



South Sefton
Clinical Commissioning Group

**South Sefton Clinical
Commissioning Group**
Integrated Performance Report
April 2017

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1. Executive Summary

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

CCG Key Performance Indicators

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

Key information from this report

Financial position

The forecast financial position and in year position for 2017/18 is breakeven. The CCG has a QIPP plan that addresses the requirement in 2017/18 to achieve the planned breakeven position. However, the risk adjusted plan (adjusted in accordance with the RAG rating methodology approved and recommended by the Finance and Resources Committee) indicates that there is a risk to delivery, of the in-year position.

In May 2017, the Finance & Resource Committee agreed that a QIPP plan should be developed which is 200% of its target to allow for a contingency against non-delivery of high risk schemes. In May 2017, the Chief Operating Officer implemented “QIPP week” during which a series of events and workshops were held enabling the CCG to focus solely on this challenge. The output of the week will be presented to the Governing Body in July 2017.

QIPP savings anticipated for the first two months of the financial year have not been delivered in full, therefore at this stage; the CCG is below its financial plan. This position is expected to improve in the next reporting period as efficiencies generated through the QIPP programme begin to take effect.

Planned Care

Local referrals data from our main providers illustrates that there was no significant change in the overall level of referrals comparing 2016/17 year end with the previous year. Nevertheless, a significant decrease in referrals has occurred in April 2017. GP referrals and consultant to consultant referrals have decreased when compared to previous months. However, an influencing factor on this decrease is the number of working days within the month (18 in April 2017 compared to 23 in March 2017).

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 (March) for E-referral Utilisation rates reported is 22%; no change from the previous month.

The CCG has failed the diagnostic target for less than 1% of patients to wait more than 6 weeks for a diagnostic test. Out of 2,537 patients, 56 waited over 6 weeks. Aintree failed the diagnostic target for less than 1% of patients to wait more than 6 weeks for a diagnostic test; out of 4,863 patients, 76 waited over 6 weeks. Endoscopy has experienced continued pressure over the last quarter resulting in extensive additional activity in order to meet the Trust's 2 week wait cancer pathways. This has made it difficult to support non-urgent 6 weeks performance targets. The Trust has an action plan in place.

Aintree had 1 cancelled operation in April. A patient who had a TCI scheduled on the 6th April cancelled on the day due to an urgent cancer case taking priority. The patient breached the 28 day cancelled operations standard on the 4th May. The patient was offered to have their surgery on the 4th May (the day of the 28 day breach date) but this was not with reasonable notice and the patient refused due to family commitments and asked to have their surgery after the 5th May. The patient was offered a TCI date of the 11th May and the procedure was completed on this date.

Aintree achieved all of the 2 week wait and 31 day wait targets; however the CCG failed the 31 day wait for subsequent treatment target due to 1 patient breach out of a total of 15 patients. Both the CCG and Aintree failed the 85% target for the 62 days standard, with the CCG recording 83.87%, 5 breaches out of 31 patients, and Aintree reporting 82.5%, 10.5 breaches out of 60 patients. Aintree also failed the 90% target for 62 days screening due to a half patient breach out of a total of 3 patients, recording 83.33%.

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target in excess of the regional and national response rates for both inpatients and A&E. However, inpatient response rates are now reporting under target for April at 19.4%. The proportion of patients who would recommend is 1% higher than last month recording 96% (England average 96%) the proportion who would not recommend is lower than the previous month 1%, the same as the England average of 1%.

Performance at Month 1 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of £108k, which is a percentage variance of 3%. At specific trusts, Renacres are reporting the largest over performance with a cost variance with a total of £53k/47%.

The CCG has new plans for Personal Health Budgets (PHBs) for each quarter of 2017/18. Quarter 1 performance is anticipated for July's report.

Unplanned Care

Aintree have revised their Cheshire & Merseyside 5 year Formal View (STP) trajectory for 2017/18 and has failed the 89% March plan agreed with NHS Improvement recording improved performance of 86.13%.

At both a regional and county level, NWS failed to achieve any of the response time targets. With the significant dip in performance around national ambulance targets the CCG are working with all partners to improve performance against these targets.

An increase in the number of handover delays in excess of 30 minutes was also noted during April 2017. The number of waits exceeding 30 minutes increased to 283 (71) and of the 283 delays, 126 were in excess of 60 minutes (44).

Aintree failed the 80% target for patients spending 90% of their time on a stroke unit recording 59.5%. This is a slight improvement from the previous month when the Trust recorded 56.1%. Out of 42 patients only 25 spent more than 90% of their hospital stay on a stroke unit. The Trust continues to achieve the TIA measure.

The CCG and Aintree both achieved their C.difficile plans for April. The CCG and Aintree had no new cases of MRSA in April.

There are a total of 104 serious incidents open on StEIS where South Sefton CCG are either lead or responsible commissioner, and 71 as responsible commissioner. There are 22 for Aintree University NHS Foundation Trust (UHA), 6 of these being South Sefton CCG patients.

The average number of delays per day in Aintree hospital increased to 28 during April 2017 from 22 reported in March. On average, 13 were patient or family choice (46%), 11 were awaiting further NHS non-acute care (39%), and 4 were awaiting care package in own home (14%).

Analysis of average delays in April 2017 compared to April 2016 shows a reduction in the average number of patients, from 30 to 28.

Aintree University Hospital NHS Foundation Trust routinely achieves the Friends and Family response rate target way in excess of the regional and national response rates for A&E. The percentage of people that would recommend A&E is equal to the England average reporting 87% in April. However this is slight reduction on March when 89% was reported. The not recommended percentage is at 7% in April compared to a 7% average; this is the same as the previous month.

At month 1 of 2017/18, Planned Care at Aintree University Hospital is recording a £64k/3% under performance against plan. Day cases and Outpatient Follow Up non-face to face are the PODs reporting a significant over performance within planned care, with a combined variance of £64k. Outpatient first attendances and outpatient follow up attendances ((single professional consultant led) are under performing by a combined total -£93k. Cardiology is showing the largest cost variance in month 1 (£109k/96%). The cardiology over performance is largely related to day case activity. Conversely, Trauma & Orthopaedics is under performing by £33k/9% against plan.

Mental Health

The 3 Key Mental Health Performance Indicators are achieving.

In terms of Improving Access to Psychological Therapies (IAPT), the provider reported a 30.2% reduction on the previous month of South Sefton patients entering treatment in Month 1. The access standard is currently set at 16.8% for 2017/18 year end.

There were 329 Referrals in Month 1, which was a 14.1% decrease compared to the previous month when there were 382. Of these, 65% were Self-referrals which is comparable to 62% for the previous month. GP Referrals decreased slightly from 75 in Month 12 to 74 for Month 1. 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 36.2% in Month 1, which is a decrease from 52.3% for the previous month, and a failure to meet the target of 50%. The provider believes that it is possible recovery will dip as the longest waiters are brought into service, as more are likely to disengage without completing treatment. However, as waits reduce, this is expected to improve.

Cancelled appointments by the provider saw a 60.9% decrease in Month 1 with 45 compared to 115 in Month 12.

Community Health Services

The Liverpool Community Health contract has now ended and the new contract between the CCG and Mersey Care began on 1st June. Liverpool Community Health continues to provide their usual reports as per the 2016/17 information schedule, as part of an agreement to support Mersey care with initial reporting for 6 months.

Discussions are taking place in weekly contract meetings between the CCG and Mersey Care around the commissioners reporting requirements. Liverpool Community Health is supporting the Trust in undertaking gap analysis and providing action plans to the CCG for missing indicators.

For patient DNAs, Sefton Physio Service continues to report high rates with 31.7% in Apr-17. Diabetes reported 15.2% compared to a 16/17 outturn of just 8.2%. Adult Dietetics also continues to report high rates at 13.4% in April. Total DNA rates at Sefton are green for this month at 7.8%.

Treatment rooms, Podiatry, Physio, Adult Dietetics, and Paediatric Dietetics have all continued the trend of previous years showing high numbers of patient cancellations. All services are above 10% for April 2017. Total patient cancellations for Sefton are high at 11.5%.

Adult SALT: Completed pathways are reporting over the standard 18-week target, at 20 weeks. However, the incomplete pathway was reporting 13 weeks, well under the threshold with the longest waiting patient at 15 weeks.

Paediatric SALT: In April 2017, 21 weeks was reported for incomplete pathways against the 18 week target. A total of 70 patients were waiting over 18 weeks, with the 3 longest waiters at 27 weeks.

Primary Care

The latest GP practice within South Sefton CCG to receive CQC inspection results published in the last month, High Pastures Surgery, which achieved a 'Good' rating.

Better Care Fund

A Better Care Fund monitoring report was submitted to NHS England for Quarter 4 of 2016/17. We continue to meet the national BCF conditions. The guidance for BCF 2017/18 and associated planning requirements are awaited but due for imminent release

CCG Improvement & Assessment Framework

A dashboard is released each quarter by NHS England consisting of fifty seven indicators. Performance is reviewed quarterly at CCG Senior Management Team meetings, and Senior Leadership Team, Clinical and Managerial Leads have been identified to assign responsibility for improving performance for those indicators. This approach allows for sharing of good practice between the two CCGs, and beyond.

Publication of quarter 4 data has been delayed nationally and currently expected for release at the end of June 2017. This is to enable the analytical resource to focus on year-end updates and 17/18 framework. Publication of the 2017/18 IAF is currently not confirmed, however through informal discussions it is suggested that publication will not occur until end of June.

2. Financial Position

2.1 Summary

This report focuses on the financial performance for South Sefton CCG as at 31 May 2017 (Month 2).

The forecast financial position and in year position for 2017/18 is breakeven. The CCG has a QIPP plan that addresses the requirement in 2017/18 to achieve the planned breakeven position. However, the risk adjusted plan (adjusted in accordance with the RAG rating methodology approved and recommended by the Finance and Resources Committee) indicates that there is a risk to delivery, of the in-year position.

In May 2017, the Finance & Resource Committee agreed that a QIPP plan should be developed which is 200% of its target to allow for a contingency against non-delivery of high risk schemes. In May 2017, the Chief Operating Officer implemented “QIPP week” during which a series of events and workshops were held enabling the CCG to focus solely on this challenge. The output of the week will be presented to the Governing Body in July 2017.

QIPP savings anticipated for the first two months of the financial year have not been delivered in full, therefore at this stage; the CCG is below its financial plan. This position is expected to improve in the next reporting period as efficiencies generated through the QIPP programme begin to take effect.

The high level CCG financial indicators are listed below:

Figure 1 – Financial Dashboard

Report Section	Key Performance Indicator		This Month
1	Business Rules	1% Surplus	✗
		0.5% Contingency Reserve	✓
		0.5% Non-Recurrent Reserve	✓
2	Breakeven	Financial Balance	✓
3	QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£0.400m
4	Running Costs	CCG running costs < 2017/18 allocation	✓
5	BPPC	NHS - Value YTD > 95%	99.99%
		NHS - Volume YTD > 95%	95.67%
		Non NHS - Value YTD > 95%	92.91%
		Non NHS - Volume YTD > 95%	96.57%

2.2 Resource Allocation

No additional allocations were received in Month 2. The 2017/18 total allocation was increased in month as follows:

- 16-17 Surplus carried forward - £0.100m

This reflects an increase on to the CCGs funding allocation for 2017-18 in respect of the historic surplus brought forward from the previous financial year.

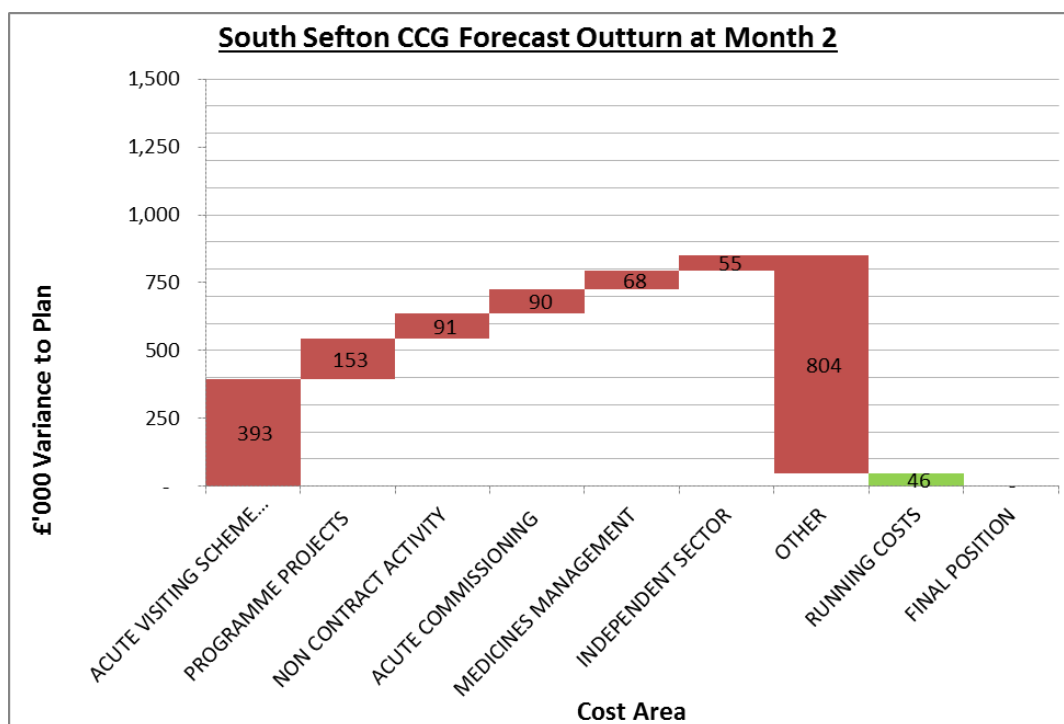
2.3 Position to date and forecast

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.

The main pressure to the CCG is the full year cost £0.393m for the Acute Visiting Scheme (AVS) service charges which has continued in the first part of the financial year following review of decision taken by the QIPP committee. Other areas of forecast over spend are £0.153m within programme projects. This is due to the over spend on referral management, £0.084m and prior approval Individual Funding Request (IFR) £0.069m.

It should be noted that whilst the financial report is up to the end of May 2017, the CCG has based its reported position on the latest information received from Acute and Independent providers which is up to the end of April 2017.

Figure 2 – Forecast Outturn



Independent Sector

The month 2 position on the budget for Independent Sector is an overspend of £0.055m mainly due to Ramsay Healthcare experiencing a £0.042m over performance against plan for orthopaedic and gastroenterology activity.

Continuing Health Care and Funded Nursing Care

The Adam Dynamic Procurement System (DPS) became operational on 2nd May 2017. The Finance and Quality teams have been working with colleagues at Midlands and Lancashire Commissioning Support Unit (MLCSU) and Adam during the transitional period to resolve emerging issues. Insufficient reliable data was available during the month 2 close down period to enable accurate forecasting consequently the month 2 forecast position for the Continuing Health Care and Funded Nursing Care (FNC) budget is shown at breakeven.

Work to resolve outstanding data migration issues will continue to progress in June including weekly conference calls between all parties to provide a forum for discussion of risks and issues. It is anticipated that data to enable robust forecasting will be in place for the next reporting period. Similarly, an assessment of any potential financial risks in relation to local authority invoices for the final quarter of the previous financial year will be performed.

2.4 QIPP

The 2017/18 QIPP target is £8.480m. The plan is phased evenly across the financial year at this stage. The CCGs QIPP plan has been fully evaluated and further work is ongoing to determine the expected delivery of schemes and phasing throughout the year.

The QIPP plan submitted to NHS England as part of the 2017-18 financial plan will be updated following this work.

Month 2 QIPP Delivery

The CCG has identified £0.400m QIPP savings at Month 2, this relates to savings are within the prescribing budget resulting in reduced costs in the last two months of 2016/17 which were notified to the CCG in May 2017.

2.5 CCG Running Costs

The running cost allocation for the CCG is £3.237m and the CCG must not exceed this allocation in the financial year. The month 2 position shows a small underspend of £0.013m and forecast outturn of £0.046m underspend.

2.6 CCG Cash Position

In order to control cash expenditure within the NHS, limits are placed on the level of cash available to organisations for use in each financial year.

The Maximum Cash Drawdown (MCD) is the maximum amount of cash available to a CCG each financial year and is made up of:

Total Agreed Allocation
Opening Cash Balance (i.e. at 1st April 2017)
Opening creditor balances less closing creditor balances

Cash is held centrally at NHS England and is allocated monthly to CCGs following notification of cash requirements.

As well as managing the financial position, organisations must manage their cash position. The monthly cash requested should cover expenditure commitments as they fall due and the annual cash requested should not exceed the maximum cash drawdown limit.

The CCG is required to take part in an MCD submission to NHS England at Months 6 and 9 to incorporate any changes in the CCGs forecast cash position to ensure sufficient cash is available throughout the financial year. An increase in MCD cannot always be accommodated.

Month 2 position

The CCG MCD was set at £241.250m at Month 2. The actual cash utilised at Month 2 was £37.225m (15.43% MCD) against a target of £40.208m (16.67% MCD). Cash will continue to be monitored daily by the finance team to ensure that cash targets set by NHS England are met.

2.7 Evaluation of risks and opportunities

The primary financial risks for the CCG for the financial year are non-delivery of the QIPP target and increased performance within acute care. These risks require ongoing management and review.

QIPP

Overall management of the QIPP programme is monitored by the Joint QIPP Committee. Although significant QIPP savings have been achieved in the previous financial year, the majority of savings in 2016/17 were non-recurrent. The focus must continue to ensure the required savings can be delivered to achieve the agreed financial plan and long term financial stability.

Acute Contracts

The CCG has experienced significant growth in acute care year on year in Acute Costs. Although the year to date performance for the main provider is below plan at Month 2, and actions are required to mitigate over performance in year.

All members of the CCG have a role to play in managing this risk including GPs and other Health professionals to ensure individuals are treated in the most clinically appropriate and cost effective way, and the acute providers are charging correctly for the clinical activity that is undertaken.

Actions to mitigate the risk of further over performance have been implemented and include:

Implementation of contract challenges for data validation and application of penalties for performance breaches.

Scrutiny and challenge of all activity over performance and other areas of contested activity. Implementation of a robust referral management process, which will ensure adherence to the CCGs existing policies for procedures of limited clinical value.

Other risks that require ongoing monitoring and managing include:

Prescribing - This is a volatile area of spend but represents one of the biggest opportunities for the CCG, and as such this makes up one of the biggest QIPP programmes. The monthly expenditure and forecast is monitored closely as QIPP schemes continue to be delivered.

2.8 Reserves budgets / Risk adjusted surplus

Reserve budgets are set aside as part of the Budget Setting exercise to reflect planned investments, known risks and an element for contingency. Each month, the reserves and risks are analysed against the forecast financial performance and QIPP delivery.

Figure 3 – 2017/18 Forecast Outturn Position

	Recurrent £000	Non- Recurrent £000	Total £000
Agreed Financial Position	0.000	0.000	0.000
QIPP Target	(3.329)	(5.151)	(8.480)
Revised surplus / (deficit)	(3.329)	(5.151)	(8.480)
Forecast Outturn (Operational budgets)	0.000	0.000	0.000
Reserves Budget	0.000	0.000	0.000
Management action plan			
QIPP Achieved	0.400	0.000	0.400
Remaining QIPP to be delivered	2.929	5.151	8.080
Total Management Action plan	3.329	5.151	8.480
Year End Surplus / (Deficit)	0.000	0.000	0.000

2.9 Recommendations

The Finance and Resource Committee is asked to receive the finance update, noting that:

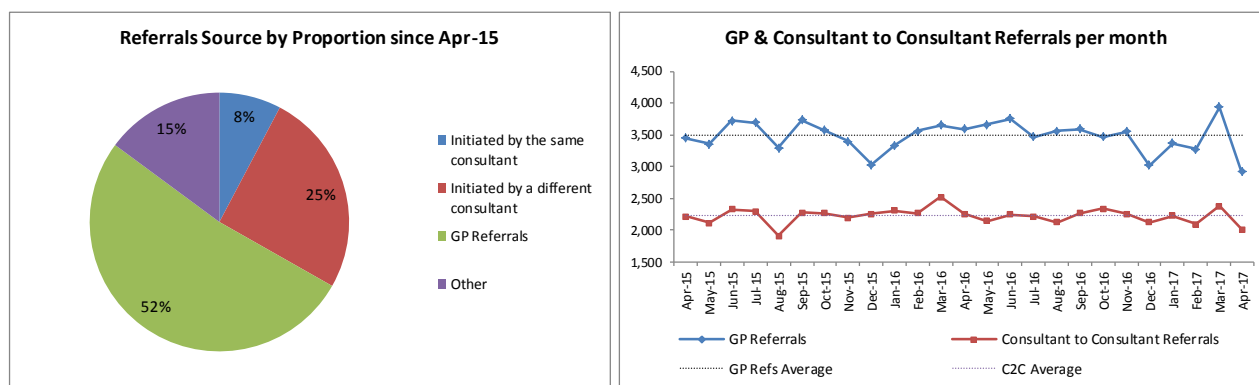
- Both the year to date financial position and forecast is breakeven. This assumes that the CCG will deliver the 2017/18 QIPP plan.

- QIPP savings anticipated for the first two months of the financial year have not been achieved, therefore at this stage; the CCG is below its financial plan. This position is expected to improve in the next reporting period as efficiencies generated through the QIPP programme begin to take effect.
- As part of the financial strategy, the CCG will undertake extensive benchmarking against our peers to demonstrate that it has explored all opportunities available to deliver savings. Our target will be to attain top quartile performance in all aspects of our commissioning portfolio to demonstrate that we are achieving value for money from our 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 deliver a reduction in costs. The focus must be on reducing access to clinical services that provide no or little clinical benefit for patients.
- 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

3. Planned Care

3.1 Referrals by source

Figure 4 - GP and 'other' referrals for the CCG across all providers for 2015/16, 2016/17 and M1 2017/18



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

Referral Type	DD Code	Description	Apr-17	1516 YTD	1617 YTD	Variance	% Variance
GP	03	GP Ref	2,919	41,813	42,247	434	1.0%
GP Total			2,919	41,813	42,247	434	1.0%
Other	01	following an emergency admission	149	1,945	1,770	-175	-9.0%
	02	following a Domiciliary Consultation		20	9	-11	0.0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	416	5,099	4,908	-191	-3.7%
	05	A CONSULTANT, other than in an Accident and Emergency Department	1,142	15,608	15,564	-44	-0.3%
	06	self-referral	253	3,676	3,380	-296	-8.1%
	07	A Prosthetist		15	14	-1	-6.7%
	08	Royal Liverpool Code (TBC)	74	842	926		
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	122	1,119	1,196	77	6.9%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	183	3,176	3,246	70	2.2%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	5	70	76	6	8.6%
	13	A Specialist NURSE (Secondary Care)	7	103	41	-62	-60.2%
	14	An Allied Health Professional	131	1,538	1,821	283	18.4%
	15	An OPTOMETRIST	1	13	11	-2	-15.4%
	16	An Orthoptist		3	4	1	0.0%
	17	A National Screening Programme	3	67	72	5	7.5%
	92	A GENERAL DENTAL PRACTITIONER	137	1,621	1,708	87	5.4%
	93	A Community Dental Service		16	3	-13	-81.3%
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	248	4,160	3,838	-322	-7.7%	
Other Total			2,871	39,091	38,587	-504	-1.3%
Unknown			1	21	1	-20	-95.2%
Grand Total			5,791	80,925	80,835	-90	-0.1%

Local referrals data from our main providers illustrates that there was no significant change in the overall level of referrals comparing 2016/17 year end with the previous year. Nevertheless, a significant decrease in referrals has occurred in April 2017. GP referrals and consultant to consultant referrals have decreased when compared to previous months. However, an influencing factor on this decrease is the number of working days within the month (18 in April 2017 compared to 23 in March 2017).

Discussions regarding referral management, prior approval, and consultant-to-consultant referrals continue. A paper was presented to March QIPP Clinical Advisory Group to update on the development of a Referral Optimisation and Support System (ROSS) and explore preferences with the clinical members of the group with regards to clinical and community triage.

3.1.1 E-Referral Utilisation Rates

NHS E-Referral Service Utilisation				
NHS South Sefton CCG	17/18 - April	80% by End of Q2 2017/18 & 100% by End of Q2 2018/19	22.00%	↔

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

The latest data (April) for E-referral Utilisation rates reported is 22%; no change from the previous month.

3.2 Diagnostic Test Waiting Times

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	17/18 - April	1.00%	2.21%	↑
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	17/18 - April	1.00%	1.20%	↑

The CCG has failed the under 1% of patients waiting over 6 weeks for a diagnostic test. Out of 2,537 patients, 56 waited over 6 weeks with 1 waiting over 13 weeks the majority being for Gastroscopy (28).

Aintree failed the under 1% of patients waiting over 6 weeks for a diagnostic test. Out of 4,863 patients, 76 waited over 6 weeks and 1 over 13 weeks. The majority of these again were waiting for gastroscopy (46).

Waiting times for general MR imaging are at 6 weeks 4 Days. Pressure from Inpatient referrals has led to a reduction in outpatient capacity to prioritise flow through the hospital.

Endoscopy has experienced continued pressure over the last quarter resulting in extensive additional activity in order to meet the Trust's 2 week wait cancer pathways. This has made it difficult to support non-urgent 6 weeks performance targets. The performance position is consistent with reporting throughout Q1 as a result a lack of endoscopists due to sickness/maternity leave with SPR cover.

Trust Action Plan

- Additional WLI activity is planned to support recovery of the Joint Advisory Group performance. This is expected to continue to improve the position.

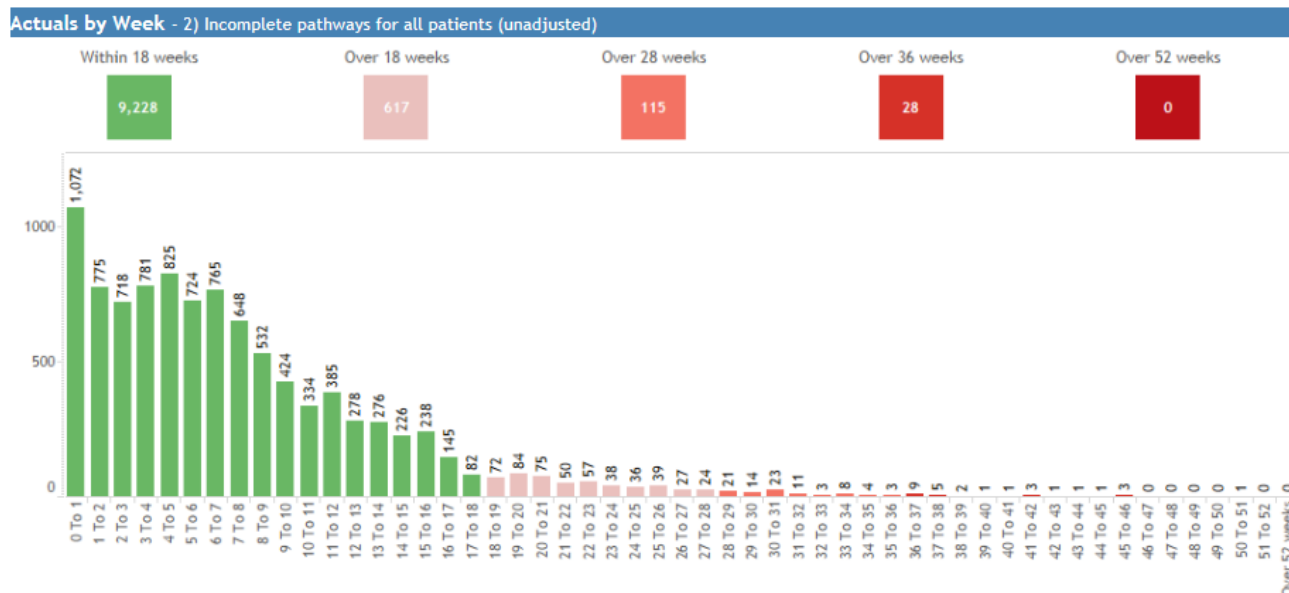
- A sustainability plan is in the process of being worked through requiring the development of a demand and capacity model across endoscopy services. This will require IT support.
- Interim plan – monitor weekly and run additional sessions as required to meet demand.
- Unisoft Add In – discussions ongoing with Unisoft Medical Systems. Training to be completed.

3.3 Referral to Treatment Performance

Referral To Treatment waiting times for non-urgent consultant-led treatment				
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	17/18 - April	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	17/18 - April	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 - April	92%	93.73%	↔
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 - April	92%	92.8%	↔

3.3.1 Incomplete Pathway Waiting Times

Figure 5 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 6 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers

Waiters by Time Period and Provider - 2) Incomplete pathways for all patients (unadjusted)

Provider	Within 18 weeks	Over 18 weeks	Over 28 weeks	Over 36 weeks	Over 52 weeks
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST : (REM)	5,640	232	29	4	0
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST : (RQ6)	1,172	213	48	13	0
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST : (REP)	538	48	5	4	0
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVY)	571	41	6	1	0
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)	462	35	9	2	0
ST HELENS AND KNOWSLEY HOSPITAL SERVICES NHS TRUST : (RBN)	135	15	7	2	0
SPIRE HEALTHCARE : (NT3)	103	6	0	0	0
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST : (RBL)	17	6	4	1	0

3.3.3 Long Waiters Analysis: Top 2 Providers split by Specialty

Figure 7 - Patients waiting (in bands) on incomplete pathways by Specialty for Aintree University Hospitals NHS Foundation Trust

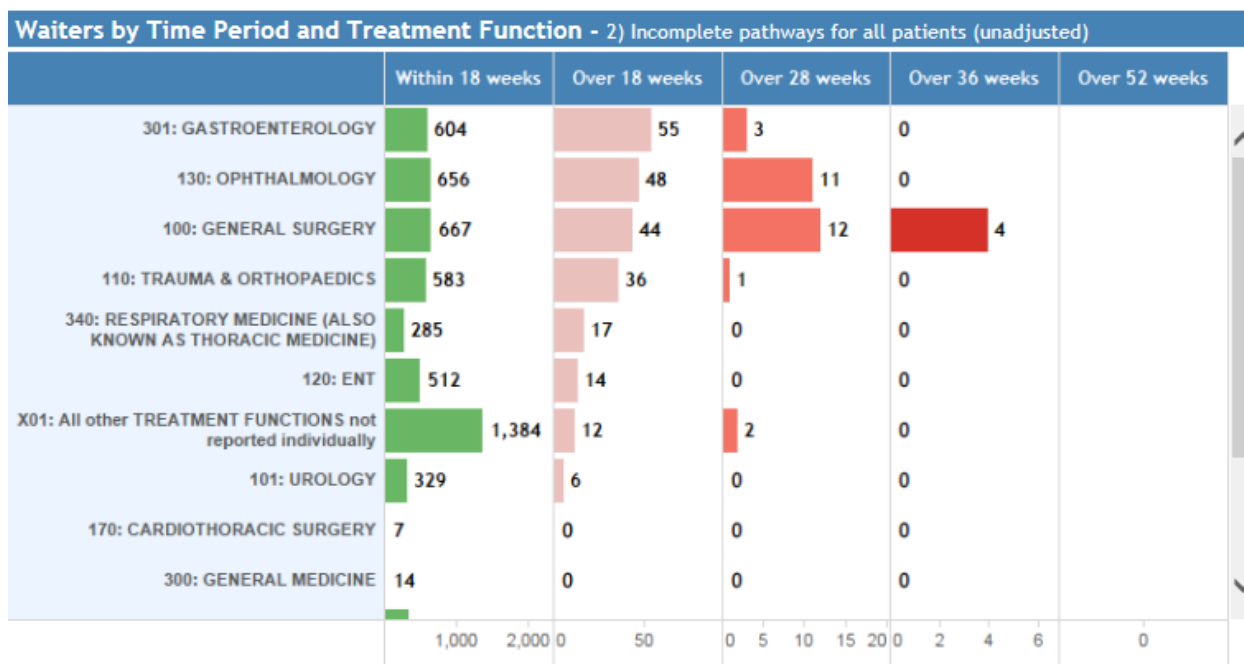
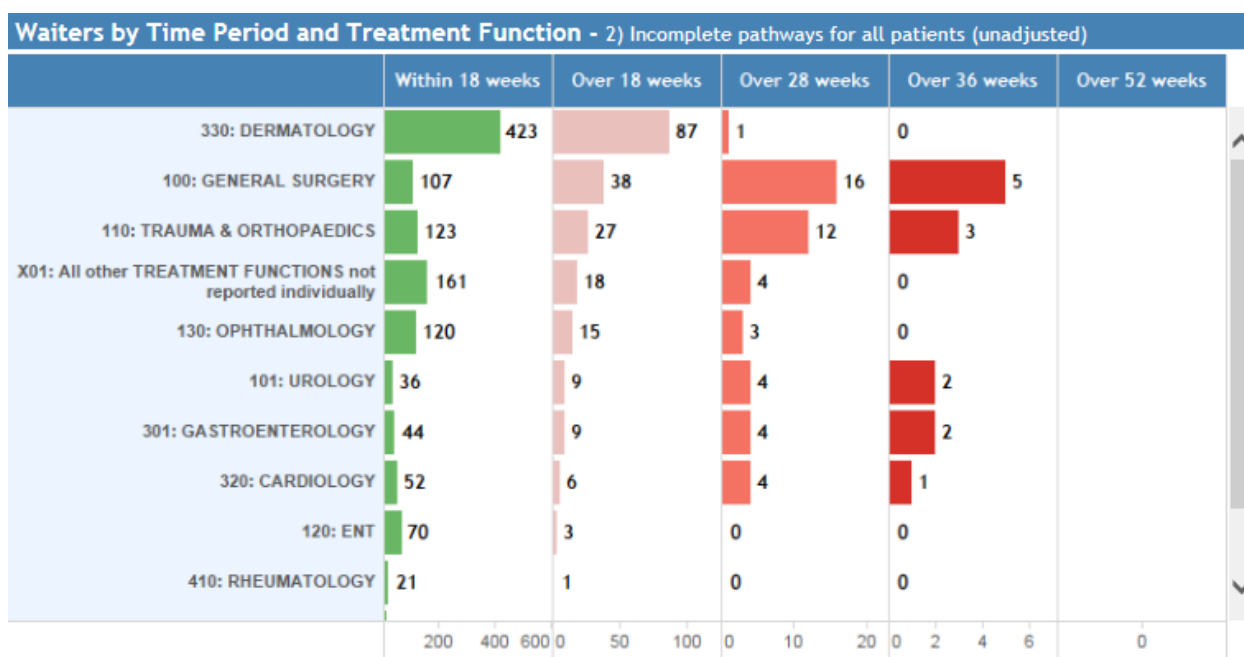


Figure 8 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



3.3.4 Provider assurance for long waiters

CCG	Trust	Specialty	Wait band	Has the patient been seen/has a TCI date	Detailed reason for the delay
South Sefton	Aintree	GENERAL SURGERY	41	Clock stopped 19/05/2017 - 1st treatment	Capacity issue
South Sefton	Aintree	GENERAL SURGERY	46	N/A	Admin error
South Sefton	Royal Liverpool	UROLOGY	40	Pathway Stopped	Capacity
South Sefton	Royal Liverpool	GENERAL SURGERY	42	No Date Yet	Long Wait on Waiting List
South Sefton	Royal Liverpool	GENERAL SURGERY	43	Pathway Stopped	Capacity
South Sefton	Royal Liverpool	T&O	44	Pathway Stopped	Capacity
South Sefton	Wirral	ALL OTHER	45	No response received from Trust	
South Sefton	Liverpool Womens	GYNAECOLOGY	41	Treated 04/05/2017	Numerous patient cancellations (5).
South Sefton	Liverpool Womens	GYNAECOLOGY	41	Treated 04/05/2017	Numerous patient cancellations (7).
South Sefton	Alder Hey	ALL OTHER	45	Patient DNA 04/05/17 sent back to the team for review	Constrained capacity specialty
South Sefton	Guys & St Thomas	DERMATOLOGY	51		Elective Assurance have informed that this patient cancelled x4 OPA's and has since advised that he has been treated locally and has been discharged.

3.4 Cancelled Operations

3.4.1 All patients who have cancelled operations on or day after the day of admission for non-clinical reasons to be offered another binding date within 28 days

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

Aintree had 1 cancelled operation in April. A patient who had a TCI scheduled on the 6th April cancelled on the day due to an urgent cancer case taking priority. The patient breached the 28 day cancelled operations standard on the 4th May. The patient was offered to have their surgery on the 4th May (the day of the 28 day breach date) but this was not with reasonable notice and the patient refused due to family commitments and asked to have their surgery after the 5th May. The patient was offered a TCI date of the 11th May and the procedure was completed on this date.

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

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

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	17/18 - April	93%	93.57%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	17/18 - April	93%	95.03%	↔
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 - April	93%	93.85%	↓
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 - April	93%	93.03%	↓

3.5.2 - 31 Day Cancer Waiting Time Performance

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	17/18 - April	96%	100.00%	↑
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	17/18 - April	96%	98.29%	↓
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	17/18 - April	94%	100.00%	↑
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	17/18 - April	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	17/18 - April	94%	93.33%	↓
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	17/18 - April	94%	96.15%	↓
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	17/18 - April	98%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	17/18 - April	98%	100.00%	↑

The CCG failed the 94% target for 31 day subsequent surgery due to 1 patient breach out of a total of 15 patients. This patient waited 38 days in total and the reason for delay was down to ENT capacity. Performance is expected to recover next month.

3.5.3 - 62 Day Cancer Waiting Time Performance

Cancer waits – 62 days				
Maximum 62-day wait for first definitive treatment following a consultant’s decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	17/18 - April	85% local target	91.67%	↑
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 - April	85% local target	90.32%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	17/18 - April	90%	100.00%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	17/18 - April	90%	83.33%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	17/18 - April	85%	83.87%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	17/18 - April	85%	81.50%	↓

The CCG failed the 85% target for the 62 days standard recording 83.87%, out of 31 patients there were the equivalent of 5 breaches. The delay reasons were:

- Patient requiring numerous investigations, that patient also deferred treatment
- Referred from external Trust on day 56 of pathway
- Delay due to referral between trusts day 46
- Patient choice, thinking time and 2nd opinion, unavoidable breach

- Complex patient

Aintree failed the 90% target for 62 days screening due to a half patient breach out of a total of 3 patients, recording 83.33%. The lower gastro breach waited 69 days and the delay was due to referral between trusts. The Trust undertakes Bowel screening only and so treatment numbers are low in comparison to other organisations.

Aintree also failed the 85% target for 62 day wait from urgent GP referral to first definitive treatment in April reporting 82.5%, out of 60 patients there were 10.5 patient breaches. The main reason for breaches was delay in referral between trusts, longest wait being 110 days.

Trust Action Plan:

- Continued monitoring and intervention by the Clinical Business Units to managed the patient pathway and remove any barriers which may be preventing treatment.
- Escalation of delays and constraints to the individual patient journey at the weekly Cancer Performance Meeting.
- Continued tracking by the Central Cancer team to support performance improvement in the tumour groups. Early escalations of issues to Divisional Directors of Operations.
- Provision of additional support from the Head of Performance in to the Cancer Services Team.
- Implementation of changes to the Chair of the Cancer Performance Meeting in order to support the teams on delivery of all cancer standards.
- Review and re-issue the Cancer Escalation SOP to support CBU's who have a number of management vacancies.

NHS England's National Plan identifies particular Trusts with a small number of excess breaches (referred to as 'quick wins') and with numbers of avoidable breaches that should take quick actions to deliver the standard. Action plans have been developed to achieve sustainable compliance on the 62 days standard by Quarter 2 17/18

- Warrington and Halton Hospital NHS Trust
- Southport and Ormskirk NHS Hospitals Trust
- Aintree Hospital NHS Trust
- Liverpool Women's Hospital NHS Trust
- Clatterbridge Hospital NHS Trust

3.6 Patient Experience of Planned Care

Friends and Family Response Rates and Scores

Aintree University Hospital NHS Foundation Trust

Latest Month: **Apr-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%	19.4%		96%	96%		1%	1%	

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

- % Response Rate
- % Recommended
- % Not Recommended

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target in excess of the regional and national response rates for both inpatients and A&E. However, inpatient response rates are now reporting under target for April at 19.4%. The proportion of patients who would recommend is 1% higher than last month recording 96% (England average 96%) the proportion who would not recommend is lower than the previous month 1%, the same as the England average of 1%.

The Trust Patient Experience Lead attended the CCG Engagement and Patient Experience Group (EPEG) in April to provide updates regarding the Trust FFT. This presentation was well received and highlighted the excellent work the Trust do to give assurance that patient engagement and experience is considered as important as clinical effectiveness and safety in making up quality services. Information about the Aintree Champions Excellence (ACE) awards was delivered to the group. The framework awards areas for exceptional care provision. 33 wards have been assessed with 11 achieving ACE status so far.

The CCG dashboard for patient experience will be updated for the July EPEG meeting.

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 1 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of £108k, which is a percentage variance of 3%. At specific trusts, Renacres are reporting the largest over performance with a cost variance with a total of £53k/47%.

Figure 9 - 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
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	12,202	11,717	-485	-4%	£2,065	£2,002	£64	-3%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	1,049	945	-104	-10%	£132	£90	£42	-32%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	7	11	4	53%	£2	£1	£0	-23%
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	8	8	0%	£0	£1	£1	0%
FAIRFIELD HOSPITAL	15	11	-4	-26%	£4	£2	£2	-42%
ISIGHT (SOUTHPORT)	43	0	-43	-100%	£10	£0	£10	-100%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	93	104	11	12%	£31	£38	£6	20%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	1,229	1,226	-3	0%	£250	£233	£17	-7%
RENACRES HOSPITAL	321	307	-14	-4%	£113	£166	£53	47%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2,361	2,403	42	2%	£396	£411	£15	4%
SALFORD ROYAL NHS FOUNDATION TRUST	0	3	3	0%	£0	£1	£1	0%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	1,105	966	-139	-13%	£206	£160	£46	-22%
SPIRE LIVERPOOL HOSPITAL	182	229	47	26%	£56	£68	£12	20%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	299	341	42	14%	£83	£80	£3	-3%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	41	1	-40	-98%	£11	£1	£9	-89%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	9	0	-9	-100%	£1	£0	£1	-100%
WALTON CENTRE NHS FOUNDATION TRUST	237	208	-29	-12%	£76	£59	£17	-22%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	9	9	0%	£0	£1	£1	0%
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	36	26	-10	-29%	£10	£3	£6	-64%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	70	137	67	94%	£25	£47	£22	85%
Grand Total	19,298	18,652	-646	-3%	£3,471	£3,363	£108	-3%

3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust

Figure 10 - Planned Care - Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	985	940	-45	-5%	£585	£631	£46	8%
Elective	137	121	-16	-11%	£386	£365	-£21	-5%
Elective Excess BedDays	45	22	-23	-52%	£11	£5	-£6	-51%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	32	15	-17	-53%	£7	£4	-£3	-48%
OPFANFTF - Outpatient first attendance non face to face	205	248	43	21%	£6	£6	£1	9%
OPFASPCL - Outpatient first attendance single professional consultant led	2,458	2,085	-373	-15%	£392	£344	-£48	-12%
OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	105	73	-32	-30%	£9	£8	-£1	-13%
OPFUPNFTF - Outpatient follow up non face to face	252	1,004	752	298%	£6	£24	£18	298%
OPFUPSPCL - Outpatient follow up single professional consultant led	6,291	5,518	-773	-12%	£440	£394	-£45	-10%
OPPROCFA - Outpatient Procedure First Attendances	635	648	13	2%	£91	£90	-£1	-1%
OPPROCUP - Outpatient Procedure Follow Up	1,058	1,043	-15	-1%	£133	£130	-£3	-3%
Grand Total	12,202	11,717	-485	-4%	£2,065	£2,002	-£64	-3%

At month 1 of 2017/18, Planned Care at Aintree University Hospital is recording a £64k/3% under performance against plan.

Day cases and Outpatient Follow Up non-face to face are the PODs reporting a significant over performance within planned care, with a combined variance of £64k. Outpatient first attendances and outpatient follow up attendances ((single professional consultant led) are under performing by a combined total -£93k.

Cardiology is showing the largest cost variance in month 1 (£109k/96%). The cardiology over performance is largely related to day case activity. Conversely, Trauma & Orthopaedics is under performing by £33k/9% against plan.

The table below illustrates the Planned Care year to date variance by Specialty, focussing on the top and bottom 5 specialties in terms of cost variances against plan at month 1:



South Sefton Clinical Commissioning Group

Top/Bottom 5 Specialties	DAY CASES		ELECTIVE INPATIENTS		ELECTIVE XBDS		OUTPATIENT FIRST ATTENDANCE		OUTPATIENT FUP ATTENDANCE		OUTPATIENT PROCEDURES		TOTAL	
	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	Activity YTD Var	Price YTD Var
Cardiology	95	£117,357	2	-£852	3	£606	-31	-£7,961	139	-£2,163	25	£2,727	232	£109,714
Hepatobiliary & Pancreatic Surgery	1	£1,587	6	£16,883			-1	-£72	-2	-£373	0	£0	4	£18,026
Breast Surgery	6	£10,994	-3	-£2,941			-6	-£1,182	-19	-£1,191	11	£905	-10	£6,586
Interventional Radiology	1	£4,735	1	£1,299			-1	-£216	5	£412	5	-£173	10	£6,057
Transient Ischaemic Attack							25	£8,385	-2	£0	-22	-£2,792	1	£5,593
Respiratory Medicine	-4	-£6,495	-5	-£4,037	-1	-£128	-31	-£3,270	-37	-£4,416	9	£1,249	-68	-£17,097
General Surgery	-2	-£2,465	-5	-£8,004	0	-£49	-23	-£3,904	-52	-£3,760	-2	-£217	-84	-£18,399
Colorectal Surgery	-7	-£6,111	-4	-£6,102	-22	-£5,198	-19	-£4,418	16	£594	-4	-£717	-41	-£21,954
Gastroenterology	-31	-£13,281	-2	-£6,531	-4	-£1,077	-1	-£171	-93	-£4,961	7	£1,417	-125	-£24,604
Trauma & Orthopaedics	-17	-£23,890	0	-£1,458	5	£1,172	-22	-£3,386	-10	-£545	-45	-£5,767	-89	-£33,875
Grand Total	-45	£46,185	-16	-£20,863	-23	-£5,631	-346	-£50,890	-53	-£28,343	-2	-£4,316	-485	-£63,858

3.7.2 Planned Care Southport & Ormskirk Hospital

Figure 11 - Planned Care - Southport & Ormskirk Hospital by POD

Southport & Ormskirk Hospital Planned Care PODS *	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	69	64	-5	-7%	£50	£38	£-11	-23%
Elective	14	12	-2	-14%	£41	£21	£-20	-49%
Elective Excess BedDays	3	0	-3	-100%	£1	£0	£-1	-100%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	18	7	-11	-61%	£3	£1	£-2	-60%
OPFASPCL - Outpatient first attendance single professional consultant led	165	135	-30	-18%	£27	£22	£-5	-18%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	40	24	-16	-40%	£3	£1	£-2	-60%
OPFUPSPCL - Outpatient follow up single professional consultant led	351	277	-74	-21%	£27	£22	£-5	-20%
Outpatient Procedures	381	370	-11	-3%	£50	£48	£-2	-4%
Unbundled Diagnostics	64	77	13	20%	£5	£6	£1	24%
Grand Total	1,105	966	-139	-13%	£206	£159	£-47	-23%

*PbR only

Planned care elements of the contract continue to underperform against plan in month 1 2017/18 as they had throughout 2016/17 with the majority of areas below year to date.

The main areas of under-performance are Elective and Day Case procedures with a combined under spend of £21k. Two main factors contributed to the current performance surrounding planned inpatient care, the first being the impact of Joint Health with Trauma & Orthopaedics the foremost specialty under plan in April at -£19k. The second factor is the cancellation of a number of planned procedures due to decontamination issues. This affected a number of specialties including General Surgery, Ophthalmology, and Urology.

Outpatient activity is below plan across all the points of delivery with Trauma & Orthopaedics again the main specialty affected. Another notable specialty is Dermatology which currently is experiencing notable staffing issues. A shift in activity may be noticed between Outpatient attendances to Outpatient procedures within the year due to the introduction of HRG4+.

3.7.3 Renacres Hospital

Figure 12 - 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	41	41	0	0%	£46	£62	£16	35%
Elective	7	17	10	130%	£35	£78	£43	122%
OPFASPCL - Outpatient first attendance single professional consultant led	87	78	-9	-11%	£13	£13	£0	0%
OPFUPSPCL - Outpatient follow up single professional consultant led	104	135	31	29%	£9	£9	£0	5%
Outpatient Procedures	50	0	-50	-100%	£7	£0	-£7	-100%
Unbundled Diagnostics	30	36	6	19%	£3	£4	£1	39%
Grand Total	321	307	-14	-4%	£113	£166	£53	47%

Renacres over performance of £53k/47% is driven by a £43k over performance in Electives and £16k over performance in Day Cases, suggesting a continuing theme from 2016/17. The over performance at Renacres is mirrored by underperformance at other Trusts, namely Southport and Ormskirk Hospitals suggesting a shift in patient and GP choice.

3.8 Personal Health Budgets

South Sefton CCG – 2017/18 PHB Plans

E.N.1	Q1	Q2	Q3	Q4
1) Personal health budgets in place at the beginning of quarter (total number per CCG)	48	52	56	60
2) New personal health budgets that began during the quarter (total number per CCG)	4	4	4	4
3) Total number of PHB in the quarter = sum of 1) and 2) (total number per CCG)	52	56	60	64
4) GP registered population (total number per CCG)	154,916	154,916	154,916	154,916
Rate of PHBs per 100,000 GP registered population	33.57	36.15	38.73	41.31

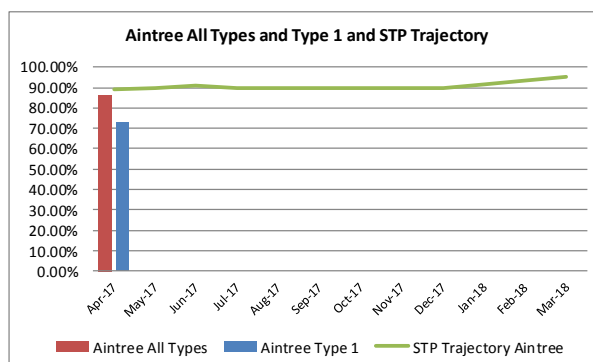
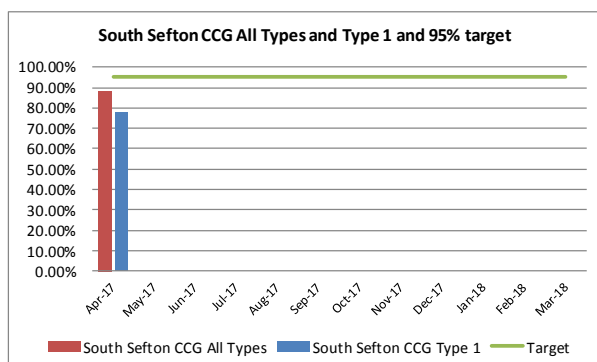
For 2017/18, the national ambition is to reach between 24,000 and 32,000 PHBs – that is between 40 and 55 per 100,000. Based on current numbers of PHBs in place, plus knowledge of plans to increase in 2017/18, plans have been submitted to almost achieve the 2017/18 trajectory but to miss national ambition by 2020/21 for South Sefton CCG (64 plan v 90 NHSE expectation). Plans for 2018/19 at this point have been submitted to meet the trajectory for 2018/19. This requires a significant increase in new PHBs and is subject to CCG expansion from Continuing Health Care to Mental Health, Learning Disability, children and Long Term Conditions which is subject to approval of a proposal to CCG Governing Bodies from the CCG PHB Lead. Quarter 1 performance is anticipated for July's report.

4. Unplanned Care

4.1 Accident & Emergency Performance

A&E waits					
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	17/18 - April	95%	88.07%	↑	The CCG have failed the target in April reaching 88.07%. In month 960 attendances out of 8,046 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	17/18 - April	95%	77.70%	↑	The CCG have failed the target in April reaching 77.70%. In month 955 attendances out of 4,292 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) All Types	17/18 - April	STP Trajectory Target 89%	86.13%	↓	Aintree have failed their revised target of 89% in April reaching 86.13% ; 1,904 attendances out of 13,723 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	17/18 - April	95%	72.70%	↑	Aintree have failed the target in April reaching 72.70%. In month 1,904 attendances out of 6,981 were not admitted, transferred or discharged within 4 hours.

A&E All Types	Apr-17	YTD
STP Trajectory Aintree	89%	%
Aintree All Types	86.13%	86.13%



Aintree have revised their Cheshire & Merseyside 5 year Formal View (STP) trajectory for 2017/18 and has failed the 89% March plan agreed with NHS Improvement recording improved performance of 86.13%. This was a 3.8% decline compared to March 2017. There was also a decline in performance noted across all A&E clinical indicators in April 2017.

Trust actions for improvement include:

- Continue to embed all aspects of the Emergency and Acute Care Plan. Monitor and review performance on a daily basis to identify lessons learned, corrective actions and monitor.
- Progress with consultant recruitment. Whilst recruitment is underway, arrange additional sessions to cover gaps in the existing rota.
- Consider ways to fully implement GP streaming with a view to adopting the Luton and Dunstable model. Complete the audit across local Trusts to identify scope.
- 90 day improvement campaign launched by NNAS, with support from ECIP, to focus on improving direct access to A&E for appropriate patients arriving by ambulance.
- Implement actions arising from the follow-up review of Acute Medicine undertaken by ECIP.

- Review current structures and develop a workforce plan which will deliver sustained performance levels. A project is underway to identify the medical workforce required.
- Continue with the programme of facilitated ED team engagement sessions, supported by OD.

4.2 Ambulance Service Performance

Ambulance					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	17/18 - April	75%	84.38%	↑	The CCG has achieved the 75% target in April, achieving 84.34%. Out of 64 incidents, 54 were within 8 mins.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	17/18 - April	75%	69.73%	↑	The CCG is under the 75% target reaching 69.73%. In April, out of 938 incidents, 654 were within 8 mins.
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	17/18 - April	95%	93.83%	↑	The CCG is under the 95% target reaching 93.83%. In April out of 1,002 incidents, 940 were within 19 mins.
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	17/18 - April	75%	70.08%	↑	NWAS reported under the 75% target reaching 70.08% in April.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	17/18 - April	75%	68.94%	↑	NWAS reported under the 75% target reaching 68.94% in April.
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	17/18 - April	95%	92.54%	↑	NWAS reported under the 75% target reaching 92.54% in April.

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Aintree	17/18 - April	0	157	↓	The Trust recorded 157 handovers between 30 and 60 minutes, this is a decline on last month when 130 was reported but 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 - April	0	82	↓	The Trust recorded 84 handovers over 60 minutes, a slight decline on the previous month when 82 was reported but is still breaching the zero tolerance threshold.

The CCG achieved only one of the 3 indicators for ambulance service performance, Category A (red 1). (See above of number of incidents / breaches).

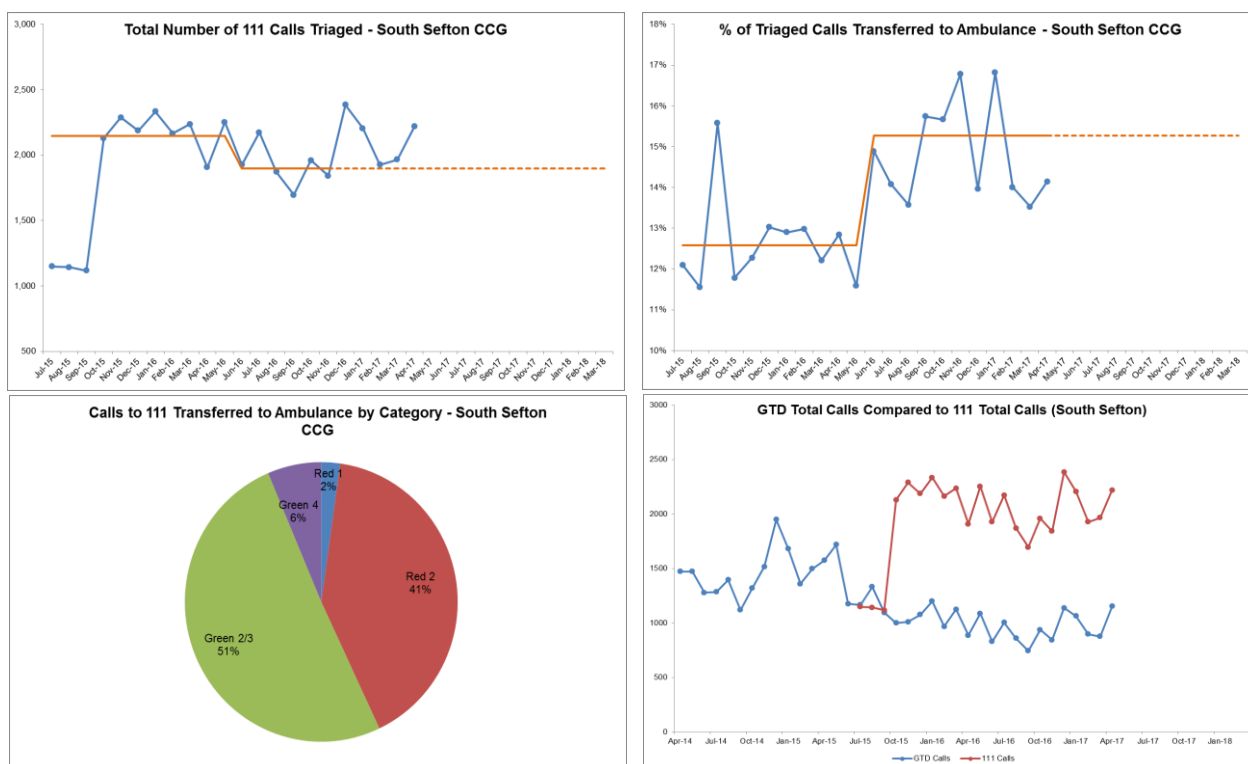
With the significant dip in performance around national ambulance targets we are working with all partners to improve performance against these targets. The Provider actions for improvement include an agreed Workforce Plan, establishment of a Performance Development Plan to be monitored twice a week. Senior Manager, Trust Board and NHSI focus on performance. Introduction of weekly telephone conferences with Commissioners to focus on performance and also a Remedial Performance Plan was introduced in January 2017 to focus on performance improvement. NWAS chaired a 90 day Improvement Forum facilitated by NHSI and attended by Lead Commissioners to focus on hospital issues, performance and any restrictions/barriers to achieving performance.

An increase in the number of handover delays in excess of 30 minutes was also noted during April 2017. The numbers of waits exceeding 30 minutes increased to 283 (+71) and of the 283 delays, 126 were in excess of 60 minutes (+44).

The average time from notification to handover standard of 15 minutes also declined in April 2017. The Trust achieved an average of 16:58 minutes compared to the 15:01 minutes reported in the previous month (+1.57 minutes).

4.3 NWAS, 111 and Out of Hours

4.3.1 111 Calls



April 2017 saw an increase in the number of 111 calls made by South Sefton patients to 2,220 from 1,967 in March, an increase of 12.9%. There has also been an increase when compared to April 2016, from 1,908 or 15.9%.

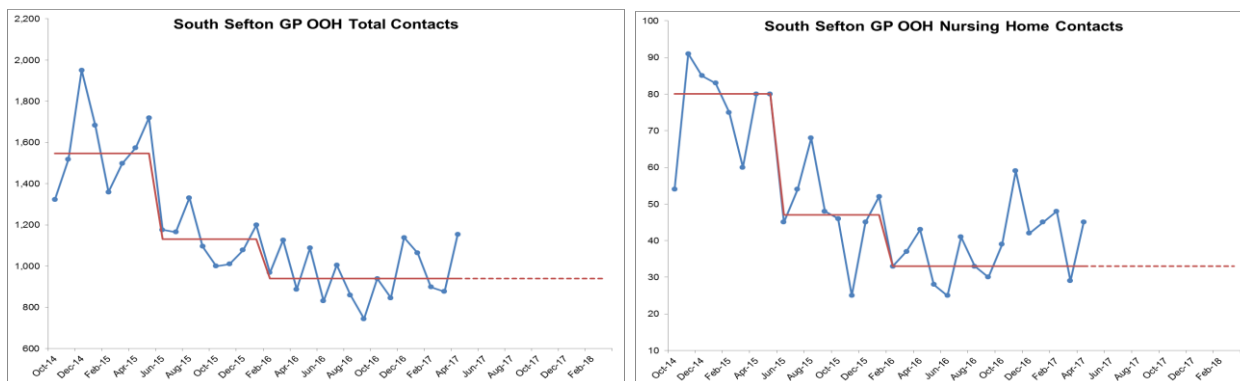
The breakdown for outcomes of 111 calls in April 2017 is as follows:

- 58% advised to attend primary and community care
- 18% closed with advice only
- 14% transferred to ambulance
- 7% advised to attend A&E
- 3% advised to other service.

14.1% of all 111 calls were transferred to an ambulance which is a slight increase from March (13.5%) but is in line with previous months reporting.

The number of 111 calls continues to be lower than the number of GP out of hours (OOH) calls in April 2017, a trend which has remained consistent since September 2015.

4.3.2 GP Out of Hours Calls



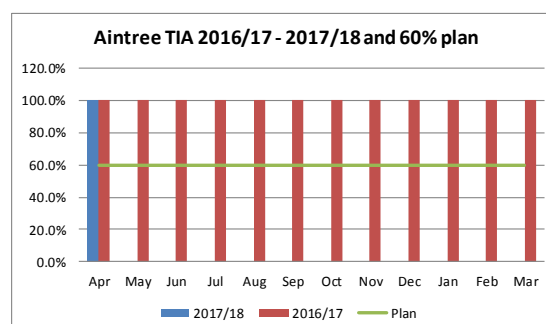
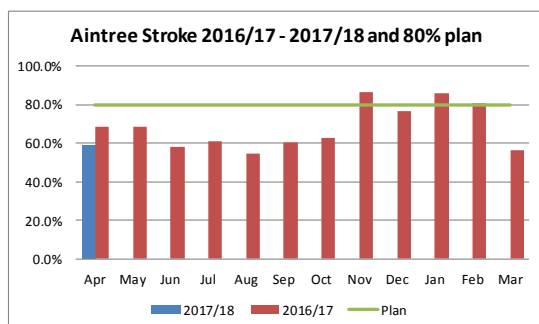
The number of calls from South Sefton patients to the GP OOH service has increased in April 2017 to 1,154 and increase of 31.7% since March. April had more calls than in any month of 2016/17 and is 30.1% higher than the same time in the previous year. However this is still on trend since the baseline shifted in February 2016.

GP OOH calls from nursing homes within South Sefton have increased to 45, by 55%, from March, however, as with total calls, this remains within trend.

4.4 Unplanned Care Quality Indicators

4.4.1 Stroke and TIA Performance

Stroke				
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	17/18 - April	80%	59.50%	↑
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	17/18 - April	60%	100%	↔



Aintree failed the 80% target for patients spending 90% of their time on a stroke unit recording 59.5%. This is a slight improvement from the previous month when the Trust recorded 56.1%. Out of 42 patients only 25 spent more than 90% of their hospital stay on a stroke unit.

A review of all breaches of the standard has been undertaken and shows;

- 14 patients required admission to the Stroke Unit but no beds were available.
- 1 patient was referred to the stroke team after an MRI diagnosed a stroke.
- 1 patient was discharged home before transfer to the Stroke Unit.
- 1 patient had an atypical presentation and was discharged without a referral.

Actions to improve include:

Finalise stroke bed modelling and business case to present at the June Business Case Review Group, discuss late referrals to the Stroke Team with Acute and Emergency Medicine to ensure lessons are learned, continue Registered Nurse and Therapy recruitment for funded HASU beds and transfer medical patients from the Stroke Unit in order to accommodate patients with a new diagnosis of stroke in ED or AMU.

The team continue to perform positively against the Transient Ischaemic Attack (TIA) standard reporting 100% performance for patient scanned and treated within 24 hours during April 2017.

4.4.2 Mixed Sex Accommodation

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

4.4.3 Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	17/18 - April	5	3	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	17/18 - April	4	8 (3 following appeal)	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	17/18 - April	0	0	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	17/18 - April	0	0	↔

The CCG had 3 news cases of C.difficile reported in April 2017, against a plan of 5, (3 apportioned to acute trust and 0 apportioned to community). The year to date plan is 54.

For Aintree there have been 8 patients with Trust apportioned C.difficile in April against a monthly plan of 4 (there were 5 successful appeals upheld in June). The year-end plan is 46.

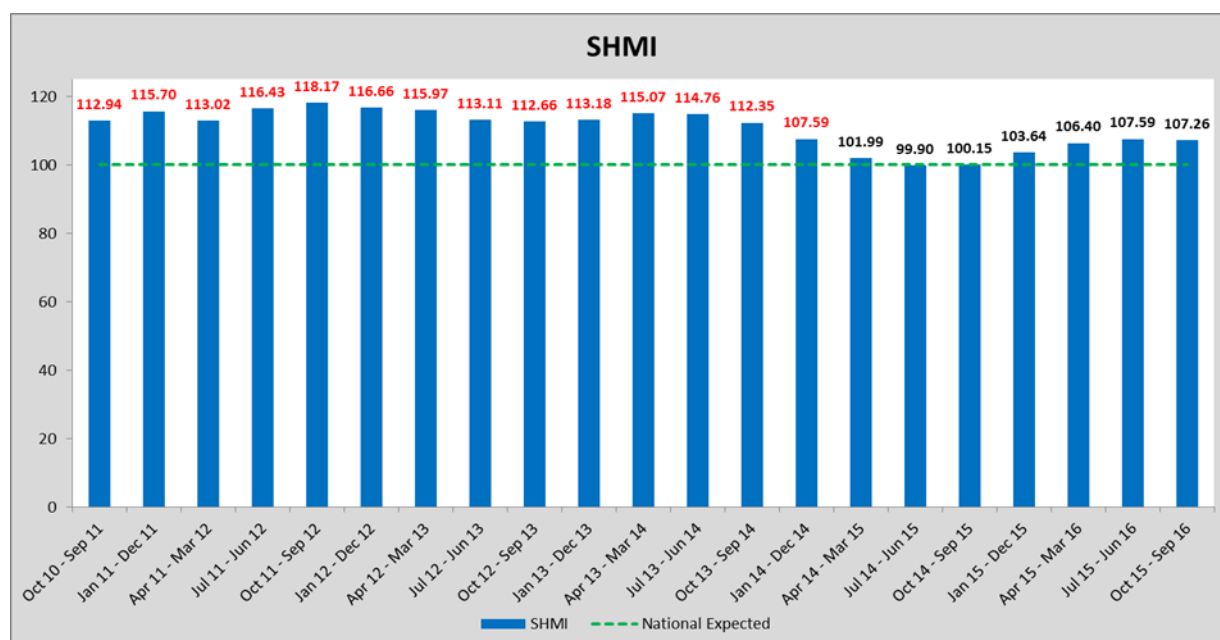
The National HCAI data capture system does not reflect appeal decisions taken locally therefore regional and national reporting of cases still includes those which have been successfully appealed.

4.4.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	17/18 - April	100	95.41	↑
Summary Hospital Level Mortality Indicator (SHMI)	Oct-15 to Sep 16	100	107.26	↔

HSMR is reported for the period January 2016 to December 2016. In April performance remains below expected at 95.41.

SHMI for the period October 2015 – September 2016 is as expected at 107.26.



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

4.5 CCG Serious Incident Management

Serious incidents reporting within the integrated performance report is in line with the CCG reporting schedule for Month 1.

There are a total of 104 serious incidents open on StEIS where South Sefton CCG are either lead or responsible commissioner, and 71 as responsible commissioner. There are 22 for Aintree University NHS Foundation Trust (UHA), 6 of these being South Sefton CCG patients.

Aintree University Hospitals NHS Foundation Trust - 22 open Serious Incidents on StEIS. In April 2017 1 incident has been reported, and 6 incidents have been closed. 14 incidents remain open for >100 days, a reduction of 4 cases compared to month 12 16/17.

Liverpool Community Health NHS Trust - 40 open serious incidents on StEIS affecting South Sefton CCG patients. 23 remain open for >100 days, 1 case remains subject to Local Safeguarding Children Board (LSCB) processes. There were 7 serious incidents reported in April 2017. One incident was closed in April 2017. The Trust has a composite pressure ulcer action plan in place, which will transfer over to the new provider Mersey Care NHS Foundation Trust, as part of transition arrangements, with monitoring at the Trust Clinical Quality and Performance meeting.

Mersey Care NHS Foundation Trust – There are 17 incidents open on StEIS for South Sefton CCG patients. No incidents were reported in April 2017.

4.6 CCG Delayed Transfers of Care

Delayed transfers of care data is sourced from the NHS England website. The data is submitted by NHS providers (acute, community and mental health) monthly to the Unify2 system.

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

The average number of delays per day in Aintree hospital increased to 28 during April 2017 from 22 reported in March. On average, 13 were patient or family choice (46%), 11 were awaiting further NHS non-acute care (39%), and 4 were awaiting care package in own home (14%).

Analysis of average delays in April 2017 compared to April 2016 shows a reduction in the average number of patients, from 30 to 28.

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

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

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

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

The total number of days delayed due to the NHS was 726, or 86.6% in April, an increase from 565 in March.

In terms of actions taken by the CCG to reduce the number of Delayed Transfers of Care within the acute setting, the Urgent Care Commissioning Lead participates in the system wide teleconference each Monday at 12:30. This review of DTOC's, with participation from the acute Trust, Local Authorities and CCG's, assigns actions to key individuals and aims to remove those blockages which prevent a patient being discharged to their chosen place of care.

At times of severe pressure and high escalation the CCG Urgent Care lead participates in a system wide teleconference, which incorporates all acute trusts within the North Mersey AED delivery board, NNAS, local authorities, intermediate care providers, community care providers and NHSE to work collaboratively and restore patient flow.

Additionally, the Urgent Care Commissioning Lead attends a focused MADE (Multi Agency Discharge Event) on the Aintree site each Wednesday. The event focuses on a small number of themes associated with delayed discharges and seeks to achieve rapid change to systems and processes which have the potential to extend patients stay within the acute setting.

The CCG is currently reviewing intermediate care services (ICB) to ensure sufficient capacity exists to expedite appropriate discharges at the earliest opportunity. Transitional beds are discussed between the acute provider, local authority and the CCG and agreed on an individual patient basis to facilitate early discharge to the most appropriate community setting.

4.7 Patient Experience of Unplanned Care

Friends and Family Response Rates and Scores
Aintree University Hospital NHS Foundation Trust
Latest Month: Apr-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%	17.5%		87%	87%		7%	7%	

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

- % Response Rate
- % Recommended
- % Not Recommended

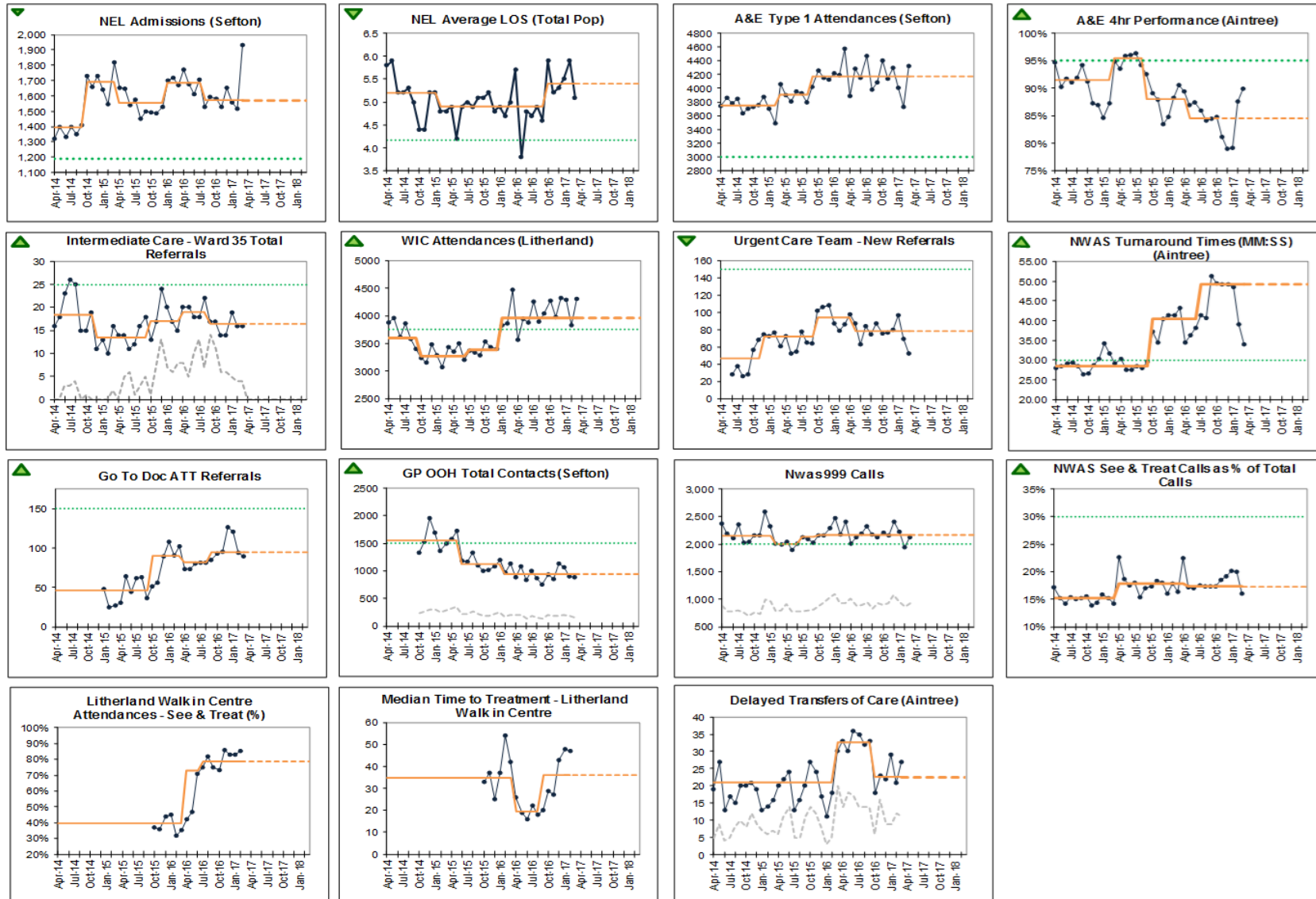
Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target way in excess of the regional and national response rates for A&E.

The percentage of people that would recommend A&E is equal to the England average reporting 87% in April. However this is slight reduction on March when 89% was reported. The not recommended percentage is at 7% in April compared to a 7% average; this is the same as the previous month.














4.8 South Sefton Urgent Care Dashboard

An urgent care system dashboard has been developed by Dr Pete Chamberlain incorporating 15 key measures of urgent care. It forms part of a wider project to develop system-wide cascading dashboards to bring multiple indicators together to provide oversight of care in different settings.

The Urgent Care dashboard has not been updated as of April 2017 due to Southport and Ormskirk not submitting their month 1 data, so the figures would be artificially low.



Definitions

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

4.9 Unplanned Care Activity & Finance, All Providers

4.9.1 All Providers

Performance at Month 1 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£219k/-6%. This under-performance is clearly driven by Southport & Ormskirk and Aintree Hospitals reporting an under performance of £105k/43% and -£79k/-3% respectively.

Figure 13 - Month 1 Unplanned Care – All Providers

Provider Name	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	8,601	8,518	-83	-1%	£2,960	£2,881	£-79	-3%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	815	723	-92	-11%	£176	£145	£-31	-17%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	6	5	-1	-10%	£1	£1	£-1	-60%
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	5	5	0%	£0	£1	£1	0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	20	8	-12	-61%	£33	£29	£-5	-14%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	284	296	12	4%	£344	£347	£3	1%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	443	421	-22	-5%	£162	£163	£1	0%
Salford Royal NHS FOUNDATION TRUST	0	1	1	0%	£0	£0	£0	0%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	673	936	263	39%	£254	£167	£-87	-34%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	72	82	10	13%	£33	£37	£4	13%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	6	1	-5	-83%	£15	£5	£-10	-68%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	3	0	-3	-100%	£1	£0	£-1	-100%
WALTON CENTRE NHS FOUNDATION TRUST	1	0	-1	-100%	£5	£0	£-5	-100%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	20	20	0%	£0	£3	£3	0%
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	20	23	3	13%	£7	£7	£0	0%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	3	6	3	71%	£1	£5	£4	287%
Grand Total	10,948	11,045	97	1%	£3,992	£3,791	£-201	-5%

4.9.2 Aintree University Hospital NHS Foundation Trust

Figure 14 - Month 1 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospitals Care PODS	Urgent	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		4,078	4,078	0	0%	£81	£81	£0	0%
A&E - Accident & Emergency		2,561	2,608	47	2%	£345	£359	£13	4%
NEL - Non Elective		1,039	966	-73	-7%	£2,133	£2,077	£-56	-3%
NELNE - Non Elective Non-Emergency		4	4	0	-1%	£14	£12	£-3	-19%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day		2	18	16	981%	£0	£4	£4	829%
NELST - Non Elective Short Stay		343	302	-41	-12%	£247	£219	£-28	-11%
NELXBD - Non Elective Excess Bed Day		575	542	-33	-6%	£138	£130	£-9	-6%
Grand Total		8,601	8,518	-83	-1%	£2,960	£2,881	£-79	-3%

4.9.3 Aintree Hospital Key Issues

The overall Urgent Care under spend of -£79k/-3% is driven by a -£56k under performance in Non-Elective costs as well as a £38k under performance in Non-Elective Short Stays.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 15 - NHS South Sefton CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS South Sefton CCG			
	Caseload as at 30/04/2017	2017/18 Plan	Variance from Plan	Variance on 30/04/2016
1 Common Mental Health Problems (Low Severity)	44	42	2	8
2 Common Mental Health Problems (Low Severity with greater need)	18	22	- 4	14
3 Non-Psychotic (Moderate Severity)	92	217	- 125	101
4 Non-Psychotic (Severe)	310	215	95	105
5 Non-psychotic Disorders (Very Severe)	86	62	24	31
6 Non-Psychotic Disorder of Over-Valued Ideas	38	40	- 2	6
7 Enduring Non-Psychotic Disorders (High Disability)	280	192	88	58
8 Non-Psychotic Chaotic and Challenging Disorders	138	98	40	28
10 First Episode Psychosis	153	138	15	21
11 On-going Recurrent Psychosis (Low Symptoms)	348	433	- 85	76
12 On-going or Recurrent Psychosis (High Disability)	385	307	78	80
13 On-going or Recurrent Psychosis (High Symptom & Disability)	106	112	- 6	1
14 Psychotic Crisis	31	21	10	12
15 Severe Psychotic Depression	8	6	2	1
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	40	34	6	2
17 Psychosis and Affective Disorder – Difficult to Engage	46	58	- 12	7
18 Cognitive Impairment (Low Need)	227	223	4	2
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	428	505	- 77	32
20 Cognitive Impairment or Dementia Complicated (High Need)	425	332	93	62
21 Cognitive Impairment or Dementia (High Physical or Engagement)	136	76	60	33
Cluster 99	558	402	156	135
Total	3,997	3,623	374	354

5.1.1 Key Mental Health Performance Indicators

Figure 16 - CPA – Percentage of People under CPA followed up within 7 days of discharge

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%											
Rolling Quarter				100%									

Figure 17 - CPA Follow up 2 days (48 hours) for higher risk groups

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	No Patients											
Rolling Quarter				No Patients									

Figure 18 - Figure 16 EIP 2 week waits

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (in month)	50%	No Patients											
Rolling Quarter				No Patients									

5.1.2 Mental Health Contract Quality Overview

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

The final report in respect of the review of the acute care pathway within Mersey Care NHS Foundation Trust has been received by the Trust. The Review was asked to identify inconsistencies and make recommendations for the future service models and functions in the context of the whole system, particularly where there are interfaces with non-Mersey Care services (e.g. primary care, A&E, acute hospitals, IAPT, etc.). Commissioners had the opportunity to be engaged and were able to comment on the initial draft. The review report will now also need to take into consideration the recent NHS England Benchmarking Report undertaken in relation to Crisis Resolution Home Treatment Team (CRHTT) core fidelity which identified areas of development /improvement including the use of A&E as the default pathway. This fidelity review was facilitated by the North West Coast Strategic Clinical Network (NWC SCN). The NWC SCN will support both commissioners and Mersey Care NHS Foundation Trust to help develop a service improvement plan which will assist them to improve their overall fidelity score and develop a high performing CRHTT service.

As part of the work to improve access and communication the Trust is working on an EMIS referral form and revised triage process. In addition the Trust will regularly attend locality meetings to provide updates on the primary care interface.

In lieu of the delay to implementing RIO the Trust continues to test the R32 upgrade to its existing Epex system. The Trust has reported good progress has been made in ensuring data EIP data flow to the Mental Health Services Dataset is consistent and accurate.

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 Liverpool and Sefton CCGs' CRM and CQPG meetings. The Trust has provided a remedial action plan against which progress will be monitored via CQPG. The performance notice will remain open until the CCG Safeguarding Team is assured that all concerns have been addressed.

Sefton CCGs continue to seek assurance that the Trust is regularly reviewing individual packages of Individual Packages of Care funded by the CCGs (joint funded/Section 117) have had an annual CPA review by an appropriately trained person. Midlands and Lancashire CSU have advised the CCGs that there are reviews outstanding and there seems to be limited progress in completing reviews and providing assurance that they are being undertaken by an appropriately trained practitioner acting in a care co-ordination role.

Discussions are ongoing that involve the Trust and Midlands and Lancashire CSU to seek assurance, but the possibility of a Performance Notice being issued cannot be ruled out at this stage.

5.2 Improving Access to Psychological Therapies

Figure 19 - 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	220											
Access % ACTUAL - Monthly target of 1.3% - Year end 15% required	2016/17	1.16%	1.21%	1.21%	1.12%	1.01%	1.11%	1.11%	1.05%	0.81%	1.3%	1.17%	1.3%
	2017/18	0.91%											
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	36.2%											
ACTUAL % 6 weeks waits - 75% target	2016/17	93.5%	98.5%	96.4%	97.4%	97.7%	95.5%	98.0%	99.5%	98.0%	98.8%	99.4%	99.5%
	2017/18	98.8%											
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%											
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	160											
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	0	0	0	0	0	0	0	0	0	0	0
National definition of those who have moved to recovery (KPI6)	2016/17	67	58	47	61	49	68	60	83	54	63	82	92
	2017/18	55											
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	79.6%											

The provider (Cheshire & Wirral Partnership) reported 220 South Sefton patients entering treatment in Month 1, which is a 30.2% decrease to the previous month. The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is currently set at 16.8% for 2017/18 year end.

There were 329 Referrals in Month 1, which was a 14.1% decrease compared to the previous month when there were 382. Of these, 65% were Self-referrals which is comparable to 62% for the previous month. GP Referrals decreased slightly from 75 in Month 12 to 74 for Month 1. 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 36.2% in Month 1, which is a decrease from 52.3% for the previous month, and a failure to meet the target of 50%. The provider believes that it

is possible recovery will dip as the longest waiters are brought into service, as more are likely to disengage without completing treatment. However, as waits reduce, this is expected to improve.

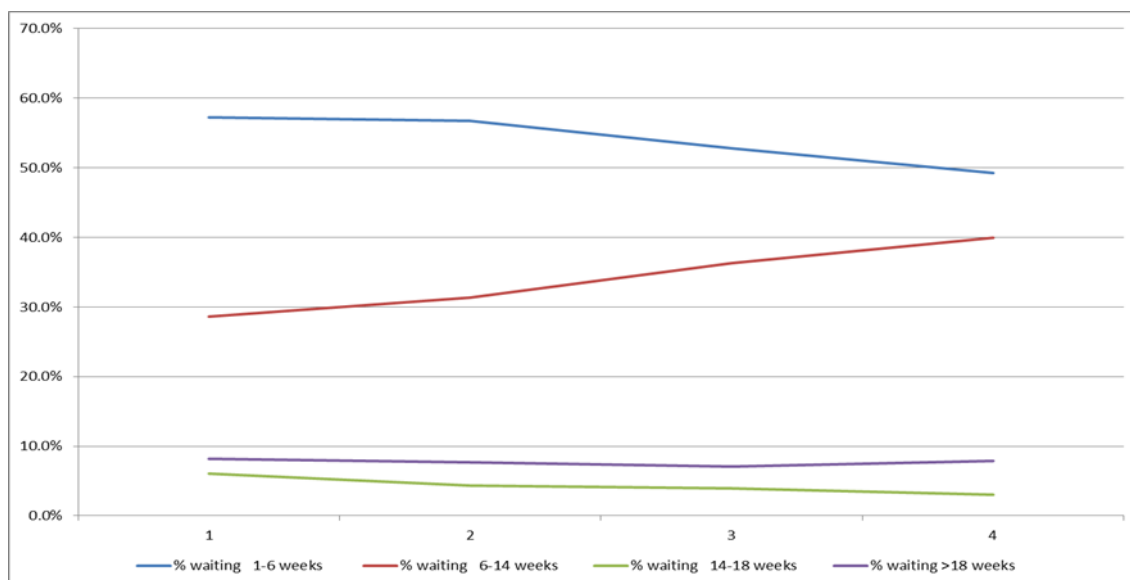
Cancelled appointments by the provider saw a 60.9% decrease in Month 1 with 45 compared to 115 in Month 12.

There was a 16.2% decrease in DNAs in Month 1 (from 167 in Month 12 to 140 in Month 1); the provider has commented that the DNA policy has been tightened with all clients made aware at the outset. Cancelled slots are being made available for any assessments/entering therapy appointments.

In month 1 98.8% 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%).

Access Sefton have confirmed that there is no prioritisation for particular cohorts of patients being referred, but that a triage/initial assessment system is in place to ensure that referrals are directed to the appropriate IAPT practitioners for treatment.

NHS South Sefton CCG – Access Sefton % Internal waiters 03/04/2017 – 24/04/2017



5.3 Dementia

	Apr-17
People Diagnosed with Dementia (Age 65+)	1219
Estimated Prevalence (Age 65+)	1845
NHS South Sefton CCG - Dementia Diagnosis Rate (Age 65+)	66.1%
Target	67.0%

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

The dementia diagnosis rate in April 2017 for NHS South Sefton CCG was 66.1% which is close to the national dementia diagnosis ambition of 67%. This is a significant improvement on 2016/17 rates which is partly due to a change in the methodology used by NHS Digital which is based on GP registered population instead of ONS population estimates. Using registered population figures is more statistically robust than the previous mixed approach. The work that has been done at a practice level to improve dementia coding in South Sefton has also contributed to this improvement.

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

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

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

This indicator is designed to demonstrate progress in increasing access to NHS funded community mental health services for children and young people. For CCGs, the ambition is they increase activity to the level necessary to meet the national trajectories that at least 30% of CYP in 2017/18 and 32% in 2018/19 with a diagnosable MH condition receive treatment from an NHS-funded community MH service. This indicator has recently been requested to be added to the Mental Health Services Data Set (MHSDS) data reporting. Initial analysis of the management information data available suggests that coverage and data completeness is likely to be an issue nationally. NHS England has acknowledged that the baseline will be a crude approximation. CCGs have

therefore been provided with an opportunity to use local intelligence and additional information on prevalence to improve the estimates. As the indicators are new a decision has been made to use the pre-populated baselines in the planning templates until further data becomes available to provide intelligence to revise the plans in future, despite the fact that the crude estimates created by NHS England may have overestimated the CCG population. This has been queried with NHS England. In the meantime, plans have been devised to meet the national trajectories based on the estimates provided.

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

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

E.H.10	Q1	Q2	Q3	Q4
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	2	2	2	2
Number of CYP with a suspected ED (routine cases) that start treatment	2	2	2	2
%	100.0%	100.0%	100.0%	100.0%

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

E.H.11	Q1	Q2	Q3	Q4
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	1	1	1	1
Number of CYP with a suspected ED (urgent cases) that start treatment	1	1	1	1
%	100.0%	100.0%	100.0%	100.0%

The two waiting time standards are that 95% of children and young people (up to the age of 19) referred for assessment or treatment for an eating disorder should receive NICE-approved treatment with a designated healthcare professional within: one week for urgent cases (E.H.11), and four weeks for every other case. (E.H.10). As this is a new indicator and referral numbers nationally are acknowledged to be low, CCGs will be assessed quarterly. For planning purposes, the data for quarters 1 and 2 submitted to Unify by Alder Hey Children's Hospital for the CCGs has been reviewed, and a July 2016 piece of work by the CAMHS lead at North West Coast SCNS for North Mersey based on admissions for ED to hospitals, by Provider 2015/16. Numbers are low, therefore there an average of one referral per quarter per CCG and to meet the 95% targets that one referral should be dealt with within the expected timescales meaning planning for 100% performance against the metric.

6. Community Health

6.1 Mersey Care Community Contract

The Liverpool Community Health contract has now ended and the new contract between the CCG and Mersey Care began on 1st June. Liverpool Community Health continues to provide their usual reports as per the 2016/17 information schedule, as part of an agreement to support Mersey care with initial reporting for 6 months.

Discussions are taking place in weekly contract meetings between the CCG and Mersey Care around the commissioners reporting requirements. Liverpool Community Health is supporting the Trust in undertaking gap analysis and providing action plans to the CCG for missing indicators.

6.1.2 Quality

The CCG Quality Team holds regular planning meetings with Mersey Care Community to discuss Quality Schedule KPIs, Compliance Measures, Safeguarding and CQUIN development. A joint quality handover document was developed with colleagues from Liverpool CCG and NHSE in May 2017, this highlighted areas requiring enhanced surveillance during the transition, and this was also shared with Mersey Care Community Health Colleagues and forms the basis of the 17/18 work programme for the CQPG. Any focus areas highlighted in the QRP (Quality Risk Profile) has been incorporated into the handover document.

There is a planned review of all KPIs included in Service Specifications in the first six months for both new contracts (Mersey Care Community and Lancashire Care). This work will include LCH, Mersey Care Community BI Teams. KPIs focusing on Quality, Patient Safety, Clinical Effectiveness and Patient Experience will be prioritised. Timescales are to be agreed at a planning meeting with Mersey Care 23rd June 2017. Any new local KPIs identified will be varied into the contract. Work Plan has been developed and shared with Trusts for discussion and agreement at the July CQPG meetings.

6.1.1 Patient DNA's and Provider Cancellations

A number of services have seen a high number of DNA's and Provider cancellations so far in 2016/17.

For patient DNAs, Sefton Physio Service continues to report high rates with 31.7% in Apr-17. Diabetes reported 15.2% compared to a 16/17 outturn of just 8.2%. Adult Dietetics also continues to report high rates at 13.4% in April. Total DNA rates at Sefton are green for this month at 7.8%.

Provider cancellation rates are reporting green this month for all services and therefore the total hospital cancellation rate for Sefton is green at 0.7% this month.

Treatment rooms, Podiatry, Physio, Adult Dietetics, and Paediatric Dietetics have all continued the trend of previous years showing high numbers of patient cancellations. All services are above 10% for April 2017. Total patient cancellations for Sefton are high at 11.5%.

6.1.2 Waiting Times

The following issues have arisen in April 2017.

Adult SALT: Completed pathways are reporting over the standard 18-week target, at 20 weeks. However, the incomplete pathway was reporting 13 weeks, well under the threshold with the longest waiting patient at 15 weeks.

Nutrition & Dietetics: Completed pathways are reporting over the 18-week target at 19 weeks. The incomplete pathway was achieved at 13 weeks. However, 1 patient was waiting at 39 weeks and a total of 7 patients were waiting over 18 weeks.

6.2 Any Qualified Provider LCH Podiatry Contract

At Month 1 2016/17 the costs for the CCG for initial contacts were £8,132 with 109 contacts and for follow-ups costs were £15,276 with 523 contacts.

6.2.1 Liverpool Community Health Quality Overview

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

Paediatric Therapy Services - From 1st May 2017, therapy services were transitioned across to Alder Hey; the CCG will continue close monitoring of performance and patient safety particularly in relation to waiting times. The new quality reporting requirements for adult core services are outlined above under Mersey Care Community Contract.

6.3 Alder Hey Community Services

6.3.1 Services

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

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

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

6.3.2 Waiting Times

Paediatric SALT: In April 2017, 21 weeks was reported for incomplete pathways against the 18 week target. A total of 70 patients were waiting over 18 weeks, with the 3 longest waiters at 27 weeks.

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

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

E.O.1	Q1	Q2	Q3	Q4
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	19	19	19	19
Total number of children whose episode of care was closed within the quarter where equipment was delivered or a modification was made.	20	20	20	20
%	95.0%	95.0%	95.0%	95.0%

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. Southport and Formby plans are based on historic activity. South Sefton CCG commissioning arrangements are still being clarified with Providers, so Unify submissions have not yet been made in 2016/17; therefore the plan is based on applied figures from local data.

7. Third Sector Overview

All NHS Standard Contracts and Grant Agreements for 2017-18 have been issued, signed and returned. Commissioners are currently working with providers to tailor service specifications and activity expectations in line with local requirement and CCG plans.

A detailed quarter 4 2016/2017 report detailing outcomes, activity, electoral ward information, age and gender is now available. The information contained within the report covers the following Third Sector providers:

- Age Concern Liverpool & Sefton – Befriending & Reablement Services
- Alzheimer’s Society – Dementia peer group support for people with dementias and their families
- Expect LTD – Mental Health Day Centre based at Bowersdale Resource Centre
- Imagine Independence – Mental Health Employment Services
- Sefton CVS – BME Support, Families, Children & Young People Support, Health & Wellbeing Development & Reablement
- Swan Women’s Centre – Women’s mental health counselling and outreach service
- Sefton Women’s and Children’s Aid (SWACA) – Support for Women & Children suffering Domestic Violence
- Sefton Advocacy – Adult advocacy services

- Sefton Pensioner's Advocacy – Older People's Advocacy and Advice Service
- Sefton Citizen's Advice Bureau – In-patient advice and support service based at Clock View Hospital
- Sefton Carer's Centre – Parent Carer's support
- Stroke Association – Support for patients and families affected by Stroke

Further annual reports are awaited from the following providers and will be added to the quarter 4 report:

- Parenting 2000 – Support and advice for young mums and their families
- Netherton Feelgood Factory – Upstairs @83 Mental Health Counselling Service
- CHART – Crosby Housing Trust

8. Primary Care

8.1 Extended Access (evening and weekends) at GP services

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

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

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

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

8.2 CQC Inspections

A number of practices in South Sefton CCG have been visited by the Care Quality Commission and details of any inspection results are published on their website. High Pastures Surgery has been reviewed in the latest month and achieved a 'Good' rating. All the results are listed below:

Figure 20 - 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 20 July 2016						
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	23 April 2015	Good	Good	Good	Good	Good	Good	
N84001	42 Kingsway	07 November 2016	Good	Good	Good	Good	Good	Good	
N84007	Liverpool Rd Medical Practice	10 November 2016	Good	Requires Improvement	Good	Good	Good	Good	
N84011	Eastview Surgery	07 January 2016	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement	
N84020	Blundellsands Surgery	24 November 2016	Good	Good	Good	Good	Good	Good	
N84026	Crosby Village Surgery	29 October 2015	Requires Improvement	Good	Good	Good	Good	Requires Improvement	
N84041	Kingsway Surgery	07 November 2016	Good	Good	Good	Good	Good	Good	
N84621	THORNTON - ASHURST HEALTHCARE LTD	19 February 2015	Good	Requires Improvement	Good	Good	Good	Good	
N84627	Crossways Practice	06 August 2015	Good	Good	Good	Good	Good	Good	
N84626	HIGHTOWN - ASHURST HEALTHCARE LTD	18 February 2016	Requires Improvement	Good	Good	Good	Good	Good	
N84003	High Pastures Surgery	05 March 2015	Good	Requires Improvement	Good	Good	Good	Good	
N84010	Maghull Family Surgery (Dr Sapre)	n/a	Not yet inspected the service was registered by CQC on 20 July 2016						
N84025	Westway Medical Center	23 September 2016	Good	Good	Good	Good	Good	Good	
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	
N84029	Ford Medical Practice	31 March 2015	Good	Good	Good	Good	Good	Good	
N84035	15 Sefton Road	23 November 2016	Good	Requires Improvement	Good	Good	Good	Good	
N84605	Litherland Town Hall Hth Ctr (Taylor)	n/a	Not yet inspected the service was registered by CQC on 13 November 2014						
N84630	Netherton Health Center (Dr Jude)	n/a	Not yet inspected the service was registered by CQC on 21 July 2016						

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

9. Better Care Fund

A Better Care Fund monitoring report was submitted to NHS England for Quarter 4 of 2016/17. We continue to meet the national BCF conditions. The guidance for BCF 2017/18 and associated planning requirements are awaited but due for imminent release. An excerpt of the submission relating to the key metrics for BCF is detailed below.

Selected Health and Well Being Board:

Sefton

Non-Elective Admissions	Reduction in non-elective admissions
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	As reported in Q1, additional targets for Non Elective activity for BCF have not been set over and above the CCG Operational Plans 2016/17 for Non Elective admissions (G&A). NHS England DCO team requested that the final version of all Cheshire & Merseyside CCG plans included growth in some Points of Delivery, namely 0.8% growth in Non Elective activity. Furthermore, contract arbitration with Aintree University Hospital in May 2016 resulted in a requirement from NHSE for further growth in Non Elective admissions to be built into CCG plans. Whilst Q1 NEL admissions were below plan by 0.6% (55 admissions), Q2 saw an increase in admissions of 1.1% against plan (99 admissions), and Q3 saw admissions 8.4% (818 admissions) significantly below plan, and Q4 saw admissions 3.6% below plan for that quarter. The overall 2016/17 position was 3% below plan (1108 admissions).
Delayed Transfers of Care	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Sefton Q4 is 2,539 delayed days which is over plan (rate of 1151.4 delayed days per 100,000 against plan 924.6). However the England rate for Q4 was 1340 (meaning Sefton was 16.4% below Eng average) Year end 2016/17 shows that Sefton rate of delayed days was 20% above plan (actual 4445.8 against 3697.7 plan). Sefton's rate of delayed days increased by 44% comparing 2016/17 to 2015/16, whilst the England rate increased by 25% over the same period. However Sefton's rate remains below the England rate (4445.8 or Sefton against 5183.3 for England, meaning Sefton's rate is 14% lower).
Local performance metric as described in your approved BCF plan	We provided local metric in BCF plan of dementia diagnosis rate. Clearly links to HWB Strategy in that we know we have high prevalence, but also a potentially high undiagnosed population too, and following engagement with communities, it is important we ensure early and effective support for those diagnosed and suffering with dementia. We have also developed a dementia strategy which will be implemented over the coming years, and this indicator directly links to the five year CCG strategic plan. All of the proposed targets if achieved would realise a statistically significant increase and have been tested with the significance tool.
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Published March 2017 dementia diagnosis rates at CCG level have remained steady towards the 66.7% target and now stand at 64.4% with 2,728 persons diagnosed. Southport & Formby diagnosis rates are above target at 71%, whilst South Sefton rates are below at 57.5%. The gap between the people diagnosed with dementia and estimated prevalence has reduced. Actions are in place to improve the South Sefton Dementia Diagnosis rate including a bespoke set of searches developed into a dementia toolkit which have been rolled out to the south Sefton Data facilitators who will work with each practice and run the searches to identify errors in diagnosis coding on practice clinical systems and identify patients with memory or associated cognitive difficulties that are not identified as having dementia. Clinical staff will be required to review some of the queries from the searches and also contact patients to attend for a review.
Local defined patient experience metric as described in your approved BCF plan	In the absence of the proposed national measure we propose to use two local survey based measures spanning both settings i.e. health and social care in the absence of a robust and readily available integrated metric. The Adult Social Care component will be measured through the use of the national Adult Social Care Framework combined metric 1A – Social care-related quality of life. Since this is a combined metric with relatively limited range between the top and bottom values and we are currently working through changes to our service provision as a result of significant budget pressures we intend to propose a maintenance level for this metric in particular since we already do well when compared nationally. Metric Value for this measure is 19.0 across baseline, 2014/15 and 2015/16. An additional measure will be monitored for patient experience of GP services with the metric of the proportion of survey responses where overall satisfaction was very good or good (weighted response rates). Combining survey results for the two Sefton CCGs over the past 3 years shows slight decrease in overall satisfaction, therefore a slight increase towards 2012 levels is considered a reasonable target. As we can only submit one metric into the spreadsheet we propose to submit the GP patient experience metric but will monitor both metrics internally.
If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	
Please provide an update on indicative progress against the metric?	Data not available to assess progress
Commentary on progress:	GP Primary Care surveys were conducted bi-annually with results usually published in July and January each year. July 2016 results indicated an overall satisfaction rate (weighted responses 'very good' or 'good') as 85.4%. There has been a change to the publication schedule; results are now published annually with the next results expected in July 2017.
Admissions to residential care	Rate of permanent admissions to residential care per 100,000 population (65+)
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Sefton's changing demographics predict a continued and significant increase in our older population. As a result we anticipate an unavoidable increase in potential residential and nursing service user demand. We have significantly increased our preventative services such as reablement in order to help slow this demand pressure.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	The early success of the reablement project has plateaued and review is underway to increase levels of reablement for more than just hospital discharges.

Footnotes:

For the local performance metric (which is pre-populated), the data is from submission 4 planning returns previously submitted by the HWB.

For the local defined patient experience metric (which is pre-populated), the data is from submission 4 planning returns previously submitted by the HWB, except in cases where HWBs provided a definition of the metric for the first time within the Q1 16-17 template.

10. CCG Improvement & Assessment Framework (IAF)

10.1 Background

A new NHS England improvement and assessment framework for CCGs became effective from the beginning of April 2016, replacing the existing CCG assurance framework and CCG performance dashboard. The new framework aligns key objectives and priorities, including the way NHS England assess and manage their day-to-day relationships with CCGs. In the Government's Mandate to NHS England, the framework takes an enhanced and more central place in the overall arrangements for public accountability of the NHS.

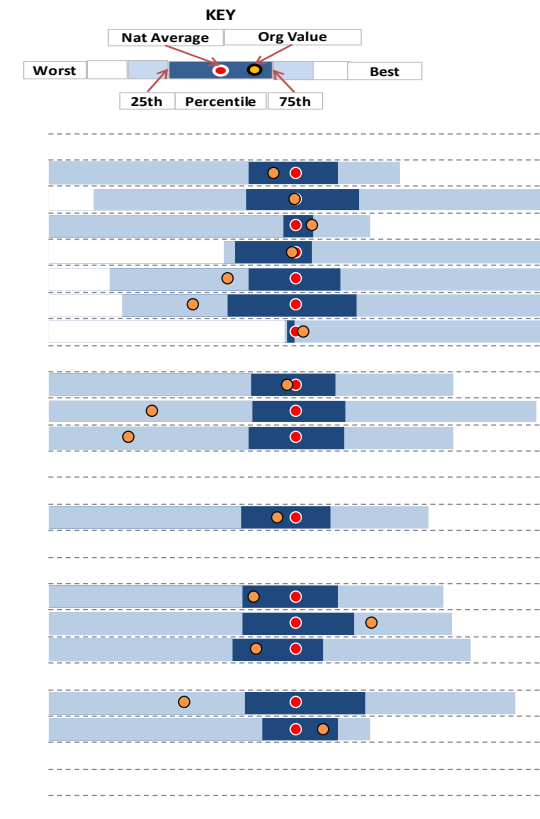
The framework draws together in one place NHS Constitution and other core performance and finance indicators, outcome goals and transformational challenges. These are located in the four domains of better health, better care, sustainability and leadership.

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

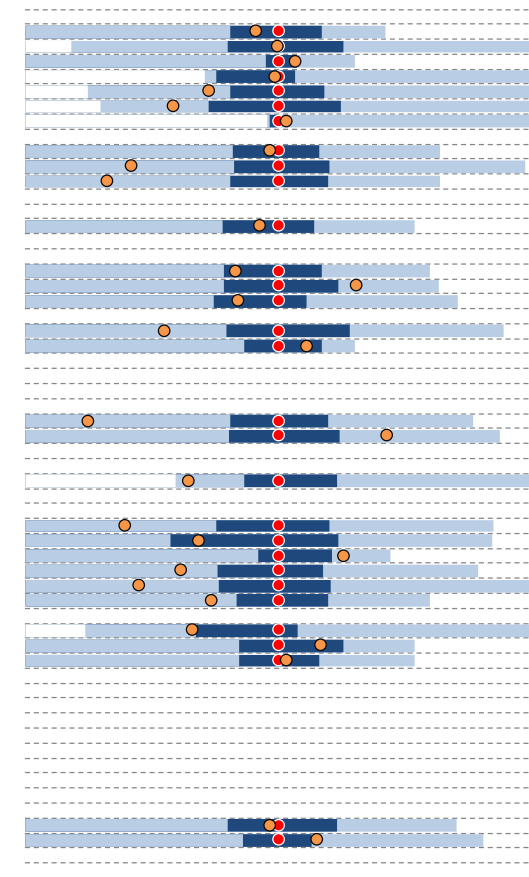
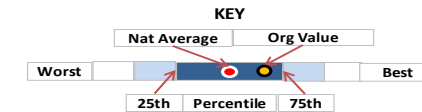
Publication of quarter 4 data has been delayed nationally and currently expected for release at the end of June 2017. This is to enable the analytical resource to focus on year-end updates and 17/18 framework. Publication of the 2017/18 IAF is currently not confirmed, however through informal discussions it is suggested that publication will not occur until end of June.

10.2 Q3 Improvement & Assessment Framework Dashboard

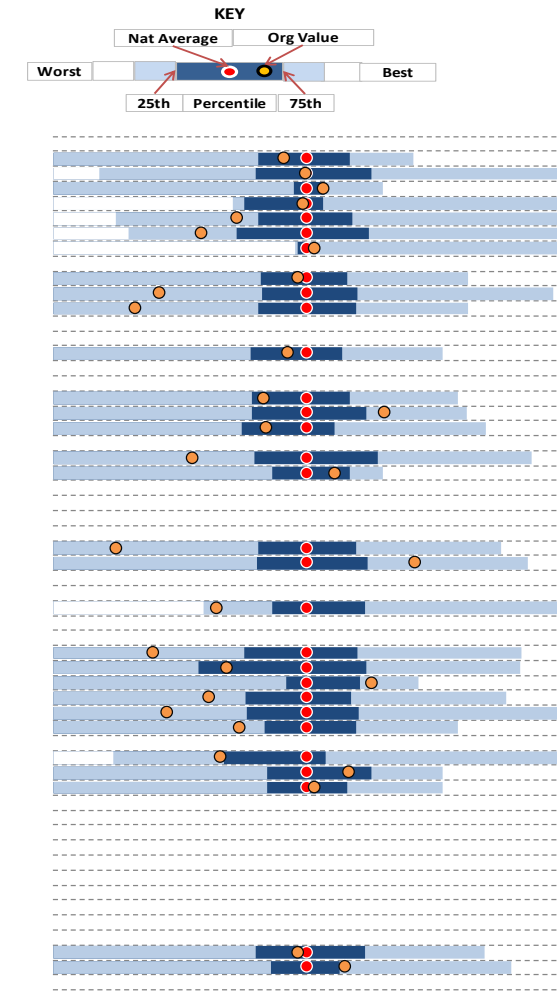
Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better is...
<p>Please Note: If indicator is highlighted in GREY, this indicator will be available at a later date</p> <p>If indicator is highlighted in BLUE, this value is in the lowest performance quartile nationally.</p> <p>KEY H = Higher L = Lower <=> = N/A</p>					
Better Health					
▼ Maternal smoking at delivery	Q2 16/17	12.3%	10.4%		L
◀▶ Percentage of children aged 10-11 classified as overweight or obese	2014-15	33.3%	33.2%		L
▼ Diabetes patients that have achieved all the NICE recommended treatment targets:	2014-15	42.4%	39.8%		H
▼ People with diabetes diagnosed less than a year who attend a structured education	2014-15	5.4%	5.7%		H
▼ Injuries from falls in people aged 65 and over	Jun-16	2,479	1,985		L
▲ Utilisation of the NHS e-referral service to enable choice at first routine elective	Sep-16	21.1%	51.1%		H
▲ Personal health budgets	Q2 16/17	31.0	18.7		H
▼ Percentage of deaths which take place in hospital	Q1 16/17	50.3%	47.1%		<>
▲ People with a long-term condition feeling supported to manage their condition(s)	2016	63.8%	64.3%		H
▲ Inequality in unplanned hospitalisation for chronic ambulatory care sensitive	Q4 15/16	1,537	929		L
▼ Inequality in emergency admissions for urgent care sensitive conditions	Q4 15/16	3,643	2,168		L
▲ Anti-microbial resistance: appropriate prescribing of antibiotics in primary care	Sep-16	1.2	1.1		<>
▼ Anti-microbial resistance: Appropriate prescribing of broad spectrum antibiotics in	Sep-16	7.9%	9.1%		<>
▲ Quality of life of carers	2016	0.79	0.80		H
Better Care					
◀▶ Provision of high quality care	Q3 16/17	61.0			H
◀▶ Cancers diagnosed at early stage	2014	47.7%	50.7%		H
▼ People with urgent GP referral having first definitive treatment for cancer within 62	Q2 16/17	87.9%	82.3%		H
▲ One-year survival from all cancers	2013	69.1%	70.2%		H
◀▶ Cancer patient experience	2015	8.8			H
▲ Improving Access to Psychological Therapies recovery rate	Sep-16	40.2%	48.4%		H
▲ People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	Nov-16	85.7%	77.2%		H
▼ Children and young people's mental health services transformation	Q2 16/17	35.0%			H
◀▶ Crisis care and liaison mental health services transformation	Q2 16/17	42.5%			H
◀▶ Out of area placements for acute mental health inpatient care - transformation	Q2 16/17	12.5%			H



Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better is...
Reliance on specialist inpatient care for people with a learning disability and/or autism	Q2 16/17	66			L
Proportion of people with a learning disability on the GP register receiving an annual health check	2015/16	10.4%	37.1%		H
Neonatal mortality and stillbirths	2014-15	4.5	7.1		L
Women's experience of maternity services	2015	81.2			H
Choices in maternity services	2015	67.0			H
Estimated diagnosis rate for people with dementia	Nov-16	56.6%	68.0%		H
Dementia care planning and post-diagnostic support	2015/16	73.9%			H
Achievement of milestones in the delivery of an integrated urgent care service	August 2016	4			H
Emergency admissions for urgent care sensitive conditions	Q4 15/16	3,338	2,359		L
Percentage of patients admitted, transferred or discharged from A&E within 4 hours	Nov-16	84.4%	88.4%		H
Delayed transfers of care per 100,000 population	Nov-16	7.2	15.0		L
Population use of hospital beds following emergency admission	Q1 16/17	1.2	1.0		L
Management of long term conditions	Q4 15/16	1,193	795		L
Patient experience of GP services	H1 2016	81.2%	85.2%		H
Primary care access	Q3 16/17	0.0%			H
Primary care workforce	H1 2016	0.9	1.0		H
Patients waiting 18 weeks or less from referral to hospital treatment	Nov-16	92.3%	90.6%		H
People eligible for standard NHS Continuing Healthcare	Q2 16/17	43.7	46.2		<
Sustainability					
Financial plan	2016	Amber			<
In-year financial performance	Q2 16/17	Red			<
Outcomes in areas with identified scope for improvement	Q2 16/17	CCG not included			H
Expenditure in areas with identified scope for improvement	Q2 16/17	Not included in			H
Local digital roadmap in place	Q3 16/17	Yes			<
Digital interactions between primary and secondary care	Q3 16/17	60.0%			H
Local strategic estates plan (SEP) in place	2016-17	Yes			<
Well Led					
Probity and corporate governance	Q2 16/17	Fully compliant			H
Staff engagement index	2015	3.8	3.8		H
Progress against workforce race equality standard	2015	0.2	0.2		L
Effectiveness of working relationships in the local system	2015-16	69.4			H
Quality of CCG leadership	Q2 16/17	Green			<



Improvement and Assessment Indicators	Latest Period	If indicator is highlighted in BLUE, this value is in the lowest performance quartile nationally.		Trend	Better is...
		CCG	England		
Reliance on specialist inpatient care for people with a learning disability and/or autism	Q2 16/17	66			L
Proportion of people with a learning disability on the GP register receiving an annual health check	2015/16	10.4%	37.1%		H
Neonatal mortality and stillbirths	2014-15	4.5	7.1		L
Women's experience of maternity services	2015	81.2			H
Choices in maternity services	2015	67.0			H
Estimated diagnosis rate for people with dementia	Nov-16	56.6%	68.0%		H
Dementia care planning and post-diagnostic support	2015/16	73.9%			H
Achievement of milestones in the delivery of an integrated urgent care service	August 2016	4			H
Emergency admissions for urgent care sensitive conditions	Q4 15/16	3,338	2,359		L
Percentage of patients admitted, transferred or discharged from A&E within 4 hours	Nov-16	84.4%	88.4%		H
Delayed transfers of care per 100,000 population	Nov-16	7.2	15.0		L
Population use of hospital beds following emergency admission	Q1 16/17	1.2	1.0		L
Management of long term conditions	Q4 15/16	1,193	795		L
Patient experience of GP services	H1 2016	81.2%	85.2%		H
Primary care access	Q3 16/17	0.0%			H
Primary care workforce	H1 2016	0.9	1.0		H
Patients waiting 18 weeks or less from referral to hospital treatment	Nov-16	92.3%	90.6%		H
People eligible for standard NHS Continuing Healthcare	Q2 16/17	43.7	46.2		<
Sustainability					
Financial plan	2016	Amber			<
In-year financial performance	Q2 16/17	Red			<
Outcomes in areas with identified scope for improvement	Q2 16/17	CCG not included			H
Expenditure in areas with identified scope for improvement	Q2 16/17	Not included in			H
Local digital roadmap in place	Q3 16/17	Yes			<
Digital interactions between primary and secondary care	Q3 16/17	60.0%			H
Local strategic estates plan (SEP) in place	2016-17	Yes			<
Well Led					
Probity and corporate governance	Q2 16/17	Fully compliant			H
Staff engagement index	2015	3.8	3.8		H
Progress against workforce race equality standard	2015	0.2	0.2		L
Effectiveness of working relationships in the local system	2015-16	69.4			H
Quality of CCG leadership	Q2 16/17	Green			<



11. NHS England Monthly Activity Monitoring

South Sefton CCG's Month 12 Submission to NHS England

	Month 12 YTD Actual	Month 12 YTD Plan	Month 12 YTD Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
Referrals (Specific Acute)				
GP	3,874	3,862	0.3%	
Other	2,335	2,347	-0.5%	
Total	6,209	6,209	0.0%	
Activity vs Plan YTD	66,710	68,846	-3.1%	Planned levels of referrals slightly outside the 3% threshold. NHSE require plans to be artificially inflated to accommodate request for increased Elective capacity. As such plan is slightly higher than actual levels.
16/17 Growth: Cum YTD v 15/16 (WD Adj)			1.0%	
Outpatient attendances (Specific Acute)				
All 1st OP	5,581	5,097	9.5%	Activity above plan in March but within statistical norm. Seasonality of plan may be a factor in latest month.
Activity vs Plan YTD	62,433	64,950	-3.9%	NHSE required CCGs to artificially inflate plans to accommodate request for increased Elective capacity. Actual activity levels have reduced against 2015/16 outturn on which the plans have been based.
16/17 Growth: Cum YTD v 15/16 (WD Adj)			-2.7%	
Follow-up	12,453	12,120	2.7%	
Activity vs Plan YTD	133,659	139,955	-4.5%	Please see above
16/17 Growth: Cum YTD v 15/16 (WD Adj)			-5.9%	Please see above
Total OP attends	18,034	17,217	4.7%	See comments for 'All 1st OP'.
Activity vs Plan YTD	196,092	204,905	-4.3%	Please see above
16/17 Growth: Cum YTD v 15/16 (WD Adj)			-4.9%	Please see above
Admitted Patient Care (Specific Acute)				
Elective Day case spells	2,076	1,810	14.7%	Latest month shows highest levels of Day case activity for 2016/17. Increases within Royal Liverpool, Liverpool Women's, and Southport Trust have all contributed to the heightened levels. At both Liverpool women's and Southport Trust Gynaecology day case activity have noted slight increases. No clear increase in one main Trust or Specialty can be identified as the main cause.
Activity vs Plan YTD	22,292	21,946	1.6%	
16/17 Growth: Cum YTD v 15/16 (WD Adj)			4.4%	
Elective Ordinary spells	319	296	7.8%	Latest months increase against plan is focused within Aintree Trust (CCG main provider) with T&O and Urology the two specialties affecting levels most. The performance is not outside of the statistical norm. As mentioned in previous months reports, NHSE required plans be artificially inflated to accommodate request for increased capacity. As a result plans are not in line with actual activity for the year.
Activity vs Plan YTD	3,281	3,586	-8.5%	
16/17 Growth: Cum YTD v 15/16 (WD Adj)			-4.6%	
Total Elective spells	2,395	2,106	13.7%	See comments for 'Elective Day case spells'.
Activity vs Plan YTD	25,573	25,532	0.2%	
16/17 Growth: Cum YTD v 15/16 (WD Adj)			3.2%	
Non-elective spells	1,894	1,941	-2.4%	
Activity vs Plan YTD	19,909	20,672	-3.7%	Local monitoring suggests the variance is within the 3% margin. Current reporting based on flex point with variance expected to shorten on receipt of freeze data.
16/17 Growth: Cum YTD v 15/16 (WD Adj)			2.3%	
Attendances at A&E				
Type 1	4,267			
All types	8,940	8,876	0.7%	
Activity vs Plan All Types YTD	101,908	90,170	13.0%	As noted in previous months report variance against plan is not an accurate reflection of growth in the system. Growth against type 1 activity for the year is less than 1.5% with the variance caused by counting and coding changes within Walk in Centre activity. Post submission of plans, reporting of A&E Litherland WIC data changed to align all activity, regardless of patients CCG residency, to South Sefton CCG. This has resulted in the variance noted but is in fact not a genuine increase in patient flows.
16/17 Growth: Cum YTD v 15/16 (WD Adj)			13.0%	See above.

Appendix – Summary Performance Dashboard



South Sefton CCG - Performance Report 2017-18



Metric	Reporting Level	2017-18												YTD		
		Q1			Q2			Q3			Q4					
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
Preventing People from Dying Prematurely																
Cancer Waiting Times																
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G												G	
		Actual	93.573%													93.573%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	G												G	
		Actual	93.846%													93.846%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G												G	
		Actual	100.00%													100.00%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 3+Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	R												R	
		Actual	93.333%													93.333%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 3+Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G												G	
		Actual	100.00%													100.00%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 3+Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G												G	
		Actual	100.00%													100.00%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%

539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R												R	
		Actual	83.871%													83.871%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
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	
		Actual	100.00%													100.00%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

Ambulance

1887: Category A Calls Response Time (Red1) Number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG														
		Actual	70.08%													70.08%
		Target														
	South Sefton CCG	RAG														
		Actual	84.38%													84.38%
		Target														
1889: Category A (Red 2) 8 Minute Response Time Number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG														
		Actual	68.94%												68.94%	
		Target														
	South Sefton CCG	RAG														
		Actual	69.73%													69.73%
		Target														
546: Category A calls responded to within 19 minutes Category A calls responded to within 19 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG														
		Actual	92.54%												92.54%	
		Target														
	South Sefton CCG	RAG														
		Actual	93.83%													93.83%
		Target														

1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG													
		Actual	0												0
		Target													
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R											R	
		Actual	2.207%												2.207%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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	
		Actual													
		Target	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%

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													
		YTD	0	0											-
		Target													0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	South Sefton CCG	RAG													
		YTD	3	9											9
		Target													0

Accident & Emergency

2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) %of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	South Sefton CCG	RAG	R											R	
		Actual	88.069%												88.069%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

431: 4-Hour A&E Waiting Time Target (Monthly Aggregate for Total Provider) %of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps)	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	89.484%	86.885%	87.505%	85.955%	84.103%	84.458%	84.763%	81.108%	79.046%	79.251%	86.399%	89.93%	84.895%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
1928: 12 Hour Trolley waits in A&E Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	R	G	G	G	R	R	R	G	R	R	G	G	R
		Actual	5	0	0	0	2	2	1	0	5	34	0	0	49
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Activity

Activity

1936: Total Referrals (MAR) Total number of referrals (GP written referrals made & other referrals - MAR)	South Sefton CCG	RAG	G	G	R	G	G	G	G	G	G	G	G	G	G
		YTD	5,606	11,220	17,042	22,533	27,975	33,634	39,260	44,894	49,873	55,281	60,501	66,710	66,710
		Target	5,650	11,317	16,928	23,199	28,535	34,283	40,461	46,047	51,165	57,164	62,637	68,846	68,846
2015: Number of Endoscopy Diagnostic Tests/Procedures Total number of endoscopy diagnostic tests/procedures carried out	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G
		YTD	464	1,009	1,519	2,126	2,761	3,387	3,993	4,637	5,192	5,890	6,453	7,269	7,269
		Target	573	1,114	1,750	2,412	3,014	3,604	4,278	4,968	5,541	6,190	6,807	7,481	7,481
2016: Number of Diagnostic Tests/Procedures (excluding Endoscopy) Total number of diagnostic tests/procedures (excluding endoscopy) carried out	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G
		YTD	3,864	8,431	13,366	17,991	22,737	27,416	32,269	37,457	41,770	46,926	51,265	55,910	55,910
		Target	4,691	9,885	14,639	19,112	23,856	28,502	33,852	38,535	43,018	48,581	52,782	58,257	58,257
2017: Number of Diagnostic Tests/Procedures Total number of diagnostic tests/procedures carried out	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G
		YTD	4,328	9,440	14,885	20,117	25,498	30,803	36,262	42,094	46,962	52,816	57,718	63,179	63,179
		Target	5,264	10,999	16,389	21,524	26,870	32,106	38,130	43,503	48,559	54,771	59,589	65,738	65,738
2018: Number of Completed Admitted RTT Pathways The number of completed admitted RTT pathways in the reported period	South Sefton CCG	RAG	G	R	R	G	R	R	R	R	R	R	R	R	R
		YTD	628	1,292	1,999	2,621	3,289	3,996	4,755	5,531	6,170	6,855	7,528	8,258	8,258
		Target	649	1,274	1,907	2,626	3,194	3,866	4,567	5,249	5,798	6,483	7,107	7,775	7,775
2019: Number of Completed Non-Admitted RTT Pathways The number of completed non-admitted RTT pathways in the reporting period	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		YTD	3,478	7,318	11,385	15,080	18,891	22,962	26,746	30,741	33,932	37,665	41,283	45,551	45,551
		Target	3,473	6,779	10,133	14,022	16,917	20,532	24,466	28,157	31,403	35,079	38,630	42,394	42,394