

**South Sefton Clinical
Commissioning Group**
Integrated Performance Report
January 2017

Contents

1. Executive Summary.....	5
2. Financial Position.....	10
2.1 Summary	10
2.2 Resource Allocation.....	11
2.3 Position to date and forecast	11
2.4 QIPP.....	12
2.5 CCG Running Costs	14
2.6 CCG Cash Position	14
2.7 Evaluation of risks and opportunities	15
2.8 Reserves budgets / Risk adjusted surplus	16
2.9 Recommendations.....	17
3. Planned Care.....	18
3.1 Referrals by source	18
3.1.1 E-Referral Utilisation Rates.....	19
3.2 Diagnostic Test Waiting Times	19
3.3 Referral to Treatment Performance	20
3.3.1 Incomplete Pathway Waiting Times.....	21
3.3.2 Long Waiters analysis: Top 5 Providers.....	22
3.3.3 Long Waiters analysis: Top 2 Providers split by Specialty	22
3.3.4 Provider assurance for long waiters.....	23
3.4 Cancelled Operations	24
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	24
3.4.2 No urgent operation to be cancelled for a 2nd time.....	24
3.5 Cancer Indicators Performance	24
3.5.1 - Two Week Waiting Time Performance.....	24
3.5.2 - 31 Day Cancer Waiting Time Performance.....	25
3.5.3 - 62 Day Cancer Waiting Time Performance.....	26
3.6 Patient Experience of Planned Care	27
3.7 Planned Care Activity & Finance, All Providers.....	27
3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust	28
3.7.2 Planned Care Southport & Ormskirk Hospital	30
3.7.3 Renacres Hospital	30
4. Unplanned Care	31
4.1 Accident & Emergency Performance	31

4.2	Ambulance Service Performance.....	32
4.3	Unplanned Care Quality Indicators	33
4.3.2	Mixed Sex Accommodation	34
4.3.3	Healthcare associated infections (HCAI).....	34
4.3.4	Mortality.....	35
4.4	CCG Serious Incident Management	35
4.5	CCG Delayed Transfers of Care.....	36
4.6	Patient Experience of Unplanned Care.....	37
4.7	South Sefton Urgent Care Dashboard	37
4.8	Unplanned Care Activity & Finance, All Providers.....	40
4.8.1	All Providers	40
4.8.2	Aintree University Hospital NHS Foundation Trust.....	40
4.8.3	Aintree Hospital Key Issues	41
5.	Mental Health	42
5.1	Mersey Care NHS Trust Contract	42
5.1.1	Key Mental Health Performance Indicators.....	42
5.1.2	Mental Health Contract Quality Overview	43
5.2	Improving Access to Psychological Therapies	44
5.3	Dementia.....	45
6.	Community Health	45
6.1	Liverpool Community Health Contract	45
6.1.1	Patient DNA's and Provider Cancellations	46
6.1.2	Waiting Times.....	46
6.2	Any Qualified Provider LCH Podiatry Contract.....	47
6.2.1	Liverpool Community Health Quality Overview	47
6.3	Southport and Ormskirk Trust Community Services	47
7.	Third Sector Contracts.....	48
8.	Primary Care	48
8.1	Primary Care Dashboard progress	48
8.2	CQC Inspections	48
9.	Better Care Fund.....	50
10.	CCG Improvement & Assessment Framework (IAF)	50
10.1	Background	50
10.2	Q3 Improvement & Assessment Framework Dashboard	51

List of Tables and Graphs

Figure 1 – Financial Dashboard	10
Figure 2 – Forecast Outturn	11
Figure 3 – RAG rated QIPP plan	12
Figure 4 – Phased QIPP performance for the 2016/17 year	13
Figure 5 – QIPP performance at month 11	13
Figure 6 - QIPP Schemes to be delivered	14
Figure 7 – Forecast Outturn Position	16
Figure 8 – Risk Rated Financial Position	17
Figure 9 - GP and 'other' referrals for the CCG across all providers for 2015/16 & 2016/17	18
Figure 10 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting	21
Figure 11 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers	22
Figure 12 - Patients waiting (in bands) on incomplete pathways by Speciality for Aintree University Hospitals NHS Foundation Trust	22
Figure 13 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust	23
Figure 14 - Planned Care - All Providers	27
Figure 15 - Planned Care - Aintree University Hospital NHS Foundation Trust by POD	28
Figure 16 - Planned Care - Southport & Ormskirk Hospital by POD	30
Figure 17 - Planned Care - Renacres Hospital by POD	30
Figure 18 - Month 10 Unplanned Care – All Providers	40
Figure 19 - Month 10 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD	40
Figure 20 - NHS South Sefton CCG – Shadow PbR Cluster Activity	42
Figure 21 - CPA – Percentage of People under CPA followed up within 7 days of discharge	42
Figure 22 - CPA Follow up 2 days (48 hours) for higher risk groups	43
Figure 23 - Figure 16 EIP 2 week waits	43
Figure 24 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)	44
Figure 25 - CQC Inspection Table	49

1. Executive Summary

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

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 11, before the application of reserves is £0.954m overspend against plan with a year-end forecast of £0.913m overspend following mitigation of cost pressures with the CCG contingency budget. The forecast position is showing an in month improvement of £0.286m relating to a decrease in forecasts within acute care and CHC. However the improvement is partially offset by underperformance against the QIPP plan and by cost pressures relating to the national increase in the costs of Funded Nursing Care.

The QIPP requirement to deliver the planned surplus for the financial year was £10.384m. QIPP delivered at the end of Month 11 is £5.370m with a further £0.806m worth of savings to be delivered in the remainder of the financial year. The total projected QIPP delivery is therefore £6.176m.

Planned Care

Local referrals data from our main providers shows no change in the overall level of referrals comparing months 1-10 of 2016/17 with the previous year. GP referrals are slightly above comparing against the same period last year (1%, 277 referrals). Discussions regarding referral management, prior approval, cataracts and consultant-to-consultant referrals continue.

In January the CCG failed the less than 1% target for diagnostics. 28 out of 2,312 patients waited over 6 weeks for their diagnostic test, 2 waited over 13 weeks, recording 1.20%. Aintree also failed the diagnostic monitoring standard reporting 1.40% of patients waiting in excess of 6 weeks. The number of patients waiting over 6 weeks decreased to 67 in January (72 in the previous month). The diagnostic areas with over 1% of patient waiting more than 6 weeks are Endoscopy and MR Cardiac Imaging. There are plans in place to reduce all waits to within the 6-week timeframe.

For Aintree the RTT performance remains below the required DoH standard of 92% for all incomplete pathways at 91.5% during January 2017. This represents an improvement from the previous month. Underperformance was seen in Dermatology, MFU, Ophthalmology and Thoracic. 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 are performing favourably for the CCG and Aintree year to date, apart from 62 day wait for first definitive treatment following a consultant's decision to upgrade. The CCG failed the local target of 85% recording 55.56% in January (5 breaches out of 9), and are failing year to date recording 79.69, a decline on last month's performance.

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, inpatient response rates are now reporting under target (England average) for January at 22.1% (December also failed at 18.7%). The proportion of patients who would recommend has remained static at 97% (above the England average of 96%), as well as the proportion who would not recommend, which remains at 1% in January compared to an England average of 2%.

Performance at Month 10 of financial year 2016/17, against planned care elements of the contracts held by NHS South Sefton CCG shows an over-performance of £751k, which is a percentage variance of 2%. At specific trusts, Renacres are reporting the largest cost variances with a total of £314k/23%.

Unplanned Care

Aintree have revised their Cheshire & Merseyside 5 Year Forward View (STP) trajectory for January to March and has achieved 79.25% which is over the 75% plan agreed with NHS Improvement. 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, NWAS failed to achieve any of the response time targets. Activity levels continue to be significantly higher than was planned for and this (together with the ongoing issues regarding turnaround times) continues to be reflected in the performance against the response time targets. 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 NWAS to support.

The CCG and Aintree are both under plan and achieving their C.difficile plans for 2016/17. The CCG has had 1 new case of MRSA in January and is therefore reporting a total of 2 MRSA cases YTD. They reported their first case in September; this was a non-trust apportioned case. Aintree has reported 2 cases of MRSA in January, following consideration by NHSE the MRSA case at AUH (Case 1) presented to the Committee in February 2017 has been attributed to a third party. This is the first time an MRSA case has been attributed to another party as opposed to the Provider or the CCG. 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, so 2 cases YTD.

There are a total of 120 serious incidents open on StEIS where South Sefton CCG are either lead or responsible commissioner. Of the 120, there were 89 applicable to South Sefton CCG patients and 31 for Aintree University NHS Foundation Trust (UHA), 7 of these from South Sefton CCG.

Delayed Transfers of Care (DTCOC's) increased slightly in January recording 29 compared to December recording 22 (+31.8%). Patient and/or family choice resulted in 9 delayed transfers (31%), a further 14 were due to delays incurred whilst awaiting further NHS non acute care (48%), 4 were due to awaiting care package in own home (14%), 1 due to completion of assessment (3%) and 1 due to community equipment/adaptations (3%). Analysis of delays in January 2017 compared to January 2016 illustrates a 62% increase in total number of delays. The number of patients awaiting further NHS non-acute care has shown an increase of 7 (+50%) from the previous year and 6 more delays due to patient or family choice (+67%).

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target way in excess of the regional and national response rates for A&E. The Trust has recovered from a drop in performance in December reaching 16.7%, above the England average of 12.3%. The percentage of people that would recommend A&E has recently fallen and is now under the England average reporting 80% in January compared to an England average of 87%. The not recommended percentage follows a similar pattern with performance at 11% in January compared to a 7% average.

Performance at Month 10 of financial year 2016/17, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£867k/-2%. This under-performance is clearly driven by Aintree Hospital reporting an under performance of -£714k/-2%. Alder

Hey Hospital is reporting the largest year to date over performance with a £181/11% 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 95% target for the percentage of people under CPA followed up within 7 days of discharge was narrowly missed by Mersey care in January, reporting 94% (1 breach out of 17 patients). This is the third time the target has failed this year. The target was also missed in August at 94% and October at 93%.

In terms of Improving Access to Psychological Therapies (IAPT), the provider reported a 54% increase 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 13.2% against the 15% standard at year-end. There was an increase of 59% in referrals compared to the previous month; of these 59.3% were Self-referrals. GP Referrals decreased to 100 compared to 66 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 40.6% in Month 10, which does not meet the minimum standard of 50%. A forecast outturn at Month 10 gives a year-end position of 38.3%. 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 10 from 84 to 91.

Commissioners continue to be involved in the Mersey care'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

The Trust continues to deliver this service and send through their usual reports until the new contract with Mersey care commences in June 2017. Sefton Physio Service continues to report a high rate of DNAs (15%) in January, a slight improvement on the previous month. Adult Dietetics is also high this month at 21.8% compared to 19.3% last month, as well as Paediatric Dietetics at 15.7% compared to 20% last month. Total DNA rates at Sefton are green for this month at 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 10% for January 2017. Total patient cancellations for Sefton have improved slightly in January 2017, decreasing from 11.5% to 10.8%.

Adult SALT: This service had issues with long waiting times at the beginning of the financial year. The Trust did work to improve this, and waiting times were reduced significantly between July and

November 2016. However, December data shows that waiting times are beginning to increase again over the 18 week threshold.

Paediatric SALT had 1 patient waiting at 55 weeks at the end of December. This service continues to breach the 18 week target.

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 was submitted to NHS England relating to Quarter 3 of 2016/17. The guidance for BCF 2017/18 is awaited but due for imminent release.

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 28 February 2017 (Month 11).

The forecast outturn position after the application of reserves is a deficit of **£2.332m** against an original planned surplus of £2.450m. The forecast position is subject to delivery of remaining QIPP schemes of £0.806m 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 for the CCG.

At Month 11, operational budgets are showing an overspend of £0.954m against plan before the application of reserves. The year-end forecast is for an overspend of £0.913m following mitigation of cost pressures with the CCG contingency budget. The forecast position is showing an in month improvement of £0.286m relating to a decrease in forecasts within acute care and CHC. However the improvement is partially offset by underperformance against the QIPP plan and by cost pressures relating to the national increase in the costs of Funded Nursing Care.

The QIPP requirement to deliver the planned surplus for the financial year was £10.384m. QIPP delivered at the end of Month 11 is £5.370m with a further £0.806m worth of savings to be delivered in the remainder of the financial year. The total projected QIPP delivery is therefore £6.176m. The impact of under delivery of QIPP has been the main factor affecting achievement of the original plan position.

The high-level CCG financial indicators are listed below:

Figure 1 – Financial Dashboard

Report Section	Key Performance Indicator		This Month	Prior Month
1	Business Rule (Forecast Outturn)	1% Surplus	✓	✓
		0.5% Contingency Reserve	✓	✓
		1% Non-Recurrent Headroom	✓	✓
2	Surplus	Financial Surplus / (Deficit)	(£2.332m)	(£2.332m)
3	QIPP	QIPP Plan delivered – <i>(Red if shortfall against planned delivery)</i>	£5.370m	£5.020m
4	Running Costs (Forecast Outturn)	CCG running costs < CCG allocation 2016/17	✓	✓
5	BPPC	NHS - Value YTD > 95%	100.00%	99.98%
		NHS - Volume YTD > 95%	96.14%	95.47%
		Non NHS - Value YTD > 95%	90.40%	90.42%
		Non NHS - Volume YTD > 95%	96.08%	95.45%

2.2 Resource Allocation

Additional allocations have been received in Month 11 as follows:

- Running costs - impact of NHS Property Services move to market rents - £0.011m
- Programme costs - impact of NHS Property Services move to market rents - £0.080m

These allocations reflect increased costs in respect of accommodation charges and will be utilised within the financial year.

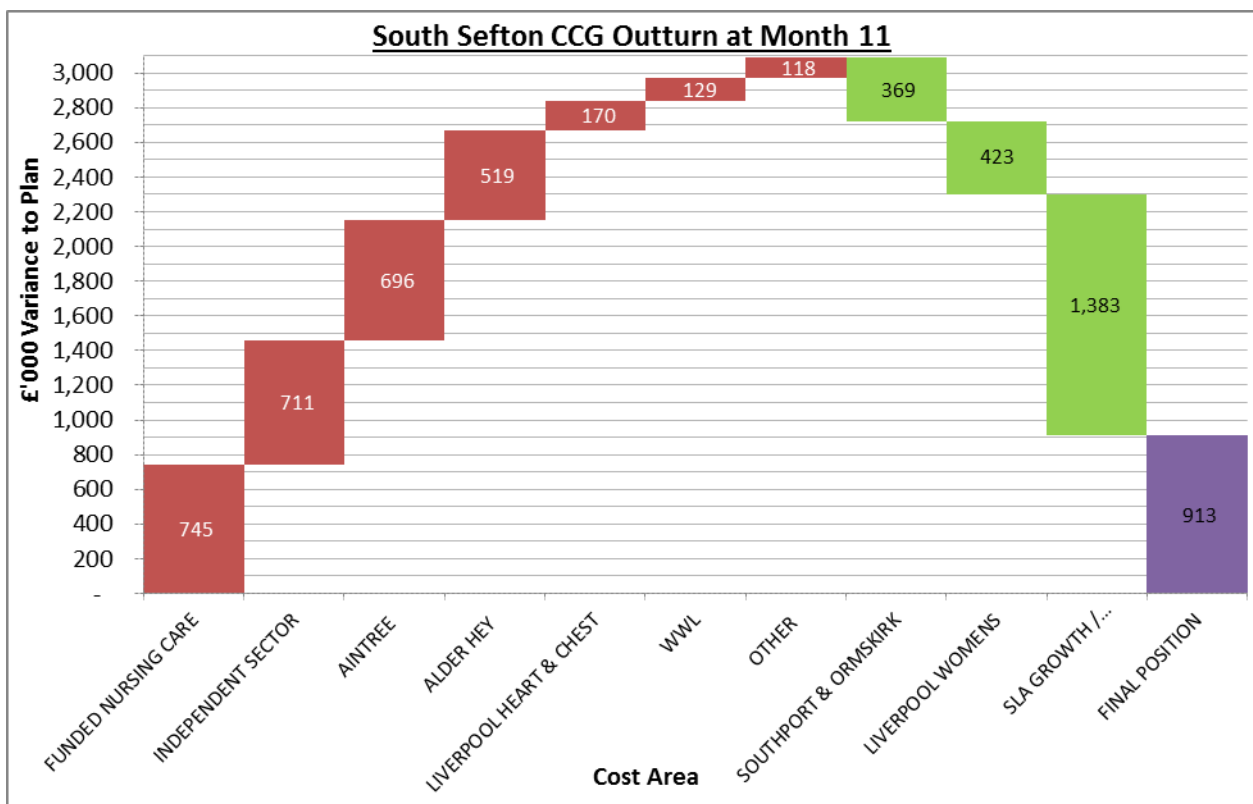
2.3 Position to date and forecast

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 Aintree, Alder Hey, 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 February 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 January 2017.

Figure 2 – Forecast Outturn



Independent Sector

The year to date position on the budget for Independent Sector is an overspend of £0.623m mainly due to Ramsay Healthcare experiencing an over performance against plan. The year-end forecast is an overspend of £0.711m. 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 overspend of £0.024m after adjusting for QIPP savings of £0.868m delivered year to date. 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 £0.943m, 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 £0.969m 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 shown in Appendix 3 and is projected to deliver **£6.176m** 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)	(1,043)	0	(386)	(1,429)
CHC/FNC plan	(530)	(525)	(1,055)	(1,025)	0	(30)	(1,055)
Discretionary spend plan	(235)	(3,976)	(4,211)	(3,462)	0	(749)	(4,211)
Urgent Care system redesign plan	(2,817)	0	(2,817)	(51)	0	(2,766)	(2,817)
Total QIPP Plan	(5,995)	(4,389)	(10,384)	(6,176)	0	(4,208)	(10,384)
Risk rated QIPP plan				(6,176)	0	0	(6,176)

As shown in **Figure 4** and **5** below, £5.370m has been actioned at Month 11 against a phased plan of £8.253m.

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

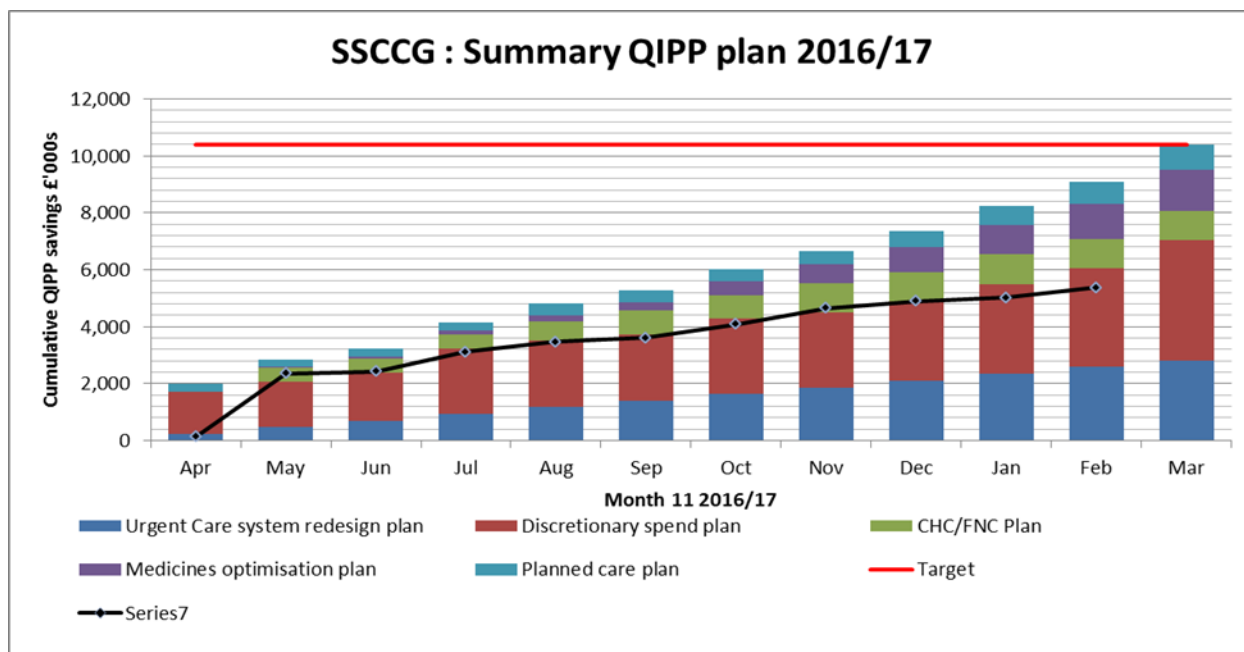


Figure 5 – QIPP performance at month 11

Scheme	In month current month (M11)					
	In month plan	In month actual	Variance	YTD Plan	YTD Actual	Variance
Planned care plan	100	0	(100)	772	388	(384)
Medicines optimisation plan	192	150	(42)	1,237	868	(369)
CHC/FNC Plan	10	0	(10)	1,045	1,025	(20)
Discretionary spend plan	304	200	(104)	3,463	3,078	(385)
Urgent Care system redesign plan	238	0	(238)	2,580	11	(2,569)
Total	844	350	(494)	9,096	5,370	(3,726)

QIPP delivery is **£3.726m** below plan at Month 11, 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 **£0.806m** in Month 12, scheme leads in particular, must work to ensure delivery of the identified schemes. **Figure 6** 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	(175)
CQUIN - 1st:Fup ratio S&O	(28)
Review other Expenditure - 3rd Sector	(34)
LQC under-performance in 16/17	(350)
CQUIN Underperformance 16/17 - Aintree	0
CQUIN - Zero LoS - S&O	(47)
Total All Schemes	(806)

Total QIPP delivery is anticipated to be £6.176m for the financial year which is an underperformance of £4.208m 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 £3.270m 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 £0.293m.

2.6 CCG Cash Position

In order to control cash expenditure within the NHS, limits are placed on the level of cash available to organisations for use 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 11 position

Following the month 9 submissions the MCD limit for South Sefton CCG for 2016/17 was increased from £241.032m to £249.833m. Up to Month 11, the actual cash received is £225.564m (90.1% of MCD) against a target of £229.014m (91.7% of MCD).

A full year cash flow forecast, based on information available at month 11, 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.

NHS England have confirmed that the usual year end process regarding the request for additional cash, and return of excess cash, will be in operation for 2016/17. This means the CCG will have the ability to request additional cash on 21 March 2017. At this stage, we do not anticipate the CCG using this facility. It should be noted that as a result of the finance team having to maintain a managed cash position, there may be a potential increase in year-end creditors.

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 £0.806m 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 figure 7 below. This demonstrates that the CCG plans to deliver a total management action plan of £6.176m 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)	(0.573)	(0.341)	(0.914)
Reserve Budgets	0.340	(0.000)	0.340
Management action plan			
Actioned QIPP to date	2.071	3.298	5.369
Additional QIPP required	0.209	0.598	0.807
Total Management Action Plan	2.280	3.896	6.176
Year End Surplus / (Deficit)	(0.424)	(1.908)	(2.332)

Figure 8 below outlines the best, most likely and worst case scenarios. The best case scenario assumes achievement of the remaining QIPP plan.

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
QIPP Target	(10.384)	(10.384)	(10.384)
QIPP achieved to date	5.369	5.369	5.369
Remaining QIPP requirement	(5.015)	(5.015)	(5.015)
Month 11 Forecast (I&E)	(0.914)	(0.914)	(0.914)
Reserve Budgets	0.341	0.341	0.341
Remaining QIPP requirement	(5.588)	(5.588)	(5.588)
Predicted QIPP achievement (M12)	0.806	0.806	0.806
Planned Surplus	2.450	2.450	2.450
Forecast Surplus / (Deficit)	(2.332)	(2.332)	(2.332)
Further Risk			
Acute Care	-	-	(0.200)
Risk adjusted Surplus / (Deficit)	(2.332)	(2.332)	(2.532)

2.9 Recommendations

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

- The likely outturn position is a deficit of **£2.332m**. This includes the expenditure forecast delivery of QIPP savings for the remainder of the financial year. NHS England expects that the CCG will achieve this position.
- 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

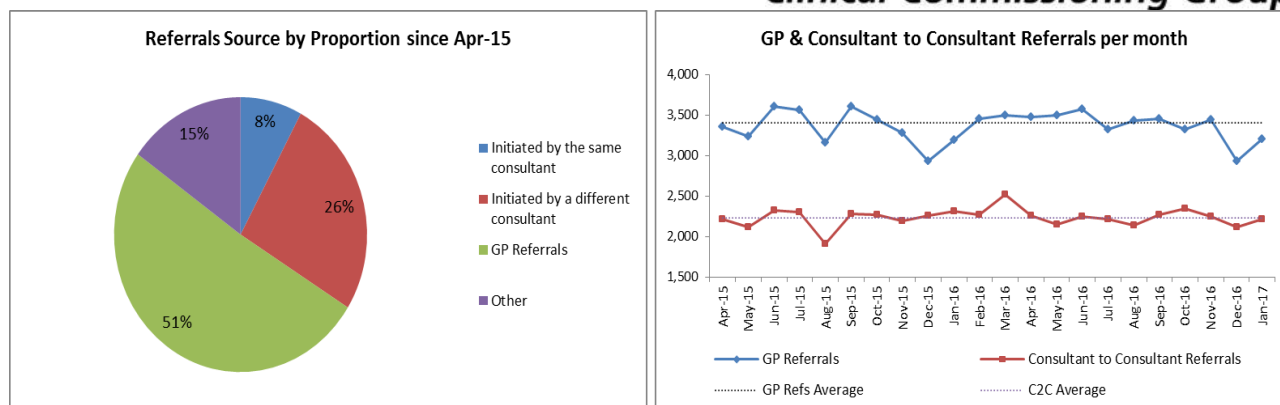
accordingly. High levels of engagement and support is required from member practices to enable the CCG to reduce levels of low value healthcare and improve value for money.

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	33,386	33,663	277	0.8%
GP Total			33,386	33,663	277	0.8%
Other	01	following an emergency admission	1,651	1,422	-229	-13.9%
	02	following a Domiciliary Consultation	13	7	-6	0.0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	4,180	4,174	-6	-0.1%
	05	A CONSULTANT, other than in an Accident and Emergency Department	12,909	12,839	-70	-0.5%
	06	self-referral	3,039	2,803	-236	-7.8%
	07	A Prosthetist	14	11	-3	-21.4%
	08	Royal Liverpool Code (TBC)	689	775		
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	962	985	23	2.4%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	2,462	2,774	312	12.7%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	63	62	-1	-1.6%
	13	A Specialist NURSE (Secondary Care)	96	80	-16	-16.7%
	14	An Allied Health Professional	1,190	1,462	272	22.9%
	15	An OPTOMETRIST	9	7	-2	-22.2%
	16	An Orthoptist	3	4	1	0.0%
	17	A National Screening Programme	58	59	1	1.7%
	92	A GENERAL DENTAL PRACTITIONER	1,293	1,393	100	7.7%
93	A Community Dental Service	16	3	-13	-81.3%	
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	3,490	3,057	-433	-12.4%	
Other Total			32,137	31,917	-220	-0.7%
Unknow n			19	1	-18	-94.7%
Grand Total			65,542	65,581	39	0.1%



Local referrals data from our main providers shows no change in the overall level of referrals comparing months 1-10 of 2016/17 with the previous year. GP referrals are slightly above comparing against the same period last year (1%, 277 referrals).

Discussions regarding referral management, prior approval, 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 approaches to referral management.

Data quality note: Walton Neuro Centre & Renacres Hospital has been excluded from the above analysis due to validation errors in month 10 submission.

3.1.1 E-Referral Utilisation Rates

NHS E-Referral Service Utilisation				
NHS South Sefton CCG	16/17 - Dec	80% or 20% increase on previous year (42%)	18.00%	↓

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 data for E-referral Utilisation rates reported 18%; a decline on the previous two month's when 20% and 19% were 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 - Jan	1.00%	1.20%	↑ ↓	30 out of 2,312 patients waited over 6 weeks for their diagnostic test. 2 of these patients waited over 13 weeks.
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	16/17 - Jan	1.00%	1.40%	↓	67 out of 4,323 patients waited over 6 weeks for their diagnostic test. 6 of these patients waited over 13 weeks.

Aintree aims to achieve the standard of less than 1% of patients waiting 6 weeks or more for their diagnostic test. During January 2017, the Trust failed the diagnostic monitoring standard, reporting 1.40% of patients waiting in excess of 6 weeks. This is a slight improvement on last month.

The number of patients waiting over 6 weeks decreased to 67 in January (72 in the previous month). The diagnostic areas with over 1% of patient waiting more than 6 weeks are Endoscopy and MR Cardiac Imaging. There are plans in place to reduce all waits to within the 6-week timeframe.

The Endoscopy department has experienced considerable pressure over the last quarter which has resulted in the undertaking of extensive additional activity in order to meet the trusts 2ww cancer pathways. This has made it difficult to support the non-urgent 6 week performance targets. It has been identified that 25% of patients had a DNA recorded and 50% of the patients need their procedure under general anaesthetic.

There has been an increase in waiting times in MR Cardiac Imaging as a result of increased demand above funded capacity and loss of service due to the 10 day breakdown of the scanner in December and the subsequent loss of service over Christmas and New Year. The delay to MR imaging is related to additional demand and lost activity associated with Consultant on Call. The CSI service currently has 2.2 whole time equivalent radiographer vacancies which is having an effect on service provision. The current waiting time for CT Cardiac imaging is above 6 weeks. There has been an increase in waiting times as a result of increased demand above funded capacity and loss of service due to the breakdown of the scanner used to perform cardiac imaging in November and the subsequent loss of service over Christmas and New Year.

The CSI service currently has 2.2 WTE radiographer vacancies and nursing vacancies which is having an effect on service provision.

3.3 Referral to Treatment Performance

Referral To Treatment waiting times for non-urgent consultant-led treatment				
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	16/17 - Jan	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	16/17 - Jan	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	16/17 - Jan	92%	92.70%	↑
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Aintree)	16/17 - Jan	92%	91.50%	↑

For Aintree the RTT performance remains below the required DoH standard of 92% for all incomplete pathways at 91.5% during January 2017. This represents an improvement from the previous month. Underperformance was seen in Dermatology, MFU, Ophthalmology and Thoracic.

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.

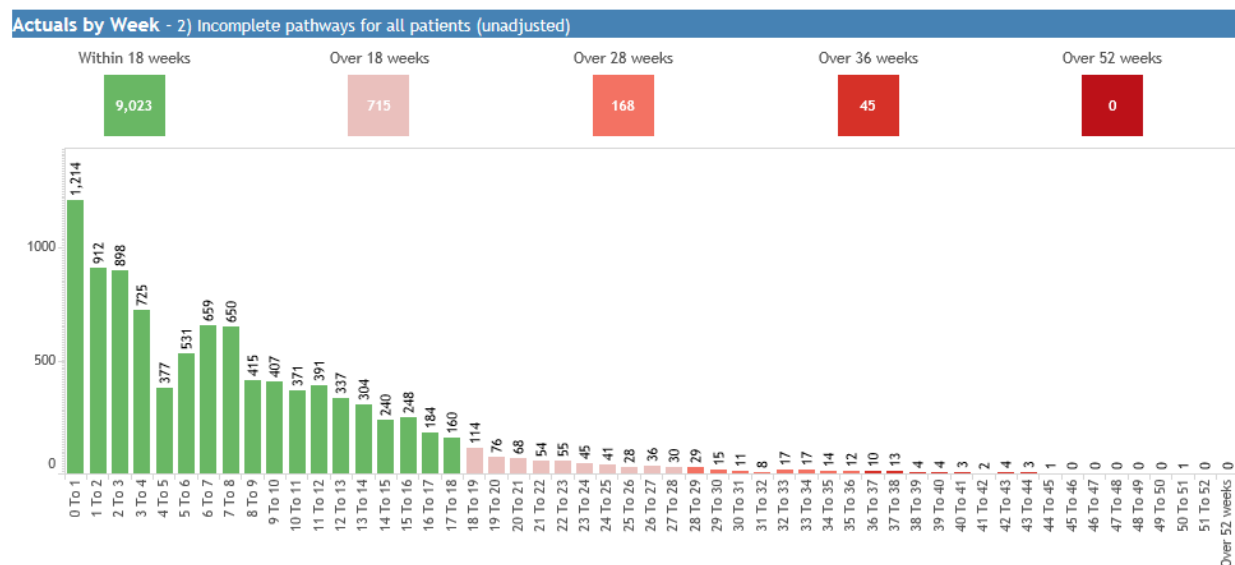
South Sefton CCG supported an application by Aintree University Hospital Trust to secure additional RTT funding from NHS England in February. This additional funding has been used to for two of the main specialties with difficulty meeting the target; dermatology and ophthalmology.

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.

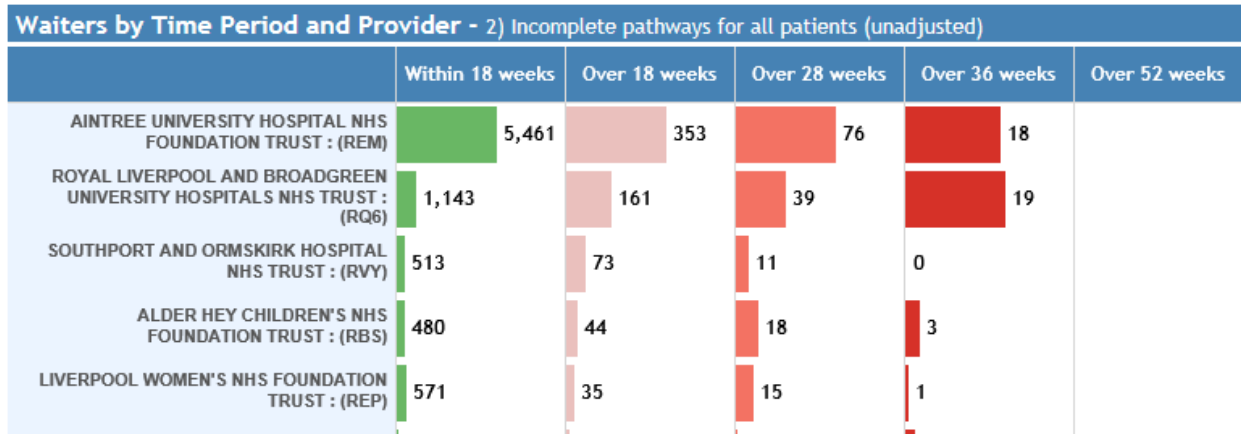
3.3.1 Incomplete Pathway Waiting Times

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 Specialty for Aintree University Hospitals NHS Foundation Trust

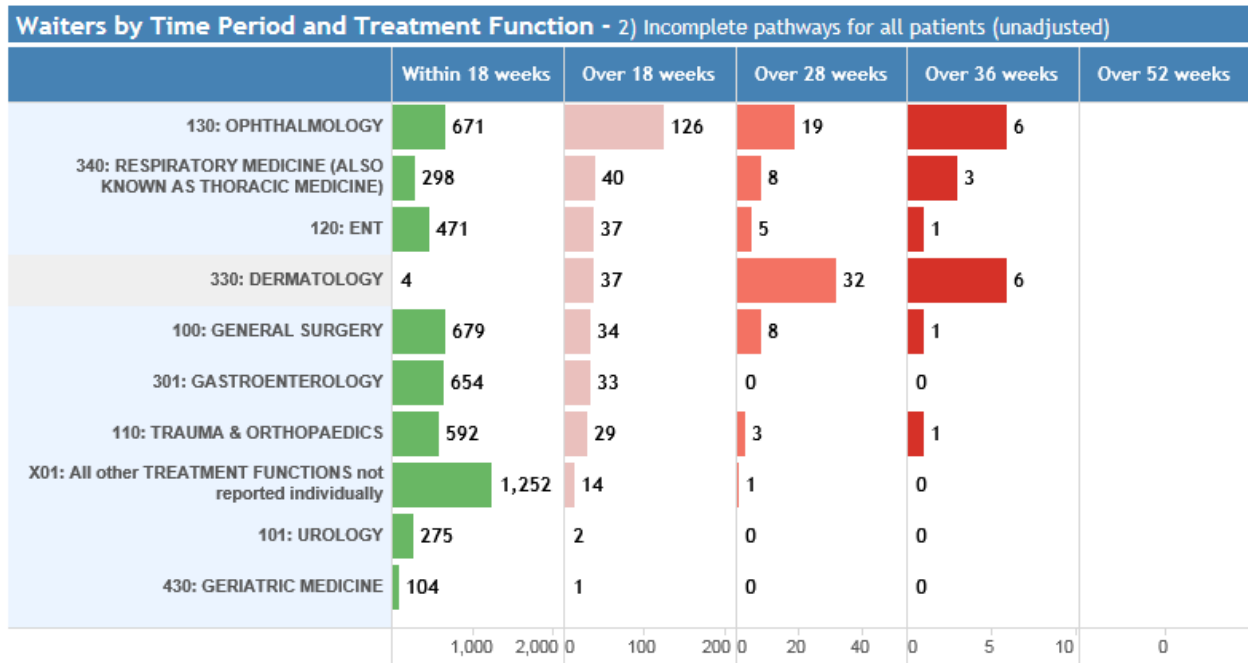
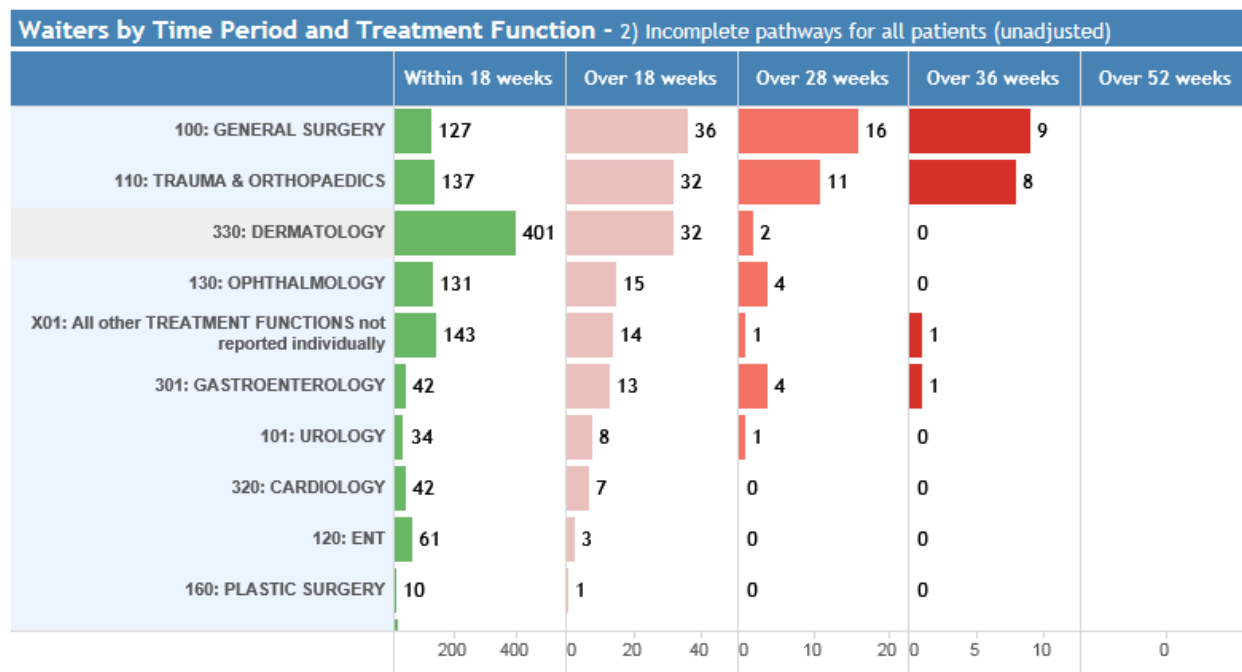


Figure 13 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



3.3.4 Provider assurance for long waiters

Trust	Speciality	No of weeks	No of patients	Has patient been seen / has a TCI date?	Reason for the delay
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	Ophthalmology	40	1	Clock stopped 6/2/17 - Decision not to treat	Patient declined treatment
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	Ophthalmology	41	1	Clock stopped 7/2/17 - TCI	Capacity issue
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	Respiratory	44	1	Clock stopped 10/2/17 - Active Monitoring	Capacity issue
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	General Surgery	41	1	Pathway Stopped	
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	General Surgery	42	1	Pathway Stopped	
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	General Surgery	42	1	Pathway Stopped	
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	General Surgery	42	1	Pathway Stopped	
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	General Surgery	42	1	16/03/2017	Long Wait on Waiting List
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	General Surgery	43	1	Pathway Stopped	
ALDER HEY	All other	40	1	AUD -28/03/2017	Capacity
ALDER HEY	All other	43	1	AUD - 28/03/2017	Capacity
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	Plastic Surgery	40	1	28/02/2017	Patient listed for surgery at week 6 of 18 week pathway, patient listed for MOHS surgery.
THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS	T&O	50	1	Admitted 27.2.17	Spinal Disorders is a Nationally Pressured Area
ROYAL FREE LONDON HOSPITAL	Plastic Surgery	43	1	Awaiting a response from the Trust	

3.4 Cancelled Operations

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

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

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

No urgent operation should be cancelled for a second time - Aintree	16/17 - Jan	0	0	↔
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3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	16/17 - Jan	93%	95.70%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	16/17 - Jan	93%	95.69%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	16/17 - Jan	93%	94.27%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Aintree)	16/17 - Jan	93%	94.52%	↔

3.5.2 - 31 Day Cancer Waiting Time Performance

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	16/17 - Jan	96%	98.22%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	16/17 - Jan	96%	99.01%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	16/17 - Jan	94%	96.20%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	16/17 - Jan	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	16/17 - Jan	94%	97.09%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	16/17 - Jan	94%	98.25%	↓
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	16/17 - Jan	98%	98.74%	↓
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	16/17 - Jan	98%	99.58%	↓

3.5.3 - 62 Day Cancer Waiting Time Performance

Cancer waits – 62 days				
Maximum 62-day wait for first definitive treatment following a consultant’s decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	16/17 - Jan	85% local target	79.69%	↓
Maximum 62-day wait for first definitive treatment following a consultant’s decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (Aintree)	16/17 - Jan	85% local target	89.22%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	16/17 - Jan	90%	100.00%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	16/17 - Jan	90%	91.45%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	16/17 - Jan	85%	87.65%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	16/17 - Jan	85%	85.61%	↓

The CCG failed the 85% local target in January reporting 55.56%, 4 out of 9 patients were not upgraded within 62 days. All four patients were lung patients: two patients were in admitted care; the first patients upgrade was delayed to 66 days as they were unfit for surgery, the second patients delay was due to a late referral (complex diagnostics needed). Two patients were in non-admitted care, delays due to referrals from Clatterbridge. Year to date the CCG are failing at 79.69%, a decline on last month’s performance.

3.6 Patient Experience of Planned Care

Friends and Family Response Rates and Scores
 Aintree University Hospital NHS Foundation Trust
 Latest Month: Jan-17

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	23.6%	22.1%		96%	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, inpatient response rates are now reporting under target (England average 23.6%) for January at 22.1%. However, this is a significant increase from Decembers rate of 18.7%). The proportion of patients who would recommend has remained static at 97% (above the England average of 96%), as well as the proportion who would not recommend, which remains at 1% in January compared to an England average of 2%.

The Trust reverted back to using cards following an unsuccessful pilot for collecting FFT. Response rate was improving although not to levels seen previous to the pilot. November and December both saw reductions with an increase noted now for January.

Aintree’s Patient Experience Lead is presenting 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 10 of financial year 2016/17, against planned care elements of the contracts held by NHS South Sefton CCG shows an over-performance of £751k, which is a percentage variance of 2%. At specific trusts, Renacres are reporting the largest cost variances with a total of £314k/23%.

Figure 14 - Planned Care - All Providers

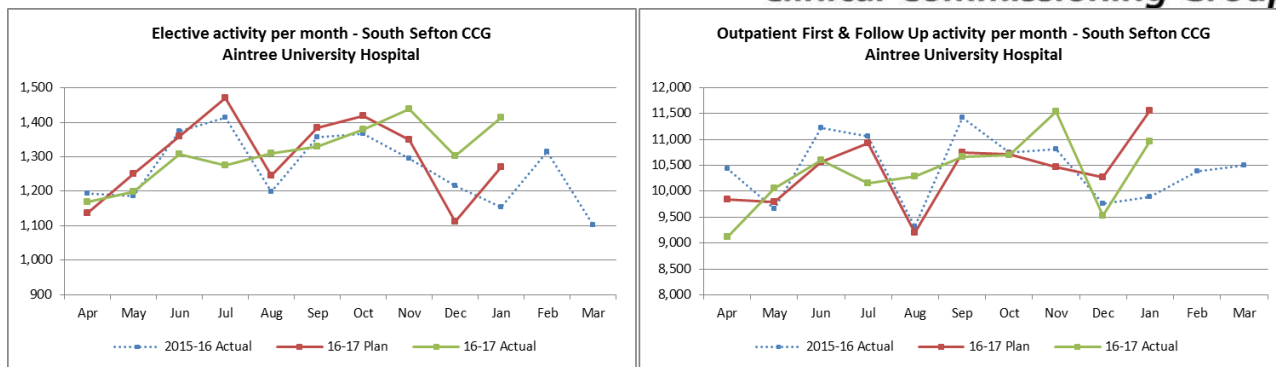
Provider Name	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	148,857	149,226	369	0%	£27,320	£27,385	£64	0%
Alder Hey Childrens NHS F/T*	5,587	11,602	6,015	108%	£1,389	£1,703	£314	23%
Central Manchester University Hospitals Nhs Foundation Trust	72	0	-72	-100%	£18	£0	-£18	-100%
Countess of Chester Hospital NHS Foundation Trust	0	138	138	0%	£0	£21	£21	0%
East Cheshire NHS Trust	0	6	6	0%	£0	£3	£3	0%
Fairfield Hospital	104	157	53	50%	£19	£43	£24	128%
ISIGHT (SOUTHPORT)	441	673	232	53%	£100	£154	£54	54%
Liverpool Heart and Chest NHS F/T	961	1,000	39	4%	£318	£381	£64	20%
Liverpool Womens Hospital NHS F/T	13,418	13,529	111	1%	£2,780	£2,738	-£42	-2%
Renacres Hospital	3,742	4,900	1,158	31%	£1,317	£1,467	£150	11%
Royal Liverpool & Broadgreen Hospitals	25,663	26,831	1,168	5%	£4,782	£4,951	£169	4%
Southport & Ormskirk Hospital*	12,074	12,341	267	2%	£2,594	£2,388	-£206	-8%
SPIRE LIVERPOOL HOSPITAL	2,386	1,994	-392	-16%	£751	£709	-£42	-6%
ST Helens & Knowsley Hospitals	3,429	3,614	185	5%	£900	£973	£73	8%
University Hospital Of South Manchester Nhs Foundation Trust	90	100	10	11%	£13	£19	£6	41%
Walton Neuro	2,795	2,834	39	1%	£710	£686	-£24	-3%
Wirral University Hospital NHS F/T	385	348	-37	-10%	£102	£94	-£8	-8%
Wrightington, Wigan And Leigh Nhs Foundation Trust	705	1,011	306	43%	£254	£403	£149	59%
Grand Total	220,710	230,304	9,594	4%	£43,367	£44,118	£751	2%

*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	11,290	11,617	327	3%	£7,309	£7,447	£139	2%
Elective	1,707	1,509	-198	-12%	£4,766	£4,554	-£212	-4%
Elective Excess BedDays	670	532	-138	-21%	£148	£117	-£31	-21%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	375	266	-109	-29%	£68	£52	-£16	-23%
OPFANFTF - Outpatient first attendance non face to face	2,094	2,767	673	32%	£59	£71	£12	20%
OPFASPCL - Outpatient first attendance single professional consultant led	27,972	28,326	354	1%	£4,203	£4,362	£159	4%
OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,255	944	-311	-25%	£137	£124	-£14	-10%
OPFUPNFTF - Outpatient follow up non face to face	2,704	4,080	1,376	51%	£65	£99	£33	51%
OPFUPSPCL - Outpatient follow up single professional consultant led	69,714	67,225	-2,489	-4%	£5,561	£5,410	-£151	-3%
Outpatient Procedure	18,165	18,358	193	1%	£3,002	£3,098	£95	3%
Unbundled Diagnostics	11,690	12,314	624	5%	£1,070	£1,095	£25	2%
Wet AMD	1,221	1,287	66	5%	£932	£957	£24	3%
Grand Total	148,857	149,225	368	0%	£27,320	£27,384	£64	0%



Planned Care at Aintree University Hospital is recording comparable year to date costs against plan with a £64k/0% over performance.

Planned Care is showing a £-67k/0.1% over performance for Month 10. Day cases, outpatient first attendances and outpatient procedures are the PODs reporting a significant over performance within planned care. Elective inpatients are under performing by £-212k/-4%.

Cardiology is showing the largest cost variance in month 10 (£965k/33%) with £409k of this applicable to South Sefton CCG. The cardiology over performance is largely related to day case activity.

ENT is also showing an over performance of £265k/6% against plan with South Sefton seeing an increase of £69k/6%. Knowsley are also seeing an over performance of £105k/25%. Day cases are a key driver for over performance within ENT.

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	435	£384,090	-3	-£4,512	-22	-£4,673	622	£61,567	148	-£49,616	129	£22,204	1,308	£409,061
Clinical haematology	72	£16,147	-6	-£1,620	-46	-£10,746	268	£80,106	143	£17,791	4	£816	435	£102,494
Colorectal surgery	-12	£14,702	-11	£99,518	-188	-£40,781	6	-£3,442	-173	-£15,669	243	£44,374	-133	£98,703
Physiotherapy							43	£873	2,182	£70,174	1	£33	2,226	£71,080
Ent	18	£28,979	-22	£29,186	14	£3,127	-77	-£8,441	-4	£398	122	£16,545	52	£69,794
Rheumatology	-3	-£1,629	-1	-£368	6	£1,309	74	£17,414	519	£47,180	7	£1,239	603	£65,145
General surgery	18	£19,809	-11	£15,626	71	£14,775	114	£11,969	-92	-£10,305	2	£490	103	£52,364
Acute internal medicine	-4	-£1,703	0	-£5,368	-4	-£819	733	£63,879	-19	-£3,340	-47	-£6,890	660	£45,759
Nephrology	15	£11,975	-15	-£21,587	-9	-£2,334	188	£52,992	-193	-£8,843	-8	-£1,420	-23	£30,782
Respiratory medicine	-1	-£24,718	-10	-£13,071	-4	-£664	86	£39,309	233	£3,043	117	£25,687	423	£29,585
Upper gastrointestinal surgery	-24	-£34,777	4	£48,061	15	£3,169	-23	-£2,736	-23	-£1,972	-1	-£510	-53	£11,235
Endocrinology	-4	-£2,723	-1	-£2,423			6	£1,126	143	£14,526			144	£10,507
Geriatric medicine	-3	-£4,613	0	-£965	-13	-£2,731	26	£6,742	-83	-£11,773	0	-£101	-72	-£13,441
Vascular surgery	-14	-£14,098	-3	-£3,168			26	£4,472	-24	-£2,660	-1	-£197	-15	-£15,652
Interventional radiology	15	£833	-6	-£23,976	-4	-£773	70	£10,282	-18	-£1,492	-64	-£17,164	-7	-£32,290
Diabetic medicine	51	£19,652	1	£2,519	-12	-£2,928	-124	-£26,173	-174	-£18,095	-74	-£9,713	-332	-£34,738
Anticoagulant service									-2,694	-£69,279			-2,694	-£69,279
Gastroenterology	-15	-£66,563	-14	-£24,146	17	£3,769	-108	-£19,678	-19	£18,862	31	£8,912	-109	-£78,843
Hepatobiliary & pancreatic surgery	8	£13,730	-17	-£90,798	-2	-£424	15	£3,302	-46	-£4,691			43	-£78,880
Dermatology	-38	-£21,795	1	£539			-413	-£45,858	-599	-£43,583	55	-£3,755	-994	-£114,452
Urology	-15	-£36,099	-44	-£107,966	-54	-£11,195	-336	-£45,081	149	£10,783	4	£44,836	-296	-£144,723
Trauma & orthopaedics	4	-£58,599	-56	-£112,550	95	£20,719	-40	-£5,418	-56	-£5,641	-64	£1,119	-117	-£161,371
Ophthalmology	-194	-£138,164	5	£2,487			-248	-£29,614	10	£30,301	-276	-£32,303	-702	-£227,896
Grand Total	327	£138,625	-198	-£212,460	-138	-£31,200	917	£155,379	-1,423	-£131,225	193	£95,467	-322	£14,586

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	790	748	-42	-5%	£640	£545	£-94	-15%
Elective	188	159	-29	-16%	£544	£457	£-87	-16%
Elective Excess BedDays	1	36	35	2804%	£0	£8	£8	2940%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	238	84	-154	-65%	£35	£14	£-22	-61%
OPFASPCL - Outpatient first attendance single professional consultant led	1,867	1,971	104	6%	£277	£288	£10	4%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	491	197	-294	-60%	£48	£21	£-27	-56%
OPFUPSPCL - Outpatient follow up single professional consultant led	4,394	4,204	-190	-4%	£394	£377	£-17	-4%
Outpatient Procedure	3,368	3,109	-259	-8%	£597	£536	£-61	-10%
Unbundled Diagnostics	722	714	-8	-1%	£55	£54	£-1	-1%
Grand Total	12,060	11,222	-838	-7%	£2,591	£2,300	£-291	-11%

* PbR only

Elective care elements of the contract continue to under-perform against planned levels with all areas, with the exception of Elective excess bed days and Outpatient first attendances, below. Pressures remain on Elective and Day Case procedures with low theatre staff levels a problem for the Trust throughout the year.

An added pressure within the planned care sections of the contract was the cancellation of a number of Elective procedures in January. Under the advice of NHS Improvement the Trust cancelled a number of Elective operations to better cope with winter pressures, these cancellations took place during the first two weeks of January.

Outpatient attendances have reduced across a number of specialities, most significantly in Urology, Trauma & Orthopaedics, and Gynaecology. Outpatient procedures have also reduced with the main focus within T&O.

Referral to Treatment has been adversely affected with December failing for the first time in the year but the Trust has improved its position and achieved in January.

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	481	466	-15	-3%	£539	£560	£21	4%
Elective	86	104	18	21%	£409	£495	£86	21%
OPFASPCL - Outpatient first attendance single professional consultant led	1,018	922	-96	-9%	£146	£132	-£14	-10%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,219	2,623	1,404	115%	£102	£152	£51	50%
Outpatient Procedure	585	351	-234	-40%	£86	£83	-£3	-4%
Unbundled Diagnostics	353	434	81	23%	£35	£45	£10	27%
Grand Total	3,742	4,900	1,158	31%	£1,317	£1,467	£150	11%

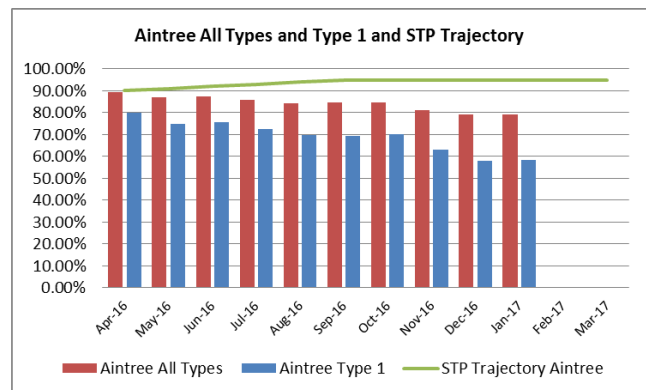
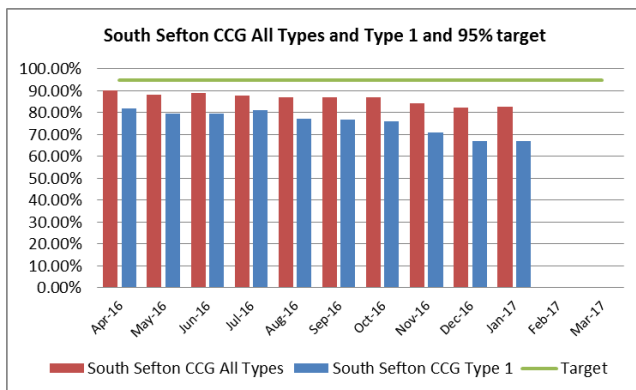
Renacres over performance of £150/11% is largely driven by a £86k over performance in Electives. Major Hip Procedures is the largest over performing HRG followed by Reconstruction Procedures. Combined costs for these two HRG's are £98k. The over performance at Renacres is mirrored by underperformance at other Trusts, namely Spire and Southport and Ormskirk Hospitals suggesting a shift in patient and GP choice. This situation will be monitored closely, particularly alongside any future reductions in activity at Aintree alongside increases at Renacres. The introduction of MCAS in Southport & Formby has reduced activity at Renacres. If a similar approach is adopted in South Sefton this could potentially mitigate the Renacres over performance.

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 - Jan	95%	86.50%	↓	The CCG have failed the target in January reaching 82.61% and year to date reaching 86.5%. In month 1,416 attendances out of 8,143 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 - Jan	95%	77.65%	↔	The CCG have failed the target in January reaching 66.89% (year to date 77.65%). In month 1,411 attendances out of 4,262 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 - Jan	STP Trajectory Target 75%	84.23%	↓	Aintree have achieved their revised target of 75% in January reaching 84.23% YTD and 79.25% in month; 2,880 attendances out of 13880 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	16/17 - Jan	95%	86.12%	↑	Aintree have failed the target in January reaching 58.24% and year to date reaching 86.12%. In month 2,880 attendances out of 6,896 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	Jan-17
STP Trajectory Aintree	90%	91%	92%	93%	94%	95%	95%	95%	95%	75%
Aintree All Types	89.48%	86.88%	87.50%	85.95%	84.10%	84.46%	84.76%	81.11%	79.05%	79.25%



Aintree have revised their Cheshire & Merseyside 5 year Formal View (STP) trajectory for January to March and has achieved over the 75% plan agreed with NHS Improvement.

The Trusts' performance is similar to the previous month for the 4-hour standard and remains below the national required 95% at 79.25% for January 2017.

Trust Actions

- Continue to embed all aspects of the AED stream of the Emergency and Acute Care Plan and regularly monitor performance. Continue to progress the recruitment strategy. A Consultant is due to commence in February 2017 and a recruitment company has been identified to help with further recruitment. Whilst recruitment is underway, arrange additional sessions to fill gaps in the existing rota. Continue discussions with UC24 to improve out of hours GP provision and utilisation of available slots.
- Review current structures and develop a workforce plan which will deliver sustained performance levels. Following implementation of the new frailty model, next steps have been agreed. These include development of an in-reach model, development of the Advanced Nurse Practitioner role, further discussions with the site team to improve patient flow out of the unit and progress with the medical recruitment strategy.
- Continue to embed the AED input in to purple to gold programme (which now includes the Observation Ward).
- Continue to improve ambulance turnaround times by implementing agreed actions. An additional area in ED is currently being used to facilitate timelier turnaround times of ambulances. A SOP has been agreed and a staffing plan has been finalised. Additional nursing staff have been funded on a fixed term basis to support this area and a longer term plan is being developed. NWAS have also provided technician support for this area.
- Follow-up review on ambulance handover processes is to be undertaken by ECIP in February 2017 to review progress made to date and identify further areas for improvement.

4.2 Ambulance Service Performance

Ambulance					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	16/17 - Jan	75%	70.59%	↓	The CCG is under the 75% target year to date reaching 70.59%. In January out of 62 incidents, 37 were within 8 mins (59.68%)
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	16/17 - Jan	75%	59.71%	↓	The CCG is under the 75% target year to date reaching 59.71%. In January out of 904 incidents, 502 were within 8 mins (55.52%).
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	16/17 - Jan	95%	90.24%	↔	The CCG is under the 95% target year to date reaching 90.24%. In January out of 966 incidents, 847 were within 19 mins (87.67%)
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWS) (Cumulative)	16/17 - Jan	75%	68.29%	↓	NWAS reported under the 75% target year to date reaching 68.29%. In the month of January 61.79% was reported.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWS) (Cumulative)	16/17 - Jan	75%	62.75%	↓	NWAS failed to achieve the 75% target year to date reaching 62.75%. In the month of January 58.78% was reported.
Ambulance clinical quality - Category 19 transportation time (NWS) (Cumulative)	16/17 - Jan	95%	88.98%	↓	NWAS failed to achieve the 95% target year to date reaching 88.98%. In the month of January 85.74% was reported.

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Aintree	16/17 - Jan	0	190	↓	The Trust recorded 190 handovers between 30 and 60 minutes, this is an improvement on last month when 241 was reported but is still breaching the zero tolerance threshold.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Aintree	16/17 - Jan	0	261	↓	The Trust recorded 261 handovers over 60 minutes, an improvement on the previous month when 287 was reported but is still breaching the zero tolerance threshold.

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 NWAS 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 NWAS 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.

The Trust experienced a decrease in the number of delays in excess of 30 minutes during January 2017. The number of ambulance waits exceeding 30 minutes decreased to 451 (-77). Of the 451, 261 were delayed in excess of 60 minutes which again is a decrease of -26.

4.3 Unplanned Care Quality Indicators

4.3.1 Stroke and TIA Performance

Stroke				
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	16/17 - Jan	80%	86.10%	↑
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	16/17 - Jan	60%	100%	↔

4.3.2 Mixed Sex Accommodation

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

4.3.3 Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	16/17 - Jan	45	39	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	16/17 - Jan	38	40 (24 following appeal)	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	16/17 - Jan	0	2	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	16/17 - Jan	0	2	↑

The CCG has had 1 new C.difficile case reported in January, a total of 39 cases year to date against a year to date plan of 45.

For Aintree this year there have been 40 patients with Trust apportioned C.difficile including 4 new cases reported in January, compared to a year to date plan of 38. There has been 16 successful appeals year to date and there are a further 4 cases for review at the appeals panel in February giving a total of 24 cases following appeal.

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 1 new case¹ of MRSA in January and is therefore reporting a total of 2 MRSA cases YTD. They reported their first case in September; this was a non-trust apportioned case.

Aintree has reported 2 cases of MRSA in January, following consideration by NHSE the MRSA case at AUH (Case 1) presented to the Committee in February 2017 has been attributed to a third party. This is the first time an MRSA case has been attributed to another party as opposed to the Provider or the CCG, please note this case is still showing in the live database and we are awaiting a refresh of the information. 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, so 2 cases YTD.

4.3.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	16/17 - Jan	100	93.32	↑ ↓
Summary Hospital Level Mortality Indicator (SHMI)	Jul-15 to June 16	100	107.59	↓

HSMR is reported for the period October 2015 to September 2016. In January performance remains below expected at 93.32, a slight decline on last month's performance.

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 10.

There are a total of 120 serious incidents open on StEIS where South Sefton CCG are either lead or responsible commissioner. Of the 120, there were 89 applicable to South Sefton CCG patients and 31 for Aintree University NHS Foundation Trust (UHA), 7 of these from South Sefton CCG.

Aintree University Hospitals NHS Foundation Trust - 31 open Serious Incidents on StEIS with 1 reported in January 2017 making a total of 24 year to date. 25 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 - 43 open serious incidents on StEIS affecting South Sefton CCG patients. 19 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 8 serious incidents reported in January 2017, a total of 41 year to date, 21 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 - 19 incidents open on StEIS for South Sefton CCG patients, with 14 remaining open >100 days. 1 serious incident was reported in January 2017 making a total of 18 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 (DTCOC's) increased in January with 29 compared to December recording 22 (+31.8%). Patient and/or family choice resulted in 9 delayed transfers (31%), a further 14 were due to delays incurred whilst awaiting further NHS non acute care (48%), 4 were due to awaiting care package in own home (14%), 1 due to completion of assessment (3%) and 1 due to community equipment/adaptations (3%).

Analysis of delays in January 2017 compared to January 2016 illustrates a 62% increase in total number of delays. The number of patients awaiting further NHS non-acute care has shown an increase of 7 (+50%) from the previous year and 6 more delays due to patient or family choice (+67%).

Delayed Transfers of Care April – January 2017

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	Jan		
A) COMPLETION ASSESSMENT	0	0	0	0	1	0	0	1	1	0	0	0	0	0	3	2	3	4	0	0	2	1		
B) PUBLIC FUNDING	0	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	14		
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	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	0		
E) AWAITING CARE PACKAGE IN OWN HOME	3	1	0	1	3	1	2	6	0	1	2	3	4	7	6	5	4	4	4	2	5	4		
F) COMMUNITY EQUIPMENT/ADAPPTIONS	2	1	0	0	0	1	0	0	0	1	1	1	1	0	1	1	0	0	0	0	0	1		
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	9		
H) DISPUTES	1	1	1	0	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	0		
Grand Total	20	22	24	13	16	20	27	24	17	11	18	30	33	30	36	35	32	33	18	23	22	29		

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 DTCOC'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, NWAS, 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 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: Jan-17

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	12.3%	16.7%		87%	80%		7%	11%	

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

- % Response Rate
- % Recommended
- % Not Recommended

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target way in excess of the regional and national response rates for A&E. The Trust has recovered from a drop in performance in December reaching 16.7%, above the England average of 12.3%.

The percentage of people that would recommend A&E has recently fallen and is now under the England average reporting 80% in January compared to an England average of 87%. However this is an increase on December. The not recommended percentage follows a similar pattern with performance at 11% in January compared to a 7% average.

An alternative method for collecting data by text message was deemed unsuccessful. The Trust reverted back to using cards. Response rate was improving although not to levels seen previous to the pilot however January saw an increase in response rate for A&E reductions.

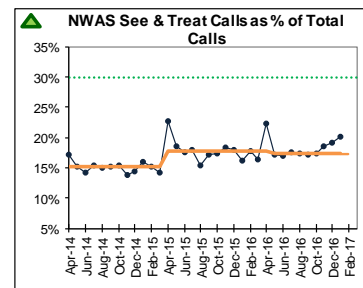
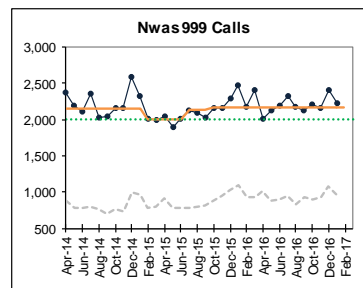
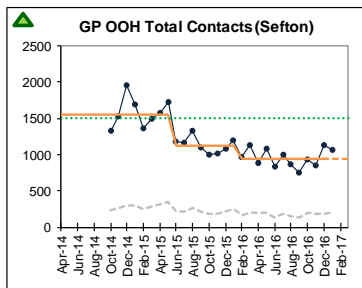
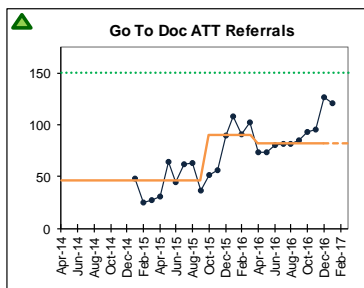
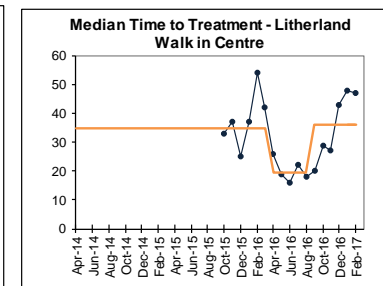
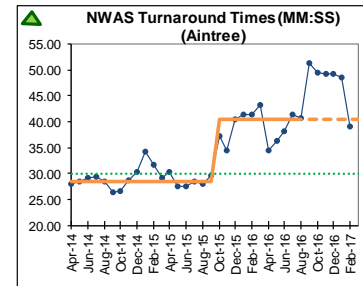
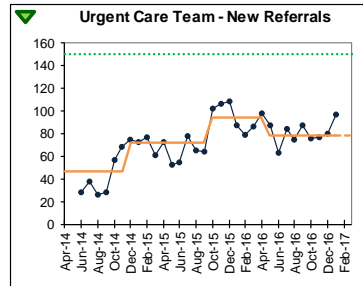
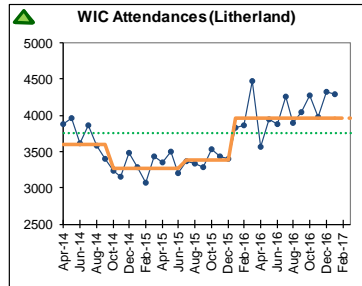
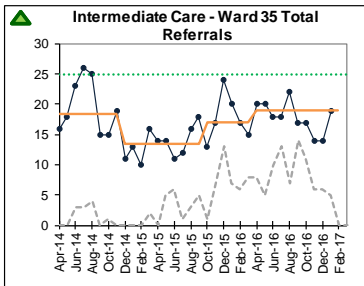
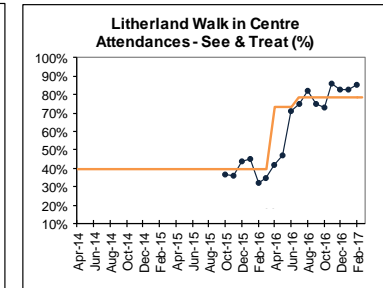
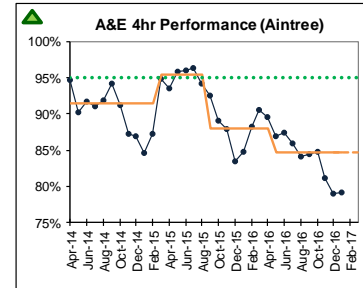
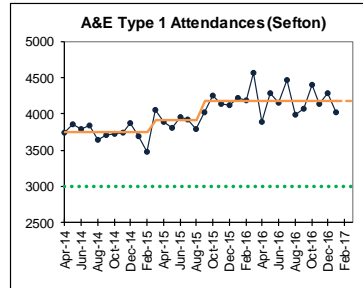
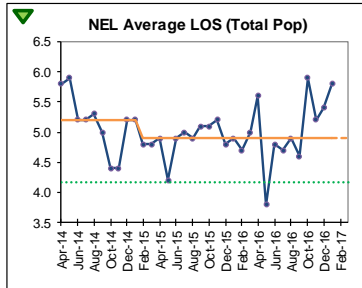
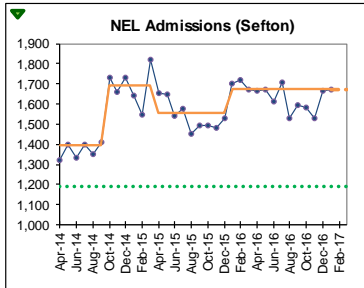
Aintree's Patient Experience Lead will provide an update in April to the CCG Engagement and Patient Experience Group. The Trust will provide feedback in how FFT serves to inform the Trust where to improve services for its patients. This presentation is welcomed by EPEG and gives assurances that patient 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.

4.7 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.

SOUTH SEFTON URGENT CARE DASHBOARD



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.

4.8 Unplanned Care Activity & Finance, All Providers

4.8.1 All Providers

Performance at Month 10 of financial year 2016/17, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£867k/-2%. This under-performance is clearly driven by Aintree Hospital reporting an under performance of -£714k/-2%. Alder Hey Hospital is reporting the largest year to date over performance with a £181/11% 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.

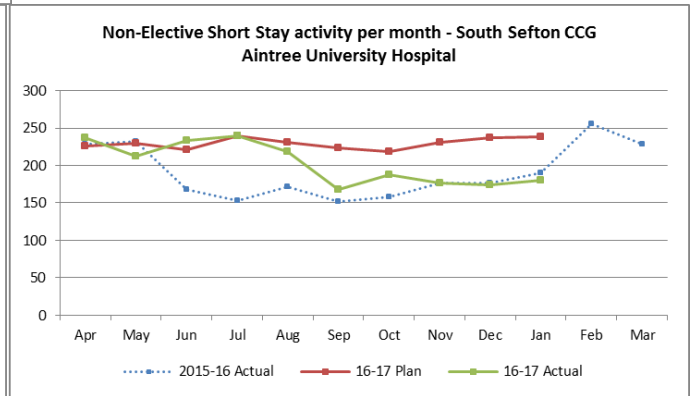
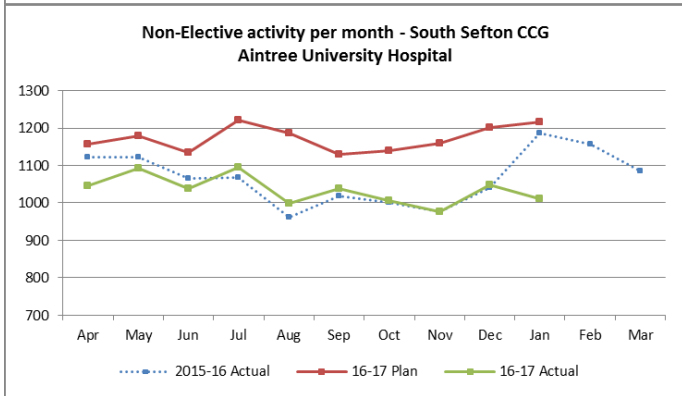
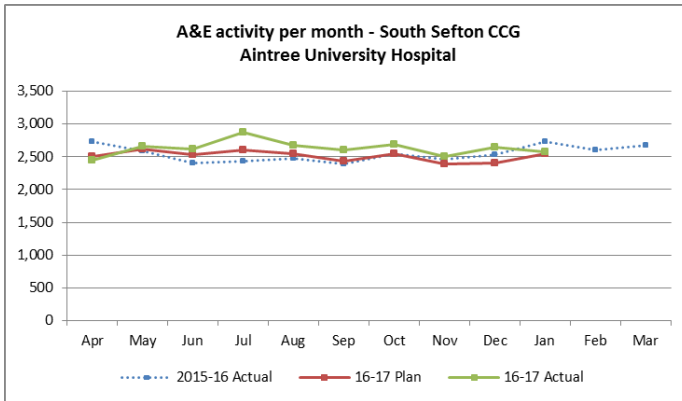
Figure 18 - Month 10 Unplanned Care – All Providers

Provider Name	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	79,648	88,305	8,657	11%	£29,307	£28,593	£-714	-2%
Alder Hey Childrens NHS F/T	7,967	8,063	96	1%	£1,668	£1,849	£181	11%
Central Manchester University Hospitals Nhs Foundation Trust	56	50	-6	-10%	£14	£5	£-9	-63%
Countess of Chester Hospital NHS Foundation Trust	0	55	55	0%	£0	£21	£21	0%
Liverpool Heart and Chest NHS F/T	191	89	-102	-53%	£217	£242	£24	11%
Liverpool Womens Hospital NHS F/T	3,232	2,910	-322	-10%	£2,876	£2,787	£-90	-3%
Royal Liverpool & Broadgreen Hospitals	5,476	4,864	-612	-11%	£2,028	£1,728	£-300	-15%
Southport & Ormskirk Hospital	10,728	10,786	58	1%	£2,423	£2,413	£-10	0%
ST Helens & Knowsley Hospitals	740	838	98	13%	£299	£334	£35	12%
University Hospital Of South Manchester Nhs Foundation Trust	34	30	-4	-12%	£12	£13	£1	8%
Wirral University Hospital NHS F/T	204	176	-28	-14%	£74	£59	£-15	-21%
Wrightington, Wigan And Leigh Nhs Foundation Trust	35	36	1	3%	£13	£22	£9	74%
Grand Total	108,311	116,202	7,891	7%	£38,932	£38,064	£-867	-2%

4.8.2 Aintree University Hospital NHS Foundation Trust

Figure 19 - Month 10 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospitals Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E W/C Litherland	33,735	40,338	6,603	20%	£803	£803	£0	0%
A&E - Accident & Emergency	25,104	26,292	1,188	5%	£3,105	£3,275	£170	5%
NEL - Non Elective	11,687	10,322	-1,365	-12%	£22,330	£21,017	£-1,313	-6%
NELNE - Non Elective Non-Emergency	37	31	-6	-16%	£104	£103	£-1	-1%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	34	89	55	164%	£8	£19	£11	130%
NELST - Non Elective Short Stay	2,296	2,027	-269	-12%	£1,506	£1,430	£-77	-5%
NELXBD - Non Elective Excess Bed Day	6,755	9,206	2,451	36%	£1,451	£1,947	£496	34%
Grand Total	79,648	88,305	8,657	11%	£29,307	£28,593	£-714	-2%



4.8.3 Aintree Hospital Key Issues

Urgent Care under spend of -£714k is driven by a -£1.3m under performance in Non Elective activity. This under performance offsets the £496k 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 31/01/2017	2016/17 Plan	Variance from Plan	Variance on 31/01/2016	
0 Variance	110	88	22	13	
1 Common Mental Health Problems (Low Severity)	54	42	12	19	
2 Common Mental Health Problems (Low Severity with greater need)	29	22	7	4	
3 Non-Psychotic (Moderate Severity)	137	217	(80)	(63)	
4 Non-Psychotic (Severe)	292	215	77	76	
5 Non-psychotic Disorders (Very Severe)	80	62	18	18	
6 Non-Psychotic Disorder of Over-Valued Ideas	48	40	8	3	
7 Enduring Non-Psychotic Disorders (High Disability)	277	192	85	73	
8 Non-Psychotic Chaotic and Challenging Disorders	144	98	46	48	
10 First Episode Psychosis	152	138	14	12	
11 On-going Recurrent Psychosis (Low Symptoms)	381	433	(52)	(55)	
12 On-going or Recurrent Psychosis (High Disability)	377	307	70	73	
13 On-going or Recurrent Psychosis (High Symptom & Disability)	107	112	(5)	(7)	
14 Psychotic Crisis	28	21	7	11	
15 Severe Psychotic Depression	6	6	-	-	
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	38	34	4	6	
17 Psychosis and Affective Disorder – Difficult to Engage	51	58	(7)	(3)	
18 Cognitive Impairment (Low Need)	241	223	18	14	
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	453	505	(52)	(43)	
20 Cognitive Impairment or Dementia Complicated (High Need)	415	332	83	86	
21 Cognitive Impairment or Dementia (High Physical or Engagement)	141	76	65	53	
Cluster 99	696	402	294	288	
Total	4,257	3,623	634	626	

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	Jan-17
The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	100%	100%	100%	94%	100%	93%	95%	96%	94%

There was 1 breach out of a total of 17 CPA discharges in South Sefton, this was due to a service user who moved into the Warrington area and a referral was made for Warrington services (5 Boroughs Partnership) to complete the 7 day follow up.

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	Jan-17
CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	100%	100%	No Patients	100%	100%	100%	100%	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	Jan-17
Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (in month)	50%	0%	100%	33.33%	50.00%	50%	86%	100%	75%	83%	50%
	Rolling Quarter			37.50%	50.00%	50%	73%	100%	86%	85%	50%

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 March 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' The CCGs are awaiting correspondence from Mersey Care that will provide more detail concerning this delay. 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	303		
2016/17 approx. numbers required to enter treatment to meet monthly Access target of 1.25%	Target	303	303	303	303	303	303	303	303	303	303	303	303
	Variance	-21	-9	-10	-31	-57	-35	-34	-50	-106	0		
	%	-6.8%	-2.8%	-3.1%	-10.1%	-18.7%	-11.4%	-11.1%	-16.4%	-34.9%	0.2%		
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%	1.2%		
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%	35.0%	41.3%	38.6%	41.5%	36.3%	40.6%		
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%	98.8%		
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%	100.0%		
National definition of those who have completed treatment (KPI5)	2015/16	134	117	120	136	119	143	117	132	119	124	114	162
	2016/17	166	162	156	165	146	170	161	210	151	167		
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	12		
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	66	59	83	53	63		
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%	81.3%		

The provider (Cheshire & Wirral Partnership) reported 303 South Sefton patients entering treatment in Month 10, which is a 54% increase to the previous month. This also represents the highest total of 2016/17 to date and is the only month where the monthly access target has been achieved (a similar profile was evident in 2015/16). 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 13.2% 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 428 Referrals in Month 10, which was an increase of 59% compared to the previous month. This is also the highest monthly total of 2016/17 to date. Of these, 59.3% were Self-referrals, which is the lowest monthly proportion of the year. GP Referrals increased to 100 compared to 66 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 40.6% in Month 10, which does not meet the minimum standard of 50%. A forecast outturn at Month 10 gives a year end position of 38.3%, 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 for the second consecutive month with 91 reported in Month 10 compared to 84 in Month 9.

There was an increase of 7% in DNAs in Month 10 (from 153 in Month 9 to 164 in Month 10); the provider has commented that the DNA policy has been tightened with all clients made aware at the outset. Cancelled slots are being made available for any assessments/entering therapy appointments.

To date in 2016/17, 96% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have waited less than 18 weeks (against a standard of 95%). The provider has achieved the monthly RTT targets throughout 2015/16 and in the ten months of 2016/17 for South Sefton CCG.

5.3 Dementia

Summary for NHS South Sefton dementia registers at 31-01-2017

People Diagnosed with Dementia (Age 65+)	1,194
Estimated Prevalence (Age 65+)	2,091
Gap - Number of addition people who could benefit from diagnosis (all ages)	980
NHS South Sefton - Dementia Diagnosis Rate (Age 65+)	57.1%
National estimated Dementia Diagnosis Rate	67.4%

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

The Trust continues to deliver this service and send through their usual reports until the new contract with Mersey care commences in June 2017.

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% in Jan-17, a slight improvement on last month's performance. Adult Dietetics is also high this month at 21.8% compared to 19.3% last month, as well as Paediatric Dietetics at 15.7% compared to 20% last month. Total DNA rates at Sefton are green for this month at 8%.

Provider cancellation rates remain relatively static this month with the exception of Paediatric Dietetics reporting an improvement at 2.8% compared to 18.2% last month. Total hospital cancellation rate for Sefton is green at 2.3% this month.

Treatment rooms, Podiatry, Physio, Adult Dietetics, and Paediatric Dietetics have all continued the trend of previous years showing high numbers of patient cancellations. All services are above 10% for January 2017. Total patient cancellations for Sefton have improved slightly in January 2017, decreasing from 11.5% to 10.8%.

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 December 2016;

Adult SALT: This service had issues with long waiting times at the beginning of the financial year. The Trust did work to improve this, and waiting times were reduced significantly between July and November 2016. However, December data shows that waiting times are beginning to increase again over the 18 week threshold, with an average (92nd percentile) wait on the incomplete pathway of 19 weeks and an average (95th percentile) wait of 20 weeks on the completed pathway. The longest waiting patient is currently at 22 weeks. 8 patients were breaching the 18 week target at this point compared to just 1 last month.

Physiotherapy: Waiting times have steadily increased over the past 6 months, resulting in this service failing the 18 week target again in December for completed pathways at 25 weeks. However performance on the incomplete pathway has improved from 20 weeks in November to 15 in December with 8 patients over 18 weeks compared to 47 last month. The longest waiter was 1 patient waiting at 28 weeks.

Occupational Therapy: Waiting times on the completed pathways (95th Percentile) have gradually increased over the past 4 months resulting in a breach of the 18 week target. An average of 21

weeks was reported in December, a slight improvement on last month. The longest waiter was at 24 weeks with the number of patients breaching remaining static.

Nutrition & Dietetics: Waiting times on the completed pathways have increased to 20 weeks from the 22 weeks reported in November, 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 31 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 December, on the incomplete pathway the average waiting time (92nd percentile) improved slightly from 36 weeks to 34 weeks, however this is still breaching the 18 week target. The longest waiting patient was waiting at **55 weeks**. This service has consistently breached the 18 week target since it began reporting in August, showing no signs of improvement.

6.2 Any Qualified Provider LCH Podiatry Contract

The trust continues to use the £25 local tariff. At Month 10 2016/17 the YTD costs for the CCG are £262,647 with attendances at 2,802. At the same time period last year the costs were £305,620 and attendances at 3,308.

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 CQPG.

A Quality Handover document has been developed with NHSE and stakeholders incorporating the Risk Profile Tool to share with the new community providers, this will be monitored at the new CQPGs. In addition

The following has occurred and continues regarding Quality Handover of LCH services:

- CCG represented at the NHSI Clinical Quality Oversight Group
- Quality Risk Profile Tool has been completed for a final time and agreed with commissioners, regulators and provider (separate agenda item at Quality Committee)
- Enhanced Surveillance document completed by NHSE with input from the CCG
- CCGs attended Quality Handover event on 16th March 2017

6.3 Southport and Ormskirk Trust Community Services

EMIS Migration

The Trust has migrated over from the old IPM clinical system to EMIS. However due to the contract transferring over to a different provider for June 2017 onwards, they did not commence phase 2 of this migration. Phase 2 was meant to ensure that all services were recording data properly and allow for any variances from previous activity to be investigated and accounted for. Due to limited staffing and the implementation of MCAS taking priority, phase 2 was delayed.

New Community Provider

The Trust is currently liaising with the new community provider, Lancashire Care, to arrange to share their instance of EMIS for a temporary period. Although concerns over information governance issues have been raised with regards to this proposal, it has been agreed that this is the only safe option for patients, to ensure that no records are lost during the handover. However this will mean that the level of detail in terms of reporting will be limited to basic information reporting such as contacts and referrals. The proposal will be for 6 months and in the meantime the receiving organisation, Lancashire Care, will be expected to take steps towards getting their own instance of EMIS.

Members of both the CCG BI team and the new provider's BI team have met on a couple of occasions to establish relationships and form an information sub group, which will be a monthly meeting where any data quality issues can be raised by either party. Initial discussions have been around improving on existing reports, firstly by making sure the quality of the data is to a high standard, and eventually moving towards creating new activity plans, waiting times targets, and key performance indicators.

7. Third Sector Contracts

Consultations and Impact Assessments are near completion with our Third Sector providers and letters requesting organisational documentation and details have been sent to all in order to enable the population of these NHS Standard Contracts for 2017-18. Commissioners are currently working with providers to tailor service specifications and activity expectations in line with local requirement and CCG plans. It is anticipated that all NHS Standard Contracts for Third Sector providers will be finalised prior to 1st April 2017.

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

9. Better Care Fund

A Better Care Fund monitoring report was submitted to NHS England relating to Quarter 3 of 2016/17. The guidance for BCF 2017/18 is awaited but due for imminent release.

10. CCG Improvement & Assessment Framework (IAF)

10.1 Background

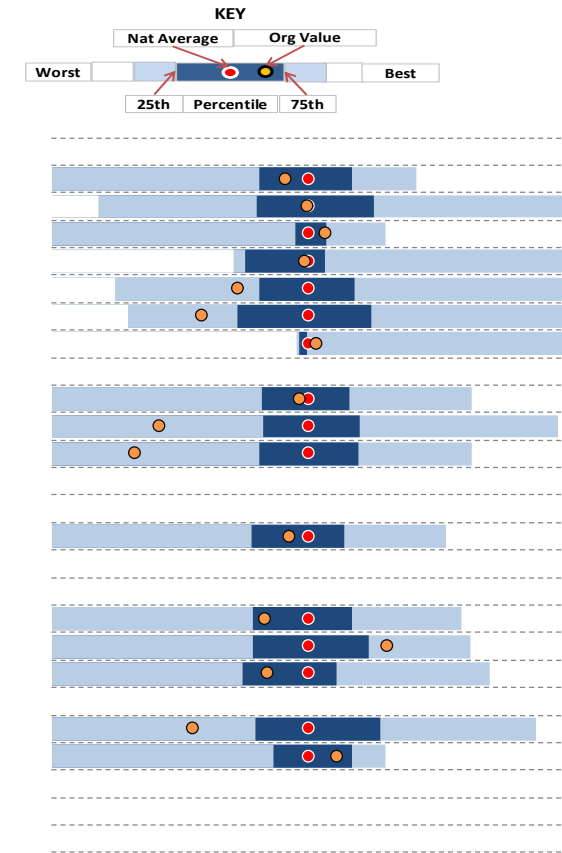
A new NHS England improvement and assessment framework for CCGs became effective from the beginning of April 2016, replacing the existing CCG assurance framework and CCG performance dashboard. The new framework aligns key objectives and priorities, including the way NHS England assess and manage their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

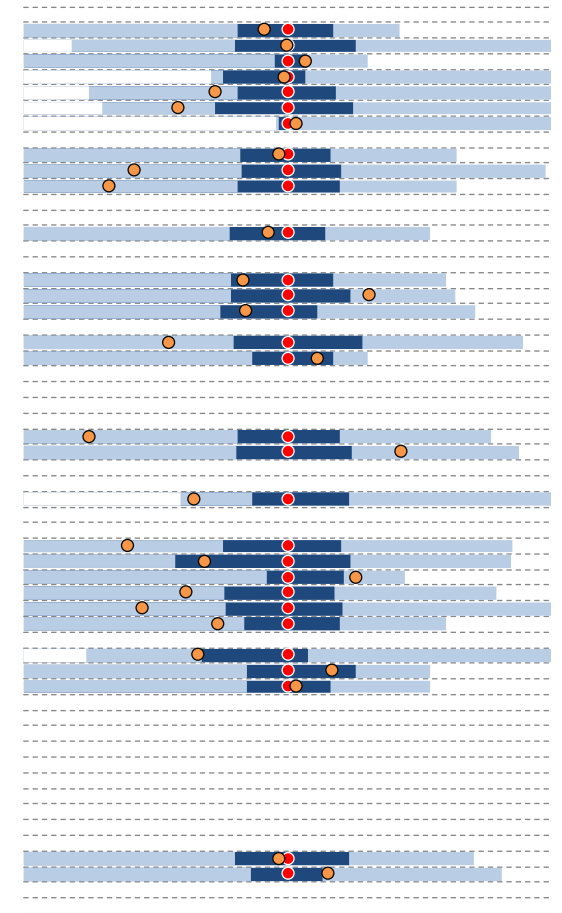
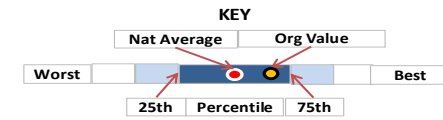
A dashboard is released each quarter by NHS England consisting of sixty indicators. Performance is reviewed quarterly at CCG Senior Management Team meetings, and Senior Leadership Team, Clinical and Managerial Leads have been identified to assign responsibility for improving performance for those indicators. 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>Please Note: If indicator is highlighted in GREY, this indicator will be available at a later date</p> <p>If indicator is highlighted in BLUE, this value is in the lowest performance quartile nationally.</p> <p>KEY H = Higher L = Lower <=> = N/A</p>					
Better Health					
▼ 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
Better Care					
◄ 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...
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		<>
Sustainability					
Financial plan	2016	Amber			<>
In-year financial performance	Q2 16/17	Red			<>
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			<>
Digital interactions between primary and secondary care	Q3 16/17	60.0%			H
Local strategic estates plan (SEP) in place	2016-17	Yes			<>
Well Led					
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			<>



Appendix – Summary Performance Dashboard



South Sefton CCG - Performance Report 2016-17



Metric	Reporting Level	2016-17											
		Q1			Q2			Q3			Q4	YTD	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan		
Preventing People from Dying Prematurely													
Cancer Waiting Times													
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G	G
		Actual	94.772%	94.697%	95.563%	96.604%	96.918%	97.661%	94.505%	95.971%	95.879%	94.005%	95.703%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
1879: % Patients seen within two weeks for an urgent GP referral for suspected cancer (QUARTERLY) The % of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G			G			G			G	
		Actual	95.021%			96.99%			95.489%			95.832%	
		Target	93.00%			93.00%			93.00%			93.00%	
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	G	G	R	G	G	G	R	R	G	G	G
		Actual	100.00%	96.078%	89.091%	94.118%	94.34%	95.455%	90.00%	92.727%	96.104%	95.522%	94.272%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
1880: % of patients seen within 2 weeks for an urgent referral for breast symptoms (QUARTERLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	G			G			G			G	
		Actual	95.062%			94.706%			93.145%			94.138%	
		Target	93.00%			93.00%			93.00%			93.00%	
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (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%	96.97%	98.222%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
1881: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (QUARTERLY) The percentage of patients receiving their first definitive treatment within one month (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%	

26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	R	G	G	R	G	G	G	G	G	R	G	
		Actual	90.909%	100.00%	100.00%	91.667%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	91.667%	97.087%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1882: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	G			G			G				G	
		Actual	96.774%			96.552%			100.00%				97.802%	
		Target	94.00%			94.00%			94.00%			94.00%	94.00%	
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	G	G	R	G	G	G	G	G	R	G	
		Actual	100.00%	100.00%	100.00%	94.737%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	93.75%	98.739%
		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%
1883: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G			G			G				G	
		Actual	100.00%			98.734%			100.00%				99.446%	
		Target	98.00%			98.00%			98.00%			98.00%	98.00%	
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	R	G	R	G	R	G	G	G	R	G	
		Actual	100.00%	93.333%	100.00%	91.667%	95.238%	93.548%	100.00%	100.00%	100.00%	100.00%	90.909%	96.50%
		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%
1884: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G			R			G				G	
		Actual	97.674%			93.75%			100.00%				97.125%	
		Target	94.00%			94.00%			94.00%			94.00%	94.00%	
539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	G	G	G	G	G	G	G	R	R	R	G	
		Actual	88.462%	91.429%	92.105%	90.323%	86.957%	86.667%	96.97%	81.818%	77.778%	83.333%	87.842%	
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	
1885: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (QUARTERLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	G			G			G				G	
		Actual	90.099%			87.85%			87.097%				88.372%	
		Target	85.00%			85.00%			85.00%			85.00%	85.00%	
540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	G			G	G	G	G	G	G	G	G	
		Actual	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%	
1886: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (QUARTERLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	G			G			G				G	
		Actual	100.00%			100.00%			100.00%				100.00%	
		Target	90.00%			90.00%			90.00%			90.00%	90.00%	

Ambulance

1887: Category A Calls Response Time (Red1) Number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	G	R	R	R	R	R	R	R	R	R	R
		Actual	76.47%	74.28%	73.06%	70.45%	72.60%	69.49%	64.59%	62.80%	61.63%	61.79%	68.289%
		Target	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	R
		Actual	76.56%	78.00%	74.50%	71.43%	72.92%	77.55%	62.50%	68.89%	66.67%	59.68%	70.589%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
1889: Category A (Red 2) 8 Minute Response Time Number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R	R	R	R	R	R	R	
		Actual	67.46%	66.26%	66.20%	62.69%	65.25%	61.75%	63.05%	60.35%	57.31%	58.78%	62.746%
		Target	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	R
		Actual	72.10%	66.50%	62.40%	57.55%	62.18%	54.78%	62.05%	56.19%	49.50%	55.52%	59.708%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
546: Category A calls responded to within 19 minutes Category A calls responded to within 19 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R	R	R	R	R	R	R	
		Actual	92.01%	91.47%	91.49%	89.81%	91.09%	89.04%	88.23%	86.79%	85.42%	85.74%	88.983%
		Target	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	R
		Actual	95.08%	94.50%	91.20%	91.44%	93.48%	87.91%	91.61%	87.03%	83.77%	87.67%	90.236%
		Target	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

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

Episode of Psychosis

2099: First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	R	G	R	G	G	G	G	G	G	G	
		Actual	0.00%	100.00%	33.333%	50.00%	50.00%	85.714%	100.00%	75.00%	83.333%	50.00%	67.647%
		Target	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

1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG	G	G	G	R	R	G	R	G	G	G	R	
		Actual	0	0	0	1	4	0	3	0	0	0	0	8
		Target	0	0	0	0	0	0	0	0	0	0	0	0
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1000 FCE's)	South Sefton CCG	RAG	G	G	G	R	R	G	R	G	G		R	
		Actual	-	-	-	0.25	101	-	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

Referral to Treatment (RTT) & Diagnostics

1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	G	G	G	G	G	R	R	G	R	G	G	
		Actual	94.954%	95.213%	93.919%	93.33%	92.354%	91.272%	91.919%	92.263%	91.289%	92.658%	92.939%	
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	
1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	G	R	G	G	G	G	G	G	G	R	
		Actual	1	0	1	0	0	0	0	0	0	0	0	2
		Target	0	0	0	0	0	0	0	0	0	0	0	0
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	G	R	G	G	R	G	G	G	R	R	G	
		Actual	0.748%	100%	0.494%	0.711%	14.18%	0.527%	0.403%	0.85%	1.792%	12.11%	0.914%	
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

Cancelled Operations

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

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

HCAI

497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	South Sefton CCG	RAG	G	G	G	G	G	R	R	R	R	R	R
		YTD	0	0	0	0	0	1	1	1	1	3	3
		Target	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G	G
		YTD	3	9	14	18	23	27	29	36	38	39	42
		Target	5	11	14	18	23	28	34	39	43	45	48

Accident & Emergency

2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R
		Actual	90.124%	88.35%	89.13%	87.648%	86.873%	86.836%	87.066%	84.323%	82.247%	82.611%	86.501%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
431: 4-Hour A&E Waiting Time Target (Monthly Aggregate for Total Provider) % of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps)	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	R	R	R	R	R	R	R	R	R	R	R
		Actual	89.484%	86.885%	87.505%	85.955%	84.103%	84.458%	84.763%	81.108%	79.046%	79.251%	84.225%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
1927: A&E Attendances: All Types Number of attendances at all A&E depts	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	R	R	R	R	R	R	R	R	R	R
		YTD	12,667	26,315	39,928	54,353	67,997	81,689	95,701	108,648	122,574	136,454	136,454
		Target	13,065	25,953	38,549	51,546	63,742	75,688	88,051	100,015	112,407	124,538	124,538
1928: 12 Hour Trolley waits in A&E Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	R	G	G	G	R	R	R	G	R	R	R
		Actual	5	0	0	0	2	2	1	0	5	34	49
		Target	0	0	0	0	0	0	0	0	0	0	0