



**South Sefton**  
Clinical Commissioning Group

# **South Sefton Clinical Commissioning Group**

## Integrated Performance Report August 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 5 (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)	Red	Aintree
Cancer 2 Week GP Referral	Red	Aintree
RTT 18 Week Incomplete Pathway	Green	Aintree
<b>Other Key Targets</b>	<b>CCG</b>	<b>Main Provider</b>
A&E 4 Hour Waits (Type 1)	Red	Aintree
Cancer 14 Day Breast Symptom	Red	Aintree
Cancer 31 Day First Treatment	Green	Aintree
Cancer 31 Day Subsequent - Drug	Green	Aintree
Cancer 31 Day Subsequent - Surgery	Green	Aintree
Cancer 31 Day Subsequent - Radiotherapy	Green	Aintree
Cancer 62 Day Standard	Red	Aintree
Cancer 62 Day Screening	Green	Aintree
Cancer 62 Day Consultant Upgrade	Green	Aintree
Diagnostic Test Waiting Time	Red	Aintree
Early Intervention in Psychosis (EIP)	Green	
HCAI - C.Diff	Green	Aintree
HCAI - MRSA	Red	Aintree
IAPT Access - Roll Out	Red	
IAPT - Recovery Rate	Red	
Mixed Sex Accommodation	Green	Aintree
RTT 18 Week Incomplete Pathway	Green	Aintree
RTT 52+ week waiters	Green	Aintree
Stroke 90% time on stroke unit		Aintree
Stroke who experience TIA		Aintree
NHS E-Referral Service Utilisation	Red	
Ambulance - Category One*		
Ambulance - Category Two*		
Ambulance - Category Three*		
Ambulance - Category Four*		

\*August ambulance data is unavailable at present. Provisional data for these new indicators anticipated in October

## Key information from this report

### 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 6, £0.936m QIPP savings have been achieved.

The year to date financial position is a deficit of £0.750m which is deterioration against the planned deficit of £0.250m. The full year forecast financial position is breakeven. This position represents the best case scenario and is reliant on QIPP plans to be delivered in full. It must be noted that significant risk exists in terms of delivering these plans in full.

### 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 with the total number of referrals within this month representing the lowest monthly total from April 2015 onwards. Referrals increased in May 2017 and were above average but this has been followed by three consecutive monthly decreases in activity. GP referrals in 2017/18 to date are 7.1% down on the equivalent period in the previous year. There have been significant reductions in GP referrals to Gastroenterology, Trauma & Orthopaedics and Dermatology. Consultant to consultant referrals are currently 2.7% higher when comparing to 2016/17 with General Medicine and Clinical Physiology seeing substantial increases.

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 (August) for E-referral Utilisation rates reported is 19%; this is the same as the previous month.

In August the CCG has failed the under 1% of patients waiting over 6 weeks for a diagnostic test, out of 2415 patients 155 waited over 6 weeks with 17 waiting over 13 weeks recording 6.42%. The majority of long waiters were for Gastroscopy (56). Aintree failed the under 1% of patients waiting over 6 weeks for a diagnostic test in August recording 5.51%, out of 4643 patients 256 waited over 6 weeks and 11 over 13 weeks, 88 waiting for gastroscopy. Endoscopy has continued to experience ongoing pressure throughout August which has increasingly challenged waiting times. The department has continued to prioritise cancer and urgent referrals which has made it difficult to support non-urgent 6 week performance targets. The position is consistent with reporting throughout Q1 and Q2 as a result of a lack of endoscopists due to long term sickness, maternity leave and annual leave.

Aintree had 1 cancelled operation on or after the day of admission due to lack of theatre time, this highly complex patient could only be undertaken by a particular surgeon, surgery was rescheduled and has now taken place.

The CCG are failing 3 of the 9 cancer measures year to date. These include both of 2 week measures, although the 2 week wait recorded 95% in August it is still failing year to date recording 92.28% due to the previous months breaches. 2 week breast also achieved the target and recorded 93.18% but again are failing year to date 89.27% due to previous months breaches. Lastly the CCG failed the 62 day standard recording 80% and are now failing year to date reaching 84.67%. Aintree failed 4 of the 9 cancer measures year to date. Firstly also 2 week breast in August recording 92.04% and year to date 90.34% and 62 day upgrade year to date 84.09%, 62 day screening recording 86.36% year to date and lastly the 62 day standard recording 84.25% year to date. 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 reporting under target for August at 17% (and have been for all of 2017/18 so far). The proportion of patients who would recommend is down 1% from last month recording 95% (England average 96%) the proportion who would not recommend is also the same as last month at 2%, which is the same as the England average.

Performance at Month 5 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG show an under performance of -£496k/2.4%. 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 -£105k/0.05%.

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 90% August plan agreed with NHS Improvement recording performance of 82.3% (for all A&E department types) in August 2017. However this performance represented a +1.52% increase compared to July 2017. There was also a decline in performance noted across 3 out of the 5 AED clinical quality indicators, with the 15 minutes registration to triage indicator being met consistently.

In August NWS went live with the implementation of the Ambulance Response Programme (ARP). Early indications are showing a positive impact with more time to assess the calls resulting in the right vehicle response being dispatched first time and reduced number of vehicles being stood down; there have been improvements in ambulance utilisation and reductions in the long waits for lower acuity calls.

The number of calls in August 2017 remains similar to the previous month. The number of calls to 111 remains at a similar level to the same point in the previous year for South Sefton residents.

The number of calls from South Sefton patients to the GP OOH service has risen slightly in August 2017 to 1,025. When compared to 2016/17, there have been 500 more calls so far in the first 5 months year to date. GP OOH calls from nursing homes within South Sefton have reduced slightly for to 59 for August 2017. When compared to the same point in the previous year, year to date 2017/18 has received 230 more calls to nursing homes, an increase of 135%.



In August Aintree failed the 80% target for patients spending 90% of their time on a stroke unit recording 62.2%. This is a decline from the previous month when the Trust recorded 57.1%. Out of a total of 37 patients only 23 spent more than 90% of their stay on a stroke unit the standard was not reached for 14 patients. The Trust continues to achieve the TIA measure.

The CCG achieved their C.difficile plans for August. Aintree had 9 new cases reported in August (32 year to date, 10 case have been upheld) which is over their year to date plan of 19. 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 but had no new cases in August. NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2017/18 which is 142 for South Sefton CCG, in August there were 12 cases bringing the year to date total to 59 which is over the 55 year to date plan. There are no targets set for Trusts at present.

There are a total of 66 serious incidents open on StEIS where South Sefton CCG are either responsible or accountable commissioner. Of the 66, 29 are applicable to Liverpool Community Health (LCH), 22 for Mersey Care NHS Foundation Trust (MCFT) and 5 for Aintree University NHS Foundation Trust (UHA).

NHS England has removed the patient snapshot measure from their Delayed Transfers of Care (DTC) data collection. The average number of delays per day in the month will be reported going forward. The average number of delays per day in Aintree hospital increased in August to 28, 18 reported in July (35.7%). Analysis of average delays in August 2017 compared to August 2016 shows an increase in the average number of patients from 28 to 27 (3.7%). The average number of delays per day at MerseyCare increased to 41 in August from 36 the previous month. Analysis of average delays in August 2017 compared to August 2016 shows them to be lower by 1.

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%; from June onwards there was an improvement and for the last 3 months the trust has been back over the 15% target, August reporting 16%. The percentage of people that would recommend A&E is lower than the England average again reporting 83% in August; this is an improvement from last month when 78% was recorded. The not recommended percentage is at 11% in August which again has shown an improvement as 14% was recorded previous month.

Performance at Month 5 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows a small over performance of circa £16k/0.1%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately -£171k/-0.8%. Royal Liverpool represents the highest over performing provider for unplanned care at month 5 with a year to date variance of £194k/23%. In contrast, Southport & Ormskirk is currently underperforming by £236k/18%.

## **Mental Health**

Out of the 3 Key Mental Health Performance Indicators 2 are achieving. For CPA followed up within 7 days of discharge there were 2 patients who were not followed up out of a total of 27 in August.

In terms of Improving Access to Psychological Therapies (IAPT), the provider reported 268 South Sefton patients entering treatment in Month 5, which is a decrease from the previous month when

315 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 361 Referrals in Month 5, which was a 7.9% decrease compared to the previous month when there were 392. Of these, 67.6% were Self-referrals which is comparable with the previous month (67.3%). GP Referrals were also maintained compared to the previous month with 67 compared to 68 for Month 4. 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 48.9% in Month 5, which is an increase from 44.3% for the previous month, and just 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 5 with 53 compared to 45 in Month 4.

The latest data on the HSCIC website shows that South Sefton CCG are recording a dementia diagnosis rate in August 2017 of 67.2% which has now achieved the national dementia diagnosis ambition of 67%. This is a significant improvement on 2016/17 rates which is partly due to a change in the methodology used by NHS Digital which is based on GP registered population instead of ONS population estimates.

The CCG has new plans for Improving Access to Children & Young People's Mental Health Services (CYPMH) and an update will be provided on a quarterly basis. NHS Digital have been contacted and stated that the data for Quarter 1 2017/18 should have been made available but has not to date. NHS Digital's publication schedule reports quarterly data 2 months behind quarter end.

### **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. An information sub group has been established and the group met on the 28th September. Activity reports submitted by the Trust (produced by Liverpool Community Health) were reviewed and issues with actions to be taken were discussed.

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 11.8% in August. Adult Dietetics also continues to report high rates at 17.5% in August. Diabetes is also showing an increase in DNA rates with 9% in August.

Provider Cancellation Rates: Treatment Rooms is reporting red (above 5% threshold) with 6.8%, a decline on last month's performance. Adult dietetics is showing a 40% rate with 44 provider cancellations out of just 66 appointments. The Trust has provided the following comments regarding the cancelled appointments for adult dietetics: *Scheduled work has been cancelled and rebooked at later date to accommodate more unstable domiciliary reviews work.*

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 August and show no sign of improvement.

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**

In August, 129 Sefton Road (Branch Surgery) was inspected by the CQC and 'requires improvement' in Safe and Well Led leading to an overall rating of 'requires improvement'.

### **Better Care Fund**

The Sefton Health and Wellbeing Board area submitted an overarching BCF narrative plan, a planning template (consisting of confirmation of funding contributions, scheme level spending plans, and national metrics) and supporting documents on 11th September 2017. Earlier in July local areas confirmed 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.

### **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 30 September 2017 (Month 6)

The month six position reflects the mid-year report and so the Finance Team have taken the opportunity during the month end closedown to review and reaffirm assumptions made in producing the financial statements.

A detailed analysis of the financial position was presented to NHS England on 9<sup>th</sup> October and the position reported at Month 6 is accepted as the best case scenario of breakeven with known risks and mitigations clearly identified.

The year to date financial position is a deficit of £0.75m. The full year forecast is breakeven. The CCG has a QIPP plan that seeks to address the requirement in 2017/18 to achieve the planned breakeven position. However, the risk adjusted plan indicates that there is a risk to delivery of the forecast out turn 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 six 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 is being progressed.
- Cost Pressures in respect of pass through payments for PbR excluded drugs and devices
- Full 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 six months of the financial year have not been delivered in full meaning that delivery of the CCG financial plan is at risk. QIPP opportunities in the current financial year are reduced as a result of the Acting as One contract agreement. This agreement protects the CCG against contract overperformance but also limits the resource available for efficiency savings.

The high level CCG financial indicators are listed below:

**Figure 1 – Financial Dashboard**

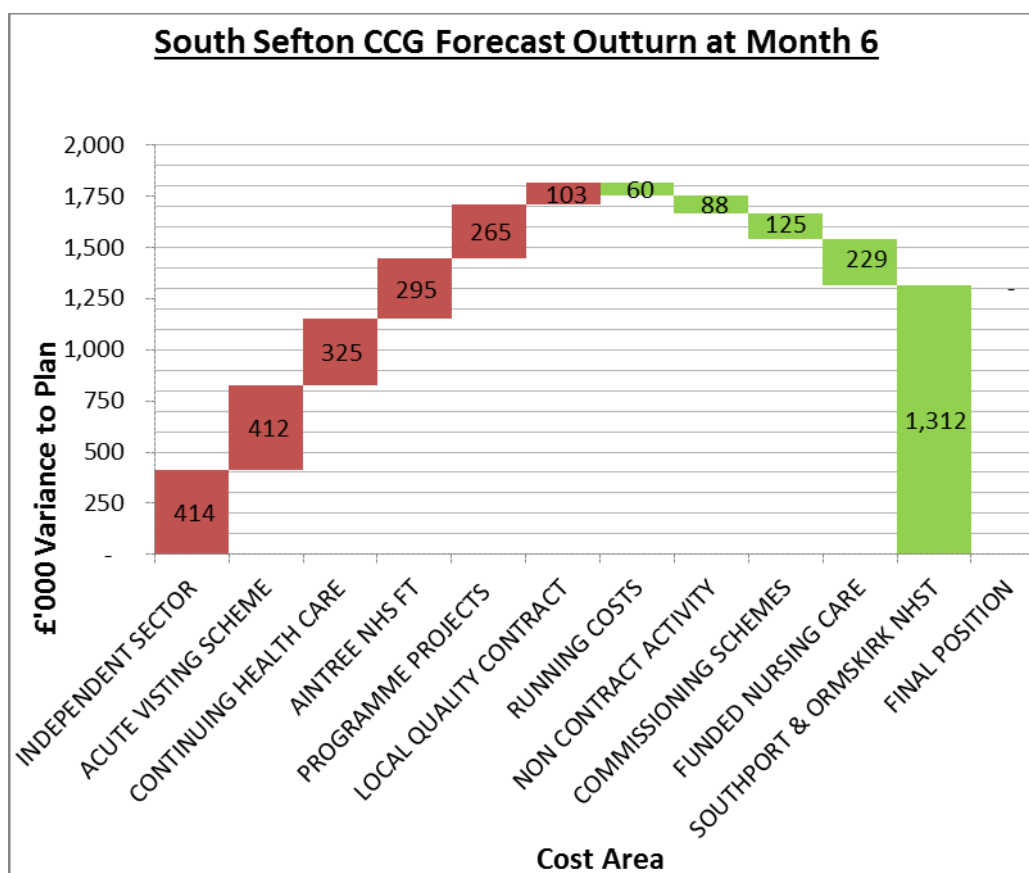
Key Performance Indicator		This Month
Business Rules	1% Surplus	✗
	0.5% Contingency Reserve	✓
	0.5% Non-Recurrent Reserve	✓
Breakeven	Financial Balance	✓
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£0.936m
Running Costs	CCG running costs < 2017/18 allocation	✓
BPPC	NHS - Value YTD > 95%	99.92%
	NHS – Volume YTD > 95%	96.05%
	Non NHS - Value YTD > 95%	97.83%
	Non NHS – Volume YTD > 95%	96.68%

- 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 £0.936m to date; this is £1.511m behind the planned delivery at Month 6.
- The forecast expenditure on the Running Cost budget is below the allocation by £0.060m for 2017/18.
- All BPPC targets have been achieved this month.

## 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, Confirmation of the Acute Visiting Scheme, Continuing Healthcare, Aintree NHS Foundation Trust and Programme Project costs.
- The forecast overspends relate to the following areas:
  - Overperformance at Spire and Ramsay hospitals
  - Full year costs for the Acute Visiting Scheme (AVS)
  - Cost pressures relating to Continuing Healthcare packages
  - Overspend for PbR excluded drugs and devices
  - Costs for referral management and prior approval services
- 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

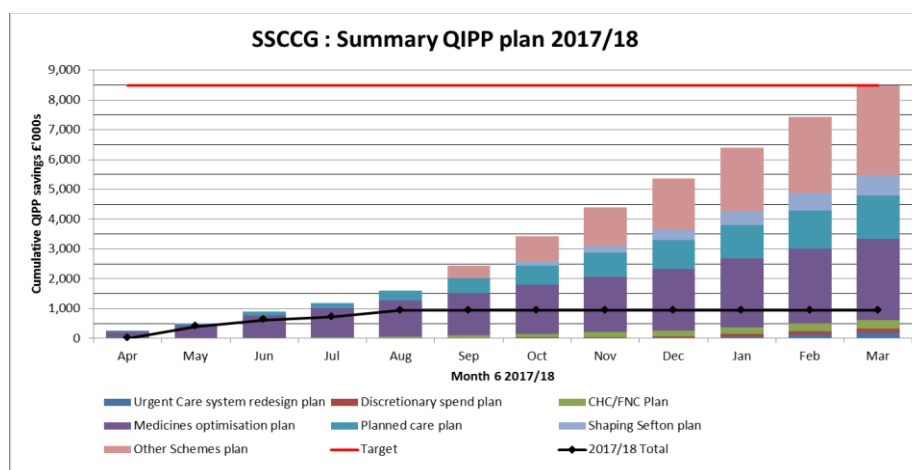
Figure 3 – Acting as One Contract Performance

Provider	Over/(Under) Performance £m
Aintree University Hospital NHS Foundation Trust	£0.111
Alder Hey Children’s Hospital NHS Foundation Trust	-£0.041
Clatterbridge Cancer Centre NHS Foundation Trust	£0.000
Liverpool Women’s NHS Foundation Trust	-£0.245
Liverpool Heart & Chest NHS Foundation Trust	£0.000
Royal Liverpool and Broadgreen NHS Trust	£0.294
Mersey Care NHS Foundation Trust	£0.000
The Walton Centre NHS Foundation Trust	-£0.095
<b>Grand Total</b>	<b>£0.024</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 overspend of £0.024m 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	0	281	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>2,675</b>	<b>281</b>	<b>5,524</b>	<b>8,480</b>
<b>QIPP Delivered 2017/18</b>				<b>(936)</b>		<b>0</b>	<b>(936)</b>

- The opening QIPP plan for 2017/18 was **£5.880m** Pressures have emerged in year as further work has established that the CCG has incurred a pressure of £1.300m as a result of the introduction of the new HRG4+ payment system. Finalisation of the new community contract has also created a pressure of £1.300m including £0.500m non-recurrent transitional support to the new provider.
- The revised QIPP target is **£8.480m** which incorporates the two additional pressures. A revised set of options to identify further savings will be presented to the Governing Body.
- The CCG has identified £0.936m QIPP savings at Month 6, the majority of this relates to savings within the prescribing budget.
- The risk rated QIPP plan 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 **£2.830m** which represents 100% of schemes rated Green and 50% of schemes rated Amber. A high proportion of the plan remains rated red, additional 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)	3.435	(3.403)	0.032
Reserves Budget	0.000	(0.032)	(0.032)
<b>Management action plan</b>			
QIPP Achieved	0.736	0.200	0.936
Remaining QIPP to be delivered	2.593	4.951	7.544
<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>3.435</b>	<b>(3.435)</b>	<b>0.000</b>



- The CCG forecast financial position is breakeven.
- The underlying position is a surplus of £3.435m. 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>(7.544)</b>	<b>(7.544)</b>	<b>(7.544)</b>
Predicted QIPP achievement	3.957	1.894	0.078
Planned Surplus			
<b>Forecast Surplus / (Deficit)</b>	<b>(3.280)</b>	<b>(5.343)</b>	<b>(7.159)</b>
Further Risk	(0.122)	(1.073)	(4.175)
Management Action Plan	3.402	3.222	1.952
<b>Risk adjusted Surplus / (Deficit)</b>	<b>0.000</b>	<b>(3.194)</b>	<b>(9.382)</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 current expenditure trends continue and this reduces the remaining QIPP requirement.
- The likely case is a deficit of **£3.194m** and assumes that QIPP delivery will be £2.830m in total with further risk and mitigations as per the best case scenario. The likely case has improved by £0.900m since the last months report; this is due to an agreed stretch target with NHS England of £0.500m and a reduction of risks relating to prescribing No Cheaper Stock Obtainable (NCSO) following discussions with NHS England following a deep dive review at Month 6. The stretch target is yet to be actioned and will be monitored for the remainder of the year.
- The worst case scenario is a deficit of **£9.382m** and assumes reduced QIPP delivery, additional risks in respect of elective activity and winter pressures.

## 2.6 CCG Cash Position

Figure 6 – Summary of working capital

	2016/17	2017/18					
	M12	M1	M2	M3	M4	M5	M6
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Non-Current Assets	14	14	14	14	14	14	14
Receivables	1,817	3,004	1,695	1,508	1,922	1,630	2,918
Cash	139	1,826	3,909	4,948	2,579	4,276	2,609
Payables & Provisions	(11,850)	(14,434)	(14,335)	(18,190)	(16,151)	(13,318)	(13,819)
Value of debt > 180 days old (6months)	76	75	75	75	75	74	87
BPPC (value)	98%	100%	100%	100%	99%	99%	100%
BPPC (volume)	96%	97%	96%	95%	93%	96%	96%

- 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 £87k. 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. 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 £241.602m at Month 6. The actual cash utilised at Month 6 was £121.840m which represents 50.4% of the total allocation. The balance of MCD to be utilised over the rest of the year is £119.762m.
- Performance against BPPC has been steadily improving. Work will continue to review performance to identify items which are incorrectly categorised and therefore affecting performance on a monthly basis.

## 2.7 Recommendations

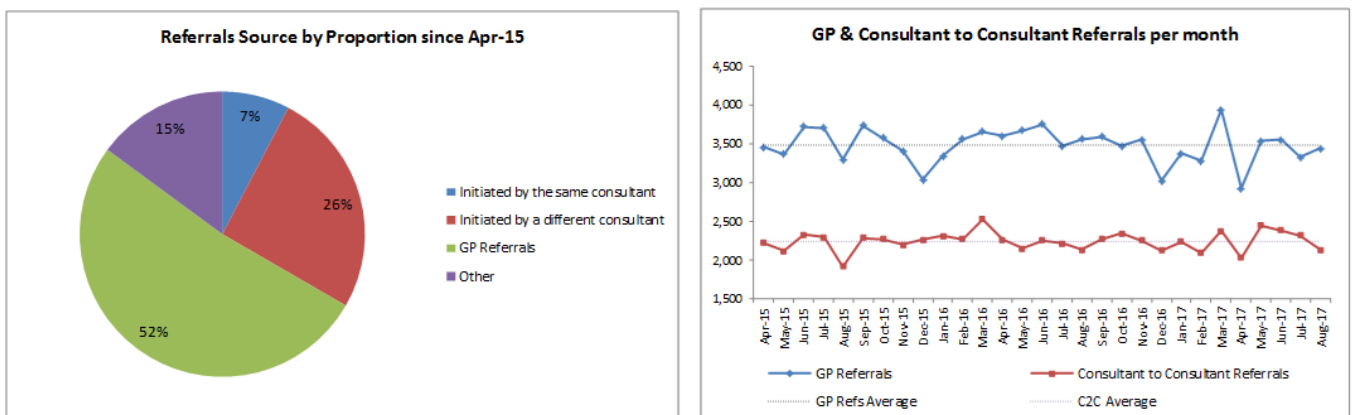
The Governing Body is asked to receive the finance update, noting that:

- The year to date financial position is a deficit of £0.750m. The forecast position is breakeven, which is dependent on recovery of this position in the latter half of the year. This represents the CCGs best case scenario, however, there are risks to the delivery of the QIPP plan and the CCGs most likely case scenario forecasts a deficit after risks and mitigations of £3.194m.
- The year to date planned QIPP savings for the first six months of the financial year (£2.447m) have not been achieved, delivery at month 6 is £0.936m, therefore at this stage; the CCG is below its financial plan.
- 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 Governing Body should consider further review of cost savings in order to develop a robust contingency plan to meet its statutory financial duty for the year.
- 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	Jul-17	Aug-17	1617 YTD	1718 YTD	Variance	% Variance
GP	03	GP Ref	2,923	3,530	3,546	3,327	3,433	18,042	16,759	-1,283	-7.1%
<b>GP Total</b>			<b>2,923</b>	<b>3,530</b>	<b>3,546</b>	<b>3,327</b>	<b>3,433</b>	<b>18,042</b>	<b>16,759</b>	<b>-1,283</b>	<b>-7.1%</b>
Other	01	following an emergency admission	149	146	139	135	133	717	702	-15	-2.1%
	02	following a Domiciliary Consultation	0	3	3	5	8	1	19	18	0.0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	419	426	376	410	365	2,161	1,996	-165	-7.6%
	05	A CONSULTANT, other than in an Accident and Emergency Department	1,148	1,508	1,490	1,382	1,315	6,317	6,843	526	8.3%
	06	self-referral	252	272	259	253	254	1,351	1,290	-61	-4.5%
	07	A Prosthetist	0	1	0	0	0	9	1	-8	-88.9%
	08	Royal Liverpool Code (TBC)	74	59	83	66	102	337	384	47	13.9%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	122	138	148	125	106	478	639	161	33.7%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	190	226	223	257	201	1,329	1,097	-232	-17.5%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	5	5	2	2	4	27	18	-9	-33.3%
	13	A Specialist NURSE (Secondary Care)	8	4	5	6	6	16	29	13	81.3%
	14	An Allied Health Professional	131	212	164	144	134	723	785	62	8.6%
	15	An OPTOMETRIST	1	1	4	5	0	6	11	5	83.3%
	16	An Orthoptist	0	1	0	1	0	2	2	0	0.0%
	17	A National Screening Programme	3	2	1	13	1	9	20	11	122.2%
	92	A GENERAL DENTAL PRACTITIONER	137	142	165	193	180	749	817	68	9.1%
93	A Community Dental Service	0	0	0	0	0	2	0	-2	-100.0%	
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	248	332	344	390	349	1,599	1,663	64	4.0%	
<b>Other Total</b>			<b>2,887</b>	<b>3,478</b>	<b>3,406</b>	<b>3,387</b>	<b>3,158</b>	<b>15,833</b>	<b>16,316</b>	<b>483</b>	<b>3.1%</b>
Unknown			1		1			0	2	2	#DIV/0!
<b>Grand Total</b>			<b>5,811</b>	<b>7,008</b>	<b>6,953</b>	<b>6,714</b>	<b>6,591</b>	<b>33,875</b>	<b>33,077</b>	<b>-798</b>	<b>-2.4%</b>

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 with the total number of referrals within this month representing the lowest monthly total from April 2015 onwards. Referrals increased in May 2017 and were above average but this has been followed by three consecutive monthly decreases in activity.

GP referrals in 2017/18 to date are 7.1% down on the equivalent period in the previous year. There have been significant reductions in GP referrals to Gastroenterology, Trauma & Orthopaedics and Dermatology. Consultant to consultant referrals are currently 2.7% higher when comparing to 2016/17 with General Medicine and Clinical Physiology seeing substantial increases.

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

Data quality note: Walton Neuro Centre has been excluded from the above analysis due to data quality issues. 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 - August	80% by End of Q2 2017/18 & 100% by End of Q2 2018/19	19.00%	↔

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 (August) for E-referral Utilisation rates reported is 19%; this is the same as 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 - August	1.00%	6.42%	↑
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	17/18 - August	1.00%	5.51%	↑

In August the CCG has failed the under 1% of patients waiting over 6 weeks for a diagnostic test, out of 2415 patients 155 waited over 6 weeks with 17 waiting over 13 weeks recording 6.42%. The majority of long waiters were for Gastroscopy (56). There has also been an impact on the performance of this indicator for the CCG by the Royal Liverpool Broadgreen who are failing this target significantly recording 21.8% in August.

Aintree failed the under 1% of patients waiting over 6 weeks for a diagnostic test in August recording 5.51%, out of 4643 patients 256 waited over 6 weeks and 11 over 13 weeks, 88 waiting for gastroscopy.

Endoscopy has continued to experience ongoing pressure throughout August which has increasingly challenged waiting times. The department has continued to prioritise cancer and urgent referrals which has made it difficult to support non-urgent 6 week performance targets. The position is consistent with reporting throughout Q1 and Q2 as a result of a lack of endoscopists due to long term sickness, maternity leave and annual leave.

#### Proposed Actions:

- Additional WLI activity continues to support the recovery of performance. This is expected to improve the position in Q3.

- Agency consultant locum recruited and to commence September; Nurse Endoscopist recruited and to commence October; Staff to return from sickness by October. An additional 10 lists per week are scheduled in October and 19 per week in November.
- A recovery and sustainability plan has been drafted and is reviewed on a weekly basis by the DDO Surgery.
- Weekly capacity meetings continue to be chaired by CBM with operational and clinical teams in order to maximise the utilisation of capacity.
- Admin and Clerical Review highlighted sufficient capacity when a full complement. 1 WTE starts October, leaving just 1 WTE gap for maternity leave, covered by bank staff.
- Unisoft Add In – discussions ongoing with Unisoft Medical Systems. Training aborted in September due to Unisoft technical issues with latest version, rescheduled for October.
- Endoscopy recovery meetings chaired by the DDO have commenced in August 2017. Activity against plan and DNA rates are discussed in detail. Weekly actions are monitored for recovery.

Radiology continues to experience considerable increase in demand for Imaging (CT Cardiac, MR Cardiac, MR MSK and Ultrasound MSK), Demand in excess of funded capacity.  
MR wait has increased from 6.7% in August to 7.3% in September.  
CT wait has increased from 7.5% in August to 7.8% in September.

Proposed Actions:

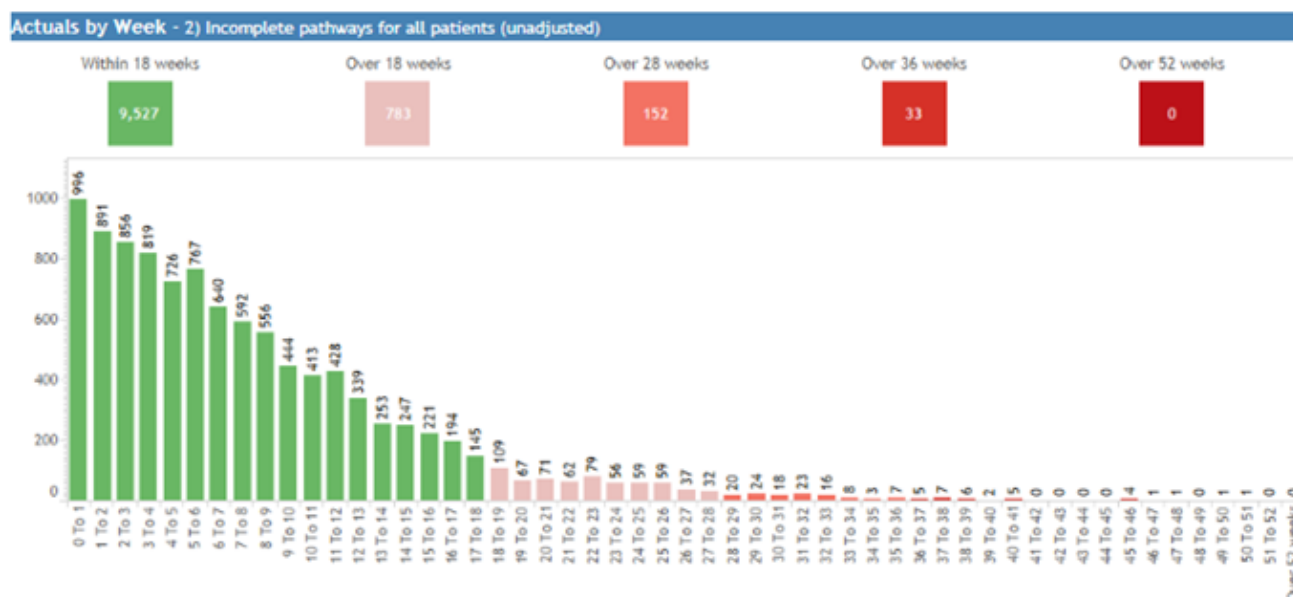
- MR referrals have been verified by the Cardiology MR lead and a small number returned as considered no longer required. Cardiology CD verified CT referrals and reduced the backlog by 35% the reduction of patients waiting will show in next stats. Increase in CT cardiac referral was interrogated and linked to several practice changes. Options discussed looking at the possibility of outside providers to reduce the backlog. Discussion with Deputy Director of Finance to establish current demand.
- Engagement of Mobile MR scanning service to complete routing scans, releasing capacity 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. This is limited as small core group of Radiologists with the required skill-set and available to commit to. Requirement for WLI's identified at weekly performance meeting and authorised through the Divisional Resource Panel.
- 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. <b>(CCG)</b>	17/18 - August	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. <b>(Aintree)</b>	17/18 - August	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% <b>(CCG)</b>	17/18 - August	92%	92.41%	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% <b>(Aintree)</b>	17/18 - August	92%	92.2%	↔

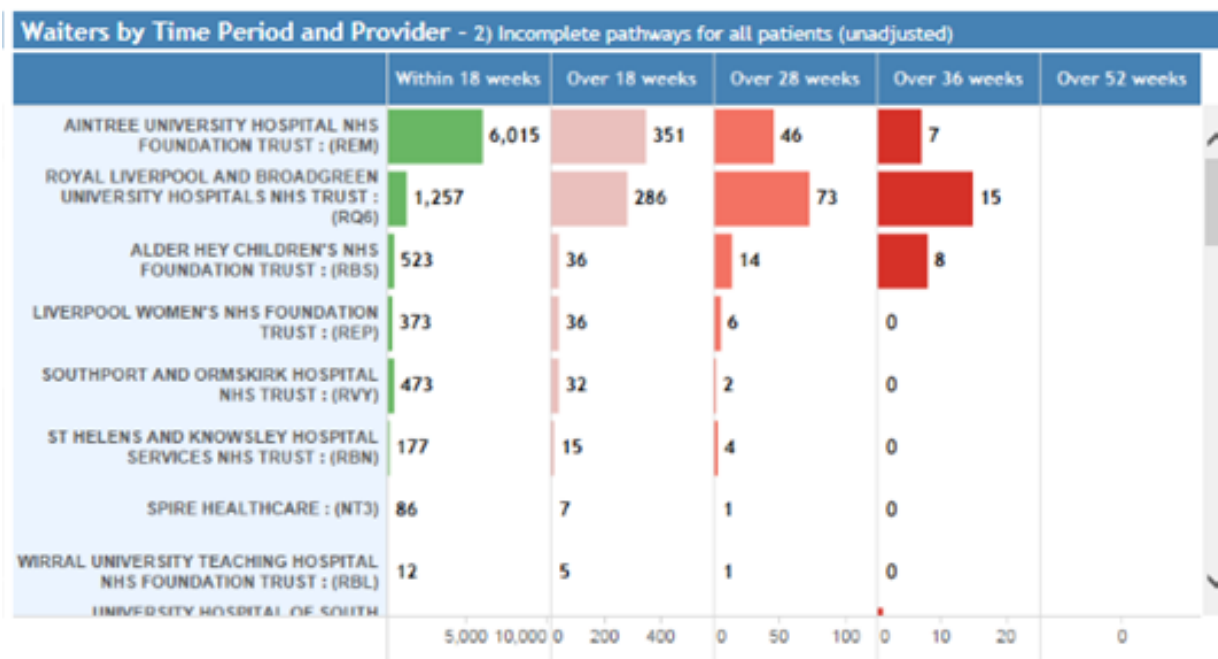
#### 3.3.1 Incomplete Pathway Waiting Times

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



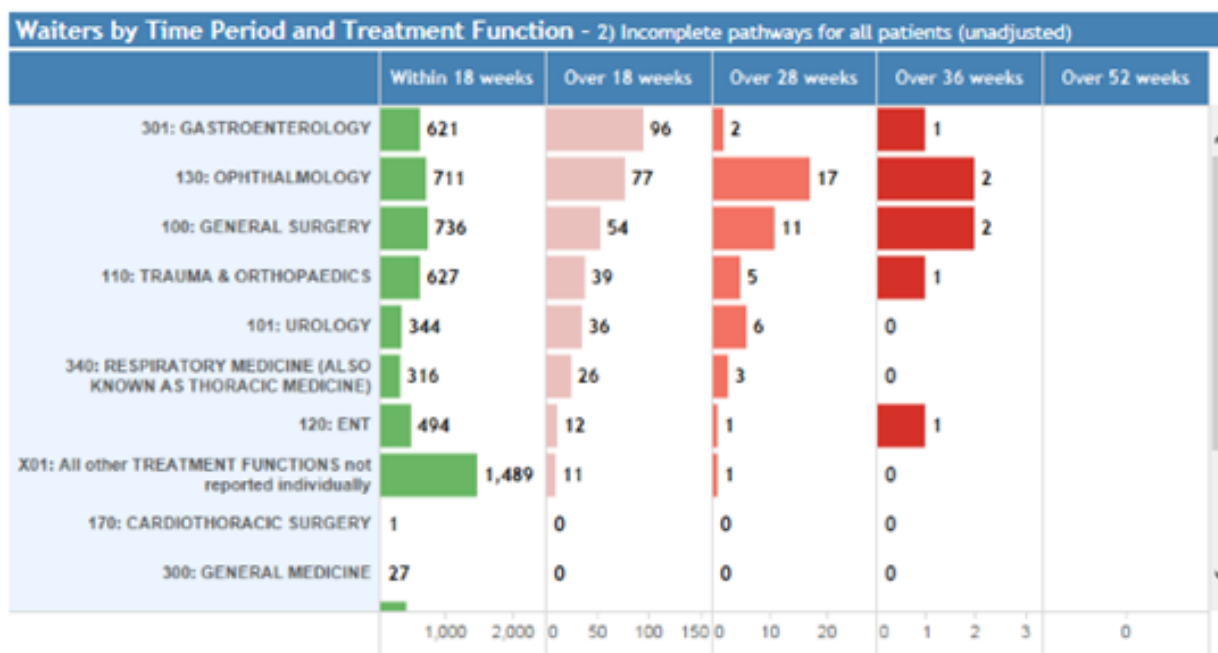
### 3.3.2 Long Waiters analysis: Top 5 Providers

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



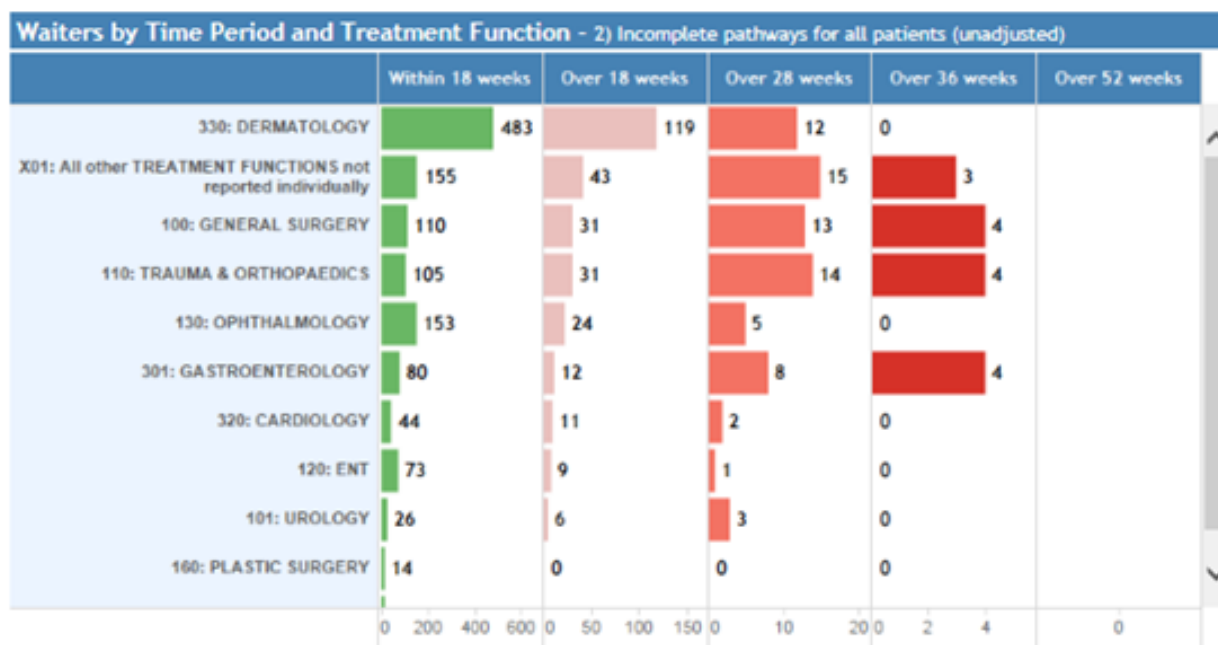
### 3.3.3 Long Waiters Analysis: Top 2 Providers split by Specialty

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





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



### 3.3.4 Provider assurance for long waiters

Trust	Specialty	Wait band	Has the patient been seen/has a TCI date?	Detailed reason for the delay
Aintree	General Surgery	40	TCI 03/10/2017	Capacity issue
Royal Liverpool & Broadgreen	General Surgery	40	Treatment no longer required, no longer on waiting list	Capacity
Royal Liverpool & Broadgreen	T&O	45	Treatment no longer required, no longer on waiting list	Capacity
Royal Liverpool & Broadgreen	T&O	46	Treatment no longer required, no longer on waiting list	Capacity
Royal Liverpool & Broadgreen	General Surgery	47	Treatment no longer required, no longer on waiting list	Capacity
Royal Liverpool & Broadgreen	Gastroenterology	49	Treatment no longer required, no longer on waiting list	Capacity
Royal Liverpool & Broadgreen	General Surgery	50	Treatment no longer required, no longer on waiting list	Capacity
Alder Hey	All Other	40	Seen and treated	Paed Audiology
Alder Hey	All Other	40	Has a OPD Appt date	Paed Audiology
Alder Hey	All Other	40	Has a OPD Appt date	Paed Audiology
South Manchester	Cardiology	45	Treated TCI 04-09-2017	Delay to TCI
Robert Jones	T&O	45	Yes - 23.10.17	Spinal Disorders is a Nationally Pressured area
Robert Jones	T&O	45	Yes - 10.9.17	Pt treated 10.9.17

Royal Liverpool & Broadgreen did not achieve the 92% incomplete Referral to Treatment (RTT) target for the month of August 2017, (85.70%). Challenges remain the same as previously reported within General Surgery, Trauma & Orthopaedics, Ophthalmology, Urology, Dermatology, and Gastroenterology. ENT and Cardiology have now also dropped below the target and challenges within the following specialties (Allergy, Paediatric Dentistry, and Respiratory Medicine) are resulting in the 'Other' category failing the target.

### 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 - August	0	1	1 ↔

During August 2017 there were 21 patients cancelled on the day of surgery for non-clinical reasons. With the exception of 1 patient, they were all rescheduled within 28 days. This patient was cancelled due to lack of theatre time due to a previous case taking longer than planned. The patient was highly complex and could only be undertaken by a particular surgeon. Due to the surgeon's annual leave, the high volume of cancer patients and also based on clinical priority, this patient could not be accommodated within 28 days following cancellation. Surgery was rescheduled and took place on 08/08/17; 3 days post the 28 day deadline on the surgeon's return from leave.

#### Proposed actions:

- 28 days cancellations given priority apart from more clinically urgent patients. There have been discussions around priority booking with all medical secretaries and the need to escalate if there are patients who cannot be accommodated.
- Exception report to be produced by BI team on a weekly basis to ensure that all on the day cancelled patients are tracked by the operational teams to ensure that patients are readmitted within 28 days.

#### 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 - August	0	0	1 ↔

### 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 - August	93%	92.28%	↑
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 - August	93%	94.47%	↔
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 - August	93%	89.27%	↑
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 - August	93%	90.34%	↑

The CCG achieved the 93% target in August reaching 95.16% for 2 week wait for first outpatient appointment, but are still failing year to date recording 92.28% due to the breaches in June. In August there were 29 breaches out of a total of 599 patients. The majority of breaches are due to patient choice, holidays and capacity issues. The longest wait was 37 days.

The CCG also achieved the 93% target for August reaching 93.18% but again are failing year to date recording 89.27% for 2 week wait for first outpatient appointments for patients referred urgently with breast symptoms. In August there were 6 breaches out of a total of 88 patients, longest wait being 30 days at Aintree, all breaches due to patient choice and patient holidays.

Aintree also failed the 93% breast target for August reaching 92.04% and year to date (90.34%). In August this amounted to 18 breaches out of 226 treatments. This was due to annual leave, insufficient planned activity and patient choice.

Actions:

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

The CCG has scheduled a Protected Learning Time event with General Practice staff in November 2017. This session will include advice on how best to support and manage this group of patients, and the importance of delivering timely and effective messages to patients about the timescale for appointments. Recovery for two week symptomatic breast and two week suspected cancer is anticipated by Q2 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 - August	96%	98.40%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(Aintree)</b>	17/18 - August	96%	98.48%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(CCG)</b>	17/18 - August	94%	98.46%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(Aintree)</b>	17/18 - August	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(CCG)</b>	17/18 - August	94%	98.46%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(Aintree)</b>	17/18 - August	94%	94.78%	↓
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(CCG)</b>	17/18 - August	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 - August	98%	100.00%	↔

### 3.5.3 - 62 Day Cancer Waiting Time Performance

Cancer waits – 62 days				
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	17/18 - August	85% local target	94.55%	↓
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (Aintree)	17/18 - August	85% local target	84.09%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	17/18 - August	90%	94.44%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	17/18 - August	90%	86.36%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	17/18 - August	85%	84.67%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	17/18 - August	85%	84.25%	↓

Aintree failed the local 85% target in August for 62 day wait for definitive treatment following consultant's decision to upgrade recording 75% and therefore failing year to date (84.09%). In August the equivalent 5 out of 20 patients breaches the target. Longest wait was 190 days, the delay was due to the patient refusing initial treatment plan.

Aintree failed the 90% target for 62 day screening in August with a half patient breach out of a total of 3 patients recording 83.33% and are failing year to date reaching 86% partly due to previous breaches. This lower gastro patient waited 65 day's with the reason for breach being time taken to date the patient for theatre.

The CCG failed the 85% target in August for 2 month wait from urgent GP referral to first definitive treatment reaching 80% and are now failing year to date reaching 84.67%. In August there were 6 breaches out of a total of 30 patients. Aintree also failed this measure recording 80.81%, and now also failing year to date 84.25%. In August the equivalent of 9.5 breaches out of a total of 49.5 patients occurred. Latest projections suggest that the 85% standard will not be achieved for Quarter 2.




#### Actions:

- Continued monitoring and intervention by the Clinical Business Units to manage the patient pathway and remove any barriers which maybe 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: Aug-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%	17.0%		96%	95%		2%	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 reporting under target for August at 17% (and have been for all of 2017/18 so far). The proportion of patients who would recommend is down 1% from last month recording 95% (England average 96%) the proportion who would not recommend is also the same as last month at 2%, which is the same as the England average.

Plans are in place for the Trust to present an update on their FFT and patient experience later in the year to the CCG Engagement and Patient Experience Group (EPEG).

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

Performance at Month 5 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG show an under performance of -£496k/2.4%. 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 -£105k/0.05%.

At specific over performing Trusts, Renacres are reporting the largest cost variance with a total of £79k/11% followed by Royal Liverpool (£73k/3%).

**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	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	73,350	72,593	-757	-1%	£12,721	£12,475	-£246	-2%	£246	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	5,708	5,827	119	2%	£718	£684	-£34	-5%	£34	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	504	593	89	18%	£172	£197	£25	15%	-£25	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	6,642	6,150	-492	-7%	£1,261	£1,150	-£111	-9%	£111	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	12,861	13,924	1,063	8%	£2,156	£2,229	£73	3%	-£73	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	1,294	1,250	-44	-3%	£416	£317	-£99	-24%	£99	£0	0.0%
ACTING AS ONE TOTAL	100,357	100,337	-20	0%	£17,443	£17,052	-£392	-2%	£392	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	36	115	79	221%	£9	£25	£16	172%	£0	£16	172%
COUNTNESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	60	60	0%	£0	£6	£6	0%	£0	£6	#DIV/0!
FAIRFIELD HOSPITAL	79	57	-22	-27%	£21	£12	-£9	-43%	£0	-£9	-43%
ISIGHT (SOUTHPORT)	213	214	1	0%	£50	£41	-£9	-18%	£0	-£9	-18%
RENACRES HOSPITAL	2,606	2,604	-2	0%	£733	£811	£79	11%	£0	£79	11%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	6,224	5,457	-767	-12%	£1,159	£946	-£213	-18%	£0	-£213	-18%
SPIRE LIVERPOOL HOSPITAL	990	1,197	207	21%	£307	£363	£55	18%	£0	£55	18%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	1,505	1,853	348	23%	£420	£378	-£42	-10%	£0	-£42	-10%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	224	207	-17	-7%	£58	£58	£0	0%	£0	£0	0%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	45	56	11	23%	£7	£10	£4	53%	£0	£4	53%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	45	45	0%	£0	£5	£5	0%	£0	£5	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	189	143	-46	-24%	£50	£36	-£14	-28%	£0	-£14	-28%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	489	617	128	26%	£198	£215	£17	9%	£0	£17	9%
ALL REMAINING PROVIDERS TOTAL	12,599	12,625	26	0%	£3,011	£2,906	-£105	-3%	£0	-£105	-3%
<b>GRAND TOTAL</b>	<b>112,956</b>	<b>112,962</b>	<b>6</b>	<b>0%</b>	<b>£20,454</b>	<b>£19,958</b>	<b>-£496</b>	<b>-2.4%</b>	<b>£392</b>	<b>-£105</b>	<b>-0.5%</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	5,960	5,236	-724	-12%	£3,545	£3,390	-£155	-4%
Elective	829	688	-141	-17%	£2,347	£2,211	-£136	-6%
Elective Excess BedDays	274	195	-79	-29%	£66	£47	-£19	-29%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	178	83	-95	-53%	£37	£18	-£19	-51%
OPFANFTF - Outpatient first attendance non face to face	1,028	1,495	467	45%	£29	£39	£10	33%
OPFASPCL - Outpatient first attendance single professional consultant led	13,434	12,641	-793	-6%	£2,110	£2,061	-£49	-2%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	578	401	-177	-31%	£49	£42	-£7	-15%
OPFUPNFTF - Outpatient follow up non face to face	1,322	3,844	2,522	191%	£32	£93	£61	191%
OPFUPSPCL - Outpatient follow up single professional consultant led	33,854	31,469	-2,385	-7%	£2,332	£2,256	-£76	-3%
Outpatient Procedure	9,445	9,787	342	4%	£1,249	£1,273	£24	2%
Unbundled Diagnostics	5,857	6,079	222	4%	£473	£538	£65	14%
Wet AMD	591	675	84	14%	£452	£509	£57	13%
<b>Grand Total</b>	<b>73,350</b>	<b>72,593</b>	<b>-757</b>	<b>-1%</b>	<b>£12,721</b>	<b>£12,475</b>	<b>-£246</b>	<b>-2%</b>

Non face to face activity (both first and follow up attendances) are reporting an over performance within planned care at month 5 with the majority of other areas within outpatients currently under performing (the exception being outpatient procedures). The over performance for non-face to face activity is focussed particularly within Ophthalmology, Dermatology and Cardiology.

Unbundled diagnostics is the highest over performing POD in planned care with a cost variance of £65k/14% against plan.

Cardiology is showing the largest cost variance at month 5 (£439k/71.9%). 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 £305k/18% against plan.

Overall, year to date costs for planned care PODs at Aintree University Hospital are currently £246k/2% down against plan at month 5. 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 5:



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	524	423,876	7	21,400	34	8,105	49	(£16,059)	158	(£24,285)	228	26,565	1,001	439,603
Colorectal surgery	-18	(£1,877)	-3	114,908	-133	(£31,284)	2	(£5,570)	173	9,128	22	2,810	42	88,115
Geriatric medicine	4	(£50)	1	(£7,160)	-3	(£519)	134	36,930	258	34,772	9	1,152	403	65,125
Acute internal medicine	3	602	-1	(£4,999)	-8	(£1,938)	612	62,972	48	5,227	-35	(£4,981)	619	56,884
Nephrology	4	189	2	5,854	-0	66	157	41,922	-132	(£15,123)	6	712	38	33,619
Ent	-11	(£8,864)	-11	(£11,120)	16	3,822	-17	(£2,101)	5	488	455	49,362	437	31,588
Hepatobiliary & pancreatic surgery	13	18,331	5	9,961			1	1,026	-0	127			19	29,445
Physiotherapy							-116	(£5,617)	916	30,102			800	24,485
Transient ischaemic attack							110	33,577	-14	0	-103	(£13,033)	-7	20,544
Interventional radiology	21	28,700	-3	(£5,709)			-4	(£644)	30	2,519	-10	(£8,488)	34	16,379
Cardiothoracic surgery							-3	(£1,071)	-39	(£5,823)	-1	(£124)	-42	(£7,018)
Vascular surgery	-2	671	1	1,675			-62	(£11,831)	-20	(£1,656)	-6	(£701)	-89	(£11,842)
Clinical haematology	-309	(£40,199)	-8	(£9,599)	-21	(£5,966)	-82	(£20,738)	365	41,340	0	102	-54	(£35,060)
Anticoagulant service									-2,022	(£52,081)			-2,022	(£52,081)
Dermatology	-34	(£17,031)					-349	(£48,242)	495	(£109)	-387	(£36,566)	-274	(£101,947)
General surgery	-47	(£68,190)	-23	(£29,298)	1	183	-50	(£8,400)	-85	(£6,187)	-3	(£372)	-207	(£112,264)
Ophthalmology	-206	(£157,246)	1	(£108)	5	1,266	-193	(£28,174)	531	(£1,937)	395	39,862	533	(£146,338)
Urology	-120	(£42,411)	-23	(£62,854)	22	5,019	-238	(£35,191)	-43	(£2,724)	-112	(£21,758)	-514	(£159,918)
Trauma & orthopaedics	-120	(£144,133)	-36	(£56,635)	30	7,027	-57	(£8,991)	-192	(£11,750)	-252	(£31,052)	-628	(£245,534)
Gastroenterology	-459	(£185,547)	-17	(£43,427)	-19	(£4,677)	-213	(£41,905)	-498	(£28,945)	-11	(£1,216)	-1,218	(£305,717)
<b>Grand Total</b>	<b>-724</b>	<b>(£155,407)</b>	<b>-141</b>	<b>(£135,845)</b>	<b>-79</b>	<b>(£19,356)</b>	<b>-421</b>	<b>(£58,448)</b>	<b>-40</b>	<b>(£22,725)</b>	<b>342</b>	<b>23,665</b>	<b>-1,062</b>	<b>(£368,116)</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	387	354	-33	-9%	£281	£213	£-67	-24%
Elective	82	74	-8	-9%	£229	£175	£-54	-24%
Elective Excess BedDays	14	0	-14	-100%	£5	£0	£-5	-100%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	99	54	-45	-45%	£16	£9	£-7	-42%
OPFASPCL - Outpatient first attendance single professional consultant led	929	745	-184	-20%	£153	£121	£-32	-21%
OPFUPMPCCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	228	125	-103	-45%	£17	£10	£-7	-41%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,979	1,657	-322	-16%	£151	£127	£-24	-16%
Outpatient Procedure	2,146	2,108	-38	-2%	£280	£263	£-17	-6%
Unbundled Diagnostics	360	340	-20	-6%	£26	£27	£1	3%
<b>Grand Total</b>	<b>6,224</b>	<b>5,457</b>	<b>-767</b>	<b>-12%</b>	<b>£1,159</b>	<b>£946</b>	<b>£-213</b>	<b>-18%</b>

\* PbR only

Planned care elements of the contract continue to underperform against plan in month 5 2017/18 as they had throughout 2016/17 and previous months in 2017/18, with the majority of areas (excluding unbundled diagnostics) below plan year to date.

The largest variance against plan is within day case and elective procedures at a combined underspend of -£121k.

The Trust has experienced a drop in GP referred activity which is affecting all aspects of planned care. Elective and Day Case activity noticed a peak in June but has since dropped back down in July and August. Trauma & Orthopaedic procedures are the main area of reduction although a number of other specialties are under plan. Pain management activity is also experiencing difficulties due to staffing vacancies and capacity issues.

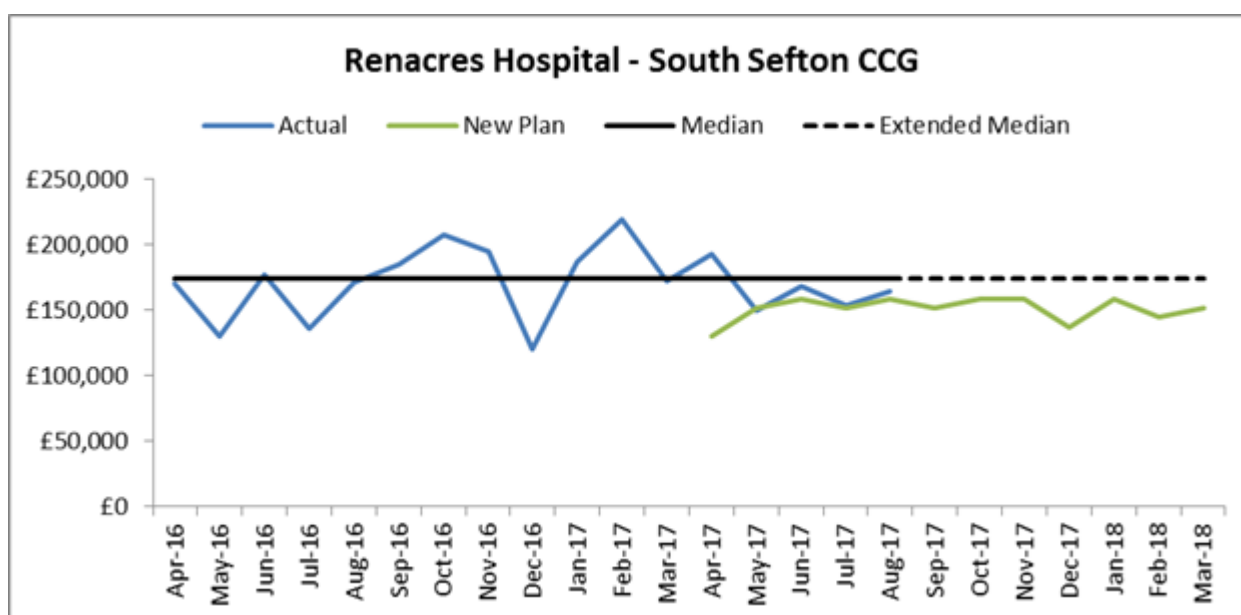
Outpatient activity is notably affected by the reduction in GP referrals with Trauma & orthopaedics, Dermatology and Gynaecology the main specialties below plan. Dermatology is also affected by capacity issues with activity flowing to the CCGs community provider DMC.

### 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	256	233	-23	-9%	£310	£261	£-49	-16%
Elective	48	78	30	64%	£225	£358	£133	59%
OPFASPL - <i>Outpatient first attendance single professional consultant led</i>	531	452	-79	-15%	£85	£74	£-11	-13%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	654	702	48	7%	£41	£45	£3	9%
Outpatient Procedure	337	156	-181	-54%	£35	£26	£-9	-25%
Unbundled Diagnostics	211	181	-30	-14%	£20	£18	£-2	-10%
Physio	569	607	38	7%	£17	£18	£1	7%
<b>Grand Total</b>	<b>2,606</b>	<b>2,409</b>	<b>-197</b>	<b>-8%</b>	<b>£733</b>	<b>£800</b>	<b>£67</b>	<b>9%</b>

Renacres over performance of £67k/9% is driven by a £133k/59% over performance in Electives, suggesting a continuing theme from 2016/17. The majority of this activity is within the Trauma & Orthopaedics specialty and related to very major hip and knee procedures.



The planning profile for Renacres hospital was recently amended for 2017/18 based on working days rather than previous activity. The graph above shows that the new plans for each month of 2017/18 are more static, and more in line with expected levels of activity.

### 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	33.57	7.10	36.15		38.73		41.31	

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.

### 3.9 Smoking at Time of Delivery (SATOD)

#### Quarter 1 - 2017/18

	South Sefton		
	Actual	YTD	FOT
Number of maternities	367	367	1468
Number of women known to be smokers at the time of delivery	56	56	224
Number of women known not to be smokers at the time of delivery	310	310	1240
Number of women whose smoking status was not known at the time of delivery	1	1	4
Data coverage %	99.7%	99.7%	99.7%
Percentage of maternities where mother smoked	15.3%	15.3%	15.3%

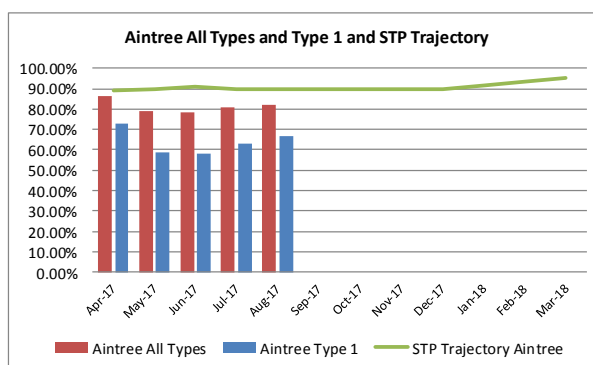
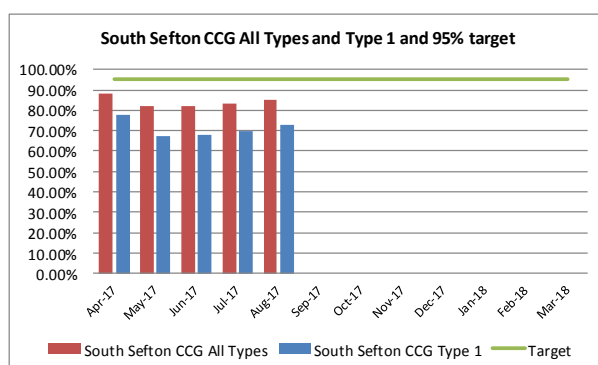
The CCG is above the data coverage plan of 95% at Q1, meaning the data is generally robust, but currently above the national ambition of 11% for the percentage of maternities where mother smoked. There is no national target for this measure. Performance against this metric is discussed with Providers at Maternity Commissioning Leads meetings attended by the CCG managerial lead for Children and Maternity Services.

## 4. Unplanned Care

### 4.1 Accident & Emergency Performance

A&E waits						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	17/18 - August	95%	84.18%	↑	The CCG have failed the target in August reaching 85%. In month 1188 attendances out of 7923 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 - August	95%	71.12%	↑	The CCG have failed the target in August reaching 72.9%. In month 1186 attendances out of 4372 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 - August	STP Trajectory August Target 90%	81.27%	↔	Aintree have failed their revised target of 90% in August reaching 82.3%; 2464 attendances out of 13949 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 - August	95%	63.87%	↔	Aintree have failed the target in August reaching 66.8%. In month 2462 attendances out of 7923 were not admitted, transferred or discharged within 4 hours.	

A&E All Types	Apr-17	May-17	Jun-17	Jul-17	Aug-17	YTD
STP Trajectory Aintree	89%	90%	91%	90%	90%	%
Aintree All Types	86.13%	78.78%	78.42%	80.81%	82.34%	81.27%



Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2017/18 and have failed the 90% August plan agreed with NHS Improvement recording performance 82.3% (for all A&E department types) in August 2017. However this performance represented a +1.52% increase compared to July 2017. There was also a decline in performance noted across 3 out of the 5 AED clinical quality indicators, with the 15 minutes registration to triage indicator being met consistently.

#### 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% N2H performance.
- Complete review of the medical workforce establishment and submit for consideration at BCRG. Additional sessions are being arranged to cover gaps in the existing rotas.
- Discussion ongoing regarding GP streaming taking place at regional level with a view to implementing the Luton and Dunstable Model.
- Continue with NWS project. Phase 2 has been completed.
- Recruitment of Acute Physicians underway.

- Programme of facilitated engagement sessions completed with nurses. ECIP continue to work with the team to identify process improvements.
- 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 - Aintree (cumulative)	17/18 - August	0	11	↔

Aintree had no 12 hour breaches in August, year to date total is 11. Root Cause Analyses of the breaches are awaited from the Trust.

## 4.2 Ambulance Service Performance

In August NWS went live with the implementation of the Ambulance Response Programme (ARP). The Ambulance Response Programme was commissioned by Sir Bruce Keogh following calls for the modernisation of a service developed and introduced in 1974. The redesigned system will focus on ensuring patients get rapid life-changing care for conditions such as stroke rather than simply “stopping the clock”. Previously one in four patients who needed hospital treatment more than a million people each year – underwent a “hidden wait” after the existing 8 minute target was met because the vehicle despatched, a bike or a car, could not transport them to A&E. Ambulances will now be expected to reach the most seriously ill patients in an average time of seven minutes. The ‘clock’ will only stop when the most appropriate response arrives on scene, rather than the first.

NWS is the second largest ambulance service in the country, covering over 5400 square miles geographically and employing over 4900 staff. NWS have worked closely with staff during the implementation of ARP which has involved targeted training programmes for dispatchers, clinicians and managers in emergency operations centres. Early indications are showing a positive impact with more time to assess the calls resulting in the right vehicle response being dispatched first time and reduced number of vehicles being stood down; there have been improvements in ambulance utilisation and reductions in the long waits for lower acuity calls. NWS have advised that the service response model needs to adapt to the new system and will require a review of the ambulance resource model take time to embed before the full benefits are realised.

NWS performance is measured on the ability to reach patients as quickly as possible. Performance will be based upon the average (mean) time for all Category 1 and 2 incidents. Performance will also be measured on a 90<sup>th</sup> percentile (9 out of 10 times) for Category 1, 2, 3 and 4 incidents.

Under the new national standards, all incidents will be measured against the standards rather than the most serious under the old national standards. The four response categories are described below:

- **Category one** is for calls from people with life-threatening injuries and illnesses. These will be responded to in an **average time of 7 minutes** and at least **9 out of 10 times within 15 minutes**.
- **Category two** is for emergency calls. These will be responded to in an **average time of 18 minutes** and at least **9 out of 10 times within 40 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**.

### Previous performance targets and new ARP Targets

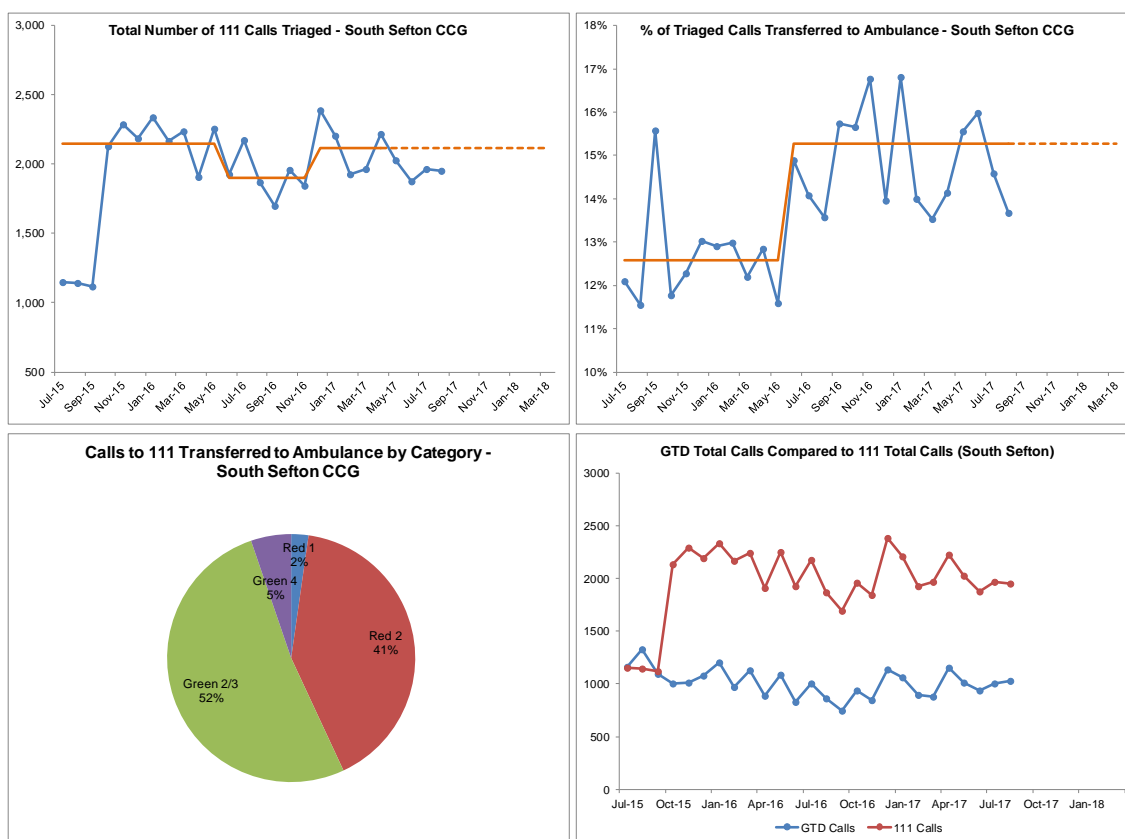
CURRENT				FUTURE ARP		
 <b>RED 1</b> Life Threatening	3% of calls (NWS 3%)	75% response within 8 mins	Clock starts at point call connected from 999	 <b>CATEGORY 1</b> Life Threatening	8% of calls 7 mins mean response time 90% in 15 mins	Clock starts 30 secs from call connect or problem identified
 <b>RED 2</b> Emergency Calls	47% of calls (NWS 41%)	75% response within 8 mins	From Oct 16: Clock started 240 secs from call connect or problem identified	 <b>CATEGORY 2</b> Emergency Calls	48% of calls 18 mins mean response time 90% in 40 mins	Clock starts 240 secs from call connect or problem identified
<b>ALL RED</b>		95% within 19 minutes NW local target 20 mins response	60 secs from call connect / ambulance dispatched / problem identified	 <b>CATEGORY 3</b> Urgent Calls	34% of calls 90% in 120 mins	Clock starts 240 secs from call connect or problem identified
 <b>GREEN 1</b> Emergency Care	(NWS 5%)	NW local target 30 mins response		 <b>CATEGORY 4</b> Less Urgent Calls	10% of calls 90% in 180 mins	Clock starts 240 secs from call connect or problem identified
 <b>GREEN 2</b> Emergency Care	(NWS 29%)	NW local target 30 mins response		If conveyed, transporting vehicle stops the clock		
 <b>GREEN 3</b> Urgent Care	(NWS 7%)	NW local target Tel assessment 60 mins / 180 mins response		The new response system will: <ul style="list-style-type: none"> <li>• Change the dispatch model, giving staff slightly more time to identify patients' needs and allowing quicker identification of urgent conditions</li> <li>• Further prioritises a time critical response for the most life threatening conditions</li> <li>• Introduce new target response times which cover every single patient, not just those in immediate need. For the most urgent patients we will collect mean response time in addition to the 90th percentile, so every response is counted.</li> <li>• Change the rules around what "stops the clock", so targets can only be met by doing the right thing for the patient, where possible first time.</li> </ul>		
 <b>GREEN 4</b> Urgent Care	(NWS 14%)	NW local target Tel assessment 60 mins / 240 mins response				
<b>ALL GREEN</b>	50% of calls (NWS 56%)	No national targets (local apply)				

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 - August	0	232	↑ ↓	The Trust recorded 232 handovers between 30 and 60 minutes, this is an improvement on last month when 269 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 - August	0	157	↓	The Trust recorded 157 handovers over 60 minutes, a improvement on the previous month when 222 was reported and is still breaching the zero tolerance threshold.

An improvement in the number of handover delays in excess of 30 minutes was noted, decreasing to 232 (-37), with 157 in excess of 60 minutes (-65). The average time from notification to handover standard of 15 minutes slightly increased in August 2017. The Trust achieved an average of 20.38 minutes compared to the 24.06 minutes reported in the previous month (-4.32 minutes). Ambulance Hospital Arrival Screen (HAS) compliance decreased to 88% (-2.90%)

### 4.3 NWAS, 111 and Out of Hours

#### 4.3.1 111 Calls



The number of calls in August 2017 remains similar to the previous month. The number of calls to 111 remains at a similar level to the same point in the previous year for South Sefton residents.

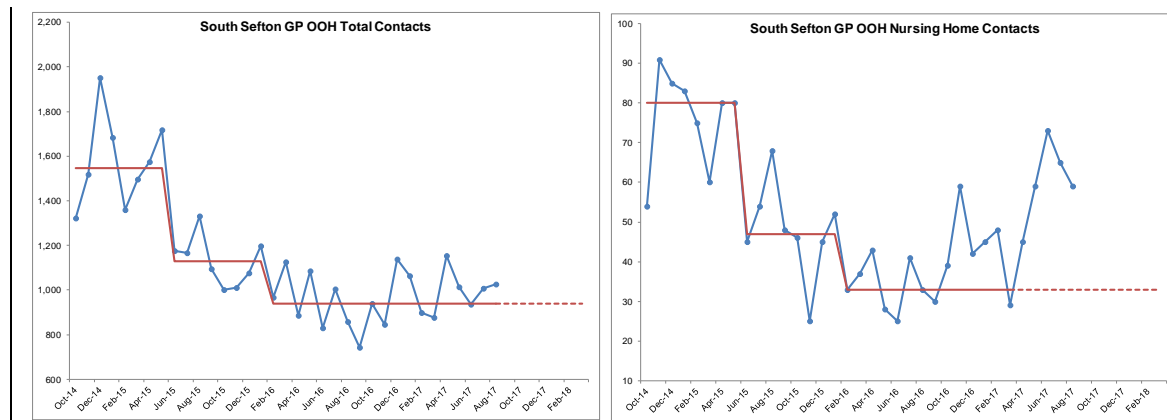
The breakdown for outcomes of 111 calls in August 2017 is as follows:

- 58% advised to attend primary and community care
- 17% closed with advice only
- 14% transferred to ambulance
- 9% advised to attend A&E
- 3% advised to other service.

Year to date, 17.1% of calls have been closed with advice only. This is a reduction on the previous year where 20.1% were ended this way. This reduction has been countered by increases in the percentage being transferred to ambulance, advised to attend Primary and Community care and advised to attend other services.



### 4.3.2 GP Out of Hours Calls



The number of calls from South Sefton patients to the GP OOH service has risen slightly in August 2017 to 1,025. When compared to 2016/17, there have been 500 more calls so far in the first 5 months year to date.

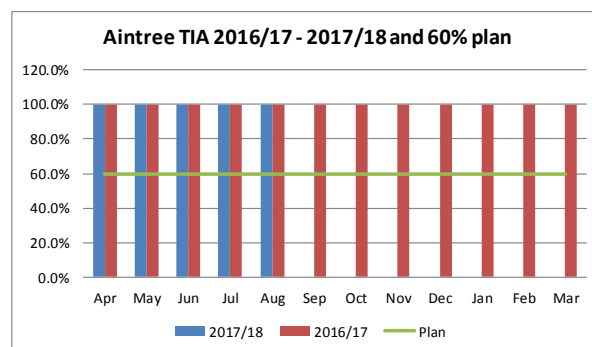
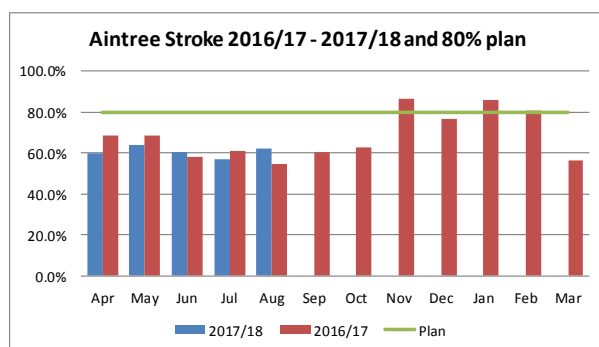
GP OOH calls from nursing homes within South Sefton have reduced slightly for to 59 for August 2017. When compared to the same point in the previous year, year to date 2017/18 has received 230 more calls to nursing homes, an increase of 135%.

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 <b>(Aintree)</b>	17/18 - August	80%	62.16%	↑
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours <b>(Aintree)</b>	17/18 - August	60%	100%	↔



In August Aintree failed the 80% target for patients spending 90% of their time on a stroke unit recording 62.2%. This is an improvement from the previous month when the Trust recorded 57.1%. Out of a total of 37 patients only 23 spent more than 90% of their stay on a stroke unit the standard was not reached for 14 patients.

All breaches of the standard are reviewed and reasons for underperformance identified:

- 8 patients required admission to the Stroke Unit but no beds were available
- 1 patient was palliative and it was felt not appropriate to transfer
- 3 patients were referred to the stroke team after an MRI/CT diagnosed a stroke
- 1 patient on trauma pathway with delay in stroke diagnosis
- 1 patient's notes not available (to be reviewed on return from scanning)

Lack of available 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:

- Continue Registered Nurse and Therapy recruitment for funded HASU beds.
- Ensure timely step downs of patients from stroke unit to be a medical bed.
- Stroke meetings to discuss outliers and delayed transfers of care, daily monitoring.
- Stroke ward nurse focussed on supporting discharge planning for all patients on the stroke unit.
- Discuss late referrals to the Stroke Team with Acute and Emergency\medicine to ensure lessons are learnt – patient journeys to be shared with relevant teams.

Both West Lancashire and Southport & Formby CCGs met with all providers and Elaine Day for the stroke network to review the commissioning of early supportive discharge services. Providers are currently reviewing the agree service specification with regards to what elements they can provide, the business case is then to be reviewed by the trust and then taken through the CCGs internal processes to determine investment.

#### 4.4.2 Mixed Sex Accommodation

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

#### 4.4.3 Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	17/18 - August	23	21	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	17/18 - August	19	32 (22 following appeal)	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	17/18 - August	0	1	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	17/18 - August	0	1	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	17/18 - August	55	59	↓
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Aintree)	17/18 - August	No Plan	124	↓

The CCG had 6 new cases reported in August 2017, (21 year to date), against a year to date plan of 23, (11 apportioned to acute trust and 10 apportioned to community). The year to date plan is 54.

Aintree had 9 new cases reported in August (32 year to date) against a year to date plan of 19. (There have been 10 successful appeals upheld at panel, so 22 cases following appeal). The year-end plan is 46.

Aintree had no new cases of MRSA in August and 1 case of MRSA in June the case was subject to the national Post Infection Review (PIR) process and the case was finally assigned to the Trust. The PIR review team could not identify any lapses in care, however the patient was screened negative on admission and the first indication of MRSA was the confirmation of the bacteraemia.

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

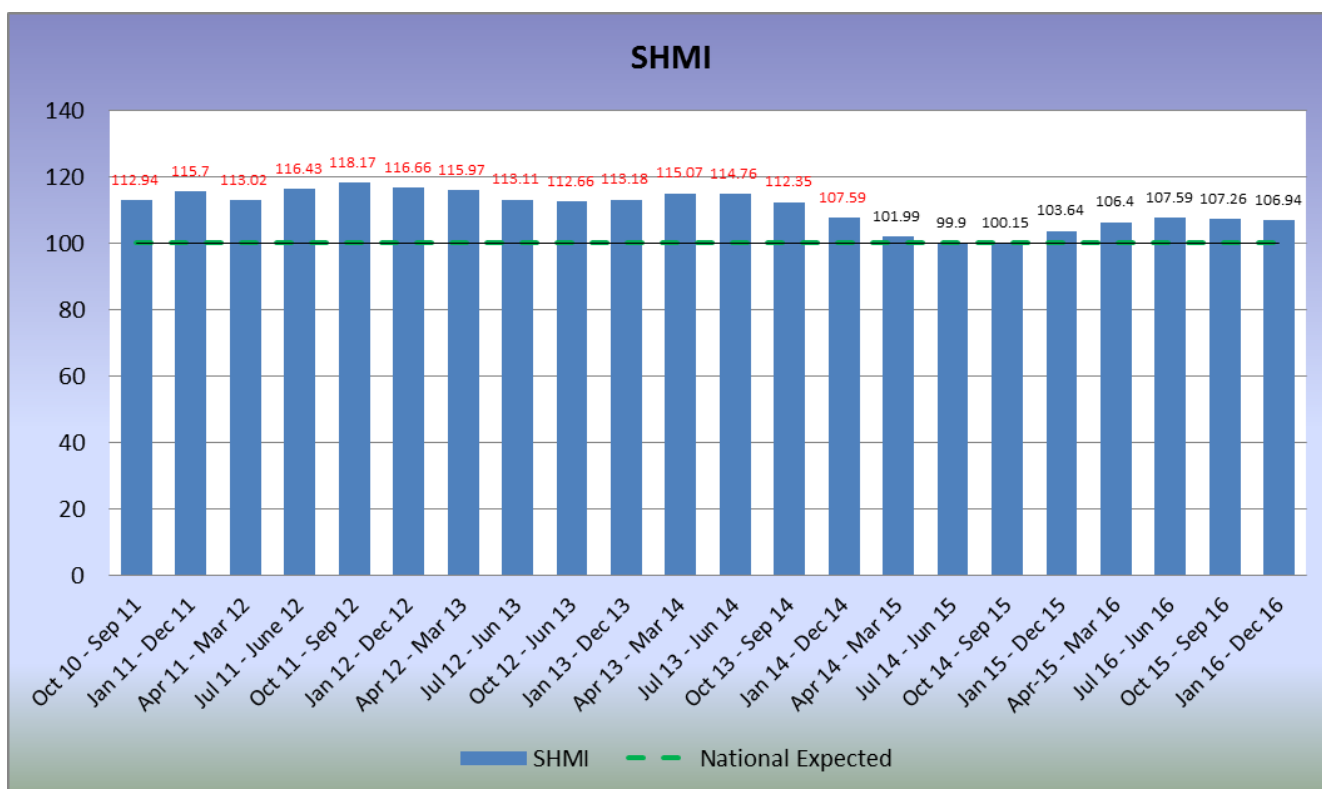
NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2017/18 which is 142 for South Sefton CCG, in August there were 12 cases bringing the year to date total to 59 which is over the 55 year to date plan. There are no targets set for Trusts at present.

### 4.4.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	17/18 - August	100	94.50	↑ ↓
Summary Hospital Level Mortality Indicator (SHMI)	Dec-16 to Jan-17	100	106.94	↓

HSMR is reported for the rolling 12 months to May 2017 with the latest data showing a drop to 94.54 from 98.35 previously reported. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is under 100 this suggest fewer deaths occurred than expected.

SHMI at 106.94 is marginally better than performance at November 2016 and within tolerance levels.



At a recent Aintree meeting it was agreed that there would be a Mortality Workshop on the 2<sup>nd</sup> November at Merton House as there is a need for the CCG as commissioners to:

- Gain a clear understanding from the latest AQUA report and distinguish what conclusions can be and cannot be drawn from this;
- Review the more detailed Advanced Mortality Report that is used by the Mortality Group and draw clear and specific conclusions;
- Agree a clear set of queries and questions that we need to seek assurance on as commissioners from Aintree;

- *Ensure we have a robust mechanism going forward to test and monitor mortality, triangulating this with other areas of performance and quality.*

## **4.5 CCG Serious Incident Management**

Serious incidents reporting within the integrated performance report is in line with the CCG reporting schedule for Month 5.

There are a total of 66 serious incidents open on StEIS where South Sefton CCG are either responsible or accountable commissioner. Of the 66, 29 are applicable to Liverpool Community Health (LCH), 22 for Mersey Care NHS Foundation Trust (MCFT) and 5 for Aintree University NHS Foundation Trust (UHA).

Aintree University Hospitals NHS Foundation Trust has 20 open Serious Incidents on StEIS. 3 incidents were reported in August (12 YTD) with zero Never Events. Four incidents were closed in month, nine remain open >100 days.

Mersey Care NHS Foundation Trust has 31 incidents open on StEIS for a South Sefton CCG patient, with zero Never Events YTD. There were 2 incidents reported in August, both relating to South Sefton CCG patients, both Community Services 1 Pressure Ulcer and 1 Confidential Information Leak. There have been 19 incident reported YTD (9 – Mental Health, 10 Community Services). 3 incidents have been closed in month. Ten remain open > 100 days.

There are a number of concerns escalated to the Director Nursing, and to be tabled at the CQPG; compliance with duty of candour, Staffing issues relating to CIP in an SI report, and the number of suicides being reported.

Governance issues have been highlighted, with the trust subcontracting arrangements with North West Boroughs Healthcare NHS Foundation Trust (NWFT) for elements of the community contract. A meeting is due to take place with the 2 providers, 3 CCGs (Liverpool CCG, South Sefton CCG, Knowsley CCG) and NHS E C&M to support robust governance arrangements.

## **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.

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

### Average Delays per Day

Reason for Delay	2016-17												2017/18				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
A) COMPLETION ASSESSMENT	1	1	1	1	3	6	1	0	0	2	2	0	0	0	2	1	2
B) PUBLIC FUNDING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C) WAITING FURTHER NHS NON-ACUTE CARE	9	8	8	6	7	19	9	6	10	10	8	7	11	9	11	7	8
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DII) AWAITING NURSING HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
E) AWAITING CARE PACKAGE IN OWN HOME	3	5	4	6	5	7	3	4	4	5	5	3	4	1	6	1	3
F) COMMUNITY EQUIPMENT/ADAPTIONS	2	1	1	1	0	1	0	0	0	0	0	0	0	0	1	0	1
G) PATIENT OR FAMILY CHOICE	15	16	19	15	12	13	12	11	18	5	7	10	13	18	20	8	14
H) DISPUTES	0	0	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	0	0
O) OTHER													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>29</b>	<b>39</b>	<b>18</b>	<b>28</b>

The average number of delays per day in Aintree hospital increased in August to 28, 18 reported in July (35.7%). Of the 28, 14 were patient or family choice (50%), 8 were awaiting further NHS non-acute care (28.6%), 3 was awaiting care package in own home (10.7%) 2 completion assessment (7.1%) and 1 awaiting community equipment/adaptions (3.6%).

Analysis of average delays in August 2017 compared to August 2016 shows an increase in the average number of patients from 28 to 27 (3.7%).

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

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

The total number of days delayed due to the NHS was 725 in August, a significant increase from 515 in July (210).

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.

**Average Delayed Transfers of Care per Day - Merseycare - April 2016 – August 2017**

Reason for Delay	2016-17												2017/18				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
A) COMPLETION ASSESSMENT	3	5	7	9	7	8	8	8	9	7	6	6	8	4	6	6	6
B) PUBLIC FUNDING	5	2	3	6	5	3	2	3	4	4	7	12	8	6	5	3	2
C) WAITING FURTHER NHS NON-ACUTE CARE	3	6	3	9	6	5	12	12	15	18	12	14	9	6	7	6	6
DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT	2	3	2	5	4	2	1	2	3	2	1	2	3	1	0	3	4
DII) AWAITING NURSING HOME PLACEMENT	3	5	5	9	9	10	9	7	5	3	3	2	4	4	4	7	8
E) AWAITING CARE PACKAGE IN OWN HOME	2	3	1	3	4	3	4	4	4	3	3	2	2	1	5	5	3
F) COMMUNITY EQUIPMENT/ADAPPTIONS	1	2	2	1	0	0	0	0	0	0	0	0	0	0	0	1	1
G) PATIENT OR FAMILY CHOICE	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
H) DISPUTES	4	5	6	7	4	4	4	3	2	2	2	0	0	0	0	1	1
I) HOUSING	4	3	4	2	3	2	2	2	1	1	0	2	1	4	5	3	8
O) OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0	3	2	1	1
<b>Grand Total</b>	<b>28</b>	<b>34</b>	<b>33</b>	<b>51</b>	<b>42</b>	<b>37</b>	<b>42</b>	<b>41</b>	<b>43</b>	<b>40</b>	<b>34</b>	<b>40</b>	<b>35</b>	<b>30</b>	<b>34</b>	<b>36</b>	<b>41</b>

The average number of delays per day at Merseycare increased to 41 in August from 36 the previous month. Of the 41 delays, 8 were due to housing (19.5%), 8 were awaiting nursing home placements (18.5%), 6 completion of assessment (14.6%), 6 waiting further NHS non-acute care (14.6%), 4 awaiting residential care home placements (9.8%), 3 awaiting care package in own home (7.3%), 2 awaiting public funding (4.9%), 1 awaiting community equipment/adaptations (2.4%), 1 patient or family choice (2.4%), 1 disputes and 1 other.

Analysis of average delays in August 2017 compared to August 2016 shows them to be lower by 1.




**Agency Responsible and Total Days Delayed - Merseycare - April 2016 – August 2017**

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

The total number of days delayed caused by NHS was 613 in August, compared to 403 last month. Analysis of these in August 2017 compared to August 2016 shows an increase from 477 to 613 (136). The total number of days delayed caused by Social Care was 526 in August, compared to 574 in July showing a decrease of 48. Merseycare also have delays caused by both which was 132 in August, a decrease from the previous month of 149.

## 4.7 Patient Experience of Unplanned Care

Friends and Family Response Rates and Scores  
Aintree University Hospital NHS Foundation Trust  
Latest Month: **Aug-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%	16.0%		87%	83%		7%	11%	

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

- % Response Rate
- % Recommended
- % Not Recommended

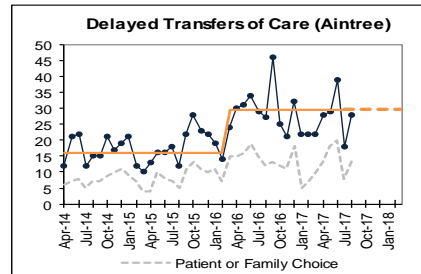
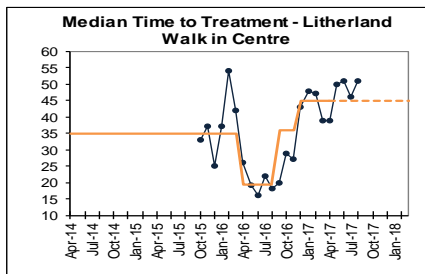
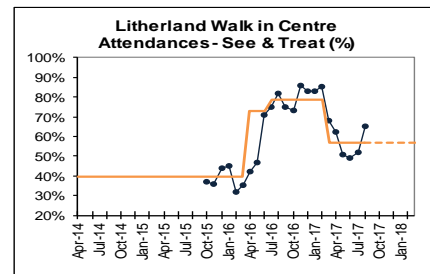
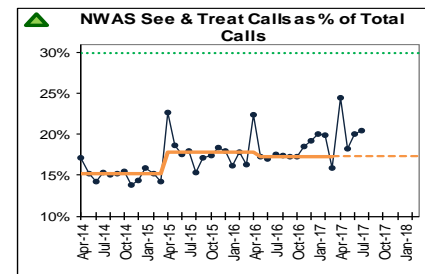
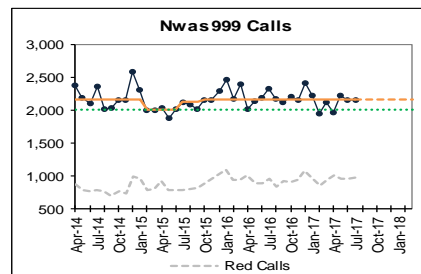
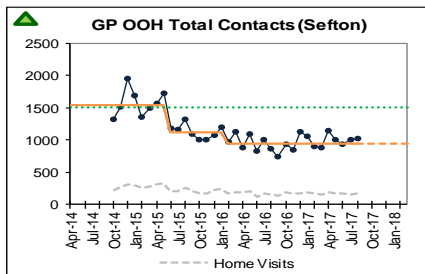
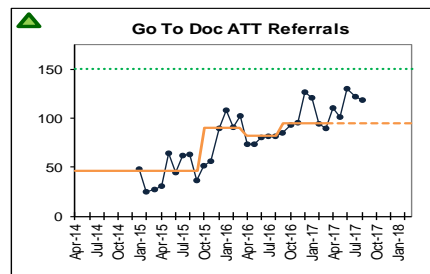
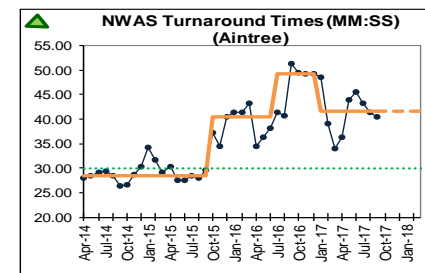
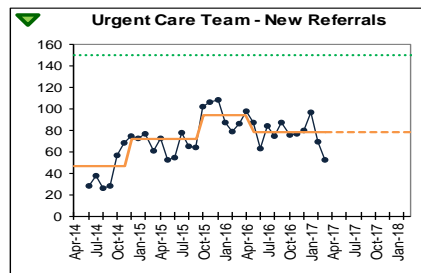
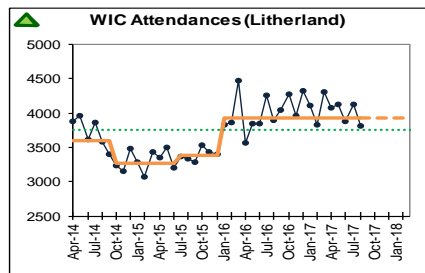
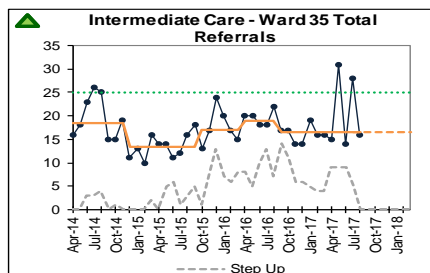
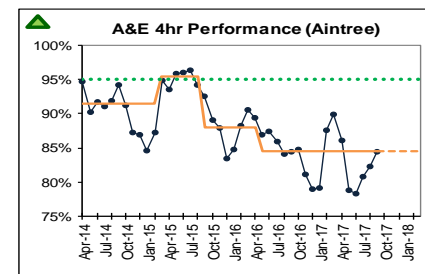
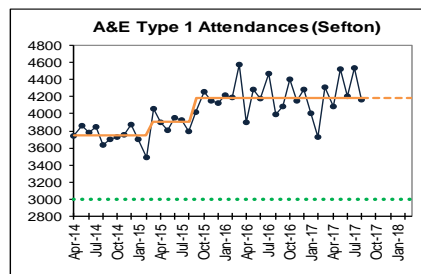
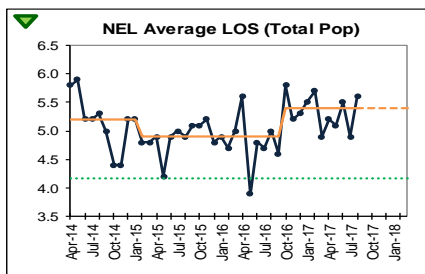
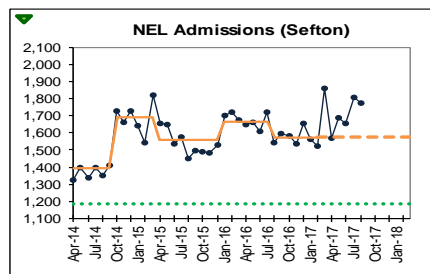
Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target way in excess of the regional and national response rates for A&E after a sharp decline in May when response rates were 11.8%; from June onwards there was an improvement and for the last 3 months the trust has been back over the 15% target, August reporting 16%.

The percentage of people that would recommend A&E is lower than the England average again reporting 83% in August, this is an improvement from last month when 78% was recorded. The not recommended percentage is at 11% in August which again has shown an improvement as 14% was 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 5 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows a small over performance of circa £16k/0.1%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately -£171k/-0.8%.

Royal Liverpool represents the highest over performing provider for unplanned care at month 5 with a year to date variance of £194k/23%. In contrast, Southport & Ormskirk is currently underperforming by £236k/18%.

**Figure 16 - Month 5 Unplanned Care – All Providers**

PROVIDER NAME	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	40,342	44,041	3,699	9%	£15,005	£15,171	£166	1%	-£166	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	4,154	3,776	-378	-9%	£897	£830	-£67	-8%	£67	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	103	63	-40	-39%	£171	£132	-£38	-23%	£38	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	1,445	1,428	-17	-1%	£1,746	£1,681	-£64	-4%	£64	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	2,257	2,428	171	8%	£826	£1,020	£194	23%	-£194	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	4	3	-1	-29%	£23	£20	-£3	-13%	£3	£0	0.0%
ACTING AS ONE TOTAL	48,306	51,739	3,433	7%	£18,667	£18,854	£187	1%	-£187	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	28	45	17	61%	£7	£13	£6	86%	£0	£6	86%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	35	35	0%	£0	£8	£8	0%	£0	£8	#DIV/0!
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	3,407	3,236	-171	-5%	£1,291	£1,054	-£236	-18%	£0	-£236	-18%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	368	459	91	25%	£164	£191	£27	16%	£0	£27	16%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	30	26	-4	-15%	£75	£77	£2	3%	£0	£2	3%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	17	15	-2	-13%	£6	£4	-£2	-34%	£0	-£2	-34%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	61	61	0%	£0	£8	£8	0%	£0	£8	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	102	103	1	1%	£37	£61	£24	66%	£0	£24	66%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	26	22	-4	-14%	£16	£7	-£9	-59%	£0	-£9	-59%
ALL REMAINING PROVIDERS TOTAL	3,978	4,002	24	1%	£1,595	£1,423	-£171	-11%	£0	-£171	-11%
<b>GRAND TOTAL</b>	<b>52,284</b>	<b>55,741</b>	<b>3,457</b>	<b>7%</b>	<b>£20,262</b>	<b>£20,278</b>	<b>£16</b>	<b>0.1%</b>	<b>-£187</b>	<b>-£171</b>	<b>-0.8%</b>

\*PbR Only

## 4.9.2 Aintree University Hospital NHS Foundation Trust

**Figure 17 - Month 5 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	17,446	20,074	2,628	15%	£406	£406	£0	0%
A&E - Accident & Emergency	12,930	13,729	799	6%	£1,743	£1,890	£146	8%
NEL - Non Elective	6,174	5,868	-306	-5%	£11,514	£11,427	-£87	-1%
NELNE - Non Elective Non-Emergency	20	15	-5	-27%	£73	£55	-£17	-24%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	8	52	44	513%	£2	£13	£10	442%
NELST - Non Elective Short Stay	840	806	-34	-4%	£565	£553	-£11	-2%
NELXBD - Non Elective Excess Bed Day	2,922	3,497	575	20%	£702	£827	£125	18%
<b>Grand Total</b>	<b>40,342</b>	<b>44,041</b>	<b>3,699</b>	<b>9%</b>	<b>£15,005</b>	<b>£15,171</b>	<b>£166</b>	<b>1.1%</b>

## 4.9.3 Aintree Hospital Key Issues

The Urgent Care over spend of £166k/1.1% is driven by a £146k/8% over spend in Accident & Emergency and £125k/18% over performance in Non-Elective Excess Bed Days. The key specialties over performing within unplanned care include Acute Internal Medicine, Gastroenterology and Cardiology. In contrast, there is currently a significant under spend within the Accident & Emergency and Geriatric Medicine specialties.

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

## 4.9.4 Royal Liverpool University Hospital

**Figure 18 - Month 5 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	1,864	1,888	24	1%	£194	£210	£16	8%
AMAU - Acute Medical unit	9	11	2	22%	£1	£1	£0	22%
NEL - Non Elective	282	277	-5	-2%	£559	£699	£140	25%
NELNE - Non Elective Non-Emergency	6	9	3	48%	£35	£30	-£5	-15%
NELST - Non Elective Short Stay	37	55	18	47%	£24	£36	£12	50%
NELXBD - Non Elective Excess Bed Day	59	188	129	220%	£14	£44	£31	226%
<b>Grand Total</b>	<b>2,257</b>	<b>2,428</b>	<b>171</b>	<b>8%</b>	<b>£826</b>	<b>£1,020</b>	<b>£194</b>	<b>23%</b>

## 4.9.5 Royal Liverpool University Hospital Key Issues

The overall Urgent Care over spend of £194k/23% is largely driven by a £140k/25% over performance in Non-Elective costs. Vascular Surgery is the top over performing specialty within this POD with a variance of £138k/231%.

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

## 5. Mental Health

### 5.1 Mersey Care NHS Trust Contract

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

PBR Cluster	NHS South Sefton CCG			
	Caseload as at 31/08/2017	2017/18 Plan	Variance from Plan	Variance on 31/08/2016
1 Common Mental Health Problems (Low Severity)	39	43	-	4
2 Common Mental Health Problems (Low Severity with greater need)	9	25	-	16
3 Non-Psychotic (Moderate Severity)	83	150	-	67
4 Non-Psychotic (Severe)	317	270	47	100
5 Non-psychotic Disorders (Very Severe)	92	67	25	29
6 Non-Psychotic Disorder of Over-Valued Ideas	42	46	-	4
7 Enduring Non-Psychotic Disorders (High Disability)	292	251	41	61
8 Non-Psychotic Chaotic and Challenging Disorders	135	122	13	22
10 First Episode Psychosis	147	144	3	15
11 On-going Recurrent Psychosis (Low Symptoms)	326	399	-	73
12 On-going or Recurrent Psychosis (High Disability)	407	354	53	69
13 On-going or Recurrent Psychosis (High Symptom & Disability)	105	101	4	8
14 Psychotic Crisis	31	27	4	5
15 Severe Psychotic Depression	8	6	2	1
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	45	38	7	9
17 Psychosis and Affective Disorder – Difficult to Engage	44	50	-	6
18 Cognitive Impairment (Low Need)	228	224	4	3
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	442	446	-	4
20 Cognitive Impairment or Dementia Complicated (High Need)	432	398	34	46
21 Cognitive Impairment or Dementia (High Physical or Engagement)	124	140	-	16
Cluster 99	462	558	-	96
<b>Total</b>	<b>3,810</b>	<b>3,859</b>	<b>-</b>	<b>32</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
The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	95%	97%	100%	92.6%
Rolling Quarter				97%	100%	96.0%

There were 2 patients who were not followed up out of a total in August of 27. These 2 breaches were due to being unable to contact the patients after 3 attempts at 7 day follow up.

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

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17
KPI_145 CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	No Patients	100%	No Patients	100%	100%
Rolling Quarter				100%	100%	100%

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

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17
NR_08 Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (in month)	50%	No Patients	100%	67%	100%	50%
Rolling Quarter				80%	100%	81.8%

### 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 Merseycare board level approval and if given, work streams involving the commissioners will be established within a robust project plan with clear milestones for delivery.

Commissioners are meeting the Trust on 19<sup>th</sup> October 2017 to discuss CRHT fidelity and there is clear expectation that work will commence very shortly to upgrade the Trust's response to those people who experience crisis. Clinical commissioners will be invited to be involved in this service redesign work.

The CORE 24 mental health liaison service was launched on 29<sup>th</sup> September 2017. The CORE 24 monies have enabled an addition 25.4WTE staff to be deployed across the three acute sites on the North Mersey local delivery footprint. The Trust has reported that only two band 5 nursing posts remain

to be recruited to. The allocation of £995k in 2017/18 was on a non-recurring basis on the expectation that the liaison service should be become self- sustaining.

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 continues to be reported against the remedial action plan however the performance notice remains open until the CCG Safeguarding Team is assured that all concerns have been addressed.

The Adult ADHD service provided by the Trust continues to operate at over capacity. Six of the seven sessions per week became vacant on 1<sup>st</sup> October 2017 and these are being recruited to. The Trust is also exploring the use of nurse prescribing input in to the service, but if feasible this would not be available until January 2018.




To enable though put from the service back into primary care a draft Adult ADHD protocol has bene develop and has been circulated to the Sefton LMC for comment.

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. A meeting has been arranged for 27<sup>th</sup> October 2017 to discuss a proposal to utilise ex LCH community resource within the Mersey Care community contract to undertaken reviews.

**Friends and Family Response Rates and Scores**

Mersey Care NHS Foundation Trust

Latest Month: Aug-17

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Mental Health	2.5%	2.2%		88%	93%		5%	1%	

Merseycare are above the England average for recommended for Friends and Family recording 93% this is up from last month when they recorded 85%. They are recording well under the England average for not recommended in August (1%).

## 5.2 Improving Access to Psychological Therapies

**Figure 23 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)**

**South Sefton IAPT KPIs Summary**

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March
National definition of those who have entered into treatment	2016/17	282	294	294	272	246	269	269	254	198	307	284	315
	2017/18	223	320	333	315	268							
Access % ACTUAL - Monthly target of 1.4% - Year end 16.8% required	2016/17	1.16%	1.21%	1.21%	1.12%	1.01%	1.11%	1.11%	1.05%	0.81%	1.26%	1.17%	1.30%
	2017/18	0.92%	1.32%	1.37%	1.30%	1.10%							
Recovery % ACTUAL - 50% target	2016/17	41.1%	37.9%	30.7%	38.9%	34.5%	42.0%	39.0%	41.1%	36.7%	40.6%	50.3%	52.3%
	2017/18	35.4%	46.1%	42.1%	44.3%	48.9%							
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%	100.0%	99.5%							
ACTUAL % 18 weeks waits - 95% target	2016/17	100.0%	100.0%	100.0%	100.0%	100.0%	98.7%	100.0%	100.0%	99.3%	100.0%	100.0%	100.0%
	2017/18	100.0%	100.0%	99.5%	100.0%	100.0%							
National definition of those who have completed treatment (KPI5)	2016/17	166	162	156	164	148	171	162	212	153	167	173	189
	2017/18	169	182	195	180	192							
National definition of those who have entered Below Caseness (KPI6b)	2016/17	3	9	3	7	6	9	8	10	6	12	10	13
	2017/18	8	4	5	4	8	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	80	78	90							
Referral opt in rate (%)	2016/17	87.9%	89.4%	91.4%	84.2%	85.7%	84.2%	88.2%	83.2%	81.4%	84.1%	83.7%	80.4%
	2017/18	84.2%	88.8%	90.4%	84.4%	87.8%							

Cheshire & Wirral Partnership reported 268 South Sefton patients entering treatment in Month 5, which is a 14.9% decrease from the previous month when 315 was 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 1.4% per month. Month 5 access rate was 1.10% therefore the monthly target was not achieved.

There were 361 Referrals in Month 5, which was a 7.9% decrease compared to the previous month when there were 392. Of these, 67.6% were Self-referrals which is comparable with the previous month (67.3%). GP Referrals were also maintained compared to the previous month with 67 compared to 68 for Month 4. 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 48.9% in Month 5, which is an increase from 44.3% for the previous month, and just 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 5 with 53 compared to 45 in Month 4.

There was a 18.4% increase in DNAs in Month 5 (from 163 in Month 4 to 193 in Month 5); 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.

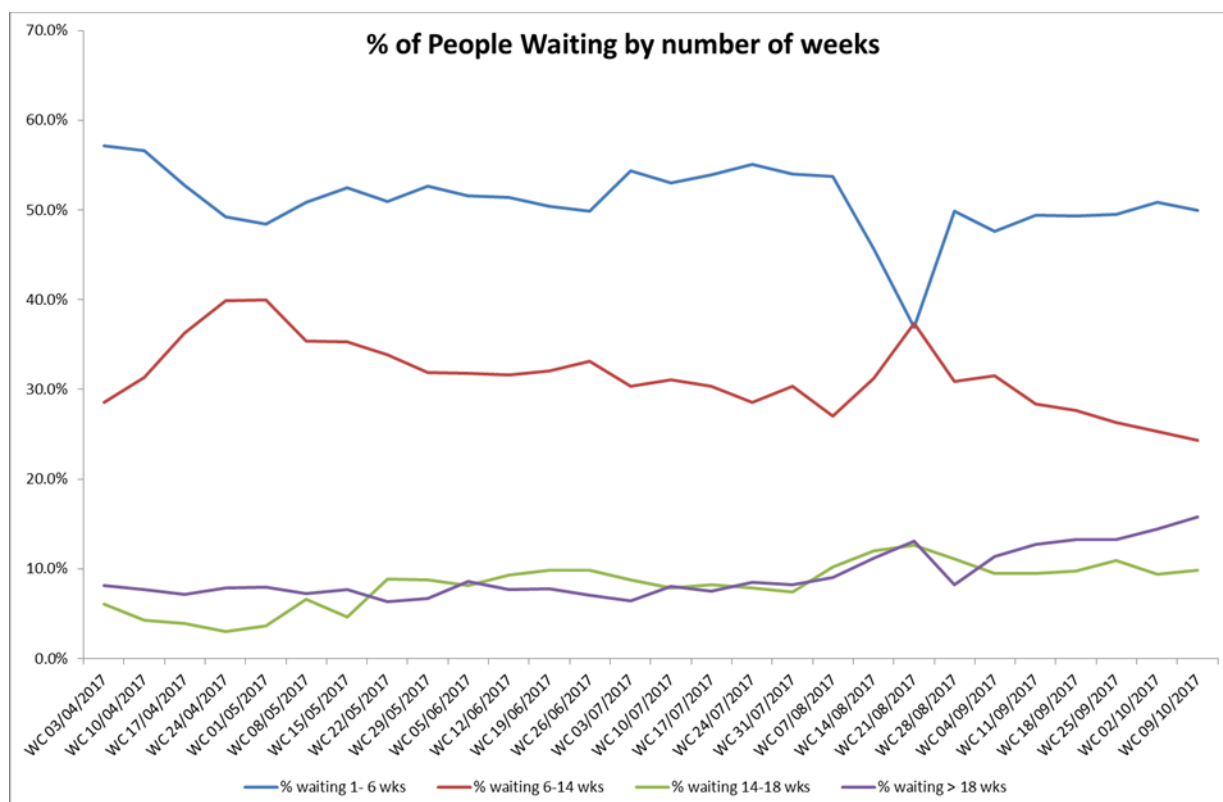
In month 5, 99.5% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have waited less than 18 weeks (against a standard of 95%).

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 – 9/10/2017**



The chart above illustrates internal waits activity for April 2017 onwards over the 28-week reporting period. The proportion of people waiting 6 to 14 weeks for a second appointment has seen a slightly downward trend over the given time period with the exception of a peak in the week commencing 21/08/2017.

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

### 5.3 Dementia

	Apr-17	May-17	Jun-17	Jul-17	Aug-17
People Diagnosed with Dementia (Age 65+)	1219	1213	1224	1237	1247
Estimated Prevalence (Age 65+)	1845	1851.4	1855.3	1862	1860.5
<b>NHS South Sefton CCG - Dementia Diagnosis Rate (Age 65+)</b>	<b>66.07%</b>	<b>65.52%</b>	<b>65.97%</b>	<b>66.43%</b>	<b>67.02%</b>
Target	67%	67%	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 August 2017 of 67.02% which has now achieved the national dementia diagnosis ambition of 67%. This is a significant improvement on 2016/17 rates which is partly due to a change in the methodology used by NHS Digital. 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. NHS Digital have been contacted and stated that the data for Quarter 1 2017/18 should have been made available but has not to date. 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.

An information sub group has been established and the group met on the 28th September. Activity reports submitted by the Trust (produced by Liverpool Community Health) were reviewed and the following issues were discussed, with actions taken to investigate:

- Waiting times targets – the group agreed that the standard acute 18 week target was not suitable to community services and that the targets will need to be reviewed and agreed with clinical input from both the Trust and CCG.
- Exception Reporting – the CCG urgent care lead is doing some work with the Trust around more informative exception reporting.
- Data Quality Issues – the activity statement highlights many potential data quality issues and also highlighted the need to review the baselines.

### **6.1.1 Quality**

The CCG Quality Team are holding meetings with Mersey Care Community, outside of the CQPG, to discuss Quality Schedule KPIs, Compliance Measures and CQUIN development, this is to ensure that expectations of data flows and submissions are clear and reported in a timely manner. The work programme is also being reviewed to ensure it focusses on all relevant areas including those highlighted in the QRP (Quality Risk Profile), Southport & Ormskirk CQC Inspection Action Plan (Community Services) and the enhanced surveillance from the transition handover document.

There is a planned review of all KPIs included in Service Specifications in the first six months for Mersey Care Community. This work will include LCH and Mersey Care Community BI Teams. KPIs focusing on Quality, Patient Safety, Clinical Effectiveness and Patient Experience will be prioritised. Any new local KPIs identified will be varied into the contract.

### **6.1.2 Patient DNA's and Provider Cancellations**

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

For patient DNAs, Sefton Physio Service continues to report high rates with 11.8% in August. Adult Dietetics also continues to report high rates at 17.5% in August. Diabetes is also showing an increase in DNA rates with 9% in August.

Provider Cancellation Rates: Treatment Rooms is reporting red (above 5% threshold) with 6.8%, a decline on last month's performance. Adult dietetics is showing a 40% rate with 44 provider cancellations out of just 66 appointments. The Trust has provided the following comments regarding the cancelled appointments for adult dietetics: *Scheduled work has been cancelled and rebooked at later date to accommodate more unstable domiciliary reviews work.*

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 August and show no sign of improvement.

The Trust has informed the CCG that they have amended the formula to calculate DNA and Cancellation rates. This is following queries raised by the CCG about whether the correct denominator figure was being used. This is being amended from the appointments attended figure to the total appointments booked figure. Both the CCG and Trust agree this is the correct way to report and as a result performance is expected to improve slightly going forward.

### **6.1.3 Waiting Times**

Waiting times are reported a month in arrears. The waiting times for all services were below 18 weeks in July, with the exception of adult SALT reporting an average (95th percentile) of 21 weeks on the completed pathway, compared to 21 weeks last month.

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

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

At Month 5 2017/18 the costs for the CCG for initial contacts were £16,602 with 242 contacts and for follow-ups costs were £60,598 with 1,981 contacts (599 with attached costs).

## 6.2.1 Liverpool Community Health Quality Overview

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.

## 6.3 Alder Hey Community Services

### 6.3.1 Services

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

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

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

### 6.3.2 Waiting Times

Paediatric SALT: In July 2017, 22 weeks was reported for incomplete pathways against the 18 week target. This is an increase in waiting times compared to last month. A total of 100 patients were waiting over 18 weeks, with the longest waiter at 28 weeks.

### 6.3.3 Patient DNA's and Cancellations

Paediatric Dietetics is reporting a high DNA rate in July 2017, for the third consecutive month, with 12.5%. August information shows no appointments booked due to the member of staff being term time only.

## 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**

Reports detailing activity and outcomes during Q2 are underway, this report will be circulated within the next couple of weeks. Referrals to most services have increased during Q2 compared to the same period last year and the complexity of service user issues is increasing. A number of services providing support for service users applying for benefits have also informed Sefton CCGs in regard to the number of people presenting with anxiety and stress as a result of the new Universal Credit application process. The application is difficult and appears to be having a profound effect on a high volume of service users, in particular those suffering mental health. A number of agencies have informed that the majority of payments appear to be delayed and residents of Sefton are suffering severe hardship as a result.

Work is in progress to engage further with Third Sector providers and GP Practices in particular services for the elderly. An issue was raised at a recent CWP-IAPT meeting by a GP in attendance who had informed that a number of elderly patients are presenting with a range of issues as a result of loneliness, social isolation and anxiety. It was suggested that our Third Sector service could help by facilitating peer support groups for those who may benefit. Contact was made with Age Concern and work is now underway to set up support groups within GP Practices across the borough. Further meetings are to be set up with Sefton locality leads to identify how our Third Sector providers may be linked in more with practices across the footprint.

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

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

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, a further presentation will be made during October to the Senior Leadership Team.

Promotion of "30 Days of Sefton in Mind", from the 10th September (World Suicide Prevention Day) through until 10th October (World Mental Health Day) has taken place. Sefton MBC ran 30 stories regarding mental health in Sefton. SWACA were featured as an integral service provided for Women & Children within Sefton.

## 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. In August, 129 Sefton Road (Branch Surgery) was inspected and 'requires improvement' in Safe and Well Led leading to an overall rating of 'requires improvement'. 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
<b>N84002</b>	<b>Aintree Road Medical Center</b>	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
<b>N84019</b>	<b>North Park Health Center</b>	n/a	Not yet inspected the service was registered by CQC on 7 March 2017					
N84028	The Strand Medical Center	19 February 2015	Good	Good	Good	Good	Good	Good
N84034	Park Street Surgery	17 June 2016	Good	Good	Good	Good	Good	Good
N84038	Concept House Surgery	24 July 2017	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
	129 Sefton Road (Branch Surgery)	08 August 2017	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
N84001	42 Kingsway	07 November 2016	Good	Good	Good	Good	Good	Good
N84007	Liverpool Rd Medical Practice	06 April 2017	Good	Good	Good	Good	Good	Good
N84011	Eastview Surgery	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)	21 August 2017	Good	Requires Improvement	Good	Good	Good	Good
N84025	Westway Medical Center	23 September 2016	Good	Good	Good	Good	Good	Good
N84624	Maghull Health Center	05 February 2015	Good	Good	Good	Good	Good	Good
Y00446	Maghull Practice	19 March 2015	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
N84004	Glovers Lane Surgery	10 May 2016	Good	Good	Good	Good	Good	Good
N84023	Bridge Road Medical Center	15 June 2016	Good	Good	Good	Good	Good	Good
N84027	Orrell Park Medical Center	20 August 2015	Good	Good	Good	Good	Good	Good
N84029	Ford Medical Practice	31 March 2015	Good	Good	Good	Good	Good	Good
N84035	15 Sefton Road	22 March 2017	Good	Good	Good	Good	Good	Good
N84043	Seaforth Village Practice	29 October 2015	Good	Good	Good	Good	Good	Good
N84605	Litherland Town Hall Hth Ctr	26 November 2015	Good	Good	Good	Good	Good	Good
N84615	Rawson Road Medical Center	10 September 2015	Good	Good	Good	Good	Good	Good
N84630	Netherton Practice	24 September 2015	Good	Requires Improvement	Good	Good	Good	Good

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

## 9. Better Care Fund

Better Care Fund planning guidance was published at the start of July 2017. Health and Wellbeing Board areas submitted an overarching BCF narrative plan, a planning template (consisting of confirmation of funding contributions, scheme level spending plans, and national metrics) and supporting documents on 11th September 2017. Earlier in July local areas were required to confirm draft Delayed Transfers of Care (DTC) trajectories and Local Authorities completed a first quarterly monitoring return on the use of the improved BCF (iBCF) funding. The DTC trajectory submitted is in line with the NHS England expectations that both South Sefton and Southport & Formby CCGs will maintain their current rates of delays per day, and this trajectory is adequately phased across the months from July 2017 – March 2018.



## 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 Q3	21.7%	↓ 11/11			R 122c	n/d One-year survival from all causes 2014	70.2%	↑ 3/11	94/209			
R 105b	n/a Personal health budgets 16-17 Q4	8	↓ 10/11	128/209		R 122d	n/d Cancer patient experience 2015	8.8	○ 7/11	62/209			
R 105c	n/a % of deaths in hospital 16-17 Q2	50.2%	↓ 5/11	65/209		R 123a	✗ IAPT recovery rate 2017 Q1	38.8%	↓ 11/11	200/209			
R 105d	n/d LTC feeling supported 2016 Q3	63.8%	↑ 8/11	118/209		R 123b	✓ EIP 2 week referral 2017 Q3	67.6%	↔ 10/11	152/209			
R 106a	n/d Inequality Chronic - ACS 16-17 Q3	1,361	↓ 10/11	192/209		R 123c	n/a MH - CYP mental health 16-17 Q4	40%	↔ 9/11	146/209			
R 106b	✗ Inequality - UCS 16-17 Q3	2,927	↓ 9/11	195/209		R 123d	n/a MH - Crisis care and liaison 16-17 Q4	47.5%	↔ 10/11	191/209			
R 107a	✓ AMR: appropriate prescribing 2017 Q2	1.25	↓ 7/11	193/209		R 123e	n/a MH - OAP 16-17 Q4	25.0%	↓ 11/11	192/209			
R 107b	✗ AMR: Broad spectrum prescribing 2017 Q2	8.0%	↑ 7/11	70/209		R 124a	✗ LD - reliance on specialist input 16-17 Q4	70	↑ 3/11	146/209			
R 108a	n/a Quality of life of carers 2016 Q3	0.79	↑ 2/11	117/209		R 124b	✓ LD - annual health check 2015-16	10.4%	○ 11/11	209/209			
Sustainability							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 Q3	57.5%	↑ 11/11	204/209			
R 143a	n/a New models of care 16-17 Q4	N	○			R 126b	n/d Dementia post diagnostic support 2015-16	73.9%	↓ 11/11	200/209			
R 144a	n/a Local digital roadmap in place 16-17 Q4	Y	○			R 127a	n/a Delivery of an integrated urgent care 2017 Q1	5	↑ 3/11	65/209			
R 144b	n/a Digital interactions 16-17 Q4	59.3%	○ 9/11	142/209		R 127b	n/d Emergency admissions for urgent care 16-17 Q3	3,303	↓ 7/11	186/209			
R 145a	n/a SEP in place 2016-17	Y	○			R 127c	✗ A&E admission, transfer, discharge 2017 Q3	90.5%	↑ 5/11	95/209			
Well Led							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 patient 2017 Q3	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 Q3	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 Q3	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 Q9	0.80	↓ 11/11	189/209			
						R 129a	✓ 18 week RTT 2017 Q3	93.5%	↑ 6/11	38/209			
						R 130a	n/a 7 DS - achievement of standards 2016-17	0.0%	○ 1/11				
						R 131a	n/a People eligible for standard 16-17 Q3	39.3	↓ 8/11	122/209			

Key	
	Worst quartile in England
	Best quartile in England
	Interquartile range

### 10.3 Clinical Priority Areas

Dementia		Cancer		Mental Health					
126a	Dementia diagnosis rate	57.5%	↑	123a	IAPT recovery rate	42.3%	↑		
	<b>57.5%</b>	1.8%	2015 08 2017 03		<b>38.8%</b>	11.0%	2015 03 2017 01		
126b	Dementia post diagnostic support	77.6%	↑	123b	EIP 2 week referral	69.2%	↑		
	<b>73.9%</b>	3.7%	2014-15 2015-16		<b>67.6%</b>	1.7%	2016 11 2017 03		
122a	Cancers diagnosed at early stage	49.1%	↑	123c	MH - CYP mental health	40.0%	↑	No calculation possible due to lack of z-scores	
	<b>49.1%</b>	5.5%	2012 2015		35.0%	↔	16-17 Q1 16-17 Q4		
	Cancer 62 days of referral to treatment	90.7%	↑		123d	MH - Crisis care and liaison	47.5%	↑	No calculation possible due to lack of z-scores
	<b>78.8%</b>	16.2%	13-14 Q1 16-17 Q4			42.5%	↔	16-17 Q1 16-17 Q4	
122b	One-year survival from all cancers	70.2%	↑	123e	MH - OAP	25.0%	↑	No calculation possible due to lack of z-scores	
<b>70.2%</b>	9.9%	1999 2014	87.5%		75.0%	16-17 Q1 16-17 Q4			
122c	Cancer patient experience	8.8	↑						
<b>8.8</b>	0.0%	2015							

## **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.

Please note month 4 activity report remains as month 5 NHS England figures are not as yet available.

**South Sefton CCG's Month 4 Submission to NHS England**

July 2017 Month 04	Month 04 Plan	Month 04 Actual	Month 04 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
<b>Referrals (MAR)</b>				
GP	3732	3498	-6.3%	GP referrals down against plan in July. Figures in line with previous levels and no variation beyond the statistical norm. Seasonal plan based on previous years levels indicates a slight spike before August whereas actual levels show a slight drop. The slight drop is noted against Southport Trust, Liverpool Women's, and Renacres ISTC.
Other	2217	2424	9.3%	Other referrals increased in July with the bulk of the increase focused within the CCGs main provider Aintree, and some at Southport Trust. Looking at the local referral data flow the increase is from C2C referrals, A&E as well as Dental with Oral Surgery and Maxillo-Facial surgery on the rise. Work is taking place to understand the increase in month and where the increase is situated.
<b>Total (in month)</b>	5949	5922	-0.5%	
Variance against Plan YTD	22479	22684	0.9%	
Year on Year YTD Growth			3.1%	Local monitoring using MAR data suggests less than 1% growth from 2016/17 with local referral data flows showing a decrease closer to 3%.
<b>Outpatient attendances (Specific Acute) SUS (TNR)</b>				
All 1st OP	5401	4464	-17.3%	The variance in month is due to two factors, firstly an increase in the seasonal plan for July which, secondly, corresponds in a drop in activity. July saw a drop in activity in both first and follow up levels across both a number of providers and specialties. The majority of the shift is located in the CCGs main provider with T&O, Cardiology, General Medicine, ENT, and Ophthalmology all showing a decrease against previous months. As noted the decrease in month is not located within on Specific Trust or Specialty, but rather accumulation of reductions. Please also note we have not received any Activity for Liverpool Women's Trust via SUS which usually accounts for approx. 400 first and 720 follow ups. Please check this is not missing from the national data.
Follow Up	11734	10224	-12.9%	
<b>Total Outpatient attendances (in month)</b>	17135	14688	-14.3%	
Variance against Plan YTD	64158	62959	-1.9%	
Year on Year YTD Growth			4.8%	
<b>Admitted Patient Care (Specific Acute) SUS (TNR)</b>				
Elective Day case spells				
Elective Ordinary spells				
<b>Total Elective spells (in month)</b>	2178	1922	-11.8%	Total electives in month appear to have decreased but levels noted in July are in line statistically with previous months. The reason for the variance is twofold, firstly the plan value in July is the highest for 17/18 and as such the lower than expected figure appears to be a higher variance. Secondly Liverpool Women's Trust have not submitted SUS data which is approx. 130 admissions a month. As you can see YTD figures show a variance against plan under 1% and a growth rate of 0%.
Variance against Plan YTD	7936	7894	-0.5%	
Year on Year YTD Growth			0.0%	
<b>Urgent &amp; Emergency Care</b>				
Type 1	-	4468	-	Local monitoring suggests YTD variance against plan at 1% with growth just over 3% against 16/17. In month variance against plan within 3% as is growth for type 1 activity.
Year on Year YTD			3.3%	
<b>All types (in month)</b>	9243	8986	-2.8%	
Variance against Plan YTD	37015	34929	-5.6%	
Year on Year YTD Growth			3.2%	
<b>Total Non Elective spells (in month)</b>	1687	1864	10.5%	July has seen a spike in activity with the majority of the increase at the CCGs main provider Aintree. Activity is at the top end of the statistical norm but plans activity likely to remain below the 3% threshold for the year as plans increase from October onwards.
Variance against Plan YTD	6700	6891	2.9%	
Year on Year YTD Growth			1.7%	

Appendix – Summary Performance Dashboard



South Sefton CCG - Performance Report 2017-18



Metric	Reporting Level	2017-18													YTD
		Q1			Q2			Q3			Q4				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
<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	G	G								R
	Actual	93.573%	94.653%	83.002%	95.404%	95.159%									92.278%
	Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<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	G								R
	Actual	93.846%	86.486%	84.416%	88.462%	93.182%									89.267%
	Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<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	G								G
	Actual	100.00%	98.507%	97.143%	98.876%	97.647%									98.404%
	Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
<b>26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	R	G	G	G	G								G
	Actual	93.333%	100.00%	100.00%	100.00%	100.00%									98.462%
	Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
<b>1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	G	G	G	G								G
	Actual	100.00%	100.00%	100.00%	100.00%	100.00%									100.00%
	Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
<b>25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	G	G	G								G
	Actual	100.00%	96.875%	100.00%	95.652%	100.00%									98.462%
	Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%

<b>539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</b> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R	R	G	G	R										R	
		Actual	83.87%	83.333%	85.714%	89.474%	80.00%											84.768%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
<b>540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</b> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	G	G	G	G	R										G	
		Actual	100.00%	100.00%	100.00%	92.857%	83.333%											94.444%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

## Ambulance

<b>1887: Category A Calls Response Time (Red1)</b> Number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R											R	
		Actual	70.08%	65.92%	62.53%	64.67%												65.766%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	South Sefton CCG	RAG	G	R	R	R												R
		Actual	84.38%	70.69%	74.00%	69.44%												74.528%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
<b>1889: Category A (Red 2) 8 Minute Response Time</b> Number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R											R	
		Actual	68.94%	64.43%	64.68%	64.17%												65.514%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	South Sefton CCG	RAG	R	R	R	R												R
		Actual	69.73%	57.62%	60.30%	59.84%												61.962%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
<b>546: Category A calls responded to within 19 minutes</b> Category A calls responded to within 19 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R											R	
		Actual	92.54%	90.08%	89.39%	89.80%												90.432%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
	South Sefton CCG	RAG	R	R	R	R												R
		Actual	93.83%	87.99%	90.00%	90.37%												90.582%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%



Enhancing Quality of Life for People with Long Term Conditions

**Mental Health**

<b>138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</b> The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G													G
		Actual	97.143%													97.143%
		Target	95.00%				95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

**Episode of Psychosis**

<b>2099: First episode of psychosis within two weeks of referral</b> The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	R	G	G	G	G										G	
		Actual	-	100.00%	66.667%	100.00%	50.00%											82.353%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%

**Dementia**

<b>2166: Estimated diagnosis rate for people with dementia</b> Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	G											G	
		Actual	66.07%	65.52%	65.97%	66.43%	67.02%												
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

**Children and Young People with Eating Disorders**

<b>2096: The number of completed CYP ED urgent referrals within one week</b> The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	South Sefton CCG	RAG	R															R	
		Actual	0%																-
		Target	95%				95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
<b>2097: The number of incomplete pathways (routine) for CYP ED</b> Highlights the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - routine CYP ED	South Sefton CCG	RAG	G																G
		Actual	0																-
		Target	1				1	1	1	1	1	1	1	1	1	1	1	1	1
<b>2098: The number of incomplete pathways (urgent) for CYP ED</b> Highlights the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - urgent CYP ED	South Sefton CCG	RAG	G																G
		Actual	0																-
		Target	1				1	1	1	1	1	1	1	1	1	1	1	1	1

## Ensuring that People Have a Positive Experience of Care

### EMSA

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

### Referral to Treatment (RTT) & Diagnostics

<b>1291: % of all Incomplete RTT pathways within 18 weeks</b> Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	G	G	G	G	G												G	
		Actual	93.733%	94.171%	93.624%	92.599%	92.405%													93.297%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
<b>1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</b> The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	G	G	G	G	G												G	
		Actual	0	0	0	0	0													0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>1828: % of patients waiting 6 weeks or more for a diagnostic test</b> The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R	R	R												R	
		Actual	2.207%	3.755%	4.059%	4.632%	6.418%													4.195%
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%

### Wheelchairs

<b>2197: Percentage of children waiting less than 18 weeks for a wheelchair</b> The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	South Sefton CCG	RAG	R																R		
		Status	P																	-	
		Actual	0.00%																		-
		Target	92.00%					92.00%					92.00%					92.00%	92.00%		

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

### HCAI

<b>497: Number of MRSA Bacteraemias</b> Incidence of MRSA bacteraemia (Commissioner)	South Sefton CCG	RAG	G	G	R	R	R											R	
		YTD	0	0	1	1	1												1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>24: Number of C.Difficile infections</b> Incidence of Clostridium Difficile (Commissioner)	South Sefton CCG	RAG	G	G	G	G	G											G	
		YTD	3	9	12	15	21												21
		Target	5	11	14	18	23	28	34	39	43	45	48	54	23				

### Accident & Emergency

<b>2123: 4-Hour A&amp;E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio)</b> %of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	South Sefton CCG	RAG	R	R	R	R	R											R	
		Actual	88.069%	82.213%	82.323%	83.40%	85.006%												84.18%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
<b>431: 4-Hour A&amp;E Waiting Time Target (Monthly Aggregate for Total Provider)</b> %of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps)	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	R	R	R	R	R											R	
		Actual	86.125%	78.775%	78.421%	80.811%	82.35%												81.27%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
<b>1928: 12 Hour Trolley waits in A&amp;E</b> Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	R	R	G	G											R	
		Actual	0	9	2	0	0	0											11
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0