



**South Sefton**  
Clinical Commissioning Group

# **South Sefton Clinical Commissioning Group**

## **Integrated Performance Report March 2019**

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## Summary Performance Dashboard

Metric	Reporting Level		2018-19												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
E-Referrals																
<b>2142: <a href="#">NHS e-Referral Service (e-RS) Utilisation Coverage</a></b> Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG	R	R	R	R	R	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%	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	R	
		Actual	2.733%	2.066%	2.254%	3.161%	3.009%	3.728%	3.76%	3.08%	4.97%	4.04%	1.64%	1.75%	3.002%	
		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	R	
		Actual	90.112%	90.458%	89.959%	89.296%	88.554%	87.882%	87.87%	89.32%	88.91%	89.02%	89.09%	89.036%	89.133%	
		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%		
<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	R	
		Actual	3	3	10	9	6	1	3	4	2	2	1	1	45	
		Target	0	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	0	G	
		Actual	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Metric	Reporting Level		2018-19												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Cancer Waiting Times															
<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	R
		Actual	90.40%	90.41%	88.6%	92.69%	93.84%	92.6%	88.9%	92.25%	90.79%	78.89%	90.54%	91.056%	90.06%
		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	R
		Actual	92.06%	94.32%	96.1%	94.00%	87.84%	89.83%	100%	96.43%	75.00%	56.67%	57.58%	68.00%	84.44%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<b>535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</b> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	R	G	G	G	G	G	G	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%	100.0%	97.95%
		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	G
		Actual	100%	100%	84.6%	100%	100%	100%	92.9%	100%	94.44%	100%	100%	100.0%	97.45%
		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	G
		Actual	100%	100%	96.30%	100%	100%	100%	100%	100%	95.00%	95.00%	100%	100.0%	98.92%
		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	R	G
		Actual	96.43%	100%	100%	100%	94.4%	100%	100%	96.77%	95.24%	100%	100%	92.308%	97.97%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%



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

<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	G	R
		Actual	70%	63.636 %	83.333%	88.889%	77.778%	75.00%	66.67%	66.7%	100%	60%	85.71 %	90.91%	76.99%
		Target	85.0%	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	G	R
		Actual	-	66.67%	0.00%	100.00%	100.00%	100.00%	83.33%	100%	71.43%	88.89%	50%	100.0%	85.185%
		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	R
		Actual	82.76 %	83.78%	82.93%	71.795%	88.235%	66.667%	79.41%	70.37%	83.87%	69.23%	68.18 %	78.79%	77.36%
		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	R
		Actual	86.6%	87.39%	88.3%	87.27%	89.76%	87%	83.45%	83.64%	82.89%	82.36%	80.14%	80.64%	85.30%
		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	G	R
		Actual	0	0	0	1	0	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	G	R
		Actual	0	2	2	0	1	0	0	2	0	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	G	R
		Actual	0	0.30	0.30	0.00	0.20	0	0	0.3	0.00	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
<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	59
		Target	5	9	14	18	22	26	31	35	40	44	49	53

Mental Health															
<b>138: <a href="#">Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</a></b> The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G	G			G			G			G		
		Actual	100%	100%			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	G
		Actual	80.00%	100.00%	57.14%	100%	75.00%	66.67%	75.00%	50%	75.00%	50%	50%	62.50%	67.925%
		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: <u>IAPT Recovery Rate (Improving Access to Psychological Therapies)</u></b> The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R												
		Actual	48.065%												
		Target	50.00%												
<b>2131: <u>IAPT Access</u></b> The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R												
		Actual	3.66%												
		Target	4.20%												
<b>2253: <u>IAPT Waiting Times - 6 Week Waiters</u></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												
		Actual	99.4%												
		Target	75.00%												
<b>2254: <u>IAPT Waiting Times - 18 Week Waiters</u></b> The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT	South Sefton CCG	RAG	G												
		Actual	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

2166: <a href="#">Estimated diagnosis rate for people with dementia</a> Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	R	R	R	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%	65.004%	63.922%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

### Children and Young People with Eating Disorders

<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	R
		Actual	100%	100%	90.91%	92.31%	95.56%
		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	R
		Actual	100%	100%	80%	66.67%	88.89%
		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%

## 1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 12 (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

Year to date referrals at month 12 have increased by 2.7% when comparing to the equivalent period in the previous year. Referrals in month 12 have increased compared to the previous month although this was anticipated as part of a seasonal trend with more working days in month compared to the previous. 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 1.1%.

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in March recording 1.75%, similar to last month when 1.64% was recorded. Aintree for the second month achieved the under 1% of patients waiting more than 6 weeks for a diagnostic test in March.

In March, there was 1 South Sefton patient waiting on the incomplete pathway for 52+ weeks against the national zero tolerance threshold. This is the same patient who breached in previous few months at Liverpool Womens, the treatment issue for the patient has been resolved and they have a confirmed booked appointment.

The CCG continues to report performance below the 92% standard for patients on an incomplete non-emergency pathway waiting no more than 18 weeks, with 89.02% in March. This is similar to last month. In March, 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 March at 20.8%; slightly better than last month when 19.5% 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 is 1% higher than last month at 4% and above the England average.

Performance at Month 12 of the financial year 2018/19, against planned care elements of the contracts held by NHS South Sefton CCG show an underperformance of -£401k/-0.8%. 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 £1m/2.2%.

### **Unplanned Care**

Aintree revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2018/19. The Trust has failed their STP target of 95% in March reaching 85.12% (YTD 86.25%). 2,163 attendances out of 14,536 were not admitted, transferred or discharged within 4 hours.

The NWS Ambulance Response Programme (ARP) made progress during 2018/19 but failed to achieve the range of standards required. The 2019/20 contract has been negotiated and agreed with recurrent investment to deliver additional capacity and transformation of the service delivery model. Additional non recurrent capacity investment of £1m is conditional upon NWS delivering the ARP standards in full (with the exception of the C1 mean) from quarter 4 2019/20. The C1 mean target is to be delivered from quarter 2 2020/21. A trajectory has been agreed with the Trust for progress towards delivery of the standards and if these are not met as per the trajectory, the payment will not be made.

The CCG had 4 new cases of C.Difficile in March bringing the year to date total to 59, against a year to date plan of 53 so are over plan currently (20 apportioned to acute trust and 39 apportioned to community) the CCG has failed the 2018/19 target.

The CCG had no new cases of MRSA in March; 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 March there were 12 cases (170 YTD) against a year to date plan of 128. Aintree reported 25 cases in March (358 YTD). There are no targets set for Trusts at present.

Performance at Month 12 of financial year 2018/19, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £3m/5.9%. 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 £596k/1.2%.

### **Mental Health**

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership reported 312 patients entering treatment in Month 12, which is similar to what was reported last month (313). The access rate for Month 12 was 1.28% and therefore failed to achieve the standard. The percentage of people moved to recovery was 47.4% in Month 12, is again similar to the previous month, the year end recovery rate was 47.4% and has failed the 50% target for 2018/19.

The latest data shows South Sefton CCG are recording a dementia diagnosis rate in March of 65%, which is under the national dementia diagnosis ambition of 66.7% and a slight improvement on last month when 64.08% was reported.

### **Community Health Services**

CCG and Mersey Care leads are working to progress the outcomes and recommendations from the service reviews undertaken of all South Sefton community services. A transformation plan has now been 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 4 2018/19 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in May 2019. This reported that all national BCF conditions were met in regard to assessment against the High Impact Change Model; but with on-going work required against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care. Narrative is provided 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

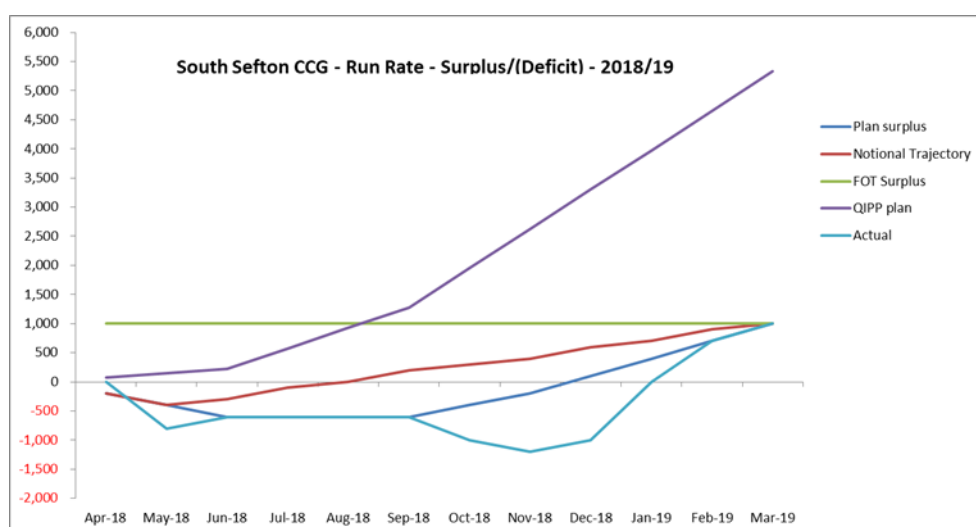
This report focuses on the financial performance for South Sefton CCG as at 31<sup>st</sup> March 2019.

**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**

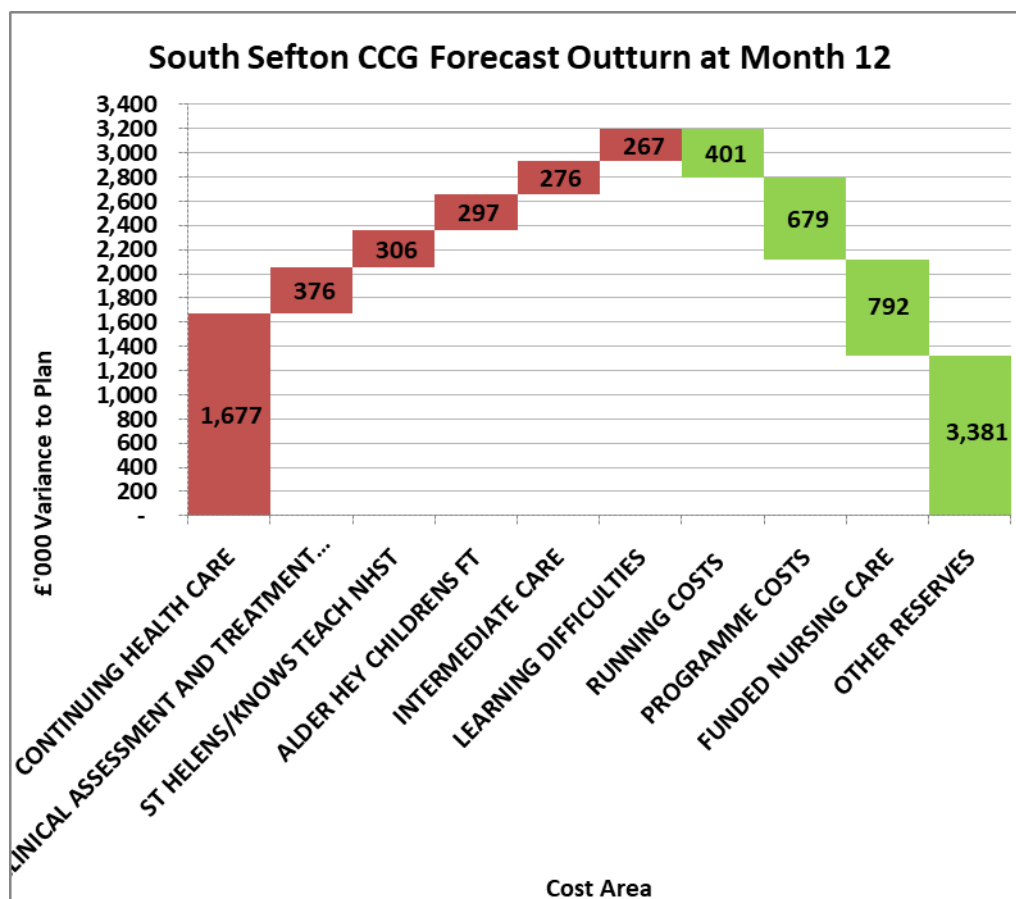
Key Performance Indicator		This Month
Business Rules	1% Surplus	n/a
	0.5% Contingency Reserve	✓
	0.5% Non-Recurrent Reserve	✓
Breakeven	Financial Balance	✓
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£2.379m
Running Costs	CCG running costs < 2017/18 allocation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

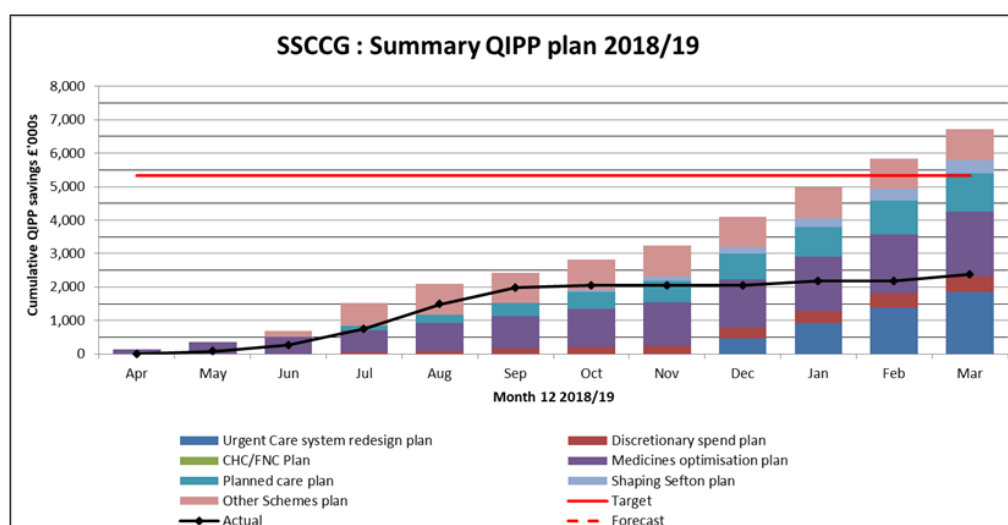
Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	1.824
Alder Hey Children's Hospital NHS Foundation Trust	(0.043)
Liverpool Women's NHS Foundation Trust	(0.832)
Liverpool Heart & Chest NHS Foundation Trust	(0.074)
Royal Liverpool and Broadgreen NHS Trust	0.037
Mersey Care 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.

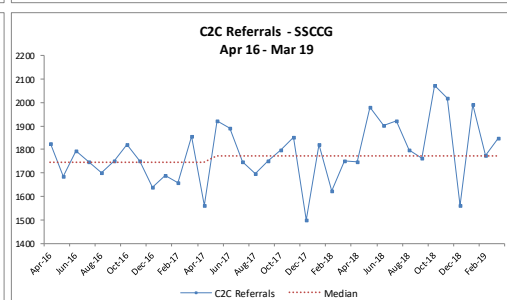
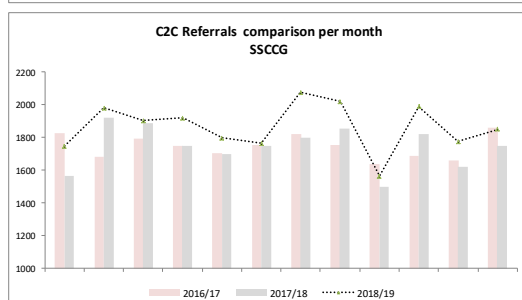
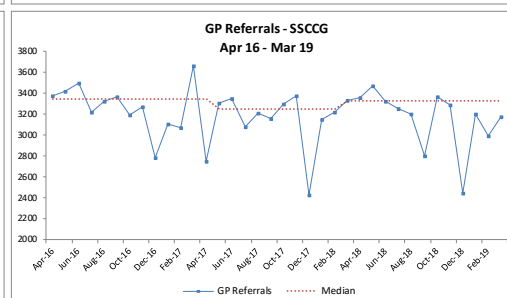
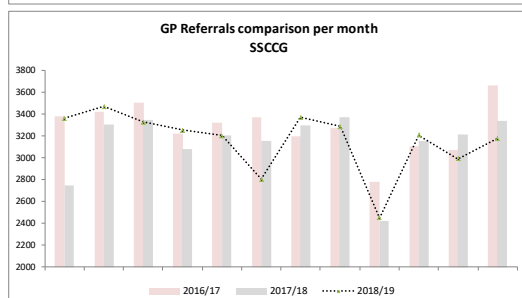
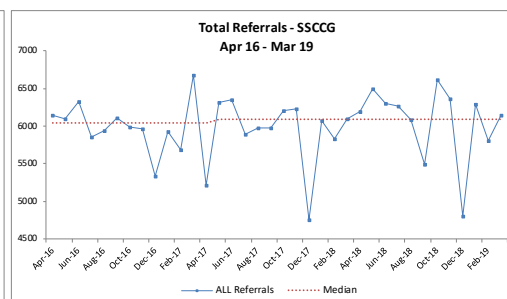
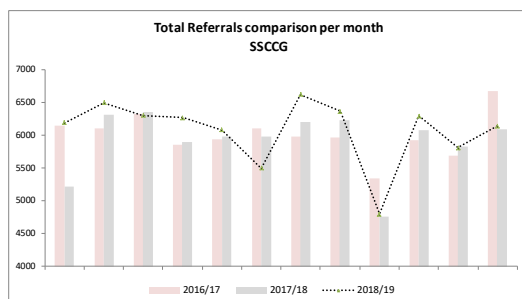
Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	N/A	Alison Ormrod



### 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	2748	3361	613	22%	1563	1748	185	12%	5213	6193	980	19%
May	3309	3469	160	5%	1920	1981	61	3%	6321	6498	177	3%
June	3351	3327	-24	-1%	1890	1902	12	1%	6355	6305	-50	-1%
July	3082	3256	174	6%	1749	1920	171	10%	5898	6273	375	6%
August	3209	3202	-7	0%	1699	1798	99	6%	5980	6081	101	2%
September	3160	2806	-354	-11%	1750	1765	15	1%	5982	5497	-485	-8%
October	3301	3370	69	2%	1798	2074	276	15%	6204	6623	419	7%
November	3375	3289	-86	-3%	1852	2018	166	9%	6229	6369	140	2%
December	2427	2449	22	1%	1500	1563	63	4%	4760	4801	41	1%
January	3155	3207	52	2%	1821	1990	169	9%	6078	6296	218	4%
February	3217	2992	-225	-7%	1622	1776	154	9%	5832	5814	-18	0%
March	3338	3177	-161	-5%	1750	1849	99	6%	6099	6145	46	1%
Monthly Average	3139	3159	19	1%	1743	1865	123	7%	5913	6075	162	3%
YTD Total Month 12	37672	37905	233	1%	20914	22384	1470	7%	70951	72895	1944	3%
Annual/FOT	37672	37905	233	1%	20914	22384	1470	7%	70951	72895	1944	3%



**Data quality note:**

Liverpool Heart & Chest data has been unavailable from month 9 of 2018/19 onwards. Therefore, to allow for consistency, Liverpool Heart & Chest referrals have been removed from 2017/18 data onwards.

- Year to date referrals in 2018/19 have increased by 2.7% when comparing to 2017/18.
- GP referrals in 2018/19 are comparable to 2017/18 levels with a small increase of 0.6%.
- Routine GP Referrals have seen a 1.4% reduction in 2018/19 with urgent and two week wait referrals increasing by 11% and 16.9% respectively.
- Renacres and Southport Hospitals are seeing notable year to date increases in GP referrals. Each has seen increases within Trauma & Orthopaedics.
- Year to date consultant-to-consultant referrals have increased by 7%. Aintree's consultant-to-consultant increases have been focused within T&O, Respiratory Medicine, Gastroenterology and Ophthalmology.
- Aintree is seeing a 1.1% increase in total referrals year to date in 2018/19. Aintree have reported increases for South Sefton CCG in Ophthalmology, Dermatology, Breast Surgery, and General Surgery when comparing to the previous year.
- In contrast, Royal Liverpool is reporting a 5.3% decrease in referrals with reductions focussed within Dermatology and ENT.
- Trauma & Orthopaedics is the highest referred to specialty for South Sefton and referrals have been slightly higher when compared to 2017/18 levels.
- The majority of the top 10 referred to specialties in 2018/19 are seeing increases in total referrals when compared to the previous year with the exceptions being Cardiology and Dermatology.
- Trends show that the baseline median for total referrals has remained flat across 2017/18 and into 2018/19.

### 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 demonitator 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

Mar-19

GP Practice Code	GP Practice Name	e-RS Referrals	Local GP Referrals	% Local GP Refs	↑↓
N84001	42 KINGSWAY	164	209	78.5%	▲
N84002	AINTREE ROAD MEDICAL CENTRE	21	30	70.0%	▼
N84003	HIGH PASTURES SURGERY	181	239	75.7%	▼
N84004	GLOVERS LANE SURGERY	108	143	75.5%	▲
N84007	LIVERPOOL RD MEDICAL PRACTICE	82	126	65.1%	▼
N84010	MAGHULL HEALTH CENTRE (DR SAPRE)	65	91	71.4%	▼
N84011	EASTVIEW SURGERY	89	155	57.4%	▼
N84015	BOOTLE VILLAGE SURGERY	142	155	91.6%	▲
N84016	MOORE STREET MEDICAL CENTRE	94	133	70.7%	▲
N84019	NORTH PARK SURGERY	95	131	72.5%	▼
N84020	BLUNDELLSANDS SURGERY	148	182	81.3%	▲
N84023	BRIDGE ROAD MEDICAL CENTRE	104	131	79.4%	▲
N84025	WESTWAY MEDICAL CENTRE	141	187	75.4%	▲
N84026	CROSBY VILLAGE SURGERY	40	55	72.7%	▲
N84027	ORRELL PARK MEDICAL CENTRE	73	89	82.0%	▲
N84028	THE STRAND MEDICAL CENTRE	88	128	68.8%	▲
N84029	FORD MEDICAL PRACTICE	68	100	68.0%	▼
N84034	PARK STREET SURGERY	104	140	74.3%	▲
N84035	15 SEFTON ROAD	82	107	76.6%	▲
N84038	CONCEPT HOUSE SURGERY	94	106	88.7%	▲
N84041	KINGSWAY SURGERY	60	90	66.7%	▲
N84043	SEAFORTH VILLAGE SURGERY	27	37	73.0%	▼
N84605	LITHERLAND PRACTICE	46	80	57.5%	▼
N84615	RAWSON ROAD MEDICAL CENTRE	36	50	72.0%	▲
N84621	THORNTON SURGERY	58	65	89.2%	▲
N84624	MAGHULL HEALTH CENTRE	15	33	45.5%	▲
N84626	HIGHTOWN SURGERY	23	23	100.0%	▲
N84627	CROSSWAYS PRACTICE	48	54	88.9%	▲
N84630	NETHERTON SURGERY	37	53	69.8%	▲
Y00446	MAGHULL SURGERY	72	85	84.7%	▲
<b>South Sefton CCG Total</b>		<b>2405</b>	<b>3207</b>	<b>75.0%</b>	▲
<b>E-Referral Utilisation Coverage*</b>					▶
<b>Change From Previous Month</b>					
▲	Up				
▼	Down				

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 75% for South Sefton CCG, a decline on last month (75.7%).

**How are the issues being addressed?**

A review of referral data was undertaken to get a greater understanding of the underlying issues relating to the underperformance. The data indicates that there is no uniform way that trusts code receipt of electronic referral and the eRs data at trust level is of poor quality. This has therefore provided difficulties in identifying the root causes of the underperformance.

**When is performance expected to recover?**

A meeting with relevant CCG staff has been organised (w/c 27th May 2019) to identify actions that require progression by acute trusts that will provide assurance that the data received is robust. Once a series of actions have been formulated, a meeting with providers will be convened to agree

actions and timescales for implementation. This will form the basis for a more robust contract management of eRs with acutes, and the non-payment of activity not referred through eRs.

### 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 - Mar	1.00%	1.75%	↕
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	18/19 - Mar	1.00%	0.91%	↔

### Performance Overview/Issues

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in March recording 1.75%, similar to last month when 1.64% was recorded. In March, out of 2,572 patients, 45 patients were waiting at 6+ weeks of those 3 at 13+ weeks. The majority of breaches were for Echocardiography (16) and MRI (8). The Trust mainly responsible for the CCG underperformance is Liverpool Heart & Chest. Out of 48 patients they have 8 waiting over 6 weeks and 2 over 13 weeks reporting 20.83% against the less than 1% plan.

Aintree achieved the under 1% of patients waiting more than 6 weeks for a diagnostic test in March.

### 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. However, LH&C will implement a waiting list initiative to work towards reducing the backlog; expected improved performance will be Q4 2019/20.

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?

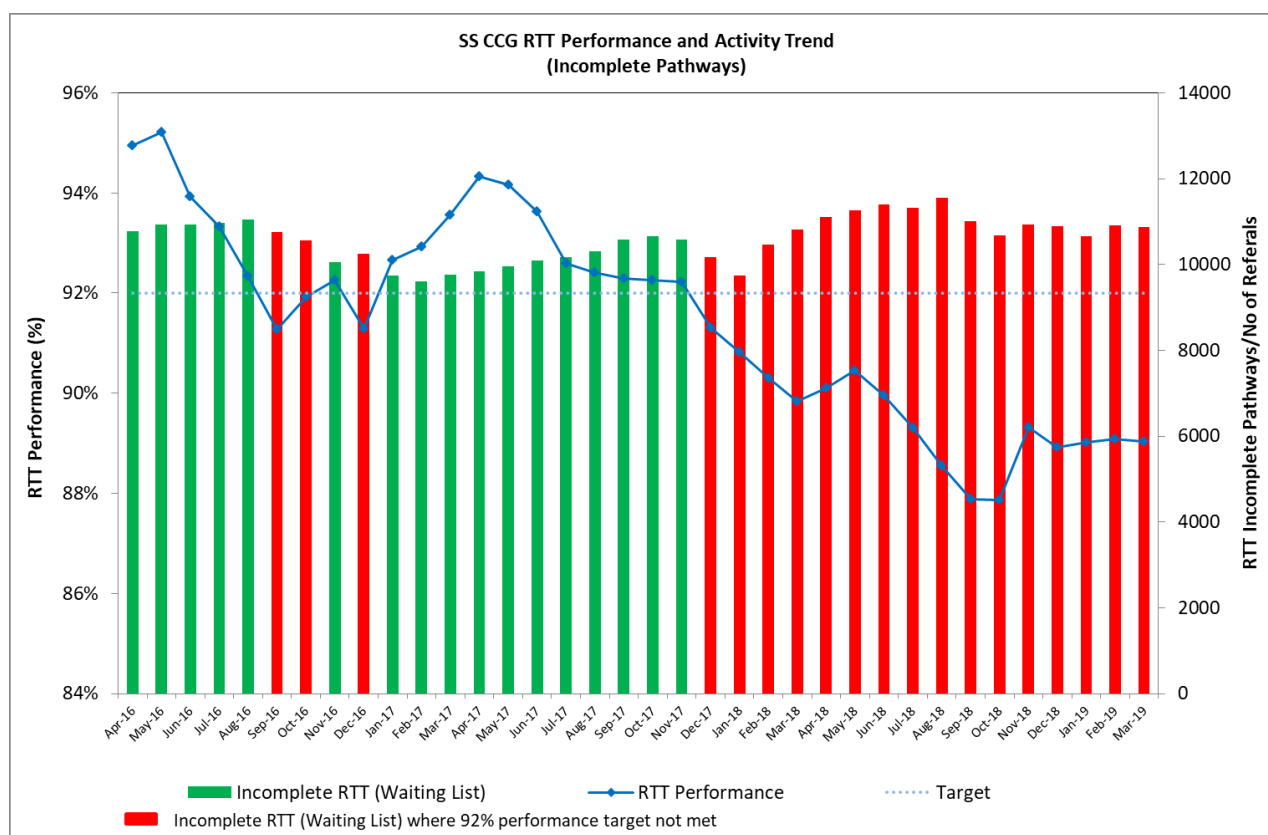
Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	John Wray	Terry Hill

### 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. <b>(CCG)</b>	18/19 - Mar	0	1	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. <b>(Aintree)</b>	18/19 - Mar	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% <b>(CCG)</b>	18/19 - Mar	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% <b>(Aintree)</b>	18/19 - Mar	92%	88.98%	↓

**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	10,863	10,863
<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>57</b>	<b>57</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	10,863	10,863
<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>57</b>	<b>57</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.

In March, 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 the previous few months 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, 6 sessions of staff training for PTNS will commence on 23<sup>rd</sup> May, the Training Company have confirmed attendance and appointment booked and confirmed with patient for 28<sup>th</sup> May 2019.

NHS England set CCGs the target of total RTT incomplete pathways in March 2019 being no higher than in March 2018. In March, the CCG had 10,863 incomplete pathways, 57 patients more than the March of the previous year and is therefore has not achieved the target year end plan.

The CCG continues to report performance below the 92% standard for patients on an incomplete non-emergency pathway waiting no more than 18 weeks, with 89.02% in March. This is similar to last month. In March, of 10,914 patients, 1,191 were waiting over 18 weeks on the incomplete pathway.

Aintree also failed this standard for March recording 88.98%. Out of 15,400 patients there were 1,907 waiting over 18 weeks on the incomplete pathway a 1.47% decline on February's position. The total number of patients on an incomplete pathway as at month end was 17,307 which was a 3.4% decrease on February's position. The Trust advised during March 2019 that their waiting list was indicating they were on track to achieve the target at the end of March 2019. However published data shows that the target was narrowly missed.

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.

#### **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 CCG has recruited 3 interim project managers whose focus will be on redesigning services that will support the system in terms of financial and acute sustainability. The project managers will focus on outpatients, gastroenterology, dermatology, respiratory and CVD.

As part of the Acting as One agreement with our acute providers principals have been agreed, that will support the Trust and CCG in attaining their RTT ambitions. This includes the man management schemes. The Governance processes are yet to be ratified, however, once the Governance processes are agreed, actions plan and timescales will be developed and shared.

#### 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?

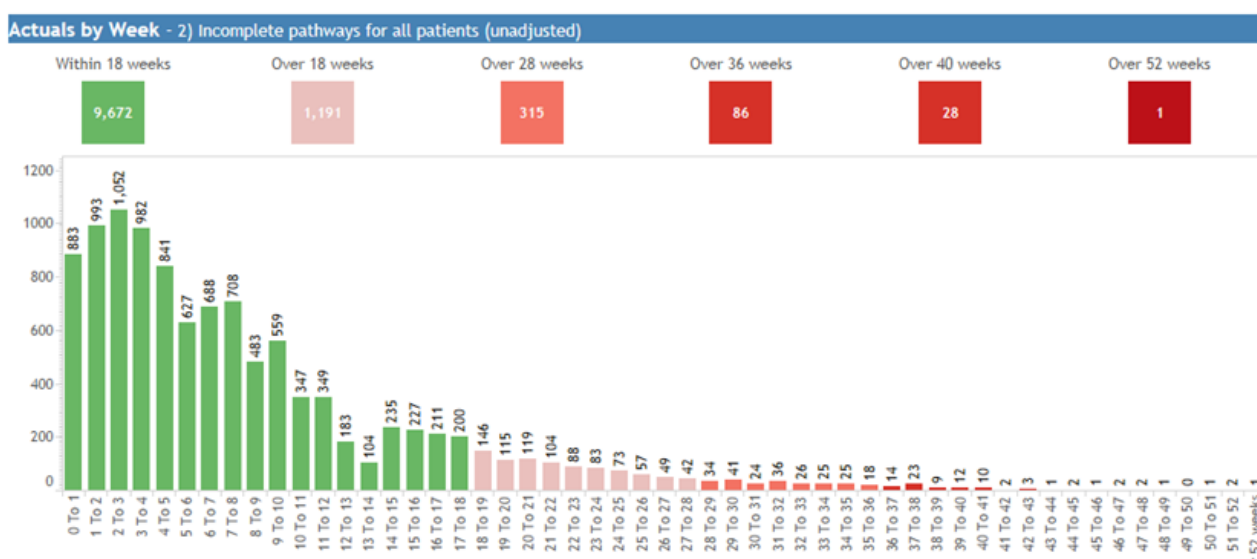
March 2020.

### 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

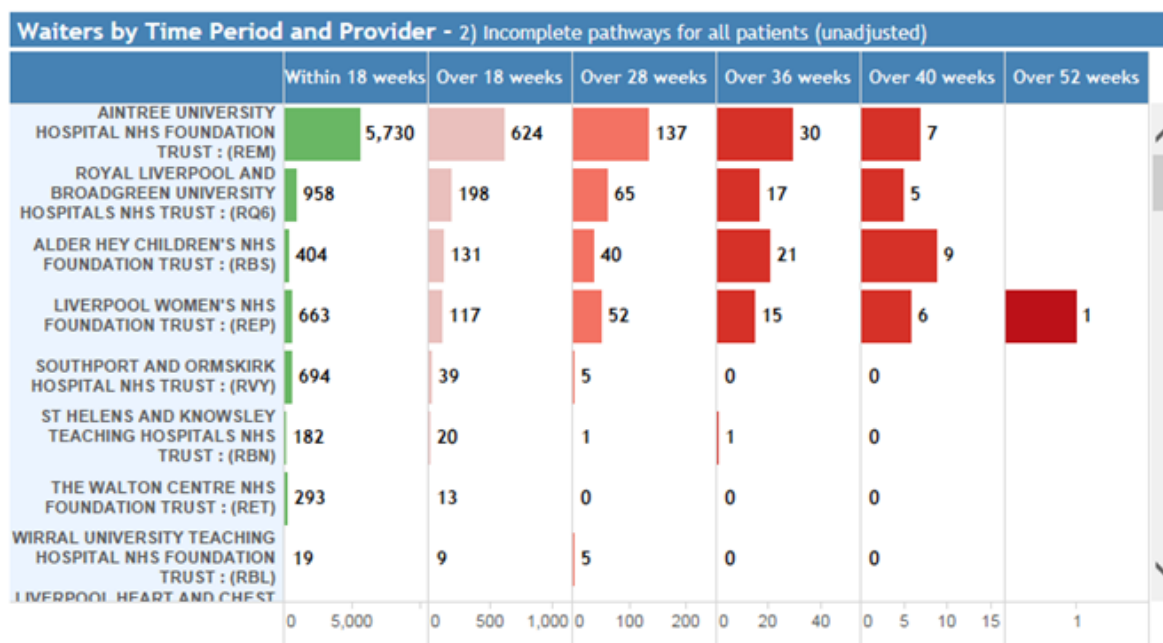
Figure 17 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting





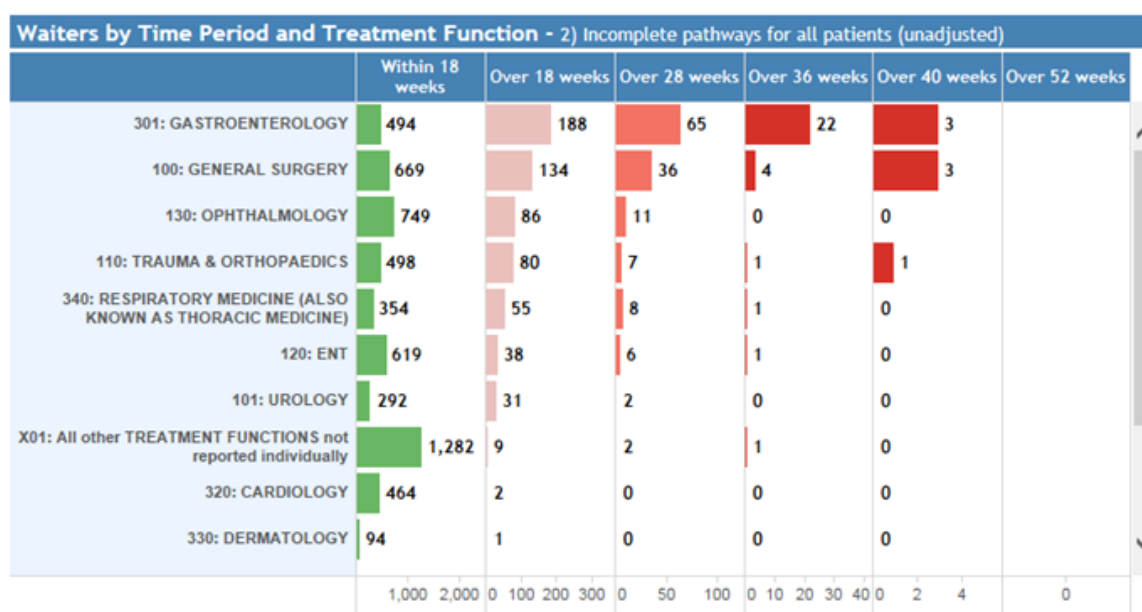
### 3.3.2 Long Waiters analysis: Top 5 Providers

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

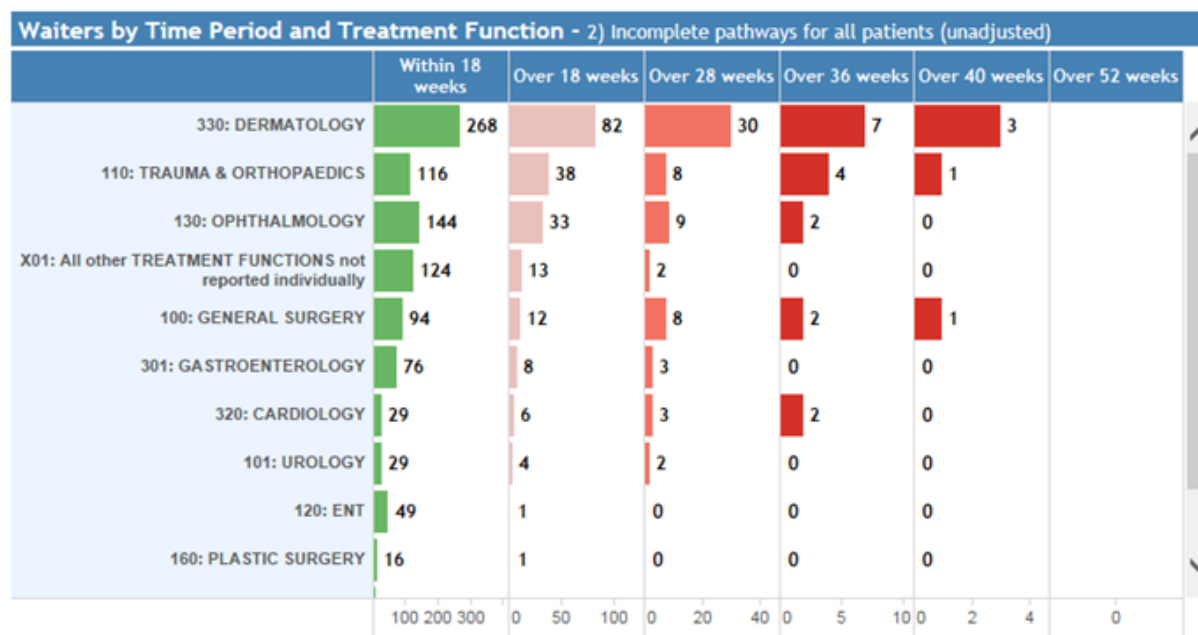


### 3.3.3 Long Waiters Analysis: Top 2 Providers split by Specialty

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 (Weeks)	Details
South Sefton CCG	Liverpool Womens	Gynaecology	52+ weeks	Physio patient requiring PTNS Physio, treatment no longer offered at LWH (x5 alternative appointments requested by patient). Patient attended clinic 16/04/2019 to discuss alternative treatment options with the Consultant however patient would prefer to wait for the PTNS option and is fully aware of the lead in time. Trust has purchased equipment, delivered last week. 6 sessions of staff training for PTNS commences on 23/05/19. Training company have confirmed attendance and appointment booked and confirmed with patient for 28/05/19.
South Sefton CCG	Aintree	ENT	37	1 patient treated on 2-5-19
South Sefton CCG	Aintree	Gastroenterology	36 to 40	22 patients: 15 have been treated, 6 have TCI dates and 1 not an RTT pathway
South Sefton CCG	Aintree	General Surgery	38 to 42	4 patients: 3 treated and 1 has TCI date
South Sefton CCG	Aintree	T&O	46	Patient treated 23-4-19
South Sefton CCG	Aintree	Thoracic Medicine	36	Patient treated 23-4-19
South Sefton CCG	Aintree	Other	38	On validation not an RTT pathway
South Sefton CCG	Alder Hey	Other	36 to 51	21 patients: 9 treated, 6 have TCI dates, 6 waiting for appointment date
South Sefton CCG	Liverpool Womens	Gynaecology	36 to 41	14 patients; Trust only providing updates on 52 week waiters
South Sefton CCG	Robert Jones	T&O	36	Patient had surgery in April – review in July – Clock closed
South Sefton CCG	Royal Liverpool	Cardiology	37 to 39	2 patients both have TCI date
South Sefton CCG	Royal Liverpool	Dermatology	36 to 48	1 treated 6 patients where pathway stopped, issue capacity
South Sefton CCG	Royal Liverpool	General Surgery	38 to 44	2 patients both pathways stopped, issue capacity
South Sefton CCG	Royal Liverpool	Ophthalmology	37 to 39	2 patients 1 has TCI date, 1 pathway stopped due to capacity
South Sefton CCG	Royal Liverpool	T&O	36 to 40	4 patients: 1 has TCI date, 1 is waiting a date and 2 pathway stopped, issue capacity
South Sefton CCG	St Helens	General Surgery	36	Awaiting Trust Update

The CCG had a total of 85 patients waiting 36 weeks and over 36 of which there was 1 patient over 52 weeks at Liverpool Womens this patient now has a confirmed booked appointment. Of the 85, 31 patients have been treated, 19 have a TCI date, 8 patients require an appointment date. 1 awaiting trust update, 14 where trust only provides updates on over 52 week waiters, 13 other which include no longer on pathway, clock closed, pathway stopped.

### 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 - Mar	0	0	1 ↔

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

**Figure 23 – Aintree Cancelled Operations for a second time**

Cancelled Operations				
No urgent operation should be cancelled for a second time - <b>Aintree</b>	18/19 - Mar	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 - Mar	93%	90.06%	↔
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 - Mar	93%	87.10%	↔
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 - Mar	93%	84.44%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) <b>(Aintree)</b>	18/19 - Mar	93%	81.16%	↓

#### Performance Overview/Issues

The CCG failed the 93% target in March for patients referred urgently with suspected cancer with 91.06% and are failing year to date with 90.06%. 61 patients out of 682 waited longer than two weeks for a first outpatient appointment. Out of the 61 breaches, 57 breaches were at Aintree, 3 at Royal Liverpool and 1 at Liverpool Women's. 37 breaches were due to inadequate out-patient capacity and 24 were due to patient choice to delay first out-patient appointment. The maximum wait was 35 days and was due to patient choice to delay. In 2018/19 there were 748 breaches from a total of 7,525 patients seen.

Aintree failed the target for March for cancer 2 week waits with 85.9% and remains below target YTD with 87.10%. In March there were 163 breaches from a total of 1158 patients seen. Of the 163 breaches, 109 breaches were due to inadequate out-patient capacity and 54 due to patient choice to delay. The maximum wait was 50 days and was due to inadequate out-patient capacity.

The CCG also failed the 93% 2 week breast target in March reporting 68% out of 50 referrals only 34 had their appointment within 2 weeks, year to date reporting 84.44%. All breaches were at Aintree with 14 due to inadequate out-patient capacity and 2 due to patient choice to delay first out-patient appointment. The maximum wait was 34 days and was due to patient choice to delay. In 2018/19 there were 115 breaches from a total of 739 patients seen.

Aintree failed the 93% breast target for March reaching 64.83% also failing year to date reporting 81.16%. In March, out of 145 patients there were 51 breaches. 42 breaches were due to inadequate out-patient capacity and 9 due to patient choice to delay. The maximum wait was 39 days and was due to inadequate out-patient capacity.

### How are the issues being addressed?

South Sefton CCG is showing steady rates of total GP referrals over last 12 months but a 5% shift from routine to 2ww. There are similar patterns in Southport and Formby and Liverpool.

Conversion rates are reducing slowly, currently 5.4% across all tumour sites which is lower than the Cancer Alliance average and 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.

Cancer referrals and conversion rates from 2 week to 62 day pathways were items discussed at Governing Body development sessions for both CCGs. in May. Members are satisfied that greater adherence to NICE guidelines, aimed at earlier detection of cancer, is the dominant factor in the evidently reducing conversion rates.

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 a piece of work is being undertaken across the system to look at demand and capacity management for breast services. This will include revision of the breast referral form to provide better risk stratification for benign disease and breast pain and promote advice and guidance as an alternative to referral. However it must be acknowledged that this is a highly emotive and litigious area with high public awareness

### When is performance expected to recover?

Further Waiting List Initiative clinics are scheduled for April and early May 2019. Recovery looks set for June 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 - Mar	96%	97.95%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(Aintree)</b>	18/19 - Mar	96%	97.43%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(CCG)</b>	18/19 - Mar	94%	97.97%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(Aintree)</b>	18/19 - Mar	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(CCG)</b>	18/19 - Mar	94%	97.45%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(Aintree)</b>	18/19 - Mar	94%	97.02%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(CCG)</b>	18/19 - Mar	98%	98.92%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(Aintree)</b>	18/19 - Mar	98%	99.46%	↓

### 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 - Mar	85% local target	76.99%	↑
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 - Mar	85% local target	80.93%	↓
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 - Mar	90%	85.19%	↑
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 - Mar	90%	75.94%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(CCG)</b>	18/19 - Mar	85%	77.36%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(Aintree)</b>	18/19 - Mar	85%	77.51%	↔

#### Performance Overview/Issues

The CCG failed 1 of the 3 62 day measures in March but are failing all 3 year to date. For 62 day upgrade the CCG reported 90.91% in March (but 76.99% year to date). For 62 day screening the CCG failed reporting 100% (year to date with 85.19%). For the 62 day standard, the CCG failed in March with 78.79% (7 breaches out of 33) and 77.36% year to date. In March, breaches were due to delay due to complex diagnostic pathway, admin and other reason (not stated).

Aintree failed 2 of the 3 of the 62 day measures in March and all 3 year to date. For 62 day upgrade the Trust reported 76.47% in March and year to date performance of 80.93%. For 62 day screening the Trust reported 90.91% in March (75.94% year to date) with the equivalent of half a breach out of 5.5 accountable patients. For the 62 day standard the Trust reported 81.58% in March (77.51% year to date) with the equivalent of 10.5 breaches out of 57 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 15/04/2019.
- 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 April 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 the Cancer Alliance to introduce new posts to assist with the pre diagnosis phase of the patient pathways and deliver associated improvements to performance The head and neck post holder has started in April 2019 with the colorectal lead is to commence by June.
- £94k awarded by NHSE to schedule additional diagnostic activity to improve 62 day performance November 18 - March 19. This has been used to support the urology and colorectal pathways and to fund additional MRI capacity. Activity associated to this additional funding is now completed and has supported diagnostic tests in Urology in addition to the Radiology work.

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 March Aintree had 4 breaches, 2 of which was partly attributed to Clatterbridge, 1 Southport & Ormskirk and 1 to Wirral Teaching 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 complex diagnostic pathway (2) and other reason not listed (2). The longest waiting patient was for an upper gastro patient 165 days (reason complex diagnostic pathway). The CCG will receive detailed root cause analyses for these patients within a 60 day timeframe of the breach occurrence.




Action plans driven through these RCAs will be developed through the CCGs’ PQIRP Group.



### 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: Mar-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%	20.8%		96%	94%		2%	4%	

Aintree Friends and Family Inpatient test response rates have fallen further below the England average of 24.9% in March at 20.8%; slightly better than last month when 19.5% 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 is 1% higher than last month at 4% and above 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 12 of the financial year 2018/19, against planned care elements of the contracts held by NHS South Sefton CCG show an underperformance of -£401k/-0.8%. 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 £1m/2.2%.

At specific over performing Trusts, Royal Liverpool is reporting the largest cost variance with a total of £229k/4% followed by Renacres and Southport & Ormskirk Hospitals with variances of £205/10% and £202/9% respectively. In contrast, Aintree Hospital are under performing by -£1.3m/-4%.

Across all providers, Cardiology is the top over performing speciality for South Sefton CCG with a variance of £540k/28% against planned levels at month 12. This over performance is credited to Aintree Hospital and Day Case procedures as a result of the Heart Failure Pathway.

**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	178,908	171,694	-7,214	-4%	£30,808	£29,476	-£1,332	-4%	£1,332	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	13,896	14,977	1,081	8%	£1,755	£1,683	-£72	-4%	£72	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	1,227	1,340	113	9%	£419	£478	£59	14%	-£59	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	16,172	14,065	-2,107	-13%	£3,081	£2,772	-£309	-10%	£309	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	30,578	32,826	2,248	7%	£5,124	£5,353	£229	4%	-£229	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	3,149	3,213	64	2%	£1,017	£946	-£71	-7%	£71	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	243,931	238,115	-5,816	-2%	£42,204	£40,709	-£1,495	-4%	£1,495	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	186	250	64	34%	£27	£55	£28	102%	£0	£28	102%
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	145	145	0%	£0	£26	£26	0%	£0	£26	-
FAIRFIELD HOSPITAL	195	301	106	55%	£53	£80	£28	52%	£0	£28	52%
ISIGHT (SOUTHPORT)	544	827	283	52%	£97	£151	£55	57%	£0	£55	57%
RENACRES HOSPITAL	6,381	7,590	1,209	19%	£1,962	£2,167	£205	10%	£0	£205	10%
SALFORD ROYAL NHS FOUNDATION TRUST	0	148	148	0%	£0	£44	£44	0%	£0	£44	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	12,910	13,299	389	3%	£2,198	£2,399	£202	9%	£0	£202	9%
SPIRE LIVERPOOL HOSPITAL	2,873	3,025	152	5%	£901	£957	£56	6%	£0	£56	6%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	4,757	5,142	385	8%	£1,012	£1,197	£185	18%	£0	£185	18%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	1,278	1,582	304	24%	£294	£325	£31	10%	£0	£31	10%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	226	226	0%	£0	£53	£53	0%	£0	£53	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	546	546	0%	£0	£111	£111	0%	£0	£111	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	1,344	1,604	260	19%	£532	£604	£72	14%	£0	£72	14%
ALL REMAINING PROVIDERS TOTAL	30,468	34,685	4,217	14%	£7,076	£8,170	£1,095	15%	£0	£1,095	15%
<b>GRAND TOTAL</b>	<b>274,399</b>	<b>272,800</b>	<b>-1,599</b>	<b>-1%</b>	<b>£49,280</b>	<b>£48,879</b>	<b>-£401</b>	<b>-0.8%</b>	<b>£1,495</b>	<b>£1,095</b>	<b>2.2%</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	13,428	13,191	-237	-2%	£8,295	£8,195	£100	-1%
Elective	1,977	1,534	-443	-22%	£5,623	£4,535	£1,088	-19%
Elective Excess BedDays	658	467	-191	-29%	£159	£112	£47	-30%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	451	276	-175	-39%	£95	£60	£35	-37%
OPFANFTF - Outpatient first attendance non face to face	2,619	1,435	-1,184	-45%	£75	£42	£32	-43%
OPFASPCL - Outpatient first attendance single professional consultant led	32,488	31,899	-589	-2%	£5,155	£5,124	£31	-1%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,465	784	-681	-46%	£124	£74	£50	-40%
OPFUPNFTF - Outpatient follow up non face to face	3,360	7,607	4,247	126%	£81	£184	£103	126%
OPFUPSPCL - Outpatient follow up single professional consultant led	83,836	74,725	-9,111	-11%	£5,818	£5,416	£402	-7%
Outpatient Procedure	22,992	23,205	213	1%	£3,097	£3,108	£11	0%
Unbundled Diagnostics	14,136	14,823	687	5%	£1,141	£1,292	£151	13%
Wet AMD	1,497	1,748	251	17%	£1,145	£1,335	£190	17%
<b>Grand Total</b>	<b>178,908</b>	<b>171,694</b>	<b>-7,214</b>	<b>-4%</b>	<b>£30,808</b>	<b>£29,476</b>	<b>£1,332</b>	<b>-4%</b>

Underperformance within planned care at Aintree Hospital is evident against various points of delivery. However, the overall under spend of -£1.3m/-4% is driven in the main by reduced elective activity. Electives are -£1m/-19% 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.

There is also an underperformance of -£402/-7% apparent within the Outpatient Follow Up (single professional consultant led) point of delivery at month 12. This is largely a result of reduced appointments within Cardiology and the Anticoagulant Service.

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	828	895	67	8%	£534	£588	£54	10%
Elective	142	140	-2	-2%	£333	£368	£35	10%
Elective Excess BedDays	4	27	23	516%	£1	£6	£5	331%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	126	176	50	40%	£22	£35	£14	63%
OPFASPCL - Outpatient first attendance single professional consultant led	1,726	2,011	285	16%	£282	£335	£53	19%
OPFUPMPCCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	284	265	-19	-7%	£23	£29	£6	26%
OPFUPSPCL - Outpatient follow up single professional consultant led	4,127	4,016	-111	-3%	£319	£320	£1	0%
Outpatient Procedure	4,860	4,887	27	1%	£620	£649	£28	5%
Unbundled Diagnostics	813	882	69	9%	£63	£69	£5	8%
<b>Grand Total</b>	<b>12,910</b>	<b>13,299</b>	<b>389</b>	<b>3%</b>	<b>£2,198</b>	<b>£2,399</b>	<b>£202</b>	<b>9%</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 readjust activity and finance levels in line with continued reductions in demand and activity levels.

Overall, planned care elements of the contract are above plan with over performance evident across all points of delivery at month 12. The total over performance of £202k/9% 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. Further analysis has established that referrals to Southport & Ormskirk Hospital have increased by 12.7% in 2018/19 for South Sefton CCG.

Sustained performance against the 18 week target for planned care at the Trust throughout 2018/19 could be a contributing factor to increased referrals from South Sefton to the Trust.

### 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	1,335	1,509	174	13%	£1,133	£1,117	-£16	-1%
Elective	354	332	-22	-6%	£1,177	£1,290	£114	10%
Elective Excess BedDays	337	256	-81	-24%	£80	£62	-£18	-22%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	286	393	107	37%	£53	£74	£20	38%
OPFANFTF - OP 1st Attendance non face to face	22	39	17	79%	£1	£1	£1	150%
OPFASPCL - Outpatient first attendance single professional consultant led	4,888	4,904	16	0%	£770	£795	£26	3%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	485	528	43	9%	£36	£35	£0	0%
OPFUPNFTF - Outpatient follow up non face to face	349	460	111	32%	£8	£11	£3	33%
OPFUPSPCL - Outpatient follow up single professional consultant led	14,797	15,322	525	4%	£1,047	£1,075	£28	3%
Outpatient Procedure	5,410	6,252	842	16%	£589	£666	£78	13%
All Other Outpatients	179	156	-23	-13%	£7	£7	£0	-4%
Unbundled Diagnostics	2,134	2,665	531	25%	£224	£218	-£6	-3%
AKI Unbundled	2	10	8	310%	£0	£1	£1	310%
<b>Grand Total</b>	<b>30,578</b>	<b>32,826</b>	<b>2,248</b>	<b>7%</b>	<b>£5,124</b>	<b>£5,353</b>	<b>£229</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 £229/4% 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	600	613	13	2%	£744	£715	-£29	-4%
Elective	160	160	0	0%	£748	£838	£90	12%
OPFASPCL - Outpatient first attendance single professional consultant led	1,124	1,467	343	31%	£186	£236	£50	27%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,686	2,066	380	23%	£107	£131	£24	22%
Outpatient Procedure	911	639	-272	-30%	£92	£108	£16	18%
Unbundled Diagnostics	447	665	218	49%	£43	£65	£22	52%
Physio	1,453	1,465	12	1%	£43	£43	£0	1%
OPPREOP	0	515	515	0%	£0	£30	£30	0%
<b>Grand Total</b>	<b>6,381</b>	<b>7,590</b>	<b>1,209</b>	<b>19%</b>	<b>£1,962</b>	<b>£2,167</b>	<b>£205</b>	<b>10%</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. An analysis of referrals has also shown increasing GP referrals across the majority of specialities at Renacres in 2018/19, particularly Trauma & Orthopaedics and ENT.

Work is on-going looking into the potential shift in referral patterns in South Sefton from the main acute provider to other providers such as Renacres. Contributing factors to changes in referral flows could be due to poor performance of RTT at Aintree and increased capacity in such specialties as ENT at Renacres.

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

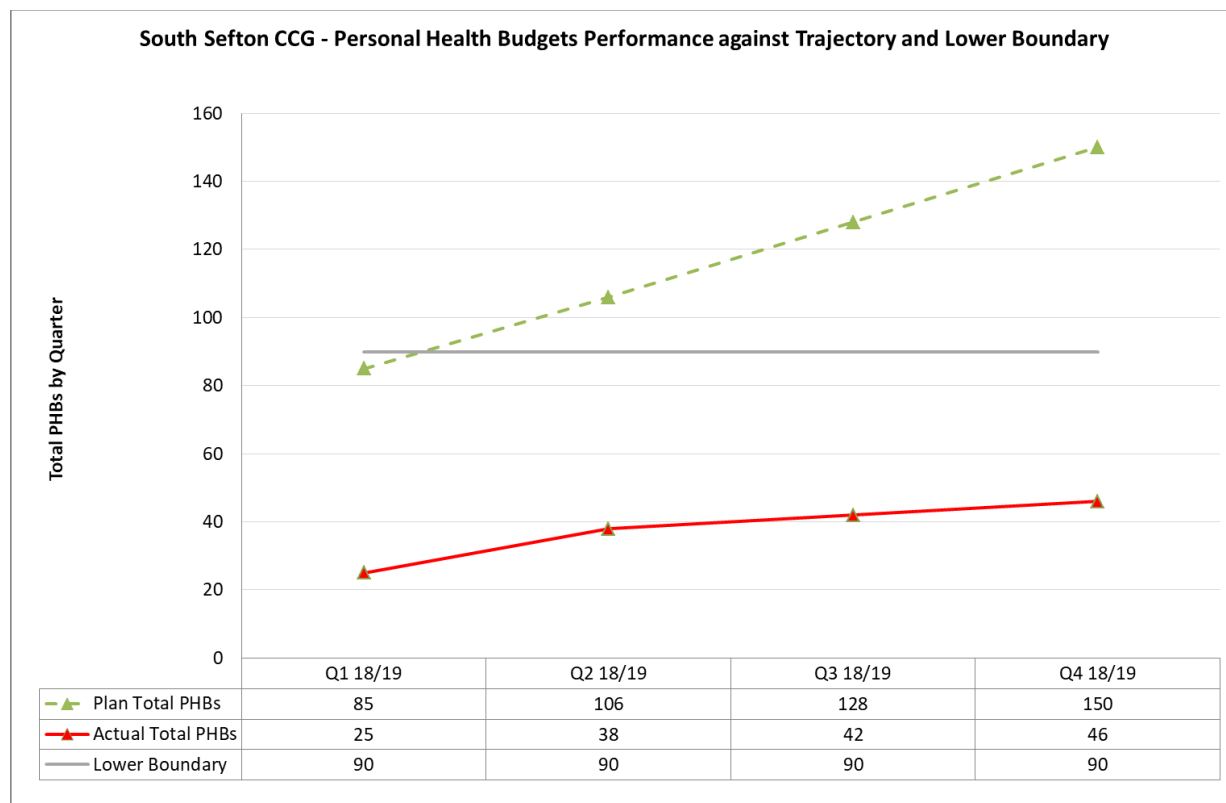
**Figure 33 - Planned Care - St Helens & Knowsley Hospitals by POD**

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	593	638	45	8%	£500	£566	£65	13%
Elective	52	77	25	47%	£137	£241	£104	76%
Elective Excess BedDays	10	38	28	293%	£2	£10	£8	335%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	6	14	8	123%	£1	£3	£2	130%
OPFASPCL - Outpatient first attendance single professional consultant led	719	804	85	12%	£100	£109	£8	8%
OPFASPCL - Outpatient first attendance single professional consultant led non face to face	1	2	1	43%	£0	£0	£0	43%
OPFASPCL - Outpatient first attendance single professional Non Consultant Led	59	79	20	34%	£3	£6	£2	62%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow Up (Consultant Led)	99	132	33	33%	£9	£12	£3	33%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,629	1,606	-23	-1%	£90	£90	£0	0%
OPFUPSPCL - Outpatient follow up single professional non consultant led	270	462	192	71%	£11	£14	£2	20%
OPFUPSPCLNFTF - Outpatient follow up single professional consultant led non face to face	39	34	-5	-13%	£1	£1	£0	-5%
OPFUPSPCLNFTF - Outpatient follow up single professional non consultant led non face to face	0	1	1	0%	£0	£0	£0	0%
Outpatient Procedure	1,029	981	-48	-5%	£138	£126	-£12	-9%
Unbundled Diagnostics	249	274	25	10%	£18	£21	£3	16%
<b>Grand Total</b>	<b>4,757</b>	<b>5,142</b>	<b>385</b>	<b>8%</b>	<b>£1,012</b>	<b>£1,197</b>	<b>£185</b>	<b>18%</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 £169k. 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 4 to increase to 150 to reach 96.77 per 100,000 population. Quarter 4 cumulative position shows 46 PHBs and an actual rate of 29.1, 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 and Children CHC:** Following on from the initial proposal submitted by Sefton Carers to deliver a pilot delivering a support and advice service an implementation group has been established. The group is currently developing a service specification; SLA; PHB Agreement and other key documents; and is working through processes and issues around implementation, monitoring and evaluation of the pilot. Any challenge around procurement will be highlighted to the Senior Management Team. Additional resource has been allocated (Commissioning Support Officer).
- **Wheelchairs:** The CCG is looking to progress this with key stakeholders in Q2. Additional resource has been allocated (Commissioning Support Officer).
- **Children Complex Care:** NHS England is unable to support mentorship at this time. The CCG will look to review this as part of 2019 / 2020 plans. Additional resource has been allocated (Commissioning Support Officer).
- **End of Life Fast-track:** The CCG looked to pilot a PHCB for EOL Fast Track Patients, as advised by NHSE. We had a potential provider interested, but we were advised this was



potentially a conflict of interest and there had been a change in the governance surrounding PHCB.

- 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.

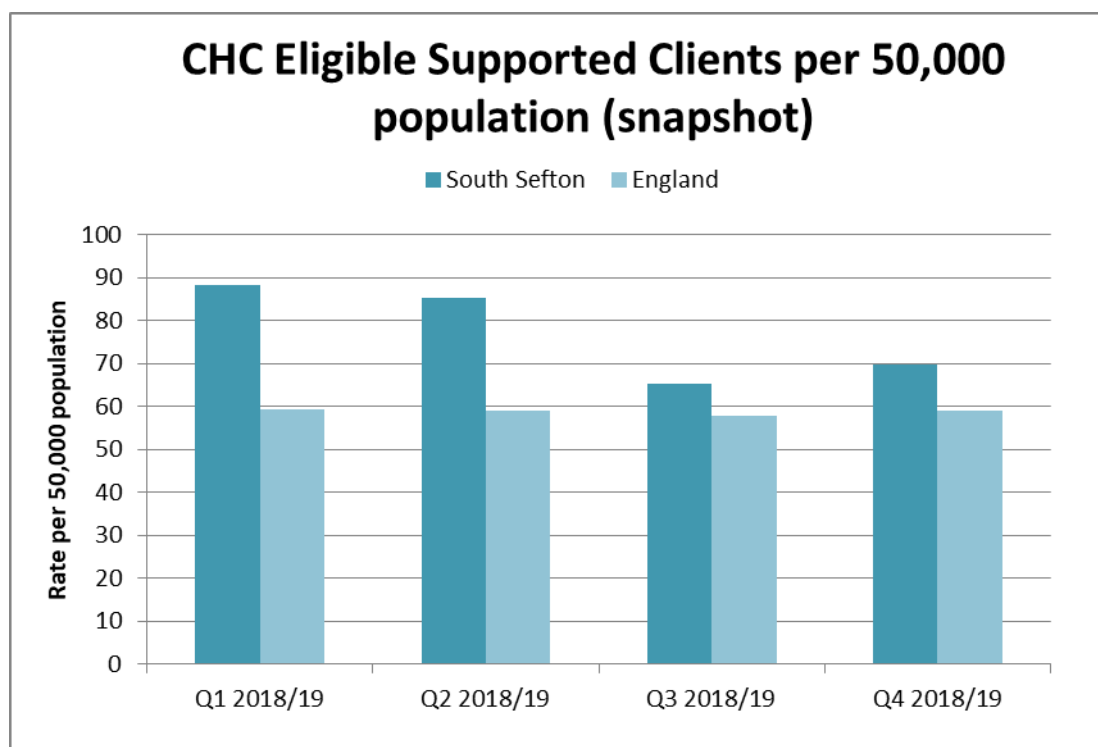
### Who is responsible for this indicator?

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

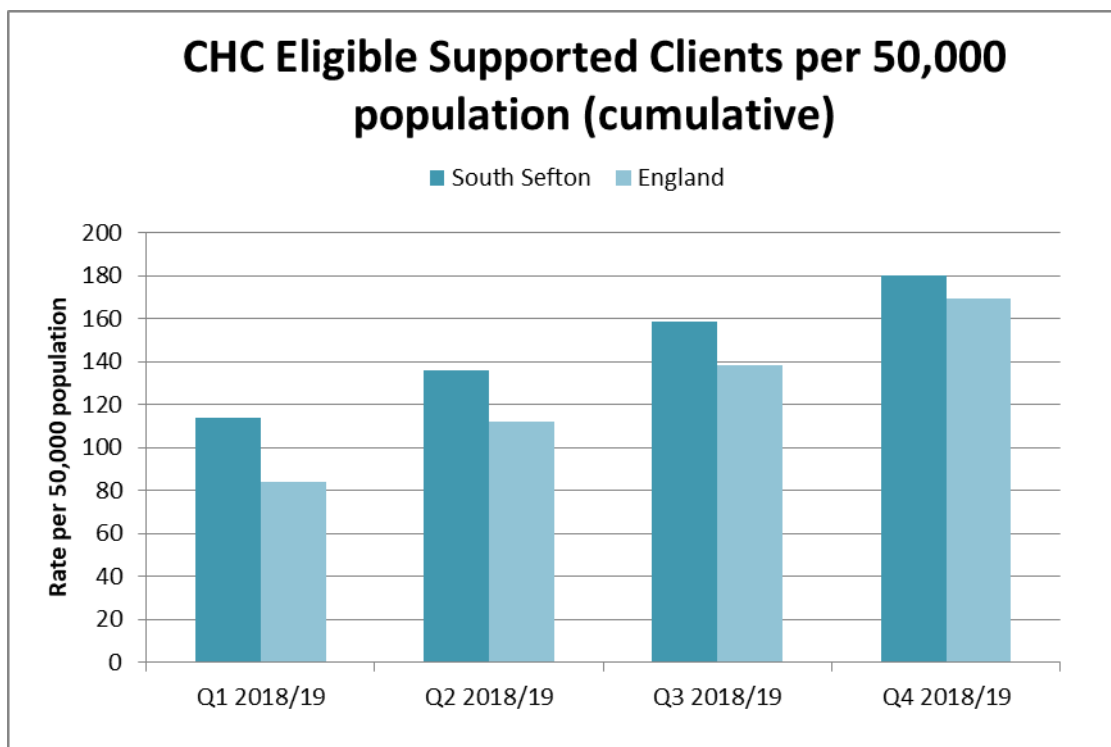
## 3.9 Continuing Health Care (CHC)

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.

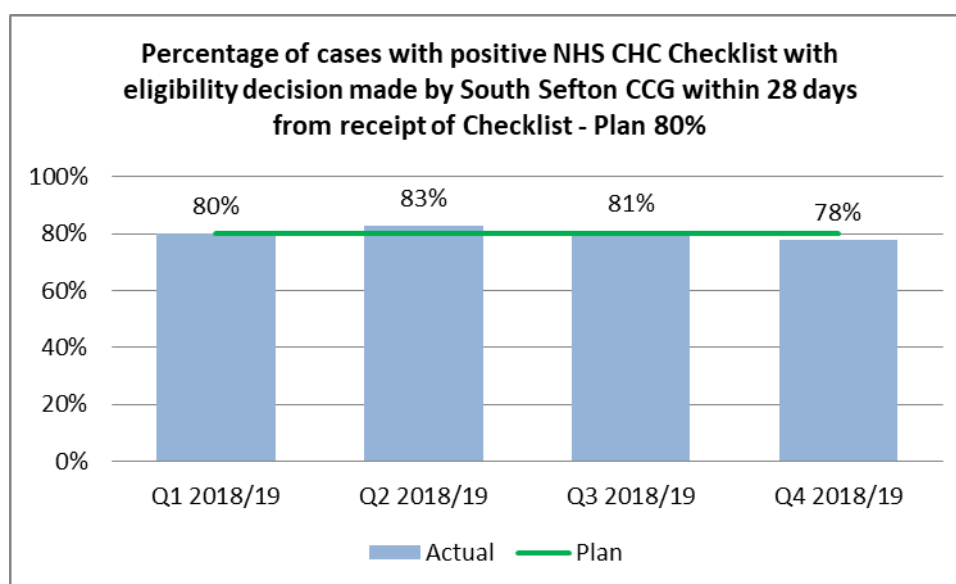
**Figure 35 - People eligible (both newly eligible and existing patients) at the end of the quarter (snapshot) divided by the population aged 18+, and expressed as a rate per 50,000 population**



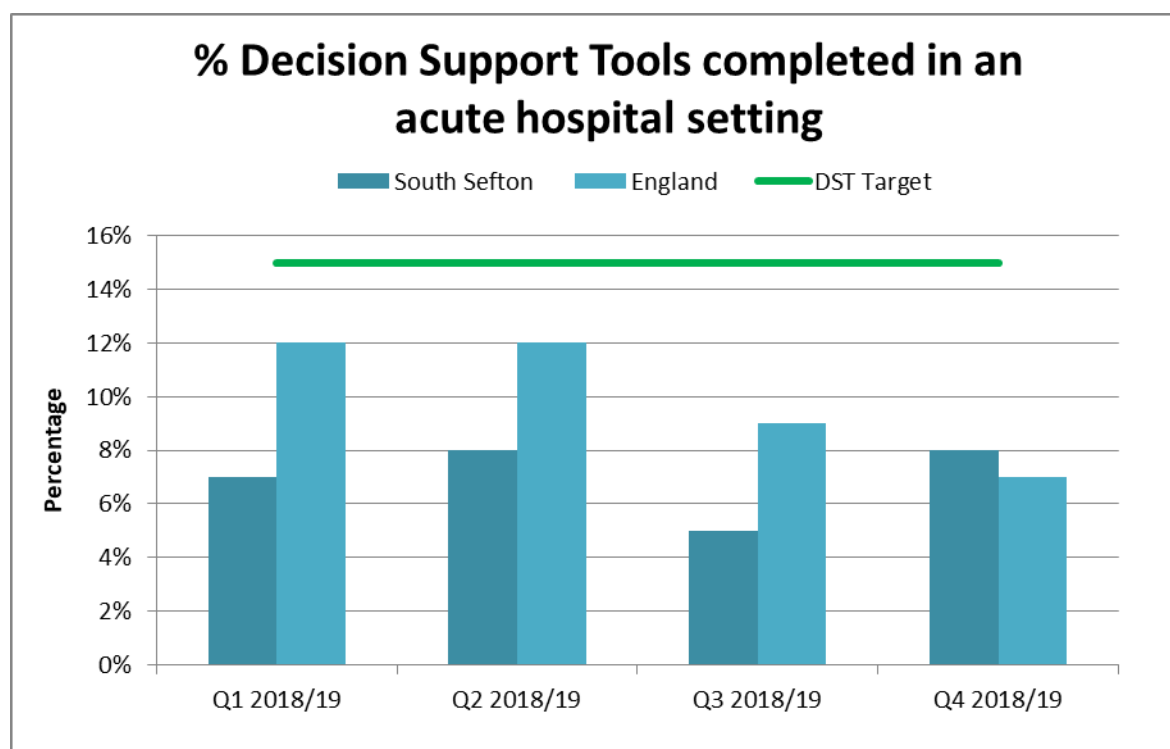
**Figure 36 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population**



**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	353	1515
Number of women known to be smokers at the time of delivery	55	60	56	47	218
Number of women known not to be smokers at the time of delivery	320	338	331	306	1295
Number of women whose smoking status was not known at the time of delivery	1	1	0	0	2
Data coverage %	99.7%	99.7%	100.0%	100.0%	100.0%
Percentage of maternities where mother smoked	14.6%	15.0%	14.5%	13.3%	14.4%

The CCG is above the data coverage plan of 95% at Q4, meaning the data is generally robust, but currently above the national ambition of 11% for the percentage of maternities where mother smoked the ambition will be 6% by the end of 2022. There is no national target for this measure. Performance against this metric is discussed with Providers at Maternity Commissioning Leads meetings attended by the CCG managerial lead for Children and Maternity Services.

**Who is responsible for this indicator?**

Leadership Team Lead	Clinical Lead	Managerial Lead
Debbie Fagan	Wendy Hewit	Peter Wong

## 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) <b>(CCG) All Types</b>	18/19 - Mar	95%	85.37%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(CCG) Type 1</b>	18/19 - Mar	95%	78.28%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(Aintree) All Types</b>	18/19 - Mar	STP Trajectory Mar Target 95%	86.35%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(Aintree) Type 1</b>	18/19 - Mar	95%	74.85%	↔

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	Mar-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%	95%	%
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%	85.12%	86.25%



#### Performance Overview/Issues

Aintree have been working to meet a revised Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2018/19. The Trust failed their STP target of 95% in March reaching 85.12% (YTD 86.25%). 2,163 attendances out of 14,536 were not admitted, transferred or discharged within 4 hours. The Trust is not an outlier in failing to meet the target with only a small number of Trusts achieving this nationally. In regard to Type 1 activity Aintree have performed at a higher level than other local Trusts but all have had challenges in achieving the 95% target.

#### Trust Actions:

- All actions to set up Pit Stop are now completed. Covering Pit Stop fully remains a challenge and further work is needed to ensure that the Pit Stop role is seen as a priority role for shop floor leads and that appropriate medical staff are routinely and consistently assigned to it across the 24 hour period. Monitoring of performance against these metrics will now be shared regularly with staff on the shop floor through the Knowing How We Are Doing board and through the CBU performance meetings. Further actions will be assigned following output from the monitoring period. 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.

- An external review of PCS has been agreed to identify areas of improvement with the current model. This is due to workforce risks identified in transferring the model in house. Recycling expenditure within the CBU to secure 12 middle grade doctors to better support medical weekend 'seeing power' will therefore be achieved by significantly reducing the use of non contracted General Practitioners in See and Treat by setting a productivity challenge in this area to cover the same levels of activity with substantive resource. The CBM and Clinical Director are to jointly agree a small project plan to ensure recruitment to the 12 posts is done as efficiently and quickly as possible. Adverts have been placed and thus far only 5 applicants have been considered suitable for shortlisting. Further adverts will be placed between now and August when traditionally prospective candidates are more likely to apply. Costs have reduced already in See and Treat by the recent resignation of two of the non contracted GP's.
- The Safety First campaign safety huddles have now commenced in the department using the trust format. This has been well received. The knowing-how-we-are-doing- boards are being regularly updated in the department with the aim to continue with the introduction of 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. This action is on-going - the senior team have met with the Trust Lead for Safety and Governance meetings and plan to continue these throughout April.
- 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. This work will remain on-going in 2019/20:

- 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. Aintree have managed A&E pressures over a challenging winter often providing support through ambulance diversions for other local Trusts.

- 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. A&E, Frailty, Observation ward. Working to maintain focus on patient flow from front door units will continue in 2019/20.
- 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 and range of pathways that can be supported. Work is being rolled out within Mersey Care to Liverpool and aim to share good practice and roll out to Southport & Formby to ensure consistent offer to NWS.
- Collaborative work is underway 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 the target was 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 have not achieved the A&E 95% target. At a national level the target is being reviewed with pilots underway to test other measurements tools for A&E performance e.g. time to treatment. However in the meantime the 95% 4 hour target remains and work will continue within Aintree to improve but with recognition that this will remain challenging.

### 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**

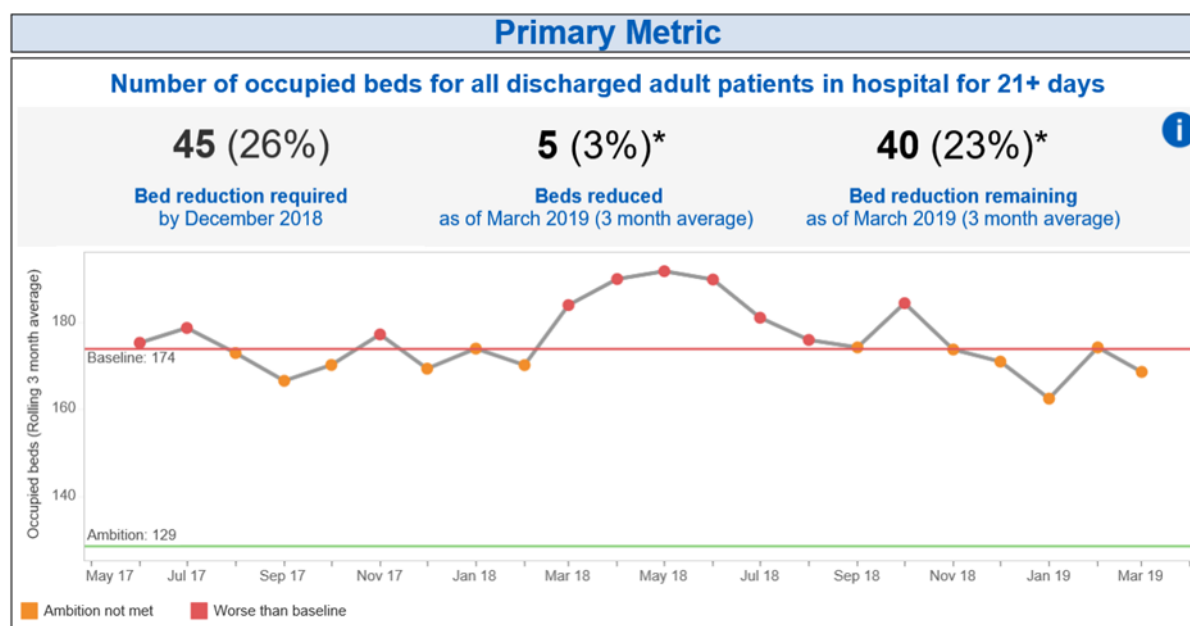
12 Hour A&E Breaches				
Total number of patients who have waited over 12 hours in A&E from decision to admit to admission - Aintree (cumulative)	18/19 - Mar	0	1	↔

There was no 12 hour breaches were reported in March. 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 March 2019 (rolling 3 months) shows 169 occupied beds (a decrease of 5 beds). This is a decrease of 5 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. Collaborative work by all Aintree partners is detailed in NHSI action plan and trajectory to address patients with long lengths of stay.

### 4.3 Ambulance Performance

In March 2019 there was an average response time in South Sefton of 7 minutes 22 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 28 minutes against a target of 18 minutes, the slowest response time in Merseyside. The CCG also failed the category 3 90th percentile response but achieved in category 4. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system.



Category 1 and 2 will remain 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). Collaborative CCG work is planned across North and Mid Mersey to share best practice and support further developments in alternatives to transfer for Category 3 and 4 calls.

**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 - Mar	0	159	↑ ↓
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - <b>Aintree</b>	18/19 - Mar	0	71	↓

### Performance Overview/Issues

Despite an increase in attendances it should be noted that there is an 11.19% improvement in Type 1 AED performance when compared to March 2018. In addition, ambulance attendances also increased. However despite this, handover performance saw an improvement in the number of delays in excess of 30 minutes with a total of 159 (-5), and with 71 delays over 60 minutes, which is an improvement of 26 less from February's reported figures. When comparing these metrics to March 2018 there is a 32% improvement in delays over 30 minutes and a 46% improvement in delays over 60 minutes. The average time from notification to handover saw an improvement from 16:20 minutes to 14:17 minutes (+2.03 minutes). The median time to see 1st clinician has remained static at 76 minutes (+ 1 minutes). The % of patients seen from registration within 15 minutes has continued to improve by 2.5% to 78.67%. The clinical quality indicators for the number of patients who leave the department before being seen has slightly decreased to 305 (-27) to 3.87%. Patients re-attending in March has seen the greatest improvement from 14.47% in February to 8.34% (-6.13%).

### How are the issues being addressed?

The NWS Ambulance Response Programme (ARP) made progress during 2018/19 but failed to achieve the range of standards required. The 2019/20 contract has been negotiated and agreed with recurrent investment to deliver additional capacity and transformation of the service delivery model. Additional non recurrent capacity investment of £1m is conditional upon NWS delivering the ARP standards in full (with the exception of the C1 mean) from quarter 4 2019/20. The C1 mean target is to be delivered from quarter 2 2020/21. A trajectory has been agreed with the Trust for progress towards delivery of the standards and if these are not met as per the trajectory, the payment will not be made. A Service Development Improvement Plan (SDIP) is being developed which links into other elements of the final agreement reached with the Trust, such as the roster review, continuing transformation, and delivery of new service models and implementation of the Lord Carter recommendations. Work has started on the detailed plans need to support the SDIP, with a final plan needing to be agreed by end of June 2019.

Feedback at the monthly NWS meeting has identified that significant strides are being made by NWS to improve their performance e.g. additional vehicles are now in operation, recruitment of

call handlers and utilisation of advanced paramedic within control room on each shift to provide clinical leadership have all helped to improve performance. There has been a focus 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.

### Aintree Proposed Actions:

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

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

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

The 2019/20 contract agreement with NWAS identifies that the ARP standards must be met in full (with the exception of the C1 mean) from quarter 4 2019/20. The C1 mean target is to be delivered from quarter 2 2020/21. A trajectory has been agreed with the Trust for progress towards delivery of the standards.

### Trust Recovery Trajectory

Q1	Q2	Q3	Q4

### **Who is responsible for this indicator?**

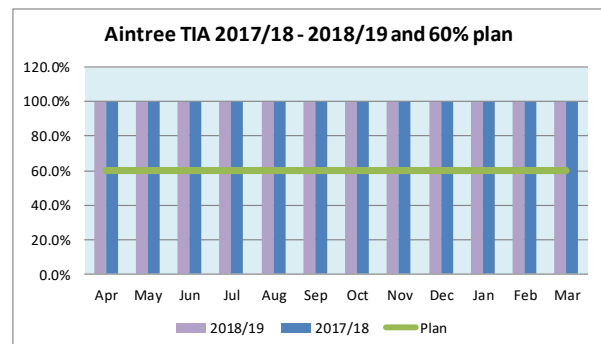
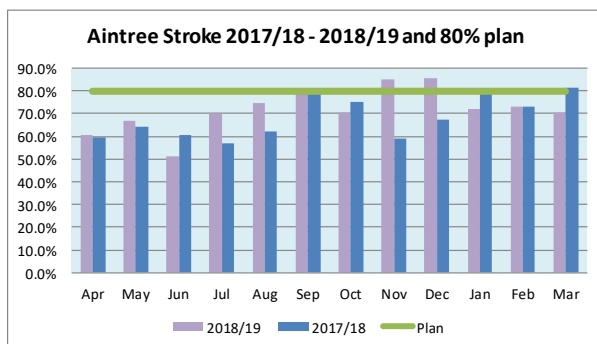
Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Andy Mimmagh	Janet Spallen

## 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 ( <b>Aintree</b> )	18/19 - Mar	80%	70.60%	↓
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours ( <b>Aintree</b> )	18/19 - Mar	60%	100%	↔



#### Performance Overview/Issues

Performance against the National Quality Stroke metric 90% stay standard was 70.6% for March 2019. There were 51 patients with a primary diagnosis of stroke discharged from the Trust during the month. Of these, 36 patients spent 90% of their stay on the Stroke Unit. The standard was not achieved for 15 patients.

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

- 11 patients required admission to the Stroke Unit with no bed availability
- 2 patients was not referred to the Stroke Team until after an MRI confirmed Stroke
- 1 patient was for palliative care and was nursed in a side-room

#### How are the issues being addressed?

##### Trust Actions:

- Work with Lead Nurse for workforce on a recruitment strategy for Registered Nursing vacancies.
- Develop a case for 2 additional HASU beds.
- Agree an action plan to consistently achieve therapy standards for SSNAP.

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

Forecast for improvement:			
Q1	Q2	Q3	Q4

Who is responsible for this indicator?

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

#### 4.4.2 Mixed Sex Accommodation

Figure 45 - Mixed Sex Accommodation breaches

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

#### 4.4.3 Healthcare associated infections (HCAI)

Figure 46 - Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	18/19 - Mar	53	59	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	18/19 - Mar	45	39	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	18/19 - Mar	0	2	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	18/19 - Mar	0	2	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	18/19 - Mar	128	170	↓
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Aintree)	18/19 - Mar	No Plan	358	↓

##### Performance Overview/Issues

The CCG had 4 new cases of C.Difficile in March bringing the year to date total to 59, against a year to date plan of 53 so are over plan currently (20 apportioned to acute trust and 39 apportioned to community) the CCG has failed the 2018/19 target.

The CCG had no new cases of MRSA in March; 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 March there were

12 cases (170 YTD) against a year to date plan of 128. Aintree reported 25 cases in February (358 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). Due to the failure of the C.difficile, the year-end target for 2019-20 has increased to 60 for the CCG. The target for E.coli remains the same for 2019-20 as it did in 2018/19, 128 cases.

### 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

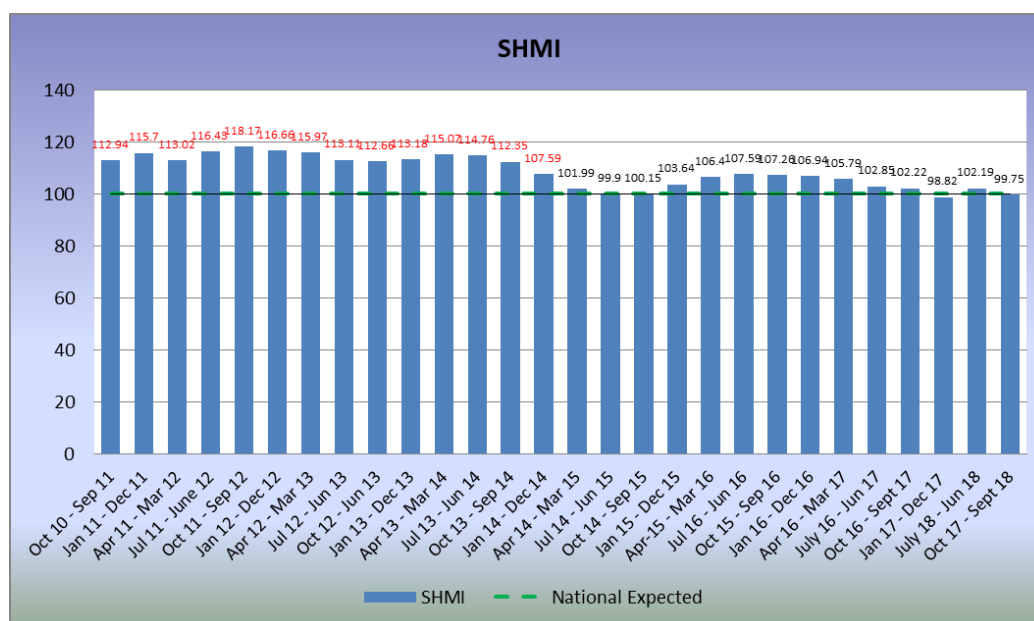
Figure 47 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	18/19 - Mar	100	95.84	↓
Summary Hospital Level Mortality Indicator (SHMI)	Oct 17 - Sept 18	100	99.75	↓

HSMR is slightly lower than last month at 95.84 (97.18 was previously reported). Position remains better than expected. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is fewer than 100 this suggest fewer deaths occurred than expected. Ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

SHMI at 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 SI Improvement action plan was reviewed at the Joint Quality Committee (JQC). The three remaining actions had been completed and the action plan was closed. The risk on the Corporate Risk Register in relation to Serious Incident Process Management was also closed. The Quality Team will continue to report on SIs quarterly to JQC and monthly to Governing Body.

There are a total of 40 serious incidents (SIs) open on StEIS for South Sefton (a reduction compared to 50 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 (M12)	SIs reported (YTD)	Closed SIs (M12)	Closed SIs (YTD)	Open SIs (M12)	SIs open >100days (M12)
Aintree University Hospital	2	44	3	62	27	14
Mersey Care NHS Foundation NHS Trust (SSCS)	1	12	1	25	3	0
South Sefton CCG	0	1	0	4	1	1
Mersey Care NHS Foundation NHS Trust (Mental Health)	1	15	0	29	4	2
Royal Liverpool and Broadgreen	1	2	1	1	1	0

North West Boroughs NHS Foundation Trust	0	5	2	2	1	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>6</b>	<b>88</b>	<b>9</b>	<b>147</b>	<b>40</b>	<b>19</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	32	12	22	22*	-	51	21	11	4	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 have noted a marked improvement for the receipt of the number of overdue provider responses to queries raised following the review of RCAs. The CCG will continue to monitor this requirement and discuss regularly with the provider as part of the monthly SI meetings with providers and internal weekly SI reporting.

The provider has carried out an SI Aggregated Thematic Review. This was presented at CQPG in Q4 18/19. The Trust will concentrate on the actions that come out of investigations to reduce the risk of incidents happening again and trying to reduce the number of policies including making sure the policies and procedures are up to date. It was acknowledged that Policy knowledge and understanding is a weak solution but a solution nevertheless.

The Trust confirmed that there is a new framework in place which supports the following:

- Improved system working to allow for more comprehensive investigations to be carried out and robust action planning.
- More thematic analysis is being carried out to capture system wide issues.
- RCA analysis training is in place for staff who will be expected to undertake SI investigations.



The CCG also facilitated a session on outcome based action planning for RCAs in March 2019 that members of the Trust attended. Following which, the Trust agreed to pilot the use of outcome focussed action planning and will feed this through to the South Sefton CCG

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

PROVIDER	SIs reported within 48 hours of identification (YTD)		72 hour report received (YTD)		RCAs Received (YTD)				
	Yes	No	Yes	No	Total RCAs Due	Received within 60 days	Extension Granted	SI Downgraded	RCA 60+
Mersey Care (Community)	10	2	0	12*	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.

The Trust provided an update in relation to the Pressure Ulcer Reduction Programme at CCQRM in April 2019 and highlighted the following:

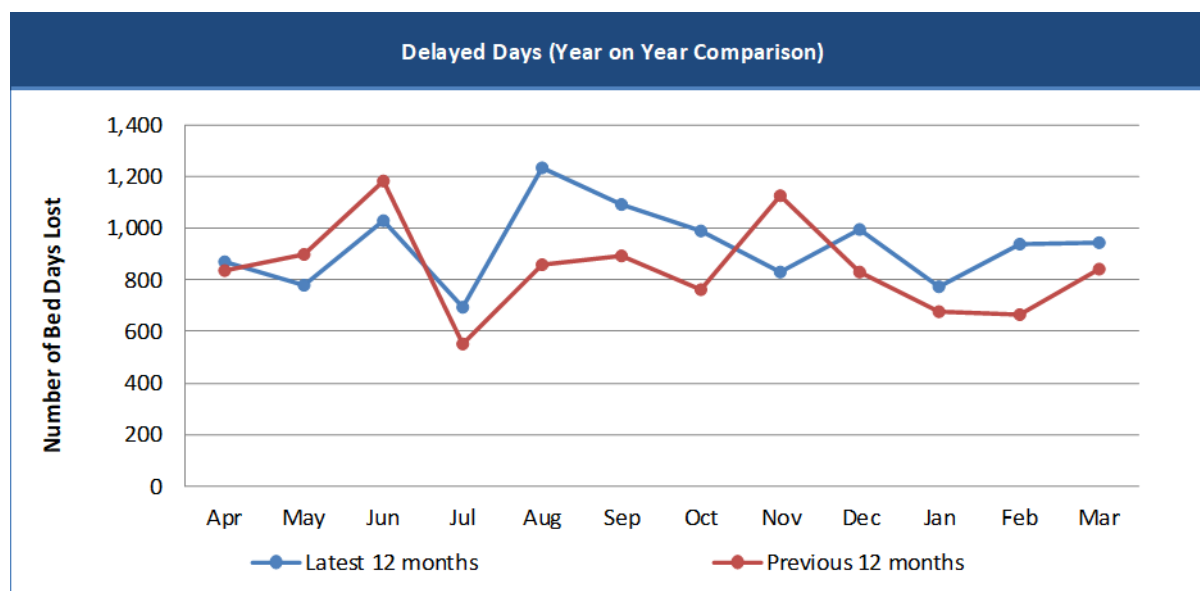
- The NHSI pilots have been completed as part of the Stop the Pressure Collaborative
- The Pressure Ulcer Wheel has been reviewed to reflect the National guidance and scaled up to Trust wide. The wheel will be launched on International Nursing Day.
- Work is in progress to embed the pressure ulcer process and ensure it is working across the system
- A PU passport has been developed and every patient with a pressure ulcer is provided with a card to advise health professionals of the patient's status and that the patient was receiving treatment from the Trust. This has helped standardising classification with Acute Trusts.
- The 28 recommendations as part of NHSI revised definitions framework have now been actioned
- The risk stratification tool has been rolled out across the service.

## 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. Collaborative

action by all Aintree partners is detailed in NHSI action plan with trajectory for reductions on long lengths of stay.

**Figure 52 – Aintree DTOC Monitoring**



DTOC Key Stats			
	This month	Last month	Last year
<b>Delayed Days</b>	<b>Mar-19</b>	<b>Feb-19</b>	<b>Mar-18</b>
Total	945	935	840
NHS	92.1%	88.4%	71.5%
Social Care	7.9%	11.6%	28.5%
Both	0.0%	0.0%	0.0%
Acute	54.2%	52.8%	52.6%
Non-Acute	45.8%	47.2%	47.4%

### Reasons for Delayed Transfer % of Bed Day Delays (Mar-19)

#### AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST

Care Package in Home	8.3%
Community Equipment Adapt	0.7%
Completion Assessment	2.5%
Disputes	0.0%
Further Non-Acute NHS	44.1%
Housing	0.7%
Nursing Home	0.0%
Patient Family Choice	43.6%
Public Funding	0.0%
Residential Home	0.0%
Other	0.0%

Total delayed transfers of care (DTOC) reported in March 2019 was 945, an increase compared to March 2018 with 840.



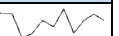
Delays due to NHS have worsened, with those due to social care improving. The majority of delay reasons in March 2019 were due to patient family choice, further non-acute NHS and care package in home.

It is important to note that the definitions used to capture DTOCs are restrictive and are not considered being an accurate reflection of the split between health and social care issues.

## 4.7 Patient Experience of Unplanned Care

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

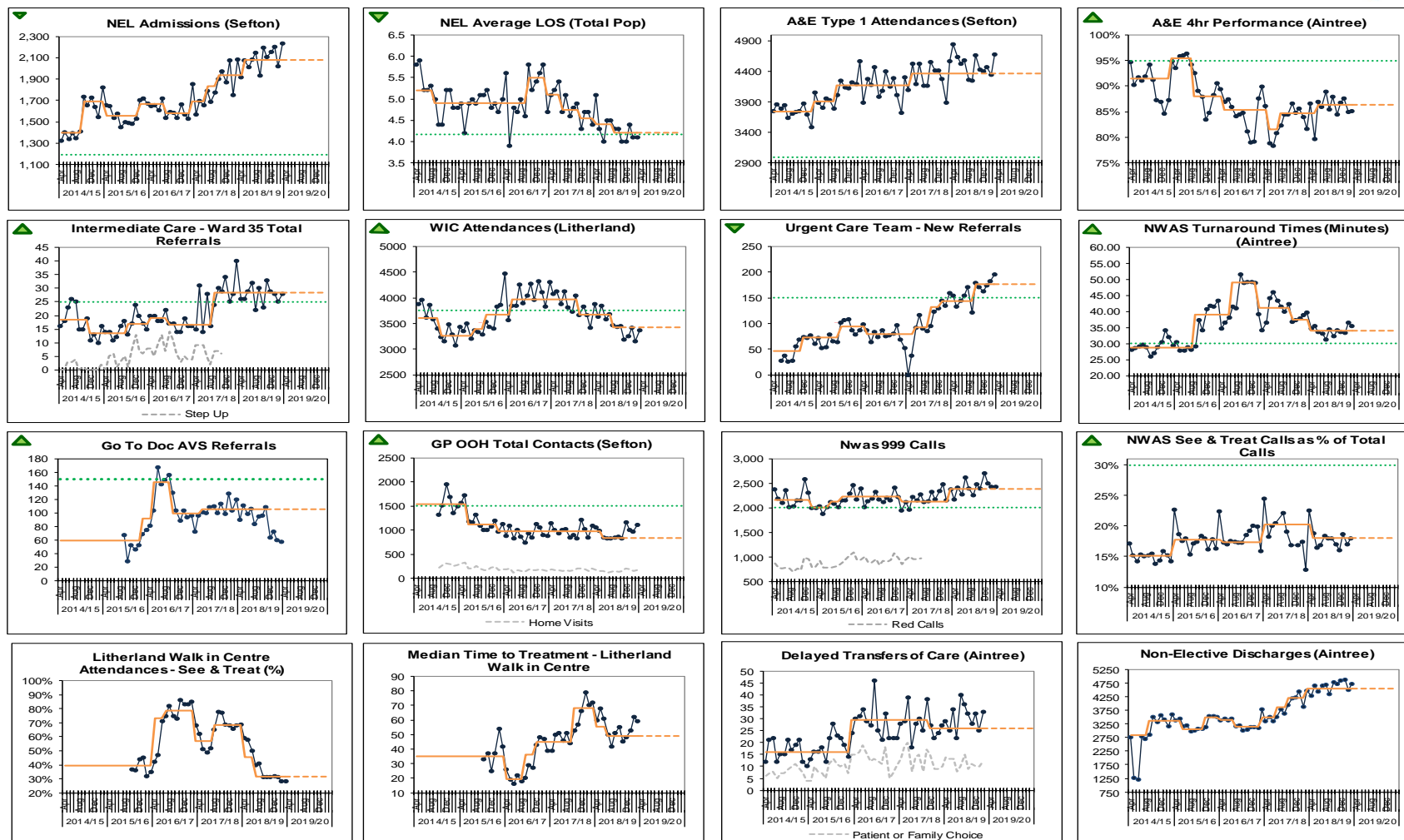
Friends and Family Response Rates and Scores  
Aintree University Hospital NHS Foundation Trust  
Latest Month: **Mar-19**


















Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	12.2%	18.7%		86%	88%		8%	8%	

## 4.8 South Sefton Urgent Care Dashboard

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

# South Sefton Clinical Commissioning Group



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 12 of financial year 2018/19, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £3m/5.9%. 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 £596k/1.2%.

At individual providers, Aintree represents the highest over performing provider for unplanned care at month 12 with a year to date variance of £2.9m/8%. In contrast, Liverpool Women's and Alder Hey hospitals are currently underperforming by -£380k/-8% and -£198k/-9% respectively.

**Figure 54 - Month 12 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	98,425	108,740	10,315	10%	£37,740	£40,660	£2,920	8%	-£2,920	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	10,010	9,469	-541	-5%	£2,227	£2,030	-£198	-9%	£198	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	249	124	-125	-50%	£416	£406	-£10	-2%	£10	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	3,482	3,427	-55	-2%	£4,491	£4,111	-£380	-8%	£380	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	5,438	5,364	-74	-1%	£2,047	£2,084	£37	2%	-£37	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	10	15	5	47%	£56	£89	£33	58%	-£33	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	117,614	127,139	9,525	8%	£46,978	£49,379	£2,402	5%	-£2,402	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	81	98	17	21%	£19	£38	£20	104%	£0	£20	104%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	91	91	0%	£0	£29	£29	0%	£0	£29	-
Salford Royal NHS FOUNDATION TRUST	0	35	35	0%	£0	£18	£18	0%	£0	£18	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	7,888	8,534	646	8%	£2,799	£3,072	£273	10%	£0	£273	10%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	1,110	1,156	46	4%	£450	£517	£67	15%	£0	£67	15%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	73	88	15	20%	£182	£218	£36	20%	£0	£36	20%
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	283	283	0%	£0	£146	£146	0%	£0	£146	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	66	48	-18	-27%	£41	£28	-£13	-32%	£0	-£13	-32%
ALL REMAINING PROVIDERS TOTAL	9,219	10,373	1,154	13%	£3,491	£4,087	£596	17%	£0	£596	17%
<b>GRAND TOTAL</b>	<b>126,833</b>	<b>137,512</b>	<b>10,679</b>	<b>8%</b>	<b>£50,469</b>	<b>£53,467</b>	<b>£2,998</b>	<b>5.9%</b>	<b>-£2,402</b>	<b>£596</b>	<b>1.2%</b>

\*PbR Only

## 4.9.2 Aintree University Hospital NHS Foundation Trust

**Figure 55 - Month 12 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	41,480	41,522	42	0%	£975	£975	£0	0%
A&E - Accident & Emergency	31,965	35,032	3,067	10%	£4,397	£4,896	£499	11%
NEL - Non Elective	15,472	18,051	2,579	17%	£28,992	£30,231	£1,239	4%
NELNE - Non Elective Non-Emergency	51	46	-5	-10%	£184	£159	-£25	-13%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	21	170	149	698%	£6	£41	£35	585%
NELST - Non Elective Short Stay	2,110	2,538	428	20%	£1,426	£1,679	£253	18%
NELXBD - Non Elective Excess Bed Day	7,326	11,381	4,055	55%	£1,761	£2,680	£919	52%
<b>Grand Total</b>	<b>98,425</b>	<b>108,740</b>	<b>10,315</b>	<b>10%</b>	<b>£37,740</b>	<b>£40,660</b>	<b>£2,920</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. 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 £2.9m/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. 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. Collaborative action by all Aintree partners is also detailed in NHSI action plan with trajectory for reductions on long lengths of stay.

Within A&E, type 1 attendances are above plan at month 12 with a variance of 10%. Litherland walk-in centre attendances are much closer to planned levels. May 2018, July 2018 and March 2019 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

#### 5.1.1 Key Mental Health Performance Indicators

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

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-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%	100%
Cumulative Quarter				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-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%	100%
Cumulative Quarter				100%	50.0%	75.0%	75.0%	87.5%	81.8%	84.6%	100%	100%	100%

**Figure 58 - 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	Mar-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%	62.5%
Cumulative Quarter				73%	100%	83.3%	77.8%	75.0%	60.0%	64%	50.0%	50.0%	58.3%

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

**Figure 59 - 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

The government has set a national ambition to eliminate inappropriate out of area placements (OAPs) in mental health services for adults in acute inpatient care by 2020 to 2021. This definition of OAPs has been developed following significant stakeholder engagement to enable progress

against the ambition to be monitored. It is aimed at providers, commissioners and users of local adult inpatient acute mental health services in England.

An out of area placement happens when a person with assessed acute mental health needs who requires adult mental health acute inpatient care, is admitted to a unit that does not form part of the usual local network of services. Patients should be treated in a location which helps them to retain the contact they want to maintain with family, carers and friends, and to feel as familiar as possible with the local environment.

The CCG are achieving the ambition as they have had no OAPs this financial year.

### 5.1.3 Mental Health Contract Quality

#### Transformation Update

The Trust, in response to the Crisis Resolution Home Treatment Team (CRHTT) core fidelity review findings has established an urgent pathway workstream to establish a Single Point of Access to enable a more responsive access point for urgent referrals. This work also includes the identification of staff who undertake CRHTT functions with the aim of establishing a one stop integrated referral and response across the Trust's footprint.

The Trust has 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 May 2020 onwards. Commissioners and the Trust will be working with the Trust to agree reportable KPIs and outcomes early in June 2019.

#### KPI 125: Eating Disorder Service Treatment commencing within 18 weeks of referrals – Target 95%

- South Sefton CCG – 5.88% (1/17)

Eating Disorder Service			April	May	June	July	August	Sept	October	November	December	January	February	March
KPI_125	Eating Disorder Service. Treatment commencing within 18 weeks of referrals.	95%	80.00%	40.00%	70.00%	53.85%	28.57%		16.67%	31.25%	42.11%	40.00%	23.53%	5.88%

#### Performance Overview/Issues

Throughout 2018/19 Eating Disorder waits to commencing within 18 weeks of referral have been sub-optimal and in Month 12 the following performance was reported which has deteriorated significantly from Month 11.

#### How are the issues being addressed?

Demand for the service continues to increase and to exceed capacity. The Trust will undertake a detailed review of capacity and demand with the aim of stabilising the service. 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 2019 to develop a business case in 2019/20 for consideration.

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

Performance is linked to current service capacity which mitigates against significant recovery.

#### KPI 19: Patients identified as at risk of falling to have a care plan in place across the trust – Target 98%

- South Sefton CCG – 50% (3/6)

Falls Management and Prevention		Quarter 1 2018/19	Quarter 2 2018/19	Quarter 3 2018/19	Quarter 4 2018/19
KPI_19	Of the patients identified as at risk of falling to have a care plan in place across the trust.	98%		28.57%	50.00%

### Performance Overview/Issues

The Trust reported performance well below the 98% target in Q4, with the above performance reported.

### How are the issues being addressed?

Ward staff have been emailed and reminded to ensure that all patients identifying as a falls risk have an appropriate care plan in place.

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

The above actions will continue with an ambition to improve performance during 2019/20.

### KPI 25 (Keeping nourished) Patients with a score of 2 or more to receive an appropriate care plan – Target 100%

- South Sefton CCG – 80% (4/5)

Keeping Nourished			Quarter 1 2018/19	Quarter 2 2018/19	Quarter 3 2018/19	Quarter 4 2018/19
KPI_25	Patients with a score of 2 or more to receive an appropriate care plan	100%	60.00%	66.67%	50.00%	80.00%

### Performance Overview/Issues

The Trust reported performance well below the 98% target in Q4, with the above performance reported. Out of 5 patients there was 1 patient who didn't receive an appropriate care plan. The transition to Rio has impacted on MUST KPI's as templates in Rio are different to Exep forms therefore ward teams needed additional support.

### How are the issues being addressed?

The indicator is number sensitive however to improve KPIs the Dietetic team and Physical Health Performance Nurse are offering a range of support and training to ward staff. MUST training will continue for staff induction.

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

Quarter 1, 2019/20.

### Mersey Care NHS RiO M12 update

As part of the implementation of the RiO system in June 2018 a plan was agreed between the Trust and CCGs; whereby some KPIs were suspended until RiO was able to provide KPI data. A plan of shadow reporting was set up, and then reporting of all KPIs was implemented and back dated information was supplied. There remain gaps for some measures which will be implemented going forward in 2019/20 KPI reporting.

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

**Friends and Family Response Rates and Scores**  
Mersey Care NHS Foundation Trust  
Latest Month: **Mar-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%	3.2%		90%	91%		3%	2%	

The Trust has failed below the 3.4% England average for response rates, percentage recommended has gone up from 89 to 91% in March and percentage not recommended has fallen to 2%, 1% drop from February.

## 5.2 Improving Access to Psychological Therapies

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

South Sefton IAPT KPIs Summary															FY18/19	
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	312	3,599		
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%	1.28%	14.80%		
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%	50.0%	47.9%	47.4%	46.6%		
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%	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%	100.0%	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	166	147	137	2,221		
National definition of those who have entered Below Caseiness (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	63	1,008		
Referral optin 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%	83.5%	87.0%		

### Performance Overview/Issues

Cheshire and Wirral Partnership reported 312 patients entering treatment in Month 12, which is comparable with the 313 reported in Month 11. 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 12 was 1.28% and therefore failed to achieve the standard. The end of year Access rate was 14.8%.

The percentage of people moved to recovery was 47.4% in Month 12, which is comparable with the 47.9% for the previous month and failing to achieve the target of 50%. The year-end Recovery rate was 47.4%. The service has reported that patients entering IAPT in South Sefton have more severity in their condition (linked to demographics/deprivation levels) which has an impact on recovery rates.

### How are the issues being addressed?

Access – Group work continues to be rolled out so as to complement the existing one to one service offer to increase capacity. In addition IAPT services aimed at diabetes and cardiac groups are planned with IAPT well-being assessments will be delivered as part of the routine standard pathway for these conditions. In addition those GP practices that have the largest number of elderly patients are being engaged with the aim of providing IAPT services to this cohort. Additional High Intensity Training staff are in training (with investment agreed by the CCG) and they will contribute to access rates whilst they are in training prior to qualifying in October 2019 when they will be able to offer more sessions within the service. Three staff returning from maternity leave and long term sickness will have a positive impact on the service capacity.

Three staff returning from maternity leave and long term sickness will also have a positive impact on the service capacity.

Recovery – The newly appointed clinical lead for the service will be reviewing non- recovered cases and work with practitioners to improve recovery rates.

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

The above actions will continue with an ambition to improve performance during 2019/20

### Who is responsible for this indicator?

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

## 5.3 Dementia

**Figure 62 - Dementia casefinding**

#### NHS South Sefton CCG

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
People Diagnosed with Dementia (Age 65+)	1159	1163	1191	1203	1221	1230	1240	1232	1223	1214	1225	1246
Estimated Prevalence (Age 65+)	1869	1874.3	1877.3	1885.7	1892.5	1900.9	1906	1904.8	1907.2	1911.5	1911.6	1916.8
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%	65.00%
Target	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%

#### Performance Overview/Issues

The latest data on NHS Digital shows South Sefton CCG are recording a dementia diagnosis rate in March of 65.00%, which is under the national dementia diagnosis ambition of 66.7% although a slight increase on last month when 64.08% was reported. CCG believes that coding issues in primary care may be impacting on performance. In addition there may be care home residents who may not have a diagnosis of dementia.

#### How are the issues being addressed?

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 hasn't been able to achieve the National Ambition by March 2019. Plans are in place to achieve by the end of Q2, 2019/20.

#### Who is responsible for this indicator?

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

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

Figure 63 - NHS South Sefton CCG – Improve Access Rate to CYPMH 18/19 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	353	250	171	250	181	250		750	705
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%	11.3%	8.0%	5.5%	8.0%	5.8%	8.0%		24.0%	22.6%

#### Performance Overview/Issues

The CCG has now received data from a third sector organisation Venus. This Provider has not yet submitted data to the MHSDS although this is a work in progress. These additional figures have been included in the table above thus increasing the CYP Access performance and creating a variation in previous data.



The CCG still failed to achieve the target of 8% in Q3 with 5.8%; a total of 181 children and young people were receiving treatment out of a total 3,121 with a diagnosable mental health condition. This is an increase on the 171 children and young people receiving treatment in quarter 2. The CCG is narrowly failing to meet the year to date target of 24.0% (22.6% year to date).

#### How are the issues being addressed?

Access rates for Sefton wide CAMHS are in excess of 32% target. Based on most recent data, including figures from VCF provider VENUS the predicted access for 18/19 for South Sefton is circa 29/30%. This reflects historic differences in access between part of the Borough. Additional activity has been commissioned and mainstreamed from the VCF in 19/20 which is South Sefton targeted. Figures for 18/19 are big improvement from previous years.

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

Additional activity to be implemented for 19/20. Online counselling for Sefton is being jointly commissioned and will come online in 19/20. AHCH has submitted business cases to increase CYP Eating Disorder activity and Crisis/Out of Hours support during 19/20. These will make notable improvements to access rates in South Sefton.

#### Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Sue Gough	Peter Wong

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

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

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

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	3	21	6	21	4	20	4	24
Number of CYP with a suspected ED (routine cases) that start treatment	3	21	6	21	4	22	4	26
%	100.00%	100.00%	100.00%	100.00%	100.00%	90.91%	100.00%	92.31%

#### Performance Overview/Issues

In quarter 4 the Trust fell under the 100% plan, out of 26 routine referrals to children and young people's eating disorder service, 24 were seen within 4 weeks recording 92.31% against the 100% target. Both breaches waited between 4 and 12 weeks.

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

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	1	5	1	5	1	4	1	2
Number of CYP with a suspected ED (urgent cases) that start treatment	1	5	1	5	1	5	1	3
%	100.00%	100.00%	100.00%	100.00%	100.00%	80.00%	100.00%	66.67%



In quarter 4, the CCG had 3 patients under the urgent referral category, 2 of which met the target bringing the total performance to 66.67% against the 100% target. The patient who breached waited between 1 and 4 weeks.

Reporting difficulties and the fact that demand for this service exceeds capacity are both contributing to under performance in this area.

**How are the issues being addressed?**

Work is being under taken by the Provider to reduce DNAs.

Service works with small numbers and a single case can cause the KPI to be breached, this is understood nationally.

Activity commissioned on nationally indicated levels. The last year has seen activity levels exceed these levels by over 100%. Risk is being managed and is part of national reporting. AHCH submitted business case for extra capacity which will be considered by SMT in June.

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

Improvement is dependent upon extra capacity being considered and agreed by the CCG in June.

**Who is responsible for this indicator?**

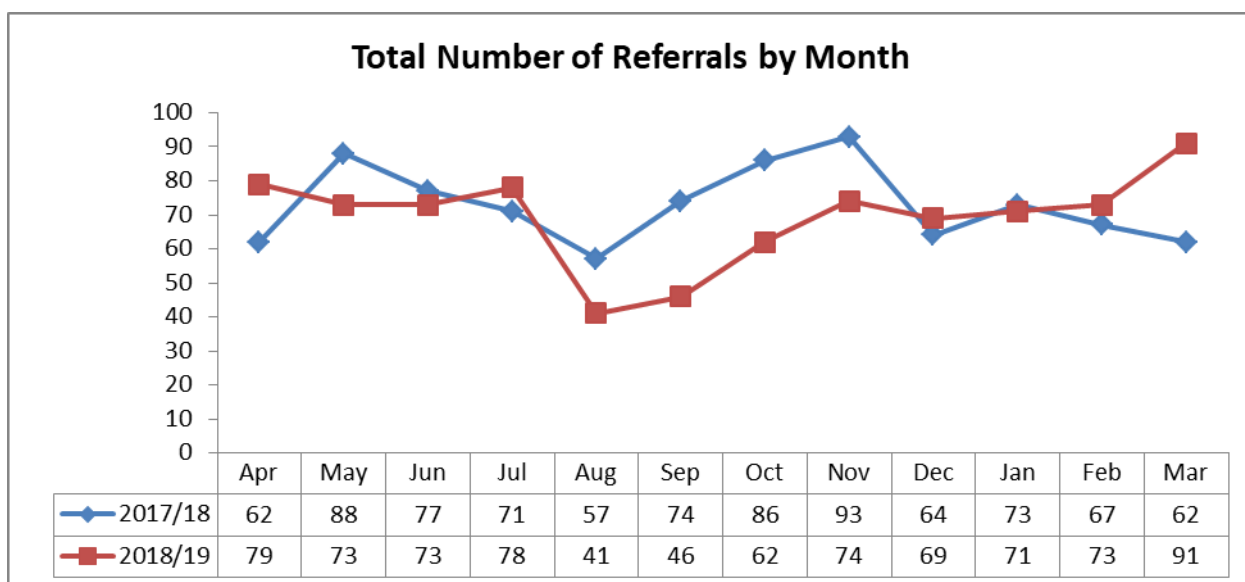
Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Sue Gough	Peter Wong

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

The following analysis derives from local data received on a quarterly basis from Alder Hey. The data source is cumulative and the time period is to Quarter 4 2018/19. The date period is based on the date of Referral so focuses on referrals made to the service during January to March 2018/19. Data includes both South Sefton CCG and Southport and Formby CCGs.

It is worth noting that the activity numbers highlighted in the report are based on a count of the Local Patient Identifier and there may be patients that have more than one referral during the given time period. The 'Activity' field within the tables therefore does not reflect the actual number of patients referred.

**Figure 66 – CAMHS Referrals**



Throughout quarter 4 2018/19 there were a total of 235 referrals made to CAMHS from South Sefton CCG patients. The monthly number of referrals remained stable between November and February then saw a subsequent increase in March 2019.

During the fourth quarter of 2018/19 there were no DNAs, which is an improvement from the last quarter.

The remaining tables within this section will focus on only the 78 Referrals that have been accepted and allocated.

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

Waiting Time in Week Bands	Number of Referrals	% of Total
0-2 Weeks	30	38.5%
2-4 Weeks	33	42.3%
4- 6 Weeks	6	7.7%
6-8 weeks	0	0.0%
8- 10 weeks	5	6.4%
Over 10 weeks	4	5.1%
<b>Total</b>	<b>78</b>	<b>100%</b>

The biggest percentage (42.3%) of referrals where an assessment has taken place waited between 2 and 4 weeks from their referral to assessment. 94.5% of allocated referrals waited 10 weeks or less from point of referral to an assessment being made.

Of those referrals that waited over 10 weeks, there was one referral that waited 94 days (13.4 weeks) which was the longest wait during this quarter.

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 68 - CAMHS Waiting Times Assessment to Intervention**

Waiting Time in Week Bands	Number of Referrals	% of Total	% of Total with intervention only
0-2 Weeks	10	12.8%	23.8%
2-4 Weeks	9	11.5%	21.4%
4- 6 Weeks	14	17.9%	33.3%
6-8 weeks	5	6.4%	11.9%
8- 10 weeks	0	0.0%	0.0%
10-12 Weeks	3	3.8%	7.1%
Over 12 Weeks	1	1.3%	2.4%
(blank)	36	46.2%	
<b>Total</b>	<b>78</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.

46.2% (36) of all allocated referrals did not have a date of intervention. Of these, 10 have already been discharged without having had an intervention so are therefore not waiting for said intervention.

The assumption can be made that of the remaining 26 referrals where an assessment has taken place and no date of intervention reported, these are waiting for their intervention. Of the 26 waiting for an intervention, 17 were referred to the service within the month of March 2019 so have been waiting a maximum of four weeks from their referral date to their first intervention.

If the 36 referrals were discounted, 90.5% of the referrals made within Quarter 4 of 2018/19 waited 8 weeks or less from their referral to their first intervention taking place.

The one referral that waited over 12 weeks for an intervention waited for 94 days (13.4 weeks). This is an improvement on the previous quarter when there was 1 referral that waited over 14 weeks.

### Performance Overview/Issues

Specialist CAMHS has had long waits, up to 20 weeks.

### How are the issues being addressed?

NHSE non-recurrent funding secured and waits are reducing. CCG has jointly commissioned online counselling for 19/20 which will increase accessible support for those with needs but don't meet CAMHS threshold, reducing necessity to refer to CAMHS. AHCH submitted business case for extending crisis and out of hours support. Additional activity targeted at South Sefton to be brought online in 19/20.

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

Impact of NHSE funding will be seen in the first quarter of 2019/20 and the impact of online counselling and additional South Sefton activity will be seen in quarters 2 and 3 of 19/20.

### Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll	Vicky Killen	Peter Wong

## 5.7 Learning Disability Health Checks

**Figure 69 – Learning Disabilities Performance Measures**

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

### Performance Overview/Issues

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 3, 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. Quarter 4 data has yet to be published, in which we are expecting the total percentage checked to increase.

### How are the issues being addressed?

The CCG Primary Care Leads are working with the Council to identify the cohort of patients with Learning Disabilities who are identified on the GP registers as part of the DES (Direct Enhanced Service). The CCG has also identified additional clinical leadership time to support the DES, along with looking at an initiative to work with People First (an advocacy organisation for people with learning disabilities) to raise the importance of people accessing their annual health check.

### When is performance expected to recover?

Q2, 2019/20.

### Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Sue Gough	Geraldine O'Carroll

## 5.8 Improving Physical Health for people with Severe Mental Illness (SMI)

As part of the 'Mental Health Five Year Forward View' NHS England has set an objective that by 2020/21, 280,000 people should have their physical health needs met by increasing early detection and expanding access to evidence-based care assessment and intervention.

To support this objective CCG's are to offer NICE-recommended screening and access to physical care interventions to cover 60% of the population with SMI on the GP register in 2018/19. This is to be delivered across primary and secondary care, which will be monitored separately due to different data collection methods. It is expected that 50% of people on GP SMI registers receive a physical health check in a primary care setting.

**Figure 70 – SMI Health Checks in Primary Care Setting**

Data Period	The number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission'	Number of Patients who had all six elements of the Physical Health Checks	% of Patients who had all six elements of the Physical Health Checks
Q2 2018/19	2,048	296	14.5%
Q3 2018/19	1,997	305	15.3%
Q4 2018/19	2,005	344	17.2%

### Performance Overview/Issues

The most recent data period is January to March 2018/19. In the 12 month period to the end of quarter 4 2018/19, 17.2% of the number of people on the GP SMI register in South Sefton CCG received a comprehensive health check. Despite not yet achieving the 50% ambition this is an improvement from the previous quarter (15.3%).

### How are the issues being addressed?

A Local Quality Contract (LQC) scheme for primary care to undertake SMI health checks has been developed and agreed by Sefton Local Medical Committee (LMC). EMIS screens to enable data capture are being validated on 3<sup>rd</sup> June 2019.

### When is performance expected to recover?

Performance should improve from Quarter 2 onwards.

### Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Sue Gough	Gordon Jones

## 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

**Figure 71 – Outpatient Clinic DNA Rates**

Sefton Dietetics	12/13 Outturn	13/14 Outturn	14/15 Outturn	15/16 Outturn	16/17 Outturn	17/18 Outturn	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
Appointments	2149	2086	2078	1342	1710	1448	156	102	149	138	143	145	164	195	113	79	132	138	1654
DNAs	683	566	595	346	413	310	31	35	30	23	24	30	29	25	10	30	31	27	325
DNA Rate	24.1%	21.3%	22.3%	20.5%	19.5%	14.0%	16.6%	25.5%	16.8%	14.3%	14.4%	17.1%	15.0%	11.4%	8.1%	27.5%	19.0%	16.4%	13.6%

### Performance Overview/Issues

The Trust continues to experience a high DNA rate in their Dietetics service for South Sefton CCG patients. In March 2019 a DNA rate of 16.4% was reported against a Trust target of 8.5%.

### How are the issues being addressed?

The Trust have highlighted that services who only see a small number of patients are more significantly affected by DNAs e.g. a session with 5 planned consultations and 1 subsequent DNA will report 20%. Work is being carried out to ensure effective utilisation of clinics.

**Figure 72 – Outpatient Clinic Cancellations by Provider**

Sefton Treatment Rooms	12/13 Outturn	13/14 Outturn	14/15 Outturn	15/16 Outturn	16/17 Outturn	17/18 Outturn	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
Appointments	11750		14355	25499	21876	25126	2125	2112	2087	2190	2065	2018	2245	2146	1930	2125	2023	2111	25177
Cancs	505		680	1097	1368	1498	106	127	77	91	78	80	105	138	115	106	102	130	1255
Cancs Rate	4.1%		4.5%	4.1%	5.9%	5.6%	4.2%	5.0%	3.1%	3.5%	3.1%	3.3%	3.9%	5.3%	5.0%	4.2%	4.2%	5.1%	4.7%

Sefton Podiatry	12/13 Outturn	13/14 Outturn	14/15 Outturn	15/16 Outturn	16/17 Outturn	17/18 Outturn	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
Appointments	23372	22671	21762	19517	20007	18924	1611	1577	1443	1471	1584	1385	1643	1700	1409	1567	1158	1504	18052
Cancs	501	1117	1420	635	836	579	62	79	41	84	91	40	50	129	69	103	61	74	883
Cancs Rate	2.1%	4.7%	6.1%	3.2%	4.0%	2.5%	2.9%	3.9%	2.2%	4.3%	4.3%	2.2%	2.3%	5.5%	3.7%	4.8%	4.0%	3.7%	3.7%

Sefton Diabetes	12/13 Outturn	13/14 Outturn	14/15 Outturn	15/16 Outturn	16/17 Outturn	17/18 Outturn	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
Appointments	5161	4332	7189	5835	5264	4641	409	415	444	368	453	389	535	529	352	577	438	419	5328
Cancs	91	240	155	189	341	342	24	18	16	9	7	19	20	20	29	30	29	21	242
Cancs Rate	1.7%	5.2%	2.1%	3.1%	6.1%	5.9%	4.4%	3.4%	2.9%	1.9%	1.2%	3.5%	2.8%	2.9%	5.9%	3.8%	5.0%	3.8%	3.4%

### Performance Overview/Issues

The Trust monitors performance against a 3.5% threshold. Treatment rooms continue to report above the threshold with 5.1% in March, showing an increase in cancellations since last month. Podiatry performance has improved slightly with 3.7% in March, compared to February when 4% was reported. Diabetes has also shown an improvement from 5% in February to 3.8% in March 2019.

### How are the issues being addressed?

Treatment rooms has been affected by a range of issues including vacancies, sickness and maternity leave. We are advised that staffing issues are now resolved.



## 6.1.3 Waiting Times

**Figure 70 – Outpatient Clinic Waiting Times**

Physiotherapy Sefton	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Number of Referrals	146	134	145	182	154	116	82	101	77	110	99
Incomplete Pathways - 92nd Percentile	18 weeks	12 weeks	12 weeks	13 weeks	15 weeks	16 weeks	18 weeks	21 weeks	23 weeks	23 weeks	23 weeks
Completed Pathways - 95th Percentile	21 weeks	24 weeks	16 weeks	15 weeks	16 weeks	21 weeks	22 weeks	22 weeks	26 weeks	26 weeks	29 weeks
Total Number Waiting	276	242	242	277	370	385	359	373	376	323	284
Number waiting over 18 weeks	19	2	1	0	1	17	24	76	109	72	62
Longest Weeks Waiting - weeks	34	22	27	16	20	22	24	24	26	29	27
Longest Weeks Waiting - No. of Patients	1	1	1	1	1	1	1	3	1	1	1

Occupational Therapy Sefton	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Number of Referrals	48	51	51	63	73	50	55	56	42	55	51
Incomplete Pathways - 92nd Percentile	13 weeks	12 weeks	11 weeks	13 weeks	13 weeks	13 weeks	16 weeks	17 weeks	20 weeks	22 weeks	22 weeks
Completed Pathways - 95th Percentile	22 weeks	16 weeks	14 weeks	14 weeks	18 weeks	19 weeks	19 weeks	21 weeks	21 weeks	25 weeks	26 weeks
Total Number Waiting	96	101	82	101	117	132	157	189	167	161	149
Number waiting over 18 weeks	0	0	0	2	0	0	4	7	27	29	23
Longest Weeks Waiting - weeks	18	16	17	16	17	18	21	21	22	26	24
Longest Weeks Waiting - No. of Patients	1	1	1	1	4	1	2	1	8	1	2

Nutrition & Dietetics Sefton	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Number of Referrals	189	165	191	202	198	172	228	219	188	183	173
Incomplete Pathways - 92nd Percentile	15 weeks	17 weeks	18 weeks	16 weeks	14 weeks	14 weeks	13 weeks	12 weeks	12 weeks	12 weeks	15 weeks
Completed Pathways - 95th Percentile	17 weeks	23 weeks	22 weeks	24 weeks	23 weeks	19 weeks	19 weeks	15 weeks	18 weeks	18 weeks	19 weeks
Total Number Waiting	487	400	456	469	432	372	325	364	326	386	430
Number waiting over 18 weeks	15	16	35	27	7	7	4	7	5	4	6
Longest Weeks Waiting - weeks	26	31	30	35	31	31	29	24	27	31	35
Longest Weeks Waiting - No. of Patients	1	1	1	1	1	1	1	1	1	1	1

### Performance Overview/Issues

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

**Physiotherapy:** February's completed pathways reported a 95<sup>th</sup> percentile of 29 weeks, showing a decline on last month. Incomplete pathways also reported above the 18 week standard with 23 weeks, showing no improvement. The longest waiter on the incomplete pathway was at 27 weeks. The Trust has reported that capacity issues due to staff sickness and vacancies have resulted in increased waiting times.

**Occupational Therapy:** February's completed pathways reported a 95<sup>th</sup> percentile of 26 weeks, a decline on last month. The incomplete pathways have also shown no improvement reporting 22 weeks. A steady increase in average waits over the past seven 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 February was at 24 weeks. The Trust has reported capacity issues due to sickness and vacancies have resulted in increased waiting times.

**Nutrition & Dietetics:** The service is beginning to experience an increase in average waits on the completed pathway, a potential early warning that they may also increase for patients on an incomplete pathway.

### How are the issues being addressed?

**Physiotherapy:** All referrals are triaged by senior clinicians so that risks are identified and urgent referrals are seen appropriately.

### 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:** All referrals are triaged by senior clinicians so that risks are identified and urgent referrals are seen appropriately.


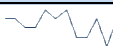

Trust Actions:

- 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 73 – Mersey Care Community Friends and Family Test Performance**

Latest Month: Mar-19

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Community Health	3.3%	1.0%		94%	98%		2%	1%	

The service has seen a decline in response rates in March 2019 with just 1% compared to a national average of 3.3%.

## 6.2 Any Qualified Provider Mersey Care Podiatry Contract

At month 12 2018/19 the total year end costs for the CCG were £246,183 with 6,200 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

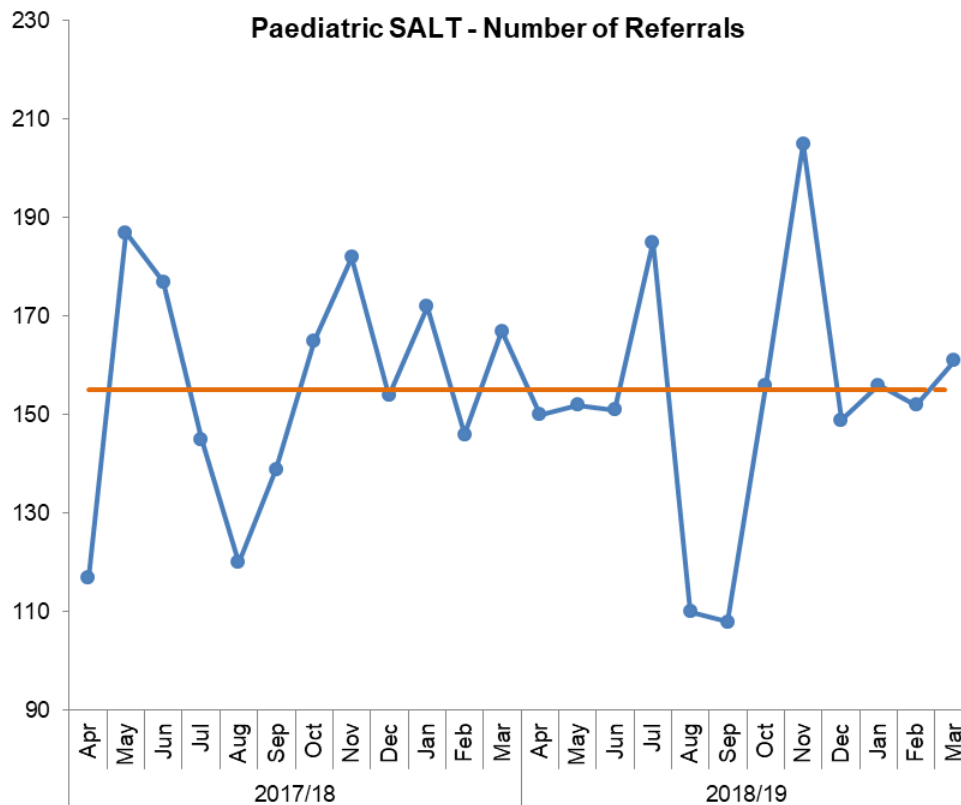
An initial meeting has been held with Alder Hey, Liverpool CCG and South Sefton CCG regarding current reporting and gaps in information. This specific group is to develop a plan for 2019/20 to create a robust reporting framework which provides assurance for both community and mental health provision for Children's services.

### 6.3.2 Waiting Times

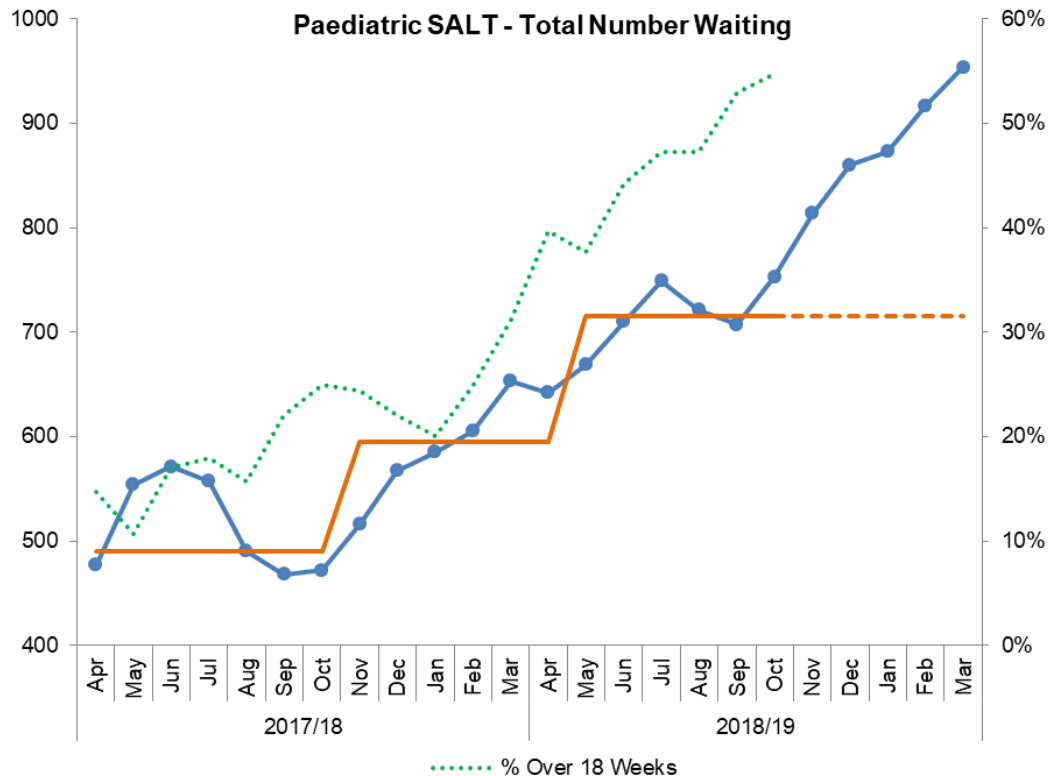
The following issues arose in March 2019. This information is currently Sefton wide and a request has been made to the Trust for a breakdown by CCG.

Paediatric SALT: In March the Trust reported a 92<sup>nd</sup> percentile of 45 weeks for Sefton patients waiting on an incomplete pathway. Performance has steadily declined over the past two financial years, with referrals remaining static.

**Figure 74 – Numbers of Referrals for Paediatric SALT**



**Figure 75 – Total Numbers Waiting for Paediatric SALT – Average Weeks to First Contact**



### Performance Issues/Overview

The following issues arose in March 2019. This information is currently Sefton wide and a request has been made to the Trust for a breakdown by CCG.

Paediatric SALT: In March the Trust reported a 92<sup>nd</sup> percentile of 45 weeks for Sefton patients waiting on an incomplete pathway. The longest waiting patient was two patients waiting at **54 weeks**. Performance has steadily declined over the past two financial years, with referrals remaining static.

### How are the issues being addressed?

The issue of Sefton long waiters for SALT has been previously raised and discussed at a number of contract review meetings. Alder Hey submitted a recovery plan and options appraisal to the CCG for review. Additional funding of £50k has been provided by the Sefton CCGs as part of additional Neuro development investment. Recruitment has now taken place and the CCGs have asked to see the impact of this on reducing waiting times.

## 6.3.3 Patient DNA's and Cancellations

**Figure 76 – Outpatient Clinic DNA Rates: Paediatric Dietetics**

	12/13 Total	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	18/19 Total
Appointments	331	327	532	429	647	528	91	68	59	63	0	53	61	64	43	45	55	96	698
DNA	73	66	53	41	147	68	13	8	7	11	0	15	5	21	5	5	6	20	116
DNA Rate	18.1%	16.8%	9.1%	9.7%	18.5%	11.4%	12.5%	10.5%	10.6%	14.9%	0.0%	22.1%	7.6%	24.7%	10.4%	10.0%	9.8%	17.2%	14.3%

### Performance Issues/Overview

The paediatric dietetics service has seen high percentages of children not being brought to their appointment. In March 2019 this increased further with a rate of 17.2%.

### How are the issues being addressed?

The CCG has invested in extra capacity into the service. The CCG is working with AHCH to understand the nature of the DNAs for this service. AHCH has implemented a text appointment reminder system. The CCG will also raise at the next contract review meeting in June.

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

**Figure 77 - 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	Nil return
Total number of children whose episode of care was closed within the quarter where equipment was delivered or a modification was made	20	Nil return	20	Nil return	20	Nil return	20	Nil return
%	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 4 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

The CCG commission a range of services from local voluntary, community and faith (VCF) organisations towards improving wellbeing and addressing health inequalities in Sefton. This supports our priority work in Shaping Sefton, our annual operational plan, 'Highway to Health', as well as the Joint Strategic Needs Assessment and Health and Wellbeing Strategy that we work on together with the council.

Below are some of the highlights and outcomes achieved by these VCF groups in 2018-2019 to improve the health and wellbeing of all our residents.

### **Age Concern Liverpool and Sefton**

The befriending and reablement service promotes older people's social independence via positive health, support and wellbeing to prevent social isolation. Work has taken place with GP practices to support older patients experiencing bereavement, loneliness and benefit issues.

### **Alzheimer's Society**

The society continued to deliver dementia support sessions in GP practices during 2018-19. Pre-arranged sessions are booked and delivered on the basis of need in particular GP practices. The service also provides a Side-by-Side service, which has successfully matched a number of service users with volunteers enjoying a range of activities including dancing, theatre trips, coffee shop trips, shopping and walking. Dementia peer support groups during this year included Singing for the Brain, Active & Involved, reading sessions and memory cafes across the borough. Alzheimer's Society also showcased a memory garden at the Southport Flower Show, over 750 people stopped to have a chat, pick up a leaflet or ask for advice or support.

### **Citizens Advice Sefton**

This service offers various forms of advice to in-patients at Clock View Hospital in Walton. During 2018-19 the majority of support required related to benefits payments (including Universal Credit applications), housing, mobility debt, health and community care, housing, legal, relationships and family, travel and transport issues.

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

During 2018-19 the service accommodated approximately 150 service users and supported a further 120 people to stay in their current place of residence. The service helped around 40 people avoid admission to hospital and enabled around 80 patients to be discharged. In addition to this, the service prevented around 60 people from becoming homeless.

### **Expect Limited**

Expect Limited provides an environment where service users can participate in formal and informal centre based and wider community activities. These activities include helping service users in regaining skills lost due to illness, developing new skills and knowledge, improving social inclusion, gaining independence, having access to more choice and increasing fitness, improving health and safety, financial stability and enjoyment. A variety of structured activities were delivered during 2018-19 including drama, music, comedy workshops, weekly cooking activities, summer parties and groups such as Let's Talk Mental Health, together with outreach support.

### **Imagine independence**

This service supports individuals with mental disorder living in the community. It promotes independence and recovery, providing support to maintain health and wellbeing, reducing admissions to residential, nursing care and in-patient settings. During 2018-19 Imagine Independence assisted service users with completing personal profiles and search for paid employment. A number of service users attended job interviews. Around 100 people managed to secure paid work for over 16 hours per week and around 30 managed to secure paid work for less than 16 hours per week. The service supported people in retaining their current employment and liaised with employers on their behalf.

### **Netherton Feelgood Factory**

This 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). Three paid staff were employed together with a small number of volunteers. Examples of



work carried out during 2018-19 include issues relating to domestic violence, family issues, unemployment due to mental health related issues, anxiety and depression.

### **Parenting 2000**

The service provides counselling and support to vulnerable children, young people and families most in need – where deprivation, poverty and emotional wellbeing dramatically affect everyday family life promoting and embedding parenting skills, providing a place where all parents, carers, young people and children can access information, advice and support enabling people to meet the diverse challenges that life presents.

### **Sefton Advocacy**

During 2018-19 the service has provided advocacy for a large number of people across the Sefton footprint ranging from housing, benefits, grants, care home advice, safeguarding and wellbeing. During this year, Sefton Advocacy has helped the CCGs to develop an independent service funding model; this involved supporting individuals to identifying their most suitable support agency. The service is also supporting IAPT services across the borough. This enables service users to access advice about to benefit applications and suitable housing.

### **Sefton Carers Centre**

The service provides specialist advocacy, peer support, advice and guidance. This includes advocacy for parent carers to pursue rights to services and to meet needs due to barriers, especially for children with emotional or behavioural issues. The centre has reported an increase in tribunal cases during this year whilst Universal Credit advice and support has been a key issue for those presenting to the service. A number of volunteers have been recruited to the (non-personal care) sitting service, enabling carers to take a short break. Physical and emotional health and wellbeing has also been provided through counselling and holistic therapies (91% of therapy users reporting this had a marked or significant positive impact on them). The service has also been key in working with the CCGs to develop Personal Health Budgets.

### **Sefton Council for Voluntary Service**

*BME community support worker* – this role links with communities in accessing a range of services that impact on health and wellbeing. This helps to improve access and uptake of services including appropriate mental health services such as IAPT. Help is given to service users to access primary care and supporting asylum seekers and refugees with mental health and physical health conditions. The majority of enquiries during 2018-19 were around mental health, legal issues, safeguarding, benefits, finance, debt and general health.

*Children, Young People and Families Lead (Every Child Matters)* - provided representation on various working groups and partnerships enabling participation of voluntary, community and faith (VCF) sector organisations in decision making, helping identify gaps and needs (including under-represented groups) and developing training opportunities. During 2018-19 the service facilitated a number of network and forum meetings. As part of a restructure, the Children, Young People & Families Lead now has responsibility for more focussed management of VCF capacity building, volunteer co-ordination and collaborative working with both Sefton Council and both CCGs in Sefton.

*Health and Wellbeing Trainers* - develop pro-active care programmes to encourage better self-care and behavioural change, to relieve anxiety, prevent unnecessary hospital admissions and signpost to other health and social care services.



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

SWACA provides crisis intervention, early intervention and prevention to overcome the impact of domestic abuse. This includes advocacy, advice, programmes of work, parenting support, legal advice and therapeutic support, plus multi-agency training and VCF partnership working. The service has seen an increased demand identified during 2018-19. Referrals came from various sources. The top three referrers to the service were from the police (41%), self-referrals (19%) and safeguarding children (15%). Other referral sources included adult social care, children's centres, family and friends, housing and VCF organisations.

### Stroke Association

The association provides information, advice and support for patients and their families post stroke and is delivered within hospital and community settings alongside a multi-disciplinary team of health and social care professionals. As plans evolve, work is being undertaken to ensure stroke's new priority status is supported by ambitious and deliverable interventions across the whole National Stroke Programme pathway. During this year, it was reported that a significant number of service users accessing the service were under the age of 50 and a number of these patients were assisted in going back to work. Other areas of support included welfare benefits, available financial and emotional support and help for young families. 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.

### Swan Women's Centre

The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. The centre also provides an outreach service, available by professional referral, for women diagnosed with severe mental illness, and those that do not fit the mental illness criteria but who need support. The emotional wellbeing support group offers support to women, via a qualified counsellor with experience of group therapy.

## 8. Primary Care

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

**Figure 78 - 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 at Moore Street Medical Centre, this remains good in all areas. All results are listed below:

**Figure 79 - 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	30 April 2019	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 quarter 4 2018/19 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in May 2019. This reported that all national BCF conditions were met in regard to assessment against the High Impact Change Model; but with on-going work required against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care. Narrative is provided of progress to date.

A summary of the Q4 BCF performance is as follows:

**Figure 80 – 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 admission with a longer length of stay by 0.9%. Despite these growth asks, the CCGs in the Sefton HWBB area have planned for 18/19 growth as follows: South Sefton CCG: 5.12% 0 day LOS, 0.82% 1+ day LOS. Southport & Formby CCG: 1.4% 0 day LOS, 0.4% 1 day LOS. Indicative Q3 YTD data shows a slight increase for the Sefton HWBB NEA position from 25% in Q2 to 27% in Q3 with 34,677 NEA compared to a plan of 27, 310. However, this is measured against BCF original 18/19 plans that were submitted back in 2017, not the latest CCG Ops Plan submissions for 18/19 which were made Apr 18.	There is a continued focus from our ICRAAS services around both the S&O and Aintree systems to provide community interventions that support admission avoidance with activity monitored through A&E Delivery Board. SW posts have now also been implemented within localities as part of our place based developments to support early interventions that may avert emergency admission.
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Sefton's aging in ill health demographics continue to place significant additional demand on social care services for older people. 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. Reablement, rehabilitation and ICRAAS services all help to support our care closer to home strategy.	Implementation of enabling beds within Chase Heyes 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 but recruitment of workforce continues to be a challenge. Recruitment events underway to strengthen workforce. Plans to develop reablement 'offer' available to community cases - such as people in crisis and/or who are at risk of Hospital admission.	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 of care. There are weekly calls between partners, MDT flying squads to target patient areas, increased focus on 7 and 21 day + LOS and actions to progress discharge.

**Figure 81 – BCF High Impact Change Model assessment**

						Narrative	
		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Current)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	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 continues to progress to move to maturity though implementation of MADE recommendations. Aim to move to one system for S&O across into W.Lancs. For SSCCG area this has been implemented through the ICRAS programme and the discharge lanes/SAFER system within Aintree.
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 monitor capacity and demand. In Aintree there has been a re-focus in Q4 on use of the Medworxx system in conjunction with the SAFER and discharge lanes approach. Band 4 discharge posts have been introduced attached to wards to support patient flow but also provide additional support to data capture. Ongoing work will aim to develop a mature system with peer support from the Royal Liverpool who also use Medworxx as part of planned merger work.
Chg 3	Multi-disciplinary/multi-agency discharge teams	Plans in place	Plans in place	Established	Mature	Assessment of mature is based on robust implementation of the ICRAS model (Integrated Community Reablement & Assessment Services) within Sefton but also across North Mersey. It is an example of collaboration designed to introduce consistency in approach and pathways across a larger geographical footprint. Further evidenced by linking our ongoing MDT development work to Newton Europe findings to improve Sefton service provision. Again work carried out locally but in conjunction with similar work underway across North Mersey. Shared learning and peer support has been an important part of our development.	Significant progress has been made in regard to multi-disciplinary / multi-agency discharge teams across Sefton. Our ICRAS model (Integrated Community Reablement & Assessment Services) has been key in facilitating joint working arrangements between health and social care and third sector partners with robust pathways in place to support step down from hospital and admission avoidance/step up if required from community. Areas developed in Q4 include our reablement bed based service pathway (Chase Heys & James Dixon Court) developed through collaborative working of all partners. The MDT approach has also been the focus of collaboration with primary care. Examples of this include the pilot work for Integrated Care Communities which is being implemented. During the last quarter activity in the South of the borough has included the identification of resource to support the work this includes two dedicated Primary Care Link Workers who will work across four health localities. This pilot work is being scoped further in terms of monitoring.
Chg 4	Home first/discharge to assess	Established	Plans in place	Plans in place	Established		In Q4 we have achieved our plan to develop short stay enablement beds with model of care and pathway now in place. Work involved inputs from partners across acute, community and primary care (Chase Heys and James Dixon Court pathways referenced in Change 3). The newly introduced enablement bed provision complements our Home First service and our intermediate care beds and has helped to widen the range of support that we can provide for our Sefton population.

		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Current)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Milestones met during the quarter / Observed impact
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 ongoing of impact alongside social work activity at weekend to move to more mature assessment.
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 implemented through Mersey Care community trust with consistent approach being utilised which is in place in Knowsley and Liverpool. Domiciliary Care Trusted assessor established across Sefton for patient
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 ensuring consistency in processes e.g. best interest, capacity assessments. Process is established with opportunity to progress to mature over 19/20 as it is utilised and used positively to support patient flow and decision making.
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, Acute Visiting Service (South Sefton) Red Bag scheme and work planned to move to mature such as on falls, pro-active management and therapy strategy. Focus for the Provider Alliance and further strategic development across the system. This work will continue to be progressed in 19/20.

## 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 12 performance and narrative detailed in the table below.

**Figure 82 - South Sefton CCG's Month 12 Submission to NHS England**

March Month 12 2019	Month 12 Plan	Month 12 Actual	Month 12 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
<b>Referrals (MAR)</b>				
GP	3,865	3,519	-9.0%	GP referrals and Other referrals have increased in month 12 following seasonal trends. Each were above the baseline median in month but GP referrals were below planned levels. An increase in consultant-to-consultant referrals has been evident at the main hospital provider within various specialities including T&O and ENT. Total referral numbers are also within the 2% threshold year to date for South Sefton CCG. Discussions regarding referrals at the main hospital provider take place via information sub groups, contract review meetings and the planned care group.
Other	2,497	2,628	5.2%	
Total (in month)	6,362	6,147	-3.4%	
Variance against Plan YTD	69,549	69,947	0.6%	
Year on Year YTD Growth			0.0%	
<b>Outpatient attendances (Specific Acute) SUS (TNR)</b>				
All 1st OP	4,624	4,722	2.1%	An issue has been identified with month 12 outpatient data whereby Alder Hey Hospital data was unavailable. As such, a monthly average for this provider was applied to month 12 reporting. First and follow up appointments have increased in month 12 following a similar trend to that seen in the previous year. Activity variances in this time are mainly focussed within the main hospital provider across various specialities. However, overall activity in month was below the current monthly average for South Sefton CCG. The year to date position for outpatient activity is slightly outside of the 2% threshold at month 12 and the year on year growth is below 2%. A planned care group has been established with the main hospital provider to review elements of performance and activity.
Follow Up	10,246	10,995	7.3%	
Total Outpatient attendances (in month)	14,870	15,717	5.7%	
Variance against Plan YTD	193,233	188,922	-2.2%	
Year on Year YTD Growth			-1.8%	
<b>Admitted Patient Care (Specific Acute) SUS (TNR)</b>				
Elective Day case spells	1,918	2,038	6.3%	Total YTD elective activity is in line with planned levels at month 12. Seasonal variation in month 12 has shown increased levels of day case procedures. Day case trends are slightly higher per month to 1718 levels but with similar seasonal trends and recent months have seen increased levels of scopes being performed at the main hospital provider. A planned care group has been established with the provider to review elements of performance and activity.
Elective Ordinary spells	264	264	0.0%	
Total Elective spells (in month)	2,182	2,302	5.5%	
Variance against Plan YTD	25,062	25,064	0.0%	
Year on Year YTD Growth			2.9%	
<b>Urgent &amp; Emergency Care</b>				
Type 1	4,778	4,633	-3.0%	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 and commissioners. Local monitoring suggests type 1 A&E attendances are approx. 3% higher YTD when comparing to 17/18 with the main hospital provider reporting some of the highest attendances of recent years in May-18, Jul-18 and Mar-19. CCG's local monitoring of total A&E activity show month 12 levels above an average for 18/19. Despite the increased attendances in month, the 4hr target position at the main hospital provider has improved slightly to approx. 85.1% in month 12. 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)	9,875	8,644	-12.5%	
Variance against Plan YTD	106,347	100,804	-5.2%	
Year on Year YTD Growth			-1.4%	
Total Non Elective spells (in month)	2,197	2,290	4.2%	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 8% increase in emergency admissions in month 12 when compared to the previous month with activity also above the current baseline median.
Variance against Plan YTD	23,369	26,448	13.2%	
Year on Year YTD Growth			15.2%	

## 12. Appendices

### a. Paediatric Activity & Performance Information

#### 12.1 Alder Hey Community Services Contract Statement

CCG	Service	Measure	Prev Yr	Outturn	Plan	FOT	Variance (%)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
South Sefton CCG	Paediatric Continence	Caseload at Month End	262	262	264		0.76	274	275	269	267	259	260	253	259	264	263	257	266
		Total Contacts (Domiciliary)	1106	1107	1733		59.69	122	126	85	93	101	397	165	205	107	140	80	118
		Total New Referrals	166	165	173		4.22	14	17	10	11	11	14	16	19	13	18	15	16
	Paediatric Dietetics	Referral to 1st Contact (weeks Ave)	10.7	10.7	8.7		-18.69	8	8.6	6.7	5.6		10.2	9.6	14.4	5.7	9.4	8.4	8.8
		Total Contacts	298	283	364		22.15	40	43	26	40	0	25	38	24	21	30	26	49
		Total Contacts (Domiciliary)	68	63	66		2.94	11	8	7	6	0	3	6	2	7	1	8	6
		Total Contacts (Clinic)	230	220	298		29.57	29	35	19	34	0	22	32	22	14	29	18	43
		Total New Referrals	270	264	293		8.12	28	30	31	33	19	23	23	29	12	22	18	25
	Paediatric Occupational Therapy	Caseload at Month End	256	256	201		-21.48	219	208	205	211	212	217	195	192	216	179	174	185
		Referral to 1st Contact (weeks Ave)	18.5	18.6	15.9		-14.05	19.7	16.4	15.9	15.2	18.3	15.3	13.7	15.7	19.3	15.9	11.9	13.1
		Total Contacts (Domiciliary)	5218	5187	4835		-7.36	473	509	342	369	244	393	453	493	280	443	434	394
		Total New Referrals	731	730	618		-15.46	67	65	36	53	50	38	57	59	36	61	53	44
	Paediatric SALT	Referral to 1st Contact (weeks Ave)	19.9	19.9	24.9		25.13	21.3	25.8	19.2	20.6	21.7	26	17	18.5	25	32.6	37.5	34.1
		Total Contacts (Domiciliary)	11309	11252	12685		12.17	991	1115	1020	1204	781	1018	1271	1231	770	1279	990	1025
		Total Contacts Complex Cochlear (N&S Sefton)	359	359	507		41.23	54	42	58	25	35	19	45	50	49	38	46	46
		Total New Referrals	1244	1237	1091		-12.3	99	89	87	117	70	63	89	114	96	93	90	85
		Total New Referrals Complex Cochlear (N&S S	3	3	6		100	1	0	0	0	0	1	1	1	0	0	2	0

## 12.2 Alder Hey SALT Waiting Times – Sefton

Paediatric SALT Sefton	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	17/18 Outturn	FOT 18/19	% Variance
Number of Referrals	150	152	151	188	110	108	158	205	149	156	152	161	1,885	1,836	-2.6%
Incomplete Pathways - 92nd Percentile	28	26	31	33	35	35	39	41	44	45	44	45			
Total Number Waiting	642	669	710	750	722	708	754	815	881	874	918	954			
Number waiting over 18 weeks	255	252	314	354	341	374	412	458	491	482	482	501			
Longest weeks waiting - weeks	56	50	54	43	43	45	45	46	50	50	51	54			
Longest weeks waiting - patients	1	1	1	1	1	1	3	1	1	6	5	2			

RAG rating

<=18 weeks

19 to 22 weeks

23 weeks plus

Currently Paediatric speech and language waiting times are reported as Sefton view; the Trust is working to supply CCG level information. This is a legacy issue from when Liverpool Community Health reported the waiting time information.

## 12.3 Alder Hey Dietetic Cancellations and DNA Figures – Sefton

### Outpatient Clinics - DNAs

	12/13 Total	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	18/19 Total
Appointments	331	327	532	429	647	528	91	68	59	63	0	53	61	64	43	45	55	96	698
DNA	73	66	53	41	147	66	13	8	7	11	0	15	5	21	5	5	6	20	116
DNA Rate	18.1%	16.8%	9.1%	8.7%	18.5%	11.4%	12.5%	10.5%	10.6%	14.9%	0.0%	22.1%	7.6%	24.7%	10.4%	10.0%	9.8%	17.2%	14.3%

### Outpatient Clinics - Cancs by PROVIDER

	12/13 Total	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	18/19 Total
Appointments	331	327	532	429	647	528	91	68	59	63	0	53	61	64	43	45	55	96	698
Cancellations	8	6	0	5	29	0	0	0	5	0	0	11	3	5	11	9	0	0	44
Rate	2.4%	1.8%	0.0%	1.2%	4.3%	0.0%	0.0%	0.0%	7.6%	0.0%	0.0%	17.2%	4.7%	7.2%	20.4%	10.7%	0.0%	0.0%	5.9%

### Outpatient Clinics - Cancs by PATIENT

	12/13 Total	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	18/19 Total
Appointments	331	327	532	429	647	528	91	68	59	63	0	53	61	64	43	45	55	96	698
Cancellations	27	63	63	207	128	10	17	24	15	0	27	9	22	20	12	16	12	12	184
Rate	7.3%	10.6%	12.8%	24.2%	19.5%	9.9%	20.0%	28.9%	19.2%	0.0%	33.8%	12.9%	25.6%	31.7%	21.1%	22.5%	11.1%	20.0%	

### DNAs Outpatients

<= 8.47%	Green
> 8.47% and <= 10%	Amber
> 10%	Red

### CANCs Outpatients - by Provider

<= 3.5%	Green
> 3.5% and <= 5%	Amber
> 5%	Red



## 12.4 Alder Hey Activity & Performance Charts

