



South Sefton
Clinical Commissioning Group

South Sefton Clinical Commissioning Group

Integrated Performance Report September 2017

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

*September ambulance data is unavailable at present. Provisional data for these new indicators anticipated in December

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 7, £0.936m QIPP savings have been achieved.

The year to date financial position is a deficit of £1.250m, a deterioration against the planned deficit of £0.250m. The full year forecast financial position is breakeven. This position represents the best case scenario and is reliant on QIPP plans to be delivered in full. It must be noted that significant risk exists in terms of delivering these plans in full.

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 was followed by three consecutive monthly decreases in activity. Referrals in September 2017 were consistent with an overall average. GP referrals in 2017/18 to date are 6.9% down on the equivalent period in the previous year. There have been significant reductions in GP referrals to Gastroenterology, Trauma & Orthopaedics and Dermatology. Consultant to consultant referrals are currently 2.6% higher when comparing to 2016/17 with General Medicine and Clinical Physiology seeing substantial increases.

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 (September) for E-referral Utilisation rates reported is 23%; up by 2% from August.

In September the CCG has failed the under 1% of patients waiting over 6 weeks for a diagnostic test, out of 2506 patients 83 waited over 6 weeks with 25 waiting over 13 weeks recording 3.31%. The majority of long waiters were for Gastroscopy (20). This is an improvement on last month when the CCG recorded 6.42%. Aintree failed the under 1% of patients waiting over 6 weeks for a diagnostic test in September recording 2.30%, out of 4563 patients 103 waited over 6 weeks. This is an improvement from last month when 5.51% was recorded. The 6 week wait for colonoscopy has reduced to 1 patient, flexi sigmoidoscopy has 6 patients over the 6 weeks wait and gastroscopy has 16 patients over the 6 week waits.

Early warning is that the CCG will have an over 52 week wait at Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Trust in October the patient was offered an October theatre date but declined due to work commitments their new TCI (to come in) date is 24th November. The patient is under the care of the spinal team and will be coded to Specialist Commissioning.

The CCG are failing 2 of the 9 cancer measures year to date. These are both of 2 week measures, although the 2 week wait recorded 95.8% in September it is still failing year to date recording 92.86%, 2 week breast also failed the target and recorded 91.80% but are failing year to date 89.62% both due to previous month breaches. Aintree failed 5 of the 9 cancer measures year to date. Firstly 2 week breast in September recorded 91.62% and year to date 90.52%, 31 day subsequent treatment where treatment is surgery recorded 86.68% and year to date 93.29%, 62 day upgrade year to date 82.61%, 62 day screening recording 87.68% year to date and lastly the 62 day standard recording 83.43% 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 September at 16.2% (and have been for all of 2017/18 so far). The proportion of patients who would recommend is the same as last month recording 95% (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.

Performance at Month 6 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG show an under performance of -£861k/3.5%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately -£194k/0.8%.

The CCG reported 23 personal health budgets at the end of Q2, which is an increase of 12 from Q1. This remains below the trajectory for the targets set by NHS England. The CCG is exploring the expansion of PHBs for ends of life patients as part of CHC fast track funding.

For smoking at time of delivery the CCG is again above the data coverage plan of 95% at quarter 2, but currently above the national ambition of 11% for the percentage of maternities where mother smoked, the ambition will be 6% by the end of 2022.

Unplanned Care

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2017/18 and have failed the 90% September plan agreed with NHS Improvement recording performance 84.47% (for all A&E department types) in September 2017. Improvements were achieved in 2 of the 5 clinical indicators, with a 0.36% improvement for unplanned re-attendances down to 8.28% against a target of 5%. The time to see 1st clinician has improved by 7 minutes down to 98 minutes against the 60 minute clinical quality indicator. The clinical quality indicators for the number of patients who leave the department before being seen and the 15 minute from registration to triage are being achieved month on month.

In August NWAS went live with the implementation of the Ambulance Response Programme (ARP). Early indications are showing a positive impact with more time to assess the calls resulting in the right vehicle response being dispatched first time and reduced number of vehicles being stood down; there have been improvements in ambulance utilisation and reductions in the long waits for lower acuity calls. The new data is being analysed and will be available in November.

The number of 111 calls in September has reduced to 1783 from 1953 in August, a reduction of 170 calls. September saw the fewest calls since September 2015. Year to date 17% of calls have been closed with advice only. This is a reduction on the first six months of the previous year where 20% of calls ended this way. The reduction has been countered by increases in the percentage

being transferred to ambulance, advised to attend Primary and Community care and advised to attend other services.

The number of calls from South Sefton patients to the GP OOH service has fallen in September to 842. When compared to the same point in the previous year, there have been 566 more calls so far in the first 6 months of 2017/18, an increase of 10%. GP OOH calls from nursing homes within Southport and Formby have increased in September to 74. When compared to the same point in the previous year, the first 6 months of 2017/18 have received 200 more calls to nursing homes, an increase of 87.5%.

The CCG achieved their C.difficile plans for September. Aintree had 6 new cases reported in September (38 year to date, 10 case have been upheld) which is over their year to date plan of 23. 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 September. 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 September there were 15 cases bringing the year to date total to 74 which is over the 66 year to date plan. There are no targets set for Trusts at present.

There are a total of 86 serious incidents open on StEIS where South Sefton CCG are either responsible or accountable commissioner, Of the 86, 65 of these incidents apply to South Sefton CCG patients and 21 are attributed to Aintree, 28 to Mersey Care.

NHS England has removed the patient snapshot measure from their Delayed Transfers of Care (DTC) data collection. The average number of delays per day in the month will be reported going forward. The average number of delays per day in Aintree hospital increased slightly in September to 29, 28 reported in August. Analysis of average delays in September 2017 compared to September 2016 shows an increase in the average number of patients from 46 to 29 (37%). The average number of delays per day at MerseyCare decreased slightly to 40 in September from 41 the previous month. Analysis of average delays in September 2017 compared to September 2016 shows an increase from 343 to 680 (337%).

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 but has fallen under the 15% plan in September. The percentage of people that would recommend A&E is lower than the England average again reporting 82% in September; this is a slight decline from last month when 83% was recorded. The not recommended percentage is at 11% in September which is the same as recorded last month.

Performance at Month 6 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £301k/1.2%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately -£170k/-0.7%. Aintree and Royal Liverpool represent the highest over performing providers for unplanned care at month 6 with a year to date variance of £436k/2% and £269k/27% respectively. In contrast, Southport & Ormskirk is currently underperforming by -£263k/17%.

Mental Health

Out of the 3 Key Mental Health Performance Indicators 2 are achieving. For CPA followed up within 7 days of discharge there was 1 patient who were not followed up out of a total of 13 in September.

The CCG has a target to reduce Out of Area Placements by 33% based on quarter 4 2016/17 activity. In quarter 4 2016/17, 104 OAP's were reported, and therefore the target for 2017/18 is 70. The latest reporting period is July to September 2017 where 23 OAP's were reported, an improvement on the last reporting period of 28. The CCG is therefore currently in line with the target.

In terms of Improving Access to Psychological Therapies (IAPT), the provider reported 287 South Sefton patients entering treatment in Month 6, which is an increase from the previous month when 268 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 379 Referrals in Month 6, which was a 5% increase compared to the previous month when there were 361. Of these, 64.4% were Self-referrals which is slightly less than the previous month (67.6%). GP Referrals were slightly higher than the previous month with 76 compared to 67 for Month 5. 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 49.2% in Month 6, which is an increase from 48.2% 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 an increase in Month 6 with 60 compared to 53 in Month 5.

The latest data on the HSCIC website shows that South Sefton CCG are recording a dementia diagnosis rate in September 2017 of 66.8% which has now slipped slightly under the national dementia diagnosis ambition of 67%. This is a decline on last month when for the first time the measure was achieved.

The CCG has new plans for Improving Access to Children & Young People's Mental Health Services (CYPMH) and a target of 30% by the end of the financial year. Quarter 1 performance shows 2.4% of children and young people receiving treatment (75 out of an estimated 3,121 with a diagnosable mental health condition), against a target of 5.1%.

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. An information sub group has been established and the group met on the 26th October. Activity reports submitted by the Trust (produced by Liverpool Community Health) were reviewed and issues with actions to be taken were discussed.

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 23.8% in September. Adult Dietetics also continues to report high rates at 17.8% in September.

Provider Cancellation Rates: Treatment Rooms is reporting amber (close to the 5% threshold) with 4.8%, an improvement on last month's performance. Adult dietetics also continues to report high rates at 17.8% also an improvement on last month when 40% was recorded.

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 10% for September. 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 and Q2.

Primary Care

In October, Eastview Surgery was inspected by the CQC and has improved in their overall rating to 'Good' previously requiring improvement in 'Safe and 'Well Led'.

Better Care Fund

A quarterly performance monitoring return was submitted on 17th November on behalf of the Sefton Health and Wellbeing Board. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date.

CCG Improvement & Assessment Framework

Publication of the updated Framework for 2017/18 was significantly delayed and released 21st November. For 2017/18, a small number of indicators have been added. A number of updates have been made to existing indicators, and some indicators have been removed.

A full exception report for each of the indicators above, outlining reasons for underperformance, actions being taken to address the underperformance, more recent data where held locally, the clinical, managerial and SLT leads responsible, and expected date of improvement for the indicators will be presented to Governing Body in January.

2. Financial Position

2.1 Summary

This report focuses on the financial performance for South Sefton CCG as at 31st October 2017 (Month 7).

The year to date financial position is a deficit of £1.250m, a deterioration against the planned deficit of £0.250m. The full year forecast is breakeven. The CCG has a QIPP plan that seeks to address 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 forecast out turn position.

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.

A detailed analysis of the financial position was presented to NHS England on 31st October 2017 with known risks and mitigations clearly identified.

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

- Cost Pressures in respect of pass through payments for PbR excluded drugs and devices
- Over performance at Spire and Ramsay hospitals
- Full year costs for the Acute Visiting Scheme
- The CCG is experiencing pressures within its continuing healthcare budgets
- Costs for referral management and prior approval services, currently agreed on a non-recurrent basis.

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 seven months of the financial year have not been delivered in full meaning that delivery of the CCG financial plan is at risk. 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 over performance but also limits the CCG's potential to deliver efficiency savings in the secondary care sector.

The high level CCG financial indicators are listed below:

Figure 1 – Financial Dashboard

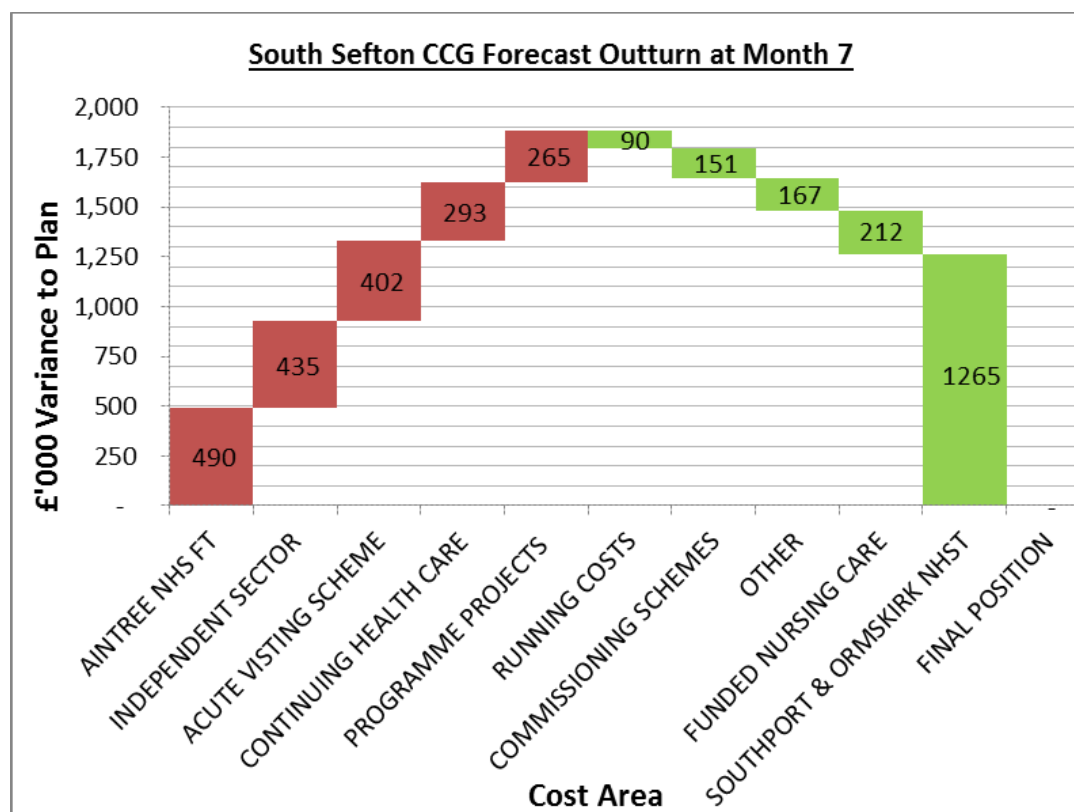
Key Performance Indicator		This Month
Business Rules	1% Surplus	✗
	0.5% Contingency Reserve	✓
	0.5% Non-Recurrent Reserve	✓
Breakeven	Financial Balance	✓
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£0.936m
Running Costs	CCG running costs < 2017/18 allocation	✓
BPPC	NHS - Value YTD > 95%	99.93%
	NHS – Volume YTD > 95%	96.21%
	Non NHS - Value YTD > 95%	97.68%
	Non NHS – Volume YTD > 95%	96.70%

- 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 £2.483m behind the planned delivery at Month 7.
- The forecast expenditure for the Running Cost budget is below the allocation by £0.090m for 2017/18.
- All BPPC targets have been achieved this month.

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, Aintree NHS Foundation Trust, Independent Sector, Acute Visiting Scheme, Continuing Healthcare, and Programme Project costs.

- The forecast overspends relate to the following areas:
 - Overspend for PbR excluded drugs and devices
 - Over performance at Spire and Ramsay hospitals
 - Full year costs for the Acute Visiting Scheme (AVS)
 - Cost pressures relating to Continuing Healthcare packages
 - Costs for referral management and prior approval 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

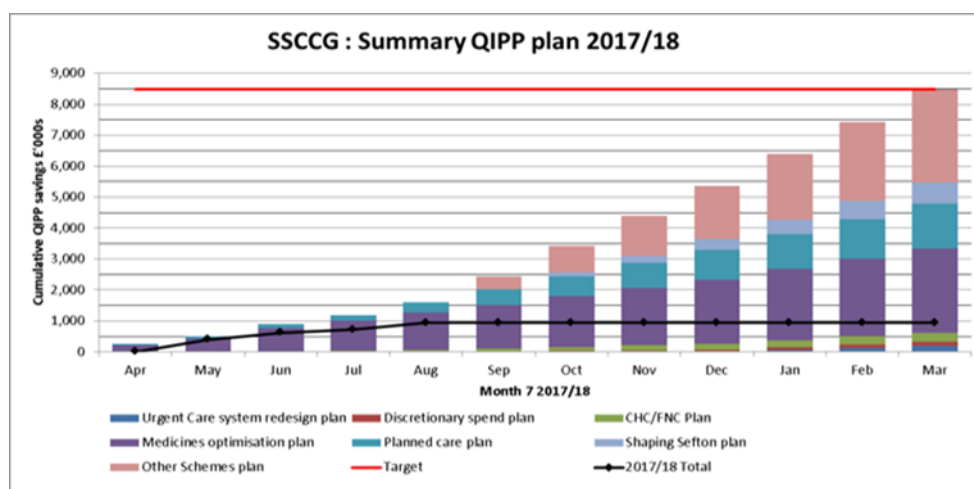
Figure 3 – Acting as One Contract Performance

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	£0.204
Alder Hey Children’s Hospital NHS Foundation Trust	-£0.097
Clatterbridge Cancer Centre NHS Foundation Trust	£0.000
Liverpool Women’s NHS Foundation Trust	-£0.347
Liverpool Heart & Chest NHS Foundation Trust	£0.000
Royal Liverpool and Broadgreen NHS Trust	£0.362
Mersey Care NHS Foundation Trust	£0.000
The Walton Centre NHS Foundation Trust	-£0.073
Grand Total	£0.050

- The CCG is included in the Acting as One contracting arrangements for the North Mersey LDS. Contracts have been agreed on a block contract basis for the financial years 2017/18 and 2018/19.
- The agreement protects against over performance with these providers but does present a risk that activity could 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 over performance spend against plan, this would represent a year to date overspend of £0.050m under usual contract arrangements.

2.4 QIPP

Figure 4 – QIPP Plan and Forecast



	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned Care plan	1,442	0	1,442	41	0	1,401	1,442
Medicines optimisation plan	2,734	0	2,734	2,415	0	319	2,734
CHC/FNC plan	281	0	281	0	0	281	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	2,486	0	5,994	8,480
QIPP Delivered 2017/18				(936)		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 planned £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 7, 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 **£2.486m** which represents 100% of schemes rated Green. A high proportion of the plan remains rated red. Further work is required to provide assurance that additional savings can be delivered.

2.5 Risk

Figure 5 – 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)	3.218	(3.385)	(0.167)
Reserves Budget	0.000	0.167	0.167
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)	3.218	(3.218)	0.000

- The CCG forecast financial position is breakeven
- The underlying position is a surplus of £3.218m. 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 6 – Risk Adjusted Financial Position

South Sefton CCG	Best Case £m	Most Likely £m	Worst Case £m
QIPP requirement (to deliver agreed forecast)	(7.544)	(7.544)	(7.544)
Predicted QIPP achievement	3.882	1.550	0.078
Planned Surplus			
Forecast Surplus / (Deficit)	(3.100)	(5.432)	(6.904)
Further Risk	(0.121)	(1.000)	(3.505)
Management Action Plan	3.221	3.221	1.951
Risk adjusted Surplus / (Deficit)	0.000	(3.211)	(8.458)

- 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 current expenditure trends continue and this reduces the remaining QIPP requirement.
- The likely case is a deficit of **£3.211m** and assumes that QIPP delivery will be £2.486m in total with further risk and mitigations as per the best case scenario.
- The worst case scenario is a deficit of **£8.458m** and assumes reduced QIPP delivery, additional risks in respect of elective activity and winter pressure

2.6 CCG Cash Position

Figure 7 – Summary of working capital

	2016/17	2017/18						
	M12	M1	M2	M3	M4	M5	M6	M7
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Non-Current Assets	14	14	14	14	14	14	14	14
Receivables	1,817	3,004	1,695	1,508	1,922	1,630	2,918	2,313
Cash	139	1,826	3,909	4,948	2,579	4,276	2,609	3,836
Payables & Provisions	(11,850)	(14,434)	(14,335)	(18,190)	(16,151)	(13,318)	(13,819)	(14,686)
Value of debt > 180 days old (6months)	76	75	75	75	75	74	87	140
BPPC (value)	98%	100%	100%	100%	99%	99%	100%	100%
BPPC (volume)	96%	97%	96%	95%	93%	96%	96%	96%

- The 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 £140k. This balance is 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. Other outstanding debt over 6 months old relates to LQC reclaim invoices. Work to clear these invoices is on-going and resolution is expected.
- 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 £241.652m at Month 7. The actual cash utilised at Month 7 was £143.440m which represents 59.4% of the total allocation. The balance of MCD to be utilised over the rest of the year is £98.212m.

Performance against the target will continue to be reviewed to identify items which are incorrectly categorised and therefore affecting performance on a monthly basis.

2.7 Recommendations

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

- The year to date financial position is a deficit of £1.250m, a deterioration against the planned deficit of £0.250m. The forecast position is breakeven, which is dependent on recovery of this position in the latter half of the year. This represents the CCGs best case

scenario, however, there are risks to the delivery of the QIPP plan and the CCGs most likely case scenario forecasts a deficit after risks and mitigations of £3.211m.

- The year to date planned QIPP savings for the first seven months of the financial year (£3.419m) have not been achieved. Delivery at month 7 is £0.936m, therefore at this stage; the CCG is below its financial plan.
- 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 must 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 8 - GP and 'other' referrals for the CCG across all providers for 2015/16, 2016/17 and 2017/18

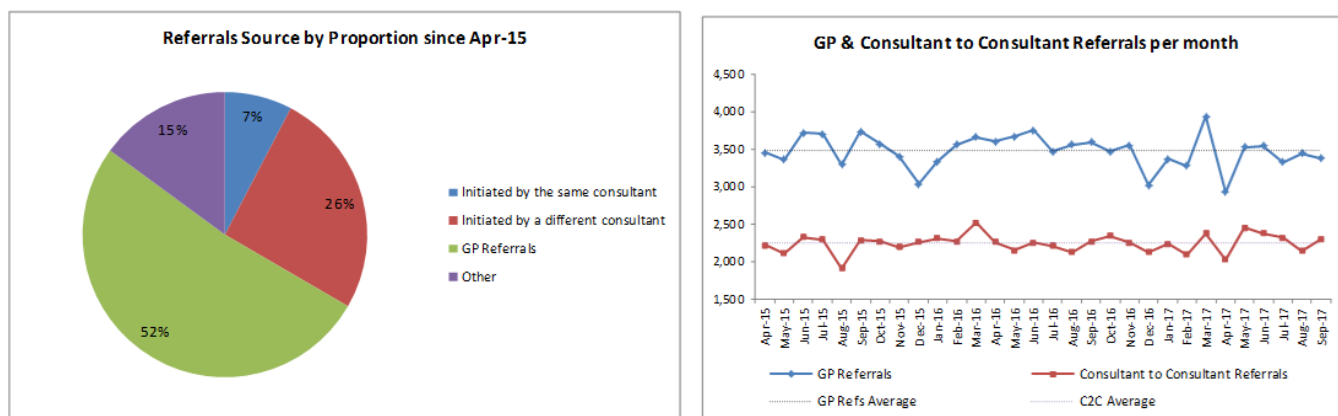


Figure 9 - Breakdown of referrals for the CCG across all providers for 2016/17, 2017/18

Referral Type	DD Code	Description	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	1617 YTD	1718 YTD	Variance	% Variance
GP	03	GP Ref	2,923	3,529	3,546	3,327	3,440	3,376	21,633	20,141	-1,492	-6.9%
GP Total			2,923	3,529	3,546	3,327	3,440	3,376	21,633	20,141	-1,492	-6.9%
Other	01	following an emergency admission	149	146	139	135	133	174	865	876	11	1.3%
	02	following a Domiciliary Consultation		3	3	5	8	1	2	20	18	0.0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	419	426	376	411	364	389	2,594	2,385	-209	-8.1%
	05	A CONSULTANT, other than in an Accident and Emergency Department	1,148	1,507	1,488	1,386	1,328	1,410	7,609	8,267	658	8.6%
	06	self-referral	252	272	259	253	253	270	1,640	1,559	-81	-4.9%
	07	A Prosthetist		1				1	10	2	-8	-80.0%
	08	Royal Liverpool Code (TBC)	74	59	83	66	102	87	429	471	42	9.8%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	122	138	148	125	106	90	573	729	156	27.2%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	191	230	223	258	204	234	1,631	1,340	-291	-17.8%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	5	5	2	2	4	5	32	23	-9	-28.1%
	13	A Specialist NURSE (Secondary Care)	8	4	5	6	6	3	18	32	14	77.8%
	14	An Allied Health Professional	131	212	164	144	134	157	849	942	93	11.0%
	15	An OPTOMETRIST	1	1	4	5			6	11	5	83.3%
	16	An Orthoptist		1		1			3	2	-1	0.0%
	17	A National Screening Programme	3	2	1	13	1	9	10	29	19	190.0%
92	A GENERAL DENTAL PRACTITIONER	137	142	165	193	180	202	869	1,019	150	17.3%	
93	A Community Dental Service							3	0	-3	-100.0%	
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	248	332	344	389	350	324	1,897	1,987	90	4.7%	
Other Total			2,888	3,481	3,404	3,392	3,173	3,356	19,040	19,694	654	3.4%
Unknown			1		1				0	2	2	#DIV/0!
Grand Total			5,812	7,010	6,951	6,719	6,613	6,732	40,673	39,837	-836	-2.1%

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 was followed by three consecutive monthly decreases in activity. Referrals in September 2017 were consistent with an overall average.

GP referrals in 2017/18 to date are 6.9% down on the equivalent period in the previous year. There have been significant reductions in GP referrals to Gastroenterology, Trauma & Orthopaedics and Dermatology. Consultant to consultant referrals are currently 2.6% higher when comparing to 2016/17 with General Medicine and Clinical Physiology seeing substantial increases.

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.

3.1.1 E-Referral Utilisation Rates

Figure 10 - South Sefton CCG E Referral Performance

NHS E-Referral Service Utilisation				
NHS South Sefton CCG	17/18 - September	80% by End of Q2 2017/18 & 100% by End of Q2 2018/19	23.00%	↑

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 (September) for E-referral Utilisation rates reported for the CCG as a whole is 23%; up by 2% from August.

Aintree Hospital is undergoing a Paper Switch off Programme with NHS Digital which will be fully implemented by August 2018. This is supported by:

- CQUIN in relation to all services being available on the Electronic Referral System (e-RS) and appointment slot issues being minimised through alignment of appointment polling ranges with waiting times at a specialty level
- Relaunch and training on e-RS with general practices
- Communications Plan

In addition, practice level E-referral uptake reports are being developed to identify practices who may require some extra support being offered by the national NHS Digital E-referral implementation team.

3.2 Diagnostic Test Waiting Times

Figure 11 - Diagnostic Test Waiting Time Performance

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	17/18 - September	1.00%	3.31%	↑ ↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	17/18 - September	1.00%	2.30%	↓

In September the CCG has failed the under 1% of patients waiting over 6 weeks for a diagnostic test, out of 2506 patients 83 waited over 6 weeks with 25 waiting over 13 weeks recording 3.31%. The majority of long waiters were for Gastroscopy (20). This is an improvement on last month when the CCG recorded 6.42%. 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 22.85% in September which is even higher than the 21.8% in August.

Aintree failed the under 1% of patients waiting over 6 weeks for a diagnostic test in September recording 2.30%, out of 4563 patients 103 waited over 6 weeks. This is an improvement from last month when 5.51% was recorded. The 6 week wait for colonoscopy has reduced to 1 patient, flexi sigmoidoscopy has 6 patients over the 6 weeks wait and gastroscopy has 16 patients over the 6 week waits. Trajectories for recovery against for this indicator have been received which look on track to achieve the 6 weeks standard for 99% of patients by December 2017.

Endoscopy has continued to experience some pressures during September however the overall wait times have reduced as a result of the improved administrative processes / validation and additional activity that has been in place through WLIs. The department has continued to prioritise Cancer and Urgent referrals which have made it difficult to support non-urgent 6 weeks performance targets.

Proposed Actions:

- Additional WLI activity continues to support the recovery of performance. This has improved the position during October and the required standard is predicted to be achieved in Q3.
- 1st Agency consultant locum was in post for a period of 2 weeks during September and a 2nd locum consultant will commence on 16th October. This will maintain levels of activity rather than see a gain due to the recent long term sickness of a Consultant Gastroenterologist. Nurse Endoscopist recruited and commenced in post October.
- Weekly capacity meetings continue to be chaired by CBM with operational and clinical teams to maximise the utilisation of capacity.
- The substantive CBM has commenced during September and the recruitment of substantive ACBM is underway to strengthen the leadership in the department with regards to scheduling.
- Unisoft Add in training postponed in September due to Unisoft and Sigma technical issues. This has now been rescheduled for the end of October.
- Endoscopy recovery meetings chaired by the DDO commenced in August. Activity against plan and DNA rates are discussed in detail. Weekly actions are monitored for recovery.

Radiology continues to experience considerable increase in demand for Imaging (CT Cardiac, MR Cardiac, MR MSK and Ultrasound MSK), in excess of capacity. Currently there is capacity for 9 appointments each week with 26-30 referrals being received. There has been a reduction in the number of patients waiting greater than 6 weeks.

MR wait has dropped from 7.3% to 4.2%. CT wait over 6 weeks has dropped from 7.8% to 4.2%.

Proposed Actions:

- Weekly capacity meetings with operational and clinical teams to monitor performance and maximise capacity.
- MR referrals have been verified by the Cardiology MR lead and a small number returned as considered no longer required. Cardiology CD verified CT referrals and reduced the backlog by 35%. Increase in CT cardiac referral was interrogated and linked to several practice changes. Options discussed looking at the possibility of outside providers to reduce the backlog. Discussion with Deputy Director of Finance to establish current demand.
- Email sent from Cardiology CD to all Cardiologists highlighting the need to refer under current agreed guidelines to manage demand.
- Recovery action plan written by DDO Support Services.
- At the Radiology/Cardiology Meeting scheduled on 13-10-17 the recovery plan will be discussed and progressed.
- Review potential long term solutions to be undertaken (including impact of reducing other non-radiology diagnostics to potentially fund additional capacity).

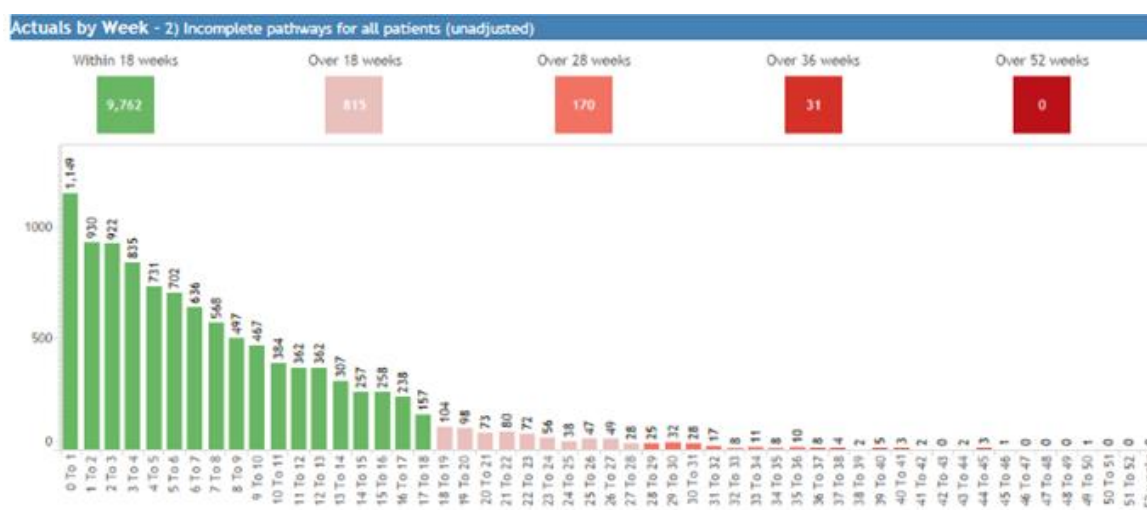
3.3 Referral to Treatment Performance

Figure 12 - Referral to Treatment Time (RTT) Performance

Referral To Treatment waiting times for non-urgent consultant-led treatment				
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	17/18 - September	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	17/18 - September	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 - September	92%	92.29%	↔
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 - September	92%	92.0%	↔

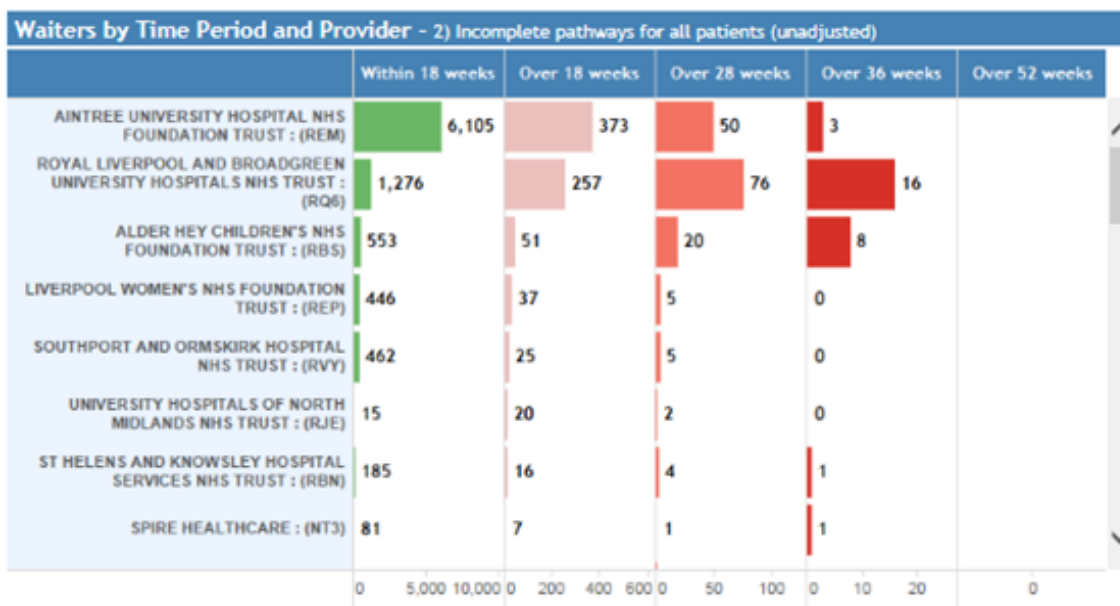
3.3.1 Incomplete Pathway Waiting Times

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



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 14 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers



3.3.3 Long Waiters Analysis: Top 2 Providers split by Specialty

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

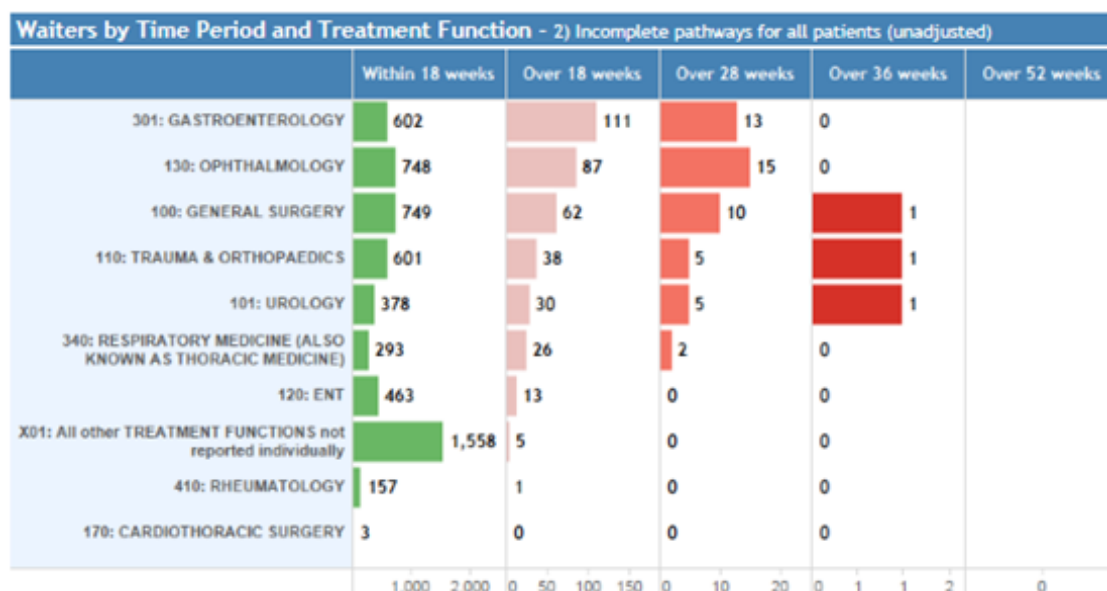
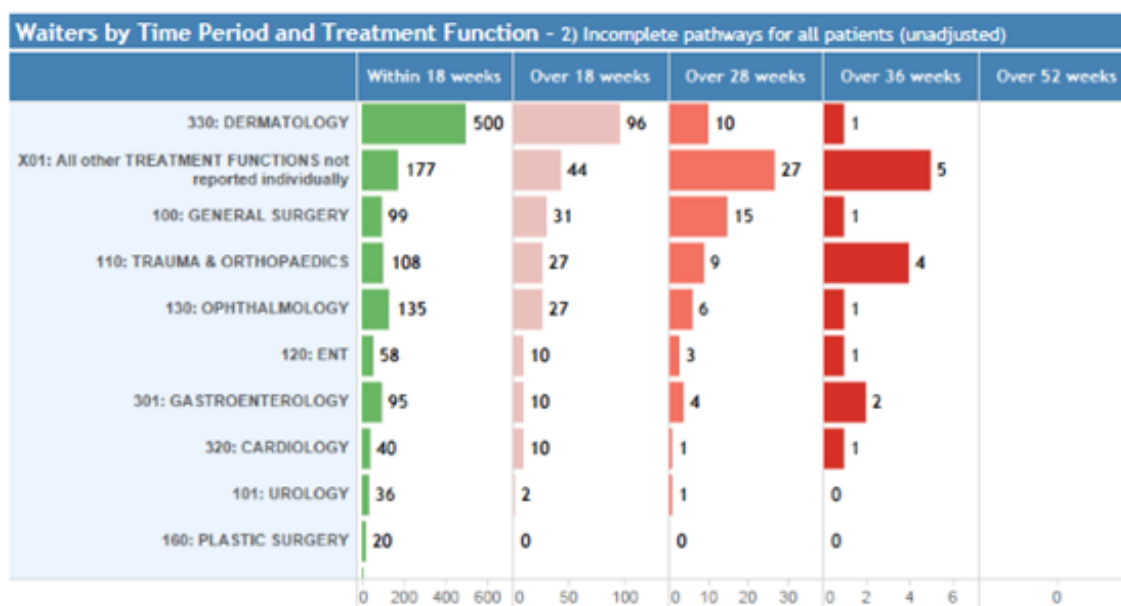


Figure 16 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



3.3.4 Provider assurance for long waiters

Figure 17 - South Sefton CCG Provider Assurance for Long Waiters

CCG	Trust	Specialty	Wait band	Has the patient been seen/has a TCI date?	Detailed reason for the delay
South Sefton CCG	Aintree	T&O	43	Removed from list, see comments	Patient was offered another consultant but declined and wanted original consultant who was absent due to an injury and having surgery. 31/10 due to have surgery consultants first list back, but on 24/10/17 patient called to say having another op on 25/10/17. Patient not available until March 2018. Removed on 24/10 and will come back to clinic for review and pre op nearer the time in case symptoms have changed.
South Sefton CCG	Aintree	General Surgery	45	Clock stopped 16/10/2017 - Decision not to treat	HMP patient, HMP caused delays with pre op as they didn't have staff to bring the patient to hospital. They also declined a TCI date due to no staff available to transport the patient to hospital and limited capacity.
South Sefton CCG	Royal Liverpool & Broadgreen	T&O	40	04/12/2017	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool & Broadgreen	Gastroenterology	40	Pathway Stopped - treated	Capacity
South Sefton CCG	Royal Liverpool & Broadgreen	Gastroenterology	41	Pathway Stopped - treated	Capacity
South Sefton CCG	Alder Hey	All Other	40	TCI 01/11/2017	Audiology - Capacity constraints. The audiology issues are due to a number of issues, but mainly three members of the team on mat leave at the same time, and some long term sickness. We have also had a gap with consultant turnover The staffing is back to
South Sefton CCG	Alder Hey	All Other	41	TCI 20/12/2017	
South Sefton CCG	Alder Hey	All Other	43	TCI 22/11/2017	
South Sefton CCG	Alder Hey	All Other	44	TCI 01/11/2017	
South Sefton CCG	Alder Hey	All Other	44	TCI 22/11/2017	
South Sefton CCG	Alder Hey	All Other	44	Treated 14/10/2017	
South Sefton CCG	Robert Jones	T&O	49	TCI 24/11/2017	THIS PATIENT WILL BREACH 52 WEEKS ON THE OCTOBER SNAPSHOT The patient is waiting for a correction of their scoliosis and is under the care of the spinal team and will be coded to Specialist Commissioning. The patient was offered an October theatre date but declined due to work commitments.

Royal Liverpool & Broadgreen did not achieve the 92% incomplete Referral to Treatment (RTT) target for the month of September recording 84.90%. Challenges remain the same as previously reported within General Surgery, Trauma & Orthopaedics, Ophthalmology, Urology, Dermatology, and Gastroenterology. ENT and Cardiology have now also dropped below the target and challenges within the following specialties (Allergy, Paediatric Dentistry, and 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

Figure 18 – Aintree Cancelled Operations

Cancelled Operations				
All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice - Aintree	17/18 - September	0	0	1 ↓

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

Figure 19 – Aintree Cancelled Operations for a second time

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

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

Figure 20 – Two Week Cancer Performance measures

Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	17/18 - September	93%	92.86%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	17/18 - September	93%	94.51%	↔
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 - September	93%	89.62%	↔
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 - September	93%	90.52%	↔

The CCG achieved the 93% target in September reaching 95.84% for 2 week wait for first outpatient appointment, but are still failing year to date recording 92.86% due to the breaches in June. In September there were 21 breaches out of a total of 505 patients. The majority of breaches are due to patient choice, holidays and capacity issues. The longest wait was 49 days.

The CCG failed the 93% target for September reaching 91.8% but are failing year to date recording 89.62% for 2 week wait for first outpatient appointments for patients referred urgently with breast symptoms. In September there were 5 breaches out of a total of 61 patients, longest wait being 34 days at Aintree, all breaches due to patient choice.

Aintree also failed the 93% breast target for September reaching 91.62% and year to date (90.52%). In September this amounted to 14 breaches out of 167 treatments. This was largely to insufficient planned activity and patient choice. When patients are booked at 12 – 14 days and they change their appointment, there is insufficient time to get them their appointment rebooked within the 14 day standard. A capacity and demand plan for Aintree breast services has been requested.

Actions:

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

- Capacity and demand undertaken by CBU to understand how many additional slots per week are required to bring first booking for patients down to 7 days.
- A recovery plan has been formulated and has been discussed at Senior Operational meetings. This is being prepared by the Division of Surgery.

A Protected Learning Time event was held with General Practice staff in November 2017. This session included advice on how best to manage symptomatic breast patients and the importance of patients understanding the timescale for breast appointments and the need to be available. It is hoped this may reduce demand for these services and ensure patients who are referred are less likely to reject appointment offers or cancel appointments.

3.5.2- 31 Day Cancer Waiting Time Performance

Figure 21 – 31 Day Cancer Performance measures

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	17/18 - September	96%	98.03%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	17/18 - September	96%	98.18%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	17/18 - September	94%	98.78%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	17/18 - September	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	17/18 - September	94%	95.95%	↓
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	17/18 - September	94%	93.29%	↓
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	17/18 - September	98%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	17/18 - September	98%	100.00%	↔

Aintree failed the 94% target for 31 day wait for subsequent treatment where that treatment is surgery in September reaching 86.68%, year to date 93.29%. In September there were 4 patient breaches out of a total of 30 patients. The main reason was lack of capacity and patient choice. Two breaches occurred in hepatobiliary (HPB), one was colorectal and one was Head and Neck.

Actions:

- Issues with theatre capacity to be escalated to the CBMs for escalation to the Divisional Director of Operations and resourcing panel.
- Escalate constraints to the patient pathway to the daily Cancer Performance briefing led by the Divisional Director of Operations Diagnostics & Support Service.
- A robust recovery plan has been formulated and has been discussed at Senior Operational meetings. It is now with the Divisions of Surgery to implement.

3.5.3 - 62 Day Cancer Waiting Time Performance

Figure 22 – 62 Day Cancer Performance measures

Cancer waits – 62 days				
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	17/18 - September	85% local target	89.55%	↓
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 - September	85% local target	82.61%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	17/18 - September	90%	95.65%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	17/18 - September	90%	87.68%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	17/18 - September	85%	85.03%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	17/18 - September	85%	83.43%	↓

Aintree failed the local 85% target in September for 62 day wait for definitive treatment following consultant's decision to upgrade recording 74.19% and therefore failing year to date (82.61%). In September the equivalent 4 out of 15.5 patients breached the target. Longest wait was 174 days the delay was due to the clinic being cancelled.

Actions:

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

- Escalate constraints to the patient pathway to the daily Cancer Performance briefing led by the Divisional Director of Operations Diagnostics and Support Services.
- A robust recovery plan has been formulated and has been discussed at Senior Operational meetings. The Divisions of Surgery and Specialty Medicine to implement the recovery plan.

Aintree achieved the 90% target for 62 day screening in September with 1 patient breach out of a total of 11.5 patients recording 91.30% but are failing year to date reaching 87.68% partly due to previous breaches. This lower gastro patient waited 95 day's with the reason for breach patient declined appointment due to holiday. It should be noted that the Trust undertakes Bowel screening only and so treatment numbers are low in comparison to other organisations. Therefore 1 breach will result in the Trust failing this standard unless treatments are higher. This measure was not achieved in quarter 2 recording 88.9%.

Actions:

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

Aintree also failed the 85% target in September for 2 month wait from urgent GP referral to first definitive treatment recording 79.94%, and are also failing year to date 83.43%. In September the equivalent of 13 breaches out of a total of 64.5 patients occurred. This measure was not achieved in quarter 2 recording 82.3%.

Main reasons for breaches include:

- patient choice, equipment failures, capacity in theatres, clinical priority of other patients, complex pathways (patients not fit for treatment) and delayed histopathology results meaning patients are not discussed at the earliest possible MDT meeting.




Actions:

- Continued monitoring and intervention by the Clinical Business Units to manage the patient pathway and remove any barriers which maybe preventing treatment.
- Escalation of delays and constraints to the individual patient journey at the weekly Cancer Performance Meeting.
- Continued tracking by the central Cancer team to support performance improvement in the tumour groups. Early escalations of issues to Divisional Directors of Operations.
- Escalation of delays in Histopathology reporting to LCL via the weekly Cancer Performance Group and via Datix reporting.
- Daily Performance meetings continue with escalation to the Divisional Directors as required.
- A robust recovery plan in relation to diagnostics has been formulated and has been discussed at Senior Operational meetings. This to be progressed in collaboration with the Surgery and Speciality Medicine.
- Work is ongoing in Surgery to assess the impact of theatre refurbishment and to ensure effective use of all available theatre lists particularly for Urology and Head & Neck.

3.6 Patient Experience of Planned Care

Figure 23 – Aintree Inpatient Friends and Family Test Results

Friends and Family Response Rates and Scores
Aintree University Hospital NHS Foundation Trust
Latest Month: Sep-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%	16.2%		96%	95%		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 September at 16.2% (and have been for all of 2017/18 so far). The proportion of patients who would recommend is the same as last month recording 95% (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.

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

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 6 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG show an under performance of -£861k/3.5%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately -£194k/0.8%.

At specific over performing Trusts, Spire Liverpool are reporting the largest cost variance with a total of £83k/22% followed by Royal Liverpool (£58k/2%).

Figure 24 - Planned Care - All Providers

PROVIDER NAME	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	88,525	86,972	-1,553	-2%	£15,348	£14,882	£-466	-3%	£466	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	6,866	6,807	-59	-1%	£864	£806	£-58	-7%	£58	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	606	703	97	16%	£206	£236	£30	14%	£-30	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	7,984	7,305	-679	-9%	£1,516	£1,366	£-150	-10%	£150	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	15,470	16,703	1,233	8%	£2,594	£2,652	£58	2%	£-58	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	1,556	1,550	-6	0%	£500	£420	£-80	-16%	£80	£0	0.0%
ACTING AS ONE TOTAL	121,007	120,040	-967	-1%	£21,029	£20,362	£-667	-3%	£667	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	43	141	98	228%	£11	£30	£19	174%	£0	£19	174%
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	111	111	0%	£0	£16	£16	0%	£0	£16	#DIV/0!
FAIRFIELD HOSPITAL	97	9	-88	-91%	£26	£21	£-5	-18%	£0	£-5	-18%
ISIGHT (SOUTHPORT)	256	272	16	6%	£60	£52	£-8	-13%	£0	£-8	-13%
RENACRES HOSPITAL	3,132	3,118	-14	0%	£881	£919	£38	4%	£0	£38	4%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	7,612	6,523	-1,089	-14%	£1,418	£1,128	£-290	-20%	£0	£-290	-20%
SPIRE LIVERPOOL HOSPITAL	1,190	1,434	244	20%	£370	£453	£83	22%	£0	£83	22%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	1,828	2,214	386	21%	£507	£468	£-39	-8%	£0	£-39	-8%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	269	370	101	38%	£69	£91	£22	32%	£0	£22	32%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	54	78	24	43%	£8	£13	£5	65%	£0	£5	65%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	52	52	0%	£0	£6	£6	0%	£0	£6	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	229	172	-57	-25%	£61	£44	£-17	-28%	£0	£-17	-28%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	587	617	30	5%	£239	£215	£-23	-10%	£0	£-23	-10%
ALL REMAINING PROVIDERS TOTAL	15,298	15,111	-187	-1%	£3,648	£3,454	£-194	-5%	£0	£-194	-5%
GRAND TOTAL	136,305	135,151	-1,154	-1%	£24,677	£23,816	£-861	-3.5%	£667	£-194	-0.8%

*PbR Only

3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust

Figure 25 - Planned Care - Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	7,179	6,289	-890	-12%	£4,271	£4,097	-£174	-4%
Elective	998	809	-189	-19%	£2,828	£2,532	-£296	-10%
Elective Excess BedDays	329	185	-144	-44%	£80	£44	-£35	-44%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	216	105	-111	-51%	£45	£23	-£22	-49%
OPFANFTF - Outpatient first attendance non face to face	1,235	1,755	520	42%	£35	£46	£11	30%
OPFASPCL - Outpatient first attendance single professional consultant led	16,226	15,279	-947	-6%	£2,548	£2,487	-£61	-2%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	701	469	-232	-33%	£59	£48	-£11	-19%
OPFUPNFTF - Outpatient follow up non face to face	1,593	4,424	2,831	178%	£39	£107	£68	177%
OPFUPSPCL - Outpatient follow up single professional consultant led	40,839	37,876	-2,963	-7%	£2,813	£2,720	-£93	-3%
Outpatient Procedure	11,450	11,719	269	2%	£1,514	£1,527	£13	1%
Unbundled Diagnostics	7,040	7,250	210	3%	£568	£638	£70	12%
Wet AMD	718	812	94	13%	£549	£613	£64	12%
Grand Total	88,525	86,972	-1,553	-2%	£15,348	£14,882	-£466	-3%

Non face to face activity (both first and follow up attendances) are reporting an over performance within planned care at month 6 with the majority of other areas within outpatients currently under performing (the exception being outpatient procedures). The over performance for non-face to face activity is focussed particularly within Ophthalmology, Dermatology and Cardiology.

Unbundled diagnostics is the highest over performing POD in planned care with a cost variance of £70k/12% against plan. This is closely followed by Wet AMD (£64k/20% above plan at month 6).

Cardiology is showing the largest cost variance at month 6 (£497k/68%). The cardiology over performance is largely related to day case activity, which can be attributed to the heart failure pathway. Conversely, Trauma & Orthopaedics is under performing by £382k/14% against plan.

Overall, year to date costs for planned care PODs at Aintree University Hospital are currently £466k/3% down against plan at month 6. 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 6:

Figure 26 - Planned Care - Aintree University Hospital NHS Foundation Trust Variance from plan by Specialty and by POD

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	581	473,933	6	20,593	30	7,109	120	(£9,082)	178	(£27,912)	283	33,037	1,198	497,676
Colorectal surgery	-23	(£4,644)	2	134,394	-160	(£37,812)	-9	(£7,413)	216	11,703	19	2,282	45	98,509
Geriatric medicine	3	(£369)	1	(£6,856)	-5	(£1,021)	146	40,065	316	42,605	8	979	469	75,403
Acute internal medicine	2	91	-2	(£5,999)	-10	(£2,326)	732	78,170	54	5,994	-42	(£5,999)	735	69,931
Nephrology	9	2,975	-0	3,778	-1	(£161)	205	54,916	-138	(£15,641)	5	547	80	46,413
Physiotherapy							-156	(£7,540)	1,106	36,350			951	28,810
Hepatobiliary & pancreatic surgery	14	19,958	3	2,083			1	1,212	-9	(£745)			8	22,508
Transient ischaemic attack							125	37,915	-17	0	-124	(£15,654)	-16	22,261
Rheumatology	20	5,006	-2	(£1,523)	-5	(£1,324)	36	9,162	158	12,574	-20	(£5,292)	187	18,603
Ent	-15	(£11,133)	-17	(£28,221)			-14	(£1,595)	28	1,722	490	54,241	472	15,015
Cardiothoracic surgery							-5	(£1,758)	-51	(£7,633)	-1	(£151)	-56	(£9,541)
Vascular surgery	-2	823	1	1,675			-55	(£10,639)	-21	(£1,775)	-9	(£1,039)	-86	(£10,955)
Clinical haematology	-385	(£53,357)	-10	(£11,048)	-27	(£7,663)	-97	(£24,671)	435	49,275	1	169	-84	(£47,295)
Anticoagulant service									-2,485	(£64,019)			-2,485	(£64,019)
Dermatology	-43	(£22,216)					-409	(£56,538)	414	(£4,872)	-474	(£44,738)	-513	(£128,365)
General surgery	-57	(£77,334)	-24	(£34,674)	0	122	-64	(£10,876)	-126	(£9,191)	-4	(£519)	-274	(£132,472)
Urology	-113	(£40,910)	-29	(£67,519)	22	4,990	-306	(£45,090)	-91	(£5,504)	-135	(£24,942)	-652	(£178,976)
Ophthalmology	-262	(£195,378)	0	1,134	4	1,197	-229	(£33,652)	637	(£2,299)	455	45,605	606	(£183,392)
Gastroenterology	-543	(£224,342)	-20	(£45,235)	-22	(£5,310)	-285	(£56,111)	-564	(£34,783)	-16	(£1,768)	-1,449	(£367,548)
Trauma & orthopaedics	-120	(£118,931)	-65	(£193,610)	28	6,601	-118	(£18,462)	-259	(£15,760)	-338	(£42,266)	-872	(£382,426)
Grand Total	-890	(£173,573)	-189	(£296,481)	-144	(£35,228)	-538	(£72,443)	-365	(£36,054)	269	13,135	-1,857	(£600,645)

3.7.2 Planned Care Southport & Ormskirk Hospital

Figure 27 - 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	474	426	-48	-10%	£343	£259	£-84	-24%
Elective	100	85	-15	-15%	£280	£202	£-77	-28%
Elective Excess BedDays	17	0	-17	-100%	£6	£0	£-6	-100%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	121	62	-59	-49%	£20	£11	£-9	-45%
OPFASPCL - Outpatient first attendance single professional consultant led	1,136	881	-255	-22%	£187	£142	£-45	-24%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	279	150	-129	-46%	£21	£12	£-9	-43%
OPFUPSPCL - Outpatient follow up single professional consultant led	2,420	2,038	-382	-16%	£185	£157	£-29	-15%
Outpatient Procedure	2,625	2,483	-142	-5%	£343	£312	£-31	-9%
Unbundled Diagnostics	440	398	-42	-10%	£32	£32	£0	-1%
Grand Total	7,612	6,523	-1,089	-14%	£1,418	£1,128	£-290	-20%

* PbR only

Planned care elements of the contract continue to underperform against plan in month 6 2017/18 as they had throughout 2016/17 and previous months in 2017/18, with all areas below plan year to date.

The largest variance against plan is within day case and elective procedures at a combined underspend of -£141k. The main specialty within this area under plan is Trauma & Orthopaedics which accounts for two thirds of the current underspend.

Outpatient first, follow-up and procedures make up the majority of the remaining under spend, this is currently at a combined level of £105k. This is spread across a number of specialties with T&O, Dermatology and Gynaecology among the highest variances.

Increased T&O figures at the CCGs main ISTC provider suggests a possible shift in activity. A further factor is reduced referrals specifically from General Practice; this would result in reduced levels of activity right across all planned care points of delivery.

3.7.3 Renacres Hospital

Figure 28 - 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	308	266	-42	-14%	£372	£297	-£75	-20%
Elective	57	87	30	52%	£271	£389	£118	44%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	638	554	-84	-13%	£102	£91	-£11	-10%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	786	851	65	8%	£49	£54	£5	10%
Outpatient Procedure	405	190	-215	-53%	£42	£31	-£11	-26%
Unbundled Diagnostics	254	217	-37	-15%	£24	£21	-£3	-12%
Physio	684	724	40	6%	£20	£21	£1	6%
Grand Total	3,132	2,889	-243	-8%	£881	£905	£25	3%

Renacres over performance of £25k/3% is driven by a £118k/44% over performance in Electives, suggesting a continuing theme from 2016/17. The majority of this activity is within the Trauma & Orthopaedics specialty and related to very major hip and knee procedures.

The planning profile for Renacres Hospital has recently been amended for 2017/18 based on working days rather than previous activity. 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

Figure 29 - South Sefton CCG – 2017/18 PHB Plans

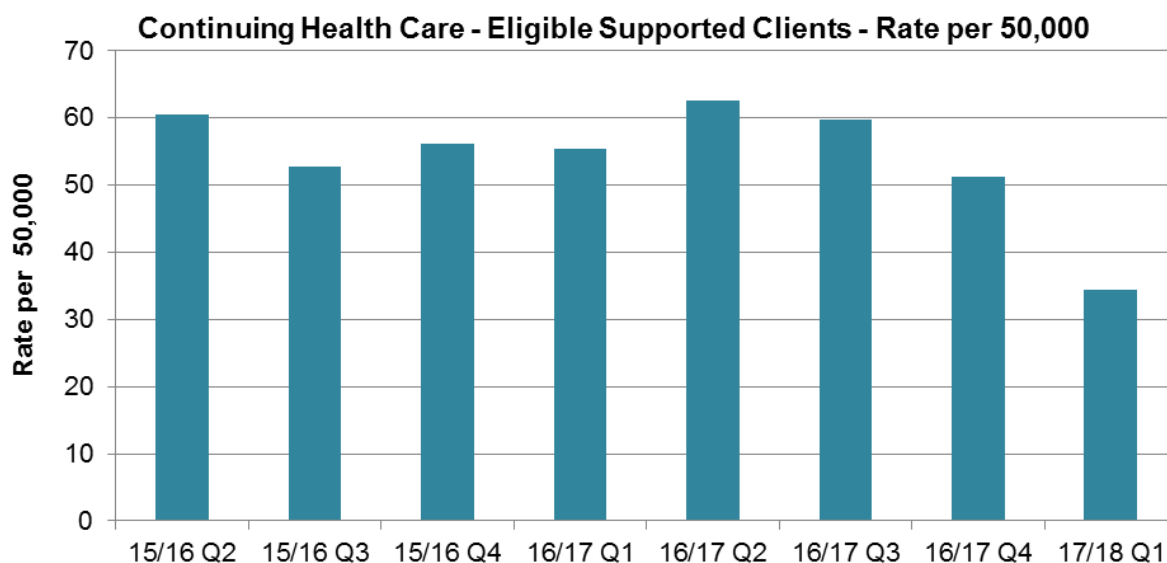
	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
1) Personal health budgets in place at the beginning of quarter (total number per CCG)	48	11	52	23	56		60	
2) New personal health budgets that began during the quarter (total number per CCG)	4	0	4	1	4		4	
3) Total number of PHB in the quarter = sum of 1) and 2) (total number per CCG)	52	11	56	24	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	15.49	38.73		41.31	

The CCG reported 23 personal health budgets at the end of Q2, which is an increase of 12 from Q1. This remains below the trajectory for the targets set by NHS England. The CCG is exploring the expansion of PHBs for ends of life patients as part of CHC fast track funding, with the learning from Warrington CCG where this is being successfully delivered. Mersey Internal Audit Agency have recently reported further opportunities to the CCG regarding increasing the use of PHBs.

3.9 Continuing Health Care (CHC)

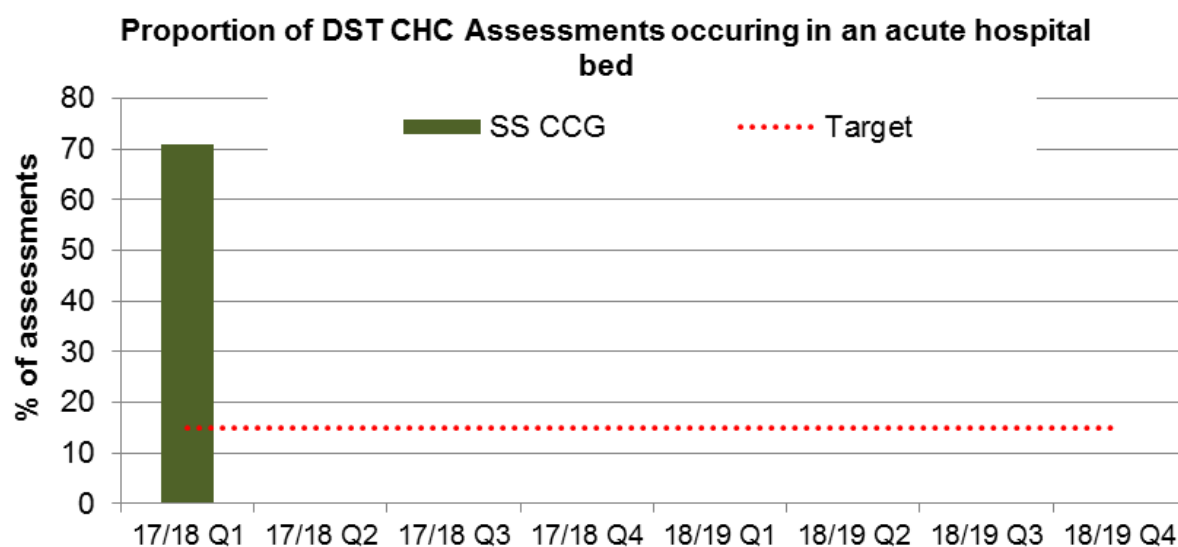
A number of measures are reported nationally on the NHS England website relating to Continuing Health Care (CHC). Two are reported in this report, and further indicators will be added to the report in the coming months.

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



Whilst the rate of eligible supported clients has fallen for both CCGs in the latest quarter, the count of newly eligible clients has increased (not shown).

Figure 31 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



The proportion of DST assessments occurring in an acute hospital bed in South Sefton is significantly higher than the national average of 27% in Q1. Data submissions are being validated to ensure accuracy.

A CHC Programme Board has been established to replace the CHC Steering Group. The new board will meet in January 2018, bringing together commissioners, providers and Local Authority colleagues.

3.10 Smoking at Time of Delivery (SATOD)

Figure 32 - Smoking at Time of Delivery (SATOD)

	South Sefton			
	Actual Q1	Actual Q2	YTD	FOT
Number of maternities	367	452	819	1638
Number of women known to be smokers at the time of delivery	56	62	118	236
Number of women known not to be smokers at the time of delivery	310	389	699	1398
Number of women whose smoking status was not known at the time of delivery	1	1	2	4
Data coverage %	99.7%	99.8%	99.8%	99.8%
Percentage of maternities where mother smoked	15.3%	13.7%	14.4%	14.4%

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

4. Unplanned Care

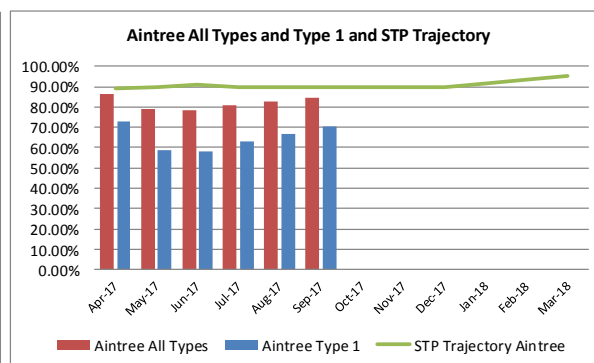
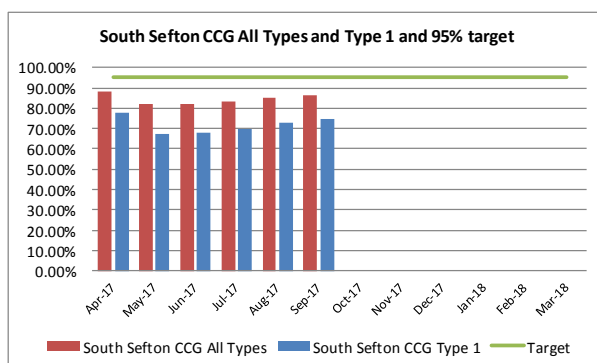
4.1 Accident & Emergency Performance

Figure 33 - A&E Performance

A&E waits					
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	17/18 - September	95%	84.48%	↔	The CCG have failed the target in September reaching 86%. In month 1085 attendances out of 7785 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 - September	95%	71.72%	↔	The CCG have failed the target in September reaching 74.8%. In month 1083 attendances out of 4304 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 - September	STP Trajectory Sept Target 90%	81.78%	↔	Aintree have failed their revised target of 90% in September reaching 84.5% ; 2081 attendances out of 13399 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 - September	95%	64.93%	↑	Aintree have failed the target in September reaching 70.4%. In month 2081 attendances out of 7034 were not admitted, transferred or discharged within 4 hours.

A&E All Types

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	YTD
STP Trajectory Aintree	89%	90%	91%	90%	90%	90%	%
Aintree All Types	86.13%	78.78%	78.42%	80.81%	82.35%	84.47%	81.78%



Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2017/18 and have failed the 90% September plan agreed with NHS Improvement recording performance 84.47% (for all A&E department types) in September 2017. A&E performance has however improved for the third consecutive month. Improvements were achieved in 2 of the 5 clinical indicators, with a 0.36% improvement for unplanned re-attendances down to 8.28% against a target of 5%. The time to see 1st clinician has improved by 7 minutes down to 98 minutes against the 60 minute clinical quality indicator. The clinical quality indicators for the number of patients who leave the department before being seen and the 15 minute from registration to triage are being achieved month on month.

Actions for improvement include:

- Continue to embed all aspects of the Emergency and Acute Care Plan and regularly monitor performance to ensure delivery of 90% A&E performance and 75% Notify to Handover performance.
- Complete review of the medical workforce establishment. Additional sessions are being arranged to cover gaps in the existing rotas.
- Draft specification awaiting final approval to agree start date for Primary Care Streaming.
- Ambulance 90 day project completed. Awaiting start date agreement for direct conveyancing to Ambulatory Emergency Care.
- Recruitment of Acute Physicians underway. Currently out to advert with interest shown.
- Complete full A&E nurse establishment review. Awaiting update and input from Chief Nurse.
- Emergency Care Improvement Programme (ECIP) and Exec led support is in place to ensure delivery of Key Performance Indicators to improve quality and performance.
- Develop series of Plan Do Study Act (PDSA) cycles to test improvements in the following elements of the Emergency and Acute Care Programme (EACP):
 - See and Treat
 - Board rounds
 - Initial nurse assessment

A Multi Agency Discharge Event (MADE) was held in early November and the formal report from this is awaited. An increased focus on implementing the SAFER patient flow bundle.

Figure 34 - A&E Performance – 12 hour breaches

12 Hour A&E Breaches				
Total number of patients who have waited over 12 hours in A&E from decision to admit to admission - Aintree (cumulative)	17/18 - September	0	11	↔

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

4.2 Ambulance Service Performance

In August NWAS went live with the implementation of the Ambulance Response Programme (ARP). The Ambulance Response Programme was commissioned by Sir Bruce Keogh following calls for the modernisation of a service developed and introduced in 1974. The redesigned system will focus on ensuring patients get rapid life-changing care for conditions such as stroke rather than simply “stopping the clock”. Previously one in four patients who needed hospital treatment more than a million people each year – underwent a “hidden wait” after the existing 8 minute target was met because the vehicle despatched, a bike or a car, could not transport them to A&E. Ambulances will now be expected to reach the most seriously ill patients in an average time of seven minutes. The ‘clock’ will only stop when the most appropriate response arrives on scene, rather than the first. Although ARP is now live the data is still being analysed at a Northwest level and is not yet ready to be shared at County or CCG level due to the fundamental shifts.

NWAS have worked closely with staff during the implementation of ARP which has involved targeted training programmes for dispatchers, clinicians and managers in emergency operations centres. Early indications are showing a positive impact with more time to assess the calls resulting in the right vehicle response being dispatched first time and reduced number of vehicles being stood down; there have been improvements in ambulance utilisation and reductions in the long waits for lower acuity calls. NWAS have advised that the service response model needs to adapt to the new system and will require a review of the ambulance resource model take time to embed before the full benefits are realised.

NWAS performance is measured on the ability to reach patients as quickly as possible. Performance will be based upon the average (mean) time for all Category 1 and 2 incidents. Performance will also be measured on a 90th percentile (9 out of 10 times) for Category 1, 2, 3 and 4 incidents.

Under the new national standards, all incidents will be measured against the standards rather than the most serious under the old national standards. The four response categories are described below:

- **Category one** is for calls from people with life-threatening injuries and illnesses. These will be responded to in an **average time of 7 minutes** and at least **9 out of 10 times within 15 minutes**.
- **Category two** is for emergency calls. These will be responded to in an **average time of 18 minutes** and at least **9 out of 10 times within 40 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**.

Figure 35 - Previous Ambulance performance targets and new ARP Targets

CURRENT				FUTURE ARP			
 RED 1 Life Threatening	3% of calls (NWS 3%)	75% response within 8 mins	Clock starts at point call connected from 999	 CATEGORY 1 Life Threatening	8% of calls	7 mins mean response time 90% in 15 mins	Clock starts 30 secs from call connect or problem identified
 RED 2 Emergency Calls	47% of calls (NWS 41%)	75% response within 8 mins	From Oct 16: Clock started 240 secs from call connect or problem identified	 CATEGORY 2 Emergency Calls	48% of calls	18 mins mean response time 90% in 40 mins	Clock starts 240 secs from call connect or problem identified
ALL RED		95% within 19 minutes NW local target 20 mins response	60 secs from call connect / ambulance dispatched / problem identified	If conveyed, transporting vehicle stops the clock			
 GREEN 1 Emergency Care	(NWS 5%)			 CATEGORY 3 Urgent Calls	34% of calls	90% in 120 mins	Clock starts 240 secs from call connect or problem identified
 GREEN 2 Emergency Care	(NWS 29%)	NW local target 30 mins response		 CATEGORY 4 Less Urgent Calls	10% of calls	90% in 180 mins	Clock starts 240 secs from call connect or problem identified
 GREEN 3 Urgent Care	(NWS 7%)	NW local target Tel assessment 60 mins / 180 mins response		If conveyed, transporting vehicle stops the clock			
 GREEN 4 Urgent Care	(NWS 14%)	NW local target Tel assessment 60 mins / 240 mins response	The new response system will: <ul style="list-style-type: none"> • Change the dispatch model, giving staff slightly more time to identify patients' needs and allowing quicker identification of urgent conditions • Further prioritises a time critical response for the most life threatening conditions • Introduce new target response times which cover every single patient, not just those in immediate need. For the most urgent patients we will collect mean response time in addition to the 90th percentile, so every response is counted. • Change the rules around what "stops the clock", so targets can only be met by doing the right thing for the patient, where possible first time. 				
ALL GREEN	50% of calls (NWS 56%)	No national targets (local apply)					

Figure 36 - Ambulance handover time performance

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Aintree	17/18 - September	0	177	↑ ↓	The Trust recorded 177 handovers between 30 and 60 minutes, this is an improvement on last month when 232 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 - September	0	117	↓	The Trust recorded 117 handovers over 60 minutes, a improvement on the previous month when 157 was reported and is still breaching the zero tolerance threshold.

An improvement in the number of handover delays in excess of 30 minutes was noted with a decrease to 117 minutes (-115), however an increase to 177 (+20) in excess of 60 minutes. The average time from notification to handover standard of 15 minutes decreased again. The Trust achieved 18.41 minutes compared to 20.38 minutes in August (-2.03 minutes). Ambulance Hospital Arrival Screen (HAS) compliance decreased to 86.4% (1.96%).

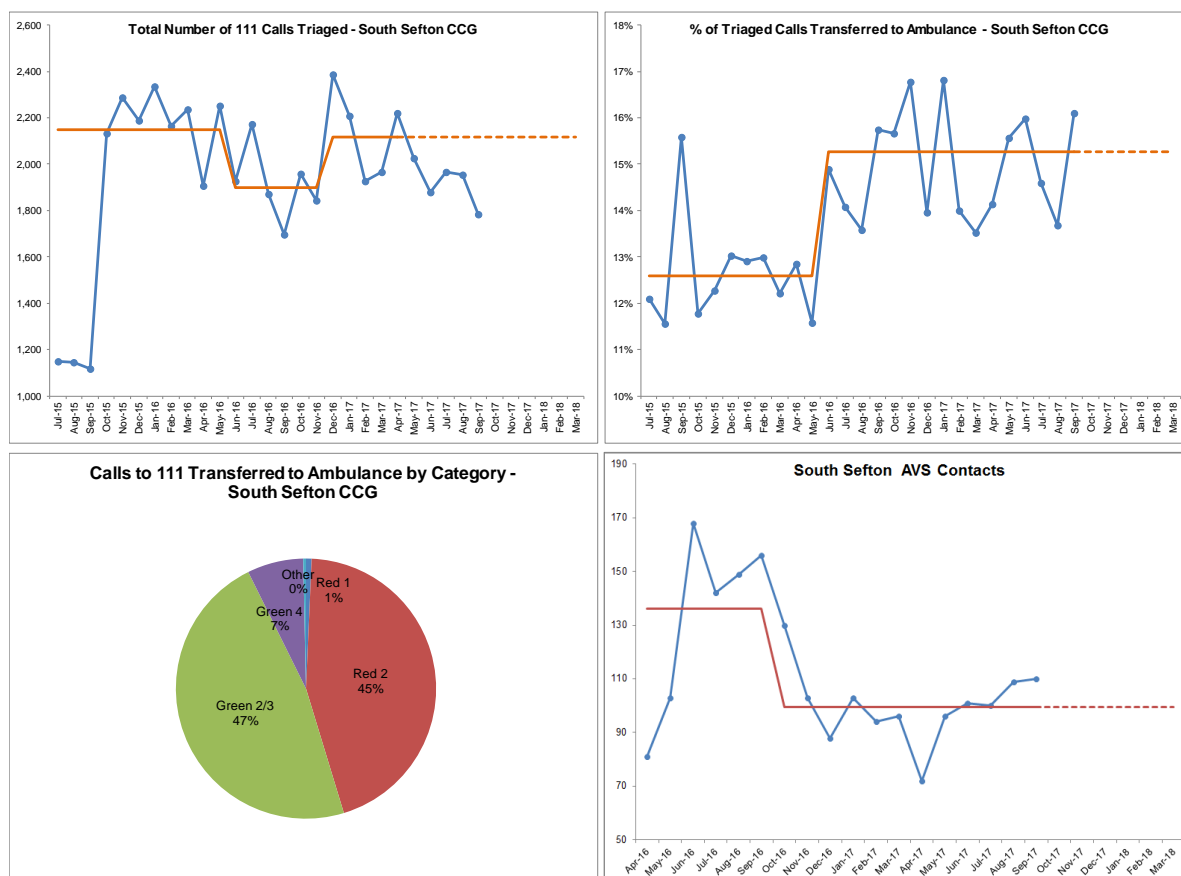
In mid-November, a guidance letter was issued to CCGs, Providers, and A&E Delivery Boards from the National Directors for Acute and Urgent Care at NHS England. The guidance 'Addressing ambulance handover delays: Actions for Local A&E Delivery Boards' sets out the main points from recent guidance documents, and separates them into actions to be embedded as part of normal working practice, and actions to be taken should ambulances begin to queue. There are 4 key principles that local systems should note:

- The patients in the urgent care pathway who are at highest risk of preventable harm are those for whom a high priority 999 emergency call has been received, but no ambulance resource is available for dispatch.
- Acute Trusts must always accept handover of patients within 15 minutes of an ambulance arriving at the ED or other urgent admission facility (e.g. medical/surgical assessment units, ambulatory care etc.).
- Leaving patients waiting in ambulances or in a corridor supervised by ambulance personnel is inappropriate.
- The patient is the responsibility of the ED from the moment that the ambulance arrives outside the ED department, regardless of the exact location of the patient.

4.3 NWAS, 111 and Out of Hours

4.3.1 111 Calls

Figure 37 - 111 service calls



The number of calls in September has reduced to 1,783 from 1,953 in August, a reduction of 170 calls. September had the fewest calls since September 2015.

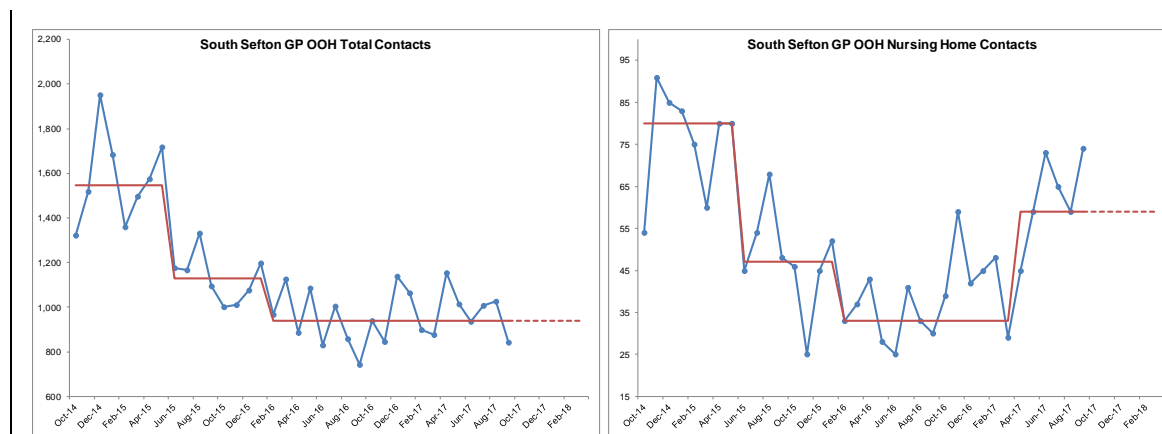
The breakdown for outcomes of 111 calls in September 2017 is as follows:

- 55% advised to attend primary and community care
- 18% closed with advice only
- 16% transferred to ambulance
- 7% advised to attend A&E
- 3% advised to other service.

Year to date, 17% of calls have been closed with advice only. This is a reduction on the first six months of the previous year where 20% of calls ended this way. The reduction has been countered by increases in the percentage being transferred to ambulance, advised to attend Primary and Community care and advised to attend other services.

4.3.2 GP Out of Hours Calls

Figure 38 - GP Out of Hours service calls



The number of calls from South Sefton patients to the GP OOH service has fallen in September to 842. When compared to the same point in the previous year, there have been 566 more calls so far in the first 6 months of 2017/18, an increase of 10%.

GP OOH calls from nursing homes within South Sefton have increased in September to 74. When compared to the same point in the previous year, the first 6 months of 2017/18 have received 200 more calls to nursing homes, an increase of 87.5%.

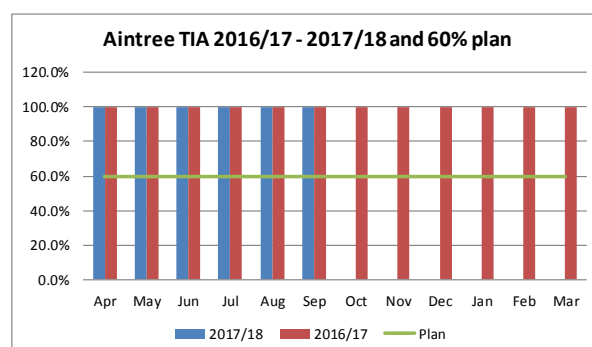
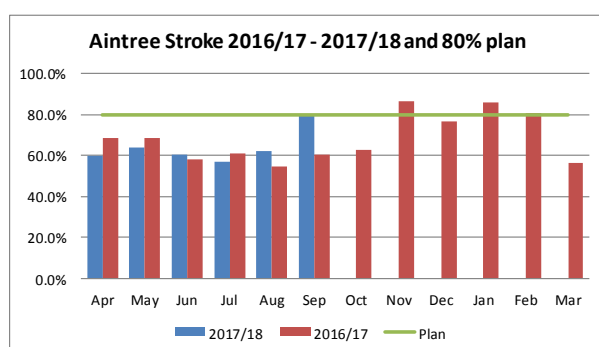
South Sefton CCG, in collaboration with Go To Doc (GTD) and NWAS, has now gone live with their out of hours Clinical Assessment Service (CAS) in June 2017.

4.4 Unplanned Care Quality Indicators

4.4.1 Stroke and TIA Performance

Figure 39 - Stroke & TIA performance

Stroke				
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	17/18 - September	80%	80.00%	↑
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	17/18 - September	60%	100%	↔



In September Aintree achieved the 80% target for patients spending 90% of their time on a stroke unit recording 80% for the first time in 2017/18.

Dr Debbie Lowe (Stroke Network) attended the North Mersey Leadership Group in mid-November to confirm the strategic direction for hyper-acute provision across North Mersey. A case for change is scheduled to be presented in December to both the Cheshire & Merseyside Partnership and the North Mersey Leadership Group. Additional issues related to Early Supported Discharge provision were also escalated to the CCG to address.

4.4.2 Mixed Sex Accommodation

Figure 40 - Mixed Sex Accommodation breaches

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

4.4.3 Healthcare associated infections (HCAI)

Figure 41 - Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	17/18 - September	27	26	↓
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	17/18 - September	23	38 (28 following appeal)	↓
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	17/18 - September	0	1	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	17/18 - September	0	1	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	17/18 - September	66	74	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Aintree)	17/18 - September	No Plan	150	↓

The CCG had 5 new cases reported in September 2017, (26 year to date), against a year to date plan of 27, (15 apportioned to acute trust and 11 apportioned to community). The year to date plan is 54.

Aintree had 6 new cases reported in September (38 year to date) against a year to date plan of 23. (There have been 10 successful appeals upheld at panel, so 28 cases following appeal). The year-end plan is 46.

Aintree had no new cases of MRSA in August 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 September there were 15 cases bringing the year to date total to 74 which is over the 66 year to date plan. There are no targets set for Trusts at present

4.4.4 Hospital Mortality

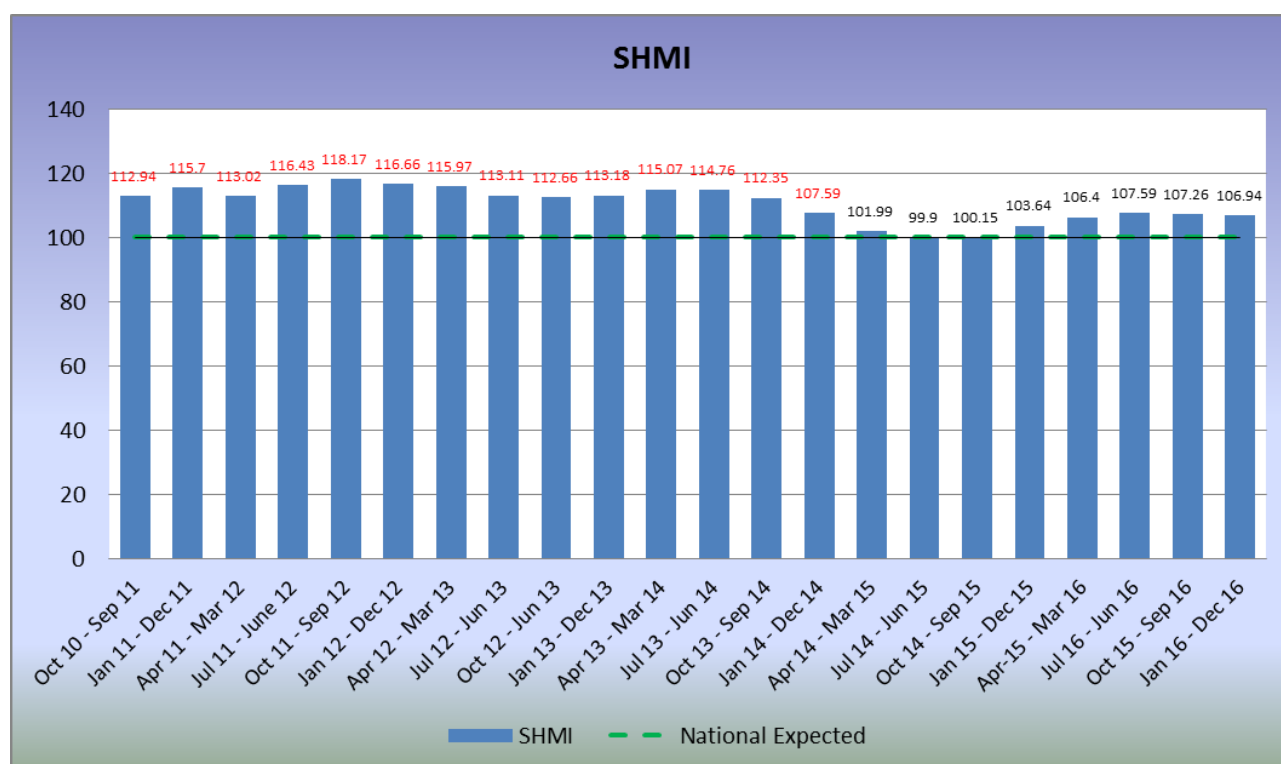
Figure 42 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	17/18 - September	100	95.29	↑
Summary Hospital Level Mortality Indicator (SHMI)	Dec-16 to Jan-17	100	105.79	↓

HSMR is reported for the rolling 12 months to June 2017 with the latest data showing a slight increase to 95.29 from 94.54 previously reported. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is fewer than 100 this suggest fewer deaths occurred than expected.

SHMI at 106.94 is marginally better than performance at November 2016 and within tolerance levels.

Figure 43 - Summary Hospital Mortality Indicator



A mortality workshop was hosted by South Sefton CCG on 2nd November. This workshop had two clear aims: to develop a coherent and consistent view of mortality at Aintree; and Consider an appropriate process to raise queries and manage responses regarding mortality at Aintree. Attendees were from a number of organisations and departments including quality, commissioning, finance, contracts, and clinical leads from South Sefton, Liverpool, and Knowsley CCGs, contract leads from NHS England, and also colleagues from Aintree including the Associate Director of Strategy, Service Development and BI, Clinical Coding and Audit Manager, and Advancing Quality Programme Management Lead. The group reviewed in detail the latest Advancing Quality Alliance (AQuA) report, and the latest Aintree University Hospital Full Mortality Report. The workshop also heard a description of the work the Aintree Avoidable Mortality Reduction Group has undertaken

over the last four years, the work streams, the format and structure of the meetings, progress to date. The attendees also discussed the connectivity between forums such as the Aintree Avoidable Mortality Reduction Group, Clinical Quality & Performance Group, Collaborative Commissioning Forum, and Contract Review Meetings, and how these link to each CCG's respective forums and committees. It was agreed that mortality to be a standing agenda item at CQPG.

Liverpool CCG described a process in place for Royal Liverpool and Broadgreen Hospital to complete a quarterly template regarding Structured Judgement Reviews (a means of retrospectively assessing quality of care, recommended for use by the National Quality Board). The template is completed by the Provider on a quarterly basis and submitted to Liverpool CCG to provide assurance. It was suggested that if South Sefton CCG could agree with Aintree to adopt the same process, the completed template could be discussed at the Aintree Mortality Group which in future could report to CQPG, with the agreed escalation to Collaborative Commissioning Forum if required.

4.5 CCG Serious Incident Management

Serious incidents reporting within the integrated performance report is in line with the CCG reporting schedule for Month 6.

There are a total of 86 serious incidents open on StEIS where South Sefton CCG are either responsible or accountable commissioner. Of the 86, 65 apply to South Sefton patients. 21 are attributed to Aintree University Hospitals NHS Trust (AUH), 28 for Mersey Care, and 1 for Sefton CCG which is a Primary Care medicines management incident. There were zero Never Events in month, with 1 YTD. 9 incidents were closed in month (45 YTD). 35 remain open on StEIS for > 100 days for South Sefton patients.

Aintree University Hospitals NHS Foundation Trust reported 1 incident in month (13 YTD), with zero Never Events (1 YTD), and zero closed in month. 21 remain open with 9 open for > 100 days.

Mersey Care NHS Foundation Trust reported 12 incidents in month (30 YTD), 8 related to South Sefton CCG patients with zero Never Events (0 YTD). There was 1 incident closed in month (28 YTD). 37 remain open on StEIS with 9 remaining open > 100 days, 5 for South Sefton patients.

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.

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

Figure 44 - Average Delayed Transfers of Care per Day at Aintree April 2016 – September 2017

Average Delays per Day

Reason for Delay	2016-17												2017/18					
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
A) COMPLETION ASSESSMENT	1	1	1	1	3	6	1	0	0	2	2	0	0	0	2	1	2	2
B) PUBLIC FUNDING	0	0	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	8	9
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	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	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	3	2
F) COMMUNITY EQUIPMENT/ADAPPTIONS	2	1	1	1	0	1	0	0	0	0	0	0	0	0	1	0	1	0
G) PATIENT OR FAMILY CHOICE	15	16	19	15	12	13	12	11	18	5	7	10	13	18	20	8	14	15
H) DISPUTES	0	0	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	0	1
O) OTHER													0	0	0	0	0	0
Grand Total	30	31	34	29	27	46	25	21	32	22	22	22	28	29	39	18	28	29

The average number of delays per day in Aintree hospital increased slightly in September to 29, 28 reported in August. Of the 29, 15 were patient or family choice (51.7%), 9 were awaiting further NHS non-acute care (31%), 2 was awaiting care package in own home (6.9%) 2 completion assessment (6.9%) and 1 awaiting housing (3.4%).

Analysis of average delays in September 2017 compared to September 2016 shows a decrease in the average number of patients from 46 to 29 (37%).

Figure 45 - Agency Responsible for Days Delayed at Aintree April 2016 – September 2017

Agency Responsible	2016-17												2017/18					
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
NHS - Days Delayed	808	773	863	677	677	1,093	664	516	880	519	490	565	726	852	962	515	725	800
Social Care - Days Delayed	85	184	153	228	167	292	98	118	121	177	133	106	112	45	221	34	134	93
Both - Days Delayed	0	0	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 800 in September, another increase from 725 in August.

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 (ICRAS) 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.

Figure 46 - Average Delayed Transfers of Care per Day - Merseycare - April 2016 – September 2017

Average Delays per Day

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

The average number of delays per day at Merseycare decreased to 40 in September from 41 the previous month. Of the 40 delays, 10 were due to housing (25%), 8 were awaiting nursing home placements (20%), 5 completion of assessment (12.5%), 6 waiting further NHS non-acute care (15%), 3 awaiting residential care home placements (7.5%), 3 awaiting care package in own home (7.5%), 1 awaiting public funding (2.5%), 2 patient or family choice (5%), 1 disputes and 1 other.

Analysis of average delays in September 2017 compared to September 2016 shows them to be higher by 3.

Figure 47 - Agency Responsible and Total Days Delayed - Merseycare - April 2016 – September 2017

Agency Responsible	2016-17												2017/18					
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
NHS - Days Delayed	430	550	409	566	477	343	507	604	616	678	436	591	409	488	447	403	613	680
Social Care - Days Delayed	264	337	359	670	545	505	572	530	537	428	356	343	351	243	367	574	526	406
Both - Days Delayed	153	144	227	350	391	379	230	180	186	160	179	303	285	197	217	149	132	151

The total number of days delayed caused by NHS was 680 in September, compared to 613 last month. Analysis of these in September 2017 compared to September 2016 shows an increase from 343 to 680 (337). The total number of days delayed caused by Social Care was 406 in September, compared to 526 in August showing a decrease of 120. Merseycare also have delays caused by both which was 151 in September, a decrease from the previous month of 19.

4.7 Patient Experience of Unplanned Care

Figure 48 - Aintree A&E Friends and Family Test performance

Friends and Family Response Rates and Scores
Aintree University Hospital NHS Foundation Trust
Latest Month: Sep-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%	14.4%		87%	82%		7%	11%	

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

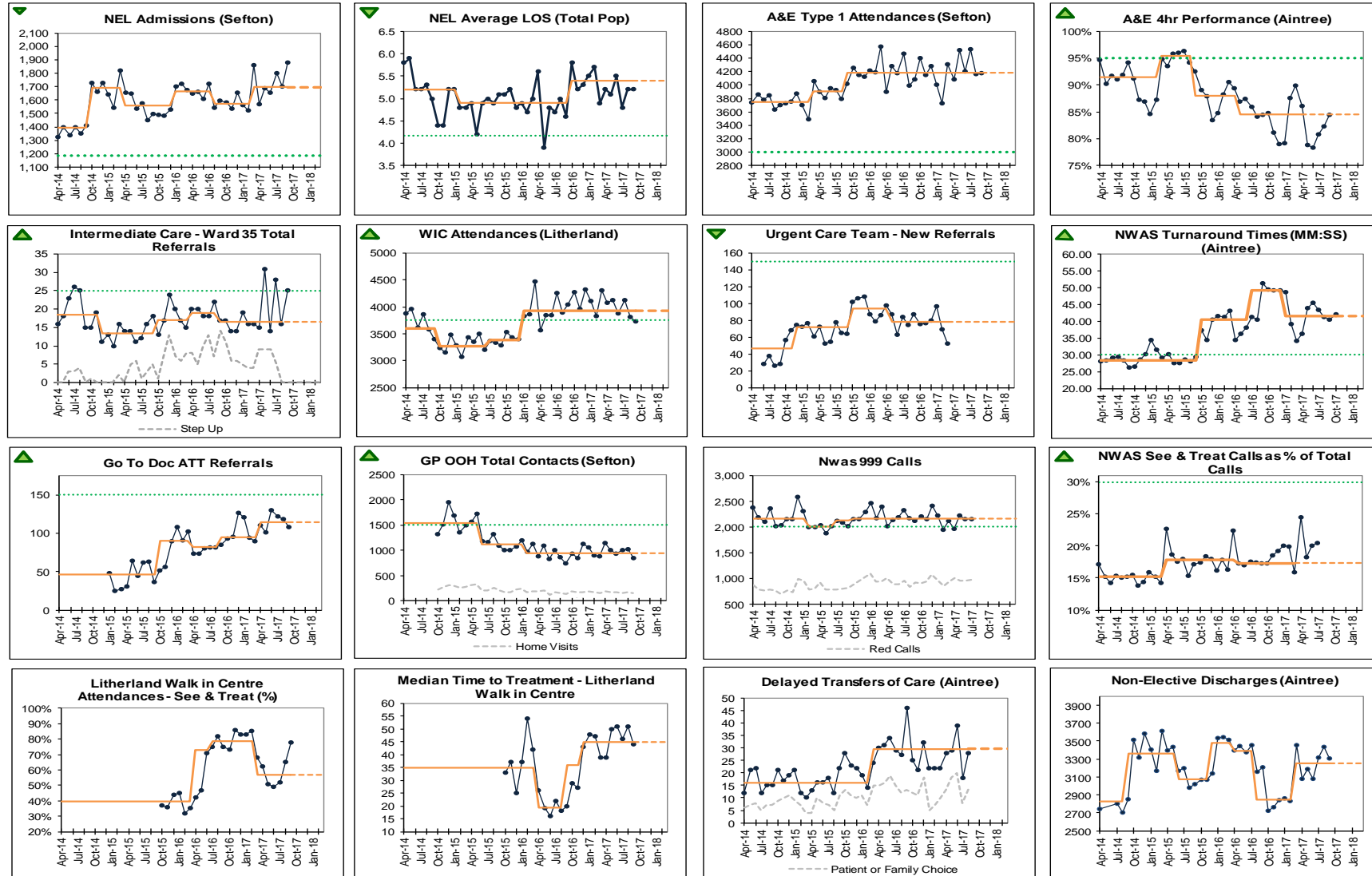
- % Response Rate
- % Recommended
- % Not Recommended

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 but has fallen under the 15% plan in September.














The percentage of people that would recommend A&E is lower than the England average again reporting 82% in September; this is a slight decline from last month when 83% was recorded. The not recommended percentage is at 11% in September which is the same as recorded last 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 6 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £301k/1.2%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately -£170k/-0.7%.

Aintree and Royal Liverpool represent the highest over performing providers for unplanned care at month 6 with a year to date variance of £436k/2% and £269k/27% respectively. In contrast, Southport & Ormskirk is currently underperforming by -£263k/17%.

Figure 49 - Month 6 Unplanned Care – All Providers

PROVIDER NAME	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	48,050	52,733	4,683	10%	£17,883	£18,319	£436	2%	-£436	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	4,969	4,497	-472	-9%	£1,073	£963	-£110	-10%	£110	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	124	77	-47	-38%	£204	£163	-£42	-20%	£42	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	1,724	1,676	-48	-3%	£2,088	£2,006	-£81	-4%	£81	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	2,700	2,943	243	9%	£988	£1,257	£269	27%	-£269	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	5	4	-1	-21%	£28	£27	-£1	-4%	£1	£0	0.0%
ACTING AS ONE TOTAL	57,572	61,930	4,358	8%	£22,264	£22,734	£470	2%	-£470	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	33	59	26	76%	£8	£20	£12	147%	£0	£12	147%
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	40	40	0%	£0	£9	£9	0%	£0	£9	#DIV/0!
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	4,076	3,910	-166	-4%	£1,548	£1,285	-£263	-17%	£0	-£263	-17%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	442	543	101	23%	£197	£222	£25	13%	£0	£25	13%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	36	35	-1	-4%	£90	£113	£23	26%	£0	£23	26%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	21	17	-4	-18%	£7	£4	-£3	-41%	£0	-£3	-41%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	69	69	0%	£0	£10	£10	0%	£0	£10	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	122	129	7	5%	£44	£74	£30	69%	£0	£30	69%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	31	22	-9	-28%	£19	£7	-£13	-66%	£0	-£13	-66%
ALL REMAINING PROVIDERS TOTAL	4,762	4,824	62	1%	£1,913	£1,744	-£170	-9%	£0	-£170	-9%
GRAND TOTAL	62,334	66,754	4,420	7%	£24,177	£24,478	£301	1.2%	-£470	-£170	-0.7%

*PbR Only

4.9.2 Aintree University Hospital NHS Foundation Trust

Figure 50 - Month 6 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospitals Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E WiC Litherland	20,771	23,804	3,033	15%	£487	£487	£0	0%
A&E - Accident & Emergency	15,394	16,388	994	6%	£2,076	£2,252	£176	8%
NEL - Non Elective	7,362	7,083	-279	-4%	£13,719	£13,779	£60	0%
NELNE - Non Elective Non-Emergency	24	16	-8	-34%	£87	£58	£-29	-34%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	10	52	42	413%	£3	£13	£10	353%
NELST - Non Elective Short Stay	1,004	1,002	-2	0%	£674	£694	£19	3%
NELXBD - Non Elective Excess Bed Day	3,485	4,388	903	26%	£838	£1,037	£200	24%
Grand Total	48,050	52,733	4,683	10%	£17,883	£18,319	£436	2.4%

4.9.3 Aintree Hospital Key Issues

The Urgent Care over spend of £436k/2.4% is driven by a £200k/24% over performance in Non-Elective Excess Bed Days and £176k/8% over spend in Accident & Emergency. 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 51 - Month 6 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	2,230	2,307	77	3%	£232	£259	£27	11%
AMAU - Acute Medical unit	11	23	12	112%	£1	£2	£1	112%
NEL - Non Elective	337	345	8	2%	£668	£876	£208	31%
NELNE - Non Elective Non-Emergency	7	10	3	38%	£42	£31	£-12	-27%
NELST - Non Elective Short Stay	45	67	22	50%	£29	£44	£15	54%
NELXBD - Non Elective Excess Bed Day	70	191	121	172%	£16	£45	£29	177%
Grand Total	2,700	2,943	243	9%	£988	£1,257	£269	27%

4.9.5 Royal Liverpool University Hospital Key Issues

The overall Urgent Care over spend of £269k/27% is largely driven by a £208k/31% over performance in Non-Elective costs. Vascular Surgery is the top over performing specialty within this POD with a variance of £132k/150% against plan.

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 52 - NHS South Sefton CCG – Shadow Pbr Cluster Activity

PBR Cluster	NHS South Sefton CCG			
	Caseload as at 30/09/2017	2017/18 Plan	Variance from Plan	Variance on 30/09/2016
1 Common Mental Health Problems (Low Severity)	34	43	- 9	- 10
2 Common Mental Health Problems (Low Severity with greater need)	10	25	- 15	- 27
3 Non-Psychotic (Moderate Severity)	85	150	- 65	- 102
4 Non-Psychotic (Severe)	312	270	42	76
5 Non-psychotic Disorders (Very Severe)	87	67	20	20
6 Non-Psychotic Disorder of Over-Valued Ideas	39	46	- 7	- 6
7 Enduring Non-Psychotic Disorders (High Disability)	288	251	37	55
8 Non-Psychotic Chaotic and Challenging Disorders	132	122	10	15
10 First Episode Psychosis	141	144	- 3	- 4
11 On-going Recurrent Psychosis (Low Symptoms)	332	399	- 67	- 66
12 On-going or Recurrent Psychosis (High Disability)	404	354	50	62
13 On-going or Recurrent Psychosis (High Symptom & Disability)	104	101	3	9
14 Psychotic Crisis	31	27	4	5
15 Severe Psychotic Depression	8	6	2	1
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	45	38	7	6
17 Psychosis and Affective Disorder – Difficult to Engage	45	50	- 5	- 5
18 Cognitive Impairment (Low Need)	224	224	-	-
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	445	446	- 1	- 20
20 Cognitive Impairment or Dementia Complicated (High Need)	436	398	38	44
21 Cognitive Impairment or Dementia (High Physical or Engagement)	121	140	- 19	- 18
Cluster 99	462	558	- 96	- 85
Total	3,785	3,859	- 61	11

5.1.1 Key Mental Health Performance Indicators

Figure 53 - CPA – Percentage of People under CPA followed up within 7 days of discharge

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-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%	92.6%	92.3%
Rolling Quarter				97%	100%	96.0%	95.2%

There was 1 patient who was not followed up out of a total in September of 13. The provider (MerseyCare) states the breach should have been non CPA, if the non CPA was excluded the target would have been achieved.

Figure 54 - CPA Follow up 2 days (48 hours) for higher risk groups

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-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%	100%	100%
Rolling Quarter				100%	100%	100%	100%

Figure 55 - EIP 2 week waits

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-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%	50%	100%
Rolling Quarter				80%	100%	81.8%	84.6%

5.1.2 Out of Area Placements (OAP's)

Figure 56 - Figure 16 EIP 2 week waits

Period	Period Covered	Total number of OAP days over the period
Q1 2017/18	Apr 17 to June 17	96
	May 17 to Jul 17	51
	June 17 to Aug 17	28
Q2 2017/18	Jul 17 to Sep 17	23

The CCG has a target to reduce OAP's by 33% based on quarter 4 2016/17 activity. In quarter 4 2016/17, 104 OAP's were reported, and therefore the target for 2017/18 is 70. The latest reporting period is July to September 2017 where 23 OAP's were reported, an improvement on the last reporting period of 28. The CCG is therefore currently in line with the target.

5.1.3 Mental Health Contract Quality Overview

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

The Trust, in response to the recent Crisis Resolution Home Treatment Team (CRHTT) core fidelity review findings has established an urgent pathway work stream to establish a Single Point of Access to enable a more responsive access point for urgent referrals. The first phase of this work will involve assessment based staff being within a single team with the Trust's footprint with agreed triage and assessment process. This work also includes the identification of staff who undertake CRHT team functions with the aim of establishing a one stop integrated referral and response across the Trust's footprint. The Trust has appointed a manager who will manage the integrated team and the bed management function so as to optimise appropriate admissions and discharges.

In conjunction with the urgent pathway redesign and recognising the need to improve collaborative working, the Trust has developed plans to enhance GP liaison building upon the primary care mental health practitioners which have been in place since 2013/14. As from 1st December 2017 consultant psychiatrists will be aligned to primary care localities and respective Primary Care Mental Health Liaison Practitioners so as to increase the mental health support available for GPs. Contact will soon be established to arrange consultant visits to practices and within these meetings it will be possible to discuss GP patients open to mental health services, and those patients not open but for whom the GP may wish to take advice on to either avoid the need for a referral or for support with signposting to an appropriate alternative service e.g. The Life Rooms. Enhanced GP liaison arrangements should contribute to efforts to improve sub optimal performance against GP communication KPIs which continues to be a focus of concern which the Trust is seeking to address.

Commissioners are involved in the urgent care pathway and enhanced GP Liaison working. 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 was reported against the remedial action plan at the recent CQPG meeting in October 2017 however the performance notice remains open until the CCG Safeguarding Team is assured that all concerns have been addressed.




The Adult ADHD service provided by the Trust continues to operate at over capacity. Six of the seven sessions per week became vacant on 1st October 2017 and these are being recruited to and the trust has reported that the vacant sessions will be filled in January 2018. As previously reported the absence of an agreed shared protocol has prevented the transfer of patients back to primary care, however a shared care protocol for Adults with ADHD has been developed and agreed by the Sefton LMC and comments on the protocol are now awaited from the Trust.

In response to commissioner and provider concerns about the memory pathway and throughput of patients there have been initial discussions about undertaking a pilot involving two South Sefton practices forming part of a multi-disciplinary/multi –agency approach to the management of people living well with Alzheimer's disease. The pilots will be discussed in detail on 8th December 2017 and if agreed it is anticipated that the pilots commence in early 2018.

5.1.4 Patient Experience of Mental Health Services

Figure 57 - Merseycare Friends and Family Test performance

Friends and Family Response Rates and Scores
 Mersey Care NHS Foundation Trust
 Latest Month: Sep-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%	1.9%		89%	89%		4%	3%	

Merseycare are the same as the England average for recommended for Friends and Family recording 89% this is down from last month when they recorded 93%. They are recording under the England average for not recommended in September (3%).

5.2 Improving Access to Psychological Therapies

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

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March
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	333	315	269	287						
Access % ACTUAL - Monthly target of 1.4% - Year end 16.8% 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%	1.11%	1.18%						
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%	46.1%	42.1%	44.4%	48.2%	49.2%						
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%	99.5%	98.4%						
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%	100.0%	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	182	195	182	199	183						
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	8	2	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	79	92	89						
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%	90.4%	84.4%	88.6%	87.1%						

Cheshire & Wirral Partnership reported 287 South Sefton patients entering treatment in Month 6, which is a 6.7% increase from the previous month when 269 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 6 access rate was 1.18% therefore the monthly target was not achieved.

There were 379 Referrals in Month 6, which was a 5% increase compared to the previous month when there were 361. Of these, 64.4% were Self-referrals which is slightly less than the previous month (67.6%). GP Referrals were slightly higher than the previous month with 76 compared to 67 for Month 5. 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 49.2% in Month 6, which is an increase from 48.2% 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 an increase in Month 6 with 60 compared to 53 in Month 5.

There was a 24.4% decrease in DNAs in Month 6 (from 193 in Month 5 to 146 in Month 6); 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 6, 98.4% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have waited less than 18 weeks (against a standard of 95%).

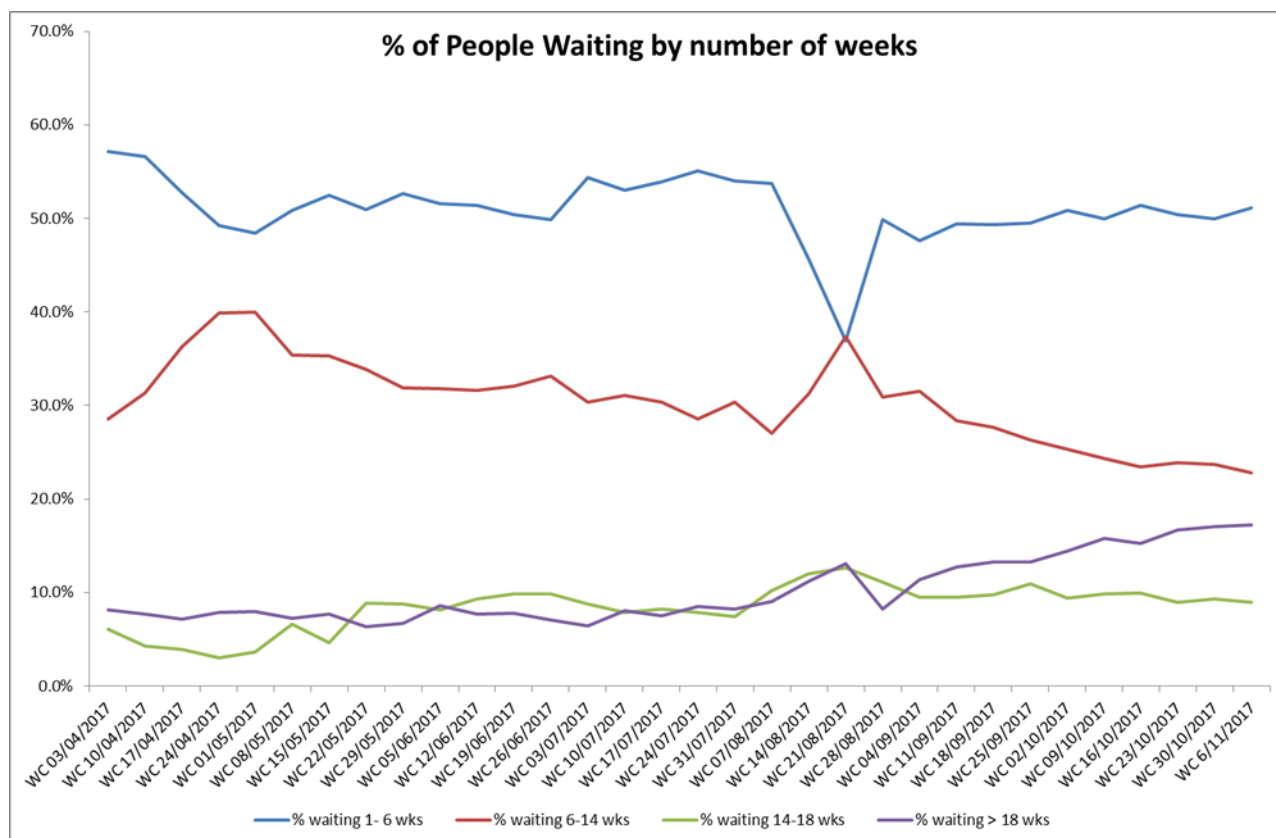
The provider has confirmed that in response to primary care queries they are working to develop a prioritisation tool.

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

The provider 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.

A deep dive visit from the IAPT national intensive support team is planned for 4th December.

Figure 59 - NHS South Sefton CCG – Access Sefton % Internal waiters



The chart above illustrates internal waits activity for April 2017 onwards over the 32-week reporting period. The proportion of people waiting 6 to 14 weeks for a second appointment has seen a slightly downward trend over the given time period with the exception of a peak in the week commencing 21/08/2017.

Some excessive waits remain, however the service reports that some patients request very specific days and appointment times for appointments.

5.3 Dementia

Figure 60 - Dementia casefinding

NHS South Sefton CCG

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
People Diagnosed with Dementia (Age 65+)	1219	1213	1224	1237	1247	1245
Estimated Prevalence (Age 65+)	1845	1851.4	1855.3	1862	1860.5	1864.6
NHS South Sefton CCG - Dementia Diagnosis Rate (Age 65+)	66.07%	65.52%	65.97%	66.43%	67.02%	66.77%
Target	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%

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 September 2017 of 66.77% which has met the national dementia diagnosis ambition of 66.7%. This is a significant improvement on 2016/17 rates which is partly due to a change in the methodology used by NHS Digital. 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)

Figure 61 - NHS South Sefton CCG – Improve Access Rate to CYPMH 17/18 (30% Target)

E.H.9	Q1 17/18		2017/18 Total	
	Plan	Actual	Plan	Actual
1a - The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period.	25	35	100	35
2a - Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	160	75	940	75
2b - Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	3,121	3,121	3,121	3,121
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	5.1%	2.4%	30.1%	2.4%

The CCG target is to achieve 30% by the end of the financial year. Quarter 1 performance shows 2.4% of children and young people receiving treatment (75* out of an estimated 3,121 with a diagnosable mental health condition), against a target of 5.1%. 85* more patients needed to have received treatment to achieve the quarter 1 target.

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

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

Figure 62 - South Sefton CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2017/18 Plans (95% Target)

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

Figure 63 - South Sefton CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2017/18 Plans (95% Target)

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

For Q2 South Sefton had no patients waiting for urgent (less than 1 week waiting), and had 6 patient waiting for a routine appointments. Of those 6 patients, 2 were seen between 0-1 weeks, 2 were seen at 2-3 weeks and 2 were seen at 3-4 weeks so performance against the 4 week target is 100% (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.

An information sub group has been established and the group met on the 26th October. Activity reports submitted by the Trust (produced by Liverpool Community Health) were reviewed and the following issues were discussed, with actions taken to investigate:

- Waiting times targets – the group agreed that the standard acute 18 week target was not suitable to community services and that the targets will need to be reviewed and agreed with clinical input from both the Trust and CCG.
- Exception Reporting – the CCG urgent care lead is doing some work with the Trust around more informative exception reporting.
- Data Quality Issues – the activity statement highlights many potential data quality issues and also highlighted the need to review the baselines.

6.1.1 Quality

The CCG Quality Team are holding meetings with Mersey Care Community, outside of the CQPG, to discuss Quality Schedule KPIs, Compliance Measures and CQUIN development, this is to ensure that expectations of data flows and submissions are clear and reported in a timely manner. The work programme has been reviewed and focusses on all relevant areas including those highlighted in the QRP (Quality Risk Profile), Aintree CQC Inspection Action Plan (Community Services) and the enhanced surveillance from the transition handover document.

There is a planned review of all KPIs included in Service Specifications in the first six months for Mersey Care Community. This work will include LCH and Mersey Care Community BI Teams. KPIs focusing on Quality, Patient Safety, Clinical Effectiveness and Patient Experience will be prioritised. Any new local KPIs identified will be varied into the contract.

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 23.8% in September. Adult Dietetics also continues to report high rates at 17.8% in September. These high DNA rates have been discussed in the monthly contract meetings and the Trust is reviewing the appointments that are currently available to patients to ensure they are convenient, for example a potential need for out of hours or weekend appointments to accommodate those who work full time.

Provider Cancellation Rates: Treatment Rooms is reporting amber (close to the 5% threshold) with 4.8% and adult dietetics is showing a 6.7% rate. However both services have shown an improvement compared to 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 10% for September and show no sign of improvement.

6.1.3 Waiting Times

Waiting times are reported a month in arrears. In August 2017, a couple of services reported just above the 18 week waiting times target for the completed pathways (95th percentile).

Adult SALT: This service reported an average wait of 19 weeks, a slight improvement compared to last month when 20 weeks was reported.

Physiotherapy: This service reported an average wait of 19 weeks, a slight decline on last month when it was green at 18 weeks. However, waiting times have gradually increased over the current financial year from 14 weeks in April. The average waiting times on the incomplete pathway are currently green at 17 weeks but this has also been increasing over the year from 12 weeks in May.

Podiatry: This service reported an average wait of 19 weeks, a slight decline on last month when it was green at 18 weeks. Again, waiting times seem to be increasing slightly as the year progresses.

Nutrition & Dietetics: The service reported an average wait of 24 weeks, a more significant decline on last month when 18 weeks was reported.

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 6 2017/18 the costs for the CCG for initial contacts was £35,579 with 517 contacts and for follow-ups costs were £139,469 with 4,534 contacts (1,403 with attached costs).

6.2.1 Liverpool Community Health Quality Overview

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

6.3 Alder Hey Community Services

6.3.1 Services

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

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

Liverpool Community Health is currently providing activity reports to the CCG for these services as per the 2016/17 information schedule.

6.3.2 Waiting Times

Paediatric SALT: In August 2017, 22 weeks was reported for incomplete pathways against the 18 week target. This shows no improvement in waiting times compared to last month. A total of 77 patients were waiting over 18 weeks, with the longest waiter at 32 weeks.

6.3.3 Patient DNA's and Cancellations

Paediatric Dietetics: September 2017 shows the trend of high DNA's continuing at 11.9%, although this is an improvement on July when 12.5% was reported (no appointments in August due to the member of staff being on annual leave). April remains the only month this year to report low DNA's with 3.1%.

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

Figure 64 - South Sefton CCG – Percentage of children waiting more than 18 weeks for a wheelchair - 2017/18 (92% Target)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of Children whose episode of care was closed within the reporting period where equipment was delivered in 18 weeks or less being referred to the service	19	Nil return	19	Nil return	19		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	Nil return	20		20	
%	95.00%	0.00%	95.00%	0.00%	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.

7. Third Sector Overview

Reports detailing activity and outcomes during Q2 are underway; this report will be circulated within the next couple of weeks. Referrals to most services have increased during Q2 compared to the same period last year and the complexity of service user issues is increasing. A number of services providing support for service users applying for benefits have also informed Sefton CCGs in regard to the number of people presenting with anxiety and stress as a result of the new Universal Credit application process. The application is difficult and appears to be having a profound effect on a high volume of service users, in particular those suffering mental health. A number of agencies have informed that the majority of payments appear to be delayed and residents of Sefton are suffering severe hardship as a result.

Work is in progress to engage further with Third Sector providers and GP Practices in particular services for the elderly. An issue was raised at a recent CWP-IAPT meeting by a GP in attendance

who had informed that a number of elderly patients are presenting with a range of issues as a result of loneliness, social isolation and anxiety. It was suggested that our Third Sector service could help by facilitating peer support groups for those who may benefit. Contact was made with Age Concern and work is now underway to set up support groups within GP Practices across the borough. Further meetings are to be set up with Sefton locality leads to identify how our Third Sector providers may be linked in more with practices across the footprint.

Alzheimer's Society are currently piloting a project and have engaged with 9 GP practices across Sefton delivering 2 hourly dementia surgeries for patients and their carers. This model appears to have been very well received amongst GPs and practice staff, further plans have been put in place to role this out further across the borough.

A piece of work has been completed to capture the numbers of referrals during 2016-17 by electoral Ward for each of our providers. This is to be used going forward to identify hot-spots and gaps within the Sefton footprint.

8. Primary Care

8.1 Extended Access (evening and weekends) at GP services

Figure 65 - South Sefton CCG - Extended Access at GP services 2017/18 Plans

		E.D.14	Months 1-6	Months 7-12
Extended access (evening and weekends) at GP services	2017/18 Plan	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.	30	30
		%	0.00%	0.00%
	2018/19 Plan	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.		30	30	
	%	0.00%	0.00%	

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 October, Eastview Surgery was inspected and has improved in their overall rating to 'Good' previously requiring improvement in 'Safe and Well Led'. All the results are listed below:

Figure 66 - 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	11 October 2017	Good	Good	Good	Good	Good	Good
N84020	Blundellsands Surgery	24 November 2016	Good	Good	Good	Good	Good	Good
N84026	Crosby Village Surgery	29 October 2015	Requires Improvement	Good	Good	Good	Good	Requires Improvement
N84041	Kingsway Surgery	07 November 2016	Good	Good	Good	Good	Good	Good
N84621	Thornton Practice	19 February 2015	Good	Requires Improvement	Good	Good	Good	Good
N84627	Crossways Practice	06 August 2015	Good	Good	Good	Good	Good	Good
N84626	Hightown Village Surgery	18 February 2016	Good	Requires Improvement	Good	Good	Good	Good
N84003	High Pastures Surgery	09 June 2017	Good	Good	Good	Good	Good	Good
N84010	Maghull Family Surgery (Dr Sapre)	21 August 2017	Good	Requires Improvement	Good	Good	Good	Good
N84025	Westway Medical 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.

A quarterly performance monitoring return was submitted on 17th November on behalf of the Sefton Health and Wellbeing Board. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care,

reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date.

Since the Better Care Fund plan submission in September, the Integrated Reablement and Assessment Service (ICRAS) moved on from planning stages to mobilisation. This commenced on 2 October with phase 1, introducing a series of discharge 'lanes' for patients to speed up transition from hospital. It is early days for the scheme which has been implemented at great pace, but initial reports look positive.

Also, Sefton's draft Integration Framework has been approved and the plans detailed therein have commenced. A workshop to develop each of the work streams for integration is scheduled for 15 November 2017, which will in turn shape the vision for integration in Sefton. A summary of the Q2 BCF performance is as follows:

Figure 67 – BCF Metric performance

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

Figure 68 – BCF High Impact Change Model assessment

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

10. CCG Improvement & Assessment Framework (IAF)

10.1 Background

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

A dashboard is released each quarter by NHS England. 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 the updated Framework for 2017/18 was significantly delayed and released 21st November. For 2017/18, a small number of indicators have been added. A number of updates have been made to existing indicators, and some indicators have been removed. The new indicators are:

123b: Improving Access to Psychological Therapies – access

124c: Completeness of the GP learning disability register

105c: Percentage of deaths with three or more emergency admissions in last three months of life

132a: Evidence that sepsis awareness raising amongst healthcare professionals has been prioritised by the CCG

166a: Compliance with statutory guidance on patient and public participation in commissioning health and care

Of the new indicators above, only IAPT Access (123b) data has been published.

The quarter 1 2017/18 release cited the following indicators as best quartile nationally, or an improving trend:

- 131a: Percentage of CHC full assessments which took place in an acute hospital setting **70.8%** (Q4 2016/17). *Best quartile nationally.* Note: indicator appears to have ranked CCGs where higher % is 'better' which is incorrect.
- 107a: Antimicrobial Resistance – appropriate prescribing of antibiotics in primary care (calculated as weighted number of items for antibacterial drugs in the previous 12 months) **1.216** (June 2017). *Improving position but still worst quartile nationally.*
- 122a: Cancers diagnosed at early stage (cancers diagnosed at stage 1/2 for specific tumour sites **49.1%** (2015). *Improving position but still worst quartile nationally.*
- 122c: One year survival from all cancers **70.2%** (2014). *Improving position.*
- 126a: Dementia diagnosis rate **67.0%** (August 2017). *Improving position.*
- 127c: A&E admission, transfer, discharge within 4 hours **86%** (September 2017). *Improving position but worst quartile nationally.*

The quarter 1 2017/18 release cited the following indicators as worst quartile nationally, or a deteriorating trend:

- 104a: Injuries from falls in people aged 65+ years per 100,000 population. **2,865** (Q4 2016/17). *Deteriorating position, worst quartile nationally.*
- 106a: Inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care sensitive conditions **3184** (Q4 2016/17). *Deteriorating position, worst quartile nationally.*
- 107a: Antimicrobial Resistance – appropriate prescribing of antibiotics in primary care (calculated as weighted number of items for antibacterial drugs in the previous 12 months) **1.216** (June 2017). *Improving position but still worst quartile nationally.*
- 122a: Cancers diagnosed at early stage (cancers diagnosed at stage 1/2 for specific tumour sites **49.1%** (2015). *Improving position but still worst quartile nationally.*
- 122b: proportion of people with an urgent GP referral for suspected cancer that began their first definitive treatment within 62 days **78.8%** (Q4 2016/17). *Deteriorating position, worst quartile nationally.*
- 123a: IAPT recovery rate. **42.4%** (June 2017). *Deteriorating position and worst quartile nationally.*
- 124b: LD – annual health check. **10.4%** (2015/16). *Worst quartile nationally.*
- 125d: Maternal smoking at delivery. 15.3% (Q1 2017/18). *Worst quartile nationally but improving.*
- 125a: Neonatal mortality and stillbirths within 28 days as a proportion of all neonatal mortality and stillbirths. **6.1%** (2015). *Worst quartile nationally.*
- 126b: Dementia post diagnostic support (proportion of patients with a care plan). **73.9%** (2015/16). *Worst quartile nationally and deteriorating.*
- 127b: Emergency admissions for urgent care sensitive admissions. **3,254** (Q4 2016/17). *Worst quartile nationally but improving.*
- 127c: A&E admission, transfer, discharge within 4 hours **86%** (September 2017). *Improving position but worst quartile nationally*
- 127f: Hospital bed use following emergency admission per 1,000 population. **602.2** (Q4 2016/17). *Deteriorating position, worst quartile nationally.*
- 128d: Primary Care workforce (FTE GP and Nurses per weighted population) **0.90** (March 2017). *Worst quartile nationally but improving*
- 144a: Utilisation of the NHS e-referral service to enable choice at first routine elective referral. **20.4%** (November 2017). *Worst quartile nationally but improving.*

A full exception report for each of the indicators above, outlining reasons for underperformance, actions being taken to address the underperformance, more recent data where held locally, the clinical, managerial and SLT leads responsible, and expected date of improvement for the indicators will be presented to Governing Body in January.

10.2 Improvement & Assessment Framework Dashboard

Figure 69 – Q1 2017/18 IAF Dashboard

NHS South Sefton CCG

2016/17 Year End Rating:

Requires Improvement

Better Health						Better Care					
	Period	CCG	Peers	England	Trend		Period	CCG	Peers	England	Trend
R 102a	% 10-11 classified overweight 2013/14 to 2015/16	35.4%	↑	6/11	142/207	R 121a	High quality care - acute 17-18 Q1	60	↓	9/11	87/207
103a	Diabetes patients who achieved 2015-16	39.3%	↓	7/11	98/207	R 121b	High quality care - primary care 17-18 Q1	66	↑	8/11	110/207
103b	Attendance of structured education 2014	7.9%	↑	4/11	67/207	R 121c	High quality care - adult social 17-18 Q1	61	↑	4/11	131/207
R 104a	Injuries from falls in people 6.16-17 Q4	2,865	↑	9/11	197/207	122a	Cancers diagnosed at early stage 2015	49.1%	↑	7/11	166/207
R 105b	Personal health budgets 17-18 Q1	7	↓	11/11	138/207	122b	Cancer 62 days of referral to treatment 16-17 Q4	78.8%	↓	10/11	136/207
R 106a	Inequality Chronic - ACS & UC 16-17 Q4	3,184	↑	9/11	191/207	122c	One-year survival from all cancers 2014	70.2%	↑	2/11	94/207
R 107a	AMR: appropriate prescribing 2017 06	1.216	↓	5/11	187/207	R 122d	Cancer patient experience 2016	8.8	↑	7/11	54/207
R 107b	AMR: Broad spectrum prescribing 2017 06	8.2%	↑	7/11	79/207	R 123a	IAPT recovery rate 2017 06	42.4%	↓	10/11	193/207
108a	Quality of life of carers (not available)					R 123b	IAPT Access 2017 07	2.8%	↓	7/11	122/207
Sustainability						Better Care					
	Period	CCG	Peers	England	Trend		Period	CCG	Peers	England	Trend
R 141b	In-year financial performance 17-18 Q1	Amber	↑			R 123c	EIP 2 week referral 2017 08	81.0%	↓	8/11	82/207
R 144a	Utilisation of the NHS e-referrals 2017 06	20.4%	↑	11/11	186/207	123d	MH - CYP mental health (not available)				
						123f	MH - OAP (not available)				
						123e	MH - Crisis care and liaison (not available)				
Leadership						Better Care					
	Period	CCG	Peers	England	Trend		Period	CCG	Peers	England	Trend
R 162a	Probity and corporate governance 17-18 Q1	Fully Compliant	↔			R 124a	LD - reliance on specialist IP centres 17-18 Q1	66	↓	3/11	141/207
163a	Staff engagement index 2016	3.70	↓	9/11	183/207	124b	LD - annual health check 2015-16	10.4%	○	11/11	207/207
163b	Progress against WRES 2016	0.12	○	7/11	95/207	124c	Completeness of the GP learning disability register (not available)				
164a	Working relationship effective 16-17	63.79	↓	9/11	157/207	R 125d	Maternal smoking at delivery 17-18 Q1	15.3%	↓	4/11	165/207
166a	CCG compliance with standards of public and patient participation (not available)					125a	Neonatal mortality and stillbirths 2015	6.1	○	8/11	166/207
R 165a	Quality of CCG leadership 17-18 Q1	Amber	↔			125b	Experience of maternity services 2015	81.2	○	7/11	73/207
						125c	Choices in maternity services 2015	67.0	○	6/11	70/207
Key						Better Care					
						R 126a	Dementia diagnosis rate 2017 08	67.0%	↑	10/11	120/207
						126b	Dementia post diagnostic support 2015-16	73.9%	↓	11/11	197/207
						R 127b	Emergency admissions for UC 16-17 Q4	3,254	↓	6/11	186/207

R	127c	A&E admission, transfer, disc 2017 09	86.0%	↑	9/11	150/207	
R	127e	Delayed transfers of care per 1000 2017 08	13.6	↑	10/11	133/207	
R	127f	Hospital bed use following emergency 16-17 Q4	602.2	↑	9/11	190/207	
		105c % of deaths with 3+ emergency admissions in last three months of life (not available)					
R	128b	Patient experience of GP services 2017	83.9%	↑	9/11	128/207	
		128c Primary care access (not available)					
R	128d	Primary care workforce 2017 03	0.90	↑	9/11	163/207	
R	129a	18 week RTT 2017 08	92.4%	↓	8/11	53/207	
		130a 7 DS - achievement of standards (not available)					
R	131a	% NHS CHC assessments taken 16-17 Q4	70.8%	○	1/11	18/207	
		132a Sepsis awareness (not available)					

10.3 Clinical Priority Areas

The clinical priority areas section of the IAF for 2017/18 has yet to be updated. The Q4 2016/17 publication is shown below:

Area	Code	Metric	Current Value	Change	Target	Historical Data	Performance Chart
Dementia	126a	Dementia diagnosis rate	57.5%	↑	55.7%	1.8%	2015 08 - 2017 03
	126b	Dementia post diagnostic support	73.9%	↓	77.6%	3.7%	2014-15 - 2015-16
Cancer	122a	Cancers diagnosed at early stage	49.1%	↑	43.5%	5.5%	2012 - 2015
	122b	Cancer 62 days of referral to treatment	78.8%	↓	74.4%	16.2%	13-14 Q1 - 16-17 Q4
	122c	One-year survival from all cancers	70.2%	↑	60.3%	9.9%	1999 - 2014
	122d	Cancer patient experience	8.8	↑	8.8	0.0%	2015
Mental Health	123a	IAPT recovery rate	38.8%	↓	42.3%	3.5%	2015 03 - 2017 01
	123b	EIP 2 week referral	67.6%	↔	69.2%	1.7%	2016 11 - 2017 03
	123c	MH - CYP mental health	40.0%	↔	35.0%	5.0%	16-17 Q1 - 16-17 Q4
	123d	MH - Crisis care and liaison	47.5%	↔	42.5%	5.0%	16-17 Q1 - 16-17 Q4
123e	MH - OAP	25.0%	↓	87.5%	75.0%	16-17 Q1 - 16-17 Q4	

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. A national issue has been identified regarding the application of Identification Rules to identify activity relating to Specialised Commissioning. This has had the (unquantifiable at this stage) effect of overinflating the % variance for each CCG.

Figure 70 - South Sefton CCG's Month 6 Submission to NHS England

September 2017 Month 06	Month 06 Plan	Month 06 Actual	Month 06 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
Referrals (MAR)				
GP	3647	3583	-1.8%	
Other	2179	2397	10.0%	Increases have been noted against consultant to consultant and General Dental sources at the CCGs main Provider. C2C have increased across a number of specialties with the main being Urology and General Surgery, these are being discussed in the Information Sub Group. Increases for dental activity has been noted within Oral Surgery and Maxillo-facial, this contract is not held by the CCG.
Total (in month)	5826	5980	2.6%	
Variance against Plan YTD	33396	34613	3.6%	
Year on Year YTD Growth			5.4%	Local data indicates variance against previous years activity levels at a reduction of 2%.
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	5433	4770	-12.2%	Activity measured at flex position and is likely to increase once freeze data is received. Activity year to date in line with planned values and within the 3% threshold.
Follow Up	11675	10759	-7.8%	Variances month on month expected and not outside the statistical norm. Local monitoring shows on average 66 less first attendances per month and 176 more follow up attendances. This equates to less than 2% variance in both instances against plan.
Total Outpatient attendances (in month)	17108	15529	-9.2%	
Variance against Plan YTD	95056	94579	-0.5%	
Year on Year YTD Growth			3.8%	Local monitoring suggests YTD growth within 3%.
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells				
Elective Ordinary spells				
Total Elective spells (in month)	2007	1956	-2.5%	
Variance against Plan YTD	11753	12106	3.0%	Year to date activity variance has reduced from previous months to just outside the 3% threshold. Further decreases would ensure variance within target. Local monitoring suggests a YTD variance below planned levels rather than above.
Year on Year YTD Growth			-2.0%	
Urgent & Emergency Care				
Type 1	-	4127	-	
Year on Year YTD			3.4%	Local monitoring of the plans show a variance both year to date and in latest month as less than the 3% threshold.
All types (in month)	8918	8328	-6.6%	Activity in September indicates a -1% variance against plan while year to date shows +1%. Activity trend for 17/18 shows no signs of statistical abnormalities.
Variance against Plan YTD	54706	51766	-5.4%	
Year on Year YTD Growth			2.3%	
Total Non Elective spells (in month)	1641	1870	14.0%	Non-elective activity has risen in the past few months above levels seen in 2016/17 and as such is above plan.
Variance against Plan YTD	9907	10763	8.6%	Looking ahead to the profile of the plan for emergency admissions, increases are planned for from October onwards in line with current performance. It is expected plan is to come in line with actuals over the coming months.
Year on Year YTD Growth			6.1%	

Appendix – Summary Performance Dashboard



South Sefton CCG - Performance Report 2017-18



Midlands and Lancashire
Commissioning Support Unit

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	G	G						R	
		Actual	93.573%	94.653%	83.002%	95.404%	95.159%	95.842%							92.859%
		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%
1879: % Patients seen within two weeks for an urgent GP referral for suspected cancer (QUARTERLY) The % of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	R			G								R	
		Actual	89.917%			95.455%								92.866%	
		Target	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	G	R						R	
		Actual	93.846%	86.486%	84.416%	88.462%	93.182%	91.803%						89.616%	
		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%	
1880: % of patients seen within 2 weeks for an urgent referral for breast symptoms (QUARTERLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	R			R								R	
		Actual	87.963%			91.189%								89.616%	
		Target	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	G						G	
		Actual	100.00%	98.507%	97.143%	98.876%	97.647%	96.341%						98.035%	
		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%	
1881: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (QUARTERLY) 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	
		Actual	98.537%			97.683%								98.06%	
		Target	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	R										G	
		Actual	93.333%	100.00%	100.00%	100.00%	100.00%	100.00%	77.778%										95.946%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1882: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	G			G												G	
		Actual	97.297%			94.595%												95.946%	
		Target	94.00%			94.00%			94.00%			94.00%			94.00%				
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	G	G	G	G	G										G	
		Actual	100.00%	100.00%	100.00%	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%	98.00%	98.00%	98.00%
1883: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G			G												G	
		Actual	100.00%			100.00%												100.00%	
		Target	98.00%			98.00%			98.00%			98.00%			98.00%				
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	G	G	G	G										G	
		Actual	100.00%	96.875%	100.00%	95.652%	100.00%	100.00%											98.78%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1884: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G			G												G	
		Actual	98.718%			98.837%													98.78%
		Target	94.00%			94.00%			94.00%			94.00%			94.00%				
539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R	R	G	G	R	G										G	
		Actual	83.871%	83.333%	85.714%	89.474%	80.00%	86.486%											85.106%
		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%
1885: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (QUARTERLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R			G												G	
		Actual	84.524%			86.364%													85.567%
		Target	85.00%			85.00%			85.00%			85.00%			85.00%				
540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	G	G	G	G	R	G										G	
		Actual	100.00%	100.00%	100.00%	92.857%	83.333%	100.00%											95.652%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

1886: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (QUARTERLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	G	G										G	
		Actual	100.00%	93.333%											95.652%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

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%
	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%
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%
	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%
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%
	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%

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										G	
		Actual	97.143%	96.667%											96.923%
		Target	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	G							G	
		Actual	-	100.00%	66.667%	100.00%	50.00%	100.00%								84.211%
		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%

Dementia

2166: Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	G	R							R	
		Actual	66.07%	65.52%	65.97%	66.43%	67.02%	66.77%								
		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%

Helping People to Recover from Episodes of Ill Health or Following Injury

Children and Young People with Eating Disorders

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	R										R
		Target	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										G
		Actual	0	0										
		Target	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	G										G	
		Actual	0	0	0	0	0	0	0										0
		Target	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	G										G	
		Actual	93.733%	94.171%	93.624%	92.599%	92.405%	92.295%											93.123%
		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%
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	G										G	
		Actual	0	0	0	0	0	0											0
		Target	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	R										R	
		Actual	2.207%	3.755%	4.059%	4.632%	6.418%	3.312%											4.051%
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%

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	G										G	
		Actual	0	0	0	0	0	0	0										0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

E-Referrals

2142: NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG	R	R	R	R	R	R							R	
		Actual	22.059%	19.884%	20.428%	18.783%	21.392%	23.00%								20.456%
		Target	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%

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									R
		Actual	0.00%											-
		Target	92.00%		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	R							R
		YTD	0	0	1	1	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	G							G
		YTD	3	9	12	15	21	26							26
		Target	5	11	14	18	23	28	34	39	43	45	48	54	34

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	R							R	
		Actual	88.069%	82.213%	82.323%	83.40%	85.006%	86.063%								84.745%
		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	R							R	
		Actual	86.125%	78.775%	78.421%	80.811%	82.35%	84.469%							82.167%	
		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%		
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	G	G							R	
		Actual	0	9	2	0	0	0							11	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	