



South Sefton
Clinical Commissioning Group

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Integrated Performance Report December 2017

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Summary Performance Dashboard

Metric	Reporting Level		2017-18									
			Q1			Q2			Q3			YTD
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
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
		Actual	93.573%	94.653%	83.002%	95.404%	95.159%	95.842%	96.209%	94.484%	95.804%	93.728%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
1879: % Patients seen within two weeks for an urgent GP referral for suspected cancer (QUARTERLY) The % of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	R			G			G			G
		Actual	89.917%			95.455%			95.466%			93.731%
		Target	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	R
		Actual	93.846%	86.486%	84.416%	88.462%	93.182%	91.803%	95.775%	91.667%	91.045%	90.658%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
1880: % of patients seen within 2 weeks for an urgent referral for breast symptoms (QUARTERLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	R			R			R			R
		Actual	87.963%			91.189%			92.857%			90.658%
		Target	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
		Actual	100.00%	98.507%	97.143%	98.876%	97.647%	96.341%	99.029%	97.468%	98.551%	98.166%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%

1881: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (QUARTERLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G			G			G			G
		Actual	98.537%			97.683%			98.419%			98.187%
		Target	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	G
		Actual	93.333%	100.00%	100.00%	100.00%	100.00%	77.778%	94.118%	100.00%	85.714%	95.495%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1882: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	G			G			G			G
		Actual	97.297%			94.595%			94.737%			95.536%
		Target	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	G
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
1883: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G			G			G			G
		Actual	100.00%			100.00%			100.00%			100.00%
		Target	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
		Actual	100.00%	96.875%	100.00%	95.652%	100.00%	100.00%	91.667%	100.00%	100.00%	98.062%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1884: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G			G			G			G
		Actual	98.718%			98.837%			96.809%			98.062%
		Target	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
		Actual	83.871%	83.333%	85.714%	89.474%	80.00%	86.486%	82.051%	90.323%	93.548%	86.159%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
1885: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (QUARTERLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R			G			G			G
		Actual	84.524%			86.364%			88.119%			86.441%
		Target	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
		Actual	100.00%	100.00%	100.00%	92.857%	83.333%	100.00%	100.00%	87.50%	100.00%	95.775%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

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%

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
		Actual	-	100.00%	66.667%	100.00%	50.00%	100.00%	75.00%	40.00%	100.00%	77.419%
		Target	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
		Actual	66.07%	65.52%	65.97%	66.43%	67.02%	66.77%	67.52%	67.12%	65.01%	
		Target	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%	10.8%
		Target	3.75%	3.75%	3.75%	15.0%
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	98.5%	99.3%	99.4%	99.1%
		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	99.8%	100%	100%	99.9%
		Target	95.00%	95.00%	95.00%	95.00%

Children and Young People with Eating Disorders						
2096: The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	South Sefton CCG	RAG	R	R	G	G
		Actual	0%	0%	100%	100%
		Target	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
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

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
		Actual	0	0	0	0	0	0	0	0	0	0
		Target	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
		Actual	-	-	-	-	-	-	-	-	-	-
		Target	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	G
		Actual	93.733%	94.171%	93.624%	92.599%	92.405%	92.295%	92.25%	92.22%	91.308%	92.719%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
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
		Actual	2.207%	3.755%	4.059%	4.632%	6.418%	3.312%	2.612%	4.535%	4.925%	4.036%
		Target	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
		Actual	0	0	0	0	0	0	0	0	0	0
		Target	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
		Actual	22.059%	19.884%	20.428%	18.783%	21.392%	21.33%	21.496%	21.758%	22.667%	20.879%
		Target	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	7.1			15.49			16.78			
		Target	0.10			0.10			0.10			0.10
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%

**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
		YTD	0	0	1	1	1	1	1	1	1	1
		Target	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
		YTD	3	9	12	15	21	26	28	29	33	33
		Target	5	11	14	18	23	28	34	39	43	43

Accident & Emergency

2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R
		Actual	88.069%	82.213%	82.323%	83.40%	85.006%	86.063%	86.245%	87.27%	85.90%	85.288%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
431: 4-Hour A&E Waiting Time Target (Monthly Aggregate for Total Provider) % of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps)	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	R	R	R	R	R	R	R	R	R	R
		Actual	86.125%	78.775%	78.421%	80.811%	82.35%	84.469%	84.414%	86.58%	84.791%	83.206%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
1928: 12 Hour Trolley waits in A&E Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	R	R	G	G	G	G	G	R	R
		Actual	0	9	2	0	0	0	0	0	4	18
		Target	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 9 (note: time periods of data are different for each source).

Financial position

The agreed financial plan for 2017/18 requires the CCG to break even in year, whilst the cumulative CCG position is a surplus of £0.1m which incorporates the historic surplus brought forward from the previous financial year. The CCGs strategic financial plan was set to deliver a 0.5% surplus in 2018/19 and a 1% surplus in 2019/20, the plan will be revised based on likely performance in 2017/18.

The QIPP savings requirement to deliver the agreed financial plan is £8.480m. As at Month 10, £2.006m QIPP savings have been achieved in the financial year to date.

The year to date financial position is a year to date deficit of £3.6m, which represents deterioration against the planned deficit of £0.1m. The full year forecast financial position for the CCG is a deficit of £4.3m. As we enter the final quarter of the year, it is unlikely that the CCG will deliver its agreed plan of break even.

Planned Care

Referrals in December 2017 have seen a significant decrease. GP referrals in 2017/18 to date are 5% down on the equivalent period in the previous year. There have been significant reductions in GP referrals to Gastroenterology, Trauma & Orthopaedics and Dermatology. Consultant to consultant referrals are currently 2% higher when comparing to 2016/17 with General Medicine and Clinical Physiology seeing substantial increases.

The latest data (December) for E-referral Utilisation rates reported for the CCG as a whole is 23%; up by 1% from November and have not achieved 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 December 4.93%. Aintree also failed in December recording 4.88%. 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 91.31%. Aintree also failed this standard recording 91.06% in December. During December there was significant pressure on the hospital bed base which resulted in the cancellation of routine elective cases, and impact of the commencement of the theatre refurbishment programme. In addition, both the outpatient cancellation and Did Not Attend (DNA) rates rose across the board.

The CCG are failing 1 of the 9 cancer measures. This is the 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms; year to date the CCG is recording 90.66% below the 93% target. Aintree are failing 5 of the 9 cancer measures. Firstly 2 week breast symptom recorded 91.43% year to date, 31 day subsequent treatment (surgery) recorded 92.97% year to date, 62 day upgrade year to date 81.15%, 62 day screening recording 86.96% year to date and lastly the 62 day standard recording 84.20% 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 December at 16.3% (and have been for all of 2017/18 so far). The proportion of patients who would recommend has declined since last month recording 93% in December (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 9 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG show an under performance of -£1.4m/-3.8%. 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 -£345k/-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 90% December plan agreed with NHS Improvement recording performance with 84.79% (for all A&E department types) representing a -1.79% decrease compared to November 2017.

There was a 3 month moratorium in data reporting to allow NWAS to understand and learn from the Ambulance Response Programme (ARP) and to redraft and reformulate reports. The first set of reporting will be at NWAS and County level, it is unlikely that there will be CCG level data for this financial year. Early indications are showing a positive impact with more time to assess calls resulting in the right vehicle response being dispatched first time and reduced number of vehicles being stood down; there have been improvements in ambulance utilisation and reductions in the long waits for lower acuity calls.

The number of 111 calls in December from South Sefton CCG patients have risen, when compared to the same 9 months of the previous year, there have been 269 more contacts in 2016/17, an increase of 1.5%.

The number of calls from South Sefton patients to the GP OOH service has risen in December. When compared to the same point in the previous year, there have been 601 more calls so far in the first 9 months of 2017/18, an increase of 7.2%.

Aintree failed the 80% target of stroke patients spending at least 90% of their time on a stroke unit in December, achieving 67.5%. 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 December. Aintree had 5 new cases reported in December (50 year to date) against a year to date plan of 34. (There have been 15 successful appeals upheld at panel, so 35 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 decreased in December to 26 from 38 reported in December. Analysis of average delays in December 2017 compared to December 2016 shows an increase of 18.8% in the average number of patients from 32 to 26.

The percentage of people that would recommend A&E is above the England average (85%) reporting 87% in December the same as November. The not recommended percentage is at 9% in December which again is the same as the previous month, England average 8%.

Performance at Month 9 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £1.5m/4.1%. 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 -£180k/-0.5%.

Mental Health

All of the three of the CPA mental health measures were achieved in December.

The CCG is therefore currently in line with the target to reduce Out of Area Placements by 33% based on quarter 4 2016/17 activity.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership reported fewer patients entering treatment in Month 9. The access rate for Month 9 was 0.95% and therefore failed to meet the standard. The percentage of people moved to recovery was 42.1% in Month 9, which is a decrease from 46.8% for the previous month and failing to meet the target of 50%.

The CCG recorded dementia diagnosis rate in December 2017 of 65.01% failing the national dementia diagnosis ambition of 66.7% 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. For patient DNAs, Sefton Physio Service reports a deterioration in cancelation rates with 14.3% in December compared to 8.2% reported last month. Adult Dietetics also continues to report high rates at 14.5% in December, a deterioration from 10.8% in November.

Better Care Fund

A quarter 3 performance monitoring return was submitted on 19th January on behalf of the Sefton Health and Wellbeing Board. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date.

CCG Improvement & Assessment Framework

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 January 2018.

The year to date financial position is a deficit of £3.600m which represents deterioration against the planned deficit of £0.100m. The CCG forecasts a deficit of £4.300m and as we enter the final quarter of the year, it is unlikely that the CCG will deliver its plan.

The cumulative CCG position is a surplus of £0.100m which incorporates the historic surplus brought forward from previous financial years.

Cost pressures have emerged in the ten months of the financial year which are balanced out to a certain extent by underspends in other areas. The main areas of forecast overspend are within Continuing Healthcare relating to Continuing Healthcare packages; cost pressure 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 forecast cost pressures are supported by underspends in the acute commissioning budget, mainly due to underperformance on the contract with Southport and Ormskirk NHS Trust.

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

The CCG is working on a revised trajectory for delivery of savings for the remainder of the financial year.

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>	£2.006m

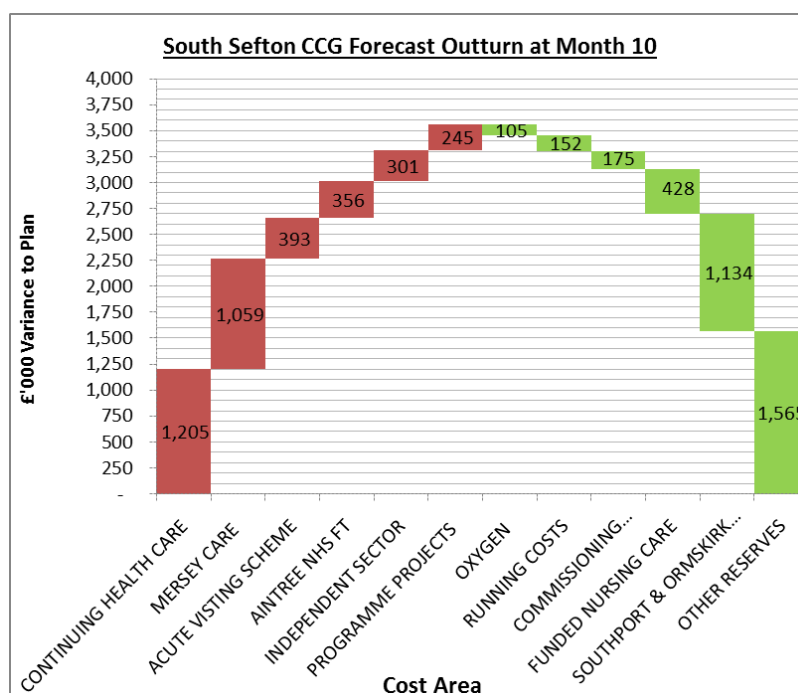
Key Performance Indicator		This Month
Running Costs	CCG running costs < 2017/18 allocation	✓
BPPC	NHS - Value YTD > 95%	99.88%
	NHS – Volume YTD > 95%	97.28%
	Non NHS - Value YTD > 95%	97.28%
	Non NHS – Volume YTD > 95%	95.99%

- 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 is held uncommitted as directed by NHS England.
- The current financial plan is to achieve a break even position in year. The likely case scenario is a deficit of £4.300m.
- QIPP Delivery is £2.006m to date; this is £4.403m behind the planned delivery at Month 10.
- The forecast expenditure for the Running Cost budget is below the allocation by £0.152m 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 forecast position for the financial year is a deficit of £4.300m.
- The main financial pressures relate to
 - Cost pressures relating to Continuing Healthcare packages.
 - Cost pressure within Mersey Care relating to intermediate care, discharge planning and transitional community funding.
 - Full year costs for the Acute Visiting Scheme (AVS)
 - Overspend for PbR excluded drugs and devices at Aintree FT.
 - Over performance at Spire and Ramsay hospitals
- The forecast cost pressures are supported by underspends in the Acute Commissioning budget, mainly due to underperformance on the contract with Southport and Ormskirk Trust and on Funded Nursing Care packages.

2.3 Provider Expenditure Analysis – Acting as One

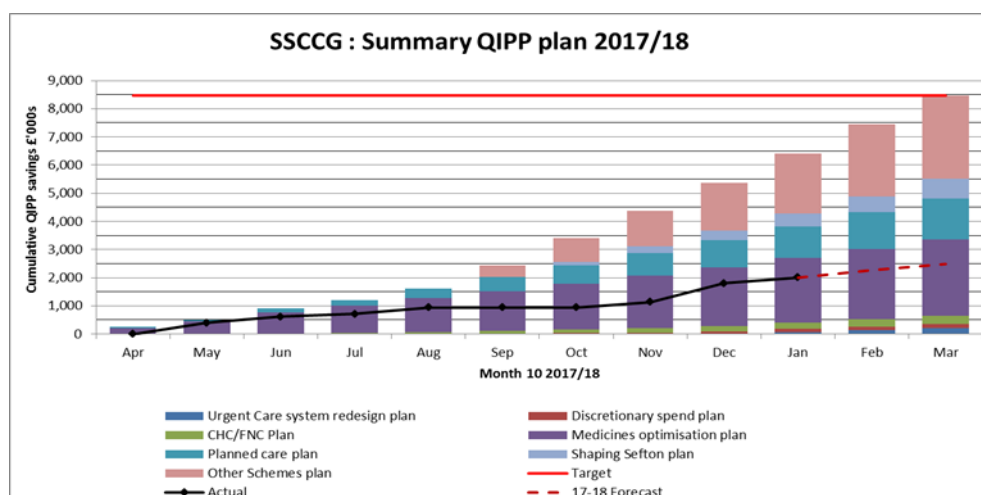
Figure 3 – Acting as One Contract Performance (Year to Date)

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	£1.179
Alder Hey Children's Hospital NHS Foundation Trust	-£0.230
Liverpool Women's NHS Foundation Trust	-£0.128
Liverpool Heart & Chest NHS Foundation Trust	£0.010
Royal Liverpool and Broadgreen NHS Trust	£0.259
Mersey Care NHS Foundation Trust	£0.000
The Walton Centre NHS Foundation Trust	-£0.095
Grand Total	£0.993

- 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 a year to date overspend of £0.993m under usual contract arrangements.

2.4 QIPP

Figure 4 – QIPP Plan and Forecast



	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned Care plan	1,442	0	1,442	41	0	1,401	1,442
Medicines optimisation plan	2,734	0	2,734	2,415	0	319	2,734
CHC/FNC plan	281	0	281	0	0	281	281
Discretionary spend plan	100	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	(23)	0	3,000	2,977
Total QIPP Plan	8,127	353	8,480	2,486	0	5,994	8,480
QIPP Delivered 2017/18				(2,006)		0	(2,006)

- 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 **£2.006m** QIPP savings at Month 10, the majority of this relates to savings within the prescribing budget.
- The forecast QIPP delivery for the year is **£2.486m** which represents 100% of schemes rated Green. A high proportion of the plan remains rated red. Further work is required to provide assurance that additional savings can be delivered.

Figure 5 – Risk Adjusted 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)	0.440	(2.130)	(1.690)
Risks / Mitigations	0.757	2.583	3.340
Management action plan			
QIPP Achieved	0.759	1.247	2.006
Remaining QIPP to be delivered	0.480	0.000	0.480
Total Management Action plan	1.239	1.247	2.486
Year End Surplus / (Deficit)	(3.978)	(0.366)	(4.344)

Financial Position

- The CCG forecast financial position is a deficit of £4.300m.
- The underlying position is a deficit of £4.344m. This position removes non-recurrent expenditure commitments and QIPP savings from the forecast position.

South Sefton CCG	Best Case £m	Most Likely £m	Worst Case £m
QIPP requirement (to deliver agreed forecast)	(6.474)	(6.474)	(6.474)
Predicted QIPP achievement	0.480	0.480	0.480
Forecast Surplus / (Deficit)	(7.684)	(7.684)	(7.684)
Further Risk	(2.071)	(2.071)	(2.635)
Management Action Plan	5.455	5.455	3.709
Risk adjusted Surplus / (Deficit)	(4.300)	(4.300)	(6.610)

Risk Adjusted Position

- The risk adjusted position provides an assessment of the best, likely and worst case scenarios in respect of the CCGs year end outturn.
- The best case and likely case is a deficit of **£4.300m** and assumes that QIPP delivery will be **£2.486m** in total with further risk and mitigations as per the best case scenario.

- The worst case scenario is a deficit of **£6.610m** and assumes reduced QIPP delivery, additional risks in respect of elective activity, outpatient procedure coding and CQUIN.

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 at Month 6 to highlight any areas of dispute.
- The main issues highlighted relate 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
- The CCG has sent a formal response to issues raised by the Trust and continues with the mediation process which was initiated in December. 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 in the next few weeks so the CCG will have an agreed position before Year End. Other issues are expected to be resolved locally and the CCG has sent a proposal to the provider.

2.6 Statement of Financial Position

Figure 7 – Summary of working capital

	2016/17	2017/18				
	M12	M6	M7	M8	M9	M10
	£'000	£'000	£'000	£'000	£'000	£'000
Non Current Assets	14	14	14	14	14	14
Receivables	1,817	2,918	2,313	1,934	1,373	1,766
Cash	139	2,609	3,836	1,841	3,456	3,509
Payables & Provisions	(11,850)	(13,819)	(14,686)	(13,231)	(14,680)	(15,567)
Value of debt > 180 days old (6months)	76	87	140	136	128	142
BPPC (value)	98%	100%	100%	100%	100%	100%
BPPC (volume)	96%	96%	96%	97%	97%	97%

- The non-current asset balance relates to assets inherited from Sefton PCT at the inception of the CCG.
- The receivables balance includes invoices raised for services provided accrued income and prepayments. Outstanding debt in excess of 6 months old stands at £142k. This consists of:
 - CQUIN payment recovery (£72k) with Southport & Ormskirk NHS Trust. The CCG continues to pursue resolution to the outstanding balance and work continues to be progressed as part of actions in response to the NHS England Contract Alignment Exercise in December 2017.
 - LQC reclaim invoices (£56k). All four practices were placed into voluntary liquidation in January 2018 with no distributions to creditors.
- The Maximum Cash Drawdown (MCD) is the maximum amount of cash available to a CCG each financial year. Cash is allocated monthly following notification of cash requirements. The CCG MCD was set at £245.208m at Month 10. The actual cash utilised at Month 10 was £204.585m which represents 83.4% of the total allocation. The balance of MCD to be utilised over the rest of the year is £40.624m.
- 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 year to date financial position is a deficit of £3.600m, which represents deterioration against the planned deficit of £0.100m. The CCG likely case scenario forecasts a deficit after risk and mitigation of £4.300m.
- The year to date planned QIPP savings for the first ten months of the financial year (£6.409m) have not been achieved. Delivery at month 10 is £2.006m, therefore at this stage; the CCG is below its financial plan.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from member practices to enable the CCG to reduce levels of low value healthcare and improve value for money from the use of the CCGs resources.
- 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

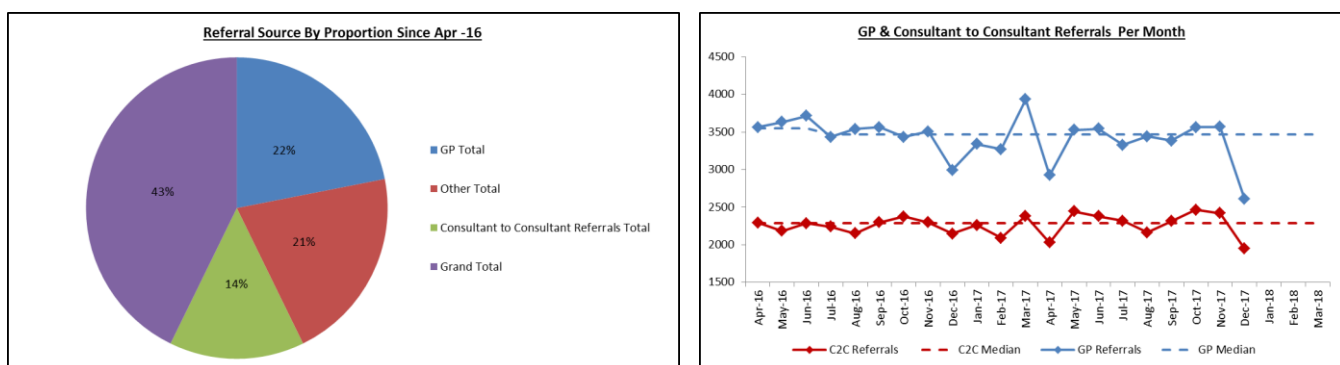


Figure 9 - Breakdown of referrals for the CCG across all providers for 2016/17, 2017/18

Referral Type	Referral Source Code	Referral Source Name	2017/18										2016/17 YTD	2017/18 YTD	YTD Variance	YTD %
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec					
GP	3	referral from a GENERAL MEDICAL PRACTITIONER	2,923	3,529	3,545	3,329	3,441	3,385	3,564	3,568	2,606	31,390	29,890	-1,500	-5%	
GP Total			2,923	3,529	3,545	3,329	3,441	3,385	3,564	3,568	2,606	31,390	29,890	-1,500	-5%	
Other	1	following an emergency admission	149	146	139	135	133	174	179	145	123	1,611	1,323	-288	-18%	
	2	following a Domiciliary Consultation		3	3	5	8	1	3	13		5	36	31	620%	
	4	referral from an Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	419	424	378	408	366	392	374	412	349	3,774	3,522	-252	-7%	
	5	referral from a CONSULTANT, other than in an Accident and Emergency Department	1,149	1,504	1,488	1,386	1,346	1,419	1,509	1,468	1,165	11,523	12,434	911	8%	
	6	self-referral	251	269	255	256	251	265	305	270	227	2,485	2,349	-136	-5%	
	7	referral from a Prosthetist		1				1		3	1	11	6	-5	-45%	
	8	Royal Liverpool Code (TBC)	74	59	83	66	102	87	89	75	64	696	699	3	0%	
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	122	138	148	126	106	90	112	116	98	873	1,056	183	21%	
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	191	230	223	258	206	238	288	264	211	2,488	2,109	-379	-15%	
	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	49	41	-8	-16%	
	13	referral from a Specialist NURSE (Secondary Care)	7	4	5	6	6	5	5	5	1	29	44	15	52%	
	14	referral from an Allied Health Professional	131	212	164	144	134	157	158	136	82	1,288	1,318	30	2%	
	15	referral from an OPTOMETRIST	1	1	4	5			4	3		6	18	12	200%	
	16	referral from an Orthoptist		1		1				1		4	3	-1	-25%	
	17	referral from a National Screening Programme	3	2	1	13	1	9	4	5	3	49	41	-8	-16%	
	92	referral from a GENERAL DENTAL PRACTITIONER	137	142	165	193	180	202	171	127	131	1,224	1,448	224	18%	
	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	334	344	389	353	329	357	364	303	2,743	3,021	278	10%	
	Unknown	Unknown	1		1					1	1	0	4	4	0%	
Other Total			2,888	3,475	3,403	3,393	3,196	3,374	3,567	3,416	2,760	28,861	29,472	611	2%	
Consultant to Consultant Referrals Total			2,030	2,445	2,379	2,318	2,165	2,314	2,465	2,418	1,946	20,274	20,480	206	1%	
Grand Total			5,811	7,004	6,948	6,722	6,637	6,759	7,131	6,984	5,366	60,251	59,362	-889	-1%	

A significant decrease in referrals occurred in April 2017 with the total number of referrals within this month representing the lowest monthly total from April 2015 onwards. Referrals increased in May 2017 and were above average but this was followed by three consecutive monthly decreases in activity. Referrals in December 2017 have a significant decrease as activity drops in all areas significantly, with close analysis the main causes seem to be in Ophthalmology with a decrease of 47%.

GP referrals in 2017/18 to date are 5% down on the equivalent period in the previous year. There have been significant reductions in GP referrals to Gastroenterology, Trauma & Orthopaedics and Dermatology. Consultants to consultant referrals are currently 2% higher when comparing to 2016/17 with General Medicine and Clinical Physiology seeing substantial increases.

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

of pathways and protocols visible on the EMIS Clinical system through EMIS Protocols functionality.

Data quality note: Walton Neuro Centre has been excluded from the above analysis due to data quality issues.

3.1.1 E-Referral Utilisation Rates

Figure 10 - South Sefton CCG E Referral Performance

NHS E-Referral Service Utilisation				
NHS South Sefton CCG	17/18 - Dec	80% by End of Q2 2017/18 & 100% by End of Q2 2018/19	23%	↑

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 (December) for E-referral Utilisation rates reported for the CCG as a whole is 23%; up by 1% from November and have not achieved the 80% by end of Q2.

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

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

In addition, practice level E-referral uptake reports have been developed to identify practices who may require some extra support being offered by the national NHS Digital E-referral implementation team. In addition, the Local Quality Contract for General Practice supports the period prior to full paper switch off (October 2018) by asking practices to identify training needs, monitor utilisation rates, and be aware of the timetable for local Providers becoming paper free.

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 - Dec	1.00%	4.93%	↑ ↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	17/18 - Dec	1.00%	4.88%	↓

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in December. Out of 2,680 patients, 132 waited longer than 6 weeks and of them 20 waited longer than 13 weeks. The majority of breaches were for colonoscopy (65), flexi sigmoidoscopy (32) and gastroscopy (22). This is a slight decline in performance on last month when the CCG recorded 4.53%. 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 19.9% in December, a slight decrease in long waiters compared to 22.5% reported in November. The biggest pressure is in Colonoscopy with the Trust reporting a total of 594 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 December recording 4.88%. Out of 5120 patients, 250 waited longer than 6 weeks with 19 of them waiting over 13 weeks. The majority of breaches were waiting for a colonoscopy (108) and flexi sigmoidoscopy (75). This is a decline in performance from last month when 3.73% was recorded.

Endoscopy has continued to experience pressures with capacity due to sickness of both Consultants and Nurse endoscopists and a consultant vacancy during December. There has also been short term sickness in the endoscopy booking team. The overall number of patients waiting over 6 weeks has increased as has the number on the waiting list. Additional activity continues through Waiting List Initiatives and PA sessional rates. Due to staff availability in December, there have been a reduced number of WLI sessions and this has resulted in an increase in patients waiting over 6 weeks. The department has continued to prioritise cancer and urgent referrals which has made recovery of the 6 week routine standard difficult.

Proposed Actions:

- Additional WLI 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.
- Reporting functionality is 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.
- Consultant capacity increased during January for 2 x colon lists and 1 x clinic at WLI rate. Provided by a visiting Consultant known to the department.
- An external performance consultant will undertake a diagnostic review of the endoscopy services on 1st and 2nd February. Following this review an improvement programme will be put in place.
- NHS England have recently made some funding available to support virtual gastroenterology clinics

Radiology continues to experience a sustained increase in demand for Imaging (CT Cardiac, MR Cardiac, MR MSK and Ultrasound MSK). Demand is in excess of funded capacity. Additional sessions for CT and MR cardiac imaging have been carried out during December and the wait for this imaging has been reduced as a result.

Currently the wait for routine MR is above 6 weeks with 4.5% of the total patients waiting over 6 weeks, 3 patients waiting 8 weeks - MSK (Arthrograms), 36 patients waiting 6 weeks.

This is as a result of activity lost over the Christmas and New Year Bank holidays (3 days/132 appointment slots).

Further Outpatient activity lost to accommodate influx of Inpatients (approximately 20 appointment slots).

Proposed Actions:

- Weekly capacity meetings with operational and clinical teams to monitor performance and maximise capacity ongoing.
- Mobile MR Van has been arranged to come on site to provide Cardiac Imaging for 5 days, 29th, 30th and 31st January, 1st and 9th February to reduce waits. Total number of 115 patients will be imaged on mobile scanner. Wait below 6 weeks not expected until approximately 8th February. This will depend on future demand.
- A temporary funding transfer has been agreed with the Deputy Director of Finance and Cardiology Clinical Business Unit. This will facilitate additional Cardiac CT sessions being delivered, although this will still not fully meet the scale of demand.

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 - Dec	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	17/18 - Dec	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 - Dec	92%	91.31%	↓
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 - Dec	92%	91.1%	↓

Due to the declining performance in recent months the CCG has now fallen below the 92% threshold for patients on an incomplete non-emergency pathway waiting no more than 18 weeks from referral, recording 91.31%. In December out of 10170, there were 884 patients waiting over 18 weeks on the incomplete pathway. As previously reported declining 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 December reporting 83.7%. The issues were in Urology (89.5%), General Surgery (81.6%), T&O (79.1%), ENT (91.7%), Ophthalmology (76.9%), Gastro (82.6%), Cardiology (89.5%), and Dermatology (86.8%).

Aintree are now also failed this standard recording 91.06% in December, out of 15923, there were 1424 waiting over 18 weeks on the incomplete pathway. During December there was significant

pressure on the hospital bed base which resulted in the cancellation of routine elective cases to accommodate medical outlying patients the under-performance also correlates closely with the commencement of the theatre refurbishment programme. In addition, both the outpatient cancellation and Did Not Attend (DNA) rates rose across the board within the month.

Urgent/Emergency cases and Cancer patients were prioritised making wait times for routine patients more of a challenge.

Proposed Actions:

- Proposed review of the theatre refurbishment theatre displacements to ensure parity of share across specialties.
- Regular review of all long waiting patients within the clinical business units to address capacity issues and undertake WLI's where available in conjunction with a relaunch of weekly performance meetings with planning and performance/business intelligence leads.
- Business cases for 2 additional, Emergency General Surgery Unit Consultants has been submitted to Hospital Management Board, this will provide additional theatre activity and ambulatory surgical clinics.
- 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.
- Meet weekly with the PAC team to analyse the ongoing referral numbers and wait times and the efficiency of virtual clinics in terms of discharge rates.
- Work on validation and communication with other referring providers in the health economy to reduce demand in specific areas along with ensuring inter provider transfer (IPT) forms are correctly filled in by referring organisations.

Advice and guidance has now been rolled out to a number of specialities, as part of the national CQUIN, although the use of this service by GPs is limited. Increases in referrals are also being monitored as a direct consequence of certain Trusts E-referral polling ranges being extended to reduce the number of slot issues. Within Dermatology, South Sefton CCG are leading a Dermatology review working with other commissioners and providers as a result of service closures across the Merseyside area.

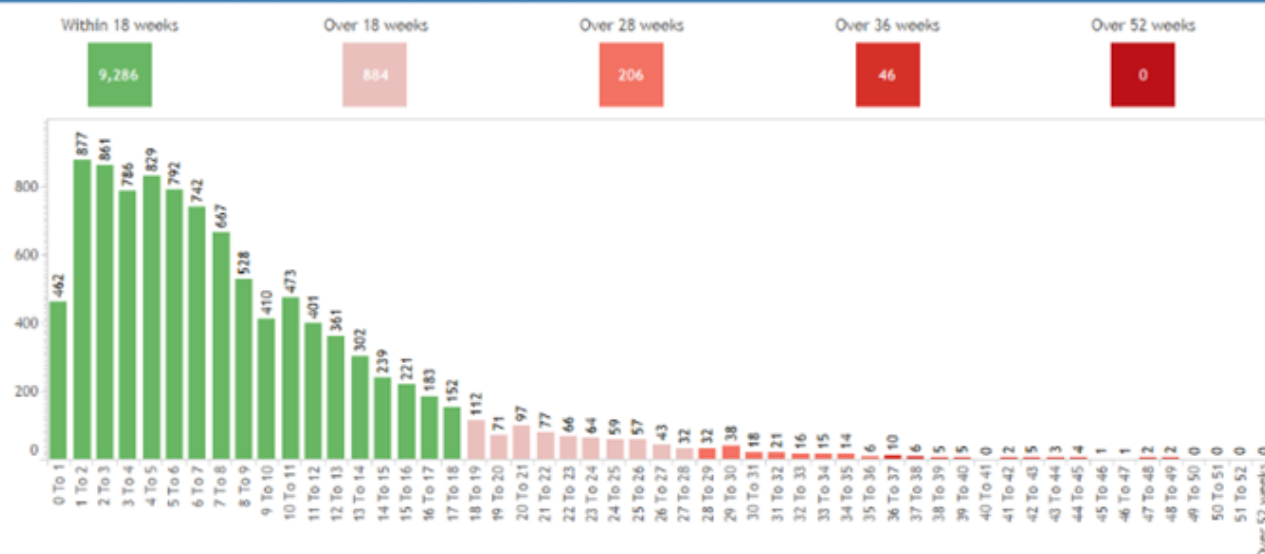
Liverpool CCG, as lead commissioner for the Royal, is currently exploring all available options in terms of contractual levers to address RTT performance levels. Liverpool CCG's Chief Officer has also formally written to the Royal Liverpool's Chief Executive regarding the Trust's deteriorating RTT performance, expressing their Governing Body's concerns and seeking assurances of recovery and sustainability of RTT performance going forward.

In addition, 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. December performance for this Trust overall for incomplete pathways was 79%. This is being followed up by South Sefton CCG on behalf of all Cheshire and Merseyside CCGs seeking reasons for underperformance and actions being taken to address.

3.3.1 Incomplete Pathway Waiting Times

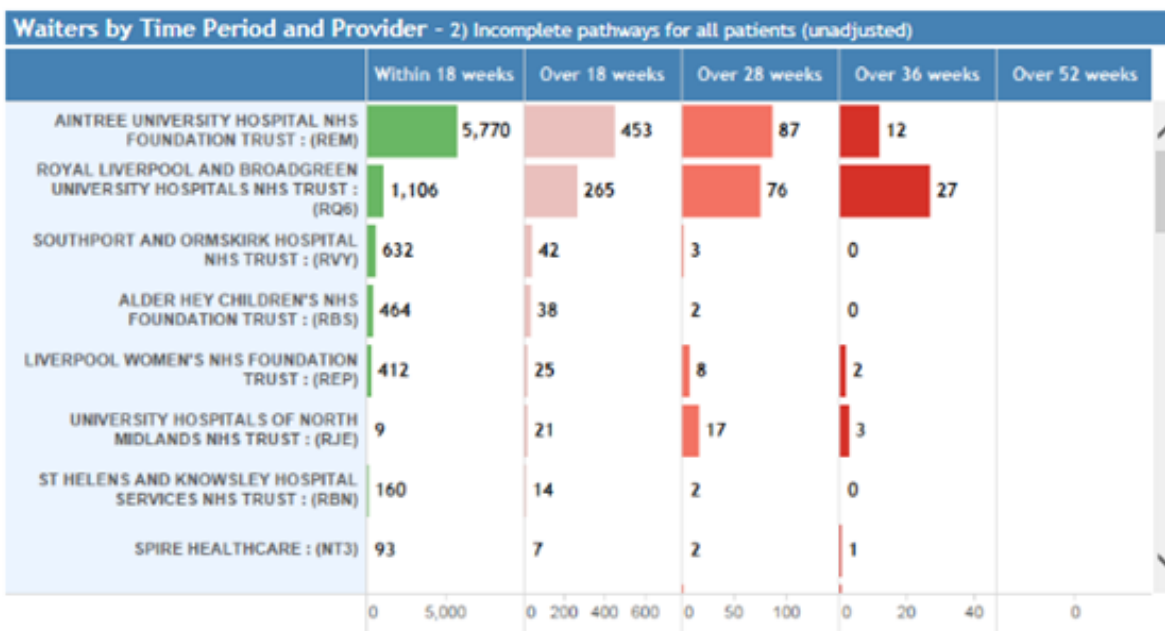
Figure 13 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting

Actuals by Week - 2) Incomplete pathways for all patients (unadjusted)



3.3.2 Long Waiters analysis: Top 5 Providers

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



3.3.3 Long Waiters Analysis: Top 2 Providers split by Specialty

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

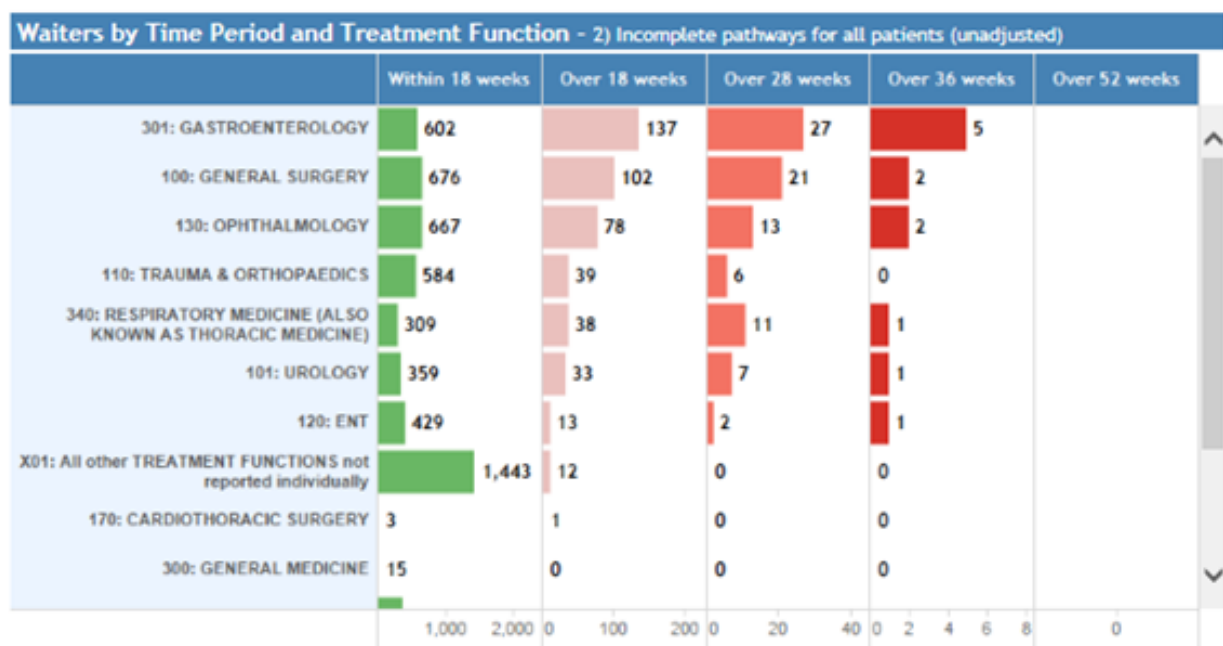
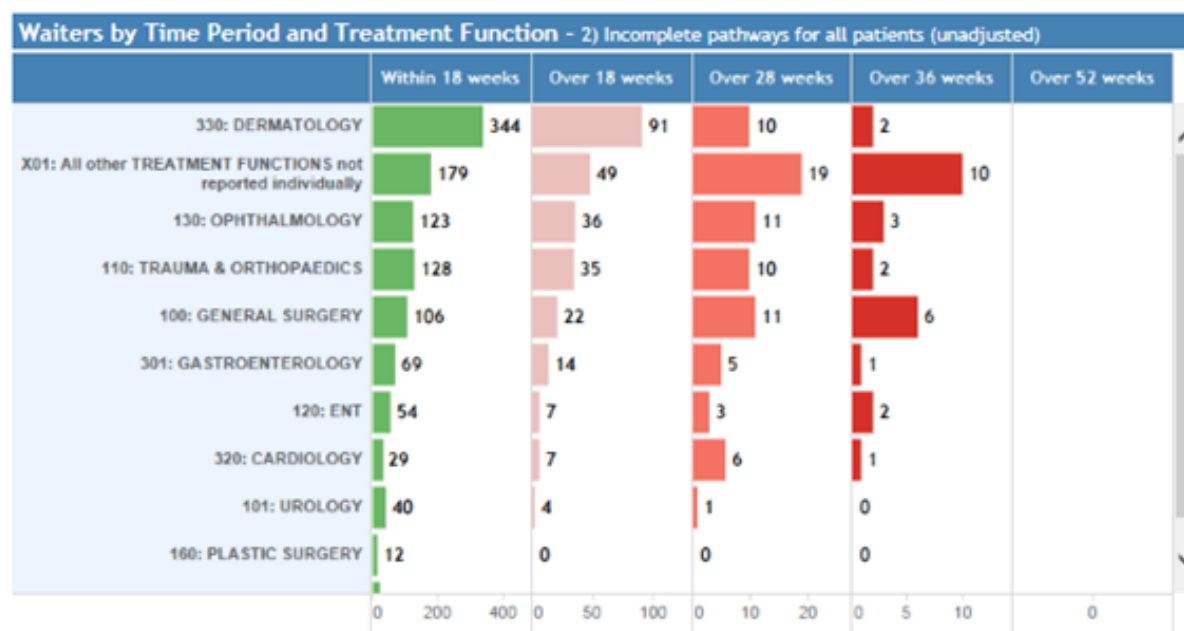


Figure 16 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



3.3.4 Provider assurance for long waiters

Figure 17 - South Sefton CCG Provider Assurance for Long Waiters

CCG	Trust	Specialty	Wait band	Has the patient been seen/has a TCI date?	Detailed reason for the delay
South Sefton CCG	Aintree	General Surgery	45	Clock stopped 26/01/2018 - Decision not to treat	
South Sefton CCG	Aintree	General Surgery	46	Clock stopped 26/01/2018 - Decision not to treat	
South Sefton CCG	Royal Liverpool	All Other	41	Patient Treated in January	Capacity
South Sefton CCG	Royal Liverpool	Dermatology	41	Patient Treated in January	Capacity
South Sefton CCG	Royal Liverpool	Ent	42	Patient Treated in January	Capacity
South Sefton CCG	Royal Liverpool	Ophthalmology	42	Patient Treated in January	Capacity
South Sefton CCG	Royal Liverpool	All Other	42	Patient Treated in January	Capacity
South Sefton CCG	Royal Liverpool	General Surgery	43	No Date Yet	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	All Other	43	Patient Treated in January	Capacity
South Sefton CCG	Royal Liverpool	All Other	43	Patient Treated in January	Capacity
South Sefton CCG	Royal Liverpool	General Surgery	44	Patient Treated in January	Capacity
South Sefton CCG	Royal Liverpool	All Other	44	Patient Treated in January	Capacity
South Sefton CCG	Royal Liverpool	All Other	44	Patient Treated in January	Capacity
South Sefton CCG	Royal Liverpool	All Other	45	Patient Treated in January	Capacity
South Sefton CCG	Royal Liverpool	General Surgery	47	TCI 01/05/2018	Long Wait on Waiting List - No further updated provided by the Trust
South Sefton CCG	Royal Liverpool	Gastroenterology	47	Patient Treated	Capacity
South Sefton CCG	Royal Liverpool	All Other	48	Patient Treated in January	Capacity
South Sefton CCG	Royal Liverpool	All Other	48	Patient Treated in January	Capacity
South Sefton CCG	North Midlands	General Surgery	42	No response from the Trust - CSU chasing up	

The Royal Liverpool has a 47 week wait with a to come in date of the 1st May this patient is on course to breach 52 weeks.

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 - Dec	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 - Dec	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 - Dec	93%	93.73%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	17/18 - Dec	93%	94.49%	↔
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 - Dec	93%	90.66%	↔
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 - Dec	93%	91.43%	↔

The CCG failed the 93% target for 2 week waits for first outpatient appointments for patients referred urgently with breast symptoms in December, with 91.04% and it is currently failing year to date at 90.66% due to lower rates in May, June and July. In December there were 6 breaches out of a total of 67 patients.

Aintree also failed the 93% breast target for December reaching 92.16% and are also failing year to date 91.43%. In December, out of 153 patients there were 12 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 - Dec	96%	98.17%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	17/18 - Dec	96%	97.66%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	17/18 - Dec	94%	98.06%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	17/18 - Dec	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	17/18 - Dec	94%	95.50%	↓
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	17/18 - Dec	94%	92.97%	↓
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	17/18 - Dec	98%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	17/18 - Dec	98%	100.00%	↔

Aintree failed the 94% target for 31 day wait for subsequent treatment (surgery) in December recording 91.3% and are now under plan year to date (92.97%). In December there were 2 breaches out of a total of 23 patients. The first patient waited was 37 days and the reason was multiple diagnostic investigations and MDT discussions needed before treatment could commence. The second patient waited 34 days and the delay was due to capacity.

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 - Dec	85% local target	90.63%	↑
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 - Dec	85% local target	81.15%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	17/18 - Dec	90%	95.77%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	17/18 - Dec	90%	86.96%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	17/18 - Dec	85%	86.01%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	17/18 - Dec	85%	84.20%	↑

Aintree achieved the local 85% target in December for 62 day wait for definitive treatment following consultant's decision to upgrade, recording 88% but failed year to date (81.15%) partly due to previous months breaches. In December the equivalent of 1.5 out of 12.5 patients breached the target. Reasons for breaches include late referral, delay between trusts and patient undiagnosed from referring Trust. Longest wait was 158 days.

Aintree also achieved the 90% target for 62 day screening in December with a 0.5 patient breach out of a total of 5.5 patients - recording 90.91%. The Trust is also failing year to date, reaching 86.96%, partly due to previous breaches. The patient whose pathway breached this target was a breast patient who was referred to the Trust from another Organisation's Screening programme as the patient opted for treatment at Aintree. The patient then required additional investigations which resulted in the breach. The Trust failed the 90% plan for Q3 achieving 85.7%, having just 3 breaches out of a total of 21 patients.




It should be noted that the Trust undertakes Bowel screening and only and so treatment numbers are low in comparison to other organisations. Therefore just 1 breach will result in the Trust failing this standard unless treatments are higher.

Aintree also achieved the 85% target in December for 2 month wait from urgent GP referral to first definitive treatment recording 92.3%, and are still failing year to date with 84.20%. In December, the equivalent of 4 breaches out of a total of 52 patients occurred.

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: Dec-17

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Inpatient	25.0%	16.3%		96%	93%		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 are reporting under target for December at 16.3%. The proportion of patients who would recommend has declined since last month recording 93% in December (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 9 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG show an under performance of -£1.4m/-3.8%. 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 -£345k/-0.9%.

At specific over performing Trusts, Royal Liverpool are reporting the largest cost variance with a total of £188k/5% followed by Spire Liverpool (£129k/23%). In contrast, Aintree and Southport & Ormskirk are under performing by -£879k/-4% and -£498k/23% 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	134,462	131,559	-2,903	-2%	£23,243	£22,364	-£879	-4%	£879	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	10,285	10,554	269	3%	£1,294	£1,216	-£78	-6%	£78	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	908	1,052	144	16%	£309	£342	£33	11%	-£33	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	11,960	10,837	-1,123	-9%	£2,272	£2,060	-£211	-9%	£211	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	22,767	24,772	2,005	9%	£3,802	£3,990	£188	5%	-£188	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	2,331	2,308	-23	-1%	£749	£631	-£118	-16%	£118	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	182,713	181,082	-1,631	-1%	£31,669	£30,604	-£1,065	-3%	£1,065	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	64	191	127	196%	£16	£36	£20	124%	£0	£20	124%
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	119	119	0%	£0	£17	£17	0%	£0	£17	#DIV/0!
FAIRFIELD HOSPITAL	143	117	-26	-18%	£39	£28	-£10	-27%	£0	-£10	-27%
ISIGHT (SOUTHPORT)	384	412	28	7%	£89	£77	-£12	-14%	£0	-£12	-14%
RENACRES HOSPITAL	4,711	4,473	-238	-5%	£1,324	£1,332	£8	1%	£0	£8	1%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	11,479	9,648	-1,831	-16%	£2,138	£1,640	-£498	-23%	£0	-£498	-23%
SPIRE LIVERPOOL HOSPITAL	1,783	2,145	362	20%	£554	£683	£129	23%	£0	£129	23%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	2,758	3,416	658	24%	£762	£734	-£28	-4%	£0	-£28	-4%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	762	845	83	11%	£180	£185	£5	3%	£0	£5	3%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	81	124	43	53%	£12	£23	£11	89%	£0	£11	89%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	78	78	0%	£0	£8	£8	0%	£0	£8	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	346	251	-95	-27%	£92	£58	-£34	-37%	£0	-£34	-37%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	889	1,138	249	28%	£360	£399	£39	11%	£0	£39	11%
ALL REMAINING PROVIDERS TOTAL	23,402	22,957	-445	-2%	£5,566	£5,221	-£345	-6%	£0	-£345	-6%
GRAND TOTAL	206,114	204,039	-2,075	-1%	£37,234	£35,824	-£1,410	-3.8%	£1,065	-£345	-0.9%

*PDR 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	10,796	9,463	-1,333	-12%	£6,425	£6,134	-£291	-5%
Elective	1,502	1,227	-275	-18%	£4,258	£3,699	-£559	-13%
Elective Excess BedDays	495	243	-252	-51%	£120	£58	-£62	-52%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	330	171	-159	-48%	£69	£38	-£31	-45%
OPFANFTF - Outpatient first attendance non face to face	1,875	2,690	815	43%	£53	£71	£17	33%
OPFASPCL - Outpatient first attendance single professional consultant led	24,692	23,346	-1,346	-5%	£3,883	£3,803	-£79	-2%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,070	685	-385	-36%	£90	£69	-£22	-24%
OPFUPNFTF - Outpatient follow up non face to face	2,426	6,195	3,769	155%	£59	£150	£91	155%
OPFUPSPCL - Outpatient follow up single professional consultant led	62,094	57,492	-4,602	-7%	£4,280	£4,130	-£150	-3%
Outpatient Procedure	17,496	17,874	378	2%	£2,313	£2,345	£32	1%
Unbundled Diagnostics	10,588	10,978	390	4%	£855	£964	£109	13%
Wet AMD	1,098	1,195	97	9%	£839	£904	£65	8%
Grand Total	134,462	131,559	-2,903	-2%	£23,243	£22,364	-£879	-4%

Non face to face activity (both first and follow up attendances) are reporting an over performance within planned care at month 9 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 £109k/13% against plan. This is followed by non-face to face outpatient follow up attendances (£91k/155% above plan at month 9).

Cardiology is showing the largest cost variance at month 9 (£633k/57%). 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 -£703k/-17% against plan.

Overall, year to date costs for planned care PODs at Aintree University Hospital are currently - £879k/-4% down against plan at month 9. 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 9:

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	740	£608,865	7	£20,400	31	£7,491	244	(£5,402)	129	(£49,314)	437	£51,049	1,589	£633,090
Acute internal medicine	2	£162	1	(£529)	-15	(£3,477)	1,137	£123,625	43	£4,951	-67	(£9,549)	1,102	£115,184
Geriatric medicine	3	(£1,318)	3	(£3,363)	-6	(£1,267)	215	£59,085	408	£55,071	3	£353	625	£108,561
Colorectal surgery	-26	(£6,194)	-2	£149,921	-237	(£55,776)	-56	(£15,519)	257	£13,836	30	£3,907	-33	£90,175
Breast surgery	58	£120,838	-13	(£38,812)			-88	(£17,600)	-94	(£6,745)	94	£13,490	-44	£71,171
Nephrology	29	£11,206	-4	(£5,956)	-3	(£611)	322	£86,567	-220	(£25,709)	17	£1,930	140	£67,428
Physiotherapy							-263	(£12,721)	1,624	£53,344	1	£33	1,362	£40,656
Rheumatology	40	£11,268	-3	(£2,276)	-8	(£1,979)	25	£6,409	402	£33,964	-28	(£6,758)	427	£40,627
Respiratory medicine	-23	(£5,629)	-16	(£18,991)	4	£1,088	44	£27,245	141	(£530)	174	£31,490	325	£34,673
Transient ischaemic attack							184	£56,016	-28	£0	-188	(£23,778)	-31	£32,238
Cardiothoracic surgery							-7	(£2,845)	-80	(£12,100)	-1	(£231)	-89	(£15,176)
Upper gastrointestinal surgery	-28	(£41,223)	4	£20,256	-3	(£625)	-36	(£5,418)	-112	(£7,207)	-2	(£311)	-177	(£34,529)
Clinical haematology	-577	(£76,375)	-12	(£20,595)	-45	(£12,698)	-91	(£23,128)	676	£75,150	2	£588	-47	(£57,059)
Anticoagulant service									-3,879	(£99,932)			-3,879	(£99,932)
General surgery	-73	(£86,874)	-31	(£46,208)	0	(£59)	-19	(£3,236)	-220	(£16,021)	-8	(£1,079)	-352	(£153,477)
Dermatology	-39	(£19,330)					-621	(£85,824)	153	(£20,051)	-689	(£65,559)	-1,197	(£190,763)
Urology	-134	(£27,363)	-37	(£94,271)	43	£9,616	-487	(£71,566)	-7	(£921)	-201	(£33,270)	-823	(£217,776)
Ophthalmology	-365	(£276,243)	0	(£296)	4	£992	-359	(£52,564)	1,200	£9,665	689	£68,492	1,168	(£249,955)
Gastroenterology	-800	(£345,706)	-34	(£72,811)	-34	(£8,363)	-463	(£91,199)	-1,029	(£65,662)	-22	(£207)	-2,383	(£583,948)
Trauma & orthopaedics	-193	(£211,567)	-105	(£371,574)	17	£3,937	-157	(£24,604)	-509	(£31,406)	-544	(£68,359)	-1,491	(£703,573)
Grand Total	-1,333	(£291,201)	-275	(£558,546)	-252	(£61,732)	-690	(£92,832)	-1,218	(£80,391)	378	£32,418	-3,390	(£1,052,284)

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	714	618	-96	-14%	£518	£389	£-129	-25%
Elective	150	116	-34	-23%	£422	£264	£-158	-37%
Elective Excess BedDays	26	1	-25	-96%	£10	£0	£-9	-98%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	183	99	-84	-46%	£30	£17	£-13	-43%
OPFASPCL - Outpatient first attendance single professional consultant led	1,714	1,295	-419	-24%	£282	£211	£-71	-25%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	420	214	-206	-49%	£32	£18	£-14	-45%
OPFUPSPCL - Outpatient follow up single professional consultant led	3,650	3,073	-577	-16%	£279	£238	£-41	-15%
Outpatient Procedure	3,958	3,630	-328	-8%	£517	£456	£-61	-12%
Unbundled Diagnostics	664	602	-62	-9%	£49	£47	£-2	-3%
Grand Total	11,479	9,648	-1,831	-16%	£2,138	£1,640	£-498	-23%

* PbR only

Planned care elements of the contract continue to underperform against plan in month 9 2017/18 as they had throughout 2016/17 and previous months in 2017/18, with all areas below plan year to date. The largest variance against plan is within elective and day case procedures at a combined underspend of -£288k, however all points of delivery are under performing.

A number of issues, as previously reported, affected the Trusts performance earlier in the year with Elective and Day Case cancellations required but all have since rebooked. The main problem the Trust has faced is reduced levels of GP referrals flowing into the Trust.

Lower referrals than expected and previously seen in prior years will impact across all points of delivery in planned care from Outpatients through to planned procedures. Reductions can be seen across the majority of specialties with Trauma & Orthopaedics, and General Surgery notably below plan. Trust service issues such as staffing is also a factor for such specialties as Dermatology and Pain Management.

The Trust has stated they are actively trying to bring activity levels back in line with planned values and are looking to repatriate work they feel has been lost to other providers. Discussions are ongoing to the levels of planned activity required for the 2018-19 contract.

Despite the problems noted in the contract for planned care in 2017-18 for the Trust they continually achieve the RTT target for 18 weeks.

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	464	369	-95	-20%	£560	£436	£123	-22%
Elective	86	123	37	43%	£408	£564	£157	38%
OPFASPCL - Outpatient first attendance single professional consultant led	959	777	-182	-19%	£153	£128	£25	-17%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,182	1,248	66	6%	£74	£79	£5	7%
Outpatient Procedure	610	294	-316	-52%	£63	£46	£17	-27%
Unbundled Diagnostics	382	309	-73	-19%	£36	£30	£6	-17%
Physio	1,028	1,056	28	3%	£30	£31	£1	3%
Grand Total	4,711	4,176	-535	-11%	£1,324	£1,315	£10	-1%

Renacres under performance of -£10k/-2% is driven by a -£123k/-22% under performance in day cases with reduced activity focussed particularly in the Trauma & Orthopaedic and General Surgery specialties. In contrast, elective activity is currently over performing by £157k/38%, which can be attributed to activity within Trauma & Orthopaedics and related to very major hip and knee procedures.

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	156	236	80	51%	£222	£292	£70	32%
Elective	41	46	5	11%	£213	£237	£25	12%
OPFASPCL - Outpatient first attendance single professional consultant led	203	292	89	44%	£33	£48	£14	43%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,078	1,210	132	12%	£49	£64	£16	32%
OPFUPSPNCL - Outpatient follow up single professional non-consultant led	34	58	24	70%	£2	£3	£1	70%
Outpatient Procedure	167	170	3	2%	£23	£23	£0	2%
Unbundled Diagnostics	104	133	29	28%	£13	£15	£2	19%
Grand Total	1,783	2,145	362	20%	£554	£683	£129	23%

Spire Liverpool is over performing across all PODs in 2017/18. However, total over performance of £129k/23% is driven by a £70k/32% 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 (£28k/196%). 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	

The CCG reported 26 personal health budgets at the end of Q3, which is an increase of 2 from Q2. This remains below the trajectory for the targets set by NHS England. The CCG continues to look for potential ways to increase the numbers of PHB and collaborative work continues with other CCGs. The management of PHBs is being supported though CSU colleagues.

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

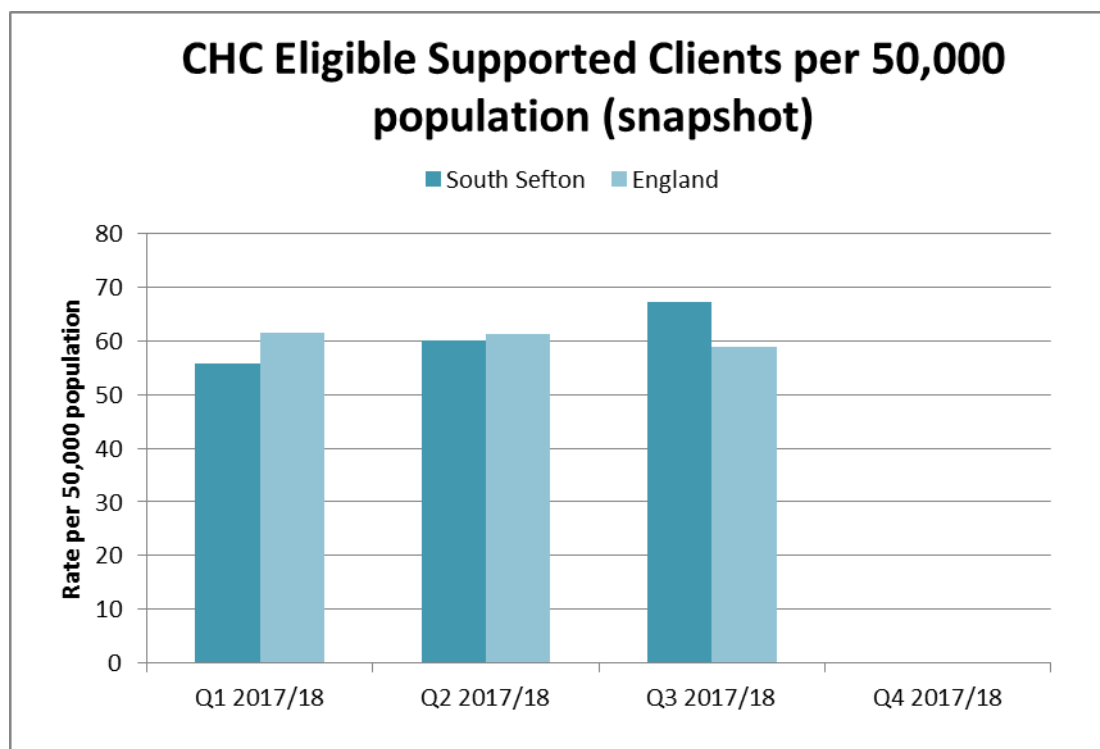


Figure 31 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

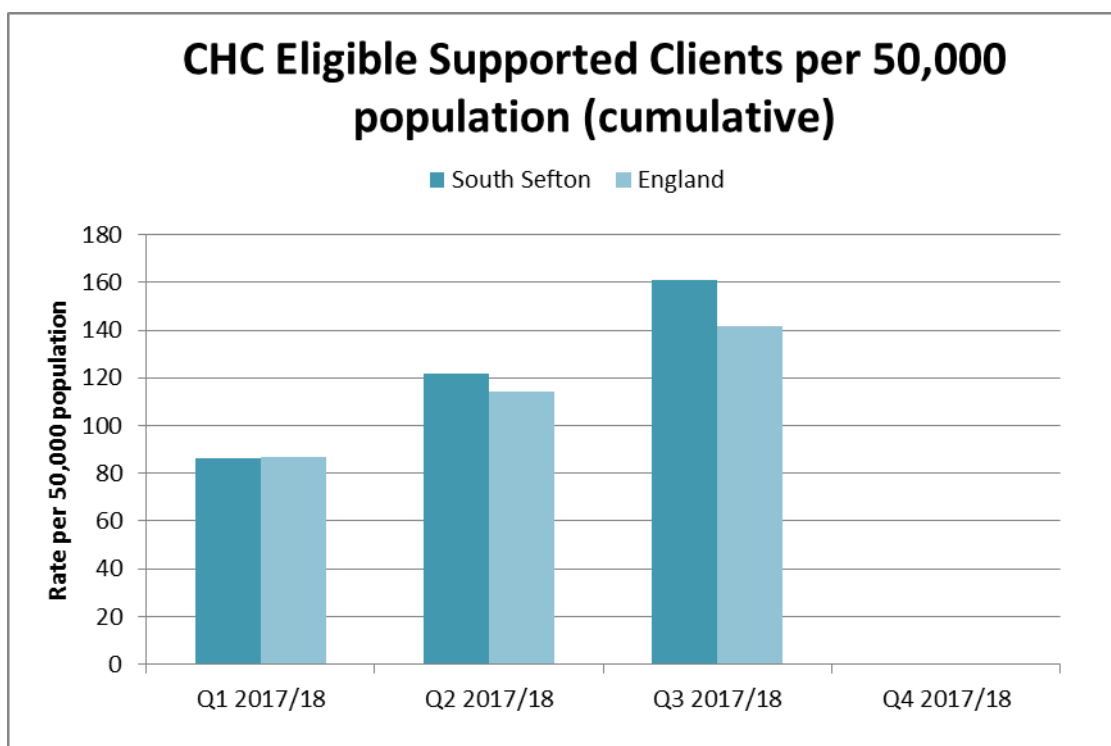
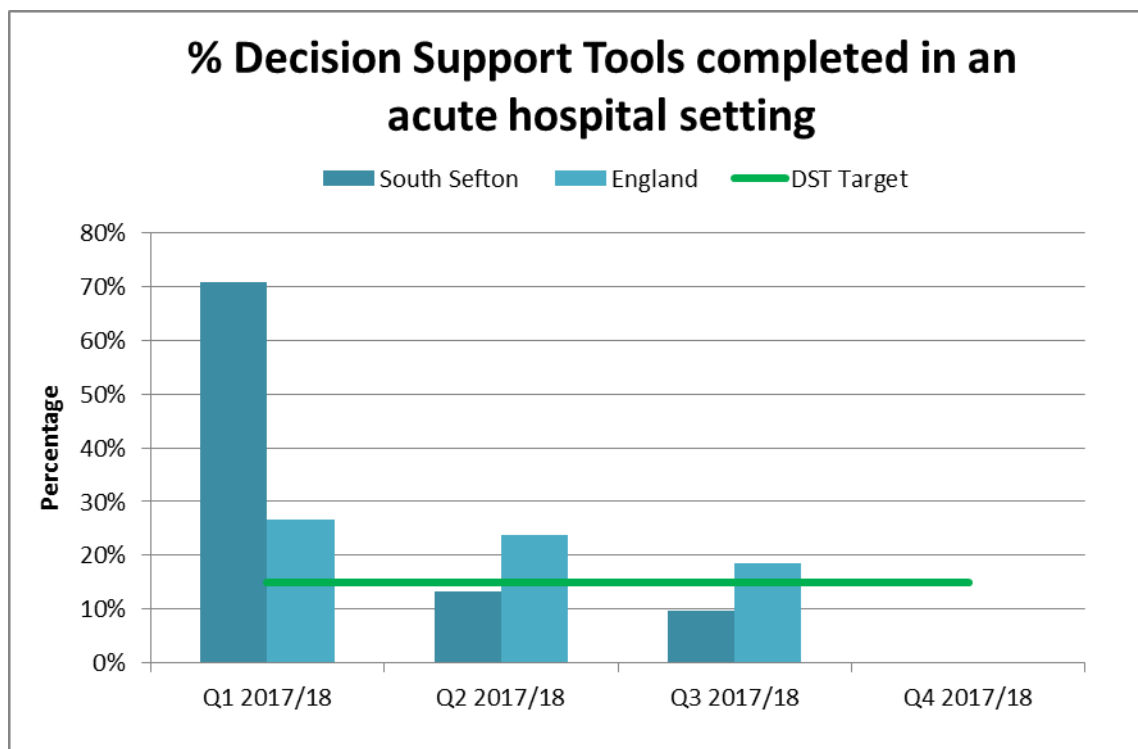


Figure 32 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



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.

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 33 - 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.

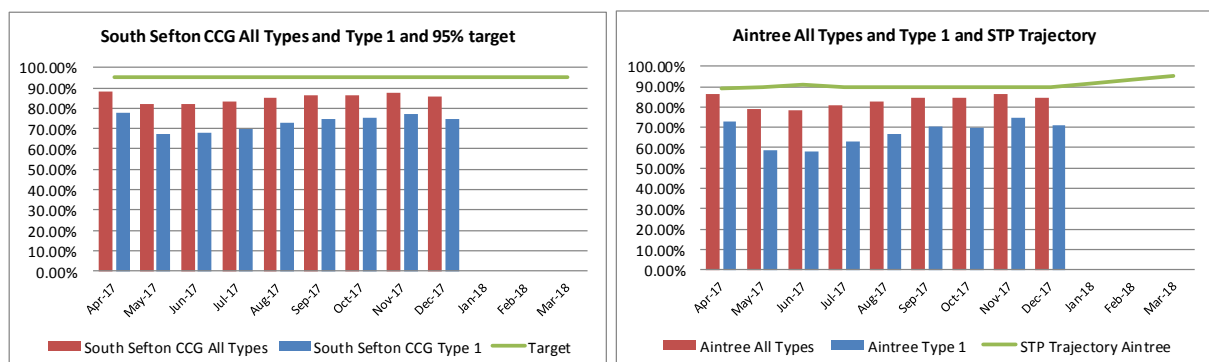
4. Unplanned Care

4.1 Accident & Emergency Performance

Figure 34 - A&E Performance

A&E waits				
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	17/18 - Dec	95%	85.15%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	17/18 - Dec	95%	73.07%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) All Types	17/18 - Dec	STP Trajectory Dec Target 90%	82.93%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	17/18 - Dec	95%	67.21%	↑

A&E All Types	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	YTD
STP Trajectory Aintree	89%	90%	91%	90%	90%	90%	90%	90%	90%	%
Aintree All Types	86.13%	78.78%	78.42%	80.81%	82.35%	84.47%	84.41%	86.58%	84.79%	82.93%



Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2017/18 and have failed the 90% December plan agreed with NHS Improvement recording performance with 84.79% (for all A&E department types) in December 2017.

Performance against the 4 hour standard was 84.79% (T1 and T3) in December 2017 representing a -1.79% decrease compared to November 2017.

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 BCRG. Additional sessions are being arranged to cover gaps in the existing rotas. This project is being supported by EY to ensure realignment of current workforce is undertaken prior to business case completion.
- Fully implement PCS by UC24 to start at the beginning of February.
- NWAS 90 day project completed. Awaiting start date agreement for direct conveyancing to AEC. Raised at NWAS meeting 13/11 and action was for NWAS to inform the Trust of start date.
- Recruitment of Acute Physicians and ED Consultants was successful with 3 consultants appointed for AMU and 1 consultant for ED. Start dates to be confirmed.
- 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.
- EY and Exec support is in place to ensure delivery of the KPI's to improve quality and performance. A rapid improvement event Operation Frosty began in the first two weeks of January to focus on flow through ED, with the capacity to free up beds earlier and focus on SAFER.
- 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

From A Multi Agency Discharge Event (MADE) held a number of recommendations were made following the event of which 4 were classified as “urgent”;

- Half day MADE once a week, every week.
- A dedicated social worker on the Frailty Unit and Aintree to Home
- Roll out the SAFER patient flow bundle and Red2Green as soon as possible on the high traffic wards. ECIP would recommend commencing roll out on the Frailty Unit, Aintree to Home and Ward 35
- The ambulatory area within the Frailty Unit at Aintree must function at all times. The common practice of increasing the bed base within the frailty Unit must stop with immediate effect in order for the ambulatory area to function.

Figure 35 - A&E Performance – 12 hour breaches

12 Hour A&E Breaches				
Total number of patients who have waited over 12 hours in A&E from decision to admit to admission - Aintree (cumulative)	17/18 - Nov	0	15	↓

Aintree had 4 12-hour breaches in December. 15 have been reported year to date; (9 in May and 2 in June). Root Cause Analyses of the breaches are awaited from the Trust.

4.2 Ambulance Service Performance

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

There was a 3 month moratorium in data reporting agreed with the commissioners, this was to allow some time to allow the Trust to understand and learn from ARP and time to start to redraft and reformulate reports. The first lot of reporting will be at NWAS and County level, it is unlikely that there will be any CCG level data for this financial year.

A separate report around the new ambulance performance targets will be presented to the Governing Body at the March meetings.

Figure 36 – Ambulance handover time performance

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Aintree	17/18 - Dec	0	167	↑	The Trust recorded 167 handovers between 30 and 60 minutes, this is 1 less than last month when 168 was reported and is still breaching the zero tolerance threshold.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Aintree	17/18 - Dec	0	91	↓	The Trust recorded 114 handovers over 60 minutes, this is more than the previous month when 91 was reported and is still breaching the zero tolerance threshold.

December saw a slight decrease in the number of handover delays in excess of 30 minutes to 167 (-1), delays in excess of 60 minutes have increased to 114 (+23). The average time from notification to handover standard of 15 minutes increased to 17:47 mins compared to 17:39 mins in November. The overall number of ambulances attending increased by 208 in December. The time to see 1st clinician has increased to 77 minutes, against the 60 minute clinical quality indicator which is an increase of 5 minutes against November 2017. 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.

4.3 NWAS, 111 and Out of Hours

4.3.1 111 Service Calls



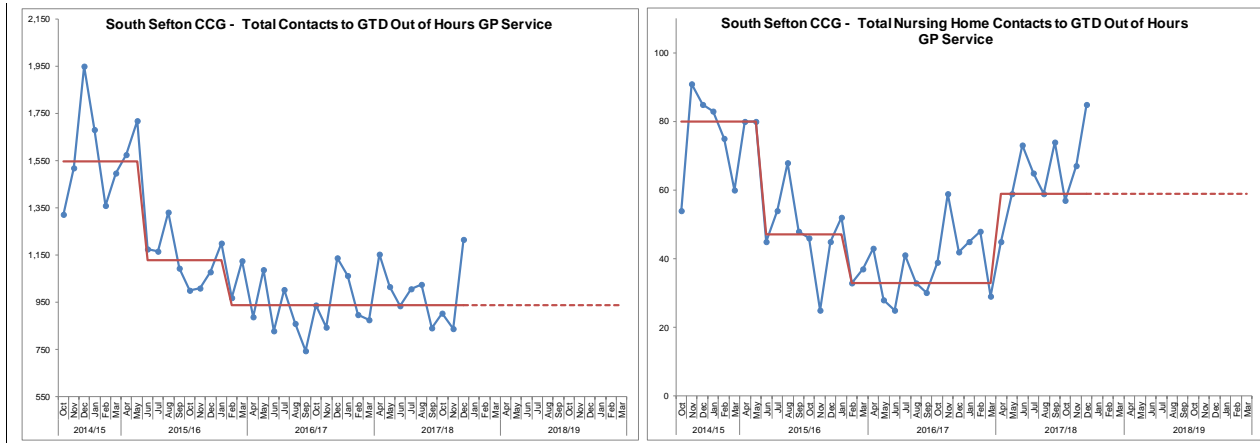
The number of calls in December from South Sefton CCG patients have risen to 2,409 from 1,971 in November, an increase of 438 calls. When compared to the same 9 months of the previous year, there have been 269 more contacts in 2016/17, an increase of 1.5%. There are a similar number of calls when comparing December 2017 to December 2016.

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

- 58% advised to attend primary and community care
- 15% closed with advice only
- 16% transferred to ambulance
- 6% advised to attend A&E
- 4% advised to other service.

The number of calls closed with advice only in the first 8 months of the year is 3,092. This is 12.1% lower than the same point in the previous year, when 3,517 calls ended this way.

4.3.2 GP Out of Hours Service Calls



The number of calls from South Sefton patients to the GP OOH service has risen in December to 1,215. When compared to the same point in the previous year, there have been 601 more calls so far in the first 9 months of 2017/18, an increase of 7.2%.

GP OOH calls from nursing homes within South Sefton have increased in December to 85, the most calls in one month since December 2014. There are more than double the numbers of calls in December 2017 compared to December 2016. When compared to the same point in the previous year, the first 9 months of 2017/18 have received 244 more calls to nursing homes, an increase of 72%.

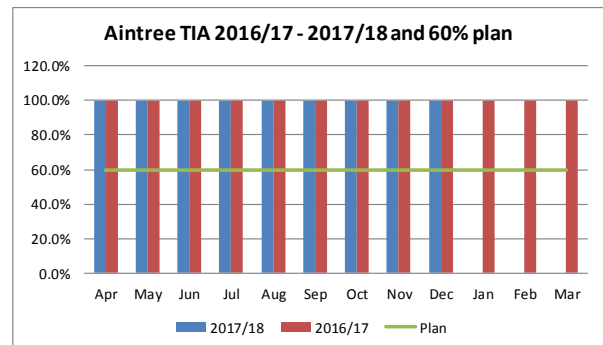
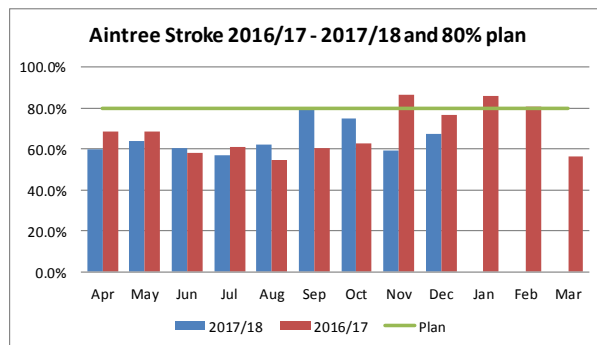
South Sefton CCG, in collaboration with Go To Doc (GTD) and NWAS, has now gone live with their out of hours Clinical Assessment Service (CAS) in June 2017.

4.4 Unplanned Care Quality Indicators

4.4.1 Stroke and TIA Performance

Figure 37 - Stroke & TIA performance

Stroke				
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	17/18 - Dec	80%	67.50%	↑
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	17/18 - Dec	60%	100%	↔



Aintree failed the 80% target of stroke patients spending at least 90% of their time on a stroke unit in December, achieving 67.5%. 40 patients with a diagnosis of stroke were discharged from the Trust during the month. 27 patients spent 90% of their stay on the Stroke Unit, the standard was not achieved for 13 patients. All breaches of the standard are reviewed and reasons for underperformance identified:

- 10 patients required admission to the Stroke Unit but no beds were available
- 1 patient was an inpatient Stroke and for palliative care and not suitable to transfer
- 2 patients were diagnosed as a stroke after MRI

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

Actions:

- Continue Registered Nurse and Therapy recruitment for funded HASU beds.
- Ensure timely step down of patients from stroke unit to a medical bed.
- Stroke meetings to discuss outliers and delayed transfers of care, daily monitoring.
- Discuss late referrals to the Stroke Team and Acute and Emergency Medicine to ensure lessons learnt – patient journeys to be shared with relevant teams.
- Weekly breach meeting with Dr Cullen and Stroke Nurse Clinicians to discuss failed patients pathways, reasons for not achieving the 4 hour time target.

4.4.2 Mixed Sex Accommodation

Figure 38 - Mixed Sex Accommodation breaches

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

4.4.3 Healthcare associated infections (HCAI)

Figure 39 - Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	17/18 - Dec	41	33	↓
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	17/18 - Dec	34	50 (35 following appeal)	↓
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	17/18 - Dec	0	1	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	17/18 - Dec	0	1	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	17/18 - Dec	101	102	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Aintree)	17/18 - Dec	No Plan	222	↑

The CCG had 4 new cases of Clostridium Difficile reported in December 2017 (33 year to date) against a year to date plan of 41 (18 apportioned to acute trust and 15 apportioned to community). The year-end plan is 54. Aintree had 5 new cases reported in December (50 year to date) against a year to date plan of 34. (There have been 15 successful appeals upheld at panel, so 35 cases following appeal). The year-end plan is 46.

Aintree had no new cases of MRSA in December 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 December there were 6 cases bringing the year to date total to 102 which is over the 101 year to date plan. There are no targets set for Trusts at present.

4.4.4 Hospital Mortality

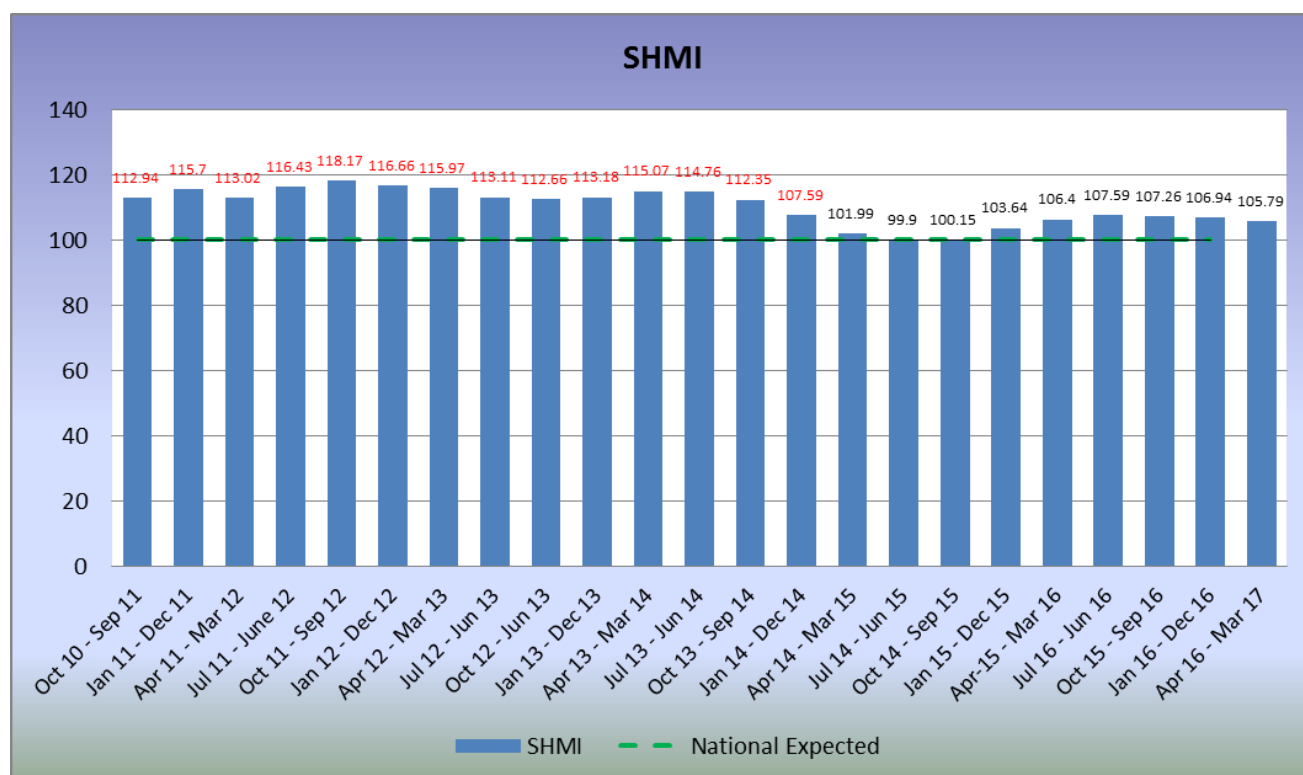
Figure 40 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	17/18 - Dec	100	95.49	↓
Summary Hospital Level Mortality Indicator (SHMI)	Apr 16 - Mar 17	100	105.79	↑

HMSR is reported for the rolling 12 months to September 2017 with the latest data showing a marginal increase to 95.49 from 94.24 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 105.79 is marginally better at March 2017 and within tolerance levels.

Figure 41 - Summary Hospital Mortality Indicator



4.5 CCG Serious Incident Management

Serious incidents reporting within the integrated performance report is in line with the CCG reporting schedule for Month 9.

There are a total of 100 serious incidents open on StEIS where South Sefton CCG are either responsible or accountable commissioner. Of the 100, 68 apply to South Sefton patients. 32 are attributed to Aintree University Hospitals NHS Trust, 8 of these apply to South Sefton CCG. There was 1 Never Event reported in month for SSCCG patient (6 YTD). 5 incidents were closed in month (54 YTD). 41 remain open on StEIS for > 100 days for South Sefton patients.

Aintree University Hospitals NHS Foundation Trust reported 5 incidents in month (32 YTD), with 1 Never Event (6 YTD), 3 closed in month (22 YTD). 32 remain open with 13 open for > 100 days. Never Events have been discussed at the Aintree CQPG. Assurance was provided that the orthopaedic surgeons (hand, spine) as no longer operating. The CQPG has supported individual review for each incident as per SI process, with the Trust appointing an external

independent reviewer to undertake a cluster review. A review has been undertaken of safety plans in theatre including consent, 2nd person checking procedures. The CCG is reporting assurance through to NHS E C&M

Mersey Care NHS Foundation Trust reported 3 incidents in month (36 YTD), 22 reported by Mental Health Services and 14 by Community Division. 30 related to South Sefton CCG patients with zero Never Events (0 YTD). There was one incident closed in month (30 YTD). 40 remain open on StEIS with 19 remaining open > 100 days, 16 for South Sefton patients.

Four incidents remain open for South Sefton CCG, 2 were reported in Dec which are being managed by NHS E C&M internal Serious Incident processes. Two remain under the management of the CCG. One is an Oromorph incident in Primary Care and the other relates to DMC Healthcare Ltd.

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 42 - Average Delayed Transfers of Care per Day at Aintree April 2016 – December 2017

Average Delays per Day

Average Delays per Day	2016-17												2017/18											
Reason for Delay	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
A) COMPLETION ASSESSMENT	1	1	1	1	3	6	1	0	0	2	2	0	0	0	2	1	2	2	1	1	0			
B) PUBLIC FUNDING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
C) WAITING FURTHER NHS NON-ACUTE CARE	9	8	8	6	7	19	9	6	10	10	8	7	11	9	11	7	8	9	9	16	5			
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
DII) AWAITING NURSING HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
E) AWAITING CARE PACKAGE IN OWN HOME	3	5	4	6	5	7	3	4	4	5	5	3	4	1	6	1	3	2	5	4	5			
F) COMMUNITY EQUIPMENT/ADAPTIONS	2	1	1	1	0	1	0	0	0	0	0	0	0	0	1	0	1	0	1	0	0			
G) PATIENT OR FAMILY CHOICE	15	16	19	15	12	13	12	11	18	5	7	10	13	18	20	8	14	15	8	17	15			
H) DISPUTES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1			
I) HOUSING	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0			
O) OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Grand Total	30	31	34	29	27	46	25	21	32	22	22	22	28	29	39	18	28	29	24	38	26			

The average number of delays per day in Aintree hospital decreased in December to 26 from 38 reported in November. Of the 26, 15 were patient or family choice (57.7%), 5 were awaiting further NHS non-acute care (19.2%), 5 were awaiting care package in own home (19.2%) and 1 dispute (3.8%).

Analysis of average delays in December 2017 compared to December 2016 shows a decrease of 18.8% in the average number of patients from 32 to 26.

Figure 43 - Agency Responsible for Days Delayed at Aintree April 2016 – December 2017

	2016-17												2017/18											
Agency Responsible	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
NHS - Days Delayed	808	773	863	677	677	1,093	664	516	880	519	490	565	726	852	962	515	725	800	584	991	665			
Social Care - Days Delayed	85	184	153	228	167	292	98	118	121	177	133	106	112	45	221	34	134	93	176	134	164			
Both - Days Delayed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			

The total number of days delayed due to the NHS was 665 in December, a decrease of 326 from November when 991 was reported. Delays due to social care was 164 in December, an increase from 134 reported in November. No delays due to both were reported in December.

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.

Figure 44 - Average Delayed Transfers of Care per Day - Merseycare - April 2016 – December 2017

Average Delays per Day

Average Delays per Day																						
	2016/17												2017/18									
Reason for Delay	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
A) COMPLETION ASSESSMENT	3	5	7	9	7	8	8	8	9	7	6	6	8	4	6	6	6	5	6	5	4	
B) PUBLIC FUNDING	5	2	3	6	5	3	2	3	4	4	7	12	8	6	5	3	2	1	2	2	2	
C) WAITING FURTHER NHS NON-ACUTE CARE	3	6	3	9	6	5	12	12	15	18	12	14	9	6	7	6	6	6	6	5	5	
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	2	3	2	5	4	2	1	2	3	2	1	2	3	1	0	3	4	3	2	3	3	
E) AWAITING NURSING HOME PLACEMENT	3	5	5	9	9	10	9	7	5	3	3	2	4	4	4	7	8	8	7	8	5	
F) AWAITING CARE PACKAGE IN OWN HOME	2	3	1	3	4	3	4	4	4	3	3	2	2	1	5	5	3	3	4	3	0	
G) COMMUNITY EQUIPMENT/ADAPTIONS	1	2	2	1	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	
H) PATIENT OR FAMILY CHOICE	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	3	3	2	
I) DISPUTES	4	5	6	7	4	4	4	3	2	2	2	0	0	0	0	1	1	1	1	1	1	
J) HOUSING	4	3	4	2	3	2	2	2	1	1	0	2	1	4	5	3	8	10	10	8	8	
K) OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0	3	2	1	1	1	0	2	2	
Grand Total	28	34	33	51	42	37	42	41	43	40	34	40	35	29	34	37	41	40	41	40	32	

The average number of delays per day at Merseycare decreased to 32 in December. Of the 32 delays, 8 were due to housing, 5 were awaiting nursing home placements, 5 waiting further NHS non-acute care, 4 awaiting completion assessments, 3 awaiting residential care home placements, 2 patient or family choice, 2 public funding, 2 patient or family choice and 1 dispute. Analysis of average delays in December 2017 compared to December 2016 shows them to be lower by 11.

Figure 45 - Agency Responsible and Total Days Delayed - Merseycare - April 2016 – December 2017

	2016/17												2017/18									
Agency Responsible	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
NHS - Days Delayed	430	550	409	566	477	343	507	604	616	678	436	591	409	488	447	403	613	680	704	705	587	
Social Care - Days Delayed	264	337	359	670	545	505	572	530	537	428	356	343	351	243	367	574	526	406	396	327	218	
Roth - Days Delayed	153	144	227	350	391	379	230	180	186	160	179	303	285	197	217	149	132	151	178	166	179	

The total number of days delayed caused by NHS was 587 in December, compared to 705 last month. Analysis of these in December 2017 compared to December 2016 shows a decrease from 616 to 587 (29). The total number of days delayed caused by Social Care was 218 in December, compared to 327 in November, showing a decrease of 109. Merseycare also have delays caused by both which was 179 in December, an increase from the previous month which reported 166.

4.7 ICRAS

The Integrated Community Reablement and Assessment Service (ICRAS) commenced in October 2017 with phase 1, introducing a series of discharge 'lanes' for patients to speed up transition from hospital. The teams are working together to not only support discharge from hospital, but significant progress is being made in supporting people to avoid unnecessary hospital admission as well. Reports from colleagues within the system, particularly in South Sefton, are reporting the positive impact of the scheme, both personally and professionally and how this has improved the patients' journeys. Phase 2 (incorporating patients with more complex discharge needs) is planned for 1 April 2018. Specific metrics for the service are still being developed, but the metrics below are




some of the outcomes being reported to Sefton Health and Wellbeing Board as part of an integration dashboard.



4.8 Patient Experience of Unplanned Care

Figure 46 - Aintree A&E Friends and Family Test performance

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

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	15.0%	15.9%		85%	87%		8%	9%	

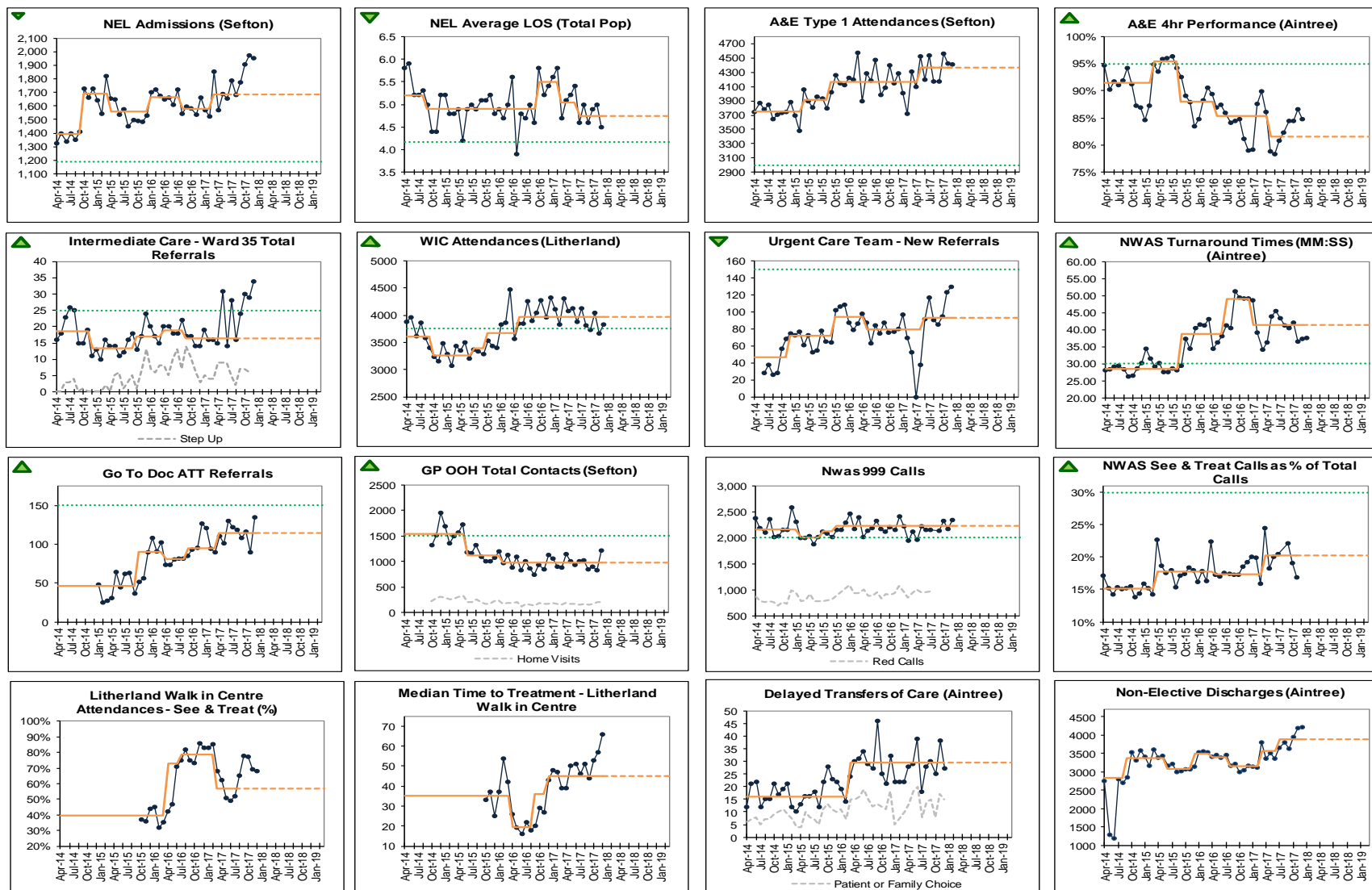
The Friends and Family Test (FFT) Indicator comprises of three parts:

- % Response Rate
- % Recommended
- % Not Recommended














The percentage of people that would recommend A&E is above the England average (85%) reporting 87% in December the same as November. The not recommended percentage is at 9% in December which again is the same as the previous month, 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 9 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £1.5m/4.1%. 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 -£180k/-0.5%.

Aintree and Royal Liverpool represent the highest over performing providers for unplanned care at month 9 with a year to date variance of £1.6m/6% and £389k/26% respectively. In contrast, Southport & Ormskirk is currently underperforming by -£365k/-16%.

Figure 47 - Month 9 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	71,453	80,353	8,900	12%	£26,779	£28,449	£1,671	6%	-£1,671	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	7,467	7,053	-414	-6%	£1,612	£1,446	-£166	-10%	£166	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	186	116	-70	-38%	£307	£275	-£32	-10%	£32	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	2,591	2,388	-203	-8%	£3,137	£2,952	-£186	-6%	£186	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	4,057	4,236	179	4%	£1,485	£1,874	£389	26%	-£389	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	8	6	-2	-21%	£42	£47	£5	12%	-£5	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	85,761	94,152	8,391	10%	£33,362	£35,043	£1,682	5%	-£1,682	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	50	90	40	79%	£12	£26	£13	110%	£0	£13	110%
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	69	69	0%	£0	£15	£15	0%	£0	£15	#DIV/0!
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	6,152	5,826	-326	-5%	£2,328	£1,963	-£365	-16%	£0	-£365	-16%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	666	809	143	21%	£297	£326	£28	10%	£0	£28	10%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	50	104	54	106%	£135	£195	£61	45%	£0	£61	45%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	31	33	2	7%	£10	£16	£5	49%	£0	£5	49%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	94	94	0%	£0	£13	£13	0%	£0	£13	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	183	214	31	17%	£67	£114	£47	71%	£0	£47	71%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	46	53	7	16%	£29	£31	£3	10%	£0	£3	10%
ALL REMAINING PROVIDERS TOTAL	7,179	7,292	113	2%	£2,878	£2,698	-£180	-6%	£0	-£180	-6%
GRAND TOTAL	92,940	101,444	8,504	9%	£36,240	£37,742	£1,502	4.1%	-£1,682	-£180	-0.5%

*PbR Only

4.10.2 Aintree University Hospital NHS Foundation Trust

Figure 48 - Month 9 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	30,800	35,316	4,516	15%	£730	£730	£0	0%
A&E - Accident & Emergency	22,827	24,799	1,972	9%	£3,078	£3,400	£322	10%
NEL - Non Elective	11,041	11,178	137	1%	£20,568	£21,352	£784	4%
NELNE - Non Elective Non-Emergency	36	29	-7	-20%	£130	£99	£-31	-24%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	15	78	63	412%	£4	£20	£15	359%
NELST - Non Elective Short Stay	1,506	1,623	117	8%	£1,012	£1,119	£107	11%
NELXBD - Non Elective Excess Bed Day	5,227	7,330	2,103	40%	£1,256	£1,730	£474	38%
Grand Total	71,453	80,353	8,900	12%	£26,779	£28,449	£1,671	6.2%

4.10.3 Aintree Hospital Key Issues

The Urgent Care over spend of £1.6m/6.2% is driven by an over performance within Non Electives and Non Elective Excess Bed Days as well as within Accident & Emergency. 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, Accident & Emergency, Trauma & Orthopaedic and Colorectal Surgery 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 49 - Month 9 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	3,351	3,318	-33	-1%	£349	£372	£24	7%
AMAU - Acute Medical unit	16	46	30	183%	£2	£4	£3	183%
NEL - Non Elective	506	512	6	1%	£1,004	£1,279	£275	27%
NELNE - Non Elective Non-Emergency	11	18	7	65%	£63	£95	£31	50%
NELST - Non Elective Short Stay	67	100	33	48%	£43	£67	£24	55%
NELXBD - Non Elective Excess Bed Day	106	242	136	129%	£25	£57	£33	134%
Grand Total	4,057	4,236	179	4%	£1,485	£1,874	£389	26%

4.10.5 Royal Liverpool University Hospital Key Issues

The overall Urgent Care over spend of £389k/26% is largely driven by a £297k/33% over performance in Non-Elective costs. Vascular Surgery is the top over performing specialty within this POD with a variance of £164k/153% 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 50 - NHS South Sefton CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS South Sefton CCG			
	Caseload as at 31/12/2017	2017/18 Plan	Variance from Plan	Variance on 31/12/2016
1 Common Mental Health Problems (Low Severity)	11	43	-	32
2 Common Mental Health Problems (Low Severity with greater need)	7	25	-	18
3 Non-Psychotic (Moderate Severity)	71	150	-	79
4 Non-Psychotic (Severe)	278	270	8	-
5 Non-psychotic Disorders (Very Severe)	87	67	20	16
6 Non-Psychotic Disorder of Over-Valued Ideas	36	46	-	10
7 Enduring Non-Psychotic Disorders (High Disability)	307	251	56	49
8 Non-Psychotic Chaotic and Challenging Disorders	133	122	11	6
10 First Episode Psychosis	147	144	3	4
11 On-going Recurrent Psychosis (Low Symptoms)	317	399	-	82
12 On-going or Recurrent Psychosis (High Disability)	398	354	44	41
13 On-going or Recurrent Psychosis (High Symptom & Disability)	101	101	-	-
14 Psychotic Crisis	31	27	4	1
15 Severe Psychotic Depression	8	6	2	2
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	41	38	3	2
17 Psychosis and Affective Disorder – Difficult to Engage	40	50	-	10
18 Cognitive Impairment (Low Need)	244	224	20	27
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	432	446	-	14
20 Cognitive Impairment or Dementia Complicated (High Need)	448	398	50	46
21 Cognitive Impairment or Dementia (High Physical or Engagement)	123	140	-	17
Cluster 99	277	558	-	281
Total	3,537	3,859	-	305

5.1.1 Key Mental Health Performance Indicators

Figure 51 - 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
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%
Rolling Quarter				97%	100%	96.0%	95.2%	96%	92.6%	94.2%

Figure 52 - 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
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%
Rolling Quarter				100%	100%	100%	100%	66.7%	66.7%	77.8%

Figure 53 - EIP 2 week waits

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (in month)	50%	No Patients	100%	67%	100%	50%	100%	67%	40.0%	100%
Rolling Quarter				80%	100%	81.8%	84.6%	67%	50%	64%

5.1.2 Out of Area Placements (OAP's)

Figure 54 - 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

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 October to December 2017 where 15 OAP's were reported, an increase on the last reporting period of 10. The CCG is therefore currently in line with the target.

5.1.3 Mental Health Contract Quality Overview

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

The Trust, in response to the recent Crisis Resolution Home Treatment Team (CRHTT) core fidelity review findings has established an urgent pathway work-stream to establish a Single Point of Access to enable a more responsive access point for urgent referrals. The first phase of this work will involve assessment based staff being within a single team with the Trust's footprint with agreed triage and assessment process. This work also includes the identification of staff who undertake CRHT team functions with the aim of establishing a one stop integrated referral and response across the Trust's footprint. The Trust has appointed a manager who will manage the integrated team and the bed management function so as to optimise appropriate admissions and discharges. It is expected that the new CRHTT staffing structure and arrangements will be in place by March 2018.

In conjunction with the urgent pathway redesign and recognising the need to improve collaborative working, the Trust has developed plans to enhance GP liaison building upon the primary care mental health practitioners which have been in place since 2013/14. As from 1st December 2017 consultant psychiatrists will be aligned to primary care localities and respective Primary Care Mental Health Liaison Practitioners so as to increase the mental health support available for GPs. Contact will soon be established to arrange consultant visits to practices and within these meetings it will be possible to discuss GP patients open to mental health services, and those patients not open but for whom the GP may wish to take advice on to either avoid the need for a referral or for support with signposting to an appropriate alternative service e.g. The Life Rooms. A tripartite meeting involving the Sefton LMC has been arranged for 21st March 2018 to discuss the Trust's proposals to change the outpatient model of care.

Eighteen week referral to treatment wait times (95% threshold) for psychotherapy and eating disorders have been sub-optimal throughout 2017/18 and following concerns raised by commissioners the Trust is working to improve performance. Patients numbers within Psychotherapy and Eating Disorders within both CCGs are small and therefore the KPIs are sensitive to small fluctuation. The Trust has reported that vacancies are being filled and group work has been implemented in both services and the expectation is that performance will improve in the last quarter of the year.

Communication related KPIs within the contract continue to be a focus of concern. Commissioners are not satisfied that sufficient progress is being made and this issue will be raised at the next CQPG in February 2018.

The Trust is in the process of implementing a new clinical information system (RiO), expected to go live across all services in June 2018. The Trust has 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 KPI 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.

At a meeting held with the Trust on 7th December 2017, it was agreed to work with the prioritise quality KPIs for reporting (e.g. national ones). At the subsequent commissioner meeting held on 6th February 2018 it was agreed to discontinue two KPIs and move monthly reporting for some

KPIs to quarterly so as to reduce administrative burden whilst RiO is being embedded. Trust has yet to respond to the commissioner proposals.

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

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.

The Trust was issued with a Performance Notice on 11th May 2017 following deterioration in Safeguarding related performance between Quarter 2 and Quarter 3 in 2016/17. This had previously been raised via CRM and CQPG meetings. The Trust has provided a remedial action plan against which progress will be monitored via CQPG. Good progress continues to be reported against the remedial action plan however the performance notice remains open until the CCG Safeguarding Team is assured that all concerns have been addressed.

The Adult ADHD service provided by the Trust continues to operate at over capacity. Six of the seven sessions per week became vacant on 1st October 2017 and these are being recruited to and the trust has reported that the vacant sessions will be filled in January 2018. The recently Sefton LMC approved shared care protocol for adult ADHD drugs has been approved by the Trust and transfers of patients back to primary care are expected to commence in January 2018.

In response to commissioner and provider concerns about the memory pathway and throughput of patients there have been initial discussions about undertaking a pilot involving two South Sefton general practices and Churchtown practices in Southport to forming part of a multi-disciplinary/multi –agency approach to the management of people living well with Alzheimer's disease. Initial work will focus on gathering baseline evidence from general practices involved and community nursing teams involved. The target cohort are patients who are prescribed Acetyl-Cholinesterase or Memantine. Cross referencing GP and community data will help understand demand /capacity issues.




5.1.4 Patient Experience of Mental Health Services

Figure 55 - Merseycare Friends and Family Test performance

Friends and Family Response Rates and Scores

Mersey Care NHS Foundation Trust

Latest Month: Dec-17

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Mental Health	2.5%	3.0%		88%	86%		4%	4%	

Merseycare recorded 86% of respondents as recommending, this is now below the England average of 88% a decline from the previous month when 90% was recorded. The rate of those not recommending is 4% the same at the England average.

5.2 Improving Access to Psychological Therapies

Figure 56 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March
National definition of those who have entered into treatment	2016/17	282	294	294	272	246	269	269	254	198	307	284	315
	2017/18	223	320	331	315	269	289	294	358	232			
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%	1.32%	1.36%	1.30%	1.11%	1.19%	1.21%	1.47%	0.95%			
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%	46.8%	42.1%			
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%			
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%			
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	198	150			
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	89	61			
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%	82.7%			

Cheshire & Wirral Partnership reported 232 South Sefton patients entering treatment in Month 9, which is a 35.2% decrease from the previous month when 358 were reported. 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 3 at 3.75% which equates to 1.25% per month. The access rate for Month 9 was 0.95% and therefore failed to meet the standard.

There were 283 Referrals in Month 9, which was a 33.9% decrease compared to the previous month when there were 428. Of these, 60.4% were Self-referrals which is a decrease from the previous month (63.6%). GP Referrals were lower than the previous month with 58 compared to 87 for Month 8. 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 42.1% in Month 9, which is a decrease from 46.8% for the previous month and failing to meet the target of 50%.

Cancelled appointments by the provider saw an increase in Month 9 with 81 compared to 59 in Month 8.

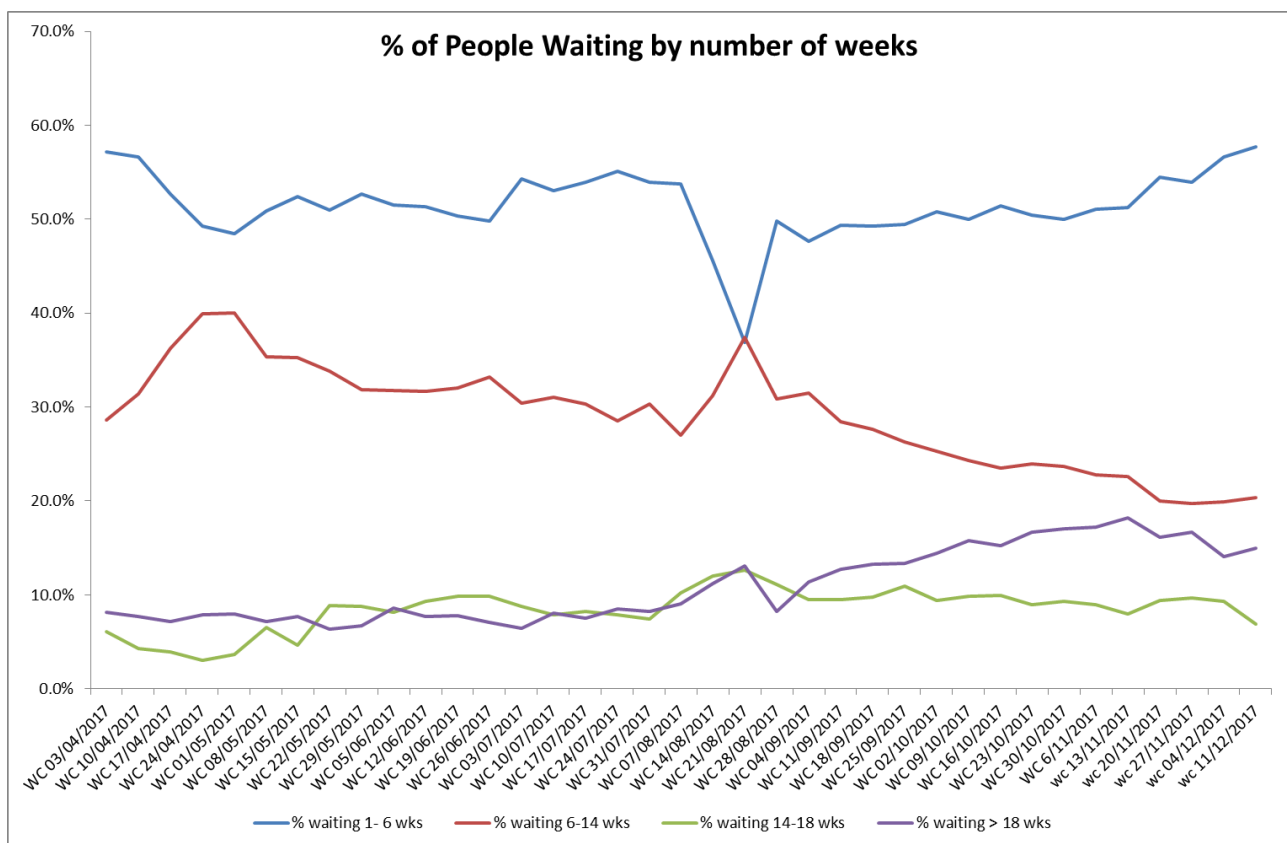
There was a decrease in DNAs in Month 9 (from 198 in Month 8 to 112 in Month 9); the provider has commented that the DNA policy has been tightened with all clients made aware at the outset. Cancelled slots are being made available for any assessments/entering therapy appointments.

In month 9, 99.3% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have waited less than 18 weeks (against a standard of 95%).

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

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

Figure 57 - NHS South Sefton CCG – Access Sefton % Internal waiters



The chart above illustrates internal waits activity for April 2017 onwards over the 37-week reporting period. The proportion of people waiting 6 to 14 weeks for a second appointment has seen a slightly downward trend over the given time period with the exception of a peak in the week commencing 21/08/2017.

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

5.3 Dementia

Figure 58 - Dementia casefinding

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
People Diagnosed with Dementia (Age 65+)	1219	1213	1224	1237	1247	1245	1259	1250	1216
Estimated Prevalence (Age 65+)	1845	1851.4	1855.3	1862	1860.5	1864.6	1864.6	1862.3	1870.5
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%
Target	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 December of 65.01% which is now under the national dementia diagnosis ambition of 66.7%.

The drop in diagnosis rates may be caused by seasonal variation; fewer older people being asked to attend GP practices due to other seasonal pressures. It is also worth noting that the numbers of people over 65 diagnosed with dementia dropped from 1250 in Nov to 1216 in Dec which is a significant drop. At the same time the estimated prevalence increased significantly for the December. Nationally the trend for diagnosis rates fell significantly during December. Nevertheless, we will continue to work with practices to improve uptake of diagnosis opportunities and continue to work with Primary Care Mental Health Facilitators (MCT) to minimise errors on practice registry / IT systems, which should help to recover the diagnosis rates for South Sefton.

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

The 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. The CCG have been informed these tables have not been produced until those discussions have been completed therefore there is no Q2 update.

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

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

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

Figure 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.

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.

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 what needs further work.

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

A number of services have seen a high number of DNA's and Provider cancellations so far in 2017/18.

For patient DNAs, Sefton Physio Service reports a deterioration in cancelation rates with 14.3% in December compared to 8.2% reported last month. Adult Dietetics also continues to report high rates at 14.5% in December, a deterioration from 10.8% in November.

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

6.1.3 Waiting Times

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

Physiotherapy: In November, this service reported average waits of 26 weeks (red), a decline on last month when it was just over target at 21 weeks. Waiting times have gradually increased over the current financial year from 14 weeks in April. The average waiting times on the incomplete pathway are currently amber at 20 weeks, and have also been increasing over the year from 12 weeks in May.

Podiatry: In November, this service reported average waits of 20 weeks (amber), slightly less than last month when performance was at 22 weeks.

Nutrition & Dietetics: In November, the service reported average waits of 23 weeks which was higher than October when the waits were at 19 weeks and taking the performance into the red.

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 9 2017/18 YTD the costs for the CCG for initial contacts was £21,907 with 324 contacts and for follow-ups costs were £150,041 with 4374 contacts.

6.2.1 Liverpool Community Health Quality Overview

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

6.3 Alder Hey Community Services

6.3.1 Services

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

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

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

6.3.2 Waiting Times

Paediatric SALT: The issue of long waiters with SALT has been raised with the Trust at recent CQPG and Contract meetings, it is understood that data cleansing exercise is being undertaken.

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

Funding for 2018-19 has now been confirmed by the CCGs senior leadership team. Letters confirming commissioning intentions and funding arrangements have now been sent to providers. Reports detailing activity and outcomes during Q2 have now been finalised, a copy of this report has now been circulated amongst commissioners. Referrals to most services have increased during Q2 compared to the same period last year; the complexity of service user issues is also increasing, cases are now taking longer to resolve. Q3 reports are currently underway

Information reporting flows are now being received for Netherton Feelgood Factory, CHART & Parenting 2000. Work is ongoing with hospices to establish information schedules and reporting shortly.

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

Work is in progress to engage further with Third Sector providers and GP Practices in particular services for the elderly, Women's & Children's Aid (Domestic Violence), Stroke Association and dementia services.

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

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

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
	2018/19 Plan	%	0.00%	0.00%
		Number of practices within a CCG which meet the definition of offering full extended access; that is where patients have the option of accessing pre-bookable appointments outside of standard working hours either through their practice or through their group.		
		The criteria of 'Full extended access' are:		
		<ul style="list-style-type: none"> • Provision of pre-bookable appointments on Saturdays through the group or practice AND • Provision of pre-bookable appointments on Sundays through the group or practice AND • Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice 	-	-
		Total number of practices within the CCG.	30	30
		%	0.00%	0.00%

This indicator is based on the percentage of practices within a CCG which meet the definition of offering extended access; that is where patients have the option of accessing routine (bookable) appointments outside of standard working hours Monday to Friday. The numerator in future will be calculated from the extended access to general practice survey, a new data collection from GP practices in the form of a bi-annual survey conducted through the Primary Care Web Tool (PCWT). Currently in South Sefton 15 out of 30 practices and in Southport and Formby 18 out of 19 practices are offering some extended hours, however the planning requirements include Saturday and Sunday and appointments outside core hours. No practices in either CCG are offering all three elements and there are no plans to do so at this stage.

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

8.2 CQC Inspections

A number of practices in South Sefton CCG have been visited by the Care Quality Commission and details of any inspection results are published on their website. There have been no new inspections in South Sefton recently. 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 Center	n/a	Not yet inspected the service was registered by CQC on 20 July 2016					
N84015	Bootle Village Surgery	03 August 2016	Good	Good	Good	Good	Good	Good
N84016	Moore Street Medical Center	17 June 2016	Good	Good	Good	Good	Good	Good
N84019	North Park Health Center	n/a	Not yet inspected the service was registered by CQC on 7 March 2017					
N84028	The Strand Medical Center	19 February 2015	Good	Good	Good	Good	Good	Good
N84034	Park Street Surgery	17 June 2016	Good	Good	Good	Good	Good	Good
N84038	Concept House Surgery	24 July 2017	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
	129 Sefton Road (Branch Surgery)	08 August 2017	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
N84001	42 Kingsway	07 November 2016	Good	Good	Good	Good	Good	Good
N84007	Liverpool Rd Medical Practice	06 April 2017	Good	Good	Good	Good	Good	Good
N84011	Eastview Surgery	11 October 2017	Good	Good	Good	Good	Good	Good
N84020	Blundellsands Surgery	24 November 2016	Good	Good	Good	Good	Good	Good
N84026	Crosby Village Surgery	29 October 2015	Requires Improvement	Good	Good	Good	Good	Requires Improvement
N84041	Kingsway Surgery	07 November 2016	Good	Good	Good	Good	Good	Good
N84621	Thornton Practice	19 February 2015	Good	Requires Improvement	Good	Good	Good	Good
N84627	Crossways Practice	06 August 2015	Good	Good	Good	Good	Good	Good
N84626	Hightown Village Surgery	18 February 2016	Good	Requires Improvement	Good	Good	Good	Good
N84003	High Pastures Surgery	09 June 2017	Good	Good	Good	Good	Good	Good
N84010	Maghull Family Surgery (Dr Sapre)	21 August 2017	Good	Requires Improvement	Good	Good	Good	Good
N84025	Westway Medical Center	23 September 2016	Good	Good	Good	Good	Good	Good
N84624	Maghull Health Center	05 February 2015	Good	Good	Good	Good	Good	Good
Y00446	Maghull Practice	19 March 2015	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
N84004	Glovers Lane Surgery	10 May 2016	Good	Good	Good	Good	Good	Good
N84023	Bridge Road Medical Center	15 June 2016	Good	Good	Good	Good	Good	Good
N84027	Orrell Park Medical Center	20 August 2015	Good	Good	Good	Good	Good	Good
N84029	Ford Medical Practice	31 March 2015	Good	Good	Good	Good	Good	Good
N84035	15 Sefton Road	22 March 2017	Good	Good	Good	Good	Good	Good
N84043	Seaforth Village Practice	29 October 2015	Good	Good	Good	Good	Good	Good
N84605	Litherland Town Hall Hth Ctr	26 November 2015	Good	Good	Good	Good	Good	Good
N84615	Rawson Road Medical Center	10 September 2015	Good	Good	Good	Good	Good	Good
N84630	Netherton Practice	24 September 2015	Good	Requires Improvement	Good	Good	Good	Good

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

9. Better Care Fund

Sefton Health and Wellbeing Board submitted a BCF plan in September 2017, and earlier in July, local areas were required to confirm draft Delayed Transfers of Care (DTC) trajectories and Local Authorities completed a first quarterly monitoring return on the use of the improved BCF (iBCF) funding. The DTC trajectory submitted is in line with the NHS England expectations that both South Sefton and Southport & Formby CCGs will maintain their current rates of delays per day, and this trajectory is adequately phased across the months from July 2017 – March 2018.

A quarter 3 performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in January 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.

A summary of the Q3 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	Not on track to meet target
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	On track to meet target
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	Not on track to meet target

Figure 66 – BCF High Impact Change Model assessment

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

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.

Figure 67 - South Sefton CCG's Month 9 Submission to NHS England

December 2017 Month 09	Month 09 Plan	Month 09 Actual	Month 09 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
Referrals (MAR)				
GP	3422	2711	-20.8%	December has seen a large drop in GP and consultant referrals against previous months. This reduction is mainly focused in the CCGs main provider but nearly all providers are showing a drop. Work is on going with the CCGs planned care and Primary care leads to identify reasons for the drop. One factor being explored is the impact winter pressures has had on primary care and if this has dramatically affected referral levels in December.
Other	1903	2046	7.5%	
Total (in month)	5325	4757	-10.7%	
Variance against Plan YTD	50019	51829	3.6%	
Year on Year YTD Growth			4.6%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	4664	4115	-11.8%	December activity figures are following the trend in referrals and reduced in month. Winter pressures has had an effect system wide on planned care activity and is expected to continue into January. YTD the CCG is within planned levels and not exceeding the 3% threshold for either first or follow-up attendances.
Follow Up	10239	9219	-10.0%	
Total Outpatient attendances (in month)	14903	13334	-10.5%	
Variance against Plan YTD	143121	142361	-0.5%	
Year on Year YTD Growth			2.3%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells				Local monitoring suggests Elective and Day Case activity is below planned levels. In month the plan v actual variance is just outside the 3% threshold when examining the activity figures provided by NHSE. Winter pressures has had an effect system wide on planned care activity.
Elective Ordinary spells				
Total Elective spells (in month)	-	1735	-	
Variance against Plan YTD	-	-	-	
Year on Year YTD Growth			-5.8%	
Urgent & Emergency Care				
Type 1	-	4297	-	Local monitoring of activity shows a slight increase in type 1 activity against previous years at 3.5% but overall A&E activity within the 3% threshold both in month and YTD. A&E plans detail and increase in the latter part of the year to accommodate any increases during the winter period. See below for Urgent Care leads plan to liaise with the local provider.
Year on Year YTD			3.3%	
All types (in month)	9151	8503	-7.1%	
Variance against Plan YTD	81875	77511	-5.3%	
Year on Year YTD Growth			1.4%	
Total Non Elective spells (in month)	-	1982	-	Increased emergency admissions noted over the past three months compared with the previous activity levels. Pathway changes at the CCGs main provider Aintree has resulted in higher A&E to admission conversion rates. Increased number of short stay beds during winter period. CCG Urgent Care lead to liaise with Trust regarding pathway flow.
Variance against Plan YTD	-	-	-	
Year on Year YTD Growth			12.5%	