



South Sefton
Clinical Commissioning Group

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Integrated Performance Report May 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 2 (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	Red	Aintree
Cancer 31 Day First Treatment	Green	Aintree
Cancer 31 Day Subsequent - Drug	Green	Aintree
Cancer 31 Day Subsequent - Surgery	Green	Aintree
Cancer 31 Day Subsequent - Radiotherapy	Green	Aintree
Cancer 62 Day Standard	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	

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.

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

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 shows that there was no significant change in the overall level of referrals comparing 2016/17 year end with the previous year. Nevertheless, a significant decrease in referrals occurred in April 2017 followed by an increase in May 2017. GP referrals in 2017/18 to date are 11.2% down on the equivalent period in the previous year.

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 (May) for E-referral Utilisation rates reported is 20%; a 2% decrease from the previous month.

In May the CCG has failed the under 1% of patients waiting over 6 weeks for a diagnostic test, out of 2583 patients 97 waited over 6 weeks with 6 waiting over 13 weeks (3.80%). The majority of long waiters were for Gastroscopy (59). Aintree failed the under 1% of patients waiting over 6 weeks for a diagnostic test in May recording 3.50%, out of 4764 patients 165 waited over 6 weeks and 8 over 13 weeks, 132 waiting for gastroscopy. Endoscopy has experienced considerable pressure over the last quarter resulting in extensive additional activity in order to meet the Trust's 2ww cancer pathways. This has made it difficult to support non-urgent 6 week performance targets. The Trust has an action plan in place.

The CCG failed 2 of the 9 cancer measures, 2 week breast in May recording 86.5% and year to date 89.93% against a plan of 93%, also the 62 day standard recording 83.33% in May and year to date 83.64% against the 85% plan. Aintree failed 3 of the 9 cancer measures. Firstly also 2 week breast in May recording 88.68% and year to date 90.84%, then 62 day screening due to the previous month's breach year to date recording 83.33% and lastly the 62 day standard, although in month they achieved 85.8% year to date are failing recording 83.95%.

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 May at 15.8%. The proportion of patients who would recommend is 1% lower than last month recording 95% (England average 96%) the proportion who would not recommend is higher than the previous month 2%, also higher than the England average of 1%.

Performance at Month 2 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG show a slight over performance of £25k/0.3%. At specific trusts, Renacres are reporting the largest cost variance with a total of £89k/42% followed by Aintree (£64k/1%) and Wroughtington, Wigan and Leigh (£44k/87%).

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

Unplanned Care

Aintree have revised their Cheshire & Merseyside 5 year Formal View (STP) trajectory for 2017/18 and has failed the 90% May plan agreed with NHS Improvement recording performance of 78.8%. This was a 7.35% decline compared to April 2017. There was also a decline in performance noted across all AED clinical indicators in May 2017.

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

An increase in the number of handover delays in excess of 30 minutes was also noted during May 2017. The average time from notification to handover standard of 15 minutes also declined in May 2017. The Trust achieved an average of 23:45 minutes compared to the 16:58 minutes reported in the previous month (+6:47 minutes).

May 2017 saw a slight reduction in the number of 111 calls made by South Sefton patients to 2,025 from 2,220 in April, a reduction of 8.8%. There has also been a reduction when compared to May 2016, from 2,253 or 10.3%.

The number of calls from South Sefton patients to the GP OOH service has fallen in May 2017 to 1,015 a reduction of 12% since April. May 2017 had slightly fewer calls than the same time in the previous year (1,087). This is still on trend since the baseline shifted in February 2016. GP OOH calls from nursing homes within South Sefton have increased to 59, by 31%, from April. However, as with total calls, this remains within trend.

In May Aintree failed the 80% target for patients spending 90% of their time on a stroke unit recording 64.1%. This is a slight improvement from the previous month when the Trust recorded 59.5%. Out of a total of 39 patients only 25 spent more than 90% of their stay on a stroke unit. The Trust continues to achieve the TIA measure.

The CCG and Aintree both achieved their C.difficile plans for May. The CCG and Aintree had no new cases of MRSA in May. There has been a target set for CCGs for E.coli for 2017/18 which is 142, this is being monitored and now reported.

There are a total of 85 serious incidents open on StEIS where South Sefton CCG are either lead or responsible commissioner. The majority are attributed to Liverpool Community Health NHS Trust (42), Mersey Care NHS Foundation Trust (14) and Aintree University NHS Foundation Trust (19), 7 of these being South Sefton CCG patients.

The average number of delays per day in Aintree hospital remained the same as last month (28) during May 2017. On average, 18 were patient or family choice (64.3%), 9 were awaiting further NHS non-acute care (32.1%), and 1 was awaiting care package in own home (3.6%). Analysis of average delays in May 2017 compared to May 2016 shows a reduction in the average number of patients, from 31 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 but has seen a sharp decline in May dropping from 17.5% in April to 11.8% in May. The percentage of people that would recommend A&E is lower than the England average reporting 84% in May. This is reduction on April when 87% was reported. The not recommended percentage is at 11% in May compared to a 7% England average; this is 4% higher than the previous month.

Performance at Month 2 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£208k/-3%. This under-performance is clearly driven by Southport & Ormskirk and Aintree Hospitals reporting an under performance of £153k/29% and -£100k/-2% respectively.

Mental Health

The 3 Key Mental Health Performance Indicators are achieving.

In terms of Improving Access to Psychological Therapies (IAPT), the provider reported a 42% increase on the previous month of South Sefton patients entering treatment in Month 2. The access standard is currently set at 16.8% for 2017/18 year end.

There were 392 Referrals in Month 2, which was a 19.5% increase compared to the previous month when there were 328. Of these, 65% were Self-referrals which is the same proportion as the previous month. GP Referrals also remained the same as the previous month at 74 for Month 2. The provider is working closely with Clock View, attending weekly MDT meetings to agree appropriateness of clients for service. The percentage of people moved to recovery was 47.4% in Month 2, which is an increase from 35.7% for the previous month, although still failing to meet the target of 50%. The provider believes that it is possible recovery will dip as the longest waiters are brought into service, as more are likely to disengage without completing treatment. However, as waits reduce, this is expected to improve. Cancelled appointments by the provider saw a slight decrease in Month 2 with 40 compared to 45 in Month 1.

The dementia diagnosis rate in May 2017 for NHS South Sefton CCG was 65.5% which is close to the national dementia diagnosis ambition of 67% but slightly less than the previous month (66.1%). This is a significant improvement on 2016/17 rates which is partly due to a change in the methodology used by NHS Digital which is based on GP registered population instead of ONS population estimates.

The CCG has new plans for Improving Access to Children & Young People's Mental Health Services (CYPMH) and Waiting Times for Urgent and Routine Referrals to Children and Young

Peoples Eating Disorder Services for each quarter of 2017/18. Quarter 1 performance is anticipated for August's report.

Community Health Services

The Liverpool Community Health contract has now ended and the new contract between the CCG and Mersey Care began on 1st June. Liverpool Community Health 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 12.3% in May. Adult Dietetics also continues to report high rates at 22% in May. Paediatric Dietetics has shown an increase in DNA's from 3.1% in April to 10.9% in May. Total DNA rates at Sefton are green for this month at 7.6%.

Treatment Rooms and Diabetes are reporting red (above 5% threshold) on their provider cancellation rates with 5.9% and 5.2% respectively. Both of these services are reporting an increase compared to the previous month. The total hospital cancellation rate for Sefton is green at 2.2% this month.

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.

The CCG has new plans for Children Waiting More than 18 weeks for a Wheelchair for each quarter of 2017/18; the plans set out to halve the number of children waiting 18 weeks by Q4 2017/18 and eliminate 18 week waits for wheelchairs by the end of 2018/19.

Primary Care

No new CQC inspections have taken place this month.

Better Care Fund

Better Care Fund planning guidance was published at the start of July 2017. Health and Wellbeing Board areas must complete an overarching BCF narrative plan, a planning template (consisting of confirmation of funding contributions, scheme level spending plans, and national metrics) and supporting documents by 11th September 2017. By 21st July local areas are required to confirm draft Delayed Transfers of Care (DTC) trajectories and Local Authorities must complete a first quarterly monitoring return on the use of the improved BCF (iBCF) funding.

CCG Improvement & Assessment Framework

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

2. Financial Position

2.1 Summary

This report focuses on the financial performance for South Sefton CCG as at 30th June 2017 (Month 3).

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.

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

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

- Overperformance at Spire and Ramsay hospitals.
- Costs for referral management and prior approval services to support QIPP schemes. It is expected that this expenditure will deliver savings later in the year.
- Part year costs for the Acute Visiting Scheme.
- Non-Contract Activity – continued costs of IFR.

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

In May 2017, the Finance & Resource Committee agreed that a QIPP plan should be developed which is 200% of the target to allow for a contingency against non-delivery of high risk schemes. As a consequence, 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

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

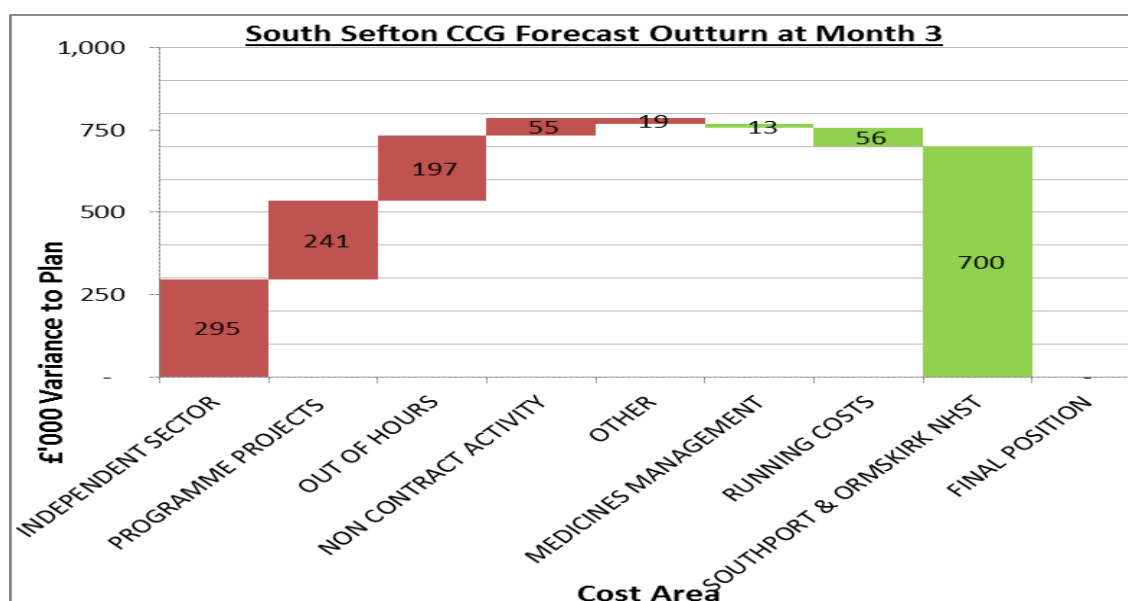
Key Performance Indicator		This Month
	0.5% Non-Recurrent Reserve	✓
Breakeven	Financial Balance	✓
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£0.614m
Running Costs	CCG running costs < 2017/18 allocation	✓

- The CCG will not achieve the Business Rule to deliver a 1% Surplus. This was agreed in the CCG financial plan approved by NHS England.
- 0.5% Contingency Reserve is held as mitigation against potential cost pressures.
- 0.5% Non-Recurrent Reserve is held uncommitted as directed by NHS England.
- The current financial plan is to achieve a break even position in year, this is the best case scenario and is dependent on delivery of the QIPP plan of £8.480m in full.
- QIPP Delivery is £0.614m to date, this is £0.292m behind the planned delivery at Month 3.
- The forecast expenditure on Running Costs is below the allocation for 2017/18.

2.2 CCG Financial Forecast

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

Figure 2 – Financial Performance by Provider



- The CCG forecast position for the financial year is breakeven based on delivery of the QIPP target in full.
- The main financial pressures relate to the Independent Sector, Programme Projects and Out of Hours budgets.
- The forecast overspends relate to the following areas:
 - Over performance at Spire and Ramsay hospitals
 - Costs for prior approval services
 - Part year costs for the Acute Visiting Scheme (AVS)
 - NCA – continued costs of IFR
- The forecast cost pressures are supported by underspends in the Acute Commissioning budget, mainly due to underperformance on the contract with Southport and Ormskirk Trust.

2.3 Provider Expenditure Analysis – Acting as One

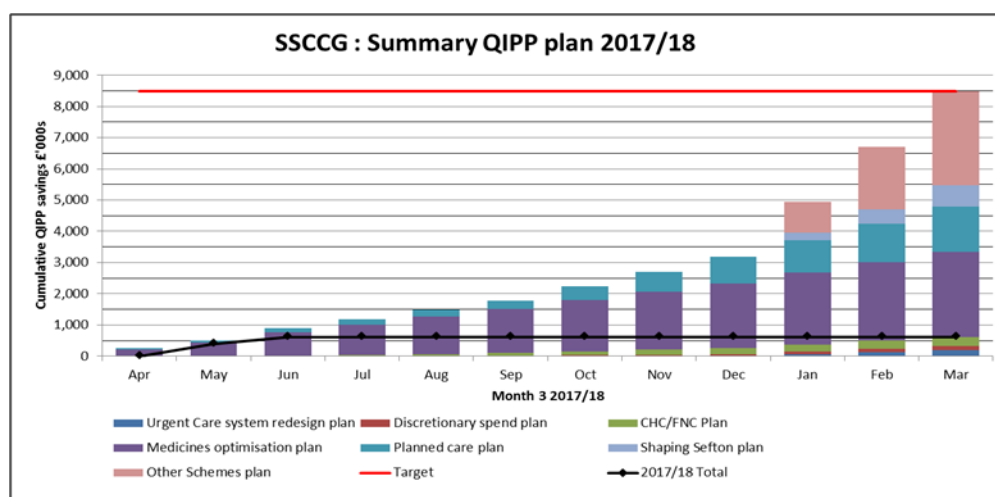
Figure 3 – Acting as One Contract Performance

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	(£0.115)
Alder Hey Children’s Hospital NHS Foundation Trust	(£0.073)
Liverpool Women’s NHS Foundation Trust	(£0.009)
Liverpool Heart & Chest NHS Foundation Trust	£0.001
Royal Liverpool and Broadgreen NHS Trust	(£0.031)
Mersey Care NHS Foundation Trust	£0.000
Grand Total	(£0.227)

- The CCG is included in the Acting as One contracting arrangements within the Merseyside region. Contracts have been agreed on a block contract basis for the financial years 2017/18 and 2018/19.
- The agreement protects against overperformance with these providers but does present a risk that activity could drift to other providers causing a pressure for the CCG.
- Due to fixed financial contract values, the agreement also removes the ability to achieve QIPP savings in the two year contract period. However, QIPP schemes should continue as this will create capacity and long term efficiencies within the system.
- The year to date performance for the Acting as One providers shows an underperformance spend against plan, this would represent a year to date underspend of £0.227m under usual contract arrangements.

2.4 QIPP

Figure 3 – QIPP Plan and Forecast



	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned Care plan	1,442	0	1,442	41	0	1,401	1,442
Medicines optimisation plan	2,734	0	2,734	2,604	0	130	2,734
CHC/FNC plan	281	0	281	281	0	0	281
Discretionary spend plan	100	30	130	30	0	100	130
Urgent Care system redesign plan	200	0	200	0	0	200	200
Shaping Sefton Plan	693	0	693	0	0	693	693
Other Schemes Plan	3,000	0	3,000	0	0	3,000	3,000
Total QIPP Plan	8,450	30	8,480	2,956	0	5,524	8,480
QIPP Delivered 2017/18				614	0	0	614

- The 2017/18 identified QIPP plan is **£8.480m** (opening position). This plan has been phased across the year on a scheme by scheme basis and full detail of progress at scheme level is monitored at the QIPP committee.
- The CCG has undertaken a significant work programme to update the 2017/18 QIPP plan and identify schemes in excess of the target. A revised QIPP plan will be presented to the Governing Body.
- The CCG has identified £0.614m QIPP savings at Month 3, the majority of this relates to savings within the prescribing budget in respect of reduced costs in the last two months of 2016/17 and further reduced costs in 2017/18.
- The risk rated QIPP demonstrates that although there are a significant number of schemes in place, further work is required to determine whether they can be delivered in full.
- The forecast QIPP plan for the year is **£2.959m** (100% of schemes rated Green and 50% of schemes rated Amber).

2.5 Risk

Figure 4 – CCG Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	0.000	0.000	0.000
QIPP Target	(3.329)	(5.151)	(8.480)
Revised surplus / (deficit)	(3.329)	(5.151)	(8.480)
Forecast Outturn (Operational budgets)	0.000	0.026	0.026
Reserves Budget	0.000	(0.026)	(0.026)
Management action plan			
QIPP Achieved	0.414	0.200	0.614
Remaining QIPP to be delivered	2.915	4.951	7.866
Total Management Action plan	3.329	5.151	8.480
Year End Surplus / (Deficit)	0.000	(0.000)	(0.000)

- The CCG forecast financial position is breakeven
- The underlying position (recurrent position) is breakeven.
- The forecast position is dependent on achieving a QIPP saving of **£8.840m**

Figure 5 – Risk Adjusted Financial Position

South Sefton CCG	Best Case £m	Most Likely £m	Worst Case £m
QIPP requirement (to deliver agreed forecast)	(7.866)	(7.866)	(7.866)
Predicted QIPP achievement	6.932	2.956	2.956
Forecast Surplus / (Deficit)	(0.934)	(4.910)	(4.910)
Further Risk	(0.650)	(0.650)	(0.650)
Management Action Plan	1.584	1.584	0.584
Risk adjusted Surplus / (Deficit)	0.000	(3.976)	(4.976)

- The risk adjusted position provides an assessment of the best, likely and worst case scenarios in respect of the CCGs year end outturn.
- The best case is breakeven and includes an assumption that the remaining QIPP requirement will be delivered in full and further risks of £0.650m will be mitigated with additional management actions of £1.584m.

- The likely case is a deficit of **£3.976m** assumes that QIPP delivery will be 100% of schemes rated Green and 50% of schemes rated Amber with further risk and mitigations as per the best case scenario.
- The worst case scenario is a deficit of **£4.976m** and assumes that only the QIPP schemes rated Green will be delivered and the management action plan will not be delivered in full.

2.6 CCG Cash Position

Figure 6 – Summary of working capital

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

- Non-current Asset (Non CA) balance relates to assets inherited from Sefton PCT at the inception of the CCG. Movements in this balance relate to depreciation charges applied.
- Receivables balance includes invoices raised for services provided, accrued income and prepayments. Outstanding debt in excess of 6 months old currently stands at £75k. This balance is predominantly made up of outstanding CQUIN payment recovery (£72k) with Southport & Ormskirk NHS Trust. This debt has been raised at Audit Committee and the Chief Finance Officer has written to the Trust Director of Finance for evidence that the invoices are contested.
- The Maximum Cash Drawdown (MCD) is the maximum amount of cash available to a CCG each financial year. Cash is allocated monthly following notification of cash requirements. The CCG MCD was set at £241.584m at Month 3. The actual cash utilised at Month 3 was

£54.638m (22.62%) against a target of £60.396m (25.00%). Cash continues to be monitored daily by the finance team to ensure cash targets set by NHS England are met.

- BPPC has been steadily improving however following an internal audit review undertaken by MIAA it was identified that the current reporting requires an update. An annual benchmarking against other CCGs across the North West area is to be undertaken in July 2017.

2.7 Recommendations

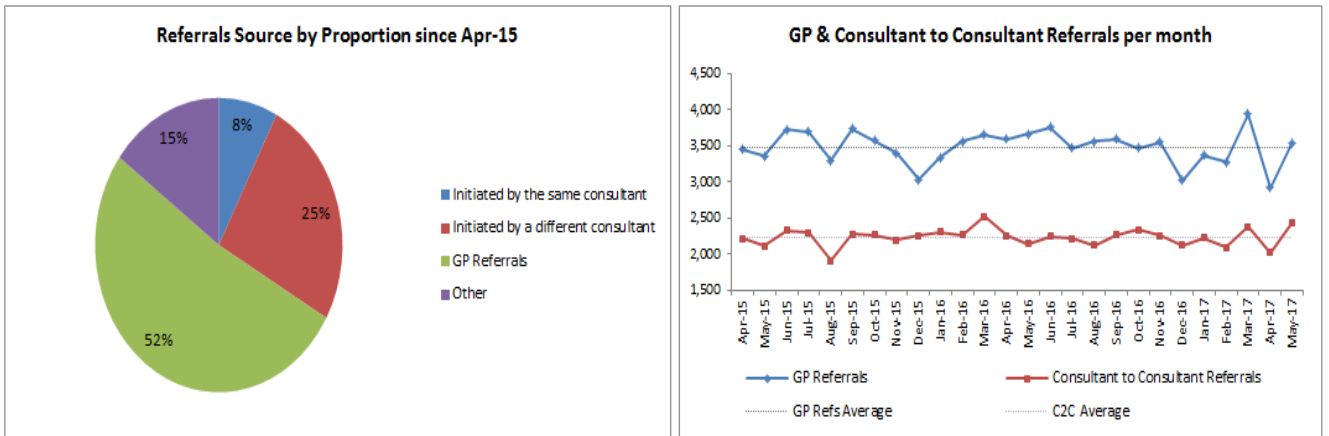
The Board is asked to receive the finance update, noting that:

- Both the year to date financial position and forecast is breakeven. This assumes that the CCG we will deliver the 2017/18 QIPP requirement in full. This represents the CCGs best case scenario. The CCGs likely case scenario forecasts a deficit after risks and mitigations of £3.976m
- Year to date planned QIPP savings for the first quarter 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.
- In order to deliver the long term financial recovery plan, the CCG requires ongoing and sustained support from member practices, supported by Governing Body GP leads to deliver a reduction in costs. The focus must be on reducing access to clinical services that provide limited clinical benefit for patients.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from member practices to enable the CCG to reduce levels of low value healthcare and improve value for money from the use of the CCGs resources.

3. Planned Care

3.1 Referrals by source

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



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

Referral Type	DD Code	Description	Apr-17	May-17	1617 YTD	1718 YTD	Variance	% Variance
GP	03	GP Ref	2,923	3,529	7,263	6,452	-811	-11.2%
GP Total			2,923		7,263	2,923	-4,340	-59.8%
Other	01	following an emergency admission	149	146	274	295	21	7.7%
	02	following a Domiciliary Consultation		3	0	3	3	0.0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	420	424	848	844	-4	-0.5%
	05	A CONSULTANT, other than in an Accident and Emergency Department	1,153	1,500	2,560	2,653	93	3.6%
	06	self-referral	252	275	534	527	-7	-1.3%
	07	A Prosthetist		1	6	1	-5	-83.3%
	08	Royal Liverpool Code (TBC)	74	59	138	133	-5	-3.6%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	122	138	188	260	72	38.3%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	184	216	542	400	-142	-26.2%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	5	5	9	10	1	11.1%
	13	A Specialist NURSE (Secondary Care)	7	5	6	12	6	100.0%
	14	An Allied Health Professional	131	212	281	343	62	22.1%
	15	An OPTOMETRIST	1	1	3	2	-1	-33.3%
	16	An Orthoptist		1	2	1	-1	0.0%
	17	A National Screening Programme	3	2	5	5	0	0.0%
	92	A GENERAL DENTAL PRACTITIONER	137	142	325	279	-46	-14.2%
	93	A Community Dental Service			1	0	-1	-100.0%
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	248	331	663	579	-84	-12.7%	
Other Total			2,886	3,461	39,091	38,587	-504	-1.3%
Unknown			1		0	1	1	#DIV/0!
Grand Total			5,810	6,990	13,648	12,800	-848	-6.2%

Local referrals data from our main providers shows that there was no significant change in the overall level of referrals comparing 2016/17 year end with the previous year. Nevertheless, a significant decrease in referrals occurred in April 2017 followed by an increase in May 2017. GP referrals in 2017/18 to date are 11.2% down on the equivalent period in the previous year.

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

3.1.1 E-Referral Utilisation Rates

NHS E-Referral Service Utilisation				
NHS South Sefton CCG	17/18 - May	80% by End of Q2 2017/18 & 100% by End of Q2 2018/19	20.00%	↓

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 (May) for E-referral Utilisation rates reported is 20%; a 2% decrease from the previous month.

3.2 Diagnostic Test Waiting Times

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	17/18 - May	1.00%	3.76%	↑
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	17/18 - May	1.00%	3.46%	↑

In May the CCG has failed the under 1% of patients waiting over 6 weeks for a diagnostic test, out of 2583 patients 97 waited over 6 weeks with 6 waiting over 13 weeks (3.80%). The majority of long waiters were for Gastroscopy (59).

Aintree failed the under 1% of patients waiting over 6 weeks for a diagnostic test in May recording 3.50%, out of 4764 patients 165 waited over 6 weeks and 8 over 13 weeks, 132 waiting for gastroscopy. Endoscopy has experienced considerable pressure over the last quarter resulting in extensive additional activity in order to meet the Trust's 2ww cancer pathways. This has made it difficult to support non-urgent 6 week performance targets. The performance position is consistent with reporting throughout Q1 as a result of a lack of endoscopists due to sickness/maternity leave and with SPR cover. MRI tests for cardiology have increased during the past 6 months. The department is undertaking weekly capacity reviews and providing additional sessions, however each test requires a 90min session therefore the waits are above the required 6 week standard during May.

Trust Action Plan

- Additional WLI activity is planned to support recovery of the performance. This is expected to continue to improve in Q2
- Recruiting Locum Consultant to cover Maternity Leave in endoscopy – out to advert June 17.

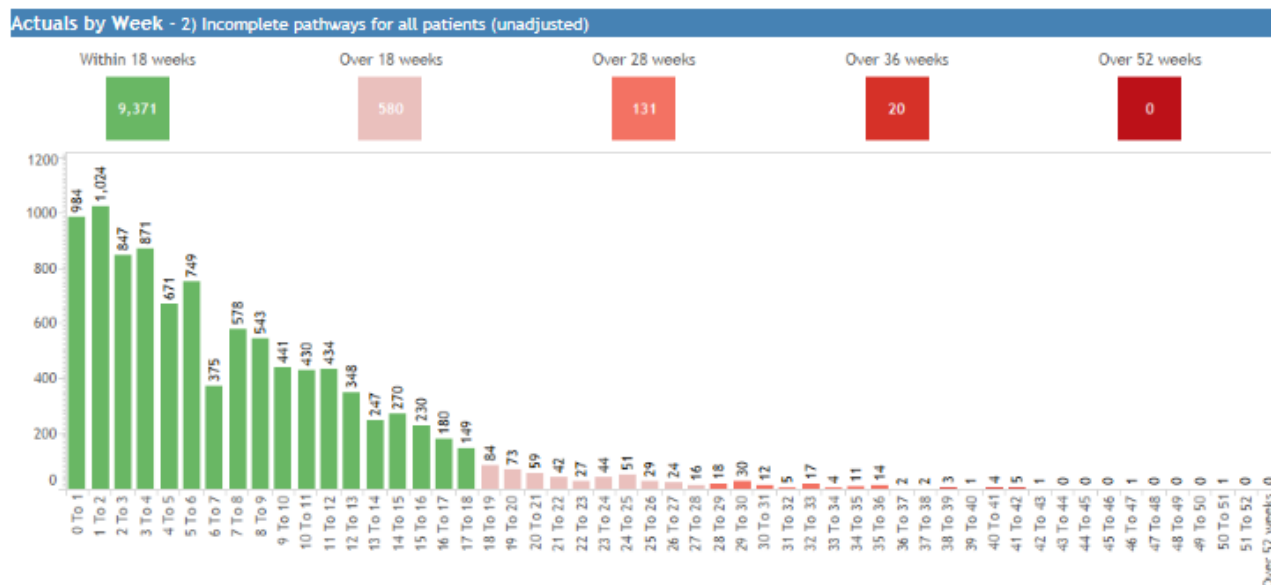
- A recovery & sustainability plan is under development for endoscopy services which includes a review of demand and capacity. This will require IT support.
- Weekly capacity meetings chaired by CBM with operational and clinical teams to maximise the utilisation of capacity. From mid-June 17 – each endoscopy list has an additional patient booked to offset DNAs.
- Admin and Clerical Review to be undertaken to establish infrastructure required to support the booking of patients and ongoing validation of waiting lists.
- Unisoft Add In – discussions ongoing with Unisoft Medical Systems. Training to be completed.
- Additional WLI Activity is planned to support the delivery of the 6 week standard for MRI with a particular focus on cardiology MRI.

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 - May	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	17/18 - May	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 - May	92%	94.17%	↑
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 - May	92%	93.4%	↑

3.3.1 Incomplete Pathway Waiting Times

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



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 9 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers

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)	5,720	219	41	4	0
Royal Liverpool and Broadgreen University Hospitals NHS Trust : (RQ6)	1,188	217	50	11	0
Southport and Ormskirk Hospital NHS Trust : (RVY)	564	38	3	0	0
Alder Hey Children's NHS Foundation Trust : (RBS)	493	34	14	1	0
Liverpool Women's NHS Foundation Trust : (REP)	566	31	5	0	0
St Helens and Knowsley Hospital Services NHS Trust : (RBN)	130	18	8	3	0
Spire Healthcare : (NT3)	79	5	1	0	0
Wirral University Teaching Hospital NHS Foundation Trust : (RBL)	19	3	1	1	0

3.3.3 Long Waiters Analysis: Top 2 Providers split by Specialty

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

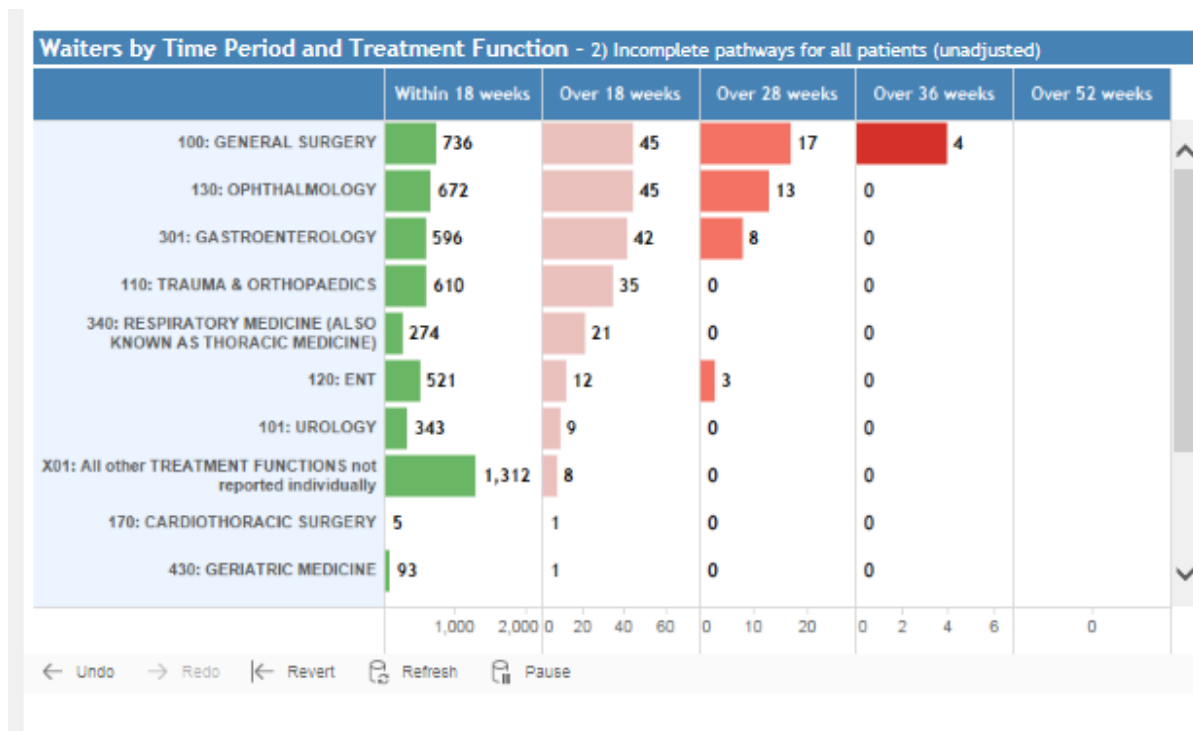
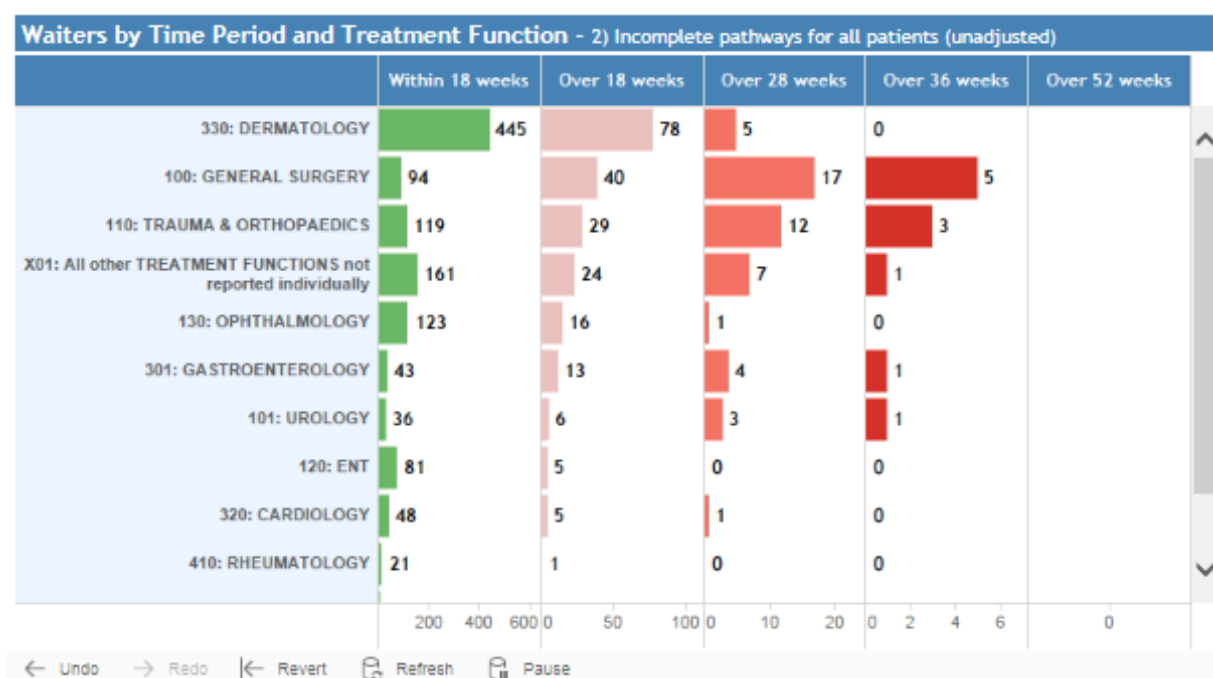


Figure 11 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



3.3.4 Provider assurance for long waiters

Trust	Specialty	Wait band	Has the patient been seen/has a TCI date?	Detailed reason for the delay
Aintree	General Surgery	40	Clock stopped 15/06/2017 - Decision not to treat	Patient declined treatment
Aintree	General Surgery	50	Clock stopped 08/06/2017 - 1st treatment	Capacity issue
Royal Liverpool	General Surgery	40	Pathway Stopped	Long Wait on Waiting List
Royal Liverpool	General Surgery	40	Pathway Stopped	Capacity
Royal Liverpool	Urology	40	Pathway Stopped	Capacity
Royal Liverpool	T&O	41	Pathway Stopped	Capacity
Royal Liverpool	T&O	41	Pathway Stopped	Capacity
Royal Liverpool	GASTROENTEROLOGY	41	06/07/2017	Long Wait on Waiting List
Royal Liverpool	General Surgery	46	Pathway Stopped	Capacity
Alder Hey	All other	42	Appt is scheduled for 18th July 2017, Service is Audiology, wait due to capacity issues which are improving	Appt is scheduled for 18th July 2017, Service is Audiology, wait due to capacity issues which are improving
St Helens & Knowsley	General Surgery	41	04/06/2017	Patient taken off watchful wait at week 1 of 18 week pathway – patient listed for complex abdo wall surgery Patient booked for surgery 25/02 (week 28), this was patient cancelled due to unavailability Patient booked for surgery 04/06 (week 42)
St Helens & Knowsley	T&O	41	13/06/2017	Patient listed for surgery at week 1 of 18 week pathway, patient listed for complex hip surgery Patient booked for surgery 13/06 (week 44)

The Royal Liverpool & Broadgreen NHS Trust did not achieve the 92% incomplete RTT target in May recording 88.34%. The issues are ongoing around access to surgical beds. Services have been closed in other Trusts which is placing higher demand on the Trust's services. Challenges remain the same in General Surgery, Urology, Dermatology, Gastroenterology and now Cardiology, failing the target for the first time. Demand and capacity modelling work was presented to the Executive Team following discussions with all care groups in May and a 2017/18 trajectory has been submitted to NHSi following which the announcement from Simon Stephens was communicated regarding the prioritisation to Emergency Access Targets.

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 - May	0	0	↑ ↓

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 - May	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 - May	93%	94.18%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	17/18 - May	93%	95.29%	↔
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 - May	93%	89.93%	↓
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 - May	93%	90.84%	↓

The CCG failed the 93% target in May reaching 86.5% and year to date (89.93%) for 2 weeks wait for first outpatient appointments for patients referred urgently with breast symptoms. In May there were 10 breaches out of a total of 74 patients, longest wait being 42 days, all breaches due to patient choice.

Aintree also failed this 93% target for May reaching 88.67% and year to date (90.84%). During May the Trust achieved 88.7% against the 93% standard. This amounted to 23 breaches out of 203 treatments. This was due to short notice and an unexpected reduction in clinical capacity. This has now been addressed with the service providing an on-going plan to ensure sustained recovery from this position.

Actions:

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

- Escalate constraints to the patient pathway to the daily Cancer Performance briefing led by the Divisional Director of Operations Diagnostics & Support Services.

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 - May	96%	99.24%	↓
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	17/18 - May	96%	98.37%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	17/18 - May	94%	98.18%	↓
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	17/18 - May	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	17/18 - May	94%	96.15%	↑
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	17/18 - May	94%	96.36%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	17/18 - May	98%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	17/18 - May	98%	100.00%	↔

3.5.3 - 62 Day Cancer Waiting Time Performance

Cancer waits – 62 days				
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	17/18 - May	85% local target	95.00%	↑
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 - May	85% local target	91.80%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	17/18 - May	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 - May	90%	76.47%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	17/18 - May	85%	83.64%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	17/18 - May	85%	83.95%	↑

Aintree failed the 90% target for 62 day screening in May with the equivalent of 1.5 breaches out of a total of 5.5 patients recording 72.3%, year to date reaching 76.47%.

Aintree failed the target for May for 62 day screening recording 72.7% year to date 76.47%, in May out of the equivalent 5.5 patients there were 1.5 patient breaches, both lower gastro patients the first patient waited 68 days Aintree cancelled surgery for 8-6-17 due to there being no HDU beds. The second patient waited 96 days and the delay was due to a delay between Trusts, there was a 3 Trust pathway, and reallocated to Southport & Ormskirk. Year to date there have been a total of 2 breaches out of 8.5 patients. It should be noted that the Trust undertakes Bowel screening only and so treatment numbers are low in comparison to other organisations. Therefore even 0.5 of a breach will result in the Trust failing this standard unless treatments are higher. During May one patient's pathway breached the 62 day standard due to no HDU bed available on the day therefore the planned surgery was postponed. The second patient's care was across 3 Trusts, the patient underwent complex multiple diagnostic tests and required palliative chemotherapy at a specialist centre and this was beyond day 62 of the pathway.

Trust Actions include:

- 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 and to the Divisional Director of Ops.

The CCG failed the 85% target for the 62 days standard in May recording 83.33% and are also failing year to date reaching 83.64%. Out of 24 patients there were 4 breaches. The delay reasons were:

- Patient holidays.
- Surgery booked for after target as patient may need iron infusion.
- Delay between trusts at day 48.
- Delay due to oncology appointment and patient choice, holiday, unavoidable breach.

Aintree achieved the 85% target in May for the 62 day standard reporting 85.8%, but are failing year to date (83.95%). In May out of 61.5 patients there were 9 patient breaches. The main reason for the breaches was due to delays in referral between trusts, with the longest wait being 117 days.

3.6 Patient Experience of Planned Care

Friends and Family Response Rates and Scores
Aintree University Hospital NHS Foundation Trust
Latest Month: **May-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%	15.8%	\	96%	95%	\	1%	2%	/

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

- % Response Rate
- % Recommended
- % Not Recommended

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target in excess of the regional and national response rates for both inpatients and A&E. However, inpatient response rates are now reporting under target for May at 15.8%. The proportion of patients who would recommend is 1% lower than last month recording 95% (England average 96%) the proportion who would not recommend is higher than the previous month 2%, also higher than 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 2 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG show a slight over performance of £25k/0.3%. At specific trusts, Renacres are reporting the largest cost variance with a total of £89k/42% followed by Aintree (£64k/1%) and Wrightington, Wigan and Leigh (£44k/87%).

Figure 12 - Planned Care - All Providers

Provider Name	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Acting as One YTD % Var
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	28,146	28,541	395	1%	£4,803	£4,867	£64	1%	-£64	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST*	2,185	2,334	149	7%	£268	£249	-£19	-7%	£19	0.0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	14	34	20	137%	£4	£5	£1	37%	-	37.4%
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	20	20	0%	£0	£2	£2	0%	-	0.0%
FAIRFIELD HOSPITAL	31	24	-7	-23%	£8	£7	-£1	-14%	-	-13.5%
ISIGHT (SOUTHPORT)	85	77	-8	-10%	£20	£15	-£5	-26%	-	-25.8%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	195	216	21	11%	£66	£85	£19	28%	-£19	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	2,567	2,575	8	0%	£487	£459	-£28	-6%	£28	0.0%
RENACRES HOSPITAL	782	980	198	25%	£214	£303	£89	42%	-	41.7%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	4,972	5,184	212	4%	£833	£817	-£17	-2%	£17	0.0%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	2,357	1,977	-380	-16%	£439	£337	-£102	-23%	-	-23.2%
SPIRE LIVERPOOL HOSPITAL	382	489	107	28%	£119	£151	£32	27%	-	26.7%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	580	684	104	18%	£161	£156	-£5	-3%	-	-3.3%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	18	0	-18	-100%	£3	£0	-£3	-100%	-	-100.0%
WALTON CENTRE NHS FOUNDATION TRUST	500	451	-49	-10%	£161	£121	-£40	-25%	£40	0.0%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	24	24	0%	£0	£2	£2	0%	-	0.0%
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	73	65	-8	-11%	£19	£12	-£8	-39%	-	-38.6%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	141	266	125	89%	£51	£95	£44	87%	-	86.5%
Grand Total	43,029	43,941	912	2%	£7,656	£7,681	£25	0.3%	-£64	-0.5%

3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust

Figure 13 - Planned Care - Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	2,199	2,062	-137	-6%	£1,306	£1,335	£29	2%
Elective	305	257	-48	-16%	£861	£844	-£18	-2%
Elective Excess BedDays	101	90	-11	-11%	£25	£22	-£3	-11%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	68	26	-42	-62%	£14	£6	-£8	-59%
OPFANFTF - Outpatient first attendance non face to face	410	588	178	44%	£12	£26	£15	125%
OPFASPCL - Outpatient first attendance single professional consultant led	5,173	4,837	-336	-6%	£818	£791	-£27	-3%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	222	166	-56	-25%	£19	£17	-£1	-7%
OPFUPNFTF - Outpatient follow up non face to face	518	1,970	1,452	280%	£13	£48	£35	281%
OPFUPSPCL - Outpatient follow up single professional consultant led	13,115	12,249	-866	-7%	£909	£878	-£31	-3%
Outpatient Procedure	3,613	3,673	60	2%	£478	£477	-£1	0%
Unbundled Diagnostics	2,198	2,338	140	6%	£177	£212	£34	19%
Wet AMD	224	285	61	27%	£171	£211	£40	23%
Grand Total	28,146	28,541	395	1%	£4,803	£4,867	£64	1%

Non face to face activity (both first and follow up attendances) are reporting an over performance within planned care at month 2 with all other areas of outpatients currently under performing.

Wet AMD is the highest over performing POD in planned care with a cost variance of £40k/23% against plan.

Cardiology is showing the largest cost variance at month 2 (£238k/100%). The cardiology over performance is largely related to day case activity, which can be attributed to the heart failure pathway. Conversely, Gastroenterology is under performing by £80k/13% against plan.

Despite this indicative overspend, there is no financial impact of this to the CCG due to the Acting As One block contract arrangement

The table below illustrates the Planned Care year to date variance by Specialty, focussing on the top and bottom 5 specialties in terms of cost variances against plan at month 2:



South Sefton Clinical Commissioning Group

Specialty	DAY CASES		ELECTIVE INPATIENTS		ELECTIVE XBDS		OUTPATIENT FIRST ATT		OUTPATIENT FU ATT		OUTPATIENT PROCEDURES		Total Activity YTD Var	Total Price YTD Var
	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var		
Cardiology	249	208,318	6	11,713	31	7,403	88	6,252	190	(-£4,313)	79	9,002	642	238,376
Acute internal medicine	5	1,088	1	(-£483)	-3	(-£738)	262	38,112	13	1,424	-13	(-£1,890)	265	37,513
Hepatobiliary & pancreatic surgery	5	10,848	7	17,961			4	1,432	-3	(-£530)			13	29,711
Interventional radiology	8	13,924	-0	400			-1	(-£173)	10	838	6	(-£1,841)	22	13,147
Ent	-2	(-£2,238)	-1	128			-23	(-£2,825)	0	88	139	15,079	114	10,233
Physiotherapy							-30	(-£1,480)	342	11,232			311	9,752
Transient ischaemic attack							43	12,950	-6	0	-41	(-£5,195)	-4	7,755
Geriatric medicine	4	631	-0	(-£3,175)	-4	(-£957)	3	804	60	8,100	0	52	63	5,455
Clinical haematology	-112	(-£12,020)	-5	(-£5,750)	-10	(-£2,672)	-34	(-£8,667)	103	11,696	2	372	-56	(-£17,040)
Anticoagulant service									-806	(-£20,767)			-806	(-£20,767)
Dermatology	-9	(-£4,779)					-142	(-£19,579)	626	9,592	-141	(-£13,368)	335	(-£28,134)
Ophthalmology	-62	(-£48,939)	3	2,222	6	1,479	-48	(-£7,020)	198	139	112	11,121	208	(-£40,998)
Trauma & orthopaedics	-49	(-£51,176)	-5	15,862	21	5,080	-13	(-£2,070)	24	1,395	-95	(-£12,240)	-117	(-£43,149)
Urology	-43	(-£14,282)	-12	(-£13,859)	1	173	-48	(-£7,057)	-10	(-£746)	-58	(-£12,130)	-170	(-£47,903)
General surgery	-15	(-£20,405)	-17	(-£29,306)	-0	(-£109)	-24	(-£4,064)	-56	(-£4,079)	-3	(-£351)	-116	(-£58,314)
Gastroenterology	-113	(-£46,286)	-9	(-£16,976)	-10	(-£2,406)	-31	(-£6,205)	-170	(-£8,752)	2	181	-330	(-£80,444)
Grand Total	-137	28,902	-48	(-£17,698)	-11	(-£2,755)	-200	(-£20,967)	530	3,030	60	(-£809)	194	(-£10,297)

3.7.2 Planned Care Southport & Ormskirk Hospital

Figure 14 - Planned Care - Southport & Ormskirk Hospital by POD

Southport & Ormskirk Hospital Planned Care PODS *	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	147	127	-20	-13%	£106	£77	£-30	-28%
Elective	31	26	-5	-16%	£87	£55	£-31	-36%
Elective Excess BedDays	5	0	-5	-100%	£2	£0	£-2	-100%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	37	14	-23	-63%	£6	£2	£-4	-62%
OPFASPCL - Outpatient first attendance single professional consultant led	352	289	-63	-18%	£58	£47	£-11	-18%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	86	49	-37	-43%	£6	£4	£-2	-38%
OPFUPSPCL - Outpatient follow up single professional consultant led	749	602	-147	-20%	£57	£47	£-11	-19%
Outpatient Procedure	813	747	-66	-8%	£106	£94	£-12	-11%
Unbundled Diagnostics	136	123	-13	-10%	£10	£10	£0	1%
Grand Total	2,357	1,977	-380	-16%	£439	£337	£-102	-23%

* PbR only

Planned care elements of the contract continue to underperform against plan in month 2 2017/18 as they had throughout 2016/17 and month 1 of 2017/18 with the majority of areas below plan year to date.

The largest variance against plan is within day case and elective procedures at a combined underspend of £61k. As mentioned in the month 1 report, decontamination issues resulted in inpatient cancellations in April. May was further affected with the cyber-attack resulting in further elective cancellations.

Further adding to the low performance against plan is the reduced levels of referrals into Southport Trust. This is having a knock on effect through to Outpatient points of delivery and conversion rates into planned surgery.

The Trust is planning to recover lost activity throughout the year to regain position back to planned levels.

3.7.3 Renacres Hospital

Figure 15 - Planned Care - Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	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 £87k/42% is driven by a £77k over performance in Electives, suggesting a continuing theme from 2016/17.

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

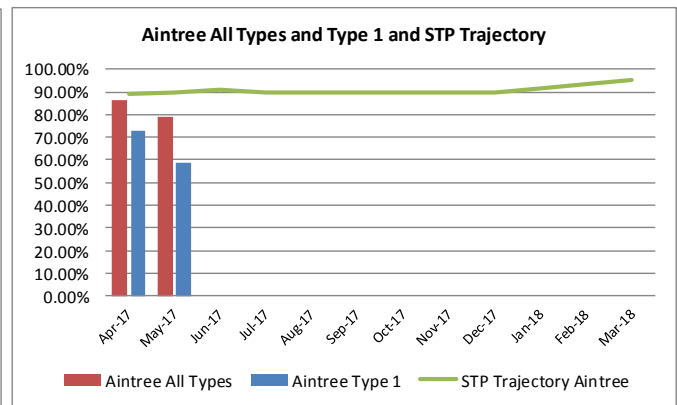
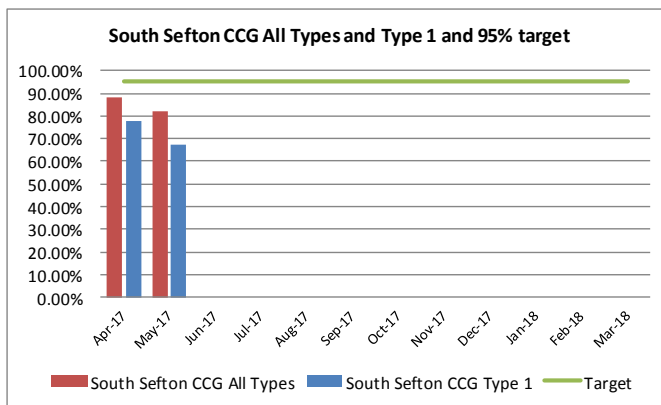
An update will be provided on a quarterly basis, quarter one anticipated in the August report.

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 - May	95%	85.08%	↓	The CCG have failed the target in May reaching 82.2%. In month 1495 attendances out of 8405 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 - May	95%	72.50%	↓	The CCG have failed the target in May reaching 67.6%. In month 1488 attendances out of 4593 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 - May	STP Trajectory Target 90%	82.35%	↓	Aintree have failed their revised target of 90% in May reaching 78.8% ; 3081 attendances out of 14518 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 - May	95%	65.39%	↓	Aintree have failed the target in May reaching 58.5%. In month 3081 attendances out of 7422 were not admitted, transferred or discharged within 4 hours.

A&E All Types	Apr-17	May-17	YTD
STP Trajectory Aintree	89%	90%	%
Aintree All Types	86.13%	78.78%	82.35%



Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2017/18 and have failed the 90% May plan agreed with NHS Improvement recording performance of 78.8%. This was a 7.35% decline compared to April 2017. There was also a decline in performance noted across all A&E clinical indicators in May 2017.

Trust actions for improvement include:

- Continue to embed all aspects of the Emergency and Acute Care Plan and regularly monitor performance to ensure delivery of 90% ED performance and 75% ambulance handover.

- Undertake review of the consultant workforce establishment and recruitment strategy. Additional sessions are being arranged to cover gaps in the existing rota junior and senior in the short.
- Discussion regarding GP streaming taking place at regional level with a view to implementing the Luton and Dunstable Model. Task and finish group set up to take project forward at AUH.
- Review current structure and develop a workforce plan to deliver sustained performance levels. Project is underway to identify the medical workforce required to meet demand.
- Recruitment of Acute Physicians underway – advert launch week commencing 19/6/17.
- Programme of facilitated engagement sessions completed – feedback expected in June. ECIP also working with Senior Nursing team to identify process improvements. Medical team to follow.
- To support flow of non-admitted patients, Ambulatory Observation and Treatment Unit to open on 19th June 2017. More detailed description of function and criteria outlined in SOP.

4.2 Ambulance Service Performance

Ambulance					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	17/18 - May	75%	77.87%	↓	The CCG has failed the 75% target in May, achieving 70.69% but are achieving year to date due to last months performance. In May out of 58 incidents, 41 were within 8 mins.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	17/18 - May	75%	63.79%	↓	The CCG is under the 75% target reaching 57.62% in May and 63.79% year to date. In May, out of 903 incidents, 520 were within 8 mins.
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	17/18 - May	95%	90.97%	↓	The CCG is under the 95% target reaching 87.99% in May and 90.97% year to date. In May out of 961 incidents, 846 were within 19 mins.
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	17/18 - May	75%	67.96%	↓	NWAS reported under the 75% target reaching 65.92% in May and 67.96% year to date.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	17/18 - May	75%	66.62%	↓	NWAS reported under the 75% target reaching 64.43% in May and 66.62 year to date.
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	17/18 - May	95%	91.27%	↓	NWAS reported under the 95% target reaching 90.08% in May and 91.27% year to date.
Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Aintree	17/18 - May	0	233	↓	The Trust recorded 233 handovers between 30 and 60 minutes, this is a decline on last month when 157 was reported and is still breaching the zero tolerance threshold.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Aintree	17/18 - May	0	199	↓	The Trust recorded 199 handovers over 60 minutes, a decline on the previous month when 82 was reported and 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.

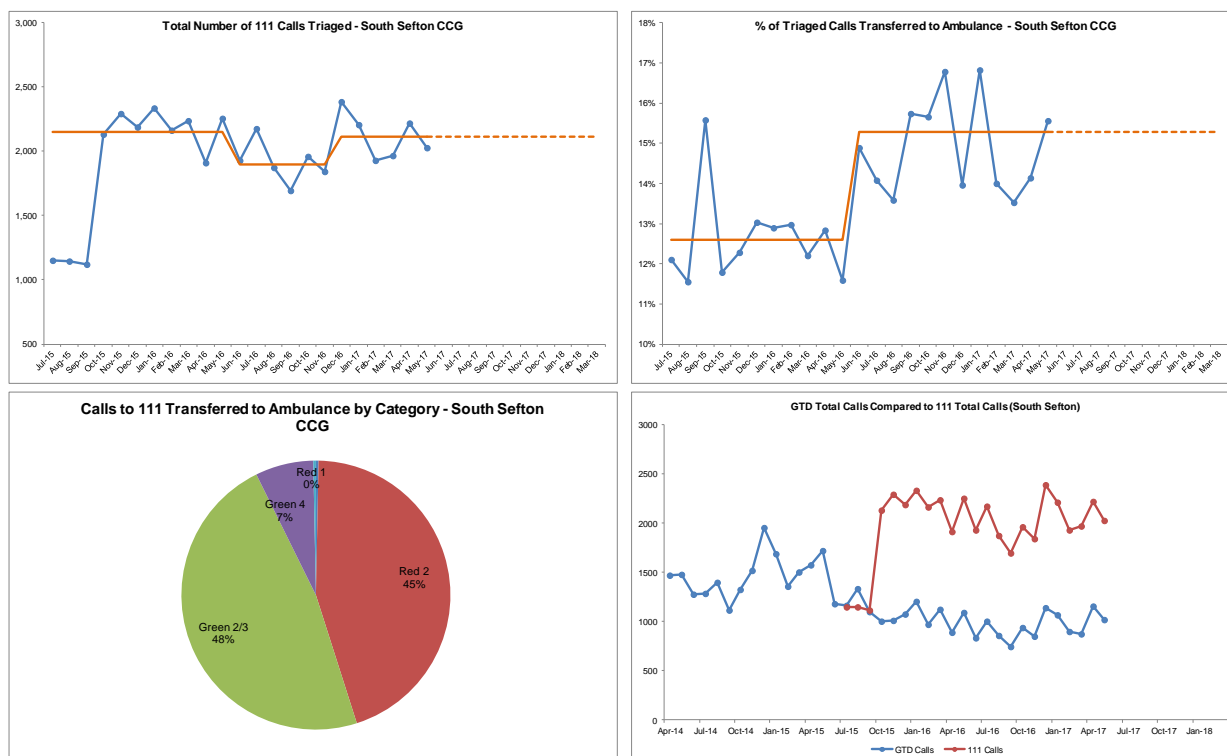
The Trust noticed an increase in the number of handover delays in excess of 30 minutes was also noted during May 2017. The average time from notification to handover standard of 15 minutes also declined in May 2017. The Trust achieved an average of 23:45 minutes compared to the 16:58 minutes reported in the previous month (+6:47 minutes). Ambulance Hospital Arrival Screen (HAS) compliance also declined to 89.7% (-1.9%).

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

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

4.3 NWAS, 111 and Out of Hours

4.3.1 111 Calls



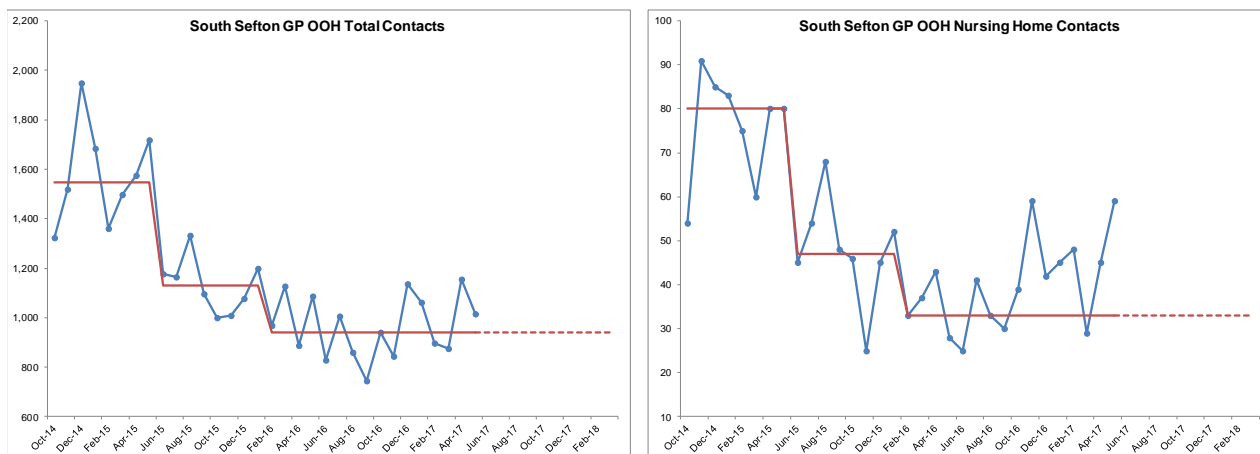
May 2017 saw a slight reduction in the number of 111 calls made by South Sefton patients to 2,025 from 2,220 in April, a reduction of 8.8%. There has also been a reduction when compared to May 2016, from 2,253 or 10.3%.

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

- 55% advised to attend primary and community care
- 17% closed with advice only
- 16% transferred to ambulance
- 9% advised to attend A&E
- 3% advised to other service.

15.6% of all 111 calls were transferred to an ambulance which is an increase from April (14.1%) but is in line with previous months reporting.

4.3.2 GP Out of Hours Calls



The number of calls from South Sefton patients to the GP OOH service has fallen in May 2017 to 1,015 a reduction of 12% since April. May 2017 had slightly fewer calls than the same time in the previous year (1,087). This is still on trend since the baseline shifted in February 2016.

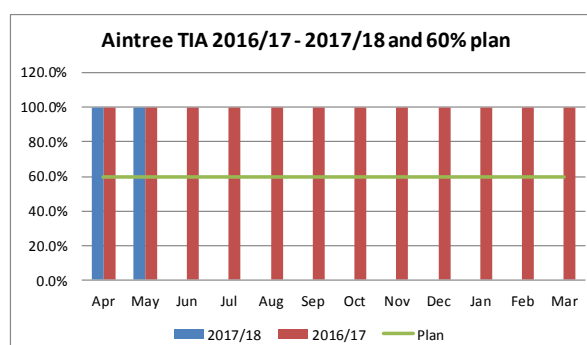
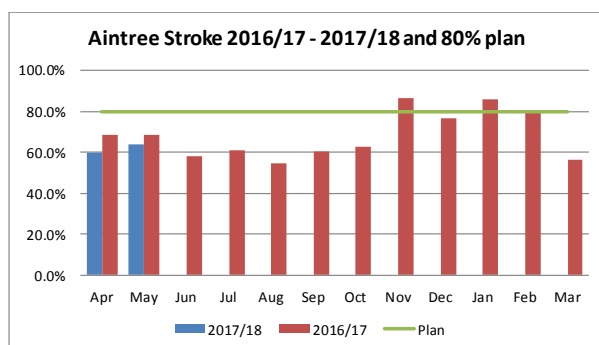
GP OOH calls from nursing homes within South Sefton have increased to 59, by 31%, from April. However, as with total calls, this remains within trend.

South Sefton CCG, in collaboration with Go To Doc (GTD) and NNAS, is planning to go live with their out of hours Clinical Assessment Service (CAS) in June 2017. The clinical code set has been agreed by primary care clinicians and a go live of 12th June 2017 has been agreed.

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 - May	80%	64.10%
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	17/18 - May	60%	100%



In May Aintree failed the 80% target for patients spending 90% of their time on a stroke unit recording 64.1%. This is a slight improvement from the previous month when the Trust recorded 59.5%. Out of a total of 39 patients only 25 spent more than 90% of their stay on a stroke unit.

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

- 6 patients required admission to the Stroke Unit but no beds were available.
- 4 patients were referred to the stroke team after an MRI diagnosed a stroke.
- 1 patient was discharged home before transfer to the Stroke Unit.
- 3 patients were for palliative care.

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

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. Also daily stroke meetings to discuss outliers and delayed transfers of care.

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 May 2017.

4.4.2 Mixed Sex Accommodation

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

4.4.3 Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	17/18 - May	9	9	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	17/18 - May	8	12 (7 following appeal)	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	17/18 - May	0	0	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	17/18 - May	0	0	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	17/18 - May	24	23	↓
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Aintree)	17/18 - May	No Plan	46	↔

The CCG had 6 news case reported in May 2017, against a plan of 4, (6 apportioned to acute trust and 3 apportioned to community). The year to date plan is 54.

There were 4 new cases reported in May (12 year to date) against a monthly plan of 4. (There were 5 successful appeals upheld in June, 7 cases following appeal). 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.

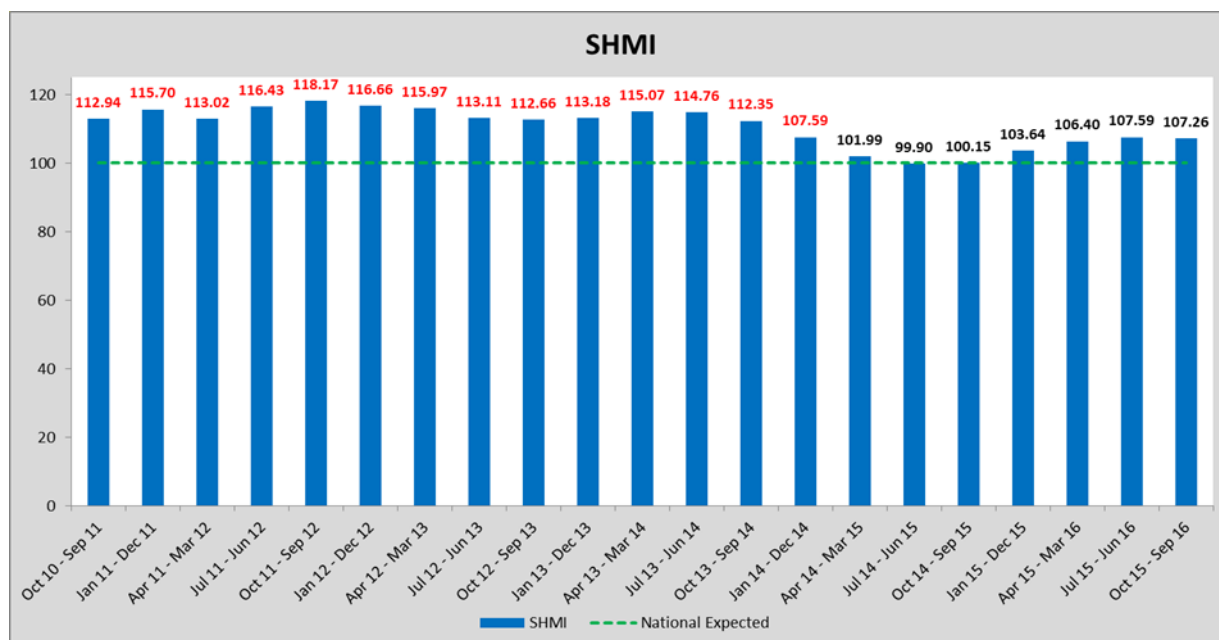
NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2017/18 which is 142 for South Sefton CCG. There are no targets set for Trusts at present.

4.4.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	17/18 - May	100	95.54	↑ ↔
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 May performance remains below expected at 95.54.

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 2.

There are a total of 85 serious incidents open on StEIS where South Sefton CCG are either lead or responsible commissioner. The majority are attributed to Liverpool Community Health NHS Trust (42), Mersey Care NHS Foundation Trust (14) and Aintree University NHS Foundation Trust (19), 7 of these being South Sefton CCG patients.

Aintree University Hospitals NHS Foundation Trust - 19 open Serious Incidents on StEIS. In May 2017 four incidents have been reported, and five incidents have been closed. Nine incidents remain open for >100 days, a reduction of five cases compared to month 1 17/18.

Liverpool Community Health NHS Trust - 42 open serious incidents on StEIS affecting South Sefton CCG patients. 22 remain open for >100 days.

There were nine serious incidents reported in May 2017. Five incidents were closed in May 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 14 incidents open on StEIS for South Sefton CCG patients. There has been one incident reported in May 2017 by Mersey Care relating to a South Sefton CCG patient.

The contract for Liverpool Community Health transferred to Mersey Care NHS Trust on 1st June. The CCG is in the process of developing a standard operating procedure for the management of the serious which will need to be agreed by NHS E C&M.

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 remained to same during May 2017 (28), 28 reported in April. Of the 28, 18 were patient or family choice (64.3%), 9 were awaiting further NHS non-acute care (32.1%), and 1 was awaiting care package in own home (3.6%).

Analysis of average delays in May 2017 compared to May 2016 shows a reduction in the average number of patients, from 31 to 28 (9.7%).

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

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

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

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

The total number of days delayed due to the NHS was 852 in May, an increase from 726 in April.

In terms of actions taken by the CCG to reduce the number of Delayed Transfers of Care within the acute setting, the Urgent Care Commissioning Lead participates in the system wide

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

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

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

4.7 Patient Experience of Unplanned Care

Friends and Family Response Rates and Scores
Aintree University Hospital NHS Foundation Trust
Latest Month: **May-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%	11.8%	\	87%	84%	\	7%	11%	/

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

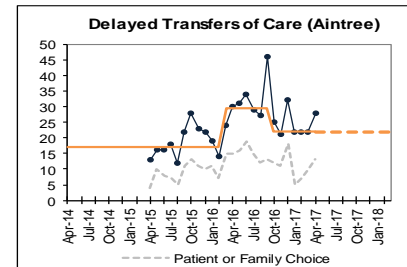
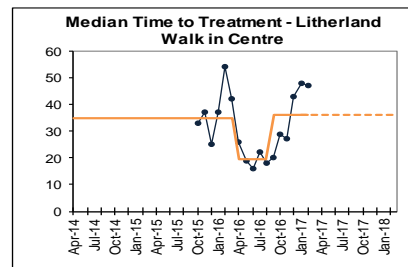
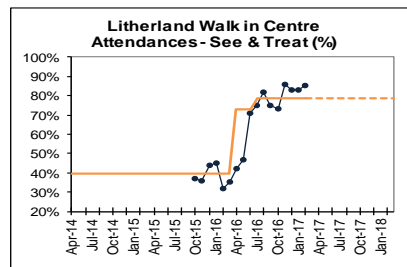
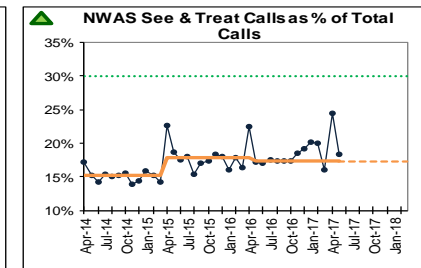
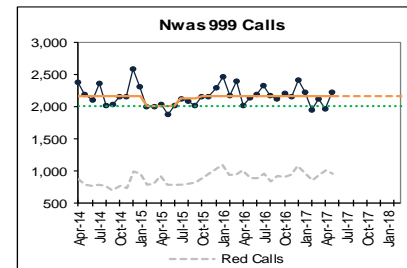
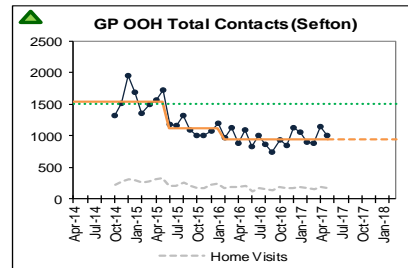
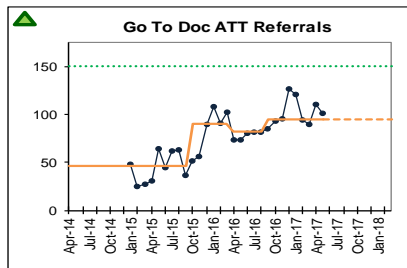
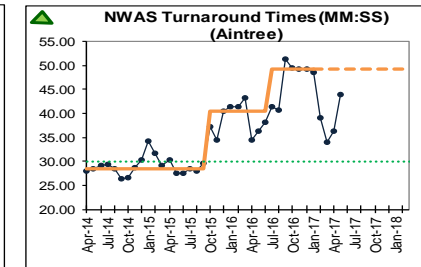
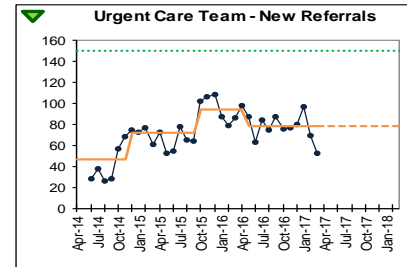
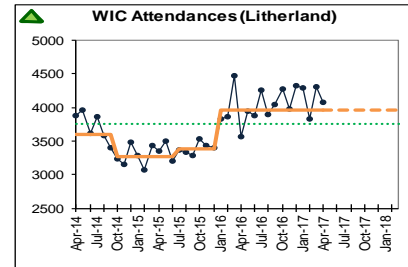
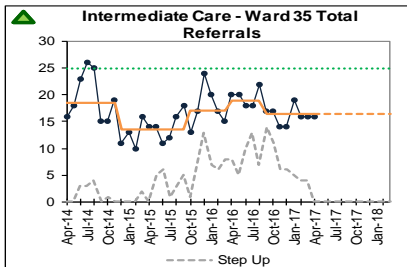
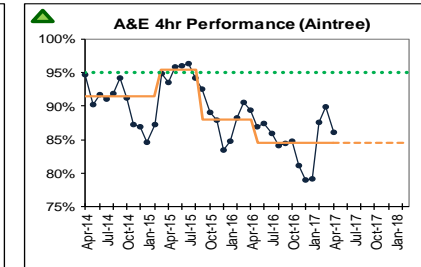
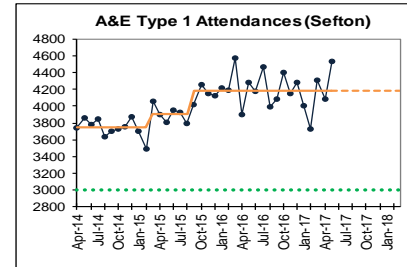
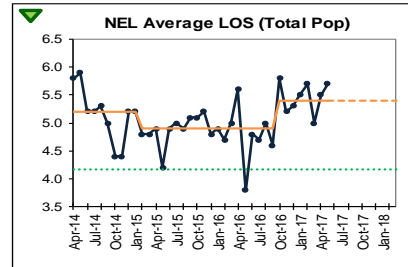
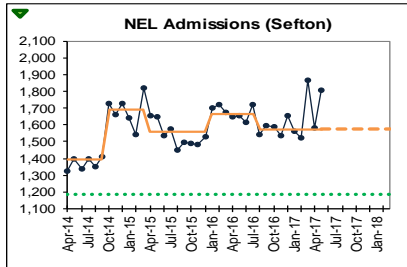
- % Response Rate
- % Recommended
- % Not Recommended

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target way in excess of the regional and national response rates for A&E but has seen a sharp decline in May dropping from 17.5% in April to 11.8% in May.














The percentage of people that would recommend A&E is lower than the England average reporting 84% in May. This is reduction on April when 87% was reported. The not recommended percentage is at 11% in May compared to a 7% England average; this is 4% higher than 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.



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 2 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£208k/-3%. This under-performance is clearly driven by Southport & Ormskirk and Aintree Hospitals reporting an under performance of £153k/29% and -£100k/-2% respectively.

Figure 16 - Month 2 Unplanned Care – All Providers

Provider Name	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Acting as One YTD % Var
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	16,119	17,557	1,438	9%	£5,970	£5,870	-£100	-2%	£100	0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	1,656	1,540	-116	-7%	£358	£320	-£37	-10%	£37	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	11	17	6	52%	£3	£8	£5	198%	-	198%
COUNTNESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	8	8	0%	£0	£2	£2	0%	-	0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	41	45	4	9%	£68	£79	£11	17%	-£11	0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	576	598	22	4%	£696	£695	-£1	0%	£1	0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	900	939	39	4%	£329	£390	£61	18%	-£61	0%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	1,373	1,360	-13	-1%	£523	£371	-£153	-29%	-	-29%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	146	159	13	9%	£65	£64	-£1	-2%	-	-2%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	7	0	-7	-100%	£2	£0	-£2	-100%	-	-100%
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	42	47	5	13%	£15	£19	£4	28%	-	28%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	7	9	2	29%	£3	£5	£3	105%	-	105%
Grand Total	20,879	22,279	1,400	7%	£8,032	£7,824	-£208	-3%	£66	-1.8%

4.9.2 Aintree University Hospital NHS Foundation Trust

Figure 17 - Month 2 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		6,983	8,266	1,283	18%	£162	£162	£0	0%
A&E - Accident & Emergency		12,159	5,391	-6,768	-56%	£698	£744	£46	7%
NEL - Non Elective		2,454	2,255	-199	-8%	£4,577	£4,393	-£184	-4%
NELNE - Non Elective Non-Emergency		8	9	1	11%	£29	£42	£13	44%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day		3	18	15	435%	£1	£4	£3	359%
NELST - Non Elective Short Stay		334	325	-9	-3%	£224	£221	-£4	-2%
NELXBD - Non Elective Excess Bed Day		1,161	1,293	132	11%	£279	£305	£26	9%
Grand Total		23,103	17,557	-5,546	-24%	£5,970	£5,870	-£100	-2%

4.9.3 Aintree Hospital Key Issues

The overall Urgent Care under spend of -£100k/-2% is undoubtedly driven by a -£184k under performance in Non Elective costs. The two key specialties underperforming within this POD include Accident & Emergency (-£241k) and Geriatric Medicine (-£144k).

4.9.4 Royal Liverpool University Hospital

Figure 18 - Month 2 Unplanned Care – Royal Liverpool University Hospital Trust by POD

The Royal Liverpool Hospital Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E - Accident & Emergency	743	731	-12	-2%	£77	£85	£8	10%
AMAU - Acute Medical unit	4	7	3	94%	£0	£1	£0	94%
NEL - Non Elective	112	113	1	1%	£223	£276	£53	24%
NELNE - Non Elective Non-Emergency	2	1	-1	-59%	£14	£1	-£13	-92%
NELST - Non Elective Short Stay	15	17	2	14%	£10	£11	£2	21%
NELXBD - Non Elective Excess Bed Day	23	70	47	199%	£5	£16	£11	203%
Grand Total	900	939	39	4%	£329	£390	£61	18%

4.9.5 Royal Liverpool University Hospital Key Issues

The overall Urgent Care over spend of £61k/18% is largely driven by a £53k over performance in Non Elective costs. Vascular Surgery is the top over performing specialty within this POD with a variance of £69k/291%.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

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

PBR Cluster	NHS South Sefton CCG			
	Caseload as at 31/05/2017	2017/18 Plan	Variance from Plan	Variance on 30/04/2016
1 Common Mental Health Problems (Low Severity)	41	43	- 2	- 2
2 Common Mental Health Problems (Low Severity with greater need)	19	25	- 6	- 13
3 Non-Psychotic (Moderate Severity)	91	150	- 59	- 102
4 Non-Psychotic (Severe)	315	270	45	114
5 Non-psychotic Disorders (Very Severe)	87	67	20	29
6 Non-Psychotic Disorder of Over-Valued Ideas	38	46	- 8	- 7
7 Enduring Non-Psychotic Disorders (High Disability)	284	251	33	53
8 Non-Psychotic Chaotic and Challenging Disorders	137	122	15	26
10 First Episode Psychosis	150	144	6	14
11 On-going Recurrent Psychosis (Low Symptoms)	338	399	- 61	- 67
12 On-going or Recurrent Psychosis (High Disability)	401	354	47	70
13 On-going or Recurrent Psychosis (High Symptom & Disability)	105	101	4	- 2
14 Psychotic Crisis	35	27	8	14
15 Severe Psychotic Depression	8	6	2	1
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	41	38	3	5
17 Psychosis and Affective Disorder – Difficult to Engage	45	50	- 5	- 7
18 Cognitive Impairment (Low Need)	229	224	5	8
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	430	446	- 16	- 12
20 Cognitive Impairment or Dementia Complicated (High Need)	434	398	36	68
21 Cognitive Impairment or Dementia (High Physical or Engagement)	132	140	- 8	- 25
Cluster 99	543	558	- 15	- 116
Total	3,903	3,859	59	340

5.1.1 Key Mental Health Performance Indicators

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

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

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

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	No Patients	100%				
Rolling Quarter				100%			

Figure 22 - Figure 16 EIP 2 week waits

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
NR_08 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	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 Foundation Trust contract and as such joint contract and quality monitoring arrangements have been put in place to provide oversight and scrutiny to the contract.

Following a recent CQC Inspection Mersey Care Foundation Trust have achieved a ‘good’ rating, however the CQC has noted some concerns with the STAR Unit which provides inpatient care for patients with Learning Disabilities. *‘On STAR Unit we found that staff did not always use patients’ communication aids and could not control the level of noise in the environment to make it suitable for patients with sensory needs. Some ward staff told us that low staffing levels were affecting their morale and making it difficult for them to perform their roles safely’* The proportion of staff who would recommend the trust as a place to work was worse than the national average for mental health trusts. Governance at local level was not always effective. This will be raised at July CQPG.

At the next CQPG in July 2017 the Trust will be outlining to commissioners their response to the Acute Pathway Review and the findings of the NHS England Benchmarking Report undertaken in relation to Crisis Resolution Home Treatment Team (CRHTT) core fidelity which identified areas area of development /improvement. The Trust will also detail how they plan to involve clinical commissioners in the future development of these two key linked workstreams.

The Trust is actively recruiting to staff as part of its successful CORE 24 bid for hospital liaison psychiatry across the three acute sites on the North Mersey local delivery system footprint. Clinical commissioners will be involved in ensuring that pathways are developed from hospital liaison service are developed.

In lieu of the delay in implementing the RIO system the Trust has confirmed that it’s Epex R32 upgrade will enable the development of local reporting requirements and KPIs to be progressed prior to the full roll out of RIO. The R32 upgrade is expected to go live in July 2017. Mandated data including Early Intervention Psychosis will flow via Mental Health Services Dataset (MHSDS).

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. Sefton and Liverpool CCGs are writing to the Trust to instruct them to develop an information sharing protocol with Midland and Lancashire CSU who are able to receive patient identifiable data and therefore provide the CCGs with the necessary assurance that they require.

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

5.2 Improving Access to Psychological Therapies

Figure 23 - 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	221	314										
Access % ACTUAL - Monthly target of 1.3% - Year end 15% required	2016/17	1.16%	1.21%	1.21%	1.12%	1.01%	1.11%	1.11%	1.05%	0.81%	1.26%	1.17%	1.30%
	2017/18	0.91%	1.29%										
Recovery % ACTUAL - 50% target	2016/17	41.1%	37.9%	30.7%	38.9%	34.5%	42.0%	39.0%	41.1%	36.7%	40.6%	50.3%	52.3%
	2017/18	35.7%	47.4%										
ACTUAL % 6 weeks waits - 75% target	2016/17	93.5%	98.5%	96.4%	97.4%	97.7%	95.5%	98.0%	99.5%	98.0%	98.8%	99.4%	99.5%
	2017/18	98.8%	98.90%										
ACTUAL % 18 weeks waits - 95% target	2016/17	100.0%	100.0%	100.0%	100.0%	100.0%	98.7%	100.0%	100.0%	99.3%	100.0%	100.0%	100.0%
	2017/18	100.0%	100.0%										
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	165	177										
National definition of those who have entered Below Caseness (KPI6b)	2016/17	3	9	3	7	6	9	8	10	6	12	10	13
	2017/18	8	4	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	56	82										
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	83.2%	86.7%										

Cheshire & Wirral Partnership reported 314 South Sefton patients entering treatment in Month 2, which is a 42% increase from 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 392 Referrals in Month 2, which was a 19.5% increase compared to the previous month when there were 328. Of these, 65% were Self-referrals which is the same proportion as the previous month. GP Referrals also remained the same as the previous month at 74 for Month 2. The provider is working closely with Clock View, attending weekly MDT meetings to agree appropriateness of clients for service.

The percentage of people moved to recovery was 47.4% in Month 2, which is an increase from 35.7% for the previous month, although still failing to meet the target of 50%. The provider believes that it is possible recovery will dip as the longest waiters are brought into service, as more are likely to disengage without completing treatment. However, as waits reduce, this is expected to improve.

Cancelled appointments by the provider saw a slight decrease in Month 2 with 40 compared to 45 in Month 1.

There was a 10.6% increase in DNAs in Month 2 (from 141 in Month 1 to 156 in Month 2); 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.

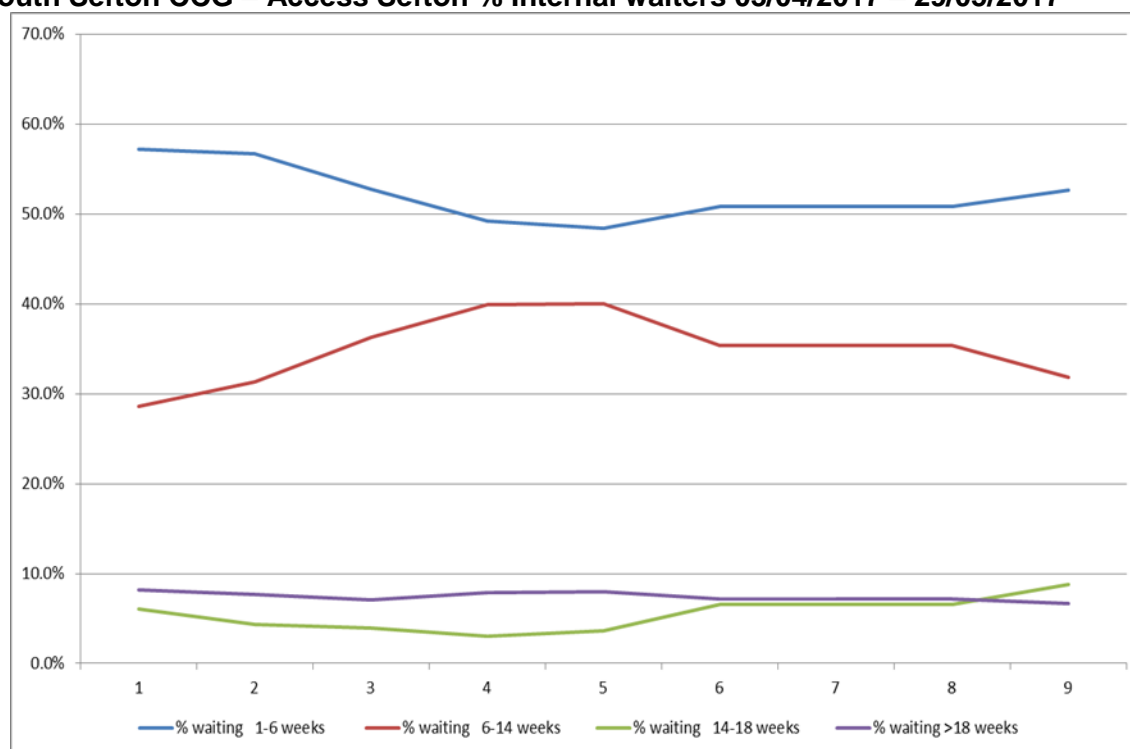
In month 2 98.9% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have waited less than 18 weeks (against a standard of 95%).

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

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

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

NHS South Sefton CCG – Access Sefton % Internal waiters 03/04/2017 – 29/05/2017



The chart above illustrates internal waits activity for April and May 2017 over the 8-week reporting period.

5.3 Dementia

	Apr-17	May-17
People Diagnosed with Dementia (Age 65+)	1219	1213
Estimated Prevalence (Age 65+)	1845	1851.4
NHS South Sefton CCG - Dementia Diagnosis Rate (Age 65+)	66.1%	65.5%
Target	67%	67%

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

The latest data on the HSCIC website shows that South Sefton CCG are recording a dementia diagnosis rate in May 2017 of 65.5% which is close to the national dementia diagnosis ambition of 67% but slightly less than the previous month. This is a significant improvement on 2016/17 rates which is partly due to a change in the methodology used by NHS Digital which is based on GP registered population instead of ONS population estimates. Using registered population figures is more statistically robust than the previous mixed approach. The work that has been done at a practice level to improve dementia coding in South Sefton has also contributed to this improvement.

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

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

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

An update will be provided on a quarterly basis, quarter one anticipated in the August report.

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%

An update will be provided on a quarterly basis, quarter one anticipated in the August report.

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. Liverpool Community Health is also supporting Mersey Care in undertaking gap analysis and providing action plans to the CCG for missing indicators.

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

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, 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 2017/18.

For patient DNAs, Sefton Physio Service continues to report high rates with 12.3% in May-17. Adult Dietetics also continues to report high rates at 22% in May-17. Paediatric Dietetics has shown an increase in DNA's from 3.1% in April to 10.9% in May. Total DNA rates at Sefton are green for this month at 7.6%.

Treatment Rooms and Diabetes are reporting red (above 5% threshold) on their provider cancellation rates with 5.9% and 5.2% respectively. Both of these services are reporting an increase compared to the previous month. The total hospital cancellation rate for Sefton is green at 2.2% this month.

Treatment rooms, Podiatry, Physio, Diabetes and Adult Dietetics have all continued the trend of previous years showing high numbers of patient cancellations. All services are above 15% for May 2017. Total patient cancellations for Sefton remain high at 11.5%.

6.1.2 Waiting Times

Waiting times are reported a month in arrears. 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.

Early warning data shows that waiting times reduced in May 2017 and all services were reporting under 18 weeks.

6.2 Any Qualified Provider LCH Podiatry Contract

At Month 2 2017/18 the costs for the CCG for initial contacts were £17,599 with 221 contacts and for follow-ups costs were £30,436 with 1,077 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%

NHS England guidance states that CCGs should set out improvement plans to halve the number of children waiting 18 weeks by Q4 2017/18 and eliminate 18 week waits for wheelchairs by the end of 2018/19. All children requiring a wheelchair will receive one within 18 weeks from referral in 92% of cases by Q4 2017/18 and in 100% of cases by Q4 2018/19. South Sefton CCG commissioning arrangements have recently been clarified with NHS England commissioning this service and not South Sefton CCG meaning a nil return against the CCG will be recorded when the Q1 data is published.

7. Third Sector Overview

All NHS Standard Contracts and Grant Agreements for 2017-18 have now been issued, signed and returned. Commissioners and Contracting are currently meeting and working with providers to review service specifications and information reporting in line with local requirement and CCG plans. Reports detailing Q1 activity are currently underway and will be finalised during the next couple of weeks. All

providers have confirmed that front line services continue to be delivered as normal, the impact to services as a result of funding reductions are being met by reductions to senior management posts across the sector. Referrals to all services have increased during Q1 and the complexity of service user issues is increasing. Activity and waiting lists will continue to be monitored and feedback to Sefton CCGs on a quarterly basis.

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. There have been no recent inspections in the last month. All the results are listed below:

Figure 24 - CQC Inspection Table

South Sefton CCG								
Practice Code	Practice Name	Date of Last Visit	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84002	Aintree Road Medical Center	n/a	Not yet inspected the service was registered by CQC on 20 July 2016					
N84015	Bootle Village Surgery	03 August 2016	Good	Good	Good	Good	Good	Good
N84016	Moore Street Medical Center	17 June 2016	Good	Good	Good	Good	Good	Good
N84019	North Park Health Center	n/a	Not yet inspected the service was registered by CQC on 7 March 2017					
N84028	The Strand Medical Center	19 February 2015	Good	Good	Good	Good	Good	Good
N84034	Park Street Surgery	17 June 2016	Good	Good	Good	Good	Good	Good
N84038	Concept House Surgery	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	06 April 2017	Good	Good	Good	Good	Good	Good
N84011	Eastview Surgery	07 January 2016	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
N84020	Blundellsands Surgery	24 November 2016	Good	Good	Good	Good	Good	Good
N84026	Crosby Village Surgery	29 October 2015	Requires Improvement	Good	Good	Good	Good	Requires Improvement
N84041	Kingsway Surgery	07 November 2016	Good	Good	Good	Good	Good	Good
N84621	Thornton Practice	19 February 2015	Good	Requires Improvement	Good	Good	Good	Good
N84627	Crossways Practice	06 August 2015	Good	Good	Good	Good	Good	Good
N84626	Hightown Village Surgery	18 February 2016	Requires Improvement	Good	Good	Good	Good	Good
N84003	High Pastures Surgery	09 June 2017	Good	Good	Good	Good	Good	Good
N84010	Maghull Family Surgery (Dr Sapre)	31 March 2016	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
N84025	Westway Medical Center	23 September 2016	Good	Good	Good	Good	Good	Good
N84624	Maghull Health Center (Dr Sapre)	05 February 2015	Good	Good	Good	Good	Good	Good
Y00446	Maghull Surgery	19 March 2015	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
N84004	Glovers Lane Surgery	10 May 2016	Good	Good	Good	Good	Good	Good
N84023	Bridge Road Medical Center	15 June 2016	Good	Good	Good	Good	Good	Good
N84027	Orrell Park Medical Center	20 August 2015	Good	Good	Good	Good	Good	Good
N84029	Ford Medical Practice	31 March 2015	Good	Good	Good	Good	Good	Good
N84035	15 Sefton Road	22 March 2017	Good	Good	Good	Good	Good	Good
N84043	Seaforth Village Practice	29 October 2015	Good	Good	Good	Good	Good	Good
N84605	Litherland Town Hall Hth Ctr (Taylor)	26 November 2015	Good	Good	Good	Good	Good	Good
N84615	Rawson Road Medical Center	10 September 2015	Good	Good	Good	Good	Good	Good
N84630	Netherton Health Center (Dr Jude)	24 September 2015	Good	Requires Improvement	Good	Good	Good	Good

9. Better Care Fund

Better Care Fund planning guidance was published at the start of July 2017. Health and Wellbeing Board areas must complete an overarching BCF narrative plan, a planning template (consisting of confirmation of funding contributions, scheme level spending plans, and national metrics) and supporting documents by 11th September 2017. By 21st July local areas are required to confirm draft Delayed Transfers of Care (DTOC) trajectories and Local Authorities must complete a first quarterly monitoring return on the use of the improved BCF (iBCF) funding.

10. CCG Improvement & Assessment Framework (IAF)

10.1 Background

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

The framework draws together in one place almost 60 indicators including NHS Constitution and other core performance and finance indicators, outcome goals and transformational challenges. These are located in the four domains of better health, better care, sustainability and leadership. The assessment also includes detailed assessments of six clinical priority areas of cancer, mental health, dementia, maternity, diabetes and learning disabilities (updated results for the last three of these will not be reported until later in the year). The framework is then used alongside other information to determine CCG ratings for the entire financial year.

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

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

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

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

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

- As the CCG predicted, its financial position deteriorated substantially during 2016 – 2017, for a number of reasons and its 2017 - 2018 financial plans are subject to significant risks
- Whilst NHS England recognised the good work carried out by the CCG across the wider urgent care system, it noted performance in this area remains to be a

significant challenge. Efforts should continue with system partners to reduce delayed transfers of care and implement discharge to assess, trust assessor and primary care streaming initiatives

- Action should be taken with providers to improve cancer 62 day waits from urgent GP referral to first definitive treatment, along with access and recovery rates for Improving Access to Psychological Therapies, known as IAPT services
- Whilst the CCG's contribution to the STP is noted, NHS England states that there now needs to be increased focus on outputs and outcomes building on the Next Steps of the NHS Five Year Forward View

10.2 Q4 Improvement & Assessment Framework Dashboard

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

Key	
	Worst quartile in England
	Best quartile in England
	Interquartile range

10.3 Clinical Priority Areas

Dementia		Cancer		Mental Health					
126a	Dementia diagnosis rate	57.5%	↑	123a	IAPT recovery rate	42.3%	↑		
	57.5%	1.8%	20 15 08 20 17 03		38.8%	11.0%	↓	20 15 03 20 17 01	
126b	Dementia post diagnostic support	77.6%	↑	123b	EIP 2 week referral	69.2%	↑		
	73.9%	3.7%	20 14 -15 20 15 -16		67.6%	1.7%	↓	20 16 11 20 17 03	
122a	Cancers diagnosed at early stage	49.1%	↑	123c	MH - CYP mental health	40.0%	↑	No calculation possible due to lack of z-scores	
	49.1%	5.5%	20 12 20 15		35.0%	↔	16-17 Q1 16-17 Q4		
	Cancer 62 days of referral to treatment	90.7%	↑		123d	MH - Crisis care and liaison	47.5%	↑	No calculation possible due to lack of z-scores
	78.8%	16.2%	13-14 Q1 16-17 Q4			42.5%	↔	16-17 Q1 16-17 Q4	
122b	One-year survival from all cancers	70.2%	↑	123e	MH - OAP	25.0%	↑	No calculation possible due to lack of z-scores	
70.2%	9.9%	1999 20 14	87.5%		75.0%	↓	16-17 Q1 16-17 Q4		
122c	Cancer patient experience	8.8	↑						
8.8	0.0%	20 15							

11. NHS England Monthly Activity Monitoring

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

South Sefton CCG's Month 2 Submission to NHS England

May 2017 Month 02	Month 02 Plan	Month 02 Actual	Month 02 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
Referrals (MAR)				
GP	3418	3452	1.0%	
Other	2000	2343	17.2%	Increase noted in month 2 giving other referrals a YTD position of +6% against plan. The increase is within referral type 5 at Aintree Trust. The increase is not located in one specific area but noted across a number of specialties. This is due to be discussed at the Aintree Information meeting scheduled in the coming weeks. If issues within C2C referrals are discovered this will be managed via the contract route through the C2C policy.
Total (in month)	5418	5795	7.0%	
Variance against Plan YTD	10830	10569	-2.4%	
Year on Year YTD Growth			-1.0%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	4635	5061	9.2%	Increased activity against plan in M2 relates to Aintree and Royal Liverpool Trust, this is in line with increased C2C referrals noted above. General Medicine and Dermatology are the main specialties which have increased in first attendances. Both first and follow up activity has increased in month 2 but cumulatively and growth against 16/17 is within 3%. These areas will continue to be monitored through the contractual routes to identify any statistical variations beyond the norm.
Follow Up	10477	11534	10.1%	
Total Outpatient attendances (in month)	15112	16595	9.8%	
Variance against Plan YTD	30728	30740	0.0%	
Year on Year YTD Growth			7.7%	Local monitoring suggests growth YTD against 16/17 is 1.2%.
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells				
Elective Ordinary spells				
Total Elective spells (in month)	1881	1997	6.2%	Total elective and day case activity is above plan for month 2 but remains at -1% year to date. Both elective and day case activity is above May 2016 but is within the statistical norm and as such does not show variation out of the ordinary. These areas will continue to be monitored via the contractual routes and addressed when issues arise. Local monitoring shows total growth YTD is less than 1%.
Variance against Plan YTD	3729	3758	0.8%	
Year on Year YTD Growth			1.4%	
Urgent & Emergency Care				
Type 1	-	4467	-	
Year on Year YTD			-5.7%	Local monitoring shows YTD variance against plan at -1%, with May activity against plan at +1%. Current growth rates in Type 1 and all A&E types in line with planned levels.
All types (in month)	9486	9028	-4.8%	
Variance against Plan YTD	18779	17426	-7.2%	
Year on Year YTD Growth			6.3%	
Total Non Elective spells (in month)	1740	1737	-0.2%	
Variance against Plan YTD	3415	3321	-2.8%	
Year on Year YTD Growth			-2.4%	

Appendix – Summary Performance Dashboard



South Sefton CCG - Performance Report 2017-18



Midlands and Lancashire
Commissioning Support Unit

Metric	Reporting Level	2017-18													YTD	
		Q1			Q2			Q3			Q4					
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
Preventing People from Dying Prematurely																
Cancer Waiting Times																
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G	G											G	
		Actual	93.573%	94.653%												94.183%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	G	R											R	
		Actual	93.846%	86.486%												89.928%
		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 (31days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G	G											G	
		Actual	100.00%	98.507%												99.242%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	R	G											G	
		Actual	93.333%	100.00%												96.154%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	G											G	
		Actual	100.00%	100.00%												100.00%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G											G	
		Actual	100.00%	96.875%												98.182%
		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											R	
		Actual	83.87%	83.333%												83.636%
		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											G	
		Actual	100.00%	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	R	R											R	
		Actual	70.08%	65.92%												67.964%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	South Sefton CCG	RAG	G	R												G
		Actual	84.38%	70.69%												77.872%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
1889: Category A (Red 2) 8 Minute Response Time Number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R											R	
		Actual	68.94%	64.43%												66.618%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	South Sefton CCG	RAG	R	R												R
		Actual	69.73%	57.62%												63.79%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
546: Category A calls responded to within 19 minutes Category A calls responded to within 19 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R											R	
		Actual	92.54%	90.08%												91.275%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
	South Sefton CCG	RAG	R	R												R
		Actual	93.83%	87.99%												90.971%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

2201: Ambulances - Proportion of calls closed by telephone advice Calls to the ambulance service that can be resolved by telephone advice only, avoid the need to dispatch an ambulance and reduce demand on the service.	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R											R	
		Actual	8.545%	9.875%												9.232%
		Target	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%
2202: Ambulances – Proportion of incidents managed without need for transport to A&E departments A large proportion incidents dealt with by the ambulance service can be treated at the scene or transferred to a healthcare setting other than an emergency department (Type 1 or 2).	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R											R	
		Actual	32.166%	32.281%												32.225%
		Target	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%

Enhancing Quality of Life for People with Long Term Conditions

Episode of Psychosis

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

Dementia

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

Ensuring that People Have a Positive Experience of Care

EMSA

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

Referral to Treatment (RTT) & Diagnostics

1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	G	G													G	
		Actual	93.733%	94.17%														93.953%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	G	G													G	
		Actual	0	0														0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R													R	
		Actual	2.207%	3.755%														2.988%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Cancelled Operations

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

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

HCAI

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

Accident & Emergency

2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) %of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	South Sefton CCG	RAG	R	R													R		
		Actual	88.069%	82.213%														85.077%	
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	
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	
		Actual	86.125%	78.775%															82.347%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	
1928: 12 Hour Trolley waits in A&E Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	R														R	
		Actual	0	9															9
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0