

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

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## 1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 3 (note: time periods of data are different for each source).

### CCG Key Performance Indicators

NHS Constitution Indicators	CCG	Main Provider
A&E 4 Hour Waits (All Types)	Red	Aintree
Ambulance Category A Calls (Red 1)	Green	NWAS
Cancer 2 Week GP Referral	Green	Aintree
RTT 18 Week Incomplete Pathway	Green	Aintree
Other Key Targets	CCG	Main Provider
A&E 4 Hour Waits (Type 1)	Red	Aintree
Ambulance Category A Calls (Red 2)	Red	NWAS
Ambulance Category 19 transportation	Yellow	NWAS
Cancer 14 Day Breast Symptom	Green	Aintree
Cancer 31 Day First Treatment	Green	Aintree
Cancer 31 Day Subsequent - Drug	Green	Aintree
Cancer 31 Day Subsequent - Surgery	Green	Aintree
Cancer 31 Day Subsequent - Radiotherapy	Green	Aintree
Cancer 62 Day Standard	Green	Aintree
Cancer 62 Day Screening	Green	Aintree
Cancer 62 Day Consultant Upgrade	Green	Aintree
Diagnostic Test Waiting Time	Green	Aintree
HCAI - C.Diff	Green	Aintree
HCAI - MRSA	Green	Aintree
IAPT Access - Roll Out	Red	
IAPT - Recovery Rate	Red	
Mental Health Measure - CPA	Green	
Mixed Sex Accommodation	Green	Aintree
Patient Experience of Primary Care i) GP Services ii) Out of Hours (Combined)	Red	
RTT 18 Week Incomplete Pathway	Green	Aintree
RTT 52+ week waiters	Red	Aintree
Stroke 90% time on stroke unit		Aintree
Stroke who experience TIA		Aintree

## **Key information from this report**

### **Financial position**

The financial position at month 4 before the application of reserves is £0.575m underspent with a year-end forecast of £1.075m underspent. The forecast outturn position after application of reserves is a £2.450m surplus against a planned surplus of £2.450m, In line with the CCG's agreed NHS target surplus of 1%. The main reason for the underspend being underperformance against acute contracts and use of the CCG contingency budget. This is subject to delivery of the QIPP programme in 2016/17.

The CCG has a challenging QIPP in the current year, although progress has been made against the phased QIPP plan at month 4, there remains a gap in terms of both in year and forecast outturn delivery. It is imperative that the identified QIPP programme is delivered in full in order to achieve the agreed financial plan. The CCG is working closely with the transformation advisor to continue to develop the QIPP programme areas in order to achieve the required level of savings in the year.

The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from member practices to enable the CCG to reduce levels of low value healthcare and improve Value for Money.

### **Planned Care**

Local referrals data for months 1-3 suggests an increase in GP referrals, and a reduction in consultant to consultant referrals compared to months 1-3 last year. Discussions regarding referral management, prior approval, cataracts and consultant to consultant referrals continue, but a decision is yet to be reached.

A patient waited more than 52 weeks at Robert Jones, Agnes Hunt Orthopaedic Hospital in June, however the patient was removed from the waiting list on 05/07/16 due to patient choice.

Aintree failed the target for 93% of patients with breast symptoms to be seen within two weeks in June, reaching 87.20% (year to date 92.71%). In June there were 16 breaches out of a total of 125 patients and the main reason for breaches was patient choice. The Trust have assured the CCG that there are no capacity issues.

Performance at Month 3 of financial year 2016/17, against planned care elements of the contracts held by NHS South Sefton CCG shows an over-performance of £61k, which is a percentage variance of less than 1%. At specific trusts, Renacres and Alder Hey are reporting the largest cost variances with totals of £95k and £70k respectively. Over spend is offset by under performance at a numbers of Trusts, namely, Aintree University Hospital -£73k and Southport & Ormskirk Hospital -£76k

### **Unplanned Care**

During June Type 1 AED attendances at Aintree were 11% higher in June 2016 than in June 2015, with the trend continuing upwards over the past 12 months. The failure to maintain flow throughout the AED and assessment areas and failure to embed processes continues to cause delays in patients being seen, assessed and transferred. The Trust continues to report high numbers of medically optimised patients remaining in an inpatient bed. At the end of June 2016 the number of medically optimised patients in the Trust was 98. An action plan to reduce the numbers of medically optimised patients also remains in place. Implementation of the Emergency and Acute Care Plan continues with AED, Frailty and Ward work-streams ongoing. Until all the work-streams have been implemented and embedded, delivery of the 4 hour standard will be difficult to achieve.

South Sefton CCG achieved the Category A (Red 1) Ambulance Response indicator year to date, but failed for Red 2 and Category 19 transportation. At both a regional and county level, NWAS failed to achieve any of the response time targets in month 3. Activity levels continue to be significantly higher than planned and this (together with ongoing issues regarding turnaround times) continues to be reflected in the performance against the response time targets. NWAS experienced a decrease in the number of delays in excess of 30 minutes during June 2016. Ambulance turnaround times remain a key focus for improvement and review of the Ambulance Escalation Plan is being undertaken. Work with NWAS and all

partners is also ongoing to ensure delivery of actions agreed at the NHSI workshop in July 2016, including the implementation of actions arising from the Cheshire and Merseyside Ambulance Handover Concordat.

Analysis of Stroke performance during June 2016 illustrates that unavailability of a stroke bed, patients referred to the stroke team after scanning, and patients discharged within 24 hours of admission to the Trust, are the most frequently recorded reasons for patients not spending at least 90% of their stay on the Stroke Unit. Enabling estates work to create a Hyper Acute Stroke Unit (HASU) has been completed and recruitment to enable direct admission into a hyper acute stroke bed for the first 72 hours following admission is progressing. However the current pressures on patient flow are a challenge.

There have been 3 serious incidents reported in July 2016 which have affected South Sefton CCG patients. This applies to a total of 45 reported serious incidents year to date for South Sefton CCG patients. There were 5 serious incidents raised by Aintree University NHS Foundation Trust in July 2016 which equates to a total of 23 serious incidents year to date, one of these being a Never Event.

The percentage of people who would not recommend the A&E is slightly above the England average, however performance has improved since May 2016.

Performance at Month 3 of financial year 2016/17, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£300k. This under-performance is clearly driven by Aintree Hospital reporting an under performance of £297k/3%. Alder Hey Children's Hospital is reporting the largest year to date over performance with a £28k/6% variance.

## **Mental Health**

Performance against the new Early Intervention in Psychosis (EIP) measure is below target in June. The EIP service is in the process of recruiting additional staff as per a business case that was agreed in April 2016, and it is anticipated that as staff come on stream that performance will improve.

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

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

Acute OAT (Out of Area Treatment) usage has significantly reduced across the Trust's footprint.

IAPT access and recovery rates continue to improve and current activity levels provide a forecast outturn of 14.3% against the 15% standard. This would represent a significant improvement on the 11% in 2015/16. The national support team will be working with the service provider to reduce the number of high waits that exist from first assessment to subsequent treatment which are unacceptably high.

## **Community Health Services**

The CQC re-inspected Liverpool Community Health Trust in February 2016, the final report was published on 8th July, and the overall rating was Requires Improvement. Inspectors found that Liverpool Community Health NHS Trust has recruited more front-line clinicians to ensure safer staffing levels, and delivered big improvements to its intermediate care services on the Broadgreen and Aintree sites. Inspectors also highlighted 'significant improvements' in the culture of the organisation and praised the Trust for the measures it has introduced to keep staff safe. However, there is more work still to do though, and team of CQC inspectors, who carried out their inspection in February 2016, said the Trust's services now need to tackle a number of new areas, including:

- Ensuring the Trust properly documents the way it is responding to the NHS duty of candour.
- Ensuring robust systems in all services are in place to monitor and improve the quality of services provided.

The Trust's Executive Team attended the August 2016 Collaborative Forum (CF) meeting to discuss the CQC report and the development of an action plan, the plan is currently in draft format and is awaiting board sign off. The new format of the action plan was clearly set out and easy to understand, it was split into Must Do and Should Do sections. Progress against plan will be monitored via the CF and CQPG meetings. Commissioners (including NHSE and Local Authority) are also considering a separate Children's Review for the purposes of assurance.

### **Primary Care**

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

One South Sefton practice received CQC inspection results in the last month, with a rating of good.

### **Better Care Fund**

A Better Care Fund Plan for 2016/17 has been agreed and submitted to the national Better Care Support Team and joint work is underway to further develop these plans by October 2016 for implementation.



## 2. Financial Position

### 2.1 Summary

This report focuses on the financial performance for South Sefton CCG as at 31 July 2016 (Month 4).

The financial position at month 4 before the application of reserves is £0.575m underspent with a year-end forecast of £1.075m underspent. The main reason for the underspend being underperformance against acute contracts and use of the CCG contingency budget.

The forecast outturn position is a £2.450m surplus against a planned surplus of £2.450m. This is subject to delivery of the QIPP programme in 2016/17.

The QIPP requirement to deliver the planned surplus of £2.450m for the financial year is £10.384m. QIPP delivered at the end of Month 4 is £3.114m and the forecast underspend on operational budgets is £1.075m. The CCG therefore needs to deliver further savings totalling £6.195m to meet its planned surplus. At this stage, the CCG has identified a further £2.671m worth of savings to be delivered in year leaving a predicted shortfall of £3.524m against its QIPP plan.

The QIPP target increased during the month due to an additional cost pressure in respect of the Better Care Fund.

The high level CCG financial indicators are listed below in Figure 1.

Figure 1 – Financial Dashboard

Key Performance Indicator		This Month	Prior Month
Business Rule (Forecast Outturn)	1% Surplus	✓	✓
	0.5% Contingency Reserve	✓	✓
	1% Non-Recurrent Headroom	✓	✓
Surplus	Financial Surplus / (Deficit)	£2.450m	£2.450m
QIPP	QIPP plan to be delivered > 0	£6.195m	£7.723m
Running Costs (Forecast Outturn)	CCG running costs < CCG allocation 2016/17	✓	✓

### 2.2 Resource Allocation

Additional allocations have been received in Month 4 as follows:

- Collaborative Fees - £0.030m
- PMS Premium - £0.002m

These are a non-recurrent allocations and are expected to be fully utilised during the financial year.

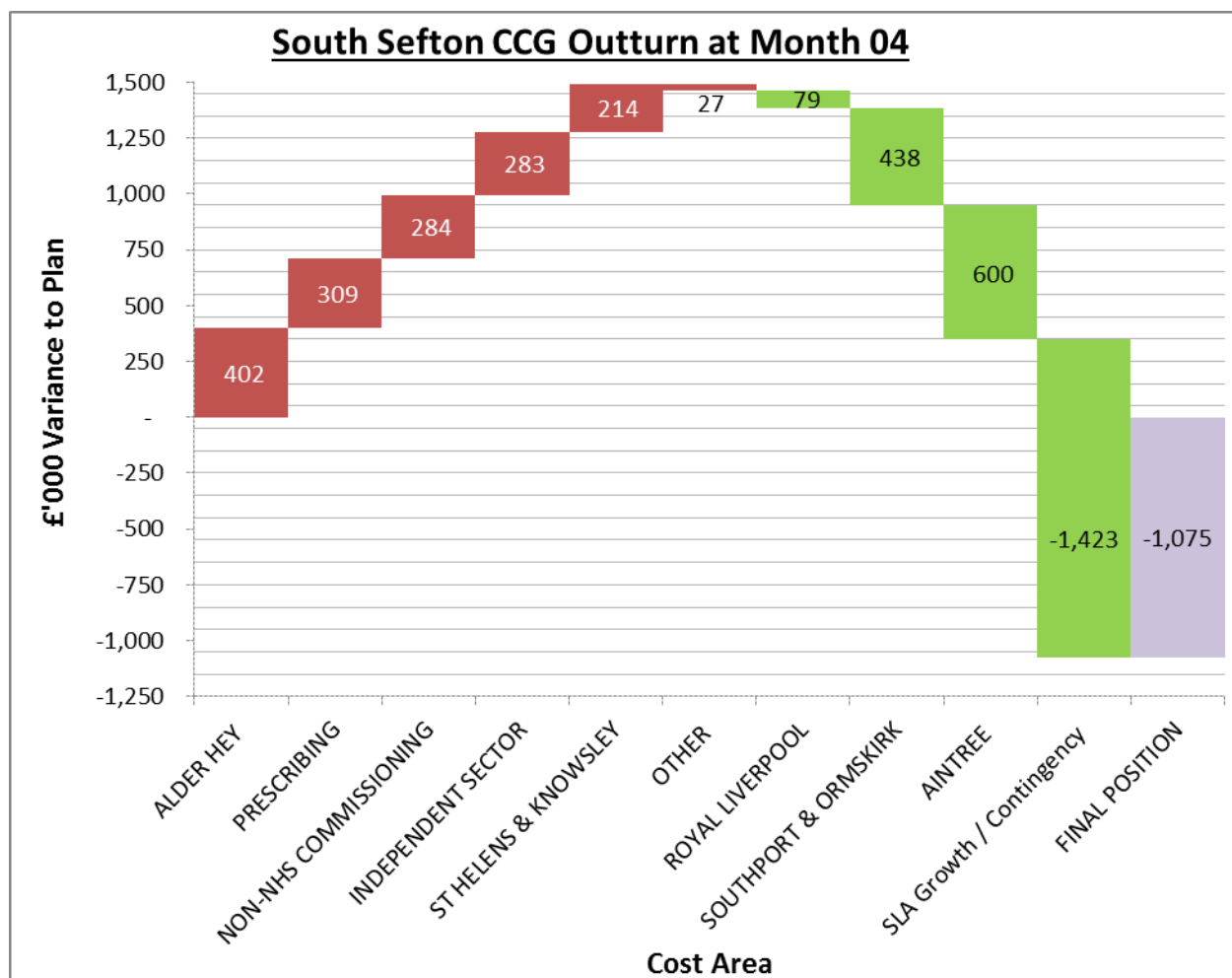
## 2.3 Position to date

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

There are forecast pressures within prescribing and acute care, particularly at Alder Hey, Liverpool Heart & Chest and with the Independent Sector.

The overspend is supported by underspends within other acute providers, particularly Aintree, Southport & Ormskirk, Liverpool Community Health and Liverpool Women's Hospitals. Activity and finance by Provider and Point of Delivery are covered in the Planned and Unplanned Care Sections later in the report.

Figure 2 – Forecast Outturn



### Prescribing

The Month 4 overspend of £0.175m on the prescribing budget is due primarily to the actual outturn being higher than anticipated and the rebate income being lower than expected against the 2015/16 year end forecast. The forecast for the financial year is an overspend of £0.309m and assumes further cost pressures for the remainder of the financial year.

### Continuing Health Care and Funded Nursing Care

The Month 4 position for the continuing care budget is an overspend of £0.020m, which reflects the current number of patients, average package costs and an expected uplift to providers of 1.1% until the end of the financial year.

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

Increased costs in respect of Funded Nursing Care were announced in July 2016. The impact for South Sefton CCG is a cost pressure of £0.775m. This cost pressure has not been included in the current financial position or forecast but is reported as a risk for future reporting periods.

## 2.4 QIPP and Transformation Fund

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

Figure 3 shows a summary of the current risk rated QIPP plan approved at the Governing Body in May 2016. This demonstrates that although recurrently there are a significant number of schemes in place, further work is required to move red and amber rated schemes to green rated schemes. The detailed QIPP plan is shown in Appendix 3 and is projected to deliver £5.785m in total during the year

**Figure 3 – RAG rated QIPP plan**

2016/17 QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	(1,824)	0	(1,824)	(305)	(1,519)	0	(1,824)
Medicines optimisation plan	(1,660)	0	(1,660)	(770)	(890)	0	(1,660)
CHC/FNC plan	(563)	0	(563)	(500)	(63)	0	(563)
Discretionary spend plan	(74)	(3,497)	(3,571)	(2,377)	(1,194)	0	(3,571)
Urgent Care system redesign plan	(2,766)	0	(2,766)	0	0	(2,766)	(2,766)
<b>Total QIPP Plan</b>	<b>(6,887)</b>	<b>(3,497)</b>	<b>(10,384)</b>	<b>(3,952)</b>	<b>(3,666)</b>	<b>(2,766)</b>	<b>(10,384)</b>
<b>Risk rated QIPP plan</b>				<b>(3,952)</b>	<b>(1,833)</b>	<b>0</b>	<b>(5,785)</b>

As shown in **Figure 4** and **5** below, £3.114m has been actioned at Month 4 against a phased plan of £4.151m.

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

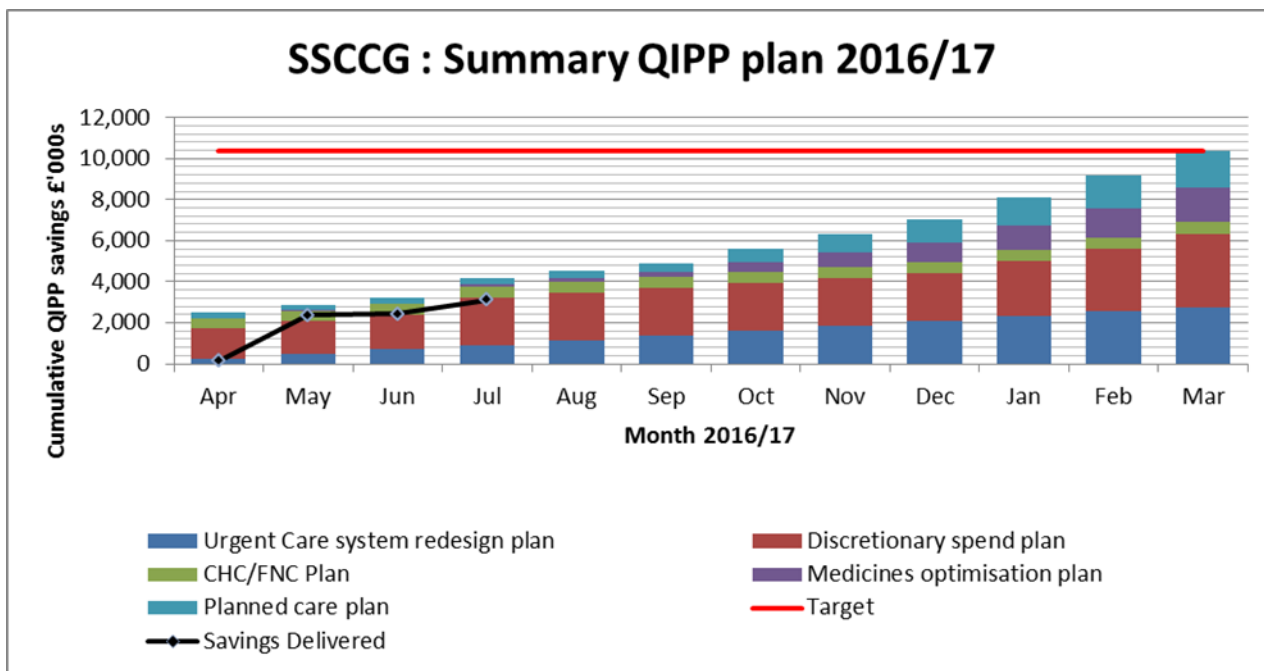


Figure 5 – QIPP performance at month 4

Scheme	In month current month (M4)						Annual Plan	Forecast out-turn savings	Forecast Variance
	In month plan	In month actual	Variance	YTD Plan	YTD Actual	Variance			
Planned care plan	0	0	0	272	255	(17)	1,824	1,824	0
Medicines optimisation plan	100	60	(40)	138	60	(78)	1,660	1,660	0
CHC/FNC Plan	0	0	0	500	500	0	563	563	0
Discretionary spend plan	599	623	24	2,319	2,299	(20)	3,571	3,571	0
Urgent Care system redesign plan	231	0	(231)	922	0	(922)	2,766	2,766	0
<b>Total</b>	<b>929</b>	<b>683</b>	<b>(246)</b>	<b>4,151</b>	<b>3,114</b>	<b>(1,037)</b>	<b>10,384</b>	<b>10,384</b>	<b>0</b>

QIPP delivery is £1.037m below plan at Month 4. There is a significant risk of delivery of the remaining plan with a high proportion of schemes rated red or amber and an increased target over the later months in the financial year. The CCG and scheme leads in particular, must work to provide further assurance regarding the delivery of schemes in order to deliver the agreed financial plan.

In order to deliver the QIPP programme, a 1% Transformation Fund was established in CCG reserves to fund transformational initiatives that would result in more efficient delivery of healthcare and improvements to quality. In addition, the CCG has invested in system resilience schemes that are aimed at reducing emergency care. Due to the financial position facing the CCG a decision has been made to critically review any investment decisions that have not yet commenced, and the uncommitted balance of £0.891m has been rated green within the QIPP plans on the basis that no further expenditure will be committed in year.

## 2.5 CCG Running Costs

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

The current year outturn position for the running cost budget is broadly in line with the plan. There is a small contingency budget within running costs. £0.049m is planned to contribute to the CCG QIPP target.

## **2.6 Cash Flow**

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

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

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

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

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

### **Month 4 position**

Maximum Cash Drawdown (MCD) limit for South Sefton CCG for 2016/17 is £0.240m. Up to Month 4, the actual cash received is £83.1m (34.6% of MCD) against a target of £80.0m (33.3% of MCD).

At Month 4, the forecast financial position is a planned £2.450m surplus. The delivery of this is heavily reliant on QIPP programmes being achieved. If expenditure levels continue, the CCG may not have sufficient cash to meet expenditure requirements for the financial year.

The CCGs primary focus is to reduce expenditure in year to achieve the planned surplus of £2.450m. This will negate the requirement for additional cash in excess of the MCD limit.

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

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

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

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

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

- Acute contracts – The CCG has experienced significant growth in acute care year on year, although year to date performance shows an underspend, the position is based on data for Month 3 which is still in early stages in the financial year. If the year on year trend continues, the CCG will not achieve against the financial plan. All members of the CCG have a role to play in managing this risk including GPs and other Health professionals to ensure individuals are treated in the most clinically appropriate and cost effective way, and the acute providers are charging correctly for the clinical activity that is undertaken. This is continually reviewed during the financial year.
- Prescribing - This is a volatile area of spend but represents one of the biggest opportunities for the CCG, and as such this makes up a significant element of the QIPP program for 2016/17
- CHC/FNC – There are increasing financial pressures within the care home economy, primarily arising from recent mandated wage increases in line with the National Minimum wage. The CCG has assumed a modest inflationary increase within its forecast. The risk relating to increases in the cost of Funded Nursing Care has been included as a risk to the current financial forecast in the next section of the report.

## **2.8 Reserves budgets / Risk adjusted surplus**

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

The assessment of the financial position is set out in figure 6. This demonstrates that the CCG is required to deliver a total management action plan of £10.384m in 2016/17 in order to meet the agreed control total with NHS England. This position includes a non-recurrent benefit arising from the forecast underspend on operational budgets.

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

Figure 7 Outlines the best, most likely and worst case scenarios. The best case scenario assumes achievement of the remaining risk adjusted QIPP plan plus additional QIPP identified and delivered. The most likely case assumes achievement of 100% of QIPP schemes rated Green and 50% of schemes rated Amber as well as the cost pressure relating to Funded Nursing Care. The worst case assumes further cost pressures emerge in acute care and prescribing.

**Figure 6 – Summary of Financial Position**

	<b>Recurrent £000</b>	<b>Non- Recurrent £000</b>	<b>Total £000</b>
Target surplus	2.450		2.450
QIPP Target	(4.921)	(5.463)	(10.384)
Revised surplus / (deficit)	(2.471)	(5.463)	(7.934)
Outturn(against operational budgets)	0.000	1.075	1.075
<b>Management action plan</b>			
Actioned QIPP to date	0.785	2.329	3.114
Deliver on remaining QIPP plan	4.036	2.159	6.195
<b>Total Management Action Plan</b>	<b>4.821</b>	<b>4.488</b>	<b>9.309</b>
<b>Year End Surplus / (Deficit)</b>	<b>2.350</b>	<b>0.100</b>	<b>2.450</b>

**Figure 7 – Risk Rated Financial Position**

<b>South Sefton</b>	<b>Best Case £m</b>	<b>Most Likely £m</b>	<b>Worst Case £m</b>
Total QIPP Plan	(10.384)	(10.384)	(10.384)
QIPP achieved to date	3.114	3.114	3.114
<b>Remaining QIPP requirement</b>	<b>(7.270)</b>	<b>(7.270)</b>	<b>(7.270)</b>
Month 4 Forecast (I&E)	1.075	1.075	1.075
<b>Remaining QIPP requirement</b>	<b>(6.195)</b>	<b>(6.195)</b>	<b>(6.195)</b>
Remaining risk adjusted QIPP schemes	2.671	2.671	2.671
Improved Position / Further QIPP Delivery	3.524	-	-
Increased Cost Pressure / Efficiency			
- Acute / Prescribing		-	(0.250)
- Funded Nursing Care	-	(0.775)	(0.775)
Planned Surplus	2.450	2.450	2.450
<b>Risk adjusted Surplus / (Deficit)</b>	<b>2.450</b>	<b>(1.849)</b>	<b>(2.099)</b>

## 2.9 Recommendations

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

- The CCG is currently forecasting a surplus of £2.450m which is in line with its agreed NHS target surplus of 1%.
- The CCG has a challenging QIPP in the current year, although progress has been made against the phased QIPP plan at month 4, there remains a gap in terms of both in year and forecast outturn delivery. It is imperative that the identified QIPP programme is delivered in full in order to achieve the agreed financial plan.
- The CCG is working closely with the transformation advisor to continue to develop the QIPP programme areas in order to achieve the required level of savings in the year.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from member practices to enable the CCG to reduce levels of low value healthcare and improve Value for Money.

## 3. Planned Care

### 3.1 Referrals by source

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

Referral Type	DD Code	Description	14/15 YTD	1516 YTD	1617 FOT	% Variance 16/17 YTD v 15/16 YTD
GP	03	GP Ref	9,130	10,096	10,780	6.8%
GP Total			9,130	10,096	10,780	6.8%
Other	01	following an emergency admission	517	526	410	-22.1%
	02	following a Domiciliary Consultation	2	5	0	-100.0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	832	1,367	1,289	-5.7%
	05	A CONSULTANT, other than in an Accident and Emergency Department	3,788	3,883	3,508	-9.7%
	06	self-referral	731	866	795	-8.2%
	07	A Prosthetist	3	7	7	0.0%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	775	298	298	0.0%
	11	other - initiated by the CONSULTANT responsible for the	631	580	726	25.2%



	Consultant Out-Patient Episode				
12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	7	17	19	11.8%
13	A Specialist NURSE (Secondary Care)	21	18	14	-22.2%
14	An Allied Health Professional	311	281	447	59.1%
15	An OPTOMETRIST	28	2	3	50.0%
16	An Orthoptist	0	2	2	0.0%
17	A National Screening Programme	8	7	6	-14.3%
92	A GENERAL DENTAL PRACTITIONER	602	402	473	17.7%
93	A Community Dental Service	8	6	1	-83.3%
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	1,271	1,266	1,206	-4.7%
<b>Other Total</b>		<b>9,535</b>	<b>9,533</b>	<b>9,204</b>	<b>-3.5%</b>
Unknown		446	118	0	-100.0%
<b>Grand Total</b>		<b>19,111</b>	<b>19,747</b>	<b>19,984</b>	<b>1.2%</b>

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

Data quality note: some issues have been identified within the local referrals data which mean that comparisons with previous months' reports should be discouraged. Some of the increase in GP referrals is due to Spire Hospital improving their data quality. In 2015/16 they were unable to break the referrals down by source, so they were in the 'unknown' category, this year they are successfully broken down so there is an increase in GP referrals as a result of approximately 100 referrals. A number of providers also refreshed their 2015/16 data after year end, to improve data quality and meaning the number of referrals overall was lower than originally thought. Two providers have failed to submit referrals data in 2016/17 meaning that comparisons with 2015/16 data are flawed because 2016/17 referrals appear lower than they truly are. As such the table above has been adjusted to allow for more meaningful comparison.

### 3.2 Diagnostic Test Waiting Times

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	16/17 - June	1.00%	0.49%	↑ ↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	16/17 - June	1.00%	0.31%	↓

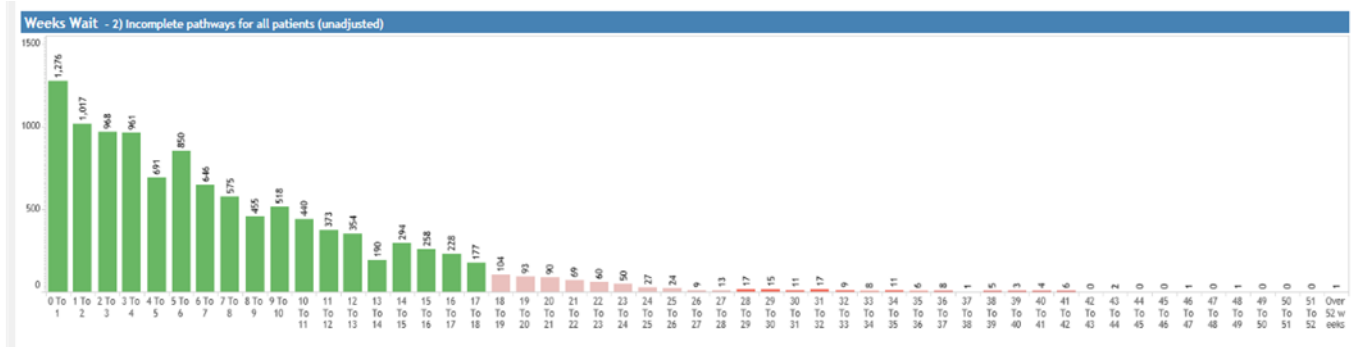
### 3.3 Referral to Treatment Performance

Referral To Treatment waiting times for non-					
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	16/17 - June	0	1	↑	South Sefton CCG had a 52+ week waiter in June.
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	16/17 - June	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 - June	92%	93.90%	↓	
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 - June	92%	92.20%	↓	

The CCG has 1 over 52 week waiter at Robert Jones, Agnes Hunt Orthopaedic Hospital in June, the specialty was Trauma and Orthopaedics. The patient was removed from the waiting list on 05/07/16 due to patient choice.

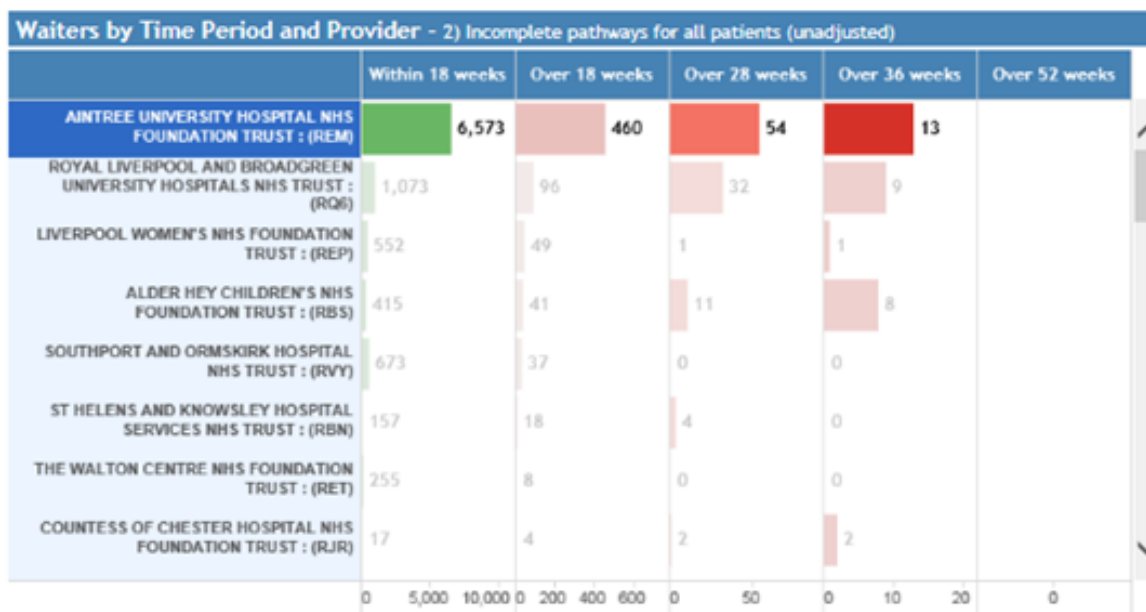
### 3.3.1 Incomplete Pathway Waiting Times

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



### 3.3.1 Long Waiters analysis: Top 5 Providers

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



### 3.3.2 Provider assurance for long waiters

Trust	Speciality	No of weeks waited	Reason for the delay
Aintree	Ophthalmology	40	Patient had first treatment on 05/07/16, reason for delay capacity issues
Aintree	Thoracic Medicine	40	Patient had first treatment on 08/07/16, reason for delay capacity issues
Aintree	T&O	40	Patient had first treatment on 25/05/16, reason for delay unvalidated at time of RTT submission
Aintree	Ophthalmology	41	Patient had active monitoring from appointment on 1-7-16, reason for delay capacity issues
Alder Hey	Other	41	Reason for delay Community Paediatric backlog (Capacity and Demand)
Alder Hey	Other	43	TCI date 30-8-16. Audiology backlog (Capacity and Demand)
Alder Hey	Other	48	Reason for delay Community Paediatric backlog (Capacity and Demand)
Imperial College	Urology	41	No information on waiter received from the Trust
Robert Jones and Agnes Hunt	T&O	52	Patient was removed from the waiting list 5-7-16 - patient choice
RLBUHT	Gastroenterology	40	No information on waiter received from the Trust
RLBUHT	General Surgery	41	No information on waiter received from the Trust
RLBUHT	General Surgery	43	No information on waiter received from the Trust
RLBUHT	T&O	41	No information on waiter received from the Trust
RLBUHT	T&O	46	No information on waiter received from the Trust

### 3.1 Cancelled Operations

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

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

#### 3.1.2 No urgent operation to be cancelled for a 2nd time

Cancelled Operations				
No urgent operation should be cancelled for a second time - <b>Aintree</b>	16/17 - June	0	0	↑ ↔

### 3.2 Cancer Indicators Performance

#### 3.2.1- Two Week Waiting Time Performance

Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) <b>(CCG)</b>	16/17 - June	93%	95.02%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) <b>(Aintree)</b>	16/17 - June	93%	94.98%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) <b>(CCG)</b>	16/17 - June	93%	95.06%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) <b>(Aintree)</b>	16/17 - June	93%	92.71%	↓

Aintree failed the 93% target in June reaching 87.20% and year to date reaching 92.71%. In June there were 16 breaches out of a total of 125 patients. Days waited ranged from 15 to 27, main reasons for breaches was patient choice. The Trust have assured the CCG that there are no capacity issues. The CCG cancer lead is conducting further analysis to understand the timelines e.g. at what points in the pathway appointments are offered to patients.

### **3.2.2 - 31 Day Cancer Waiting Time Performance**

<b>Cancer waits – 31 days</b>				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(CCG)</b>	16/17 - June	96%	97.78%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(Aintree)</b>	16/17 - June	96%	99.61%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(CCG)</b>	16/17 - June	94%	97.67%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(Aintree)</b>	16/17 - June	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(CCG)</b>	16/17 - June	94%	96.77%	↑
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(Aintree)</b>	16/17 - June	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(CCG)</b>	16/17 - June	98%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(Aintree)</b>	16/17 - June	98%	100.00%	↔

### 3.2.3 - 62 Day Cancer Waiting Time Performance

Cancer waits – 62 days				
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) <b>(CCG)</b>	16/17 - June	85% local target	92.31%	↓
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) <b>(Aintree)</b>	16/17 - June	85% local target	94.29%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(CCG)</b>	16/17 - June	90%	100.00%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(Aintree)</b>	16/17 - June	90%	97.14%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(CCG)</b>	16/17 - June	85%	90.53%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(Aintree)</b>	16/17 - June	85%	85.29%	↑

### 3.3 Patient Experience of Planned Care

#### Friends and Family Response Rates and Scores

Aintree University Hospital NHS Trust

Clinical Area	Response Rate (RR) Target	RR Actual (June 2016)	RR - Trajectory From Previous Month (May 16)	% Recommended (Eng. Average)	% Recommended (June 2016)	PR - Trajectory From Previous Month (May 2016)	% Not Recommended (Eng. Average)	% Not Recommended (June 2016)	PNR - Trajectory From Previous Month (May 16)
Inpatients	25%	24.1%	↓	96.0%	96%	↓	1.0%	2%	↔

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

- % Response Rate
- % Recommended
- % Not Recommended

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

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

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

### 3.4 Planned Care Activity & Finance, All Providers

Performance at Month 3 of financial year 2016/17, against planned care elements of the contracts held by NHS South Sefton CCG shows an over-performance of £61k, which is a percentage variance of less than 1%. At specific trusts, Renacres and Alder Hey are reporting the largest cost variances with totals of £95k and £70k respectively. Over spend is offset by under performance at a numbers of Trusts, namely, Aintree University Hospital -£73k and Southport & Ormskirk Hospital -£76k.

Figure 10 Planned Care - All Providers

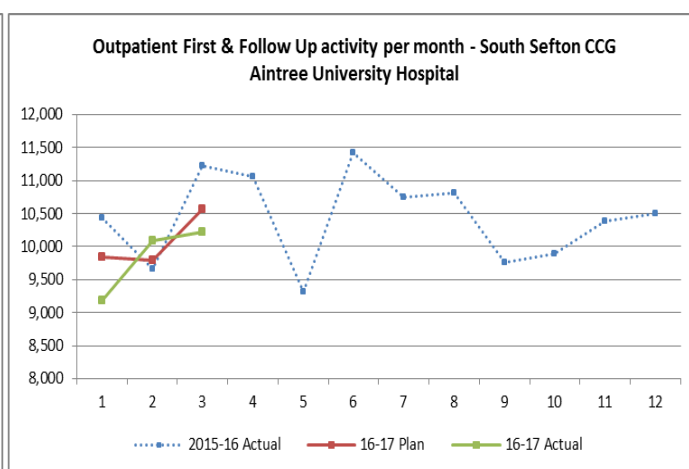
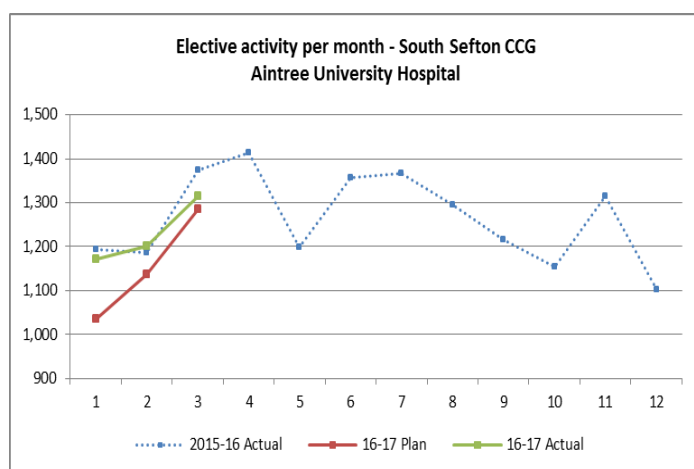
Provider Name	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	42,876	42,683	-193	0%	£7,915	£7,841	-£73	-1%
Alder Hey Childrens NHS F/T	1,643	3,249	1,606	98%	£430	£500	£70	16%
Central Manchester University Hospitals Nhs Foundation Trust	9	44	35	389%	£5	£7	£1	25%
Countess of Chester Hospital NHS Foundation Trust	0	42	42	0%	£0	£4	£4	0%
East Cheshire NHS Trust	0	1	1	0%	£0	£0	£0	0%
Fairfield Hospital	18	50	32	178%	£5	£8	£2	41%
ISIGHT (SOUTHPORT)	63	93	30	48%	£16	£21	£5	29%
Liverpool Heart and Chest NHS F/T	254	293	39	15%	£94	£124	£30	32%
Liverpool Womens Hospital NHS F/T	3,927	3,924	-3	0%	£821	£796	-£25	-3%
Renacres Hospital	1,019	1,717	698	68%	£377	£472	£95	25%
Royal Liverpool & Broadgreen Hospitals	7,443	7,679	236	3%	£1,421	£1,425	£4	0%
Southport & Ormskirk Hospital	3,483	3,753	270	8%	£767	£691	-£76	-10%
SPIRE LIVERPOOL HOSPITAL	669	576	-93	-14%	£225	£191	-£34	-15%
ST Helens & Knowsley Hospitals	931	1,071	140	15%	£268	£303	£34	13%
University Hospital Of South Manchester Nhs Foundation Trust	18	0	-18	-100%	£4	£0	-£4	-100%
Wirral University Hospital NHS F/T	76	115	39	51%	£30	£32	£2	7%
Wrightington, Wigan And Leigh Nhs Foundation Trust	165	289	124	75%	£76	£103	£26	35%
<b>Grand Total</b>	<b>62,594</b>	<b>65,579</b>	<b>2,985</b>	<b>5%</b>	<b>£12,456</b>	<b>£12,517</b>	<b>£61</b>	<b>0%</b>



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

Figure 11 Planned Care - Aintree University Hospital NHS Foundation Trust by POD

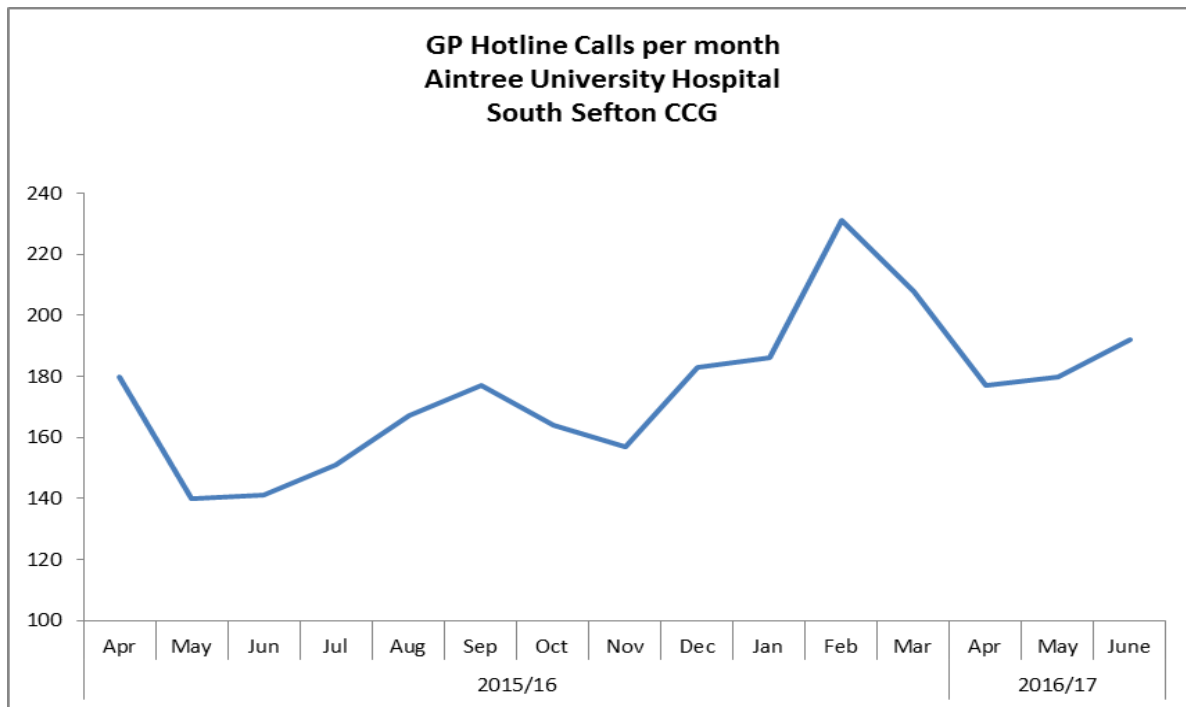
Aintree University Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	3,117	3,267	150	5%	£2,103	£2,091	-£12	-1%
Elective	341	420	79	23%	£1,393	£1,301	-£92	-7%
Elective Excess BedDays	190	110	-80	-42%	£44	£25	-£19	-44%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	107	79	-28	-26%	£20	£16	-£4	-19%
OPFANFTF - Outpatient first attendance non face to face	616	719	103	17%	£17	£18	£1	3%
OPFASPCL - Outpatient first attendance single professional consultant led	8,178	8,296	118	1%	£1,226	£1,278	£52	4%
OPFUPMPC - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	360	324	-36	-10%	£39	£42	£3	7%
OPFUPNFTF - Outpatient follow up non face to face	776	1,113	337	43%	£19	£27	£8	43%
OPFUPSCL - Outpatient follow up single professional consultant led	20,167	18,963	-1,204	-6%	£1,603	£1,546	-£57	-4%
Outpatient Procedure	5,178	5,276	98	2%	£862	£893	£32	4%
Unbundled Diagnostics	3,495	3,740	245	7%	£321	£326	£5	2%
Wet AMD	351	375	24	7%	£269	£279	£11	4%
<b>Grand Total</b>	<b>42,876</b>	<b>42,682</b>	<b>-194</b>	<b>0%</b>	<b>£7,915</b>	<b>£7,841</b>	<b>-£73</b>	<b>-1%</b>



Planned Care at Aintree University Hospital is reporting a year to date under performance of -£73k which equates to a -1% under performance. Under-Performance is driven by Daycase/Elective costs which show a combined cost variance of -£104k. When looking at Daycase/Elective activity, we can see a 7% increase against plan which is attributable to the heart failure pathway within the Specialty of Cardiology.

Trend charts above show the Elective activity reducing over the last 8 months (apart from February), however April and May have increased compared to March 16.

Within the actual Planned Care spend of £5m; Trauma & Orthopaedics (£864k), Gastroenterology (£665k) and Ophthalmology (£515k) make up 40% of the total spend. Aintree Hospital continues to submit GP Hotline data under the POD of Outpatient First New Face to Face (OPFANFTF). Below is a chart to show the total number of calls per month to the GP Hotline. All activity is recorded under a new outpatient non face to face with calls charged at £23.89 per call. Total number of calls in 2016/17 is currently 549 @ £13,116.



### 3.4.2 Planned Care Southport & Ormskirk Hospital

Figure 12 Planned Care - Southport & Ormskirk Hospital by POD

Southport & Ormskirk Hospital Planned Care PODs	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	202	244	42	21%	£189	£167	£22	-12%
Elective	26	43	17	65%	£161	£117	£44	-27%
Elective Excess BedDays	0	0	0	0%	£0	£0	£0	-100%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	70	18	-52	-74%	£10	£4	£7	-66%
OPFANFTF - Outpatient first attendance non face to face	0	4	4	0%	£0	£0	£0	0%
OPFASPCL - Outpatient first attendance single professional consultant led	552	716	164	30%	£82	£101	£19	23%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	145	49	-96	-66%	£14	£6	£9	-60%
OPFUPNFTF - Outpatient follow up non face to face	0	27	27	0%	£0	£1	£1	0%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,301	1,432	131	10%	£117	£125	£8	7%
OPFUPSPNCL - Outpatient follow up single professional non- consultant led	0	76	76	0%	£0	£1	£1	0%
Outpatient Procedure	981	910	-71	-7%	£178	£152	£25	-14%
Unbundled Diagnostics	206	234	28	14%	£16	£18	£2	11%
<b>Grand Total</b>	<b>3,483</b>	<b>3,753</b>	<b>270</b>	<b>8%</b>	<b>£767</b>	<b>£691</b>	<b>£76</b>	<b>-10%</b>

### 3.4.3 Renacres Hospital

Figure 11 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	108	159	51	47%	£154	£196	£41	27%
Elective	15	24	9	60%	£117	£122	£5	5%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	288	356	68	24%	£42	£51	£9	22%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	348	883	535	154%	£29	£52	£23	78%
Outpatient Procedure	164	143	-21	-13%	£25	£36	£11	45%
Unbundled Diagnostics	96	152	56	58%	£10	£15	£5	51%
<b>Grand Total</b>	<b>1,019</b>	<b>1,717</b>	<b>698</b>	<b>68%</b>	<b>£377</b>	<b>£472</b>	<b>£95</b>	<b>25%</b>

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

## 4. Unplanned Care

### 4.1 Accident & Emergency Performance

A&E waits					
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(CCG) All Types</b>	16/17 - June	95.00%	89.18%	↑	The CCG have failed the target in June reaching 89.14% and year to date reaching 89.18%. In June 872 attendances out of 8031 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(CCG) Type 1</b>	16/17 - June	95.00%	80.49%	↔	The CCG have failed the target in June reaching 81% (year to date 80.49%). In June 656 attendances out of 3447 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(Aintree) All Types</b>	16/17 - June	STP Trajectory Target for June 92%	87.92%	↓	Aintree have failed the STP target of 92% in June reaching 87.5%. In June, 1701 attendances out of 13913 were not admitted, transferred or discharged within 4 hours. Year to date they are achieving 89.92%.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(Aintree) Type 1</b>	16/17 - June	95.00%	77.43%	↓	Aintree have failed the target in June reaching 75.8% and year to date reaching 77.43%. In June 1701 attendances out of 7032 were not admitted, transferred or discharged within 4 hours.

Aintree are aiming to meet STF trajectory of 95% by September 2016 as agreed with NHSI. During June Type 1 AED attendances were over 11% higher in June 2016 than in June 2015 with the trend continuing upwards over the past 12 months. The failure to maintain flow throughout the AED and assessment areas and failure to embed processes continues to cause delays in patients being seen, assessed and transferred.

The Trust continues to report high numbers of medically optimised patients remaining in an inpatient bed. At the end of June 2016 the number of medically optimised patients in the Trust was 98.

Implementation of the Emergency and Acute Care Plan continues with AED, Frailty and Ward work-streams ongoing. Until all the work-streams have been implemented and embedded, delivery of the 4 hour standard will be difficult to achieve.

An action plan to reduce the numbers of medically optimised patients also remains in place. This includes weekly MADEs and implementation of actions from Safer Start/MADE and the implementation of actions arising from the rapid improvement event on delayed discharges in May, facilitated by NHSI. Follow-up workshops are planned for July 2016 & September to monitor progress.

## 4.2 Ambulance Service Performance

Category A ambulance calls					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	16/17 - June	75%	76.40%	↓	
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	16/17 - June	75%	67.20%	↓	The CCG was under the 75% target year to date reaching 67.20%. In June out of 843 incidents there were 317 breaches (62.00%).
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	16/17 - June	95%	93.70%	↓	The CCG was just under the 95% target year to date reaching 93.70%. In June out of 890 incidents there were 78 breaches (91.20%)
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWS) (Cumulative)	16/17 - June	75%	74.60%	↓	NWAS reported just under the 75% target year to date reaching 74.60%. In June they reported 73.06%
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWS) (Cumulative)	16/17 - June	75%	66.60%	↔	NWAS failed to achieve the 75% target in June recording 66.20%, year to date reaching 66.60%
Ambulance clinical quality - Category 19 transportation time (NWS) (Cumulative)	16/17 - June	95%	91.70%	↔	NWAS failed to achieve the 95% target in June recording 91.49%, year to date reaching 91.70%
Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Aintree	16/17 - June	0	172	↑ ↓	The Trust recorded 172 handovers between 30 and 60 minutes, this is an improvement on last month when 191 was reported.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Aintree	16/17 - June	0	146	↑	The Trust recorded 146 handovers over 60 minutes, this is up on last month when 136 was reported.

South Sefton CCG achieved the Category A (Red 1) indicator year to date, but failed for Red 2 and Category 19 transportation (see above of number of incidents/breaches).

At both a regional and county level, NWAS failed to achieve any of the response time targets. Cumulatively, only the county level Red 1, 8 minute target was achieved that was Greater Manchester. Activity levels continue to be significantly higher than was planned for and this (together with the ongoing issues regarding turnaround times) continues to be reflected in the performance against the response time targets.

In respect of ambulance turnaround times, the Trust experienced a decrease in the number of delays in excess of 30 minutes during June 2016. The number of ambulance waits exceeding 30 minutes decreased to 318 (-8) of which 146 ambulances were delayed in excess of 60 minutes

(+9). Ambulance turnaround times remain a key focus for improvement and review of the Ambulance Escalation Plan is being undertaken. Work with NWS and all partners is also ongoing to ensure delivery of actions agreed at the NHSI workshop in July 2016, including the implementation of actions arising from the Cheshire and Merseyside Ambulance Handover Concordat.

### 4.3 Unplanned Care Quality Indicators

#### 4.3.1 Stroke and TIA Performance

Helping people to recover from episodes of ill					
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	16/17 - June	80%	57.10%	↑	Aintree have failed to achieve the target in June with only 28 patients out of 49 spending at least 90% of their time on a stroke unit.
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	16/17 - June	60%	100%	↔	

Analysis of Stroke performance during June 2016 illustrates that unavailability of a stroke bed (15) Patients referred to the stroke team after scanning (4) and patients discharged within 24 hours of admission to the Trust (2) are the most frequently recorded reasons for patients not spending at least 90% of their stay on the Stroke Unit.

The team continue to perform positively reporting 100% performance in relation to the number of Transient Ischaemic Attack (TIA) patients scanned and treated within 24 hours during June 2016.

Enabling estates work to create a Hyper Acute Stroke Unit (HASU) has been completed and recruitment to enable direct admission into a hyper acute stroke bed for the first 72 hours following admission is progressing. However the current pressures on patient flow are a challenge.

A number of actions are in progress, these include:

- Stroke unit full capacity protocol was implemented in October 2015.
- Review of the clinical pathway with the clinical teams from Acute and Emergency Medicine. Agreed actions have been implemented.
- Ongoing work with stroke team to ensure the pathway is followed; patients with a probable diagnosis of stroke are to be admitted to the stroke until alternative diagnosis confirmed.
- Stroke physician is on site from 9am to 8pm to facilitate timely assessment and transfer of stroke patients. Door to needle time consistently achieved.
- Audit of every stroke admission continues to take place to identify learning where the pathway has not been followed.
- The Stroke Unit building work was completed in December 2015: this increased the number of stroke beds from 29 to 33.
- From June 2016, while nurse recruitment is ongoing, the number of beds on the Stroke Unit has temporarily reduced from 33 to 31. This has enabled 2 hyper acute stroke beds to open and additional investment to be made into stroke therapy. Since implementing this change the number of stroke outliers has significantly reduced.

### 4.3.2 Mixed Sex Accommodation

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

### 4.3.3 Healthcare associated infections (HCAI)

HCAI					
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	16/17 - June	14	14	↑	The CCG had 5 new cases reported in June 2016, 14 year to date. Of the 14 cases reported year to date 12 have been aligned to Aintree Hospital and 2 to the Royal Liverpool Broadgreen Hospital, (7 apportioned to acute trust and 7 apportioned to community). The year to date plan is 54.
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	16/17 - June	11	14 (10 following appeal)	↑	There were 6 new cases reported in June year to date a total of 14 against a year to date plan of 11 so are now over plan. The year-end plan is 46.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	16/17 - June	0	0	↔	There were no new cases reported in June of MRSA for the CCG against a zero tolerance target.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	16/17 - June	0	0	↔	The Trust recorded no new cases of MRSA in May.

In total this year there have been 14 patients with Trust apportioned CDI including 6 cases in June. However, 4 cases were successful at local CCG appeal therefore Aintree's performance at Quarter 1 is green (10 cases against a YTD trajectory of 11).

### 4.3.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	16/17 - June	100	90.42	↑ ↔
Summary Hospital Level Mortality Indicator (SHMI)	16/17 - Q1	100	103.64	

HSMR is reported for the period April 2015 – March 2016 and is below expected at 90.42.

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

## 4.4 CCG Serious Incident Management

### Number of Serious Incidents reported in period

There have been 3 serious incidents reported in July 2016 which have affected South Sefton CCG patients. This applies to a total of 45 reported serious incidents year to date for South

Sefton CCG patients (Table. 1). 1 for Aintree University NHS Foundation Trust, 1 for Liverpool Community Health NHS Trust and 1 for Merseycare NHS Foundation Trust.

**Table 1 – South Sefton CCG Incidents Reported By NHS Providers Jan – July 2016**


Incident Split by Provider	Never Event							
Provider / Type of Incident	Jan	Feb	Mar	Apr	May	Jun	Jul	YTD
<b>Aintree University Hospital NHS Foundation Trust</b>								
Apparent/actual/suspected self-inflicted harm meeting SI criteria				1				1
Communication Issue							1	1
HCAI/Infection control incident meeting SI criteria				1				1
Pressure ulcer meeting SI criteria					1	1		2
Surgical/invasive procedure incident meeting SI criteria		1						1
<b>Airedale NHS Foundation Trust</b>								
Apparent/actual/suspected self-inflicted harm meeting SI criteria	1							1
<b>Liverpool Community Health NHS Trust</b>								
Abuse/alleged abuse of adult patient by third party	2							2
Apparent/actual/suspected self-inflicted harm meeting SI criteria					1			1
Medical equipment/devices/disposables incident meeting SI criteria		1						1
Pressure ulcer meeting SI criteria		2	1		3	6	1	13
Slips/trips falls meeting SI criteria						1		1
Treatment Delay				1				1
<b>Liverpool Women NHS Foundation Trust</b>								
Surgical/invasive procedure incident meeting SI criteria			1					1
<b>Merseycare Trust</b>								
Abuse/alleged abuse of adult patient by staff						1		1
Apparent/actual/suspected self-inflicted harm meeting SI criteria	1	1		1	1	2	1	7
Pending review (a category must be selected before incident is closed)						1		1
Slips/trips falls meeting SI criteria					1			1
Substance misuse whilst inpatient meeting SI criteria					1			1
Unauthorised absence meeting SI criteria		1						1
<b>Royal Liverpool Broadgreen University Hospital Trust</b>								
Surgical/invasive procedure incident meeting SI criteria			1					1
<b>Southport and Ormskirk Hospital NHS Trust</b>								
Abuse/alleged abuse of adult patient by staff	1							1
Adverse media coverage or public concern about the organisation or trust	1							1
Apparent/actual/suspected self-inflicted harm meeting SI criteria	1							1
Confidential info leak/IG breach meeting SI criteria				1				1
<b>The Walton Centre NHS Foundation Trust</b>								
Pending review						1		1
<b>Grand Total</b>	<b>7</b>	<b>6</b>	<b>3</b>	<b>5</b>	<b>8</b>	<b>13</b>	<b>3</b>	<b>45</b>

There were 5 serious incidents raised by Aintree University NHS Foundation Trust in July 2016 which equates to a total of 23 serious incidents year to date, one of these being a Never Event.

- Treatment Delays x 2
- Pressure Ulcer x 1
- Communication Issues x1
- Surgical Intervention Procedure x 1 (Never Event)

**Table 2 - Serious Incidents by Patient CCG for Aintree University Hospital NHS Foundation Trust**

Incidents split by CCG

 Never Event

CCG Name / Incident Type	Jan	Feb	Mar	Apr	May	Jun	Jul	YTD
<b>Knowsley CCG</b>								
Apparent/actual/suspected self-inflicted harm meeting SI criteria				1				1
Sub-optimal care of the deteriorating patient meeting SI criteria	1							1
Surgical/invasive procedure incident meeting SI criteria							1	1
Treatment delay meeting SI criteria							2	2
<b>Liverpool CCG</b>								
Apparent/actual/suspected self-inflicted harm meeting SI criteria					1			1
Diagnostic incident including delay meeting SI criteria (including failure to		1				1		2
Medication incident meeting SI criteria					1			1
Pressure ulcer meeting SI criteria			1			1		2
Slips/trips/falls meeting SI criteria			1					1
Sub-optimal care of the deteriorating patient meeting SI criteria		1						1
<b>South Sefton CCG</b>								
Apparent/actual/suspected self-inflicted harm meeting SI criteria				1				1
Communication Issue							1	1
HCAI/infection control incident meeting SI criteria				1				1
Pressure ulcer meeting SI criteria					1	1		2
Surgical/invasive procedure incident meeting SI criteria		1						1
<b>St Helens CCG</b>								
Medication incident meeting SI criteria					1			1
Slips/trips/falls meeting SI criteria	1							1
Surgical/invasive procedure incident meeting SI criteria				1				1
<b>Out of Area</b>								
Pressure ulcer meeting SI criteria							1	1
<b>Grand Total</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>5</b>	<b>23</b>

### Number of Never Events reported in period

The 1 Never Event which was reported in July from Aintree University NHS Foundation Trust related to a Knowsley CCG patient. The incident was a wrong site surgery. Consequently there have been 2 Never Events relating to surgical procedures in year from this provider.

### Serious Incidents Open on StEIS

There are a total of 113 serious incidents which are open on StEIS where South Sefton CCG is either lead commissioner or the responsible commissioner, with 71 of these applying to South Sefton CCG patients.




**Table 3 – Serious Incidents Open on StEIS for South Sefton CCG Patients**

Year	Provider	No of Open Incidents	
2014	Aintree University Hospital NHS Trust	1	1
	Aintree University Hospital NHS Trust	2	
2015	Alder Hey Childrens Trust	1	22
	Liverpool Community Health NHS Trust	10	
	Merseycare NHS Trust	5	
	Southport & Ormskirk NHS Trust	4	
	Aintree University Hospital NHS Trust	5	
2016	Airdale NHS Foundation Trust	1	48
	Liverpool Community Health NHS Trust	22	
	Liverpool Womens NHS Foundation Trust	1	
	Merseycare NHS Trust	13	
	Royal Liverpool Broadgreen University Hospital Trust	1	
	Southport & Ormskirk NHS Trust	4	
	The Walton Centre NHS Foundation Trust	1	

In total there have been 45 serious incidents raised on StEIS year to date which have affected South Sefton CCG patients

**Table 4 – South Sefton CCG Incidents Reported By NHS Providers Jan – July 2016**

Incident Split by Provider

 Never Event

Provider / Type of Incident	Jan	Feb	Mar	Apr	May	Jun	Jul	YTD
<b>Aintree University Hospital NHS Foundation Trust</b>								
Apparent/actual/suspected self-inflicted harm meeting SI criteria				1				1
Communication Issue							1	1
HCAI/Infection control incident meeting SI criteria				1				1
Pressure ulcer meeting SI criteria					1	1		2
Surgical/invasive procedure incident meeting SI criteria		1						1
<b>Airedale NHS Foundation Trust</b>								
Apparent/actual/suspected self-inflicted harm meeting SI criteria	1							1
<b>Liverpool Community Health NHS Trust</b>								
Abuse/alleged abuse of adult patient by third party	2							2
Apparent/actual/suspected self-inflicted harm meeting SI criteria					1			1
Medical equipment/devices/disposables incident meeting SI criteria		1						1
Pressure ulcer meeting SI criteria		2	1		3	6	1	13
Slips/trips falls meeting SI criteria						1		1
Treatment Delay				1				1
<b>Liverpool Womens NHS Foundation Trust</b>								
Surgical/invasive procedure incident meeting SI criteria			1					1
<b>Merseycare Trust</b>								
Abuse/alleged abuse of adult patient by staff						1		1
Apparent/actual/suspected self-inflicted harm meeting SI criteria	1	1		1	1	2	1	7
Pending review (a category must be selected before incident is closed)						1		1
Slips/trips falls meeting SI criteria					1			1
Substance misuse whilst inpatient meeting SI criteria					1			1
Unauthorised absence meeting SI criteria		1						1
<b>Royal Liverpool Broadgreen University Hospital Trust</b>								
Surgical/invasive procedure incident meeting SI criteria			1					1
<b>Southport and Ormskirk Hospital NHS Trust</b>								
Abuse/alleged abuse of adult patient by staff	1							1
Adverse media coverage or public concern about the organisation or t	1							1
Apparent/actual/suspected self-inflicted harm meeting SI criteria	1							1
Confidential info leak/IG breach meeting SI criteria				1				1
<b>The Walton Centre NHS Foundation Trust</b>								
Pending review						1		1
<b>Grand Total</b>	<b>7</b>	<b>6</b>	<b>3</b>	<b>5</b>	<b>8</b>	<b>13</b>	<b>3</b>	<b>45</b>

## Serious Incident Open > 100 Days on StEIS

There are a total of 31 serious incidents on StEIS where South Sefton hold either lead commissioner responsibilities or are the responsible commissioner. Since the June report internal data cleaning has been carried out which confirms there is 1 incident which remain open on StEIS for the period 2014 - 2015, as opposed to the 3 that had been previously reported.

- 2014 = 1
- 2015 = 18
- 2016 = 22

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

## 4.5 Delayed Transfers of Care

Delayed Discharges				
Reduce the number of Delayed Transfers of Care - Aintree	16/17 - June	TBM	4.7%	↑

## 4.6 Patient Experience of Unplanned Care

### Friends and Family Response Rates and Scores

Aintree University Hospital NHS Trust

Clinical Area	Response Rate (RR) Target	RR Actual (June 2016)	RR - Trajectory From Previous Month (May 16)	% Recommended (Eng. Average)	% Recommended (June 2016)	PR - Trajectory From Previous Month (May 2016)	% Not Recommended (Eng. Average)	% Not Recommended (June 2016)	PNR - Trajectory From Previous Month (May 16)
A&E	15%	18.5%	↓	85.0%	86%	↔	7%	8%	↑

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

- % Response Rate
- % Recommended
- % Not Recommended

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

The percentage of people that would recommend A&E has remained the same since May 2016, and is above the England average. The percentage of people who would not recommend the A&E is slightly above the England average, however performance has improved since May 2016.

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

## 4.7 Unplanned Care Activity & Finance, All Providers

Performance at Month 3 of financial year 2016/17, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£300k. This under-performance is clearly driven by Aintree Hospital reporting an under performance of £297k/3%. Alder Hey Children's Hospital is reporting the largest year to date over performance with a £28k/6% variance.

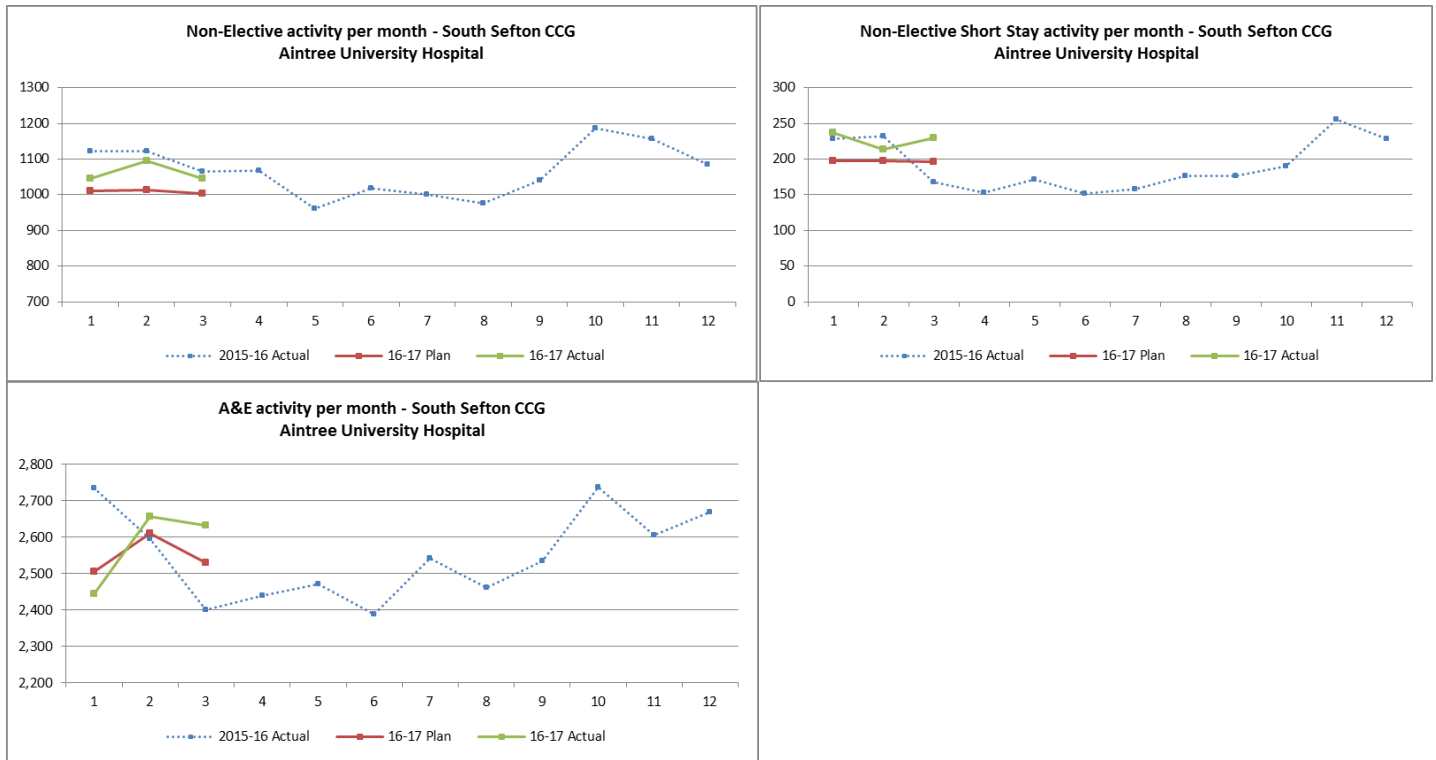
**Figure 13 Unplanned Care – All Providers**

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	23,398	25,616	2,218	9%	£8,711	£8,413	-£297	-3%
Alder Hey Childrens NHS F/T	2,294	2,447	153	7%	£496	£525	£28	6%
Central Manchester University Hospitals Nhs Foundation Trust	12	12	0	0%	£4	£2	-£2	-51%
Countess of Chester Hospital NHS Foundation Trust	0	17	17	0%	£0	£13	£13	0%
Liverpool Heart and Chest NHS F/T	47	29	-18	-38%	£64	£78	£14	22%
Liverpool Womens Hospital NHS F/T	914	842	-72	-8%	£820	£834	£14	2%
Royal Liverpool & Broadgreen Hospitals	1,455	1,369	-86	-6%	£603	£545	-£58	-10%
Southport & Ormskirk Hospital	3,064	3,198	134	4%	£717	£706	-£11	-1%
ST Helens & Knowsley Hospitals	174	249	75	43%	£89	£99	£10	12%
University Hospital Of South Manchester Nhs Foundation Trust	6	2	-4	-67%	£3	£0	-£3	-92%
Wirral University Hospital NHS F/T	49	52	3	6%	£22	£17	-£6	-25%
Wrightington, Wigan And Leigh Nhs Foundation Trust	6	15	9	150%	£4	£2	-£2	-58%
<b>Grand Total</b>	<b>31,419</b>	<b>33,848</b>	<b>2,429</b>	<b>8%</b>	<b>£11,533</b>	<b>£11,234</b>	<b>-£300</b>	<b>-3%</b>

## 4.7.1 Unplanned Care Aintree University Hospital NHS Foundation Trust

Figure 14 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	10,119	11,314	1,195	12%	£241	£241	£0	0%
A&E - Accident & Emergency	7,646	7,733	87	1%	£946	£962	£16	2%
NEL - Non Elective	3,030	3,173	143	5%	£6,618	£6,135	£-482	-7%
NELNE - Non Elective Non-Emergency	3	12	9	300%	£31	£27	£-4	-13%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	9	80	71	789%	£2	£17	£14	603%
NELST - Non Elective Short Stay	590	680	90	15%	£444	£480	£36	8%
NELXBD - Non Elective Excess Bed Day	2,001	2,624	623	31%	£429	£552	£123	29%
<b>Grand Total</b>	<b>23,398</b>	<b>25,616</b>	<b>2,218</b>	<b>9%</b>	<b>£8,711</b>	<b>£8,413</b>	<b>£-297</b>	<b>-3%</b>



Urgent Care under spend of -£297k is driven by a -£482k under performance in Non Elective activity. This under performance offsets the £123k over performance seen in Non Elective Excess Bed Days. Excess bed days are being driven by two specialties; Geriatric Medicine and Trauma & Orthopaedics.

## 5. Mental Health

### 5.1 Mersey Care NHS Trust Contract

Figure 15 NHS South Sefton CCG – Shadow PbR Cluster Activity

PBR Cluster	Caseload as at 30/06/2016	2016/17 Plan	Variance from Plan	Variance on 30/06/2015
0 Variance	92	88	4	12
1 Common Mental Health Problems (Low Severity)	48	42	6	6
2 Common Mental Health Problems (Low Severity with greater need)	37	22	15	7
3 Non-Psychotic (Moderate Severity)	199	217	(18)	(28)
4 Non-Psychotic (Severe)	208	215	(7)	16
5 Non-psychotic Disorders (Very Severe)	58	62	(4)	3
6 Non-Psychotic Disorder of Over-Valued Ideas	46	40	6	3
7 Enduring Non-Psychotic Disorders (High Disability)	228	192	36	44
8 Non-Psychotic Chaotic and Challenging Disorders	110	98	12	15
10 First Episode Psychosis	136	138	(2)	17
11 On-going Recurrent Psychosis (Low Symptoms)	403	433	(30)	(33)
12 On-going or Recurrent Psychosis (High Disability)	336	307	29	26
13 On-going or Recurrent Psychosis (High Symptom & Disability)	104	112	(8)	(2)
14 Psychotic Crisis	23	21	2	3
15 Severe Psychotic Depression	6	6	0	4
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	35	34	1	1
17 Psychosis and Affective Disorder – Difficult to Engage	53	58	(5)	(4)
18 Cognitive Impairment (Low Need)	221	223	(2)	22
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	429	505	(76)	(113)
20 Cognitive Impairment or Dementia Complicated (High Need)	369	332	37	78
21 Cognitive Impairment or Dementia (High Physical or Engagement)	118	76	42	78
Cluster 99	475	402	73	149
<b>Total</b>	<b>3,734</b>	<b>3,623</b>	<b>111</b>	<b>304</b>

### 5.1.1 Key Mental Health Performance Indicators

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

		Target	Apr-16	May-16	Jun-16
E.B.S.3	The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	100%	100.00%

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

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

Figure 16 EIP 2 week waits

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

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

### **5.1.2 Mental Health Contract Quality Overview**

At Month 3, MerseyCare are compliant with quality schedule reporting requirements. At the August 2016 CQPG the Trust provided an update on Quarter 1 Complaints and Safer Staffing

#### Complaints

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

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

The Safer Staffing Report provided a briefing on the nursing inpatient staffing levels for Month 3, in summary

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

The Trust's Lead for Nursing and Quality highlighted that MerseyCare has recently attended nursing recruitment fairs in Dublin and London, but no appointments have been made, safer staffing and recruitment will be monitored throughout the year. A query was raised regarding correlation between staffing numbers and complaints, the Trust responded that triangulation does take place and there appeared to be no correlation, if any issues are evident then these are monitored through the weekly surveillance group meetings.

In addition, work continues in partnership with Liverpool CCG and Mental Health Quality Leads to develop a new Serious Incident report. A review of SIs and key themes is currently underway following concerns regarding the quality of RCAs (Root cause analysis) and action plans.

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

Acute OAT (Out of Area Treatment) usage has significantly reduced across the Trust's footprint.

## **5.2 Improving Access to Psychological Therapies**

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

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

The provider (Cheshire & Wirral Partnership) reported 293 South Sefton patients entering treatment in month 3, which is comparable to the previous month. The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is currently set at 15% for 2016/17 year end. Current activity levels provide a forecast outturn of 14.3% against the 15% standard. This would represent an improvement to 2015/16 when South Sefton CCG reported a year end access rate of 11.0%.

Referrals increased by 3% in month 3 with 67% being self-referrals. This is the highest proportion of self-referrals from April 2015 onwards. In contrast, GP referrals are at the lowest levels since April 2015 with 73 reported. The provider is working closely with Clock View, attending weekly MDT meetings to agree appropriateness of clients for service.

The percentage of people moved to recovery was 45.7% in month 3, which does not meet the minimum standard of 50%. A forecast outturn at month 3 gives a year end position of 43.8%, which is below the year end position of 2015/16 (48.0%). The provider believes that it is possible recovery will dip as the longest waiters are brought into service, as more are likely to disengage without completing treatment. However, as waits reduce, this is expected to improve.

Cancelled appointments by the provider remain high with 65 reported in month 3 (although this represents a decrease of 20% to the previous month). Staff sickness absence continues to affect cancellation numbers. Support is being provided including access to wellbeing services, phased return where appropriate and regular 121 meetings continue.

The number of DNAs increased by 4% in month 3 and the provider has commented that the DNA policy has been tightened with all clients made aware at the outset. Cancelled slots are being made available for any assessments/entering therapy appointments.

To date in 2016/17, 96.0% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have waited less than 18 weeks (against a standard of 95%). The provider has achieved the monthly RTT targets throughout 2015/16 and in the first two months of 2016/17 for South Sefton CCG.

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

### 5.2.1 Improving Access to Psychological Therapies Contract Quality Overview

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

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

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

## 5.3 Dementia

### Summary for NHS South Sefton dementia registers at 30-06-2016

People Diagnosed with Dementia (Age 65+)	1,189
Estimated Prevalence (Age 65+)	2,091
Gap - Number of addition people who could benefit from diagnosis (all ages)	987
NHS South Sefton - Dementia Diagnosis Rate (Age 65+)	56.9%
National estimated Dementia Diagnosis Rate	66.6%
Target	66.70%

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

- Sefton has the highest proportion of residents aged 65+ and 75+ of all metropolitan boroughs in England.
- Sefton's 50+ population is 41.5% of its total population – much higher than the average for England and for the North West.



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

## **6. Community Health**

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

A number of data validation queries which were sent to the Trust relating to month 1 & 2 performance are still outstanding. A meeting was held with the Trust BI lead and the CCG leads to go through the data by service line, but some queries are still outstanding.

- Community Cardiac: Increases in contacts carried through from 15/16 with no real increase in demand, the Trust has been asked if the service is seeing patients more often. This may be due to patients being transferred out of Aintree Hospital. The Trust is to provide further information on this.
- Phlebotomy: a shift of reported contacts from domiciliary to outpatients seems to have occurred in month 1 with nearly 3,000 last year but none reported in month 1, and just 2 in May 2016. The Trust is encouraging more patients to attend clinic as it is more cost effective, however 676 patients were reported as having home visits in Jun-16. This has been queried with the Trust.
- Paediatric continence: There was a dramatic drop in contacts in May but an increase in referrals. We queried this with the Trust as it was suspected that they may have had staffing issues. There was an issue in 2015/16 where information wasn't being recorded properly on the system due to the team being small. It is thought that this issue was resolved but may have returned, the Trust is to feedback on this. This issue continues in Jun-16 with no contacts being reported, yet a high caseload of 208 remains. This has been queried again with the Trust.

An EMIS mobile app is being trialled in Adult Physio, so staff can enter information straight onto the system in the community rather than making paper records and then having to duplicate the information in EMIS.

The Trust's paediatric services have recently moved over from IPM to EMIS which has seen a significant increase in caseloads. Previously on IPM, a cohort of patients receiving treatment in a service weren't included in the caseload if they weren't assigned to a particular team. EMIS works differently and counts all patients in the service on the caseload, which explains the increase and is a more accurate reflection of this.

#### **6.1.1 Patient DNA's and Provider Cancellations**

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

For patient DNAs Adult Dietetics saw 19.3% of all patients not attend. However this is slightly lower than the previous 3 year average and a slight improvement on the previous two months,

with 20.9% being reported in Apr-16 and 25.6% in May-16. Total DNA rates at Sefton are green for this month at 7.2%.

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 15% for June 2016, with the exception of diabetes reporting 11.5% in Jun-16, an improvement on May's performance of 15.3%.

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.

It is suspected that the high patient cancellation rates may also include home visit cancellations and appointments where the patient has rang up to re-arrange an appointment for a different date, and it has been argued that these are not true reflections of a cancellation. The Trust is to review what they include in their cancellation figures.

### **6.1.2 Waiting Times**

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

Adult SALT: Waiting times remain high with an average of 29 weeks on the incomplete pathway in May 2016, and the longest waiter at 53 weeks. Waiting times are simply due to the service only having 2-3 staff. The Trust has recruited a locum and the waiting time has now reduced to less than 18 weeks. However, it is expected that after a couple of months when the locum is no longer with the Trust that the waiting times will begin to increase again. Short-term plan: The Trust has plans to do some capacity and demand work around this so they can forward plan for waits increasing again. Long-term plan: The Trust has submitted a business case for more funds to employ more staff to reduce the waits in the service.

Paediatric SALT: This information is currently unavailable due to the Paediatric SALT Sefton team moving over to EMIS Web in Feb/March. The Trust is in the process of migrating to EMIS, which currently only shows active referrals. All referrals have been migrated over to EMIS, but the history of each patient hasn't followed so it's not possible to identify those who have had a first contact and those who are still waiting. Therefore the Trust cannot currently report on waiting times using EMIS. They are however expecting to be able to report on it using a manual process in the meantime. The Trust are hoping the process on EMIS will be up and running for August 2016 reporting.

### **6.1.3 Patient Identifiable Data**

The Trusts Caldicott guardian had requested that no patient identifiable data sets are to be released from the trust. This includes all national submissions such as those made to the secondary user's service e.g. Inpatient, outpatient and WIC CDS. This was escalated last year and a reversal of this approach is being implemented starting with the trust raising patient awareness around the use of patient identifiable data and have introduced an opt out process. This means that patients can opt out from having identifiable electronic information flowed related to them. It was agreed that the trust would forward a copy of the letter prepared by the Caldicott guardian about what the trust plans to do at the last LCH finance and information group meeting. The letter that was sent out was in reference to the Liverpool CCG walk in centres. At

present there is building work taking place at Litherland and it has not been possible to display the relevant information to patients in relation to information sharing. Once the refurbishment is complete and the literature is available this process will commence and patient identifiable Walk In Centre data will flow as part of the SUS submissions.

## 6.2 Any Qualified Provider Podiatry Contract

The trust continues to use the £25 local tariff. At month 3 2016/17 the costs for South Sefton are £63,034 with attendances at 658. The same time period last year the costs were £96,805 and attendances at 1065.

At month 3 2016/17 and 2015/16 the costs for Southport and Formby are £0 with activity at 0. This is due to the vast majority of podiatry AQP for this CCG occurring at the Southport and Ormskirk Trust.

### 6.2.1 Liverpool Community Health Quality Overview

The CQC re-inspected the Trust w/c 1<sup>st</sup> February 2016, the final report was published on 8<sup>th</sup> July, and the overall rating was **Requires Improvement**. Inspectors found that Liverpool Community Health NHS Trust has recruited more front-line clinicians to ensure safer staffing levels, and delivered big improvements to its intermediate care services on the Broadgreen and Aintree sites. Inspectors also highlighted 'significant improvements' in the culture of the organisation and praised the Trust for the measures it has introduced to keep staff safe. However, there is more work still to do though, and team of CQC inspectors, who carried out their inspection in February 2016, said the Trust's services now need to tackle a number of new areas, including:

- Ensuring the Trust properly documents the way it is responding to the NHS duty of candour.
- Ensuring robust systems in all services are in place to monitor and improve the quality of services provided.

The Trust's Executive Team attended the August 2016 Collaborative Forum (CF) meeting to discuss the CQC report and the development of an action plan, the plan is currently in draft format and is awaiting board sign off. The new format of the action plan was clearly set out and easy to understand, it was split into Must Dos and Should Do sections. Progress against plan will be monitored via the CF and CQPG meetings. Commissioners (including NHSE and Local Authority) are also considering a separate Children's Review for the purposes of assurance

#### Capsticks Report

At the last CQPG the Trust confirmed that the final Capsticks Action Plan was due to go to the LCH Board in July 16, any outstanding actions would be picked up via Task and Finish Groups and fed back to the Board through internal assurance processes. The CQPG will receive updates by exception as part of the work programme.

#### SALT Waiting Times

At the last CQPG a verbal update was given for adult SALT:

- A business case has been produced for additional staff

- 38 patients are currently on the waiting list
- Increase in the number of referrals and complexity noted i.e. COPD/ other respiratory, stroke patients, neuro patients.
- Locum recruited on a temporary basis resulting in reduced waiting times however follow up waiting times will be impacted on.

In July a meeting was held with the CCG and Paediatric SALT Team to review current activity;

- Activity:

The Service is receiving approx. 60 referrals per month and see around 30 new patients. For various reasons a backlog has accumulated which stands at around 750 patients. New NICE guidance relating to ASD had also brought additional pressures to the service.

- Actions :

Caseload review – LCH will review all case notes of patients and check if treatment is still required or can patients be discharged.

Waiting list review – LCH to write to all patients waiting and ask them to opt into remain on waiting list.

LCH will use a complexity tool (in use in Liverpool) to assess those on the waiting list and those waiting and use this information to do more detailed planning of capacity and demand. This tool will help group patients into caseloads based on the need / reason for referral, this will help plan how to clear waits. The Trust will then review what is currently commissioned and the service they now provide.

The SALT Teams will be in attendance at the September CQPG to provide an update.

### Community Matrons

In August 2016, current vacancy rates for South Sefton are

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

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

## **6.3 Southport and Ormskirk Trust Community Services**

### EMIS Switch Over

#### Activity

The Trust continue to progress in moving over services from the old IPM clinical system to EMIS. As this continues potential data quality and reporting issues may arise. The CCG has

requested from the Trust a detailed report on the issues affecting each service and actions on how these are to be resolved.

Since the shift from IPM to EMIS reporting on Referrals, Contacts and Waiting times have been affected. The CCG and Trust are working together to resolve the issues. The Trust has advised of the following issues in the May submission;

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

All services have now gone live on the new system.

### Waiting times

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

## **6.4 Aintree University Hospital Any Qualified Provider Contract**

### **6.4.1 Aintree AQP Contract for MSK**

Costs at May 2015/16 were £103, 11 for South Sefton. Activity and associated costs for 2016/17 appears to be missing from the SLAM or MSK view on direct access and this is still being investigated and has been raised with data management again 10/8/2016.

### **6.4.2 Aintree AQP Contract for Adult Hearing**

The spend at month 3 2016/17 is £35,864 for South Sefton. The cost June 2015/16 was £38,086.

## **7. Third Sector Contracts**

All NHS Standard Contracts and Grant agreements are now fully signed by all parties. Variations to reduce the Notice Period to 3 months from 6 months have now been actioned and signed by all providers.

Review of all discretionary CCG spend is ongoing to explore further how Voluntary Organisations support the CCG vision of Health Care within the wider community. A paper compiled by Commissioners has been presented to the Senior Leadership Team to feedback after the engagement and consultation day held with Third Sector providers during July. The paper outlines proposals to make contractual savings across the Third Sector providers. A decision is pending regarding the proposals.



## 8. Primary Care

### 8.1 Primary Care Dashboard progress






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

### 8.2 CQC Inspections







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



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

**CQC inspection area ratings**  
(Latest report published on 3 August 2016)

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

**CQC Inspections and ratings of specific services**  
(Latest report published on 3 August 2016)

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

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## **9. Better Care Fund**

A Better Care Fund Plan for 2016/17 has been agreed and submitted to the national Better Care Support Team and joint work is underway to further develop these plans by October 2016 for implementation.

## Appendix – Summary Performance Dashboard



### South Sefton CCG - Performance Report 2016-17



Metric	Reporting Level	2016-17												YTD		
		Q1			Q2			Q3			Q4					
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
<b>Preventing People from Dying Prematurely</b>																
<b>Cancer Waiting Times</b>																
<b>191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</b> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G	G	G										G	
		Actual	94.772%	94.697%	95.563%											95.021%
		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%	93.00%
<b>1879: % Patients seen within two weeks for an urgent GP referral for suspected cancer (QUARTERLY)</b> The % of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G												G	
		Actual	95.021%												95.021%	
		Target	93.00%			93.00%			93.00%			93.00%			93.00%	
<b>17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</b> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	G	G	R										G	
		Actual	100.00%	96.078%	89.091%										95.062%	
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	
<b>1880: % of patients seen within 2 weeks for an urgent referral for breast symptoms (QUARTERLY)</b> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	G												G	
		Actual	95.062%												95.062%	
		Target	93.00%			93.00%			93.00%			93.00%			93.00%	
<b>535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</b> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G	G	G										G	
		Actual	96.61%	98.305%	98.387%										97.778%	
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	
<b>1881: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (QUARTERLY)</b> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G												G	
		Actual	97.253%												97.253%	
		Target	96.00%			96.00%			96.00%			96.00%			96.00%	



<b>26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	R	G	G										G	
		Actual	90.909%	100.00%	100.00%											96.774%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
<b>1882: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (QUARTERLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	G												G	
		Actual	96.774%												96.774%	
		Target	94.00%			94.00%			94.00%			94.00%			94.00%	
<b>1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	G	G										G	
		Actual	100.00%	100.00%	100.00%										100.00%	
		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%	
<b>1883: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (QUARTERLY)</b> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G												G	
		Actual	100.00%												100.00%	
		Target	98.00%			98.00%			98.00%			98.00%			98.00%	
<b>25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	R	G										G	
		Actual	100.00%	93.333%	100.00%										97.674%	
		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%	
<b>1884: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (QUARTERLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G												G	
		Actual	97.674%												97.674%	
		Target	94.00%			94.00%			94.00%			94.00%			94.00%	
<b>539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</b> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	G	G	G										G	
		Actual	88.462%	91.429%	92.105%										90.909%	
		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%	
<b>1885: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (QUARTERLY)</b> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	G												G	
		Actual	90.099%												90.099%	
		Target	85.00%			85.00%			85.00%			85.00%			85.00%	







