



**South Sefton**  
Clinical Commissioning Group

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## Integrated Performance Report March 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**

**E-Referrals**

<b>2142: <a href="#">NHS e-Referral Service (e-RS) Utilisation Coverage</a></b> 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	R		R
		Actual	22.059%	19.884%	20.428%	18.783%	21.392%	21.33%	21.496%	21.758%	20.216%	24.061%	24.437%		21.441%
		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%

**Diagnostics**

<b>1828: <a href="#">% of patients waiting 6 weeks or more for a diagnostic test</a></b> 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	R	
		Actual	2.207%	3.755%	4.059%	4.632%	6.418%	3.312%	2.612%	4.535%	4.925%	4.771%	1.653%	1.91%	3.686%
		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%

**Referral to Treatment (RTT) & Diagnostics**

<b>1291: <a href="#">% of all Incomplete RTT pathways within 18 weeks</a></b> Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	R	R	R	R	G
		Actual	93.733%	94.171%	93.624%	92.599%	92.405%	92.295%	92.25%	92.22%	91.308%	90.827%	90.305%	89.83%	92.112%
		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%

<b>1839: <a href="#">Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</a></b> 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	G	R	R	
		Actual	0	0	0	0	0	0	1	0	0	0	0	0	2	3
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**Cancelled Operations**

<b>1983: <a href="#">Urgent Operations cancelled for a 2nd time</a></b> 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	G	G	G	G	
		Actual	0	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	0

Cancer Waiting Times															
<b>191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</b> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G	G	R	G	G	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%	95.076%	94.205%	93.824%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<b>1879: % Patients seen within two weeks for an urgent GP referral for suspected cancer (QUARTERLY)</b> The % of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	R			G			G			G			
		Actual	89.917%			95.455%			95.466%			94.083%			93.826%
		Target	93.00%			93.00%			93.00%			93.00%			93.00%
<b>17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</b> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	G	R	R	R	G	R	G	R	R	G	R	G	R
		Actual	93.846%	86.486%	84.416%	88.462%	93.182%	91.803%	95.775%	91.667%	91.045%	96.629%	90.123%	94.048%	91.51%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<b>1880: % of patients seen within 2 weeks for an urgent referral for breast symptoms (QUARTERLY)</b> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	R			R			R			G			R
		Actual	87.963%			91.189%			92.857%			93.701%			91.51%
		Target	93.00%			93.00%			93.00%			93.00%			93.00%
<b>535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</b> The percentage of patients receiving their first definitive treatment within one month (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	G	
		Actual	100.00%	98.507%	97.143%	98.876%	97.647%	96.341%	99.029%	97.468%	98.551%	97.059%	100.00%	96.364%	98.064%
		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%
<b>1881: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (QUARTERLY)</b> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G			G			G			G			G
		Actual	98.537%			97.683%			98.419%			97.661%			98.086%
		Target	96.00%			96.00%			96.00%			96.00%			96.00%



<b>26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	R	G	G	G	G	R	G	G	R	R	G	R	R	
		Actual	93.333%	100.00%	100.00%	100.00%	100.00%	77.778%	94.118%	100.00%	85.714%	78.571%	100.00%	91.667%	93.919%	
		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%	
<b>1882: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (QUARTERLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	G			G			G			R		R		
		Actual	97.297%			94.595%			94.737%			89.189%		93.96%		
		Target	94.00%			94.00%			94.00%			94.00%		94.00%		
<b>1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	R	G	G	G	
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.491%	100.00%	100.00%	99.415%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
<b>1883: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (QUARTERLY)</b> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G			G			G			G		G		
		Actual	100.00%			100.00%			100.00%			98.131%		99.424%		
		Target	98.00%			98.00%			98.00%			98.00%		98.00%		
<b>25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	G	G	G	R	G	G	G	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%	100.00%	100.00%	97.898%	
		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%	
<b>1884: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (QUARTERLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G			G			G			G		G		
		Actual	98.718%			98.837%			96.809%			97.333%		97.898%		
		Target	94.00%			94.00%			94.00%			94.00%		94.00%		
<b>539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</b> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R	R	G	G	R	G	R	G	G	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%	95.238%	92.593%	87.158%	
		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%	

<b>1885: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (QUARTERLY)</b> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R			G			G			G		G		
		Actual	84.524%			86.364%			88.119%			90.909%		87.366%		
		Target	85.00%			85.00%			85.00%			85.00%		85.00%		
<b>540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</b> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	G	G	G	G	R	G	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%	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%	90.00%
<b>1886: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (QUARTERLY)</b> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	G			G			G			G		G		
		Actual	100.00%			93.333%			96.00%			100.00%		95.89%		
		Target	90.00%			90.00%			90.00%			90.00%		90.00%		
<b>Personal Health Budgets</b>																
<b>2143: Personal health budgets</b> 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		R		
		Actual	7.10			15.49			16.78			19.37				
		Target	33.57			36.15			38.73			41.31				
<b>Accident &amp; Emergency</b>																
<b>2123: 4-Hour A&amp;E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio)</b> % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	South Sefton CCG	RAG	R	R	R	R	R	R	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%	83.51%	85.108%	
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	
<b>431: 4-Hour A&amp;E Waiting Time Target (Monthly Aggregate for Total Provider)</b> % of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps)	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	R	R	R	R	R	R	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%	81.61%	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%	95.00%	

<b>1928: <a href="#">12 Hour Trolley waits in A&amp;E</a></b> Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	R	R	G	G	G	G	G	R	R	G	G	R	
		Actual	0	9	2	0	0	0	0	0	0	4	3	0	0	18
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>EMSA</b>																
<b>1067: <a href="#">Mixed sex accommodation breaches - All Providers</a></b> 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	G	G	
		Actual	0	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	0
<b>1812: <a href="#">Mixed Sex Accommodation - MSA Breach Rate</a></b> 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	G	G	
		Actual	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		Target	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>HCAI</b>																
<b>497: <a href="#">Number of MRSA Bacteraemias</a></b> Incidence of MRSA bacteraemia (Commissioner)	South Sefton CCG	RAG	G	G	R	R	R	R	R	R	R	R	R	R	R	
		YTD	0	0	1	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	0
<b>24: <a href="#">Number of C.Difficile infections</a></b> Incidence of Clostridium Difficile (Commissioner)	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G	
		YTD	3	9	12	15	21	26	28	29	33	37	40	45	45	
		Target	5	11	14	18	23	28	34	39	43	45	48	54	54	
<b>Mental Health</b>																
<b>138: <a href="#">Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</a></b> The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G			G			R			G			G	
		Actual	97.143%			96.667%			93.548%			96.00%			95.868%	
		Target	95.00%			95.00%			95.00%			95.00%			95.00%	

IAPT (Improving Access to Psychological Therapies)															
<b>2183: <a href="#">IAPT Recovery Rate (Improving Access to Psychological Therapies)</a></b> 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	R	R	R	R	R	R	R	R	
		Actual	42.424%	49.254%	45.745%	42.60%	45.385%								
		Target	50.00%	50.00%	50.00%	50.00%	50.00%								
<b>2131: <a href="#">IAPT Roll Out</a></b> 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	R	R	R	R	R	R	R	R	
		Actual	3.548%	2.835%	3.766%	3.55%	3.383%								
		Target	16.80%	16.80%	16.80%	16.80%	16.80%								
<b>2253: <a href="#">IAPT Waiting Times - 6 Week Waiters</a></b> 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	G	G	G	G	G	G	G	G	
		Actual	96.078%	90.141%	87.879%	99.70%	91.544%								
		Target	75.00%	75.00%	75.00%	75.00%	75.00%								
<b>2254: <a href="#">IAPT Waiting Times - 18 Week Waiters</a></b> 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	G	G	G	G	G	G	G	G	
		Actual	98.039%	97.183%	100.00%	100%	98.529%								
		Target	95.00%	95.00%	95.00%	95.00%	95.00%								
Dementia															
<b>2166: <a href="#">Estimated diagnosis rate for people with dementia</a></b> Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	G	G	G	G	R	R	R	R	
		Actual	66.06%	65.518%	65.973%	66.434%	67.025%	66.77%	67.462%	67.121%	65.009%	64.597%	63.20%	63.07%	65.69%
		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%

Children and Young People with Eating Disorders							
<b>2095: <a href="#">The number of completed CYP ED routine referrals within four weeks</a></b> The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	South Sefton CCG	RAG					
		Actual	33.333%	100.00%	100.00%	100.00%	88.889%
		Target	100%	100%	100%	100%	
<b>2096: <a href="#">The number of completed CYP ED urgent referrals within one week</a></b> 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%	100%
		Target	95%	95%	95%	95%	95%
<b>2097: <a href="#">The number of incomplete pathways (routine) for CYP ED</a></b> Highlights the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - routine CYP ED	South Sefton CCG	RAG	G	R	G	R	
		Actual	0	1	0	1	2
		Target	1	1	1	1	1
<b>2098: <a href="#">The number of incomplete pathways (urgent) for CYP ED</a></b> Highlights <a href="#">Waiting Times for Urgent and Routine Referrals to Children and Young People Eating Disorder Services – Debbie</a> ( 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	0	1
		Target	1	1	1	1	1
Wheelchairs							
<b>2197: <a href="#">Percentage of children waiting less than 18 weeks for a wheelchair</a></b> The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	South Sefton CCG	RAG				R	
		Actual	N/A	N/A	N/A	N/A	-
		Target	92.00%	92.00%	92.00%	92.00%	92.00%

## 1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 12 (note: time periods of data are different for each source).

### Financial position

The agreed financial plan for 2017/18 required 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, the agreed financial plan for 2017/18 is break even.

The QIPP savings requirement, assessed at the start of the year to deliver the agreed financial plan is £8.480m. QIPP savings of £2.765m have been achieved in the financial year.

The full year financial position for the CCG is a deficit of £2.992m.

### 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 0.1% higher when comparing to 2016/17 with General Medicine and Clinical Physiology seeing substantial increases (the former attributed to Aintree Hospital's Ambulatory Care Pathway). Total Referrals are currently 2% down compared to the equivalent period last year.

The latest data (February) for E-referral Utilisation rates reported for the CCG as a whole is 24%; the same as January and did not achieve the 80% ambition by October 2017. NHS Digital has not yet released March data.

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in March reporting 1.91% slight decline from February when 1.67% was recorded. Aintree also failed in March recording 1.30%. 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 for a fourth month, recording 89.8%. Aintree also failed this standard recording 90.06% in March. The Trust has faced significant non-elective pressure which has impacted on RTT performance.

The CCG has had 2 over 52 week waiters recorded in March, 1 at Wirral University Teaching Hospital Trust and the second at the Liverpool Women's.

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 91.5% below the 93%, and 31 day subsequent treatment where that treatment is surgery is under the 94% target recording 93.92%. Aintree are failing 5 of the 9 cancer measures. Firstly 2 week

breast symptom recorded 90.1% year to date, 31 day subsequent treatment (surgery) recorded 91.4% year to date, 62 day upgrade year to date 80.8%, 62 day screening recording 89.3% year to date and lastly the 62 day standard recording 84.4% 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 March at 19.9% (and have been for all of 2017/18 so far). The proportion of patients who would recommend has remained the same at 91% (England average 96%). The proportion who would not recommend is also the same as last month at 5%, which is 3% higher than the England average.

Performance at Month 12 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG show an under performance of -£2.6m/-5.3%. However, applying a neutral cost variance for those Trusts within the 'Acting as One' block contract arrangement results in there being a total under spend of approximately -£493k/-1%.

### **Unplanned Care**

Aintree revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for A&E 2017/18 and have failed the March plan agreed with NHS Improvement recording performance with 83.1% (for all A&E department types) representing a 2.29% decrease compared to February.

Work continues with NWS to address poor ARP (Ambulance Response Programme performance with issues having been escalated significantly at national level with both NHSE and NHSI intervention. NWS were required to submit a final recovery plan and improvement plan including a recovery trajectory for particularly 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.

The number of calls in March to the 111 service from South Sefton CCG patients rose to 2,243, slightly above the 2017/18 average of 2,059. In 2017/18 overall, there were 24,704 contacts, slightly more (2.4%) than the previous year at 24,117 contacts.

The number of calls from South Sefton patients to the GP OOH service has risen in February to 1,091. This is slightly above the 2017/18 average of 1,012 per month. When 2017/18 is compared to 2016/17, there were on average 82 more calls per month and 2017/18 had 8.7%/970 more calls than the previous year.

Aintree achieved their Stroke and TIA targets in March.

The CCG achieved their C.difficile plans for 2017/18. Aintree had 3 new cases reported in March (63 year to date) against a year to date plan of 46. (There have been 20 successful appeals upheld at panel, so 43 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 threshold for the whole of 2017/18.

The average number of delayed transfer of care per day in Aintree hospital increased in March by 4. Analysis of average delays in March 2018 compared to March 2017 shows an increase of 22.7%.



The percentage of people that would recommend A&E is below the England average (85%) reporting 83% in March 3% lower than February. The not recommended percentage is at 11% in March which is 2% lower the previous month, England average 9%.

Performance at Month 12 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £2.5m/5.4%. However, applying a neutral cost variance for those Trusts within the 'Acting as One' block contract arrangement results in there being a total under spend of approximately -£110k/-0.2%.

### **Mental Health**

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 December to February 2018 where 130 OAP days were reported, an increase on the last reporting period of 100. The CCG is therefore currently failing to meet the target.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership reported 15.5% more patients entering treatment in Month 12. The access rate for Month 12 was 1.16% and therefore failed to meet the standard. The access rate for the year was 14.4%. The percentage of people moved to recovery was 40.4% in Month 12, which is an deterioration from 41.7% for the previous month and failing to meet the target of 50%.

The CCG recorded dementia diagnosis rate in March of 63.07% failing the national dementia diagnosis ambition of 66.7% for the fourth month after achieving for the previous 4 months, an action plan is in place.

### **Community Health Services**

The information leads from the CCG and Mersey Care continue to meet on a monthly basis to discuss the current contract performance. The impact of the new ICRAS model on reporting is being discussed with a view to agreeing on new 2018-19 baselines for activity and an additional ICRAS report. A gap analysis of each measure stipulated in the contract has been developed by the Trust which details what is currently available and which needs further work. This is to be shared with the CCGs in due course.

### **Better Care Fund**

A quarter 4 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in April 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. BCF planning guidance is awaited for 2018/19 and has been delayed until after local elections.

### **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 31<sup>st</sup> March 2018.

The full year financial position for the CCG is a deficit of £2.992m against the planned breakeven position. The cumulative CCG position is a deficit of £2.892m which incorporates the historic surplus of £0.100m 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 overspend are within Continuing Healthcare relating to Continuing Healthcare packages; cost pressures 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 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 for the financial year have not been delivered in full. 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 was 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>	<b>£2.765m</b>
Running Costs	CCG running costs < 2017/18 allocation	✓
BPPC	NHS - Value YTD > 95%	<b>99.93%</b>
	NHS - Volume YTD > 95%	<b>97.21%</b>

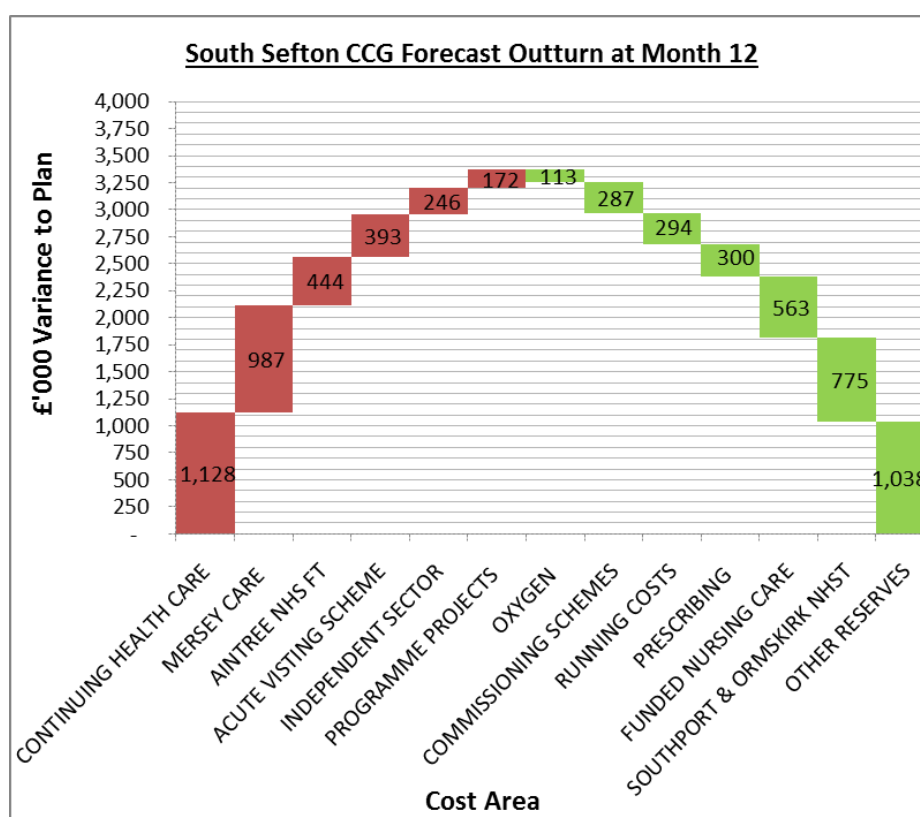
Key Performance Indicator		This Month
	Non NHS - Value YTD > 95%	96.98%
	Non NHS - Volume YTD > 95%	95.90%

- 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 has been released to improve the CCG financial position as directed by NHS England.
- The financial plan was to achieve a break even position in year. The CCG reported position for the financial year is a deficit of £2.992m.
- QIPP Delivery is £2.765m to date; this is £5.715m behind the planned delivery for 2017-18.
- The expenditure for the Running Cost budget is below the allocation by £0.294m 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 reported position for the financial year is a deficit of **£2.992m**.
- The main financial pressures relate to
  - Cost pressures relating to Continuing Healthcare packages.
  - Cost pressures within Mersey Care relating to intermediate care, discharge planning and transitional community funding.
  - Overspend for PbR excluded drugs and devices at Aintree FT.
  - Full year costs for the Acute Visiting Scheme (AVS).
  - Over performance at Spire and Ramsay hospitals.
- 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

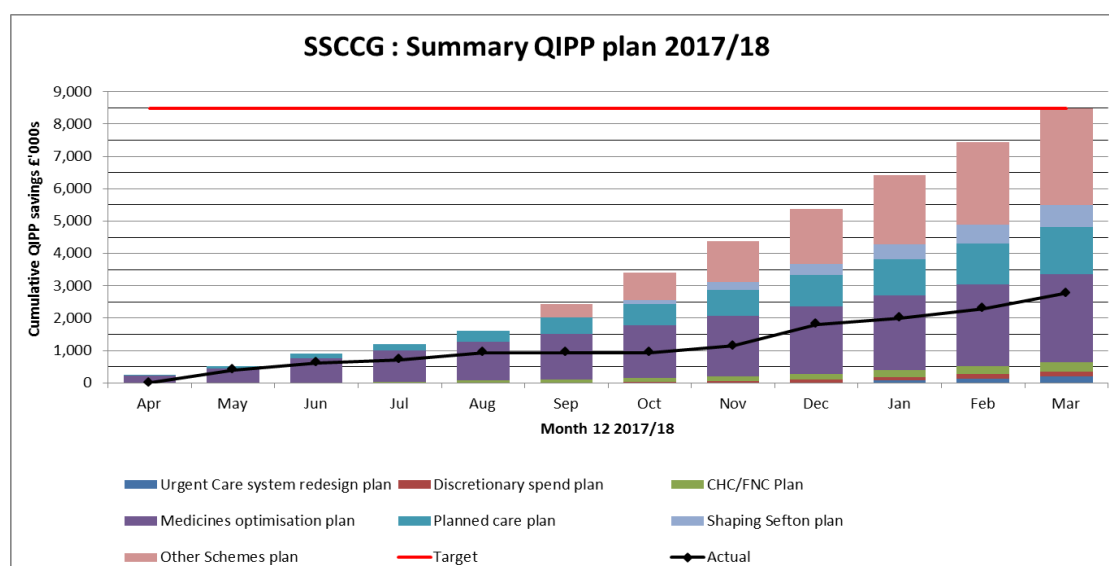
**Figure 3 – Acting as One Contract Performance (Year to Date)**

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	<b>1.351</b>
Alder Hey Children's Hospital NHS Foundation Trust	<b>(0.236)</b>
Liverpool Women's NHS Foundation Trust	<b>(0.750)</b>
Liverpool Heart & Chest NHS Foundation Trust	<b>0.422</b>
Royal Liverpool and Broadgreen NHS Trust	<b>0.079</b>
Mersey Care NHS Foundation Trust	<b>0.000</b>
The Walton Centre NHS Foundation Trust	<b>(0.133)</b>
<b>Total</b>	<b>0.732</b>

- The CCG is included in the Acting as One contracting arrangements for the North Mersey LDS. Contracts have been agreed on a block contract basis for the financial years 2017/18 and 2018/19.
- The agreement protects against 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 an overspend of £0.732m 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	0	0	1,442	1,442
Medicines optimisation plan	2,734	0	2,734	2,569	0	165	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	143	0	2,834	2,977
<b>Total QIPP Plan</b>	<b>8,127</b>	<b>353</b>	<b>8,480</b>	<b>2,765</b>	<b>0</b>	<b>5,715</b>	<b>8,480</b>

- The opening QIPP plan for 2017/18 was **£5.880m**. Pressures have emerged in year as further work has established that the CCG has incurred a pressure of £1.300m as a result of the introduction of the new HRG4+ payment system. Finalisation of the new community contract has also created a pressure of £1.300m including 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 **£2.765m** QIPP savings at Month 12, the majority of this relates to savings within the prescribing budget.

**Figure 5 – CCG 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)	1.072	(3.242)	(2.170)
Reserves	1.050	2.334	3.384
QIPP Achieved	0.759	2.006	2.765
<b>Year End Surplus / (Deficit)</b>	<b>(3.533)</b>	<b>(0.968)</b>	<b>(4.501)</b>
Release 0.5% Risk Reserve	0.000	1.209	1.209
Return of CAT M funding	0.000	0.300	0.300
<b>Year End Surplus / (Deficit)</b>	<b>(3.533)</b>	<b>0.541</b>	<b>(2.992)</b>

### Financial Position

- The CCG forecast financial position is a deficit of £2.992m.
- The CCG has released the 0.5% risk reserve of £1.209m in Month 12 as directed by NHS England. The category M drugs rebate of £0.300m has also been released. These adjustments have improved the financial position from a £4.501m deficit position to a £2.992m deficit position.
- The CCG statutory accounts for 2017/18 will report the financial deficit of £2.992m.
- The underlying position is a deficit of £3.533m. This position removes non-recurrent expenditure commitments and QIPP savings from the forecast position.

## 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)
<b>Total</b>	<b>73,226</b>		<b>72,424</b>	<b>(802)</b>

- CCGs and Providers were required to report a contract alignment position to highlight any areas of dispute for contracts over £5m in value for 2017/18.
- The main issues highlighted related 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
- 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 April.
- A provision of £0.200m has been included in the 2017-18 accounts to reflect an estimate of the outcome of expert determination for South Sefton CCG.

## 2.6 Statement of Financial Position

**Figure 7 – Summary of working capital**

	2016/17	2017/18				
	M12	M8	M9	M10	M11	M12
	£'000	£'000	£'000	£'000	£'000	£'000
Non Current Assets	14	14	14	14	0	115
Receivables	1,817	1,934	1,373	1,766	1,612	1,938
Cash	139	1,841	3,456	3,509	4,677	105
Payables & Provisions	(11,850)	(13,231)	(14,680)	(15,567)	(15,827)	(14,100)
Value of debt > 180 days old (6months)	76	136	128	142	494	506
BPPC (value)	98%	100%	100%	100%	100%	98%
BPPC (volume)	96%	97%	97%	97%	97%	97%
		M8	M9	M10	M11	M12

- The non-current asset balance relates to the purchase of IT equipment.
- The receivables balance includes invoices raised for services provided accrued income and prepayments.
- Outstanding debt in excess of 6 months old stands at £0.506m. This consists of:
- CQUIN payment recovery (£0.072m) with Southport & Ormskirk NHS Trust. Paperwork has been submitted regarding this and the process is at expert determination. An outcome is expected on this by midnight on 19 April 2018, and

- Annual invoices raised to other local CCGs for the Cheshire and Merseyside Rehabilitation Network (£0.400m). Cheshire and Merseyside CFOs are in discussions regarding this.
- There is a bad debt write off of £0.044m in month 12.
- At month 12, the CCG was required to meet a cash target of 1.25% of its monthly cash drawdown (approximately £0.200m). At 31 March 2018, the CCG had a cash balance of £0.105m, therefore the cash target was achieved.
- 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

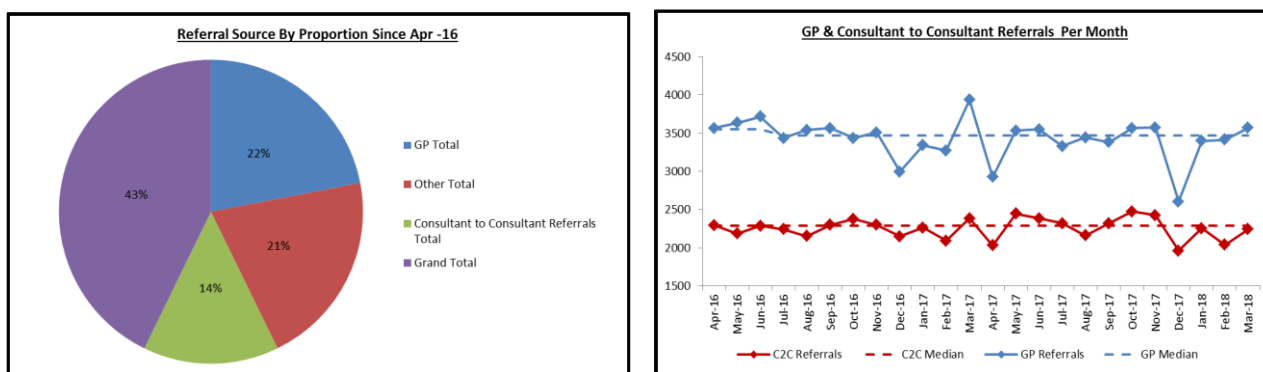
The Governing Body is asked to receive the finance update, noting that:

- The full year financial position for the CCG is a deficit of £2.992m. The agreed financial plan for 2017/18 required the CCG to break even in year.
- QIPP delivery for 2017-18 is £2.765m, against a plan of £8.480m. £2,569m of the savings relate to prescribing.
- 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 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
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	YTD	Variance	YTD %
GP	3	referral from a GENERAL MEDICAL PRACTITIONER	2,923	3,531	3,546	3,329	3,441	3,383	3,563	3,571	2,604	3,398	3,415	3,569	41,938	40,273	-1,665	-4%
<b>GP Total</b>			<b>2,923</b>	<b>3,531</b>	<b>3,546</b>	<b>3,329</b>	<b>3,441</b>	<b>3,383</b>	<b>3,563</b>	<b>3,571</b>	<b>2,604</b>	<b>3,398</b>	<b>3,415</b>	<b>3,569</b>	<b>41,938</b>	<b>40,273</b>	<b>-1,665</b>	<b>-4%</b>
Other	1	following an emergency admission	149	146	139	135	132	174	179	145	123	151	149	151	2,077	1,773	-304	-15%
	2	following a Domiciliary Consultation		3	3	5	8	1	3	13		1		2	9	39	30	333%
	4	referral from an Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	418	424	380	407	361	394	378	413	349	410	393	370	4,908	4,697	-211	-4%
	5	referral from a CONSULTANT, other than in an Accident and Emergency Department	1,149	1,504	1,490	1,386	1,346	1,419	1,512	1,469	1,172	1,352	1,209	1,284	15,569	16,292	723	5%
	6	self-referral	251	269	256	253	251	264	306	269	229	333	265	250	3,380	3,196	-184	-5%
	7	referral from a Prosthetist		1				1		3	1	2	1	3	14	12	-2	-14%
	8	Royal Liverpool Code (TBC)	74	59	83	66	102	87	89	75	64	94	85	58	926	936	10	1%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	122	138	148	126	106	91	112	116	98	88	76	135	1,196	1,356	160	13%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	191	231	224	257	207	237	288	266	218	252	208	298	3,247	2,877	-370	-11%
	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	3	7	76	54	-22	-29%
	13	referral from a Specialist NURSE (Secondary Care)	7	4	5	6	6	5	5	5	1	1	6	5	41	56	15	37%
	14	referral from an Allied Health Professional	131	212	164	144	135	157	158	136	82	119	108	157	1,821	1,703	-118	-6%
	15	referral from an OPTOMETRIST	1	1	4	5				4	3		1	1	11	20	9	82%
	16	referral from an Orthoptist		1		1				1		1			4	4	0	0%
	17	referral from a National Screening Programme	3	2	1	13	1	9	4	5	3		4	4	72	49	-23	-32%
	92	referral from a GENERAL DENTAL PRACTITIONER	137	142	165	193	180	202	171	127	131	168	172	149	1,708	1,937	229	13%
	93	referral from a Community Dental Service													3	0	-3	-100%
	97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	248	335	344	389	353	329	357	364	302	366	336	331	3,838	4,054	216	6%
		Unknown	1		1					1	1			1	4	3	0%	
<b>Other Total</b>			<b>2,887</b>	<b>3,477</b>	<b>3,409</b>	<b>3,388</b>	<b>3,192</b>	<b>3,375</b>	<b>3,575</b>	<b>3,419</b>	<b>2,775</b>	<b>3,341</b>	<b>3,016</b>	<b>3,205</b>	<b>38,901</b>	<b>39,059</b>	<b>158</b>	<b>0%</b>
Consultant to Consultant Referrals Total			2,029	2,446	2,384	2,316	2,160	2,316	2,472	2,422	1,960	2,254	2,035	2,240	27,006	27,034	28	0.1%
<b>Grand Total</b>			<b>5,810</b>	<b>7,008</b>	<b>6,955</b>	<b>6,717</b>	<b>6,633</b>	<b>6,758</b>	<b>7,138</b>	<b>6,990</b>	<b>5,379</b>	<b>6,739</b>	<b>6,431</b>	<b>6,774</b>	<b>80,839</b>	<b>79,332</b>	<b>-1,507</b>	<b>-2%</b>

A significant decrease in referrals occurred in December 2017 representing the lowest monthly total of this financial year whilst October 2017 was the highest monthly total of this financial year. Referrals in March 2018 have increased 5% from the previous month. With further analysis the main causes of this increase were due to a significant increase in consultant to consultant referrals, particularly in activity for Trauma and Orthopaedics and General Medicine.

GP referrals in 2017/18 are 4% down on the previous year. There have been significant reductions in GP referrals to Gastroenterology, Trauma & Orthopaedics and Dermatology. Consultant to consultant referrals are currently 0.1% higher when comparing to 2016/17 with General Medicine and Clinical Physiology seeing substantial increases. Total



Referrals are currently 2% down compared to the equivalent period last year.

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

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 - Feb	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 (February) for E-referral Utilisation rates reported for the CCG as a whole is 24%; the same as recorded in January and have not achieved the 80% by end of Q2. NHS Digital has not yet released March data.

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 e-RS 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 - Mar	1.00%	1.91%	↑ ↔
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	17/18 - Mar	1.00%	1.30%	↔

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in March recording 1.91% this is a slight decline from last month when 1.67% was recorded but still an improvement on the earlier months of the year. In March out of 3089 patients, 59 waited longer than 6 weeks and of them 4 waited longer than 13 weeks. The majority of breaches were for non-obstetric ultrasound (26). 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 9.6% in March, showing a decrease in long waiters compared to 10.31% reported in February. The biggest pressure is in Gastroscopy with the Trust reporting a total of 178 patients waiting over 6 weeks, along with Colonoscopy who had 164 patients.

Aintree failed the target for less than 1% of patients waiting longer than 6 weeks for a diagnostic test in March recording 1.3% again slight decline in performance from last month when 1.1% was recorded. In March out of 6318 patients, 83 waited longer than 6 weeks with 3 of them waiting over 13 weeks. The majority of breaches were waiting for non-obstetric ultrasound (57).

**Endoscopy** has continued to experience pressures with capacity due to ongoing sickness and maternity leave of Nurse Endoscopists and a consultant vacancy. However, the overall number of patients waiting over 6 weeks has decreased to 7, and the number on the waiting list has reduced to 724. Additional activity continues through Waiting List Initiatives and sessional rates with a focus on the reduction of cancer surveillance/planned waits throughout the month.

There has been significant 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 in a timely manner has been hindered significantly. The department continues to prioritise cancer and urgent referrals which has made recovery of the 6 week 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.
- Unisoft Scheduler software 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 2017. Activity against plan and DNA rates are discussed in detail. Weekly actions are monitored for recovery.
- An external performance consultant undertook a diagnostic review of the endoscopy services in February 2018. Following this review an improvement programme is in the development stage.
- Recruitment is underway for the vacant consultant post and two middle grade vacancies.
- Additional bank admin support is conducting telephone reminders 7 days in advance. This approach has been used with patients and reduced DNAs to almost 0%.

**Radiology** continues to experience a sustained increase in demand for Imaging (CT Cardiac, MR Cardiac, MR MSK and Ultrasound MSK). Demand is in excess of funded capacity. Additional Inpatient activity has a knock on effect, reducing Outpatient capacity for CT and MR Resource for additional sessions for Ultrasound MSK imaging/steroid injections into joints have been agreed however limited number carried out, due to annual leave and Radiologist unavailability.

Currently the wait for routine Ultrasound is 5 weeks 5 Days (Sonographer led). Waiting for MSK is 8 weeks.

Proposed actions:

- Weekly capacity meetings with operational and clinical teams to monitor performance and maximise capacity ongoing.
- Additional Waiting List Initiatives agreed through internal resource panel, difficulty in covering due to Radiology unavailable/unable to cover. Continue to request additional sessions from Radiologist.
- MSK Radiologist recruited, commences at Trust 1st May 2018.

### 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 - Mar	0	2	↑
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	17/18 - Mar	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 - Mar	92%	89.83%	↔
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 - Mar	92%	90.06%	↔

Continued declining performance in recent months has resulted in the CCG for the fourth month below the 92% threshold for patients on an incomplete non-emergency pathway waiting no more than 18 weeks from referral, recording 89.83%. In March out of 10,806 patients, 1,099 were waiting over 18 weeks on the incomplete pathway. The CCG position is contributed to by RTT failures predominately at Aintree and Royal Liverpool and Broadgreen Hospitals, and University Hospital of North Midlands.

Aintree failed this standard for March recording 90.06%. Out of 17,252 patients there were 1,714 waiting over 18 weeks on the incomplete pathway. The Trust has faced significant non-elective pressure which has impacted on RTT performance over the last quarter. NHS England requested a cancellation of non-urgent elective procedures nationally to help redirect resources to support emergency demand. The theatre refurbishment programme, which is in its final stages also impacted on performance. In addition, both the outpatient cancellation and Did Not Attend (DNA) rates have continued to remain high which has reduced throughput and resulted in an increase in the overall waiting times with patients being booked into all available clinic capacity as well as additional sessions.

Proposed Actions for Aintree:

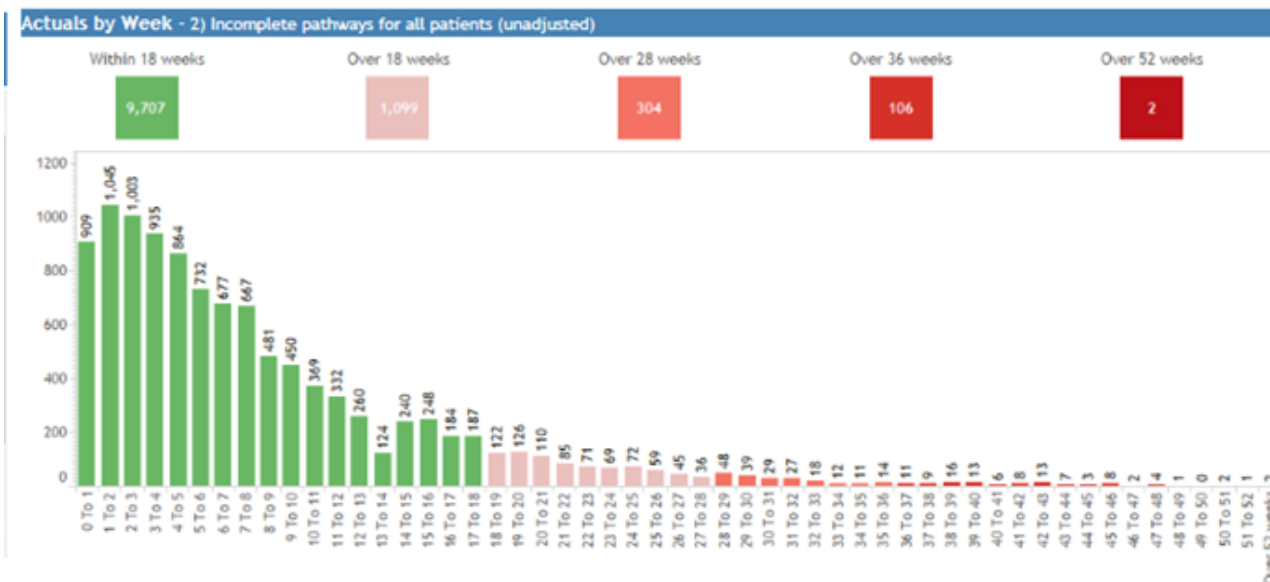
- Implement theatre recovery plan and improve utilisation at speciality level.
- Regular review of all long waiting patients within the clinical business units to address capacity issues and undertake Waiting List Initiatives where appropriate, in conjunction with a relaunch of weekly performance meetings with Planning and Performance / Business Intelligence Leads.
- A business case for 2 additional Emergency General Surgery Unit (EGSU) Consultants has been approved. This will provide additional theatre activity and ambulatory surgical clinics. Recruitment is currently underway.
- 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.
- Continue to monitor of diagnostic waiting times to ensure delivery of the 6 week standard to minimise impact on RTT pathways.
- Continue to meet on a weekly basis to focus on data quality and pathway validation.
- Continue to support the CBU's with their RTT validation processes and Standard Operating procedures with a special focus on inter Provider Transfers and data recording / entry.

At Royal Liverpool and Broadgreen Hospital RTT performance for March stood at 82.8%. The main areas of failure were in Urology (80.4%), General Surgery (80.9%), Trauma and orthopaedics (74.5%), Ophthalmology (70.4%), Gastroenterology (79.3%) and Dermatology (88.6%). Liverpool CCG, as lead commissioner wrote to the Trust seeking assurance 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. When the Trust signed up to the "Acting as One/AAO" block contract in 2017, this was based upon activity out turn up to Month 5, 2016 and this contract did not factor in any RTT backlog that each of the failing specialities had at that time. 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. Recovery plans have been shared for RTT and are demonstrating an improvement trend with an anticipated recovery date of July 2018 which they are currently on track to deliver.

University Hospital North Midlands NHS Trust in March recorded 71.7%. This provider is commissioned to deliver bariatric surgery for Cheshire and Merseyside CCGs. The RTT performance standard overall at the Trust has not been met since May 2017. 21 South Sefton CCG patients were recorded as waiting over 18 weeks. Bariatric surgery commissioning and contract arrangements are complex and understanding the arrangements has taken almost a year, response times and responses to commissioner queries had been poor. A meeting of Merseyside commissioners with UHNM and CSU (contract managers on behalf of the lead commissioner Stoke CCG) in May 2018 has led to further understanding of the service issues, the caseload of patients and their treatment. The Trust agreed to provide additional detail to provide assurance to commissioners including the number of patients waiting in weeks by CCG, the reasons for delays particularly in cases exceeding waiting times of 40 weeks.

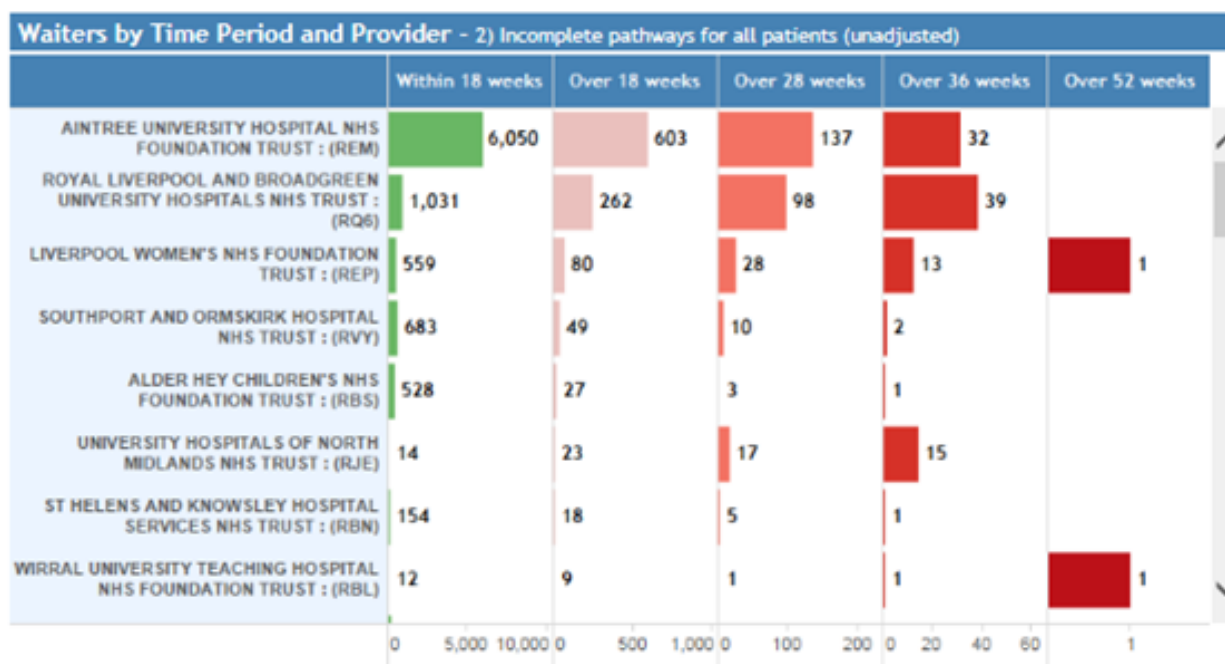
### 3.3.1 Incomplete Pathway Waiting Times

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

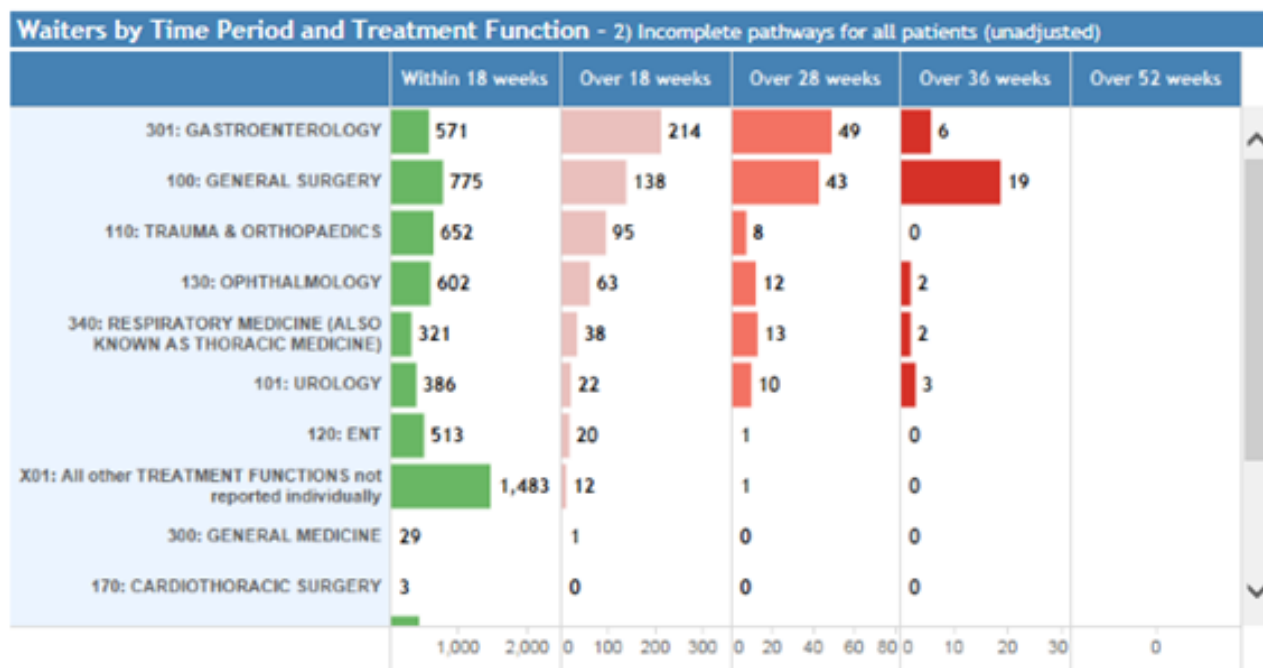
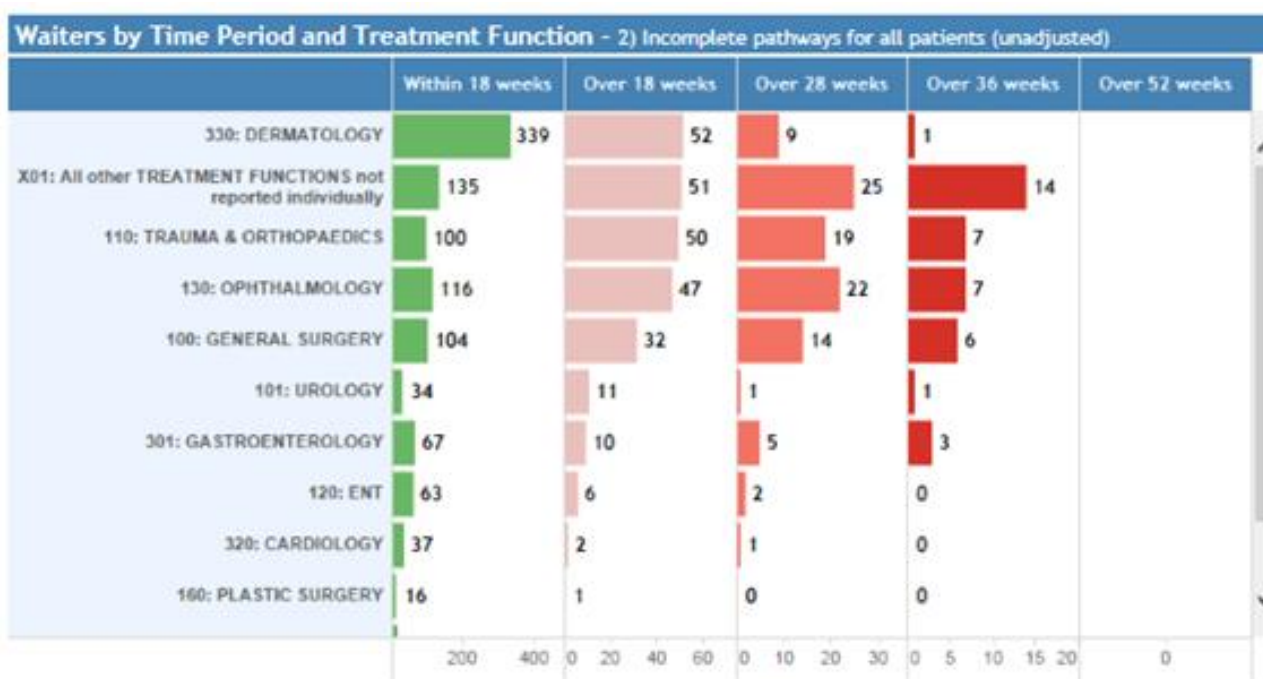


Figure 16 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



### 3.3.4 Provider assurance for long waiters

Figure 17 - South Sefton CCG Provider Assurance for Long Waiters

CCG	Trust	Specialty	Wait band	Has the patient been seen/has a TCI date?	Detailed reason for the delay
South Sefton CCG	Wirral	General Surgery	52		This patient had a diagnostic gastroscopy on the 4th April 2018 and it showed a large volume of fluid but no abnormalities. The consultant followed up with the patient in clinic on the 26th April to discuss the future plan for this patient.
South Sefton CCG	Liverpool Womens	Gynaecology	52		This patient has appeared on the incomplete pathway in March. The second 52 week waiter was at the Womens in Gynae appointment is scheduled 21-5-18 and physio 20-6-18. RTT reporting at the Trust has resulted in a serious incident (ref 54508) being declared and an investigation is currently on-going with regard to the management of outpatient follow up queues and RTT monitoring. This means that the RTT position is under review, including the position with potential long waiters.
South Sefton CCG	Aintree	Gastroenterology	40	Clock stopped 16/03/2018 - Active monitoring	
South Sefton CCG	Aintree	Gastroenterology	41	Clock stopped 24/04/2018 - Active monitoring	
South Sefton CCG	Aintree	Gastroenterology	42	Clock stopped 25/04/2018 - failure to attend	
South Sefton CCG	Aintree	Gastroenterology	43	Clock stopped 25/04/2018 - Decision not to treat	
South Sefton CCG	Aintree	General Surgery	42	Clock stopped 06/04/2018 - 1st treatment	
South Sefton CCG	Aintree	General Surgery	43	Clock stopped 06/04/2018 - 1st treatment	
South Sefton CCG	Aintree	General Surgery	43	Clock stopped 30/04/2018 - Active monitoring	
South Sefton CCG	Aintree	General Surgery	44	Clock stopped 03/05/2018 - 1st treatment	
South Sefton CCG	Aintree	General Surgery	44	Clock stopped 06/04/2018 - 1st treatment	
South Sefton CCG	Aintree	General Surgery	45	Clock stopped 11/04/2018 - 1st treatment	
South Sefton CCG	Aintree	General Surgery	47	Clock stopped 09/04/2018 - 1st treatment	
South Sefton CCG	Aintree	Urology	42	TCI 14/06/2018	
South Sefton CCG	Aintree	Urology	43	Clock stopped 02/05/2018 - 1st treatment	
South Sefton CCG	Alder Hey	other	41	Awaiting Trust update	
South Sefton CCG	Liverpool Womens	Gynaecology	43	Awaiting Trust update	
South Sefton CCG	Liverpool Womens	Gynaecology	45	Awaiting Trust update	
South Sefton CCG	Liverpool Womens	Gynaecology	45	Awaiting Trust update	
South Sefton CCG	Liverpool Womens	Gynaecology	45	Awaiting Trust update	
South Sefton CCG	Liverpool Womens	Gynaecology	45	Awaiting Trust update	
South Sefton CCG	Liverpool Womens	Gynaecology	50	Awaiting Trust update	
South Sefton CCG	Oxford	T&O	45	TCI 05/04/2018	The patient attended an outpatient clinic appointment on the 13th March 2018, they were then added to an inpatient/daycase waiting list and were given a TCI date for the 5th April and can confirm that the patient was admitted for the procedure.
South Sefton CCG	Royal Liverpool	Gastroenterology	48	Patient Treated in April	Capacity
South Sefton CCG	Royal Liverpool	General Surgery	40	Patient Treated in April	Capacity
South Sefton CCG	Royal Liverpool	General Surgery	42	Patient Treated in April	Capacity
South Sefton CCG	Royal Liverpool	General Surgery	50	Patient Treated in April	Capacity
South Sefton CCG	Royal Liverpool	Ophthalmology	41	Patient Treated in April	Capacity
South Sefton CCG	Royal Liverpool	Ophthalmology	42	TCI 13/07/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	Ophthalmology	43	Patient Treated in April	Capacity
South Sefton CCG	Royal Liverpool	Ophthalmology	46	Patient Treated in April	Capacity
South Sefton CCG	Royal Liverpool	T&O	40	Patient Treated in April	Capacity
South Sefton CCG	Royal Liverpool	T&O	41	No Date Yet	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	T&O	43	Patient Treated in April	Capacity
South Sefton CCG	Royal Liverpool	other	40	Patient Treated in April	Capacity
South Sefton CCG	Royal Liverpool	other	40	Patient Treated in April	Capacity
South Sefton CCG	Royal Liverpool	other	41	Patient Treated in April	Capacity
South Sefton CCG	Royal Liverpool	other	41	Patient Treated in April	Capacity
South Sefton CCG	Royal Liverpool	other	44	Patient Treated in April	Capacity
South Sefton CCG	Royal Liverpool	other	47	Patient Treated in April	Capacity
South Sefton CCG	Royal Liverpool	Urology	40	Patient Treated in April	Capacity
South Sefton CCG	Southport & Ormskirk	Ophthalmology	41	Removed from the pathway on 30th April	
South Sefton CCG	St Helens & Knowsley	Plastic Surgery	42	18/04/2018	Patient listed for surgery at week 37 of 18 week pathway. Patient booked for surgery 18/04/18.
South Sefton CCG	North Midlands	General Surgery	40	Trust only provides comments on very long	
South Sefton CCG	North Midlands	General Surgery	42	Trust only provides comments on very long	
South Sefton CCG	North Midlands	General Surgery	42	Trust only provides comments on very long	
South Sefton CCG	North Midlands	General Surgery	42	Trust only provides comments on very long	
South Sefton CCG	North Midlands	General Surgery	42	Trust only provides comments on very long	
South Sefton CCG	North Midlands	General Surgery	42	Trust only provides comments on very long	
South Sefton CCG	North Midlands	General Surgery	42	Trust only provides comments on very long	
South Sefton CCG	North Midlands	General Surgery	42	Trust only provides comments on very long	
South Sefton CCG	North Midlands	General Surgery	42	Trust only provides comments on very long	
South Sefton CCG	North Midlands	General Surgery	45	Trust only provides comments on very long	
South Sefton CCG	North Midlands	General Surgery	46	Trust only provides comments on very long	
South Sefton CCG	North Midlands	General Surgery	46	Trust only provides comments on very long	
South Sefton CCG	North Midlands	General Surgery	47	Trust only provides comments on very long	
South Sefton CCG	North Midlands	General Surgery	47	Trust only provides comments on very long	
South Sefton CCG	North Midlands	General Surgery	51	Patient admitted 4-4-18	Inter provider referral. Hasn't breached 52 weeks in the April snapshot

The CCG had two patients waiting over 52 weeks for treatment in March, the first one being at Wirral University Teaching Hospital Trust (WUTH) in General Surgery. The patient had a diagnostic gastroscopy on 4<sup>th</sup> April and the consultant follow up was 26<sup>th</sup> April. A Strategic RTT Improvement Group, chaired by the WUTH's Chief Operating Officer and includes members from the Trust, NHS Wirral CCG, NHS England, NHS Improvement and the national RTT Intensive Support Team, has been established to oversee the recovery of the RTT 92% incomplete standard. NHS Wirral CCG and WUTH have signed a Memorandum of Agreement to achieve 80% RTT by 31<sup>st</sup> March 2019 and to eliminate all 52 week waits by 31<sup>st</sup> March 2019.

The second 52 week waiter was at the Liverpool Women's Hospital, in Gynaecology. The patient's appointment is scheduled for 21<sup>st</sup> May and physio 20<sup>th</sup> June. The Trust declared a serious incident in February 2018 with regard to the accuracy of reporting of the 18 week RTT target for January. The Trust has conducted a validation exercise and identified 20 patients overall (11 were previously reported in February report) with open pathways that have exceeded 52 week wait for treatment. The root cause analysis and harm review is in progress. The internal validation process comprised of a review of 7,000 patient records and has provided additional assurance to the Trust board. An external audit commenced on 26<sup>th</sup> March by an independent organisation specialising in access targets. The Trust is confident that they will return to RTT compliance by July 2018 and have reported they are fully transparent with both NHSI and CQC, and that NHSI are supportive of Trust's actions.

### 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 - <b>Aintree</b>	17/18 - Mar	0	0	1 ↔

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

**Figure 19 – Aintree Cancelled Operations for a second time**

Cancelled Operations				
No urgent operation should be cancelled for a second time - <b>Aintree</b>	17/18 - Mar	0	0	1 ↔



### 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) <b>(CCG)</b>	17/18 - Mar	93%	93.82%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) <b>(Aintree)</b>	17/18 - Mar	93%	94.24%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) <b>(CCG)</b>	17/18 - Mar	93%	91.51%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) <b>(Aintree)</b>	17/18 - Mar	93%	91.75%	↔

The CCG achieved the 93% target for 2 week waits for first outpatient appointments for patients referred urgently with breast symptoms in March, with 94.05% but are failing year to date at 91.51% due to lower rates in May, June and July. In March there were 5 breaches out of a total of 84 patients.

- Increasing use of e-RS for all referrals leading to full paper switch off by August 2018 for our breast services providers should help to reinforce the urgency of these appointments with patients and reduce the numbers of patient cancellations and DNAs
- There are benefits to using Advice and Guidance for this group of patients to support GPs in managing patients in primary care as providers report inappropriate and unnecessary referrals. Work is being undertaken with Aintree Hospital to promote this.

Aintree failed the 93% breast target for March reaching 90.14% and also failing year to date 91.75%. In March, out of 213 patients there were 21 breaches. This was due largely to a lack of capacity and patient choice. When patients are offered appointments in days 7 to 14 of the pathway and decline or cancel, they were rebooked out of target as there was insufficient opportunity to get them into clinic with 14 days from referral.

#### Actions:

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

- Capacity and demand profile to be addressed by CBU to assess how many additional slots per weeks are required to bring first booking for patients to 7 days.

### 3.5.2- 31 Day Cancer Waiting Time Performance

**Figure 21 – 31 Day Cancer Performance measures**

<b>Cancer waits – 31 days</b>				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(CCG)</b>	17/18 - Mar	96%	98.06%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(Aintree)</b>	17/18 - Mar	96%	97.41%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(CCG)</b>	17/18 - Mar	94%	97.90%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(Aintree)</b>	17/18 - Mar	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(CCG)</b>	17/18 - Mar	94%	93.92%	↓
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(Aintree)</b>	17/18 - Mar	94%	91.53%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(CCG)</b>	17/18 - Mar	98%	99.42%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(Aintree)</b>	17/18 - Mar	98%	99.72%	↔

The CCG failed the 94% target in March recording 91.67% and are under plan year to date reaching 93.92%. In March just 1 patient out of 12 failed the target for 31 day subsequent where that treatment was surgery, the delay was due to theatre capacity issues.

Aintree failed the 94% target for 31 day wait for subsequent treatment (surgery) in March recording 91.43% and are also under plan year to date (91.53%). In March there were 3 breaches out of a total of 35 patients. Of the 3 breaches which occurred the first was a skin patient whose pathway breached due to theatre capacity (53 days), the second was a breast patient who was unfit and had earlier cancelled their TCI date (41 days) and the third was a lower gastro patient who underwent a bypass prior to surgery (36 days).

Actions:

- Escalate issues with theatre capacity to the CBMs/DDO for discussion/consideration at resource panel.
- Escalate constraints to the patient pathway to the daily Cancer Performance briefing led by the Divisional Director of operations Diagnostics & Support Services.
- A robust recovery plan has been formulated and has been discussed at Senior Operational meetings. It is now with the Divisions of Surgery to implement.

### 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) <b>(CCG)</b>	17/18 - Mar	85% local target	90.35%	↔
Maximum 62-day wait for first definitive treatment following a consultant’s decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) <b>(Aintree)</b>	17/18 - Mar	85% local target	80.84%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(CCG)</b>	17/18 - Mar	90%	95.89%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(Aintree)</b>	17/18 - Mar	90%	89.29%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(CCG)</b>	17/18 - Mar	85%	87.16%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(Aintree)</b>	17/18 - Mar	85%	84.40%	↔

Aintree failed the local 85% target in March for 62 day wait for definitive treatment following consultant’s decision to upgrade, recording 82.5% and are still also failing year to date (80.84%) partly due to previous months breaches. In March the equivalent of 3.5 out of 20 patients breached the target. Lung patient breaches were due to complex pathways with multiple investigations. In Head and Neck there was a half breach which was due to patient choice and a hospital cancellation due to capacity. There were 2 half breaches 1 in Urology and one for a sarcoma patient and these were both due to multiple diagnostics.

Actions:

- Continued monitoring and intervention by the Clinical Business Unit to manage the patient pathways and remove any barriers which maybe preventing treatment.

- Escalate constraints in the patient pathway to the weekly Cancer Performance Meeting (CPG) and to the Divisional Director of Ops.
- Escalate constraints in the patient pathway to the daily Cancer Performance briefing led by the Divisional Director of Operations Diagnostics and Support Services.
- A robust recovery plan has been formulated and has been discussed at Senior Operational meetings. The Divisions of Surgery and Specialty Medicine to implement the recovery plan.

Aintree achieved the 90% target for 62 day screening in March with a half patient breach out of a total of 10.5 patients recording 95.24% but are still failing year to date reaching 89.29% partly due to previous breaches.

Aintree also achieved the 85% target in March for 2 month wait from urgent GP referral to first definitive treatment recording 85.1%, but are still failing year to date 84.4%. In March there was the equivalent of 9.5 breaches out of a total of 57 patients.

The main reasons for breaches include: late referrals from between trusts, complex diagnostic pathways, patient declining surgery and opting for chemotherapy.

#### Actions:

- Continued monitoring and intervention by the Clinical Business Unit to manage the patient pathways and remove any barriers which maybe preventing treatment.
- Escalation of delays and constraints to the individual patient journey at the twice weekly Cancer Performance Meetings.
- 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 continue.
- 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.

### 3.5.4 104+ 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 12 there was the equivalent of 1 patient breach waiting over 104 days one patient declined surgery, was referred for chemo, changed their mind and required repeat scans, resulting in a 240 day wait. Harm reviews are awaited. Root Cause Analysis is carried on all breaches and clinical harm review taken for all patients who breach 104 days.

## 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: Mar-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%	19.9%		96%	91%		2%	5%	

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

- % Response Rate
- % Recommended
- % Not Recommended

The Trust has failed patient response rates and is reporting under target for March at 19.9%. The proportion of patients who would recommend is the same as last month recording 91%. (England average 96%). The proportion who would not recommend is also the same as last month at 5%, which is 3% 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 12 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG show an under performance of -£2.6m/-5.3%. However, applying a neutral cost variance for those Trusts within the ‘Acting as One’ block contract arrangement results in there being a total under spend of approximately -£493k/-1%.

At specific over performing Trusts, Spire Liverpool are reporting the largest cost variance with a total of £156k/21% followed by Royal Liverpool (£74k/1%). In contrast, Aintree and Southport & Ormskirk are under performing by -£1.6m/-5% and -£745k/-26% 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	183,503	175,913	-7,590	-4%	£31,404	£29,705	-£1,699	-5%	£1,699	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	13,758	14,200	442	3%	£1,731	£1,653	-£78	-5%	£78	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	1,215	0	-1,215	-100%	£414	£449	£36	9%	-£36	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	16,000	14,407	-1,593	-10%	£3,039	£2,726	-£313	-10%	£313	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	30,457	32,731	2,274	7%	£5,087	£5,161	£74	1%	-£74	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	3,118	3,095	-23	-1%	£1,002	£827	-£175	-17%	£175	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	248,052	240,346	-7,706	-3%	£42,677	£40,522	-£2,155	-5%	£2,155	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	86	239	153	178%	£22	£49	£27	124%	£0	£27	124%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	13	13	0%	£0	£9	£9	0%	£0	£9	#DIV/0!
FAIRFIELD HOSPITAL	193	178	-15	-8%	£52	£48	-£4	-7%	£0	-£4	-7%
ISIGHT (SOUTHPORT)	512	563	51	10%	£119	£98	-£21	-17%	£0	-£21	-17%
RENACRES HOSPITAL	6,290	5,938	-352	-6%	£1,768	£1,716	-£52	-3%	£0	-£52	-3%
SALFORD ROYAL NHS FOUNDATION TRUST	0	294	294	0%	£0	£80	£80	0%	£0	£80	#DIV/0!
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	15,408	12,612	-2,796	-18%	£2,870	£2,124	-£745	-26%	£0	-£745	-26%
SPIRE LIVERPOOL HOSPITAL	2,386	2,846	460	19%	£741	£897	£156	21%	£0	£156	21%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	3,707	4,605	898	24%	£1,014	£983	-£31	-3%	£0	-£31	-3%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	1,079	1,340	261	24%	£253	£311	£58	23%	£0	£58	23%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	108	186	78	72%	£16	£33	£17	106%	£0	£17	106%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	96	96	0%	£0	£11	£11	0%	£0	£11	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	462	327	-135	-29%	£123	£83	-£40	-32%	£0	-£40	-32%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	1,227	1,497	270	22%	£481	£521	£40	8%	£0	£40	8%
ALL REMAINING PROVIDERS TOTAL	31,457	30,734	-723	-2%	£7,458	£6,965	-£493	-7%	£0	-£493	-7%
<b>GRAND TOTAL</b>	<b>279,509</b>	<b>271,080</b>	<b>-8,429</b>	<b>-3%</b>	<b>£50,135</b>	<b>£47,486</b>	<b>-£2,648</b>	<b>-5.3%</b>	<b>£2,155</b>	<b>-£493</b>	<b>-1.0%</b>

\*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	14,334	12,814	-1,520	-11%	£8,528	£8,171	£-357	-4%
Elective	1,994	1,573	-421	-21%	£5,647	£4,724	£-924	-16%
Elective Excess BedDays	658	423	-235	-36%	£159	£101	£-58	-36%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	451	235	-216	-48%	£95	£54	£-41	-44%
OPFANFTF - Outpatient first attendance non face to face	2,619	3,647	1,028	39%	£74	£95	£21	28%
OPFASPCL - Outpatient first attendance single professional consultant led	33,809	31,411	-2,398	-7%	£5,345	£5,124	£-221	-4%
OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,467	919	-548	-37%	£124	£92	£-32	-26%
OPFUPNFTF - Outpatient follow up non face to face	3,360	7,978	4,618	137%	£81	£193	£111	137%
OPFUPSPCL - Outpatient follow up single professional consultant led	85,243	76,826	-8,417	-10%	£5,901	£5,534	£-367	-6%
Outpatient Procedure	23,935	23,902	-33	0%	£3,165	£3,151	£-14	0%
Unbundled Diagnostics	14,136	14,620	484	3%	£1,141	£1,280	£139	12%
Wet AMD	1,497	1,565	68	5%	£1,143	£1,186	£43	4%
<b>Grand Total</b>	<b>183,503</b>	<b>175,913</b>	<b>-7,590</b>	<b>-4%</b>	<b>£31,404</b>	<b>£29,705</b>	<b>£-1,699</b>	<b>-5%</b>

Non face to face activity (both first and follow up attendances) are reporting an over performance within planned care at month 12 with the majority of other areas within outpatients currently under performing. The over performance for non-face to face first outpatient activity is focussed within Acute Internal Medicine (including the 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 £139k/12% against plan. Complex CT Scans and Vascular Ultrasound scans account for £116k of activity with each having zero plan set.

Cardiology is showing the largest cost variance at month 12 (£761k/50%). 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 -£1.1m/-20% against plan.

Overall, year to date costs for planned care PODs at Aintree University Hospital are currently - £1.7m/-5% down against plan at month 12. 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 12:

**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	926	£770,430	9	£22,528	18	£4,254	373	£399	-87	(£86,420)	414	£50,369	1,653	£761,560
Acute internal medicine	3	£1,127	3	£1,433	-20	(£4,644)	1,424	£157,021	-7	(£305)	-94	(£13,419)	1,311	£141,213
Geriatric medicine	4	(£1,502)	6	(£5,158)	97	£24,116	231	£63,686	447	£60,299	-5	(£790)	781	£140,650
Nephrology	42	£16,159	-2	£2,593	3	£650	384	£103,753	-289	(£30,234)	19	£2,184	157	£95,106
Colorectal surgery	-36	(£11,228)	-9	£180,285	-306	(£72,201)	-107	(£24,716)	225	£12,360	34	£4,242	-199	£88,743
Physiotherapy							-328	(£14,865)	2,190	£72,268	2	£66	1,864	£57,469
Breast surgery	59	£132,635	-24	(£65,702)			-134	(£26,659)	-166	(£12,238)	136	£19,387	-130	£47,422
Transient ischaemic attack							237	£72,177	-41	£0	-262	(£33,214)	-66	£38,963
Rheumatology	66	£20,041	-5	(£3,040)	-11	(£2,644)	33	£8,314	194	£14,005	-37	(£9,240)	240	£27,435
Hepatobiliary & pancreatic surgery	24	£31,905	-2	(£12,822)			-9	£205	-28	(£3,027)	2	£235	-14	£16,496
Ent	-46	(£48,179)	-32	(£55,291)			-45	(£5,555)	-23	(£798)	717	£80,691	572	(£29,133)
Upper gastrointestinal surgery	-40	(£60,785)	-1	£136	-4	(£982)	-30	(£5,793)	-171	(£11,192)	-4	(£470)	-248	(£79,086)
Clinical haematology	-716	(£80,865)	-23	(£34,247)	-62	(£17,351)	-170	(£43,084)	774	£83,563	0	(£21)	-197	(£92,005)
Anticoagulant service									-5,636	(£145,169)			-5,636	(£145,169)
General surgery	-96	(£104,688)	-44	(£64,205)	4	£944	-116	(£19,605)	-476	(£34,613)	-1	(£386)	-730	(£222,552)
Dermatology	-36	(£17,356)					-864	(£119,402)	-97	(£36,840)	-902	(£86,566)	-1,899	(£260,163)
Urology	-176	(£43,521)	-63	(£135,225)	45	£10,205	-668	(£98,082)	40	£1,517	-251	(£37,046)	-1,073	(£302,152)
Ophthalmology	-479	(£366,012)	2	£4,350	3	£793	-467	(£68,261)	1,396	£1,992	774	£76,205	1,229	(£350,933)
Gastroenterology	-783	(£334,722)	-42	(£89,808)	-47	(£11,565)	-615	(£127,845)	-1,372	(£89,099)	-19	£2,731	-2,878	(£650,307)
Trauma & orthopaedics	-301	(£340,380)	-158	(£594,076)	42	£9,844	-332	(£52,153)	-957	(£58,717)	-773	(£96,449)	-2,479	(£1,131,933)
<b>Grand Total</b>	<b>-1,520</b>	<b>(£356,984)</b>	<b>-421</b>	<b>(£923,582)</b>	<b>-235</b>	<b>(£57,943)</b>	<b>-1,587</b>	<b>(£241,482)</b>	<b>-4,347</b>	<b>(£287,007)</b>	<b>-33</b>	<b>(£13,794)</b>	<b>-8,142</b>	<b>(£1,880,791)</b>



### 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	959	817	-142	-15%	£695	£514	£-181	-26%
Elective	202	143	-59	-29%	£566	£320	£-246	-44%
Elective Excess BedDays	35	5	-30	-86%	£13	£1	£-12	-91%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	245	122	-123	-50%	£40	£21	£-19	-48%
OPFASPL - Outpatient first attendance single professional consultant led	2,300	1,627	-673	-29%	£379	£267	£-112	-30%
OPFUPMPL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	564	262	-302	-54%	£42	£21	£-21	-50%
OPFUPSPCL - Outpatient follow up single professional consultant led	4,899	4,087	-812	-17%	£375	£318	£-56	-15%
Outpatient Procedure	5,313	4,756	-557	-10%	£694	£600	£-94	-14%
Unbundled Diagnostics	891	793	-98	-11%	£66	£62	£-3	-5%
<b>Grand Total</b>	<b>15,408</b>	<b>12,612</b>	<b>-2,796</b>	<b>-18%</b>	<b>£2,870</b>	<b>£2,124</b>	<b>£-745</b>	<b>-26%</b>

\* PbR only

The Trend of under-performance for planned care at the Trust has continued into month 12 with overall underspend at -£745k/-26%. Although all PODs are under plan, the majority of the focus is within Day Case and Elective costs.

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

The Trust has struggled throughout the year to reach contracted levels within the planned care points of delivery. Reductions in GP referrals and specific service issues such as Dermatology have played a big part in the under-performance.

June was the only month to produce activity levels above the plan values; this was in some part due to issues relating to the cyber-attack and theatre decontamination in previous months. The loss of activity in April and May was in some part recovered in June onwards. In the latter months of 2017/18 there has not been any indication that trend will change and upturn in the coming year.

The contract plan for 2018/19 has been rebased to accommodate the significant reductions across all planned care within 2017/18.

### 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	619	508	-111	-18%	£747	£585	£-162	-22%
Elective	115	150	35	30%	£544	£697	£153	28%
OPFASPCL - Outpatient first attendance single professional consultant led	1,281	1,003	-278	-22%	£204	£165	£-39	-19%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,578	1,662	84	5%	£99	£106	£6	6%
Outpatient Procedure	814	381	-433	-53%	£85	£59	£-25	-30%
Unbundled Diagnostics	510	407	-103	-20%	£48	£39	£-9	-19%
Physio	1,373	1,434	61	4%	£40	£42	£2	4%
<b>Grand Total</b>	<b>6,290</b>	<b>5,545</b>	<b>-745</b>	<b>-12%</b>	<b>£1,768</b>	<b>£1,693</b>	<b>£-75</b>	<b>-4%</b>

Renacres under performance of £-75k/-4% is driven by a £-162k/-22% 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 £153k/28%, which can be attributed to Very Major Hip and Knee Procedures for Non-Trauma 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	209	315	106	51%	£297	£411	£115	39%
Elective	55	55	0	0%	£284	£284	£0	0%
OPFASPCL - Outpatient first attendance single professional consultant led	271	379	108	40%	£45	£62	£17	38%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,442	1,632	190	13%	£65	£86	£21	32%
OPFUPSPNCL - Outpatient follow up single professional non-consultant led	46	68	22	49%	£2	£3	£1	49%
Outpatient Procedure	223	231	8	3%	£30	£31	£1	3%
Unbundled Diagnostics	139	166	27	19%	£17	£19	£1	8%
<b>Grand Total</b>	<b>2,386</b>	<b>2,846</b>	<b>460</b>	<b>19%</b>	<b>£741</b>	<b>£897</b>	<b>£156</b>	<b>21%</b>

Spire Liverpool is over performing across the majority of PODs in 2017/18. However, total over performance of £156k/21% is driven by a £115k/39% 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 (£37k/196%). 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	25
2) New personal health budgets that began during the quarter (total number per CCG)	4	0	4	1	4	2	4	5
3) Total number of PHB in the quarter = sum of 1) and 2) (total number per CCG)	52	11	56	24	60	26	64	30
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	19.37

Whilst PHB's for Continuing Health Care (CHC) are currently a 'right to have', there is an expectation that PHBs for this cohort will be a default position from April 2019. There has been some progression with Midlands and Lancashire Commissioning Support Unit (MLCSU) supporting the role of a Complex Care Nurse with slicker processes; however these improvements are unlikely to meet the expected trajectories set by NHS England. The CCG does not operate a CHC end to end service and community providers are being requested to submit their plans in relation to CHC default position via Clinical Quality and Performance Groups.

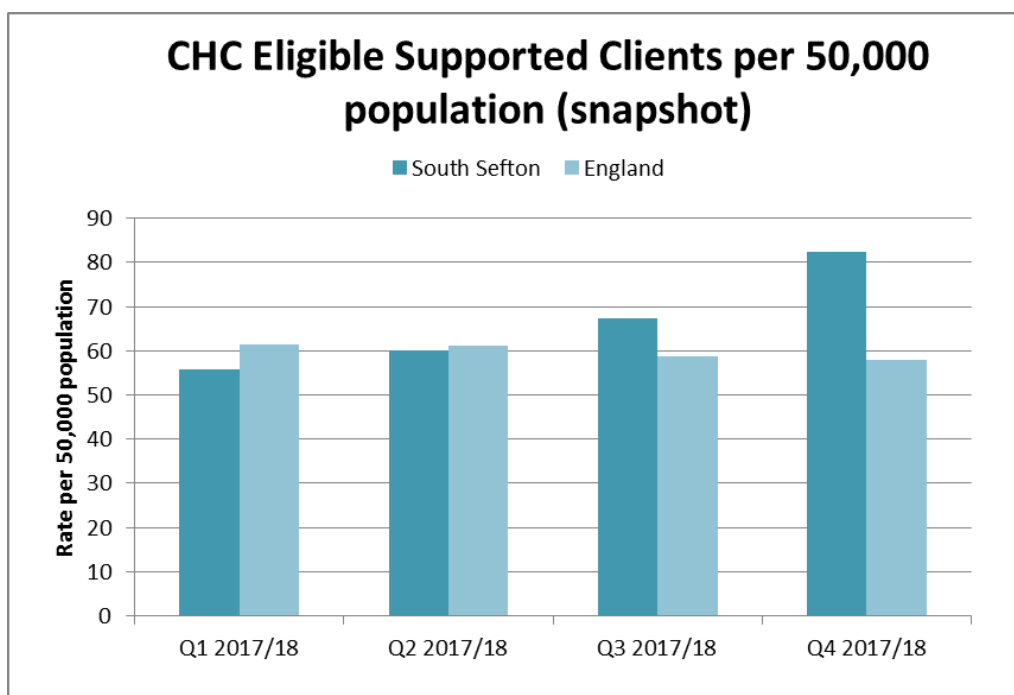
There is a scoping exercise being undertaken in relation to PHBs for CHC end of life fast-track cases. A paper is expected to be submitted to Clinical QIPP group on the proposed model, which would support PHBs for this cohort of people who are reaching end of life.

The CCG has been successful in obtaining mentorship by NHS England to support the expansion of PHBs for Children and Young People and Wheelchair Services and due to attend the introduction meeting in May 2018. The contract for wheelchair services for South Sefton did not transfer across to the CCG when established in 2013 and is still commissioned by Specialised Commissioning. A transfer is planned.

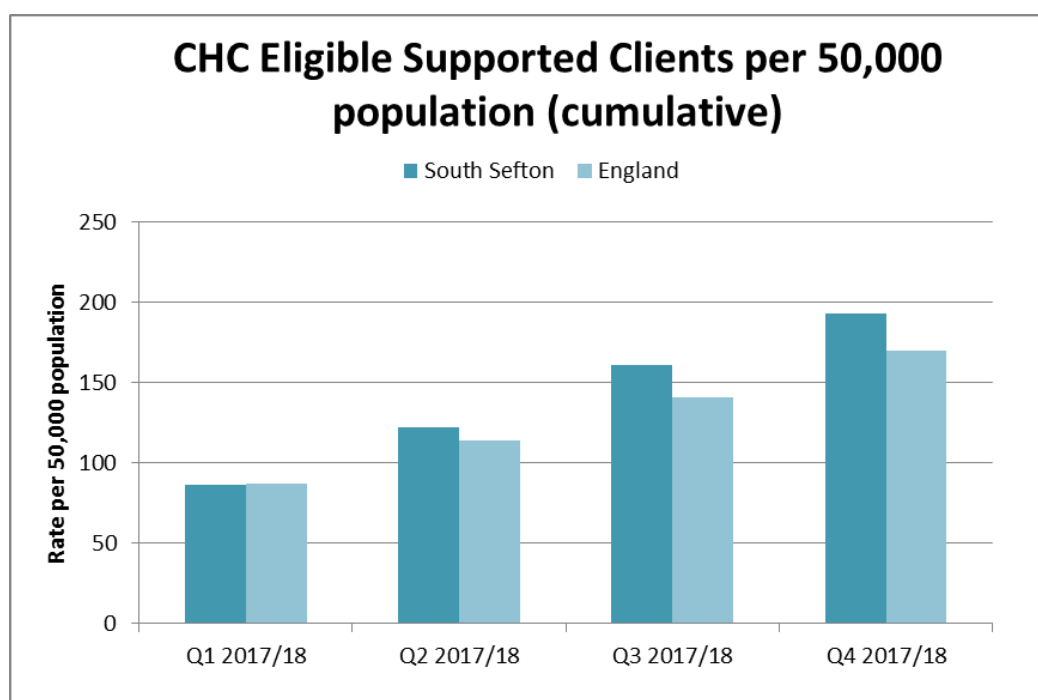
### 3.9 Continuing Health Care (CHC)

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.

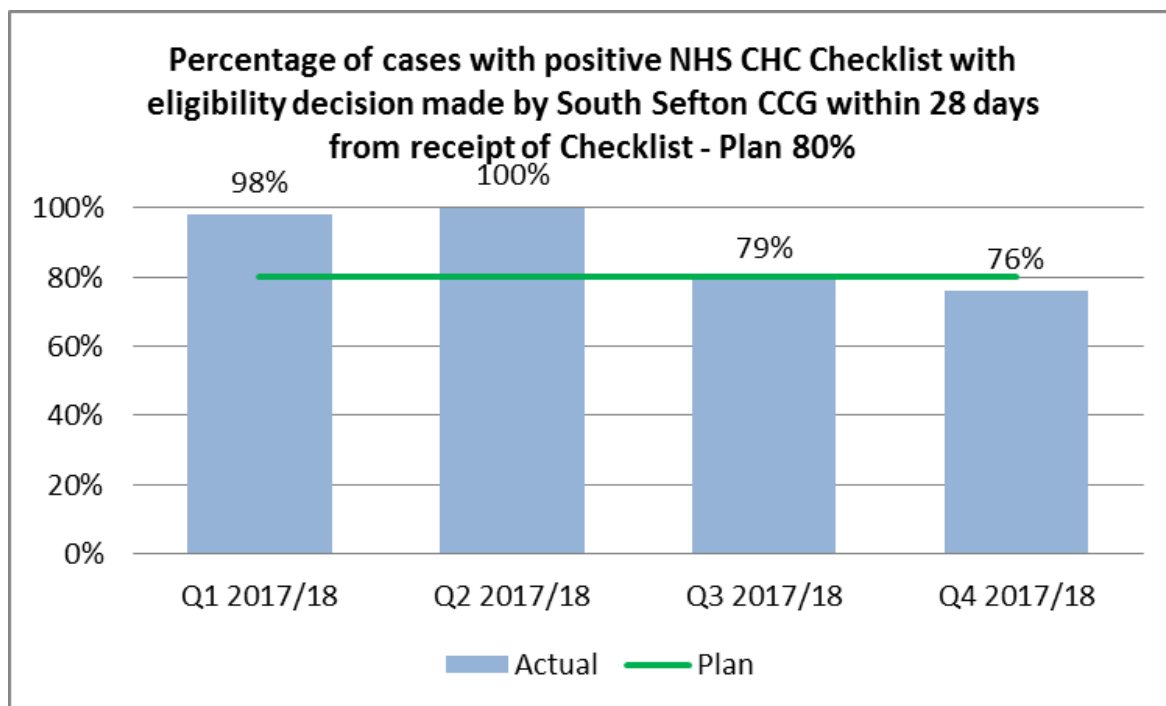
**Figure 30 - People eligible (both newly eligible and existing patients) at the end of the quarter (snapshot) divided by the population aged 18+, and expressed as a rate per 50,000 population**



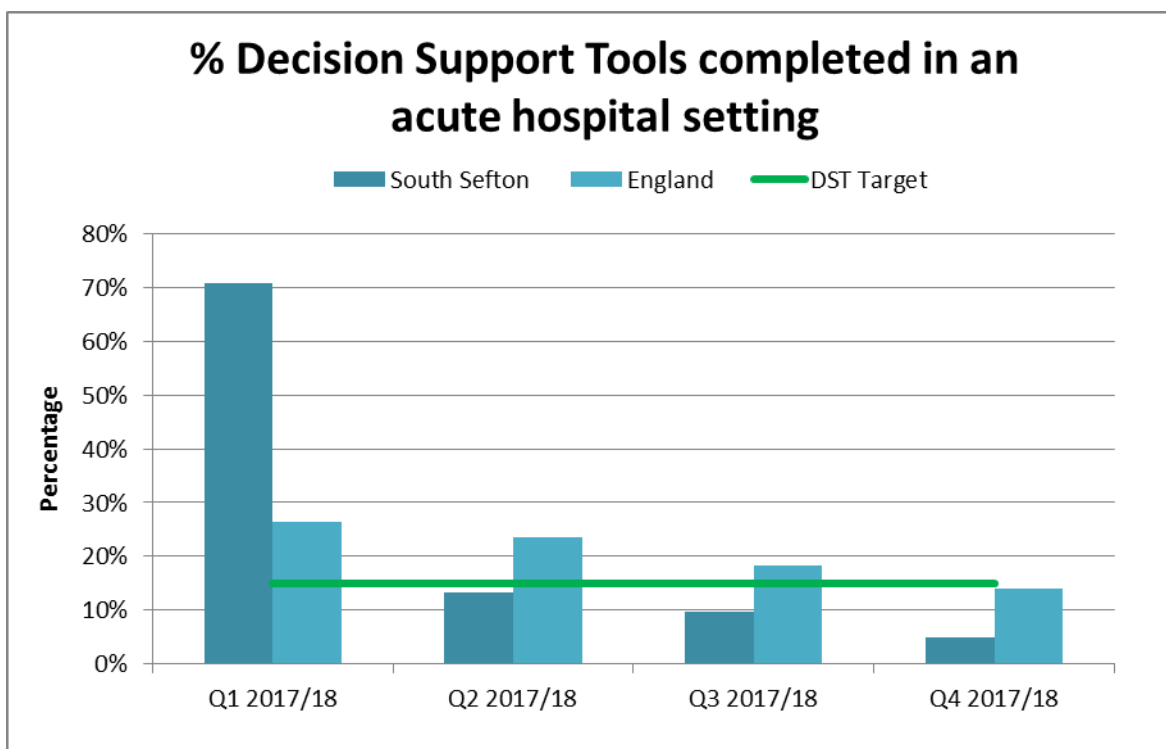
**Figure 31 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population**



**Figure 32 – Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist**



**Figure 33 - 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%. There was a further improvement in Q4 (5%) 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 for the first time in January, bringing together commissioners, providers and Local Authority colleagues.

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

**Figure 34 - Smoking at Time of Delivery (SATOD)**

	South Sefton				
	Actual Q1	Actual Q2	Actual Q3	Actual Q4	YTD
Number of maternities	367	452	402	344	1565
Number of women known to be smokers at the time of delivery	56	62	69	60	247
Number of women known not to be smokers at the time of delivery	310	389	332	283	1314
Number of women whose smoking status was not known at the time of delivery	1	1	1	1	4
Data coverage %	99.7%	99.8%	99.8%	99.7%	99.7%
Percentage of maternities where mother smoked	15.3%	13.7%	17.2%	17.4%	15.8%

The CCG is again above the data coverage plan of 95% at Q4, 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.

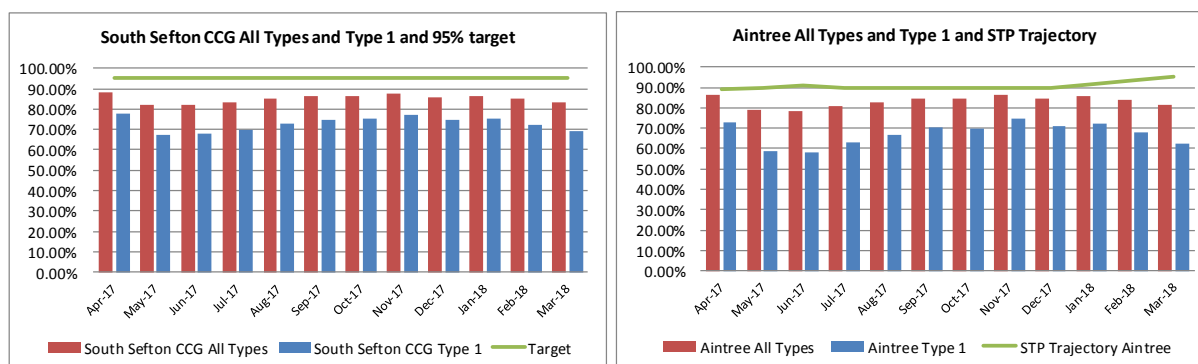
## 4. Unplanned Care

### 4.1 Accident & Emergency Performance

Figure 35 - A&E Performance

A&E waits				
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	17/18 - Mar	95%	85.11%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	17/18 - Mar	95%	72.84%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) All Types	17/18 - Mar	STP Trajectory Mar Target 95%	83.12%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	17/18 - Mar	95%	67.28%	↔

A&E All Types	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD
STP Trajectory Aintree	89%	90%	91%	90%	90%	90%	90%	90%	90%	91.7%	93.3%	95%	%
Aintree All Types	86.13%	78.78%	78.42%	80.81%	82.35%	84.47%	84.41%	86.58%	84.79%	85.59%	83.90%	81.61%	83.12%



Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2017/18 and have failed the 95% March plan agreed with NHS Improvement recording performance with 81.6% (for all A&E department types) in March 2017, representing a 2.29% decrease compared to February. Trusts are currently agreeing a new trajectory for 2018/19.

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.
- Business case approved for Emergency Departmental medical staff with approval for several new posts.
- NWS 90 day project completed. Awaiting start date agreement for direct conveyancing to AEC. Raised at NWS teleconference and NHSI have since pursued.

- Recruitment of Acute Physicians and ED Consultants was successful with 3 consultants appointed for AMU start dates agreed for April and May. The successful candidate for ED started 5<sup>th</sup> February. Recruitment for another AMU consultant and 2 ED consultants is underway. The post of Chief Medical Registrar was recruited into and the candidate will start in August 2018.
- Complete full ED nurse establishment review and agree actions required.

Multi Agency Discharge Events (MADE) continue to be held 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 was affected by winter pressures but with work now refocused to ensure systems developed in all required ward areas. Roll out programme – Cohorts 1 and 2 rolled out, Cohort 3 rollout by end of March 2018 followed by Cohorts 4-9 rollouts by end of June 2018.

**Figure 36 - 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 - Mar	0	18	↔

Aintree were no 12-hour breaches in March. 18 have been reported year to date; (9 in May, 2 in June and 4 in December). A Root Cause Analysis of the breaches are been submitted by the Trust.

## 4.2 Ambulance Service Performance

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

In March data has been published at a national level to allow commissioners see performance against the new standards for the first time. NWAS have found the implementation of ARP significantly more challenging than expected and performance has been disappointing.

In March there was an average response time in South Sefton of 10 minutes against a target of 8 minutes 39 seconds for Category 1 incidents. For Category 2 incidents the average response was 31 minutes 50 seconds against a target of 18 minutes. The CCG also failed the target of 180 minutes for category 4 calls, achieving an average of 190 minutes.



**Figure 37 – Ambulance handover time performance**

Handover Times				
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - <b>Aintree</b>	17/18 - Mar	0	237	↑
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - <b>Aintree</b>	17/18 - Mar	0	200	↑

The average time from notification to handover standard of 15 minutes has increased to 20.37 mins compared to 19.14 mins in February. There was a 197 increase of ambulance arrivals in March. The time to see 1st clinician has increased to 83 minutes in March, an increase of 4 minutes from last month; therefore still above the 60 minute clinical quality indicator target. 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.

This Ambulance Response Programme will remain a key area of review by the CCG with a focus on understanding work being undertaken to improve hospital turnaround times within Aintree.

A separate report around the new ambulance performance targets was presented to the Governing Body at the March meetings to update the Governing Body on the new performance targets and the issues facing the ambulance service.

Since then the north west contract for ambulance services for 2018/19 has been negotiated after extensive discussions and commissioning leads have recommended north west CCGs to increase the contract offer to NWS by a further £3.5m per annum (3.2% increase original contract value, in addition to the £4.5m additional funding in line with the 2018/19 NHSE planning guidance) as part of two year time limited monies to provide additional support to enable them to continue to improve ARP performance and importantly address concerns regarding patient safety. This funding is predicated on the North West achieving a 30 minute average hospital turnaround time, delivering by the end of quarter 1 and sustained through quarter 2. If hospital delays have not reduced by the

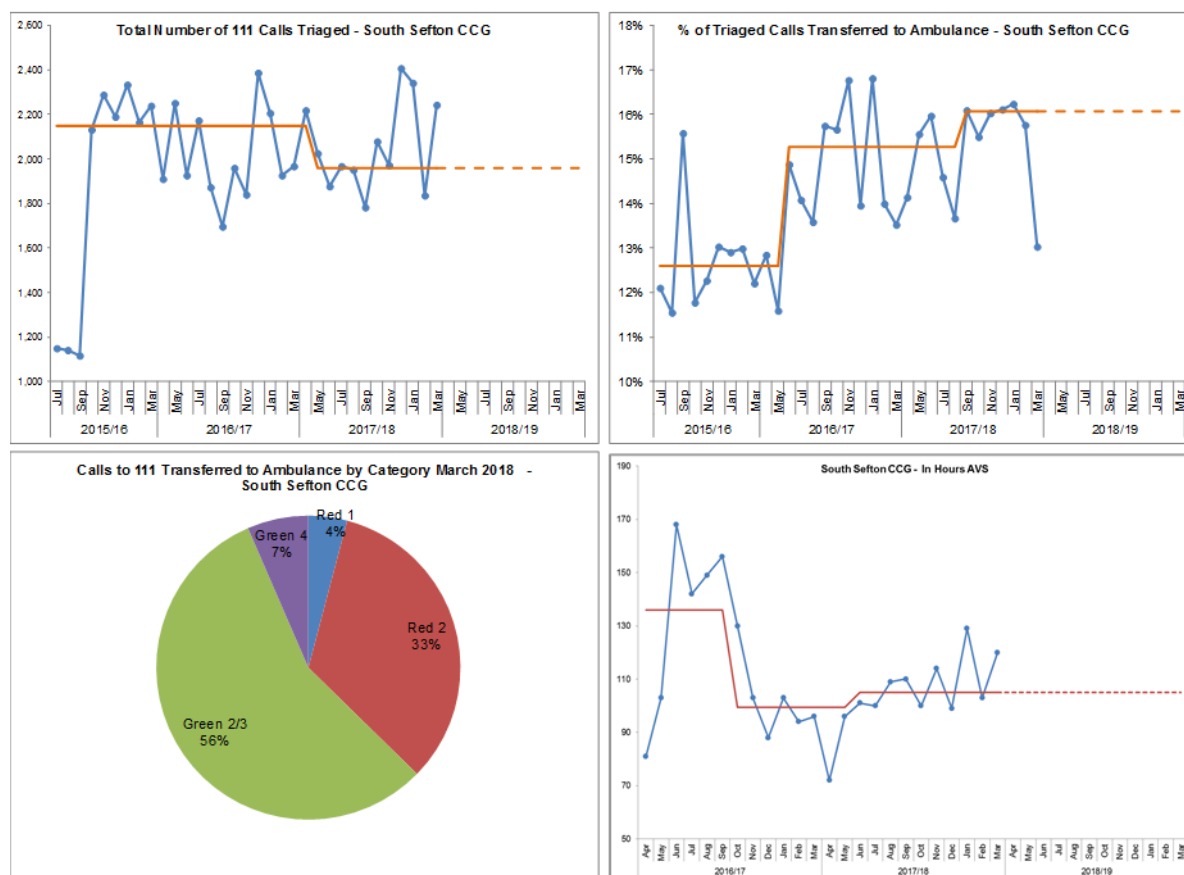
end of quarter 2 further discussions will be triggered with NWS and NHSE/I. A performance improvement plan is in place to assure commissioners on delivery and patient safety. This plan includes 18 additional clinicians to support call handlers to provide greater assurance on the safe management of long patient waits and the upgrading of calls, standardised and simplified operational processes, an additional 43 double crewed ambulances and some workforce changes to provide additional capacity particularly for higher acuity calls, and a further option to increase the ambulance fleet with another 6 vehicles and 69 staff.

A performance risk share approach has been agreed acknowledging that although most of the major actions and responsibility lie with NWS to deliver, there are some clear CCG and system responsibilities relating to ambulance handover and AVS delays.

Commissioners do now have more confidence in the revised performance trajectories provided as these are based on clear actions and robust modelling. It is accepted however, that despite both NWS and commissioner actions that the ARP and turnaround targets will not be met for quarter 1. The service aims to deliver consistent performance of the standards by September 2018 with significant improvement by June 2018.

## 4.3 NWS, 111 and Out of Hours

### 4.3.1 111 Service Calls



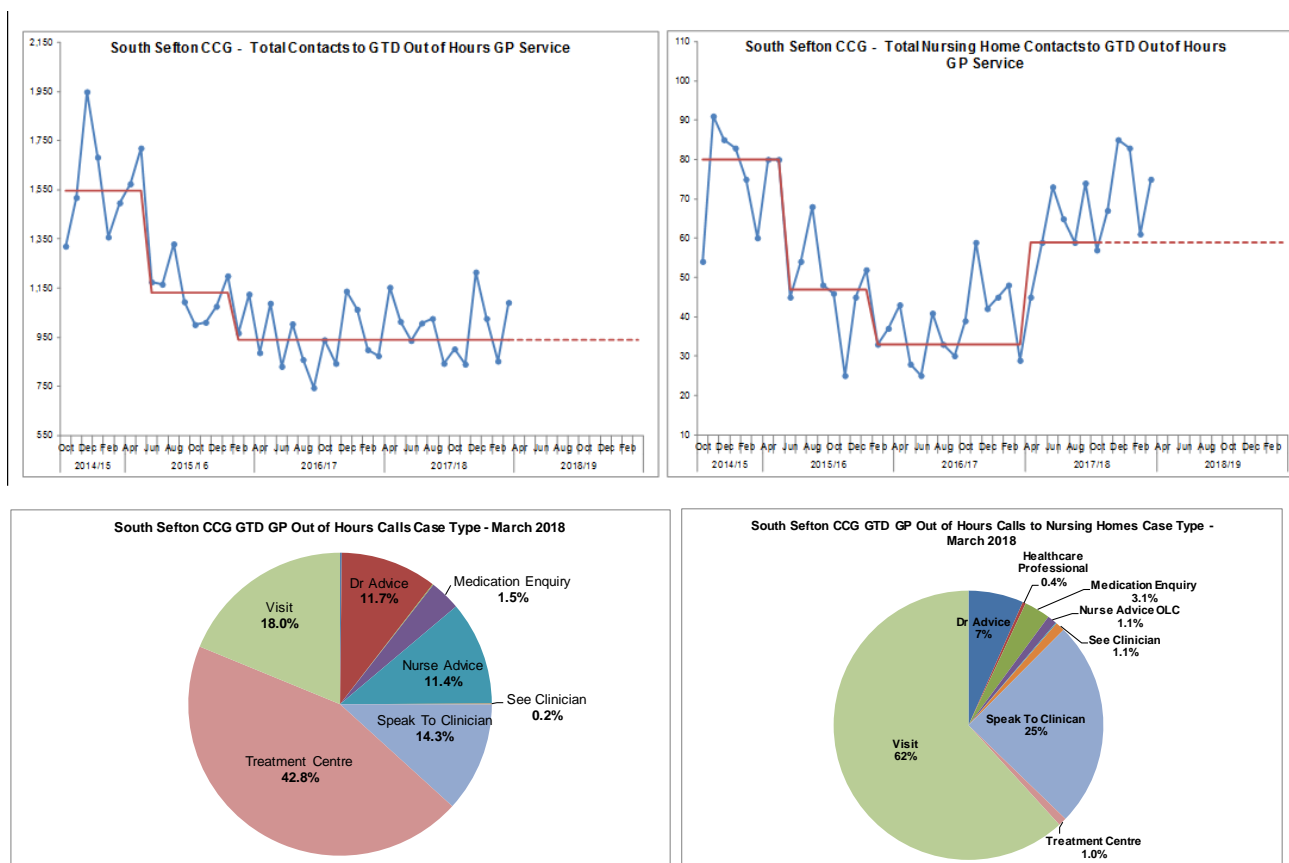
The number of calls in March to the 111 service from South Sefton CCG patients rose to 2,243, slightly above the 2017/18 average of 2,059. In 2017/18 overall, there were 24,704 contacts, slightly more (2.4%) than the previous year at 24,117 contacts.

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

- 61% advised to attend primary and community care
- 16% closed with advice only
- 13% transferred to ambulance
- 7% advised to attend A&E
- 3% advised to other service

March showed a lower number of calls being transferred to ambulance than the 2017/18 average, 13% compared to 15% and the lowest proportion of any month in the year. In comparison, March had the largest proportion of calls which were advised to primary & community care in the year, 61% compared to an average of 57%. The percentage of these calls has been increasing in time from an average of 56% in 2016/17.

### 4.3.2 GP Out of Hours Service Calls



The number of calls from South Sefton patients to the GP OOH service has risen in February to 1,091. This is slightly above the 2017/18 average of 1,012 per month. When 2017/18 is compared to 2016/17, there were on average 82 more calls per month and 2017/18 had 8.7%/970 more calls than the previous year.

The largest increases in areas of calls when comparing 2017/18 to 2016/17 are:

- Dr. Advice, up 324 calls/36%
- Treatment Centre up 779 calls/18%
- Medication Enquiry, up 266 calls/97%.

In contrast, the numbers of 'See Clinician' calls have reduced drastically in 2017/18, by 295 (80%).

For the fifth consecutive month, the number of GTD OOH calls from nursing homes remains above trend with 61 calls in month. In 2017/18 the average number of nursing home contacts is 66 per month compared to an average calls/month in 2016/17 of 39. When compared to 2016/17. There has been 73.8%/341 more calls in 2017/18. The number of Speak to Clinician calls has increased from making up 19% of the total, to 25% in 2017/8. The proportion of Visits, the largest type of call made from nursing homes, has reduced slightly, by 2%.

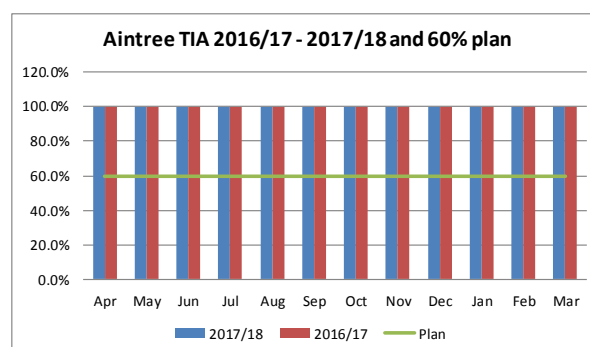
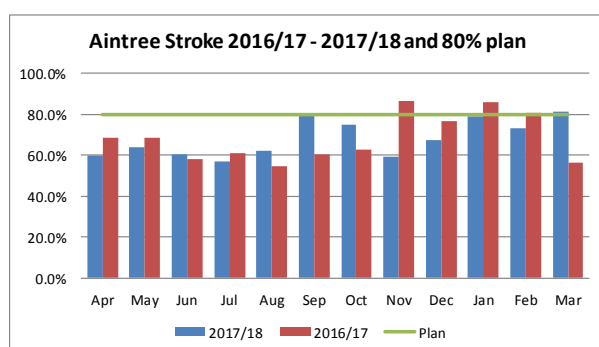
South Sefton CCG, in collaboration with Go to Doc (GTD) and NWS, has now gone live with their out of hours Clinical Assessment Service (CAS) in June 2017.

## 4.4 Unplanned Care Quality Indicators

### 4.4.1 Stroke and TIA Performance

**Figure 38 - Stroke & TIA performance**

Stroke				
% who had a stroke & spend at least 90% of their time on a stroke unit <b>(Aintree)</b>	17/18 - Mar	80%	81.48%	↑
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours <b>(Aintree)</b>	17/18 - Mar	60%	100%	↔



#### 4.4.2 Mixed Sex Accommodation

**Figure 39 - Mixed Sex Accommodation breaches**

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

#### 4.4.3 Healthcare associated infections (HCAI)

**Figure 40 - Healthcare associated infections (HCAI)**

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	17/18 - Mar	54	45	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	17/18 - Mar	46	63 (43 following appeal)	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	17/18 - Mar	0	1	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	17/18 - Mar	0	1	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	17/18 - Mar	142	138	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Aintree)	17/18 - Mar	No Plan	293	↑

The CCG had 5 new cases of Clostridium Difficile reported in March (45 year to date) against a year to date plan of 50 (26 apportioned to acute trust and 19 apportioned to community). The year-end plan is 54 and have therefore achieved for 2017/18. Aintree had 3 new cases reported in March (63 year to date) against a year to date plan of 46. (There have been 20 successful appeals upheld at panel, so 43 cases following appeal). The year-end plan is 46.

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

The CCG and Aintree had no new cases of MRSA in March and just 1 case of MRSA in June and have failed the year-end plan. 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.

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 March there were 11 cases bringing the year to date total to 138 which is now under the 142 year to date plan. There are no targets set for Trusts at present.

### 4.4.4 Hospital Mortality

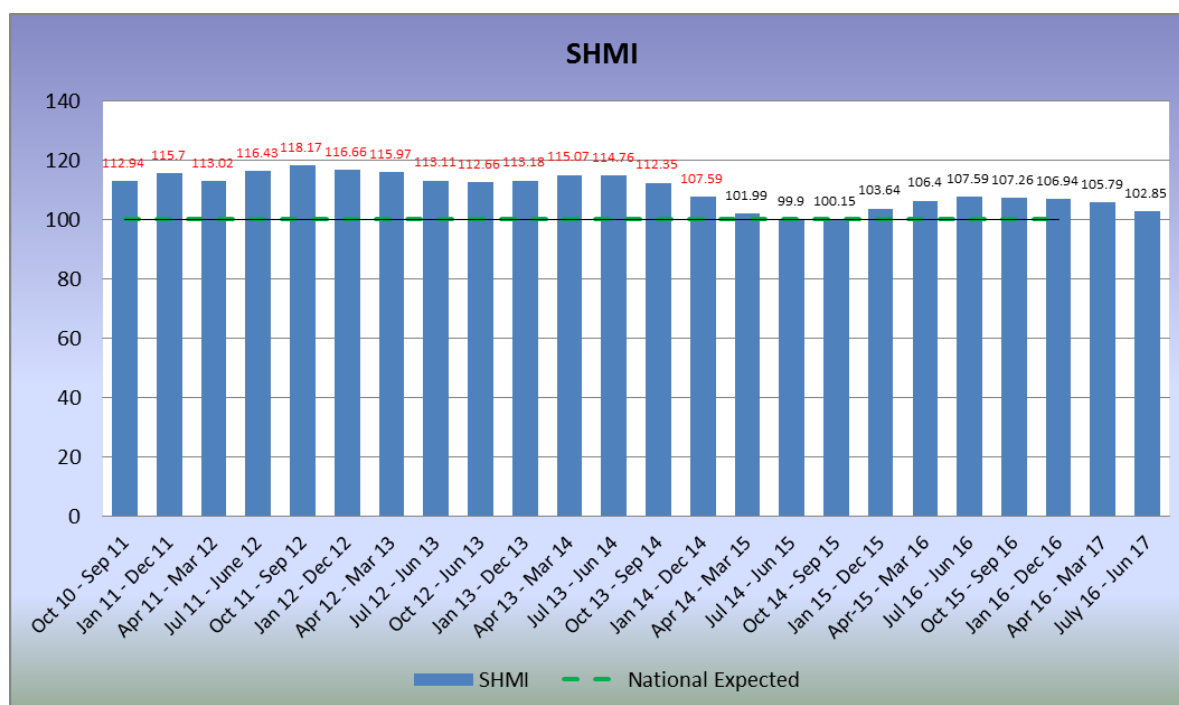
**Figure 41 - Hospital Mortality**

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	17/18 - Mar	100	91.20	↑ ↓
Summary Hospital Level Mortality Indicator (SHMI)	Jul 16 - Jun 17	100	102.85	↓

HSMR is reported for the rolling 12 months to November 2017 with the latest data showing a decrease to 91.2 from 94.3 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 42 - Summary Hospital Mortality Indicator**



## 4.5 CCG Serious Incident Management

Following lack of assurance of the CCG serious incident processes the following actions have been taken; deep dive undertaken led by Corporate Services Manager, peer review has taken place with West Cheshire CCG, Bolton CCG and Bolton FT looking at end to end processes and confirmation that an external audit will be undertaken by MIAA scheduled to take place that the end of July 2018. The CCG SOP is under review, and the Serious Incident Review Group Terms of Reference are being re-drafted to sure up processes until a policy is approved by July 2018.

Consultation is being undertaken with NHS providers where the CCG is the RASCI commissioner in relation to their internal executive governance arrangements, and future attendance at the SIRG panel meetings to support system learning and adherence to the SI framework. A meeting is scheduled to take place on 25<sup>th</sup> May with the support of NHS E C&M to review internal processes and SIRG panel. An action plan is being drafted which on agreement will be submitted to the Joint Quality Committee for approval.

Aintree University Hospital NHS Foundation Trust – reported four incidents in March with 43 YTD, with one downgraded and removed from StEIS. There were 2 Never Events reported in March which account for 8 in year, 7 being Surgical Never Events. The Trust have commissioned an external review by the Royal College of Surgeons and an external review is being undertaken by NHS I for a number of RCA's to determine trends, themes and service improvement. The Trust has an action plan in place which will be monitored at the CPQG with oversight from NHS E C&M.

Only one of the four RCA's due in month were received and zero incidents closed in month. The Trust is in the process of reviewing their internal processes with the planned implementation of a designated investigation team, which should support processes moving forward.

There are 43 incidents open on StEIS with 12 being open for > 100 days. Those open for > 100 days have been escalated to the Director of Nursing.

An emerging theme is the serious incidents related to delay in results being actioned. The Trust 'Results to Action' project and action plan has been reviewed by the CCG and further assurance has been requested by the Chief Nurse. The Trust has set up task and finish group and assurance will be fed through the CQPG.

MerseyCare NHS Foundation Trust - 2 incidents were raised in month, 1 for mental health and 1 community division. There have been 36 YTD. 4 RCA's were expected and received and 2 incidents were closed in month. 33 incidents remain open on StEIS with 23 remaining open for > 100 days.

Liverpool Community Health – At end of month 12 there remain 7 incidents open on StEIS, all of which have been open for > 100 days. A meeting is scheduled to take place with MerseyCare on 1<sup>st</sup> June to look to support closure.

Liverpool Women's – There are 2 incidents which the Governing Body needs to be sighted on affecting CCG patients;

- Cancer Referral Pathway & 62 day Cancer Target – The Trust reported an incident where paper and electronic referrals have been managed differently. There has been a lack of application for the current cancer pathway timescales for paper referrals affecting 9 (28) of women from South Sefton CCG. The Trust have also reported that between Dec 2016 &



Dec 2017 39 patients who received a diagnosis of cancer were placed on the incorrect patient tracking list as suspected cancer. All patients have since been placed on the correct pathway and have been seen the rapid access clinics. No patient harm has been reported through to date.

- Cervical Screening Test or Cure – The trust reported an incident in November 2018 where a cohort of women were discharged from Liverpool Women’s back to the care of the GP for follow up for test or cure smears, considered as low risk. However the infrastructure and formal arrangements were not in place to transfer this activity across. The Trust was requested to cease this practice following concerns raised by GP’s. In total 507 women were discharged back to Primary Care with 85 of these being Sefton residents, it yet to be confirmed how many are yet to receive a smear, although no harm has been identified to date. Previous data indicated that this affected 6 ladies for South Sefton CCG. An independent review has been commissioned. The CCG is working with Public Health England to support any ladies requesting follow up smear at their GP practice and arrangements on the 2016 guidance going forward.

South Sefton CCG – 6 incidents have been reported on StEIS by South Sefton CCG: 1 was closed, 1 was downgraded and removed from StEIS, with 4 remaining open. One has been open for >100 days which is due to internal processes.

There are a total of 116 serious incident open on StEIS for South Sefton as the RASCI commissioner and or a Sefton CCG. Those where the CCG is not the RASCI responsible commissioner are attributed to:

- Alder Hey Children’s NNS Trust: 1
- Cheshire and Wirral Partnership: 1
- Liverpool Women’s NHS Foundation Trust: 4
- North West Ambulance Service NHS Foundation Trust: 2
- North West Boroughs: 1
- Southport and Ormskirk Hospitals NHS Trust: 4
- Walton Centre NHS Foundation Trust: 1 (Managed by Specialised Commissioning)
- Assurance is sought via the lead commissioner for these organisations

#### **4.6 CCG Delayed Transfers of Care**

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

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

**Figure 43 - Average Delayed Transfers of Care per Day at Aintree April 2017 – March 2018**

**Average Delays per Day**

Reason for Delay	2017/18											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
A) COMPLETION ASSESSMENT	0	0	2	1	2	2	1	1	0	1	0	1
B) PUBLIC FUNDING	0	0	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	7	8
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	0
DII) AWAITING NURSING HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	0
E) AWAITING CARE PACKAGE IN OWN HOME	4	1	6	1	3	2	5	4	5	6	7	7
F) COMMUNITY EQUIPMENT/ADAPTIONS	0	0	1	0	1	0	1	0	0	0	0	0
G) PATIENT OR FAMILY CHOICE	13	18	20	8	14	15	8	17	15	9	9	10
H) DISPUTES	0	0	0	0	0	0	0	0	1	0	0	0
I) HOUSING	0	0	0	0	0	1	0	0	0	0	0	1
O) OTHER	0	0	0	0	0	0	0	0	0	0	0	0
<b>Grand Total</b>	<b>28</b>	<b>29</b>	<b>39</b>	<b>18</b>	<b>28</b>	<b>29</b>	<b>24</b>	<b>38</b>	<b>26</b>	<b>22</b>	<b>23</b>	<b>27</b>

The average number of delays per day in Aintree hospital increased in March to 27 from 23 reported in February. Of the 27, 10 were patient or family choice (37%), 8 were awaiting further NHS non-acute care (29.6%), 7 were awaiting care package in own home (25.9%) 1 patient was awaiting completion of assessment (3.7) and 1 patient awaiting housing.

Analysis of average delays in March 2018 compared to March 2017 shows 5 more delays in March 2018 (27 compared to 22 for 2017 a 22.7% increase).

**Figure 44 - Agency Responsible for Days Delayed at Aintree April 2017 – March 2018**

Agency Responsible	2017/18											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS - Days Delayed	726	852	962	515	725	800	584	991	665	461	445	601
Social Care - Days Delayed	112	45	221	34	134	93	176	134	164	217	219	239
Both - Days Delayed	0	0	0	0	0	0	0	0	0	0	0	0

The total number of days delayed due to the NHS was 661 in March, an increase of 156 from February when 445 was reported. Delays due to social care was 239 in March, a slight increase from 219 reported in February. No delays due to both were reported in March.

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 45 - Average Delayed Transfers of Care per Day - Merseycare - April 2017 – March 2018**

**Average Delays per Day**

Reason for Delay	2017/18											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
I) HOUSING	1	4	5	3	8	10	10	8	8	8	9	7
C) WAITING FURTHER NHS NON-ACUTE CARE	9	6	7	6	6	6	6	5	5	4	6	3
DII) AWAITING NURSING HOME PLACEMENT	4	4	4	7	8	8	7	8	5	4	4	4
G) PATIENT OR FAMILY CHOICE	0	0	0	1	1	2	3	3	2	3	4	4
B) PUBLIC FUNDING	8	6	5	3	2	1	2	2	2	2	3	2
DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT	3	1	0	3	4	3	2	3	3	3	3	4
A) COMPLETION ASSESSMENT	8	4	6	6	6	5	6	5	4	2	2	2
E) AWAITING CARE PACKAGE IN OWN HOME	2	1	5	5	3	3	4	3	0	0	1	2
H) DISPUTES	0	0	0	1	1	1	1	1	1	1	0	0
F) COMMUNITY EQUIPMENT/ADAPTIONS	0	0	0	1	1	0	0	0	0	0	0	1
O) OTHER	0	3	2	1	1	1	0	2	2	2	0	1
<b>Grand Total</b>	<b>35</b>	<b>29</b>	<b>34</b>	<b>37</b>	<b>41</b>	<b>40</b>	<b>41</b>	<b>40</b>	<b>32</b>	<b>29</b>	<b>32</b>	<b>30</b>

The average number of delays per day at Merseycare decreased slightly to 30 in March. Of the 30 delays, 7 were due to housing (23.3%), 3 waiting further NHS non-acute care (10%), 4 were awaiting nursing home placements (13.3%), 4 were delayed due to patient or family choice (13.3%), 4 awaiting residential care home placement (13.3%), 2 public funding (6.7%), 2 were awaiting completion of assessment (6.7%), 1 was awaiting community equipment/adaptions and 1 other.

Analysis of average delays in March 2018 compared to March 2017 shows them to be lower by 10 (25%).

**Figure 46 - Agency Responsible and Total Days Delayed - Merseycare - April 2017 – March 2018**

Agency Responsible	2017/18											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS - Days Delayed	409	488	447	403	613	680	704	705	587	612	538	420
Social Care - Days Delayed	351	243	367	574	526	406	396	327	218	214	184	342
Both - Days Delayed	285	197	217	149	132	151	178	166	179	90	153	138

The total number of days delayed caused by NHS was 420 in March, compared to 538 last month. Analysis of these in March 2018 compared to March 2017 shows an decrease from 591 to 420 (28.9%). The total number of days delayed caused by Social Care was 342 in March, compared to 184 in February. Merseycare also have delays caused by both which were 138 in March, a decrease from previous month which was 153.

## 4.7 ICRAS

The Integrated Community Reablement and Assessment Service (ICRAS) responds to the need for aligned community services in Sefton, Liverpool and Knowsley for the delivery of step-up (admission avoidance) and step-down care (transition from hospital or other urgent care setting) for those with support needs.

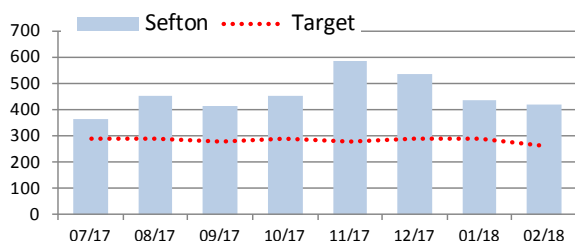
Phase 1 of ICRAS commenced on the 2nd October 2017 and is integral to the delivery of responsive 24/7 urgent community health and care services. The ICRAS comprises a range of intermediate health and social care services, which includes:

- an intermediate care/assessment bed base(s) delivered via locality hubs;
- multi-disciplinary care in a person's usual place of residence; or
- Reablement support.

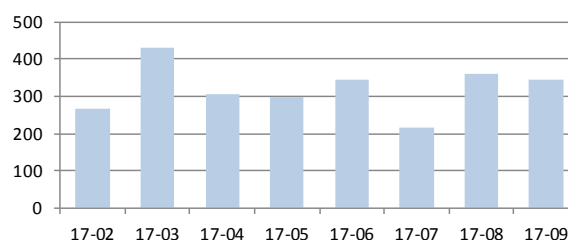
This model is predicated on the 'lanes' approach to hospital discharge and the hospital having less social workers based at the hospital, the majority of which will become community-based .

In its first three months of operation, significant savings in terms of admissions avoided have already been made. Phase 2 of the project commenced on 1 April 2018 and specific metrics for the service have also been developed and will be reported to Sefton Health and Wellbeing Board as part of an integrated dashboard.

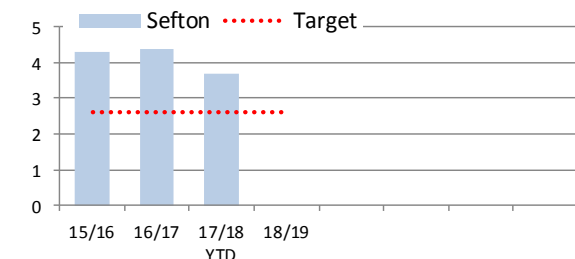
**A1. Delayed Transfers of Care - Total Delayed Days - Rate per 100,000 (iBCF Target)**



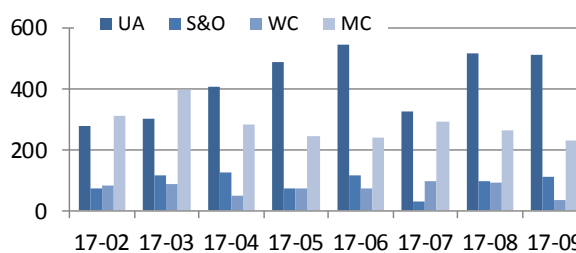
**A6. Delayed Transfers of Care - Non-Acute Days Attributed to NHS**



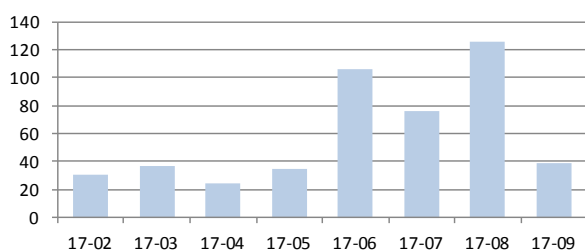
**A2. Delayed Transfers of Care - ASC Beds - Rate per 100,000 (National Target)**



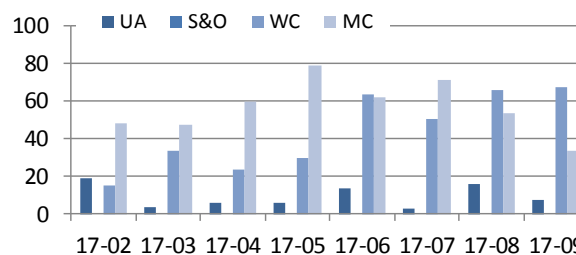
**A7. Delayed Transfers of Care - Total Days by Key Providers (in Sefton)**

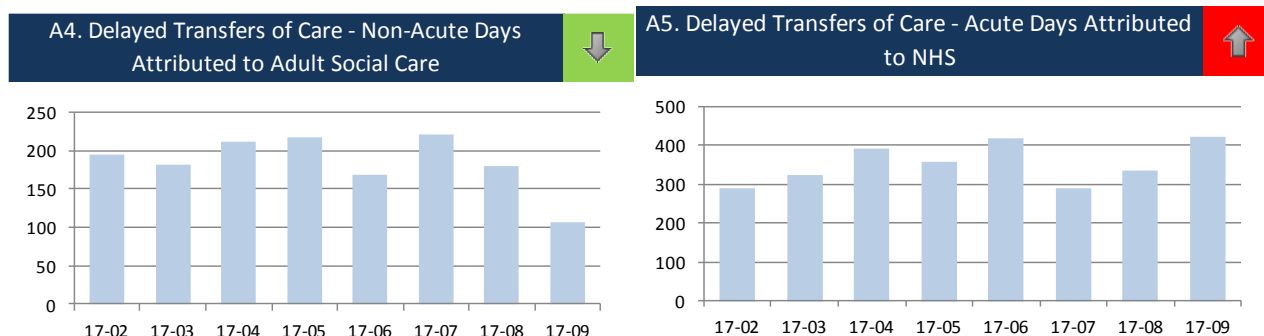


**A3. Delayed Transfers of Care - Acute Days Attributed to Adult Social Care**



**A8. Delayed Transfers of Care - Total Days by Key Providers (in Sefton) % Attributable to ASC**





### 4.8 Patient Experience of Unplanned Care

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

Friends and Family Response Rates and Scores  
Aintree University Hospital NHS Foundation Trust  
Latest Month: **Mar-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%	17.7%		84%	83%		9%	11%	

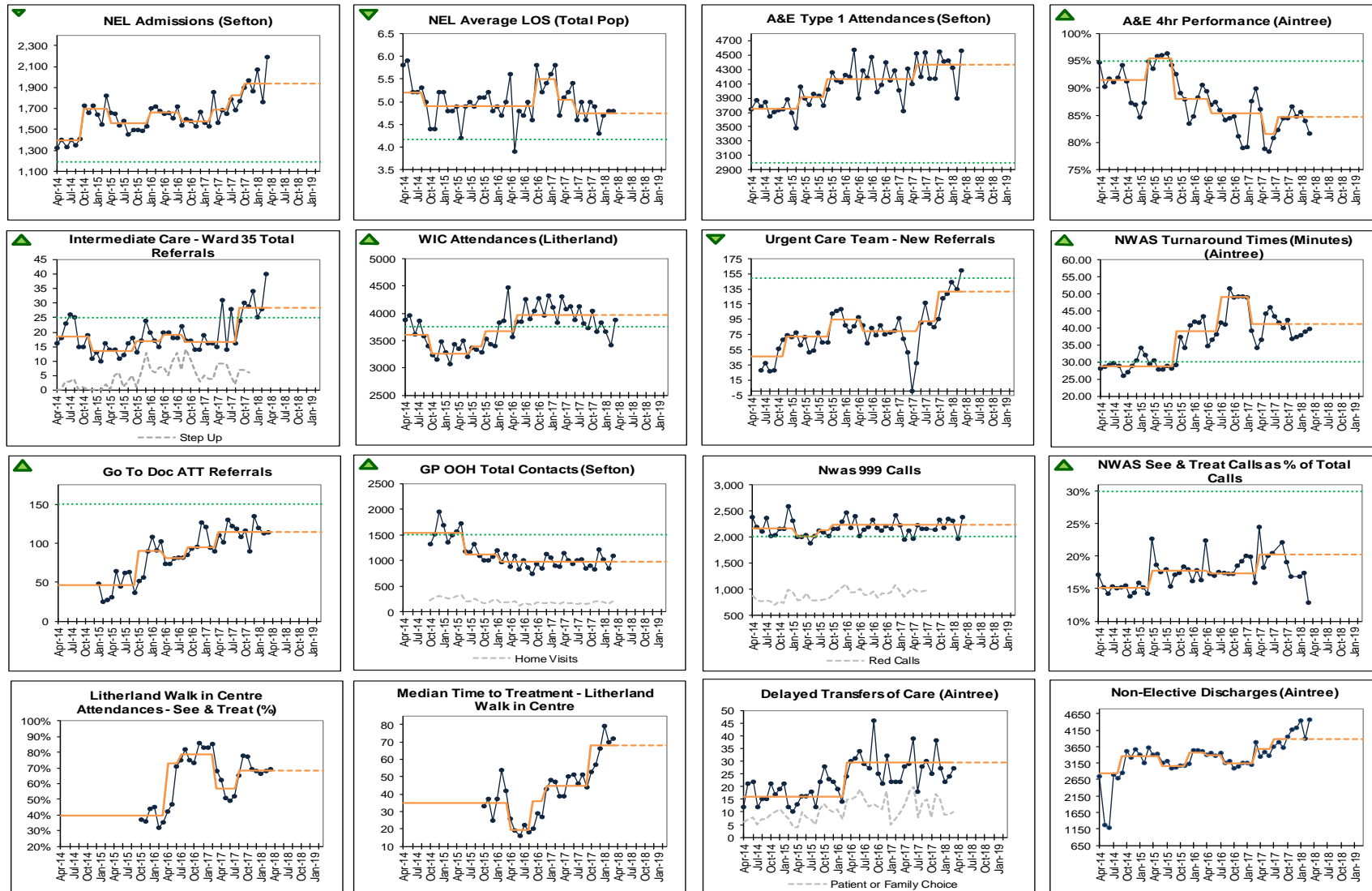
The Friends and Family Test (FFT) Indicator comprises of three parts:

- % Response Rate
- % Recommended
- % Not Recommended














The percentage of people that would recommend A&E is below the England average (85%) reporting 83% in February 1% lower than February. The not recommended percentage is at 11% in March 1% lower than the previous month and the (England average 9%).

### 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 12 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £2.5m/5.4%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately -£110k/-0.2%.

Aintree and Royal Liverpool represent the highest over performing providers for unplanned care at month 12 with a year to date variance of £2.8m/8% and £381k/19% respectively. In contrast, Southport & Ormskirk is currently underperforming by -£404k/-13%.

**Figure 48 - Month 12 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	94,874	107,231	12,357	13%	£35,592	£38,410	£2,818	8%	-£2,818	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	9,911	9,497	-414	-4%	£2,140	£1,986	-£154	-7%	£154	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	246	0	-246	-100%	£407	£395	-£12	-3%	£12	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	3,439	3,202	-237	-7%	£4,164	£3,817	-£347	-8%	£347	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	5,385	5,506	121	2%	£1,971	£2,352	£381	19%	-£381	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	10	11	1	9%	£55	£74	£19	34%	-£19	£0	0.0%
<b>ACTING AS ONE PROVIDERS TOTAL</b>	<b>113,865</b>	<b>125,447</b>	<b>11,582</b>	<b>10%</b>	<b>£44,329</b>	<b>£47,034</b>	<b>£2,704</b>	<b>6%</b>	<b>-£2,704</b>	<b>£0</b>	<b>0%</b>
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	67	111	44	66%	£16	£40	£24	146%	£0	£24	146%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	85	85	0%	£0	£17	£17	0%	£0	£17	#DIV/0!
SALFORD ROYAL NHS FOUNDATION TRUST	0	64	64	0%	£0	£15	£15	0%	£0	£15	#DIV/0!
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	8,142	7,832	-310	-4%	£3,080	£2,676	-£404	-13%	£0	-£404	-13%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	892	1,107	215	24%	£396	£469	£73	18%	£0	£73	18%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	67	139	72	107%	£179	£243	£65	36%	£0	£65	36%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	41	41	0	0%	£14	£19	£5	38%	£0	£5	38%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	175	175	0%	£0	£41	£41	0%	£0	£41	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	245	269	24	10%	£90	£143	£53	59%	£0	£53	59%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	60	73	13	21%	£38	£37	-£1	-2%	£0	-£1	-2%
<b>ALL REMAINING PROVIDERS TOTAL</b>	<b>9,514</b>	<b>9,896</b>	<b>382</b>	<b>4%</b>	<b>£3,812</b>	<b>£3,702</b>	<b>-£110</b>	<b>-3%</b>	<b>£0</b>	<b>-£110</b>	<b>-3%</b>
<b>GRAND TOTAL</b>	<b>123,379</b>	<b>135,343</b>	<b>11,964</b>	<b>10%</b>	<b>£48,141</b>	<b>£50,735</b>	<b>£2,594</b>	<b>5.4%</b>	<b>-£2,704</b>	<b>-£110</b>	<b>-0.2%</b>

\*PBR Only

### 4.10.2 Aintree University Hospital NHS Foundation Trust

**Figure 49 - Month 12 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	40,887	46,278	5,391	13%	£974	£974	£0	0%
A&E - Accident & Emergency	30,303	33,084	2,781	9%	£4,086	£4,532	£446	11%
NEL - Non Elective	14,671	15,387	716	5%	£27,341	£28,837	£1,495	5%
NELNE - Non Elective Non-Emergency	48	41	-7	-15%	£173	£157	-£16	-9%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	20	97	77	380%	£6	£24	£19	332%
NELST - Non Elective Short Stay	2,000	2,210	210	11%	£1,343	£1,504	£161	12%
NELXBD - Non Elective Excess Bed Day	6,945	10,134	3,189	46%	£1,669	£2,382	£713	43%
<b>Grand Total</b>	<b>94,874</b>	<b>107,231</b>	<b>12,357</b>	<b>13%</b>	<b>£35,592</b>	<b>£38,410</b>	<b>£2,818</b>	<b>7.9%</b>

### 4.10.3 Aintree Hospital Key Issues

Aintree is over performing across the majority of PODs related to Urgent Care. However, the total over spend of £2.8m/7.9% is mainly driven by an over performance within Non-Electives, Non-Elective Excess Bed Days and A&E. 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, Trauma & Orthopaedics, Colorectal Surgery and Accident & Emergency specialties.

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

### 4.10.4 Royal Liverpool University Hospital

**Figure 50 - Month 12 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	4,447	4,363	-84	-2%	£463	£488	£26	6%
AMAU - Acute Medical unit	22	70	48	224%	£2	£7	£5	224%
NEL - Non Elective	672	672	0	0%	£1,332	£1,569	£236	18%
NELNE - Non Elective Non-Emergency	14	22	8	52%	£84	£141	£57	67%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	0	1	1	0%	£0	£0	£0	0%
NELST - Non Elective Short Stay	89	133	44	49%	£57	£89	£32	56%
NELXBD - Non Elective Excess Bed Day	140	245	105	75%	£33	£58	£25	78%
<b>Grand Total</b>	<b>5,385</b>	<b>5,506</b>	<b>121</b>	<b>2%</b>	<b>£1,971</b>	<b>£2,352</b>	<b>£381</b>	<b>19%</b>

### 4.10.5 Royal Liverpool University Hospital Key Issues

The overall Urgent Care over spend of £381k/19% is largely driven by a £236k/18% over performance in Non-Elective costs. Vascular Surgery is the top over performing specialty within this POD with a variance of £190k/133% against plan.

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

## 5. Mental Health

### 5.1 Mersey Care NHS Trust Contract

**Figure 51 - NHS South Sefton CCG – Shadow PBR Cluster Activity**

NHS South Sefton CCG- PBR Cluster	Caseload 2017/18 M12	2017/18 Plan	Variance from Plan	Variance from Caseload 2016/17 M12
1 Com Prob Low Sev	11	43	-32	-33
2 Prob Low Sev/Need	7	25	-18	-12
3 Non Psychotic Mod	67	150	-83	-28
4 Non Psychotic Sev	280	270	10	-27
5 Non Psychot V Sev	89	67	22	3
6 Non Psychotic Dis	38	46	-8	0
7 Endur Non Psychot	307	251	56	26
8 Non Psychot Chaot	134	122	12	-1
10 1st Ep Psychosis	153	144	9	8
11 Ongo Rec Psychos	321	399	-78	-29
12 Ongo/Rec Psych	382	354	28	3
13 Ong/Rec Psyc High	106	101	5	1
14 Psychotic Crisis	24	27	-3	-5
15 Sev Psychot Cris	8	6	2	0
16 Dual Diagnosis	46	38	8	5
17 Psy & Affect Dis	43	50	-7	-4
18 Cog Impairment	229	224	5	0
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	392	446	-54	-40
20 Cognitive Impairment or Dementia Complicated (High Need)	426	398	28	1
21 Cognitive Impairment or Dementia (High Physical or Cluster 97	114	140	-26	-27
Cluster 98	147	558	-290	-303
<b>Total</b>	<b>3445</b>	<b>3859</b>	<b>-414</b>	<b>-462</b>

### 5.1.1 Key Mental Health Performance Indicators

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

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-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%	100%	100%
Rolling Quarter				97%	100%	96.0%	95.2%	96%	92.6%	94.2%	81.0%	90.7%	94.1%

Despite achieving the target in both February and March for this indicator the provider are still failing to achieve the target for the final quarter of the year. This is due to 4 patients out of a total of 21 not being followed up within 7 days of discharge in January, which has contributed to the rolling 3 month performance.

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

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

**Figure 54 - 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	Feb-18	Mar-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%	87.5%	75.0%
Rolling Quarter				80%	100%	81.8%	84.6%	67%	50%	64%	66.7%	81.8%	80.0%

### 5.1.2 Out of Area Placements (OAP's)

**Figure 55 - OAP Days**

Period	Period Covered	Total number of OAP days over the period
	Feb 17 to Apr 17	128
	Mar 17 to May 17	160
<b>Q1 2017/18</b>	<b>Apr 17 to June 17</b>	<b>96</b>
	May 17 to Jul 17	51
	June 17 to Aug 17	28
<b>Q2 2017/18</b>	<b>Jul 17 to Sep 17</b>	<b>23</b>
	Aug 17 to Oct 17	20
	Sep 17 to Nov 17	10
<b>Q3 2017/18</b>	<b>Oct 17 to Dec 17</b>	<b>15</b>
	Nov 17 to Jan 18	100
	Dec 17 to Feb 18	130

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 December to February 2018 where 130 OAP days were reported, an increase on the last reporting period of 100. The CCG is therefore currently failing to meet the target.

The assessment function also contains a bed management oversight and this arrangement has contributed to zero usage of external Out of Area placements (OAP) in months 9-12 within the Trust's footprint. In 2018/19 NHS England changed the definition of OAPs to include those patients who are not able to access their local inpatient unit but are admitted to other inpatient units within a Trust's footprint. For patients from both Sefton CCGs who subsequently are admitted to Mersey Care NHS units at Broadoak (Broadgreen site) or Windsor House (Toxteth) they are classified as internal OAPs. In the last rolling quarter (February 2018), 5 OAPs (accounting for 50 occupied bed days) were internal OAPs.

It should be noted that some mental health trusts are continuing report solely external OAPS on NHS Digital.

### **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.

#### **Transformation Update**

The Trust, in response to the 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 functions with the aim of establishing a one stop integrated referral and response across the Trust's footprint. The Trust is working towards a staged approach to delivering fully compliant CRHTT by 2020/21 in line with the Mental Health 5 Year Forward View. A fully compliant CRHTT will require additional investment from CCGs within the existing contract.

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, 10, 11 and 12 within the Trust's footprint. No mental health related 12 hours breaches relating to Mersey Care FT patients have been reported since October 2017.

In conjunction with the urgent pathway redesign and recognising the need to improve collaborative working, the Trust has developed enhanced GP liaison building upon the primary care mental health practitioners which have been in place since 2013/14. Consultant psychiatrists have been aligned to primary care localities 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. Meetings are ongoing to explore the discharge pathway from secondary to primary care for adult mental health patients.

Communication related KPIs within the contract continue to be a focus of concern with continuing underperformance. In order to address this continued underperformance, and to ensure that the Trust is able to meet its 2018/19 Hospital Contract obligations (all letters within 7 days from 1<sup>st</sup> April 2018; electronically delivered from 1<sup>st</sup> October 2018) the Trust is undertaking a number of additional actions to improve the efficiency and effectiveness of letter production; these include –

- Dragon voice recognition software pilot completed across the Division involving assessment service practitioners and medical staff. Initial results and user feedback very positive – users have voluntarily continued with software following ending of pilot. Evaluation will be undertaken for potential roll-out to all medical staff by end of 2018 as part of Global Digital Exemplar programme
- Dedicated outsourcing of postal functions to identified NHS 3rd party supplier – freeing up admin staff to focus on letter production
- Outsourcing of delayed clinical correspondence backlog in order to address the potential risks to patient care from unduly delayed letters.
- Engagement work with Consultant staff re: Hospital contract obligations and to support adoption of more efficient letter production and checking. (i.e.: all electronic)

Despite the pending complete elimination of the backlog, the Trust continues to face challenges in relation to meeting its KPIs for timely clinical correspondence Issues include; recruitment to new admin model; clinical demands on medical staff; inefficient administration process amongst some medical staff; error rates/checking of errors in letters; use of traditional postal methods.

### **Psychotherapy and Eating Disorder wait times**

The Trust will be presenting to the June 2018 CQPG meeting the work it is doing to reduce psychotherapy wait times.

### **Safeguarding**

The Trust was issued with a Performance Notice on 11<sup>th</sup> May 2017 following deterioration in Safeguarding related performance between Quarter 2 and Quarter 3 in 2016/17 since then related performance has improved. The Trust is proceeding to make progress against their action plan and trajectory in 2017/18 which has been monitored by the Safeguarding Team. The staff training target has not yet been achieved however progress has been made. The Performance notice will remain until the Trust achieves the training target and then for 6 months afterwards to ensure the performance is sustained.

### **RiO Clinical Information System**

The Trust is in the process of implementing its new clinical information system (RiO), expected to go live across all services on 1<sup>st</sup> June 2018. To date good progress has been made and 66% of the services going live have been trained on the new system, data in the legacy system is in the final stages of being cleansed and data migration processes are being finalised ahead of the 1<sup>st</sup> June 2018 go-live date. Trust will provide the mandated monthly KPIs while further national and

commissioner reporting is built into the new system and they have communicated to commissioners that they will be able to provide a complete data reporting submission. The focus currently has been on assuring the data quality and completeness for the national datasets which will underpin all KPI reporting. All national and commissioner KPIs will be prioritised as soon as data is available in the new system.

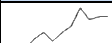


### 5.1.4 Patient Experience of Mental Health Services

**Figure 56 - Merseycare Friends and Family Test performance**

Friends and Family Response Rates and Scores

Mersey Care NHS Foundation Trust

Latest Month: Mar-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%	2.7%		89%	87%		4%	3%	

Merseycare recorded 87% of respondents as recommending, this is now below the England average of 89% a decline from the previous month when 92% was recorded. The rate of those not recommending is 3%, which is 1% lower than the England average.



## 5.2 Improving Access to Psychological Therapies

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

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March	Total
National definition of those who have entered into treatment	2016/17	282	294	294	272	246	269	269	254	198	307	284	315	3,284
	2017/18	223	319	331	315	269	289	295	358	232	336	245	283	3,495
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%	13.5%
	2017/18	0.92%	1.31%	1.36%	1.30%	1.11%	1.19%	1.21%	1.47%	0.95%	1.38%	1.01%	1.16%	14.4%
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%	40.7%
	2017/18	35.4%	46.3%	41.9%	44.2%	46.8%	49.5%	43.0%	47.1%	42.1%	45.7%	41.7%	40.4%	43.8%
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%	97.8%
	2017/18	98.8%	98.90%	97.9%	100.0%	99.5%	98.4%	99.5%	99.5%	99.3%	100.0%	99.5%	99.5%	99.3%
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%	99.8%
	2017/18	100.0%	100.0%	99.5%	100.0%	100.0%	100.0%	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	2,023
	2017/18	169	181	196	185	199	186	192	197	150	183	207	183	2,228
National definition of those who have entered Below Caseness (KPI6b)	2016/17	3	9	3	7	6	9	8	10	6	12	10	13	96
	2017/18	8	4	5	4	9	2	6	8	5	8	8	5	72
National definition of those who have moved to recovery (KPI6)	2016/17	67	58	47	61	49	68	60	83	54	63	82	92	784
	2017/18	57	82	80	80	89	91	80	89	61	80	83	72	944
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%	85.3%
	2017/18	84.5%	89.0%	90.3%	84.7%	88.6%	88.9%	91.8%	89.3%	86.9%	91.3%	82.6%	88.2%	88.8%

Cheshire and Wirral Partnership reported 283 patients entering treatment in Month 12, which is a 15.5% increase from the 245 reported in Month 11. 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 12 was 1.16% and therefore failed to meet the standard. The access rate for the year was 14.4%.

There were 382 Referrals in Month 12, which was a slight increase compared to the previous month when there were 363. Of these, 73.04% were Self-referrals which is an increase from the previous month (67.77%). GP Referrals were lower than the previous month with 55 compared to 66 for Month 11. 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 40.4% in Month 12, which is a deterioration from 41.7% for the previous month and failing to meet the target of 50%.

Cancelled appointments by the provider saw a decrease in Month 12 with 92 compared to 100 in Month 11.

There was an increase in DNAs in Month 12 (from 206 in Month 11 to 219 in Month 12); 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 12, 99.5% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have waited less than 18 weeks (against a standard of 95%).

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

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

The provider 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 58 - Dementia casefinding**

**NHS South Sefton CCG**

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
People Diagnosed with Dementia (Age 65+)	1219	1213	1224	1237	1247	1245	1259	1250	1216	1205	1178	1177
Estimated Prevalence (Age 65+)	1845	1851.4	1855.3	1862	1860.5	1864.6	1864.6	1862.3	1870.5	1865.4	1864	1866.2
<b>NHS South Sefton CCG - Dementia Diagnosis Rate (Age 65+)</b>	<b>66.07%</b>	<b>65.52%</b>	<b>65.97%</b>	<b>66.43%</b>	<b>67.02%</b>	<b>66.77%</b>	<b>67.52%</b>	<b>67.12%</b>	<b>65.01%</b>	<b>64.60%</b>	<b>63.20%</b>	<b>63.07%</b>
Target	66.7%	66.7%	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 South Sefton CCG are recording a dementia diagnosis rate in March of 63.07% which is under the national dementia diagnosis ambition of 66.7%. The rate has continued to drop over the past 4 months. A deep dive meeting was held with NHSE 2<sup>nd</sup> May. A refreshed plan was agreed which includes; a revised search criteria for use on practice registers, a dedicated website for General Practice that has all resources to support practices through the process of case finding patients with dementia, and exploration of possible delays in notifying GPs of diagnosis from the memory service. Improving the dementia diagnosis rates for South Sefton is important to the CCG and a communication has gone to all practices encouraging the use of these resources.

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

**Figure 59 - NHS South Sefton CCG – Improve Access Rate to CYPMH 17/18 (30% Target)**

E.H.9	Q1 17/18		Q2 17/18		Q3 17/18		2017/18 Total	
	Plan	Actual	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	260	85	940	235
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	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%	8.3%	2.7%	30.1%	7.5%

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 3 performance showed 2.7% of children and young people receiving treatment (85\* out of an estimated 3,121 with a diagnosable mental health condition), against a target of 8.3%. 175\* more patients needed to have received treatment to achieve the quarter 3 target. This is an improvement on the previous 2 quarters when 75 was reported in each.

*\*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 60 - 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	5
Number of CYP with a suspected ED (routine cases) that start treatment	2	3	2	6	2	4	2	5
%	100.00%	33.33%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

**Figure 61 - 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	2
Number of CYP with a suspected ED (urgent cases) that start treatment	2	0	2	0	2	1	2	2
%	100.00%	N/A	100.00%	N/A	100.00%	100.00%	100.00%	100.00%

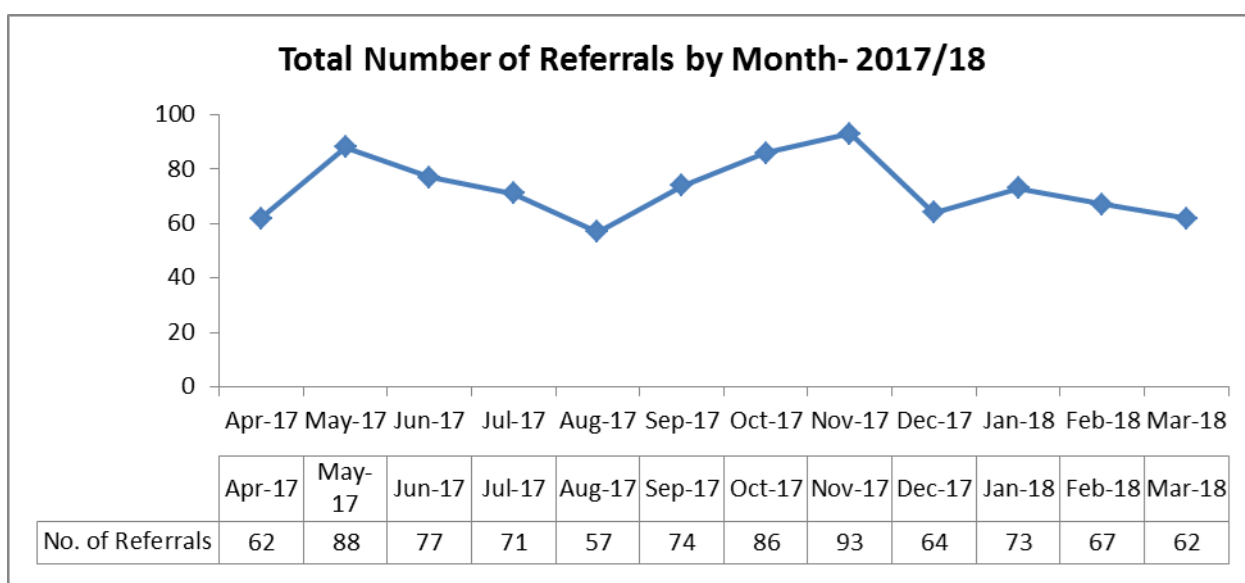
For Q4 South Sefton had 2 patient waiting for urgent (less than 1 week waiting), and had 5 patient waiting for a routine appointments. Performance against the 4 week target is 100% (against national standard of 95%).

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

### 5.6 CAMHS (18 weeks referral to treatment)

The following analysis derives from local data received on a quarterly basis from Alder Hey Child and Adolescent Mental Health Service (CAMHS). The data is cumulative and the time period is to quarter 4 2017/18, therefore incorporates the whole year. The date period is based on the date of referral so focuses on referrals made to the service during 2017/18. It is worth noting that the activity numbers highlighted in the report are based on a count of the Local Patient Identifier and there may be patients that have more than one referral during the given time period. The 'Activity' field within the tables therefore does not reflect the actual number of patients referred.

#### Referrals



Throughout 2017/18 there were a total of 874 referrals made to CAMHS from South Sefton CCG patients. During the year there was no significant trend emerging although there has been a slightly downward trend from January 2018 onwards.

In relation to the source of referral, 49.5% (433) of the total referrals made during 2017/18 were from a GP and 19.3% (169) came from an Allied Health Professional.

In terms of severity of referrals received that have been allocated within the service, 38.1% (120) were described as moderate. 20.3% (64) were categorised as mild and 14.0% were described as severe. There were also 87 records where the severity field had not been populated.

## Waiting Times – Referral to Assessment

Waiting Time in Week Bands	Number of Referrals	% of Total
0 - 3 Weeks	103	32.7%
4 - 8 Weeks	28	8.9%
9 - 12 Weeks	77	24.4%
13 - 17 Weeks	96	30.5%
18 - 26 Weeks	10	3.2%
(blank)	1	0.3%
<b>Total</b>	<b>315</b>	<b>100%</b>

The biggest percentage (32.7%) of referrals where an assessment had taken place waited between 0 and 3 weeks from their referral to assessment. Collectively 96.5% of referrals waited 17 weeks or less from point of referral to an assessment being made.

## Waiting Times – Assessment to Intervention

Waiting Time in Week Bands	Number of Referrals	% of Total	% of Total with intervention only
0 - 3 Weeks	84	26.7%	55.6%
4 - 8 Weeks	28	8.9%	18.5%
9 - 12 Weeks	13	4.1%	8.6%
13 - 17 Weeks	5	1.6%	3.3%
18 - 26 Weeks	15	4.8%	9.9%
27 - 52 weeks	6	1.9%	4.0%
(blank)	164	52.1%	N/A
<b>Total</b>	<b>315</b>	<b>100%</b>	<b>100%</b>

52.1% (164) of all allocated referrals did not have a date of intervention so the assumption can be made that this is yet to take place.

If these 164 referrals were discounted, that would mean 55.6% (84) of referrals waited 3 weeks or less from assessment to intervention. Collectively 74.2% (112) of those referrals where an intervention took place waited 8 weeks or less from assessment to intervention.

## 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 are due to 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. For 18/19 the CCG has worked collaboratively with the Trust to ensure that work plans are addressing current quality issues and all aspects of the quality schedule.

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.

The CCG Quality Team and Mersey Care Community have built strong working relationships, since the transition of the services, with the CCG supporting Mersey Care and undertaking open and honest conversations regarding the status and safety levels of the services.

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

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

#### Patient DNAs

The Trust has updated that a text messaging reminder function is in place. The CCG has requested a copy of the Trust's DNA policy.

The Physiotherapy service continues to perform well above the threshold at 10.1% in March; this is an improvement from February (11%). The service has failed each month of 2017/18. The Trust has stated that this service runs at Aintree Hospital who book appointments and send out text reminders, therefore Mersey Care staff have no control over this performance. Mersey Care are to meet with Aintree Hospital admin team to understand the issues.

The Diabetes service in March is reporting above the target at 10%, a slight improvement in performance from 10.6% reported in February. The service failed five months in 2017/18.

Dietetics performance has declined from 8.6% in January to 14.4% in February and even further to 19.8% in March, remaining above the threshold. The service has failed each month of 2017/18 and has failed to do so for the previous years. All face to face dietetics clinics have a maximum slot utilisation of 5 appointments, therefore 1 failed attendance results in a high DNA rate. The Trust has undertaken two audits looking at the types of referrals which are not turning up for appointments. This is prevalent in patients with diabetes as a long-term condition. Work to be done to understand whether these patients have attended the Diabetes and You education programme.



There have also been reports from patients in March that they didn't receive their appointment letters.

Phlebotomy performance has declined over the past two months, with 9.8% in March.

#### Provider Cancellations

Treatment room cancellations in March reported performance at 5.6%, a decline on last month. The service achieved the target only once in 2017/18 in November at 2.7%. The reason for underperformance in March was due to short term and long term staff sickness resulting in clinics having to be rearranged.

Physiotherapy performance has dropped in March to 5.5% from 2.7% last month. This service failed four months out of the year in 2017/18. This service is provided by one physiotherapist whose work is not covered during their annual or sickness leave.

The Diabetes service reported 10.9% of all appointments as cancelled by the Provider; this is a significant decline from February when 3.7% was reported. This service is failing in both patient DNA rates and Provider cancellations. This is due to long-term staff sickness which is due to improve now that these members of staff have returned to work.

Provider cancellation rates have been discussed between the CCG and Trust in the latest contract meetings. The Trust has stated that they have recently been rearranging patients' appointments for an earlier date in order to improve the patients care and also reduce waiting times. Unfortunately the only way to do this is to cancel the existing appointment, resulting in higher provider cancellation rates.

### **6.1.3 Waiting Times**

In March 2018, the following services reported above the 18 week waiting times target for the completed pathways (95<sup>th</sup> percentile).

Physiotherapy: March's position for completed pathways has improved slightly from 29 weeks in February to 27 weeks. Incomplete pathways have also improved from 19 weeks in February to 17 weeks in February. The longest wait is currently recorded at 30 weeks by one patient. The Trust has confirmed in the May CCQRM meeting that waits are currently at 13 weeks due to the implementation of the ICRAS model. The service is utilising its capacity more efficiently as the teams have now merged as part of this model.

Occupational Therapy: March's completed pathway has declined slightly from 18 weeks in February to 19 weeks in March. The longest waiter was at 32 weeks. Looking at the position of the 92<sup>nd</sup> percentile for incomplete pathways the service is within 18 weeks.

Nutrition & Dietetics: March's completed pathways position has declined slightly from 20 weeks in January to 21 weeks in March. The longest wait is currently recorded at 33 weeks by a single patient. Looking at the position of the 92<sup>nd</sup> percentile for incomplete pathways 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 the standard 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 1<sup>st</sup> June. Therefore the following information reports a year to date position from month 3 onwards. The AQP contract will terminate at the end of September 2018.

The Trust has confirmed a recent data quality issue with the appointment type of 'new' or 'follow up'. When Mersey Care took over the contract they did not have access to Liverpool Community Health's data, which meant they didn't know whether a patient was new. Now that LCH is part of Mersey Care they have access to data and this issue has been resolved. However an accurate breakdown of new and follow ups for 2017/18 is not available. At Month 12 2017/18 the total costs for the CCG was £241,679 with 6,311 contacts.

The outstanding issue of a high number of costed follow ups is currently being queried with the Trust to enable the CCG to better understand the clinical need of these patients. A meeting was held on 8<sup>th</sup> May to discuss this issue. The Trust updated that there is a cohort of patients where it's not clinically appropriate for them to be discharged after the package of care has completed as they require on-going care, but are not a complex patient so do not need specialist care. Instead they remain on the caseload and commence another package of care, which is recorded as a follow up. Further discussions required between the Trust and CCG to understand the needs of these patients.

### **6.2.1 Liverpool Community Health Quality Overview**

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

## **6.3 Alder Hey Community Services**

### **6.3.1 Services**

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

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

### **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, and it is understood that data cleansing exercise is being undertaken. The latest waiting times (March) are reporting 26 weeks at the 92<sup>nd</sup> percentile with 1 patient waiting as long as 38 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 62 - 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	Nil return
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	Nil return
%	95.00%	0.00%	95.00%	0.00%	95.00%	0.00%	95.00%	0.00%

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 Q4 have now been finalised, a copy of this report has now been circulated amongst CCG commissioning leads. Referrals to some services have increased during Q4 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 Q4, Age Concern has a total of 316 service users engaging with the service during this quarter. 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 155 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 Q4 Alzheimer's Society received a total of 113 new referrals and closed 147 cases (40% where the case was completed with outcomes met), the service currently has around 147 active cases. New referrals this year compared to Q4 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 128 existing clients across Sefton. The centre has had 1,948 contacts during Q4. Approximately 1,948 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. 247 carers registered, including 43 parent carers and 115 school age young carers. During Q4 there have been 146 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. The centre has also reported that the age of parent carers has increased significantly. A number of parent carers who are well into retirement continue to care for their adult children with long term conditions. In contrast to this, referrals are starting to trickle through from schools and colleges for help and support for children caring for parents with long term conditions Work is on-going to address this issue with commissioners and localities across Sefton. 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 288 have been completed by the centre in Q4. Sefton Carers Centre has also secured £204,190 in backdated welfare benefits for the residents of Sefton during Q4 bringing the total year to date figure to more than £1.3m. The service currently has 54 volunteers, and the volunteer value at the centre during Q4 equates to £21k.

### Sefton CAB

Sefton CAB has received 67 new referrals during Q4; slightly more referrals than during the same period 2016-17. The sources of referral are mostly Mental Health Professionals 45% and Self referrals 48%. 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 just under £1.3m to date.

### Sefton CVS

Support for Black and Minority Ethnic group patients has increased with 15 new referrals in Q4 as well as 64 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 181 new referrals in Q4 in addition to the caseload of 82. Reasons for accessing support include social inclusion and confidence building (39%), finances, accommodation and housing (36%), and health related issues (20%). More than half of all referrals in Q4 were from District Nurses and Community Matrons, and 17% 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 72 new referrals in Q4 with 56 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 Q4, Imagine Independence carried forward 38 existing cases. A further 153 were referred to the service via IAPT this quarter, an increase on the same period last year. A total of 30 service users attended job interviews, 21 managed to secure paid work and the service supported 41 people in retaining their current employment.

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

SWACA received 338 new referrals during Q4 from a variety of sources; the top 3 referrals were received from Police (40%), 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 86 referrals within South Sefton and a further 87 within Southport & Formby during Q4. 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 Q4 the service received 10 adult referrals and 100 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 Q4 the service received 71 new referrals, of these new referrals 33 people have been accommodated, a further 20 people have been supported to stay in their current residence. Of these referrals, the service has enabled 17 patients to be discharged from hospital and have prevented 25 people becoming homeless. The main source of referral during this period has come from Mersey Care NHS Trust (83%).

## 8. Primary Care

### 8.1 Extended Access (evening and weekends) at GP services

**Figure 63 - 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"> <li>• Provision of pre-bookable appointments on Saturdays through the group or practice AND</li> <li>• Provision of pre-bookable appointments on Sundays through the group or practice AND</li> <li>• Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice</li> </ul>		
		Total number of practices within the CCG.	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"> <li>• Provision of pre-bookable appointments on Saturdays through the group or practice AND</li> <li>• Provision of pre-bookable appointments on Sundays through the group or practice AND</li> <li>• Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice</li> </ul>				
	Total number of practices within the CCG.	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 has been one new inspection in South Sefton recently; this was Concept House Surgery who have gone from requiring improvement for some elements scoring 'good' for all aspects. All the results are listed below:

**Figure 64 - 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 Centre	17 June 2016	Good	Good	Good	Good	Good	Good
<b>N84019</b>	<b>North Park Health Center</b>	<b>n/a</b>	<b>Not yet inspected the service was registered by CQC on 7 March 2017</b>					
N84028	The Strand Medical Centre	04 April 2018	Good	Good	Good	Good	Good	Good
N84034	Park Street Surgery	17 June 2016	Good	Good	Good	Good	Good	Good
N84038	Concept House Surgery	30 April 2018	Good	Good	Good	Good	Good	Good
	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 Centre	23 September 2016	Good	Good	Good	Good	Good	Good
N84624	Maghull Health Centre	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 Centre	15 June 2016	Good	Good	Good	Good	Good	Good
N84027	Orrell Park Medical Centre	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 Health Centre	26 November 2015	Good	Good	Good	Good	Good	Good
N84615	Rawson Road Medical Centre	16 March 2018	Good	Good	Good	Good	Good	Good
N84630	Netherton Practice	24 September 2015	Good	Requires Improvement	Good	Good	Good	Good

Key	
<span style="background-color: #92d050; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Outstanding
<span style="background-color: #4CAF50; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Good
<span style="background-color: #FF9800; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Requires Improvement
<span style="background-color: #F44336; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Inadequate
<span style="background-color: #9E9E9E; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Not Rated
<span style="background-color: #9E9E9E; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Not Applicable

## 9. Better Care Fund

A quarter 4 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in April 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. BCF planning guidance is awaited for 2018/19 and has been delayed until after local elections.

A summary of the Q4 BCF performance is as follows:

**Figure 65 – BCF Metric performance**

Metric	Definition	Assessment of progress against the planned target for the quarter
NEA	Reduction in non-elective admissions	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 66 – BCF High Impact Change Model assessment**

		Maturity assessment				
		Q2 17/18	Q3 17/18	Q4 17/18 (Current)	Q1 18/19 (Planned)	Q2 18/19 (Planned)
Chg 1	Early discharge planning	Plans in place	Plans in place	Plans in place	Plans in place	Plans in place
Chg 2	Systems to monitor patient flow	Established	Established	Established	Established	Established
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Established	Established	Established
Chg 4	Home first/discharge to assess	Mature	Mature	Mature	Mature	Mature
Chg 5	Seven-day service	Plans in place	Plans in place	Plans in place	Plans in place	Plans in place
Chg 6	Trusted assessors	Established	Established	Established	Established	Established
Chg 7	Focus on choice	Plans in place	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	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 67 - South Sefton CCG's Month 12 Submission to NHS England**

March 2018 Month 12	Month 12 Plan	Month 12 Actual	Month 12 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
<b>Referrals (MAR)</b>				
GP	3741	3734	-0.2%	
Other	2277	2371	4.1%	Increases in 'other' referrals noted since May-17 onwards. Local referral reporting shows referral levels in line with previous months and not statistically outside the norm. Local referral figures do not indicate large changes in year for 'other' referrals. YTD levels within tolerance.
<b>Total (in month)</b>	6018	6105	1.4%	
Variance against Plan YTD	67381	69388	3.0%	
Year on Year YTD Growth			5.5%	
<b>Outpatient attendances (Specific Acute) SUS (TNR)</b>				
All 1st OP	5422	4776	-11.9%	March levels below plan but not outside the statistical norm, seasonality of plan showed an increase against February which was larger than the increase in actual activity. YTD both first and follow-up activity is within tolerance.
Follow Up	11890	10883	-8.5%	
<b>Total Outpatient attendances (in month)</b>	17312	15659	-9.5%	
Variance against Plan YTD	192144	190495	-0.9%	
Year on Year YTD Growth			-0.1%	
<b>Admitted Patient Care (Specific Acute) SUS (TNR)</b>				
Elective Day case spells	-	1887	#VALUE!	
Elective Ordinary spells	-	223	#VALUE!	
<b>Total Elective spells (in month)</b>	-	2110	#VALUE!	
Variance against Plan YTD	-	-	#VALUE!	
Year on Year YTD Growth			-7.0%	Elective activity has reduced against plan and previous years levels. The CCGs main provider has had a number of theatre closures throughout the year due to refurbishment, this has impacted on the levels of Elective procedures flowing through.
<b>Urgent &amp; Emergency Care</b>				
Type 1	-	4466	-	
Year on Year YTD			3.9%	Local monitoring shows a variance against plan outside the tolerance with March set as the highest month in the seasonal plan. Actual activity for March within levels noted in previous months. Local monitoring of the activity shows a year end variance of less than 1%, the CCG is unable to replicate the TNR/CAM data.
<b>All types (in month)</b>	10722	9057	-15.5%	
Variance against Plan YTD	111490	102858	-7.7%	
Year on Year YTD Growth			0.9%	
<b>Total Non Elective spells (in month)</b>	-	2187	#VALUE!	
Variance against Plan YTD	-	-	#VALUE!	
Year on Year YTD Growth			15.3%	The CCGs main provider has changed pathway for emergency care which has a higher number of short stay admissions. Planning for 18/19 should incorporate this change however the CCG is still in discussions regarding the mid-year change in pathway.