



South Sefton
Clinical Commissioning Group

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Integrated Performance Report January 2018

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Summary Performance Dashboard

Metric	Reporting Level	2017-18												YTD
		Q1			Q2			Q3			Q4			
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	

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	G			G
		Actual	93.573%	94.653%	83.002%	95.404%	95.159%	95.842%	96.209%	94.484%	95.804%	93.043%			93.653%
		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	G			R
		Actual	93.846%	86.486%	84.416%	88.462%	93.182%	91.803%	95.775%	91.667%	91.045%	96.629%			91.375%
		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	G			G
		Actual	100.00%	98.507%	97.143%	98.876%	97.647%	96.341%	99.029%	97.468%	98.551%	97.059%			98.069%
		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	R	R			R
		Actual	93.333%	100.00%	100.00%	100.00%	100.00%	77.778%	94.118%	100.00%	85.714%	78.571%			93.60%
		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	R			G
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.491%		99.315%
		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	G			G
		Actual	100.00%	96.875%	100.00%	95.652%	100.00%	100.00%	91.667%	100.00%	100.00%	94.444%			97.619%
		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	G			G
		Actual	83.871%	83.333%	85.714%	89.474%	80.00%	86.486%	82.051%	90.323%	93.548%	86.207%			86.164%
		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%
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	G			G
		Actual	100.00%	100.00%	100.00%	92.857%	83.333%	100.00%	100.00%	87.50%	100.00%	100.00%			95.89%
		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%

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%			93.548%					95.833%
		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	G	R	G	G			G
		Actual	-	100.00%	66.667%	100.00%	50.00%	100.00%	75.00%	40.00%	100.00%	66.667%			76.471%
		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	R			R
		Actual	66.07%	65.52%	65.97%	66.43%	67.02%	66.77%	67.52%	67.12%	65.01%	64.60%			
		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%

IAPT (Improving Access to Psychological Therapies)

2183: IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R		R		R			R
		Actual	41.40%		46.90%		44.10%			44.20%
		Target	50.00%		50.00%		50.00%		50.00%	50.00%
2131: IAPT Roll Out The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R		R		R			R
		Actual	3.60%		3.59%		3.64%			10.80%
		Target	3.75%		3.75%		3.75%			15.00%
2253: IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	G		G		G			G
		Actual	98.50%		99.30%		99.4			99.10%
		Target	75.00%		75.00%		75.00%		75.00%	75.00%
2254: IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G		G		G			G
		Actual	99.80%		100.00%		100			99.90%
		Target	95.00%		95.00%		95.00%		95.00%	95.00%

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

Children and Young People with Eating Disorders

2095: The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	South Sefton CCG	RAG	G	G	G		G
		Actual	33.333%	100.00%	100.00%		84.615%
		Target					
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	G		G
		Actual	0%	0%	100%		100%
		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	G		R
		Actual	0	1	0		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	R		R
		Actual	0	0	1		1
		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	G		G	
		Actual	0	0	0	0	0	0	0	0	0	0	0	0	0
		Target	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 1,000 FCE's)	South Sefton CCG	RAG	G	G	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

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	R	R			G	
		Actual	93.733%	94.171%	93.624%	92.599%	92.405%	92.295%	92.25%	92.22%	91.308%	90.827%			92.539%	
		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	G	G			R	
		Actual	0	0	0	0	0	0	0	1	0	0	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	R			R	
		Actual	2.207%	3.755%	4.059%	4.632%	6.418%	3.312%	2.612%	4.535%	4.925%	4.771%			3.897%	
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%

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	R				R	
		Actual	22.059%	19.884%	20.428%	18.783%	21.392%	21.33%	21.496%	21.758%	22.67%					20.879%
		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%	80.00%

Personal Health Budgets

2143: Personal health budgets Number of personal health budgets that have been in place, at any point during the quarter, per 100,000 CCG population (based on the population the CCG is responsible for).	South Sefton CCG	RAG	R	R	R		R
		Actual	7.10	15.49	16.78		
		Target	33.57	36.15	38.73	41.31	

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		R
		Actual	N/A	N/A	N/A		-
		Target	92.00%	92.00%	92.00%	92.00%	92.00%

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

HCAI

497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	South Sefton CCG	RAG	G	G	R	R	R	R	R	R	R	R	R	R	
		YTD	0	0	1	1	1	1	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	G	G	G	
		YTD	3	9	12	15	21	26	28	29	33	37	40		40
		Target	5	11	14	18	23	28	34	39	43	45	48	54	48

Accident & Emergency

2123: <u>4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio)</u> % 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	R	R	R
		Actual	88.069%	82.213%	82.323%	83.40%	85.006%	86.063%	86.245%	87.27%	85.90%	86.483%	84.986%	85.262%
		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%
431: <u>4-Hour A&E Waiting Time Target (Monthly Aggregate for Total Provider)</u> % of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps)	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	R	R	R	R	R	R	R	R	R	R	R	
		Actual	86.125%	78.775%	78.421%	80.811%	82.35%	84.469%	84.414%	86.58%	84.791%	85.593%	83.901%	83.265%
		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%
1928: <u>12 Hour Trolley waits in A&E</u> 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	R	R	G	R	
		Actual	0	9	2	0	0	0	0	0	4	3	0	18
		Target	0	0	0	0	0	0	0	0	0	0	0	0

1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 10 (note: time periods of data are different for each source).

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 standard business rules set out by NHS England require a 1% surplus in each financial year. However, NHS England has set the CCG control total for 2018/19 at a £1m surplus which is 0.4%.

The QIPP savings requirement, assessed at the start of the year to deliver the agreed financial plan is £8.480m. As at Month 11, £2.299m QIPP savings have been achieved in the financial year to date.

The year to date financial position is a year to date deficit of £3.900m, which represents deterioration against the planned deficit of £0.100m. The full year forecast financial position for the CCG is a deficit of £4.300m. As we enter the final month of the year, it is highly unlikely that the CCG will deliver its agreed plan of break even.

Planned Care

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 1% higher when comparing to 2016/17 with General Medicine and Clinical Physiology seeing substantial increases.

The latest data (January) for E-referral Utilisation rates reported for the CCG as a whole is 24%; up by 1% from December and have not achieved the 80% ambition by October 2017.

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in January 4.77%. Aintree also failed in January recording 4.74%. An action plan is in place.

The CCG has fallen below the 92% threshold for patients on an incomplete pathway waiting no more than 18 weeks from referral, recording 90.83%. Aintree also failed this standard recording 90.84% in January. During January the significant pressure on the hospital bed base that was experienced through December was continued which contributed to the cancellation of routine elective cases to accommodate medical outlying patients, along with the cancellation of a number of outpatient clinics to release resources to support wards.

The CCG are failing 2 of the 9 cancer measures year to date. The 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms; year to date the CCG is recording 91.4% below the 93% target and 31 day wait for subsequent treatment (surgery) recording 78.6%, target 94%. Aintree are failing 5 of the 9 cancer measures. Firstly 2 week breast symptom recorded 91.8% year to date, 31 day subsequent treatment (surgery) recorded 91.4% year to date, 62 day upgrade year to date 81.6%, 62 day screening recording 87.2% year to date and lastly the

62 day standard recording 84.1% year to date. The Trust has actions in place to improve performance, see main body of the report.

Friends and Family inpatient response rates at Aintree are under target for January at 17.7% (and have been for all of 2017/18 so far). The proportion of patients who would recommend has remained the same as previous month recording 93% in January (England average 96%). The proportion who would not recommend is lower than last month at 4%, which is 2% higher than the England average.

Performance at Month 10 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG show an under performance of -£2.1m/-5.1%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately -£408k/-1.0%.

Unplanned Care

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for A&E 2017/18 and have failed the 91.7% January plan agreed with NHS Improvement recording performance with 85.59% (for all A&E department types) representing a 0.80% increase compared to December 2017. Aintree also had 3, 12 hour breaches in January.

Work is ongoing by NWS to address poor ARP (Ambulance Response Programme performance with issues having been escalated significantly at national level with both NHSE and NHSI intervention. They have issued a requirement for NWS to submit a recovery plan and recovery trajectory for Category 1 and Category 2 calls where they are some distance from meeting mandated targets. The plan will be carefully monitored by commissioners along with NHSE and NHSI. ARP data indicates that South Sefton and Southport & Formby have some of the longest response times for category 1 and 2 calls within Merseyside.

The number of 111 calls in January from South Sefton CCG patients have fallen slightly from the previous month, but when compared to the same 10 months of the previous year, there have been 105 more contacts in 2017/18, an increase of 2%.

The number of calls from South Sefton patients to the GP OOH service has fallen in January. When compared to the same point in the previous year, there have been 801 more calls so far in the first 10 months of 2017/18, an increase of 8.5%.

Aintree only just failed the 80% target of stroke patients spending at least 90% of their time on a stroke unit in January, achieving 79.1%. All breaches of the standard are reviewed and reasons for underperformance identified. The Trust continues to achieve their TIA target.

The CCG achieved their C.difficile plans for January. Aintree had 7 new cases reported in January (57 year to date) against a year to date plan of 38. (There have been 15 successful appeals upheld at panel, so 42 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.

The average number of delayed transfer of care per day in Aintree hospital decreased in January to 22 from 26 reported in December. Analysis of average delays in January 2018 compared to January 2017 shows the same number of patients, 22.

The percentage of people that would recommend A&E is above the England average (85%) reporting 87% in January the same as December. The not recommended percentage is at 8% in January which is 1% lower the previous month, England average 8%.

Performance at Month 10 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £1.9m/4.8%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately -£128k/-0.3%.

Mental Health

One of the three of the CPA mental health measures failed in January. Percentage of people under CPA followed up within 7 days of discharge recorded 81% against the 95% target.

The CCG has a target to reduce OAP's by 33% based on quarter 4 2016/17 activity. The latest reporting period is November to January 2018 where 100 OAP's were reported, an increase on the last reporting period of 15. The CCG is therefore currently failing to meet the target.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership reported more patients entering treatment in Month 10. The access rate for Month 10 was 1.38% and therefore narrowly failed to meet the standard. The percentage of people moved to recovery was 48.4% in Month 10, which is an improvement from 42.1% for the previous month and failing to meet the target of 50%.

The CCG recorded dementia diagnosis rate in January of 64.6% failing the national dementia diagnosis ambition of 66.7% for the second month after achieving for the previous 4 months, an action plan is in place.

Community Health Services

A number of services have seen a high number of DNA's and Provider cancellations so far in 2017/18. However there have also been improvements in the past month.

Better Care Fund

A quarter 3 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in 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.

CCG Improvement & Assessment Framework

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 28th February 2018.

The year to date financial position is a deficit of £3.900m which represents deterioration against the planned deficit of £0.100m. The CCG forecasts a deficit of £4.300m and as we enter the final month of the year, it is highly unlikely that the CCG will deliver its plan.

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 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 pressure within Mersey Care relating to intermediate care, discharge planning and transitional community funding; costs in respect of pass through payments for PbR excluded drugs and devices; full year costs for the Acute Visiting Scheme (AVS) and over performance at Spire and Ramsay hospitals.

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 financial year to date 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 over performance but also limits the CCG’s potential to deliver efficiency savings in the secondary care sector.

The CCG has developed the strategic financial plan for the period 2017/18 – 2021/22 which will be reported separately to this committee in March. The start point for the strategic financial plan is the expected outturn and QIPP delivery for 2017/18.

The high level CCG financial indicators are listed below:

Figure 1 – Financial Dashboard

Key Performance Indicator		This Month
Business Rules	1% Surplus	✗
	0.5% Contingency Reserve	✓
	0.5% Non-Recurrent Reserve	✓
Breakeven	Financial Balance	✓
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£2.299m

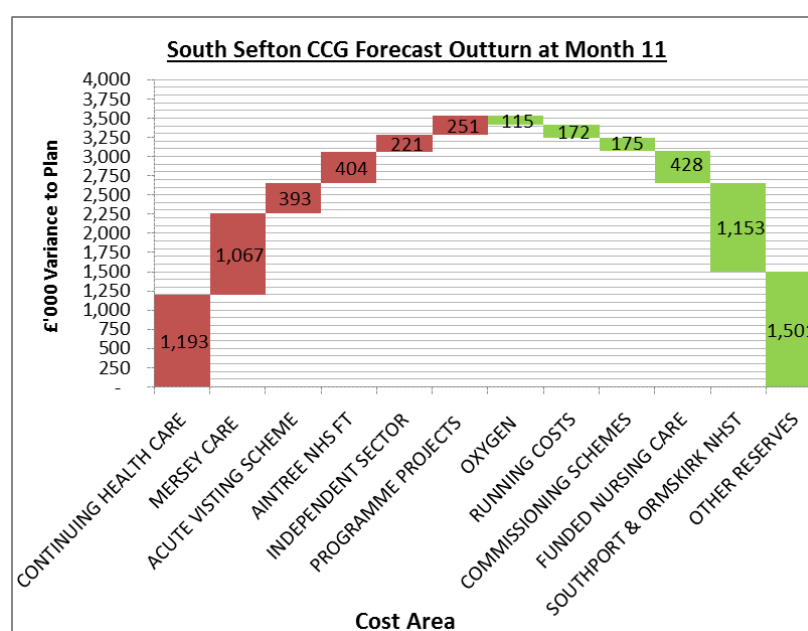
Key Performance Indicator		This Month
Running Costs	CCG running costs < 2017/18 allocation	✓
BPPC	NHS - Value YTD > 95%	99.89%
	NHS - Volume YTD > 95%	96.79%
	Non NHS - Value YTD > 95%	97.49%
	Non NHS - Volume YTD > 95%	96.01%

- 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 current financial plan is to achieve a break even position in year. The likely case scenario is a deficit of £4.300m.
- QIPP Delivery is £2.299m to date; this is £5.146m behind the planned delivery at Month 11.
- The forecast expenditure for the Running Cost budget is below the allocation by £0.172m 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 a deficit of £4.300m.
- The main financial pressures relate to
 - Cost pressures relating to Continuing Healthcare packages.
 - Cost pressure within Mersey Care relating to intermediate care, discharge planning and transitional community funding.
 - Full year costs for the Acute Visiting Scheme (AVS).
 - Overspend for PbR excluded drugs and devices at Aintree FT.
 - Over performance at Spire and Ramsay hospitals.
- The 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

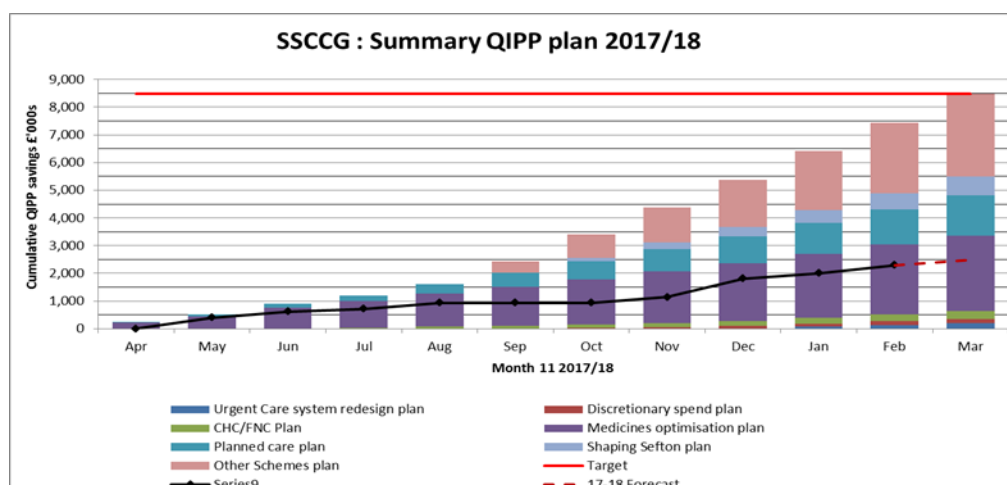
Figure 3 – Acting as One Contract Performance (Year to Date)

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	1.053
Alder Hey Children’s Hospital NHS Foundation Trust	(0.212)
Liverpool Women’s NHS Foundation Trust	(0.675)
Liverpool Heart & Chest NHS Foundation Trust	0.061
Royal Liverpool and Broadgreen NHS Trust	0.172
Mersey Care NHS Foundation Trust	0.000
The Walton Centre NHS Foundation Trust	0.111
Total	0.509

- 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 over performance 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 over performance spend against plan, this would represent a year to date overspend of £0.509m 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				(2,299)		0	(2,299)

- 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 continue to hold challenge and confirm sessions with QIPP Leads to inform QIPP delivery to 31 March 2018.
- The CCG has identified **£2.299m** QIPP savings at Month 11, 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 into the new financial year.

Figure 5 – Risk Adjusted Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	0.000	0.000	0.000
QIPP Target	(6.414)	(2.066)	(8.480)
Revised surplus / (deficit)	(6.414)	(2.066)	(8.480)
Forecast Outturn (Operational budgets)	0.440	(2.138)	(1.698)
Risks / Mitigations	1.050	2.342	3.392
Management action plan			
QIPP Achieved	0.759	1.540	2.299
Remaining QIPP to be delivered	0.187	0.000	0.187
Total Management Action plan	0.946	1.540	2.486
Year End Surplus / (Deficit)	(3.978)	(0.322)	(4.300)

Financial Position

- The CCG forecast financial position is a deficit of £4.300m.
- The underlying position is a deficit of £3.978m. This position removes non-recurrent expenditure commitments and QIPP savings from the forecast position.

South Sefton CCG	Best Case £m	Most Likely £m	Worst Case £m
QIPP Target	(8.480)	(8.480)	(8.480)
QIPP achieved to date	2.299	2.299	2.299
QIPP requirement (to deliver agreed forecast)	(6.181)	(6.181)	(6.181)
Predicted QIPP achievement	0.187	0.187	0.187
Forecast Surplus / (Deficit)	(7.692)	(7.692)	(7.692)
Further Risk	(2.071)	(2.071)	(2.635)
Management Action Plan	5.463	5.463	4.947
Risk adjusted Surplus / (Deficit)	(4.300)	(4.300)	(5.380)

Risk Adjusted Position

- 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 and likely case is a deficit of **£4.300m** 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 **£5.380m** and assumes reduced QIPP delivery, additional risks in respect of elective activity, outpatient procedure coding and CQUIN.

2.5 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 for contracts over £5m in value.
- 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 continues with the mediation process which was initiated in December. Three issues were taken forward for expert determination – CQUIN, ACU Follow ups and Outpatient Procedure Coding. The outcome of the expert determination should be finalised late March so the CCG will have an agreed position before reporting the final year end position. Other issues are expected to be resolved locally and the CCG has sent a proposal to the provider.

2.6 Statement of Financial Position

Figure 7 – Summary of working capital

	2016/17	2017/18				
	M12	M7	M8	M9	M10	M11
	£'000	£'000	£'000	£'000	£'000	£'000
Non Current Assets	14	14	14	14	14	0
Receivables	1,817	2,313	1,934	1,373	1,766	1,612
Cash	139	3,836	1,841	3,456	3,509	4,677
Payables & Provisions	(11,850)	(14,686)	(13,231)	(14,680)	(15,567)	(15,827)
Value of debt > 180 days old (6months)	76	140	136	128	142	494

BPPC (value)	98%	100%	100%	100%	100%	100%
BPPC (volume)	96%	96%	97%	97%	97%	97%
		M7	M8	M9	M10	M11

- The non-current asset balance relates to assets inherited from Sefton PCT at the inception of the CCG.
- The receivables balance includes invoices raised for services provided accrued income and prepayments. Outstanding debt in excess of 6 months old stands at £494k. This consists of:
 - CQUIN payment recovery (£72k) with Southport & Ormskirk NHS Trust. Paperwork has been submitted and the process is at expert determination as at in March 2018.
 - Annual invoices raised to other local CCGs for the Cheshire and Merseyside Rehabilitation Network (£400k). These will be paid in Month 12.
- 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 £246.029m at Month 11. The actual cash utilised at Month 11 was £225.608m which represents 91.7% of the total allocation. The balance of MCD to be utilised over the rest of the year is £20.478m.
- The CCG aims to pay at least 95% of invoices within 30 days of the invoice date in line with the BPPC. 2017/18 performance exceeds 95% for invoices by number and value for NHS and Non NHS suppliers. Performance will continue to be reviewed monthly.

2.7 Recommendations

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

- The year to date financial position is a deficit of £3.900m, which represents deterioration against the planned deficit of £0.100m. It is highly likely that the CCG will not deliver the required 2017-18 QIPP saving. The CCG's likely case scenario forecasts a deficit after risk and mitigation of £4.300m.
- The year to date planned QIPP savings of £7.444m has not been achieved. Delivery at month 11 is £2.299m, therefore at this stage; the CCG is below its financial plan.
- 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 make significant progress in reducing levels of low value healthcare and improve value for money from the use of the CCGs resources.
- In order to deliver the long term financial recovery plan, the CCG requires ongoing and sustained support from member practices, supported by Governing Body GP leads to identify and implement QIPP plans which deliver the required level of savings to meet its statutory financial duties into 2018-19 and future years.

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

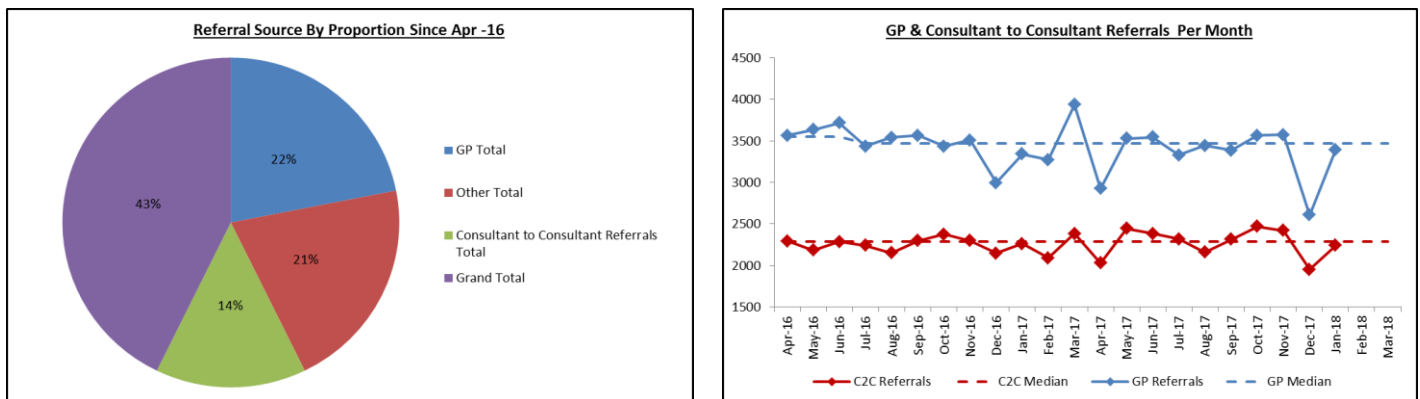


Figure 9 - Breakdown of referrals for the CCG across all providers for 2016/17, 2017/18

Referral Type	Referral Code	Referral Name	2017/18										2016/17	2017/18	YTD	YTD %	Grand Total
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	YTD	YTD	Variance		
GP	3	referral from a GENERAL MEDICAL PRACTITIONER	2,923	3,529	3,545	3,329	3,441	3,384	3,563	3,571	2,605	3,392	34,729	33,282	-1,447	-4%	75,220
GP Total			2,923	3,529	3,545	3,329	3,441	3,384	3,563	3,571	2,605	3,392	34,729	33,282	-1,447	-4%	75,220
Other	1	following an emergency admission	149	146	139	135	132	174	179	145	123	151	1,784	1,473	-311	-17%	3,550
	2	following a Domiciliary Consultation		3	3	5	8	1	3	13		1	7	37	30	429%	46
	4	referral from an Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	419	424	380	407	362	392	376	412	349	412	4,118	3,933	-185	-4%	8,841
	5	referral from a CONSULTANT, other than in an Accident and Emergency Department	1,149	1,504	1,488	1,386	1,345	1,419	1,510	1,468	1,169	1,346	12,854	13,784	930	7%	29,353
	6	self-referral	251	269	254	252	252	265	302	269	228	330	2,807	2,672	-135	-5%	6,052
	7	referral from a Prosthetist		1				1		3	1	2	13	8	-5	-38%	22
	8	Royal Liverpool Code (TBC)	74	59	83	66	102	87	89	75	64	96	775	795	20	3%	1,721
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	122	138	148	126	106	90	112	116	98	88	985	1,144	159	16%	2,340
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	191	230	224	258	207	237	289	265	213	244	2,787	2,358	-429	-15%	5,605
	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	1	3	62	44	-18	-29%	120
	13	referral from a Specialist NURSE (Secondary Care)	7	4	5	6	6	5	5	5	1	1	32	45	13	41%	86
	14	referral from an Allied Health Professional	131	212	164	144	134	157	158	136	82	119	1,465	1,437	-28	-2%	3,258
	15	referral from an OPTOMETRIST	1	1	4	5			4	3			7	18	11	157%	29
	16	referral from an Orthoptist		1		1				1		1	4	4	0	0%	8
	17	referral from a National Screening Programme	3	2	1	13	1	9	4	5	3		59	41	-18	-31%	113
	92	referral from a GENERAL DENTAL PRACTITIONER	137	142	165	193	180	202	171	127	131	157	1,393	1,605	212	15%	3,313
	93	referral from a Community Dental Service											3	0	-3	-100%	3
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	248	334	344	389	353	329	358	364	303	363	3,133	3,385	252	8%	7,223	
		Unknown	1		1					1	1	1	4	3	0%	5	
Other Total			2,888	3,475	3,405	3,388	3,192	3,373	3,569	3,416	2,767	3,314	32,289	32,787	498	2%	71,688
Consultant to Consultant Referrals Total			2,030	2,445	2,382	2,317	2,160	2,313	2,469	2,419	1,952	2,242	22,535	22,729	194	1%	49,735
Grand Total			5,811	7,004	6,950	6,717	6,633	6,757	7,132	6,987	5,372	6,706	67,018	66,069	-949	-1%	146,908

Referrals in January 2018 increased by 25% compared to the previous month with significant increases in GP referrals. With further analysis the main causes of this increase seem to be ENT and Gynaecology.

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 1% higher when comparing to 2016/17 with General Medicine and Clinical Physiology seeing substantial increases.

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

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

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 - Jan	80% by End of Q2 2017/18 & 100% by End of Q2 2018/19	24%	↑

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 (January) for E-referral Utilisation rates reported for the CCG as a whole is 24%; up by 1% from December and have not achieved the 80% by end of Q2.

Acute trusts are incentivised under CQUIN to make Advice and Guidance available for specialties covering 35% of referrals by March 2018. A variety of specialties are currently available across local providers and the range of services is continually expanding but to date use of Advice and Guidance by GPs is extremely low. Work continues to promote the use of Advice and Guidance services through Localities, Wider Groups and Local Quality Contract. There are also some issues in relation to integration of the eRS Advice and Guidance functionality within EMIS.

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 - Jan	1.00%	4.77%	↔
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	17/18 - Jan	1.00%	4.74%	↔

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in January. Out of 2,767 patients, 132 waited longer than 6 weeks and of them 21 waited longer than 13 weeks. The majority of breaches were for colonoscopy (63), MRI (19) and gastroscopy (17). 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 14.14% in January, showing a decrease in long waiters compared to 19.9% reported in December. The biggest pressure is in Colonoscopy with the Trust reporting a total of 378 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 January recording 4.74%. Out of 5,273 patients, 250 waited longer than 6 weeks with 22 of them waiting over 13 weeks. The majority of breaches were waiting for a colonoscopy (111), MRI (51) and flexi gastroscopy (35).

Endoscopy has continued to experience pressures with capacity due to sickness, maternity leave of Nurse Endoscopists and a consultant vacancy during January. The overall number of patients waiting over 6 weeks has decreased to 177 as has the number on the waiting list at 920. Additional activity continues through Waiting List Initiatives and PA sessional rates.

There has been increased pressure on the department to support the acute ward inpatient admissions and the increase in general medical outliers. This has resulted in a 5th Consultant being taken off their routine job plan and placed on the wards each week thus a recovery to below the 1% standard has been hindered significantly. The department has continued to prioritise cancer and urgent referrals which has made recovery of the 6wk routine standard difficult.

Proposed Actions:

- Additional Waiting List Initiative activity continues to cover the long term sickness.
- Weekly capacity meetings continue with operational and clinical teams to maximise the utilisation of capacity.
- The substantive ACBM has been recruited to and is due to commence in post mid-January 2018.
- Unisoft Scheduler has been implemented and the reporting functionalities are being explored to allow closer scrutiny of slot utilisation and management of DNA rates.
- Endoscopy recovery meetings commenced in August. Activity against plan and DNA rates are discussed in detail. Weekly actions are monitored for recovery.
- An external performance consultant to undertake a diagnostic review of the endoscopy services on 1st and 2nd February. Following this review an improvement programme will be put in place. The report is outstanding at present.
- The Endoscopy unit are participating in the Cancer Alliance productivity review for the North West and have started to collect data w/c 12-2-18.

Radiology continues to experience a sustained increase in internal Trust demand for Imaging (CT Cardiac, MR Cardiac, MR MSK and Ultrasound MSK). Additional sessions for CT and MR cardiac imaging have been carried out during January and the wait for this imaging has been reduced as a result. Currently the wait for routine MR is above 6 weeks with 8.0% of the total patients waiting over 6 weeks. At 9th February there were 26 patients waiting > 6 weeks, these have now all been imaged. The waiting time for Cardiac Imaging has improved now at 4weeks 5 days (MR) and 7 weeks 6 days (CT). Extended waiting times are due to increase in inpatient demand in line with the additional escalation bed base and unforeseen some staff sickness.

Proposed Actions:

- Weekly capacity meetings with operational and clinical teams to monitor performance and maximise capacity ongoing.
- Mobile MR Van to be brought on site for 13 days between 29th January and 16th March to reduce waiting times.
- Recruitment to vacant posts has taken place, monitoring of staff attendance ongoing. Unable to increase number of WLI's beyond existing plans in place.

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 - Jan	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	17/18 - Jan	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 - Jan	92%	90.83%	↓
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 - Jan	92%	90.84%	↓

Due to the declining performance in recent months the CCG is for the second month below the 92% threshold for patients on an incomplete non-emergency pathway waiting no more than 18 weeks from referral, recording 90.83%. In January out of 9,735 patients, 893 were waiting over 18 weeks on the incomplete pathway.

As previous reported declining performance at the Royal Liverpool Broadgreen is having an adverse impact on South Sefton CCG performance in particular, again did not achieve RTT standard for January reporting 83.1%. The issues were in Urology (88.9%), General Surgery (80.7%), T&O (77.1%), ENT (89.2%), Ophthalmology (75.4%), Gastro (81.3%) and Dermatology (87.8%). Liverpool CCG, as lead commissioner for the Royal wrote to the Royal's Liverpool's Chief Executive regarding the Trust's deteriorating RTT performance seeking assurances of recovery and sustainability of their RTT performance going forward. In response to the letter the Trust has drawn up a detailed 18 week RTT Action Plan by Jo Henshaw, Deputy Director of Patient Flow and Clinical Prioritisation. Back in April 2017 the Trust signed up to the "Acting as One/AAO" block contract, which was based upon activity out turn up to Month 5, 2016. This contract did not factor in any RTT backlog that each of the failing specialities had. Overall, bringing the Trust in line to deliver again RTT target was subject to significant contractual, demand, capacity and recruitment issues. Each of the worst performing specialities is experiencing either an increase in demand or a workforce issue. The Recovery plans have been shared for RTT and Endoscopy waiting lists and are demonstrating an improvement trend.

In addition Aintree again also failed this standard recording 90.84% in January, out of 16,183 patients there were 1,483 waiting over 18 weeks on the incomplete pathway. During January the significant pressure on the hospital bed base that was experienced through December was continued which contributed to the cancellation of routine elective cases to accommodate medical outlying patients, along with the cancellation of a number of outpatient clinics to release resources to support wards.

The under-performance is also related to the theatre refurbishment programme currently underway. In addition, both the outpatient cancellation and Did Not Attend (DNA) rates remained high across high volume specialties further exacerbating performance.

All Urgent / Emergency cases and Cancer patients were prioritised making the wait times for routine patients more of a challenge.

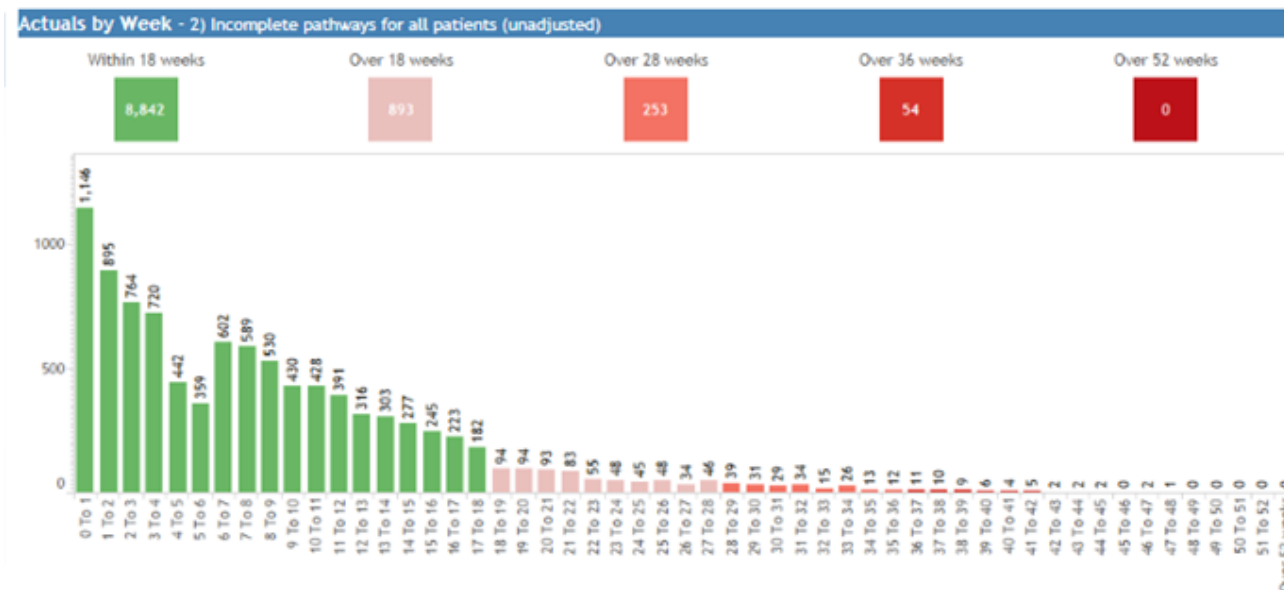
Proposed Actions:

- Proposed review of the theatre refurbishment theatre displacements to ensure parity of share across specialties.
- Regular review of all long waiting patients within the clinical business units to address capacity issues and undertake WLI's.
- Business cases for 2 additional EGSU Consultants has been agreed, this will provide additional theatre activity and ambulatory surgical clinics.
- Continue to support the reduction in endoscopy waits by supporting WLI scope lists using dropped sessions in the week and additional sessions at the weekend.
- Consultant recruitment to continue on NHS jobs.
- Meet weekly with the PAC team to analyse the ongoing referral numbers and wait times and the efficiency of virtual clinics in terms of discharge rates.
- Visiting Consultant undertaking 2 x colon lists and 1 x clinic at WLI rate from 2nd week in January.
- Work on validation and communication with other referring providers in the health economy to reduce demand in specific areas along with ensuring IPT forms are correctly filled in by referring organisations.

Along with the Royal and Aintree 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. January performance for this Trust overall for incomplete pathways was 74.4% (For the CCG 40% was recorded with 21 out of 35 patients waiting over 18 weeks on the incomplete pathway). 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.

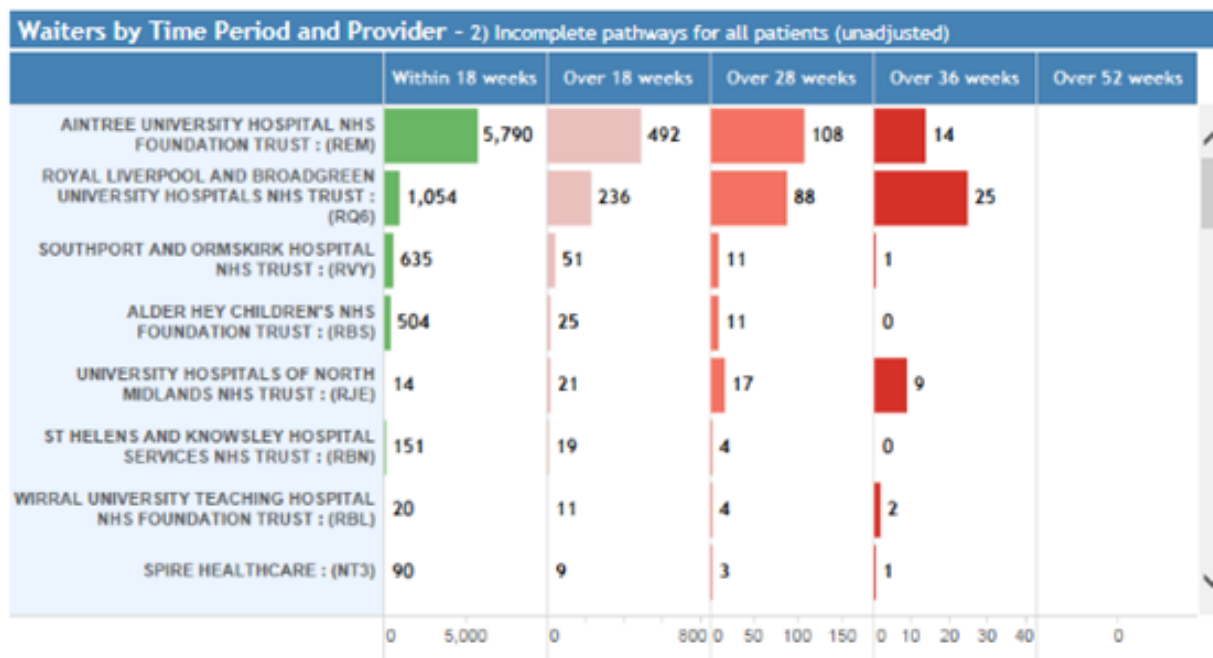
3.3.1 Incomplete Pathway Waiting Times

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

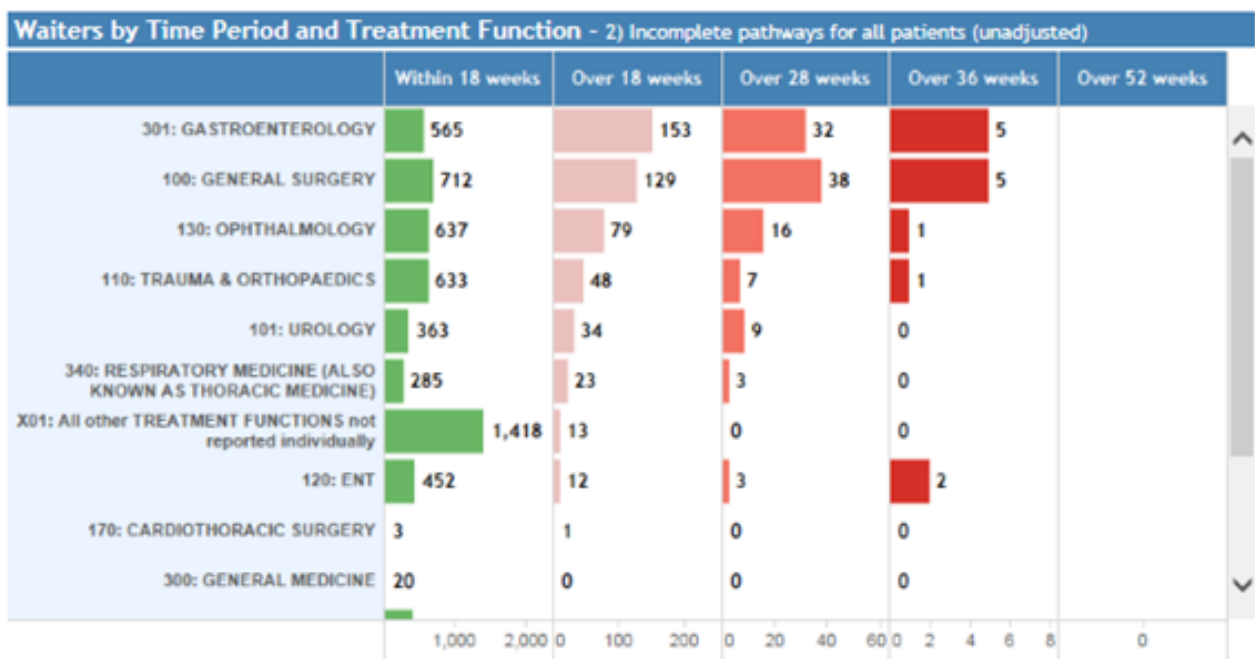
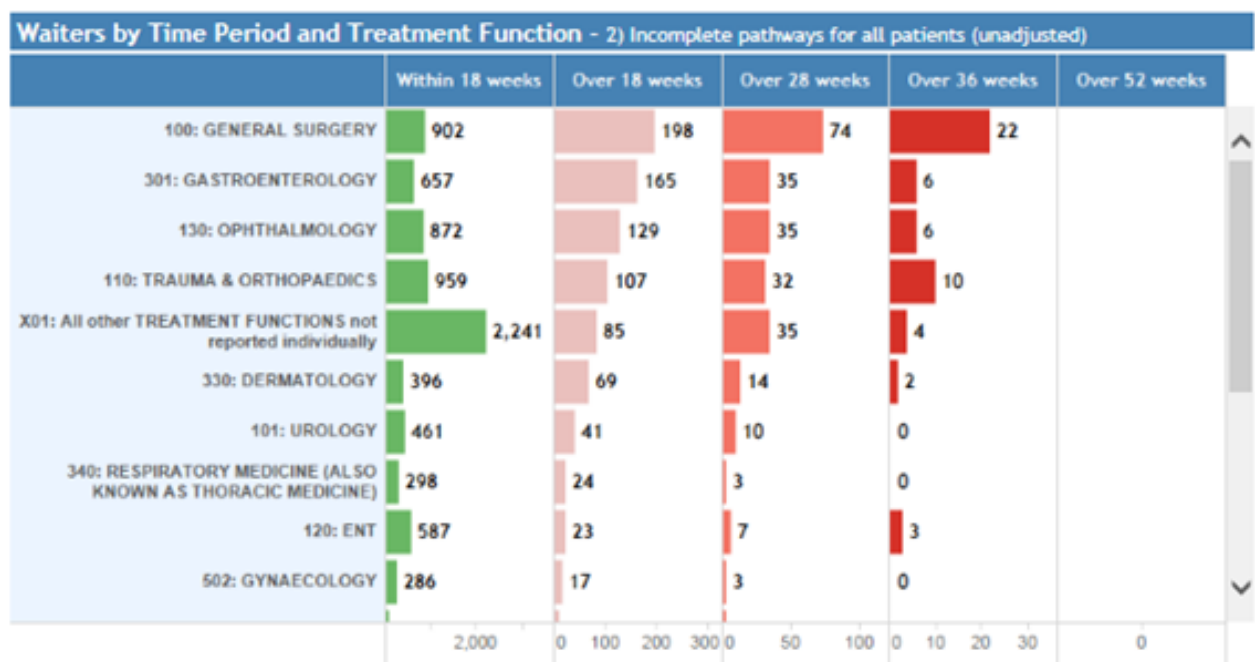


Figure 16 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



3.3.4 Provider assurance for long waiters

Figure 17 - South Sefton CCG Provider Assurance for Long Waiters

CCG	Trust	Speciality	Wait band	Has the patient been seen/has a TCI date?	Detailed reason for the delay
South Sefton CCG	Aintree	General Surgery	40		Patient DNA'd pre op appointment and is awaiting new date
South Sefton CCG	Aintree	Ent	41	TCI 16/03/2018	Capacity issues, patient declined TCI 15/02/18 & accepted 16/03/18
South Sefton CCG	Aintree	Gastroenterology	43	Treated 19/02/2018	Clock stopped 19/02/2018 - 1st treatment
South Sefton CCG	Royal Liverpool	T&O	40	Patient treated in February	Long Wait on Waiting List. RTT issues in various areas including Ophthalmology, General Surgery, Urology, Trauma and Orthopaedics and ENT. There have been a number of actions identified which will reduce demand and increase activity. Advice and guidance has now been rolled out to a number of specialities, as part of the national CQUIN. The team are also monitoring increases in referrals as a direct consequence of certain Trusts E-referral polling ranges being extended to reduce the number of slot issues.
South Sefton CCG	Royal Liverpool	Gastroenterology	40	No Date Yet	Long Wait on Waiting List (see above)
South Sefton CCG	Royal Liverpool	General Surgery	41	Patient treated in February	Capacity(see above)
South Sefton CCG	Royal Liverpool	Ophthalmology	41	No Date Yet	Long Wait on Waiting List (see above)
South Sefton CCG	Royal Liverpool	cardiology	41	Patient treated in February	Capacity (see above)
South Sefton CCG	Royal Liverpool	General Surgery	42	No Date Yet	Long Wait on Waiting List (see above)
South Sefton CCG	Royal Liverpool	Ophthalmology	43	Patient treated in February	Capacity (see above)
South Sefton CCG	Royal Liverpool	All Other	44	Patient treated in February	Capacity (see above)
South Sefton CCG	Royal Liverpool	General Surgery	47	Patient Treated in February	Capacity (see above)
South Sefton CCG	Spire	T&O	44	Discharged	Discharged back to GP
South Sefton CCG	North Midlands	Gastroenterology	40		Trust only provides comments on very long waiters
South Sefton CCG	North Midlands	All Other	41		Trust only provides comments on very long waiters
South Sefton CCG	North Midlands	All Other	42		Trust only provides comments on very long waiters
South Sefton CCG	Wirral	General Surgery	46		Trust no Longer responding to 40 week requests
South Sefton CCG	North Midlands	General Surgery	46	Clock stop	The pathway has been validated and a clock stop (watch and wait) applied and backdated to Dec 2017

CSU have asked on behalf of the CCG for further information on the patient waiting 46 weeks at Wirral University Hospital, and are awaiting a response.

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				1
	17/18 - Jan	0	0	↔

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 - Jan	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 - Jan	93%	93.65%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	17/18 - Jan	93%	94.27%	↔
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 - Jan	93%	91.37%	↑
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 - Jan	93%	91.76%	↔

The CCG achieved the 93% target for 2 week waits for first outpatient appointments for patients referred urgently with breast symptoms in January, with 96.63% but it is currently failing year to date at 91.37% due to lower rates in May, June and July. In January there were 3 breaches out of a total of 67 patients.

Aintree also achieved the 93% breast target for January reaching 94.42% but are also failing year to date 91.76%. In January, out of 215 patients there were 12 breaches. The majority of breaches were due to patient choice.

A Be Clear on Cancer campaign will be launched in late February targeting breast symptoms in the over 70s. This could increase demand on breast services and negatively affect performance against this target.

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 - Jan	96%	98.07%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	17/18 - Jan	96%	97.49%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	17/18 - Jan	94%	97.62%	↓
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	17/18 - Jan	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	17/18 - Jan	94%	93.60%	↓
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	17/18 - Jan	94%	91.35%	↓
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	17/18 - Jan	98%	99.32%	↓
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	17/18 - Jan	98%	99.65%	↓

The CCG failed the 94% target for 31 day wait for subsequent treatment (surgery) in January recording 78.57% and are now failing year to date reaching 93.60%. In January there were 3 breaches out of a total of 14 patients.

Aintree failed the 94% target for 31 day wait for subsequent treatment (surgery) in January recording 78.8% and are also under plan year to date (91.35%). In January there were 7 breaches out of a total of 33 patients. The longest breach was 64 days, where the reason for delay was that the patient required a fibro scan, booked over the 31 days. Other reasons included capacity issues, patient cancelled, urology procedure needed first, admin error, equipment missing from theatre.

Actions:

- Issues with theatre capacity to be escalated to the CBMs for escalation to the DDO and resource panel.
- Escalate constraints to the patient pathway to the daily Cancer Performance briefing led by the Divisional Director of operations Diagnostics & Support Services.

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 - Jan	85% local target	91.00%	↑
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (Aintree)	17/18 - Jan	85% local target	81.58%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	17/18 - Jan	90%	95.89%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	17/18 - Jan	90%	87.22%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	17/18 - Jan	85%	85.99%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	17/18 - Jan	85%	84.11%	↔

Aintree achieved the local 85% target in January for 62 day wait for definitive treatment following consultant's decision to upgrade, recording 86.2% but failed year to date (81.58%) partly due to previous months breaches. In January the equivalent of 2 out of 14.5 patients breached the target. Reasons for breaches include: theatre capacity, a patient had a transplant assessment, repeat diagnostic and referral between trusts. Longest wait was 166 days.

Aintree failed the 90% target for 62 day screening in January with a 1 patient breach out of a total of 9 patients recording 88.89% and are failing year to date reaching 87.22% partly due to previous breaches. The one breach actually equated to 2 half patient breaches, both lower gastro; first patient delay was due to the patient being unwell, 2 new primaries Colorectal and Lung complex pathway, waited 82 days. The second half breach delay was due to admin delay, and initially not identified as a screening patient, waited 66 days.

Aintree also failed the 85% target in January for 2 month wait from urgent GP referral to first definitive treatment recording 83.45%, but are still failing year to date 84.11%. In January there was the equivalent of 11.5 breaches out of a total of 69.5 patients. The longest wait was 100 days. Reasons for delay include delays between trusts, theatre capacity, admin delay, ITU bed needed, patient choice in treatment, repeat tests.

The main reasons for breaches include: patient choice with patients choosing to have surgery after Christmas, capacity in theatres, complex pathways (patients not fit for treatment or needing multiple investigations) and delayed histopathology results meaning patients are not discussed at the earliest opportunity at MDT meeting. Lack of Critical Care capacity has also been a factor in January which has impacted on Head and Neck patient pathways in particular. There has also been a significant increase in confirmed diagnosis of breast cancer in January this year in compared to January in 2017.

Actions:

- Continued monitoring and intervention by the Clinical Business Unit to manage the patient pathways and remove any barriers which may be preventing treatment.
- Escalate constraints in the patient pathway to the weekly Cancer Performance meeting.
- Continued tracking by the Central Cancer team to support performance improvement in the tumour groups. Early escalation of issues to Divisional Directors of Operations and the Cancer Performance meeting.
- Escalation of delays in Histopathology reporting to LCL via the weekly Cancer Performance Group, emails and tracking by MDT co-ordinators.
- Daily Performance meetings continue with escalation to the Divisional Directors as required. Twice weekly performance meetings with relevant CBMs have been embedded.
- Continue work with Surgery to assess the impact of theatre refurbishment and to ensure effective use of all available theatre lists particularly for Urology and head & neck.

In February there was a meeting held with NHSE, Aintree 62 Days Cancer Delivery Meeting, included were South Sefton and Knowsley CCGs and the Cheshire and Merseyside Cancer Alliance.

Key Trust actions:

- Liverpool Clinical Laboratories work around agreement of criteria of priority samples and workforce and recruitment programme.
- Patient navigator to support engagement and attendance for appointments and investigations.
- Work on late transfer to Aintree for head and neck patients from other providers.
- Radiology, investigate potential to reduce double reporting when patients are transferred from other providers.

South Sefton CCG actions:

- To work with Knowsley CCG to ensure information is available at CQPG regarding clinical validation and review of +104 days waiters with information available at patient level.
- Auditing use of patient letters within primary care designed to reinforce importance of attending appointments and investigations.

104+ Day Breaches

The Managing Long Waiting Cancer Patients - policy on “backstop” measures introduced in 2015 signalled the need for harm reviews to be undertaken in addition to root cause analyses on pathways breaching 104 days. In month 10 there were 5 patients who all had multiple delay

factors including diagnostic reporting and significant delays due to patient choice and unavailability. Harm reviews are awaited.

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: Jan-18

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Inpatient	25.0%	17.7%		96%	93%		2%	4%	

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

- % Response Rate
- % Recommended
- % Not Recommended

The Trust has failed patient response rates and are reporting under target for January at 17.7%. The proportion of patients who would recommend has remained the same as last month recording 93%. (England average 96%). The proportion who would not recommend is lower than last month at 4%, which is 2% 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 10 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG show an under performance of -£2.1m/-5.1%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately -£408k/-1.0%.

At specific over performing Trusts, Royal Liverpool are reporting the largest cost variance with a total of £149k/3% followed by Spire Liverpool (£130k/21%). In contrast, Aintree and Southport & Ormskirk are under performing by -£1.4m/-6% and -£608k/-25% respectively.

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	151,858	147,024	-4,834	-3%	£26,129	£24,689	£-1,440	-6%	£1,440	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	11,497	11,812	315	3%	£1,447	£1,377	£-70	-5%	£70	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	1,015	1,180	165	16%	£346	£385	£39	11%	£-39	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	13,371	12,094	-1,277	-10%	£2,540	£2,285	£-255	-10%	£255	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	25,452	27,692	2,240	9%	£4,251	£4,400	£149	3%	£-149	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	2,606	2,577	-29	-1%	£837	£702	£-135	-16%	£135	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	205,799	202,379	-3,420	-2%	£35,548	£33,837	£-1,711	-5%	£1,711	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	72	206	134	187%	£18	£38	£20	111%	£0	£20	111%
COUNTNESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	132	132	#DIV/0!	£0	£18	£18	#DIV/0!	£0	£18	#DIV/0!
FAIRFIELD HOSPITAL	159	127	-32	-20%	£43	£30	£-12	-29%	£0	£-12	-29%
ISIGHT (SOUTHPORT)	427	454	27	6%	£99	£82	£-17	-17%	£0	£-17	-17%
RENACRES HOSPITAL	5,263	4,974	-289	-5%	£1,479	£1,458	£-22	-1%	£0	£-22	-1%
SALFORD ROYAL NHS FOUNDATION TRUST	0	126	126	#DIV/0!	£0	£33	£33	#DIV/0!	£0	£33	#DIV/0!
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	12,891	10,677	-2,214	-17%	£2,401	£1,793	£-608	-25%	£0	£-608	-25%
SPIRE LIVERPOOL HOSPITAL	1,994	2,393	399	20%	£619	£749	£130	21%	£0	£130	21%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	3,068	3,825	757	25%	£842	£817	£-25	-3%	£0	£-25	-3%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	872	983	111	13%	£205	£232	£27	13%	£0	£27	13%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	90	148	58	64%	£13	£27	£14	101%	£0	£14	101%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	87	87	#DIV/0!	£0	£9	£9	#DIV/0!	£0	£9	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	385	292	-93	-24%	£102	£74	£-28	-28%	£0	£-28	-28%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	1,009	1,261	252	25%	£403	£457	£54	13%	£0	£54	13%
ALL REMAINING PROVIDERS TOTAL	26,230	25,685	-545	-2%	£6,225	£5,817	£-408	-7%	£0	£-408	-7%
GRAND TOTAL	232,029	228,064	-3,965	-2%	£41,774	£39,654	£-2,119	-5.1%	£1,711	£-408	-1.0%

*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	12,041	10,497	-1,544	-13%	£7,164	£6,694	£-470	-7%
Elective	1,675	1,303	-372	-22%	£4,745	£3,927	£-817	-17%
Elective Excess BedDays	552	389	-163	-30%	£134	£93	£-40	-30%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	373	197	-176	-47%	£78	£44	£-34	-43%
OPFANFTF - Outpatient first attendance non face to face	2,143	3,050	907	42%	£61	£80	£19	31%
OPFASPCL - Outpatient first attendance single professional consultant led	27,929	26,219	-1,710	-6%	£4,404	£4,278	£-126	-3%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,211	759	-452	-37%	£102	£76	£-27	-26%
OPFUPNFTF - Outpatient follow up non face to face	2,761	6,740	3,979	144%	£67	£163	£96	144%
OPFUPSPCL - Outpatient follow up single professional consultant led	70,328	64,322	-6,006	-9%	£4,858	£4,625	£-234	-5%
Outpatient Procedure	19,779	19,974	195	1%	£2,615	£2,632	£17	1%
Unbundled Diagnostics	11,826	12,248	422	4%	£955	£1,073	£118	12%
Wet AMD	1,239	1,326	87	7%	£947	£1,004	£58	6%
Grand Total	151,858	147,024	-4,834	-3%	£26,129	£24,689	£-1,440	-6%

Non face to face activity (both first and follow up attendances) are reporting an over performance within planned care at month 10 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 £118k/12% against plan. This is followed by non-face to face outpatient follow up attendances (£96k/144% above plan at month 10).

Cardiology is showing the largest cost variance at month 10 (£642k/51%). 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 -£977k/-21% against plan.

Overall, year to date costs for planned care PODs at Aintree University Hospital are currently -£1.4m/-5.5% down against plan at month 10. 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 10:

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	794	£645,455	7	£17,575	28	£6,627	255	(£8,972)	-24	(£67,735)	402	£49,942	1,461	£642,892
Geriatric medicine	2	(£1,665)	6	(£3,969)	97	£24,139	206	£56,778	427	£57,702	-2	(£262)	737	£132,724
Acute internal medicine	2	£139	0	(£1,615)	-17	(£3,898)	1,243	£135,894	22	£2,644	-76	(£10,907)	1,174	£122,257
Nephrology	35	£13,338	-2	£1,566	5	£1,087	370	£99,589	-274	(£30,275)	19	£2,204	154	£87,510
Colorectal surgery	-41	(£17,612)	-9	£155,519	-264	(£62,343)	-67	(£17,616)	261	£14,268	35	£4,521	-86	£76,736
Breast surgery	58	£124,991	-19	(£51,266)			-115	(£22,758)	-90	(£6,503)	121	£17,822	-45	£62,285
Physiotherapy							-262	(£12,700)	1,868	£61,364	1	£33	1,607	£48,697
Transient ischaemic attack							198	£60,409	-33	£0	-214	(£27,175)	-49	£33,234
Rheumatology	45	£12,362	-3	(£2,190)	-9	(£2,219)	20	£5,056	280	£22,297	-26	(£6,875)	306	£28,432
Respiratory medicine	-30	(£12,763)	-21	(£28,651)	4	£926	48	£32,626	107	(£3,335)	187	£33,434	294	£22,237
Ent	-49	(£50,580)	-31	(£51,482)			-41	(£5,020)	-17	(£527)	641	£70,190	504	(£37,420)
Upper gastrointestinal surgery	-30	(£45,439)	1	£10,056	-3	(£750)	-44	(£6,571)	-124	(£7,954)	-3	(£367)	-203	(£51,025)
Clinical haematology	-635	(£80,207)	-19	(£27,137)	-52	(£14,541)	-108	(£27,492)	729	£79,860	2	£368	-85	(£69,148)
Anticoagulant service									-4,505	(£116,041)			-4,505	(£116,041)
General surgery	-92	(£105,224)	-39	(£60,376)	-1	(£120)	-66	(£11,253)	-322	(£23,386)	-5	(£787)	-525	(£201,146)
Dermatology	-41	(£20,438)					-713	(£98,562)	31	(£27,155)	-773	(£73,876)	-1,497	(£220,030)
Urology	-141	(£36,310)	-53	(£122,897)	44	£9,811	-567	(£83,319)	-16	(£1,493)	-224	(£34,721)	-957	(£268,929)
Ophthalmology	-434	(£327,119)	1	£5,058	3	£922	-393	(£57,476)	1,275	£7,216	729	£71,839	1,181	(£299,560)
Gastroenterology	-827	(£362,975)	-34	(£78,729)	-39	(£9,507)	-464	(£96,884)	-1,164	(£73,896)	-26	(£257)	-2,554	(£622,246)
Trauma & orthopaedics	-251	(£296,193)	-144	(£543,123)	40	£9,401	-195	(£30,589)	-672	(£41,414)	-608	(£75,883)	-1,831	(£977,801)
Grand Total	-1,544	(£470,229)	-372	(£817,264)	-163	(£40,465)	-980	(£140,609)	-2,478	(£163,988)	195	£16,721	-5,342	(£1,615,834)

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	802	685	-117	-15%	£582	£427	£-155	-27%
Elective	169	122	-47	-28%	£474	£273	£-201	-42%
Elective Excess BedDays	29	1	-28	-97%	£11	£0	£-10	-98%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	205	105	-100	-49%	£34	£18	£-15	-46%
OPFASPCL - Outpatient first attendance single professional consultant led	1,924	1,416	-508	-26%	£317	£231	£-86	-27%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	472	233	-239	-51%	£36	£19	£-17	-47%
OPFUPSPCL - Outpatient follow up single professional consultant led	4,099	3,407	-692	-17%	£314	£264	£-50	-16%
Outpatient Procedure	4,445	4,034	-411	-9%	£580	£507	£-73	-13%
Unbundled Diagnostics	745	674	-71	-10%	£55	£53	£-2	-3%
Grand Total	12,891	10,677	-2,214	-17%	£2,401	£1,793	£-608	-25%

* PbR only

The Trend of under-performance for planned care at the Trust has continues into month 10 with overall underspend at £608k. Although all PODs are under plan, the majority of the focus is within Day Case and Elective cost.

Trauma and Orthopaedics is the main specialty under plan with General Surgery and Gynaecology also notably under-performing for planned procedures.

GP referrals have reduced which is filtering through to reduced levels of outpatient activity. Similar to planned procedures T&O is the main specialty under plan; however the majority of specialties are below expected levels.

Dermatology has reduced somewhat against the original plan. This is understandable due to the low staffing levels at the Trust with activity flowing to the CCGs community provider and other acute trusts.

Winter planning has also meant a number of planned operations cancelled. The Trust has assured all cancellations have been rebooked and scheduled to take place, if not already done so.

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	518	415	-103	-20%	£625	£481	£144	-23%
Elective	96	132	36	37%	£455	£612	£157	34%
OPFASPCL - Outpatient first attendance single professional consultant led	1,072	840	-232	-22%	£171	£138	£33	-19%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,320	1,402	82	6%	£83	£89	£6	8%
Outpatient Procedure	681	322	-359	-53%	£71	£51	£20	-29%
Unbundled Diagnostics	427	336	-91	-21%	£40	£33	£8	-20%
Physio	1,149	1,198	49	4%	£34	£35	£1	4%
Grand Total	5,263	4,645	-618	-12%	£1,479	£1,438	£41	-3%

Renacres under performance of -£41k/-3% is driven by a -£144k/-23% under performance in day cases with reduced activity focussed particularly in the Trauma & Orthopaedic and General Surgery specialties. At HRG level 'Major Knee Procedures for Non-Trauma, 19 years and over, with CC Score 0-1' has seen a notable reduction in activity within T&O.

In contrast to day cases, elective activity is currently over performing by £157k/34%, which can be attributed to very major hip and knee procedures within Trauma & Orthopaedics (notably those with CC scores 2-3).

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	174	259	85	48%	£248	£326	£78	32%
Elective	46	49	3	6%	£238	£252	£14	6%
OPFASPCL - Outpatient first attendance single professional consultant led	227	325	98	43%	£37	£53	£16	42%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,205	1,362	157	13%	£54	£72	£18	33%
OPFUPSPNCL - Outpatient follow up single professional non-consultant led	38	65	27	71%	£2	£3	£1	71%
Outpatient Procedure	187	188	1	1%	£25	£26	£0	0%
Unbundled Diagnostics	116	145	29	25%	£14	£17	£2	15%
Grand Total	1,994	2,393	399	20%	£619	£749	£130	21%

Spire Liverpool is over performing across all PODs in 2017/18. However, total over performance of £130k/21% is driven by a £78k/32% 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 (£32k/203%). 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	24	60	
2) New personal health budgets that began during the quarter (total number per CCG)	4	0	4	1	4	2	4	
3) Total number of PHB in the quarter = sum of 1) and 2) (total number per CCG)	52	11	56	24	60	26	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	16.78	41.31	

The CCG reported 26 personal health budgets at the end of Q3, which is an increase of 2 from Q2. This remains below the trajectory for the targets set by NHS England. The CCG continues to look for potential ways to increase the numbers of PHB and collaborative work continues with other CCGs. The management of PHBs is being supported though CSU colleagues.

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

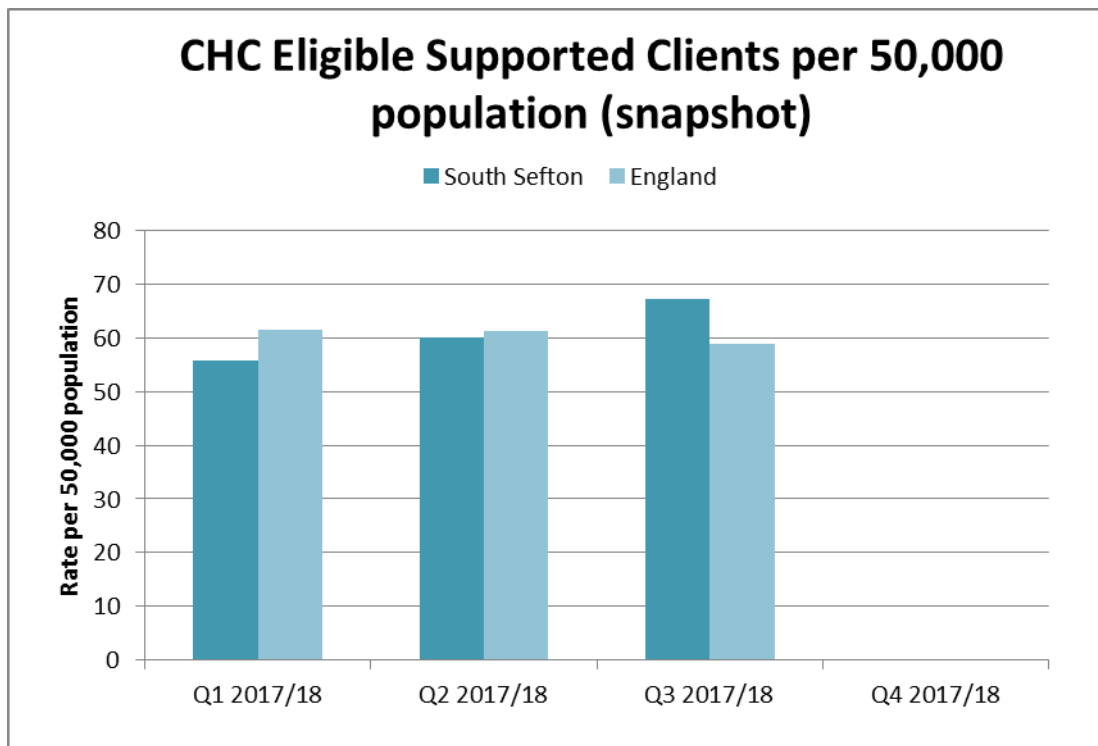


Figure 31 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

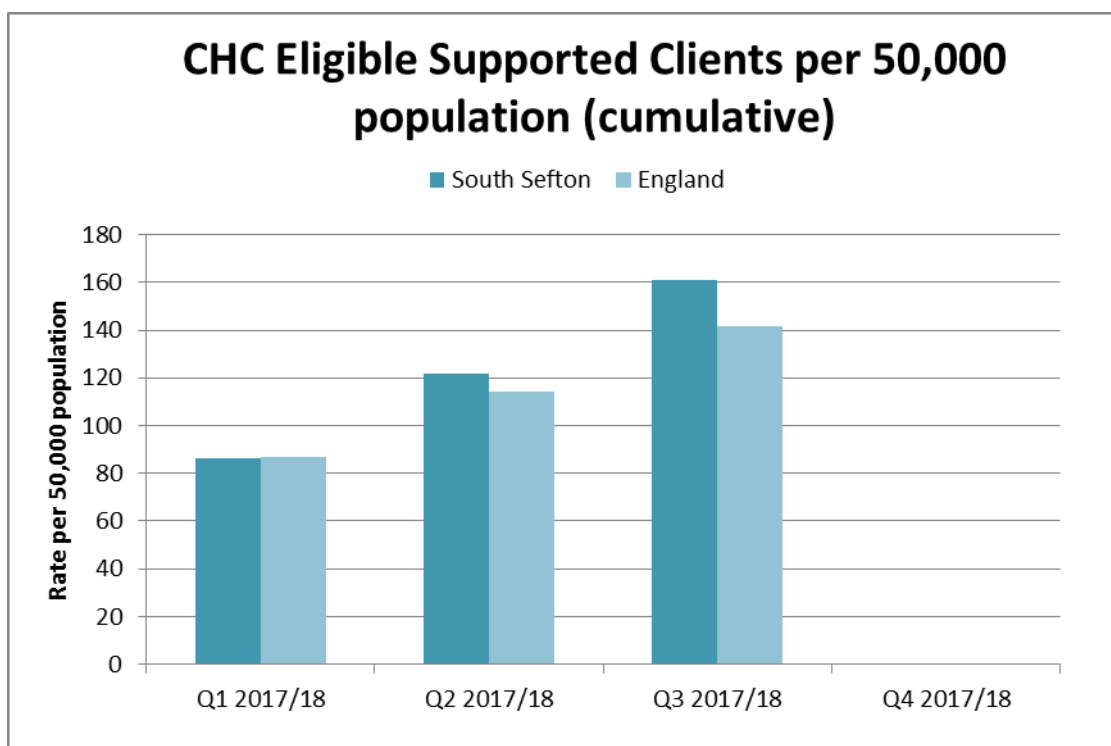
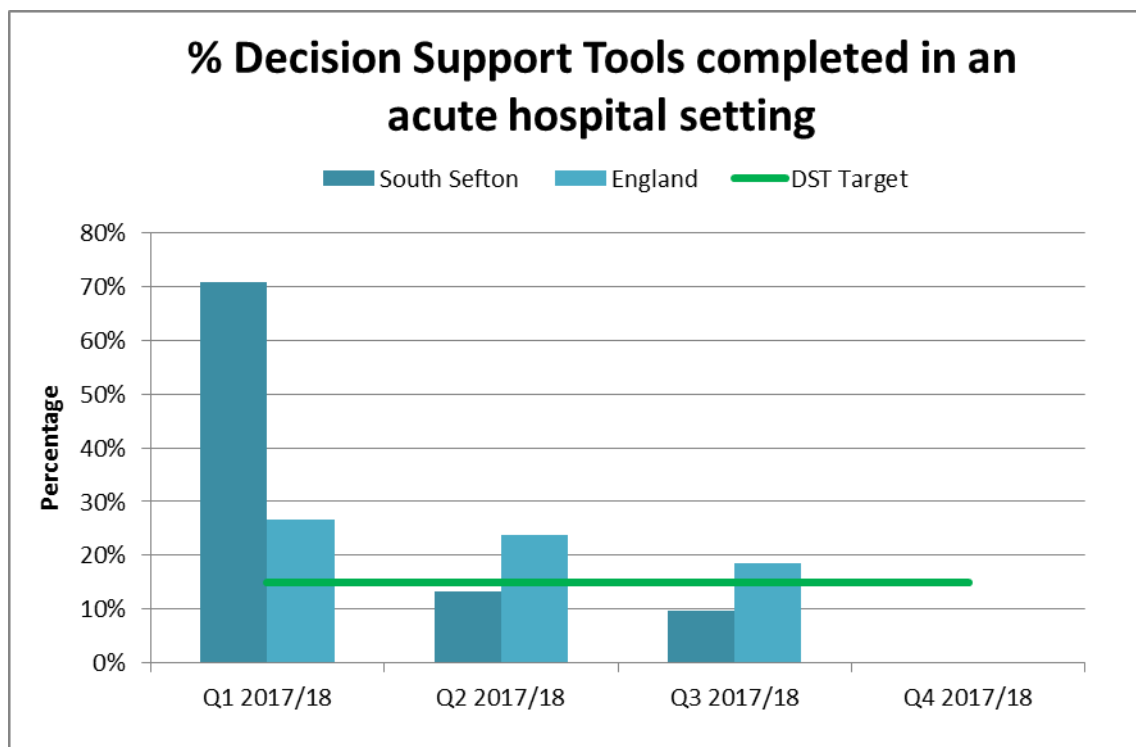


Figure 32 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



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 both Q2 with 13.3% and Q3 with 9.8% occurring in an acute setting. We anticipate that this will improve further in Q4 with the introduction of 28 day health step down beds to support assessments for individuals with long term health needs being undertaken within a community setting. This work is being piloted at present and evaluation will be required to evaluate improvements to the pathway.

A CHC Programme Board has been established to replace the CHC Steering Group. The new board met in January, 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	Actual Q3	YTD	FOT
Number of maternities	367	452	402	1221	1628
Number of women known to be smokers at the time of delivery	56	62	69	187	249
Number of women known not to be smokers at the time of delivery	310	389	332	1031	1375
Number of women whose smoking status was not known at the time of delivery	1	1	1	3	4
Data coverage %	99.7%	99.8%	99.8%	99.8%	99.8%
Percentage of maternities where mother smoked	15.3%	13.7%	17.2%	14.4%	14.4%

The CCG is again above the data coverage plan of 95% at Q3, 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.

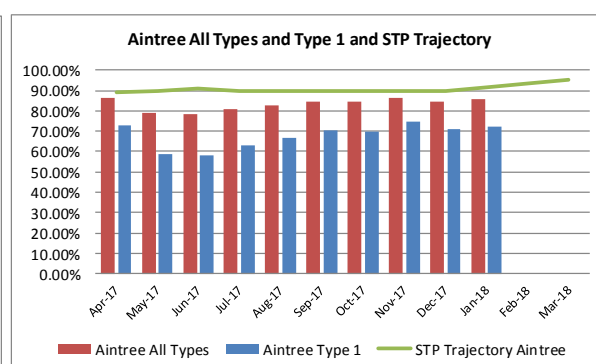
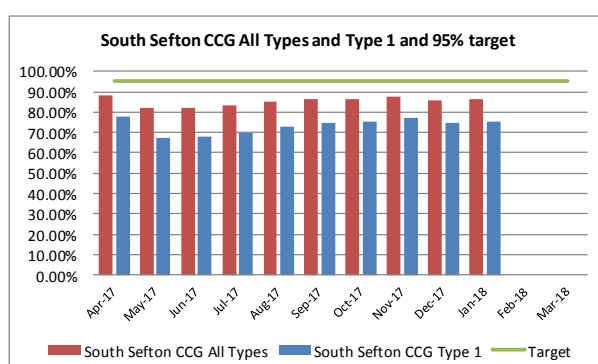
4. Unplanned Care

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 - Jan	95%	85.29%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	17/18 - Jan	95%	73.30%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) All Types	17/18 - Jan	STP Trajectory Jan Target 91.7%	83.21%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	17/18 - Jan	95%	67.74%	↔

A&E All Types	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	YTD
STP Trajectory Aintree	89%	90%	91%	90%	90%	90%	90%	90%	90%	91.7%	%
Aintree All Types	86.13%	78.78%	78.42%	80.81%	82.35%	84.47%	84.41%	86.58%	84.79%	85.59%	83.21%



Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2017/18 and have failed the 91.7% January plan agreed with NHS Improvement recording performance with 85.59% (for all A&E department types) in January 2018, representing a 0.80% increase compared to December 2017.

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. Initial gap analysis complete and BC being submitted for consideration. A perfect staffing week will be arranged following SAFER rollout.
- Paramedic bank commenced on 15th January within ED to help reduce the agency spend for nursing.
- Recruitment of Acute Physicians and ED Consultants was successful with 3 consultants appointed for AMU start dates April and May. The successful candidate for ED started 5th February. The advert for another AMU consultant and a new post of Chief Medical Registrar has gone to advert.
- Complete full ED nurse establishment review. Completing a dependency study within the department which will complete on 19/11. The findings will be fed into the review.
- Develop series of PDSA cycles to test improvements in the following elements of EACP:
 - See and Treat – Allocation of rooms has been introduced and patient allocated to room for review
 - Board rounds - walk arounds have commenced to ensure staff are redirected to any hot spots.
 - Direct pathways to assessment areas
- Primary care streaming was extended in January with ANPs supporting day time shifts.

Multi Agency Discharge Events (MADE) are being undertaken on a weekly basis with representation from health and social care to review practice at ward level. These are supplemented by weekly patient flow telephone meetings to facilitate and support discharge processes with multi-agency representation. The implementation programme for the SAFER patient flow bundle has been affected by winter pressures but with work now refocused to ensure systems developed in all required ward areas.

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 - Jan	0	18	↓

Aintree had 3 12-hour breaches in January. 18 have been reported year to date; (9 in May, 2 in June and 4 in December). A Root Cause Analysis of the breaches has been submitted by the Trust. Initial review of the analysis identifies issues relating to access to specialist beds e.g. cardiology, respiratory with consideration needing to be given in future resilience planning to enabling capacity of specialist resources. The CCG will consider all issues and provide feedback to the Trust.

4.2 Ambulance Service Performance

In August NWS went live with the implementation of the Ambulance Response Programme (ARP). NWS performance is measured on the ability to reach patients as quickly as possible. Performance will be based upon the average (mean) time for all Category 1 and 2 incidents. Performance will also be measured on a 90th percentile (9 out of 10 times) for Category 1, 2, 3 and 4 incidents.

In January there was an average response time in South Sefton of 11 minutes against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response was 38 minutes against a target of 18 minutes. The longest response times within Merseyside are in South Sefton and Southport and Formby.

There is an increased focus on the NWS performance with NHSE and NHSI intervention to support improvements. A separate report around the new ambulance performance targets will be presented to the Governing Body at the March meetings.

Figure 36 – 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 - Jan	0	198	↑	The Trust recorded 198 handovers between 30 and 60 minutes, this is 31 more than last month when 167 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 - Jan	0	137	↑	The Trust recorded 137 handovers over 60 minutes, this is more than the previous month when 114 was reported and is still breaching the zero tolerance threshold.

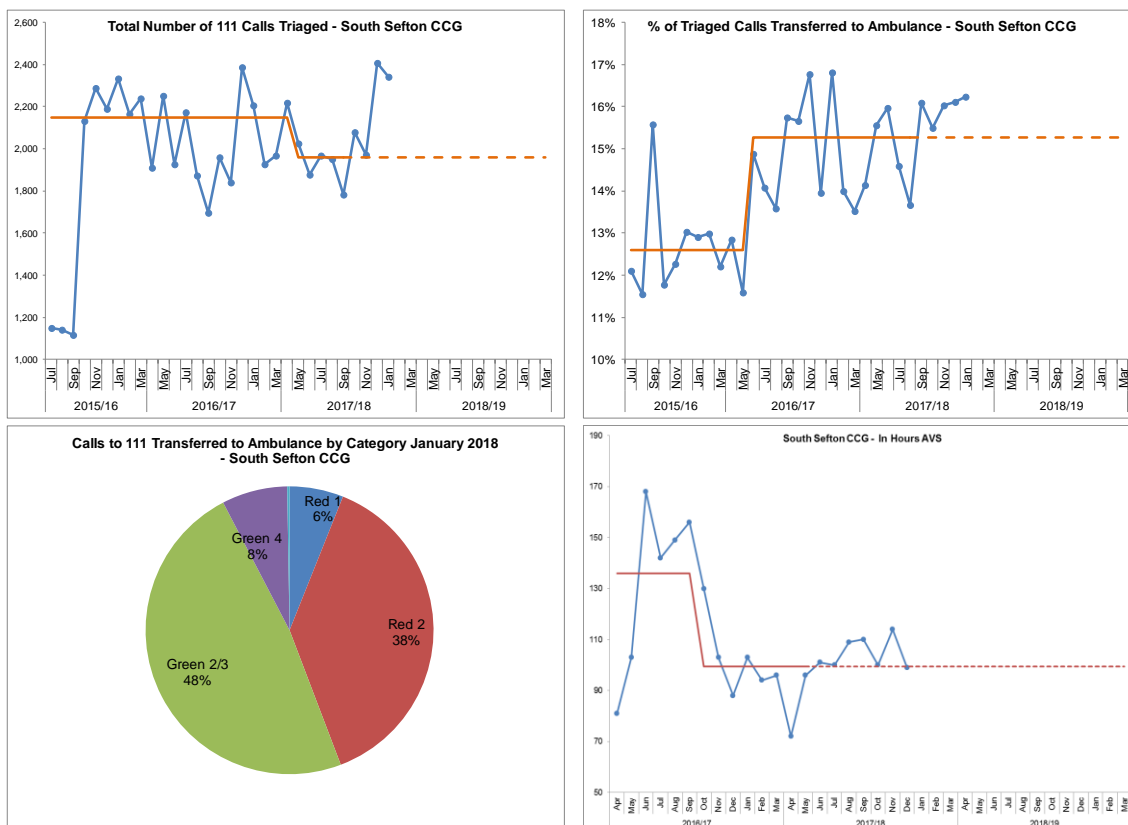
There has been an increase in the number of handover delays in excess of 30 minutes to 198 (+31), delays in excess of 60 minutes has increased from the previous month to 137 (+23). The average time from notification to handover standard of 15 minutes has slightly decreased from 17:47 mins compared to 17:39 mins. The time to see 1st clinician has decreased to 71 minutes, against the 60 minute clinical quality indicate, which is a decrease of 6 minutes versus December 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 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 NWAS, 111 and Out of Hours

4.3.1 111 Service Calls



The number of calls in January from South Sefton CCG patients has fallen slightly to 2,342 from 2,409 in December. When compared to the same 10 months of the previous year, there have been 405 more contacts in 2017/18, an increase of 2%. When compared to January 2017, there have been 136 more calls in 2018.

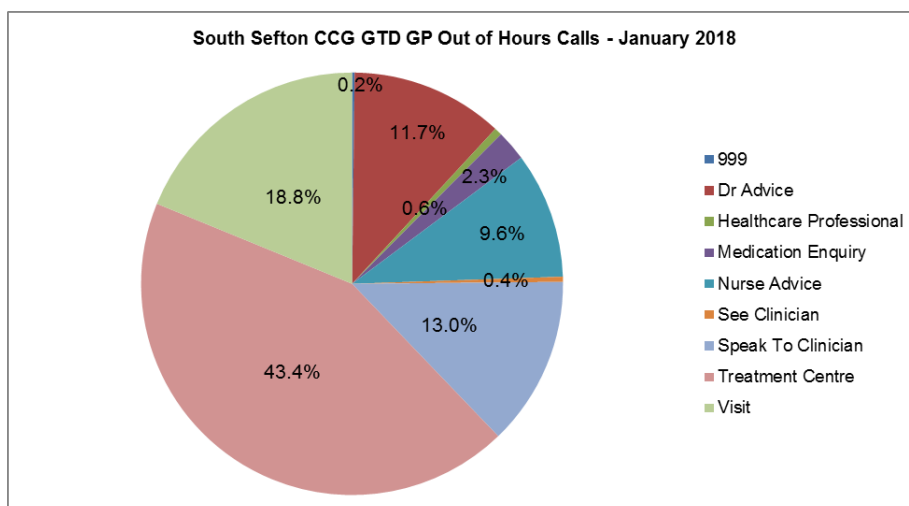
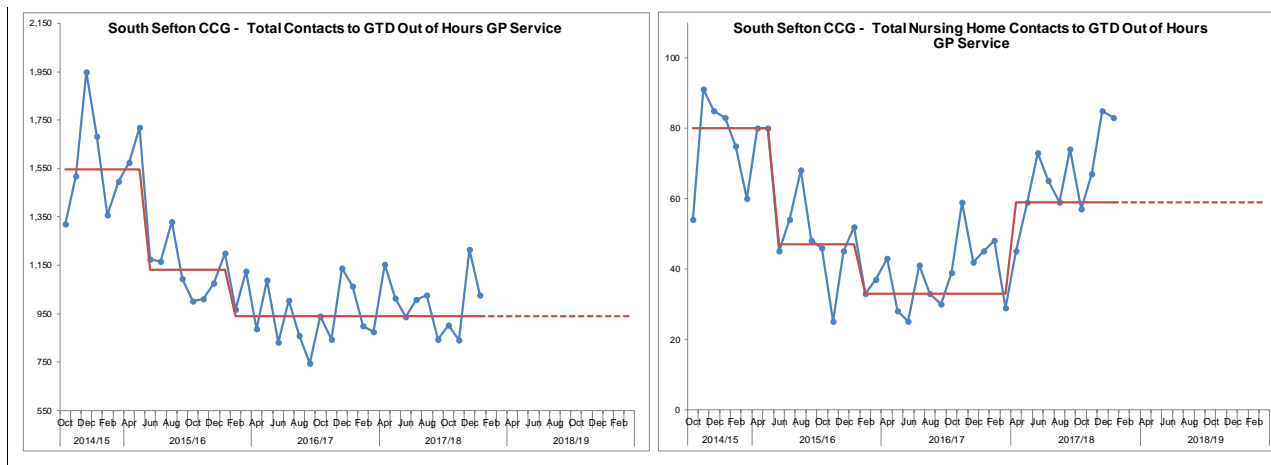
The breakdown for outcomes of 111 calls in January 2018 is as follows:

- 57% advised to attend primary and community care
- 17% closed with advice only
- 16% transferred to ambulance
- 7% advised to attend A&E
- 3% advised to other service.

Year to date month 10 there have been 3,487 calls which closed with advice only, making up 17% of the total. This is lower than the same point in the previous year where 3,906 calls (19%) ended this way.

South Sefton CCG, in collaboration with Go To Doc (GTD) and NWAS, went live with their out of hours Clinical Assessment Service (CAS) in June 2017 and from January 2018 the service has moved to 24 hour coverage throughout week. Activity will monitored to assess uptake and potential impact on reducing A&E attendances.

4.3.2 GP Out of Hours Service Calls



The number of calls from South Sefton patients to the GP OOH service has fallen in January to 1,026. When compared to the same point in the previous year, there have been 801 more calls so far in the first 10 months of 2017/18, an increase of 8.5%.

The majority of these calls (43.4%) resulted in a referral to a Treatment Centre. The number of calls which were case type See Clinician has fallen by 80%, and the proportion of calls which were Medication Enquiries has doubled from making up 2.4% in 2016/17 to 4.8% in 2017/18.

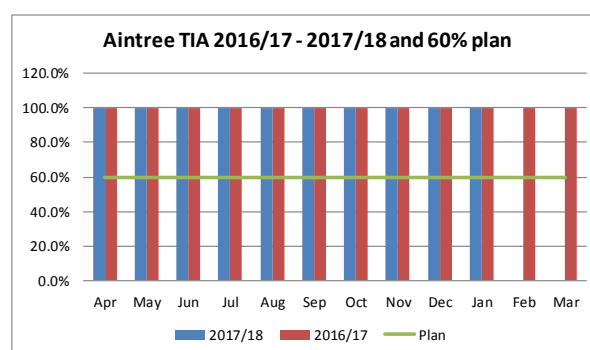
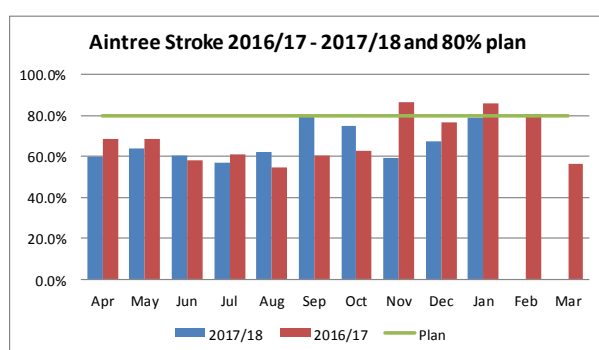
For the third consecutive month, the number of GTD OOH calls from nursing homes remains above trend with 83 calls in month, compared to an average calls/month in 2016/17 of 39. The number of calls is also high when compared to January 2017, when the CCG recorded 45 calls from nursing homes. At this point in the previous year, there were 385 calls recorded, in 2017/18 there have been 667, an increase of 73%.

4.4 Unplanned Care Quality Indicators

4.4.1 Stroke and TIA Performance

Figure 37 - Stroke & TIA performance

Stroke				
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	17/18 - Jan	80%	79.10%	↑
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	17/18 - Jan	60%	100%	↔



Aintree only just failed the 80% target of stroke patients spending at least 90% of their time on a stroke unit in January, achieving 79.1%, an improvement on last month when they recorded 67.5%. In January 43 patients with a diagnosis of stroke were discharged from the Trust during the month. 34 patients spent 90% of their stay on the Stroke Unit; the standard was not achieved for 9 patients. All breaches of the standard are reviewed and reasons for underperformance identified:

- 5 patients required admission to the Stroke Unit but no beds were available
- 4 patients were diagnosed as a stroke after MRI

Lack of available stroke beds remains a consistent issue in preventing achievement of the standard. A focused piece of work is being undertaken sponsored by the Chief Nurse and Chief Operating Officer in an attempt to improve compliance with the stroke standards.

Actions:

- Continue Registered Nurse and Therapy recruitment for funded HASU beds.
- Discuss and agree options to support recruitment with the Divisional Nurse.
- Present case studies of Stroke patients who were seen by Stroke Nurse Clinician on arrival and accepted after MRI result.
- Explore options for step down facility for Stroke rehabilitation patients.
- Terms of reference to be agreed by the Division for the improvement work which is to be undertaken.

4.4.2 Mixed Sex Accommodation

Figure 38 - Mixed Sex Accommodation breaches

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

4.4.3 Healthcare associated infections (HCAI)

Figure 39 - Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	17/18 - Jan	45	37	↔
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	17/18 - Jan	38	57 (42 following appeal)	↓
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	17/18 - Jan	0	1	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	17/18 - Jan	0	1	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	17/18 - Jan	101	116	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Aintree)	17/18 - Jan	No Plan	246	↑

The CCG had 4 new cases of Clostridium Difficile reported in January 2018 (37 year to date) against a year to date plan of 45 (22 apportioned to acute trust and 15 apportioned to community). The year-end plan is 54. Aintree had 7 new cases reported in January (57 year to date) against a year to date plan of 38. (There have been 15 successful appeals upheld at panel, so 42 cases following appeal). The year-end plan is 46.

Aintree had no new cases of MRSA in January 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 January there were 12 cases bringing the year to date total to 116 which is over the 115 year to date plan. There are no targets set for Trusts at present.

4.4.4 Hospital Mortality

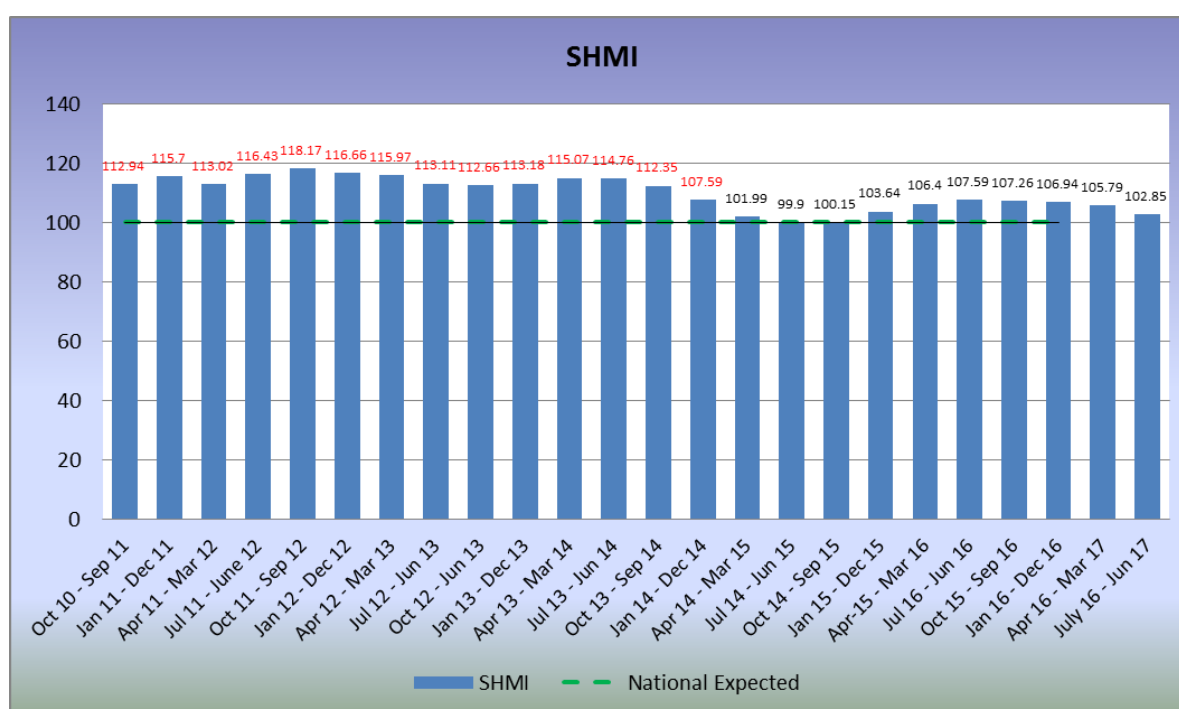
Figure 40 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	17/18 - Jan	100	93.30	↑ ↓
Summary Hospital Level Mortality Indicator (SHMI)	Jul 16 - Jun 17	100	102.85	↓

HMSR is reported for the rolling 12 months to October 2017 with the latest data showing a marginal decrease to 93.30 from 95.49 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 102.85 is marginally better at June 2017 and within tolerance levels.

Figure 41 - Summary Hospital Mortality Indicator



4.5 CCG Serious Incident Management

Serious incidents reporting within the integrated performance report is in line with the CCG reporting schedule for Month 10.

There are a total of 99 serious incidents open on StEIS where South Sefton CCG are either responsible or accountable commissioner. Of the 99, 68 apply to South Sefton patients. 31 are attributed to Aintree University Hospitals NHS Trust, 9 of these apply to South Sefton CCG. There were zero Never Events reported in month for a SSCCG patient (1 YTD). 5 incidents were closed in month (59 YTD). 46 remain open on StEIS for > 100 days for South Sefton patients.

Aintree University Hospitals NHS Foundation Trust reported 1 incident in month (31 YTD), with zero Never Events (2 YTD), 3 closed in month (27 YTD). 31 remain open with 13 open for > 100 days. Further assurance is being sought by NHS England Cheshire and Merseyside and the CCG from the Trust in relation to surgical Never Events particularly related to Orthopaedics, National Safety Standards for Invasive Procedures (NatSIPPS), Local Safety Standards for Invasive Procedures (LocSIPPS) and the culture in theatre.

Mersey Care NHS Foundation Trust reported 3 incidents in month (39 YTD), 24 reported by Mental Health Services and 15 by Community Division. 31 related to South Sefton CCG patients with zero Never Events (0 YTD). There were two incidents closed in month (32 YTD), with 2 incidents having been downgraded and removed from StEIS in year. 25 remain open on StEIS with 19 remaining open > 100 days, 20 for South Sefton patients.

There have been zero incidents raised on StEIS for South Sefton CCG in month (4 YTD). 2 were under the management of NHS E C&M with 1 closed in December. Two remain under the management of the CCG. One is an Oromorph incident in Primary Care and the other relates to 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 42 - Average Delayed Transfers of Care per Day at Aintree April 2017 – January 2018

Average Delays per Day

Reason for Delay	2017/18										
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	
A) COMPLETION ASSESSMENT	0	0	2	1	2	2	1	1	0	1	
B) PUBLIC FUNDING	0	0	0	0	0	0	0	0	0	0	
C) WAITING FURTHER NHS NON-ACUTE CARE	11	9	11	7	8	9	9	16	5	6	
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	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	
E) AWAITING CARE PACKAGE IN OWN HOME	4	1	6	1	3	2	5	4	5	6	
F) COMMUNITY EQUIPMENT/ADAPTIONS	0	0	1	0	1	0	1	0	0	0	
G) PATIENT OR FAMILY CHOICE	13	18	20	8	14	15	8	17	15	9	
H) DISPUTES	0	0	0	0	0	0	0	0	1	0	
I) HOUSING	0	0	0	0	0	1	0	0	0	0	
O) OTHER	0	0	0	0	0	0	0	0	0	0	
Grand Total	28	29	39	18	28	29	24	38	26	22	

The average number of delays per day in Aintree hospital decreased in January to 22 from 26 reported in December. Of the 22, 9 were patient or family choice (40.9%), 6 were awaiting further NHS non-acute care (27.3%), 6 were awaiting care package in own home (27.3%) and 1 for completion assessment (4.5%).

Analysis of average delays in January 2018 compared to January 2017 shows the same number of patients, 22.

Figure 43 - Agency Responsible for Days Delayed at Aintree April 2016 – January 2018

Agency Responsible	2017/18										
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	
NHS - Days Delayed	726	852	962	515	725	800	584	991	665	461	
Social Care - Days Delayed	112	45	221	34	134	93	176	134	164	217	
Both - Days Delayed	0	0	0	0	0	0	0	0	0	0	

The total number of days delayed due to the NHS was 461 in January, a decrease of 204 from December when 665 was reported. Delays due to social care was 217 in January, an increase from 53 reported in December. No delays due to both were reported in January.

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 a weekly system wide teleconference. In addition weekly MADE events are held to support patient flow within the trust with representatives from health and social care.

Figure 44 - Average Delayed Transfers of Care per Day - Merseycare - April 2017 – January 2018

Average Delays per Day

Reason for Delay	2017/18										
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	
A) COMPLETION ASSESSMENT	8	4	6	6	6	5	6	5	4	2	
B) PUBLIC FUNDING	8	6	5	3	2	1	2	2	2	2	
C) WAITING FURTHER NHS NON-ACUTE CARE	9	6	7	6	6	6	6	5	5	4	
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	3	1	0	3	4	3	2	3	3	3	
DII) AWAITING NURSING HOME PLACEMENT	4	4	4	7	8	8	7	8	5	4	
E) AWAITING CARE PACKAGE IN OWN HOME	2	1	5	5	3	3	4	3	0	0	
F) COMMUNITY EQUIPMENT/ADAPTIONS	0	0	0	1	1	0	0	0	0	0	
G) PATIENT OR FAMILY CHOICE	0	0	0	1	1	2	3	3	2	3	
H) DISPUTES	0	0	0	1	1	1	1	1	1	1	
I) HOUSING	1	4	5	3	8	10	10	8	8	8	
O) OTHER	0	3	2	1	1	1	0	2	2	2	
Grand Total	35	29	34	37	41	40	41	40	32	29	

The average number of delays per day at Merseycare reduced slightly to 29 in January. Of the 29 delays, 8 were due to housing, 4 were awaiting nursing home placements, 4 waiting further NHS non-acute care, 3 awaiting residential care home placement, 3 due to patient or family choice, 2 public funding, 2 were awaiting completion of assessment, 2 due to 'Other' reasons and 1 delayed due to disputes.

Figure 45 - Agency Responsible and Total Days Delayed - Merseycare - April 2016 – January 2018

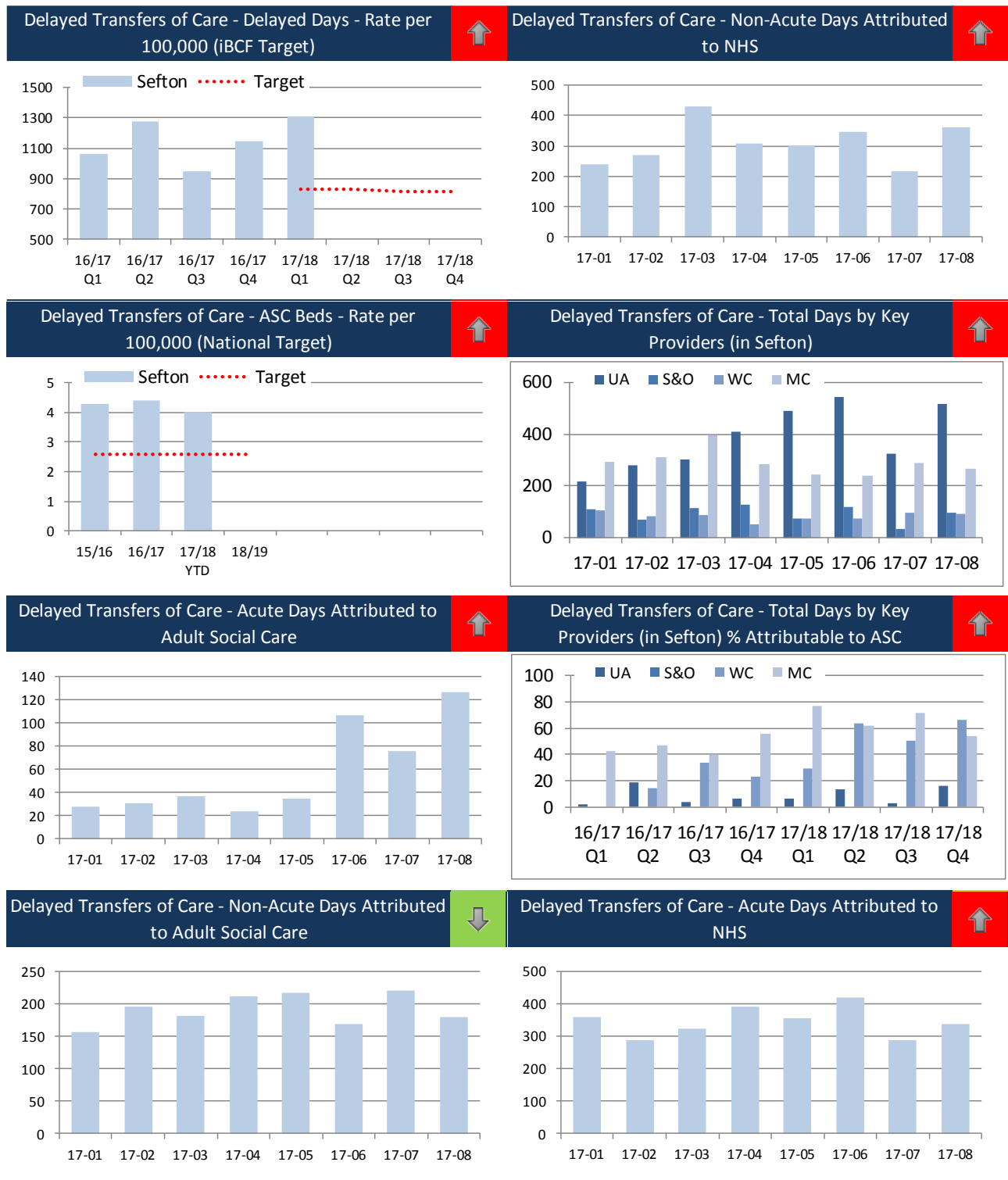
Agency Responsible	2017/18										
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	
NHS - Days Delayed	409	488	447	403	613	680	704	705	587	612	
Social Care - Days Delayed	351	243	367	574	526	406	396	327	218	214	
Both - Days Delayed	285	197	217	149	132	151	178	166	179	90	

The total number of days delayed caused by NHS was 612 in January, compared to 587 last month. Analysis of these in January 2018 compared to January 2017 shows a decrease from 678 to 616 (9.7%). The total number of days delayed caused by Social Care was 214 in January, compared to 218 in December. Merseycare also have delays caused by both which were 90 in January, a 49.7% decrease from the previous month when 179 were reported.

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) is 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 46 - Aintree A&E Friends and Family Test performance

Friends and Family Response Rates and Scores
Aintree University Hospital NHS Foundation Trust
Latest Month: Jan-18

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%	16.2%		86%	87%		8%	8%	

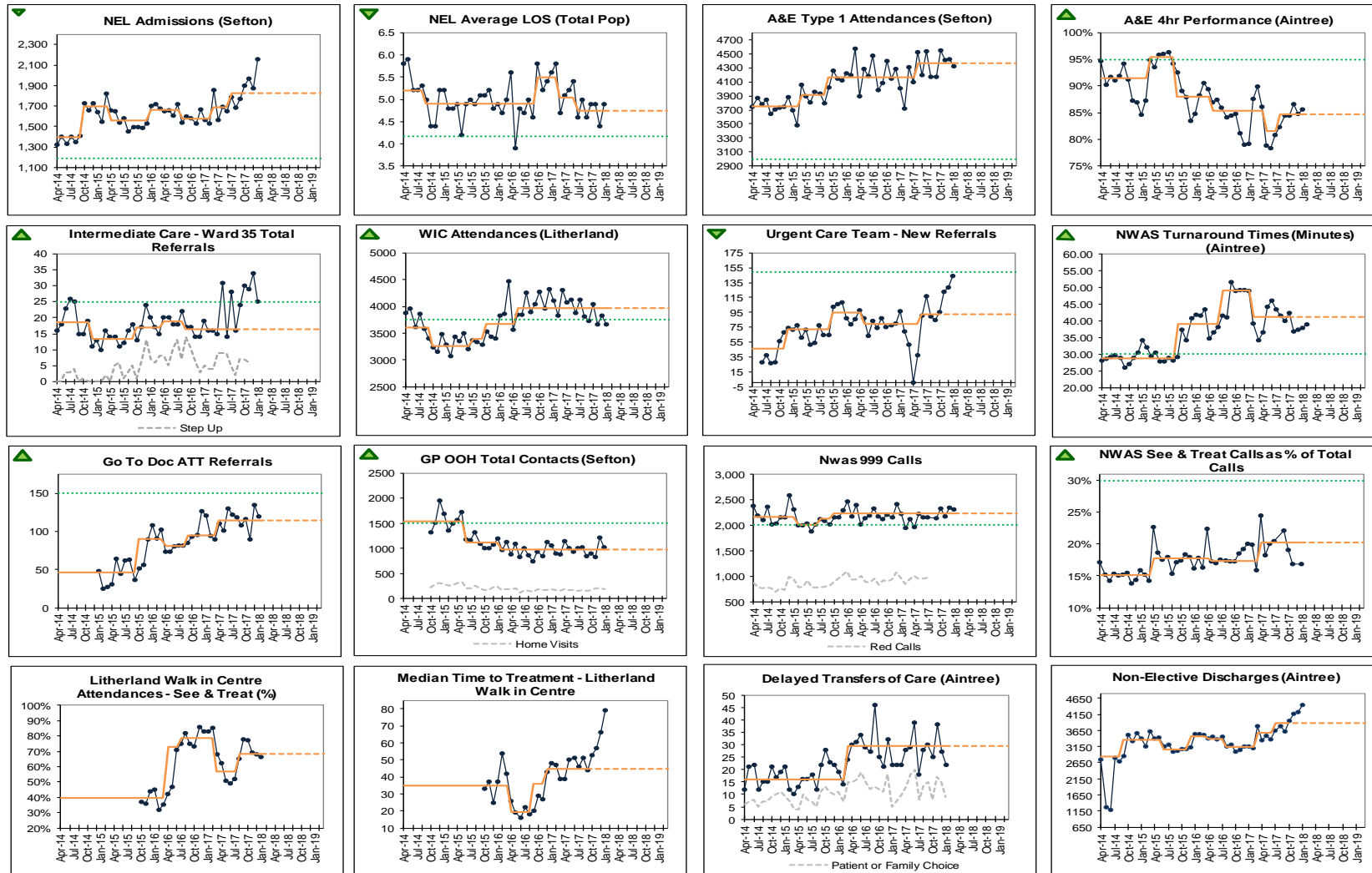
The Friends and Family Test (FFT) Indicator comprises of three parts:

- % Response Rate
- % Recommended
- % Not Recommended

The percentage of people that would recommend A&E is above the England average (86%) reporting 87% in January the same as December. The not recommended percentage is at 8% in January 1% lower than the previous month and the same as the England average 8%.

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 10 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £1.9m/4.8%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately -£128k/-0.3%.

Aintree and Royal Liverpool represent the highest over performing providers for unplanned care at month 10 with a year to date variance of £2.0m/7% and £398k/24% respectively. In contrast, Southport & Ormskirk is currently underperforming by -£379k/-15%.

Figure 47 - Month 10 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	79,460	89,389	9,929	12%	£29,857	£31,921	£2,064	7%	-£2,064	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	8,309	7,822	-487	-6%	£1,794	£1,639	-£155	-9%	£155	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	207	136	-71	-34%	£341	£345	£4	1%	-£4	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	2,883	2,652	-231	-8%	£3,491	£3,242	-£249	-7%	£249	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	4,514	4,688	174	4%	£1,652	£2,051	£398	24%	-£398	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	8	7	-1	-17%	£46	£51	£5	11%	-£5	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	95,381	104,694	9,313	10%	£37,182	£39,249	£2,067	6%	-£2,067	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	56	97	41	74%	£14	£31	£18	131%	£0	£18	131%
COUNTNESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	73	73	#DIV/0!	£0	£15	£15	#DIV/0!	£0	£15	#DIV/0!
SALFORD ROYAL NHS FOUNDATION TRUST	0	26	26	#DIV/0!	£0	£7	£7	#DIV/0!	£0	£7	#DIV/0!
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	6,809	6,462	-347	-5%	£2,579	£2,201	-£379	-15%	£0	-£379	-15%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	741	896	155	21%	£330	£364	£34	10%	£0	£34	10%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	56	128	72	128%	£150	£226	£76	51%	£0	£76	51%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	34	36	2	5%	£12	£18	£7	60%	£0	£7	60%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	168	168	#DIV/0!	£0	£38	£38	#DIV/0!	£0	£38	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	204	246	42	21%	£74	£129	£54	73%	£0	£54	73%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	51	59	8	17%	£32	£34	£2	5%	£0	£2	5%
ALL REMAINING PROVIDERS TOTAL	7,951	8,191	240	3%	£3,191	£3,063	-£128	-4%	£0	-£128	-4%
GRAND TOTAL	103,332	112,885	9,553	9%	£40,373	£42,312	£1,939	4.8%	-£2,067	-£128	-0.3%

*PbR Only

4.10.2 Aintree University Hospital NHS Foundation Trust

Figure 48 - Month 10 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	34,214	38,985	4,771	14%	£811	£811	£0	0%
A&E - Accident & Emergency	25,358	27,644	2,286	9%	£3,419	£3,792	£373	11%
NEL - Non Elective	12,318	12,659	341	3%	£22,946	£23,992	£1,046	5%
NELNE - Non Elective Non-Emergency	41	36	-5	-12%	£146	£129	-£17	-11%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	17	86	69	406%	£5	£21	£17	349%
NELST - Non Elective Short Stay	1,681	1,833	152	9%	£1,129	£1,254	£125	11%
NELXBD - Non Elective Excess Bed Day	5,832	8,146	2,314	40%	£1,402	£1,921	£519	37%
Grand Total	79,460	89,389	9,929	12%	£29,857	£31,921	£2,064	6.9%

4.10.3 Aintree Hospital Key Issues

The Urgent Care over spend of £2m/6.9% is mainly driven by an 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 Geriatric Medicine, Accident & Emergency, Trauma & Orthopaedic and Colorectal Surgery 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 49 - Month 10 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	3,728	3,675	-53	-1%	£388	£412	£24	6%
AMAU - Acute Medical unit	18	65	47	259%	£2	£6	£4	259%
NEL - Non Elective	563	570	7	1%	£1,117	£1,395	£278	25%
NELNE - Non Elective Non-Emergency	12	20	8	65%	£71	£105	£34	49%
NELNE - Non Elective Non-Emergency Excess Bed Day	0	1	1	0%	£0	£0	£0	0%
NELST - Non Elective Short Stay	75	112	37	49%	£48	£75	£27	56%
NELXBD - Non Elective Excess Bed Day	117	245	128	109%	£27	£58	£31	113%
Grand Total	4,514	4,688	174	4%	£1,652	£2,051	£398	24%

4.10.5 Royal Liverpool University Hospital Key Issues

The overall Urgent Care over spend of £398k/24% is largely driven by a £278k/25% over performance in Non-Elective costs. Vascular Surgery is the top over performing specialty within this POD with a variance of £163k/136% 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 50 - NHS South Sefton CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS South Sefton CCG			
	Caseload as at 31/01/2018	2017/18 Plan	Variance from Plan	Variance on 31/10/2016
1 Common Mental Health Problems (Low Severity)	15	43	- 28	- 39
2 Common Mental Health Problems (Low Severity with greater need)	5	25	- 20	- 24
3 Non-Psychotic (Moderate Severity)	68	150	- 82	- 69
4 Non-Psychotic (Severe)	280	270	10	- 12
5 Non-psychotic Disorders (Very Severe)	86	67	19	6
6 Non-Psychotic Disorder of Over-Valued Ideas	36	46	- 10	- 12
7 Enduring Non-Psychotic Disorders (High Disability)	307	251	56	30
8 Non-Psychotic Chaotic and Challenging Disorders	132	122	10	- 12
10 First Episode Psychosis	145	144	1	- 7
11 On-going Recurrent Psychosis (Low Symptoms)	314	399	- 85	- 67
12 On-going or Recurrent Psychosis (High Disability)	389	354	35	12
13 On-going or Recurrent Psychosis (High Symptom & Disability)	109	101	8	2
14 Psychotic Crisis	25	27	- 2	- 3
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	- 11
18 Cognitive Impairment (Low Need)	242	224	18	1
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	421	446	- 25	- 32
20 Cognitive Impairment or Dementia Complicated (High Need)	431	398	33	16
21 Cognitive Impairment or Dementia (High Physical or Engagement)	114	140	- 26	- 27
Cluster 99	276	558	- 282	- 420
Total	3,486	3,859	- 354	- 664

5.1.1 Key Mental Health Performance Indicators

Figure 51 - CPA – Percentage of People under CPA followed up within 7 days of discharge

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
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%	100%	81.0%
Rolling Quarter				97%	100%	96.0%	95.2%	96%	92.6%	94.2%	81.0%

There were 4 patients not followed up within 7 days of discharge out of a total of 21, the Trust has been contacted for exception commentary.

Figure 52 - CPA Follow up 2 days (48 hours) for higher risk groups

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
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%	100%	100%
Rolling Quarter				100%	100%	100%	100%	66.7%	66.7%	77.8%	100%

Figure 53 - EIP 2 week waits

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
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%	100%	66.7%
Rolling Quarter				80%	100%	81.8%	84.6%	67%	50%	64%	66.7%

5.1.2 Out of Area Placements (OAP's)

Figure 54 - 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
Q3 2017/18	Oct 17 to Dec 17	15
	Nov 17 to Jan 18	100

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 November to January 2018 where 100 OAP's were reported, an increase on the last reporting period of 15. The CCG is therefore currently failing to meet 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 work-stream to establish a Single Point of Access to enable a more responsive access point for urgent referrals. This work also includes the identification of staff who undertake CRHTT team functions with the aim of establishing a one stop integrated referral and response across the Trust's footprint. It is expected that the new CRHTT staffing structure and arrangements will be in place by March 2018.

The first phase of this work has involved assessment based staff being within a single team with the Trust's footprint with agreed triage and assessment process with Liverpool and South Sefton assessment staff now being co-located at Clock View. Assessment staff remain at Southport but are also now within a unified management structure. The assessment function will support a centralised point for triage on a daily basis, Monday to Friday - 08:00- 20:00, Saturday and Sunday - 09:00 - 13:00.

The assessment function also contains a bed management oversight and this arrangement has contributed to zero usage of Out of Area placements in months 9 and 10 within the Trust's footprint. No mental health related 12 hours breaches have also been reported since October 2017.

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 is being 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. A tripartite meeting involving the Sefton LMC has been arranged for 21st March 2018 to discuss the Trust's proposals to change the outpatient model of care.

Eighteen week referral to treatment wait times (95% threshold) for psychotherapy and eating disorders have been sub-optimal throughout 2017/18 and following concerns raised by commissioners the Trust is working to improve performance. Patients numbers within Psychotherapy and Eating Disorders within both CCGs are small and therefore the KPIs are sensitive to small fluctuation.

Psychotherapy treatment commencing within 18 weeks of referral

CCG	M10	Year to Date
NHS South Sefton CCG	43.75% (7/16)	39.72% (85/214)
NHS Southport & Formby CCG	50.00% (1/2)	42.31% 11/26

Activity levels for both CCGs are over performing against contract and this will impact on waiting times.

Eating Disorder treatment commencing within 18 weeks of referral

CCG	M10	Year to Date
NHS South Sefton CCG	77.78% (7/9)	78.16% (68/87)
NHS Southport & Formby CCG	80.00% 4/5)	65.22% (30/46)

Activity levels for both CCGs are over performing against contract and this will impact on waiting times. The Trust has reported that vacancies are being filled and group work has been implemented in both services and the expectation is that performance will improve.

Communication related KPIs within the contract continue to be a focus of concern. Commissioners are not satisfied that sufficient progress is being made. The Trust has reported that it is introducing digital based technology to enable more efficient transcription and that it is working to reduce the backlog of clinical letters.

The Trust is in the process of implementing its new clinical information system (RiO), expected to go live across all services in June 2018. The Trust has advised that there is likely to be a period of at least 6 months where activity and performance monitoring information will be reduced or unavailable. Risk is that KPIs may be not able to be captured and this could impede the quality assurance controls currently in place through the contract. This will impact the CCGs' ability to effectively manage the contract and is also likely to add further delays to the development and implementation of mental health currencies. There are already data quality issues for the small services that have already gone "live" with RiO and it is likely that more issues will be identified with the transition of the major services, making planning and monitoring of contract activity and demand difficult. The Trust has confirmed that their business intelligence team priorities are national mental health data set and commissioner reporting requirements. This risk has been added to the CCG risk register.

Activity and data quality discussions currently take place at the Currency Development Group and the Trust has action plans in place for the Data Quality issues identified within the existing system. RiO is also a standing agenda item for the contract review meeting.

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

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 patients who are prescribed Acetyl-Cholinesterase or Memantine. Cross referencing GP and community data will help understand demand /capacity issues. At Month10 this work is ongoing.

5.1.4 Patient Experience of Mental Health Services

Figure 55 - Merseycare Friends and Family Test performance

Friends and Family Response Rates and Scores

Mersey Care NHS Foundation Trust

Latest Month: Jan-18

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%	2.6%		89%	87%		4%	4%	

Merseycare recorded 87% of respondents as recommending, this is below the England average of 89% an improvement from the previous month when 86% was recorded. The rate of those not recommending is 4% the same at the England average.

5.2 Improving Access to Psychological Therapies

Figure 56 - 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	331	315	269	289	294	358	232	335		
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%	1.36%	1.30%	1.11%	1.19%	1.21%	1.47%	0.95%	1.38%		
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%	43.0%	46.8%	42.1%	48.4%		
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%	99.3%	100.0%		
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%	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	199	186	192	198	150	168		
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	9	2	6	8	5			
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	80	89	61	78		
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%	89.3%	82.7%	88.0%		

Cheshire and Wirral Partnership reported 335 patients entering treatment in Month 10, which is a 44.4% increase from the 232 reported in Month 9. 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 4 at 4.2% which equates to 1.4% per month. The access rate for Month 10 was 1.38% and therefore narrowly failed to meet the standard.

There were 425 Referrals in Month 10, which was a 50.2% increase compared to the previous month when there were just 283. Of these, 70.8% were Self-referrals which is an increase from the previous month (60.4%). GP Referrals were higher than the previous month with 69 compared to 58 for Month 9. The provider is working closely with Clock View, attending weekly MDT meetings to agree appropriateness of clients for service.

The percentage of people moved to recovery was 48.4% in Month 10, which is an improvement from 42.1% for the previous month although failing to meet the target of 50%.

Cancelled appointments by the provider saw an increase in Month 10 with 114 compared to 81 in Month 9.

There was an increase in DNAs in Month 10 (from 112 in Month 9 to 228 in Month 10); 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 10, 100% 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 therefore also waited less than 18 weeks (against a standard of 95%).

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

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

The provider is currently overhauling its internal wait reporting and no data is yet available it is expected that future reports will contain internal wait information.

5.3 Dementia

Figure 57 - Dementia casefinding

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
People Diagnosed with Dementia (Age 65+)	1219	1213	1224	1237	1247	1245	1259	1250	1216	1205
Estimated Prevalence (Age 65+)	1845	1851.4	1855.3	1862	1860.5	1864.6	1864.6	1862.3	1870.5	1865.4
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%	65.01%	64.60%
Target	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%

The latest data on the HSCIC website shows that South Sefton CCG are recording a dementia diagnosis rate in January of 64.6% which is under the national dementia diagnosis ambition of 66.7%.

The drop in diagnosis rates may be caused by seasonal variation; fewer older people being asked to attend GP practices due to other seasonal pressures. It is also worth noting that the numbers of people over 65 diagnosed with dementia dropped from 1,250 in Nov to 1,216 in Dec which is a significant drop. At the same time the estimated prevalence increased significantly for the December. Nationally the trend for diagnosis rates fell significantly during December. Nevertheless, we will continue to work with practices to improve uptake of diagnosis opportunities and continue to work with Primary Care Mental Health Facilitators (MCT) to minimise errors on practice registry / IT systems, which should help to recover the diagnosis rates for South Sefton.

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

Figure 58 - NHS South Sefton CCG – Improve Access Rate to CYPMH 17/18 (30% Target)

E.H.9	Q1 17/18		Q2 17/18		2017/18 Total	
	Plan	Actual	Plan	Actual	Plan	Actual
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	210	75	940	150
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	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%	6.7%	2.4%	30.1%	4.8%

The data is published nationally by NHS Digital. Recent communications with the NHS Digital team have revealed that the data tables relating to this indicator have been removed from the publication. Discussions on the methods used to calculate these measures are ongoing between NHS England and NHS Digital therefore at this moment the information on how many new referrals have been made is omitted.

The CCG target is to achieve 30% by the end of the financial year. Quarter 1 performance showed 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. Quarter 2 performance saw the same number of contacts so remains at 2.4% of young people receiving treatment against the higher target of 6.7%.

**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 59 - 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	4	2	
Number of CYP with a suspected ED (routine cases) that start treatment	2	3	2	6	2	4	2	
%	100.00%	33.33%	100.00%	100.00%	100.00%	100.00%	100.00%	

Figure 60 - 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	1	2	
Number of CYP with a suspected ED (urgent cases) that start treatment	2	0	2	0	2	1	2	
%	100.00%	N/A	100.00%	N/A	100.00%	100.00%	100.00%	

For Q3 South Sefton had 1 patient waiting for urgent (less than 1 week waiting), and had 4 patient waiting for a routine appointments. Of those 4 patients, 1 was seen between 0-1 weeks, 1 was

seen at 1-2 weeks and 2 were seen at 2-3 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 information leads from the CCG and the new community provider, Mersey Care, continue to meet on a monthly basis to discuss the current contract performance. Along with the performance review of each service, discussions regarding the targets set out in the service specifications such as waiting time targets are also being had. The service reviews will be completed in full in May 2018 with a presentation of the outcomes to be arranged with the CCG.

Further work to understand the impact of ICRAS and the reporting mechanism for such schemes are on-going. The Trust is currently undertaking a gap analysis of each measure stipulated in the contract, detailing what is currently available and which needs further work. This is to be shared with the CCGs on completion in the coming months.

6.1.1 Quality

The CCG Quality Team and Mersey Care Community, frequently discuss the Quality Schedule KPIs, Compliance Measures and CQUIN development, this is to ensure that any issues are dealt with in a timely manner. The work programme continues to be reviewed, and is updated with specific areas requiring assurance, as well as focussing on areas 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 review of all KPIs included in the Service Specifications, being undertaken by 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.

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.

Patient DNAs:

The Physiotherapy service continues to perform well above the threshold at 14.8% in January; this is an improvement from December (21.3%). The service is yet to report under the target position in 2017/18.

The Diabetes services in January report above the target at 9.5%, this is a reduction from December's performance but remains outside target levels. The service has failed three out of the ten months in 2017/18.

Dietetics performance has improved from 10.2% in December to 8.7% in January but remains above the threshold. The service is yet to achieve the target in 2017/18 and has failed to do so for the previous years.

Provider Cancellations:

Treatment room cancellations in January reported performance at 4.6%, a slight increase from December's figures. The service has achieved the target only once in 2017/18 back in November.

The Diabetes service reported 4.7% of all appointments as cancelled by the Provider; this is an improvement from December but remains above the threshold. This service is failing in both patient DNA rates and Provider cancellations.

6.1.3 Waiting Times

In January 2018, the following services reported above the 18 week waiting times target for the completed pathways (95th percentile).

Physiotherapy: January's position has increased to 30 weeks, the highest month noted in 2017/18. The longest wait is currently recorded at 33 weeks by a single patient.

Nutrition & Dietetics: January's position has increased to 27 weeks, the highest month noted in 2017/18. The longest wait is currently recorded at 25 weeks by a single patient. Looking at the position of the 92nd percentile the service is within 18 weeks.

A review of waiting times is currently being undertaken in view of the service specifications. Current performance is monitored against an 18 week target.

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 10 2017/18 YTD the costs for the CCG for initial contacts was £22,477 with 332 contacts and for follow-ups costs were £180,124 with 5,015 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: The issue of long waiters with SALT has been raised with the Trust at recent CQPG and Contract meetings, it is understood that data cleansing exercise is being undertaken. The current waiting times are 25 weeks at the 92nd percentile with one patient waiting as long as 35 weeks. Performance has steadily worsened over the year and the target of 18 weeks has not been achieved in 2017/18.

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

Figure 61 - 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	Nil return	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	Nil return	20	
%	95.00%	0.00%	95.00%	0.00%	95.00%	0.00%	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

Reports detailing activity and outcomes during Q3 have now been finalised, a copy of this report has now been circulated amongst CCG commissioning leads. Referrals to some services have increased during Q3 compared to the same period last year, others are stable; the complexity of service user issues is also increasing, cases are now taking longer to resolve.

A number of services providing support for service users applying for benefits have also informed the CCG of an increase in the number of people presenting with anxiety and stress as a result of the new Universal Credit application process. The online application is said to be difficult and has

an 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.

All services have reported that the impacts of funding efficiencies have impacted back office functions in the main and all are working hard to ensure front line service delivery in unaffected wherever possible.

Age Concern – Liverpool & Sefton

Age Concern are to attend Locality meetings to present an overview of services provided. Contact has also been made with Cheshire & Wirral Partnership (Access Sefton) to scope the possibility of collaborative working in particular peer group support meetings and talking therapies aimed at service users affected by bereavement, social isolation and depression. During Q3, Age Concern has a total of 98 service users engaging with the service per week. New referrals are stable in the region of 86 per quarter. All referred clients were assessed within 14 days from receipt of referral, plans detailing expected reablement outcomes were carried out for all and a total of 105 care plan reviews have taken place for clients within 6 weeks from commencement.

Alzheimer's Society

Alzheimer's Society is continuing to work in partnership with GP practices across the Sefton footprint, including attending locality meetings and with a regular drop in session at the Strand by Me Shop in Bootle Strand. The service is also working with a number of practices delivering dementia support clinics for patients and carers. This project has been very well received by patients, carers and practice staff. During Q3 Alzheimer's Society received a total of 65 new referrals and closed 154 cases (40% where the case was completed with outcomes met), the service currently has around 160 active cases. New referrals this year compared to Q3 last year are similar but overall referrals to the service have continued to increase by around 65% year on year. For the first time the service has reported more referrals via a health route than self/carer, this is a mixture of the memory clinics, GP's and other health services.

Expect Ltd

Expect LTD has a total of 137 existing clients across Sefton. The centre has had 1,948 contacts during Q3. Approximately 1,195 of these contacts engaged in structured activities such as Easy & Healthy Cooking and are particularly well attended by males who have been typically harder to engage with. Case studies of service users have reported significant positive outcomes in improved mental health and associated reductions in utilisation of crisis services, A&E attendances and hospital admissions from self-harm and resulting in users returning to employment.

Sefton Carers Centre

The service has approx. 334 carers registered, including 58 parent carers and 54 young carers. During Q3 there have been 34 new referrals made to the service, the ages of those who have registered during this period has increased significantly with the majority of carers supporting people with dementia and Alzheimer's. Sefton Carers Centre is authorised by the Local Authority to approve Child's Needs Assessments, these inform the Carers' Support Plans completed on the Local Authority's behalf, and 258 have been completed by the centre in Q3. Sefton Carers Centre has also secured £71k in backdated welfare benefits for the residents of Sefton during Q3 bringing the total year to date figure to more than £1.1m. The service currently has 49 volunteers, and the volunteer value at the centre during Q3 equates to £21k.

Sefton CAB

Sefton CAB has received 34 new referrals during Q3; slightly less referrals than during the same period 2016-17. The sources of referral are mostly Mental Health Professionals 57% and Self

referrals 42%. Most enquiries are in relation to benefits and changes to Universal Credit (namely online applications) have been problematic as most service users have profound mental health issues. Appeals for benefit claims are becoming more frequent and delayed discharges are mainly as a result of funding issues for those requiring supported living accommodation. A number of patients with Mental Health conditions have been readmitted to Clock View and this has been reported to be due to poor, inappropriate or inadequate accommodation. The financial outcome as a result of intervention from Sefton CAB is over £1m to date.

Sefton CVS

Support for Black and Minority Ethnic group patients has increased with 26 new referrals in Q3 as well as 75 existing cases. This service has supported people in registering with GP's and encouraged a number of people to access other healthcare providers including mental health care, and support around benefits, again with issues accessing Universal Credit online and debt issues. Health and Wellbeing trainers saw 161 new referrals in Q3 in addition to the caseload of 61. Reasons for accessing support include social inclusion and confidence building (43%), finances, accommodation and housing (35%), and health related issues (18%). Half of referrals in Q3 were from District Nurses and Community Matrons, and 15% from GPs.

Sefton Advocacy

Sefton Pensioner's Advocacy has merged with Sefton Advocacy. The Pensioner service has received a total of 54 new referrals in Q3 and a caseload of 141 existing cases. The main reasons for advocacy were in regard to finance/benefits (40%), housing (26%) health & wellbeing (12%) & complaints/appeals (12%). Service users report feeling Safer and more secure at home, improved Health and Emotional Wellbeing and a reduction in social isolation and has managed to secure £620,894 in benefits, grants and CHC funding for clients during Q2.

Swan Women's Centre

The counselling service has seen 75 new referrals in Q3 with 48 on the service caseload. Almost 50% are self-referrals and a further 32% from health professionals including GPs. Service users are reporting health related benefits such as increased physical activity and stopping smoking as healthy coping strategies to deal with mental health issues.

Imagine Independence

During Q3, Imagine Independence carried forward 28 existing cases. A further 139 were referred to the service via IAPT this quarter, an increase on the same period last year. A total of 34 service users attended job interviews, 16 managed to secure paid work for 16+ hours per week and the service supported 31 people in retaining their current employment.

Sefton Women's And Children's Aid (SWACA)

SWACA received 338 new referrals during Q3 from a variety of sources; the top 3 referrals were received from Police (36%), Self (17%) and Safeguarding Children (20%).

The service makes onward referrals and liaises with other agencies, often Local Authority safeguarding teams and offers refuge to service users.

Stroke Association

There were 65 referrals within South Sefton and a further 94 within Southport & Formby during Q3. Over 90% of referrals are direct from Hospitals often while a patient is still in hospital and service staff attend weekly discharge planning meetings. These meetings are utilised to discuss the support and rehabilitation needs of new and existing service users in order to jointly plan the way forward. The service continues to support users post stroke which includes back to work support, welfare benefits and financial support, emotional support, and tailored information for younger families. The Stroke Association has developed a stroke specific Outcomes Framework which links

to Public Health, NHS and Adult Social Care outcome indicators. Some indicators are a subjective assessment of achievement having been discussed and agreed by the coordinator in conversation with the service user. Others are more objective for example numbers who report as attending and enjoying regular peer support groups and so have reduced isolation or those who have had their benefits maximised.

Parenting 2000

During Q3 the service received 12 adult referrals and 73 referrals for children. The majority of referrals are self-referrals. There are 39 existing service users accessing counselling across the borough of Sefton such as bereavement counselling with parents or behaviour counselling with children.

Netherton Feelgood Factory

Drop in sessions are offered at the centre with clients with complex personality disorders plus severe anxiety/depression, with substantial minority with bipolar, schizoaffective disorders, learning disabilities or dementia. Many service users accessing this service have medically unexplained symptoms, e.g. pain, headaches, fatigue. By accepting the reality of their symptoms and talking things through, the service has managed to reduce appointments with GPs and unnecessary investigations and referrals. The service has also taken people for appointments with Atos, job centres, hospitals, GPs and social workers which may otherwise DNA.

CHART (Crosby Housing and Reablement Team)

During Q3 the service received 65 new referrals, of these new referrals 23 people have been accommodated, a further 38 people have been supported to stay in their current residence. Of these referrals, the service has enabled 16 patients to be discharged from hospital and have prevented 17 people becoming homeless. The main source of referral during this period has come from Mersey Care NHS Trust (86%).

8. Primary Care

8.1 Extended Access (evening and weekends) at GP services

Figure 62 - 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.

A CCG working group are developing a service specification for an extended hours hub model to provide extended access in line with the GP Five Year Forward View requirements. This service will be live from October 2018.

8.2 CQC Inspections

A number of practices in South Sefton CCG have been visited by the Care Quality Commission and details of any inspection results are published on their website. There have been 2 new inspections South Sefton recently. These practices were Aintree Road and Rawson Road which continues to score 'good' for aspects. All the results are listed below:

Figure 63 - 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 Centre	19 March 2018	Good	Good	Good	Good	Good	Good
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	16 March 2018	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

Local Authorities completed a first quarterly monitoring return on the use of the improved BCF (iBCF) funding and a second monitoring return for quarter 4 is due 27th April.

A quarter 3 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in 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. Quarter 4 BCF monitoring return is due to be returned 20th April. BCF planning guidance is awaited for 2018/19.

A summary of the Q3 BCF performance is as follows:

Figure 64 – 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 65 – 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 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.

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 66 - South Sefton CCG's Month 10 Submission to NHS England

January 2018 Month 10	Month 10 Plan	Month 10 Actual	Month 10 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
Referrals (MAR)				
GP	3573	3557	-0.4%	
Other	2101	2571	22.4%	Other referrals have increased since May 2017 with the focus at the CCGs main provider. Local referral information indicates an increase in other referrals however it is less at 4%. Work is on-going regarding the nature of the increase with the CCGs main provider, specifically examining consultant initiated referrals.
Total (in month)	5674	6128	8.0%	
Variance against Plan YTD	55693	56952	2.3%	
Year on Year YTD Growth			5.0%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	4928	5268	6.9%	Seasonal variations in activity noted and current levels of activity not outside the statistical norm. YTD variance to plan for both first and follow-up activity is within the 3% threshold.
Follow Up	10893	11442	5.0%	
Total Outpatient attendances (in month)	15821	16710	5.6%	
Variance against Plan YTD	158942	160447	0.9%	
Year on Year YTD Growth			1.7%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells				
Elective Ordinary spells				
Total Elective spells (in month)		1867		
Variance against Plan YTD				
Year on Year YTD Growth			-7.30%	A drop in activity levels against previous years activity noted in local monitoring. The CCGs main provider had undertaken refurbishment of a number of theatres in 2017/18, as a result reductions in the number of planned procedures reduced.
Urgent & Emergency Care				
Type 1		4238		
Year on Year YTD			3.70%	
All types (in month)	9359	8409	-10.20%	Local monitoring of activity levels suggests in month a variance of -4% and a year to date position of less than 1% variance. Looking at current performance and projected plans it is expected activity levels will fall short of planned figures. CCG local SUS data does not match NHSE TNR data which is why the variance noted is greater than locally monitored.
Variance against Plan YTD	91234	86035	-5.70%	
Year on Year YTD Growth			1.10%	
Total Non Elective spells (in month)		2168		
Variance against Plan YTD				
Year on Year YTD Growth			15.10%	Increases noted specifically from October onwards for emergency admissions. The CCGs main provider is showing an increase in A&E to admission conversion rates and as such admissions have risen above previously notes levels. The CCG and Trust are in discussions regarding the changes in activity and the affects of possible pathway adaptations. It is expected high levels are to be seen for the next few months while discussions are on going.