

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

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1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 3 (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
Patient Experience of Primary Care i) GP Services ii) Out of Hours (Combined)		
RTT 18 Week Incomplete Pathway		Aintree
RTT 52+ week waiters		Aintree
Stroke 90% time on stroke unit		Aintree
Stroke who experience TIA		Aintree

Key information from this report

Financial position

The CCG is currently forecasting a surplus of £2.450m which is in line with its agreed NHS target surplus of 1%. The forecast position improved by £0.9m overall during the month, this was due to further underperformance within acute care and prescribing budgets but now includes the cost pressure of £0.783m in respect of the nationally mandated increase in Funded Nursing Care payments from 1st April 2016. The CCG has a challenging QIPP in the current year, although progress has been made against the phased QIPP plan at month 5, there remains a gap in terms of both in year and forecast outturn delivery. It is imperative that the identified QIPP programme is delivered in full in order to achieve the agreed financial plan. In order to deliver the agreed financial plan, the CCG is reliant on return of the 1% non-recurrent reserve, which remains uncommitted as directed by NHS England.

Planned Care

After conducting a data cleansing exercise and refreshing the referrals data, overall referrals at month 4 year to date are flat compared to the same period in 2015/16. Analysis by referrer shows GP referrals are up by 1.7%.

Aintree narrowly failed to achieve the 92% RTT target in July, reporting 91.3%. The Trust are reviewing their long waiting patients and capacity within the divisions and additional activity is being undertaken to improve the situation. In addition to this the RTT Improvement Group meet fortnightly and focus on caseload, long waiters and capacity issues. The CBU management teams have been encouraged to ensure the access policy is followed and patients are booked for treatment to reduce the open pathways. An external and an internal Audit were undertaken in July and the final reports are awaited to highlight any areas of concern and make suggestions for improvement. Specialty level recovery plans will be produced to sustainably achieve the Incomplete standard.

All CCG and Aintree Trust level Cancer indicators are performing well year to date.

Performance at Month 4 of financial year 2016/17, against planned care elements of the contracts held by NHS South Sefton CCG shows an over-performance of -£247k, which is a percentage variance of -1%. At specific trusts, Renacres and Alder Hey are reporting the largest cost variances with totals of £78k and £121k respectively. Over spend is offset by underperformance at a numbers of Trusts, namely, Aintree University Hospital -£428k and Southport & Ormskirk Hospital -£114k.

Unplanned Care

Aintree are aiming to meet A&E STF trajectory of 95% by September 2016 as agreed with NHSI. Type 1 AED attendances were over 11% higher in July 2016 than in July 2015 with the trend continuing upwards over the past 12 months. Implementation of the Emergency and Acute Care Plan continues with AED, Frailty and Ward work-streams ongoing. Until all the work-streams have been implemented and embedded, delivery of the 4 hour standard will be difficult to achieve.

At both a regional and county level, NWAS failed to achieve any of the response time targets. Activity levels continue to be significantly higher than was planned for and this (together with the ongoing issues regarding turnaround times) continues to be reflected in the performance against the response time targets. In respect of ambulance turnaround times, the Trust experienced an increase in the number of delays in excess of 30 minutes during July 2016. Ambulance turnaround times remain a key focus for improvement and review of the Ambulance Escalation Plan is being undertaken. Work with NWAS and all partners is also ongoing to ensure delivery of

actions agreed at the NHSI workshop in July 2016, including the implementation of actions arising from the Cheshire and Merseyside Ambulance Handover Concordat.

Stroke performance fell below the required national standard of 80% during July 2016 with the Trust reporting performance of 61.1% (an improvement of 4% on previous month). It is noted that the Trust overall SSNAP score for January 2016 to March 2016 has dropped from B to a C. The CCG has requested a full performance report from the Trust regarding Stroke underperformance, a report has been submitted and discussed at the CQPG in September.

In July the CCG had 1 mixed sex accommodation breaches (a rate of 0.2) and have therefore breached the zero tolerance threshold. The breach was at Southport & Ormskirk.

There have been 6 new serious incidents reported in August 2016 which have affected South Sefton CCG patients. All serious incidents are managed via the CCG's internal serious incident meetings. Incidents remain open on StEIS with recommendation for closure once assurance has been provided that system learning has been embedded. There are regular monthly meetings in place with Aintree University Hospital, Mersey Care Trust and Southport and Ormskirk Hospital to support engagement and relationship management.

Performance at Month 4 of financial year 2016/17, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£347k. This under-performance is clearly driven by Aintree Hospital reporting an under performance of £315k/-3%. Alder Hey Children's Hospital is reporting the largest year to date over performance with a £55k/8% variance.

Mental Health

There was a 7% decrease in patients entering IAPT treatment in July compared to June. The access standard. Current activity levels provide a forecast outturn of 14.1% against the 15% standard. GP referrals are at the lowest levels since April 2015 with 71 reported. The provider is working closely with Clock View, attending weekly MDT meetings to agree appropriateness of clients for service.

The percentage of people moved to recovery was 41.4% in month 4, which does not meet the minimum standard of 50%. A forecast outturn at month 4 gives a year end position of 43.2%. 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. There was a 25% reduction in DNAs from 205 in month 3 to 153 in month 4 and the provider has commented that the DNA policy has been tightened with all clients made aware at the outset. Support from the National Intensive Support Team is currently being arranged.

A plan is in place to improve the South Sefton Dementia Diagnosis rate which is below target (67%) at 57.1%. A bespoke set of searches have been developed into a dementia toolkit and are ready to be rolled out to the south Sefton Facilitators Data facilitators who will work with each practice and run the searches. It is hoped the searches will generate errors in coding and identify patients with memory or associated cognitive difficulties who are not identified as having dementia. Clinical staff will be required to review some of the queries from the searches and also contact patients to attend for a review.

Community Health Services

A meeting was held with the Trust BI lead and the CCG leads to go through the data by service line. A number of data validation queries were sent to the Trust.

Patient cancellation rates were discussed in the latest Information Sub Group meeting (15/09/2016), including instances where appointments are rearranged, and the only way to take the original appointment off the system is to cancel it. 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. The trust is to provide a clinic utilisation report at the next meeting.

Primary Care

We are reviewing the primary care dashboard that has been used in 2015/16 with a view to understanding the needs for reporting across the organisation from a quality, improvement, QIPP perspective. Requirements will be discussed at CCG Senior Management Team in October.

There has been one further inspection result published in the last month at Bootle Village Surgery which has been declared Good.

Better Care Fund

A Better Care Fund Plan for 2016/17 has been agreed and submitted to the national Better Care Support Team and joint work is underway to further develop these plans by October 2016 for implementation. In the meantime we have submitted a Quarter 1 performance report to NHSE.

2. Financial Position

2.1 Summary

This report focuses on the financial performance for South Sefton CCG as at 31 August 2016 (Month 5).

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

The financial position relating to operational budgets at month 5 before the application of reserves is £0.933m underspend against plan with a year-end forecast of £1.969m underspend following the mitigation of CCG contingency. The forecast position improved by £0.9m overall during the month, this was due to further underperformance within acute care and prescribing budgets but now includes the cost pressure of £0.783m in respect of the nationally mandated increase in Funded Nursing Care payments from 1st April 2016.

The QIPP requirement to deliver the planned surplus of £2.450m for the financial year is £10.384m. QIPP delivered at the end of Month 5 is £3.482m and the forecast underspend on operational budgets is £1.969m. At this stage, the CCG has identified a further £2.639m worth of savings to be delivered in year (risk adjusted schemes to be delivered) leaving a predicted shortfall of £0.083m against its QIPP plan in 2016/17 as highlighted in the best case scenario.

The value of QIPP savings delivered at the end of Month 5 is £3.482m. At this stage the CCG needs to deliver a further £2.722m in year, in addition to the use of the 1% uncommitted non-recurrent reserve in order to achieve the agreed £2.450m planned surplus. This is shown in Table F.

The high level CCG financial indicators are listed below:

Figure 1 – Financial Dashboard

Key Performance Indicator		This Month	Prior Month
Business Rule (Forecast Outturn)	1% Surplus	✓	✓
	0.5% Contingency Reserve	✓	✓
	1% Non-Recurrent Headroom	✓	✓
Surplus	Financial Surplus / (Deficit)	£2.450m	£2.450m
QIPP	QIPP Plan delivered – <i>(Red if shortfall against planned delivery)</i>	£3.482m	£3.114m
Running Costs (Forecast Outturn)	CCG running costs < CCG allocation 2016/17	✓	✓

2.2 Resource Allocation

Additional allocations have been received in Month 5 as follows:

- GP Development Programme (Reception and Clerical Training) - £0.013m

This is a non-recurrent allocation and is expected to be fully utilised during the financial year.

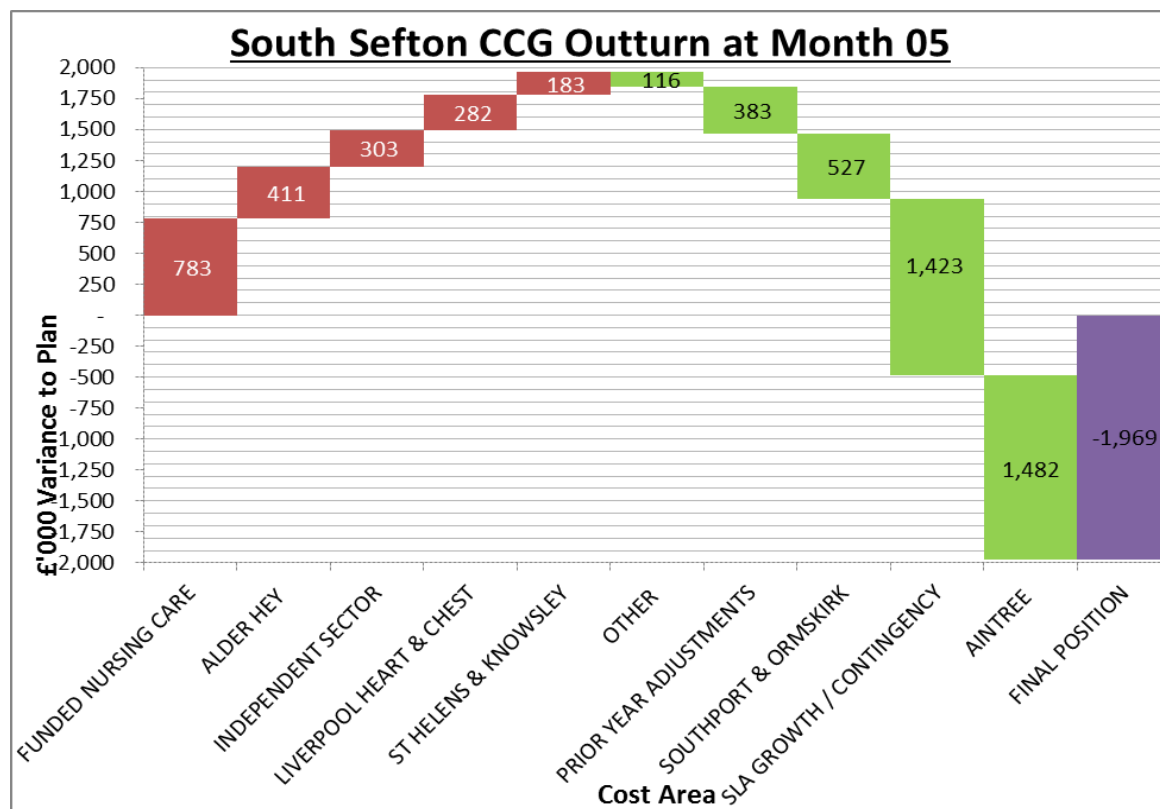
2.3 Position to date and forecast

The main financial pressures included within the financial position are shown below in Graph 1 which presents the CCGs forecast outturn position for the year. A full breakdown of the CCG position is detailed in Appendix 1.

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

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

Figure 2 – Forecast Outturn



Prescribing

The prescribing forecast for the financial year is an underspend of £0.150m and is in line with the PPA forecast for 2016/17 and the actual performance for 2015/16. The forecast outturn has reduced significantly during the month and further scrutiny is in progress to understand the reason for the change. A small number of QIPP schemes have been implemented but it is not

expected that these will have materialised in the current forecast as this is based on actual figures related to June prescribing.

Continuing Health Care and Funded Nursing Care

The Month 5 position for the continuing care budget is an overspend of £0.029m, which reflects the current number of patients, average package costs and an uplift to providers of 1.1% until the end of the financial year which has been communicated to providers.

Year-to-date QIPP savings have been transacted against this budget to the value of £0.695m relating to the additional growth budget of 5% included at budget setting. The forecast financial position is taken following this budget reduction, and has been included in the QIPP plan for 2016/17.

Increased costs in respect of Funded Nursing Care were announced in July 2016. The impact for South Sefton CCG is a cost pressure of £0.783m and this cost pressure is now included within the CCG forecast position.

2.4 QIPP and Transformation Fund

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

Figure 3 shows a summary of the current risk rated QIPP plan approved at the Governing Body in May 2016. This demonstrates that although recurrently there are a significant number of schemes in place, further work is being done to move red and amber rated schemes to green rated schemes. The detailed QIPP plan is projected to deliver £6.122m in total during the year

Figure 3 – RAG rated QIPP plan

2016/17 QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	(1,543)	0	(1,543)	(463)	(1,080)	0	(1,543)
Medicines optimisation plan	(1,660)	0	(1,660)	(770)	(890)	0	(1,660)
CHC/FNC plan	(603)	(200)	(803)	(700)	(103)	0	(803)
Discretionary spend plan	(228)	(3,627)	(3,855)	(2,357)	(1,498)	0	(3,855)
Urgent Care system redesign plan	(2,832)	0	(2,832)	(26)	(40)	(2,766)	(2,832)
Total QIPP Plan	(6,866)	(3,827)	(10,693)	(4,316)	(3,611)	(2,766)	(10,693)
Risk rated QIPP plan				(4,316)	(1,806)	0	(6,122)

As shown in **Figure 4** and **5** below, £3.482m has been actioned at Month 5 against a phased plan of £4.803m.

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

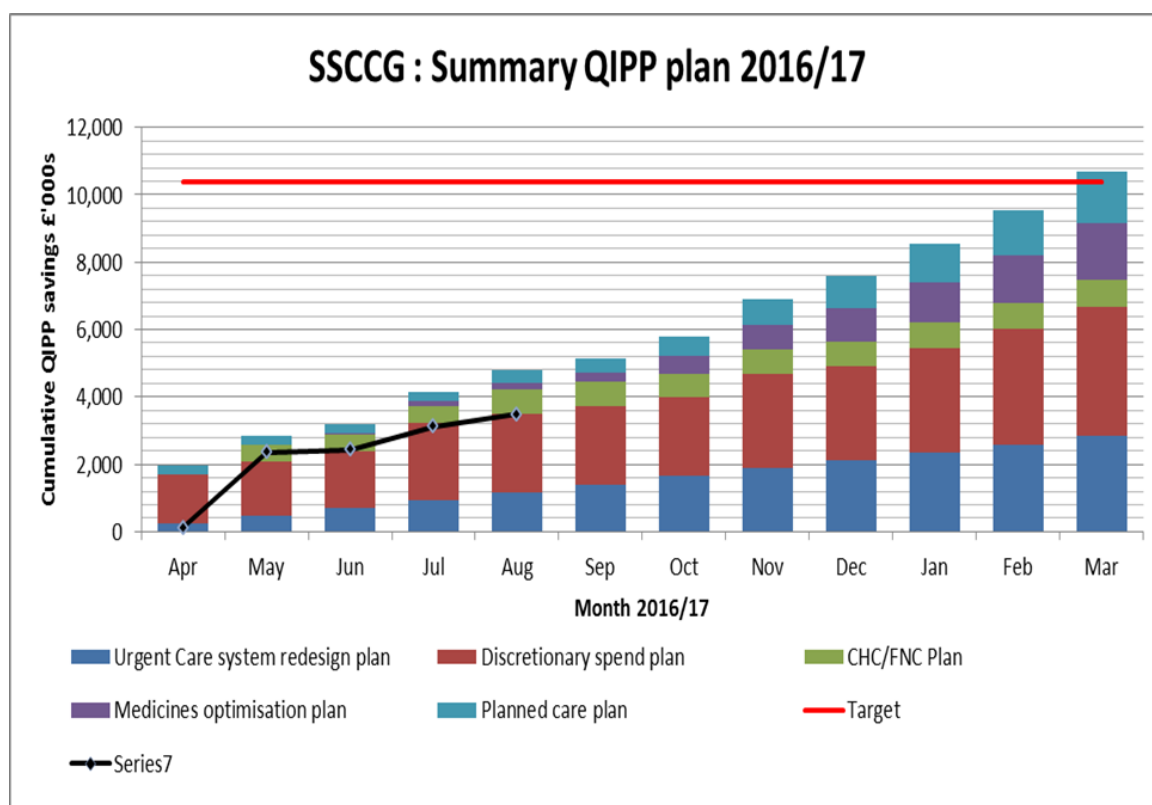


Figure 5 – QIPP performance at month 5

Scheme	In month current month (M5)					
	In month plan	In month actual	Variance	YTD Plan	YTD Actual	Variance
Planned care plan	0	0	0	385	364	(21)
Medicines optimisation plan	70	0	(70)	207	60	(147)
CHC/FNC Plan	200	200	0	700	700	0
Discretionary spend plan	33	33	0	2,332	2,332	(0)
Urgent Care system redesign plan	257	26	(231)	1,179	26	(1,153)
Total	559	259	(300)	4,803	3,482	(1,321)

QIPP delivery is £1.321m below plan at Month 5. There is a significant risk of delivery of the remaining plan with a high proportion of schemes rated red or amber and an increased target over the later months in the financial year,. The CCG and scheme leads in particular, must work to provide further assurance regarding the delivery of schemes in order to deliver the agreed financial plan.

2.5 CCG Running Costs

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

The current year outturn position for the running cost budget is in line with plan. There is a small contingency budget within running costs. An efficiency of £0.049m has contributed to the CCG QIPP target.

2.6 CCG Cash Position

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

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

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

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

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

Month 5 position

Maximum Cash Drawdown (MCD) limit for South Sefton CCG for 2016/17 is £240.274m. Up to Month 5, the actual cash received is £104.341m (43.4% of MCD) against a target of £100.114m (41.7% of MCD).

At Month 5, the forecast financial position is a planned £2.450m surplus. The delivery of this is heavily reliant on QIPP programmes being achieved. If expenditure levels continue, the CCG may not have sufficient cash to meet expenditure requirements for the financial year.

If expenditure levels continue and the CCG does not achieve the planned QIPP targets to deliver the planned surplus of £2.450m, the CCG will need to develop plans to manage the additional cash requirement. Alternatively this will require an additional cash allocation requested from NHS England which cannot be guaranteed.

A full year cash flow forecast, based on information available at month 5, has been produced. This estimates a cash shortfall of £8.340m and we are working with NHS England to assess the impact of this and take appropriate action.

2.7 Evaluation of risks and opportunities

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

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

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

- Acute contracts – The CCG has historically experienced significant growth in acute care year on year, although year-to-date performance shows an underspend, the position is based on data for Month 4 which is still in early stages in the financial year. There is a

particular risk in relation to NEL activity at Aintree following the opening of its new urgent care centre as previously reported.

- All members of the CCG have a role to play in managing these risks including GPs and other Health professionals to ensure individuals are treated in the most clinically appropriate and cost effective way, and the acute providers are charging correctly for the clinical activity that is undertaken. This is continually reviewed during the financial year.
- Prescribing - This is a volatile area of spend but represents one of the biggest opportunities for the CCG, and as such this makes up a significant element of the QIPP program for 2016/17. The monthly expenditure and forecast will need to be monitored closely as QIPP schemes continue to be delivered.
- CHC/FNC – There are increasing financial pressures within the care home economy, primarily arising from recent mandated wage increases in line with the National Minimum wage. The CCG has notified providers of the 1.1% inflationary uplift but a number of providers have since communicated to the CCG that this is not adequate and they require additional uplifts in excess of this. This risk is being managed closely by the Quality team and the CSU and further updates will be provided as appropriate.

2.8 Reserves budgets / Risk adjusted surplus

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

The assessment of the financial position is set out in figure 6. This demonstrates that the CCG is required to deliver a total management action plan of £8.636m in 2016/17 in order to meet the agreed control total with NHS England. This position includes a non-recurrent benefit arising from the forecast underspend on operational budgets.

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

Figure 6 – Summary of Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Target surplus	2.450		2.450
QIPP Target	(4.921)	(5.463)	(10.384)
Revised surplus / (deficit)	(2.471)	(5.463)	(7.934)
Outturn(against operational budgets)	0.000	1.969	1.969
Committed Reserve Budgets	0.000	(0.221)	(0.221)
Management action plan			
Actioned QIPP to date	0.954	2.529	3.482
Additional QIPP required	4.468	0.686	5.154
Total Management Action Plan	5.422	3.215	8.636
Year End Surplus / (Deficit)	2.950	(0.500)	2.450

Figure 7 outlines the best, most likely and worst case scenarios. The best case scenario assumes achievement of the remaining risk adjusted QIPP plan plus additional QIPP identified and delivered and the return of the 1% non-recurrent reserve.

The most likely case assumes the 1% non-recurrent reserve is not returned and further cost pressures emerge within acute care, this will deliver a break even position. The worst case assumes only the risk adjusted QIPP plan is delivered and further acute pressure emerge.

Figure 7 – Risk Rated Financial Position

South Sefton	Best Case £m	Most Likely £m	Worst Case £m
Total QIPP Plan	(10.384)	(10.384)	(10.384)
QIPP achieved to date	3.482	3.482	3.482
Remaining QIPP requirement	(6.902)	(6.902)	(6.902)
Month 4 Forecast (I&E)	1.969	1.969	1.969
Committed Reserve Budgets	(0.221)	(0.221)	(0.221)
Remaining QIPP requirement	(5.154)	(5.154)	(5.154)
Remaining risk adjusted QIPP schemes	2.639	2.639	2.639
Improved Position / Further QIPP Delivery	0.083	0.565	-
1% Non-Recurrent reserve	2.432		
Increased Cost Pressure / Efficiency			
- Acute / Prescribing		(0.500)	(1.500)
- Funded Nursing Care	-	-	-
Planned Surplus	2.450	2.450	2.450
Risk adjusted Surplus / (Deficit)	2.450	0.000	(1.565)

2.9 Recommendations

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

- The CCG is currently forecasting a surplus of £2.450m which is in line with its agreed NHS target surplus of 1%.
- The CCG has a challenging QIPP in the current year, although progress has been made against the phased QIPP plan at month 5, there remains a gap in terms of both in year and forecast outturn delivery. It is imperative that the identified QIPP programme is delivered in full in order to achieve the agreed financial plan.
- In order to deliver the agreed financial plan, the CCG is reliant on return of the 1% non-recurrent reserve, which remains uncommitted as directed by NHS England.
- The CCG is working closely with the transformation advisor to continue to develop the QIPP programme areas in order to achieve the required level of savings in the year.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from member practices to enable the CCG to reduce levels of low value healthcare and improve Value for Money.

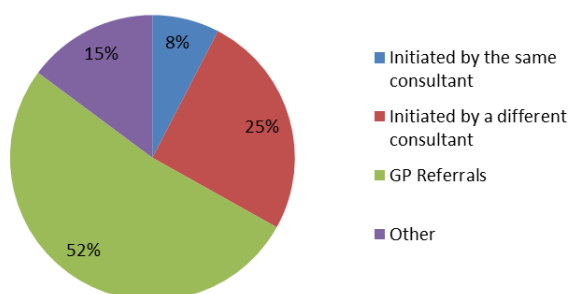
3. Planned Care

3.1 Referrals by source

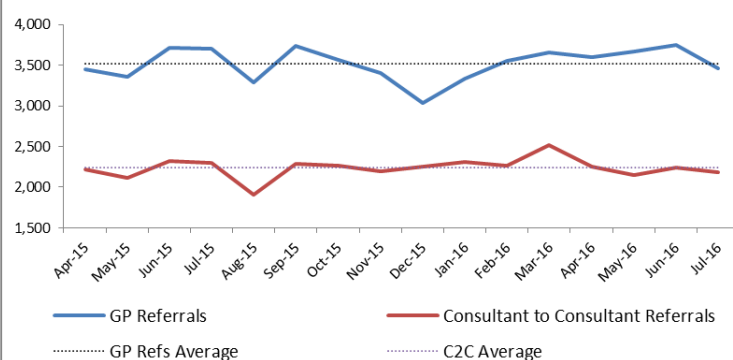
Figure 7 - GP and 'other' referrals for the CCG across all providers for 2015/16 & 2016/17

Referral Type	DD Code	Description	1516 YTD	1617 YTD	Variance	% Variance
GP	03	GP Ref	14,231	14,478	247	2%
GP Total			14,231	14,478	247	2%
Other	01	following an emergency admission	702	546	-156	-22%
	02	following a Domiciliary Consultation	6	1	-5	0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	1,747	1,752	5	0%
	05	A CONSULTANT, other than in an Accident and Emergency Department	5,299	5,100	-199	-4%
	06	self-referral	1,160	1,066	-94	-8%
	07	A Prosthetist	7	7	0	0%
	08	Royal Liverpool Code (TBC)	279	270		
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	387	391	4	1%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	814	1,039	225	28%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	22	22	0	0%
	13	A Specialist NURSE (Secondary Care)	26	30	4	15%
	14	An Allied Health Professional	406	572	166	41%
	15	An OPTOMETRIST	2	4	2	100%
	16	An Orthoptist	2	2	0	0%
	17	A National Screening Programme	9	7	-2	-22%
	92	A GENERAL DENTAL PRACTITIONER	551	623	72	13%
	93	A Community Dental Service	6	1	-5	-83%
	97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	1,450	1,288	-162	-11%
Other Total			12,875	12,721	-154	-1%
Unknown			19	0	-19	-100%
Grand Total			27,125	27,199	74	0%

Referrals Source by Proportion since Apr-15



GP & Consultant to Consultant Referrals per month



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

Data quality note: Walton Neuro Centre has been excluded from the above analysis as Referrals submissions commenced at the start of 2016/17. For info, Walton are recording approx. 80 referrals per month in 2016/17.

3.2 Diagnostic Test Waiting Times

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	16/17 - July	1.00%	0.71%	↕
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	16/17 - July	1.00%	0.73%	↑

3.3 Referral to Treatment Performance

Referral To Treatment waiting times for non-				
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	16/17 - July	0	0	↓
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	16/17 - July	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 - July	92%	93.30%	↔
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 - July	92%	91.30%	↓

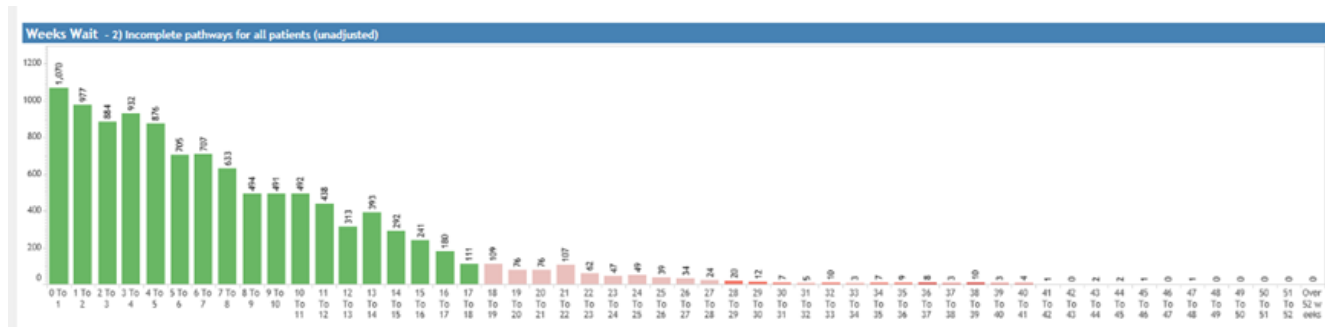
Aintree have narrowly failed to achieve the 92% target in July, reporting 91.3%. Out of a total of 19,626 patients on the pathway, 1,708 patients were still waiting to receive treatment after 18 weeks.

The Trust has seen a decrease in the incomplete performance against the National standard month on month since July 2015. The Trust are reviewing their long waiting patients and capacity within the divisions and additional activity is being undertaken to improve the current situation. In addition to this the RTT Improvement Group meet fortnightly and focus on caseload, long waiters and capacity issues. The CBU management teams have been encouraged to ensure the access policy is followed and patients are booked for treatment to reduce the open pathways. An external and an internal Audit were undertaken in July and the final reports are awaited to highlight any areas of concern and make suggestions for improvement. A paper is currently being finalised to fully understand the failing RTT position and demonstrate some of

the underlying risks with long waiting patients. This will include specialty level recovery plans to sustainably achieve the Incomplete standard.

3.3.1 Incomplete Pathway Waiting Times

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



Governing Body members requested an in depth view of Ophthalmology waiters at the August meeting. Detailed analysis from the Aristotle Business Intelligence tool is below. In summary ophthalmology performance began to deteriorate in April 2016, particularly at Aintree and Royal Liverpool Hospitals. The number of patients waiting is increasing each month.

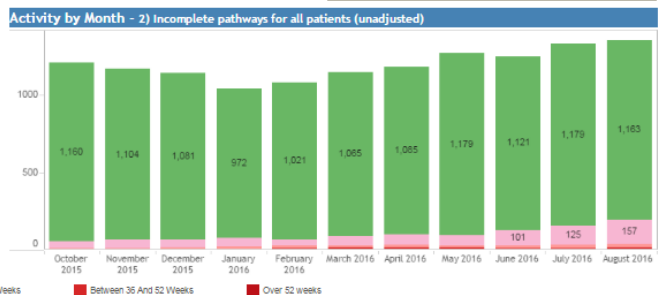
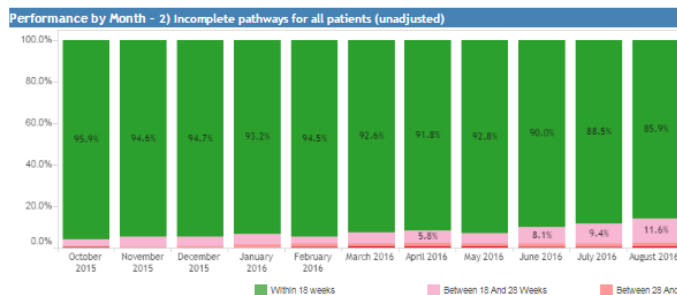


Referral to Treatment by Month



Referral to Treatment Part: 2) Incomplete pathways for all patients (unadjusted)
CCG Name: South Sefton CCG
Provider: All Treatment Function: 130: OPHTHALMOLOGY

Referral to Treatment Pathway
2) Incomplete pathways for all patients (unadjusted)

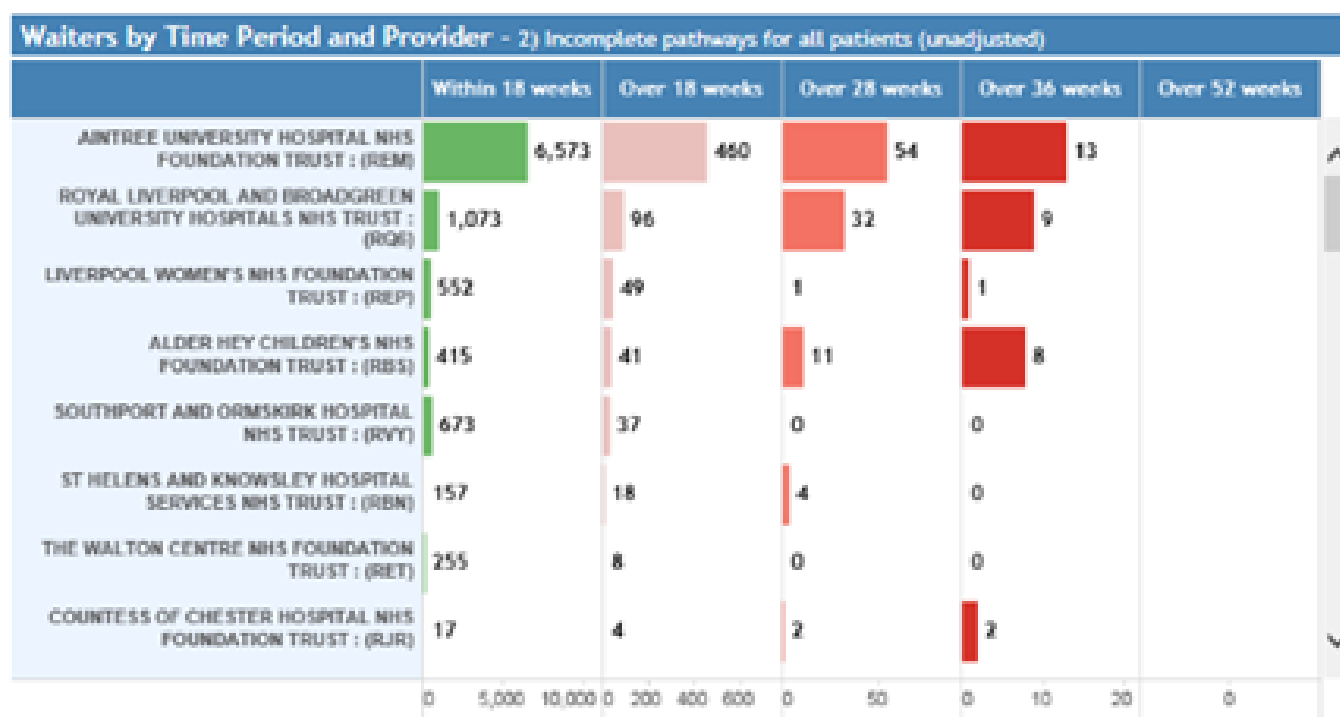


Provider	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016
Aintree University Hospital NHS Foundation Trust : (REF)	95.6%	94.6%	94.9%	93.7%	94.7%	92.2%	90.9%	92.4%	88.6%	87.2%	83.8%
Royal Liverpool and Broadgreen University Hospitals NHS Trust : (RQB)	94.7%	91.8%	92.2%	88.7%	93.2%	91.2%	93.2%	92.8%	92.4%	91.1%	90.1%
Southport and Ormskirk Hospital NHS Trust : (RVP)	100.0%	100.0%	96.5%	97.9%	96.8%	100.0%	98.8%	96.3%	98.6%	97.5%	100.0%
Ramsay Healthcare UK Operations Limited : (NVC)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
ISIGHT : (NCR)	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
St Helens and Knowsley Hospital Services NHS Trust : (RBN)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	75.0%	100.0%
Warrington and Halton Hospitals NHS Foundation Trust : (RWW)		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
Fairfield Hospital : (NVG)	100.0%	100.0%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Spire Healthcare : (NT3)		100.0%	100.0%	100.0%	100.0%	100.0%		100.0%		100.0%	100.0%

Treatment Function	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016
Other	97.3%	96.2%	97.4%	97.4%	97.3%	97.0%	97.4%	97.2%	96.6%	95.9%	95.9%
130: OPHTHALMOLOGY	95.9%	94.6%	94.7%	93.2%	94.5%	92.6%	91.8%	92.8%	90.0%	88.5%	85.9%
110: TRAUMA & ORTHOPAEDICS	93.2%	92.7%	94.3%	93.1%	91.8%	91.0%	91.4%	92.7%	92.0%	92.0%	90.4%
100: GENERAL SURGERY	96.5%	96.7%	95.2%	95.6%	95.1%	94.9%	94.4%	95.3%	93.4%	93.4%	94.0%
120: ENT	95.1%	95.0%	95.4%	95.5%	95.5%	95.8%	95.5%	95.5%	95.0%	93.8%	91.5%
301: GASTROENTEROLOGY	96.4%	97.4%	97.8%	97.5%	97.3%	95.8%	97.2%	97.3%	95.6%	96.2%	96.1%
330: DERMATOLOGY	92.9%	93.7%	91.9%	93.8%	95.3%	96.6%	97.3%	96.9%	96.4%	94.5%	91.7%
502: GYNAECOLOGY	95.0%	95.7%	96.2%	93.6%	93.7%	95.3%	95.5%	96.9%	93.9%	92.7%	92.7%
320: CARDIOLOGY	98.5%	98.6%	99.2%	100.0%	99.8%	99.1%	97.3%	98.5%	98.3%	98.3%	98.4%

3.3.1 Long Waiters analysis: Top 5 Providers

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



3.3.2 Provider assurance for long waiters

Trust	Speciality	No of weeks waited	Reason for the delay
Aintree	Thoracic Medicine	41	Had follow up appointment 30-8-16 and was discharged. Reason for delay capacity issues
Aintree	Ophthalmology	44	Discharged by to GP - Patient cancelled previous appointments and doesn't want to be seen until November
Alder Hey	Other	40	TCI Date 15-9-16 - Community Paeds – Demand and capacity shortfall
Alder Hey	Other	40	TCI Date 22-8-16 – Attended treated – Community Paeds - Demand and Capacity shortfall
Alder Hey	Other	45	TCI Date 16-9-16 – Community Paeds – Demand and Capacity shortfall
Alder Hey	Other	47	TCI date 16-9-16. Community Paeds – Demand and Capacity shortfall
Countess of Chester	ENT	44	Patient unavailable due to operation then holiday
Liverpool Women's	Gynaecology	40	Discharged 8-8-16 – Combination of complicated diagnosis, with patient engagement (DNA's & altering appointments

RLBUHT	T&O	43	Patient on inpatient waiting list awaiting TCI date
RLBUHT	General Surgery	43	Validated – no longer a long waiter
University College London	Gynaecology	40	August data shows no longer a long waiter and off the list.

3.1 Cancelled Operations

3.1.1 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 - July	0	0	1 ↔

3.1.2 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 - July	0	0	1 ↔

3.2 Cancer Indicators Performance

3.2.1- 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 - July	93%	95.40%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	16/17 - July	93%	95.03%	↑
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 - July	93%	94.12%	↓
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 - July	93%	93.38%	↑

3.2.2 - 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 - July	96%	98.37%	↑
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	16/17 - July	96%	99.74%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	16/17 - July	94%	96.36%	↓
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	16/17 - July	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	16/17 - July	94%	95.35%	↓
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	16/17 - July	94%	98.90%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	16/17 - July	98%	98.68%	↓
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	16/17 - July	98%	100.00%	↔

3.2.3 - 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 - July	85% local target	90.40%	↓
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 - July	85% local target	92.66%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	16/17 - July	90%	100.00%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	16/17 - July	90%	93.02%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	16/17 - July	85%	86.96%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	16/17 - July	85%	85.71%	↔

3.3 Patient Experience of Planned Care

Friends and Family Response Rates and Scores Aintree University Hospital NHS Trust

Clinical Area	Response Rate (RR) Target	RR Actual (July 2016)	RR - Trajectory From Previous Month (May 16)	% Recommended (Eng. Average)	% Recommended (July 2016)	PR - Trajectory From Previous Month (June 2016)	% Not Recommended (Eng. Average)	% Not Recommended (July 2016)	PNR - Trajectory From Previous Month (June 16)
Inpatients	25%	20.5%	↓	96.0%	96%	↔	2.0%	2%	↔

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

- % Response Rate
- % Recommended
- % Not Recommended

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target way in excess of the regional and national response rates for both inpatients and A&E, but are under target for inpatients in July.

For Inpatient services, the percentage of people who would recommend that service is the same as the England average and is in line with the previous month (June 2016). The percentage of people who would not recommend the inpatient service is also the same the England average.

Aintree's Patient Experience Lead recently attended the CCG's EPEG group and provided an update of their Patient Experience Strategy and how they use Friends and Family data. They demonstrated how feedback obtained is informing the trust how they can improve services for its patients. The presentation was well received by EPEG and gave assurances that patient engagement and experience is viewed as important as clinical effectiveness and safety in making up quality services. The Trust's quarterly Patient Feedback Report contains detailed analysis regarding FFT, this report will be reviewed at CQPGs on a quarterly basis, and the Quarter 1 report will be presented in September.

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

3.4 Planned Care Activity & Finance, All Providers

Performance at Month 4 of financial year 2016/17, against planned care elements of the contracts held by NHS South Sefton CCG shows an over-performance of -£247k, which is a percentage variance of -1%. At specific trusts, Renacres and Alder Hey are reporting the largest cost variances with totals of £78k and £121k respectively. Over spend is offset by underperformance at a numbers of Trusts, namely, Aintree University Hospital -£428k and Southport & Ormskirk Hospital -£114k.

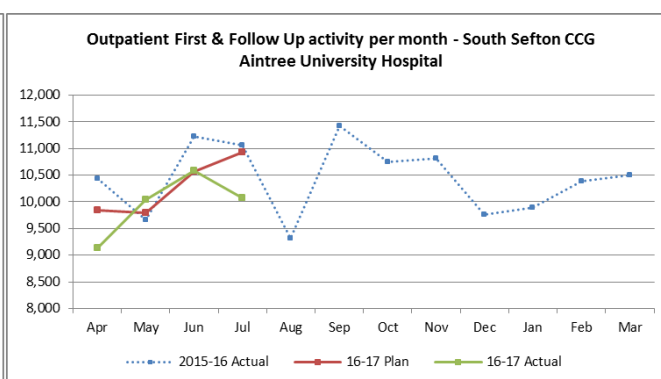
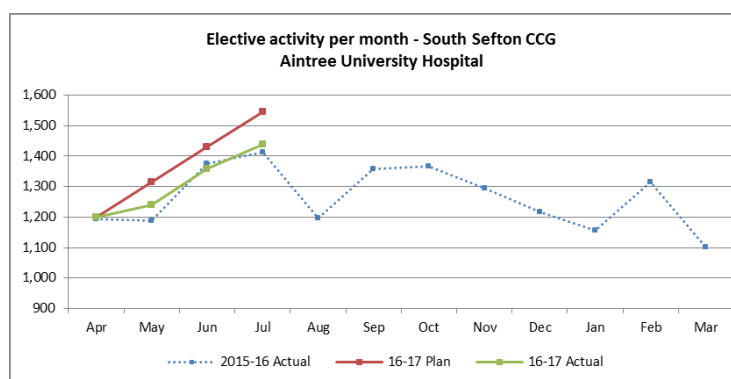
Figure 10 Planned Care - All Providers

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	58,949	57,432	-1,517	-3%	£10,890	£10,462	-£428	-4%
Alder Hey Childrens NHS F/T	2,254	4,594	2,340	104%	£560	£682	£121	22%
Central Manchester University Hospitals Nhs Foundation Trust	29	55	26	92%	£7	£9	£2	21%
Countess of Chester Hospital NHS Foundation Trust	0	60	60	0%	£0	£6	£6	0%
East Cheshire NHS Trust	0	1	1	0%	£0	£0	£0	0%
Fairfield Hospital	42	62	20	48%	£7	£15	£8	108%
ISIGHT (SOUTHPORT)	87	209	122	139%	£22	£49	£27	125%
Liverpool Heart and Chest NHS F/T	386	400	14	4%	£127	£165	£37	29%
Liverpool Womens Hospital NHS F/T	5,441	5,395	-46	-1%	£1,127	£1,081	-£47	-4%
Renacres Hospital	1,495	2,231	736	49%	£526	£604	£78	15%
Royal Liverpool & Broadgreen Hospitals	10,169	10,291	122	1%	£1,895	£1,893	-£1	0%
Southport & Ormskirk Hospital	4,760	4,927	167	4%	£1,023	£909	-£114	-11%
SPIRE LIVERPOOL HOSPITAL	954	759	-195	-20%	£301	£272	-£28	-9%
ST Helens & Knowsley Hospitals	1,381	1,404	23	2%	£366	£397	£31	8%
University Hospital Of South Manchester Nhs Foundation Trust	36	39	3	7%	£5	£8	£3	56%
Wirral University Hospital NHS F/T	153	148	-5	-3%	£41	£44	£3	7%
Wrightington, Wigan And Leigh Nhs Foundation Trust	282	405	123	44%	£102	£157	£55	54%
Grand Total	86,416	88,412	1,996	2%	£16,999	£16,751	-£247	-1%

3.4.1 Planned Care Aintree University Hospital NHS Foundation Trust

Figure 11 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	4,527	4,400	-127	-3%	£2,931	£2,786	-£145	-5%
Elective	690	569	-121	-18%	£1,925	£1,732	-£194	-10%
Elective Excess BedDays	273	267	-6	-2%	£60	£60	£0	-1%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	149	98	-51	-34%	£27	£20	-£7	-27%
OPFANFTF - Outpatient first attendance non face to face	839	1,019	180	22%	£24	£26	£2	9%
OPFASPCL - Outpatient first attendance single professional consultant led	11,152	11,160	8	0%	£1,676	£1,700	£24	1%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	492	409	-83	-17%	£54	£54	£1	1%
OPFUPNFTF - Outpatient follow up non face to face	1,062	1,463	401	38%	£26	£35	£10	38%
OPFUPSPCL - Outpatient follow up single professional consultant led	27,450	25,695	-1,755	-6%	£2,186	£2,066	-£120	-5%
Outpatient Procedure	7,154	6,951	-203	-3%	£1,183	£1,175	-£8	-1%
Unbundled Diagnostics	4,676	4,897	221	5%	£428	£430	£3	1%
Wet AMD	485	503	18	4%	£370	£377	£7	2%
Grand Total	58,949	57,431	-1,518	-3%	£10,890	£10,461	-£428	-4%



Planned Care at Aintree University Hospital is reporting a year to date under performance of -£428k which equates to a -4% under performance. Under-Performance is driven by Daycase/Elective costs which show a combined cost variance of -£339k.

3.4.2 Planned Care Southport & Ormskirk Hospital

Figure 12 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	311	316	5	1%	£252	£209	£44	-17%
Elective	74	55	-19	-26%	£214	£155	£59	-28%
Elective Excess BedDays	0	1	1	105%	£0	£0	£0	150%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	94	25	-69	-73%	£14	£4	£9	-68%
OPFANFTF - Outpatient first attendance non face to face	0	6	6	0%	£0	£0	£0	0%
OPFASPCL - Outpatient first attendance single professional consultant led	736	916	180	24%	£109	£130	£21	19%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	194	62	-132	-68%	£19	£7	£12	-62%
OPFUPNFTF - Outpatient follow up non face to face	0	32	32	0%	£0	£1	£1	0%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,732	1,880	148	9%	£155	£165	£9	6%
OPFUPSPNCL - Outpatient follow up single professional non- consultant led	0	99	99	0%	£0	£2	£2	0%
Outpatient Procedure	1,333	1,230	-103	-8%	£237	£211	£25	-11%
Unbundled Diagnostics	284	305	21	7%	£22	£24	£2	10%
Grand Total	4,760	4,927	167	4%	£1,023	£909	£114	-11%

Planned care at Southport & Ormskirk Trust remains below plan with the focus of underperformance in Day Case and Elective PODs. The Trust commented the main reason behind this is difficulty in recruiting theatre staff and Anaesthetists, as such capacity is down. This is also having a knock on effect on Trusts RTT performance.

3.4.3 Renacres Hospital

Figure 13 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	192	204	12	6%	£215	£236	£21	10%
Elective	34	33	-1	-4%	£163	£167	£4	3%
OPFASPCL - Outpatient first attendance single professional consultant led	407	464	57	14%	£58	£66	£8	14%
OPFUPSPCL - Outpatient follow up single professional consultant led	487	1,144	657	135%	£41	£67	£27	65%
Outpatient Procedure	234	192	-42	-18%	£34	£47	£13	37%
Unbundled Diagnostics	141	194	53	38%	£14	£19	£5	38%
Grand Total	1,495	2,231	736	49%	£526	£604	£78	15%

Renacres over performance of £95k/25% is largely driven by a £41k over performance in Daycase, with £22k of that variance in Trauma & Orthopaedics. In terms of HRG performance in T&O, HB61C – Major Shoulder and Upper Arm Procedure without CC” continues to over perform which is a continuation of the later part of 2015/16.

4. Unplanned Care

4.1 Accident & Emergency Performance

A&E waits					
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	16/17 - July	95.00%	88.77%	↓	The CCG have failed the target in July reaching 87.6% and year to date reaching 88.77%. In July 1045 attendances out of 8452 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 - June	95.00%	80.03%	↔	The CCG have failed the target in July reaching 78.3% (year to date 80.03%). In July 780 attendances out of 3589 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 - July	STP Trajectory Target for June 92%	87.92%	↓	Aintree have failed the STP target of 93% in July reaching 86%. In June, 2026 attendances out of 14425 were not admitted, transferred or discharged within 4 hours. Year to date they are achieving 87.40%.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	16/17 - June	95.00%	76.27%	↓	Aintree have failed the target in July reaching 72.5% and year to date reaching 76.27%. In July 1413 attendances out of 6509 were not admitted, transferred or discharged within 4 hours.

Aintree are aiming to meet STF trajectory of 95% by September 2016 as agreed with NHSI. Type 1 AED attendances were over 11% higher in July 2016 than in July 2015 with the trend continuing upwards over the past 12 months. Implementation of the Emergency and Acute Care Plan continues with AED, Frailty and Ward work-streams ongoing. Until all the work-streams have been implemented and embedded, delivery of the 4 hour standard will be difficult to achieve. Consultant recruitment is also ongoing however the number of applications has been limited. Implementation of the TTL rota also commenced in July 2016 which provides separate medical cover for trauma throughout out evenings and weekends. This ensures that the AED team can focus on maintaining core AED function during these times. An action plan to reduce the numbers of medically optimised patients also remains in place. This includes weekly MADEs and implementation of actions from Safer Start/MADE and the implementation of actions arising from the rapid improvement event on delayed discharges in May, facilitated by NHSI. Follow-up workshops taking place to monitor progress.

4.2 Ambulance Service Performance

Category A ambulance calls					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	16/17 - July	75%	74.90%	↓	The CCG is slightly under the 75% target year to date reaching 74.9%. In July out of 71 incidents there were 20 breaches (71.4%)
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	16/17 - July	75%	64.80%	↓	The CCG was under the 75% target year to date reaching 64.8%. In July out of 880 incidents there were 374 breaches (57.6%).
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	16/17 - July	95%	93.10%	↓	The CCG was under the 95% target year to date reaching 93.1%. In July out of 951 incidents there were 81 breaches (91.4%)
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	16/17 - July	75%	73.57%	↓	NWAS reported just under the 75% target year to date reaching 73.57%.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	16/17 - July	75%	65.60%	↓	NWAS failed to achieve the 75% target year to date reaching 65.6%
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	16/17 - July	95%	91.20%	↔	NWAS failed to achieve the 95% target year to date reaching 91.20%.

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Aintree	16/17 - July	0	262	↑	The Trust recorded 262 handovers between 30 and 60 minutes, this is a decline on last month when 172 was reported.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Aintree	16/17 - July	0	258	↑	The Trust recorded 258 handovers over 60 minutes, this is significantly up on last month when 146 was reported.

South Sefton CCG failed all 3 indicators for ambulance. (See above of number of incidents / breaches).

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

In respect of ambulance turnaround times, the Trust experienced an increase in the number of delays in excess of 30 minutes during July 2016. Ambulance turnaround times remain a key focus for improvement and review of the Ambulance Escalation Plan is being undertaken. Work with NWAS and all partners is also ongoing to ensure delivery of actions agreed at the NHSI workshop in July 2016, including the implementation of actions arising from the Cheshire and Merseyside Ambulance Handover Concordat.

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 - July	80%	61.10%	↑	Aintree have failed to achieve the target in July with only 22 patients out of 36 spending at least 90% of their time on a stroke unit.
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	16/17 - July	60%	100%	↔	

Stroke performance fell below the required national standard of 80% during July 2016 with the Trust reporting performance of 61.1% (+4%). The number of patients discharged from the Trust with a diagnosis of stroke decreased to 36 (-14) and 22 of those spent at least 90% of their time on the stroke unit, 14 patients did not. Analysis of Stroke performance during June 2016 illustrates that unavailability of a stroke bed (2) Patients referred to the stroke team after scanning (3) taking self-discharge from the Trust (2) are the most frequently recorded reasons for patients not spending at least 90% of their stay on the Stroke Unit. It is noted that the Trust overall SSNAP score for January 2016 to March 2016 has dropped from B to a C.

The Stroke Unit work was completed in December 2015: this increased the number of stroke beds from 29 to 33. Nurse recruitment is in progress following business case approval for hyper acute stroke beds and the therapy business case is being reviewed. Two HASU beds opened in June 2016. Since opening the number of Stroke outliers has significantly reduced.

The CCG has requested a full performance report from the Trust regarding Stroke underperformance, a report has been submitted and discussed at the CQPG in September.

4.3.2 Mixed Sex Accommodation

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

In July the CCG had 1 mixed sex accommodation breaches (a rate of 0.2) and have therefore breached the zero tolerance threshold. The breach was at Southport & Ormskirk.

4.3.3 Healthcare associated infections (HCAI)

HCAI					
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	16/17 - July	18	18	↑	The CCG had 4 new cases reported in July 2016, 18 year to date. Of the 18 cases reported year to date 16 have been aligned to Aintree Hospital and 2 to the Royal Liverpool Broadgreen Hospital, (9 apportioned to acute trust and 9 apportioned to community). The year to date plan is 54.
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	16/17 - July	15	18 (14 following appeal)	↑	There were 4 new cases reported in July year to date a total of 18 against a year to date plan of 15 so are now over plan. The year-end plan is 46.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	16/17 - July	0	0	↔	There were no new cases reported in July of MRSA for the CCG against a zero tolerance target.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	16/17 - July	0	0	↔	The Trust recorded no new cases of MRSA in July.

In total this year there have been 18 patients with Trust apportioned CDI including 4 cases in July. However, 4 cases were successful at CCG appeal and so for performance from April – July 2016 there have been 14 cases, against a monthly ytd plan of 15.

4.3.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	16/17 - July	100	94.01	↑
Summary Hospital Level Mortality Indicator (SHMI)	16/17 - Q1	100	103.64	

HSMR is reported for the period April 2015 – March 2016 and is below expected at 94.01, this is higher than last month when 90.48 was reported.

SHMI for the period January 2015 - December 2015 is 'as expected' at 103.6.

4.4 CCG Serious Incident Management

Number of Serious Incidents reported in period

There have been 6 serious incidents reported in August 2016 which have affected South Sefton CCG patients. 2 Merseycare, 3 Liverpool Community Health (pressure ulcers) and 1 Cheshire and Wirral Partnership.

South Sefton CCG Incidents Reported By NHS Providers April – August 2016

Provider / Type of Incident	Apr	May	Jun	Jul	Aug	YTD
Aintree University Hospital NHS Foundation Trust						
Apparent/actual/suspected self-inflicted harm meeting SI criteria	1					1
HCAI/Infection control incident meeting SI criteria	1					1
Pressure ulcer meeting SI criteria		1	1			2
Cheshire and Wirral Partnership NHS Foundation Trust						
Failure to obtain appropriate bed for child who needed it					1	1
Liverpool Community Health NHS Trust						
Apparent/actual/suspected self-inflicted harm meeting SI criteria		1				1
Pressure ulcer meeting SI criteria		3	6		3	12
Slips/trips falls meeting SI criteria			1			1
Treatment Delay	1					1
Merseycare Trust						
Abuse/alleged abuse of adult patient by staff			1		1	2
Apparent/actual/suspected self-inflicted harm meeting SI criteria	1	1	2	1		5
Disruptive/aggressive/violent behaviour meeting SI criteria					1	1
Pending review (a category must be selected before incident is closed)			1			1
Slips/trips falls meeting SI criteria		1				1
Substance misuse whilst inpatient meeting SI criteria		1				1
North West Ambulance Service NHS Foundation Trust						
Sub-optimal care of the deteriorating patient meeting SI criteria	1					1
Southport and Ormskirk Hospital NHS Trust						
Confidential info leak/IG breach meeting SI criteria	1					1
The Walton Centre NHS Foundation Trust						
Pending review			1			1
Grand Total	6	8	13	1	6	34

There was 1 serious incident raised by Aintree University NHS Foundation Trust in August 2016 which equates to a total of 15 serious incidents year to date, one of these being a Never Event.

Serious Incidents by Patient CCG for Aintree University Hospital NHS Foundation Trust

CCG Name / Incident Type	Apr	May	Jun	Jul	Aug	YTD
Knowsley CCG						
Apparent/actual/suspected self-inflicted harm meeting SI criteria	1					1
Surgical/invasive procedure incident meeting SI criteria				1		1
Treatment delay meeting SI criteria				2		2
Liverpool CCG						
Apparent/actual/suspected self-inflicted harm meeting SI criteria		1				1
Diagnostic incident including delay meeting SI criteria (including failure to act on test result)			1			1
Medication incident meeting SI criteria		1				1
Pressure ulcer meeting SI criteria			1			1
Sub-optimal care of the deteriorating patient meeting SI criteria					1	1
South Sefton CCG						
Apparent/actual/suspected self-inflicted harm meeting SI criteria	1					1
HCAI/infection control incident meeting SI criteria	1					1
Pressure ulcer meeting SI criteria		1	1			2
St. Helens CCG						
Surgical/invasive procedure incident meeting SI criteria	1					1
Out of Area						
Pressure ulcer meeting SI criteria				1		1
Grand Total	4	3	3	4	1	15

Number of Never Events reported in period

The 1 Never Event which was reported in July from Aintree University NHS Foundation Trust related to a Knowsley CCG patient. The incident was a wrong site surgery.

Serious Incidents Open on StEIS

There are a total of 60 serious incidents which are open on StEIS where South Sefton CCG is either lead commissioner or the responsible commissioner.

Serious Incidents Open on StEIS for South Sefton CCG Patients

Year	Provider	No of Open Incidents	
2013	Merseycare NHS Trust	1	1
2014	Aintree University Hospital NHS Trust	1	1
2015	Aintree University Hospital NHS Trust	2	14
	Airedale NHS Foundation Trust	1	
	Alder Hey Childrens Hospital NHS Trust	1	
	Liverpool Community Health	3	
	Merseycare NHS Trust	3	
	Southport & Ormskirk NHS Trust	4	
2016	Aintree University Hospital NHS Trust	4	44
	Cheshire & Wirral Partnership	1	
	Liverpool Community Health	17	
	Liverpool Womens	1	
	Merseycare NHS Trust	18	
	North West Ambulance Service	1	
	Royal Liverpool Broadgreen	1	
	The Walton Centre	1	

South Sefton CCG Incidents Reported By NHS Providers April – August 2016/17

Provider / Type of Incident	Apr	May	Jun	Jul	Aug	YTD
Aintree University Hospital NHS Foundation Trust						
Apparent/actual/suspected self-inflicted harm meeting SI criteria	1					1
HCAI/Infection control incident meeting SI criteria	1					1
Pressure ulcer meeting SI criteria		1	1			2
Cheshire and Wirral Partnership NHS Foundation Trust						
Failure to obtain appropriate bed for child who needed it					1	1
Liverpool Community Health NHS Trust						
Apparent/actual/suspected self-inflicted harm meeting SI criteria		1				1
Pressure ulcer meeting SI criteria		3	6		3	12
Slips/trips falls meeting SI criteria			1			1
Treatment Delay	1					1
Merseycare Trust						
Abuse/alleged abuse of adult patient by staff			1		1	2
Apparent/actual/suspected self-inflicted harm meeting SI criteria	1	1	2	1		5
Disruptive/aggressive/violent behaviour meeting SI criteria					1	1
Pending review (a category must be selected before incident is closed)			1			1
Slips/trips falls meeting SI criteria		1				1
Substance misuse whilst inpatient meeting SI criteria		1				1
North West Ambulance Service NHS Foundation Trust						
Sub-optimal care of the deteriorating patient meeting SI criteria	1					1
Southport and Ormskirk Hospital NHS Trust						
Confidential info leak/IG breach meeting SI criteria	1					1
The Walton Centre NHS Foundation Trust						
Pending review			1			1
Grand Total	6	8	13	1	6	34

Serious Incident Open > 100 Days on StEIS

There are a total of 28 serious incidents on StEIS where South Sefton holds either lead commissioner responsibilities or are the responsible commissioner.

Year	Provider	No of Open Incidents	
2013	Merseycare	1	1
2014	Aintree University Hospital NHS Trust	1	1
2015	Aintree University Hospital NHS Trust	2	14
	Airedale NHS Foundation Trust	1	
	Alder Hey Childrens Hospital	1	
	Liverpool Community Health	3	
	Merseycare	3	
	Southport & Ormskirk NHS Trust	4	
2016	Aintree University Hospital NHS Trust	1	12
	Liverpool Community Health	2	
	Liverpool Womens	1	
	Merseycare	4	
	Royal Liverpool Broadgreen	1	
	Southport & Ormskirk NHS Trust	3	

The 2014 incident is due to be closed in September at the internal serious incident meeting, following agreement with the GP clinical lead. This relates to the independent external review which was commissioned by the CCG due to non-transmission of pathology results from Aintree University Hospital NHS Foundation Trust. The outcome of the review has been submitted to the CCG Clinical Quality Committee and will be reported through to Governing Body. A Task & Finish Group will reconvene in September 2016 with a new TOR and will focus on the actioning of the recommendations from the independent report.

Serious Incidents Open on StEIS > 100 Day at Aintree University Hospitals NHS Foundation Trust

Year	Provider	No of Open Incidents	
2014	GP Practice within South Sefton	1	1
2015	GP Practice within Knowsley	1	8
	GP Practice within Liverpool	4	
	GP Practice within South Sefton	2	
	GP Practice within West Lancs	1	
2016	GP Practice within Knowsley	1	7
	GP Practice within Liverpool	4	
	GP Practice within South Sefton	1	
	GP Practice within St Helens	1	

All serious incidents are managed via the CCG's internal serious incident meetings. Incidents remain open on StEIS with recommendation for closure once assurance has been provided that system learning has been embedded.

There are regular monthly meetings in place with Aintree University Hospital, Mersey Care Trust and Southport and Ormskirk Hospital to support engagement and relationship management.

4.5 Delayed Transfers of Care

	2016-17			
Agency Responsible	Apr	May	Jun	Jul
NHS - Patients Delayed	30	26	26	28
NHS - Days Delayed	808	773	863	677
Social Care - Patients Delayed	3	4	10	7
Social Care - Days Delayed	85	184	153	228

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.

4.6 Patient Experience of Unplanned Care

Friends and Family Response Rates and Scores

Aintree University Hospital NHS Trust

Clinical Area	Response Rate (RR) Target	RR Actual (July 2016)	RR - Trajectory From Previous Month (May 16)	% Recommended (Eng. Average)	% Recommended (July 2016)	PR - Trajectory From Previous Month (June 2016)	% Not Recommended (Eng. Average)	% Not Recommended (July 2016)	PNR - Trajectory From Previous Month (June 16)
A&E	15%	18.1%	↔	85.0%	85%	↔	8%	8%	↔

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

- % Response Rate
- % Recommended
- % Not Recommended

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

The percentage of people that would recommend A&E has remained the same since May 2016, and is the same as the England average. The percentage of people who would not recommend the A&E is also the same the England average.

Aintree's Patient Experience Lead recently attended the CCG's EPEG group and provided an update of their Patient Experience Strategy and how they use Friends and Family data. They demonstrated how feedback obtained is informing the trust how they can improve services for its patients. The presentation was well received by EPEG and gave assurances that patient engagement and experience is viewed as important as clinical effectiveness and safety in making up quality services. The Trust's quarterly Patient Feedback Report contains detailed analysis regarding FFT, this report will be reviewed at CQPGs on a quarterly basis, and the Quarter 1 report will be presented in October.

4.7 Unplanned Care Activity & Finance, All Providers

Performance at Month 4 of financial year 2016/17, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£347k. This under-performance is clearly driven by Aintree Hospital reporting an under performance of £315k/-3%. Alder Hey Children's Hospital is reporting the largest year to date over performance with a £55k/8% variance.

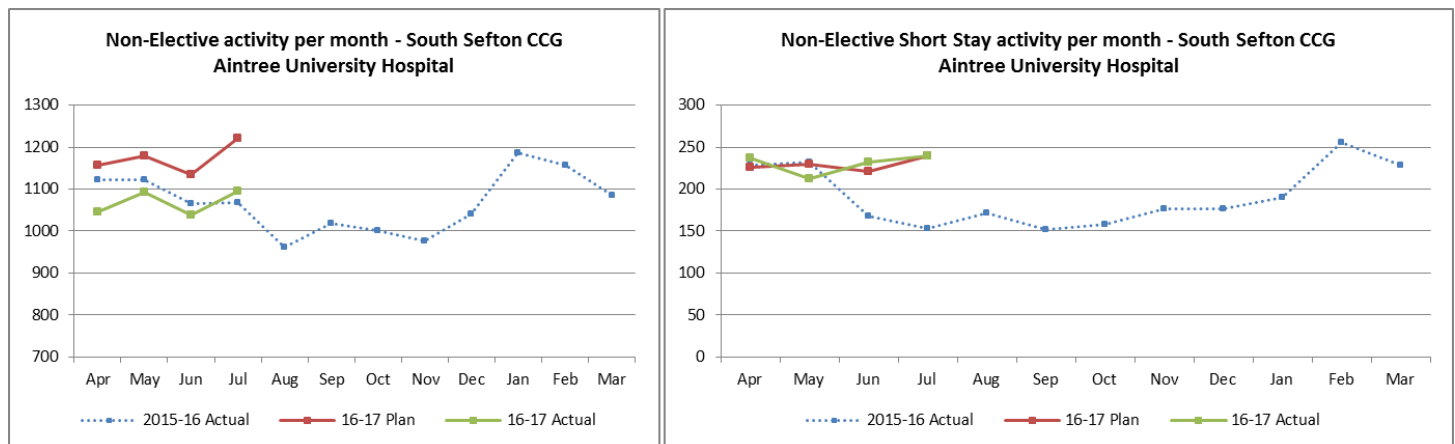
Figure 14 Unplanned Care – All Providers

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	32,064	35,119	3,055	10%	£11,758	£11,443	-£315	-3%
Alder Hey Childrens NHS F/T	3,176	3,291	115	4%	£665	£720	£55	8%
Central Manchester University Hospitals Nhs Foundation Trust	22	19	-3	-15%	£5	£4	-£2	-31%
Countess of Chester Hospital NHS Foundation Trust	0	21	21	0%	£0	£13	£13	0%
Liverpool Heart and Chest NHS F/T	77	43	-34	-44%	£87	£119	£32	36%
Liverpool Womens Hospital NHS F/T	1,283	1,098	-185	-14%	£1,115	£1,105	-£10	-1%
Royal Liverpool & Broadgreen Hospitals	2,183	1,823	-360	-17%	£809	£692	-£117	-14%
Southport & Ormskirk Hospital	4,263	4,320	57	1%	£967	£946	-£20	-2%
ST Helens & Knowsley Hospitals	303	361	58	19%	£120	£138	£18	15%
University Hospital Of South Manchester Nhs Foundation Trust	14	13	-1	-7%	£5	£5	£0	4%
Wirral University Hospital NHS F/T	82	71	-11	-14%	£30	£24	-£5	-18%
Wrightington, Wigan And Leigh Nhs Foundation Trust	14	19	5	36%	£5	£9	£4	83%
Grand Total	43,481	46,198	2,717	6%	£15,565	£15,218	-£347	-2%

4.7.1 Unplanned Care Aintree University Hospital NHS Foundation Trust

Figure 15 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospitals Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E WIC Litherland	13,494	15,564	2,070	15%	£321	£321	£0	0%
A&E - Accident & Emergency	10,245	10,595	350	3%	£1,267	£1,314	£47	4%
NEL - Non Elective	4,678	4,255	-423	-9%	£8,943	£8,309	-£634	-7%
NELNE - Non Elective Non-Emergency	15	16	1	8%	£41	£50	£9	21%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	13	89	76	564%	£3	£19	£15	477%
NELST - Non Elective Short Stay	917	920	3	0%	£601	£651	£49	8%
NELXBD - Non Elective Excess Bed Day	2,702	3,680	978	36%	£580	£778	£198	34%
Grand Total	32,064	35,119	3,055	10%	£11,758	£11,443	-£315	-3%



Urgent Care under spend of -£3157k is driven by a -£634k under performance in Non Elective activity. This under performance offsets the £198k over performance seen in Non Elective

Excess Bed Days. Excess bed days are being driven by two specialties; Geriatric Medicine and Trauma & Orthopaedics.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 16 NHS South Sefton CCG – Shadow PbR Cluster Activity

PBR Cluster	Caseload as at 31/07/2016	2016/17 Plan	Variance from Plan	Variance on 31/07/2015
0 Variance	95	88	7	5
1 Common Mental Health Problems (Low Severity)	48	42	6	6
2 Common Mental Health Problems (Low Severity with greater need)	44	22	22	15
3 Non-Psychotic (Moderate Severity)	210	217	(7)	(14)
4 Non-Psychotic (Severe)	207	215	(8)	15
5 Non-psychotic Disorders (Very Severe)	62	62	-	3
6 Non-Psychotic Disorder of Over-Valued Ideas	45	40	5	3
7 Enduring Non-Psychotic Disorders (High Disability)	228	192	36	41
8 Non-Psychotic Chaotic and Challenging Disorders	108	98	10	15
10 First Episode Psychosis	132	138	(6)	10
11 On-going Recurrent Psychosis (Low Symptoms)	397	433	(36)	(42)
12 On-going or Recurrent Psychosis (High Disability)	340	307	33	30
13 On-going or Recurrent Psychosis (High Symptom & Disability)	103	112	(9)	(3)
14 Psychotic Crisis	23	21	2	1
15 Severe Psychotic Depression	6	6	-	3
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	35	34	1	(1)
17 Psychosis and Affective Disorder – Difficult to Engage	53	58	(5)	(6)
18 Cognitive Impairment (Low Need)	225	223	2	30
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	408	505	(97)	(109)
20 Cognitive Impairment or Dementia Complicated (High Need)	384	332	52	69
21 Cognitive Impairment or Dementia (High Physical or Engagement)	125	76	49	77
Cluster 99	511	402	109	180
Total	3,789	3,623	166	328

5.1.1 Key Mental Health Performance Indicators

Figure 14 CPA – Percentage of People under CPA followed up within 7 days of discharge

		Target	Apr-16	May-16	Jun-16	Jul-16
E.B.S.3	The % of people under mental illness specialties who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	100%	100%	100%

Figure 15 CPA Follow up 2 days (48 hours) for higher risk groups

		Target	Apr-16	May-16	Jun-16	Jul-16
KPI_19	CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	100%	100%	No Patients	100%

Figure 16 EIP 2 week waits

		Target	Apr-16	May-16	Jun-16	Jul-16
NR_08	Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral	50%	0%	100%	33.33%	50.00%

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

5.1.2 Mental Health Contract Quality Overview

At Month 4, Merseycare are compliant with quality schedule reporting requirements. At the August 2016 CQPG the Trust provided an update on Quarter 1 Complaints and Safer Staffing

Complaints

- 31 complaints in Quarter 1 (33 issues): 11 upheld, 16 not upheld, 16 resolved locally, 5 partially upheld and 1 not proven
- 6 complaints in relation to Care and Treatment.
- 7 complaints in relation to Staff attitude.
- 6 complaints in relation to Communication.

An internal business case is progressing to develop the complaints investigation team as the Trust experiences difficulty achieving response times within 25 days (currently circa 40%).

The Safer Staffing Report provided a briefing on the nursing inpatient staffing levels for Month 4, in summary

- Reduction in shifts not covered (by 2 registered nurses) reduced from 20 to 16 in July 2016.
- Due to recruitment difficulties some shifts are being covered by 1 registered nurse and 1 nurse support.
- Work continues with Higher Education Institutes to streamline the recruitment process once the Trust has signed off the appropriate nurse competencies.
- A business case is progressing to develop an Associate Nurse role.

Commissioners raised a query was raised regarding correlation between staffing numbers and complaints, the Trust responded that triangulation does take place and there appeared to be no correlation, is any issues are evident then these are monitored through the weekly surveillance group meetings.

Staff shortages are actively discussed at many levels of the organisation, in addition to the Executive, Performance and Investment and Quality Assurance Committees, safe staffing is regularly reviewed at the divisions operational forums; in particular:

- Staffing issues have been presented at the Stand up Thursday executive
- Meeting which further scrutinises staffing concerns.
- Both divisions hold a weekly quality surveillance group and report on all staffing
- Levels issues.

- The quality review visits continue to monitor staffing levels and requirements on clinical areas at each review.

At Aintree University Hospital (AUH) Trust, two 12 Hour Breaches related to mental health patients have occurred, both AUH and Mersey Care are constructing RCAs.

Specific concerns remain regarding the Clock View and Hesketh Centre sites and timely access to assessments and whilst the Trust undertook a Kaizen 'Rapid Improvement Event' with stakeholders focusing on Clock View commissioners have raised at a matter of urgency for the Trust to address ongoing access issues.

5.2 Improving Access to Psychological Therapies

Figure 17 Monthly Provider Summary including (National KPI s Recovery and Prevalence)

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

The provider (Cheshire & Wirral Partnership) reported 272 South Sefton patients entering treatment in month 4, which is a 7% decrease from the previous month. The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is currently set at 15% for 2016/17 year end. Current activity levels provide a forecast outturn of 14.1% 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 370 Referrals in Month 4 which was comparable with the previous month; of these 63% were self-referrals. In contrast, GP referrals are at the lowest levels since April 2015 with 71 reported. The provider is working closely with Clock View, attending weekly MDT meetings to agree appropriateness of clients for service.

The percentage of people moved to recovery was 41.4% in month 4, which does not meet the minimum standard of 50%. A forecast outturn at month 4 gives a year end position of 43.2%, which is below the year end position of 2015/16 (48.0%). The provider believes that it is possible recovery will dip as the longest waiters are brought into service, as more are likely to disengage without completing treatment. However, as waits reduce, this is expected to improve.

Cancelled appointments by the provider remain high with 70 reported in month 4 (and increase from 65 in the previous month). Staff sickness absence continues to affect cancellation numbers. Support is being provided including access to wellbeing services, phased return where appropriate and regular 121 meetings continue.

There was a 25% reduction in DNAs from 205 in month 3 to 153 in month 4 and the provider has commented that the DNA policy has been tightened with all clients made aware at the outset. Cancelled slots are being made available for any assessments/entering therapy appointments.

To date in 2016/17, 96.4% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have waited less than 18 weeks (against a standard of 95%). The provider has achieved the monthly RTT targets throughout 2015/16 and in the first four months of 2016/17 for South Sefton CCG.

Support from the National Intensive Support Team is currently being arranged.

5.2.1 Improving Access to Psychological Therapies Contract Quality Overview

The 15% prevalence access target continues to be monitored on a fortnightly basis and a remedial action plan is currently in place and the current for the CCG is:

NHS South Sefton CCG: Quarter 1 – 3.58% against a target of 3.75%, this is an improvement on the same period in 15/16 2.07% against a target of 3.75%.

Contact has been made with the Support Team and they will shortly commence working with the service. In addition to addressing underperformance in the 15% prevalence/access target the Support team will be working with the service provider to reduce the number of high waits that exist from first assessment to subsequent treatment which are unacceptably high.

5.3 Dementia

Summary for NHS South Sefton dementia registers at 31-07-2016

People Diagnosed with Dementia (Age 65+)	1,194
Estimated Prevalence (Age 65+)	2,091
Gap - Number of addition people who could benefit from diagnosis (all ages)	982
NHS South Sefton - Dementia Diagnosis Rate (Age 65+)	57.1%
National estimated Dementia Diagnosis Rate	66.9%
Target	66.70%

Like most of the country, Sefton is experiencing a continuing rapid increase in the proportion of older people in its population. This increasing proportion of older people in the population will make increasing demands on health and social care services, including those with dementia.

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

6. Community Health

6.1 Liverpool Community Health Contract

A meeting was held with the Trust BI lead and the CCG leads to go through the data by service line. A number of data validation queries were sent to the Trust and we received the following comments;

- Community Cardiac: Referral levels have decreased due to a change in practice from Aintree. Discharges from Aintree were historically automatically referred to the South Sefton team but this is no longer the case. In addition cardiac rehab referrals are referred elsewhere. Contacts are now more reflective of the complexity of the patients.
- Phlebotomy: a refresh of data in month 4 shows the proportion of domiciliary to outpatient contacts being more in line with data reported last year. Phlebotomy recently moved to EMIS Web. There were some initial DQ issues with data capture and additional training was provided on location of contact. This is reflected in the refreshed figures.
- Paediatric continence: There was a dramatic drop in contacts in May but an increase in referrals. This issue continued in Jun-16 and Jul-16 with no contacts being reported, yet a high caseload of 208 and 206 remained. The Trust has informed the CCG that this is a coding issue and our Trust contact is currently trying to speak to the service lead to understand the issue. The service is adding consultations to the system but they are not using a specific code that the Trust uses for their contract reporting. The service has completed the following consultations this year: Apr – 99, May – 173, June – 153, July – 112 and August 184. The Trust hopes to be able to report these via normal channels from September.
- Community matrons: contacts appear to be gradually increasing throughout the current financial year. Referrals are increasing and the Trust is forecasting that referrals will be over 10% higher than last year and significantly higher than previous years. Contacts are

increasing as a result of this. The caseload has decreased due to matrons reviewing and discharging patients more appropriately.

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

An EMIS mobile app is being trialled in Adult Physio, so staff can enter information straight onto the system in the community rather than making paper records and then having to duplicate the information in EMIS. This programme was delivered by IM. There is a report that has been produced in relation to the pilot. The Trust is to send a copy for information.

6.1.1 Patient DNA's and Provider Cancellations

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

For patient DNAs Adult Dietetics saw 14.1% of all patients not attend. However this is slightly lower than the previous 4 year average and a slight improvement on the previous 3 months, with 20.9% being reported in Apr-16, 25.6% in May-16 and 20% in Jun-16. Total DNA rates at Sefton are green for this month at 7.7%.

Sefton Physio has reported a high provider cancellation rate, for the first time this year, of 10.7%. This is higher than the past 4 years average cancellation rates. Adult Dietetics has seen a similar pattern, with cancellations dramatically increasing to 17.3% in Jul-16, higher than the past 4 year average, and the highest YTD.

Treatment rooms, Podiatry, Physio, Diabetes, 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 July 2016, with the exception of diabetes reporting 9.4%, which has been improving since May-16. Total patient cancellations for Sefton have increased to 12.6% in Jul-16, compared to 10.3% reported last month.

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 were discussed in the latest FIG meeting (15/09/2016), including instances where appointments are rearranged, and the only way to take the original appointment off the system is to cancel it. 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. The trust is to provide a clinic utilisation report at the next FIG meeting.

6.1.2 Waiting Times

Waiting times are reported a month in arrears. The following issues are still outstanding in June;

Adult SALT: Waiting times appear to be improving with an average of just 7 weeks on the incomplete pathway in June 2016, 28 weeks on the completed pathway and the longest wait at 11 weeks. Recent long waiting times have been due to the service only having 2-3 staff. The Trust has recruited a locum and the waiting time has now reduced to less than 18 weeks. However, it is expected that after a couple of months when the locum is no longer with the Trust that the waiting times will begin to increase again. Short-term plan: The Trust has plans to do some capacity and demand work around this so they can forward plan for waits increasing again. Long-term plan: The Trust has submitted a business case for more funds to employ more staff to reduce the waits in the service.

Paediatric SALT: The reporting process is set up for this and the Trust has retrospectively looked at it. For June the 92nd percentile wait was 42 weeks.

6.2 Any Qualified Provider LCH Podiatry Contract

The trust continues to use the £25 local tariff. At month 4 2016/17 the YTD costs for South Sefton CCG are £94,482 with attendances at 1,005. At the same time period last year the costs were £135,426 and attendances at 1,481.

At month 4 2016/17 the YTD cost for Southport and Formby CCG is £1741 with 2 attendances and in 2015/16 the costs for Southport and Formby CCG were £102 with activity at 1. Low activity is due to the vast majority of podiatry AQP for this CCG occurring at the Southport and Ormskirk Trust.

6.2.1 Liverpool Community Health Quality Overview

SALT Waiting Times

At the last CQPG a presentation was given for paediatric SALT, issues raised by the CCG included:

- Caseload
- Referral rate and breakdown/Waiting List
- Measure of Complexity/Core Offer
- WTE staff in post as compared to establishment payment
- Innovation

Caseload

- Devised, piloted, audited and in use by staff taking on validation
- Gaps in data identified and highlighted as clinical risk
- Collated data with EMIS to give assurance that whole caseload captured, 1700 active cases
- Info accessible to all staff, training provided to relevant staff, op team lead spot-check and audit
- 480 casenotes have been validated to date- 35% discharge rate, 25% rv rate and 40% ongoing need rate

Referrals and Waiting List

- System set up for centralised database for initial assessments and can be filtered by area; enabling more accurate performance data on wait times and clinical need
- Meetings held to identify process and underway currently, to include centralised phone and email service
- Template letter as per all specialist services, investigating use of staff resources from within specialist services

Complexity/Core offer

- Caseload and Waiting List Validation will inform percentages within all work streams.
- To date, the data shows that Social Communication assessment and therapy accounts for 44% of Paediatric SALT caseload.
- Once all data compiled, we can apply the Liverpool complexity tool which suggests ratios of assessment: therapy by clinical work stream.
This will ensure a consistent approach and may identify re-allocation of resources

W.T.E and Staffing

Establishment is:

- Band 7- 8.92 Therapist
- Band 6 -7.8 Therapists
- Band 4- 2.63- 0.8 Admin and Clerical 1.83 Assistant
- Band3 -1.57 Admin and Clerical
- Total 20.92
- In post:
- Band 7- 7.92 Therapist (1 Maternity leave)
- Band 6 -6.8 Therapists (1 Agency staff)
- Band 4- 2.63 -0.8 Admin and Clerical 1.83 Assistant
- Band3 -1.57 Admin and Clerical
- Total 18.92 (19.92 with agency cover)

Currently using agency staff to cover permanent post, recruited to post and under offer awaiting clearance. Recruiting for a short term maternity cover at band 6 for band 7 co-ordinator posts now at second advert.

Innovation

- Assurance that whole caseload identified, validated and allocated an action
- Ability to define what constitutes the Core Offer and what falls outside of remit of service
- Ability to identify resources required to meet additional work in Social Communication as direct result of NICE Guidance
- Ability to identify resources required to meet KPI in all clinical areas
- Ability to identify resources required to provide timely intervention for open duties of care

District Nurses

District Nursing teams within LCH are managed within Localities by the Care Manager. Pressures within the service have been managed on a daily basis within the locality and these pressures have fluctuated as a result of staff turnover, rising sickness absence and annual leave. In August 2016 these concerns were escalated by the Care Manager for Central Locality as requiring a response from across the trust in order to more effectively manage and support the

teams and maintain safe patient care. Due to the number of teams experiencing similar staffing pressures the service moved into business continuity with immediate effect.

Community Matrons

In August 2016, current vacancy rates for South Sefton are

- 1 x wte starting 25.08.16 for Domiciliary Care
- 1 x wte awaiting a start date (references awaited)
- 1 x wte started 01.08.16 – was on 2 weeks induction and now on annual leave. Will be fully operational from 01.09.16

The Trust have put plans in place to mitigate any clinical risks, further attempts at recruitment will be undertaken. Community Matrons and District Nursing staffing levels is a standard agenda item at the monthly CQPG.

6.3 Southport and Ormskirk Trust Community Services

EMIS Switch Over

Activity

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

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

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

All services have now gone live on the new system.

Waiting times

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

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

6.4 Aintree University Hospital Any Qualified Provider Contract

6.4.1 Aintree AQP Contract for MSK

Costs at month 4 2015/16 were £150,888 for South Sefton CCG. Activity and associated costs for 2016/17 appear to be missing from the SLAM or MSK view on direct access and this is still being investigated and has been raised with data management again 10/8/2016.

6.4.2 Aintree AQP Contract for Adult Hearing

Total spend at month 4 2016/17 YTD is £44,272 for South Sefton CCG. The cost at month 4 2015/16 was £49,892.

7. Third Sector Contracts

Following on after review of all discretionary CCG spend, it has been agreed that funding for Sefton Cancer Support, PSS and Sefton Carers Centre (Care 4 You) will cease from 1st December 2016. In addition to the termination of these contracts, services funded to the Contract value of £0 to £50,000 will incur a reduction of 7% and services funded to the Contract value of £50,000 and above will incur a reduction of 13% within this contract year. These reductions are to take effect from 1st December 2016.

Letters informing providers of these changes have been sent to all and further consultation where required has been facilitated by commissioners.

8. Primary Care

8.1 Primary Care Dashboard progress

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

8.2 CQC Inspections

A number of practices in South Sefton CCG have been visited by the Care Quality Commission and details of any inspection results are published on their website. The latest results posted in this month are as follows:



204 Stanley Road, Bootle, Liverpool, L20 3EW
Provided by: Bootle Village Surgery

CQC inspection area ratings

(Latest report published on 3 August 2016)

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

CQC Inspections and ratings of specific services

(Latest report published on 3 August 2016)

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

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9. Better Care Fund

A Better Care Fund Plan for 2016/17 has been agreed and submitted to the national Better Care Support Team and joint work is underway to further develop these plans by October 2016 for implementation. In the meantime we have submitted a Quarter 1 performance report to NHSE.

Appendix – Summary Performance Dashboard

[illegible]

[illegible]

Ambulance

[illegible]

[illegible]

Referral to Treatment (RTT) & Diagnostics

1291: Referral to Treatment RTT (Incomplete) Percentage of patients waiting at period end (RTT) for incomplete pathways (Commissioner)	South Sefton CCG	RAG	G	G	G	G									G
		Actual	94.954%	95.213%	93.919%	93.33%									93.948%
		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									R
		Actual	1	0	1	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									G
		Actual	0.748%	1.001%	0.494%	0.711%									0.867%
		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
		Status	P	P	P	P									-
		Actual	0	0	0	0									0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

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

HCAI

497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	South Sefton CCG	RAG	G	G	G	G									G
		YTD	0	0	0	0									-
		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
		YTD	3	9	14	18									23
		Target	5	11	14	18	23	28	34	39	43	45	48	54	23

Accident & Emergency	
1. What is the first step in managing a patient with a suspected fracture?	1. Assess the patient's airway, breathing, and circulation (ABCs).
2. How should you immobilize a suspected fracture?	2. Immobilize the fracture using a splint or bandage, ensuring it is secure and does not cause further injury.
3. What are the signs and symptoms of a fracture?	3. Signs and symptoms include pain, swelling, deformity, and inability to move the affected limb.
4. How should you transport a patient with a suspected fracture?	4. Transport the patient in a comfortable position, ensuring the fracture is immobilized and the patient is monitored throughout the journey.

[illegible]