



South Sefton
Clinical Commissioning Group

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Integrated Performance Report June 2018

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Summary Performance Dashboard

Metric	Reporting Level		2018-19												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
E-Referrals															
2142: NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG	R	R	R										R
		Actual	32.129%	32.129%	47.013%										37.576%
		Target	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
Diagnostics & Referral to Treatment (RTT)															
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R										
		Actual	2.733%	2.066%	2.254%										
		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%	
1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R										
		Actual	90.112%	90.458%	89.959%										
		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%	
1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	R	R										R
		Actual	3	3	10										16
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations															
1983: Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G										G
		Actual	0	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															
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	R	R	R										R
		Actual	90.40%	90.41%	88.60%										89.81%
		Target	93.00 %	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	R	G	G										G
		Actual	92.06 %	94.32%	96.05 %										94.273%
		Target	93.00 %	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	R	G	G										G
		Actual	95%	100%	96.3%										97.196%
		Target	96.00 %	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	G	G	R										G
		Actual	100%	100%	84.3%										95.00%
		Target	94.00 %	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	G	R										G
		Actual	100%	100%	96.30%										98.529 %
		Target	98.00 %	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	G										G
		Actual	96.429 %	100. %	100%										98.592 %
		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	

539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R	R	R										R
		Actual	82.759%	83.784%	82.927%										83.178%
		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%
540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	No patients	R	R										R
		Actual	-	66.667%	0%										50%
		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

2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	South Sefton CCG	RAG	R	R	R										R
		Actual	86.602%	87.388%	88.326%										87.446%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
1928: 12 Hour Trolley waits in A&E Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G										G
		Actual	-	-	-										
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

EMSA

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

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

HCAI

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

Mental Health

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

Episode of Psychosis

2099: First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	G	G	G										G
		Actual	80.00%	100.00%	57.143%										79.048%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%

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

IAPT (Improving Access to Psychological Therapies)

2183: IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R												R
		Actual	48.773%												48.773%
		Target	50.00%			50.00%			50.00%			50.00%			
2131: IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R												R
		Actual	3.66%												3.66%
		Target	4.20%			4.20%			4.20%			4.74%			
2253: IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	G												G
		Actual													
		Target	75.00%			75.00%			75.00%			75.00%			75.00%
2254: IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G												G
		Actual													
		Target	95.00%			95.00%			95.00%			95.00%			95.00%

Metric	Reporting Level	2018-19													
		Q1			Q2			Q3			Q4			YTD	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Dementia															
2166: Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R										R
		Actual	62.022%	62.022%	63.442%										62.504%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%
Children and Young People with Eating Disorders															
2095: The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	South Sefton CCG	RAG	G									G			
		Actual	100%									100%			
		Target	100%			100%			100%			100%			
2096: The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	South Sefton CCG	RAG	G									G			
		Actual	100%									100%			
		Target	100%			100%			100%			100%			
Wheelchairs															
2197: Percentage of children waiting less than 18 weeks for a wheelchair The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	South Sefton CCG	RAG													
		Actual													
		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 3 (note: time periods of data are different for each source).

Financial position

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

The year to date financial position is a deficit of £0.600m, which is in line with the CCG's revised planned deficit at this stage.

As at 31st July, the full year forecast financial position is £1m surplus. This position is reliant on QIPP plans to be fully achieved. It is important to recognise that significant risk exists in terms of delivering the plans in full. The most likely financial outturn position for the CCG assessed at 31st July 2018 is a deficit of £2.855m. This assumes that QIPP delivery during the year will be £2.569m.

Planned Care

GP referrals in 2018/19 to date are 4% down on the equivalent period in the previous year. There have been significant reductions in GP referrals to Gastroenterology, Trauma & Orthopaedics and Dermatology.

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

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in June reporting 2.25%, similar to last month when 2.07% was recorded. Aintree recorded 1.03% marginally failing, the Trust continues with their planned actions.

The CCG continues to report below the 92% target for patients on an incomplete non-emergency pathway waiting no more than 18 weeks, at 90.00% for June. This is a slight decline in performance from 90.46% reported in May. Aintree also failed this standard for June recording 90.10%. The significant non-elective pressure experienced at the Trust circa November 2017 had greatly impacted on RTT performance from which the Trust has not yet fully recovered. Action plan in place.

In June, 10 South Sefton patients were waiting on the incomplete pathway for 52+ weeks against a zero tolerance threshold. 6 cases at North Midlands, 3 at Liverpool Women's and 1 at Manchester University Hospital.

The CCG are failing 4 of the 9 cancer measures in month 3. The 2 week wait metrics for suspected cancer 93% target recorded 89.81% 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 (72.73%, 83.13% and 50% respectively).

Friends and Family inpatient response rates at Aintree are under target for June at 19.7%. The proportion of patients who would recommend the Trust has remained the same as last month at

92% and unfortunately is still below the England average of 96%. The proportion who would not recommend has also improved from 5% in May to 4% in June, but is still above the England average of 2%.

Performance at Month 3 of the financial year 2018/19, against planned care elements of the contracts held by NHS South Sefton CCG show an over performance of £138k/1.2%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a reduced over spend of approximately £107k/0.9%.

Unplanned Care

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2018/19 and have achieved June trajectory of 85.8% with a performance of 86.9% for all A&E department types.

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 June 2018, there were 1,880 contacts to the 111 service from South Sefton CCG patients, a similar number to June of the previous year.

There were fewer contacts to the GoToDoc out of hours GP service from South Sefton patients in month 3 of 2018/19 than in the previous year, 844 compared to 935. Overall in 2018/19 there have been 5.4% fewer contacts to the service.

Performance against the 90% stay standard was 51.35% for June 2018. There were 37 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 June, 1 breach at Aintree and 1 at Southport & Ormskirk NHS Trust. Aintree also failed the measure and reported an MSA rate of 0.1, which equates to a total of 1 breach in June, this is the first time Aintree have failed this measure in quite some time, last time being October 2016.

The CCG had 7 new cases of Clostridium Difficile reported in June (16 YTD) against a year to date plan of 14 (7 apportioned to acute trust and 9 apportioned to community).

Aintree had no new cases of MRSA in June but as they had a case in May they have 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 June there were 14 cases (37 YTD) against a year to date plan of 32. Aintree reported 35 cases in June (91 YTD). There are no targets set for Trusts at present.

The average number of delays per day in Aintree hospital increased in June from 26 to 34. Of the 34, 13 were patient or family choice (38%), 10 were awaiting further NHS non-acute care (29%), 7

were awaiting care package in own home (21%) and 4 patient was awaiting completion of assessment (12%).

The percentage of people who would recommend Aintree's A&E is below the England average (87%) at 85%. The percentage not recommended is at 9% in June, the same as May but still above the England average of 7%.

Performance at Month 3 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £165k/1.3%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a reduced over spend of approximately £84k/0.7%.

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 March to May 2018 where 35 OAP days were reported. This is a 51.5% decrease from the previous reporting period when 80 were reported, and also achieving the target.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership reported 292 patients entering treatment in Month 3, which is a slight increase from 283 reported in month 2. 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 June of 63.4%, 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 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 has been arranged for the outcomes to be presented formally to CCG forum.

Better Care Fund

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

CCG Improvement & Assessment Framework

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

2. Financial Position

2.1 Summary

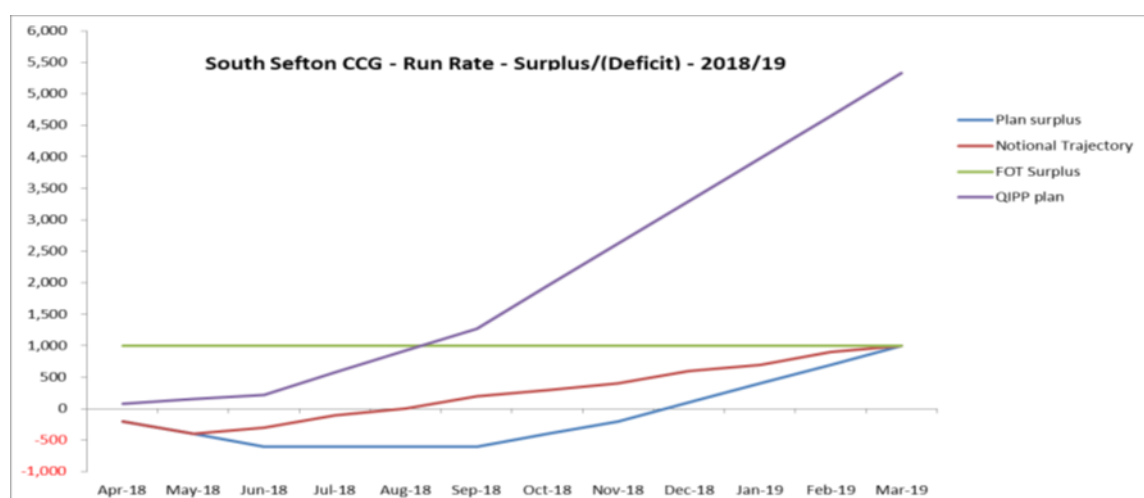
This report focuses on the financial performance for South Sefton CCG as at 31 July 2018.

Figure 1 – CCG Financial Position

	Annual Budget	Budget To Date	Actual To Date	Variance To Date	Actual Outturn	FOT Variance
	£000	£000	£000	£000	£000	£000
Non NHS Commissioning	24,336	8,048	8,586	538	26,092	1,756
Corporate & Support Services: admin	3,211	1,051	1,028	(23)	3,182	(29)
Corporate & Support Services: programme	3,767	1,255	1,164	(92)	3,633	(134)
NHS Commissioned Services	181,122	63,066	63,280	215	182,202	1,080
Independent Sector	3,671	1,295	1,270	(25)	3,681	10
Primary Care	4,069	1,333	1,425	92	4,153	84
Prescribing	30,768	10,256	10,258	2	30,783	15
Total Operating budgets	250,944	86,303	87,010	707	253,726	2,782
Reserves	(4,501)	707	0	(707)	(7,283)	(2,782)
In Year Surplus/Deficit	1,000	(600)	0	600	0	(1,000)
Total I&E	247,443	86,410	87,010	600	246,443	(1,000)

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

Figure 2 – CCG Run Rate



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

- Q1 reported deficit position of £600k in line with plan
- Q2 plans to breakeven
- Q3 & Q4 plan to return to surplus position through delivery of mitigation strategies.

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

The most likely financial outturn position for the CCG assessed at 31st July 2018 is a deficit of £2.855m. This assumes that QIPP delivery during the year will be £2.569m. 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 CCG's financial recovery plan was submitted to NHS England on 27 July 2018 and has now been agreed by NHS England. The financial recovery plan was developed in accordance with NHS England requirements and discusses progress made to date. The plan identifies that the most significant challenge facing the CCG in 2018/19 is the Acting as One agreement which does not enable any planned or unplanned care cash efficiencies to be easily released in year.

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

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

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

The QIPP plan at Appendix 3 reflects the increasing confidence in the delivery of the medicines optimisation plan discussed at the Finance and Resource Committee in July 2018. The revised QIPP plan in the financial recovery plan included further stretch targets (including medicines optimisation/Right care opportunities). This will be presented to the next QIPP and Financial Recovery Committee meeting and an update will be provided to the Finance and Resource Committee in September 2018.

Regarding the year to date financial position, cost pressures have emerged in the first four months of the financial year which are offset by underspends in other areas. The main areas of forecast overspend are within the following areas:

- Increased costs within continuing healthcare budgets. This is due a number of high cost cases emerging in 2018-19 and the impact of the continuation of the 28 day discharge from hospital. This equates to a full year cost pressures of £2.381m.
- Increased cost of £0.400m within Lancashire Care NHS Trust relating to continence products.

- Cost pressures of £0.217m within St Helens NHS Trust relating to over performance in elective activity within plastics and trauma and orthopaedics.
- Increased costs of £0.198m within AQP audiology contract with Spec Savers.

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

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 the first four months 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 as such, 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 has been established and it is vital that this is implemented, otherwise the CCG risks not delivering its financial plan.

2.2 Finance Key Performance Indicators

Figure 3 – Financial Dashboard

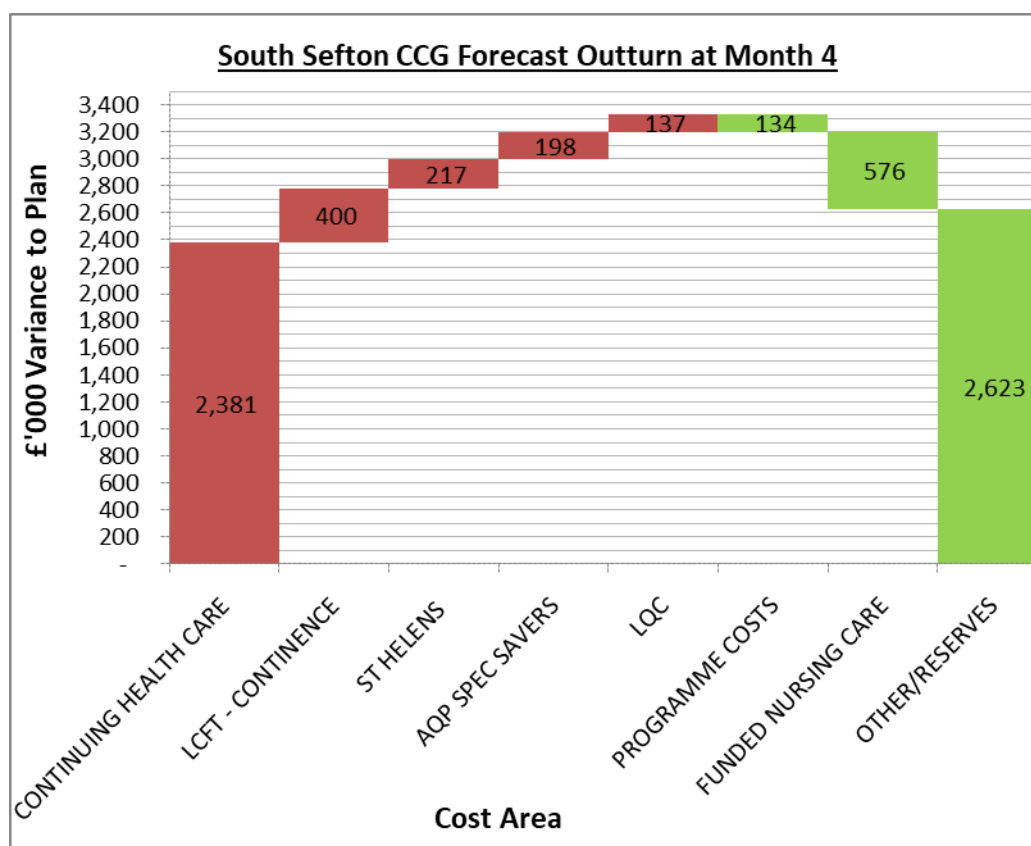
Key Performance Indicator		This Month
Business Rules	1% Surplus	✗
	0.5% Contingency	✓
0.4% Surplus (£1m)	Financial Plan	✓
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£0.747m
Running Costs	CCG running costs < 2018/19 allocation	✓
BPPC	NHS - Value YTD > 95%	99.94%
	NHS - Volume YTD > 95%	99.46%
	Non NHS - Value YTD > 95%	97.52%
	Non NHS - Volume YTD > 95%	94.83%

- NHS England business rules routinely require CCGs to deliver a 1% surplus. The CCG has been set a financial control total by NHS England to deliver a £1m surplus, which is a 0.4% surplus.
- 0.5% Contingency Reserve of £1.239m is held as mitigation against potential cost pressures.
- The current financial plan is to achieve a £1m surplus position in year. The CCG most likely position assessed at 31st July 2018 for the financial year is a deficit of £2.855m.
- The QIPP target for 2018-19 is £5.329m. Delivery is £0.747m to date which is £0.771m below planned delivery at month 4 (see appendix 3).
- The forecast expenditure on the Running Cost budget is below the allocation by £0.029m at month 4.
- BPPC targets have been achieved year to date except for non NHS by volume which is slightly below the 95% target. Work to improve performance is on-going.

2.3 CCG Financial Position – Month 4 2018-19

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 4 – Forecast Outturn



- The CCG's most likely financial position for the financial year is a **deficit of £2.855m**.
- The main financial pressures relate to
 - Cost pressures relating to Continuing Healthcare packages which have increased in volume against plan.

- Increased costs within Lancashire Care NHS Trust relating to continence products.
- Cost pressures within St Helens NHS Trust relating to over performance in elective activity within plastics and trauma and orthopaedics.
- Increased costs within AQP audiology contract with Spec Savers.
- 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.

2.4 CCG Reserves Budget

Figure 5 – Reserves Budget

Reserves Budget	Opening Budget £m	Additions £m	Transfer to QIPP £m	Deployed (to Operational budgets) £m	Closing Budget £m
QIPP Target	(5.329)				(5.329)
QIPP Achieved			0.747		0.747
NCSO Adjustment	(1.400)				(1.400)
Primary care additional allocation	(1.500)				(1.500)
CAT M expenditure reduction	(0.300)				(0.300)
CCG Growth Reserve	0.789		(0.489)	(0.300)	0.000
CHC Growth Reserve	0.500				0.500
Better Care Fund	0.270				0.270
Intermediate Care	1.081			(1.081)	0.000
Community services	0.500				0.500
GPFV Improving Access	0.000	0.564			0.564
Other investments / Adjustments	0.162	0.162	(0.258)	0.142	0.208
0.5% Contingency Reserve	1.239				1.239
Total Reserves	(3.988)	0.726	0.000	(1.239)	(4.501)

- 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 NCSO cost pressures which will either be funded 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.

2.5 Provider Expenditure Analysis – Acting as One

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

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	0.460
Alder Hey Children's Hospital NHS Foundation Trust	(0.028)
Liverpool Women's NHS Foundation Trust	(0.080)
Liverpool Heart & Chest NHS Foundation Trust	(0.080)
Royal Liverpool and Broadgreen NHS Trust	(0.012)
Mersey Care NHS Foundation Trust	0.000
The Walton Centre NHS Foundation Trust	(0.020)
Total	0.239

- 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 over performance with these providers but does present a risk that activity could move to other providers not included in the arrangements, causing a pressure for the CCG.
- Due to fixed financial contract values, the agreement also restricts the ability to achieve QIPP savings in the two year contract period. However, identification of QIPP schemes should continue as this will create capacity to release other costs and long term efficiencies within the system.
- The year to date performance for the Acting as One providers shows an over performance spend against plan, this would represent an overspend of £0.239m under usual contract arrangements.

2.6 QIPP

Figure 7 – QIPP Plan and Forecast

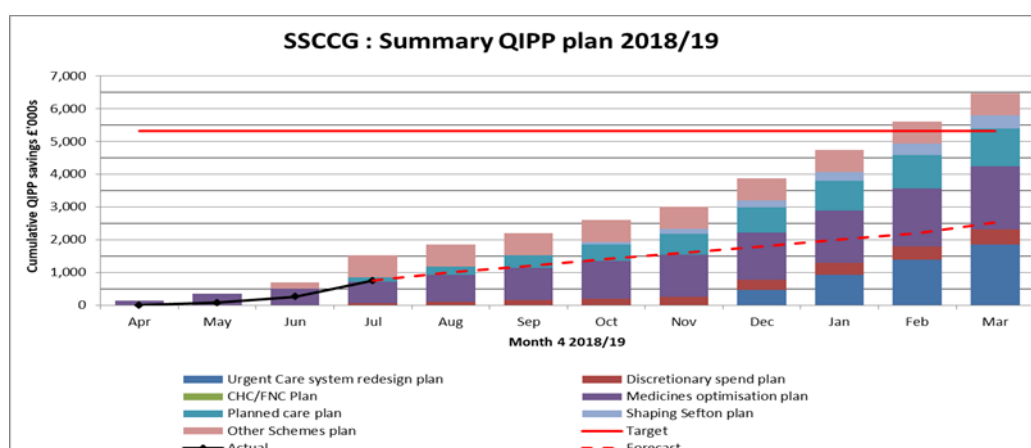


Figure 8 – RAG Rated QIPP Plan

	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned Care plan	1,146	0	1,146	200	0	946	1,146
Medicines optimisation plan	1,931	0	1,931	1,364	0	567	1,931
CHC/FNC plan	0	0	0	0	0	0	0
Discretionary spend plan	100	356	456	106	250	100	456
Urgent Care system redesign plan	1,859	0	1,859	0	200	1,659	1,859
Shaping Sefton Plan	410	0	410	0	0	410	410
Other Schemes Plan	489	185	674	674	0	0	674
Total QIPP Plan	5,935	541	6,476	2,344	450	3,682	6,476
QIPP Delivered 2018/19				(747)		0	(747)

- The 2018/19 QIPP target is **£5.329m**.
- QIPP schemes worth £6.476m have been identified; however **£4.132m** of the schemes are rated amber and red so there is a high risk of non-delivery in year, which needs to be addressed in order to deliver the CCG's financial plan.
- To date the CCG has achieved **£0.747m** QIPP savings in respect of prior year technical adjustments and prescribing savings.

2.7 Risk

Figure 9 – CCG Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	2.470	(1.470)	1.000
QIPP Target	(5.329)	0.000	(5.329)
Revised surplus / (deficit)	(2.859)	(1.470)	(4.329)
I&E Impact & Reserves budget	0.000	1.000	1.000
Management action plan			
QIPP Achieved	0.073	0.674	0.747
Remaining QIPP to be delivered	5.256	(0.674)	4.582
Total Management Action plan	5.329	0.000	5.329
Year End Surplus / (Deficit)	0.000	1.000	1.000

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.

2.8 Risk Adjusted Position

Figure 10 – Risk Adjusted Position

South Sefton CCG	Best Case £m	Most Likely £m	Worst Case £m
Underlying Deficit	(4.329)	(4.329)	(4.329)
Predicted QIPP achievement	5.514	2.569	2.569
I&E impact	(1.920)	(2.597)	(2.597)
Forecast Surplus / (Deficit)	(0.735)	(4.357)	(4.357)
Further Risk	(0.350)	(0.350)	(1.350)
Management Action Plan	2.085	1.852	1.852
Risk adjusted Surplus / (Deficit)	1.000	(2.855)	(3.855)

- 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 £2.855** and assumes that QIPP delivery will be £2.569m in total with further risk in relation to CHC costs and acute over performance and mitigations relating to the CCG contingency budget and other reserves.
- The worst case scenario is a **deficit of £3.855m** and assumes further pressures emerging in year including an assumption that the costs of the Sefton Transformation Board will be split between the Sefton CCGs with no contribution from other partners.

2.9 Statement of Financial Position

Figure 11 – Summary of working capital

Working Capital , Aged Debt and BPPC Performance	Quarter 1			Quarter 2	Prior Year 2017/18
	M1 £'000	M2 £'000	M3 £'000	M4 £'000	M12 £'000
Non-Current Assets	115	115	115	115	115
Receivables	1,729	1,649	1,218	3,432	1,938
Cash	3,245	4,392	7,927	1,124	105
Payables & Provisions	(11,092)	(16,765)	(19,657)	(18,475)	(14,100)
Value of Debt> 180 days	751	647	707	558	506

- The non-current asset balance relates to the purchase of IT equipment in 2017-18.
- The receivables balance includes invoices raised for services provided accrued income and prepayments.
- Outstanding debt in excess of 6 months old stands at £0.558m. This predominately consists of:
 - CQUIN payment recovery (£0.182m) with Southport & Ormskirk NHS Trust relating to the expert determination. Advice from the Trust indicates that payment is planned for October 2018, and
 - Annual invoices raised to other local CCGs for the Cheshire and Merseyside (C&M) Rehabilitation Network (£0.338m). This has decreased by £0.065m since Month 3. The CFO has contacted local CCGs to determine whether any queries exist.
- 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 £245.980m at Month 4. The actual cash utilised at Month 4 was £84.681m which represents 34.4% of the total allocation. The balance of MCD to be utilised over the rest of the year is £161.299m.
- The CCG aims to pay at least 95% of invoices within 30 days of the invoice date in line with the BPPC. BPPC targets have been achieved year to date except for non NHS by volume which is slightly below the 95% target.

2.10 Recommendations

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

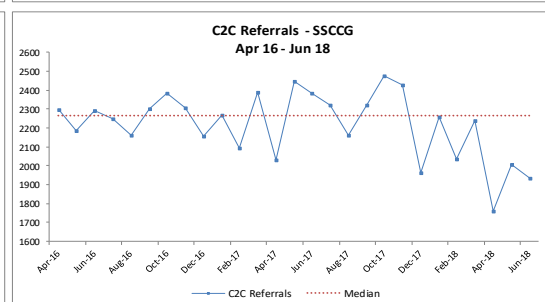
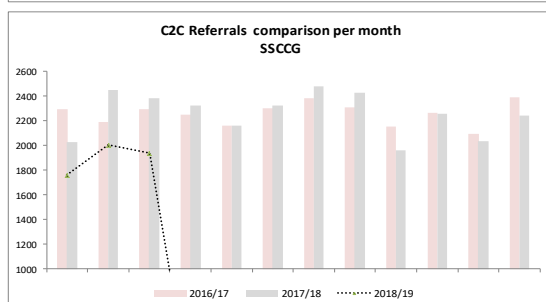
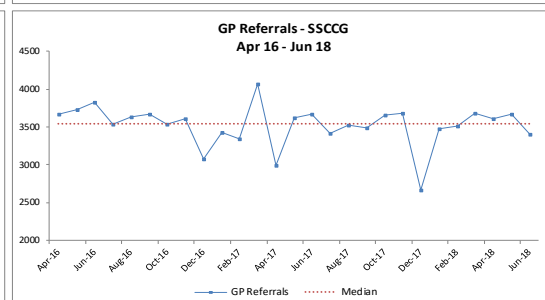
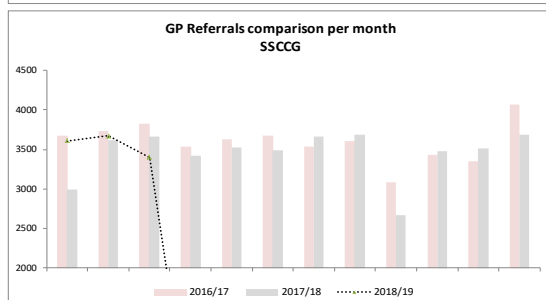
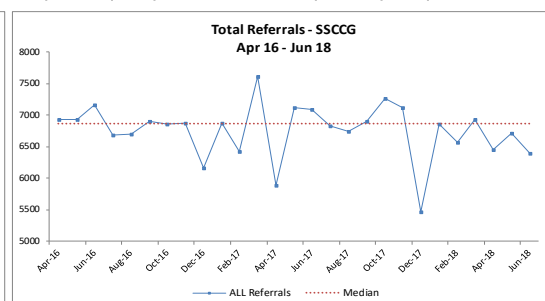
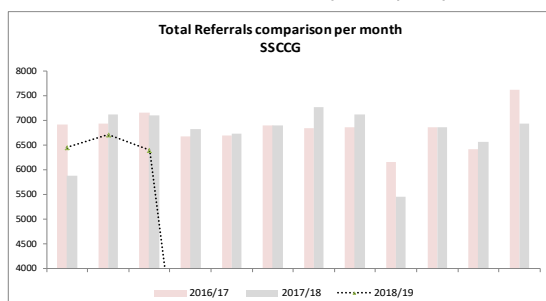
- The full year most likely financial position for the CCG is a deficit of £2.855m. The agreed financial plan for 2018-19 requires the CCG to deliver a £1m surplus.
- QIPP delivery at month 4 is £0.747m which relates to prior year non recurrent benefit arising from a technical adjustments, planned application of reserves and prescribing savings. The QIPP target for 2018-19 is £5.329m.
- The CCG has posted a balanced run rate for month 4 following losses in previous months. The CCG will need to deliver balance in the next two months to keep in line with plan before delivering surplus positions in the last six months of the year.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address 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 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 on going and sustained support from member practices, supported by Governing Body GP leads to identify and implement QIPP plans which deliver the required level of savings to meet its statutory financial duties into 2018-19 and in future years.

3. Planned Care

3.1 Referrals by source

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

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
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	3610	616	21%	2031	1760	-271	-13%	5886	6455	569	10%
May	3620	3671	51	1%	2447	2005	-442	-18%	7123	6715	-408	-6%
June	3666	3403	-263	-7%	2385	1936	-449	-19%	7097	6400	-697	-10%
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	3561	111	3%	2256	1900	-356	-16%	6735	6523	-211	-3%
YTD Total Month 3	10280	10684	404	4%	6863	5701	-1162	-17%	20106	19570	-536	-3%
Annual/FOT	41404	42736	1332	3%	27073	22804	-4269	-16%	80816	78280	-2536	-3%



Data quality note:

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

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

A significant decrease in referrals occurred in June representing the lowest monthly total of this financial year as well as May being the highest monthly total of this financial year. Referrals in June have had a 5% decrease in activity from the previous Month, with further analysis illustrating that the main cause of this overall decrease was due a significant reduction in GP referrals at Aintree Hospital to the General Medicine specialty. This anomaly is currently being investigated by South Sefton CCG.

GP referrals in 2018/19 to date are 4% down on the equivalent period in the previous year. There have been significant reductions in GP referrals to Gastroenterology, Trauma & Orthopaedics and Dermatology. However, the aforementioned decrease in General Medicine GP referrals in June will have contributed to overall reductions. Consultants to consultant referrals are currently 17% down when comparing to 2017/18 with General Medicine and Trauma & Orthopaedics seeing substantial decreases. Total Referrals are currently 3% down compared to the equivalent period last year. These decreases can be linked to the data quality note included above relating to Aintree Hospital.

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 13 - South Sefton CCG E Referral Performance

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

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

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

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

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

3.2 Diagnostic Test Waiting Times

Figure 14 - Diagnostic Test Waiting Time Performance

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	18/19 - June	1.00%	2.25%	↕ ↔
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	18/19 - June	1.00%	1.03%	↓

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in June recording 2.25%, similar to last month when 2.07% was recorded. In June out of 3,107 patients, 68 patients were waiting at 6+ weeks and 4 at 13+ weeks. The majority of breaches were for a CT (17) and MRI (26). Performance at the Royal Liverpool and Broadgreen is still having an impact on the CCG's overall performance as they continue to report significantly above the threshold, at 7.4% in June; a decrease in long waiters compared to 10.4% reported in May. The biggest pressures are in Gastroscopy (135), Colonoscopy (133) and Flexi-Sigmoidoscopy (75).

Aintree only just failed the target for less than 1% of patients waiting longer than 6 weeks for a diagnostic test in June recording 1.03%, a further slight improvement in performance from last month when 1.47% was recorded. In June out of 6,135 patients, 63 patients were waiting at 6+ weeks and none at 13+ weeks. The majority of breaches were waiting for CT (23) and MRI (31).

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. Waiting List Initiatives have been agreed for additional sessions for Ultrasound MSK imaging/steroid injections into joints.

Currently the wait for routine Ultrasound is 6 weeks 4 Days (Sonographer led). Waiting for MSK is 9 weeks 4 days (2 patients).

Reduced Radiographic Staffing levels in CSI (8 vacancies currently), although staff currently on maternity leave are starting to return to work from August.

Proposed actions:

- Weekly capacity meetings with operational and clinical teams to monitor performance and maximise capacity on-going.
- Additional MSK Waiting List Initiatives requested and agreed through resource panel. Additional sessions from Radiologists to be arranged.

- MSK Radiologist recruited, commenced at Trust 1st May, however, induction period has been extended, not completing any US injections sessions currently.
- Mobile MR Van on site for 1 week in 8, August dates booked. Continue to recruit to CSI. Continue to engage Locum Radiographers.

Endoscopy hit target for June.

3.3 Referral to Treatment Performance

Figure 15 - Referral to Treatment Time (RTT) Performance

Referral To Treatment waiting times for non-urgent consultant-led treatment				
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	17/18 - June	0	10	↑
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	17/18 - June	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	18/19 - June	92%	90.00%	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Aintree)	18/19 - June	92%	90.10%	↔

In June, 10 South Sefton patients were waiting on the incomplete pathway for 52+ weeks against the national zero tolerance threshold. Of the 10 breaches, 3 were Gynaecology patients at Liverpool Women's Hospital. The first patient has an appointment in place in early September, the second patient has physiotherapy booked and no further appointment scheduled, and the third also has her appointment booked for late July.

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

The remaining 6 cases are patients waiting at University Hospital of North Midlands (UHNM) for bariatric surgery. Bariatric surgery commissioning and contract arrangements for North West CCGs at UHNM are complex; the service was previously commissioned by NHS England, provided by Aintree and the current UHNM contract is managed on behalf of the lead commissioner (Stoke CCG) by the Midlands and Lancashire Commissioning Support Unit in Staffordshire. There have been delays and complexities in receiving data and reports, with poor response times and responses to commissioner queries. Direct meetings between Cheshire and Merseyside CCGs, MLCSU and UHNM have now taken place and there is a greater understanding of the service issues and the patient caseload. The trust has escalated that demand has now

exceeded the contract plan, the infrastructure is not in place at UHNM to deal with this, and this is a potential quality and safety risk. The Trust is requesting to close to new referrals and outsourcing for a cohort of patients on the waiting list. In the meantime the Trust is treating patients in accordance with length of time on the waiting list, prioritising the longest waits. North West CCGs are working collectively with MLCSU on both an interim, and longer term solution utilising collaborative decision making groups such as collaborative commissioning forums and the Cheshire and Merseyside Health and Care Partnership.

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 zero, but following that two more were reported in March 2018.

The CCG continues to report performance below the 92% standard for patients on an incomplete non-emergency pathway waiting no more than 18 weeks, at 90.0% for June. This is a slight decline in performance from 90.46% reported in May. In June, of 11,393 patients, 1,144 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 June recording 90.10%. Out of 18,630 patients there were 1,844 waiting over 18 weeks on the incomplete pathway. The significant non-elective pressure experienced at the Trust circa November 2017 had greatly impacted on RTT performance from which the Trust has not yet fully recovered. The increase in non-elective demand continues to be compounded by an increase in the number of elective list's being cancelled for more urgent trauma cases. Not only does this impact the elective patient negatively in terms of their experience, it also places increased pressure on the Trust to deliver more activity than plan in relation to the NHS constitutional 28 day cancelation guarantee which the Trust is continuing to maintain.

The theatre refurbishment programme and loss of capacity have also impacted on performance significantly throughout this period although this is now complete with improvements expected to be seen August /September due to staff leave. Outpatient cancellations and Did Not Attend (DNA) rates continue to remain high and are highlighted at internal performance meetings. The Trust is maximising its capacity with patients being booked into all available clinic capacity as well as additional waiting list sessions although this is adding to the overall waiting times.

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 re-launch 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 June (83%). The provider reported that the delivery of the 92% target remains a significant challenge for the Trust. NHS Improvement requested a revised trajectory, the trust have increased their trajectory to 85% for active pathways. A capacity and demand review is also being undertaken jointly with KPMG to enable them to plan for this increase in performance. The June reported position is 83.03%, which is a slight decrease of 1.1% from May. The Outpatient Improvement Group and the Peri-Operative Group are well established now and early improvements have been noted in colorectal and dermatology. RTT action plans have been developed by each challenged speciality and progress against these are being monitored via the weekly care group performance meetings and the position is being reported via the monthly Trust performance meeting.

University Hospital North Midlands NHS Trust in June recorded 75.2% RTT performance. This provider is commissioned to deliver bariatric surgery for Cheshire and Merseyside CCGs. The RTT performance standard overall at the Trust has not been met since May 2017. 22 out of 32 South Sefton CCG patients were recorded as waiting over 18 weeks in June 2018. The issues regarding RTT performance and waiting times are described above in relation to 52+ week waits.

Figure 16 – South Sefton CCG Total Incomplete Pathways

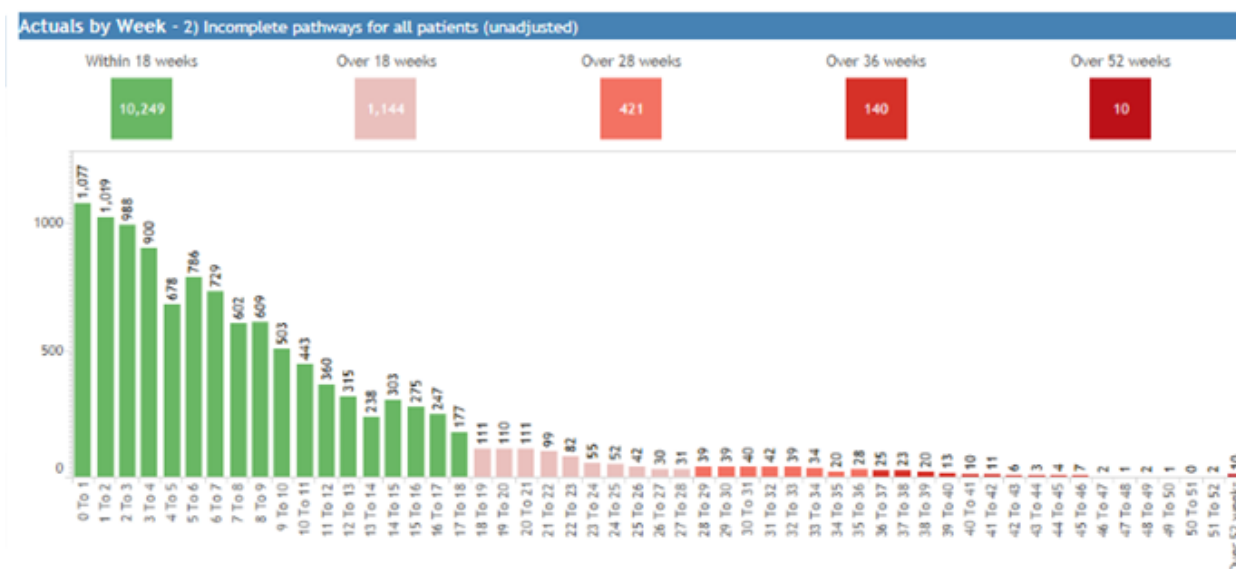
Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	9,845	9,951	10,101	10,161	10,310	10,577	10,658	10,578	10,170	9,735	10,469	10,806
2018/19	11,114	11,266	11,393									
Difference	1,269	1,315	1,292									

NHS England set CCGs the target to total RTT incomplete pathways in March 2019 being no higher than in March 2018. Current performance for June 2018 (11,393) is higher than that of June of the previous year and is therefore not on target to achieve the year end position.

South Sefton CCG and Aintree Hospital have been asked submit a joint plan for delivery of the March 2019 position as part of a Liverpool system wide elective capacity analysis.

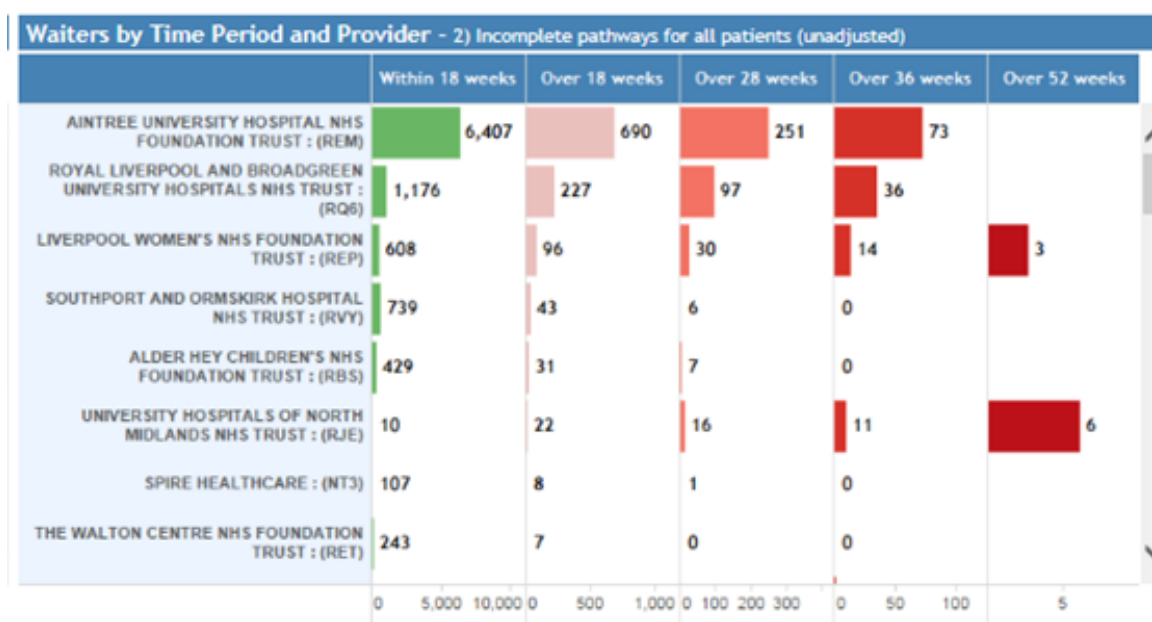
3.3.1 Incomplete Pathway Waiting Times

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



3.3.2 Long Waiters analysis: Top 5 Providers

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



3.3.3 Long Waiters Analysis: Top 2 Providers split by Specialty

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

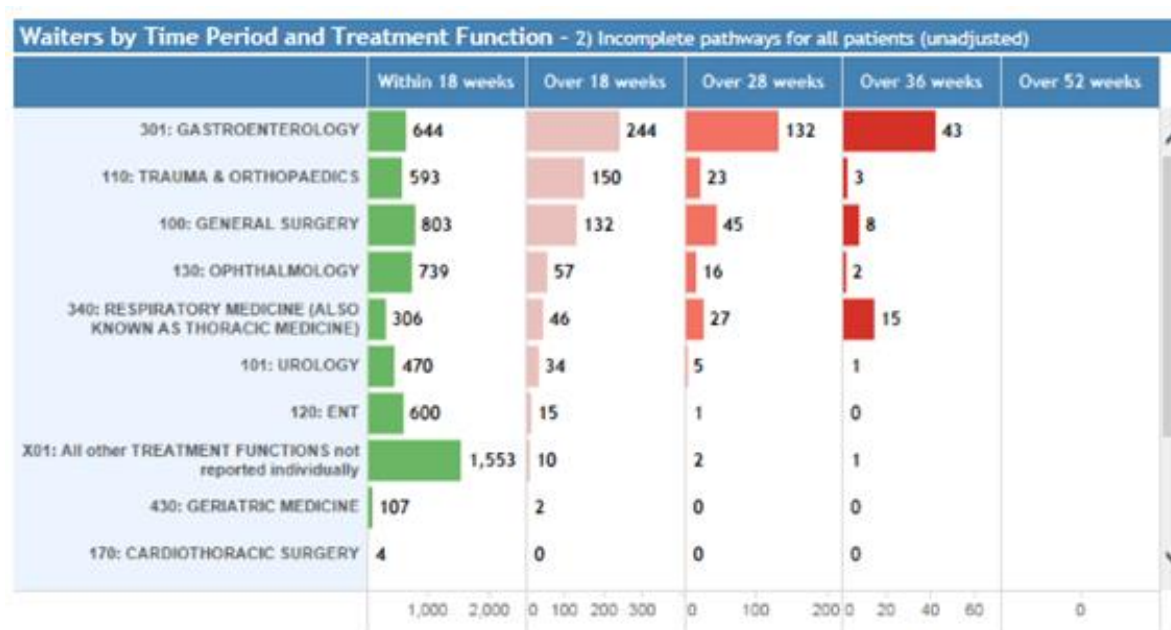
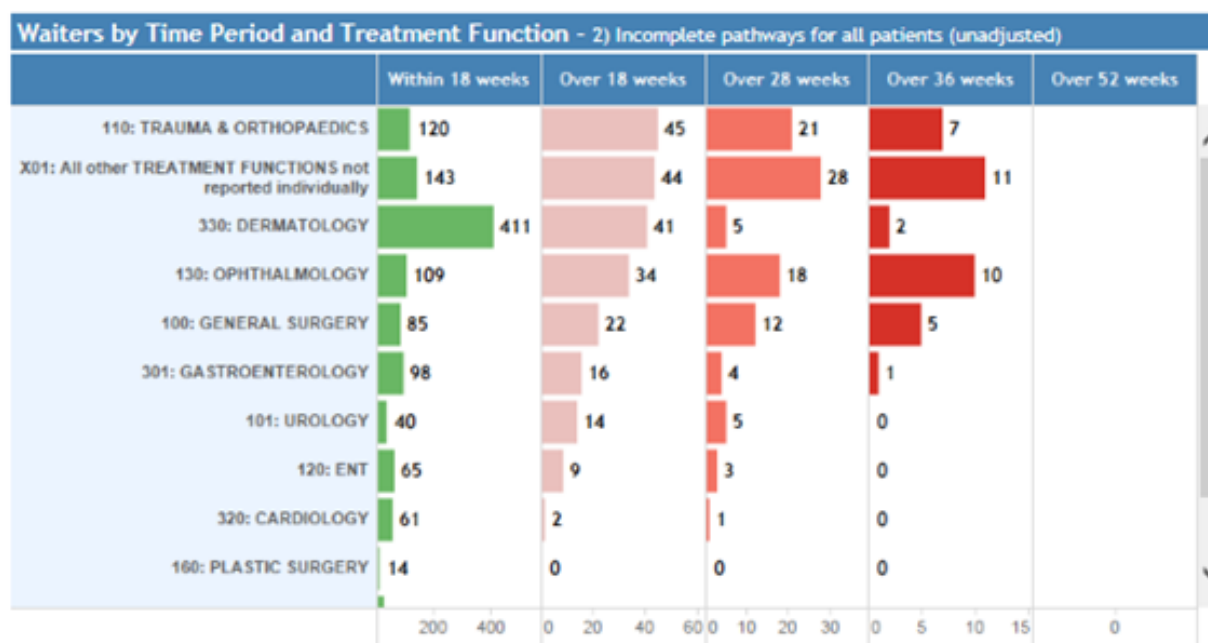


Figure 20 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



3.3.4 Provider assurance for long waiters

Figure 21 - South Sefton CCG Provider Assurance for Long Waiters

CCG	Trust	Specialty	Wait band	Has the patient been seen/has a TCI date?	Detailed reason for the delay
South Sefton CCG	Liverpool Womens	Gynaecology	52	TCI 04/09/2018	Appointment still in place 04/09/2018
South Sefton CCG	Liverpool Womens	Gynaecology	52	31/08/2018	Physio 31/08/2018 CBH, no further appt sch
South Sefton CCG	Liverpool Womens	Gynaecology	52	23/07/2018	appt sch 23/07/2018
South Sefton CCG	Manchester University	Other	52	NO TCI	incorrect clock stop added - long delay to diag
South Sefton CCG	North Midlands	General Surgery	52	The patients are either waiting for outpatient appointments or TCIs	These patients are waiting for bariatric surgery. The issue re: delays has been communicated with commissioners. Following closure of services in the North west the Directorate agreed to take on the service for those areas, however demand has far exceeded capacity.
South Sefton CCG	North Midlands	General Surgery	52	The patients are either waiting for outpatient appointments or TCIs	See above
South Sefton CCG	North Midlands	General Surgery	52	The patients are either waiting for outpatient appointments or TCIs	See above
South Sefton CCG	North Midlands	General Surgery	52	The patients are either waiting for outpatient appointments or TCIs	See above
South Sefton CCG	North Midlands	General Surgery	52	The patients are either waiting for outpatient appointments or TCIs	See above
South Sefton CCG	North Midlands	General Surgery	52	The patients are either waiting for outpatient appointments or TCIs	See above
South Sefton CCG	Aintree	Gastroenterology	40	Clock stopped DNA 8/8/18	
South Sefton CCG	Aintree	Gastroenterology	40	TCI 17/8/18	
South Sefton CCG	Aintree	Gastroenterology	40	No Date Yet	
South Sefton CCG	Aintree	Thoracic Medicine	40	No Date Yet	
South Sefton CCG	Aintree	Urology	40	No Date Yet	
South Sefton CCG	Aintree	Gastroenterology	41	Clock stopped DNA 24/7/18	
South Sefton CCG	Aintree	Gastroenterology	41	Treated 04/7/18	
South Sefton CCG	Aintree	Thoracic Medicine	41	Treated 07/08/18	
South Sefton CCG	Aintree	Thoracic Medicine	41	Treated 07/08/18	
South Sefton CCG	Aintree	Gastroenterology	42	Treated 11/7/18	
South Sefton CCG	Aintree	General Surgery	42	TCI 13/8/18	
South Sefton CCG	Aintree	Thoracic Medicine	42	No Date Yet	
South Sefton CCG	Aintree	Gastroenterology	43	Clock stopped DNA 27/7/18	
South Sefton CCG	Aintree	Thoracic Medicine	43	No Date Yet	
South Sefton CCG	Aintree	Thoracic Medicine	44	Treated	
South Sefton CCG	Aintree	Thoracic Medicine	44	Clock stopped TCI 23/7/18	
South Sefton CCG	Aintree	Thoracic Medicine	45	Treated	
South Sefton CCG	Aintree	Thoracic Medicine	45	Treated	
South Sefton CCG	Aintree	Thoracic Medicine	46	Treated	
South Sefton CCG	Aintree	Thoracic Medicine	47	Treated 24/7/18	
South Sefton CCG	Aintree	General Surgery	49	Treated 13/7/18	
South Sefton CCG	Liverpool Womens	Gynaecology	40	Awaiting Trust update	
South Sefton CCG	Liverpool Womens	Gynaecology	41	Awaiting Trust update	
South Sefton CCG	Liverpool Womens	Gynaecology	41	Awaiting Trust update	
South Sefton CCG	Liverpool Womens	Gynaecology	43	Awaiting Trust update	
South Sefton CCG	Liverpool Womens	Gynaecology	45	Awaiting Trust update	
South Sefton CCG	Liverpool Womens	Gynaecology	45	Awaiting Trust update	
South Sefton CCG	Liverpool Womens	Gynaecology	51	Awaiting Trust update	
South Sefton CCG	Royal Liverpool	Gastroenterology	40	06/09/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	other	40	Patient Treated	Capacity
South Sefton CCG	Royal Liverpool	T&O	40	No Date Yet	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	General Surgery	41	16/08/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	Ophthalmology	41	08/08/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	Ophthalmology	41	22/08/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	other	41	Patient Treated	Capacity
South Sefton CCG	Royal Liverpool	General Surgery	42	Patient Treated	Capacity
South Sefton CCG	Royal Liverpool	T&O	42	Patient Treated	Capacity
South Sefton CCG	Royal Liverpool	T&O	42	Patient Treated	Capacity
South Sefton CCG	Royal Liverpool	other	44	Patient Treated	Capacity
South Sefton CCG	Royal Liverpool	other	44	No Date Yet	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	Ophthalmology	45	Patient Treated	Capacity
South Sefton CCG	Royal Liverpool	other	45	Patient Treated	Capacity
South Sefton CCG	Royal Liverpool	Ophthalmology	46	Patient Treated	Capacity
South Sefton CCG	Royal Liverpool	Ophthalmology	48	Patient Treated	Capacity
South Sefton CCG	Royal Liverpool	T&O	51	No Date Yet	Long Wait on Waiting List
South Sefton CCG	North Midlands	General Surgery	41		Trust only provides comments on 47+ week waiters
South Sefton CCG	North Midlands	General Surgery	48		
South Sefton CCG	Warrington & Halton	Urology	45		Trust no Longer responding to 40 week requests
South Sefton CCG	Wirral	General Surgery	40		Trust no Longer responding to 40 week requests

3.4 Cancelled Operations

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

Figure 22 – Aintree Cancelled Operations

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

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

Figure 23 – Aintree Cancelled Operations for a second time

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

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

Figure 24 – Two Week Cancer Performance measures

Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	18/19 - June	93%	89.81%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	18/19 - June	93%	88.53%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	18/19 - June	93%	94.27%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Aintree)	18/19 - June	93%	90.82%	↑

The CCG failed the 93% target in June for patients referred urgently with suspected cancer with 88.6%. 71 patients out of 623 waited longer than two weeks for a first outpatient appointment. The majority of delays were due to inadequate out-patient capacity, patient cancellation and unavailable. Nationally there has been a decline in 2 week wait performance since the start of 2018/19. This could be linked to increased demand due to lengthening waits for routine priority services. Work is being undertaken at a North Mersey level to look at the volume of referrals and any shifts between providers. Aintree Hospital are undertaking an audit of appropriateness of head and neck 2 week wait referrals against NICE guidance which will be reported to the CCG.

Aintree also failed the 93% target in June for patients referred urgently with suspected cancer with 87.47%. 119 patients out of 950 waited longer than two weeks for a first outpatient appointment. The reasons for failure of this target include capacity for outpatient appointments and patient choice. The Trust has failed this measure for quarter 1.

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

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

- Escalation of the sustained increase in referrals to NHSI, NHSE, CCGs and CQPG in order for them to support the Trust in managing the issue.
- Audit of referrals to be completed in Urology and Head & Neck to identify if patients are being referred inappropriately and outside of agreed pathways.

Aintree achieved the 93% breast target for June reaching 93.01%, but are still failing year to date reporting 90.82%. Out of 186 patients there were 13 breaches. This was due to a lack of capacity and patient choice. When patients are offered appointments in days 7 to 14 of the pathway and decline or cancel, they are rebooked outside of the standard timescales due to capacity to provide a clinic appointment within 14 days from referral. The Trust has also failed this measure for quarter 1.

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 to the weekly Cancer Performance meeting (CPG) and to the Divisional Director.
- 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.
- Work on-going to train mammographer to report images and therefore provide support for extra capacity if requested by the CBU.

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 25 – 31 Day Cancer Performance measures

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	18/19 - June	96%	96.95%	↓
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	18/19 - June	96%	97.03%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	18/19 - June	94%	98.57%	↑
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	18/19 - June	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	18/19 - June	94%	95.00%	↓
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	18/19 - June	94%	98.36%	↓
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	18/19 - June	98%	98.53%	↓
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	18/19 - June	98%	100.00%	↔

3.5.3 - 62 Day Cancer Waiting Time Performance

Figure 26 – 62 Day Cancer Performance measures

Cancer waits – 62 days				
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	18/19 - June	85% local target	72.73%	↑
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (Aintree)	18/19 - June	85% local target	86.96%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	18/19 - June	90%	50.00%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	18/19 - June	90%	77.78%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	18/19 - June	85%	83.18%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	18/19 - June	85%	80.60%	↑

The CCG failed the 3, 62 day cancer measures in June, 62 day upgrade reported 83.33%, 72.73% year to date, in June there were 2 breaches out of 10 patients reasons for delay were complex diagnostic pathway and 1 other reasons not listed. 62 day screening reported 0% in June the 1 patient listed wasn't screened within 31 days and are still failing year to date. Lastly the 62 day standard 82.93% was reported in June, 83.18% year to date, there were the equivalent of 7 breaches out of a total of 41 patients, reasons reported were other and 1 complex diagnostic pathway.

Aintree failed the 90% target for 62 day screening in June with a 1 patient breach out of a total of 3 patients, a performance of 66.67% (YTD 77.78%). 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 June for 2 month wait from urgent GP referral to first definitive treatment recording 83.46% (80.60% year to date). Out of a total equivalent of 63.5 patients, 10.5 breached the target. The reasons for breaches include patient choice with patients delaying

diagnosis because of holidays, capacity in theatres and clinics, complex pathways (patients not fit for treatment or needing multiple investigations) and a number of patients admitted as emergencies to the Trust and to other organisations. There are also significant pressures for treatments in other organisations such as Clatterbridge Cancer Centre and RLUBHT. There has also been a 23% increase in the total number of patients on Cancer Pathways compared to the same period last year. This increase in referrals is not translating into increased diagnoses of Cancer but puts significant pressures on Clinic capacity and diagnostics whilst patients are being investigated.

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.
- Daily Performance briefings continue with escalation to the Divisional Director as required. Twice weekly performance meetings with relevant CBMs have been commenced.
- Escalation to the relevant Divisional Directors any constraints in capacity for review at Divisional Resource panels.
- Audit underway in two CBUs to establish the quality of referrals should be suspected Cancer referrals and that patients are being referred inappropriately.

3.5.4 104+ Day Breaches

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

Aintree had 2 half patient breaches and 1 full patient over 104 days. The 2 half patients (head & neck) waited 118 days and 124 days, the second patient (urological) waited 125 days, reasons for delay were other (not specified). RCAs are awaited and will be shared with NHSE.

3.6 Patient Experience of Planned Care

Figure 27 – Aintree Inpatient Friends and Family Test Results

Friends and Family Response Rates and Scores
Aintree University Hospital NHS Foundation Trust
Latest Month: Jun-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%	19.7%	^	96%	92%	^	2%	4%	^

Aintree Friends and Family Inpatient test response rates are under the England average of 24.9% for June at 19.7%. The proportion of patients who would recommend the Trust has remained the same as last month at 92% and unfortunately is still below the England average of 96%. The proportion who would not recommend has also improved from 5% in May to 4% in June, but is still above the England average of 2%.

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 3 of the financial year 2018/19, against planned care elements of the contracts held by NHS South Sefton CCG show an over performance of £138k/1.2%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a reduced over spend of approximately £107k/0.9%.

At specific over performing Trusts, Aintree are reporting the largest cost variance with a total of £55k/1%. In contrast, Liverpool Women's and Walton Centre are under performing by -£51k/-7% and -£37k/-15% respectively.

Figure 28 - Planned Care - All Providers

PROVIDER NAME	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	42,983	43,898	915	2%	£7,411	£7,466	£55	1%	-£55	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	3,496	3,897	401	11%	£441	£478	£37	9%	-£37	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	308	320	12	4%	£105	£98	-£7	-7%	£7	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	4,021	3,590	-431	-11%	£766	£714	-£51	-7%	£51	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	7,599	7,997	398	5%	£1,273	£1,308	£34	3%	-£34	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	783	823	40	5%	£253	£216	-£37	-15%	£37	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	59,190	60,525	1,335	2%	£10,249	£10,280	£31	0%	-£31	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	46	55	9	18%	£7	£9	£2	31%	£0	£2	31%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	30	30	0%	£0	£3	£3	0%	£0	£3	-
FAIRFIELD HOSPITAL	48	56	8	17%	£13	£15	£2	19%	£0	£2	19%
ISIGHT (SOUTHPORT)	136	201	65	48%	£24	£35	£11	46%	£0	£11	46%
RENACRES HOSPITAL	1,595	1,693	98	6%	£491	£475	-£16	-3%	£0	-£16	-3%
SALFORD ROYAL NHS FOUNDATION TRUST	0	32	32	0%	£0	£14	£14	0%	£0	£14	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	3,215	2,996	-219	-7%	£547	£557	£10	2%	£0	£10	2%
SPIRE LIVERPOOL HOSPITAL	714	722	8	1%	£224	£205	-£19	-8%	£0	-£19	-8%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	1,157	1,144	-13	-1%	£251	£290	£39	16%	£0	£39	16%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	318	320	2	1%	£73	£67	-£6	-9%	£0	-£6	-9%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	44	44	0%	£0	£14	£14	0%	£0	£14	-
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST									£0	£0	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	115	115	0%	£0	£25	£25	0%	£0	£25	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	293	367	74	25%	£115	£142	£27	23%	£0	£27	23%
ALL REMAINING PROVIDERS TOTAL	7,522	7,775	253	3%	£1,745	£1,852	£107	6%	£0	£107	6%
GRAND TOTAL	66,712	68,300	1,588	2%	£11,994	£12,132	£138	1.2%	-£31	£107	0.9%

*PBR Only

3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust

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

Aintree University Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	3,254	3,335	81	2%	£2,010	£2,109	£100	5%
Elective	479	380	-99	-21%	£1,359	£1,184	-£175	-13%
Elective Excess BedDays	160	160	0	0%	£39	£38	£0	-1%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	107	85	-22	-21%	£23	£18	-£4	-18%
OPFANFTF - Outpatient first attendance non face to face	648	640	-8	-1%	£18	£18	£0	-1%
OPFASPCL - Outpatient first attendance single professional consultant led	7,784	7,762	-22	0%	£1,231	£1,245	£14	1%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	349	181	-168	-48%	£30	£17	-£12	-42%
OPFUPNFTF - Outpatient follow up non face to face	803	1,919	1,116	139%	£19	£46	£27	139%
OPFUPSPCL - Outpatient follow up single professional consultant led	20,106	19,175	-931	-5%	£1,393	£1,373	-£20	-1%
Outpatient Procedure	5,474	6,106	632	12%	£738	£821	£83	11%
Unbundled Diagnostics	3,463	3,812	349	10%	£280	£333	£53	19%
Wet AMD	356	343	-13	-4%	£272	£262	-£10	-4%
Grand Total	42,983	43,898	915	2%	£7,411	£7,466	£55	1%

Over performance within planned care at Aintree Hospital is driven by day case activity and outpatient procedures. Over performance within these areas equates to £185k. Cardiology is showing the largest cost variance within outpatient procedures (£38k/57%), 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 - £55k/1% up against plan at month 3. Despite this indicative over spend; there is no financial impact of this to South Sefton CCG due to the Acting as One block contract arrangement.

3.7.2 Planned Care Southport & Ormskirk Hospital

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

Southport & Ormskirk Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	206	211	5	2%	£133	£146	£13	10%
Elective	35	36	1	2%	£83	£87	£4	4%
Elective Excess BedDays	1	19	18	1637%	£0	£4	£4	1114%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	31	57	26	82%	£5	£10	£5	90%
OPFASPCL - Outpatient first attendance single professional consultant led	430	395	-35	-8%	£70	£66	-£4	-6%
OPFUPMPCl - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	71	77	6	9%	£6	£7	£2	30%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,028	870	-158	-15%	£79	£69	-£10	-13%
Outpatient Procedure	1,210	1,110	-100	-8%	£154	£150	-£5	-3%
Unbundled Diagnostics	202	221	19	9%	£16	£17	£2	10%
Grand Total	3,215	2,996	-219	-7%	£547	£557	£10	2%

* PbR only

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

Overall, planned care elements of the contract are largely above plan with over performance evident across a number of PODs. The total over performance of £10k/2% at month 3 is due in part to increased day case activity. However, the year to date activity variance within this POD is minimal.

3.7.3 Renacres Hospital

Figure 31 - Planned Care - Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	150	140	-10	-7%	£186	£164	-£22	-12%
Elective	40	34	-6	-15%	£187	£178	-£9	-5%
OPFASPCL - Outpatient first attendance single professional consultant led	281	327	46	16%	£46	£53	£7	14%
OPFUPSPCL - Outpatient follow up single professional consultant led	422	468	47	11%	£27	£30	£3	11%
Outpatient Procedure	228	131	-97	-42%	£23	£21	-£1	-6%
Unbundled Diagnostics	112	125	13	12%	£11	£11	£1	6%
Physio	363	357	-6	-2%	£11	£10	£0	-2%
OPPREOP	0	111	111	0%	£0	£7	£7	0%
Grand Total	1,595	1,693	98	-27%	£491	£475	-£16	7%

Renacres under performance is evident across a number of PODs with Day Case and Elective procedures showing the largest cost variances against plan (-£22k/-12% and -£9k/-5% respectively). Very major knee/hip procedures account for the majority of this reduced performance against plan at month 3. Underperformance has also been evident within outpatient procedures with activity currently -42% below plan. However, the financial impact is minimal. It is thought that MCAS is the cause of this under performance, along with the PLCP policy currently in place. The CCG monitors this and it is discussed at regular contract meetings with the provider.

3.7.4 Wrightington, Wigan and Leigh NHS Foundation Trust

Figure 32 - Planned Care - Renacres Hospital by POD

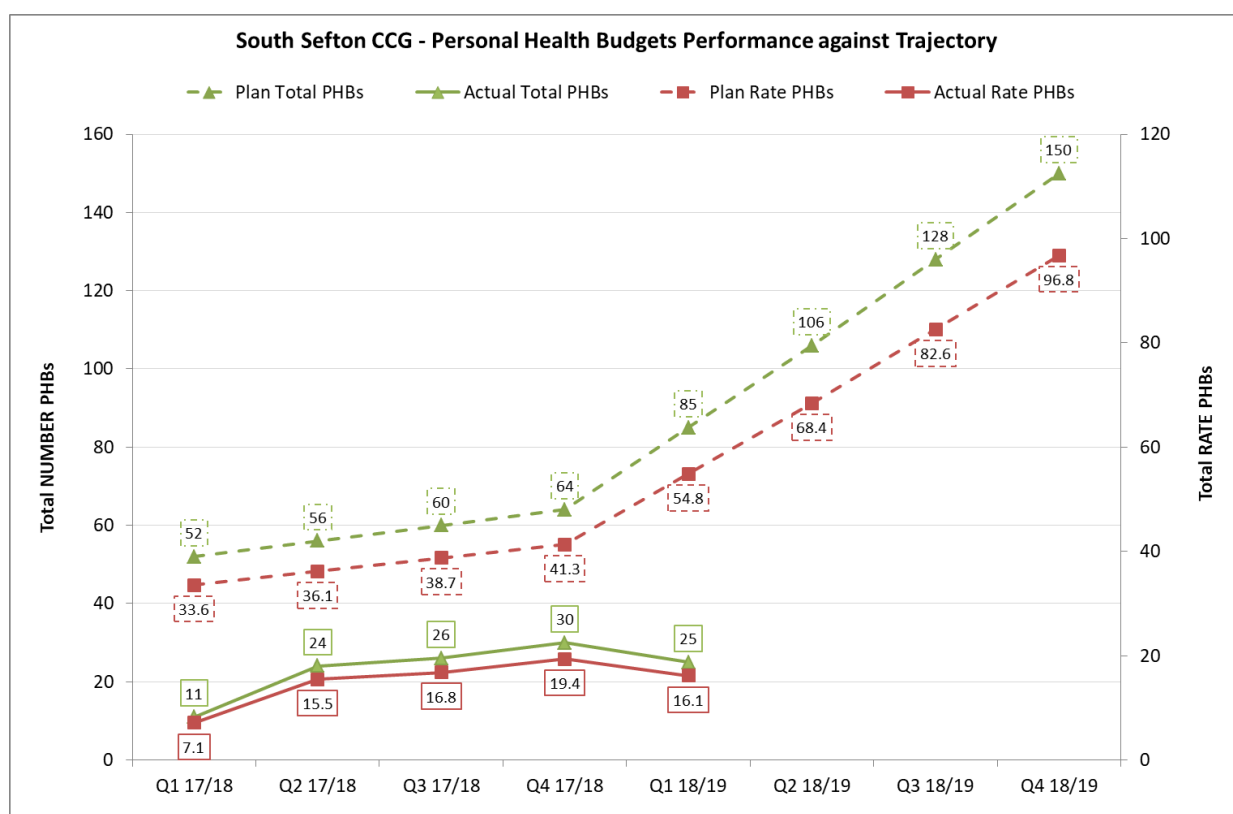
Wrightington, Wigan And Leigh Nhs Foundation Trust Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	14	15	1	4%	£16	£31	£15	91%
Elective	13	15	2	15%	£78	£86	£8	10%
Elective Excess BedDays	1	0	-1	-100%	£0	£0	£0	-100%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	5	9	4	80%	£0	£0	£0	55%
OPFASPCL - Outpatient first attendance single professional consultant led	29	52	23	77%	£4	£7	£3	74%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	8	7	-1	-11%	£0	£0	£0	-38%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	19	35	16	85%	£0	£1	£0	86%
OPFUPSPCL - Outpatient follow up single professional consultant led	146	179	33	23%	£9	£11	£2	19%
Outpatient Procedure	28	24	-4	-14%	£4	£3	£0	-10%
Unbundled Diagnostics	30	31	1	3%	£3	£3	£0	-9%
Grand Total	293	367	74	25%	£115	£142	£27	23%

The over performance at Wrightington, Wigan and Leigh Hospital is clearly driven by day case and elective costs at month 3. However, the activity variance against plan in each of these PODs is

minimal with small amounts of activity reported against multiple HRGs within the Trauma & Orthopaedic specialty. The CCG has previously undertaken analysis which indicated that there hasn't been any significant increase in GP referrals and that activity continues to be specialist further monitoring and analysis will be taking place.

3.8 Personal Health Budgets

Figure 33 - South Sefton CCG – PHB Performance against Trajectory



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

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

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

3.9 Continuing Health Care (CHC)

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

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

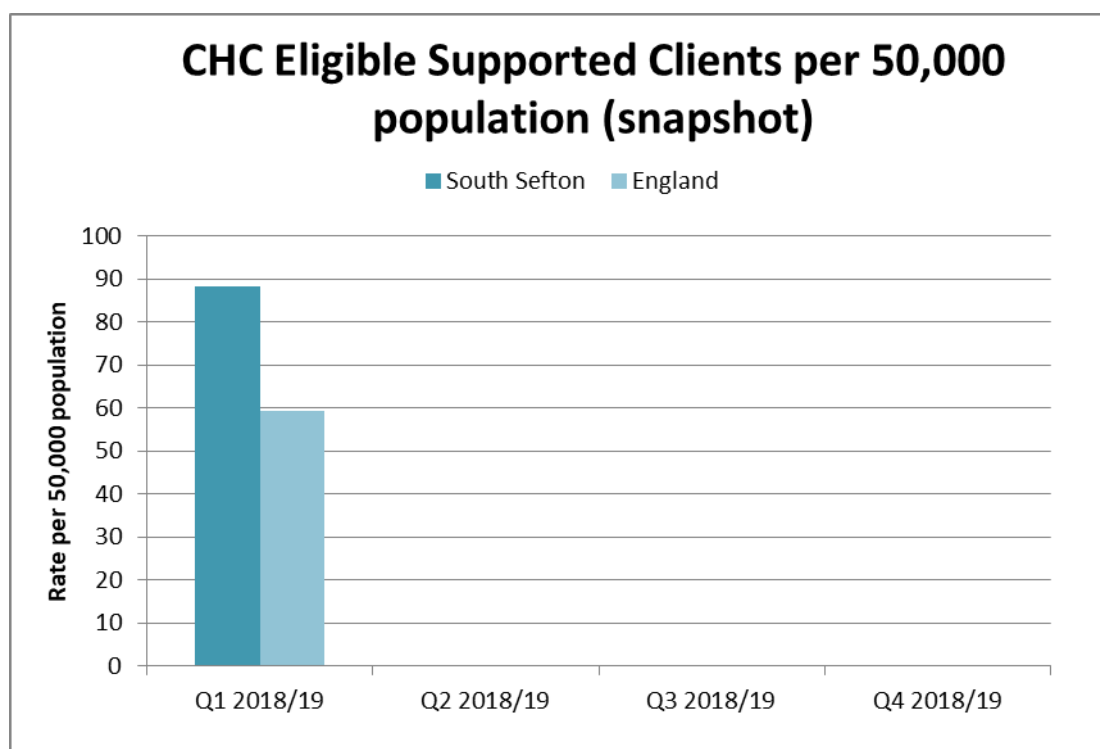


Figure 35 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

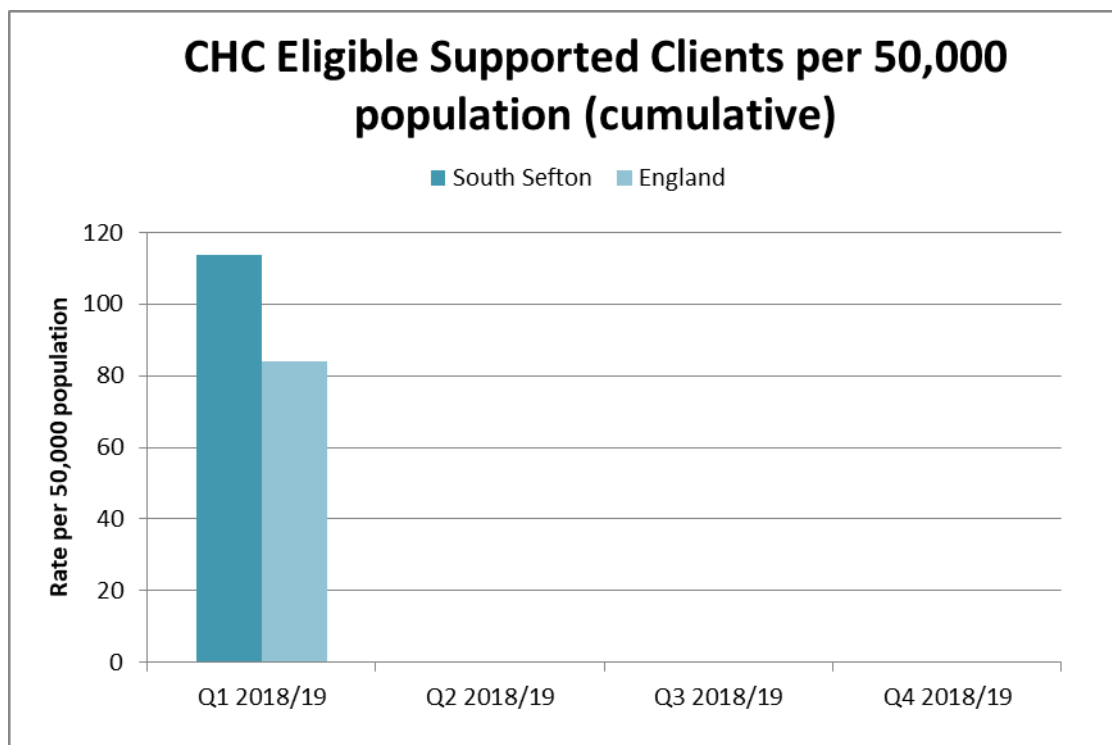


Figure 36 – Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist

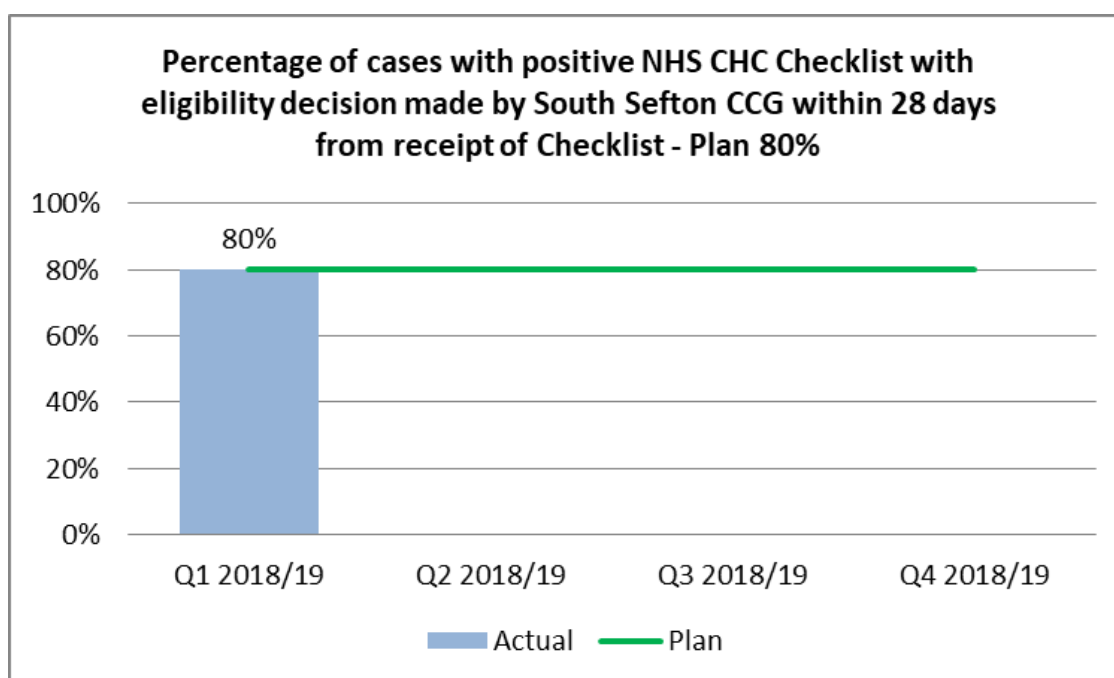
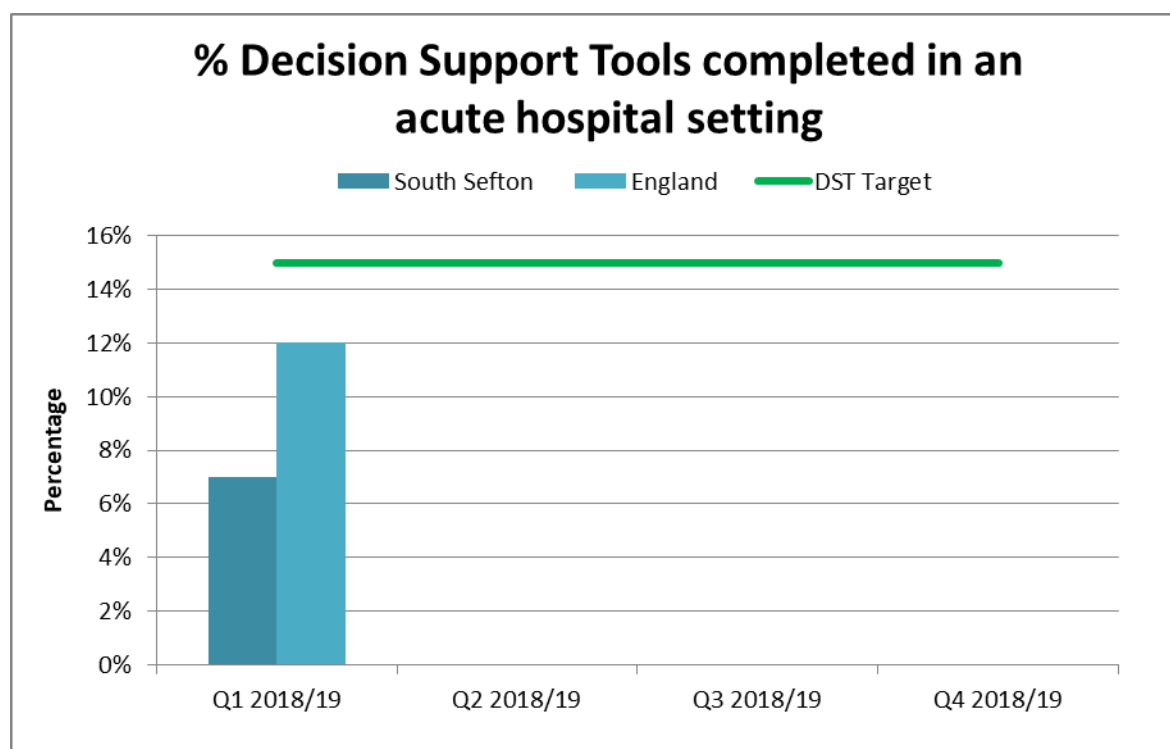


Figure 37 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



The proportion of Decision Support Tool assessments occurring in an acute hospital bed in South Sefton was 7% in quarter 1 2018/19, performing better than the England Average of 12%.

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 38 - Smoking at Time of Delivery (SATOD)

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

The CCG is above the data coverage plan of 95% at Q1, meaning the data is generally robust, but currently above the national ambition of 11% for the percentage of maternities where mother smoked the ambition will be 6% by the end of 2022. There is no national target for this measure.

Performance against this metric is discussed with Providers at Maternity Commissioning Leads meetings attended by the CCG managerial lead for Children and Maternity Services.

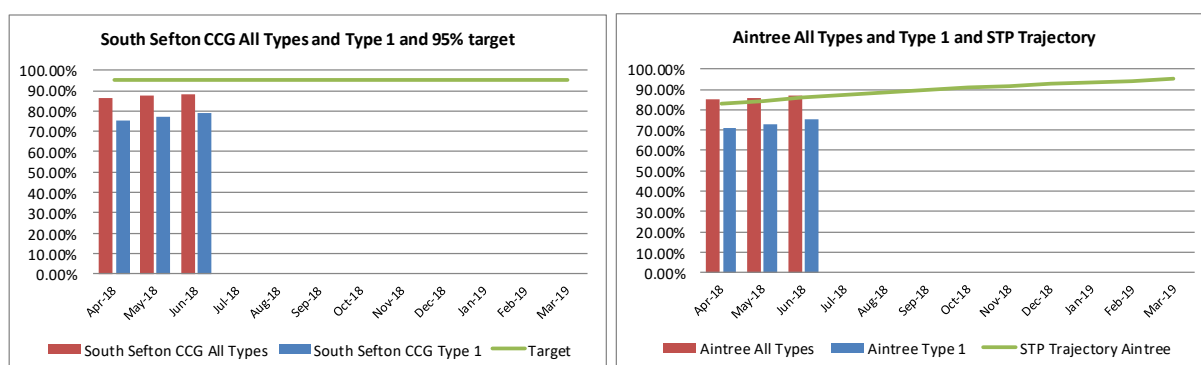
4. Unplanned Care

4.1 Accident & Emergency Performance

Figure 39 - A&E Performance

A&E waits				
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	18/19 - June	95%	87.45%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	18/19 - June	95%	77.36%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) All Types	18/19 - June	STP Trajectory June Target 85.8%	85.95%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	18/19 - June	95%	73.01%	↑

A&E All Types	Apr-18	May-18	Jun-18	YTD
STP Trajectory Aintree	83%	84.4%	85.8%	%
Aintree All Types	85.10%	85.82%	86.92%	85.95%



Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2018/19 and have achieved June trajectory of 85.8% with a performance of 86.9% 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.

- Recruitment of Consultants in Acute & Emergency Medicine: Start date 3rd September. Two acute physicians recruited; start date to be confirmed.
- 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

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 refocused to ensure systems developed in all required ward areas by the end of June. The MADEs are ward based alternate weeks to support discharge planning with opportunity to ensure 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 initial audit work was completed in June with feedback to stakeholders on key areas for improvement – decision making, placements and home care. Work is now focussed on taking forward system wide action plans to support patient flow and enhance quality of care.

Figure 40 - A&E Performance – 12 hour breaches

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

Aintree reported no 12 hour breaches in June 2018.

4.2 Ambulance Service Performance

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

In June there was an average response time in South Sefton of 9 minutes 18 seconds against a target of 7 minutes for Category 1 incidents, the worst performance in Merseyside. For Category 2 incidents the average response was 26 minutes against a target of 18 minutes. The CCG also failed the category 3 target of 120 minutes, but achieved for category 4.

Figure 41 – Ambulance handover time performance

Handover Times				
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Aintree	18/19 - June	0	106	1 ↓
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Aintree	18/19 - June	0	64	↓

In June Aintree Trust recorded 106 handovers between 30 and 60 minutes showing another improvement, this is 26 less than last month when 132 was reported and is still breaching the zero tolerance threshold. They also recorded 64 handovers over 60 minutes, which is also less than last month (98) but are still breaching the zero tolerance threshold.

The average time from notification to handover standard of 15 minutes has decreased to 10.49mins compared to 13.09 minutes in May. The time to see 1st clinician has decreased to 72 minutes 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 are being met month on month. The % of patients seen from registration within 15 minutes is 76.66% which is a decrease compared to 78.55% in May.

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.

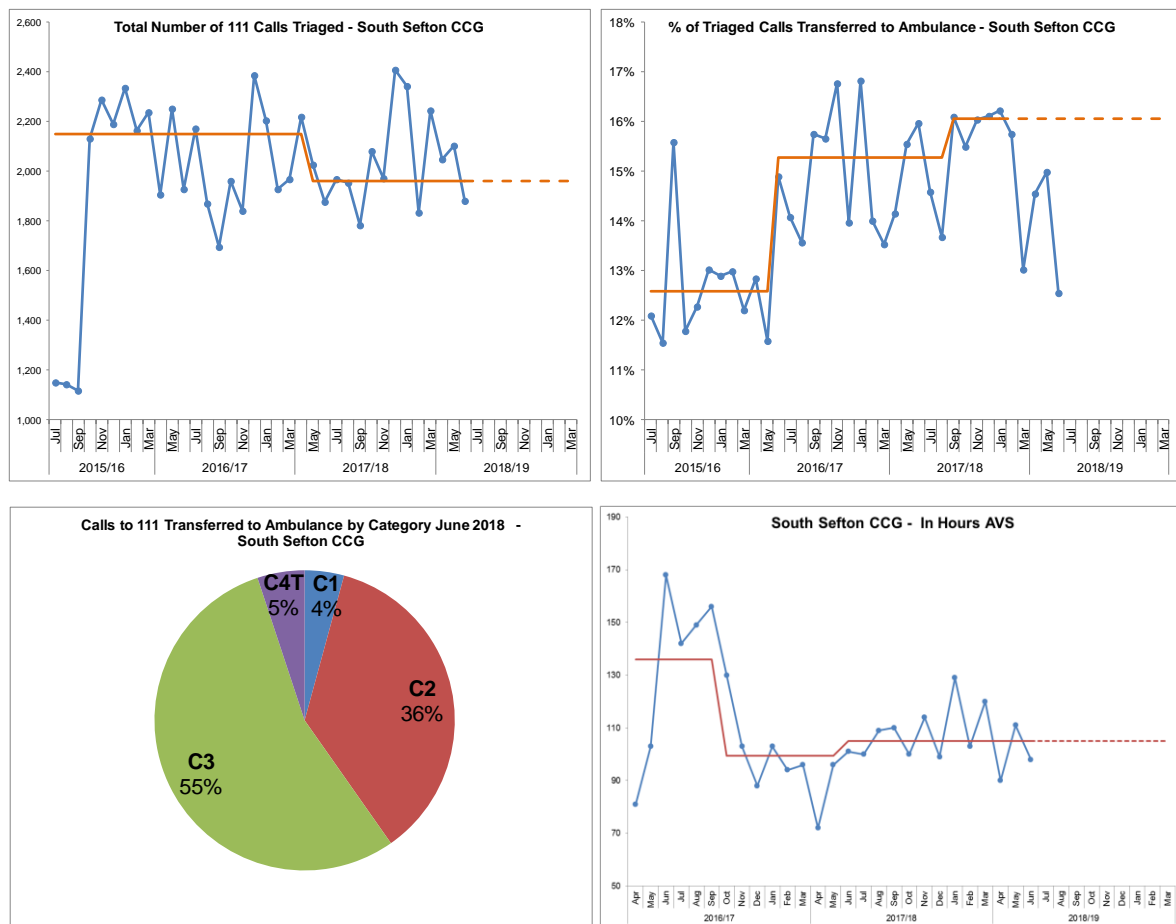
A performance risk share approach has been agreed acknowledging that although most of the major actions and responsibility lie with NWS to deliver, there are some clear CCG and system responsibilities relating to ambulance handover and AVS delays. NWS are working in partnership with all acute providers to support improvements. In addition the CCG has worked with NWS and Mersey Care to implement an Alternative to Transfer pathway to ensure patients of low acuity can be supported within community wherever possible.

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 42 – 111 Service Calls



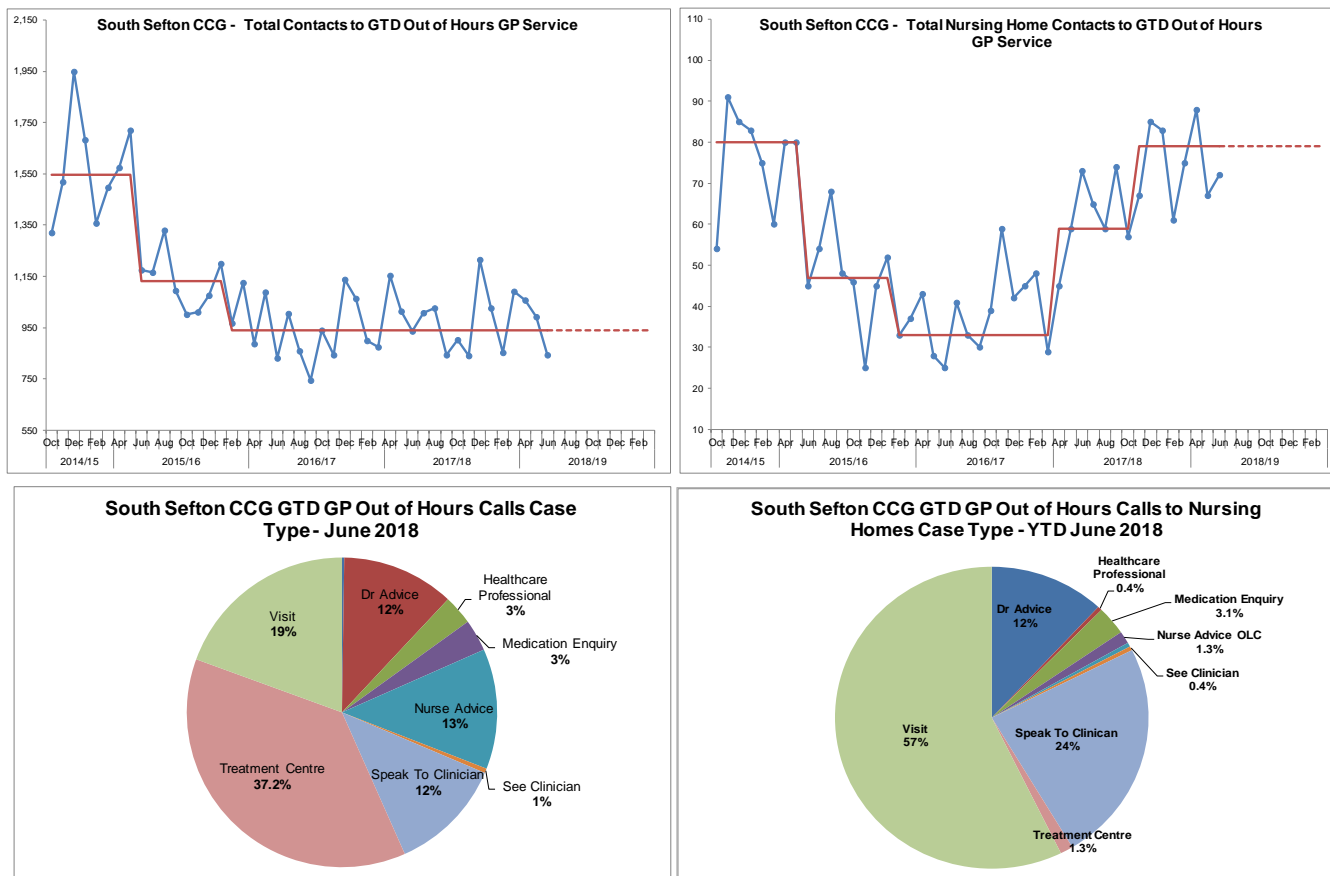
South Sefton CCG	Transferred to Ambulance	Advised to Attend A&E	Advised to Attend Primary & Community Care	Advised to Other Service	Closed with Advice Only
2016/17 %	14.5%	7.9%	55.9%	2.3%	19.4%
2017/18%	15.2%	7.8%	57.1%	3.2%	16.8%
YTD 2018/19 %	14.1%	8.6%	57.3%	3.1%	17.0%

In June 2018, there were 1,880 contacts to the 111 service from South Sefton CCG patients, a similar number to June of the previous year.

A higher proportion of the calls received were advised to attend an accident and emergency department in June (9.5%) and in 2018/19 year to date, however a lower proportion were transferred to an ambulance (12.6%)

4.3.2 GP Out of Hours Service Calls

Figure 43 – 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 3 %	0.2%	13.2%	1.0%	4.0%	11.7%	0.4%	12.3%	39.7%	17.5%	100.0%

There were fewer contacts to the GoToDoc out of hours GP service from South Sefton patients in month 3 of 2018/19 than in the previous year, 844 compared to 935. Overall in 2018/19 there have been 5.4% fewer contacts to the service.

There has been an increase in the number of Dr. Advice calls to the service in YTD 2018/19 by 60% or 143 contacts.

Jun-18	Total	%
	South Sefton	
QR02 Supply of Clinical Details Compliance	844	96.21%
QR09 Life Threatening Conditions	0	0.00%
QR09 Telephone Clinical Assessment (Urgent)	0	0.00%
QR09 Telephone Clinical Assessment (Other)	114	84.21%
NHS 111 Speak To Performance (Emergency)	27	88.89%
NHS 111 Speak To Performance (Urgent)	91	87.91%
NHS 111 Speak To Performance (Less Urgent)	120	90.83%
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)	46	95.65%
QR12 Base Time to Consultation (Urgent Patient Choice)	46	95.65%
QR12 Base Time to Consultation (Less Urgent)	267	98.88%
QR12 Base Time to Consultation (Less Urgent Patient Choice)	267	98.88%
QR12 Visit Time to Consultation (Emergency)	0	0.00%
QR12 Visit Time to Consultation (Urgent)	38	84.21%
QR12 Visit Time to Consultation (Less Urgent)	123	86.18%
QR12 Face To Face Consultation (Emergency)	1	100.00%
QR12 Face To Face Consultation (Urgent)	84	90.48%
QR12 Face To Face (Less Urgent)	390	94.87%

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.

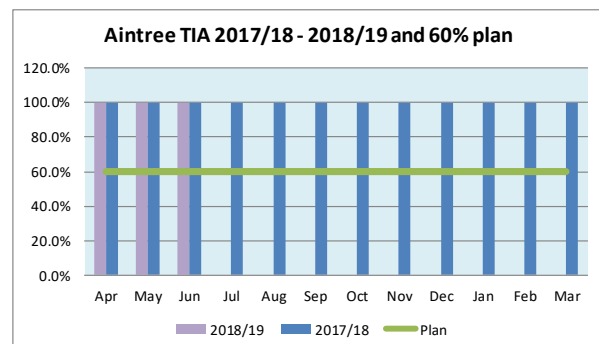
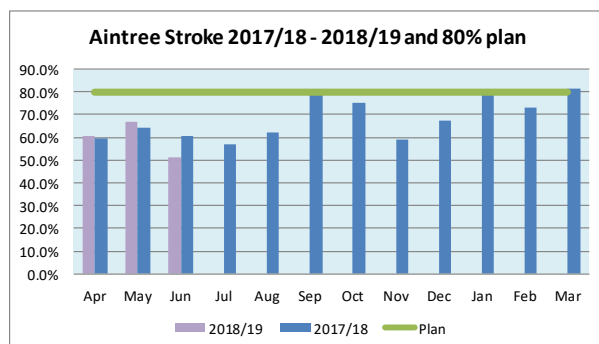
South Sefton CCG, in collaboration with Go to Doc (GTD) and NWAS, launched their out of hours Clinical Assessment Service (CAS) in June 2017.

4.4 Unplanned Care Quality Indicators

4.4.1 Stroke and TIA Performance

Figure 44 - Stroke & TIA performance

Stroke				
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	18/19 - June	80%	51.35%	↓
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	18/19 - June	60%	100%	↔



Performance against the 90% stay standard was 51.35% for June 2018. There were 37 patients with a diagnosis of stroke who were discharged from the Trust during the month.

Of these discharges, 19 patients spent 90% of their stay on the Stroke Unit. The standard was not achieved for 18 patients. All breaches of the standard are reviewed and reasons for underperformance identified:

- 15 patients required admission to the Stroke Unit but no beds were available
- 3 patients were diagnosed as a stroke following an MRI

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 Hyper Acute Stroke Unit beds. Initial recruitment was not successful therefore further adverts are out following the revised banding for these vacancies.
- Discuss and agree options to support recruitment with the Divisional Nurse - Advert extended as insufficient applicants.
- 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 Emergency Department, Ambulatory Emergency Care and Acute Medical Unit.
- Continue with Quality Improvement Project (supported by QuEST).
- Weekly Breach Meeting with Dr Cullen, Stroke Nurse Clinicians Matron, Clinical Business Manager, ACBM & Data Team to review all patients that failed 4 hours target.

- Stroke Action Plan developed by Clinical Director/Clinical Business Manager & Matron. 3rd Hyper Acute Stroke Unit bed opened 11th June 2018 and a fourth bed being utilised for thrombolysis.

4.4.2 Mixed Sex Accommodation

Figure 45 - Mixed Sex Accommodation breaches

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	18/19 - June	0.00	0.30	↔
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	18/19 - June	0.00	0.10	↓

The CCG has reported an MSA rate of 0.3, which equates to a total of 2 breaches in June, 1 breach at Aintree and 1 at Southport & Ormskirk NHS Trust. Aintree also failed the measure and reported an MSA rate of 0.1, which equates to a total of 1 breach in June, this is the first time Aintree have failed this measure in quite some time, last time being October 2016.

4.4.3 Healthcare associated infections (HCAI)

Figure 46 - Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	18/19 - June	14	16	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	18/19 - June	11	11	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	18/19 - June	0	0	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	18/19 - June	0	1	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	18/19 - June	32	37	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Aintree)	18/19 - June	No Plan	91	↑

The CCG had 7 new cases of Clostridium Difficile reported in June (16 YTD) against a year to date plan of 14 (7 apportioned to acute trust and 9 apportioned to community). Aintree had 5 new cases reported in June (11 YTD) against a year to date plan of 11.

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

NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2018/19 NHS South Sefton CCG's year-end target is 128. In June there were 14 cases (37 YTD) against a

year to date plan of 32. Aintree reported 35 cases in June (91 YTD). There are no targets set for Trusts at present.

4.4.4 Hospital Mortality

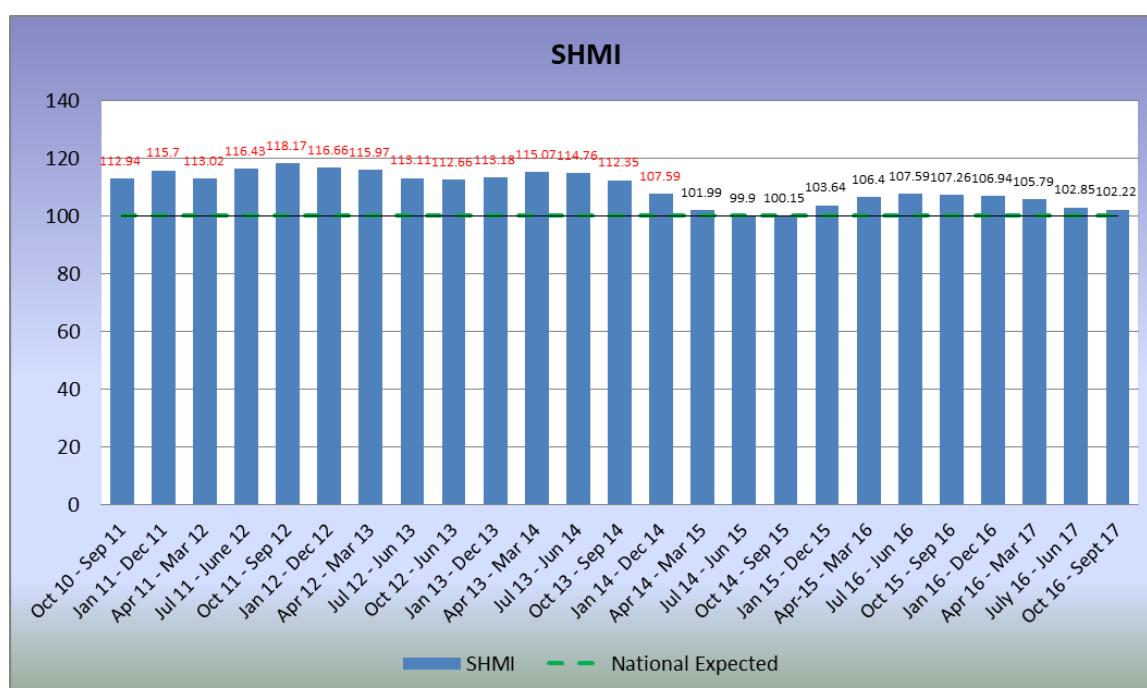
Figure 47 - Hospital Mortality

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

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

SHMI at 102.22 is marginally better at June 2017 and within tolerance levels. SHMI is risk adjusted mortality ratio based on number of expected deaths.

Figure 48 - Summary Hospital Mortality Indicator



4.5 CCG Serious Incident Management

A meeting took place with NHS England (Cheshire and Merseyside) on 12th July 2018 outside of this reporting period. Areas of learning have influenced changes to the SIRG terms of reference and added to the action plan reported through to Joint Quality Committee on a monthly basis. As part of the improvement work Aintree Hospital are now invited to attend the SIRG. A report is due to be submitted to NHS E C&M in August. An external review will take place in Q2.

Aintree University Hospital NHS Foundation Trust – reported 1 incident in Month 3 with 10 YTD, with zero Never Events. Four incidents closed in Month with 11 YTD. There are 41 incidents open on StEIS with 23 being open for > 100 days.

Due to a number of RCA breaches a letter of escalation was sent to the Chief Nurse for Aintree Hospital, as per CCG internal escalation process. Confirmation has been received of dates for the RCA's to be submitted.

MerseyCare NHS Foundation Trust - 4 incidents were raised in Month 3, 3 Local Division and 1 Community Services with zero Never Events YTD. Ten incidents closed in Month, 19 YTD (12 – MH, 11 CD). 22 incidents remain open on StEIS with 19 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 1st June with plans in place to agree closure for the remaining incidents. The CCG is following up closure with Liverpool CCG

Liverpool Women's – 3 incidents remain open on StEIS, 2 remaining open greater than 100 days. The 'Test of Cure' learning meetings are on-going; the RCA is yet to be received.

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 agreed as not meeting StEIS threshold by NHS E and waiting to be removed from StEIS. Three incidents relate to other commissioned providers.

There are a total of 102 serious incident 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
25	MerseyCare NHS Foundation Trust
2	North West Boroughs NHS Foundation Trust
4	Southport and Ormskirk Hospitals NHS Trust
1	Walton Centre NHS Foundation Trust (Managed by NHS E Spec Comm)
6	South Sefton CCG.

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 49 - Average Delayed Transfers of Care per Day at Aintree April 2017 – June 2018

Average Delays per Day

Reason for Delay	2017/18												2018/19		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
A) COMPLETION ASSESSMENT	0	0	2	1	2	2	1	1	0	1	0	1	1	1	4
B) PUBLIC FUNDING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C) WAITING FURTHER NHS NON-ACUTE CARE	11	9	11	7	8	9	9	16	5	6	7	8	10	6	10
DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DI1) AWAITING NURSING HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
E) AWAITING CARE PACKAGE IN OWN HOME	4	1	6	1	3	2	5	4	5	6	7	7	4	4	7
F) COMMUNITY EQUIPMENT/ADAPTIONS	0	0	1	0	1	0	1	0	0	0	0	0	0	2	0
G) PATIENT OR FAMILY CHOICE	13	18	20	8	14	15	8	17	15	9	9	10	14	13	13
H) DISPUTES	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
I) HOUSING	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0
O) OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	28	29	39	18	28	29	24	38	26	22	23	27	30	26	34

The average number of delays per day in Aintree hospital increased in June from 26 to 34. Of the 34, 13 were patient or family choice (38%), 10 were awaiting further NHS non-acute care (29%), 7 were awaiting care package in own home (21%) and 4 patient was awaiting completion of assessment (12%).

Analysis of average delays in June 2018 compared to June 2017 shows 5 less delays in June 2018 (-12.8%).

Figure 50 - Agency Responsible for Days Delayed at Aintree April 2017 – June 2018

Agency Responsible	2017-18												2018/19		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS - Days Delayed	726	852	962	515	725	800	584	991	665	461	445	601	735	633	733
Social Care - Days Delayed	112	45	221	34	134	93	176	134	164	217	219	239	136	143	293
Both - Days Delayed	0	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 733 in June, a decrease of 100 from May when 633 was reported. Delays due to social care were 293 in June, an increase from 143 reported in May. No delays due to both were reported in June.

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 51 - Average Delayed Transfers of Care per Day at Mersey Care - April 2017 – May 2018

Average Delays per Day

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
Grand Total	35	29	34	37	41	40	41	40	32	29	32	30	30	43

The average number of delays per day at Mersey Care decreased to 29 in June (43 in May). Of the 29 delays: 6 were waiting for nursing home placements (21%), 3 were classified as 'Other' (10%), 4 for public funding (14%), 5 due to patient or family choice (917%), 5 for housing (17%), 1 for awaiting care package in own home (3%) and 1 for patient and family choice (17%)

Analysis of average delays in June 2018 compared to June 2017 shows them to be lower by 5 (-14.7%).

Figure 52 - Agency Responsible and Total Days Delayed – Mersey Care - April 2017 – June 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 397 in June, compared to 827 last month. Analysis of these in June 2018 compared to June 2017 shows a decrease from 447 to 397 (-11%). The total number of days delayed caused by Social Care was 261 in June, compared to 404 in May. Mersey Care also have delays caused by both which were 220 in May, a significant increase from last month when 84 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. The ICRAS model is well established within South Sefton but with plans now to extend the range of services which can be accessed through this pathway e.g. reablement support. The aim being to present a streamlined and co-ordinated system to support hospital discharge. Further work is examining a single point of contact which although in place within South Sefton is being reviewed in terms of a North Mersey wide process again to eliminate duplication and potential confusion.

ICRAS continues to support significant savings in terms of admissions avoided. The service will form a key component of future winter planning. 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 53 – ICRAS Performance Measures



4.8 Patient Experience of Unplanned Care

Figure 54 - Aintree A&E Friends and Family Test performance

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

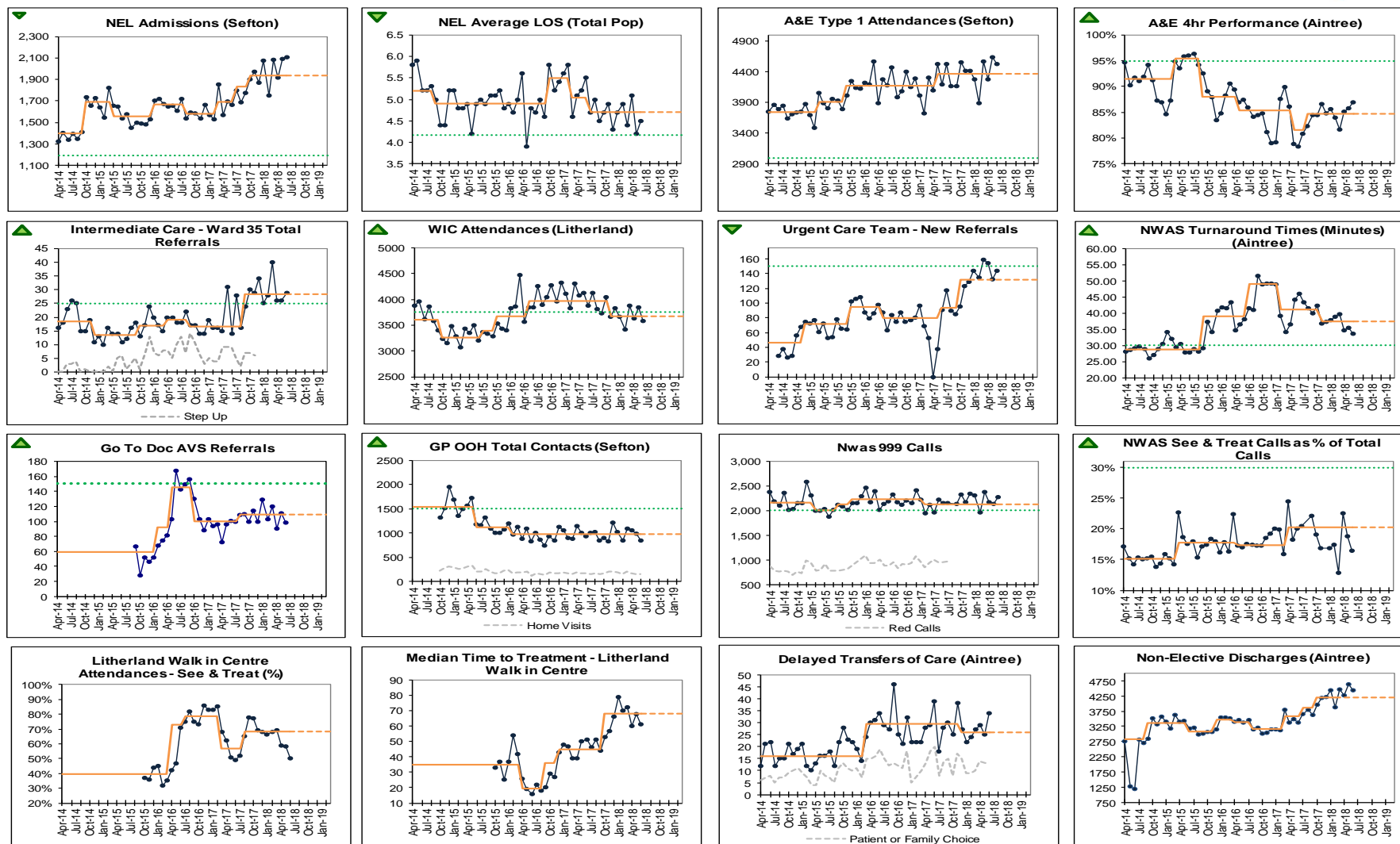
Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	12.9%	17.3%	↓	87%	85%	↓	7%	9%	↓

The percentage of people who would recommend Aintree's A&E is below the England average (87%) at 85% in June, 84% reported in May. The percentage not recommended is at 9% in June, the same as May but 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 3 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £165k/1.3%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a reduced over spend of approximately £84k/0.7%.

Aintree represents the highest over performing provider for unplanned care at month 3 with a year to date variance of £273k/3%. In contrast, Alder Hey and Liverpool Women's hospitals are currently underperforming by -£109k/-19% and -£103k/-9% respectively.

Figure 55 - Month 3 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	24,874	27,661	2,787	11%	£9,417	£9,690	£273	3%	-£273	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	2,554	2,333	-221	-9%	£581	£472	-£109	-19%	£109	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	79	21	-58	-73%	£108	£62	-£46	-43%	£46	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	868	844	-24	-3%	£1,120	£1,016	-£103	-9%	£103	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	1,356	1,413	57	4%	£501	£561	£60	12%	-£60	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	3	3	0	18%	£14	£21	£7	48%	-£7	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	29,734	32,275	2,541	9%	£11,740	£11,822	£81	1%	-£81	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	20	29	9	43%	£5	£13	£8	179%	£0	£8	-
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	25	25	0%	£0	£10	£10	0%	£0	£10	-
SALFORD ROYAL NHS FOUNDATION TRUST	0	6	6	0%	£0	£1	£1	0%	£0	£1	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	1,983	2,089	106	5%	£701	£699	-£2	0%	£0	-£2	0%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	273	293	20	7%	£111	£124	£14	13%	£0	£14	13%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	18	18	0	-2%	£45	£51	£5	12%	£0	£5	12%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	11	11	0%	£0	£10	£10	0%	£0	£10	-
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST									£0	£0	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	68	68	0%	£0	£22	£22	0%	£0	£22	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	15	19	4	24%	£9	£24	£15	160%	£0	£15	160%
ALL REMAINING PROVIDERS TOTAL	2,310	2,558	248	11%	£871	£955	£84	10%	£0	£84	10%
GRAND TOTAL	32,044	34,833	2,789	9%	£12,611	£12,776	£165	1.3%	-£81	£84	0.7%

*PbR Only

4.10.2 Aintree University Hospital NHS Foundation Trust

Figure 56 - Month 3 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	10,508	11,041	533	5%	£244	£244	£0	0%
A&E - Accident & Emergency	8,161	8,724	563	7%	£1,123	£1,202	£79	7%
NEL - Non Elective	3,845	4,388	543	14%	£7,212	£7,126	-£87	-1%
NELNE - Non Elective Non-Emergency	13	19	6	49%	£46	£60	£14	31%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	5	46	41	773%	£1	£11	£9	632%
NELST - Non Elective Short Stay	523	578	55	11%	£354	£374	£20	6%
NELXBD - Non Elective Excess Bed Day	1,820	2,865	1,045	57%	£437	£674	£237	54%
Grand Total	24,874	27,661	2,787	11%	£9,417	£9,690	£273	3%

4.10.3 Aintree Hospital Key Issues

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

Aintree is over performing across the majority of PODs related to Urgent Care. However, the total over spend of £273k/3% is mainly driven by an over performance within A&E and Non-Elective Excess Bed Days. Aintree's A&E Type 1 attendances during May 2018 were the highest reported at the Trust since April 2015. This was part of a trend of increased A&E activity, which was evident across North Mersey providers at this time.

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

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 57 - NHS South Sefton CCG – Shadow PbR Cluster Activity

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

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

5.1.1 Key Mental Health Performance Indicators

Figure 58 - 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%	100%
Rolling Quarter				100%

Figure 59 - CPA Follow up 2 days (48 hours) for higher risk groups

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

Figure 60 - 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%	57%
Rolling Quarter				73%

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

5.1.2 Out of Area Placements (OAP's)

Figure 61 - OAP Days

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

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 March to May 2018 where 35 OAP days were reported. This is a 51.5% decrease from the previous reporting period when 80 were reported, and also achieving the target.

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

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

The Trust will be updating the Leadership Team on CRHTT on 21st August 2018.

In conjunction with the urgent pathway redesign and recognising the need to improve collaborative working, the Trust has developed enhanced GP liaison building upon the primary care mental health practitioners which have been in place since 2013/14. Consultant psychiatrists have been aligned to primary care localities so as to increase the mental health support available for GPs. Contact has been 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 on-going to explore the discharge pathway from secondary to primary care for adult mental health patients and a pilot proposal will be presented to the LMC in September 2018.

Psychotherapy wait times

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

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

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

Rio Update

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

Safeguarding

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

5.1.4 Patient Experience of Mental Health Services

Figure 62 - Merseycare Friends and Family Test Performance

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

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Mental Health	2.8%	3.3%	↗	89%	87%	↘	4%	4%	✓

In June, Merseycare recorded a response rate of 3.3%, which is slightly above the England average. 87% of respondents reported they would recommend the service, a decline on last

month's performance of 91% also below the England average of 89%. The percentage who would not recommend is 4% in June, again a decline and the same as the England average.

5.2 Improving Access to Psychological Therapies

Figure 63 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March	Total
National definition of those who have entered into treatment	2017/18	223	319	331	315	269	289	295	358	232	336	245	283	3,495
	2018/19	315	283	292										890
Access % ACTUAL - Monthly target 1.4% for Q1 to Q3 - Quarter 4 only 1.58% is required	2017/18	0.92%	1.31%	1.36%	1.30%	1.11%	1.19%	1.21%	1.47%	0.95%	1.38%	1.01%	1.16%	14.38%
	2018/19	1.30%	1.16%	1.20%										3.66%
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%	44.1%										48.8%
ACTUAL % 6 weeks waits - 75% target	2017/18	98.8%	98.9%	97.9%	100.0%	99.5%	98.4%	99.5%	99.5%	99.3%	100.0%	99.5%	99.5%	99.5%
	2018/19	99.6%	99.0%	99.5%										99.4%
ACTUAL % 18 weeks waits - 95% target	2017/18	100.0%	100.0%	99.5%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	2018/19	100%	100%	100.0%										100%
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	199	210										634
National definition of those who have entered Below Caseness (KPI6a)	2017/18	8	4	5	4	9	2	6	8	5	8	8	5	72
	2018/19	9	7	7										23
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	96	89										298
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%	84.6%	92.4%										89.0%

Cheshire and Wirral Partnership reported 292 patients entering treatment in Month 3, which is a slight increase from the 283 reported in Month 2. 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 3 was 1.20% and therefore failed to meet the standard.

There were 384 Referrals in Month 3, which was an comparable with the previous month when there were 382. Of these, 72.7% were Self-referrals which is an increase from the previous month (65.97%). GP Referrals were lower than the previous month with 61 compared to 83 for Month 2. 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 44.1% in Month 3, which is less than the 50.3% for the previous month and failing to achieve the target of 50%.

Cancelled appointments by the provider saw another increase in Month 3 with 83 compared to 69 in Month 2.

There was an increase in DNAs in Month 3 (from 182 in Month 2 to 194 in Month 3); 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 3, 99.5% 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.

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.

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

5.3 Dementia

Figure 64 - Dementia casefinding

NHS South Sefton CCG

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

The latest data on the HSCIC website shows South Sefton CCG are recording a dementia diagnosis rate in June of 63.4%, which is under the national dementia diagnosis ambition of 66.7% and an improvement from last month of 1.4%.

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

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

Following on from a deep dive meeting with NHSE in May, a refreshed plan has been agreed which includes a local trajectory for the CCG. The CCG's agreed trajectory for June 2018 was 66.4% and therefore the CCG is below target. The agreed date of recovery is 31st 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 65 - NHS South Sefton CCG – Improve Access Rate to CYPMH 18/19 Plans (32% Target)

E.H.9	17/18 Revised Estimate*	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	2018/19 Total
1a - The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period.	100	25	25	25	25	100
2a - Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	305	250	250	250	250	1000
2b - Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	3121					3121
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	9.8%					32.0%

The data is published nationally by NHS Digital. The CCG target is to achieve 32% by the end of the financial year. Quarter 1 performance is awaited from NHS Digital.

**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

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

Figure 66 - South Sefton CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2017/18 Plans (95% Target)

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

Figure 67 - South Sefton CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2017/18 Plans (95% Target)

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

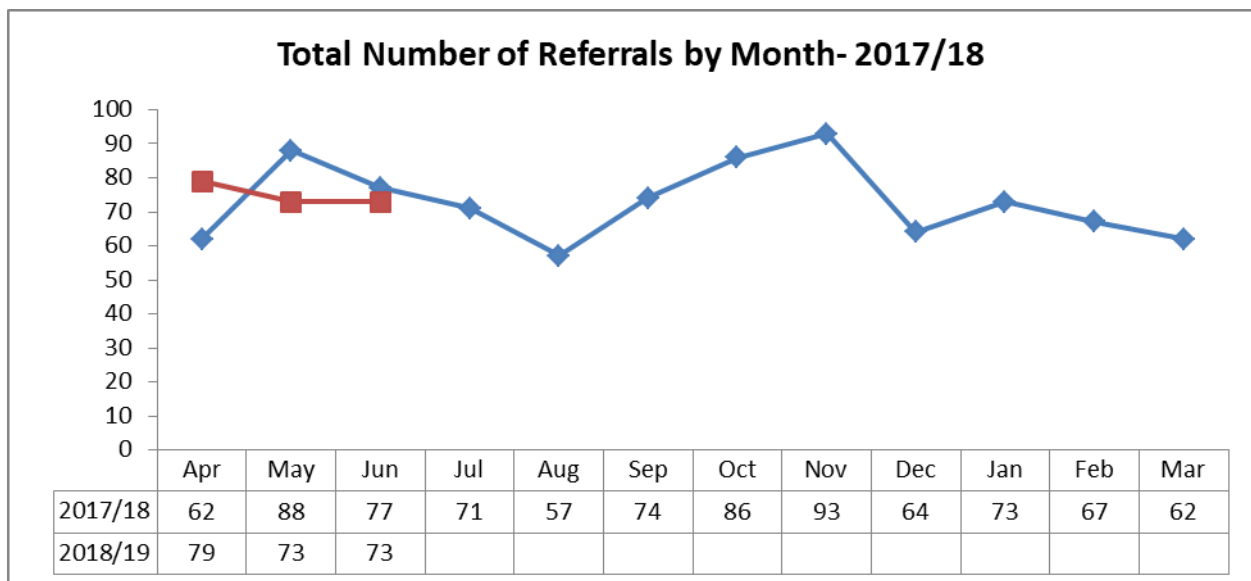
Quarterly plans for 2018/19 submitted with the expectation 100% of patients will be seen within 4 weeks and 100% of urgent cases within 1 week in each quarter.

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

5.6 Child and Adolescent Mental Health Services (CAMHS)

The following analysis derives from local data received on a quarterly basis from Alder Hey Child and Adolescent Mental Health Service (CAMHS). The data is cumulative and the time period is to quarter 1 2018/19. The date period is based on the date of referral so focuses on referrals made to the service during April to June 2018/19. It is worth noting that the activity numbers highlighted in the report are based on a count of the Local Patient Identifier and there may be patients that have more than one referral during the given time period. The 'Activity' field within the tables therefore does not reflect the actual number of patients referred.

Figure 68 – CAMHS Referrals



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

Figure 69 – CAMHS Waiting Times Referral to Assessment

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

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

An assessment follows on from the Triage stage when the clinical risk is assessed and patients are prioritised accordingly. At the point of assessment the child/young person meets with a clinician to discuss their issues and it is possible to determine whether the CAMHS is appropriate. At this stage it may be that the child/young person is signposted to another service rather than continue to an intervention within the service.

Figure 70 - CAMHS Waiting Times Assessment to Intervention

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

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

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

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

5.7 Learning Disability Health Checks

Figure 71 – Learning Disabilities Performance Measures

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

People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people's health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check. A national enhanced service is place with payment available for GPs providing annual health checks, and CCGs were required to submit plans for an increase in the number of health checks delivered in 2018/19 (target 504 for the year). Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. Data quality issues are apparent with practices not submitting their register sizes manually, or incorrectly which is why the 'actual' data in the table above is significantly lower than expected. In quarter 1 only 24 practices (out of 30) submitted data, and 4 practices had significant data quality issues meaning their data had to be excluded from the table above. Practices are being supported with to improve data quality.

6. Community Health

6.1 Mersey Care Community Contract

The information leads from the CCG and 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 has been 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. A draft ICRAS report has been shared with the CCG for feedback. 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.

Aintree Clinical Quality and Performance Group for Clinical Quality and Performance Group Terms of Reference are currently being reviewed.

6.1.2 Patient DNA's and Provider Cancellations

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

Patient DNAs

The Trust monitors DNA performance against an 8.5% threshold. 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 13.5% in June, although this is a further improvement on May (16.7%). 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 is to meet with Aintree Hospital to understand the issues.

Dietetics performance has improved slightly from 28.1% in May to 21.6% in June but is still reporting well above the threshold. The service failed each month of 2017/18 and the trend continues. The Trust has reported that all face to face dietetics clinics have a maximum slot utilisation of 5 appointments, therefore 1 failed attendance results in a high DNA rate. The Trust has undertaken two audits looking at the types of referrals which are not turning up for appointments. The results illustrated patients with two or more long term conditions and a diagnosis of diabetes were the most frequent to DNA. Work to be done with nurse educator to establish appropriate pathway for these patients.

Phlebotomy performance has improved slightly from 11% in May to 9.5% in June and is now therefore RAG rated as amber. 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 3.5% threshold.

Treatment room cancellation rates have fallen from 5.3% in May to 3.3% in June and are now in line with the target. Therefore all services are reporting under the threshold in June.

6.1.3 Waiting Times

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




Physiotherapy: May's position for completed pathways has declined from 21 weeks in April to 24 weeks in May. The longest wait is currently recorded at 22 weeks by one patient.

Nutrition & Dietetics: May's completed pathways position has declined from 17 weeks in April to 23 weeks in May. The longest wait is currently recorded at 31 weeks by one patient.

6.1.4 Patient Experience of Community Services

Figure 72 – Mersey Care Friends and Family Test Performance

Friends and Family Response Rates and Scores
Mersey Care NHS Foundation Trust
Latest Month: Jun-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%	1.5%		95%	97%		2%	1%	

Mersey Care is reporting a response rate of 1.5% in June against an England average of 3.7%, a decline in performance from 3.6% reported in April. The percentage who recommended the service was 97%, a slight decline from last month when 98% was reported but still remaining above the England average of 95%. Performance for the percentage who would not recommend remains at 1%, below the England average of 2%.

6.2 Any Qualified Provider Mersey Care Podiatry Contract

At Month 3 2018/19 the total year to date costs for the CCG were £65,751 with 1,663 contacts. There have been data quality issues in respects of follow ups reported by Mersey Care NHS FT and the Trust is working with the CCG on this. The Merseyside AQP contracts for Podiatry are due to expire on 30th September 2018. There are on- going discussions with Mersey Care on taking the whole service forward including how low-level podiatry needs are being met.

6.2.1 Liverpool Community Health Quality Overview

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

6.3 Alder Hey Community Services

6.3.1 Services

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

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

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

6.3.2 Waiting Times

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

Paediatric SALT: May is reporting 28 weeks for the 92nd 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 27 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 11.1% in June 2018, a slight decline on 10.5% reported last month and therefore still reporting above the 8.5% threshold.

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

Figure 73 - South Sefton CCG – Percentage of children waiting more than 18 weeks for a wheelchair - 2018/19 (100% Target)

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

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

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

7. Third Sector Overview

Introduction

Quarterly reports from CCG-funded Third Sector providers, detailing activities and outcomes achieved have been collated and analysed. A copy of the resultant *Third Sector Quarter 1 2018-19 Report* has been circulated amongst relevant commissioning leads. Referrals to some services have increased during Q1 compared to the same period last year, others remain more stable. Individual service user issues (and their accompanying needs) are becoming more complex,

increasing pressure on staffing and resources. Despite this providers continue to prioritise frontline service delivery.

Age Concern – Liverpool & Sefton

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

Alzheimer's Society

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

Expect Ltd

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

Sefton Carers Centre

Sefton Carers report steady increases in the number of carers' assessments (and reassessments). The Welfare Advice Service has seen significant demand due to rising numbers of tribunal cases (that require more complex support) and the shift to Universal Credit (to ensure benefits are maintained and smoothly transferred). During Q1 the Centre redesign was completed, improving facilities and enabling Alder Hey's Physio & Occupational Therapy service and Sefton Advocacy to co-locate. Outcomes included 258 new carer registration (52 are parent carers). During Q1 325 Child Needs Assessments that inform Carers' Support Plans were completed or closed. £316k of additional or maintained annual income was also secured on behalf of carers, together with £39k back payments. 226 information and guidance contacts were made with carers. 4 new volunteers were recruited to the volunteer (non-personal care) sitting service that enables carers to have a short break. 100 hours of sitting service was provided with a volunteer value equating to £23k. Physical and emotional health and wellbeing is provided by counselling and holistic therapies (with 89% of therapy users reporting this had a marked or significant positive impact on them).

Citizens Advice Sefton

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

Sefton Council for Voluntary Service (CVS)

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

Sefton Advocacy

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

Swan Women's Centre

The Centre reported increasing numbers requesting counselling with 77 new referrals during Q1 alone. An additional four volunteer counsellors have been recruited to meet additional need. Whilst increasing organisational costs this represents excellent value for money and an efficient use of resources. The main referral sources were self-referral (55%), direct GP referral (18%), Other Healthcare Professionals (11%) and Mersey Care NHS Trust (6%). During Q1 the counselling service had 61 existing cases. 52 women were part-way through their 12 allocated counselling sessions, whilst 9 have exceeded twelve weeks and are continuing with further sessions as required. The Centre also provides an Outreach Service (only available by professional referral) for women diagnosed with severe mental illness, and those that do not fit the mental illness criteria but who need support. The Emotional Well-being Support Group also offers health-related benefits including therapies to aid self-care and improved well-being, emotional and physical health.

Imagine independence

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

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

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

Stroke Association

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

Parenting 2000

During Q1 the service received 16 adult referrals and 90 referrals for children. A total of 110 service users accessed counselling for the first time. Of the 506 appointments available during this period a total of 489 were booked and 379 were actually used. There were 74 cancellations and 36 did not attend their scheduled appointment. The top five referral sources during Q1 were self/carer/parent referrals (30%), GP recommendations (22%), GP referrals (16%), hospitals (8%) and schools (8%).

Netherton Feelgood Factory

In Q1 three paid staff were employed with expertise and experience in psychology, psychotherapy, social work, nursing counselling and forensics, together with a small number of volunteers. The Drop-In offers a safe space for people with complex mental and social care needs. It has been operating for several years, offering open sessions at the Feelgood Factory and Linacre Mission.

Diagnostically most clients have complex personality disorders plus severe anxiety/depression, with a number having bipolar, schizoaffective disorders, learning disabilities or dementia. During Q1 referral routes included GPs, self/carer referrals and legal. Previous referral sources have included mental health professionals, job centres, Sefton Veteran's project, IAPT and other voluntary, community and faith organisations. There are three broad categories of clients attending the Drop in: short-term service users who come with problems of an immediate nature, often following a specific event; long-term clients who may have personality disorders together with physical problems; and recovering service users with complex mental health issues that use the service as an 'Open Door' resource.

CHART (Crosby Housing and Reablement Team)

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

8. Primary Care

8.1 Extended Access (evening and weekends) at GP services

Figure 74 - 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 75 - CQC Inspection Table

South Sefton CCG								
Practice Code	Practice Name	Date of Last Visit	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84002	Aintree Road Medical Centre	19 March 2018	Good	Good	Good	Good	Good	Good
N84015	Bootle Village Surgery	03 August 2016	Good	Good	Good	Good	Good	Good
N84016	Moore Street Medical Centre	17 June 2016	Good	Good	Good	Good	Good	Good
N84019	North Park Health Center	05 June 2018	Awaiting report					
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 76 – BCF Metric performance

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

Figure 77 – 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 3 performance and narrative detailed in the table below.

Figure 78 - South Sefton CCG's Month 3 Submission to NHS England

May 2018 Month 03	Month 03 Plan	Month 03 Actual	Month 03 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	3625	3431	-5.4%	Both GP and Other referrals for June decreased to the previous month but remain within the statistical norm. Referrals in May 18 (particularly other referrals) increased following an increase in A&E attendances and emergency admissions. Total GP referrals were below average and further analysis has identified an anomaly with reduced referrals to the General Medicine specialty at the CCG's main provider in June 18. This will be queried with the provider as part of on-going referrals discussions at the information sub group. 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 decreases of 3% with GP referrals showing decreases of -4%.
Other	2345	2492	6.3%	
Total (in month)	5970	5923	-0.8%	
Variance against Plan YTD	17307	18266	5.5%	
Year on Year YTD Growth			10.3%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	5151	4745	-7.9%	Outpatient levels were in line with trend of the previous year and as such is not statistically against the trend. However, outpatient activity was slightly below average/plan in June but a seasonal profile indicates an increase in July before further reductions in August. First attendances increased in May, which may be linked to the ambulatory pathway at the CCG's main provider (A&E, admissions and referrals all increased in May). Local monitoring shows year to date outpatient activity as 5% above average but the expected seasonal profile would bring activity back in line with plan.
Follow Up	11442	10524	-8.0%	
Total Outpatient attendances (in month)	16593	15269	-8.0%	
Variance against Plan YTD	46983	46542	-0.9%	
Year on Year YTD Growth			-4.3%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1890	1866	-1.3%	
Elective Ordinary spells	248	244	-1.6%	
Total Elective spells (in month)	2138	2110	-1.3%	
Variance against Plan YTD	6005	6079	1.2%	
Year on Year YTD Growth			-0.2%	
Urgent & Emergency Care				
Type 1	4169	4443	6.6%	CCGs main provider saw a large number of attendances within May (the highest in the last three years), with large levels of admissions following. This was part of a trend identified across North Mersey. Attendances dropped in June and were closer to the expected average. Overall actual and plan are in line YTD. A&E performance at the main provider improved slightly in June but remains below 90%.
Year on Year YTD			5.3%	
All types (in month)	8616	8469	-1.7%	
Variance against Plan YTD	26184	25796	-1.5%	
Year on Year YTD Growth			0.3%	
Total Non Elective spells (in month)	1856	2131	14.8%	Changes in pathway at the CCG's main provider part way through 2017/18 resulted in higher levels of admissions, this trend has continued into 2018/19 and continues to rise. A&E activity has not risen to the same extent as admissions but conversion rates have increased significantly over the past year in line with the pathway changes at the CCG's main acute provider. Plans have increased from 2017/18 in line with changes in activity and seasonal trend has increased levels in the latter half of the year. This should bring plan and actual closer in line in the coming months.
Variance against Plan YTD	5712	6386	11.8%	
Year on Year YTD Growth			22.0%	