



South Sefton
Clinical Commissioning Group

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Integrated Performance Report February 2018

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Summary Performance Dashboard

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	G	G	G	G	G		G	
		Actual	93.573%	94.653%	83.002%	95.404%	95.159%	95.842%	96.209%	94.484%	95.804%	93.043%	95.076%		93.78%	
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	G	R	R	R	G	R	G	R	R	G	R		R	
		Actual	93.846%	86.486%	84.416%	88.462%	93.182%	91.803%	95.775%	91.667%	91.045%	96.629%	90.123%		91.25%	
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G	G		G	
		Actual	100.00%	98.507%	97.143%	98.876%	97.647%	96.341%	99.029%	97.468%	98.551%	97.059%	100%		98.18%	
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	R	G	G	G	G	R	G	G	R	R	G		G	
		Actual	93.333%	100.00%	100.00%	100.00%	100.00%	77.778%	94.118%	100.00%	85.714%	78.571%	100%		94.12%	
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	R	G		G	
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.491%	100%		99.37%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%

25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	G	G	G	G	R	G	G	G	G		G
		Actual	100.00%	96.875%	100.00%	95.652%	100.00%	100.00%	91.667%	100.00%	100.00%	94.444%	100%		97.771%
		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%
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	R	G	G	G	G		G
		Actual	83.871%	83.333%	85.714%	89.474%	80.00%	86.486%	82.051%	90.323%	93.548%	86.207%	95.24%		86.73%
		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%
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	R	G	G	G		G
		Actual	100.00%	100.00%	100.00%	92.857%	83.333%	100.00%	100.00%	87.50%	100.00%	100.00%	100%		95.89%
		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%

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			R				G
		Actual	97.143%			96.667%			93.548%				95.833%
		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	R	G	G	G		G
		Actual	-	100.00%	66.667%	100.00%	50.00%	100.00%	75.00%	40.00%	100.00%	66.667%	87.50%		76.571%
		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%

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	G	G	G	R	R	R		R
		Actual	66.06%	65.52%	65.97%	66.43%	67.02%	66.77%	67.46%	67.12%	65.01%	64.00%	64.60%		
		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%

IAPT (Improving Access to Psychological Therapies)

2183: IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R	R	R		R	
		Actual	41.40%		46.90%		44.10%	44.20%
		Target	50.00%		50.00%		50.00%	50.00%
2131: IAPT Roll Out The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R	R	R		R	
		Actual	3.60%		3.59%		3.64%	10.80%
		Target	3.75%		3.75%		3.75%	15.00%
2253: IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	G	G	G		G	
		Actual	98.50%		99.30%		99.4%	99.10%
		Target	75.00%		75.00%		75.00%	75.00%
2254: IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G	G	G		G	
		Actual	99.80%		100.0%		100.0%	99.90%
		Target	95.00%		95.00%		95.00%	95.00%

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

Children and Young People with Eating Disorders

2095: The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	South Sefton CCG	RAG	G	G	G		G
		Actual	33.333%	100.00%	100.00%		84.615%
		Target					
2096: The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	South Sefton CCG	RAG	R	R	G		G
		Actual	0%	0%	100%		100%
		Target	95%	95%	95%	95%	95%
2097: The number of incomplete pathways (routine) for CYP ED Highlights the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - routine CYP ED	South Sefton CCG	RAG	G	R	G		R
		Actual	0	1	0		1
		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	R		R
		Actual	0	0	1		1
		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	G	G	G		G	
		Actual	0	0	0	0	0	0	0	0	0	0	0	0	0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G		G	
		Actual	-	-	-	-	-	-	-	-	-	-	-		-
		Target	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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	G	R	R	R		G	
		Actual	93.733%	94.171%	93.624%	92.599%	92.405%	92.295%	92.25%	92.22%	91.31%	90.83%	90.31%		92.33%	
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	
1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	G	G	G	G	G	G	R	G	G	G	G		R	
		Actual	0	0	0	0	0	0	0	1	0	0	0	0		1
		Target	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	R	R	R	R		R	
		Actual	2.207%	3.755%	4.059%	4.632%	6.418%	3.312%	2.612%	4.535%	4.925%	4.771%	1.653%		3.873%	
		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%	

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

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	R	R	R		R	
		Actual	22.059%	19.884%	20.428%	18.783%	21.392%	21.33%	21.496%	21.758%	22.67%	24.06%	24.44%		20.879%
		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%

Personal Health Budgets

2143: Personal health budgets Number of personal health budgets that have been in place, at any point during the quarter, per 100,000 CCG population (based on the population the CCG is responsible for).	South Sefton CCG	RAG	R	R	R		R
		Actual	7.10	15.49	16.78		
		Target	33.57	36.15	38.73	41.31	

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		R
		Actual	N/A	N/A	N/A		-
		Target	92.00%	92.00%	92.00%	92.00%	92.00%

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

HCAI

497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	South Sefton CCG	RAG	G	G	R	R	R	R	R	R	R	R	R	R	
		YTD	0	0	1	1	1	1	1	1	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	G	G	G	G	G	
		YTD	3	9	12	15	21	26	28	29	33	37	40	45	45
		Target	5	11	14	18	23	28	34	39	43	45	48	54	48

Accident & Emergency

2123: <u>4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio)</u> % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R		R	
		Actual	88.069%	82.213%	82.323%	83.40%	85.006%	86.063%	86.245%	87.27%	85.90%	86.483%	84.986%		85.262%
		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: <u>4-Hour A&E Waiting Time Target (Monthly Aggregate for Total Provider)</u> % 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	R	R	R		R	
		Actual	86.125%	78.775%	78.421%	80.811%	82.35%	84.469%	84.414%	86.58%	84.791%	85.593%	83.901%		83.265%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
1928: <u>12 Hour Trolley waits in A&E</u> 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	G	G	R	R	G	R	
		Actual	0	9	2	0	0	0	0	0	4	3	0		18
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

1. Executive Summary

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

Financial position

The agreed financial plan for 2017/18 required 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 standard business rules set out by NHS England require a 1% surplus in each financial year. However, the agreed financial plan for 2017/18 is break even.

The QIPP savings requirement, assessed at the start of the year to deliver the agreed financial plan is £8.480m. QIPP savings of £2.765m have been achieved in the financial year.

The full year financial position for the CCG is a deficit of £2.992m.

Planned Care

GP referrals in 2017/18 to date are 3.4% 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 0.6% higher when comparing to 2016/17 with General Medicine and Clinical Physiology seeing substantial increases (the former attributed to Aintree Hospital's Ambulatory Care Pathway).

The latest data (February) for E-referral Utilisation rates reported for the CCG as a whole is 24%; the same as January and did not achieve the 80% ambition by October 2017.

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in February reporting 1.65% a big improvement from January when 4.77% was recorded. Aintree also failed in February recording 1.10%. An action plan is in place.

The CCG has fallen below the 92% threshold for patients on an incomplete pathway waiting no more than 18 weeks from referral, recording 90.30%. Aintree also failed this standard recording 90.65% in February. The Trust has faced significant non-elective pressure which has impacted on RTT performance.

The CCG are failing 1 of the 9 cancer measures year to date. The 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms; year to date the CCG is recording 91.25% below the 93%. Aintree are failing 5 of the 9 cancer measures. Firstly 2 week breast symptom recorded 91.9% year to date, 31 day subsequent treatment (surgery) recorded 91.5% year to date, 62 day upgrade year to date 80.6%, 62 day screening recording 88.4% year to date and lastly the 62 day standard recording 84.3% year to date. The Trust has actions in place to improve performance, see main body of the report.

Friends and Family inpatient response rates at Aintree are under target for February at 20.3% (and have been for all of 2017/18 so far). The proportion of patients who would recommend has dropped to 91% in February (England average 96%). The proportion who would not recommend is higher than last month at 5%, which is 3% higher than the England average.

Performance at Month 11 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG show an under performance of -£2.3m/-5.2%. 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 -£436k/-0.9%.

Unplanned Care

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for A&E 2017/18 and have failed the 93.3% February plan agreed with NHS Improvement recording performance with 83.9% (for all A&E department types) representing a 1.69% decrease compared to January.

Work continues with NWS to address poor ARP (Ambulance Response Programme performance with issues having been escalated significantly at national level with both NHSE and NHSI intervention. NWS were required to submit a final recovery plan and improvement plan including a recovery trajectory for particularly Category 2 calls where they are some distance from meeting mandated targets. The plan will be carefully monitored by commissioners along with NHSE and NHSI.

The number of 111 calls in February from South Sefton CCG patients has fallen slightly from the previous month, but when compared to the same 11 months of the previous year, there has been a similar number of calls (1928).

The number of calls from South Sefton patients to the GP OOH service has fallen in February. But when compared to the same point in the previous year, there have been 755 more calls so far in the first 11 months of 2017/18, an increase of 7.3%.

Aintree failed the 80% target of stroke patients spending at least 90% of their time on a stroke unit in February, achieving 73.2%. All breaches of the standard are reviewed and reasons for underperformance identified. The Trust continues to achieve their TIA target.

The CCG achieved their C.difficile plans for February. Aintree had 3 new cases reported in February (60 year to date) against a year to date plan of 38. (There have been 15 successful appeals upheld at panel, so 45 cases following appeal). The year-end plan is 46.

The CCG and Aintree recorded one case of MRSA in June and therefore have failed the zero tolerance plan for the whole of 2017/18.

The average number of delayed transfer of care per day in Aintree hospital increased slightly in February by 1. Analysis of average delays in February 2018 compared to February 2017 shows an increase of 4.5%.

The percentage of people that would recommend A&E is below the England average (85%) reporting 84% in February 3% lower than January. The not recommended percentage is at 10% in February which is 2% lower the previous month, England average 8%.

Performance at Month 11 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £2.2m/5.1%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately -£118k/-0.3%.

Mental Health

The CCG has a target to reduce OAP's by 33% based on quarter 4 2016/17 activity. The latest reporting period is November to January 2018 where 100 OAP's were reported, an increase on the last reporting period of 15. The CCG is therefore currently failing to meet the target.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership reported less patients entering treatment in Month 11. The access rate for Month 11 was 1.01% and therefore failed to meet the standard. The percentage of people moved to recovery was 41.5% in Month 11, which is an deterioration from 46.8% for the previous month and failing to meet the target of 50%.

The CCG recorded dementia diagnosis rate in February of 63.2% failing the national dementia diagnosis ambition of 66.7% for the third month after achieving for the previous 4 months, an action plan is in place.

Community Health Services

A number of services have seen a high number of DNA's and Provider cancellations so far in 2017/18. However there have also been improvements in the past month.

Better Care Fund

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

CCG Improvement & Assessment Framework

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

2. Financial Position

2.1 Summary

This report focuses on the financial performance of South Sefton CCG as at 31st March February 2018.

The full year financial position for the CCG is a deficit of £2.992m against the planned breakeven position. The cumulative CCG position is a deficit of £2.892m which incorporates the historic surplus of £0.100m brought forward from previous financial years.

Cost pressures have emerged in the financial year which are balanced out to a certain extent by underspends in other areas. The main areas of overspend are within Continuing Healthcare relating to Continuing Healthcare packages; cost pressures within Mersey Care relating to intermediate care, discharge planning and transitional community funding; costs in respect of pass through payments for PbR excluded drugs and devices; full year costs for the Acute Visiting Scheme (AVS) and overperformance at Spire and Ramsay hospitals.

The 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 for the financial year have not been delivered in full. QIPP opportunities in the current financial year are reduced as a result of the Acting as One contract agreement. This agreement protects the CCG against contract overperformance but also limits the CCG's potential to deliver efficiency savings in the secondary care sector.

The CCG has developed the strategic financial plan for the period 2017/18 – 2021/22 which was reported separately to this committee in March. The start point for the strategic financial plan is the expected outturn and QIPP delivery for 2017/18.

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>	£2.765m
Running Costs	CCG running costs < 2017/18 allocation	✓
BPPC	NHS - Value YTD > 95%	99.93%
	NHS - Volume YTD > 95%	97.21%

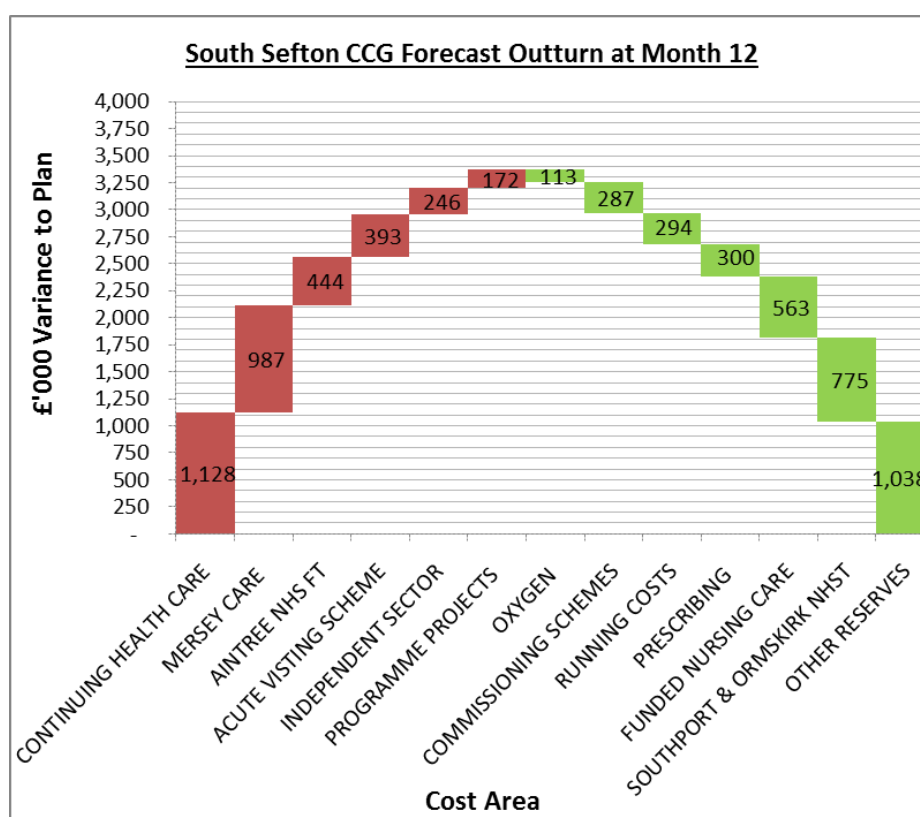
Key Performance Indicator		This Month
	Non NHS - Value YTD > 95%	96.98%
	Non NHS - Volume YTD > 95%	95.90%

- The CCG will not achieve the NHS England 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 has been released to improve the CCG financial position as directed by NHS England.
- The financial plan was to achieve a break even position in year. The CCG reported position for the financial year is a deficit of £2.992m.
- QIPP Delivery is £2.765m to date; this is £5.715m behind the planned delivery for 2017-18.
- The expenditure for the Running Cost budget is below the allocation by £0.294m for 2017/18.
- BPPC performance is above the 95% target in all areas for the year to date.

2.2 CCG Financial Forecast

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

Figure 2 – Forecast Outturn



- The CCG reported position for the financial year is a deficit of **£2.992m**.
- The main financial pressures relate to
 - Cost pressures relating to Continuing Healthcare packages.
 - Cost pressures within Mersey Care relating to intermediate care, discharge planning and transitional community funding.
 - Overspend for PbR excluded drugs and devices at Aintree FT.
 - Full year costs for the Acute Visiting Scheme (AVS).
 - Over performance at Spire and Ramsay hospitals.
- The cost pressures are supported by underspends in the Acute Commissioning budget, mainly due to underperformance on the contract with Southport and Ormskirk Trust and on Funded Nursing Care packages.

2.3 Provider Expenditure Analysis – Acting as One

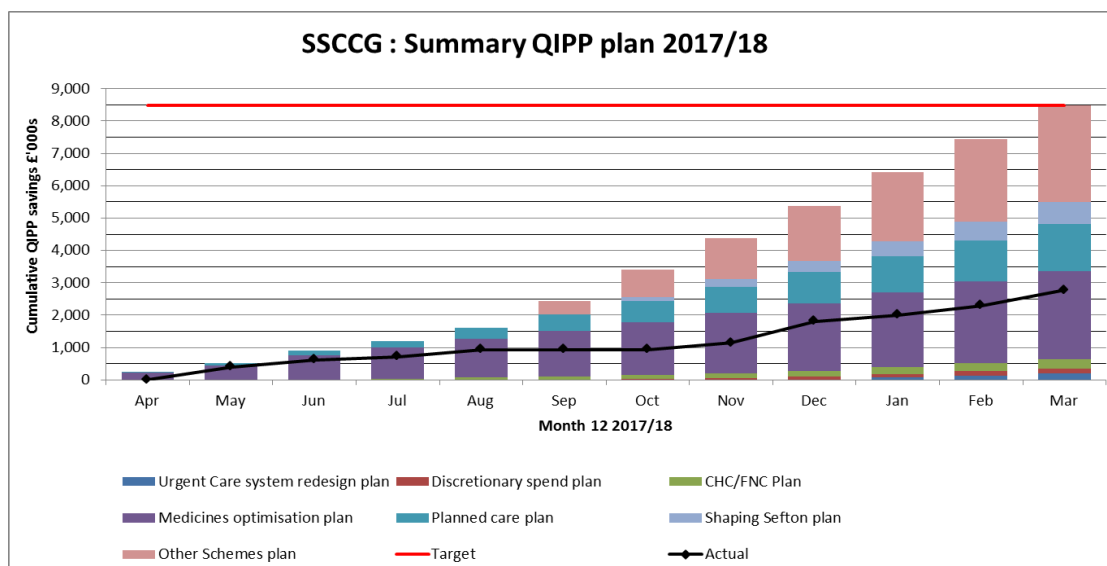
Figure 3 – Acting as One Contract Performance (Year to Date)

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	1.351
Alder Hey Children’s Hospital NHS Foundation Trust	(0.236)
Liverpool Women’s NHS Foundation Trust	(0.750)
Liverpool Heart & Chest NHS Foundation Trust	0.422
Royal Liverpool and Broadgreen NHS Trust	0.079
Mersey Care NHS Foundation Trust	0.000
The Walton Centre NHS Foundation Trust	(0.133)
Total	0.732

- The CCG is included in the Acting as One contracting arrangements for the North Mersey LDS. Contracts have been agreed on a block contract basis for the financial years 2017/18 and 2018/19.
- The agreement protects against overperformance with these providers but does present a risk that activity could drift to other providers causing a pressure for the CCG.
- Due to fixed financial contract values, the agreement also removes the ability to achieve QIPP savings in the two year contract period. However, QIPP schemes should continue as this will create capacity to release other costs and long term efficiencies within the system.
- The year to date performance for the Acting as One providers shows an overperformance spend against plan, this would represent an overspend of £0.732m 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	0	0	1,442	1,442
Medicines optimisation plan	2,734	0	2,734	2,569	0	165	2,734
CHC/FNC plan	281	0	281	0	0	281	281
Discretionary spend plan	100	53	153	53	0	100	153
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	2,677	300	2,977	143	0	2,834	2,977
Total QIPP Plan	8,127	353	8,480	2,765	0	5,715	8,480

- 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. Options to identify and prioritise future projects were discussed at the Governing Body development session in December. The CCG will continue to hold challenge and confirm sessions with QIPP Leads to inform QIPP delivery to 31 March 2018.
- The CCG has identified **£2.765m** QIPP savings at Month 12, the majority of this relates to savings within the prescribing budget.

Figure 5 – CCG Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	0.000	0.000	0.000
QIPP Target	(6.414)	(2.066)	(8.480)
Revised surplus / (deficit)	(6.414)	(2.066)	(8.480)
Forecast Outturn (Operational budgets)	1.072	(3.242)	(2.170)
Reserves	1.050	2.334	3.384
QIPP Achieved	0.759	2.006	2.765
Year End Surplus / (Deficit)	(3.533)	(0.968)	(4.501)
Release 0.5% Risk Reserve	0.000	1.209	1.209
Return of CAT M funding	0.000	0.300	0.300
Year End Surplus / (Deficit)	(3.533)	0.541	(2.992)

Financial Position

- The CCG forecast financial position is a deficit of £2.992m.
- The CCG has released the 0.5% risk reserve of £1.209m in Month 12 as directed by NHS England. The category M drugs rebate of £0.300m has also been released. These adjustments have improved the financial position from a £4.501m deficit position to a £2.992m deficit position.
- The CCG statutory accounts for 2017/18 will report the financial deficit of £2.992m.
- The underlying position is a deficit of £3.533m. This position removes non-recurrent expenditure commitments and QIPP savings from the forecast position.

2.5 Contract Alignment – Month 6

Figure 6 – Contract Alignment table

	2017/18 YTD		2017/18 YTD	
	£000		£000	Formula
Provider	YTD	Commissioner	YTD	YTD Variance
Alder Hey Children's NHS Foundation Trust	5,027	NHS South Sefton CCG	4,903	(124)
Aintree University Hospitals NHS Foundation Trust	43,338	NHS South Sefton CCG	43,135	(203)
Liverpool Women's NHS Foundation Trust	5,089	NHS South Sefton CCG	5,064	(25)
Royal Liverpool and Broadgreen University Hospitals NHS Trust	4,797	NHS South Sefton CCG	4,694	(103)
Southport and Ormskirk Hospital NHS Trust	2,969	NHS South Sefton CCG	2,657	(312)
Mersey Care NHS Foundation Trust	12,006	NHS South Sefton CCG	11,971	(35)
Total	73,226		72,424	(802)

- CCGs and Providers were required to report a contract alignment position to highlight any areas of dispute for contracts over £5m in value for 2017/18.
- The main issues highlighted related to the contract with Southport & Ormskirk NHS Trust on a number of outstanding issues:
 - £0.182m - CQUIN
 - £0.021m – ACU Follow ups
 - £0.078m – Contract Sanctions
 - £0.094m - Outpatient Procedure Coding
 - £0.012m – PLCP
- Three issues were taken forward for expert determination – CQUIN, ACU Follow ups and Outpatient Procedure Coding. The outcome of the expert determination should be finalised late April.
- A provision of £0.200m has been included in the 2017-18 accounts to reflect an estimate of the outcome of expert determination for South Sefton CCG.

2.6 Statement of Financial Position

Figure 7 – Summary of working capital

	2016/17	2017/18				
	M12	M8	M9	M10	M11	M12
	£'000	£'000	£'000	£'000	£'000	£'000
Non Current Assets	14	14	14	14	0	115
Receivables	1,817	1,934	1,373	1,766	1,612	1,938
Cash	139	1,841	3,456	3,509	4,677	105
Payables & Provisions	(11,850)	(13,231)	(14,680)	(15,567)	(15,827)	(14,100)
Value of debt > 180 days old (6months)	76	136	128	142	494	506
BPPC (value)	98%	100%	100%	100%	100%	98%
BPPC (volume)	96%	97%	97%	97%	97%	97%
		M8	M9	M10	M11	M12

- The non-current asset balance relates to the purchase of IT equipment.
- The receivables balance includes invoices raised for services provided accrued income and prepayments.
- Outstanding debt in excess of 6 months old stands at £0.506m. This consists of:

- CQUIN payment recovery (£0.072m) with Southport & Ormskirk NHS Trust. Paperwork has been submitted regarding this and the process is at expert determination. An outcome is expected on this by midnight on 19 April 2018, and
- Annual invoices raised to other local CCGs for the Cheshire and Merseyside Rehabilitation Network (£0.400m). Cheshire and Merseyside CFOs are in discussions regarding this.
- There is a bad debt write off of £0.044m in month 12.
- At month 12, the CCG was required to meet a cash target of 1.25% of its monthly cash drawdown (approximately £0.200m). At 31 March 2018, the CCG had a cash balance of £0.105m, therefore the cash target was achieved.
- The CCG aims to pay at least 95% of invoices within 30 days of the invoice date in line with the BPPC. 2017/18 performance exceeds 95% for invoices by number and value for NHS and Non NHS suppliers. Performance will continue to be reviewed monthly.

2.7 Recommendations

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

- The full year financial position for the CCG is a deficit of £2.992m. The agreed financial plan for 2017/18 required the CCG to break even in year.
- QIPP delivery for 2017-18 is £2.765m, against a plan of £8.480m. £2,569m of the savings relate to prescribing.
- 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 make significant progress in reducing levels of low value healthcare and improve value for money from the use of the CCGs resources.
- In order to deliver the long term financial recovery plan, the CCG requires ongoing and sustained support from member practices, supported by Governing Body GP leads to identify and implement QIPP plans which deliver the required level of savings to meet its statutory financial duties into 2018-19 and future years.

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

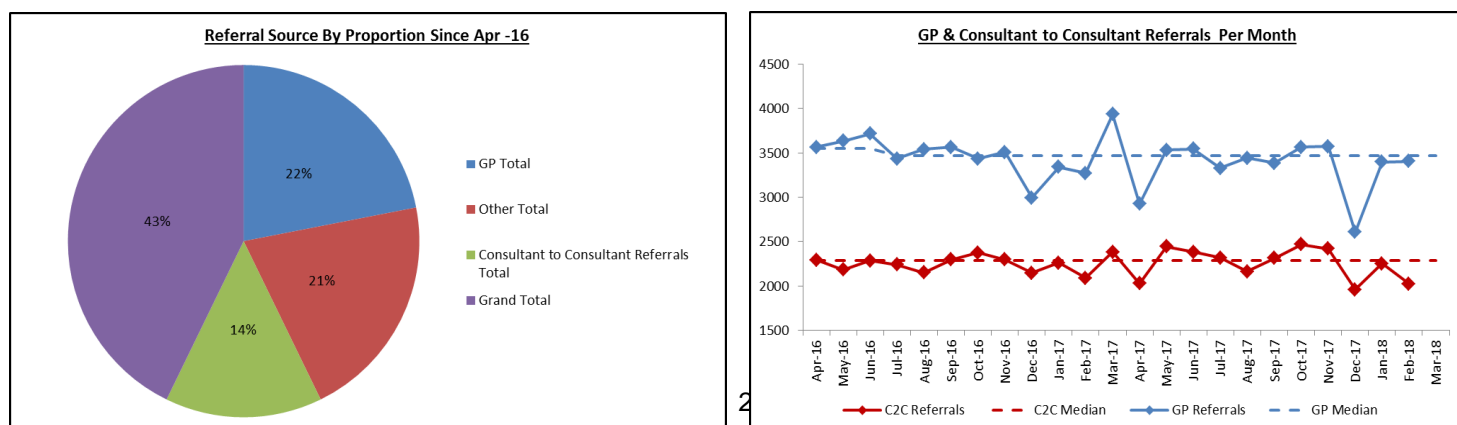


Figure 9 - Breakdown of referrals for the CCG across all providers for 2016/17, 2017/18

Referral Type	Referral Code	Referral Name	2017/18												2016/17	2017/18	YTD	YTD
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD	YTD	Variance	YTD %	
GP	3	referral from a GENERAL MEDICAL PRACTITIONER	2,924	3,530	3,545	3,329	3,441	3,384	3,564	3,571	2,605	3,397	3,405	38,001	36,695	-1,306	-3%	
GP Total			2,924	3,530	3,545	3,329	3,441	3,384	3,564	3,571	2,605	3,397	3,405	38,001	36,695	-1,306	-3%	
Other	1	following an emergency admission	149	146	139	135	132	174	179	145	123	151	149	1,917	1,622	-295	-15%	
	2	following a Domiciliary Consultation		3	3	5	8	1	3	13		1		8	37	29	363%	
	4	referral from an Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	419	424	380	407	362	392	377	412	349	412	393	4,483	4,327	-156	-3%	
	5	referral from a CONSULTANT, other than in an Accident and Emergency Department	1,149	1,504	1,489	1,385	1,346	1,419	1,510	1,469	1,172	1,352	1,202	14,158	14,997	839	6%	
	6	self-referral	251	269	256	252	252	266	302	268	230	333	265	3,053	2,944	-109	-4%	
	7	referral from a Prosthetist		1				1		3	1	2	1	13	9	-4	-31%	
	8	Royal Liverpool Code (TBC)	74	59	83	66	102	87	89	75	64	96	84	864	879	15	2%	
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	122	138	148	126	106	90	112	116	98	88	76	1,079	1,220	141	13%	
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	191	230	224	258	207	237	288	266	216	249	205	2,980	2,571	-409	-14%	
	12	referral from a General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	5	5	2	2	4	5	9	8	1	3	3	68	47	-21	-31%	
	13	referral from a Specialist NURSE (Secondary Care)	7	4	5	6	6	5	5	5	1	1	5	37	50	13	35%	
	14	referral from an Allied Health Professional	131	212	164	144	134	157	158	136	82	119	108	1,618	1,545	-73	-5%	
	15	referral from an OPTOMETRIST	1	1	4	5			4	3			1	10	19	9	90%	
	16	referral from an Orthoptist		1		1				1		1		4	4	0	0%	
	17	referral from a National Screening Programme	3	2	1	13	1	9	4	5	3		2	67	43	-24	-36%	
	92	referral from a GENERAL DENTAL PRACTITIONER	137	142	165	193	180	202	171	127	131	166	161	1,532	1,775	243	16%	
	93	referral from a Community Dental Service												3	0	-3	-100%	
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	248	335	347	389	353	329	358	364	302	366	336	3,462	3,727	265	8%		
		Unknown	1		1					1	1		1	5	4	0%		
Other Total			2,888	3,476	3,411	3,387	3,193	3,374	3,569	3,417	2,774	3,340	2,992	35,357	35,821	464	1%	
Consultant to Consultant Referrals Total			2,030	2,445	2,383	2,316	2,161	2,313	2,469	2,421	1,958	2,253	2,025	24,625	24,774	149	1%	
Grand Total			5,812	7,006	6,956	6,716	6,634	6,758	7,133	6,988	5,379	6,737	6,397	73,358	72,516	-842	-1%	

Year to date referrals at month 11 in 2017/18 are currently down -1.1% when comparing to the equivalent period in the previous year. Within individual specialties, Trauma & Orthopaedics is the highest referred to specialty for the CCG but is seeing a year to date decrease of -6.7% compared to 2016/17. In contrast, General Medicine has seen a significant 24.3% increase in referrals, attributed to activity at Aintree Hospital as a result of the Ambulatory Care Pathway.

Of the top five referred to providers in 2017/18, Royal Liverpool is the only provider to be reporting a growth in total referrals (1.5%). This is partly due to notable increases in the Dermatology and Gastroenterology specialties with the latter also having reduced levels of referrals at Aintree Hospital.

October 2017 saw a peak in referrals for the year. However, a significant decrease in referrals occurred in December 2017, which represents the lowest monthly total of the last three years. Referrals in February 2018 have seen a 5% decrease from the previous month due to a drop in consultant-to-consultant referrals and with further analysis, General Medicine and Respiratory Medicine appear to be the main factors in relation to this decrease.

GP referrals in 2017/18 to date are 3.4% 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 0.6% higher when comparing to 2016/17 with General Medicine and Clinical Physiology seeing substantial increases (the former attributed to Aintree Hospital's Ambulatory Care Pathway).

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 - Feb	80% by End of Q2 2017/18 & 100% by End of Q2 2018/19	24%	↔

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

The latest data (February) for E-referral Utilisation rates reported for the CCG as a whole is 24%; the same as recorded in January and have not achieved the 80% by end of Q2.

Acute trusts are incentivised under CQUIN to make Advice and Guidance available for specialties covering 35% of referrals by March 2018. A variety of specialties are currently available across local providers and the range of services is continually expanding but to date use of Advice and Guidance by GPs is extremely low. Work continues to promote the use of Advice and Guidance services through Localities, Wider Groups and Local Quality Contract. There are also some issues in relation to integration of the eRS Advice and Guidance functionality within EMIS.

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 - Feb	1.00%	1.65%	↑ ↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	17/18 - Feb	1.00%	1.10%	↓

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in February recording 1.65% this is a big improvement from last month when 4.77% was recorded. In February out of 2,844 patients, 47 waited longer than 6 weeks and of them 8 waited longer than 13 weeks. The majority of breaches were for non obstetric ultrasound (13) and colonoscopy (13). Performance at the Royal Liverpool and Broadgreen is having an impact on the CCG's overall performance as they continue to report significantly above the threshold, at 10.31% in February, showing a decrease in long waiters compared to 14.14% reported in January. The biggest pressure is in Colonoscopy with the Trust reporting a total of 494 patients waiting over 6 weeks.

Aintree failed the target for less than 1% of patients waiting longer than 6 weeks for a diagnostic test in February recording 1.1% also a big improvement from last month when 4.74% was recorded. In February out of 5,708 patients, 63 waited longer than 8 weeks with 22 of them waiting over 13 weeks. The majority of breaches were waiting for non obstetric ultrasound (22) and colonoscopy (16).

Endoscopy has continued to experience pressures with capacity due to sickness and maternity leave of Nurse Endoscopists and a consultant vacancy. The overall number of patients waiting over 6 weeks has decreased to 23 as has the number on the waiting list at 828. Additional activity continues through WLIs and PA sessional rates with a focus on the reduction of cancer surveillance waits throughout March.

There has been increased pressure on the department to support the acute ward inpatient admissions and the increase in General medical outliers. This has resulted in a 5th Consultant being taken off their routine job plan and placed on the wards each week thus a recovery to below the 1% standard has been hindered significantly. The department has continued to prioritise cancer and urgent referrals which has made recovery of the 6wk routine standard difficult.

Proposed Actions:

- Additional Waiting List Initiative activity continues to cover the long term sickness.
- Weekly capacity meetings continue with operational and clinical teams to maximise the utilisation of capacity.
- The substantive ACBM has been recruited to and is due to commence in post mid-January 2018.
- Unisoft Scheduler has been implemented and the reporting functionalities are being explored to allow closer scrutiny of slot utilisation and management of DNA rates.
- Endoscopy recovery meetings commenced in August. Activity against plan and DNA rates are discussed in detail. Weekly actions are monitored for recovery.

- An external performance consultant to undertake a diagnostic review of the endoscopy services on 1st and 2nd February. Following this review an improvement programme will be put in place. The report is outstanding at present.
- The Endoscopy unit are participating in the Cancer Alliance productivity review for the North West and have started to collect data w/c 12-2-18.

Radiology achieved this month.

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 - Feb	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	17/18 - Feb	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	17/18 - Feb	92%	90.30%	↔
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 - Feb	92%	90.65%	↔

Continued declining performance in recent months has resulted in the CCG for the third month below the 92% threshold for patients on an incomplete non-emergency pathway waiting no more than 18 weeks from referral, recording 90.30%. In February out of 10469 patients, 1015 were waiting over 18 weeks on the incomplete pathway.

Also the performance at the Royal Liverpool Broadgreen is having an adverse impact on South Sefton CCG performance in particular, again did not achieve RTT standard for February reporting 82.8%. The issues were in Urology (86%), General Surgery (81.8%), T&O (76.7%), Ophthalmology (72.7%), Gastro (81.6%) and Dermatology (87.3%). Liverpool CCG, as lead commissioner for the Royal wrote to the Royal's Liverpool's Chief Executive regarding the Trust's deteriorating RTT performance seeking assurance of recovery and sustainability of their RTT performance going forward. In response to the letter the Trust has drawn up a detailed 18 week RTT Action Plan by Jo Henshaw, Deputy Director of Patient Flow and Clinical Prioritisation. Back in April 2017 the Trust signed up to the "Acting as One/AAO" block contract, which was based upon activity out turn up to Month 5, 2016. This contract did not factor in any RTT backlog that each of the failing specialities had. Overall, bringing the Trust in line to deliver again RTT target was subject to significant contractual, demand, capacity and recruitment issues. Each of the worst performing specialities is experiencing either an increase in demand or a workforce issue. The Recovery plans have been shared for RTT and Endoscopy waiting lists and are demonstrating an improvement trend.

In addition Aintree again also failed this standard recording 90.65% in February, out of 16377 patients there were 1531 waiting over 18 weeks on the incomplete pathway. The Trust has faced significant non-elective pressure which has impacted on RTT performance. The standard was not achieved, given the significant pressure on non elective flow and given that NHS England requested a cancellation of non urgent elective procedures nationally to help redirect resources to support emergency demand. The theatre refurbishment programme, which is in its final stages, has also impacted on performance. In addition, both the outpatient cancellation and Did Not Attend (DNA) rates rose across the board within the month. This has resulted in an increase in the overall waiting times with patients being booked into all available clinic capacity as well as additional sessions.

Proposed Actions:

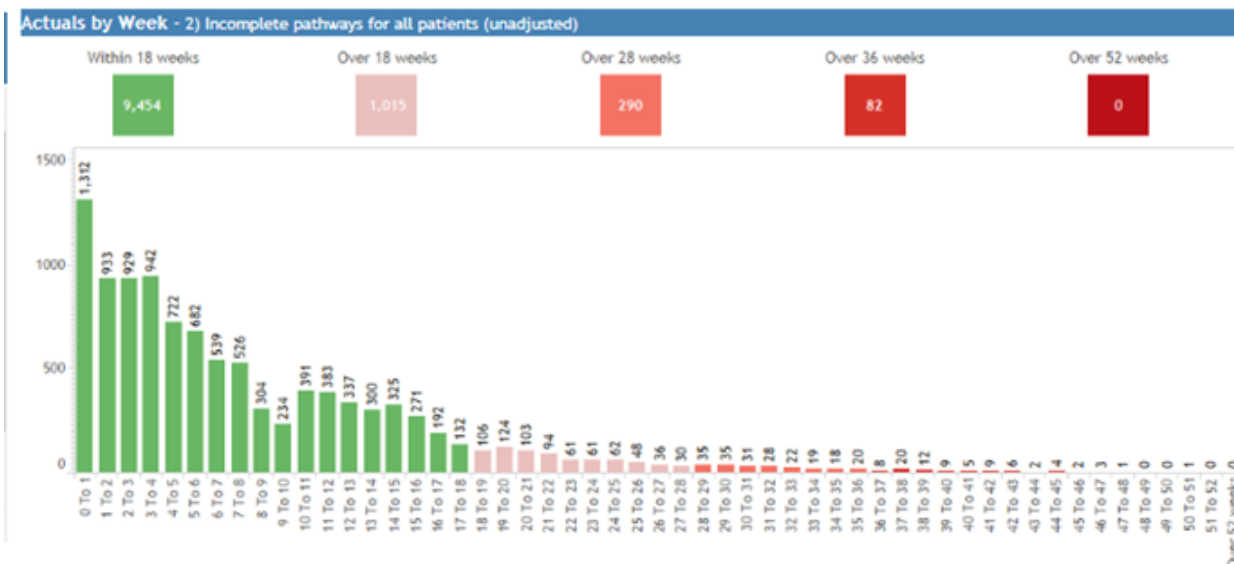
- Implement theatre recovery plan and improve utilisation at speciality level.
- Regular review of all long waiting patients within the clinical business units to address capacity issues and undertake WLI's where appropriate, in conjunction with a relaunch of weekly performance meetings with Planning and Performance / Business Intelligence Leads.
- A business case for 2 additional Emergency General Surgery Unit (EGSU) Consultants has been approved. This will provide additional theatre activity and ambulatory surgical clinics. Recruitment is currently underway.
- Continue to support the reduction in endoscopy waits by supporting WLI scope lists using dropped sessions in the week and additional sessions at the weekend.
- Continue to monitor of diagnostic waiting times to ensure delivery of the 6 week standard to minimise impact on RTT pathways.
- Continue to meet on a weekly basis to focus on data quality and pathway validation.

Along with the Royal and Aintree RTT performance for the CCG is at risk due to poor performance at University Hospital of North Midlands NHS Trust in Stoke. This provider is commissioned to deliver bariatric surgery for Cheshire and Merseyside CCGs. RTT performance standard has not been met overall at the Trust since May 2017. Activity has fallen in last two months in line with fall in performance, suggesting performance issues are not related to increased demand.

- RTT performance is of concern for the CCG in relation to Bariatric surgery with 24 South Sefton CCG and 5 Southport and Formby CCG patients waiting over 18 weeks (February 2018) at University Hospitals of North midlands (UHNM), a challenged provider experiencing extensive difficulties in meeting the 18 week RTT target across the Trust in all specialties in addition to other challenges.
- Bariatric surgery commissioning and contract arrangements are complex. Understanding the arrangements has taken almost a year, and response times and responses to commissioner queries have been poor.
- Whilst it is hoped that a one-off meeting of Merseyside commissioners with UHNM and CSU (contract managers on behalf of the lead commissioner Stoke CCG) will lead to further progress, this meeting is yet to be arranged one month after a briefing note was issued by MLCSU.

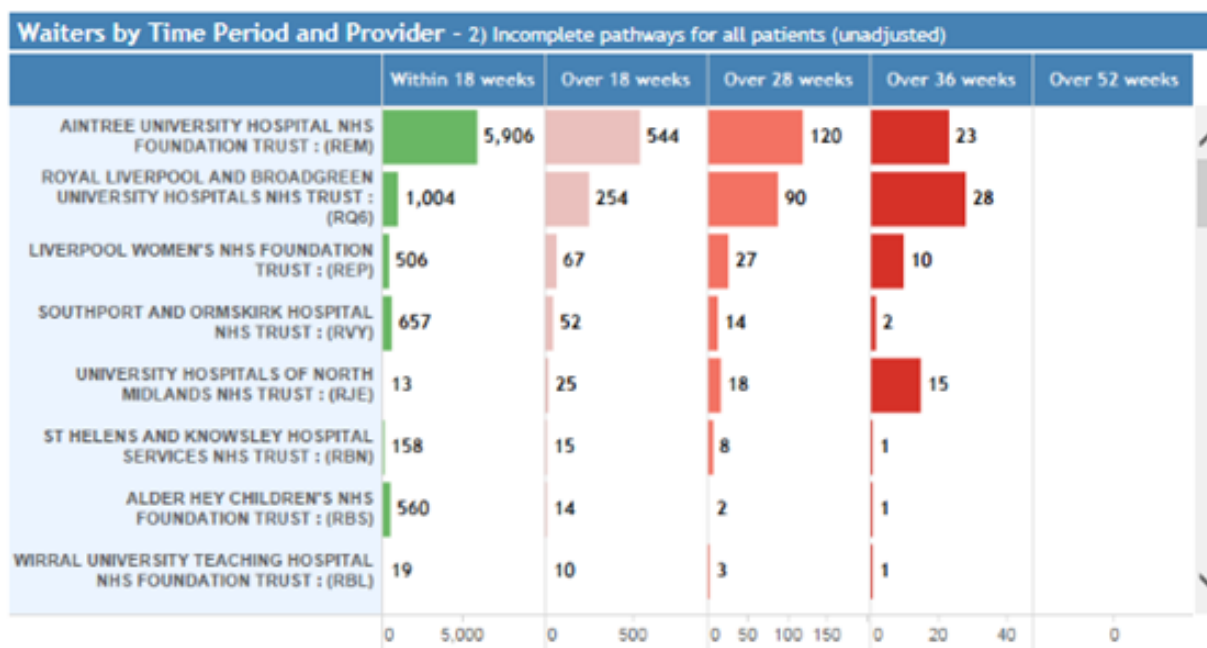
3.3.1 Incomplete Pathway Waiting Times

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

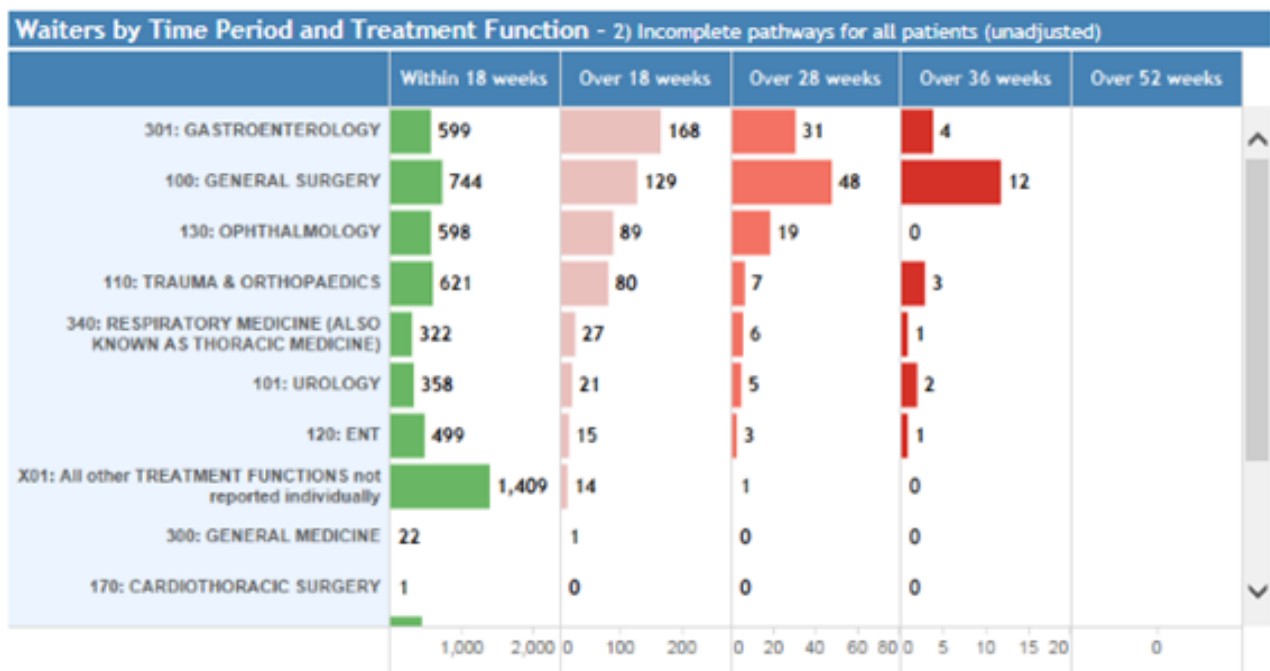
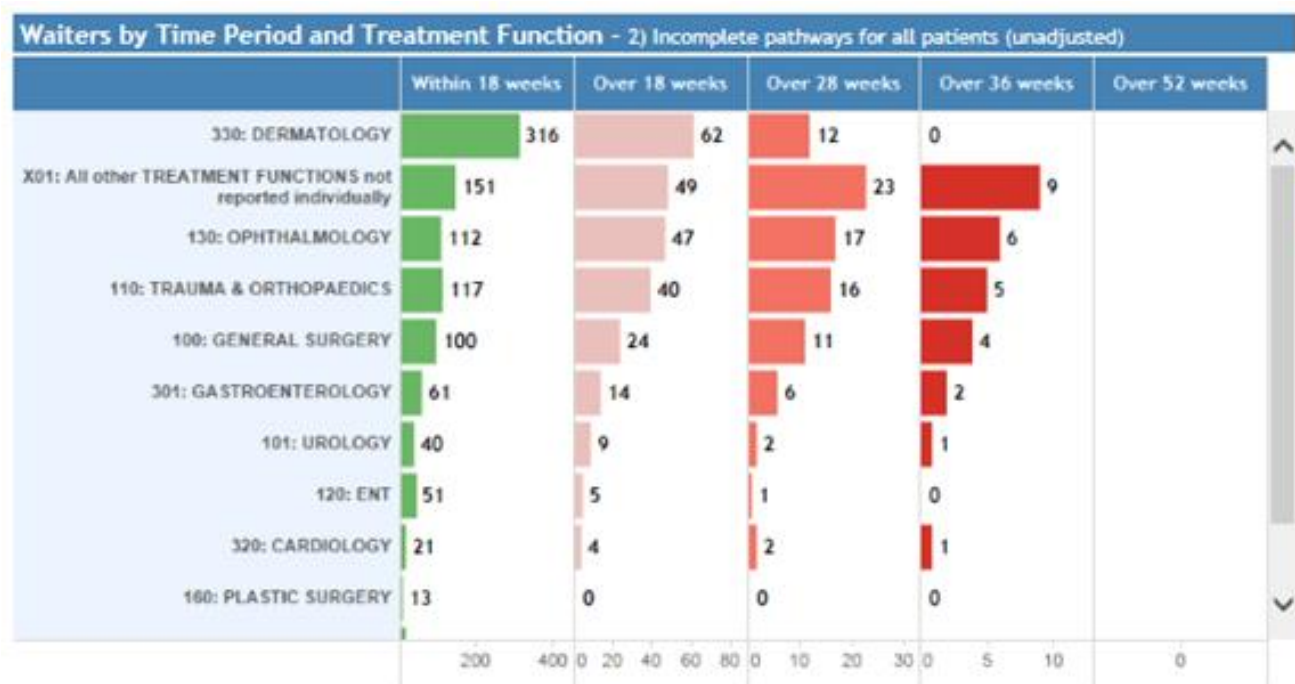


Figure 16 - Patient waiting (in bands) on incomplete pathway by Speciality for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



3.3.4 Provider assurance for long waiters CSU

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	General Surgery	41	TCI 11/04/2018	
South Sefton CCG	Aintree	General Surgery	41	TCI 01/03/2018	Clock stopped 01/03/2018 - 1st treatment
South Sefton CCG	Aintree	T&O	41	Clock Stop 19/03/2018	Clock stopped 19/03/2018 - Active Monitoring
South Sefton CCG	Aintree	General Surgery	42	TCI 09/04/2018	TCI 09/04/2018
South Sefton CCG	Aintree	T&O	44	TCI 10/04/2018	Patient declined TCI 05/04/2018; new TCI 10/04/2018
South Sefton CCG	Aintree	Ent	45	Treated 16/03/2018	Clock stopped 16/03/2018 - 1st treatment
South Sefton CCG	Royal Liverpool	General Surgery	40	Patient treated in March	Capacity
South Sefton CCG	Royal Liverpool	T&O	40	Patient treated in March	Capacity
South Sefton CCG	Royal Liverpool	Ophthalmology	40	TCI 04/04/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	Ophthalmology	41	Patient treated in March	Capacity
South Sefton CCG	Royal Liverpool	T&O	42	Patient treated in March	Capacity
South Sefton CCG	Royal Liverpool	All Other	42	TCI 12/04/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	Gastroenterology	43	TCI 25/05/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	Ophthalmology	44	Patient treated in March	Capacity
South Sefton CCG	Royal Liverpool	Cardiology	44	Patient treated in March	Capacity
South Sefton CCG	Royal Liverpool	General Surgery	46	TCI 03/04/2018	Long Wait on Waiting List
South Sefton CCG	North Midlands	General Surgery	41	Trust only provides comments on	very long waiters
South Sefton CCG	North Midlands	General Surgery	41	Trust only provides comments on	very long waiters
South Sefton CCG	North Midlands	General Surgery	42	Trust only provides comments on	very long waiters
South Sefton CCG	North Midlands	General Surgery	42	Trust only provides comments on	very long waiters
South Sefton CCG	North Midlands	General Surgery	43	Trust only provides comments on	very long waiters
South Sefton CCG	North Midlands	General Surgery	44	Trust only provides comments on	very long waiters
South Sefton CCG	North Midlands	General Surgery	45	Trust only provides comments on	very long waiters
South Sefton CCG	North Midlands	General Surgery	46	Trust only provides comments on	very long waiters
South Sefton CCG	Wirral	General Surgery	50	Trust no longer responding to 40	week requests
South Sefton CCG	Oxford	T&O	40	TCI 05/04/2018	The patient attended an outpatient clinic appointment on the 13th March 2018, they were then added to an inpatient/daycase waiting list and were given a TCI date for the 5th April and can confirm that the patient was admitted for the procedure.

After contacting the Trust the 50 week waiter at Wirral University Teaching Hospital Trust (WUTH) unfortunately will breach 52 weeks on the March snapshot as the pathway will still be open. The patient had a diagnostic gastroscopy on the 4th April. The consultant is following up the patient in clinic on the 26th April to discuss the future plan for the patient.

For information WUTH will be working to eliminate 52 week waits by March 2019 in accordance with the 52 week RTT recovery trajectory which will be agreed between NHS Wirral CCG and WUTH by the 30th April 2018.

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 - Feb	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 - Feb	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 - Feb	93%	93.78%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	17/18 - Feb	93%	94.28%	↔
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 - Feb	93%	91.25%	↔
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 - Feb	93%	91.91%	↔

The CCG failed the 93% target for 2 week waits for first outpatient appointments for patients referred urgently with breast symptoms in February, with 90.12% and is currently failing year to date at 91.25% due to lower rates in May, June and July. In February there were 8 breaches out of a total of 81 patients.

Aintree achieved the 93% breast target for February reaching 93.19% and also failing year to date 91.91%. In February, out of 235 patients there were 16 breaches. The majority of breaches were due to patient choice.

A Be Clear on Cancer campaign will be launched in late February targeting breast symptoms in the over 70s. This could increase demand on breast services and negatively affect performance against this target.

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 - Feb	96%	98.18%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	17/18 - Feb	96%	97.52%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	17/18 - Feb	94%	97.77%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	17/18 - Feb	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	17/18 - Feb	94%	94.12%	↑
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	17/18 - Feb	94%	91.54%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	17/18 - Feb	98%	99.37%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	17/18 - Feb	98%	99.69%	↔

Aintree failed the 94% target for 31 day wait for subsequent treatment (surgery) in February recording 93.33% and are also under plan year to date (91.54%). In February there were 2 breaches out of a total of 30 patients. Of the two breaches which occurred one was an Upper GI patient whose pathway breached due to theatre capacity, the second patient had a complex sarcoma which required two surgeons to operate.

Actions:

- Escalate issues with theatre capacity to the CBMs/DDO for discussion/consideration at resource panel.
- Escalate constraints to the patient pathway to the daily Cancer Performance briefing led by the Divisional Director of operations Diagnostics & Support Services.
- A robust recovery plan has been formulated and has been discussed at Senior Operational meetings. 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 - Feb	85% local target	90.38%	↓
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 - Feb	85% local target	80.65%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	17/18 - Feb	90%	95.89%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	17/18 - Feb	90%	88.44%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	17/18 - Feb	85%	86.53%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	17/18 - Feb	85%	84.34%	↔

Aintree failed the local 85% target in February for 62 day wait for definitive treatment following consultant's decision to upgrade, recording 68% and are still also failing year to date (80.65%) partly due to previous months breaches. In February the equivalent of 4 out of 12.5 patients breached the target. Reasons for breaches include: 2 x patient choice, 2 x complex diagnostics.

Actions:

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

- 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 February with a no patient breaches out of a total of 7 patients recording 100% but are still failing year to date reaching 88.44% partly due to previous breaches.

Aintree also achieved the 85% target in February for 2 month wait from urgent GP referral to first definitive treatment recording 86.73%, but are still failing year to date 84.34%. In February there was the equivalent of 7.5 breaches out of a total of 56.5 patients.

The main reasons for breaches include: patient choice where patients were unavailable due to holidays or work commitments, capacity in theatres, complex pathways (patients not fit for treatment or needing multiple investigations) and equipment failure. Late referrals from other specialties have also caused some delays in February. There has been an improvement in the turnaround time for histopathology reports in general. There are 121 more patients on Cancer pathways in February than there were in January 2018.

Actions:

- Continued monitoring and intervention by the Clinical Business Unit to manage the patient pathways and remove any barriers which maybe preventing treatment.
- Escalation of delays and constraints to the individual patient journey at the twice weekly Cancer Performance Meetings.
- Continued tracking by the Central Cancer team to support performance improvement in the tumour groups. Early escalation of issues to Divisional Directors of Operations and the Cancer Performance meeting.
- Escalation of delays in Histopathology reporting to LCL via the weekly Cancer Performance Group, emails and tracking by MDT co-ordinators.
- Daily Performance meetings continue with escalation to the Divisional Directors as required. Twice weekly performance meetings with relevant CBMs continue.
- Continue work with Surgery to assess the impact of theatre refurbishment and to ensure effective use of all available theatre lists particularly for Urology and head & neck.

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

Key Trust actions:

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

South Sefton CCG actions:

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

104+ Day Breaches

The Managing Long Waiting Cancer Patients - policy on “backstop” measures introduced in 2015 signalled the need for harm reviews to be undertaken in addition to root cause analyses on pathways breaching 104 days. In month 11 there was the equivalent of 1 patient breach (2 half breaches) waiting over 104 days one patient needed a repeat biopsy and the second patients delay was due to referral between trust on day 105, resulting in a 107 day wait. Harm reviews are awaited.

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: Feb-18

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Inpatient	25.0%	20.3%		96%	91%		2%	5%	

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

- % Response Rate
- % Recommended
- % Not Recommended

The Trust has failed patient response rates and is reporting under target for February at 20.3%. The proportion of patients who would recommend has dropped 2% since last month recording 91%. (England average 96%). The proportion who would not recommend is higher than last month at 5%, which is 3% higher than 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 11 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG show an under performance of -£2.3m/-5.2%. 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 -£436k/-0.9%.

At specific over performing Trusts, Spire Liverpool are reporting the largest cost variance with a total of £133k/20% followed by Royal Liverpool (£121k/3%). In contrast, Aintree and Southport & Ormskirk are under performing by -£1.5m/-6% and -£685k/-26% respectively.

Figure 24 - Planned Care - All Providers

PROVIDER NAME	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	167,327	161,033	-6,294	-4%	£28,715	£27,115	-£1,599	-6%	£1,599	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	12,600	12,954	354	3%	£1,585	£1,510	-£75	-5%	£75	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	1,113	1,275	162	15%	£379	£418	£39	10%	-£39	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	14,653	13,218	-1,435	-10%	£2,783	£2,512	-£272	-10%	£272	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	27,894	30,170	2,276	8%	£4,659	£4,780	£121	3%	-£121	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	2,856	2,829	-27	-1%	£917	£762	-£155	-17%	£155	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	226,443	221,479	-4,964	-2%	£39,038	£37,097	-£1,941	-5%	£1,941	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	79	220	141	179%	£20	£42	£22	111%	£0	£22	111%
COUNTNESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	149	149	0%	£0	£20	£20	0%	£0	£20	#DIV/0!
FAIRFIELD HOSPITAL	176	144	-32	-18%	£47	£44	-£4	-7%	£0	-£4	-7%
ISIGHT (SOUTHPORT)	469	501	32	7%	£109	£90	-£19	-18%	£0	-£19	-18%
RENACRES HOSPITAL	5,764	5,435	-329	-6%	£1,620	£1,596	-£24	-1%	£0	-£24	-1%
SALFORD ROYAL NHS FOUNDATION TRUST	0	144	144	0%	£0	£39	£39	0%	£0	£39	#DIV/0!
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	14,119	11,633	-2,486	-18%	£2,629	£1,944	-£685	-26%	£0	-£685	-26%
SPIRE LIVERPOOL HOSPITAL	2,185	2,598	413	19%	£679	£811	£133	20%	£0	£133	20%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	3,386	4,184	798	24%	£929	£898	-£31	-3%	£0	-£31	-3%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	972	1,182	210	22%	£228	£281	£53	23%	£0	£53	23%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	99	168	69	70%	£15	£31	£16	109%	£0	£16	109%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	96	96	0%	£0	£11	£11	0%	£0	£11	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	422	327	-95	-23%	£112	£83	-£29	-26%	£0	-£29	-26%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	1,116	1,392	276	25%	£441	£504	£62	14%	£0	£62	14%
ALL REMAINING PROVIDERS TOTAL	28,788	28,173	-615	-2%	£6,830	£6,394	-£436	-6%	£0	-£436	-6%
GRAND TOTAL	255,231	249,652	-5,579	-2%	£45,868	£43,491	-£2,377	-5.2%	£1,941	-£436	-0.9%

*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	13,172	11,667	-1,505	-11%	£7,836	£7,438	£-398	-5%
Elective	1,832	1,423	-409	-22%	£5,189	£4,292	£-897	-17%
Elective Excess BedDays	604	419	-185	-31%	£146	£100	£-46	-31%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	411	213	-198	-48%	£86	£48	£-38	-44%
OPFANFTF - Outpatient first attendance non face to face	2,377	3,335	958	40%	£67	£87	£20	29%
OPFASPCL - Outpatient first attendance single professional consultant led	30,800	28,676	-2,124	-7%	£4,864	£4,672	£-192	-4%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,335	845	-490	-37%	£113	£85	£-28	-25%
OPFUPNFTF - Outpatient follow up non face to face	3,054	7,438	4,384	144%	£74	£180	£106	143%
OPFUPSPCL - Outpatient follow up single professional consultant led	77,621	70,325	-7,296	-9%	£5,368	£5,063	£-305	-6%
Outpatient Procedure	21,802	21,905	103	0%	£2,883	£2,887	£4	0%
Unbundled Diagnostics	12,953	13,344	391	3%	£1,046	£1,170	£124	12%
Wet AMD	1,364	1,443	79	6%	£1,042	£1,094	£52	5%
Grand Total	167,327	161,033	-6,294	-4%	£28,715	£27,115	£-1,599	-6%

Non face to face activity (both first and follow up attendances) are reporting an over performance within planned care at month 12 with the majority of other areas within outpatients currently under performing (the exception being outpatient procedures). The over performance for non-face to face first outpatient activity is focussed within Acute Internal Medicine (GP Hotline at £24 per call) whereas non face to face follow up over performance is credited to the Ophthalmology, Cardiology and Dermatology specialties.

Unbundled diagnostics is the highest over performing POD in planned care with a cost variance of £124k/12% against plan. Complex CT Scans and Vascular Ultrasound scans account for £109k of activity with each having zero plan set.

Cardiology is showing the largest cost variance at month 11 (£691k/50%). 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 -£1m/-21% against plan.

Overall, year to date costs for planned care PODs at Aintree University Hospital are currently - £1.6m/-6% down against plan at month 11. 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 11:

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	858	£701,743	9	£17,905	23	£5,436	296	(£7,761)	-66	(£78,972)	429	£52,936	1,549	£691,287
Geriatric medicine	3	(£1,602)	8	(£2,812)	99	£24,597	198	£54,395	449	£60,644	-1	(£196)	756	£135,025
Acute internal medicine	1	£391	3	£2,391	-18	(£4,272)	1,307	£143,956	1	£426	-84	(£12,078)	1,210	£130,814
Nephrology	40	£16,066	-3	£522	4	£868	377	£102,518	-282	(£30,519)	21	£2,378	157	£91,832
Colorectal surgery	-33	(£11,939)	-10	£153,831	-280	(£65,986)	-81	(£20,271)	247	£13,070	32	£3,989	-125	£72,694
Breast surgery	60	£130,987	-18	(£48,685)			-138	(£27,102)	-130	(£9,328)	130	£18,409	-96	£64,281
Physiotherapy							-279	(£13,531)	2,044	£67,154	2	£66	1,767	£53,689
Transient ischaemic attack							212	£64,635	-37	£0	-238	(£30,145)	-63	£34,490
Rheumatology	56	£16,832	-4	(£2,797)	-10	(£2,432)	36	£9,165	243	£17,717	-30	(£7,784)	291	£30,702
Hepatobiliary & pancreatic surgery	25	£32,387	-3	(£10,412)			-7	£652	-30	(£2,961)	2	£235	-13	£19,900
Ent	-47	(£50,343)	-34	(£58,288)			-49	(£6,121)	-20	(£681)	654	£71,745	503	(£43,688)
Upper gastrointestinal surgery	-37	(£55,215)	0	£6,014	-4	(£864)	-35	(£6,163)	-145	(£9,390)	-3	(£417)	-223	(£66,035)
Clinical haematology	-680	(£81,326)	-22	(£31,048)	-58	(£16,179)	-151	(£38,210)	766	£83,652	1	£177	-144	(£82,933)
Anticoagulant service									-5,068	(£130,548)			-5,068	(£130,548)
General surgery	-95	(£105,943)	-39	(£55,360)	4	£1,002	-75	(£12,670)	-405	(£29,472)	-5	(£813)	-616	(£203,256)
Dermatology	-43	(£21,595)					-791	(£109,260)	-18	(£32,277)	-835	(£80,056)	-1,687	(£243,188)
Urology	-161	(£37,323)	-61	(£130,710)	44	£9,784	-611	(£89,818)	-8	(£1,102)	-268	(£41,034)	-1,066	(£290,203)
Ophthalmology	-452	(£342,195)	0	£5,060	3	£859	-446	(£65,128)	1,352	£4,882	784	£77,572	1,241	(£318,950)
Gastroenterology	-795	(£344,330)	-40	(£86,871)	-42	(£10,278)	-534	(£111,655)	-1,245	(£79,639)	-21	£2,177	-2,677	(£630,596)
Trauma & orthopaedics	-269	(£317,343)	-156	(£585,032)	46	£10,698	-260	(£40,724)	-823	(£50,573)	-690	(£86,096)	-2,151	(£1,069,069)
Grand Total	-1,505	(£397,792)	-409	(£896,791)	-185	(£45,985)	-1,364	(£210,365)	-3,403	(£227,655)	103	£3,703	-6,764	(£1,774,884)

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	879	748	-131	-15%	£637	£465	£-172	-27%
Elective	185	131	-54	-29%	£519	£286	£-233	-45%
Elective Excess BedDays	32	1	-31	-97%	£12	£0	£-11	-98%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	225	112	-113	-50%	£37	£19	£-17	-47%
OPFASPCL - Outpatient first attendance single professional consultant led	2,108	1,512	-596	-28%	£347	£247	£-100	-29%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	517	245	-272	-53%	£39	£20	£-19	-49%
OPFUPSPCL - Outpatient follow up single professional consultant led	4,489	3,728	-761	-17%	£344	£290	£-53	-15%
Outpatient Procedure	4,868	4,428	-440	-9%	£636	£559	£-77	-12%
Unbundled Diagnostics	816	728	-88	-11%	£60	£57	£-3	-5%
Grand Total	14,119	11,633	-2,486	-18%	£2,629	£1,944	£-685	-26%

* PbR only

The Trend of under-performance for planned care at the Trust has continued into month 11 with overall underspend at £685k. Although all PODs are under plan, the majority of the focus is within Day Case and Elective cost.

Trauma and Orthopaedics is the main specialty under plan with General Surgery and Gynaecology also notably under-performing for planned procedures.

GP referrals have reduced which is filtering through to reduced levels of outpatient activity. Similar to planned procedures T&O is the main specialty under plan; however the majority of specialties are below expected levels.

Dermatology has reduced somewhat against the original plan. This is understandable due to the low staffing levels at the Trust with activity flowing to the CCGs community provider and other acute trusts.

Winter planning has also meant a number of planned operations cancelled. The Trust has assured all cancellations have been rebooked and scheduled to take place, if not already done so.

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	567	464	-103	-18%	£685	£533	£-152	-22%
Elective	105	144	39	37%	£499	£666	£168	34%
OPFASPCL - Outpatient first attendance single professional consultant led	1,174	919	-255	-22%	£187	£151	£-36	-19%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,446	1,525	79	5%	£91	£97	£6	7%
Outpatient Procedure	746	351	-395	-53%	£78	£55	£-23	-30%
Unbundled Diagnostics	467	368	-99	-21%	£44	£35	£-9	-20%
Physio	1,258	1,304	46	4%	£37	£38	£1	4%
Grand Total	5,764	5,075	-689	-12%	£1,620	£1,575	£-45	-3%

Renacres under performance of £-45k/-3% is driven by a £-152k/-22% under performance in day cases with reduced activity focussed particularly in the Trauma & Orthopaedic and General Surgery specialties. At HRG level 'Major Knee Procedures for Non-Trauma, 19 years and over, with CC Score 0-1' has seen a notable reduction in activity within T&O.

In contrast to day cases, elective activity is currently over performing by £168k/34%, which can be attributed to Very Major Hip and Knee Procedures for Non-Trauma within Trauma & Orthopaedics (notably those with CC scores 2-3).

3.7.4 Spire Liverpool

Spire Liverpool 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	191	281	90	47%	£272	£368	£97	36%
Elective	51	50	-1	-1%	£260	£258	£-3	-1%
OPFASPCL - Outpatient first attendance single professional consultant led	248	348	100	40%	£41	£57	£16	39%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,321	1,489	168	13%	£60	£79	£19	32%
OPFUPSPNCL - Outpatient follow up single professional non-consultant led	42	66	24	58%	£2	£3	£1	58%
Outpatient Procedure	204	206	2	1%	£28	£28	£0	0%
Unbundled Diagnostics	127	158	31	24%	£16	£18	£2	13%
Grand Total	2,185	2,598	413	19%	£679	£811	£133	20%

Spire Liverpool is over performing across the majority of PODs in 2017/18. However, total over performance of £133k/20% is driven by a £97k/36% increase in day cases. The majority of activity at Spire Liverpool is within the Trauma & Orthopaedics specialty. Pain Management has also seen an increase in activity against plan (£34k/195%). At HRG level, activity has been recorded across a number of HRGs, many against a zero plan.

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	24	60	
2) New personal health budgets that began during the quarter (total number per CCG)	4	0	4	1	4	2	4	
3) Total number of PHB in the quarter = sum of 1) and 2) (total number per CCG)	52	11	56	24	60	26	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	16.78	41.31	

Personal health budgets (PHBs) provide an amount of money to eligible residents to support their identified health and wellbeing needs, which are planned and agreed between the person and their local NHS team. The CCG are under plan for personal health budgets as at quarter 3 and continue to look for potential ways to increase the number of PHBs and collaborative work continues with other CCGs. The CCG's quality team has supported the review of the current PHB processes to be more streamlined, which is providing positive results. We have also been successful in applying for support from NHS England which will enable us to improve how we deliver PHB services for wheelchair users and children and young people.

3.9 Continuing Health Care (CHC)

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

Figure 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

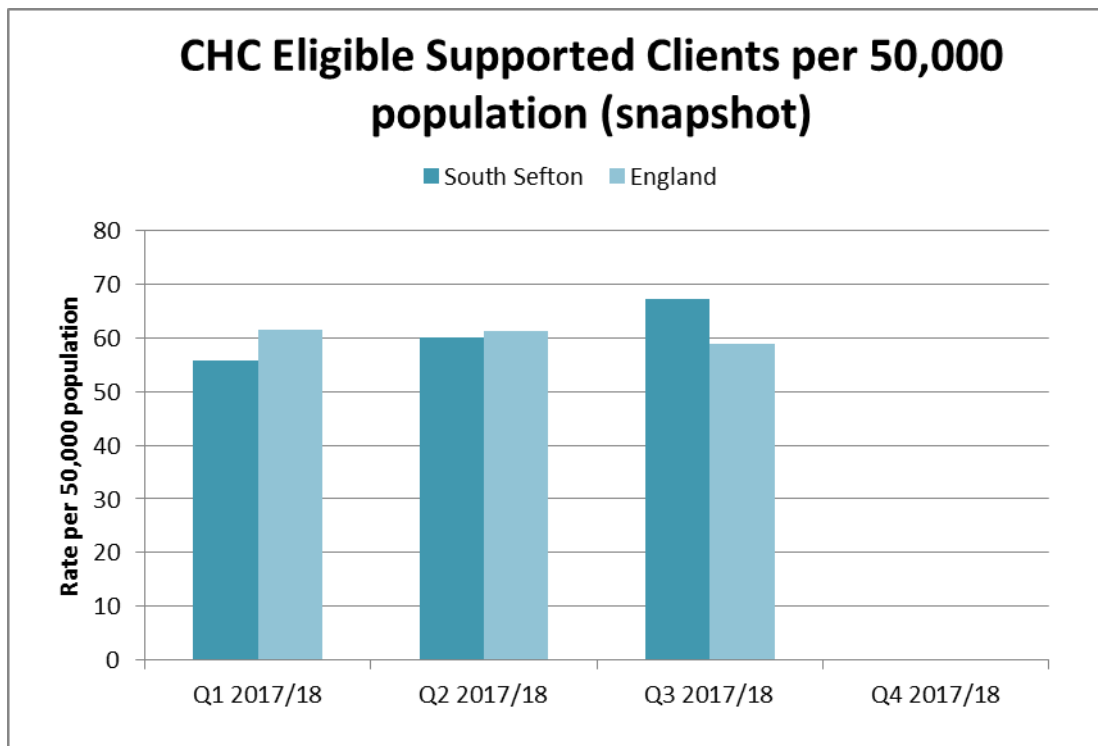


Figure 31 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

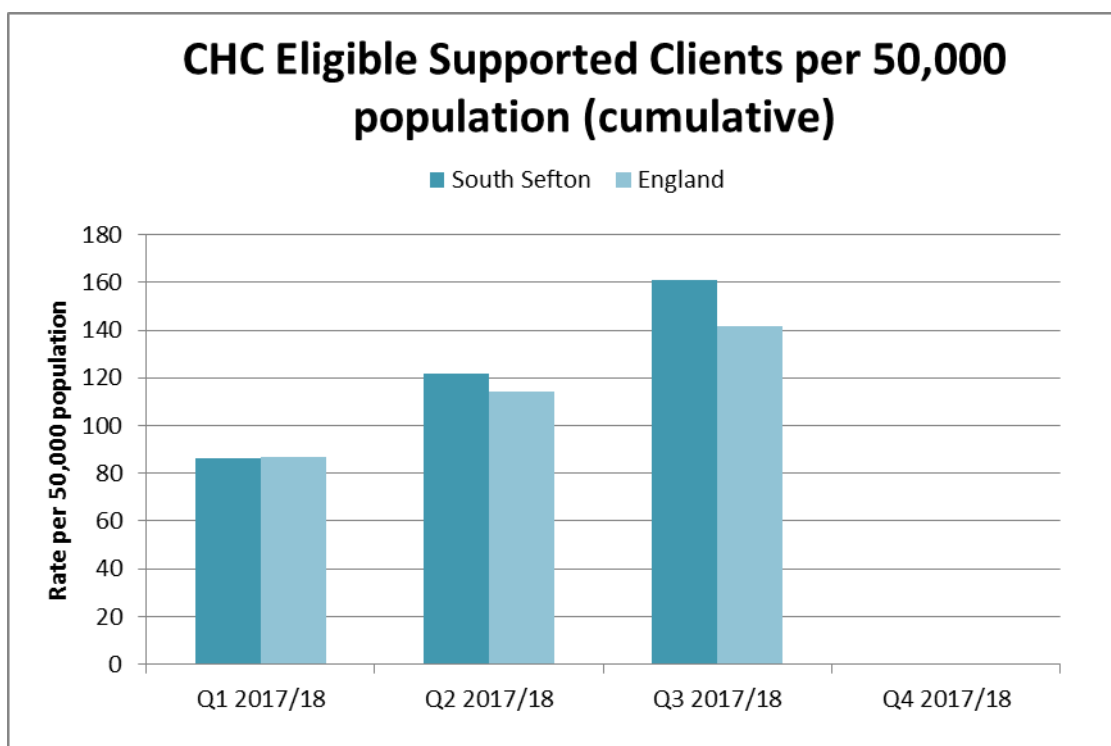


Figure 32 – Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist

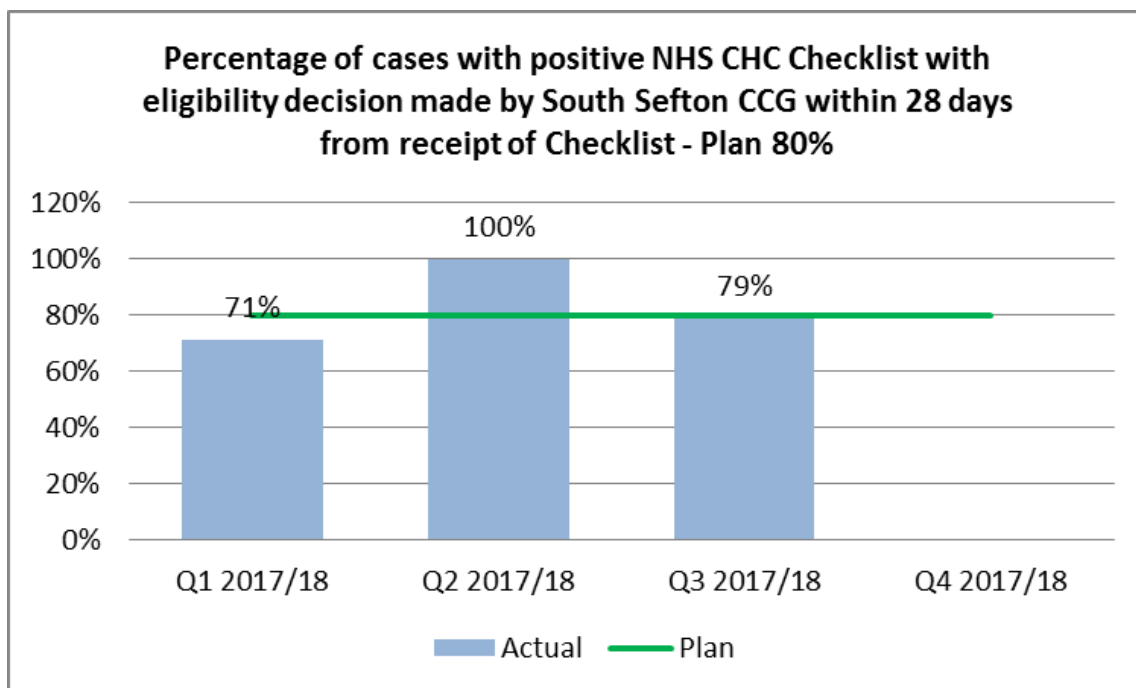
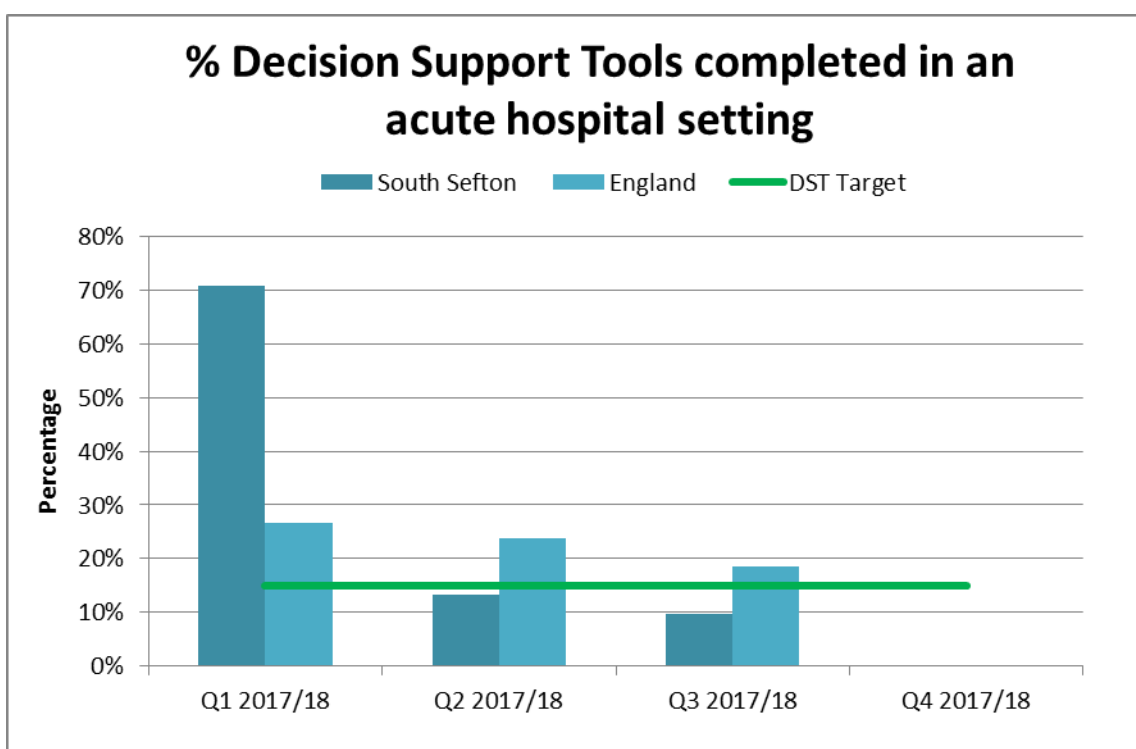


Figure 33 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



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

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

3.10 Smoking at Time of Delivery (SATOD)

Figure 34 - Smoking at Time of Delivery (SATOD)

	South Sefton				
	Actual Q1	Actual Q2	Actual Q3	YTD	FOT
Number of maternities	367	452	402	1221	1628
Number of women known to be smokers at the time of delivery	56	62	69	187	249
Number of women known not to be smokers at the time of delivery	310	389	332	1031	1375
Number of women whose smoking status was not known at the time of delivery	1	1	1	3	4
Data coverage %	99.7%	99.8%	99.8%	99.8%	99.8%
Percentage of maternities where mother smoked	15.3%	13.7%	17.2%	14.4%	14.4%

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

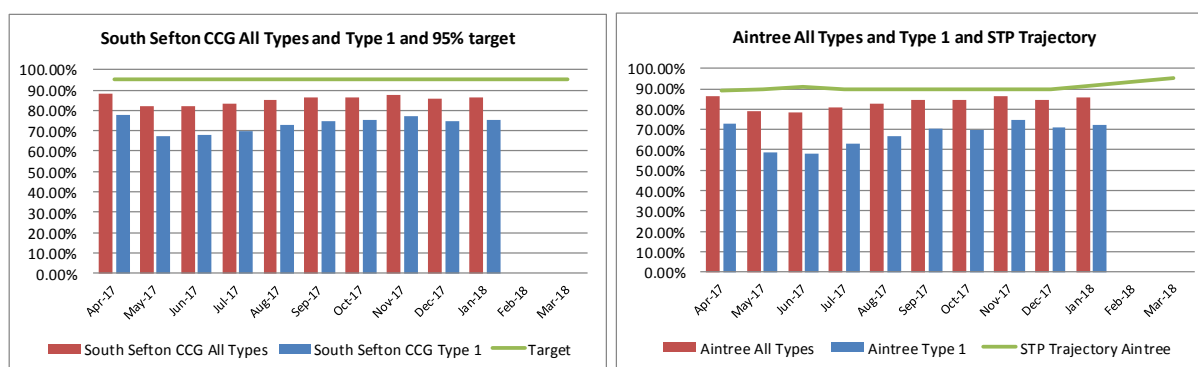
4. Unplanned Care

4.1 Accident & Emergency Performance

Figure 35 - A&E Performance

A&E waits				
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	17/18 - Feb	95%	85.26%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	17/18 - Feb	95%	73.19%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) All Types	17/18 - Feb	STP Trajectory Feb Target 93.3%	83.27%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	17/18 - Feb	95%	67.74%	↔

A&E All Types	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	YTD
STP Trajectory Aintree	89%	90%	91%	90%	90%	90%	90%	90%	90%	91.7%	93.3%	%
Aintree All Types	86.13%	78.78%	78.42%	80.81%	82.35%	84.47%	84.41%	86.58%	84.79%	85.59%	83.90%	83.27%



Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2017/18 and have failed the 93.3% February plan agreed with NHS Improvement recording performance with 83.9% (for all A&E department types) in February 2017, representing a 1.69% decrease compared to January.

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% ED performance and 75% notification to handover (N2H) performance.
- Complete review of the medical workforce establishment and submit for consideration at Business Case Review Group (BCRG). Additional sessions are being arranged to cover gaps in the existing rotas. This project is being supported by to ensure realignment of

- current workforce is undertaken prior to business case completion. A super week is planned for 19th March to capture referral times and seen times by specialty doctors in ED.
- Paramedic bank commenced on 15th January within ED to help reduce the agency spend for nursing.
 - NWS 90 day project completed. Awaiting start date agreement for direct conveyancing to AEC. Raised at NWS meeting and action was taken for NWS to inform the Trust of start date.
 - Recruitment of Acute Physicians and ED Consultants was successful with 3 consultants appointed for AMU start dates April and May. The successful candidate for ED started 5th February. The advert for another AMU consultant and a new post of Chief Medical Registrar has gone to advert.
 - Complete full ED nurse establishment review. Completing a dependency study within the department which will complete on 19/11. The findings will be fed into the review.
 - Develop series of PDSA cycles to test improvements in the following elements of EACP:
 - See and Treat – Allocation of rooms has been introduced and patient allocated to room for review
 - Board rounds - walk arounds have commenced to ensure staff are redirected to any hot spots.
 - Direct pathways to assessment areas
 - ‘Super Week’ planned for week commencing 19th March to bring all aspects of programme together.

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

Figure 36 - 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 - Feb	0	18	↓

Aintree had no 12-hour breaches in February. 18 have been reported year to date; (9 in May, 2 in June and 4 in December). A Root Cause Analysis of the breaches are been submitted by the Trust. Initial review of the analysis identifies issues relating to access to specialist beds e.g. cardiology, respiratory with consideration needing to be given in future resilience planning to enabling capacity of specialist resources. The CCG will consider all issues and provide feedback to the Trust.

4.2 Ambulance Service Performance

In August NWS went live with the implementation of the Ambulance Response Programme (ARP). NWS 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.

In March data has been published at a national level to allow commissioners see performance against the new standards for the first time. NWAS have found the implementation of ARP significantly more challenging than expected and performance has been disappointing.

In February there was an average response time in South Sefton of 10 minutes against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response was 33 minutes against a target of 18 minutes. The CCG however achieved the target of 90th percentile of calls within 180 minutes for category 4 calls, the only CCG in Merseyside to do so. The longest response times for Category 1 calls within Merseyside are in South Sefton and Southport and Formby.

Figure 37 – 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 - Feb	0	162	↑ ↓
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Aintree	17/18 - Feb	0	101	↓

There has been an improvement in the number of handover delays in excess of 30 minutes to 162 (-36) and delays in excess of 60 to 101 (-36). The average time from notification to handover standard of 15 minutes has increased slightly by 40 seconds (8.34 to 19.14) compared to January. The time to see 1st clinician has increased to 79 minutes, against the 60 minute clinical quality indicated (an increase of 8 minutes against January 2018). The clinical quality indicators for the number of patients who leave the department before being seen and the 15 minute from registration to triage are being met month on month.

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.

This Ambulance Response Programme will remain a key area of review by the CCG with a focus on understanding work being undertaken to improve hospital turnaround times within Aintree.

A separate report around the new ambulance performance targets was presented to the Governing Body at the March meetings to update the Governing Body on the new performance targets and the issues facing the ambulance service.

Since then the north west contract for ambulance services for 2018/19 has been negotiated after extensive discussions and commissioning leads have recommended north west CCGs to increase the contract offer to NWAS by a further £3.5m per annum (3.2% increase original contract value, in addition to the £4.5m additional funding in line with the 2018/19 NHSE planning guidance) as part of two year time limited monies to provide additional support to enable them to continue to improve ARP performance and importantly address concerns regarding patient safety. This funding is predicated on the North West achieving a 30 minute average hospital turnaround time, delivering by the end of quarter 1 and sustained through quarter 2. If hospital delays have not reduced by the end of quarter 2 further discussions will be triggered with NWAS and NHSE/I. A performance improvement plan is in place to assure commissioners on delivery and patient safety. This plan includes 18 additional clinicians to support call handlers to provide greater assurance on the safe management of long patient waits and the upgrading of calls, standardised and simplified operational processes, an additional 43 double crewed ambulances and some workforce changes to provide additional capacity particularly for higher acuity calls, and a further option to increase the ambulance fleet with another 6 vehicles and 69 staff.

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

Commissioners do now have more confidence in the revised performance trajectories provided as these are based on clear actions and robust modelling. It is accepted however, that despite both NWAS and commissioner actions that the ARP and turnaround targets will not be met for quarter 1. The service aims to deliver consistent performance of the standards by September 2018 with significant improvement by June 2018.

4.3 NWS, 111 and Out of Hours

4.3.1 111 Service Calls



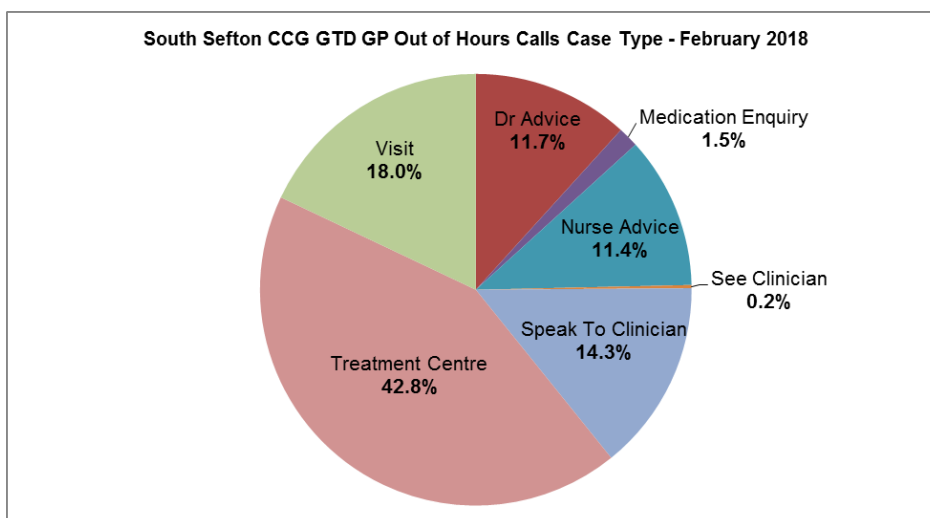
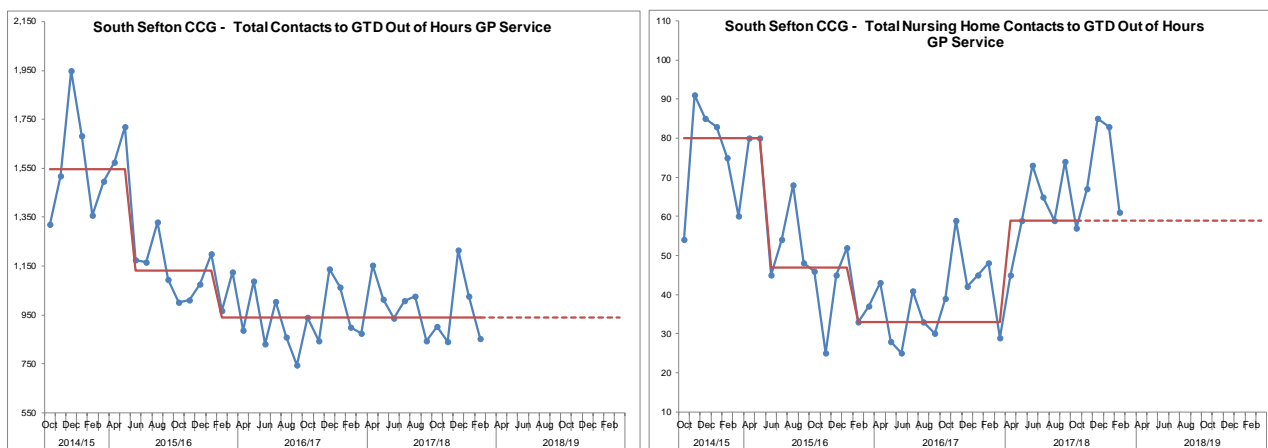
The number of calls in February from South Sefton CCG patients fell to 1,834 from 2,342 in January. There were a similar number of calls in February of the previous year (1,928) and when compared to the same 11 months of the previous year, there were a similar number of calls.

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

- 58% advised to attend primary and community care
- 16% closed with advice only
- 16% transferred to ambulance
- 7% advised to attend A&E
- 3% advised to other service

The percentage of calls which resulted in a transfer to an ambulance has been increasing. The average in 2015/16 was 13%, this has risen to 16% in 2017/18. A Similar increase can be seen in the proportion being advised to another service.

4.3.2 GP Out of Hours Service Calls



The number of calls from South Sefton patients to the GP OOH service has fallen in February to 852. When compared to the same point in the previous year, there have been 755 more calls so far in the first 11 months of 2017/18, an increase of 7.3%.

The majority of these calls (42.8%) resulted in a referral to a Treatment Centre. The number of calls which were case type See Clinician has fallen by 80%, and the proportion of calls which were Medication Enquiries has more than doubled from making up 2.4% in 2016/17 to 4.6% in 2017/18. The number of calls which were case type Dr. Advice have also shown an increase in 2017/18, with 281 more calls than in the previous year YTD.

For the fourth consecutive month, the number of GTD OOH calls from nursing homes remains above trend with 61 calls in month, compared to an average calls/month in 2016/17 of 39. The number of calls is also high when compared to February 2017, when the CCG recorded 48 calls from nursing homes. At this point in the previous year, there were 433 calls recorded, in 2017/18 there have been 728, an increase of 68%.

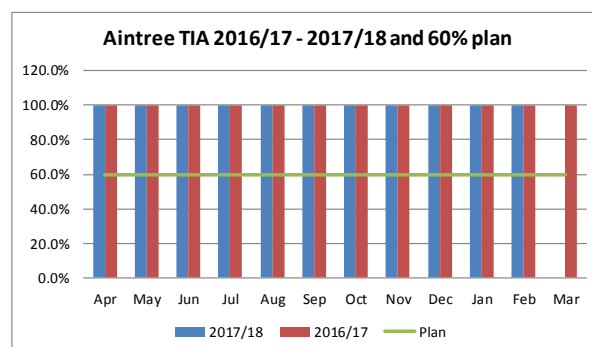
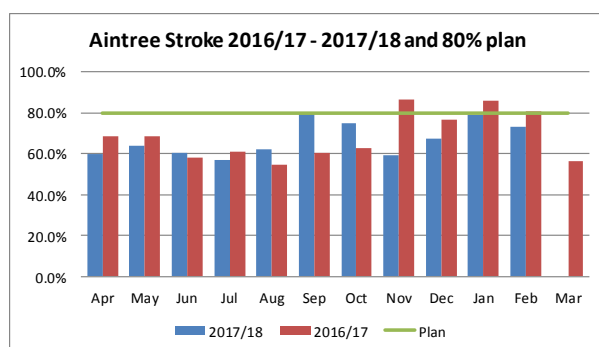
South Sefton CCG, in collaboration with Go To Doc (GTD) and NWS, has now gone live with their out of hours Clinical Assessment Service (CAS) in June 2017.

4.4 Unplanned Care Quality Indicators

4.4.1 Stroke and TIA Performance

Figure 38 - Stroke & TIA performance

Stroke				
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	17/18 - Feb	80%	73.20%	↓
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	17/18 - Feb	60%	100%	↔



Aintree failed the 80% target of stroke patients spending at least 90% of their time on a stroke unit in February, achieving 73.2%, a decline on last month when they recorded 79.1%. In February 41 patients with a diagnosis of stroke were discharged from the Trust during the month. 30 patients spent 90% of their stay on the Stroke Unit; the standard was not achieved for 11 patients. All breaches of the standard are reviewed and reasons for underperformance identified:

- 9 patients required admission to the Stroke Unit but no beds were available
- 1 patient was diagnosed as a stroke after MRI
- 1 patient was referred to the Stroke team after an MRI

Lack of available stroke beds remains a consistent issue in preventing achievement of the standard. A focused piece of work is being undertaken sponsored by the Chief Nurse and Chief Operating Officer in an attempt to improve compliance with the stroke standards.

Actions:

- Continue Registered Nurse and Therapy recruitment for funded HASU beds.
- Discuss and agree options to support recruitment with the Divisional Nurse.
- Present case studies of Stroke patients who were seen by Stroke Nurse Clinician on arrival and accepted after MRI result.
- Explore options for step down facility for Stroke rehabilitation patients.
- Terms of reference to be agreed by the Division for the improvement work which is to be undertaken.

4.4.2 Mixed Sex Accommodation

Figure 39 - Mixed Sex Accommodation breaches

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

4.4.3 Healthcare associated infections (HCAI)

Figure 40 - Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	17/18 - Feb	50	40	↔
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	17/18 - Feb	42	60 (45 following appeal)	↓
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	17/18 - Feb	0	1	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	17/18 - Feb	0	1	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	17/18 - Feb	129	127	↓
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Aintree)	17/18 - Feb	No Plan	268	↓

The CCG had 3 new cases of Clostridium Difficile reported in February (40 year to date) against a year to date plan of 50 (24 apportioned to acute trust and 16 apportioned to community). The year-end plan is 54. Aintree had 3 new cases reported in February (60 year to date) against a year to date plan of 42. (There have been 15 successful appeals upheld at panel, so 45 cases following appeal). The year-end plan is 46.

The CCG and Aintree had no new cases of MRSA in February and just 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 February there were 11 cases bringing the year to date total to 127 which is now under the 129 year to date plan. There are no targets set for Trusts at present.

4.4.4 Hospital Mortality

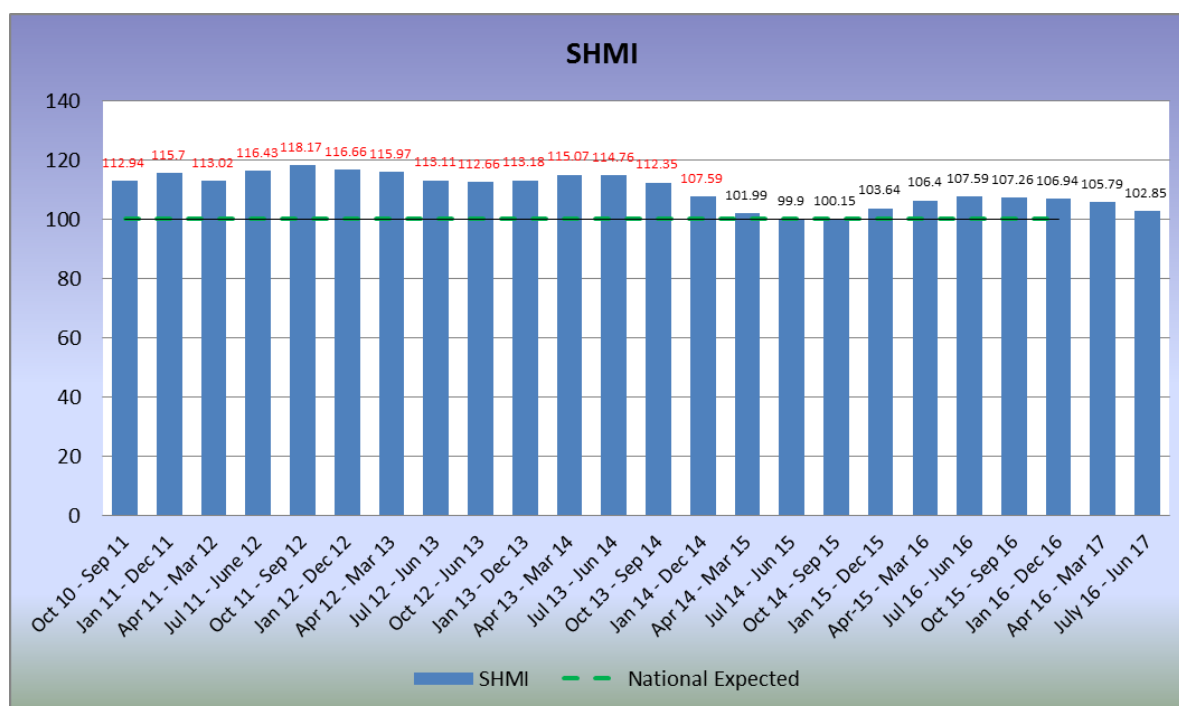
Figure 41 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	17/18 - Feb	100	94.29	↑
Summary Hospital Level Mortality Indicator (SHMI)	Jul 16 - Jun 17	100	102.85	↓

HSMR is reported for the rolling 12 months to November 2017 with the latest data showing a marginal increase to 94.29 from 93.3 previously reported. Position remains better than expected. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is fewer than 100 this suggest fewer deaths occurred than expected.

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

Figure 42 - Summary Hospital Mortality Indicator



4.5 CCG Serious Incident Management

A lack assurance for CCG serious incident processes has been highlighted following review of the Month 11 data. A deep dive and data cleansing has taken place on request of the Chief Nurse which has been led by Corporate Governance Manager. The Chief Nurse has commissioned an external review of CCG serious incident processes by MIAA, and peer review from Bolton NHS Foundation Trust, Bolton CCG and west Cheshire CCG as part of end to end processes.

Aintree University Hospital NHS Foundation Trust have reported eight serious incidents on StEIS which are also recorded as a Never Event between August 2017 and March 2018. Seven being wrong site surgery or wrong implant / prosthesis. Five relate to orthopaedic surgery. Assurances are being sought by the CCG and NHS E C&M which includes an external review being commissioned from the Royal College of Orthopaedics. NHS E C&M have requested assurance from the CCGs Serious Incident Review Groups (SIRGs) and in the process of reviewing the minutes of the SIRGs and a number of RCA's and responses, with a meeting in place to review any learning and recommendations.

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 43 - Average Delayed Transfers of Care per Day at Aintree April 2017 – February 2018

Average Delays per Day

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

The average number of delays per day in Aintree hospital increased slightly in February to 23 from 22 reported in January. Of the 23, 9 were patient or family choice (39.1%), 7 were awaiting further NHS non-acute care (30.4%) and 7 were awaiting care package in own home (30.4%).

Analysis of average delays in February 2018 compared to February 2017 shows one more delay in February 2018 (23 compared to 22 for 2017 a 4.5% increase).

Figure 44 - Agency Responsible for Days Delayed at Aintree April 2017 – February 2018

Agency Responsible	2017/18										
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
NHS - Days Delayed	726	852	962	515	725	800	584	991	665	461	445
Social Care - Days Delayed	112	45	221	34	134	93	176	134	164	217	219
Both - Days Delayed	0	0	0	0	0	0	0	0	0	0	0

The total number of days delayed due to the NHS was 445 in February, a decrease of 16 from January when 461 was reported. Delays due to social care was 219 in February, a slight increase from 217 reported in January. No delays due to both were reported in February.

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

Figure 45 - Average Delayed Transfers of Care per Day - Merseycare - April 2017 – February 2018

Average Delays per Day

Reason for Delay	2017/18										
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
I) HOUSING	1	4	5	3	8	10	10	8	8	8	9
C) WAITING FURTHER NHS NON-ACUTE CARE	9	6	7	6	6	6	6	5	5	4	6
DI1) AWAITING NURSING HOME PLACEMENT	4	4	4	7	8	8	7	8	5	4	4
G) PATIENT OR FAMILY CHOICE	0	0	0	1	1	2	3	3	2	3	4
B) PUBLIC FUNDING	8	6	5	3	2	1	2	2	2	2	3
DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT	3	1	0	3	4	3	2	3	3	3	3
A) COMPLETION ASSESSMENT	8	4	6	6	6	5	6	5	4	2	2
E) AWAITING CARE PACKAGE IN OWN HOME	2	1	5	5	3	3	4	3	0	0	1
H) DISPUTES	0	0	0	1	1	1	1	1	1	1	0
F) COMMUNITY EQUIPMENT/ADAPTIONS	0	0	0	1	1	0	0	0	0	0	0
O) OTHER	0	3	2	1	1	1	0	2	2	2	0
Grand Total	35	29	34	37	41	40	41	40	32	29	32

The average number of delays per day at Merseycare increased slightly to 32 in February. Of the 32 delays, 9 were due to housing, 6 waiting further NHS non-acute care, 4 were awaiting nursing home placements, 4 were delayed due to patient or family choice, 3 awaiting residential care home placement, 3 public funding, 2 were awaiting completion of assessment, and 1 was awaiting care package in their own home.

Analysis of average delays in February 2018 compared to February 2017 shows them to be lower by 2 (5.9%).

Figure 46 - Agency Responsible and Total Days Delayed - Merseycare - April 2017 – February 2018

Agency Responsible	2017/18										
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
NHS - Days Delayed	409	488	447	403	613	680	704	705	587	612	538
Social Care - Days Delayed	351	243	367	574	526	406	396	327	218	214	184
Both - Days Delayed	285	197	217	149	132	151	178	166	179	90	153

The total number of days delayed caused by NHS was 538 in February, compared to 612 last month. Analysis of these in February 2018 compared to February 2017 shows an increase from 436 to 538 (23.4%). The total number of days delayed caused by Social Care was 184 in

February, compared to 214 in January. MerseyCare also have delays caused by both which were 153 in February, a 70.0% increase from the previous month when 90 were reported.

4.7 ICRAS

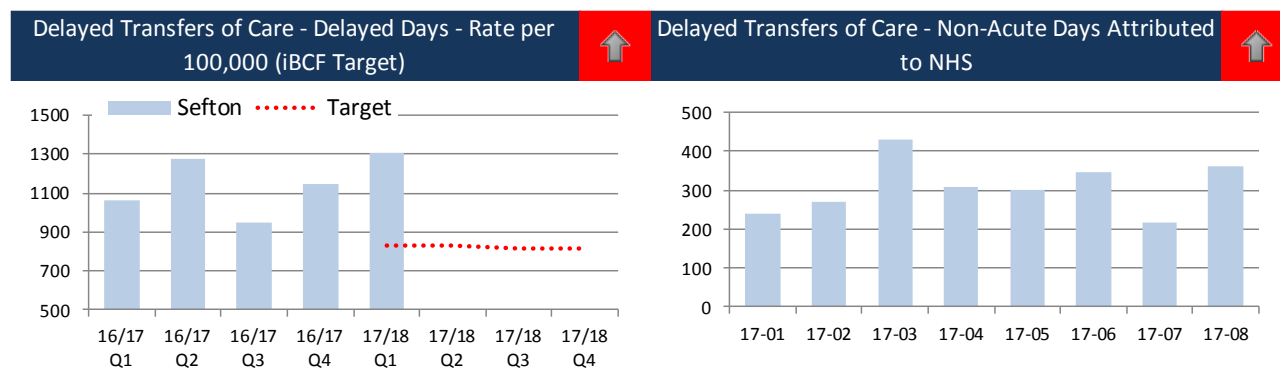
The Integrated Community Reablement and Assessment Service (ICRAS) responds to the need for aligned community services in Sefton, Liverpool and Knowsley for the delivery of step-up (admission avoidance) and step-down care (transition from hospital or other urgent care setting) for those with support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

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

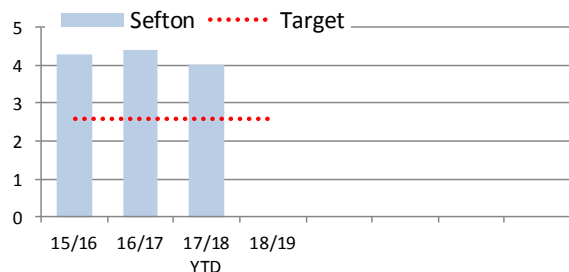
- an intermediate care/assessment bed base(s) delivered via locality hubs;
- multi-disciplinary care in a person's usual place of residence; or
- reablement support.

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

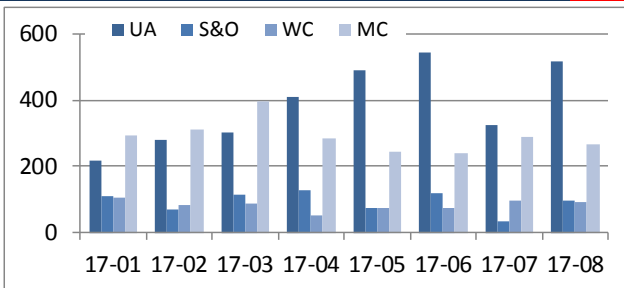
In its first three months of operation, significant savings in terms of admissions avoided have already been made. Phase 2 of the project commenced on 1 April 2018 and specific metrics for the service have also been developed and will be reported to Sefton Health and Wellbeing Board as part of an integrated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



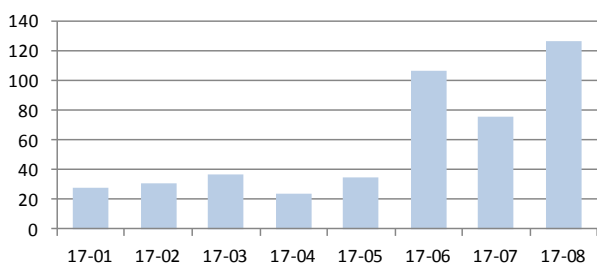
Delayed Transfers of Care - ASC Beds - Rate per 100,000 (National Target) ↑



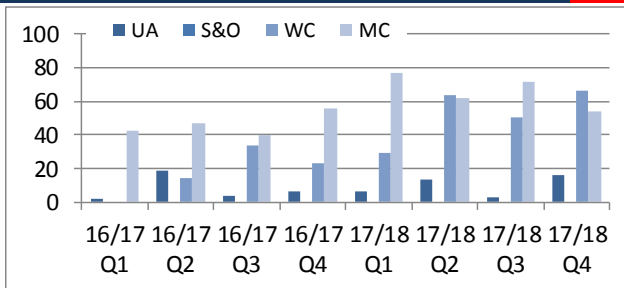
Delayed Transfers of Care - Total Days by Key Providers (in Sefton) ↑



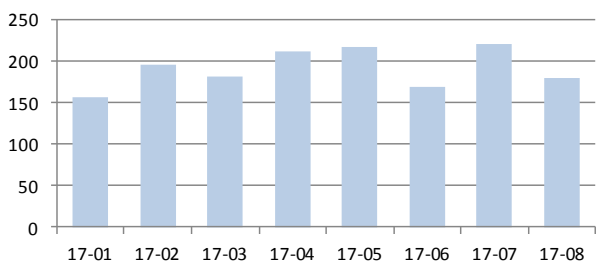
Delayed Transfers of Care - Acute Days Attributed to Adult Social Care ↑



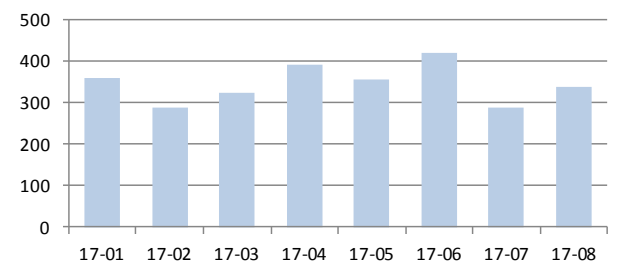
Delayed Transfers of Care - Total Days by Key Providers (in Sefton) % Attributable to ASC ↑



Delayed Transfers of Care - Non-Acute Days Attributed to Adult Social Care ↓



Delayed Transfers of Care - Acute Days Attributed to NHS ↑



4.8 Patient Experience of Unplanned Care

Figure 47 - Aintree A&E Friends and Family Test performance

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

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	15.0%	17.3%		85%	84%		8%	10%	

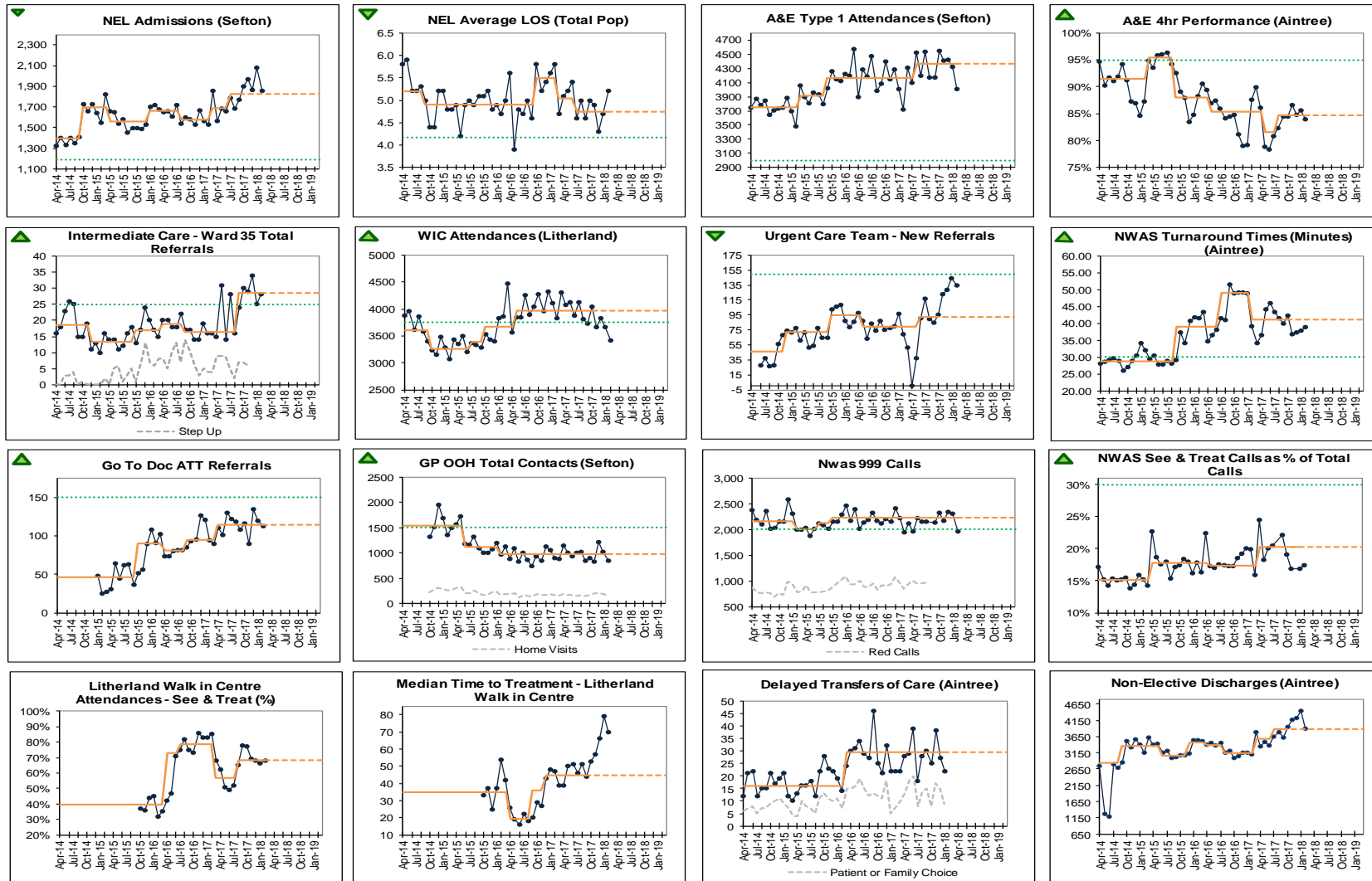
The Friends and Family Test (FFT) Indicator comprises of three parts:

- % Response Rate
- % Recommended
- % Not Recommended

The percentage of people that would recommend A&E is below the England average (85%) reporting 84% in February 3% lower than January. The not recommended percentage is at 10% in February 2% lower than the previous month and the England average 8%.

4.9 South Sefton Urgent Care Dashboard

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



Definitions

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

4.10 Unplanned Care Activity & Finance, All Providers

4.10.1 All Providers

Performance at Month 11 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £2.2m/5.1%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately -£118k/-0.3%.

Aintree and Royal Liverpool represent the highest over performing providers for unplanned care at month 11 with a year to date variance of £2.4m/8% and £360k/20% respectively. In contrast, Southport & Ormskirk is currently underperforming by -£393k/-14%.

Figure 48 - Month 11 Unplanned Care – All Providers

PROVIDER NAME	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	86,735	97,589	10,854	13%	£32,599	£35,069	£2,471	8%	-£2,471	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	9,069	8,553	-516	-6%	£1,958	£1,790	-£168	-9%	£168	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	226	143	-83	-37%	£373	£361	-£12	-3%	£12	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	3,147	2,931	-216	-7%	£3,811	£3,540	-£270	-7%	£270	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	4,927	5,066	139	3%	£1,803	£2,163	£360	20%	-£360	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	9	7	-2	-24%	£51	£51	£1	1%	-£1	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	104,113	114,289	10,176	10%	£40,594	£42,975	£2,381	6%	-£2,381	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	61	101	40	64%	£15	£32	£17	115%	£0	£17	115%
COUNTNESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	78	78	0%	£0	£16	£16	0%	£0	£16	#DIV/0!
SALFORD ROYAL NHS FOUNDATION TRUST	0	29	29	0%	£0	£7	£7	0%	£0	£7	#DIV/0!
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	7,440	7,114	-326	-4%	£2,817	£2,424	-£393	-14%	£0	-£393	-14%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	814	992	178	22%	£362	£412	£51	14%	£0	£51	14%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	61	134	73	119%	£164	£237	£74	45%	£0	£74	45%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	37	38	1	2%	£13	£19	£6	47%	£0	£6	47%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	175	175	0%	£0	£41	£41	0%	£0	£41	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	223	269	46	20%	£82	£143	£61	75%	£0	£61	75%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	55	68	13	23%	£35	£36	£1	4%	£0	£1	4%
ALL REMAINING PROVIDERS TOTAL	8,692	8,998	306	4%	£3,487	£3,368	-£118	-3%	£0	-£118	-3%
GRAND TOTAL	112,805	123,287	10,482	9%	£44,081	£46,343	£2,262	5.1%	-£2,381	-£118	-0.3%

*PBR Only

4.10.2 Aintree University Hospital NHS Foundation Trust

Figure 49 - Month 11 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospitals Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E WiC Litherland	37,350	42,403	5,053	14%	£893	£893	£0	0%
A&E - Accident & Emergency	27,682	30,167	2,485	9%	£3,732	£4,137	£405	11%
NEL - Non Elective	13,443	13,906	463	3%	£25,049	£26,377	£1,328	5%
NELNE - Non Elective Non-Emergency	44	41	-3	-8%	£159	£150	-£9	-6%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	19	97	78	424%	£5	£24	£19	371%
NELST - Non Elective Short Stay	1,833	2,019	186	10%	£1,231	£1,382	£150	12%
NELXBD - Non Elective Excess Bed Day	6,364	8,956	2,592	41%	£1,529	£2,107	£578	38%
Grand Total	86,735	97,589	10,854	13%	£32,599	£35,069	£2,471	7.6%

4.10.3 Aintree Hospital Key Issues

Aintree is over performing across the majority of PODs related to Urgent Care. However, the total over spend of £2.4m/7.6% is mainly driven by an over performance within Non Electives, Non Elective Excess Bed Days and A&E. The key specialties over performing within unplanned care include Acute Internal Medicine, Gastroenterology, Diabetic Medicine and Cardiology. In contrast, there is currently a significant under spend within the Geriatric Medicine, Colorectal Surgery, Trauma & Orthopaedic and Accident & Emergency 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.

4.10.4 Royal Liverpool University Hospital

Figure 50 - Month 11 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	4,070	3,992	-78	-2%	£423	£447	£24	6%
AMAU - Acute Medical unit	20	68	48	244%	£2	£6	£5	244%
NEL - Non Elective	615	617	2	0%	£1,219	£1,464	£245	20%
NELNE - Non Elective Non-Emergency	13	20	7	51%	£77	£105	£28	36%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	0	1	1	0%	£0	£0	£0	0%
NELST - Non Elective Short Stay	82	123	41	50%	£52	£82	£30	58%
NELXBD - Non Elective Excess Bed Day	128	245	117	91%	£30	£58	£28	95%
Grand Total	4,927	5,066	139	3%	£1,803	£2,163	£360	20%

4.10.5 Royal Liverpool University Hospital Key Issues

The overall Urgent Care over spend of £360k/20% is largely driven by a £245k/20% over performance in Non-Elective costs. Vascular Surgery is the top over performing specialty within this POD with a variance of £163k/125% 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 51 - NHS South Sefton CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS South Sefton CCG			
	Caseload as at 28/02/2018	2017/18 Plan	Variance from Plan	Variance on 28/02/2018
1 Common Mental Health Problems (Low Severity)	14	43	- 29	- 41
2 Common Mental Health Problems (Low Severity with greater need)	5	25	- 20	- 25
3 Non-Psychotic (Moderate Severity)	69	150	- 81	- 58
4 Non-Psychotic (Severe)	272	270	2	- 21
5 Non-psychotic Disorders (Very Severe)	89	67	22	3
6 Non-Psychotic Disorder of Over-Valued Ideas	36	46	- 10	- 8
7 Enduring Non-Psychotic Disorders (High Disability)	306	251	55	26
8 Non-Psychotic Chaotic and Challenging Disorders	136	122	14	- 6
10 First Episode Psychosis	147	144	3	- 4
11 On-going Recurrent Psychosis (Low Symptoms)	316	399	- 83	- 52
12 On-going or Recurrent Psychosis (High Disability)	386	354	32	4
13 On-going or Recurrent Psychosis (High Symptom & Disability)	108	101	7	1
14 Psychotic Crisis	24	27	- 3	- 2
15 Severe Psychotic Depression	8	6	2	2
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	43	38	5	2
17 Psychosis and Affective Disorder – Difficult to Engage	40	50	- 10	- 9
18 Cognitive Impairment (Low Need)	232	224	8	- 13
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	398	446	- 48	- 45
20 Cognitive Impairment or Dementia Complicated (High Need)	436	398	38	16
21 Cognitive Impairment or Dementia (High Physical or Engagement)	118	140	- 22	- 24
Cluster 99	281	558	- 277	- 403
Total	3,464	3,859	- 375	- 661

5.1.1 Key Mental Health Performance Indicators

Figure 52 - 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	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
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%	96%	89.3%	100%	81.0%	100%
Rolling Quarter				97%	100%	96.0%	95.2%	96%	92.6%	94.2%	81.0%	90.7%

Figure 53 - CPA Follow up 2 days (48 hours) for higher risk groups

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
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%	66.7%	66.7%	100%	100%	100%
Rolling Quarter				100%	100%	100%	100%	66.7%	66.7%	77.8%	100%	100%

Figure 54 - EIP 2 week waits

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
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%	67%	40.0%	100%	66.7%	87.5%
Rolling Quarter				80%	100%	81.8%	84.6%	67%	50%	64%	66.7%	81.8%

5.1.2 Out of Area Placements (OAP's)

Figure 55 - OAP Days

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

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 November to January 2018 where 100 OAP's were reported, an increase on the last reporting period of 15. The CCG is therefore currently failing to meet the target.

Please note due to operational reasons publication of this data for February has been delayed so will be reported in the next report.

5.1.3 Mental Health Contract Quality Overview

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

Transformation Update

The Trust, in response to the 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. This work also includes the identification of staff who undertake CRHTT team functions with the aim of establishing a one stop integrated referral and response across the Trust's footprint. It is expected that the new CRHTT staffing structure and arrangements will be in place by March 2018.

The first phase of this work has involved assessment based staff being within a single team with the Trust's footprint with agreed triage and assessment process with Liverpool and South Sefton assessment staff now being co-located at Clock View. Assessment staff remain at Southport but are also now within a unified management structure. The assessment function will support a centralised point for triage on a daily basis, Monday to Friday - 08:00- 20:00, Saturday and Sunday - 09:00 - 13:00.

The assessment function also contains a bed management oversight and this arrangement has contributed to zero usage of Out of Area placements in months 9, 10 and 11 within the Trust's footprint. No mental health related 12 hours breaches have also been reported since October 2017.

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

Highlighted KPIs

The following KPIs within contract have been performing below agreed thresholds over a long reporting period.

- KPI 123 - Psychotherapy Treatment commencing within 18 weeks of referral: Threshold is 95%.
- KPI 125 - Eating Disorder Service Treatment commencing within 18 weeks of referrals: Threshold is 95%.

- KPI 147 - Adults on Care Programme Approach (CPA) receive a review within 12 months: Threshold is 97%.
- KPI 158 - Communication - (Inpatients). Appropriate Supply of Medication on Discharge: Threshold is 95%.

KPI 123: Psychotherapy treatment commencing within 18 weeks of referral

The psychotherapy service offers a safe, evidence-based therapeutic working relationship to enable service users to increase their understanding of themselves and their psychological difficulties, enabling them to be better equipped to manage their lives and maximise their recovery. Generally there is high patient engagement and low DNA rates (10%). Around 150 people are going through treatment at any time including group work.

The table below details performance to date (February 2018).

Psychotherapy Treatment commencing within 18 weeks of referral 95%	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	YTD
South Sefton CCG number	7	10	7	8	8	12	11	8	7	7	4	89
South Sefton CCG denom	27	30	25	23	23	24	21	17	8	16	12	226
% seen within 18 weeks	25.93%	33.33%	28.00%	34.78%	39.66%	50.00%	52.38%	47.06%	87.50%	43.75%	33.33%	39.38%
Southport & Formby CCG number	1	2	0	1	1	1	1	1	2	1	2	13
Southport & Formby CCG denom	3	4	1	2	2	3	3	3	3	2	2	28
% seen within 18 weeks	33.33%	50.00%	0.00%	50.00%	50.00%	33.33%	33.33%	33.33%	66.67%	50.00%	100.00%	46.43%
Trust catchment number	31	36	34	37	32	43	46	40	37	32	37	336
Trust catchment denom	103	110	96	91	83	96	90	75	48	73	63	792
% seen within 18 weeks	30.10%	32.73%	35.42%	40.66%	38.55%	44.79%	51.11%	53.33%	77.08%	43.84%	58.73%	42.42%

A course of Psychotherapy within the Trust takes up to 20 weeks. Individuals are assessed over 1-2 sessions prior to starting treatment. The psychotherapy service now has 8.0 WTE therapists, with 3.0 WTE additional posts commencing in February 2017. It is difficult to sustainably meet the 18 week target due to the length of therapy (average 16 weeks), and the complexity of service users. Holidays and sickness in a small service will also impact on waiting times.

There has been a reduction in those waiting 18 weeks or more from 41 to 26 people. 15 people of those 26 will be commencing a group in March 2018. A number of modalities of therapy are now seeing people referred for therapy within 18 weeks. The Trust has reported that the maximum wait has reduced from 56 weeks to 32 weeks which is still outside the 18 week threshold.

It should be noted that patient numbers within the two Sefton CCGs are small and therefore the KPI is therefore sensitive to small fluctuation.

Contact activity levels for both CCGs are over performing and this will also impact on waiting times. This is shown in the table below.

CCG	Annual Plan Contacts	Month 11 YTD Contacts	Variance
South Sefton CCG	273	994	721
Southport & Formby CCG	49	387	338

It is acknowledged that the achievement and maintenance of the 18 week standard will be challenging. The Trust has been requested to provide an update on progress for the April 2018 CQPG meeting.

KPI 125: Eating Disorder treatment commencing within 18 weeks of referral

The service offers assessment, psycho-education and psychological outpatient therapy to people with a wide range of psychological difficulties associated with eating. The service operates from the Rathbone Hospital site in Liverpool and the Hesketh Centre site in Southport.

The service is a psychotherapy led service with only one session per month physical health input being provided by a Liverpool GP. The service offers an initial 8 sessions, after which patients may be discharged, but for some patients the decision will be made at their 6th session to extend to 16 or 24 sessions. There are complex patients with severe and enduring presentation who will remain in the service for several years. Group therapy is also offered by the service. Patients who require inpatient admissions will be discussed with NHS England who commission regional inpatient eating disorder services. The service recently confirmed that no patient has waited more than 23 weeks for treatment.

Complex patients will also impact on wait times. Commissioners met with the service in February 2018 to discuss increasing medical/physical health support to primary care for those complex patients on the caseload. One option being explored is to run a pilot in Sefton only for a nurse practitioner to support GP colleagues in the management and review of complex patients.

Sefton referrals as a total average 7 per month out of an average of 38 referrals received per month by the service as a whole. For the last 3 years the service has received an average of 450 referrals per year which is in excess of the demand originally envisaged.

The table below details performance to date (February 2018).

Eating Disorder commencing within 18 weeks of referral 95%	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	YTD
South Sefton CCG number	6	5	10	7	9	6	6	5	7	7	9	77
South Sefton CCG denom	9	7	10	7	12	9	8	8	8	9	10	87
% seen within 18 weeks	66.67%	71.43%	100.00%	100.00%	69.77%	66.67%	75.00%	62.50%	87.50%	77.78%	90.00%	88.51%
Southport & Formby CCG number	1	2	3	6	3	4	3	2	2	4	7	30
Southport & Formby CCG denom	7	2	3	6	4	6	5	5	3	5	8	46
% seen within 18 weeks	14.29%	100.00%	100.00%	100.00%	75.00%	66.67%	60.00%	40.00%	66.67%	80.00%	87.50%	65.22%
Trust catchment number	26	34	42	42	42	41	44	42	37	38	52	350
Trust catchment denom	72	40	44	51	59	57	57	58	48	46	59	486
% seen within 18 weeks	36.11%	85.00%	95.45%	82.35%	71.19%	71.93%	77.19%	72.41%	77.08%	82.61%	88.14%	72.02%

The Eating Disorder service currently has 5.45 WTE therapists (at various bands) within the service. In February 2018 a total of 124 people were reported as currently being seen within the service. The majority of patients receive either weekly 1:1 sessions or weekly group sessions with the latter recently introduced so as to improve access. April 2017 performance was particularly poor across Southport & Formby CCG and Liverpool CCG with a vacant post not being filled until May 2017.

It should be noted that patient numbers within the two Sefton CCGs are small and therefore the KPI is therefore sensitive to small fluctuation.

Contact activity levels for both CCGs are over performing and this will also impact on waiting times. This is shown in the table below.

CCG	Annual Plan Contacts	Month 11 YTD Contacts	Variance
South Sefton CCG	288	500	212
Southport & Formby CCG	291	447	156

KPI 147: Adults on Care Programme Approach (CPA) receive a review within 12 months

This indicator is collected quarterly. All patients within the Trust who are subject to CPA should have their plan reviewed at least annually and that it is made available within case notes and electronically filed. The details of the care plan should be consistent the published 21 mental health cluster pathways guidelines e.g. Cluster 11 – Ongoing recurring psychosis. This indicator will mostly apply to patients within adult CMHTs. The table below details performance to date (Quarter 3).

Adults on Care Programme Approach receive a review within 12 months 97%	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD
South Sefton CCG number	357	491	493	0	1341
South Sefton CCG denom	366	544	519	0	1429
% reviewed annually	97.54%	90.26%	94.99%	#DIV/0!	93.84%
Southport & Formby CCG number	212	303	307	0	822
Southport & Formby CCG denom	218	367	356	0	941
% reviewed annually	97.25%	82.56%	86.24%	#DIV/0!	87.35%
Trust catchment number	2187	2951	3011	0	8149
Trust catchment denom	2239	3241	3181	0	8661
% reviewed annually	97.68%	91.05%	94.66%	#DIV/0!	94.09%

Sub optimal performance for this indicator is not confined to any single issue. CPA reviews are directly related to staffing, patient DNA and clinic cancellations.

The Trust recently reported that the CMHT staffing establishment in South Sefton was fully recruited to with previously vacant post being filled. There are a number of vacancies in Southport CMHT that the Trust is actively recruiting to, and in addition there are staff currently on long term sick which has impacted on Southport & Formby CCG performance which is reflected in the table above. The Trust has confirmed that remedial actions are being undertaken within Southport to ensure that all outstanding reviews will be undertaken in by early March 2018 and that they are properly recorded on Epex. The Trust has further confirmed that there is a wider internal focus to improve performance. Remedial actions include:

- Weekly reviews at MDT
- Supervision with individual practitioners
- Text reminders
- Telephone reminders

KPI 158: Communication - (Inpatients). Appropriate Supply of Medication on Discharge (minimum of 7 days) 95%

Performance has significantly deteriorated against this KPI since Quarter 1. The KPI is based on quarterly sampled audit. The table below details performance to date (Quarter 3).

Communication - (Inpatients). Appropriate Supply of Medication on Discharge (min of 7 days) 95%	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD
South Sefton CCG number	27	11	6	0	44
South Sefton CCG denom	30	23	22	0	75
% appropriate supply	90.00%	47.83%	27.27%	#DIV/0!	58.67%
Southport & Formby CCG num	9	4	4	0	17
Southport & Formby CCG denom	14	18	15	0	47
% appropriate supply	64.29%	22.22%	26.67%	#DIV/0!	36.17%
Liverpool CCG number	58	50	43	0	151
Liverpool CCG denom	64	96	111	0	271
% appropriate supply	90.63%	52.08%	38.74%	#DIV/0!	55.72%
Trust catchment number	103	69	55	0	227
Trust catchment denom	117	148	157	0	422
% appropriate supply	88.03%	46.62%	35.03%	#DIV/0!	53.79%

At the end of Quarter 1 2017/18 responsibility of the audit was transferred from the Local Division to the Trust's clinical audit team at which point performance has deteriorated. The Local division are working with their internal audit team to ensure all data fields that are used as part of the audit are completed i.e. all patients are offered a copy of the discharge and receive medication but if this is not recorded in the correct field on the Epex system then the audit team cannot verify this as being achieved. The Trust has also been advised of the NHS England Guidance: *Responsibility for prescribing between Primary, Secondary/Tertiary care* which was published in January 2018. Communication related KPIs within the contract continue to be a focus of concern. Commissioners are not satisfied that sufficient progress is being made. The Trust has reported that it is introducing digital based technology to enable more efficient transcription and that it is working to reduce the backlog of clinical letters.

Safeguarding

The Trust was issued with a Performance Notice on 11th May 2017 following deterioration in Safeguarding related performance between Quarter 2 and Quarter 3 in 2016/17 since then related performance has improved and commissioners are satisfied with the Trust's progress against staff training trajectories and the Trust is on track to meet agreed timescales. Updates will still be provided to the CQPG but will be less frequent for the contract review meeting. The Contract Performance Notice will stay open for 6 months after the training target has been reached to ensure sustainability.

RiO Clinical Information System

The Trust is in the process of implementing its new clinical information system (RiO), expected to go live across all services in June 2018. The Trust previously advised that there is likely to be a period of at least 6 months where activity and performance monitoring information will be reduced or unavailable. Risk is that KPIs may be not able to be captured and this could impede the quality assurance controls currently in place through the contract. This will impact the CCGs' ability to effectively manage the contract and is also likely to add further delays to the development and implementation of mental health currencies. There are already data quality issues for the small services that have already gone "live" with RiO and it is likely that more issues will be identified




with the transition of the major services, making planning and monitoring of contract activity and demand difficult. The Trust has confirmed that their business intelligence team priorities are national mental health data set and commissioner reporting requirements. This risk has been added to the CCG risk register.

Activity and data quality discussions currently take place at the Currency Development Group and the Trust has action plans in place for the Data Quality issues identified within the existing system. RiO is also a standing agenda item for the contract review meeting.

5.1.4 Patient Experience of Mental Health Services

Figure 56 - Merseycare Friends and Family Test performance

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

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Mental Health	2.5%	2.7%		89%	92%		4%	2%	

Merseycare recorded 92% of respondents as recommending, this is now above the England average of 89% an improvement from the previous month when 87% was recorded. The rate of those not recommending is 2%, which is 2% lower than the England average.

5.2 Improving Access to Psychological Therapies

Figure 57 - 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	319	331	315	269	289	295	358	232	336	245	
Access % ACTUAL - Monthly target 1.25% for Q1 to Q3 - Quarter 4 only 1.4% is 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%	1.31%	1.36%	1.30%	1.11%	1.19%	1.21%	1.47%	0.95%	1.38%	1.01%	
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%	46.3%	41.9%	43.9%	47.4%	49.5%	43.0%	46.6%	42.1%	46.8%	41.5%	
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%	99.5%	99.5%	99.3%	100.0%	99.5%	
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%	100.0%	100.0%	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	181	196	184	199	186	192	197	150	179	203	
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	9	2	6	8	5			
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	90	91	80	88	61	80	81	
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	84.5%	89.0%	90.3%	84.7%	88.6%	88.9%	91.8%	89.3%	86.9%	91.3%	82.6%	

Cheshire and Wirral Partnership reported 245 patients entering treatment in Month 11, which is a 27.1% decrease from the 336 reported in Month 10. Confirmation from NHS England has outlined that Commissioners are advised that for 2017/18 the access standard of 4.2% per quarter (16.8% annually) should apply to quarter 4 only.

The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is therefore set for Quarter 4 at 4.2% which equates to 1.4% per month. The access rate for Month 11 was 1.01% and therefore failed to meet the standard.

There were 363 Referrals in Month 11, which was a 14.6% decrease compared to the previous month when there were 425. Of these, 67.77% were Self-referrals which is a decrease from the previous month (71.06%). GP Referrals were lower than the previous month with 66 compared to 69 for Month 10. 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 41.5% in Month 11, which is a deterioration from 46.8% for the previous month and failing to meet the target of 50%.

Cancelled appointments by the provider saw a decrease in Month 11 with 100 compared to 114 in Month 10.

There was a decrease in DNAs in Month 11 (from 228 in Month 10 to 206 in Month 11); 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 11, 99.5% 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 therefore also waited less than 18 weeks (against a standard of 95%).

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

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

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

5.3 Dementia

Figure 58 - Dementia casefinding

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
People Diagnosed with Dementia (Age 65+)	1219	1213	1224	1237	1247	1245	1259	1250	1216	1205	1178
Estimated Prevalence (Age 65+)	1845	1851.4	1855.3	1862	1860.5	1864.6	1864.6	1862.3	1870.5	1865.4	1864
NHS South Sefton CCG - Dementia Diagnosis Rate (Age 65+)	66.07%	65.52%	65.97%	66.43%	67.02%	66.77%	67.52%	67.12%	65.01%	64.60%	63.20%
Target	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%

The latest data on the HSCIC website shows that South Sefton CCG are recording a dementia diagnosis rate in February of 63.2% which is under the national dementia diagnosis ambition of 66.7%. The rate has continued to drop over the past 3 months, and a recovery plan has been submitted to NHS England.

Sefton CCGs are developing a dedicated website for General Practice that will have information and resources to support practices through the process of case finding patients with dementia. A pilot is being undertaken to develop a multidisciplinary/ multi agency approach to the management of people living well with Alzheimer's disease, as well as a planned data cleansing exercise in SSCCG practices which may improve diagnosis rates.

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

Figure 59 - NHS South Sefton CCG – Improve Access Rate to CYPMH 17/18 (30% Target)

E.H.9	Q1 17/18		Q2 17/18		Q3 17/18		2017/18 Total	
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
2a- Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	160	75	210	75	260	85	940	235
2b- Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	3,121	3,121	3,121	3,121	3,121	3,121	3,121	3,121
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	5.1%	2.4%	6.7%	2.4%	8.3%	2.7%	30.1%	7.5%

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

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

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

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

Figure 61 - South Sefton CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2017/18 Plans (95% Target)

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

For Q3 South Sefton had 1 patient waiting for urgent (less than 1 week waiting), and had 4 patient waiting for a routine appointments. Of those 4 patients, 1 was seen between 0-1 weeks, 1 was seen at 1-2 weeks and 2 were seen at 2-3 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.

5.6 CAMHS (18 weeks referral to treatment)

Alder Hey CAMHS performance continues to be adversely affected by staffing challenges within Sefton and Liverpool. The average waits for the pathway have risen in previous months but is now holding as recruitment plans are realised. As increased capacity will come online throughout Q4 waiting times will reduce. The current CAMHS dataset is being revised. Current waits identified in the table below:

Liverpool				Sefton			
	Partnership	Choice	Total		Partnership	Choice	Total
Under 18 weeks	56	183	239	Under 18 weeks	32	95	127
Over 18 weeks	76	5	81	Over 18 weeks	78	1	79
Over 40 weeks	2	0	2	Over 40 weeks	1	0	1
Total	134	188	322	Total	111	96	207
Average Ref to choice (weeks)			8	Average ref to choice (weeks)			11
Average Choice to P/Ship (weeks)			13	Average Choice to P/Ship (weeks)			12
Average RTT (weeks)			13	Average RTT (weeks)			23
RTT Pathway (%)			74	RTT Pathway (%)			61

6. Community Health

6.1 Mersey Care Community Contract

The information leads from the CCG and the new community provider, Mersey Care, continue to meet on a monthly basis to discuss the current contract performance. Along with the performance review of each service, discussions regarding the targets set out in the service specifications such as waiting time targets are also being had. The service reviews will be completed in full in May 2018 with a presentation of the outcomes to be arranged with the CCG.

Further work to understand the impact of ICRAS and the reporting mechanism for such schemes are on-going. The Trust is currently undertaking a gap analysis of each measure stipulated in the contract, detailing what is currently available and which needs further work. This is to be shared with the CCGs on completion in the coming months.

6.1.1 Quality

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

There is a review of all KPIs included in the Service Specifications, being undertaken by Mersey Care Community. This work will include LCH and Mersey Care Community BI Teams. KPIs

focusing on Quality, Patient Safety, Clinical Effectiveness and Patient Experience will be prioritised.

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.

Patient DNAs

The Physiotherapy service continues to perform well above the threshold at 11.3% in February; this is an improvement from January (14.8%). The service is yet to report under the target position in 2017/18.

The Diabetes service in February is reporting above the target at 10.6%, a further decline in performance from 9.5% reported in January. The service has failed four out of the eleven months in 2017/18.

Dietetics performance has declined from 8.7% in January to 14% in February, remaining above the threshold. The service is yet to achieve the target in 2017/18 and has failed to do so for the previous years.

Provider Cancellations

Treatment room cancellations in February reported performance at 4.3%, a slight improvement from January's figures. The service has achieved the target only once in 2017/18 back in November.

The Diabetes service reported 3.7% of all appointments as cancelled by the Provider; this is an improvement from January but remains above the threshold. This service is failing in both patient DNA rates and Provider cancellations.

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

6.1.3 Waiting Times

In February 2018, the following services reported above the 18 week waiting times target for the completed pathways (95th percentile).

Physiotherapy: February's position for completed pathways has improved slightly from 30 weeks in January to 29 weeks. Incomplete pathways have also improved from 24 weeks in January to 19 weeks in February. The longest wait is currently recorded at 28 weeks by two patients.

Nutrition & Dietetics: January's completed pathways position has also improved from 27 weeks in January to 20 weeks in February. The longest wait is currently recorded at 29 weeks by a single patient. Looking at the position of the 92nd percentile for incomplete pathways the service is within 18 weeks.

A review of waiting times is currently being undertaken in view of the service specifications. Current performance is monitored against the standard 18 week target.

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 11 2017/18 YTD the costs for the CCG for initial contacts was £23,002 with 339 contacts and for follow-ups costs were £201,081 with 5,533 contacts.

The high number of costed follow ups is currently being queried with the Trust to enable the CCG to better understand the clinical need of these patients.

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

Dietetic paediatric Outpatient Clinic DNA performance is at 5.2% so reporting green for February and improvement from the previous several months. Cancellations by the provider continues to be 0% as it has been all year, and cancellations by patient's reports to be 25.7% in February.

6.3.2 Waiting Times

Paediatric SALT: The issue of long waiters with SALT has been raised with the Trust at recent CQPG and Contract meetings, and it is understood that data cleansing exercise is being undertaken. The current waiting times (February) are 24 weeks at the 92nd percentile with 3 patients waiting as long as 36 weeks. Performance has steadily worsened over the year and the target of 18 weeks has not been achieved in 2017/18.

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

Figure 62 - South Sefton CCG – Percentage of children waiting more than 18 weeks for a wheelchair - 2017/18 (92% Target)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of Children whose episode of care was closed within the reporting period where equipment was delivered in 18 weeks or less being referred to the service	19	Nil return	19	Nil return	19	Nil return	19	
Total number of children whose episode of care was closed within the quarter where equipment was delivered or a modification was made	20	Nil return	20	Nil return	20	Nil return	20	
%	95.00%	0.00%	95.00%	0.00%	95.00%	0.00%	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 Q3 have now been finalised, a copy of this report has now been circulated amongst CCG commissioning leads. Referrals to some services have increased during Q3 compared to the same period last year, others are stable; the complexity of service user issues is also increasing, cases are now taking longer to resolve.

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

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

Age Concern – Liverpool & Sefton

Age Concern are to attend Locality meetings to present an overview of services provided. Contact has also been made with Cheshire & Wirral Partnership (Access Sefton) to scope the possibility of collaborative working in particular peer group support meetings and talking therapies aimed at service users affected by bereavement, social isolation and depression. During Q3, Age Concern has a total of 98 service users engaging with the service per week. New referrals are stable in the region of 86 per quarter. All referred clients were assessed within 14 days from receipt of referral, plans detailing expected reablement outcomes were carried out for all and a total of 105 care plan reviews have taken place for clients within 6 weeks from commencement.

Alzheimer's Society

Alzheimer's Society is continuing to work in partnership with GP practices across the Sefton footprint, including attending locality meetings and with a regular drop in session at the Strand by Me Shop in Bootle Strand. The service is also working with a number of practices delivering dementia support clinics for patients and carers. This project has been very well received by patients, carers and practice staff. During Q3 Alzheimer's Society received a total of 65 new referrals and closed 154 cases (40% where the case was completed with outcomes met), the service currently has around 160 active cases. New referrals this year compared to Q3 last year are similar but overall referrals to the service have continued to increase by around 65% year on year. For the first time the service has reported more referrals via a health route than self/carer, this is a mixture of the memory clinics, GP's and other health services.

Expect Ltd

Expect LTD has a total of 137 existing clients across Sefton. The centre has had 1,948 contacts during Q3. Approximately 1,195 of these contacts engaged in structured activities such as Easy & Healthy Cooking and are particularly well attended by males who have been typically harder to engage with. Case studies of service users have reported significant positive outcomes in improved mental health and associated reductions in utilisation of crisis services, A&E attendances and hospital admissions from self-harm and resulting in users returning to employment.

Sefton Carers Centre

The service has approx. 334 carers registered, including 58 parent carers and 54 young carers. During Q3 there have been 34 new referrals made to the service, the ages of those who have registered during this period has increased significantly with the majority of carers supporting people with dementia and Alzheimer's. Sefton Carers Centre is authorised by the Local Authority to approve Child's Needs Assessments, these inform the Carers' Support Plans completed on the Local Authority's behalf, and 258 have been completed by the centre in Q3. Sefton Carers Centre has also secured £71k in backdated welfare benefits for the residents of Sefton during Q3 bringing the total year to date figure to more than £1.1m. The service currently has 49 volunteers, and the volunteer value at the centre during Q3 equates to £21k.

Sefton CAB

Sefton CAB has received 34 new referrals during Q3; slightly less referrals than during the same period 2016-17. The sources of referral are mostly Mental Health Professionals 57% and Self referrals 42%. Most enquiries are in relation to benefits and changes to Universal Credit (namely online applications) have been problematic as most service users have profound mental health issues. Appeals for benefit claims are becoming more frequent and delayed discharges are mainly as a result of funding issues for those requiring supported living accommodation. A number of patients with Mental Health conditions have been readmitted to Clock View and this has been reported to be due to poor, inappropriate or inadequate accommodation. The financial outcome as a result of intervention from Sefton CAB is over £1m to date.

Sefton CVS

Support for Black and Minority Ethnic group patients has increased with 26 new referrals in Q3 as well as 75 existing cases. This service has supported people in registering with GP's and encouraged a number of people to access other healthcare providers including mental health care, and support around benefits, again with issues accessing Universal Credit online and debt issues. Health and Wellbeing trainers saw 161 new referrals in Q3 in addition to the caseload of 61. Reasons for accessing support include social inclusion and confidence building (43%), finances, accommodation and housing (35%), and health related issues (18%). Half of referrals in Q3 were from District Nurses and Community Matrons, and 15% from GPs.

Sefton Advocacy

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

Swan Women's Centre

The counselling service has seen 75 new referrals in Q3 with 48 on the service caseload. Almost 50% are self-referrals and a further 32% from health professionals including GPs. Service users are reporting health related benefits such as increased physical activity and stopping smoking as healthy coping strategies to deal with mental health issues.

Imagine Independence

During Q3, Imagine Independence carried forward 28 existing cases. A further 139 were referred to the service via IAPT this quarter, an increase on the same period last year. A total of 34 service users attended job interviews, 16 managed to secure paid work for 16+ hours per week and the service supported 31 people in retaining their current employment.

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

SWACA received 338 new referrals during Q3 from a variety of sources; the top 3 referrals were received from Police (36%), Self (17%) and Safeguarding Children (20%).

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

Stroke Association

There were 65 referrals within South Sefton and a further 94 within Southport & Formby during Q3. Over 90% of referrals are direct from Hospitals often while a patient is still in hospital and service staff attend weekly discharge planning meetings. These meetings are utilised to discuss the support and rehabilitation needs of new and existing service users in order to jointly plan the way forward. The service continues to support users post stroke which includes back to work support, welfare benefits and financial support, emotional support, and tailored information for younger families. The Stroke Association has developed a stroke specific Outcomes Framework which links to Public Health, NHS and Adult Social Care outcome indicators. Some indicators are a subjective assessment of achievement having been discussed and agreed by the coordinator in conversation with the service user. Others are more objective for example numbers who report as attending and enjoying regular peer support groups and so have reduced isolation or those who have had their benefits maximised.

Parenting 2000

During Q3 the service received 12 adult referrals and 73 referrals for children. The majority of referrals are self-referrals. There are 39 existing service users accessing counselling across the borough of Sefton such as bereavement counselling with parents or behaviour counselling with children.

Netherton Feelgood Factory

Drop in sessions are offered at the centre with clients with complex personality disorders plus severe anxiety/depression, with substantial minority with bipolar, schizoaffective disorders, learning disabilities or dementia. Many service users accessing this service have medically unexplained symptoms, e.g. pain, headaches, fatigue. By accepting the reality of their symptoms and talking things through, the service has managed to reduce appointments with GPs and unnecessary

investigations and referrals. The service has also taken people for appointments with Atos, job centres, hospitals, GPs and social workers which may otherwise DNA.

CHART (Crosby Housing and Reablement Team)

During Q3 the service received 65 new referrals, of these new referrals 23 people have been accommodated, a further 38 people have been supported to stay in their current residence. Of these referrals, the service has enabled 16 patients to be discharged from hospital and have prevented 17 people becoming homeless. The main source of referral during this period has come from Mersey Care NHS Trust (86%).

8. Primary Care

8.1 Extended Access (evening and weekends) at GP services

Figure 63 - 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.

A CCG working group are developing a service specification for an extended hours hub model to provide extended access in line with the GP Five Year Forward View requirements. This service will be live from October 2018.

8.2 CQC Inspections

A number of practices in South Sefton CCG have been visited by the Care Quality Commission and details of any inspection results are published on their website. There has been one new inspection in South Sefton recently; this was The Strand Medical Centre who continues to score 'good' for aspects. All the results are listed below:

Figure 64 - CQC Inspection Table

South Sefton CCG								
Practice Code	Practice Name	Date of Last Visit	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84002	Aintree Road Medical Centre	19 March 2018	Good	Good	Good	Good	Good	Good
N84015	Bootle Village Surgery	03 August 2016	Good	Good	Good	Good	Good	Good
N84016	Moore Street Medical Centre	17 June 2016	Good	Good	Good	Good	Good	Good
N84019	North Park Health Center	n/a	Not yet inspected the service was registered by CQC on 7 March 2017					
N84028	The Strand Medical Centre	04 April 2018	Good	Good	Good	Good	Good	Good
N84034	Park Street Surgery	17 June 2016	Good	Good	Good	Good	Good	Good
N84038	Concept House Surgery	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 Centre	23 September 2016	Good	Good	Good	Good	Good	Good
N84624	Maghull Health Centre	05 February 2015	Good	Good	Good	Good	Good	Good
Y00446	Maghull Practice	19 March 2015	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
N84004	Glovers Lane Surgery	10 May 2016	Good	Good	Good	Good	Good	Good
N84023	Bridge Road Medical Centre	15 June 2016	Good	Good	Good	Good	Good	Good
N84027	Orrell Park Medical Centre	20 August 2015	Good	Good	Good	Good	Good	Good
N84029	Ford Medical Practice	31 March 2015	Good	Good	Good	Good	Good	Good
N84035	15 Sefton Road	22 March 2017	Good	Good	Good	Good	Good	Good
N84043	Seaforth Village Practice	29 October 2015	Good	Good	Good	Good	Good	Good
N84605	Litherland Town Hall Health Centre	26 November 2015	Good	Good	Good	Good	Good	Good
N84615	Rawson Road Medical Centre	16 March 2018	Good	Good	Good	Good	Good	Good
N84630	Netherton Practice	24 September 2015	Good	Requires Improvement	Good	Good	Good	Good

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

9. Better Care Fund

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

A summary of the Q4 BCF performance is as follows:

Figure 65 – BCF Metric performance

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

Figure 66 – BCF High Impact Change Model assessment

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

10. CCG Improvement & Assessment Framework (IAF)

10.1 Background

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

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

11. NHS England Monthly Activity Monitoring

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.

Please note there is no update for month 11 due to a deadline being a later than normal from NHS England for the submission.