

**South Sefton Clinical
Commissioning Group**
Integrated Performance Report
October 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 7 (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 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 8 before the application of reserves is £0.287m overspend against plan with a year-end forecast of £0.362m overspend following mitigation of cost pressures with the CCG contingency budget. The forecast position deteriorated by £0.394m overall during the month, this was due to increased expenditure forecasts within acute care.

The QIPP requirement to deliver the planned surplus of £1.250m for the financial year is £10.384m. QIPP delivered at the end of Month 8 is £4.642m and the forecast overspend on operational budgets is £0.362m. At this stage, the CCG has identified a further £1.757m 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 £1.897m. The CCG needs to deliver a further £2.147m 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.

Planned Care

Local referrals data from our main providers shows no change in the overall level of referrals comparing months 1-7 of 2016/17 with the previous year. GP referrals are slightly above comparing against the same period last year (0.1%, 26 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 & Renacres Hospital have been excluded from the analysis due to validation errors in month 7 submission.

The CCG and Aintree achieved the less than 1% plan for diagnostics in October, showing an improvement on the September position.

October saw the CCG only just failing the 92% target for RTT incomplete pathways reaching 91.92%. For Aintree the RTT performance remains below the required DoH standard of 92% for all incomplete pathways at 89.22% during October 2016. This represents a marginal improvement from the previous month at 88.7%. This slight improvement is following a period of underachievement of the incomplete performance against the National Standard month on month since June 2016. During the past 2 months the caseload has also started to decrease.

All cancer indicators performed favourably except Aintree failed the 62 day wait for first treatment following referral from an NHS Screening Service in October, recording 85.71%. Out of 7 patients 6 were treated. The reasons for the breach were repeat colonoscopies, delay in CT scan assessment and 4 MDT discussions before planned surgery. Year to date there have been a total of 37.5 patients and 4.5 breaches (88%). 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.

Unplanned Care

Aintree failed to meet the Sustainability & Transformation Fund (STF) trajectory of 95% by September 2016 as agreed with NHS Improvement. The Trust's performance was at 84.8% for October. Actions are in place including 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.

At both a regional and county level, NWAS 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 continue to fail the Stroke target in October with only 17 out of 27 patients spending at least 90% of their time on a stroke unit. A Stroke action has been developed and is to be submitted to the Divisional meeting for approval. Nurse recruitment is in progress following business case approval for hyper acute stroke beds, recruitment has been difficult and there remain 6.49 WTE vacancies for registered nurses.

After achieving the previous month in October the CCG had 3 mixed sex accommodation breaches (a rate of 0.5) and have therefore breached the zero tolerance threshold. The breaches were at Aintree (1) and Royal Berkshire NHS Foundation Trust (2). Aintree had 2 mixed sex accommodation breaches (a rate of 0.2) and have also breached the zero tolerance threshold. Of the 2 breaches 1 was for South Sefton CCG and 1 Knowsley CCG, both patients were step downs from the VIC no longer requiring ventilation.

The CCG has had 2 new *C.difficile* cases reported in October, a total of 29 cases year to date against a year to date plan of 34. For Aintree this year there have been 27 patients with Trust apportioned CDT including 3 cases in October. 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 had no new cases of MRSA in October and only reported their first case in September; this was a non-trust apportioned case.

As of the end of October 2016 (Month 7) there are a total of 107 serious incidents open on StEIS where South Sefton CCG are either lead or responsible commissioner. 74 of these apply to South Sefton CCG patients with 11 reported in October.

There are 33 open Serious Incidents for Aintree University Hospitals NHS Foundation Trust. 1 was reported in October 2016 making a total of 20 this financial year. 21 remain open for >100 days, 3 are subject to Safeguarding Adult Board (SAB) processes (Liverpool and Knowsley) and 1 subject to police investigation.

There are 31 open serious incidents on StEIS for Liverpool Community Health NHS Trust for South Sefton CCG patients. 7 were reported in October 2016 making a total of 28 year to date, 7 relating to pressure ulcers. 13 remain open for >100 days, 1 is subject to management by NHS England and another is under Local Safeguarding Children Board processes. A composite pressure ulcer action plan remains in place which continues to be monitored at the monthly Clinical Quality and Performance meeting.

There are 16 incidents open for Mersey Care NHS Foundation Trust for South Sefton CCG patients. 1 was reported in October making a total of 14 year to date. 9 remain open >100 days. 2 incidents reported in June relate to Secure Services which are managed by NHS England Specialist Commissioning.

Delayed Transfers of Care (DTC's) decreased to 18 in October from 33 in September 2016 (83.3%). Patient and/or family choice resulted in 6 delayed transfers (33.3%), a further 8 were due to delays incurred whilst awaiting further NHS non acute care (44.4%) and 4 were due to awaiting care package in own home. (22.2%). The CCG Acute Care Commissioning Lead participates in the weekly system wide teleconference to review of DTC'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 DTC 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 in October. 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 that performance has improved although this improvement has not yet reflected in data available. The Trust FFT indicators are monitored monthly at their Patient Experience Executive Led Group.

Performance at Month 7 of financial year 2016/17, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£362k/-1%. This under-performance is clearly driven by Aintree Hospital reporting an under performance of -£385k/-2%. Alder Hey Hospital is reporting the largest year to date over performance with a £80k/7% variance.

Mental Health

The 3 Key Mental Health Performance Indicators are achieving.

The number of patients entering treatment with the Improving Access to Psychological Therapies (IAPT) provider (Cheshire & Wirral Partnership) was 269 patients which is comparable with the previous month. Current activity levels provide a forecast outturn of 13.6% against the 15% standard. This would represent an improvement to 2015/16 when the CCG reported a year end access rate of 11.0%.

There were 331 Referrals in Month 7 which was a decrease of 17% compared to the previous month; of these 63% were Self-referrals. GP Referrals decreased to 61 compared to 94 for Month 6. 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 41.5% in month 7, which does not meet the minimum standard of 50%. A forecast outturn at month 7 gives a year end position of 43.0%, 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 slight increase in month 7 from 55 reported in month 6 to 58 in month 7.

There was a further slight decrease in DNAs in Month 7 from 151 in month 6 to 137 in month 7; 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.

Latest guidance from Operations and Guidance Directorate NHS England has confirmed that following a review by NHS Digital a decision has been made to change the way the dementia diagnosis rate is calculated. The new methodology is based on GP registered population instead of ONS population estimates. Using registered population figures is more statistically robust than the previous mixed approach. The new methodology takes the calculation of South Sefton's diagnosis rate to 63.5% for November 2016, an increase of 7%.

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. For patient DNAs, Sefton Physio Service reported a high rate of 15.9% in Oct 2016; however this is an improvement on the previous two months. Adult Dietetics is also high this month at 20.8% but has improved since last month, as well as Paediatric Dietetics at 10% compared to 27.1% last month. Total DNA rates at Sefton are green for this month at 6.8%. Provider cancellation rates remain relatively static this month, with the exception of Adult Dietetics reported 11.3% compared to 3.1% last month (a difference of 12 more cancellations this month). Total hospital cancellation rate for Sefton is green at 1.9% 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 October 2016. Total patient cancellations for Sefton have increased in Oct-16 to 10.9%, compared to 9.9%.

Primary Care

The Blundellsands Surgery received their CQC inspection report recently with a rating 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 a Quarter 2 performance report has been prepared for NHSE for submission on 22nd November 2016. Guidance for BCF 2017/18 is delayed.

2. Financial Position

2.1 Summary

This report focuses on the financial performance for South Sefton CCG as at 30 November 2016 (Month 8).

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 8 before the application of reserves is £0.287m overspend against plan with a year-end forecast of £0.362m overspend following mitigation of cost pressures with the CCG contingency budget. The forecast position deteriorated by £0.394m overall during the month, this was due to increased expenditure forecasts within acute care.

The QIPP requirement to deliver the planned surplus of £1.250m for the financial year is £10.384m. QIPP delivered at the end of Month 8 is £4.642m and the forecast overspend on operational budgets is £0.362m. At this stage, the CCG has identified a further £1.757m 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 £1.897m

The CCG needs to deliver a further £2.147m 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>	£4.462m	£3.623m
Running Costs (Forecast Outturn)	CCG running costs < CCG allocation 2016/17	✓	✓

2.2 Resource Allocation

Additional allocations have been received in Month 8 as follows:

- CEOV Adjustment - £0.008m

This relates to an adjustment to the CCG allocation in respect of Charge Exempt Overseas Visitors. CCG allocations are adjusted in year when actual costs are known.

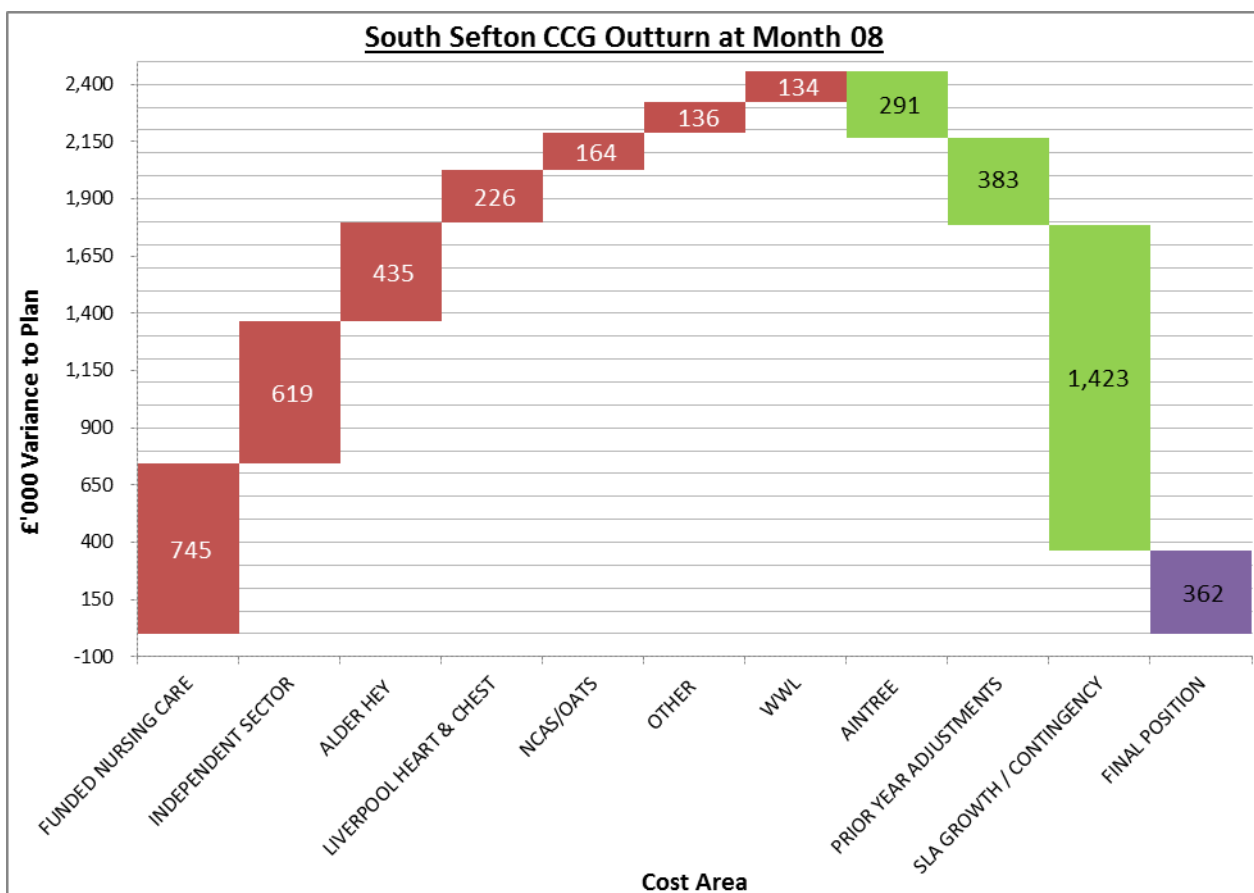
2.3 Position to date and forecast

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 funded nursing care (FNC) budget is an overspend of £0.536m, 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 £1.025m, 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 £0.923m due mainly to the increased costs 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 £6.399m 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	(1,041)	0	(1,041)	(682)	(221)	(138)	(1,041)
Medicines optimisation plan	(1,429)	0	(1,429)	(1,289)	(140)	0	(1,429)
CHC/FNC plan	(530)	(525)	(1,055)	(1,025)	(30)	0	(1,055)
Discretionary spend plan	(178)	(3,863)	(4,041)	(2,638)	(1,078)	(325)	(4,041)
Urgent Care system redesign plan	(2,817)	0	(2,817)	(11)	(40)	(2,766)	(2,817)
Total QIPP Plan	(5,995)	(4,389)	(10,384)	(5,645)	(1,509)	(3,229)	(10,382)
Risk rated QIPP plan				(5,645)	(754)	0	(6,399)

As shown in **Figure 4** and **5** below, £4.642m has been actioned at Month 8 against a phased plan of £6.728m.

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

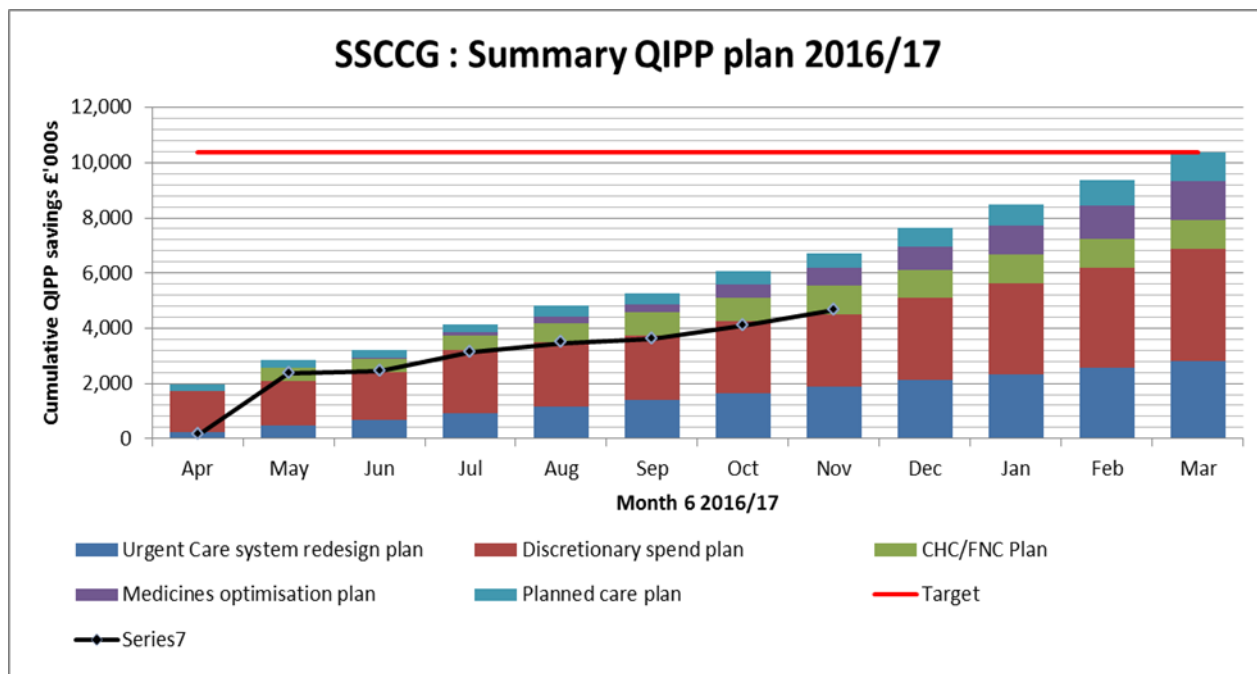


Figure 5 – QIPP performance at month 8

Scheme	In month current month (M8)					
	In month plan	In month actual	Variance	YTD Plan	YTD Actual	Variance
Planned care plan	60	0	(60)	529	388	(142)
Medicines optimisation plan	192	300	108	660	510	(150)
CHC/FNC Plan	185	185	0	1,025	1,025	0
Discretionary spend plan	4	70	66	2,647	2,708	61
Urgent Care system redesign plan	237	0	(237)	1,867	11	(1,856)
Total	677	555	(122)	6,728	4,642	(2,086)

QIPP delivery is £2.086m below plan at Month 8, 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 £0.134m.

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.

The CCG is required to take part in an MCD submission to NHS England at months 6 and 9 to incorporate any changes in the CCGs forecast cash position to ensure sufficient cash is available throughout the financial year. An increase in MCD cannot always be accommodated.

Month 8 position

The CCG planned surplus has reduced in year from £2.450m to £1.250m as at Month 8 which results in an additional cash requirement. The CCG requested assurance from NHS England that the required cash would be available to meet expenditure commitments as they fall due.

Following the month 6 submission, the MCD limit for South Sefton CCG for 2016/17 was increased from £241.032m to £250.466m. Up to Month 8, the actual cash received is £164.595m (65.7% of MCD) against a target of £166.978m (66.7% of MCD).

A full year cash flow forecast, based on information available at month 8. This shows the CCG will have sufficient cash to meet its liabilities as they fall due. At month 12, the CCG is required to meet a cash target of 1.75% of its monthly cash drawdown (approximately £320k) as such where there is excess cash above this threshold; this will need to be returned to NHS England.

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:

- 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 6 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.

- 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 £9.546m 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)	(1.190)	0.828	(0.362)
Management action plan			
Actioned QIPP to date	1.713	2.929	4.642
Additional QIPP required	4.283	0.621	4.904
Total Management Action Plan	5.996	3.550	9.546
Year End Surplus / (Deficit)	2.335	(1.085)	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 £2.147m.

The most likely case is a deficit of £1.897m 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 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	4.642	4.642	4.642
Remaining QIPP requirement	(5.742)	(5.742)	(5.742)
Month 8 Forecast (I&E)	(0.362)	(0.362)	(0.362)
Remaining QIPP requirement to deliver NHSE plan (1% surplus)	(6.104)	(6.104)	(6.104)
Predicted QIPP achievement (M9-12)	1.757	1.757	1.003
Planned Surplus	2.450	2.450	2.450
Forecast Surplus / (Deficit)	(1.897)	(1.897)	(2.651)
Further Risk			
Acute Elective	-	-	(0.500)
Acute Non-Elective	-	-	(0.500)
Management Action Plan			
Mitigation	1.000	1.000	-
Further QIPP delivery	2.147		-
Risk adjusted Surplus / (Deficit)	1.250	(0.897)	(3.651)

2.9 Recommendations

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

- At Month 8, 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 £1.897m 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 8, 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

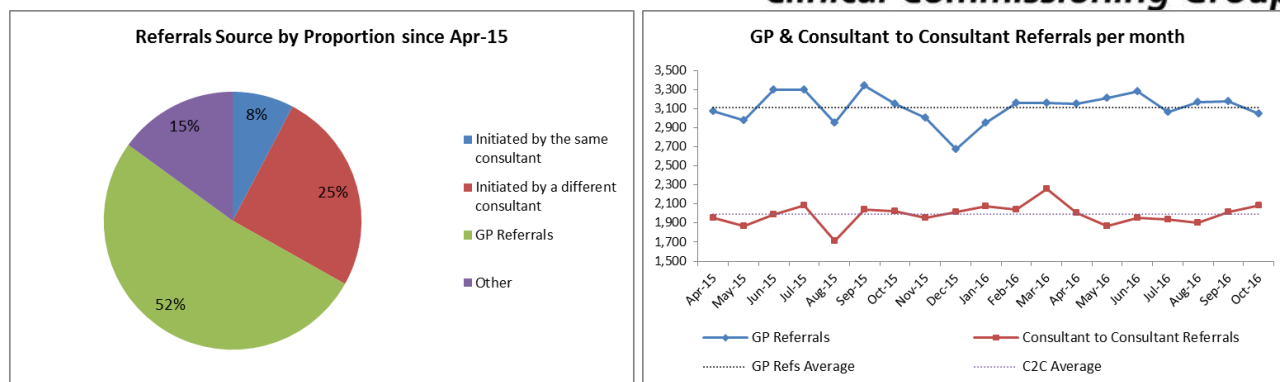
3.1 Referrals by source

Figure 8 - 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	22,082	22,108	26	0.1%
GP Total			22,082	22,108	26	0.1%
Other	01	following an emergency admission	1,205	980	-225	-18.7%
	02	following a Domiciliary Consultation	8	4	-4	0.0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	2,588	2,724	136	5.3%
	05	A CONSULTANT, other than in an Accident and Emergency Department	8,005	7,910	-95	-1.2%
	06	self-referral	2,085	1,898	-187	-9.0%
	07	A Prosthetist	0	0	0	0.0%
	08	Royal Liverpool Code (TBC)	490	524		
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	307	256	-51	-16.6%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	1,564	1,898	334	21.4%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	42	39	-3	-7.1%
	13	A Specialist NURSE (Secondary Care)	52	52	0	0.0%
	14	An Allied Health Professional	359	423	64	17.8%
	15	An OPTOMETRIST	3	6	3	100.0%
	16	An Orthoptist	2	4	2	0.0%
	17	A National Screening Programme	30	34	4	13.3%
	92	A GENERAL DENTAL PRACTITIONER	878	943	65	7.4%
93	A Community Dental Service	0	2	2	0.0%	
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	2,515	2,102	-413	-16.4%	
Other Total			20,133	19,799	-334	-1.7%
Unknown			19	0	-19	-100.0%
Grand Total			42,234	41,907	-327	-0.8%

Data Issues: Excluded Walton Centre from Referrals

Excluded Renacres Referrals due to non-submission in Month 7



Local referrals data from our main providers shows no change in the overall level of referrals comparing months 1-7 of 2016/17 with the previous year. GP referrals are slightly above comparing against the same period last year (0.1%, 26 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 & Renacres Hospital have been excluded from the above analysis due to validation errors in month 7 submission.

3.2 Diagnostic Test Waiting Times

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	16/17 - Oct	1.00%	0.40%	↑ ↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	16/17 - Oct	1.00%	0.50%	↓

The CCG and Aintree achieved the less than 1% plan for diagnostics in October, showing a slight improvement on the September position.

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 - Oct	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	16/17 - Oct	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 - Oct	92%	91.92%	↑
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 - Oct	92%	89.22%	↑

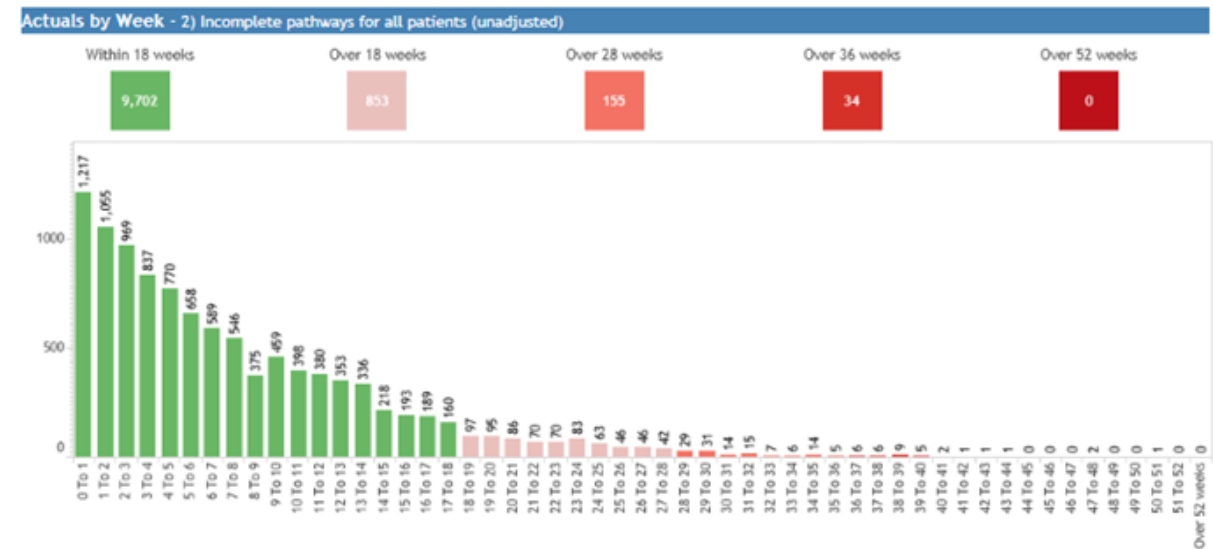
October saw the CCG only just fail the 92% target for RTT reaching 91.92%. Out of 10555 patients on the pathway, 853 patients were still waiting to receive treatment after 18 weeks.

For Aintree the RTT performance remains below the required DoH standard of 92% for all incomplete pathways at 89.22% during October 2016. This represents a marginal improvement from the previous month at 88.7%. This slight improvement is following a period of underachievement of the incomplete performance against the National Standard month on month since June 2016. During the past 2 months the caseload has also started to decrease.

- At specialty level, Thoracic Medicine (78.98%), Oral Surgery (75.95%), Ophthalmology (80.10%) and Dermatology (22.62%) 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 focus 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 chronologically for treatment to reduce the number of open pathways.
- External and an internal Audits were undertaken earlier in the year. The Recommendations from both reports are currently being explored and included in the Trust RTT action plan.
- A RTT paper went to OPELG in November and The Trust have agreed to monitor only the incomplete pathway. This will enable to divisions to focus on the clinically urgent and long waiting patients.
- A weekly PTL meeting has been commenced, this is chaired by the Head of performance and requires the specialties to present their current performance and patient level plans to reduce the number of long waiters and achieve the required standard. The outcomes and any key themes from this new meeting are then fed back to the members of the RTT Improvement group fortnightly.

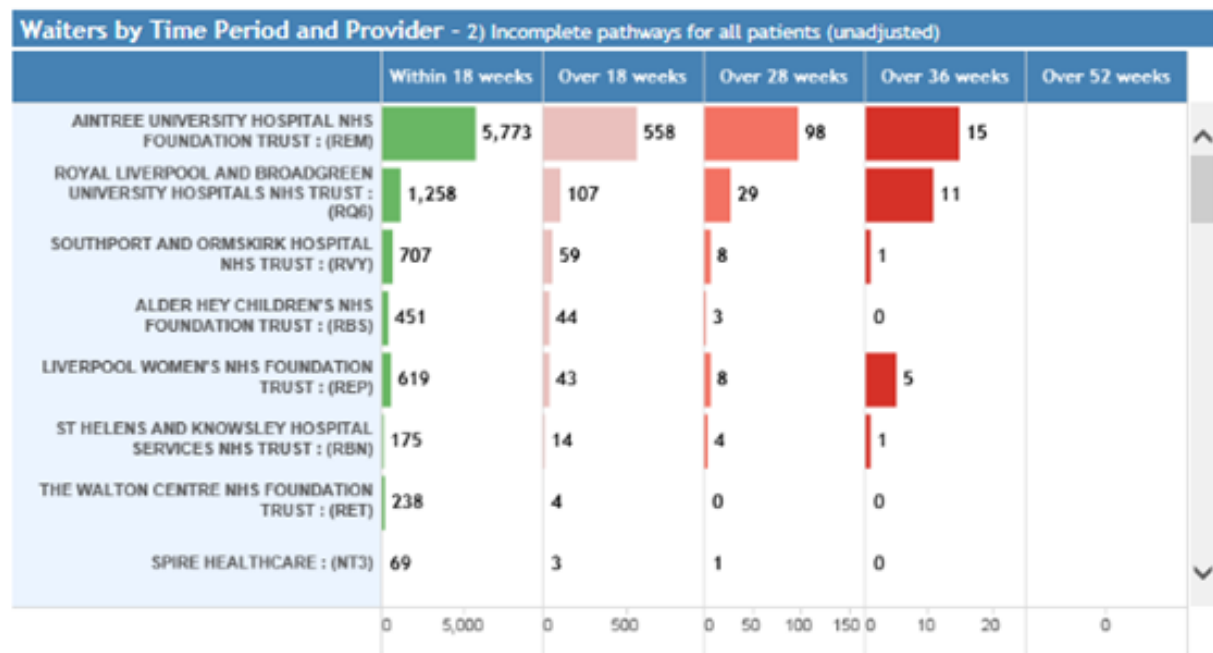
3.3.1 Incomplete Pathway Waiting Times

Figure 9 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 10 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers



3.3.3 Long Waiters analysis: Top 2 Providers split by Specialty

Figure 11 - Patients waiting (in bands) on incomplete pathways by Speciality for Aintree University Hospitals NHS Foundation Trust

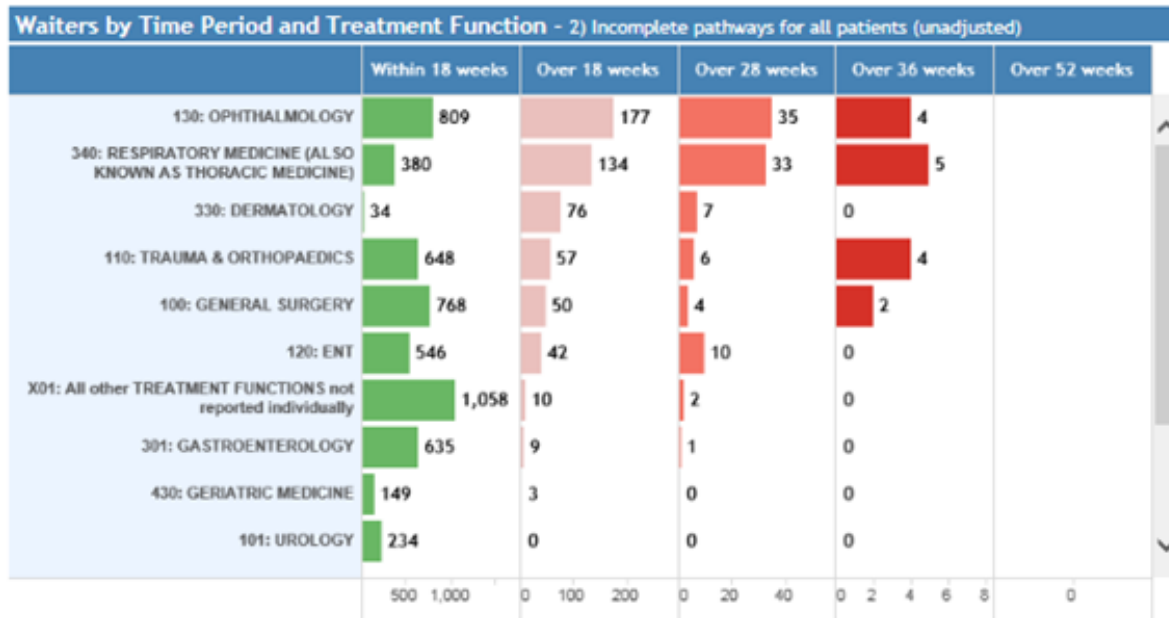
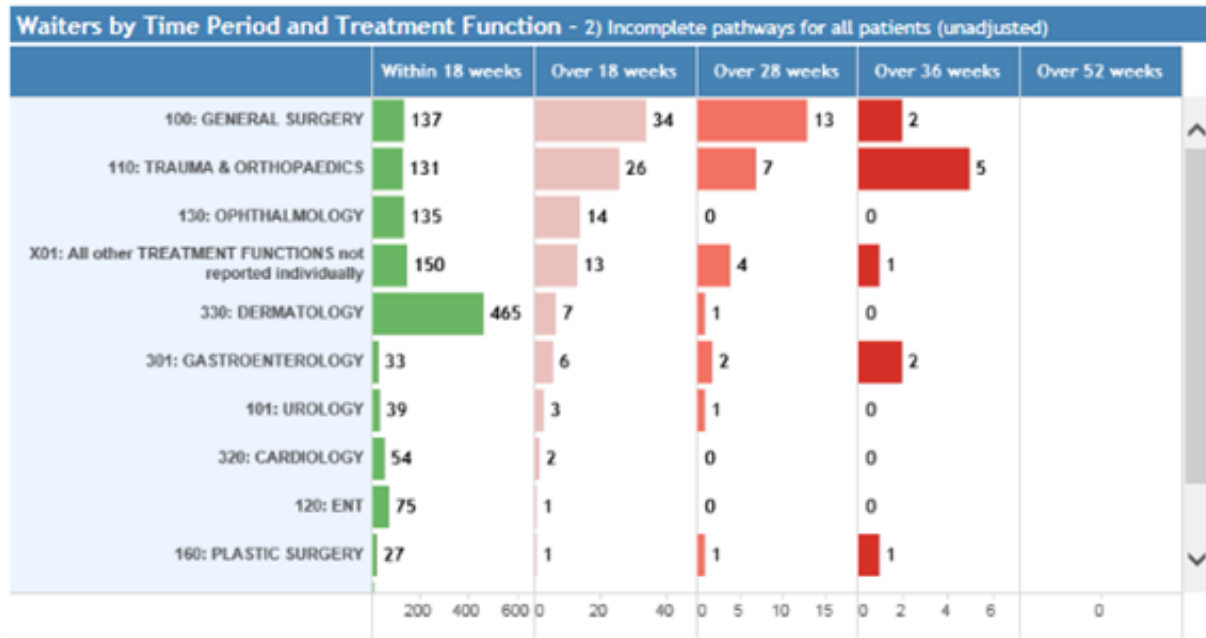


Figure 12 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



3.3.4 Provider assurance for long waiters

CCG	Trust	Speciality	No of weeks waited	No of patients	Has patient been seen / has a TCI date?	Reason for the delay
South Sefton CCG	AINTREE	Respiratory	40	1	Yes Clock stoppped 01/11/2016	Clock stopped for first definitive treatment, reason for delay capacity
South Sefton CCG	AINTREE	General Surgery	41	1	Yes Clock stoppped 26/11/2016	Clock stopped for first definitive treatment, reason for delay capacity
South Sefton CCG	AINTREE	Ophthalmology	41	1	Yes Appt 09/12/2016	Clock stopped for first definitive treatment, reason for delay capacity
South Sefton CCG	AINTREE	T&O	47	1	Yes Clock Stoppped 18/11/2016	Clock stopped for first definitive treatment, reason for delay capacity
South Sefton CCG	ROYAL LIVERPOOL	T&O	40	1	Trust only providing updates for 42 plus week waiters	
South Sefton CCG	ROYAL LIVERPOOL	General Surgery	43	1	TCI 06/12/16	Has TCI date - Capacity
South Sefton CCG	ROYAL LIVERPOOL	General Surgery	47	1	Clock Stop 22/11/16	Patient had diagnostics and was discharged back to GP as did not require surgery
South Sefton CCG	ROYAL LIVERPOOL	All Other	50	1	Clock Stop 01/11/16	Patient treated, has had surgery

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 - Oct	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 - Oct	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 - Oct	93%	95.83%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	16/17 - Oct	93%	95.74%	↔
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 - Oct	93%	94.13%	↔
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 - Oct	93%	93.28%	↔

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 - Oct	96%	98.68%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	16/17 - Oct	96%	99.33%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	16/17 - Oct	94%	96.09%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	16/17 - Oct	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	16/17 - Oct	94%	97.01%	↑
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	16/17 - Oct	94%	99.37%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	16/17 - Oct	98%	99.36%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	16/17 - Oct	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 - Oct	85% local target	85.37%	↓
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 - Oct	85% local target	90.67%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	16/17 - Oct	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 - Oct	90%	88.00%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	16/17 - Oct	85%	90.17%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	16/17 - Oct	85%	87.10%	↑

Aintree failed the 62 day wait for first treatment following referral from an NHS Screening Service in October, recording 85.71%. Out of 7 patients 6 were treated. The reasons for the breach were repeat colonoscopies, delay in CT scan assessment and 4 MDT discussions before planned surgery. Year to date there have been a total of 37.5 patients and 4.5 breaches (88%).

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: Oct-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%	21.8%		95%	97%		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 again under target for October. Recommended has improved from previous month, increasing from 96% to 97% in October, not recommended remains the same as previous month.

The Trust explained the downward trend in September had been due to an unsuccessful pilot for collecting data by text message which impacted on both the number of responses and the performance. Once 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 provided an update in September to the CCG Experience and Patient Engagement Group. The Trust explained their Patient Experience Strategy and how they use Friends and Family data. They discussed how feedback obtained is informing the trust where to 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.

The Trust readily engages with Healthwatch and welcomes visits from the organisation.

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 7 of financial year 2016/17, against planned care elements of the contracts held by NHS South Sefton CCG shows an over-performance of £205k, 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 £220k and £197k respectively. Over spend is offset by underperformance at a numbers of Trusts, namely, Aintree University Hospital -£276k and Southport & Ormskirk Hospital -£174k.

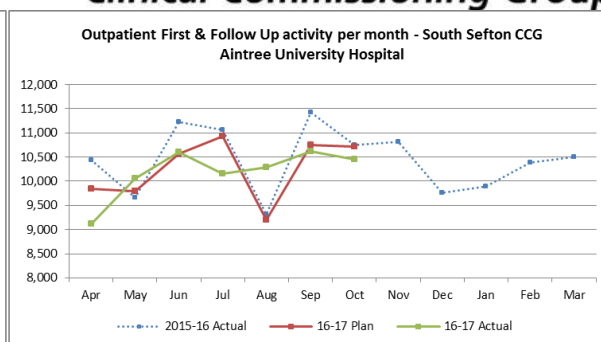
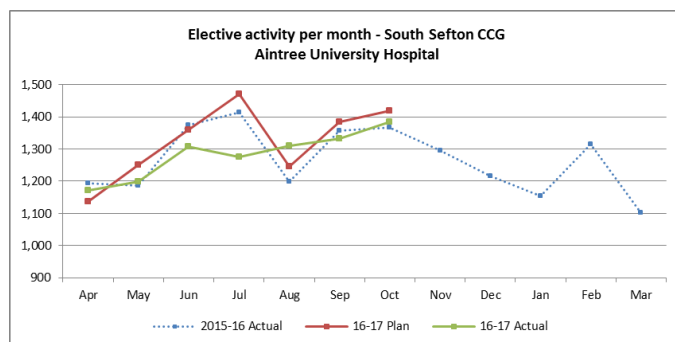
Figure 13 - Planned Care - All Providers

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	103,152	102,892	-260	0%	£19,142	£18,866	-£276	-1%
Alder Hey Childrens NHS F/T	3,952	7,996	4,044	102%	£983	£1,180	£197	20%
Central Manchester University Hospitals Nhs Foundation Trust	50	95	45	89%	£13	£19	£6	51%
Countess of Chester Hospital NHS Foundation Trust	0	109	109	0%	£0	£17	£17	0%
East Cheshire NHS Trust	0	4	4	0%	£0	£1	£1	0%
Fairfield Hospital	74	115	41	55%	£13	£32	£18	138%
ISIGHT (SOUTHPORT)	308	473	165	53%	£70	£104	£34	49%
Liverpool Heart and Chest NHS F/T	664	710	46	7%	£219	£274	£55	25%
Liverpool Womens Hospital NHS F/T	9,477	9,453	-24	0%	£1,965	£1,907	-£58	-3%
Renacres Hospital	2,672	3,928	1,256	47%	£940	£1,161	£220	23%
Royal Liverpool & Broadgreen Hospitals	17,910	18,562	652	4%	£3,355	£3,458	£103	3%
Southport & Ormskirk Hospital*	8,378	7,971	-407	-5%	£1,800	£1,626	-£174	-10%
SPIRE LIVERPOOL HOSPITAL	1,670	1,335	-335	-20%	£526	£452	-£74	-14%
ST Helens & Knowsley Hospitals	2,424	2,437	13	1%	£638	£678	£40	6%
University Hospital Of South Manchester Nhs Foundation Trust	64	53	-11	-17%	£10	£12	£3	27%
Walton Neuro	1,935	1,972	37	2%	£493	£481	-£12	-3%
Wirral University Hospital NHS F/T	271	249	-22	-8%	£72	£66	-£6	-9%
Wrightington, Wigan And Leigh Nhs Foundation Trust	493	709	216	44%	£178	£289	£111	62%
Grand Total	153,496	159,063	5,567	4%	£30,416	£30,621	£205	1%

3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust

Figure 14 - 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	8,050	7,917	-133	-2%	£5,211	£4,997	-£214	-4%
Elective	1,217	1,059	-158	-13%	£3,402	£3,203	-£198	-6%
Elective Excess BedDays	476	493	17	4%	£105	£109	£3	3%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	260	177	-83	-32%	£47	£35	-£12	-25%
OPFANFTF - Outpatient first attendance non face to face	1,435	1,863	428	30%	£41	£48	£7	17%
OPFASPCL - Outpatient first attendance single professional consultant led	19,376	19,882	506	3%	£2,902	£3,051	£149	5%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	864	640	-224	-26%	£94	£83	-£11	-12%
OPFUPNFTF - Outpatient follow up non face to face	1,853	2,524	671	36%	£45	£61	£16	36%
OPFUPSPCL - Outpatient follow up single professional consultant led	48,035	46,190	-1,845	-4%	£3,824	£3,703	-£121	-3%
Outpatient Procedure	12,554	12,703	149	1%	£2,075	£2,137	£62	3%
Unbundled Diagnostics	8,183	8,521	338	4%	£749	£753	£5	1%
Wet AMD	848	923	75	9%	£647	£686	£39	6%
Grand Total	103,152	102,892	-260	0%	£19,142	£18,866	-£276	-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 Day case/Elective costs which show a combined cost variance of -£378k.

Cardiology is showing the largest cost variance in month 7 (£541k/27%) with £248k of this applicable to South Sefton CCG. The cardiology over performance is largely related to day case activity.

ENT is also showing an over performance of £161k/6% against plan with South Sefton seeing an increase of £23k/3%. Day cases are 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	239	£214,321	-1	-£893	-16	-£3,352	502	£54,970	139	-£32,998	98	£16,939	962	£248,987
Clinical haematology	31	£10,633	2	£10,199	-6	-£1,317	197	£58,956	50	£6,196	3	£662	277	£85,329
Rheumatology	11	£5,588	0	£1,162	6	£1,309	60	£14,116	377	£37,094	6	£1,153	461	£60,421
Physiotherapy							41	£1,165	1,180	£37,125	2	£66	1,224	£38,355
Acute internal medicine	-3	-£1,685	1	-£2,328	-3	-£578	466	£36,935	-11	-£2,175	-24	-£3,486	426	£26,683
Upper gastrointestinal surgery	-18	-£28,133	4	£49,260	14	£2,952	-6	-£727	18	£1,535	-1	-£353	11	£24,534
General surgery	-10	£1,222	-1	£29,488	72	£15,008	-5	-£3,056	-192	-£19,114	0	-£44	-136	£23,504
Ent	-2	-£3,634	-16	£23,342			-56	-£6,144	-3	£190	69	£9,534	-9	£23,288
Colorectal surgery	-25	£2,845	-13	£30,687	-117	-£25,285	-23	-£2,907	-166	-£13,921	123	£24,720	-220	£16,141
Nephrology	6	£3,115	-11	-£13,234	-3	-£734	109	£30,684	-125	-£4,592	-4	-£701	-27	£14,539
Endocrinology	-4	-£2,654	-1	-£1,711			13	£2,471	141	£14,284			148	£12,389
Transient ischaemic attack							34	£10,684	-3	£0			31	£10,684
Interventional radiology	15	£7,061	-4	-£12,739	-3	-£552	42	£6,169	-15	-£1,242	-42	-£10,152	-8	-£11,455
Diabetic medicine	26	£10,355	1	£2,900	-6	-£1,628	-74	-£15,645	-24	-£2,886	-59	-£7,682	-136	-£14,586
Vascular surgery	-14	-£14,995	-2	-£2,263			4	£646	-18	-£2,014	0	-£110	-31	-£18,736
Dermatology	-21	-£12,098	1	£539			-205	-£22,771	-283	-£20,557	266	£17,304	-241	-£37,583
Anticoagulant service									-1,504	-£38,693			-1,504	-£38,693
Breast surgery	-4	£70	-5	-£33,064			-117	-£20,276	-137	-£6,846	11	£1,948	-252	-£58,167
Hepatobiliary & pancreatic surgery	-1	-£800	-11	-£59,889	-1	-£122	1	£172	-33	-£2,946			-45	-£63,584
Gastroenterology	-133	-£107,599	-5	-£3,637	20	£4,369	44	£9,190	-37	£11,241	25	£7,257	-86	-£79,180
Urology	-25	-£25,516	-30	-£69,978	-31	-£6,511	-252	-£33,717	42	£2,721	39	£36,999	-257	-£96,003
Ophthalmology	-164	-£118,593	3	£71			-158	-£18,827	-375	-£33,466	-385	-£45,692	-1,079	-£216,649
Trauma & orthopaedics	-24	-£123,528	-65	-£146,886	92	£20,034	46	£6,130	-169	-£14,408	-52	-£4,553	-171	-£263,210
Grand Total	-133	-£213,512	-158	-£198,419	17	£3,160	850	£143,842	-1,399	-£115,955	149	£61,865	-673	-£319,019

3.7.2 Planned Care Southport & Ormskirk Hospital

Figure 15 - 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	549	516	-33	-6%	£444	£361	£83	-19%
Elective	131	111	-20	-15%	£378	£345	£33	-9%
Elective Excess BedDays	1	22	21	2455%	£0	£5	£5	2581%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	165	45	-120	-73%	£25	£8	£17	-69%
OPFASPCL - Outpatient first attendance single professional consultant led	1,297	1,436	139	11%	£192	£207	£14	7%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	341	128	-213	-62%	£34	£15	£19	-57%
OPFUPSPCL - Outpatient follow up single professional consultant led	3,053	3,046	-7	0%	£274	£271	£3	-1%
Outpatient Procedure	2,340	2,182	-158	-7%	£415	£377	£38	-9%
Unbundled Diagnostics	501	485	-16	-3%	£38	£38	£0	-1%
Grand Total	8,378	7,971	-407	-5%	£1,800	£1,626	£174	-10%

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.

The latest month, October, has seen an increase in Elective procedures with a number of high cost low volume activity being reported. The main procedures causing the overspend in October are 'Reconstruction Procedures Category 3, without CC' and 'Complex Large Intestine Procedures, 19 years and over with Major CC'

Elective excess bed days has also increased with a small number of records causing the over performance. This is being queried with the Provider.

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 16 - 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 £220/23% is largely driven by a £96k 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 - Oct	95%	87.98%	↔	The CCG have failed the target in October reaching 87.1% and year to date reaching 88%. In October 1082 attendances out of 8373 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 - Oct	95%	78.77%	↓	The CCG have failed the target in October reaching 76.08% (year to date 78.77%). In October 1079 attendances out of 4511 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 - Oct	STP Trajectory Target for Oct 95%	86.12%	↔	Aintree have failed the STP target of 95% in October reaching 84.76%. In October, 2135 attendances out of 14012 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 - Oct	95%	73.81%	↓	Aintree have failed the target in October reaching 70.28% and year to date reaching 73.81%. In October 2135 attendances out of 7184 were not admitted, transferred or discharged within 4 hours.

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
STP Trajectory Aintree	90%	91%	92%	93%	94%	95%	95%
Aintree Actual	89.48%	86.9%	87.50%	86.0%	84.10%	84.46%	84.76%

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

The Trusts' performance has improved marginally against the 4 hour standard but remains below the required 95% at 84.8% for October 2016.

- The position deteriorated slightly in relation to the median time to see a clinician (by 5 minutes). Despite this, performance remains better than the median time recorded prior to the implementation of the new ED pathway and processes.
- Ambulance hospital arrival screen capture (HAS) deteriorated to 87.8% (-1.4%) however the average time from notification to handover standard of 15 minutes improved. The Trust achieved an average of 30:21 minutes (-1:57 minutes) in October 2016.
- 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. A relaunch of the patient flow principles is planned for 21 November, followed by a relaunch of the AED model on 23 November.
- 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.
- The frailty model is being finalised with implementation scheduled for 30 November.
- 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.

4.2 Ambulance Service Performance

Ambulance					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	16/17 - Oct	75%	73.15%	↓	The CCG is under the 75% target year to date reaching 73.15%. In October out of 57 incidents there were 21 breaches (62.50%)
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	16/17 - Oct	75%	62.70%	↔	The CCG is under the 75% target year to date reaching 62.58%. In October out of 846 incidents there were 321 breaches (62.05%).
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	16/17 - Oct	95%	92.28%	↔	The CCG is under the 95% target year to date reaching 92.18%. In October out of 903 incidents there were 76 breaches (91.61%)
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWS) (Cumulative)	16/17 - Oct	75%	71.51%	↓	NWS reported under the 75% target year to date reaching 71.51%.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWS) (Cumulative)	16/17 - Oct	75%	64.62%	↔	NWS failed to achieve the 75% target year to date reaching 64.62%.
Ambulance clinical quality - Category 19 transportation time (NWS) (Cumulative)	16/17 - Oct	95%	90.41%	↔	NWS failed to achieve the 95% target year to date reaching 90.41%.

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Aintree	16/17 - Oct	0	281	↑	The Trust recorded 281 handovers between 30 and 60 minutes, this is a slight decline on last month when 261 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 - Oct	0	294	↓	The Trust recorded 294 handovers over 60 minutes, this below the previous month when 342 were reported, but still over plan.

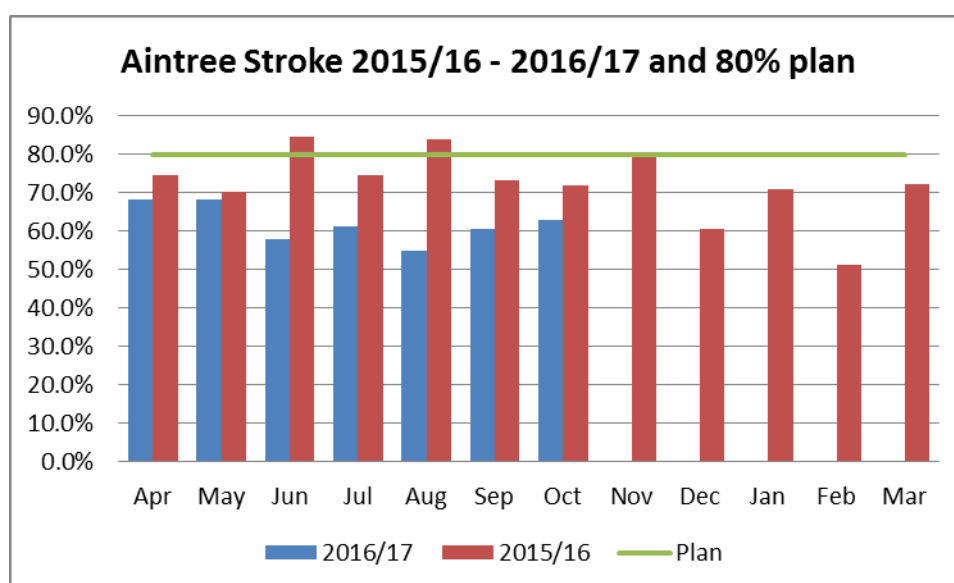
The CCG achieved none of 3 indicators for ambulance service performance. (See above of number of incidents / breaches).

With regard to handover times the Trust experienced a decrease in the number of delays in excess of 30 minutes during October 2016. The number of ambulance waits exceeding 30 minutes decreased to 575 (a decrease of -28) however 411 were delayed in excess of 60 minutes representing an increase of 69.

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 - Oct	80%	63.00%	↑	
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	16/17 - Oct	60%	100%	↔	



Aintree failed to achieve the Stroke target in October with only 17 out of 27 patients spending at least 90% of their time on a stroke unit.

Performance against the 80% standard is 63% for October 2016. 27 patients were discharged from the Trust during the month with a diagnosis of stroke.

Of the 10 patients who failed the standard:

- 6 patients were identified as requiring direct admission to the Stroke Unit on admission but no stroke beds were available.
- 3 patients were referred to the stroke team after scanning. 1 of these patients was accepted via AEC, sent home and returned the following day for scanning
- 1 patient was atypical presentation on arrival and later diagnosed as acute stroke.
- Late referrals to the Stroke team following validation are discussed with the Acute and Emergency Care Teams so lessons can be learned.
- Recruitment for therapy staffing of the HASU has completed.
- All patients are validated and those failing the standard are audited so lessons can be learned.
- A Stroke action plan has been developed and is to be submitted to the Divisional meeting for approval.
- Nurse recruitment is in progress following business case approval for hyper acute stroke beds. 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 - Oct	0.00	0.50	↑
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	16/17 - Oct	0.00	0.20	↑

In October the CCG had 3 mixed sex accommodation breaches (a rate of 0.5) and have therefore breached the zero tolerance threshold. The breaches were at Aintree (1) and Royal Berkshire NHS Foundation Trust (2).

Aintree had 2 mixed sex accommodation breaches (a rate of 0.2) and have also breached the zero tolerance threshold. Of the 2 breaches 1 was for South Sefton CCG and 1 Knowsley CCG, both patients were step downs from the VIC no longer requiring ventilation.

4.3.3 Healthcare associated infections (HCAI)

HCAI					
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	16/17 - Oct	34	29	↑	The CCG had 2 new cases reported in September 2016, 29 year to date. Of the 29 cases reported year to date 25 have been aligned to Aintree Hospital and 4 to the Royal Liverpool Broadgreen Hospital, (11 apportioned to acute trust and 18 apportioned to community). The year to date plan is 54.
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	16/17 - Oct	27	27 (19 following appeal)	↑	There were 3 new cases reported in October year to date a total of 27 against a year to date plan of 27. (8 successful appeals Apr to Oct) The year-end plan is 46.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	16/17 - Oct	0	1	↔	No new cases of MRSA reported in October. The first case of MRSA was reported in September against a zero tolerance target.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	16/17 - Oct	0	0	↔	The Trust recorded no new cases of MRSA in October.

The CCG has had 2 new C.difficile cases reported in October, a total of 29 cases year to date against a year to date plan of 34.

For Aintree this year there have been 27 patients with Trust apportioned CDT including 3 cases in October. 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 had no new cases of MRSA in October and only reported their first case in September; this was a non-trust apportioned case.

4.3.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	16/17 - Oct	100	93.83	↑ ↓
Summary Hospital Level Mortality Indicator (SHMI)	16/17 - Q2	100	106.40	↑

HSMR is reported for the period October 2015 to September 2016 remains below expected at 93.83 after rebasing, this is lower than last month when 94.20 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

Serious incidents reporting within the integrated performance report is now in line with the CCG reporting schedule for Month 7.

There are a total of 107 serious incidents open on StEIS where South Sefton CCG are either lead or responsible commissioner. 74 of these affecting South Sefton CCG patients with 11 reported in October.

Aintree University Hospitals NHS Foundation Trust - 33 open Serious Incidents on StEIS, with 1 serious incident reported in October 2016 making a total of 20 year to date. 21 remain open for >100 days. 3 cases are subject to Safeguarding Adult Board (SAB) processes (Liverpool and Knowsley) and 1 subject to police investigation.

Liverpool Community Health NHS Trust - 31 open serious incidents on StEIS affecting South Sefton CCG patients. 13 remain open for >100 days, 1 case is subject to management by NHS England and another is under Local Safeguarding Children Board processes. There were 7 serious incidents reported in October 2016 making a total of 28 year to date, 7 relating to pressure ulcers. The Trust has a composite pressure ulcer action plan in place which continues to be monitored at the monthly Clinical Quality and Performance meeting.

Mersey Care NHS Foundation Trust - 16 incidents open on StEIS for South Sefton CCG patients, with 9 remaining open >100 days. 1 serious incident was reported in October making a total of 14 year to date. 2 incidents reported in June relate to Secure Services which are managed by NHS England Specialist Commissioning.

4.5 CCG Delayed Transfers of Care

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

Delayed Transfers of Care (DTC's) decreased to 18 in October from 33 in September 2016 (83.3%). Patient and/or family choice resulted in 6 delayed transfers (33.3%), a further 8 were due to delays incurred whilst awaiting further NHS non acute care (44.4%) and 4 were due to awaiting care package in own home. (22.2%).

Analysis of delays in October 2016 compared to October 2015 illustrates a 27.3% decrease in the number of patients awaiting further NHS non acute care (-3) and 57% decrease in delays due to patient or family choice (-8).

Delayed Transfers of Care April – October 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	Oct
A) COMPLETION ASSESSMENT	0	0	0	0	1	0	0	1	1	0	0	0	0	0	3	2	3	4	0
B) PUBLIC FUNDING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C) WAITING FURTHER NHS NON-ACUTE CARE	8	8	9	7	7	7	11	5	8	7	11	6	15	8	7	12	10	11	8
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DII) AWAITING NURSING HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	1	0	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	4
F) COMMUNITY EQUIPMENT/ADAPTIONS	2	1	0	0	0	1	0	0	0	1	1	1	1	0	1	1	0	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	6
H) DISPUTES	1	1	1	0	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	0
Grand Total	20	22	24	13	16	20	27	24	17	11	18	30	33	30	36	35	32	33	18




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: Oct-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%	17.9%		87%	85%		7%	10%	

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 that performance has improved although this improvement has not yet reflected in data available. The Trust FFT indicators are monitored monthly at their Patient Experience Executive Led Group.

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.

The Trust is regularly invited to give feedback around their Patient Experience Strategy at the CCGs EPEG meeting.

Also notable is the Trusts commitment to engage with Healthwatch and welcome visits from the organisation.

4.7 Unplanned Care Activity & Finance, All Providers

4.7.1 All Providers

Performance at Month 7 of financial year 2016/17, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£362k/-1%. This under-performance is clearly driven by Aintree Hospital reporting an under performance of -£385k/-2%. Alder Hey Hospital is reporting the largest year to date over performance with a £80k/7% variance.

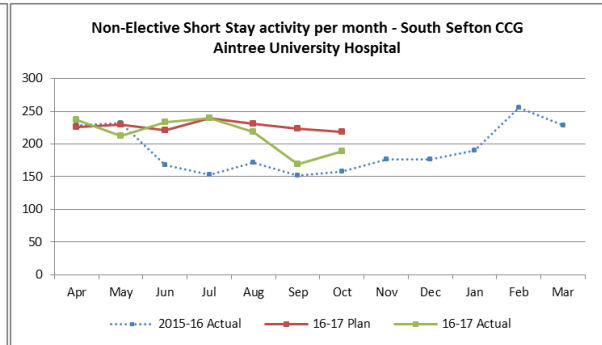
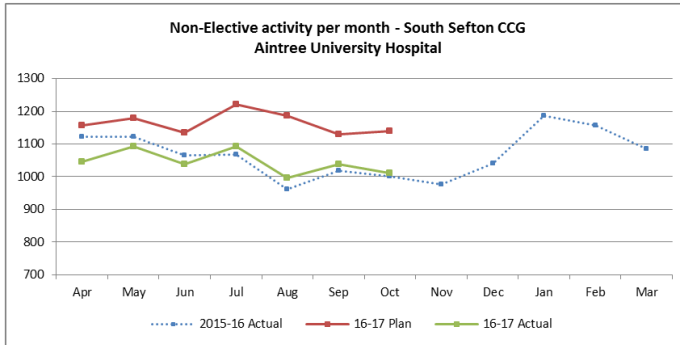
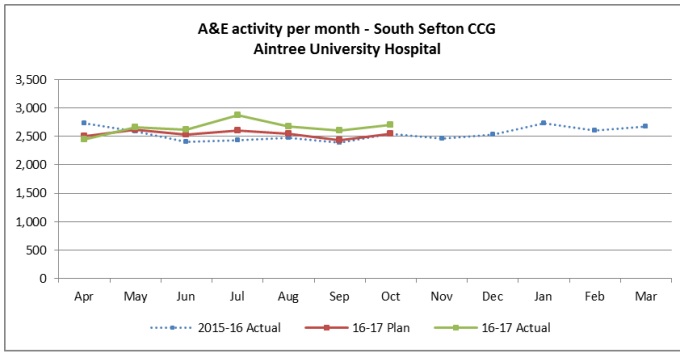
Figure 17- Month 7 Unplanned Care – All Providers

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	55,836	62,081	6,245	11%	£20,421	£20,035	-£385	-2%
Alder Hey Childrens NHS F/T	5,571	5,477	-94	-2%	£1,167	£1,247	£80	7%
Central Manchester University Hospitals Nhs Foundation Trust	39	47	8	20%	£10	£8	-£1	-14%
Countess of Chester Hospital NHS Foundation Trust	0	37	37	0%	£0	£17	£17	0%
Liverpool Heart and Chest NHS F/T	132	70	-62	-47%	£150	£192	£41	28%
Liverpool Womens Hospital NHS F/T	2,267	2,060	-207	-9%	£2,009	£2,041	£32	2%
Royal Liverpool & Broadgreen Hospitals	3,830	3,435	-395	-10%	£1,418	£1,240	-£178	-13%
Southport & Ormskirk Hospital	7,474	7,705	231	3%	£1,698	£1,732	£34	2%
ST Helens & Knowsley Hospitals	524	598	74	14%	£210	£227	£17	8%
University Hospital Of South Manchester Nhs Foundation Trust	24	3	-21	-88%	£8	£4	-£4	-47%
Wirral University Hospital NHS F/T	143	123	-20	-14%	£51	£35	-£17	-32%
Wrightington, Wigan And Leigh Nhs Foundation Trust	24	25	1	2%	£9	£11	£2	20%
Grand Total	75,863	81,661	5,798	8%	£27,151	£26,789	-£362	-1%

4.7.2 Aintree University Hospital NHS Foundation Trust

Figure 18 - Month 7 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	23,614	27,767	4,153	18%	£562	£562	£0	0%
A&E - Accident & Emergency	17,769	18,577	808	5%	£2,198	£2,302	£104	5%
NEL - Non Elective	8,122	7,290	-832	-10%	£15,533	£14,570	-£963	-6%
NELNE - Non Elective Non-Emergency	26	24	-2	-6%	£72	£87	£15	21%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	23	89	66	283%	£6	£19	£13	233%
NELST - Non Elective Short Stay	1,590	1,498	-92	-6%	£1,043	£1,050	£6	1%
NELXBD - Non Elective Excess Bed Day	4,691	6,836	2,145	46%	£1,008	£1,447	£439	44%
Grand Total	55,836	62,081	6,245	11%	£20,421	£20,035	-£385	-2%



4.7.3 Aintree Hospital Key Issues

Urgent Care under spend of -£385k is driven by a -£963k under performance in Non Elective activity. This under performance offsets the £439k 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 19 - NHS South Sefton CCG – Shadow PBR Cluster Activity

PBR Cluster	NHS South Sefton CCG			
	Caseload as at 31/10/2016	2016/17 Plan	Variance from Plan	Variance on 31/10/2015
0 Variance	89	88	1	2
1 Common Mental Health Problems (Low Severity)	37	42	(5)	(10)
2 Common Mental Health Problems (Low Severity with greater need)	26	22	4	1
3 Non-Psychotic (Moderate Severity)	164	217	(53)	(54)
4 Non-Psychotic (Severe)	254	215	39	51
5 Non-psychotic Disorders (Very Severe)	66	62	4	8
6 Non-Psychotic Disorder of Over-Valued Ideas	44	40	4	6
7 Enduring Non-Psychotic Disorders (High Disability)	246	192	54	62
8 Non-Psychotic Chaotic and Challenging Disorders	124	98	26	32
10 First Episode Psychosis	135	138	(3)	2
11 On-going Recurrent Psychosis (Low Symptoms)	400	433	(33)	(30)
12 On-going or Recurrent Psychosis (High Disability)	349	307	42	37
13 On-going or Recurrent Psychosis (High Symptom & Disability)	98	112	(14)	(13)
14 Psychotic Crisis	29	21	8	4
15 Severe Psychotic Depression	8	6	2	5
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	38	34	4	7
17 Psychosis and Affective Disorder – Difficult to Engage	48	58	(10)	(9)
18 Cognitive Impairment (Low Need)	222	223	(1)	6
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	437	505	(68)	(65)
20 Cognitive Impairment or Dementia Complicated (High Need)	395	332	63	65
21 Cognitive Impairment or Dementia (High Physical or Engagement)	136	76	60	68
Cluster 99	550	402	148	190
Total	3,895	3,623	272	365

5.1.1 Key Mental Health Performance Indicators

Figure 20 - CPA – Percentage of People under CPA followed up within 7 days of discharge

		Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
E.B.S.3	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%	93%

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

		Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
KPI_19	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%	100%

Figure 22 - Figure 16 EIP 2 week waits

		Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
NR_08	Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (in month)	50%	0%	100%	33.33%	50%	50%	86%	100%
Rolling Quarter					37.50%	50.00%	50%	72.73%	100.00%

5.1.2 Mental Health Contract Quality Overview

At the December 2016 CQPG, Mersey Care NHS Trust provided an update regarding Street Care Triage Service.

- The aim of the service is to reduce the number of inappropriate Section 136's
- Street Triage is in operation from 4pm to 12am.
- The Police Service contacts the Street Triage car for the car to respond. The Police service evokes Section 136 not the car.
- The first option is to transfer patients to the Prenton Suite unless the patient has physical health needs in which case an ambulance or the car would transport the patient whichever is the most appropriate place of safety.

Progress to date:

- In 2015/16 there were 240 Section 136 patients compared to 322 in 2013/14.
- Approximately 79% of responses are to patient's homes. The Trust is therefore considering retiring the word "Street" from "Street Triage"
- The service now operates with a permanent Police Officer, Monday to Thursday to ensure continuity.

The Trust recognises that improvements are required in relation to accessing the Prenton Suite for Section 136 patients. It was noted that this is met with conflicting priorities as the Suite is also used as a waiting assessment area and also A&E diversion area. The Trust also recognises that there is a potential for the Police to automatically transfer patients to A&E rather than the Prenton Suite if they have previously experienced barriers in transferring patients.

Next Steps:

- The Police now operate Street Triage on a Pan Mersey level enabling comparison of themes / common issues.
- The Trust is currently reviewing data collected to date with Commissioners.
- A Triage Car Action Plan is being developed. These will be added to the next meeting agenda.
- Ensure first line is patient transferred to the Prenton Suite unless the patient has physical health needs.

Commissioners continue to be involved in 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.

5.2 Improving Access to Psychological Therapies

Figure 23 - 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	269					
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	-37					
	%	-7.9%	-3.6%	-4.3%	-11.2%	-20.3%	-12.5%	-12.1%					
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%	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%	41.5%					
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%	98.0%					
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%	100.0%					
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	150					
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	8					
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	59					
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%	84.0%					

The provider (Cheshire & Wirral Partnership) reported 269 South Sefton patients entering treatment in month 7, which is comparable with 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 331 Referrals in Month 7 which was a decrease of 17% compared to the previous month; of these 63% were Self-referrals. GP Referrals decreased to 61 compared to 94 for Month 6. 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 41.5% in month 7, which does not meet the minimum standard of 50%. A forecast outturn at month 7 gives a year end position of 43.0%, 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 slight increase in month 7 from 55 reported in month 6 to 58 in month 7.

There was a further slight decrease in DNAs in Month 7 from 151 in month 6 to 137 in month 7; 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, 96.7% 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 seven months of 2016/17 for South Sefton CCG.

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 conducted 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 31-10-2016

People Diagnosed with Dementia (Age 65+)	1,169
Estimated Prevalence (Age 65+)	2,091
Gap - Number of addition people who could benefit from diagnosis (all ages)	1,007
NHS South Sefton - Dementia Diagnosis Rate (Age 65+)	55.9%
National estimated Dementia Diagnosis Rate	67.7%
Target	66.70%

Latest guidance from Operations and Guidance Directorate NHS England has confirmed that following a review by NHS Digital a decision has been made to change the way the dementia diagnosis rate is calculated. The new methodology is based on GP registered population instead of ONS population estimates. Using registered population figures is more statistically robust than the previous mixed approach. The new methodology takes the calculation of South Sefton's diagnosis rate to 63.5% for November 2016, an increase of 7%.

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 15.9% in Oct-16, however this is an improvement on the previous two months. Adult Dietetics is also high this month at 20.8% but has improved since last month, as well as Paediatric Dietetics at 10% compared to 27.1% last month. Total DNA rates at Sefton are green for this month at 6.8%.

Provider cancellation rates remain relatively static this month, with the exception of Adult Dietetics reported 11.3% compared to 3.1% last month (a difference of 12 more cancellations this month). Total hospital cancellation rate for Sefton is green at 1.9% 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 October 2016. Total patient cancellations for Sefton have increased in Oct-16 to 10.9%, compared to 9.9%.

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 September 2016;

Physiotherapy: Waiting times have steadily increased over the past 4 months, resulting in this service failing the 18 week target again in September – 23 weeks on the incomplete pathway and 31 weeks on the completed pathway. The longest waiter was 1 patient waiting at 36 weeks.

Podiatry: Waiting times on the completed pathways have steadily declined over the past 4 months, whilst the incomplete have remained relatively steady. The average wait (95th percentile) on the completed pathway was 24 weeks in September. The longest waiter was at 40 weeks.

Nutrition & Dietetics: Waiting times on the completed pathways have gone back down to 19 weeks from the 23 weeks reported in August. However this month is still reporting 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. In September, on the incomplete pathway the average waiting time (92nd percentile) increased from 28 weeks to 30 weeks, with the longest waiting patient increasing to 2 patients at 42 weeks.

6.2 Any Qualified Provider LCH Podiatry Contract

The trust continues to use the £25 local tariff. At month 7 2016/17 the YTD costs for the CCG are £175,880 with attendances at 1,869. At the same time period last year the costs were £236,664 and attendances at 2,572.

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 (CF) and CQPGs. The Trust's Executives and the CQC have been invited to the January 2017 CF to review progress against the Action Plans.

During October 2016, there were 2 cases of C Difficile reported on Ward 35. One Post Infection Review (PIR) has been completed on 20th October. The outcome from this was that the staff acted appropriately to the situation but there are lessons to be learnt regarding timely manner of obtaining samples. The second PIR Post Infection Review (PIR) is scheduled to take place in December. A Duty of Candour letter has been given to and discussed with the patient.

In October 2016, waiting times are reported at 30 weeks. Although this is a slight increase compared to the previous month and remains above the 18 week target, this is a significant decrease compared to the 42 weeks reported in June 2016. Of the 488 patients waiting, 236 have been waiting more than the 18 week target. The longest wait was two patients waiting 42 weeks. Project SALT continues and the active caseload has now been validated providing a breakdown of different clinical work streams. This means that the provider can now apply the Liverpool Complexity tool across the service and calculate assessment to treatment ratios. Using this information, therapists will be directed in proposed average treatment schedules and potentially release capacity from the existing establishment for initial assessment clinics. In addition, the re-opt in for the waiting list is underway with a template letter added to EMIS to ensure an audit trail for the process. The Trust have utilised existing admin resources to manage the database and responses, the Trust has also added in failsafe's to the process by way of copying in the referrer to ensure that hard to reach families are not lost. The waiting list remains open and therapists are meeting weekly to determine new patient slot capacity

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

It has been agreed that funding for all Third Sector providers apart from those de-commissioned from 1st December will continue to provide services at their current rate of funding until 31st March 2016. Further letters have been sent to providers to inform of this decision and to propose the cuts of 13% or 7% (depending on the level of funding) from 1st April 2017. Meetings and consultations with providers are underway to discuss potential impacts upon services as a result of these cuts.

8. Primary Care

8.1 Primary Care Dashboard progress

The primary care dashboard that has been used in 2015/16 is being reviewed with a view to understanding the needs for reporting across the organisation from a quality, improvement, QIPP perspective. Work with other CCGs is also underway 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 across CCGs in Cheshire & Merseyside. Information would 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.

Work is now progressing with MLCSU to further define the indicators for the dashboard. A further meeting was held on 15th December, where it was agreed to begin to produce the dashboards with a first live version available in Aristotle at the end of January 2017. There will be various "views" of the data, for CCG users to view the indicators across the CCG area with the ability to drill to locality and practice level, plus practice level views allowing authorised practice users to drill to patient level. A core set of indicators allowing benchmarking across a number of areas will be produced first (practice demographics, GP survey patient satisfaction, secondary care utilisation

rates, CQC inspection status), followed by further indicators and bespoke information (e.g. Liverpool CCG GP Spec).

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. All the results are listed below:

Figure 24 - CQC Inspection Table

South Sefton CCG									
Practice Code	Practice Name	Date of Last Visit	Overall Rating	Safe	Effective	Caring	Responsive	Well-led	
N84001	42 Kingsway	7th November 2016	Good	Good	Good	Good	Good	Good	
N84002	Aintree Road Medical Centre	n/a	Not yet inspected the service was registered by CQC on 20 July 2016						
N84003	High Pastures Surgery	5th March 2015	Good	Requires Improvement	Good	Good	Good	Good	
N84004	Glovers Lane Surgery	10th May 2016	Good	Good	Good	Good	Good	Good	
N84007	Liverpool Rd Medical Practice	10th November 2016	Good	Requires Improvement	Good	Good	Good	Good	
N84010	Maghull Health Centre (Dr Sapre)	n/a	Not yet inspected the service was registered by CQC on 20 July 2016						
N84011	Eastview Surgery	7th January 2016	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement	
N84015	Bootle Village Surgery	3rd August 2016	Good	Good	Good	Good	Good	Good	
N84016	Moore Street Medical Centre	17th June 2016	Good	Good	Good	Good	Good	Good	
N84019	North Park Health Centre	n/a	Not yet inspected the service was registered by CQC on 8 December 2014						
N84020	Blundellsands Surgery	24th November 2016	Good	Good	Good	Good	Good	Good	
N84023	Bridge Road Medical Centre	15th June 2016	Good	Good	Good	Good	Good	Good	
N84025	Westway Medical Centre	23rd September 2016	Good	Good	Good	Good	Good	Good	
N84026	Crosby Village Surgery	n/a	Not yet inspected the service was registered by CQC on 19 August 2016						
N84027	Orrell Park Medical Centre	20th August 2015	Good	Good	Good	Good	Good	Good	
N84028	The Strand Medical Centre	19th February 2015	Good	Good	Good	Good	Good	Good	
N84029	Ford Medical Practice	31st March 2015	Good	Good	Good	Good	Good	Good	
N84034	Park Street Surgery	17th June 2016	Good	Good	Good	Good	Good	Good	
N84035	15 Sefton Road	23rd April 2015	Good	Good	Good	Good	Good	Good	
N84038	Concept House Surgery	23rd April 2015	Good	Good	Good	Good	Good	Good	
N84041	Kingsway Surgery	7th November 2016	Good	Good	Good	Good	Good	Good	
N84043	Seaforth Village Practice	n/a	Not yet inspected the service was registered by CQC on 19 August 2016						
N84605	Litherland Town Hall Hth Ctr (Taylor)	n/a	Not yet inspected the service was registered by CQC on 19 August 2016						
N84615	Rawson Road Medical Centre	10th September 2015	Good	Good	Good	Good	Good	Good	
N84621	Thornton SSP Practice	n/a	Not yet inspected the service was registered by CQC on 19 August 2016						
N84624	Maghull Health Centre	5th February 2015	Good	Good	Good	Good	Good	Good	
N84626	Hightown Village Surgery	n/a	Not yet inspected the service was registered by CQC on 19 August 2016						
N84627	Crossways SSP Practice	n/a	Not yet inspected the service was registered by CQC on 19 August 2016						
N84630	Netherton SSP Practice (Dr Choudhary)	24th September 2015	Good	Requires Improvement	Good	Good	Good	Good	
Y00446	Maghull SSP Practice	n/a	Not yet inspected the service was registered by CQC on 19 August 2016						

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

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 a Quarter 2 performance report has been prepared for NHSE for submission on 22nd November 2016. Guidance for BCF 2017/18 is delayed.

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 NHS England assess and manage their 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	

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						G	
		Actual	94.772%	94.697%	95.563%	96.604%	96.918%	97.661%	94.505%							95.83%
		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%
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	R						G	
		Actual	100.00%	96.078%	89.091%	94.118%	94.34%	95.455%	90.00%							94.133%
		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%
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G	G	G	G	G	G	G						G	
		Actual	96.61%	98.305%	98.387%	100.00%	98.795%	100.00%	98.507%							98.684%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
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						G	
		Actual	90.909%	100.00%	100.00%	91.667%	100.00%	100.00%	100.00%							97.015%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
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						G	
		Actual	100.00%	100.00%	100.00%	94.737%	100.00%	100.00%	100.00%							99.363%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%

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							G	
		Actual	100.00%	93.333%	100.00%	91.667%	95.238%	93.548%	100.00%								96.094%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	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							G	
		Actual	88.462%	91.429%	92.105%	90.323%	86.957%	86.667%	96.97%								90.377%
		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%
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							G	
		Actual	100.00%	100.00%	100.00%	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%

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							R	
		Actual	76.47%	74.28%	73.06%	70.45%	72.60%	69.49%	64.59%								71.512%
		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								R
		Actual	76.56%	78.00%	74.50%	71.43%	72.92%	77.55%	62.50%								73.149%
		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							R	
		Actual	67.46%	66.26%	66.20%	62.69%	65.25%	61.75%	63.05%								64.618%
		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	R	R	R	R	R	R	R								R
		Actual	72.10%	66.50%	62.40%	57.55%	62.18%	54.78%	62.05%								62.579%
		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%

546: Category A calls responded to within 19 minutes Category A calls responded to within 19 minutes 1932: Ambulance: 30 minute handover delays Number of ambulance handover delays over 30 minutes 1933: Ambulance: 60 minute handover delays Number of ambulance handover delays over 60 minutes 1996: Ambulance: 30 Minute Crew Clear Delays Number of ambulance crew clear delays over 30 minutes 1997: Ambulance: 60 Minute Crew Clear Delays Number of ambulance crew clear delays over 60 minutes	South Sefton CCG	RAG	G	R	R	R	R	R	R						R	
		Actual	95.08%	94.50%	9120%	9144%	93.48%	87.91%	9161%							92.177%
		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%
	NORTH WEST AMBULANCE SERVICENHS TRUST	RAG	R	R	R	R	R	R	R							R
		Actual	92.01%	9147%	9149%	89.81%	9109%	89.04%	88.23%							90.412%
		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%
	UNIVERSITY HOSPITAL AINTREE	Actual	285	326	318	520	446	603	575							3,073
		Actual	106	137	146	258	195	342	294							1,478
	UNIVERSITY HOSPITAL AINTREE	Actual	45	48	49	53	68	61	81							405
		Actual	1	5	3	6	4	6	21							46

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							G
		Actual	0.00%	100.00%	33.333%	50.00%	50.00%	85.714%	100.00%							63.636%

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							R	
		Actual	0	0	0	1	4	0	3								8
		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	G							R	
		Actual	-	-	-	0.25	101	-	0.00								8.00
		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	R							G	
		Actual	94.954%	95.213%	93.919%	93.33%	92.354%	91.272%	91.919%								93.287%
		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	G							R	
		Actual	1	0	1	0	0	0	0								2
		Target	0	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							G	
		Actual	0.748%	100%	0.494%	0.711%	14.18%	0.527%	0.403%								0.758%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Cancelled Operations

1983: Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G	G	G	G	G							G	
		Actual	0	0	0	0	0	0	0								0
		Target	0	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						R	
		YTD	0	0	0	0	0	1	1							1
		Target	0	0	0	0	0	0	0		0	0	0	0		0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	South Sefton CCG	RAG	G	G	G	G	G	G	G						G	
		YTD	3	9	14	18	23	27	29							36
		Target	5	11	14	18	23	28	34	39	43	45	48	54		39

Accident & Emergency

2123: 4- Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	South Sefton CCG	RAG	R	R	R	R	R	R	R						R	
		Actual	90.124%	88.35%	89.13%	87.648%	86.873%	86.836%	87.066%							87.98%
		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%
431: 4- Hour A&E Waiting Time Target (Monthly Aggregate for Total Provider) % of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps)	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	R	R	R	R	R	R	R						R	
		Actual	89.484%	86.885%	87.505%	85.955%	84.103%	84.458%	84.763%							86.122%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
1928: 12 Hour Trolley waits in A&E Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	R	G	G	G	R	R	R						R	
		Actual	5	0	0	0	2	2	1							10
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0