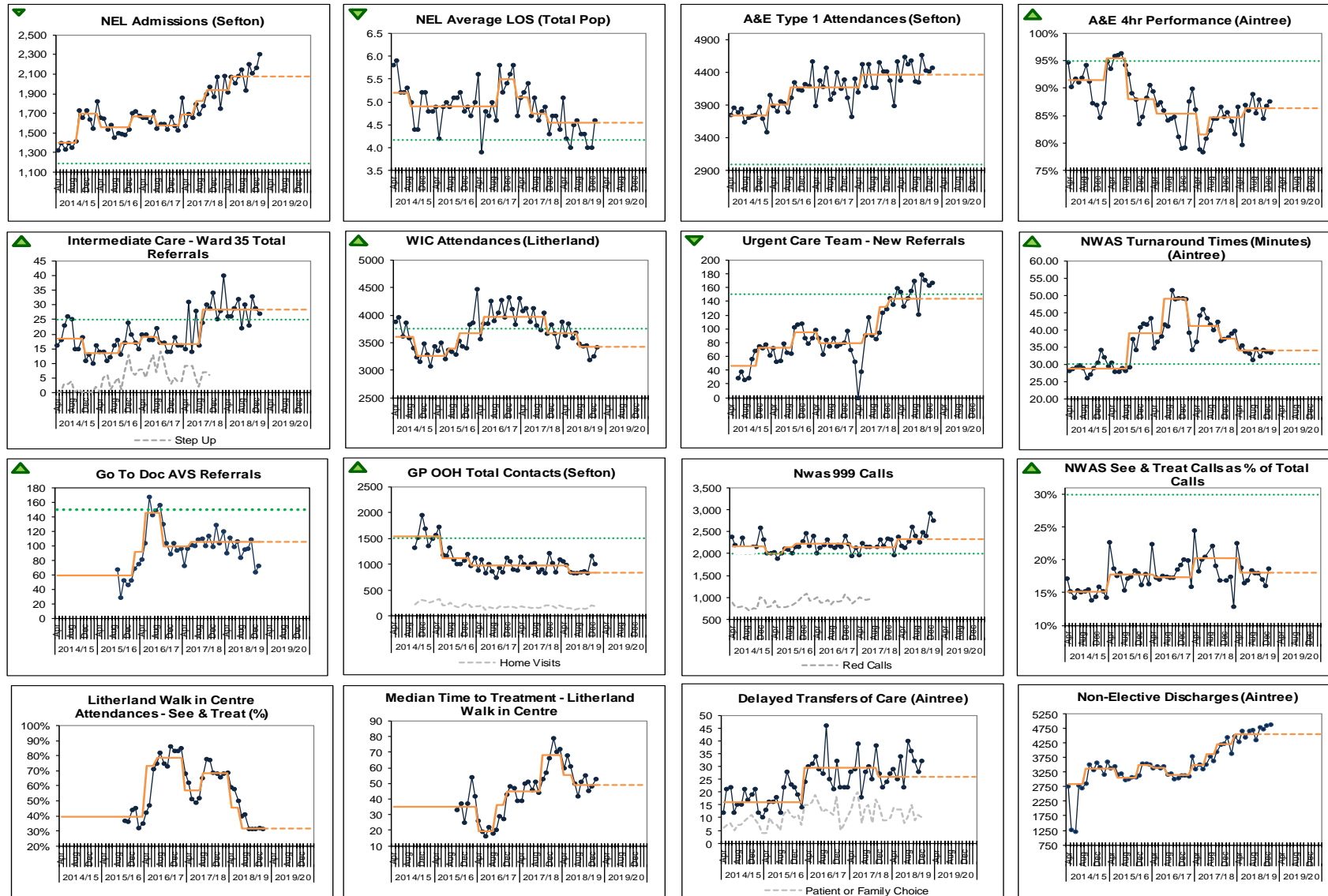
Figure 53 - Aintree A&E Friends and Family Test performance


















Friends and Family Response Rates and Scores
Aintree University Hospital NHS Foundation Trust
Latest Month: Jan-19

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%	18.1%		86%	88%		8%	8%	

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 10 of financial year 2018/19, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £2.3m/5.5%. 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 £459k/1.1%.

At individual providers, Aintree represents the highest over performing provider for unplanned care at month 10 with a year to date variance of £2.2m/7%. In contrast, Liverpool Women's and Alder Hey hospitals are currently underperforming by -£275k/-7% and -£192k/-10% respectively.

Figure 54 - Month 10 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	82,322	91,310	8,988	11%	£31,659	£33,909	£2,251	7%	-£2,251	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	8,298	7,818	-480	-6%	£1,849	£1,657	-£192	-10%	£192	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	218	102	-116	-53%	£347	£340	-£8	-2%	£8	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	2,897	2,875	-22	-1%	£3,764	£3,489	-£275	-7%	£275	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	4,559	4,544	-15	0%	£1,716	£1,800	£83	5%	-£83	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	9	8	-1	-6%	£47	£51	£4	7%	-£4	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	98,304	106,657	8,353	8%	£39,382	£41,246	£1,863	5%	-£1,863	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	67	80	13	19%	£16	£35	£19	121%	£0	£19	121%
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	73	73	0%	£0	£24	£24	0%	£0	£24	-
Salford Royal NHS FOUNDATION TRUST	0	33	33	0%	£0	£17	£17	0%	£0	£17	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	6,596	7,045	449	7%	£2,344	£2,541	£197	8%	£0	£197	8%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	930	968	38	4%	£376	£416	£39	10%	£0	£39	10%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	62	75	13	22%	£152	£187	£34	22%	£0	£34	22%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	38	38	0%	£0	£20	£20	0%	£0	£20	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	243	243	0%	£0	£115	£115	0%	£0	£115	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	55	42	-13	-24%	£35	£27	-£7	-21%	£0	-£7	-21%
ALL REMAINING PROVIDERS TOTAL	7,711	8,597	886	11%	£2,923	£3,382	£459	16%	£0	£459	16%
GRAND TOTAL	106,015	115,254	9,239	9%	£42,306	£44,628	£2,322	5.5%	-£1,863	£459	1.1%

*PbR Only

4.9.2 Aintree University Hospital NHS Foundation Trust

Figure 55 - Month 10 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	34,597	34,955	358	1%	£812	£812	£0	0%
A&E - Accident & Emergency	26,749	29,120	2,371	9%	£3,679	£4,068	£388	11%
NEL - Non Elective	12,990	15,050	2,060	16%	£24,331	£25,124	£793	3%
NELNE - Non Elective Non-Emergency	43	39	-4	-9%	£155	£138	-£17	-11%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	18	170	152	848%	£5	£41	£36	714%
NELST - Non Elective Short Stay	1,773	2,121	348	20%	£1,199	£1,404	£206	17%
NELXBD - Non Elective Excess Bed Day	6,152	9,855	3,703	60%	£1,479	£2,323	£845	57%
Grand Total	82,322	91,310	8,988	11%	£31,659	£33,909	£2,251	7%

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 £2.2m/7% is mainly driven by an over performance within Non-Elective Excess Bed Days, Non-Elective admissions and Accident & Emergency attendances. Acute Medicine, Nephrology, Diabetic 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 10 (9% and 1% 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 56 - NHS South Sefton CCG – Shadow PbR Cluster Activity

NHS South Sefton CCG	Caseload 2018/19 M10	2018/19 Plan	Variance from Plan	Variance from Caseload 2017/18 M10
0 Variance	62	106	-44	-41
1 Com Prob Low Sev	40	11	29	-1
2 Prob Low Sev/Need	26	7	19	7
3 Non Psychotic Mod	93	72	21	2
4 Non Psychotic Sev	199	286	-87	-116
5 Non Psychot V Sev	80	84	-4	-7
6 Non Psychotic Dis	30	35	-5	-8
7 Endur Non Psychot	213	303	-90	-71
8 Non Psychot Chaot	120	133	-13	-17
10 1st Ep Psychosis	151	149	2	1
11 Ongo Rec Psychos	269	320	-51	-69
12 Ongo/Rec Psych	293	397	-104	-108
13 Ong/Rec Psyc High	90	107	-17	-15
14 Psychotic Crisis	25	32	-7	-10
15 Sev Psychot Cris	3	8	-5	-5
16 Dual Diagnosis	49	42	7	8
17 Psy & Affect Dis	30	40	-10	-15
18 Cog Impairment	138	245	-107	-91
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	419	436	-17	-11
20 Cognitive Impairment or Dementia Complicated (High Need)	251	446	-195	-183
21 Cognitive Impairment or Dementia (High Physical or Engagement)	83	119	-36	-49
Cluster 97	1301	116	1,185	758
Cluster 98		147		
Total	3,965	3,641	471	-41

5.1.1 Key Mental Health Performance Indicators

Figure 57 - 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	Nov-18	Dec-18	Jan-19
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%	100%	100%	100%
Cumulative Quarter				100%	100%	100%	100%	100%	100%	100%	100%

Figure 58 - 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	Nov-18	Dec-18	Jan-19
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%	66.7%	100%	100%
Cumulative Quarter				100%	50.0%	75.0%	75.0%	87.5%	81.8%	84.6%	100%

Figure 59 - EIP 2 week waits

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
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%	50.0%	75%	50.0%
Cumulative Quarter				73%	100%	83.3%	77.8%	75.0%	60.0%	64%	50.0%

Of the two patients there was one breach so the 50% target was not achieved. Suspicion of first episode of psychosis (FEP) was first highlighted within the Trust by Stepped Up Care Team on 6th January. Records show that referral to EIT was considered on 11th Jan but the referral was not actually made until 14th January. EIT were able to assess within 10 days of receiving the referral on 14th January.

5.1.2 Out of Area Placements (OAP's)

Figure 60 - 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
	Aug 18 to Oct 18	0
	Sep 18 to Nov 18	0
Q3 2018/19	Oct 18 to Dec 18	0

5.1.3 Mental Health Contract Quality

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 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.

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

Throughout 2018/19 Eating Disorder waits to commencing within 18 weeks of referral have been sub-optimal and in Month 10 the following performance was reported.

- South Sefton CCG – 40.00% (8/20)

The Trust has reported that the number of referrals received has remained high and capacity has reduced with maternity leave, staff sickness and imminent vacancy. In December 2018 the capacity will be further reduced due to annual leave and bank holidays and due to the increase number of referrals in November the Trust created additional assessment slots and reduce therapy slots to accommodate demand and meet the assessment KPI.

The Trust are working to address the above and explore alternative interventions to increase resources/capacity including the development a psychological skills/psycho-education group as a waiting list initiative and plan to implement this early in Quarter 4 2018/19.

Patients with a score of 2 or more to receive an appropriate care plan (MUST Tool). Target 100%

In Quarter 3 2018/19 the following performance was reported.

- South Sefton CCG – 50% (2/4)

Since moving to Rio in June 2018 the Trust's Dietetic team lead and Business Intelligence team have continued to analyse MUST data reports and have carried out deep dives to identify the reasons for reported breaches in collaboration with the ward teams. The Trust is working to adapt the reports and ensure accuracy. The breaches from these reports are sent out on a twice weekly

basis to ward managers. The Dietetic lead is working in partnership with the RiO team to adapt the observation form where MUST is reported from. This will ensure the forms are user friendly to aid compliance in completion. The Dietetic team provide MUST training at Local induction and to the wards on an adhoc basis. There are a portion of the current breaches which are patient refusals or where the patient is too mentally unwell to obtain height and weight therefore this prevents MUST from being calculated. Wards will now inform dietetic team of the patients who they are unable to obtain the MUST score after 3 attempts.

Proportion of adults on Care Programme Approach receiving secondary mental health services in settled accommodation by CCG Target 70%

In Quarter 3 2018/19 the following performance was reported.

- South Sefton CCG 47.31% (246/520)

An improvement plan has been agreed and a refresher training programme is in place this is demonstrated in overall Trust improvement from Quarter 2 (30.7%) to Quarter 3 39.4%

The actions agreed aim to achieve the target by the end of Quarter 1 2019/20.

Communication KPIs

The following performance relates to Quarter 3 2018/19:

- Communication - (Inpatients). Appropriate Supply of Medication on Discharge (Target 95%): 61.1% (11/18). Despite failing to achieve the target this is a considerable improvement on Quarter 2 when the performance was 36.8%.
- Communication - All discharge communication from In-patient episodes are sent to General Practice within 24 hours from discharge (Target 95%): 44.4% (8/18). There is a recovery plan in place to address the improvement of this KPI. This will focus on introducing the e-discharge electronic process.
- Communication - Outpatients All clinic/outpatient correspondence/ letters sent to General Practice following the patient's appointment, including discharge from service within 10 working days, excluding weekends and bank holidays (Target 95%): 24.5% (13/53). There is a Recovery Plan in place alongside the implementation of a transcription model across the services and these should be reflected in Quarter 4.
- The Provider must send the clinic letter as soon as reasonably practicable and in any event within 10 days following the service users outpatient attendance and 7 days from 2018 (Target 95%): 24.5% (13/53). There is a Recovery Plan in place alongside the implementation of a transcription model across the services and these should be reflected in Quarter 4.

Outpatient Appointments and DNA rates

Since the introduction of RiO there has also been an issue whereby appointments that have been booked in have not all been 'outcomed' (as in, classified whether the appointment was attended or did not attend) as a result, this has seen a drop in activity and has a wider impact on some of the local KPIs and also the SLA report which the CCGs receive separately. It is important to note that although the 'un-outcomed' cases will impact on activity they do not affect the clinical entries of the patient record which has been completed.

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 CCGs the Trust was required to provide shadow data for

Month 5, where available, in order to demonstrate the development work undertaken by the trust extracting data from the new clinical information system. For Month 6 reporting the requirement was to report a full set of KPIs which would be used for contract monitoring purposes.

The Trust reported in November 2018 that there are still some instances in which KPIs 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. There has been extensive work undertaken within the Trust’s Business Intelligence team in relation to the rollout of the RiO system, however there are some instances whereby the processes have not been followed 100% by all staff and/or data quality issues have been identified and the trust is working to remedy these issues.

Commissioners are expecting significant improvements both in reporting and KPI performance in Quarter 4.

The Commissioners has held a series of meetings in January and February 2019 with the Trust to review KPIs for inclusion in the 2019/20 contract and to ensure that the KPIs identified by the CCGs are reflected in Trust Board reports going forward.




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 61 – Mersey Care Friends and Family Test Performance

Friends and Family Response Rates and Scores
Mersey Care NHS Foundation Trust
Latest Month: Jan-19

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%	3.6%		90%	88%		3%	3%	

The Trust’s response rate for mental health services for January has improved from 2.8% to 3.6%. Unfortunately they have fallen below the England average of 90% for percentage recommended reported 88%.

5.2 Improving Access to Psychological Therapies

Figure 62 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March	Total
National definition of those who have entered into treatment	2017/18	223	319	331	315	269	289	295	358	232	336	245	283	3,495
	2018/19	315	283	295	332	272	296	361	299	194	303			2,950
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%	1.23%	0.79%	1.25%			12.13%
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%	40.8%	45.1%	53.9%	45.2%	50.6%			46.7%
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%	98.3%	100.0%	100.0%			99.5%
ACTUAL % 18 weeks waits - 95% target	2017/18	100.0%	100.0%	99.5%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	2018/19	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100.0%			100%
National definition of those who have completed treatment (KPI5)	2017/18	169	181	196	185	199	186	192	197	150	183	207	183	2,228
	2018/19	225	200	219	208	200	194	218	183	128	159			1,929
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	2	5	3	2	5			56
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	97	57	78			874
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%	89.7%	88.1%	89.7%	77.5%			87.6%

Performance Overview/Issues

Cheshire and Wirral Partnership reported 303 patients entering treatment in Month 10, which is an 56.2% increase from the 194 reported in Month 9. 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 4 2018/19 at 4.75% which equates to approximately 1.59% per month. The access rate for Month 10 was 1.25% and therefore failed to achieve the standard.

The percentage of people moved to recovery was 50.6% in Month 10, which is an increase from the 45.2% for the previous month and achieving the target of 50%.

How are the issues being addressed?

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 63 - Dementia casefinding

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
People Diagnosed with Dementia (Age 65+)	1159	1163	1191	1203	1221	1230	1240	1232	1223	1214
Estimated Prevalence (Age 65+)	1869	1874.3	1877.3	1885.7	1892.5	1900.9	1906	1904.8	1907.2	1911.5
NHS South Sefton CCG - Dementia Diagnosis Rate (Age 65+)	62.0%	62.0%	63.4%	63.8%	64.5%	64.7%	65.058%	64.679%	64.13%	63.51%
Target	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%

Performance Overview/Issues

The latest data on NHS Digital shows South Sefton CCG are recording a dementia diagnosis rate in January of 63.51%, which is under the national dementia diagnosis ambition of 66.7% and a decline on last month when 64.13% was reported.

How are the issues being addressed?

The CCG needed to find a further 61 patients to achieve the national target of 66.7% for January. The CCG will endeavour to achieve the National Ambition by March 2019. The CCG has completed the Dementia Self-Assessment Tool requested by NHS England, which has full details of the planned actions being undertaken by the CCG.

Work is being undertaken to identify any coding errors that will have a negative impact of Dementia Diagnosis rates. The CCG is also exploring the feasibility and costs of identifying care homes in South Sefton that could be targeted to be included in diagnosis registry / identification. South Sefton CCG funds a Care Home liaison service that could be utilised to support dementia diagnosis rates.

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 64 - 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	125	250	120	250		750	555
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%	4.0%	8.0%	3.8%	8.0%		24.0%	17.8%

The CCG failed the target of 8% in Q3 with just 3.8%; a total of 120 children and young people were receiving treatment out of a total 3,121 with a diagnosable mental health condition. This is a slight decrease on the 125 children and young people receiving treatment in quarter 2.

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 65 - 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	20	4	
Number of CYP with a suspected ED (routine cases) that start treatment	3	21	6	21	4	22	4	
%	100.00%	100.00%	100.00%	100.00%	100.00%	90.91%	100.00%	-

In quarter 3 the Trust fell under the 100% plan, out of 22 routine referrals to children and young people's eating disorder service, 20 were seen within 4 weeks recording 90.91% against the 100% target. Both breaches waited between 4 and 12 weeks.

Figure 66 - South Sefton CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2018/19 Plans (100% Target)

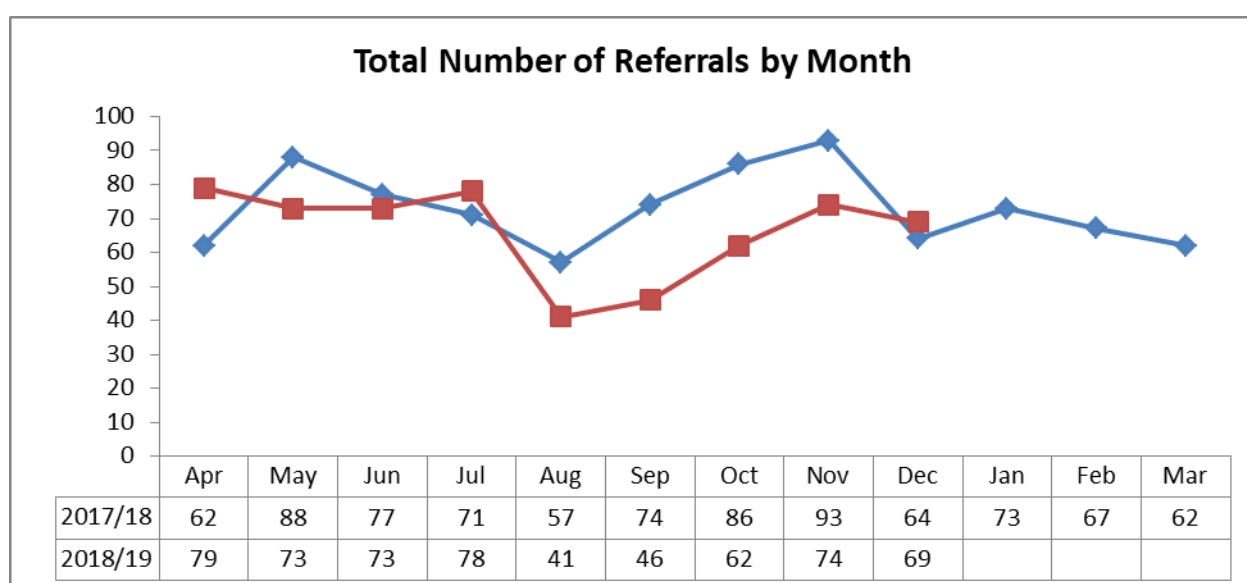
	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	1	5	1	5	1	4	1	
Number of CYP with a suspected ED (urgent cases) that start treatment	1	5	1	5	1	5	1	
%	100.00%	100.00%	100.00%	100.00%	100.00%	80.00%	100.00%	-

In quarter 3, the CCG had 5 patients under the urgent referral category, 4 of which met the target bringing the total performance to 80% against the 100% target. The patient who breached waited between 1 and 4 weeks.

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 3 2018/19. The date period is based on the date of referral so focuses on referrals made to the service during October to December 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 67 – CAMHS Referrals



Throughout quarter 3 2018/19 there were a total of 205 referrals made to CAMHS from South Sefton CCG patients. There was an upward trend in referrals from August to November which subsequently reduced slightly in December. This followed the same trend at the previous year.

The following tables will focus on the 81 referrals that have been 'Allocated'.

Figure 68 – CAMHS Waiting Times Referral to Assessment

Waiting Time in Week Bands	Number of Referrals	% of Total
0-2 Weeks	35	43.2%
2-4 Weeks	12	14.8%
4- 6 Weeks	9	11.1%
6-8 weeks	17	21.0%
8- 10 weeks	8	9.9%
Total	81	100%

The biggest percentage (43.2%) of referrals where an assessment has taken place waited between 0 and 2 weeks from their referral to assessment. All allocated referrals waited 10 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 69 - CAMHS Waiting Times Assessment to Intervention

Waiting Time in Week Bands	Number of Referrals	% of Total	% of Total with intervention only
0-2 Weeks	3	3.7%	10.0%
2-4 Weeks	7	8.6%	23.3%
4- 6 Weeks	5	6.2%	16.7%
6-8 weeks	7	8.6%	23.3%
8- 10 weeks	4	4.9%	13.3%
10-12 Weeks	3	3.7%	10.0%
12- 14 Weeks	0	0.0%	0.0%
Over 14 Weeks	1	1.2%	3.3%
(blank)	51	63.0%	
Total	81	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.

63.0% (51) 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 51 referrals were discounted, that would mean 33.0% (10) of referrals waited 4 weeks or less from referral to intervention. Collectively 73.3% (22) 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 70 – 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%
Q3	102	45	44.1%

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 44.1%, above the plan of 18.7%. However, just 102 patients were registered compared to a plan of 675, with just 45 checked compared to a plan of 126.

6. Community Health

6.1 Mersey Care Community Contract

The CCG and Mersey Care leads continue to meet on a monthly basis to discuss the current contract performance. Along with the performance review of each service, discussions regarding 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. Note: There is currently a data quality issue with the report not pulling through all appointments.

Patient DNAs

The Trust monitors DNA performance against an 8.5% threshold.

Diabetes DNAs were at 17% in October, a further decline on the previous month, showing a significant steady decline throughout the year. An update for January is currently unavailable due to a data reporting issue. This has been raised with the Trust.

Dietetics performance has shown a significant decline with 27.5%.

Provider Cancellations

The Trust monitors performance against a 3.5% threshold.

Treatment rooms continues to report above the threshold with 4.6% in January, similar to last month. Podiatry performance has declined with 5.1% in January, compared to December when 3.6% was reported. Diabetes and Dietetics have also shown a slight decline in performance.

6.1.3 Waiting Times

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

Physiotherapy: December's completed pathways reported a 95th percentile of 26 weeks, a further decline on last month when 22 weeks was reported. Incomplete pathways also reported above the 18 week standard with 23 weeks. The longest waiter on the incomplete pathway was at 26 weeks. The Trust has reported that capacity issues have resulted in increased waiting times.

Trust Actions:

- Utilisation of agency physiotherapists whilst waiting for new starter to commence in post
- Recruitment of additional Band 6 physiotherapist completed and expected to start in March 2019
- Planned utilisation of the Central Management Office to increase efficiency of referral management process
- Planned move of estates in order to increase the senior support and to enable more collaboration with ICRAS teams.
- Appointment of additional Band 7 Therapy Co-ordinator to assist in waiting list management and assist with throughput of patients.

Occupational Therapy: December's completed pathways reported a 95th percentile of 21 weeks, showing no improvement on last month. The incomplete pathways have declined reporting 20 weeks. A steady increase in average waits over the past five months can be seen in this service for the completed pathways with the incomplete following the same trend. The longest waiter on the incomplete pathway in December was at 22 weeks. The Trust has reported capacity issues due to sickness and vacancies have resulted in increased waiting times.

Trust Actions:

- Waiting list cleansed thoroughly to identify patients no longer requiring input.
- Additional Band 5 Resource appointed and due to commence in post at the beginning of March 2019.
- Appointment of additional Band 7 Therapy Co-ordinator to assist in waiting list management and assist with throughput of patients.
- Planned move of estates in order to increase the senior support and to enable more collaboration with ICRAS teams.

Podiatry: December's position shows an improvement with completed pathways reporting a 95th percentile of 22 weeks and 92nd percentile on the incomplete at 18 weeks, with the longest waiting patient at **47 weeks**. The Trust has stated that in addition to demand for this service being 13% higher than the previous year, capacity has also been affected by a combination of sickness and vacancies.




Trust Actions:

- Meeting weekly to cleanse waiting list
- Applying DNA Policy (with relevant exceptions due to communication difficulties with client group)
- Weekend working
- Additional hours
- Extra clinics/ maximise slots in current clinics

6.1.4 Patient Experience of Community Services

Figure 71 – Mersey Care Community Friends and Family Test Performance

Friends and Family Response Rates and Scores
Mersey Care NHS Foundation Trust
Latest Month: Jan-19

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%	1.3%		96%	98%		2%	0%	

For community services Mersey Care is reporting a response rate of 1.3% in January against an England average of 3.3%. The percentage who recommended the service was 98%, above the England average of 96%. The percentage who would not recommend decreased to 0%, 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 9 2018/19 the total year to date costs for the CCG were £204,588 with 5,269 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. A new podiatry specification, which brings together core and specialist podiatry, is being developed jointly by the Trust and the CCG for implementation on 1st April 2019.

6.3 Alder Hey Community Services

6.3.1 Services

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, these services include Continence, Dietetics, Occupational Therapy, and Speech and Language.

6.3.2 Waiting Times

The following issues arose in January 2019.

Paediatric SALT: In January the Trust reported an average wait of 45 weeks for the 92nd percentile for incomplete pathways, with **6 patients** waiting as long as **50 weeks**. Performance has steadily declined throughout the year, and the waiting list has steadily increased from 642 patients in April 2019 to 871 in January 2019. 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 shown no improvement in January with a DNA rate of 10%, and provider cancellation rate of 16.7%.

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

Figure 72 - 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	Nil return	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	Nil return	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 3 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

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 3 2018-19 Report* has been circulated to relevant commissioning leads. Providers continue to report that individual service user issues (and their accompanying needs) are increasing 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 Q3 264 service users engaged with the service. 27 cases were closed and 41 referrals received. All referred clients were assessed within 14 days of initial referral and received plans detailing Reablement outcomes, whilst 102 care plan reviews took place within 6 weeks of service commencement. GP's, local NHS Trusts and Community Mental Health Teams accounted for 15% of referrals. Volunteer recruitment also continues apace.

Alzheimer's Society

The Society continued to deliver Dementia Support sessions in GP practices during Q3 (1 in South Sefton and 7 in Southport & Formby). Pre-arranged sessions are booked and run on an as-needed basis. Moving forward the Society has a further two new surgeries lined up. During Q3 58 new referrals were received with 46% via the local health economy and 77 cases were closed. The Side-by-Side service continues to progress well. Four new volunteers have been recruited and will be matched with service users during the next quarter to enable them to enjoying a range of activities, conversations and social events. Dementia Community Support conducted 62 Individual Needs Assessments. The Dementia Peer Support Group ran 10 Singing for the Brain, 5 Active & Involved and 10 Reading sessions, plus 11 Memory Cafes.

Citizens Advice Sefton

The Bureau provides advice sessions to in-patients at Clock View Hospital, Walton. During Q3 31 new referrals were received. 55% were from Mental Health Professionals or GPs with 32% Self/Carers and 13% from other sources. 81% of new referrals had mental health problems, 10% long-term health conditions 6% another disability (or type not given), and 3% multiple impairments. 73% of enquiries were for general benefits and tax credits, 26% other benefits and 1% travel and transport issues. 58% of service users were Female, 39% Male and 3% Other. During Q3 17 cases were closed. As a result of service interventions (in terms of benefit/tax credit gain e.g. a new award or increase; or following a revision/appeal; or money put back into payments) financial outcomes totalled £213,583.

Crosby Housing and Reablement Team (CHART)

During Q3 the service received 64 new referrals, with the main source being Mersey Care NHS Foundation Trust 91%. Other referral sources included Sefton Metropolitan Borough Council (MBC) Adult Social Care and floating support staff. Case outcomes during the period included accommodating 15 service users and supporting a further 17 people to stay in their current residence. The service helped 2 people avoid hospital admission (and enabled 10 patients to be discharged). It prevented 15 people from becoming homeless; moved 8 into more supported accommodation; assisted 1 person move into independent accommodation; and 1 into accommodation with the same level of support.

Expect Limited

Expect Limited provides a non-judgemental environment for mentally-ill service users, helping them to regain skills lost due to illness, develop new ones, become socially included and gain independence. 40% of new referrals were received from Mersey Care NHS Trust whilst 60% 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 Q3 there were 1,789 drop-in contacts (Monday to Friday) and a total of 2,438 structured activities were delivered

Imagine independence

During Q3 Imagine Independence carried forward 35 existing cases. A further 109 were referred to the service via IAPT and 23 cases were closed during the period. Of the new referrals 51% were female and 49% male. All completed personal profiles and commenced job searches. A total of 29 service users attended job interviews; 14 managed to secure paid work for 16+ hours per week; and a further 1 secured paid work for less than 16 hours per week. The service supported 56 people in retaining their current employment, and liaised with employers on behalf of clients. Activities included completed job profiles 27%, employment courses attended 7%, commenced job search 27%, job interviews attended 22%, employment engagement meetings attended by service 2% and service contact with employers 14% (with 1% requiring interpretation services).

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 Q3 three paid staff were employed together with a small number of volunteers. New referrals together with existing cases saw 70 people accessing the service. Referral routes included GP practices, mental health professionals, self/carer and solicitors. The vast majority of clients were drawn from either Litherland 49% or Netherton & Orrell 39% electoral wards as well as Birkdale 9% and Harrington 3%. 52% of clients were female and 48% male, with an ethnicity of White British. An example of work undertaken during Q3 included working with a service user with complex development trauma.

Parenting 2000

During Q3 the service received 18 adult and 114 child referrals. A total of 74 service users accessed counselling for the first time. Of the 725 appointments available during this period a total of 660 were booked and 519 were actually used. There were 89 cancellations whilst 52 did not attend their scheduled appointment. 59% of service users were female and 41% male. Referral sources during Q3 comprised GP practice and recommendations to service users 34%, Sefton MBC 2%, CAMHS and Alder Hey 14%, Other health professionals 2%, Self/Carer/Parent 26%, Other VCFSE 8%, Schools 12%, Social Workers 1% and unknown 1%.

Sefton Advocacy

During Q3 228 existing cases were brought forward. A total of 133 new referrals were received. 22 referrals were signposted to more appropriate support, whilst 8 comprised general enquiry /information-only queries. 84 cases were closed, the reasons being Cases completed 73%, Advocacy not wanted 2%, Service user deceased 1% and Unable to contact service user 24%. During Q3 there were a total of 2,080 contacts comprising office visits, other case contacts; medical appointments, assessments, court and tribunal attendances; home visits, research preparation work and housing bids (PPP). Case outcomes included Options explained to service user 20%, Representations made 16%, Information supplied 21%, Client empowerment 13%, Signposted 6% and Support 24%. During Q3 these case outputs resulted in financial outcomes worth a total of £467,927 being achieved.

Sefton Carers Centre

October saw the highest number of carers supported and Carers Assessments completed or closed this financial year. Outstanding ICT issues relating to the training suite have been a key focus along with delivering the National Carers Rights Day in Sefton. Following the successful roll out of the GPs Carers Charter in the Crosby locality, the scheme has now been rolled out to all practices in Sefton. During the period 160 new carers were registered (21 are Parent Carers). 250 Care Needs Assessments were completed or closed. £208k of additional or maintained annual income was secured, plus £19k back payments. 136 information and guidance contacts were made. 6 new volunteers were recruited during the quarter, 100 hours of sitting service provided, whilst volunteer value at the Centre equated to £14k. Physical and emotional health and wellbeing is also provided by counselling and holistic therapies (with 67% of therapy users reporting this had a marked or significant positive impact on them). Skills training was provided for 91 carers, 30 Emergency Cards issued (for peace of mind) and 38 carers signposted to additional support. The Centre made a total of 58 home visits, received 1,440 telephone contacts and delivered 131 counselling appointments.

Sefton Council for Voluntary Service

During Q3 the BME Community Development Worker received 15 new referrals and a total of 62 BME/Migrant people were supported. People were helped to register with a GP and access mental health services. The majority of enquiries were around mental health, legal issues, safeguarding, finance, debt immigration and benefits. Every Child Matters (ECM) Forum meetings are currently under review and a consultation is due to be circulated to all providers. During Q3 the ECM Forum shared 10 articles via ECM bulletins, contributed to 1 strategic plan and input to 5 wider consultations. Training delivered during the period comprised Safeguarding Good Governance course and Safeguarding Children course. Health and Wellbeing Trainers saw 156 new referrals during Q3 with service users helped to address accommodation needs 15%, social exclusion 32%, health issues (including smoking and weight loss) 10%, financial problems 14%, family and relationships issues 6%, drug and alcohol problems 2% and attitude/confidence building 21%. The Reablement/Signposting service had 73 client contacts, with all enquiries resolved. The number of contacts at Strand By Me was 420 whilst there were 2,532 distinct users of the online service directory. Areas of support included health-related issues 9%, social inclusion 37%, money matters 5%, everyday living/food 16%, volunteering/employment/training 1%, risk management 8%, transport/travel 5% and other 19%.

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 Q3 there were 618 new referrals. 171 assessments were completed and 22 are pending further action; 83 were already active in the service; 79 were placed on the waiting list; 6 were referred to a partner agency and 7 recorded under the Other category; and 16 were found to be not within SWACA's remit. 232 were closed due to support being refused. 191 women and 63 children received support during the quarter. The refuge accommodated 6 women along with 4 children. 92% were female service users and 8% male. Referrals came from various sources, with the top three being Legal (Police - Family Crisis Intervention Unit) 43%, Children & Young People's Services 25% and Self 17%.

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. During Q3 there were 87 referrals in South Sefton and 78 in Southport & Formby.

Working age stroke survivors and carers figures were 30% and 14% respectively. These were given post-stroke information on going back-to-work, welfare benefits, available financial and emotional support, and help for young families. 97 stroke survivors were discharged. The top 5 outcome indicators for the quarter were better understanding of stroke 20% (and stroke risk 10%), feeling reassured 20%, enabled to self-manage stroke and its effects 7% and reduced anxiety or distress 6%. 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. 113 volunteering hours were worked across Sefton during Q3 that equates to £1,472. The Association also assists with applications for grant payments/benefits, securing 4 recovery grants totalling £1,121.88.

Swan Women's Centre

The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. During December 69 women were part-way through their 12 allocated counselling sessions whilst 6 have exceeded twelve weeks and are continuing. There were 48 new referrals for Counselling. The main referral sources were GP referral 20%, Self-referral/Carer 55%, Mersey Care NHS Trust 7% and Other Professionals 12%. Of the counselling sessions available during this period 73% were booked and used, 22% 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. 1 referral was made to the Outreach Service (with 27 people supported and 51 outreach sessions delivered in total). The Emotional Well-being Support Group offers support to women via a qualified counsellor with experience of group therapy. 11 new referrals were received during the period with 97 attendances in total.

8. Primary Care

8.1 Extended Access (evening and weekends) at GP services

Figure 73 - 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. The CCG is currently awaiting the release of the data which is expected May 2019.

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 practices recently inspected, North Park Medical Centre which still required improvement in Well-led. The second practice is Ford Medical Practice which now requires improvement in their overall rating along with Safe and Well-led this is a decline as the surgery had been classed as good for all areas previously. All results are listed below:

Figure 74 - 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	11 March 2019	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	27 December 2018	Good	Good	Good	Good	Good	Good
N84041	Kingsway Surgery	07 November 2016	Good	Good	Good	Good	Good	Good
N84621	Thornton Practice	16 October 2018	Good	Good	Good	Good	Good	Good
N84627	Crossways Surgery	19 February 2019	Good	Good	Good	Good	Good	Good
N84626	Hightown Village Surgery	18 February 2016	Good	Requires Improvement	Good	Good	Good	Good
N84003	High Pastures Surgery	09 June 2017	Good	Good	Good	Good	Good	Good
N84010	Maghull Family Surgery (Dr Sapre)	31 July 2018	Good	Good	Good	Good	Good	Good
N84025	Westway Medical Centre	23 September 2016	Good	Good	Good	Good	Good	Good
N84624	Maghull Health Centre	07 September 2018	Good	Good	Good	Good	Good	Good
Y00446	Maghull Practice PC24	30 October 2018	Good	Requires Improvement	Good	Good	Good	Good
N84004	Glovers Lane Surgery	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	15 March 2019	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
N84035	15 Sefton Road	22 March 2017	Good	Good	Good	Good	Good	Good
N84043	Seaforth Village Practice	29 October 2015	Good	Good	Good	Good	Good	Good
N84605	Litherland Town Hall Health Centre PC24	26 November 2015	Good	Good	Good	Good	Good	Good
N84615	Rawson Road Medical Centre	16 March 2018	Good	Good	Good	Good	Good	Good
N84630	Netherton Practice	19 February 2019	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement

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

9. Better Care Fund

A revised quarter 3 2018/19 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in February 2019. 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 Q3 BCF performance is as follows:

Figure 75 – BCF Metric performance

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements
NEA	Reduction in non-elective admissions	Not on track to meet target	NHS England set an expectation nationally for growth within Non-Elective admissions, specifically of note is the requirement to increase zero length of stay activity by 5.6% and any	There is a continued focus from our ICRAS services around both the S&O and Aintree systems to provide community interventions that support admission avoidance with activity
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Work continues to provide a home first culture and maintain people at home where possible. This is a key aspect of our Newton Decision Making action plan in regard to hospital discharge.	Development of enabling beds within Chase Heys and James Dixon care homes is an example of model of care designed to increase independence and avoid permanent placements.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Not on track to meet target	Review of reablement service ongoing. Recruitment events underway to strengthen workforce. Plans to develop reablement 'offer' available to community cases - such as people in	Agreement to conduct a Pilot Scheme around rapid response - meeting held with Providers, CCG and Lancashire Care to discuss approach and next steps.
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	Not on track to meet target	Following Newton Europe Review of delayed transfers of care across system we have reviewed recommendations of report with action plans developed for the three key areas.	At an operational and strategic level there has been enhanced partnership working around the S&O and Aintree systems to address delayed transfers care. There are weekly calls between

Figure 76 – BCF High Impact Change Model assessment

						Narrative
		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Planned)	Milestones met during the quarter / Observed impact
Chg 1	Early discharge planning	Plans in place	Plans in place	Plans in place	Established	This Chg is in already established for SFCCG area and work in place to move to maturity though implementation of MADE recommendations. Aim to move to one system for S&O across into W.Lancs.
Chg 2	Systems to monitor patient flow	Plans in place	Plans in place	Plans in place	Established	Currently established in Southport and Formby in S&O and system working well to progress to mature. In Aintree the Medworxx system is in development to be used in conjunction with SAFER and
Chg 3	Multi-disciplinary/multi-agency discharge teams	Plans in place	Plans in place	Established	Mature	Making good progress towards mature in South Sefton - robust ICRAS development in place which is supporting Newton Europe work plans on Decision Making around Aintree. E.g daily MDT flying
Chg 4	Home first/discharge to assess	Established	Plans in place	Plans in place	Established	Progress in hand with opportunities to work towards development of jointly funded pathway. Financial modelling to be undertaken. Integrated working on short stay enablement beds with model
Chg 5	Seven-day service	Plans in place	Plans in place	Plans in place	Established	Nurse led discharge and ICRAS services in place at the weekends to support patient flow. Review impact alongside social work activity at weekend to move to more mature assesment.
Chg 6	Trusted assessors	Plans in place	Plans in place	Plans in place	Established	Model has been developed within S&O area in past year. For the Aintree catchment a 12 month pilot is being developed. Domiciliary Care Trusted assessor established across Sefton
Chg 7	Focus on choice	Not yet established	Plans in place	Plans in place	Established	The Choice Policy has been revisited with partners across North Mersey to ensure a consistent approach. In place within S&O and Aintree. The Newton Europe work will focus on strengthening and again
Chg 8	Enhancing health in care homes	Plans in place	Plans in place	Plans in place	Established	Many key components in place such as Telehealth, Care Home Matrons (south Sefton) Red Bag scheme and work planned to move to mature such as on falls, pro-active management and therapy

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 10 performance and narrative detailed in the table below.

Figure 77 - South Sefton CCG's Month 10 Submission to NHS England

Jan-19	Month 10 Plan	Month 10 Actual	Month 10 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	3,411	3,452	1.2%	GP referral levels have recovered in month 10 after a significant decrease was evident in month 9 as a result of the extended holiday period. GP referral levels in month were aligned to plan and within the statistical norm. An increase in 'other' referrals occurred in month 10 but numbers were comparable to that reported in the two months prior to Dec-18. An increase in consultant-to-consultant referrals has been evident at the main hospital provider within various specialities including Cardiology and T&O. Despite this, overall referral numbers are within the 2% threshold year to date.
Other	2,353	2,701	14.8%	
Total (in month)	5,764	6,153	6.7%	The CCG are also aware of a potential issue with local referral monitoring. This was related specifically to the paper switch off in preparation for ERS implementation at the main hospital provider. Feedback suggests this is 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 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. Discussions regarding referrals are also on-going via the information sub group and contract review meetings.
Variance against Plan YTD	57,491	58,094	1.0%	
Year on Year YTD Growth			0.1%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	5,491	4,932	-10.2%	First and follow up appointments have increased in month 10 aligning to seasonal trends. Activity variances in this time are mainly focussed within the main hospital provider and overall numbers were not outside of the statistical norm. The year to date position for outpatient activity is only slightly outside of the 2% threshold at month 10.
Follow Up	12,146	11,580	-4.7%	
Total Outpatient attendances (in month)	17,637	16,512	-6.4%	
Variance against Plan YTD	161,534	157,491	-2.5%	
Year on Year YTD Growth			-2.2%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1,908	2,048	7.3%	Total YTD elective activity is in line with planned levels with a slight -1.3% decrease evident at month 10. Seasonal variation in month has shown increased levels for electives and day cases as expected when comparing to the previous month (when activity decreased as a result of the extended holiday period). Day case trends are slightly higher per month to 1718 levels but with similar seasonal trends.
Elective Ordinary spells	215	243	13.0%	
Total Elective spells (in month)	2,123	2,291	7.9%	
Variance against Plan YTD	20,770	20,491	-1.3%	
Year on Year YTD Growth			2.3%	
Urgent & Emergency Care				
Type 1	4,373	4,404	0.7%	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. Local monitoring suggests type 1 A&E attendances are approx. 2.4% higher YTD when comparing to 17/18. Although increased activity levels have been noted in 1819, CCG's local monitoring of A&E activity show month 10 levels were comparable to an average for 18/19. The 4hr target position at the main hospital provider has also improved slightly at approx. 87.5% in month 10.
Year on Year YTD			3.1%	
All types (in month)	9,038	8,324	-7.9%	
Variance against Plan YTD	87,812	84,256	-4.0%	Changes in pathway at the CCG's main provider part way through 2017/18 resulted in higher levels of admissions and this trend has continued into 2018/19 with admission rates continuing 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 3% increase in emergency admissions in month 10 when compared to the previous month, which aligns to seasonal trends.
Year on Year YTD Growth			-1.7%	
Total Non Elective spells (in month)	2,016	2,315	14.8%	
Variance against Plan YTD	19,199	21,897	14.1%	
Year on Year YTD Growth			15.4%	