



**South Sefton**  
Clinical Commissioning Group

# **South Sefton Clinical Commissioning Group**

## **Integrated Performance Report September 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															
<b>2142: <a href="#">NHS e-Referral Service (e-RS) Utilisation Coverage</a></b> Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG	R	R	R	R									R
		Actual	32.129%	32.129%	47.013%	50.703%									40.786%
		Target	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
Diagnostics & Referral to Treatment (RTT)															
<b>1828: <a href="#">% of patients waiting 6 weeks or more for a diagnostic test</a></b> The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R	R	R	R							R
		Actual	2.733%	2.066%	2.254%	3.161%	3.009%	3.728%							2.815%
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%
<b>1291: <a href="#">% of all Incomplete RTT pathways within 18 weeks</a></b> Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R	R	R	R							R
		Actual	90.112%	90.458%	89.959%	89.296%	88.554%	87.882%							89.378%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
<b>1839: <a href="#">Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</a></b> The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	R	R	R	R	R							R
		Actual	3	3	10	9	6	1							31
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations															
<b>1983: <a href="#">Urgent Operations cancelled for a 2nd time</a></b> Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G	G	G	G							G
		Actual	0	0	0	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															
<b>191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</b> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	R	R	R	R	G	R							R
		Actual	90.40%	90.41%	88.60%	92.69%	93.84%	92.75%							91.47%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<b>17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</b> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	R	G	G	G	R	R							R
		Actual	92.06%	94.32%	96.05%	94.00%	87.84%	89.83%							92.44%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<b>535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</b> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	R	G	G	G	G	G							G
		Actual	95.00%	100.00%	96.30%	97.26%	97.37%	96.87%							97.19%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
<b>26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	G	G	R	G	G	G							G
		Actual	100%	100%	84.615 %	100%	100%	100%							97.44%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
<b>1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	G	G	G	G	G							G
		Actual	100%	100%	96.30%	100%	100%	100%							99.07%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
<b>25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	G	G	G	G							G
		Actual	96.429%	100%	100%	100%	94.444 %	100%							98.99%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%



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

<b>539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</b> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R	R	R	R	G	R							R
		Actual	82.759%	83.784%	82.927%	71.795%	88.235%	66.67%							79.167%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
<b>540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</b> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	No patients	R	R	G	G	G							R
		Actual	-	66.667%	0%	100%	100%	100%							87.50%
		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

<b>2123: 4-Hour A&amp;E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio)</b> % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	South Sefton CCG	RAG	R	R	R	R	R	R							R
		Actual	86.602%	87.388%	88.326%	87.271%	89.760%	87.004%							87.711%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
<b>1928: 12 Hour Trolley waits in A&amp;E</b> Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G	R	G	G							R
		Actual	-	-	-	1	-	-							1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

### EMSA

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

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

### HCAI

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

### Mental Health

<b>138: <a href="#">Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</a></b> The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G			G									G
		Actual	100%			96.774%									
		Target	95.00%			95.00%			95.00%			95.00%			95.00%

### Episode of Psychosis

<b>2099: <a href="#">First episode of psychosis within two weeks of referral</a></b> The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	G	G	G	G	G	G							G
		Actual	80.00%	100.00%	57.14%	100%	75.00%	66.67%							74.07%
		Target	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%

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

### IAPT (Improving Access to Psychological Therapies)

<b>2183: <a href="#">IAPT Recovery Rate (Improving Access to Psychological Therapies)</a></b> The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R	R				R
		Actual	48.065%	46.046%				45.837%
		Target	50.00%	50.00%			50.00%	50.00%
<b>2131: <a href="#">IAPT Access</a></b> The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R	R				R
		Actual	3.66%	3.70%				7.37%
		Target	4.20%	4.20%			4.20%	4.74%
<b>2253: <a href="#">IAPT Waiting Times - 6 Week Waiters</a></b> The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	G	G				G
		Actual	99.4%	99.7%				99.5%
		Target	75.00%	75.00%			75.00%	75.00%
<b>2254: <a href="#">IAPT Waiting Times - 18 Week Waiters</a></b> The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G	G				G
		Actual	100%	100%				100%
		Target	95.00%	95.00%			95.00%	95.00%

Metric	Reporting Level	2018-19													YTD
		Q1			Q2			Q3			Q4				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Dementia															
2166: <a href="#">Estimated diagnosis rate for people with dementia</a> Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	R	R							R
		Actual	62.022%	62.05%	63.442%	63.796%	64.518%	64.706%							63.4%
		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: <a href="#">The number of completed CYP ED routine referrals within four weeks</a> The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	South Sefton CCG	RAG	G			G									G
		Actual	100%			100%									100%
		Target	100%			100%			100%			100%			100%
2096: <a href="#">The number of completed CYP ED urgent referrals within one week</a> The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	South Sefton CCG	RAG	G			R									G
		Actual	100%			100%									100%
		Target	100%			100%			100%			100%			100%
Wheelchairs															
2197: <a href="#">Percentage of children waiting less than 18 weeks for a wheelchair</a> The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	South Sefton CCG	RAG													
		Actual	Nil Return			Awaiting figures for Q2									
		Target	92.00%			92.00%			92.00%			92.00%			92.00%

## **1. Executive Summary**

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 6 (note: time periods of data are different for each source).

### **Financial position**

The year to date financial position is a deficit of £1.000m, which represents deterioration against the planned deficit of £0.400m. The full year forecast financial position is £1m surplus. It should be noted that this represents the best case scenario and that this is reliant upon the delivery of current QIPP plans or development of alternative mitigation strategies in full. At this stage in the financial year significant risk exists to the full delivery of these plans.

The QIPP savings requirement to deliver the 2018-19 financial plan is £5.329m. As at 31 October 2018 QIPP savings of £2.050m have been achieved against a year to date plan of £2.830m.

As at 31 October 2018 the CCGs likely year-end financial position is a deficit of £3.798m. The CCG's initial financial plan highlighted net risk reported to NHS England of £2.809m; which equates to a deficit of £1.809m. This indicates that the CCG's forecast position has deteriorated since the plan was signed off by the Governing Body. The position reported to NHS England in month 7 remains unchanged and is consistent with the initial financial plan.

### **Planned Care**

An issue has been identified with Aintree Hospital's month 6 referrals data. This was related specifically to the paper switch off in preparation for ERS implementation. Initial feedback suggests this may be a result of paper referrals potentially being rejected and a replacement electronic referral received after the end of the month. The provider has assured the CCG that a refresh of local referral data will be available in time for the next submission as per the agreed reporting timescales.

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in September reporting 3.57%, slightly higher than last month when 3.01% was recorded. Aintree recorded 2.66%, similar to last month when 2.64% was recorded.

In September, 1 South Sefton patient was waiting on the incomplete pathway for 52+ weeks against a zero tolerance threshold. This was a gynaecology patient at Liverpool Women's Hospital, who has now been referred elsewhere for treatment as the treatment is no longer provided at Liverpool Women's.

The CCG continues to report below the 92% target for patients on an incomplete non-emergency pathway waiting no more than 18 weeks, at 87.88% for September. This is lower than the performance reported in August (89.54%). Aintree also failed this standard for September recording 89.02%.

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

Aintree Friends and Family Inpatient test response rates have fallen below the England average of 25.2% for September at 20.3%; this is a big decrease from last month when 38.7% was recorded. The proportion of patients who would recommend the Trust is higher than last month at 95% and

unfortunately is still below the England average of 96%. The proportion who would not recommend is 1% lower than last month, but is still above the England average of 2%.

Performance at Month 6 of the financial year 2018/19, against planned care elements of the contracts held by NHS South Sefton CCG show a minor under performance of -£3k/-0.0%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being an over spend of approximately £333k/1.4%.

### **Unplanned Care**

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2018/19 and have failed the September trajectory of 90% with a performance of 85.50% for all A&E department types.

NWAS continues to be monitored in regard to service improvement and performance requirements in line with the Ambulance Response Programme. There have been significant improvements against many areas of the agreed Performance Improvement Plan which needed to be demonstrated by the end of Quarter 2. A summary report is being developed to share with CCG Governing Bodies in regard to the performance position at the end of Quarter 2. Information is being sought to ensure that comparative performance data is included from other ambulance services across the country.

The CCG had 9 new cases of Clostridium Difficile reported in September (35 YTD) against a year to date plan of 26 (16 apportioned to acute trust and 19 apportioned to community). The CCG had 1 case of MRSA in July apportioned to the community. The CCG had no new cases in September but the 1 case of MRSA in July apportioned to the community has now failed the zero tolerance threshold for 2018/19.

Aintree had no new cases of MRSA in September but as they had a case in May they will fail the threshold for 2018/19.

NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2018/19 NHS South Sefton CCG's year-end target is 128. In September there were 15 cases (63 YTD) against a year to date plan of 22. Aintree reported 33 cases in September (186 YTD). There are no targets set for Trusts at present.

Performance at Month 6 of financial year 2018/19, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £759k/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 £331k/1.3%.

### **Mental Health**

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership reported 296 patients entering treatment in Month 6, which is an 8.8% increase from 272 reported last month. Confirmation from NHS England has outlined that Commissioners are advised that for 2018/19 the access standard of 4.75% per quarter (19.0% annually) should apply to quarter 4 only. For the first 3 quarters of the year, the annual Access rate of 16.8% should be aspired to (4.2% per quarter).

The latest data on the HSCIC website shows South Sefton CCG are recording a dementia diagnosis rate in September of 64.7%, which is under the national dementia diagnosis ambition of 66.7% very similar to last month when 64.5% was reported. The current agreed date for recovery of the standard is 31st December 2018.

### **Community Health Services**

The information leads from the CCG and Mersey Care continue to meet on a monthly basis to discuss the current contract performance. Along with the performance review of each service, discussions regarding new ways of reporting for 2019/20 are being had. A further meeting has been arranged to progress this. The service reviews are now complete and the Trust and CCG community contract leads have had a number of meetings to discuss outcomes and recommendations. The findings from the reviews will support improvement and redesign work within a range of service areas.

### **Better Care Fund**

A quarter 2 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in November 2018. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, Reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date.

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

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

## 2. Financial Position

### 2.1 Summary

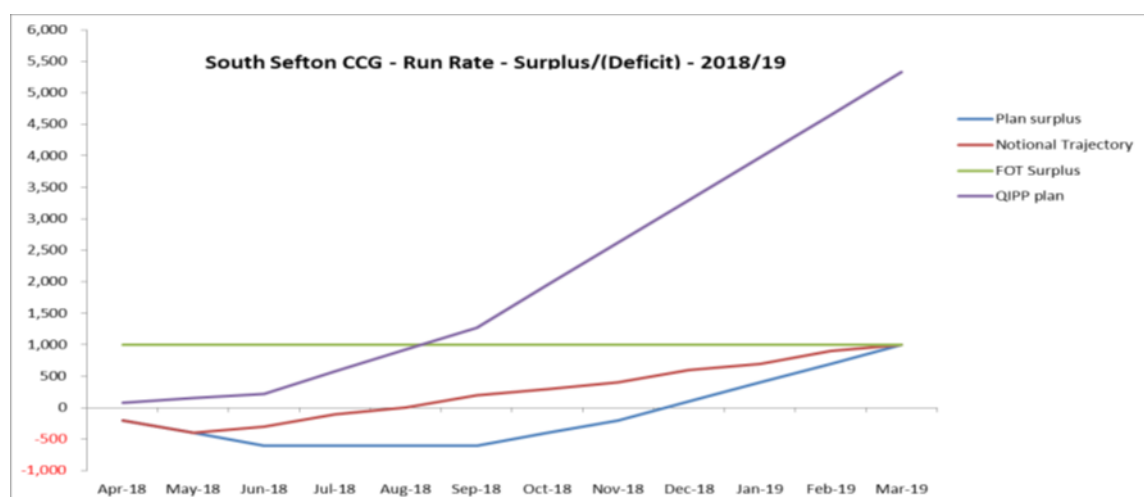
This report focuses on the financial performance for South Sefton CCG as at 31 October 2018.

**Figure 1 – CCG Financial Position**

	Annual Budget	Budget To Date	Actual To Date	Variance To Date	Actual Outturn	FOT Variance
	£000	£000	£000	£000	£000	£000
Non NHS Commissioning	24,220	14,041	15,166	1,125	26,061	1,841
Corporate & Support Services: admin	3,263	1,845	1,726	(119)	3,119	(144)
Corporate & Support Services: programme	3,798	2,210	2,081	(129)	3,566	(231)
NHS Commissioned Services	181,362	105,091	106,059	968	182,829	1,467
Independent Sector	3,671	2,122	2,172	50	3,760	89
Primary Care	4,810	2,671	2,826	155	4,897	87
Prescribing	28,200	16,213	16,798	584	29,204	1,004
<b>Total Operating budgets</b>	<b>249,324</b>	<b>144,194</b>	<b>146,828</b>	<b>2,634</b>	<b>253,436</b>	<b>4,112</b>
Reserves	(2,636)	2,034	0	(2,034)	(6,748)	(4,112)
In Year (Surplus)/Deficit	1,000	(400)	0	400	0	(1,000)
<b>Grand Total (Surplus)/ Deficit</b>	<b>247,687</b>	<b>145,828</b>	<b>146,828</b>	<b>1,000</b>	<b>246,687</b>	<b>(1,000)</b>

The year to date financial position is a deficit of £1.000m, which represents deterioration against the planned deficit of £0.400m. The planned delivery of the forecast year end position and QIPP delivery throughout the year is shown in figure 2 below:

**Figure 2 – CCG Run Rate 2018/19**



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

- Q1 reported deficit position
- Q2 reported a breakeven position
- Q3 & Q4 plan to return to surplus position through delivery of mitigation strategies.



As the CCG has not delivered the planned surplus in month 7, this will make the delivery of the financial position more challenging in the future months ahead.

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

The most likely financial outturn position for the CCG assessed at 31 October 2018 is a deficit of £3.798m. This assumes that QIPP delivery during the year will be £2.679m. Further work is required to provide assurance that the required savings can be achieved in order to deliver this level of QIPP savings in year, particularly in respect of amber rated schemes.

The CCG's financial recovery plan acknowledges that the most significant challenge facing the CCG in 2018/19 is the Acting as One agreement which does not enable any planned or unplanned care cash efficiencies to be easily released in year.

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

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

The financial recovery plan acknowledges the CCG's continued commitment to maintaining current levels of service however, realistically the CCG is likely to be facing significant risk and some difficult decisions in the near future.

An external check and challenge exercise is currently being progressed to reflect on CCG actions in response to the Menu of Opportunities. This will form the basis of new proposals for the 2019/20 QIPP plan which will be presented to the Governing Body in December 2018.

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

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

- Increased costs within continuing healthcare budgets. This is due a number of individual high cost cases in 2018-19 and increasing numbers of cases coming through due to assessments taking place outside of the hospital setting. This equates to a full year cost pressure of £2.167m.
- Over spend of £0.972m within prescribing due to NCSO cost pressures.
- Cost pressures of £0.267m within St Helens and Knowsley NHS Trust relating to over performance in elective activity, notably plastics and trauma and orthopaedics.
- Cost pressures of £0.284m on learning disabilities budget due to new individual high cost packages.

- Cost pressures within Aintree NHS Trust of £0.250m and Alder Hey NHS Trust, £0.148m, both relating to high cost drugs and devices outside the Acting as One contract agreement.

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

The CCG's financial position remains at a critical point in terms of delivering the financial plan for 2018-19, and it is vital that the focus of CCG officers and membership remains upon delivery of QIPP plans and savings schemes to reduce current levels of expenditure within the CCG.

This risk of non-delivery of both its statutory duty and financial plan should be considered the highest risk facing the CCG and issues need to be addressed with this in mind. It is vital that the revised savings plan agreed by the Governing Body is fully supported; otherwise the CCG will need to consider alternative measures to contain expenditure.

## 2.2 Finance Key Performance Indicators

Figure 3 – Financial Dashboard

Key Performance Indicator		This Month
Business Rules	1% Surplus	✗
	0.5% Contingency	✓
0.4% Surplus (£1m)	Financial Balance	✓
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£2.050m
Running Cost	CCG running costs < 2018/19 allocation	✓
BPPC	NHS - Value YTD > 95	98.77%
	NHS - Volume YTD > 95%	98.09%
	Non NHS - Value YTD > 95%	96.57%
	Non NHS - Volume YTD > 95%	95.48%

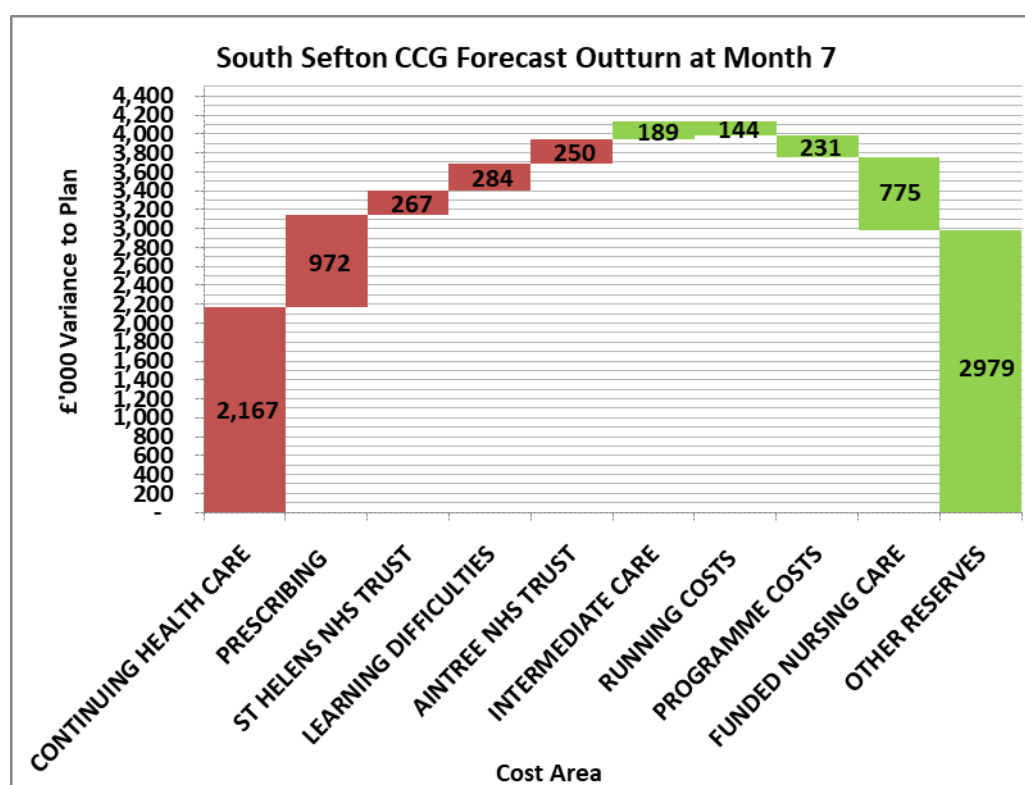
- NHS England business rules routinely require CCGs to deliver a 1% surplus. The CCG has been set a financial control total by NHS England to deliver a £1m surplus, which is a 0.4% surplus.
- 0.5% Contingency Reserve of £1.239m is held as mitigation against potential cost pressures.
- The current financial plan is to achieve a £1m surplus position in year. The CCG most likely position assessed at 31 October 2018 for the financial year is a deficit of £3.798m, without implementation of mitigations.
- The QIPP target for 2018-19 is £5.329m. Delivery is £2.050m to date which is £0.781m below planned delivery at month 7 (see appendix 3).

- The forecast expenditure for the year on the Running Cost budget is below the allocation by £0.144m at month 7.
- All BPPC targets have been achieved year to date. Work to maintain this performance through robust cash management continues.

## 2.3 CCG Financial Position – Month 7 2018-19

The main financial pressures included within the financial position are shown below in figure 4 which presents the CCGs forecast outturn position for the year.

**Figure 4 – Forecast Outturn**



- The CCG's most likely financial position for the financial year is a **deficit of £3.798m**.
- The main financial pressures relate to
  - Cost pressures relating to Continuing Healthcare packages which have increased in volume against plan.
  - Over spend within prescribing due to NCSO cost pressures.
  - Cost pressures within St Helens and Knowsley NHS Trust relating to over performance in elective activity, notably plastics and trauma and orthopaedics.
  - Cost pressures within learning disabilities due to new individual high cost packages.
  - Cost pressures within Aintree NHS Trust and Alder Hey NHS Trust relating to high cost drugs and devices outside the Acting as One contract agreement.
- The cost pressures are partially offset by underspends in running costs, programme costs, Funded Nursing Care budget and the reserve budget due to the 0.5% contingency held.

## 2.4 CCG Reserves Budget

**Figure 5 – Reserves Budget**

Reserves Budget	Opening Budget £m	Additions £m	Transfer to QIPP £m	Deployed (to Operational budgets) £m	Closing Budget £m
QIPP Target	(5.329)				(5.329)
QIPP Achieved			2.050		2.050
Primary care additional allocation	(1.400)	(0.100)			(1.500)
NCSO Adjustment	(1.500)			1.500	0.000
CAT M expenditure reduction	(0.300)	0.100			(0.200)
CCG Growth Reserve	0.789		(0.489)	(0.300)	0.000
CHC Growth Reserve	0.500				0.500
Better Care Fund	0.270		(0.235)	(0.035)	0.000
Intermediate Care	1.081			(1.081)	0.000
Community services	0.500				0.500
GPFV Improving Access	0.000	0.564	(0.111)	(0.453)	0.000
Other investments / Adjustments	0.162	0.406	(0.258)	(0.206)	0.104
0.5% Contingency Reserve	1.239				1.239
<b>Total Reserves</b>	<b>(3.988)</b>	<b>0.970</b>	<b>0.957</b>	<b>(0.575)</b>	<b>(2.636)</b>

- The CCG reserve budgets reflect the approved financial plan.
- The QIPP target is held as a negative budget and offset with budget transfers from operational budgets into the reserves budget as schemes are achieved.
- The opening plan included an assumption that anticipated NCSO pressures would be covered by a central arrangement. The CCG has transferred this reserve into operational budgets which has in turn led to an increased pressure on expenditure.
- The forecast position for NCSO cost pressures for the year is £0.947m based upon the first six months of the year.
- The budget also includes an assumption for increased savings relating to CATM prescribing.
- An assumption is included relating to the Primary Care underspend which will be allocated to the CCG in line with the principle established in 2017/18. The CCG is anticipating an allocation of £1.5m in this report.

## 2.5 Provider Expenditure Analysis – Acting as One

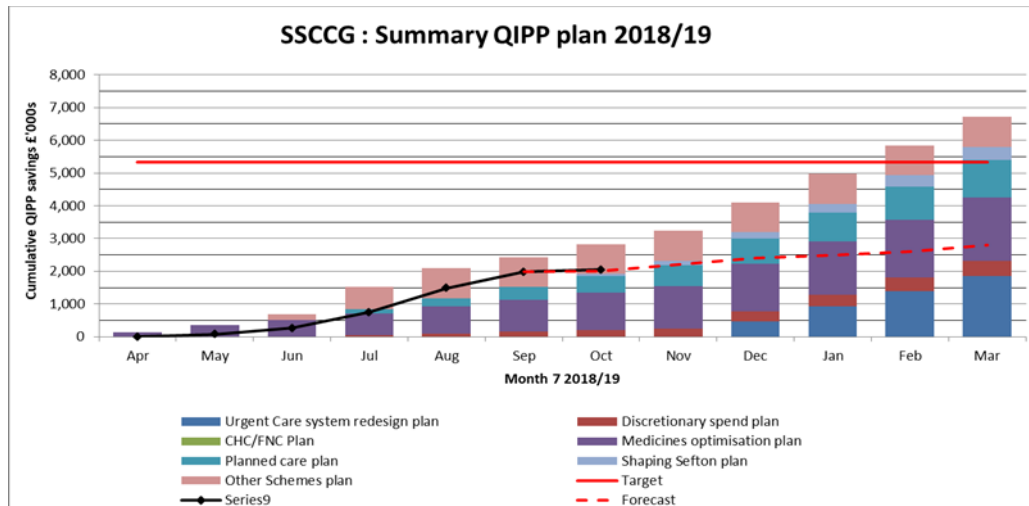
**Figure 6 – Acting as One Contract Performance (Year to Date)**

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	0.710
Alder Hey Children's Hospital NHS Foundation Trust	(0.052)
Liverpool Women's NHS Foundation Trust	(0.129)
Liverpool Heart & Chest NHS Foundation Trust	(0.043)
Royal Liverpool and Broadgreen NHS Trust	0.047
Mersey Care NHS Foundation Trust	0.000
The Walton Centre NHS Foundation Trust	(0.009)
<b>Total</b>	<b>0.524</b>

- The CCG is included in the Acting as One contracting arrangements for the North Mersey LDS. Contracts have been agreed on a block contract basis for the financial years 2017/18 and 2018/19.
- The agreement protects against overperformance with these providers but does present a risk that activity could move to other providers not included in the arrangements, causing a pressure for the CCG.
- Due to fixed financial contract values, the agreement also restricts the ability to achieve QIPP savings in the two year contract period. However, identification of QIPP schemes should continue as this will create capacity to release other costs and long term efficiencies within the system.
- The year to date performance for the Acting as One providers shows an overperformance spend against plan, this would represent an overspend of £0.524m under usual contract arrangements.
- It should be noted that both Aintree University Hospitals, and Royal Liverpool and Broadgreen NHS Trust have not agreed control totals for 2018-19 and therefore would be subject to potential contract sanctions which would be reclaimable if a PBR contract had been in place.

## 2.6 QIPP

**Figure 7 – QIPP Plan and Forecast**



**Figure 8 – RAG Rated QIPP Plan**

	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned Care plan	1,146	0	1,146	200	0	946	1,146
Medicines optimisation plan	1,931	0	1,931	1,364	0	567	1,931
CHC/FNC plan	0	0	0	0	0	0	0
Discretionary spend plan	100	356	456	106	0	350	456
Urgent Care system redesign plan	1,859	0	1,859	0	0	1,859	1,859
Shaping Sefton Plan	410	0	410	0	0	410	410
Other Schemes Plan	489	420	909	909	0	0	909
<b>Total QIPP Plan</b>	<b>5,935</b>	<b>776</b>	<b>6,711</b>	<b>2,579</b>	<b>0</b>	<b>4,132</b>	<b>6,711</b>
<b>QIPP Delivered 2018/19</b>				<b>(2,050)</b>		<b>0</b>	<b>(2,050)</b>

- The 2018/19 QIPP target is **£5.329m**.
- QIPP schemes worth £6.711m have been identified; however **£4.132m** of the schemes are rated amber and red which means that there is a high risk of non-delivery in year. This position needs to be addressed in order to deliver the CCG's financial plan.
- To date the CCG has achieved **£2.050m** QIPP savings in respect of prior year technical adjustments and prescribing savings.

## 2.7 Risk

**Figure 9 – CCG Financial Position**

	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	2.470	(1.470)	1.000
QIPP Target	(5.329)	0.000	(5.329)
Revised surplus / (deficit)	(2.859)	(1.470)	(4.329)
I&E Impact & Reserves budget	0.000	1.000	1.000
<b>Management action plan</b>			
QIPP Achieved	0.573	1.477	2.050
Remaining QIPP to be delivered	4.756	(1.477)	3.279
<b>Total Management Action plan</b>	<b>5.329</b>	<b>0.000</b>	<b>5.329</b>
<b>Year End Surplus / (Deficit)</b>	<b>0.000</b>	<b>1.000</b>	<b>1.000</b>

- 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
<b>Underlying Deficit</b>	(4.329)	(4.329)	(4.329)
Predicted QIPP achievement	5.329	2.679	2.679
I&E impact	(2.197)	(4.112)	(4.112)
<b>Forecast Surplus / (Deficit)</b>	<b>(1.197)</b>	<b>(5.762)</b>	<b>(5.762)</b>
Further Risk	(0.150)	(0.150)	(1.309)
Management Action Plan	2.347	2.114	2.114
<b>Risk adjusted Surplus / (Deficit)</b>	<b>1.000</b>	<b>(3.798)</b>	<b>(4.957)</b>

- The risk adjusted position provides an assessment of the best, most likely and worst case scenarios in respect of the CCGs year end outturn.
- The best case scenario is a **£1m surplus**. This assumes that QIPP will be delivered in full and current expenditure trends improve.
- The most likely case is a **deficit of £3.798m** and assumes that QIPP delivery will be £2.679m for the year with further risk in relation to mental health investment and mitigations relating to the CCG contingency budget and other reserves.



- The worst case scenario is a **deficit of £4.957m** and assumes further pressures emerging in year including an assumption that the costs of the Sefton Transformation Board will be split between the Sefton CCGs with no contribution from other partners.

## 2.9 Statement of Financial Position

**Figure 11 – Summary of working capital**

Working Capital and Aged Debt	Quarter 1	Quarter 2	Quarter 3	Prior Year 2017/18
	M3 £'000	M6 £'000	M7 £'000	M12 £'000
Non-Current Assets	115	155	155	115
Receivables	1,218	3,875	4,074	1,938
Cash	7,927	3,265	38	105
Payables & Provisions	(19,657)	(17,172)	(15,313)	(14,100)
Value of Debt > 180 days	707	489	510	506

- The non-current asset balance relates to the purchase of IT equipment in 2017-18. There has been an addition in month 6 due to Primary Care IT Funding from NHS England.
- The receivables balance includes invoices raised for services provided accrued income and prepayments.
- Outstanding debt in excess of 6 months old stands at £0.551m. This predominately consists of:
  - CQUIN payment recovery (£0.182m) with Southport & Ormskirk NHS Trust relating to the expert determination. The most recent discussions with the Trust indicate that this will be settled in November 2018, and
  - Annual invoices raised to other local CCGs for the Cheshire and Merseyside (C&M) Rehabilitation Network (£0.212m). Following a meeting held in October 2018, all parties have indicated that outstanding liabilities will be paid in November 2018
- The Maximum Cash Drawdown (MCD) is the maximum amount of cash available to a CCG each financial year. Cash is allocated monthly following notification of cash requirements. The CCG MCD was set at £246.265m at Month 7. The actual cash utilised at Month 7 was £147.685m which represents 59.9% of the total allocation. The balance of MCD to be utilised over the rest of the year is £98.580m.



## 2.10 Recommendations

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

- The full year most likely financial position for the CCG is a deficit of £3.798m. The agreed financial plan for 2018-19 requires the CCG to deliver a £1m surplus.
- QIPP delivery at month 7 is £2.050m which relates to a prior year non recurrent benefit arising from technical adjustments, planned application of reserves and prescribing savings. The QIPP target for 2018-19 is £5.329m.
- The CCG's year to date financial position is £0.600m from plan due to £0.300m losses in month and not being able to deliver the planned surplus of £0.300m. The month 7 financial position is a £1.000m deficit against a planned deficit of £0.400m. As the CCG enters the latter half of the financial year, its plan to deliver a surplus position in each month will prove challenging to deliver.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address these issues accordingly.
- In order to deliver the long term financial recovery plan, the CCG requires on going and sustained support from member practices, supported by Governing Body GP leads. All members of the CCG must contribute to the implementation of QIPP plans which deliver the required level of savings to meet its statutory financial duties into 2018-19 and in future years.

Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	N/A	Alison Ormrod

### 3. Planned Care

#### 3.1 Referrals by source

**Data quality note:** An issue has been identified with Aintree Hospital's month 6 referrals data. This was related specifically to the paper switch off in preparation for ERS implementation. Initial feedback suggests this may be a result of paper referrals potentially being rejected and a replacement electronic referral received after the end of the month. The provider has assured the CCG that a refresh of local referral data will be available in time for the next submission as per the agreed reporting timescales. However, referral patterns may be impacted in the immediate months following ERS implementation. Discussions regarding referrals are on-going via the information sub group and contract review meetings. Until a more detailed investigation of referrals at South Sefton CCGs main hospital provider can be undertaken, this section has been removed from month 6 reporting.

##### 3.1.1 E-Referral Utilisation Rates

**Figure 12 - South Sefton CCG E Referral Performance**

NHS E-Referral Service Utilisation				
NHS South Sefton CCG	18/19 - July	80% by End of Q2 2017/18 & 100% by End of Q2 2018/19	51%	↑

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

The latest data (July) for E-referral Utilisation rates reported for the CCG was 51%, below the target of 80%. However this shows an improvement from the previous month when 47% was reported.

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

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

## 3.2 Diagnostic Test Waiting Times

**Figure 13 - Diagnostic Test Waiting Time Performance**

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	18/19 - Sept	1.00%	3.57%	↑ ↔
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	18/19 - Sept	1.00%	2.66%	↔

### Performance Overview/Issues

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in September recording 3.57%, slightly higher than last month when 3.01% was recorded. In September out of 3,082 patients, 110 patients were waiting at 6+ weeks and 3 at 13+ weeks. The majority of breaches were for a MRI (40) and CT (34). Performance at the Royal Liverpool and Broadgreen is still having an impact on the CCG's overall performance as they continue to report above the threshold, at 2.2% in September but lower than last month when 3.2% was reported. The biggest pressures are in MRI (31), CT (31) and Gastroscopy (16).

Aintree failed the target for less than 1% of patients waiting longer than 6 weeks for a diagnostic test in September recording 2.66% similar to last month when 2.64% was recorded. In September out of 5,899 patients, 157 patients were waiting at 6+ weeks and 7 at 13+ weeks. The majority of breaches were waiting for MRI (60), CT (52) and non-obstetric ultrasound (29).

Endoscopy has continued to experience pressures with capacity due to a continued increase in colorectal cancer referrals. Due to a continued increase in the number of 2ww referrals requiring prioritisation, 14 routine patients were moved to dates in early October, breaching the DM01 standard by a couple of days. Although WLIs were scheduled, it was not possible to accommodate the 14 patients in September.

### How are the issues being addressed?

#### Aintree Endoscopy Proposed actions:

- Additional waiting list initiatives activity continues to cover the Consultant vacancy and shortfall in capacity.
- Weekly capacity meetings continue with operational and clinical teams to maximise the utilisation of capacity.
- Additional bank administration support staff are telephoning patients 7 days in advance and this will continue. This approach has seen a reduction in DNA's of 5% in DNA's in line with the national average. To further reduce DNA's "go live" for the Trusts new DrDoctor text reminder service for Endoscopy is 30th October 2018.
- Cancer Alliance are undertaking an audit of endoscopy utilisation with a revised audit tool in November. Following the results to the audit, AQUA will support the CBU with a P&E work stream to improve the utilisation of capacity.
- Case of Need to support investment in the Gastro service has been shared with the Executive Team and is due to be discussed at Trust Board in October.
- Nurse Endoscopists undertaking endoscopy training – due to complete training in December creating additional capacity.
- A capacity & demand model is under development by the transformation team.

**When is the performance expected to recover by?**  
 Quarter 4.

**Who is responsible for this indicator?**

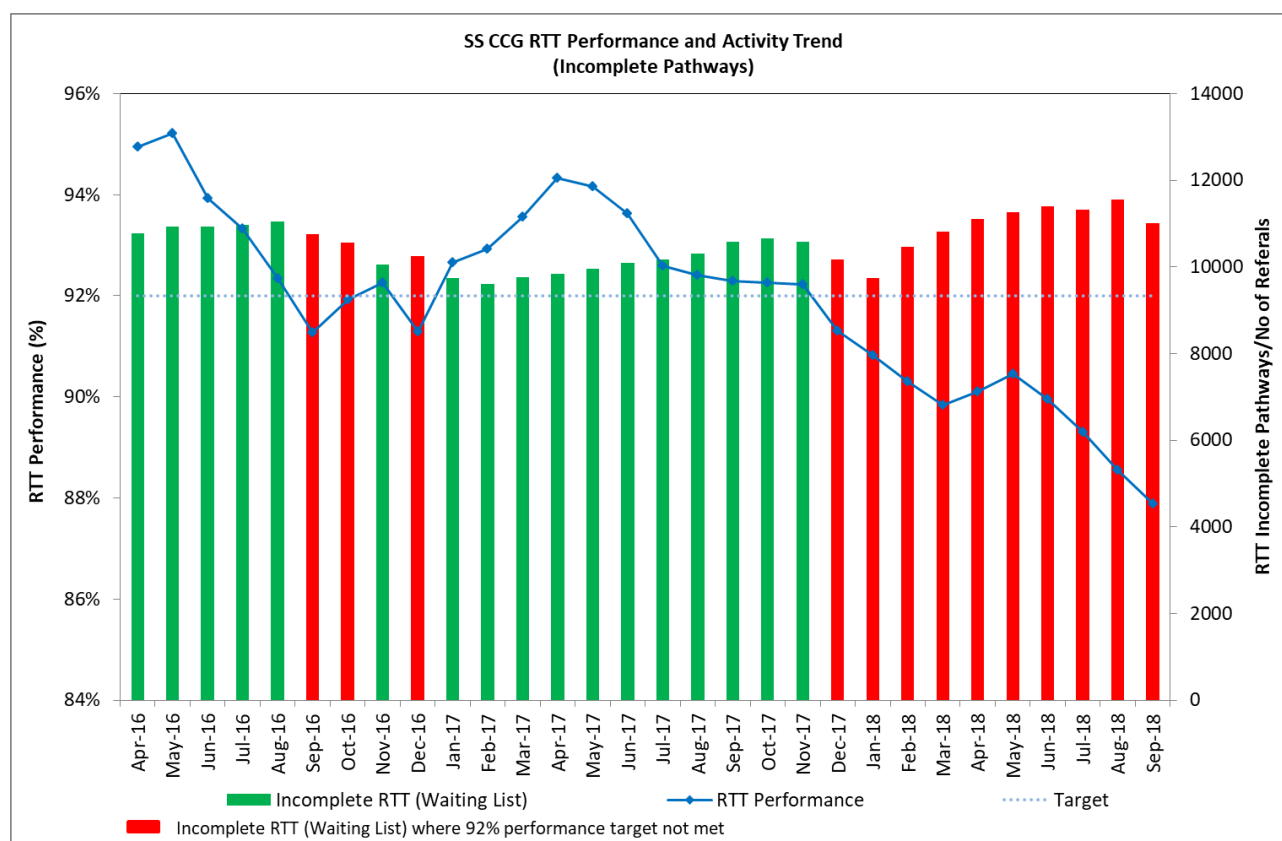
Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	John Wray	Billie Dodd

### 3.3 Referral to Treatment Performance

**Figure 14 - Referral to Treatment Time (RTT) Performance**

Referral To Treatment waiting times for non-urgent consultant-led treatment				
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. <b>(CCG)</b>	18/19 - Sept	0	1	↓
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. <b>(Aintree)</b>	18/19 - Sept	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% <b>(CCG)</b>	18/19 - Sept	92%	87.88%	↓
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% <b>(Aintree)</b>	18/19 - Sept	92%	89.02%	↔

**Figure 15 – RTT Performance & Activity Trend**



**Figure 16 – South Sefton CCG Total Incomplete Pathways**

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

### Performance Overview/Issues

For 2018/19 CCGs have a new target to reduce 52+ week waiters by at least a half from 2017/18 levels. The CCG submitted plans to NHS England based on the latest data available (January 2018). At the time only one 52 week waiter had been reported, so the plan submitted was zero, but following that two more were reported in March 2018.

In September, only 1 South Sefton patient was waiting on the incomplete pathway for 52+ weeks against the national zero tolerance threshold. This gynaecology patient was at Liverpool Women's Hospital. This patient has been referred elsewhere for treatment as the treatment is no longer provided at Liverpool Women's.

NHS England set CCGs the target for total RTT incomplete pathways in March 2019 to be no higher than in March 2018. Current performance for September 2018 (11,000) is higher than that of September of the previous year and is therefore not on target to achieve the year end position (10,806). South Sefton CCG and Aintree Hospital have submitted a joint plan for delivery of the March 2019 position as part of a Liverpool system wide elective capacity analysis.

The CCG continues to report performance below the 92% standard for patients on an incomplete non-emergency pathway waiting no more than 18 weeks, at 87.88% for September. This is lower than the performance reported in August (89.54%). In September, of 11,000 patients, 1,333 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 September recording 89.02%. Out of 18,098 patients there were 1,998 waiting over 18 weeks on the incomplete pathway. The total number of incomplete pathways was reported to be 18,098 which is a decrease on August's position of 18,935.

The significant non-elective pressure experienced at the Trust over the 2017/18 winter period impacted on RTT performance from which the Trust has not yet fully recovered. The increase in non-elective demand following a pathway change implemented by the Trust continues to be compounded by several factors; (a) an increase in the number of elective lists being cancelled to accommodate increased urgent trauma cases (b) increases in referral for urgent consultation under the two week rule, leading to displacement of routine appointments to accommodate this demand.

The Trust are also declaring increased GP referral demand, compounded by patients attending AED subsequently being added to the elective waiting list which is adding to the increased demand on follow up capacity. South Sefton CCG are working with the provider to fully understand the true position in relation to the current referral levels being reported given that elective activity is currently under plan (see section 3.7.1). Aintree have also stated that 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.

### **How are the issues being addressed?**

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

#### *Aintree Proposed Actions:*

- Improve theatre utilisation at speciality level.
- Regular review of all long waiting patients within the clinical business units to address capacity issues and undertake Waiting List Initiatives where available in conjunction with a relaunch of weekly performance meetings with internal Planning and Performance / Business Intelligence leads.
- Business cases for two additional Emergency General Surgery Unit consultants have been agreed. This will provide additional theatre activity and ambulatory surgical clinics. Recruitment currently underway.
- Continued weekly monitoring of diagnostics waiting times to ensure delivery of the 6 week standard as a milestone measure for RTT performance. This to include horizon scanning and capacity / demand planning with Head of Planning and performance in all modalities.
- Continue to meet with Clinical Business Managers 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.

#### *Royal Liverpool and Broadgreen Proposed Actions:*

The Royal Liverpool and Broadgreen Hospital reported that they did not achieve the 92% incomplete Referral to Treatment target in September (80.1%). The provider reported that the

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

### University Hospital North Midlands Proposed Actions:

University Hospital North Midlands NHS Trust in September recorded 79.6% RTT performance. This provider is commissioned to deliver bariatric surgery for Cheshire and Merseyside CCGs. The RTT performance standard overall at the Trust has not been met since May 2017. In September 18 out of 25 South Sefton CCG patients were recorded as waiting over 18 weeks, **with 3 patients at 51 weeks**. The issues regarding RTT performance and waiting times are described above in relation to 52+ week waits. CCGs are working collaboratively with other commissioners in Merseyside and Lancashire and MLCSU regarding alternative providers to ease capacity issues at UHNM and interim contracts are close to being agreed. Weekly teleconferences are in place with commissioners, CSU and UHNM.

### When is the performance expected to recover?

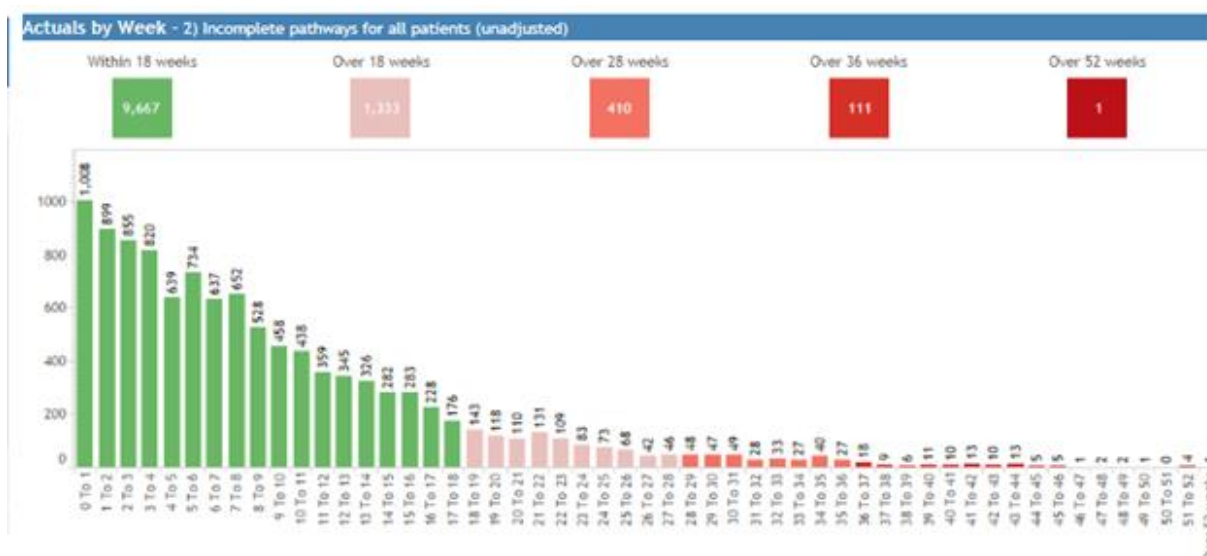
Aintree has submitted plans to NHSI to achieve the March 2019 RTT position.

### Who is responsible for this indicator?

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

## 3.3.1 Incomplete Pathway Waiting Times

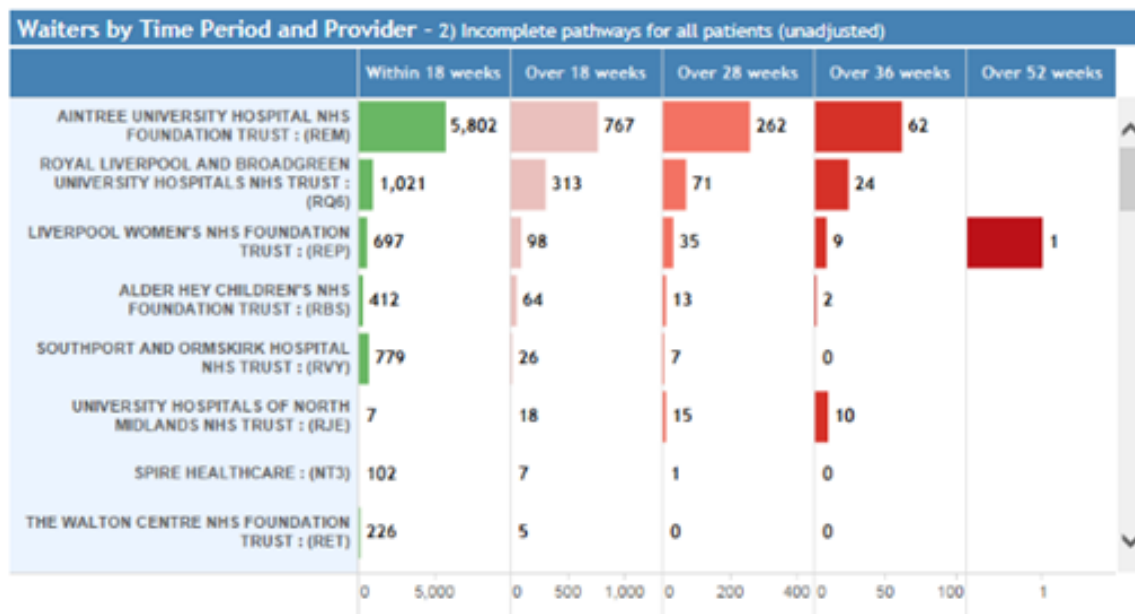
Figure 17 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting





### 3.3.2 Long Waiters analysis: Top 5 Providers

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



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

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



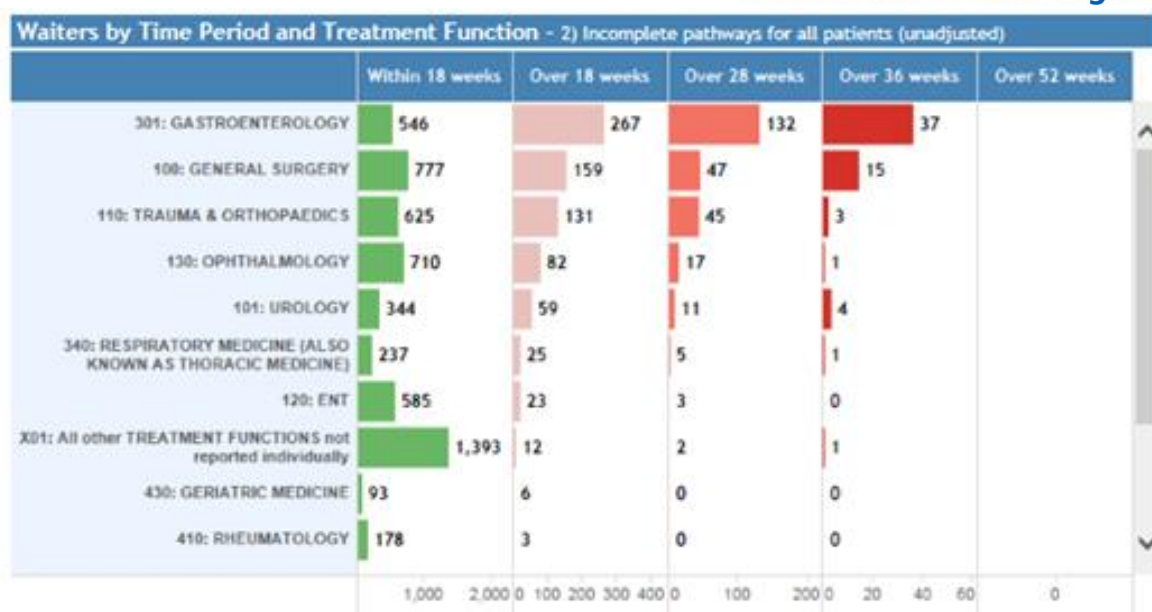
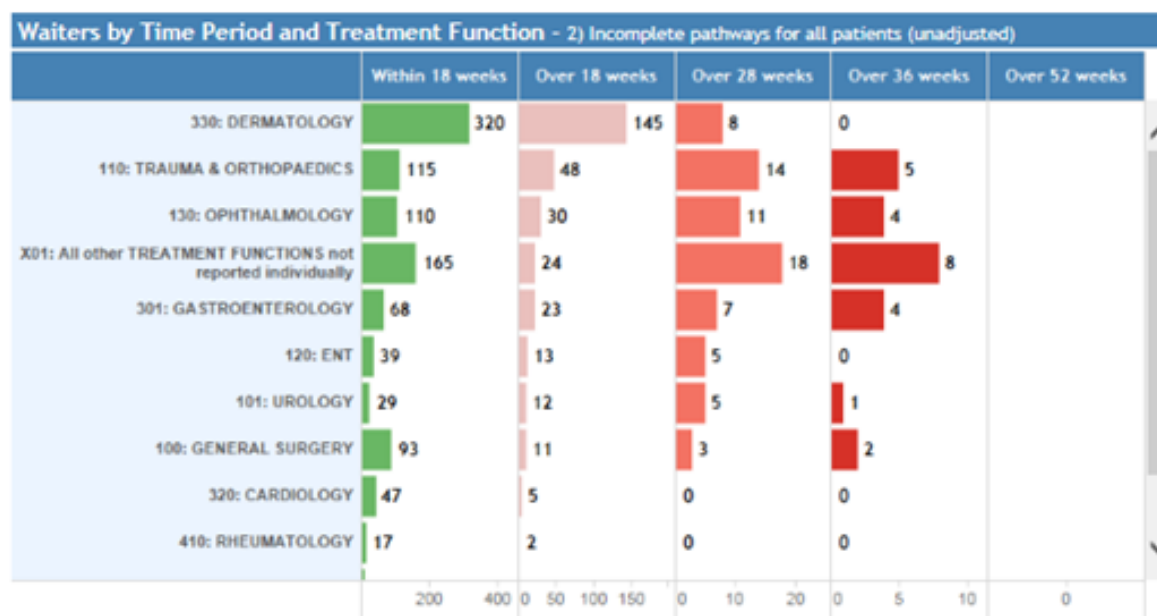


Figure 20 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



### 3.3.4 Provider assurance for long waiters

**Figure 21 - South Sefton CCG Provider Assurance for Long Waiters**

CCG	Trust	Specialty	Wait bands	Details
South Sefton	Liverpool Women's	Gynaecology	52+ weeks	09/10/2018 - Patient referred elsewhere for Treatment, as Treatment no longer provided at LWH.
South Sefton	Liverpool Women's	Gynaecology	36 to 49 weeks	8 patients - Provider not providing any further updates.
South Sefton	North Midlands	General Surgery	51 weeks	3 patients waiting for bariatric surgery, the Trust's unvalidated snapshot as at 24th October indicates that 2 South Sefton North Midlands patients are on course to breach 52 weeks on the October submission (no TCI dates).
South Sefton	North Midlands	General Surgery	39 to 44 weeks	7 patients waiting for bariatric surgery.
South Sefton	Aintree	Gastroenterology	36 to 48 weeks	Out of 37 patients, 26 have been treated in October, 10 have TCI dates ( <b>3 being on course for breaching 52 weeks</b> ) and 1 awaiting appointment.
South Sefton	Aintree	General Surgery	36 to 43 weeks	Out of 15 patients, 11 patients have been treated, 3 have TCI dates ( <b>2 on course to breach 52 weeks</b> ) and 1 pathway stopped.
South Sefton	Aintree	Ophthalmology	36 weeks	Patient treated 26-10-18.
South Sefton	Aintree	Other	42 weeks	TCI date 17-3-18 <b>patient on course to breach 52 weeks.</b>
South Sefton	Aintree	T&O	36 to 47 weeks	3 patients, 2 treated in October 1 pathway stopped.
South Sefton	Aintree	Thoracic Medicine	41 weeks	Patient treated 9-10-18.
South Sefton	Aintree	Urology	36 to 39 weeks	4 patients, 3 treated and 1 with TCI date 12-4-18 and on <b>course to breach 52 weeks</b>
South Sefton	Alder Hey	Other	36 to 41 weeks	2 patients, 1 has appointment booked for 9-11-18 and 1 has TCI date 9-11-18.
South Sefton	Royal Liverpool	T&O	51 weeks	Patient had pre-anaesthesia clinic to assess the patients fitness for surgery given the past medical history, when deemed fit the patient will be seen back in clinic. On 02 March 2018 Patient was deemed fit for anaesthetic but could only attend a procedure in RLH only. On 26 Oct 2018 Patient was in for the procedure but was cancelled due to a lack of HDU beds. The Trust is now trying to get the patient back into the Royal within 28 days (with a weeks' notice to hold on medication). This alone is going to be a difficult task and teams currently scouring for an opportunity on the Trauma list. <b>This patient will breach 52 weeks on the October snapshot</b>

## South Sefton

### Clinical Commissioning Group

South Sefton	Royal Liverpool	Other	48 weeks	Patient referred to Haematology at RLBHHT October 2017. following appointments cancelled by hospital then patient (due to being unwell) rescheduled, patient did not attend, also did not attend for specialist blood tests, specialist blood tests rebooked and patient attended, appointment made for results. Clock stopped. Main milestones During this episode the patient cancelled (rescheduled) 2 outpatient appointments. The department cancelled (rescheduled) 2 outpatient appointments. On 2 occasions the patient failed to attend for specialist blood tests. These tests require a member of laboratory staff to be present and can only be arranged for specific times.
South Sefton	Royal Liverpool	Gastroenterology	37 to 43 weeks	4 patients, 2 have TCI dates and 2 pathway stopped due to capacity
South Sefton	Royal Liverpool	General Surgery	36 to 37 weeks	2 patients - 1 with no TCI date and 1 had pathway stopped delay due to capacity.
South Sefton	Royal Liverpool	Ophthalmology	36 to 44 weeks	4 patients - all had pathway stopped, delay due to capacity.
South Sefton	Royal Liverpool	Other	39 to 45 weeks	9 patients - all but 1 patient had pathway stopped, delay due to capacity. The 1 patient has TCI date 29-11-18
South Sefton	Royal Liverpool	T&O	36 to 47 weeks	4 patients - 2 pathway stopped delay due to capacity, 1 patient with TCI date of 17-10-18 and fourth no date yet.
South Sefton	Royal Liverpool	Urology	40 weeks	1 patient had their pathway stopped again delay due to capacity.
South Sefton	Sheffield Teaching	Other	44 weeks	1 patient with TCI date 9-11-18
South Sefton	Hull & East Yorkshire	Other	42 weeks	1 patient with TCI date 19-12-18
South Sefton	Robert Jones	T&O	42 weeks	No Trust information received
South Sefton	Wrightington, Wigan and Leigh	General Surgery	41 weeks	TCI date 6-11-18 but patient failed pre-op assessment, delay was due to patient's ill health they required an ICU bed to be booked and operation performed at Wigan acute site. The patient is no longer on the waiting list and has been referred back to GP to be optimised before the operation can take place.

### 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 - <b>Aintree</b>	18/19 - Sept	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 - <b>Aintree</b>	18/19 - Sept	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) <b>(CCG)</b>	18/19 - Sept	93%	91.47%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) <b>(Aintree)</b>	18/19 - Sept	93%	89.97%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) <b>(CCG)</b>	18/19 - Sept	93%	92.44%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) <b>(Aintree)</b>	18/19 - Sept	93%	90.23%	↔

#### Performance Overview/Issues

The CCG failed the 93% target in September for patients referred urgently with suspected cancer with 92.75% and are failing year to date 91.47%. 44 patients out of 607 waited longer than two weeks for a first outpatient appointment. The majority of delays were due to patient choice delay relating to first out-patient appointment. Nationally there has been a decline in 2 week wait performance since the start of 2018/19. This could be linked to increased demand due to lengthening waits for routine priority services.

Aintree also failed the 93% target in September for patients referred urgently with suspected cancer with 91.18%. 78 patients out of 884 waited longer than two weeks for a first outpatient appointment. The reasons for failure of this target include patient choice as the majority, other reason (not listed), outpatient capacity inadequate and administrative delay.

Aintree achieved the 93% breast target for September reaching 93.10% but are still failing year to date reporting 90.23%. Out of 116 patients there were 8 breaches. All breaches were due to patient choice delays relating to first out-patient appointments.

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

#### How are the issues being addressed?

There has been a confirmed increase in referrals in all Tumour groups since April. There has been a 30% rise in the numbers of patients on cancer pathways when compared to the same time in 2017. An audit has been completed in Head and Neck to identify the number of inappropriate 14 day referrals that are received to ensure that the correct patients are referred into 2 week services. The audit has shown that many of the referrals are inappropriate and communication has commenced with GPs to reduce the number referrals being sent to 2 week clinic inappropriately.

Increased collaborative working with CCG Colleagues CCGs to ensure that delays in patient pathways because of patient choice or delayed results are minimised.

### 3.5.2- 31 Day Cancer Waiting Time Performance

**Figure 25 – 31 Day Cancer Performance measures**

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(CCG)</b>	18/19 - Sept	96%	97.19%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(Aintree)</b>	18/19 - Sept	96%	97.38%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(CCG)</b>	18/19 - Sept	94%	98.41%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(Aintree)</b>	18/19 - Sept	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(CCG)</b>	18/19 - Sept	94%	97.44%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(Aintree)</b>	18/19 - Sept	94%	98.01%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(CCG)</b>	18/19 - Sept	98%	99.22%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(Aintree)</b>	18/19 - Sept	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) <b>(CCG)</b>	18/19 - Sept	85% local target	75.00%	↔
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) <b>(Aintree)</b>	18/19 - Sept	85% local target	85.42%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(CCG)</b>	18/19 - Sept	90%	87.50%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(Aintree)</b>	18/19 - Sept	90%	80.95%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(CCG)</b>	18/19 - Sept	85%	79.17%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(Aintree)</b>	18/19 - Sept	85%	79.29%	↔

#### Performance Overview/Issues

The CCG achieved 2 of the 3 62 day measures in September, but are failing all 3 year to date. 62 day upgrade reported 75%, 76.36% year to date, in September there was 1 breach out of 4 patients this patient breached due to a complex diagnostic pathway. 62 day screening reported 100% in September but are still failing year to date recording 87.5%. Lastly for the 62 day standard 66.67% was reported in September, 79.17% year to date. This equates to the equivalent of 12 breaches out of a total of 34 patients. Reasons reported were patient choice, elective capacity inadequate, outpatient capacity inadequate, complex diagnostic pathway and other reason (not listed).

Aintree failed 62 day screening reporting 66.67% in September (80.95% year to date) and had 2 breaches out of a total of the equivalent of 6 patients they are also failing year to date reporting 87.50%. It should be noted that the Trust undertakes Bowel screening only and so treatment numbers are low in comparison to other organisations. Therefore a 0.5 breach will result in the Trust failing this standard unless treatments are higher.

Aintree failed the 85% target in September for 2 month wait from urgent GP referral to first definitive treatment recording 76.19% (79.29% year to date). Out of a total equivalent of 63 patients, 15 breached the target. The reasons for breaches include complex diagnostic pathway, patient choice, elective capacity inadequate and majority where for reasons not listed. There are



also significant pressures for treatments in other organisations such as Clatterbridge Cancer Centre and RLUBHT.

In September there were significant pressures from increased demand in high volume specialties, specifically in Colorectal, Urology and Head and Neck. There are also still a large number of patients who choose to delay their pathways because of holiday or work commitments. There also some capacity issues for surgery in other organisations to which we refer patients. Annual leave of staff in August also resulted in reduced capacity in the Tumour groups meaning that breaches occur when the patient is treated in September.

**How are the issues being addressed?**

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

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

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

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

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

**Trust Actions:**

- Strengthened performance monitoring with twice weekly tumour site reviews. Escalation of patient pathway delays to DDO's senior team meetings. Weekly Senior Operation Team briefing taking place, with focus on measures to reduce delays including any delays to patient diagnosis from LCL or diagnostics also being escalated through those meetings to ensure



pathway is streamlined as much as possible. Targeted work lists are now produced to provide focus and remove barriers to the patient journey.

- Work on-going with the Cancer Alliance to review specific pathways and to highlight reasons for late referrals from other Trusts for areas such as Head & Neck. Funding has been received from Macmillan to introduce new posts to assist with the pre diagnosis phase of the patient pathways. Funding is now secured for a project manager for colorectal pathway work.
- Review of capacity and demand undertaken with information shared with Senior Operations Team. Information has been provided to particularly focus on 14 day target and the number of patients who are being booked between 7 and 14 days, this will reduce patient initiated delays at the start of the pathway.
- There has been a confirmed increase in referrals most Tumour groups in the last 4 months; this is now returning more normal levels. There has been a significant rise in the numbers of patients on cancer pathways when compared to the same time in 2017. An audit completed in Head and Neck has identified a number of inappropriate 14 day referrals that have been received and discussions have now started with GPs to address the issues identified.
- Cancer Services team has transferred from Diagnostics and Clinical Support to Surgery from 1/10/2018. As the majority of tumour groups sit within the Surgical Division there will be increased focus on Pathways and Performance.

### When is the performance expected to recover?

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

### Who is responsible for this indicator?

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

## 3.5.4 104+ Day Breaches




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

In September Aintree had 5 full over 104 breaches and 4 half patient breaches reasons included complex diagnostic pathways, elective capacity inadequate, patient choice and other reasons (not listed). RCAs are awaited and will be shared with NHSE.

### 3.6 Patient Experience of Planned Care

**Figure 27 – Aintree Inpatient Friends and Family Test Results**

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

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Inpatient	25.2%	20.3%		96%	95%		2%	3%	

Aintree Friends and Family Inpatient test response rates have fallen below the England average of 25.2% for September at 20.3%; this is a big decrease from last month when 38.7% was recorded. The proportion of patients who would recommend the Trust is higher than last month at 95% and unfortunately is still below the England average of 96%. The proportion who would not recommend is 1% lower than last month, but is still above the England average of 2%.

The Trust presented an update on their FFT and patient to the CCG Engagement and Patient Experience Group (EPEG) in May 2018; a further update is expected 21<sup>st</sup> November 2018 to EPEG. The Patient & Family Experience Plan 2018-2020 was shared at the September 2018 CQPG to align with the Safety and Quality Strategy and Strategy for Care.

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

Performance at Month 6 of the financial year 2018/19, against planned care elements of the contracts held by NHS South Sefton CCG show a minor under performance of -£3k/-0.0%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being an over spend of approximately £333k/1.4%.

At specific over performing Trusts, St Helens & Knowsley Hospital is reporting the largest cost variance with a total of £99k/20%. However, in contrast, Aintree Hospital are under performing by -£281k/-2%.

**Figure 28 - Planned Care - All Providers**

PROVIDER NAME	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	86,428	86,182	-246	0%	£15,062	£14,781	-£281	-2%	£281	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	6,859	7,312	453	7%	£867	£887	£20	2%	-£20	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	609	683	74	12%	£208	£201	-£7	-3%	£7	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	8,032	7,082	-950	-12%	£1,534	£1,400	-£134	-9%	£134	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	15,259	16,133	874	6%	£2,557	£2,652	£95	4%	-£95	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	1,572	1,598	26	2%	£508	£479	-£29	-6%	£29	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	118,758	118,990	232	0%	£20,736	£20,400	-£336	-2%	£336	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	93	118	25	27%	£14	£18	£4	28%	£0	£4	28%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	68	68	0%	£0	£7	£7	0%	£0	£7	-
FAIRFIELD HOSPITAL	97	122	25	26%	£26	£33	£7	25%	£0	£7	25%
ISIGHT (SOUTHPORT)	272	406	134	49%	£48	£75	£26	54%	£0	£26	54%
RENACRES HOSPITAL	3,191	3,511	321	10%	£981	£993	£12	1%	£0	£12	1%
SALFORD ROYAL NHS FOUNDATION TRUST	0	83	83	0%	£0	£29	£29	0%	£0	£29	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	6,379	6,252	-127	-2%	£1,086	£1,123	£37	3%	£0	£37	3%
SPIRE LIVERPOOL HOSPITAL	1,434	1,461	27	2%	£450	£448	-£2	0%	£0	-£2	0%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	2,330	2,378	48	2%	£500	£599	£99	20%	£0	£99	20%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	638	757	119	19%	£147	£152	£5	4%	£0	£5	4%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	102	102	0%	£0	£27	£27	0%	£0	£27	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	233	233	0%	£0	£47	£47	0%	£0	£47	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	587	784	197	34%	£239	£274	£35	15%	£0	£35	15%
ALL REMAINING PROVIDERS TOTAL	15,019	16,275	1,256	8%	£3,490	£3,823	£333	10%	£0	£333	10%
<b>GRAND TOTAL</b>	<b>133,778</b>	<b>135,265</b>	<b>1,487</b>	<b>1%</b>	<b>£24,226</b>	<b>£24,223</b>	<b>-£3</b>	<b>0.0%</b>	<b>£336</b>	<b>£333</b>	<b>1.4%</b>

\*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	6,722	6,535	-187	-3%	£4,152	£4,103	-£49	-1%
Elective	990	781	-209	-21%	£2,815	£2,341	-£474	-17%
Elective Excess BedDays	329	277	-52	-16%	£80	£65	-£14	-18%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	216	151	-65	-30%	£45	£33	-£12	-28%
OPFANFTF - Outpatient first attendance non face to face	1,291	917	-374	-29%	£37	£26	-£10	-28%
OPFASPCL - Outpatient first attendance single professional consultant led	15,610	15,885	275	2%	£2,460	£2,560	£100	4%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	700	380	-320	-46%	£59	£36	-£23	-38%
OPFUPNFTF - Outpatient follow up non face to face	1,596	3,508	1,912	120%	£39	£85	£46	120%
OPFUPSPCL - Outpatient follow up single professional consultant led	40,215	37,816	-2,399	-6%	£2,777	£2,722	-£55	-2%
Outpatient Procedure	11,001	11,814	813	7%	£1,482	£1,583	£102	7%
Unbundled Diagnostics	7,040	7,357	317	5%	£568	£646	£77	14%
Wet AMD	718	761	43	6%	£549	£581	£32	6%
<b>Grand Total</b>	<b>86,428</b>	<b>86,182</b>	<b>-246</b>	<b>0%</b>	<b>£15,062</b>	<b>£14,781</b>	<b>-£281</b>	<b>-2%</b>

Underperformance within planned care at Aintree Hospital is evident against the majority of points of delivery. However, the overall under spend of -£281/-2% driven by reduced elective activity. Electives are currently -£474/-17% under plan, which can be attributed to a 26% reduction in activity within the Trauma & Orthopaedics specialty. Very major knee procedures and complex hip or knee procedures account for the majority of this under performance.

Outpatient procedures are currently £102k/7% above plan at month 6. Cardiology is showing the largest cost variance within this particular POD (£62k/48%), which can be attributed to an increased number of electrocardiograms being performed.

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

### 3.7.2 Planned Care Southport & Ormskirk Hospital

**Figure 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	409	420	11	3%	£264	£281	£17	6%
Elective	70	62	-8	-12%	£165	£153	-£11	-7%
Elective Excess BedDays	2	26	24	1092%	£1	£6	£5	721%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	62	95	33	52%	£11	£18	£7	67%
OPFASPCL - Outpatient first attendance single professional consultant led	853	900	47	6%	£139	£151	£11	8%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	140	148	8	5%	£11	£15	£4	31%
OPFUPSPCL - Outpatient follow up single professional consultant led	2,039	1,769	-270	-13%	£158	£142	-£16	-10%
Outpatient Procedure	2,401	2,400	-1	0%	£306	£324	£18	6%
Unbundled Diagnostics	402	432	30	8%	£31	£34	£2	7%
<b>Grand Total</b>	<b>6,379</b>	<b>6,252</b>	<b>-127</b>	<b>-2%</b>	<b>£1,086</b>	<b>£1,123</b>	<b>£37</b>	<b>3%</b>

\* PbR only

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

Overall, planned care elements of the contract are largely above plan with over performance evident across a number of PODs. The total over performance of £37k/3% at month 6 is due in part to increased day case activity and outpatient procedures. Minor skin procedures have contributed to over performance in both areas.

### 3.7.3 Renacres Hospital

**Figure 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	300	298	-2	-1%	£372	£371	-£1	0%
Elective	80	64	-16	-20%	£374	£336	-£38	-10%
OPFASPCL - Outpatient first attendance single professional consultant led	562	724	162	29%	£93	£117	£24	26%
OPFUPSPCL - Outpatient follow up single professional consultant led	843	947	104	12%	£54	£60	£7	12%
Outpatient Procedure	456	285	-171	-37%	£46	£49	£3	8%
Unbundled Diagnostics	224	274	50	23%	£22	£26	£4	19%
Physio	727	688	-39	-5%	£21	£20	-£1	-5%
OPPREOP	0	231	231	0%	£0	£14	£14	0%
<b>Grand Total</b>	<b>3,191</b>	<b>3,511</b>	<b>320</b>	<b>0%</b>	<b>£981</b>	<b>£993</b>	<b>£12</b>	<b>49%</b>

Renacres over performance is evident across outpatient PODs. In contrast, electives are under performing by -£38k/-10% at month 6 with very major hip and knee procedures accounting for the majority of this reduced activity against plan. It is thought that MCAS is the cause of this under performance, along with the PLCP policy currently in place. The CCG monitors this and it is discussed at regular contract meetings with the provider.

### 3.7.4 St Helens & Knowsley Teaching Hospitals NHS Trust

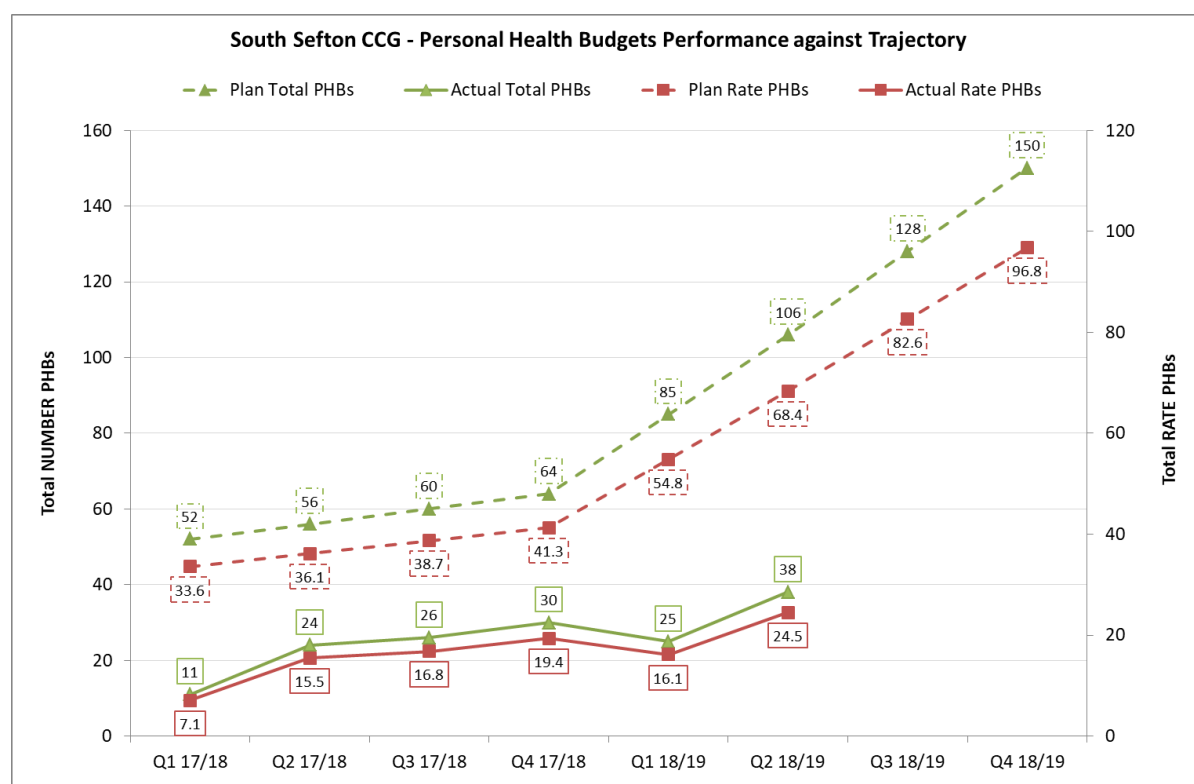
**Figure 32 - Planned Care - St Helens & Knowsley Hospitals by POD**

St Helens & Knowsley Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	289	303	14	5%	£244	£278	£34	14%
Elective	27	45	18	65%	£72	£142	£70	97%
Elective Excess BedDays	5	35	30	610%	£1	£9	£8	693%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	3	8	5	158%	£1	£2	£1	172%
OPFASPCL - Outpatient first attendance single professional consultant led	353	339	-14	-4%	£49	£45	-£4	-7%
OPFASPNCCL - Outpatient first attendance single professional Non Consultant Led	29	37	8	26%	£2	£2	£0	22%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	49	61	12	25%	£5	£6	£1	26%
OPFUPSPCL - Outpatient follow up single professional consultant led	800	772	-28	-4%	£44	£43	-£2	-4%
OPFUPSPNCCL - Outpatient follow up single professional non consultant led	130	209	79	61%	£6	£5	£0	-4%
OPFUPSPNCCL - Outpatient follow up single professional non consultant led non face to face	19	14	-5	-28%	£0	£0	£0	-28%
Outpatient Procedure	503	440	-63	-13%	£67	£56	-£11	-16%
Unbundled Diagnostics	122	114	-8	-6%	£9	£10	£1	9%
<b>Grand Total</b>	<b>2,329</b>	<b>2,377</b>	<b>48</b>	<b>2%</b>	<b>£500</b>	<b>£599</b>	<b>£99</b>	<b>20%</b>

St Helens & Knowsley over performance is evident within Electives and Day Cases, with these two PODs showing a combined over spend of £104k. Variance against plan across the remaining points of delivery within planned care is minimal. Plastic Surgery is the key over performing specialty within both Electives and Day Cases with small amounts of activity reported against a number of HRGs in both areas.

### 3.8 Personal Health Budgets

**Figure 33 - South Sefton CCG – PHB Performance against Trajectory**



#### Performance Overview/Issues

Quarterly plans for 2018/19 have been set with the expectation of the total number of PHBs for Quarter 2 to increase to 106 to reach 68.39 per 100,000 population. Quarter 2 cumulative position shows 38 PHBs and an actual rate of 24.5, whilst this is a slight increase this remains under trajectory set by NHS England. A briefing paper was submitted to Senior Management Team (SMT) in September 2018.

#### How are the issues being addressed?

- Adults CHC: PHBs for adults receiving Continuing Health Care will be a default position from April 2019. Discussions are taking place with Provider contracts teams in terms of the details with the service specifications to deliver against this element. Task and Finish Group is underway to support process mapping with all key stakeholders which reports into the CHC Programme Board as a sub-group of the Joint Committee.
- Wheelchairs: Progress on specialist wheelchair PHBs is currently on hold awaiting the outcome of the CCGs work prioritisation.
- Children Complex Care: Mentor CCG is yet to be confirmed by NHSE.

- End of Life Fastrack: The case for change has been reviewed internally prior to submission to QIPP; there are some aspects that need further clarification from a commissioning perspective. A revised proposal is being considered by Queens Court Hospice.
- Mental Health S117: The CCG will continue to consider how PHBs can be provided and achieved.

### When is the performance expected to recover?

End of Quarter 1 of 2019/20.

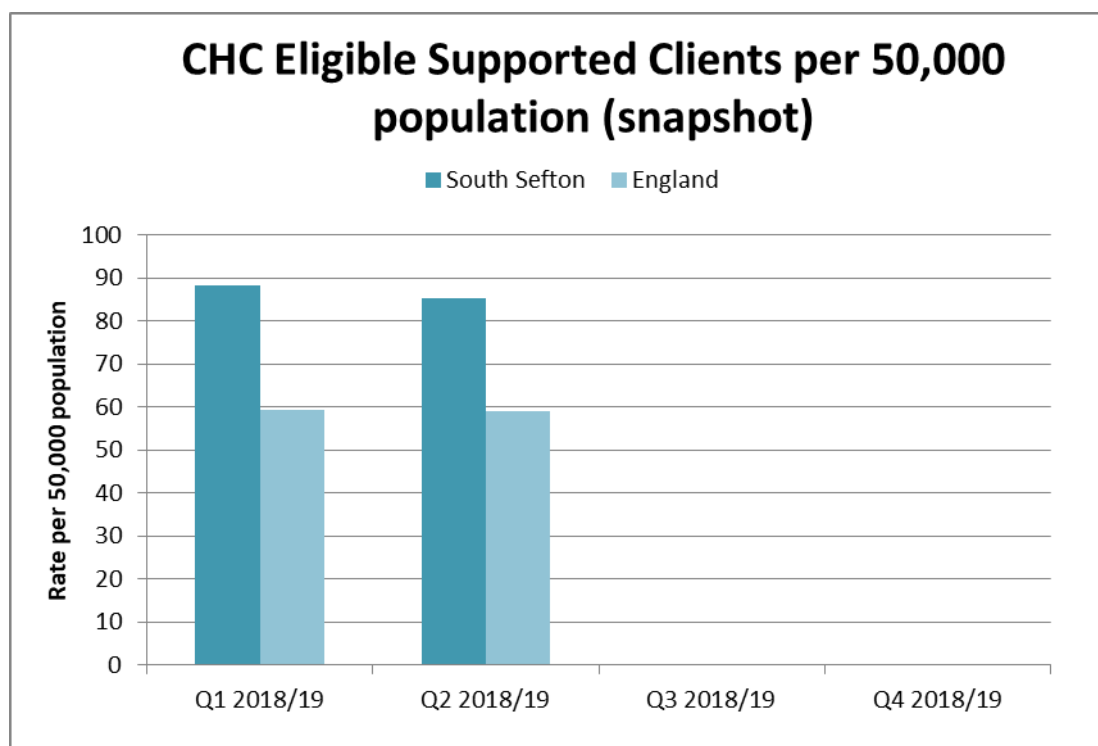
### Who is responsible for this indicator?

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

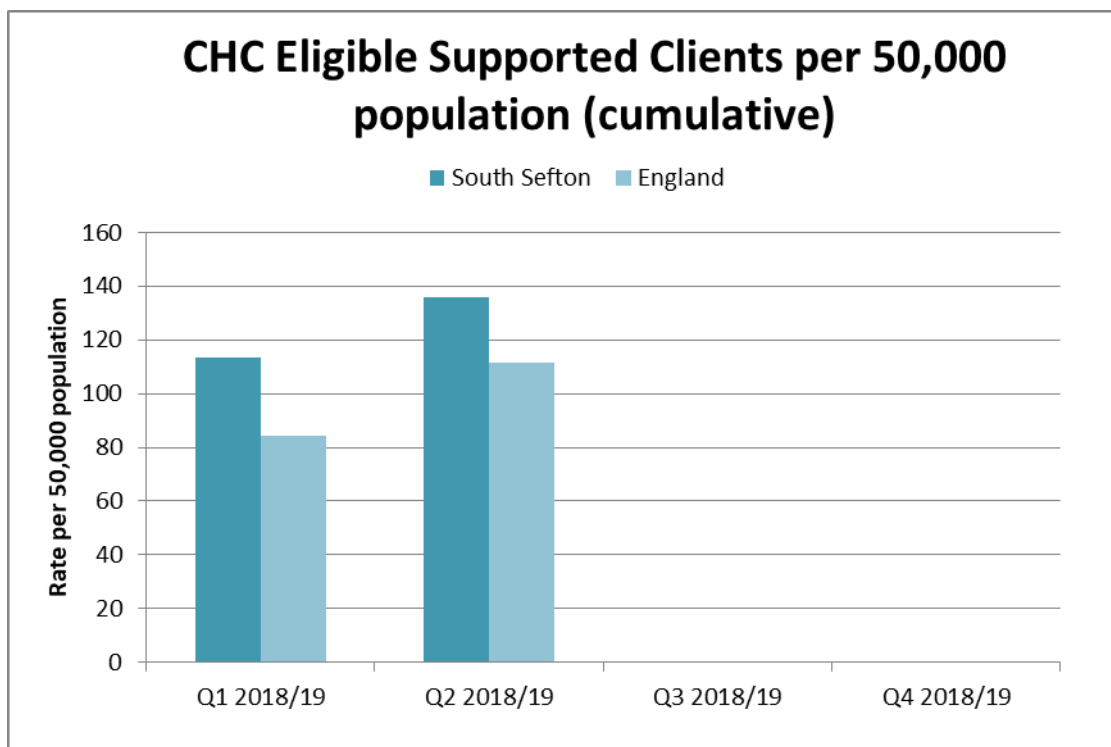
## 3.9 Continuing Health Care (CHC)

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

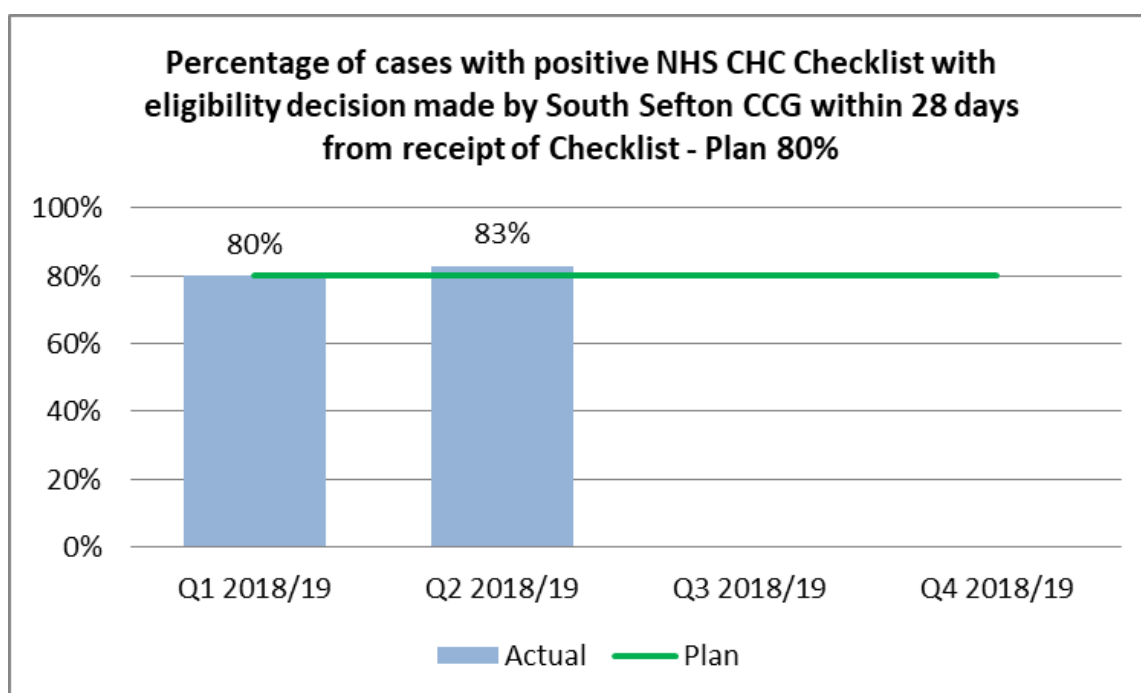
**Figure 34 - People eligible (both newly eligible and existing patients) at the end of the quarter (snapshot) divided by the population aged 18+, and expressed as a rate per 50,000 population**



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

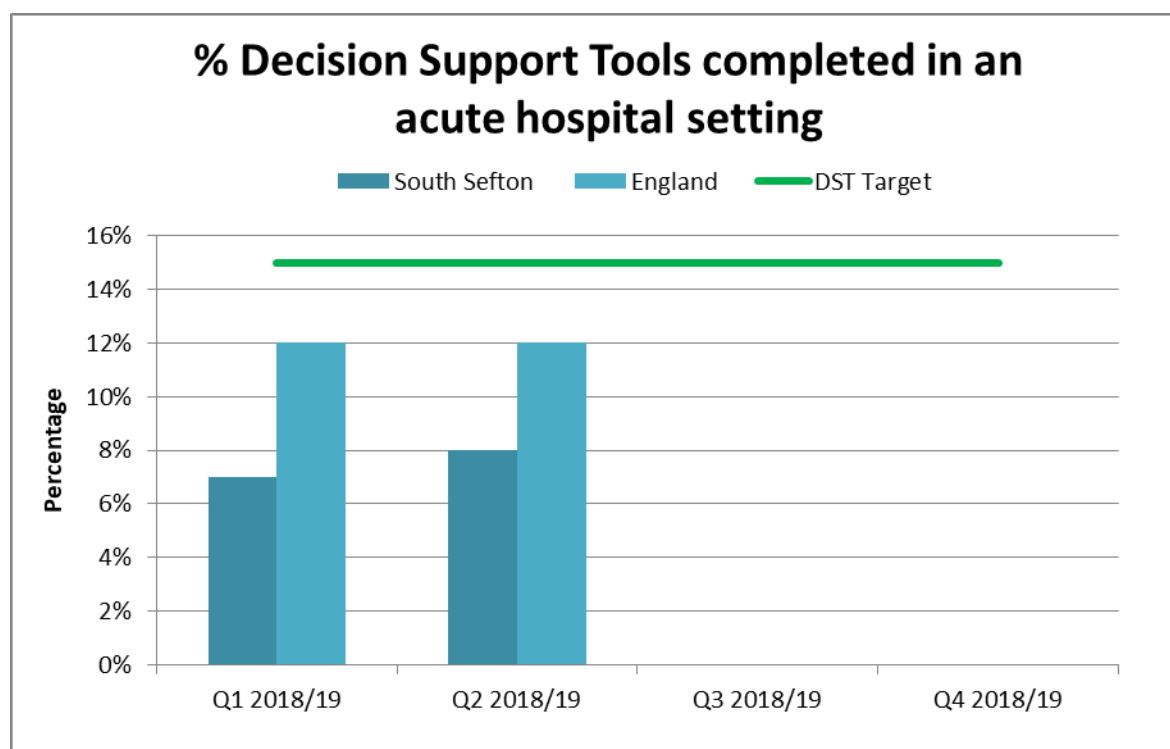


**Figure 36 – Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist**





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



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

**Figure 38 - Smoking at Time of Delivery (SATOD)**

	South Sefton		
	Actual	YTD	FOT
Number of maternities	399	775	1550
Number of women known to be smokers at the time of delivery	60	115	230
Number of women known not to be smokers at the time of delivery	338	658	1316
Number of women whose smoking status was not known at the time of delivery	1	2	4
Data coverage %	99.7%	99.7%	99.7%
Percentage of maternities where mother smoked	14.6%	14.6%	14.6%

The CCG is above the data coverage plan of 95% at Q2, meaning the data is generally robust, but currently above the national ambition of 11% for the percentage of maternities where mother smoked the ambition will be 6% by the end of 2022. There is no national target for this measure. Performance against this metric is discussed with Providers at Maternity Commissioning Leads meetings attended by the CCG managerial lead for Children and Maternity Services.

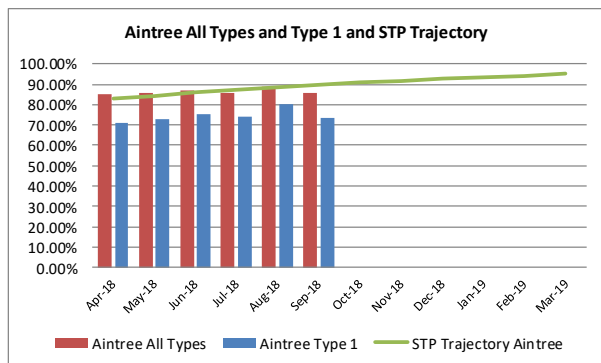
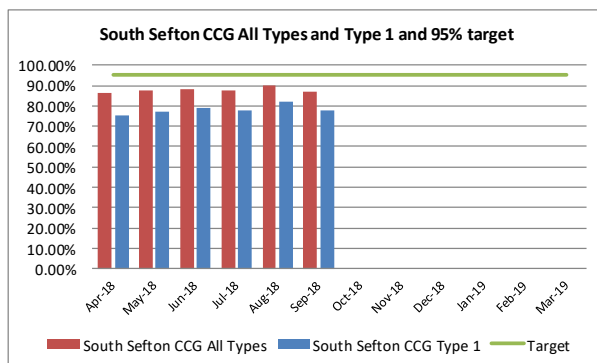
## 4. Unplanned Care

### 4.1 Accident & Emergency Performance

Figure 39 - A&E Performance

A&E waits				
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	18/19 - Sept	95%	87.71%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	18/19 - Sept	95%	78.20%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) All Types	18/19 - Sept	STP Trajectory Sept Target 90%	86.37%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	18/19 - Sept	95%	74.40%	↔

A&E All Types	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD
STP Trajectory Aintree	83%	84.4%	85.8%	87.2%	88.6%	90%	%
Aintree All Types	85.10%	85.82%	86.92%	85.92%	88.98%	85.50%	86.37%



#### Performance Overview/Issues

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2018/19 and have failed the September trajectory of 90% with a performance of 85.50% for all A&E department types.

#### How are the issues being addressed?

##### Trust Actions:

- Implement all actions from the 4 day Rapid Process Improvement Workshop which will improve the patient experience, reduce waste, increase the throughput through See and Treat and increase productivity of medical workforce.
- Following review of Primary Care Streaming (PCS), implement more effective staffing model incorporating the GP's already working in the department and review and change referral criteria to increase the numbers of patients to go to PCS. Following recent deep

diverge review use of Ambulatory Emergency Care (AEC) at weekends will be audited to determine whether increasing its opening hours to weekends is needed.

- A review of medical staff rosters via a Task & Finish group has commenced to identify opportunities to increase cover at weekends, and key functions such as pit stopping and input from the trauma on call staff to the wider Emergency Department activity are considered as part of the review. A scoping exercise to incorporate Advanced Nurse Practitioners into the medical staff rota will also be undertaken.
- Complete Non Elective Flow (NEF) dashboard to enable reliable data to be used to drive decision making. Dashboard has been developed for ED, AEC and assessment areas - development for site team KPI's in progress to support flow from the department once decision is made to admit.
- Plan the next Rapid Process Improvement Workshop to focus on the Pit Stop Process for Ambulance Conveyed patients with the intention to hold the RIW at the end of November 2018.

#### System Actions:

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

- CCG have taken a lead role in facilitating the Newton Europe DTOC project with system wide action plans now developed to support patient flow and enhance quality of care in three specific areas – decision making, placements and home care. Work is being undertaken with all health and social care providers and commissioners across North Mersey.
- An escalation plan has been agreed within North Mersey which outlines the expected roles and responsibilities of all providers with guidance as to when issues should be escalated outside of the Trust to commissioners. This has been developed to ensure that resources are used appropriately and that there is a clear understanding of the mutual aid and partnership working that is expected at provider level prior to commissioner engagement.
- The weekly Multi Agency Discharge Events (MADE) which involve representatives from health and social care are being revised to provide a greater focus on areas requiring immediate action. MDT *Flying Squads* will operate on a daily basis targeting front of house areas e.g. AED, Frailty, Observation wards as well as g The MADEs have been refocused and are ward based alternate weeks to support discharge planning with opportunity to ensure SAFER processes are embedded and sustained.
- Patient Flow Telecoms continue where stranded and super stranded patients reviewed with MDT involvement. Support provided where required with opportunity to identify specific themes requiring further action.
- On-going implementation of Mersey Care Alternative to Transfer scheme with system introduced to provide timely response to NWS to support patients at home who do not require conveyance to A&E. Work underway to promote service further and increase referrals. Aim to share good practice and roll out to Southport & Formby and Liverpool to ensure consistent offer to NWS.
- Pathway developments underway or being refocused to reduce A&E attendances e.g. Falls being progressed with plans to review DVT and Cellulitis as examples of admissions observed on MADEs.

- Collaborative work being carried out with Liverpool and Knowsley CCGs to review potential Urgent Treatment Centre provision within Aintree footprint again with focus of reducing A&E attendances.

### When is the performance expected to recover?

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

### Who is responsible for this indicator?

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

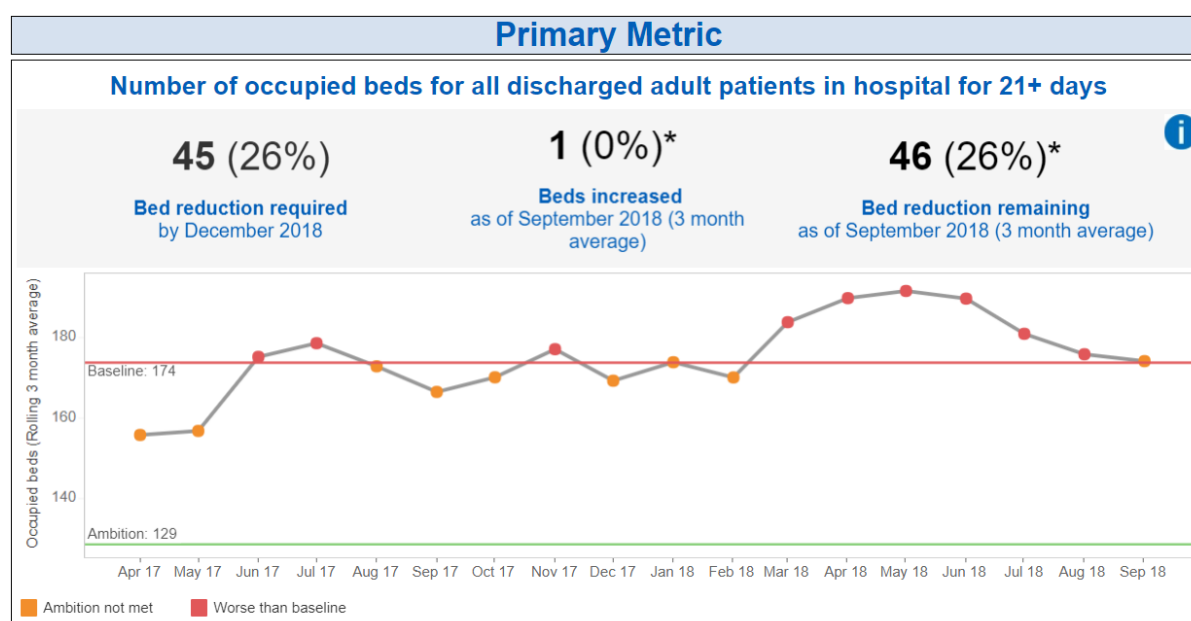
**Figure 40 - A&E Performance – 12 hour breaches**

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

## 4.2 Occupied Bed Days

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

**Figure 41 – Occupied Bed Days, Aintree Hospital**



Data Source: NHS Improvement – Long Stays Dashboard

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

(rolling 3 months) shows 174 occupied beds (an increase by 1 bed). However recent reporting is encouraging with occupied beds having steadily decreased since May 2018, from amber to red.

### 4.3 Ambulance 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 90<sup>th</sup> percentile (9 out of 10 times) for Category 1, 2, 3 and 4 incidents.

In September 2018 there was an average response time in South Sefton of 7 minutes 40 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 28 minutes against a target of 18 minutes, the slowest in Merseyside. The CCG also failed the category 3 90th percentile performance but achieved category 4. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system.

**Figure 42 – Ambulance handover time performance**

Handover Times				
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Aintree	18/19 - Sept	0	104	↑
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Aintree	18/19 - Sept	0	48	↑

### Performance Overview/Issues

Ambulance handover performance saw a slight increase in the number of delays in excess of 30 minutes to 104 (+15) there was also an increase in the number of delays in excess of 60 minutes to 48 (+20). The average time from notification to handover also saw an increase from August 9minutes 34 seconds to 11.15 minutes in September although this is still below the 15 minute standard. The median time to see 1st clinician increased to 71 minutes (+10) against the 60 minute clinical quality indicator. The % of patients seen from registration within 15 minutes stayed static at 83.27% a very slight decrease of 0.56% compared to August 83.83%. The clinical quality indicators for the number of patients who leave the department before being seen increased to 4.24% from 2.72% in August (+ 0.52%). This may have led to the increase in patients re-attending which increased in September to 12.57% against August 9.15% (+3.42%).

### How are the issues being addressed?

The Ambulance Response Programme (ARP) is made up of a range of standards – some which are within the delivery of NWS with others that are dependant of acute provider performance in regard to ambulance handover times and the need to release vehicles from A&E on a timely basis. Feedback at the monthly NWS meeting has identified that significant strides are being made by NWS to improve their performance e.g. additional vehicles are now in operation, recruitment of call handlers and utilisation of advanced paramedic within control room on each shift to provide clinical leadership have all helped to improve performance. Focus is also on Aintree and the need to improve handover times. Aintree has been identified as one of six sites within the North West and has been working in collaboration with NWS to improve against this standard. The six sites

were chosen on the basis of their performance in regard to handover, against the four hour target and their volume of NWAS activity. Further support will be given to the improvement work from NHS Improvement.

### When is the performance expected to recover?

ARP performance is expected to demonstrate significant improvements from end of Quarter 2 with continued positive progress (incorporating ambulance handover times) against targets by March 2019. A summary report is being produced to share with CCG Governing Bodies to demonstrate performance against improvement plans at the end of Quarter 2. Information is being sought from other ambulance services across the country to ensure that feedback is presented within the context of comparative data.

### Who is responsible for this indicator?

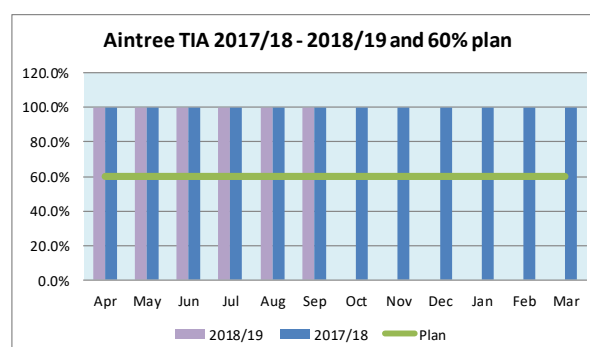
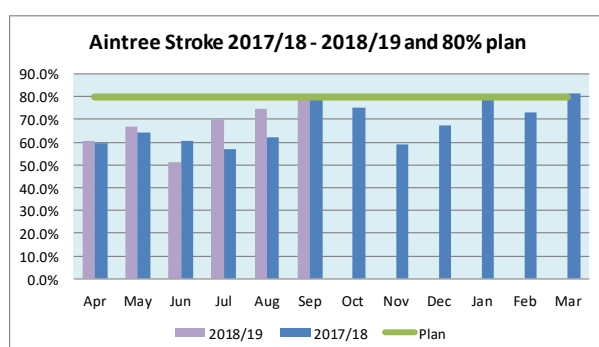
Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Andy Mimmagh	Janet Spallen

## 4.4 Unplanned Care Quality Indicators

### 4.4.1 Stroke and TIA Performance

Figure 43 - Stroke & TIA performance

Stroke				
% who had a stroke & spend at least 90% of their time on a stroke unit ( <b>Aintree</b> )	18/19 - Sept	80%	80.00%	↑
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours ( <b>Aintree</b> )	18/19 - Sept	60%	100%	↔



### Who is responsible for this indicator?

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

#### 4.4.2 Mixed Sex Accommodation

**Figure 44 - Mixed Sex Accommodation breaches**

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

#### 4.4.3 Healthcare associated infections (HCAI)

**Figure 45 - Healthcare associated infections (HCAI)**

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	18/19 - Sept	26	35	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	18/19 - Sept	23	22	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	18/19 - Sept	0	1	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	18/19 - Sept	0	1	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	18/19 - Sept	63	90	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Aintree)	18/19 - Sept	No Plan	186	↑

#### Performance Overview/Issues

The CCG had 9 new cases of Clostridium Difficile reported in September (35 YTD) against a year to date plan of 26 (16 apportioned to acute trust and 19 apportioned to community). Aintree had 4 new cases reported in September (22 YTD) against a year to date plan of 23 so are now reporting green.

The CCG had no new cases in September but the 1 case of MRSA in July apportioned to the community has now failed the zero tolerance threshold for 2018/19. Aintree had no new cases of MRSA in September but as they had a case in May and will also failed the threshold for 2018/19.

NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2018/19 NHS South Sefton CCG's year-end target is 128. In September there were 15 cases (65 YTD) against a year to date plan of 63. Aintree reported 33 cases in September (186 YTD). CCGs are leading on achieving the Quality Premium; South Sefton came in under plan for 2017/18 reporting 138 against the plan of 142. There are no targets set for Trusts at present.

Enhanced surveillance of E. coli bacteraemia has been mandatory for NHS acute trusts since June 2011. Patient data of any E. coli Bacteraemias are reported monthly to Public Health England (PHE). Independent sector healthcare organisations providing regulated activities have also



undertaken surveillance of E. coli bacteraemia since June 2011. The government launched an initiative in April 2017, to reduce Gram-negative infections by 50% by 2021.

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

### How are the issues being addressed?

The Gram Negative Bloodstream Infection Steering Group continues to meet on a bi-monthly basis with specific work stream areas on surveillance and reporting; continence and hydration to prevent symptoms of Urinary Tract Infection (UTI). The outputs of the work streams should impact on HCAI outcomes (inclusive of both C.difficile and E.Coli).

### When is the performance expected to recover?

Quarter 1, 2019/20.

### Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Debbie Fagan	Brendan Prescott	Amanda Gordon

## 4.4.4 Hospital Mortality

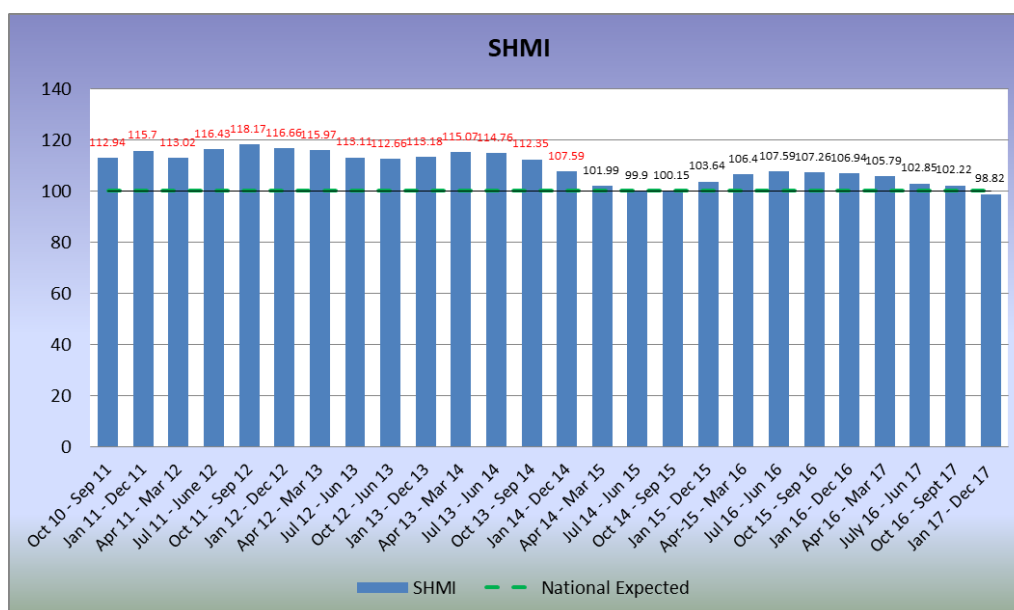
Figure 46 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	18/19 - Sept	100	99.42	↑
Summary Hospital Level Mortality Indicator (SHMI)	Jan 17 - Dec 17	100	98.82	↓

HSMR has increased to 98.61 this month (97.18 was previously reported). Position remains better than expected. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is fewer than 100 this suggest fewer deaths occurred than expected. Ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

SHMI at 98.82 is marginally better than previous period and within tolerance levels. SHMI is risk adjusted mortality ratio based on number of expected deaths.

**Figure 47 - Summary Hospital Mortality Indicator**



## 4.5 CCG Serious Incident Management

Confirmation has been received by NHS E C&M that the response to the draft report and action plan has now been signed off, with an update requested in February 2019. MIAA audit is in progress with Joint Quality Committee (JQC) expected to receive the final report and actions in January 2019.

There are 3 areas that remain amber on the CCGs SI improvement plan with clear actions being taken. The action plan will continue to be monitored by the JQC on a monthly basis until all actions have been closed down.

There are a total of 66 serious incidents (SIs) open on StEIS for South Sefton as the RASCI (Responsible, Accountable, Supporting, Consulted, Informed) commissioner or involve a South Sefton CCG patient. Those where the CCG is not the RASCI responsible commissioner are highlighted in green in the table below.

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

Trust	SIs reported (M6)	SIs reported (YTD)	Closed SIs (M6)	Closed SIs (YTD)	Open SIs (month 6)	SIs open >100days (M6)
Aintree University Hospital	3	22	5	38	27	11
Mersey Care NHS Foundation NHS Trust (SSCS)	5	9	0	11	12	3
South Sefton CCG	0	0	1	3	3	3
Mersey Care NHS Foundation NHS Trust (Mental Health)	1	11	3	14	15	7
North West Boroughs NHS	0	2	0	0	3	1

Foundation Trust						
Southport and Ormskirk Hospitals NHS Trust	0	2	2	5	1	0
Liverpool Women's Hospital	0	2	1	4	2	1
Liverpool Community Health	0	0	0	4	2	2
The Walton Centre	0	0	0	0	1	1
<b>TOTAL</b>	<b>9</b>	<b>48</b>	<b>12</b>	<b>79</b>	<b>66</b>	<b>29</b>

**Figure 49 – Timescale Performance for Aintree University Hospital**

PROVIDER	SIs reported within 48 hours (YTD)		72 hour report received (YTD)			RCAs Received (YTD)				
	Yes	No	Yes	No	N/A	Total RCAs due	Received within 60 days	Ext granted	SI Downgraded	RCA 60+
<b>Aintree</b>	14	8	0	22*	-	24	3	7	4	8

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

- A copy of the staffing report was presented at CQPG for information. It provided an update of current Nursing vacancy rates, recruitment and retention, on-going reduction in reliance of Bank and Agency usage.
- The Clinical Audit Findings and Outcomes report (Dec 2017 to Feb 2018) was presented at CQPG which included a review of the Falls/Bedrails Risk Assessment Compliance Audit and the effectiveness of the audit.
- A copy of the Never Events aggregate action plan was presented and discussed at CQPG with a further update regarding NatSSIPs and LocSSIPs to be presented at CQPG in October 2018.

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

PROVIDER	SIs reported within 48 hours (YTD)		72 hour report received (YTD)			RCAs Received (YTD)				
	Yes	No	Yes	No	N/A	Total RCAs due	RCA within 60 days	Ext Agreed	Downgraded	RCA 60+
<b>Mersey Care (Community)</b>	8	1	0	9*	-	2	2	0	0	0

The Trust provided an update on the Pressure Ulcer Audit that has recently been undertaken. Additionally, the Pressure Ulcer Reduction Programme has been aligned with Liverpool and Sefton

colleagues and good practice has been shared. There has been 1 x category 4 Pressure Ulcer in September 2018 (Sefton).

A gap analysis has been undertaken in regards to NHSI guidance and actions relating to amending the collection of data and the inclusion of the recording of moisture lesions. This work is currently on-going.

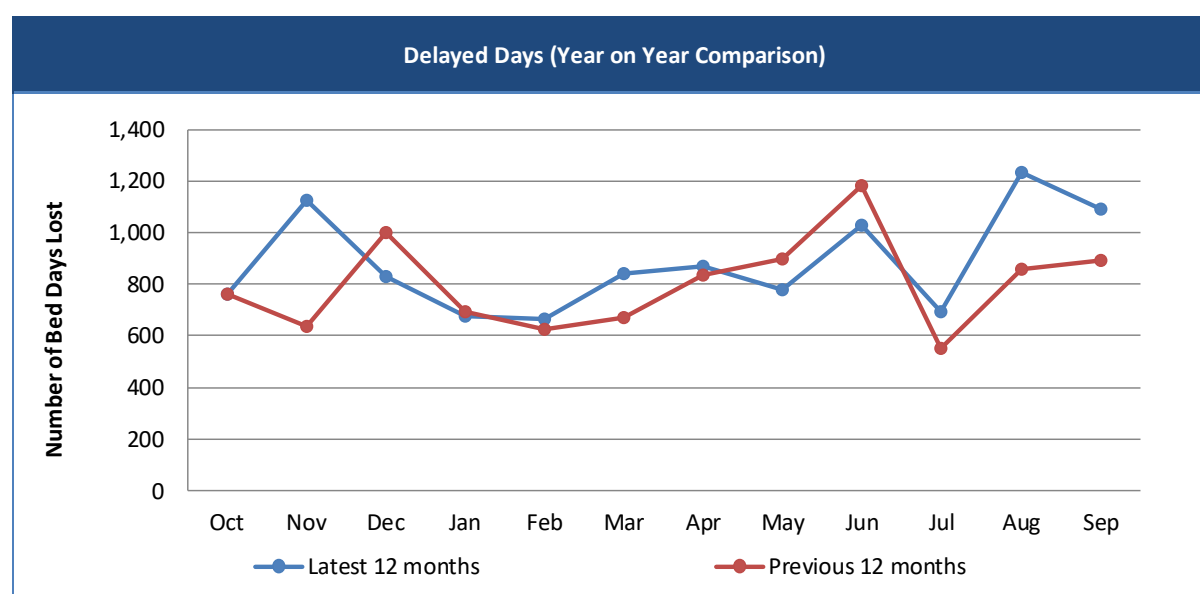
The trust advised that the Crosby locality has been identified as a pilot site in relation to the STPP led by NHS Improvement. This was due to the high turnover of staff, the new staff team and the incidence of grade 3 PU reported. Whilst the pilot will focus on specific sites the learning will be shared across teams.

### 4.6 CCG Delayed Transfers of Care

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

The CCG Urgent Care lead works closely with Aintree and the wider MDT involving social care colleagues to review delayed transfers of care on a weekly basis. This is supported through MADEs (Multi Agency Discharge Events) where patients are reviewed at ward level identifying blockers and support which can be provided by the MADE MDT. In addition we review patients waiting over 7 days on a weekly telecom with the aim of ensuring movement against agreed discharge plans. There is opportunity within these interventions to identify key themes which need more specific action e.g. we are presently reviewing our discharge to assess pathway where we aim to ensure DSTs are undertaken outside of a hospital setting. We have also been able to ensure that ward staff are educated on community services which are available to facilitate early discharge with particular focus on ICRAS.

**Figure 51 – Aintree DTOC Monitoring**



DTCO Key Stats			
	This month	Last month	Last year
<b>Delayed Days</b>	<b>Sep-18</b>	<b>Aug-18</b>	<b>Sep-17</b>
Total	1,093	1,235	893
NHS	77.7%	62.3%	89.6%
Social Care	22.3%	37.7%	10.4%
Both	0.0%	0.0%	0.0%
Acute	53.6%	54.8%	49.7%
Non-Acute	46.4%	45.2%	50.3%

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

#### AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST

Care Package in Home	22.3%
Community Equipment Adapt	1.9%
Completion Assessment	1.8%
Disputes	0.0%
Further Non-Acute NHS	31.9%
Housing	0.6%
Nursing Home	0.0%
Patient Family Choice	41.4%
Public Funding	0.0%
Residential Home	0.0%
Other	0.0%

Total delayed transfers of care (DTCO) reported in September was 1,093, an increase compared to September 2017 with 893. Delays due to NHS have improved, with those due to social care worsening. The majority of delay reasons in September 2018 were due to patient family choice, further non-acute NHS and care package in home.

## 4.7 Patient Experience of Unplanned Care

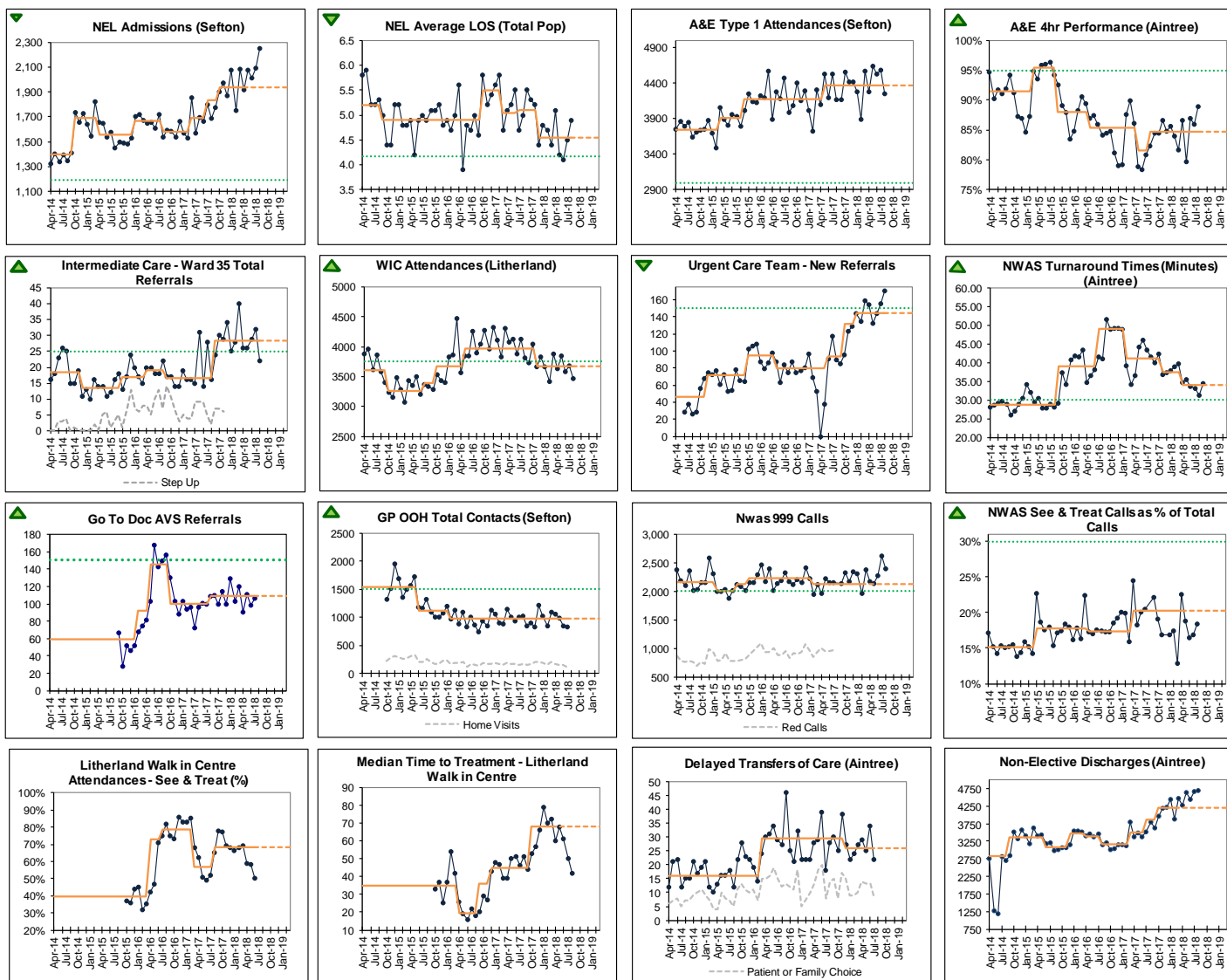
**Figure 52 - Aintree A&E Friends and Family Test performance**


















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

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	12.8%	19.5%		86%	88%		8%	8%	

## 4.8 South Sefton Urgent Care Dashboard

An urgent care system dashboard has been developed by Dr Pete Chamberlain incorporating 16 key measures of urgent care. It forms part of a wider project to develop system-wide cascading dashboards to bring multiple indicators together to provide oversight of care in different settings.



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



## 4.9 Unplanned Care Activity & Finance, All Providers

### 4.9.1 All Providers

Performance at Month 6 of financial year 2018/19, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £759k/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 £331k/1.3%.

At individual providers, Aintree represents the highest over performing provider for unplanned care at month 6 with a year to date variance of £765k/4%. In contrast, Alder Hey and Liverpool Women's hospitals are currently underperforming by -£186k/-17% and -£201k/-9% respectively.

**Figure 53 - Month 6 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	49,606	55,608	6,002	12%	£18,963	£19,727	£765	4%	-£765	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	4,830	4,382	-448	-9%	£1,085	£899	-£186	-17%	£186	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	140	56	-84	-60%	£209	£168	-£41	-20%	£41	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	1,741	1,692	-49	-3%	£2,267	£2,066	-£201	-9%	£201	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	2,727	2,822	95	3%	£1,026	£1,114	£88	9%	-£88	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	5	5	0	-2%	£28	£31	£3	11%	-£3	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	59,048	64,565	5,517	9%	£23,579	£24,006	£428	2%	-£428	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	40	51	11	26%	£9	£29	£20	211%	£0	£20	-
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	50	50	0%	£0	£18	£18	0%	£0	£18	-
SALFORD ROYAL NHS FOUNDATION TRUST	0	19	19	0%	£0	£9	£9	0%	£0	£9	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	4,011	4,239	228	6%	£1,444	£1,574	£130	9%	£0	£130	9%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	549	631	82	15%	£223	£261	£37	17%	£0	£37	17%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	37	53	16	44%	£91	£121	£29	32%	£0	£29	32%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	22	22	0%	£0	£15	£15	0%	£0	£15	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	145	145	0%	£0	£66	£66	0%	£0	£66	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	31	25	-6	-18%	£19	£25	£6	29%	£0	£6	29%
ALL REMAINING PROVIDERS TOTAL	4,667	5,235	568	12%	£1,786	£2,117	£331	19%	£0	£331	19%
<b>GRAND TOTAL</b>	<b>63,715</b>	<b>69,800</b>	<b>6,085</b>	<b>10%</b>	<b>£25,365</b>	<b>£26,124</b>	<b>£759</b>	<b>3.0%</b>	<b>-£428</b>	<b>£331</b>	<b>1.3%</b>

\*PbR Only

## 4.9.2 Aintree University Hospital NHS Foundation Trust

**Figure 54 - Month 6 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	20,832	21,619	787	4%	£487	£487	£0	0%
A&E - Accident & Emergency	16,238	17,592	1,354	8%	£2,234	£2,439	£206	9%
NEL - Non Elective	7,764	8,858	1,094	14%	£14,547	£14,419	-£128	-1%
NELNE - Non Elective Non-Emergency	26	28	2	9%	£92	£99	£7	8%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	11	140	129	1208%	£3	£34	£31	1036%
NELST - Non Elective Short Stay	1,059	1,213	154	15%	£716	£794	£78	11%
NELXBD - Non Elective Excess Bed Day	3,677	6,158	2,481	67%	£884	£1,455	£571	65%
<b>Grand Total</b>	<b>49,606</b>	<b>55,608</b>	<b>6,002</b>	<b>12%</b>	<b>£18,963</b>	<b>£19,727</b>	<b>£765</b>	<b>4%</b>

## 4.9.3 Aintree Hospital Key Issues

Plans for 2018/19 have been rebased with additional growth added to accommodate a pathway change implemented by the Trust from October 2017 onwards. However, these plans have not been agreed by the commissioners. Growth has mainly been focussed within the Non-Elective PODs.

Aintree is over performing across the majority of PODs related to Urgent Care. However, the total over spend of £765k/4% is mainly driven by an over performance within Non-Elective excess bed Days and Accident & Emergency. Acute Medicine and Geriatric Medicine account for the majority of over performance within Non-Elective Excess Bed Days.

Within A&E, both type 1 attendances and Litherland walk in centre attendances are above plan at month 6 (8% and 4% respectively). May 2018 and July 2018 saw some of the highest monthly attendances recorded at the Trust in the last three years.

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

## 5. Mental Health

### 5.1 Mersey Care NHS Trust Contract

Figure 55 - NHS South Sefton CCG – Shadow PbR Cluster Activity

NHS South Sefton CCG	Caseload 2018/19 M6	2018/19 Plan	Variance from Plan	Variance from Caseload 2017/18 M6
0 Variance	61	106	-45	-42
1 Com Prob Low Sev	38	11	27	-3
2 Prob Low Sev/Need	21	7	14	2
3 Non Psychotic Mod	89	72	17	-2
4 Non Psychotic Sev	243	286	-43	-72
5 Non Psychot V Sev	89	84	5	2
6 Non Psychotic Dis	32	35	-3	-6
7 Endur Non Psychot	280	303	-23	-4
8 Non Psychot Chaot	145	133	12	8
10 1st Ep Psychosis	151	149	2	1
11 Ongo Rec Psychos	310	320	-10	-28
12 Ongo/Rec Psych	351	397	-46	-50
13 Ong/Rec Psys High	101	107	-6	-4
14 Psychotic Crisis	28	32	-4	-7
15 Sev Psychot Cris	4	8	-4	-4
16 Dual Diagnosis	52	42	10	11
17 Psy & Affect Dis	36	40	-4	-9
18 Cog Impairment	178	245	-67	-51
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	432	436	-4	2
20 Cognitive Impairment or Dementia Complicated (High Need)	374	446	-72	-60
21 Cognitive Impairment or Dementia (High Physical or Engagement)	121	119	2	-11
Cluster 97	1,257	116	1,141	714
Cluster 98		147		
<b>Total</b>	<b>4,393</b>	<b>3,641</b>	<b>899</b>	<b>387</b>

### 5.1.1 Key Mental Health Performance Indicators

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

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

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

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

Although there were no patients in September, there was 1 breach out of 6 patients in August and 1 of a possible 2 patients in July, therefore the target was not achieved for quarter 2 (75%).

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

**Figure 58 - EIP 2 week waits**

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (in month)	53%	80%	100%	57%	100%	80.0%	66.7%
Rolling Quarter				73%	100%	83.3%	77.8%

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

**Figure 59 - OAP Days**

Period	Period Covered	Total number of OAP days over the period
<b>Q4 2017/18</b>	<b>Jan 18 to Mar 18</b>	<b>95</b>
	Feb 18 to Apr 18	80
	Mar 18 to May 18	35
<b>Q1 2017/18</b>	<b>Apr 18 to Jun 18</b>	<b>0</b>
	May 18 to Jul 18	0
	Jun 18 to Aug 18	0

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

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

#### **Transformation Update**

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

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

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

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

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

As part of the Trust's Transformation Programme it was highlighted that a number of service users open to community mental health teams (CMHTs) receive limited benefit from the provision of full CMHT services, being viewed as stable, or in recovery without on-going complex or acute needs. A proportion of these will have a diagnosis of a psychotic condition or bipolar illness. Meetings have taken place involving the Trust, CCG and the LMC to explore the discharge pathway from secondary to primary care for adult mental health patients and a pilot proposal is to be discussed at the LMC meeting in September 2018. The LMC have sought more clarity and assurance around rapid re-access to secondary care if required. The revised pilot proposal is to be presented by Mersey Care 20<sup>th</sup> November 2018.

#### **Psychotherapy waits**

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

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

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

**Eating Disorder waits**

Throughout 2018/19 Eating Disorder waits to commencing within 18 weeks of referral have been sub-optimal. In M6 no data against this KPI was submitted at CCG level as reported below.

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

**Adult ADHD**

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

A business case is currently being developed to increase capacity within the Adult ADHD service.

**RiO and KPIs**

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

The Trust has reported in M6 that there are still some instances in which KPI are unable to be reported upon due to staff issues and/or data quality issues and consequently some local KPIs have not been reported upon despite a reporting mechanism being developed and some local KPIs have been reported as sub-optimal but not supported by a narrative. This issue was discussed at November CQPG and escalated within the Trust and commissioners are expecting significant improvements both in reporting and KPI performance by January 2018.

In regards to KPI 63 Outpatient Communication being sent within 10 days the Trust is working to produce a template to enable clinical letters containing a synopsis to be sent to GP instead of the current practice of sending lengthy clinic letters which has contributed to delays.

**Safeguarding**

The contract performance notice remains in place in respect of training compliance. Bimonthly meetings continue to take place between the Trust and CCG Safeguarding teams to scrutinise progress against the agreed action plan and trajectory. Unfortunately Quarter 1 has seen a downward trajectory in training compliance rates for various reasons. The Trust has escalated this risk via internal safeguarding quality assurance meeting and through the divisional management structure. Actions have been agreed to get back on track and these have all been completed. Commissioners expect performance to be back in line with the trajectory in Q2 but they are awaiting the Q2 submission. The Safeguarding team are currently validating Q2 information but it is unlikely that the training target will be achieved until Q1 2019/20. The performance notice will remain open for a further 6 months to ensure sustainability.



## 5.1.4 Patient Experience of Mental Health Services

**Figure 60 – Mersey Care Friends and Family Test Performance**

Friends and Family Response Rates and Scores

Mersey Care NHS Foundation Trust

Latest Month: Sep-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%	3.2%		90%	89%		4%	3%	

Mersey Care percentage of people recommending their service is 89% in September a 2% increase but below the England average of 90%. Not recommended remains at 3% this being the same as the England average.

## 5.2 Improving Access to Psychological Therapies

**Figure 61 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)**

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March	Total
National definition of those who have entered into treatment	2017/18	223	319	331	315	269	289	295	358	232	336	245	283	3,495
	2018/19	315	283	295	331	272	296							1,792
Access % ACTUAL - Monthly target 1.4% for Q1 to Q3 - Quarter 4 only 1.58% is required	2017/18	0.92%	1.31%	1.36%	1.30%	1.11%	1.19%	1.21%	1.47%	0.95%	1.38%	1.01%	1.16%	14.38%
	2018/19	1.30%	1.16%	1.21%	1.36%	1.12%	1.22%							7.37%
Recovery % ACTUAL - 50% target	2017/18	35.4%	46.3%	41.9%	44.2%	46.8%	49.5%	43.0%	47.1%	42.1%	45.7%	41.7%	40.4%	43.8%
	2018/19	52.3%	49.2%	42.7%	47.7%	40.0%	42.5%							45.8%
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%	100.0%	99.5%	99.5%							99.5%
ACTUAL % 18 weeks waits - 95% target	2017/18	100.0%	100.0%	99.5%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	2018/19	100%	100%	100%	100%	100%	100%							100%
National definition of those who have completed treatment (KPI5)	2017/18	169	181	196	185	199	186	192	197	150	183	207	183	2,228
	2018/19	225	200	219	203	200	183							1,230
National definition of those who have entered Below Caseness (KPI6b)	2017/18	8	4	5	4	9	2	6	8	5	8	8	5	72
	2018/19	9	7	8	10	5								39
National definition of those who have moved to recovery (KPI6)	2017/18	57	82	80	80	89	91	80	89	61	80	83	72	944
	2018/19	113	95	90	92	78	77							545
Referral opt in rate (%)	2017/18	84.5%	88.0%	90.3%	84.7%	88.6%	88.9%	91.8%	89.3%	86.9%	91.3%	82.6%	88.2%	88.8%
	2018/19	90.2%	84.6%	93.8%	88.1%	88.6%	87.4%							88.5%

### Performance Overview/Issues

Cheshire and Wirral Partnership reported 296 patients entering treatment in Month 6, which is an 8.8% increase from the 272 reported in Month 5. Confirmation from NHS England has outlined that Commissioners are advised that for 2018/19 the access standard of 4.75% per quarter (19.0%



annually) should apply to quarter 4 only. For the first 3 quarters of the year, the annual Access rate of 16.8% should be aspired to (4.2% per quarter).

The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is therefore set for Quarter 2 2018/19 at 4.2% which equates to 1.4% per month. The access rate for Month 6 was 1.22% and therefore failed to meet the standard.

The percentage of people moved to recovery was 42.5% in Month 6, which is higher than the 40.0% for the previous month and failing to achieve the target of 50%.

#### How are the issues being addressed?

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

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

#### When is the performance expected to recover by?

The ambition is that the above actions will improve performance in line with the National target to achieve an annual Access rate of 19% in the last quarter of 2018/19.

#### Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll	Sue Gough	Gordon Jones

## 5.3 Dementia

### Figure 62 - Dementia casefinding

#### NHS South Sefton CCG

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
People Diagnosed with Dementia (Age 65+)	1159	1163	1191	1203	1221	1230
Estimated Prevalence (Age 65+)	1869	1874.3	1877.3	1885.7	1892.5	1900.9
<b>NHS South Sefton CCG - Dementia Diagnosis Rate (Age 65+)</b>	<b>62.0%</b>	<b>62.0%</b>	<b>63.4%</b>	<b>63.8%</b>	<b>64.5%</b>	<b>64.7%</b>
Target	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%

#### Performance Overview/Issues

The latest data on the HSCIC website shows South Sefton CCG are recording a dementia diagnosis rate in September of 64.7%, which is under the national dementia diagnosis ambition of 66.7% very similar to last month when 64.5% was reported.

#### How are the issues being addressed?

In terms of actions being taken to improve performance in relation to the National Dementia diagnosis ambition, Sefton Information Facilitators have been implementing the plan to run agreed searches for dementia diagnosis codes. So far this has resulted in 45 records being identified across 17 practices and were given to practice clinicians for follow up and / or recall for further assessment.

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

#### When is the performance expected to recover?

The agreed date of recovery is 31<sup>st</sup> December 2018.

#### Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Sue Gough	Kevin Thorne

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

**Figure 63 - NHS South Sefton CCG – Improve Access Rate to CYPMH 18/19 Plans (32% Target)**

E.H.9	Q1 18/19		Q2 18/19		Q3 18/19		Q4 18/19		2018/19 YTD	
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
2a- Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	250	310	250		250		250		250	310
2b- Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	3,121	3,121	3,121	3,121	3,121	3,121	3,121	3,121	3,121	3,121
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	8.0%	9.9%	8.0%		8.0%		8.0%		8.0%	9.9%

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

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

**Figure 64 - South Sefton CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2018/19 Plans (100% Target)**

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

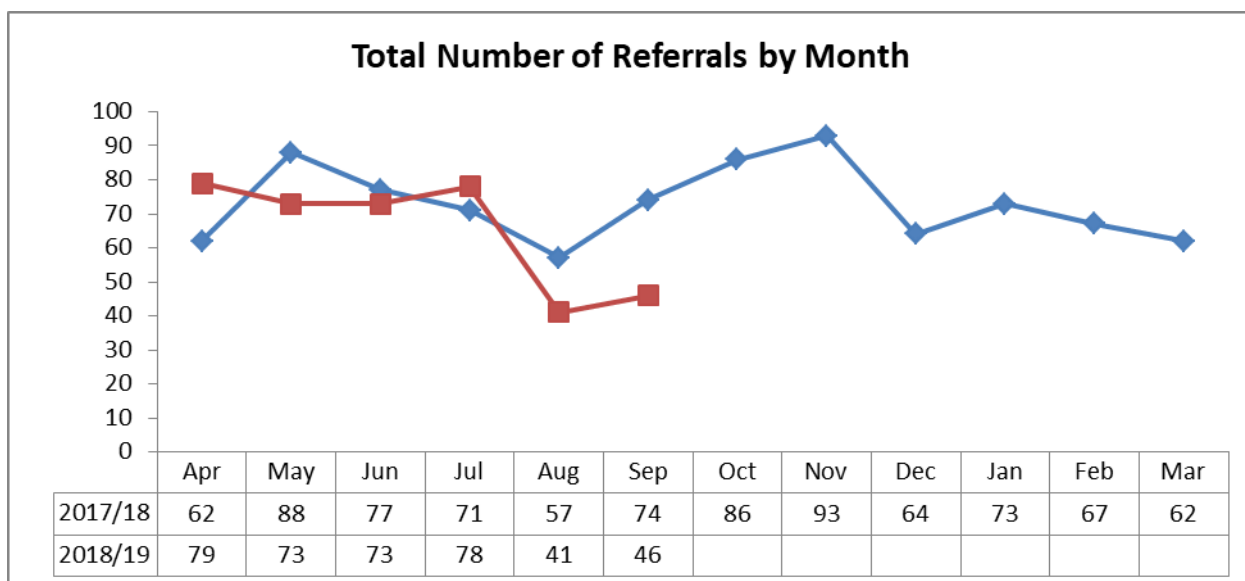
**Figure 65 - South Sefton CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2018/19 Plans (100% Target)**

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

## 5.6 Child and Adolescent Mental Health Services (CAMHS)

The following analysis derives from local data received on a quarterly basis from Alder Hey Child and Adolescent Mental Health Service (CAMHS). The data is cumulative and the time period is to quarter 2 2018/19. The date period is based on the date of referral so focuses on referrals made to the service during July to September 2018/19. It is worth noting that the activity numbers highlighted in the report are based on a count of the Local Patient Identifier and there may be patients that have more than one referral during the given time period. The 'Activity' field within the tables therefore does not reflect the actual number of patients referred.

**Figure 66 – CAMHS Referrals**



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

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

**Figure 67 – CAMHS Waiting Times Referral to Assessment**

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

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

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

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

**Figure 68 - CAMHS Waiting Times Assessment to Intervention**

Waiting Time in Week Bands	Number of Referrals	% of Total	% of Total with intervention only
0-2 Weeks	7	11.1%	35.0%
2-4 Weeks	4	6.3%	20.0%
4- 6 Weeks	2	3.2%	10.0%
6-8 weeks	2	3.2%	10.0%
8- 10 weeks	3	4.8%	15.0%
10-12 Weeks	1	1.6%	5.0%
12- 14 Weeks	1	1.6%	5.0%
(blank)	43	68.3%	
<b>Total</b>	<b>63</b>	<b>100%</b>	<b>100%</b>

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

68.3% (43) of all allocated referrals did not have a date of intervention so the assumption can be made that this is yet to take place. If these 43 referrals were discounted, that would mean 35.0% (7) of referrals waited 2 weeks or less from assessment to intervention. Collectively 75.0% (15) of those referrals where an intervention took place waited 8 weeks or less from assessment to first intervention.

## 5.7 Learning Disability Health Checks

**Figure 69 – Learning Disabilities Performance Measures**

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

People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people's health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check. A national enhanced service is in place with payment available for GPs providing annual health checks, and CCGs were required to submit plans for an increase in the number of health checks delivered in 2018/19 (target 504 for the year). Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. Data quality issues are apparent with practices not submitting their register sizes manually, or incorrectly which is why the 'actual' data in the table above is significantly lower than expected. In quarter 2, the CCG reported a performance of 40.5%, above the plan of 18.7%. However, just 153 patients were registered compared to a plan of 675, with just 62 checked compared to a plan of 126.

## **6. Community Health**

### **6.1 Mersey Care Community Contract**

The information leads from the CCG and Mersey Care continue to meet on a monthly basis to discuss the current contract performance. Along with the performance review of each service, discussions regarding new ways of reporting for 2019/20 are being had. A further meeting has been arranged to discuss this. The service reviews are now complete and the Trust and CCG community contract leads have had a number of meetings to discuss outcomes and recommendations.

#### **6.1.1 Quality**

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

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

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

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

##### Patient DNAs

The Trust monitors DNA performance against an 8.5% threshold.

The Physiotherapy service continues to perform well above the threshold at 15.5% in September, a decline on August's performance (18.4%). The service has failed each month of 2018/19 and the

trend continues. The Trust has stated that this service runs at Aintree Hospital who book appointments and send out text reminders, therefore Mersey Care staff have no control over this performance.

Dietetics performance has shown a decline in September with 12.9% and is therefore still reporting well above the threshold. The service has failed each month of 2018/19 and the trend continues. The Trust has 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.

Phlebotomy DNAs have increased in September to 9.8%.

### Provider Cancellations

The Trust monitors performance against a 3.5% threshold. Treatment rooms is the only service reporting above this with 3.7% in September.

## 6.1.3 Waiting Times

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




Podiatry: August's completed pathways is reporting a 95<sup>th</sup> percentile of 20 weeks, with the longest waiting patient at 42 weeks. This was discussed at the last information sub group when the Trust informed that Podiatry waits had increased in month due to staff sickness but have now recovered.

Nutrition & Dietetics: August's completed pathways position has improved slightly from 24 weeks in July to 23 weeks in August, but remains above 18 weeks. The longest wait is currently recorded at 31 weeks by one patient.

## 6.1.4 Patient Experience of Community Services

**Figure 70 – Mersey Care Friends and Family Test Performance**

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

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Community Health	4.1%	0.6%		95%	98%		2%	1%	

Mersey Care is reporting a response rate of 0.6% in September against an England average of 4.1%. The percentage who recommended the service was 98%, 1% lower than last month and remaining above the England average of 95%. Performance for the percentage who would not recommend increased to 1%, but below the England average of 2%.

Currently all teams have a target of two friends and family cards to be completed for each practitioner per month. Completed cards are then shared with the Governance and Quality Team for reporting.



## **6.2 Any Qualified Provider Mersey Care Podiatry Contract**

At month 6 2018/19 the total year to date costs for the CCG were £125,570 with 3,105 contacts. There have been data quality issues in respects of follow ups reported by Mersey Care NHS FT and the Trust has advised of a methodology to produce a proxy split. The Merseyside AQP contracts for Podiatry expired on 30<sup>th</sup> 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 1<sup>st</sup> May 2017, therapy services were transitioned across to Alder Hey; the CCG will continue close monitoring of performance and patient safety particularly in relation to waiting times.

## **6.3 Alder Hey Community Services**

### **6.3.1 Services**

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

- Paediatric Continence
- Paediatric Dietetics
- Paediatric Occupational Therapy
- Paediatric SALT

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

### **6.3.2 Waiting Times**

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

Paediatric SALT: August is reporting 33 weeks for the 92<sup>nd</sup> percentile for incomplete pathways, with 2 patients waiting as long as 42 weeks. Performance has steadily declined over the past 5 months. The Trust has undertaken some validation work and the service is still performing well above the standard 18 weeks, which evidences that there is a genuine capacity issue. The Trust has submitted a business case to the Sefton CCGs. The CCGs have agreed some funding but not the full amount requested by Trust. Further discussion required re revised model. This issue is linked with the Autistic Spectrum disorder (ASD) pathway.

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

Paediatric Dietetics: The Trust is reporting a DNA rate of 21.2% in September 2018, a decline on 14.9% last reported in July, above the 8.5% threshold. Cancellations by provider also saw a significant increase from 0% in July to 17.5% in September, with 11 provider cancellations out of 52



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

**Figure 71 - South Sefton CCG – Percentage of children waiting more than 18 weeks for a wheelchair - 2018/19 (100% Target)**

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

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

Commissioning arrangements are complex; services for South Sefton patients are commissioned by NHS England and services are provided by Aintree Hospital who then submit data to NHS England nationally. Quarter 2 was also a nil return. Quarterly plans have been submitted with the expectation the CCG is to achieve 100% of patients waiting less than 18 weeks.

## 7. Third Sector Overview

### Introduction

Quarterly reports from CCG-funded Third Sector providers, detailing activities and outcomes achieved, have been collated and analysed. A copy of the resultant *Third Sector Quarter 2 2018-19 Report* has been circulated to relevant commissioning leads. Referrals to some services have increased during Q2, whilst others remained more stable. Individual service user issues (and their accompanying needs) continue to increase in complexity, causing pressure on staffing and resources.

### Age Concern – Liverpool & Sefton

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

### Alzheimer's Society

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

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

#### Citizens Advice Sefton

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

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

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

#### Expect Limited

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

#### Imagine independence

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

#### Netherton Feelgood Factory

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

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

#### Parenting 2000

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

#### Sefton Advocacy

During Q2 248 existing cases were brought forward. A total of 131 new referrals were received and of these 17% were signposted to more appropriate support, whilst 5% comprised general enquiry /information-only queries. 79 cases were closed, the reasons being Cases completed 59%, Advocacy not wanted 22%, Advocacy not appropriate 1%, Service user deceased 4% and Unable to contact service user 14%. During Q2 there were a total of 1,826 contacts comprising office visits, other case contacts; medical appointments, assessments, court and tribunal attendances; home visits, research preparation work and housing bids (PPP). Case outcomes included Options explained to service user 24%, Representations made 17%, Information supplied 20%, Client empowerment 16%, Signposting 10% and Support 13%. During Q2 these case outputs resulted in financial outcomes worth a total of £232,010 being achieved.

#### Sefton Carers Centre

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

#### Sefton Council for Voluntary Service

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

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

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

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

#### Stroke Association

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

#### Swan Women's Centre

The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. During Q2 65 women were part-way through their 12 allocated counselling sessions whilst 10 have exceeded twelve weeks and are continuing. There were 78 new referrals for Counselling. The main referral sources were GP referral 38%, Self-referral/Carer 36%, Mersey Care NHS Trust 7% and Social Workers 5%. Of the counselling sessions available during this period 66% were booked and used, 29% were cancelled by the client and just 5% were recorded as Did Not Attend. The Centre also provides an Outreach Service (only available by professional referral) for women diagnosed with severe mental illness, and those that do not fit the mental illness criteria but who need support. 2 referrals were made to the

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

## 8. Primary Care

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

**Figure 72 - South Sefton CCG - Extended Access at GP services 2018/19 Plan**

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

This indicator is based on the percentage of practices within a CCG which meet the definition of offering extended access; that is where patients have the option of accessing routine (bookable) appointments outside of standard working hours Monday to Friday. The numerator in future will be calculated from the extended access to general practice survey, a new data collection from GP practices in the form of a bi-annual survey conducted through the Primary Care Web Tool (PCWT). An extended hour's hub model will launch on 1<sup>st</sup> October 2018 to provide extended access in line with the GP Five Year Forward View requirements.

### 8.2 CQC Inspections

A number of practices in South Sefton CCG have been visited by the Care Quality Commission and details of any inspection results are published on their website. There have been no new inspections in South Sefton recently. All the results are listed below:



**Figure 73 - CQC Inspection Table**

South Sefton CCG								
Practice Code	Practice Name	Date of Last Visit	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84002	Aintree Road Medical Centre	19 March 2018	Good	Good	Good	Good	Good	Good
N84015	Bootle Village Surgery	03 August 2016	Good	Good	Good	Good	Good	Good
N84016	Moore Street Medical Centre	17 June 2016	Good	Good	Good	Good	Good	Good
N84019	North Park Health Centre	05 June 2018	Good	Good	Good	Good	Good	Requires Improvement
N84028	The Strand Medical Centre	04 April 2018	Good	Good	Good	Good	Good	Good
N84034	Park Street Surgery	17 June 2016	Good	Good	Good	Good	Good	Good
N84038	Concept House Surgery	30 April 2018	Good	Good	Good	Good	Good	Good
N84001	42 Kingsway	07 November 2016	Good	Good	Good	Good	Good	Good
N84007	Liverpool Rd Medical Practice	06 April 2017	Good	Good	Good	Good	Good	Good
N84011	Eastview Surgery	11 October 2017	Good	Good	Good	Good	Good	Good
N84020	Blundellsands Surgery	24 November 2016	Good	Good	Good	Good	Good	Good
N84026	Crosby Village Surgery	29 October 2015	Requires Improvement	Good	Good	Good	Good	Requires Improvement
N84041	Kingsway Surgery	07 November 2016	Good	Good	Good	Good	Good	Good
N84621	Thornton Practice	19 February 2015	Good	Requires Improvement	Good	Good	Good	Good
N84627	Crossways Practice	06 August 2015	Good	Good	Good	Good	Good	Good
N84626	Hightown Village Surgery	18 February 2016	Good	Requires Improvement	Good	Good	Good	Good
N84003	High Pastures Surgery	09 June 2017	Good	Good	Good	Good	Good	Good
N84010	Maghull Family Surgery (Dr Sapre)	31 July 2018	Good	Good	Good	Good	Good	Good
N84025	Westway Medical Centre	23 September 2016	Good	Good	Good	Good	Good	Good
N84624	Maghull Health Centre	05 February 2015	Good	Good	Good	Good	Good	Good
Y00446	Maghull Practice	19 March 2015	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
N84004	Glovers Lane Surgery	10 May 2016	Good	Good	Good	Good	Good	Good
N84023	Bridge Road Medical Centre	15 June 2016	Good	Good	Good	Good	Good	Good
N84027	Orrell Park Medical Centre	14 August 2017	Good	Good	Good	Good	Good	Good
N84029	Ford Medical Practice	31 March 2015	Good	Good	Good	Good	Good	Good
N84035	15 Sefton Road	22 March 2017	Good	Good	Good	Good	Good	Good
N84043	Seaforth Village Practice	29 October 2015	Good	Good	Good	Good	Good	Good
N84605	Litherland Town Hall Health Centre	26 November 2015	Good	Good	Good	Good	Good	Good
N84615	Rawson Road Medical Centre	16 March 2018	Good	Good	Good	Good	Good	Good
N84630	Netherton Practice	24 September 2015	Good	Requires Improvement	Good	Good	Good	Good

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

## 9. Better Care Fund

A revised quarter 2 2018/19 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in November 2018. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date.

A summary of the Q2 BCF performance is as follows:

**Figure 74 – BCF Metric performance**

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



**Figure 75 – BCF High Impact Change Model assessment**

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

Chg 8	Enhancing health in care homes	Plans in place	Plans in place	Plans in place	Plans in place	Established
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## 10. CCG Improvement & Assessment Framework (IAF)

### 10.1 Background

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

## 11. NHS England Monthly Activity Monitoring

Two year plans set which started in 2017/18 have been rebased for 2018/19 due to changes in pathways and coding practices, as well as variations in trend throughout 2017/18. The updated plans also include national growth assumptions which CCGs were required to add. The CCG is required to monitor plans and comment against any area which varies above or below planned levels by 2%, this is a reduction against the usual +/-3% threshold. It must be noted CCGs are unable to replicate NHS England's data and as such variations against plan are in part due to this.

Month 6 performance and narrative detailed in the table below.

**Figure 76 - South Sefton CCG's Month 6 Submission to NHS England**

September 2018 Month 06	Month 06 Plan	Month 06 Actual	Month 06 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
<b>Referrals (MAR)</b>				
GP	3,614	2,842	-21.4%	An issue has been identified with the CCGs main hospital provider regarding month 6 referrals data. This was related specifically to the paper switch off in preparation for ERS implementation. Initial feedback suggests this may be a result of paper referrals potentially being rejected and a replacement electronic referral received after the end of the month. The provider has assured the CCG that a refresh of local referral data will be available in time for the next submission as per the agreed reporting timescales. However, referral patterns may be impacted in the immediate months following ERS implementation. Discussions regarding referrals are also ongoing via the information sub group and contract review meetings.
Other	2,381	2,344	-1.6%	
Total (in month)	5,995	5,186	-13.5%	
Variance against Plan YTD	34,744	35,186	1.3%	
Year on Year YTD Growth			2.2%	
<b>Outpatient attendances (Specific Acute) SUS (TNR)</b>				
All 1st OP	5,410	4,764	-11.9%	First and follow up appointments have decreased in month 6. However, analysis has established that activity in month is not outside of the statistical norm and YTD levels are within the 2% threshold. Notable decreases in rheumatology and ENT OPFUP appointments have been identified at month 6 at the main hospital provider.
Follow Up	11,605	10,251	-11.7%	
Total Outpatient attendances (in month)	17,015	15,015	-11.8%	
Variance against Plan YTD	95,141	93,911	-1.3%	
Year on Year YTD Growth			-2.2%	
<b>Admitted Patient Care (Specific Acute) SUS (TNR)</b>				
Elective Day case spells	1,870	1,683	-10.0%	YTD elective activity is in line with planned levels. Seasonal variation in month has shown reduced levels but nothing outside the statistical norm. The largest variance is attributed to T&O specialty at the CCGs main provider.
Elective Ordinary spells	257	239	-7.0%	
Total Elective spells (in month)	2,127	1,922	-9.6%	
Variance against Plan YTD	12,281	12,195	-0.7%	
Year on Year YTD Growth			1.1%	
<b>Urgent &amp; Emergency Care</b>				
Type 1	4,174	4,184	0.2%	CCG's local monitoring of A&E activity show month 6 levels within the 2% tolerance for both type 1 and all types. Issues remain with the CCG unable to replicate TNR CAM in local information provided by DSCRO. Urgent care levels are closely monitored by our Urgent Care leads within the CCG who link closely with our local acute providers. Although increased activity levels have been noted in 1819, month 6 saw a decrease compared to the previous month and the CCGs 4hr target position has remained steady at approx. 86% in month 6.
Year on Year YTD			3.7%	
All types (in month)	8,626	8,148	-5.5%	
Variance against Plan YTD	52,308	51,149	-2.2%	
Year on Year YTD Growth			-0.6%	
Total Non Elective spells (in month)	1,846	2,039	10.5%	Changes in pathway at the CCG's main provider part way through 2017/18 resulted in higher levels of admissions, this trend has continued into 2018/19 and continues to rise. The increase is focused predominantly with the zero length of stay / short stay categories. A&E activity has not risen to the same extent as admissions but conversion rates have increased significantly over the past year in line with the pathway changes at the CCG's main acute provider. On-going discussions with the Trust are taking place via contract routes to establish the nature of the increase. Despite an overall increase during 18/19, local monitoring suggests a 10% reduction in emergency admissions in month 6 when compared to the previous month. Much of this reduction is at the CCGs main hospital provider.
Variance against Plan YTD	11,281	12,828	13.7%	
Year on Year YTD Growth			19.4%	