



South Sefton
Clinical Commissioning Group

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Integrated Performance Report March 2017

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1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 12 (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
Early Intervention in Psychosis (EIP)		
HCAI - C.Difficile		Aintree
HCAI - MRSA		Aintree
IAPT Access - Roll Out		
IAPT - Recovery Rate		
Mixed Sex Accommodation		Aintree
RTT 18 Week Incomplete Pathway		Aintree
RTT 52+ week waiters		Aintree
Stroke 90% time on stroke unit		Aintree
Stroke who experience TIA		Aintree
NHS E-Referral Service Utilisation		

Key information from this report

Financial position

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

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

Planned Care

Local referrals data from our main providers shows no significant change in the overall level of referrals comparing months 1-11 but has seen an increase in referrals for Month 12. This is mirrored by increase in activity in M12 Planned Care. Discussions regarding referral management, prior approval, cataracts and consultant-to-consultant referrals continue. A paper was presented to March QIPP Clinical Advisory Group to update on the development of a Referral Optimisation and Support System (ROSS) and explore preferences with the clinical members of the group with regards to clinical and community triage.

The national NHS ambition is that E-referral Utilisation Coverage should be 80% by end of Q2 2017/18 and 100% by end of Q2 2018/19. The latest data (February) for E-referral Utilisation rates reported 22%; a slight increase on previous month when 19% was recorded.

The CCG has failed the diagnostic target for less than 1% of patients to wait more than 6 weeks for a diagnostic test. Out of 2,543 patients, 33 waited over 6 weeks. The CCG has failed this target 5 times in total for 2016/17. Aintree failed the diagnostic target for less than 1% of patients to wait more than 6 weeks for a diagnostic test; out of 4651 patients 56 waited over 6 weeks. Endoscopy has experienced continued pressure over the last month which has resulted in the undertaking of additional activity in order to meet the trusts 2 week wait suspected cancer standard. This has impacted the ability to deliver the non-urgent 6 week standard. The Trust have an action plan in place.

Aintree had 2 cancelled operations this is only the second month the Trust has recorded any cancelled operations, for 2016/17 there have been 5 in total. The 2 cancelled operations related to 2 General surgery patients cancelled on the day due to a surgical assistant being unavailable. Both patients were offered dates before the 28 days but were unable to accept them. The dates were not giving 3 weeks' notice therefore these are recorded as breaches.

All of the cancer indicators are performing favourably for the CCG and Aintree year to date, apart from 62 day wait standard and consultant's decision to upgrade. The CCG achieved the local target of 85% for 62 day wait for first definitive treatment following decision to upgrade recording 100% in March but are failing year to date due to previous month's breaches, year to date achieving 80.85%. Aintree failed the 85% target for 62 day wait from urgent GP referral to first definitive treatment in March

reporting 83.33%, out of 72 patients there were 12 patient breaches. Year to date the Trust are remain slightly under plan recording 84.55%. A full review of all breaches has been completed by the Head of Performance and a paper with key recommendations has been produced.

Aintree University Hospital NHS Foundation Trust routinely achieves the Friends and Family response rate target in excess of the regional and national response rates for both inpatients and A&E. However, inpatient response rates are now reporting under target for March at 21.8%. The proportion of patients who would recommend is 1% lower than last month recording 95% (England average 96%); the proportion who would not recommend is the same as the previous month 2%, higher than the England average of 1%.

Performance at Month 12 of financial year 2016/17, against planned care elements of the contracts held by NHS South Sefton CCG shows an over-performance of £1.1m, which is a percentage variance of 2%. At specific trusts, Renacres are reporting the largest cost variances with a total of £420k/27%.

Unplanned Care

Aintree have revised their Cheshire & Merseyside 5 year Formal View (STP) trajectory for A&E four hour waits for January to March and has achieved the 85% March plan agreed with NHS Improvement, recording improved performance of 89.93%.

At both a regional and county level, NWS failed to achieve any of the response time targets. With the significant dip in performance around national ambulance targets the CCG are working with all partners to improve performance against these targets.

Aintree experienced a decrease in the number of delays in excess of 30 minutes and 60 minutes in March compared to February for ambulance handovers.

Aintree failed the 80% target for patients spending 90% of their time on a stroke unit; recording 56.1%. This is a considerable drop from the previous month when the Trust recorded 80.6%. Out of 41 patients only 23 spent more than 90% of their hospital stay on a stroke unit. The Trust continues to achieve the TIA measure.

The CCG and Aintree both achieved their C.difficile plans for 2016/17. The CCG and Aintree had no new cases of MRSA in March and year to date have 2 cases attributed to them bringing them over the zero tolerance target and therefore failing for 2016/17.

There are a total of 99 serious incidents open on StEIS where South Sefton CCG are either lead or responsible commissioner. Of the 99, 72 are applicable to South Sefton CCG patients, 27 for Aintree University NHS Foundation Trust (UHA), 6 of these from South Sefton CCG.

Delayed Transfers of Care (DTC's) at Aintree saw an increase in March with 27 compared to February recording 21 (22%). Patient and/or family choice resulted in 11 delayed transfers (41%), a further 11 were due to delays incurred whilst awaiting further NHS non acute care (41%) and 5 were due to awaiting care package in own home (18%). Analysis of delays in March 2017 compared to March 2016 illustrates an 11% decrease in total number of delays. The number of patients awaiting further NHS non-acute care has shown a reduction of 1 (-17%) from the previous year and 9 less delays due to patient or family choice (-45%).

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

people that would recommend A&E is now above the England average reporting 89% in March compared to an England average of 87%. However this is an increase on February when 86% was reported. The not recommended percentage follows a similar pattern with performance at 7% in March compared to a 7% average; this again is an improvement on the previous month.

Performance at Month 12 of financial year 2016/17, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£504k/-1%. This under-performance is clearly driven by Aintree Hospital reporting an under performance of -£348k/-1%. Alder Hey Hospital is reporting the largest year to date over performance with a £230/12% variance. Further analysis is taking place of the Alder Hey contract to understand the key areas of over performance alongside population measures such as birth rates.

Mental Health

The 3 Key Mental Health Performance Indicators are achieving.

In terms of Improving Access to Psychological Therapies (IAPT), the provider reported a 10.9% increase on the previous month on South Sefton patients entering treatment in Month 12. The access standard is currently set at 15% for 2016/17 year end. The year end activity showed the Provider achieved an access rate of 13.5% against the 15% standard. This was an improvement to 2015/16 when South Sefton CCG reported a year end access rate of 11.0%.

There were 382 Referrals in Month 12, which was a 12.4% decrease compared to the previous month when there was 436. Of these, 62% were Self-referrals which is an increase from 50% for the previous month. GP Referrals decreased from 123 in Month 11 to 75 for Month 12. 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 52.3% in Month 12, which is an increase from 50.3% for the previous month. The year end position saw a recovery rate of 40.7%, 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. Since October 2016 there has been an action plan in place with Access Sefton to reduce lengthy internal waits across both CCGs.

Community Health Services

The Trust continues to deliver this service and send through their usual reports until the new contract with Mersey care commences in June 2017. Sefton Physio Service continues to report a high rate of DNAs (14.9%) in March, a slight decline on the previous month. Adult Dietetics has also reported high rates all year, at 9.8% this month compared to 15.5% last month. Total DNA rates at Sefton are green for this month at 7.5%.

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 March 2017. Total patient cancellations for Sefton have improved slightly in March 2017, from 11.9% in February to 11.4%. Patient cancellation rates have been discussed in previous contract review meetings. In instances where appointments are rearranged, the only way to take the original appointment off the system is to cancel it and then re-book.

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

November 2016. However, the most recent 3 months of data shows that waiting times are beginning to increase again over the 18 week threshold. An average (95th percentile) wait of 22 weeks was reported on the completed pathway in February; however this is a slight improvement since an average wait of 23 weeks was reported in January. The longest waiting patient is currently at 19 weeks. 1 patient is breaching the 18 week target at this point compared to 2 last month.

Paediatric SALT: A new reporting process has now been set up for this service, and the Trust has begun to report waiting times information from August. In February, on the incomplete pathway the average waiting time (92nd percentile) has decreased again from 36 weeks to 29 weeks. However this is still a breach of the 18 week target. The longest waiting patient was waiting at 49 weeks. This service has consistently breached the 18 week target since it began reporting in August.

Primary Care

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

Phase one of Primary Care Dashboard development is now complete. A live version of the dashboard is available in Aristotle. A core set of indicators allowing benchmarking across a number of areas has been produced first (practice demographics, GP survey patient satisfaction, secondary care utilisation rates, CQC inspection status), followed by further indicators and bespoke information to follow in phase II of this dashboard. There are various “views” of the data, for CCG level users to view the indicators across the CCG area with the ability to drill to locality and practice level.

Better Care Fund

A Better Care Fund monitoring report is currently being prepared for submission to NHS England for Quarter 4 of 2016/17. The guidance for BCF 2017/18 is awaited but due for imminent release.

CCG Improvement & Assessment Framework

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

Publication of quarter 4 data has been delayed nationally and currently expected for release at the end of June 2017. This is to enable the analytical resource to focus on year-end updates and 17/18 framework. Publication of the 2017/18 IAF is currently not confirmed, however through informal discussions it is suggested that publication will not occur until end of June.

2. Financial Position

2.1 Summary

This report focuses on the financial performance for South Sefton CCG as at 31 March 2017 (Month 12).

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

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

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

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

The high-level CCG financial indicators are listed below:

Figure 1 – Financial Dashboard

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

2.2 Resource Allocation

Additional allocations have been received in Month 12 as follows:

- PMS Premium balance transfer to March 2017 - £0.030m
- Children and Young People IAPT backfill – Jan/Feb - £0.040m
- Additional RTT funding - £0.003m

These allocations have been utilised within the financial year.

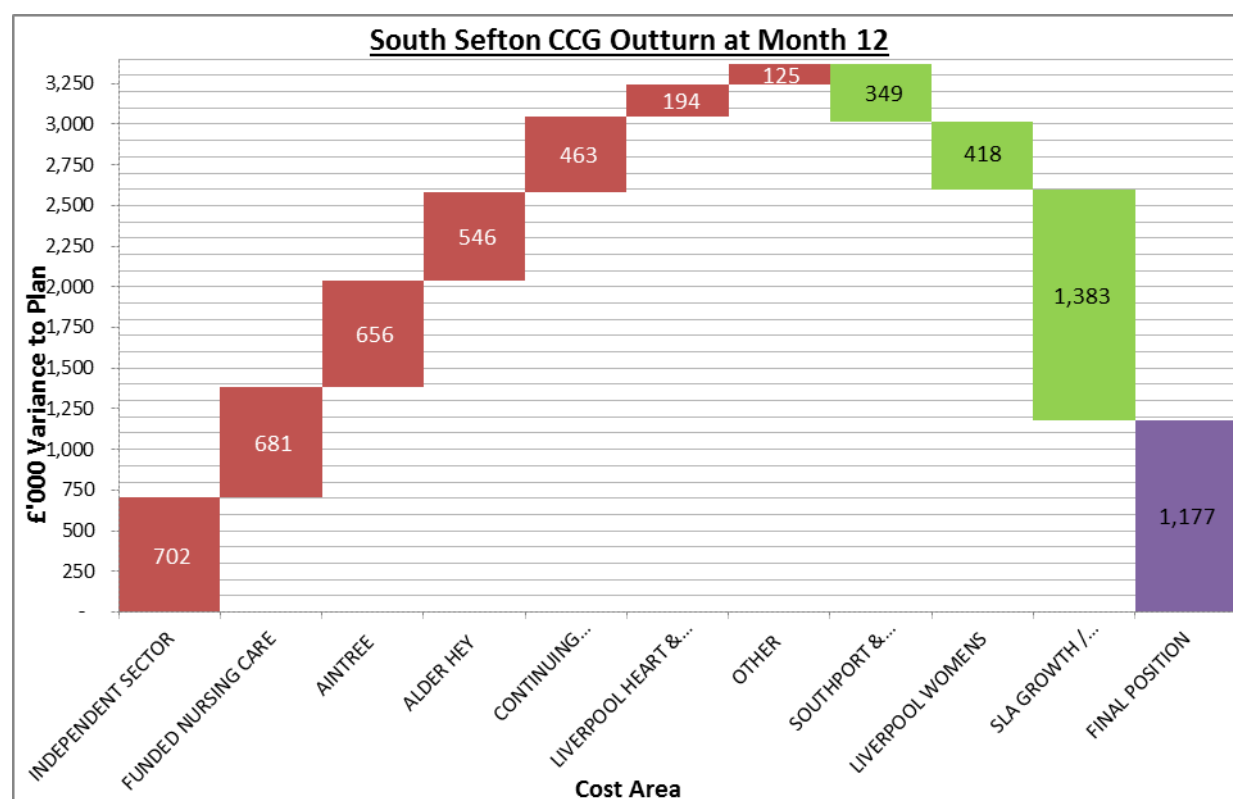
2.3 Position to date and forecast

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

There are forecast pressures within funded nursing care due to the nationally mandated uplift, and in acute care. Pressures on acute budgets are particularly evident at Aintree, Alder Hey, Liverpool Heart & Chest and in the Independent Sector, mainly with Ramsay Healthcare. The overspend is supported by underspends with other acute providers, notably Southport & Ormskirk Hospital and Liverpool Women's Hospital.

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

Figure 2 – Forecast Outturn



Independent Sector

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

of the overspend relates to Ramsay Healthcare in respect of Trauma and Orthopaedic activity over performance against plan.

Prescribing

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

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

The full year position for the Continuing Health Care and Funded Nursing Care (FNC) budget is an overspend of £1.144m, which reflects the current number of patients, average package costs, the nationally mandated FNC increase (£0.745m) and an uplift to CHC providers of 1.1% until the end of the financial year which has been communicated to providers.

2016/17 QIPP savings have been actioned against this budget to the value of £1.025m, relating to the additional growth budget of 5% included at budget setting and other efficiencies relating to prior year charges.

2.4 QIPP

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

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

Figure 3 – RAG rated QIPP plan

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

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

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

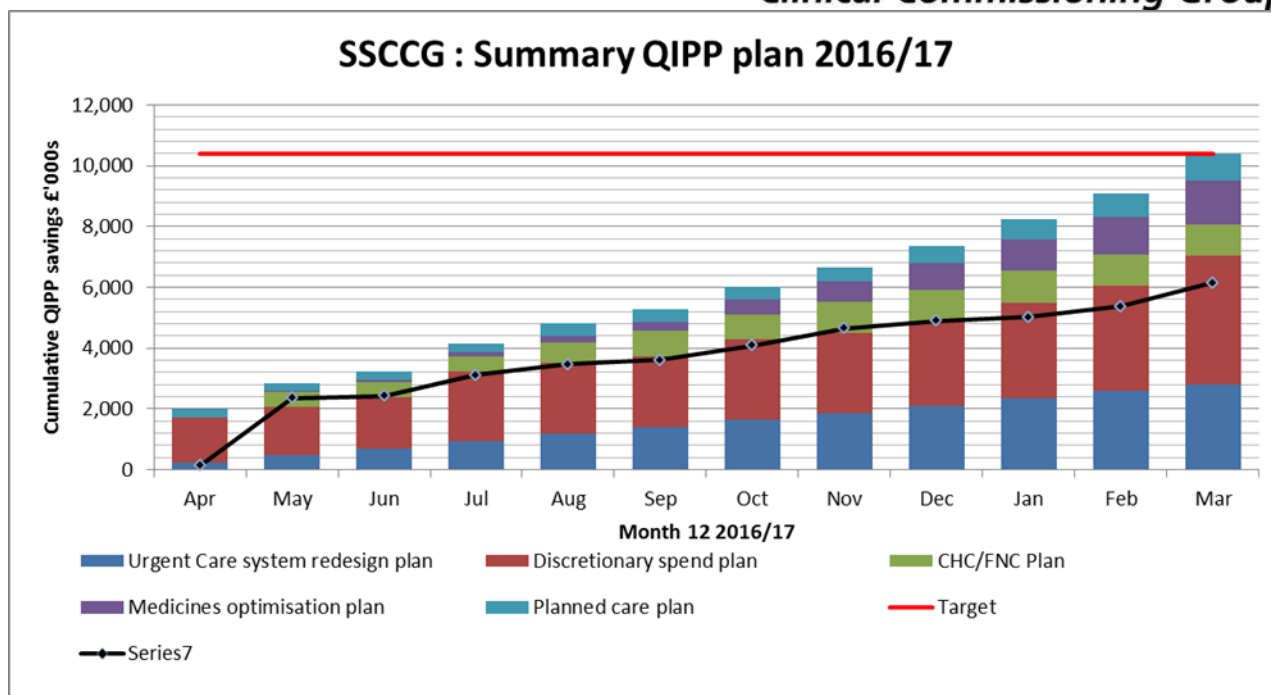


Figure 5 – QIPP performance at month 11

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

QIPP delivery is **£4.233m** below plan at Month 12, largely in respect of the urgent care scheme. Although Non Elective costs have reduced compared to plan it is difficult to attribute these to specific schemes.

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

Figure 6 - QIPP Schemes delivered Month 12

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

2.5 CCG Running Costs

The running cost allocation for the CCG is £3.270m and the CCG must not exceed this allocation in the financial year.

The current year end outturn position for the running cost budget is an underspend of £0.407m.

2.6 CCG Cash Position

In order to control cash expenditure within the NHS, limits are placed on the level of cash available to organisations for use in each financial year.

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

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

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

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

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

Month 12 position

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

2.7 Evaluation of risks and opportunities

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

QIPP

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

Acute contracts

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

Other risks that require ongoing monitoring and managing include:

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

1% Non-Recurrent reserve

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

2.8 Reserves budgets / Risk adjusted surplus

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

Figure 7 – Final Outturn Position for 2016/17

	Recurrent £000	Non-Recurrent £000	Total £000
Target surplus	2.450		2.450
QIPP Target	(4.921)	(5.463)	(10.384)
Revised surplus / (deficit)	(2.471)	(5.463)	(7.934)
Actual Outturn (against operational budgets)	(0.550)	(0.628)	(1.178)
Reserves Budget	0.629	0.000	0.629
Management action plan			
QIPP Achieved	1.991	4.159	6.151
Total Management Action Plan	1.991	4.159	6.151
Year End Surplus / (Deficit)	(0.401)	(1.932)	(2.332)
Release 1% Risk Reserve	0.000	2.432	2.432
Reported Surplus / (Deficit)	(0.401)	0.500	0.100

2.9 Recommendations

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

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

Month 1 Update

Financial Position:

- Month 1 data will not be received from Providers until mid-May so is not available for Month 1 reporting. The Month 1 financial position for NHS contracts is based on the 2017-18 contract values which is the most reliable forecast of costs at this stage.
- Small efficiency on the Independent Sector budget
- Risk identified on referral management charge from CSU, this is to be funded from efficiencies generated by admission avoidance. Action needed to ensure this cost is included in the QIPP plans.

Risk Adjusted Position:

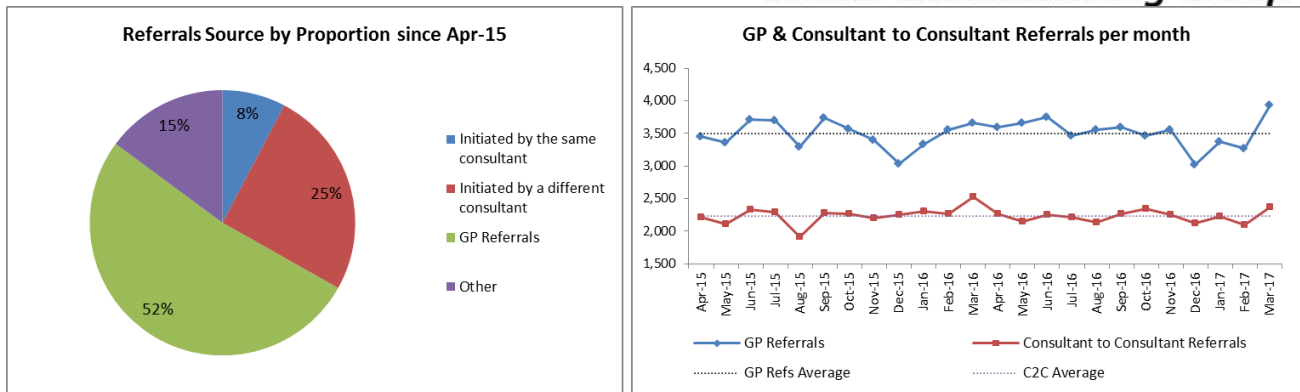
- Risks identified against opening financial plan - £6.147m, in total
 - QIPP under-delivery - £4.417m
 - Community Services procurement - £1.300m
 - GP Streaming / AVS - £0.700m
- Mitigations £1.234m – CCG contingency budget
- Net Risk / Risk adjusted Position - £4.913m deficit

3. Planned Care

3.1 Referrals by source

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

Referral Type	DD Code	Description	1516 YTD	1617 YTD	Variance	% Variance
GP	03	GP Ref	41,813	42,247	434	1.0%
GP Total			41,813	42,247	434	1.0%
Other	01	following an emergency admission	1,945	1,770	-175	-9.0%
	02	following a Domiciliary Consultation	20	9	-11	0.0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	5,099	4,908	-191	-3.7%
	05	A CONSULTANT, other than in an Accident and Emergency Department	15,608	15,564	-44	-0.3%
	06	self-referral	3,676	3,380	-296	-8.1%
	07	A Prosthetist	15	14	-1	-6.7%
	08	Royal Liverpool Code (TBC)	842	926		
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	1,119	1,196	77	6.9%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	3,176	3,246	70	2.2%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	70	76	6	8.6%
	13	A Specialist NURSE (Secondary Care)	103	41	-62	-60.2%
	14	An Allied Health Professional	1,538	1,821	283	18.4%
	15	An OPTOMETRIST	13	11	-2	-15.4%
	16	An Orthoptist	3	4	1	0.0%
	17	A National Screening Programme	67	72	5	7.5%
	92	A GENERAL DENTAL PRACTITIONER	1,621	1,708	87	5.4%
	93	A Community Dental Service	16	3	-13	-81.3%
	97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	4,160	3,838	-322	-7.7%
Other Total			39,091	38,587	-504	-1.3%
Unknown			21	1	-20	-95.2%
Grand Total			80,925	80,835	-90	-0.1%



Local referrals data from our main providers shows no significant change in the overall level of referrals comparing months 1-11 but has seen an increase in referrals for Month 12. This is mirrored by increase in activity in M12 Planned Care.

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

3.1.1 E-Referral Utilisation Rates

NHS E-Referral Service Utilisation				
NHS South Sefton CCG	16/17 - Feb	80% or 20% increase on previous year (42%)	22.00%	↑

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

The latest data (February) for E-referral Utilisation rates reported is 22%; a slight increase on previous month when 19% was recorded.

3.2 Diagnostic Test Waiting Times

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	16/17 - March	1.00%	1.29%	↑
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	16/17 - March	1.00%	1.20%	↑

The CCG has failed the under 1% of patients waiting over 6 weeks for a diagnostic test, out of 2543 patients 33 waited over 6 weeks, 10 gastroscopy, 9 colonoscopy, 6 flexi sigmoidoscopy, 5 MRI, 2 urodynamics and 1 echocardiography.

Aintree failed the under 1% of patients waiting over 6 weeks for a diagnostic test, out of 4651 patients 56 waited over 6 weeks. Endoscopy has experienced continued pressure over the last month which has resulted in the undertaking of additional activity in order to meet the trusts 2 week wait suspected cancer standard this has impacted the ability to deliver the non-urgent 6 week standard.

Waiting times for general MR imaging are at 6 weeks 4 Days. Pressure from Inpatient referrals has led to a reduction in outpatient capacity to prioritise flow through the hospital.

Waiting times for MR Cardiac imaging are at 10 weeks. Scanning time for Cardiac MR ranges from 45 minutes to 1.5 hours depending on clinical history. Patients currently waiting over 6 weeks for imaging all fall into the 1.5 hour category (Congenital Morphology Study).

Trust Action Plan

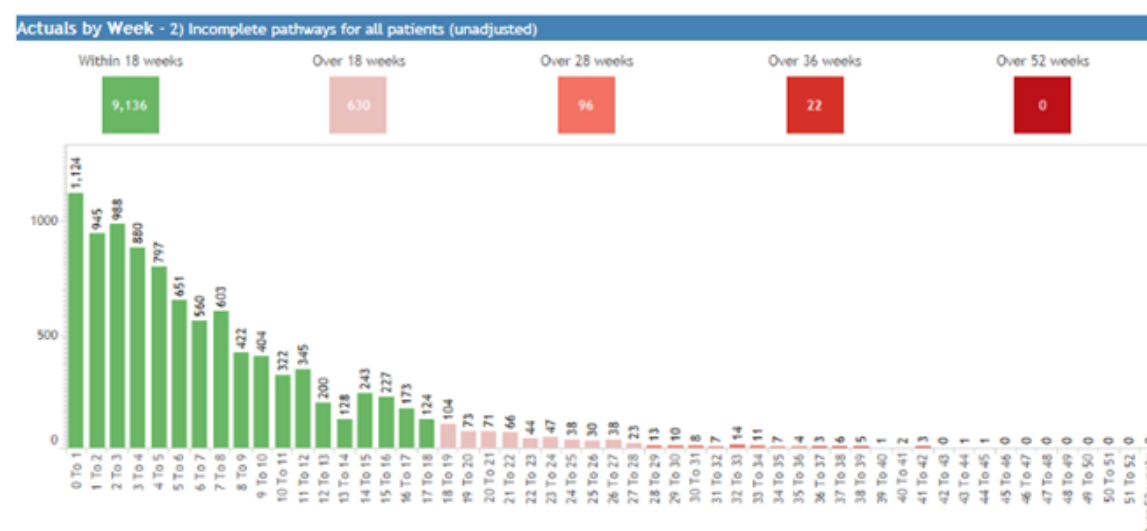
- Undertake additional WLI activity in endoscopy to support recover of the JAG performance.
- Following completion of the service review in endoscopy implement the recovery plan.
- Finalise standard operating procedures for the 3 booking teams in endoscopy to ensure efficient use of resource.
- Ensure that current core capacity in endoscopy is fully utilised - all secretaries and booking teams to be trained on the application of the access policy and RTT rules.
- Undertake local rolling audits in endoscopy to reduce large numbers of DNA's and cancellations.
- Complete the endoscopy theatre utilisation audit and identify inefficiencies and loss of activity.
- Identify endoscopy GA theatre slots to ensure efficient use of core capacity.
- Monitor MRI and CT activity, demand and waiting times on a weekly basis, ensure any delays are escalated at the weekly meeting.
- Increase the number of cardiac patients scanned per session (3 additional scans per week) with the use of an MR mobile van for general scanning.
- Review templates/job plans for Radiologists and radiographers to support the increased demand in both MRI and CT.
- Recruitment of Radiographers completed, awaiting start dates and training.
- Review position of post Easter to consider the need to bring MR van back on site.
- Complete the MSK business case to address increased demand.
- Review sessions to accommodate 1.5 hours cardiac scans.

3.3 Referral to Treatment Performance

Referral To Treatment waiting times for non-urgent consultant-led treatment				
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	16/17 - March	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	16/17 - March	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 - March	92%	93.54%	↑
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 - March	92%	92.5%	↑

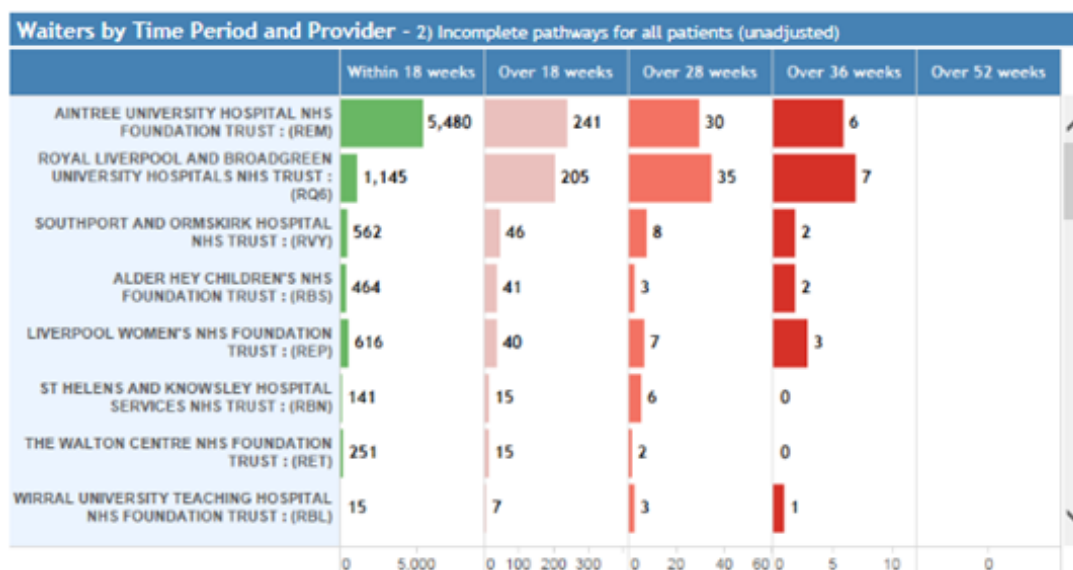
3.3.1 Incomplete Pathway Waiting Times

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



3.3.2 Long Waiters analysis: Top 5 Providers

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



3.3.3 Long Waiters analysis: Top 2 Providers split by Specialty

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

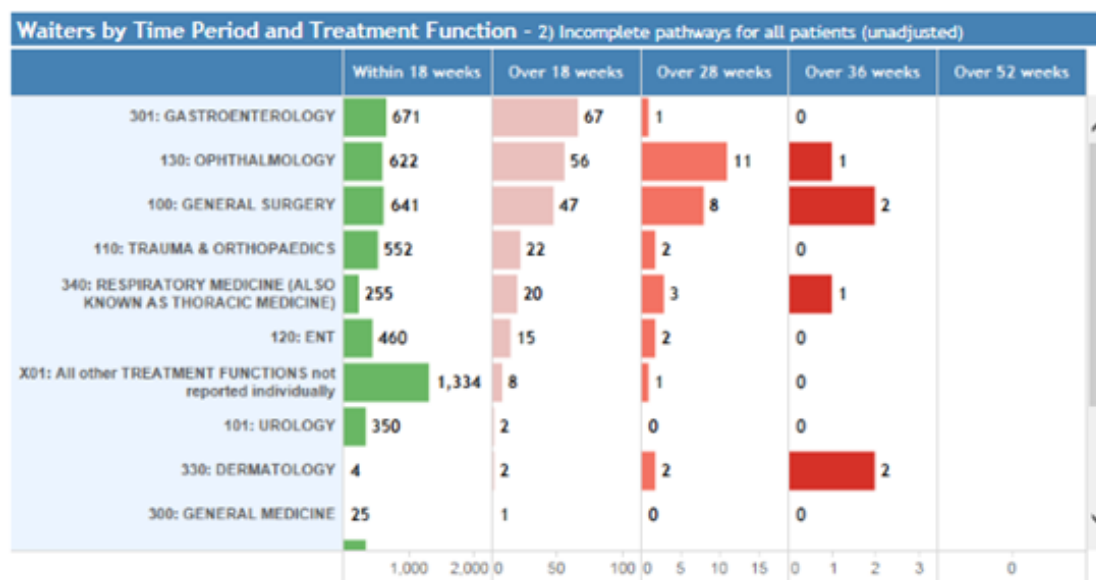
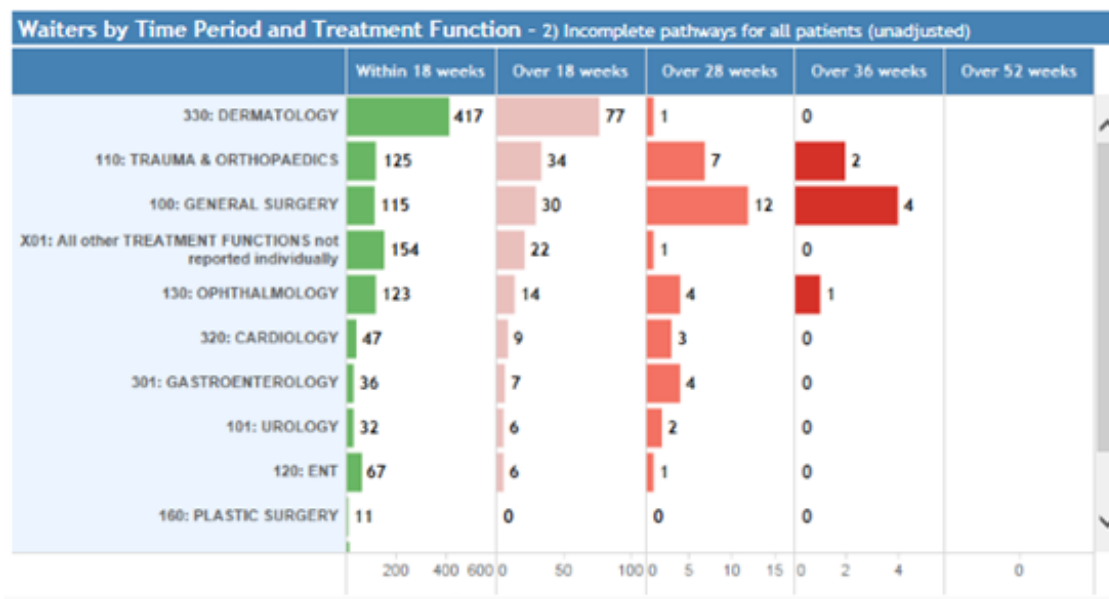


Figure 12 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



3.3.4 Provider assurance for long waiters

CCG	Trust	Specialty	Wait band	Has the patient been seen/has a TCI date?	Detailed reason for the delay
South Sefton	Aintree	GENERAL SURGERY	41	TCI Date of 19/5/17	Capacity issue
South Sefton	Aintree	DERMATOLOGY	44	Clock stopped 18/4/17 - Decision not to treat	Patient declined treatment due to illness
South Sefton	Royal Liverpool	T&O	40	Trust only providing updates for 42 plus week waiters	
South Sefton	Royal Liverpool	GENERAL SURGERY	43	Pathway Stopped	Capacity & Demand Issues
South Sefton	Alder Hey	COMMUNITY PAEDS	40	patient declined appt - no longer required	capacity constrained specialty
South Sefton	Alder Hey	COMMUNITY PAEDS	41	04/05/2017	capacity constrained specialty
South Sefton	Wirral	ALL OTHER	41	Trust no Longer responding to 40 week requests	

3.4 Cancelled Operations

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

Cancelled Operations				
All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice - Aintree	16/17 - March	0	2	1 ↑

Aintree had 2 cancelled operations this is only the second month the Trust has recorded any cancelled operations, for 2016/17 there have been 5 in total. The 2 cancelled operations related to 2 General surgery patients cancelled on the day due to a surgical assistant being unavailable. Both patients were offered dates before the 28 days but were unable to accept them. The dates were not giving 3 weeks' notice therefore these are recorded as breaches.

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

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

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	16/17 - March	93%	95.79%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	16/17 - March	93%	95.69%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	16/17 - March	93%	95.07%	↔
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 - March	93%	94.45%	↔

3.5.2 - 31 Day Cancer Waiting Time Performance

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	16/17 - March	96%	98.42%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	16/17 - March	96%	98.74%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	16/17 - March	94%	96.88%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	16/17 - March	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	16/17 - March	94%	96.80%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	16/17 - March	94%	97.65%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	16/17 - March	98%	98.99%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	16/17 - March	98%	99.66%	↔

3.5.3 - 62 Day Cancer Waiting Time Performance

Cancer waits – 62 days				
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	16/17 - March	85% local target	80.85%	↑
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 - March	85% local target	88.36%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	16/17 - March	90%	98.28%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	16/17 - March	90%	90.23%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	16/17 - March	85%	85.68%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	16/17 - March	85%	84.55%	↔

The CCG achieved the 85% local target for 62 days wait for first definitive treatment following a consultant's decision to upgrade in March reporting 100%, 11 out of 11 patients were upgraded within 62 days. Year to date the CCG are recording 80.85% which is under the local plan of 85% this is due to previous months breaches.

Aintree failed the 85% target for 62 day wait from urgent GP referral to first definitive treatment in March reporting 83.33%, out of 72 patients there were 12 patient breaches. Year to date the Trust is under plan recording 84.55%.

A root cause analysis (RCA) report was compiled for each of the breaches. Themes within the RCAs include:

- Patient choice
- Complex patient pathways (patients being investigated for two primary tumours)
- Referral from other Trusts where all relevant investigations have not been completed before referring patient to the specialist centre.
- Delayed histology results
- Late referrals from Aintree to other Trust's for treatment
- Lack of capacity for template biopsies
- Theatre list cancellation due to sickness
- Patient unfit for surgery

Actions for improvement include, continued monitoring and intervention by the Clinical Business Units to manage patient pathways and remove any barriers which maybe preventing treatment. Escalation of delays and constraints to the individual patient journey at the weekly Cancer Performance Meeting. The review and re-circulation of the Cancer Escalation SOP to support CBU's who have a number of management vacancies. Network level discussions have taken place with local Cancer Managers to highlight patients referred to Aintree without completion of all

relevant investigations and diagnosis, this results in a delay to the decision to treat whilst further investigations take place.

3.6 Patient Experience of Planned Care

Friends and Family Response Rates and Scores

Aintree University Hospital NHS Foundation Trust

Latest Month: **Mar-17**

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Inpatient	25.0%	21.8%		96%	95%		1%	2%	

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

- % Response Rate
- % Recommended
- % Not Recommended

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target in excess of the regional and national response rates for both inpatients and A&E. However, inpatient response rates are now reporting under target for March at 21.8%. The proportion of patients who would recommend is 1% lower than last month recording 95% (England average 96%) the proportion who would not recommend is the same as the previous month 2%, higher than the England average of 1%.

The Trust Patient Experience Lead regularly attends the CCG Engagement and Patient Experience Group (EPEG) to provide updates regarding the Trust FFT. This presentation is welcomed by EPEG and gives assurances that patient engagement and experience is considered as important as clinical effectiveness and safety in making up quality services.

The CCG dashboard for patient experience will be updated for the June EPEG meeting.

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 12 of financial year 2016/17, against planned care elements of the contracts held by NHS South Sefton CCG shows an over-performance of £1.1m, which is a percentage variance of 2%. At specific trusts, Renacres are reporting the largest cost variances with a total of £420k/27%.

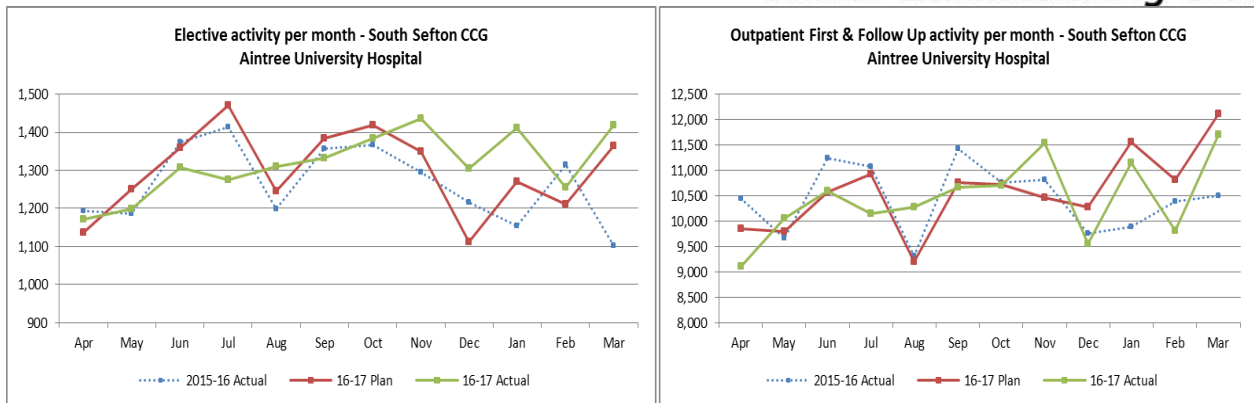
Figure 13 - Planned Care - All Providers

Provider Name	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	181,080	180,220	-860	0%	£33,063	£33,107	£44	0%
Alder Hey Childrens NHS F/T*	9,504	9,662	158	2%	£1,990	£2,219	£230	12%
Central Manchester University Hospitals Nhs Foundation Trust	86	193	107	124%	£22	£35	£13	59%
Countess of Chester Hospital NHS Foundation Trust	0	170	170	0%	£0	£24	£24	0%
East Cheshire NHS Trust	0	6	6	0%	£0	£3	£3	0%
Fairfield Hospital	125	189	64	51%	£23	£49	£26	116%
ISIGHT (SOUTHPORT)	529	795	266	50%	£120	£172	£53	44%
Liverpool Heart and Chest NHS F/T	1,172	1,222	50	4%	£387	£477	£90	23%
Liverpool Womens Hospital NHS F/T	16,063	16,218	155	1%	£3,327	£3,290	-£36	-1%
Renacres Hospital	4,483	4,916	433	10%	£1,578	£1,997	£420	27%
Royal Liverpool & Broadgreen Hospitals	30,866	32,632	1,766	6%	£5,751	£6,071	£320	6%
Southport & Ormskirk Hospital*	14,495	13,475	-1,020	-7%	£3,114	£2,774	-£340	-11%
SPIRE LIVERPOOL HOSPITAL	2,863	2,498	-365	-13%	£902	£883	-£18	-2%
ST Helens & Knowsley Hospitals	4,134	4,436	302	7%	£1,088	£1,192	£104	10%
University Hospital Of South Manchester Nhs Foundation Trust	108	137	29	27%	£16	£26	£10	62%
Walton Neuro	3,384	3,443	59	2%	£859	£849	-£10	-1%
Wirral University Hospital NHS F/T	462	396	-66	-14%	£123	£105	-£18	-15%
Wrightington, Wigan And Leigh Nhs Foundation Trust	846	1,231	385	46%	£305	£498	£194	64%
Grand Total	270,199	271,839	1,640	1%	£52,665	£53,772	£1,107	2%

3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust

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

Aintree University Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	13,527	13,999	472	3%	£8,756	£9,018	£262	3%
Elective	2,044	1,805	-239	-12%	£5,710	£5,525	-£185	-3%
Elective Excess BedDays	803	656	-147	-18%	£178	£143	-£35	-20%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	458	332	-126	-27%	£82	£63	-£19	-23%
OPFANFTF - Outpatient first attendance non face to face	2,577	3,371	794	31%	£73	£87	£14	19%
OPFASPCL - Outpatient first attendance single professional consultant led	34,050	33,806	-244	-1%	£5,134	£5,210	£76	1%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,533	1,125	-408	-27%	£168	£148	-£19	-11%
OPFUPNFTF - Outpatient follow up non face to face	3,318	5,568	2,250	68%	£80	£134	£54	68%
OPFUPSPCL - Outpatient follow up single professional consultant led	85,108	81,104	-4,004	-5%	£6,804	£6,545	-£259	-4%
Outpatient Procedure	22,149	22,189	40	0%	£3,660	£3,731	£70	2%
Unbundled Diagnostics	14,028	14,658	630	4%	£1,284	£1,309	£25	2%
Wet AMD	1,485	1,607	122	8%	£1,133	£1,193	£59	5%
Grand Total	181,080	180,220	-860	0%	£33,063	£33,107	£44	0%



Planned Care at Aintree University Hospital is recording comparable year to date costs against plan with a £44k/0% under performance.

Day cases and Outpatient Follow Up non-face to face are the PODs reporting a significant over performance within planned care, with a combined variance of £316k. Elective inpatients are under performing by -£185k/-3%.

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

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

Table below shows the Planned Care year to date variance by Specialty. Specialties have been filtered on anything more than £10k or below -£10k:

Specialty above £10k or below £10k	DAY CASES		ELECTIVE INPATIENTS		ELECTIVE XBDS		OUTPATIENT FIRST ATT		OUTPATIENT FU ATT		OUTPATIENT PROCEDURES		Total Activity YTD Var	Total Price YTD Var
	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var		
Cardiology	611	£529,901	-4	-£9,293	-26	-£5,509	617	£51,229	304	-£62,186	96	£16,833	1,598	£520,975
Ent	34	£42,636	-19	£73,192	14	£3,127	-88	-£9,598	-2	£667	166	£22,322	106	£132,346
Colorectal surgery	-2	£31,232	-17	£99,960	-243	-£52,562	-28	-£9,392	-252	-£21,952	266	£46,674	-274	£93,961
Physiotherapy							39	£472	2,890	£92,996	1	£33	2,930	£93,500
Clinical haematology	97	£11,484	-11	-£4,866	-73	-£17,283	215	£64,168	131	£16,266	5	£1,106	363	£70,875
Acute internal medicine	-6	-£2,226	0	-£7,423	-5	-£982	909	£86,613	1	-£1,068	-60	-£8,489	841	£66,426
Rheumatology	8	£2,910	-2	-£1,401	6	£1,309	74	£17,265	421	£37,479	-4	-£852	503	£56,709
General surgery	40	£45,273	-23	-£1,572	71	£14,613	108	£11,012	-174	-£17,883	2	£403	24	£51,845
Respiratory medicine	11	-£23,452	-9	-£12,262	-4	-£935	110	£45,769	240	-£2,519	187	£40,435	534	£47,035
Nephrology	29	£26,818	-14	-£19,945	-15	-£3,559	183	£52,528	-201	-£7,483	-10	-£1,608	-26	£46,751
Endocrinology	-4	-£3,030	-2	-£2,904			1	£294	137	£13,793			133	£8,153
Optometry							137	£8,111	-14	-£944			123	£7,167
Cardiothoracic surgery							2	£542	-59	-£10,909	-2	-£338	-59	-£10,705
Vascular surgery	-14	-£12,413	-3	-£3,795			16	£2,604	-43	-£4,712	0	-£39	-44	-£18,355
Interventional radiology	21	£12,565	-6	-£22,345	-5	-£925	77	£11,311	-19	-£1,569	-90	-£25,331	-20	-£26,295
Diabetic medicine	62	£23,915	1	£2,262	-16	-£3,807	-161	-£33,957	-173	-£17,985	-69	-£9,009	-356	-£38,582
Anticoagulant service									-3,704	-£95,266			-3,704	-£95,266
Hepatobiliary & pancreatic surgery	10	£14,143	-20	-£116,990	-3	-£633	23	£5,177	-42	-£4,425			-32	-£102,728
Gastroenterology	-101	-£98,520	-30	-£44,110	14	£3,036	-167	-£30,820	-164	£7,570	23	£6,045	-424	-£156,798
Urology	0	-£25,207	-52	-£107,977	7	£1,350	-479	-£64,796	40	£1,977	-70	£36,146	-554	-£158,507
Dermatology	-49	-£27,505	1	£539			-548	-£60,851	-635	-£55,117	-91	-£18,336	-1,321	-£161,269
Trauma & orthopaedics	-20	-£112,930	-52	-£35,946	94	£20,504	-185	-£24,792	-125	-£11,311	-161	-£20,624	-448	-£185,099
Ophthalmology	-246	-£177,985	6	£2,134			-263	-£31,303	199	-£34,313	-167	-£17,808	-470	-£259,275
Grand Total	472	£261,698	-240	-£184,524	-147	-£34,895	425	£71,206	-2,162	-£223,955	40	£70,260	-1,612	-£40,210

3.7.2 Planned Care Southport & Ormskirk Hospital

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

Southport & Ormskirk Hospital Planned Care PODS *	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	949	907	-42	-4%	£769	£669	£100	-13%
Elective	227	193	-34	-15%	£653	£547	£106	-16%
Elective Excess BedDays	1	38	37	2450%	£0	£8	£8	2593%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	286	113	-173	-61%	£42	£18	£24	-57%
OPFASPCL - Outpatient first attendance single professional consultant led	2,244	2,306	62	3%	£333	£337	£4	1%
OPFUPMPCl - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	590	248	-342	-58%	£58	£27	£31	-54%
OPFUPSPCL - Outpatient follow up single professional consultant led	5,282	5,029	-253	-5%	£474	£454	£20	-4%
Outpatient Procedure	4,048	3,798	-250	-6%	£718	£649	£69	-10%
Unbundled Diagnostics	867	843	-24	-3%	£66	£64	£2	-4%
Grand Total	14,495	13,475	-1,020	-7%	£3,114	£2,774	£340	-11%

* PbR only

Planned care elements of the contract continue to underperform against plan with the majority of areas below at year end, with only first attendances slightly above planned values.

The majority of underspend has occurred within the Elective and Day Case elements of the contract. Combined these areas are approximately £206k under plan for PbR activity with the Trust only reporting activity above planned levels on three occasions in the year. The main specialty driving the under-performance is Trauma and Orthopaedics; this could partially be due to shifts in activity to Renacres Hospital.

A number of factors have affected the Trusts planned care elements of the contract such as staffing issues within theatres and elective cancellations due to winter pressures.

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

3.7.3 Renacres Hospital

Figure 16 - Planned Care - Renacres Hospital by POD

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

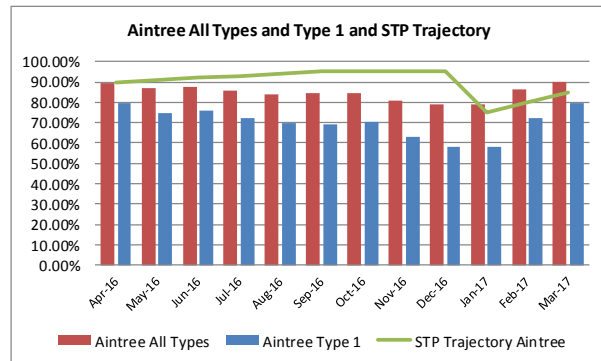
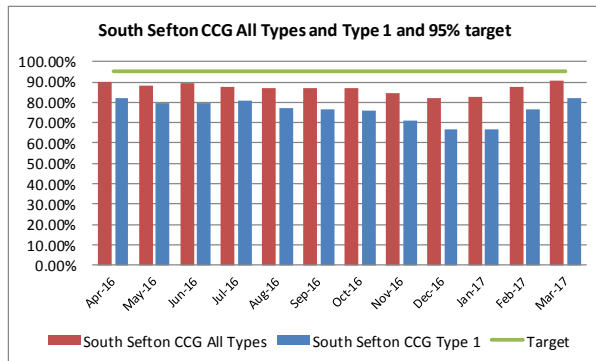
Renacres over performance of £420/27% is driven by a £201k over performance in Electives and £178k over performance in Day Cases. Major Hip Procedures is the largest over performing HRG followed by Reconstruction Procedures. Combined costs for these two HRG's are £131k. The over performance at Renacres is mirrored by underperformance at other Trusts, namely Spire and Southport and Ormskirk Hospitals suggesting a shift in patient and GP choice. The CCG has formally raised the contract over performance at the contract review meeting and the reasons for over performance cited by the Trust included an increase in complexity of the caseload of patients attending, and availability of slots in the E-Referral System increasing choice for patients since the inception of the Musculo-Skeletal Assessment Service (MCAS). In 2016/17 the Renacres contract was managed by Midlands & Lancashire CSU, as Renacres was part of the main Ramsay Healthcare contract. From April 2017 a separate contract has been agreed with Southport & Formby CCG as Co-ordinating Commissioner.

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 - March	95%	86.95%	↔	The CCG have failed the target in March reaching 90.50% and year to date reaching 86.95%. In month 809 attendances out of 8512 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 - March	95%	75.99%	↔	The CCG have failed the target in March reaching 81.10% (year to date 75.99%). In month 805 attendances out of 4498 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 - March	STP Trajectory Target 85%	84.89%	↔	Aintree have achieved their revised target of 85% in March reaching 84.89% YTD and 89.93% in month; 1449 attendances out of 14383 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	16/17 - March	95%	70.32%	↔	Aintree have failed the target in March reaching 79.84% and year to date reaching 70.32%. In month 1449 attendances out of 7186 were not admitted, transferred or discharged within 4 hours.

A&E All Types	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD
STP Trajectory Aintree	90%	91%	92%	93%	94%	95%	95%	95%	95%	75%	80%	85%	%
Aintree All Types	89.48%	86.88%	87.50%	85.95%	84.10%	84.46%	84.76%	81.11%	79.05%	79.25%	86.40%	89.93%	84.89%



Aintree have revised their Cheshire & Merseyside 5 year Formal View (STP) trajectory for January to March and has achieved over the 85% March plan agreed with NHS Improvement recording improved performance of 89.93%. There were no 12-hour breaches of the emergency access standard during March 2017. There is improvement noted in all of the clinical indicators with the median time to see a clinician reported at an average of 56 minutes in March 2017 compared to 60 minutes reported the previous month. This is the lowest recorded time for this indicator in 2016/17.

Trust actions for improvement include:

- A strong drive to embed all aspects of the AED stream of the Emergency and Acute Care Plan and regularly monitor performance to ensure delivery of key standards.
- Progression with the recruitment strategy.
- Whilst recruitment is underway, additional sessions are being arranged to cover gaps in the existing rota. Work continues with UC24 to improve out of hours GP provision and utilisation of available slots
- A follow-up review on ambulance handover processes has been undertaken by ECIP/NWAS. The aim to review progress made to date and identify further areas for improvement. Implement recommendations made to achieve further improvements and work continues in order to ensure a collaborative approach to patient services with NWAS and ECIP as part of national improvement campaign.
- A review of current structures and development of a workforce plan which will deliver sustained performance levels is underway. A project is currently in progress to identify the medical workforce required to consistently deliver KPIs.
- Following implementation of the new frailty model, next steps have been agreed. These include development of an in-reach model, development of the Advanced Nurse Practitioner role, further discussions with the site team to improve patient flow out of the unit and progress with the medical recruitment strategy.

4.2 Ambulance Service Performance

Ambulance					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	16/17 - March	75%	68.85%	↓	The CCG is under the 75% target year to date reaching 68.85%. In March out of 68 incidents, 40 were within 8 mins (58.82%)
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	16/17 - March	75%	59.75%	↔	The CCG is under the 75% target year to date reaching 59.75%. In March out of 867 incidents, 544 were within 8 mins (62.75%).
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	16/17 - March	95%	90.35%	↔	The CCG is under the 95% target year to date reaching 90.35%. In March out of 935 incidents, 855 were within 19 mins (91.48%)
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWS) (Cumulative)	16/17 - March	75%	67.73%	↔	NWS reported under the 75% target year to date reaching 67.73%. In the month of March 65.64% was reported.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWS) (Cumulative)	16/17 - March	75%	62.67%	↔	NWS failed to achieve the 75% target year to date reaching 62.67%. In the month of March 63.44% was reported.
Ambulance clinical quality - Category 19 transportation time (NWS) (Cumulative)	16/17 - March	95%	89.04%	↔	NWS failed to achieve the 95% target year to date reaching 89.04%. In the month of March 90.23% was reported.

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Aintree	16/17 - March	0	130	↓	The Trust recorded 130 handovers between 30 and 60 minutes, this is a slight improvement on last month when 133 was reported but is still breaching the zero tolerance threshold.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Aintree	16/17 - March	0	82	↓	The Trust recorded 82 handovers over 60 minutes, a slight improvement on the previous month when 84 was reported but is still breaching the zero tolerance threshold.

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

With the significant dip in performance around national ambulance targets we are working with all partners to improve performance against these targets. The Provider actions for improvement include an agreed Workforce Plan, establishment of a Performance Development Plan to be monitored twice a week. Senior Manager, Trust Board and NHSI focus on performance. Introduction of weekly telephone conferences with Commissioners to focus on performance and also a Remedial Performance Plan was introduced in January 2017 to focus on performance improvement. NWS chaired a 90 day Improvement Forum facilitated by NHSI and attended by Lead Commissioners to focus on hospital issues, performance and any restrictions/barriers to achieving performance.

The Trust experienced a slight decrease in the number of delays in excess of 30 minutes during March 2017. The number of ambulance waits exceeding 30 minutes decreased to 212 (-5). Of the 212 delays, 82 were in excess of 60 minutes which represents a decrease of 2. This is in the context of 14.6% (+360) more ambulance attendances in March 2017 compared to February 2017.

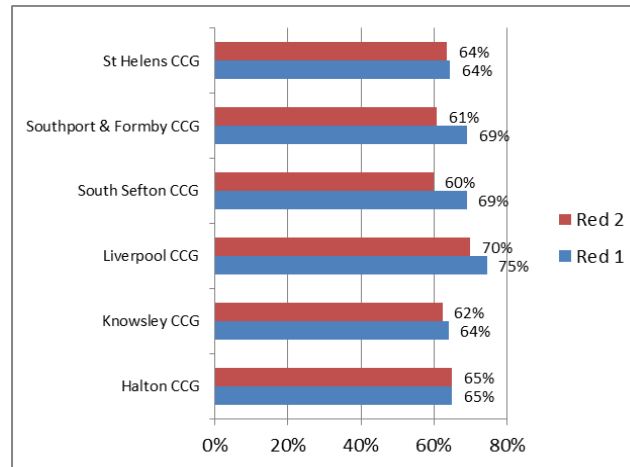
The average time from notification to handover standard of 15 minutes further improved in March 2017. The Trust achieved an average of 15:01 minutes compared to the 17:25 minutes reported in the previous month (-2:25 minutes). This is the lowest recorded time for average time to from notification to handover in 2016/17.

Ambulance Response Times:

For South Sefton CCG April 2016 to March 2017, there have been 689 Red 1 (the most urgent) calls. Of these, 474 arrived within 8 minutes, **68.8%** against a national standard of 75%. Of the more numerous Red2 calls, 10476 of 6259 arrived in 8 minutes **59.8%** 95% of red calls should receive a response in 19 minutes. In South

Sefton the YTD figure was **90.4%**

Please note the CCG is measured on NWAS performance so for 2016/17 they recorded YTD figures of **67.7%** for Red 1, **62.7%** for Red 2 and **89%** for 19 minute All Reds.

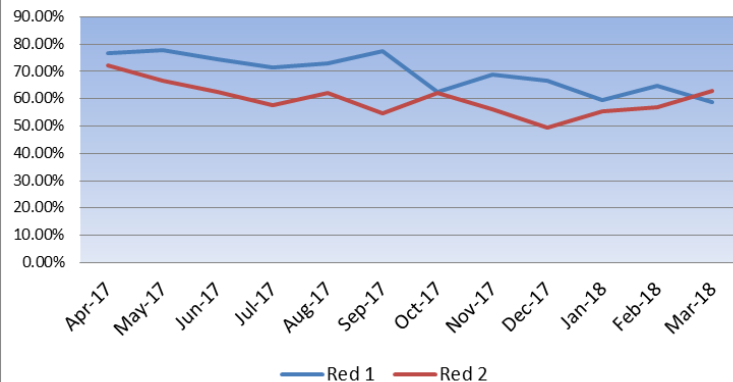


Ambulance Handover Delays:

A significant contribution to lengthy ambulance response times is the delays ambulances are experiencing in A&E.

At Aintree Hospital there have been **2462** ambulance handovers delayed by over an hour in 2016/17. Ambulance delays at hospitals across Merseyside also affect response time for South Sefton patients. On the worst day in 2016/17 just 2 emergency ambulances were available for the whole of Merseyside with the rest waiting outside A&E departments.

South Sefton CCG Ambulance Response Times Red 1 & Red 2



NWAS Actions: NWAS were served with a performance and a remedial action plan is now in effect. Actions taken include:

1. Bespoke packs sent to each Trust's chief executive highlighting the turnaround issues specific to that trust.
2. Health Care Professional (HCP) bureau to be established to match the acuity of the vehicle to the needs of the patient.
3. NWAS are targeting high volume nursing home referrals.
4. The Management of winter hospital transfers across split sites is being worked on, with a view to reducing the acuity and frequency of transfers and trying to divert to PT5.
5. The clinical Assessment Service / Hub is being development.

South Sefton CCG Actions:

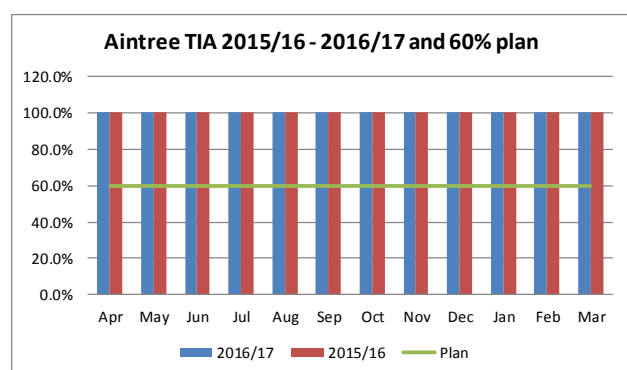
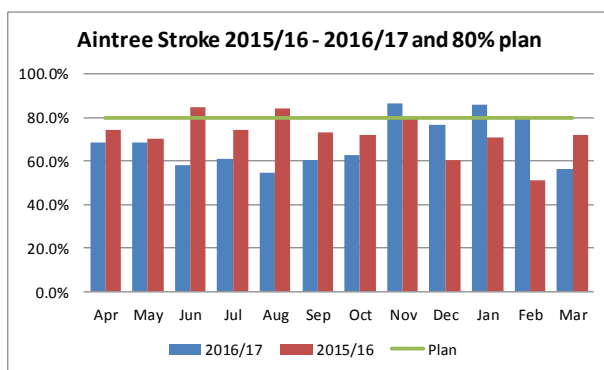
In addition to the actions being carried out by NWAS, the CCG is

- Supporting the ECIP programme with the aim of improving ambulance turnaround times
- Continuing to support the Acute Visiting Scheme and Alternative to Transfer Scheme with the aim of reducing ambulance conveyances
- Commissioning a Clinical Assessment Service with GOTODOC and NWAS. The service aims to reduce the number of ambulance conveyances
- Undertaking a review of Walk in Centre services to support future ambulance conveyance

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 - March	80%	56.10%	↓
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	16/17 - March	60%	100%	↔



Aintree failed the 80% target for patients spending 90% of their time on a stroke unit; recording 56.1% this is a considerable drop from the previous month when the Trust recorded 80.6%. Out of 41 patients only 23 spent more than 90% of their hospital stay on a stroke unit.

Of the patients who failed the standard, majority arrived by ambulance and 6 arrived by private transport.

Patients who failed the standard:

- 12 patients were identified as requiring direct admission to the Stroke Unit on admission to ED, but no stroke beds were available
- 1 patient was admitted directly to the Trust from the Rapid Referral Stroke Clinic, on admission no stroke bed was available
- 2 patients were referred to the Stroke Team after CT scanning was carried out, both referred after the 4 hour target
- 1 patient was referred to the Stroke Team after MRI scanning was carried out, referred after the 4 hour target
- 1 patient was diagnosed with a brain stem stroke and was transferred to a side room on FAU for palliative care, no side rooms were available on ASU

Actions to improve include:

The completion of a second business case in order to increase stroke bed capacity. The Continuation of nurse and therapy recruitment processes following Business Case approval for hyper acute stroke beds. Validation of all systems and the discussion of late referrals to the Stroke Team with the Acute and Emergency Care Teams to ensure lessons are learned and delays prevented.

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

4.3.2 Mixed Sex Accommodation

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

4.3.3 Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	16/17 - March	54	45	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	16/17 - March	46	46 (20 following appeal)	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	16/17 - March	0	2	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	16/17 - March	0	2	↔

The CCG had 3 news case reported in March 2017, 45 year to date. The year to date plan was 54 which has been achieved.

For Aintree this year there have been 46 patients with Trust apportioned C.difficile including 3 new cases reported in March, compared to a year to date plan of 46. There has been 26 successful appeals upheld year to date giving a total of 20 cases following appeal. Aintree have also achieved their 2016/17 plan.

The National HCAI data capture system does not reflect appeal decisions taken locally therefore regional and national reporting of cases still includes those which have been successfully appealed.

The CCG have had no new cases of MRSA in March therefore reporting a total of 2 MRSA cases YTD. The first case of MRSA was reported in September (trust acquired), the second in January (community acquired).

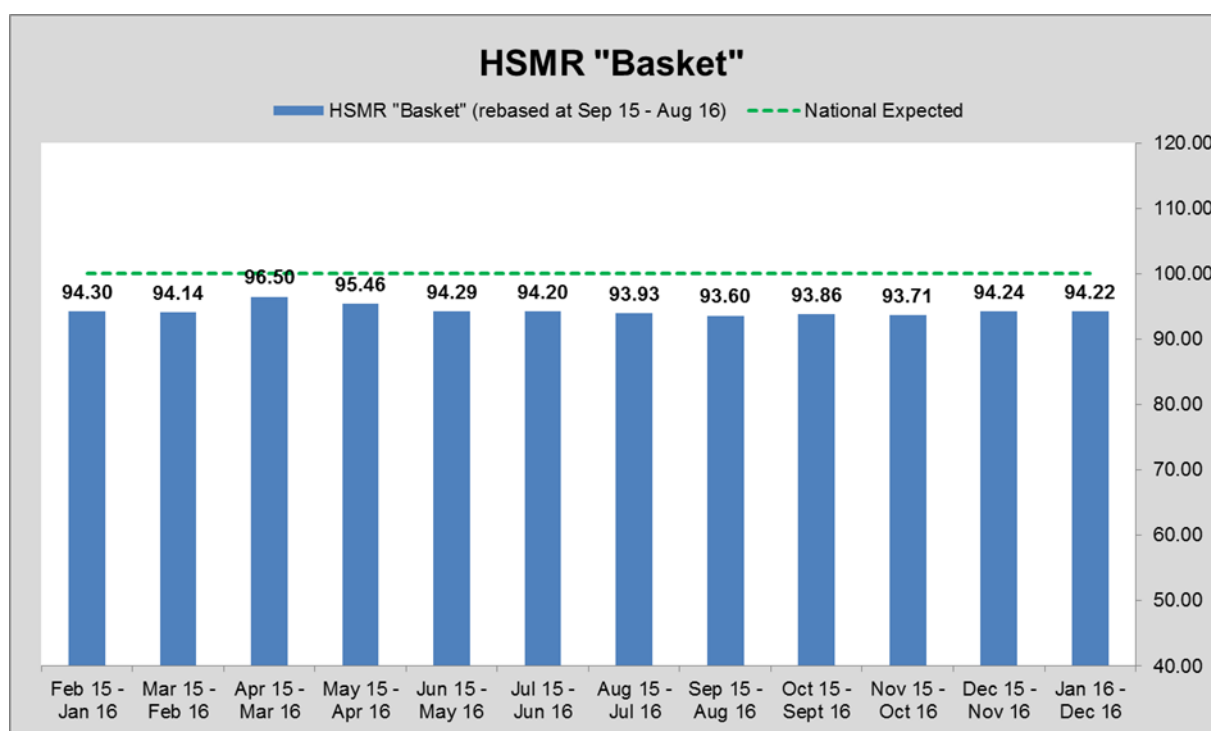
Aintree have reported no further cases of MRSA in March, 2 cases year to date. The first case in December was assigned to the Trust, the second case in January was attributed to a third party,

and this is the first time an MRSA case has been attributed to another party as opposed to the Provider or CCG.

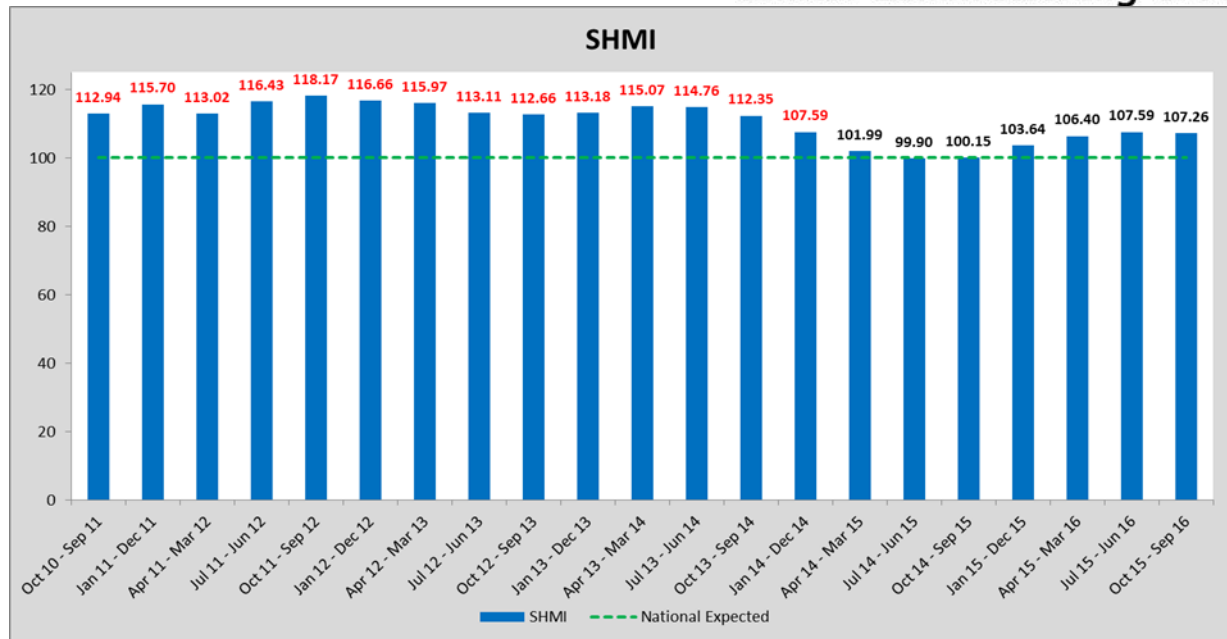
4.3.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	16/17 - March	100	94.22	↑ ↔
Summary Hospital Level Mortality Indicator (SHMI)	Jul-15 to June 16	100	107.26	↔

HSMR is reported for the period January 2016 to December 2016. In March performance remains below expected at 94.22.



SHMI for the period October 2015 – September 2016 is as expected at 107.26.



The Trust has the 10th Highest SHMI of the 22 North West Trusts. There are 17 Trusts with a SHMI as expected, 1 trust is below expected and 4 Trusts have a SHMI higher than expected. The Trust remains in a positive position with the 4th lowest HSMR value of the 22 North West Trusts. There are 6 Trusts with a HSMR higher than expected and 16 Trusts have a HSMR as or below expected.

4.4 CCG Serious Incident Management

Serious incidents reporting within the integrated performance report is in line with the CCG reporting schedule for Month 12.

There are a total of 99 serious incidents open on StEIS where South Sefton CCG are either lead or responsible commissioner. Of the 99, 72 are applicable to South Sefton CCG patients, 27 for Aintree University NHS Foundation Trust (UHA), 6 of these from South Sefton CCG.

Aintree University Hospitals NHS Foundation Trust - 27 open Serious Incidents on StEIS with 1 reported in March 2017 making a total of 29 reported year to date. 18 remain open for >100 days. 4 cases have been subject to Safeguarding Adult Board (SAB) processes (2 x Liverpool CCG, 1 x West Lancashire, 1 x Knowsley CCGs) The CCG serious incident process is now progressing for one case following conclusion of a police investigation, and the Liverpool SAB has now been concluded for the remaining 3 cases.

Liverpool Community Health NHS Trust - 41 open serious incidents on StEIS affecting South Sefton CCG patients. 23 remain open for >100 days, 1 case remains subject to Local Safeguarding Children Board (LSCB) processes. There were 4 serious incidents reported in March 2017, a total of 41 year to date, 21 year to date relate to pressure ulcers. 1 case has been removed from StEIS since the previous report and the incident deemed not attributable to LCH. The Trust has a composite pressure ulcer action plan in place; this continues to be monitored quarterly at the Trust Clinical Quality and Performance meeting, the CCG attends the Trust monthly pressure ulcer reduction programme meetings.

Mersey Care NHS Foundation Trust – There are 21 incidents open on StEIS for South Sefton CCG patients, with 14 remaining open >100 days. 1 incident was reported in March 2017 making a total of 18 year to date. 2 incidents previously managed by NHS England are now being managed by Liverpool CCG as lead commissioner, which will support closure on StEIS.

4.5 CCG Delayed Transfers of Care

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

Delayed Transfers of Care (DTC's) at Aintree saw an increase in March with 27 compared to February recording 21 (22%). Patient and/or family choice resulted in 11 delayed transfers (41%), a further 11 were due to delays incurred whilst awaiting further NHS non acute care (41%) and 5 were due to awaiting care package in own home (18%).

Analysis of delays in March 2017 compared to March 2016 illustrates an 11% decrease in total number of delays. The number of patients awaiting further NHS non-acute care has shown a reduction of 1 (-17%) from the previous year and 9 less delays due to patient or family choice (-45%).

Delayed Transfers of Care at Aintree April – March 2017

	2015-16												2016-17											
Reason For Delay	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
A) COMPLETION ASSESSMENT	0	0	0	0	1	0	0	1	1	0	0	0	0	0	3	2	3	4	0	0	2	1	1	0
B) PUBLIC FUNDING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C) WAITING FURTHER NHS NON-ACUTE CARE	8	8	9	7	7	7	11	5	8	7	11	6	15	8	7	12	10	11	8	5	6	14	4	5
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DII) AWAITING NURSING HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
E) AWAITING CARE PACKAGE IN OWN HOME	3	1	0	1	3	1	2	6	0	0	1	2	3	4	7	6	5	4	4	2	5	4	4	11
F) COMMUNITY EQUIPMENT/ADAPTIONS	2	1	0	0	0	1	0	0	0	1	1	1	1	0	1	1	0	0	0	0	0	1	0	0
G) PATIENT OR FAMILY CHOICE	6	11	14	5	5	11	14	12	8	3	5	20	14	18	17	14	14	14	6	16	9	9	12	11
H) DISPUTES	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
I) HOUSING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Grand Total	20	22	24	13	16	20	27	24	17	11	18	30	33	30	36	35	32	33	18	23	22	29	21	27

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

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

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

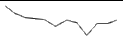


The CCG is currently reviewing intermediate care services (ICB) to ensure sufficient capacity exists to expedite appropriate discharges at the earliest opportunity. Transitional beds are discussed between the acute provider, local authority and the CCG and agreed on an individual patient basis to facilitate early discharge to the most appropriate community setting.

4.6 Patient Experience of Unplanned Care

Friends and Family Response Rates and Scores

Aintree University Hospital NHS Foundation Trust

Latest Month: Mar-17

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	15.0%	17.9%		87%	89%		7%	7%	

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

- % Response Rate
- % Recommended
- % Not Recommended

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

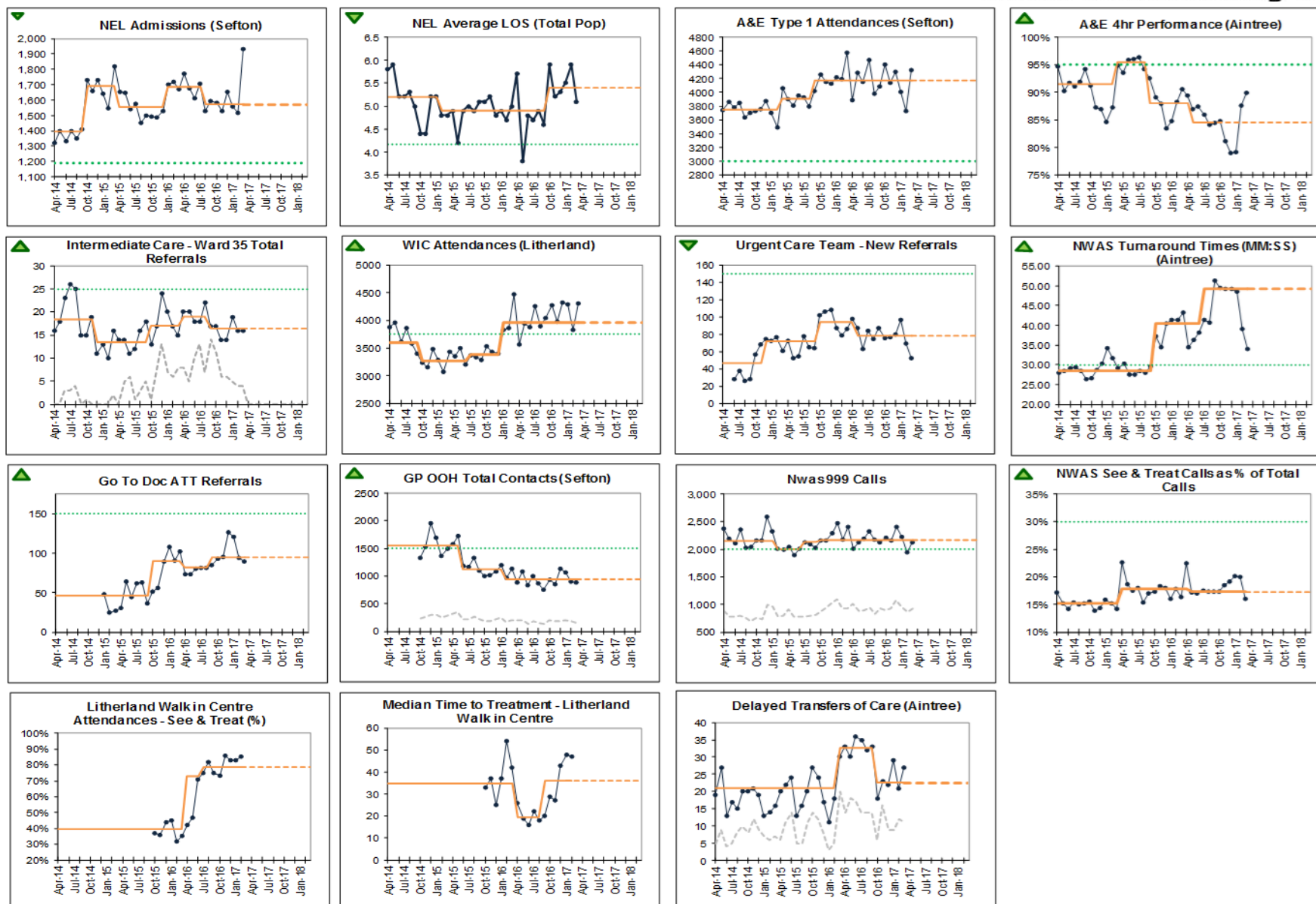
The percentage of people that would recommend A&E is now above the England average reporting 89% in March compared to an England average of 87%. However this is an increase on February when 86% was reported. The not recommended percentage follows a similar pattern with performance at 7% in March compared to a 7% average; this again is an improvement on the previous month.

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

An update on the CCG patient experience dashboard is planned for June.

4.7 South Sefton Urgent Care Dashboard

An urgent care system dashboard has been developed by Dr Pete Chamberlain incorporating 15 key measures of urgent care. It forms part of a wider project to develop system-wide cascading dashboards to bring multiple indicators together to provide oversight of care in different settings.



Definitions

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

4.8 Unplanned Care Activity & Finance, All Providers

4.8.1 All Providers

Performance at Month 12 of financial year 2016/17, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£504k/-1%. This under-performance is clearly driven by Aintree Hospital reporting an under performance of -£348k/-1%. Alder Hey Hospital is reporting the largest year to date over performance with a £230/12% variance. Further analysis is taking place of the Alder Hey contract to understand the key areas of over performance alongside population measures such as birth rates.

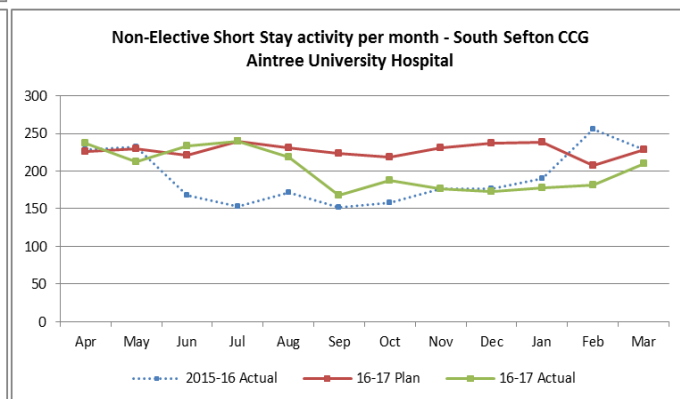
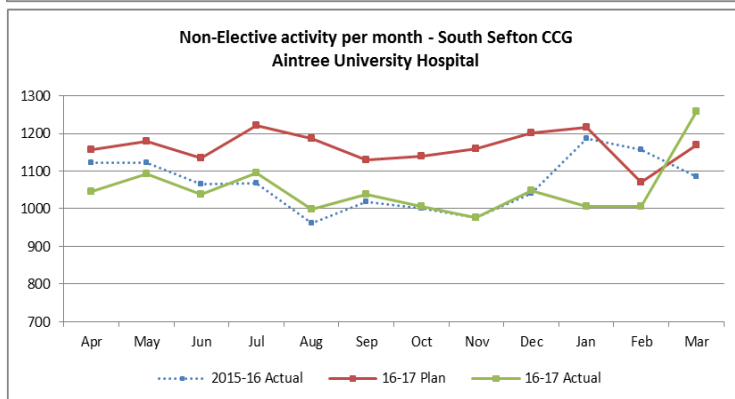
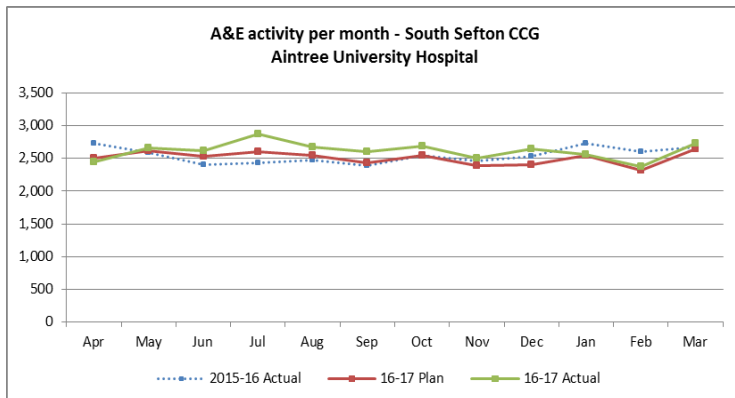
Figure 17 - Month 12 Unplanned Care – All Providers

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	95,323	105,859	10,536	11%	£34,940	£34,591	-£348	-1%
Alder Hey Childrens NHS F/T	9,504	9,662	158	2%	£1,990	£2,219	£230	12%
Central Manchester University Hospitals Nhs Foundation Trust	67	80	13	19%	£16	£25	£9	55%
Countess of Chester Hospital NHS Foundation Trust	0	61	61	0%	£0	£21	£21	0%
Liverpool Heart and Chest NHS F/T	233	108	-125	-54%	£265	£290	£25	10%
Liverpool Womens Hospital NHS F/T	3,860	3,498	-362	-9%	£3,430	£3,289	-£141	-4%
Royal Liverpool & Broadgreen Hospitals	6,532	5,893	-639	-10%	£2,419	£2,099	-£321	-13%
Southport & Ormskirk Hospital	12,965	12,861	-104	-1%	£2,902	£2,891	-£11	0%
ST Helens & Knowsley Hospitals	886	983	97	11%	£359	£397	£38	11%
University Hospital Of South Manchester Nhs Foundation Trust	41	33	-8	-20%	£14	£13	-£1	-7%
Wirral University Hospital NHS F/T	245	203	-42	-17%	£90	£75	-£14	-16%
Wrightington, Wigan And Leigh Nhs Foundation Trust	42	44	2	5%	£15	£24	£9	57%
Grand Total	129,698	139,285	9,587	7%	£46,439	£45,935	-£504	-1%

4.8.2 Aintree University Hospital NHS Foundation Trust

Figure 18 - Month 12 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	40,482	48,464	7,982	20%	£963	£963	£0	0%
A&E - Accident & Emergency	30,062	31,389	1,328	4%	£3,718	£3,923	£204	5%
NEL - Non Elective	13,920	12,574	-1,346	-10%	£26,605	£25,565	-£1,040	-4%
NELNE - Non Elective Non-Emergency	44	37	-7	-16%	£124	£123	-£1	0%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	40	129	89	222%	£10	£27	£17	180%
NELST - Non Elective Short Stay	2,732	2,415	-317	-12%	£1,792	£1,698	-£94	-5%
NELXBD - Non Elective Excess Bed Day	8,044	10,851	2,807	35%	£1,728	£2,293	£565	33%
Grand Total	95,323	105,859	10,536	11%	£34,940	£34,591	-£348	-1%



4.8.3 Aintree Hospital Key Issues

The overall Urgent Care under spend of -£348k/-1% is driven by a -£1m under performance in Non Elective costs. This under performance offsets the £565k over performance seen in Non Elective Excess Bed days. Excess bed days has been raised through the official challenge process and reported through the various exec boards.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

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

NHS South Sefton CCG					
PBR Cluster	Caseload as at 31/03/2017	2016/17 Plan	Variance from Plan	Variance on 31/03/2016	
0 Variance	97	88	9	8	
1 Common Mental Health Problems (Low Severity)	44	42	2	6	
2 Common Mental Health Problems (Low Severity with greater need)	19	22	(3)	(7)	
3 Non-Psychotic (Moderate Severity)	95	217	(122)	(96)	
4 Non-Psychotic (Severe)	307	215	92	103	
5 Non-psychotic Disorders (Very Severe)	86	62	24	25	
6 Non-Psychotic Disorder of Over-Valued Ideas	38	40	(2)	(7)	
7 Enduring Non-Psychotic Disorders (High Disability)	281	192	89	65	
8 Non-Psychotic Chaotic and Challenging Disorders	135	98	37	24	
10 First Episode Psychosis	145	138	7	7	
11 On-going Recurrent Psychosis (Low Symptoms)	350	433	(83)	(82)	
12 On-going or Recurrent Psychosis (High Disability)	379	307	72	80	
13 On-going or Recurrent Psychosis (High Symptom & Disability)	105	112	(7)	-	
14 Psychotic Crisis	29	21	8	10	
15 Severe Psychotic Depression	8	6	2	1	
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	41	34	7	5	
17 Psychosis and Affective Disorder – Difficult to Engage	47	58	(11)	(6)	
18 Cognitive Impairment (Low Need)	229	223	6	8	
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	432	505	(73)	(39)	
20 Cognitive Impairment or Dementia Complicated (High Need)	425	332	93	65	
21 Cognitive Impairment or Dementia (High Physical or Engagement)	141	76	65	42	
Cluster 99	571	402	169	149	
Total	4,004	3,623	381	361	

5.1.1 Key Mental Health Performance Indicators

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

	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	100%	100%	100%	94%	100%	93%	95%	96%	94%	93%	100%

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

	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	100%	100%	No Patients	100%	100%	100%	100%	100%	100%	100%	100%	100%

Figure 22 - Figure 16 EIP 2 week waits

	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (in month)	50%	0%	100%	33.33%	50.00%	50%	86%	100%	75%	83%	50%	50%	100%
Rolling Quarter				37.50%	50.00%	50%	73%	100%	86%	85%	50%	50%	57%

5.1.2 Mental Health Contract Quality Overview

Commissioners have commented on the first draft of the Trust's review of the acute care pathway and at time of writing are awaiting the final agree draft. Once agreed an implementation plan will be put in place. Commissioners have expectations that implementation will lead to improvements in access and overall pathways flows for patients.

There remain ongoing concerns around GP access and communication and these are being addressed via the bi-monthly referral interface meeting which has been established. The trust will also be invited to South Sefton locality meetings in 2017/18 so as to maintain a focus on improving the interface between Trust and primary care.

The Trust has failed part 2 of the national physical health CQUIN relating to communication with general practitioners.

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

The Trust continues to test the R32 upgrade for Epex in order to comply with Mental Health Services Dataset (MHSDS) reporting requirements as reporting via UNIFY will be discontinuing in June 2017. The trust has reported that early indications from R32 testing have proved successful but commissioners will continue to monitor this issue.

The CCG Engagement and Patient Experience Group has been invited to attend the Trust in May for a presentation of the service user survey and to gain assurance that the Trust consider service user feedback important in the development and regular review of services. The presentation will be given by the PALS, Patient Experience and Duty of Candour lead from the Trust and will include a live demonstration of the data collected with narrative on how the Trust respond to this information.

5.2 Improving Access to Psychological Therapies

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

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March
National definition of those who have entered into treatment	2015/16	143	158	201	204	166	232	184	252	267	343	262	256
	2016/17	282	294	294	272	246	269	269	254	198	307	284	315
Access % ACTUAL - Monthly target of 1.3% - Year end 15% required	2015/16	0.59%	0.65%	0.83%	0.84%	0.68%	0.95%	0.76%	1.04%	1.10%	1.41%	1.08%	1.05%
	2016/17	1.16%	1.21%	1.21%	1.12%	1.01%	1.11%	1.11%	1.05%	0.81%	1.26%	1.17%	1.30%
Recovery % ACTUAL - 50% target	2015/16	60.0%	45.1%	56.0%	52.0%	45.0%	48.1%	53.6%	47.1%	38.6%	32.5%	46.4%	50.0%
	2016/17	41.1%	37.9%	30.7%	38.9%	34.5%	42.0%	39.0%	41.1%	36.7%	40.6%	50.3%	52.3%
ACTUAL % 6 weeks waits - 75% target	2015/16	96.8%	94.2%	94.1%	96.6%	95.4%	97.2%	93.8%	94.7%	98.3%	93.5%	99.1%	96.3%
	2016/17	93.5%	98.5%	96.4%	97.4%	97.7%	95.5%	98.0%	99.5%	98.0%	98.8%	99.4%	99.5%
ACTUAL % 18 weeks waits - 95% target	2015/16	99.2%	99.2%	100.0%	100.0%	100.0%	100.0%	99.3%	100.0%	100.0%	99.2%	100.0%	100.0%
	2016/17	100.0%	100.0%	100.0%	100.0%	100.0%	98.7%	100.0%	100.0%	99.3%	100.0%	100.0%	100.0%
National definition of those who have completed treatment (KPI5)	2015/16	134	117	120	136	119	143	117	132	119	124	114	162
	2016/17	166	162	156	164	148	171	162	212	153	167	173	189
National definition of those who have entered Below Caseness (KPI6b)	2015/16	9	4	11	9	10	8	5	13	5	7	2	6
	2016/17	3	9	3	7	6	9	8	10	6	12	10	13
National definition of those who have moved to recovery (KPI6)	2015/16	75	51	61	66	49	65	60	56	44	38	52	78
	2016/17	67	58	47	61	49	68	60	83	54	63	82	92
Referral opt in rate (%)	2015/16	95.4%	89.9%	80.3%	73.8%	78.2%	74.3%	72.0%	66.2%	75.0%	86.0%	83.0%	84.0%
	2016/17	87.9%	89.4%	91.4%	84.2%	85.7%	84.2%	88.2%	83.2%	81.4%	84.1%	83.7%	80.4%

The provider (Cheshire & Wirral Partnership) reported 315 South Sefton patients entering treatment in Month 12, which is a 10.9% increase to the previous month. The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is currently set at 15% for 2016/17 year end. The year end activity showed the Provider achieved an access rate of 13.5% against the 15% standard. This was an improvement to 2015/16 when South Sefton CCG reported a year end access rate of 11.0%.

There were 382 Referrals in Month 12, which was a 12.4% decrease compared to the previous month when there was 436. Of these, 62% were Self-referrals which is an increase from 50% for the previous month. GP Referrals decreased from 123 in Month 11 to 75 for Month 12. 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 52.3% in Month 12, which is an increase from 50.3% for the previous month. The year end position saw a recovery rate of 40.7%, which is below the year-end position of 2015/16 (48.0%). The provider believes that it is possible recovery will dip

as the longest waiters are brought into service, as more are likely to disengage without completing treatment. However, as waits reduce, this is expected to improve.

Cancelled appointments by the provider saw a 75.5% increase in Month 12 with 115 compared to 73 in Month 11.

There was a slight increase in DNAs in Month 12 (from 162 in Month 11 to 167 in Month 12); the provider has commented that the DNA policy has been tightened with all clients made aware at the outset. Cancelled slots are being made available for any assessments/entering therapy appointments.

In month 12 99.5% 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 every month of 2016/17 for South Sefton CCG.

Since October 2016 there has been an action plan in place with Access Sefton to reduce lengthy internal waits across both CCGs.

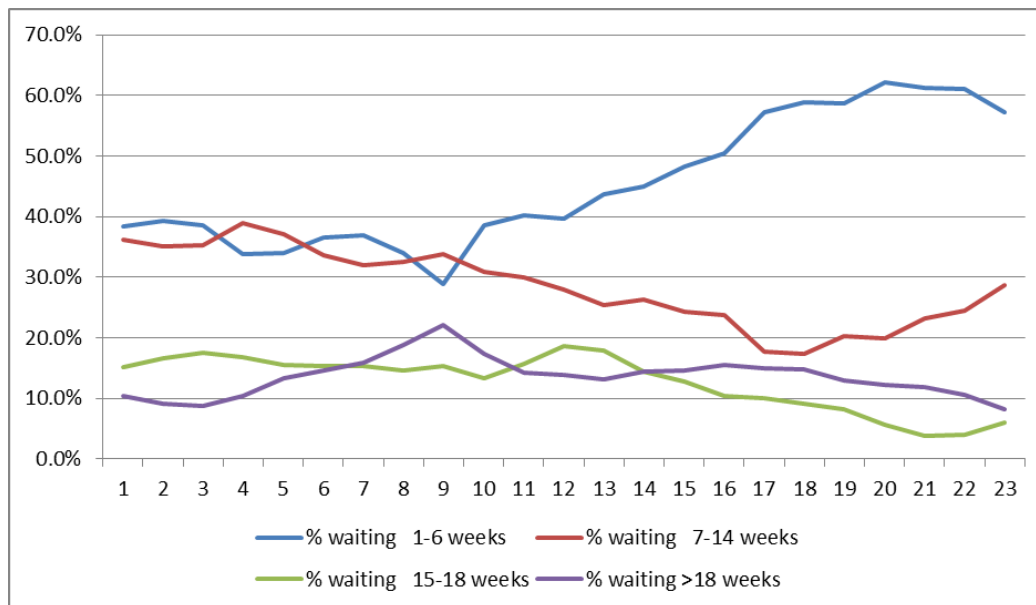
On 24th October 2016 there were 800 patients on the internal waiting list in NHS South Sefton CCG and on 27th March 2017 a total of 612 patients were on the internal waiting list. The percentage of those patients waiting 1-6 weeks have significantly risen over the 23 week reporting period with reductions in the percentage of patients waiting 7-14 weeks, 15-18 weeks and more than 18 weeks reducing over the same period.

It has been challenging to accommodate clients who request either very specific venues, times or days. In particular the number of clients who want to be seen 'out of hours' has resulted in lengthy waits for this particular cohort of individuals.

In January 2017 the service opened an additional late evening in Bootle in order to offer more appointments after work.

The chart below demonstrates the progress that the provider has made in ensuring that patients are being seen quicker after their initial assessment.

NHS South Sefton CCG – Access Sefton Internal Waiters 24-10-16 – 27-3-17 (23 weeks)



5.3 Dementia

Summary for NHS South Sefton dementia registers at 31-03-2017

People Diagnosed with Dementia (Age 65+)	1,202
Estimated Prevalence (Age 65+)	2,091
Gap - Number of addition people who could benefit from diagnosis (all ages)	970
NHS South Sefton - Dementia Diagnosis Rate (Age 65+)	57.5%
National estimated Dementia Diagnosis Rate	67.6%
Target	66.70%

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

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

The CCG dementia lead participated in a regional Deep Dive meeting to further explore avenues that would benefit improvement. This includes working with the NHS Intensive Support Team for support for dementia diagnosis. In addition there appear to be data issues with incorrect/missing coding between Mersey Care Trust and Primary Care – the CCG dementia lead will be engaging South Sefton practices and MCT Primary Care Mental Health staff to work more closely to resolve the coding issues.

6. Community Health

6.1 Liverpool Community Health Contract

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

The CCG has been informed there is an IT issue that will impact on the reporting of the intermediate care figures. The service has temporarily reverted to using a different version of EMIS. The Trust's contract reporting from EMIS is automated and is therefore currently reporting a very low inaccurate caseload figure. The Trust has provided a more accurate figure (via email) of 45 patients on the caseload in March-17.

6.1.1 Patient DNA's and Provider Cancellations

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

For patient DNAs, Sefton Physio Service reported high rates in each month of the year, with 14.9% in Mar-17, a slight decline on last month's performance. Adult Dietetics has also reported high rates all year, at 9.8% this month compared to 15.5% last month. Total DNA rates at Sefton are green for this month at 7.5%.

Provider cancellation rates are reporting green this month for all services with the exception of treatment rooms reporting 7.9% and Diabetes reporting 6.7%. Both of these services reported high provider cancellation rates all year. Total hospital cancellation rate for Sefton is green at 2.8% this month.

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 March 2017. Total patient cancellations for Sefton have improved slightly in March 2017, from 11.9% in February to 11.4%.

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

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

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

6.1.2 Waiting Times

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

Adult SALT: This service had issues with long waiting times at the beginning of the financial year. The Trust did work to improve this, and waiting times were reduced significantly between July and November 2016. However, the most recent 3 months of data shows that waiting times are beginning to increase again over the 18 week threshold. An average (95th percentile) wait of 22 weeks was reported on the completed pathway in February; however this is a slight improvement since an average wait of 23 weeks was reported in January. The longest waiting patient is currently at 19 weeks. 1 patient is breaching the 18 week target at this point compared to 2 last month.

Physiotherapy: Waiting times have steadily increased over the past 6 months, resulting in this service failing the 18 week target again in February for completed pathways at 19 weeks. However this is an improvement on last month. Performance on the incomplete pathway has also improved and is achieving again this month, with 0 patients over 18 weeks compared to 2 last month. The longest waiter was 2 patients waiting at 17 weeks.

Occupational Therapy: Waiting times on the completed pathways (95th Percentile) have exceeded the 18 week target for the past 6 months. An average of 19 weeks was reported in February, a slight improvement on last month's performance. The longest waiter was at 20 weeks with the number of patients breaching increasing from 2 to 3.

Nutrition & Dietetics: Waiting times on both pathways have now recovered and are achieving the 18 week target.

Paediatric SALT: A new reporting process has now been set up for this service, and the Trust has begun to report waiting times information from August. In February, on the incomplete pathway the average waiting time (92nd percentile) has decreased again from 36 weeks to 29 weeks. However this is still a breach of the 18 week target. The longest waiting patient was waiting at 49 weeks. This service has consistently breached the 18 week target since it began reporting in August.

The Trust has provided the following comments for the Paediatric SALT service;
 "Paediatric waits for SALT are currently reporting 29 weeks, a decrease from 36 weeks the previous month. Waiting times are expected to continue to decrease as the Sefton Locality management are working closely with the service to monitor improvements."

The Trust has also provided comments for other services reporting above 18 weeks for completed pathways;

"March figures for the majority of services shows improvement. The completed pathways information is a snapshot of patients seen within the month. This means that in some months longer waiters will distort the average figures. As performance against the incomplete pathways improves this should correspond with the completed, but they are reported at different percentiles, so the completed pathways is always going to be a harder target to achieve."

6.2 Any Qualified Provider LCH Podiatry Contract

The trust continues to use the £25 local tariff. At Month 12 2016/17 the YTD costs for the CCG are £312,517 with attendances at 3,341. At the same time period last year the costs were £346,012 and attendances at 3,785.

6.2.1 Liverpool Community Health Quality Overview

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

Paediatric Therapy Services - From 1st May 2017, therapy services were transitioned across to Alder Hey, the CCG will continue close monitoring of performance and patient safety particularly in relation to waiting times.

6.3 Southport and Ormskirk Trust Community Services

EMIS Migration

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

New Community Provider

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

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

7. Third Sector Overview

All NHS Standard Contracts and Grant Agreements for 2017-18 have been issued, signed and returned. Commissioners are currently working with providers to tailor service specifications and activity expectations in line with local requirement and CCG plans.

A detailed quarter 4 2016/2017 report detailing outcomes, activity, electoral ward information, age and gender is now available. The information contained within the report covers the following Third Sector providers:

- Age Concern Liverpool & Sefton – Befriending & Reablement Services
- Alzheimer's Society – Dementia peer group support for people with dementias and their families
- Expect LTD – Mental Health Day Centre based at Bowersdale Resource Centre
- Imagine Independence – Mental Health Employment Services
- Sefton CVS – BME Support, Families, Children & Young People Support, Health & Wellbeing Development & Reablement

- Swan Women's Centre – Women's mental health counselling and outreach service
- Sefton Women's and Children's Aid (SWACA) – Support for Women & Children suffering Domestic Violence
- Sefton Advocacy – Adult advocacy services
- Sefton Pensioner's Advocacy – Older People's Advocacy and Advice Service
- Sefton Citizen's Advice Bureau – In-patient advice and support service based at Clock View Hospital
- Sefton Carer's Centre – Parent Carer's support
- Stroke Association – Support for patients and families affected by Stroke

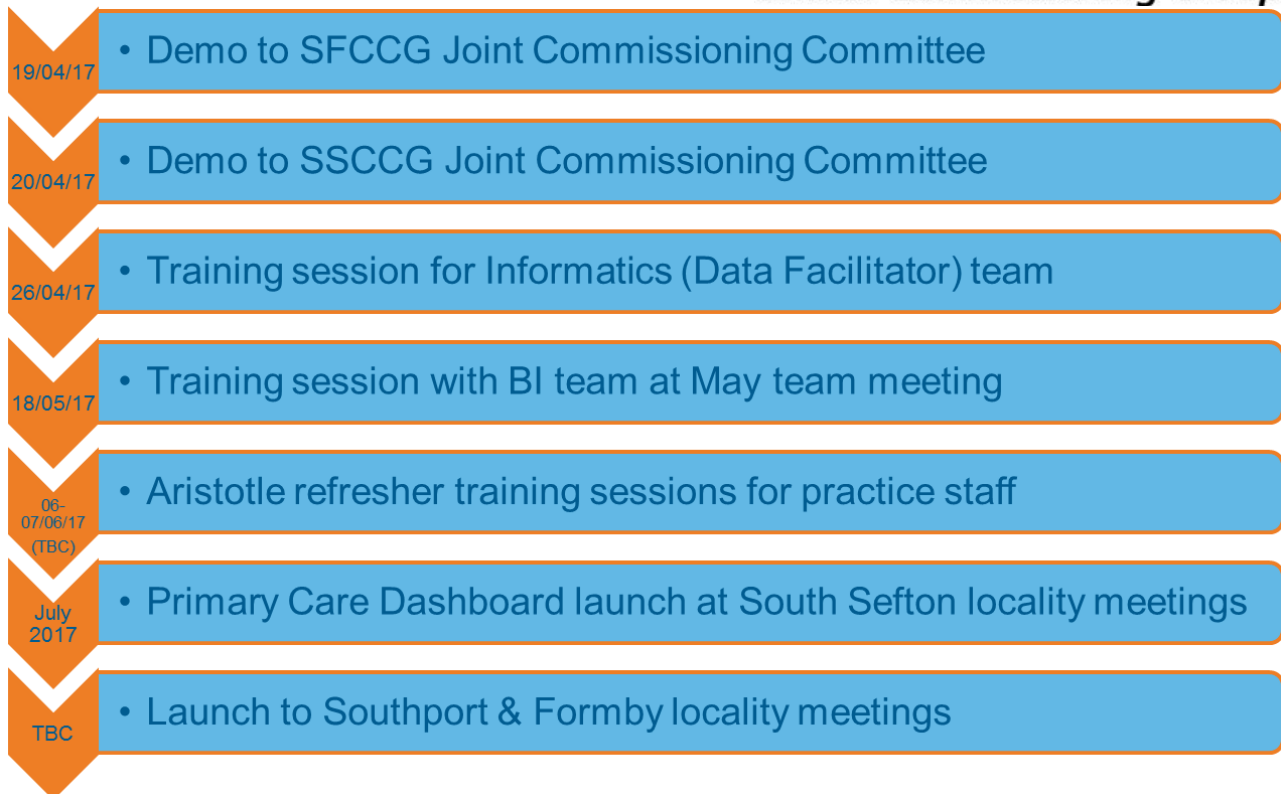
Further annual reports are awaited from the following providers and will be added to the quarter 4 report:

- Parenting 2000 – Support and advice for young mums and their families
- Netherton Feelgood Factory – Upstairs @83 Mental Health Counselling Service
- CHART – Crosby Housing Trust

8. Primary Care

8.1 Primary Care Dashboard progress

Phase one of Primary Care Dashboard development is now complete. A live version of the dashboard is available in Aristotle. A core set of indicators allowing benchmarking across a number of areas has been produced first (practice demographics, GP survey patient satisfaction, secondary care utilisation rates, CQC inspection status), followed by further indicators and bespoke information to follow in phase II of this dashboard. There are various "views" of the data, for CCG level users to view the indicators across the CCG area with the ability to drill to locality and practice level. Another report requiring further development will allow individual practices to review individual patients where the practice may have been identified as an outlier in the benchmarking dashboard. It will allow patients to be identified to support local schemes for example A&E frequent attenders, alcohol related admissions etc. The dashboard makes information available to practices in a timely and consistent format to aid locality discussions. From this, localities can use this data to request further analysis, raise queries with providers, determine local priorities for action, understand demand, and monitor improvement. Phase One rollout is planned as follows:



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

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

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

8.2 CQC Inspections

A number of practices in South Sefton CCG have been visited by the Care Quality Commission and details of any inspection results are published on their website. South Sefton CCG did not have any GP practices with CQC inspection results published in the past month. All the results are listed below:

Figure 24 - CQC Inspection Table

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

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

9. Better Care Fund

A Better Care Fund monitoring report is currently being prepared for submission to NHS England for Quarter 4 of 2016/17. The guidance for BCF 2017/18 is awaited but due for imminent release.

10. CCG Improvement & Assessment Framework (IAF)

10.1 Background

A new NHS England improvement and assessment framework for CCGs became effective from the beginning of April 2016, replacing the existing CCG assurance framework and CCG performance dashboard. The new framework aligns key objectives and priorities, including the way NHS England assess and manage their day-to-day relationships with CCGs. In the Government's Mandate to NHS England, the framework takes an enhanced and more central place in the overall arrangements for public accountability of the NHS.

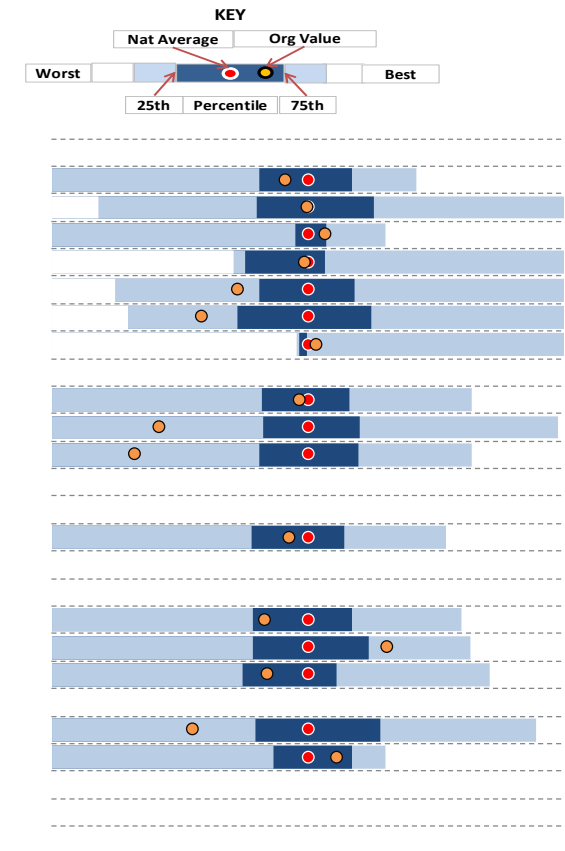
The framework draws together in one place NHS Constitution and other core performance and finance indicators, outcome goals and transformational challenges. These are located in the four domains of better health, better care, sustainability and leadership.

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

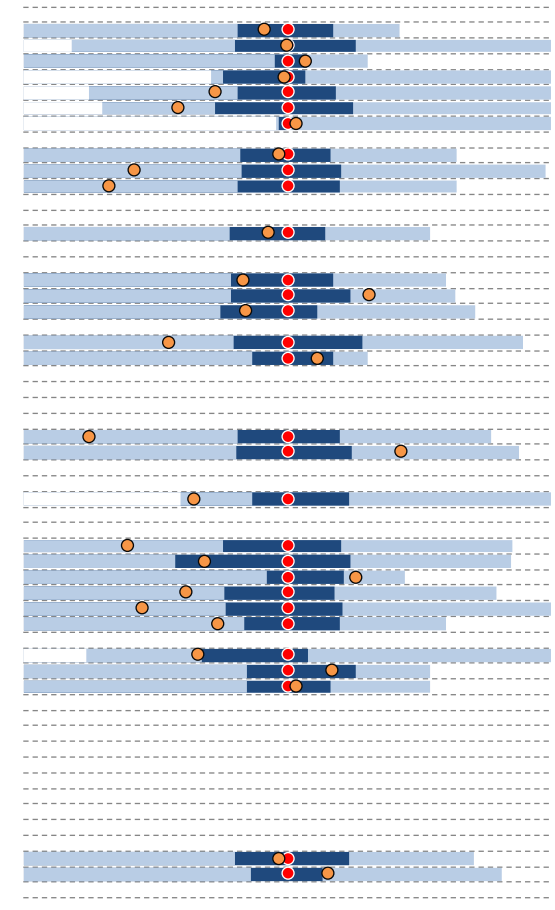
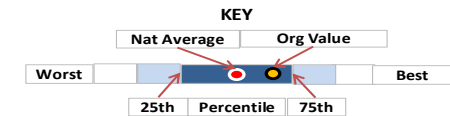
Publication of quarter 4 data has been delayed nationally and currently expected for release at the end of June 2017. This is to enable the analytical resource to focus on year-end updates and 17/18 framework. Publication of the 2017/18 IAF is currently not confirmed, however through informal discussions it is suggested that publication will not occur until end of June.

10.2 Q3 Improvement & Assessment Framework Dashboard

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



Please Note: If indicator is highlighted in GREY, this indicator will be available at a later date					
			If indicator is highlighted in BLUE , this value is in the lowest performance quartile nationally.		KEY H = Higher L = Lower ◊ = N/A
Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better is...
Reliance on specialist inpatient care for people with a learning disability and/or autism	Q2 16/17	66			L
Proportion of people with a learning disability on the GP register receiving an annual health check	2015/16	10.4%	37.1%		H
Neonatal mortality and stillbirths	2014-15	4.5	7.1		L
Women's experience of maternity services	2015	81.2			H
Choices in maternity services	2015	67.0			H
Estimated diagnosis rate for people with dementia	Nov-16	56.6%	68.0%		H
Dementia care planning and post-diagnostic support	2015/16	73.9%			H
Achievement of milestones in the delivery of an integrated urgent care service	August 2016	4			H
Emergency admissions for urgent care sensitive conditions	Q4 15/16	3,338	2,359		L
Percentage of patients admitted, transferred or discharged from A&E within 4 hours	Nov-16	84.4%	88.4%		H
Delayed transfers of care per 100,000 population	Nov-16	7.2	15.0		L
Population use of hospital beds following emergency admission	Q1 16/17	1.2	1.0		L
Management of long term conditions	Q4 15/16	1,193	795		L
Patient experience of GP services	H1 2016	81.2%	85.2%		H
Primary care access	Q3 16/17	0.0%			H
Primary care workforce	H1 2016	0.9	1.0		H
Patients waiting 18 weeks or less from referral to hospital treatment	Nov-16	92.3%	90.6%		H
People eligible for standard NHS Continuing Healthcare	Q2 16/17	43.7	46.2		◊
Sustainability					
Financial plan	2016	Amber			◊
In-year financial performance	Q2 16/17	Red			◊
Outcomes in areas with identified scope for improvement	Q2 16/17	CCG not included			H
Expenditure in areas with identified scope for improvement	Q2 16/17	Not included in			H
Local digital roadmap in place	Q3 16/17	Yes			◊
Digital interactions between primary and secondary care	Q3 16/17	60.0%			H
Local strategic estates plan (SEP) in place	2016-17	Yes			◊
Well Led					
Probity and corporate governance	Q2 16/17	Fully compliant			H
Staff engagement index	2015	3.8	3.8		H
Progress against workforce race equality standard	2015	0.2	0.2		L
Effectiveness of working relationships in the local system	2015-16	69.4			H
Quality of CCG leadership	Q2 16/17	Green			◊



Appendix – Summary Performance Dashboard



South Sefton CCG - Performance Report 2016-17



Metric	Reporting Level		2016-17													YTD
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Preventing People from Dying Prematurely																
Cancer Waiting Times																
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G	
		Actual	94.772%	94.697%	95.563%	96.604%	96.918%	97.661%	94.505%	95.971%	95.879%	94.005%	95.736%	96.743%	95.793%	
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	G	G	R	G	G	G	R	R	G	G	G	G	G	
		Actual	100.00%	96.078%	89.091%	94.118%	94.34%	95.455%	90.00%	92.727%	96.104%	95.522%	98.876%	96.907%	95.072%	
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G	
		Actual	96.61%	98.305%	98.387%	100.00%	98.795%	100.00%	98.507%	96.471%	98.529%	96.97%	98.551%	100.00%	98.418%	
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	R	G	G	R	G	G	G	G	G	R	R	G	G	
		Actual	90.909%	100.00%	100.00%	91.667%	100.00%	100.00%	100.00%	100.00%	100.00%	91.667%	92.857%	100.00%	96.80%	
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	G	G	R	G	G	G	G	G	R	G	G	G	
		Actual	100.00%	100.00%	100.00%	94.737%	100.00%	100.00%	100.00%	100.00%	100.00%	93.75%	100.00%	100.00%	98.986%	
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	R	G	R	G	R	G	G	G	R	G	G	G	
		Actual	100.00%	93.333%	100.00%	91.667%	95.238%	93.548%	100.00%	100.00%	100.00%	90.909%	100.00%	100.00%	97.083%	
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	

539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	G	G	G	G	G	G	G	R	R	R	R	R	G
		Actual	88.462%	91.429%	92.105%	90.323%	86.957%	86.667%	96.97%	81.818%	77.778%	83.333%	75.00%	76.923%	85.859%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G	R	G	G
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	80.00%	100.00%	98.276%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

Ambulance

1887: Category A Calls Response Time (Red1) Number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	G	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	76.47%	74.28%	73.06%	70.45%	72.60%	69.49%	64.59%	62.80%	61.63%	61.79%	64.71%	65.64%	67.73%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	South Sefton CCG	RAG	G	G	R	R	R	G	R	R	R	R	R	R	R
		Actual	76.56%	78.00%	74.50%	71.43%	72.92%	77.55%	62.50%	68.89%	66.67%	59.68%	64.71%	58.82%	68.85%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
1889: Category A (Red 2) 8 Minute Response Time Number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	67.46%	66.26%	66.20%	62.69%	65.25%	61.75%	63.05%	60.35%	57.31%	58.78%	60.96%	62.67%	62.67%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	72.10%	66.50%	62.40%	57.55%	62.18%	54.78%	62.05%	56.19%	49.50%	55.52%	56.72%	62.75	59.75%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
546: Category A calls responded to within 19 minutes Category A calls responded to within 19 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	92.01%	91.47%	91.49%	89.81%	91.09%	89.04%	88.23%	86.79%	85.42%	85.74%	88.38%	90.23	89.04%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
	South Sefton CCG	RAG	G	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	95.08%	94.50%	91.20%	91.44%	93.48%	87.91%	91.61%	87.03%	83.77%	87.67%	90.21%	91.48	90.35%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

Enhancing Quality of Life for People with Long Term Conditions

Mental Health

138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G	G	G	R	G
		Actual	98.148%	98.00%	96.721%	93.651%	96.491%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%

Episode of Psychosis

2099: First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	R	G	R	G	G	G	G	G	G	G	G	G	
		Actual	0.00%	100.00%	33.333%	50.00%	50.00%	85.714%	100.00%	75.00%	83.333%	50.00%	50.00%	100.00%	67.568%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%

Dementia

2166: Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	56.432%	56.337%	56.863%	57.102%	54.28%	56.528%	55.906%	52.511%	56.145%	55.045%	54.902%	57.50%	55.641%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

Ensuring that People Have a Positive Experience of Care

EMSA

1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG	G	G	G	R	R	G	R	G	G	G	R	G	R
		Actual	0	0	0	1	4	0	3	0	0	0	1	0	9
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG	G	G	G	R	R	G	R	G	G	G	R	G	R
		Actual	-	-	-	0.25	1.01	-	0.35	-	-	-	0.24	-	9.00
		Target	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Referral to Treatment (RTT) & Diagnostics

1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	G	G	G	G	G	R	R	G	R	G	G	G	G
		Actual	94.954%	95.213%	93.919%	93.33%	92.354%	91.272%	91.919%	92.263%	91.289%	92.658%	92.924%	93.577%	92.987%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%

1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	G	R	G	G	G	G	G	G	G	G	R	
		Actual	1	0	1	0	0	0	0	0	0	0	0	0	2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
1828: % of patients waiting 6 weeks or more for a diagnostic test The %of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	G	R	G	G	R	G	G	G	R	R	G	R	G
		Actual	0.748%	100%	0.494%	0.711%	14.18%	0.527%	0.403%	0.85%	1792%	1211%	0.781%	1298%	0.938%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

E-Referrals

2142: NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R		R
		Actual	20.224%	20.746%	20.431%	19.315%	19.208%	21.136%	20.209%	18.06%	18.06%	19.00%	22%	20.19%
		Target	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%

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

HCAI

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

Accident & Emergency

2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	90.124%	88.35%	89.13%	87.648%	86.873%	86.836%	87.066%	84.323%	82.247%	82.611%	87.809%	90.50%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

431: 4-Hour A&E Waiting Time Target (Monthly Aggregate for Total Provider) % of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps)	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	89.484%	86.885%	87.505%	85.955%	84.103%	84.458%	84.763%	81.108%	79.046%	79.251%	86.399%	89.93%	84.895%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
1928: 12 Hour Trolley waits in A&E Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	R	G	G	G	R	R	R	G	R	R	G	G	R
		Actual	5	0	0	0	2	2	1	0	5	34	0	0	49
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Activity

Activity

1936: Total Referrals (MAR) Total number of referrals (GP written referrals made & other referrals - MAR)	South Sefton CCG	RAG	G	G	R	G	G	G	G	G	G	G	G	G	G
		YTD	5,606	11,220	17,042	22,533	27,975	33,634	39,260	44,894	49,873	55,281	60,501	66,710	66,710
		Target	5,650	11,317	16,928	23,199	28,535	34,283	40,461	46,047	51,165	57,164	62,637	68,846	68,846
2015: Number of Endoscopy Diagnostic Tests/Procedures Total number of endoscopy diagnostic tests/procedures carried out	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G
		YTD	464	1,009	1,519	2,126	2,761	3,387	3,993	4,637	5,192	5,890	6,453	7,269	7,269
		Target	573	1,114	1,750	2,412	3,014	3,604	4,278	4,968	5,541	6,190	6,807	7,481	7,481
2016: Number of Diagnostic Tests/Procedures (excluding Endoscopy) Total number of diagnostic tests/procedures (excluding endoscopy) carried out	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G
		YTD	3,864	8,431	13,366	17,991	22,737	27,416	32,269	37,457	41,770	46,926	51,265	55,910	55,910
		Target	4,691	9,885	14,639	19,112	23,856	28,502	33,852	38,535	43,018	48,581	52,782	58,257	58,257
2017: Number of Diagnostic Tests/Procedures Total number of diagnostic tests/procedures carried out	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G
		YTD	4,328	9,440	14,885	20,117	25,498	30,803	36,262	42,094	46,962	52,816	57,718	63,179	63,179
		Target	5,264	10,999	16,389	21,524	26,870	32,106	38,130	43,503	48,559	54,771	59,589	65,738	65,738
2018: Number of Completed Admitted RTT Pathways The number of completed admitted RTT pathways in the reported period	South Sefton CCG	RAG	G	R	R	G	R	R	R	R	R	R	R	R	R
		YTD	628	1,292	1,999	2,621	3,289	3,996	4,755	5,531	6,170	6,855	7,528	8,258	8,258
		Target	649	1,274	1,907	2,626	3,194	3,866	4,567	5,249	5,798	6,483	7,107	7,775	7,775
2019: Number of Completed Non-Admitted RTT Pathways The number of completed non-admitted RTT pathways in the reporting period	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		YTD	3,478	7,318	11,385	15,080	18,891	22,962	26,746	30,741	33,932	37,665	41,283	45,551	45,551
		Target	3,473	6,779	10,133	14,022	16,917	20,532	24,466	28,157	31,403	35,079	38,630	42,394	42,394