



South Sefton
Clinical Commissioning Group

South Sefton Clinical Commissioning Group

Integrated Performance Report April 2018

Contents

| | |
|---|----|
| 1. Executive Summary | 14 |
| 2. Financial Position..... | 18 |
| 2.1 Summary | 18 |
| 2.2 CCG Financial Forecast..... | 19 |
| 2.3 Provider Expenditure Analysis – Acting as One | 20 |
| 2.4 QIPP | 21 |
| 2.5 Risk Adjusted Position | 22 |
| 2.6 Statement of Financial Position..... | 23 |
| 2.7 Recommendations..... | 24 |
| 3. Planned Care..... | 25 |
| 3.1 Referrals by source..... | 25 |
| 3.1.1 E-Referral Utilisation Rates – no update since Feb..... | 26 |
| 3.2 Diagnostic Test Waiting Times..... | 27 |
| 3.3 Referral to Treatment Performance..... | 28 |
| 3.3.1 Incomplete Pathway Waiting Times | 30 |
| 3.3.2 Long Waiters analysis: Top 5 Providers | 30 |
| 3.3.3 Long Waiters Analysis: Top 2 Providers split by Specialty | 31 |
| 3.3.4 Provider assurance for long waiters | 32 |
| 3.4 Cancelled Operations | 33 |
| 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..... | 33 |
| 3.4.2 No urgent operation to be cancelled for a 2nd time..... | 33 |
| 3.5 Cancer Indicators Performance | 33 |
| 3.5.1 - Two Week Waiting Time Performance..... | 33 |
| 3.5.2 - 31 Day Cancer Waiting Time Performance..... | 35 |
| 3.5.3 - 62 Day Cancer Waiting Time Performance..... | 36 |
| 3.5.4 104+ Day Breaches | 38 |
| 3.6 Patient Experience of Planned Care | 38 |
| 3.7 Planned Care Activity & Finance, All Providers | 39 |
| 3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust | 40 |
| 3.7.2 Planned Care Southport & Ormskirk Hospital | 41 |
| 3.7.3 Renacres Hospital | 42 |
| 3.8 Personal Health Budgets | 42 |
| 3.9 Continuing Health Care (CHC)..... | 43 |
| 3.10 Smoking at Time of Delivery (SATOD)..... | 45 |
| 4. Unplanned Care..... | 46 |

| | | |
|--------|---|----|
| 4.1 | Accident & Emergency Performance | 46 |
| 4.2 | Ambulance Service Performance..... | 47 |
| 4.3 | NWAS, 111 and Out of Hours | 49 |
| 4.3.1 | 111 Service Calls..... | 49 |
| 4.3.2 | GP Out of Hours Service Calls..... | 50 |
| | NHS 111 Speak To Performance (Emergency)..... | 51 |
| | 46 | 51 |
| | 95.65% | 51 |
| | NHS 111 Speak To Performance (Urgent)..... | 51 |
| | 130 | 51 |
| | 86.92% | 51 |
| | NHS 111 Speak To Performance (Less Urgent)..... | 51 |
| | 158 | 51 |
| | 91.14% | 51 |
| 4.4 | Unplanned Care Quality Indicators | 52 |
| 4.4.1 | Stroke and TIA Performance..... | 52 |
| 4.4.2 | Mixed Sex Accommodation..... | 53 |
| 4.4.3 | Healthcare associated infections (HCAI)..... | 53 |
| 4.4.4 | Hospital Mortality | 54 |
| 4.5 | CCG Serious Incident Management..... | 54 |
| 4.6 | CCG Delayed Transfers of Care | 56 |
| 4.7 | ICRAS | 57 |
| 4.8 | Patient Experience of Unplanned Care | 59 |
| 4.9 | South Sefton Urgent Care Dashboard | 59 |
| 4.10 | Unplanned Care Activity & Finance, All Providers..... | 62 |
| 4.10.1 | All Providers | 62 |
| 4.10.2 | Aintree University Hospital NHS Foundation Trust..... | 63 |
| 4.10.3 | Aintree Hospital Key Issues | 63 |
| 5. | Mental Health..... | 64 |
| 5.1 | Mersey Care NHS Trust Contract | 64 |
| 5.1.1 | Key Mental Health Performance Indicators | 64 |
| 5.1.2 | Out of Area Placements (OAP's) | 65 |
| 5.1.3 | Mental Health Contract Quality Overview..... | 66 |
| 5.1.4 | Patient Experience of Mental Health Services..... | 68 |
| 5.2 | Improving Access to Psychological Therapies | 69 |
| 5.3 | Dementia | 70 |
| 5.4 | Improve Access to Children & Young People's Mental Health Services (CYPMH)..... | 71 |

| | | |
|-------|--|----|
| 5.5 | Waiting Times for Urgent and Routine Referrals to Children and Young People Eating Disorder Services | 71 |
| 5.6 | Child and Adolescent Mental Health Services (CAMHS)..... | 72 |
| 5.7 | Learning Disabilities..... | 74 |
| 6. | Community Health | 74 |
| 6.1 | Mersey Care Community Contract..... | 74 |
| 6.1.1 | Quality | 74 |
| 6.1.2 | Patient DNA's and Provider Cancellations | 75 |
| 6.1.3 | Waiting Times..... | 76 |
| 6.2 | Any Qualified Provider Mersey Care Podiatry Contract..... | 76 |
| 6.2.1 | Liverpool Community Health Quality Overview | 77 |
| 6.3 | Alder Hey Community Services | 77 |
| 6.4 | Percentage of Children Waiting more than 18 Weeks for a Wheelchair | 78 |
| 7. | Third Sector Overview | 78 |
| 8. | Primary Care..... | 81 |
| 8.1 | Extended Access (evening and weekends) at GP services..... | 81 |
| 8.2 | CQC Inspections..... | 82 |
| 9. | Better Care Fund | 83 |
| 10. | CCG Improvement & Assessment Framework (IAF) | 85 |
| 10.1 | Background | 85 |
| 11. | NHS England Monthly Activity Monitoring | 85 |

List of Tables and Graphs

| | |
|--|----|
| Figure 1 – Financial Dashboard | 18 |
| Figure 2 – Forecast Outturn | 19 |
| Figure 3 – Acting as One Contract Performance (Year to Date) | 20 |
| Figure 4 – QIPP Plan and Forecast | 21 |
| Figure 5 – CCG Financial Position | 21 |
| Figure 6 – Risk Adjusted Position | 22 |
| Figure 7 – Summary of working capital | 23 |
| Figure 8 - Referrals by Source across all providers for 2017/18 & 2018/19 | 25 |
| Figure 9 - South Sefton CCG E Referral Performance | 26 |
| Figure 10 - Diagnostic Test Waiting Time Performance | 27 |
| Figure 11 - Referral to Treatment Time (RTT) Performance | 28 |
| Figure 12 – South Sefton CCG Total Incomplete Pathways | 29 |
| Figure 13 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting | 30 |
| Figure 14 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers | 30 |
| Figure 15 - Patients waiting (in bands) on incomplete pathways by Speciality for Aintree University Hospitals NHS Foundation Trust | 31 |
| Figure 16 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust | 31 |
| Figure 17 - South Sefton CCG Provider Assurance for Long Waiters | 32 |
| Figure 18 – Aintree Cancelled Operations | 33 |
| Figure 19 – Aintree Cancelled Operations for a second time | 33 |
| Figure 20 – Two Week Cancer Performance measures | 33 |
| Figure 21 – 31 Day Cancer Performance measures | 35 |
| Figure 22 – 62 Day Cancer Performance measures | 36 |
| Figure 23 – Aintree Inpatient Friends and Family Test Results | 38 |
| Figure 24 - Planned Care - All Providers | 39 |
| Figure 25 - Planned Care - Aintree University Hospital NHS Foundation Trust by POD | 40 |
| Figure 26 - Planned Care - Southport & Ormskirk Hospital by POD | 41 |
| Figure 27 - Planned Care - Renacres Hospital by POD | 42 |
| Figure 28 - South Sefton CCG – 2017/18 PHB Plans | 42 |
| Figure 29 - 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 | 43 |
| Figure 30 - 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 | 44 |
| Figure 31 – Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist | 44 |
| Figure 32 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed | 45 |
| Figure 33 - Smoking at Time of Delivery (SATOD) | 45 |
| Figure 34 - A&E Performance | 46 |
| Figure 35 - A&E Performance – 12 hour breaches | 47 |
| Figure 36 – Ambulance handover time performance | 48 |
| Figure 37 – 111 Service Calls | 49 |
| Figure 38 – GP Out of Hours Calls | 50 |
| Figure 39 - Stroke & TIA performance | 52 |
| Figure 40 - Mixed Sex Accommodation breaches | 53 |
| Figure 41 - Healthcare associated infections (HCAI) | 53 |
| Figure 42 - Hospital Mortality | 54 |
| Figure 43 - Summary Hospital Mortality Indicator | 54 |
| Figure 44 - Average Delayed Transfers of Care per Day at Aintree April 2017 – April 2018 | 56 |
| Figure 45 - Agency Responsible for Days Delayed at Aintree April 2017 – April 2018 | 56 |
| Figure 46 - Average Delayed Transfers of Care per Day – Mersey Care - April 2017 – April 2018 | 57 |
| Figure 47 - Agency Responsible and Total Days Delayed – Mersey Care - April 2017 – April 2018 | 57 |
| Figure 48 – ICRAS Performance Measures | 58 |
| Figure 49 - Aintree A&E Friends and Family Test performance | 59 |

| | |
|--|----|
| Figure 50 - Month 1 Unplanned Care – All Providers | 62 |
| Figure 51 - Month 1 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD | 63 |
| Figure 52 - NHS South Sefton CCG – Shadow PbR Cluster Activity | 64 |
| Figure 53 - CPA – Percentage of People under CPA followed up within 7 days of discharge | 64 |
| Figure 54 - CPA Follow up 2 days (48 hours) for higher risk groups | 65 |
| Figure 55 - EIP 2 week waits | 65 |
| Figure 56 - OAP Days | 65 |
| Figure 57 - MerseyCare Friends and Family Test performance | 68 |
| Figure 58 - Monthly Provider Summary including (National KPI s Recovery and Prevalence) | 69 |
| Figure 59 - Dementia casefinding | 70 |
| Figure 60 - NHS South Sefton CCG – Improve Access Rate to CYPMH 17/18 (30% Target) | 71 |
| Figure 61 - South Sefton CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2017/18 Plans (95% Target) | 71 |
| Figure 62 - South Sefton CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2017/18 Plans (95% Target) | 72 |
| Figure 63 – CAMHS Referrals | 72 |
| Figure 64 – CAMHS Waiting Times Referral to Assessment | 73 |
| Figure 65 - CAMHS Waiting Times Assessment to Intervention | 73 |
| Figure 66 – Learning Disabilities Performance Measures | 74 |
| Figure 67 – Friends and Family Performance | 76 |
| Figure 68 - South Sefton CCG – Percentage of children waiting more than 18 weeks for a wheelchair - 2017/18 (92% Target) | 78 |
| Figure 69 - South Sefton CCG - Extended Access at GP services 2018/19 Plan | 81 |
| Figure 70 - CQC Inspection Table | 82 |
| Figure 71 – BCF Metric performance | 83 |
| Figure 72 – BCF High Impact Change Model assessment | 84 |
| Figure 73 - South Sefton CCG's Month 1 Submission to NHS England | 86 |

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 | |
| Preventing People from Dying Prematurely | | | | | | | | | | | | | | | |
| E-Referrals | | | | | | | | | | | | | | | |
| 2142: NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service. | South Sefton CCG | RAG | | | | | | | | | | | | | |
| | | Actual | | | | | | | | | | | | | |
| | | Target | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% |
| Diagnostics | | | | | | | | | | | | | | | |
| 1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test | South Sefton CCG | RAG | R | | | | | | | | | | | R | |
| | | Actual | 2.733% | | | | | | | | | | | 2.733% | |
| | | 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% |
| Referral to Treatment (RTT) & Diagnostics | | | | | | | | | | | | | | | |
| 1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral | South Sefton CCG | RAG | R | | | | | | | | | | | R | |
| | | Actual | 90.112% | | | | | | | | | | | 90.112% | |
| | | Target | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% |
| 1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks | South Sefton CCG | RAG | G | | | | | | | | | | | R | |
| | | Actual | 3 | | | | | | | | | | | 3 | |
| | | Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cancelled Operations | | | | | | | | | | | | | | | |
| 1983: Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons. | AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST | RAG | G | | | | | | | | | | | G | |
| | | Actual | 0 | | | | | | | | | | | 0 | |
| | | Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

| Cancer Waiting Times | | | | | | | | | | | | | | | |
|---|------------------|--------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| <p>191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</p> <p>The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer</p> | South Sefton CCG | RAG | R | | | | | | | | | | | R | |
| | | Actual | 90.404% | | | | | | | | | | | | 90.404% |
| | | Target | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% | 93.00% |
| <p>1879: % Patients seen within two weeks for an urgent GP referral for suspected cancer (QUARTERLY)</p> <p>The % of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer</p> | South Sefton CCG | RAG | | | | | | | | | | | | | |
| | | Actual | | | | | | | | | | | | | |
| | | Target | | 93.00% | | | 93.00% | | | 93.00% | | | | 93.00% | 93.00% |
| <p>17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</p> <p>Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer</p> | South Sefton CCG | RAG | R | | | | | | | | | | | R | |
| | | Actual | 92.063% | | | | | | | | | | | | 92.063% |
| | | 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% |
| <p>1880: % of patients seen within 2 weeks for an urgent referral for breast symptoms (QUARTERLY)</p> <p>Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer</p> | South Sefton CCG | RAG | | | | | | | | | | | | | |
| | | Actual | | | | | | | | | | | | | |
| | | Target | | 93.00% | | | 93.00% | | | 93.00% | | | | 93.00% | 93.00% |
| <p>535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</p> <p>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</p> | South Sefton CCG | RAG | R | | | | | | | | | | | R | |
| | | Actual | 95.00% | | | | | | | | | | | | 95.00% |
| | | 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% |
| <p>1881: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (QUARTERLY)</p> <p>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</p> | South Sefton CCG | RAG | | | | | | | | | | | | | |
| | | Actual | | | | | | | | | | | | | |
| | | Target | | 96.00% | | | 96.00% | | | 96.00% | | | | 96.00% | 96.00% |



South Sefton Clinical Commissioning Group

| Metric | Reporting Level | 2018-19 | | | | | | | | | | | | | YTD | | |
|---|------------------|---------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| | | Q1 | | | Q2 | | | Q3 | | | Q4 | | | | | | |
| | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | | | | |
| 26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery) | South Sefton CCG | RAG | G | | | | | | | | | | | | | G | |
| | | Actual | 100.00% | | | | | | | | | | | | | | 100.00% |
| | | Target | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% |
| 1882: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery) | South Sefton CCG | RAG | | | | | | | | | | | | | | | |
| | | Actual | | | | | | | | | | | | | | | |
| | | Target | | 94.00% | | | 94.00% | | | | 94.00% | | | | 94.00% | | 94.00% |
| 1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments) | South Sefton CCG | RAG | G | | | | | | | | | | | | | G | |
| | | Actual | 100.00% | | | | | | | | | | | | | | 100.00% |
| | | 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% | 98.00% | 98.00% |
| 1883: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments) | South Sefton CCG | RAG | | | | | | | | | | | | | | | |
| | | Actual | | | | | | | | | | | | | | | |
| | | Target | | 98.00% | | | 98.00% | | | | 98.00% | | | | 98.00% | | 98.00% |
| 25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy) | South Sefton CCG | RAG | G | | | | | | | | | | | | | G | |
| | | Actual | 96.429% | | | | | | | | | | | | | | 96.429% |
| | | 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% | 94.00% | 94.00% |
| 1884: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy) | South Sefton CCG | RAG | | | | | | | | | | | | | | | |
| | | Actual | | | | | | | | | | | | | | | |
| | | Target | | 94.00% | | | 94.00% | | | | 94.00% | | | | 94.00% | | 94.00% |
| 539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer | South Sefton CCG | RAG | R | | | | | | | | | | | | | R | |
| | | Actual | 82.759% | | | | | | | | | | | | | | 82.759% |
| | | 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% | 85.00% | 85.00% |

| Metric | Reporting Level | 2018-19 | | | | | | | | | | | | YTD |
|---|--|---------|---------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | | Q1 | | | Q2 | | | Q3 | | | Q4 | | | |
| | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | |
| 1885: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (QUARTERLY) 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 | | | | | | | | | | | | |
| | | Actual | | | | | | | | | | | | |
| | | 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% |
| 540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days. | South Sefton CCG | RAG | | | | | | | | | | | | |
| | | Actual | | | | | | | | | | | | |
| | | 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% |
| 1886: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (QUARTERLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days. | South Sefton CCG | RAG | | | | | | | | | | | | |
| | | Actual | | | | | | | | | | | | |
| | | 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% |
| Personal Health Budgets | | | | | | | | | | | | | | |
| 2143: Personal health budgets Number of personal health budgets that have been in place, at any point during the quarter, per 100,000 CCG population (based on the population the CCG is responsible for). | South Sefton CCG | RAG | | | | | | | | | | | | |
| | | Actual | | | | | | | | | | | | |
| | | Target | 33.57 | 36.15 | 38.73 | 41.31 | | | | | | | | |
| Accident & Emergency | | | | | | | | | | | | | | |
| 2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps) | South Sefton CCG | RAG | R | R | | | | | | | | | | |
| | | Actual | 86.602% | 87.388% | | | | | | | | | | |
| | | Target | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | |
| 431: 4-Hour A&E Waiting Time Target (Monthly Aggregate for Total Provider) % of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps) | AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST | RAG | R | | | | | | | | | | | |
| | | Actual | 70.77% | | | | | | | | | | | |
| | | Target | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | |

| Metric | Reporting Level | | 2018-19 | | | | | | | | | | | | YTD |
|---|--|------|---------|------|------|------|--------|------|------|--------|------|------|--------|------|--------|
| | | | Q1 | | | Q2 | | | Q3 | | | Q4 | | | |
| | | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | |
| 1928: 12 Hour Trolley waits in A&E Total number of patients who have waited over 12 hours in A&E from decision to admit to admission | AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST | RAG | | | | | | | | | | | | | |
| Actual | | | | | | | | | | | | | | | |
| Target | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| EMSA | | | | | | | | | | | | | | | |
| 1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers | South Sefton CCG | RAG | | | | | | | | | | | | | |
| Actual | | | | | | | | | | | | | | | |
| Target | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's) | South Sefton CCG | RAG | | | | | | | | | | | | | |
| Actual | | | | | | | | | | | | | | | |
| Target | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| HCAI | | | | | | | | | | | | | | | |
| 497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner) | South Sefton CCG | RAG | G | G | | | | | | | | | | | G |
| YTD | | 0 | 0 | | | | | | | | | | | | 1 |
| Target | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner) | South Sefton CCG | RAG | G | G | | | | | | | | | | | G |
| YTD | | 6 | 9 | | | | | | | | | | | | 9 |
| Target | | 6 | 12 | 18 | 24 | 30 | 36 | 42 | 48 | 54 | 60 | 66 | 72 | | 12 |
| Mental Health | | | | | | | | | | | | | | | |
| 138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days | South Sefton CCG | RAG | | | | | | | | | | | | | |
| Actual | | | | | | | | | | | | | | | |
| Target | | | 95.00% | | | | 95.00% | | | 95.00% | | | 95.00% | | 95.00% |

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

| IAPT (Improving Access to Psychological Therapies) | | | | | | | | | | | | | | |
|--|------------------|--------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| 2183: IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery. | South Sefton CCG | RAG | | | | | | | | | | | | |
| | | Actual | | | | | | | | | | | | |
| | | Target | 50.00% | | 50.00% | | | 50.00% | | | | 50.00% | | |
| 2131: IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies | South Sefton CCG | RAG | | | | | | | | | | | | |
| | | Actual | | | | | | | | | | | | |
| | | Target | 4.2% | | 4.2% | | | 4.2% | | | | 4.75% | | |
| 2253: IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment. | South Sefton CCG | RAG | | | | | | | | | | | | |
| | | Actual | | | | | | | | | | | | |
| | | Target | 75.00% | | 75.00% | | | 75.00% | | | | 75.00% | | |
| 2254: IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period. | South Sefton CCG | RAG | | | | | | | | | | | | |
| | | Actual | | | | | | | | | | | | |
| | | Target | 95.00% | | 95.00% | | | 95.00% | | | | 95.00% | | |
| Dementia | | | | | | | | | | | | | | |
| 2166: Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia | South Sefton CCG | RAG | R | | | | | | | | | | | R |
| | | Actual | 62.022% | | | | | | | | | | | 62.022% |
| | | Target | 66.70% | 66.70% | 66.70% | 66.70% | 66.70% | 66.70% | 66.70% | 66.70% | 66.70% | 66.70% | 66.70% | 66.70% |

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

1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 1 (note: time periods of data are different for each source).

Financial position

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

The year to date financial position is a deficit of £0.800m, deterioration against a planned deficit position of £0.400m at month 2.

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

The full year most likely financial position for the CCG is a deficit of £3.514m. This assumes that QIPP delivery will be £2.020m.

Planned Care

An increase of 555/20% GP referrals occurred in April 2018 compared to April 2017 although the difference in working days has an impact on comparisons of the two periods. C2C referrals are showing a 14% decrease over the two periods. Aintree Hospital has reported a change in recording of Referrals to report in line with the national MAR data requirements. This has a major impact in C2C referrals and discussions to understand the activity is on-going through Information Sub-Group and Contract Management Meetings

The latest data (February) for E-referral Utilisation rates reported for the CCG as a whole is 24%; the same as January and did not achieve the 80% ambition by October 2017. NHS Digital has not yet released March or April data. This has been queried by the CCG whom are awaiting a response from NHS Digital

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in April reporting 2.7%, deterioration from March when 1.91% was recorded. Aintree also failed in March recording 1.7%. An action plan is in place.

The CCG continues to report below the 92% target for patients on an incomplete non-emergency pathway waiting no more than 18 weeks, for the fifth month at 90.1%. This is however a slight improvement in performance from 89.83% reported in March. Aintree also failed this standard recording 90.0% in April. The Trust has faced significant non-elective pressure which has impacted on RTT performance.

In April, three South Sefton patients were waiting on the incomplete pathway for 52+ weeks against a zero tolerance threshold. 1 breach was a General Surgery patient at Wirral University Hospital and 2 were Gynaecology patients at Liverpool Women's Hospital.

The CCG are failing 6 of the 9 cancer measures in month 1. The 2 week wait metrics for suspected cancer and breast symptoms both failed the 93% target (90.4% and 90% respectively). The 31 day target of 96% for first treatment was missed with 95% achieved, all linked to surgical treatment which also failed (92.31%). The 85% targets for consultant upgrades and urgent GP referrals also failed in month 1 (70% and 82.76% respectively).

Friends and Family inpatient response rates at Aintree are under target for April at 20.0%. The proportion of patients who would recommend has increased to 93% (England average 96%). The proportion who would not recommend has reduced to 4%, which is 2% higher than the England average.

Performance at Month 1 of financial year 2018/19, against planned care elements of the contracts held by NHS South Sefton CCG show an over performance of £183k/5%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately -£52k/-1.4%.

Unplanned Care

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2018/19 and have achieved April's trajectory of 83% with a performance of 85.1% for all A&E department types. Despite this the Trust failed to achieve the 95% 4 hour target for Type 1 attendances seeing 70.77% of patients within 4 hours for April.

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

In April 2018, there were 2,049 contacts to the 111 service from South Sefton CCG patients. This is similar to the monthly average in the previous year and is a slight reduction on the same time in the previous year when 2,220 contacts were made to the service.

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

After achieving in March, the Trusts performance has dropped back under the 80% target for Stroke. In April, out of 33 patients, only 20 spent more than 90% of their hospital stay on a stroke unit resulting in a performance of 60.6%.

The CCG serious incident process remains on the CCG register, a review of process in progress, and all actions have been undertaken and mitigation in place. Leadership Team have supported a band 5 WTE administrator for a six month period. An action plan has been developed which will be monitored by Joint Quality Committee on a monthly basis.

There are a total of 124 serious incident open on StEIS for South Sefton as the RASCI commissioner and or a Sefton CCG, with 67 remaining open for >100 days.

Aintree University Hospital NHS Foundation Trust – reported five incidents in April with 5 YTD, with zero Never Events, with one incident closed in Month. There are 47 incidents open on StEIS with 27 being open for > 100 days.

Liverpool Women's – there are 3 main incidents: Test of Cure, RTT backlog and Cancer pathway, all actions are being taken with harm identified.

The CCG had 6 new cases of Clostridium Difficile reported in April against a plan of 5 (4 apportioned to acute trust and 2 apportioned to community). Aintree had 4 new cases reported in April against a plan of 4.

The CCG and Aintree had no new cases of MRSA in April and are both therefore achieving the zero tolerance threshold.

The average number of delays per day in Aintree hospital increased in April to 30 from 27 reported in March. Analysis of average delays in April 2018 compared to April 2017 shows 2 more delays in April 2018 (30 compared to 28 for 2017 a 7.1% increase).

The percentage of people who would recommend Aintree's A&E is below the England average (87%) at 93%, but it should be noted that this is a significant improvement from 83% reported in March. The percentage not recommended is at 10% in April, a slight improvement, although still above the England average of 8%.

Performance at Month 1 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £80k/2%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately -£57k/-1.4%.

Mental Health

The CCG has a target to reduce OAP's by 33% based on quarter 4 2016/17 activity. In quarter 4 2016/17, 104 OAP's were reported, and therefore the target for 2017/18 is 70. The latest reporting period is January to March 2018 where 165 OAP days were reported, an increase on the last reporting period of 130. The CCG is therefore currently failing to meet the target.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership reported 11.3% more patients entering treatment in Month 1. The access rate for Month 1 was 1.30% and therefore narrowly failed to meet the standard. The percentage of people moved to recovery was 54.3% in Month 1, which is a significant improvement from 40.4% for the previous month and achieving the target of 50%.

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

Community Health Services

The information leads from the CCG and Mersey Care continue to meet on a monthly basis to discuss the current contract performance. The impact of the new ICRAS model on reporting is being discussed with a view to agreeing on new 2018-19 baselines for activity and an additional ICRAS report. A gap analysis of each measure stipulated in the contract has been developed by

the Trust which details what is currently available and which needs further work. This has been shared with the CCG for review.

Better Care Fund

A quarter 4 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in April 2018. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date. BCF planning guidance is awaited for 2018/19 and has been delayed until after local elections.

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 May 2018.

The year to date financial position is a deficit of £0.800m, deterioration against a planned deficit position of £0.400m at month 2.

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

The full year most likely financial position for the CCG is a deficit of £3.514m. This assumes that QIPP delivery will be £2.020m.

The cumulative CCG position is a deficit of £1.892m which incorporates the historic deficit of £2.892m brought forward from previous financial years. The cumulative deficit will be addressed as part of the CCG longer term improvement plan and will need to be repaid with planned surpluses in future financial years.

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

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

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

The QIPP plan forms part of the CCG recovery plan reported to NHS England. The final version of the recovery plan will be submitted to NHS England by the end of June.

Figure 1 – Financial Dashboard

| Report Section | Key Performance Indicator | | This Month |
|----------------|---------------------------|--|------------|
| 1 | Business Rules | 1% Surplus | × |
| | | 0.5% Contingency | ✓ |
| 2 | 0.4% Surplus (£1m) | Financial Balance | ✓ |
| 3 | QIPP | QIPP delivered to date (<i>Red reflects that the QIPP delivery is behind plan</i>) | £0.073m |
| 4 | Running Costs | CCG running costs < 2018/19 allocation | ✓ |

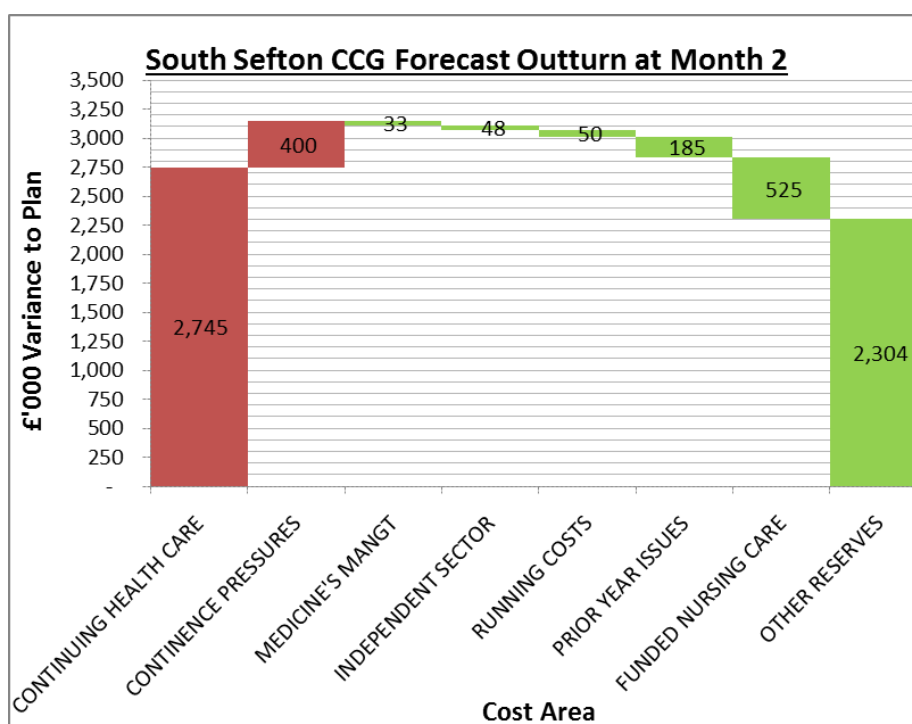
| Report Section | Key Performance Indicator | | This Month |
|----------------|---------------------------|----------------------------|------------|
| 5 | BPPC | NHS - Value YTD > 95% | 99.90% |
| | | NHS - Volume YTD > 95% | 97.64% |
| | | Non NHS - Value YTD > 95% | 96.87% |
| | | Non NHS - Volume YTD > 95% | 95.38% |

- The CCG will not achieve the standard NHS England business rule to deliver a 1% Surplus. The CCG has been issued with a requirement by NHS England to deliver a £1m surplus, which is a 0.4% surplus.
- 0.5% Contingency Reserve is held as mitigation against potential cost pressures.
- The current financial plan is to achieve a £1m surplus position in year. The CCG most likely position for the financial year assessed at the 31st May is a deficit of £3.514m.
- The QIPP target for 2018-19 is £5.329m. Delivery is £0.073m to date which is £0.232m below plan.
- The forecast expenditure on the Running Cost budget is below the allocation by £0.050m at month 2.
- All BPPC targets have been achieved the 95% target year to date.

2.2 CCG Financial Forecast

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

Figure 2 – Forecast Outturn



- The CCG's most likely financial position for the financial year is a deficit of £3.514m.
- The main financial pressures relate to
 - Cost pressures relating to Continuing Healthcare packages which have increased in volume against plan.
 - Cost pressures within Lancashire Care NHS Trust relating to continence products.
- The cost pressures are partially offset by underspends in the Funded Nursing Care budget, prior year issues and the reserve budget due to the 0.5% contingency held.

2.3 Provider Expenditure Analysis – Acting as One

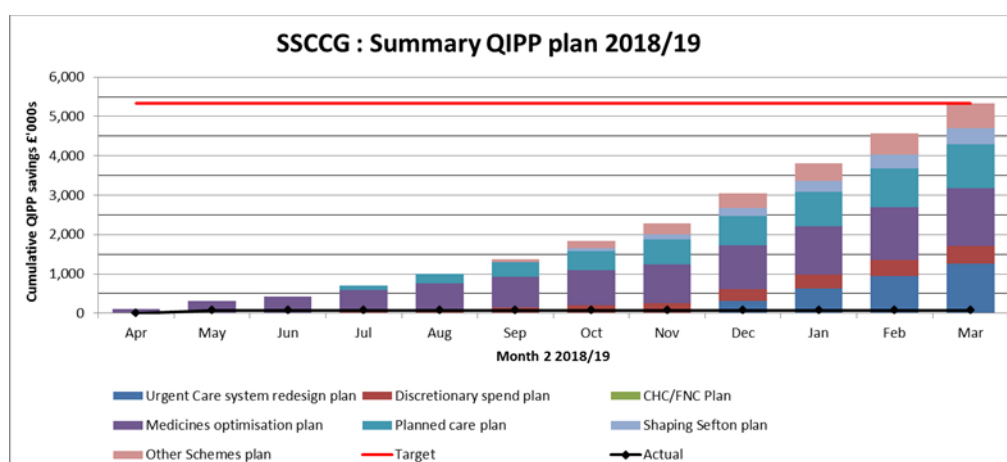
Figure 3 – Acting as One Contract Performance (Year to Date)

| Provider | Pressure/(Benefit) £m |
|--|--------------------------|
| Aintree University Hospital NHS Foundation Trust | 0.144 |
| Alder Hey Children's Hospital NHS Foundation Trust | 0.000 |
| Liverpool Women's NHS Foundation Trust | (0.095) |
| Liverpool Heart & Chest NHS Foundation Trust | (0.032) |
| Royal Liverpool and Broadgreen NHS Trust | (0.033) |
| Mersey Care NHS Foundation Trust | 0.000 |
| The Walton Centre NHS Foundation Trust | 0.023 |
| Total | 0.005 |

- The CCG is included in the Acting as One contracting arrangements for the North Mersey LDS. Contracts have been agreed on a block contract basis for the financial years 2017/18 and 2018/19.
- The agreement protects against over performance with these providers but does present a risk that activity could move to other providers causing a pressure for the CCG.
- Due to fixed financial contract values, the agreement also removes the ability to achieve QIPP savings in the two year contract period. However, identification of QIPP schemes should continue as this will create capacity to release other costs and long term efficiencies within the system.
- The year to date performance for the Acting as One providers shows an over performance spend against plan, this would represent overspend of £0.005m under usual contract arrangements.

2.4 QIPP

Figure 4 – QIPP Plan and Forecast



| | Rec | Non Rec | Total | Green | Amber | Red | Total |
|----------------------------------|--------------|------------|--------------|--------------|------------|--------------|--------------|
| Planned Care plan | 1,115 | 0 | 1,115 | 200 | 0 | 915 | 1,115 |
| Medicines optimisation plan | 1,462 | 0 | 1,462 | 962 | 0 | 500 | 1,462 |
| CHC/FNC plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Discretionary spend plan | 100 | 356 | 456 | 106 | 250 | 100 | 456 |
| Urgent Care system redesign plan | 1,259 | 0 | 1,259 | 0 | 0 | 1,259 | 1,259 |
| Shaping Sefton Plan | 410 | 0 | 410 | 0 | 0 | 410 | 410 |
| Other Schemes Plan | 627 | 0 | 627 | 627 | 0 | 0 | 627 |
| Total QIPP Plan | 4,973 | 356 | 5,329 | 1,895 | 250 | 3,184 | 5,329 |
| QIPP Delivered 2018/19 | | | | (73) | | 0 | (73) |

- The 2018/19 QIPP target is £5.329m.
- £3.184m of the schemes are rated red; therefore there is a high risk of non-delivery in year.
- To date the CCG has achieved £0.073m QIPP savings in respect of prescribing savings.

Figure 5 – CCG Financial Position

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

Financial Position

- The CCG forecast financial position is a surplus of £1m.
- The forecast position is dependent on achieving a QIPP saving of £5.329m and this represents the best case scenario.
- The underlying position is a breakeven position; this position removes non-recurrent expenditure commitments and non-recurrent QIPP savings from the forecast position.

2.5 Risk Adjusted Position

Figure 6 – Risk Adjusted Position

| South Sefton CCG | Best Case £m | Most Likely £m | Worst Case £m |
|--|-----------------|-------------------|------------------|
| QIPP requirement (to deliver agreed forecast) | (5.256) | (5.256) | (5.256) |
| Predicted QIPP achievement | 5.256 | 1.947 | 1.947 |
| Forecast Surplus / (Deficit) | (0.472) | (4.514) | (4.514) |
| Further Risk | (0.608) | (0.847) | (1.608) |
| Management Action Plan | 2.080 | 1.847 | 1.847 |
| Risk adjusted Surplus / (Deficit) | 1.000 | (3.514) | (4.275) |

- The risk adjusted position provides an assessment of the best, most likely and worst case scenarios in respect of the CCGs year end outturn.
- The best case scenario is a £1m surplus. This assumes that QIPP will be delivered in full and current expenditure trends improve.
- The most likely case is a deficit of £3.514 and assumes that QIPP delivery will be £2.020m in total with further risk in relation to CHC price increases and mitigations within reserve budgets including the CCG contingency reserve.
- The worst case scenario is a deficit of £4.275m and assumes further pressures emerging in year.

2.6 Statement of Financial Position

Figure 7 – Summary of working capital

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

- The non-current asset balance relates to the purchase of IT equipment in 2017-18.
- The receivables balance includes invoices raised for services provided accrued income and prepayments.
- Outstanding debt in excess of 6 months old stands at £0.647m. This consists of:
 - CQUIN payment recovery (£0.182m) with Southport & Ormskirk NHS Trust relating to the expert determination, and
 - Annual invoices raised to other local CCGs for the Cheshire and Merseyside Rehabilitation Network (£0.400m). Cheshire and Merseyside CFOs are in discussions regarding this.
- The Maximum Cash Drawdown (MCD) is the maximum amount of cash available to a CCG each financial year. Cash is allocated monthly following notification of cash requirements. The CCG MCD was set at £245.226m at Month 2. The actual cash utilised at Month 2 was £43.895m which represents 17.9% of the total allocation. The balance of MCD to be utilised over the rest of the year is £201.331m.
- The CCG aims to pay at least 95% of invoices within 30 days of the invoice date in line with the BPPC. 2018/19 performance in months 1 and 2 continues to exceed 95% for invoices by number and value for NHS and Non NHS suppliers. Performance will continue to be reviewed monthly.

2.7 Recommendations

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

The full year most likely financial position for the CCG is a deficit of £3.514m. The agreed financial plan for 2018-19 requires the CCG to deliver a £1m surplus.

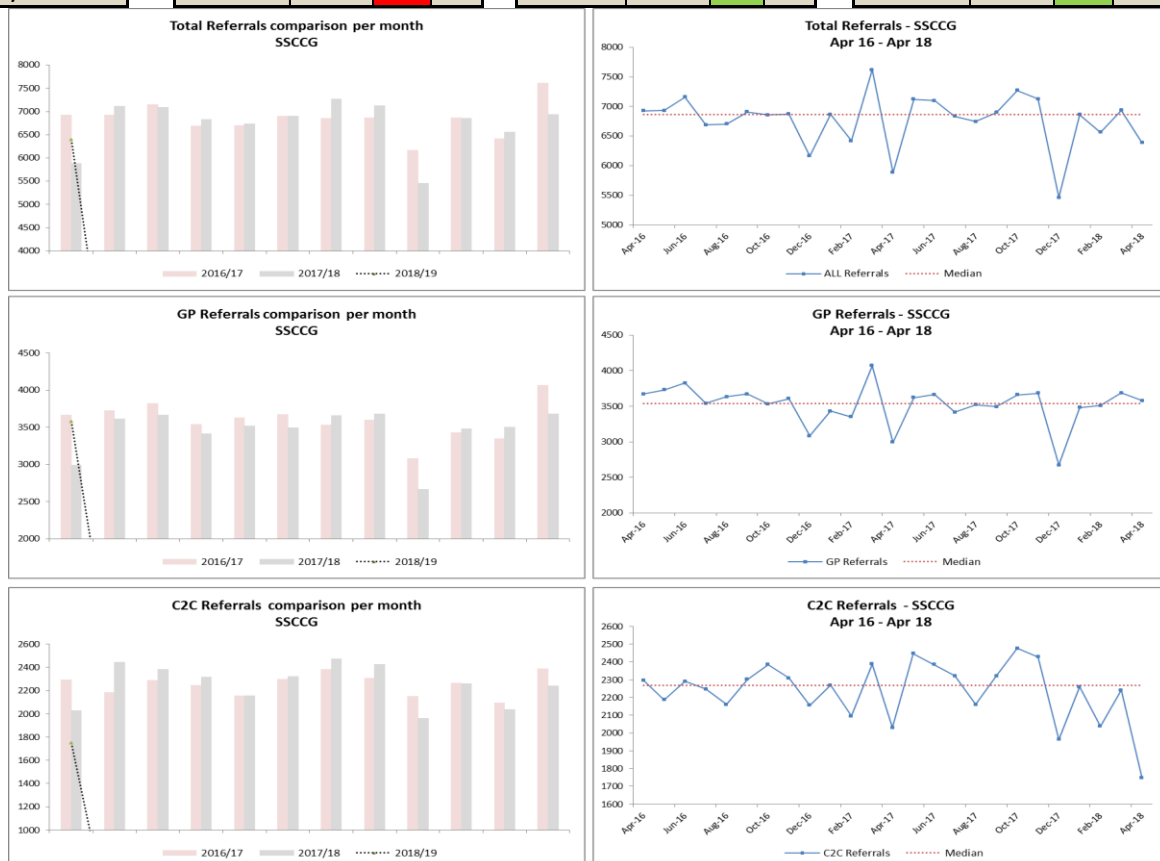
- QIPP delivery is £0.073m which relates to prescribing savings. The QIPP target for 2018-19 is £5.329m.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address this accordingly. High levels of engagement and support has been evident from member a practices which has enabled the CCG to make significant progress in reducing levels of low value healthcare and to improve value for money from the use of the CCG's resources.
- In order to deliver the long term financial recovery plan, the CCG requires ongoing and sustained support from member practices, supported by Governing Body GP leads to identify and implement QIPP plans which deliver the required level of savings to meet its statutory financial duties into 2018-19 and in future years.

3. Planned Care

3.1 Referrals by source

Figure 8 - Referrals by Source across all providers for 2017/18 & 2018/19

| Indicator | GP Referrals | | | | Consultant to Consultant | | | | All Outpatient Referrals | | | |
|-------------------|----------------------------------|-----------------|------|-----|----------------------------------|-----------------|-------|------|----------------------------------|-----------------|-------|-----|
| | Previous Financial Yr Comparison | | | | Previous Financial Yr Comparison | | | | Previous Financial Yr Comparison | | | |
| | 2017/18 Previous Financial Year | 2018/19 Actuals | +/- | % | 2017/18 Previous Financial Year | 2018/19 Actuals | +/- | % | 2017/18 Previous Financial Year | 2018/19 Actuals | +/- | % |
| April | 2994 | 3579 | 585 | 20% | 2031 | 1747 | -284 | -14% | 5886 | 6387 | 501 | 9% |
| May | 3620 | | | | 2447 | | | | 7123 | | | |
| June | 3666 | | | | 2385 | | | | 7097 | | | |
| July | 3416 | | | | 2321 | | | | 6836 | | | |
| August | 3520 | | | | 2160 | | | | 6745 | | | |
| September | 3495 | | | | 2322 | | | | 6901 | | | |
| October | 3661 | | | | 2476 | | | | 7272 | | | |
| November | 3682 | | | | 2428 | | | | 7127 | | | |
| December | 2672 | | | | 1964 | | | | 5466 | | | |
| January | 3483 | | | | 2260 | | | | 6861 | | | |
| February | 3509 | | | | 2038 | | | | 6564 | | | |
| March | 3686 | | | | 2241 | | | | 6938 | | | |
| Monthly Average | 3450 | 3579 | 129 | 4% | 2256 | 1747 | -509 | -23% | 6735 | 6387 | -348 | -5% |
| YTD Total Month 1 | 2994 | 3579 | 585 | 20% | 2031 | 1747 | -284 | -14% | 5886 | 6387 | 501 | 9% |
| Annual/FOT | 41404 | 42948 | 1544 | 4% | 27073 | 20964 | ##### | -23% | 80816 | 76644 | -4172 | -5% |



An increase of 555/20% GP referrals occurred in April 2018 compared to April 2017, although the difference in working days has an impact on comparisons of the two periods. Consultant to Consultant (C2C) referrals are 14% lower between the two periods. Aintree Hospital has reported a change in recording of referrals to report in line with the national MAR data requirements. This has a major impact in C2C referrals and discussions to understand the activity is on-going through Information Sub-Group and Contract Management Meetings.

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

Data quality note: Aintree Hospital have reported a change in recording of Referrals to report in line with the national MAR data requirements. This has a major impact in C2C referrals and discussions to understand the activity is on-going through Information Sub-Group and Contract Management Meetings.

3.1.1 E-Referral Utilisation Rates – no update since Feb

Figure 9 - South Sefton CCG E Referral Performance

| NHS E-Referral Service Utilisation | | | | |
|------------------------------------|-------------|--|-----|---|
| NHS South Sefton CCG | 17/18 - Feb | 80% by End of Q2 2017/18 & 100% by End of Q2 2018/19 | 24% | ↔ |

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

The latest data (February) for E-referral Utilisation rates reported for the CCG as a whole is 24%; the same as recorded in January and have not achieved the 80% by end of Q2. No further update since February's data release has been published by NHS Digital. CCG queried the lack of information with NHS Digital and is awaiting a response.

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

3.2 Diagnostic Test Waiting Times

Figure 10 - Diagnostic Test Waiting Time Performance

| Diagnostic test waiting times | | | | |
|---|-------------|-------|-------|---|
| % of patients waiting 6 weeks or more for a Diagnostic Test (CCG) | 18/19 - Apr | 1.00% | 2.70% | ↑ |
| % of patients waiting 6 weeks or more for a Diagnostic Test (Aintree) | 18/19 - Apr | 1.00% | 1.70% | ↑ |

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in April recording 2.7%, a further decline from last month when 1.91% was recorded. In April out of 3,037 patients, 83 patients were waiting at 6+ weeks and 6 at 13+ weeks. The majority of breaches were for a non-obstetric ultrasound (27) and MRI (25). Performance at the Royal Liverpool and Broadgreen is having an impact on the CCG's overall performance as they continue to report significantly above the threshold, at 11.1% in April; an increase in long waiters compared to 9.6% reported in March. The biggest pressures are in Gastroscopy (204), Colonoscopy (153) and Flexi-Sigmoidoscopy (107).

Aintree failed the target for less than 1% of patients waiting longer than 6 weeks for a diagnostic test in April recording 1.7%, a further decline in performance from last month when 1.3% was recorded. In April out of 5,880 patients, 98 patients were waiting at 6+ weeks and 1 at 13+ weeks. The majority of breaches were waiting for non-obstetric ultrasound (71) and MRI (24).

Radiology continues to experience a sustained increase in demand for imaging (CT cardiac, MR cardiac, MR MSK and ultrasound MSK). Demand is in excess of capacity. Additional inpatient activity has had an adverse effect on outpatient capacity for CT and MR resource for additional sessions for ultrasound MSK imaging/steroid injections into joints has been agreed. However these are restricted due to annual leave and radiologist availability.

Currently the wait for routine ultrasound is 5 weeks and 5 Days (Sonographer led). Waiting for MSK is 8 weeks and 6 days. This deterioration due to the increased demand associated with MSK ultrasound.

Proposed actions:

- Weekly capacity meetings with operational and clinical teams to monitor performance and maximise capacity ongoing.
- Additional MSK WLI's requested and agreed through resource panel.
- MSK Radiologist recruited, commences at Trust 1st May 2018.
- Discussions with Clinical Director for R&O regarding demand management have been ongoing. A meeting with R&O is scheduled for 4/5/18 to review/manage demand going forwards. It has been agreed to transfer foot and ankle injections to theatre, surgeons to arrange. This will however place pressure in General Radiography. The option to consider outsourcing will be considered.
- Arranging for Mobile MR Van on site for 5 days – week commencing 4th June.

3.3 Referral to Treatment Performance

Figure 11 - Referral to Treatment Time (RTT) Performance

| Referral To Treatment waiting times for non-urgent consultant-led treatment | | | | |
|--|-------------|-----|--------|---|
| The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG) | 17/18 - Apr | 0 | 3 | ↑ |
| The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree) | 17/18 - Apr | 0 | 0 | ↔ |
| Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG) | 18/19 - Apr | 92% | 90.10% | ↑ |
| Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Aintree) | 18/19 - Apr | 92% | 90.00% | ↓ |

In April, three South Sefton patients were waiting on the incomplete pathway for 52+ weeks against the national zero tolerance threshold. One breach was a General Surgery patient at Wirral University Hospital and 2 were Gynaecology patients at Liverpool Women's Hospital.

NHS England published guidance for 2018/19 states the target for CCGs is to reduce 52+ week waiters by at least a half from 2017/18 levels. The CCG submitted plans to NHS England based on the latest data available (January 2018). At the time only one 52 week waiter had been reported, so the plan submitted was 0, but following that two more were reported in March 2018. Submission of a revised plan to NHS England has is being explored.

The CCG continues to report below the 92% target for patients on an incomplete non-emergency pathway waiting no more than 18 weeks, at 90.1% for April. This is a slight improvement in performance from 89.83% reported in March. In April, out of 11,114 patients, 1,099 were waiting over 18 weeks on the incomplete pathway. The CCG position is contributed to by RTT failures predominately at Aintree and Royal Liverpool and Broadgreen Hospitals, and University Hospital of North Midlands.

Aintree also failed this standard for April recording 90%. Out of 17,875 patients there were 1,782 waiting over 18 weeks on the incomplete pathway. The Trust has struggled to recover from the cancellation of elective surgical cases over the winter months to support non-elective flow. As a result the standard has not been achieved since December 2017. The theatre refurbishment programme and loss of capacity as a result of this has also impacted on performance, although this will be finished in July. In addition to this, outpatient cancellations and Did Not Attend (DNA) rates have continued to remain high despite the Trust's efforts to minimise these. This has reduced throughput and resulted in an increase in the overall waiting times.

Proposed Actions:

- Implement theatre recovery plan and improve utilisation at speciality level
- Regular review of all long waiting patients within the clinical business units to address capacity issues and undertake WLI's where appropriate

- Recruit to the 2 consultant posts agreed via the cases of need process
- Reduce endoscopy waits by arranging additional scope lists
- Continue to monitor of diagnostic waiting times to ensure delivery of the 6 week standard (as this impacts on RTT pathways)
- Continue to meet with Clinical Business Managers on a weekly basis to focus on data quality and pathway validation
- Continue to support the Clinical Business Units with their RTT validation processes and Standard Operating procedures with a special focus on inter Provider Transfers and data recording / entry.

The Royal Liverpool and Broadgreen Hospital reported that they did not achieve the 92% incomplete Referral to Treatment target in April (82.88%). The issues were in various areas including Ophthalmology, General Surgery, Urology, Trauma and Orthopaedics and ENT. There have been a number of actions identified which will reduce demand and increase activity. Advice and guidance has now been rolled out to a number of specialities, as part of the national CQUIN. The team are also monitoring increases in referrals as a direct consequence of certain Trusts E-referral polling ranges being extended to reduce the number of slot issues.

University Hospital North Midlands NHS Trust in April recorded 73.7% RTT performance. This provider is commissioned to deliver bariatric surgery for Cheshire and Merseyside CCGs. The RTT performance standard overall at the Trust has not been met since May 2017. 21 South Sefton CCG patients were recorded as waiting over 18 weeks in April 2018. Bariatric surgery commissioning and contract arrangements are complex and understanding the arrangements has taken almost a year, with poor response times and responses to commissioner queries. A meeting of Merseyside commissioners with UHNM and CSU (contract managers on behalf of the lead commissioner Stoke CCG) in May 2018 has led to further understanding of the service issues, the caseload of patients and their treatment. The Trust agreed to provide additional detail to provide assurance to commissioners including the number of patients waiting in weeks by CCG, the reasons for delays particularly in cases exceeding waiting times of 40 weeks.

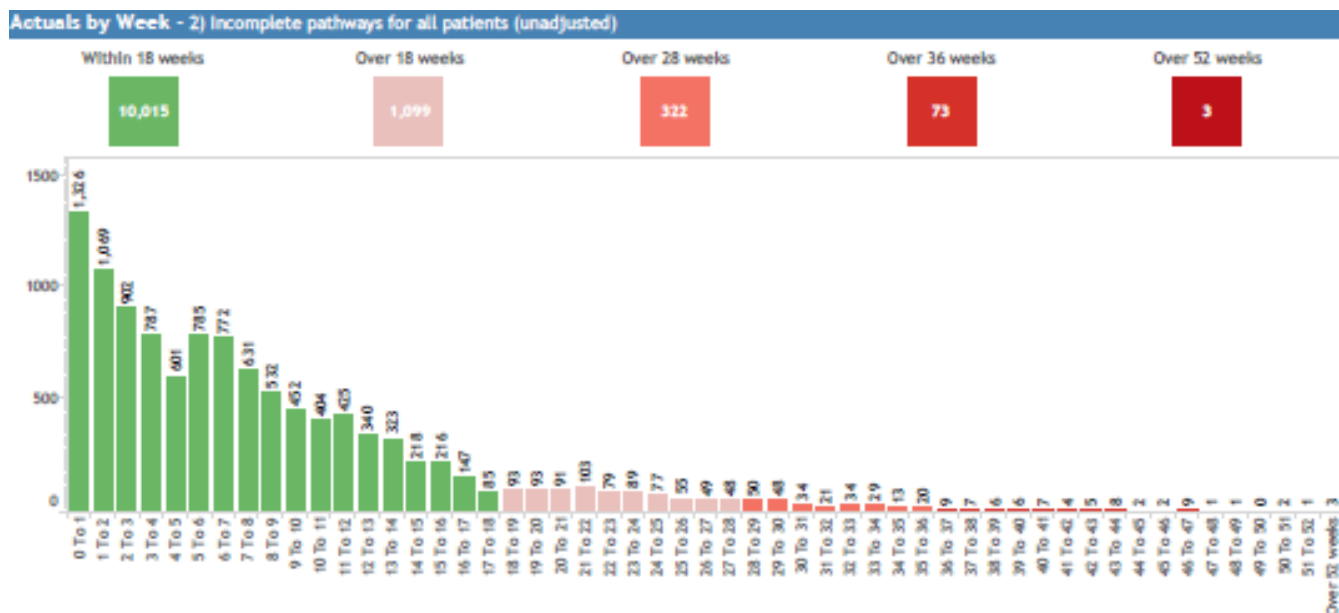
Figure 12 – South Sefton CCG Total Incomplete Pathways

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

NHS England set CCGs the target of total RTT incomplete pathways in March 2019 being no higher than in March 2018. Current performance for April 2018 (11,114) is higher than that of April of the previous year, and is therefore failing to meet this target at this early stage in the year.

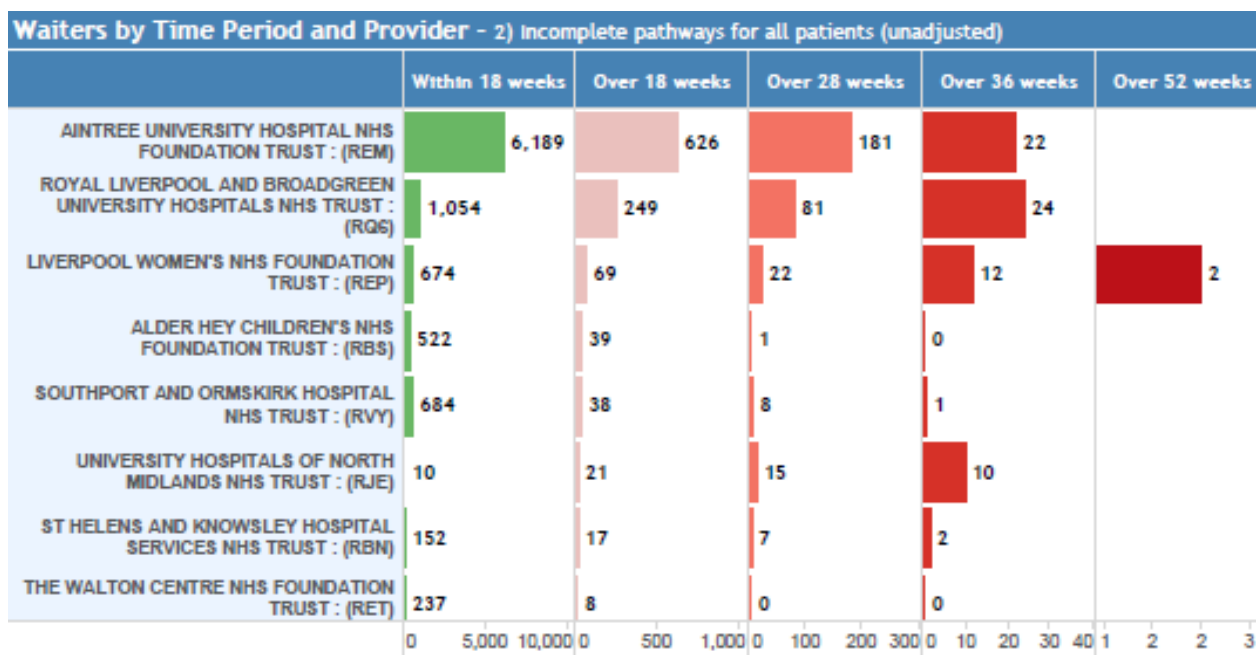
3.3.1 Incomplete Pathway Waiting Times

Figure 13 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 14 - 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 15 - Patients waiting (in bands) on incomplete pathways by Speciality for Aintree University Hospitals NHS Foundation Trust

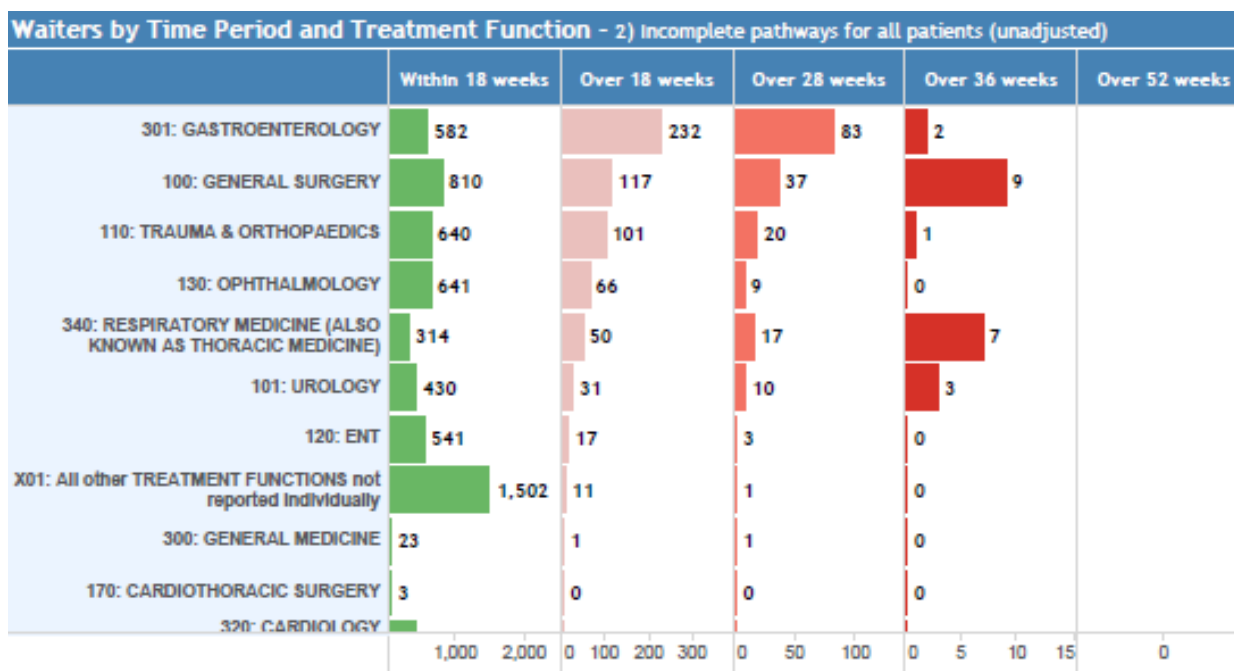
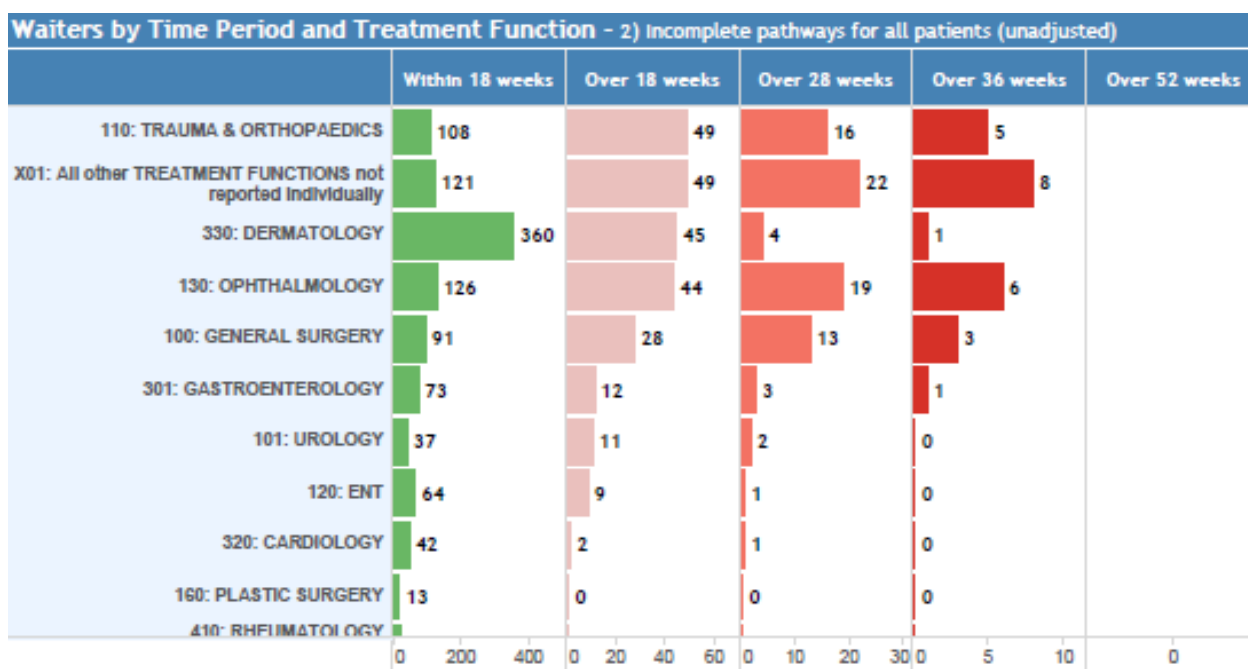


Figure 16 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



3.3.4 Provider assurance for long waiters

Figure 17 - South Sefton CCG Provider Assurance for Long Waiters

| Trust | Specialty | Wait band | Has the patient been seen/has a TCI date? | Detailed reason for the delay |
|------------------|--------------------------------|-----------|---|---|
| Wirral | General Surgery | 52 | | |
| Liverpool Womens | Gynaecology | 52 | Yes - NON ADM Breach | no appt / TCI scheduled |
| Liverpool Womens | Gynaecology | 52 | Yes - NON ADM Breach | appt still in place 20/06/2018 - definitive treatment |
| Aintree | General Surgery | 40 | Provisional TCI 29/06/2018 | |
| Aintree | General Surgery | 40 | TCI 26/06/2018 | |
| Aintree | Thoracic Medicine | 40 | Clock Stopped 03/05/2018 - Decision not to treat | |
| Aintree | Thoracic Medicine | 40 | Appt 20/06/2018 | |
| Aintree | General Surgery | 41 | Clock stopped 11/06/2018 - AMON | |
| Aintree | General Surgery | 41 | Clock stopped 05/06/2018 - patient declined treatment | |
| Aintree | General Surgery | 43 | Clock stopped 03/05/2018 - AMON | |
| Aintree | General Surgery | 43 | Clock stopped 18/05/2018 - 1st treatment | |
| Aintree | General Surgery | 48 | Clock stopped 03/05/2018 - 1st treatment | |
| Aintree | Urology | 46 | Clock Stopped 08/05/2018 - Decision not to treat | |
| Aintree | Urology | 47 | Clock stopped 02/05/2018 - 1st treatment | |
| Aintree | Upper Gastrointestinal Surgery | 45 | Clock stopped 11/04/2018 - 1st treatment | |
| Aintree | General Surgery | 47 | Clock stopped 09/04/2018 - 1st treatment | |
| Liverpool Womens | Gynaecology | 40 | | |
| Liverpool Womens | Gynaecology | 42 | | |
| Liverpool Womens | Gynaecology | 43 | | |
| Liverpool Womens | Gynaecology | 50 | | |
| Liverpool Womens | Gynaecology | 50 | | |
| Liverpool Womens | Gynaecology | 51 | | |
| Royal Liverpool | Gastroenterology | 40 | TCI 01/08/2018 | Long Wait on Waiting List |
| Royal Liverpool | General Surgery | 41 | Patient Treated | |
| Royal Liverpool | T&O | 41 | No Date Yet | Long Wait on Waiting List |
| Royal Liverpool | Dermatology | 42 | Treated 30/05/2018 | Long Wait on Waiting List |
| Royal Liverpool | other | 42 | Patient Treated | Capacity |
| Royal Liverpool | other | 42 | Patient Treated | Capacity |
| Royal Liverpool | T&O | 42 | Patient Treated | Capacity |
| Royal Liverpool | other | 43 | Patient Treated | Capacity |
| Royal Liverpool | other | 43 | Patient Treated | Capacity |
| Royal Liverpool | other | 43 | Patient Treated | Capacity |
| Royal Liverpool | Ophthalmology | 43 | Patient Treated | Capacity |
| Royal Liverpool | T&O | 44 | Patient Treated | Capacity |
| Royal Liverpool | T&O | 45 | Patient Treated | Capacity |
| Royal Liverpool | Ophthalmology | 45 | Patient Treated | Capacity |
| Royal Liverpool | Ophthalmology | 46 | Patient Treated | Capacity |
| North Midlands | General Surgery | 43 | | |
| North Midlands | General Surgery | 44 | | |
| North Midlands | General Surgery | 46 | | |
| North Midlands | General Surgery | 46 | | |
| North Midlands | General Surgery | 46 | | |
| North Midlands | General Surgery | 46 | | |
| North Midlands | General Surgery | 46 | | |
| North Midlands | General Surgery | 46 | | |
| North Midlands | General Surgery | 46 | | |
| North Midlands | General Surgery | 46 | | |

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 18 – Aintree Cancelled Operations

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

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

Figure 19 – Aintree Cancelled Operations for a second time

| Cancelled Operations | | | | |
|--|-------------|---|---|--------|
| No urgent operation should be cancelled for a second time - Aintree | 18/19 - Apr | 0 | 0 | ↑ ↔ |

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

Figure 20 – Two Week Cancer Performance measures

| Cancer waits – 2 week wait | | | | |
|---|-------------|-----|--------|---|
| Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG) | 18/19 - Apr | 93% | 90.40% | ↓ |
| Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree) | 18/19 - Apr | 93% | 89.00% | ↓ |
| Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG) | 18/19 - Apr | 93% | 90.00% | ↓ |
| Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Aintree) | 18/19 - Apr | 93% | 91.20% | ↓ |

The CCG failed the 93% target in April for patients referred urgently with suspected cancer with 90.4%. 57 patients out of 594 waited longer than two weeks for a first outpatient appointment. The majority of delays were due to elective capacity issues, delay to diagnostic tests, outpatient capacity and complex diagnostic pathways.

The CCG also failed the 93% target for 2 week waits for first outpatient appointments for patients referred urgently with breast symptoms in April, with 90%. Out of a total of 100 patients, 10 breached the target. Delays were due to elective capacity issues, delay to diagnostic tests and complex diagnostic pathways.

- Increasing use of e-RS for all referrals leading to full paper switch off by August 2018 for our breast services providers should help to reinforce the urgency of these appointments with patients and reduce the numbers of patient cancellations and DNAs
- There are benefits to using Advice and Guidance for this group of patients to support GPs in managing patients in primary care as providers report inappropriate and unnecessary referrals. Work is being undertaken with Aintree Hospital to promote this.

Aintree failed the 93% target in April for patients referred urgently with suspected cancer with 89%. 105 patients out of 953 waited longer than two weeks for a first outpatient appointment. The reasons for failure of this target include capacity for outpatient appointments and patient choice. If patients are given appointments towards the end of the 14 day period and then cancel or do not attend (DNA) it is difficult to give them another appointment within the 14 day period. This then contributes to the target being breached. All tumour groups apart from Urology failed this target in April 2018.

Proposed actions:

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

Aintree also failed the 93% breast target for April reaching 91.2%. Out of 284 patients there were 25 breaches. This was due to a lack of capacity and patient choice. When patients are offered appointments in days 7 to 14 of the pathway and decline or cancel, they are rebooked outside of the standard timescales due to capacity to provide a clinic appointment within 14 days from referral.

Actions:

- Continued monitoring and intervention by the Clinical Business Unit to manage the patient pathways and remove any barriers which maybe preventing treatment.
- Escalate constraints in the patient pathway to the weekly Cancer Performance meeting (CPG) and to the Divisional Director of Ops.
- Escalate constraints in the patient pathway to the daily Cancer Performance briefing led by the Divisional Director of Operations Diagnostics and Support Services.
- Capacity and demand profile to be addressed by CBU to assess how many additional slots per weeks are required to bring first booking for patients to 7 days.

- Review of the demand profile for the service to be undertaken to clarify the year-on-year increase in demand for the service.
- Clinical meeting to be held between Breast Clinical lead and Breast radiologist to consider different ways of working to increase capacity.
- Consideration to be given to outsourcing Radiology provision in order to support the increase in capacity.

3.5.2- 31 Day Cancer Waiting Time Performance

Figure 21 – 31 Day Cancer Performance measures

| Cancer waits – 31 days | | | | |
|--|-------------|-----|------------|---|
| Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG) | 18/19 - Apr | 96% | 95.00% | ↓ |
| Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree) | 18/19 - Apr | 96% | 97.12% | ↔ |
| Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG) | 18/19 - Apr | 94% | 100.00% | ↔ |
| Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree) | 18/19 - Apr | 94% | 0 Patients | ↔ |
| Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG) | 18/19 - Apr | 94% | 92.31% | ↓ |
| Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree) | 18/19 - Apr | 94% | 100.00% | ↑ |
| Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG) | 18/19 - Apr | 98% | 100.00% | ↔ |
| Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree) | 18/19 - Apr | 98% | 100.00% | ↑ |

The CCG failed the 31 day target in April with 3 breaches out of a total of 60 patients; all three of the patient breaches were awaiting surgical treatment as noted by the surgical treatment under performance.

Two of the tumour types related to Urology, while the other to Gynaecology. The longest wait was 134 days with the delay due to medical reasons. The other delays were due to elective capacity and 'other' reasons.

3.5.3 - 62 Day Cancer Waiting Time Performance

Figure 22 – 62 Day Cancer Performance measures

| Cancer waits – 62 days | | | | |
|--|-------------|------------------|------------|---|
| Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG) | 18/19 - Apr | 85% local target | 70.00% | ↓ |
| Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (Aintree) | 18/19 - Apr | 85% local target | 81.25% | ↑ |
| Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG) | 18/19 - Apr | 90% | 0 Patients | ↔ |
| Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree) | 18/19 - Apr | 90% | 88.89% | ↓ |
| Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG) | 18/19 - Apr | 85% | 82.76% | ↓ |
| Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree) | 18/19 - Apr | 85% | 82.98% | ↓ |

The CCG failed to achieve the 85% target for 62 day cancer waits following an upgrade along with the 62 day wait for urgent GP referrals. Three patients breached the 62 day standard upgrade target out of a total of ten, with the delays reported as other for two patients and medical reasons for the remaining patient. The longest wait was recorded as 195 days from a consultant upgrade.

Of the 29 patients urgently via a GP 5 waited longer than the target 62 days for the CCG, 4 of where waiting for surgical treatment. Medical reasons, elective capacity and complex diagnostic pathways were the main cause for delays. The longest wait recorded was 122 days from an urgent GP referral.

Aintree failed the local 85% target in April for 62 day wait for definitive treatment following consultant's decision to upgrade, recording 81.25%. Out of 16 patients, 3 patients breached the target. In April there were 1.5 breaches for Lung which were due to complex pathways with multiple investigations. There were also 1.5 breaches in Upper GI, 1 of which was due to a change in planned treatment and 0.5 was due to patient choice and multiple diagnostics.

Proposed actions:

- Continued monitoring and intervention by the Clinical Business Unit to manage the patient pathways and remove any barriers which maybe preventing treatment.
- Escalate constraints in the patient pathway to the weekly Cancer Performance meeting (CPG) and to the Divisional Director of Ops.
- Escalate constraints to the patient pathway to the daily Cancer Performance briefing led by the Divisional Director of Operations Diagnostics & Support Services.
- A robust recovery plan has been formulated and has been discussed at Senior Operational meetings. The Divisions of Surgery and Specialty Medicine to implement the recovery plan.

Aintree failed the 90% target for 62 day screening in April with a half patient breach out of a total equivalent of 4.5 patients, a performance of 88.89%. It should be noted that the Trust undertakes Bowel screening only and so treatment numbers are low in comparison to other organisations. Therefore a 0.5 breach will result in the Trust failing this standard unless treatments are higher. The patient whose pathway breached was a colorectal patient.

Proposed actions:

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

Aintree also failed the 85% target in April for 2 month wait from urgent GP referral to first definitive treatment recording 82.98%. Out of a total equivalent of 70.5 patients, 12 breached the target. The main reasons for breaches include patient choice with patients delaying diagnosis due to holidays, capacity in theatres, complex pathways (patients not fit for treatment or needing multiple investigations) and delayed histopathology results meaning patients are not discussed at the earliest possible MDT meeting. There has also been a significant increase in the total number of patients on cancer pathways. At the start of Q2 last year there were 762 patients on a Cancer pathway and in April this year there are 1087 patients on cancer pathways in the Trust.

Proposed actions:

- Continued monitoring and intervention by the Clinical Business Units to manage the patient pathway and remove any barriers which maybe preventing treatment.
- Escalation of delays and constraints to the individual patient journey at the twice weekly Cancer Performance Meetings.
- Continued tracking by the Central Cancer team to support performance improvement in the tumour groups. Early escalation of issues to Divisional Directors of Operations, Cancer Performance meeting and the Director of Operations.
- Escalation of delays in Histopathology reporting to LCL via the weekly Cancer Performance Group, emails and tracking by MDT coordinators.
- Daily Performance meetings continue with escalation to the Divisional Directors as required. Twice weekly performance meetings with relevant CBMs have been commenced.
- Escalation to the relevant Divisional Directors any constraints in capacity for review at Divisional Resource panels.

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

Key Trust actions:

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

South Sefton CCG actions:

- To work with Knowsley CCG to ensure information is available at CQPG regarding clinical validation and review of +104 days waiters with information available at patient level.
- Auditing use of patient letters within primary care designed to reinforce importance of attending appointments and investigations.

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.

The CCG has reported 5 patients who have waited over 104 days; one patient within the 31 day measure was delayed for medical reasons. Two patients were delayed within the 62 day urgent GP referral metric for complex diagnostic pathway and other reasons. The last two patient delays were due to medical and other reasons within the consultant upgrade metric. The longest waiting patients was delayed due to medical reasons following a consultant upgrade, the total days waited was 195.

In month 1 Aintree Trust reported seven patients waiting over 104 days, five against the 62 day standard measure and 2 against 62 day upgrade. The majority of delays were due to complex diagnostic pathways with the longest waiter 184 days.

3.6 Patient Experience of Planned Care

Figure 23 – Aintree Inpatient Friends and Family Test Results

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

| Clinical Area | Response Rate (RR) Target | RR Actual | RR Trend Line | % Recommended (Eng. Average) | % Recommended | PR Trend Line | % Not Recommended (Eng. Average) | % Not Recommended | PNR Trend Line |
|---------------|---------------------------|-----------|---------------|------------------------------|---------------|---------------|----------------------------------|-------------------|----------------|
| Inpatient | 24.9% | 20.0% | | 96% | 93% | | 2% | 4% | |

Aintree Friends and Family Inpatient test response rates are under the England average of 24.9% for April at 20%. The proportion of patients who would recommend the Trust has improved on last month from 91% to 93%, but unfortunately is still below the England average of 96%. The

proportion who would not recommend has also improved from 5% in March to 4% in April, but is still above the England average of 2%.

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

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 1 of financial year 2018/19, against planned care elements of the contracts held by NHS South Sefton CCG show an over performance of £183k/5%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately -£52k/-1.4%.

At specific over performing Trusts, Aintree are reporting the largest cost variance with a total of £218k/10%. In contrast, Southport & Ormskirk and Renacres Hospital are under performing by -£40k/-20% and -£39k/24% respectively.

Figure 24 - 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 | 13,321 | 14,661 | 1,340 | 10% | £2,227 | £2,445 | £218 | 10% | -£218 | £0 | 0.0% |
| ALDER HEY CHILDREN'S NHS FOUNDATION TRUST | 1,059 | 1,227 | 168 | 16% | £134 | £147 | £13 | 10% | -£13 | £0 | 0.0% |
| LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST | 93 | 97 | 4 | 4% | £32 | £35 | £3 | 9% | -£3 | £0 | 0.0% |
| LIVERPOOL WOMEN'S NHS FOUNDATION TRUST | 1,241 | 1,054 | -187 | -15% | £236 | £219 | -£17 | -7% | £17 | £0 | 0.0% |
| ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST | 2,329 | 2,461 | 132 | 6% | £390 | £400 | £10 | 3% | -£10 | £0 | 0.0% |
| WALTON CENTRE NHS FOUNDATION TRUST | 240 | 300 | 60 | 25% | £77 | £86 | £9 | 11% | -£9 | £0 | 0.0% |
| ACTING AS ONE PROVIDERS TOTAL | 18,284 | 19,800 | 1,516 | 8% | £3,096 | £3,332 | £236 | 8% | -£236 | £0 | 0% |
| CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | 0 | 13 | 13 | 0% | £0 | £2 | £2 | 0% | £0 | £2 | - |
| COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST | 0 | 6 | 6 | 0% | £0 | £1 | £1 | 0% | £0 | £1 | - |
| FAIRFIELD HOSPITAL | 15 | 26 | 11 | 69% | £4 | £11 | £7 | 169% | £0 | £7 | 169% |
| ISIGHT (SOUTHPORT) | 43 | 46 | 3 | 8% | £10 | £10 | £0 | 0% | £0 | £0 | 0% |
| RENACRES HOSPITAL | 532 | 418 | -114 | -21% | £164 | £125 | -£39 | -24% | £0 | -£39 | -24% |
| SALFORD ROYAL NHS FOUNDATION TRUST | 0 | 9 | 9 | 0% | £0 | £2 | £2 | 0% | £0 | £2 | - |
| SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST* | 1,105 | 895 | -210 | -19% | £206 | £166 | -£40 | -20% | £0 | -£40 | -20% |
| SPIRE LIVERPOOL HOSPITAL | 219 | 227 | 8 | 4% | £69 | £49 | -£19 | -28% | £0 | -£19 | -28% |
| ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST | 374 | 402 | 28 | 7% | £80 | £96 | £16 | 20% | £0 | £16 | 20% |
| THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST | 97 | 54 | -43 | -45% | £22 | £7 | -£15 | -68% | £0 | -£15 | -68% |
| UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST | 0 | 15 | 15 | 0% | £0 | £4 | £4 | 0% | £0 | £4 | - |
| WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST | | | | | | | | | £0 | £0 | - |
| WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST | 0 | 27 | 27 | 0% | £0 | £7 | £7 | 0% | £0 | £7 | - |
| WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST | 96 | 120 | 24 | 25% | £34 | £57 | £23 | 68% | £0 | £23 | 68% |
| ALL REMAINING PROVIDERS TOTAL | 2,481 | 2,258 | -223 | -9% | £588 | £536 | -£52 | -9% | £0 | -£52 | -9% |
| GRAND TOTAL | 20,765 | 22,058 | 1,293 | 6% | £3,684 | £3,868 | £183 | 5.0% | -£236 | -£52 | -1.4% |

*PbR Only

3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust

Figure 25 - 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 | 985 | 1,071 | 86 | 9% | £585 | £669 | £84 | 14% |
| Elective | 137 | 122 | -15 | -11% | £386 | £401 | £16 | 4% |
| Elective Excess BedDays | 45 | 51 | 6 | 12% | £11 | £13 | £2 | 17% |
| OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led) | 32 | 22 | -10 | -31% | £7 | £5 | -£1 | -21% |
| OPFANFTF - Outpatient first attendance non face to face | 205 | 271 | 66 | 32% | £6 | £7 | £1 | 25% |
| OPFASPCL - Outpatient first attendance single professional consultant led | 2,458 | 2,535 | 77 | 3% | £393 | £401 | £8 | 2% |
| OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led). | 105 | 59 | -46 | -44% | £9 | £6 | -£3 | -36% |
| OPFUPNFTF - Outpatient follow up non face to face | 252 | 739 | 487 | 193% | £6 | £18 | £12 | 192% |
| OPFUPSPCL - Outpatient follow up single professional consultant led | 6,291 | 6,362 | 71 | 1% | £440 | £460 | £20 | 5% |
| Outpatient Procedure | 1,693 | 2,079 | 386 | 23% | £224 | £276 | £51 | 23% |
| Unbundled Diagnostics | 1,015 | 1,244 | 229 | 23% | £82 | £108 | £26 | 32% |
| Wet AMD | 104 | 106 | 2 | 2% | £79 | £81 | £1 | 2% |
| Grand Total | 13,321 | 14,661 | 1,340 | 10% | £2,227 | £2,445 | £218 | 10% |

The majority of areas within planned care are over performing at month 1 with day cases representing the largest cost variance of £84k/14%. Cardiology is showing the largest cost variance within day cases (£49k/134%), which can be attributed to the heart failure pathway.

Overall, year to date costs for planned care PODs at Aintree University Hospital are currently - £218k/10% up against plan at month 1. Despite this indicative underspend; there is no financial impact of this to South Sefton CCG due to the Acting as One block contract arrangement.

It should also be noted that a 2018/19 activity plan for this Trust has yet to be agreed and as such any plan values included in the above table relate to 2017/18.

3.7.2 Planned Care Southport & Ormskirk Hospital

Figure 26 - 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 | 69 | 69 | 0 | 0% | £50 | £49 | £-1 | -2% |
| Elective | 14 | 12 | -2 | -17% | £41 | £21 | £-19 | -48% |
| Elective Excess BedDays | 3 | 0 | -3 | -100% | £1 | £0 | £-1 | -100% |
| OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led) | 18 | 14 | -4 | -20% | £3 | £2 | £0 | -16% |
| OPFASPCL - Outpatient first attendance single professional consultant led | 165 | 122 | -43 | -26% | £27 | £21 | £-6 | -23% |
| OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led) | 40 | 15 | -25 | -63% | £3 | £1 | £-2 | -64% |
| OPFUPSPCL - Outpatient follow up single professional consultant led | 351 | 283 | -68 | -19% | £27 | £22 | £-5 | -18% |
| Outpatient Procedure | 381 | 316 | -65 | -17% | £50 | £44 | £-5 | -11% |
| Unbundled Diagnostics | 64 | 64 | 0 | 0% | £5 | £5 | £0 | 7% |
| Grand Total | 1,105 | 895 | -210 | -19% | £206 | £166 | £-40 | -20% |

* PbR only

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

Outpatient cost and activity levels for month 1 are currently below planned levels and on the lower end of the levels noted throughout 2017/18. Outpatient first attendance levels, although below plan, have increased against a dip seen in the latter four months of 2017/18. Follow-up levels are at the lower end of last year's levels as are outpatient procedures. Trauma & Orthopaedics and Dermatology make up over two thirds of the current under performance within all the outpatient points of delivery.

Day case and Elective activity for month 1 is on plan with cost slightly below planned levels. Both points of delivery are in line with levels noted throughout 17/18. Trauma & Orthopaedic procedure costs are down against planned levels however, this is due to a larger reduction in Elective activity as Day Case levels are slightly above plan.

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

3.7.3 Renacres Hospital

Figure 27 - 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 | 50 | 39 | -11 | -22% | £62 | £51 | -£11 | -17% |
| Elective | 13 | 7 | -6 | -48% | £62 | £42 | -£20 | -33% |
| OPFASPCL - <i>Outpatient first attendance single professional consultant led</i> | 94 | 64 | -30 | -32% | £15 | £11 | -£5 | -31% |
| OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i> | 141 | 133 | -7 | -5% | £9 | £9 | £0 | -3% |
| Outpatient Procedure | 76 | 32 | -44 | -58% | £8 | £5 | -£2 | -30% |
| Unbundled Diagnostics | 37 | 27 | -10 | -28% | £4 | £2 | -£1 | -36% |
| Physio | 121 | 84 | -37 | -31% | £4 | £2 | -£1 | -31% |
| Grand Total | 532 | 386 | -146 | -27% | £164 | £123 | -£41 | -25% |

Renacres under performance is evident across all PODs with Elective and Day Case procedures showing the largest cost variances against plan (-£20k/-33% and -£11k/-17% respectively). Very major knee/hip procedures account for the majority of this reduced performance against plan at month 1.

3.8 Personal Health Budgets

Figure 28 - South Sefton CCG – 2017/18 PHB Plans

| | Q1 Plan | Q1 Actual | Q2 Plan | Q2 Actual | Q3 Plan | Q3 Actual | Q4 Plan | Q4 Actual |
|--|--------------|-------------|--------------|--------------|--------------|--------------|--------------|--------------|
| 1) Personal health budgets in place at the beginning of quarter (total number per CCG) | 48 | 11 | 52 | 23 | 56 | 24 | 60 | 25 |
| 2) New personal health budgets that began during the quarter (total number per CCG) | 4 | 0 | 4 | 1 | 4 | 2 | 4 | 5 |
| 3) Total number of PHB in the quarter = sum of 1) and 2) (total number per CCG) | 52 | 11 | 56 | 24 | 60 | 26 | 64 | 30 |
| 4) GP registered population (total number per CCG) | 154916 | 154916 | 154916 | 154916 | 154916 | 154916 | 154916 | 154916 |
| Rate of PHBs per 100,000 GP registered population | 33.57 | 7.10 | 36.15 | 15.49 | 38.73 | 16.78 | 41.31 | 19.37 |

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

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

The CCG has been successful in obtaining mentorship by NHS England to support the expansion of PHBs for Children and Young People and Wheelchair Services and due to attend the introduction meeting in May 2018. The contract for wheelchair services for South Sefton did not

transfer across to the CCG when established in 2013 and is still commissioned by Specialised Commissioning. A transfer is planned.

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

3.9 Continuing Health Care (CHC)

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

Figure 29 - 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

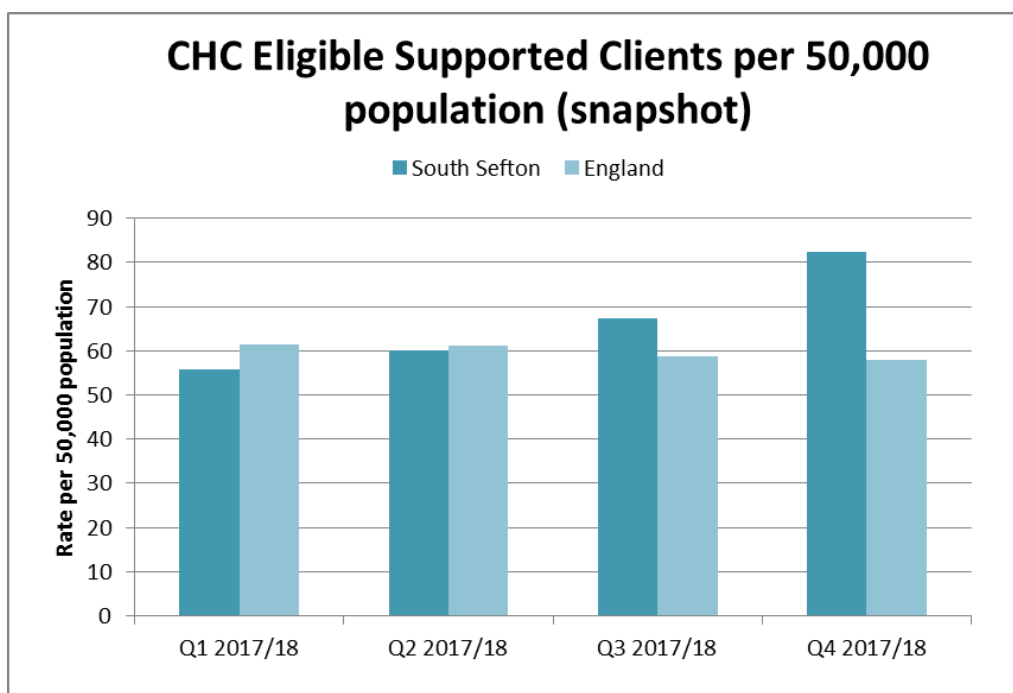


Figure 30 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

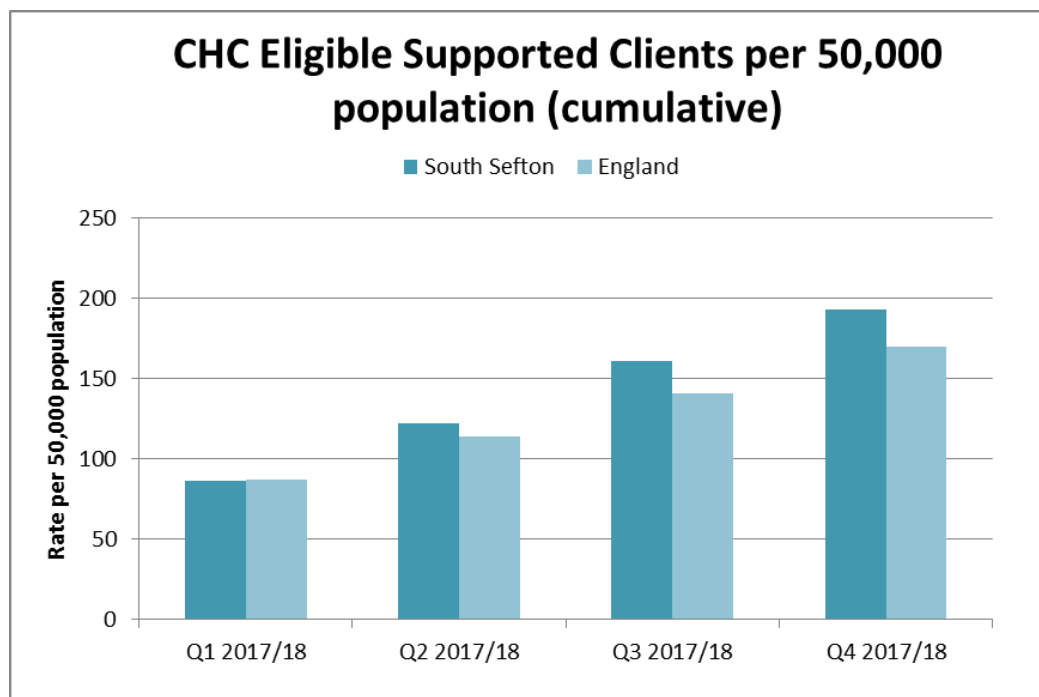


Figure 31 – Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist

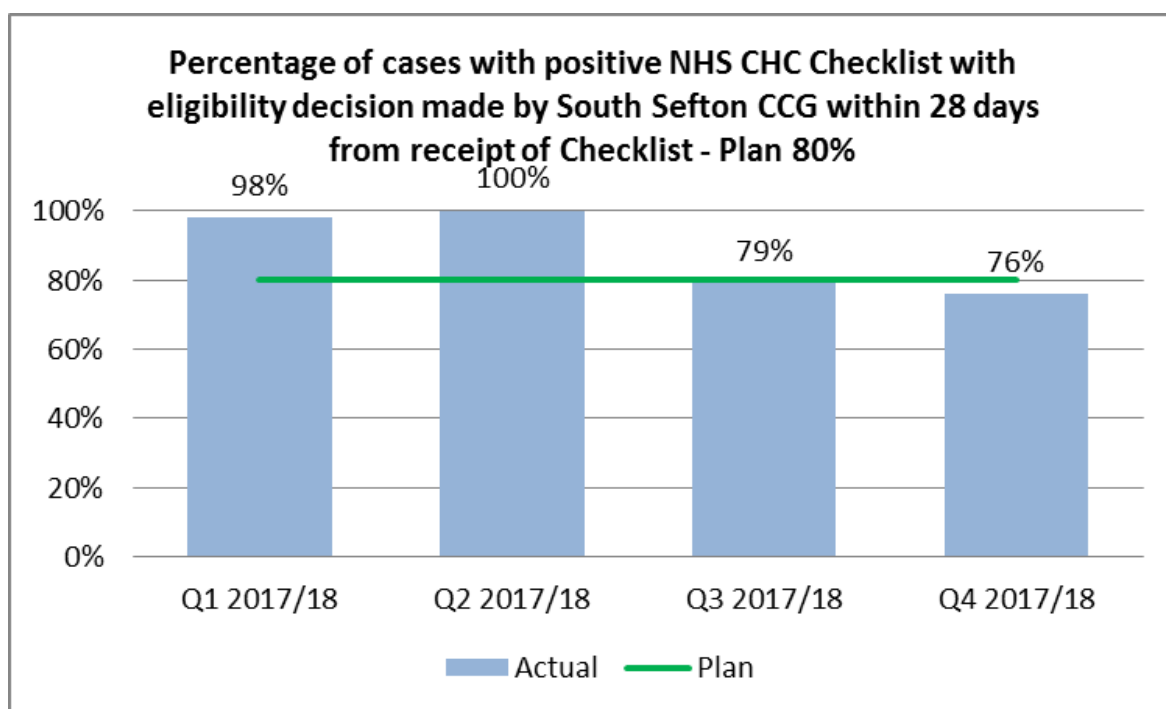
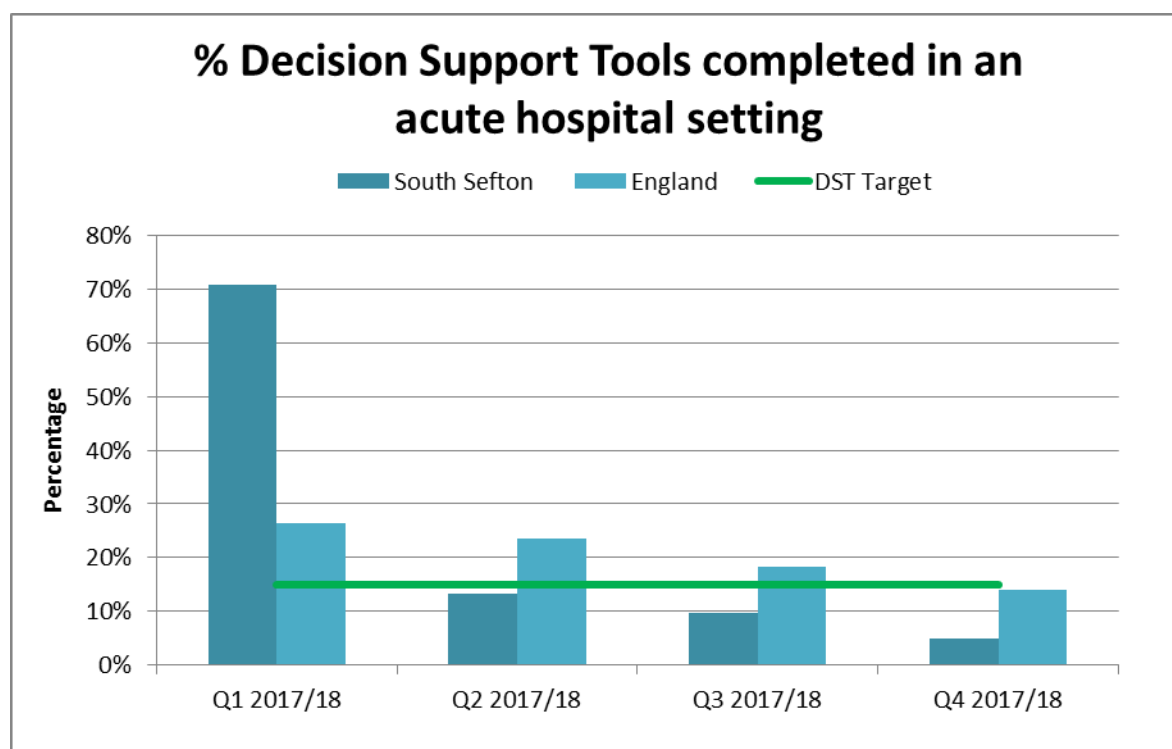


Figure 32 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



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

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

3.10 Smoking at Time of Delivery (SATOD)

Figure 33 - Smoking at Time of Delivery (SATOD)

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

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

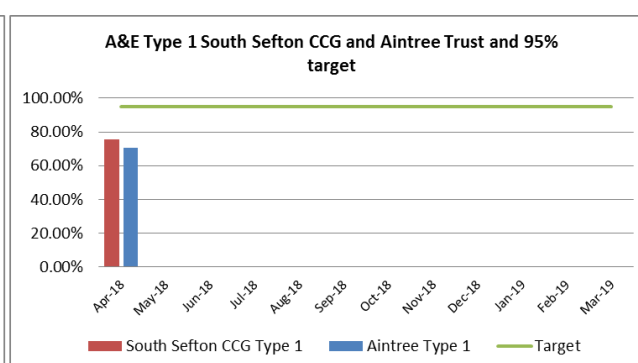
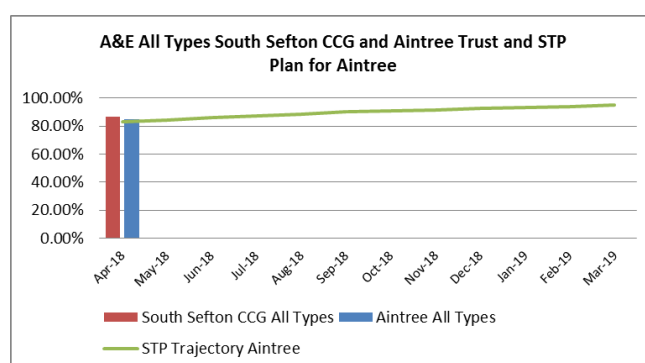
4. Unplanned Care

4.1 Accident & Emergency Performance

Figure 34 - A&E Performance

| A&E waits | | | | |
|--|-------------|-------------------------------|--------|---|
| Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types | 18/19 - Apr | 95% | 86.60% | ↑ |
| Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1 | 18/19 - Apr | 95% | 75.45% | ↑ |
| Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) All Types | 18/19 - Apr | STP Trajectory Apr Target 83% | 85.10% | ↑ |
| Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1 | 18/19 - Apr | 95% | 70.77% | ↑ |

| A&E All Types | Apr-18 | YTD |
|------------------------|--------|--------|
| STP Trajectory Aintree | 83% | % |
| Aintree All Types | 85.10% | 85.10% |



Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2018/19 and have achieved April trajectory of 83% with a performance of 85.1% for all A&E department types.

Actions for improvement include:

- Continue all aspects of the Emergency and Acute Care Plan by embedding of a cyclical rapid improvement programme within all areas

- Business case approved for Emergency Department medical staff. Recruitment in process.
- Recruitment of Consultants in Acute & Emergency Medicine: Interview for 2 vacant acute physician posts is scheduled for 15th June. ED Consultant interview dates to be arranged with 2 candidates having been shortlisted.
- Dependency study completed within the department, which showed 20 Registered nurses and 7 Health care assistants are required. Review of rotas to be completed to ensure they match peak periods of attendances.
- Improvement plan continues which includes the following key areas:
 - Implementation of new process for managing medical take out of hours.
 - Implementation of role cards in S&D for co-ordinator.
 - Reductions of specialty wait times by implementation and monitoring of inter-professional standards.

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

Figure 35 - 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 - Apr | 0 | 0 | ↔ |

Aintree reported no 12 hour breaches in April 2018.

4.2 Ambulance Service Performance

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

In April there was an average response time in South Sefton of 7 minutes 19 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response was 20 minutes against a target of 18 minutes. The CCG also failed the target of 180 minutes for category 4 calls, achieving an average of 196 minutes but achieved the target of 120 minutes for category 3 incidents.

Figure 36 – Ambulance handover time performance

| Handover Times | | | | |
|--|-------------|---|-----|--------|
| All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Aintree | 18/19 - Apr | 0 | 136 | ↑ ↓ |
| All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Aintree | 18/19 - Apr | 0 | 46 | ↓ |

In April Aintree Trust recorded 136 handovers between 30 and 60 minutes showing significant improvement, this is 101 less than last month when 237 was reported and is still breaching the zero tolerance threshold. They also recorded 46 handovers over 60 minutes, which is also significantly less than last month but still breaching the zero tolerance threshold.

The average time from notification to handover standard of 15 minutes has decreased to 11.03 minutes compared to 16.05 minutes in March. The time to see 1st clinician has improved to 59 minutes, against the 60 minute clinical quality indicator, which is a decrease of 13 minutes from March 2018. The clinical quality indicators for the number of patients who leave the department before being seen and the 15 minute from registration to triage are being met month on month.

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

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

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

4.3 NWS, 111 and Out of Hours

4.3.1 111 Service Calls

Figure 37 – 111 Service Calls



In April 2018, there were 2,049 contacts to the 111 service from South Sefton CCG patients. This is similar to the monthly average in the previous year and is a slight reduction on the same time in the previous year when 2,220 contacts were made to the service.

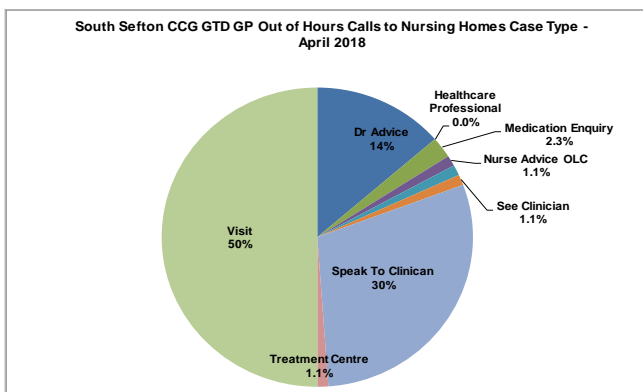
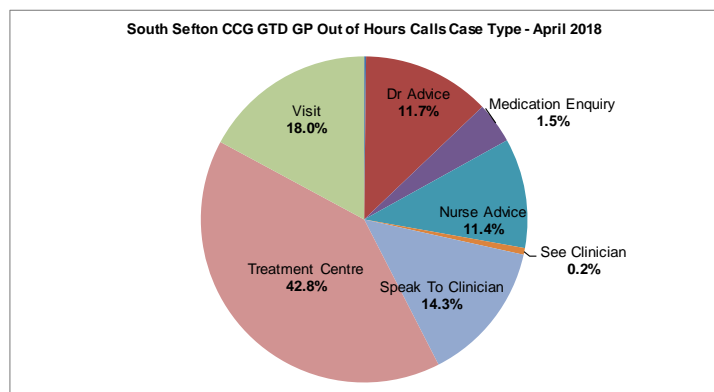
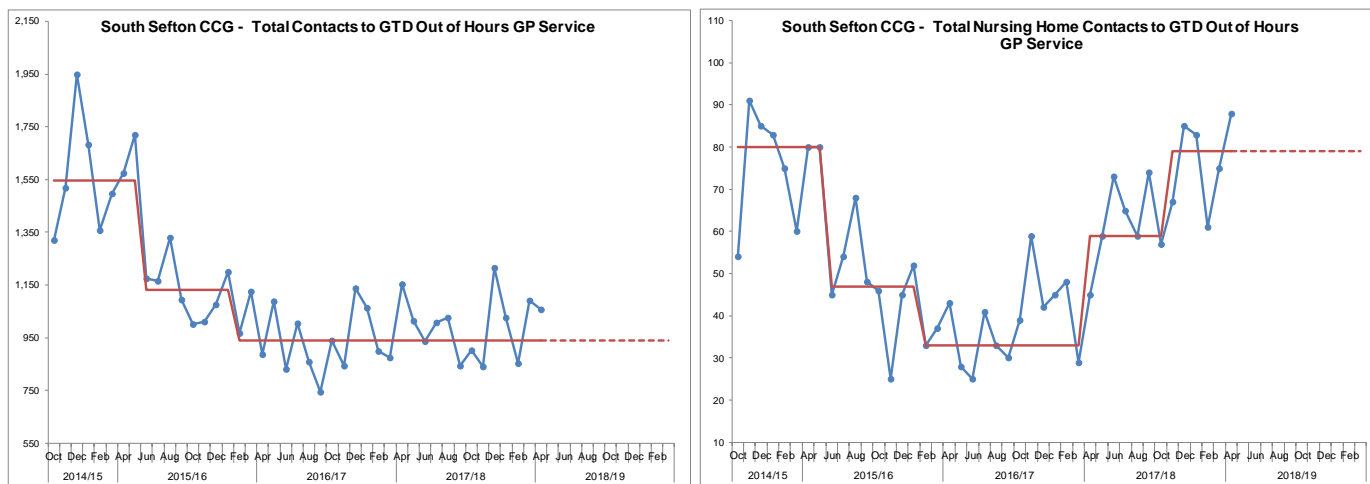
The breakdown for outcomes of 111 calls in April 2018 is as follows:

- 59% advised to attend primary and community care
- 16% closed with advice only
- 15% transferred to ambulance
- 7% advised to attend A&E
- 3% advised to other service

April had a higher proportion of calls which were transferred to ambulance than the previous month, 14.5% compared to 13%. This is still lower than the 2017/18 average of 15.2% however. The proportion of calls which were advised to primary and community care have reduced slightly in April, but still remain above the 2017/18 average after a peak in March.

4.3.2 GP Out of Hours Service Calls

Figure 38 – GP Out of Hours Calls



| South Sefton CCG | 999 | Dr Advice | Healthcare Professional | Medication Enquiry | Nurse Advice | See Clinician | Speak To Clinician | Treatment Centre | Visit | TOTAL |
|------------------|------|-----------|-------------------------|--------------------|--------------|---------------|--------------------|------------------|-------|--------|
| 2016/17 % | 0.2% | 8.0% | 0.1% | 2.5% | 14.7% | 3.3% | 14.9% | 37.9% | 18.4% | 100.0% |
| 2017/18 % | 0.2% | 10.1% | 0.1% | 4.5% | 11.7% | 0.6% | 13.9% | 41.3% | 17.6% | 100.0% |
| YTD 2018/19 % | 0.2% | 12.7% | 0.0% | 4.1% | 10.9% | 0.7% | 14.0% | 40.4% | 17.1% | 100.0% |

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

| Apr-18 | Total % | |
|---|--------------|---------|
| | South Sefton | |
| QR02 Supply of Clinical Details Compliance | 1,057 | 99.53% |
| QR09 Life Threatening Conditions | 0 | 0.00% |
| QR09 Telephone Clinical Assessment (Urgent) | 0 | 0.00% |
| QR09 Telephone Clinical Assessment (Other) | 126 | 90.48% |
| NHS 111 Speak To Performance (Emergency) | 46 | 95.65% |
| NHS 111 Speak To Performance (Urgent) | 130 | 86.92% |
| NHS 111 Speak To Performance (Less Urgent) | 158 | 91.14% |
| QR12 Base Time to Consultation (Emergency) | 0 | 100.00% |
| QR12 Base Time to Consultation (Emergency Patient Choice) | 0 | 0.00% |
| QR12 Base Time to Consultation (Urgent) | 60 | 98.33% |
| QR12 Base Time to Consultation (Urgent Patient Choice) | 60 | 98.33% |
| QR12 Base Time to Consultation (Less Urgent) | 367 | 99.18% |
| QR12 Base Time to Consultation (Less Urgent Patient Choice) | 367 | 99.18% |
| QR12 Visit Time to Consultation (Emergency) | 0 | 0.00% |
| QR12 Visit Time to Consultation (Urgent) | 48 | 89.58% |
| QR12 Visit Time to Consultation (Less Urgent) | 133 | 92.48% |
| QR12 Face To Face Consultation (Emergency) | 0 | 0.00% |
| QR12 Face To Face Consultation (Urgent) | 108 | 94.44% |
| QR12 Face To Face (Less Urgent) | 500 | 97.40% |

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

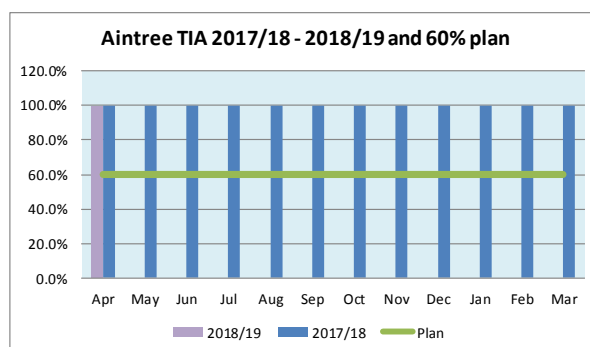
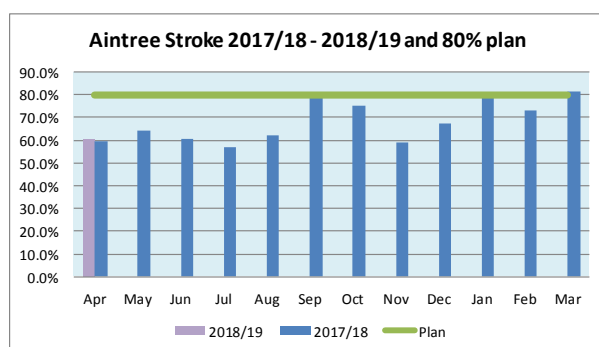
South Sefton CCG, in collaboration with Go To Doc (GTD) and NWAS, launched their out of hours Clinical Assessment Service (CAS) in June 2017.

4.4 Unplanned Care Quality Indicators

4.4.1 Stroke and TIA Performance

Figure 39 - Stroke & TIA performance

| Stroke | | | | |
|--|-------------|-----|--------|---|
| % who had a stroke & spend at least 90% of their time on a stroke unit (Aintree) | 18/19 - Apr | 80% | 60.60% | ↓ |
| % high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree) | 18/19 - Apr | 60% | 100% | ↔ |



After achieving in March, the Trust performance has dropped back under the 80% target for Stroke. In April, out of 33 patients, only 20 spent more than 90% of their hospital stay on a stroke unit resulting in a performance of 60.6%. The 33 patients with a diagnosis of stroke were discharged from the Trust during the month. 20 patients spent 90% of their stay on the Stroke Unit and so the standard was not achieved for 13 patients. All breaches of the standard are reviewed and reasons for underperformance identified:

- 7 patients required admission to the Stroke Unit but no beds were available
- 5 patients were diagnosed as a stroke after MRI
- 1 patient was discharge from the hospital within 24 hours

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

Proposed actions:

- Continue Registered Nurse and Therapy recruitment to staff funded HASU beds. Initial recruitment was not successful therefore further adverts are out following the revised banding for these vacancies
- Discuss and agree options to support recruitment with the Divisional Nurse. Nursing Support Agreed - Advert out May 2018
- Present case studies of Stroke patients who were seen by Stroke Nurse Clinician on arrival and accepted after MRI result, CD and Team to provide training and advice to ED, AEC and AMU
- Quality Improvement Project Underway - Team being supported, work commenced May 2018

- Weekly Breach Meeting with Dr Cullen, Stroke Nurse Clinicians Matron, CBM, ACBM & Data Team to review all patients that failed 4 hours target
- Stroke Action Plan being devised by CD/CBM & Matron.

4.4.2 Mixed Sex Accommodation

Figure 40 - Mixed Sex Accommodation breaches

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

4.4.3 Healthcare associated infections (HCAI)

Figure 41 - Healthcare associated infections (HCAI)

| HCAI | | | | |
|--|-------------|---------|----|---|
| Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG) | 18/19 - Apr | 5 | 6 | ↑ |
| Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree) | 18/19 - Apr | 4 | 4 | ↑ |
| Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG) | 18/19 - Apr | 0 | 0 | ↔ |
| Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree) | 18/19 - Apr | 0 | 0 | ↔ |
| Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG) | 18/19 - Apr | 11 | 11 | ↔ |
| Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Aintree) | 18/19 - Apr | No Plan | 26 | ↑ |

The CCG had 6 new cases of Clostridium Difficile reported in April against a plan of 5 (4 apportioned to acute trust and 2 apportioned to community). Aintree had 4 new cases reported in April against a plan of 4.

The CCG and Aintree had no new cases of MRSA in April and are both therefore achieving the zero tolerance threshold.

NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2018/19 NHS South Sefton CCG's year-end target is 128. In April there were 11 cases against a plan of 11. Aintree reported 26 cases in April. There are no targets set for Trusts at present.

4.4.4 Hospital Mortality

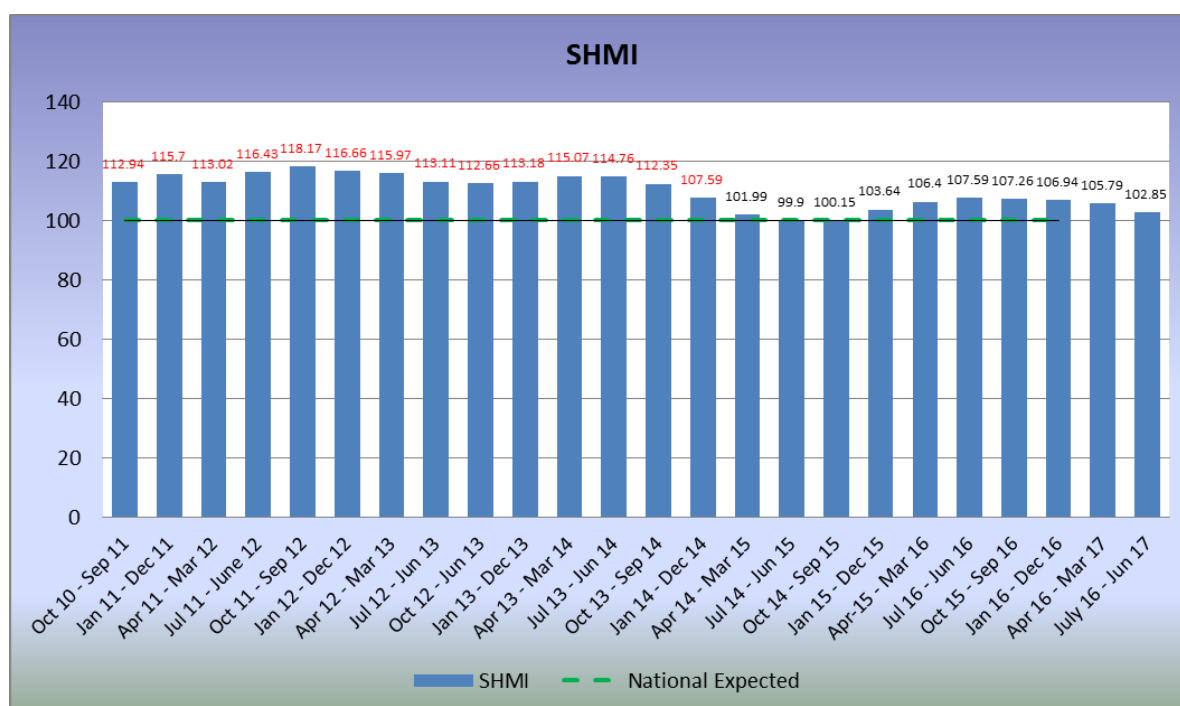
Figure 42 - Hospital Mortality

| Mortality | | | | |
|---|-----------------|-----|--------|--------|
| Hospital Standardised Mortality Ratio (HSMR) | 18/19 - Apr | 100 | 91.20 | ↕ ↔ |
| Summary Hospital Level Mortality Indicator (SHMI) | Jul 16 - Jun 17 | 100 | 102.85 | ↓ |

HSMR is reported for the rolling 12 months to November 2017 with the latest data showing a decrease to 91.2 from 94.3 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.

SHMI at 102.85 is marginally better at June 2017 and within tolerance levels.

Figure 43 - Summary Hospital Mortality Indicator



4.5 CCG Serious Incident Management

The CCG serious incident process remains on the CCG register which is a statutory function for the CCG. In addition to the deep dive which has been conducted by the CCG Corporate Governance Manager, additional activity is being undertaken to support robust process:

Peer review by Bolton NHS Foundation Trust and Bolton CCG

Team visit and peer review from West Cheshire CCG

To commission a review of internal serious incident processes by MIAA
 Review of the current CCG serious incident standard operating procedure
 To source root cause analysis training (RCA) for CCG staff
 To raise awareness of the requirements with the NHS Serious Incident Framework for CCG staff
 Review to be undertaken of the CCG serious incident review group
 Review to be undertaken by NHS E C&M of the CCG serious incident review group

All actions have been completed with the development of a serious incident action plan which will be monitored by Joint Quality Committee on a monthly basis.

The Chief Nurse has highlighted to Leadership Team the recommendation from the Deep Dive for a serious incident administrator to support the process which has been supported for six months starting 1st May 2018. Additional data cleansing is being undertaken by the Programme Manager for Quality and Risk.

Aintree University Hospital NHS Foundation Trust – reported five incidents in April with 5 YTD, with zero Never Events, with one incident closed in Month. There are 47 incidents open on StEIS with 27 being open for > 100 days.

MerseyCare NHS Foundation Trust - 1 incident was raised in month from Mental Health Local Division with zero Never Events. 1 RCA was expected and received with zero closed in month. 33 incidents remain open on StEIS with 29 remaining open for > 100 days.

Liverpool Community Health – In Month 1, there remains seven incidents open on StEIS, all of which have been open for > 100 days. A meeting is scheduled to take place with MerseyCare on 1st June to look to support closure.

Liverpool Women's – 4 incidents remain open on StEIS. The Quality Team attended the Learning Event for the Test of Cure at Liverpool CCG on 13th April 2018. An independent review is being undertaken by the Deputy Chief Nurse for Halton CCG. The CCG requested confirmation of the number of CCG patients who were affected and still awaiting a follow up smear. The Trust is in the process of contacting the patients to offer them a smear in colposcopy clinic. The pathway issue has been escalated to the Director of Commissioning and Redesign with discussions to take place with LMC and GP Clinical leads. One South Sefton lady requested smear at GP practice, however this has been referred back to Liverpool Women's.

South Sefton CCG – 7 incidents remain open on StEIS for South Sefton CCG although the CCG only has oversight over 6, with the 6th sitting with NHS E C&M: 1 remains open or >100 days awaiting feedback from NHS E C&M to support closure (General Practice). One incident has since been downgraded and removed from StEIS. There are duplicate entries which need to be removed which will form part of the data cleansing.

There are a total of 124 serious incident open on StEIS for South Sefton as the RASCI (Responsible, Accountable, Supporting, Consulted, Informed) commissioner and or a Sefton CCG, with 67 remaining open for >100 days. Those where the CCG is not the RASCI responsible commissioner are attributed to:

| Number | Provider |
|--------|--|
| 1 | Alder Hey Children's NHS Trust |
| 1 | Cheshire and Wirral Partnership |
| 1 | Liverpool Women's NHS Foundation Trust |

| | |
|---|---|
| 2 | North West Ambulance Service NHS Foundation Trust |
| 1 | North West Boroughs NHS Foundation Trust |
| 4 | Southport and Ormskirk Hospitals NHS Trust |
| 1 | Walton Centre NHS Foundation Trust (Managed by NHS E Spec Comm) |

Assurance is sought via the RASCI commissioner for these organisations

4.6 CCG Delayed Transfers of Care

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

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

Figure 44 - Average Delayed Transfers of Care per Day at Aintree April 2017 – April 2018

Average Delays per Day

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

The average number of delays per day in Aintree hospital increased in April to 30 from 27 reported in March. Of the 30, 14 were patient or family choice (46.7%), 10 were awaiting further NHS non-acute care (33.3%), 4 were awaiting care package in own home (13.3%) 1 patient was awaiting completion of assessment (3.3%) and 1 patient awaiting housing (3.3%).

Analysis of average delays in April 2018 compared to April 2017 shows 2 more delays in April 2018 (30 compared to 28 for 2017 a 7.1% increase).

Figure 45 - Agency Responsible for Days Delayed at Aintree April 2017 – April 2018

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

The total number of days delayed due to the NHS was 735 in April, an increase of 134 from March when 601 was reported. Delays due to social care was 136 in April, a decrease from 239 reported in March. No delays due to both were reported in April.

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

Figure 46 - Average Delayed Transfers of Care per Day – Mersey Care - April 2017 – April 2018

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

The average number of delays per day at Mersey Care remained at 30 in April. Of the 30 delays: 8 were waiting for nursing home placements, 7 were classified as ‘Other’, 4 for public funding, 3 due to patient or family choice, 2 for housing, 2 were awaiting care package in their own home, 2 for community equipment or adaptations, 1 was waiting for further NHS non-acute care and 1 was delayed due to waiting for a residential care home placement.

Analysis of average delays in April 2018 compared to April 2017 shows them to be lower by 5 (14.3%).

Figure 47 - Agency Responsible and Total Days Delayed – Mersey Care - April 2017 – April 2018

| Agency Responsible | 2016/17 | | | | | | | | | | | | 2018/19 |
|----------------------------|---------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------|
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr |
| NHS - Days Delayed | 409 | 488 | 447 | 403 | 613 | 880 | 704 | 705 | 587 | 612 | 538 | 420 | 486 |
| Social Care - Days Delayed | 351 | 243 | 367 | 574 | 526 | 406 | 396 | 327 | 218 | 214 | 184 | 342 | 277 |
| Both - Days Delayed | 285 | 197 | 217 | 149 | 132 | 151 | 178 | 166 | 179 | 90 | 153 | 138 | 127 |

The total number of days delayed caused by NHS was 486 in April, compared to 420 last month. Analysis of these in April 2018 compared to April 2017 shows an increase from 409 to 486 (18.8%). The total number of days delayed caused by Social Care was 277 in April, compared to 342 in March. Mersey Care also have delays caused by both which were 127 in April, a decrease from last month when 138 were reported.

4.7 ICRAS

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

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

- an intermediate care/assessment bed base(s) delivered via locality hubs;

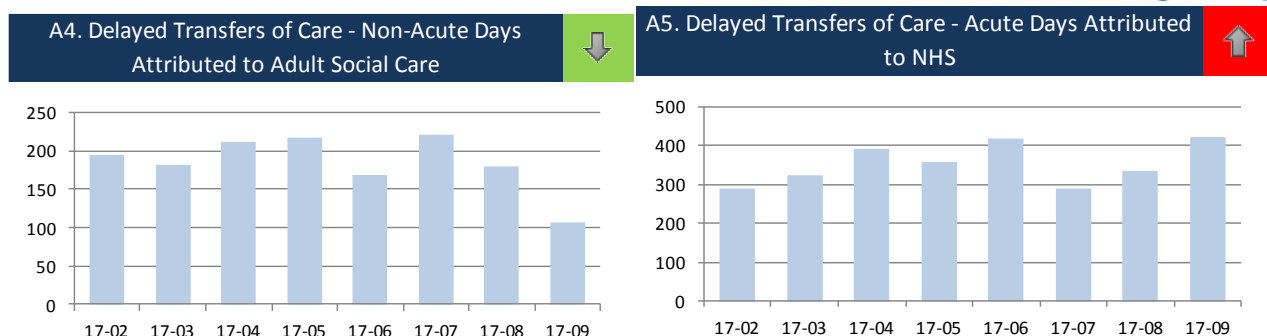
- multi-disciplinary care in a person's usual place of residence; or
- Reablement support.

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

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

Figure 48 – ICRAS Performance Measures





4.8 Patient Experience of Unplanned Care

Figure 49 - Aintree A&E Friends and Family Test performance

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

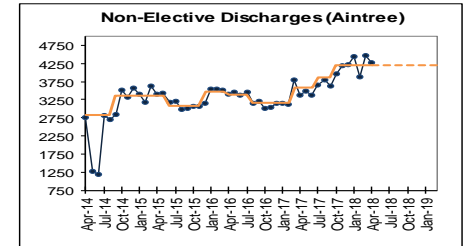
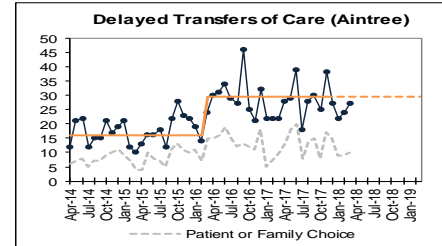
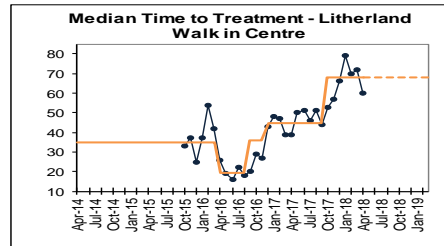
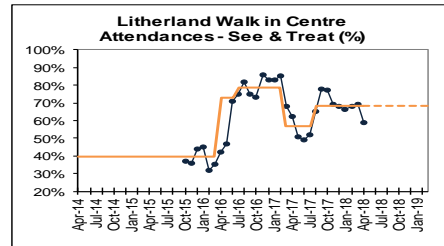
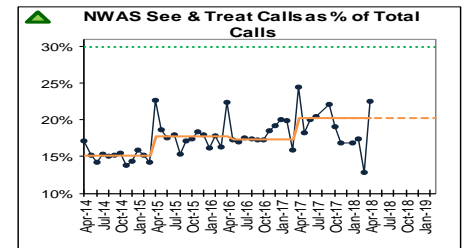
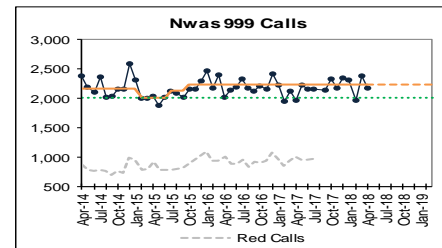
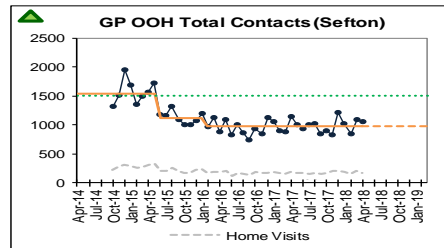
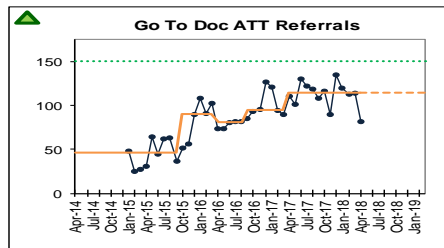
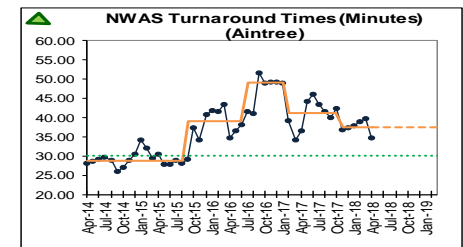
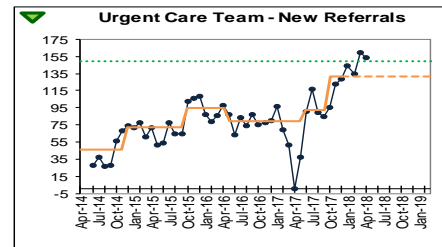
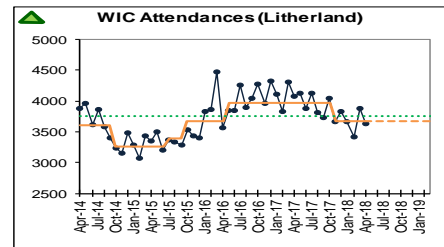
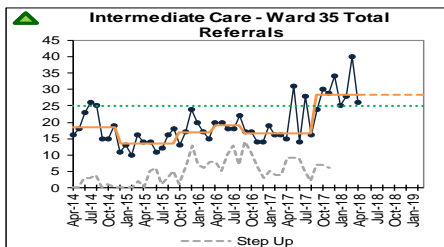
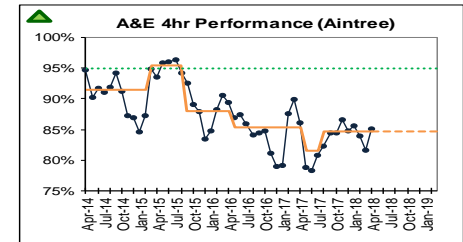
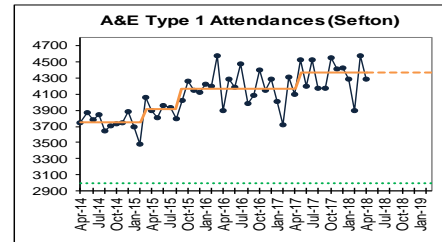
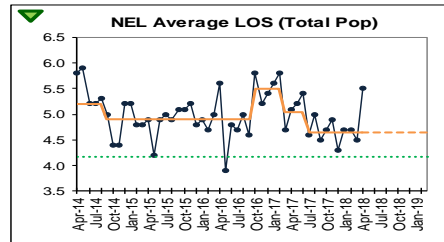
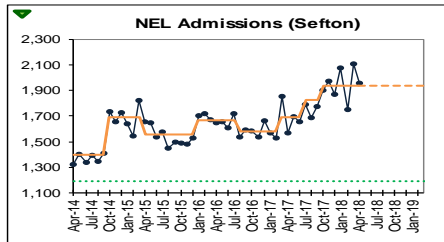
| Clinical Area | Response Rate (RR) Target | RR Actual | RR Trend Line | % Recommended (Eng. Average) | % Recommended | PR Trend Line | % Not Recommended (Eng. Average) | % Not Recommended | PNR Trend Line |
|---------------|---------------------------|-----------|---------------|------------------------------|---------------|---------------|----------------------------------|-------------------|----------------|
| A&E | 12.9% | 18.1% | | 87% | 85% | | 8% | 10% | |

The percentage of people who would recommend Aintree's A&E is below the England average (87%) at 93%, but it should be noted that this is a significant improvement from 83% reported in March. The percentage not recommended is at 10% in April, a slight improvement, although still above the England average of 8%.














4.9 South Sefton Urgent Care Dashboard

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

SOUTH SEFTON URGENT CARE DASHBOARD



Definitions

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

4.10 Unplanned Care Activity & Finance, All Providers

4.10.1 All Providers

Performance at Month 1 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £80k/2%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately -£57k/-1.4%.

Aintree represents the highest over performing provider for unplanned care at month 1 with a year to date variance of £233k/8%. In contrast, Southport & Ormskirk is currently underperforming by £62k/-25%.

Figure 50 - Month 1 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 | 7,978 | 9,202 | 1,224 | 15% | £2,960 | £3,193 | £233 | 8% | -£233 | £0 | 0.0% |
| ALDER HEY CHILDREN'S NHS FOUNDATION TRUST | 823 | 808 | -15 | -2% | £180 | £178 | -£3 | -1% | £3 | £0 | 0.0% |
| LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST | 20 | 4 | -16 | -80% | £34 | £11 | -£23 | -67% | £23 | £0 | 0.0% |
| LIVERPOOL WOMEN'S NHS FOUNDATION TRUST | 286 | 253 | -33 | -12% | £369 | £293 | -£76 | -21% | £76 | £0 | 0.0% |
| ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST | 447 | 415 | -32 | -7% | £165 | £160 | -£5 | -3% | £5 | £0 | 0.0% |
| WALTON CENTRE NHS FOUNDATION TRUST | 1 | 2 | 1 | 139% | £5 | £15 | £10 | 224% | -£10 | £0 | 0.0% |
| ACTING AS ONE PROVIDERS TOTAL | 9,555 | 10,684 | 1,129 | 12% | £3,713 | £3,850 | £137 | 4% | -£137 | £0 | 0% |
| CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | 0 | 7 | 7 | 0% | £0 | £2 | £2 | 0% | £0 | £2 | - |
| COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST | 0 | 5 | 5 | 0% | £0 | £1 | £1 | 0% | £0 | £1 | - |
| SALFORD ROYAL NHS FOUNDATION TRUST | 0 | 4 | 4 | 0% | £0 | £1 | £1 | 0% | £0 | £1 | - |
| SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST* | 673 | 673 | 0 | 0% | £254 | £191 | -£62 | -25% | £0 | -£62 | -25% |
| ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST | 86 | 78 | -8 | -10% | £35 | £29 | -£6 | -17% | £0 | -£6 | -17% |
| THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST | 6 | 5 | -1 | -17% | £15 | £8 | -£7 | -44% | £0 | -£7 | -44% |
| UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST | 0 | 6 | 6 | 0% | £0 | £6 | £6 | 0% | £0 | £6 | - |
| WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST | | | | | | | | | £0 | £0 | - |
| WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST | 0 | 23 | 23 | 0% | £0 | £9 | £9 | 0% | £0 | £9 | - |
| WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST | 5 | 7 | 2 | 40% | £3 | £2 | -£1 | -36% | £0 | -£1 | -36% |
| ALL REMAINING PROVIDERS TOTAL | 770 | 808 | 38 | 5% | £307 | £250 | -£57 | -19% | £0 | -£57 | -19% |
| GRAND TOTAL | 10,325 | 11,492 | 1,167 | 11% | £4,020 | £4,100 | £80 | 2.0% | -£137 | -£57 | -1.4% |

*PbR Only

4.10.2 Aintree University Hospital NHS Foundation Trust

Figure 51 - Month 1 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 | 3,455 | 3,625 | 170 | 5% | £81 | £81 | £0 | 0% |
| A&E - Accident & Emergency | 2,561 | 2,750 | 189 | 7% | £345 | £383 | £38 | 11% |
| NEL - Non Elective | 1,216 | 1,426 | 210 | 17% | £2,269 | £2,341 | £72 | 3% |
| NELNE - Non Elective Non-Emergency | 4 | 10 | 6 | 149% | £14 | £37 | £22 | 156% |
| NELNEXBD - Non Elective Non-Emergency Excess Bed Day | 2 | 46 | 44 | 2664% | £0 | £11 | £10 | 2219% |
| NELST - Non Elective Short Stay | 165 | 175 | 10 | 6% | £111 | £113 | £2 | 1% |
| NELXBD - Non Elective Excess Bed Day | 575 | 967 | 392 | 68% | £138 | £227 | £89 | 64% |
| Grand Total | 7,978 | 8,999 | 1,021 | 13% | £2,960 | £3,193 | £233 | 7.9% |

4.10.3 Aintree Hospital Key Issues

Aintree is over performing across the majority of PODs related to Urgent Care. However, the total over spend of £233k/7.9% is mainly driven by an over performance within Non-Electives, Non-Elective Excess Bed Days and A&E. The key specialty over performing within unplanned care is Acute Internal Medicine and the over performance within this specialty and the Non-Elective POD can be attributed to a pathway change implemented by the Trust from October 2017 onwards.

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

It should also be noted that a 2018/19 activity plan for this Trust has yet to be agreed and as such any plan values included in the above table relate to 2017/18.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 52 - NHS South Sefton CCG – Shadow PbR Cluster Activity

| NHS South Sefton CCG | Case load 2018/19 M1 | 2018/19 Plan | Variance from Plan | Variance from Caseload 2018/18 M1 |
|---|----------------------|--------------|--------------------|-----------------------------------|
| 0 Variance | 77 | 106 | -29 | -23 |
| 1 Com Prob Low Sev | 12 | 11 | 1 | -32 |
| 2 Prob Low Sev/Need | 7 | 7 | 0 | -11 |
| 3 Non Psychotic Mod | 62 | 72 | -10 | -30 |
| 4 Non Psychotic Sev | 281 | 286 | -5 | -29 |
| 5 Non Psychot V Sev | 88 | 84 | 4 | 2 |
| 6 Non Psychotic Dis | 37 | 35 | 2 | -1 |
| 7 Endur Non Psychot | 305 | 303 | 2 | 25 |
| 8 Non Psychot Chaot | 135 | 133 | 2 | -3 |
| 10 1st Ep Psychosis | 157 | 149 | 8 | 4 |
| 11 Ongo Rec Psychos | 322 | 320 | 2 | -26 |
| 12 Ongo/Rec Psych | 381 | 397 | -16 | -4 |
| 13 Ong/Rec Psyc High | 108 | 107 | 1 | 2 |
| 14 Psychotic Crisis | 27 | 32 | -5 | -4 |
| 15 Sev Psychot Cris | 7 | 8 | -1 | -1 |
| 16 Dual Diagnosis | 44 | 42 | 2 | 4 |
| 17 Psy & Affect Dis | 41 | 40 | 1 | -5 |
| 18 Cog Impairment | 219 | 245 | -26 | -8 |
| 19 Cognitive Impairment or Dementia Complicated (Moderate Need) | 405 | 436 | -31 | -23 |
| 20 Cognitive Impairment or Dementia Complicated (High Need) | 407 | 446 | -39 | -18 |
| 21 Cognitive Impairment or Dementia (High Physical or Engagement) | 114 | 119 | -5 | -22 |
| Cluster 97 | 131 | 116 | 155 | -287 |
| Cluster 98 | 140 | 147 | | |
| Total | 3507 | 3641 | 13 | -490 |

5.1.1 Key Mental Health Performance Indicators

Figure 53 - 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% | | | | | | | | | | |
| Rolling Quarter | | | 100% | | | | | | | | | |

Figure 54 - 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% | | | | | | | | | | | |
| Rolling Quarter | | | | 100% | | | | | | | | | |

Figure 55 - 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) | 50% | 80% | | | | | | | | | | | |
| Rolling Quarter | | | | 80% | | | | | | | | | |

5.1.2 Out of Area Placements (OAP's)

Figure 56 - OAP Days

| Period | Period Covered | Total number of OAP days over the period |
|-------------------|--------------------------|--|
| | Feb 17 to Apr 17 | 128 |
| | Mar 17 to May 17 | 160 |
| Q1 2017/18 | Apr 17 to June 17 | 96 |
| | May 17 to Jul 17 | 51 |
| | June 17 to Aug 17 | 28 |
| Q2 2017/18 | Jul 17 to Sep 17 | 23 |
| | Aug 17 to Oct 17 | 20 |
| | Sep 17 to Nov 17 | 10 |
| Q3 2017/18 | Oct 17 to Dec 17 | 15 |
| | Nov 17 to Jan 18 | 100 |
| | Dec 17 to Feb 18 | 130 |
| Q4 2017/18 | Jan 18 to Mar 18 | 165 |

The CCG has a target to reduce OAP's by 33% based on quarter 4 2016/17 activity. In quarter 4 2016/17, 104 OAP's were reported, and therefore the target for 2017/18 is 70. The latest reporting period is January to March 2018 where 165 OAP days were reported, an increase on the last reporting period of 130. The CCG is therefore currently failing to meet the target.

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

admitted to Mersey Care NHS units at Broadoak (Broadgreen site) or Windsor House (Toxteth) they are classified as internal OAPs.

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

5.1.3 Mental Health Contract Quality Overview

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

Transformation Update

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

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

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

- NHS Southport & Formby CCG: 10 OAPs accounting for 130 occupied bed days
- NHS South Sefton CCG 5 OAPs accounting for 50 occupied bed days.

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

No mental health related 12 hours breaches relating to Mersey Care FT patients have been reported since October 2017.

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

support with signposting to an appropriate alternative service e.g. The Life Rooms. Meetings are ongoing to explore the discharge pathway from secondary to primary care for adult mental health patients.

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

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

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

Psychotherapy and Eating Disorder wait times

The Trust will be presenting to the June 2018 CQPG meeting the work it is doing to reduce psychotherapy wait times.

Safeguarding

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

RiO Clinical Information System

The Trust went live with its RiO clinical system on 1st June 2018 and prior to this date there have been discussions on the potential impact on contract reporting requirements. The CCG contract, quality and commissioning leads have agreed the following reporting schedule of KPIs in 2018/19 to allow time for the Trust to develop and implement reporting.

KPI Reporting for 2018/19 (Schedule 4 A-C)

| Month | Reporting |
|-------|---|
| 1 | Reporting of KPIs as normal. |
| 2 | |
| 3 | Reporting of nationally mandated KPIs only, plus any KPIs that are not generated via RiO (e.g. staff sickness etc.) – as set out in Trust proposal. |
| 4 | |
| 5 | Shadow reporting of full set of KPIs. These will not be used for contract monitoring purposes. |
| 6 | Reporting of full set of KPIs, backdated to month 1. |
| 7 | Reporting of KPIs as normal. |

Trust Information Schedule Proposal for 2018/19 (Schedule 6 A)

| Month | Reporting |
|-------|---|
| 1 | Reporting as normal. |
| 2 | |
| 3 | National reporting only, plus some local reporting as set out in Trust proposal. |
| 4 | |
| 5 | Shadow reporting of monthly reports. These will not be used for contract monitoring purposes. |
| 6 | Full reporting, backdated to month 1. |
| 7 | Reporting of KPIs as normal. |

The Clinical Commissioning Forum reviewed the Trust’s proposed list of reports to be suspended in months 3-5. And they were willing to support the majority of these proposals to allow time for the Trust to develop and implement reporting, however they are not able to agree the full list being proposed given the importance of the reports and also the lateness in notifying CCGs of the proposal.

5.1.4 Patient Experience of Mental Health Services

Figure 57 - Merseycare Friends and Family Test performance

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

| Clinical Area | Response Rate (Eng. Average) | RR Actual | RR Trend Line | % Recommended (Eng. Average) | % Recommended | PR Trend Line | % Not Recommended (Eng. Average) | % Not Recommended | PNR Trend Line |
|---------------|------------------------------|-----------|---------------|------------------------------|---------------|---------------|----------------------------------|-------------------|----------------|
| Mental Health | 2.8% | 2.9% | | 89% | 90% | | 4% | 3% | |

In April, Merseycare recorded a response rate of 2.9%, which is slightly above the England average. 90% of respondents reported they would recommend the service, an improvement on last month’s performance and above the England average of 89%. The percentage who would not recommend is 1% in April, again an improvement and less than the England average of 2%.

5.2 Improving Access to Psychological Therapies

Figure 58 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)

| Performance Indicator | Year | April | May | June | July | August | September | October | November | December | January | February | March | Total |
|---|---------|--------|--------|-------|--------|--------|-----------|---------|----------|----------|---------|----------|--------|--------|
| National definition of those who have entered into treatment | 2017/18 | 223 | 319 | 331 | 315 | 269 | 289 | 295 | 358 | 232 | 336 | 245 | 283 | 3,495 |
| | 2018/19 | 315 | | | | | | | | | | | | 315 |
| 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% | 14.4% |
| | 2018/19 | 1.30% | | | | | | | | | | | | 1.30% |
| Recovery % ACTUAL - 50% target | 2017/18 | 35.4% | 46.3% | 41.9% | 44.2% | 46.8% | 49.5% | 43.0% | 47.1% | 42.1% | 45.7% | 41.7% | 40.4% | 43.8% |
| | 2018/19 | 54.3% | | | | | | | | | | | | 54.3% |
| 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% | | | | | | | | | | | | 99.6% |
| ACTUAL % 18 weeks waits - 95% target | 2017/18 | 100.0% | 100.0% | 99.5% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| | 2018/19 | 100% | | | | | | | | | | | | 100% |
| National definition of those who have completed treatment (KPI5) | 2017/18 | 169 | 181 | 196 | 185 | 199 | 186 | 192 | 197 | 150 | 183 | 207 | 183 | 2,228 |
| | 2018/19 | 217 | | | | | | | | | | | | 217 |
| National definition of those who have entered Below Caseness (KPI6b) | 2017/18 | 8 | 4 | 5 | 4 | 9 | 2 | 6 | 8 | 5 | 8 | 8 | 5 | 72 |
| | 2018/19 | 9 | | | | | | | | | | | | 9 |
| 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 | | | | | | | | | | | | 113 |
| Referral opt in rate (%) | 2017/18 | 84.5% | 89.0% | 90.3% | 84.7% | 88.6% | 88.9% | 91.8% | 89.3% | 86.9% | 91.3% | 82.6% | 88.2% | 88.8% |
| | 2018/19 | 88.0% | | | | | | | | | | | | 88.0% |

Cheshire and Wirral Partnership reported 315 patients entering treatment in Month 1, which is a 11.3% increase from the 283 reported in Month 12. Confirmation from NHS England has outlined that Commissioners are advised that for 2018/19 the access standard of 4.75% per quarter (19.0% annually) should apply to quarter 4 only. For the first 3 quarters of the year, the annual Access rate of 16.8% should be aspired to (4.2% per quarter).

The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is therefore set for Quarter 1 2018/19 at 4.2% which equates to 1.4% per month. The access rate for Month 1 was 1.30% and therefore narrowly failed to meet the standard.

There were 375 Referrals in Month 1, which was a slight decrease compared to the previous month when there were 382. Of these, 70.4% were Self-referrals which is a slight decrease from the previous month (73.0%). GP Referrals were higher than the previous month with 61 compared to 55 for Month 12. The provider is working closely with Clock View, attending weekly MDT meetings to agree appropriateness of clients for service.

The percentage of people moved to recovery was 54.3% in Month 1, which is an improvement from 40.4% for the previous month and achieving the target of 50% for the first time since March 2017.

Cancelled appointments by the provider saw a decrease in Month 1 with 60 compared to 92 in Month 12.

There was also a decrease in DNAs in Month 1 (from 219 in Month 12 to 188 in Month 1); the provider has commented that the DNA policy has been tightened with all clients made aware at the outset. Cancelled slots are being made available for any assessments/entering therapy appointments.

In month 1, 99.6% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have waited less than 18 weeks (against a standard of 95%).

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

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

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

5.3 Dementia

Figure 59 - Dementia casefinding

| | 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 | | | | | | | | | | | |
| Estimated Prevalence (Age 65+) | 1869 | | | | | | | | | | | |
| NHS South Sefton CCG - Dementia Diagnosis Rate (Age 65+) | 62.0% | | | | | | | | | | | |
| Target | 66.7% | 66.7% | 66.7% | 66.7% | 66.7% | 66.7% | 66.7% | 66.7% | 66.7% | 66.7% | 66.7% | 66.7% |

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

Following on from a deep dive meeting with NHSE in May, a refreshed plan has been agreed which includes a local trajectory for the CCG. The CCG's agreed trajectory for April 2018 was 65.5% and therefore the CCG is below target. The agreed date of recovery is 31st July 2018.

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

Figure 60 - NHS South Sefton CCG – Improve Access Rate to CYPMH 17/18 (30% Target)

| E.H.9 | Q1 17/18 | | Q2 17/18 | | Q3 17/18 | | 2017/18 Total | |
|--|----------|--------|----------|--------|----------|--------|---------------|--------|
| | Plan | Actual | Plan | Actual | Plan | Actual | Plan | Actual |
| 2a- Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period. | 160 | 75 | 210 | 75 | 260 | 85 | 940 | 235 |
| 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 |
| Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services. | 5.1% | 2.4% | 6.7% | 2.4% | 8.3% | 2.7% | 30.1% | 7.5% |

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

The CCG target is to achieve 30% by the end of the financial year. Quarter 3 performance showed 2.7% of children and young people receiving treatment (85* out of an estimated 3,121 with a diagnosable mental health condition), against a target of 8.3%. 175* more patients needed to have received treatment to achieve the quarter 3 target. This is an improvement on the previous 2 quarters when 75 was reported in each.

NHS Digital are currently validating quarter 4 data, and it is due to be published with next month's publications.

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

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

Figure 61 - South Sefton CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2017/18 Plans (95% Target)

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

Figure 62 - South Sefton CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2017/18 Plans (95% Target)

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

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

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

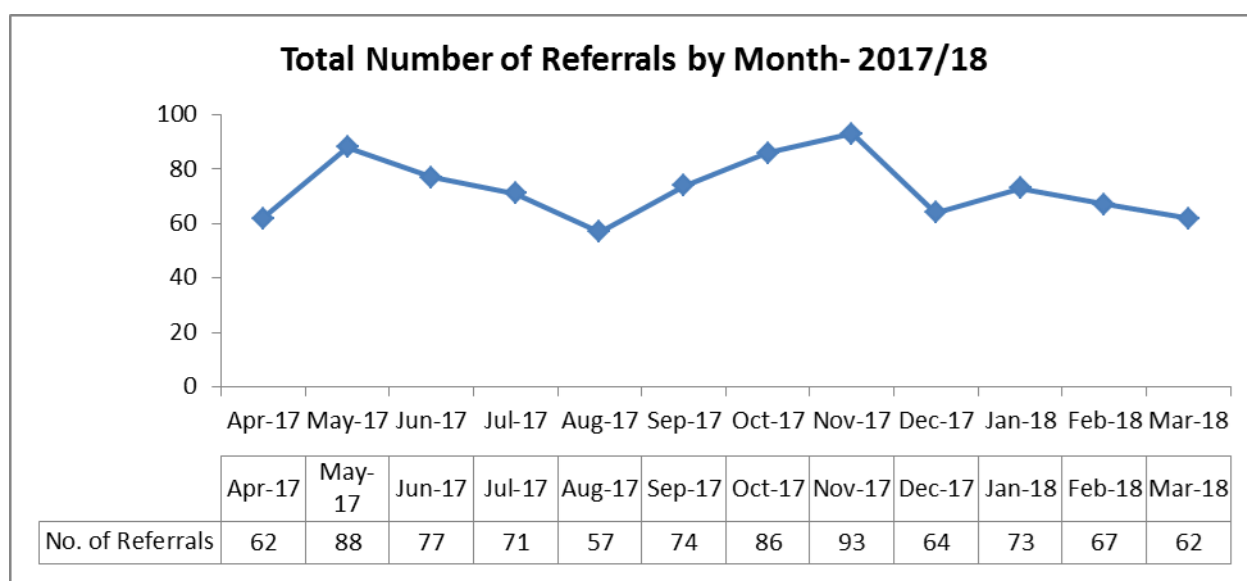
The performance in this category is calculated against completed pathways only.

5.6 Child and Adolescent Mental Health Services (CAMHS)

The following analysis derives from local data received on a quarterly basis from Alder Hey Child and Adolescent Mental Health Service (CAMHS). The data is cumulative and the time period is to quarter 4 2017/18, therefore incorporates the whole year. The date period is based on the date of referral so focuses on referrals made to the service during 2017/18. It is worth noting that the activity numbers highlighted in the report are based on a count of the Local Patient Identifier and there may be patients that have more than one referral during the given time period. The 'Activity' field within the tables therefore does not reflect the actual number of patients referred.

CAMHS Referrals

Figure 63 – CAMHS Referrals



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

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

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

CAMHS Waiting Times – Referral to Assessment

Figure 64 – CAMHS Waiting Times Referral to Assessment

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

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

CAMHS Waiting Times – Assessment to Intervention

Figure 65 - CAMHS Waiting Times Assessment to Intervention

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

52.1% (164) of all allocated referrals did not have a date of intervention so the assumption can be made that this is yet to take place.

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

5.7 Learning Disabilities

Learning Disability Health Checks

Figure 66 – Learning Disabilities Performance Measures

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

6. Community Health

6.1 Mersey Care Community Contract

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

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

6.1.1 Quality

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

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

The CCG Quality Team and Mersey Care Community have built strong working relationships, since the transition of the services, with the CCG supporting Mersey Care and undertaking open and honest conversations regarding the status and safety levels of the services.

6.1.2 Patient DNA's and Provider Cancellations

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

Patient DNAs

The Trust has updated that a text messaging reminder function is in place. The CCG has received a copy of the Trust's DNA policy.

The Physiotherapy service continues to perform well above the threshold at 18.5% in April; this is a decline from March (10%). The service failed each month of 2017/18 and the trend continues. The Trust has stated that this service runs at Aintree Hospital who book appointments and send out text reminders, therefore Mersey Care staff have no control over this performance. Mersey Care are to meet with Aintree Hospital admin team to understand the issues. The Trust are also working with their communications team to update patient information leaflets on how the service works.

The Diabetes service in April is reporting above the target at 8.5%, a further improvement in performance from 10% reported in March. The service failed five months in 2017/18.

Dietetics performance has improved slightly from 19.8% in March, reporting 18.3% in April, but still remaining significantly above the threshold. The service failed each month of 2017/18 and the trend continues. All face to face dietetics clinics have a maximum slot utilisation of 5 appointments, therefore 1 failed attendance results in a high DNA rate. The Trust has undertaken two audits looking at the types of referrals which are not turning up for appointments. This is prevalent in patients with diabetes as a long-term condition. Work to be done to understand whether these patients have attended the Diabetes and You education programme. There have also been reports from patients in March that they didn't receive their appointment letters.

Phlebotomy performance has declined over the past three months, with 9.8% in March and even further in April with 11.3%. The service is working with IT colleagues to explore the option of sending SMS reminder to patients. A housebound criteria pilot began on 1st May which will address some of the DNA issues in domiciliary visits.

Provider Cancellations

Treatment room cancellations in April reported performance at 4.7%, an improvement on last month. The service achieved the target only once in 2017/18 in November at 2.7%. The reason for underperformance was due to short term and long term staff sickness resulting in clinics having to be rearranged.

Physiotherapy performance has dropped significantly in April to 13.6% from 5.5% reported last month. This service failed four months out of the year in 2017/18. This service is provided by one physiotherapist whose work is not covered during their annual or sickness leave.

The Diabetes service reported 4.3% of all appointments as cancelled by the Provider in April; this is a significant improvement from March when 10.9% was reported. This service is failing in both patient DNA rates and Provider cancellations. This is due to long-term staff sickness which is due to improve now that these members of staff have returned to work.

Provider cancellation rates have been discussed between the CCG and Trust in the latest contract meetings. The Trust has stated that they have recently been rearranging patients' appointments for an earlier date in order to improve the patients care and also reduce waiting times. Unfortunately the only way to do this is to cancel the existing appointment, resulting in higher provider cancellation rates.

6.1.3 Waiting Times

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

Physiotherapy: March's position for completed pathways has improved slightly from 29 weeks in February to 27 weeks. Incomplete pathways have also improved from 19 weeks in February to 17 weeks in February. The longest wait is currently recorded at 30 weeks by one patient. The Trust has confirmed in the May CCQRM meeting that waits are currently at 13 weeks due to the implementation of the ICRAS model. The service is utilising its capacity more efficiently as the teams have now merged as part of this model.

Occupational Therapy: March's completed pathway has declined slightly from 18 weeks in February to 19 weeks in March. The longest waiter was at 32 weeks. Looking at the position of the 92nd percentile for incomplete pathways the service is within 18 weeks.

Nutrition & Dietetics: March's completed pathways position has declined slightly from 20 weeks in January to 21 weeks in March. The longest wait is currently recorded at 33 weeks by a single patient. Looking at the position of the 92nd percentile for incomplete pathways the service is within 18 weeks.

6.1.4 Patient Experience of Community Services

Figure 67 – Friends and Family Performance

Friends and Family Response Rates and Scores

Mersey Care NHS Foundation Trust

Latest Month: Apr-18

| Clinical Area | Response Rate (Eng. Average) | RR Actual | RR Trend Line | % Recommended (Eng. Average) | % Recommended | PR Trend Line | % Not Recommended (Eng. Average) | % Not Recommended | PNR Trend Line |
|------------------|------------------------------|-----------|---------------|------------------------------|---------------|---------------|----------------------------------|-------------------|----------------|
| Community Health | 3.7% | 1.4% | | 96% | 98% | | 2% | 1% | |

In April Mersey Care reported a response rate of 1.4%, below the England average of 3.7%. The percentage of patients who would recommend the service is reporting above the England average of 96%, at 98%. The percentage who would not recommend the service is reporting below the England average of 2%, at 1%.

6.2 Any Qualified Provider Mersey Care Podiatry Contract

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

The Trust has confirmed a recent data quality issue with the appointment type of 'new' or 'follow up'. Therefore an accurate breakdown of new and follow ups is currently not available. Trust and CCG BI colleagues have arranged a meeting to resolve these issues. At Month 1 2018/19 the total costs for the CCG were £23,186 with 590 contacts.

The outstanding issue of a high number of costed follow ups is currently being queried with the Trust to enable the CCG to better understand the clinical need of these patients. An initial meeting was held on 8th May, where the Trust informed the CCG that there is a cohort of patients where it's not clinically appropriate for them to be discharged after the package of care has completed as they require on-going care, but are not a complex patient and therefore do not need specialist care. Instead they remain on the caseload and commence another package of care, which is recorded as a follow up. A further meeting was held on 5th June and discussions are on-going.

6.2.1 Liverpool Community Health Quality Overview

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

6.3 Alder Hey Community Services

6.3.1 Services

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

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

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

6.3.2 Waiting Times

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

Paediatric SALT: March is reporting 26 weeks at the 92nd percentile for incomplete pathways, with 1 patient waiting as long as 38 weeks. Performance has steadily worsened over the year and the target of 18 weeks has not been achieved in 2017/18.

6.3.3 Patient DNA's and Cancellations

The Trust is reporting a DNA rate of 12.5% for paediatric dietetics in April 2018. This is a significant decline on last month's performance when the target was achieved at 4.7%.

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

Figure 68 - South Sefton CCG – Percentage of children waiting more than 18 weeks for a wheelchair - 2017/18 (92% Target)

| | Q1 Plan | Q1 Actual | Q2 Plan | Q2 Actual | Q3 Plan | Q3 Actual | Q4 Plan | Q4 Actual |
|---|---------|------------|---------|------------|---------|------------|---------|------------|
| Number of Children whose episode of care was closed within the reporting period where equipment was delivered in 18 weeks or less being referred to the service | 19 | Nil return | 19 | Nil return | 19 | Nil return | 19 | Nil return |
| Total number of children whose episode of care was closed within the quarter where equipment was delivered or a modification was made | 20 | Nil return | 20 | Nil return | 20 | Nil return | 20 | Nil return |
| % | 95.00% | 0.00% | 95.00% | 0.00% | 95.00% | 0.00% | 95.00% | 0.00% |

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

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

Quarterly plans have been submitted with the expectation the CCG is to achieve 100% of patients waiting less than 18 weeks.

7. Third Sector Overview

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

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

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

Age Concern – Liverpool & Sefton

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

Alzheimer's Society

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

Expect Ltd

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

Sefton Carers Centre

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

Sefton CAB

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

Sefton CVS

Support for Black and Minority Ethnic group patients has increased with 15 new referrals in Q4 as well as 64 existing cases. This service has supported people in registering with GP's and

encouraged a number of people to access other healthcare providers including mental health care, and support around benefits, again with issues accessing Universal Credit online and debt issues. Health and Wellbeing trainers saw 181 new referrals in Q4 in addition to the caseload of 82. Reasons for accessing support include social inclusion and confidence building (39%), finances, accommodation and housing (36%), and health related issues (20%). More than half of all referrals in Q4 were from District Nurses and Community Matrons, and 17% from GPs.

Sefton Advocacy

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

Swan Women's Centre

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

Imagine independence

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

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

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

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

Stroke Association

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

Parenting 2000

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

Netherton Feelgood Factory

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

CHART (Crosby Housing and Reablement Team)

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

8. Primary Care

8.1 Extended Access (evening and weekends) at GP services

Figure 69 - South Sefton CCG - Extended Access at GP services 2018/19 Plan

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

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

8.2 CQC Inspections

A number of practices in South Sefton CCG have been visited by the Care Quality Commission and details of any inspection results are published on their website. There has been one new inspection in South Sefton recently. This was Concept House Surgery which has gone from requiring improvement for some elements to scoring 'good' for all aspects. All the results are listed below:

Figure 70 - CQC Inspection Table

| South Sefton CCG | | | | | | | | |
|------------------|------------------------------------|--------------------|--|----------------------|----------------------|--------|------------|----------------------|
| Practice Code | Practice Name | Date of Last Visit | Overall Rating | Safe | Effective | Caring | Responsive | Well-led |
| N84002 | Aintree Road Medical Centre | 19 March 2018 | Good | Good | Good | Good | Good | Good |
| N84015 | Bootle Village Surgery | 03 August 2016 | Good | Good | Good | Good | Good | Good |
| N84016 | Moore Street Medical Centre | 17 June 2016 | Good | Good | Good | Good | Good | Good |
| N84019 | North Park Health Center | n/a | Not yet inspected the service was registered by CQC on 7 March 2017 | | | | | |
| N84028 | The Strand Medical Centre | 04 April 2018 | Good | Good | Good | Good | Good | Good |
| N84034 | Park Street Surgery | 17 June 2016 | Good | Good | Good | Good | Good | Good |
| N84038 | Concept House Surgery | 30 April 2018 | Good | Good | Good | Good | Good | Good |
| | 129 Sefton Road (Branch Surgery) | 08 August 2017 | Requires Improvement | Requires Improvement | Good | Good | Good | Requires Improvement |
| N84001 | 42 Kingsway | 07 November 2016 | Good | Good | Good | Good | Good | Good |
| N84007 | Liverpool Rd Medical Practice | 06 April 2017 | Good | Good | Good | Good | Good | Good |
| N84011 | Eastview Surgery | 11 October 2017 | Good | Good | Good | Good | Good | Good |
| N84020 | Blundellsands Surgery | 24 November 2016 | Good | Good | Good | Good | Good | Good |
| N84026 | Crosby Village Surgery | 29 October 2015 | Requires Improvement | Good | Good | Good | Good | Requires Improvement |
| N84041 | Kingsway Surgery | 07 November 2016 | Good | Good | Good | Good | Good | Good |
| N84621 | Thornton Practice | 19 February 2015 | Good | Requires Improvement | Good | Good | Good | Good |
| N84627 | Crossways Practice | 06 August 2015 | Good | Good | Good | Good | Good | Good |
| N84626 | Hightown Village Surgery | 18 February 2016 | Good | Requires Improvement | Good | Good | Good | Good |
| N84003 | High Pastures Surgery | 09 June 2017 | Good | Good | Good | Good | Good | Good |
| N84010 | Maghull Family Surgery (Dr Sapre) | 21 August 2017 | Good | Requires Improvement | Good | Good | Good | Good |
| N84025 | Westway Medical Centre | 23 September 2016 | Good | Good | Good | Good | Good | Good |
| N84624 | Maghull Health Centre | 05 February 2015 | Good | Good | Good | Good | Good | Good |
| Y00446 | Maghull Practice | 19 March 2015 | Requires Improvement | Requires Improvement | Requires Improvement | Good | Good | Requires Improvement |
| N84004 | Glovers Lane Surgery | 10 May 2016 | Good | Good | Good | Good | Good | Good |
| N84023 | Bridge Road Medical Centre | 15 June 2016 | Good | Good | Good | Good | Good | Good |
| N84027 | Orrell Park Medical Centre | 20 August 2015 | Good | Good | Good | Good | Good | Good |
| N84029 | Ford Medical Practice | 31 March 2015 | Good | Good | Good | Good | Good | Good |
| N84035 | 15 Sefton Road | 22 March 2017 | Good | Good | Good | Good | Good | Good |
| N84043 | Seaforth Village Practice | 29 October 2015 | Good | Good | Good | Good | Good | Good |
| N84605 | Litherland Town Hall Health Centre | 26 November 2015 | Good | Good | Good | Good | Good | Good |
| N84615 | Rawson Road Medical Centre | 16 March 2018 | Good | Good | Good | Good | Good | Good |
| N84630 | Netherton Practice | 24 September 2015 | Good | Requires Improvement | Good | Good | Good | Good |

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

9. Better Care Fund

A quarter 4 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in April 2018. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date. BCF planning guidance is awaited for 2018/19 and has been delayed until after local elections.

A summary of the Q4 BCF performance is as follows:

Figure 71 – BCF Metric performance

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

Figure 72 – BCF High Impact Change Model assessment

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

10. CCG Improvement & Assessment Framework (IAF)

10.1 Background

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

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

11. NHS England Monthly Activity Monitoring

Two year plans set which started in 2017/18 have been rebased for 2018/19 due to changes in pathways and coding practices, as well as variations in trend throughout 2017/18. The updated plans also include national growth assumptions which CCGs were required to add. The CCG is required to monitor plans and comment against any area which varies above or below planned levels by 3%. 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 1 performance and narrative detailed in the table below.

Figure 73 - South Sefton CCG's Month 1 Submission to NHS England

| April 2018 Month 01 | Month 01 Plan | Month 01 Actual | Month 01 Variance | ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3% |
|--|---------------|-----------------|-------------------|---|
| Referrals (MAR) | | | | |
| GP | 3400 | 3657 | 7.6% | GP and other referrals slightly above the plan and median for the annual plan but within normal statistical range. Trend continues from last year, no significant variation. April 2017 statistically low for all referrals compared to surrounding months so any comparison would show large variance. |
| Other | 2281 | 2368 | 3.8% | |
| Total (in month) | 5681 | 6025 | 6.1% | |
| Variance against Plan YTD | 5681 | 6025 | 6.1% | |
| Year on Year YTD Growth | | | 13.5% | |
| Outpatient attendances (Specific Acute) SUS (TNR) | | | | |
| All 1st OP | 4722 | 4672 | -1.06% | Activity in line with trend of previous year and on plan for month 1 overall. |
| Follow Up | 10414 | 10558 | 1.38% | |
| Total Outpatient attendances (in month) | 15136 | 15230 | 0.62% | |
| Variance against Plan YTD | 15136 | 15230 | 0.62% | |
| Year on Year YTD Growth | | | -4.6% | |
| Admitted Patient Care (Specific Acute) SUS (TNR) | | | | |
| Elective Day case spells | 1685 | 1728 | 2.55% | Local monitoring suggests there is no variance between plan and actual. Current figures are following trend from previous year. Activity in line with trend of previous year and on plan for month 1 overall. |
| Elective Ordinary spells | 232 | 200 | -13.8% | |
| Total Elective spells (in month) | 1917 | 1928 | 0.57% | |
| Variance against Plan YTD | 1917 | 1928 | 0.57% | |
| Year on Year YTD Growth | | | -3.4% | |
| Urgent & Emergency Care | | | | |
| Type 1 | 4162 | 4202 | 0.96% | Type 1 increases are not outside the statistical norm for the previous years trend. Local monitoring of activity levels suggests variance is closer to 5% against plan and not 9%. Pathway/coding changes within the CCGs main acute provider part way through year have increased NEL admissions, specifically '0' length of stay, locally at 14% above plan. Discussions are on-going between commissioners and the Trust to understand the changes which need to be agreed as conversion rates from A&E to admission have increased significantly. |
| Year on Year YTD | | | 5.0% | |
| All types (in month) | 8601 | 8401 | -2.33% | |
| Variance against Plan YTD | 8601 | 8401 | -2.33% | |
| Year on Year YTD Growth | | | 0.50% | |
| Total Non Elective spells (in month) | 1894 | 2068 | 9.2% | |
| Variance against Plan YTD | 1894 | 2068 | 9.2% | |
| Year on Year YTD Growth | | | 26.1% | |