

**South Sefton Clinical
Commissioning Group**
Integrated Performance Report
September 2016

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1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 6 (note: time periods of data are different for each source).

CCG Key Performance Indicators

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

Key information from this report

Financial position

The forecast outturn position after the application of reserves is a surplus of £1.250m against a planned surplus of £2.450m. The financial position relating to operational budgets at Month 7 before the application of reserves is £0.043m underspend against plan with a year-end forecast of £0.032m underspend following mitigation of cost pressures with the CCG contingency budget. The forecast position deteriorated by £0.768m overall during the month, this was due to increased expenditure forecasts relating to acute care, independent sector and prescribing. The QIPP requirement to deliver the planned surplus of £2.450m for the financial year is £10.384m. QIPP delivered at the end of Month 7 is £4.087m and the forecast underspend on operational budgets is £0.032m. At this stage, the CCG has identified a further £2.187m worth of savings to be delivered in year (risk adjusted QIPP schemes to be delivered). The result of all these factors means that the CCG is forecasting a deficit of £1.428m. The likely scenario predicts a deficit of £1.428m and further work is required to mitigate cost pressures and deliver the CCG's revised forecast surplus position. The CCG has a challenging QIPP programme in the current year, although progress has been made against the phased QIPP plan at month 7, there remains a gap in terms of both in year and forecast outturn delivery. It is imperative that the identified QIPP programme is delivered in order to achieve the agreed financial plan.

Planned Care

Local referrals data from our main providers shows no change in the overall level of referrals comparing months 1-6 of 2016/17 with the previous year. GP referrals are slightly above comparing against the same period last year (1%, 229 referrals). Discussions regarding referral management, prior approval, cataracts and consultant to consultant referrals continue, but a decision is yet to be reached.

Diagnostic wait time performance improved for both the CCG and Aintree in September after failing the previous month.

September saw the CCG fail the 92% target for RTT reaching 91.3%. Out of 10759 patients on the pathway, 939 patients were still waiting to receive treatment after 18 weeks. At specialty level, Thoracic Medicine, Oral Surgery, Ophthalmology, Dermatology and ENT fell below the mandated threshold. The Trust is reviewing long waiting patients and capacity, additional activity is being undertaken to improve the current situation and the RTT Improvement Group meet fortnightly. Internal teams have been encouraged to ensure the Access Policy is followed and patients are booked for treatment to reduce the open pathways. External and an internal Audits were undertaken in July and a draft report from the external audit is still awaited. A recovery plan is anticipated to include specialty level recovery plans to sustainably achieve the National Incomplete Standard.

All cancer indicators performed favourably except Aintree failed the 62 day wait for first treatment following referral from an NHS Screening Service in September, recording 57.1%, year to date 88.52% against the 90% target. Out of 3.5 patients only 2 were treated. The first breach was a bowel screening patient were offered their first outpatient appointment on day 13 following referral which was cancelled by the patient due to holiday, reappointed on day 40, colonoscopy day 48, followed by further investigations, decision to treat was day 60, surgery carried out on day 70. The second half breach was due to patient with complex needs. Actions include raising awareness at the Clinical Quality & Performance Group meeting regarding the need to minimise patient deferral

within the pathway, plus continued engagement with McMillan GP Lead to emphasise the need for adequate preparation of patients prior to referral to the service.

Performance at Month 6 of financial year 2016/17, against planned care elements of the contracts held by the CCG shows an over-performance of £94k, which is a percentage variance of less than 1%.

Unplanned Care

Aintree failed to meet the Sustainability & Transformation Fund (STF) trajectory of 95% by September 2016 as agreed with NHS Improvement. Many actions are in place including changes to ward rounds, streaming in the A&E department, additional recruitment and staffing reviews. Following a recruitment campaign, one substantive consultant was appointed in September 2016. Support is being used from a recruitment company to further develop the recruitment strategy and recruit to the 4 vacancies. Maternity leave and paternity leave across the remaining Consultant staff is making cover of all shifts challenging. The use of Locum Consultants and GPs is being made to support the rota in the short term.

At both a regional and county level, NWS failed to achieve any of the response time targets. Activity levels continue to be significantly higher than was planned for and this (together with the ongoing issues regarding turnaround times) continues to be reflected in the performance against the response time targets.

Aintree failed to achieve the Stroke target in September with only 20 out of 33 patients spending at least 90% of their time on a stroke unit. The current capacity pressures and delays to discharge are contributing towards lower than expected compliance against the standards. The Division is developing a refreshed stroke action plan to outline how risks to delivery will be mitigated and when performance will be improved which will be finalised in November. All patients are validated and those failing the standard are audited so lessons can be learned. It is noted that the Trust overall SSNAP score for January 2016 to March 2016 has dropped from B to a C.

In September the CCG and Aintree achieved the target for Mixed Sex Accommodation breaches after failing the previous month for the first time.

The CCG has had 4 new C.difficile cases reported in September, a total of 27 cases year to date against a year to date plan of 27. For Aintree this year there have been 24 patients with Trust apportioned CDT including 5 cases in September. However, 8 cases have been upheld following appeal year to date. 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 has reported their first case of MRSA in September; this was a non-trust apportioned case.

An appointment has been made for the CCG Interim Programme Manager – Clinical Quality and Safety. After review, future reporting for serious incidents within the integrated performance report will be in line with CCG reporting schedule, as opposed to a month ahead. As of the end of September 2016 (Month 6) the position on serious incidents for South Sefton CCG includes 33 open Serious Incidents on StEIS for Aintree, Liverpool Community Health NHS Trust have 25 open serious incidents on StEIS which have affected South Sefton CCG patients and MerseyCare NHS Foundation Trust have 37 incidents open on StEIS for either South Sefton or Southport & Formby CCG patients.

Delayed Transfers of Care (DTC's) increased to 33 during September 2016 (3.1%). Patient and/or family choice resulted in 14 delayed transfers (42.4%) and a further 11 were due to delays

incurred whilst awaiting further NHS non acute care (33.3%). Analysis of delays in September 2016 compared to September 2015 illustrates a 43% increase in the number of patients awaiting further NHS non acute care (+4) and 27% increase in delays due to patient or family choice (+3).

The CCG Acute Care Commissioning Lead participates in the weekly system wide teleconference to review of DTOC's, with participation from the acute Trust, Local Authorities and CCG's. This group assigns actions to key individuals and aims to remove those blockages which prevent a patient being discharged to their chosen place of care. Further plans to support the reduction of delayed transfers of care are being discussed within the CCG and include a comprehensive review of at least one DTOC each week with the aim of identifying key points of learning and improve future systems and processes.

The percentage of people that would recommend A&E has recently fallen and is now under the England average. The recent underperformance was due to an unsuccessful pilot for collecting data by text message which impacted on both the number of responses and the performance. Once the poor response was realised the Trust immediately returned to using cards. The trust has provided assurance to the CCG that performance has improved in September although this improvement has not yet reflected in data available. The Trust FFT indicators are monitored monthly at their Patient Experience Executive Led Group. Head of Performance has given assurance that their response rate has now recovered in October.

Performance at Month 6 of financial year 2016/17, against unplanned care elements of the contracts held by the CCG shows an under-performance of circa -£540k/-2%. This under-performance is clearly driven by Aintree Hospital reporting an under performance of -£454k/-3%. Liverpool Heart & Chest Hospital is reporting the largest year to date over performance with a £37k/29% variance.

Mental Health

The Early Intervention in Psychosis (EIP) service is in the process of recruiting additional staff as per the business case that was agreed in April 2016 and it is anticipated that as staff come on stream that performance will improve. All additional staff will be in place by January 2017.

To mitigate against the risk of 12 hour A&E breaches in Aintree the CCG agreed to maintain the level of ex-SRG funding until the end of March 2017, this will enable A&E liaison to operate on a 24/7 basis.

Psychotherapy Treatment commencing within 18 weeks of referrals - The numbers waiting 18 weeks has risen slightly as has the length of wait. The Trust has recruited 2 new therapists coming into post in the next 6 weeks which will help reduce waits.

The number of patients entering treatment with the Improving Access to Psychological Therapies (IAPT) provider (Cheshire & Wirral Partnership) saw a 10% increase from the previous month. Current activity levels provide a forecast outturn of 13.6% against the 15% access standard.

There were 14% more referrals compared to the previous month; of these 62% were Self-referrals. GP Referrals increased also to the highest number of GP Referrals since February 2016. 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 43.5% in month 6, which does not meet the minimum standard of 50%. A forecast outturn at month 6 gives a year end position of 43.2%, which is below the year- end position of 2015/16 (48.0%). The provider believes that it is possible

recovery will dip as the longest waiters are brought into service, as more are likely to disengage without completing treatment. However, as waits reduce, this is expected to improve.

Cancelled appointments by the provider and DNAs from patients saw a decrease in month 6. Cancelled slots are being made available for any assessments/entering therapy appointments.

Support and advice has been received from the National Intensive Support Team. The recommendations made around the IAPT hidden waits and the long waiters have been taken on board. South Sefton CCG is working closely with the Provider to gain more information and analysis around these areas which will aim to bring about improvements.

The dementia diagnosis rate for September of 56.5% has fallen slightly compared to the August rate (56.6%). The informatics team are conducting bespoke searches of clinical systems in practice with the aim of identifying errors in coding and identify patients with memory or associated cognitive difficulties that are not previously identified as having dementia. Clinical staff will be required to review some of the queries from the searches and also contact patients to attend for a review.

Community Health Services

There is currently a District Nursing systems review taking place across LCH. This is to review processes in relation to manual and electronic requirements.

A number of services have seen a high number of DNA's and Provider cancellations so far in 2016/17. Provider cancellation rates are static after an improvement in August, with no services reporting red. Total hospital cancellation rate for Sefton is green at 2% this month. A number of actions and policies are in place in the Trust to try and reduce patient cancellations and DNAs.

The Trust has revised their CQC Action Plan and shared with commissioners, the Trust will be supported with progressing actions up until services are transferred to the new providers. Therapies waiting times are being monitored through the CQC Action Plans at the Collaborative Forum and CQPGs.

Primary Care

Two South Sefton practices, 133 Liverpool Road and 30 Kingsway both received their CQC inspection report recently with a grading of "Good".

Better Care Fund

A Better Care Fund Plan for 2016/17 has been agreed and submitted to the national Better Care Support Team and joint work has been undertaken to further develop these plans for implementation. In the meantime we have prepared a Quarter 2 performance report to NHSE for submission on 22nd November 2016.

2. Financial Position

2.1 Summary

This report focuses on the financial performance for the CCG as at 31 October 2016 (Month 7).

The forecast outturn position after the application of reserves is a surplus of £1.250m against a planned surplus of £2.450m. The forecast position is subject to delivery of the QIPP programme in 2016/17. Delivery of the planned surplus would require release of the 1% uncommitted non recurrent reserve, which is currently held uncommitted as directed by NHS England.

The financial position relating to operational budgets at Month 7 before the application of reserves is £0.043m underspend against plan with a year-end forecast of £0.032m underspend following mitigation of cost pressures with the CCG contingency budget. The forecast position deteriorated by £0.768m overall during the month, this was due to increased expenditure forecasts relating to acute care, independent sector and prescribing.

The QIPP requirement to deliver the planned surplus of £2.450m for the financial year is £10.384m. QIPP delivered at the end of Month 7 is £4.087m and the forecast underspend on operational budgets is £0.032m. At this stage, the CCG has identified a further £2.187m worth of savings to be delivered in year (risk adjusted QIPP schemes to be delivered). The result of all these factors means that the CCG is forecasting a deficit of £1.428m.

The CCG needs to deliver a further £2.751m of further savings in addition to the risk adjusted QIPP plan to deliver the revised surplus of £1.250m. This is before release of the 1% uncommitted reserve.

The high level CCG financial indicators are listed below:

Figure 1 – Financial Dashboard

Key Performance Indicator		This Month	Prior Month
Business Rule (Forecast Outturn)	1% Surplus	✓	✓
	0.5% Contingency Reserve	✓	✓
	1% Non-Recurrent Headroom	✓	✓
Surplus	Financial Surplus / (Deficit)	£1.250m	£1.250m
QIPP	QIPP Plan delivered – <i>(Red if shortfall against planned delivery)</i>	£4.087m	£3.623m
Running Costs (Forecast Outturn)	CCG running costs < CCG allocation 2016/17	✓	✓

2.2 Resource Allocation

Additional allocations have been received in Month 7 as follows:

- Litherland Darzi Practice funding - £0.419m (*recurrent*)

- APMS funding - £0.300m (recurrent)
- CYP Local Transformation Mental Health - £0.040m (non-recurrent)

All allocations are committed with expenditure attached to each.

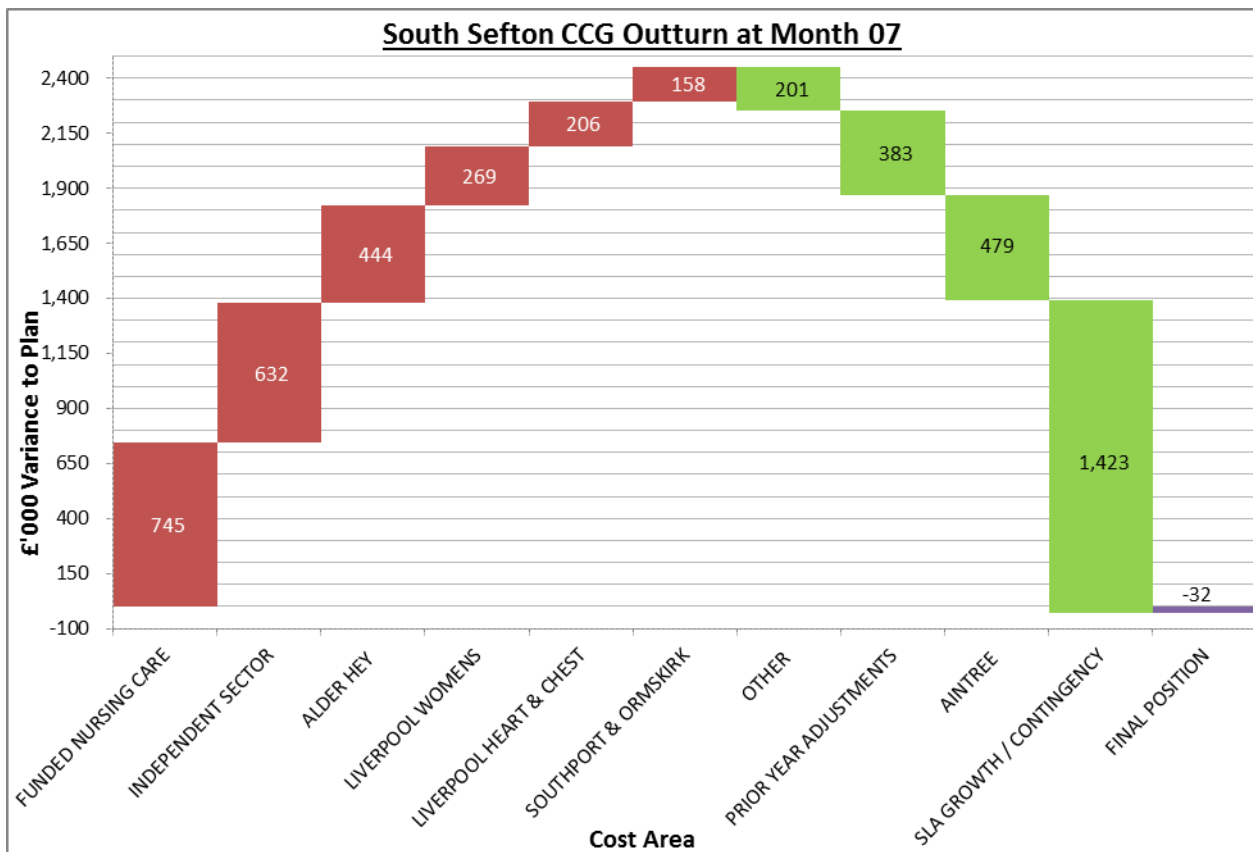
2.3 Position to date and forecast

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.

There are forecast pressures within funded nursing care due to the nationally mandated uplift, and in acute care. Pressures on acute budgets are particularly evident at Alder Hey, Liverpool Heart & Chest and in the Independent Sector, mainly with Ramsay Healthcare.

The overspend is offset by underspends with other acute providers, notably Aintree, and Southport & Ormskirk.

Figure 2 – Forecast Outturn



Prescribing

There is a year-to-date underspend of £0.020m after adjusting for QIPP savings of £0.210m. The year-end forecast is breakeven.

Continuing Health Care and Funded Nursing Care (Non-NHS Commissioning)

The year to date position for the continuing care and FNC budget is an overspend of £0.508m, which reflects the current number of patients, average package costs, the nationally mandated FNC increase (£0.745m) and an uplift to providers of 1.1% until the end of the financial year which has been communicated to providers.

Year to date QIPP savings have been actioned against this budget to the value of £0.840m, relating to the additional growth budget of 5% included at budget setting and other efficiencies relating to prior year charges. The forecast financial position is taken following this budget reduction, and has been included in the QIPP plan for 2016/17.

The full year forecast is an overspend of £0.850m due mainly to the increased costs, announced in July 2016, in respect to Funded Nursing Care of £0.745m. These costs are included within the CCG forecast position.

2.4 QIPP and Transformation Fund

The 2016/17 identified QIPP plan is **£10.384m**. This plan has been phased across the year on a scheme by scheme basis and full detail of progress at scheme level is monitored at the QIPP committee.

Figure 3 shows a summary of the current risk rated QIPP plan approved at the Governing Body in May 2016. This demonstrates that although recurrently there are a significant number of schemes in place, further work is being done to move red and amber rated schemes to green rated schemes. The detailed QIPP plan is projected to deliver £6.274m in total during the year.

Figure 3 – RAG rated QIPP plan

2016/17 QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	(1,107)	0	(1,107)	(682)	(221)	(204)	(1,107)
Medicines optimisation	(1,429)	0	(1,429)	(1,289)	(140)	0	(1,429)
CHC/FNC plan	(530)	(340)	(870)	(840)	(30)	0	(870)
Discretionary spend plan	(298)	(3,863)	(4,161)	(2,638)	(1,198)	(325)	(4,161)
Urgent Care system re	(2,817)	0	(2,817)	(11)	(40)	(2,766)	(2,817)
Total QIPP Plan	(6,181)	(4,203)	(10,384)	(5,460)	(1,629)	(3,295)	(10,384)
Risk rated QIPP plan				(5,460)	(815)	0	(6,274)

As shown in **Figure 4** and **5** below, £4.087m has been actioned at Month 7 against a phased plan of £6.062m.

Figure 4 – Phased QIPP plan for the 2016/17 year

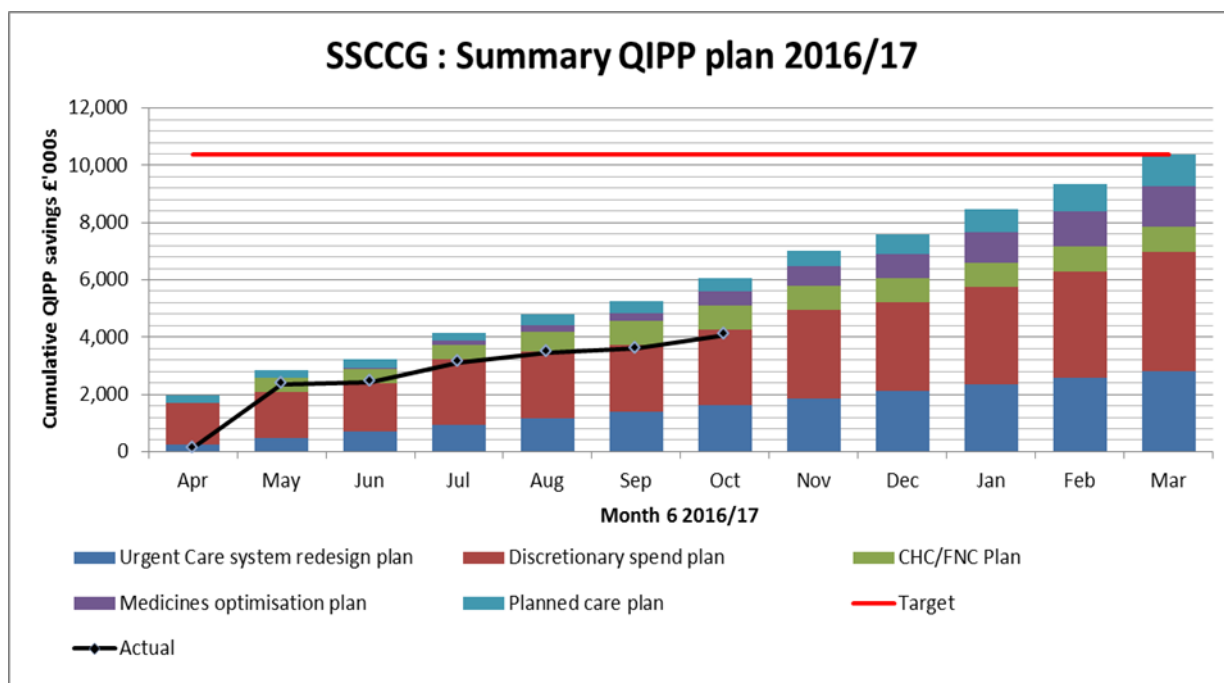


Figure 5 – QIPP performance at month 6

Scheme	In month current month (M7)						
	In month plan	In month actual	Variance	YTD Plan	YTD Actual	Variance	
Planned care plan	50	24	(26)	481	388	(93)	Red
Medicines optimisation plan	192	150	(42)	468	210	(258)	Red
CHC/FNC Plan	0	0	0	840	840	0	Green
Discretionary spend plan	310	306	(4)	2,643	2,638	(5)	Red
Urgent Care system redesign plan	237	0	(237)	1,631	11	(1,620)	Red
Total	789	480	(309)	6,062	4,087	(1,975)	

QIPP delivery is £1.975m below plan at Month 7, largely due to urgent care. Although Non Elective costs have reduced compared to plan it is difficult to attribute these to specific schemes. There is a significant risk of delivery of the remaining plan with a high proportion of schemes rated red or amber and an increased target over the later months in the financial year,. The CCG and scheme leads in particular, must work to provide further assurance regarding the delivery of schemes in order to deliver the agreed financial plan.

2.5 CCG Running Costs

The running cost allocation for the CCG is £3.259m and the CCG must not exceed this allocation in the financial year.

The current year end outturn position for the running cost budget is an underspend of £0.103m.

2.6 CCG Cash Position

In order to control cash expenditure within the NHS, limits are placed on the level of cash an organisation can utilise in each financial year.

The Maximum Cash Drawdown (MCD) is the maximum amount of cash available to a CCG each financial year and is made up of:

- Total Agreed Allocation
- Opening Cash Balance (i.e. at 1st April 2016)
- Opening creditor balances less closing creditor balances

Cash is held centrally at NHS England and is allocated monthly to CCGs following notification of cash requirements.

As well as managing the financial position, organisations must manage their cash position. The monthly cash requested should cover expenditure commitments as they fall due and the annual cash requested should not exceed the maximum cash drawdown limit.

Month 7 position

Maximum Cash Drawdown (MCD) limit for South Sefton CCG for 2016/17 is £241.032m. Up to Month 7, the actual cash received is £144.313m (59.9% of MCD) against a target of £140.602m (58.3% of MCD).

At Month 7, the forecast financial position is a planned £1.250m surplus. The delivery of this is heavily reliant on QIPP programmes being achieved. If expenditure levels continue, the CCG may not have sufficient cash to meet expenditure requirements for the financial year.

The CCGs primary focus is to reduce expenditure in year to achieve the planned surplus of £1.250m. If expenditure levels continue and the CCG does not achieve the planned QIPP targets to deliver the planned surplus, the CCG will need to develop plans to manage the additional cash requirement.

A full year cash flow forecast, based on information available at month 7, has been produced. This estimates a cash shortfall of £7.643m. NHS England has been notified of this estimated cash shortfall as part of the month 7 MCD cash submission. This submission requests an additional cash allocation however it cannot be guaranteed.

2.7 Evaluation of risks and opportunities

The primary financial risk for the CCG continues to be non-delivery of the QIPP target in this financial year. There are still a significant number of QIPP programmes that are currently rated as 'Red' or 'Amber' and work is underway to provide the required level of assurance to change these schemes to 'Green'.

Failure to do this will mean the CCG will not achieve its required planned surplus. Overall management of the QIPP programme is being monitored by the QIPP committee.

There are also a number of other risks that require ongoing monitoring and managing:

Clinical Commissioning Group

- Acute contracts – The CCG has historically experienced significant growth in acute care year on year, although year-to-date performance shows an underspend, the position is based on data for Month 5 which is still in early stages in the financial year. There is a particular risk in relation to non-elective activity at Aintree following the opening of its new urgent care centre as previously reported.

All members of the CCG have a role to play in managing these risks including GPs and other Health professionals to ensure individuals are treated in the most clinically appropriate and cost effective way, and the acute providers are charging correctly for the clinical activity that is undertaken. This is continually reviewed during the financial year.

- CHC/FNC – There are increasing financial pressures within the care home economy, primarily arising from recent mandated wage increases in line with the National Minimum wage. The CCG has notified providers of the 1.1% inflationary uplift but a number of providers have since communicated to the CCG that this is not adequate and they require additional uplifts in excess of this. A paper will be tabled to the GB at the end of October to consider this issue in more detail.
- Prescribing - This is a volatile area of spend but represents one of the biggest opportunities for the CCG, and as such this makes up a significant element of the QIPP program for 2016/17. The monthly expenditure and forecast will need to be monitored closely as QIPP schemes continue to be delivered.

2.8 Reserves budgets / Risk adjusted surplus

Reserve budgets are set aside as part of the Budget Setting exercise to reflect planned investments, known risks and an element for contingency. Each month, the reserves and risks are analysed against the forecast financial performance and QIPP delivery.

The assessment of the financial position is set out in figure 6. This demonstrates that the CCG is required to deliver a total management action plan of £8.952m in 2016/17 in order to meet a revised surplus of £1.250m.

In order to deliver the planned surplus of £2.450m, the CCG is reliant on return of the 1% non-recurrent reserve, which remains uncommitted as directed by NHS England.

Delivery of the QIPP plan is extremely challenging and requires co-operation with partners across the healthcare economy. The CCG has recently allocated GP Governing Body member leads to each QIPP programme along with executive leads, and the leads meet on a monthly basis to report progress against their own programme to the Senior Team.

Figure 6 – Summary of Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Target surplus	2.450		2.450
QIPP Target	(4.921)	(5.463)	(10.384)
Revised surplus / (deficit)	(2.471)	(5.463)	(7.934)
Forecast Outturn (against operational budgets)	(1.263)	1.295	0.032
Reduction in NCA charges	0.000	0.200	0.200
Management action plan			
Actioned QIPP to date	1.228	2.859	4.087
Additional QIPP required	4.953	(0.088)	4.865
Total Management Action Plan	6.181	2.771	8.952
Year End Surplus / (Deficit)	2.447	(1.197)	1.250

Figure 7 below outlines the best, most likely and worst case scenarios. The best case scenario assumes achievement of the remaining risk adjusted QIPP plan plus mitigation of £1.000m and additional QIPP of £1.751m.

The most likely case is a deficit of £1.428m before mitigation is taken into account.

The worst case assumes only QIPP schemes rated Green in the current plan will be delivered for the remainder of the financial year as well as increased risk in respect of Continuing Healthcare and Acute Care.

Figure 7 – Risk Rated Financial Position

South Sefton	Best Case £m	Most Likely £m	Worst Case £m
Total QIPP Plan (to achieve 1% surplus)	(10.384)	(10.384)	(10.384)
QIPP achieved to date	4.087	4.087	4.087
Remaining QIPP requirement	(6.297)	(6.297)	(6.297)
Month 7 Forecast (I&E)	0.032	0.032	0.032
Reduction in NCA charges	0.200	0.200	0.200
Remaining QIPP requirement to deliver NHSE plan (1% surplus)	(6.065)	(6.065)	(6.065)
Predicted QIPP achievement (M8-12)	2.187	2.187	1.373
Planned Surplus	2.450	2.450	2.450
Forecast Surplus / (Deficit)	(1.428)	(1.428)	(2.242)
Further Risk			
CHC	(0.073)	(0.073)	(0.073)
Acute Elective	-	-	(0.500)
Acute Non-Elective	-	-	(0.500)
Management Action Plan			
Mitigation	1.000	1.000	-
Further QIPP delivery	1.751	-	-
Risk adjusted Surplus / (Deficit)	1.250	(0.501)	(3.315)

2.9 Recommendations

The Finance and Resource Committee is asked to receive the finance update, noting that:

- At Month 7, the CCG is forecasting a revised surplus of £1.250m which is deterioration from the agreed NHS target surplus of £2.450m. The likely scenario predicts a deficit of £1.428m and further work is required to mitigate cost pressures and deliver the CCG's revised forecast surplus position.
- The CCG has a challenging QIPP programme in the current year, although progress has been made against the phased QIPP plan at month 7, there remains a gap in terms of both in year and forecast outturn delivery. It is imperative that the identified QIPP programme is delivered in order to achieve the agreed financial plan.
- The CCG is working closely with the transformation advisor to continue to develop further the QIPP programme areas in order to achieve the required level of savings in the year.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from

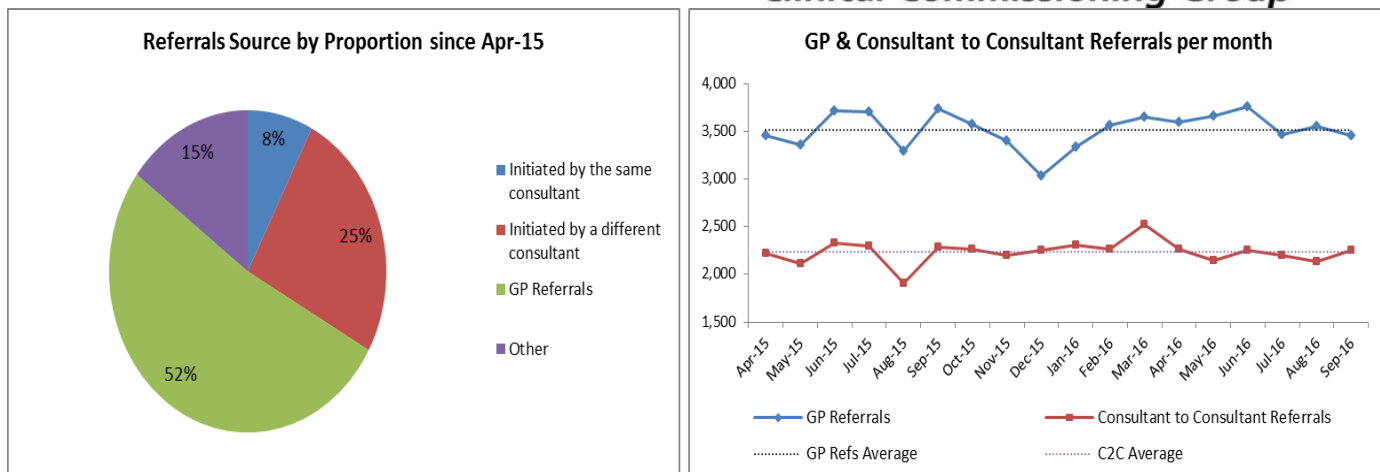
member practices to enable the CCG to reduce levels of low value healthcare and improve Value for Money.

3. Planned Care

3.1 Referrals by source

Figure 7 - GP and 'other' referrals for the CCG across all providers for 2015/16 & 2016/17

Referral Type	DD Code	Description	1516 YTD	1617 YTD	Variance	% Variance
GP	03	GP Ref	21,261	21,490	229	1%
GP Total			21,261	21,490	229	1%
Other	01	following an emergency admission	1,028	824	-204	-20%
	02	following a Domiciliary Consultation	7	2	-5	0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	2,579	2,642	63	2%
	05	A CONSULTANT, other than in an Accident and Emergency Department	7,664	7,591	-73	-1%
	06	self-referral	1,759	1,632	-127	-7%
	07	A Prosthetist	9	10	1	11%
	08	Royal Liverpool Code (TBC)	424	429		
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	580	573	-7	-1%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	1,289	1,611	322	25%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	37	32	-5	-14%
	13	A Specialist NURSE (Secondary Care)	48	44	-4	-8%
	14	An Allied Health Professional	642	849	207	32%
	15	An OPTOMETRIST	3	6	3	100%
	16	An Orthoptist	2	3	1	0%
	17	A National Screening Programme	24	10	-14	-58%
	92	A GENERAL DENTAL PRACTITIONER	781	869	88	11%
	93	A Community Dental Service	6	3	-3	-50%
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	2,155	1,863	-292	-14%	
Other Total			19,037	18,993	-44	0%
Unknow n			19	0	-19	-100%
Grand Total			40,317	40,483	166	0%



Local referrals data from our main providers shows no change in the overall level of referrals comparing months 1-6 of 2016/17 with the previous year. GP referrals are slightly above comparing against the same period last year (1%, 229 referrals).

Discussions regarding referral management, prior approval, cataracts and consultant to consultant referrals continue, but a decision is yet to be reached.

Data quality note: Walton Neuro Centre has been excluded from the above analysis as Referrals submissions commenced at the start of 2016/17. For information, the Walton Centre is recording approx. 100 referrals per month in 2016/17.

3.2 Diagnostic Test Waiting Times

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	16/17 - Sept	1.00%	0.52%	↑ ↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	16/17 - Sept	1.00%	0.63%	↓

The CCG and Aintree achieved the less than 1% plan for diagnostics in September after failing the previous month.

3.3 Referral to Treatment Performance

Referral To Treatment waiting times for non-				
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	16/17 - Sept	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	16/17 - Sept	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)	16/17 - Sept	92%	91.27%	↓
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Aintree)	16/17 - Sept	92%	88.72%	↓

September saw the CCG fail the 92% target for RTT reaching 91.3%. Out of 10759 patients on the pathway, 939 patients were still waiting to receive treatment after 18 weeks.

Aintree has seen a decrease in the incomplete performance against the National Standard month on month since July 2015. The Trust delivered 88.72% incomplete performance against a nationally contracted standard of 92% during September 2016. In addition to this the Trust has also failed to achieve the RTT standard for Quarter 2.

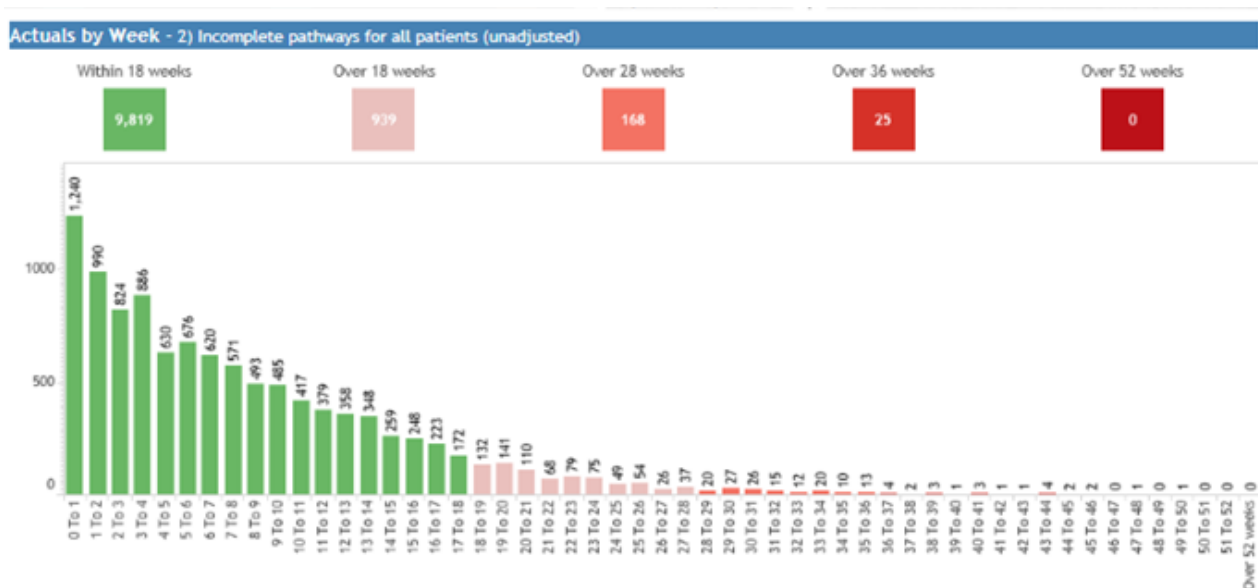
At specialty level, Thoracic Medicine (76.61%), Oral Surgery (76.46%), Ophthalmology (78.70%), Dermatology (38.86%) and ENT (90.12%) fell below the mandated threshold. The Trust is reviewing long waiting patients and capacity within the Divisions. Additional activity is being undertaken to improve the current situation. In addition to this the RTT Improvement Group meets fortnightly and focuses on caseload, long waiters and capacity issues. The CBU management teams have been encouraged to ensure the Access Policy is followed and patients are booked for treatment to reduce the open pathways.

External and an internal Audits were undertaken in July. The draft report for the internal audit has been shared with the Trust. Recommendations are currently being explored and a full action plan will be developed in due course. The draft report from the external audit is still awaited.

A RTT paper will go to Trust Board in October to fully understand the failing RTT position and demonstrate some of the underlying risks with long waiting patients. This will include specialty level recovery plans to sustainably achieve the National Incomplete Standard.

3.3.1 Incomplete Pathway Waiting Times

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



3.3.2 Long Waiters analysis: Top 5 Providers

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

Waiters by Time Period and Provider - 2) Incomplete pathways for all patients (unadjusted)					
	Within 18 weeks	Over 18 weeks	Over 28 weeks	Over 36 weeks	Over 52 weeks
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST : (REM)	6,098	616	101	11	
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST : (RQ6)	1,213	118	29	9	
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST : (REP)	550	64	20	2	
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVY)	657	60	6	0	
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)	449	28	4	2	
ST HELENS AND KNOWSLEY HOSPITAL SERVICES NHS TRUST : (RBN)	149	15	3	0	
THE WALTON CENTRE NHS FOUNDATION TRUST : (RET)	213	6	0	0	
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST : (RXN)	8	4	0	0	
THE ROBERT JONES AND AGNES HUNT					

3.3.3 Long Waiters analysis: Top 2 Providers split by Specialty

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

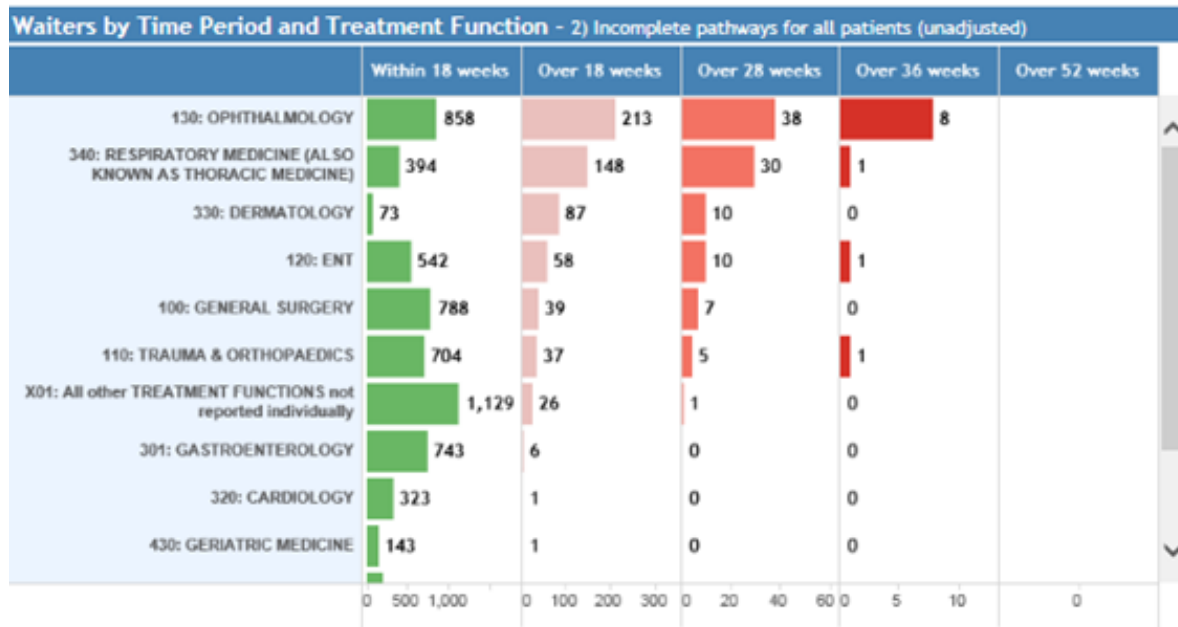
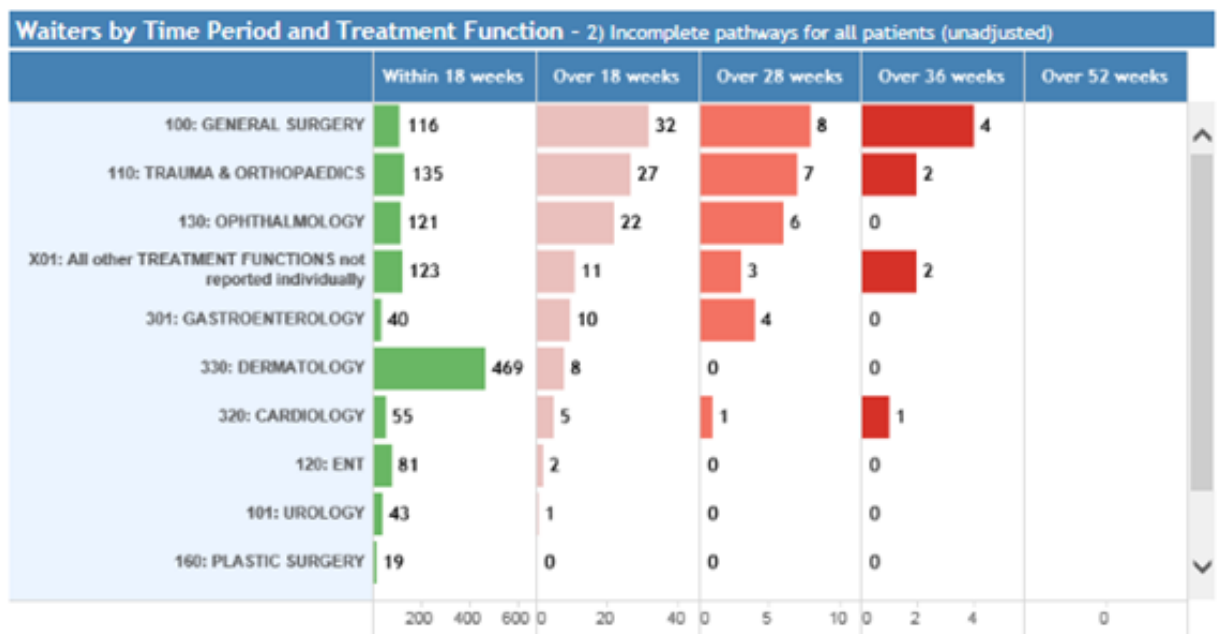


Figure 11 - Patient waiting (in bands) on incomplete pathway by Speciality for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



3.3.4 Provider assurance for long waiters

Trust	Speciality	No of weeks waited	No of patient	Has patient been seen / has a TCI date?	Reason for the delay
AINTREE	Ophthalmology	40	1	TCI 04/10/2016	Capacity issue
AINTREE	Ophthalmology	41	1	TCI 18/10/2016	Capacity issue
AINTREE	Ophthalmology	42	1	TCI 11/10/2016	Capacity issue
AINTREE	Ophthalmology	43	1	TCI 10/10/2016	Capacity issue
AINTREE	Ophthalmology	43	1	TCI 18/10/2016	Capacity issue
AINTREE	T&O	44	1	Appointment 17/10/2016	Capacity issue
ROYAL LIVERPOOL	Cardiology	40	1	Validated - No longer a long waiter	
ROYAL LIVERPOOL	General Surgery	41	1	Clock Stop 12-10-16	Capacity issue
ROYAL LIVERPOOL	General Surgery	43	1	TCI 22-11-16	Capacity issue
ROYAL LIVERPOOL	other	45	1	Clock Stop 18-10-16	Patient choice
ROYAL LIVERPOOL	other	47	1	Clock Stop 1-11-16	Capacity issue
ROYAL LIVERPOOL	T&O	40	1	Clock Stop 5-10-16	Capacity issue
ALDER HEY	other	45	1	27/10/2016 Capacity	DNA - discharged back to primary care
ALDER HEY	other	49	1	28/10/2016 Capacity	DNA - discharged back to primary care
ROBERT JONES & AGNES HUNT	T&O	44	1	TCI 4-10-16	Patient has been admitted and treated

3.4 Cancelled Operations

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

Cancelled Operations				
All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice - Aintree	16/17 - Sept	0	0	1 ↔

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

Cancelled Operations				
No urgent operation should be cancelled for a second time - Aintree	16/17 - Sept	0	0	1 ↔

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	16/17 - Sept	93%	96.01%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	16/17 - Sept	93%	95.77%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	16/17 - Sept	93%	94.88%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Aintree)	16/17 - Sept	93%	93.26%	↔

3.5.2 - 31 Day Cancer Waiting Time Performance

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	16/17 - Sept	96%	98.71%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	16/17 - Sept	96%	99.68%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	16/17 - Sept	94%	95.33%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	16/17 - Sept	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	16/17 - Sept	94%	96.67%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	16/17 - Sept	94%	99.26%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	16/17 - Sept	98%	99.25%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	16/17 - Sept	98%	100.00%	↔

3.5.3 - 62 Day Cancer Waiting Time Performance

Cancer waits – 62 days				
Maximum 62-day wait for first definitive treatment following a consultant’s decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	16/17 - Sept	85% local target	86.84%	↔
Maximum 62-day wait for first definitive treatment following a consultant’s decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (Aintree)	16/17 - Sept	85% local target	92.97%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	16/17 - Sept	90%	100.00%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	16/17 - Sept	90%	88.52%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	16/17 - Sept	85%	89.05%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	16/17 - Sept	85%	86.14%	↑

Aintree failed the 62 day wait for first treatment following referral from an NHS Screening Service in September, recording 57.1%. Out of 3.5 patients only 2 were treated. The first breach was a bowel screening patient were offered their first outpatient appointment on day 13 following referral. This was cancelled by the patient due to holiday booked, and was reappointed on day 40, colonoscopy day 48, followed by further investigations, decision to treat was day 60, surgery carried out on day 70. The second half breach was due to complex patient. Year to date there have been a total of 30.5 patients and 3.5 breaches (88.52%).

Actions include raising awareness at the Clinical Quality & Performance Group meeting regarding the need to minimise patient deferral within the pathway plus continued engagement with McMillan GP Lead to emphasise the need for adequate preparation of patients prior to referral to the service.

3.6 Patient Experience of Planned Care

Friends and Family Response Rates and Scores
 Aintree University Hospital NHS Foundation Trust
 Latest Month: Sept-16

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%	17.5%		95%	96%		2%	2%	

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

- % Response Rate
- % Recommended
- % Not Recommended

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target way in excess of the regional and national response rates for both inpatients and A&E, however, inpatients is under target for September. The Trusts head of performance has given assurance that their response rate has now recovered in October to 27.8% with a likely to recommend score of 99.36%. The Trust FFT indicators are monitored monthly at their Patient Experience Executive Led Group.

The Trust explained the recent underperformance at the October CQPG; the downward trend was due to an unsuccessful pilot for collecting data by text message which impacted on both the number of responses and the performance. Once the poor response was realised the Trust immediately returned to using cards and for those wards where responses were reduced extra cards were put in place and are now being monitored.

Aintree’s Patient Experience Lead attended the CCG’s EPEG group in September and provided an update of their Patient Experience Strategy and how they use Friends and Family data. They demonstrated how feedback obtained is informing the trust how they can improve services for its patients. The presentation was well received by EPEG and gave assurances that patient engagement and experience is viewed as important as clinical effectiveness and safety in making up quality services.

The CCG Experience and Patient Engagement Group are in the process of creating a dashboard to incorporate information available from FFTs, complaints and compliments.

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 6 of financial year 2016/17, against planned care elements of the contracts held by the CCG shows an over-performance of £94k, which is a percentage variance of less than 1%. At specific trusts, Renacres and Alder Hey are reporting the largest cost variances with totals of £162k and £187k respectively. Over spend is offset by under performance at a numbers of Trusts, namely, Aintree University Hospital -£241k and Southport & Ormskirk Hospital -£143k.

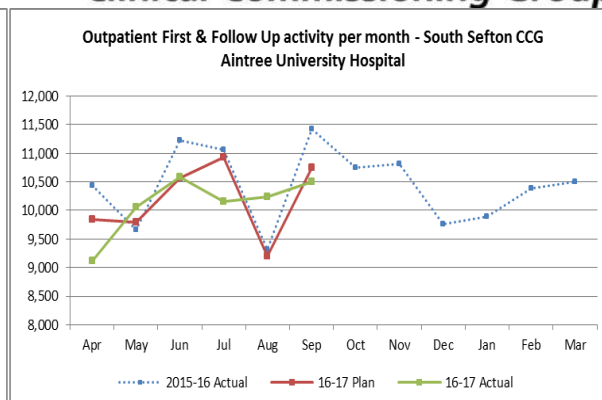
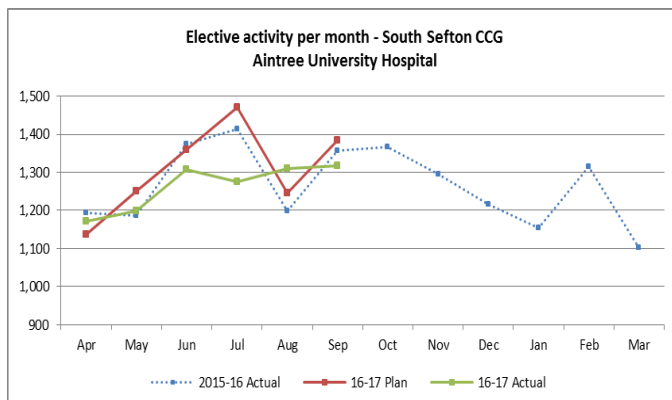
Figure 12 - Planned Care - All Providers

Provider Name	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	87,727	87,680	-47	0%	£16,246	£16,005	£-241	-1%
Alder Hey Childrens NHS F/T	3,333	6,721	3,388	102%	£829	£1,016	£187	23%
Central Manchester University Hospitals Nhs Foundation Trust	43	84	41	95%	£11	£17	£6	58%
Countess of Chester Hospital NHS Foundation Trust	0	87	87	0%	£0	£15	£15	0%
East Cheshire NHS Trust	0	3	3	0%	£0	£0	£0	0%
Fairfield Hospital	63	100	37	60%	£11	£22	£11	97%
ISIGHT (SOUTHPORT)	264	381	117	44%	£60	£86	£26	43%
Liverpool Heart and Chest NHS F/T	562	601	39	7%	£186	£225	£39	21%
Liverpool Womens Hospital NHS F/T	8,049	8,038	-11	0%	£1,669	£1,632	£-37	-2%
Renacres Hospital	2,258	3,386	1,128	50%	£795	£956	£162	20%
Royal Liverpool & Broadgreen Hospitals	15,493	15,724	231	1%	£2,887	£2,865	£-22	-1%
Southport & Ormskirk Hospital*	7,131	6,771	-360	-5%	£1,532	£1,339	£-193	-13%
SPIRE LIVERPOOL HOSPITAL	1,432	1,136	-296	-21%	£451	£402	£-48	-11%
ST Helens & Knowsley Hospitals	2,058	2,108	50	2%	£545	£587	£43	8%
University Hospital Of South Manchester Nhs Foundation Trust	54	42	-12	-23%	£8	£10	£2	23%
Walton Neuro	1,645	1,701	56	3%	£420	£411	£-10	-2%
Wirral University Hospital NHS F/T	229	226	-3	-1%	£61	£60	£-1	-1%
Wrightington, Wigan And Leigh Nhs Foundation Trust	423	613	190	45%	£152	£258	£105	69%
Grand Total	130,765	135,402	4,637	4%	£25,861	£25,906	£44	0%

3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust

Figure 13 - Planned Care - Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	6,815	6,695	-120	-2%	£4,412	£4,222	£-190	-4%
Elective	1,032	884	-148	-14%	£2,883	£2,695	£-188	-7%
Elective Excess BedDays	405	407	2	0%	£90	£91	£1	1%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	221	159	-62	-28%	£40	£32	£-8	-20%
OPFANFTF - Outpatient first attendance non face to face	1,227	1,560	333	27%	£35	£40	£5	15%
OPFASPCL - Outpatient first attendance single professional consultant led	16,502	16,958	456	3%	£2,471	£2,595	£124	5%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	732	571	-161	-22%	£80	£74	£-6	-7%
OPFUPNFTF - Outpatient follow up non face to face	1,575	2,215	640	41%	£38	£53	£15	41%
OPFUPSPCL - Outpatient follow up single professional consultant led	40,849	39,207	-1,642	-4%	£3,249	£3,143	£-106	-3%
Outpatient Procedure	10,637	10,907	270	3%	£1,758	£1,833	£75	4%
Unbundled Diagnostics	7,014	7,347	333	5%	£642	£651	£9	1%
Wet AMD	719	770	51	7%	£549	£575	£27	5%
Grand Total	87,727	87,680	-47	0%	£16,246	£16,005	£-241	-1%



Planned Care at Aintree University Hospital is reporting a year to date under performance of -£241k which equates to a -1% under performance. Under-Performance is driven by Daycase/Elective costs which show a combined cost variance of -£378k.

Cardiology is showing the largest cost variance in month 6 (£450k/26%) with £206k of this applicable to South Sefton CCG. The cardiology over performance is largely related to day case activity.

Rheumatology is also showing an over performance of £123k/8% against plan with South Sefton and Liverpool each seeing increases of £46k/9% and £43k/7% respectively. Outpatient follow ups was a key driver for over performance.

Table below shows the Planned Care year to date variance by Specialty. Specialties have been filtered on anything more than £10k or below -£10k:

Specialty above £10k or below -£10k	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	201	£182,283	-5	£-8,893	-11	£-2,389	453	£50,745	86	£-31,659	98	£16,784	822	£206,871
Clinical haematology	-8	£1,811	3	£12,293	8	£2,001	135	£40,246	48	£5,967	0	£-61	186	£62,257
Rheumatology	11	£5,946	1	£1,686	6	£1,309	42	£9,886	310	£27,969	7	£1,348	377	£48,144
Ent	-5	£-3,359	-9	£31,839			-44	£-4,763	-1	£250	107	£13,864	48	£37,831
Colorectal surgery	-24	£3,462	-8	£47,597	-87	£-18,773	-33	£-4,234	-141	£-12,478	81	£14,641	-211	£30,215
Upper gastrointestinal surgery	-14	£-24,634	4	£48,467	14	£2,952	2	£242	21	£1,802	-1	£-298	27	£28,531
Physiotherapy							61	£2,204	827	£25,717			887	£27,921
Acute internal medicine	-3	£-1,529	1	£-1,285	-2	£-496	387	£33,051	6	£-401	-16	£-2,284	373	£27,056
Nephrology	8	£4,102	-9	£-10,029	-5	£-1,245	81	£22,611	-93	£-1,855	-4	£-642	-22	£12,941
General surgery	-6	£5,440	-2	£31,465	1	£139	-29	£-4,818	-209	£-19,527	-1	£-239	-246	£12,460
Transient ischaemic attack							36	£11,415	-3	£0			33	£11,415
Vascular surgery	-13	£-13,132	-2	£-1,916			5	£791	-20	£-2,209	0	£-21	-29	£-16,488
Diabetic medicine	19	£7,093	0	£398	-8	£-2,088	-61	£-12,866	-26	£-2,984	-50	£-6,526	-127	£-16,971
Dermatology	-22	£-12,576	1	£539			-162	£-18,025	-265	£-19,281	297	£20,977	-152	£-28,365
Anticoagulant service									-1,179	£-30,326			-1,179	£-30,326
Breast surgery	-4	£-332	-6	£-26,794			-88	£-15,154	-116	£-5,748	17	£3,740	-197	£-44,289
Gastroenterology	-55	£-73,182	-6	£-14,753	22	£4,774	14	£3,707	49	£17,296	26	£7,336	51	£54,822
Hepatobiliary & pancreatic surgery	-2	£-2,679	-10	£-50,139	0	£-6	-2	£-694	-26	£-2,178			-41	£-55,695
Urology	-15	£-16,803	-26	£-74,656	-23	£-4,718	-195	£-25,920	63	£4,427	68	£42,227	-127	£-75,444
Ophthalmology	-150	£-108,318	3	£-238			-113	£-13,476	-270	£-24,928	-341	£-40,430	-870	£-187,390
Trauma & orthopaedics	-46	£-132,862	-63	£-154,812	93	£20,273	54	£7,262	-95	£-8,504	-32	£913	-88	£-267,729
Grand Total	-120	£-189,840	-148	£-187,534	2	£757	728	£121,423	-1,163	£-96,177	270	£74,605	-432	£-276,766

3.7.2 Planned Care Southport & Ormskirk Hospital

Figure 14 - Planned Care - Southport & Ormskirk Hospital by POD

Southport & Ormskirk Hospital Planned Care PODS *	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	467	445	-22	-5%	£378	£301	£-78	-21%
Elective	111	87	-24	-22%	£321	£270	£-52	-16%
Elective Excess BedDays	1	1	0	36%	£0	£0	£0	66%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	141	37	-104	-74%	£21	£6	£-15	-71%
OPFASPCL - Outpatient first attendance single professional consultant led	1,104	1,247	143	13%	£164	£180	£16	10%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	290	114	-176	-61%	£29	£13	£-16	-55%
OPFUPSPCL - Outpatient follow up single professional consultant led	2,599	2,625	26	1%	£233	£232	£-1	0%
Outpatient Procedure	1,991	1,786	-205	-10%	£353	£303	£-50	-14%
Unbundled Diagnostics	427	429	2	1%	£33	£34	£1	3%
Grand Total	7,131	6,771	-360	-5%	£1,532	£1,339	£-193	-13%

Planned care remains below plan with the Trust commenting on issues relating to staffing which is affecting the performance. The Trust are short staffed across Theatre and Anaesthetics which is having a knock on affect for activity levels across planned care.

While the Trust continues to achieve the consultant led referral to treatment measure, staffing issues are affecting performance with the percentage achieved lowering. If current issues remain and trend continues it is likely the Trust will fail to achieve the target in the coming months.

To note: previous reports included activity relating to non-PbR services, these have now been excluded as these services are under the block element of the contract.

3.7.3 Renacres Hospital

Figure 15 - Planned Care - Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	290	300	10	3%	£325	£358	£33	10%
Elective	52	59	7	13%	£247	£301	£54	22%
OPFASPCL - Outpatient first attendance single professional consultant led	615	675	60	10%	£88	£96	£8	9%
OPFUPSPCL - Outpatient follow up single professional consultant led	736	1,768	1,032	140%	£61	£103	£42	68%
Outpatient Procedure	353	276	-77	-22%	£52	£67	£15	29%
Unbundled Diagnostics	213	308	95	45%	£21	£31	£10	46%
Grand Total	2,258	3,386	1,128	50%	£795	£956	£162	20%

Renacres over performance of £162k/20% is largely driven by a £54k over performance in Electives. In terms of HRG performance in T&O, HB61C – Major Shoulder and Upper Arm Procedure without CC” continues to over perform which is a continuation of the later part of 2015/16.

4. Unplanned Care

4.1 Accident & Emergency Performance

A&E waits					
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	16/17 - Sept	95%	88.39%	↔	The CCG have failed the target in September reaching 88.3% and year to date reaching 88.39%. In September 784 attendances out of 6806 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	16/17 - Sept	95%	79.37%	↓	The CCG have failed the target in September reaching 76.81% (year to date 79.37%). In September 792 attendances out of 3415 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) All Types	16/17 - Sept	STP Trajectory Target for Sept 95%	86.74%	↓	Aintree have failed the STP target of 95% in September reaching 84.46%. In September, 2128 attendances out of 13692 were not admitted, transferred or discharged within 4 hours. Year to date they are achieving 86.36%.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	16/17 - Sept	95%	74.48%	↓	Aintree have failed the target in September reaching 69.32% and year to date reaching 74.48%. In September 2128 attendances out of 6937 were not admitted, transferred or discharged within 4 hours.

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
STF Trajectory Aintree	90%	91%	92%	93%	94%	95%
Aintree Actual	89.48%	86.9%	87.50%	86.0%	84.10%	84.46%

Aintree failed to meet the Sustainability & Transformation Fund (STF) trajectory of 95% by September 2016 as agreed with NHS Improvement.

Implementation of the AED stream of the Emergency and Acute Care Plan commenced from 24th August 2016. Streaming and pit stop have been implemented and support to the team to ensure these are embedded is in progress.

Changes to ward and board rounds in Medicine specialties in progress. Planning in progress to undertake a phased implementation of 'Red to Green' ('Purple to Value Add') – an NHSI initiative to support embedding of the ward changes through ensuring every patient has value added and no delays in their care. A roll out plan agreed between 19th October and 2nd December to cover all medical and surgical wards with dedicated input from Ward teams, CBU triumvirates, Divisional leadership across the Trust, Support Service teams and Executive leadership.

Additional ENPs have been recruited and the hours of the nurse practitioners extended to 23.00. Training of ENPs in expanded clinical areas commenced. A review of the portering workforce to support A&E and AMU has been undertaken and the Business Case submitted to Business Case Review Group. Frailty workforce model being finalised for implementation end November.

Work streams to progress actions arising from the rapid improvement event to reduce delayed discharges remain in place with action plans actioned/in progress. 120 day event held on 30th September and follow-up event planned for February. Trajectory for reducing delayed discharges being agreed with partners.

Following a recruitment campaign, one substantive consultant was appointed in September 2016. Support is being used from a recruitment company to further develop the recruitment strategy and recruit to the 4 vacancies. Maternity leave and paternity leave across the remaining Consultant staff is making cover of all shifts challenging. The use of Locum Consultants and GPs is being made to support the rota in the short term.

4.2 Ambulance Service Performance

Ambulance					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	16/17 - Sept	75%	75.08%	↑	The CCG is slightly over the 75% target year to date reaching 75.08%. In September out of 49 incidents there were 11 breaches (77.55%)
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	16/17 - Sept	75%	62.70%	↓	The CCG was under the 75% target year to date reaching 62.70%. In September out of 882 incidents there were 399 breaches (54.78%).
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	16/17 - Sept	95%	92.28%	↓	The CCG was under the 95% target year to date reaching 92.28%. In September out of 931 incidents there were 113 breaches (87.91%)
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWS) (Cumulative)	16/17 - Sept	75%	72.76%	↓	NWS reported under the 75% target year to date reaching 72.76%.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWS) (Cumulative)	16/17 - Sept	75%	64.91%	↓	NWS failed to achieve the 75% target year to date reaching 64.91%.
Ambulance clinical quality - Category 19 transportation time (NWS) (Cumulative)	16/17 - Sept	95%	90.80%	↓	NWS failed to achieve the 95% target year to date reaching 90.80%.
Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Aintree	16/17 - Sept	0	261	↑	The Trust recorded 261 handovers between 30 and 60 minutes, this is a slight decline on last month when 252 was reported but still over the zero plan.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Aintree	16/17 - Sept	0	342	↑	The Trust recorded 342 handovers over 60 minutes, this is again up on previous month when 193 were reported.

The CCG achieved 1 out of 3 indicators for ambulance service performance. (See above of number of incidents / breaches).

At both a regional and county level, NWS failed to achieve any of the response time targets. Activity levels continue to be significantly higher than was planned for and this (together with the ongoing issues regarding turnaround times) continues to be reflected in the performance against the response time targets.

The Trust experienced an increase in the number of delays in excess of 30 minutes during September 2016. The number of ambulance waits exceeding 30 minutes increased to 603 (an increase of 352) of which 342 ambulances were delayed in excess of 60 minutes (an increase of 84). Ambulance hospital arrival screen capture (HAS) deteriorated to 89.2% (-4%) and the average time from notification to handover standard of 15 minutes also declined. The Trust achieved an average of 32:18 minutes (-9:40 minutes) in September 2016 compared to the 22:38 minutes reported in the previous month.

4.3 Unplanned Care Quality Indicators

4.3.1 Stroke and TIA Performance

Stroke				
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	16/17 - Sept	80%	60.60%	↑
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	16/17 - Sept	60%	100%	↔

Aintree failed to achieve the Stroke target in September with only 20 out of 33 patients spending at least 90% of their time on a stroke unit.

33 patients were discharged from the Trust during the month with a diagnosis of stroke. Of the 13 patients who failed the standard, 12 arrived by ambulance and 1 arrived by private transport.

Of the 13 patients:

- 9 patients were identified as requiring direct admission to the Stroke Unit on admission but no stroke beds were available.
- 2 patients were referred to the stroke team after scanning.
- 2 patients were atypical presentations on arrival and later diagnosed as acute strokes.

It is noted that the Trust overall SSNAP score for January 2016 to March 2016 has dropped from B to a C. Reporting has moved to four monthly and results are expected early October 2016.

The current capacity pressures and delays to discharge are contributing towards lower than expected compliance against the standards. The Division is developing a refreshed stroke action plan to outline how risks to delivery will be mitigated and when performance will be improved which will be finalised in November.

Actions: Late referrals to the Stroke team following validation are discussed with the Acute and Emergency Care Teams so lessons can be learned.

All processes in progress to ensure the additional 2 HASU beds are open as soon as possible and the number of delayed discharges on the stroke unit reduces.

All patients are validated and those failing the standard are audited so lessons can be learned. Nurse recruitment is in progress following business case approval for hyper acute stroke beds. To date, recruitment has been difficult and there remain 6.49 WTE vacancies for Registered Nurses.

4.3.2 Mixed Sex Accommodation

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	16/17 - Sept	0.00	0.00	↓
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	16/17 - Sept	0.00	0.00	↓

In September the CCG and Aintree achieved the target for Mixed Sex Accommodation breaches after failing the previous month for the first time.

4.3.3 Healthcare associated infections (HCAI)

HCAI					
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	16/17 - Sept	27	27	↑	The CCG had 4 new cases reported in September 2016, 27 year to date. Of the 27 cases reported year to date 24 have been aligned to Aintree Hospital and 3 to the Royal Liverpool Broadgreen Hospital, (11 apportioned to acute trust and 16 apportioned to community). The year to date plan is 54.
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	16/17 - Sept	23	24 (16 following appeal)	↑	There were 5 new cases reported in September year to date a total of 24 against a year to date plan of 23. (8 successful appeals Apr to Oct) The year-end plan is 46.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	16/17 - Sept	0	1	↑	The first case of MRSA has been reported in September against a zero tolerance target.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	16/17 - Sept	0	0	↔	The Trust recorded no new cases of MRSA in September.

The CCG has had 4 new C.difficile cases reported in September, a total of 27 cases year to date against a year to date plan of 27.

For Aintree this year there have been 24 patients with Trust apportioned CDT including 5 cases in September. However, 8 cases have been upheld following appeal year to date.

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 has reported their first case of MRSA in September; this was a non-trust apportioned case.

4.3.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	16/17 - Sept	100	94.20	↓ ↑
Summary Hospital Level Mortality Indicator (SHMI)	16/17 - Q2	100	106.40	↑

HSMR is reported for the period Sept 2015 to August 2016 remains below expected at 94.20 after rebasing, this is higher than last month when 89.78 was reported.

SHMI for the period April 2015 – March 2016 is as expected at 106.40 this has increased by 3 points and further analysis is planned by the Trust.

4.4 CCG Serious Incident Management

An appointment has been made for the CCG Interim Programme Manager – Clinical Quality and Safety. After review, future reporting for serious incidents within the integrated performance report will be in line with CCG reporting schedule, as opposed to a month ahead.

As of the end of September 2016 (Month 6) the position on serious incidents for South Sefton CCG:

Aintree University Hospitals NHS Foundation Trust - 33 open Serious Incidents on StEIS for the Trust, 3 serious incidents reported in September 2016 making a total of 19 year to date. 18 remain open for >100 days. 3 cases have been subject to Safeguarding Adult Board (SAB) processes (Liverpool and Knowles). The case which had been open since 2014 has now been closed.

Liverpool Community Health NHS Trust - 25 open serious incidents on StEIS which have affected South Sefton CCG patients. 6 remain open for >100 days, 1 case is subject to management of NHS England and another is under Local Safeguarding Children Board processes. There were 6 serious incidents reported in September 2016 making a total of 21 year to date. 17 relate to pressure ulcers. The Trust is recruiting a registered nurse to support the pressure ulcer reduction programme.

MerseyCare NHS Foundation Trust - 37 incidents open on StEIS for either SS and or S&F CCG patients. Of which 15 have been open for >100 days. 3 serious incidents reported in September making a total of 27 year to date. 3 relate to Secure Services which are managed by NHS England Specialist Commissioning (2 – South Sefton CCG, 1 – Southport and Formby CCG).

4.5 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.

Delayed Transfers of Care (DTC's) increased to 33 during September 2016 (3.1%). Patient and/or family choice resulted in 14 delayed transfers (42.4%) and a further 11 were due to delays incurred whilst awaiting further NHS non acute care (33.3%).

Analysis of delays in September 2016 compared to September 2015 illustrates a 43% increase in the number of patients awaiting further NHS non acute care (+4) and 27% increase in delays due to patient or family choice (+3).

Delayed Transfers of Care April – September 2016

Reason For Delay	2015-16												2016-17					
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
A) COMPLETION ASSESSMENT	0	0	0	0	1	0	0	1	1	0	0	0	0	0	3	2	3	4
B) PUBLIC FUNDING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C) WAITING FURTHER NHS NON-ACUTE CARE	8	8	9	7	7	7	11	5	8	7	11	6	15	8	7	12	10	11
DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DII) AWAITING NURSING HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
E) AWAITING CARE PACKAGE IN OWN HOME	3	1	0	1	3	1	2	6	0	0	1	2	3	4	7	6	5	4
F) COMMUNITY EQUIPMENT/ADAPPTIONS	2	1	0	0	0	1	0	0	0	1	1	1	1	0	1	1	0	0
G) PATIENT OR FAMILY CHOICE	6	11	14	5	5	11	14	12	8	3	5	20	14	18	17	14	14	14
H) DISPUTES	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
I) HOUSING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Grand Total	20	22	24	13	16	20	27	24	17	11	18	30	33	30	36	35	32	33

In terms of actions taken by the CCG to reduce the number of Delayed Transfers of Care within the acute setting the Acute Care Commissioning Lead participates in the system wide teleconference each Monday at 12:30. This review of DTOC's, with participation from the acute Trust, Local Authorities and CCG's, assigns actions to key individuals and aims to remove those blockages which prevent a patient being discharged to their chosen place of care.

Further plans to support the reduction of delayed transfers of care are being discussed within the CCG and include a comprehensive review of at least one DTOC each week with the aim of identifying key points of learning and improve future systems and processes.

The CCG is currently reviewing intermediate care services (ICB) to ensure sufficient capacity exists to expedite appropriate discharges at the earliest opportunity. Transitional beds are discussed between the acute provider, local authority and the CCG and agreed on an individual patient basis to facilitate early discharge to the most appropriate community setting.

4.6 Patient Experience of Unplanned Care

Friends and Family Response Rates and Scores

Aintree University Hospital NHS Foundation Trust

Latest Month: **Sept-16**

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%	16.3%		87%	81%		7%	11%	

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

- % Response Rate
- % Recommended
- % Not Recommended

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target way in excess of the regional and national response rates for A&E.

The percentage of people that would recommend A&E has recently fallen and is now under the England average. As mentioned with the planned care FFT, the recent underperformance and downward trend was due to an unsuccessful pilot for collecting data by text message which impacted on both the number of responses and the performance. Once the poor response was realised the Trust immediately returned to using cards. The trust has provided assurance to the CCG that performance has improved in September although this improvement has not yet reflected in data available. The Trust FFT indicators are monitored monthly at their Patient Experience Executive Led Group. Head of Performance has given assurance that their response rate has now recovered in October.

Aintree's Patient Experience Lead recently attended the CCG's EPEG group and provided an update of their Patient Experience Strategy and how they use Friends and Family data. They demonstrated how feedback obtained is informing the trust how they can improve services for its patients. The presentation was well received by EPEG and gave assurances that patient engagement and experience is viewed as important as clinical effectiveness and safety in making up quality services.

4.7 Unplanned Care Activity & Finance, All Providers

4.7.1 All Providers

Performance at Month 6 of financial year 2016/17, against unplanned care elements of the contracts held by the CCG shows an under-performance of circa -£540k/-2%. This under-performance is clearly driven by Aintree Hospital reporting an under performance of -£454k/-3%. Liverpool Heart & Chest Hospital is reporting the largest year to date over performance with a £37k/29% variance.

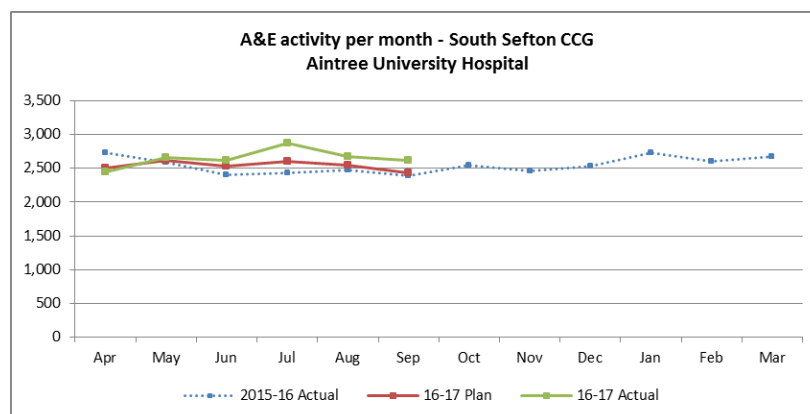
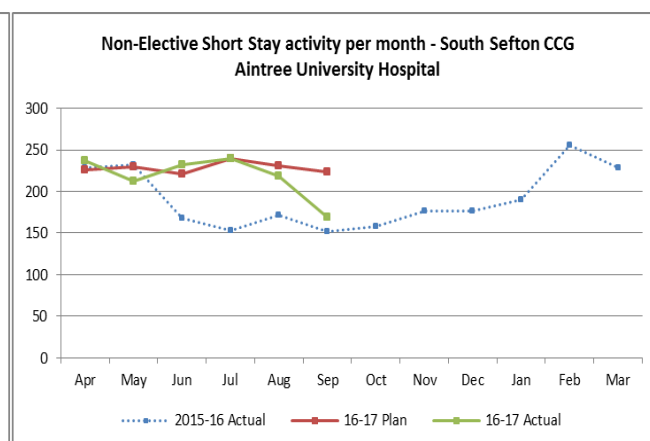
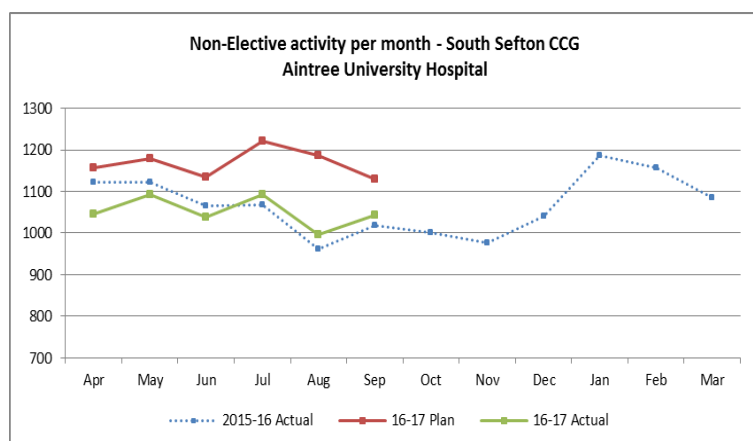
Figure 16 Month 1 Unplanned Care – All Providers

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
Aintree University Hospitals NHS F/T	47,895	52,507	4,612	10%	£17,549	£17,095	-£454	-3%
Alder Hey Childrens NHS F/T	4,765	4,546	-219	-5%	£998	£1,032	£35	3%
Central Manchester University Hospitals Nhs Foundation Trust	33	37	4	10%	£8	£6	-£2	-30%
Countess of Chester Hospital NHS Foundation Trust	0	30	30	0%	£0	£15	£15	0%
Liverpool Heart and Chest NHS F/T	111	59	-52	-47%	£127	£164	£37	29%
Liverpool Womens Hospital NHS F/T	1,931	1,739	-192	-10%	£1,708	£1,731	£22	1%
Royal Liverpool & Broadgreen Hospitals	3,275	2,804	-471	-14%	£1,213	£980	-£232	-19%
Southport & Ormskirk Hospital	6,343	6,556	213	3%	£1,441	£1,474	£33	2%
ST Helens & Knowsley Hospitals	448	507	59	13%	£179	£197	£18	10%
University Hospital Of South Manchester Nhs Foundation Trust	21	2	-19	-90%	£7	£4	-£3	-48%
Wirral University Hospital NHS F/T	122	109	-13	-11%	£44	£32	-£12	-26%
Wrightington, Wigan And Leigh Nhs Foundation Trust	21	24	3	14%	£8	£11	£3	39%
Grand Total	64,966	68,920	3,954	6%	£23,282	£22,742	-£540	-2%

4.7.2 Aintree University Hospital NHS Foundation Trust

Figure 17 Month 1 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	20,241	23,489	3,248	16%	£482	£482	£0	0%
A&E - Accident & Emergency	15,217	15,879	662	4%	£1,882	£1,963	£81	4%
NEL - Non Elective	6,986	6,287	-699	-10%	£13,352	£12,493	-£858	-6%
NELNE - Non Elective Non-Emergency	22	21	-1	-5%	£62	£68	£6	10%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	20	89	69	343%	£5	£19	£14	285%
NELST - Non Elective Short Stay	1,372	1,307	-65	-5%	£900	£921	£22	2%
NELXBD - Non Elective Excess Bed Day	4,037	5,435	1,398	35%	£867	£1,149	£282	33%
Grand Total	47,895	52,507	4,612	10%	£17,549	£17,095	-£454	-3%



4.7.3 Aintree Hospital Key Issues

Urgent Care under spend of -£454k is driven by a -£858k under performance in Non Elective activity. This under performance offsets the £282k over performance seen in Non Elective Excess Bed Days. Excess bed days has been raised through the official challenge process and reported through the various exec boards.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 18 NHS South Sefton CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS South Sefton CCG			
	Caseload as at 31/09/2016	2016/17 Plan	Variance from Plan	Variance on 31/09/2015
0 Variance	88	88	-	(2)
1 Common Mental Health Problems (Low Severity)	44	42	2	3
2 Common Mental Health Problems (Low Severity with greater need)	37	22	15	10
3 Non-Psychotic (Moderate Severity)	187	217	(30)	(28)
4 Non-Psychotic (Severe)	236	215	21	44
5 Non-psychotic Disorders (Very Severe)	67	62	5	9
6 Non-Psychotic Disorder of Over-Valued Ideas	45	40	5	8
7 Enduring Non-Psychotic Disorders (High Disability)	233	192	41	43
8 Non-Psychotic Chaotic and Challenging Disorders	117	98	19	23
10 First Episode Psychosis	137	138	(1)	2
11 On-going Recurrent Psychosis (Low Symptoms)	398	433	(35)	(32)
12 On-going or Recurrent Psychosis (High Disability)	342	307	35	36
13 On-going or Recurrent Psychosis (High Symptom & Disability)	95	112	(17)	(15)
14 Psychotic Crisis	26	21	5	2
15 Severe Psychotic Depression	7	6	1	3
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	39	34	5	8
17 Psychosis and Affective Disorder – Difficult to Engage	50	58	(8)	(8)
18 Cognitive Impairment (Low Need)	224	223	1	14
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	425	505	(80)	(89)
20 Cognitive Impairment or Dementia Complicated (High Need)	392	332	60	71
21 Cognitive Impairment or Dementia (High Physical or Engagement)	139	76	63	79
Cluster 99	547	402	145	215
Total	3,875	3,623	252	396

5.1.1 Key Mental Health Performance Indicators

Figure 19 CPA – Percentage of People under CPA followed up within 7 days of discharge

	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	100%	100%	100%	94%	100%

Figure 20 CPA Follow up 2 days (48 hours) for higher risk groups

	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
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%	100%	100%	No Patients	100%	100%	100%

Figure 21 Figure 16 EIP 2 week waits

	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
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%	0%	100%	33.33%	50.00%	50%	59%
	Rolling Quarter			37.50%	50.00%	50%	57.14%

The EIP service is in the process of recruiting additional staff as per the business case that was agreed in April 2016 and it is anticipated that as staff come on stream that performance will improve. All additional staff will be in place by January 2017.

5.1.2 Mental Health Contract Quality Overview

To mitigate against the risk of 12 hour breaches in Aintree UH the CCG agreed to maintain the level of ex-SRG funding until the end of March 2017, this will enable A&E liaison to operate on a 24/7 basis. Ward cover will be Monday to Friday 9am – 9pm.

Commissioners will be involved the Trust’s review of the acute care pathway (including crisis). This initial scoping and gathering of evidence and intelligence is expected to be completed by February 2017. The review will consider system wide issues that impact on the effective delivery of the acute care pathway, these will include pathways in and out of the Mersey Care services and the interfaces with other providers and partners and will recommend models for each of the Mersey Care services (e.g. Access Service, A&E Liaison, Community Mental Health Teams), functions in the pathway (Stepped Up Care, Bed Management, Single Point of Access) and specialist pathways (e.g. personality disorder pathway, in-patient pathway)

The recommendations from the Review will be considered by both Mersey Care NHS Foundation Trust and the North Mersey Transformation. If accepted, the implementation of the recommendations will form a key area of work for both the Trust and the Transformation Board to begin from 2017/18 onwards.

Psychotherapy Treatment commencing within 18 weeks of referrals - The numbers waiting 18 weeks has risen slightly as has the length of wait. The Trust has recruited 2 new therapists coming into post in the next 6 weeks which will help reduce waits.

The CCG is still awaiting assurance from the Trust that GP communication will improve and be sustained.

5.2 Improving Access to Psychological Therapies

Figure 22 Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March
National definition of those who have entered into treatment	2015/16	143	158	201	204	166	232	184	252	267	343	262	256
	2016/17	282	295	293	272	244	268						
2016/17 approx. numbers required to enter treatment to meet monthly Access target of 1.3%	Target	306	306	306	306	306	306	306	306	306	306	306	306
	Variance	-24	-11	-13	-34	-62	-38						
	%	-7.9%	-3.6%	-4.3%	-11.2%	-20.3%	-12.5%						
Access % ACTUAL - Monthly target of 1.3% - Year end 15% required	2015/16	0.6%	0.7%	0.8%	0.8%	0.7%	1.0%	0.8%	1.0%	1.1%	1.4%	1.1%	1.1%
	2016/17	1.2%	1.2%	1.2%	1.1%	1.0%	1.1%						
Recovery % ACTUAL - 50% target	2015/16	60.0%	45.1%	56.0%	52.0%	45.0%	48.1%	53.6%	47.1%	38.6%	32.5%	46.4%	50.0%
	2016/17	40.9%	45.4%	45.7%	41.4%	42.7%	43.5%						
ACTUAL % 6 weeks waits - 75% target	2015/16	96.8%	94.2%	94.1%	96.6%	95.4%	97.2%	93.8%	94.7%	98.3%	93.5%	99.1%	96.3%
	2016/17	93.5%	98.5%	96.4%	97.4%	97.7%	95.5%						
ACTUAL % 18 weeks waits - 95% target	2015/16	99.2%	99.2%	100.0%	100.0%	100.0%	100.0%	99.3%	100.0%	100.0%	99.2%	100.0%	100.0%
	2016/17	100.0%	100.0%	100.0%	100.0%	100.0%	98.7%						
National definition of those who have completed treatment (KPI5)	2015/16	134	117	120	136	119	143	117	132	119	124	114	162
	2016/17	163	147	141	153	133	163						
National definition of those who have entered Below Caseness (KPI6b)	2015/16	9	4	11	9	10	8	5	13	5	7	2	6
	2016/17	4	6	3	1	2	9						
National definition of those who have moved to recovery (KPI6)	2015/16	75	51	61	66	49	65	60	56	44	38	52	78
	2016/17	65	64	63	63	56	67						
Referral opt in rate (%)	2015/16	95.4%	89.9%	80.3%	73.8%	78.2%	74.3%	72.0%	66.2%	75.0%	86.0%	83.0%	84.0%
	2016/17	85.1%	88.3%	88.3%	81.9%	80.2%	80.4%						

The provider (Cheshire & Wirral Partnership) reported 268 South Sefton patients entering treatment in month 6, which is a 10% increase from the previous month. The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is currently set at 15% for 2016/17 year end. Current activity levels provide a forecast outturn of 13.6% against the 15% standard. This would represent an improvement to 2015/16 when South Sefton CCG reported a year end access rate of 11.0%.

There were 398 Referrals in Month 6 which was an increase of 14% compared to the previous month; of these 62% were Self-referrals. GP Referrals increased to 94 compared to 76 for Month 5. This is the highest number of GP Referrals since February 2016. 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 43.5% in month 6, which does not meet the minimum standard of 50%. A forecast outturn at month 6 gives a year end position of 43.2%, which is below the year- end position of 2015/16 (48.0%). The provider believes that it is possible

recovery will dip as the longest waiters are brought into service, as more are likely to disengage without completing treatment. However, as waits reduce, this is expected to improve.

Cancelled appointments by the provider saw a decrease in month 6 from 102 reported in month 5 to only 55 reported in month 6 (a 46% decrease).

There was a slight decrease in DNAs in Month 6 from 177 in month 5 to 151 in month 6; 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.

To date in 2016/17, 96.4% 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 achieved the monthly RTT targets throughout 2015/16 and in the first six months of 2016/17 for South Sefton CCG.

Support and advice has been received from the National Intensive Support Team. The recommendations made around the IAPT hidden waits and the long waiters have been taken on board. South Sefton CCG is working closely with the Provider to gain more information and analysis around these areas which will aim to bring about improvements.

5.2.1 Improving Access to Psychological Therapies Contract Quality Overview

Internal waiting lists within the service are impacting on both recovery and access KPIs and the following actions are being planned or put in place:

- The service is planning from 31/10/2016 to introduce group work/ workshops to so as to start tackling the issue. This will provide interventions to those already assessed as having step 3 therapies to reduce internal waits. A new member of staff has been recruited who has experience of similar work in other CWP IAPT site in Cheshire.
- The cohort of longest waiters will be “ring fenced” and targeted for interventions An extra Psychological Wellbeing Practitioner (PWP) is providing an additional (extra 20 sessions) and three agency PWP staff have recently commenced providing (90 extra sessions). The service communicated to GPs in October that all new referrals who require follow up will be seen within 6 weeks.
- One counsellor has recently commenced (11x sessions/week)
- A Cognitive Behavioural Therapist and a further PWP are being recruited (the latter having being offered employment contract.
- Additional step 2 sessions made available (12x sessions /week) along with increased telephone interventions across the wider service.
- Robust clinical management / individual performance of practitioners to mitigate against long internal waits.

- Single appointment booking system via admin (previously done by individual practitioners which resulted in variation).
- Intensive Support Team involvement session took place on 21st October 2016 which identified services issues including productivity and training which are contributing to internal waits.
- Inclusion of internal waiting list related KPIs for 17/18.

Progress will be monitored via the Quality and Contract meetings.

5.3 Dementia

Summary for NHS South Sefton dementia registers at 30-09-2016

People Diagnosed with Dementia (Age 65+)	1,182
Estimated Prevalence (Age 65+)	2,091
Gap - Number of addition people who could benefit from diagnosis (all ages)	996
NHS South Sefton - Dementia Diagnosis Rate (Age 65+)	56.5%
National estimated Dementia Diagnosis Rate	67.5%
Target	66.70%

A plan is in place to improve the South Sefton Dementia Diagnosis rate. A bespoke set of searches have been developed into a dementia toolkit and are ready to be rolled out to the south Sefton Facilitators Data facilitators who will work with each practice and run the searches. It is hoped the searches will generate errors in coding and identify patients with memory or associated cognitive difficulties that are not identified as having dementia. Clinical staff will be required to review some of the queries from the searches and also contact patients to attend for a review.

Currently awaiting feedback from iMersey Information Facilitators on uptake and participation from GP practices regarding the recent roll out of bespoke system searches.

The dementia diagnosis rate has fallen slightly compared to the August rate (56.6%).

6. Community Health

6.1 Liverpool Community Health Contract

There are currently no outstanding activity queries as everything seems in line with previous months.

There is currently a District Nursing systems review taking place across LCH. This is to review processes in relation to manual and electronic requirements. EMIS mobile is not yet available for DNs and so there is a requirement to duplicate information on paper and on EMIS. This is known to impact on the level of information added to the system. The current variance though is within agreed tolerance levels and the Trust is forecasting that activity levels will be higher than last year.

An EMIS mobile app was trialled in Adult Physio, so staff can enter information straight onto the system in the community rather than making paper records and then having to duplicate the

information in EMIS. This programme was delivered by IM. There is a report that has been produced in relation to the pilot. The Trust is to send a copy for information.

6.1.1 Patient DNA's and Provider Cancellations

A number of services have seen a high number of DNA's and Provider cancellations so far in 2016/17.

For patient DNAs, Sefton Physio Service reported a high rate of 18.8% in September 2016, however this is an improvement on last month. Adult Dietetics is also high this month at 27.7%, a further decline on the previous two months performance, and Paediatric Dietetics at 27.1%, a slight decline on last month. Total DNA rates at Sefton are green for this month at 7.3%.

Provider cancellation rates remain relatively static this month, with no services reporting red. Total hospital cancellation rate for Sefton is green at 2% this month.

Treatment rooms, Podiatry, Physio, Adult Dietetics, and Paediatric Dietetics have all continued the trend of previous years showing high numbers of patient cancellations. All services are above 10% for September 2016. Total patient cancellations for Sefton have improved in Sept-16 at 9.9%, compared to 10.9% reported last month and 12.8% in Jul-16.

The following policies are in place in the Trust to try and reduce patient cancellations and DNA's:-

- An "opt-in" policy where patients are told to ring up to book an appointment.
- Information posters in some buildings on DNA/cancellation rates.
- Text reminders to reduce DNA's.

Patient cancellation rates have been discussed in previous contract review meetings. In instances where appointments are rearranged, the only way to take the original appointment off the system is to cancel it and then re-book. It was agreed that this does not necessarily mean this is having a negative effect on the patient or the utilisation of the clinic, as that slot could potentially be rebooked. It was suggested that a clinic utilisation report may be useful but the Trust has not yet provided one.

6.1.2 Waiting Times

Waiting times are reported a month in arrears. The following issues have arisen in August 2016;
Physiotherapy: Waiting times have steadily increased over the past three months, resulting in this service failing the 18 week target in August – 23 weeks on the incomplete pathway and 28 weeks on the completed pathway. The longest waiter was two patients waiting at 32 weeks.

Podiatry: Waiting times on the completed pathways have steadily declined over the past three months, whilst the incomplete have remained relatively steady. The average wait (95th percentile) on the completed pathway was 26 weeks in August. The longest waiter was at 40 weeks.

Nutrition & Dietetics: Waiting times on the completed pathways have increased to 23 weeks in August resulting in a breach of the 18 week target, whilst the incomplete pathway is still achieving. The longest waiter was at 28 weeks.

Paediatric SALT: A new reporting process has now been set up for this service, and the Trust has begun to report waiting times information from August. On the incomplete pathway the average waiting time (92nd percentile) was 28 weeks, with the longest waiting patient at 39 weeks.

6.2 Any Qualified Provider LCH Podiatry Contract

The trust continues to use the £25 local tariff. At month 6 2016/17 the YTD costs for the CCG are £149,122 with attendances at 1,581. At the same time period last year the costs were £209,271 and attendances at 2,277.

6.2.1 Liverpool Community Health Quality Overview

The Trust has revised their CQC Action Plan and shared with commissioners, the Trust will be supported with progressing actions up until services are transferred to the new providers. Therapies waiting times are being monitored through the CQC Action Plans at the Collaborative Forum and CQPGs.

Healthwatch Sefton has highlighted concerns regarding services provided at Maghull Health Centre. Healthwatch Sefton have escalated an issue to South Sefton Clinical Commissioning Group and Care Quality Commission in October regarding specific issues on staffing and estates and phone lines which may impact on patient care, an update will be provided at the December CQPG.

6.3 Southport and Ormskirk Trust Community Services

EMIS Switch Over

Activity

The Trust continue to progress in moving over services from the old IPM clinical system to EMIS. As this continues potential data quality and reporting issues may arise. The CCG has requested from the Trust a detailed report on the issues affecting each service and actions on how these are to be resolved.

Since the shift from IPM to EMIS reporting on Referrals, Contacts and Waiting times have been affected. The CCG and Trust are working together to resolve the issues. The Trust has advised of the following issues and is continuing to work through them service by service;

- The Trust is unable to split out domiciliary and clinic activity from EMIS, activity is currently being reported as a combined figure for the time being.
- There are some duplicates in the referrals data as all open caseloads had to be migrated across.

All services have now gone live on the new system.

Waiting times

At the latest Information Sub Group meeting the Trust presented a waiting times report which highlighted the extent of the current data quality issues since the system switch over. The Trust will continue to provide the waiting times report monthly and highlight the services where the data quality has been corrected for the CCG to monitor.

The report highlights issues in Phlebotomy and Treatment Rooms with waiting times increasing over recent weeks. The Trust continues to monitor this and update the CCG.

7. Third Sector Contracts

Providers of several services in the area have received notice that funding for their service will cease from 1st December 2016. Further letters reminding these providers that funding will cease from this date have been sent.

8. Primary Care

8.1 Primary Care Dashboard progress

We are reviewing the primary care dashboard that has been used in 2015/16 with a view to understanding the needs for reporting across the organisation from a quality, improvement, QIPP perspective. We are also working closely with other CCGs to look at practice elsewhere, and the ability of Midlands and Lancashire Commissioning Support Unit's Business Intelligence tool, Aristotle to be able to report practice level primary care information. We feel that information should be made available to practices in a timely and consistent format to aid locality discussions. From this, localities can use this data to request further analysis, raise queries with providers, determine local priorities for action, understand demand, and monitor improvement. We are now working with MLCSU to further define the indicators for the dashboard with a further meeting planned to refine these in December.

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. The latest results posted in this month are as follows:

Drs Misra and Bird Surgery Good

133 Liverpool Road, Crosby, Liverpool, L23 5TE
(0151) 931 9197
Provided by: Drs Misra and Bird

Doctors/GPs

Specialisms/services

- Diagnostic and screening procedures
- Maternity and midwifery services
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

CQC inspection area ratings
(Latest report published on 10 November 2016)

Safe	Requires improvement ●
Effective	Good ●
Caring	Good ●
Responsive	Good ●
Well-led	Good ●

CQC inspections and ratings of specific services
(Latest report published on 10 November 2016)

Older people	Good ●
People with long term conditions	Good ●
Families, children and young people	Good ●
Working age people (including those recently retired and students)	Good ●
People whose circumstances may make them vulnerable	Good ●
People experiencing poor mental health (including people with dementia)	Good ●

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Kingsway Surgery Good (Dr Shaw & Dr McDonagh)



30 Kingsway, Waterloo, Liverpool, L22 4RQ
 (0151) 928 8668
 Provided by: Kingsway Surgery

CQC inspection area ratings
 (Latest report published on 7 November 2016)

Safe	Good ●
Effective	Good ●
Caring	Good ●
Responsive	Good ●
Well-led	Good ●

CQC Inspections and ratings of specific services
 (Latest report published on 7 November 2016)

Older people	Good ●
People with long term conditions	Good ●
Families, children and young people	Good ●
Working age people (including those recently retired and students)	Good ●
People whose circumstances may make them vulnerable	Good ●
People experiencing poor mental health (including people with dementia)	Good ●

Doctors/GPs and Clinics

Specialisms/services

- Diagnostic and screening procedures
- Family planning services
- Maternity and midwifery services
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

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9. Better Care Fund

A Better Care Fund Plan for 2016/17 has been agreed and submitted to the national Better Care Support Team and joint work has been undertaken to further develop these plans for implementation. In the meantime we have prepared a Quarter 2 performance report to NHSE for submission on 22nd November 2016.

10. CCG Improvement & Assessment Framework (IAF)

10.1 Background

A new NHS England improvement and assessment framework for CCGs became effective from the beginning of April 2016, replacing the existing CCG assurance framework and CCG performance dashboard. The new framework aligns key objectives and priorities, including the way we assess and manage our day to day relationships with CCGs. In the Government's Mandate to NHS England, the framework takes an enhanced and more central place in the overall arrangements for public accountability of the NHS.

The framework draws together in one place 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.

10.2 Q2 Improvement & Assessment Framework Dashboard

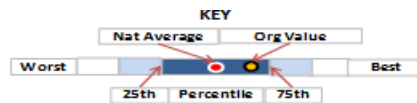
Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better is...	Range
Better Health						
▲ Maternal smoking at delivery	Q1 16/17	13.2%	10.2%		L	
◀▶ Percentage of children aged 10-11 classified as overweight or obese	2014-15	34.5%	33.2%		L	
▼ Diabetes patients that have achieved all the NICE recommended treatment targets: Three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children	2014-15	44.7%	39.8%		H	
▲ People with diabetes diagnosed less than a year who attend a structured education course	2014-15	4.1%	5.7%		H	
◀▶ Injuries from falls in people aged 65 and over	Mar-16	1,810	2,014		L	
▼ Utilisation of the NHS e-referral service to enable choice at first routine elective referral	Jul-16	78.2%	52.0%		H	
◀▶ Personal health budgets	Q1 16/17	22.4	11.3		H	
▲ Percentage of deaths which take place in hospital	Q4 15/16	42.5%	47.0%		◊	
▲ People with a long-term condition feeling supported to manage their condition(s)	2016	73.0%	64.3%		H	
▲ Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions	Q4 15/16	1,226	929		L	
▲ Inequality in emergency admissions for urgent care sensitive conditions	Q4 15/16	2,837	2,168		L	
▼ Anti-microbial resistance: appropriate prescribing of antibiotics in primary care	Jul-16	1.2	1.1		◊	
◀▶ Anti-microbial resistance: Appropriate prescribing of broad spectrum antibiotics in primary care	Jul-16	6.5%	9.3%		◊	
▼ Quality of life of carers	2016	77.7%	80.0%		H	
Better Care						
◀▶ Cancers diagnosed at early stage	2014	54.8%	50.7%		H	
▲ People with urgent GP referral having first definitive treatment for cancer within 62 days of referral	Q1 16/17	73.4%	82.2%		H	
▲ One-year survival from all cancers	2013	67.1%	70.2%		H	

Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better is...	Range
Better Care						
◀▶ Cancer patient experience	2015	8.8	SN/A		H	
▼ Improving Access to Psychological Therapies recovery rate	Jun-16	37.1%	48.9%		H	
▲ People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	Jul-16	44.4%	72.0%		H	
◀▶ Reliance on specialist inpatient care for people with a learning disability and/or autism	Q1 16/17	64	SN/A		L	
◀▶ Proportion of people with a learning disability on the GP register receiving an annual health check	2014-15	58.0%	47.0%		H	
◀▶ Neonatal mortality and stillbirths	2014-15	4.5	7.1		L	
◀▶ Women's experience of maternity services	2015	81.2	SN/A		H	
◀▶ Choices in maternity services	2015	67.0%	SN/A		H	
▼ Estimated diagnosis rate for people with dementia	Aug-16	56.6%	67.3%		H	
◀▶ Dementia care planning and post-diagnostic support	2014/15	77.6%	77.0%		H	
◀▶ Achievement of milestones in the delivery of an integrated urgent care service	August 2016	4			H	
▼ Emergency admissions for urgent care sensitive conditions	Q4 15/16	3,338	2,359		L	
▼ Percentage of patients admitted, transferred or discharged from A&E within 4 hours	Aug-16	86.9%	91.0%		H	
▼ Delayed transfers of care per 100,000 population	Aug-16	10.7	14.1		L	
▲ Population use of hospital beds following emergency admission	Q4 15/16	1.3	1.0		L	
▼ Management of long term conditions	Q4 15/16	1,193	795		L	
▲ Patient experience of GP services	H1 2016	81.2%	85.2%		H	
◀▶ Primary care workforce	H1 2016	0.9	1.0		H	
▼ Patients waiting 18 weeks or less from referral to hospital treatment	Aug-16	92.4%	91.0%		H	
▲ People eligible for standard NHS Continuing Healthcare	Q1 16/17	44.5	46.0		H	
Sustainability						
◀▶ Financial plan	2016	Amber	SN/A		H	
◀▶ In-year financial performance	Q1 16/17	Amber			H	
◀▶ Outcomes in areas with identified scope for improvement	Q1 16/17	CCG not i	58.3%		H	
▲ Digital interactions between primary and secondary care	Q2 16/17	59.6%			H	
◀▶ Local strategic estates plan (SEP) in place	2016-17	Yes	SN/A		H	
Well Led						
◀▶ Staff engagement index	2015	3.8	3.8		H	
◀▶ Progress against workforce race equality standard	2015	0.2	0.2		L	
◀▶ Effectiveness of working relationships in the local system	2015-16	69.4	SN/A		H	
◀▶ Quality of CCG leadership	Q1 16/17	Green	SN/A		H	

Please Note: If indicator is highlighted in GREY, this indicator will be available at a later date

If indicator is highlighted in BLUE, this value is in the lowest performance quartile nationally.

KEY
 H = Higher
 L = Lower
 <=> = N/A



Appendix – Summary Performance Dashboard

Metric	Reporting Level	2016-17														
		Q1			Q2			Q3			Q4			YTD		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
Preventing People from Dying Prematurely																
Cancer Waiting Times																
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G	G	G	G	G	G							G	
		Actual	94.772%	94.697%	95.563%	96.604%	96.918%	97.661%								96.011%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
1879: % Patients seen within two weeks for an urgent GP referral for suspected cancer (QUARTERLY) 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	G			G									G	
		Actual	95.021%			96.99%									95.982%	
		Target	93.00%			93.00%			93.00%			93.00%			93.00%	
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	G	G	R	G	G	G							G	
		Actual	100.00%	96.078%	89.091%	94.18%	94.34%	95.455%							94.88%	
		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%	
1880: % of patients seen within 2 weeks for an urgent referral for breast symptoms (QUARTERLY) 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			G									G	
		Actual	95.062%			94.706%									94.88%	
		Target	93.00%			93.00%			93.00%			93.00%			93.00%	
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G	G	G	G	G	G							G	
		Actual	96.61%	98.305%	98.387%	100.00%	98.795%	100.00%							98.715%	
		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%	

1881: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (QUARTERLY) 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
		Actual	97.253%		99.522%									98.465%
		Target	96.00%		96.00%		96.00%		96.00%		96.00%		96.00%	
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	R	G	G	R	G	G						G
		Actual	90.909%	100.00%	100.00%	91.667%	100.00%	100.00%						96.667%
		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%
1882: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	G		G								G	
		Actual	96.774%		96.552%								96.667%	
		Target	94.00%		94.00%		94.00%		94.00%		94.00%		94.00%	
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	G	G	R	G	G					G	
		Actual	100.00%	100.00%	100.00%	94.737%	100.00%	100.00%					99.248%	
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	
1883: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G		G								G	
		Actual	100.00%		98.734%								99.265%	
		Target	98.00%		98.00%		98.00%		98.00%		98.00%		98.00%	
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	R	G	R	G	R					G	
		Actual	100.00%	93.333%	100.00%	91.667%	95.238%	93.548%					95.327%	
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	
1884: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G		R								G	
		Actual	97.674%		93.75%								95.327%	
		Target	94.00%		94.00%		94.00%		94.00%		94.00%		94.00%	

539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	G	G	G	G	G	G								G	
		Actual	88.462%	91.429%	92.105%	90.323%	86.957%	86.667%									89.32%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
1885: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (QUARTERLY) 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	G			G										G	
		Actual	90.099%			87.85%										88.942%	
		Target	85.00%			85.00%			85.00%			85.00%			85.00%		
540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	G	G	G	G	G	G								G	
		Status	P	P	P	P	P	P									-
		Actual	100.00%	-	-	100.00%	100.00%	100.00%									100.00%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
1886: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (QUARTERLY) 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	
		Actual	100.00%			100.00%										100.00%	
		Target	90.00%			90.00%			90.00%			90.00%			90.00%		

Ambulance

1887: Category A Calls Response Time (Red1) Number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	G	R	R	R	R	R								R	
		Actual	76.47%	74.28%	73.06%	70.45%	72.60%	69.49%									72.76%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	South Sefton CCG	RAG	G	G	R	R	R	G									R
		Actual	76.56%	78.00%	74.50%	71.43%	72.92%	77.55%									74.994%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%

1889: Category A (Red 2) 8 Minute Response Time Number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R	R	R										R	
		Actual	67.46%	66.26%	66.20%	62.69%	65.25%	61.75%											64.898%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	South Sefton CCG	RAG	R	R	R	R	R	R											R
		Actual	72.10%	66.50%	62.40%	57.55%	62.18%	54.78%											62.666%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
546: Category A calls responded to within 19 minutes Category A calls responded to within 19 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R	R	R										R	
		Actual	92.01%	91.47%	91.49%	89.81%	91.09%	89.04%											90.803%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
	South Sefton CCG	RAG	G	R	R	R	R	R											R
		Actual	95.08%	94.50%	91.20%	91.44%	93.48%	87.91%											92.27%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
1932: Ambulance: 30 minute handover delays Number of ambulance handover delays over 30 minutes	UNIVERSITY HOSPITAL AINTREE	Actual	285	326	318	520	446	603										2,498	
1933: Ambulance: 60 minute handover delays Number of ambulance handover delays over 60 minutes	UNIVERSITY HOSPITAL AINTREE	Actual	106	137	146	258	195	342										1,184	

Enhancing Quality of Life for People with Long Term Conditions

Mental Health

138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G	G														G	
		Actual	98.148%	98.00%															98.077%
		Target	95.00%	95.00%					95.00%			95.00%							95.00%

Episode of Psychosis

2099: First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral	South Sefton CCG	RAG	R	G	R	G	G	G								G	
		Actual	0.00%	100.00%	33.333%	50.00%	50.00%	85.714%									57.895%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%

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

Ensuring that People Have a Positive Experience of Care

EMSA

1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG	G	G	G	R	R	G								R	
		Actual	0	0	0	1	4	0									5
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG	G	G	G	R	R	G								R	
		Actual	-	-	-	0.25	0.99	-									5.00
		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	0.00

Referral to Treatment (RTT) & Diagnostics

1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	G	G	G	G	G	R								G	
		Actual	94.954%	95.213%	93.919%	93.333%	92.354%	91.272%									93.507%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%

1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	G	R	G	G	G							R	
		Actual	1	0	1	0	0	0								2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	G	R	G	G	R	G							G	
		Actual	0.748%	100%	0.494%	0.711%	1418%	0.527%								0.813%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Cancelled Operations

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

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

HCAI

497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	South Sefton CCG	RAG	G	G	G	G	G	R							R	
		YTD	0	0	0	0	0	1								1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	South Sefton CCG	RAG	G	G	G	G	G	G							G	
		YTD	3	9	14	18	23	27								29
		Target	5	11	14	18	23	28	34	39	43	45	48	54	34	

Accident & Emergency																
2123: 4- Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	South Sefton CCG	RAG	R	R	R	R	R	R							R	
		Actual	90.136%	88.339%	89.153%	87.626%	86.862%	86.848%								88.139%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
1927: A&E Attendances: All Types Number of attendances at all A&E depts	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	R	R	R	R	R							R	
		YTD	12,667	26,315	39,928	54,353	67,997	81,689								81,689
		Target	13,065	25,953	38,549	51,546	63,742	75,688	88,051	100,015	112,407	124,538	135,739	149,085	75,688	
1928: 12 Hour Trolley waits in A&E Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	R	G	G	G	R	R							R	
		Actual	5	0	0	0	2	2								9
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	