



**South Sefton**  
Clinical Commissioning Group

# **South Sefton Clinical Commissioning Group**

## **Integrated Performance Report June 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 3 (note: time periods of data are different for each source).

### CCG Key Performance Indicators

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

## **Financial position**

The agreed financial plan for 2017/18 requires the CCG to break even in year, whilst the cumulative CCG position is a surplus of £0.100m which incorporates the historic surplus brought forward from the previous financial year. The CCGs strategic financial plan aims to deliver a 0.5% surplus in 2018/19 and a 1% surplus in 2019/20.

The QIPP savings requirement to deliver the agreed financial plan is £8.480m. Work has been ongoing to develop a fully identified plan to achieve the required efficiencies to deliver the financial target. The plan is at final review stage and will be managed by the QIPP Committee. As at Month 4, £0.716m QIPP savings have been achieved.

The forecast financial position is breakeven. This position assumes that the QIPP plans will be delivered in full but it must be noted that significant risk exists in terms of delivering these plans.

## **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. Activity in June 2017 was then comparable to the previous month. GP referrals in 2017/18 to date are 9.3% down on the equivalent period in the previous year. Consultant-to-consultant referrals are currently 2.4% higher than in the first quarter of 2016/17.

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 (June) for E-referral Utilisation rates reported is 21%; a 1% increase from the previous month.

In June the CCG has failed the under 1% of patients waiting over 6 weeks for a diagnostic test, out of 2661 patients 108 waited over 6 weeks with 14 waiting over 13 weeks recording 4.05%. The majority of long waiters were for Gastroscopy (51). Aintree failed the under 1% of patients waiting over 6 weeks for a diagnostic test in June recording 3.91%, out of 5185 patients 203 waited over 6 weeks and 13 over 13 weeks, 104 waiting for gastroscopy. Endoscopy is still experiencing considerable pressure resulting in extensive additional activity issues in order to meet the Trust 2 week wait 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 are failing 3 of the 9 cancer measures year to date. Including both 2 week measures, the 2 week wait recorded in June 83% (89.91% year to date) 2 week breast recorded 84.42% (87.96% year to date). The CCG achieved 62 day standard recording 85.71% in June but are failing year to date recording 84.34% against the 85% plan. Aintree failed 3 of the 9 cancer measures year to date. Firstly also 2 week breast in June recording 84.95% and year to date 88.98%, 62 day screening due to the previous month's breach year to date recording 85.71% and lastly the 62 day standard, although in month they achieved 85.7% year to date are failing recording 84.46%. The Trust has actions in place to improve performance.

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target in excess of the regional and national response rates for both inpatients and A&E. However, inpatient response rates are now reporting under target for June at 17.9%. The proportion of patients who would recommend is the same as last month recording 95% (England average 96%) the proportion

who would not recommend is also the same as last month at 2%, which is also higher than the England average of 1%.

Performance at Month 3 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG show a slight under performance of £31k/0.3%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total over spend of approximately £130k/1.1%.

The CCG has new plans for Personal Health Budgets (PHBs) for each quarter of 2017/18. The possibility of expanding PHB's for patients at the end of life and fast track is being explored. A critical element would be the ability to expedite payment via alternative payments systems other than SBS.

### **Unplanned Care**

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2017/18 and have failed the 91% June plan agreed with NHS Improvement recording performance 78.42% (T1 and T3) in June 2017 representing a -0.36% decline compared to May 2017. There was also a decline in performance noted across 2 out of the 5 AED clinical quality indicators.

At both a regional and county level, NWSAS 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. 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.

June 2017 saw a slight reduction in the number of 111 calls made by South Sefton patients from 2,025 in May to 1,878 in June, a reduction of 7.3%. There has also been a reduction when compared to June 2016, from 1,928.

The number of calls from South Sefton patients to the GP OOH service has fallen in June 2017 to 935, a reduction of 7.9% since May. When compared to the same point in the previous year there have been 12.7% fewer calls. This is still on trend since the baseline shifted in February 2016. GP OOH calls from nursing homes within South Sefton have increased for the fourth consecutive month to 73, by 23.7%, from May. June 17 has the highest number of Nursing home contacts since May 2015.

In June Aintree failed the 80% target for patients spending 90% of their time on a stroke unit recording 60.5%. This is a decline from the previous month when the Trust recorded 64.1%. Out of a total of 38 patients only 23 spent more than 90% of their stay on a stroke unit the standard was not reached for 15 patients. The Trust continues to achieve the TIA measure.

The CCG and Aintree both achieved their C.difficile plans for June. The CCG and Aintree recorded one new of MRSA in June and therefore have failed the zero tolerance plan for the whole of 2017/18. 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 77 serious incidents open on StEIS where South Sefton CCG are either responsible or accountable commissioner. Of the 77, 37 are applicable to LCH, 23 for Mersey Care NHS Foundation Trust and 6 for Aintree University NHS Foundation Trust (UHA).



DTOC – The average number of delays per day in Aintree hospital increased in June (40), 28 reported in May. Of the 40, 20 were patient or family choice (50%), 11 were awaiting further NHS non-acute care (27.5%), 6 was awaiting care package in own home (15%) and 2 completion assessment (5%). Analysis of average delays in June 2017 compared to June 2016 shows a reduction in the average number of patients, from 40 to 36 (11%).

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 after a sharp decline in May when response rates were 11.8%; June has seen an improvement recording 16.4% back over the 15% target. The percentage of people that would recommend A&E is lower than the England average again reporting 84% in June, this being the same as last month. The not recommended percentage is at 10% in June which is slightly better than 11% recorded 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 328 South Sefton patients entering treatment in Month 3, which is a slight (2.5%) increase from the previous month when 320 were reported. The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is currently set at 16.8% for 2017/18 year end.

There were 426 Referrals in Month 3, which was an 8.7% increase compared to the previous month when there were 392. Of these, 70.7% were Self-referrals which is higher than the previous month (65.8%). GP Referrals saw an increase compared to the previous month with 86 compared to 73 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 42.9% in Month 3, which is a slight decrease from 46.3% for the previous month, and failing to meet the target of 50%. The provider believes that it is possible recovery will dip as the longest waiters are brought into service, as more are likely to disengage without completing treatment. However, as waits reduce, this is expected to improve. Cancelled appointments by the provider saw an increase in Month 3 with 54 compared to 40 in Month 2.

The dementia diagnosis rate in June 2017 for NHS South Sefton CCG was 65.97% which is close to the national dementia diagnosis ambition of 67% and very slightly more than the previous month (65.52%). 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 have agreed to support Mersey care with initial reporting for 6 months; this also includes supporting the Trust in undertaking gap analysis and providing action plans to the CCG for missing indicators regarding the reporting of virtual wards. Monthly joint contract and quality review meetings are now set up with appropriate CCG and Mersey Care Trust colleagues attending.

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 17.9% in Jun-17. Adult Dietetics also continues to report high rates at 20.4% in Jun-17. Total DNA rates at Sefton are green for this month at 7.9%.

Treatment rooms, Podiatry, Physio and Adult Dietetics have all continued the trend of previous years showing high numbers of patient cancellations. All services are above 15% for June 2017.

Paediatric SALT: In May 2017, 19 weeks was reported for incomplete pathways against the 18 week target. This is an improvement on last month. A total of 59 patients were waiting over 18 weeks, with the longest waiter at 29 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. The CCG commissioning arrangements have recently been clarified with NHS England commissioning this service and not South Sefton CCG, so a nil return for the CCG was recorded for Q1.

## **Primary Care**

Concept House has been inspected by the CQC and now 'require improvement' in 3 areas, when they were last inspected they were rated 'good' in all areas.

## **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 31<sup>st</sup> July 2017 (Month 4).

The year to date financial position is £0.250m deficit which is in line with the financial plan. The forecast financial position is breakeven, which assumes that the CCG will deliver the 2017/18 QIPP requirement in full. 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 four months of the financial year which are offset by underspends in other areas. The main areas of forecast overspend are within the following areas:

- Overperformance at Spire and Ramsay hospitals
- Cost pressures for Continuing Healthcare Packages – work to resolve data quality issues following implementation of the Adam Dynamic Purchasing System are being progressed.
- Intermediate Care and associated services.
- Part year costs for the Acute Visiting Scheme

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

QIPP savings anticipated for the first four 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 as efficiencies generated through the QIPP programme begin to take effect. Another QIPP week is taking place late August 2017 to address the QIPP challenges facing the organisation.

The high level CCG financial indicators are listed below:

**Figure 1 – Financial Dashboard**

Key Performance Indicator		This Month
Business Rules	1% Surplus	×
	0.5% Contingency Reserve	✓
	0.5% Non-Recurrent Reserve	✓
Breakeven	Financial Balance	✓

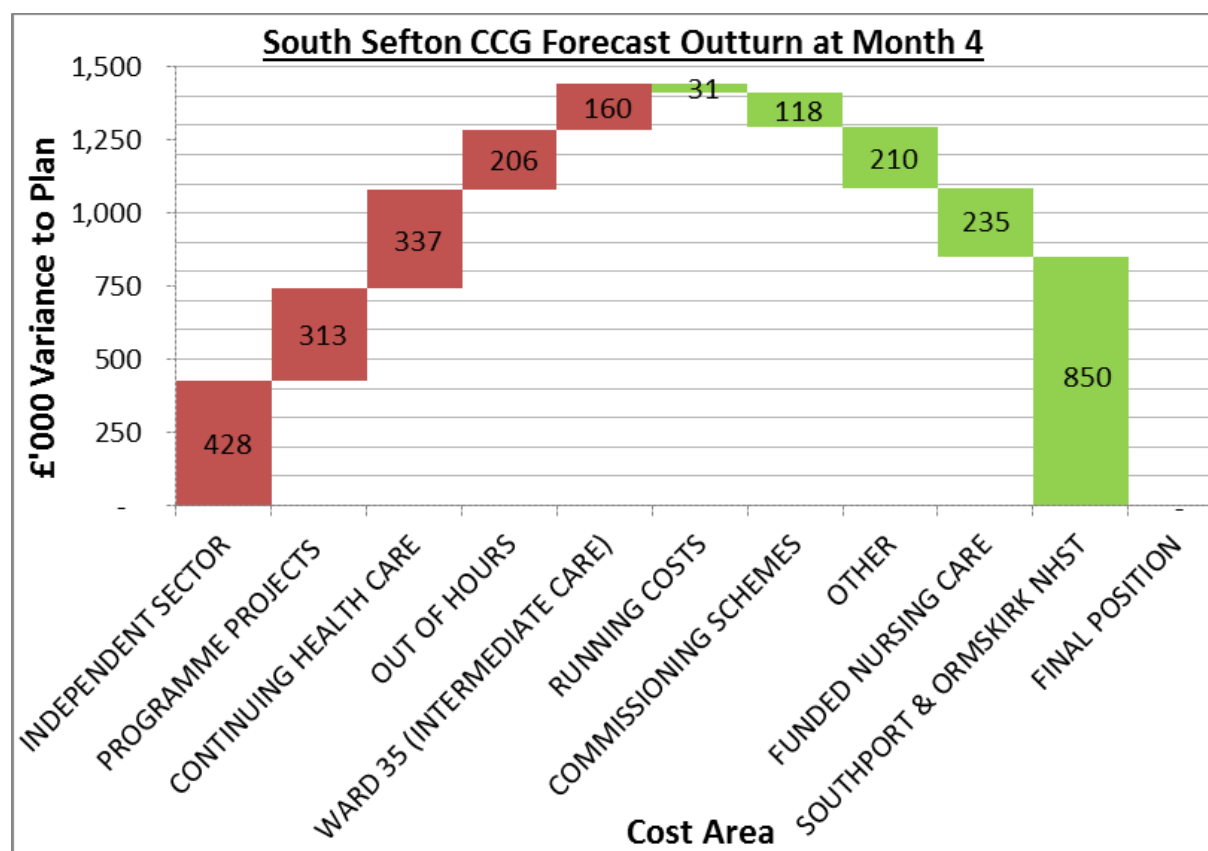
Key Performance Indicator		This Month
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£0.716m
Running Costs	CCG running costs < 2017/18 allocation	✓
BPPC	NHS - Value YTD > 95%	99.96%
	NHS – Volume YTD > 95%	94.67%
	Non NHS - Value YTD > 95%	97.84%
	Non NHS – Volume YTD > 95%	95.76%

- 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 £0.716m to date; this is £0.479m behind the planned delivery at Month 4.
- The forecast expenditure on the Running Cost budget is below the allocation by £0.031m for 2017/18.
- BPPC targets have been achieved to date with the exception of NHS invoices by volume which is slightly below the 95% target.

## 2.2 CCG Financial Forecast

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

Figure 2 – Forecast Outturn



- The CCG forecast position for the financial year is breakeven based on delivery of the QIPP target in full.
- The main financial pressures relate to the Independent Sector, Continuing Healthcare, Programme Projects, Out of Hours and Intermediate Care costs.
- The forecast overspends relate to the following areas:
  - Overperformance at Spire and Ramsay hospitals
  - Cost pressures for Continuing Healthcare packages
  - Costs for referral management and prior approval services
  - Part year costs for the Acute Visiting Scheme (AVS)
  - Cost pressures from Intermediate Care (Ward 35)
- 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

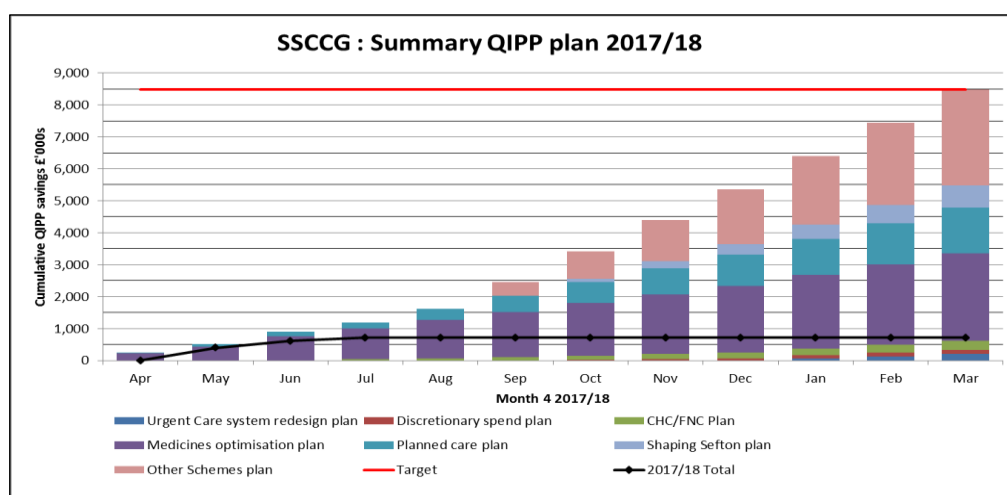
Figure 3 – Acting as One Contract Performance

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	£0.005
Alder Hey Children’s Hospital NHS Foundation Trust	£0.006
Liverpool Women’s NHS Foundation Trust	-£0.109
Liverpool Heart & Chest NHS Foundation Trust	£0.036
Royal Liverpool and Broadgreen NHS Trust	£0.022
Mersey Care NHS Foundation Trust	£0.000
<b>Grand Total</b>	<b>-£0.040</b>

- The CCG is included in the Acting as One contracting arrangements for the North Mersey LDS. Contracts have been agreed on a block contract basis for the financial years 2017/18 and 2018/19.
- The agreement protects against overperformance with these providers but does present a risk that activity could drift to other providers causing a pressure for the CCG.
- Due to fixed financial contract values, the agreement also removes the ability to achieve QIPP savings in the two year contract period. However, QIPP schemes should continue as this will create capacity to release other costs and long term efficiencies within the system.
- The year to date performance for the Acting as One providers shows an underperformance spend against plan, this would represent a year to date underspend of £0.040m 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	2,700	300	3,000	0	0	3,000	3,000
<b>Total QIPP Plan</b>	<b>8,150</b>	<b>330</b>	<b>8,480</b>	<b>2,956</b>	<b>0</b>	<b>5,524</b>	<b>8,480</b>
<b>QIPP Delivered 2017/18</b>				<b>(716)</b>	<b>0</b>	<b>0</b>	<b>(716)</b>

- 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 £0.716m QIPP savings at Month 4, 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 delivery for the year is **£2.956m** which represents 100% of schemes rated Green and 50% of schemes rated Amber. A high proportion of the plan is rated red, work is required to provide assurance that further savings can be delivered.



## 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)	3.776	(4.144)	(0.368)
Reserves Budget	0.000	0.368	0.368
<b>Management action plan</b>			
QIPP Achieved	0.516	0.200	0.716
Remaining QIPP to be delivered	2.813	4.951	7.764
<b>Total Management Action plan</b>	<b>3.329</b>	<b>5.151</b>	<b>8.480</b>
<b>Year End Surplus / (Deficit)</b>	<b>3.776</b>	<b>(3.776)</b>	<b>0.000</b>

- The CCG forecast financial position is breakeven.
- The underlying position is a surplus of £3.776m. This position removes non-recurrent expenditure commitments and QIPP savings from the forecast position.
- The forecast position is dependent on achieving a QIPP saving of **£8.480m**.

**Figure 5 – Risk Adjusted Financial Position**

South Sefton CCG	Best Case £m	Most Likely £m	Worst Case £m
<b>QIPP requirement (to deliver agreed forecast)</b>	<b>(7.764)</b>	<b>(7.920)</b>	<b>(8.120)</b>
Predicted QIPP achievement	6.830	2.956	2.956
<b>Forecast Surplus / (Deficit)</b>	<b>(0.934)</b>	<b>(4.964)</b>	<b>(5.164)</b>
Further Risk	(1.100)	(1.100)	(1.100)
Management Action Plan	2.034	2.034	1.034
<b>Risk adjusted Surplus / (Deficit)</b>	<b>0.000</b>	<b>(4.030)</b>	<b>(5.230)</b>

- 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 £1.100m will be mitigated with additional management actions of £2.034m.



- The likely case is a deficit of **£4.030m** and 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 **£5.230m** 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	M1	M2	M3	M4
	£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	1,922
Cash	117	139	1,826	3,909	4,948	2,579
Payables & Provisions	(17,405)	(11,850)	(14,434)	(14,335)	(18,190)	(16,151)
Value of Debt > 180 days old (6 months)	26	76	75	75	75	74
BPPC (value)	99%	98%	100%	100%	100%	99%
BPPC (volume)	91%	96%	97%	96%	95%	93%

- Non-current Asset (Non CA) balance relates to assets inherited from Sefton PCT at the inception of the CCG. Movements in this balance relate to depreciation charges.
- The receivables balance includes invoices raised for services provided accrued income and prepayments. Outstanding debt in excess of 6 months old currently stands at £75k. This balance is predominantly made up of outstanding CQUIN payment recovery (£72k) with Southport & Ormskirk NHS Trust. This debt has been discussed and monitored at Audit Committee and the Chief Finance Officer has written to the Trust Director of Finance to re-affirm the CCG's position.

- 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 £241.532m at Month 4. The actual cash utilised at Month 4 was £77.392m (32.04%) against a target of £80.511m (33.33%). 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 an internal monthly review of data from NHS Shared Business Services would be useful, this exercise has been implemented. An annual benchmarking against other CCGs across the North West area is to be undertaken in August 2017.

## 2.7 Recommendations

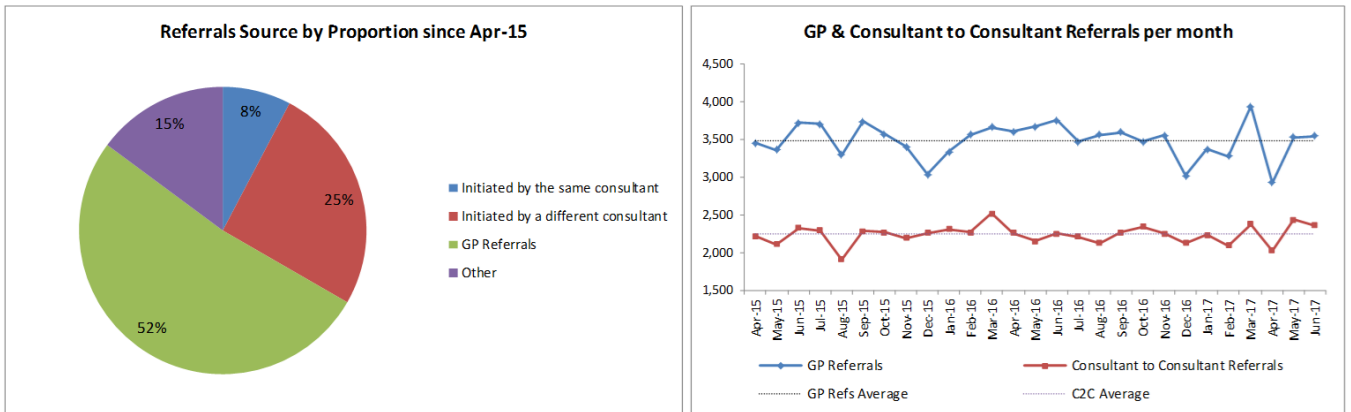
The Governing Body is asked to receive the finance update, noting that:

- The year to date financial position is £0.250m in deficit which is in line with the financial plan at this stage. The forecast position is breakeven, which assumes that the CCG 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 £4.030m.
- Year to date planned QIPP savings for the first four months of the financial year (£1.195m) have not been achieved, delivery at month 4 is £0.716m, 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. Another QIPP week is taking place in late August to address the QIPP challenges within the organisation.
- 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	Jun-17	1617 YTD	1718 YTD	Variance	% Variance
GP	03	GP Ref	2,925	3,528	3,538	11,017	9,991	-1,026	-9.3%
<b>GP Total</b>			<b>2,925</b>	<b>3,528</b>	<b>3,538</b>	<b>11,017</b>	<b>9,991</b>	<b>-1,026</b>	<b>-9.3%</b>
Other	01	following an emergency admission	149	146	139	428	434	6	1.4%
	02	following a Domiciliary Consultation		3	3	0	6	6	0.0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	420	425	377	1,275	1,222	-53	-4.2%
	05	A CONSULTANT, other than in an Accident and Emergency Department	1,151	1,503	1,466	3,866	4,120	254	6.6%
	06	self-referral	253	273	263	812	789	-23	-2.8%
	07	A Prosthetist		1		7	1	-6	-85.7%
	08	Royal Liverpool Code (TBC)	74	59	83	203	216	13	6.4%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	122	138	148	298	408	110	36.9%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	187	221	224	794	632	-162	-20.4%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	5	5	2	19	12	-7	-36.8%
	13	A Specialist NURSE (Secondary Care)	7	5	3	12	15	3	25.0%
	14	An Allied Health Professional	131	212	164	446	507	61	13.7%
	15	An OPTOMETRIST	1	1	4	3	6	3	100.0%
	16	An Orthoptist		1		2	1	-1	0.0%
	17	A National Screening Programme	3	2	1	6	6	0	0.0%
	92	A GENERAL DENTAL PRACTITIONER	137	142	165	473	444	-29	-6.1%
	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	333	344	1,032	925	-107	-10.4%	
<b>Other Total</b>			<b>2,888</b>	<b>3,470</b>	<b>3,386</b>	<b>9,677</b>	<b>9,744</b>	<b>67</b>	<b>0.7%</b>
Unknown			1		1	0	2	2	#DIV/0!
<b>Grand Total</b>			<b>5,814</b>	<b>6,998</b>	<b>6,925</b>	<b>20,694</b>	<b>19,737</b>	<b>-957</b>	<b>-4.6%</b>

A significant decrease in referrals occurred in April 2017 followed by an increase in May 2017 compared to the same months in the previous year. Activity in June 2017 was then comparable to the previous month. GP referrals in 2017/18 to date are 9.3% down on the equivalent period in the previous year. Consultant-to-consultant referrals are currently 2.4% higher than in the first quarter of 2016/17. This is being reviewed through the Information Sub Group for Aintree, and a Consultant to Consultant referral policy is set to be reviewed by the Clinical Liaison Forum in September which is chaired by the CCG Quality Lead GP.

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

Data quality note: Walton Neuro Centre has been excluded from the above analysis due to data quality issues. For info, Walton is recording approx. 80 referrals per month in 2016/17.

### 3.1.1 E-Referral Utilisation Rates

NHS E-Referral Service Utilisation				
NHS South Sefton CCG	17/18 - June	80% by End of Q2 2017/18 & 100% by End of Q2 2018/19	21.00%	↑

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 (June) for E-referral Utilisation rates reported is 21%; a 1% increase 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 - June	1.00%	4.05%	↑
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	17/18 - June	1.00%	3.91%	↓

In June the CCG has failed the under 1% of patients waiting over 6 weeks for a diagnostic test, out of 2,661 patients 108 waited over 6 weeks with 14 waiting over 13 weeks recording 4.05%. The majority of long waiters were for Gastroscopy (51).

Aintree failed the under 1% of patients waiting over 6 weeks for a diagnostic test in June recording 3.91%, out of 5185 patients 203 waited over 6 weeks and 13 over 13 weeks, 104 waiting for gastroscopy.

**Endoscopy** - Endoscopy is still experiencing considerable pressure resulting in extensive additional capacity issues in order to meet the Trusts 2ww cancer pathways. This has made it difficult to support the non-urgent 6 week performance targets. This performance position is consistent with reporting throughout Q1. Lack of endoscopists, nursing and admin due to vacancies, maternity leave and extensive sickness along with inability to back gaps has reduced capacity.

Proposed Actions:

- Additional WLI activity is planned to support recovery of the JAG performance. This is expected to continue to improve the position.
- A recovery plan has been developed, with short, medium and long term actions. Awaiting updated version of capacity and demand model across endoscopy services. DDU have supplied data set and awaiting BI completion.
- Interim plan – sourcing additional workforce capacity, monitor weekly and run additional sessions as required to meet demand.
- Unisoft Add In – training delayed by provider, due to complete by September.

**Imaging** - Radiology has experienced considerable increase in demand for Imaging (CT Cardiac, MRI Cardiac, MRI MSK and Ultrasound MSK). This demand is internally generated within the Trust as these tests are requested by consultants. Waiting times for MR have been affected by increase in demand for imaging of Inpatients and pressures from improving Inpatient flow through the Trust to reduce LOS.

Proposed Actions:

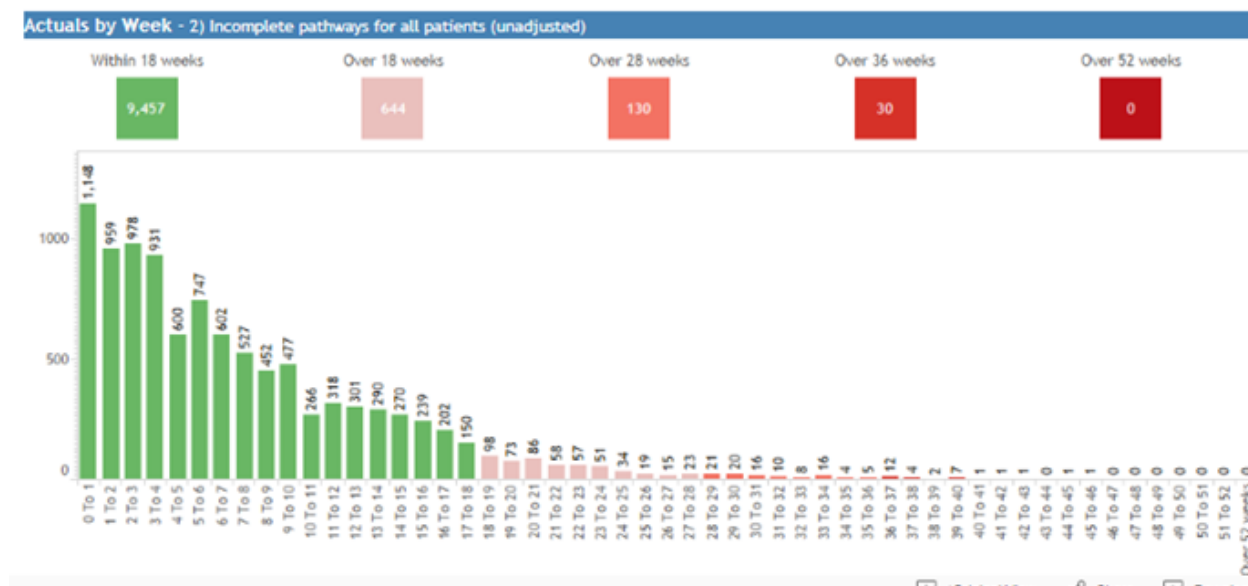
- Meeting with Clinical Director Cardiology to highlight increased demand / identify the need to manage demand/ Radiology to stop accepting referrals once capacity has been reached for CT and MR. Referrals of patients waiting over 6 weeks at the end of July to be returned to referrer.
- WLI throughout April – end of July to reduce Cardiac Imaging wait.
- Engagement of Mobile MR scanning service to complete routing scans, freeing up space for Cardiac imaging/MSK imaging. Use of mobile varies dependant on waiting times/number of patients who may potentially breach 6 week target.
- WLI's for Ultrasound MSK injections. Limited as small core group of Radiologists able to commit to. Requirement for WLIs identified at weekly performance meeting.
- Weekly capacity meetings with operational and clinical teams to monitor performance and maximise the utilisation of capacity.
- Recruitment of MSK Specialist Radiologist.

### 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 - June	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	17/18 - June	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 - June	92%	93.62%	↓
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 - June	92%	93.2%	↔

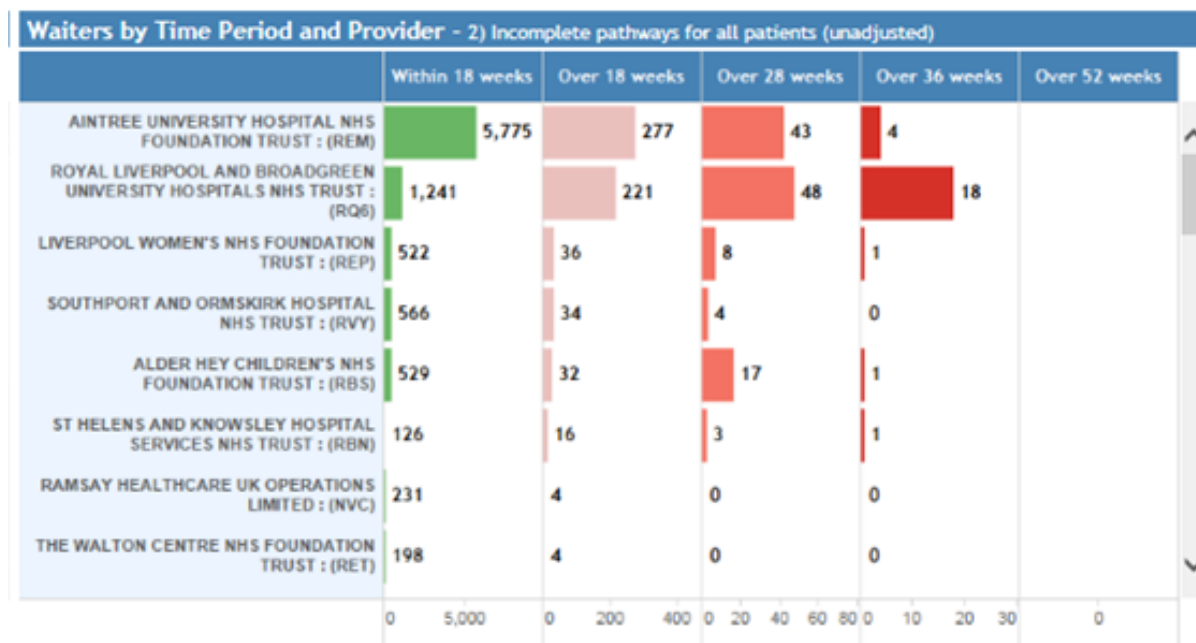
#### 3.3.1 Incomplete Pathway Waiting Times

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



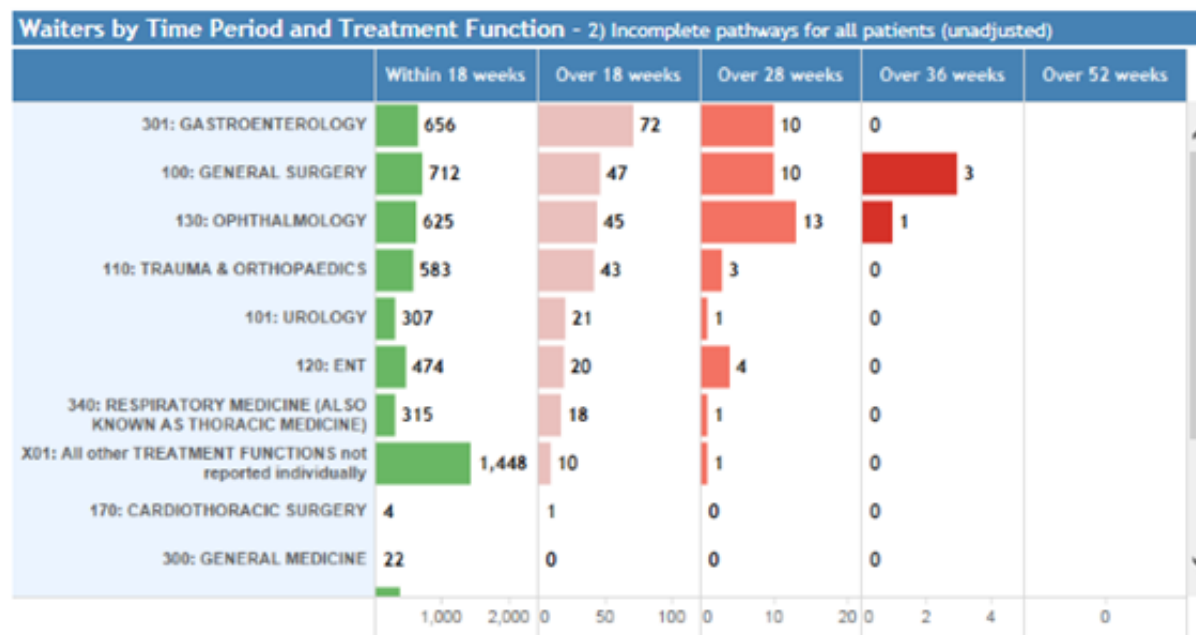
### 3.3.2 Long Waiters analysis: Top 5 Providers

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



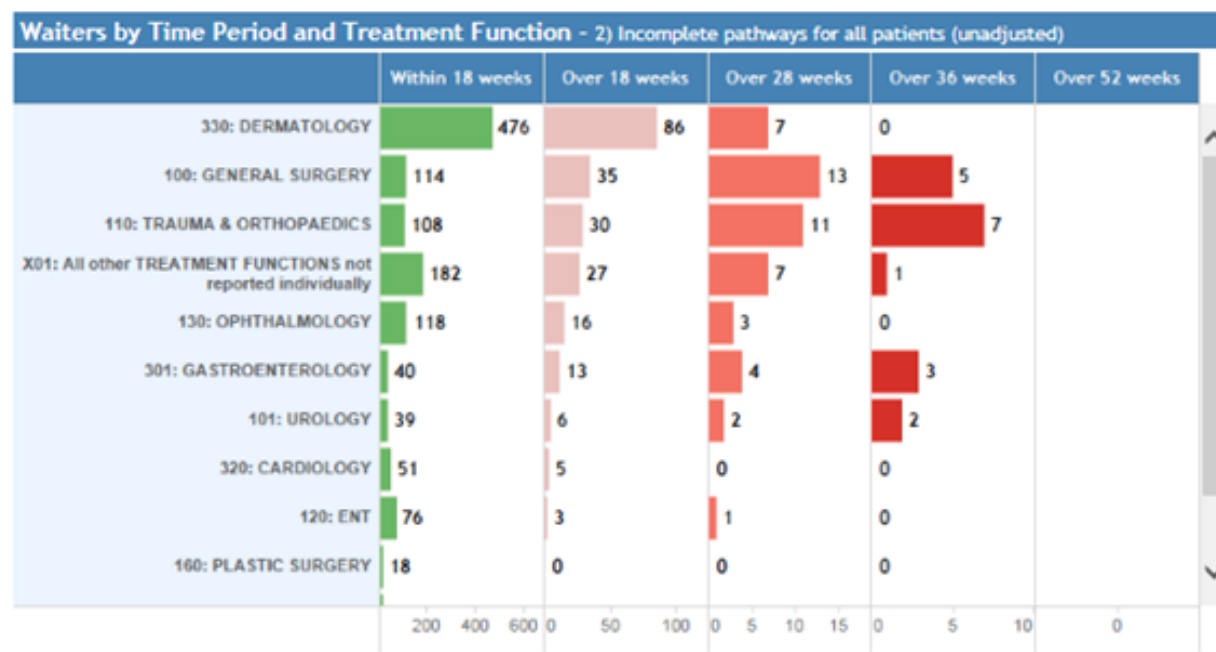
### 3.3.3 Long Waiters Analysis: Top 2 Providers split by Specialty

Figure 10 - Patients waiting (in bands) on incomplete pathways by Speciality 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
Royal Liverpool	General Surgery	40	29/08/2017	Long Wait on Waiting List
Royal Liverpool	General Surgery	42	Pathway Stopped	Capacity
Royal Liverpool	T&O	41	07/08/2017	Long Wait on Waiting List
Royal Liverpool	Urology	44	Pathway Stopped	Capacity
Royal Liverpool	Gastroenterology	45	Pathway Stopped	Capacity

The Royal did not achieve the 92% incomplete Referral to Treatment (RTT) target for the month of June 2017, (87.22%). The issues remain the same as previously reported with regards to access to surgical beds. Services have been closed in other Trusts which is placing a higher demand on services. Challenges remain the same in General Surgery, Trauma & Orthopaedics, Ophthalmology, Oral Surgery, Urology, Dermatology, Gastroenterology, Cardiology and now the 'Other' category has failed the target for the first time due to Allergy performance continuing to drop significantly due to high demand and consultant shortages.

## 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 - <b>Aintree</b>	17/18 - June	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 - <b>Aintree</b>	17/18 - June	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) <b>(CCG)</b>	17/18 - June	93%	89.91%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) <b>(Aintree)</b>	17/18 - June	93%	94.37%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) <b>(CCG)</b>	17/18 - June	93%	87.96%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) <b>(Aintree)</b>	17/18 - June	93%	88.98%	↓

The CCG failed the 93% target for June reaching 83% and year to date (89.91%) for maximum 2 week wait for first outpatient appointment. In June there were 94 breaches out of a total of 553 patients. The majority of breaches were due to patient choice, holidays etc. The longest wait was 34 days.

The CCG also failed the 93% target for June reaching 84.42% and year to date (87.96%) for 2 weeks wait for first outpatient appointments for patients referred urgently with breast symptoms. In June there were 12 breaches out of a total of 77 patients, longest wait being 41 days, all breaches due to patient choice.

Aintree failed the 93% target for June reaching 84.95% and year to date (88.98%). In June this amounted to 28 breaches out of 186 treatments. This was due to short notice 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 may be 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.

Recovery for two week symptomatic breast and two week suspected cancer is anticipated by Q3 2017/18.

### 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) <b>(CCG)</b>	17/18 - June	96%	98.51%	↓
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(Aintree)</b>	17/18 - June	96%	98.03%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(CCG)</b>	17/18 - June	94%	98.72%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(Aintree)</b>	17/18 - June	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(CCG)</b>	17/18 - June	94%	97.30%	↑
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(Aintree)</b>	17/18 - June	94%	96.10%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(CCG)</b>	17/18 - June	98%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(Aintree)</b>	17/18 - June	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) <b>(CCG)</b>	17/18 - June	85% local target	96.15%	↑
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) <b>(Aintree)</b>	17/18 - June	85% local target	87.23%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(CCG)</b>	17/18 - June	90%	100.00%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(Aintree)</b>	17/18 - June	90%	85.71%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(CCG)</b>	17/18 - June	85%	84.34%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(Aintree)</b>	17/18 - June	85%	84.46%	↑

Aintree achieved the 90% target for 62 day screening in June with 0 breaches out of a total of 5.5 patients recording 100%, but failed year to date reaching 85.71% due to previous breaches.

The CCG achieved the 85% target for the 62 days standard in June recording 85.71% but are also failing year to date due to previous breaches, at 84.34% YTD out of 83 patients there have been 13 breaches.

Aintree also achieved the 85% target in June reporting 85.71%, out of 49 patients there were 7 patient breaches, but failed YTD with 84.46%. The main reasons for breaches were patient choice, equipment failures, capacity in theatres, complex pathways (patients not fit for treatment); delayed histopathology results meaning patients are not discussed at the earliest possible MDT meeting.

#### Actions:

- Continued monitoring and intervention by the Clinical Business Units to managed the patient pathway and remove any barriers which may be preventing treatment.
- Escalation of delays and constraints to the individual patient journey at the weekly Cancer Performance Meeting.

- Continued tracking by the Central Cancer team to support performance improvement in the tumour groups. Early escalations of issues to Divisional Directors of Operations.
- Aintree identified to work with the National Cancer Alliance and NHSE to improve and sustain performance. DOH has set target of September by which standards are to be achieved.
- Escalation of delays in Histopathology reporting to LCL via the weekly Cancer Performance Group and via Datix reporting.
- Daily Performance meetings continue with escalation to the Divisional Directors as required.

### 3.6 Patient Experience of Planned Care

**Friends and Family Response Rates and Scores**  
Aintree University Hospital NHS Foundation Trust  
Latest Month: Jun-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%	17.9%	∨	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 June at 17.9%. The proportion of patients who would recommend is the same as last month recording 95% (England average 96%) the proportion who would not recommend is also the same as last month at 2%, which is also higher than the England average of 1%.

### 3.7 Planned Care Activity & Finance, All Providers

Performance at Month 3 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG show a slight under performance of £31k/0.3%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total over spend of approximately £130k/1.1%. This is because Providers under Acting As One are underperforming on planned care, whilst other Providers are over-performing. At specific over performing Trusts, Renacres are reporting the largest cost variance with a total of £126k/37% followed by Wrightington, Wigan and Leigh (£64k/83%) and Spire Liverpool (£63k/34%).

**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	43,679	43,605	-74	0%	£7,494	£7,456	-£38	-1%	£38	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	3,419	3,282	-137	-4%	£430	£381	-£49	-11%	£49	0.0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	21	48	27	123%	£5	£8	£3	46%	-	-
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	33	33	0%	£0	£3	£3	0%	-	-
FAIRFIELD HOSPITAL	47	5	-42	-89%	£12	£10	-£3	-22%	-	-
ISIGHT (SOUTHPORT)	128	119	-9	-7%	£30	£22	-£8	-26%	-	-
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	302	370	68	23%	£103	£126	£23	23%	-£23	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	3,979	3,869	-110	-3%	£755	£704	-£52	-7%	£52	0.0%
RENACRES HOSPITAL	1,239	1,461	222	18%	£337	£463	£126	37%	-	-
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	7,704	8,125	421	5%	£1,292	£1,291	-£1	0%	£1	0.0%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	3,686	3,257	-429	-12%	£686	£580	-£106	-15%	-	-
SPIRE LIVERPOOL HOSPITAL	593	751	158	27%	£184	£247	£63	34%	-	-
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	900	1,070	170	19%	£250	£243	-£7	-3%	-	-
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	27	35	8	32%	£4	£5	£1	20%	-	-
WALTON CENTRE NHS FOUNDATION TRUST	775	746	-29	-4%	£249	£203	-£45	-18%	£45	0.0%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	31	31	0%	£0	£4	£4	0%	-	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	111	100	-11	-10%	£30	£19	-£11	-36%	-	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	211	385	174	82%	£76	£140	£64	83%	-	-
<b>Grand Total</b>	<b>66,821</b>	<b>67,292</b>	<b>471</b>	<b>1%</b>	<b>£11,937</b>	<b>£11,905</b>	<b>-£31</b>	<b>-0.3%</b>	<b>£161</b>	<b>1.1%</b>

\*PbR Only

### 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	3,454	3,144	-310	-9%	£2,052	£2,058	£6	0%
Elective	480	404	-76	-16%	£1,356	£1,300	£56	-4%
Elective Excess BedDays	159	105	-54	-34%	£38	£25	£13	-34%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	107	43	-64	-60%	£22	£10	£13	-57%
OPFANFTF - Outpatient first attendance non face to face	620	901	281	45%	£18	£24	£6	34%
OPFASPCL - Outpatient first attendance single professional consultant led	8,026	7,437	-589	-7%	£1,265	£1,209	£55	-4%
OPFUPMPCl - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	346	261	-85	-25%	£29	£28	£2	-5%
OPFUPNFTF - Outpatient follow up non face to face	795	2,606	1,811	228%	£19	£63	£44	228%
OPFUPSPCL - Outpatient follow up single professional consultant led	20,252	18,841	-1,411	-7%	£1,399	£1,346	£53	-4%
Outpatient Procedure	5,651	5,830	179	3%	£747	£760	£12	2%
Unbundled Diagnostics	3,436	3,617	181	5%	£277	£325	£48	17%
Wet AMD	353	416	63	18%	£270	£309	£39	14%
<b>Grand Total</b>	<b>43,679</b>	<b>43,605</b>	<b>-74</b>	<b>0%</b>	<b>£7,494</b>	<b>£7,456</b>	<b>£38</b>	<b>-1%</b>

Non face to face activity (both first and follow up attendances) are reporting an over performance within planned care at month 3 with all other areas of outpatients currently under performing (excluding outpatient procedures). The over performance for non-face to face activity is focussed particularly within Dermatology, Ophthalmology and Cardiology.

Unbundled diagnostics is the highest over performing POD in planned care with a cost variance of £48k/17% against plan.

Cardiology is showing the largest cost variance at month 3 (£346k/95%). 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 £189k/19% against plan. This is being investigated jointly between the CCG and Trust at the Information Sub Group.

Overall, year to date costs for planned care PODs at Aintree University Hospital are currently £38k/1% down against plan at month 3. Despite this indicative underspend; there is no financial impact of this to South Sefton CCG due to the Acting As One block contract arrangement.

The table below illustrates the Planned Care year to date variance by Specialty, focussing on the top and bottom 10 specialties in terms of cost variances against plan at month 3:

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	385	317,875	10	26,920	26	6,119	21	(£9,965)	135	(£13,248)	159	18,756	736	£346,457
Hepatobiliary & pancreatic surgery	16	24,550	6	11,652			1	775	1	(£63)			23	£36,914
Acute internal medicine	4	557	-1	(£2,945)	-5	(£1,142)	399	40,704	8	826	-20	(£2,848)	385	£35,153
Colorectal surgery	-4	3,287	-4	40,012	-78	(£18,324)	-7	(£5,065)	101	4,959	10	1,298	17	£26,166
Ent	-2	2,985	-5	(£7,111)			-25	(£3,065)	4	334	245	27,758	216	£20,901
Physiotherapy							-46	(£2,227)	619	20,350			573	£18,123
Interventional radiology	15	22,169	-2	(£615)			-1	(£148)	20	1,739	-1	(£5,233)	31	£17,912
Breast surgery	17	36,042	-10	(£17,349)			-13	(£2,894)	-49	(£3,359)	32	3,692	-23	£16,132
Geriatric medicine	3	298	0	(£4,359)	2	514	18	5,002	107	14,453	-0	(£13)	130	£15,895
Nephrology	1	(£1,568)	1	1,991	1	308	80	21,266	-63	(£7,038)	-2	(£262)	18	£14,697
Endocrinology	-4	(£1,327)	-1	(£1,759)			-7	(£1,784)	-4	(£386)			-15	(£5,256)
Vascular surgery	0	1,548	1	376			-32	(£6,126)	-13	(£1,063)	-5	(£605)	-48	(£5,869)
Clinical haematology	-187	(£23,608)	-6	(£9,582)	-15	(£4,158)	-58	(£14,585)	183	20,749	2	436	-81	(£30,749)
Anticoagulant service									-1,217	(£31,364)			-1,217	(£31,364)
Dermatology	-14	(£7,016)					-208	(£28,758)	669	10,021	-231	(£21,916)	217	(£47,669)
General surgery	-26	(£36,975)	-16	(£20,475)	-1	(£171)	-36	(£6,134)	-39	(£2,803)	-4	(£503)	-121	(£67,061)
Ophthalmology	-102	(£80,840)	2	1,761	5	1,408	-104	(£15,224)	333	690	214	21,355	348	(£70,850)
Urology	-65	(£19,349)	-19	(£33,960)	1	143	-124	(£18,409)	-43	(£2,641)	-62	(£10,911)	-313	(£85,126)
Trauma & orthopaedics	-81	(£95,270)	-21	(£30,271)	20	4,865	-40	(£6,220)	-96	(£5,871)	-148	(£18,680)	-364	(£151,446)
Gastroenterology	-272	(£119,890)	-11	(£25,974)	-13	(£3,075)	-112	(£22,230)	-307	(£16,803)	-8	(£1,827)	-724	(£189,799)
<b>Grand Total</b>	<b>-310</b>	<b>5,789</b>	<b>-76</b>	<b>(£56,296)</b>	<b>-54</b>	<b>(£12,957)</b>	<b>-372</b>	<b>(£62,227)</b>	<b>315</b>	<b>(£10,690)</b>	<b>179</b>	<b>12,128</b>	<b>-318</b>	<b>(£124,254)</b>



### 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	229	223	-6	-3%	£166	£133	£-34	-20%
Elective	48	47	-1	-3%	£135	£115	£-21	-15%
Elective Excess BedDays	8	0	-8	-100%	£3	£0	£-3	-100%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	59	23	-36	-61%	£10	£4	£-6	-59%
professional consultant led	550	469	-81	-15%	£91	£77	£-14	-15%
OPFUPMPL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	135	78	-57	-42%	£10	£6	£-4	-37%
consultant led	1,172	997	-175	-15%	£90	£77	£-13	-14%
Outpatient Procedure	1,271	1,225	-46	-4%	£166	£154	£-12	-7%
Unbundled Diagnostics	213	195	-18	-9%	£16	£16	£0	-1%
<b>Grand Total</b>	<b>3,686</b>	<b>3,257</b>	<b>-429</b>	<b>-12%</b>	<b>£686</b>	<b>£580</b>	<b>£-106</b>	<b>-15%</b>

Planned care elements of the contract continue to underperform against plan in month 3 2017/18 as they had throughout 2016/17 and previous months in 2017/18, with all areas below plan year to date.

The largest variance against plan is within day case and elective procedures at a combined underspend of £55k. The Trust is still experiencing the effects of April's decontamination issue and May's cyber-attack. Efforts are being made to reschedule all lost work in the coming months and to bring activity back in line with planned levels.

June remains in line with previous months with a total underspend in month of £15k, with the under-performance spread across all PODs excluding elective procedures. Another contributing factor to the low performance in planned care is the reduced levels of GP referred activity; this is currently being addressed in the Information Sub Group with the provider.

### 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	112	123	11	9%	£136	£165	£30	22%
Elective	22	43	21	98%	£103	£185	£83	80%
OPFASPCL - Outpatient first attendance single professional consultant led	291	284	-7	-3%	£46	£46	£0	-1%
OPFUPSPCL - Outpatient follow up single professional consultant led	344	442	98	28%	£22	£29	£7	33%
Outpatient Procedure	96	80	-16	-17%	£12	£13	£1	6%
Unbundled Diagnostics	102	113	11	11%	£10	£13	£3	35%
Physio	272	376	104	38%	£8	£11	£3	38%
<b>Grand Total</b>	<b>1,239</b>	<b>1,461</b>	<b>222</b>	<b>18%</b>	<b>£337</b>	<b>£463</b>	<b>£126</b>	<b>37%</b>

Renacres over performance of £126k/37% is driven by a £83k/80% over performance in Electives, suggesting a continuing theme from 2016/17. Day case activity at month 3 has also resulted in a £30k/22% over spend against plan.

### 3.8 Personal Health Budgets

#### South Sefton CCG – 2017/18 PHB Plans

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
1) Personal health budgets in place at the beginning of quarter (total number per CCG)	48	11	52		56		60	
2) New personal health budgets that began during the quarter (total number per CCG)	4	0	4		4		4	
3) Total number of PHB in the quarter = sum of 1) and 2) (total number per CCG)	52	11	56	0	60	0	64	0
4) GP registered population (total number per CCG)	154916	154916	154916	154916	154916	154916	154916	154916
Rate of PHBs per 100,000 GP registered population	<b>33.57</b>	<b>7.10</b>	<b>36.15</b>		<b>38.73</b>		<b>41.31</b>	

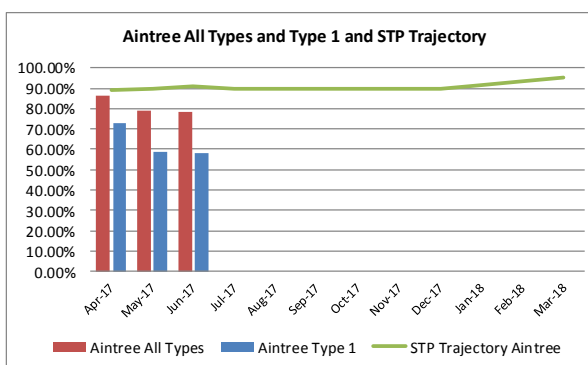
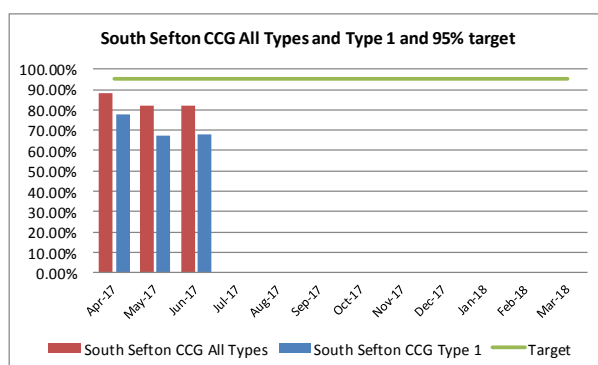
Quarter 1 data above shows the CCG are below plan. The CCG is exploring the possibility of expanding the offer of PHB's for patients at the end of life and fast track across hospice services, community and hospital discharges. A critical aspect of the project will be confirmation for implementing alternative payment options other than SBS, e.g. local authority direct payment cards. CCG Finance are liaising across with Warrington CCG Finance team, to determine the process and consider transferability.

## 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 - June	95%	84.18%	↓	The CCG have failed the target in June reaching 82.3%. In month 1400 attendances out of 7920 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 - June	95%	70.93%	↓	The CCG have failed the target in June reaching 67.7%. In month 1397 attendances out of 4324 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 - June	STP Trajectory June Target 91%	81.07%	↓	Aintree have failed their revised target of 91% in June reaching 78.4% ; 2935 attendances out of 13601 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 - June	95%	63.04%	↓	Aintree have failed the target in June reaching 58.5%. In month 2935 attendances out of 7920 were not admitted, transferred or discharged within 4 hours.

A&E All Types	Apr-17	May-17	Jun-17	YTD
STP Trajectory Aintree	89%	90%	91%	%
Aintree All Types	86.13%	78.78%	78.42%	81.07%



Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2017/18 and have failed the 91% June plan agreed with NHS Improvement recording performance 78.42% (T1 and T3) in June 2017 representing a -0.36% decline compared to May 2017. There was also a decline in performance noted across 2 out of the 5 AED clinical quality indicators.

#### 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.
- Complete review of the medical workforce establishment and submit for consideration at BCRG. Additional sessions are being arranged to cover gaps in the existing rotas.
- Discussion ongoing regarding GP streaming taking place at regional level with a view to implementing the Luton and Dunstable Model.
- Continue with NWAS project. Agreement to focus on improving direct access to AEC for appropriate patients arriving by ambulance. Phase 2 complete

- Recruitment of Acute Physicians underway.
- Programme of facilitated engagement sessions completed with nurses. – Medical team outstanding but plan in place. ECIP continue to work with senior Nursing team to identify.
- Complete full ED nurse establishment review.
- Develop series of PDSA cycles to test improvements in the following elements of EACP:
  - See and Treat
  - Board rounds
  - Initial nurse assessment

### 12 Hour A&E Breaches

Total number of patients who have waited over 12 hours in A&E from decision to admit to admission - <b>Aintree</b> (cumulative)	17/18 - June	0	11	↓
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Aintree had 2, 12 hour breaches in June, year to date total is 11. Root Cause Analyses of the breaches are awaited from the Trust.

## 4.2 Ambulance Service Performance

### Ambulance

Ambulance clinical quality – Category A (Red 1) 8 minute response time ( <b>CCG</b> ) (Cumulative)	17/18 - June	75%	76.35%	↓	The CCG has failed the 75% target in June achieving 74% but are achieving year to date due to last months performance. In June out of 79 incidents, 58 were within 8 mins.
Ambulance clinical quality – Category A (Red 2) 8 minute response time ( <b>CCG</b> ) (Cumulative)	17/18 - June	75%	62.66%	↓	The CCG is under the 75% target reaching 60.33% in June and 62.66% year to date. In June, out of 876 incidents, 528 were within 8 mins.
Ambulance clinical quality - Category 19 transportation time ( <b>CCG</b> ) (Cumulative)	17/18 - June	95%	90.65%	↔	The CCG is under the 95% target reaching 90% in June and 90.65% year to date. In June out of 955 incidents, 860 were within 19 mins.
Ambulance clinical quality – Category A (Red 1) 8 minute response time ( <b>NWAS</b> ) (Cumulative)	17/18 - June	75%	66.14%	↓	NWAS reported under the 75% target reaching 62.53% in June and 66.14% year to date.
Ambulance clinical quality – Category A (Red 2) 8 minute response time ( <b>NWAS</b> ) (Cumulative)	17/18 - June	75%	65.97%	↓	NWAS reported under the 75% target reaching 64.68% in June and 65.97% year to date.
Ambulance clinical quality - Category 19 transportation time ( <b>NWAS</b> ) (Cumulative)	17/18 - June	95%	90.65%	↓	NWAS reported under the 95% target reaching 89.39% in June and 60.65% year to date.

### Handover Times

All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - <b>Aintree</b>	17/18 - June	0	230	↓	The Trust recorded 230 handovers between 30 and 60 minutes, this is a decline on last month when 233 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) - <b>Aintree</b>	17/18 - June	0	227	↑	The Trust recorded 227 handovers over 60 minutes, a decline on the previous month when 199 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

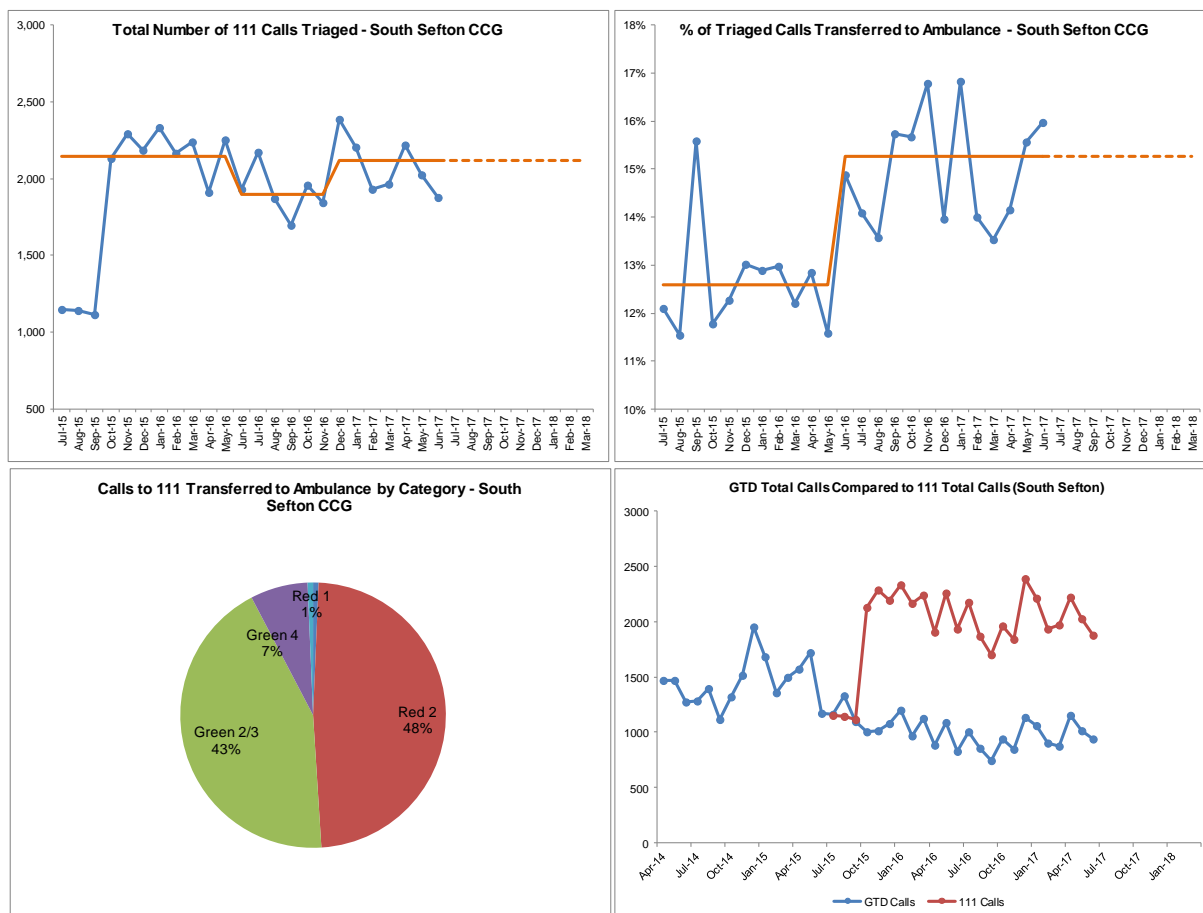
monitored twice a week. Senior Manager, Trust Board and NHSI focus on performance. Introduction of weekly telephone conferences with Commissioners to focus on performance and also a Remedial Performance Plan was introduced in January 2017 to focus on performance improvement. NWAS chaired a 90 day Improvement Forum facilitated by NHSI and attended by Lead Commissioners to focus on hospital issues, performance and any restrictions/barriers to achieving performance.

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 NWS, 111 and Out of Hours

#### 4.3.1 111 Calls

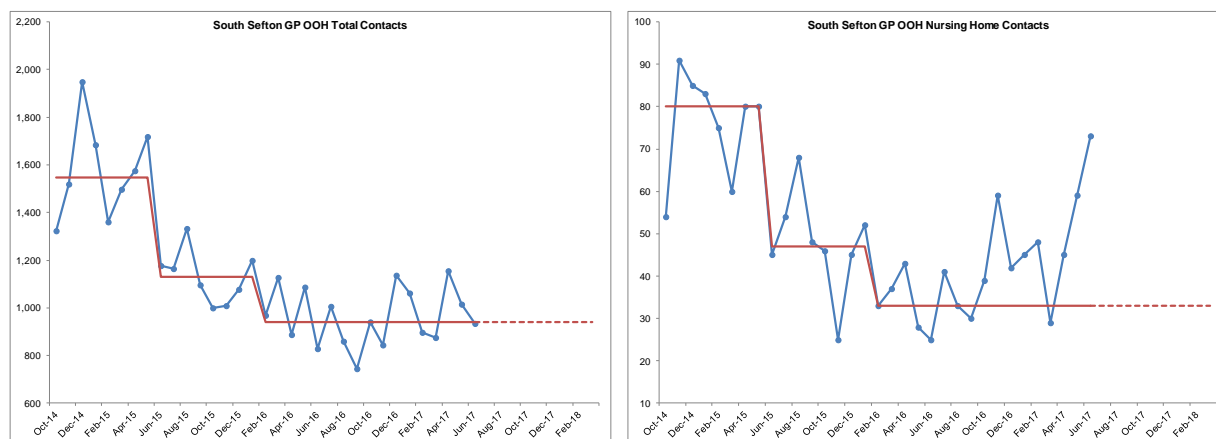


June 2017 saw a slight reduction in the number of 111 calls made by South Sefton patients from 2,025 in May to 1,878 in June, a reduction of 7.3%. There has also been a reduction when compared to June 2016, from 1,928.

The breakdown for outcomes of 111 calls in June 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.

### 4.3.2 GP Out of Hours Calls



The number of calls from South Sefton patients to the GP OOH service has fallen in June 2017 to 935, a reduction of 7.9% since May. When compared to the same point in the previous year there have been 12.7% fewer calls. This is still on trend since the baseline shifted in February 2016.

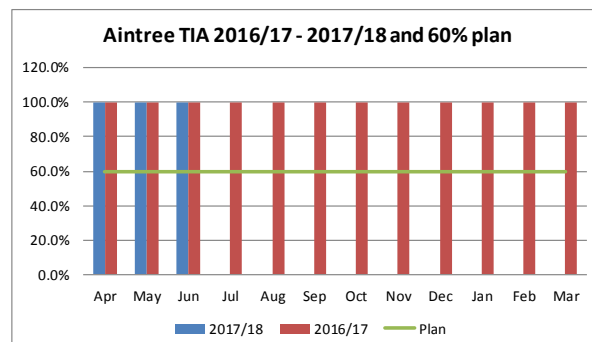
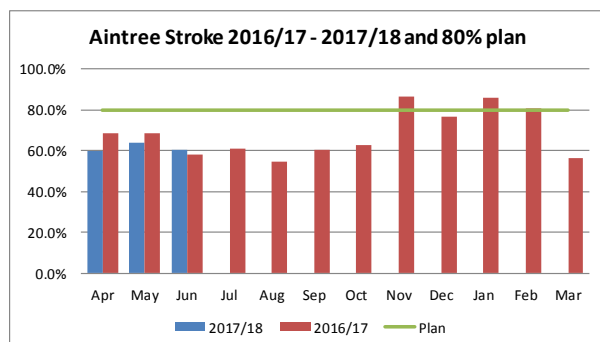
GP OOH calls from nursing homes within South Sefton have increased for the fourth consecutive month to 73, by 23.7%, from May. June 17 has the highest number of Nursing home contacts since May 2015.

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

### 4.4 Unplanned Care Quality Indicators

#### 4.4.1 Stroke and TIA Performance

Stroke				
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	17/18 - June	80%	60.53%	↓
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	17/18 - June	60%	100%	↔



In June Aintree failed the 80% target for patients spending 90% of their time on a stroke unit recording 60.5%. This is a decline from the previous month when the Trust recorded 64.1%. Out of a total of 38 patients only 23 spent more than 90% of their stay on a stroke unit the standard was not reached for 15 patients.

All breaches of the standard are reviewed, reasons for underperformance:

- 11 patients required admission to the Stroke Unit but no beds were available
- 1 late referral to the Stroke Team
- 3 patients were referred to the stroke team after an MRI diagnosed a stroke

Unavailability 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 learnt.
- Continue Registered Nurse and Therapy recruitment for funded HASU beds.
- Medical patients to be transferred to acute beds from the Stroke Unit to accommodate patients with a new diagnosis of stroke in ED or AMU.
- Daily Stroke meeting 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 - June	0.00	0.00	↔
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	17/18 - June	0.00	0.00	↔



### 4.4.3 Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	17/18 - June	14	12	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	17/18 - June	11	17 (10 following appeal)	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	17/18 - June	0	1	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	17/18 - June	0	1	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	17/18 - June	35	33	↓
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Aintree)	17/18 - June	No Plan	65	↓

The CCG had 3 news case reported in June 2017, (12 year to date), against a year to date plan of 14, (6 apportioned to acute trust and 6 apportioned to community). The year to date plan is 54.

Aintree had 5 new cases reported in June (17 year to date) against a year to date plan of 11. (There were 5 successful appeals upheld in June, so 10 cases following appeal). The year-end plan is 46.

Aintree had one case of MRSA in June the case was subject to the national Post Infection Review (PIR) process and the case was finally assigned to the Trust. The PIR review team could not identify any lapses in care, however the patient was screened negative on admission and the first indication of MRSA was the confirmation of the bacteraemia.

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

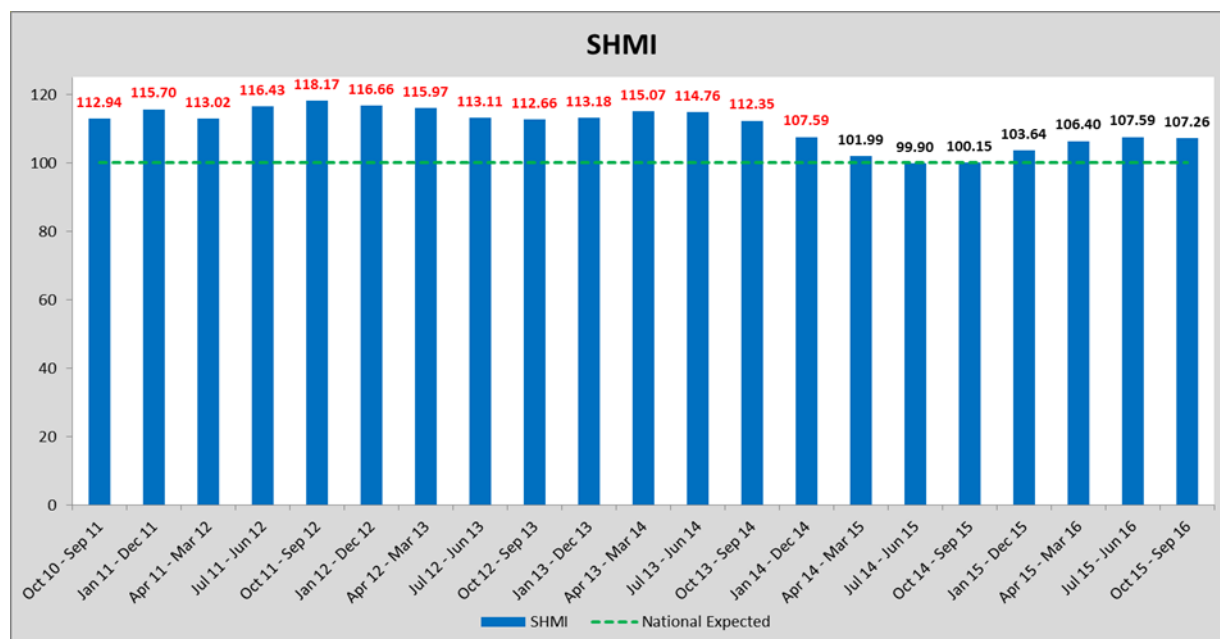
NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2017/18 which is 142 for South Sefton CCG. There are no targets set for Trusts at present.

### 4.4.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	17/18 - June	100	98.65	↑
Summary Hospital Level Mortality Indicator (SHMI)	Oct-15 to Sep 16	100	107.26	↔

HSMR is reported for the period February 2016 March 2017, performance remains below expected at 97.93 (March 2017 data) from 93.86 (September 2016 data). Aintree HSMR has consistently been better than the benchmark. Whilst still below peer average the last 12 months has seen a steady deterioration in this metric.

SHMI for the period October 2015 – September 2016 is at 107.26 and is marginally better than last months and is within expected tolerances, albeit at the upper end of that range.



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 3.

There are a total of 77 serious incidents open on StEIS where South Sefton CCG are either responsible or accountable commissioner. Of the 77, 37 are applicable to LCH, 23 for Mersey Care NHS Foundation Trust and 6 for Aintree University NHS Foundation Trust (UHA).

Aintree University Hospitals NHS Foundation Trust - 20 open Serious Incidents on StEIS. In June 2017 one incident has been reported, and two incidents have been closed. Nine incidents remain open for >100 days.

The provision of Community Services for the South Sefton CCG population transferred from Liverpool Community Health NHS Trust to Mersey Care NHS Foundation Trust on 1st June 2017.

The Trust has a composite pressure ulcer action plan in place, which transferred 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 20 incidents open on StEIS for South Sefton CCG patients. There have been 10 incidents reported in June 2017 by Mersey Care relating to a South Sefton CCG patient. Six were reported by MCT Community Services (MCT- CS) and 4 by MCT Mental Health (MCT–MH).

#### 4.6 CCG Delayed Transfers of Care

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

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

The average number of delays per day in Aintree hospital increased in June (40), 28 reported in May. Of the 40, 20 were patient or family choice (50%), 11 were awaiting further NHS non-acute care (27.5%), 6 was awaiting care package in own home (15%) and 2 completion assessment (5%).

Analysis of average delays in June 2017 compared to June 2016 shows a reduction in the average number of patients, from 40 to 36 (11%).

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

Reason For Delay	2016-17												2017/18		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
A) COMPLETION ASSESSMENT	1	1	1	1	3	6	1	0	0	2	2	0	0	0	2
B) PUBLIC FUNDING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C) WAITING FURTHER NHS NON-ACUTE CARE	9	8	8	6	7	19	9	6	10	10	8	7	11	9	11
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DII) AWAITING NURSING HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
E) AWAITING CARE PACKAGE IN OWN HOME	3	5	4	6	5	7	3	4	4	5	3	4	1	6	
F) COMMUNITY EQUIPMENT/ADAPPTIONS	2	1	1	1	0	1	0	0	0	0	0	0	0	0	1
G) PATIENT OR FAMILY CHOICE	15	16	19	15	12	13	12	11	18	5	7	10	13	18	20
H) DISPUTES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
I) HOUSING	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
<b>Grand Total</b>	<b>30</b>	<b>31</b>	<b>34</b>	<b>29</b>	<b>27</b>	<b>46</b>	<b>25</b>	<b>21</b>	<b>32</b>	<b>22</b>	<b>22</b>	<b>22</b>	<b>28</b>	<b>28</b>	<b>40</b>

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

Agency Responsible	2016-17												2017/18		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS - Days Delayed	808	773	863	677	677	1,093	664	516	880	519	490	565	726	852	962
Social Care - Days Delayed	85	184	153	228	167	292	98	118	121	177	133	106	112	45	211
Both - Days Delayed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

The total number of days delayed due to the NHS was 962 in June, an increase from 852 in May.

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: Jun-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%	16.4%	√	87%	84%	√	7%	10%	√

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

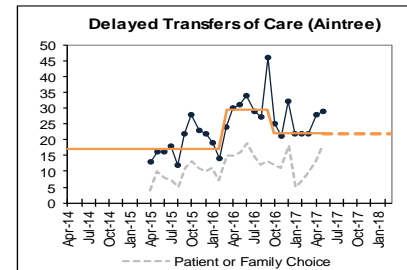
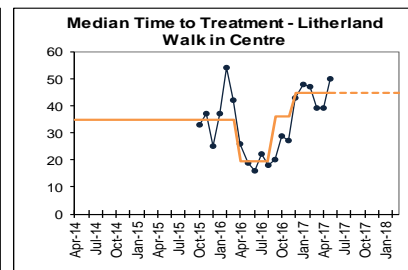
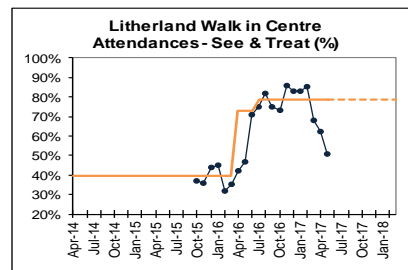
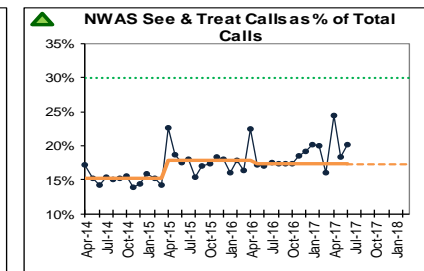
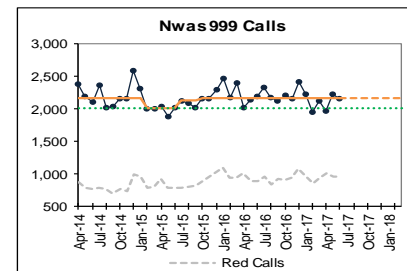
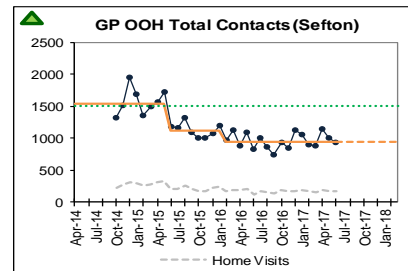
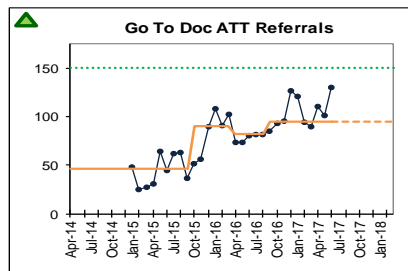
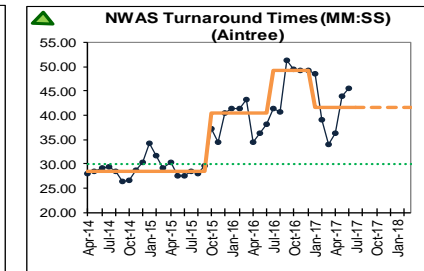
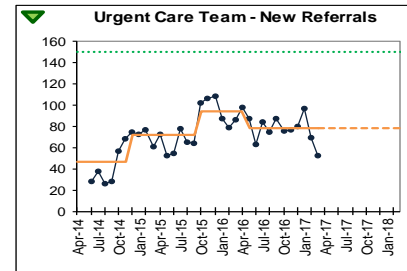
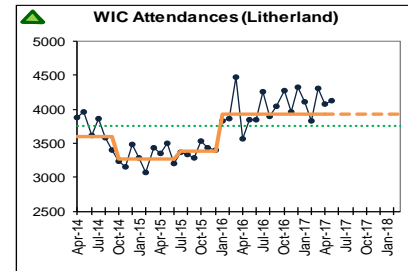
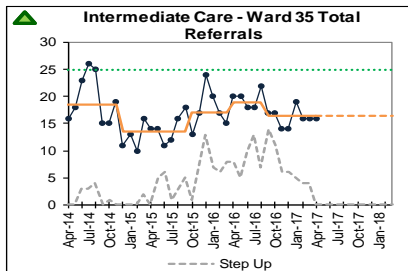
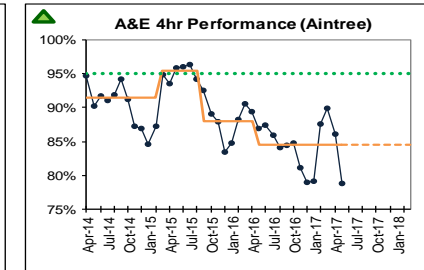
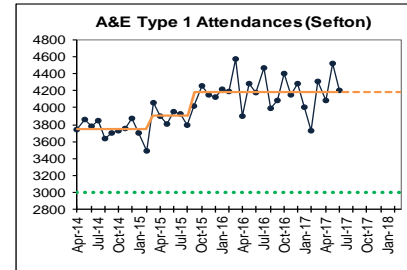
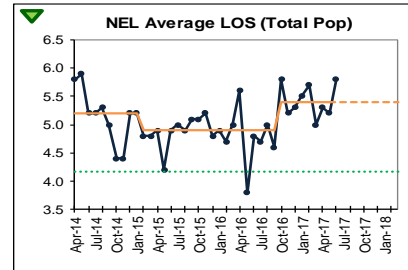
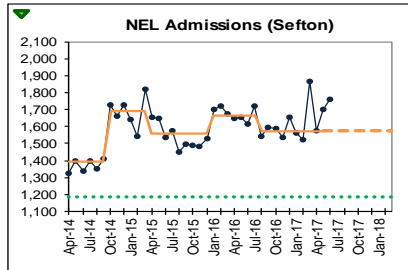
- % Response Rate
- % Recommended
- % Not Recommended

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 after a sharp decline in May when response rates were 11.8%; June has seen an improvement recording 16.4% back over the 15% target.














The percentage of people that would recommend A&E is lower than the England average again reporting 84% in June, this being the same as last month. The not recommended percentage is at 10% in June which is slightly better than 11% recorded 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 3 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£188k/-2%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately -£128k/-1.1%.

This under-performance is clearly driven by Southport & Ormskirk and Liverpool Womens hospitals reporting an under performance of -£165k/-21% and -£69k/-7% respectively (although Liverpool Women's underspend is neutralised under Acting As One).

**Figure 16 - Month 3 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	24,059	26,469	2,410	10%	£8,880	£8,848	-£32	0%	£32	0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	2,471	2,301	-170	-7%	£534	£505	-£29	-5%	£29	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	17	27	10	61%	£4	£10	£6	142%	-	142%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	21	21	0%	£0	£6	£6	0%	-	0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	61	52	-9	-15%	£101	£102	£1	1%	-£1	0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	859	840	-19	-2%	£1,038	£969	-£69	-7%	£69	0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	1,342	1,398	56	4%	£491	£560	£69	14%	-£69	0%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	2,046	2,015	-31	-2%	£774	£609	-£165	-21%	-	-21%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	219	263	44	20%	£98	£114	£16	17%	-	17%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	10	5	-5	-52%	£3	£1	-£3	-82%	-	-82%
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	62	61	-1	-1%	£22	£32	£10	45%	-	45%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	10	15	5	43%	£4	£6	£2	54%	-	54%
<b>Grand Total</b>	<b>31,157</b>	<b>33,467</b>	<b>2,310</b>	<b>7%</b>	<b>£11,950</b>	<b>£11,762</b>	<b>-£188</b>	<b>-2%</b>	<b>£60</b>	<b>-1.1%</b>

\*PbR Only



### 4.9.2 Aintree University Hospital NHS Foundation Trust

**Figure 17 - Month 3 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD**

Aintree University Hospitals Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E WiC Litherland	10,438	12,137	1,699	16%	£243	£243	£0	0%
A&E - Accident & Emergency	7,736	8,091	355	5%	£1,043	£1,120	£77	7%
NEL - Non Elective	3,646	3,400	-246	-7%	£6,802	£6,569	-£233	-3%
NELNE - Non Elective Non-Emergency	12	11	-1	-9%	£43	£45	£2	4%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	5	18	13	260%	£1	£4	£3	209%
NELST - Non Elective Short Stay	496	471	-25	-5%	£333	£319	-£14	-4%
NELXBD - Non Elective Excess Bed Day	1,725	2,341	616	36%	£415	£548	£133	32%
<b>Grand Total</b>	<b>24,059</b>	<b>26,469</b>	<b>2,410</b>	<b>10%</b>	<b>£8,880</b>	<b>£8,848</b>	<b>-£32</b>	<b>-0.4%</b>

### 4.9.3 Aintree Hospital Key Issues

The overall Urgent Care under spend of -£32k/-0.4% is undoubtedly driven by a -£233k/-3% under performance in Non Elective costs. The two key specialties underperforming within this POD include Accident & Emergency (-£349k) and Geriatric Medicine (-£240k).

Despite the overall indicative underspend for unplanned care PODs at Aintree, there is no financial impact of this to South Sefton CCG due to the Acting As One block contract arrangement.

### 4.9.4 Royal Liverpool University Hospital

**Figure 18 - Month 3 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	1,109	1,117	8	1%	£115	£125	£9	8%
AMAU - Acute Medical unit	5	7	2	30%	£1	£1	£0	30%
NEL - Non Elective	167	163	-4	-3%	£332	£392	£60	18%
NELNE - Non Elective Non-Emergency	4	3	-1	-17%	£21	£4	-£17	-79%
NELST - Non Elective Short Stay	22	28	6	26%	£14	£19	£5	35%
NELXBD - Non Elective Excess Bed Day	35	80	45	129%	£8	£19	£11	132%
<b>Grand Total</b>	<b>1,342</b>	<b>1,398</b>	<b>56</b>	<b>4%</b>	<b>£491</b>	<b>£560</b>	<b>£69</b>	<b>14%</b>

### 4.9.5 Royal Liverpool University Hospital Key Issues

The overall Urgent Care over spend of £69k/14% is largely driven by a £60k/18% over performance in Non Elective costs. Vascular Surgery is the top over performing specialty within this POD with a variance of £79k/222%.

As with Aintree Hospital, despite the overall indicative overspend for unplanned care PODs at Royal Liverpool, there is no financial impact of this to the CCG due to the Acting As One block contract arrangement.

## 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 30/06/2017	2017/18 Plan	Variance from Plan	Variance on 30/06/2016
1 Common Mental Health Problems (Low Severity)	43	43	-	6
2 Common Mental Health Problems (Low Severity with greater need)	15	25	- 10	20
3 Non-Psychotic (Moderate Severity)	87	150	- 63	115
4 Non-Psychotic (Severe)	310	270	40	101
5 Non-psychotic Disorders (Very Severe)	88	67	21	31
6 Non-Psychotic Disorder of Over-Valued Ideas	39	46	- 7	6
7 Enduring Non-Psychotic Disorders (High Disability)	288	251	37	58
8 Non-Psychotic Chaotic and Challenging Disorders	135	122	13	25
10 First Episode Psychosis	143	144	- 1	6
11 On-going Recurrent Psychosis (Low Symptoms)	329	399	- 70	71
12 On-going or Recurrent Psychosis (High Disability)	401	354	47	71
13 On-going or Recurrent Psychosis (High Symptom & Disability)	107	101	6	-
14 Psychotic Crisis	32	27	5	10
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	8
18 Cognitive Impairment (Low Need)	229	224	5	4
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	430	446	- 16	11
20 Cognitive Impairment or Dementia Complicated (High Need)	429	398	31	61
21 Cognitive Impairment or Dementia (High Physical or Engagement)	134	140	- 6	22
Cluster 99	516	558	- 42	76
<b>Total</b>	<b>3,849</b>	<b>3,859</b>	<b>8</b>	<b>249</b>

### 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%	97%			
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%	No Patients			
Rolling Quarter				100%			

**Figure 22 - Figure 16 EIP 2 week waits**

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

### 5.1.2 Mental Health Contract Quality Overview

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

The Trust, in response to the recent Crisis Resolution Home Treatment Team (CRHTT) core fidelity review findings is considering options and the possibility of establishing a 24/7 Single Point of Access to its secondary care services and crisis care enabling a responsive access point for urgent requests for help, a one-stop integrated referral point based on a multi-disciplinary team model. The proposal requires Board approval and if given, work streams involving the commissioners will be established within a robust project plan with clear milestones for delivery.

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 the ongoing development of the model of delivery including the development of performance metrics. The CORE 24 service will be officially launched on 29<sup>th</sup> September 2017.

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

The Adult ADHD service provided by the Trust is operating at overcapacity and this is impacting on new patients accessing the service. Current activity is currently 297 patients against a commissioned cap of 180 with a waiting list of 300 with waiting times reported to be 12 months. From January 2017 new patient slots reduced from 3 to 2 per week but the Trust are now writing to referring GPs in Sefton stating that they are unable to accept new referrals however the service has confirmed that new patients are being taken onto the caseload but only when existing patients caseload are discharged, this is resulting in lengthier waiting times for diagnosis and medication based treatment. The service receives on average 4 new referrals per week.

The 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.

The Trust has also raised concerns around the caseload sizes of memory patients and what they perceive to be a lack of agreement from primary care to enable to these patients to be discharged from secondary care to enable subsequent reviews are undertaken in a primary care setting. The commissioners' view is that the memory pathway is wholly commissioned from within the Trust and that there could be an opportunity to utilise community physical health resources to enable reviews to be undertaken within the physical health offer. Feedback is awaited from the Trust if this opportunity can be explored further to mutual satisfaction.

In response to GP patient communication the Trust has undertaken a review of Review current clinical correspondence backlogs and has undertaken an organisational exercise to implement a new medical transcription service to improve productivity and related communication KPIs which will take effect on 1<sup>st</sup> October 2017.

## 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	222	320	328									
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%	1.32%	1.35%									
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	35.6%	46.3%	42.9%									
ACTUAL % 6 weeks waits - 75% target	2016/17	93.5%	98.5%	96.4%	97.4%	97.7%	95.5%	98.0%	99.5%	98.0%	98.8%	99.4%	99.5%
	2017/18	98.8%	98.90%	97.9%									
ACTUAL % 18 weeks waits - 95% target	2016/17	100.0%	100.0%	100.0%	100.0%	100.0%	98.7%	100.0%	100.0%	99.3%	100.0%	100.0%	100.0%
	2017/18	100.0%	100.0%	99.5%									
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	168	181	180									
National definition of those who have entered Below Caseness (KPI6b)	2016/17	3	9	3	7	6	9	8	10	6	12	10	13
	2017/18	8	4	5	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	57	82	75									
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	83.3%	88.3%	84.3%									

Cheshire & Wirral Partnership reported 328 South Sefton patients entering treatment in Month 3, which is a slight (2.5%) increase from the previous month when 320 were reported. The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is currently set at 16.8% for 2017/18 year end, which is equivalent to 1.40% per month. Month 3 access was 1.35%, so very close to target and the highest number of patients entering treatment of any month so far.

There were 426 Referrals in Month 3, which was a 8.7% increase compared to the previous month when there were 392. Of these, 70.7% were Self-referrals which is higher than the previous month (65.8%). GP Referrals saw an increase compared to the previous month with 86 compared to 73 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 42.9% in Month 3, which is a slight decrease from 46.3% for the previous month, and failing to meet the target of 50%. The provider believes that it is possible recovery will dip as the longest waiters are brought into service, as more are likely to disengage without completing treatment. However, as waits reduce, this is expected to improve. Cancelled appointments by the provider saw an increase in Month 3 with 54 compared to 40 in Month 2.

There was a 14.1% increase in DNAs in Month 3 (from 156 in Month 2 to 178 in Month 3); 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.

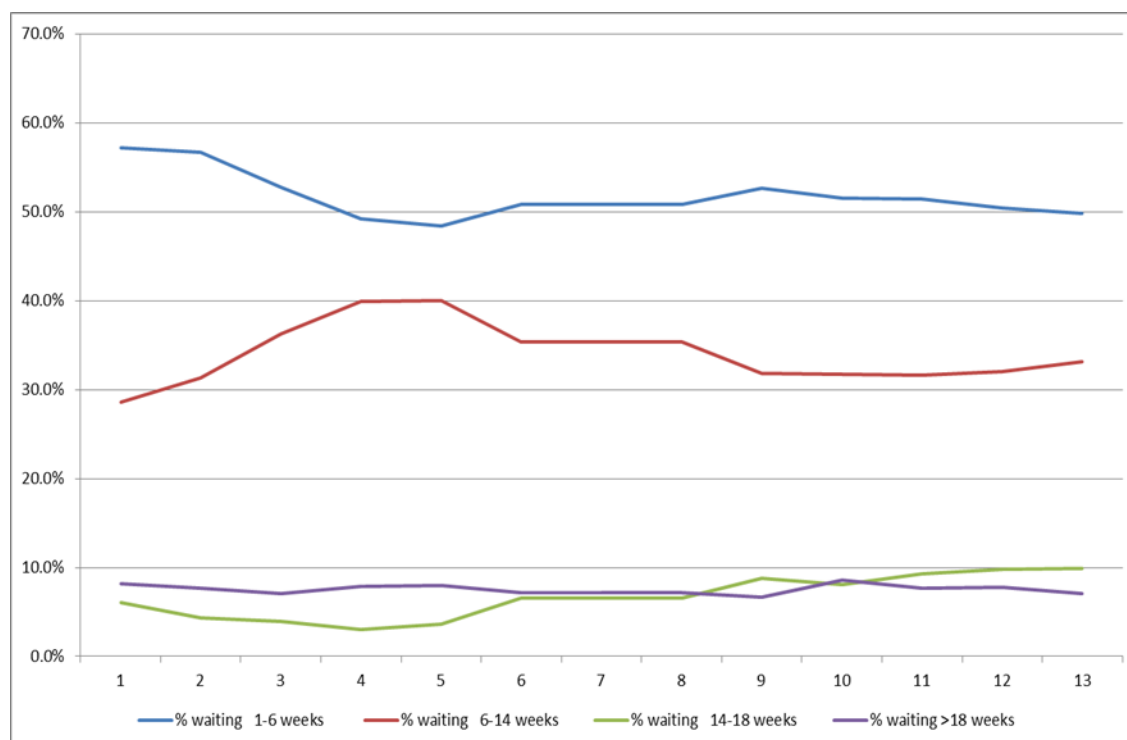
In month 3 97.9% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 99.5% of patients have waited less than 18 weeks (against a standard of 95%).

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

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

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

**NHS South Sefton CCG – Access Sefton % Internal waiters 03/04/2017 – 29/06/2017**



The chart above illustrates internal waits activity for April and June 2017 over the 13-week reporting period.

### 5.3 Dementia

	Apr-17	May-17	Jun-17
People Diagnosed with Dementia (Age 65+)	1219	1213	1224
Estimated Prevalence (Age 65+)	1845	1851.4	1855.3
<b>NHS South Sefton CCG - Dementia Diagnosis Rate (Age 65+)</b>	<b>66.07%</b>	<b>65.52%</b>	<b>65.97%</b>
Target	67%	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 June 2017 of 65.9% which is close to the national dementia diagnosis ambition of 67% and similar to 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
<b>Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.</b>	<b>9.8%</b>	<b>9.8%</b>	-	-	-	-	<b>30.1%</b>

An update will be provided on a quarterly basis, quarter one anticipated in the September report. NHS Digital’s publication schedule reports quarterly data 2 months behind quarter end.



## 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)

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

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

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

For Q1 South Sefton had no patients waiting for urgent (less than 1 week waiting), and had 3 patient waiting for a routine appointments. Of those three patients, one was seen between 1-2 weeks and the others at 4-5 weeks and 6-7 weeks so performance against the 4 week target is 33% (against national standard of 95%). The performance in this category is calculated against completed pathways only.

## 6. Community Health

### 6.1 Mersey Care Community Contract

The Liverpool Community Health contract has now ended and the new contract between the CCG and Mersey Care began on 1st June. Liverpool Community Health have agreed to support Mersey care with initial reporting for 6 months; this also includes supporting the Trust in undertaking gap analysis and providing action plans to the CCG for missing indicators regarding the reporting of virtual wards.

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 23<sup>rd</sup> 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 17.9% in June. Adult Dietetics also continues to report high rates at 20.4% in June. Total DNA rates at Sefton are green for this month at 7.9%.

Provider Cancellation Rates: Treatment Rooms and Dietetics are reporting red (above 5% threshold) with 6.2% and 6.8% respectively. Both of these services are reporting an increase compared to the previous month.

Treatment rooms, Podiatry, Physio and Adult Dietetics have all continued the trend of previous years showing high numbers of patient cancellations. All services are above 15% for June.

### **6.1.2 Waiting Times**

Waiting times are reported a month in arrears. The waiting times for all services were below 18 weeks in May.

## **6.2 Any Qualified Provider Mersey Care Podiatry Contract**

The AQP Podiatry contract for South Sefton CCG patients transferred over to Mersey Care on 1st June. Therefore the following information reports from month 3 onwards.

At Month 3 2017/18 the costs for the CCG for initial contacts were £8,171 with 94 contacts and for follow-ups costs were £16,685 with 613 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 1<sup>st</sup> 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 for these services on behalf of Alder Hey.

### 6.3.2 Waiting Times

Paediatric SALT: In May 2017, 19 weeks was reported for incomplete pathways against the 18 week target. This is an improvement on last month. A total of 59 patients were waiting over 18 weeks, with the longest waiter at 29 weeks.

### 6.3.3 Patient DNA's and Cancellations

Paediatric Dietetics is reporting a high DNA rate in June 2017, for the second consecutive month, with 16.1%. This is also an increase in DNA's compared to last month.

## 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)**

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

NHS England guidance states that CCGs should set out improvement plans to halve the number of children waiting 18 weeks by Q4 2017/18 and eliminate 18 week waits for wheelchairs by the end of 2018/19. All children requiring a wheelchair will receive one within 18 weeks from referral in 92% of cases by Q4 2017/18 and in 100% of cases by Q4 2018/19.

South Sefton CCG commissioning arrangements have recently been clarified with NHS England commissioning this service and not South Sefton CCG, so a nil return for the CCG was recorded for Q1.

## 7. Third Sector Overview

All NHS Standard Contracts and Grant Agreements for 2017-18 have now been issued, signed and returned. Commissioners and Contracting have met with and are working with providers to review service specifications and information reporting in line with local requirement and CCG Five Year Forward 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 per contracts. In the main funding reductions are being met by reductions to senior management posts across the sector, although some services have had to reduce activity as a result. 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.

A presentation was delivered to both CCG Governing Body Development Workshops during August aiming to improve the understanding of those present in regard to services provided, value and benefits of these services within our community and the complexity and vulnerability of those community groups who rely heavily on these services. Further work is to be undertaken to demonstrate how these services link in with our statutory/Acute mental health organisations and will be presented again during October to the Senior Leadership Team.

A further piece of work is also underway to promote “30 Days of Sefton in Mind”, from the 10<sup>th</sup> September (World Suicide Prevention Day) through until 10<sup>th</sup> October (World Mental Health Day) Sefton MBC want to run 30 stories regarding mental health in Sefton. We are currently collating case studies and service outcomes with our providers to help raise awareness and demonstrate how valuable these services are to our community.

## 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"> <li>• Provision of pre-bookable appointments on Saturdays through the group or practice AND</li> <li>• Provision of pre-bookable appointments on Sundays through the group or practice AND</li> <li>• Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice</li> </ul>	-	-
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"> <li>• Provision of pre-bookable appointments on Saturdays through the group or practice AND</li> <li>• Provision of pre-bookable appointments on Sundays through the group or practice AND</li> <li>• Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice</li> </ul>	-	-
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. Concept House has been inspected and now 'require improvement' in 3 areas, when they were last inspected they were rated 'good' in all areas. 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	24 July 2017	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement	
N84001	42 Kingsway	07 November 2016	Good	Good	Good	Good	Good	Good	
N84007	Liverpool Rd Medical Practice	06 April 2017	Good	Good	Good	Good	Good	Good	
N84011	Eastview Surgery	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	Good	Requires Improvement	Good	Good	Good	Good	
N84003	High Pastures Surgery	09 June 2017	Good	Good	Good	Good	Good	Good	
N84010	Maghull Family Surgery (Dr Sapre)	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	

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

## 9. Better Care Fund

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

## Provisional BCF DToC Metric Plans: due on 21/07/2017

Health and Well-Being Board Better Care Fund DToC Metric Planning

Selected Health and Well Being Board:  
**Sefton**

Data Submission Period:  
**2017-18**

DToC Metric Plans

[<< Link to the Guidance tab](#)

Trajectory submitted – maintenance of

- 22.11 delays per day or 3.06% - SS
- 5.21 delays per day or 1% - SF

### Delayed Transfers of Care

	17-18 plans											
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
NHS attributed delayed days	0.0	0.0	0.0	427.5	427.5	413.7	427.5	413.7	427.5	427.5	386.1	427.5
NHS Liverpool CCG				25.9	25.9	25.1	25.9	25.1	25.9	25.9	23.4	25.9
NHS South Sefton CCG				327.9	327.9	317.3	327.9	317.3	327.9	327.9	296.2	327.9
NHS Southport and Formby CCG				71.6	71.6	69.2	71.6	69.2	71.6	71.6	64.6	71.6
67% health attributable of total delays / 16% of which other CCGs												
Select any additional CCGs (if required)												
NHS West Lancashire CCG				0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
NHS Knowsley CCG				2.1			2.1	2.1	2.1	2.1	1.9	2.1
28% of total delays												
Social Care attributed delayed days				179.3			179.3	173.5	179.3	179.3	162.0	179.3
= 20.5 delays per day *												
Jointly attributed delayed days				29.9	29.9	28.9	29.9	28.9	29.9	29.9	27.0	29.9
5% of total delays												
<b>Total Delayed Days</b>	0.0	0.0	0.0	636.7	636.7	616.2	636.7	616.2	636.7	636.7	575.1	636.7
Population Projection (SNPP 2014)	220,691	220,691	220,691	220,691	220,691	220,691	220,691	220,691	220,691	220,782	220,782	220,782
Delayed transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	0.0	0.0	0.0	288.5	288.5	279.2	288.5	279.2	288.5	288.4	260.5	288.4

## 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 21<sup>st</sup> 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 03	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 01	38.8%	↓ 11/11	200/209			
R 105d	n/d LTC feeling supported 2016 03	63.8%	↑ 8/11	118/209		R 123b	✓ EIP 2 week referral 2017 03	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 02	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 02	8.0%	↑ 7/11	70/209		R 124a	✗ LD - reliance on specialist IP 16-17 Q4	70	↑ 3/11	146/209			
R 108a	n/a Quality of life of carers 2016 03	0.79	↑ 2/11	117/209		R 124b	✓ LD - annual health check 2015-16	10.4%	○ 11/11	209/209			
Sustainability							Better Care						
	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 03	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 01	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 03	90.5%	↑ 5/11	95/209			
Well Led							Better Care						
	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 Delayed transfers of care per 1000 2017 03	12.8	↑ 6/11	101/209			
R 162a	n/a Probity and corporate governance 16-17 Q4	Fully Compliant	↔ 1/11	1/209		R 127e	n/d Hospital bed use following emergency 16-17 Q3	596.4	↑ 10/11	186/209			
R 163a	n/a Staff engagement index 2016	3.70	↓ 8/11	185/209		R 128a	✗ Management of LTCs 16-17 Q3	1,279	↓ 9/11	192/209			
R 163b	n/a Progress against WRES 2016	0.12	○ 7/11	94/209		R 128b	n/d Patient experience of GP services 2016 03	81.2%	↑ 11/11	182/209			
R 164a	n/a Working relationship effectiveness 16-17	63.79	↓ 9/11	158/209		R 128c	n/a Primary care access 2017 03	0.0%	↔ 4/11	115/209			
R 165a	n/a Quality of CCG leadership 16-17 Q4	Amber	↓ 7/11	108/209		R 128d	n/d Primary care workforce 2016 09	0.80	↓ 11/11	189/209			
						R 129a	✓ 18 week RTT 2017 03	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%	31.3%		38.8%	11.0%		
126b	Dementia post diagnostic support	77.6%	↑	123b	EIP 2 week referral	69.2%	↑	
	73.9%	3.7%	67.6%		67.6%	1.7%		
122a	Cancers diagnosed at early stage	49.1%	↑	123c	MH - CYP mental health	40.0%	↑	No calculation possible due to lack of z-scores
	43.5%	5.5%	35.0%		40.0%	5.0%	No calculation possible due to lack of z-scores	
	78.8%	16.2%	47.5%		47.5%	5.0%	No calculation possible due to lack of z-scores	
	74.4%	9.9%	25.0%		25.0%	75.0%	No calculation possible due to lack of z-scores	
122b	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
	74.4%	16.2%	42.5%		47.5%	5.0%	No calculation possible due to lack of z-scores	
122c	One-year survival from all cancers	70.2%	↑	123e	MH - OAP	87.5%	↑	No calculation possible due to lack of z-scores
	60.3%	9.9%	12.5%		25.0%	75.0%	No calculation possible due to lack of z-scores	
122d	Cancer patient experience	8.8	↑					
	8.8	0.0%						

## **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 3 Submission to NHS England**

June 2017 Month 03	Month 03 Plan	Month 03 Actual	Month 03 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
<b>Referrals (MAR)</b>				
GP	3566	3654	2.5%	
Other	2134	2539	19.0%	The majority of the increase in month 3 appears to be due to data quality issues from Alder Hey's submission. A number of activity lines have been reported against CCGs instead of correctly aligning to NHSE. The rest of the increase is located within the CCGs main provider but levels are within the statistical norm for the past two years. Local referral figures suggest increases across a number of specialties and not focused in one specific area.
<b>Total (in month)</b>	5700	6193	8.6%	
Variance against Plan YTD	16530	16762	1.4%	
Year on Year YTD Growth			1.6%	
<b>Outpatient attendances (Specific Acute) SUS (TNR)</b>				
All 1st OP	5055	5312	5.1%	The areas of increase are focused in the CCGs local acute provider with Cardiology and General Medicine the main specialties. The overall increase year to date against plan is within the 3% threshold. This activity is monitored and queried via the contractual routes.
Follow Up	11513	11448	-0.6%	
<b>Total Outpatient attendances (in month)</b>	16568	16760	1.2%	
Variance against Plan YTD	47023	48113	2.3%	
Year on Year YTD Growth			7.4%	See above.
<b>Admitted Patient Care (Specific Acute) SUS (TNR)</b>				
Elective Day case spells				
Elective Ordinary spells				
<b>Total Elective spells (in month)</b>	2053	2115	3.0%	Local monitoring of activity suggests the variance against plan both in month and year to date is within the 3% threshold, with June showing 1% increase and the year to date position at 0%.
Variance against Plan YTD	5758	5964	3.6%	
Year on Year YTD Growth			1.8%	
<b>Urgent &amp; Emergency Care</b>				
Type 1	-	4154	-	
Year on Year YTD			4.1%	Local monitoring of activity shows A&E activity in line with plan both in month and year to date. Both time periods show a less than 1% increase. Type 1 attendances show a slight increase in month against 2016/17 activity at 2%, and year to date at 4%.
<b>All types (in month)</b>	8989	8430	-6.2%	
Variance against Plan YTD	27772	25903	-6.7%	
Year on Year YTD Growth			4.7%	
<b>Total Non Elective spells (in month)</b>	1630	1705	4.6%	The increase in June is located in Aintree and Alder Hey Trusts, with Aintree seeing higher numbers in General Medicine and General Surgery. Alder saw an increase in Accident & Emergency as well as Paediatric Surgery. The Emergency admission numbers are within the statistical norm and year to date the CCG is just over 1% above plan.
Variance against Plan YTD	5013	5032	0.4%	
Year on Year YTD Growth			0.4%	

## Appendix – Summary Performance Dashboard

Metric	Reporting Level	2017-18												YTD	
		Q1			Q2			Q3			Q4				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
<b>Preventing People from Dying Prematurely</b>															
<b>Cancer Waiting Times</b>															
<b>191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</b> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G	G	R									R	
		Actual	93.573%	94.653%	83.002%										89.91%
		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%
<b>1879: % Patients seen within two weeks for an urgent GP referral for suspected cancer (QUARTERLY)</b> The % of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	R											R	
		Actual	89.917%					-						89.917%	
		Target	93.00%					93.00%			93.00%			93.00%	
<b>17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</b> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	G	R	R									R	
		Actual	93.846%	86.486%	84.416%									87.963%	
		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%	
<b>1880: % of patients seen within 2 weeks for an urgent referral for breast symptoms (QUARTERLY)</b> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	R											R	
		Actual	87.963%					-						87.963%	
		Target	93.00%					93.00%			93.00%			93.00%	
<b>535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</b> 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									G	
		Actual	100.00%	98.507%	97.143%									98.515%	
		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%	
<b>1881: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (QUARTERLY)</b> 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	
		Actual	98.537%					-						98.537%	
		Target	96.00%					96.00%			96.00%			96.00%	













