



South Sefton
Clinical Commissioning Group

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Integrated Performance Report

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1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 4 (note: time periods of data are different for each source).

CCG Key Performance Indicators

NHS Constitution Indicators	CCG	Main Provider
A&E 4 Hour Waits (All Types)		Aintree
Ambulance Category A Calls (Red 1)		NWAS
Cancer 2 Week GP Referral		Aintree
RTT 18 Week Incomplete Pathway		Aintree
Other Key Targets	CCG	Main Provider
A&E 4 Hour Waits (Type 1)		Aintree
Ambulance Category A Calls (Red 2)		NWAS
Ambulance Category 19 transportation		NWAS
Cancer 14 Day Breast Symptom		Aintree
Cancer 31 Day First Treatment		Aintree
Cancer 31 Day Subsequent - Drug		Aintree
Cancer 31 Day Subsequent - Surgery		Aintree
Cancer 31 Day Subsequent - Radiotherapy		Aintree
Cancer 62 Day Standard		Aintree
Cancer 62 Day Screening		Aintree
Cancer 62 Day Consultant Upgrade		Aintree
Diagnostic Test Waiting Time		Aintree
Early Intervention in Psychosis (EIP)		
HCAI - C.Diff		Aintree
HCAI - MRSA		Aintree
IAPT Access - Roll Out		
IAPT - Recovery Rate		
Mixed Sex Accommodation		Aintree
RTT 18 Week Incomplete Pathway		Aintree
RTT 52+ week waiters		Aintree
Stroke 90% time on stroke unit		Aintree
Stroke who experience TIA		Aintree
NHS E-Referral Service Utilisation		

Key information from this report

Financial position

The agreed financial plan for 2017/18 requires the CCG to break even in year, whilst the cumulative CCG position is a surplus of £0.100m which incorporates the historic surplus brought forward from the previous financial year. The CCGs strategic financial plan aims to deliver a 0.5% surplus in 2018/19 and a 1% surplus in 2019/20.

The QIPP savings requirement to deliver the agreed financial plan is £8.480m. Work has been ongoing to develop a fully identified plan to achieve the required efficiencies to deliver the financial target. The plan is at final review stage and will be managed by the QIPP Committee. As at Month 5, £0.936m QIPP savings have been achieved.

The forecast financial position is breakeven. This position assumes that the QIPP plans will be delivered in full but it must be noted that significant risk exists in terms of delivering these plans, particularly given the acting as one contract agreement for 2017-19 which limits the opportunity for achievement of savings.

Planned Care

Local referrals data from our main providers shows that there was no significant change in the overall level of referrals comparing 2016/17 year end with the previous year. Nevertheless, a significant decrease in referrals occurred in April 2017 with the total number of referrals within this month representing the lowest monthly total from April 2015 onwards. Referrals increased in May 2017 and were above average but this has been followed by reductions in both June and July 2017. GP referrals in 2017/18 to date are 8% down on the equivalent period in the previous year. Consultant to consultant referrals are currently 4% higher than in the first quarter of 2016/17.

The national NHS ambition is that E-referral Utilisation Coverage should be 80% by end of Q2 2017/18 and 100% by end of Q2 2018/19. The latest data (July) for E-referral Utilisation rates reported is 19%; a 2% decrease from the previous month.

In July the CCG has failed the under 1% of patients waiting over 6 weeks for a diagnostic test, out of 2677 patients 124 waited over 6 weeks with 24 waiting over 13 weeks recording 4.63%. The majority of long waiters were for Gastroscopy (55). Aintree failed the under 1% of patients waiting over 6 weeks for a diagnostic test in July recording 3.53%, out of 4991 patients 176 waited over 6 weeks and 30 over 13 weeks, 80 waiting for gastroscopy. Endoscopy is still experiencing considerable pressure resulting in increased waiting times. The department has prioritised cancer and urgent referrals which has made it difficult to support non-urgent 6 week performance targets. The position is consistent with reporting throughout Q1 as a result of a lack of endoscopists due to long term sickness, maternity leave and annual leave.

Aintree had 1 cancelled operation on or after the day of admission for non-clinical reasons due to complexity, surgery was rescheduled and has taken place, responsible commissioner Liverpool CCG.

The CCG are failing 2 of the 9 cancer measures year to date. These being both of 2 week measures, although the 2 week wait recorded 95% in July it is still failing year to date (91.41%) due to the previous months breaches. 2 week breast recorded 88.46% (88.10% year to date). Aintree failed 2 of the 9 cancer measures year to date. Firstly also 2 week breast in July recording 92.34% and year to

date 89.86% and 62 day screening recording 86.36% year to date. The Trust has actions in place to improve performance.

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target in excess of the regional and national response rates for both inpatients and A&E. However, inpatient response rates are reporting under target for July at 18.3%. The proportion of patients who would recommend is up 1% from last month recording 96% (England average 96%) the proportion who would not recommend is also the same as last month at 2%, which is the same as the England average of 1%.

Performance at Month 4 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG show an under performance of £354k/2.2%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total over spend of approximately £42k/0.3%. At specific over performing Trusts, Renacres are reporting the largest cost variance with a total of £192k/42% followed by Spire Liverpool (£66k/27%).

The CCG has new plans for Personal Health Budgets (PHBs) for each quarter of 2017/18. The possibility of expanding PHB's for patients at the end of life and fast track is being explored. A critical element would be the ability to expedite payment via alternative payments systems other than SBS.

Unplanned Care

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2017/18 and have failed the 90% July plan agreed with NHS Improvement recording performance 80.81% (T1 and T3) in July 2017 representing a +2.39% increase compared to June 2017. There was also a decline in performance noted across 3 out of the 5 AED clinical quality indicators, with the 15 minutes registration to triage indicator being met consistently.

At both a regional and county level, NWAS failed to achieve any of the response time targets. With the significant dip in performance around national ambulance targets the CCG are working with all partners to improve performance against these targets. NHS England has recently announced a new set of performance targets for the ambulance service, which will apply to all 999 calls from later this year.

July 2017 saw a slight increase in the number of 111 calls made by South Sefton patients from 1,878 in June to 1,967 in July. This is a reduction when compared to July 2016, from 2,173.

The number of calls from South Sefton patients to the GP OOH service has risen slightly in July 2017 to 1,007. This is similar to the same point in the previous year (1,005). GP OOH calls from nursing homes within South Sefton have fallen slightly from the previous month to 65. However, as with every other month of 2017/18 so far, this is above the 2016/17 average of 39/month. South Sefton CCG, in collaboration with Go To Doc (GTD) and NWAS, has now gone live with their out of hours Clinical Assessment Service (CAS) in June 2017.

In July Aintree failed the 80% target for patients spending 90% of their time on a stroke unit recording 57.14%. This is a decline from the previous month when the Trust recorded 60.5%. Out of a total of 28 patients only 16 spent more than 90% of their stay on a stroke unit the standard was not reached for 12 patients. The Trust continues to achieve the TIA measure.

The CCG achieved their C.difficile plans for July. Aintree had 6 new cases reported in July (23 year to date) which is over their year to date plan of 15. The CCG and Aintree recorded one new of MRSA in June and therefore have failed the zero tolerance plan for the whole of 2017/18 but had no new cases in July. NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2017/18 which is 142 for South Sefton CCG, in July there were 14 cases bringing the year to date total to 47 which is over the 44 year to date plan. There are no targets set for Trusts at present.

There are a total of 77 serious incidents open on StEIS where South Sefton CCG are either responsible or accountable commissioner. Of the 77, 37 are applicable to LCH, 22 for Mersey Care NHS Foundation Trust and 7 for Aintree University NHS Foundation Trust (UHA).

DTOC – The average number of delays per day in Aintree hospital decreased in July to 17, 40 reported in June (-57.5%). Of the 17, 8 were patient or family choice (47.1%), 7 were awaiting further NHS non-acute care (41.2%), 1 was awaiting care package in own home (5.9%) and 1 completion assessment (5.9%). Analysis of average delays in July 2017 compared to July 2016 shows a reduction in the average number of patients from 29 to 17 (-41%). The average number of delays per day at Merseycare increased to 36 in July from 34 the previous month. Of the 34 delays 7 were due to awaiting nursing home placements, 6 completion of assessment, 6 waiting further NHS non-acute care, 3 disputes and 5 awaiting care package in own home. Note that Merseycare DTOC are Provider level and not split by Commissioner. Analysis of average delays in July 2017 compared to July 2016 shows them to be lower by 15.

Aintree University Hospital NHS Foundation Trust routinely achieves the Friends and Family response rate target way in excess of the regional and national response rates for A&E after a sharp decline in May when response rates were 11.8%; July has seen an improvement recording 16.5% back over the 15% target. The percentage of people that would recommend A&E is lower than the England average again reporting 78% in July, a decline from last month when 84% was recorded. The not recommended percentage is at 14% in July which has declined as 10% was recorded previous month.

Performance at Month 4 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£19k/-0.1%. 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 -£118k/-0.7%. This under-performance is clearly driven by Southport & Ormskirk, Liverpool Womens and Liverpool Heart and Chest hospitals, reporting a combined under performance of -£305k between the three.

Mental Health

The 3 Key Mental Health Performance Indicators are achieving.

In terms of Improving Access to Psychological Therapies (IAPT), the provider reported 315 South Sefton patients entering treatment in Month 4, which is a slight (2.5%) decrease from the previous month when 332 were reported. 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 currently set at 16.8% for 2017/18 year end.

There were 392 Referrals in Month 4, which was a 8.0% decrease compared to the previous month when there were 426. Of these, 67.09% were Self-referrals which is lower than the previous month (70.66%). GP Referrals also saw a decrease compared to the previous month

with 68 compared to 86 for Month 3. 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 47.0% in Month 4, which is an increase from 41.9% for the previous month, and just failing to meet the target of 50%. The provider believes that it is possible recovery will dip as the longest waiters are brought into service, as more are likely to disengage without completing treatment. However, as waits reduce, this is expected to improve.

Cancelled appointments by the provider saw a decrease in Month 4 with 45 compared to 55 in Month 3.

The latest data on the HSCIC website shows that South Sefton CCG are recording a dementia diagnosis rate in July 2017 of 66.4% which is close to the national dementia diagnosis ambition of 67% and similar to the previous month. This is a significant improvement on 2016/17 rates which is partly due to a change in the methodology used by NHS Digital which is based on GP registered population instead of ONS population estimates.

The CCG has new plans for Improving Access to Children & Young People's Mental Health Services (CYPMH) and Waiting Times for Urgent and Routine Referrals to Children and Young Peoples Eating Disorder Services for each quarter of 2017/18. Quarter 1 performance is anticipated for September's report.

Community Health Services

The Liverpool Community Health contract has now ended and the new contract between the CCG and Mersey Care began on 1st June. Liverpool Community Health have agreed to support Mersey care with initial reporting for 6 months; this also includes supporting the Trust in undertaking gap analysis and providing action plans to the CCG for missing indicators regarding the reporting of virtual wards. Monthly joint contract and quality review meetings are now set up with appropriate CCG and Mersey Care Trust colleagues attending.

A number of services have seen a high number of DNA's and Provider cancellations so far in 2017/18. For patient DNAs, Sefton Physio Service continues to report high rates with 17.1% in July. Adult Dietetics also continues to report high rates at 17.1% in July. DNA rates with 10.4% in July compared to 8.9% in May.

Provider Cancellation Rates: Treatment Rooms is reporting red (above 5% threshold) with 5.7% and Diabetes is amber with 4.8%. Both services are showing an improvement on last month.

Treatment rooms, Podiatry, Physio and Adult Dietetics have all continued the trend of previous years showing high numbers of patient cancellations. All services are above 15% for July and show no sign of improvement.

Paediatric SALT: In June 2017, 21 weeks was reported for incomplete pathways against the 18 week target. This is an increase in waiting times compared to last month. A total of 97 patients were waiting over 18 weeks, with the longest waiter at 30 weeks.

The CCG has new plans for Children Waiting More than 18 weeks for a Wheelchair for each quarter of 2017/18; the plans set out 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. The 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 for Q1.

Primary Care

In August Maghull Family Surgery was inspected by the CQC and now 'requires improvement' in one area (Safe), when they were last inspected they were rated 'require improvement' in 3 areas so overall have improved. Also 15 Sefton Road was inspected, prior to this inspection they were 'good' in all areas, now they 'require improvement' in Safe and Well Led leading to an overall rating of 'requires improvement'.

Better Care Fund

The Sefton Health and Wellbeing Board area submitted an overarching BCF narrative plan, a planning template (consisting of confirmation of funding contributions, scheme level spending plans, and national metrics) and supporting documents on 11th September 2017. Earlier in July local areas confirmed draft Delayed Transfers of Care (DTC) trajectories and Local Authorities completed a first quarterly monitoring return on the use of the improved BCF (iBCF) funding.

CCG Improvement & Assessment Framework

A dashboard is released each quarter by NHS England consisting of fifty seven indicators. Performance is reviewed quarterly at CCG Senior Management Team meetings, and Senior Leadership Team, Clinical and Managerial Leads have been identified to assign responsibility for improving performance for those indicators. This approach allows for sharing of good practice between the two CCGs, and beyond. Quarter 4 data and year end assessments were released in July and are included in this report. Overall, the assessment for NHS South Sefton CCG of 'requires improvement' highlights both progress and ongoing challenges, whilst continuing to reflect the increasingly testing environment the organisation is operating in.

2. Financial Position

2.1 Summary

This report focuses on the financial performance for South Sefton CCG as at 31st August 2017 (Month 5).

The year to date financial position is £0.500m deficit which is in line with the financial plan at this stage of the year. The forecast financial position is breakeven, which assumes that the CCG will deliver the 2017/18 QIPP requirement in full. The CCG has developed a QIPP plan that addresses the requirement in 2017/18 to achieve the planned breakeven position. However, the risk adjusted plan indicates that there is a risk to delivery of the in-year position due to limited opportunities in secondary care and in-year pressures in respect of HRG4+ and Community care.

The cumulative CCG position is a surplus of £0.100m which incorporates the historic surplus brought forward from the previous financial year. The CCGs strategic financial plan aims to deliver a 0.5% surplus in 2018/19 and a 1% surplus in 2019/20.

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

- Overperformance at Spire and Ramsay hospitals
- Cost pressures for Continuing Healthcare Packages – work to resolve data quality issues following implementation of the Adam Dynamic Purchasing System is being progressed
- Intermediate Care and associated services
- Full year costs for the Acute Visiting Scheme

The forecast cost pressures are supported by underspends in the Acute Commissioning budget, mainly due to underperformance on the contract with Southport and Ormskirk NHS Trust.

QIPP savings anticipated for the first five months of the financial year have not been delivered in full meaning that the CCG is adrift of its financial plan. This position is expected to improve as efficiencies generated through the QIPP programme begin to take effect. A further QIPP week took place in August 2017 to address the QIPP challenges facing the organisation.

QIPP opportunities in the current financial year are reduced as a result of the Acting as One contract agreement. This agreement protects the CCG against contract overperformance but also limits the resource available for efficiency savings.

The high level CCG financial indicators are listed below:

Figure 1 – Financial Dashboard

Key Performance Indicator		This Month
Business Rules	1% Surplus	✘
	0.5% Contingency Reserve	✔

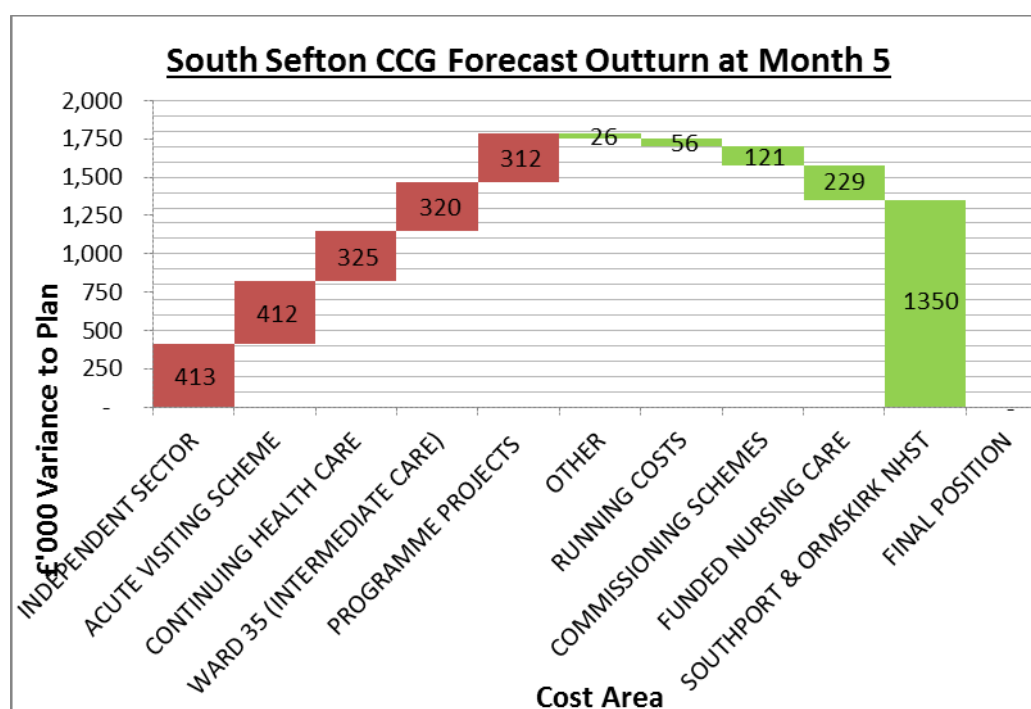
Key Performance Indicator		This Month
	0.5% Non-Recurrent Reserve	✓
Breakeven	Financial Balance	✓
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£0.936m
Running Costs	CCG running costs < 2017/18 allocation	✓
BPPC	NHS - Value YTD > 95%	99.95%
	NHS – Volume YTD > 95%	94.70%
	Non NHS - Value YTD > 95%	97.43%
	Non NHS – Volume YTD > 95%	95.49%

- The CCG will not achieve the Business Rule to deliver a 1% Surplus. This was agreed in the CCG financial plan approved by NHS England.
- 0.5% Contingency Reserve is held as mitigation against potential cost pressures.
- 0.5% Non-Recurrent Reserve is held uncommitted as directed by NHS England.
- The current financial plan is to achieve a break even position in year; this is the best case scenario and is dependent on delivery of the QIPP plan of £8.480m in full.
- QIPP Delivery is £0.936m to date; this is £0.671m behind the planned delivery at Month 5.
- The forecast expenditure on the Running Cost budget is below the allocation by £0.056m for 2017/18.
- BPPC targets have been achieved to date with the exception of NHS invoices by volume which is slightly below the 95% target.

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 forecast position for the financial year is breakeven based on delivery of the QIPP target in full.
- The main financial pressures relate to the Independent Sector, Confirmation of the Acute Visiting Scheme, Continuing Healthcare, Intermediate Care and Programme Project costs.
- The forecast overspends relate to the following areas:
 - Overperformance at Spire and Ramsay hospitals
 - Cost pressures relating to Continuing Healthcare packages
 - Costs for referral management and prior approval services
 - Full year costs for the Acute Visiting Scheme (AVS)
 - Cost pressures from Intermediate Care and associated services.
- The forecast cost pressures are supported by underspends in the Acute Commissioning budget, mainly due to underperformance on the contract with Southport and Ormskirk Trust.

2.3 Provider Expenditure Analysis – Acting as One

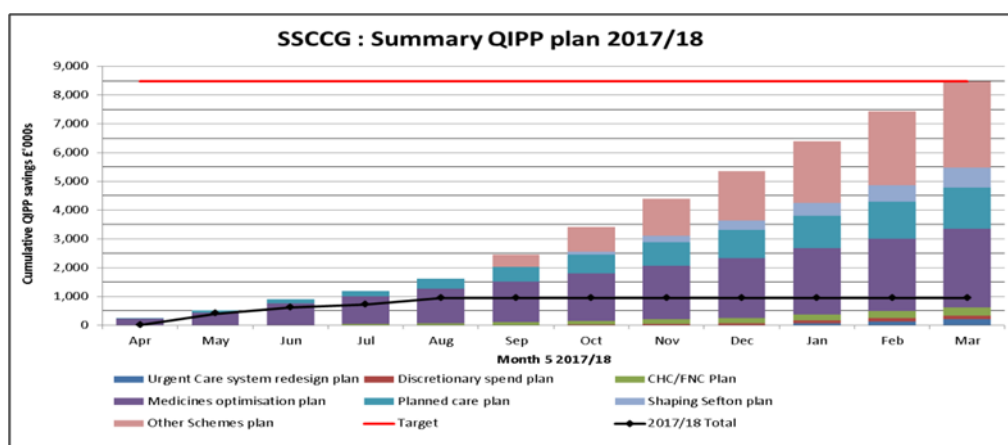
Figure 3 – Acting as One Contract Performance

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	-£0.016
Alder Hey Children's Hospital NHS Foundation Trust	-£0.052
Clatterbridge Cancer Centre NHS Foundation Trust	£0.000
Liverpool Women's NHS Foundation Trust	-£0.234
Liverpool Heart & Chest NHS Foundation Trust	£0.006
Royal Liverpool and Broadgreen NHS Trust	£0.218
Mersey Care NHS Foundation Trust	£0.000
The Walton Centre NHS Foundation Trust	-£0.085
Grand Total	-£0.163

- The CCG is included in the Acting as One contracting arrangements for the North Mersey LDS. Contracts have been agreed on a block contract basis for the financial years 2017/18 and 2018/19.
- The agreement protects against overperformance with these providers but does present a risk that activity could drift 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, 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 underperformance spend against plan, this would represent a year to date underspend of £0.163m under usual contract arrangements.

2.4 QIPP

Figure 3 – QIPP Plan and Forecast



	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned Care plan	1,442	0	1,442	41	0	1,401	1,442
Medicines optimisation plan	2,734	0	2,734	2,604	0	130	2,734
CHC/FNC plan	281	0	281	281	0	0	281
Discretionary spend plan	100	30	130	30	0	100	130
Urgent Care system redesign plan	200	0	200	0	0	200	200
Shaping Sefton Plan	693	0	693	0	0	693	693
Other Schemes Plan	2,700	300	3,000	0	0	3,000	3,000
Total QIPP Plan	8,150	330	8,480	2,956	0	5,524	8,480
QIPP Delivered 2017/18				(936)	0	0	(936)

- The opening QIPP plan for 2017/18 was **£5.880m**. Pressures have emerged in year as further work has established that the CCG has incurred a pressure of £1.300m as a result of the introduction of the new HRG4+ payment system. Finalisation of the new community contract has also created a pressure of £1.300m including £0.500m non-recurrent transitional support to the new provider.
- The revised QIPP target is **£8.480m** which incorporates the two additional pressures. A revised set of options to identify further savings will be presented to the Governing Body.
- The CCG has identified £0.936m QIPP savings at Month 5, the majority of this relates to savings within the prescribing budget.
- The risk rated QIPP plan demonstrates that although there are a significant number of schemes in place, further work is required to determine whether they can be delivered in full.

- The forecast QIPP delivery for the year is **£2.956m** which represents 100% of schemes rated Green and 50% of schemes rated Amber. A high proportion of the plan remains rated red, additional work is required to provide assurance that further savings can be delivered.

2.5 Risk

Figure 4 – CCG Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	0.000	0.000	0.000
QIPP Target	(3.329)	(5.151)	(8.480)
Revised surplus / (deficit)	(3.329)	(5.151)	(8.480)
Forecast Outturn (Operational budgets)	3.776	(4.059)	(0.283)
Reserves Budget	0.000	0.283	0.283
Management action plan			
QIPP Achieved	0.736	0.200	0.936
Remaining QIPP to be delivered	2.593	4.951	7.544
Total Management Action plan	3.329	5.151	8.480
Year End Surplus / (Deficit)	3.776	(3.776)	0.000

- The CCG forecast financial position is breakeven.
- The underlying position is a surplus of £3.776m. This position removes non-recurrent expenditure commitments and QIPP savings from the forecast position.
- The forecast position is dependent on achieving a QIPP saving of **£8.480m**.

Figure 5 – Risk Adjusted Financial Position

South Sefton CCG	Best Case £m	Most Likely £m	Worst Case £m
QIPP requirement (to deliver agreed forecast)	(7.333)	(7.333)	(7.333)
Predicted QIPP achievement	6.122	2.020	2.020
Forecast Surplus / (Deficit)	(1.211)	(5.313)	(5.313)
Further Risk	(1.040)	(1.040)	(1.040)
Management Action Plan	2.251	2.251	1.251
Risk adjusted Surplus / (Deficit)	0.000	(4.102)	(5.102)

- The risk adjusted position provides an assessment of the best, likely and worst case scenarios in respect of the CCGs year end outturn.
- The best case is breakeven and includes an assumption that the remaining QIPP requirement will be delivered in full and further risks of £1.040m will be mitigated with additional management actions of £2.251m.
- The likely case is a deficit of **£4.102m** and assumes that QIPP delivery will be 100% of schemes rated Green and 50% of schemes rated Amber with further risk and mitigations as per the best case scenario.
- The worst case scenario is a deficit of **£5.102m** and assumes that only the QIPP schemes rated Green will be delivered and the management action plan will not be delivered in full.

2.6 CCG Cash Position

Figure 6 – Summary of working capital

	2015/16		2016/17		2017/18		
	M12	M12	M1	M2	M3	M4	M5
	£000	£000	£000	£000	£000	£000	£000
Non CA	28	14	14	14	14	14	14
Receivables	1,979	1,817	3,004	1,695	1,508	1,922	1,630
Cash	117	139	1,826	3,909	4,948	2,579	4,276
Payables & Provisions	(17,405)	(11,850)	(14,434)	(14,335)	(18,190)	(16,151)	(13,318)
Value of Debt > 180 days old (6 months)	26	76	75	75	75	74	74
BPPC (value)	99%	98%	100%	100%	100%	99%	99%
BPPC (volume)	91%	96%	97%	96%	95%	93%	96%

- Non-current Asset (Non CA) balance relates to assets inherited from Sefton PCT at the inception of the CCG. Movements in this balance relate to depreciation charges.
- The receivables balance includes invoices raised for services provided, accrued income and prepayments. Outstanding debt in excess of 6 months old currently stands at £74k. This balance is predominantly made up of outstanding CQUIN payment recovery (£72k) with

Southport & Ormskirk NHS Trust. This debt has been discussed and monitored at Audit Committee. The Chief Finance Officer has written to the Trust Director of Finance to re-affirm the CCG's position.

- 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 £241.532m at Month 5. The actual cash utilised at Month 5 was £97.619m (40.42%) against a target of £101.895m (42.19%). The finance team are working through these to ensure the CCG is within cash targets set by NHS England in the latter half of the year.
- BPPC has been steadily improving, annual benchmarking against other North West CCGs has been undertaken to assess where the CCG could improve. Following an internal audit review undertaken by MIAA, the CCG has also performed a review to identify items which are incorrectly categorised and therefore affecting performance.

2.7 Recommendations

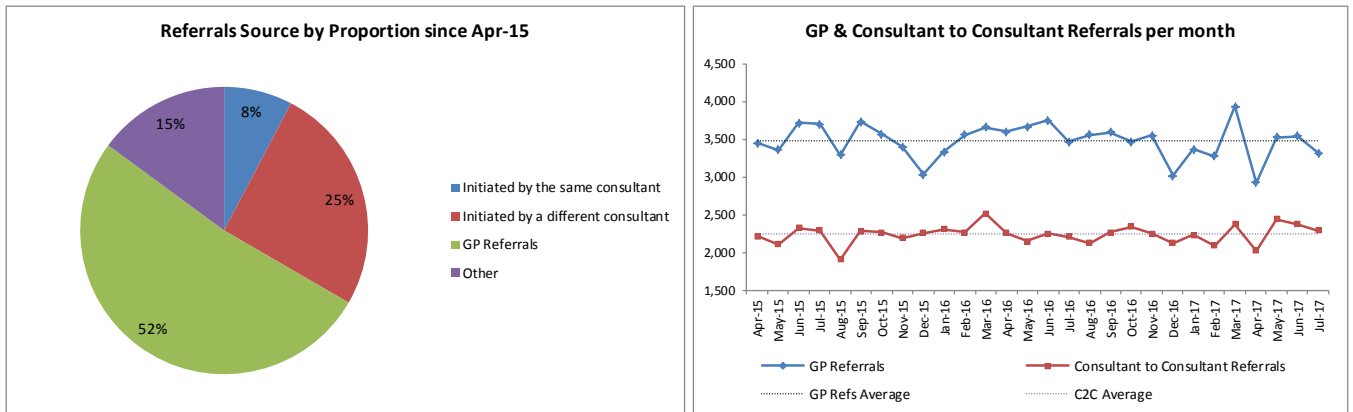
The Governing Body is asked to receive the finance update, noting that:

- The year to date financial position is £0.500m in deficit which is in line with the financial plan at this stage. The forecast position is breakeven, which assumes that the CCG will deliver the 2017/18 QIPP requirement in full. This represents the CCGs best case scenario. The CCGs likely case scenario forecasts a deficit after risks and mitigations of £4.102m.
- The year to date planned QIPP savings for the first five months of the financial year (£1.607m) have not been achieved, delivery at month 5 is £0.936m, therefore at this stage; the CCG is below its financial plan. This position is expected to improve in the next reporting period as efficiencies generated through the QIPP programme begin to take effect.
- 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 deliver a reduction in costs. The focus must be on reducing access to clinical services that provide limited clinical benefit for patients.
- The Governing Body should consider further review of cost savings in order to develop a robust contingency plan to meet its statutory financial duty for the year.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from member practices to enable the CCG to reduce levels of low value healthcare and improve value for money from the use of the CCGs resources.

3. Planned Care

3.1 Referrals by source

Figure 7 - GP and 'other' referrals for the CCG across all providers for 2015/16, 2016/17 and 2017/18



GP and 'other' referrals for the CCG across all providers for 2015/16, 2016/17, 2017/18

Referral Type	DD Code	Description	Apr-17	May-17	Jun-17	Jul-17	1617 YTD	1718 YTD	Variance	% Variance
GP	03	GP Ref	2,925	3,528	3,545	3,319	14,482	13,317	-1,165	-8.0%
GP Total			2,925	3,528	3,545	3,319	14,482	13,317	-1,165	-8.0%
Other	01	following an emergency admission	149	146	139	135	574	569	-5	-0.9%
	02	following a Domiciliary Consultation		3	3	5	1	11	10	0.0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	420	425	377	410	1,728	1,632	-96	-5.6%
	05	A CONSULTANT, other than in an Accident and Emergency Department	1,150	1,504	1,486	1,372	5,124	5,512	388	7.6%
	06	self-referral	250	272	262	253	1,079	1,037	-42	-3.9%
	07	A Prosthetist		1			7	1	-6	-85.7%
	08	Royal Liverpool Code (TBC)	74	59	83	66	270	282	12	4.4%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	122	138	148	125	391	533	142	36.3%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	189	224	223	249	1,055	885	-170	-16.1%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	5	5	2	2	22	14	-8	-36.4%
	13	A Specialist NURSE (Secondary Care)	7	5	4	6	14	22	8	57.1%
	14	An Allied Health Professional	131	212	164	144	572	651	79	13.8%
	15	An OPTOMETRIST	1	1	4	5	4	11	7	175.0%
	16	An Orthoptist		1		1	2	2	0	0.0%
	17	A National Screening Programme	3	2	1	13	7	19	12	171.4%
	92	A GENERAL DENTAL PRACTITIONER	137	142	165	193	623	637	14	2.2%
93	A Community Dental Service					1	0	-1	-100.0%	
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	248	333	344	389	1,316	1,314	-2	-0.2%	
Other Total			2,886	3,473	3,405	3,368	12,790	13,132	342	2.7%
Unknown			1		1		0	2	2	#DIV/0!
Grand Total			5,812	7,001	6,951	6,687	27,272	26,451	-821	-3.0%

Local referrals data from our main providers shows that there was no significant change in the overall level of referrals comparing 2016/17 year end with the previous year. Nevertheless, a significant decrease in referrals occurred in April 2017 with the total number of referrals within this month representing the lowest monthly total from April 2015 onwards.

Referrals increased in May 2017 and were above average but this has been followed by reductions in both June and July 2017. GP referrals in 2017/18 to date are 8% down on the equivalent period in the previous year. Consultant to consultant referrals are currently 4% higher than in the first quarter of 2016/17.

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: Walton Neuro Centre has been excluded from the above analysis due to data quality issues. For info, Walton is recording approx. 80 referrals per month in 2016/17.

3.1.1 E-Referral Utilisation Rates

NHS E-Referral Service Utilisation				
NHS South Sefton CCG	17/18 - July	80% by End of Q2 2017/18 & 100% by End of Q2 2018/19	19.00%	↓

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

The latest data (July) for E-referral Utilisation rates reported is 19%; a 2% decrease from the previous month.

3.2 Diagnostic Test Waiting Times

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	17/18 - July	1.00%	4.63%	↑
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	17/18 - July	1.00%	3.53%	↓

In July the CCG has failed the under 1% of patients waiting over 6 weeks for a diagnostic test, out of 2,677 patients 124 waited over 6 weeks with 24 waiting over 13 weeks recording 4.63%. The majority of long waiters were for Gastroscopy (55). There has also been an impact on the performance of this indicator for the CCG by the Royal Liverpool Broadgreen who are failing this target significantly recording 18.1% in July.

Aintree failed the under 1% of patients waiting over 6 weeks for a diagnostic test in July recording 3.53%, out of 4991 patients 176 waited over 6 weeks and 30 over 13 weeks, 80 waiting for gastroscopy.

Endoscopy - Endoscopy has continued to experience ongoing pressure throughout July resulting in increased waiting times. The department has prioritised cancer and urgent referrals which has made it difficult to support non-urgent 6 week performance targets. The position is consistent with reporting throughout Q1 as a result of a lack of endoscopists due to long term sickness, maternity leave and annual leave.

Proposed Actions:

- Additional waiting list initiative activity continues to support the recovery of performance. This is expected to improve the position in Q2.
- Recruiting an agency Locum Consultant to cover maternity leave in endoscopy.

- A recovery and sustainability plan is under development for endoscopy services which includes a review of demand and capacity and involves collaboration with the Trust's business intelligence team.
- Weekly capacity meetings continue to be chaired by Clinical Business Manager with operational and clinical teams in order to maximise the utilisation of capacity. From mid-June 2017 each endoscopy list saw an additional patient booked to offset DNAs.
- Admin and Clerical Review is underway to establish infrastructure required to support the booking of patients and ongoing validation of waiting lists.
- Software 'Add In' – discussions ongoing with Unisoft Medical Systems. Training booked from 5-7 September 2017.
- Endoscopy recovery meetings chaired by the Divisional Director of Operations have commenced in August 2017. Activity against plan and DNA rates are discussed in detail. Weekly actions are monitored for recovery.

Imaging - Radiology has experienced considerable increase in demand for Imaging (CT Cardiac, MR Cardiac, MR MSK and Ultrasound MSK) in excess of funded capacity. Waiting times for MR have been affected by increase in demand for imaging of Inpatients and pressures from improving inpatient flow through the Trust to reduce length of stay.

Proposed Actions:

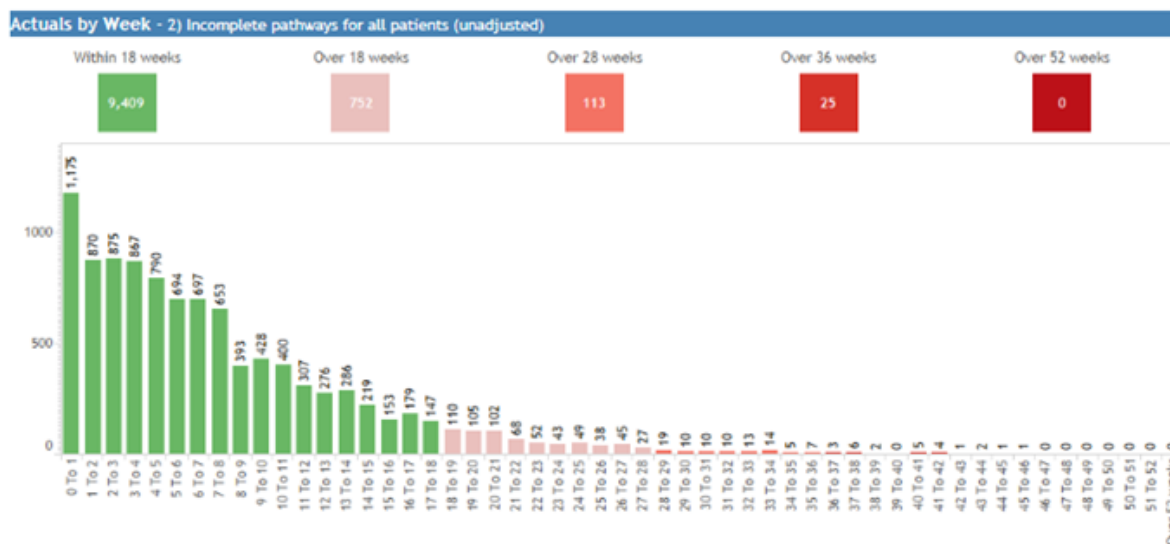
- MR referrals have been verified by the Cardiology MR lead and a small number returned as considered no longer required. Plans for this to be discussed with the Cardiology Clinical Director and Deputy Director of Finance with regard to demand.
- Engagement of Mobile MR scanning service to complete routing scans, releasing capacity for Cardiac imaging/MSK imaging. Use of mobile varies dependant on waiting times/number of patients who may potentially breach 6 week target.
- Waiting list initiatives for Ultrasound MSK injections. This is limited as small core group of Radiologists who are able to commit to these sessions. Requirement for WLIs identified at weekly performance meeting.
- Weekly capacity meetings with operational and clinical teams to monitor performance and maximise the utilisation of capacity.
- Recruitment of MSK Specialist Radiologist.

3.3 Referral to Treatment 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 - July	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	17/18 - July	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)	17/18 - July	92%	92.60%	↓
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Aintree)	17/18 - July	92%	92.4%	↓

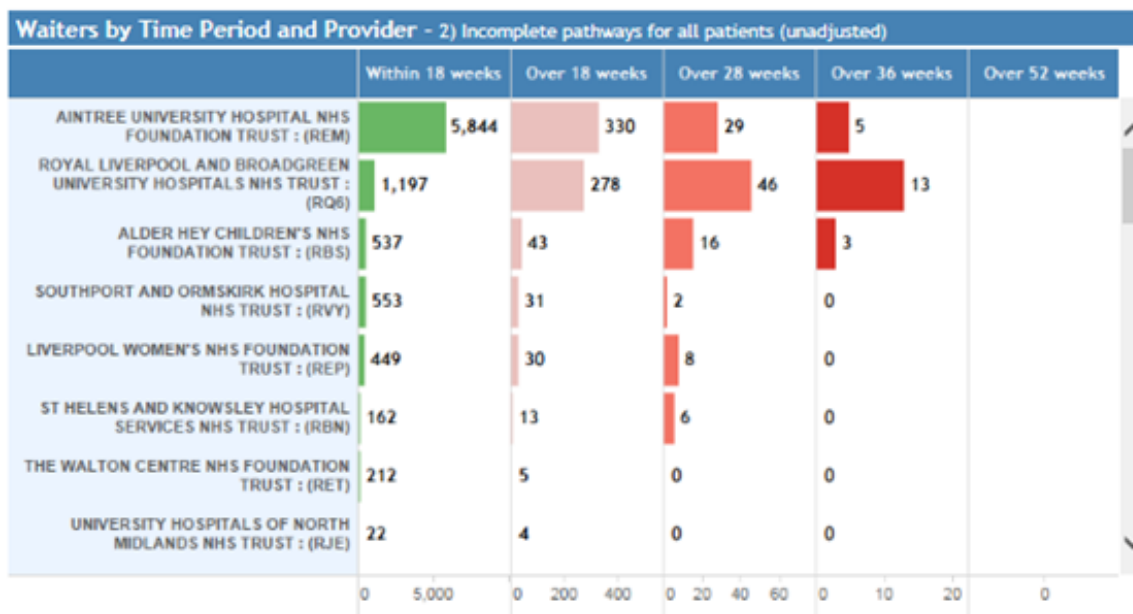
3.3.1 Incomplete Pathway Waiting Times

Figure 8 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 9 - 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 10 - Patients waiting (in bands) on incomplete pathways by Specialty for Aintree University Hospitals NHS Foundation Trust

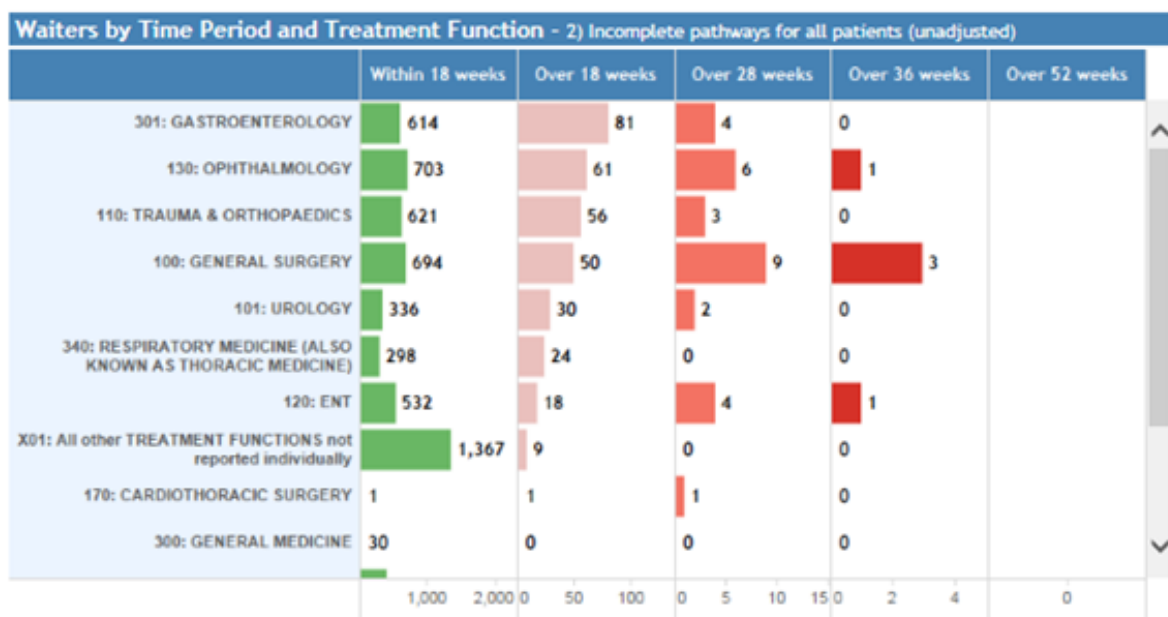
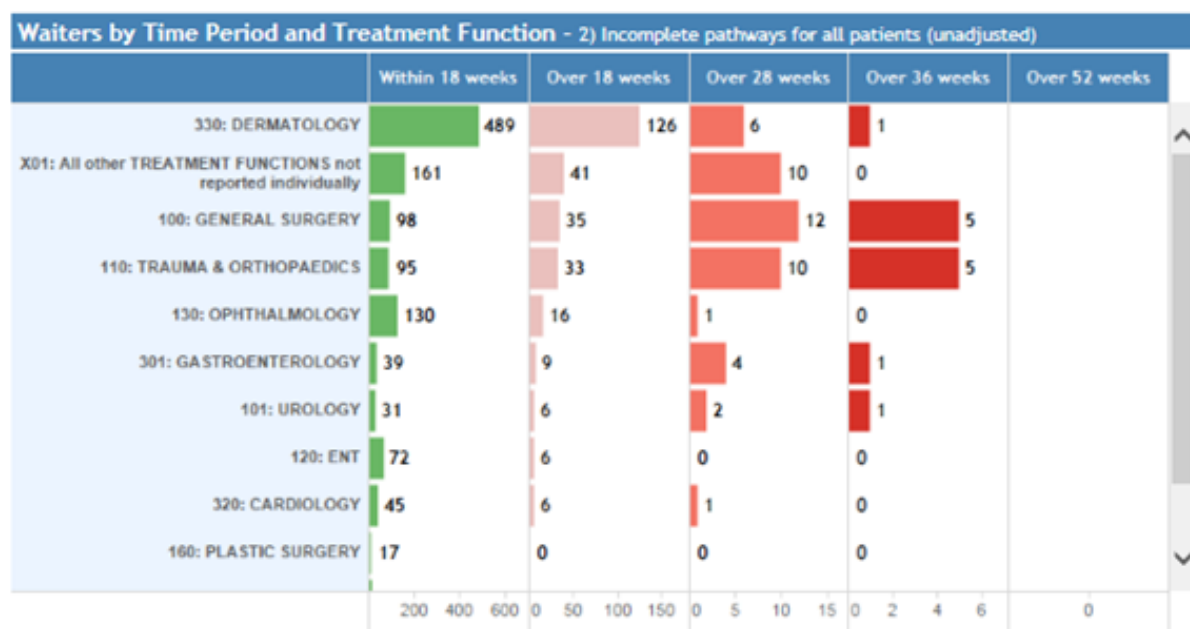


Figure 11 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



3.3.4 Provider assurance for long waiters

CCG	Trust	Specialty	Wait band	Has the patient been seen/has a TCI date?	Detailed reason for the delay
South Sefton CCG	Royal Liverpool & Broadgreen	General Surgery	42	No Date Yet	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool & Broadgreen	General Surgery	44	02/09/2017	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool & Broadgreen	Urology	41	Pathway Stopped	Capacity
South Sefton CCG	Royal Liverpool & Broadgreen	T&O	40	28/09/2017	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool & Broadgreen	T&O	40	No Date Yet	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool & Broadgreen	T&O	41	Pathway Stopped	Capacity
South Sefton CCG	Royal Liverpool & Broadgreen	T&O	45	Pathway Stopped	Capacity
South Sefton CCG	RJ&AH	T&O	40	Yes 23.10.17	Patient requires complex scoliosis surgery. Spinal Disorders is a nationally pressured area.
South Sefton CCG	RJ&AH	T&O	40	Yes 10.9.17	Patient was admitted and treated 10.9.17. Pt required complex scoliosis surgery. Spinal Disorders is a nationally pressured area.
South Sefton CCG	South Manchester	Cardiology	40	Treated 4-9-17	
South Sefton CCG	Aintree	General Surgery	40	Clock stopped 17/08/2017 - 1st treatment	Capacity issue
South Sefton CCG	Aintree	General Surgery	43	Clock stopped 01/08/2017 - 1st treatment	Capacity issue
South Sefton CCG	Aintree	ENT	41	Clock stopped 15/08/17 - Active Monitoring	Capacity issue
South Sefton CCG	Royal Liverpool & Broadgreen	Gastroenterology	43	06/09/2017	Long Wait on Waiting List

Royal Liverpool & Broadgreen Hospitals did not achieve the 92% incomplete Referral to Treatment (RTT) target for the month of July 2017, (86.40%). The issues remain the same as previously reported with regards to access to surgical beds. Services have been closed in other Trusts which is placing a higher demand on services in this Trust. Challenges remain the same in General Surgery, Trauma & Orthopaedics, Ophthalmology, Urology, Dermatology, Gastroenterology and challenges within the following specialties (Allergy, Paediatric Dentistry, Respiratory Medicine) are resulting in the 'Other' category failing the target.

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

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	17/18 - July	0	1	1 ↑

During the month of July there were 18 patients cancelled either on the day of the surgery or the day prior to surgery, 8 of these patients were cancelled due to ventilation concerns within main A theatres, with the exception of 1 patient. This patient was rescheduled within 28 days despite 2 theatres remaining closed due to ventilation failures. One procedure for a highly complex patient could only be undertaken by the Consultant and due to high volume of rescheduled patients and based on clinical priority, this patient could not be accommodated within 28 days following cancellation. Surgery was rescheduled and took place on 09/08/17.

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

Cancelled Operations				
No urgent operation should be cancelled for a second time - Aintree	17/18 - July	0	0	1 ↔

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

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)	17/18 - July	93%	91.41%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	17/18 - July	93%	94.36%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	17/18 - July	93%	88.10%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Aintree)	17/18 - July	93%	89.86%	↑

The CCG achieved the 93% target in July reaching 95.4% for 2 week wait for first outpatient appointment, but are still failing year to date recording 91.4% due to the breaches in June. In July there were 25 breaches out of a total of 544 patients. The majority of breaches were due to patient choice and holidays, and a skin cancer clinic was also cancelled. The longest wait was 34 days.

The CCG also failed the 93% target for July reaching 88.46% and year to date (88.1%) for 2 week wait for first outpatient appointments for patients referred urgently with breast symptoms. In July there were 9 breaches out of a total of 78 patients, longest wait being 31 days at Aintree, all breaches due to patient choice and patient holidays.

Aintree also failed the 93% breast target for July reaching 92.34% and year to date (89.86%). In July this amounted to 16 breaches out of 209 treatments. This was due to the ongoing impact following the short notice unexpected reduction in clinical capacity previously reported. This has now been addressed with the service delivering their plan to ensure sustained recovery from this position and resulting in a reduction in the rate of breaches since the previous month.

Actions:

- Continued monitoring and intervention by the clinical Business Unit to manage the patient pathways and remove any barriers which may be preventing treatment.
- Escalate constraints to 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.

The CCG has scheduled a Protected Learning Time event with General Practice staff in November 2017. This session will include advice on how best to support and manage this group of patients and the importance of delivering timely and effective messages to patients about the timescale for appointments.

Recovery for two week symptomatic breast and two week suspected cancer is anticipated by Q2 2017/18.

3.5.2 - 31 Day Cancer Waiting Time Performance

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	17/18 - July	96%	98.63%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	17/18 - July	96%	98.34%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	17/18 - July	94%	98.02%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	17/18 - July	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	17/18 - July	94%	98.04%	↑
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	17/18 - July	94%	95.65%	↓
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	17/18 - July	98%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	17/18 - July	98%	100.00%	↔

3.5.3 - 62 Day Cancer Waiting Time Performance

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)	17/18 - July	85% local target	95.24%	↓
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)	17/18 - July	85% local target	86.76%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	17/18 - July	90%	96.67%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	17/18 - July	90%	86.36%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	17/18 - July	85%	85.83%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	17/18 - July	85%	85.00%	↑

Aintree failed the 90% target for 62 day screening in July with 1 breach out of a total of 8 patients recording 87.5%, and also failed year to date reaching 86.36% partly due to previous breaches. The July breach was a screening patient, the pathway delay was due to holiday and re-biopsy, and the patient details were received by colorectal Multi-Disciplinary Team on day 62.

3.6 Patient Experience of Planned Care

Friends and Family Response Rates and Scores
Aintree University Hospital NHS Foundation Trust
Latest Month: Jul-17

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	25.0%	18.3%	√	96%	96%	√	2%	2%	√

The Friends and Family Test (FFT) Indicator comprises of three parts:

- % Response Rate
- % Recommended
- % Not Recommended

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target in excess of the regional and national response rates for both inpatients and A&E. However, inpatient response rates are reporting under target for July at 18.3%. The proportion of patients who would recommend is up 1% from last month recording 96% (England average 96%) the proportion who would not recommend is also the same as last month at 2%, which is the same as the England average of 1%.

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 4 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG show an under performance of £473k/2.9%. 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 £78k/0.5%.

At specific over performing Trusts, Renacres are reporting the largest cost variance with a total of £72k/13% followed by Spire Liverpool (£66k/27%).

Figure 12 - 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	59,638	58,072	-1,566	-3%	£10,329	£10,072	£-257	-2%	£257	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	4,577	4,485	-92	-2%	£576	£532	£-44	-8%	£44	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	404	480	76	19%	£138	£170	£32	24%	£-32	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	5,326	4,953	-373	-7%	£1,011	£948	£-63	-6%	£63	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	10,314	11,005	691	7%	£1,729	£1,749	£20	1%	£-20	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	1,037	989	-48	-5%	£333	£249	£-84	-25%	£84	£0	0.0%
ACTING AS ONE TOTAL	81,297	79,984	-1,313	-2%	£14,116	£13,720	£-395	-3%	£395	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	29	65	36	127%	£7	£17	£10	142%	£0	£10	142%
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	47	47	0%	£0	£5	£5	0%	£0	£5	#DIV/0!
FAIRFIELD HOSPITAL	64	5	-59	-92%	£17	£10	£-7	-40%	£0	£-7	-40%
ISIGHT (SOUTHPORT)	171	158	-13	-7%	£40	£30	£-10	-24%	£0	£-10	-24%
RENACRES HOSPITAL	2,055	2,088	33	2%	£578	£650	£72	13%	£0	£72	13%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	4,955	4,402	-553	-11%	£923	£752	£-171	-19%	£0	£-171	-19%
SPIRE LIVERPOOL HOSPITAL	794	986	192	24%	£246	£312	£66	27%	£0	£66	27%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	1,220	1,428	208	17%	£339	£299	£-39	-12%	£0	£-39	-12%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	179	125	-54	-30%	£46	£30	£-16	-36%	£0	£-16	-36%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	36	45	9	24%	£5	£7	£1	21%	£0	£1	21%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	36	36	0%	£0	£4	£4	0%	£0	£4	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	153	128	-25	-16%	£41	£30	£-11	-26%	£0	£-11	-26%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	399	492	93	23%	£160	£178	£18	11%	£0	£18	11%
ALL REMAINING PROVIDERS TOTAL	10,054	10,005	-49	0%	£2,402	£2,324	£-78	-3%	£0	£-78	-3%
GRAND TOTAL	91,350	89,989	-1,361	-1%	£16,518	£16,044	£-473	-2.9%	£395	£-78	-0.5%

*PbR Only

3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust

Figure 13 - 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	4,812	4,190	-622	-13%	£2,860	£2,767	£-93	-3%
Elective	669	574	-95	-14%	£1,891	£1,830	£-61	-3%
Elective Excess BedDays	221	141	-80	-36%	£54	£34	£-20	-37%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	146	65	-81	-56%	£31	£14	£-16	-54%
OPFANFTF - Outpatient first attendance non face to face	843	1,199	356	42%	£24	£31	£7	31%
OPFASPCL - Outpatient first attendance single professional consultant led	10,947	10,055	-892	-8%	£1,728	£1,643	£-85	-5%
OPFUPMPCl - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	475	335	-140	-29%	£40	£35	£-5	-12%
OPFUPNFTF - Outpatient follow up non face to face	1,084	3,217	2,133	197%	£26	£78	£51	196%
OPFUPSPCL - Outpatient follow up single professional consultant led	27,588	25,178	-2,410	-9%	£1,907	£1,805	£-102	-5%
Outpatient Procedure	7,749	7,746	-3	0%	£1,025	£1,009	£-16	-2%
Unbundled Diagnostics	4,619	4,832	213	5%	£373	£422	£49	13%
Wet AMD	485	540	55	11%	£371	£404	£34	9%
Grand Total	59,638	58,072	-1,566	-3%	£10,329	£10,072	£-257	-2%

Non face to face activity (both first and follow up attendances) are reporting an over performance within planned care at month 4 with all other areas of outpatients currently under performing. The over performance for non face to face activity is focussed particularly within Dermatology, Ophthalmology and Cardiology.

Unbundled diagnostics is the highest over performing POD in planned care with a cost variance of £49k/13% against plan.

Cardiology is showing the largest cost variance at month 4 (£408k/81.6%). The cardiology over performance is largely related to day case activity, which can be attributed to the heart failure pathway. Conversely, Gastroenterology is under performing by £281k/20.5% against plan.

Overall, year to date costs for planned care PODs at Aintree University Hospital are currently £257k/2% down against plan at month 4. Despite this indicative underspend; there is no financial impact of this to South Sefton CCG due to the Acting As One block contract arrangement.

The table below illustrates the Planned Care year to date variance by Specialty, focussing on the top and bottom 10 specialties in terms of cost variances against plan at month 4:

Specialty	DAY CASES		ELECTIVE INPATIENTS		ELECTIVE XBDS		OUTPATIENT FIRST ATT		OUTPATIENT FU ATT		OUTPATIENT PROCEDURES		Total Activity YTD Var	Total Price YTD Var
	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var		
Cardiology	489	£398,559	8	£21,855	20	£4,716	16	(-£16,248)	121	(-£21,540)	183	£21,208	836	£408,549
Colorectal surgery	-13	(-£2,665)	-0	£85,696	-106	(-£25,092)	8	(-£3,757)	145	£7,824	22	£2,946	55	£64,953
Acute internal medicine	3	£459	-1	(-£4,082)	-7	(-£1,583)	490	£51,747	24	£2,653	-29	(-£4,084)	481	£45,109
Geriatric medicine	3	(-£65)	0	(-£5,740)	-1	(-£58)	77	£21,176	164	£22,107	8	£987	251	£38,407
Hepatobiliary & pancreatic surgery	16	£22,759	7	£11,750			0	£616	2	£280			25	£35,406
Physiotherapy							-64	(-£3,094)	777	£25,545			714	£22,451
Nephrology	8	£1,617	1	(-£2,681)	1	£274	120	£31,728	-111	(-£12,900)	1	£29	19	£18,067
Transient ischaemic attack							90	£27,325	-14	£0	-84	(-£10,691)	-8	£16,634
Interventional radiology	22	£30,703	-3	(-£5,705)			-3	(-£423)	24	£2,032	-20	(-£11,581)	19	£15,027
Ent	-7	(-£1,086)	-10	(-£10,197)			-37	(-£4,591)	-13	(-£526)	243	£25,961	176	£9,562
Vascular surgery	-2	£1,229	3	£3,385			-48	(-£9,249)	-16	(-£1,359)	-5	(-£613)	-69	(-£6,607)
Upper gastrointestinal surgery	-10	(-£15,980)	3	£6,235	-2	(-£486)	-21	(-£3,118)	-71	(-£4,560)	-1	(-£193)	-102	(-£18,103)
Anticoagulant service									-1,712	(-£44,108)			-1,712	(-£44,108)
Clinical haematology	-261	(-£36,507)	-8	(-£12,993)	-20	(-£5,530)	-77	(-£19,599)	229	£25,959	1	£253	-136	(-£48,417)
Dermatology	-28	(-£14,551)					-284	(-£39,297)	573	£4,397	-321	(-£30,418)	-61	(-£79,869)
General surgery	-35	(-£50,536)	-20	(-£22,675)	-1	(-£239)	-63	(-£10,621)	-65	(-£4,742)	-5	(-£661)	-188	(-£89,474)
Urology	-114	(-£38,222)	-17	(-£48,147)	14	£3,252	-200	(-£29,694)	-62	(-£3,725)	-91	(-£18,201)	-470	(-£134,737)
Ophthalmology	-183	(-£141,564)	1	£313	5	£1,331	-176	(-£25,603)	349	(-£5,538)	212	£21,481	207	(-£149,580)
Trauma & orthopaedics	-102	(-£104,931)	-21	(-£4,221)	33	£7,879	-90	(-£14,084)	-208	(-£12,824)	-216	(-£27,064)	-604	(-£155,246)
Gastroenterology	-433	(-£185,188)	-7	(-£21,351)	-19	(-£4,574)	-209	(-£41,008)	-472	(-£26,957)	-15	(-£2,990)	-1,155	(-£282,069)
Grand Total	-622	(-£93,134)	-95	(-£61,165)	-80	(-£19,627)	-618	(-£94,137)	-417	(-£55,676)	-3	(-£15,788)	-1,834	(-£339,527)

3.7.2 Planned Care Southport & Ormskirk Hospital

Figure 14 - 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	308	286	-22	-7%	£224	£170	£-54	-24%
Elective	65	55	-10	-15%	£182	£129	£-53	-29%
Elective Excess BedDays	11	0	-11	-100%	£4	£0	£-4	-100%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	79	47	-32	-40%	£13	£8	£-5	-37%
OPFASPCL - Outpatient first attendance single professional consultant led	740	613	-127	-17%	£122	£99	£-22	-18%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	181	106	-75	-42%	£14	£9	£-5	-37%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,575	1,325	-250	-16%	£121	£102	£-19	-15%
Outpatient Procedure	1,708	1,691	-17	-1%	£223	£212	£-11	-5%
Unbundled Diagnostics	287	279	-8	-3%	£21	£23	£2	8%
Grand Total	4,955	4,402	-553	-11%	£923	£752	£-171	-19%

* PbR only

Planned care elements of the contract continue to underperform against plan in month 4 2017/18 as they had throughout 2016/17 and previous months in 2017/18, with the majority of areas (excluding unbundled diagnostics) below plan year to date.

The largest variance against plan is within day case and elective procedures at a combined underspend of £107k. The Trust has experienced a decrease in GP led referrals which is impacting on planned care activity.

Issues earlier on in the year meant a number of elective procedures needed to be cancelled, the Trust have since rebooked all cancelled activity but due to lower levels of referrals activity is still affected.

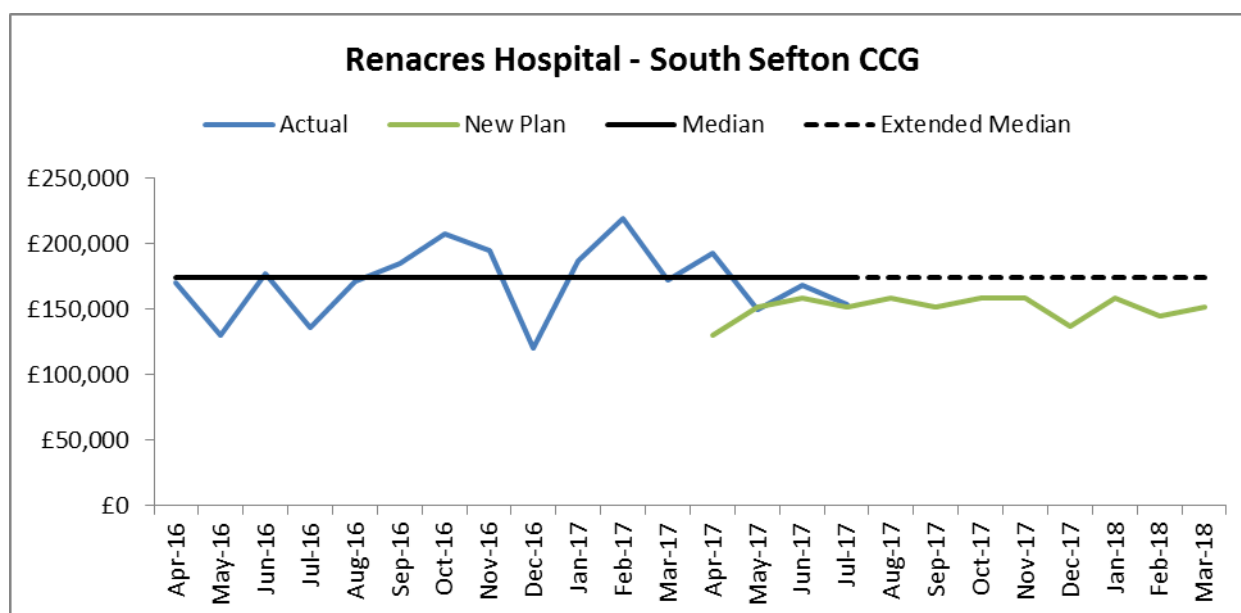
The two main specialties under-performing are Trauma & Orthopaedics and Pain Management, combined these have a total underspend of £78k within Day Case and Elective points of delivery.

3.7.3 Renacres Hospital

Figure 15 - 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	202	200	-2	-1%	£244	£227	£-17	-7%
Elective	38	61	23	61%	£178	£271	£93	52%
OPFASPCL - Outpatient first attendance single professional consultant led	418	352	-66	-16%	£67	£57	£-10	-14%
OPFUPSPCL - Outpatient follow up single professional consultant led	648	574	-74	-11%	£40	£36	£-4	-9%
Outpatient Procedure	134	128	-6	-4%	£20	£22	£2	8%
Unbundled Diagnostics	167	137	-30	-18%	£16	£14	£-2	-13%
Physio	449	495	46	10%	£13	£15	£1	10%
Grand Total	2,056	1,947	-109	-5%	£578	£642	£64	11%

Renacres over performance of £64k/11% is driven by a £93k/52% over performance in Electives, suggesting a continuing theme from 2016/17.



The planning profile for Renacres hospital was recently amended for 2017/18 based on working days rather than previous activity. The graph above shows that the new plans for each month of 2017/18 are more static, and more in line with expected levels of activity.

3.8 Personal Health Budgets

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		56		60	
2) New personal health budgets that began during the quarter (total number per CCG)	4	0	4		4		4	
3) Total number of PHB in the quarter = sum of 1) and 2) (total number per CCG)	52	11	56	0	60	0	64	0
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		38.73		41.31	

Quarter 1 data above shows the CCG are below plan. The CCG is exploring the possibility of expanding the offer of PHB's for patients at the end of life and fast track across hospice services, community and hospital discharges. A critical aspect of the project will be confirmation for implementing alternative payment options other than SBS, e.g. local authority direct payment cards. CCG Finance are liaising across with Warrington CCG Finance team, to determine the process and consider transferability.

3.9 Smoking at Time of Delivery (SATOD)

Quarter 1 - 2017/18

	South Sefton		
	Actual	YTD	FOT
Number of maternities	367	367	1468
Number of women known to be smokers at the time of delivery	56	56	224
Number of women known not to be smokers at the time of delivery	310	310	1240
Number of women whose smoking status was not known at the time of delivery	1	1	4
Data coverage %	99.7%	99.7%	99.7%
Percentage of maternities where mother smoked	15.3%	15.3%	15.3%

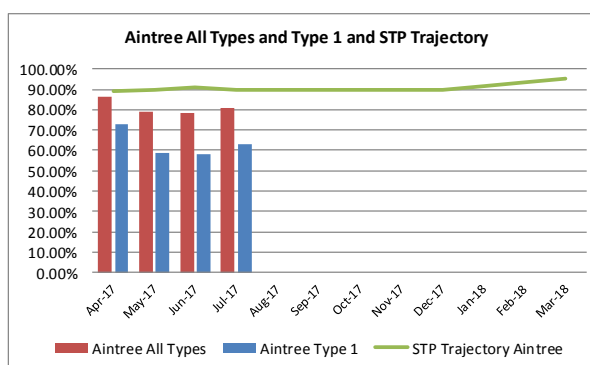
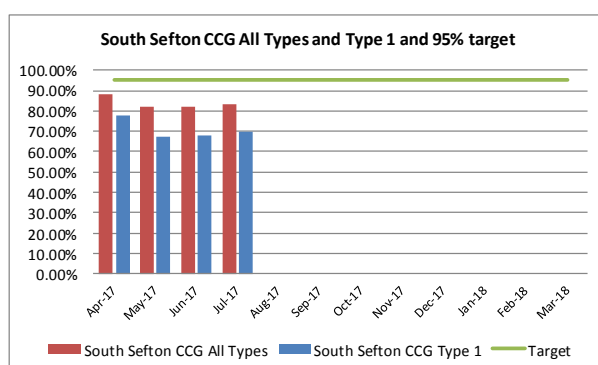
The CCG is above the data coverage plan of 95% at Q1, meaning the data is generally robust, but currently above the national ambition of 11% for the percentage of maternities where mother smoked. There is no national target for this measure. Performance against this metric is discussed with Providers at Maternity Commissioning Leads meetings attended by the CCG managerial lead for Children and Maternity Services.

4. Unplanned Care

4.1 Accident & Emergency Performance

A&E waits					
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	17/18 - July	95%	83.98%	↓	The CCG have failed the target in July reaching 83.4%. In month 1405 attendances out of 8458 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	17/18 - July	95%	70.69%	↔	The CCG have failed the target in July reaching 70.03%. In month 1401 attendances out of 4675 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) All Types	17/18 - July	STP Trajectory July Target 90%	81.07%	↓	Aintree have failed their revised target of 90% in July reaching 80.8% ; 2814 attendances out of 14665 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	17/18 - July	95%	63.12%	↔	Aintree have failed the target in July reaching 63.34%. In month 2814 attendances out of 8458 were not admitted, transferred or discharged within 4 hours.

A&E All Types	Apr-17	May-17	Jun-17	Jul-17	YTD
STP Trajectory Aintree	89%	90%	91%	90%	%
Aintree All Types	86.13%	78.78%	78.42%	80.81%	81.00%



Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2017/18 and have failed the 90% July plan agreed with NHS Improvement recording performance 80.8% (for all A&E department types) in July 2017. However this performance represented a +2.39% increase compared to June 2017. A decline in performance was noted across 3 out of the 5 AED clinical quality indicators, with the 15 minutes registration to triage indicator being met consistently.

Actions for improvement include:

- Continue to embed all aspects of the Emergency and Acute Care Plan and regularly monitor performance to ensure delivery of ED performance.
- Medical workforce establishment review completed and being used as a basis to develop plans to improve medical coverage in the department. In the meantime, additional sessions are being arranged to cover gaps in the existing rotas.

- Discussion ongoing regarding GP streaming taking place at regional level with a view to implementing the Luton and Dunstable Model.
- Continue with NWS project. Phase 2 has been completed and phase 3 continues with a focus on improving direct access to A&E for appropriate patients arriving by ambulance.
- Recruitment of Acute Physicians underway.
- Programme of facilitated engagement sessions completed with nurses. Medical team outstanding but plan in place with away days planned in September. ECIP continue to work with the team to identify process improvements.
- Complete full ED nurse establishment review.
- Develop series of PDSA cycles to test improvements in the following elements of EACP:
 - See and Treat
 - Board rounds
 - Initial nurse assessment

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)	17/18 - July	0	11	↔

Aintree had no 12 hour breaches in July, year to date total is 11. Root Cause Analyses of the breaches are awaited from the Trust.

4.2 Ambulance Service Performance

Ambulance					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	17/18 - July	75%	74.53%	↓	The CCG has failed the 75% target in July achieving 69.44% and are now failing year to date recording 74.53%. In July out of 72 incidents, 50 were within 8 mins.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	17/18 - July	75%	59.73%	↓	The CCG is under the 75% target reaching 59.84% in July and 61.96% year to date. In July, out of 900 incidents, 539 were within 8 mins.
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	17/18 - July	95%	90.58%	↔	The CCG is under the 95% target reaching 90.37% in July and 90.58% year to date. In July out of 92 incidents, 878 were within 19 mins.
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	17/18 - July	75%	65.77%	↓	NWAS reported under the 75% target reaching 64.67% in July and 65.77% year to date.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	17/18 - July	75%	65.51%	↓	NWAS reported under the 75% target reaching 64.17% in July and 65.51% year to date.
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	17/18 - July	95%	90.43%	↓	NWAS reported under the 95% target reaching 89.80% in July and 90.43% year to date.

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Aintree	17/18 - July	0	369	↑	The Trust recorded 269 handovers between 30 and 60 minutes, this is a decline on last month when 230 was reported and is still breaching the zero tolerance threshold.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Aintree	17/18 - July	0	227	↓	The Trust recorded 222 handovers over 60 minutes, a improvement on the previous month when 227 was reported and is still breaching the zero tolerance threshold.

The CCG achieved none of the 3 indicators for ambulance service performance, (see above of number of incidents / breaches).

With the significant dip in performance around national ambulance targets we are working with all partners to improve performance against these targets.

NHS England has recently announced a new set of performance targets for the ambulance service, which will apply to all 999 calls from later this year. In future there will be four categories of call:

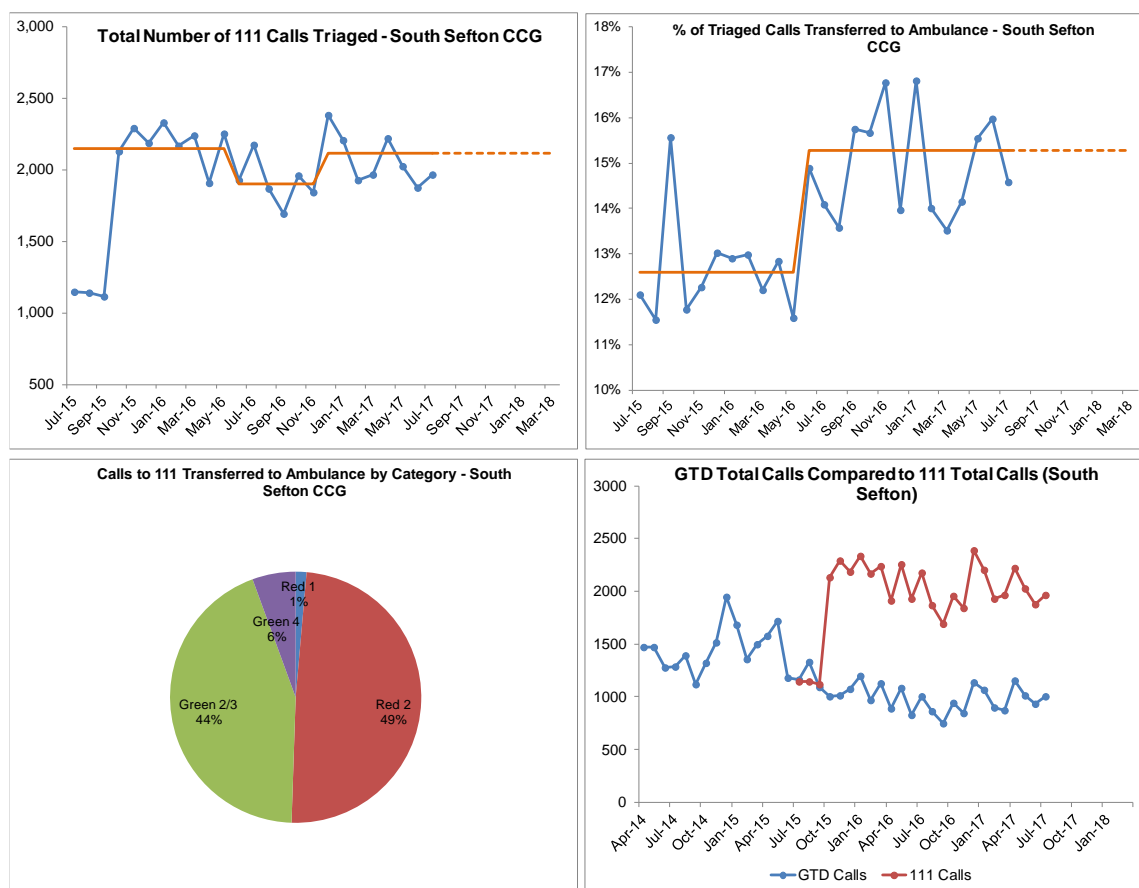
- Category one is for calls about people with life-threatening injuries and illnesses. These will be responded to in an average time of seven minutes.
- Category two is for emergency calls. These will be responded to in an average time of 18 minutes.
- Category three is for urgent calls. In some instances you may be treated by ambulance staff in your own home. These types of calls will be responded to at least 9 out of 10 times within 120 minutes.
- Category four is for less urgent calls. In some instances you may be given advice over the telephone or referred to another service such as a GP or pharmacist. These less urgent calls will be responded to at least 9 out of 10 times within 180 minutes.

A coding exercise has been undertaken to map current activity into the new categories and this has resulted in a shift for certain dispositions (e.g. clinical evidence has determined that a category 2 response will be adequate for strokes). There may be some negative response to the new Category 2 as it now has an 18 minute mean response time instead of the former 8 minute response target. The major aim is to ensure that the correct vehicle with the correct skillset is dispatched.

The average time from notification to handover standard of 15 minutes improved in July. The Trust achieved an average of 24:06 minutes compared to the 24:44 minutes reported in the previous month (-0.38 minutes). Ambulance Hospital Arrival Screen (HAS) compliance also improved to 90.9% (+2:01%).

4.3 NWS, 111 and Out of Hours

4.3.1 111 Calls

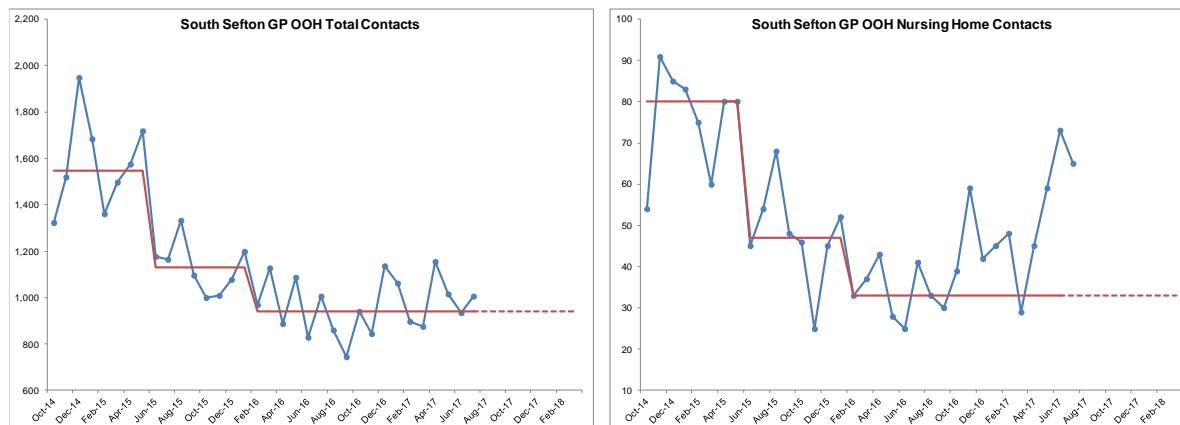


July 2017 saw a slight increase in the number of 111 calls made by South Sefton patients from 1,878 in June to 1,967 in July. This is a reduction when compared to July 2016, from 2,173.

The breakdown for outcomes of 111 calls in July 2017 is as follows:

- 57% advised to attend primary and community care
- 16% closed with advice only
- 15% transferred to ambulance
- 9% advised to attend A&E
- 3% advised to other service.

4.3.2 GP Out of Hours Calls



The number of calls from South Sefton patients to the GP OOH service has risen slightly in July 2017 to 1,007. This is similar to the same point in the previous year (1,005).

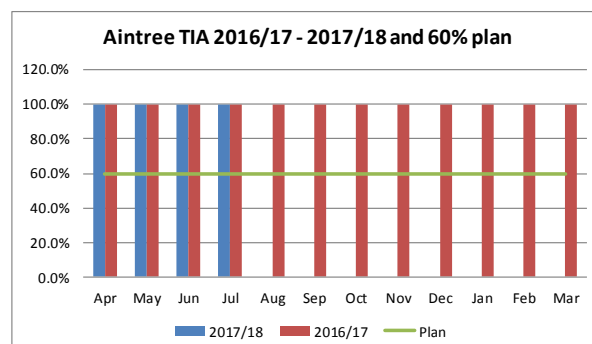
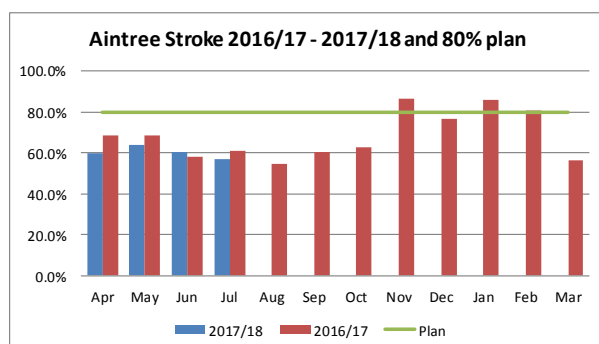
GP OOH calls from nursing homes within South Sefton have fallen slightly from the previous month to 65. However, as with every other month of 2017/18 so far, this is above the 2016/17 average of 39/month.

South Sefton CCG, in collaboration with Go To Doc (GTD) and NWAS, has now gone live with their out of hours Clinical Assessment Service (CAS) in June 2017 with plans to commission the in-hours CAS before the winter period.

4.4 Unplanned Care Quality Indicators

4.4.1 Stroke and TIA Performance

Stroke				
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	17/18 - July	80%	57.14%	↓
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	17/18 - July	60%	100%	↔



In July Aintree failed the 80% target for patients spending 90% of their time on a stroke unit recording 57.1%. This is a decline from the previous month when the Trust recorded 60.5%. Out of a total of 28 patients only 16 spent more than 90% of their stay on a stroke unit the standard was not reached for 12 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.
- 1 due to no Stroke Nurse being available to assess the patient.
- 1 patient was palliative and it was felt not appropriate to transfer.
- 3 patients were referred to the stroke team after an MRI/CT diagnosed a stroke.

Lack of available stroke beds remains a recurring theme and biggest contributor to the inability to achieve the standard. This being addressed through development of a business case for additional Stroke inpatient capacity.

Actions to improve include:

- Continue Registered Nurse and Therapy recruitment for funded HASU beds.
- Ensure timely step downs of patients from stroke unit to be a medical bed.
- Continue with daily Stroke meetings to discuss outliers and delayed transfers of care.
- Agree the prioritisation of stroke patients to Aintree to Home to ensure Stroke capacity is maintained.

4.4.2 Mixed Sex Accommodation

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	17/18 - July	0.00	0.00	↔
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	17/18 - July	0.00	0.00	↔

4.4.3 Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	17/18 - July	18	15	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	17/18 - July	15	23 (18 following appeal)	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	17/18 - July	0	1	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	17/18 - July	0	1	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	17/18 - July	44	47	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Aintree)	17/18 - July	No Plan	96	↑

The CCG had 3 new cases reported in July 2017, (15 year to date), against a year to date plan of 18, (7 apportioned to acute trust and 8 apportioned to community). The year to date plan is 54.

Aintree had 6 new cases reported in July (23 year to date) against a year to date plan of 15. (There were 5 successful appeals upheld in July, so 18 cases following appeal). The year-end plan is 46.

Aintree had no new cases of MRSA in July and 1 case of MRSA in June the case was subject to the national Post Infection Review (PIR) process and the case was finally assigned to the Trust. The PIR review team could not identify any lapses in care, however the patient was screened negative on admission and the first indication of MRSA was the confirmation of the bacteraemia.

The National HCAI data capture system does not reflect appeal decisions taken locally therefore regional and national reporting of cases still includes those which have been successfully appealed.

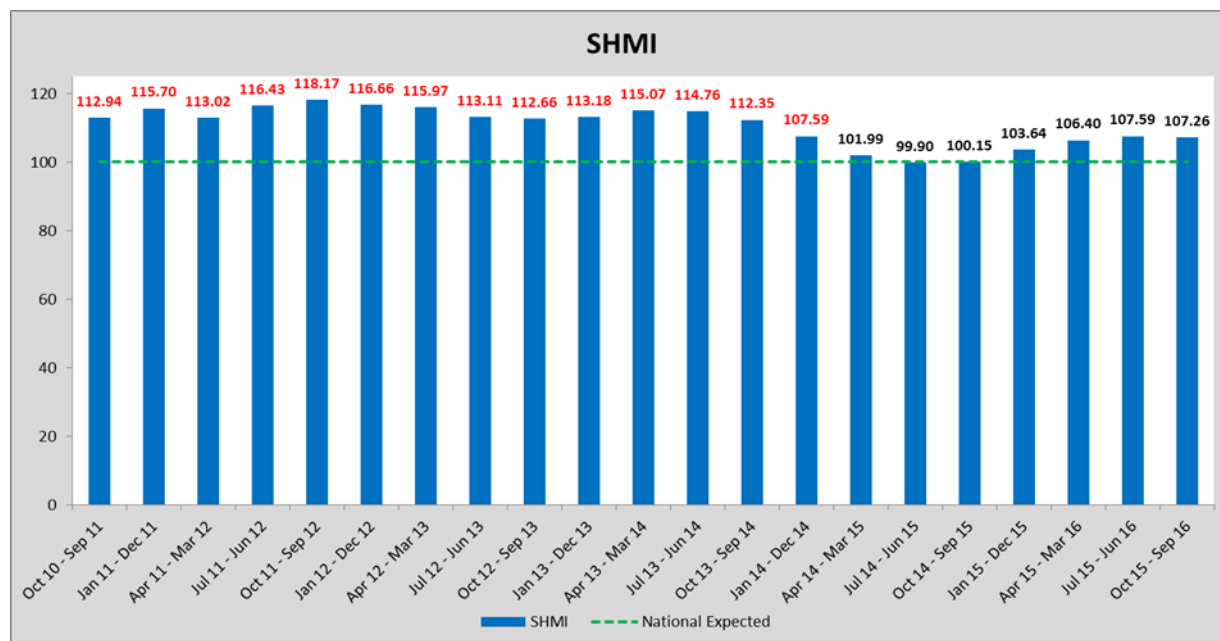
NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2017/18 which is 142 for South Sefton CCG, in July there were 14 cases bringing the year to date total to 47 which is over the 44 year to date plan. There are no targets set for Trusts at present.

4.4.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	17/18 - July	100	98.35	↑ ↔
Summary Hospital Level Mortality Indicator (SHMI)	Oct-15 to Sep 16	100	107.26	↔

HSMR is reported for the period February 2016 March 2017, performance remains below expected at 98.35 Aintree HSMR has consistently been better than the benchmark. Whilst still below peer average the last 12 months has seen a steady deterioration in this metric.

SHMI for the period October 2015 – September 2016 is at 107.26 and is marginally better than last months and is within expected tolerances, albeit at the upper end of that range.



The Trust has the 10th Highest SHMI of the 22 North West Trusts. There are 17 Trusts with a SHMI as expected, 1 trust is below expected and 4 Trusts have a SHMI higher than expected. The Trust remains in a positive position with the 4th lowest HSMR value of the 22 North West Trusts. There are 6 Trusts with a HSMR higher than expected and 16 Trusts have a HSMR as or below expected.

4.5 CCG Serious Incident Management

Serious incidents reporting within the integrated performance report is in line with the CCG reporting schedule for Month 4.

There are a total of 77 serious incidents open on StEIS where South Sefton CCG are either responsible or accountable commissioner. Of the 77, 37 are applicable to LCH, 22 for Mersey Care NHS Foundation Trust and 7 for Aintree University NHS Foundation Trust (UHA).

Aintree University Hospitals NHS Foundation Trust - 20 open Serious Incidents on StEIS. 2 incidents were reported in July (8 YTD) with Zero Never Events. Two incidents were closed in month, Eleven remain open >100 days.

Mersey Care NHS Foundation Trust – 22 incidents open on StEIS for a South Sefton CCG patient, with zero Never Events YTD. There were 5 incidents reported in July, 4 relating to a South Sefton CCG patient, 3 potential suicides (Mental Health Services), 1 Community Services (6 Pressure

Ulcers). There have been 17 incident reported YTD (9 – Mental Health, 8 Community Services). 5 incidents have been closed in month. Eleven remain open > 100 days.

There are a number of concerns escalated to the Director Nursing, and to be tabled at the CQPG; compliance with duty of candour, Staffing issues relating to CIP in an SI report, and the number of suicides being reported.

Governance issues have been highlighted, with the trust subcontracting arrangements with North West Boroughs Healthcare NHS Foundation Trust (NWFT) for elements of the community contract. A meeting is due to take place with the 2 providers, 3 CCGs (Liverpool CCG, South Sefton CCG, Knowsley CCG) and NHS E C&M to support robust governance arrangements.

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 to the Unify2 system.

Please note the patient snapshot measure has been removed from the collection starting in April 2017. Since the snapshot only recorded the position on one day every month, it was considered unrepresentative of the true picture for DTOCs. NHS England are replacing this measure in some of the publication documents 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. Removing the patient snapshot from the collection also reduces the burden on trusts, since NHS England can calculate a similar figure from the delayed days and number of days in the month.

Average Delayed Transfers of Care per Day at Aintree April 2016 – July 2017

Reason for Delay	2016-17												2017/18			
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
A) COMPLETION ASSESSMENT	1	1	1	1	3	6	1	0	0	2	2	0	0	0	2	1
B) PUBLIC FUNDING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C) WAITING FURTHER NHS NON-ACUTE CARE	9	8	8	6	7	19	9	6	10	10	8	7	11	9	11	7
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	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	0	0	0
E) AWAITING CARE PACKAGE IN OWN HOME	3	5	4	6	5	7	3	4	4	5	5	3	4	1	6	1
F) COMMUNITY EQUIPMENT/ADAPPTIONS	2	1	1	1	0	1	0	0	0	0	0	0	0	0	1	0
G) PATIENT OR FAMILY CHOICE	15	16	19	15	12	13	12	11	18	5	7	10	13	18	20	8
H) DISPUTES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
I) HOUSING	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
O) OTHER													0	0	0	0
Grand Total	30	31	34	29	27	46	25	21	32	22	22	22	28	28	40	17

The average number of delays per day in Aintree hospital decreased in July to 17, 40 reported in June (-57.5%). Of the 17, 8 were patient or family choice (47.1%), 7 were awaiting further NHS non-acute care (41.2%), 1 was awaiting care package in own home (5.9%) and 1 completion assessment (5.9%).

Analysis of average delays in July 2017 compared to July 2016 shows a reduction in the average number of patients from 29 to 17 (-41%).

Agency Responsible for Days Delayed at Aintree April 2016 – July 2017

Agency Responsible	2016-17												2017/18			
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
NHS - Days Delayed	808	773	863	677	677	1,093	664	516	880	519	490	565	726	852	962	515
Social Care - Days Delayed	85	184	153	228	167	292	98	118	121	177	133	106	112	45	221	34
Both - Days Delayed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

The total number of days delayed due to the NHS was 515 in July, a significant decrease from 962 in June (447).

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 the system wide teleconference each Monday at 12:30. This review of DTOC's, with participation from the acute Trust, Local Authorities and CCG's, assigns actions to key individuals and aims to remove those blockages which prevent a patient being discharged to their chosen place of care. In addition there is also CCG representation at the weekly focused MADE (Multi Agency Discharge Event) on the Aintree site. The forum focuses on a small number of themes associated with delayed discharges and seeks to achieve rapid change to systems and processes which have the potential to extend patients stay within the acute setting.

CCG representatives are planning to audit the Trusts Ready for Discharge (RfD) and Medically Fit for Discharge (MFFD) lists to proactively identify themes which hinder discharge. The CCG has offered support from the Quality Team to issue patient letters where patient/family choice delays are preventing appropriate discharge to the community setting.

The CCG is currently working with CCG and LA partners to agree an Intermediate Care, Reablement and Assessment Service model which, using a lane model with development of trusted assessor roles in the acute setting, transfer of Social Work support to the community setting and increased availability of packages of care, will facilitate timely discharge of patients to the most appropriate setting.

Average Delayed Transfers of Care per Day - Merseycare - April 2016 – July 2017

Reason for Delay	2016-17												2017/18			
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
A) COMPLETION ASSESSMENT	3	5	7	9	7	8	8	8	9	7	6	6	8	4	6	6
B) PUBLIC FUNDING	5	2	3	6	5	3	2	3	4	4	7	12	8	6	5	3
C) WAITING FURTHER NHS NON-ACUTE CARE	3	6	3	9	6	5	12	12	15	18	12	14	9	6	7	6
DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT	2	3	2	5	4	2	1	2	3	2	1	2	3	1	0	3
DII) AWAITING NURSING HOME PLACEMENT	3	5	5	9	9	10	9	7	5	3	3	2	4	4	4	7
E) AWAITING CARE PACKAGE IN OWN HOME	2	3	1	3	4	3	4	4	4	3	3	2	2	1	5	5
F) COMMUNITY EQUIPMENT/ADAPPTIONS	1	2	2	1	0	0	0	0	0	0	0	0	0	0	0	1
G) PATIENT OR FAMILY CHOICE	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
H) DISPUTES	4	5	6	7	4	4	4	3	2	2	2	0	1	4	5	3
I) HOUSING	4	3	4	2	3	2	2	2	1	1	0	2	0	3	2	1
O) OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	28	34	33	51	42	37	42	41	43	40	34	40	35	29	34	36

Note that Merseycare DTOC are Provider level and not split by Commissioner. The average number of delays per day at Merseycare increased to 36 in July from 34 the previous month. Of the 34 delays 7 were due to awaiting nursing home placements, 6 completion of assessment, 6 waiting further NHS non-acute care, 3 disputes and 5 awaiting care package in own home.

Analysis of average delays in July 2017 compared to July 2016 shows them to be lower by 15.




Agency Responsible and Total Days Delayed - Merseycare - April 2016 – July 2017

Agency Responsible	2016-17												2017/18			
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
NHS - Days Delayed	430	550	409	566	477	343	507	604	616	678	436	591	409	488	447	403
Social Care - Days Delayed	264	337	359	670	545	505	572	530	537	428	356	343	351	243	367	574
Both - Days Delayed	153	144	227	350	391	379	230	180	186	160	179	303	285	197	217	149

The total number of days delayed caused by NHS was 403 in July, compared to 447 last month. Analysis of these in July 2017 compared to July 2016 shows a decrease from 566 to 403 (163). The total number of days delayed caused by Social Care was 574 in July, compared to 367 in June showing an increase of 207. Merseycare also have delays caused by both which was 149 in July a decline from the previous month of 68.

4.7 Patient Experience of Unplanned Care

Friends and Family Response Rates and Scores
Aintree University Hospital NHS Foundation Trust
Latest Month: Jul-17

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	15.0%	16.5%		86%	78%		8%	14%	

The Friends and Family Test (FFT) Indicator comprises of three parts:

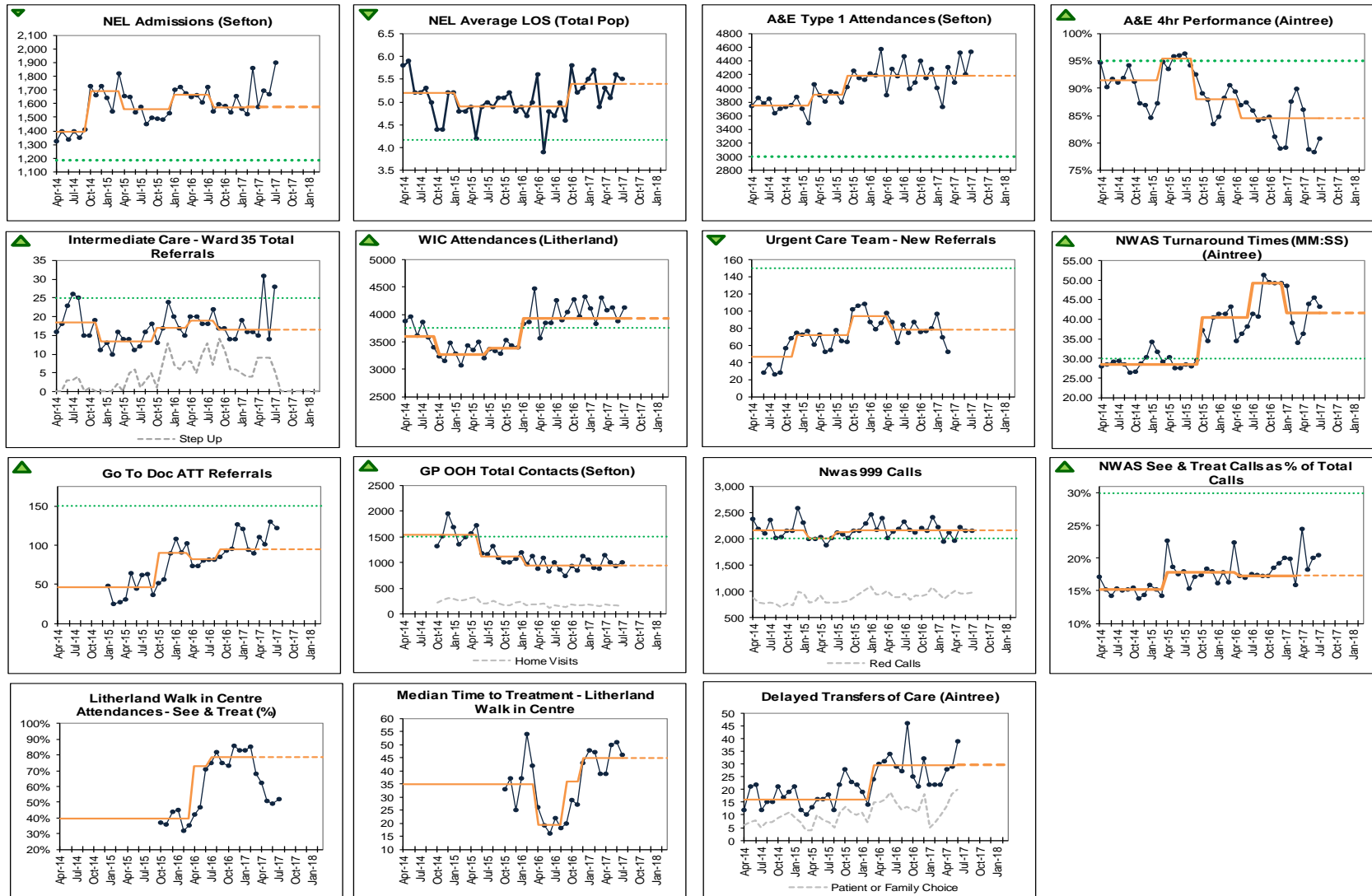
- % Response Rate
- % Recommended
- % Not Recommended

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target way in excess of the regional and national response rates for A&E after a sharp decline in May when response rates were 11.8%; July has seen an improvement recording 16.5% back over the 15% target.














The percentage of people that would recommend A&E is lower than the England average again reporting 78% in July, a decline from last month when 84% was recorded. The not recommended percentage is at 14% in July which has declined as 10% was recorded previous month.

4.8 South Sefton Urgent Care Dashboard

An urgent care system dashboard has been developed by Dr Pete Chamberlain incorporating 15 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.



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.

4.9 Unplanned Care Activity & Finance, All Providers

4.9.1 All Providers

Performance at Month 4 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£19k/-0.1%. 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 -£118k/-0.7%.

This under-performance is clearly driven by Southport & Ormskirk, Liverpool Womens and Liverpool Heart and Chest hospitals, reporting a combined under performance of -£305k between the three.

Figure 16 - Month 4 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	32,325	35,478	3,153	10%	£11,986	£12,099	£113	1%	-£113	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	3,313	3,144	-169	-5%	£715	£708	-£7	-1%	£7	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	82	56	-26	-32%	£136	£103	-£33	-25%	£33	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	1,152	1,147	-5	0%	£1,392	£1,304	-£88	-6%	£88	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	1,800	1,844	44	2%	£659	£781	£122	19%	-£122	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	3	2	-1	-41%	£18	£11	-£7	-38%	£7	£0	0.0%
ACTING AS ONE TOTAL	38,675	41,671	2,996	8%	£14,906	£15,005	£99	1%	-£99	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	22	37	15	66%	£5	£12	£7	125%	£0	£7	125%
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	30	30	0%	£0	£8	£8	0%	£0	£8	#DIV/0!
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	2,754	2,700	-54	-2%	£1,038	£855	-£183	-18%	£0	-£183	-18%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	295	370	75	25%	£132	£157	£25	19%	£0	£25	19%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	24	21	-3	-14%	£60	£61	£1	2%	£0	£1	2%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	14	10	-4	-28%	£5	£3	-£2	-40%	£0	-£2	-40%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	54	54	0%	£0	£8	£8	0%	£0	£8	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	82	83	1	1%	£30	£55	£25	85%	£0	£25	85%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	21	16	-5	-22%	£13	£6	-£7	-53%	£0	-£7	-53%
ALL REMAINING PROVIDERS TOTAL	3,213	3,321	108	3%	£1,283	£1,164	-£118	-9%	£0	-£118	-9%
GRAND TOTAL	41,888	44,992	3,104	7%	£16,189	£16,170	-£19	-0.1%	-£99	-£118	-0.7%

*PbR Only

4.9.2 Aintree University Hospital NHS Foundation Trust

Figure 17 - Month 4 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	13,996	16,242	2,246	16%	£325	£325	£0	0%
A&E - Accident & Emergency	10,373	10,966	593	6%	£1,399	£1,512	£114	8%
NEL - Non Elective	4,930	4,649	-281	-6%	£9,191	£9,072	-£119	-1%
NELNE - Non Elective Non-Emergency	16	14	-2	-14%	£58	£52	-£6	-10%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	7	52	45	668%	£2	£13	£11	578%
NELST - Non Elective Short Stay	671	642	-29	-4%	£451	£438	-£13	-3%
NELXBD - Non Elective Excess Bed Day	2,333	2,913	580	25%	£561	£687	£127	23%
Grand Total	32,325	35,478	3,153	10%	£11,986	£12,099	£113	0.9%

4.9.3 Aintree Hospital Key Issues

The Urgent Care over spend of -£113k/-0.9% is driven by a £127k/23% over performance in Non Elective Excess Bed Days and £114k/8% over spend in the Accident & Emergency POD. The key specialties over performing within unplanned care include Acute Internal Medicine, Gastroenterology and Cardiology. In contrast, there is currently a significant under spend within the Accident & Emergency and Geriatric Medicine specialties.

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.

4.9.4 Royal Liverpool University Hospital

Figure 18 - Month 4 Unplanned Care – Royal Liverpool University Hospital Trust by POD

The Royal Liverpool Hospital 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 - Accident & Emergency	1,486	1,490	4	0%	£155	£165	£10	7%
AMAU - Acute Medical unit	7	8	1	11%	£1	£1	£0	11%
NEL - Non Elective	225	219	-6	-2%	£445	£559	£113	25%
NELNE - Non Elective Non-Emergency	5	4	-1	-17%	£28	£11	-£18	-63%
NELST - Non Elective Short Stay	30	39	9	31%	£19	£26	£7	38%
NELXBD - Non Elective Excess Bed Day	47	84	37	79%	£11	£20	£9	82%
Grand Total	1,800	1,844	44	2%	£659	£781	£122	19%

4.9.5 Royal Liverpool University Hospital Key Issues

The overall Urgent Care over spend of £122k/19% is largely driven by a £113k/25% over performance in Non Elective costs. Vascular Surgery is the top over performing specialty within this POD with a variance of £105k/180%.

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

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 19 - NHS South Sefton CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS South Sefton CCG			
	Caseload as at 31/07/2017	2017/18 Plan	Variance from Plan	Variance on 31/07/2016
1 Common Mental Health Problems (Low Severity)	38	43	- 5	-
2 Common Mental Health Problems (Low Severity with greater need)	12	25	- 13	29
3 Non-Psychotic (Moderate Severity)	79	150	- 71	129
4 Non-Psychotic (Severe)	315	270	45	112
5 Non-psychotic Disorders (Very Severe)	93	67	26	29
6 Non-Psychotic Disorder of Over-Valued Ideas	43	46	- 3	2
7 Enduring Non-Psychotic Disorders (High Disability)	293	251	42	63
8 Non-Psychotic Chaotic and Challenging Disorders	133	122	11	22
10 First Episode Psychosis	145	144	1	13
11 On-going Recurrent Psychosis (Low Symptoms)	329	399	- 70	73
12 On-going or Recurrent Psychosis (High Disability)	403	354	49	62
13 On-going or Recurrent Psychosis (High Symptom & Disability)	106	101	5	4
14 Psychotic Crisis	30	27	3	7
15 Severe Psychotic Depression	8	6	2	1
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	43	38	5	7
17 Psychosis and Affective Disorder – Difficult to Engage	45	50	- 5	6
18 Cognitive Impairment (Low Need)	233	224	9	11
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	434	446	- 12	24
20 Cognitive Impairment or Dementia Complicated (High Need)	428	398	30	45
21 Cognitive Impairment or Dementia (High Physical or Engagement)	124	140	- 16	2
Cluster 99	482	558	- 76	26
Total	3,816	3,859	- 23	149

5.1.1 Key Mental Health Performance Indicators

Figure 20 - CPA – Percentage of People under CPA followed up within 7 days of discharge

	Target	Apr-17	May-17	Jun-17	Jul-17
The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	95%	97%	100%
Rolling Quarter				97%	100%

Figure 21 - CPA Follow up 2 days (48 hours) for higher risk groups

	Target	Apr-17	May-17	Jun-17	Jul-17
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%	No Patients	100%	No Patients	100%
Rolling Quarter				100%	100%

Figure 22 - Figure 16 EIP 2 week waits

	Target	Apr-17	May-17	Jun-17	Jul-17
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%	No Patients	100%	67%	100%
Rolling Quarter				80%	100%

5.1.2 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.

The Trust, in response to the recent Crisis Resolution Home Treatment Team (CRHTT) core fidelity review findings is considering options and the possibility of establishing a 24/7 Single Point of Access to its secondary care services and crisis care enabling a responsive access point for urgent requests for help, a one-stop integrated referral point based on a multi-disciplinary team model. The proposal requires Merseycare board level approval and if given, work streams involving the commissioners will be established within a robust project plan with clear milestones for delivery.

The Trust is actively recruiting to staff as part of its successful CORE 24 bid for hospital liaison psychiatry across the three acute sites on the North Mersey local delivery system footprint. Clinical commissioners will be involved in the ongoing development of the model of delivery including the development of performance metrics. The CORE 24 service will be officially launched on 29th September 2017.

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. This had previously been raised via CRM and CQPG meetings. The Trust has provided a remedial action plan against

which progress will be monitored via CQPG. Good progress has been reported against the remedial action plan however the performance notice will remain open until the CCG Safeguarding Team is assured that all concerns have been addressed.

The Adult ADHD service provided by the Trust is operating at overcapacity and this is impacting on new patients accessing the service. Current activity is currently 297 patients against a commissioned cap of 180 with a waiting list of 300 with waiting times reported to be 12 months. From January 2017 new patient slots reduced from 3 to 2 per week but the Trust are now writing to referring GPs in Sefton stating that they are unable to accept new referrals however the service has confirmed that new patients are being taken onto the caseload but only when existing patients caseload are discharged, this is resulting in lengthier waiting times for diagnosis and medication based treatment. The service receives on average 4 new referrals per week.

The situation is exacerbated by the lack of an agreed shared care protocol which would enable prescribing to be initiated by Adult ADHD specialist in secondary care and continued in primary care with regular review being provided by secondary care. Medicines management have confirmed that following discussions with the Local Medical Committee (LMC) a GP has been identified who will work with the medicines management team to draft a shared care protocol covering young people and adults. The proposed arrangement would be outside Pan Mersey Area Prescribing Committee (APC) agreements and would only apply for registered patients within the two Sefton CCGs. However the CCG would share any agreed framework with Pan Mersey APC as the current APC shared care agreement has not been ratified by a number of CCGs.




The Trust has also raised concerns around the caseload sizes of memory patients and what they perceive to be a lack of agreement from primary care to enable to these patients to be discharged from secondary care to enable subsequent reviews are undertaken in a primary care setting. The commissioners' view is that the memory pathway is wholly commissioned from within the Trust and that there could be an opportunity to utilise community physical health resources to enable reviews to be undertaken within the physical health offer. Feedback is awaited from the Trust if this opportunity can be explored further to mutual satisfaction.

In response to GP patient communication the Trust has undertaken a review of Review current clinical correspondence backlogs and has undertaken an organisational exercise to implement a new medical transcription service to improve productivity and related communication KPIs which will take effect on 1st October 2017.

Friends and Family Response Rates and Scores

Mersey Care NHS Foundation Trust

Latest Month: Jul-17

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	2.5%	2.0%		89%	85%		4%	4%	

Merseycare are under the England average for recommended for Friends and Family recording 85% this is down from June when they recorded 89%. They are recording the same as the England average for not recommended in July (4%).

5.2 Improving Access to Psychological Therapies

Figure 23 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)

South Sefton IAPT KPIs Summary

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March
National definition of those who have entered into treatment	2016/17	282	294	294	272	246	269	269	254	198	307	284	315
	2017/18	223	320	332	315								
Access % ACTUAL - Monthly target of 1.3% - Year end 15% required	2016/17	1.16%	1.21%	1.21%	1.12%	1.01%	1.11%	1.11%	1.05%	0.81%	1.26%	1.17%	1.30%
	2017/18	0.92%	1.32%	1.37%	1.30%								
Recovery % ACTUAL - 50% target	2016/17	41.1%	37.9%	30.7%	38.9%	34.5%	42.0%	39.0%	41.1%	36.7%	40.6%	50.3%	52.3%
	2017/18	35.4%	45.8%	41.9%	47.0%								
ACTUAL % 6 weeks waits - 75% target	2016/17	93.5%	98.5%	96.4%	97.4%	97.7%	95.5%	98.0%	99.5%	98.0%	98.8%	99.4%	99.5%
	2017/18	98.8%	98.90%	97.9%	100.0%								
ACTUAL % 18 weeks waits - 95% target	2016/17	100.0%	100.0%	100.0%	100.0%	100.0%	98.7%	100.0%	100.0%	99.3%	100.0%	100.0%	100.0%
	2017/18	100.0%	100.0%	99.5%	100.0%								
National definition of those who have completed treatment (KPI5)	2016/17	166	162	156	164	148	171	162	212	153	167	173	189
	2017/18	169	183	196	168								
National definition of those who have entered Below Caseness (KPI6b)	2016/17	3	9	3	7	6	9	8	10	6	12	10	13
	2017/18	8	4	5	4	0	0	0	0	0	0	0	0
National definition of those who have moved to recovery (KPI6)	2016/17	67	58	47	61	49	68	60	83	54	63	82	92
	2017/18	57	82	80	77								
Referral opt in rate (%)	2016/17	87.9%	89.4%	91.4%	84.2%	85.7%	84.2%	88.2%	83.2%	81.4%	84.1%	83.7%	80.4%
	2017/18	84.2%	88.8%	89.7%	82.1%								

Cheshire & Wirral Partnership reported 315 South Sefton patients entering treatment in Month 4, which is a slight (5.1%) decrease from the previous month when 332 was reported. 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 currently set at 16.8% for 2017/18 year end, which is equivalent to 1.4% per month. Month 4 access rate was 1.3% therefore the monthly target was not achieved.

There were 392 Referrals in Month 4, which was a 8.0% decrease compared to the previous month when there were 426. Of these, 67.1% were Self-referrals which is lower than the previous month (70.7%). GP Referrals also saw a decrease compared to the previous month with 68 compared to 86 for Month 3. 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 47.0% in Month 4, which is an increase from 41.9% for the previous month, and just failing to meet the target of 50%. The provider believes that it is possible recovery will dip as the longest waiters are brought into service, as more are likely to disengage without completing treatment. However, as waits reduce, this is expected to improve.

Cancelled appointments by the provider saw a decrease in Month 4 with 45 compared to 55 in Month 3.

There was a 10.9% decrease in DNAs in Month 4 (from 182 in Month 3 to 162 in Month 4); 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.

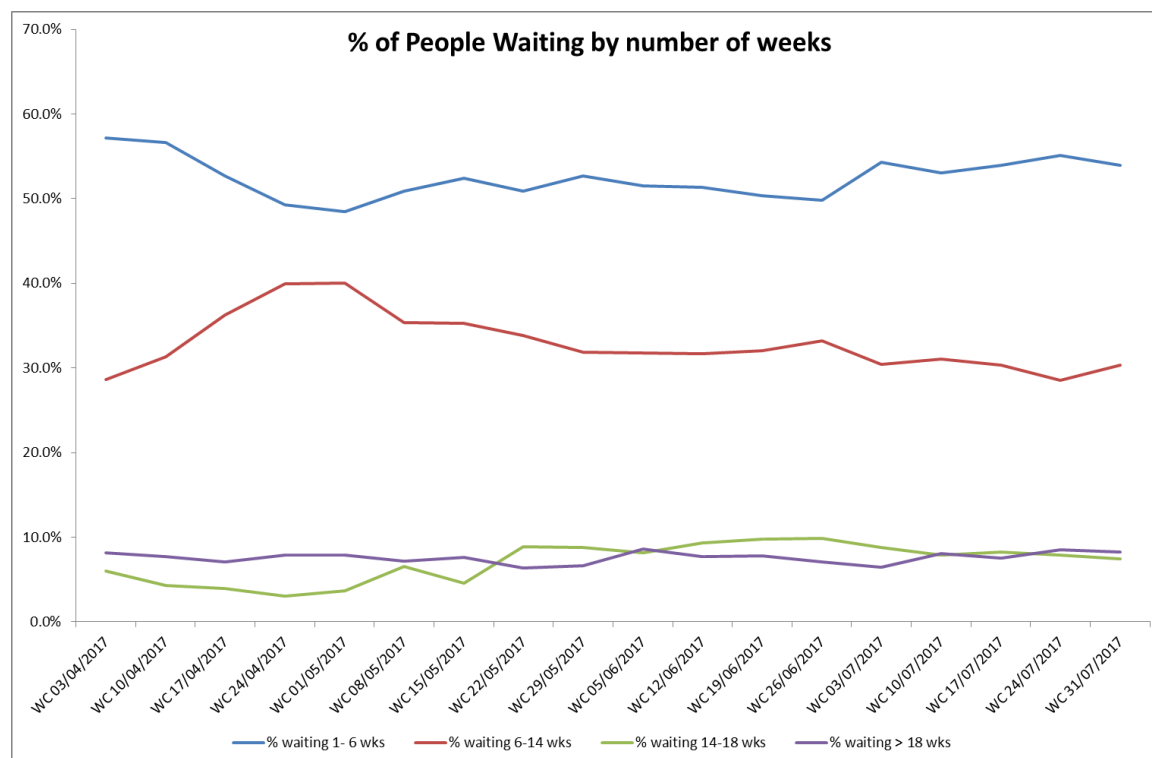
In month 4, 100% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. Therefore 100% of patients have waited less than 18 weeks (against a standard of 95%).

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 has recently recruited a qualified practitioner to work with the less severe presentations, and are currently in the process of shortlisting for a full-time qualified CBT therapist. In addition they have developed group interventions for anxiety and depression and the feedback from clients suggest that these are being well-received.

NHS South Sefton CCG – Access Sefton % Internal waiters 03/04/2017 – 31/07/2017



The chart above illustrates internal waits activity for April and July 2017 over the 18-week reporting period.

5.3 Dementia

	Apr-17	May-17	Jun-17	Jul-17
People Diagnosed with Dementia (Age 65+)	1219	1213	1224	1237
Estimated Prevalence (Age 65+)	1845	1851.4	1855.3	1862
NHS South Sefton CCG - Dementia Diagnosis Rate (Age 65+)	66.07%	65.52%	65.97%	66.43%
Target	67%	67%	67%	67%

Latest guidance from Operations and Guidance Directorate NHS England has confirmed that following a review by NHS Digital a decision has been made to change the way the dementia diagnosis rate is calculated for April 2017 onwards. The new methodology is based on GP registered population instead of ONS population estimates. Using registered population figures is more statistically robust than the previous mixed approach.

The latest data on the HSCIC website shows that South Sefton CCG are recording a dementia diagnosis rate in July 2017 of 66.4% which is close to the national dementia diagnosis ambition of 67% and similar to the previous month. This is a significant improvement on 2016/17 rates which is partly due to a change in the methodology used by NHS Digital which is based on GP registered population instead of ONS population estimates. Using registered population figures is more statistically robust than the previous mixed approach. The work that has been done at a practice level to improve dementia coding in South Sefton has also contributed to this improvement.

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

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

E.H.9	16/17 Estimate*	16/17 CCG Revised Estimate*	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	2017/18 Total
1a - The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period.	100	100	25	25	25	25	100
2a - Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	305	305	160	210	260	310	940
2b - Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	3121	3121	-	-	-	-	3121
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	9.8%	9.8%	-	-	-	-	30.1%

An update will be provided on a quarterly basis, with quarter one anticipated to be released by NHS Digital 11th October. NHS Digital’s publication schedule reports quarterly data 2 months behind quarter end.

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

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		2		2	
Number of CYP with a suspected ED (routine cases) that start treatment	2	3	2		2		2	
%	100.00%	33.33%	100.00%		100.00%		100.00%	

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		2		2	
Number of CYP with a suspected ED (urgent cases) that start treatment	2	0	2		2		2	
%	100.00%	#DIV/0!	100.00%		100.00%		100.00%	

For Q1 South Sefton had no patients waiting for urgent (less than 1 week waiting), and had 3 patient waiting for a routine appointments. Of those three patients, one was seen between 1-2 weeks and the others at 4-5 weeks and 6-7 weeks so performance against the 4 week target is 33% (against national standard of 95%). The performance in this category is calculated against completed pathways only.

6. Community Health

6.1 Mersey Care Community Contract

The Liverpool Community Health contract has now ended and the new contract between the CCG and Mersey Care began on 1st June. Liverpool Community Health have agreed to support Mersey care with initial reporting for 6 months; this also includes supporting the Trust in undertaking gap analysis and providing action plans to the CCG for missing indicators regarding the reporting of virtual wards.

Monthly joint contract and quality review meetings are now set up with appropriate CCG and Mersey Care Trust colleagues attending.

6.1.1 Quality

The CCG Quality Team holds regular planning meetings with Mersey Care Community to discuss Quality Schedule KPIs, Compliance Measures, Safeguarding and CQUIN development. A joint quality handover document was developed with colleagues from Liverpool CCG and NHSE, this highlighted areas requiring enhanced surveillance during the transition, and this was also shared with Mersey Care Community Health Colleagues and forms the basis of the 17/18 work programme for the CQPG. Any focus areas highlighted in the QRP (Quality Risk Profile) has been incorporated into the handover document.

There is a planned review of all KPIs included in Service Specifications in the first six months for both new contracts (Mersey Care Community and Lancashire Care). 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. Any new local KPIs identified will be varied into the contract. Work Plan has been developed and shared with Trusts.

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 2017/18.

For patient DNAs, Sefton Physio Service continues to report high rates with 13.3% in Jul-17. Adult Dietetics also continues to report high rates at 17.1% in Jul-17. Diabetes is also showing an increase in DNA rates with 10.4% in Jul-17 compared to 8.9% in May-17.

Provider Cancellation Rates: Treatment Rooms is reporting red (above 5% threshold) with 5.7% and Diabetes is amber with 4.8%. Both services are showing an improvement on last month.

Treatment rooms, Podiatry, Physio and Adult Dietetics have all continued the trend of previous years showing high numbers of patient cancellations. All services are above 15% for July 2017 and show no sign of improvement.

6.1.3 Waiting Times

Waiting times are reported a month in arrears. The waiting times for all services were below 18 weeks in Jun-17, with the exception of adult SALT reporting an average (95th percentile) of 21 weeks on the completed pathway, compared to 16 weeks last month.

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. Therefore the following information reports a year to date position from month 3 onwards.

At Month 4 2017/18 the costs for the CCG for initial contacts were £25,998 with 360 contacts and for follow-ups costs were £68,856 with 2,440 contacts (678 with attached costs).

6.2.1 Liverpool Community Health Quality Overview

A Quality Handover document has been developed with NHSE and stakeholders incorporating the Risk Profile Tool to share with the new community providers; this will be monitored at the new CQPGs.

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. The new quality reporting requirements for adult core services are outlined above under Mersey Care Community Contract.

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

Liverpool Community Health is currently providing activity reports for these services on behalf of Alder Hey.

6.3.2 Waiting Times

Paediatric SALT: In June 2017, 21 weeks was reported for incomplete pathways against the 18 week target. This is an increase in waiting times compared to last month. A total of 97 patients were waiting over 18 weeks, with the longest waiter at 30 weeks.

6.3.3 Patient DNA's and Cancellations

Paediatric Dietetics is reporting a high DNA rate in July 2017, for the third consecutive month, with 12.5%. This is a decrease in DNA's compared to last month.

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

South Sefton CCG – Percentage of children waiting more than 18 weeks for a wheelchair - 2017/18 Plans (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		19		19	
Total number of children whose episode of care was closed within the quarter where equipment was delivered or a modification was made	20	Nil return	20		20		20	
%	95.00%	0.00%	95.00%		95.00%		95.00%	

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 for Q1.

7. Third Sector Overview

All NHS Standard Contracts and Grant Agreements for 2017-18 have now been signed by all providers and CCGs. CCG commissioning leads and CCG contract team colleagues have met with and are working with Providers to review service specifications and information reporting in line with local requirements and CCG Five Year Forward Plans. All providers have confirmed that front line services will continue to be delivered without disruption as per contracts. In the main funding changes are being met by changes to senior management posts across the sector, although some services have had to reduce activity as a result. Referrals to most services have increased during Q1 compared to the same period last year and the complexity of service user issues is increasing. The introduction of Universal Credit and changes to eligibility for benefits/supported living accommodation is due to change in October. This appears to be causing increased anxiety amongst service users, the process is long drawn and is increasing the workload for some of our providers in particular advocacy services, CAB, CHART & Netherton Feelgood Factory. Activity and waiting lists will continue to be monitored and feedback to Sefton CCGs on a quarterly basis.

A presentation was delivered to both CCG Governing Body Development Workshops during August aiming to increase knowledge and understanding in regard to services provided, value and benefits of these services within our community, and the complexity and vulnerability of those community groups who rely heavily on these services. Further work is to be undertaken to demonstrate how these services link in with our statutory/Acute mental health organisations and will be presented again during October to the Senior Leadership Team.

A further piece of work is also underway to promote “30 Days of Sefton in Mind”, from the 10th September (World Suicide Prevention Day) through until 10th October (World Mental Health Day) Sefton MBC want to run 30 stories regarding mental health in Sefton. We are currently collating case studies and service outcomes with our providers to help raise awareness and demonstrate how valuable these services are to our community.

8. Primary Care

8.1 Extended Access (evening and weekends) at GP services

South Sefton CCG - Extended Access at GP services 2017/18 Plans

E.D.14	Months 1-6	Months 7-12
Number of practices within a CCG which meet the definition of offering full extended access; that is where patients have the option of accessing pre-bookable appointments outside of standard working hours either through their practice or through their group. The criteria of 'Full extended access' are: <ul style="list-style-type: none"> • Provision of pre-bookable appointments on Saturdays through the group or practice AND • Provision of pre-bookable appointments on Sundays through the group or practice AND • Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice 	-	-
Total number of practices within the CCG.	19	19
%	0.0%	0.0%
Number of practices within a CCG which meet the definition of offering full extended access; that is where patients have the option of accessing pre-bookable appointments outside of standard working hours either through their practice or through their group. The criteria of 'Full extended access' are: <ul style="list-style-type: none"> • Provision of pre-bookable appointments on Saturdays through the group or practice AND • Provision of pre-bookable appointments on Sundays through the group or practice AND • Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice 	-	-
Total number of practices within the CCG.	19	19
%	0.0%	0.0%

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 and in Southport and Formby 18 out of 19 practices are offering some extended hours, however the planning requirements include Saturday and Sunday and appointments outside core hours. No practices in either CCG are offering all three elements and there are no plans to do so at this stage.

The CCG are using 2017/18 to understand access and current workforce / skill mix including practice vacancies in order to produce a comprehensive workforce plan to develop a sustainable general practice model which is attractive to work in. Current initiatives through GPFV are being explored. A Primary Care Workforce plan will be developed in conjunction with other organisations including Mersey Deanery and Health Education England.

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. In August, Maghull Family Surgery was inspected and rated overall as Good and "requires improvement" in one area (Safe). When they were last inspected, they were rated as 'requires improvement' in 3 areas, so the latest rating represents an improvement. Also 129 Sefton Road (Branch Surgery) was inspected and 'requires improvement' in Safe and Well Led leading to an overall rating of 'requires improvement'. All the results are listed below:

Figure 24 - 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 Center	n/a	Not yet inspected the service was registered by CQC on 20 July 2016					
N84015	Bootle Village Surgery	03 August 2016	Good	Good	Good	Good	Good	Good
N84016	Moore Street Medical Center	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 Center	19 February 2015	Good	Good	Good	Good	Good	Good
N84034	Park Street Surgery	17 June 2016	Good	Good	Good	Good	Good	Good
N84038	Concept House Surgery	24 July 2017	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
	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	07 January 2016	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
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 Center	23 September 2016	Good	Good	Good	Good	Good	Good
N84624	Maghull Health Center	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 Center	15 June 2016	Good	Good	Good	Good	Good	Good
N84027	Orrell Park Medical Center	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 Hth Ctr	26 November 2015	Good	Good	Good	Good	Good	Good
N84615	Rawson Road Medical Center	10 September 2015	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

Better Care Fund planning guidance was published at the start of July 2017. Health and Wellbeing Board areas submitted an overarching BCF narrative plan, a planning template (consisting of confirmation of funding contributions, scheme level spending plans, and national metrics) and supporting documents on 11th September 2017. Earlier in July local areas were required to confirm draft Delayed Transfers of Care (DTC) trajectories and Local Authorities completed a first quarterly monitoring return on the use of the improved BCF (iBCF) funding. The DTC trajectory submitted is in line with the NHS England expectations that both South Sefton and Southport & Formby CCGs will

maintain their current rates of delays per day, and this trajectory is adequately phased across the months from July 2017 – March 2018.

10. CCG Improvement & Assessment Framework (IAF)

10.1 Background

A new NHS England improvement and assessment framework for CCGs became effective from the beginning of April 2016, replacing the existing CCG assurance framework and CCG performance dashboard.

The framework draws together in one place almost 60 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 the last three of 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 dashboard is released each quarter by NHS England consisting of fifty seven indicators. Performance is reviewed quarterly at CCG Senior Management Team meetings, and Senior Leadership Team, Clinical and Managerial Leads have been identified to assign responsibility for improving performance for those indicators. This approach allows for sharing of good practice between the two CCGs, and the dashboard is released for all CCGs nationwide allowing further sharing of good practice.

Publication of quarter 4 data was released the middle of July, and on 21st July the annual CCG ratings for 2016/17 were released. Overall, the assessment for NHS South Sefton CCG of '*requires improvement*' highlights both progress and ongoing challenges, whilst continuing to reflect the increasingly testing environment the organisation is operating in.

Areas cited in the assessment as strengths or good practice include the following:

- The CCG's performance was at or above the level required for the majority of NHS Constitution standards
- The CCG has a good control environment in place, with significant assurance received on all internal audits including quality, stakeholder engagement and financial management
- The CCG has proper arrangements in all significant respects to ensure it delivered value for money in its use of resources
- The CCG's openness in relation to its financial challenges is recognised, as is the strong oversight provided by the governing body and committee structure
- The CCG took a constructive approach to the planning and contracting round, and signed all its main contracts ahead of the 23 December 2016 deadline
- The strong leadership role taken to date by the CCG within the sustainability and transformation planning (STP) process, in particular the contribution of the accountable officer to local delivery system work

Some of the areas of continued challenge and development cited by NHS England can be seen below:

- As the CCG predicted, its financial position deteriorated substantially during 2016 – 2017, for a number of reasons and its 2017 - 2018 financial plans are subject to significant risks
- Whilst NHS England recognised the good work carried out by the CCG across the wider urgent care system, it noted performance in this area remains to be a significant challenge. Efforts should continue with system partners to reduce delayed transfers of care and implement discharge to assess, trust assessor and primary care streaming initiatives
- Action should be taken with providers to improve cancer 62 day waits from urgent GP referral to first definitive treatment, along with access and recovery rates for Improving Access to Psychological Therapies, known as IAPT services
- Whilst the CCG's contribution to the STP is noted, NHS England states that there now needs to be increased focus on outputs and outcomes building on the Next Steps of the NHS Five Year Forward View

10.2 Q4 Improvement & Assessment Framework Dashboard

Better Health							Better Care						
	Period	CCG	Peers	England	Trend		Period	CCG	Peers	England	Trend		
R 101a	n/d Maternal smoking at delivery 16-17 Q3	12.4%	↑ 2/11	130/209		R 121a	n/a High quality care - acute 16-17 Q4	62	↑ 5/11	44/209			
R 102a	n/d % 10-11 classified overweight 12/13 to 14/15	35.3%	↓ 6/11	148/209		R 121b	n/a High quality care - primary care 16-17 Q4	65	○ 8/11	99/209			
R 103a	n/d Patients who achieved NICE target 2015-16	39.3%	↓ 8/11	99/209		R 121c	n/a High quality care - adult social care 16-17 Q4	60	○ 4/11	114/209			
R 103b	n/d Attendance of structured education 2014	7.9%	↑ 4/11	67/209		R 122a	n/d Cancers diagnosed at early stage 2015	49.1%	↑ 7/11	167/209			
R 104a	✗ Injuries from falls in people 16-17 Q3	2,805	↑ 9/11	200/209		R 122b	n/d Cancer 62 days of referral to 16-17 Q4	78.8%	↓ 9/11	136/209			
R 105a	n/a Utilisation of the NHS e-referral 2017 Q3	21.7%	↓ 11/11			R 122c	n/d One-year survival from all causes 2014	70.2%	↑ 3/11	94/209			
R 105b	n/a Personal health budgets 16-17 Q4	8	↓ 10/11	128/209		R 122d	n/d Cancer patient experience 2015	8.8	○ 7/11	62/209			
R 105c	n/a % of deaths in hospital 16-17 Q2	50.2%	↓ 5/11	65/209		R 123a	✗ IAPT recovery rate 2017 Q1	38.8%	↓ 11/11	200/209			
R 105d	n/d LTC feeling supported 2016 Q3	63.8%	↑ 8/11	118/209		R 123b	✓ EIP 2 week referral 2017 Q3	67.6%	↔ 10/11	152/209			
R 106a	n/d Inequality Chronic - ACS 16-17 Q3	1,361	↓ 10/11	192/209		R 123c	n/a MH - CYP mental health 16-17 Q4	40%	↔ 9/11	146/209			
R 106b	✗ Inequality - UCS 16-17 Q3	2,927	↓ 9/11	195/209		R 123d	n/a MH - Crisis care and liaison 16-17 Q4	47.5%	↔ 10/11	191/209			
R 107a	✓ AMR: appropriate prescribing 2017 Q2	1.25	↓ 7/11	193/209		R 123e	n/a MH - OAP 16-17 Q4	25.0%	↓ 11/11	192/209			
R 107b	✗ AMR: Broad spectrum prescribing 2017 Q2	8.0%	↑ 7/11	70/209		R 124a	✗ LD - reliance on specialist input 16-17 Q4	70	↑ 3/11	146/209			
R 108a	n/a Quality of life of carers 2016 Q3	0.79	↑ 2/11	117/209		R 124b	✓ LD - annual health check 2015-16	10.4%	○ 11/11	209/209			
Sustainability							Better Care						
	Period	CCG	Peers	England	Trend		Period	CCG	Peers	England	Trend		
R 141a	n/a Financial plan 2016	Amber	○ 4/11	88/209		R 125a	n/d Neonatal mortality and stillbirth 2015	8.4	↑ 10/11	163/209			
R 141b	n/a In-year financial performance 16-17 Q4	Red	↔ 7/11	88/209		R 125b	n/a Experience of maternity services 2015	81.2	○ 6/11	75/209			
R 142a	n/a Improvement area: Outcomes 16-17 Q3		↔ 1/11	1/209		R 125c	n/a Choices in maternity services 2015	67.0	○ 6/11	72/209			
R 142b	n/a Improvement area: Expenditure 16-17 Q3		↔ 1/11	1/209		R 126a	n/a Dementia diagnosis rate 2017 Q3	57.5%	↑ 11/11	204/209			
R 143a	n/a New models of care 16-17 Q4	N	○			R 126b	n/d Dementia post diagnostic support 2015-16	73.9%	↓ 11/11	200/209			
R 144a	n/a Local digital roadmap in place 16-17 Q4	Y	○			R 127a	n/a Delivery of an integrated urgent care 2017 Q1	5	↑ 3/11	65/209			
R 144b	n/a Digital interactions 16-17 Q4	59.3%	○ 9/11	142/209		R 127b	n/d Emergency admissions for urgent care 16-17 Q3	3,303	↓ 7/11	186/209			
R 145a	n/a SEP in place 2016-17	Y	○			R 127c	✗ A&E admission, transfer, discharge 2017 Q3	90.5%	↑ 5/11	95/209			
Well Led							Better Care						
	Period	CCG	Peers	England	Trend		Period	CCG	Peers	England	Trend		
R 161a	n/a STP 2016-17	Green	○ 1/11	1/209		R 127d	n/d Delayed transfers of care per patient 2017 Q3	12.8	↑ 6/11	101/209			
R 162a	n/a Probity and corporate governance 16-17 Q4	Fully Compliant	↔ 1/11	1/209		R 127e	n/d Hospital bed use following emergency 16-17 Q3	596.4	↑ 10/11	186/209			
R 163a	n/a Staff engagement index 2016	3.70	↓ 8/11	185/209		R 128a	✗ Management of LTCs 16-17 Q3	1,279	↓ 9/11	192/209			
R 163b	n/a Progress against WRES 2016	0.12	○ 7/11	94/209		R 128b	n/d Patient experience of GP services 2016 Q3	81.2%	↑ 11/11	182/209			
R 164a	n/a Working relationship effectiveness 16-17	63.79	↓ 9/11	158/209		R 128c	n/a Primary care access 2017 Q3	0.0%	↔ 4/11	115/209			
R 165a	n/a Quality of CCG leadership 16-17 Q4	Amber	↓ 7/11	108/209		R 128d	n/d Primary care workforce 2016 Q9	0.80	↓ 11/11	189/209			
						R 129a	✓ 18 week RTT 2017 Q3	93.5%	↑ 6/11	38/209			
						R 130a	n/a 7 DS - achievement of standards 2016-17	0.0%	○ 1/11				
						R 131a	n/a People eligible for standard 16-17 Q3	39.3	↓ 8/11	122/209			

Key	
	Worst quartile in England
	Best quartile in England
	Interquartile range

10.3 Clinical Priority Areas

Dementia		Cancer		Mental Health				
126a	Dementia diagnosis rate	57.5%	↑	123a	IAPT recovery rate	42.3%	↑	
	57.5%	1.8%	31.3%		38.8%	11.0%		
126b	Dementia post diagnostic support	77.6%	↑	123b	EIP 2 week referral	69.2%	↑	
	73.9%	3.7%	67.6%		67.6%	1.7%		
122a	Cancers diagnosed at early stage	49.1%	↑	123c	MH - CYP mental health	40.0%	↑	No calculation possible due to lack of z-scores
	43.5%	5.5%	35.0%		40.0%	5.0%	No calculation possible due to lack of z-scores	
	78.8%	16.2%	47.5%		47.5%	5.0%	No calculation possible due to lack of z-scores	
	74.4%	9.9%	25.0%		25.0%	75.0%	No calculation possible due to lack of z-scores	
122b	Cancer 62 days of referral to treatment	90.7%	↑	123d	MH - Crisis care and liaison	47.5%	↑	No calculation possible due to lack of z-scores
	74.4%	16.2%	42.5%		47.5%	5.0%	No calculation possible due to lack of z-scores	
122c	One-year survival from all cancers	70.2%	↑	123e	MH - OAP	87.5%	↑	No calculation possible due to lack of z-scores
	60.3%	9.9%	12.5%		25.0%	75.0%	No calculation possible due to lack of z-scores	
122d	Cancer patient experience	8.8	↑					
	8.8	0.0%						

11. NHS England Monthly Activity Monitoring

CCGs were required to submit two year (2017-19) activity plans to NHS England in December 2016. NHSE monitor actual activity against these planned activity levels, however NHSE use a different data source than CCGs to monitor the actual activity against plan. The variance between the plan and the NHS England generated actuals have highlighted significant variances for our CCGs. CCGs are required to submit the table below on a monthly basis providing exception commentary for any variances +/- 3%. The main variances are due to the data source used by NHSE; this assigns national activity data to CCGs by a different method. The end column of the table below describes the CCG calculated variances from plan and any actions being taken to address over/under performance which is of concern.

South Sefton CCG's Month 4 Submission to NHS England

July 2017 Month 04	Month 04 Plan	Month 04 Actual	Month 04 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
Referrals (MAR)				
GP	3732	3498	-6.3%	GP referrals down against plan in July. Figures in line with previous levels and no variation beyond the statistical norm. Seasonal plan based on previous years levels indicates a slight spike before August whereas actual levels show a slight drop. The slight drop is noted against Southport Trust, Liverpool Women's, and Renacres ISTC.
Other	2217	2424	9.3%	Other referrals increased in July with the bulk of the increase focused within the CCGs main provider Aintree, and some at Southport Trust. Looking at the local referral data flow the increase is from C2C referrals, A&E as well as Dental with Oral Surgery and Maxillo-Facial surgery on the rise. Work is taking place to understand the increase in month and where the increase is situated.
Total (in month)	5949	5922	-0.5%	
Variance against Plan YTD	22479	22684	0.9%	
Year on Year YTD Growth			3.1%	Local monitoring using MAR data suggests less than 1% growth from 2016/17 with local referral data flows showing a decrease closer to 3%.
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	5401	4464	-17.3%	The variance in month is due to two factors, firstly and increase in the seasonal plan for July which, secondly, corresponds in a drop in activity. July saw a drop in activity in both first and follow up levels across both a number of providers and specialties. The majority of the shift is located in the CCGs main provider with T&O, Cardiology, General Medicine, ENT, and Ophthalmology all showing a decrease against previous months. As noted the decrease in month is not located within on Specific Trust or Specialty, but rather accumulation of reductions. Please also note we have not received any Activity for Liverpool Women's Trust via SUS which usually accounts for approx. 400 first and 720 follow ups. Please check this is not missing from the national data.
Follow Up	11734	10224	-12.9%	
Total Outpatient attendances (in month)	17135	14688	-14.3%	
Variance against Plan YTD	64158	62959	-1.9%	
Year on Year YTD Growth			4.8%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells				
Elective Ordinary spells				
Total Elective spells (in month)	2178	1922	-11.8%	Total electives in month appear to have decreased but levels noted in July are in line statistically with previous months. The reason for the variance is twofold, firstly the plan value in July is the highest for 17/18 and as such the lower than expected figure appears to be a higher variance. Secondly Liverpool Women's Trust have not submitted SUS data which is approx. 130 admissions a month. As you can see YTD figures show a variance against plan under 1% and a growth rate of 0%.
Variance against Plan YTD	7936	7894	-0.5%	
Year on Year YTD Growth			0.0%	
Urgent & Emergency Care				
Type 1	-	4468	-	Local monitoring suggests YTD variance against plan at 1% with growth just over 3% against 16/17. In month variance against plan within 3% as is growth for type 1 activity.
Year on Year YTD			3.3%	
All types (in month)	9243	8986	-2.8%	
Variance against Plan YTD	37015	34929	-5.6%	
Year on Year YTD Growth			3.2%	
Total Non Elective spells (in month)	1687	1864	10.5%	July has seen a spike in activity with the majority of the increase at the CCGs main provider Aintree. Activity is at the top end of the statistical norm but plans activity likely to remain below the 3% threshold for the year as plans increase from October onwards.
Variance against Plan YTD	6700	6891	2.9%	
Year on Year YTD Growth			1.7%	

Appendix – Summary Performance Dashboard



South Sefton CCG - Performance Report 2017-18



Metric	Reporting Level	2017-18													YTD
		Q1			Q2			Q3			Q4				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Preventing People from Dying Prematurely															
Cancer Waiting Times															
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G	G	R	G									R
	Actual	93.573%	94.653%	83.002%	95.404%										91.41%
	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%	93.00%
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	G	R	R	R									R
	Actual	93.846%	86.486%	84.416%	88.462%										88.095%
	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%	93.00%
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G	G	G	G									G
	Actual	100.00%	98.507%	97.143%	98.876%										98.625%
	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%	96.00%
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	R	G	G	G									G
	Actual	93.333%	100.00%	100.00%	100.00%										98.039%
	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%
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	G	G									G
	Actual	100.00%	100.00%	100.00%	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%
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	G	G									G
	Actual	100.00%	96.875%	100.00%	95.652%										98.02%
	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%

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	G	G													G	
		Actual	83.87%	83.333%	85.714%	89.474%														85.95%
		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%	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	South Sefton CCG	RAG	G	G	G	G													G	
		Actual	100.00%	100.00%	100.00%	92.857%														96.667%
		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%	85.00%	85.00%	85.00%

Ambulance

1887: Category A Calls Response Time (Red1) Number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R													R		
		Actual	70.08%	65.92%	62.53%	64.67%														65.766%	
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	
	South Sefton CCG	RAG	G	R	R	R														R	
		Actual	84.38%	70.69%	74.00%	69.44%															74.528%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	
1889: Category A (Red 2) 8 Minute Response Time Number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R													R		
		Actual	68.94%	64.43%	64.68%	64.17%														65.514%	
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	
	South Sefton CCG	RAG	R	R	R	R														R	
		Actual	69.73%	57.62%	60.30%	59.84%															61.962%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	
546: Category A calls responded to within 19 minutes Category A calls responded to within 19 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R													R		
		Actual	92.54%	90.08%	89.39%	89.80%														90.432%	
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	
	South Sefton CCG	RAG	R	R	R	R														R	
		Actual	93.83%	87.99%	90.00%	90.37%															90.582%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	

Enhancing Quality of Life for People with Long Term Conditions

Mental Health

138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G												G
		Actual	97.143%												97.143%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

Episode of Psychosis

2099: First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	R	G	G	G										G	
		Actual	-	100.00%	66.667%	100.00%											92.308%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%

Dementia

2166: Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R											R	
		Actual	66.07%	65.52%	65.97%	66.43%												
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

Children and Young People with Eating Disorders

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	R												R
		Actual	0%												-
		Target	95%	95%	95%	95%	95%	95%	95%	95%	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	G												G
		Actual	0												-
		Target	1	1	1	1	1	1	1	1	1	1	1	1	1
2098: The number of incomplete pathways (urgent) for CYP ED Highlights the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - urgent CYP ED	South Sefton CCG	RAG	G												G
		Actual	0												-
		Target	1	1	1	1	1	1	1	1	1	1	1	1	1

Ensuring that People Have a Positive Experience of Care

EMSA

1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG	G	G	G	G														G	
		Actual	0	0	0	0															0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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	G	G	G	G															G	
		Actual	93.733%	94.171%	93.624%	92.599%																93.527%
		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%	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	G	G	G															G	
		Actual	0	0	0	0																0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R	R															R	
		Actual	2.207%	3.755%	4.059%	4.632%																3.681%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Cancelled Operations

1983: Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G	G															G	
		Actual	0	0	0	0																0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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	R																		R	
		Actual	0.00%																			-
		Target	92.00%						92.00%			92.00%				92.00%						92.00%

Treating and Caring for People in a Safe Environment and Protect them from Avoidable Harm
HCAI

497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	South Sefton CCG	RAG	G	G	R	R									R
		YTD	0	0	1	1									1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	South Sefton CCG	RAG	G	G	G	G									G
		YTD	3	9	12	15									15
		Target	5	11	14	18	23	28	34	39	43	45	48	54	23

Accident & Emergency

2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) %of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	South Sefton CCG	RAG	R	R	R	R									R
		Actual	88.069%	82.213%	82.323%	83.40%									84.18%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
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	R	R	R									R
		Actual	86.125%	78.775%	78.421%	80.811%									81.27%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
1928: 12 Hour Trolley waits in A&E Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	R	R	G									R
		Actual	0	9	2	0									11
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0