



South Sefton
Clinical Commissioning Group

South Sefton Clinical Commissioning Group

Integrated Performance Report November 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 8 (note: time periods of data are different for each source).

CCG Key Performance Indicators

NHS Constitution Indicators	CCG	Main Provider
A&E 4 Hour Waits (All Types)	Red	Aintree
Cancer 2 Week GP Referral	Green	Aintree
RTT 18 Week Incomplete Pathway	Green	Aintree
Other Key Targets	CCG	Main Provider
A&E 4 Hour Waits (Type 1)	Red	Aintree
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	Green	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	Grey
HCAI - C.Diff	Green	Aintree
HCAI - MRSA	Red	Aintree
HCAI - E Coli	Red	Grey
IAPT Access - Roll Out	Green	Grey
IAPT - Recovery Rate	Red	Grey
Mixed Sex Accommodation	Green	Aintree
RTT 18 Week Incomplete Pathway	Green	Aintree
RTT 52+ week waiters	Green	Aintree
Stroke 90% time on stroke unit	Grey	Aintree
Stroke who experience TIA	Grey	Aintree
NHS E-Referral Service Utilisation	Red	Grey
Ambulance - Category One*	Grey	Grey
Ambulance - Category Two*	Grey	Grey
Ambulance - Category Three*	Grey	Grey
Ambulance - Category Four*	Grey	Grey

*No ambulance data is unavailable at present due to new indicators being developed.

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 was set to deliver a 0.5% surplus in 2018/19 and a 1% surplus in 2019/20, the plan will be revised based on likely performance in 2017/18.

The risk adjusted position has been revised to reflect known changes since 31 December 2017 following intensive review and scrutiny of the Month 9 position with particular focus on realisation of risks and assurance for delivery of QIPP savings for the remainder of the financial year.

The QIPP savings requirement, assessed at the start of the year to deliver the agreed financial plan is £8.480m. Work remains ongoing to develop a fully identified plan to achieve the required efficiencies in year to deliver the financial target. As at Month 9, £1.806m QIPP savings have been achieved in the financial year to date. The likely case is that a further £0.680m will be achieved in the remainder of the financial year, bringing the total achievement to £2.486m which is in line with the projection reported in previous months.

The year to date financial position is a year to date deficit of £3.200m, which represents deterioration against the planned deficit of £0.250m. The full year forecast financial position for the CCG's best case is breakeven. This position assumes that the QIPP plans will be delivered in full, but it must be noted that risk exists in terms of delivering these plans. The CCG's most likely case scenario forecasts a deficit of £4.392m and as we enter the final quarter of the year, it is unlikely that the CCG will deliver its agreed plan of break even.

Planned Care

Referrals in November 2017 saw a slight decrease in all areas resulting in an overall 2.2% compared to the previous month. Year to date, referrals are down slightly (0.4%) compared to 2016/17. GP referrals in 2017/18 to date are 4% down on the equivalent period in the previous year. There have been significant reductions in GP referrals to Gastroenterology, Trauma & Orthopaedics and Dermatology. Consultants to consultant referrals are currently 2.2% higher when comparing to 2016/17 with General Medicine and Urology seeing notable 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 (November) for E-referral Utilisation rates reported for the CCG as a whole is 22%; up by 1% from October.

The CCG failed the under 1% of patients waiting over 6 weeks for a diagnostic test in November. Out of 2734 patients, 147 waited over 6 weeks of them 23 waited over 13 weeks. The majority of breaches were for colonoscopy (62) and gastroscopy (33). This is a decline in performance on last month when the CCG recorded 2.60%. Aintree failed the under 1% of patients waiting over 6 weeks for a diagnostic test in November. Out of 5028 patients, 203 waited over 6 weeks with 15 of them waiting over 13 weeks. The majority of breaches were waiting for a colonoscopy (67) and flexi sigmoidoscopy (57). This is a decline in performance from last month when 1.70% was recorded.

The CCG are failing 1 of the 9 cancer measures year to date. This is the 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms; year to date the CCG

is recording 90.61% which is under the 93% target. Aintree are failing 5 of the 9 cancer measures year to date. Firstly 2 week breast symptom recorded 91.36% year to date, 31 day subsequent treatment (surgery) recorded 93.13% year to date, 62 day upgrade year to date 80.56%, 62 day screening recording 86.54% year to date and lastly the 62 day standard recording 83.28% year to date. The Trust has actions in place to improve performance, see main body of the report.

For the Friends and Family measure 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 November at 18.8% (and have been for all of 2017/18 so far). The proportion of patients who would recommend has improved since last month recording 95% in November (England average 96%). The proportion who would not recommend is higher than last month at 3%, which is 1% higher than the England average.

Performance at Month 8 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG show an under performance of -£1.3m/-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 -£354k/-1.1%.

The CCG reported 23 personal health budgets at the end of Q2, which is an increase of 12 from Q1. This remains below the trajectory for the targets set by NHS England. The CCG is exploring the expansion of PHBs for ends of life patients as part of CHC fast track funding.

For smoking at time of delivery the CCG is again above the data coverage plan of 95% at quarter 2, but currently above the national ambition of 11% for the percentage of maternities where mother smoked, the ambition will be 6% by the end of 2022.

Unplanned Care

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2017/18 and have failed the 90% November plan agreed with NHS Improvement recording performance with 86.58% (for all A&E department types) in November 2017. Performance against the 4 hour standard was 86.58% (T1 and T3) in November 2017 representing a + 2.36% increase compared to October 2017. Improvements were achieved in 2 of the 5 clinical indicators with a 0.11% improvement for unplanned re-attendances down to 7.76% against a target of 5%. The time to see 1st clinician has decreased to 72 minutes, against the 60 minute clinical quality indicator (a decrease of 2 minutes against October 2017). The clinical quality indicators for the number of patients who leave the department before being seen and the 15 minute from registration to triage are being met month on month.

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

The number of 111 calls in November from South Sefton has fallen to 1,971 from 2,079 in October, a reduction of 108 calls. When compared to the same 8 months of the previous year, there have been 245 more contacts in 2016/17. The number of calls closed with advice only in the first 8

months of the year is 2,722. This is 10.6% lower than the same point in the previous year, when 3,044 calls ended this way.

The number of calls from South Sefton patients to the GP OOH service has fallen slightly in November to 839. When compared to the same point in the previous year, there have been 524 more calls so far in the first 8 months of 2017/18, an increase of 7.3%. GP OOH calls from nursing homes within South Sefton have increased in November to 67. When compared to the same point in the previous year, the first 8 months of 2017/18 have received 201 more calls to nursing homes, an increase of 67.4%.

Aintree failed the 80% target of stroke patients spending at least 90% of their time on a stroke unit in November, achieving 59%. 39 patients with a diagnosis of stroke were discharged from the Trust during the month. 23 patients spent 90% of their stay on the Stroke Unit the standard was not achieved for 16 patients. All breaches of the standard are reviewed and reasons for underperformance identified. The Trust continue to achieve their TIA target.

The CCG achieved their C.difficile plans for November. Aintree had 3 new cases reported in November (45 year to date) against a year to date plan of 30. (There have been 15 successful appeals upheld at panel, so 30 cases following appeal). The year-end plan is 46.

The CCG and Aintree recorded one case of MRSA in June and therefore have failed the zero tolerance plan for the whole of 2017/18 but had no new cases in November. 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 November there were 14 cases bringing the year to date total to 96 which is over the 88 year to date plan. There are no targets set for Trusts at present

There are a total of 99 serious incidents open on StEIS where South Sefton CCG are either responsible or accountable commissioner. Of the 93, 69 apply to South Sefton patients. 24 are attributed to Aintree University Hospitals NHS Trust. Zero Never Events in month for SSCCG patients with, 4 reported by Aintree (5 YTD). 3 incidents were closed in month (45 YTD) and 4 downgraded and removed from StEIS. 38 remain open on StEIS for > 100 days for South Sefton patients. 2 incidents remain open of StEIS for the CCG 1x Primary Care and 1x DMC Ltd.

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 November to 38 from 24 reported in October. Of the 38, 17 were patient or family choice (44.7%), 16 were awaiting further NHS non-acute care (42.1%), 4 were awaiting care package in own home (10.5%) and 1 completion assessment (2.6%). Analysis of average delays in November 2017 compared to November 2016 shows an increase of 44.7% in the average number of patients from 21 to 38. The average number of delays per day at MerseyCare decreased slightly to 40 in November. Analysis of average delays in November 2017 compared to November 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 and is over 15% plan for November recording 16.6%. The percentage of people that would recommend A&E is the same at the England average reporting 87% in November an improvement from October when 82% was recorded. The not recommended percentage is at 9% in November which is lower than the previous month (12%).

Performance at Month 8 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £935k/3.3%.

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 -£101k/-0.4%. Aintree and Royal Liverpool represent the highest over performing providers for unplanned care at month 7 with a year to date variance of £934k/4% and £376k/33% respectively. In contrast, Southport & Ormskirk is currently underperforming by -£233k/13%.

Mental Health

All of the three of the CPA mental health measures were failed in November. CPA percentage of people under CPA followed up within 7 days of discharge recorded 89.3% (target 95%). CPA Follow up 2 days (48 hours) for higher risk groups failed the target reporting 66.7% in November (1 breach out of 3) (target 95%). Also Early Intervention in Psychosis 2 week referral recorded 40%, (Target 50%).

The CCG has a target to reduce OAP's by 33% based on quarter 4 2016/17 activity. In quarter 4 2016/17, 104 OAP's were reported, and therefore the target for 2017/18 is 70. The latest reporting period is September to November 2017 where 10 OAP's were reported, an improvement on the last reporting period of 20. The CCG is therefore currently in line with the target.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership reported 357 South Sefton patients entering treatment in Month 8, which is a 21.4% increase from the previous month when 294 were reported. Confirmation from NHS England has outlined that Commissioners are advised that for 2017/18 the access standard of 4.2% per quarter (16.8% annually) should apply to quarter 4 only. The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is therefore set for Quarter 3 at 3.75% which equates to 1.25% per month. The access rate for Month 8 was 1.47% and therefore achieved the standard.

There were 426 Referrals in Month 8, which was a 2.4% increase compared to the previous month when there were 416. Of these, 63.6% were Self-referrals which is a decrease from the previous month (69.7%). GP Referrals were higher than the previous month with 87 compared to 71 for Month 7. The provider is working closely with Clock View, attending weekly MDT meetings to agree appropriateness of clients for service.

The percentage of people moved to recovery was 47.4% in Month 8, which is an increase from 44.4% for the previous month although still failing to meet the target of 50%.

Cancelled appointments by the provider saw a decrease in Month 8 with 58 compared to 73 in Month 7.

The latest data on the HSCIC website shows that South Sefton CCG are recording a dementia diagnosis rate in November 2017 of 67.12% which has met the national dementia diagnosis ambition of 66.7%.

The CCG has new plans for Improving Access to Children & Young People's Mental Health Services (CYPMH) and a target of 30% by the end of the financial year. Quarter 1 performance shows 2.4% of children and young people receiving treatment (75 out of an estimated 3,121 with a diagnosable mental health condition), against a target of 5.1%.

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 has now met on several occasions. 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 reports an improvement in cancellation rates with 8.2% in November, 20% reported last month. Adult Dietetics also continues to report high rates at 10.8% in November, another improvement from 14.5% in October.

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 and Q2.

Primary Care

In October, Eastview Surgery was inspected by the CQC and has improved in their overall rating to 'Good' previously requiring improvement in 'Safe and 'Well Led'. There hasn't been any new inspection of Sefton GP Practices in the last month.

Better Care Fund

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

CCG Improvement & Assessment Framework

Publication of the updated Framework for 2017/18 was significantly delayed and released 21st November. For 2017/18, a small number of indicators have been added. A number of updates have been made to existing indicators, and some indicators have been removed.

A full exception report for each of the indicators citing performance in the worst quartile of CCG performance nationally or a trend of three deteriorating time periods is presented to Governing Body as a standalone report. This outlines reasons for underperformance, actions being taken to address the underperformance, more recent data where held locally, the clinical, managerial and SLT leads responsible and expected date of improvement for the indicators.

2. Financial Position

2.1 Summary

This report focuses on the financial performance of South Sefton CCG as at 31 December 2017.

The risk adjusted position has been revised to reflect known changes since 31 December 2017 following intensive review and scrutiny of the Month 9 position with particular focus on realisation of risks and assurance for delivery of QIPP savings for the remainder of the financial year.

The year to date financial position is a deficit of £3.200m which represents deterioration against the planned deficit of £0.250m. The reported forecast financial position at Month 9 is the CCGs best case scenario of break even. This is in line with previous reports and the likely case scenario is reported after inclusion of further risks and mitigations. The CCG's likely case scenario forecasts a deficit of £4.392m

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

Cost pressures have emerged in the first nine months of the financial year which are balanced out to a certain extent by underspends in other areas. The main areas of forecast overspend are within Continuing Healthcare relating to Continuing Healthcare packages, cost pressures in respect of pass through payments for PbR excluded drugs and devices, full year costs for the Acute Visiting Scheme (AVS), overperformance at Spire and Ramsay hospitals and costs for referral management and prior approval services, currently agreed on a non-recurrent basis.

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 nine 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 CCG's potential to deliver efficiency savings in the secondary care sector.

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

The high level CCG financial indicators are listed below:

Figure 1 – Financial Dashboard

Key Performance Indicator		This Month
Business Rules	1% Surplus	×
	0.5% Contingency Reserve	✓

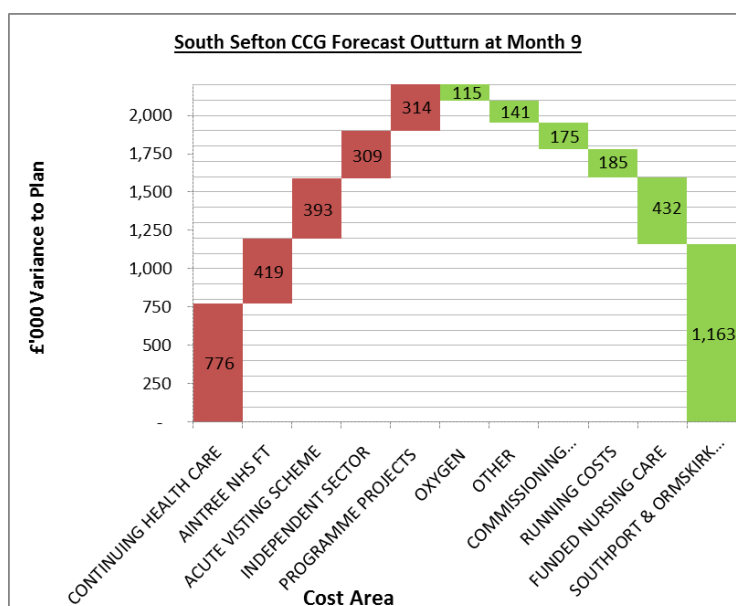
Key Performance Indicator		This Month
	0.5% Non-Recurrent Reserve	✓
Breakeven	Financial Balance	✗
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£1.806m
Running Costs	CCG running costs < 2017/18 allocation	✓
BPPC	NHS - Value YTD > 95%	99.90%
	NHS – Volume YTD > 95%	96.91%
	Non NHS - Value YTD > 95%	97.30%
	Non NHS – Volume YTD > 95%	96.54%

- The CCG will not achieve the NHS England business rule to deliver a 1% Surplus. This was agreed in the CCG financial plan approved by NHS England.
- 0.5% Contingency Reserve is held as mitigation against potential cost pressures.
- 0.5% Non-Recurrent Reserve is held uncommitted as directed by NHS England.
- The financial plan agreed at the start of the year was to achieve a break even position in year; this position was dependent on delivery of the QIPP plan of £8.480m in full. The likely case scenario is a deficit of £4.392m.
- QIPP Delivery is £1.806m to date; this is £3.568m behind the planned delivery at Month 9.
- The forecast expenditure for the Running Cost budget is below the allocation by £0.185m for 2017/18.
- BPPC performance is above the 95% target in all areas for the year to date.

2.2 CCG Financial Forecast

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

Figure 2 – Forecast Outturn



- The CCG forecast position for the financial year is breakeven, based upon the delivery of the QIPP target in full.
- The main financial pressures relate to
 - Cost pressures relating to Continuing Healthcare packages.
 - Overspend for PbR excluded drugs and devices at Aintree FT.
 - Full year costs for the Acute Visiting Scheme (AVS)
 - Over performance at Spire and Ramsay hospitals
 - 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 and on Funded Nursing Care packages.

2.3 Provider Expenditure Analysis – Acting as One

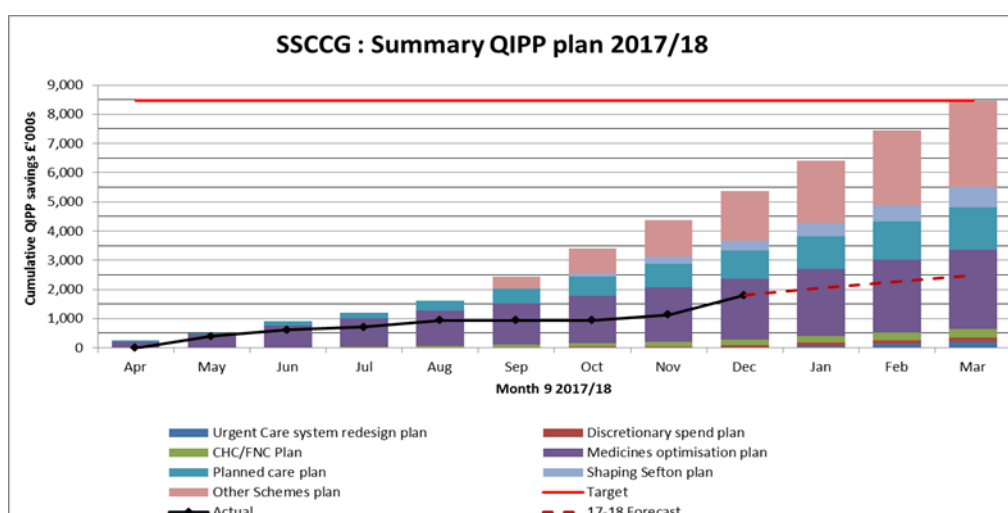
Figure 3 – Acting as One Contract Performance

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	£1.033
Alder Hey Children's Hospital NHS Foundation Trust	-£0.125
Liverpool Women's NHS Foundation Trust	-£0.449
Liverpool Heart & Chest NHS Foundation Trust	-£0.125
Royal Liverpool and Broadgreen NHS Trust	£0.482
Mersey Care NHS Foundation Trust	£0.000
The Walton Centre NHS Foundation Trust	-£0.081
Grand Total	£0.735

- The CCG is included in the Acting as One contracting arrangements for the North Mersey LDS. Contracts have been agreed on a block contract basis for the financial years 2017/18 and 2018/19.
- The agreement protects against overperformance with these providers but does present a risk that activity could drift to other providers causing a pressure for the CCG.
- Due to fixed financial contract values, the agreement also removes the ability to achieve QIPP savings in the two year contract period. However, QIPP schemes should continue as this will create capacity to release other costs and long term efficiencies within the system.
- The year to date performance for the Acting as One providers shows an overperformance spend against plan, this would represent a year to date overspend of £0.735m under usual contract arrangements.

2.4 QIPP

Figure 4 – QIPP Plan and Forecast



	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned Care plan	1,442	0	1,442	41	0	1,401	1,442
Medicines optimisation plan	2,734	0	2,734	2,415	0	319	2,734
CHC/FNC plan	281	0	281	0	0	281	281
Discretionary spend plan	100	53	153	53	0	100	153
Urgent Care system redesign plan	200	0	200	0	0	200	200
Shaping Sefton Plan	693	0	693	0	0	693	693
Other Schemes Plan	2,677	300	2,977	(23)	0	3,000	2,977
Total QIPP Plan	8,127	353	8,480	2,486	0	5,994	8,480
QIPP Delivered 2017/18				(1,806)		0	(1,806)

- The opening QIPP plan for 2017/18 was **£5.880m** Pressures have emerged in year as further work has established that the CCG has incurred a pressure of £1.300m as a result of the introduction of the new HRG4+ payment system. Finalisation of the new community contract has also created a pressure of £1.300m including planned £0.500m non-recurrent transitional support to the new provider.
- The revised QIPP target is **£8.480m** which incorporates the two additional pressures. Options to identify and prioritise future projects were discussed at the Governing Body development

session in December. The CCG will hold check and challenge sessions with QIPP Leads during QIPP week, commencing 15 January 2018 to further inform QIPP delivery to 31 March 2018.

- The CCG has identified **£1.806m** QIPP savings at Month 9, the majority of this relates to savings within the prescribing budget.
- The forecast QIPP delivery for the year is **£2.486m** which represents 100% of schemes rated Green. A high proportion of the plan remains rated red. Further work is required to provide assurance that additional savings can be delivered.

2.5 Risk

- The CCG forecast financial position is breakeven.
- 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
QIPP requirement (to deliver agreed forecast)	(6.674)	(6.674)	(6.674)
Predicted QIPP achievement	0.750	0.680	0.600
Forecast Surplus / (Deficit)	(7.098)	(7.168)	(7.248)
Further Risk	(1.655)	(1.705)	(2.269)
Management Action Plan	4.615	4.481	3.709
Risk adjusted Surplus / (Deficit)	(4.138)	(4.392)	(5.808)

- 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 a deficit of **£4.138m** and includes an assumption that the current expenditure trends continue and this reduces the remaining QIPP requirement.
- The likely case is a deficit of **£4.392m** and assumes that QIPP delivery will be **£2.486m** in total with further risk and mitigations as per the best case scenario.
- The worst case scenario is a deficit of **£5.808m** and assumes reduced QIPP delivery, additional risks in respect of elective activity, outpatient procedure coding and CQUIN.

2.6 Contract Alignment – Month 6

Figure 6 – Contract Alignment table

	2017/18 YTD		2017/18 YTD	
	£000		£000	Formula
Provider	YTD	Commissioner	YTD	YTD Variance
Alder Hey Children's NHS Foundation Trust	5,027	NHS South Sefton CCG	4,903	(124)
Aintree University Hospitals NHS Foundation Trust	43,338	NHS South Sefton CCG	43,135	(203)
Liverpool Women's NHS Foundation Trust	5,089	NHS South Sefton CCG	5,064	(25)
Royal Liverpool and Broadgreen University Hospitals NHS Trust	4,797	NHS South Sefton CCG	4,694	(103)
Southport and Ormskirk Hospital NHS Trust	2,969	NHS South Sefton CCG	2,657	(312)
Mersey Care NHS Foundation Trust	12,006	NHS South Sefton CCG	11,971	(35)
Total	73,226		72,424	(802)

- CCGs and Providers were required to report a contract alignment position at Month 6 to highlight any areas of dispute.
- The main issues highlighted relate to the contract with Southport & Ormskirk NHS Trust on a number of outstanding issues:
 - £0.182m - CQUIN
 - £0.021m – ACU Follow ups
 - £0.078m – Contract Sanctions
 - £0.094m - Outpatient Procedure Coding
 - £0.012m – PLCP
- The CCG has sent a formal response to issues raised by the Trust and continues with the mediation process which was initiated in December. Three issues were taken forward for mediation – CQUIN, ACU Follow ups and Outpatient Procedure Coding. Other issues are expected to be resolved locally and the CCG has sent a proposal to the provider.

2.7 Statement of Financial Position

Figure 7 – Summary of working capital

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

BPPC (value)	98%	100%	100%	100%	100%
BPPC (volume)	96%	96%	96%	97%	97%

- The 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 stands at £128k. This consists of:
 - CQUIN payment recovery (£72k) with Southport & Ormskirk NHS Trust. The CCG continues to pursue resolution to the outstanding balance and work is being progressed as part of actions in response to the NHS England Contract Alignment Exercise in December 2017.
 - LQC reclaim invoices (£56k) relating to four practices. An insolvency practitioner has contacted the CCG with regard to the practices concerned indicating that a creditors' voluntary liquidation is being progressed. Balances outstanding will be provided to the insolvency practitioner by the date advised.
- 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 £242.124m at Month 9. The actual cash utilised at Month 8 was £183.755m which represents 75.9% of the total allocation. The balance of MCD to be utilised over the rest of the year is £58.370m.
- The CCG aim to pay at least 95% of invoices within 30 days of the invoice date in line with the Better Payment Practice Code. 2017/18 performance exceeds 95% for invoices by number and value for NHS and Non NHS suppliers. Performance will continue to be reviewed on a monthly basis.

2.8 Recommendations

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

- The year to date financial position is a deficit of £3.200m, which is deterioration against the planned deficit of £0.250m. At Month 9, the reported financial forecast is breakeven. This position assumes that the CCG will deliver the 2017/18 QIPP requirement in full. Current trends suggest that the CCG will not deliver the required QIPP saving. The CCG's likely case scenario forecasts a deficit after risk and mitigation of £4.392m.
- The year to date planned QIPP savings for the first nine months of the financial year (£5.373m) have not been achieved. Delivery at month 9 is £1.806m, 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 must consider further review of cost savings and service reductions in order to develop a robust contingency plan to meet its statutory financial duty for the year, and into 2018-19.
- 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 8 - GP and 'other' referrals for the CCG across all providers for 2015/16, 2016/17 and 2017/18

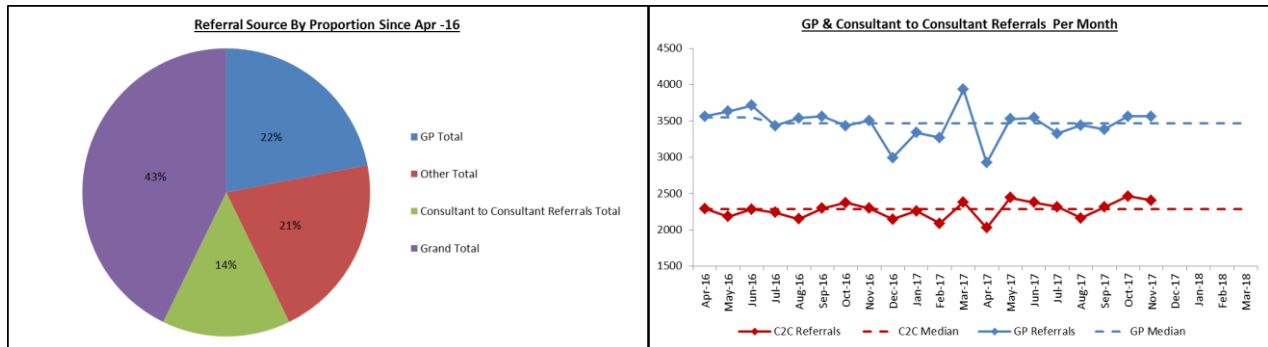


Figure 9 - Breakdown of referrals for the CCG across all providers for 2016/17, 2017/18

Referral Type	Referral Source Code	Referral Source Name	2017/18								2016/17 YTD	2017/18 YTD	YTD Variance	YTD %
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov				
GP	3	referral from a GENERAL MEDICAL PRACTITIONER	2,923	3,529	3,545	3,330	3,442	3,386	3,564	3,565	28,394	27,284	-1,110	-4%
GP Total			2,923	3,529	3,545	3,330	3,442	3,386	3,564	3,565	28,394	27,284	-1,110	-4%
Other	1	following an emergency admission	149	146	139	135	133	174	179	145	1,446	1,200	-246	-17%
	2	following a Domiciliary Consultation		3	3	5	8	1	3	13	5	36	31	620%
	4	referral from an Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	419	425	377	410	366	391	372	413	3,393	3,173	-220	-6%
	5	referral from a CONSULTANT, other than in an Accident and Emergency Department	1,148	1,504	1,488	1,386	1,346	1,420	1,511	1,459	10,294	11,262	968	9%
	6	self-referral	253	270	256	254	250	267	305	270	2,208	2,125	-83	-4%
	7	referral from a Prosthetist		1				1		3	11	5	-6	-55%
	8	Royal Liverpool Code (TBC)	74	59	83	66	102	87	89	75	612	635	23	4%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	122	138	148	125	106	90	112	116	781	957	176	23%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	191	230	223	258	205	236	286	262	2,208	1,891	-317	-14%
	12	referral from a General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	5	5	2	2	4	5	9	8	45	40	-5	-11%
	13	referral from a Specialist NURSE (Secondary Care)	7	4	5	6	6	5	5	5	27	43	16	59%
	14	referral from an Allied Health Professional	131	212	164	144	134	157	158	135	1,141	1,235	94	8%
	15	referral from an OPTOMETRIST	1	1	4	5			4	3	6	18	12	200%
	16	referral from an Orthoptist		1		1				1	4	3	-1	-25%
	17	referral from a National Screening Programme	3	2	1	13	1	9	4	5	43	38	-5	-12%
	92	referral from a GENERAL DENTAL PRACTITIONER	137	142	165	193	180	202	171	127	1,107	1,317	210	19%
93	referral from a Community Dental Service									3	0	-3	-100%	
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	248	334	344	390	353	328	356	365	2,452	2,718	266	11%	
	Unknown	Unknown	1		1				1	0	3	3	0%	
Other Total			2,889	3,477	3,403	3,393	3,194	3,373	3,564	3,406	25,786	26,699	913	4%
Consultant to Consultant Referrals Total			2,029	2,446	2,378	2,319	2,164	2,312	2,463	2,408	18,127	18,519	392	2%
Grand Total			5,812	7,006	6,948	6,723	6,636	6,759	7,128	6,971	54,180	53,983	-197	-0.4%

A significant decrease in referrals occurred in April 2017 with the total number of referrals within this month representing the lowest monthly total from April 2015 onwards. Referrals increased in May 2017 and were above average but this was followed by three consecutive monthly decreases in activity. Referrals in November 2017 saw a slight decrease in all areas resulting in an overall

2.2% compared to the previous month. Year to date, referrals are down slightly (0.4%) compared to 2016/17.

GP referrals in 2017/18 to date are 4% down on the equivalent period in the previous year. There have been significant reductions in GP referrals to Gastroenterology, Trauma & Orthopaedics and Dermatology. Consultants to consultant referrals are currently 2.2% higher when comparing to 2016/17 with General Medicine and Urology seeing notable increases.

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

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

3.1.1 E-Referral Utilisation Rates

Figure 10 - South Sefton CCG E Referral Performance

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

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

The latest data (November) for E-referral Utilisation rates reported for the CCG as a whole is 22%; up by 1% from October.

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

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

In addition, practice level E-referral uptake reports are being developed to identify practices who may require some extra support being offered by the national NHS Digital E-referral implementation team.

3.2 Diagnostic Test Waiting Times

Figure 11 - Diagnostic Test Waiting Time Performance

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	17/18 - Nov	1.00%	4.53%	↑ ↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	17/18 - Nov	1.00%	3.73%	↓

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in November. Out of 2,734 patients, 124 waited longer than 6 weeks and of them 23 waited longer than 13 weeks. The majority of breaches were for colonoscopy (62) and gastroscopy (33). This is a decline in performance on last month when the CCG recorded 2.60%. Performance at the Royal Liverpool and Broadgreen is having an impact on the CCG's overall performance as they continue to report significantly above the threshold, at 22.5% in November, a slight decrease in long waiters compared to 23.4% reported in October. The biggest pressure is in Colonoscopy with the Trust reporting a total of 1,197 patients waiting over 6 weeks.

Aintree failed the target for less than 1% of patients waiting longer than 6 weeks for a diagnostic test in November recording 3.73%. Out of 5028 patients, 188 waited longer than 6 weeks with 15 of them waiting over 13 weeks. The majority of breaches were waiting for a colonoscopy (67) and flexi sigmoidoscopy (57). This is a decline in performance from last month when 1.70% was recorded.

Endoscopy has continued to experience some pressures during November with long term Consultant and Nurse Endoscopist sickness absence. Along with long and short term sickness in the endoscopy booking team. The overall number of patients waiting over 6 weeks has increased. Additional activity continues through WLIs and PA sessional rates. The department has continued to prioritise cancer and urgent referrals.

Proposed Actions:

- Additional WLI activity continues to support the recovery of endoscopy performance.
- 1st Agency consultant locum was in post for a period of 2 weeks during September and a second locum consultant was in post for 2 weeks in October. This was discontinued due to clinical safety concerns. Locum Consultant support is being requested via the Trust Agency.
- Weekly capacity meetings continue with operational and clinical teams to maximise the utilisation of capacity.
- The substantive CBM has commenced during September, the substantive ACBM has been recruited to and is due to commence in post in January 2018.
- Unisoft Scheduler has been implemented during the latter part of October and the reporting functionalities are being explored to allow closer scrutiny of slot utilisation and management of DNA rates.
- Endoscopy recovery meetings chaired by the DDO commenced in August. Activity against plan and DNA rates are discussed in detail. Weekly actions are monitored for recovery.
- Potential regular Consultant capacity to be available from January for 2 x colon lists and 1 x clinic at WLI rate. Provided by a visiting Consultant know to the department.

Radiology continues to experience a considerable increase in demand for Imaging (CT Cardiac, MR Cardiac, MR MSK and Ultrasound MSK). Demand is in excess of funded capacity.

Following validation by the Clinical Teams, there has been a reduction in the number of patients waiting greater than 6 weeks.

MR wait has risen from 2.1% to 3.3%. This should drop significantly in December due to mobile activity at the end of December. CT Wait over 6 weeks has dropped from 6.0% to 1.5 % this is due to additional sessions that have been created. There is funded capacity for 9 scans per week, with a weekly average of 25 referrals continuing to be received.

Proposed Actions:

- Weekly capacity meetings with operational and clinical teams to monitor performance and maximise capacity.
- MR referrals have been verified by the Cardiology MR lead and a small number returned as considered no longer required. The Cardiology CD has verified CT referrals and reduced the backlog by 35%. The increase in CT cardiac referral was reviewed and is directly linked to several practice changes, including referral processes to tertiary services.
- Mobile MR Van has been arranged to come on site to provide Cardiac Imaging (Dec 1st, 22nd, 27th, 29th and 5th January 2018). This is the only availability via the company.
- Recovery action plan written by DDO Support Services is in place, with the priority being the reduction of current demand with extra capacity in the first instance.
- Radiology/Cardiology Meeting took place on 13-10-17 to take forward the recovery plan.
- Radiology, Cardiology and NHSE meeting was held on 6-11-17 to discuss potential solutions to manage increased demand. NHSE have agreed to benchmark with other Trusts.
- Costs for additional sessions have now been identified for a long term solution if demand cannot be reduced. Options for redeploying resource have been explored but will not cover full cost therefore focus on demand reduction remains a priority.
- Mobile CT Cardiac Imaging service sought, not available as company unable to provide Radiologist cover. Aintree Cardiac Radiologists Job Plans flexed to provide additional In House sessions. Mobile to be brought on site to accommodate lost general activity (Dec 6th, 7th, 12th, 13th, and 14th). Additional Cardiac Sessions commenced 13th and 14th November, additional appointments to accommodate 12 patients. Further sessions arranged for 4th, 5th, 7th, 11th, 12th and 19th December, this will provide 45 additional appointments.
- Costs for additional sessions provided. Trust to review prior to further discussions with NHSE. Source of funding from Cardiology be explored.

3.3 Referral to Treatment Performance

Figure 12 - Referral to Treatment Time (RTT) Performance

Referral To Treatment waiting times for non-urgent consultant-led treatment				
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	17/18 - Nov	0	0	↓
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	17/18 - Nov	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	17/18 - Nov	92%	92.21%	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Aintree)	17/18 - Nov	92%	92.0%	↔

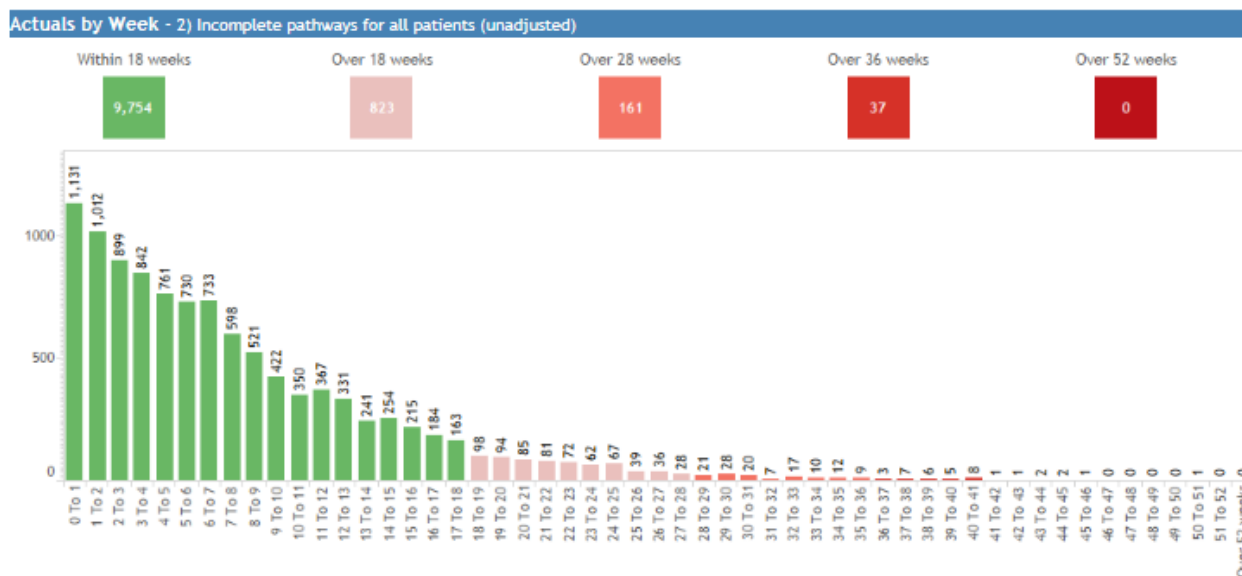
Whilst the CCG has met the 92% RTT standard for November, declining performance at the Royal Liverpool & Broadgreen Hospitals is having an adverse impact on South Sefton CCG performance in particular. Royal Liverpool & Broadgreen Trust as a whole (i.e. regardless of which CCG patients were registered with) did not achieve RTT standard for November reporting 84.62%. The issues were in General Surgery (81.52%), T&O (79.91%), ENT (91.70%), Ophthalmology (79.92%), Gastro (84.82%), Cardiology (90.44%), and Dermatology (87.11%). Advice and guidance has now been rolled out to a number of specialities, as part of the national CQUIN, although the use of this service by GPs is limited. Increases in referrals are also being monitored as a direct consequence of certain Trusts E-referral polling ranges being extended to reduce the number of slot issues. Within Dermatology, South Sefton CCG are leading a Dermatology review working with other commissioners and providers as a result of service closures across the Merseyside area.

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

In addition, RTT performance for the CCG is at risk due to poor performance at University Hospital of North Midlands NHS Trust in Stoke. This provider is commissioned to deliver bariatric surgery for Cheshire and Merseyside CCGs. November performance for this Trust overall for incomplete pathways was 80.0%. This is being followed up by South Sefton CCG on behalf of all Cheshire and Merseyside CCGs seeking reasons for underperformance and actions being taken to address.

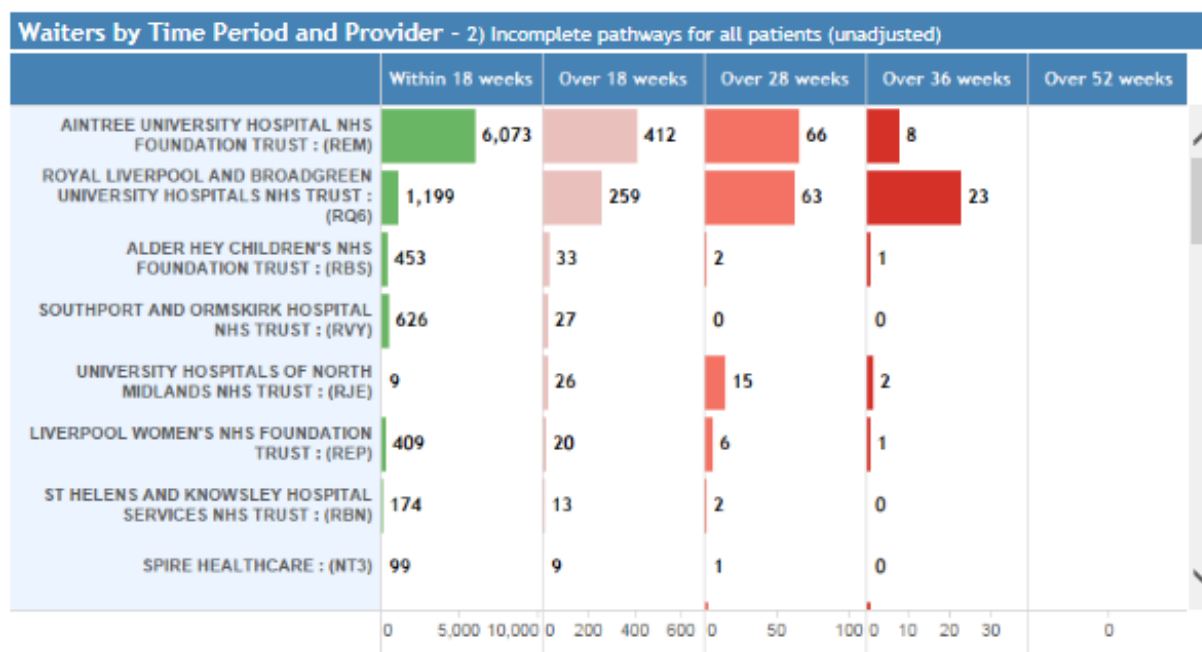
3.3.1 Incomplete Pathway Waiting Times

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



3.3.2 Long Waiters analysis: Top 5 Providers

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



3.3.3 Long Waiters Analysis: Top 2 Providers split by Specialty

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

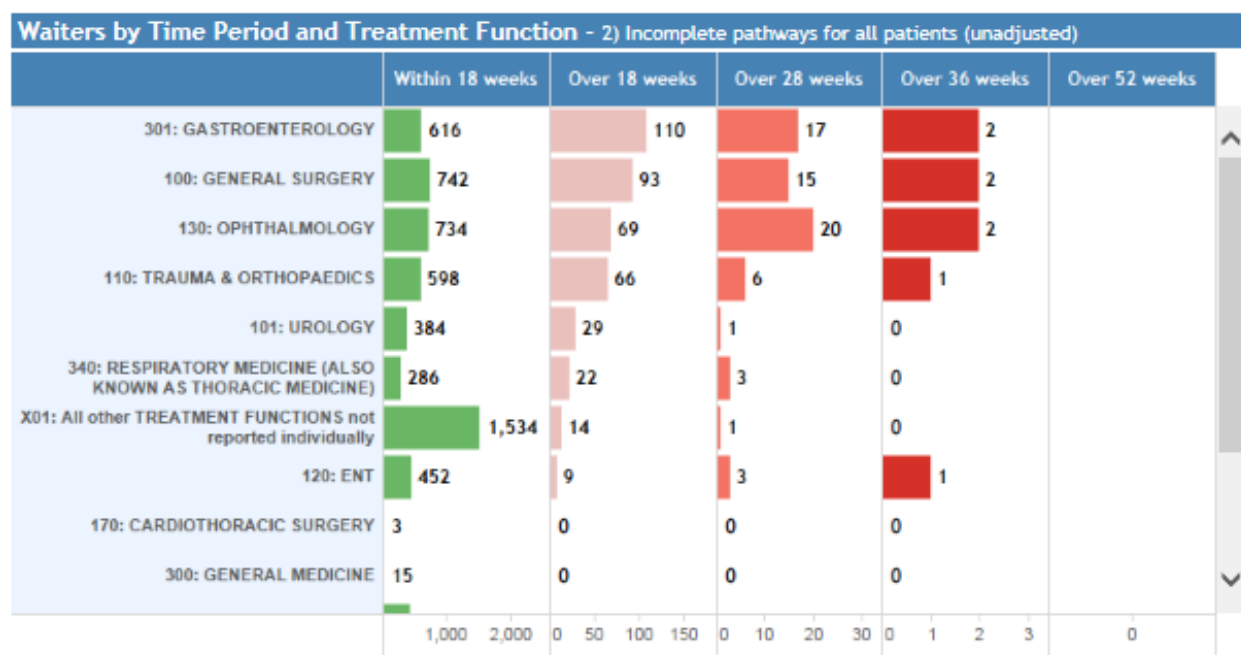
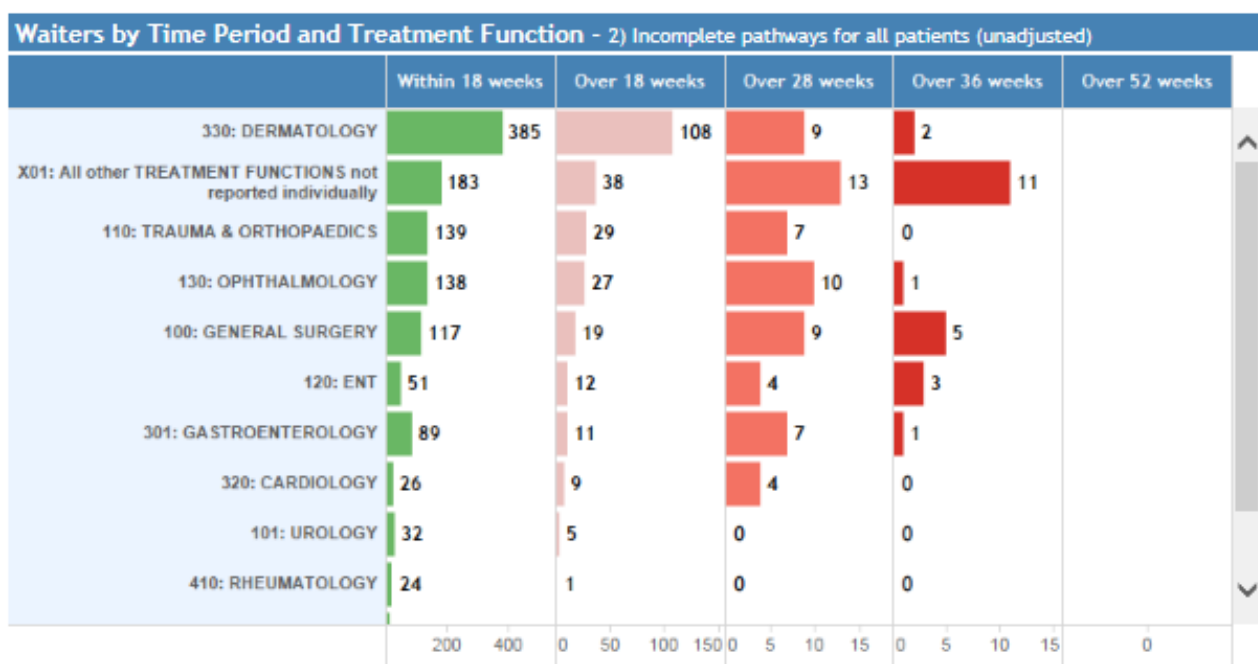


Figure 16 - Patient waiting (in bands) on incomplete pathway by Speciality for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



3.3.4 Provider assurance for long waiters

Figure 17 - South Sefton CCG Provider Assurance for Long Waiters

CCG	Trust	Specialty	Wait band	Registered practice code	Has the patient been seen/has a TCI date?	Detailed reason for the delay
South Sefton CCG	Aintree	General Surgery	40	G9803491	Seen in clinic 11/5/17/no TCI date	Capacity issues within general surgery, limited theatre list & due to pressures within AED/Trauma team have been unable to support additional theatres.
South Sefton CCG	Aintree	T&O	40	G6746609	Clock stopped 06/12/2017 - 1st treatment	Capacity issues
South Sefton CCG	Aintree	Ent	50	G9107164	Clock stopped 03/03/2017 - 1st treatment	On validation not a long waiter; clock stopped first treatment on 03/03/17 (11 weeks waited)
South Sefton CCG	Royal Liverpool	General Surgery	40	N84004	TCI 09/01/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	Ent	40	N84027	Patient treated in December	
South Sefton CCG	Royal Liverpool	Ent	40	N84027	Patient treated in December	
South Sefton CCG	Royal Liverpool	All Other	40	N84011	TCI 25/01/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	All Other	40	N84003	TCI 25/01/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	All Other	41	N84025	TCI 25/01/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	General Surgery	42	N84020	Patient treated in December	
South Sefton CCG	Royal Liverpool	General Surgery	43	N84034	TCI to be confirmed	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	Gastroenterology	43	N84007	TCI 16/01/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	All Other	44	N84001	TCI 04/01/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	All Other	44	N84015	TCI 25/01/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	All Other	45	N84019	Patient treated in December	
South Sefton CCG	Manchester Un Hospital	General Surgery	40		AWAITING UPDATE FROM TRUST(CSU HAVE ATTEMPTED SEVERAL TIMES)	

3.4 Cancelled Operations

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

Figure 18 – Aintree Cancelled Operations

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

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

Figure 19 – Aintree Cancelled Operations for a second time

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

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

Figure 20 – Two Week Cancer Performance measures

Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	17/18 - Nov	93%	93.52%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	17/18 - Nov	93%	94.42%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	17/18 - Nov	93%	90.61%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Aintree)	17/18 - Nov	93%	91.36%	↑

The CCG failed the 93% target for 2 week waits for first outpatient appointments for patients referred urgently with breast symptoms in November, with 91.67% and it is currently failing year to date at 90.61% due to lower rates in May, June and July. In November there were 6 breaches out of a total of 72 patients.

Aintree achieved the 93% breast target for November reaching 94.79%, but are failing year to date 91.36%. Out of 192 patients there have been 10 breaches year to date. The majority of breaches were due to patient choice.

A Protected Learning Time event was held with General Practice staff in November 2017. This session included advice on how best to manage symptomatic breast patients and the importance of patients understanding the timescale for breast appointments and the need to be available. It is hoped this may reduce demand for these services and ensure patients who are referred are less likely to reject appointment offers or cancel appointments.

3.5.2- 31 Day Cancer Waiting Time Performance

Figure 21 – 31 Day Cancer Performance measures

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	17/18 - Nov	96%	98.13%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	17/18 - Nov	96%	97.72%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	17/18 - Nov	94%	97.88%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	17/18 - Nov	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	17/18 - Nov	94%	96.15%	↑
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	17/18 - Nov	94%	93.13%	↓
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	17/18 - Nov	98%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	17/18 - Nov	98%	100.00%	↔

Aintree failed the 94% target for 31 day wait for subsequent treatment (surgery) in November recording 87.10% and are now under plan year to date (93.13%). In November there were 4 breaches out of a total of 31 patients. The longest wait was 71 days and the reason was capacity, other reasons for the breaches included no anaesthetist available so surgery cancelled, and patient didn't stop warfarin so surgery date has to be changed.

3.5.3 - 62 Day Cancer Waiting Time Performance

Figure 22 – 62 Day Cancer Performance measures

Cancer waits – 62 days				
Maximum 62-day wait for first definitive treatment following a consultant’s decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	17/18 - Nov	85% local target	89.77%	↔
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 - Nov	85% local target	82.94%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	17/18 - Nov	90%	95.38%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	17/18 - Nov	90%	86.54%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	17/18 - Nov	85%	85.16%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	17/18 - Nov	85%	83.28%	↔

Aintree failed the local 85% target in November for 62 day wait for definitive treatment following consultant’s decision to upgrade, recording 71.74% and also failed year to date (82.94%). In November the equivalent of 6.5 out of 23 patients breached the target. Reasons for breaches include complex diagnostic pathways, patient choice and lack of capacity for treatments. Longest wait was 179 days.

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 Operations.
- Escalate constraints to the patient pathway to the daily Cancer Performance briefing led by the Divisional Director of Operations Diagnostics and Support Services.
- Delay of the recovery plan in collaboration with the Divisional Director of Operations Diagnostics and Support Services.

Aintree failed the 90% target for 62 day screening in November with 1.5 patient breaches out of a total of 8.5 patients - recording 82.35%. The Trust is also failing year to date, reaching 86.54%, partly due to previous breaches. It should be noted that the Trust undertakes Bowel screening and only and so treatment numbers are low in comparison to other organisations. Therefore just 1

breach will result in the Trust failing this standard unless treatments are higher. The Trust is predicted to achieve the 90% plan for Q3 but this is dependent on December breaches.

Actions:

- Continued monitoring and intervention by the Clinical Business Unit to manage the patient pathways and remove any
- Escalate constraints in the patient pathway to the weekly Cancer Performance meeting (CPG) and to the Divisional Director of Ops.

Aintree also failed the 85% target in November for 2 month wait from urgent GP referral to first definitive treatment recording 83.81%, and are still failing year to date with 83.28%. In November, the equivalent of 6.5 breaches out of a total of 23 patients occurred.

Main reasons for breaches include:

- Delay in referrals between trusts, patient declining surgery, complex patients, patient holidays – unavoidable breach, fertility preservation before treatment, patient requiring repeat biopsy.

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.
- 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 and twice weekly performance meetings with relevant CBMs have been commenced.
- Delivery of recovery plan for Diagnostics. This is to be progressed in collaboration with Surgery and Specialty Medicine.
- Continue work with Surgery to assess the impact of theatre refurbishment to ensure effective use of all available theatre lists for Urology and Head & Neck.

3.6 Patient Experience of Planned Care

Figure 23 – Aintree Inpatient Friends and Family Test Results

Friends and Family Response Rates and Scores
Aintree University Hospital NHS Foundation Trust
Latest Month: Nov-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%	18.8%		96%	95%		2%	3%	

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 November at 18.8% (and have been for all of 2017/18 so far). The proportion of patients who would recommend has improved since last month recording 95% in November (England average 96%). The proportion who would not recommend is higher than last month at 3%, which is 1% higher than the England average.

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

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 8 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG show an under performance of -£1.3m/-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 -£354k/-1.1%.

At specific over performing Trusts, Royal Liverpool are reporting the largest cost variance with a total of £131k/4% followed by Spire Liverpool (£108k/22%).

Figure 24 - Planned Care - All Providers

PROVIDER NAME	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	120,505	118,995	-1,510	-1%	£20,946	£20,129	£-817	-4%	£817	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	9,291	9,602	311	3%	£1,169	£1,110	£-59	-5%	£59	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	821	955	134	16%	£279	£310	£30	11%	£-30	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	10,806	9,787	-1,019	-9%	£2,052	£1,864	£-189	-9%	£189	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	20,938	22,546	1,608	8%	£3,511	£3,642	£131	4%	£-131	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	2,106	2,090	-16	-1%	£677	£572	£-105	-15%	£105	£0	0.0%
ACTING AS ONE TOTAL	164,466	163,975	-491	0%	£28,633	£27,626	£-1,007	-4%	£1,007	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	57	170	113	197%	£14	£33	£18	128%	£0	£18	128%
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	113	113	0%	£0	£16	£16	0%	£0	£16	#DIV/0!
FAIRFIELD HOSPITAL	130	107	-23	-18%	£35	£27	£-8	-22%	£0	£-8	-22%
ISIGHT (SOUTHPORT)	341	372	31	9%	£79	£71	£-8	-10%	£0	£-8	-10%
RENACRES HOSPITAL	4,235	4,124	-111	-3%	£1,190	£1,229	£38	3%	£0	£38	3%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	10,374	8,748	-1,626	-16%	£1,932	£1,493	£-439	-23%	£0	£-439	-23%
SPIRE LIVERPOOL HOSPITAL	1,611	1,932	321	20%	£500	£609	£108	22%	£0	£108	22%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	2,464	3,081	617	25%	£683	£656	£-27	-4%	£0	£-27	-4%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	854	715	-139	-16%	£196	£163	£-33	-17%	£0	£-33	-17%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	73	114	41	56%	£11	£21	£10	94%	£0	£10	94%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	70	70	0%	£0	£7	£7	0%	£0	£7	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	308	224	-84	-27%	£82	£52	£-30	-37%	£0	£-30	-37%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	793	889	96	12%	£326	£319	£-7	-2%	£0	£-7	-2%
ALL REMAINING PROVIDERS TOTAL	21,242	20,659	-583	-3%	£5,050	£4,696	£-354	-7%	£0	£-354	-7%
GRAND TOTAL	185,708	184,634	-1,074	-1%	£33,683	£32,322	£-1,361	-4.0%	£1,007	£-354	-1.1%

*PBR Only

3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust

Figure 25 - Planned Care - Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	9,804	8,514	-1,290	-13%	£5,837	£5,536	£-301	-5%
Elective	1,365	1,101	-264	-19%	£3,871	£3,275	£-596	-15%
Elective Excess BedDays	449	231	-218	-49%	£109	£55	£-53	-49%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	295	151	-144	-49%	£62	£34	£-28	-45%
OPFANFTF - Outpatient first attendance non face to face	1,669	2,425	756	45%	£47	£64	£16	34%
OPFASPCL - Outpatient first attendance single professional consultant led	22,100	20,985	-1,115	-5%	£3,471	£3,424	£-47	-1%
OPFUPMPCPL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	958	621	-337	-35%	£81	£63	£-18	-23%
OPFUPNFTF - Outpatient follow up non face to face	2,165	5,726	3,561	164%	£52	£138	£86	164%
OPFUPSPCL - Outpatient follow up single professional consultant led	55,521	52,120	-3,401	-6%	£3,823	£3,745	£-78	-2%
Outpatient Procedure	15,678	16,202	524	3%	£2,072	£2,123	£51	2%
Unbundled Diagnostics	9,516	9,846	330	3%	£768	£861	£93	12%
Wet AMD	986	1,073	87	9%	£753	£812	£59	8%
Grand Total	120,505	118,995	-1,510	-1%	£20,946	£20,129	£-817	-4%

Non face to face activity (both first and follow up attendances) are reporting an over performance within planned care at month 8 with the majority of other areas within outpatients currently under performing (the exception being outpatient procedures). The over performance for non-face to face first outpatient activity is focussed within Acute Internal Medicine (GP Hotline at £24 per call) whereas non face to face follow up over performance is credited to the Ophthalmology, Cardiology and Dermatology specialties.

Unbundled diagnostics is the highest over performing POD in planned care with a cost variance of £93k/12% against plan. This is followed by Wet AMD (£59k/10% above plan at month 8).

Cardiology is showing the largest cost variance at month 8 (£616k/62%). The cardiology over performance is largely related to day case activity, which can be attributed to the heart failure pathway. Conversely, Trauma & Orthopaedics is under performing by -£737k/-20% against plan.

Overall, year to date costs for planned care PODs at Aintree University Hospital are currently - £817k/-4% down against plan at month 8. 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 8:

Figure 26 - Planned Care - Aintree University Hospital NHS Foundation Trust Variance from plan by Specialty and by POD

Specialty	DAY CASES		ELECTIVE INPATIENTS		ELECTIVE XBDS		OUTPATIENT FIRST ATT		OUTPATIENT FU ATT		OUTPATIENT PROCEDURES		Total Activity YTD Var	Total Price YTD Var
	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var		
Cardiology	701	£578,101	6	£20,736	36	£8,579	229	(£2,968)	193	(£39,662)	436	£51,429	1,600	£616,215
Geriatric medicine	3	(£1,036)	3	(£4,086)	-4	(£824)	217	£59,803	442	£59,660	5	£653	666	£114,170
Acute internal medicine	2	£80	0	(£2,545)	-13	(£3,135)	1,031	£110,424	62	£6,989	-59	(£8,404)	1,023	£103,410
Colorectal surgery	-23	(£3,540)	-3	£137,634	-220	(£51,985)	-35	(£12,167)	277	£15,358	26	£3,404	22	£88,705
Nephrology	24	£8,971	-2	(£1,059)	-2	(£411)	285	£76,461	-179	(£20,405)	14	£1,626	141	£65,183
Breast surgery	53	£104,665	-13	(£36,021)			-64	(£13,038)	-103	(£7,583)	83	£11,490	-46	£59,513
Rheumatology	33	£8,974	-3	(£2,053)	-7	(£1,785)	33	£8,319	452	£38,140	-24	(£5,760)	484	£45,835
Respiratory medicine	-18	(£781)	-14	(£17,072)	3	£787	75	£30,999	170	£2,299	152	£26,650	367	£42,883
Physiotherapy							-223	(£10,810)	1,568	£51,538	1	£33	1,346	£40,761
Transient ischaemic attack							174	£52,896	-24	£0	-167	(£21,157)	-17	£31,739
Cardiothoracic surgery							-7	(£2,544)	-72	(£10,892)	-1	(£207)	-80	(£13,644)
Upper gastrointestinal surgery	-26	(£38,815)	4	£19,915	-2	(£526)	-36	(£5,549)	-102	(£6,566)	-2	(£266)	-164	(£31,809)
Clinical haematology	-541	(£78,260)	-10	(£16,883)	-40	(£11,203)	-78	(£19,702)	654	£73,742	3	£757	-11	(£51,550)
Anticoagulant service									-3,406	(£87,738)			-3,406	(£87,738)
General surgery	-67	(£82,328)	-32	(£50,940)	0	(£10)	-37	(£6,281)	-136	(£9,925)	-6	(£843)	-279	(£150,328)
Dermatology	-40	(£19,993)					-552	(£76,284)	238	(£15,056)	-624	(£59,156)	-977	(£170,489)
Urology	-151	(£28,842)	-38	(£87,344)	43	£9,639	-459	(£67,569)	-26	(£1,941)	-148	(£22,934)	-780	(£198,991)
Ophthalmology	-343	(£256,109)	1	£745	4	£1,047	-309	(£45,182)	1,133	£11,294	669	£66,644	1,155	(£221,561)
Gastroenterology	-755	(£327,237)	-24	(£70,772)	-34	(£8,245)	-393	(£77,648)	-891	(£56,824)	-18	£690	-2,114	(£540,035)
Trauma & orthopaedics	-184	(£205,159)	-111	(£421,506)	20	£4,653	-182	(£28,518)	-441	(£26,852)	-482	(£60,303)	-1,380	(£737,685)
Grand Total	-1,290	(£300,786)	-264	(£595,895)	-218	(£53,419)	-504	(£58,970)	-177	(£10,415)	524	£50,994	-1,928	(£968,491)

3.7.2 Planned Care Southport & Ormskirk Hospital

Figure 27 - Planned Care - Southport & Ormskirk Hospital by POD

Southport & Ormskirk Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	646	558	-88	-14%	£468	£356	£-112	-24%
Elective	136	107	-29	-21%	£381	£242	£-140	-37%
Elective Excess BedDays	24	1	-23	-96%	£9	£0	£-8	-97%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	165	91	-74	-45%	£27	£16	£-11	-41%
OPFASPCL - Outpatient first attendance single professional consultant led	1,549	1,178	-371	-24%	£255	£191	£-63	-25%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	380	198	-182	-48%	£29	£16	£-12	-43%
OPFUPSPCL - Outpatient follow up single professional consultant led	3,299	2,803	-496	-15%	£252	£217	£-35	-14%
Outpatient Procedure	3,577	3,269	-308	-9%	£467	£411	£-56	-12%
Unbundled Diagnostics	600	543	-57	-9%	£44	£43	£-1	-3%
Grand Total	10,374	8,748	-1,626	-16%	£1,932	£1,493	£-439	-23%

* PbR only

Planned care elements of the contract continue to underperform against plan in month 8 2017/18 as they had throughout 2016/17 and previous months in 2017/18, with all areas below plan year to date.

The largest variance against plan is within elective and day case procedures at a combined underspend of -£262k. Earlier in the year as previously reported, decontamination issues resulted in inpatient cancellations in April. May activity was further affected with the cyber-attack resulting in further elective cancellations.

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

Under direction from NHS England and NHS Improvement, Providers have been instructed to review all elective activity with a view to cancelling some planned outpatient clinics and procedures due to the impact of winter pressures on emergency care.

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

3.7.3 Renacres Hospital

Figure 28 - Planned Care - Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	417	346	-71	-17%	£503	£405	£-98	-19%
Elective	77	113	36	46%	£366	£517	£150	41%
OPFASPCL - Outpatient first attendance single professional consultant led	863	727	-136	-16%	£138	£120	£-18	-13%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,062	1,127	65	6%	£67	£72	£5	7%
Outpatient Procedure	548	268	-280	-51%	£57	£43	£-14	-25%
Unbundled Diagnostics	343	269	-74	-22%	£33	£26	£-7	-20%
Physio	924	950	26	3%	£27	£28	£1	3%
Grand Total	4,235	3,800	-435	-10%	£1,190	£1,210	£19	2%

Renacres over performance of £19k/2% is driven by a £150k/41% 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. In contrast, day case activity is currently under performing by £-98k/-19%, which can be attributed to activity within Trauma & Orthopaedics and General Surgery, particularly major knee and shoulder procedures.

The planning profile for Renacres Hospital has recently been amended for 2017/18 based on working days rather than previous activity. The new plans for each month of 2017/18 are more static, and more in line with expected levels of activity.

3.7.4 Spire Liverpool

Spire Liverpool Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	141	210	69	49%	£200	£262	£62	31%
Elective	37	40	3	7%	£192	£207	£15	8%
OPFASPCL - Outpatient first attendance single professional consultant led	183	272	89	49%	£30	£45	£14	48%
OPFUPSPCL - Outpatient follow up single professional consultant led	974	1,088	114	12%	£44	£58	£14	31%
OPFUPSPNCL - Outpatient follow up single professional non-consultant led	31	46	15	49%	£2	£2	£1	49%
Outpatient Procedure	151	157	6	4%	£21	£21	£1	3%
Unbundled Diagnostics	94	119	25	27%	£12	£14	£2	18%
Grand Total	1,611	1,932	321	20%	£500	£609	£108	22%

Spire Liverpool is over performing across all PODs in 2017/18. However, total over performance of £108k/22% is driven by a £62k/31% increase in day cases. The majority of activity at Spire Liverpool is within the Trauma & Orthopaedics specialty. Pain Management has also seen an increase in activity against plan (£26k/204%). At HRG level, activity has been recorded across a number of HRGs, many against a zero plan.

3.8 Personal Health Budgets

Figure 29 - South Sefton CCG – 2017/18 PHB Plans

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
1) Personal health budgets in place at the beginning of quarter (total number per CCG)	48	11	52	23	56		60	
2) New personal health budgets that began during the quarter (total number per CCG)	4	0	4	1	4		4	
3) Total number of PHB in the quarter = sum of 1) and 2) (total number per CCG)	52	11	56	24	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	15.49	38.73		41.31	

The CCG reported 23 personal health budgets at the end of Q2, which is an increase of 12 from Q1. This remains below the trajectory for the targets set by NHS England. The CCG is exploring the expansion of PHBs for ends of life patients as part of CHC fast track funding, with the learning from Warrington CCG where this is being successfully delivered. Mersey Internal Audit Agency has recently reported further opportunities to the CCG regarding increasing the use of PHBs.

3.9 Continuing Health Care (CHC)

A number of measures are reported nationally on the NHS England website relating to Continuing Health Care (CHC). Three are reported in this report, and further indicators will be added to the report in the coming months.

Figure 30 - People eligible (both newly eligible and existing patients) at the end of the quarter (snapshot) divided by the population aged 18+, and expressed as a rate per 50,000 population

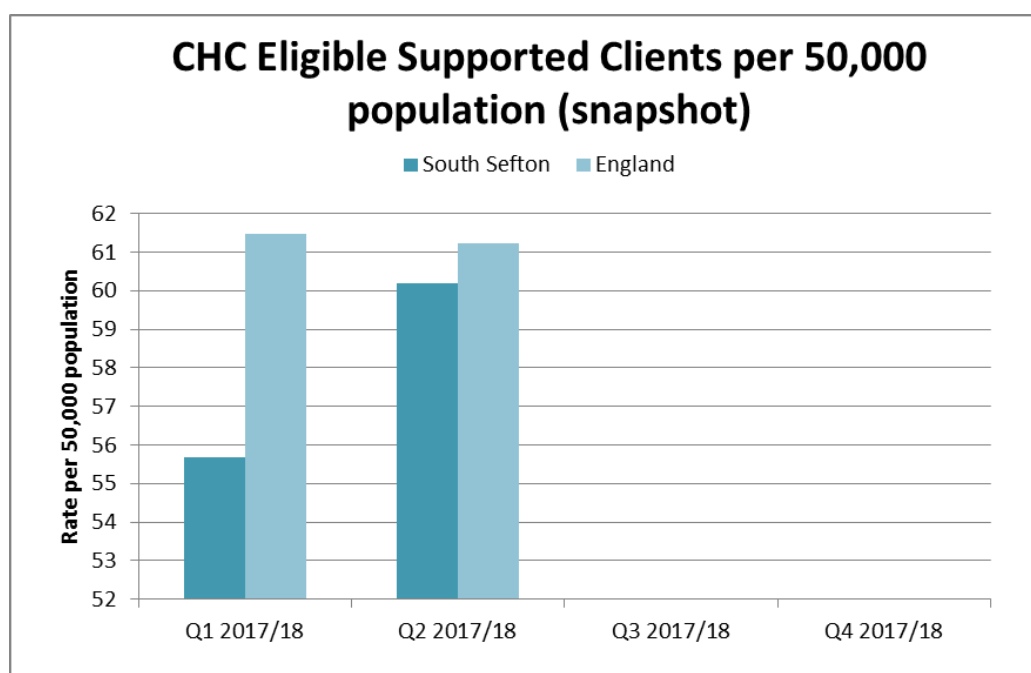


Figure 31 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

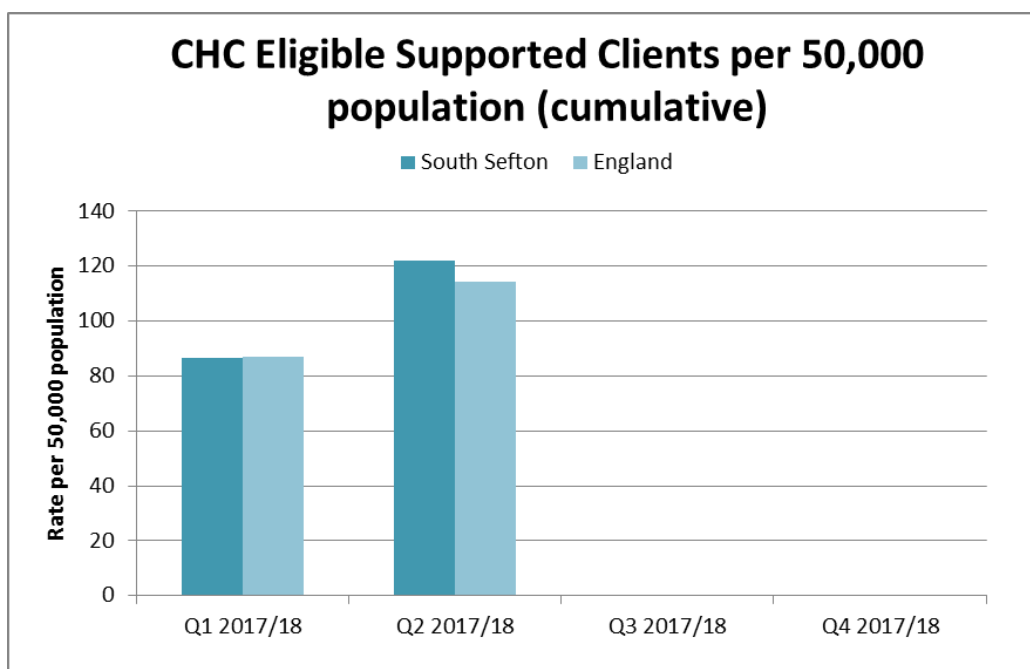
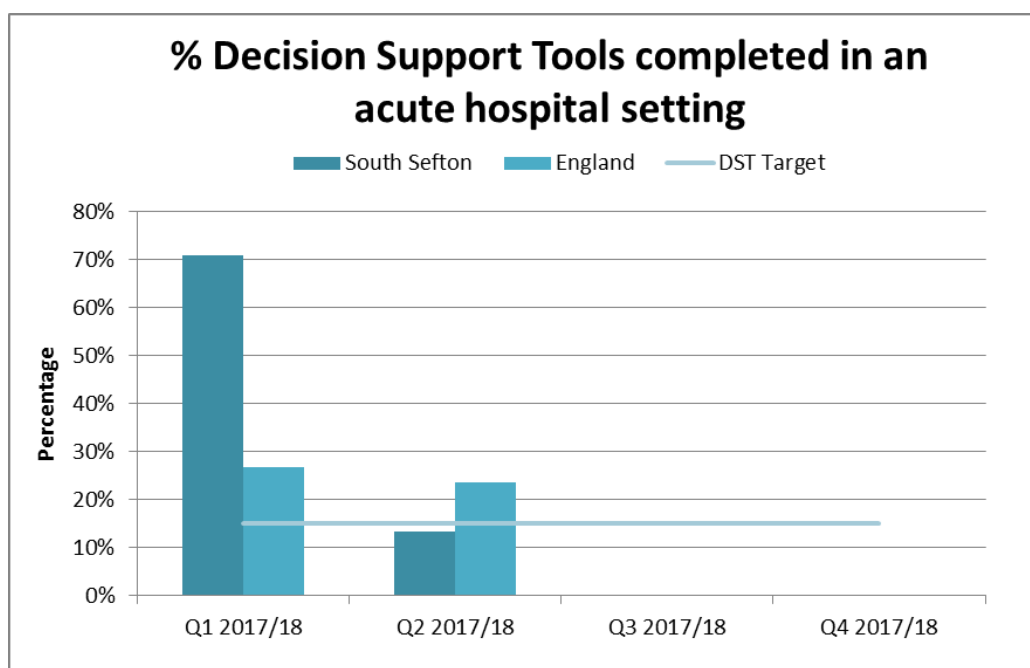


Figure 32 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



The proportion of DST assessments occurring in an acute hospital bed in South Sefton was significantly higher than the national average of 27% in Q1. Data submissions were validated to

ensure accuracy, and a significant improvement was recorded at Q2 with 13.3% occurring in an acute setting.

A CHC Programme Board has been established to replace the CHC Steering Group. The new board will meet in January 2018, bringing together commissioners, providers and Local Authority colleagues.

3.10 Smoking at Time of Delivery (SATOD)

Figure 33 - Smoking at Time of Delivery (SATOD)

	South Sefton			
	Actual Q1	Actual Q2	YTD	FOT
Number of maternities	367	452	819	1638
Number of women known to be smokers at the time of delivery	56	62	118	236
Number of women known not to be smokers at the time of delivery	310	389	699	1398
Number of women whose smoking status was not known at the time of delivery	1	1	2	4
Data coverage %	99.7%	99.8%	99.8%	99.8%
Percentage of maternities where mother smoked	15.3%	13.7%	14.4%	14.4%

The CCG is again above the data coverage plan of 95% at Q2, meaning the data is generally robust, but currently above the national ambition of 11% for the percentage of maternities where mother smoked the ambition will be 6% by the end of 2022. There is no national target for this measure. Performance against this metric is discussed with Providers at Maternity Commissioning Leads meetings attended by the CCG managerial lead for Children and Maternity Services.

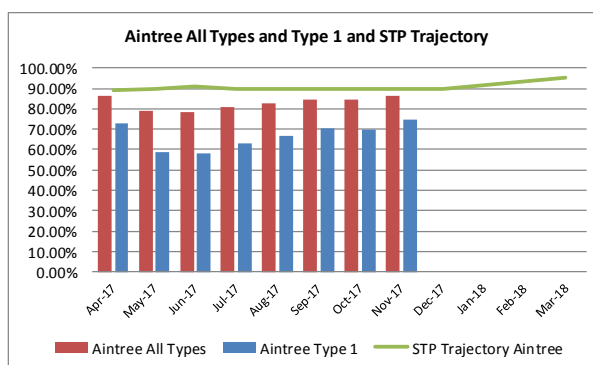
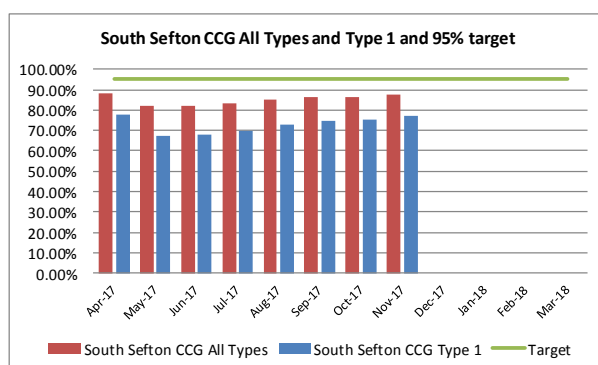
4. Unplanned Care

4.1 Accident & Emergency Performance

Figure 34 - A&E Performance

A&E waits				
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	17/18 - Nov	95%	85.06%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	17/18 - Nov	95%	72.87%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) All Types	17/18 - Nov	STP Trajectory Nov Target 90%	82.70%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	17/18 - Nov	95%	66.72%	↑

A&E All Types	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	YTD
STP Trajectory Aintree	89%	90%	91%	90%	90%	90%	90%	90%	%
Aintree All Types	86.13%	78.78%	78.42%	80.81%	82.35%	84.47%	84.41%	86.58%	82.70%



Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2017/18 and have failed the 90% November plan agreed with NHS Improvement recording performance with 86.58% (for all A&E department types) in November 2017.

Performance against the 4 hour standard was 86.58% (T1 and T3) in November 2017 representing a + 2.36% increase compared to October 2017.

Improvements were achieved in 2 of the 5 clinical indicators with a 0.11% improvement for unplanned re-attendances down to 7.76% against a target of 5%. The time to see 1st clinician has decreased to 72 minutes, against the 60 minute clinical quality indicator (a decrease of 2 minutes against October 2017). The clinical quality indicators for the number of patients who leave the department before being seen and the 15 minute from registration to triage are being met month on month.

Actions for improvement include:

- Continue to embed all aspects of the Emergency and Acute Care Plan and regularly monitor performance to ensure delivery of 90% ED performance and 75% notification to handover (N2H) performance.
- Complete review of the medical workforce establishment and submit for consideration at BCRG. Additional sessions are being arranged to cover gaps in the existing rotas. This project is being supported by EY to ensure realignment of current workforce is undertaken prior to business case completion.
- Fully implement PCS once funding arrangements are agreed.
- NWAS 90 day project completed. Awaiting start date agreement for direct conveyancing to AEC. Raised at NWAS meeting 13/11 and action was for NWAS to inform the Trust of start date.
- Recruitment of Acute Physicians is underway. Interview date scheduled for 4th January.
- Informed of complete full ED nurse establishment review dependency study completed by the 19/11/17.
- EY and Exec led support is in place to ensure delivery of KPI's to improve quality and performance. A rapid improvement event with focus on non-accepted patients attending ED took place week commencing 11th December and a further event is in progress for the assessment area (Mab/Fab).
- Undertake series of PDSA cycles and RIWs to introduce/monitor:
 - See and Treat – Allocation of rooms has been introduced and patient allocated to room for review.
 - Board rounds – walk-a-rounds have commenced to ensure that staff are redirected to any hot spots.
 - Direct pathways to assessment areas.

A Multi Agency Discharge Event (MADE) was held in early November and the formal report from this is awaited. A number of recommendations were made following the event of which 4 were classified as “urgent”;

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

Figure 35 - A&E Performance – 12 hour breaches

12 Hour A&E Breaches				
Total number of patients who have waited over 12 hours in A&E from decision to admit to admission - Aintree (cumulative)	17/18 - Nov	0	11	↔

Aintree had no 12 hour breaches in November. 11 have been reported year to date; 9 in May and 2 in June. Root Cause Analyses of the breaches are awaited from the Trust.

4.2 Ambulance Service Performance

In August NWAS went live with the implementation of the Ambulance Response Programme (ARP). 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. Although ARP is now live the data is still being analysed at a Northwest level and is not yet ready to be shared at County or CCG level due to the fundamental shifts.

NWAS 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. NWAS 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.

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

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**.

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

Figure 36 - Previous Ambulance performance targets and new ARP Targets

CURRENT				FUTURE ARP			
 RED 1 Life Threatening	3% of calls (NWS 3%)	75% response within 8 mins	Clock starts at point call connected from 999	 CATEGORY 1 Life Threatening	8% of calls	7 mins mean response time 90% in 15 mins	Clock starts 30 secs from call connect or problem identified
 RED 2 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	 CATEGORY 2 Emergency Calls	48% of calls	18 mins mean response time 90% in 40 mins	Clock starts 240 secs from call connect or problem identified
ALL RED		95% within 19 minutes NW local target 20 mins response	60 secs from call connect / ambulance dispatched / problem identified	 CATEGORY 3 Urgent Calls	34% of calls	90% in 120 mins	Clock starts 240 secs from call connect or problem identified
 GREEN 1 Emergency Care	(NWS 5%)	NW local target 20 mins response		 CATEGORY 4 Less Urgent Calls	10% of calls	90% in 180 mins	Clock starts 240 secs from call connect or problem identified
 GREEN 2 Emergency Care	(NWS 29%)	NW local target 30 mins response		If conveyed, transporting vehicle stops the clock			
 GREEN 3 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"> • Change the dispatch model, giving staff slightly more time to identify patients' needs and allowing quicker identification of urgent conditions • Further prioritises a time critical response for the most life threatening conditions • 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. • 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. 			
 GREEN 4 Urgent Care	(NWS 14%)	NW local target Tel assessment 60 mins / 240 mins response					
ALL GREEN	50% of calls (NWS 56%)	No national targets (local apply)					

Figure 37 - Ambulance handover time performance

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Aintree	17/18 - Nov	0	168	↑ ↓	The Trust recorded 168 handovers between 30 and 60 minutes, this is less than last month when 214 was reported and is still breaching the zero tolerance threshold.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Aintree	17/18 - Nov	0	91	↓	The Trust recorded 91 handovers over 60 minutes, this is less than the previous month when 173 was reported and is still breaching the zero tolerance threshold.

There has been a decrease in the number of handover delays in excess of 30 minutes to 168 (-46), of which 91 (-82) were in excess of 60 minutes.

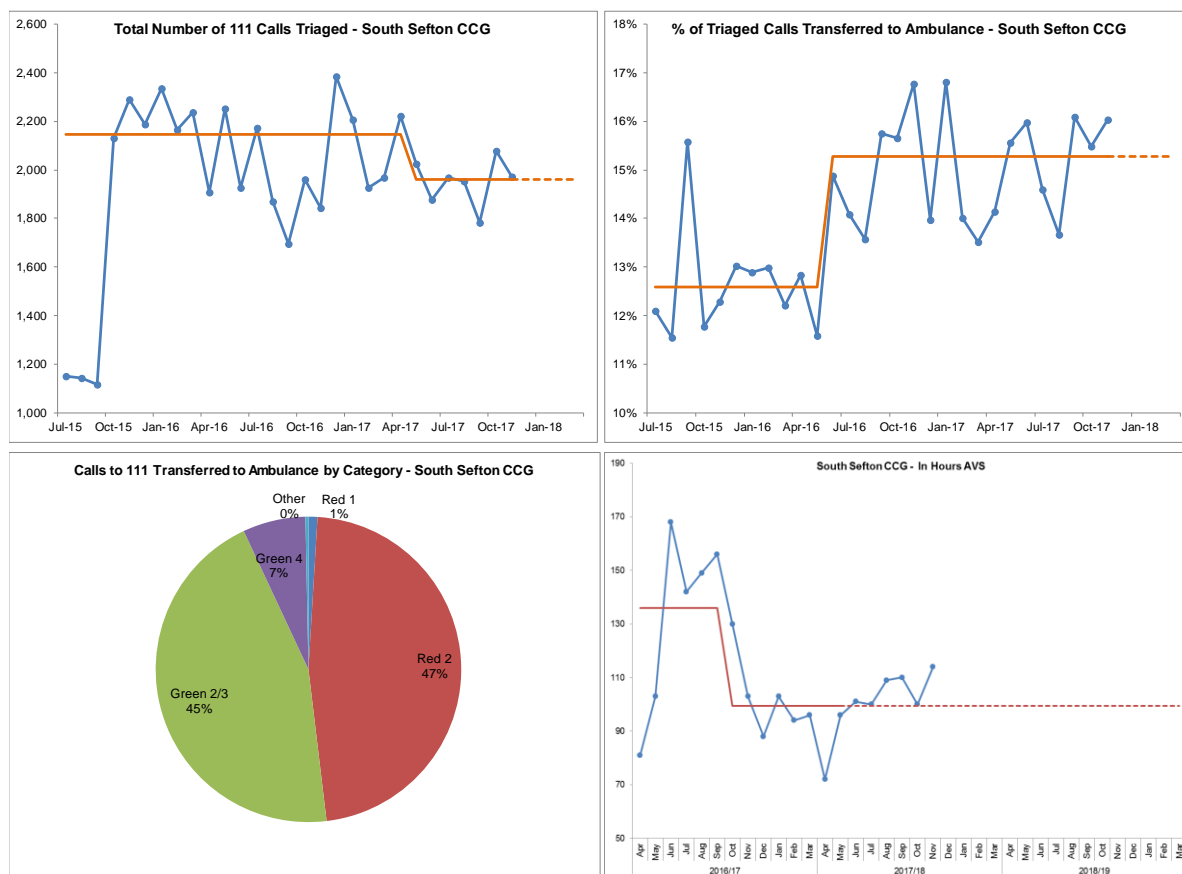
The average time from notification to handover standard of 15 minutes has decreased to 17:39 minutes compared to 21:43 minutes in October (-4.04 minutes). Ambulance Hospital Arrival Screen (HAS) compliance increased to 89.40% (+5%).

In mid-November, a guidance letter was issued to CCGs, Providers, and A&E Delivery Boards from the National Directors for Acute and Urgent Care at NHS England. The guidance 'Addressing ambulance handover delays: Actions for Local A&E Delivery Boards' sets out the main points from recent guidance documents, and separates them into actions to be embedded as part of normal working practice, and actions to be taken should ambulances begin to queue. There are 4 key principles that local systems should note:

- The patients in the urgent care pathway who are at highest risk of preventable harm are those for whom a high priority 999 emergency call has been received, but no ambulance resource is available for dispatch.
- Acute Trusts must always accept handover of patients within 15 minutes of an ambulance arriving at the ED or other urgent admission facility (e.g. medical/surgical assessment units, ambulatory care etc.).
- Leaving patients waiting in ambulances or in a corridor supervised by ambulance personnel is inappropriate.
- The patient is the responsibility of the ED from the moment that the ambulance arrives outside the ED department, regardless of the exact location of the patient.

4.3 NWS, 111 and Out of Hours

4.3.1 111 Service Calls



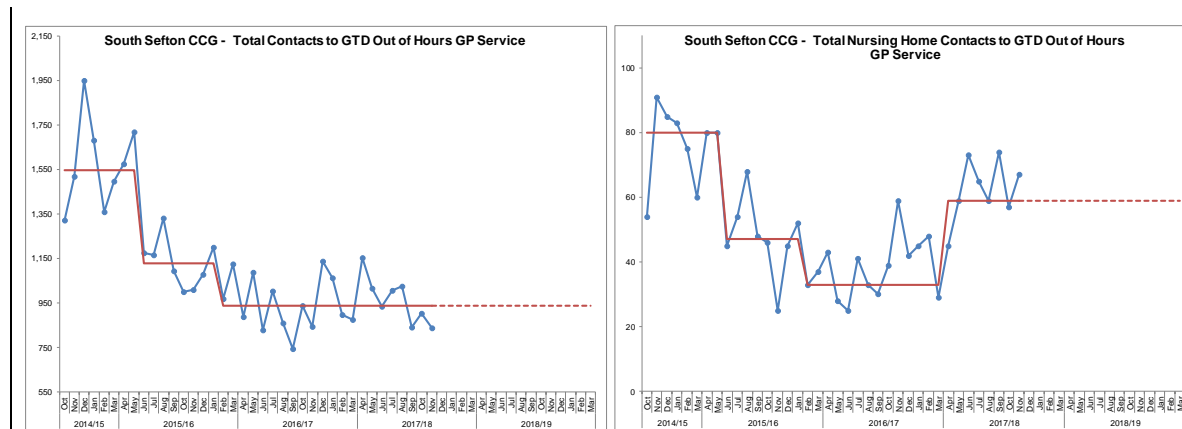
The number of calls in November has fallen to 1,971 from 2,079 in October, a reduction of 108 calls. When compared to the same 8 months of the previous year, there have been 245 more contacts in 2016/17

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

- 57% advised to attend primary and community care
- 17% closed with advice only
- 16% transferred to ambulance
- 7% advised to attend A&E
- 4% advised to other service.

The number of calls closed with advice only in the first 8 months of the year is 2,722. This is 10.6% lower than the same point in the previous year, when 3,044 calls ended this way.

4.3.1 GP Out of Hours Service Calls



The number of calls from South Sefton patients to the GP OOH service has fallen slightly in November to 839. When compared to the same point in the previous year, there have been 524 more calls so far in the first 8 months of 2017/18, an increase of 7.3%.

GP OOH calls from nursing homes within South Sefton have increased in November to 67. When compared to the same point in the previous year, the first 8 months of 2017/18 have received 201 more calls to nursing homes, an increase of 67.4%.

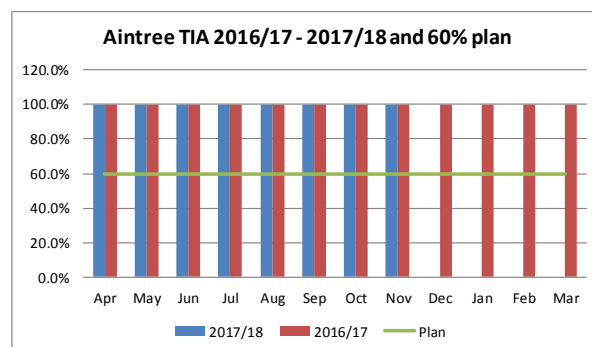
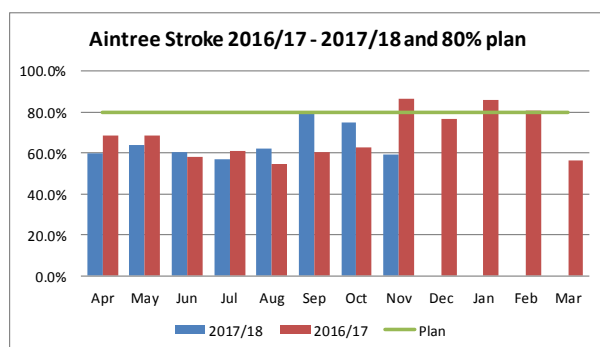
South Sefton CCG, in collaboration with Go To Doc (GTD) and NWS, has now gone live with their out of hours Clinical Assessment Service (CAS) in June 2017.

4.4 Unplanned Care Quality Indicators

4.4.1 Stroke and TIA Performance

Figure 38 - Stroke & TIA performance

Stroke				
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	17/18 - Nov	80%	59.00%	↓
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	17/18 - Nov	60%	100%	↔



Aintree failed the 80% target of stroke patients spending at least 90% of their time on a stroke unit in November, achieving 59%. 39 patients with a diagnosis of stroke were discharged from the Trust during the month. 23 patients spent 90% of their stay on the Stroke Unit the standard was not achieved for 16 patients. All breaches of the standard are reviewed and reasons for underperformance identified:

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

Lack of available stroke beds remains a recurring theme and biggest contributor to the inability to achieve the standard. This is being addressed through implementation of a business case to increase Stroke inpatient capacity however recruitment of nursing staff and therapists is hindering progress. Three additional staff have been recruited with start dates up to Sept '18, still leaving significant gaps against required numbers.

Actions:

- Continue Registered Nurse and Therapy recruitment for funded HASU beds. Staff were offered more attractive shifts (nights, 9-5). Targeted recruitment campaign to commence 14th January 2018 supported by Corporate Nursing Team.
- Prioritisation of Stroke patients for step down to Aintree 2 Home.
- Weekly Stroke meetings to discuss outliers and delayed transfers of care, plus escalation of stroke outliers through bed meetings.
- Weekly breach meeting with Dr Cullen and Stroke Nurse Clinicians to discuss failed pathways, reasons for not achieving the 4 hour time target.

4.4.2 Mixed Sex Accommodation

Figure 39 - Mixed Sex Accommodation breaches

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

4.4.3 Healthcare associated infections (HCAI)

Figure 40 - Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	17/18 - Nov	36	29	↓
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	17/18 - Nov	30	45 (30 following appeal)	↓
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	17/18 - Nov	0	1	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	17/18 - Nov	0	1	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	17/18 - Nov	88	96	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Aintree)	17/18 - Nov	No Plan	201	↑

The CCG had 1 new case of Clostridium Difficile reported in November 2017 (29 year to date) against a year to date plan of 36 (17 apportioned to acute trust and 12 apportioned to community). The year-end plan is 54. Aintree had 3 new cases reported in November (45 year to date) against a year to date plan of 30. (There have been 15 successful appeals upheld at panel, so 30 cases following appeal). The year-end plan is 46.

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

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

NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2017/18 which is 142 for South Sefton CCG, in November there were 14 cases bringing the year to date total to 96 which is over the 88 year to date plan. There are no targets set for Trusts at present.

4.4.4 Hospital Mortality

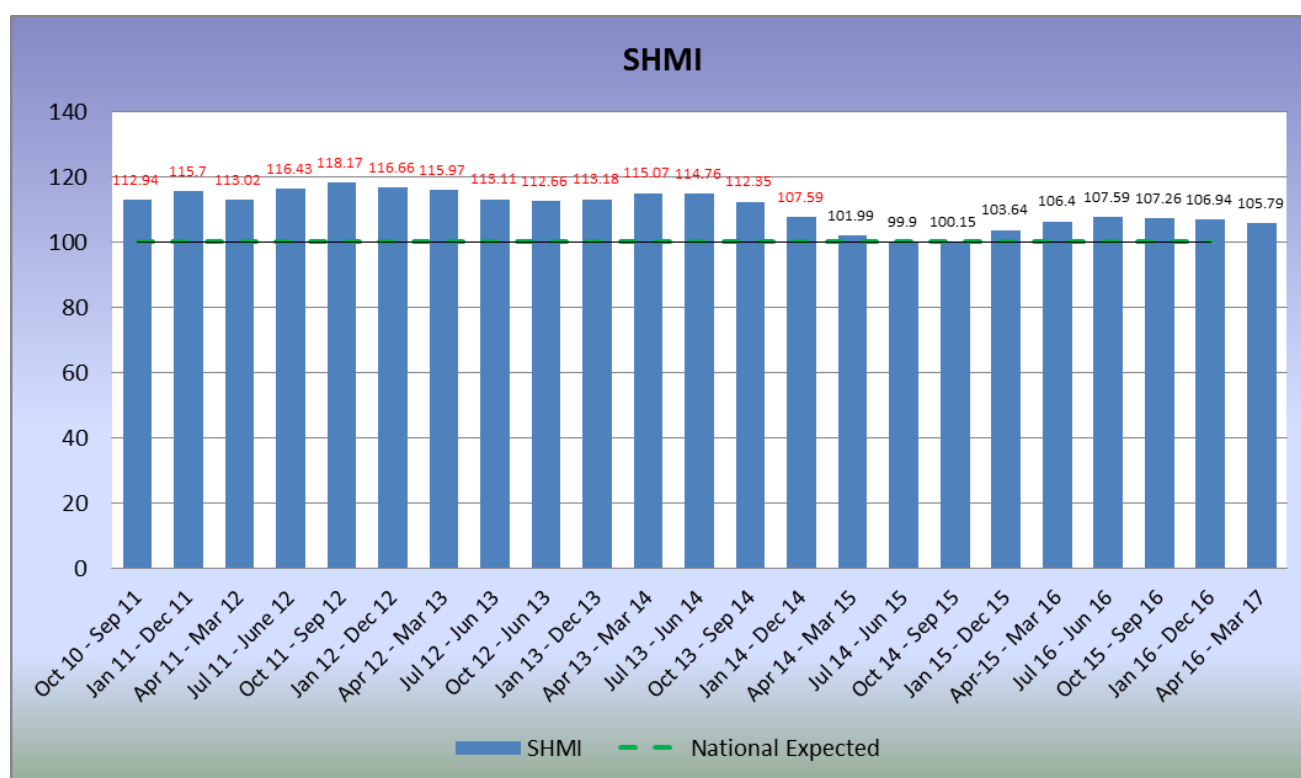
Figure 41 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	17/18 - Nov	100	94.24	↑ ↓
Summary Hospital Level Mortality Indicator (SHMI)	Dec-16 to Jan-17	100	105.79	↓

HSMR is reported for the rolling 12 months to August 2017 with the latest data showing a marginal decrease to 94.24 from 96.17 previously reported. Position remains better than expected. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is fewer than 100 this suggest fewer deaths occurred than expected.

SHMI at 105.79 is marginally better at March 2017 and within tolerance levels.

Figure 42 - Summary Hospital Mortality Indicator



A mortality workshop was hosted by South Sefton CCG on 2nd November. This workshop had two clear aims: to develop a coherent and consistent view of mortality at Aintree; and Consider an appropriate process to raise queries and manage responses regarding mortality at Aintree. Attendees were from a number of organisations and departments including quality, commissioning, finance, contracts, and clinical leads from South Sefton, Liverpool, and Knowsley CCGs, contract leads from NHS England, and also colleagues from Aintree including the Associate Director of

Strategy, Service Development and BI, Clinical Coding and Audit Manager, and Advancing Quality Programme Management Lead. The group reviewed in detail the latest Advancing Quality Alliance (AQuA) report, and the latest Aintree University Hospital Full Mortality Report. The workshop also heard a description of the work the Aintree Avoidable Mortality Reduction Group has undertaken over the last four years, the work streams, the format and structure of the meetings, progress to date. The attendees also discussed the connectivity between forums such as the Aintree Avoidable Mortality Reduction Group, Clinical Quality & Performance Group, Collaborative Commissioning Forum, and Contract Review Meetings, and how these link to each CCG's respective forums and committees. It was agreed that mortality to be a standing agenda item at CQPG.

4.5 CCG Serious Incident Management

Serious incidents reporting within the integrated performance report is in line with the CCG reporting schedule for Month 8.

There are a total of 99 serious incidents open on StEIS where South Sefton CCG are either responsible or accountable commissioner. Of the 93, 69 apply to South Sefton patients. 30 are attributed to Aintree University Hospitals NHS Trust. Zero Never Events in month for SSCCG patients (1 YTD), however 4 reported by Aintree (5 YTD). 3 incidents were closed in month. 45 closed with 4 downgraded and removed from StEIS. 38 remain open on StEIS for > 100 days for South Sefton patients.

Aintree University Hospitals NHS Foundation Trust reported 7 incidents in month (25 YTD), with 4 Never Events (1 YTD), 1 closed in month (22 YTD). 30 remain open with 13 open for > 100 days.

Mersey Care NHS Foundation Trust reported 3 incidents in month (30 YTD), 0 reported by Mental Health Services and 13 by Community Division. 28 related to South Sefton CCG patients with zero Never Events (0 YTD). There was one incident closed in month (29 YTD). 39 remain open on StEIS with 17 remaining open > 100 days, 14 for South Sefton patients.

Two incidents remain open for South Sefton CCG (1 x Primary Care Medicines Management, 1 x DMC Healthcare Ltd).

4.6 CCG Delayed Transfers of Care

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

NHS England are replacing the previous patient snapshot measure with a DTOC Beds figure, which is the delayed days figure divided by the number of days in the month. This should be a similar figure to the snapshot figure, but more representative.

Figure 43 - Average Delayed Transfers of Care per Day at Aintree April 2016 – November 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	Sep	Oct	Nov
A) COMPLETION ASSESSMENT	1	1	1	1	3	6	1	0	0	2	2	0	0	0	2	1	2	2	1	1
B) PUBLIC FUNDING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C) WAITING FURTHER NHS NON-ACUTE CARE	9	8	8	6	7	19	9	6	10	10	8	7	11	9	11	7	8	9	9	16
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DII) AWAITING NURSING HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
E) AWAITING CARE PACKAGE IN OWN HOME	3	5	4	6	5	7	3	4	4	5	5	3	4	1	6	1	3	2	5	4
F) COMMUNITY EQUIPMENT/ADAPTIONS	2	1	1	1	0	1	0	0	0	0	0	0	0	0	1	0	1	0	1	0
G) PATIENT OR FAMILY CHOICE	15	16	19	15	12	13	12	11	18	5	7	10	13	18	20	8	14	15	8	17
H) DISPUTES	0	0	0	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	1	0	0
O) OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	30	31	34	29	27	46	25	21	32	22	22	22	28	29	39	18	28	29	24	38

The average number of delays per day in Aintree hospital increased in November to 38 from 24 reported in October. Of the 38, 17 were patient or family choice (44.7%), 16 were awaiting further NHS non-acute care (42.1%), 4 were awaiting care package in own home (10.5%) and 1 completion assessment (2.6%).

Analysis of average delays in November 2017 compared to November 2016 shows an increase of 44.7% in the average number of patients from 21 to 38.

Figure 44 - Agency Responsible for Days Delayed at Aintree April 2016 – November 2017

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

The total number of days delayed due to the NHS was 991 in November, a decrease of 407 from October when 584 was reported. Delays due to social care was 134 in November, a decrease from 176 reported in October. No delays due to both were reported in November.

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 MADE has representation from all system partners and focuses on providing targeted support to inpatient wards with a high number of health and social care delays.

Additionally, local CCG representatives from South Sefton, Knowsley and Liverpool now provide a daily "CCG Link Officer" whose role is to be the single point of contact for acute providers and support system pressures including delays to discharge. LA colleagues have made available monies to deliver transitional placement and increased weekly rates of pay to care homes and the hourly rate of pay to domiciliary providers in an attempt to attract additional capacity into the local market.

The Intermediate Care, Reablement and Assessment Service (ICRAS) 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, commenced on October 2nd 2017 and will facilitate timely discharge of patients to the most appropriate setting.

Figure 45 - Average Delayed Transfers of Care per Day - Merseycare - April 2016 – November 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	Sep	Oct	Nov		
A) COMPLETION ASSESSMENT	3	5	7	9	7	8	8	8	9	7	6	6	8	4	6	6	6	5	6	5		
B) PUBLIC FUNDING	5	2	3	6	5	3	2	3	4	4	7	12	8	6	5	3	2	1	2	2		
C) WAITING FURTHER NHS NON-ACUTE CARE	3	6	3	9	6	5	12	12	15	18	12	14	9	6	7	6	6	6	6	5		
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	2	3	2	5	4	2	1	2	3	2	1	2	3	1	0	3	4	3	2	3		
DII) AWAITING NURSING HOME PLACEMENT	3	5	5	9	9	10	9	7	5	3	3	2	4	4	4	7	8	8	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	3	4	3		
F) COMMUNITY EQUIPMENT/ADAPTIONS	1	2	2	1	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0		
G) PATIENT OR FAMILY CHOICE	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	3	3		
H) DISPUTES	4	5	6	7	4	4	4	3	2	2	2	0	0	0	0	1	1	1	1	1		
I) HOUSING	4	3	4	2	3	2	2	2	1	1	0	2	1	4	5	3	8	10	10	8		
O) OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0	3	2	1	1	1	0	2		
Grand Total	28	34	33	51	42	37	42	41	43	40	34	40	35	29	34	37	41	40	41	40		

The average number of delays per day at Merseycare decreased slightly to 40 in November. Of the 40 delays, 18 were due to housing, 8 were awaiting nursing home placements, 5 waiting further NHS non-acute care, 5 awaiting completion assessments, 3 awaiting residential care home placements, 3 awaiting care package in own home, 3 patient or family choice, 2 public funding and 1 dispute. Analysis of average delays in November 2017 compared to November 2016 shows them to be lower by 1.

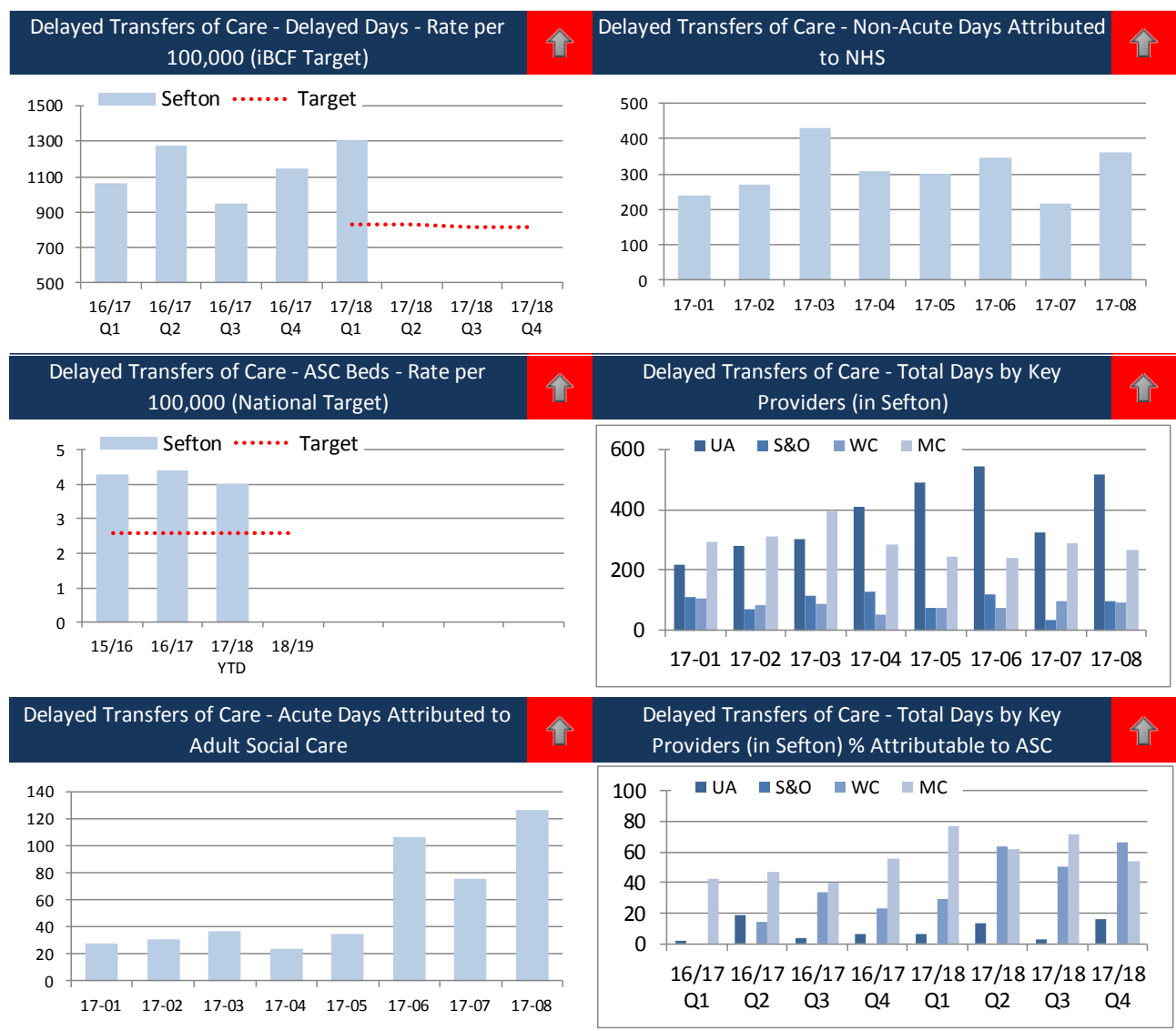
Figure 46 - Agency Responsible and Total Days Delayed - Merseycare - April 2016 – November 2017

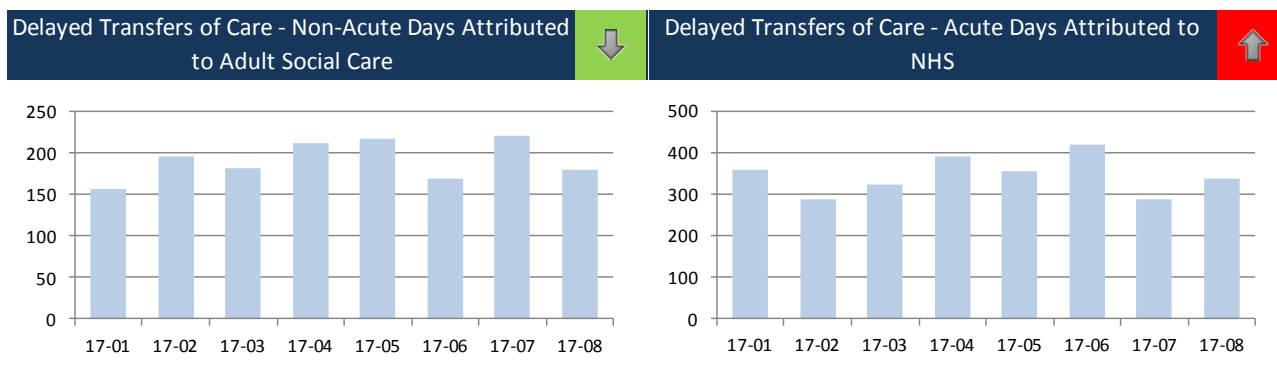
Agency Responsible	2016/17												2017/18									
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct			
NHS - Days Delayed	430	550	409	566	477	343	507	604	616	678	436	591	409	488	447	403	613	680	704			
Social Care - Days Delayed	264	337	359	670	545	505	572	530	537	428	356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

The total number of days delayed caused by NHS was 705 in November, compared to 704 last month. Analysis of these in November 2017 compared to November 2016 shows an increase from 604 to 705 (101). The total number of days delayed caused by Social Care was 327 in November, compared to 396 in October, showing a decrease of 69. Merseycare also have delays caused by both which was 166 in November, a decrease from the previous month which reported 178.

4.7 ICRAS

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





4.8 Patient Experience of Unplanned Care

Figure 47 - Aintree A&E Friends and Family Test performance

Friends and Family Response Rates and Scores
Aintree University Hospital NHS Foundation Trust
Latest Month: Nov-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%	16.6%		87%	87%		7%	9%	

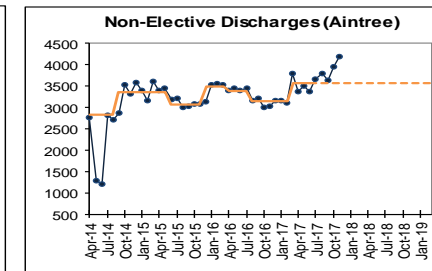
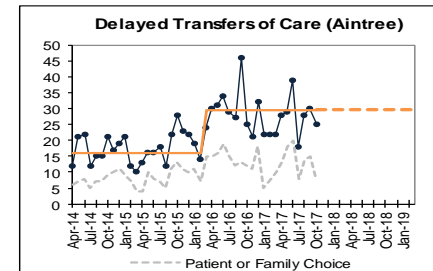
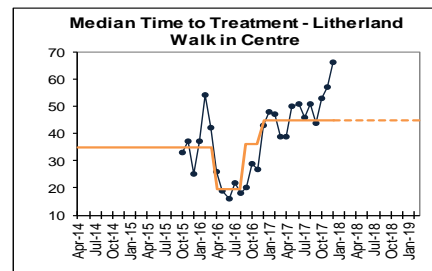
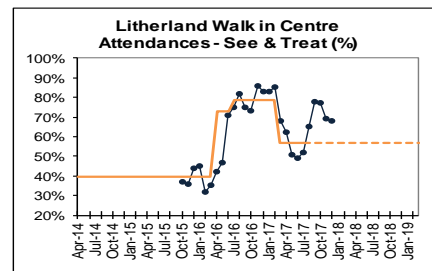
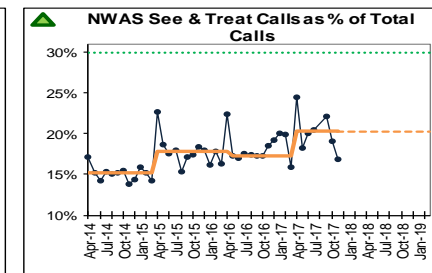
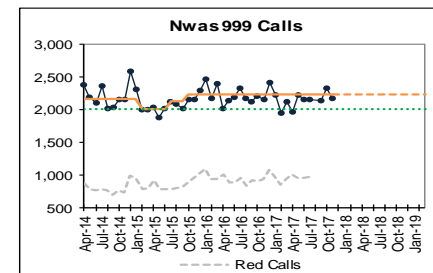
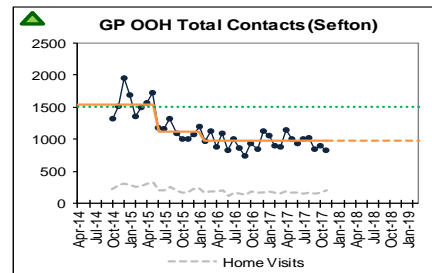
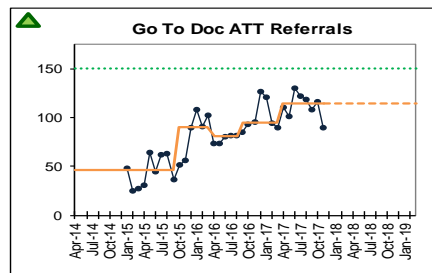
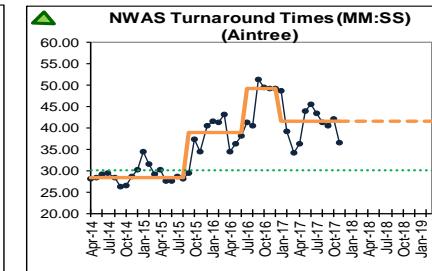
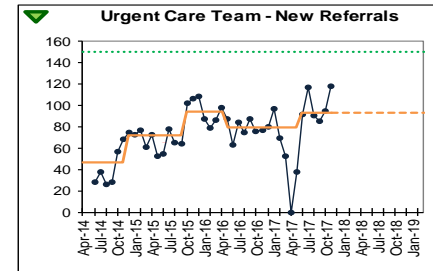
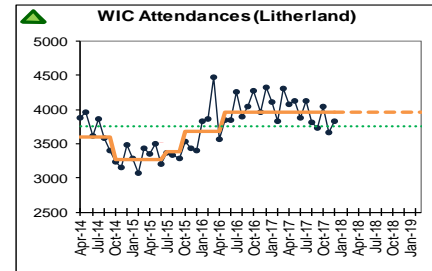
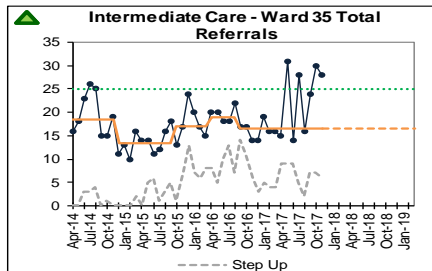
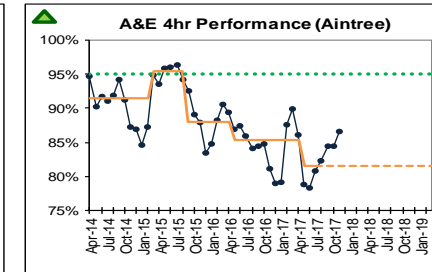
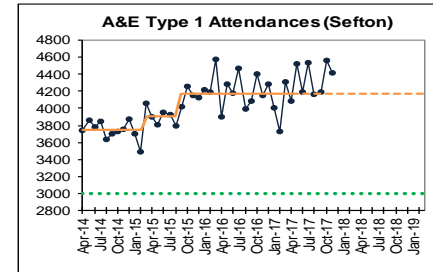
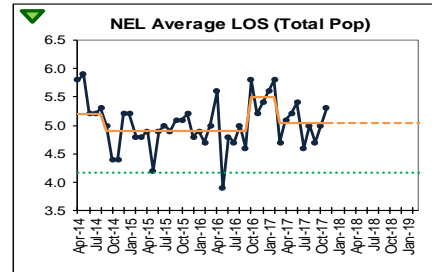
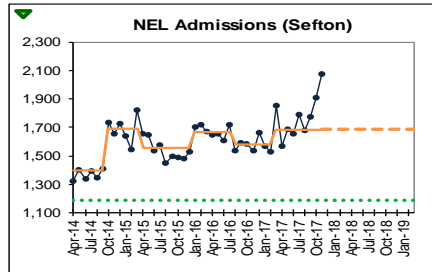
The Friends and Family Test (FFT) Indicator comprises of three parts:

- % Response Rate
- % Recommended
- % Not Recommended














The percentage of people that would recommend A&E is the same at the England average reporting 87% in November an improvement from October when 82% was recorded. The not recommended percentage is at 9% in November which is lower than the previous month (12%).

4.9 South Sefton Urgent Care Dashboard

An urgent care system dashboard has been developed by Dr Pete Chamberlain incorporating 16 key measures of urgent care. It forms part of a wider project to develop system-wide cascading dashboards to bring multiple indicators together to provide oversight of care in different settings



Definitions

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

4.10 Unplanned Care Activity & Finance, All Providers

4.10.1 All Providers

Performance at Month 8 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £935k/3.3%. 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 -£101k/-0.4%.

Aintree and Royal Liverpool represent the highest over performing providers for unplanned care at month 7 with a year to date variance of £934k/4% and £376k/33% respectively. In contrast, Southport & Ormskirk is currently underperforming by -£233k/13%.

Figure 48 - Month 8 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	63,633	71,397	7,764	12%	£23,744	£25,211	£1,466	6%	£-1,466	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	6,625	6,255	-370	-6%	£1,431	£1,307	£-123	-9%	£123	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	165	99	-66	-40%	£272	£228	£-44	-16%	£44	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	2,299	2,150	-149	-6%	£2,784	£2,634	£-150	-5%	£150	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	3,600	3,780	180	5%	£1,317	£1,710	£392	30%	£-392	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	7	6	-1	-11%	£37	£47	£10	26%	£-10	£0	0.0%
ACTING AS ONE TOTAL	76,328	83,687	7,359	10%	£29,585	£31,136	£1,551	5%	£-1,551	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	45	76	31	70%	£11	£24	£13	118%	£0	£13	118%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	53	53	0%	£0	£10	£10	0%	£0	£10	#DIV/0!
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	5,455	5,337	-118	-2%	£2,068	£1,746	£-322	-16%	£0	£-322	-16%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	592	720	128	22%	£264	£289	£25	10%	£0	£25	10%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	49	75	26	54%	£119	£170	£50	42%	£0	£50	42%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	27	27	0	-2%	£9	£13	£4	44%	£0	£4	44%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	89	89	0%	£0	£12	£12	0%	£0	£12	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	163	191	28	17%	£59	£99	£40	67%	£0	£40	67%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	41	38	-3	-7%	£26	£16	£-10	-37%	£0	£-10	-37%
ALL REMAINING PROVIDERS TOTAL	6,371	6,606	235	4%	£2,556	£2,379	£-177	-7%	£0	£-177	-7%
GRAND TOTAL	82,699	90,293	7,594	9%	£32,142	£33,515	£1,374	4.3%	£-1,551	£-177	-0.6%

*PbR Only

4.10.2 Aintree University Hospital NHS Foundation Trust

Figure 49 - Month 8 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	27,480	31,491	4,011	15%	£649	£649	£0	0%
A&E - Accident & Emergency	20,367	21,954	1,587	8%	£2,746	£3,015	£268	10%
NEL - Non Elective	9,779	9,823	44	0%	£18,222	£18,901	£679	4%
NELNE - Non Elective Non-Emergency	32	23	-9	-29%	£115	£83	-£32	-28%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	13	69	56	412%	£4	£17	£14	359%
NELST - Non Elective Short Stay	1,333	1,413	80	6%	£895	£980	£84	9%
NELXBD - Non Elective Excess Bed Day	4,629	6,624	1,995	43%	£1,112	£1,566	£454	41%
Grand Total	63,633	71,397	7,764	12%	£23,744	£25,211	£1,466	6.2%

4.10.3 Aintree Hospital Key Issues

The Urgent Care over spend of £1.4m/6.2% is driven by over performance within Non Electives and Non Elective Excess Bed Days as well as within Accident & Emergency. The key specialties over performing within unplanned care include Acute Internal Medicine, Gastroenterology, Diabetic Medicine and Cardiology. In contrast, there is currently a significant under spend within the 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.

4.10.4 Royal Liverpool University Hospital

Figure 50 - Month 8 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	2,973	2,985	12	0%	£309	£334	£25	8%
AMAU - Acute Medical unit	14	41	27	184%	£1	£4	£3	184%
NEL - Non Elective	449	455	6	1%	£891	£1,187	£297	33%
NELNE - Non Elective Non-Emergency	10	16	6	65%	£56	£78	£22	39%
NELST - Non Elective Short Stay	60	92	32	54%	£38	£61	£23	59%
NELXBD - Non Elective Excess Bed Day	94	191	97	104%	£22	£45	£23	108%
Grand Total	3,600	3,780	180	5%	£1,317	£1,710	£392	30%

4.10.5 Royal Liverpool University Hospital Key Issues

The overall Urgent Care over spend of £392k/30% is largely driven by a £297k/33% over performance in Non-Elective costs. Vascular Surgery is the top over performing specialty within this POD with a variance of £166k/174% against plan.

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

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 51 - NHS South Sefton CCG – Shadow Pbr Cluster Activity

PBR Cluster	NHS South Sefton CCG			
	Caseload as at 30/11/2017	2017/18 Plan	Variance from Plan	Variance on 31/10/2016
1 Common Mental Health Problems (Low Severity)	11	43	-	32
2 Common Mental Health Problems (Low Severity with greater need)	8	25	-	17
3 Non-Psychotic (Moderate Severity)	73	150	-	77
4 Non-Psychotic (Severe)	288	270	18	16
5 Non-psychotic Disorders (Very Severe)	83	67	16	16
6 Non-Psychotic Disorder of Over-Valued Ideas	35	46	-	11
7 Enduring Non-Psychotic Disorders (High Disability)	300	251	49	48
8 Non-Psychotic Chaotic and Challenging Disorders	132	122	10	10
10 First Episode Psychosis	148	144	4	5
11 On-going Recurrent Psychosis (Low Symptoms)	316	399	-	83
12 On-going or Recurrent Psychosis (High Disability)	395	354	41	42
13 On-going or Recurrent Psychosis (High Symptom & Disability)	107	101	6	5
14 Psychotic Crisis	33	27	6	5
15 Severe Psychotic Depression	8	6	2	2
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	43	38	5	5
17 Psychosis and Affective Disorder – Difficult to Engage	40	50	-	10
18 Cognitive Impairment (Low Need)	246	224	22	26
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	446	446	-	-
20 Cognitive Impairment or Dementia Complicated (High Need)	453	398	55	56
21 Cognitive Impairment or Dementia (High Physical or Engagement)	125	140	-	15
Cluster 99	272	558	-	286
Total	3,562	3,859	-	281

5.1.1 Key Mental Health Performance Indicators

Figure 52 - CPA – Percentage of People under CPA followed up within 7 days of discharge

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	95%	97%	100%	92.6%	92.3%	96%	89.3%
Rolling Quarter				97%	100%	96.0%	95.2%	96%	92.6%

There were 3 of a total of 28 patients that were not followed up within 7 days. The Provider (Mersey Care) states that there was one breach following a number of attempted visits when the patient could not be contacted but has been seen since. The second breach was due to a data entry delay and the third patient was discharged on non - CPA

Figure 53 - CPA Follow up 2 days (48 hours) for higher risk groups

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	No Patients	100%	No Patients	100%	100%	100%	66.7%	66.7%
Rolling Quarter				100%	100%	100%	100%	66.7%	66.7%

There was 1 patient that was not followed up within 48 hours out of a total of 3. The provider (Mersey Care) states that this is due to a patient being uncontactable within the 48 hour period but was subsequently contacted.

Figure 54 - EIP 2 week waits

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

There were 3 breaches out of a total of 5 patients. The provider has given the following explanations for these breaches:

- Breach 1 – service user was referred by GP on 09.10.17 due to c/o psychosis. AIC assessed them on 10.10.17, reported that they were psychotic but did not refer to EIT until 29.10.17. EIT took them on within 11 days of referral being made.
- Breach 2 – Service user breached due to a combination of failed access, not responding to any correspondence re appointments and also they changed address without notifying GP of new address.
- Breach 3 – AIC received referral on 13.10.17 and forwarded it to EIT Liverpool (wrong catchment area). It did not come to EI Sefton until 24.10.17 (11 days later). There were failed access appointments but was eventually determined FEP by EIT Sefton on 13.11.17.

The Trust has provided assurance that EIP services plan to provide communication sessions with other teams and referring agents in 2018 to help resolve some issues that are contributing to the breaches.

5.1.2 Out of Area Placements (OAP's) –

Figure 55 - OAP Days

Period	Period Covered	Total number of OAP days over the period
	Feb 17 to Apr 17	128
	Mar 17 to May 17	160
Q1 2017/18	Apr 17 to June 17	96
	May 17 to Jul 17	51
	June 17 to Aug 17	28
Q2 2017/18	Jul 17 to Sep 17	23
	Aug 17 to Oct 17	20
	Sep 17 to Nov 17	10

The CCG has a target to reduce OAP's by 33% based on quarter 4 2016/17 activity. In quarter 4 2016/17, 104 OAP's were reported, and therefore the target for 2017/18 is 70. The latest reporting period is September to November 2017 where 10 OAP's were reported, an improvement on the last reporting period of 20. The CCG is therefore currently in line with the target.

5.1.3 Mental Health Contract Quality Overview

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

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

In conjunction with the urgent pathway redesign and recognising the need to improve collaborative working, the Trust has developed plans to enhance GP liaison building upon the primary care mental health practitioners which have been in place since 2013/14. As from 1st December 2017 consultant psychiatrists will be aligned to primary care localities and respective Primary Care Mental Health Liaison Practitioners so as to increase the mental health support available for GPs. Contact will soon be established to arrange consultant visits to practices and within these meetings it will be possible to discuss GP patients open to mental health services, and those patients not open but for whom the GP may wish to take advice on to either avoid the need for a referral or for support with signposting to an appropriate alternative service e.g. The Life Rooms. The CCG and the Sefton LMC are seeking to meet with the Trust so as ensure that any planned changes in respect of pathways between primary and secondary care agreed.

Enhanced GP liaison arrangements should contribute to efforts to improve sub optimal performance against GP communication KPIs which continues to be a focus of concern which the Trust is seeking address.

Commissioners are involved in the urgent care pathway and enhanced GP Liaison working. This work was presented at the most recent CQPG meeting held in December 2017.

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

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

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

5.1.4 Patient Experience of Mental Health Services

Figure 56 - Merseycare Friends and Family Test performance

Friends and Family Response Rates and Scores
Mersey Care NHS Foundation Trust
Latest Month: Nov-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%	2.4%		88%	90%		5%	4%	

Merseycare recorded 90% of respondents as recommending, this is above the England average of 88%. The rate of those not recommending is 4% below the England average of 3%.

5.2 Improving Access to Psychological Therapies

Figure 57 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March
National definition of those who have entered into treatment	2016/17	282	294	294	272	246	269	269	254	198	307	284	315
	2017/18	223	320	332	315	269	289	294	357				
Access % ACTUAL - Monthly target 1.25% for Q1 to Q3 - Quarter 4 only 1.4% is required	2016/17	1.16%	1.21%	1.21%	1.12%	1.01%	1.11%	1.11%	1.05%	0.81%	1.26%	1.17%	1.30%
	2017/18	0.92%	1.32%	1.37%	1.30%	1.11%	1.19%	1.21%	1.47%				
Recovery % ACTUAL - 50% target	2016/17	41.1%	37.9%	30.7%	38.9%	34.5%	42.0%	39.0%	41.1%	36.7%	40.6%	50.3%	52.3%
	2017/18	35.4%	46.3%	41.9%	43.9%	47.4%	49.5%	44.4%	47.4%				
ACTUAL % 6 weeks waits - 75% target	2016/17	93.5%	98.5%	96.4%	97.4%	97.7%	95.5%	98.0%	99.5%	98.0%	98.8%	99.4%	99.5%
	2017/18	98.8%	98.90%	97.9%	100.0%	99.5%	98.4%	99.5%	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%	100.0%	100.0%	100.0%				
National definition of those who have completed treatment (KPI5)	2016/17	166	162	156	164	148	171	162	212	153	167	173	189
	2017/18	169	181	196	184	198	186	184	183				
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	2	6	8				
National definition of those who have moved to recovery (KPI6)	2016/17	67	58	47	61	49	68	60	83	54	63	82	92
	2017/18	57	82	80	79	90	91	79	83				
Referral opt in rate (%)	2016/17	87.9%	89.4%	91.4%	84.2%	85.7%	84.2%	88.2%	83.2%	81.4%	84.1%	83.7%	80.4%
	2017/18	84.5%	89.0%	90.3%	84.7%	88.6%	88.9%	91.8%	86.6%				

Cheshire & Wirral Partnership reported 357 South Sefton patients entering treatment in Month 8, which is a 21.4% increase from the previous month when 294 were reported. Confirmation from NHS England has outlined that Commissioners are advised that for 2017/18 the access standard of 4.2% per quarter (16.8% annually) should apply to quarter 4 only.

The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is therefore set for Quarter 3 at 3.75% which equates to 1.25% per month. The access rate for Month 8 was 1.47% and therefore achieved the standard.

There were 426 Referrals in Month 8, which was a 2.4% increase compared to the previous month when there were 416. Of these, 63.6% were Self-referrals which is a decrease from the previous month (69.7%). GP Referrals were higher than the previous month with 87 compared to 71 for Month 7. The provider is working closely with Clock View, attending weekly MDT meetings to agree appropriateness of clients for service.

The percentage of people moved to recovery was 47.4% in Month 8, which is an increase from 44.4% for the previous month although still failing to meet the target of 50%.

Cancelled appointments by the provider saw a decrease in Month 8 with 58 compared to 73 in Month 7.

There was a further increase in DNAs in Month 8 (from 181 in Month 7 to 197 in Month 8); the provider has commented that the DNA policy has been tightened with all clients made aware at the

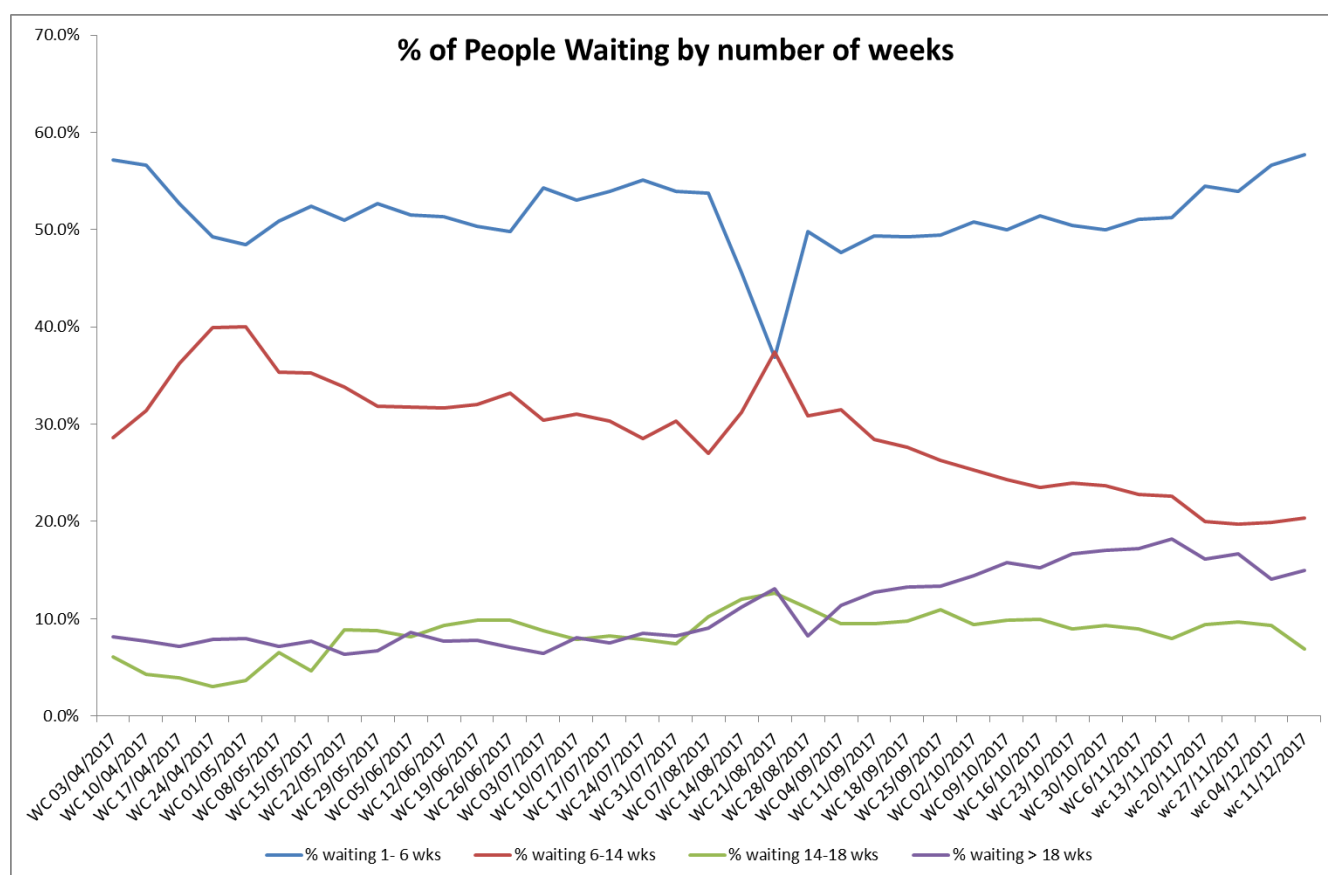
outset. Cancelled slots are being made available for any assessments/entering therapy appointments.

In month 8, 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.

Figure 58 - NHS South Sefton CCG – Access Sefton % Internal waiters



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

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

5.3 Dementia

Figure 59 - Dementia casefinding

NHS South Sefton CCG

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
People Diagnosed with Dementia (Age 65+)	1219	1213	1224	1237	1247	1245	1259	1250
Estimated Prevalence (Age 65+)	1845	1851.4	1855.3	1862	1860.5	1864.6	1864.6	1862.3
NHS South Sefton CCG - Dementia Diagnosis Rate (Age 65+)	66.07%	65.52%	65.97%	66.43%	67.02%	66.77%	67.52%	67.12%
Target	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%

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 November 2017 of 67.12% which has met the national dementia diagnosis ambition of 66.7%. 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)

Figure 60 - NHS South Sefton CCG – Improve Access Rate to CYPMH 17/18 (30% Target)

E.H.9	Q1 17/18		2017/18 Total	
	Plan	Actual	Plan	Actual
1a - The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period.	25	35	100	35
2a - Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	160	75	940	75
2b - Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	3,121	3,121	3,121	3,121
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	5.1%	2.4%	30.1%	2.4%

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

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

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

Figure 61 - South Sefton CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2017/18 Plans (95% Target)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	2	1	2	6	2		2	
Number of CYP with a suspected ED (routine cases) that start treatment	2	3	2	6	2		2	
%	100.00%	33.33%	100.00%	100.00%	100.00%		100.00%	

Figure 62 - South Sefton CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2017/18 Plans (95% Target)

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

For Q2 South Sefton had no patients waiting for urgent (less than 1 week waiting), and had 6 patient waiting for a routine appointments. Of those 6 patients, 2 were seen between 0-1 weeks, 2 were seen at 2-3 weeks and 2 were seen at 3-4 weeks so performance against the 4 week target is 100% (against national standard of 95%).

The performance in this category is calculated against completed pathways only.

6. Community Health

6.1 Mersey Care Community Contract

The Liverpool Community Health contract has now ended and the new contract between the CCG and Mersey Care began on 1st June 2017. 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 has now met on several occasions. Activity reports submitted by the Trust (produced by Liverpool Community Health) are reviewed on a monthly basis and an activity query log has also been developed. The following issues have been raised at the information sub group:

- 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 has been reviewed and focusses on all relevant areas including those highlighted in the QRP (Quality Risk Profile), Aintree CQC Inspection Action Plan (Community Services) and the enhanced surveillance from the transition handover document.

There is a 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

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

For patient DNAs, Sefton Physio Service reports an improvement in cancelation rates with 8.2% in November, 20% reported last month. Adult Dietetics also continues to report high rates at 10.8% in November, another improvement from 14.5% in October. These high DNA rates have been discussed in the monthly contract meetings and the Trust is reviewing the appointments that are currently available to patients to ensure they are convenient, for example a potential need for out of hours or weekend appointments to accommodate those who work full time.

6.1.3 Waiting Times

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

Adult SALT: In October, this service reported an average wait of 20 weeks, a slight decline compared to last month when 18 weeks was reported.

Physiotherapy: In October, this service reported an average wait of 21 weeks, an improvement on last month when it was red at 23 weeks. However, waiting times have gradually increased over the current financial year from 14 weeks in April. The average waiting times on the incomplete pathway are currently amber at 19 weeks but this has also been increasing over the year from 12 weeks in May.

Podiatry: In October, this service reported an average wait of 22 weeks (amber), the same as last month. Again, waiting times seem to be increasing slightly as the year progresses.

Nutrition & Dietetics: In October, the service reported an average wait of 19 weeks, an improvement on last month when 22 weeks was reported.

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 8 2017/18 YTD the costs for the CCG for initial contacts was £20,497 with 304 contacts and for follow-ups costs were £128,626 with 3838 contacts.

6.2.1 Liverpool Community Health Quality Overview

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

6.3 Alder Hey Community Services

6.3.1 Services

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

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

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

6.3.2 Waiting Times

Paediatric SALT: In November 2017, 24 weeks was reported for the second consecutive month for incomplete pathways against the 18-week target. This shows no improvement in waiting times compared to last month. A total of 126 patients were waiting over 18 weeks (an increase of 8 reported last month), with the longest waiter at 30 weeks.

6.3.3 Patient DNA's and Cancellations

Paediatric Dietetics: October 2017 shows the trend of high DNA's continuing at 14.1%, a decline on last month when 11.9% was reported. April remains the only month this year to report low DNA's with 3.1%.

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

Figure 63 - South Sefton CCG – Percentage of children waiting more than 18 weeks for a wheelchair - 2017/18 (92% Target)

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

7. Third Sector Overview

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

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

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

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

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

8. Primary Care

8.1 Extended Access (evening and weekends) at GP services

Figure 64 - South Sefton CCG - Extended Access at GP services 2017/18 Plans

		E.D.14	Months 1-6	Months 7-12
Extended access (evening and weekends) at GP services	2017/18 Plan	Number of practices within a CCG which meet the definition of offering full extended access; that is where patients have the option of accessing pre-bookable appointments outside of standard working hours either through their practice or through their group.	-	-
		The criteria of 'Full extended access' are:		
		<ul style="list-style-type: none"> • Provision of pre-bookable appointments on Saturdays through the group or practice AND • Provision of pre-bookable appointments on Sundays through the group or practice AND • Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice 		
		Total number of practices within the CCG.	30	30
		%	0.00%	0.00%
	2018/19 Plan	Number of practices within a CCG which meet the definition of offering full extended access; that is where patients have the option of accessing pre-bookable appointments outside of standard working hours either through their practice or through their group.	-	-
		The criteria of 'Full extended access' are:		
		<ul style="list-style-type: none"> • Provision of pre-bookable appointments on Saturdays through the group or practice AND • Provision of pre-bookable appointments on Sundays through the group or practice AND • Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice 		
Total number of practices within the CCG.		30	30	
	%	0.00%	0.00%	

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

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

8.2 CQC Inspections

A number of practices in South Sefton CCG have been visited by the Care Quality Commission and details of any inspection results are published on their website. In October, Eastview Surgery was inspected and has improved in their overall rating to 'Good' previously requiring improvement in 'Safe and Well Led', there hasn't been any new inspections in Sefton in recent months. All the results are listed below:

Figure 65 - CQC Inspection Table

South Sefton CCG								
Practice Code	Practice Name	Date of Last Visit	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84002	Aintree Road Medical Center	n/a	Not yet inspected the service was registered by CQC on 20 July 2016					
N84015	Bootle Village Surgery	03 August 2016	Good	Good	Good	Good	Good	Good
N84016	Moore Street Medical Center	17 June 2016	Good	Good	Good	Good	Good	Good
N84019	North Park Health Center	n/a	Not yet inspected the service was registered by CQC on 7 March 2017					
N84028	The Strand Medical Center	19 February 2015	Good	Good	Good	Good	Good	Good
N84034	Park Street Surgery	17 June 2016	Good	Good	Good	Good	Good	Good
N84038	Concept House Surgery	24 July 2017	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
	129 Sefton Road (Branch Surgery)	08 August 2017	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
N84001	42 Kingsway	07 November 2016	Good	Good	Good	Good	Good	Good
N84007	Liverpool Rd Medical Practice	06 April 2017	Good	Good	Good	Good	Good	Good
N84011	Eastview Surgery	11 October 2017	Good	Good	Good	Good	Good	Good
N84020	Blundellsands Surgery	24 November 2016	Good	Good	Good	Good	Good	Good
N84026	Crosby Village Surgery	29 October 2015	Requires Improvement	Good	Good	Good	Good	Requires Improvement
N84041	Kingsway Surgery	07 November 2016	Good	Good	Good	Good	Good	Good
N84621	Thornton Practice	19 February 2015	Good	Requires Improvement	Good	Good	Good	Good
N84627	Crossways Practice	06 August 2015	Good	Good	Good	Good	Good	Good
N84626	Hightown Village Surgery	18 February 2016	Good	Requires Improvement	Good	Good	Good	Good
N84003	High Pastures Surgery	09 June 2017	Good	Good	Good	Good	Good	Good
N84010	Maghull Family Surgery (Dr Sapre)	21 August 2017	Good	Requires Improvement	Good	Good	Good	Good
N84025	Westway Medical Center	23 September 2016	Good	Good	Good	Good	Good	Good
N84624	Maghull Health Center	05 February 2015	Good	Good	Good	Good	Good	Good
Y00446	Maghull Practice	19 March 2015	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
N84004	Glovers Lane Surgery	10 May 2016	Good	Good	Good	Good	Good	Good
N84023	Bridge Road Medical Center	15 June 2016	Good	Good	Good	Good	Good	Good
N84027	Orrell Park Medical Center	20 August 2015	Good	Good	Good	Good	Good	Good
N84029	Ford Medical Practice	31 March 2015	Good	Good	Good	Good	Good	Good
N84035	15 Sefton Road	22 March 2017	Good	Good	Good	Good	Good	Good
N84043	Seaforth Village Practice	29 October 2015	Good	Good	Good	Good	Good	Good
N84605	Litherland Town Hall Hth Ctr	26 November 2015	Good	Good	Good	Good	Good	Good
N84615	Rawson Road Medical Center	10 September 2015	Good	Good	Good	Good	Good	Good
N84630	Netherton Practice	24 September 2015	Good	Requires Improvement	Good	Good	Good	Good

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

9. Better Care Fund

Sefton Health and Wellbeing Board submitted 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

DTOC 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.

Quarterly performance monitoring returns are required to be submitted by Health and Wellbeing Boards. Q2 was submitted on 17th November and Q3 on 19th January 2018. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date.

A summary of the Q3 BCF performance is as follows:

Figure 66 – BCF Metric performance

Metric	Definition	Assessment of progress against the planned target for the quarter
NEA	Reduction in non-elective admissions	Not on track to meet target
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	On track to meet target
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	Not on track to meet target

Figure 67 – BCF High Impact Change Model assessment

		Maturity assessment			
		Q2 17/18	Q3 17/18 (Current)	Q4 17/18 (Planned)	Q1 18/19 (Planned)
Chg 1	Early discharge planning	Plans in place	Plans in place	Plans in place	Established
Chg 2	Systems to monitor patient flow	Established	Established	Established	Established
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Established	Mature
Chg 4	Home first/discharge to assess	Mature	Mature	Mature	Mature
Chg 5	Seven-day service	Plans in place	Plans in place	Plans in place	Plans in place
Chg 6	Trusted assessors	Established	Established	Established	Mature
Chg 7	Focus on choice	Plans in place	Plans in place	Plans in place	Plans in place
Chg 8	Enhancing health in care homes	Plans in place	Plans in place	Plans in place	Plans in place

10. CCG Improvement & Assessment Framework (IAF)

10.1 Background

The CCG Improvement and Assessment Framework (IAF) draws together in one place 51 indicators including NHS Constitution and other core performance and finance indicators, outcome goals and transformational challenges. These are located in the four domains of better health, better care, sustainability and leadership. The assessment also includes detailed assessments of six clinical priority areas of cancer, mental health, dementia, maternity, diabetes and learning disabilities (updated results for these will not be reported until later in the year). The framework is then used alongside other information to determine CCG ratings for the entire financial year.

A dashboard is released each quarter by NHS England. 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 the updated Framework for 2017/18 was significantly delayed and released 21st November. For 2017/18, a small number of indicators have been added. A number of updates have been made to existing indicators, and some indicators have been removed. The new indicators are:

123b: Improving Access to Psychological Therapies – access

124c: Completeness of the GP learning disability register

105c: Percentage of deaths with three or more emergency admissions in last three months of life

132a: Evidence that sepsis awareness raising amongst healthcare professionals has been prioritised by the CCG

166a: Compliance with statutory guidance on patient and public participation in commissioning health and care

A full exception report for each of the indicators citing performance in the worst quartile of CCG performance nationally or a trend of three deteriorating time periods is presented to Governing Body as a standalone report. This outlines reasons for underperformance, actions being taken to address the underperformance, more recent data where held locally, the clinical, managerial and SLT leads responsible, and expected date of improvement for the indicators.

10.2 Improvement & Assessment Framework Dashboard

Figure 68 – Q1 2017/18 IAF Dashboard

NHS South Sefton CCG

2016/17 Year End Rating: **Requires Improvement**

Better Health						Better Care					
	Period	CCG	Peers	England	Trend		Period	CCG	Peers	England	Trend
R 102a	% 10-11 classified overweight 2013/14 to 2015/16	35.4%	↑	6/11	142/207	R 121a	High quality care - acute 17-18 Q1	60	↓	9/11	87/207
103a	Diabetes patients who achieved 2015-16	39.3%	↓	7/11	98/207	R 121b	High quality care - primary care 17-18 Q1	66	↑	8/11	110/207
103b	Attendance of structured education 2014	7.9%	↑	4/11	67/207	R 121c	High quality care - adult social care 17-18 Q1	61	↑	4/11	131/207
R 104a	Injuries from falls in people aged 65-16-17 Q4	2,865	↑	9/11	197/207	122a	Cancers diagnosed at early stage 2015	49.1%	↑	7/11	166/207
R 105b	Personal health budgets 17-18 Q1	7	↓	11/11	138/207	R 122b	Cancer 62 days of referral to treatment 17-18 Q1	84.5%	↑	4/11	62/207
R 106a	Inequality Chronic - ACS & UC 16-17 Q4	3,184	↑	9/11	191/207	122c	One-year survival from all cancers 2014	70.2%	↑	2/11	94/207
R 107a	AMR: appropriate prescribing 2017 06	1.216	↓	5/11	187/207	R 122d	Cancer patient experience 2016	8.8	↑	7/11	54/207
R 107b	AMR: Broad spectrum prescribing 2017 06	8.2%	↑	7/11	79/207	R 123a	IAPT recovery rate 2017 06	42.4%	↓	10/11	193/207
108a	Quality of life of carers (not available)					R 123b	IAPT Access 2017 06	3.7%	↑	7/11	146/207
						R 123c	EIP 2 week referral 2017 08	81.0%	↓	8/11	82/207
						123d	MH - CYP mental health (not available)				
Sustainability						123f	MH - OAP (not available)				
R 141b	In-year financial performance 17-18 Q1	Amber	↑			123e	MH - Crisis care and liaison (not available)				
R 144a	Utilisation of the NHS e-referral 2017 06	20.4%	↑	11/11	186/207	R 124a	LD - reliance on specialist IP care 17-18 Q1	66	↓	3/11	141/207
Leadership						124b	LD - annual health check 2015-16	10.4%	○	11/11	207/207
R 162a	Probity and corporate governance 17-18 Q1	Fully Compliant	↔			124c	Completeness of the GP learning disability register (not available)				
163a	Staff engagement index 2016	3.70	↓	9/11	183/207	R 125d	Maternal smoking at delivery 17-18 Q1	15.3%	↓	4/11	165/207
163b	Progress against WRES 2016	0.12	○	7/11	95/207	125a	Neonatal mortality and stillbirth 2015	6.1	○	8/11	166/207
164a	Working relationship effective 16-17	63.79	↓	9/11	157/207	125b	Experience of maternity services 2015	81.2	○	7/11	73/207
166a	CCG compliance with standards of public and patient participation (not available)										
R 165a	Quality of CCG leadership 17-18 Q1	Amber	↔								

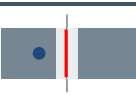
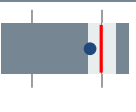
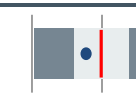
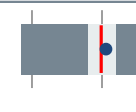
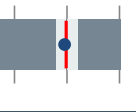
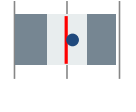


South Sefton Clinical Commissioning Group

Key	
	Worst quartile in England
	Best quartile in England
	Interquartile range

	125c	Choices in maternity services 2015	67.0	○	6/11	70/207		
R	126a	Dementia diagnosis rate 2017 08	67.0%	↑	10/11	120/207		
	126b	Dementia post diagnostic sup 2015-16	73.9%	↓	11/11	197/207		
R	127b	Emergency admissions for UC 16-17 Q4	3,254	↓	6/11	186/207		
R	127c	A&E admission, transfer, disc 2017 09	86.0%	↑	9/11	150/207		
R	127e	Delayed transfers of care per : 2017 08	13.6	↑	10/11	133/207		
R	127f	Hospital bed use following em 16-17 Q4	602.2	↑	9/11	190/207		
	105c	% of deaths with 3+ emergency admissions in last three months of life (not available)						
R	128b	Patient experience of GP servi 2017	83.9%	↑	9/11	128/207		
	128c	Primary care access (not available)						
R	128d	Primary care workforce 2017 03	0.90	↑	9/11	163/207		
R	129a	18 week RTT 2017 08	92.4%	↓	8/11	53/207		
	130a	7 DS - achievement of standards (not available)						
R	131a	% NHS CHC full assessments t 17-18 Q1	70.8%	○	11/11	191/207		
	132a	Sepsis awareness (not available)						

10.3 Clinical Priority Areas

The clinical priority areas section of the IAF for 2017/18 has yet to be updated. The Q4 2016/17 publication is shown below:

Dementia	126a	Dementia diagnosis rate	57.5% 57.5% 55.7% ↑	↑ 1.8% 20 15 08 20 17 03	
	126b	Dementia post diagnostic support	77.6% 73.9% 73.9% ↓	↑ 3.7% 20 14 -15 20 15 -16	
Cancer	122a	Cancers diagnosed at early stage	49.1% 49.1% 43.5% ↑	↑ 5.5% 20 12 20 15	
	122b	Cancer 62 days of referral to treatment	90.7% 78.8% 74.4% ↓	↑ 16.2% 13-14 Q1 16-17 Q4	
	122c	One-year survival from all cancers	70.2% 70.2% 60.3% ↑	↑ 9.9% 1999 2014	
	122d	Cancer patient experience	8.8 8.8 8.8 ○	↑ 0.0% 20 15	
Mental Health	123a	IAPT recovery rate	42.3% 38.8% 31.3% ↓	↑ 11.0% 20 15 03 20 17 01	
	123b	EIP 2 week referral	69.2% 67.6% 67.6% ↔	↑ 1.7% 20 16 11 20 17 03	
	123c	MH - CYP mental health	40.0% 40.0% 35.0% ↔	↑ 5.0% 16-17 Q1 16-17 Q4	No calculation possible due to lack of z-scores
	123d	MH - Crisis care and liaison	47.5% 47.5% 42.5% ↔	↑ 5.0% 16-17 Q1 16-17 Q4	No calculation possible due to lack of z-scores
123e	MH - OAP	87.5% 25.0% 12.5% ↓	↑ 75.0% 16-17 Q1 16-17 Q4	No calculation possible due to lack of z-scores	

11. NHS England Monthly Activity Monitoring

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

Figure 69 - South Sefton CCG's Month 8 Submission to NHS England

November 2017 Month 08	Month 08 Plan	Month 08 Actual	Month 08 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
Referrals (MAR)				
GP	3524	3727	5.76%	October saw a spike for GP referrals with November seeing a slight decrease and Other referrals continue to perform at a higher rate than plan (increasing for three consecutive months). Aintree is the main provider causing the increase of GP referrals overall and saw a further increase in November (with the majority of other providers seeing a decrease in November). The increase is across a number of specialties with no one specialty the cause. Reviewing local referral data the 'Other' increases are located in consultant led referrals, A&E, and Dental with the main providers being Aintree, Royal, Southport, and Liverpool Women's. The increases are spread across a number of specialties with the prominent ones as follows: Cardiology, Urology, General Medicine, ENT, Clinical Physiology, and Gynaecology. We are also noticing increases specifically related to Oral Surgery and Maxillo Facial, these are originating with Dental referrals.
Other	2041	2490	22.00%	
Total (in month)	5565	6217	11.72%	
Variance against Plan YTD	44694	47072	5.32%	
Year on Year YTD Growth			6.10%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	5019	5394	7.47%	Local monitoring suggests 10% increase for OPFA with multiple providers seeing an increase in November. However, the variance is likely to come back within the 3% tolerance once freeze data is received (as occurred in the previous month). YTD figures and total OP activity within planned range.
Follow Up	11281	11805	4.64%	Local monitoring suggests 7% increase for OPFUP. Activity increase in October at multiple providers, notably Aintree and Royal Liverpool. Key specialties for increases at this time include Ophthalmology, Dermatology and Rheumatology. Activity overall was comparable in November. YTD figures and total OP activity within planned range.
Total Outpatient attendances (in month)	16300	17199	5.52%	As above
Variance against Plan YTD	128218	129027	0.63%	
Year on Year YTD Growth			2.90%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells				
Elective Ordinary spells				
Total Elective spells (in month)	-	2090	-	
Variance against Plan YTD	-	-	-	
Year on Year YTD Growth			-4.80%	
Urgent & Emergency Care				
Type 1	-	3565	-	
Year on Year YTD			-1.00%	
All types (in month)	8948	8331	-6.90%	Local monitoring of activity shows levels within the 3% threshold, currently at -1.6% in month for November. Attendances decreased from October and were within the expected ranges.
Variance against Plan YTD	72724	69008	-5.11%	Local monitoring of activity shows levels year to date within the 3% threshold, currently at 1.2%. Planned levels seasonally adjusted and are to increase in the latter part of the year thus mitigating any increases during the winter period.
Year on Year YTD Growth			1.70%	
Total Non Elective spells (in month)	-	2119	-	Non-elective spells have increased for three consecutive months with November being the highest for a number of years. Figures show the increase is predominantly within Aintree, further analysis has revealed increasing conversion rates from A&E to admissions as well as lowering lengths of stay. Further work is to be done and discussions with the Trust are on-going. Plans are seasonally based and as such are scheduled to increase in the coming months, thus bringing plan and activity closer in line.
Variance against Plan YTD	-	-	-	
Year on Year YTD Growth			12.90%	

Appendix – Summary Performance Dashboard



South Sefton CCG - Performance Report 2017-18



Metric	Reporting Level	2017-18													YTD
		Q1			Q2			Q3			Q4				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Preventing People from Dying Prematurely															
Cancer Waiting Times															
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G	G	R	G	G	G	G	G					G
		Actual	93.573%	94.653%	83.002%	95.404%	95.159%	95.842%	96.209%	94.484%					93.517%
		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%
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	G	R	R	R	G	R	G	R					R
		Actual	93.846%	86.486%	84.416%	88.462%	93.182%	91.803%	95.775%	91.667%					90.614%
		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%
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G	G	G	G	G	G	G	G					G
		Actual	100.00%	98.507%	97.143%	98.876%	97.647%	96.341%	99.029%	97.468%					98.125%
		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%
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	R	G	G	G	G	R	G	G					G
		Actual	93.333%	100.00%	100.00%	100.00%	100.00%	77.778%	94.118%	100.00%					96.154%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	G	G	G	G	G	G	G					G
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%					100.00%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	G	G	G	G	R	G					G
		Actual	100.00%	96.875%	100.00%	95.652%	100.00%	100.00%	91.667%	100.00%					97.881%
		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%

539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R	R	G	G	R	G	R	G								G	
		Actual	83.871%	83.333%	85.714%	89.474%	80.00%	86.486%	82.051%	90.323%									85.271%
		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%	85.00%
540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	G	G	G	G	R	G	G	R								G	
		Actual	100.00%	100.00%	100.00%	92.857%	83.333%	100.00%	100.00%	87.50%									95.385%
		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%	90.00%

Ambulance

1887: Category A Calls Response Time (Red1) Number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	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%	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%	75.00%
1889: Category A (Red 2) 8 Minute Response Time Number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	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%	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%	75.00%
546: Category A calls responded to within 19 minutes Category A calls responded to within 19 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	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%	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%	95.00%

Enhancing Quality of Life for People with Long Term Conditions

Mental Health

138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G	G	R		G
		Actual	97.143%	96.667%	0.00%		96.923%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%

Episode of Psychosis

2099: First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	R	G	G	G	G	G	R					G	
		Actual	-	100.00%	66.667%	100.00%	50.00%	100.00%	75.00%	40.00%					75.00%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%

Dementia

2166: Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	G	G	G	G					R
		Actual	66.07%	65.52%	65.97%	66.43%	67.02%	66.77%	67.52%	67.12%					
		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%

Helping People to Recover from Episodes of Ill Health or Following Injury

Children and Young People with Eating Disorders

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

Ensuring that People Have a Positive Experience of Care

EMSA

1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG	G	G	G	G	G	G	G	G					G	
		Actual	0	0	0	0	0	0	0	0	0					0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1000 FCE's)	South Sefton CCG	RAG	G	G	G	G	G	G	G	G					G	
		Actual	-	-	-	-	-	-	-	-					-	
		Target	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Referral to Treatment (RTT) & Diagnostics

1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	G	G	G	G	G	G	G	G					G	
		Actual	93.733%	94.171%	93.624%	92.599%	92.405%	92.295%	92.25%	92.22%					92.894%	
		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%
1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	G	G	G	G	G	G	R	G					R	
		Actual	0	0	0	0	0	0	0	1	0					1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					R	
		Actual	2.207%	3.755%	4.059%	4.632%	6.418%	3.312%	2.612%	4.535%					3.922%	
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Cancelled Operations

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

E-Referrals

2142: NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG	R	R	R	R	R	R	R					R	
		Actual	22.059%	19.884%	20.428%	18.783%	21.392%	21.33%	21.496%						20.746%
		Target	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%

Wheelchairs

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

497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	South Sefton CCG	RAG	G	G	R	R	R	R	R	R				R	
		YTD	0	0	1	1	1	1	1	1					1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	South Sefton CCG	RAG	G	G	G	G	G	G	G	G				G	
		YTD	3	9	12	15	21	26	28	29					29
		Target	5	11	14	18	23	28	34	39	43	45	48	54	43

Accident & Emergency

2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	South Sefton CCG	RAG	R	R	R	R	R	R	R	R				R	
		Actual	88.069%	82.213%	82.323%	83.40%	85.006%	86.063%	86.245%	87.27%	85.90%				85.151%
		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%



South Sefton Clinical Commissioning Group

431: 4-Hour A&E Waiting Time Target (Monthly Aggregate for Total Provider) %of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps)	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	R	R	R	R	R	R	R	R	R				R	
		Actual	86.125%	78.775%	78.421%	80.811%	82.35%	84.469%	84.414%	86.58%	84.791%					82.934%
		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%
1928: 12 Hour Trolley waits in A&E Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	R	R	G	G	G	G	G	R				R	
		Actual	0	9	2	0	0	0	0	0	4					15
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0