

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

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1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 11 (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 full year outturn position after the application of reserves is a surplus of £0.100m against an original planned surplus of £2.450m. The revised position includes release of the 1% uncommitted non recurrent reserve of £2.432m. The financial position has deteriorated during the year due to underperformance against the QIPP plan and increased cost pressures. The financial position on operational budgets as at Month 12 is an £1.177m against plan before the application of reserves, this is a £0.264m improvement against the forecast at Month 11. The majority of the cost pressure in year relates to over performance within acute provider contracts and the independent sector as well as the national increase in costs for Funded Nursing Care.

The value of QIPP savings delivered at the end of Month 12 is £6.151m against a target of £10.384m, an achievement of 59%. The impact of under delivery of QIPP has been the main factor affecting achievement of the original plan position.

Planned Care

Local referrals data from our main providers shows no change in the overall level of referrals comparing months 1-11 of 2016/17 with the previous year. GP referrals are slightly above comparing against the same period last year (0.4%%, 150 referrals). Discussions regarding referral management, prior approval, cataracts and consultant-to-consultant referrals continue.

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 (January) for E-referral Utilisation rates reported 19%; a slight increase on previous month when 18% was recorded.

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 73.68% in February, 14 out of 19 patients were not upgraded within 62 days they are also failing year to date recording 78.31%, but this is an improvement on last month's performance when 55.56% was recorded. Also Aintree failed the 85% target for 62 day wait from urgent GP referral to first definitive treatment in February reporting 75%, out of 56 patients there were 14 patient breaches. Year to date the Trust are now under plan recording 84.69%. A full review of all breaches has been completed by the Head of Performance and a paper with key recommendations has been produced,

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 25.1%) for February at 19.6%. The proportion of patients who would recommend is 1% lower than last month recording 96% (the same as the England average); the proportion who would not recommend has increased to 2% in February above the England average of 1%.

Performance at Month 11 of financial year 2016/17, against planned care elements of the contracts held by NHS South Sefton CCG shows an over-performance of £1m, which is a percentage variance of 2%. At specific trusts, Renacres are reporting the largest cost variances with a total of £427k/30%.

Unplanned Care

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for January to March and has achieved over the 80% February plan agreed with NHS Improvement recording 86.4%.

At both a regional and county level, NWS failed to achieve any of the response time targets. Ambulance turnaround times remain a key focus for improvement. Work with NWS and all partners, including ECIP, is ongoing to ensure delivery of agreed actions. Aintree experienced a decrease in the number of delays in excess of 30 minutes during February 2017.

In February the CCG had 1 mixed sex accommodation breach (a rate of 0.20) and have therefore breached the zero tolerance threshold. The breach was at Wirral University Teaching Hospital NHS Foundation Trust. Year to date there have been a total of 9 breaches.

The CCG and Aintree are both under plan and achieving their C.difficile plans for 2016/17. The CCG and Aintree had no new cases of MRSA in February and year to date have 2 cases attributed to them bringing them over the zero tolerance target.

There are a total of 107 serious incidents open on StEIS where South Sefton CCG are either lead or responsible commissioner. Of the 107, 80 are applicable to South Sefton CCG patients, 27 for Aintree University NHS Foundation Trust (UHA), 6 of these from South Sefton CCG.

Delayed Transfers of Care (DTC's) at Aintree saw a reduction in February with 21 compared to January recording 29 (-28%). Patient and/or family choice resulted in 12 delayed transfers (57%), a further 4 were due to delays incurred whilst awaiting further NHS non acute care (19%), 4 were due to awaiting care package in own home (19%) and 1 due to completion of assessment (5%). Analysis of delays in February 2017 compared to February 2016 illustrates a 17% increase in total number of delays. The number of patients awaiting further NHS non-acute care has shown a reduction of 7 (-64%) from the previous year and 7 more delays due to patient or family choice (+140%).

Aintree University Hospital NHS Foundation Trust routinely achieves the Friends and Family response rate target way in excess of the regional and national response rates for A&E. The percentage of people that would recommend A&E is under the England average reporting 86% in February compared to an England average of 87%. However this is an increase on January when 80% was reported. The not recommended percentage follows a similar pattern with performance at 10% in February compared to a 7% average.

Performance at Month 11 of financial year 2016/17, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£672k/-2%. This under-performance is clearly driven by Aintree Hospital reporting an under performance of -£533k/-2%. Alder Hey Hospital is reporting the largest year to date over performance with a £189/10% 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 February, reporting 93% (2 breaches out of 28 patients). This is the fourth time the target has failed this year.

In terms of Improving Access to Psychological Therapies (IAPT), the provider reported a 6.3% decrease on the previous month on South Sefton patients entering treatment in Month 11. The access standard is currently set at 15% for 2016/17 year end. Current activity levels provide a forecast outturn

of 13.3% 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 436 Referrals in Month 11, which was a slight increase compared to the previous month when there was 428. This is also the highest monthly total of 2016/17 to date. Of these, 50.0% were Self-referrals, which is the lowest monthly proportion of the year. GP Referrals increased to 123 compared to 100 for Month 10. 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 50.3% in Month 11, which meets the minimum standard of 50%, this is the first time this year that the monthly target has been met. A forecast outturn at Month 11 gives a year end position of 39.5%, which is below the year-end position of 2015/16 (48.0%). The provider believes that it is possible recovery will dip as the longest waiters are brought into service, as more are likely to disengage without completing treatment. However, as waits reduce, this is expected to improve. Cancelled appointments by the provider saw a decrease in Month 11 with 71 compared to 92 in Month 10.

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 (13%) in February, a slight improvement on the previous month. Adult Dietetics is also high this month at 15.9% compared to 21.8% last month, as well as Paediatric Dietetics at 13.6% compared to 15.7% last month. Total DNA rates at Sefton are green for this month at 8.3%.

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 February 2017. Total patient cancellations for Sefton have increased slightly in February 2017, increasing from 10.9% to 11.2%.

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 and January data shows that waiting times are beginning to increase again over the 18 week threshold.

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 January, on the incomplete pathway the average waiting time (92nd percentile) has increased again from 34 weeks to 36 weeks and is still breaching the 18 week target.

Primary Care

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

Phase one of Primary Care Dashboard development is now complete. A live version of the dashboard is available in Aristotle. 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. 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.

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 31 March 2017 (Month 12).

The full year outturn position after the application of reserves is a surplus of **£0.100m** against an original planned surplus of £2.450m. The revised position includes release of the 1% uncommitted non recurrent reserve of £2.432m. The financial position has deteriorated during the year due to underperformance against the QIPP plan and increased cost pressures.

The financial position on operational budgets as at Month 12 is an £1.177m against plan before the application of reserves, this is a £0.264m improvement against the forecast at Month 11.

The majority of the cost pressure in year relates to over performance within acute provider contracts and the independent sector as well as the national increase in costs for Funded Nursing Care.

The value of QIPP savings delivered at the end of Month 12 is **£6.151m** against a target of £10.384m, an achievement of 59%. 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

Key Performance Indicator		Full Year	Prior Month
Business Rule (Forecast Outturn)	1% Surplus	✓	✓
	0.5% Contingency Reserve	✓	✓
	1% Non-Recurrent Headroom	✓	✓
Surplus	Financial Surplus / (Deficit)	£0.100m	(£2.332m)
QIPP	QIPP Plan delivered – <i>(Red if shortfall against planned delivery)</i>	£6.151m	£5.370m
Running Costs (Forecast Outturn)	CCG running costs < CCG allocation 2016/17	✓	✓

2.2 Resource Allocation

Additional allocations have been received in Month 12 as follows:

- PMS Premium balance transfer to March 2017 - £0.030m

- Children and Young People IAPT backfill – Jan/Feb - £0.040m
- Additional RTT funding - £0.003m

These allocations have been utilised within the financial year.

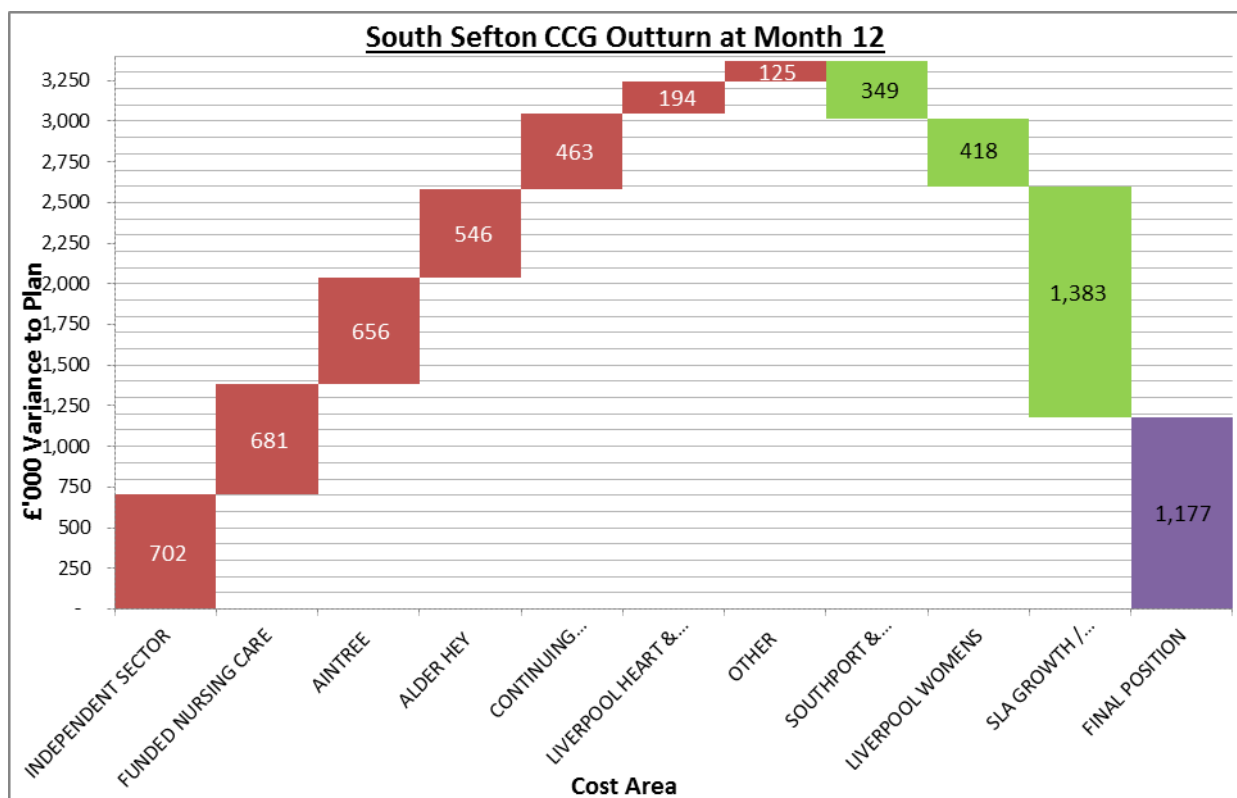
2.3 Position to date and forecast

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 March 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 February 2017.

Figure 2 – Forecast Outturn



Independent Sector

The full year position on the budget for Independent Sector is an overspend of £0.702m mainly due to Ramsay Healthcare experiencing a £0.571m over performance against plan. The majority of the overspend relates to Ramsay Healthcare in respect of Trauma and Orthopaedic activity over performance against plan.

Prescribing

The full year position on the prescribing budget is an overspend of £0.035m after adjusting for QIPP savings of £1.056m delivered for the year.

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

The full year position for the Continuing Health Care and Funded Nursing Care (FNC) budget is an overspend of £1.144m, 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 to providers.

2016/17 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.

2.4 QIPP

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

Figure 3 shows a summary of the current risk rated QIPP plan approved at the Governing Body in May 2016. This demonstrates that although recurrently there are a significant number of schemes in place, further work is being done to determine whether they can be delivered in full. The detailed QIPP plan is projected to deliver **£6.151m** in total during the year.

Figure 3 – RAG rated QIPP plan

	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	2,961	(2,090)	872	514	0	358	872
Medicines optimisation plan	4,003	(2,392)	1,429	1,056	0	373	1,429
CHC/FNC plan	1,311	(256)	1,055	1,025	0	30	1,055
Discretionary spend plan	8,427	(4,216)	4,211	3,504	0	707	4,211
Urgent Care system redesign plan	4,427	(1,575)	2,817	51	0	2,766	2,817
Total QIPP Plan	21,129	(10,529)	10,384	6,151	0	4,234	10,384
QIPP Delivered 2016/17				6,151	0	0	6,151

As shown in **Figure 4** and **5** below, £6.151m has been actioned at Month 12 against a phased plan of £10.384m.

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

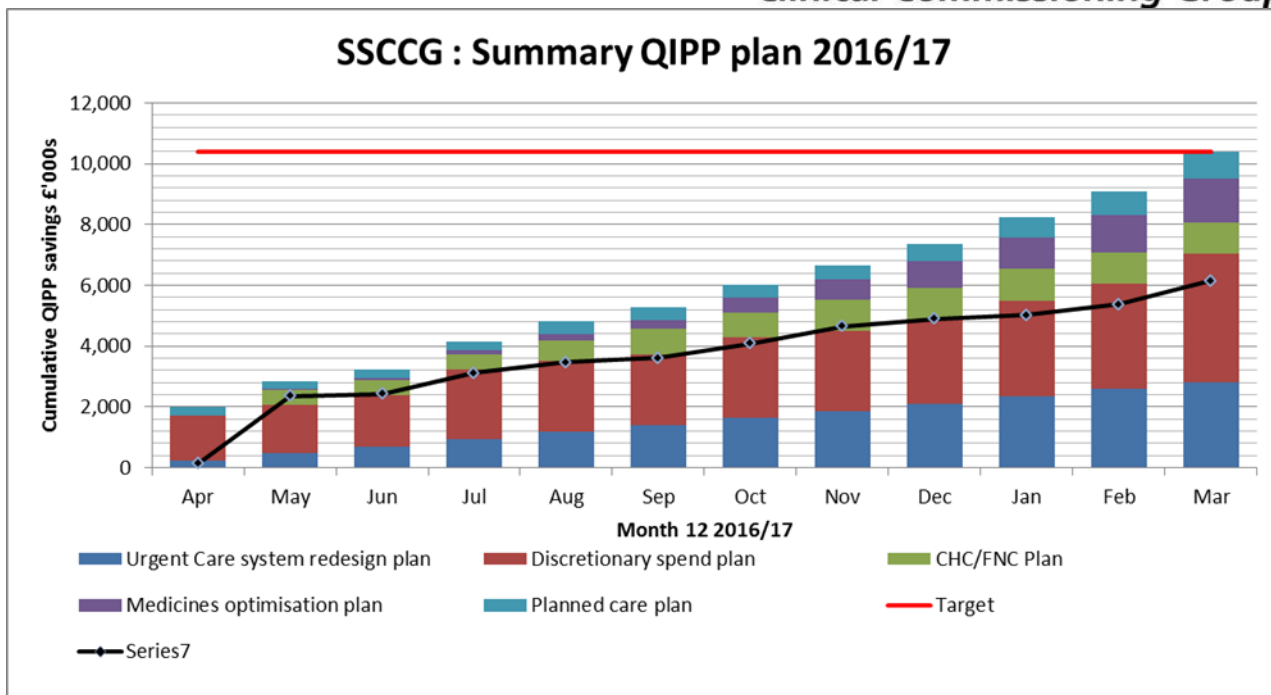


Figure 5 – QIPP performance at month 11

Scheme	In month current month (M12)					
	In month plan	In month actual	Variance	YTD Plan	YTD Actual	Variance
Planned care plan	100	126	26	872	514	(358)
Medicines optimisation plan	192	188	(4)	1,429	1,056	(373)
CHC/FNC Plan	10	0	(10)	1,055	1,025	(30)
Discretionary spend plan	748	426	(322)	4,211	3,504	(707)
Urgent Care system redesign plan	238	40	(197)	2,817	51	(2,766)
Total	1,288	781	(507)	10,384	6,151	(4,233)

QIPP delivery is **£4.233m** below plan at Month 12, 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.

Figure 6 shows the QIPP savings delivered in Month 12 against the savings planned at Month 11.

Figure 6 - QIPP Schemes delivered Month 12

2016/17 QIPP	Plan £000	Actual £000
PLCV procedures	(172)	(12)
Medicines Optimisation	(175)	(188)
CQUIN - S&O	(75)	(110)
OPPROC - S&O	0	(44)
LQC Underperformance	(350)	(314)
Third Sector	(34)	(34)
CCG Running Costs	0	(78)
Total All Schemes	(806)	(781)

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 £0.407m.

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 12 position

At Month 12, the CCG was required to meet a cash target of 1.25% of its monthly cash drawdown (approximately £0.234m). At 31 March 2017 the CCG had a cash balance of £0.139m, therefore the cash target was achieved.

2.7 Evaluation of risks and opportunities

The primary financial risks for the CCG during the financial year have been non-delivery of the QIPP target and increased performance within acute care, these risks will continue in future financial years and therefore require ongoing management and review.

QIPP

Overall management of the QIPP programme is monitored by the Joint QIPP committee. Although significant QIPP savings have been achieved during the year, the majority of savings were non-recurrent and require a recurrent solution. The focus must continue to ensure the required savings can be delivered in the new financial year.

Acute contracts

The CCG has experienced significant growth in acute care year on year, and this trend has continued in the current financial year. Risk in relation to providers included in the Acting as one Contract agreement is mitigated for the next financial year. There remains risk on other NHS contracts which are not included in the acting as one agreement.

Other risks that require ongoing monitoring and managing include:

- 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

The CCG has released the 1% uncommitted reserve in Month 12. Release of this reserve improved the financial position by £2.432m from a forecast deficit of £2.332m to a reported surplus of £0.100m. The CCG statutory accounts for 2016/17 will report the financial surplus of £0.100m.

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.

Figure 7 – Final Outturn Position for 2016/17

	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)
Actual Outturn (against operational budgets)	(0.550)	(0.628)	(1.178)
Reserves Budget	0.629	0.000	0.629
Management action plan			
QIPP Achieved	1.991	4.159	6.151
Total Management Action Plan	1.991	4.159	6.151
Year End Surplus / (Deficit)	(0.401)	(1.932)	(2.332)
Release 1% Risk Reserve	0.000	2.432	2.432
Reported Surplus / (Deficit)	(0.401)	0.500	0.100

2.9 Recommendations

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

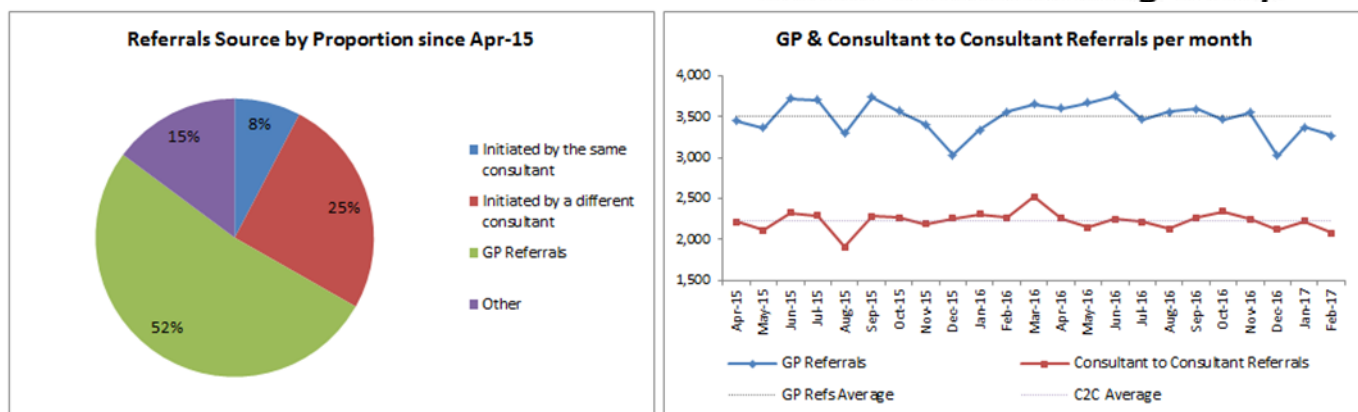
- The year-end position is a surplus of **£0.100m** which includes release of the 1% uncommitted risk reserve.
- The CCG has delivered **£6.151m** QIPP savings during the year against a target of £10.384m. Further work is required to deliver recurrent savings.
- In order to deliver the long term financial plan, the CCG requires ongoing and sustained support from member practices, supported by Governing Body GP leads to deliver a reduction in costs. The focus must be on reducing access to clinical services that provide no or little clinical benefit for patients.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from member practices to enable the CCG to reduce levels of low value healthcare and improve value for money.

3. Planned Care

3.1 Referrals by source

Figure 8 - GP and 'other' referrals for the CCG across all providers for 2015/16 & 2016/17

Referral Type	DD Code	Description	1516 YTD	1617 YTD	Variance	% Variance
GP	03	GP Ref	38,158	38,308	150	0.4%
GP Total			38,158	38,308	150	0.4%
Other	01	following an emergency admission	1,806	1,546	-260	-14.4%
	02	following a Domiciliary Consultation	18	8	-10	0.0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	4,624	4,551	-73	-1.6%
	05	A CONSULTANT, other than in an Accident and Emergency Department	14,169	14,163	-6	0.0%
	06	self-referral	3,357	3,053	-304	-9.1%
	07	A Prosthetist	15	11	-4	-26.7%
	08	Royal Liverpool Code (TBC)	770	864		
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	1,038	1,079	41	3.9%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	2,790	2,965	175	6.3%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	67	68	1	1.5%
	13	A Specialist NURSE (Secondary Care)	100	90	-10	-10.0%
	14	An Allied Health Professional	1,359	1,618	259	19.1%
	15	An OPTOMETRIST	13	10	-3	-23.1%
	16	An Orthoptist	3	4	1	0.0%
	17	A National Screening Programme	63	67	4	6.3%
	92	A GENERAL DENTAL PRACTITIONER	1,459	1,532	73	5.0%
	93	A Community Dental Service	16	3	-13	-81.3%
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	3,852	3,407	-445	-11.6%	
Other Total			35,519	35,039	-480	-1.4%
Unknown			19	1	-18	-94.7%
Grand Total			73,696	73,348	-348	-0.5%



Local referrals data from our main providers shows no significant change in the overall level of referrals comparing months 1-11 of 2016/17 with the previous year.

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

3.1.1 E-Referral Utilisation Rates

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

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

The latest data for E-referral Utilisation rates reported 19%; a slight increase on previous month when 18% was recorded.

3.2 Diagnostic Test Waiting Times

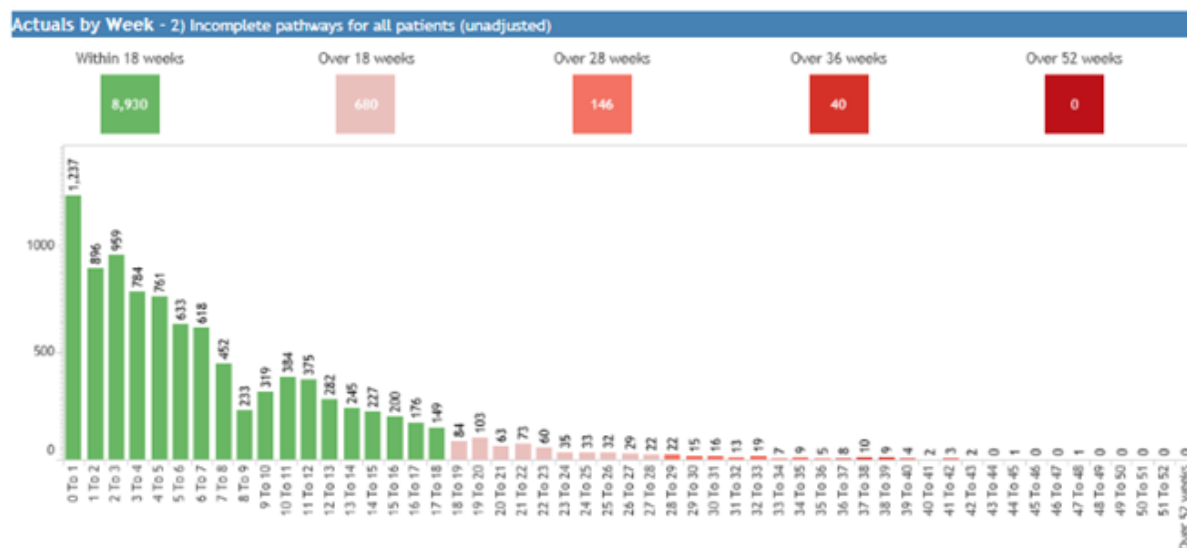
Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	16/17 - Feb	1.00%	0.80%	↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	16/17 - Feb	1.00%	0.90%	↓

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 - Feb	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	16/17 - Feb	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 - Feb	92%	92.92%	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Aintree)	16/17 - Feb	92%	92.0%	↑

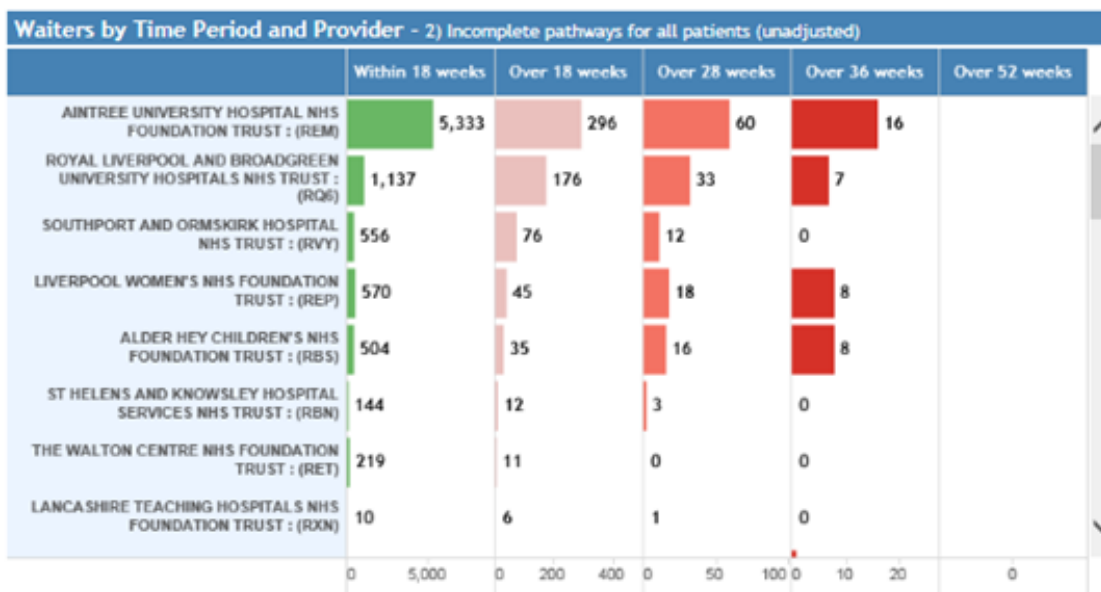
3.3.1 Incomplete Pathway Waiting Times

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



3.3.2 Long Waiters analysis: Top 5 Providers

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



3.3.3 Long Waiters analysis: Top 2 Providers split by Specialty

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

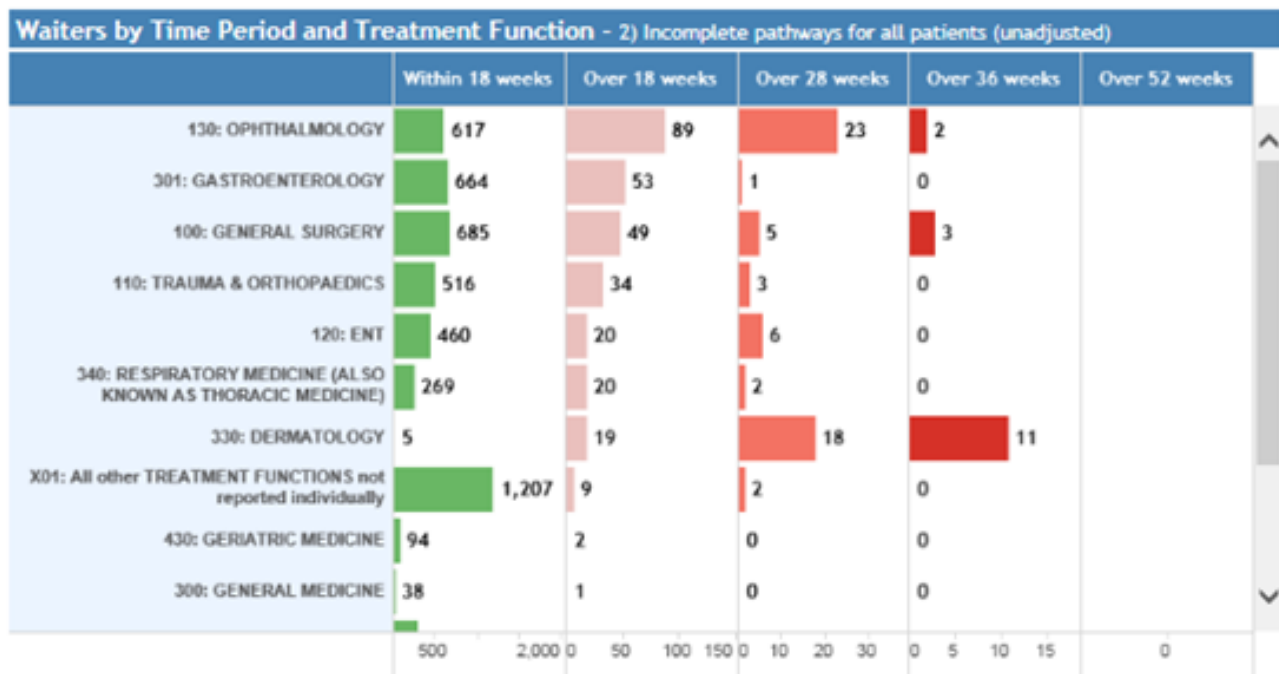
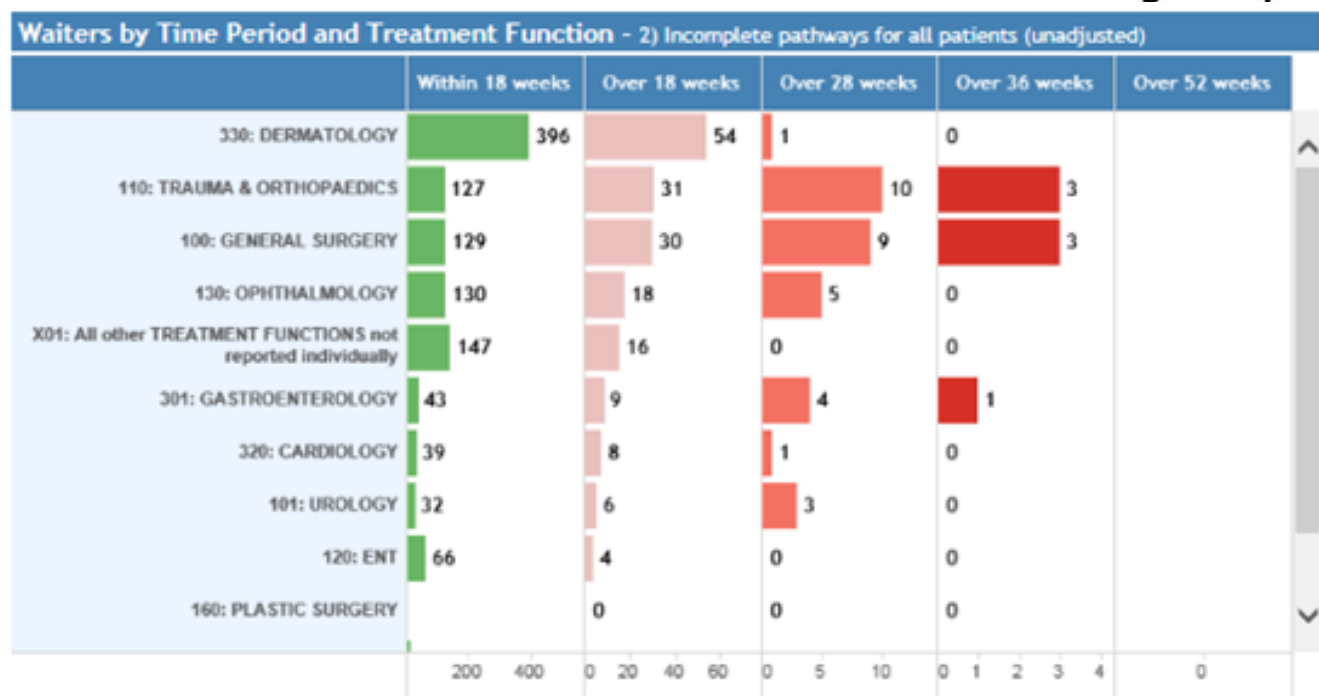


Figure 12 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



3.3.4 Provider assurance for long waiters

CCG	Trust	Specialty	Wait band	Exact No. of weeks wait	Has the patient been seen/has a TCI date?	Detailed reason for the delay
South Sefton CCG	Aintree	Dermatology	40		Clock stopped 09/03/17 - TCI	Capacity issue
South Sefton CCG	Royal Liverpool	T&O	40	Trust only provides updates for 42 plus week waiters		
South Sefton CCG	Aintree	General Surgery	41		Clock stopped 10/03/17 - TCI	Capacity issue
South Sefton CCG	Royal Liverpool	General Surgery	41	Trust only provides updates for 42 plus week waiters		
South Sefton CCG	Royal Liverpool	T&O	41	Trust only provides updates for 42 plus week waiters		
South Sefton CCG	Aintree	Ophthalmology	42		Clock stopped 17/03/17 - Active Monitoring	Capacity issue
South Sefton CCG	Alder Hey	All other	42		15/03/2017 seen and treated	capacity constrained specialty
South Sefton CCG	Alder Hey	All other	44		28/03/2017 seen & treated	capacity constrained specialty
South Sefton CCG	Alder Hey	All other	47	51	28/03/2017 seen and treated	capacity constrained specialty

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 - Feb	0	0	1 ↔

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

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

3.5 Cancer Indicators Performance

3.5.1 - Two Week Waiting Time Performance

Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	16/17 - Feb	93%	95.71%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	16/17 - Feb	93%	95.67%	↔
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 - Feb	93%	94.83%	↔
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 - Feb	93%	94.58%	↔

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 - Feb	96%	98.25%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	16/17 - Feb	96%	98.83%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	16/17 - Feb	94%	96.62%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	16/17 - Feb	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	16/17 - Feb	94%	96.58%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	16/17 - Feb	94%	98.05%	↓
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	16/17 - Feb	98%	98.86%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	16/17 - Feb	98%	99.62%	↔

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 - Feb	85% local target	78.31%	↓
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 - Feb	85% local target	88.60%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	16/17 - Feb	90%	98.18%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	16/17 - Feb	90%	94.54%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	16/17 - Feb	85%	86.65%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	16/17 - Feb	85%	84.69%	↓

The CCG failed the 62 day wait for first definitive treatment following a consultant’s decision to upgrade 85% local target in February reporting 73.68%, 14 out of 19 patients were not upgraded within 62 days. Of the 5 patients 3 had a delay due to referral between trusts, 1 had a complex pathway and the last patient was referred from lung to haematology then needed further tests. Year to date the CCG are failing at 78.31%, a decline on last months’ performance.

Aintree failed the 85% target for 62 day wait from urgent GP referral to first definitive treatment in February reporting 75%, out of 56 patients there were 14 patient breaches. Year to date the Trust are now under plan recording 84.69%. A full review of all breaches has been completed by the Head of Performance and a paper with key recommendations has been produced, this will be shared with CCG colleagues at the next CQPG.

There is no evidence that the patients suffered any harm or received sub-optimal care or treatment as a result of her prolonged pathway. Documentation supports that in a number of cases the patients have chosen to delay their care in these instances the patient’s right to choice has been respected. The cancer wait times guidance V9 does not enable any pathway timing adjustments to be made for patient choice. Documentation also shows that the staff communicated with the patients regarding their pathway.

- The Trust develops an internal escalation process for all cancer pathways with clearly defined roles, times, responsibilities and escalation expectations
- The Trust utilises the processes detailed in their cancer peer review documentation to ensure that discussions take place outside of MDT meetings to progress the patient’s treatment.
- The Trust revisits their SLA with LCL and ensures that the timescales for processing of histology results are fit for purpose and agrees a formal process for escalation of delays.

- The Trust increases the capture of information recorded at the Cancer Performance Group within the minutes to include patient escalations both for the CBUs and LCL.
- The Trust considers commissioning an audit of the effectiveness of bowel preparation prior to endoscopic procedures.
- The Trust Considers reviewing the process for communicating the positive radiological and histological results to possibly include all members of the MDT including the cancer tracker for each tumour group.

3.6 Patient Experience of Planned Care

Friends and Family Response Rates and Scores
 Aintree University Hospital NHS Foundation Trust
 Latest Month: Feb-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	25.0%	19.1%		96%	96%		1%	2%	

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

- % Response Rate
- % Recommended
- % Not Recommended

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target 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 25.1%) for February at 19.6%. The proportion of patients who would recommend is 1% lower than last month recording 96% (the same as the England average), the proportion who would not recommend has increased to 2% in February above the England average of 1%.

Aintree’s Patient Experience Lead will present an update to the CCG Engagement and Patient Experience Group in April. The Trust will demonstrate 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 11 of financial year 2016/17, against planned care elements of the contracts held by NHS South Sefton CCG shows an over-performance of £1m, which is a percentage variance of 2%. At specific trusts, Renacres are reporting the largest cost variances with a total of £427k/30%.

Figure 13 - Planned Care - All Providers

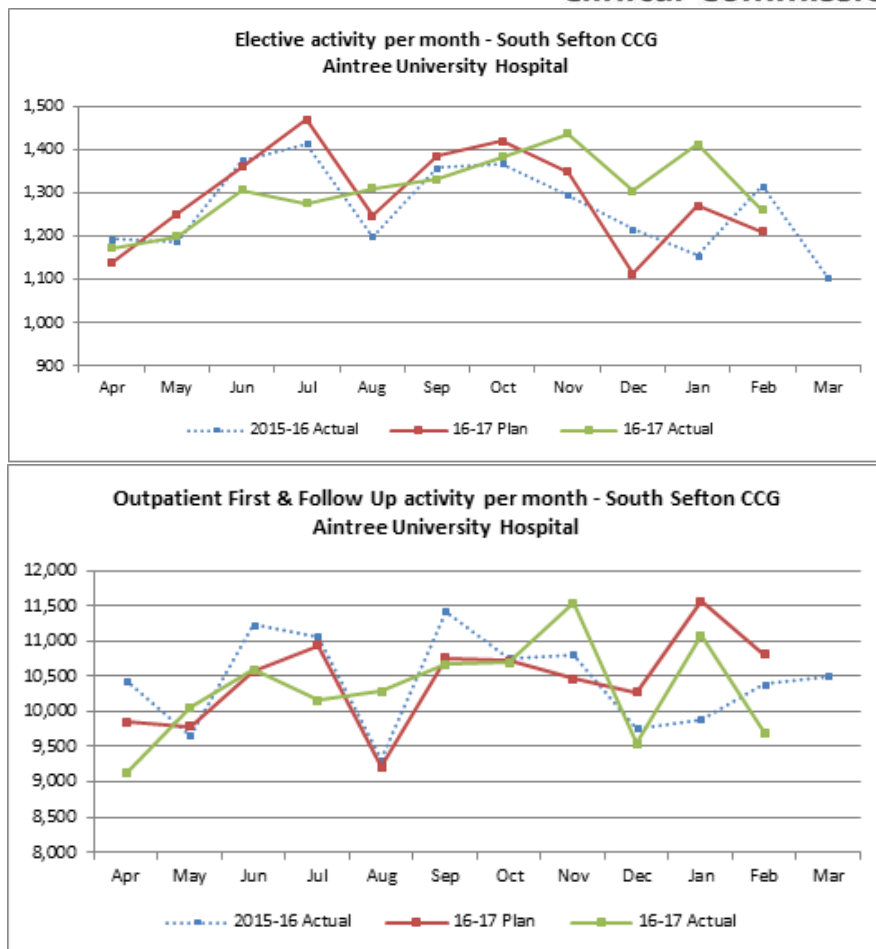
Provider Name	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	164,089	163,344	-745	0%	£30,017	£30,001	£17	0%
Alder Hey Childrens NHS F/T*	6,174	12,792	6,618	107%	£1,535	£1,843	£308	20%
Central Manchester University Hospitals Nhs Foundation Trust	79	174	95	121%	£20	£31	£11	56%
Countess of Chester Hospital NHS Foundation Trust	0	154	154	0%	£0	£22	£22	0%
East Cheshire NHS Trust	0	6	6	0%	£0	£3	£3	0%
Fairfield Hospital	114	173	59	51%	£21	£47	£26	127%
ISIGHT (SOUTHPORT)	485	795	310	64%	£110	£176	£66	60%
Liverpool Heart and Chest NHS F/T	1,063	1,109	46	4%	£351	£434	£82	24%
Liverpool Womens Hospital NHS F/T	14,725	14,792	67	0%	£3,050	£3,004	£46	-2%
Rena cres Hospital	4,089	5,842	1,753	43%	£1,439	£1,866	£427	30%
Royal Liverpool & Broadgreen Hospitals	27,887	29,467	1,580	6%	£5,224	£5,488	£264	5%
Southport & Omskirk Hospital*	13,190	12,276	-914	-7%	£2,834	£2,521	£313	-11%
SPIRE LIVERPOOL HOSPITAL	2,624	2,240	-384	-15%	£826	£784	£42	-5%
ST Helens & Knowsley Hospitals	3,762	4,010	248	7%	£987	£1,100	£112	11%
University Hospital Of South Manchester Nhs Foundation Trust	99	120	21	21%	£15	£23	£9	59%
Walton Neuro	3,080	3,140	60	2%	£782	£771	£11	-1%
Wirral University Hospital NHS F/T	422	373	-49	-12%	£112	£101	£11	-9%
Wrightington, Wigan And Leigh Nhs Foundation Trust	775	1,107	332	43%	£279	£430	£151	54%
Grand Total	242,659	251,914	9,255	4%	£47,602	£48,646	£1,043	2%

*PbR Only

3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust

Figure 14 - Planned Care - Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	12,342	12,752	410	3%	£7,989	£8,171	£182	2%
Elective	1,865	1,638	-227	-12%	£5,209	£4,986	£223	-4%
Elective Excess BedDays	733	587	-146	-20%	£162	£129	£34	-21%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	414	299	-115	-28%	£74	£58	£17	-23%
OPFANFTF - Outpatient first attendance non face to face	2,321	3,030	709	31%	£66	£78	£12	18%
OPFASPC - Outpatient first attendance single professional consultant led	30,840	30,802	-38	0%	£4,639	£4,744	£106	2%
OPFUPMPC - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,384	1,035	-349	-25%	£151	£136	£15	-10%
OPFUPNFTF - Outpatient follow up non face to face	2,991	4,585	1,594	53%	£72	£111	£38	53%
OPFUPSPCL - Outpatient follow up single professional consultant led	76,981	73,670	-3,311	-4%	£6,144	£5,936	£208	-3%
Outpatient Procedure	20,016	20,148	132	1%	£3,308	£3,397	£89	3%
Unbundled Diagnostics	12,859	13,366	507	4%	£1,177	£1,189	£12	1%
Wet AMD	1,343	1,432	89	7%	£1,025	£1,066	£41	4%
Grand Total	164,089	163,344	-745	0%	£30,017	£30,001	£17	0%



Planned Care at Aintree University Hospital is recording comparable year to date costs against plan with a £17k/0% under performance.

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 -£223k/-4%.

Cardiology is showing the largest cost variance in month 11 (£1m/33%) with £446k 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 £343k/8% against plan with South Sefton seeing an increase of £104k/8%. Knowsley are also seeing an over performance of £112k/24%. Day cases being 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	508	£441,787	-2	-£4,659	-8	-£1,821	585	£52,416	112	-£58,827	99	£17,292	1,293	£446,187
Ent	24	£33,154	-20	£55,368	14	£3,127	-74	-£8,038	-2	£544	154	£20,481	97	£104,636
Clinical haematology	98	£18,924	-9	-£5,994	-59	-£13,878	259	£77,540	132	£16,400	4	£862	424	£93,853
Colorectal surgery	-11	£18,774	-13	£90,716	-214	-£46,300	-6	-£5,947	-211	-£18,768	265	£48,085	-189	£86,560
Physiotherapy							27	£24	2,489	£80,037	1	£33	2,517	£80,094
Rheumatology	2	£471	-1	-£863	6	£1,309	57	£13,302	480	£43,109	2	£278	546	£57,606
Acute internal medicine	-5	-£2,218	0	-£6,353	-4	-£897	800	£72,425	-29	-£4,488	-54	-£7,801	708	£50,668
General surgery	28	£30,398	-20	£2,949	71	£14,699	96	£9,227	-145	-£15,221	2	£450	33	£42,502
Nephrology	21	£19,743	-14	-£18,646	-12	-£2,921	192	£54,246	-214	-£10,207	-9	-£1,498	-36	£40,716
Respiratory medicine	2	-£29,856	-8	-£10,054	-6	-£1,259	100	£43,687	227	£495	144	£31,438	458	£34,451
Dietetics							-58	-£1,170	-149	-£9,162			-207	-£10,332
Vascular surgery	-11	-£10,441	-3	-£3,462			5	£843	-32	-£3,466	1	£58	-40	-£16,468
Interventional radiology	19	£10,521	-7	-£22,725	-4	-£844	78	£11,458	-22	-£1,903	-79	-£21,704	-15	-£25,198
Diabetic medicine	58	£22,827	1	£2,396	-14	-£3,350	-142	-£29,906	-169	-£17,425	-66	-£8,677	-331	-£34,134
Anticoagulant service									-3,156	-£81,164			-3,156	-£81,164
Hepatobiliary & pancreatic surgery	10	£15,147	-21	-£106,722	-2	-£521	17	£3,847	-49	-£5,069			-45	-£93,319
Gastroenterology	-32	-£77,385	-22	-£30,490	16	£3,426	-140	-£25,949	-75	-£15,987	32	£9,497	-223	-£104,914
Dermatology	-47	-£26,846	1	£539			-474	-£52,651	-703	-£51,093	-24	-£11,644	-1,246	-£141,695
Urology	-15	-£34,165	-47	-£108,977	-61	-£12,715	-428	-£57,725	77	£4,990	-26	£42,104	-500	-£166,489
Trauma & orthopaedics	1	-£80,509	-59	-£91,289	94	£20,516	-88	-£11,772	-72	-£7,256	-104	-£7,378	-227	-£177,689
Ophthalmology	-219	-£157,014	5	£1,950			-261	-£31,215	106	-£32,164	-226	-£25,846	-595	-£244,290
Grand Total	410	£182,015	-227	-£222,876	-146	-£33,674	557	£100,761	-2,066	-£184,954	132	£88,815	-1,340	-£69,912

3.7.2 Planned Care Southport & Ormskirk Hospital

Figure 15 - Planned Care - Southport & Ormskirk Hospital by POD

Southport & Ormskirk Hospital Planned Care PODS *	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	864	816	-48	-6%	£700	£597	-£103	-15%
Elective	206	174	-32	-16%	£595	£504	-£91	-15%
Elective Excess BedDays	1	36	35	2555%	£0	£8	£8	2680%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	260	92	-168	-65%	£39	£15	-£24	-61%
OPFASPCL - Outpatient first attendance single professional consultant led	2,042	2,149	107	5%	£303	£314	£11	4%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First Attendance (Consultant Led)	537	216	-321	-60%	£53	£24	-£29	-55%
OPFUPSPCL - Outpatient follow up single professional consultant led	4,806	4,599	-207	-4%	£431	£414	-£18	-4%
Outpatient Procedure	3,683	3,416	-267	-7%	£653	£587	-£66	-10%
Unbundled Diagnostics	789	778	-11	-1%	£60	£59	-£1	-2%
Grand Total	13,190	12,276	-914	-7%	£2,834	£2,521	-£313	-11%

* PbR only

Planned care elements of the contract continue to underperform against plan with the majority of areas below year to date.

Elective and Day case procedures have struggled throughout the year with low numbers of theatre staff a factor. January saw a number of elective operations cancelled which has also impacted on the annual activity levels.

Recent Outpatient activity levels have also reduced with one factor affecting performance being the first to follow-up CQUIN. This aims to reduce the number of follow up activity closer to national levels.

3.7.3 Renacres Hospital

Figure 16 - Planned Care - Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	525	597	72	14%	£589	£754	£165	28%
Elective	94	131	37	39%	£447	£629	£183	41%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	1,113	1,103	-10	-1%	£160	£159	-£1	-1%
OPFU PSPCL - <i>Outpatient follow up single professional consultant led</i>	1,332	3,111	1,779	134%	£111	£181	£70	63%
Outpatient Procedure	639	393	-246	-39%	£94	£91	-£3	-3%
Unbundled Diagnostics	386	507	121	31%	£38	£52	£14	36%
Grand Total	4,089	5,842	1,753	43%	£1,439	£1,866	£427	30%

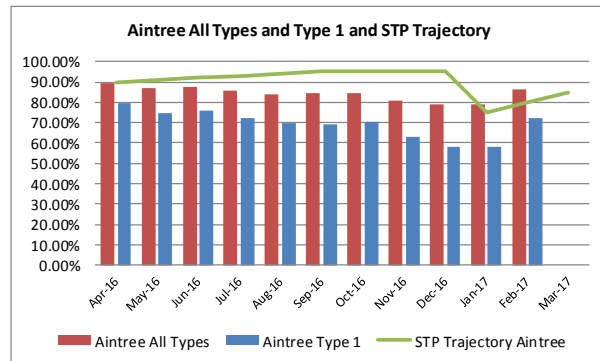
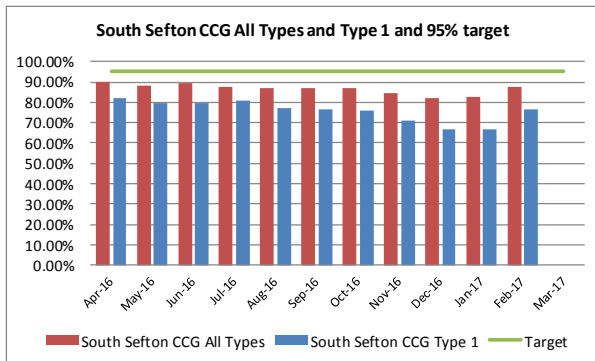
Renacres over performance of £427/30% is largely driven by a £183k over performance in Electives and £165k over performance in Day Cases. Major Hip Procedures is the largest over performing HRG followed by Reconstruction Procedures. Combined costs for these two HRG's is £121k. The over performance at Renacres is mirrored by underperformance at other Trusts, namely Spire and Southport and Ormskirk Hospitals suggesting a shift in patient and GP choice.

4. Unplanned Care

4.1 Accident & Emergency Performance

A&E waits					
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	16/17 - Feb	95%	86.61%	↔	The CCG have failed the target in February reaching 87.80% and year to date reaching 86.61%. In month 907 attendances out of 7,432 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 - Feb	95%	75.33%	↔	The CCG have failed the target in February reaching 76.76% (year to date 75.33%). In month 903 attendances out of 3,885 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 - Feb	STP Trajectory Target 80%	84.41%	↔	Aintree have achieved their revised target of 80% in February reaching 84.41% YTD and 86.40% in month; 1,713 attendances out of 12,595 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 - Feb	95%	69.42%	↔	Aintree have failed the target in February reaching 72.45% and year to date reaching 69.42%. In month 1,713 attendances out of 6,217 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	Feb-17
STP Trajectory Aintree	90%	91%	92%	93%	94%	95%	95%	95%	95%	75%	80%
Aintree All Types	89.48%	86.88%	87.50%	85.95%	84.10%	84.46%	84.76%	81.11%	79.05%	79.25%	86.40%



Aintree have revised their Cheshire & Merseyside 5 year Formal View (STP) trajectory for January to March and has achieved over the 80% February plan agreed with NHS Improvement recording 86.4%. There were no 12-hour breaches of the emergency access standard during February 2017.

Trust actions taken for improvement:

- Continue to embed all aspects of the AED stream of the Emergency and Acute Care Plan and regularly monitor performance.
- Continue to progress with recruitment strategy. One Consultant due to commence in March 2017. Further recruitment campaign has now also commenced.
- Whilst recruitment is underway, additional sessions are being arranged to fill gaps in the existing rota, continue discussions with UC24 to improve out of hours GP provision and utilisation of available slots.
- Follow-up review on ambulance handover processes undertaken by ECIP/NWAS in February 2017 to review progress made to date and identify further areas for improvement. Improvement made so far noted in report with recommendations to support further improvements to be progressed.
- Further collaborative work planned with NWAS and ECIP as part of national improvement campaign. Awaiting further information from NWAS Review current structures and develop a workforce plan which will deliver sustained performance levels. Project underway to identify the medical workforce required to consistently deliver KPIs.
- 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.
- Follow-up review on Acute Medicine undertaken by ECIP in February 2017 to review progress made to date and identify further areas for improvement. Improvements made so far noted in report with recommendations to support further improvements to be progressed.

4.2 Ambulance Service Performance

Ambulance					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	16/17 - Feb	75%	69.95%	↓	The CCG is under the 75% target year to date reaching 69.95%. In February out of 68 incidents, 44 were within 8 mins (64.71%)
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	16/17 - Feb	75%	59.48%	↔	The CCG is under the 75% target year to date reaching 56.72%. In February out of 790 incidents, 448 were within 8 mins (56.72%).
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	16/17 - Feb	95%	90.24%	↔	The CCG is under the 95% target year to date reaching 90.24%. In February out of 858 incidents, 774 were within 19 mins (90.21%)
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWS) (Cumulative)	16/17 - Feb	75%	67.94%	↓	NWAS reported under the 75% target year to date reaching 67.94%. In the month of February 64.71% was reported.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWS) (Cumulative)	16/17 - Feb	75%	62.60%	↔	NWAS failed to achieve the 75% target year to date reaching 62.60%. In the month of February 60.96% was reported.
Ambulance clinical quality - Category 19 transportation time (NWS) (Cumulative)	16/17 - Feb	95%	88.93%	↔	NWAS failed to achieve the 95% target year to date reaching 88.93%. In the month of February 88.38% 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 - Feb	0	133	↓	The Trust recorded 133 handovers between 30 and 60 minutes, this is an improvement on last month when 190 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 - Feb	0	84	↓	The Trust recorded 84 handovers over 60 minutes, an improvement on the previous month when 261 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.

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 February 2017. The number of ambulance waits exceeding 30 minutes decreased to 217 (-234). Of those 217, 84 were delayed in excess of 60 minutes which represents an increase of +9. The average time from notification to handover standard of 15 minutes improved in February 2017. The Trust achieved an average of 17:25 minutes compared to the 28:11 minutes reported in the previous month (an improvement of 10:46 minutes).

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 - Feb	80%	80.65%	↓
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	16/17 - Feb	60%	100%	↔

Stroke performance exceeded the 80% national standard at 80.6% during February 2017. There were 31 patients discharged from the Trust with a diagnosis of stroke and 25 of those spent at least 90% of their time on the stroke unit.

The team continue to perform positively against the Transient Ischaemic Attack (TIA) standard reporting 100% performance for patient scanned and treated within 24 hours during February 2017.

4.3.2 Mixed Sex Accommodation

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	16/17 - Feb	0.00	0.20	↑
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	16/17 - Feb	0.00	0.00	↔

In February the CCG had 1 mixed sex accommodation breach (a rate of 0.20) and have therefore breached the zero tolerance threshold. The breach was at Wirral University Teaching Hospital NHS Foundation Trust. Year to date there have been a total of 9 breaches.

4.3.3 Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	16/17 - Feb	48	42	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	16/17 - Feb	42	43 (20 following appeal)	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	16/17 - Feb	0	2	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	16/17 - Feb	0	2	↔

The CCG has had 3 new C.difficile cases reported in February, a total of 42 cases year to date against a year to date plan of 48.

For Aintree this year there have been 43 patients with Trust apportioned C.difficile including 3 new cases reported in February, compared to a year to date plan of 42. There has been 23 successful appeals year to date giving a total of 20 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 have had no new cases of MRSA in February therefore reporting a total of 2 MRSA cases YTD. The first case of MRSA was reported in September (trust acquired), the second in January (community acquired).

Aintree have reported no further cases of MRSA in February, 2 cases year to date. The first case in December was assigned to the Trust, the second case in January was 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 CCG.

4.3.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	16/17 - Feb	100	94.14	↑
Summary Hospital Level Mortality Indicator (SHMI)	Jul-15 to June 16	100	107.59	↓

HSMR is reported for the period November 2015 to October 2016. In February performance remains below expected at 94.14, 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 11.

There are a total of 107 serious incidents open on StEIS where South Sefton CCG are either lead or responsible commissioner. Of the 107, 80 are applicable to South Sefton CCG patients, 27 for Aintree University NHS Foundation Trust (UHA), 6 of these from South Sefton CCG.

Aintree University Hospitals NHS Foundation Trust - 27 open Serious Incidents on StEIS with 4 reported in February 2017 making a total of 28 year to date. 18 remain open for >100 days. 4 cases are subject to Safeguarding Adult Board (SAB) processes (Liverpool, West Lancashire and Knowsley CCGs) and 1 subject to police investigation now completed with the CCG serious incident process now progressing.

Liverpool Community Health NHS Trust - 41 open serious incidents on StEIS affecting South Sefton CCG patients. 21 remain open for >100 days, 1 case is under Local Safeguarding Children Board processes. There were 3 serious incidents reported in February 2017, a total of 41 year to

date, 22 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 - 20 incidents open on StEIS for South Sefton CCG patients, with 14 remaining open >100 days. 2 serious incidents reported in February 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) at Aintree saw a reduction in February with 21 compared to January recording 29 (-28%). Patient and/or family choice resulted in 12 delayed transfers (57%), a further 4 were due to delays incurred whilst awaiting further NHS non acute care (19%), 4 were due to awaiting care package in own home (19%) and 1 due to completion of assessment (5%).

Analysis of delays in February 2017 compared to February 2016 illustrates a 17% increase in total number of delays. The number of patients awaiting further NHS non-acute care has shown a reduction of 7 (-64%) from the previous year and 7 more delays due to patient or family choice (+140%).

Delayed Transfers of Care at Aintree April – February 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	Feb	
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	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	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	4	
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	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	0	
E) AWAITING CARE PACKAGE IN OWN HOME	3	1	0	1	3	1	2	6	0	0	1	2	3	4	7	6	5	4	4	2	5	4	4	
F) COMMUNITY EQUIPMENT/ADAPTIONS	2	1	0	0	0	1	0	0	0	1	1	1	1	0	1	1	0	0	0	0	0	1	0	
G) PATIENT OR FAMILY CHOICE	6	11	14	5	5	11	14	12	8	3	5	20	14	18	17	14	14	14	6	16	9	9	12	
H) DISPUTES	1	1	1	0	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	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	21	

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, NNAS, local authorities, intermediate care providers, community care providers and NHSE to work collaboratively and restore patient flow.

Additionally, the Urgent Care Commissioning Lead attends a focused MADE (Multi Agency Discharge Event) on the Aintree site each Wednesday. The event focuses on a small number of themes associated with delayed discharges and seeks to achieve rapid change to systems and processes which have the potential to extend 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: Feb-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	15.0%	16.7%		87%	86%		7%	10%	

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

- % Response Rate
- % Recommended
- % Not Recommended

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

The percentage of people that would recommend A&E is under the England average reporting 86% in February compared to an England average of 87%. However this is an increase on January when 80% was reported. The not recommended percentage follows a similar pattern with performance at 10% in February compared to a 7% average; this again is an improvement on the previous month.

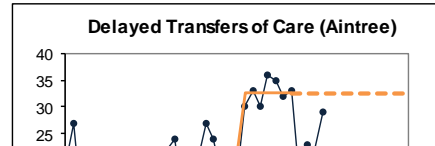
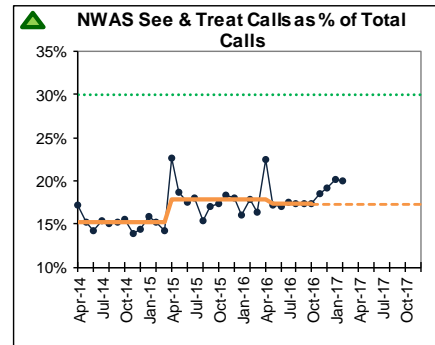
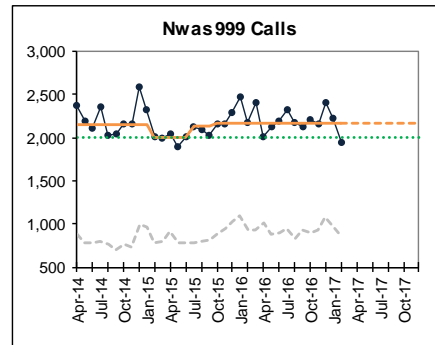
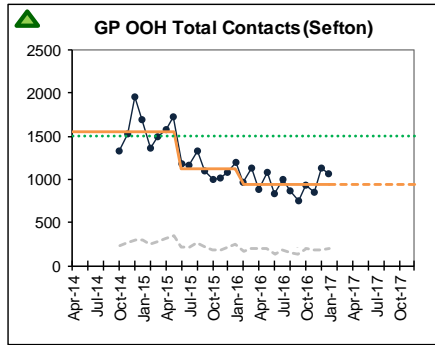
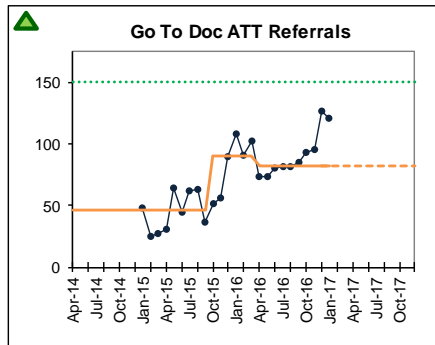
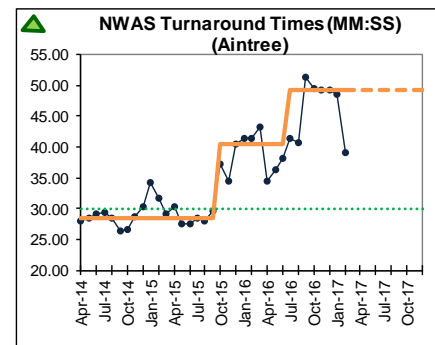
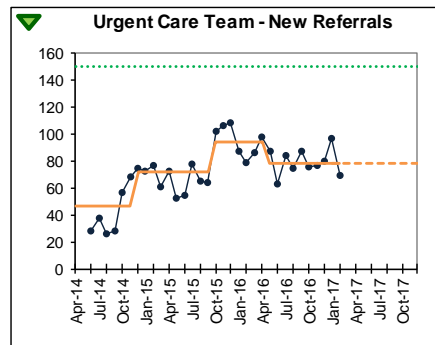
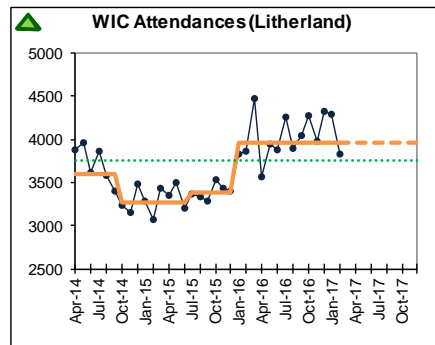
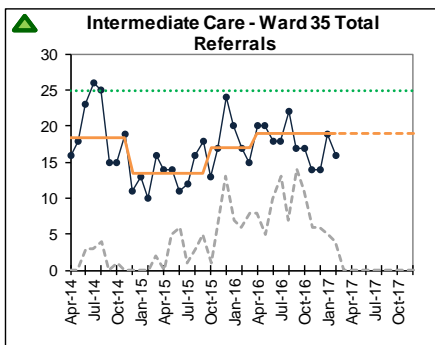
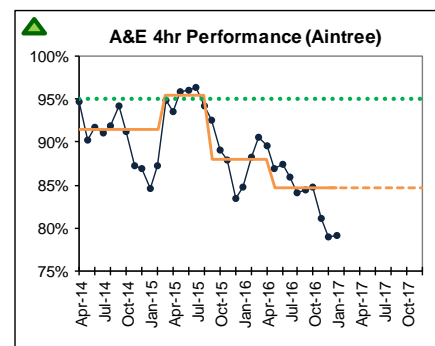
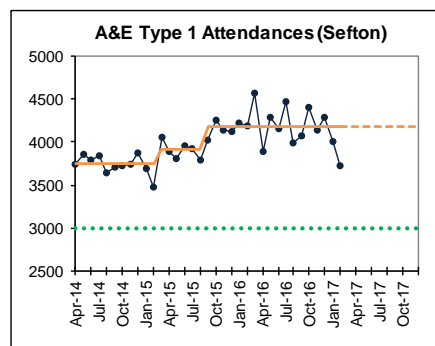
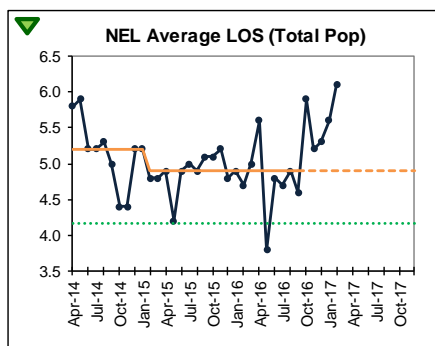
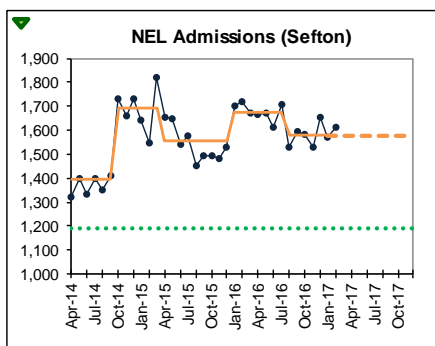
Aintree's Patient Experience Lead will provide an update in April to the CCG Engagement and Patient Experience Group. The Trust will provide feedback in how FFT serves to inform the Trust where to improve services for its patients. This presentation is welcomed by EPEG and gives assurances that patient 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 11 of financial year 2016/17, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£672k/-2%. This under-performance is clearly driven by Aintree Hospital reporting an under performance of -£533k/-2%. Alder Hey Hospital is reporting the largest year to date over performance with a £189/10% 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.

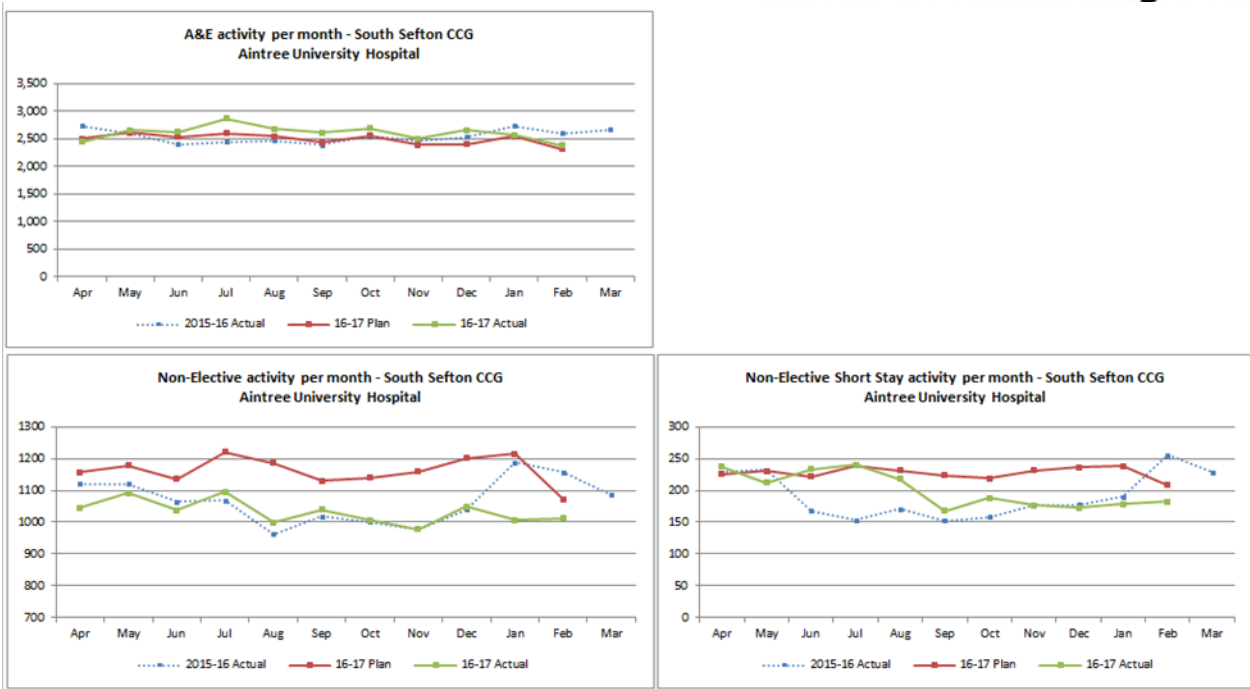
Figure 17 - Month 11 Unplanned Care – All Providers

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	87,235	96,604	9,369	11%	£31,997	£31,465	£-533	-2%
Alder Hey Childrens NHS F/T	8,696	8,761	65	1%	£1,821	£2,010	£189	10%
Central Manchester University Hospitals Nhs Foundation Trust	61	72	11	17%	£15	£24	£9	59%
Countess of Chester Hospital NHS Foundation Trust	0	57	57	0%	£0	£21	£21	0%
Liverpool Heart and Chest NHS F/T	211	100	-111	-53%	£240	£267	£27	11%
Liverpool Womens Hospital NHS F/T	3,536	3,209	-327	-9%	£3,142	£3,040	£-102	-3%
Royal Liverpool & Broadgreen Hospitals	5,977	5,362	-615	-10%	£2,214	£1,892	£-321	-15%
Southport & Ormskirk Hospital	11,786	11,787	1	0%	£2,653	£2,641	£-12	0%
ST Helens & Knowsley Hospitals	807	924	117	15%	£327	£380	£53	16%
University Hospital Of South Manchester Nhs Foundation Trust	37	32	-5	-14%	£13	£13	£0	1%
Wirral University Hospital NHS F/T	223	190	-33	-15%	£82	£69	£-13	-16%
Wrightington, Wigan And Leigh Nhs Foundation Trust	38	39	1	1%	£14	£23	£9	62%
Grand Total	118,608	127,137	8,529	7%	£42,517	£41,845	£-672	-2%

4.8.2 Aintree University Hospital NHS Foundation Trust

Figure 18 - Month 11 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	37,108	44,158	7,050	19%	£883	£883	£0	0%
A&E - Accident & Emergency	27,419	28,666	1,247	5%	£3,392	£3,576	£185	5%
NEL - Non Elective	12,755	11,326	-1,429	-11%	£24,375	£23,181	£-1,194	-5%
NELNE - Non Elective Non-Emergency	40	33	-7	-18%	£113	£108	£-6	-5%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	37	94	57	156%	£9	£20	£11	123%
NELST - Non Elective Short Stay	2,504	2,205	-299	-12%	£1,643	£1,558	£-85	-5%
NELXBD - Non Elective Excess Bed Day	7,371	10,122	2,751	37%	£1,583	£2,139	£556	35%
Grand Total	87,235	96,604	9,369	11%	£31,997	£31,465	£-533	-2%



4.8.3 Aintree Hospital Key Issues

The overall Urgent Care over spend of £122k/0% is driven by a £1.2m over performance in Non Elective Excess Bed Days. This over performance offsets the £1.7m under performance seen in Non Elective activity. Excess bed days has been raised through the official challenge process and reported through the various exec boards.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 19 - NHS South Sefton CCG – Shadow PbR Cluster Activity

NHS South Sefton CCG					
PBR Cluster	Caseload as at 28/02/2017	2016/17 Plan	Variance from Plan	Variance on 29/02/2016	
0 Variance	112	88	24	13	
1 Common Mental Health Problems (Low Severity)	55	42	13	20	
2 Common Mental Health Problems (Low Severity with greater need)	30	22	8	-	
3 Non-Psychotic (Moderate Severity)	127	217	(90)	(65)	
4 Non-Psychotic (Severe)	293	215	78	86	
5 Non-psychotic Disorders (Very Severe)	86	62	24	26	
6 Non-Psychotic Disorder of Over-Valued Ideas	44	40	4	(2)	
7 Enduring Non-Psychotic Disorders (High Disability)	280	192	88	62	
8 Non-Psychotic Chaotic and Challenging Disorders	142	98	44	35	
10 First Episode Psychosis	151	138	13	12	
11 On-going Recurrent Psychosis (Low Symptoms)	368	433	(65)	(66)	
12 On-going or Recurrent Psychosis (High Disability)	382	307	75	75	
13 On-going or Recurrent Psychosis (High Symptom & Disability)	107	112	(5)	(4)	
14 Psychotic Crisis	26	21	5	10	
15 Severe Psychotic Depression	6	6	-	-	
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	41	34	7	5	
17 Psychosis and Affective Disorder – Difficult to Engage	49	58	(9)	(3)	
18 Cognitive Impairment (Low Need)	245	223	22	23	
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	443	505	(62)	(42)	
20 Cognitive Impairment or Dementia Complicated (High Need)	420	332	88	74	
21 Cognitive Impairment or Dementia (High Physical or Engagement)	142	76	66	44	
Cluster 99	684	402	282	252	
Total	4,233	3,623	610	555	

5.1.1 Key Mental Health Performance Indicators

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

Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-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%	93%

There were 2 breaches out of a total of 28 CPA discharges in South Sefton. The CCG requested further information from the Trust regarding the 2 breaches, 1 breach was due to an administrative error by the team and will be following up to prevent a re-occurrence. The second breach went AWOL from the ward and was discharged in their absence on the 13th February. Whereabouts of patient unknown. Staff attempted contact continuously; however to no avail.

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

Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-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 22 - 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	Feb-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%	50%	86%	100%	75%	83%	50%	50%
	Rolling Quarter			37.50%	50%	50%	73%	100%	86%	85%	50%	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). 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 initial draft of the review has been received by commissioners and has been commented upon.

The recommendations from the review will be considered by both Mersey Care NHS Foundation Trust and the North Mersey Transformation Board. 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.

In response to ongoing concerns around access and communication a bi-monthly referral interface meeting has been established involving clinical commissioners and operational staff from the Trust and it includes Access Sefton IAPT staff.

The Trust has confirmed that the RIO clinical information system will be delayed with an end date for April 2018. The Trust has created a joint implementation team with the 5 Boroughs Partnership Foundation NHS Foundation Trust. The key milestones are:

- Single governance approach for RIO to be agreed by 1st April 2017.
- Planned go live for Complex Care services – November 2017.
- Planned go live for Adult Services - February 2018.
- Planned go live for Specialist and other services - April 2018.

From April 2017 the primary data source for reporting of Early Intervention Psychosis RTT will switch from Unify to the Mental Health Services Data set (MHSDS), as RIO has been delayed the Trust is actively testing the R32 upgrade for its existing Epex system to as ensure that EIP data will flow from the Trust to MHSDS as Unify reporting will be discontinued in June 2017. The recent tripartite meeting held on 22nd February 2017 with NHS England highlighting this as a significant risk. The Trust has highlighted MHSDS reporting as a risk within their risk register.

5.2 Improving Access to Psychological Therapies

Figure 23 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March
National definition of those who have entered into treatment	2015/16	143	158	201	204	166	232	184	252	267	343	262	256
	2016/17	282	294	293	272	246	268	269	253	197	303	284	
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	-19	
	%	-6.8%	-2.8%	-3.1%	-10.1%	-18.7%	-11.4%	-11.1%	-16.4%	-34.9%	0.2%	-6.1%	
Access % ACTUAL - Monthly target of 1.3% - Year end 15% required	2015/16	0.59%	0.65%	0.83%	0.84%	0.68%	0.95%	0.76%	1.04%	1.10%	1.41%	1.08%	1.05%
	2016/17	1.16%	1.21%	1.21%	1.12%	1.01%	1.10%	1.11%	1.04%	0.81%	1.25%	1.17%	
Recovery - National Target	2016/17	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%
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	41.1%	37.9%	30.7%	38.9%	35.0%	42.0%	38.6%	41.3%	36.7%	40.1%	50.3%	
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%	99.4%	
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%	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	164	146	171	161	211	153	169	171	
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	9	3	7	6	9	8	10	6	12	10	
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	67	58	47	61	49	68	59	83	54	63	81	
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%	80.7%	84.1%	79.4%	

The provider (Cheshire & Wirral Partnership) reported 284 South Sefton patients entering treatment in Month 11, which is a 6.3% decrease to the previous month. The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is currently set at 15% for 2016/17 year end. Current activity levels provide a forecast outturn of 13.3% 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 436 Referrals in Month 11, which was a slight increase compared to the previous month when there was 428. This is also the highest monthly total of 2016/17 to date. Of these, 50.0% were Self-referrals, which is the lowest monthly proportion of the year. GP Referrals increased to 123 compared to 100 for Month 10. 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 50.3% in Month 11, which meets the minimum standard of 50%, this is the first time this year that the monthly target has been met. A forecast outturn at Month 11 gives a year end position of 39.5%, which is below the year-end position of 2015/16 (48.0%). The provider believes that it is possible recovery will dip as the longest waiters are brought into service, as more are likely to disengage without completing treatment. However, as waits reduce, this is expected to improve.

Cancelled appointments by the provider saw a decrease in Month 11 with 71 compared to 92 in Month 10.

There was a slight decrease in DNAs in Month 11 (from 164 in Month 10 to 162 in Month 11); the provider has commented that the DNA policy has been tightened with all clients made aware at the outset. Cancelled slots are being made available for any assessments/entering therapy appointments.

In month 11 99.4% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have waited less than 18 weeks (against a standard of 95%). The provider has achieved the monthly RTT targets throughout 2015/16 and in the eleven months of 2016/17 for South Sefton CCG.

5.3 Dementia

Summary for NHS South Sefton dementia registers at 28-02-2017

People Diagnosed with Dementia (Age 65+)	1,191
Estimated Prevalence (Age 65+)	2,091
Gap - Number of addition people who could benefit from diagnosis (all ages)	981
NHS South Sefton - Dementia Diagnosis Rate (Age 65+)	56.9%
National estimated Dementia Diagnosis Rate	67.3%
Target	66.70%

Latest guidance from Operations and Guidance Directorate NHS England has confirmed that following a review by NHS Digital a decision has been made to change the way the dementia diagnosis rate is calculated for April 2017 onwards. The new methodology is based on GP registered population instead of ONS population estimates. Using registered population figures is more statistically robust than the previous mixed approach.

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

6. Community Health

6.1 Liverpool Community Health Contract

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 13.1% in Feb-17, a slight improvement on last month's performance. Adult Dietetics is also high this month at 15.9% compared to 21.1% last month, as well as Paediatric Dietetics at 13.6% compared to 15.7% last month. Total DNA rates at Sefton are green for this month at 8.3%.

Provider cancellation rates are reporting green this month for all services with the exception of treatment rooms reporting 5.3% in February and Podiatry reporting 4.1%. 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 February 2017. Total patient cancellations for Sefton have increased slightly in February 2017, increasing from 10.9% to 11.2%.

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

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

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

6.1.2 Waiting Times

Waiting times are reported a month in arrears. The following issues have arisen in January 2017;

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 and January data shows that waiting times are beginning to increase again over the 18 week threshold. In December an average (92nd percentile) wait on the incomplete pathway of 19 weeks was reported, however this has decreased again to 15 weeks in January. An average (95th percentile) wait of 20 weeks was reported on the completed pathway in December; this has worsened to 23 weeks in January. The longest waiting patient is currently at 20 weeks. 2 patients were breaching the 18 week target at this point compared to 8 last month.

Physiotherapy: Waiting times have steadily increased over the past 6 months, resulting in this service failing the 18 week target again in January for completed pathways at 20 weeks. However this is an improvement on last month. Performance on the incomplete pathway has also improved from 20 weeks in November to 15 in December and January, with 2 patients over 18 weeks compared to 8 last month. The longest waiter was 1 patient waiting at 20 weeks.

Occupational Therapy: Waiting times on the completed pathways (95th Percentile) have gradually increased over the past 5 months resulting in a breach of the 18 week target. An average of 22 weeks was reported in January, a slight decline on last month's performance. The longest waiter was at 21 weeks with the number of patients breaching falling from 7 to 2.

Nutrition & Dietetics: Waiting times on the completed pathways have increased to 24 weeks from the 20 weeks reported in December, 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 27 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 January, on the incomplete pathway the average waiting time (92nd percentile) has increased again from 34 weeks to 36 weeks and is therefore still breaching the 18 week target. The longest waiting patient was waiting at 49 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 11 2016/17 the YTD costs for the CCG are £286,855 with attendances at 3,053. At the same time period last year the costs were £327,021 and attendances at 3,547.

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.

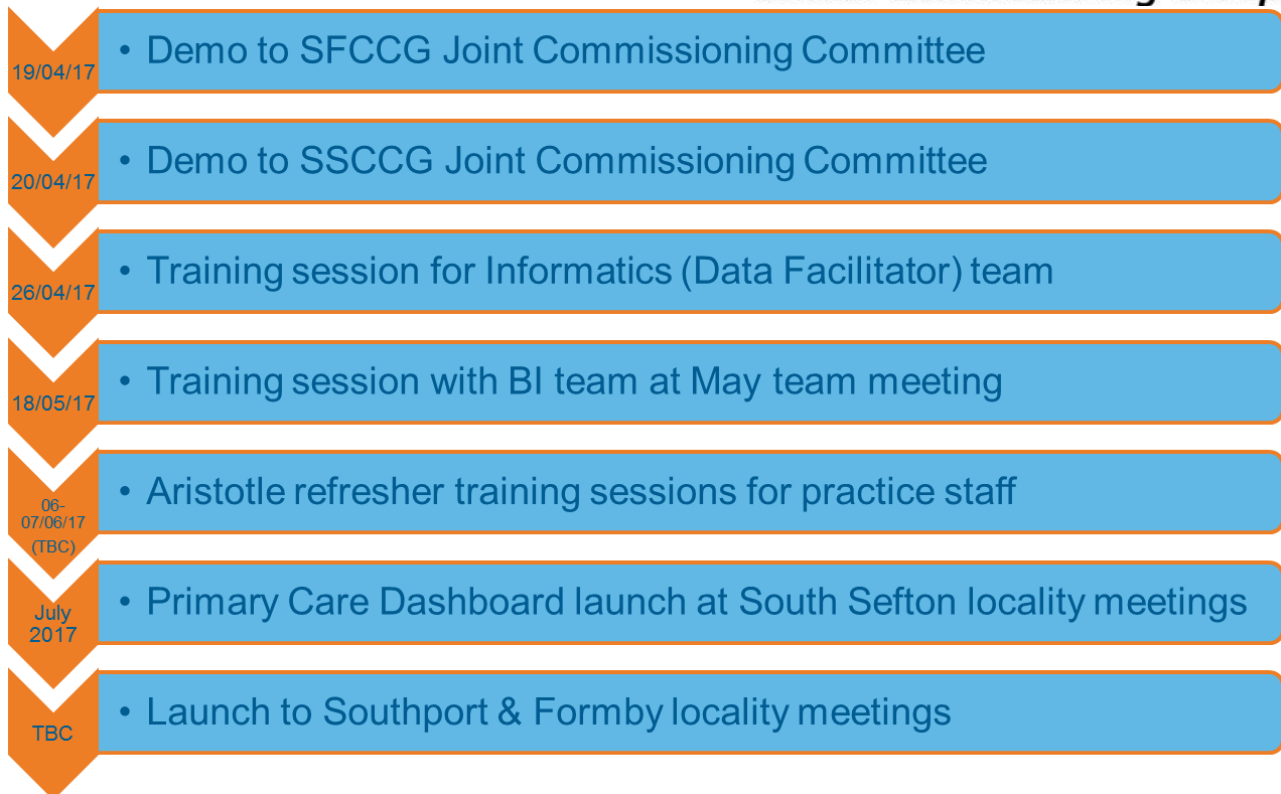
7. Third Sector Contracts

Most NHS Standard Contracts and Grant Agreements for 2017-18 are now complete and have been issued to providers for signature. 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 and Grant Agreements will be signed by both parties by the end of April 2017. Reports detailing outcomes for 2016-17 are underway and will be finalised in May for review by commissioners.

8. Primary Care

8.1 Primary Care Dashboard progress

Phase one of Primary Care Dashboard development is now complete. A live version of the dashboard is available in Aristotle. 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. 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. 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. The dashboard makes information 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. Phase One rollout is planned as follows:



Locality roll out in South Sefton is planned for Q2 as part of the South Sefton locality work plan that has been developed. This will support the South Sefton LQC 'Part 2 - Data Review' element of the contract

In Southport & Formby, Data Review is not part of LQC but the Southport & Formby locality lead is discussing the dashboard (and other elements of Aristotle and the use of data and tools) with GP leads to develop a work plan.

Use of Aristotle has also been built into the iMerseyside Informatics Team SLA and work plan for the Informatics Team. The SLA will be presented to LMC for review in April, and also to CCG for review and sign off.

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 24 - 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.

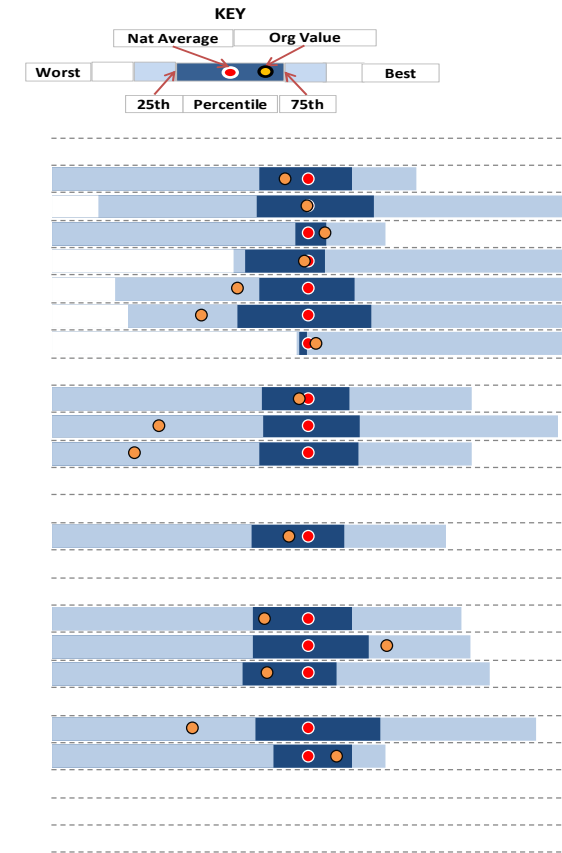
The framework draws together in one place NHS Constitution and other core performance and finance indicators, outcome goals and transformational challenges. These are located in the four domains of better health, better care, sustainability and leadership.

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.

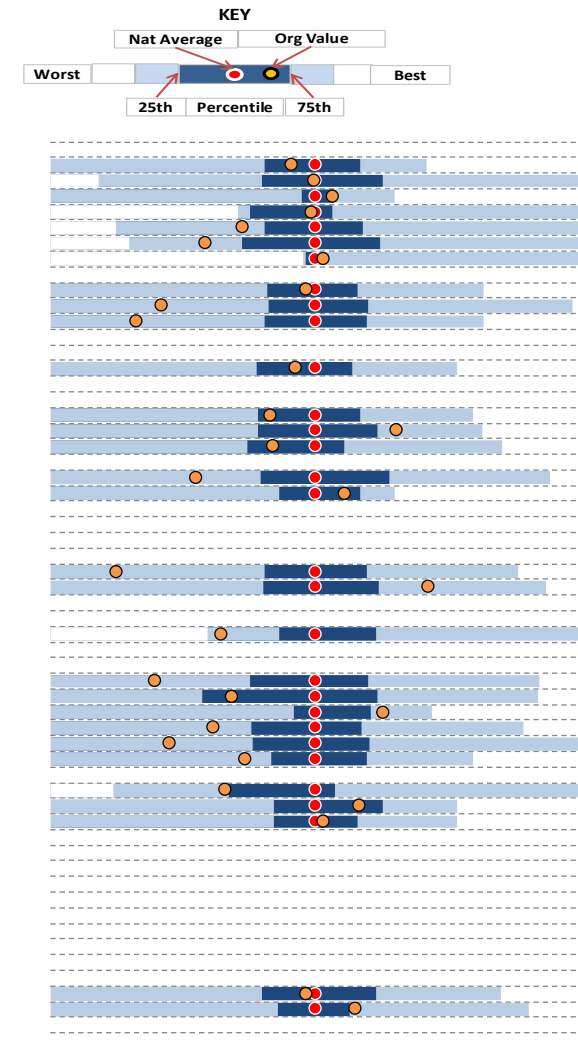
Quarter 4 data will be published on the 27th April.

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...
	<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>				
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												YTD
		Q1			Q2			Q3			Q4			
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Preventing People from Dying Prematurely														
Cancer Waiting Times														
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	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%	95.736%		95.706%
	Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
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	G
	Actual	100.00%	96.078%	89.091%	94.18%	94.34%	95.455%	90.00%	92.727%	96.104%	95.522%	98.876%		94.83%
	Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
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	G	G
	Actual	96.61%	98.305%	98.387%	100.00%	98.795%	100.00%	98.507%	96.471%	98.529%	96.97%	98.551%		98.253%
	Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
1881: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (QUARTERLY) The percentage of patients receiving their first definitive treatment within one month (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	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%	92.857%		96.581%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
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	R	G		G		
		Actual	100.00%	100.00%	100.00%	94.737%	100.00%	100.00%	100.00%	100.00%	100.00%	93.75%	100.00%		98.864%	
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	
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		G	
		Actual	100.00%	93.333%	100.00%	91.667%	95.238%	93.548%	100.00%	100.00%	100.00%	90.909%	100.00%		96.861%	
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	
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	R	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%	75.00%		86.835%	
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	
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	R		G		
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	80.00%		98.182%	
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	

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	R	
		Actual	76.47%	74.28%	73.06%	70.45%	72.60%	69.49%	64.59%	62.80%	61.63%	61.79%	64.71%		67.947%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	South Sefton CCG	RAG	G	G	R	R	R	G	R	R	R	R	R		R
		Actual	76.56%	78.00%	74.50%	71.43%	72.92%	77.55%	62.50%	68.89%	66.67%	59.68%	64.71%		69.946%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
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		R	
		Actual	67.46%	66.26%	66.20%	62.69%	65.25%	61.75%	63.05%	60.35%	57.31%	58.78%	60.96%		62.593%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R		R
		Actual	72.10%	66.50%	62.40%	57.55%	62.18%	54.78%	62.05%	56.19%	49.50%	55.52%	56.72%		59.463%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
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		R	
		Actual	92.01%	91.47%	91.49%	89.81%	91.09%	89.04%	88.23%	86.79%	85.42%	85.74%	88.38%		88.931%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
	South Sefton CCG	RAG	G	R	R	R	R	R	R	R	R	R	R		R
		Actual	95.08%	94.50%	91.20%	91.44%	93.48%	87.91%	91.61%	87.03%	83.77%	87.67%	90.21%		90.234%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

Enhancing Quality of Life for People with Long Term Conditions

Mental Health

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%	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		G	
		Actual	0.00%	100.00%	33.333%	50.00%	50.00%	85.714%	100.00%	75.00%	83.333%	50.00%	50.00%		66.667%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%

IAPT (Improving Access to Psychological Therapies)

2183: IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as	South Sefton CCG	RAG	R		R									R
		Actual	48.475%		43.974%									45.658%
		Target	50.00%		50.00%				50.00%			50.00%		50.00%

Dementia

2166: Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R		R	
		Actual	56.432%	56.337%	56.863%	57.102%	54.28%	56.528%	55.906%	52.511%	56.145%	55.045%	54.902%		55.641%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

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		R	
		Actual	0	0	0	1	4	0	3	0	0	0	0	1		9
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG	G	G	G	R	R	G	R	G	G	G	R		R	
		Actual	-	-	-	0.25	101	-	0.35	-	-	-	-	0.24		9.00
		Target	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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		G
		Actual	94.954%	95.213%	93.919%	93.33%	92.354%	91.272%	91.919%	92.263%	91.289%	92.658%	92.924%		92.938%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%

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	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		G
		Actual	0.748%	1.001%	0.494%	0.711%	1.418%	0.527%	0.403%	0.85%	1.792%	1.211%	0.781%		0.902%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Cancelled Operations

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

E-Referrals

2142: NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R			R	
		Actual	20.224%	20.746%	20.431%	19.315%	19.208%	21.136%	20.209%	18.06%	18.06%	19.00%			20.19%
		Target	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%

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		R
		YTD	0	0	0	0	0	1	1	1	1	2	2		2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G		G	
		YTD	3	9	14	18	23	27	29	36	38	39	42		42
		Target	5	11	14	18	23	28	34	39	43	45	48	54	54

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	R	
		Actual	90.124%	88.35%	89.13%	87.648%	86.873%	86.836%	87.066%	84.323%	82.247%	82.611%	87.809%		86.611%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
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	R	
		Actual	89.484%	86.885%	87.505%	85.955%	84.103%	84.458%	84.763%	81.108%	79.046%	79.251%	86.399%		84.409%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
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	G	R	
		Actual	5	0	0	0	2	2	1	0	5	34	0		49
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Activity

Activity

1936: Total Referrals (MAR) Total number of referrals (GP written referrals made & other referrals - MAR)	South Sefton CCG	RAG	G	G	R	G	G	G	G	G	G	G	G	G	
		YTD	5,606	11,220	17,042	22,533	27,975	33,634	39,259	44,893	49,872	55,280	60,500		60,500
		Target	5,650	11,317	16,928	23,199	28,535	34,283	40,461	46,047	51,165	57,164	62,637	68,846	62,637
2015: Number of Endoscopy Diagnostic Tests/Procedures Total number of endoscopy diagnostic tests/procedures carried out	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	G	
		YTD	464	1,009	1,519	2,126	2,761	3,387	3,993	4,637	5,192	5,890	6,453		6,453
		Target	573	1,114	1,750	2,412	3,014	3,604	4,278	4,968	5,541	6,190	6,807	7,481	6,807
2016: Number of Diagnostic Tests/Procedures (excluding Endoscopy) Total number of diagnostic tests/procedures (excluding endoscopy) carried out	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	G	
		YTD	3,864	8,431	13,366	17,991	22,737	27,416	32,269	37,457	41,770	46,926	51,265		51,265
		Target	4,691	9,885	14,639	19,112	23,856	28,502	33,852	38,535	43,018	48,581	52,782	58,257	52,782
2017: Number of Diagnostic Tests/Procedures Total number of diagnostic tests/procedures carried out	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	G	
		YTD	4,328	9,440	14,885	20,117	25,498	30,803	36,262	42,094	46,962	52,816	57,718		57,718
		Target	5,264	10,999	16,389	21,524	26,870	32,106	38,130	43,503	48,559	54,771	59,589	65,738	59,589