



**South Sefton**  
Clinical Commissioning Group

# **South Sefton Clinical Commissioning Group**

## **Integrated Performance Report Month 11**

## Contents

1. Executive Summary .....	13
2. Financial Position.....	16
2.1 Summary .....	16
2.2 Finance Key Performance Indicators .....	18
2.3 CCG Financial Position – Month 12 2018-19 .....	19
2.4 CCG Reserves Budget .....	20
2.5 Provider Expenditure Analysis – Acting as One .....	20
2.6 QIPP .....	21
2.7 Risk .....	22
2.8 Statement of Financial Position.....	23
2.9 Recommendations.....	24
3. Planned Care.....	25
3.1 Referrals by source.....	25
3.1.1 E-Referral Utilisation Rates.....	26
3.2 Diagnostic Test Waiting Times.....	28
3.3 Referral to Treatment Performance.....	29
3.3.1 Incomplete Pathway Waiting Times .....	33
3.3.2 Long Waiters analysis: Top 5 Providers .....	33
3.3.3 Long Waiters Analysis: Top 2 Providers split by Specialty .....	34
3.3.4 Provider assurance for long waiters .....	35
3.4 Cancelled Operations .....	36
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.....	36
3.4.2 No urgent operation to be cancelled for a 2nd time .....	36
3.5 Cancer Indicators Performance .....	37
3.5.1 - Two Week Waiting Time Performance.....	37
3.5.2 - 31 Day Cancer Waiting Time Performance .....	39
3.5.3 - 62 Day Cancer Waiting Time Performance .....	40
3.5.4 104+ Day Breaches .....	41
3.6 Patient Experience of Planned Care .....	42
3.7 Planned Care Activity & Finance, All Providers .....	42
3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust .....	44
3.7.2 Planned Care Southport & Ormskirk Hospital .....	45
3.7.3 Planned Care Royal Liverpool & Broadgreen Hospital .....	46
3.7.4 Renacres Hospital .....	47
3.7.5 St Helens & Knowsley Teaching Hospitals NHS Trust .....	48

3.8	Personal Health Budgets .....	49
3.9	Continuing Health Care (CHC).....	50
3.10	Smoking at Time of Delivery (SATOD).....	52
4.	Unplanned Care.....	53
4.1	Accident & Emergency Performance .....	53
4.2	Occupied Bed Days .....	55
4.3	Ambulance Performance .....	56
4.4	Unplanned Care Quality Indicators .....	58
4.4.1	Stroke and TIA Performance.....	58
4.4.2	Mixed Sex Accommodation.....	60
4.4.3	Healthcare associated infections (HCAI).....	60
4.4.4	Hospital Mortality .....	61
4.5	CCG Serious Incident Management.....	62
4.6	CCG Delayed Transfers of Care .....	63
4.7	Patient Experience of Unplanned Care .....	65
4.8	South Sefton Urgent Care Dashboard .....	65
4.9	Unplanned Care Activity & Finance, All Providers.....	68
4.9.1	All Providers .....	68
4.9.2	Aintree University Hospital NHS Foundation Trust.....	69
4.9.3	Aintree Hospital Key Issues .....	69
5.	Mental Health.....	70
5.1	Mersey Care NHS Trust Contract .....	70
5.1.1	Key Mental Health Performance Indicators .....	71
5.1.2	Out of Area Placements (OAP's) .....	71
5.1.3	Mental Health Contract Quality .....	72
5.1.4	Patient Experience of Mental Health Services.....	75
5.2	Improving Access to Psychological Therapies .....	76
5.3	Dementia .....	77
5.4	Improve Access to Children & Young People's Mental Health Services (CYPMH).....	78
5.5	Waiting Times for Urgent and Routine Referrals to Children and Young People Eating Disorder Services .....	78
5.6	Child and Adolescent Mental Health Services (CAMHS).....	79
5.7	Learning Disability Health Checks.....	80
6.	Community Health .....	81
6.1	Mersey Care Community Contract.....	81
6.1.1	Quality .....	81
6.1.2	Patient DNA's and Provider Cancellations .....	81

6.1.3	Waiting Times .....	82
6.2	Any Qualified Provider Mersey Care Podiatry Contract.....	83
6.3	Alder Hey Community Services .....	83
6.4	Percentage of Children Waiting more than 18 Weeks for a Wheelchair .....	85
7.	Third Sector Overview .....	86
8.	Primary Care.....	89
8.1	Extended Access (evening and weekends) at GP services.....	89
8.2	CQC Inspections.....	90
9.	Better Care Fund .....	91
10.	CCG Improvement & Assessment Framework (IAF) .....	93
10.1	Background .....	93
11.	NHS England Monthly Activity Monitoring .....	93

## List of Tables and Graphs

Figure 1 – CCG Financial Position	16
Figure 2 – CCG Run Rate 2018/19	16
Figure 3 – Financial Dashboard	18
Figure 4 – Forecast Outturn	19
Figure 5 – Reserves Budget	20
Figure 6 – Acting as One Contract Performance (Year to Date)	20
Figure 7 – QIPP Plan and Forecast	21
Figure 8 – RAG Rated QIPP Plan	21
Figure 9 – CCG Financial Position	22
Figure 10 – Summary working capital	23
Figure 11 - South Sefton CCG E Referral Performance	26
Figure 12 – South Sefton CCG E Referral Local Performance	27
Figure 13 - Diagnostic Test Waiting Time Performance	28
Figure 14 - Referral to Treatment Time (RTT) Performance	29
Figure 15 – RTT Performance & Activity Trend	30
Figure 16 – South Sefton CCG Total Incomplete Pathways	30
Figure 17 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting	33
Figure 18 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers	33
Figure 19 - Patients waiting (in bands) on incomplete pathways by Speciality for Aintree University Hospitals NHS Foundation Trust	34
Figure 20 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust	34
Figure 21 - South Sefton CCG Provider Assurance for Long Waiters	35
Figure 22 – Aintree Cancelled Operations	36
Figure 23 – Aintree Cancelled Operations for a second time	36
Figure 24 – Two Week Cancer Performance measures	37
Figure 25 – 31 Day Cancer Performance measures	39
Figure 26 – 62 Day Cancer Performance measures	40
Figure 27 – Aintree Inpatient Friends and Family Test Results	42
Figure 28 - Planned Care - All Providers	43
Figure 29 - Planned Care - Aintree University Hospital NHS Foundation Trust by POD	44
Figure 30 - Planned Care - Southport & Ormskirk Hospital by POD	45
Figure 31 - Planned Care – Royal Liverpool & Broadgreen Hospital by POD	46
Figure 32 - Planned Care - Renacres Hospital by POD	47
Figure 33 - Planned Care - St Helens & Knowsley Hospitals by POD	48
Figure 34 - South Sefton CCG – PHB Performance against Trajectory	49
Figure 35 - People eligible (both newly eligible and existing patients) at the end of the quarter (snapshot) divided by the population aged 18+, and expressed as a rate per 50,000 population	50
Figure 36 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population	51
Figure 37 – Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist	51
Figure 38 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed	52
Figure 39 - Smoking at Time of Delivery (SATOD)	52
Figure 40 - A&E Performance	53
Figure 41 - A&E Performance – 12 hour breaches	55
Figure 42 – Occupied Bed Days, Aintree Hospital	56
Figure 43 – Ambulance handover time performance	57
Figure 44 - Stroke & TIA performance	58
Figure 45 - Mixed Sex Accommodation breaches	60
Figure 46 - Healthcare associated infections (HCAI)	60
Figure 47 - Hospital Mortality	61
Figure 48 - Summary Hospital Mortality Indicator	61

Figure 49 – Serious Incident for South Sefton Commissioned Services and South Sefton CCG patients	62
Figure 50 – Timescale Performance for Aintree University Hospital	63
Figure 51 – Timescale Performance for Mersey Care Foundation Trust (South Sefton Community Services (SSCS))	63
Figure 52 – Aintree DTOC Monitoring	64
Figure 53 - Aintree A&E Friends and Family Test performance	65
Figure 54 - Month 11 Unplanned Care – All Providers	68
Figure 55 - Month 11 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD	69
Figure 56 - NHS South Sefton CCG – Shadow PbR Cluster Activity	70
Figure 57 - CPA – Percentage of People under CPA followed up within 7 days of discharge	71
Figure 58 - CPA Follow up 2 days (48 hours) for higher risk groups	71
Figure 59 - EIP 2 week waits	71
Figure 60 - OAP Days	71
Figure 61 – Mersey Care Friends and Family Test Performance	75
Figure 62 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)	76
Figure 63 - Dementia casefinding	77
Figure 64 - NHS South Sefton CCG – Improve Access Rate to CYPMH 18/19 Performance	78
Figure 65 - South Sefton CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2018/19 Plans (100% Target)	78
Figure 66 - South Sefton CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2018/19 Plans (100% Target)	78
Figure 67 – CAMHS Referrals	79
Figure 68 – CAMHS Waiting Times Referral to Assessment	79
Figure 69 - CAMHS Waiting Times Assessment to Intervention	80
Figure 70 – Learning Disabilities Performance Measures	80
Figure 71 – Mersey Care Community Friends and Family Test Performance	82
Figure 72 – Numbers of Referrals for Paediatric SALT	84
Figure 73 – Total Numbers Waiting for Paediatric SALT	84
Figure 74 - South Sefton CCG – Percentage of children waiting more than 18 weeks for a wheelchair - 2018/19 (100% Target)	85
Figure 75 - South Sefton CCG - Extended Access at GP services 2018/19 Plan	89
Figure 76 - CQC Inspection Table	90
Figure 77 – BCF Metric performance	91
Figure 78 – BCF High Impact Change Model assessment	92
Figure 79 - South Sefton CCG's Month 11 Submission to NHS England	94

## 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	R	R	R	R	R			R
		Actual	32.129%	32.129%	47.013%	50.703%	62.07%	73.26%	73.12%	69.44%	62.37%	62%			53.81%
		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	R	R	R	R		R
		Actual	2.733%	2.066%	2.254%	3.161%	3.009%	3.728%	3.76%	3.08%	4.97%	4.04%	1.64%		3.10%
		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	R	R	R	R		R
		Actual	90.112%	90.458%	89.959%	89.296%	88.554%	87.882%	87.87%	89.32%	88.91%	89.02%	89.09%		89.14%
		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	R	R	R	R		R
		Actual	3	3	10	9	6	1	3	4	2	2	1		44
		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	RAG	G	G	G	G	G	G	G	G	G	G	G		G
		Actual	0	0	0	0	0	0	0	0	0	0	0		0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

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	R	R	R	R		R
		Actual	90.40%	90.41%	88.6%	92.69%	93.84%	92.6%	88.9%	92.25%	90.79%	78.89%	90.54%		89.96%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.0%	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	G	G	R	R	R		R
		Actual	92.06%	94.32%	96.1%	94.00%	87.84%	89.83%	100%	96.43%	75.00%	56.67%	57.58%		85.63%
		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	G	G	G	G		G
		Actual	95%	100%	96.0%	97.26%	97.37%	96.9%	100%	98.8%	96.88%	96.63%	100.0%		97.77%
		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	R	G	G	G	G		G
		Actual	100%	100%	84.6%	100%	100%	100%	92.9%	100%	94.44%	100%	100%		97.26%
		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	G	R	R	G		G
		Actual	100%	100%	96.30%	100%	100%	100%	100%	100%	95.00%	95.00%	100%		98.82%
		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	G	G	G	G		G
		Actual	96.43%	100%	100%	100%	94.4%	100%	100%	96.77%	95.24%	100%	100%		98.51%
		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>541: % of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</b> % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	South Sefton CCG	RAG	R	R	R	G	R	R	R	R	G	R	G		R
		Actual	70%	63.636 %	83.333%	88.889%	77.778%	75.00%	66.67%	66.7%	100%	60%	85.71%		75.49%
		Target	85.00 %	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85%	85%	85%	85%	85%	85%
<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	G	R	R	G	G	G	R	G	R	R	R		R
		Actual	-	66.67%	0.00%	100.00%	100.00%	100.00%	83.33%	100%	71.43%	88.89%	50%		84.91%
		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%
<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	R	R	R	R		R
		Actual	82.76 %	83.78%	82.93%	71.795%	88.235%	66.667%	79.41%	70.37%	83.87%	69.23%	68.18%		77.24%
		Target	85.00 %	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%

Accident & Emergency															
<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	R	R	R	R		R
		Actual	86.6%	87.39%	88.3%	87.27%	89.76%	87%	83.45%	83.64%	82.89%	82.36%	80.14%		85.74%
		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	RAG	G	G	G	R	G	G	G	G	G	G	G		R
		Actual	0	0	0	1	0	0	0	0	0	0	0		1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

### EMSA

<b>1067: <u>Mixed sex accommodation breaches - All Providers</u></b> No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG	G	R	R	G	R	G	G	R	G	G	G		R
		Actual	0	2	2	0	1	0	0	2	0	0	0		7
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>1812: <u>Mixed Sex Accommodation - MSA Breach Rate</u></b> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG	G	R	R	G	R	G	G	R	G	G	G		R
		Actual	0	0.30	0.30	0.00	0.20	0	0	0.3	0.00	0.00	0.00		
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

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

### HCAI

<b>497: <u>Number of MRSA Bacteraemias</u></b> Incidence of MRSA bacteraemia (Commissioner) (Cumulative)	South Sefton CCG	RAG	G	G	G	R	R	R	R	R	R	R	R		R
		YTD	0	0	0	1	1	1	1	1	1	2	2		2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>24: <u>Number of C.Difficile infections</u></b> Incidence of Clostridium Difficile (Commissioner) (Cumulative)	South Sefton CCG	RAG	R	G	R	R	R	R	R	R	R	R	R		R
		YTD	6	9	16	22	26	35	39	44	46	52	55		55
		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						G		
		Actual	100%	100%			100%								
		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	R	G	R	R		G
		Actual	80.00%	100.00%	57.14%	100%	75.00%	66.67%	75.00%	50%	75.00%	50%	50%		68.89%
		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
		Actual	48.065%												46.52%
		Target	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
		Actual	3.66%												10.87%
		Target	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
		Actual	99.4%												99.4%
		Target	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	South Sefton CCG	RAG	G												G
		Actual	100%												100%

treatment, against the number of people who finish a course of treatment in the reporting period.		Target	95.00%	95.00%	95.00%	95.00%	95.00%
---	--	--------	--------	--------	--------	--------	--------

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

### Dementia

<b>2166: <a href="#">Estimated diagnosis rate for people with dementia</a></b> Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R		R
		Actual	62.022%	62.05%	63.442%	63.796%	64.518%	64.706%	65.058%	64.679%	64.13%	63.51%	64.08%	63.82%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

### Children and Young People with Eating Disorders

<b>2095: <a href="#">The number of completed CYP ED routine referrals within four weeks</a></b> The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	South Sefton CCG	RAG	G	G	R		R
		Actual	100%	100%	90.91%		96.88%
		Target	100%	100%	100%	100%	100%
<b>2096: <a href="#">The number of completed CYP ED urgent referrals within one week</a></b> The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	South Sefton CCG	RAG	G	G	R		R
		Actual	100%	100%	80%		93.33%
		Target	100%	100%	100%	100%	100%

### Wheelchairs

<b>2197: <a href="#">Percentage of children waiting less than 18 weeks for a wheelchair</a></b> The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	South Sefton CCG	RAG					
		Actual	Nil Return	Nil Return	Nil Return		
		Target	92.00%	92.00%	92.00%	92.00%	92.00%

## **1. Executive Summary**

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 11 (note: time periods of data are different for each source).

### **Financial position**

The standard business rules set out by NHS England require a 1% surplus in each financial year. However, the financial plan agreed for 2018/19 is a surplus of £1m (0.4%). This surplus has been achieved following to a number of mitigating actions including those agreed by the Governing Body in December 2018.

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

The QIPP savings requirement, assessed at the start of the year to deliver the agreed financial plan was £5.329m. QIPP savings of £2.379m have been achieved in this financial year. The remaining £2.950m is incorporated into the QIPP target for 2019/20.

Delivery of the longer term financial strategy requires full commitment from CCG membership and CCG officers to ensure QIPP savings are achieved and mitigation plans are identified and actioned where required.

### **Planned Care**

An issue has been identified with month 9, 10 and 11 referrals submissions with data for Liverpool Heart & Chest currently incomplete or unavailable. On average, there have been 127 referrals per month to this provider for South Sefton CCG patients at month 8.

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in February recording 1.64%, an improvement from last month when 4.04% was recorded. Aintree are now achieving reporting 0.4%.

In February, there was 1 South Sefton patient waiting on the incomplete pathway for 52+ weeks against the national zero tolerance threshold. This is the same person who breached in November and December at Liverpool Womens.

The CCG continues to report performance below the 92% standard for patients on an incomplete non-emergency pathway waiting no more than 18 weeks, with 89.09% in February. This is similar to last month. In February, of 10,914 patients, 1,191 were waiting over 18 weeks on the incomplete pathway.

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

Aintree Friends and Family Inpatient test response rates have fallen further below the England average of 24.9% in February at 19.5%; slightly better than last month when 18.9% was recorded. The percentage of patients who would recommend the Trust remains the same at 94% but is still

below the England average of 96%. The proportion who would not recommend remains the same in February and is above with the England average.

Performance at Month 11 of the financial year 2018/19, against planned care elements of the contracts held by NHS South Sefton CCG shows an underperformance of -£484k/-1.1%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being an over spend of approximately £887k/2%.

### **Unplanned Care**

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2018/19. The Trust has failed their STP target of 94.2% in February reaching 87.55% (YTD 86.35%). 2,069 attendances out of 13,695 were not admitted, transferred or discharged within 4 hours.

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

The CCG had 2 new cases of C.Difficile in February bringing the year to date total to 55, against a year to date plan of 49 so are over plan currently (20 apportioned to acute trust and 35 apportioned to community).

The CCG had no new cases of MRSA in February; but 1 case in January along with 1 case of MRSA in July apportioned to the community has failed the zero tolerance threshold for 2018/19. Aintree has 2 cases year to date and failed zero tolerance threshold for 2018/19; the earlier cases were reported in May and January.

NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2018/19 NHS South Sefton CCG's year-end target is 128 (and have failed this target). In February there were 13 cases (158 YTD) against a year to date plan of 125. Aintree reported 34 cases in February (333 YTD). There are no targets set for Trusts at present.

Performance at Month 11 of financial year 2018/19, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £2.7m/6%. 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 £543k/1.2%.

### **Mental Health**

The Trust is failing 1 of the 3 Key Mental Health Performance Indicators in February. This being Early Intervention in Psychosis (EIP) 2 weeks, in February there was 1 breach out of a total of 2 patients.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership reported 313 patients entering treatment in Month 11, which is a slight decrease from the 327 reported in Month 10. The access rate for Month 11 was 1.29% and therefore failed to achieve the standard. The percentage of people moved to recovery was 48.6% in Month 11, which is a decrease from 50.6% for the previous month and therefore failed the 50% target.

The latest data shows South Sefton CCG are recording a dementia diagnosis rate in February of 64.08%, which is under the national dementia diagnosis ambition of 66.7% and a slight improvement on last month when 63.51% was reported.

### **Community Health Services**

CCG and Mersey Care leads continue to meet on a monthly basis to discuss the current contract performance. Along with the performance review of each service, discussions regarding new ways of reporting for 2019/20 are being had. The service reviews are now complete and the Trust and CCG community contract leads have had a number of meetings to discuss outcomes and recommendations. A community services transformation plan is being developed and will provide the focus for service improvements over the coming year. It has been agreed that reporting requirements and activity baselines will be reviewed alongside service specifications and transformation work.

### **Better Care Fund**

A quarter 3 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in February 2019. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, Reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date.

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

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

## 2. Financial Position

### 2.1 Summary

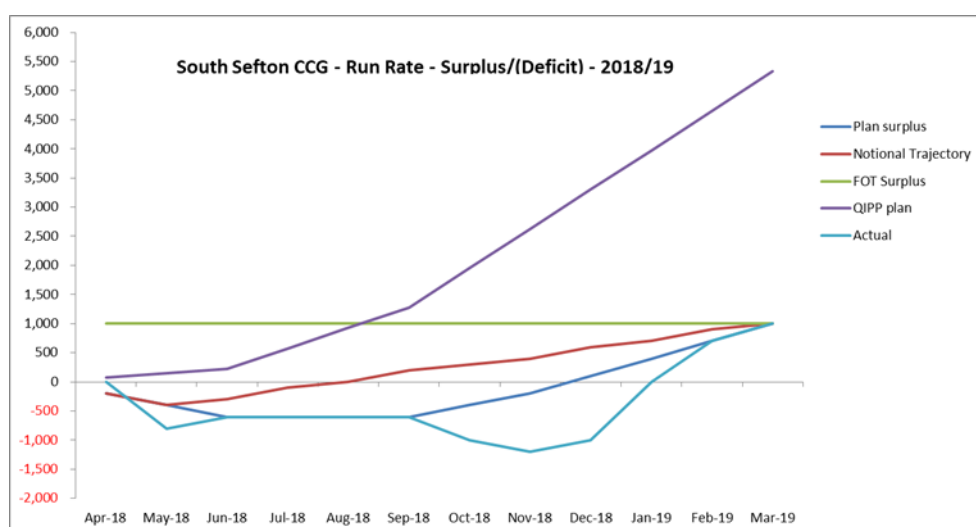
This report focuses on the financial performance for South Sefton CCG as at 31<sup>st</sup> March 2019.

**Figure 1 – CCG Financial Position**

	Annual Budget	Budget To Date	Actual To Date	Variance To Date
	£000	£000	£000	£000
Non NHS Commissioning	24,275	24,275	25,702	1,427
Corporate & Support Services: admin	3,263	3,263	2,862	(401)
Corporate & Support Services: programme	2,641	2,641	1,962	(679)
NHS Commissioned Services	182,102	182,102	183,342	1,241
Independent Sector	3,668	3,668	4,044	376
Primary Care	4,979	4,979	4,924	(55)
Prescribing	27,511	27,511	27,680	169
<b>Total Operating budgets</b>	<b>248,439</b>	<b>248,439</b>	<b>250,516</b>	<b>2,077</b>
Reserves	2,078	2,078	0	(2,078)
In Year (Surplus)/Deficit	1,000	1,000	0	(1,000)
<b>Grand Total (Surplus)/ Deficit</b>	<b>251,516</b>	<b>251,516</b>	<b>250,516</b>	<b>(1,000)</b>

The planned delivery of the forecast year end position and QIPP delivery throughout the year is shown in figure 2 below:

**Figure 2 – CCG Run Rate 2018/19**





The CCG's plan for 2018/19 is summarised as:

- Q1 reported deficit position.
- Q2 maintained the level of deficit.
- Q3 plan was to deliver a surplus of £0.100m which was not achieved due to emerging pressures; the actual position was a deficit of £1.000m.
- Q4 plan was delivered. The CCG delivered the agreed financial plan of £1m surplus through detailed review of expenditure, adjustments to the CCG allocation and implementation of agreed mitigating actions.

### **CCG Recovery Plan**

The CCG's financial recovery plan acknowledged that the most significant challenge which faced the CCG in 2018/19 was the Acting as One agreement which does not enable any planned or unplanned care cash efficiencies to be easily released in year. The CCG delivered £2.379m savings in 2018/19 which brings the total QIPP saving over the past three financial years to £11.295m.

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

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

The long term QIPP programme has progressed following Governing Body work in January 2019 on the prioritisation of QIPP opportunities and review of CCG operational processes. The CCG is working to secure plans to deliver transformation schemes across the health economy. This will be reflected in provider 2019/20 contracts. The Governing Body have agreed the approach to CCG contracting processes for 2019/20 and positive discussions continue in terms of a collective approach to delivering a system wide financial recovery plan.

The cumulative deficit brought forward from previous years is £2.892m which will reduce to £1.892m in the next financial year following external audit review. The cumulative deficit will be addressed as part of the CCG longer term financial recovery plan.

### **2018/19 Financial Position**

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

- Increased costs within continuing healthcare budgets. This is due to a number of individual high cost cases in 2018/19 and the impact of improving the rate at which patients are assessed for packages of care outside hospital. The collective impact of this equates to a full year cost pressure of £1.677m.
- Overspend of £0.174m within prescribing due to NCSO pressures which have been partly mitigated with efficiencies in other areas of prescribing expenditure.
- Cost pressures within Acute provider contracts of £0.840m due to high cost drugs and devices chargeable outside the Acting as One contract agreement.
- Other cost pressures on Acute contracts in respect of over performance.

- Cost pressures of £0.267m on the learning disabilities budget due to new individual high cost packages emerging during the year.
- Cost pressures of £0.306m within St Helens and Knowsley NHS Trust relating to over performance in elective activity, notably in plastic surgery and trauma and orthopaedics.

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

## 2.2 Finance Key Performance Indicators

**Figure 3 – Financial Dashboard**

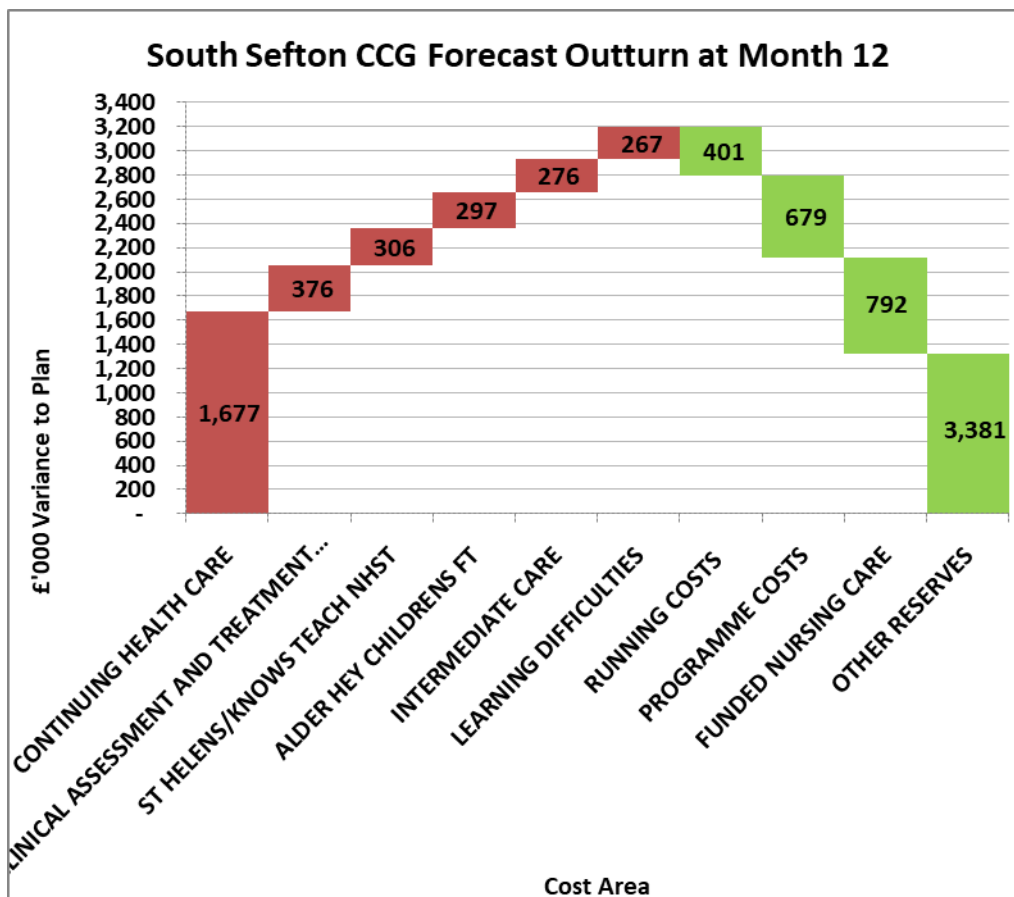
Key Performance Indicator		This Month
Business Rules	1% Surplus	n/a
	0.5% Contingency Reserve	✓
	0.5% Non-Recurrent Reserve	✓
Breakeven	Financial Balance	✓
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£2.379m
Running Costs	CCG running costs < 2017/18 allocation	✓
BPPC	NHS - Value YTD > 95%	99.08%
	NHS - Volume YTD > 95%	97.19%
	Non NHS - Value YTD > 95%	96.76%
	Non NHS - Volume YTD > 9%	95.37%

- The CCG has achieved the NHS England control total to deliver a 1% Surplus. This was agreed in the CCG financial plan approved by NHS England.
- The 0.5% Contingency Reserve has been used to support cost pressures which have emerged in year.
- The financial plan was to achieve a surplus position by the end of the financial year. The CCG reported position for the financial year 2018/19 is a surplus of £1m.
- The expenditure for the Running Cost budget is below the allocation by £0.401m for 2018/19.
- QIPP delivery is £2.379m against the target of £5.329m.
- BPPC performance is above the 95% target in all areas for the financial year.

## 2.3 CCG Financial Position – Month 12 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 reported position for the financial year is a surplus of **£1m**.
- The main financial pressures relate to
  - Cost pressures relating to Continuing Healthcare high cost packages.
  - Cost pressures with acute commissioning Adult and Children's services.
  - Prescribing in respect of NCSO and other cost pressures.
  - Other overspends relate to Independent Sector due to overperformance, mainly on Trauma and Orthopaedic activity.
- The cost pressures are supported by underspends in other areas of the CCG i.e. Funded Nursing Care, Hospices, Programme Costs and NCAS/OATS.

## 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			2.379		2.379
Primary care additional allocation	(1.400)	1.400			0.000
NCSO Adjustment	(1.500)	1.643			0.143
CAT M expenditure reduction	(0.300)	0.300			0.000
CCG Growth Reserve	0.789		(0.489)	(0.300)	0.000
CHC Growth Reserve	0.500				0.500
Better Care Fund	0.270		(0.235)	(0.035)	0.000
Intermediate Care	1.081			(1.081)	0.000
Community services	0.500			(0.200)	0.300
GPFV Improving Access	0.000	0.564	(0.111)	(0.453)	0.000
Other investments / Adjustments	0.162	1.820	(0.604)	1.467	2.845
0.5% Contingency Reserve	1.239				1.239
<b>Total Reserves</b>	<b>(3.988)</b>	<b>5.727</b>	<b>0.940</b>	<b>(0.602)</b>	<b>2.077</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.

## 2.5 Provider Expenditure Analysis – Acting as One

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

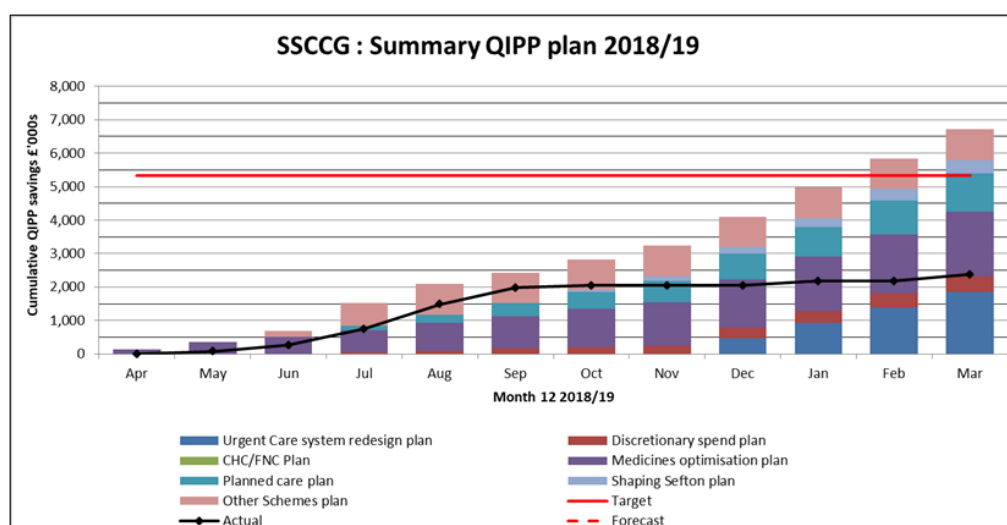
Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	1.824
Alder Hey Children's Hospital NHS Foundation Trust	(0.043)
Liverpool Women's NHS Foundation Trust	(0.832)
Liverpool Heart & Chest NHS Foundation Trust	(0.074)
Royal Liverpool and Broadgreen NHS Trust	0.037
Mersey Care NHS Foundation Trust	0.000
The Walton Centre NHS Foundation Trust	(0.030)
<b>Total</b>	<b>0.882</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 2018/19 and 2019/20.
- The agreement protects against over performance with these providers but does not protect against pass through costs which are not included in the Acting as One Contract.

- Due to fixed financial contract values, the agreement also removes the ability to achieve QIPP savings in the two year contract period. However, 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 over spend of £0.882m under usual contract arrangements.

## 2.6 QIPP

**Figure 7 – QIPP Plan and Forecast**



**Figure 8 – RAG Rated QIPP Plan**

	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned Care plan	1,146	0	1,146	0	0	1,146	1,146
Medicines optimisation plan	1,931	0	1,931	1,364	0	567	1,931
CHC/FNC plan	0	0	0	0	0	0	0
Discretionary spend plan	100	356	456	106	0	350	456
Urgent Care system redesign plan	1,859	0	1,859	0	0	1,859	1,859
Shaping Sefton Plan	410	0	410	0	0	410	410
Other Schemes Plan	489	420	909	909	0	0	909
<b>Total QIPP Plan</b>	<b>5,935</b>	<b>776</b>	<b>6,711</b>	<b>2,379</b>	<b>0</b>	<b>4,332</b>	<b>6,711</b>
<b>QIPP Delivered 2018/19</b>				<b>(2,379)</b>		<b>0</b>	<b>(2,379)</b>

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

- The QIPP Schemes worth £6.711m have been identified, however £4.332m were identified as high risk.
- The CCG continued to hold challenge and scrutiny sessions with QIPP leads during the year in order to stay on target and secure efficiency savings for 2018/19.
- The CCG has delivered **£2.379m** QIPP savings at Month 12 mainly in prescribing costs and as a result of prior year technical adjustments. The remaining £2.950m will be included in the 2019/20 savings efficiency plan.

## 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	1.063	1.316	2.379
Other Mitigations	0.801	2.149	2.950
<b>Total Management Action plan</b>	<b>1.864</b>	<b>3.465</b>	<b>5.329</b>
<b>Year End Surplus / (Deficit)</b>	<b>(3.465)</b>	<b>4.465</b>	<b>1.000</b>

- CCG final financial position for 2018/19 is a surplus of £1m.
- The CCG has implemented mitigating actions as agreed with the governing body which have improved the financial position in quarter four resulting in delivery of £1m surplus at the end of 2018/19.
- The underlying position is a deficit of £3.465m and likely to be higher this reflects the non-recurrent mitigations actioned in year to achieve the financial surplus.

## 2.8 Statement of Financial Position

**Figure 10 – Summary working capital**

Working Capital and Aged Debt	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Prior Year 2017/18
	M3 £'000	M6 £'000	M9 £'000	M12 £'000	M12 £'000
Non-Current Assets	115	155	155	116	115
Receivables	1,218	3,875	3,385	3,709	1,938
Cash	7,927	3,265	2,813	136	105
Payables & Provisions	(19,657)	(17,172)	(16,301)	(14,656)	(14,100)
Value of Debt > 180 days	707	489	77	55	506

- The non-current asset balance relates to assets funded by NHS England for capital projects. The reduction in balance between quarter 3 and quarter 4 is due to depreciation charge applied for 2018/19.
- The receivables balance includes invoices raised for services provided accrued income and prepayments.
- Outstanding debt in excess of 6 months old stands at £0.055m. This consists of a small number of low value invoices. The largest outstanding debt is with NHS Liverpool CCG and the Deputy Chief Finance Officer is awaiting further response on this.
- At month 12, the CCG was required to meet a cash target of 1.25% of its monthly cash drawdown (approximately £0.169m). At 31 March 2019, the CCG had a cash balance of £0.136m; therefore the cash target was achieved.

## 2.9 Recommendations

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

- The full year financial position for the CCG is a surplus of £1m which is in line with the agreed financial plan.
- QIPP delivery for 2018/19 was £2.379m against a target of £5.329m, the remaining efficiency requirement of £2.950m will be included in the efficiency target for 2019/20.
- The CCG has implemented a number of mitigation actions in year to support underperformance against the QIPP plan.
- The CCG's commissioning team must continue to support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address these issues accordingly.
- In order to deliver the long term financial recovery plan for 2019/20 and future years, the CCG requires on-going and sustained support from member practices through Business Partnering, supported by Governing Body GP leads to identify and implement QIPP plans which deliver the required level of savings to meet its future financial plans.

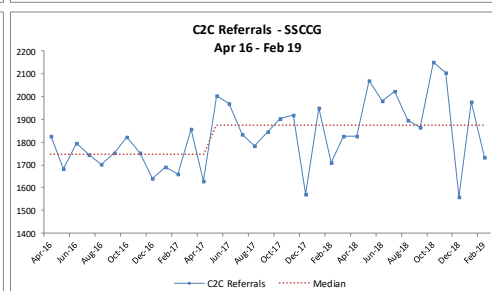
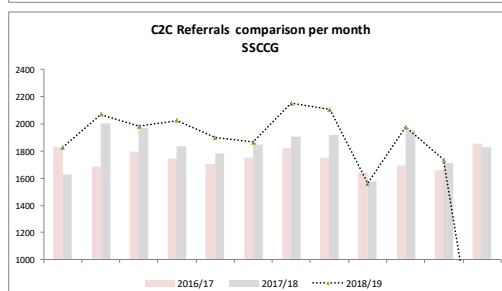
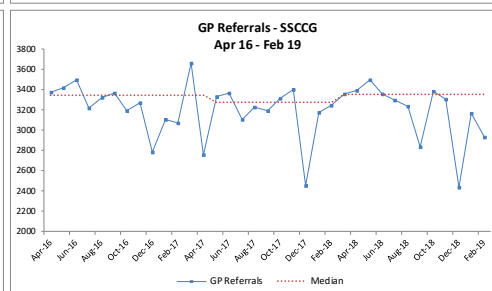
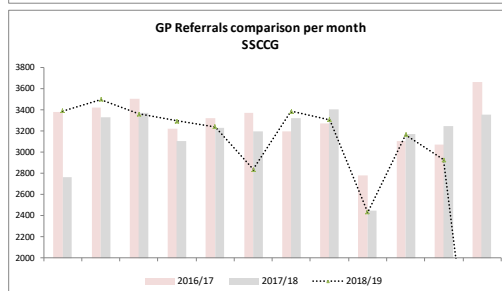
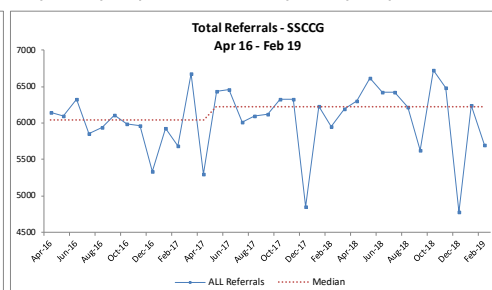
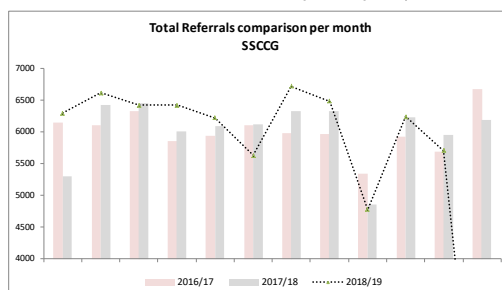
Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	N/A	Alison Ormrod



### 3. Planned Care

#### 3.1 Referrals by source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
Month	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2017/18 Previous Financial Year	2018/19 Actuals	+/-	%	2017/18 Previous Financial Year	2018/19 Actuals	+/-	%	2017/18 Previous Financial Year	2018/19 Actuals	+/-	%
April	2762	3392	630	23%	1630	1825	195	12%	5298	6301	1003	19%
May	3332	3499	167	5%	2006	2069	63	3%	6433	6621	188	3%
June	3372	3361	-11	0%	1969	1983	14	1%	6459	6423	-36	-1%
July	3105	3296	191	6%	1833	2025	192	10%	6009	6422	413	7%
August	3233	3241	8	0%	1784	1896	112	6%	6096	6221	125	2%
September	3194	2838	-356	-11%	1847	1866	19	1%	6119	5632	-487	-8%
October	3319	3389	70	2%	1905	2150	245	13%	6333	6722	389	6%
November	3406	3309	-97	-3%	1920	2106	186	10%	6334	6483	149	2%
December	2452	2433	-19	-1%	1572	1559	-13	-1%	4858	4781	-77	-2%
January	3175	3167	-8	0%	1951	1977	26	1%	6228	6240	12	0%
February	3246	2931	-315	-10%	1709	1735	26	2%	5953	5705	-248	-4%
March	3357				1826				6197			
Monthly Average	3163	3169	6	0%	1829	1926	97	5%	6026	6141	115	2%
YTD Total Month 11	34596	34856	260	1%	20126	21191	1065	5%	66120	67551	1431	2%
Annual/FOT	37953	38025	72	0%	21952	23117	1165	5%	72317	73692	1375	2%



Year to date referrals at month 11 have increased by 2.3% when comparing to the equivalent period in the previous year. Referrals in month 11 have decreased compared to the previous month although this was anticipated as part of a seasonal trend with fewer working days in month. A similar trend was evident in the equivalent periods of 2017/18.

At provider level, referrals to the main hospital provider (Aintree Hospital) are higher when compared to the equivalent period in 2017/18 with an increase of 1%.

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

GP referrals in 2018/19 to date are comparable to the previous year with a small increase of 1% at month 11. However, GP referrals have been below 2017/18 levels for five of the last six months of 2018/19. This may be partly a result of ERS implementation at Aintree Hospital in September 2018 with year to date GP referrals at Aintree currently down -1% compared to the previous year. Liverpool Heart & Chest data is also currently unavailable for the last three reporting months (see data quality note above), which may be impacting on the overall position. Royal Liverpool and Liverpool Women's are also reporting noteworthy GP referral reductions at month 11.

In terms of the priority of patients referred, a 1% reduction in routine GP referrals has occurred in 2018/19 with urgent and two week wait referrals increasing by 11% and 19% respectively. Some of the specialities to report the largest increases in two week waits include Gynaecology, Breast Surgery, Dermatology and Urology.

Consultant-to-consultant referrals are currently 5% higher in 2018/19 when comparing to the previous year with increases evident at Aintree Hospital and a number of other providers including St Helens & Knowsley Hospital. The former has seen increases within a number of specialties including T&O, Cardiology and General Medicine. St Helens & Knowsley increases are within Plastic Surgery and Physiotherapy.

**Data quality note:** An issue has been identified with month 9, 10 and 11 referrals submissions with data for Liverpool Heart & Chest currently incomplete or unavailable. On average, there have been 127 referrals per month to this provider for South Sefton CCG patients at month 8.

### 3.1.1 E-Referral Utilisation Rates

**Figure 11 - South Sefton CCG E Referral Performance**

NHS E-Referral Service Utilisation				
NHS South Sefton CCG	18/19 - Jan	100%	62%	↔

The national NHS ambition is that E-referral Utilisation Coverage should have been 100% by end of Q2 2018/19 this ambition was not achieved. The latest data for E-referral Utilisation rates is January when the CCG achieved 62% below the target of 100%. There had been significant improvement August to October but last 3 months has seen a drop.

The above data however is based upon NHS Digital reports that utilises MAR (Monthly Activity Reports) data and initial booking of an E-Rs referral, excluding re-bookings. MAR data is nationally recognised for not providing an accurate picture of total referrals received, and as such NHS Digital will, in the near future, use an alternative data source (SUS) for calculating the denominator by which utilisation is ascertained.

In light of the issues in the national reporting of E-Rs utilisation, a local data set derived from SUS has been used.

**Figure 12 – South Sefton CCG E Referral Local Performance**

### South Sefton CCG

#### e-RS Utilisation

Feb-19

GP Practice Code	GP Practice Name	e-RS Referrals	Local GP Referrals	% Local GP Refs	↑↓
N84001	42 KINGSWAY	145	204	71.1%	▲
N84002	AINTREE ROAD MEDICAL CENTRE	26	33	78.8%	▼
N84003	HIGH PASTURES SURGERY	169	222	76.1%	▼
N84004	GLOVERS LANE SURGERY	123	139	88.5%	▲
N84007	LIVERPOOL RD MEDICAL PRACTICE	77	88	87.5%	▲
N84010	MAGHULL HEALTH CENTRE (DR SAPRE)	80	74	108.1%	▲
N84011	EASTVIEW SURGERY	122	157	77.7%	▲
N84015	BOOTLE VILLAGE SURGERY	108	116	93.1%	▲
N84016	MOORE STREET MEDICAL CENTRE	132	171	77.2%	▲
N84019	NORTH PARK SURGERY	60	86	69.8%	▼
N84020	BLUNDELLSANDS SURGERY	171	212	80.7%	▲
N84023	BRIDGE ROAD MEDICAL CENTRE	71	98	72.4%	▲
N84025	WESTWAY MEDICAL CENTRE	122	167	73.1%	▲
N84026	CROSBY VILLAGE SURGERY	37	49	75.5%	▲
N84027	ORRELL PARK MEDICAL CENTRE	74	77	96.1%	▲
N84028	THE STRAND MEDICAL CENTRE	83	105	79.0%	▲
N84029	FORD MEDICAL PRACTICE	42	71	59.2%	▼
N84034	PARK STREET SURGERY	91	105	86.7%	▲
N84035	15 SEFTON ROAD	82	108	75.9%	▲
N84038	CONCEPT HOUSE SURGERY	73	92	79.3%	▼
N84041	KINGSWAY SURGERY	74	74	100.0%	▲
N84043	SEAFORTH VILLAGE SURGERY	25	30	83.3%	▲
N84605	LITHERLAND PRACTICE	31	41	75.6%	▲
N84615	RAWSON ROAD MEDICAL CENTRE	42	48	87.5%	▲
N84621	THORNTON SURGERY	57	59	96.6%	▲
N84624	MAGHULL HEALTH CENTRE	9	19	47.4%	▲
N84626	HIGHTOWN SURGERY	23	31	74.2%	▲
N84627	CROSSWAYS PRACTICE	37	55	67.3%	▼
N84630	NETHERTON SURGERY	38	38	100.0%	▲
Y00446	MAGHULL SURGERY	53	57	93.0%	▲
<b>South Sefton CCG Total</b>		<b>2277</b>	<b>2826</b>	<b>80.6%</b>	<b>▲</b>

<b>E-Referral Utilisation Coverage*</b>				▶
---	--	--	--	---

Change From Previous Month	
▲	Up
▼	Down
▶	No change

The referrals information above is sourced from a local referrals flow submitted by the CCGs main hospital providers. This has been used locally to enable a GP practice breakdown. Figure 12

(above) shows an overall performance of 80.6% for South Sefton CCG, an improvement on last month (70.1%).

### How are the issues being addressed?

A review of referral data will be undertaken to understand if underperformance is specifically at provider, specialty or GP level. Initial review of the trust data suggests some gaps in elements of SUS data for some providers which make it difficult to identify what/if certain specialties/GPs are affected. ERS flags can be applied, that support providers to record and identify which referrals have been received via ERS. This ERS flag is not universally utilised across all our local providers. Action escalated via Aintree planned care group (25<sup>th</sup> April 2019), with progress update to be received on 30<sup>th</sup> April 2019.

### When is performance expected to recover?

Once trust level understanding of ERS issues has been completed, a review of referrals from a practice perspective may need to be undertaken to understand what are the root causes for this under performance. Until this review is completed, it is difficult to determine when ERS performance will be recovered.

### Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	Rob Caudwell	Terry Hill

## 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 - Feb	1.00%	1.64%	↑ ↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	18/19 - Feb	1.00%	0.38%	↓

### Performance Overview/Issues

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in February recording 1.64%, an improvement from last month when 4.04% was recorded. In February, out of 2,622 patients, 43 patients were waiting at 6+ weeks of those 3 at 13+ weeks. The majority of breaches were for MRI (13) and CT (9). The Trust mainly responsible for the CCG underperformance is Liverpool Heart & Chest.

Aintree achieved the under 1% of patients waiting more than 6 weeks for a diagnostic test in February for the first time in 2018/19.

### How are the issues being addressed?

Diagnostic performance issues emanating from Liverpool Heart & Chest, the Trust has recruited three new consultants (two radiologists and one imaging cardiologist) which are all expected to start employment between May and early July. The building programme to house the new CT and

MRI scanners remains on track with the revised schedule meaning building works is expected to be completed by July 2019. This will enable the new scanners to be operational in August 2019. Work has now begun with a third party (RMS) to undertake additional scanning work at weekends using the trust's own scanners. This is in addition to the use of mobile vans. However all scans performed using extra capacity is unsupervised by a consultant meaning complex scans such as cardiac CT and MRI cannot be performed on them.

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

Recovery expected in Q4 19/20 however early significant improvements due to waiting list initiatives at main provider have helped. Longer term plans for recovery and sustainability are assisted by the plans for the main acute to recruit to key posts.

### Who is responsible for this indicator?

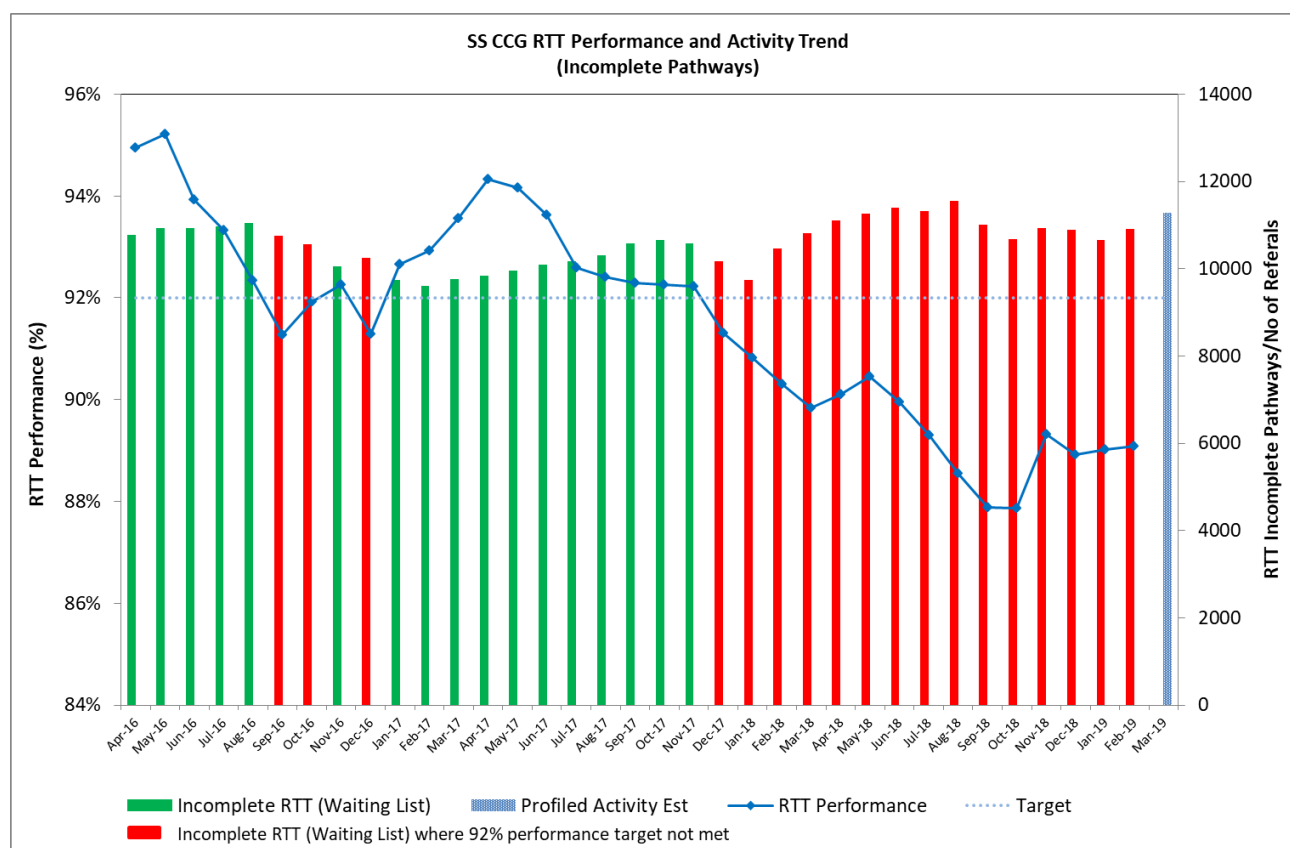
Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	John Wray	Terry Hill

## 3.3 Referral to Treatment Performance

Figure 14 - Referral to Treatment Time (RTT) Performance

Referral To Treatment waiting times for non-urgent consultant-led treatment				
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	18/19 - Feb	0	1	↓
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	18/19 - Feb	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	18/19 - Feb	92%	89.09%	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Aintree)	18/19 - Feb	92%	90.45%	↔

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



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

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Mar v Latest
2017/18	9,845	9,951	10,101	10,161	10,310	10,577	10,658	10,578	10,170	9,735	10,469	10,806	10,806
2018/19	11,114	11,266	11,393	11,313	11,559	11,000	10,676	10,930	10,883	10,665	10,914		10,914
<b>Difference</b>	<b>1,269</b>	<b>1,315</b>	<b>1,292</b>	<b>1,152</b>	<b>1,249</b>	<b>423</b>	<b>18</b>	<b>352</b>	<b>713</b>	<b>930</b>	<b>445</b>		<b>108</b>
St Helens 17/18 Actuals	150	148	142	175	192	201	180	187					0
Revised 2018/19 Position	11,264	11,414	11,535	11,488	11,751	11,201	10,856	11,117	10,883	10,665	10,914		10,914
<b>Revised Difference</b>	<b>1,419</b>	<b>1,463</b>	<b>1,434</b>	<b>1,327</b>	<b>1,441</b>	<b>624</b>	<b>198</b>	<b>539</b>	<b>713</b>	<b>930</b>	<b>445</b>		<b>108</b>

### 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 February, there was 1 South Sefton patient waiting on the incomplete pathway for 52+ weeks against the national zero tolerance threshold. This is the same person who breached in November and December at Liverpool Womens. The delay in the patient's treatment was due to the initial physio treatment offered to the patient being no longer being offered by the Trust. The patient's treatment plan was reviewed on the 28th January and the patient initially decided that they want to continue with the original treatment discussed however due to capacity issues regionally, the Trust

were unable to outsource this treatment. The Trust has now purchased PTNS equipment and is awaiting delivery and training before the patient commences treatment.

NHS England set CCGs the target of total RTT incomplete pathways in March 2019 being no higher than in March 2018. St Helens & Knowsley Trust did not submit RTT information nationally from April 2018 to November 2018 due to known reporting issues during a change in their PAS system. Therefore, figure 16 (above) was revised for those months to include a proxy of South Sefton CCG patients waiting at St Helens & Knowsley Trust, based on 2017/18 data. The Trust are now submitting again from December 2018 onwards. In February, the CCG had 10,914 incomplete pathways, 445 patients more than the February of the previous year and is therefore not on target to achieve the year end position. South Sefton CCG and Aintree Hospital have submitted a joint plan for delivery of the March 2019 position as part of a Liverpool system wide elective capacity analysis. Aintree have provided assurance through the Contract Review Meeting that the year end waiting list position will be achieved.

The CCG continues to report performance below the 92% standard for patients on an incomplete non-emergency pathway waiting no more than 18 weeks, with 89.09% in February. This is similar to last month. In February, of 10,914 patients, 1,191 were waiting over 18 weeks on the incomplete pathway.

Aintree also failed this standard for January recording 90.5%. Out of 16,213 patients there were 1,711 waiting over 18 weeks on the incomplete pathway a 0.3% improvement on January's position. The total number of patients on an incomplete pathway saw a 5.3% increase on January's position. This growth in list size is an anomaly that is not correlated to the monthly demand with analysis pointing towards late additions to waiting lists in conjunction with reduced clock stops across certain specialties which is being addressed via weekly divisional performance meetings.

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

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

The continued non-elective pressure combined with capacity issues brought about via increased levels of short term sickness and leave in certain specialties has impacted on RTT performance although mitigations are in place. The increase in non-elective demand is being managed effectively and the Trust is monitoring the situation to ensure elective activity and patient experience is not negatively impacted.

From October 1st the Trust went live with e-RS and also offered a larger range of services to advice and guidance which continues to contribute to the reduction in referrals from general practice for routine consultation. However, the volume of two week wait urgent requests has not reduced which continues to add pressure into the system. As at February the volume of 2WW demand via all referral sources had shown a 12% (n=1525) increase when compared to Apr - Jan 2017/18. This has also been compounded by a volume of AED patients converting to elective pathways post clinical review adding to the increased demand on follow-up capacity. Cancellation and DNA rates continue to be monitored and are highlighted at internal performance meetings. The Trust continues to maximise its capacity with patients being booked into all available clinic capacity as well as additional waiting list sessions although this is adding to the overall waiting times.



Aintree Proposed Actions:

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

Additional in house waiting list initiative (WLI) activity continues to be provided to cover the shortfall in capacity. Royal Liverpool Broadgreen staff has been given honorary contracts to undertake WLIs at Aintree. Weekly capacity meetings continue with operational and clinical teams to maximise the utilisation of capacity. Additional bank administration support are providing telephone reminders 3 days in advance and this will continue. This approach has seen a reduction of 5% in DNA's in line with the national average. To further reduce DNA's "go live" for the Trust's new DrDoctor text reminder service for Endoscopy commenced in January.

Performance will continue to be monitored at both Aintree contract review and planned care meetings, with associated action plans developed and reviewed.

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

Aintree has submitted plans to NHSI to achieve the March 2019 RTT position. This recovery target is in line with the CCGs operational plans which have been developed in conjunction with the CCGs main provider Aintree.

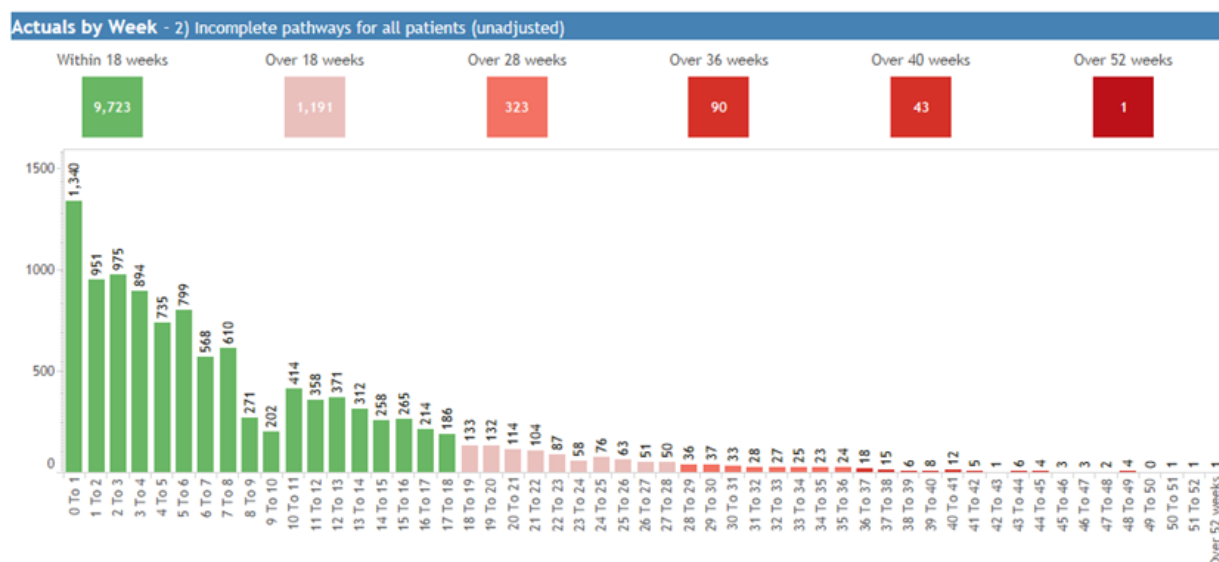
**Who is responsible for this indicator?**

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	John Wray	Terry Hill



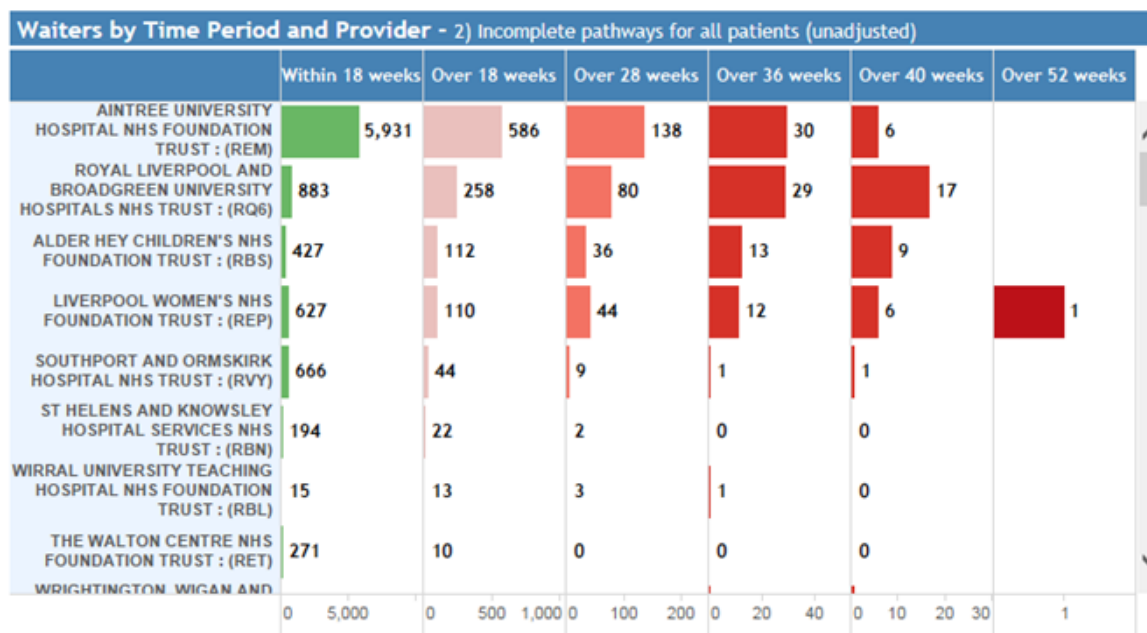
### 3.3.1 Incomplete Pathway Waiting Times

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



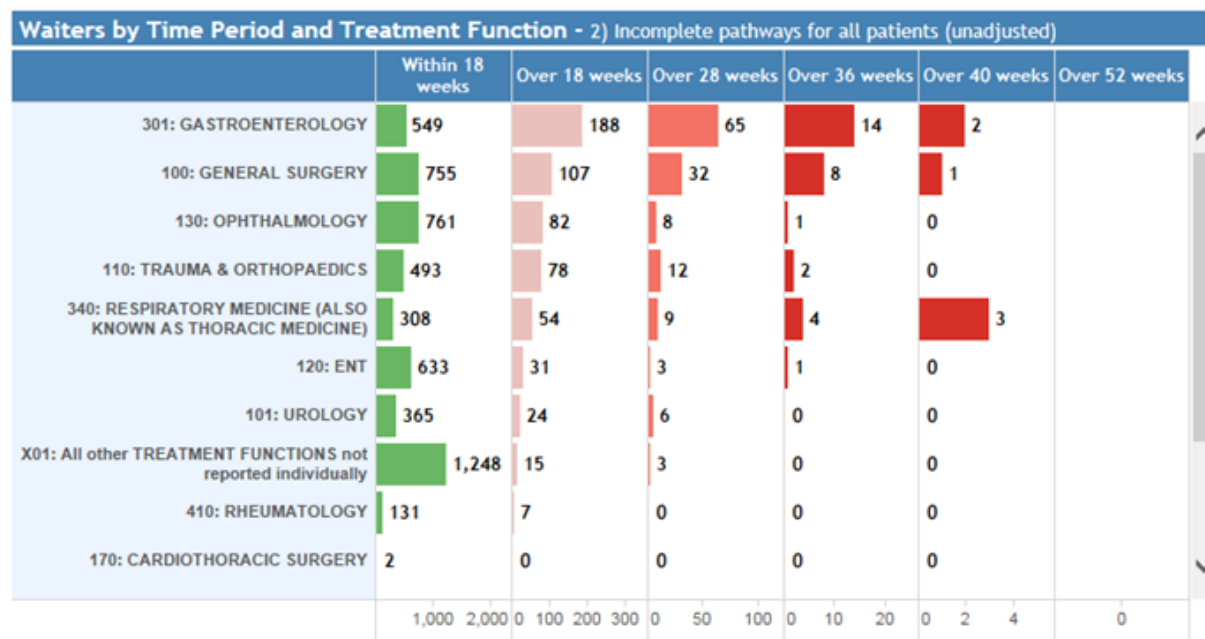
### 3.3.2 Long Waiters analysis: Top 5 Providers

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

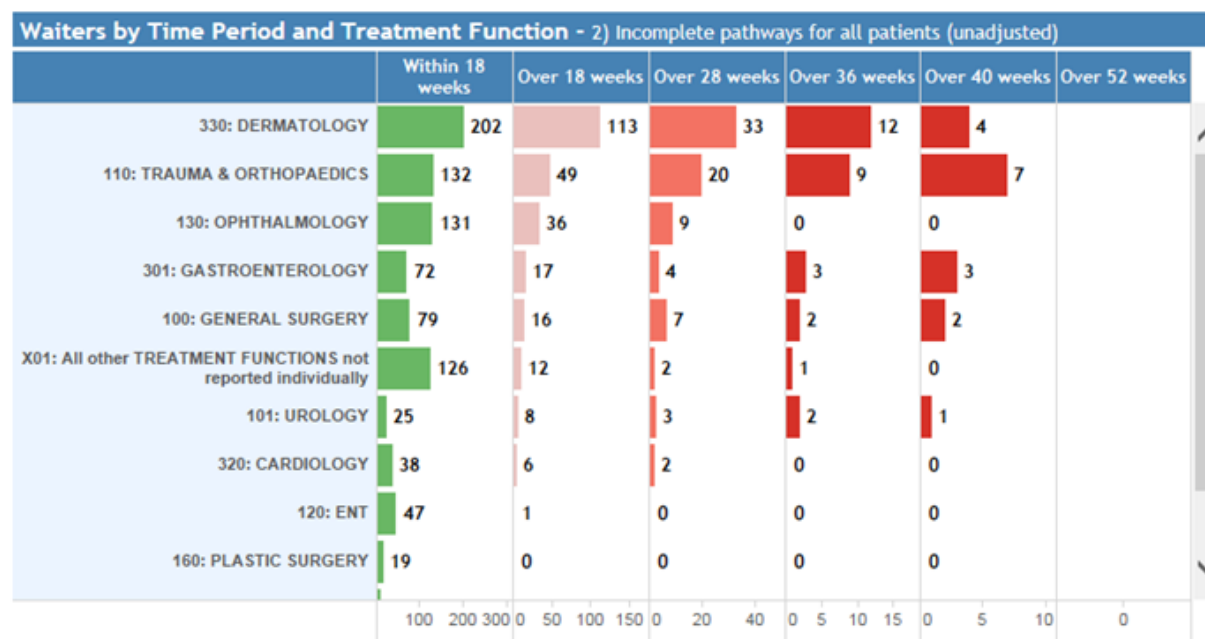


### 3.3.3 Long Waiters Analysis: Top 2 Providers split by Specialty

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



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



### 3.3.4 Provider assurance for long waiters

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

CCG	Trust	Specialty	Wait band	Details
South Sefton CCG	Liverpool Womens	Gynaecology	52+ weeks	The patient breaching at the end of February is the same patient that was breaching at the end of January and previous 2 months. The delay in her treatment is due to the initial physio treatment offered to the patient no longer being offered by the Trust. Her treatment plan was reviewed on the 28th January and the patient has decided that she wants to continue with the original treatment discussed. The Trust were unable to outsource the treatment and have now purchased relevant equipment and training so the patient can receive treatment.
South Sefton CCG	Liverpool Womens	Gynaecology	36 to 51 weeks	The Trust only provide updates on over 52 week waiters
South Sefton CCG	Aintree	Gastroenterology	36 to 41 weeks	<b>14 patients</b> ; - 12 treated and 2 have TCI dates
South Sefton CCG	Aintree	General Surgery	36 to 40 weeks	<b>8 patients</b> ; 7 treated and 1 with TCI date
South Sefton CCG	Aintree	Thoracic Medicine	36 to 40 weeks	<b>4 patients</b> ; all treated
South Sefton CCG	Aintree	T&O	36 to 37 weeks	<b>2 patients</b> ; both patients treated
South Sefton CCG	Aintree	ENT	39 weeks	Patient treated
South Sefton CCG	Aintree	Ophthalmology	39 weeks	Patient treated
South Sefton CCG	Alder Hey	Other	36 to 48 weeks	<b>13 patients</b> ; 9 with TCI dates, 1 treated, 3 awaiting TCI date - delays due to capacity issues
South Sefton CCG	Royal Liverpool Broadgreen	T&O	36 to 48 weeks	<b>9 patients</b> ; 8 patients treated, 1 with TCI date
South Sefton CCG	Royal Liverpool Broadgreen	Dermatology	36 to 45 weeks	<b>12 patients</b> ; 8 patients treated, 4 with TCI dates
South Sefton CCG	Royal Liverpool Broadgreen	Gastroenterology	41 to 43 weeks	<b>3 patients</b> ; all patients treated
South Sefton CCG	Royal Liverpool Broadgreen	General Surgery	40 weeks	<b>2 patients</b> ; both patients treated
South Sefton CCG	Royal Liverpool Broadgreen	Urology	36 to 44 weeks	<b>2 patients</b> ; both patients treated
South Sefton CCG	Royal Liverpool Broadgreen	All other	38 weeks	Patient treated
South Sefton CCG	Southport & Ormskirk	ENT	40 weeks	Patient seen and stopped. This patient was seen in Sept last year and was referred to Alder Hey for a paediatric audiogram, hadn't had audiogram appointment 21/1/19 audiogram performed 27/2/19 followup appointment 18/3/19
South Sefton CCG	WWL	T&O	50 weeks	No provider update
South Sefton CCG	Imperial College	Thoracic Medicine	48 weeks	No provider update
South Sefton CCG	Birmingham University	Cardiothoracic Surgery	41 weeks	Awaiting provider update
South Sefton CCG	Uni College London	Gynaecology	46 weeks	<b>1 patient</b> ; has TCI date
South Sefton CCG	Wirral	General Surgery	37 weeks	Trust only provide updates on over 52 week waiters

The CCG had a total of 90 patients waiting 36 weeks and over 36 of which there was 1 patient over 52 weeks at Liverpool Womens. Of the 90, 52 patients have been treated, 18 have a TCI date, 3 patients need a TCI date. 1 seen and stopped, 4 awaiting trust update, 12 where trust only provides updates on over 52 week waiters.

### 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 - Feb	0	0	1 ↓

In February there were no cancelled operations; last month saw the first cancelled operation of 2018/19 for Aintree.

#### 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 - Feb	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 - Feb	93%	89.96%	↔
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 - Feb	93%	87.23%	↔
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 - Feb	93%	85.63%	↓
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 - Feb	93%	82.51%	↓

#### Performance Overview/Issues

The CCG failed the 93% target in February for patients referred urgently with suspected cancer with 90.54% and are failing year to date with 89.96%. 58 patients out of 613 waited longer than two weeks for a first outpatient appointment. Out of the 58 breaches, 53 breaches were at Aintree, 2 at Royal Liverpool, 2 at Liverpool Women's and 1 at Poole Hospital. 39 breaches were due to inadequate outpatient capacity and 19 were due to patient choice to delay. The maximum wait was 43 days and was due to inadequate outpatient capacity.

Aintree failed the target for February for cancer 2 week waits with 83.47% and remains below target YTD with 87.23%. In February there were 166 breaches from a total of 1004 patients seen. Of the 166 breaches, 127 breaches were due to inadequate out-patient capacity, 34 due to patient choice to delay, 2 due to admin delays, 2 due to other reasons and 1 due to clinic cancellation. The maximum wait was 47 days and was due to patient choice to delay.

The CCG also failed the 93% 2 week breast target in February reporting 57.58% out of 66 referrals only 38 had their appointment within 2 weeks, year to date reporting 85.63%. Out of the 28 breaches 26 were due to inadequate capacity and 2 due to patient choice to delay. The maximum wait was 61 days and was due to patient choice.

Aintree failed the 93% breast target for February reaching 40.97% also failing year to date reporting 82.51%. In February, out of 144 patients there were 85 breaches. 78 breaches were due to inadequate out-patient capacity, 7 due to patient choice to delay and 1 due to other reason. The maximum wait was 61 days due to patient choice to delay.

#### How are the issues being addressed?

South Sefton CCG is showing steady rates of total GP referrals over last 12 months but a 5% shift from routine to 2ww. There is thought to be a similar pattern for Liverpool. Conversion rates are

reducing slowly, currently 5.4% across all tumour sites this is still higher than the NICE NG12 indicative threshold of 3%. Mode of presentation i.e. 2 week wait versus routine referral or urgent methods of presentation is considered a better marker of improvement than conversion rates. RCGP cancer diagnosis audit data will help with this but uptake not likely to be high amongst practices.

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

Lack of capacity is a major concern for ever increasing rates of 2 week breast appointments both for suspected cancer and symptomatic patients. Aintree has reported a 15% increase over the last 12 month period. The reasons for this increase remain unclear but there are likely to be “celebrity effect” links. The cancer yield rate for Sefton CCGs remains close to the Cancer Alliance mean of 5.3% for suspected breast cancer.

Aintree Hospital is creating sustainable workforce within its Breast Unit. 2 surgical consultant roles have been converted to 100% breast. A GPwSI has been recruited who will be key in understanding and addressing interface and referral quality issues. Business cases for additional breast consultant and additional radiology roles have been submitted.

Safety and sustainability of breast services is included in corporate risk registers for both organisations.

### When is performance expected to recover?

Trajectory submitted by Aintree indicates recovery by April 2019. However this is based upon referral demand returning to baseline levels when the trend continues to increase. Further Waiting List Initiative clinics are scheduled for April and early May 2019.

### Who is responsible for this indicator?

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

### 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 - Feb	96%	97.77%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(Aintree)</b>	18/19 - Feb	96%	97.50%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(CCG)</b>	18/19 - Feb	94%	98.51%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(Aintree)</b>	18/19 - Feb	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(CCG)</b>	18/19 - Feb	94%	97.26%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(Aintree)</b>	18/19 - Feb	94%	97.15%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(CCG)</b>	18/19 - Feb	98%	98.82%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(Aintree)</b>	18/19 - Feb	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 - Feb	85% local target	75.49%	↑
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 - Feb	85% local target	81.33%	↔
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 - Feb	90%	84.91%	↓
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 - Feb	90%	74.64%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(CCG)</b>	18/19 - Feb	85%	77.24%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(Aintree)</b>	18/19 - Feb	85%	77.16%	↔

#### Performance Overview/Issues

The CCG failed all of the 3 62 day measures in February and are failing all 3 year to date. For 62 day upgrade the CCG reported 85.71% in February (but 75.49% year to date). For 62 day screening the CCG failed reporting 50% (year to date with 84.91%). Out of 2 patients there was 1 breach, this breast patients delay due to complex diagnostic pathway. For the 62 day standard, the CCG failed in February with 68.18% (7 breaches out of 22) and 77.24% year to date. In February, breaches were due to delay due to inadequate outpatient capacity, patient choice and other reason (not stated).

Aintree failed all 3 of the 62 day measures in February year to date. For 62 day upgrade the Trust reported 79.07% in February and year to date performance of 81.33%. For 62 day screening the Trust reported 66.67% in February (74.64% year to date) with the equivalent of 1.5 breaches out of 4.5 accountable patients. For the 62 day standard the Trust reported 74.44% in February (77.16% year to date) with the equivalent of 11.5 breaches out of 45 accountable patients.

#### How are the issues being addressed?

##### Trust Actions:

Reinforce leadership and workforce capacity within the Cancer Team, backfilling maternity leave and appointing to an Interim Head of Performance until 01/03/19. A Cancer Manager is in post and will be at Aintree full time from 01/04/2019.



- Established RCA Review Group led by DDO Surgery and DMD Support services to validate RCAs and identify improvements that can be made to reduce delays for patients. A workshop will be held in late May to look at improvement across all tumour groups. SoP to be finalised for escalation of delays for access to diagnostic services and reporting to DDOs.
- Work is on-going with the Cancer Alliance to review specific pathways and to highlight reasons for late referrals from other Trusts for areas such as Head and Neck. Funding has been received from Macmillan to introduce new posts to assist with the pre diagnosis phase of the patient Pathways. Funding is now secured for a project manager for colorectal pathway (£50k) and host employer for a region wide review of the H&N pathway (£150k). Recruitment has taken place and appointees will be starting with the Trust in Q4.
- £94k awarded by NHSE to schedule additional diagnostic activity to improve 62 day performance November 18 - March 19. This will be used to support the urology and colorectal pathways and to fund additional MRI capacity. Activity underway, MRI capacity planned 4-15 January 2019. Ytd £90k of funding used for additional activity.

Breaches continue to occur across a variety of tumour sites. Developments include Cancer Alliance - funded pathway improvement project managers starting in post for head and neck and colorectal pathways in April 2019.

Pressure areas continue to be breast clinic and mammography capacity, head and neck, histology and imaging. Some progress within Liverpool Clinical Laboratories is reported with additional consultants in post during March 2019.

### When is the performance expected to recover?

The trajectory received by the CCG does not indicate full recovery for 62 days within 2019/20 but significant improvement should be realised from the actions above. Early unification of cancer teams across Aintree and Royal Liverpool may hold potential for efficiencies and resilience. Skin and Breast would be considered priority teams for this approach.

### Who is responsible for this indicator?

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

## 3.5.4 104+ Day Breaches

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

A Local Agreement process for notifying CCGs of 104 day breaches and undertaking Root Cause Analyses (RCAs) will be varied into provider contracts




In February Aintree had 2 breaches, 1 of which was partly attributed to Clatterbridge and 1 to Royal Liverpool Hospital. . Only the primary cause of delay to the patient’s treatments is recorded on the national cancer waiting times system and it is likely that there are complex and multifactorial reasons for delays in these very protracted pathways. Primary delays where reported were due to inadequate elective capacity (1) and other reason not listed (1). The longest waiting patient was for

a lung patient 140 days (reason not listed). The CCG will receive detailed root cause analyses for these patients within a 60 day timeframe of the breach occurrence.

### 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: Feb-19

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Inpatient	24.9%	19.5%		96%	94%		2%	3%	

Aintree Friends and Family Inpatient test response rates have fallen further below the England average of 24.9% in February at 19.5%; slightly better than last month when 18.9% was recorded. The percentage of patients who would recommend the Trust remains the same at 94% but is still below the England average of 96%. The proportion who would not recommend remains the same in February and is above with the England average.

Mersey Care NHS Foundation Trust, South Sefton Community Services are scheduled to provide a presentation on Patient Experience at the May 2019 EPEG. Aintree were also due to provide a presentation in May 2019 but this has now been rescheduled for July 2019.

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

Performance at Month 11 of the financial year 2018/19, against planned care elements of the contracts held by NHS South Sefton CCG show an underperformance of -£484k/-1.1%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being an over spend of approximately £887k/2%.

At specific over performing Trusts, Royal Liverpool is reporting the largest cost variance with a total of £179k/4% followed by St Helens & Knowsley and Renacres Hospitals with variances of £162/17% and £162/9% respectively. In contrast, Aintree Hospital are under performing by -£1.2m/-4%.

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

PROVIDER NAME	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	163,298	157,320	-5,978	-4%	£28,194	£26,973	-£1,221	-4%	£1,221	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	12,686	13,753	1,067	8%	£1,602	£1,557	-£45	-3%	£45	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	1,121	1,241	120	11%	£383	£432	£49	13%	-£49	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	14,778	12,946	-1,832	-12%	£2,817	£2,560	-£257	-9%	£257	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	28,025	30,141	2,116	8%	£4,696	£4,875	£179	4%	-£179	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	2,884	2,939	55	2%	£932	£857	-£75	-8%	£75	£0	0.0%
<b>ACTING AS ONE PROVIDERS TOTAL</b>	<b>222,792</b>	<b>218,340</b>	<b>-4,452</b>	<b>-2%</b>	<b>£38,623</b>	<b>£37,252</b>	<b>-£1,371</b>	<b>-4%</b>	<b>£1,371</b>	<b>£0</b>	<b>0%</b>
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	170	233	63	37%	£25	£52	£27	108%	£0	£27	108%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	137	137	0%	£0	£25	£25	0%	£0	£25	-
FAIRFIELD HOSPITAL	178	276	98	55%	£48	£75	£27	55%	£0	£27	55%
ISIGHT (SOUTHPORT)	498	739	241	48%	£89	£135	£46	52%	£0	£46	52%
RENACRES HOSPITAL	5,849	6,909	1,060	18%	£1,799	£1,961	£162	9%	£0	£162	9%
SALFORD ROYAL NHS FOUNDATION TRUST	0	136	136	0%	£0	£41	£41	0%	£0	£41	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	11,839	12,018	179	2%	£2,015	£2,164	£149	7%	£0	£149	7%
SPIRE LIVERPOOL HOSPITAL	2,631	2,764	133	5%	£825	£855	£30	4%	£0	£30	4%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	4,354	4,622	268	6%	£927	£1,088	£162	17%	£0	£162	17%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	1,170	1,479	309	26%	£270	£291	£21	8%	£0	£21	8%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	209	209	0%	£0	£50	£50	0%	£0	£50	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	494	494	0%	£0	£100	£100	0%	£0	£100	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	1,232	1,472	240	19%	£488	£534	£46	9%	£0	£46	9%
<b>ALL REMAINING PROVIDERS TOTAL</b>	<b>27,923</b>	<b>31,488</b>	<b>3,565</b>	<b>13%</b>	<b>£6,485</b>	<b>£7,372</b>	<b>£887</b>	<b>14%</b>	<b>£0</b>	<b>£887</b>	<b>14%</b>
<b>GRAND TOTAL</b>	<b>250,715</b>	<b>249,828</b>	<b>-887</b>	<b>0%</b>	<b>£45,108</b>	<b>£44,624</b>	<b>-£484</b>	<b>-1.1%</b>	<b>£1,371</b>	<b>£887</b>	<b>2.0%</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	12,349	11,996	-353	-3%	£7,628	£7,483	£145	-2%
Elective	1,818	1,395	-423	-23%	£5,170	£4,156	£1,014	-20%
Elective Excess BedDays	605	462	-143	-24%	£146	£110	£36	-25%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	412	252	-160	-39%	£86	£55	£32	-37%
OPFANFTF - Outpatient first attendance non face to face	2,396	1,358	-1,038	-43%	£68	£40	£28	-41%
OPFASPCL - Outpatient first attendance single professional consultant led	29,625	29,266	-359	-1%	£4,695	£4,703	£8	0%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,335	699	-636	-48%	£113	£66	£47	-41%
OPFUPNFTF - Outpatient follow up non face to face	3,057	6,945	3,888	127%	£74	£168	£94	127%
OPFUPSPCL - Outpatient follow up single professional consultant led	76,412	68,614	-7,798	-10%	£5,298	£4,966	£332	-6%
Outpatient Procedure	20,961	21,184	223	1%	£2,824	£2,839	£15	1%
Unbundled Diagnostics	12,963	13,571	608	5%	£1,047	£1,182	£135	13%
Wet AMD	1,366	1,578	212	16%	£1,044	£1,205	£161	15%
<b>Grand Total</b>	<b>163,298</b>	<b>157,320</b>	<b>-5,978</b>	<b>-4%</b>	<b>£28,194</b>	<b>£26,973</b>	<b>£1,221</b>	<b>-4%</b>

Underperformance within planned care at Aintree Hospital is evident against various points of delivery. However, the overall under spend of -£1.2m/-4% is driven by reduced elective and day case activity. Electives are currently -£1m/-20% under plan, which can be attributed to a 31% reduction in activity within the Trauma & Orthopaedics specialty. Very major knee procedures account for the majority of this under performance.

In contrast to underperforming areas identified above, over performance is evident within a number of outpatient points of delivery, diagnostics and Aged Related Macular Disease (Wet AMD). Non-face-to-face outpatient follow up attendances are also over performing at month 11 with the majority of this activity focussed within the Ophthalmology and Cardiology specialities.

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

### 3.7.2 Planned Care Southport & Ormskirk Hospital

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

Southport & Ormskirk Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	759	823	64	8%	£489	£532	£43	9%
Elective	130	127	-3	-3%	£306	£328	£23	7%
Elective Excess BedDays	4	27	23	572%	£1	£6	£5	370%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	116	164	48	42%	£20	£32	£12	63%
OPFASPCL - Outpatient first attendance single professional consultant led	1,583	1,832	249	16%	£259	£305	£47	18%
OPFUPMPCCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	261	239	-22	-8%	£21	£25	£4	19%
OPFUPSPCL - Outpatient follow up single professional consultant led	3,784	3,619	-165	-4%	£293	£289	-£4	-1%
Outpatient Procedure	4,457	4,388	-69	-2%	£569	£584	£16	3%
Unbundled Diagnostics	745	799	54	7%	£58	£62	£4	7%
<b>Grand Total</b>	<b>11,839</b>	<b>12,018</b>	<b>179</b>	<b>2%</b>	<b>£2,015</b>	<b>£2,164</b>	<b>£149</b>	<b>7%</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 £149k/7% at month 11 is due in part to increased day case activity and outpatient first attendances. Over performance is evident across a number of specialities in each of these points of delivery but particularly Trauma & Orthopaedics within outpatient first attendances and General Surgery within day cases.

### 3.7.3 Planned Care Royal Liverpool & Broadgreen Hospital

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

Royal Liverpool & Broadgreen Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	1,223	1,367	144	12%	£1,039	£1,017	-£22	-2%
Elective	324	303	-21	-7%	£1,078	£1,150	£72	7%
Elective Excess BedDays	309	224	-85	-27%	£74	£55	-£19	-26%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	262	357	95	36%	£49	£67	£18	36%
OPFANFTF - OP 1st Attendance non face to face	20	37	17	85%	£1	£1	£1	155%
OPFASPCL - Outpatient first attendance single professional consultant led	4,480	4,529	49	1%	£705	£734	£29	4%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	444	489	45	10%	£33	£33	£0	1%
OPFUPNFTF - Outpatient follow up non face to face	320	423	103	32%	£7	£10	£2	33%
OPFUPSPCL - Outpatient follow up single professional consultant led	13,562	14,036	474	3%	£959	£984	£25	3%
Outpatient Procedure	4,958	5,748	790	16%	£540	£612	£72	13%
All Other Outpatients	164	136	-28	-17%	£6	£6	£0	-5%
Unbundled Diagnostics	1,956	2,482	526	27%	£205	£204	-£1	-1%
AKI Unbundled	2	10	8	348%	£0	£1	£1	348%
<b>Grand Total</b>	<b>28,025</b>	<b>30,141</b>	<b>2,116</b>	<b>8%</b>	<b>£4,696</b>	<b>£4,875</b>	<b>£179</b>	<b>4%</b>

Over performance within planned care at Royal Liverpool & Broadgreen Hospital is evident against various points of delivery. However, the overall variance of £179/4% is driven by increased electives and outpatient procedures costs. Vascular surgery accounts for the majority of over performance within electives whereas in outpatient procedures, over performance is focussed largely within the Dermatology speciality. This may be attributed to a shift in patients away from Aintree Hospital due to reduced service provision.

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

### 3.7.4 Renacres Hospital

**Figure 32 - Planned Care - Renacres Hospital by POD**

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	550	547	-3	-1%	£682	£630	-£52	-8%
Elective	147	147	0	0%	£686	£771	£86	12%
OPFASPL - <i>Outpatient first attendance single professional consultant led</i>	1,030	1,333	303	29%	£170	£215	£44	26%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	1,546	1,876	331	21%	£98	£119	£21	21%
Outpatient Procedure	835	593	-242	-29%	£84	£100	£16	19%
Unbundled Diagnostics	410	612	202	49%	£39	£60	£20	51%
Physio	1,332	1,333	1	0%	£39	£39	£0	0%
OPPREOP	0	468	468	0%	£0	£27	£27	0%
<b>Grand Total</b>	<b>5,849</b>	<b>6,909</b>	<b>1,060</b>	<b>18%</b>	<b>£1,799</b>	<b>£1,961</b>	<b>£162</b>	<b>9%</b>

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

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

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

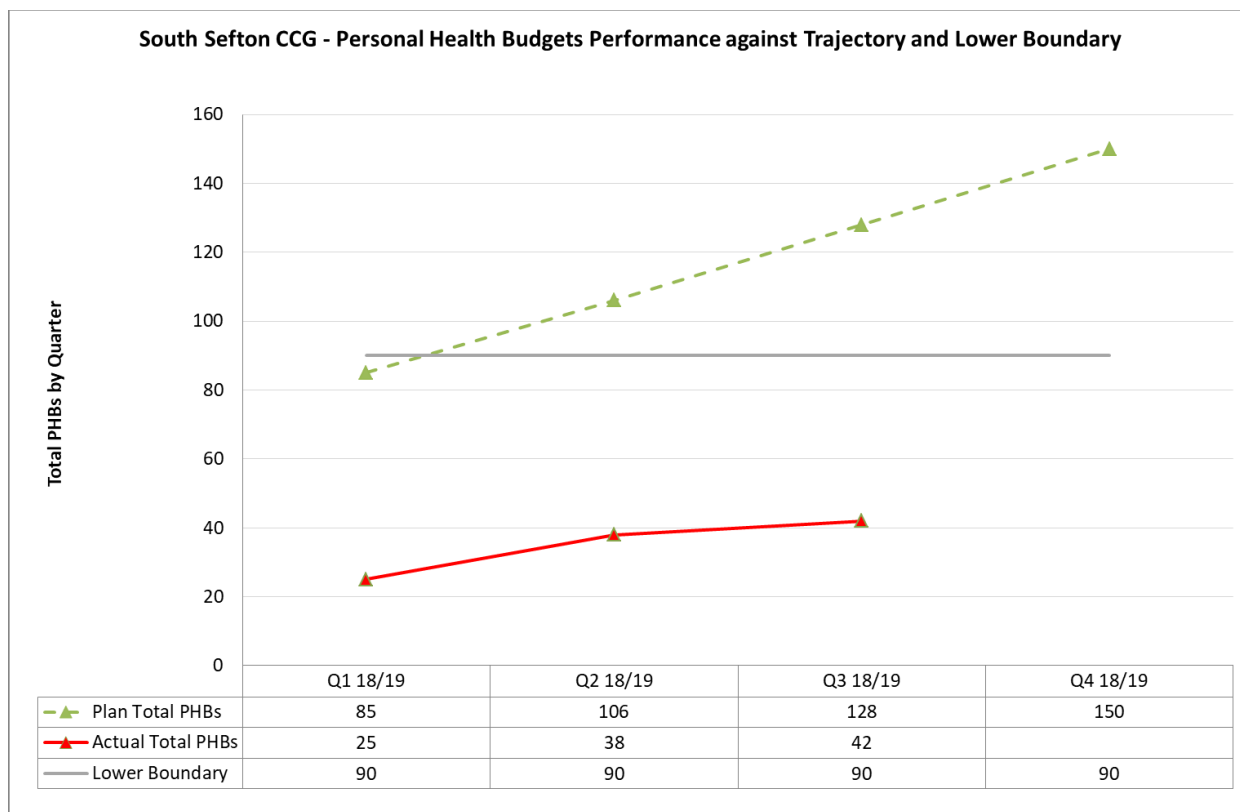
St Helens & Knowsley Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	543	572	29	5%	£458	£510	£51	11%
Elective	48	71	23	47%	£126	£229	£103	82%
Elective Excess BedDays	9	36	27	306%	£2	£10	£7	352%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	6	13	7	126%	£1	£3	£2	134%
OPFASPCL - Outpatient first attendance single professional consultant led	657	722	65	10%	£91	£97	£6	6%
OPFASPCL - Outpatient first attendance single professional consultant led non face to face	1	2	1	58%	£0	£0	£0	58%
OPFASPCL - Outpatient first attendance single professional Non Consultant Led	54	67	13	23%	£3	£4	£1	33%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow Up (Consultant Led)	91	119	28	31%	£8	£11	£3	31%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,490	1,448	-42	-3%	£82	£80	-£2	-3%
OPFUPSPCL - Outpatient follow up single professional non consultant led	249	419	170	69%	£11	£12	£2	17%
OPFUPSPCLNFTF - Outpatient follow up single professional consultant led non face to face	36	28	-8	-22%	£1	£1	£0	-22%
OPFUPSPCLNFTF - Outpatient follow up single professional non consultant led non face to face	0	1	1	0%	£0	£0	£0	0%
Outpatient Procedure	943	878	-65	-7%	£126	£113	-£13	-11%
Unbundled Diagnostics	229	246	17	8%	£17	£19	£2	15%
<b>Grand Total</b>	<b>4,354</b>	<b>4,622</b>	<b>268</b>	<b>6%</b>	<b>£927</b>	<b>£1,088</b>	<b>£162</b>	<b>17%</b>

St Helens & Knowsley over performance is apparent within Electives and Day Cases, with these two points of delivery showing a combined over spend of £154k. Variance against plan across the remaining points of delivery within planned care is minimal. Plastic Surgery is the key over performing specialty within both Electives and Day Cases with relatively small amounts of activity reported against a number of HRGs in both areas.



### 3.8 Personal Health Budgets

**Figure 34 - South Sefton CCG – PHB Performance against Trajectory**



#### Performance Overview/Issues

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

#### How are the issues being addressed?

- **Adults CHC:** PHBs for adults receiving CHC will be a default position from April 2019. Discussions are on-going with Provider contracts teams in terms of the details with the service specifications to deliver against this element of the contract. A draft process map has been developed with key stakeholders who will support the contracting arrangements. The CCG has formally indicated to Sefton Carers Centre to support a service level agreement for a 12 month pilot, for Sefton Carers Centre to act as a 3<sup>rd</sup> party PHB support provider for all CCG new PHBs requiring either a direct payment and or managed budget. Processes are in place to support the development of the SLA and reporting requirements with an expectation for the SLA to be signed off in March 2019. This should reduce current response times for PHBs in this cohort.
- **Wheelchairs:** The Deputy Director of Finance is liaising with NHS E Specialised Commissioning to consider a process for the contract for specialist wheelchair services to

come across to South Sefton CCG. Currently the CCG is unable to progress this work due to current commissioning arrangements.

- Children Complex Care: NHS England are unable to support mentorship at this time. The CCG will look to review this as part of 2019 / 2020 plans.
- End of Life Fastrack: The case or change for Southport and Formby CCG involving Queens Court Hospice is yet to be finalised. Clarification is to be sought from Queens Court Hospice whether they wish to progress as the CCG is not able to delegate the statutory function to approve decision for meeting fast-track eligibility criteria.
- Mental Health S117: The CCG will continue consider how PHBs can be provided and achieved as part of 2019 / 2020 plans.

### When is the performance expected to recover?

End of Quarter 3 of 2019/20.

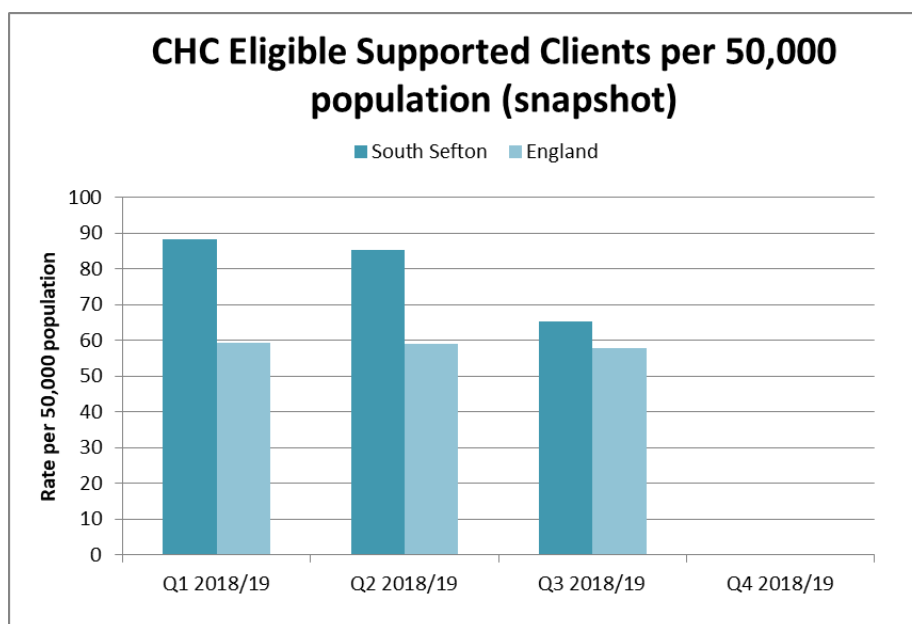
### Who is responsible for this indicator?

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

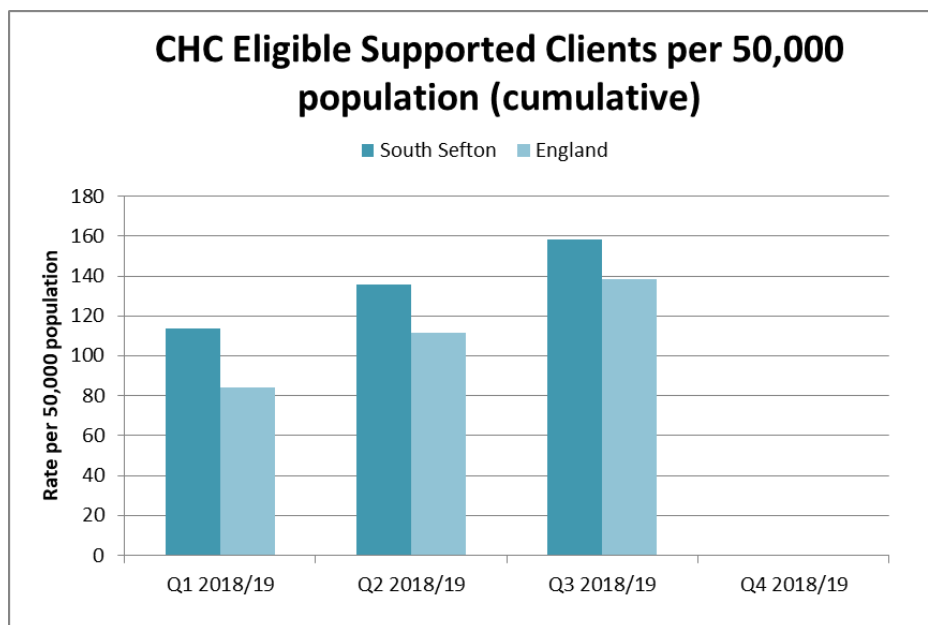
## 3.9 Continuing Health Care (CHC)

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

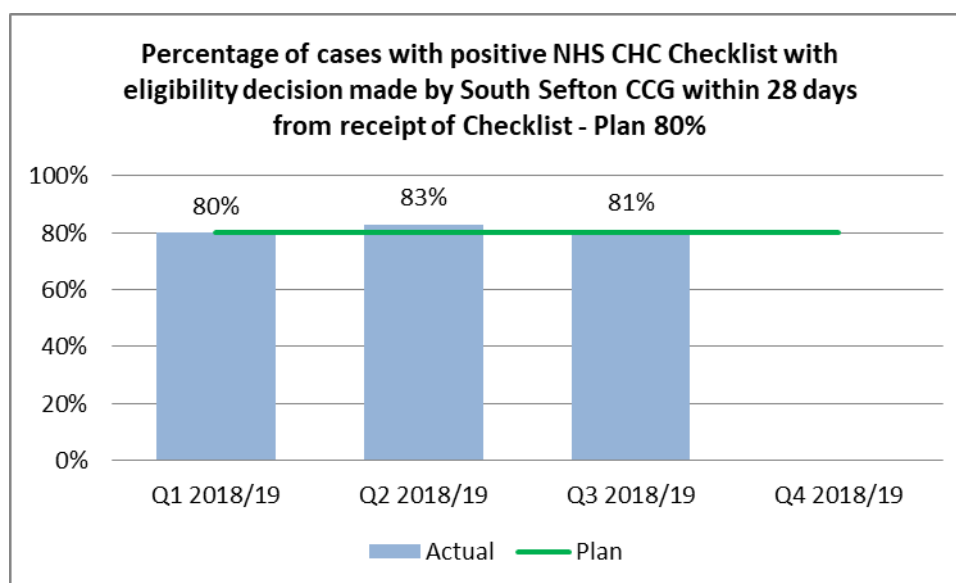
**Figure 35 - People eligible (both newly eligible and existing patients) at the end of the quarter (snapshot) divided by the population aged 18+, and expressed as a rate per 50,000 population**



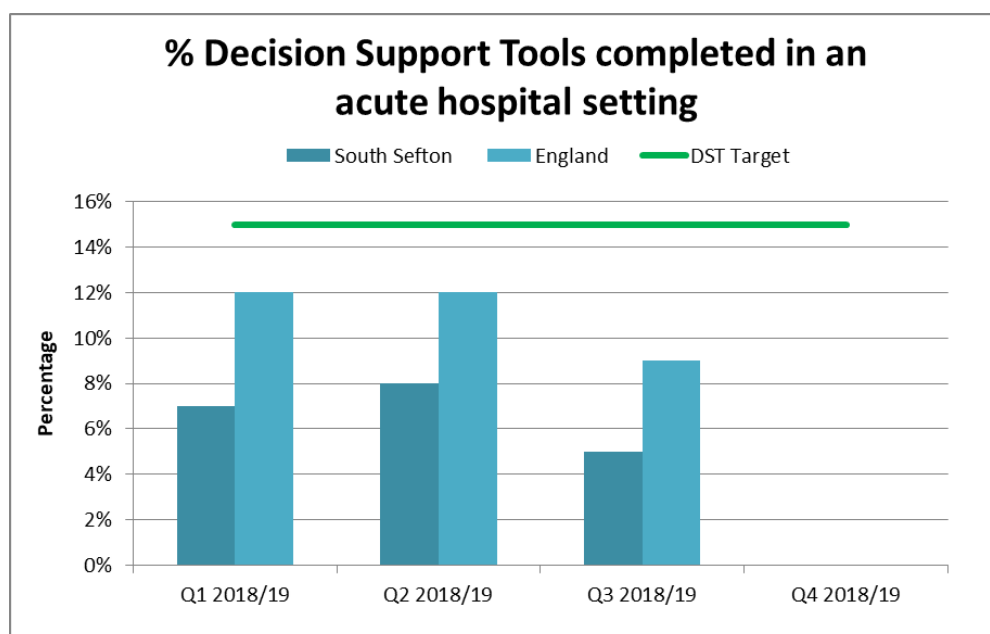
**Figure 36 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population**



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



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



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

**Figure 39 - Smoking at Time of Delivery (SATOD)**

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

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

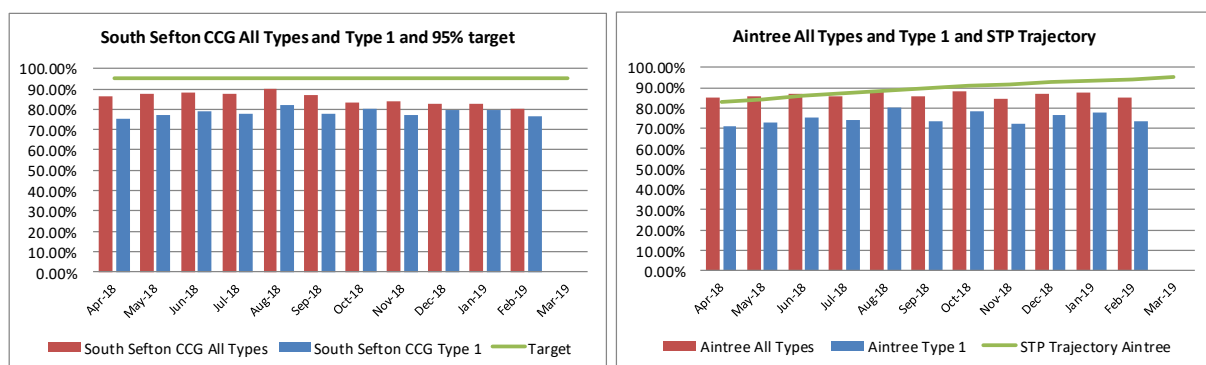
## 4. Unplanned Care

### 4.1 Accident & Emergency Performance

Figure 40 - A&E Performance

A&E waits				
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	18/19 - Feb	95%	85.74%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	18/19 - Feb	95%	78.39%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) All Types	18/19 - Feb	STP Trajectory Feb Target 94.2%	86.35%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	18/19 - Feb	95%	74.98%	↔

A&E All Types	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	YTD
STP Trajectory Aintree	83%	84.4%	85.8%	87.2%	88.6%	90%	90.8%	91.7%	92.5%	93.3%	94.2%	%
Aintree All Types	85.10%	85.82%	86.92%	85.92%	88.98%	85.50%	87.89%	84.49%	86.73%	87.55%	84.89%	86.35%



### Performance Overview/Issues

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2018/19. The Trust has failed their STP target of 94.2% in February reaching 87.55% (YTD 86.35%). 2,069 attendances out of 13,695 were not admitted, transferred or discharged within 4 hours.

### Trust Actions:

- All actions to set up Pit Stop are now completed. A rota is required that assures the team that it is covered over the 24 hour period. The senior team are committed to embedding both Pit Stop and the See and Treat Protocol to improve performance against the seen-within-60 minutes-of-arrival by a senior decision maker and has set a deadline of the end of March for full implementation of both. Monitoring of performance against these metrics

will now be shared regularly with staff on the shop floor through the safety huddles as part of the Safety First Campaign.

- An Operational Policy will be written to support the new model of Primary Care Streaming. A number of actions are required prior to implementation. An advert will be placed locally to source interested GP's so that the CBU has the required capacity to maintain the service at the all times. The CBU is aiming to contractually formalise its arrangement with a number of GP trained doctors who already provide a service to the department, to commence the service without further delay.
- The case to increase the level of medical cover at weekends was presented to the Finance and Performance Committee. The recruitment process for the FY3 Clinical Fellow posts has commenced. The number appointed will be determined by the case of need decision taken. This action is also inter-dependant with the implementation of the PCS model.
- The Safety First Campaign Safety Huddles will commence in the department w/c 11th March using the Trust format. The knowing-how-we-are-doing- boards are now in place with the aim to gradually introduce the full suite of metrics whilst developing the Nurse Coordinators and Shop Floor Leads to lead safety huddles. It is intended that the feedback from the questions asked following the safety huddle format will be used to inform improvement work.
- The super six 90 day improvement event has now concluded and the Trust will take part in a further closing event in April to share good practice. The HAS screen has been repositioned to facilitate the dual pin handover and notification to handover times can then be recorded accurately. As well as trialling auto clear, real time handover protocol and revisiting direct conveyance to Ambulatory Emergency Care, extra focus will be placed on achieving rapid handover and release of crews for the rest of March to demonstrate sustainability of the new model.

#### System Actions:

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

- CCG have taken a lead role in facilitating the Newton Europe DTOC project with system wide action plans now developed to support patient flow and enhance quality of care in three specific areas – decision making, placements and home care. Work is being undertaken with all health and social care providers and commissioners across North Mersey. Within Aintree Hospital there is specific focus on the decision making element of this work.
- An escalation plan has been in place over the winter within North Mersey which outlines the expected roles and responsibilities of all providers with guidance as to when issues should be escalated outside of the Trust to commissioners. This has been developed to ensure that resources are used appropriately and that there is a clear understanding of the mutual aid and partnership working that is expected at provider level prior to commissioner engagement.
- The weekly Multi Agency Discharge Events (MADE) which involve representatives from health and social care have been revised to provide a greater focus on areas requiring immediate action. Instead they have been operating as MDT *Flying Squads* from the start of December targeting front of house areas e.g. AED, Frailty, Observation ward.

- On-going implementation of Mersey Care Alternative to Transfer scheme with system introduced to provide timely response to 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.
- Weekly Aintree system calls are in place with NHSE and all partners to agree priority areas to progress each week reflecting local requirements. These are working well in maintaining operational and strategic communication across organisations.

### When is the performance expected to recover?

Achievement of target is required by March 2019 in line with agreed A&E trajectory. Whilst the Trust has performed well in maintaining flow between A&E and inpatient areas over the winter period, they are not on course to achieve the A&E 95% target and performance will be reviewed with NHSE.

### Who is responsible for this indicator?

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

**Figure 41 - A&E Performance – 12 hour breaches**

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

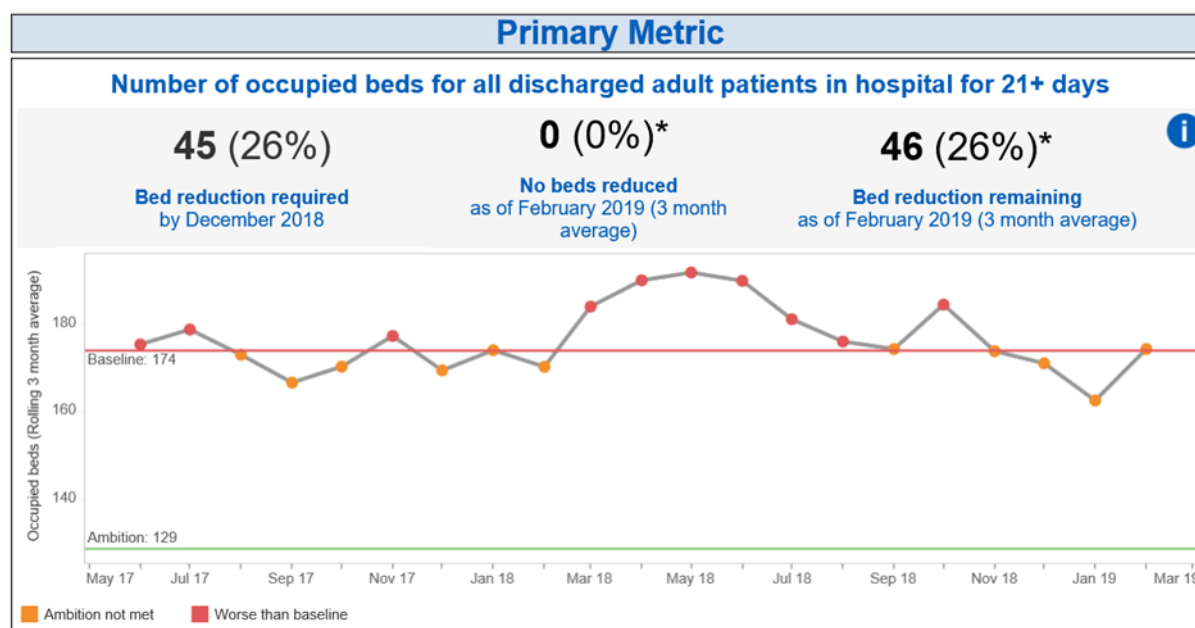
There was no 12 hour breaches were reported in February. However, Aintree reported one 12 hour breach in July, therefore the year to date total remains at 1, above the zero tolerance threshold.

## 4.2 Occupied Bed Days

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



**Figure 42 – Occupied Bed Days, Aintree Hospital**



Data Source: NHS Improvement – Long Stays Dashboard

The Trust's target is to reduce total occupied beds by 45 (26%) by December 2018; therefore the target is 129 or less. This target is yet to be achieved as current reporting for February 2019 (rolling 3 months) shows 174 occupied beds (a decrease of 0 beds). This is an increase of 12 occupied beds compared to last month.

Actions to support improvement are identified within Newton work with a focus on initiatives which will support complex discharges with longer lengths of stay. There are a range of developments underway in regard to placement processes; discharge to assess pathways, the patient choice policy to facilitate flow, development of care home trusted assessor roles and community pathways to facilitate earlier discharge. Patient Flow Telecoms and focussed individual patient case work continue where stranded and super stranded patients reviewed with MDT involvement. Support provided where required with opportunity to identify specific themes requiring further action.

### 4.3 Ambulance Performance

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

In February 2019 there was an average response time in South Sefton of 8 minutes 34 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 32 minutes against a target of 18 minutes, the slowest response time in Merseyside. The CCG also failed the category 3 and category 4 90th percentile response. 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.

Category 1 and 2 remains an area of major focus with performance being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system. There are further aspects of the Ambulance Response Programme where benefits have not yet been realised and are expected to provide significant step change in terms of performance. These include review of rosters and call pick up times within Emergency Operations Centre (EOC).

**Figure 43 – Ambulance handover time performance**

Handover Times				
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - <b>Aintree</b>	18/19 - Feb	0	164	↑
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - <b>Aintree</b>	18/19 - Feb	0	96	↑

### Performance Overview/Issues

Ambulance handover performance saw a decline in month with an increase in both the number of delays in excess of 30 minutes (+37) and 60 minutes (+53). In addition to this the average time from notification to handover has increased to 16.20 minutes (+3.10 minutes). Whilst the median time to see 1st clinician has seen a slight increase (+ 6 minutes) to 75 minutes, the percentage of patients seen from registration within 15 minutes has increased by 76.17% (+2.63%). The clinical quality indicators for the number of patients who leave the department before being seen have seen a slight increase of 0.85%. Patients re-attending in February has also seen an in month increase (+4.26%) when compared to January.

### How are the issues being addressed?

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

### Aintree Proposed Actions:

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

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

### When is the performance expected to recover?

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

### Trust Recovery Trajectory

Q1	Q2	Q3	Q4

### Who is responsible for this indicator?

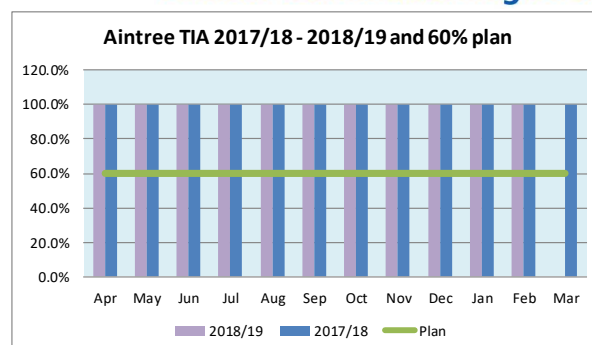
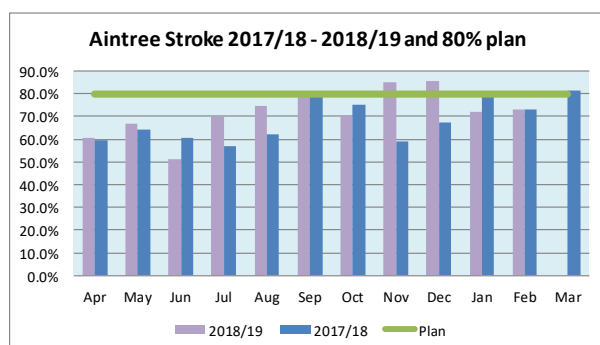
Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Andy Mimmagh	Janet Spallen

## 4.4 Unplanned Care Quality Indicators

### 4.4.1 Stroke and TIA Performance

Figure 44 - Stroke & TIA performance

Stroke				
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	18/19 - Feb	80%	73.00%	↑
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	18/19 - Feb	60%	100%	↔



## Performance Overview/Issues

The stroke performance in February is again under the 80% target. Out of 37 patients only 27 spent at least 90% of their time on a stroke unit reporting 73%. The standard was not achieved for 9 patients. All breaches of the standard are reviewed and reasons for underperformance identified:

All breaches of the standard are reviewed and reasons for underperformance identified:

- 6 patients required admission to the Stroke Unit with no bed availability
- 1 patient refused transfer to HASU as it was a mixed sex bay
- 1 patient was not referred to the Stroke Team until after an MRI confirmed Stroke
- 1 patient was for palliative care and was nurses on a side-room
- 1 patient was assessed by the ED team as there was no Stroke Nurse on duty

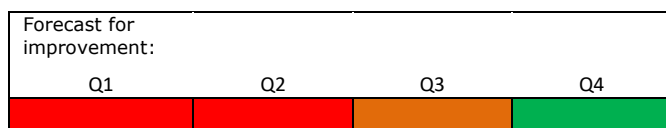
It should be noted that the frequency of stroke divers accepted from Southport have impacted on bed availability on the Stroke Unit in January and is expected to continue to be a pressure throughout February and beyond.

## How are the issues being addressed?

### Trust Actions:

- Develop and present a case for additional therapy support to achieve improved SSNAP scores.
- Complete clinical review of door to needle time audit to improve SSNAP Thrombolysis score.
- Improve SSNAP score for time to first CT scan (1 hour)
- Develop a SOP to support the management of stroke outliers in times of demand exceeding capacity.

## When is the performance expected to recover?



## Who is responsible for this indicator?

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

#### 4.4.2 Mixed Sex Accommodation

**Figure 45 - Mixed Sex Accommodation breaches**

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

#### 4.4.3 Healthcare associated infections (HCAI)

**Figure 46 - Healthcare associated infections (HCAI)**

Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	18/19 - Feb	49	55	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	18/19 - Feb	41	32	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	18/19 - Feb	0	2	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	18/19 - Feb	0	2	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	18/19 - Feb	125	158	↓
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Aintree)	18/19 - Feb	No Plan	333	↑

##### Performance Overview/Issues

The CCG had 2 new cases of C.Difficile in February bringing the year to date total to 55, against a year to date plan of 49 so are over plan currently (20 apportioned to acute trust and 35 apportioned to community).

The CCG had no new cases of MRSA in February; but 1 case in January along with 1 case of MRSA in July apportioned to the community has failed the zero tolerance threshold for 2018/19. Aintree has 2 cases year to date and failed zero tolerance threshold for 2018/19; the earlier cases were reported in May and January.

NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2018/19 NHS South Sefton CCG's year-end target is 128 (and have failed this target). In February there were 13 cases (158 YTD) against a year to date plan of 125. Aintree reported 34 cases in February (333 YTD). There are no targets set for Trusts at present.

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

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

**When is the performance expected to recover?**  
Quarter 1, 2019/20.

**Who is responsible for this indicator?**

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

#### 4.4.4 Hospital Mortality

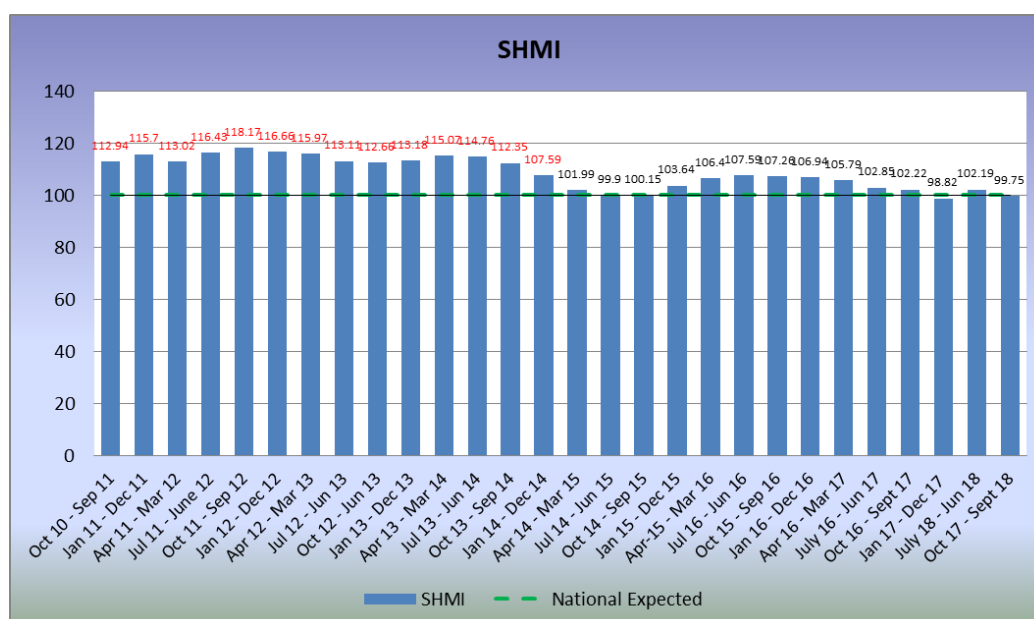
**Figure 47 - Hospital Mortality**

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	18/19 - Feb	100	97.18	↓
Summary Hospital Level Mortality Indicator (SHMI)	Oct 17 - Sept 18	100	99.75	↓

HSMR is slightly lower than last month at 97.18 (98.58 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 99.75 is lower than previous period and within tolerance levels. SHMI is risk adjusted mortality ratio based on number of expected deaths.

**Figure 48 - Summary Hospital Mortality Indicator**



## 4.5 CCG Serious Incident Management

The Serious Incident Management Improvement Action Plan was presented and closed at Joint Quality Committee in March 2019. The CCG commissioned a successful Outcomes Focussed Action Planning session that was well attended and well received by our local providers. The CCG also commissioned an RCA evaluation training session for SIRG panel members as well as members of the Primary Care Team which will be taking place in May 2019.

A serious incident report will continue to be reported through to Joint Quality Committee on a Quarterly basis and closure of the serious incident management risk on the corporate risk register has been agreed.

There are a total of 50 serious incidents (SIs) open on StEIS for South Sefton (compared to 52 the previous month) as the RASCI (Responsible, Accountable, Supporting, Consulted, Informed) commissioner or that involve a South Sefton CCG patient. Those where the CCG is not the RASCI responsible commissioner are highlighted in green in the table below.

**Figure 49 – Serious Incident for South Sefton Commissioned Services and South Sefton CCG patients**

Trust	SIs reported (M11)	SIs reported (YTD)	Closed SIs (M11)	Closed SIs (YTD)	Open SIs (M11)	SIs open >100days (M11)
Aintree University Hospital	2	42	6	59	28	12
Mersey Care NHS Foundation NHS Trust (SSCS)	1	12	3	24	3	1
South Sefton CCG	0	1	0	4	1	1
Mersey Care NHS Foundation NHS Trust (Mental Health)	0	14	1	29	10	4
Royal Liverpool and Broadgreen	1	2	0	0	2	0
North West Boroughs NHS Foundation Trust	0	5	0	0	3	1
Southport and Ormskirk Hospitals NHS Trust	0	2	1	6	0	0
Liverpool Women's Hospital	0	2	0	6	0	0
Liverpool Heart and Chest	0	1	1	1	0	0
Liverpool Community Health	0	0	0	5	0	0
The Walton Centre	0	0	0	0	1	1
Alder Hey	1	1	0	1	1	0
Cheshire and Wirral Partnership	0	0	0	1	0	0
North West Ambulance Service	0	0	0	1	0	0
UC24	0	1	0	0	1	0
<b>TOTAL</b>	<b>5</b>	<b>82</b>	<b>12</b>	<b>138</b>	<b>50</b>	<b>22</b>

**Figure 50 – Timescale Performance for Aintree University Hospital**

PROVIDER	SIs reported within 48 hours of identification (YTD)		72 hour report received (YTD)			RCAs Received (YTD)				
	Yes	No	Yes	No	N/A	Total RCAs due	Received within 60 days	Extension Granted	SI Downgraded	RCA 60+
Aintree	31	11	21	22*	-	44	13	11	5	15

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

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

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

PROVIDER	SIs reported within 48 hours of identification (YTD)		72 hour report received (YTD)		RCAs Received (YTD)				
	Yes	No	Yes	No	Total RCAs Due	Received within 60 days	Extension Granted	SI Downgraded	RCA 60+
Mersey Care (Community)	11	1	1	11*	12	5	1	0	6

*\*N.B. The trust performance against this target is monitored by Liverpool CCG, the Lead Commissioner for Mersey Care Trust. However, the requirement to submit a 72 hour report following the reporting of an SI was discussed at the January 2019 Divisional Harm Free Care Group of which SSCCG is a member.*

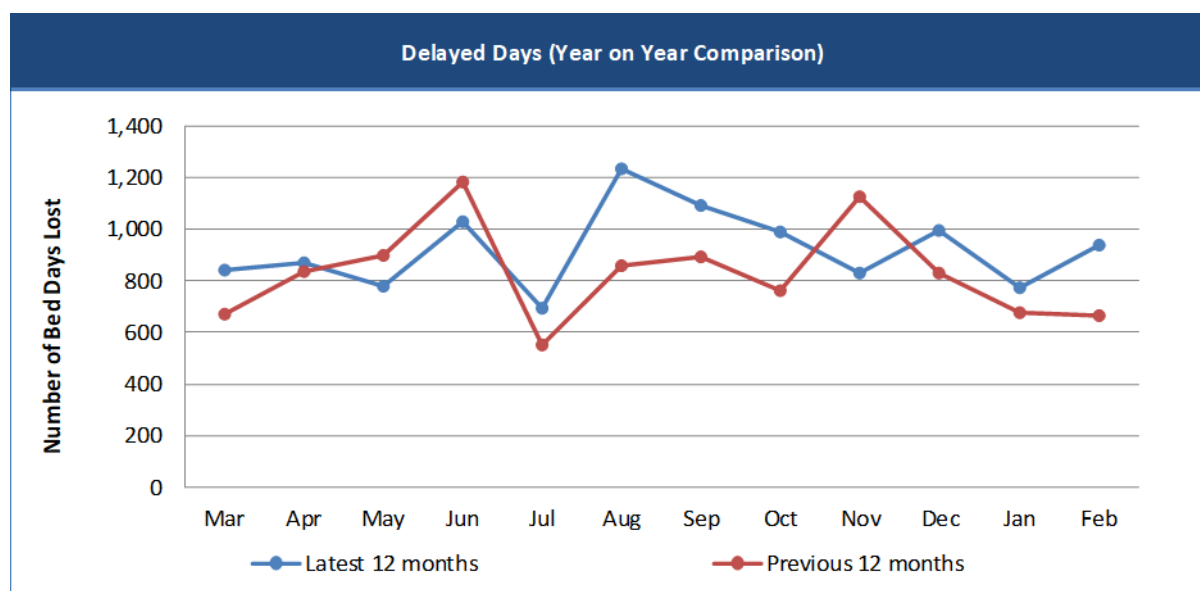
Progress in terms of the pressure ulcer reduction continues to be monitored on a monthly basis via the Divisional Harm Free Care Group which is attended by commissioners. This group also provides monthly progress updates to CCQRM.

## 4.6 CCG Delayed Transfers of Care

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



**Figure 52 – Aintree DTOC Monitoring**



DTOC Key Stats			
	This month	Last month	Last year
<b>Delayed Days</b>	<b>Feb-19</b>	<b>Jan-19</b>	<b>Feb-18</b>
Total	935	774	664
NHS	88.4%	82.8%	67.0%
Social Care	11.6%	17.2%	33.0%
Both	0.0%	0.0%	0.0%
Acute	52.8%	47.4%	60.5%
Non-Acute	47.2%	52.6%	39.5%

**Reasons for Delayed Transfer % of Bed Day Delays (Feb-19)**

**AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST**

Care Package in Home	12.9%
Community Equipment Adapt	1.8%
Completion Assessment	2.2%
Disputes	0.0%
Further Non-Acute NHS	45.2%
Housing	1.1%
Nursing Home	0.0%
Patient Family Choice	36.7%
Public Funding	0.0%
Residential Home	0.0%
Other	0.0%

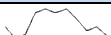


Total delayed transfers of care (DTOC) reported in February 2019 was 935, an increase compared to February 2018 with 664. Delays due to NHS have worsened, with those due to social care improving. The majority of delay reasons in February 2019 were due to patient family choice, further non-acute NHS and care package in home.



## 4.7 Patient Experience of Unplanned Care

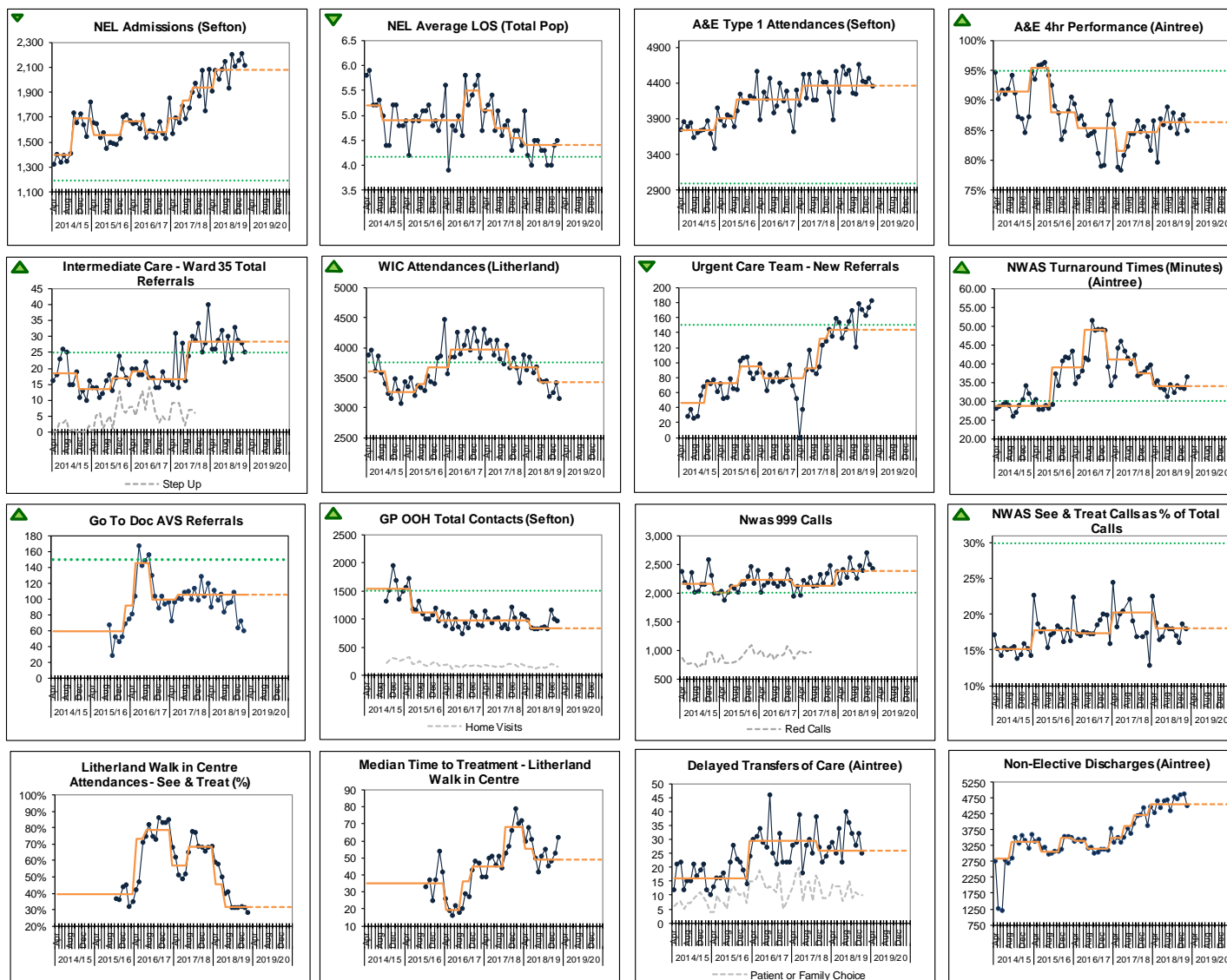
**Figure 53 - Aintree A&E Friends and Family Test performance**


















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

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	12.2%	17.2%		85%	87%		9%	9%	

## 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 11 of financial year 2018/19, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £2.7m/6%. 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 £543k/1.2%.

At individual providers, Aintree represents the highest over performing provider for unplanned care at month 11 with a year to date variance of £2.6m/8%. In contrast, Liverpool Women's and Alder Hey hospitals are currently underperforming by -£292k/-7% and -£201k/-10% respectively.

**Figure 54 - Month 11 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	90,129	99,811	9,682	11%	£34,566	£37,244	£2,678	8%	-£2,678	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	9,089	8,615	-474	-5%	£2,026	£1,825	-£201	-10%	£201	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	233	109	-124	-53%	£380	£364	-£16	-4%	£16	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	3,179	3,162	-17	-1%	£4,116	£3,824	-£292	-7%	£292	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	4,977	4,900	-77	-2%	£1,874	£1,911	£37	2%	-£37	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	9	10	1	7%	£52	£59	£7	14%	-£7	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	107,616	116,607	8,991	8%	£43,013	£45,226	£2,213	5%	-£2,213	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	74	86	12	16%	£17	£35	£18	104%	£0	£18	104%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	81	81	0%	£0	£28	£28	0%	£0	£28	-
Salford Royal NHS FOUNDATION TRUST	0	34	34	0%	£0	£18	£18	0%	£0	£18	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	7,207	7,759	552	8%	£2,560	£2,816	£255	10%	£0	£255	10%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	1,015	1,062	47	5%	£412	£461	£50	12%	£0	£50	12%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	67	81	14	21%	£166	£198	£32	19%	£0	£32	19%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	40	40	0%	£0	£20	£20	0%	£0	£20	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	259	259	0%	£0	£132	£132	0%	£0	£132	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	61	44	-17	-27%	£38	£27	-£10	-27%	£0	-£10	-27%
ALL REMAINING PROVIDERS TOTAL	8,424	9,446	1,022	12%	£3,193	£3,736	£543	17%	£0	£543	17%
<b>GRAND TOTAL</b>	<b>116,041</b>	<b>126,053</b>	<b>10,012</b>	<b>9%</b>	<b>£46,206</b>	<b>£48,962</b>	<b>£2,756</b>	<b>6.0%</b>	<b>-£2,213</b>	<b>£543</b>	<b>1.2%</b>

\*PbR Only

## 4.9.2 Aintree University Hospital NHS Foundation Trust

**Figure 55 - Month 11 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	38,038	38,108	70	0%	£893	£893	£0	0%
A&E - Accident & Emergency	29,200	31,986	2,786	10%	£4,017	£4,466	£449	11%
NEL - Non Elective	14,177	16,494	2,317	16%	£26,561	£27,636	£1,075	4%
NELNE - Non Elective Non-Emergency	47	41	-6	-12%	£169	£147	-£22	-13%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	20	170	150	770%	£5	£41	£35	647%
NELST - Non Elective Short Stay	1,934	2,328	394	20%	£1,307	£1,543	£236	18%
NELXBD - Non Elective Excess Bed Day	6,713	10,684	3,971	59%	£1,613	£2,519	£905	56%
<b>Grand Total</b>	<b>90,129</b>	<b>99,811</b>	<b>9,682</b>	<b>11%</b>	<b>£34,566</b>	<b>£37,244</b>	<b>£2,678</b>	<b>8%</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 £2.6m/8% is mainly driven by an over performance within Non-Elective admissions, Non-Elective Excess Bed Days, and Accident & Emergency attendances. Acute Medicine accounts for the majority of over performance within Non-Electives, which can be attributed to the aforementioned pathway change. Acute Medicine is also responsible for the majority of over performance within Non-Elective Excess Bed Days followed by Diabetic Medicine, Nephrology and Geriatric Medicine.

Within A&E, type 1 attendances are above plan at month 11 with a variance of 10%. Litherland walk-in centre attendances are much closer to planned levels. May 2018 and July 2018 saw some of the highest monthly attendances recorded at the Trust in the last three years.

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

## 5. Mental Health

### 5.1 Mersey Care NHS Trust Contract

Figure 56 - NHS South Sefton CCG – Shadow PbR Cluster Activity

NHS South Sefton CCG	Caseload 2018/19 M11	2018/19 Plan	Variance from Plan	Variance from Caseload 2017/18 M11
0 Variance	64	106	-42	-39
1 Com Prob Low Sev	39	11	28	-2
2 Prob Low Sev/Need	32	7	25	13
3 Non Psychotic Mod	101	72	29	10
4 Non Psychotic Sev	192	286	-94	-123
5 Non Psychot V Sev	76	84	-8	-11
6 Non Psychotic Dis	32	35	-3	-6
7 Endur Non Psychot	184	303	-119	-100
8 Non Psychot Chaot	125	133	-8	-12
10 1st Ep Psychosis	146	149	-3	-4
11 Ongo Rec Psychos	263	320	-57	-75
12 Ongo/Rec Psych	280	397	-117	-121
13 Ong/Rec Psyc High	85	107	-22	-20
14 Psychotic Crisis	19	32	-13	-16
15 Sev Psychot Cris	5	8	-3	-3
16 Dual Diagnosis	49	42	7	8
17 Psy & Affect Dis	30	40	-10	-15
18 Cog Impairment	131	245	-114	-98
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	426	436	-10	-4
20 Cognitive Impairment or Dementia Complicated (High Need)	252	446	-194	-182
21 Cognitive Impairment or Dementia (High Physical or Engagement)	78	119	-41	-54
Cluster 97	1321	116	1,205	778
Cluster 98		147		
<b>Total</b>	<b>3930</b>	<b>3641</b>	<b>436</b>	<b>-76</b>

### 5.1.1 Key Mental Health Performance Indicators

**Figure 57 - CPA – Percentage of People under CPA followed up within 7 days of discharge**

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Cumulative Quarter				100%	100%	100%	100%	100%	100%	100%	100%	100%

**Figure 58 - CPA Follow up 2 days (48 hours) for higher risk groups**

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	100%	No Patients	No Patients	50.0%	83.3%	No Patients	87.5%	66.7%	100%	100%	100%
Cumulative Quarter				100%	50.0%	75.0%	75.0%	87.5%	81.8%	84.6%	100%	100%

**Figure 59 - EIP 2 week waits**

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (in month)	53%	80%	100%	57.1%	100%	80.0%	66.7%	75.0%	50.0%	75%	50.0%	50.0%
Cumulative Quarter				73%	100%	83.3%	77.8%	75.0%	60.0%	64%	50.0%	50.0%

Of the two patients there was one breach so the 50% target was not achieved. This Service User was referred to SPA on the 23<sup>rd</sup> January, subsequently assessed and the decision made not to refer to the Early Intervention Team (EIT). Following a core assessment carried out on the 11<sup>th</sup> February the person was referred to the Early Intervention Team (EIT) who assessed and made a decision within 13 days of receiving the referral which created a delay for the care package to commence.

EIT will continue to raise awareness across the trust in terms of the importance of a timely referral to EIT whenever there is a suspicion of FEP.

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

**Figure 60 - OAP Days**

Period	Period Covered	Total number of OAP days over the period
Q4 2017/18	Jan 18 to Mar 18	95
	Feb 18 to Apr 18	80
	Mar 18 to May 18	35
Q1 2018/19	Apr 18 to Jun 18	0
	May 18 to Jul 18	0
	Jun 18 to Aug 18	0
Q2 2018/19	Jul 18 to Sep 18	0
	Aug 18 to Oct 18	0
	Sep 18 to Nov 18	0
Q3 2018/19	Oct 18 to Dec 18	0
	Nov 18 to Jan 19	0



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

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

#### **Transformation Update**

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

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

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

In Month 11 2018 there were no mental health related 12 hour breaches reported.

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

Throughout 2018/19 Eating Disorder waits to commencing within 18 weeks of referral have been sub-optimal and in Month 11 the following performance was reported.

- South Sefton CCG – 23.53% (4/17)

The Trust has reported that the number of referrals received has remained high and capacity has reduced with maternity leave, staff sickness and imminent vacancy. Due to the increase number of referrals in November the Trust created additional assessment slots and reduce therapy slots to accommodate demand and meet the assessment KPI.

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

The CCGs have discussed the need for investment in the Eating Disorders Service and commissioners are meeting the trust on 17<sup>th</sup> May to develop a business case.

#### **Mersey Care NHS RiO M11 update**

1. As part of the implementation of RiO a plan was agreed between the Trust and CCGs the Trust was required to provide shadow data for month five, where available, in order to demonstrate the development work undertaken by the Trust extracting data from the new clinical information system. For month six reporting the requirement was to report a full set of KPIs which would be used for contract monitoring purposes.



2. There has been extensive work undertaken within the Business Intelligence (BI) team in relation to the rollout of cohort 4 for RiO and, as shown in the month five and six data shared with the CCGs there had been good progress for reporting the KPIs. The BI team have developed reporting for the KPIs as per the process maps the RiO team developed with the services before RiO go live; however there are some instances whereby the processes have not been followed 100% by all staff and/or data quality issues have been identified. As such some of the data is not available to report from although the mechanism for reporting has been developed.
3. Since the introduction of RiO there has also been an issue whereby appointments that have been booked in have not all been 'outcomed' (as in, classified whether the appointment was attended or did not attend) as a result, this has seen a drop in activity and has a wider impact on some of the local KPIs and also the SLA report which the CCGs receive separately. PLEASE NOTE although the 'un-outcomed' cases will impact on activity they will NOT affect the clinical entries of the patient record which has been completed.
4. There were 7,649 'un-outcomed' appointments as at October 2018 before a solution was implemented that originally utilised a focussed clerical resource to rectify the issue but on review this only captured a small amount of the errors and would take longer than envisaged.
5. As at March 4<sup>th</sup> 2019, the level of un-outcomed appointment was at 4,125. The rate of reduction of errors did not meet the increased target and this has been reported into the weekly within the divisional safety huddle for escalation and a recovery plan is in progress at a Senior Management level.
6. There are still some KPIs which have been excluded at the request of the services whilst the validation exercise continues.

KPI	Description	Reasoning	Next Step/Updates										
65	Communication - (Inpatients). Estimated Date of Discharge Discussed.	A task and finish group are reviewing this area to ensure the developments in RiO will be embedded into the operational process.	<p>Further to M10 update the below draft improvement trajectory has been produced and has been approved for 19/20 KPI sign off.</p> <table><tr><td>Q4</td><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr><tr><td>25%</td><td>35%</td><td>50%</td><td>70%</td><td>98%</td></tr></table> <p>M12 will provide the update on Q4 in line with the trajectory plan.</p>	Q4	Q1	Q2	Q3	Q4	25%	35%	50%	70%	98%
Q4	Q1	Q2	Q3	Q4									
25%	35%	50%	70%	98%									
64	All patients seen in Out-Patients to have their change in medication or treatment plan communicated to General Practice within 24 hours (excluding weekends and Bank Holidays). Communication documentation is electronically constructed.	In order to accurately record these, a process map is in place. However when investigating, the process map is not being followed correctly and is being added as free text to the progress notes, a field which the BI team is unable to pull data from.	<p>The embedding process is in progress.</p> <p>The improvements that will be made to embedding the process map into the operational process will see improvements by Q4.</p>										

KPI	Description	Reasoning	Next Step/Updates
67	Carers of people with newly diagnosed dementia will have a preliminary assessment of their needs when seen for the first time by secondary care mental health services and referred for a detailed assessment by relevant agencies where appropriate	Historically this was an audit carried out with manual intervention. RiO can now maximise the potential of recording the KPIs.	<p>The issue remains as previously reported. The difficulty remains in the complexity of identifying paid and non paid carers and the ability to audit the current data which is split into free form text.</p> <p>The meeting arranged for January took place and confirmation has been received with the type of data that is reportable for dementia from RiO.</p> <p>The detail of data that RiO is capturing relating to dementia is limited. The system records a diagnosis, but this is recorded upon discharge. There is also the clustering tool with clusters 19 – 21 indicating the patient has dementia.</p> <p>The historical KPIs relating to dementia patients' carers are not reportable via RiO as there is insufficient data capture ability within the system.</p> <p>The way forward is to continue the dialogue with CCGs to develop new dementia KPIs that reflect a more outcome focus rather than historical CQUIN measures.</p>
68	A statement of carers' needs (those caring for someone with dementia) will be part of all new service user assessments and follow up letters will include similar statements when carers needs have changed		
69	People newly diagnosed with dementia and their carers will be offered to attend a post diagnostic support group or equivalent. The post-diagnostic support group/equivalent will include access to <ul style="list-style-type: none"> <li>• Counselling</li> <li>• Advanced directives</li> <li>• Appropriate training for carers</li> <li>• Advice and information around welfare and benefits.</li> </ul>		
70	Dementia - Carers Assessment - All identified carers will be referred to adult social care for assessment for Carer Support/Breaks		
9	Out Patient DNA rates. Percentage of outpatient appointments where the patient DNA a first appointment	<p>Not all appointments have been 'outcomed' therefore data is not a true reflection of position and is less than expected.</p> <p>PLEASE NOTE although the unoutcomed cases will impact on activity they will NOT affect the clinical entries of the patient record which has been completed</p>	<p>Carrying on from M10 narrative. To date, the level of un-outcomed appointment is at 4,125. The rate of reduction of errors did not meet the increased target for week commencing 4<sup>th</sup> March and this has been reported into the weekly within the divisional safety huddle for escalation and a recovery plan is in progress at a Senior Management level.</p>
10	Out Patient DNA rates. Percentage of outpatient appointments where the patient DNA a follow up appointment		
146	Care plans. Electronic recording of number of patients on CPA who have been offered a copy of their care plan.	RiO Screen doesn't specify 'Offered' copy of care plan, wording just stipulates 'Provided' so field not being used correctly.	A SOP continues to be embedded into the operational process and trained into the embedding team process and will continue across Jan / Feb. The aim for the reporting of this KPI is by Q4.

**Early Intervention Psychosis treatment commencing within 2 weeks of referral. Target 53%**  
 Month 11 the following performance was reported.

- South Sefton CCG – 50% (1/2)

The breach was primarily due to a delay in the referral coming to the EIP team from the Trust's stepped up care team. Once received the referral the person was assessed within 10 days.

The low number results in the standard being very sensitive. The year to date average for South Sefton is 70.9%.


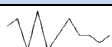
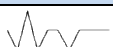
### Safeguarding

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

## 5.1.4 Patient Experience of Mental Health Services

**Figure 61 – Mersey Care Friends and Family Test Performance**

Latest Month: Feb-19

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Mental Health	3.4%	3.5%		89%	89%		4%	3%	

## 5.2 Improving Access to Psychological Therapies

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

South Sefton IAPT KPIs Summary		% 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%
Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March	Total	
National definition of those who have entered into treatment	2017/18	223	319	331	315	269	289	295	358	232	336	245	283	3,495	
	2018/19	315	283	295	332	272	296	361	299	194	327	313		3,287	
Access % ACTUAL - Monthly target 1.4% for Q1 to Q3 - Quarter 4 only 1.58% is required	2017/18	0.92%	1.31%	1.36%	1.30%	1.11%	1.19%	1.21%	1.47%	0.95%	1.38%	1.01%	1.16%	14.38%	
	2018/19	1.30%	1.16%	1.21%	1.36%	1.12%	1.22%	1.49%	1.23%	0.80%	1.35%	1.29%		13.52%	
Recovery % ACTUAL - 50% target	2017/18	35.4%	46.3%	41.9%	44.2%	46.8%	49.5%	43.0%	47.1%	42.1%	45.7%	41.7%	40.4%	43.8%	
	2018/19	52.3%	49.2%	42.7%	47.7%	40.0%	40.8%	45.1%	53.9%	44.9%	50.6%	48.6%		46.8%	
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%	98.3%	100.0%	100.0%	100.0%		99.5%	
ACTUAL % 18 weeks waits - 95% target	2017/18	100.0%	100.0%	99.5%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	2018/19	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100.0%	100.0%		100%	
National definition of those who have completed treatment (KPI5)	2017/18	169	181	196	185	199	186	192	197	150	183	207	183	2,228	
	2018/19	225	200	219	203	200	194	218	183	129	164	145		2,080	
National definition of those who have entered Below Caseness (KPI6b)	2017/18	8	4	5	4	9	2	6	8	5	8	8	5	72	
	2018/19	9	7	8	10	5	2	5	3	2	6	3		60	
National definition of those who have moved to recovery (KPI6)	2017/18	57	82	80	80	89	91	80	89	61	80	83	72	944	
	2018/19	113	95	90	92	78	78	96	97	57	80	69		945	
Referral opt in rate(%)	2017/18	84.5%	89.0%	90.3%	84.7%	88.6%	88.9%	91.8%	89.3%	86.9%	91.3%	82.6%	88.2%	88.8%	
	2018/19	90.2%	84.6%	93.8%	88.1%	88.6%	87.4%	89.7%	88.1%	89.7%	77.5%	84.7%		87.3%	

### Performance Overview/Issues

Cheshire and Wirral Partnership reported 313 patients entering treatment in Month 11, which is a slight decrease from the 327 reported in Month 10. Confirmation from NHS England has outlined that Commissioners are advised that for 2018/19 the access standard of 4.75% per quarter (19.0% annually) should apply to quarter 4 only. For the first 3 quarters of the year, the annual Access rate of 16.8% should be aspired to (4.2% per quarter).

The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is therefore set for Quarter 4 2018/19 at 4.75% which equates to approximately 1.59% per month. The access rate for Month 11 was 1.29% and therefore failed to achieve the standard.

The percentage of people moved to recovery was 48.6% in Month 11, which is a decrease from the 50.6% for the previous month and failing to achieve the target of 50%.

**How are the issues being addressed?**

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

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

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

**Who is responsible for this indicator?**

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

## 5.3 Dementia

**Figure 63 - Dementia casefinding**

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
People Diagnosed with Dementia (Age 65+)	1159	1163	1191	1203	1221	1230	1240	1232	1223	1214	1225
Estimated Prevalence (Age 65+)	1869	1874.3	1877.3	1885.7	1892.5	1900.9	1906	1904.8	1907.2	1911.5	1911.6
NHS South Sefton CCG - Dementia Diagnosis Rate (Age 65+)	62.0%	62.0%	63.4%	63.8%	64.5%	64.7%	65.058%	64.679%	64.13%	63.51%	64.08%
Target	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%

**Performance Overview/Issues**

The latest data on NHS Digital shows South Sefton CCG are recording a dementia diagnosis rate in February of 64.08%, which is under the national dementia diagnosis ambition of 66.7% although a slight increase on last month when 64.51% was reported.

**How are the issues being addressed?**

The CCG needed to find a further 50 patients to achieve the national target of 66.7% for February. The CCG will endeavour to achieve the National Ambition by March 2019. The CCG has completed the Dementia Self-Assessment Tool requested by NHS England, which has full details of the planned actions being undertaken by the CCG.

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

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

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

**Who is responsible for this indicator?**

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

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

**Figure 64 - NHS South Sefton CCG – Improve Access Rate to CYPMH 18/19 Performance**

E.H.9	Q1 18/19		Q2 18/19		Q3 18/19		Q4 18/19		2018/19 YTD	
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
2a- Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	250	310	250	125	250	120	250		750	555
2b- Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	3,121	3,121	3,121	3,121	3,121	3,121	3,121	3,121	3,121	3,121
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	8.0%	9.9%	8.0%	4.0%	8.0%	3.8%	8.0%		24.0%	17.8%

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

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

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

**Figure 65 - South Sefton CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2018/19 Plans (100% Target)**

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	3	21	6	21	4	20	4	
Number of CYP with a suspected ED (routine cases) that start treatment	3	21	6	21	4	22	4	
%	100.00%	100.00%	100.00%	100.00%	100.00%	90.91%	100.00%	-

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

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

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

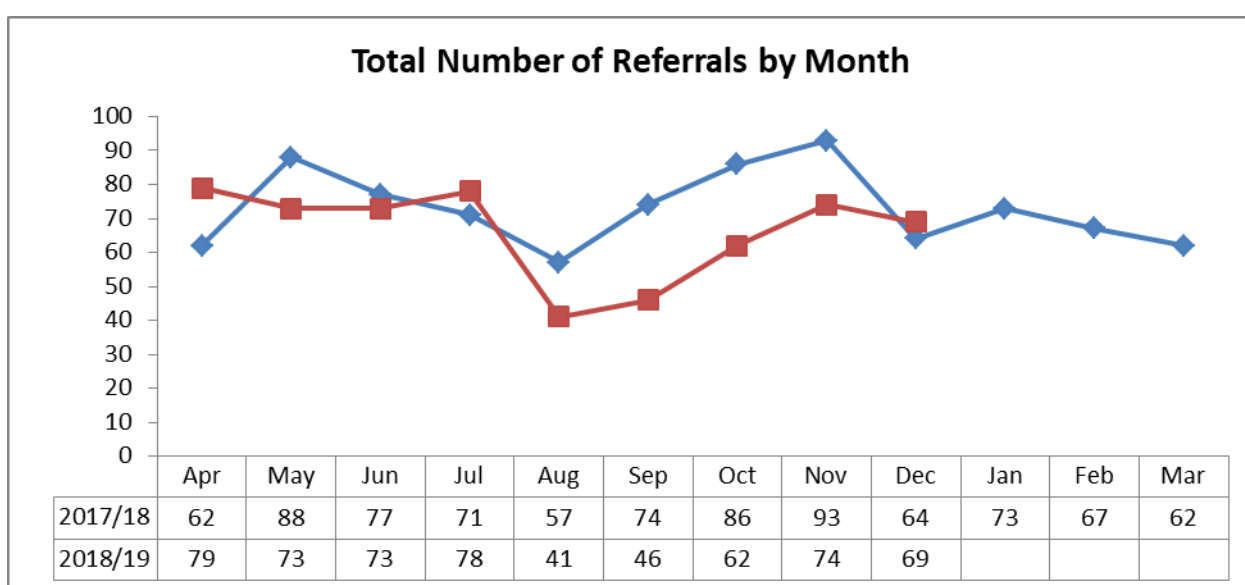
In quarter 3, the CCG had 5 patients under the urgent referral category, 4 of which met the target bringing the total performance to 80% against the 100% target. The patient who breached waited between 1 and 4 weeks.



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

The following analysis derives from local data received on a quarterly basis from Alder Hey Child and Adolescent Mental Health Service (CAMHS). The data is cumulative and the time period is to quarter 3 2018/19. The date period is based on the date of referral so focuses on referrals made to the service during October to December 2018/19. It is worth noting that the activity numbers highlighted in the report are based on a count of the Local Patient Identifier and there may be patients that have more than one referral during the given time period. The 'Activity' field within the tables therefore does not reflect the actual number of patients referred.

**Figure 67 – CAMHS Referrals**



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

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

**Figure 68 – CAMHS Waiting Times Referral to Assessment**

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

The biggest percentage (43.2%) of referrals where an assessment has taken place waited between 0 and 2 weeks from their referral to assessment. All allocated referrals waited 10 weeks or less from point of referral to an assessment being made.

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

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

**Figure 69 - CAMHS Waiting Times Assessment to Intervention**

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

63.0% (51) of all allocated referrals did not have a date of intervention so the assumption can be made that this is yet to take place. If these 51 referrals were discounted, that would mean 33.0% (10) of referrals waited 4 weeks or less from referral to intervention. Collectively 73.3% (22) of those referrals where an intervention took place waited 8 weeks or less from assessment to first intervention.

## 5.7 Learning Disability Health Checks

**Figure 70 – Learning Disabilities Performance Measures**

2018/19			
CCG Name	Total Registered	Total Checked	Total % Checked
<b>Plan</b>	<b>675</b>	<b>126</b>	<b>18.7%</b>
Q1	200	37	18.5%
Q2	153	62	40.5%
Q3	102	45	44.1%



People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people's health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check. A national enhanced service is place with payment available for GPs providing annual health checks, and CCGs were required to submit plans for an increase in the number of health checks delivered in 2018/19 (target 504 for the year). Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. Data quality issues are apparent with practices not submitting their register sizes manually, or incorrectly which is why the 'actual' data in the table above is significantly lower than expected. In quarter 2, the CCG reported a performance of 44.1%, above the plan of 18.7%. However, just 102 patients were registered compared to a plan of 675, with just 45 checked compared to a plan of 126.

## **6. Community Health**

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

The CCG and Mersey Care leads continue to meet on a monthly basis to discuss the current contract performance. Along with the performance review of each service, discussions regarding 2019/20 reporting requirements are being had. The service reviews are now complete and the Trust and CCG community contract leads have had a number of meetings to discuss outcomes and recommendations. A detailed action plan has been developed by the Trust to support this and regular meetings with the CCG have been arranged. It has been agreed that additional reporting requirements and activity baselines will be reviewed alongside service specifications and transformation. A discussion regarding ICRAS reporting took place at the April information sub group and amendments to the current report were agreed to meet CCG requirements.

#### **6.1.1 Quality**

The CCG Quality Team and Mersey Care NHS Foundation Trust (MCFT) are in the process aligning the Quality Schedule, KPIs, Compliance Measures and CQUIN for community services with Liverpool CCG for 2019/20. 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.

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

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

##### Patient DNAs

The Trust monitors DNA performance against an 8.5% threshold.

Diabetes DNAs were at 9.7% in February, a slight decline on the previous month, but an improvement since December 2018.

Dietetics performance has shown an improvement from the 27.5% in January with 19% in February but remains significantly above the threshold.

#### Provider Cancellations

The Trust monitors performance against a 3.5% threshold.

Treatment rooms continue to report above the threshold with 4.2% in February, showing no improvement since last month. Podiatry performance has improved slightly with 4% in February, compared to January when 4.8% was reported. Diabetes has also shown a decline in performance from 3.9% in January to 5% in February.

### 6.1.3 Waiting Times

Waiting times are reported a month in arrears. In January 2019, the following services reported above the 18 week waiting times target.

**Physiotherapy:** January's completed pathways reported a 95<sup>th</sup> percentile of 26 weeks, showing no improvement on last month. Incomplete pathways also reported above the 18 week standard with 23 weeks, again with no improvement. The longest waiter on the incomplete pathway was at 29 weeks. The Trust has reported that capacity issues have resulted in increased waiting times.

#### Trust Actions:

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

**Occupational Therapy:** January's completed pathways reported a 95<sup>th</sup> percentile of 25 weeks, a decline on last month. The incomplete pathways have also declined reporting 22 weeks. A steady increase in average waits over the past six months can be seen in this service for the completed pathways with the incomplete following the same trend. The longest waiter on the incomplete pathway in January was at 26 weeks. The Trust has reported capacity issues due to sickness and vacancies have resulted in increased waiting times.




#### Trust Actions:

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

### 6.1.4 Patient Experience of Community Services

**Figure 71 – Mersey Care Community Friends and Family Test Performance**

Latest Month: Feb-19

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Mental Health	3.4%	3.5%		89%	89%		4%	3%	

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 11 2018/19 the total year to date costs for the CCG were £224,017 with 5,711 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. A new podiatry specification, which brings together core and specialist podiatry, is being developed jointly by the Trust and the CCG.

## 6.3 Alder Hey Community Services

### 6.3.1 Services

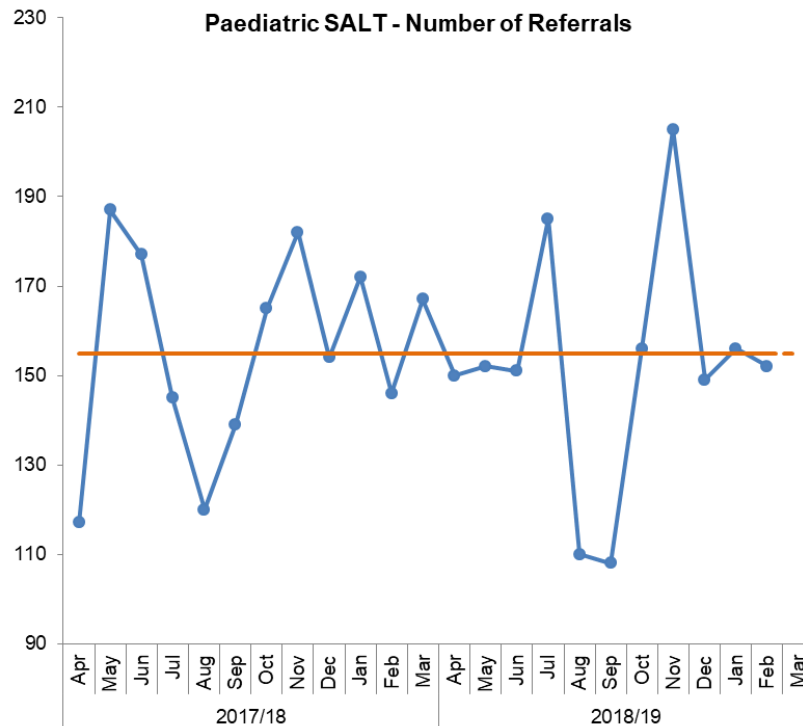
An internal group is set up within the CCG which includes Finance, Contracts, Business Intelligence, and the Children's Commissioning Manager for the CCG. This group is designed to assess current information flows and performance of the services which have transferred to Alder Hey, these services include Continence, Dietetics, Occupational Therapy, and Speech and Language.

### 6.3.2 Waiting Times

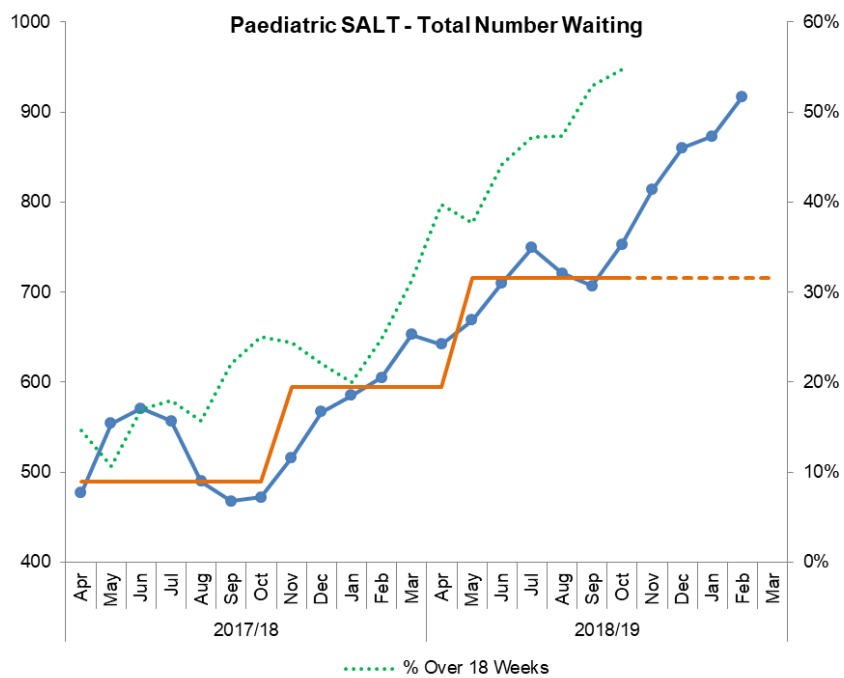
The following issues arose in February 2019.

Paediatric SALT: In February the Trust reported an average wait of 37.5 weeks for South Sefton CCG patients. Performance has steadily declined over the past five months, from an average of just 17 weeks in October 2018.

**Figure 72 – Numbers of Referrals for Paediatric SALT**



**Figure 73 – Total Numbers Waiting for Paediatric SALT**



*\*Overall Sefton data.*

Prior to April 2017 work was undertaken by Liverpool Community Health to address access & waiting times in Sefton SALT. Whilst this ensured that an 18 week referral to initial appointment was achieved this resulted in an internal waiting list of 52 weeks until second appointment.

The SALT service transacted to Alder Hey in April 2017 and as a result significant work has been undertaken to address access and waiting times to the service including the management of those children to whom a duty of care had been opened. In addition, the demand on SALT for social & communication assessment as part of the ASD diagnosis process has had significant impact on access and waiting times to the generalist SALT service.

In 2018, Alder Hey submitted a business case to the CCG's to secure appropriate resource to deliver a timely and effective ASD diagnostic pathway (5 x WTE SALT). Funding for 2x WTE SALT was agreed in October 2018 and recruitment commenced. From May 2019 this additional resource will be in place with 1 WTE SALT for ASD assessment and 1 WTE SALT for the general SALT service.

Community Paediatrics: In February, an average waiting time of 27.5 weeks for both Sefton CCGs combined was reported by the Trust. Average waits for this service have been volatile throughout the year, and the 18 week standard has not been met.

### 6.3.3 Patient DNA's and Cancellations

Paediatric Dietetics: DNA rates have shown no improvement in February with 10% of children not being brought to their appointment.

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

**Figure 74 - South Sefton CCG – Percentage of children waiting more than 18 weeks for a wheelchair - 2018/19 (100% Target)**

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

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

Commissioning arrangements are complex; services for South Sefton patients are commissioned by NHS England and services are provided by Aintree Hospital who then submit data to NHS England nationally. Quarter 3 was also a nil return. Quarterly plans have been submitted with the expectation the CCG is to achieve 100% of patients waiting less than 18 weeks.

## **7. Third Sector Overview**

Quarterly reports from CCG-funded Third Sector providers, detailing activities and outcomes achieved, have been collated and analysed. A copy of the resultant *Third Sector Quarter 3 2018-19 Report* has been circulated to relevant commissioning leads. Providers continue to report that individual service user issues (and their accompanying needs) are increasing in complexity, causing pressure on staffing and resources.

### Age Concern – Liverpool & Sefton

The Befriending and Reablement Service promotes older people's social independence via positive health, support and well-being to prevent social isolation. During Q3 264 service users engaged with the service. 27 cases were closed and 41 referrals received. All referred clients were assessed within 14 days of initial referral and received plans detailing Reablement outcomes, whilst 102 care plan reviews took place within 6 weeks of service commencement. GP's, local NHS Trusts and Community Mental Health Teams accounted for 15% of referrals. Volunteer recruitment also continues apace.

### Alzheimer's Society

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

### Citizens Advice Sefton

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

### Crosby Housing and Reablement Team (CHART)

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

### Expect Limited



Expect Limited provides a non-judgemental environment for mentally-ill service users, helping them to regain skills lost due to illness, develop new ones, become socially included and gain independence. 40% of new referrals were received from Mersey Care NHS Trust whilst 60% were Self/Carer referrals. All of Expect Limited's existing clients are in receipt of benefits with a diagnosis e.g. anxiety, depression, personality disorder, Post-Traumatic Stress Disorder etc. During Q3 there were 1,789 drop-in contacts (Monday to Friday) and a total of 2,438 structured activities were delivered.

#### Imagine independence

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

#### Netherton Feelgood Factory

The service provides a safe space for people with complex mental and social care needs (Upstairs @ 83 offers open access drop-in, one-to-one counselling, group interventions, welfare advice and support). In Q3 three paid staff were employed together with a small number of volunteers. New referrals together with existing cases saw 70 people accessing the service. Referral routes included GP practices, mental health professionals, self/carer and solicitors. The vast majority of clients were drawn from either Litherland 49% or Netherton & Orrell 39% electoral wards as well as Birkdale 9% and Harrington 3%. 52% of clients were female and 48% male, with an ethnicity of White British. An example of work undertaken during Q3 included working with a service user with complex development trauma.

#### Parenting 2000

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

#### Sefton Advocacy

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

#### Sefton Carers Centre

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

#### Sefton Council for Voluntary Service

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

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

SWACA provides crisis intervention, early intervention and prevention to overcome the impact of domestic abuse; including advocacy, advice, programmes of work, parenting support, legal advice and therapeutic support; plus multi-agency training and VCFSE partnership working. During Q3 there were 618 new referrals. 171 assessments were completed and 22 are pending further action; 83 were already active in the service; 79 were placed on the waiting list; 6 were referred to a partner agency and 7 recorded under the Other category; and 16 were found to be not within SWACA's remit. 232 were closed due to support being refused. 191 women and 63 children received support during the quarter. The refuge accommodated 6 women along with 4 children. 92% were female service users and 8% male. Referrals came from various sources, with the top three being Legal (Police - Family Crisis Intervention Unit) 43%, Children & Young People's Services 25% and Self 17%.

#### Stroke Association

The Association provides information, advice and support for up to 12 months post-stroke. It works in hospital and community settings, alongside a multi-disciplinary team of health and social care



professionals. During Q3 there were 87 referrals in South Sefton and 78 in Southport & Formby. Working age stroke survivors and carers figures were 30% and 14% respectively. These were given post-stroke information on going back-to-work, welfare benefits, available financial and emotional support, and help for young families. 97 stroke survivors were discharged. The top 5 outcome indicators for the quarter were better understanding of stroke 20% (and stroke risk 10%), feeling reassured 20%, enabled to self-manage stroke and its effects 7% and reduced anxiety or distress 6%. The service also attends weekly discharge planning meetings with the Early Supported Discharge Team. Group meetings held during the period included the Communication Group, Peer Support Group and Merseyside Life After Stroke Voluntary Group. 113 volunteering hours were worked across Sefton during Q3 that equates to £1,472. The Association also assists with applications for grant payments/benefits, securing 4 recovery grants totalling £1,121.88.

### Swan Women's Centre

The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. During December 69 women were part-way through their 12 allocated counselling sessions whilst 6 have exceeded twelve weeks and are continuing. There were 48 new referrals for Counselling. The main referral sources were GP referral 20%, Self-referral/Carer 55%, Mersey Care NHS Trust 7% and Other Professionals 12%. Of the counselling sessions available during this period 73% were booked and used, 22% were cancelled by the client and just 5% were recorded as Did Not Attend. The Centre also provides an Outreach Service (only available by professional referral) for women diagnosed with severe mental illness, and those that do not fit the mental illness criteria but who need support. 1 referral was made to the Outreach Service (with 27 people supported and 51 outreach sessions delivered in total). The Emotional Well-being Support Group offers support to women via a qualified counsellor with experience of group therapy. 11 new referrals were received during the period with 97 attendances in total.

## 8. Primary Care

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

**Figure 75 - 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).

A CCG working group developed a service specification for an extended hour's hub model to provide extended access in line with the GP Five Year Forward View requirements. This service went live on the 1st October 2018 and now all GP practices are offering 7 day access to all registered patients. Therefore the CCG is 100% compliant.

## 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 has been one recent inspection Glovers Lane Surgery, this remains good in all areas. All results are listed below:

**Figure 76 - 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	27 March 2019	Good	Good	Good	Good	Good	Good
N84028	The Strand Medical Centre	04 April 2018	Good	Good	Good	Good	Good	Good
N84034	Park Street Surgery	17 June 2016	Good	Good	Good	Good	Good	Good
N84038	Concept House Surgery	30 April 2018	Good	Good	Good	Good	Good	Good
N84001	42 Kingsway	07 November 2016	Good	Good	Good	Good	Good	Good
N84007	Liverpool Rd Medical Practice	06 April 2017	Good	Good	Good	Good	Good	Good
N84011	Eastview Surgery	11 October 2017	Good	Good	Good	Good	Good	Good
N84020	Blundellsands Surgery	24 November 2016	Good	Good	Good	Good	Good	Good
N84026	Crosby Village Surgery	27 December 2018	Good	Good	Good	Good	Good	Good
N84041	Kingsway Surgery	07 November 2016	Good	Good	Good	Good	Good	Good
N84621	Thornton Practice	16 October 2018	Good	Good	Good	Good	Good	Good
N84627	Crossways Surgery	19 February 2019	Good	Good	Good	Good	Good	Good
N84626	Hightown Village Surgery	18 February 2016	Good	Requires Improvement	Good	Good	Good	Good
N84003	High Pastures Surgery	09 June 2017	Good	Good	Good	Good	Good	Good
N84010	Maghull Family Surgery (Dr Sapre)	31 July 2018	Good	Good	Good	Good	Good	Good
N84025	Westway Medical Centre	23 September 2016	Good	Good	Good	Good	Good	Good
N84624	Maghull Health Centre	07 September 2018	Good	Good	Good	Good	Good	Good
Y00446	Maghull Practice PC24	30 October 2018	Good	Requires Improvement	Good	Good	Good	Good
N84004	Glovers Lane Surgery	27 March 2019	Good	Good	Good	Good	Good	Good
N84023	Bridge Road Medical Centre	15 June 2016	Good	Good	Good	Good	Good	Good
N84027	Orrell Park Medical Centre	14 August 2017	Good	Good	Good	Good	Good	Good
N84029	Ford Medical Practice	15 March 2019	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
N84035	15 Sefton Road	22 March 2017	Good	Good	Good	Good	Good	Good
N84043	Seaforth Village Practice	29 October 2015	Good	Good	Good	Good	Good	Good
N84605	Litherland Town Hall Health Centre PC24	26 November 2015	Good	Good	Good	Good	Good	Good
N84615	Rawson Road Medical Centre	16 March 2018	Good	Good	Good	Good	Good	Good
N84630	Netherton Practice	19 February 2019	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement

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

## 9. Better Care Fund

A revised quarter 3 2018/19 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in February 2019. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date.

A summary of the Q3 BCF performance is as follows:

**Figure 77 – BCF Metric performance**

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

**Figure 78 – BCF High Impact Change Model assessment**

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

## **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 11 performance and narrative detailed in the table below.

**Figure 79 - South Sefton CCG's Month 11 Submission to NHS England**

February Month 11 2019	Month 11 Plan	Month 11 Actual	Month 11 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	3,381	3,274	-3.2%	GP referral levels have decreased in month 11 but this was anticipated as part of a seasonal trend. Local monitoring has established that both GP referrals and Other referrals were within the statistical norm. An increase in Other referrals occurred in month 10 but numbers were comparable to that reported in the two months prior to Dec-18. An increase in consultant-to-consultant referrals was also evident at the main hospital provider within various specialities including Cardiology and T&O. However, other referrals in month 11 were within 1% of the baseline median for 2018/19. Total referral numbers are also within the 2% threshold year to date for South Sefton CCG.
Other	2,315	2,432	5.1%	
Total (in month)	5,696	5,706	0.2%	
Variance against Plan YTD	63,187	63,800	1.0%	The CCG are also aware of a potential issue with local referral monitoring. This was related specifically to the paper switch off in preparation for ERS implementation at the main hospital provider. Feedback suggests this is a result of paper referrals potentially being rejected and a replacement electronic referral received after the end of the month. The provider has assured the CCG that refreshes of local referral data will continue to be received each month. Discussions regarding referrals are also on-going via the information sub group, contract review meetings and the planned care group.
Year on Year YTD Growth			-0.1%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	5,384	4,474	-16.9%	First and follow up appointments have decreased in month 11 aligning to seasonal trends. Activity variances in this time are mainly focussed within the main hospital provider but a number of providers have seen decreases in month. Overall, numbers were not outside of the statistical norm and were comparable to month 11 in the previous year. The year to date position for outpatient activity is slightly outside of the 2% threshold at month 11. A planned care group has been established with the main hospital provider to review elements of performance and activity.
Follow Up	11,445	10,328	-9.8%	
Total Outpatient attendances (in month)	16,829	14,802	-12.0%	
Variance against Plan YTD	178,363	172,718	-3.2%	
Year on Year YTD Growth			-2.2%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1,868	1,835	-1.8%	Total YTD elective activity is in line with planned levels with a slight -1.5% decrease evident at month 11. Seasonal variation in month 11 has shown decreased levels of activity of electives and day cases as expected. However, overall elective numbers were within 1% of the baseline median for 2018/19. Day case trends are slightly higher per month to 1718 levels but with similar seasonal trends. A planned care group has been established with the main hospital provider to review elements of performance and activity.
Elective Ordinary spells	242	208	-14.0%	
Total Elective spells (in month)	2,110	2,043	-3.2%	
Variance against Plan YTD	22,880	22,544	-1.5%	
Year on Year YTD Growth			1.9%	
Urgent & Emergency Care				
Type 1	4,190	4,295	2.5%	Issues remain with the CCG unable to replicate TNR CAM in local information provided by DSCRO. Urgent care levels are closely monitored by our Urgent Care leads within the CCG who link closely with our local acute providers. Local monitoring suggests type 1 A&E attendances are approx. 3.2% higher YTD when comparing to 17/18 with the main hospital provider reporting some of the highest attendances of recent years in May-18 and Jul-18. Although increased activity levels have been noted in 1819, CCG's local monitoring of total A&E activity show month 11 levels were slightly below an average for 18/19. The 4hr target position at the main hospital provider has also decreased slightly to approx. 84.8% in month 11. CCG urgent care leads are working collaboratively with the provider and local commissioners to understand A&E attendances/performance and address issues relating to patient flow.
Year on Year YTD			3.9%	
All types (in month)	8,660	8,068	-6.8%	
Variance against Plan YTD	96,472	92,160	-4.5%	
Year on Year YTD Growth			-1.2%	
Total Non Elective spells (in month)	1,973	2,120	7.5%	Changes in pathway at the CCG's main provider part way through 2017/18 resulted in higher levels of admissions and this trend has continued into 2018/19 with admission rates continuing to rise. The increase is focused predominantly with the zero length of stay / short stay categories. A&E activity has not risen to the same extent as admissions but conversion rates have increased significantly over the past year in line with the pathway changes at the CCG's main acute provider, which have been discussed at regular contract meetings. Local monitoring suggests a 9% decrease in emergency admissions in month 11 when compared to the previous month, which aligns to seasonal trends.
Variance against Plan YTD	21,172	23,997	13.3%	
Year on Year YTD Growth			15.5%	