

**South Sefton Clinical  
Commissioning Group**  
Integrated Performance Report  
December 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 9 (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
NHS E-Referral Service Utilisation		

## Key information from this report

### Financial position

The forecast outturn position after the application of reserves is a deficit of £2.332m against a planned surplus of £2.450m. The forecast position is subject to delivery of remaining QIPP schemes in 2016/17. Release of the 1% uncommitted non recurrent reserve, currently held uncommitted as directed by NHS England, would achieve a surplus position of £0.100m. The financial position relating to operational budgets at Month 10, before the application of reserves is £0.588m overspend against plan with a year-end forecast of £1.199m overspend following mitigation of cost pressures with the CCG contingency budget. The forecast position deteriorated by £0.204m during the month, the deterioration during the year relates to increased expenditure forecasts within acute care, underperformance against the QIPP plan and cost pressures relating to the national increase in the costs of Funded Nursing Care.

The QIPP requirement to deliver the planned surplus of £1.250m for the financial year was £10.384m. QIPP delivered at the end of Month 10 is £5.020m and the forecast overspend on operational budgets is £1.199m. The CCG anticipates a further £1.331m worth of savings to be delivered in the remainder of the financial year. The result of all these factors means that the CCG is forecasting a likely position of a £2.332m.

### Planned Care

Local referrals data from our main providers shows no change in the overall level of referrals comparing months 1-9 of 2016/17 with the previous year. GP referrals are slightly above comparing against the same period last year (1%, 269 referrals). Discussions regarding referral management, prior approval, cataracts and consultant-to-consultant referrals continue.

In December the CCG failed the less than 1% target for diagnostics, 42 out of 2344 patients waited over 6 weeks for their diagnostic test, 3 waited over 13 weeks recording 1.79%. Aintree also failed the diagnostic monitoring standard reporting 1.67% of patients waiting in excess of 6 weeks. The number of patients waiting over 6 weeks increased to 72 in December (35 in the previous month). The diagnostic areas with over 1% of patient waiting more than 6 weeks are Flexi Sigmoidoscopy, Gastroscopy and Colonoscopy. There are plans in place to reduce all waits to within the 6-week timeframe.

December saw the CCG fail the 92% target for RTT reaching 91.29%. Out of 10240 patients on the pathway, 892 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 89.24% during December 2016. This represents a marginal decline from the previous month at 90.21%. Underperformance was seen in Thoracic, Dermatology, ENT, T&O, and Ophthalmology & MFU. A number of action plans are in place, including the securing of additional monies from NHSE England to tackle challenged specialties such as dermatology and ophthalmology at Aintree University Hospital.

All of the cancer indicators have performed favourably for the CCG and Aintree. Apart from 62 day wait for first definitive treatment following a consultant's decision to upgrade, the CCG achieved the local target of 85% recording 88.9% in December, but are failing year to date recording 83.64% due to previous month's breaches.

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target in excess of the regional and national response rates for both inpatients and A&E, however, inpatients is now under target for December at 18.7% (November also saw a decrease). The proportion of patient who would recommended has increased from previous month, decreasing from 96% to 97% in December,

also the proportion who would 'not recommend' has dropped from 2% to 1% in December which is within target range.

Performance at Month 9 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 1%. At specific trusts, Renacres are reporting the largest cost variances with a total of £220k/23%.

## **Unplanned Care**

Aintree failed to meet the Sustainability & Transformation Fund (STF) trajectory of 95% by September 2016 as agreed with NHS Improvement. The Trusts' performance has declined against the 4-hour standard year to date and remains below the required 95% and recorded 79.05% for December 2016. Implementation of the AED stream of the Emergency and Acute Care Plan commenced in August last year and embedding of the new model is ongoing.

At both a regional and county level, NWSAS 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. Ambulance turnaround times remain a key focus for improvement. There has been an agreement to use additional area as Ambulance Pitstop until end of January 2017, with commitment to agree long term plan, including appropriate staffing model. Agreement was given to source additional nursing staff and medical staff until end of January 2017. Band 4 Emergency Medical Technician or Ambulance Liaison Officer is also being provided by NWSAS to support.

Aintree have failed to the 80% target in December (after achieving for the first time in 2016/17 in November) with 23 patients out of 30 spending at least 90% of their time on a stroke unit (76.67%). A Stroke action plan has been developed and is to be submitted to the Divisional meeting for approval. The Trust continue to achieve the 60% target for TIA assessment and treatment within 24 hours.

The CCG and Aintree are both under plan and achieving their C.difficile plan for 2016/17. The CCG has had no new cases of MRSA in December and only reported their first case in September; this was a non-trust apportioned case. Aintree had their first case of MRSA in December. Following the national post infection review process, the final assignment of the MRSA case was to the Trust.

There are a total of 120 serious incidents open on StEIS where South Sefton CCG are either lead or responsible commissioner. 86 of these affect South Sefton CCG patients with 3 reported in December involving 2 Knowsley CCG patients and 1 Liverpool CCG patient.

Delayed Transfers of Care (DTCOC's) decreased slightly in December recording 22 compared to November recording 23 (-4.5%). Patient and/or family choice resulted in 9 delayed transfers (40.9%), a further 6 were due to delays incurred whilst awaiting further NHS non acute care (27.7%), 5 were due to awaiting care package in own home (22.7%) and 2 due to completion of assessment. Analysis of delays in December 2016 compared to December 2015 illustrates a 4.5% decrease in total number of delays. For the number of patients awaiting further NHS non-acute care is 6 a 25% decrease from previous year and 9 in delays due to patient or family choice (a 12.5% increase).

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 but for December has slipped under the 15% target recording 14%. The percentage of people that would recommend A&E has recently fallen and is now under the England average along with the not recommended percentage, recommended slipping from 85% in November to 89% in December and not recommended from 9% in November to 16% in December.

Performance at Month 9 of financial year 2016/17, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£553k/-2%. This under-performance is clearly driven by Aintree Hospital reporting an under performance of -£550k/-2%. Alder Hey Hospital is reporting the largest year to date over performance with a £177/12% variance. Further analysis is taking place of the Alder Hey contract to understand the key areas of over performance alongside population measures such as birth rates.

## **Mental Health**

The three Key Mental Health Performance Indicators of Care Programme Approach and Early Intervention in Psychosis are achieving.

In terms of Improving Access to Psychological Therapies (IAPT), the provider reported a 22% decrease of patients entering first treatment compared to 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 forecasting 13% against the 15% standard at year-end. There was a decrease of 30% in referral compared to the previous month; of these 62% were Self-referrals. GP Referrals decreased to 66 compared to 74 in Month 9. The provider is working closely with Clock View, attending weekly MDT meetings to agree appropriateness of clients for service. The percentage of people moved to recovery was 39.4% in Month 9, which does not meet the minimum standard of 50%. A forecast outturn at Month 9 gives a year-end position of 38.2%. 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 an increase in Month 9.

Commissioners continue to be involved in the MerseyCare'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.

## **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. Sefton Physio Service reported a high rate of DNAs (15.5) in December a decline on the previous month. Adult Dietetics is also high this month at 21.6% compared to 23.8% last month, as well as Paediatric Dietetics at 20% compared to 14.8% last month. Total DNA rates at Sefton are green for this month at 7.8%.

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 15% for December 2016. Total patient cancellations for Sefton have increased in Dec-16 to 11.6%.

The CCG has agreed a revised waiting time trajectory for Paediatric SALT with LCH to allow the Trust to develop a new service model; this will be reviewed at the end of the financial year. Patient experience and complaints / feedback are regularly monitored at CQPG meetings. At the end of



December 2016, 98% of patients who responded to FFT positively recommended the Trust as a place to receive treatment and care.

### **Primary Care**

South Sefton CCG did not have any GP practices with CQC inspection results published in the past month.

Work has been progressing throughout 2016/17 to develop a primary care dashboard to present through the Aristotle business intelligence portal. A draft version of the dashboard is currently being tested and reviewed with clinical leads and primary care leads to assess the content, format and functionality of the report. There are various “views” of the data, for CCG level users to view the indicators across the CCG area with the ability to drill to locality and practice level. Once the testing and review process is complete and the dashboard is live in Aristotle, information may 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.

### **Better Care Fund**

A Better Care Fund monitoring report is being prepared for submission relating to Quarter 3 of 2016/17. The guidance for BCF 2017/18 is awaited.

### **CCG Improvement & Assessment Framework**

A dashboard is released each quarter by NHS England consisting of sixty indicators. Performance is reviewed quarterly at CCG Senior Management Team meetings, and Senior Leadership Team, Clinical and Managerial Leads have been identified to assign responsibility for improving performance for those indicators. This approach allows for sharing of good practice between the two CCGs, and beyond.

## 2. Financial Position

### 2.1 Summary

This report focuses on the financial performance for South Sefton CCG as at 31 January 2017 (Month 10).

The forecast outturn position after the application of reserves is a deficit of £2.332m against a planned surplus of £2.450m. The forecast position is subject to delivery of remaining QIPP schemes in 2016/17. Release of the 1% uncommitted non recurrent reserve, currently held uncommitted as directed by NHS England, would achieve a surplus position of £0.100m.

The financial position relating to operational budgets at Month 10, before the application of reserves is £0.588m overspend against plan with a year-end forecast of £1.199m overspend following mitigation of cost pressures with the CCG contingency budget. The forecast position deteriorated by £0.204m during the month, the deterioration during the year relates to increased expenditure forecasts within acute care, underperformance against the QIPP plan and cost pressures relating to the national increase in the costs of Funded Nursing Care.

The QIPP requirement to deliver the planned surplus of £1.250m for the financial year was £10.384m. QIPP delivered at the end of Month 10 is £5.020m and the forecast overspend on operational budgets is £1.199m. The CCG anticipates a further £1.331m worth of savings to be delivered in the remainder of the financial year. The result of all these factors means that the CCG is forecasting a likely position of a £2.332m.

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)	<b>(£2.332m)</b>	<b>£1.250m</b>
QIPP	QIPP Plan delivered – <i>(Red if shortfall against planned delivery)</i>	<b>£5.020m</b>	<b>£4.462m</b>
Running Costs (Forecast Outturn)	CCG running costs < CCG allocation 2016/17	✓	✓

## 2.2 Resource Allocation

Additional allocations have been received in Month 10 as follows:

- Children and Young People Waiting List and Waiting Times - £0.040m

This allocation forms part of the CAMHS transformation funding, was expected and will be spent before the end of the financial year.

## 2.3 Position to date and forecast

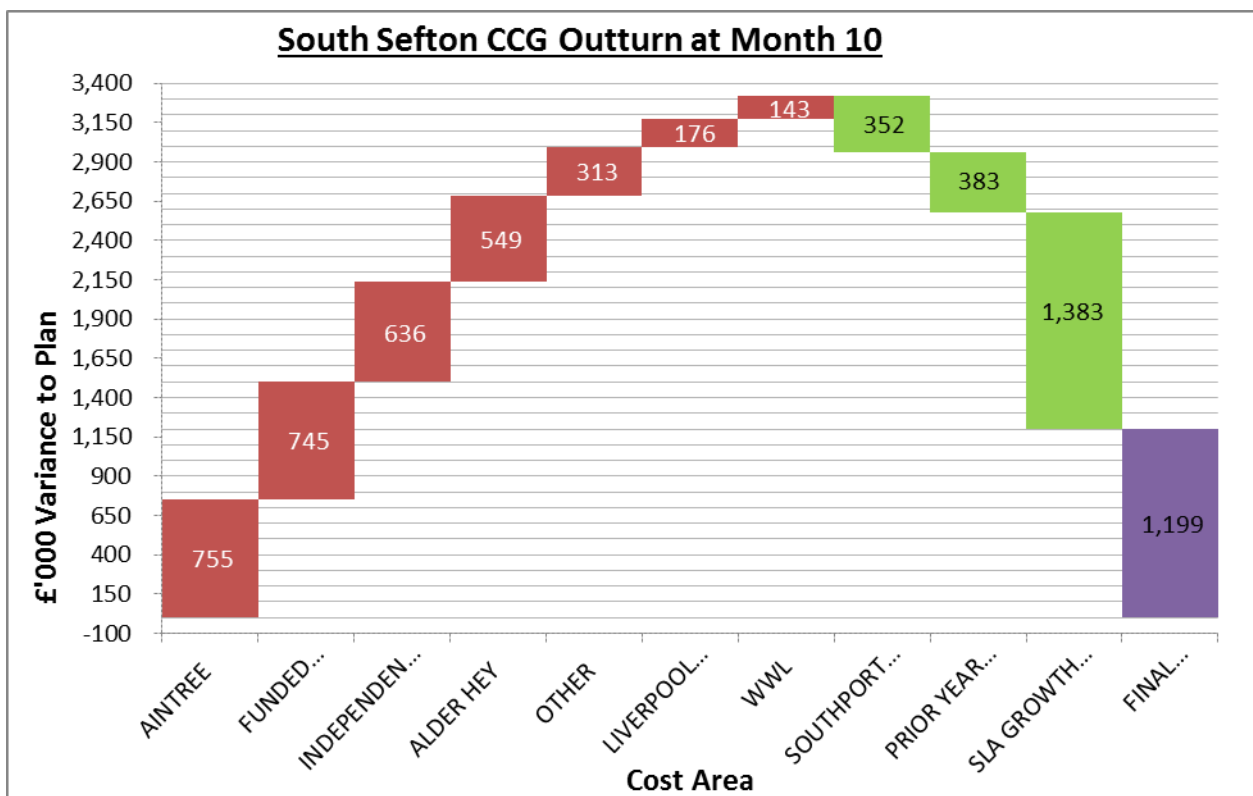
The main financial pressures included within the financial position are shown below in figure 2, which presents the CCGs forecast outturn position for the year.

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, Aintree, Liverpool Heart & Chest and in the Independent Sector, mainly with Ramsay Healthcare.

The overspend is supported by underspends with other acute providers, notably Southport & Ormskirk Hospital and Liverpool Women's Hospital.

It should be noted that whilst the financial report is up to the end of January 2017, the CCG has based its reported position on the latest information received from Acute and Independent providers which is up to the end of December 2016.

**Figure 2 – Forecast Outturn**



## Independent Sector

The year to date position on the budget for Independent Sector is an overspend of £0.471m mainly due to Ramsay Healthcare experiencing an over performance against plan. The year-end forecast is an overspend of £0.636m. The majority of the overspend relates to Ramsay Healthcare in respect of Trauma and Orthopaedic activity over performance against plan.

## Prescribing

The year to date position on the prescribing budget is an underspend of £0.126m after adjusting for QIPP savings of £0.360m. 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 £0.699m, which reflects the current number of patients, average package costs, the nationally mandated FNC increase (£0.745m) and an uplift to CHC providers of 1.1% until the end of the financial year which has been communicated.

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 £1.048m mainly due 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

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.

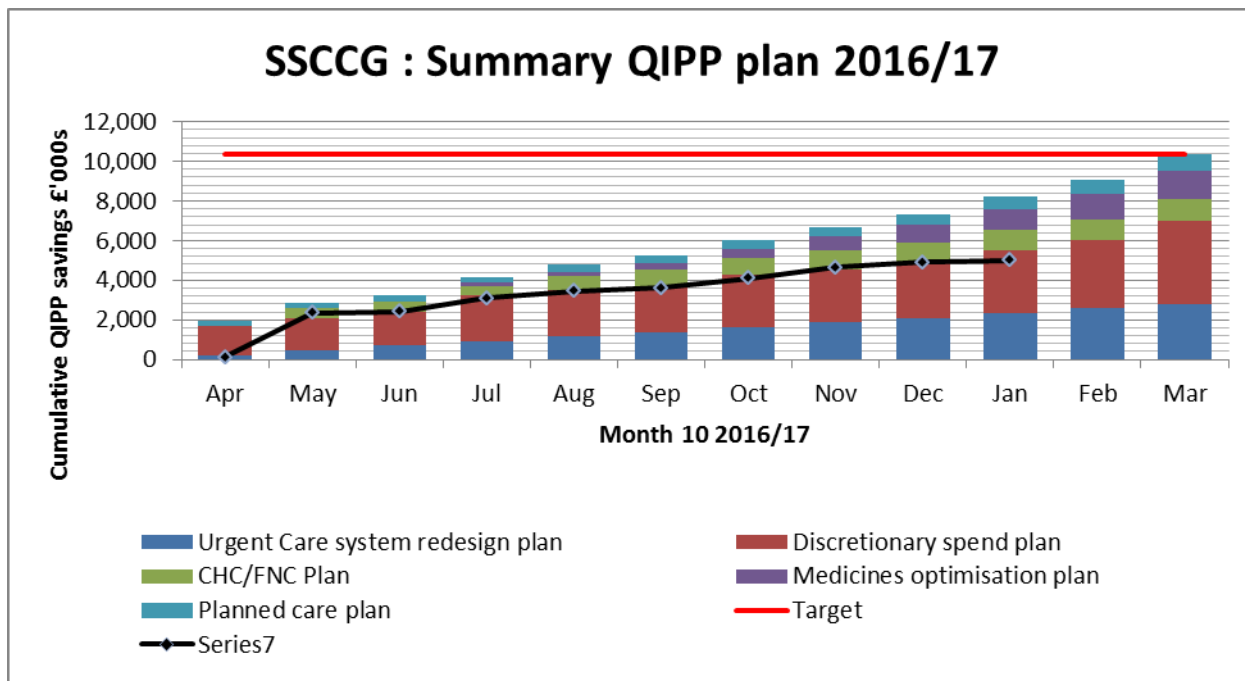
Figure 3 shows a summary of the current risk rated QIPP plan approved at the Governing Body in May 2016. This demonstrates that although recurrently there are a significant number of schemes in place, further work is being done to determine whether they can be delivered in full. The detailed QIPP plan is projected to deliver £6.351m 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	(984)	113	(871)	(594)	0	(277)	(871)
Medicines optimisation plan	(1,429)	0	(1,429)	(1,068)	0	(361)	(1,429)
CHC/FNC plan	(530)	(525)	(1,055)	(1,025)	0	(30)	(1,055)
Discretionary spend plan	(235)	(3,976)	(4,211)	(3,612)	0	(599)	(4,211)
Urgent Care system redesign plan	(2,817)	0	(2,817)	(51)	0	(2,766)	(2,817)
<b>Total QIPP Plan</b>	<b>(5,995)</b>	<b>(4,389)</b>	<b>(10,384)</b>	<b>(6,351)</b>	<b>0</b>	<b>(4,033)</b>	<b>(10,384)</b>
<b>Risk rated QIPP plan</b>				<b>(6,351)</b>	<b>0</b>	<b>0</b>	<b>(6,351)</b>

As shown in **Figure 4** and **5** below, £5.020m has been actioned at Month 10 against a phased plan of £8.253m.

**Figure 4 – Phased QIPP performance for the 2016/17 year**



**Figure 5 – QIPP performance at month 10**

Scheme	In month current month (M10)					
	In month plan	In month actual	Variance	YTD Plan	YTD Actual	Variance
Planned care plan	100	0	(100)	672	388	(284)
Medicines optimisation plan	192	58	(134)	1,045	718	(327)
CHC/FNC Plan	10	0	(10)	1,035	1,025	(10)
Discretionary spend plan	361	57	(304)	3,159	2,878	(281)
Urgent Care system redesign plan	238	0	(238)	2,342	11	(2,331)
<b>Total</b>	<b>901</b>	<b>115</b>	<b>(786)</b>	<b>8,253</b>	<b>5,020</b>	<b>(3,233)</b>

QIPP delivery is £3.233m below plan at Month 10, largely in respect of the urgent care scheme. Although Non Elective costs have reduced compared to plan it is difficult to attribute these to specific schemes.

A critical review of outstanding schemes has been undertaken and an assessment of expected delivery for the remainder of the financial year. The CCG expects to deliver a further £1.331m in Months 11 and 12, scheme leads in particular, must work to ensure delivery of the identified schemes. The table below shows the expected delivery of QIPP schemes for the remainder of the financial year.

**Figure 6 - QIPP Schemes to be delivered**

2016/17 QIPP Plan	£000
PLCV procedures	(172)
Medicines Optimisation	(350)
CQUIN - 1st:Fup ratio S&O	(28)
Review other Expenditure - 3rd Sector	(34)
LQC under-performance in 16/17	(500)
CQUIN Underperformance 16/17 - Aintree	(200)
CQUIN - Zero LoS - S&O	(47)
<b>Total All Schemes</b>	<b>(1,331)</b>

Total QIPP delivery is anticipated to be £6.851m for the financial year which is an underperformance of £4.033m against the original plan of £10.384m. The underperformance, together with an overspend on operational budgets has led to a deterioration in the forecast from a planned surplus of £2.450m to a deficit of £2.332m.

## 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 £0.224m.

## 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 10 position**

Following the month 9 submissions the MCD limit for South Sefton CCG for 2016/17 was increased from £241.032m to £249.742m. Up to Month 10, the actual cash received is £205.205m (82.2% of MCD) against a target of £208.119m (83.3% of MCD).

A full year cash flow forecast, based on information available at month 10, has been produced. 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 detailed below the CCG is forecasting to meet this target.

The CCG has been notified by NHS England that there is no opportunity prior to the year end to request additional cash above the MCD level of £249.742m. As a result of the finance team having to maintain this cash position, this could potentially result in an increase in year-end creditors and deterioration in BPPC performance.

## **2.7 Evaluation of risks and opportunities**

The primary financial risk for the CCG continues to be non-delivery of the QIPP target in the financial year. The forecast position is dependent on delivery of £1.331m QIPP schemes in the remainder of the financial year.

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

- Acute contracts – The CCG has experienced significant growth in acute care year on year, and this trend has continued in the current financial year. Further risk in relation to over performance at Aintree has been mitigated with an agreed year end position. There remains risk on other NHS contracts in respect of quarter 4 performance.

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 to ensure that 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 expenditure but represents one of the biggest opportunities for the CCG, and as such this makes up a significant element of the QIPP programme for 2016/17. The monthly expenditure and forecast is monitored closely as QIPP schemes continue to be delivered.

### **1% Non-Recurrent reserve**

As part of NHS England business rules for 2016/17 CCGs were required to set aside 1% (£2.432m) uncommitted funds non-recurrently. The CCG is expecting these funds to be released within the financial year.

## **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 in figure 7 below. This demonstrates that the CCG plans to deliver a total management action plan of £6.351m in 2016/17 which will result in a deficit of £2.332m.

In order to deliver the CCG statutory duty to break even, the CCG is reliant on return of the 1% non-recurrent reserve, which remains uncommitted as directed by NHS England. It is anticipated that this funding will be released to the CCG late in the financial year and is expected to improve the CCG's financial position from £2.332m deficit to £0.100m surplus.

Delivery of the remaining QIPP plan is challenging and requires co-operation with partners across the healthcare economy. The CCG has 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 7 – Forecast Outturn 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)	(1.073)	(0.126)	(1.199)
Reserve Budgets	(0.060)	0.510	0.450
<b>Management action plan</b>			
Actioned QIPP to date	1.921	3.099	5.020
Additional QIPP required	0.502	0.829	1.331
<b>Total Management Action Plan</b>	<b>2.423</b>	<b>3.928</b>	<b>6.351</b>
<b>Year End Surplus / (Deficit)</b>	<b>(1.181)</b>	<b>(1.151)</b>	<b>(2.332)</b>

Figure 8 below outlines the best, most likely and worst case scenarios. The best case scenario assumes achievement of the remaining risk adjusted QIPP plan plus further delivery of £0.200m.

The most likely case is a deficit of £2.332m which assumes delivery of the remaining risk adjusted QIPP plan.

The worst case scenario assumes achievement of the remaining risk adjusted QIPP plan and increased risk in respect of Acute Care.



Figure 8 – Risk Rated Financial Position

South Sefton	Best Case £m	Most Likely £m	Worst Case £m
<b>QIPP Target</b>	(10.384)	(10.384)	(10.384)
QIPP achieved to date	5.020	5.020	5.020
<b>Remaining QIPP requirement</b>	<b>(5.364)</b>	<b>(5.364)</b>	<b>(5.364)</b>
Month 10 Forecast (I&E)	(1.199)	(1.199)	(1.199)
Reserve Budgets	0.450	0.450	0.450
<b>Remaining QIPP requirement</b>	<b>(6.113)</b>	<b>(6.113)</b>	<b>(6.113)</b>
Predicted QIPP achievement (M11-12)	1.531	1.331	1.331
Planned Surplus	2.450	2.450	2.450
<b>Forecast Surplus / (Deficit)</b>	<b>(2.132)</b>	<b>(2.332)</b>	<b>(2.332)</b>
<b>Further Risk</b>			
Acute Care	-	-	(0.200)
<b>Risk adjusted Surplus / (Deficit)</b>	<b>(2.132)</b>	<b>(2.332)</b>	<b>(2.532)</b>

## 2.9 Recommendations

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

- The CCG agreed a revised surplus target of £1.250m with NHS England at month 6. Financial pressures have continued to emerge in year and the revised surplus target for the CCG is £1.250m.
- The financial position has deteriorated further during the month and the likely outturn position is a deficit of **£2.332m**. The likely position includes the expenditure forecast delivery of QIPP savings for the remainder of the financial year
- It should be noted that the forecast deficit does not include the 1% non-recurrent reserve which is held uncommitted as directed by NHS England.
- Release of the 1% reserve (£2.432m) will result in a surplus of £0.100m which delivers the CCG statutory financial duty to achieve a break even position.
- The CCG is undertaking an urgent and critical review of the remaining QIPP programme areas to provide assurance that the anticipated level of savings can be achieved in the financial 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

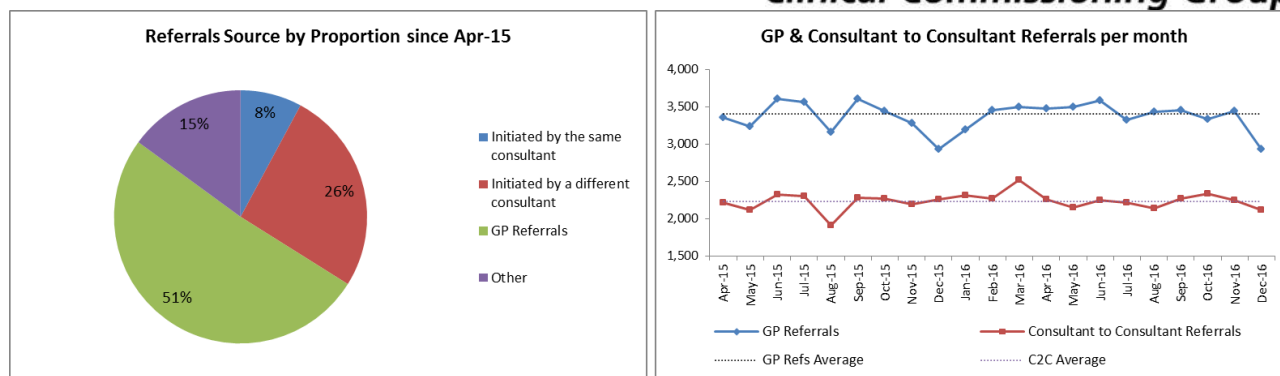
practices to enable the CCG to reduce levels of low value healthcare and improve value for money.

### 3. Planned Care

#### 3.1 Referrals by source

**Figure 9 - 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	30,192	30,461	269	0.9%
<b>GP Total</b>			<b>30,192</b>	<b>30,461</b>	<b>269</b>	<b>0.9%</b>
Other	01	following an emergency admission	1,525	1,279	-246	-16.1%
	02	following a Domiciliary Consultation	11	5	-6	0.0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	3,759	3,833	74	2.0%
	05	A CONSULTANT, other than in an Accident and Emergency Department	11,570	11,523	-47	-0.4%
	06	self-referral	2,651	2,483	-168	-6.3%
	07	A Prosthetist	12	10	-2	-16.7%
	08	Royal Liverpool Code (TBC)	623	696		
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	869	873	4	0.5%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	2,135	2,467	332	15.6%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	56	49	-7	-12.5%
	13	A Specialist NURSE (Secondary Care)	83	72	-11	-13.3%
	14	An Allied Health Professional	1,057	1,288	231	21.9%
	15	An OPTOMETRIST	8	6	-2	-25.0%
	16	An Orthoptist	2	4	2	0.0%
	17	A National Screening Programme	48	49	1	2.1%
	92	A GENERAL DENTAL PRACTITIONER	1,152	1,224	72	6.3%
93	A Community Dental Service	16	3	-13	-81.3%	
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	3,183	2,692	-491	-15.4%	
<b>Other Total</b>			<b>28,760</b>	<b>28,556</b>	<b>-204</b>	<b>-0.7%</b>
Unknow n			19	0	-19	-100.0%
<b>Grand Total</b>			<b>58,971</b>	<b>59,017</b>	<b>46</b>	<b>0.1%</b>



Local referrals data from our main providers shows no change in the overall level of referrals comparing months 1-9 of 2016/17 with the previous year. GP referrals are slightly above comparing against the same period last year (1%, 269 referrals).

Discussions regarding referral management, prior approval, cataracts and consultant-to-consultant referrals continue. A paper will be presented to March QIPP Clinical Advisory Group to update on the development of a Referral Optimisation and Support System (ROSS) and explore preferences with the clinical members of the group with regards to clinical and community triage.

Data quality note: Walton Neuro Centre & Renacres Hospital has been excluded from the above analysis due to validation errors in month 9 submission.

### 3.1.1 E-Referral Utilisation Rates

NHS E-Referral Service Utilisation				
NHS South Sefton CCG	16/17 - Nov	80% or 20% increase on previous year (42%)	19.00%	↓

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

The latest (November) data for E-referral Utilisation rates recorded 19% this is less than the previous month when 20% was recorded.

### 3.2 Diagnostic Test Waiting Times

Diagnostic test waiting times					
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	16/17 - Dec	1.00%	1.79%	↑ ↑	42 out of 2344 patients waited over 6 weeks for their diagnostic, 3 over 13 weeks.
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	16/17 - Dec	1.00%	1.67%	↑	46 out of 4320 patients waited over 6 weeks for their diagnostic, none over 13 weeks.

Aintree aims to achieve the standard of less than 1% of patients waiting longer than 6 weeks for their diagnostic test. During December 2016, the Trust failed the diagnostic monitoring standard reporting 1.67% of patients waiting in excess of 6 weeks.

The number of patients waiting over 6 weeks has increased to 72 in December (35 in the previous month). The diagnostic areas with over 1% of patient waiting more than 6 weeks are Flexi Sigmoidoscopy, Gastroscopy and Colonoscopy. There are plans in place to reduce all waits to within the 6-week timeframe.

A sustainability plan is in the process of being worked through requiring the development of a demand & capacity model across endoscopy services. Interim plan – monitor weekly and put run additional sessions as required to meet demand. Current waiting time for Cardiac imaging is 11 weeks 1 day. There are 2.2 WTE Radiographer vacancies which is having an effect on service provision. The actions taken were monitoring of activity, demand and waiting times on a weekly basis. Increased demand identified to Cardiology, sort ways of reducing referrals / provide funding for additional sessions. There was an MR mobile van on site 5 days pre-Christmas, 7 days post New Year funded by Radiology to reduce wait for general scanning.

### 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. <b>(CCG)</b>	16/17 - Dec	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. <b>(Aintree)</b>	16/17 - Dec	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% <b>(CCG)</b>	16/17 - Dec	92%	91.29%	↓
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% <b>(Aintree)</b>	16/17 - Dec	92%	89.24%	↓

December saw the CCG fail the 92% target for RTT reaching 91.29%. Out of 10240 patients on the pathway, 892 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 89.24% during December 2016. This represents a marginal decline from the previous month at 90.21%. Underperformance was seen in Thoracic, Dermatology, ENT, T&O, Ophthalmology & MFU.

There are multiple actions in place to reduce the over 18 week waiters including:

- A weekly Trust wide PTL meeting
- Recruitment of both medical and nursing staff
- Weekly validation of pathways

- Additional WLI activity, job plan reviews
- RTT training
- Theatre and outpatient transformation programmes, negotiations with external care providers.

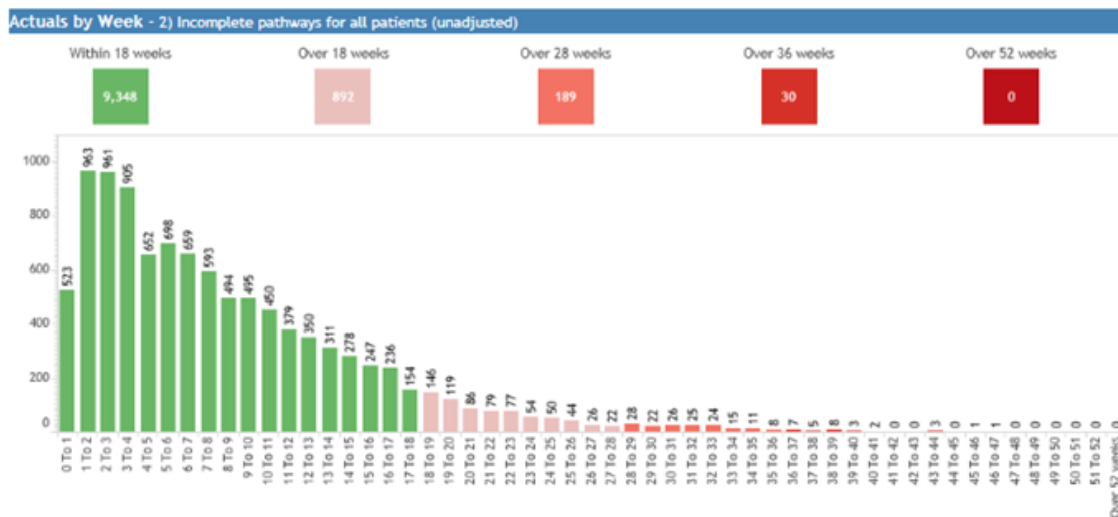
South Sefton CCG supported an application by Aintree University Hospital Trust to secure additional RTT funding from NHS England in February. This additional funding has been used to for two of the main specialties with difficulty meeting the target; dermatology and ophthalmology.

An agreement with a community dermatology provider has been reached for them to virtually review 3,000 dermatology cases with an expected discharge rate of 75%. Patients who require an outpatient review or procedure will be seen & treated by the contracted provider. All 90 open pathways are expected to be reviewed and have a clock stop as part of this process. An implementation plan has been drafted, aiming to start on 13th February 2017 and completed by 31st March 2017.

The ophthalmology department leads at Aintree has identified 265 possible new patients that could be outsourced to an Independent Sector provider, who the trust currently works with on cataract pathways. This is expected to improve the RTT position by alleviating pressure on the pathway. An implementation plan and workflows have been drafted and is expected to start on Monday 13th February 2017 and completed by 31st March 2017.

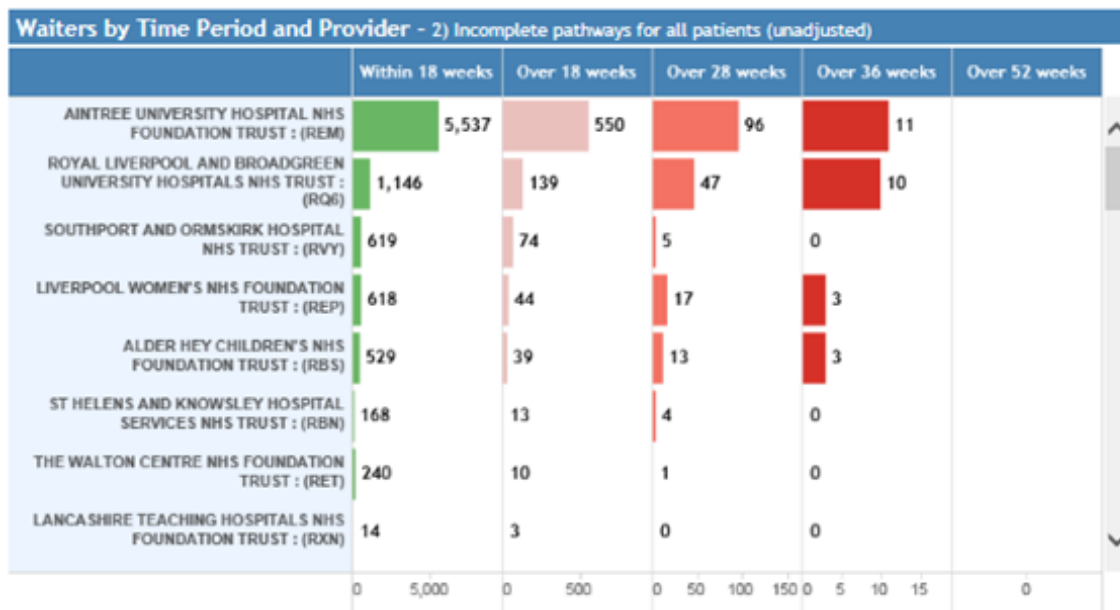
### 3.3.1 Incomplete Pathway Waiting Times

Figure 10 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



### 3.3.2 Long Waiters analysis: Top 5 Providers

Figure 11 - 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 12 - Patients waiting (in bands) on incomplete pathways by Speciality for Aintree University Hospitals NHS Foundation Trust

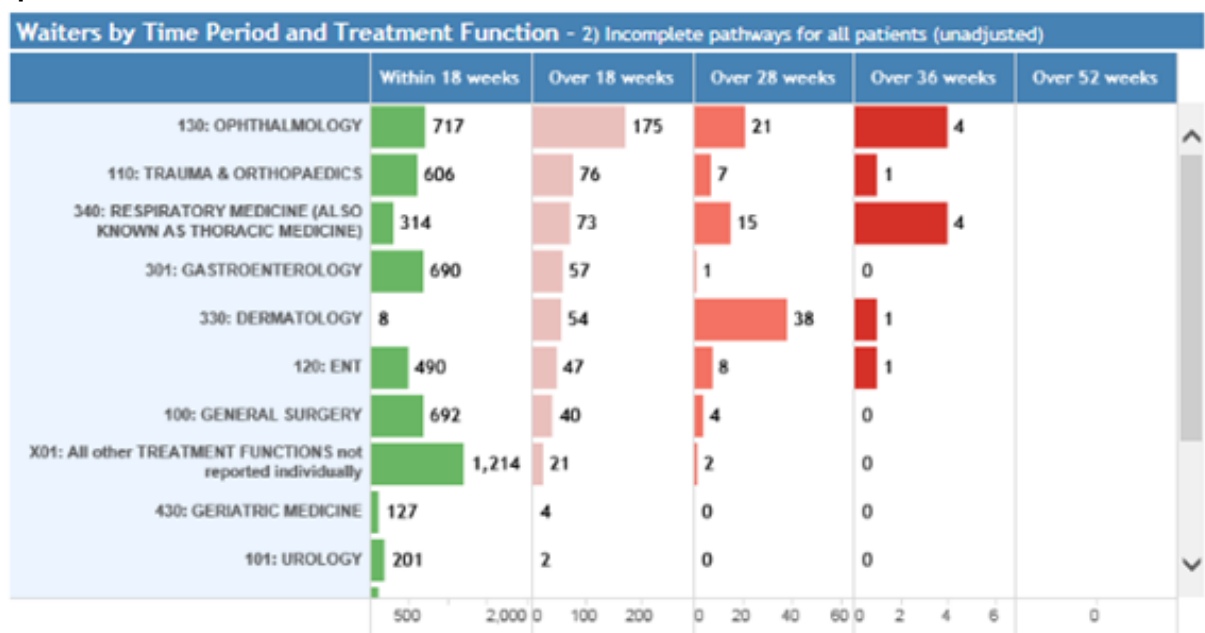
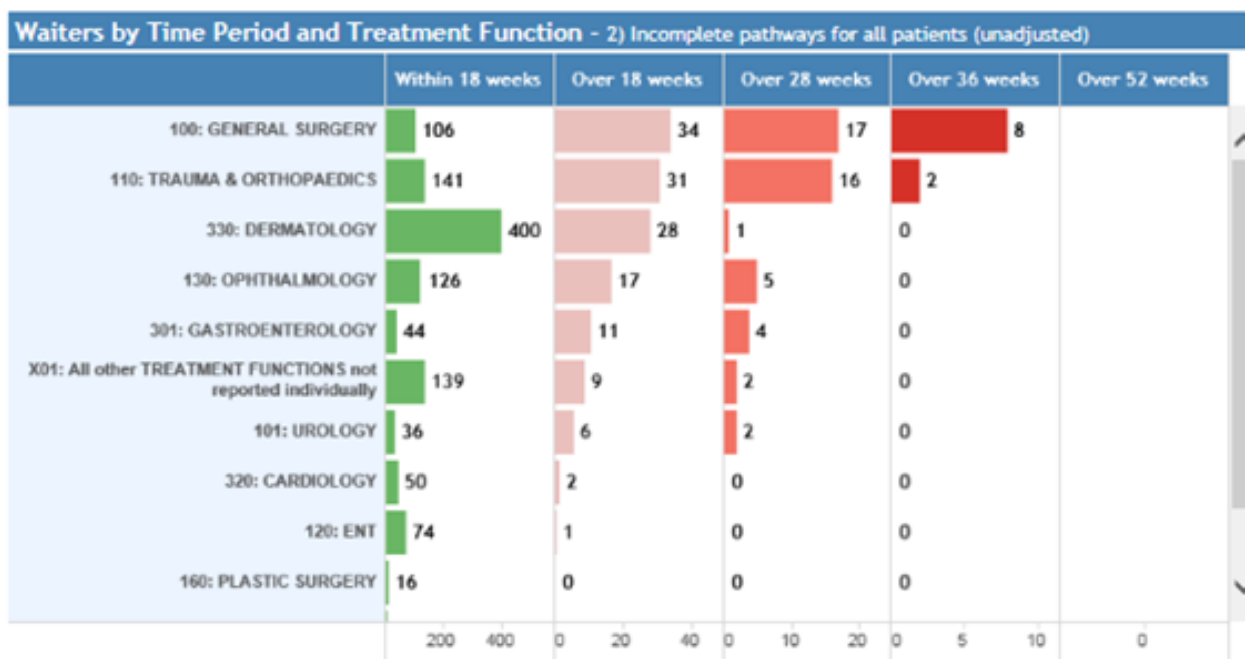


Figure 13 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



### 3.3.4 Provider assurance for long waiters

Trust	Speciality	No of weeks waited	No of patients	Has patient been seen / has a TCI date?	Reason for the delay
AINTREE UNIVERSITY HOSPITAL NHS	ENT	43	1	N - Patient awaiting Follow Up appointment	Capacity issue
AINTREE UNIVERSITY HOSPITAL NHS	Respiratory	40	1	Clock stopped 12/01/2017 - TCI completed	Capacity issue
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	General Surgery	43	1	Clock Stop 05/01/2014 - Treated	Capacity
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	T&O	46	1	Clock Stop 11/01/2017 - Treated	Capacity
LIVERPOOL WOMENS	Gynaecology	40	1	Clock Stop 10/01/2017 - Treated	Capacity
LIVERPOOL WOMENS	Gynaecology	43	1	Clock Stop 10/01/2017 - Treated	Capacity
THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	T&O	45	1	Yes 27/02/2017	Pt declined December date due to family commitments. In November 2016 request date after February half term.

### 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 - <b>Aintree</b>	16/17 - Dec	0	0	↑ ↓

#### 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 - <b>Aintree</b>	16/17 - Dec	0	0	↑ ↔

### 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) <b>(CCG)</b>	16/17 - Dec	93%	95.85%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) <b>(Aintree)</b>	16/17 - Dec	93%	95.80%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) <b>(CCG)</b>	16/17 - Dec	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) <b>(Aintree)</b>	16/17 - Dec	93%	94.25%	↔



### 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) <b>(CCG)</b>	16/17 - Dec	96%	98.36%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(Aintree)</b>	16/17 - Dec	96%	99.19%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(CCG)</b>	16/17 - Dec	94%	96.91%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(Aintree)</b>	16/17 - Dec	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(CCG)</b>	16/17 - Dec	94%	97.80%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(Aintree)</b>	16/17 - Dec	94%	99.50%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(CCG)</b>	16/17 - Dec	98%	99.51%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(Aintree)</b>	16/17 - Dec	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) <b>(CCG)</b>	16/17 - Dec	85% local target	83.64%	↑
Maximum 62-day wait for first definitive treatment following a consultant’s decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) <b>(Aintree)</b>	16/17 - Dec	85% local target	91.19%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(CCG)</b>	16/17 - Dec	90%	100.00%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(Aintree)</b>	16/17 - Dec	90%	90.74%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(CCG)</b>	16/17 - Dec	85%	88.10%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(Aintree)</b>	16/17 - Dec	85%	86.36%	↓

The CCG achieved the 85% local target in December achieving 88.9%, 8 out of 9 patients were upgraded within 62 days. The 1 breach was a urological patient, and the delay was due to a late referral to the Christie, reason unknown, days waited was 117. Year to date the CCG are failing at 83.6%.

### 3.6 Patient Experience of Planned Care

Friends and Family Response Rates and Scores  
 Aintree University Hospital NHS Foundation Trust  
 Latest Month: Dec-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%	18.7%		95%	97%		2%	1%	

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

- % Response Rate
- % Recommended
- % Not Recommended

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target in excess of the regional and national response rates for both inpatients and A&E, however, inpatients is now under target for December at 18.7% (November also saw a decrease). The proportion of patients who would recommend has increased from previous month, from 96% to 97% in December; also the proportion who would 'not recommend' has dropped from 2% to 1% in December which is within target range.

Following an alternative method for collecting data by text message was deemed unsuccessful and affected both the number of responses and the performance the Trust has reverted back to using cards. Response rate was improving although not to levels seen previous to the pilot however November and December both saw reductions.

Aintree's Patient Experience Lead will provide an update in April to the CCG Engagement and Patient Experience Group. The Trust will provide feedback in how FFT serves to inform the Trust where to improve services for its patients. This presentation is welcomed by EPEG and gives assurances that patient engagement and experience is considered as important as clinical effectiveness and safety in making up quality services.

The CCG Experience and Patient Engagement Group have created 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 9 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 1%. At specific trusts, Renacres are reporting the largest cost variances with a total of £220k/23%.

**Figure 14 - Planned Care - All Providers**

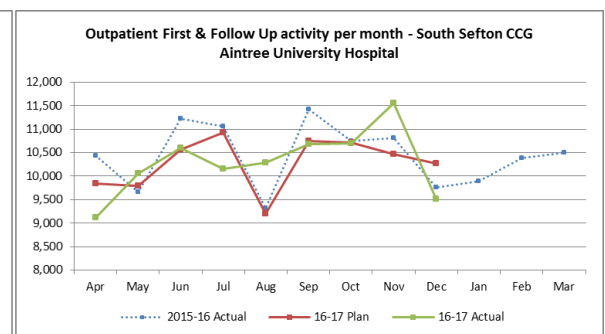
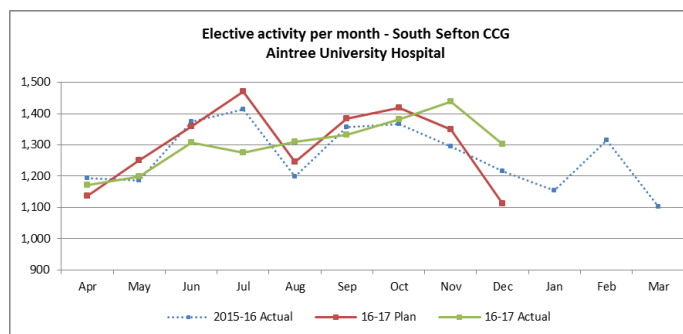
Provider Name	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	132,670	133,537	867	1%	£24,457	£24,545	£88	0%
Alder Hey Childrens NHS F/T*	3,384	3,394	10	0%	£986	£1,151	£165	17%
Central Manchester University Hospitals Nhs Foundation Trust	64	134	70	108%	£16	£24	£8	46%
Countess of Chester Hospital NHS Foundation Trust	0	124	124	0%	£0	£19	£19	0%
East Cheshire NHS Trust	0	5	5	0%	£0	£1	£1	0%
Fairfield Hospital	95	141	46	49%	£17	£39	£22	128%
ISIGHT (SOUTHPORT)	397	611	214	54%	£90	£135	£46	51%
Liverpool Heart and Chest NHS F/T	851	882	31	4%	£281	£338	£56	20%
Liverpool Womens Hospital NHS F/T	12,049	12,147	98	1%	£2,495	£2,447	-£48	-2%
Renacres Hospital	3,380	4,900	1,520	45%	£1,189	£1,467	£278	23%
Royal Liverpool & Broadgreen Hospitals	22,959	24,009	1,050	5%	£4,301	£4,450	£149	3%
Southport & Ormskirk Hospital*	9,683	9,140	-543	-6%	£2,080	£1,854	-£226	-11%
SPIRE LIVERPOOL HOSPITAL	2,147	1,752	-395	-18%	£676	£611	-£66	-10%
ST Helens & Knowsley Hospitals	3,084	3,203	119	4%	£810	£866	£56	7%
University Hospital Of South Manchester Nhs Foundation Trust	81	100	19	23%	£12	£19	£7	57%
Walton Neuro	2,492	2,531	39	2%	£634	£614	-£21	-3%
Wirral University Hospital NHS F/T	346	307	-39	-11%	£92	£83	-£9	-10%
Wrightington, Wigan And Leigh Nhs Foundation Trust	634	919	285	45%	£229	£371	£142	62%
<b>Grand Total</b>	<b>194,315</b>	<b>197,836</b>	<b>3,521</b>	<b>2%</b>	<b>£38,366</b>	<b>£39,031</b>	<b>£665</b>	<b>2%</b>

\*PbR Only

### 3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust

Figure 15 - 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	10,187	10,333	146	1%	£6,594	£6,596	£2	0%
Elective	1,540	1,384	-156	-10%	£4,303	£4,153	-£150	-3%
Elective Excess BedDays	603	517	-86	-14%	£134	£114	-£20	-15%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	334	236	-98	-29%	£60	£46	-£14	-24%
OPFANFTF - Outpatient first attendance non face to face	1,847	2,471	624	34%	£52	£63	£11	21%
OPFASPCL - Outpatient first attendance single professional consultant led	24,916	25,347	431	2%	£3,733	£3,900	£167	4%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,115	866	-249	-22%	£122	£114	-£8	-7%
OPFUPNFTF - Outpatient follow up non face to face	2,392	3,583	1,191	50%	£58	£87	£29	50%
OPFUPSPCL - Outpatient follow up single professional consultant led	61,951	60,149	-1,802	-3%	£4,933	£4,844	-£89	-2%
Outpatient Procedure	16,173	16,542	369	2%	£2,673	£2,795	£122	5%
Unbundled Diagnostics	10,521	10,948	427	4%	£963	£971	£8	1%
Wet AMD	1,090	1,161	71	7%	£832	£862	£31	4%
<b>Grand Total</b>	<b>132,670</b>	<b>133,537</b>	<b>867</b>	<b>1%</b>	<b>£24,457</b>	<b>£24,545</b>	<b>£88</b>	<b>0%</b>



Planned Care at Aintree University Hospital is recording comparable year to date costs against plan with a £88k/0% over performance.

Cardiology is showing the largest cost variance in Month 9 (£321k/27%). The cardiology over performance is largely related to day case activity.

Clinical Haematology is showing an over performance of £104k which is driven by Outpatient First Attendances.

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	292	£269,662	2	£5,504	-19	-£4,095	572	£62,454	208	-£31,643	114	£19,541	1,168	£321,422
Clinical haematology	45	£12,634	2	£7,282	-19	-£4,370	229	£68,589	158	£19,637	3	£728	418	£104,501
Rheumatology	3	£1,253	0	£641	6	£1,309	89	£20,752	566	£49,613	9	£1,624	672	£75,191
Ent	8	£17,649	-17	£27,441			-67	-£7,339	3	£825	157	£20,240	84	£58,815
Physiotherapy							38	£891	1,587	£52,535	3	£99	1,628	£53,526
General surgery	6	£14,566	2	£34,727	72	£14,923	28	-£923	-99	-£10,950	1	£243	11	£52,585
Acute internal medicine	-2	-£1,425	1	-£3,363	-3	-£660	598	£48,829	-1	-£1,087	-32	-£4,647	561	£37,646
Nephrology	3	£4,101	-11	-£15,013	-5	-£1,351	154	£43,206	-122	-£3,260	-5	-£921	14	£26,761
Respiratory medicine	-14	-£32,355	-6	-£6,696	2	£548	26	£21,388	238	£4,117	160	£35,816	406	£22,817
Upper gastrointestinal surgery	-20	-£31,596	4	£43,512	14	£2,952	-20	-£2,321	3	£280	-1	-£406	-20	£12,420
Endocrinology	-3	-£2,399	-1	-£1,954			10	£1,910	143	£14,643			149	£12,200
Transient ischaemic attack							31	£9,891	-3	£0			28	£9,891
Interventional radiology	12	£5,849	-5	-£15,685	-3	-£632	55	£8,079	-11	-£910	-41	-£10,268	7	-£13,567
Diabetic medicine	36	£14,014	1	£2,770	-8	-£2,071	-87	-£18,266	-32	-£3,860	-66	-£8,598	-155	-£16,010
Vascular surgery	-16	-£16,913	-2	-£2,594			26	£4,509	-15	-£1,623	0	-£27	-6	-£16,648
Breast surgery	3	£16,257	5	-£17,744			-121	-£20,912	-117	-£3,868	16	£3,508	-215	-£22,759
Anticoagulant service									-1,819	-£46,792			-1,819	-£46,792
Dermatology	-26	-£14,537	1	£539			-274	-£30,400	-391	-£28,407	214	£12,177	-475	-£60,627
Hepatobiliary & pancreatic surgery	0	£3,060	-13	-£69,575	-1	-£232	10	£2,046	-42	-£4,036			-46	-£68,738
Gastroenterology	-147	-£114,327	-9	-£21,340	19	£3,982	-9	-£580	37	£23,089	29	£8,144	-80	-£101,033
Urology	-43	-£36,909	-34	-£77,255	-40	-£8,223	-268	-£35,756	111	£8,114	48	£44,436	-225	-£105,593
Trauma & orthopaedics	-14	-£124,941	-48	-£68,872	91	£19,806	46	£6,203	-99	-£9,018	-48	-£3,843	-72	-£180,665
Ophthalmology	-166	-£116,919	5	£881			-185	-£22,052	-333	-£31,957	-301	-£35,647	-979	-£205,695
<b>Grand Total</b>	<b>-62</b>	<b>-£130,273</b>	<b>-142</b>	<b>-£156,378</b>	<b>-50</b>	<b>-£11,610</b>	<b>1,101</b>	<b>£185,429</b>	<b>-557</b>	<b>-£42,209</b>	<b>416</b>	<b>£112,358</b>	<b>706</b>	<b>-£42,682</b>

### 3.7.2 Planned Care Southport & Ormskirk Hospital

Figure 16 - 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	634	576	-58	-9%	£514	£403	-£110	-21%
Elective	151	131	-20	-13%	£436	£390	-£47	-11%
Elective Excess BedDays	1	22	21	2110%	£0	£5	£5	2220%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	191	52	-139	-73%	£28	£9	-£20	-69%
OPFASPCL - Outpatient first attendance single professional consultant led	1,499	1,657	158	11%	£222	£240	£18	8%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First Attendance (Consultant Led)	394	134	-260	-66%	£39	£15	-£24	-61%
OPFUPSPCL - Outpatient follow up single professional consultant led	3,528	3,486	-42	-1%	£316	£311	-£5	-2%
Outpatient Procedure	2,704	2,538	-166	-6%	£479	£438	-£41	-9%
Unbundled Diagnostics	579	544	-35	-6%	£44	£42	-£2	-4%
<b>Grand Total</b>	<b>9,683</b>	<b>9,140</b>	<b>-543</b>	<b>-6%</b>	<b>£2,080</b>	<b>£1,854</b>	<b>-£226</b>	<b>-11%</b>

\* PBR only

Planned care remains below plan with only two areas over-performing at month 9, Elective excess bed days and Outpatient first attendances. The latest month's performance is in line with previous month's trend with all points of delivery on or below planned levels. The main exception to this is Elective excess bed days with 13 recording in December against a plan of zero, all within Trauma and Orthopaedics.

The Trust has struggled throughout the year with the planned care elements of the contract for a number of reasons, mainly due to low theatre staff levels and increased non-elective pressures.

Further reductions are expected due to the implementation of the Joint Health service and the installation of the Blueteq system to identify and authorise procedures of low clinical value.

### 3.7.3 Renacres Hospital

**Figure 17 - 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	393	416	23	6%	£441	£499	£58	13%
Elective	71	99	28	40%	£335	£474	£140	42%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	834	844	10	1%	£120	£121	£1	1%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	998	2,352	1,354	136%	£83	£136	£53	64%
Outpatient Procedure	479	329	-150	-31%	£70	£79	£8	12%
Unbundled Diagnostics	289	393	104	36%	£29	£41	£12	41%
<b>Grand Total</b>	<b>3,063</b>	<b>4,433</b>	<b>1,370</b>	<b>45%</b>	<b>£1,078</b>	<b>£1,350</b>	<b>£272</b>	<b>25%</b>

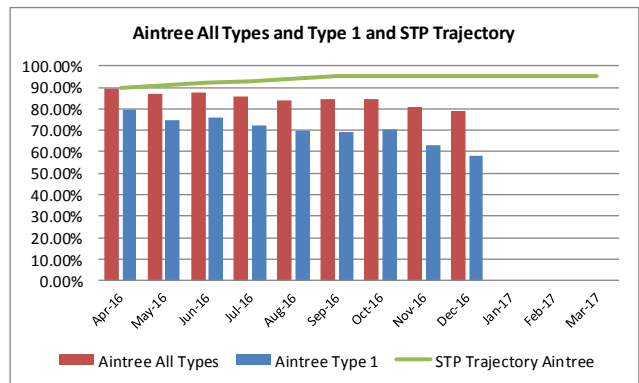
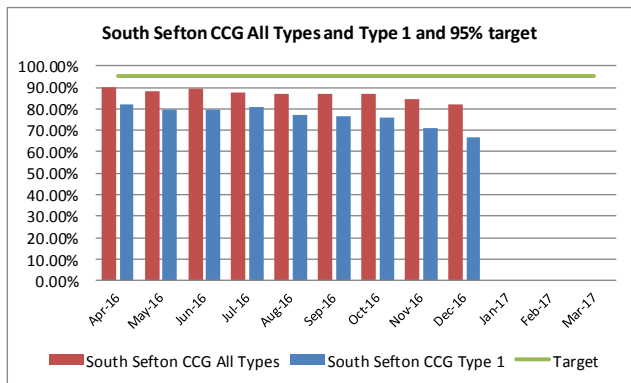
Renacres over performance of £278/23% is largely driven by a £126k over performance in Electives. Major Hip Procedures is the largest over performing HRG followed by Reconstruction Procedures. Combined costs for these two HRG's are £98k. The over performance at Renacres is mirrored by underperformance at other Trusts, namely Spire and Southport and Ormskirk Hospitals suggesting a shift in patient and GP choice.

## 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 - Dec	95%	86.94%	↓	The CCG have failed the target in December reaching 82.25% and year to date reaching 86.94%. In December 1460 attendances out of 8224 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 - Dec	95%	77.65%	↓	The CCG have failed the target in December reaching 66.80% (year to date 77.65%). In December 1451 attendances out of 4370 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 - Dec	STP Trajectory Target for Dec 95%	84.79%	↓	Aintree have failed the STP target of 95% in December reaching 79.05%. In December, 2918 attendances out of 13926 were not admitted, transferred or discharged within 4 hours. Year to date they are achieving 84.79%.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	16/17 - Dec	95%	70.35%	↓	Aintree have failed the target in December reaching 57.98% and year to date reaching 70.35%. In December 2918 attendances out of 6945 were not admitted, transferred or discharged within 4 hours.

A&E All Types	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
STP Trajectory Aintree	90%	91%	92%	93%	94%	95%	95%	95%	95%
Aintree All Types	89.48%	86.88%	87.50%	85.95%	84.10%	84.46%	84.76%	81.11%	79.05%



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

The Trusts' performance has declined against the 4-hour standard and remains below the required 95% at 79.05% for December 2016.

Implementation of the AED stream of the Emergency and Acute Care Plan commenced from 24th August 2016 and embedding of the new model is ongoing.

- Following a recruitment campaign, one substantive consultant is due to commence in February 2017. Support is being used from a recruitment company to further develop the

recruitment strategy and recruit to vacancies. Plan to launch campaign w/c 16 January 2017.

- Maternity leave and paternity leave across the remaining Consultant workforce is making cover of all shifts challenging however the use of locum Consultants and GPs is ongoing to support the rota in the short term.
- Additional ENPs have been recruited and the hours of the nurse practitioners extended to 23.00. Training of ENPs in expanded clinical areas is ongoing.
- A review of the portering workforce to support ED and AMU has been undertaken and the Business Case submitted to Business Case Review Group. Further detail included with regards to patterns of demand. Business case resubmitted to BCRG.
- Discussions ongoing with UC24 regarding provision of OOH GP service. Challenges in respect of providing OOH GP workforce and relationship between teams. Agreement for 19-02 ED Consultant to be responsible for touching base with UC24 GP at the start of the shift in effort to improve relationship. Work also ongoing with ED team to improve utilisation of available slots.
- The Aintree Frailty Assessment Unit relocated to new facilities adjacent to the Emergency Department in December 2016
- Ambulance turnaround times remain a key focus for improvement. Work with NWS and all partners, including ECIP, is ongoing to ensure delivery of agreed actions.
- Agreement to use additional area as Ambulance Pitstop until end of January 2017, with commitment to agree long term plan, including appropriate staffing model. Interim SOP and staffing plan finalised. Agreement given to source additional nursing staff and medical staff until end of January 2017. Band 4 EMT or ALO also provided by NWS to support.

## 4.2 Ambulance Service Performance

Ambulance					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	16/17 - Dec	75%	71.97%	↓	The CCG is under the 75% target year to date reaching 71.97%. In December out of 60 incidents there were 20 breaches (66.67%)
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	16/17 - Dec	75%	60.19%	↓	The CCG is under the 75% target year to date reaching 60.19%. In December out of 1013 incidents there were 512 breaches (49.50%).
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	16/17 - Dec	95%	90.53%	↓	The CCG is under the 95% target year to date reaching 90.53%. In December out of 1073 incidents there were 174 breaches (83.77%)
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWS) (Cumulative)	16/17 - Dec	75%	69.15%	↓	NWS reported under the 75% target year to date reaching 69.15%. December reaching 61.63%.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWS) (Cumulative)	16/17 - Dec	75%	63.22%	↓	NWS failed to achieve the 75% target year to date reaching 63.22%. December reaching 57.31%.
Ambulance clinical quality - Category 19 transportation time (NWS) (Cumulative)	16/17 - Dec	95%	89.38%	↔	NWS failed to achieve the 95% target year to date reaching 89.38%. December reaching 85.42%.



Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - <b>Aintree</b>	16/17 - Dec	0	241	↑	The Trust recorded 241 handovers between 30 and 60 minutes, this is a slight increase on last month when 227 was reported and still over the zero plan.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - <b>Aintree</b>	16/17 - Dec	0	287	↑	The Trust recorded 287 handovers over 60 minutes, this higher the previous month when 270 were reported and still over plan.

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

Ambulance turnaround times remain a key focus for improvement. Work with NWS and all partners, including ECIP, is ongoing to ensure delivery of agreed actions.

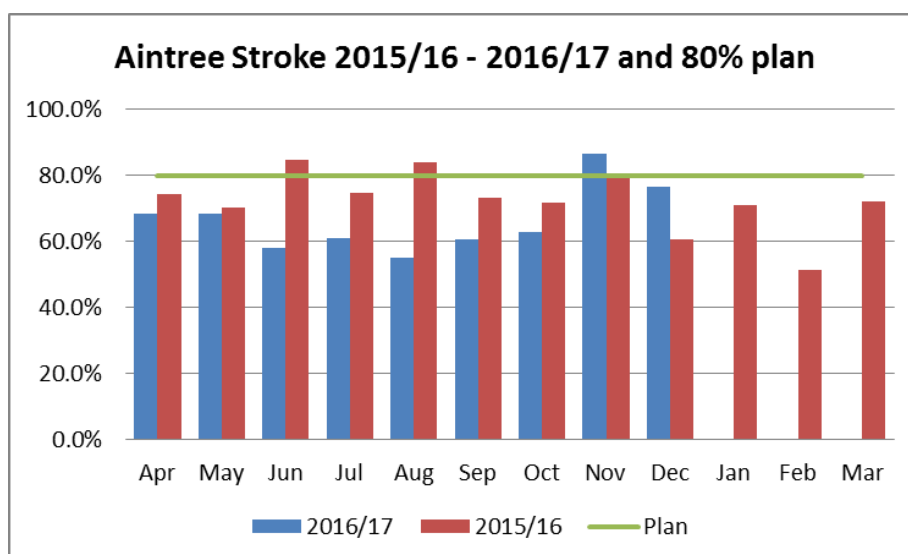
There has been an agreement to use additional area with Aintree as Ambulance Pitstop until the end of January 2017, with commitment to agree long term plan, including appropriate staffing model. Interim SOP and staffing plan finalised. Agreement was given to source additional nursing staff and medical staff until end of January 2017. Band 4 Emergency Medical Technician or Ambulance Liaison Officer is also being provided by NWS to support.

Aintree are collaborating with ECIP (Emergency Care Improvement Programme) to identify reasons for delayed ambulance hand over and agree actions to recurrently improve ambulance handover performance.

### 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 ( <b>Aintree</b> )	16/17 - Dec	80%	76.67%	↓	
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours ( <b>Aintree</b> )	16/17 - Dec	60%	100%	↔	



Aintree have failed to the 80% target in December (after achieving for the first time in 2016/17 in November) with 23 patients out of 30 spending at least 90% of their time on a stroke unit.

Of the 7 patients who failed the standard:

- 2 patients were identified as requiring direct admission to the Stroke Unit on admission but no stroke beds were available.
- 1 patient was assessed in ED by the Stroke Nurse Clinician and accepted but was delayed waiting an SPR review before transfer.
- 1 patient was diagnosed with a brain stem stroke and was transferred to AMU for palliative care. This patient was not referred to the Stroke team
- 1 patient was assessed in ED, an extra HASU bed was opened to accommodate the patient but the transfer could not take place until SPR review which happened in ED 7hrs after arrival.
- 2 patients was assessed in ED and transferred to the Stroke Unit but was discharged with early supported discharge and failed the standard.

It is noted that the Trust overall SSNAP score for April 2016 to June 2016 has been maintained at a C however, due to performance against therapy standards, 4hr admission to the Stroke Unit and the 90% stay the Trust's regional position has deteriorated. Capacity pressures and delays to discharge are the main contributory factors towards lower than expected compliance against the standards.

A Number of actions are in progress:

- Validation system established to ensure late referrals to the Stroke team are discussed with the Acute and Emergency Care Teams and lessons learned.
- 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.
- Validation system established to ensure that all patients who breach the standard are reviewed, lessons learned and corrective actions taken.
- A Stroke action plan has been developed and is to be submitted to the Divisional meeting for approval.

### 4.3.2 Mixed Sex Accommodation

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

### 4.3.3 Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) <b>(CCG)</b>	16/17 - Dec	43	38	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) <b>(Aintree)</b>	16/17 - Dec	34	36 (23 following appeal)	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) <b>(CCG)</b>	16/17 - Dec	0	1	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) <b>(Aintree)</b>	16/17 - Dec	0	1	↑

The CCG has had 2 new C.difficile cases reported in December, a total of 38 cases year to date against a year to date plan of 43.

For Aintree this year there have been 36 patients with Trust apportioned CDT including 5 cases in December. There are 4 cases for review at the appeals panel in February. 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 December and only reported their first case in September; this was a non-trust apportioned case. Aintree had their first case of MRSA in December. Following the national post infection review process, the final assignment of the MRSA case was to the Trust.

### 4.3.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	16/17 - Dec	100	92.96	↑ ↓
Summary Hospital Level Mortality Indicator (SHMI)	Jul-15 to June 16	100	105.79	↓

HSMR is reported for the period October 2015 to September 2016 remains below expected at 92.96 after rebasing, this is slightly lower than last month when 93.83 was reported.

SHMI for the period July 2015 – June 2016 is as expected at 107.59.

#### **4.4 CCG Serious Incident Management**

Serious incidents reporting within the integrated performance report is in line with the CCG reporting schedule for Month 9.

There are a total of 120 serious incidents open on StEIS where South Sefton CCG are either lead or responsible commissioner. 86 of these affect South Sefton CCG patients with 3 reported in December involving 2 Knowsley CCG patients and 1 Liverpool CCG patient.

Aintree University Hospitals NHS Foundation Trust - 34 open Serious Incidents on StEIS with 3 reported in December 2016 making a total of 23 year to date. 26 remain open for >100 days. 4 cases are subject to Safeguarding Adult Board (SAB) processes (Liverpool, West Lancashire and Knowsley CCGs) and 1 subject to police investigation now completed with the CCG serious incident process now progressing.

Liverpool Community Health NHS Trust - 41 open serious incidents on StEIS affecting South Sefton CCG patients. 16 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 6 serious incidents reported in December 2016, a total of 39 year to date, 19 year to date relate to pressure ulcers. The Trust has a composite pressure ulcer action plan in place; this continues to be monitored at the monthly Clinical Quality and Performance meeting.

Mersey Care NHS Foundation Trust - 18 incidents open on StEIS for South Sefton CCG patients, with 13 remaining open >100 days. 1 serious incident was reported in December making a total of 17 year to date. Two incidents reported in June relate to Secure Services and 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 slightly in December recording 22 compared to November recording 23 (-4.5%). Patient and/or family choice resulted in 9 delayed transfers (40.9%), a further 6 were due to delays incurred whilst awaiting further NHS non acute care (27.7%), 5 were due to awaiting care package in own home (22.7%) and 2 due to completion of assessment.

Analysis of delays in December 2016 compared to December 2015 illustrates a 4.5% decrease in total number of delays. For the number of patients awaiting further NHS non-acute care is 6 a 25% decrease from previous year and 9 in delays due to patient or family choice (a 12.5% increase).

**Delayed Transfers of Care April – December 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	Nov	Dec			
A) COMPLETION ASSESSMENT	0	0	0	0	1	0	0	1	1	0	0	0	0	0	3	2	3	4	0	0	2			
B) PUBLIC FUNDING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
C) WAITING FURTHER NHS NON-ACUTE CARE	8	8	9	7	7	7	11	5	8	7	11	6	15	8	7	12	10	11	8	5	6			
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	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	2	5			
F) COMMUNITY EQUIPMENT/ADAPTIONS	2	1	0	0	0	1	0	0	0	1	1	1	1	0	1	1	0	0	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	16	9			
H) DISPUTES	1	1	1	0	0	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	0	0			
<b>Grand Total</b>	<b>20</b>	<b>22</b>	<b>24</b>	<b>13</b>	<b>16</b>	<b>20</b>	<b>27</b>	<b>24</b>	<b>17</b>	<b>11</b>	<b>18</b>	<b>30</b>	<b>33</b>	<b>30</b>	<b>36</b>	<b>35</b>	<b>32</b>	<b>33</b>	<b>18</b>	<b>23</b>	<b>22</b>			

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

At times of severe pressure and high escalation the CCG Urgent Care lead participates in a system wide teleconference, which incorporates all acute trusts within the North Mersey AED delivery board, NNAS, local authorities, intermediate care providers, community care providers and NHSE to work collaboratively and restore patient flow.

Additionally, the Urgent Care Commissioning Lead attends a focused MADE (Multi Agency Discharge Event) on the Aintree site each Wednesday. The event focuses on a small number of themes associated with delayed discharges and seeks to achieve rapid change to systems and processes which have the potential to extend a patients stay within the acute setting.

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: Dec-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%	14.0%		86%	79%		8%	16%	

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. However, December has slipped under the 15% target recording 14% (November recorded 17.2%).

The percentage of people that would recommend A&E has recently fallen and is now under the England average along with the not recommended percentage, recommended slipping from 85% in November to 89% in December and not recommended from 9% in November to 16% in December.

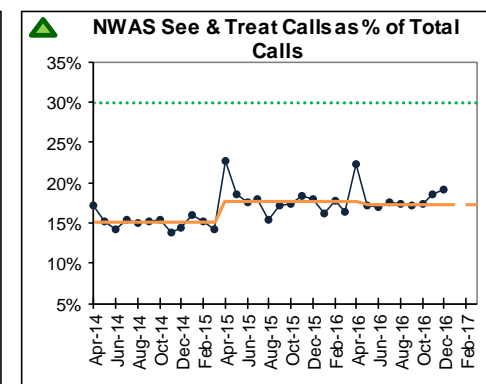
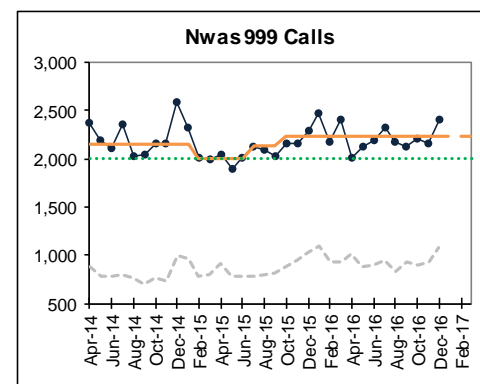
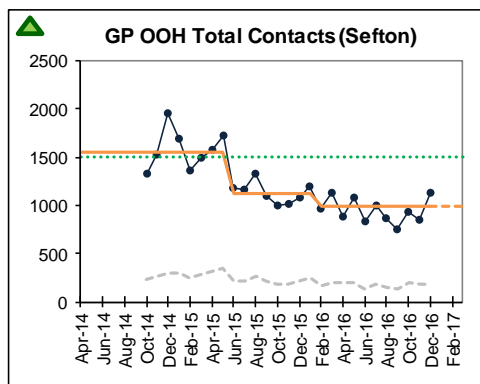
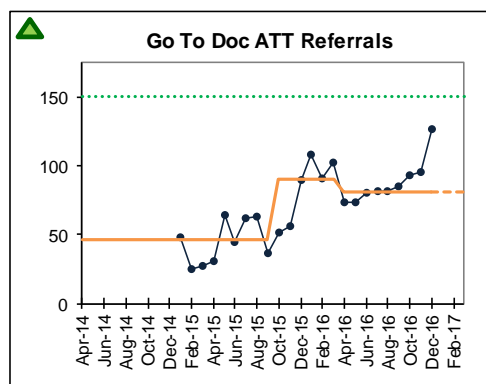
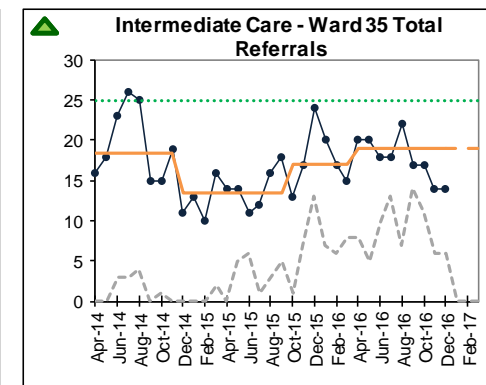
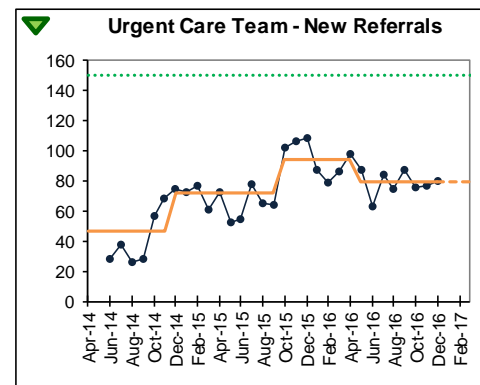
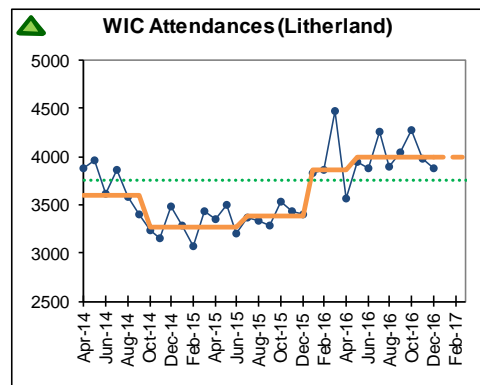
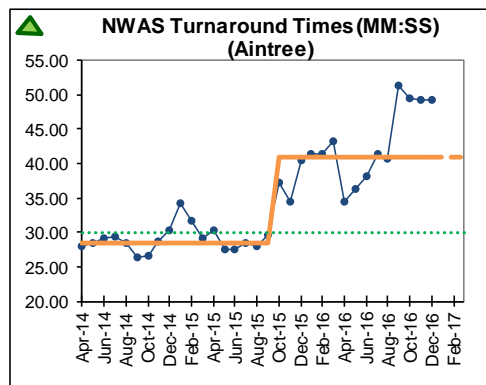
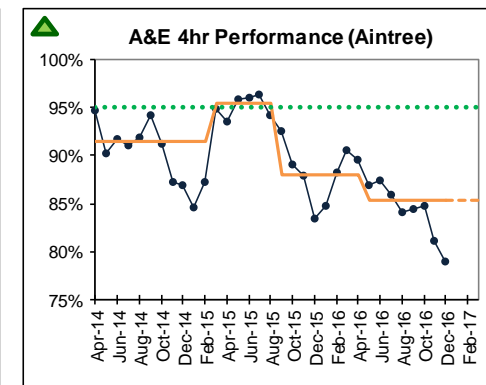
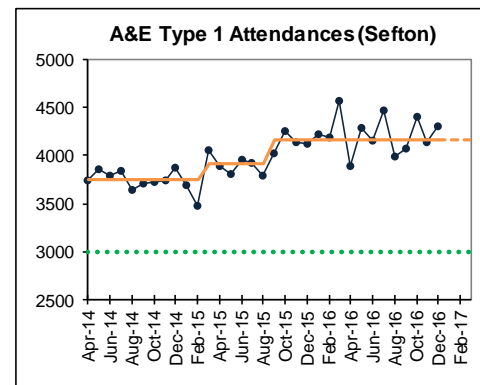
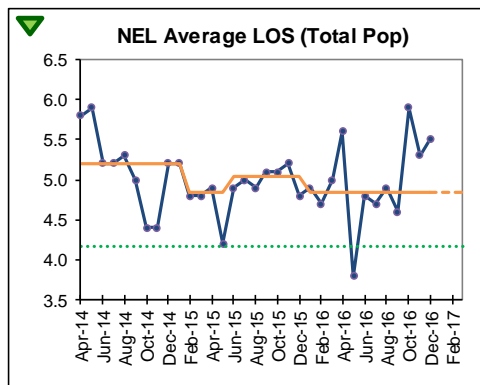
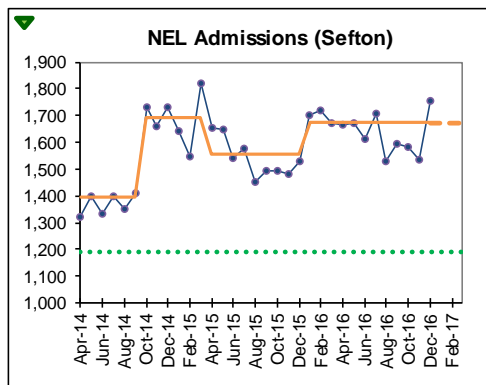
As mentioned in planned care, following an alternative method for collecting data by text message was deemed unsuccessful and affected both the number of responses and the performance the Trust has reverted back to using cards. Response rate was improving although not to levels seen previous to the pilot however November and December both saw reductions.

Aintree's Patient Experience Lead will provide an update in April to the CCG Engagement and Patient Experience Group. The Trust will provide feedback in how FFT serves to inform the Trust where to improve services for its patients. This presentation is welcomed by EPEG and gives assurances that patient engagement and experience is considered as important as clinical effectiveness and safety in making up quality services.














The CCG Experience and Patient Engagement Group have created a dashboard to incorporate information available from FFTs, complaints and compliments.

#### **4.1 South Sefton Urgent Care Dashboard**

An urgent care system dashboard has been developed by Dr Pete Chamberlain incorporating 12 key measures of urgent care. It forms part of a wider project to develop system-wide cascading dashboards to bring multiple indicators together to provide oversight of care in different settings.



**Definitions**

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



## 4.2 Unplanned Care Activity & Finance, All Providers

### 4.2.1 All Providers

Performance at Month 9 of financial year 2016/17, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£553k/-2%. This under-performance is clearly driven by Aintree Hospital reporting an under performance of -£550k/-2%. Alder Hey Hospital is reporting the largest year to date over performance with a £177/12% variance. Further analysis is taking place of the Alder Hey contract to understand the key areas of over performance alongside population measures such as birth rates.

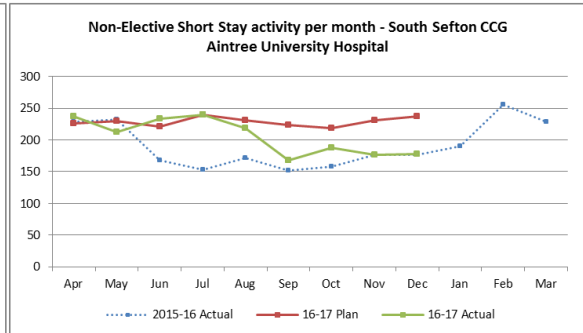
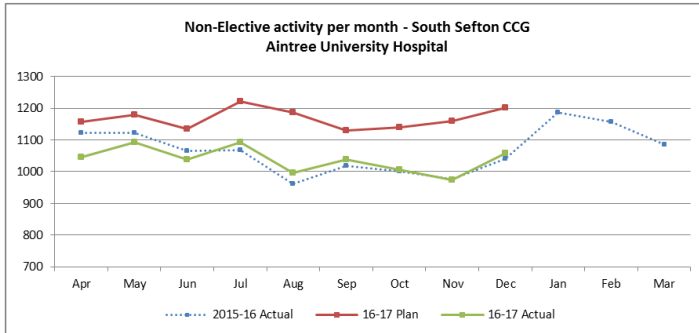
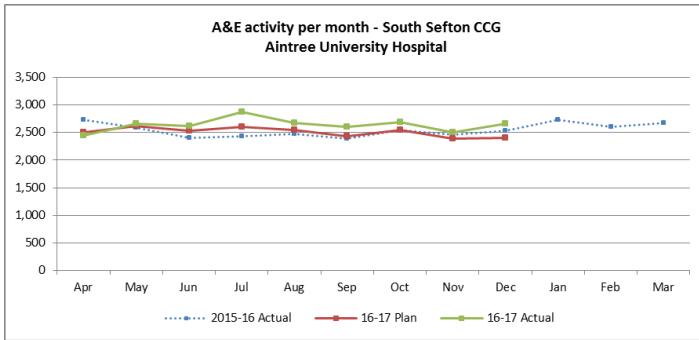
**Figure 18 - Month 9 Unplanned Care – All Providers**

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	71,571	79,444	7,873	11%	£26,279	£25,730	£550	-2%
Alder Hey Childrens NHS F/T	7,160	7,311	151	2%	£1,499	£1,676	£177	12%
Central Manchester University Hospitals Nhs Foundation Trust	50	58	8	15%	£12	£23	£11	87%
Countess of Chester Hospital NHS Foundation Trust	0	50	50	0%	£0	£19	£19	0%
Liverpool Heart and Chest NHS F/T	169	83	-86	-51%	£192	£227	£35	18%
Liverpool Womens Hospital NHS F/T	2,901	2,615	-286	-10%	£2,586	£2,540	£46	-2%
Royal Liverpool & Broadgreen Hospitals	4,922	4,439	-483	-10%	£1,823	£1,580	£242	-13%
Southport & Ormskirk Hospital	9,666	9,753	87	1%	£2,187	£2,190	£4	0%
ST Helens & Knowsley Hospitals	671	765	94	14%	£270	£310	£40	15%
University Hospital Of South Manchester Nhs Foundation Trust	31	30	-1	-3%	£10	£13	£2	20%
Wirral University Hospital NHS F/T	183	156	-27	-15%	£67	£53	£14	-21%
Wrightington, Wigan And Leigh Nhs Foundation Trust	31	34	3	8%	£11	£22	£11	93%
<b>Grand Total</b>	<b>97,354</b>	<b>104,738</b>	<b>7,384</b>	<b>8%</b>	<b>£34,937</b>	<b>£34,384</b>	<b>£553</b>	<b>-2%</b>

### 4.2.2 Aintree University Hospital NHS Foundation Trust

**Figure 19 - Month 9 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	30,361	36,040	5,679	19%	£722	£722	£0	0%
A&E - Accident & Emergency	22,558	23,723	1,165	5%	£2,790	£2,948	£158	6%
NEL - Non Elective	10,475	9,315	-1,160	-11%	£20,016	£18,853	£1,163	-6%
NELNE - Non Elective Non-Emergency	33	29	-4	-12%	£93	£100	£6	7%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	30	89	59	195%	£7	£19	£11	157%
NELST - Non Elective Short Stay	2,058	1,851	-207	-10%	£1,350	£1,311	£39	-3%
NELXBD - Non Elective Excess Bed Day	6,055	8,397	2,342	39%	£1,300	£1,777	£476	37%
<b>Grand Total</b>	<b>71,571</b>	<b>79,444</b>	<b>7,873</b>	<b>11%</b>	<b>£26,279</b>	<b>£25,730</b>	<b>£550</b>	<b>-2%</b>



### 4.2.3 Aintree Hospital Key Issues

Urgent Care under spend of -£550k is driven by a -£1.1m under performance in Non Elective activity. This under performance offsets the £476k 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 20 - NHS South Sefton CCG – Shadow PbR Cluster Activity**

NHS South Sefton CCG					
PBR Cluster	Caseload as at 31/12/2016	2016/17 Plan	Variance from Plan	Variance on 31/12/2015	
0 Variance	105	88	17	15	
1 Common Mental Health Problems (Low Severity)	45	42	3	6	
2 Common Mental Health Problems (Low Severity with greater need)	26	22	4	5	
3 Non-Psychotic (Moderate Severity)	143	217	(74)	(63)	
4 Non-Psychotic (Severe)	282	215	67	69	
5 Non-psychotic Disorders (Very Severe)	71	62	9	9	
6 Non-Psychotic Disorder of Over-Valued Ideas	45	40	5	6	
7 Enduring Non-Psychotic Disorders (High Disability)	258	192	66	67	
8 Non-Psychotic Chaotic and Challenging Disorders	127	98	29	31	
10 First Episode Psychosis	143	138	5	7	
11 On-going Recurrent Psychosis (Low Symptoms)	386	433	(47)	(46)	
12 On-going or Recurrent Psychosis (High Disability)	357	307	50	49	
13 On-going or Recurrent Psychosis (High Symptom & Disability)	102	112	(10)	(9)	
14 Psychotic Crisis	30	21	9	10	
15 Severe Psychotic Depression	6	6	-	-	
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	39	34	5	7	
17 Psychosis and Affective Disorder – Difficult to Engage	49	58	(9)	(9)	
18 Cognitive Impairment (Low Need)	217	223	(6)	(5)	
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	441	505	(64)	(61)	
20 Cognitive Impairment or Dementia Complicated (High Need)	402	332	70	74	
21 Cognitive Impairment or Dementia (High Physical or Engagement)	141	76	65	66	
Cluster 99	579	402	177	205	
<b>Total</b>	<b>3,994</b>	<b>3,623</b>	<b>371</b>	<b>433</b>	

#### 5.1.1 Key Mental Health Performance Indicators

**Figure 21 - 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	Nov-16	Dec-16
The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient	100%	100%	100%	100%	94%	100%	93%	95%	96%

**Figure 22 - 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	Nov-16	Dec-16
CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	100%	100%	No Patients	100%	100%	100%	100%	100%	100%

**Figure 23 - Figure 16 EIP 2 week waits**

	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks	50%	0%	100%	33.33%	50%	50%	86%	100%	75%	83%
	Rolling Quarter			37.50%	50%	50%	73%	100%	86%	85%

### 5.1.2 Mental Health Contract Quality Overview

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.

At the February 2017 CQPG, the CCG raised concerns regarding the underperformance in relation to the ‘timeliness of GP Communications / Discharge Letters, since this KPI stopped being a CQUIN, the Trust has failed to meet the targets. A meeting was held with the Trust in December 2016 to discuss the underperformance in relation to GP communication KPIs, in South Sefton and Southport & Formby CCGs. The Trust confirmed that there are issues particularly from the Clock View site regarding timeliness of discharge summaries due to clinical staffing capacity. The Trust has added this to their Risk Register. The roll out of the RIO clinical IT system should have a positive impact on performance. However, the Trust confirmed that the RIO roll out has been put on hold due to ‘technical issues’. Performance will continue to be monitored via the CQPG and a full report and action will be requested for submission at the February 2017 CQPG.

## 5.2 Improving Access to Psychological Therapies

Figure 24 - 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	294	293	272	246	268	269	253	197			
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	-12	-13	-34	-60	-38	-37	-53	-109			
	%	-7.9%	-4.0%	-4.3%	-11.2%	-19.6%	-12.5%	-12.1%	-17.4%	-35.7%			
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%	1.0%	0.8%			
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	40.5%	38.2%	30.7%	38.6%	35.3%	40.3%	39.1%	40.8%	39.4%			
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%	99.5%	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%	100.0%	99.3%			
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	166	162	156	165	145	169	159	211	137			
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	3	10	3	7	6	10	8	10	5			
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	66	58	47	61	49	64	59	82	52			
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	87.9%	89.4%	91.3%	84.2%	85.7%	84.2%	88.2%	83.0%	76.6%			

The provider (Cheshire & Wirral Partnership) reported 197 South Sefton patients entering treatment in month 9, which is a 22% decrease to 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 13.0% 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 269 Referrals in Month 9, which was a decrease of 30% compared to the previous month; of these 62% were Self-referrals. GP Referrals decreased to 66 compared to 74 for Month 9. The provider is working closely with Clock View, attending weekly MDT meetings to agree appropriateness of clients for service.

The percentage of people moved to recovery was 39.4% in month 9, which does not meet the minimum standard of 50%. A forecast outturn at month 9 gives a year end position of 38.2%, which is below the year-end position of 2015/16 (48.0%). The provider believes that it is possible recovery will dip as the longest waiters are brought into service, as more are likely to disengage without completing treatment. However, as waits reduce, this is expected to improve.

Cancelled appointments by the provider saw an increase in month 9 from 64 reported in Month 9 to 84 in month 9 (31%).

There was a decrease of 14% in DNAs in Month 9 (from 178 in Month 9 to 153 in month 9); 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, 97% 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%. 99.7% 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 nine 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 service continues to implement the actions identified in month 7 through additional staff/sessions, group work and changing working practices.

At the end of November 2016 a total of 714 patients were identified within the service as waiting for their second appointment, 104 were waiting 127+ days.

At the end of December 2016 a total 680 patients were identified within the service as waiting for their second appointment, 118 of which were waiting 127+ days. The 118 patients waiting over 127 days are awaiting counselling at Step 3. Internal wait information is being submitted weekly by the provider.

In South Sefton the provider has forged links with the VCF sector and in particular the Venus centre that has enabled joint working opportunities including counselling room capacity which commenced late in November 2016.

Progress will be continue to be monitored via the Quality and Contract meetings

Efforts continue to receive a copy of the Intensive Support Team report following their visit on 21st October 2016.

## **5.3 Dementia**

### **Summary for NHS South Sefton dementia registers at 31-12-2016**

People Diagnosed with Dementia (Age 65+)	1,174
Estimated Prevalence (Age 65+)	2,091
Gap - Number of addition people who could benefit from diagnosis (all ages)	1,002
NHS South Sefton - Dementia Diagnosis Rate (Age 65+)	<b>56.1%</b>
National estimated Dementia Diagnosis Rate	67.8%
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 for April 2017 onwards. The new methodology is based on GP registered population instead of ONS population estimates. Using registered population figures is more statistically robust than the previous mixed approach.

The latest data on the NHS England site (in the above table) is not using the new methodology until April 2017; hence a lower rate than the new methodology will show.

## **6. Community Health**

### **6.1 Liverpool Community Health Contract**

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 15.5% in Dec-16, a decline on last month's performance. Adult Dietetics is also high this month at 21.6% compared to 23.8% last month, as well as Paediatric Dietetics at 20% compared to 14.8% last month. Total DNA rates at Sefton are green for this month at 7.8%.

Provider cancellation rates remain relatively static this month with the exception of Paediatric Dietetics reporting 18.2% compared to 13.2% last month. Total hospital cancellation rate for Sefton is green at 2.6% 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 15% for December 2016. Total patient cancellations for Sefton have increased in Dec-16 to 11.6%.

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

- An "opt-in" policy where patients are asked 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 November 2016;

Physiotherapy: Waiting times have steadily increased over the past 5 months, resulting in this service failing the 18 week target again in November – 20 weeks on the incomplete pathway and 28 weeks on the completed pathway. The longest waiter was 2 patients waiting at 26 weeks.

Occupational Therapy: Waiting times on the completed pathways (95th Percentile) have gradually increased over the past 3 months resulting in a breach of the 18 week target, an average of 23 weeks being reported in November. The longest waiter was at 21 weeks.

Podiatry: Waiting times on the completed pathways have steadily declined over the past 5 months, whilst the incomplete have remained relatively steady. The average wait (95th percentile) on the completed pathway was 19 weeks in November. The longest waiter was at 34 weeks.

Nutrition & Dietetics: Waiting times on the completed pathways have increased to 22 weeks from the 19 weeks reported in October, therefore this service is still reporting a breach of the 18 week target, whilst the incomplete pathway is still achieving. The longest waiter was at 34 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 November, on the incomplete pathway the average waiting time (92nd percentile) increased from 33 weeks to 36 weeks, with the longest waiting patient increasing to 3 patients at 42 weeks. This service has consistently breached the 18 week target since it began reporting in August, with waiting times steadily increasing.

## **6.2 Any Qualified Provider LCH Podiatry Contract**

The trust continues to use the £25 local tariff. At Month 9 2016/17 the YTD costs for the CCG are £233,706 with new attendances at 2,487. At the same time period last year the costs were £283,750 and new attendances at 3,069.

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

The Trust regularly revises 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 CCG has agreed a revised waiting time trajectory for Paediatric SALT with LCH to allow the Trust to develop a new service model, this will be reviewed at the end of the financial year. Patient experience and complaints / feedback are regularly monitored at CQPG meetings.



Sefton Locality are the only locality to achieve the stretch target of 60% of children receiving the Fluenz vaccination (nasal flu vaccination for children). Whilst all localities achieved over 50% against the baseline target of 40%, Sefton achieved the highest at 63%.

## **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 contracted Third Sector providers will continue to provide services at their current contract value until 31st March 2016. Letters have been sent to providers to inform of this decision and to propose reduced funding levels from 1st April 2017. Meetings and consultations with providers are underway to discuss the potential impact upon services as a result of these changes.

## **8. Primary Care**

### **8.1 Primary Care Dashboard progress**

Work has been progressing throughout 2016/17 to develop a primary care dashboard to present through the Aristotle business intelligence portal. A draft version of the dashboard is currently

being tested and reviewed with clinical leads and primary care leads to assess the content, format and functionality of the report. There are various “views” of the data, for CCG level users to view the indicators across the CCG area with the ability to drill to locality and practice level. A core set of indicators allowing benchmarking across a number of areas has been produced first (practice demographics, GP survey patient satisfaction, secondary care utilisation rates, CQC inspection status), followed by further indicators and bespoke information to follow in phase II of this dashboard. Another report requiring further development will allow individual practices to review individual patients where the practice may have been identified as an outlier in the benchmarking dashboard. It will allow patients to be identified to support local schemes for example A&E frequent attenders, alcohol related admissions etc.

Once the testing and review process is complete and the dashboard is live in Aristotle, information may 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.

## 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. South Sefton CCG did not have any GP practices with CQC inspection results published in the past month. All the results are listed below:

**Figure 25 - CQC Inspection Table**

South Sefton CCG								
Practice Code	Practice Name	Date of Last Visit	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84002	Aintree Road Medical Center	n/a	Not yet inspected the service was registered by CQC on 20 July 2016					
N84015	Bootle Village Surgery	03 August 2016	Good	Good	Good	Good	Good	Good
N84016	Moore Street Medical Center	17 June 2016	Good	Good	Good	Good	Good	Good
N84019	North Park Health Center	n/a	Not yet inspected the service was registered by CQC on 20 July 2016					
N84028	The Strand Medical Center	19 February 2015	Good	Good	Good	Good	Good	Good
N84034	Park Street Surgery	17 June 2016	Good	Good	Good	Good	Good	Good
N84038	Concept House Surgery	23 April 2015	Good	Good	Good	Good	Good	Good
N84001	42 Kingsway	07 November 2016	Good	Good	Good	Good	Good	Good
N84007	Liverpool Rd Medical Practice	10 November 2016	Good	Requires Improvement	Good	Good	Good	Good
N84011	Eastview Surgery	07 January 2016	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
N84020	Blundellsands Surgery	24 November 2016	Good	Good	Good	Good	Good	Good
N84026	Crosby Village Surgery	29 October 2015	Requires Improvement	Good	Good	Good	Good	Requires Improvement
N84041	Kingsway Surgery	07 November 2016	Good	Good	Good	Good	Good	Good
N84621	THORNTON - ASHURST HEALTHCARE LTD	19 February 2015	Good	Requires Improvement	Good	Good	Good	Good
N84627	Crossways Practice	06 August 2015	Good	Good	Good	Good	Good	Good
N84626	HIGHTOWN - ASHURST HEALTHCARE LTD	18 February 2016	Requires Improvement	Good	Good	Good	Good	Good
N84003	High Pastures Surgery	05 March 2015	Good	Requires Improvement	Good	Good	Good	Good
N84010	Maghull Family Surgery (Dr Sapre)	n/a	Not yet inspected the service was registered by CQC on 20 July 2016					
N84025	Westway Medical Center	23 September 2016	Good	Good	Good	Good	Good	Good
N84004	Glovers Lane Surgery	10 May 2016	Good	Good	Good	Good	Good	Good
N84023	Bridge Road Medical Center	15 June 2016	Good	Good	Good	Good	Good	Good
N84029	Ford Medical Practice	31 March 2015	Good	Good	Good	Good	Good	Good
N84035	15 Sefton Road	23 November 2016	Good	Requires Improvement	Good	Good	Good	Good
N84605	Litherland Town Hall Hth Ctr (Taylor)	n/a	Not yet inspected the service was registered by CQC on 13 November 2014					
N84630	Netherton Health Center (Dr Jude)	n/a	Not yet inspected the service was registered by CQC on 21 July 2016					

Key	
<span style="background-color: #d9ead3; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Outstanding
<span style="background-color: #d9ead3; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Good
<span style="background-color: #f4cccc; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Requires Improvement
<span style="background-color: #f4cccc; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Inadequate
<span style="background-color: #f4cccc; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Not Rated
<span style="background-color: #f4cccc; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Not Applicable

## **9. Better Care Fund**

A Better Care Fund monitoring report is being prepared for submission relating to Quarter 3 of 2016/17. The guidance for BCF 2017/18 is awaited.

## **10. CCG Improvement & Assessment Framework (IAF)**

### **10.1 Background**

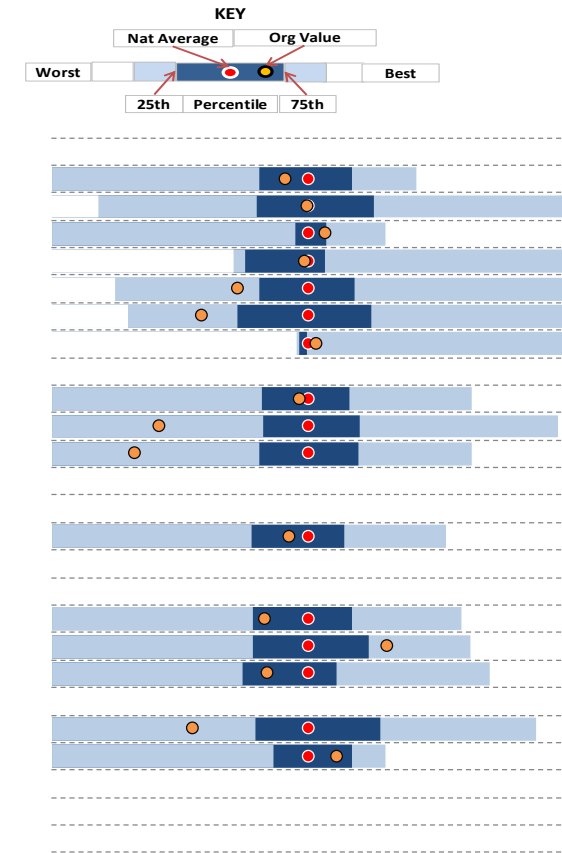
A new NHS England improvement and assessment framework for CCGs became effective from the beginning of April 2016, replacing the existing CCG assurance framework and CCG performance dashboard. The new framework aligns key objectives and priorities, including the way NHS England assess and manage their 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.

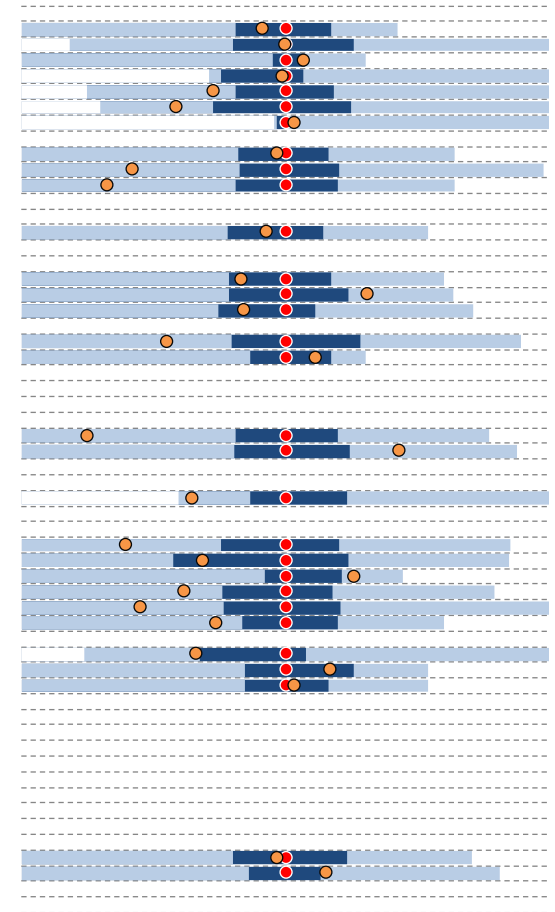
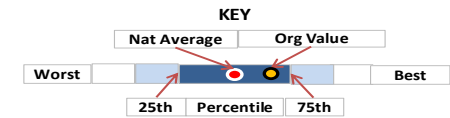
A dashboard is released each quarter by NHS England consisting of sixty indicators. Performance is reviewed quarterly at CCG Senior Management Team meetings, and Senior Leadership Team, Clinical and Managerial Leads have been identified to assign responsibility for improving performance for those indicators. This approach allows for sharing of good practice between the two CCGs, and the dashboard is released for all CCGs nationwide allowing further sharing of good practice.

## 10.2 Q3 Improvement & Assessment Framework Dashboard

Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better is...
<p><b>Please Note:</b> If indicator is highlighted in GREY, this indicator will be available at a later date</p> <p>If indicator is highlighted in <b>BLUE</b>, this value is in the lowest performance quartile nationally.</p> <p><b>KEY</b>            H = Higher            L = Lower            &lt;=&gt; = N/A</p>					
<b>Better Health</b>					
▼ Maternal smoking at delivery	Q2 16/17	12.3%	10.4%		L
◄ Percentage of children aged 10-11 classified as overweight or obese	2014-15	33.3%	33.2%		L
▼ Diabetes patients that have achieved all the NICE recommended treatment targets:	2014-15	42.4%	39.8%		H
▼ People with diabetes diagnosed less than a year who attend a structured education	2014-15	5.4%	5.7%		H
▼ Injuries from falls in people aged 65 and over	Jun-16	2,479	1,985		L
▲ Utilisation of the NHS e-referral service to enable choice at first routine elective	Sep-16	21.1%	51.1%		H
▲ Personal health budgets	Q2 16/17	31.0	18.7		H
▼ Percentage of deaths which take place in hospital	Q1 16/17	50.3%	47.1%		<>
▲ People with a long-term condition feeling supported to manage their condition(s)	2016	63.8%	64.3%		H
▲ Inequality in unplanned hospitalisation for chronic ambulatory care sensitive	Q4 15/16	1,537	929		L
▼ Inequality in emergency admissions for urgent care sensitive conditions	Q4 15/16	3,643	2,168		L
▲ Anti-microbial resistance: appropriate prescribing of antibiotics in primary care	Sep-16	1.2	1.1		<>
▼ Anti-microbial resistance: Appropriate prescribing of broad spectrum antibiotics in	Sep-16	7.9%	9.1%		<>
▲ Quality of life of carers	2016	0.79	0.80		H
<b>Better Care</b>					
◄ Provision of high quality care	Q3 16/17	61.0			H
◄ Cancers diagnosed at early stage	2014	47.7%	50.7%		H
▼ People with urgent GP referral having first definitive treatment for cancer within 62	Q2 16/17	87.9%	82.3%		H
▲ One-year survival from all cancers	2013	69.1%	70.2%		H
◄ Cancer patient experience	2015	8.8			H
▲ Improving Access to Psychological Therapies recovery rate	Sep-16	40.2%	48.4%		H
▲ People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	Nov-16	85.7%	77.2%		H
▼ Children and young people's mental health services transformation	Q2 16/17	35.0%			H
◄ Crisis care and liaison mental health services transformation	Q2 16/17	42.5%			H
◄ Out of area placements for acute mental health inpatient care - transformation	Q2 16/17	12.5%			H



Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better is...
	<p><b>Please Note:</b> If indicator is highlighted in GREY, this indicator will be available at a later date</p> <p>If indicator is highlighted in <b>BLUE</b>, this value is in the lowest performance quartile nationally.</p> <p><b>KEY</b>            H = Higher            L = Lower            &lt;math&gt;\diamond&lt;/math&gt; = N/A</p>				
Reliance on specialist inpatient care for people with a learning disability and/or autism	Q2 16/17	66			L
Proportion of people with a learning disability on the GP register receiving an annual health check	2015/16	10.4%	37.1%		H
Neonatal mortality and stillbirths	2014-15	4.5	7.1		L
Women's experience of maternity services	2015	81.2			H
Choices in maternity services	2015	67.0			H
Estimated diagnosis rate for people with dementia	Nov-16	56.6%	68.0%		H
Dementia care planning and post-diagnostic support	2015/16	73.9%			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	Nov-16	84.4%	88.4%		H
Delayed transfers of care per 100,000 population	Nov-16	7.2	15.0		L
Population use of hospital beds following emergency admission	Q1 16/17	1.2	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 access	Q3 16/17	0.0%			H
Primary care workforce	H1 2016	0.9	1.0		H
Patients waiting 18 weeks or less from referral to hospital treatment	Nov-16	92.3%	90.6%		H
People eligible for standard NHS Continuing Healthcare	Q2 16/17	43.7	46.2		<math>\diamond</math>
<b>Sustainability</b>					
Financial plan	2016	Amber			<math>\diamond</math>
In-year financial performance	Q2 16/17	Red			<math>\diamond</math>
Outcomes in areas with identified scope for improvement	Q2 16/17	CCG not included			H
Expenditure in areas with identified scope for improvement	Q2 16/17	Not included in			H
Local digital roadmap in place	Q3 16/17	Yes			<math>\diamond</math>
Digital interactions between primary and secondary care	Q3 16/17	60.0%			H
Local strategic estates plan (SEP) in place	2016-17	Yes			<math>\diamond</math>
<b>Well Led</b>					
Probity and corporate governance	Q2 16/17	Fully compliant			H
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			H
Quality of CCG leadership	Q2 16/17	Green			<math>\diamond</math>



Appendix – Summary Performance Dashboard



South Sefton CCG - Performance Report 2016-17



Metric	Reporting Level	2016-17												YTD	
		Q1			Q2			Q3			Q4				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
<b>Preventing People from Dying Prematurely</b>															
<b>Cancer Waiting Times</b>															
<b>191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</b> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G				G
		Actual	94.772%	94.697%	95.563%	96.604%	96.918%	97.661%	94.505%	95.971%	95.879%				95.851%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<b>1879: % Patients seen within two weeks for an urgent GP referral for suspected cancer (QUARTERLY)</b> The % of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G			G			G					G	
		Status	P			P			P				-		
		Actual	95.021%			96.99%			95.489%				95.832%		
		Target	93.00%			93.00%			93.00%			93.00%	93.00%		
<b>17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</b> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	G	G	R	G	G	G	R	R	G				G
		Actual	100.00%	96.078%	89.091%	94.118%	94.34%	95.455%	90.00%	92.727%	96.104%				94.128%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<b>1880: % of patients seen within 2 weeks for an urgent referral for breast symptoms (QUARTERLY)</b> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	G			G			G					G	
		Status	P			P			P				-		
		Actual	95.062%			94.706%			93.145%				94.138%		
		Target	93.00%			93.00%			93.00%			93.00%	93.00%		
<b>535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</b> The percentage of patients receiving their first definitive treatment within one month (31days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G				G
		Actual	96.61%	98.305%	98.387%	100.00%	98.795%	100.00%	98.507%	96.471%	98.529%				98.358%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
<b>1881: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (QUARTERLY)</b> The percentage of patients receiving their first definitive treatment within one month (31days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G			G			G					G	
		Actual	97.253%			99.522%			97.727%				98.20%		
		Target	96.00%			96.00%			96.00%			96.00%	96.00%		

<b>26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	R	G	G	R	G	G	G	G	G				G	
		Actual	90.909%	100.00%	100.00%	91.667%	100.00%	100.00%	100.00%	100.00%	100.00%					97.802%
		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%
<b>1882: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (QUARTERLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	G			G			G						G	
		Actual	96.774%			96.552%			100.00%						97.802%	
		Target	94.00%			94.00%			94.00%			94.00%			94.00%	
<b>1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	G	G	R	G	G	G	G	G				G	
		Actual	100.00%	100.00%	100.00%	94.737%	100.00%	100.00%	100.00%	100.00%	100.00%					99.515%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
<b>1883: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (QUARTERLY)</b> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G			G			G						G	
		Actual	100.00%			98.734%			100.00%						99.446%	
		Target	98.00%			98.00%			98.00%			98.00%			98.00%	
<b>25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	R	G	R	G	R	G	G	G				G	
		Actual	100.00%	93.333%	100.00%	91.667%	95.238%	93.548%	100.00%	100.00%	100.00%					97.191%
		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%
<b>1884: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (QUARTERLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G			R			G						G	
		Actual	97.674%			93.75%			100.00%						97.125%	
		Target	94.00%			94.00%			94.00%			94.00%			94.00%	
<b>539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</b> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	G	G	G	G	G	G	G	R	R				G	
		Actual	88.462%	91.429%	92.105%	90.323%	86.957%	86.667%	96.97%	81.818%	77.778%					88.294%
		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%
<b>1885: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (QUARTERLY)</b> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	G			G			G						G	
		Actual	90.099%			87.85%			87.097%						88.372%	
		Target	85.00%			85.00%			85.00%			85.00%			85.00%	
<b>540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</b> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G				G	
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%					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%
<b>1886: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (QUARTERLY)</b> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	G			G			G						G	
		Actual	100.00%			100.00%			100.00%						100.00%	
		Target	90.00%			90.00%			90.00%			90.00%			90.00%	

**Ambulance**

<b>1887: Category A Calls Response Time (Red1)</b> 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	R				R	
		Actual	76.47%	74.28%	73.06%	70.45%	72.60%	69.49%	64.59%	62.80%	61.63%				69.153%	
		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%	
	South Sefton CCG	RAG	G	G	R	R	R	G	R	R	R				R	
		Actual	76.56%	78.00%	74.50%	71.43%	72.92%	77.55%	62.50%	68.89%	66.67%				71.967%	
		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%	
	<b>1889: Category A (Red 2) 8 Minute Response Time</b> 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				R	
			Actual	67.46%	66.26%	66.20%	62.69%	65.25%	61.75%	63.05%	60.35%	57.31%				63.224%
			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%
South Sefton CCG		RAG	R	R	R	R	R	R	R	R	R				R	
		Actual	72.10%	66.50%	62.40%	57.55%	62.18%	54.78%	62.05%	56.19%	49.50%				60.187%	
		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%	
<b>546: Category A calls responded to within 19 minutes</b> Category A calls responded to within 19 minutes		NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R	R	R	R	R				R	
			Actual	92.01%	91.47%	91.49%	89.81%	91.09%	89.04%	88.23%	86.79%	85.42%				89.376%
			Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
	South Sefton CCG	RAG	G	R	R	R	R	R	R	R	R				R	
		Actual	95.08%	94.50%	91.20%	91.44%	93.48%	87.91%	91.61%	87.03%	83.77%				90.531%	
		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%	

**Enhancing Quality of Life for People with Long Term Conditions**

**Mental Health**

<b>138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</b> The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G	G	G		G
		Actual	98.148%	98.00%	96.721%		97.576%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%



### Episode of Psychosis

<b>2099: First episode of psychosis within two weeks of referral</b> 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				G	
		Actual	0.00%	100.00%	33.333%	50.00%	50.00%	85.714%	100.00%	75.00%	83.333%				68.75%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%

### Ensuring that People Have a Positive Experience of Care

#### EMSA

<b>1067: Mixed sex accommodation breaches - All Providers</b> No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG	G	G	G	R	R	G	R	G	G				R
		Actual	0	0	0	1	4	0	3	0	0				8
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>1812: Mixed Sex Accommodation - MSA Breach Rate</b> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG	G	G	G	R	R	G	R	G	G				R
		Actual	-	-	-	0.25	1.01	-	0.35	-	-				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

### Referral to Treatment (RTT) & Diagnostics

<b>1291: % of all Incomplete RTT pathways within 18 weeks</b> Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	G	G	G	G	G	R	R	G	R				G
		Actual	94.954%	95.213%	93.919%	93.33%	92.354%	91.272%	91.919%	92.263%	91.289%				92.967%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
<b>1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</b> The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	G	R	G	G	G	G	G	G				R
		Actual	1	0	1	0	0	0	0	0	0				2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>1828: % of patients waiting 6 weeks or more for a diagnostic test</b> The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	G	R	G	G	R	G	G	G	R				G
		Actual	0.748%	1.001%	0.494%	0.711%	1.418%	0.527%	0.403%	0.85%	1.792%				0.882%
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%

**Cancelled Operations**

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

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

**HCAI**

<b>497: Number of MRSA Bacteraemias</b> Incidence of MRSA bacteraemia (Commissioner)	South Sefton CCG	RAG	G	G	G	G	G	R	R	R	R				R
		YTD	0	0	0	0	0	1	1	1	1				1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>24: Number of C.Difficile infections</b> Incidence of Clostridium Difficile (Commissioner)	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G				G
		YTD	3	9	14	18	23	27	29	36	38				38
		Target	5	11	14	18	23	28	34	39	43	45	48	54	45

**Accident & Emergency**

<b>2123: 4-Hour A&amp;E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio)</b> %of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R				R
		Actual	90.124%	88.35%	89.13%	87.648%	86.873%	86.836%	87.066%	84.323%	82.247%				86.938%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
<b>431: 4-Hour A&amp;E Waiting Time Target (Monthly Aggregate for Total Provider)</b> %of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps)	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	R	R	R	R	R	R	R	R	R				R
		Actual	89.484%	86.885%	87.505%	85.955%	84.103%	84.458%	84.763%	81.108%	79.046%				84.789%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
<b>1927: A&amp;E Attendances: All Types</b> Number of attendances at all A&E depts	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	R	R	R	R	R	R	R	R				R
		YTD	12,667	26,315	39,928	54,353	67,997	81,689	95,701	108,648	122,574				122,574
		Target	13,065	25,953	38,549	51,546	63,742	75,688	88,051	100,015	112,407	124,538	135,739	149,085	112,407
<b>1928: 12 Hour Trolley waits in A&amp;E</b> Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	R	G	G	G	R	R	R	G	R				R
		Actual	5	0	0	0	2	2	1	0	5				15
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0