



**South Sefton**  
Clinical Commissioning Group

# **South Sefton Clinical Commissioning Group**

## **Integrated Performance Report May 2018**

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## Summary Performance Dashboard

Metric	Reporting Level		2018-19												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
E-Referrals															
2142: <a href="#">NHS e-Referral Service (e-RS) Utilisation Coverage</a> 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
		Actual	32.129%												32.129%
		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%
Diagnostics & Referral to Treatment (RTT)															
1828: <a href="#">% of patients waiting 6 weeks or more for a diagnostic test</a> The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R											R
		Actual	2.733%	2.066%											2.391%
		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%
1291: <a href="#">% of all Incomplete RTT pathways within 18 weeks</a> Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R											R
		Actual	90.112%	90.458%											90.286%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
1839: <a href="#">Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</a> The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	R											R
		Actual	3	3											6
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations															
1983: <a href="#">Urgent Operations cancelled for a 2nd time</a> Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G											G
		Actual	0	0											0
		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	
Cancer Waiting Times															
<b>191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</b> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	R	R											R
		Actual	90.404%	90.405 %											90.404%
		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%
<b>17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</b> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	R	G										G	
		Actual	92.063%	94.318 %											93.377%
		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%
<b>535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</b> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	R	G										G	
		Actual	95.00%	100.00 %											97.744%
		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%
<b>26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	G	G										G	
		Actual	100.00%	100.00 %											100%
		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%
<b>1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	G										G	
		Actual	100.00%	100.00 %											100.%
		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%
<b>25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G										G	
		Actual	96.429%	100.00 %											97.67%
		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												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	

<b>539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</b> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R	R											R
		Actual	82.759%	83.784%											83.333%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
<b>540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</b> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	No patients	R											R
		Actual	-	66.667%											66.667%
		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%

#### Accident & Emergency

<b>2123: 4-Hour A&amp;E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio)</b> % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	South Sefton CCG	RAG	R	R											R
		Actual	86.602%	87.388%											87.442%
		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%
<b>1928: 12 Hour Trolley waits in A&amp;E</b> Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G											G
		Actual	-	-	-										
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

#### EMSA

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

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

## HCAI

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

## Mental Health

<b>138: <a href="#">Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</a></b> The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG												R
		Actual												
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

## Episode of Psychosis

<b>2099: <a href="#">First episode of psychosis within two weeks of referral</a></b> The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	G	G										G
		Actual	80.00%	100.00%										87.50%
		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%

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)

<b>2183: <a href="#">IAPT Recovery Rate (Improving Access to Psychological Therapies)</a></b> The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG													R
		Actual													
		Target	50.00%			50.00%			50.00%			50.00%			50.00%
<b>2131: <a href="#">IAPT Access</a></b> The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG													R
		Actual													
		Target	16.80%			16.80%			16.80%			16.80%			16.80%
<b>2253: <a href="#">IAPT Waiting Times - 6 Week Waiters</a></b> The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG													R
		Actual													
		Target	75.00%			75.00%			75.00%			75.00%			75.00%
<b>2254: <a href="#">IAPT Waiting Times - 18 Week Waiters</a></b> The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG													R
		Actual													
		Target	95.00%			95.00%			95.00%			95.00%			95.00%
<b>2255: <a href="#">IAPT - Pathways Access</a></b> Number of ended referrals in the reporting period that finished a course of treatment, against the number of ended referrals that received one treatment appointment	South Sefton CCG	RAG													
		Actual													
		Target													

### Dementia

<b>2166: <a href="#">Estimated diagnosis rate for people with dementia</a></b> Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R											R
		Actual	62.022%	62.022%											62.022%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

Metric	Reporting Level		2018-19												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Children and Young People with Eating Disorders															
2095: <a href="#">The number of completed CYP ED routine referrals within four weeks</a> The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	South Sefton CCG	RAG													
		Actual													
		Target		100%			100%			100%			100%		
2096: <a href="#">The number of completed CYP ED urgent referrals within one week</a> The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	South Sefton CCG	RAG													
		Actual													
		Target		95%			95%			95%			95%		
2097: <a href="#">The number of incomplete pathways (routine) for CYP ED</a> Highlights the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - routine CYP ED	South Sefton CCG	RAG													
		Actual													
		Target		1			1			1			1		
2098: The number of incomplete pathways (urgent) for CYP ED Highlights <a href="#">Waiting Times for Urgent and Routine Referrals to Children and Young People Eating Disorder Services – Debbie</a> ( the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - urgent CYP ED	South Sefton CCG	RAG													
		Actual													
		Target		1			1			1			1		
Wheelchairs															
2197: <a href="#">Percentage of children waiting less than 18 weeks for a wheelchair</a> The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	South Sefton CCG	RAG													
		Actual													
		Target		92.00%			92.00%			92.00%			92.00%		

## **1. Executive Summary**

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 2 (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 30 June 2018.

The year to date financial position is a deficit of £0.600m, which is in line with the CCG's revised deficit at this stage. The CCG will need to take action to recover losses in the first quarter of the year over the remaining nine months. It is vital that the CCG returns to a positive monthly run rate position as soon as possible otherwise the financial plan will not be delivered.

The full year forecast financial position is £1m surplus. This position represents the best case scenario and is reliant on QIPP plans to be delivered in full. It must be noted that significant risk exists in terms of delivering the plans in full.

The full year most likely financial position for the CCG is a deficit of £2.857m. This assumes that QIPP delivery during the year will be £2.005m. Further work is required to provide assurance that the required savings can be achieved in order to deliver the agreed financial plan.

### **Planned Care**

GP referrals in month 2 of 2018/19 to date are 10% up on the equivalent period in the previous year.

The latest data (April) for E-referral Utilisation rates reported for the CCG as a whole is 32%; and did not achieve the 80% ambition by October 2017.

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in April reporting 2.07%, slight improvement from April when 2.70% was recorded. Aintree also failed in May recording 1.47%. An action plan is in place.

The CCG continues to report below the 92% target for patients on an incomplete non-emergency pathway waiting no more than 18 weeks, for the sixth month at 90.46%. This is however a slight improvement in performance from 90.10% reported in April. Aintree also failed this standard recording 90.48% in April. The Trust has struggled to recover from the cancellation of elective surgical cases over the winter months to support non-elective flow.

In May, 3 South Sefton patients were waiting on the incomplete pathway for 52+ weeks against a zero tolerance threshold. All 3 patients were at the Liverpool Womens.

The CCG are failing 4 of the 9 cancer measures in month 1. The 2 week wait metrics for suspected cancer 93% target recorded 90.4% year to date. The 85% targets for consultant upgrades and urgent GP referrals along with 62 day screening (90% target) also failed year to date (66.67%, 83.33% and 66.67% respectively).

Friends and Family inpatient response rates at Aintree are under target for May at 20.6%. The proportion of patients who would recommend has decreased to 92% (England average 96%). The

proportion who would not recommend has increased to 5%, which is 4% higher than the England average.

Performance at Month 2 of the financial year 2018/19, against planned care elements of the contracts held by NHS South Sefton CCG show an over performance of £356k/4.6%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total over spend of approximately £69k/0.9%.

### **Unplanned Care**

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2018/19 and have achieved May's trajectory of 84.4% with a performance of 85.8% for all A&E department types. Despite this the Trust failed to achieve the 95% 4 hour target for Type 1 attendances seeing 71.8% of patients within 4 hours for May.

Work continues with NWS to address poor ARP (Ambulance Response Programme performance with issues having been escalated significantly at national level with both NHSE and NHSI intervention. NWS have submitted a final recovery plan and improvement plan including a recovery trajectory for Category 1 and 2 calls. The plan is being carefully monitored by commissioners along with NHSE and NHSI with improvement to be demonstrated by end of Quarter 2.

In May, there were 2,103 contacts to the 111 service from South Sefton CCG patients, a similar number to both the previous month and the monthly average in the previous year.

The number of calls from South Sefton patients to the GP OOH service remains similar to the previous month at 1,057 in April. This is slightly above the 2017/18 average of 1,012 per month. There were slightly fewer calls in April 2018 than the previous year, 1,091 compared to 1,057.

Performance against the 90% stay standard was 66.7% for May. There were 42 patients with a diagnosis of stroke who were discharged from the Trust during the month. All breaches of the standard are reviewed and reasons for underperformance identified.

The CCG has reported an MSA rate of 0.3, which equates to a total of 2 breaches in May. Both breaches there were at Southport & Ormskirk NHS Trust. Southport & Ormskirk had 7 breaches in total of which the majority were on Critical Care where patients were awaiting transfer to acute beds within the hospital. Actions to address poor flow are both system wide and internal.

Aintree had a new case of MRSA in May and have now failed the zero tolerance plan for 2018/19.

NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2018/19 NHS South Sefton CCG's year-end target is 128. In May there were 12 cases (23 YTD) against a year to date plan of 21

The average number of delays per day in Aintree hospital decreased in May from 30 to 26. Of the 26, 13 were patient or family choice (50%), 6 were awaiting further NHS non-acute care (23.1%), 4 were awaiting care package in own home (15.4%) and 1 patient was awaiting completion of assessment (3.8%).

The percentage of people who would recommend Aintree's A&E is below the England average (87%) at 84%. The percentage not recommended is at 9% in April, a slight improvement, although still above the England average of 7%.

Performance at Month 2 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £301k/3.7%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total over spend of approximately £38k/0.5%.

### **Mental Health**

The CCG has a target to reduce OAP's by 33% based on quarter 4 2017/18 activity. In quarter 4 2017/18, 165 OAP's were reported, and therefore the target for 2018/19 is 111. The latest reporting period is February to April 2018 where 80 OAP days were reported. This is a 51.5% decrease from the previous reporting period when 165 were reported, and also achieving the target.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership reported 282 patients entering treatment in Month 2, which is a 10.5% decrease from the 315 reported in Month 1. Confirmation from NHS England has outlined that Commissioners are advised that for 2018/19 the access standard of 4.75% per quarter (19.0% annually) should apply to quarter 4 only. For the first 3 quarters of the year, the annual Access rate of 16.8% should be aspired to (4.2% per quarter).

The latest data on the HSCIC website shows South Sefton CCG are recording a dementia diagnosis rate in May of 62%, which is under the national dementia diagnosis ambition of 66.7% and the same percentage reported as last month. The current agreed date for recovery of the standard is 31st December 2018.

### **Community Health Services**

The information leads from the CCG and Mersey Care continue to meet on a monthly basis to discuss the current contract performance. The impact of the new ICRAS model on reporting is being discussed with a view to agreeing on new 2018-19 baselines for activity and an additional ICRAS report. A gap analysis of each measure stipulated in the contract has been developed by the Trust which details what is currently available and which needs further work. This has been shared with the CCG for review. The service reviews are now complete and the Trust and CCG are arranging a date for the outcomes to be presented.

### **Better Care Fund**

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

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

A full exception report for each of the indicators citing performance in the worst quartile of CCG performance nationally or a trend of three deteriorating time periods is presented to Governing Body as a standalone report. This outlines reasons for underperformance, actions being taken to address the underperformance, more recent data where held locally, the clinical, managerial and SLT leads responsible and expected date of improvement for the indicators.



## 2. Financial Position

### 2.1 Summary

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

#### CCG Financial Position

	Year to Date £m		Full Year £m	
Plan	(0.600)	Deficit	1.000	Surplus
Actual / Likely position	(0.600)	Deficit	(2.857)	Deficit
Variance from plan	0.000	Deficit	(3.857)	Deficit

The year to date financial position is a deficit of £0.600m, which is in line with the CCG's revised deficit at this stage. The CCG will need to take action to recover losses in the first quarter of the year over the remaining nine months. It is vital that the CCG returns to a positive monthly run rate position as soon as possible otherwise the financial plan will not be delivered.

The full year forecast financial position is £1m surplus. This position represents the best case scenario and is reliant on QIPP plans to be delivered in full. It must be noted that significant risk exists in terms of delivering the plans in full.

The full year most likely financial position for the CCG is a deficit of £2.857m. This assumes that QIPP delivery during the year will be £2.005m. Further work is required to provide assurance that the required savings can be achieved in order to deliver the agreed financial plan.

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

The standard business rules set out by NHS England require a 1% surplus in each financial year. However, the agreed financial plan for 2018/19 is a £1m surplus (0.5%).

The QIPP savings requirement to deliver the 2018-19 financial plan is £5.329m. QIPP savings of £0.258m have been achieved to date which is below planned achievement at Month 3.

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

- Increased costs within continuing healthcare budgets. This is due a number of high cost cases emerging in 2018-19 and the impact of the continuation of the 28 day discharge from hospital
- Cost pressures within Lancashire Care NHS Trust relating to continence products.
- Cost pressures within Alder Hey NHS Trust relating to high cost drugs outside the acting as one contract agreement.
- Cost pressures within Royal Liverpool NHS Trust relating to high cost drugs outside the acting as one contract agreement.



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

The CCG recovery plan was submitted to NHS England on 29 June 2018. Achievement of the agreed financial plan requires full commitment from CCG membership and CCG officers to ensure planned QIPP savings are achieved and to agree mitigation plans to address areas of risk.

The CCG's financial position has reached a critical point in terms of delivering the financial plan for 2018-19.

Early pressures in quarter one of the year have been evident and alongside non-delivery of QIPP plans, this will mean that the CCG will need to take further action in terms of reducing access to services to meet its plan for the year.

This risk of non-delivery of both its statutory duty and financial plan should be considered the highest risk facing the CCG and issues need to be addressed with this in mind.

A revised savings plan which gives the governing body assurance regarding delivery of the savings target is required immediately, otherwise the CCG has a real risk of non-delivery of plan.

**Figure 1 – Financial Dashboard**

Key Performance Indicator		This Month
Business Rules	1% Surplus	✗
	0.5% Contingency	✓
0.4% Surplus (£1m)	Financial Balance	✓
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£0.258m
Running Costs	CCG running costs < 2018/19 allocation	✓
BPPC	NHS - Value YTD > 95%	99.90%
	NHS - Volume YTD > 95%	97.78%
	Non NHS - Value YTD > 95%	97.08%
	Non NHS - Volume YTD > 95%	95.30%

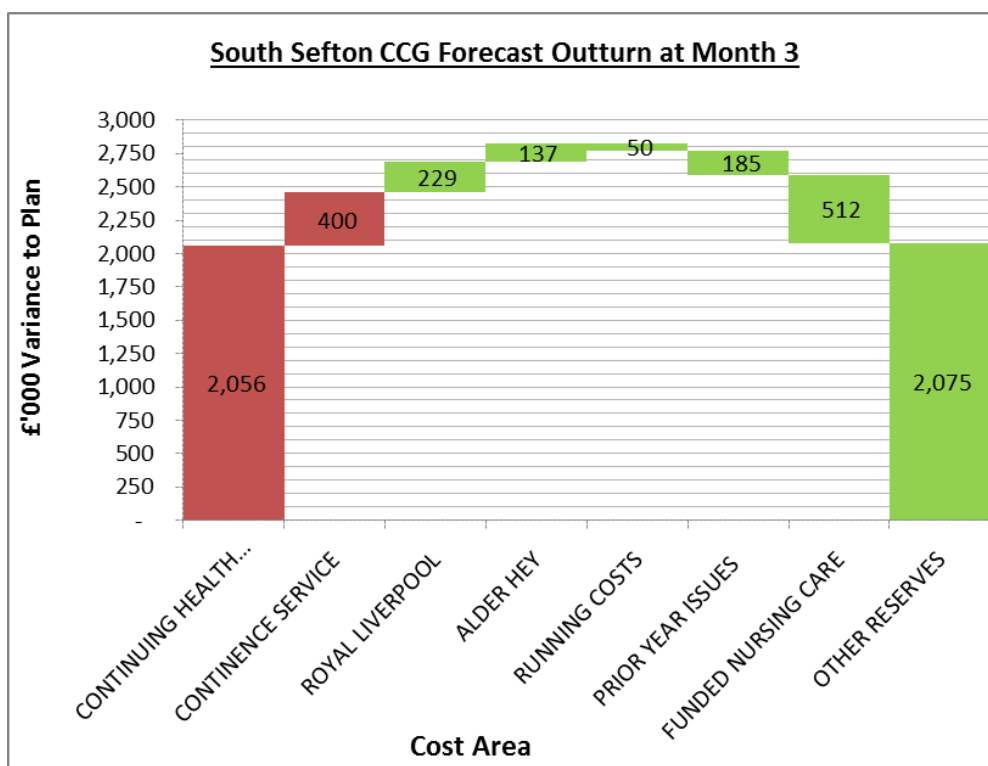
- The CCG will not achieve the standard NHS England business rule to deliver a 1% surplus. The CCG has been set a financial control total by NHS England to deliver a £1m surplus, which is a 0.5% surplus.
- 0.5% Contingency Reserve is held as mitigation against potential cost pressures.
- The current financial plan is to achieve a £1m surplus position in year. The CCG most likely position assessed at 30th June 2018 for the financial year is a deficit of £2.857m.
- The QIPP target for 2018-19 is £5.329m. Delivery is £0.258m to date which is £0.231m below plan.

- The forecast expenditure on the Running Cost budget is below the allocation by £0.060m at month 3.
- All BPPC targets have been achieved the 95% target year to date.

## 2.2 CCG Financial Forecast

The main financial pressures included within the financial position are shown below in figure 2 which presents the CCGs forecast outturn position for the year.

**Figure 2 – Forecast Outturn**



- The CCG's most likely financial position for the financial year is a **deficit of £2.857m**.
- The main financial pressures relate to
  - Cost pressures relating to Continuing Healthcare packages which have increased in volume against plan.
  - Cost pressures within Lancashire Care NHS Trust relating to continence products.
  - Cost pressures within Alder Hey NHS Trust relating to high cost drugs outside the acting as one contract agreement.
  - Cost pressures within Royal Liverpool NHS Trust relating to high cost drugs outside the acting as one contract agreement.
- The cost pressures are partially offset by underspends in the Funded Nursing Care budget, prior year issues and the reserve budget due to the 0.5% contingency held.

## 2.3 CCG Reserves Budget

**Figure 3 – 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			0.258		0.258
NCSO Adjustment	(1.400)				(1.400)
Primary care additional allocation	(1.500)				(1.500)
CAT M expenditure reduction	(0.300)				(0.300)
CCG Growth Reserve	0.789		(0.268)		0.521
CHC Growth Reserve	0.500				0.500
Better Care Fund	0.270				0.270
Intermediate Care	1.081				1.081
Community services	0.500			(0.300)	0.200
GPFV Improving Access	0.564				0.564
Other investments / Adjustments	0.364				0.364
0.5% Contingency Reserve	1.239				1.239
<b>Total Reserves</b>	<b>(3.222)</b>	<b>0.000</b>	<b>(0.010)</b>	<b>(0.300)</b>	<b>(3.532)</b>

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

## 2.4 Provider Expenditure Analysis – Acting as One

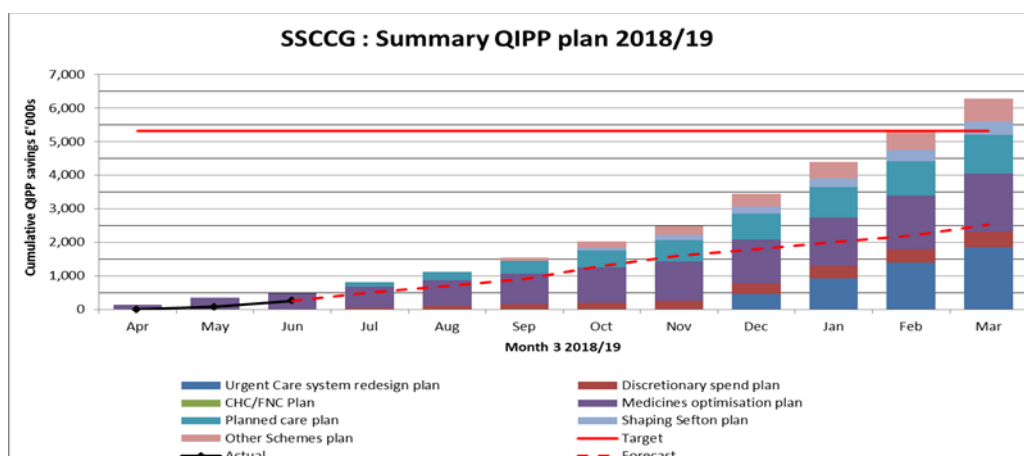
**Figure 4 – Acting as One Contract Performance (Year to Date)**

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	<b>0.268</b>
Alder Hey Children's Hospital NHS Foundation Trust	<b>0.021</b>
Liverpool Women's NHS Foundation Trust	<b>(0.043)</b>
Liverpool Heart & Chest NHS Foundation Trust	<b>(0.034)</b>
Royal Liverpool and Broadgreen NHS Trust	<b>0.034</b>
Mersey Care NHS Foundation Trust	<b>0.000</b>
The Walton Centre NHS Foundation Trust	<b>0.012</b>
<b>Total</b>	<b>0.257</b>

- The CCG is included in the Acting as One contracting arrangements for the North Mersey LDS. Contracts have been agreed on a block contract basis for the financial years 2017/18 and 2018/19.
- The agreement protects against overperformance with these providers but does present a risk that activity could move to other providers not included in the arrangements, causing a pressure for the CCG.
- Due to fixed financial contract values, the agreement also restricts the ability to achieve QIPP savings in the two year contract period. However, identification of QIPP schemes should continue as this will create capacity to release other costs and long term efficiencies within the system.
- The year to date performance for the Acting as One providers shows an overperformance spend against plan, this would represent an overspend of £0.257m under usual contract arrangements

## 2.5 QIPP

**Figure 5 – QIPP Plan and Forecast**



### RAG Rated QIPP Plan

	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned Care plan	1,146	0	1,146	200	0	946	1,146
Medicines optimisation plan	1,931	0	1,931	289	875	767	1,931
CHC/FNC plan	0	0	0	0	0	0	0
Discretionary spend plan	100	356	456	106	250	100	456
Urgent Care system redesign plan	1,859	0	1,859	0	200	1,659	1,859
Shaping Sefton Plan	410	0	410	0	0	410	410
Other Schemes Plan	489	185	674	674	0	0	674
<b>Total QIPP Plan</b>	<b>5,935</b>	<b>541</b>	<b>6,476</b>	<b>1,269</b>	<b>1,325</b>	<b>3,882</b>	<b>6,476</b>
<b>QIPP Delivered 2018/19</b>				<b>(258)</b>		<b>0</b>	<b>(258)</b>

- The 2018/19 QIPP target is **£5.329m**.

- QIPP schemes worth £6.476m have been identified; however **£5.207m** of the schemes are rated amber and red so there is a high risk of non-delivery in year, which needs to be addressed in order to deliver the CCG's financial plan.
- To date the CCG has achieved **£0.258m** QIPP savings in respect of prior year technical adjustments and prescribing savings.

## 2.6 Risk

Figure 6 – 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	0.000	1.000	1.000
<b>Management action plan</b>			
QIPP Achieved	0.073	0.185	0.258
Remaining QIPP to be delivered	5.256	(0.185)	5.071
<b>Total Management Action plan</b>	<b>5.329</b>	<b>0.000</b>	<b>5.329</b>
<b>Year End Surplus / (Deficit)</b>	<b>0.000</b>	<b>1.000</b>	<b>1.000</b>

## Financial Position

- 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.

## 2.7 Risk Adjusted Position

Figure 7 – Risk Adjusted Position

South Sefton CCG	Best Case £m	Most Likely £m	Worst Case £m
<b>Underlying Deficit</b>	(4.329)	(4.329)	(4.329)
Predicted QIPP achievement	5.514	2.005	2.005
I&E impact	(1.895)	(2.010)	(2.010)
<b>Forecast Surplus / (Deficit)</b>	<b>(0.710)</b>	<b>(4.334)</b>	<b>(4.334)</b>
<b>Further Risk</b>	<b>(0.350)</b>	<b>(0.350)</b>	<b>(1.350)</b>
Management Action Plan	2.060	1.827	1.827
<b>Risk adjusted Surplus / (Deficit)</b>	<b>1.000</b>	<b>(2.857)</b>	<b>(3.857)</b>

- The risk adjusted position provides an assessment of the best, most likely and worst case scenarios in respect of the CCGs year end outturn.
- The best case scenario is a **£1m surplus**. This assumes that QIPP will be delivered in full and current expenditure trends improve.
- The most likely case is a **deficit of £2.857** and assumes that QIPP delivery will be £2.005m in total with further risk in relation to CHC costs and acute overperformance and mitigations relating to the CCG contingency budget and other reserves.
- The worst case scenario is a **deficit of £3.857m** and assumes further pressures emerging in year.

## 2.8 Statement of Financial Position

**Figure 8 – Summary of working capital**

Working Capital , Aged Debt and BPPC Performance	Quarter 1			Prior Year 2017/18
	M1 £'000	M2 £'000	M3 £'000	M12 £'000
Non-Current Assets	115	115	115	115
Receivables	1,729	1,649	1,218	1,938
Cash	3,245	4,392	7,927	105
Payables & Provisions	(11,092)	(16,765)	(19,657)	(14,100)
Value of Debt> 180 days	751	647	707	506
BPPC (value)	98%	99%	98%	98%
BPPC (volume)	98%	97%	97%	97%

- The non-current asset balance relates to the purchase of IT equipment in 2017-18.
- The receivables balance includes invoices raised for services provided accrued income and prepayments.
- Outstanding debt in excess of 6 months old stands at £0.707m. This predominately consists of:
  - CQUIN payment recovery (£0.182m) with Southport & Ormskirk NHS Trust relating to the expert determination;

- Annual invoices raised to other local CCGs for the Cheshire and Merseyside (C&M) Rehabilitation Network (£0.400m). C&M CFOs are in discussions regarding this.
- The Maximum Cash Drawdown (MCD) is the maximum amount of cash available to a CCG each financial year. Cash is allocated monthly following notification of cash requirements. The CCG MCD was set at £245.950m at Month 3. The actual cash utilised at Month 3 was £66.201m which represents 26.9% of the total allocation. The balance of MCD to be utilised over the rest of the year is £179.749m.
- The CCG aims to pay at least 95% of invoices within 30 days of the invoice date in line with the BPPC. 2018/19 performance 3 continues to exceed 95% for invoices by number and value for NHS and Non NHS suppliers. Performance will continue to be reviewed monthly.

## **2.9 Recommendations**

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

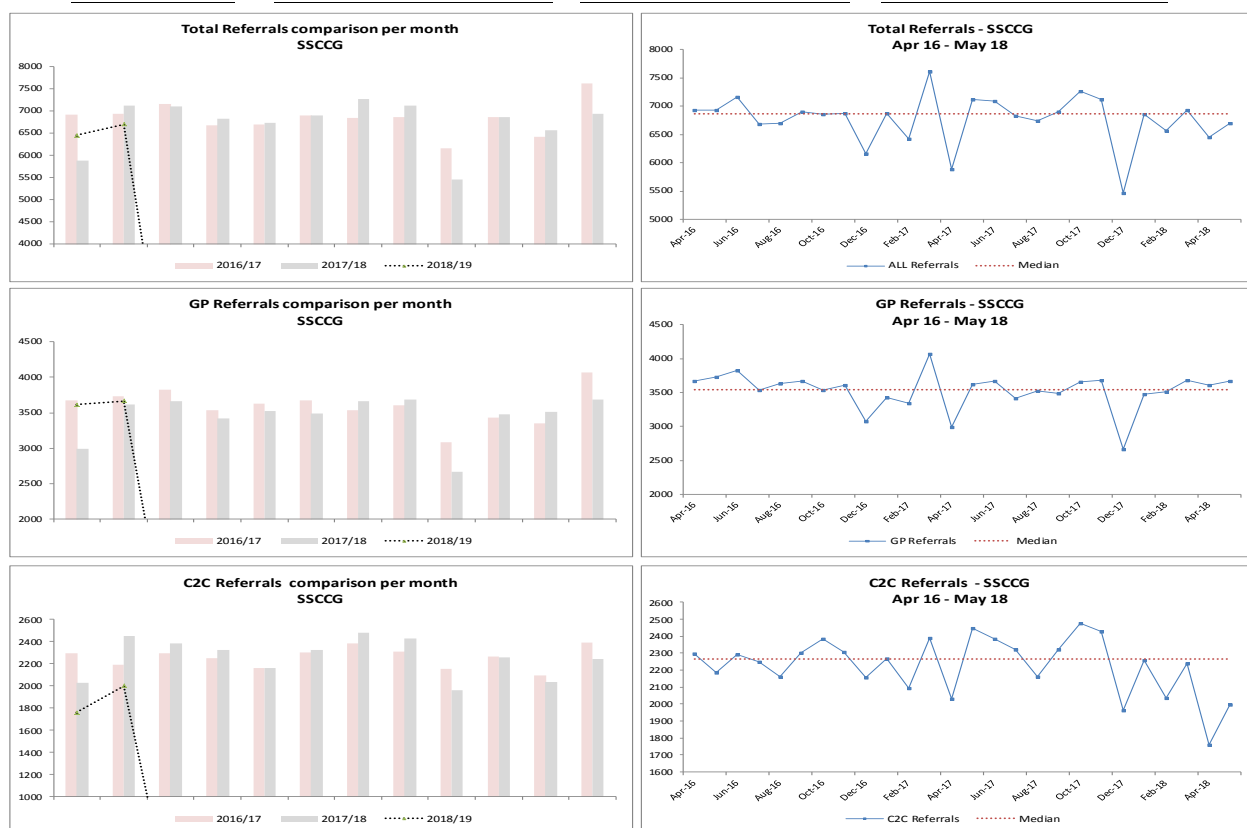
- The full year most likely financial position for the CCG is a deficit of £2.857m. The agreed financial plan for 2018-19 requires the CCG to deliver a £1m surplus.
- QIPP delivery is £0.258m to date which relates to prior year technical adjustments and prescribing savings. The QIPP target for 2018-19 is £5.329m.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address this accordingly. High levels of engagement and support has been evident from member practices which have enabled the CCG to make significant progress in reducing levels of low value healthcare and to improve value for money from the use of the CCG's resources.
- In order to deliver the long term financial recovery plan, the CCG requires ongoing and sustained support from member practices, supported by Governing Body GP leads to identify and implement QIPP plans which deliver the required level of savings to meet its statutory financial duties into 2018-19 and in future years.
- The CCG's financial position has reached a critical point in terms of delivering the financial plan for 2018-19. The CCG will need to take action to recover losses in the first quarter of the year over the remaining nine months. It is vital that the CCG returns to a positive monthly run rate position as soon as possible otherwise the financial plan will not be delivered.

### 3. Planned Care

#### 3.1 Referrals by source

Figure 9 - Referrals by Source across all providers for 2017/18 & 2018/19

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	2994	3612	618	21%	2031	1759	-272	-13%	5886	6455	569	10%
May	3620	3669	49	1%	2447	1999	-448	-18%	7123	6707	-416	-6%
June	3666				2385				7097			
July	3416				2321				6836			
August	3520				2160				6745			
September	3495				2322				6901			
October	3661				2476				7272			
November	3682				2428				7127			
December	2672				1964				5466			
January	3483				2260				6861			
February	3509				2038				6564			
March	3686				2241				6938			
Monthly Average	3450	3641	190	6%	2256	1879	-377	-17%	6735	6581	-154	-2%
YTD Total Month 2	6614	7281	667	10%	4478	3758	-720	-16%	13009	13162	153	1%
Annual/FOT	41404	43686	2282	6%	27073	22548	-4525	-17%	80816	78972	-1844	-2%





#### Data quality note:

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

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

Total referrals in May 18 have had a 4% increase in activity from the previous month with further analysis determining that the main causes of this increase were due to significant increases in consultant-to-consultant referrals. The basis of the consultant to consultant referrals increase was due to increases in activity for T&O and Gynaecology. Aintree Hospital saw a significant increase in A&E attendances during May 18 and as a result, referrals from A&E also increased in month. Overall, referrals are currently 1% up compared to the equivalent period last year for the CCG across all providers.

GP referrals in 2018/19 to date are 10% up on the equivalent period in the previous year. There have been notable increases in GP referrals to Gynaecology, Urology, ENT and Rheumatology. These increases have predominantly occurred at Aintree Hospital with the exception of Gynaecology (with these increases occurring at Liverpool Women's hospital). Consultants to consultant referrals are currently 16% down when comparing to 2017/18 with General Medicine and Clinical Physiology seeing substantial decreases. These decreases can be linked to the data quality note included above.

A Referral Optimisation and Support System (ROSS) is being developed for South Sefton following engagement with members on approaches to elective demand management. Key work-streams include offer of Advice and Guidance services as an alternative to referral and promotion of pathways and protocols visible on the EMIS Clinical system through EMIS Protocols functionality.

### 3.1.1 E-Referral Utilisation Rates

**Figure 10 - South Sefton CCG E Referral Performance**

NHS E-Referral Service Utilisation				
NHS South Sefton CCG	18/19 - Apr	80% by End of Q2 2017/18 & 100% by End of Q2 2018/19	32%	↑

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

The latest data (April) for E-referral Utilisation rates reported for the CCG as a whole is 32%; and have not achieved the 80% by end of Q2. No further update since April's data release has been published by NHS Digital.

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

Paper switch off at Royal Liverpool, Liverpool Women's, and Liverpool Heart and Chest Providers in May and June is expected to result in an increase in utilisation.

## 3.2 Diagnostic Test Waiting Times

**Figure 11 - Diagnostic Test Waiting Time Performance**

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	18/19 - May	1.00%	2.07%	↑ ↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	18/19 - May	1.00%	1.47%	↓

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in May recording 2.07%, a slight improvement from last month when 2.70% was recorded. In May out of 3,195 patients, 66 patients were waiting at 6+ weeks and 8 at 13+ weeks. The majority of breaches were for a non-obstetric ultrasound (13) and MRI (25). Performance at the Royal Liverpool and Broadgreen is having an impact on the CCG's overall performance as they continue to report significantly above the threshold, at 10.4% in May; a slight increase in long waiters compared to 11.1% reported in April. The biggest pressures are in Gastroscopy (222), Colonoscopy (165) and Flexi-Sigmoidoscopy (82).

Aintree failed the target for less than 1% of patients waiting longer than 6 weeks for a diagnostic test in May recording 1.47%, a further slight improvement in performance from last month when 1.70% was recorded. In May out of 6,316 patients, 93 patients were waiting at 6+ weeks and none at 13+ weeks. The majority of breaches were waiting for non-obstetric ultrasound (38) and MRI (40).

Radiology continues to experience a sustained increase in demand for Imaging (CT Cardiac, MR Cardiac, MR MSK and Ultrasound MSK). Demand remains in excess of funded capacity. Additional Inpatient activity continues to contribute to the increased demand, which then reduces Outpatient capacity for CT and MR.

Additional capacity and WLI sessions have been approved via the Divisional Resource panel for Ultrasound MSK imaging and steroid injections into joints.

Currently the wait for routine Ultrasound is 5 weeks 6 Days (Sonographer led). Waiting time for MSK ultrasound is 8 weeks 4 days.

Within CSI, there are a number of Radiographer vacancies. The recruitment process for these posts continues.

Proposed actions:

- Weekly capacity meetings with operational and clinical teams to monitor performance and maximise capacity ongoing.
- Additional MSK WLI's requested and agreed through resource panel.
- MSK Radiologist recruited, commenced at Trust 1<sup>st</sup> May with additional MSK Ultrasound PA allocated within her job plan.
- Discussions with Clinical Director (T&O) continue regarding demand management with a follow up meeting scheduled for 13<sup>th</sup> June to further review demand.
- Arranging for Mobile MR Van on site for 15 days – May/June. Continue to recruit CSI vacancies. Continue to engage Locum Radiographers pending substantive appointments.

Endoscopy hit target for May.

### 3.3 Referral to Treatment Performance

**Figure 12 - 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. <b>(CCG)</b>	17/18 - May	0	3	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. <b>(Aintree)</b>	17/18 - May	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% <b>(CCG)</b>	18/19 - May	92%	90.46%	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% <b>(Aintree)</b>	18/19 - May	92%	90.48%	↔

In May, 3 South Sefton patients were waiting on the incomplete pathway for 52+ weeks against the national zero tolerance threshold. All 3 breaches were Gynaecology patients at Liverpool Womens Hospital the first patient was treated on the 22-6-18, awaiting outcome, the second was discharged as treatment was no longer required and the third patient was discharged after clinical review. Although there have been delays in patients treatment at the Trust there has been no harm identified. The Backlog of queues are being effectively managed and the governance arrangements and systems and process to manage the patient flow and performance transformed. Issues with clinical capacity still exist but will be rectify with the recruitment of the two additional posts that will be soon out to advert. RTT 18 weeks will be compliant to national target by July, however the 62 day Cancer target is more of a challenge and requires additional support for external diagnostics and redesign of pathways. Overall, significant progress has been made to recover the position from the time of declaring SUI's.

NHS England published guidance for 2018/19 states the target for CCGs is 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 0, but following that two more were reported in March 2018. Submission of a revised plan to NHS England has is being explored.

The CCG continues to report below the 92% target for patients on an incomplete non-emergency pathway waiting no more than 18 weeks, at 90.46% for May. This is a slight improvement in performance from 90.1% reported in April. In May, out of 11,266 patients, 1,075 were waiting over 18 weeks on the incomplete pathway. The CCG position is contributed to by RTT failures predominately at Aintree and Royal Liverpool and Broadgreen Hospitals, and University Hospital of North Midlands.

Aintree also failed this standard for May recording 90.46%. Out of 18,291 patients there were 1,742 waiting over 18 weeks on the incomplete pathway. The Trust has struggled to recover from the cancellation of elective surgical cases over the winter months to support non-elective flow. As a result the standard has not been achieved since December 2017. The theatre refurbishment programme and loss of capacity as a result of this has also impacted on performance, although this will be finished in July. In addition to this, outpatient cancellations and Did Not Attend (DNA) rates have continued to remain high despite the Trust's efforts to minimise these. This has reduced throughput and resulted in an increase in the overall waiting times.

#### Proposed Actions:

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

The Royal Liverpool and Broadgreen Hospital reported that they did not achieve the 92% incomplete Referral to Treatment target in May (84.19%). The issues were in various areas including Ophthalmology, General Surgery, Urology, Trauma and Orthopaedics and ENT. There have been a number of actions identified which will reduce demand and increase activity. Advice and guidance has now been rolled out to a number of specialities, as part of the national CQUIN. The team are also monitoring increases in referrals as a direct consequence of certain Trusts E-referral polling ranges being extended to reduce the number of slot issues.

University Hospital North Midlands NHS Trust in May recorded 75% RTT performance. This provider is commissioned to deliver bariatric surgery for Cheshire and Merseyside CCGs. The RTT performance standard overall at the Trust has not been met since May 2017. 25 out of 30 South

Sefton CCG patients were recorded as waiting over 18 weeks in May 2018. Bariatric surgery commissioning and contract arrangements are complex and understanding the arrangements has taken almost a year, with poor response times and responses to commissioner queries. A meeting of Merseyside commissioners with UHNM and CSU (contract managers on behalf of the lead commissioner Stoke CCG) in May 2018 has led to further understanding of the service issues, the caseload of patients and their treatment. The Trust agreed to provide additional detail to provide assurance to commissioners including the number of patients waiting in weeks by CCG, the reasons for delays particularly in cases exceeding waiting times of 40 weeks.

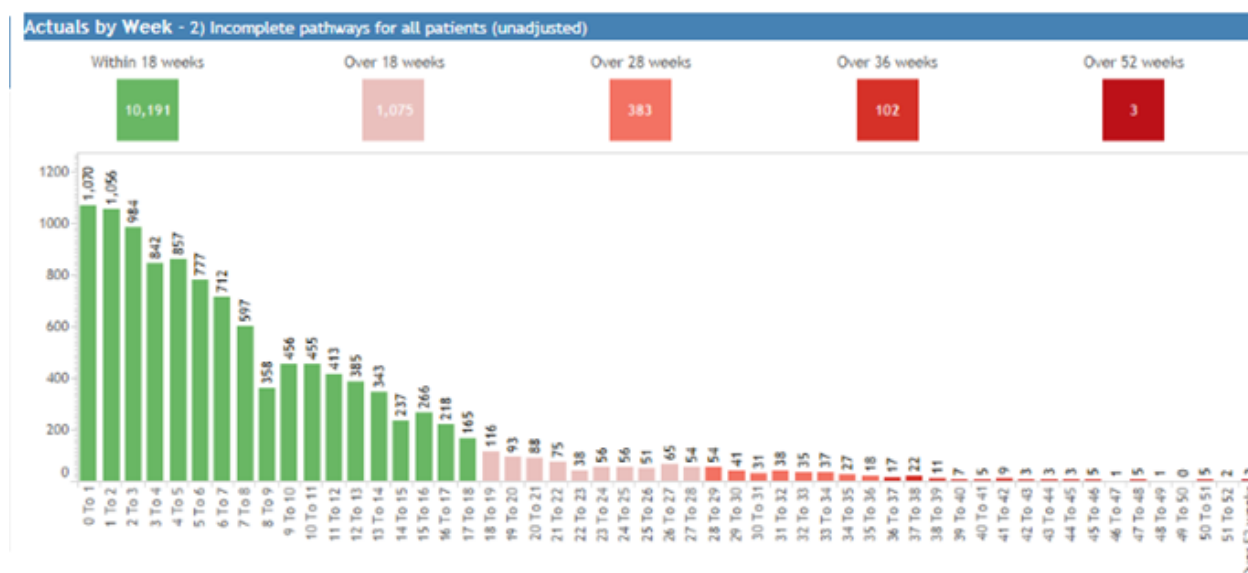
**Figure 13 – South Sefton CCG Total Incomplete Pathways**

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

NHS England set CCGs the target of total RTT incomplete pathways in March 2019 being no higher than in March 2018. Current performance for May 2018 (11,266) is higher than that of April of the previous year, and is therefore not on target to achieve the year end position.

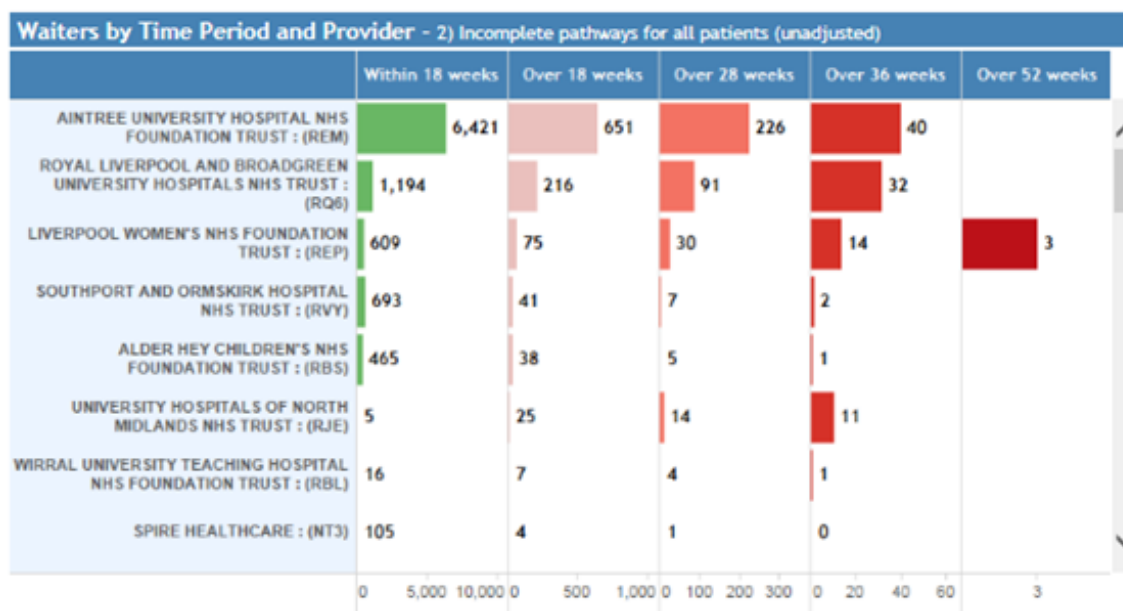
### 3.3.1 Incomplete Pathway Waiting Times

**Figure 14 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting**



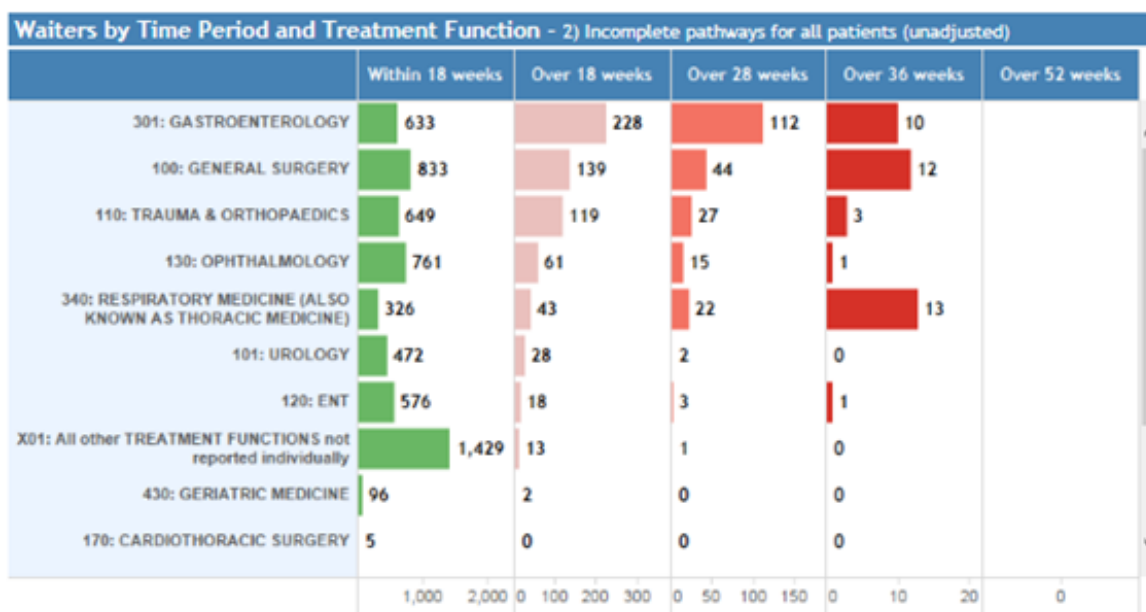
### 3.3.2 Long Waiters analysis: Top 5 Providers

Figure 15 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers



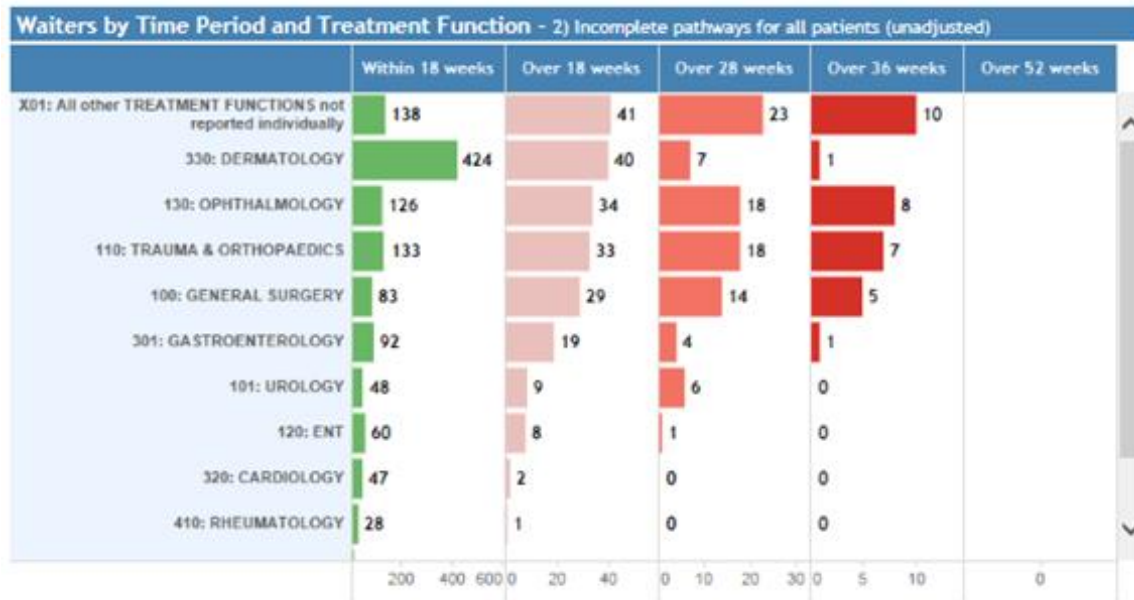
### 3.3.3 Long Waiters Analysis: Top 2 Providers split by Specialty

Figure 16 - Patients waiting (in bands) on incomplete pathways by Speciality for Aintree University Hospitals NHS Foundation Trust





**Figure 17 - 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 18 - South Sefton CCG Provider Assurance for Long Waiters**

CCG	Trust	Specialty	Wait band	Has the patient been seen/has a TCI date?	Detailed reason for the delay
South Sefton CCG	Liverpool Womens	Gynaecology	52	Treated 22/06/2018	Appointment attended 22/06/2018.
South Sefton CCG	Liverpool Womens	Gynaecology	52	Discharged as treatment no longer required	Appointment cancelled 20/06/2018 as treatment no longer required.
South Sefton CCG	Liverpool Womens	Gynaecology	52	Discharged after clinical review	NEW - no appointment in place. Discharged after clinical review
South Sefton CCG	Aintree	ENT	40	Clock Stopped 12/6/18 - Decision not to treat	
South Sefton CCG	Aintree	General Surgery	40	Clock stopped 21/6/18 - 1st treatment	
South Sefton CCG	Aintree	Thoracic Medicine	40	Still awaiting date	
South Sefton CCG	Aintree	General Surgery	41	Clock stopped 26/6/18 - 1st treatment	
South Sefton CCG	Aintree	Thoracic Medicine	41	Still awaiting date	
South Sefton CCG	Aintree	Thoracic Medicine	41	Clock Stopped 3/7/18 - Decision not to treat	
South Sefton CCG	Aintree	Thoracic Medicine	42	Still awaiting date	
South Sefton CCG	Aintree	T&O	42	Clock Stopped 4/6/18 - 1st Treatment	
South Sefton CCG	Aintree	Thoracic Medicine	43	Clock Stopped 4/7/18 - Decision not to treat	
South Sefton CCG	Aintree	Thoracic Medicine	43	Clock Stopped 26/6/18 - Active monitoring	
South Sefton CCG	Aintree	General Surgery	44	Clock stopped 20/6/18 - Decision not to treat	
South Sefton CCG	Aintree	General Surgery	45	Clock Stopped 11/6/18 - active monitoring	
South Sefton CCG	Aintree	General Surgery	45	Clock stopped 03/05/2018 - 1st treatment	
South Sefton CCG	Aintree	Thoracic Medicine	45	Clock stopped 20/6/18 - Decision not to treat	
South Sefton CCG	Aintree	General Surgery	46	Clock Stopped 5/6/18 - Pt declined offered treatment	
South Sefton CCG	Liverpool Womens	Gynaecology	40	Awaiting Trust update	
South Sefton CCG	Liverpool Womens	Gynaecology	41	Awaiting Trust update	
South Sefton CCG	Liverpool Womens	Gynaecology	41	Awaiting Trust update	
South Sefton CCG	Liverpool Womens	Gynaecology	43	Awaiting Trust update	
South Sefton CCG	Liverpool Womens	Gynaecology	47	Awaiting Trust update	
South Sefton CCG	Royal Liverpool	other	40	No Date Yet	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	General Surgery	41	Pathway Stopped	Capacity
South Sefton CCG	Royal Liverpool	Ophthalmology	41	23/07/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	Other	41	11/07/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	Ophthalmology	42	10/07/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	Ophthalmology	44	09/07/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	General Surgery	45	Pathway Stopped -patient treated	Capacity
South Sefton CCG	Royal Liverpool	other	45	Pathway Stopped -patient treated	Capacity
South Sefton CCG	Royal Liverpool	Dermatology	47	Pathway Stopped -patient treated	Capacity
South Sefton CCG	Royal Liverpool	other	47	Pathway Stopped -patient treated	Capacity
South Sefton CCG	Royal Liverpool	T&O	47	No Date Yet	Long Wait on Waiting List
South Sefton CCG	North Midlands	General Surgery	44	The Trust has inherited a number of <b>Bariatric Service</b> patients due to the closure of another provider hence the long waits. Most of these long waits are for a first new OP appointments, which is at Aintree, Liverpool or Countess of Chester and the service commissioned is for so many clinics per month. <b>Unvalidated report as at 8th July is reporting 8 x 52+ week breaches, 7 South Sefton and 1 Southport &amp; Formby.</b>	
South Sefton CCG	North Midlands	General Surgery	47	See above	
South Sefton CCG	North Midlands	General Surgery	48	See above	
South Sefton CCG	North Midlands	General Surgery	50	See above	
South Sefton CCG	North Midlands	General Surgery	50	See above	
South Sefton CCG	North Midlands	General Surgery	50	See above	
South Sefton CCG	North Midlands	General Surgery	50	See above	
South Sefton CCG	North Midlands	General Surgery	50	See above	
South Sefton CCG	North Midlands	General Surgery	51	See above	
South Sefton CCG	North Midlands	General Surgery	51	See above	



### 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 19 – Aintree Cancelled Operations**

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

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

**Figure 20 – Aintree Cancelled Operations for a second time**

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

### 3.5 Cancer Indicators Performance

#### 3.5.1- Two Week Waiting Time Performance

**Figure 21 – Two Week Cancer Performance measures**

Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) <b>(CCG)</b>	18/19 - May	93%	90.40%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) <b>(Aintree)</b>	18/19 - May	93%	89.03%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) <b>(CCG)</b>	18/19 - May	93%	93.38%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) <b>(Aintree)</b>	18/19 - May	93%	89.86%	↓

The CCG failed the 93% target in May for patients referred urgently with suspected cancer with 90.4%. 64 patients out of 667 waited longer than two weeks for a first outpatient appointment. The majority of delays were due to elective capacity issues, delay to diagnostic tests, outpatient capacity and complex diagnostic pathways. Nationally there has been a decline in 2ww performance since the start of 2018/19. This could be linked to increased demand due to lengthening waits for routine priority services. A piece of work is being undertaken at a North Mersey level to look at volumes of referrals and whether there has been any shift between providers. Aintree are undertaking an audit of appropriateness of head and neck 2 week wait referrals against NICE guidance.

Aintree also failed the 93% target in May for patients referred urgently with suspected cancer with 89.1%. 115 patients out of 1052 waited longer than two weeks for a first outpatient appointment. The reasons for failure of this target include capacity for outpatient appointments and patient choice.

There has been a significant increase in Cancer referrals in all Surgical specialties (e.g. Urology +45%, Head & Neck +23%) and the CBUs have been given this information to support the planning of additional capacity. All tumour groups failed this target in May 2018.

#### Proposed actions:

- Monthly capacity reports are sent out to CBUs to identify performance against the 14 day standard. Capacity is being assessed by CBUs to increase the number of patients booked in the first 7 days following referral.
- A standard letter has been agreed with the CCGs which will be sent out with the first patient appointment to remind patients of the importance of attending all of their appointments.

- Escalation of capacity constraints to the Divisional Directors for creation of extra capacity.

Aintree also failed the 93% breast target for May reaching 92.9% (89.86 year to date). Out of 227 patients there were 16 breaches. This was due to a lack of capacity and patient choice. When patients are offered appointments in days 7 to 14 of the pathway and decline or cancel, they are rebooked outside of the standard timescales due to capacity to provide a clinic appointment within 14 days from referral.

Proposed Actions:

- Continued monitoring and intervention by the Clinical Business Unit to manage the patient pathways and remove any barriers which may be preventing treatment.
- Escalate constraints in the patient pathway to the weekly Cancer Performance meeting (CPG) and to the Divisional Director of Ops.
- Escalate constraints in the patient pathway to the daily Cancer Performance briefing led by the Divisional Director of Operations Diagnostics and Support Services.
- Capacity and demand profile to be addressed by CBU to assess how many additional slots per weeks are required to bring first booking for patients to 7 days.
- Review of the demand profile for the service to be undertaken to clarify the year-on-year increase in demand for the service.
- Clinical meeting to be held between Breast Clinical lead and Breast radiologist to consider different ways of working to increase capacity.
- Consideration to be given to outsourcing Radiology provision in order to support the increase in capacity.

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

### 3.5.2- 31 Day Cancer Waiting Time Performance

**Figure 22 – 31 Day Cancer Performance measures**

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(CCG)</b>	18/19 - May	96%	97.74%	↑
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(Aintree)</b>	18/19 - May	96%	97.09%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(CCG)</b>	18/19 - May	94%	97.62%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(Aintree)</b>	18/19 - May	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(CCG)</b>	18/19 - May	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(Aintree)</b>	18/19 - May	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(CCG)</b>	18/19 - May	98%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(Aintree)</b>	18/19 - May	98%	100.00%	↔

### 3.5.3 - 62 Day Cancer Waiting Time Performance

**Figure 23 – 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) <b>(CCG)</b>	18/19 - May	85% local target	66.67%	↓
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) <b>(Aintree)</b>	18/19 - May	85% local target	86.73%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(CCG)</b>	18/19 - May	90%	66.67%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(Aintree)</b>	18/19 - May	90%	80.95%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(CCG)</b>	18/19 - May	85%	83.33%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(Aintree)</b>	18/19 - May	85%	79.27%	↓

The CCG failed the 3, 62 day cancer measures in May, 62 day upgrade reported 63.64%, 66.67% year to date, in May there were 4 breaches out of 11 patients reasons for delay were complex diagnostic pathway, admin delay and 2 other reasons not listed. 62 day screening reported 66.67% in May as well as year to date, there was 1 breach out of 3 patients this patient initiated delay to diagnostic test / treatment planning, advance notice given. Lastly the 62 day standard 83.78% was reported in May, 83.33% year to date, there were 6 breaches out of a total of 37 patients, reasons reported at 4 x other, 1 elective capacity inadequate and 1 x patient choice.

Aintree failed the 90% target for 62 day screening in May with a 1 patient breach out of a total of 3 patients, a performance of 66.67%. It should be noted that the Trust undertakes Bowel screening only and so treatment numbers are low in comparison to other organisations. Therefore a 0.5 breach will result in the Trust failing this standard unless treatments are higher.

Proposed actions:

- Continued monitoring and intervention by the Clinical Business Unit to manage the patient pathways and remove any barriers which maybe preventing treatment.
- Escalate constraints in the patient pathway at the weekly Cancer Performance meeting (CPG) and to the Divisional Director.

Aintree also failed the 85% target in May for 2 month wait from urgent GP referral to first definitive treatment recording 75.37% (79.27% year to date). Out of a total equivalent of 67 patients, 16.5

breached the target. The reasons for breaches include patient choice (with patients delaying diagnosis due to holidays), capacity in theatres / clinics, complex pathways (patients not fit for treatment or requiring multiple investigations), late referrals received into the tertiary service and a number of patients admitted as emergencies to the Trust and to other organisations.

There has also been a significant increase in the total number of patients on Cancer Pathways. As noted in the 14-day standard, all surgical tumour sites have sustained an increase in referrals, and this has increased conversion rates. In comparison with last year, the Trust has sustained a caseload increase of 23% of patients currently on a pathway.

Proposed actions:

- Continued monitoring and intervention by the Clinical Business Units to manage the patient pathway and remove any barriers which maybe preventing treatment.
- Escalation of delays and constraints to the individual patient journey at the twice weekly Cancer Performance Meetings using patient level detail.
- Continued tracking by the Central Cancer team to support performance improvement in the tumour groups. Early escalation of issues to Divisional Directors of Operations and Cancer Performance meeting.
- Escalation of delays in Histopathology reporting to LCL via the weekly Cancer Performance Group, emails and tracking by MDT coordinators.
- Escalation to the relevant Divisional Directors any constraints in capacity for review at Divisional Resource panels.
- Attendance at Divisional Performance Meetings to brief Divisional Directors and CBMs regarding any issues for escalation.
- Weekly Divisional Director and Chief Operating Officer briefings concerning performance against the cancer standards and issues for escalation.

In February there was a meeting held with NHSE, Aintree 62 Days Cancer Delivery Meeting, included were South Sefton and Knowsley CCGs and the Cheshire and Merseyside Cancer Alliance.

Key Trust actions:

- Liverpool Clinical Laboratories work around agreement of criteria of priority samples and workforce and recruitment programme.
- Patient navigator to support engagement and attendance for appointments and investigations.
- Work on late transfer to Aintree for head and neck patients from other providers.
- Radiology, investigate potential to reduce double reporting when patients are transferred from other providers.

### **3.5.4 104+ Day Breaches**

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

In May Aintree has 2 half patient breach over 104 days. The first patient (upper gastro) waited 112 days, the second patient (lung) waited 126 days, and the reason given for the delays were other (not specified).

### 3.6 Patient Experience of Planned Care

**Figure 24 – Aintree Inpatient Friends and Family Test Results**

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

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Inpatient	24.9%	20.6%	/	96%	92%	\	1%	5%	/

Aintree Friends and Family Inpatient test response rates are under the England average of 24.9% for May at 20.6%. The proportion of patients who would recommend the Trust has dropped from last month to 92% from 93% and unfortunately is still below the England average of 96%. The proportion who would not recommend has also declined from 4% in April to 5% in May, but is still above the England average of 1%.

Plans are in place for the Trust to present an update on their FFT and patient experience later in the year to the CCG Engagement and Patient Experience Group (EPEG).

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

Performance at Month 2 of the financial year 2018/19, against planned care elements of the contracts held by NHS South Sefton CCG show an over performance of £356k/4.6%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total over spend of approximately £69k/0.9%.

At specific over performing Trusts, Aintree are reporting the largest cost variance with a total of £215k/4%. In contrast, Renacres Hospital and Southport & Ormskirk are under performing by -£20k/-6% and -£15k/10% respectively.

**Figure 25 - 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	28,146	29,621	1,475	5%	£4,803	£5,018	£215	4%	-£215	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	2,334	2,550	216	9%	£292	£312	£20	7%	-£20	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	201	216	15	7%	£69	£75	£6	8%	-£6	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	2,601	2,459	-142	-5%	£495	£488	-£7	-1%	£7	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	4,902	5,319	417	8%	£822	£885	£63	8%	-£63	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	505	561	56	11%	£163	£153	-£10	-6%	£10	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	38,691	40,726	2,035	5%	£6,644	£6,931	£287	4%	-£287	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	31	39	8	26%	£5	£6	£1	28%	£0	£1	-
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	19	19	0%	£0	£2	£2	0%	£0	£2	-
FAIRFIELD HOSPITAL	32	43	11	36%	£9	£14	£5	62%	£0	£5	62%
ISIGHT (SOUTHPORT)	91	124	33	37%	£16	£22	£5	34%	£0	£5	34%
RENACRES HOSPITAL	1,064	1,107	43	4%	£327	£307	-£20	-6%	£0	-£20	-6%
SALFORD ROYAL NHS FOUNDATION TRUST	0	19	19	0%	£0	£5	£5	0%	£0	£5	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	2,143	1,938	-205	-10%	£365	£360	-£5	-1%	£0	-£5	-1%
SPIRE LIVERPOOL HOSPITAL	461	487	26	6%	£144	£130	-£15	-10%	£0	-£15	-10%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	765	788	23	3%	£162	£196	£34	21%	£0	£34	21%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	205	194	-11	-5%	£47	£44	-£3	-7%	£0	-£3	-7%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	23	23	0%	£0	£11	£11	0%	£0	£11	-
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST									£0	£0	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	62	62	0%	£0	£13	£13	0%	£0	£13	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	193	238	45	23%	£74	£107	£34	46%	£0	£34	46%
ALL REMAINING PROVIDERS TOTAL	4,984	5,081	97	2%	£1,149	£1,217	£69	6%	£0	£69	6%
<b>GRAND TOTAL</b>	<b>43,675</b>	<b>45,807</b>	<b>2,132</b>	<b>5%</b>	<b>£7,793</b>	<b>£8,148</b>	<b>£356</b>	<b>4.6%</b>	<b>-£287</b>	<b>£69</b>	<b>0.9%</b>

\*PbR Only



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

**Figure 26 - 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	2,199	2,188	-11	-1%	£1,306	£1,372	£67	5%
Elective	305	258	-47	-15%	£861	£850	-£12	-1%
Elective Excess BedDays	101	111	10	9%	£25	£27	£2	10%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	68	53	-15	-22%	£14	£12	-£3	-18%
OPFANFTF - Outpatient first attendance non face to face	410	502	92	23%	£12	£13	£2	14%
OPFASPCL - Outpatient first attendance single professional consultant led	5,173	5,257	84	2%	£818	£839	£20	2%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	222	124	-98	-44%	£19	£12	-£7	-38%
OPFUPNFTF - Outpatient follow up non face to face	518	1,296	778	150%	£13	£31	£19	150%
OPFUPSPCL - Outpatient follow up single professional consultant led	13,115	12,945	-170	-1%	£909	£922	£13	1%
Outpatient Procedure	3,613	4,171	558	15%	£478	£558	£80	17%
Unbundled Diagnostics	2,198	2,496	298	14%	£177	£217	£39	22%
Wet AMD	224	220	-4	-2%	£171	£167	-£4	-2%
<b>Grand Total</b>	<b>28,146</b>	<b>29,621</b>	<b>1,475</b>	<b>5%</b>	<b>£4,803</b>	<b>£5,018</b>	<b>£215</b>	<b>4%</b>

The majority of areas within planned care are over performing at month 2 with outpatient procedures representing the largest cost variance of £80k/17%. Cardiology is showing the largest cost variance within outpatient procedures (£31k/73%), which can be attributed to an increased number of electrocardiograms being performed. The CCG have queried this increase and are awaiting a response from the Trust. Cardiology is also responsible for over performance within day cases, which can be attributed to the heart failure pathway.

Overall, year to date costs for planned care PODs at Aintree University Hospital are currently - £215k/4% up against plan at month 2. Despite this indicative underspend; there is no financial impact of this to South Sefton CCG due to the Acting As One block contract arrangement.

It should be noted the 2018/19 plan was agreed post reporting of month 2 and figures presented are aligned to 2017/18 planned figures.

### 3.7.2 Planned Care Southport & Ormskirk Hospital

**Figure 27 - 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	137	136	-1	-1%	£89	£94	£6	6%
Elective	24	24	0	2%	£55	£54	-£2	-3%
Elective Excess BedDays	1	0	-1	-100%	£0	£0	£0	-100%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	21	35	14	67%	£4	£6	£3	72%
OPFASPCL - Outpatient first attendance single professional consultant led	287	271	-16	-5%	£47	£46	-£1	-3%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	47	39	-8	-17%	£4	£4	£0	-7%
OPFUPSPCL - Outpatient follow up single professional consultant led	685	568	-117	-17%	£53	£46	-£7	-14%
Outpatient Procedure	807	725	-82	-10%	£103	£100	-£3	-3%
Unbundled Diagnostics	135	140	5	4%	£11	£11	£1	6%
<b>Grand Total</b>	<b>2,143</b>	<b>1,938</b>	<b>-205</b>	<b>-10%</b>	<b>£365</b>	<b>£360</b>	<b>-£5</b>	<b>-1%</b>

\* PbR only

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

Overall planned care remains below plan, however the variance has reduced due to increases across a number of points of delivery in month 2. Day case activity levels have reduced to just below the plan, with cost levels also reduced but remaining slightly above the contract.

Month 2 activity and finance figures have increased above planned levels. The increase is focused within two specialties, General Surgery and Gynaecology. Activity levels for these specialties are small and as such any variance against plan will show a higher percentage variance.

All areas within the outpatient setting have increased above planned levels financially in month 2 with the exception of single follow-up attendances. T&O, Ophthalmology, Urology and Gynaecology are the main specialties affecting the contract in month 2.

### 3.7.3 Renacres Hospital

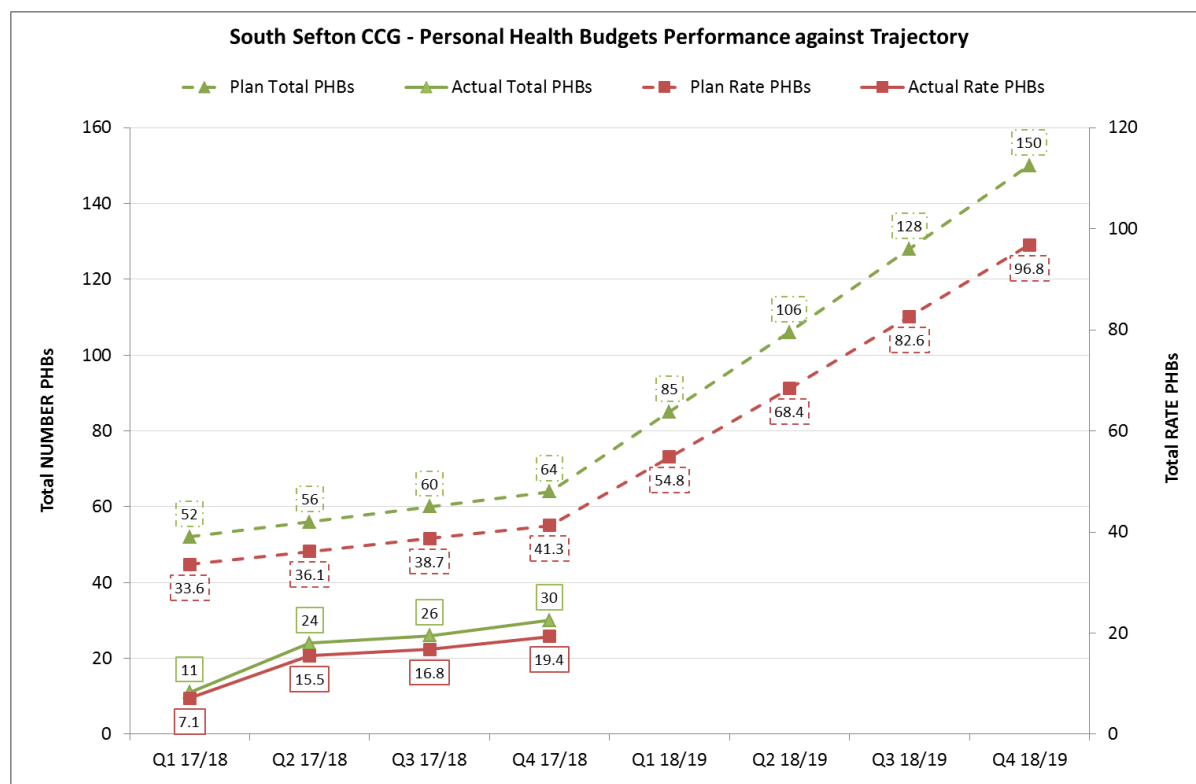
**Figure 28 - Planned Care - Renacres Hospital by POD**

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	100	90	-10	-10%	£124	£109	£15	-12%
Elective	27	21	-6	-21%	£125	£113	£12	-10%
OPFASPCL - Outpatient first attendance single professional consultant led	187	201	14	7%	£31	£33	£2	5%
OPFUPSPCL - Outpatient follow up single professional consultant led	281	305	24	9%	£18	£20	£2	9%
Outpatient Procedure	152	89	-63	-41%	£15	£15	£1	-3%
Unbundled Diagnostics	75	80	5	7%	£7	£7	£0	-7%
Physio	242	242	0	0%	£7	£7	£0	0%
<b>Grand Total</b>	<b>1,064</b>	<b>1,028</b>	<b>-36</b>	<b>-3%</b>	<b>£327</b>	<b>£302</b>	<b>£25</b>	<b>-8%</b>

Renacres under performance is evident across the majority of PODs with Elective and Day Case procedures showing the largest cost variances against plan (-£20k/-33% and -£11k/-17% respectively). Very major knee/hip procedures account for the majority of this reduced performance against plan at month 2.

## 3.8 Personal Health Budgets

**Figure 29 - South Sefton CCG – PHB Performance against Trajectory**



Whilst PHB's for Continuing Health Care (CHC) are currently a 'right to have', there is an expectation that PHBs for this cohort will be a default position from April 2019. There has been some progression with Midlands and Lancashire Commissioning Support Unit (MLCSU) supporting the role of a Complex Care Nurse with slicker processes; however these improvements are unlikely to meet the expected trajectories set by NHS England. The CCG does not operate a CHC end to end service and community providers are being requested to submit their plans in relation to CHC default position via Clinical Quality and Performance Groups.

There is a scoping exercise being undertaken in relation to PHBs for CHC end of life fast-track cases. A paper is expected to be submitted to Clinical QIPP group on the proposed model, which would support PHBs for this cohort of people who are reaching end of life.

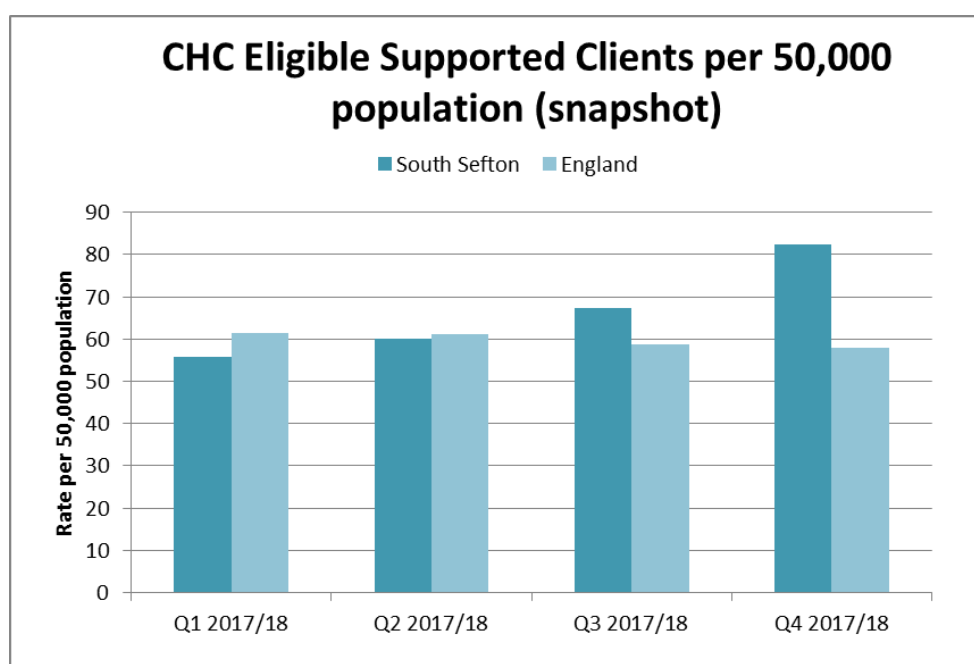
The CCG has been successful in obtaining mentorship by NHS England to support the expansion of PHBs for Children and Young People and Wheelchair Services and due to attend the introduction meeting in May 2018. The contract for wheelchair services for South Sefton did not transfer across to the CCG when established in 2013 and is still commissioned by Specialised Commissioning. A transfer is planned.

Quarterly plans for 2018/19 have been set with the expectation of the total number of PHBs for quarter 1 to increase to 85 with the rate against per 100,000 to reach 54.84.

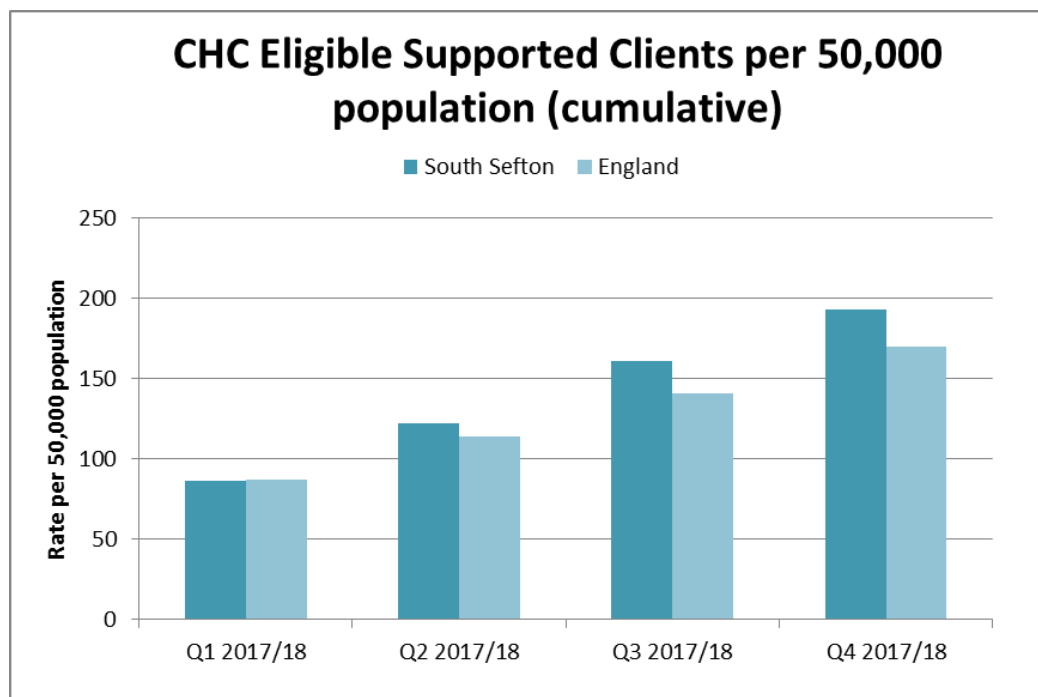
### 3.9 Continuing Health Care (CHC)

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.

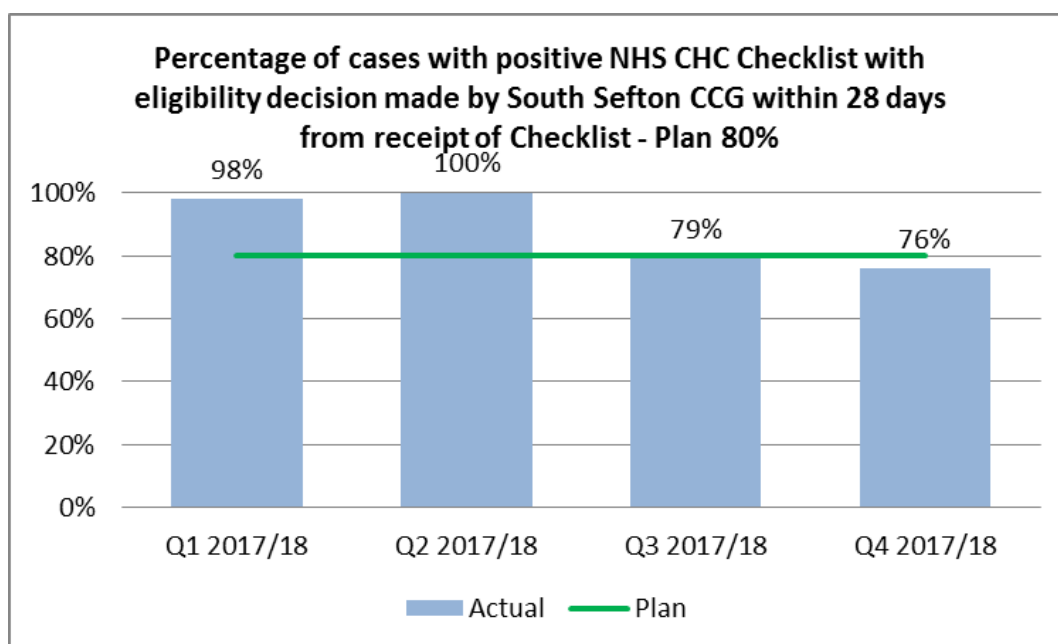
**Figure 30 - People eligible (both newly eligible and existing patients) at the end of the quarter (snapshot) divided by the population aged 18+, and expressed as a rate per 50,000 population**



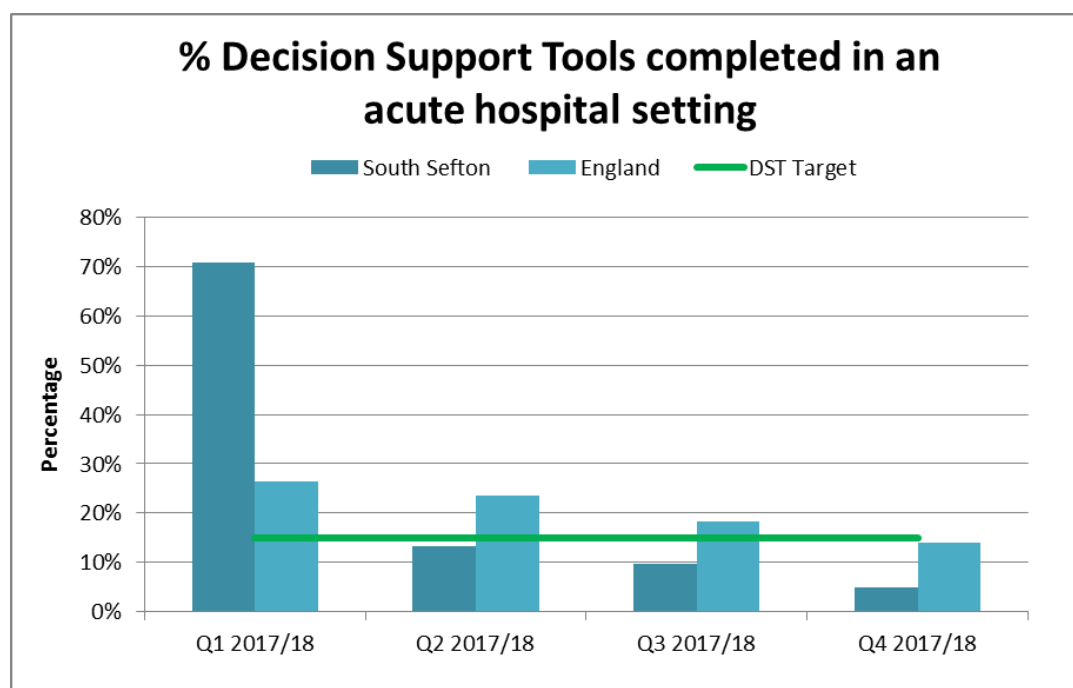
**Figure 31 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population**



**Figure 32 – Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist**



**Figure 33 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed**



The proportion of DST assessments occurring in an acute hospital bed in South Sefton was significantly higher than the national average of 27% in Q1. Data submissions were validated to ensure accuracy, and a significant improvement was recorded at both Q2 with 13.3% and Q3 with 9.8%. There was a further improvement in Q4 (5%) with the introduction of 28 day health step down beds to support assessments for individuals with long term health needs being undertaken within a community setting. This work is being piloted at present and evaluation will be required to evaluate improvements to the pathway.

A CHC Programme Board has been established to replace the CHC Steering Group. The new board met for the first time in January, bringing together commissioners, providers and Local Authority colleagues.

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

**Figure 34 - Smoking at Time of Delivery (SATOD)**

	South Sefton				
	Actual Q1	Actual Q2	Actual Q3	Actual Q4	YTD
Number of maternities	367	452	402	344	1565
Number of women known to be smokers at the time of delivery	56	62	69	60	247
Number of women known not to be smokers at the time of delivery	310	389	332	283	1314
Number of women whose smoking status was not known at the time of delivery	1	1	1	1	4
Data coverage %	99.7%	99.8%	99.8%	99.7%	99.7%
Percentage of maternities where mother smoked	15.3%	13.7%	17.2%	17.4%	15.8%

The CCG is again above the data coverage plan of 95% at Q4, 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

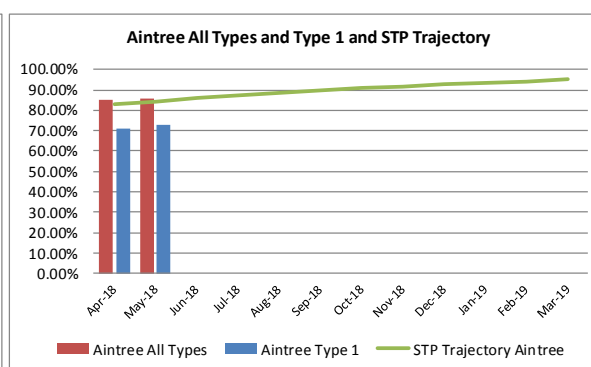
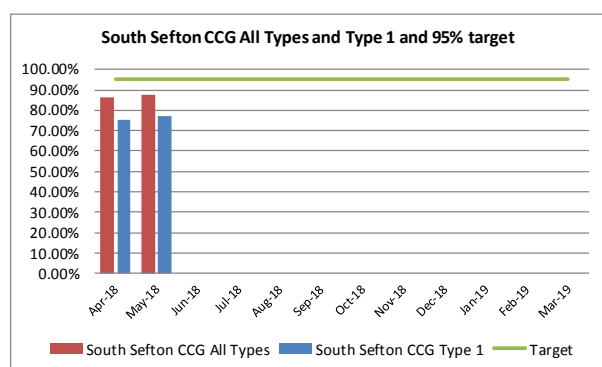
### 4.1 Accident & Emergency Performance

Figure 35 - A&E Performance

A&E waits				
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(CCG) All Types</b>	18/19 - May	95%	87.01%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(CCG) Type 1</b>	18/19 - May	95%	76.43%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(Aintree) All Types</b>	18/19 - May	STP Trajectory May Target 84.4%	85.47%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(Aintree) Type 1</b>	18/19 - May	95%	71.82%	↑

#### A&E All Types

	Apr-18	May-18	YTD
STP Trajectory Aintree	83%	84.4%	%
Aintree All Types	85.10%	85.82%	85.47%



Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2018/19 and have achieved May trajectory of 84.4% with a performance of 85.8% for all A&E department types.



Actions for improvement include:

- Continue all aspects of the Emergency and Acute Care Plan and regularly monitor performance to ensure delivery of the standard.
- Business case approved for Emergency Department medical staff with approval for 4.4WTE F2/3 posts and 2.5 WTE ST3 posts. Recruitment in progress.
- Improve utilisation of PCS: An audit is being undertaken to understand the reason for low utilisation of this service. Training for the triage nursing staff is ongoing.
- Recruitment of Consultants in Acute & Emergency Medicine: Interview for 2 vacant acute physician posts is scheduled for 15<sup>th</sup> June. ED Consultant interview dates to be arranged with 2 candidates having been shortlisted.
- Dependency study completed within the department, which showed 20 Registered nurses and 7 Health care assistants are required. Review of rotas to be completed to ensure they match peak periods of attendances.
- Develop series of PDSA cycles to test improvements in the following elements of the EACP:
  - See and Treat - Allocation of rooms has been introduced and patients allocated to room for review.
  - Board rounds – walk arounds have commenced to ensure staff is redirected to any hot spots.
  - Direct pathways to assessment areas 'super week' planned
  - Reduction of specialty wait times by implementation and monitoring of inter-professional standards.

Multi Agency Discharge Events (MADE) continue to be held on a weekly basis with representation from health and social care to review practice at ward level. These are supplemented by weekly patient flow telephone meetings to facilitate and support discharge processes with multi-agency representation. The implementation programme for the SAFER patient flow bundle was affected by winter pressures but with work now refocused to ensure systems developed in all required ward areas. Roll out programme – Cohorts 1 and 2 rolled out, Cohort 3 was rolled out at the end of March 2018 to be followed by Cohorts 4-9 rollouts by end of June 2018. Work will then be on-going to ensure that SAFER processes are embedded and sustained.

Newton Europe has been commissioned via the Better Care Fund to undertake a North Mersey system wide review of delayed discharges, with engagement from all health and social care commissioners and providers. The work will inform collaborative improvement work to support patient flow and enhance quality of care.

**Figure 36 - A&E Performance – 12 hour breaches**

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

Aintree reported no 12 hour breaches in May 2018.

## 4.2 Ambulance Service Performance

In August 2017 North West Ambulance Service (Nwas) implemented the national Ambulance Response Programme (ARP). Performance is based upon the average (mean) time for all

Category 1 and 2 incidents. Performance will also be measured on a 90<sup>th</sup> percentile (9 out of 10 times) for Category 1, 2, 3 and 4 incidents.

In May there was an average response time in South Sefton of 8 minutes 41 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response was 32 minutes against a target of 18 minutes. The CCG also failed the target of 180 minutes for category 4 calls, achieving an average of 185 minutes and also the target of 120 minutes for category 3 incidents, with 229 minutes.

**Figure 37 – Ambulance handover time performance**

Handover Times				
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - <b>Aintree</b>	18/19 - May	0	132	↑ ↓
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - <b>Aintree</b>	18/19 - May	0	98	↑

In May Aintree Trust recorded 132 handovers between 30 and 60 minutes showing another improvement, this is 4 less than last month when 136 was reported and is still breaching the zero tolerance threshold. They also recorded 98 handovers over 60 minutes, which is more than last month (46) and still breaching the zero tolerance threshold.

There has been a slight decrease in the number of handover delays in excess of 30 minutes to 132 (-5), delays in excess of 60 minutes, has increased to 98 (+52). The average time from notification to handover standard of 15 minutes has increased to 13.09mins compared to 11.03 mins in April.

The time to see 1st clinician has decreased to 72 mins compared to 59 minutes in April, against the 60 minute clinical quality indicator.

The clinical quality indicators for the number of patients who leave the department before being seen and the 15 minute from registration to triage are being met month on month.

As previously reported the North West contract for ambulance services for 2018/19 has been increased by a further £3.5m per annum as part of two year time-limited monies to provide additional support to enable them to continue to improve ARP performance and importantly address concerns regarding patient safety. This funding is predicated on the North West achieving a 30 minute average hospital turnaround time by the end of quarter 1 and sustained through quarter 2. If hospital delays have not reduced by the end of quarter 2 further discussions will be triggered with NWS and NHSE/I. A performance improvement plan is in place to assure commissioners on delivery and patient safety. This plan includes additional clinicians.

A performance risk share approach has been agreed acknowledging that although most of the major actions and responsibility lie with NWS to deliver, there are some clear CCG and system responsibilities relating to ambulance handover and AVS delays.

The ARP and turnaround targets will not be met for quarter 1. The service aims to deliver consistent performance of the standards by September 2018 with significant improvement by June 2018. Locally the CCG Head of Commissioning has raised the performance at the CCG Joint Quality Committee. As a result the Head of Commissioning and Deputy Chief Nurse have added this as a risk to the CCG Corporate Risk Register.

## 4.3 NWS, 111 and Out of Hours

### 4.3.1 111 Service Calls

Figure 38 – 111 Service Calls



South Sefton CCG	Transferred to Ambulance	Advised to Attend A&E	Advised to Attend Primary & Community Care	Advised to Other Service	Closed with Advice Only
2016/17 %	14.5%	7.9%	55.9%	2.3%	19.4%
2017/18%	15.2%	7.8%	57.1%	3.2%	16.8%
YTD 2018/19 %	14.8%	8.2%	57.6%	3.0%	16.4%

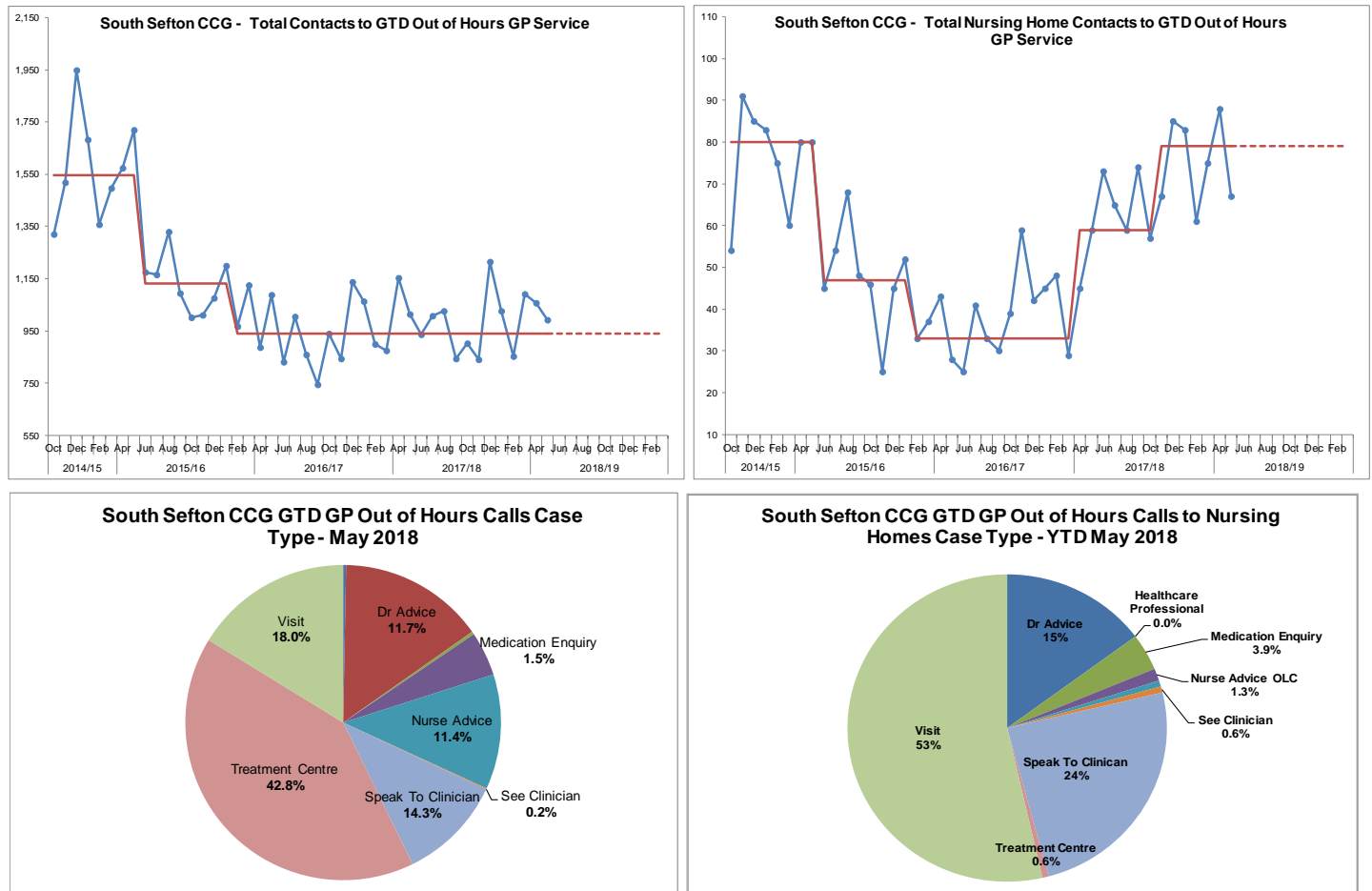
In May 2018, there were 2,103 contacts to the 111 service from South Sefton CCG patients, a similar number to both the previous month and the monthly average in the previous year.

The percentage of calls which resulted in the caller being advised to attend an Accident and Emergency department was 9.1% in May, higher than the previous year's average and the rate at the same point in the previous year.

As of month 2 2018/19, there was a higher rate of those advised to attend A&E and those advised to attend Primary & community care than the previous two years.

### 4.3.2 GP Out of Hours Service Calls

**Figure 39 – GP Out of Hours Calls**



South Sefton CCG	999	Dr Advice	Healthcare Professional	Medication Enquiry	Nurse Advice	See Clinician	Speak To Clinician	Treatment Centre	Visit	TOTAL
2016/17 %	0.2%	8.0%	0.1%	2.5%	14.7%	3.3%	14.9%	37.9%	18.4%	100.0%
2017/18 %	0.2%	10.1%	0.1%	4.5%	11.7%	0.6%	13.9%	41.3%	17.6%	100.0%
YTD 2018/19 Month 2%	0.3%	14.9%	0.3%	4.5%	11.8%	0.1%	10.8%	41.0%	16.2%	100.0%

The number of calls from South Sefton patients to the GP OOH service remains similar to the previous month at 1,057 in April. This is slightly above the 2017/18 average of 1,012 per month. There were slightly fewer calls in April 2018 than the previous year, 1,091 compared to 1,057.

May-18

	Total	%
	South Sefton	
QR02 Supply of Clinical Details Compliance	992	98.89%
QR09 Life Threatening Conditions	0	0.00%
QR09 Telephone Clinical Assessment (Urgent)	0	0.00%
QR09 Telephone Clinical Assessment (Other)	141	85.82%
NHS 111 Speak To Performance (Emergency)	32	93.75%
NHS 111 Speak To Performance (Urgent)	90	93.33%
NHS 111 Speak To Performance (Less Urgent)	147	95.24%
QR12 Base Time to Consultation (Emergency)	1	100.00%
QR12 Base Time to Consultation (Emergency Patient Choice)	1	100.00%
QR12 Base Time to Consultation (Urgent)	65	96.92%
QR12 Base Time to Consultation (Urgent Patient Choice)	65	96.92%
QR12 Base Time to Consultation (Less Urgent)	341	98.83%
QR12 Base Time to Consultation (Less Urgent Patient Choice)	341	98.83%
QR12 Visit Time to Consultation (Emergency)	0	0.00%
QR12 Visit Time to Consultation (Urgent)	29	89.66%
QR12 Visit Time to Consultation (Less Urgent)	132	93.94%
QR12 Face To Face Consultation (Emergency)	1	100.00%
QR12 Face To Face Consultation (Urgent)	94	94.68%
QR12 Face To Face (Less Urgent)	473	97.46%

The Out of Hours GP service has been discussed at Finance and Resource Committee in recent months and the committee in March 2018 agreed to undertake an evaluation of the service (including a visit) which is being overseen by the Joint Quality Committee.

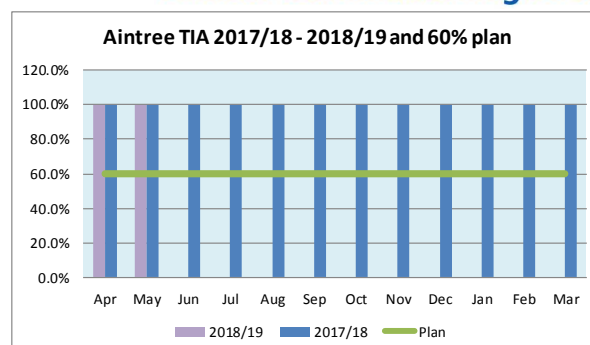
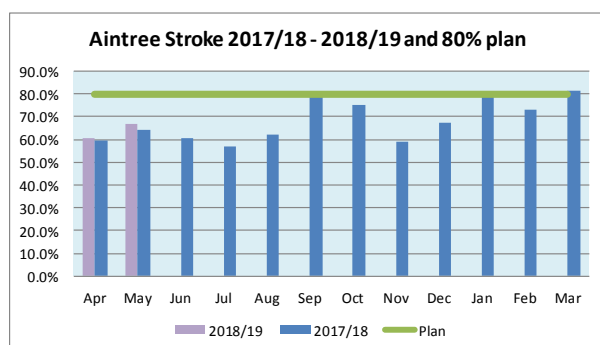
South Sefton CCG, in collaboration with Go To Doc (GTD) and NWS, launched their out of hours Clinical Assessment Service (CAS) in June 2017.

## 4.4 Unplanned Care Quality Indicators

### 4.4.1 Stroke and TIA Performance

**Figure 40 - Stroke & TIA performance**

Stroke				
% who had a stroke & spend at least 90% of their time on a stroke unit <b>(Aintree)</b>	18/19 - May	80%	66.70%	↑
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours <b>(Aintree)</b>	18/19 - May	60%	100%	↔



Performance against the 90% stay standard was 66.7% for May 2018. There were 42 patients with a diagnosis of stroke who were discharged from the Trust during the month.

Of these discharges, 28 patients spent 90% of their stay on the Stroke Unit. The standard was not achieved for 14 patients. All breaches of the standard are reviewed and reasons for underperformance identified:

- 8 patients required admission to the Stroke Unit but no beds were available.
- 2 patients were diagnosed as a stroke after MRI.
- 2 late referrals to the Stroke Team.
- 2 patients were not referred to the Stroke Team.

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

### Proposed actions:

- Continue Registered Nurse and Therapy recruitment to staff funded HASU beds. Initial recruitment was not successful therefore further adverts are out following the revised banding for these vacancies.
- Recruit to Band 6 posts. Advert closes 14<sup>th</sup> June and interviews are set for 22<sup>nd</sup> June.
- Present case studies of Stroke patients who were seen by Stroke Nurse Clinician on arrival and accepted after MRI result, CD and Team to provide training and advice to ED, AEC and AMU.
- Quality Improvement Project Underway - Team being supported by Natalie Palin, work commenced May 2018. Aqua Team to spend the day with the team in June 2018.
- Weekly Breach Meeting with Dr Cullen, Stroke Nurse Clinicians Matron, CBM, ACBM & Data Team to review all patients that failed 4 hours target.
- Stroke Action Plan developed by CD/CBM & Matron. 3<sup>rd</sup> HASU bed opened 11<sup>th</sup> June 2018.

## 4.4.2 Mixed Sex Accommodation

**Figure 41 - Mixed Sex Accommodation breaches**

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	18/19 - May	0.00	0.30	↓
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	18/19 - May	0.00	0.00	↔

The CCG has reported an MSA rate of 0.3, which equates to a total of 2 breaches in May. Both breaches there were at Southport & Ormskirk NHS Trust. Southport & Ormskirk had 7 breaches in total of which the majority were on Critical Care where patients were awaiting transfer to acute beds within the hospital. Actions to address poor flow are both system wide and internal.

#### 4.4.3 Healthcare associated infections (HCAI)

**Figure 42 - Healthcare associated infections (HCAI)**

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	18/19 - May	9	9	↓
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	18/19 - May	8	6	↓
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	18/19 - May	0	0	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	18/19 - May	0	1	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	18/19 - May	21	23	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Aintree)	18/19 - May	No Plan	56	↑

The CCG had 3 new cases of Clostridium Difficile reported in May (9 YTD) against a year to date plan of 9 (4 apportioned to acute trust and 5 apportioned to community). Aintree had 2 new cases reported in May (6 YTD) against a year to date plan of 8.

Aintree had a new case of MRSA in May and have now failed the zero tolerance plan for 2018/19.

NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2018/19 NHS South Sefton CCG's year-end target is 128. In May there were 12 cases (23 YTD) against a year to date plan of 21. Aintree reported 30 cases in May (56 YTD). There are no targets set for Trusts at present.

#### 4.4.4 Hospital Mortality

**Figure 43 - Hospital Mortality**

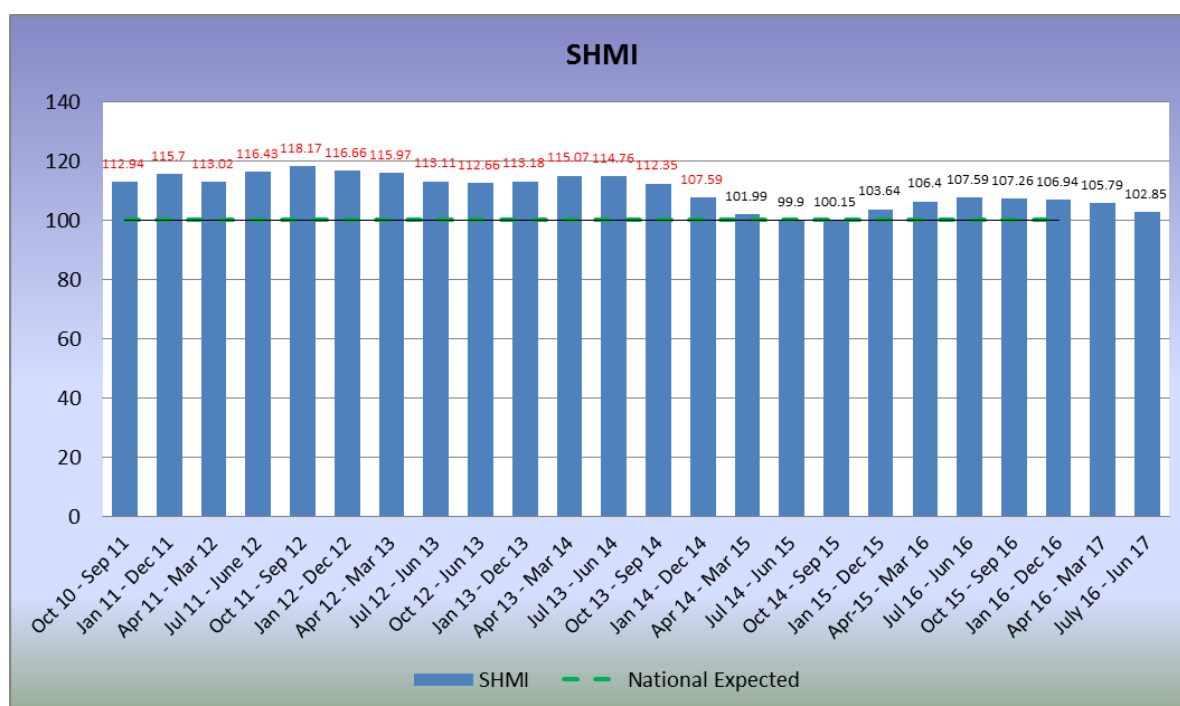
Mortality				
Hospital Standardised Mortality Ratio (HSMR)	18/19 - May	100	97.18	↑
Summary Hospital Level Mortality Indicator (SHMI)	Jul 16 - Jun 17	100	102.85	↓



HSMR has increased to 97.18 (91.20 was previously reported). Position remains better than expected. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is fewer than 100 this suggest fewer deaths occurred than expected. Ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

SHMI at 102.85 is marginally better at June 2017 and within tolerance levels. SHMI is risk adjusted mortality ratio based on number of expected deaths.

**Figure 44 - Summary Hospital Mortality Indicator**



## 4.5 CCG Serious Incident Management

The CCG action plan remains in place and monitored by Joint Quality Committee on a monthly basis. Follow Peer review with Bolton CCG and Bolton NHS FT, and SIRG feedback from NHS E C&M are due to take place in July 2018.

Aintree University Hospital NHS Foundation Trust – reported four incidents in May with 9 YTD, with zero Never Events, with six incidents closed in Month with 7 YTD. There are 45 incidents open on StEIS with 24 being open for > 100 days.

Merseycare NHS Foundation Trust - 3 incidents were raised in month 2 Local Division and 1 Community Services with zero Never Events, four YTD (3 Local Division, 1 Community Services). 2 RCA's were expected to be submitted but not received. Nine incidents were closed in month. 37 incidents remain open on StEIS with 27 remaining open for > 100 days.

Liverpool Community Health – In Month 2, there remains three incidents open on StEIS, all of which have been open for > 100 days. A meeting took place on 1<sup>st</sup> June with plans in place to agree closure for the remaining incidents.

Liverpool Women's – 3 incidents remain open on StEIS, 2 remaining open greater than 100 days. One of these is the 'Test of Cure' incident. Meetings are ongoing with Liverpool Women's and Liverpool CCG

South Sefton CCG – 6 incidents remain open on StEIS for South Sefton. 1 remains open or >100 days awaiting feedback from NHS E C&M to support closure (General Practice). One incident has since been downgraded and removed from StEIS. There are duplicate entries which need to be removed which will form part of the data cleansing.

There are a total of 97 serious incidents open on StEIS for South Sefton as the RASCI (Responsible, Accountable, Supporting, Consulted, Informed) commissioner and/or a Sefton CCG. Those where the CCG is not the RASCI responsible commissioner are attributed to:

Number	Provider
1	Alder Hey Children's NHS Trust
1	Cheshire and Wirral Partnership
3	Liverpool Women's NHS Foundation Trust
3	Liverpool Community Health
22	MerseyCare NHS Foundation Trust
2	North West Boroughs NHS Foundation Trust
3	Southport and Ormskirk Hospitals NHS Trust
1	Walton Centre NHS Foundation Trust (Managed by NHS E Spec Comm)

Assurance is sought via the RASCI commissioner for these organisations.

## 4.6 CCG Delayed Transfers of Care

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

NHS England are replacing the previous patient snapshot measure with a DTOC Beds figure, which is the delayed days figure divided by the number of days in the month. This should be a similar figure to the snapshot figure, but more representative.

**Figure 45 - Average Delayed Transfers of Care per Day at Aintree April 2017 – May 2018**

Reason for Delay	2017/18												2018/19	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
A) COMPLETION ASSESSMENT	0	0	2	1	2	2	1	1	0	1	0	1	1	1
B) PUBLIC FUNDING	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C) WAITING FURTHER NHS NON-ACU	11	9	11	7	8	9	9	16	5	6	7	8	10	6
D) AWAITING RESIDENTIAL CARE HC	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DII) AWAITING NURSING HOME PLA	0	0	0	0	0	0	0	0	0	0	0	0	0	0
E) AWAITING CARE PACKAGE IN OW	4	1	6	1	3	2	5	4	5	6	7	7	4	4
F) COMMUNITY EQUIPMENT/ADAPT	0	0	1	0	1	0	1	0	0	0	0	0	0	2
G) PATIENT OR FAMILY CHOICE	13	18	20	8	14	15	8	17	15	9	9	10	14	13
H) DISPUTES	0	0	0	0	0	0	0	0	1	0	0	0	0	0
I) HOUSING	0	0	0	0	0	1	0	0	0	0	0	1	1	0
O) OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Grand Total</b>	<b>28</b>	<b>29</b>	<b>39</b>	<b>18</b>	<b>28</b>	<b>29</b>	<b>24</b>	<b>38</b>	<b>26</b>	<b>22</b>	<b>23</b>	<b>27</b>	<b>30</b>	<b>26</b>

The average number of delays per day in Aintree hospital decreased in May from 30 to 26. Of the 26, 13 were patient or family choice (50%), 6 were awaiting further NHS non-acute care (23.1%), 4 were awaiting care package in own home (15.4%) and 1 patient was awaiting completion of assessment (3.8%).

Analysis of average delays in May 2018 compared to May 2017 shows 3 less delays in May 2018.

**Figure 46 - Agency Responsible for Days Delayed at Aintree April 2017 – May 2018**

Agency Responsible	2016-17												2018/19	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
NHS - Days Delayed	726	852	962	515	725	800	584	991	665	461	445	601	735	633
Social Care - Days Delayed	112	45	221	34	134	93	176	134	164	217	219	239	136	143
Both - Days Delayed	0	0	0	0	0	0	0	0	0	0	0	0	0	0

The total number of days delayed due to the NHS was 633 in May, a decrease of 219 from April when 735 was reported. Delays due to social care was 143 in May, a slight increase from 136 reported in April. No delays due to both were reported in May.

In terms of actions taken by the CCG to reduce the number of Delayed Transfers of Care within the acute setting, the Urgent Care Commissioning Lead participates in a weekly system wide teleconference. In addition weekly MADE events are held to support patient flow within the trust with representatives from health and social care.

**Figure 47 - Average Delayed Transfers of Care per Day – Mersey Care - April 2017 – May 2018**

Reason for Delay	2017/18												2018/19	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
I) HOUSING	1	4	5	3	8	10	10	8	8	8	9	7	2	4
C) WAITING FURTHER NHS NON-ACUTE CARE	9	6	7	6	6	6	6	5	5	4	6	3	8	12
DII) AWAITING NURSING HOME PLACEMENT	4	4	4	7	8	8	7	8	5	4	4	4	4	5
G) PATIENT OR FAMILY CHOICE	0	0	0	1	1	2	3	3	2	3	4	4	2	4
B) PUBLIC FUNDING	8	6	5	3	2	1	2	2	2	2	3	2	1	2
DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT	3	1	0	3	4	3	2	3	3	3	3	4	3	7
A) COMPLETION ASSESSMENT	8	4	6	6	6	5	6	5	4	2	2	2	2	0
E) AWAITING CARE PACKAGE IN OWN HOME	2	1	5	5	3	3	4	3	0	0	1	2	1	0
H) DISPUTES	0	0	0	1	1	1	1	1	1	1	0	0	0	1
F) COMMUNITY EQUIPMENT/ADAPTIONS	0	0	0	1	1	0	0	0	0	0	0	1	0	1
O) OTHER	0	3	2	1	1	1	0	2	2	2	0	1	7	7
<b>Grand Total</b>	<b>35</b>	<b>29</b>	<b>34</b>	<b>37</b>	<b>41</b>	<b>40</b>	<b>41</b>	<b>40</b>	<b>32</b>	<b>29</b>	<b>32</b>	<b>30</b>	<b>30</b>	<b>43</b>

The average number of delays per day at Mersey Care increased to 43 in May. Of the 43 delays: 5 were waiting for nursing home placements (11.6%), 7 were classified as 'Other' (16.3%), 2 for

public funding (4.7%), 4 due to patient or family choice (9.3%), 4 for housing (9.3%), 1 for community equipment or adaptations (2.3%) and 1 for disputes (2.3%)

Analysis of average delays in May 2018 compared to May 2017 shows them to be higher by 4.

**Figure 48 - Agency Responsible and Total Days Delayed – Mersey Care - April 2017 – May 2018**

Agency Responsible	2016/17												2018/19	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
NHS - Days Delayed	409	488	447	403	613	680	704	705	587	612	538	420	486	827
Social Care - Days Delayed	351	243	367	574	526	406	396	327	218	214	184	342	277	404
Both - Days Delayed	285	197	217	149	132	151	178	166	179	90	153	138	127	84

The total number of days delayed caused by NHS was 827 in May, compared to 486 last month. Analysis of these in May 2018 compared to May 2017 shows an increase from 488 to 827 (69.5%). The total number of days delayed caused by Social Care was 404 in May, compared to 277 in April. Mersey Care also have delays caused by both which were 84 in May, a decrease from last month when 127 were reported.

## 4.7 ICRAS

The Integrated Community Reablement and Assessment Service (ICRAS) responds to the need for aligned community services in Sefton, Liverpool and Knowsley for the delivery of step-up (admission avoidance) and step-down care (transition from hospital or other urgent care setting) for those with support needs.

Phase 1 of ICRAS commenced on the 2nd October 2017 and is integral to the delivery of responsive 24/7 urgent community health and care services. The ICRAS comprises a range of intermediate health and social care services, which includes:

- an intermediate care/assessment bed base(s) delivered via locality hubs;
- multi-disciplinary care in a person's usual place of residence; or
- Reablement support.

This model is predicated on the 'lanes' approach to hospital discharge and the hospital having less social workers based at the hospital, the majority of which will become community-based .

In its first three months of operation, significant savings in terms of admissions avoided have already been made. Phase 2 of the project commenced on 1 April 2018 and specific metrics for the service have also been developed and will be reported to Sefton Health and Wellbeing Board as part of an integrated dashboard.

**Figure 49 – ICRAS Performance Measures**



## 4.8 Patient Experience of Unplanned Care

**Figure 50 - Aintree A&E Friends and Family Test performance**

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

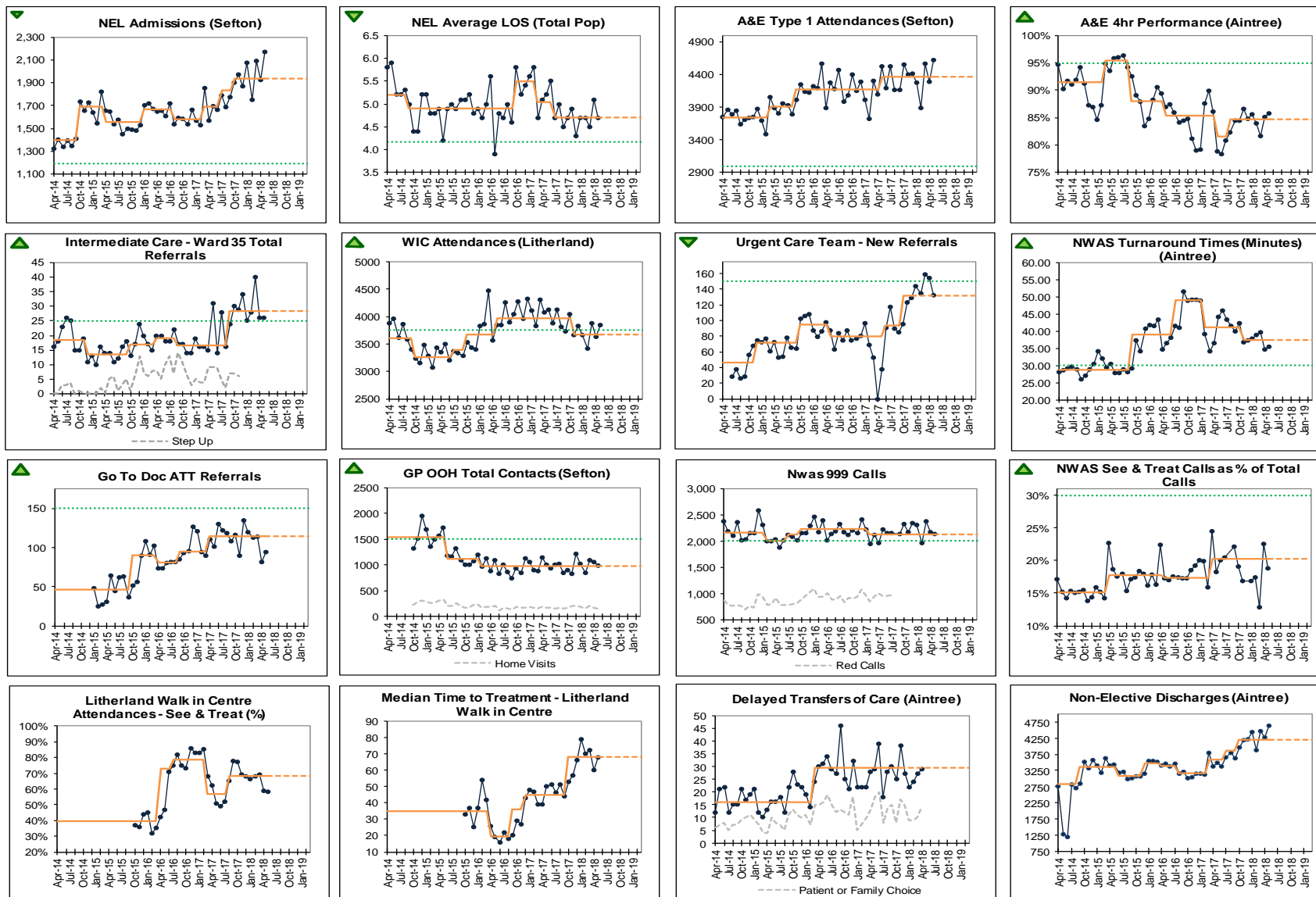
Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	12.9%	16.9%	\	87%	84%	\	7%	9%	\

The percentage of people who would recommend Aintree's A&E is below the England average (87%) at 84%, 85% reported in April. The percentage not recommended is at 9% in May, a slight improvement from last month (10%), although still above the England average of 7%.

## 4.9 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.

# South Sefton Clinical Commissioning Group





### Definitions

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

## 4.10 Unplanned Care Activity & Finance, All Providers

### 4.10.1 All Providers

Performance at Month 2 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £301k/3.7%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total over spend of approximately £38k/0.5%.

Aintree represents the highest over performing provider for unplanned care at month 2 with a year to date variance of £421k/7%. In contrast, Liverpool Women's is currently underperforming by -£104k/-14%.

**Figure 51 - Month 2 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	16,119	19,197	3,078	19%	£5,970	£6,392	£421	7%	-£421	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	1,726	1,579	-147	-9%	£394	£313	-£81	-20%	£81	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	30	17	-13	-43%	£66	£49	-£17	-26%	£17	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	582	538	-44	-8%	£751	£647	-£104	-14%	£104	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	909	884	-25	-3%	£336	£366	£30	9%	-£30	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	2	3	1	76%	£9	£22	£13	139%	-£13	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	19,368	22,218	2,850	15%	£7,526	£7,789	£263	3%	-£263	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	13	18	5	33%	£3	£7	£4	134%	£0	£4	-
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	9	9	0%	£0	£1	£1	0%	£0	£1	-
SALFORD ROYAL NHS FOUNDATION TRUST	0	5	5	0%	£0	£1	£1	0%	£0	£1	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	1,324	1,384	60	4%	£469	£440	-£29	-6%	£0	-£29	-6%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	182	196	14	8%	£73	£93	£20	27%	£0	£20	27%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	12	14	2	14%	£30	£27	-£3	-10%	£0	-£3	-10%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	12	12	0%	£0	£12	£12	0%	£0	£12	-
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST									£0	£0	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	47	47	0%	£0	£17	£17	0%	£0	£17	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	10	13	3	27%	£6	£22	£16	275%	£0	£16	275%
ALL REMAINING PROVIDERS TOTAL	1,542	1,698	156	10%	£582	£620	£38	7%	£0	£38	7%
<b>GRAND TOTAL</b>	<b>20,910</b>	<b>23,916</b>	<b>3,006</b>	<b>14%</b>	<b>£8,108</b>	<b>£8,409</b>	<b>£301</b>	<b>3.7%</b>	<b>-£263</b>	<b>£38</b>	<b>0.5%</b>

\*PbR Only

#### 4.10.2 Aintree University Hospital NHS Foundation Trust

**Figure 52 - Month 2 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	6,983	7,455	472	7%	£162	£162	£0	0%
A&E - Accident & Emergency	5,176	5,811	635	12%	£698	£802	£104	15%
NEL - Non Elective	2,454	2,923	469	19%	£4,577	£4,641	£64	1%
NELNE - Non Elective Non-Emergency	8	13	5	60%	£29	£44	£15	51%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	3	46	43	1267%	£1	£11	£10	1047%
NELST - Non Elective Short Stay	334	387	53	16%	£224	£248	£24	11%
NELXBD - Non Elective Excess Bed Day	1,161	2,053	892	77%	£279	£484	£205	73%
<b>Grand Total</b>	<b>16,119</b>	<b>18,688</b>	<b>2,569</b>	<b>16%</b>	<b>£5,970</b>	<b>£6,392</b>	<b>£421</b>	<b>7.1%</b>

#### 4.10.3 Aintree Hospital Key Issues

Aintree is over performing across all PODs related to Urgent Care. However, the total over spend of £421k/7.1% is mainly driven by an over performance within A&E, Non-Electives and Non-Elective Excess Bed Days. Aintree's A&E Type 1 attendances during month 2 were the highest reported at the Trust since April 2015. The key specialty over performing within unplanned care is Acute Internal Medicine and the over performance within this specialty and the Non-Elective POD can be attributed to a pathway change implemented by the Trust from October 2017 onwards.

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

It should also be noted the 2018/19 plan was agreed post reporting of month 2 and figures presented are aligned to 2017/18 planned figures.

## 5. Mental Health

### 5.1 Mersey Care NHS Trust Contract

Figure 53 - NHS South Sefton CCG – Shadow PbR Cluster Activity

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

#### 5.1.1 Key Mental Health Performance Indicators

Figure 54 - CPA – Percentage of People under CPA followed up within 7 days of discharge

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

**Figure 55 - CPA Follow up 2 days (48 hours) for higher risk groups**

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

**Figure 56 - EIP 2 week waits**

	Target	Apr-18	May-18	Jun-18
Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (in month)	50%	80%	100%	
Rolling Quarter				88%

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

**Figure 57 - OAP Days**

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

The CCG has a target to reduce OAP's by 33% based on quarter 4 2017/18 activity. In quarter 4 2017/18, 165 OAP's were reported, and therefore the target for 2018/19 is 111. The latest reporting period is February to April 2018 where 80 OAP days were reported. This is a 51.5% decrease from the previous reporting period when 165 were reported, and also achieving the target.

The assessment function also contains a bed management oversight and this arrangement has contributed to zero usage of external Out of Area placements (OAP) in months 9-12 within the Trust's footprint. In 2018/19 NHS England changed the definition of OAPs to include those patients who are not able to access their local inpatient unit but are admitted to other inpatient

units within a Trust's footprint. For patients from both Sefton CCGs who subsequently are admitted to Mersey Care NHS units at Broadoak (Broadgreen site) or Windsor House (Toxteth) they are classified as internal OAPs.

It should be noted that some mental health trusts are continuing report solely external OAPS on NHS Digital.

### **5.1.3 Mental Health Contract Quality Overview**

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

#### **Transformation Update**

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

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

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

The assessment function also contains a bed management oversight and this arrangement has contributed to zero usage of external Out of Area placements (OAP) since November 2017. In 2018/19 NHS England changed the definition of OAPs to include those patients who are not able to access their local inpatient unit but are admitted to other inpatient units within a Trust's footprint. For patients from both Sefton CCGs who subsequently get admitted to Mersey Care NHS FT units at Broadoak (Broadgreen site) or Windsor House (Toxteth) they would be classified as internal OAPs.

It should be noted that some mental health trusts are continuing to report solely external OAPS on NHS Digital.

Up to May 2018 there have been no reported mental health related 12 hours breaches relating to Mersey Care FT patients (October 2017).

In conjunction with the urgent pathway redesign and recognising the need to improve collaborative working, the Trust has developed enhanced GP liaison building upon the primary care mental health practitioners which have been in place since 2013/14. Consultant psychiatrists have been aligned to primary care localities so as to increase the mental health support available for GPs. Contact has being established to arrange consultant visits to practices and within these meetings it will be possible to discuss GP patients open to mental health services, and those patients not open



but for whom the GP may wish to take advice on to either avoid the need for a referral or for support with signposting to an appropriate alternative service e.g. The Life Rooms. Meetings are ongoing to explore the discharge pathway from secondary to primary care for adult mental health patients with the next meeting to take place on 31<sup>st</sup> July 2018.

Communication related KPIs within the contract continue to be a focus of concern with continuing underperformance. In order to address this continued underperformance, and to ensure that the Trust is able to meet its 2018/19 Hospital Contract obligations (all letters within 7 days from 1<sup>st</sup> April 2018; electronically delivered from 1<sup>st</sup> October 2018) the Trust is undertaking a number of additional actions to improve the efficiency and effectiveness of letter production; these include –

- Dragon voice recognition software pilot completed across the Division involving assessment service practitioners and medical staff. Initial results and user feedback very positive – users have voluntarily continued with software following ending of pilot. Evaluation will be undertaken for potential roll-out to all medical staff by end of 2018 as part of Global Digital Exemplar programme.
- Dedicated outsourcing of postal functions to identified NHS 3rd party supplier – freeing up admin staff to focus on letter production.
- Outsourcing of delayed clinical correspondence backlog in order to address the potential risks to patient care from unduly delayed letters.
- Engagement work with Consultant staff re: Hospital contract obligations and to support adoption of more efficient letter production and checking. (ie: all electronic).

Despite the pending complete elimination of the backlog, the Trust continues to face challenges in relation to meeting its KPIs for timely clinical correspondence Issues include; recruitment to new admin model; clinical demands on medical staff; inefficient administration process amongst some medical staff; error rates/checking of errors in letters; use of traditional postal methods.

### **Psychotherapy and Eating Disorder wait times**

Psychotherapy and Eating Disorder wait times continue to be sub –optimal. The Psychotherapy service model is being changed to increase capacity over the next 2 years which should address ongoing waiting times issues and in consequence the KPIs and activity plans will need to be reviewed. Quality and BI colleagues will need to be involved to agree the process for reporting activity plan, waiting times and trajectories for reducing the number waiting over 18 weeks.

### **Early Intervention Psychosis**

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

### **Safeguarding**

The Trust was issued with a Performance Notice on 11<sup>th</sup> May 2017 following deterioration in Safeguarding related performance between Quarter 2 and Quarter 3 in 2016/17 since then related performance has improved. The Trust is proceeding to make progress against their action plan and



trajectory in 2017/18 which has been monitored by the Safeguarding Team. The staff training target has not yet been achieved however progress has been made. The Performance notice will remain until the Trust achieves the training target and then for 6 months afterwards to ensure the performance is sustained.

### IAPT Internal waits

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

In 2017/18 the decision was made to ring fence the longest waiters at Step 2, with an identified cohort of practitioners working specifically with these clients. This was successful in reducing waits for step 2 (CBT based interventions) to an average of less than six weeks. These average waits have been maintained, with fluctuations between the two CCGs as resource is shifted to meet demand. In an effort to address the need to continually flex resource, telephone work at Step 2 has increased. This prevents the need for a practitioner to be based in a specific location and enables the service to move quickly to address peaks in demand in given areas.

As a result of the success of the above work, more recently the same principles have been applied to the counselling waiting list. This work is continuing but has so far seen a significant reduction in waiting times, with clients not requiring specific times/venues currently waiting less than 12 weeks to access therapy. This is expected to continue to reduce further.

Requests for out of hours appointments and specific times continue to impact on waiting lists and efforts have been made to address this, including re-phrasing of information given at the point of assessment and amended correspondence.

The tables below show the improvement in waits from November 2017 to the end of May 2018.

<b>IAPT internal waits Nov 2017</b>	<b>Less than 28 days</b>	<b>More than 28 days less than 6 weeks</b>	<b>More than 6 weeks less than 90 days</b>	<b>More than 90 days less than 128 days</b>	<b>More than 128 days</b>	<b>Total</b>
NHS South Sefton CCG	274	49	118	58	100	599
NHS Southport & Formby CCG	192	78	116	30	31	447
Total internal waiters	<b>466</b>	<b>127</b>	<b>234</b>	<b>88</b>	<b>131</b>	<b>1046</b>
%	<b>44.6%</b>	<b>12.1%</b>	<b>22.4%</b>	<b>8.4%</b>	<b>12.5%</b>	<b>100.0%</b>

<b>IAPT internal waits May2018</b>	<b>Less than 28 days</b>	<b>More than 28 days less than 6 weeks</b>	<b>More than 6 weeks less than 90 days</b>	<b>More than 90 days less than 128 days</b>	<b>More than 128 days</b>	<b>Total</b>
NHS South Sefton CCG	238	136	66	20	50	510
NHS Southport & Formby CCG	187	68	51	12	12	330
Total internal waiters	<b>425</b>	<b>204</b>	<b>117</b>	<b>32</b>	<b>62</b>	<b>840</b>
%	<b>50.6%</b>	<b>24.3%</b>	<b>13.9%</b>	<b>3.8%</b>	<b>7.4%</b>	<b>100.0%</b>

Waiting times are significantly impacted by patients' specific requests for appointments within narrow time periods, on certain days of the week and at a venue of choice. It is possible that the co-location of therapists into physical health settings will reduce the requests to be seen in alternative venues or at restricted times, and so improves the flow of patients through pathways.

### 5.1.4 Patient Experience of Mental Health Services

**Figure 58 - Merseycare Friends and Family Test performance**

#### Friends and Family Response Rates and Scores

Mersey Care NHS Foundation Trust

Latest Month: **May-18**

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Mental Health	2.8%	3.4%	/	89%	91%	/	4%	2%	\

In May, Merseycare recorded a response rate of 3.4%, which is slightly above the England average. 91% of respondents reported they would recommend the service, an improvement on last month's performance and above the England average of 89%. The percentage who would not recommend is 2% in May, again an improvement and less than the England average of 4%.

## 5.2 Improving Access to Psychological Therapies

**Figure 59 - 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	282											597
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%											2.46%
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	54.3%	50.3%											51.4%
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%											99.3%
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%
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	196											421
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											16
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											208
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	90.1%	82.2%											86.1%

Cheshire and Wirral Partnership reported 282 patients entering treatment in Month 2, which is a 10.5% decrease from the 315 reported in Month 1. Confirmation from NHS England has outlined that Commissioners are advised that for 2018/19 the access standard of 4.75% per quarter (19.0% annually) should apply to quarter 4 only. For the first 3 quarters of the year, the annual Access rate of 16.8% should be aspired to (4.2% per quarter).

The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is therefore set for Quarter 1 2018/19 at 4.2% which equates to 1.4% per month. The access rate for Month 2 was 1.16% and therefore failed to meet the standard.

There were 383 Referrals in Month 2, which was an increase compared to the previous month when there were 374. Of these, 66.1% were Self-referrals which is a decrease from the previous month (70.6%). GP Referrals were higher than the previous month with 83 compared to 60 for Month 1. The provider is working closely with Clock View, attending weekly MDT meetings to agree appropriateness of clients for service.

The percentage of people moved to recovery was 50.3% in Month 2, which is less than the 54.3% for the previous month but still achieving the target of 50%.

Cancelled appointments by the provider saw a slight increase in Month 2 with 69 compared to 60 in Month 1.

There was a slight decrease in DNAs in Month 2 (from 189 in Month 1 to 182 in Month 2); the provider has commented that the DNA policy has been tightened with all clients made aware at the outset. Cancelled slots are being made available for any assessments/entering therapy appointments.

In month 2, 99.0% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have waited less than 18 weeks (against a standard of 95%).

The provider has confirmed that in response to primary care queries they are working to develop a prioritisation tool.

From the point of referral, the provider is able to routinely offer an appointment to clients within five days. Subsequent appointment times are dependent on the agreed appropriate clinical intervention and the client's own personal preference and internal waits continue to be monitored weekly.

The provider is currently overhauling its internal wait reporting and no data is yet available it is expected that future reports will contain internal wait information.

## 5.3 Dementia

**Figure 60 - Dementia casefinding**

NHS South Sefton CCG

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
People Diagnosed with Dementia (Age 65+)	1159	1163										
Estimated Prevalence (Age 65+)	1869	1874.3										
NHS South Sefton CCG - Dementia Diagnosis Rate (Age 65+)	62.0%	62.0%										
Target	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%

The latest data on the HSCIC website shows South Sefton CCG are recording a dementia diagnosis rate in April of 62%, which is under the national dementia diagnosis ambition of 66.7% and a the same reported as last month.

Following on from a deep dive meeting with NHSE in May, a refreshed plan has been agreed which includes a local trajectory for the CCG. The CCG's agreed trajectory for May 2018 was 66.9% and therefore the CCG is below target. The agreed date of recovery is 31<sup>st</sup> December 2018. A refreshed plan is in place and issues causing underperformance are being addressed.

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

**Figure 61 - NHS South Sefton CCG – Improve Access Rate to CYPMH 17/18 (30% Target)**

E.H.9	Q1 17/18		Q2 17/18		Q3 17/18		Q4 17/18		2017/18 Total	
	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.	160	75	210	75	260	85	310	80	940	315
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.	5.1%	2.4%	6.7%	2.4%	8.3%	2.7%	9.9%	2.6%	30.1%	10.1%

The data is published nationally by NHS Digital. Recent communications with the NHS Digital team have revealed that the data tables relating to this indicator have been removed from the publication. Discussions on the methods used to calculate these measures are ongoing between NHS England and NHS Digital therefore at this moment the information on how many new referrals have been made is omitted.

The CCG target is to achieve 30% by the end of the financial year. Quarter 4 performance showed 2.6% of children and young people receiving treatment (80\* out of an estimated 3,121 with a diagnosable mental health condition), against a target of 9.9%. 230\* more patients needed to have received treatment to achieve the quarter 4 target. The year- end Access performance was 10.1% against the annual target of 30%.

*\*For this data all values of less than 5 are suppressed by NHS Digital and replaced with a \*, and all other values are rounded to the nearest 5.*

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

**Figure 62 - South Sefton CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2017/18 Plans (95% Target)**

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	2	1	2	6	2	4	2	5
Number of CYP with a suspected ED (routine cases) that start treatment	2	3	2	6	2	4	2	5
%	100.00%	33.33%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

**Figure 63 - South Sefton CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2017/18 Plans (95% Target)**

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	2	0	2	0	2	1	2	2
Number of CYP with a suspected ED (urgent cases) that start treatment	2	0	2	0	2	1	2	2
%	100.00%	N/A	100.00%	N/A	100.00%	100.00%	100.00%	100.00%

For Q4 South Sefton had 2 patient waiting for urgent (less than 1 week waiting), and had 5 patient waiting for a routine appointments. Performance against the 4 week target is 100% (against national standard of 95%).

Quarterly plans for 2018/19 submitted with the expectation 100% of patients will be seen within 4 weeks and 100% of urgent cases within 1 week in each quarter.

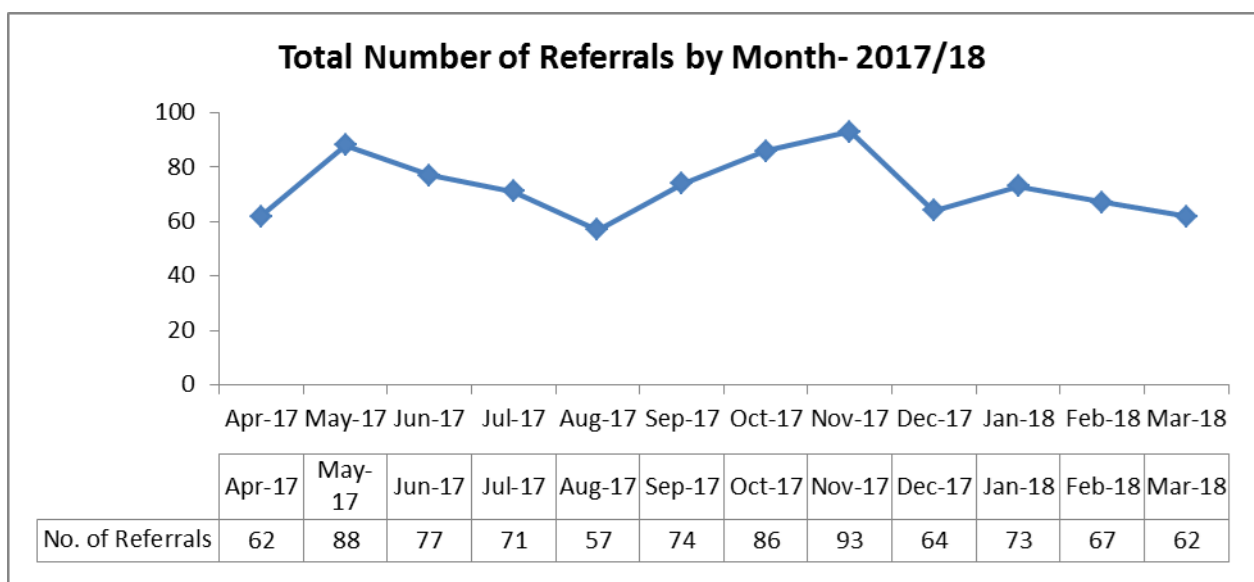
*The performance in this category is calculated against completed pathways only.*

## 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 4 2017/18, therefore incorporates the whole year. The date period is based on the date of referral so focuses on referrals made to the service during 2017/18. 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.

### CAMHS Referrals

**Figure 64 – CAMHS Referrals**



Throughout 2017/18 there were a total of 874 referrals made to CAMHS from South Sefton CCG patients. During the year there was no significant trend emerging although there has been a slightly downward trend from January 2018 onwards.

In relation to the source of referral, 49.5% (433) of the total referrals made during 2017/18 were from a GP and 19.3% (169) came from an Allied Health Professional.

In terms of severity of referrals received that have been allocated within the service, 38.1% (120) were described as moderate. 20.3% (64) were categorised as mild and 14.0% were described as severe. There were also 87 records where the severity field had not been populated.

### CAMHS Waiting Times – Referral to Assessment

**Figure 65 – CAMHS Waiting Times Referral to Assessment**

Waiting Time in Week Bands	Number of Referrals	% of Total
0 - 3 Weeks	103	32.7%
4 - 8 Weeks	28	8.9%
9 - 12 Weeks	77	24.4%
13 - 17 Weeks	96	30.5%
18 - 26 Weeks	10	3.2%
(blank)	1	0.3%
<b>Total</b>	<b>315</b>	<b>100%</b>

The biggest percentage (32.7%) of referrals where an assessment had taken place waited between 0 and 3 weeks from their referral to assessment. Collectively 96.5% of referrals waited 17 weeks or less from point of referral to an assessment being made.

### CAMHS Waiting Times – Assessment to Intervention

Figure 66 - CAMHS Waiting Times Assessment to Intervention

Waiting Time in Week Bands	Number of Referrals	% of Total	% of Total with intervention only
0 - 3 Weeks	84	26.7%	55.6%
4 - 8 Weeks	28	8.9%	18.5%
9 - 12 Weeks	13	4.1%	8.6%
13 - 17 Weeks	5	1.6%	3.3%
18 - 26 Weeks	15	4.8%	9.9%
27 - 52 weeks	6	1.9%	4.0%
(blank)	164	52.1%	N/A
<b>Total</b>	<b>315</b>	<b>100%</b>	<b>100%</b>

52.1% (164) 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 164 referrals were discounted, that would mean 55.6% (84) of referrals waited 3 weeks or less from assessment to intervention. Collectively 74.2% (112) of those referrals where an intervention took place waited 8 weeks or less from assessment to intervention.

## 5.7 Learning Disabilities

### Learning Disability Health Checks

Figure 67 – Learning Disabilities Performance Measures



2018/19 Target for CCG	504	E.K.3	Q1	Q2	Q3	Q4
Diff. Tolerance	25%					
AHCs delivered by GPs for patients on the Learning Disability Register	2017/18	Patients aged 14 or over on the GPs Learning Disability Register receiving a health check within the quarter	33	58		
		Population on the GPs Learning Disability Register	675	675	675	675
		%	4.9%	8.6%	0.0%	0.0%
	2018/19 Plan	Patients aged 14 or over on the GPs Learning Disability Register receiving a health check within the quarter	126	126	126	126
		Population on the GPs Learning Disability Register	675	675	675	675
		%	18.7%	18.7%	18.7%	18.7%

## 6. Community Health

### 6.1 Mersey Care Community Contract

The information leads from the CCG and the new community provider, Mersey Care, continue to meet on a monthly basis to discuss the current contract performance. Along with the performance review of each service, discussions regarding adjusting the activity baselines for 2018/19 are also being had. The Trust has shared a proposal with the CCG for review. The service reviews are now complete and the Trust and CCG community contract leads have had an initial meeting to discuss outcomes and recommendations. A further date is being arranged for the outcomes to be presented formally to CCG forum.

Further work to understand the impact of ICRAS and the reporting mechanism for such schemes are on-going. The Trust has undertaken a gap analysis of each measure stipulated in the contract, detailing what is currently available and which needs further work. This has been shared with the CCG for review.

#### 6.1.1 Quality

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

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

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

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

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

#### Patient DNAs

The Trust monitors DNA performance against a 10% threshold. The Trust has updated that a text messaging reminder function is in place. The CCG has received a copy of the Trust's DNA policy.

The Physiotherapy service continues to perform well above the threshold at 16.7% in May, although this is a slight improvement on April (18.5%). The service failed each month of 2017/18 and the trend continues. The Trust has stated that this service runs at Aintree Hospital who book appointments and send out text reminders, therefore Mersey Care staff have no control over this performance. Mersey Care are to meet with Aintree Hospital to understand the issues.

Dietetics performance has declined significantly from 18.3% in April to 30% in May, reporting well above the threshold. The service failed each month of 2017/18 and the trend continues. All face to face dietetics clinics have a maximum slot utilisation of 5 appointments, therefore 1 failed attendance results in a high DNA rate. The Trust has undertaken two audits looking at the types of referrals which are not turning up for appointments. The results illustrated patients with two or more long term conditions and a diagnosis of diabetes were the most frequent to DNA. Work to be done with nurse educator to establish appropriate pathway for these patients. The reason for the decline in May performance was due to a member of staff on long term sick.

Phlebotomy performance has declined over the past four months, with 9.8% in March and even further in April with 11.3%. May shows no improvement with a DNA rate of 11%. An improvement plan has been agreed to include measures to address the pressures placed on the service due to the high number of patients who DNA and to shift activity from domiciliary appointments to clinic. There was a three month pilot commenced in May to assess patient mobility and review housebound criteria. This pilot is expected to have a positive impact on DNA levels. A further pilot is planned to run from September to November to hold two drop in clinics in South Sefton to assess the impact on overall DNA rates.

#### Provider Cancellations

The Trust monitors performance against a 5% threshold.

Treatment room cancellations in May reported performance at 5.3%, a decline on last month when 4.5% was reported. The service achieved the target only once in 2017/18 in November at 2.7%. The Trust has reported that this was due to patient's appointments being cancelled and new slots provided in order to bring patients into clinic sooner.

Provider cancellation rates have been discussed between the CCG and Trust in the latest contract meetings. The Trust has stated that if they rearrange patients' appointments for an earlier date in order to improve the patients care and also to reduce waiting times, unfortunately the only way to do this is to cancel the existing appointment, resulting in higher provider cancellation rates. The Trust has requested that an alternative option be made available on EMIS templates to identify patients whose appointment was cancelled in order to give them an earlier appointment date.

### 6.1.3 Waiting Times

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

Physiotherapy: April's position for completed pathways has improved from 29 weeks in February to 27 weeks in March and 21 weeks in April. The longest wait is currently recorded at 34 weeks by one patient.

Occupational Therapy: April's completed pathway has declined in recent months from 18 weeks in February to 19 weeks in March and 22 weeks in April. The longest waiter was at 18 weeks. Looking at the position of the 92<sup>nd</sup> percentile for incomplete pathways the service was reporting an average of 13 weeks in April.

Podiatry: April's completed pathways position has declined slightly from 17 weeks in March to 20 weeks in April. The longest wait is currently recorded at 33 weeks by a single patient. Looking at the position of the 92<sup>nd</sup> percentile for incomplete pathways the service was reporting an average of 14 weeks in April.

### 6.1.4 Patient Experience of Community Services

**Figure 68 – Lancashire Care Friends and Family Test Performance**

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

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Community Health	3.7%	1.1%	/	96%	98%	/	2%	1%	—

Lancashire Care is reporting a response rate of 1.1% in May against an England average of 3.7%, a slight improvement in performance from 0.7% reported in April. The percentage who recommended the service was 98%, a slight improvement from last month and remaining above the England average of 96%. Performance for the percentage who would not recommend remains at 1% for the fifth consecutive month, below the England average of 2%.

### 6.2 Any Qualified Provider Mersey Care Podiatry Contract

The AQP Podiatry contract for South Sefton CCG patients transferred over to Mersey Care on 1<sup>st</sup> June. The AQP contract will terminate at the end of September 2018.

The Trust has confirmed a quality issue with the appointment type of 'new' or 'follow up' since taking over the contract. Therefore an accurate breakdown of new and follow ups is not available for June 2017 onwards. Trust and CCG BI colleagues met to discuss these issues and the CCG was informed that the EMIS template automatically defaults to follow up. The CCG has asked for staff to be made aware so the issue can be addressed going forward. At Month 2 2018/19 the total year to date costs for the CCG were £46,170 with 1,158 contacts.

CCG and Trust colleagues continue to meet on a monthly basis to discuss the patient pathways present in this service and the services required following the termination of the AQP podiatry contract.

### **6.2.1 Liverpool Community Health Quality Overview**

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

## **6.3 Alder Hey Community Services**

### **6.3.1 Services**

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

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

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

### **6.3.2 Waiting Times**

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

Paediatric SALT: April is reporting 28 weeks at the 92<sup>nd</sup> percentile for incomplete pathways, with 1 patient waiting as long as 38 weeks. This is a further decline in performance compared to last month when 26 weeks was reported. The Trust has undertaken some validation work and the service is still performing well above the standard 18 weeks, which evidences that there is a genuine capacity issue. The Trust has submitted a business case to the CCG which was presented to the CCG's senior leadership team in July and are awaiting the outcome.

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

Paediatric Dietetics: The Trust is reporting a DNA rate of 10.5% in May 2018, a slight improvement on 12.5% reported last month, but still reporting above the 10% threshold.

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

**Figure 69 - South Sefton CCG – Percentage of children waiting more than 18 weeks for a wheelchair - 2017/18 (92% 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	19	Nil return	19	Nil return	19	Nil return	19	Nil return
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	Nil return
%	95.00%	0.00%	95.00%	0.00%	95.00%	0.00%	95.00%	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.

South Sefton CCG commissioning arrangements have recently been clarified with NHS England commissioning this service and not South Sefton CCG, so a nil return for the CCG was recorded.

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

Reports detailing activity and outcomes during Q4 have now been finalised, a copy of this report has now been circulated amongst CCG commissioning leads. Referrals to some services have increased during Q4 compared to the same period last year, others are stable; the complexity of service user issues is also increasing, cases are now taking longer to resolve.

A number of services providing support for service users applying for benefits have also informed the CCG of an increase in the number of people presenting with anxiety and stress as a result of the new Universal Credit application process. The online application is said to be difficult and has an effect on a high volume of service users, in particular those suffering mental health. A number of agencies have informed that the majority of payments appear to be delayed and residents of Sefton are suffering severe hardship as a result.

All services have reported that the impacts of funding efficiencies have impacted back office functions in the main and all are working hard to ensure front line service delivery in unaffected wherever possible.

### Age Concern – Liverpool & Sefton

Age Concern are to attend Locality meetings to present an overview of services provided. Contact has also been made with Cheshire & Wirral Partnership (Access Sefton) to scope the possibility of collaborative working in particular peer group support meetings and talking therapies aimed at service users affected by bereavement, social isolation and depression. During Q4, Age Concern has a total of 316 service users engaging with the service during this quarter. New referrals are stable in the region of 86 per quarter. All referred clients were assessed within 14 days from receipt of referral, plans detailing expected reablement outcomes were carried out for all and a total of 155 care plan reviews have taken place for clients within 6 weeks from commencement.

### Alzheimer's Society

Alzheimer's Society is continuing to work in partnership with GP practices across the Sefton footprint, including attending locality meetings and with a regular drop in session at the Strand by Me Shop in Bootle Strand. The service is also working with a number of practices delivering dementia support clinics for patients and carers. This project has been very well received by patients, carers and practice staff. During Q4 Alzheimer's Society received a total of 113 new referrals and closed 147 cases (40% where the case was completed with outcomes met), the service currently has around 147 active cases. New referrals this year compared to Q4 last year are similar but overall referrals to the service have continued to increase by around 65% year on year. For the first time the service has reported more referrals via a health route than self/carer, this is a mixture of the memory clinics, GP's and other health services.

#### Expect Ltd

Expect LTD has a total of 128 existing clients across Sefton. The centre has had 1,948 contacts during Q4. Approximately 1,948 of these contacts engaged in structured activities such as Easy & Healthy Cooking and are particularly well attended by males who have been typically harder to engage with. Case studies of service users have reported significant positive outcomes in improved mental health and associated reductions in utilisation of crisis services, A&E attendances and hospital admissions from self-harm and resulting in users returning to employment.

#### Sefton Carers Centre

The service has approx. 247 carers registered, including 43 parent carers and 115 school age young carers. During Q4 there have been 146 new referrals made to the service, the ages of those who have registered during this period has increased significantly with the majority of carers supporting people with dementia and Alzheimer's. The centre has also reported that the age of parent carers has increased significantly. A number of parent carers who are well into retirement continue to care for their adult children with long term conditions. In contrast to this, referrals are starting to trickle through from schools and colleges for help and support for children caring for parents with long term conditions. Work is on-going to address this issue with commissioners and localities across Sefton. Sefton Carers Centre is authorised by the Local Authority to approve Child's Needs Assessments, these inform the Carers' Support Plans completed on the Local Authority's behalf, and 288 have been completed by the centre in Q4. Sefton Carers Centre has also secured £204,190 in backdated welfare benefits for the residents of Sefton during Q4 bringing the total year to date figure to more than £1.3m. The service currently has 54 volunteers, and the volunteer value at the centre during Q4 equates to £21k.

#### Sefton CAB

Sefton CAB has received 67 new referrals during Q4; slightly more referrals than during the same period 2016-17. The sources of referral are mostly Mental Health Professionals 45% and Self referrals 48%. Most enquiries are in relation to benefits and changes to Universal Credit (namely online applications) have been problematic as most service users have profound mental health issues. Appeals for benefit claims are becoming more frequent and delayed discharges are mainly as a result of funding issues for those requiring supported living accommodation. A number of patients with Mental Health conditions have been readmitted to Clock View and this has been reported to be due to poor, inappropriate or inadequate accommodation. The financial outcome as a result of intervention from Sefton CAB is just under £1.3m to date.

#### Sefton CVS

Support for Black and Minority Ethnic group patients has increased with 15 new referrals in Q4 as well as 64 existing cases. This service has supported people in registering with GP's and encouraged a number of people to access other healthcare providers including mental health care, and support around benefits, again with issues accessing Universal Credit online and debt issues.



Health and Wellbeing trainers saw 181 new referrals in Q4 in addition to the caseload of 82. Reasons for accessing support include social inclusion and confidence building (39%), finances, accommodation and housing (36%), and health related issues (20%). More than half of all referrals in Q4 were from District Nurses and Community Matrons, and 17% from GPs.

#### Sefton Advocacy

Sefton Pensioner's Advocacy has merged with Sefton Advocacy. The Pensioner service has received a total of 54 new referrals in Q3 and a caseload of 141 existing cases. The main reasons for advocacy were in regard to finance/benefits (40%), housing (26%) health & wellbeing (12%) & complaints/appeals (12%). Service users report feeling Safer and more secure at home, improved Health and Emotional Wellbeing and a reduction in social isolation and has managed to secure £620,894 in benefits, grants and CHC funding for clients during Q2.

#### Swan Women's Centre

The counselling service has seen 72 new referrals in Q4 with 56 on the service caseload. Almost 50% are self-referrals and a further 32% from health professionals including GPs. Service users are reporting health related benefits such as increased physical activity and stopping smoking as healthy coping strategies to deal with mental health issues.

#### Imagine independence

During Q4, Imagine Independence carried forward 38 existing cases. A further 153 were referred to the service via IAPT this quarter, an increase on the same period last year. A total of 30 service users attended job interviews, 21 managed to secure paid work and the service supported 41 people in retaining their current employment.

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

SWACA received 338 new referrals during Q4 from a variety of sources; the top 3 referrals were received from Police (40%), self (17%) and Safeguarding Children (20%).

The service makes onward referrals and liaises with other agencies, often Local Authority safeguarding teams and offers refuge to service users.

#### Stroke Association

There were 86 referrals within South Sefton and a further 87 within Southport & Formby during Q4. Over 90% of referrals are direct from Hospitals often while a patient is still in hospital and service staff attend weekly discharge planning meetings. These meetings are utilised to discuss the support and rehabilitation needs of new and existing service users in order to jointly plan the way forward. The service continues to support users post stroke which includes back to work support, welfare benefits and financial support, emotional support, and tailored information for younger families. The Stroke Association has developed a stroke specific Outcomes Framework which links to Public Health, NHS and Adult Social Care outcome indicators. Some indicators are a subjective assessment of achievement having been discussed and agreed by the coordinator in conversation with the service user. Others are more objective for example numbers who report as attending and enjoying regular peer support groups and so have reduced isolation or those who have had their benefits maximised.

#### Parenting 2000

During Q4 the service received 10 adult referrals and 100 referrals for children. The majority of referrals are self-referrals. There are 39 existing service users accessing counselling across the borough of Sefton such as bereavement counselling with parents or behaviour counselling with children.

#### Netherton Feelgood Factory

Drop in sessions are offered at the centre with clients with complex personality disorders plus severe anxiety/depression, with substantial minority with bipolar, schizoaffective disorders, learning disabilities or dementia. Many service users accessing this service have medically unexplained symptoms, e.g. pain, headaches, fatigue. By accepting the reality of their symptoms and talking things through, the service has managed to reduce appointments with GPs and unnecessary investigations and referrals. The service has also taken people for appointments with Atos, job centres, hospitals, GPs and social workers which may otherwise DNA.

#### CHART (Crosby Housing and Reablement Team)

During Q4 the service received 71 new referrals, of these new referrals 33 people have been accommodated, a further 20 people have been supported to stay in their current residence. Of these referrals, the service has enabled 17 patients to be discharged from hospital and have prevented 25 people becoming homeless. The main source of referral during this period has come from Mersey Care NHS Trust (83%).

## 8. Primary Care

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

**Figure 70 - South Sefton CCG - Extended Access at GP services 2018/19 Plan**

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

This indicator is based on the percentage of practices within a CCG which meet the definition of offering extended access; that is where patients have the option of accessing routine (bookable) appointments outside of standard working hours Monday to Friday. The numerator in future will be calculated from the extended access to general practice survey, a new data collection from GP practices in the form of a bi-annual survey conducted through the Primary Care Web Tool (PCWT). Currently in South Sefton 15 out of 30 practices are offering some extended hours, however the planning requirements include Saturday and Sunday and appointments outside core hours. No practices are offering all three elements at this stage. A CCG working group are developing a service specification for an extended hour's hub model to provide extended access in line with the GP Five Year Forward View requirements. This service will be live from October 2018.

### 8.2 CQC Inspections

A number of practices in South Sefton CCG have been visited by the Care Quality Commission and details of any inspection results are published on their website. There have been 2 new inspections in South Sefton recently. They were North Park Surgery and we are still awaiting their



results, Orrell Park which has remained consistent scoring 'good' for all aspects. All the results are listed below:

**Figure 71 - 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
<b>N84019</b>	<b>North Park Health Center</b>	<b>05 June 2018</b>	<b>Awaiting report</b>					
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
	129 Sefton Road (Branch Surgery)	08 August 2017	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
N84001	42 Kingsway	07 November 2016	Good	Good	Good	Good	Good	Good
N84007	Liverpool Rd Medical Practice	06 April 2017	Good	Good	Good	Good	Good	Good
N84011	Eastview Surgery	11 October 2017	Good	Good	Good	Good	Good	Good
N84020	Blundellsands Surgery	24 November 2016	Good	Good	Good	Good	Good	Good
N84026	Crosby Village Surgery	29 October 2015	Requires Improvement	Good	Good	Good	Good	Requires Improvement
N84041	Kingsway Surgery	07 November 2016	Good	Good	Good	Good	Good	Good
N84621	Thornton Practice	19 February 2015	Good	Requires Improvement	Good	Good	Good	Good
N84627	Crossways Practice	06 August 2015	Good	Good	Good	Good	Good	Good
N84626	Hightown Village Surgery	18 February 2016	Good	Requires Improvement	Good	Good	Good	Good
N84003	High Pastures Surgery	09 June 2017	Good	Good	Good	Good	Good	Good
N84010	Maghull Family Surgery (Dr Sapre)	21 August 2017	Good	Requires Improvement	Good	Good	Good	Good
N84025	Westway Medical Centre	23 September 2016	Good	Good	Good	Good	Good	Good
N84624	Maghull Health Centre	05 February 2015	Good	Good	Good	Good	Good	Good
Y00446	Maghull Practice	19 March 2015	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
N84004	Glovers Lane Surgery	10 May 2016	Good	Good	Good	Good	Good	Good
N84023	Bridge Road Medical Centre	15 June 2016	Good	Good	Good	Good	Good	Good
N84027	Orrell Park Medical Centre	14 August 2017	Good	Good	Good	Good	Good	Good
N84029	Ford Medical Practice	31 March 2015	Good	Good	Good	Good	Good	Good
N84035	15 Sefton Road	22 March 2017	Good	Good	Good	Good	Good	Good
N84043	Seaforth Village Practice	29 October 2015	Good	Good	Good	Good	Good	Good
N84605	Litherland Town Hall Health Centre	26 November 2015	Good	Good	Good	Good	Good	Good
N84615	Rawson Road Medical Centre	16 March 2018	Good	Good	Good	Good	Good	Good
N84630	Netherton Practice	24 September 2015	Good	Requires Improvement	Good	Good	Good	Good

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

## 9. Better Care Fund

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

A summary of the Q1 BCF performance is as follows:

**Figure 72 – BCF Metric performance**

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

**Figure 73 – BCF High Impact Change Model assessment**

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

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

### **10.1 Background**

The CCG Improvement and Assessment Framework (IAF) draws together in one place 51 indicators including NHS Constitution and other core performance and finance indicators, outcome goals and transformational challenges. These are located in the four domains of better health, better care, sustainability and leadership. The assessment also includes detailed assessments of six clinical priority areas of cancer, mental health, dementia, maternity, diabetes and learning disabilities (updated results for these will not be reported until later in the year). The framework is then used alongside other information to determine CCG ratings for the entire financial year.

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 2 performance and narrative detailed in the table below.

**Figure 74 - South Sefton CCG's Month 2 Submission to NHS England**

May 2018 Month 02	Month 02 Plan	Month 02 Actual	Month 02 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	3400	3733	9.79%	Both GP and Other referrals for May are within the statistical trend of previous months, although on the higher end of the scale. It is expected referral levels to come back in line with seasonal plan in the coming months. Local monitoring of referrals suggest year on year growth overall at less than 1% with GP referrals showing a higher growth rate of approx. 10%. Referral patterns are monitored via the information sub group with local providers and any anomalies outside of the normal statistical range are discussed and analysed. A number of specialties referred via a GP have increased against the average monthly figures from 17/18, the main specialties are ENT, Dermatology, Urology, and Gynaecology.
Other	2256	2585	14.58%	
Total (in month)	5656	6318	11.70%	
Variance against Plan YTD	11337	12343	8.87%	
Year on Year YTD Growth			11.00%	
Outpatient attendances (Specfic Acute) SUS (TNR)				
All 1st OP	4697	5064	7.81%	Outpatient levels are in line with trend of the previous year and as such is not statistically against the trend. Seasonal profile of the plan set April and May as slightly lower than the median, it is expected June and July levels to be closer in line with planned values for both first and follow-up attendances.
Follow Up	10557	10979	4.00%	
Total Outpatient attendances (in month)	15254	16043	5.17%	
Variance against Plan YTD	30390	31273	2.91%	
Year on Year YTD Growth			-4.10%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1689	1786	5.74%	Local monitoring of day case levels show plan and actual much closer with variance just outside 3%. YTD levels close to 2% threshold with seasonal plan increasing in the coming months which should bring plan and actual within the 2% margin. Current levels of activity for both elective and day case procedures are in line with statistical trend and as such not beyond the normal range.
Elective Ordinary spells	261	255	-2.30%	
Total Elective spells (in month)	1950	2041	4.67%	
Variance against Plan YTD	3867	3969	2.64%	
Year on Year YTD Growth			-3.20%	
Urgent & Emergency Care				
Type 1	4338	4522	4.24%	CCGs main provider saw a large number of attendances within May, with large levels of admissions following. Overall actual and plan in line YTD.
Year on Year YTD			2.60%	
All types (in month)	8967	8926	-0.46%	
Variance against Plan YTD	17568	17327	-1.37%	
Year on Year YTD Growth			-0.20%	
Total Non Elective spells (in month)	1962	2187	11.47%	Changes in pathway at the CCGs main provider part way through 2017/18 resulted in higher levels of admissions, this trend has continued into 2018/19 and continues to rise. 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 CCGs main acute provider. Plans have increased from 2017/18 in line with changes in activity and seasonal trend has increased levels in the latter half of the year. This should bring plan and actual closer in line in the coming months.
Variance against Plan YTD	3856	4255	10.35%	
Year on Year YTD Growth			21.40%	