

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

Contents

1. Executive Summary	5
2. Financial Position.....	10
2.1 Summary	10
2.2 Resource Allocation.....	11
2.3 Position to date and forecast.....	11
2.4 QIPP and Transformation Fund	12
2.5 CCG Running Costs	13
2.6 CCG Cash Position.....	14
2.7 Evaluation of risks and opportunities.....	14
2.8 Reserves budgets / Risk adjusted surplus	15
2.9 Recommendations.....	16
3. Planned Care.....	17
3.1 Referrals by source.....	17
3.2 Diagnostic Test Waiting Times.....	19
3.3 Referral to Treatment Performance.....	19
3.3.1 Incomplete Pathway Waiting Times	20
3.3.2 Long Waiters analysis: Top 5 Providers	21
3.3.3 Long Waiters analysis: Top 2 Providers split by Specialty	21
3.3.4 Provider assurance for long waiters	22
3.4 Cancelled Operations	23
3.4.1 All patients who have cancelled operations on or day after the day of admission for non-clinical reasons to be offered another binding date within 28 days.....	23
3.4.2 No urgent operation to be cancelled for a 2nd time	23
3.5 Cancer Indicators Performance	23
3.5.1 - Two Week Waiting Time Performance.....	24
3.5.2 - 31 Day Cancer Waiting Time Performance.....	24
3.5.3 - 62 Day Cancer Waiting Time Performance.....	25
3.6 Patient Experience of Planned Care	26
3.7 Planned Care Activity & Finance, All Providers	27
3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust	28
3.7.2 Planned Care Southport & Ormskirk Hospital	30
3.7.3 Renacres Hospital	30
4. Unplanned Care.....	31
4.1 Accident & Emergency Performance	31
4.2 Ambulance Service Performance.....	32
4.3 Unplanned Care Quality Indicators	33

4.3.2	Mixed Sex Accommodation.....	34
4.3.3	Healthcare associated infections (HCAI).....	34
4.3.4	Mortality.....	34
4.4	CCG Serious Incident Management.....	35
4.5	CCG Delayed Transfers of Care.....	35
4.6	Patient Experience of Unplanned Care.....	36
4.7	Unplanned Care Activity & Finance, All Providers.....	37
4.7.1	All Providers.....	37
4.7.2	Aintree University Hospital NHS Foundation Trust.....	37
4.7.3	Aintree Hospital Key Issues.....	38
5.	Mental Health.....	39
5.1	Mersey Care NHS Trust Contract.....	39
5.1.1	Key Mental Health Performance Indicators.....	39
5.1.2	Mental Health Contract Quality Overview.....	40
5.2	Improving Access to Psychological Therapies.....	40
5.2.1	Improving Access to Psychological Therapies Contract Quality Overview.....	42
5.3	Dementia.....	42
6.	Community Health.....	43
6.1	Liverpool Community Health Contract.....	43
6.1.1	Patient DNA's and Provider Cancellations.....	43
6.1.2	Waiting Times.....	44
6.2	Any Qualified Provider LCH Podiatry Contract.....	44
6.2.1	Liverpool Community Health Quality Overview.....	44
6.3	Southport and Ormskirk Trust Community Services.....	45
7.	Third Sector Contracts.....	45
8.	Primary Care.....	46
8.1	Primary Care Dashboard progress.....	46
8.2	CQC Inspections.....	47
9.	Better Care Fund.....	48
10.	CCG Improvement & Assessment Framework (IAF).....	48
10.1	Background.....	48
10.2	Q2 Improvement & Assessment Framework Dashboard.....	49

List of Tables and Graphs

Figure 1 – Financial Dashboard	10
Figure 2 – Forecast Outturn	11
Figure 3 – RAG rated QIPP plan	12
Figure 4 – Phased QIPP plan for the 2016/17 year	13
Figure 5 – QIPP performance at month 9	13
Figure 6 – Summary of Financial Position	15
Figure 7 – Risk Rated Financial Position	16
Figure 8 - GP and 'other' referrals for the CCG across all providers for 2015/16 & 2016/17	17
Figure 9 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting	20
Figure 10 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers	21
Figure 11 - Patients waiting (in bands) on incomplete pathways by Speciality for Aintree University Hospitals NHS Foundation Trust	21
Figure 12 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust	22
Figure 13 - Planned Care - All Providers	27
Figure 14 - Planned Care - Aintree University Hospital NHS Foundation Trust by POD	28
Figure 15 - Planned Care - Southport & Ormskirk Hospital by POD	30
Figure 16 - Planned Care - Renacres Hospital by POD	30
Figure 17- Month 8 Unplanned Care – All Providers	37
Figure 18 - Month 8 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD	38
Figure 19 - NHS South Sefton CCG – Shadow PbR Cluster Activity	39
Figure 20 - CPA – Percentage of People under CPA followed up within 7 days of discharge	39
Figure 21 - CPA Follow up 2 days (48 hours) for higher risk groups	39
Figure 22 - Figure 16 EIP 2 week waits	40
Figure 23 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)	40
Figure 24 - CQC Inspection Table	47

1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 8 (note: time periods of data are different for each source).

CCG Key Performance Indicators

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

Key information from this report

Financial position

The forecast outturn position after the application of reserves is a surplus of £1.250m against a planned surplus of £2.450m. The forecast position is subject to delivery of the QIPP programme in 2016/17. Delivery of the planned surplus would require release of the 1% uncommitted non-recurrent reserve, which is currently held uncommitted as directed by NHS England. The financial position relating to operational budgets at Month 9 before the application of reserves is £0.390m overspend against plan with a year-end forecast of £0.994m overspend following mitigation of cost pressures with the CCG contingency budget. The forecast position deteriorated by £0.633m overall during the month, the financial position has deteriorated during the financial year, mainly due to increased expenditure forecasts within acute care as well as the national increase in the costs of Funded Nursing Care.

The QIPP requirement to deliver the planned surplus of £1.250m for the financial year is £10.384m. QIPP delivered at the end of Month 9 is £4.905m and the forecast overspend on operational budgets is £0.994m. At this stage, the CCG has identified a further £1.908m worth of savings to be delivered in year (risk adjusted QIPP schemes to be delivered). The result of all these factors means that the CCG is forecasting a likely position of a £2.115m. The CCG needs to deliver a further £3.365m of further savings in addition to the risk adjusted QIPP plan to deliver the revised surplus of £1.250m. This is before release of the 1% uncommitted reserve. The CCG is undertaking an urgent and critical review of the remaining QIPP programme areas to provide assurance that the required level of savings can be achieved in the financial year

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

Planned Care

Local referrals data from our main providers shows little change in the overall level of referrals comparing months 1-8 of 2016/17 with the previous year (+0.5%). GP referrals are above comparing against the same period last year (1%, 264 referrals). Discussions regarding referral management, prior approval, cataracts and consultant-to-consultant referrals continue, but a decision is yet to be reached.

November saw the CCG achieve 92% target for RTT reaching 92.26%. For Aintree the RTT performance remains below the required DoH standard of 92% for all incomplete pathways at 90.21% during November 2016. This represents a marginal improvement from the previous month at 89.22%.

All cancer indicators performed favourably except the CCG failed the local target of 85% for 62 day wait for first definitive treatment following a consultant's decision to upgrade in November, recording 60% (year to date 82.6%). The two breaches were lung patients, one was due to a late referral and the second had a complex pathway, the patient needed a repeat CT so was an unavoidable breach. Year to date the CCG are failing at 82.6%.

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target in excess of the regional and national response rates for both inpatients and A&E for Friends and Family, however, inpatients is slightly under target for November. The percentage who 'would recommend' has decreased from previous month, from 97% to 96% in November, and the

percentage who 'would not recommended' remains the same as previous month (2%), although both measures are within target range.

Performance at Month 8 of financial year 2016/17, against planned care elements of the contracts held by the CCG shows an over-performance of £553k, which is a percentage variance of 2%. At specific trusts, Renacres are reporting the largest cost variances with a total of £272k/25%. Major Hip Procedures is the largest over performing HRG followed by Reconstruction Procedures. Combined costs for these two HRG's are £98k. The over performance at Renacres is mirrored by underperformance at other Trusts, namely Spire and Southport and Ormskirk Hospitals suggesting a shift in patient and GP choice.

Unplanned Care

Aintree failed to meet the Sustainability & Transformation Fund (STF) trajectory of 95% by September 2016 as agreed with NHS Improvement. The Trusts' performance has improved marginally against the 4-hour standard year to date, but remains below the required 95% and recorded 81.1% for November 2016. Implementation of the AED stream of the Emergency and Acute Care Plan commenced from 24th August 2016. Streaming and Pitstop work streams have been implemented and support to the team to ensure these are embedded is in progress.

At both a regional and county level, NWAS failed to achieve any of the response time targets. Activity levels continue to be significantly higher than was planned for and this (together with the ongoing issues regarding turnaround times) continues to be reflected in the performance against the response time targets. Ambulance turnaround times remain a key focus for improvement. In order to mitigate the problems caused by lack of available assessment space in the Emergency Department and prolonged ambulance handover delays; on 24 November 2016 Ambulance Pitstop was relocated to a new area within the Emergency Department.

Aintree have achieved the Stroke target in November 2016 for the first time since November 2015. The Trust have worked hard to implement the action plans described in previous months' reports, however sustainability of meeting the target longer term remains challenging.

The CCG and Aintree are both under plan and achieving their C.difficile plan for 2016/17. The CCG has had no new cases of MRSA in October and only reported their first case in September; this was a non-trust apportioned case.

There are a total of 110 serious incidents open on StEIS where South Sefton CCG are either lead or responsible commissioner. 79 of these affect South Sefton CCG patients with seven reported in November.

Delayed Transfers of Care (DTC's) increased to 23 in November from 18 in October 2016 (21.74%). Patient and/or family choice resulted in 16 delayed transfers (69.57%), a further 5 were due to delays incurred whilst awaiting further NHS non acute care (21.74%) and 2 were due to awaiting care package in own home. (8.70%). Analysis of delays in November 2016 compared to November 2015 illustrates a 4.3% decrease in total number of delays. For the number of patients awaiting further NHS non-acute care is the same as previous year (5) and 25% increase in delays due to patient or family choice (4).

Aintree University Hospital NHS Foundation Trust routinely achieves A&E Friends and Family response rates in excess of the regional and national response rates. The percentage of people that would recommend A&E has recently fallen and is now below the England average along with the not recommended percentage.

Performance at Month 8 of financial year 2016/17, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£612k/-2%. This under-performance is clearly driven by Aintree Hospital reporting an under performance of -£564k/-2%. Alder Hey Hospital is reporting the largest year to date over performance with a £110/8%. Further analysis is taking place of the Alder Hey contract to understand the key areas of over performance alongside population measures such as birth rates.

Mental Health

The three Key Mental Health Performance Indicators of Care Programme Approach and Early Intervention in Psychosis are achieving.

In terms of Improving Access to Psychological Therapies (IAPT), the provider reported a slight decrease of patients entering first treatment compared to the previous month. The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is currently forecasting 13.4% against the 15% standard at year-end. There was an increase of 16% in referrals compared to the previous month; of these 65% were Self-referrals. GP Referrals increased also. 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 44.4% in month 8, which does not meet the minimum standard of 50%. A forecast outturn at month 8 gives a year-end position of 43.2%. It is possible recovery will dip as the longest waiters are brought into service, as more are likely to disengage without completing treatment. However, as waits reduce this is expected to improve. Cancelled appointments by the provider saw a slight increase in month 8.

Commissioners continue to be involved in MerseyCare's review of the acute care pathway (including crisis). This initial scoping and gathering of evidence and intelligence is expected to be completed by February 2017. The review will consider system wide issues that impact on the effective delivery of the acute care pathway, functions in the pathway and specialist pathways. At the December 2016 Clinical Quality and Performance Group meeting the CCG raised concerns regarding the underperformance in relation to the 'timeliness of GP Communications / Discharge Letters, since this KPI ceased to be a CQUIN the Trust has failed to meet the targets. The Trust confirmed that there are issues particularly from the Clock View site regarding timeliness of discharge summaries due to clinical staffing capacity. The Trust has added this to their Risk Register. The roll out of the RIO clinical IT system should have a positive impact on performance. However, the Trust confirmed in December 2016 that the RIO roll out has been put on hold due to 'technical issues'. The Trust has indicated that a formal communication relating RIO implementation will be sent to CCGs January 2017.

Community Health Services

There is currently a District Nursing systems review taking place across LCH. This is to review processes in relation to manual and electronic requirements. Sefton Physio Service reported a high rate of DNAs in November but this is an improvement on the previous month. Adult Dietetics is also high as well as Paediatric. However overall DNA rates for Sefton are green for November at 6.5%. Provider cancellation rates remain relatively static this month, with the exception of Adult Dietetics and Paediatric Dietetics reporting increases compared to last month. The total Trust cancellation rate for Sefton is green at 2% this month. Treatment rooms, Podiatry, Physio, Adult Dietetics, and Paediatric Dietetics have all continued the trend of previous years showing high numbers of patient cancellations. All services are above 10% for November 2016.

The CCG has agreed a revised waiting time trajectory for Paediatric SALT with LCH to allow the Trust to develop a new service model; this will be reviewed at the end of the financial year. Patient

experience and complaints / feedback are regularly monitored at CQPG meetings. At the end of November 2016, 96.7% of patients who responded to FFT positively recommended the Trust as a place to receive treatment and care.

Therapies waiting times are being monitored through the CQC Action Plans at the Collaborative Forum (CF) and CQPGs. The Trust's Executives and the CQC have been invited to the January 2017 CF to review progress against the Action Plans.

Primary Care

Work is now progressing with MLCSU to produce the indicators for a Primary Care Dashboard to be released on Aristotle with a first live version available in Aristotle at the end of January 2017. There will be various "views" of the data, for CCG users to view the indicators across the CCG area with the ability to drill to locality and practice level, plus practice level views allowing authorised practice users to drill to patient level. A core set of indicators allowing benchmarking across a number of areas will be produced first (practice demographics, GP survey patient satisfaction, secondary care utilisation rates, CQC inspection status), followed by further indicators and bespoke information (e.g. GP Spec).

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

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 has been undertaken to develop these plans for implementation. In the meantime, a Quarter 2 performance report has been prepared for NHSE for submission on 22nd November 2016. Guidance for BCF 2017/18 is delayed.

2. Financial Position

2.1 Summary

This report focuses on the financial performance for South Sefton CCG as at 31st December 2016 (Month 9).

The forecast outturn position after the application of reserves is a surplus of £1.250m against a planned surplus of £2.450m. The forecast position is subject to delivery of the QIPP programme in 2016/17. Delivery of the planned surplus would require release of the 1% uncommitted non-recurrent reserve, which is currently held uncommitted as directed by NHS England.

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The QIPP requirement to deliver the planned surplus of £1.250m for the financial year is £10.384m. QIPP delivered at the end of Month 9 is £4.905m and the forecast overspend on operational budgets is £0.994m. At this stage, the CCG has identified a further £1.908m worth of savings to be delivered in year (risk adjusted QIPP schemes to be delivered). The result of all these factors means that the CCG is forecasting a likely position of a £2.115m.

The CCG needs to deliver a further £3.365m of further savings in addition to the risk adjusted QIPP plan to deliver the revised surplus of £1.250m. This is before release of the 1% uncommitted reserve.

The high-level CCG financial indicators are listed below:

Figure 1 – Financial Dashboard

Key Performance Indicator			This Month	Prior Month
Business Rule (Forecast Outturn)		1% Surplus	✓	✓
		0.5% Contingency Reserve	✓	✓
		1% Non-Recurrent Headroom	✓	✓
Surplus		Financial Surplus / (Deficit)	£1.250m	£1.250m
QIPP		QIPP Plan delivered – <i>(Red if shortfall against planned delivery)</i>	£4.905m	£4.462m
Running Costs (Forecast Outturn)		CCG running costs < CCG allocation 2016/17	✓	✓

2.2 Resource Allocation

Additional allocations have been received in Month 9 as follows:

- Quality Premium Awards 2015/16 - £0.116m

This allocation was not anticipated at the 2015/16 year end and is therefore a benefit to the financial position. The benefit has been included in the forecast for operational budgets.

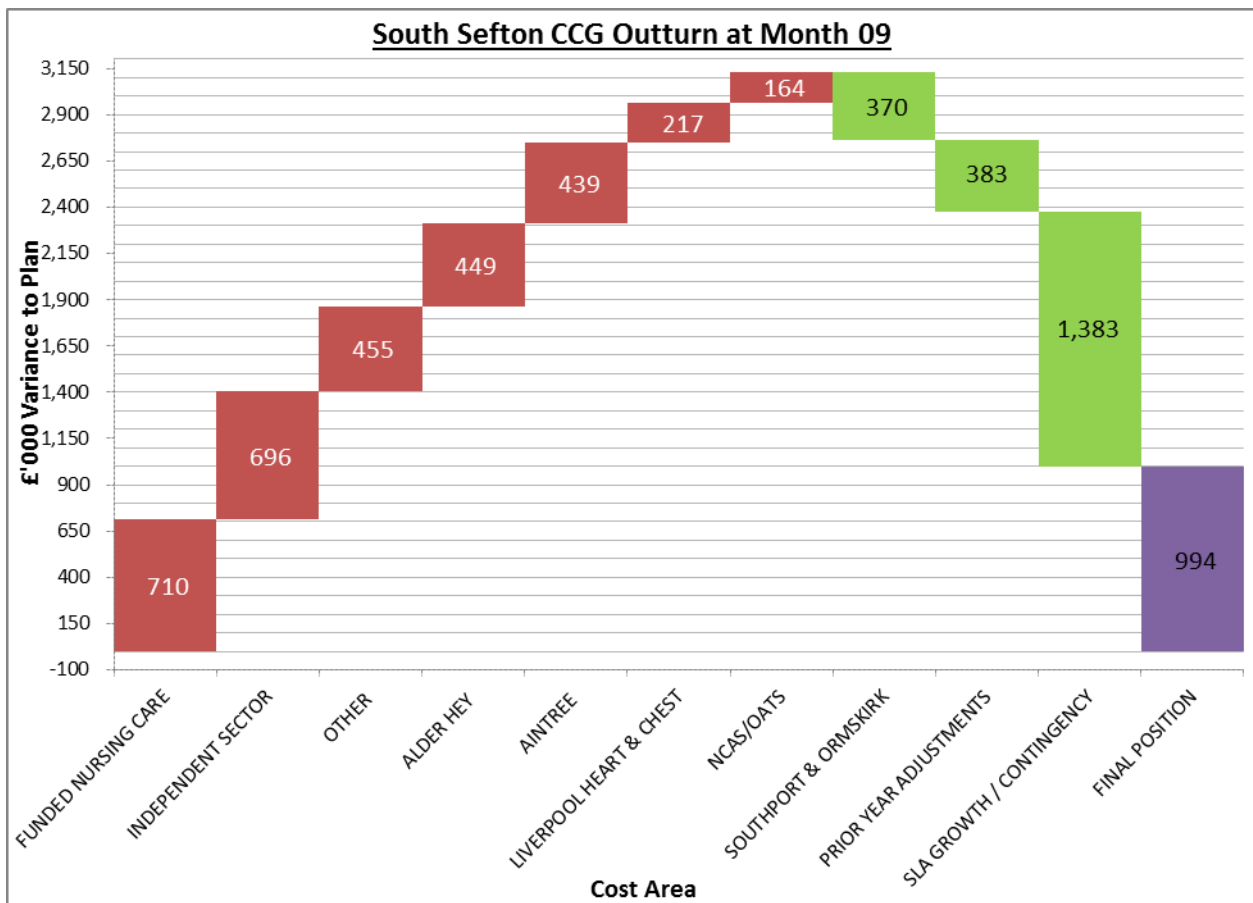
2.3 Position to date and forecast

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

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

The overspend is supported by underspends with other acute providers, notably Southport & Ormskirk Hospital and Liverpool Women's Hospital.

Figure 2 – Forecast Outturn



Prescribing

There is a year to date position is break even after adjusting for QIPP savings of £0.360m. The year-end forecast is breakeven.

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

The year to date position for the continuing care and funded nursing care (FNC) budget is an overspend of £0.606m, which reflects the current number of patients, average package costs, the nationally mandated FNC increase (£0.745m) and an uplift to CHC providers of 1.1% until the end of the financial year which has been communicated.

Year to date QIPP savings have been actioned against this budget to the value of £1.025m, relating to the additional growth budget of 5% included at budget setting and other efficiencies relating to prior year charges. The forecast financial position is taken following this budget reduction, and has been included in the QIPP plan for 2016/17.

The full year forecast is an overspend of £0.972m mainly due to the increased costs in respect to Funded Nursing Care of £0.745m. These costs are included within the CCG forecast position.

2.4 QIPP and Transformation Fund

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

Figure 3 shows a summary of the current risk rated QIPP plan approved at the Governing Body in May 2016. This demonstrates that although recurrently there are a significant number of schemes in place, further work is being done to review red and amber rated schemes to determine whether they can be delivered before the end of the financial year. The detailed QIPP plan is projected to deliver £6.812m 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	(1,041)	113	(928)	(682)	(221)	(25)	(928)
Medicines optimisation	(1,429)	0	(1,429)	(1,289)	(140)	0	(1,429)
CHC/FNC plan	(530)	(525)	(1,055)	(1,025)	(30)	0	(1,055)
Discretionary spend plan	(178)	(3,976)	(4,154)	(3,351)	(478)	(325)	(4,154)
Urgent Care system rede	(2,817)	0	(2,817)	(11)	(40)	(2,766)	(2,817)
Total QIPP Plan	(5,995)	(4,389)	(10,384)	(6,358)	(909)	(3,116)	(10,382)
Risk rated QIPP plan				(6,358)	(454)	0	(6,812)

As shown in **Figure 4** and **5** below, £4.905m has been actioned at Month 9 against a phased plan of £7.381m.

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

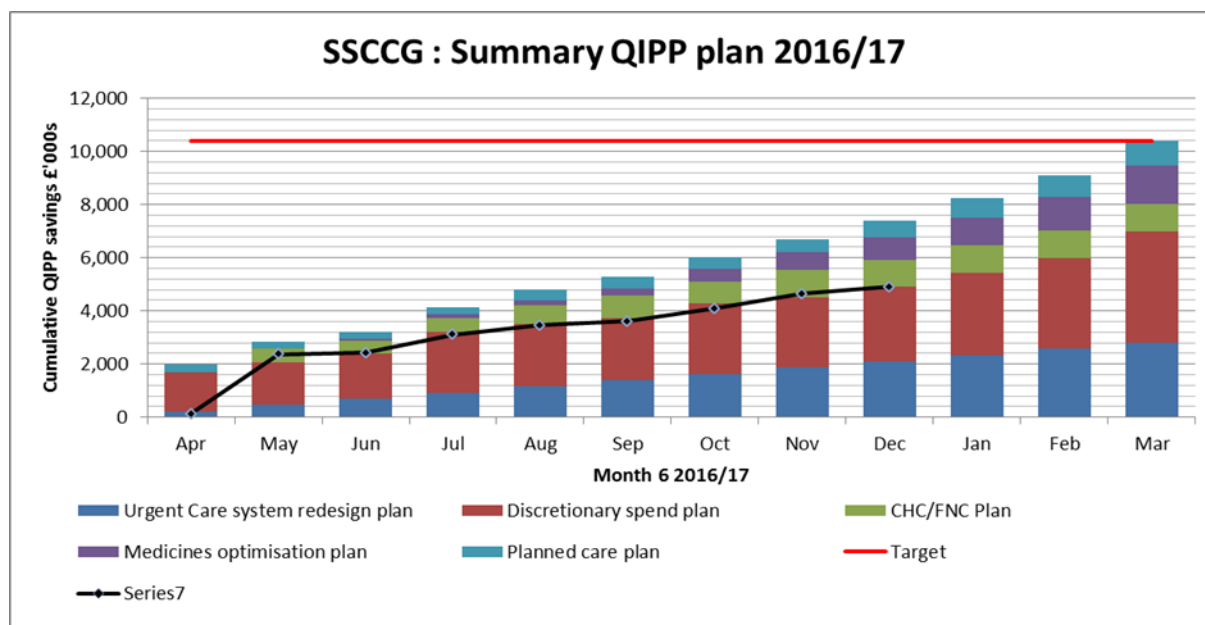


Figure 5 – QIPP performance at month 9

Scheme	In month current month (M8)					
	In month plan	In month actual	Variance	YTD Plan	YTD Actual	Variance
Planned care plan	60	0	(60)	529	388	(142)
Medicines optimisation plan	192	300	108	660	510	(150)
CHC/FNC Plan	185	185	0	1,025	1,025	0
Discretionary spend plan	4	70	66	2,647	2,708	61
Urgent Care system redesign plan	237	0	(237)	1,867	11	(1,856)
Total	677	555	(122)	6,728	4,642	(2,086)

QIPP delivery is **£2.476m** below plan at Month 9, largely due to urgent care. Although Non Elective costs have reduced compared to plan it is difficult to attribute these to specific schemes. There is a significant risk of delivery of the remaining plan with a high proportion of schemes rated red or amber meaning an increased target over the later months in the financial year.

Delivery of the agreed year-end surplus requires a saving of **£5.273** in the remaining three months of the financial year. An urgent and critical review of outstanding schemes is in progress and will be closely monitored between now and the year end. The CCG and scheme leads in particular, must work together to provide further assurance regarding the delivery of schemes.

2.5 CCG Running Costs

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

The current year-end outturn position for the running cost budget is an underspend of £0.180m.

2.6 CCG Cash Position

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

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

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

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

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

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

Month 9 position

Following the month 6 submission, the MCD limit for South Sefton CCG for 2016/17 was increased from £241.032m to £250.582m. Up to Month 9, the actual cash received is £185.918m (74.2% of MCD) against a target of £187.937m (75.0% of MCD).

A full year cash flow forecast, based on information available at month 9, has been produced. This shows the CCG will have sufficient cash to meet its liabilities as they fall due. At month 12, the CCG is required to meet a cash target of 1.75% of its monthly cash drawdown (approximately £0.320m) as such where there is excess cash above this threshold; this will need to be returned to NHS England.

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'.

In addition, a critical review of schemes rated 'Green' is currently being undertaken to ensure delivery is on target. Failure to do this will mean the CCG will not achieve the forecast surplus.

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

- Acute contracts – The CCG has historically experienced significant growth in acute care year on year, and this trend has continued in the current financial year. There is a particular risk in relation to overperformance at Aintree following the opening of its new urgent care centre as previously reported.

Clinical Commissioning Group

All members of the CCG have a role to play in managing these risks including GPs and other Health professionals to ensure individuals are treated in the most clinically appropriate and cost effective way to ensure that the acute providers are charging correctly for the clinical activity that is undertaken. This is continually reviewed during the financial year.

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

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 in figure 6 below. This demonstrates that the CCG is required to deliver a total management action plan of £10.178m in 2016/17 in order to meet a revised surplus of £1.250m.

In order to deliver the planned surplus of £2.450m, the CCG is reliant on return of the 1% non-recurrent reserve, which remains uncommitted as directed by NHS England.

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

Figure 6 – Summary of Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Target surplus	2.450		2.450
QIPP Target	(4.921)	(5.463)	(10.384)
Revised surplus / (deficit)	(2.471)	(5.463)	(7.934)
Forecast Outturn (against operational budgets)	(1.073)	0.079	(0.994)
Management action plan			
Actioned QIPP to date	1.863	3.042	4.905
Additional QIPP required	4.132	1.141	5.273
Total Management Action Plan	5.995	4.183	10.178
Year End Surplus / (Deficit)	2.451	(1.201)	1.250

Figure 7 below outlines the best, most likely and worst case scenarios. The best-case scenario assumes achievement of the remaining risk adjusted QIPP plan plus mitigation of £1.000m and additional QIPP of £2.147m.

The most likely case is a deficit of £2.115m which excludes mitigation but at this stage, assumes delivery of the remaining risk adjusted QIPP plan.

The worst case assumes only QIPP schemes rated Green in the current plan will be delivered for the remainder of the financial year as well as increased risk in respect of Acute Care.

Figure 7 – Risk Rated Financial Position

South Sefton	Best Case £m	Most Likely £m	Worst Case £m
Total QIPP Plan (to achieve 1% surplus)	(10.384)	(10.384)	(10.384)
QIPP achieved to date	4.905	4.905	4.905
Remaining QIPP requirement	(5.479)	(5.479)	(5.479)
Month 9 Forecast (I&E)	(0.994)	(0.994)	(0.994)
Remaining QIPP requirement to deliver NHSE plan (1% surplus)	(6.473)	(6.473)	(6.473)
Predicted QIPP achievement (M10-12)	1.908	1.908	1.453
Planned Surplus	2.450	2.450	2.450
Forecast Surplus / (Deficit)	(2.115)	(2.115)	(2.570)
Further Risk			
Acute Care	-	-	(1.000)
Management Action Plan			
Mitigation	1.000	-	-
Further QIPP delivery	2.365	-	-
Risk adjusted Surplus / (Deficit)	1.250	(2.115)	(3.570)

2.9 Recommendations

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

- At Month 9, the CCG is forecasting a revised surplus of £1.250m which is deterioration from the agreed NHS target surplus of £2.450m.

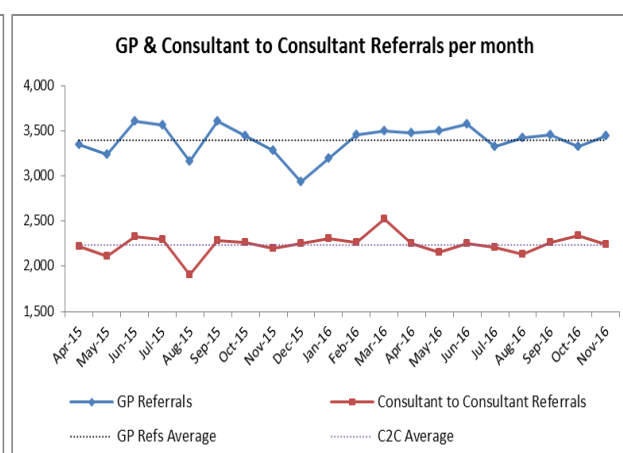
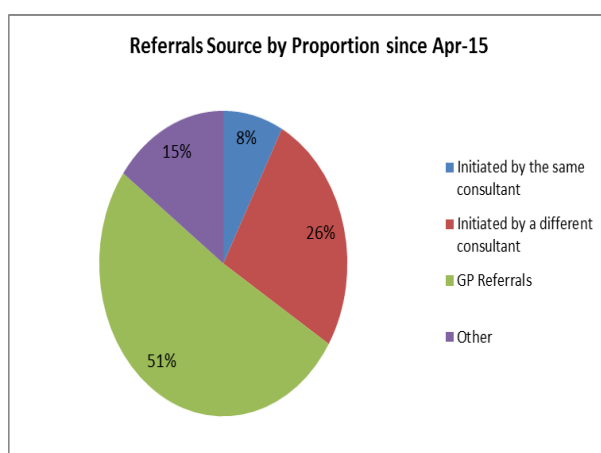
- The financial position has deteriorated further during the month which means that the likely position is a deficit of £2.115m unless further QIPP savings can be delivered.
- Delivery of the £1.250m surplus requires QIPP savings of £5.273m in the remaining three months of the financial year.
- The CCG is undertaking an urgent and critical review of the remaining QIPP programme areas to provide assurance that the required level of savings can be achieved in the financial year
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from member practices to enable the CCG to reduce levels of low value healthcare and improve Value for Money.

3. Planned Care

3.1 Referrals by source

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

Referral Type	DD Code	Description	1516 YTD	1617 YTD	Variance	% Variance
GP	03	GP Ref	27,260	27,524	264	1.0%
GP Total			27,260	27,524	264	1.0%
Other	01	following an emergency admission	1,359	1,140	-219	-16.1%
	02	following a Domiciliary Consultation	9	5	-4	0.0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	3,386	3,445	59	1.7%
	05	A CONSULTANT, other than in an Accident and Emergency Department	10,250	10,281	31	0.3%
	06	self-referral	2,377	2,202	-175	-7.4%
	07	A Prosthetist	11	10	-1	-9.1%
	08	Royal Liverpool Code (TBC)	554	612		
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	787	781	-6	-0.8%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	1,820	2,189	369	20.3%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	52	45	-7	-13.5%
	13	A Specialist NURSE (Secondary Care)	70	63	-7	-10.0%
	14	An Allied Health Professional	873	1,140	267	30.6%
	15	An OPTOMETRIST	4	6	2	50.0%
	16	An Orthoptist	2	4	2	0.0%
	17	A National Screening Programme	39	43	4	10.3%
	92	A GENERAL DENTAL PRACTITIONER	1,027	1,107	80	7.8%
93	A Community Dental Service	12	3	-9	-75.0%	
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	2,849	2,407	-442	-15.5%	
Other Total			25,481	25,483	2	0.0%
Unknown			19	0	-19	-100.0%
Grand Total			52,760	53,007	247	0.5%



Local referrals data from our main providers shows no change in the overall level of referrals comparing months 1-8 of 2016/17 with the previous year. GP referrals are slightly above comparing against the same period last year (1%, 264 referrals).

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

Data quality note: Walton Neuro Centre & Renacres Hospital has been excluded from the above analysis due to validation errors in month 8 submission.

3.2 Diagnostic Test Waiting Times

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	16/17 - Nov	1.00%	0.85%	↑ ↑
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	16/17 - Nov	1.00%	0.78%	↑

Aintree aims to achieve the standard of less than 1% of patients waiting longer than 6 weeks for their diagnostic test. During November 2016, the Trust achieved the diagnostic monitoring standard reporting 0.78% of patients waiting in excess of 6 weeks.

The number of patients waiting over 6 weeks has increased to 35 in November (21 in the previous month). The diagnostic areas with over 1% of patient waiting more than 6 weeks are Flexi Sigmoidoscopy, Gastroscopy, Colonoscopy and CT. There are plans in place to reduce all waits to within the 6-week timeframe.

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 - Nov	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	16/17 - Nov	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 - Nov	92%	92.26%	↑
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 - Nov	92%	90.21%	↑

November saw the CCG achieve 92% target for RTT reaching 92.26%. Out of 10055 patients on the pathway, 778 patients were still waiting to receive treatment after 18 weeks.

For Aintree the RTT performance remains below the required DoH standard of 92% for all incomplete pathways at 90.21% during November 2016. This represents a marginal improvement from the previous month at 89.22%. Speciality level recovery plans have been put in place Below are some of the key actions the Trust and South Sefton CCG will take forward:

Dermatology

- Additional input from pharmacist, surgical care practitioner and locums
- Review and risk stratification of follow up cohort using external provider
- A Dermatology Strategic Review across North Mersey CCGs is underway to develop a sustainable service model for the future .

Ophthalmology

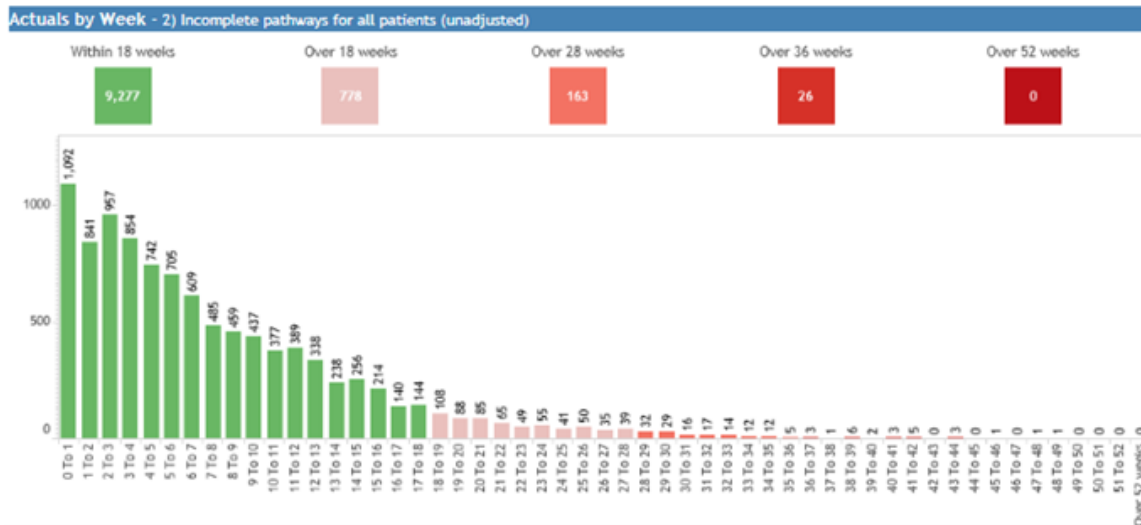
- Review of diagnostic capacity and set up of virtual clinics
- External project management support extended until March to review pathways for both medical retina and glaucoma.
- Clinical Nurse Specialists are delivering IVI treatments. There are now 9 weekly clinical sessions.
- Weekly RTT PTLs are in operation
- Isight capacity has been reviewed so that suitable patients may be offered alternative provider

Thoracic Medicine

- Appointment of agency consultant to provide additional 2.5 clinics per week from mid November.
- Management restructure proposal in Thoracic Labs planned.
- Focus on reduction of patient cancellation and DNA rates to maximise clinic utilisation.
- All day Sleep clinics are being held most weekends as additional activity.

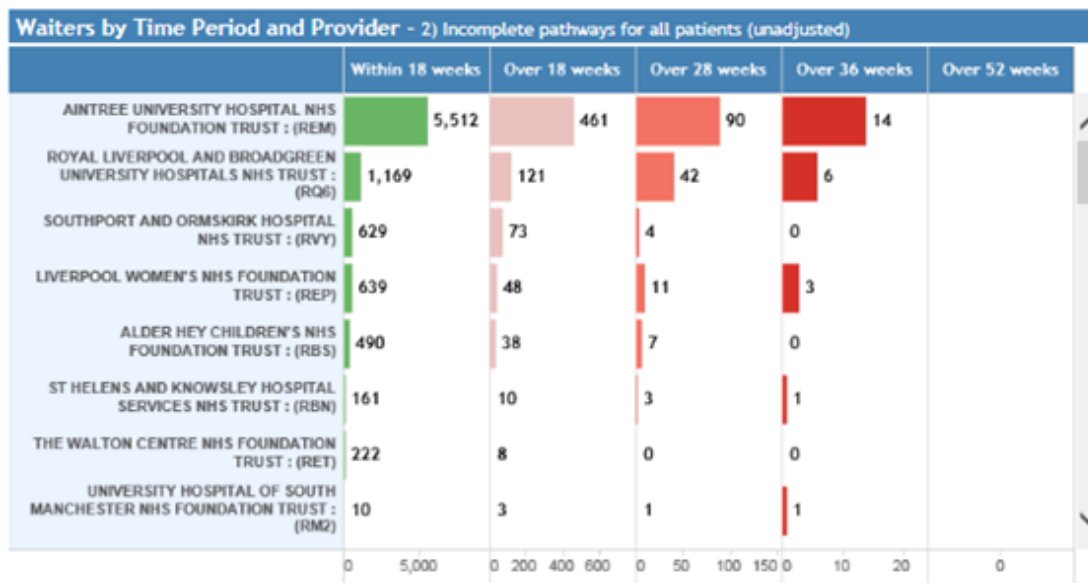
3.3.1 Incomplete Pathway Waiting Times

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



3.3.2 Long Waiters analysis: Top 5 Providers

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



3.3.3 Long Waiters analysis: Top 2 Providers split by Specialty

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

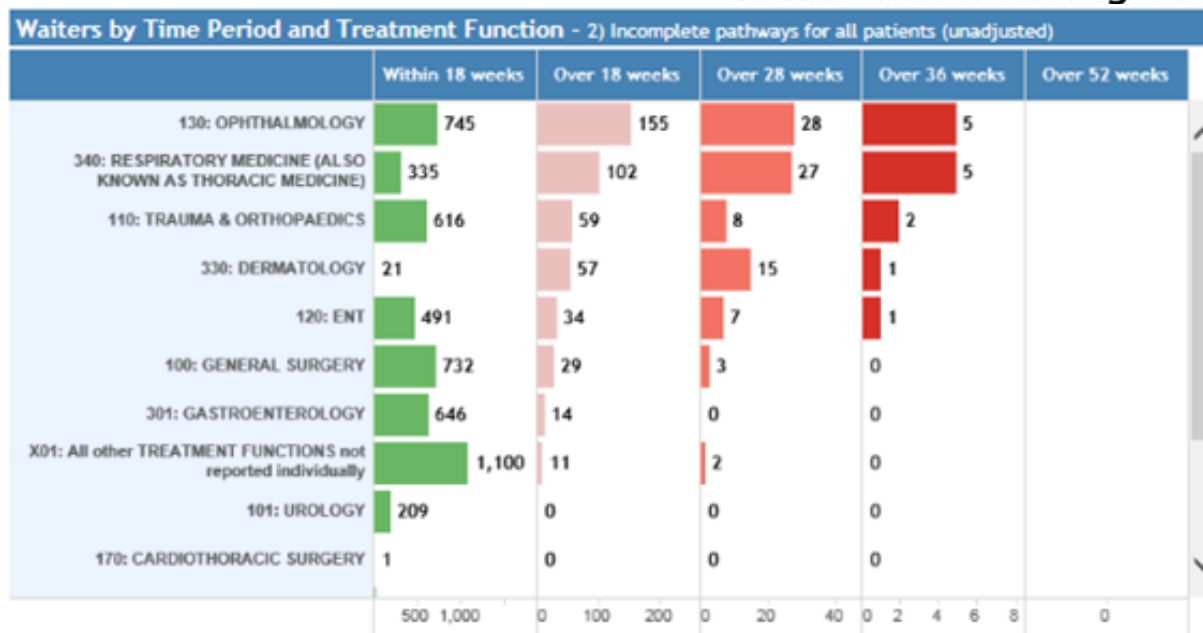
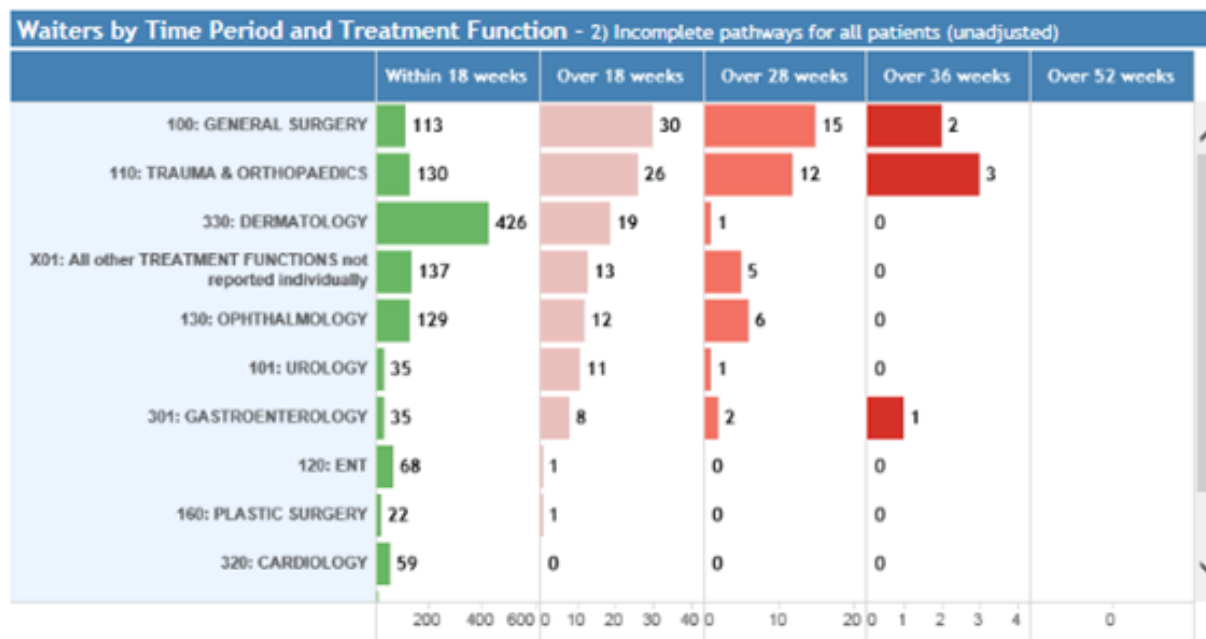


Figure 12 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



3.3.4 Provider assurance for long waiters

CCG	Trust	Speciality	No of weeks waited	No of patients	Has patient been seen / has a TCI date?	Reason for the delay
South Sefton CCG	AINTREE	T&O	41	1	Yes TCI 15/12/2016	Capacity issue
South Sefton CCG	AINTREE	T&O	43	1	Yes TCI 23/12/2016	Capacity issue
South Sefton CCG	AINTREE	Ophthalmology	40	1	Clock stopped 05/12/2016 - patient declined treatment	Patient declined treatment
South Sefton CCG	AINTREE	Ophthalmology	47	1	Clock stopped 21/12/2016 - decision not to treat	Capacity issue
South Sefton CCG	AINTREE	Respiratory	40	1	Yes TCI 06/12/2016	Capacity issue
South Sefton CCG	AINTREE	Respiratory	44	1	Clock stopped 09/12/2016	Capacity issue
South Sefton CCG	ROYAL LIVERPOOL	T&O	41	1	Trust only provides updates for 42 plus week waiters	
South Sefton CCG	ROYAL LIVERPOOL	T&O	43	1	Validated - no longer long waiter	
South Sefton CCG	ROYAL LIVERPOOL	T&O	45	1	Clock Stop - 16/12/16	Capacity
South Sefton CCG	ROYAL LIVERPOOL	General Surgery	48	1	Clock Stop - 06/12/16	Capacity
South Sefton CCG	ROYAL LIVERPOOL	Gastroenterology	41	1	Trust only provides updates for 42 plus week waiters	
South Sefton CCG	LIVERPOOL WOMENS	Gynaecology	40	1	Yes	Patient initiated delay
South Sefton CCG	LIVERPOOL WOMENS	Gynaecology	41	1	Yes	Patient initiated delay
South Sefton CCG	THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	T&O	43	1	TCI 27/02/2017	A spinal patient for removal of metalwork. The patient requested a date in February 2017 onwards as the family have plans over Christmas and also in Feb half-term. They are dated for 27/02/2017.

3.4 Cancelled Operations

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

Cancelled Operations				
All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice - Aintree	16/17 - Nov	0	3	1 ↑

Aintree had 3 cancelled operations in November failing the target. All patients were offered another treatment date within the 28 day period but refused this and chose to wait until January. Unfortunately as the patients were not offered 2 dates with 3 weeks' notice these are reported as a breach of the standard. Use of the access policy has been re-enforced to all admin teams.

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

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

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	16/17 - Nov	93%	95.85%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	16/17 - Nov	93%	95.82%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	16/17 - Nov	93%	93.82%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Aintree)	16/17 - Nov	93%	93.83%	↔

3.5.2 - 31 Day Cancer Waiting Time Performance

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	16/17 - Nov	96%	98.34%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	16/17 - Nov	96%	99.21%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	16/17 - Nov	94%	96.50%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	16/17 - Nov	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	16/17 - Nov	94%	97.56%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	16/17 - Nov	94%	99.46%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	16/17 - Nov	98%	99.46%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	16/17 - Nov	98%	100.00%	↔

3.5.3 - 62 Day Cancer Waiting Time Performance

Cancer waits – 62 days				
Maximum 62-day wait for first definitive treatment following a consultant’s decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	16/17 - Nov	85% local target	82.61%	↓
Maximum 62-day wait for first definitive treatment following a consultant’s decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (Aintree)	16/17 - Nov	85% local target	90.88%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	16/17 - Nov	90%	100.00%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	16/17 - Nov	90%	90.32%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	16/17 - Nov	85%	89.14%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	16/17 - Nov	85%	87.09%	↔

The CCG failed the 85% local target in November achieving 60%, 3 out of 5 patients were upgraded within 62 days. The 2 breaches were lung patients, 1 was due to a late referral and the second had a complex pathway, the patient needed a repeat CT so was an unavoidable breach. Year to date the CCG are failing at 82.6%.

3.6 Patient Experience of Planned Care

Friends and Family Response Rates and Scores
 Aintree University Hospital NHS Foundation Trust
 Latest Month: Nov-16

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Inpatient	25%	24.6%		95%	96%		2%	2%	

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

- % Response Rate
- % Recommended
- % Not Recommended

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target in excess of the regional and national response rates for both inpatients and A&E, however, inpatients is slightly under target for November. The proportion of patient who would recommended has decreased from previous month, decreasing from 97% to 96% in November, whilst the proportion who would 'not recommend' remains the same as previous month, both are within target range.

A pilot for collecting data by text message was deemed unsuccessful and affected both the number of responses and the performance. The Trust quickly returned to using cards with extra cards in place to encourage feedback. Response rate has improved, continues to rise and now approaching the usual rate displayed by the Trust.

Aintree's Patient Experience Lead will provide an update in April to the CCG Engagement and Patient Experience Group. The Trust will discuss how feedback obtained is informing the Trust where to improve services for its patients. This presentation is welcomed by EPEG and gives assurances that patient engagement and experience is considered as important as clinical effectiveness and safety in making up quality services.

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

The Trust readily engages with Healthwatch and welcomes visits from the organisation.

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 8 of financial year 2016/17, against planned care elements of the contracts held by NHS South Sefton CCG shows an over-performance of £553k, which is a percentage variance of 2%. At specific trusts, Renacres are reporting the largest cost variances with a total of £272k/25%.

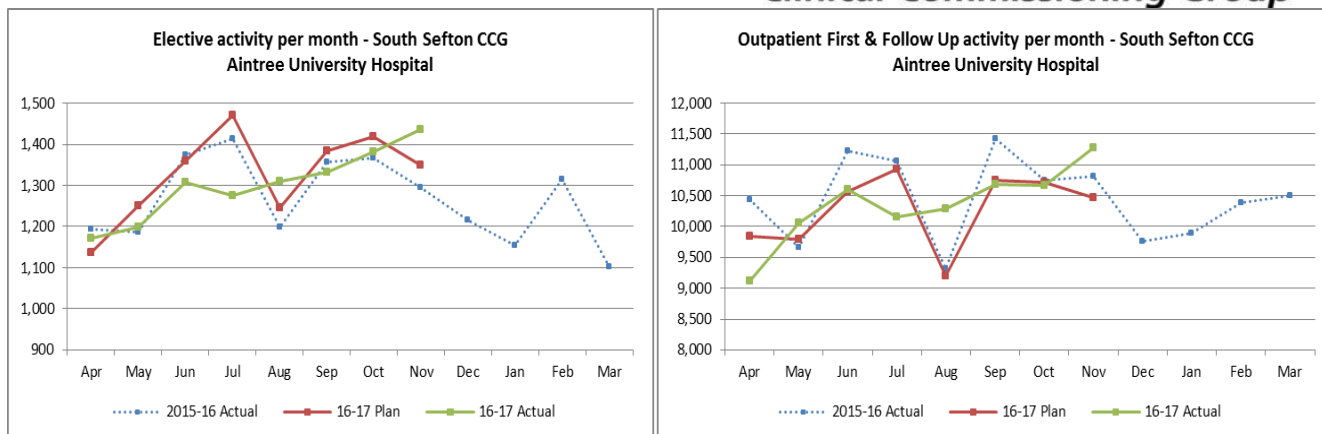
Figure 13 - Planned Care - All Providers

Provider Name	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	118,195	119,463	1,268	1%	£21,935	£21,942	£7	0%
Alder Hey Childrens NHS F/T	3,114	3,107	-7	0%	£909	£1,034	£125	14%
Central Manchester University Hospitals Nhs Foundation Trust	57	95	38	66%	£14	£19	£5	32%
Countess of Chester Hospital NHS Foundation Trust	0	119	119	0%	£0	£19	£19	0%
East Cheshire NHS Trust	0	5	5	0%	£0	£1	£1	0%
Fairfield Hospital	85	130	45	53%	£15	£36	£20	132%
ISIGHT (SOUTHPORT)	353	473	120	34%	£80	£104	£24	30%
Liverpool Heart and Chest NHS F/T	772	815	43	6%	£255	£309	£53	21%
Liverpool Womens Hospital NHS F/T	10,813	10,922	109	1%	£2,240	£2,196	£44	-2%
Renacres Hospital	3,063	4,433	1,370	45%	£1,078	£1,350	£272	25%
Royal Liverpool & Broadgreen Hospitals	20,698	21,775	1,077	5%	£3,857	£4,006	£149	4%
Southport & Ormskirk Hospital*	9,683	9,140	-543	-6%	£2,080	£1,854	£226	-11%
SPIRE LIVERPOOL HOSPITAL	1,909	1,562	-347	-18%	£601	£562	£39	-6%
ST Helens & Knowsley Hospitals	2,757	2,833	76	3%	£723	£785	£62	9%
University Hospital Of South Manchester Nhs Foundation Trust	73	91	18	24%	£11	£18	£7	63%
Walton Neuro	2,230	2,314	84	4%	£568	£565	£3	-1%
Wirral University Hospital NHS F/T	308	283	-25	-8%	£82	£78	£4	-5%
Wrightington, Wigan And Leigh Nhs Foundation Trust	564	824	260	46%	£203	£328	£125	61%
Grand Total	174,674	178,384	3,710	2%	£34,652	£35,204	£553	2%

3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust

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

Aintree University Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	9,221	9,159	-62	-1%	£5,969	£5,839	£130	-2%
Elective	1,394	1,252	-142	-10%	£3,898	£3,742	£156	-4%
Elective Excess BedDays	545	495	-50	-9%	£121	£109	£12	-10%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	298	211	-87	-29%	£54	£42	£12	-23%
OPFANFTF - Outpatient first attendance non face to face	1,637	2,202	565	35%	£46	£56	£10	22%
OPFASPCL - Outpatient first attendance single professional consultant led	22,186	22,809	623	3%	£3,322	£3,509	£188	6%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	993	754	-239	-24%	£108	£98	£11	-10%
OPFUPNFTF - Outpatient follow up non face to face	2,123	2,958	835	39%	£51	£71	£20	39%
OPFUPSPCL - Outpatient follow up single professional consultant led	55,050	53,897	-1,153	-2%	£4,383	£4,331	£52	-1%
Outpatient Procedure	14,422	14,838	416	3%	£2,384	£2,496	£112	5%
Unbundled Diagnostics	9,352	9,839	487	5%	£856	£871	£15	2%
Wet AMD	974	1,049	75	8%	£743	£778	£35	5%
Grand Total	118,195	119,463	1,268	1%	£21,935	£21,942	£7	0%



Planned Care at Aintree University Hospital is recording comparable year to date costs against plan with a £7k over performance.

Cardiology is showing the largest cost variance in month 8 (£321k/27%). The cardiology over performance is largely related to day case activity.

Clinical Haematology is showing an over performance of £104k which is driven by Outpatient First Attendances.

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

Specialty above £10k or below -£10k	DAY CASES		ELECTIVE INPATIENTS		ELECTIVE XBDS		OUTPATIENT FIRST ATT		OUTPATIENT FU ATT		OUTPATIENT PROCEDURES		Total Activity YTD Var	Total Price YTD Var
	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var		
Cardiology	292	£269,662	2	£5,504	-19	£4,095	572	£62,454	208	£31,643	114	£19,541	1,168	£321,422
Clinical haematology	45	£12,634	2	£7,282	-19	£4,370	229	£68,589	158	£19,637	3	£728	418	£104,501
Rheumatology	3	£1,253	0	£641	6	£1,309	89	£20,752	566	£49,613	9	£1,624	672	£75,191
Ent	8	£17,649	-17	£27,441			-67	£7,339	3	£825	157	£20,240	84	£58,815
Physiotherapy							38	£891	1,587	£52,535	3	£99	1,628	£53,526
General surgery	6	£14,566	2	£34,727	72	£14,923	28	£9,223	-99	£10,950	1	£243	11	£52,585
Acute internal medicine	-2	£1,425	1	£3,363	-3	£660	598	£48,829	-1	£1,087	-32	£4,647	561	£37,646
Nephrology	3	£4,101	-11	£15,013	-5	£1,351	154	£43,206	-122	£3,260	-5	£921	14	£26,761
Respiratory medicine	-14	£32,355	-6	£6,696	2	£548	26	£21,388	238	£4,117	160	£35,816	406	£22,817
Upper gastrointestinal surgery	-20	£31,596	4	£43,512	14	£2,952	-20	£2,321	3	£280	-1	£406	-20	£12,420
Endocrinology	-3	£2,399	-1	£1,954			10	£1,910	143	£14,643			149	£12,200
Transient ischaemic attack							31	£9,891	-3	£0			28	£9,891
Interventional radiology	12	£5,849	-5	£15,685	-3	£632	55	£8,079	-11	£910	-41	£10,268	7	£13,567
Diabetic medicine	36	£14,014	1	£2,770	-8	£2,071	-87	£18,266	-32	£3,860	-66	£8,598	-155	£16,010
Vascular surgery	-16	£16,913	-2	£2,594			26	£4,509	-15	£1,623	0	£27	-6	£16,648
Breast surgery	3	£16,257	5	£17,744			-121	£20,912	-117	£3,868	16	£3,508	-215	£22,759
Anticoagulant service									-1,819	£46,792			-1,819	£46,792
Dermatology	-26	£14,537	1	£539			-274	£30,400	-391	£28,407	214	£12,177	-475	£60,627
Hepatobiliary & pancreatic surgery	0	£3,060	-13	£69,575	-1	£232	10	£2,046	-42	£4,036			-46	£68,738
Gastroenterology	-147	£114,327	-9	£21,340	19	£3,982	-9	£580	37	£23,089	29	£8,144	-80	£101,033
Urology	-43	£36,909	-34	£77,255	-40	£8,223	-268	£35,756	111	£8,114	48	£44,436	-225	£105,593
Trauma & orthopaedics	-14	£124,941	-48	£68,872	91	£19,806	46	£6,203	-99	£9,018	-48	£3,843	-72	£180,665
Ophthalmology	-166	£116,919	5	£881			-185	£22,052	-333	£31,957	-301	£35,647	-979	£205,695
Grand Total	-62	£130,273	-142	£156,378	-50	£11,610	1,101	£185,429	-557	£42,209	416	£112,358	706	£42,682

3.7.2 Planned Care Southport & Ormskirk Hospital

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

Southport & Ormskirk Hospital Planned Care PODS *	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	634	576	-58	-9%	£514	£403	£-110	-21%
Elective	151	131	-20	-13%	£436	£390	£-47	-11%
Elective Excess BedDays	1	22	21	2110%	£0	£5	£5	2220%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	191	52	-139	-73%	£28	£9	£-20	-69%
OPFASPCL - Outpatient first attendance single professional consultant led	1,499	1,657	158	11%	£222	£240	£18	8%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	394	134	-260	-66%	£39	£15	£-24	-61%
OPFUPSPCL - Outpatient follow up single professional consultant led	3,528	3,486	-42	-1%	£316	£311	£-5	-2%
Outpatient Procedure	2,704	2,538	-166	-6%	£479	£438	£-41	-9%
Unbundled Diagnostics	579	544	-35	-6%	£44	£42	£-2	-4%
Grand Total	9,683	9,140	-543	-6%	£2,080	£1,854	£-226	-11%
* PbR only								

Planned care continues to underperform against plan but a number of areas have started to increase in the past few months. Elective procedures have increase slightly in the past three months but only just to planned levels. The Trust previously commented the shortage of theatre staff has affected the ability to perform higher levels of activity.

Outpatient first attendances remain above plan at month 8 and have consistently been above plan throughout 2016/17. The main influence for the increase is located within ENT and Ophthalmology.

3.7.3 Renacres Hospital

Figure 16 - Planned Care - Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	393	416	23	6%	£441	£499	£58	13%
Elective	71	99	28	40%	£335	£474	£140	42%
OPFASPCL - Outpatient first attendance single professional consultant led	834	844	10	1%	£120	£121	£1	1%
OPFUPSPCL - Outpatient follow up single professional consultant led	998	2,352	1,354	136%	£83	£136	£53	64%
Outpatient Procedure	479	329	-150	-31%	£70	£79	£8	12%
Unbundled Diagnostics	289	393	104	36%	£29	£41	£12	41%
Grand Total	3,063	4,433	1,370	45%	£1,078	£1,350	£272	25%

Renacres over performance of £272/25% is largely driven by a £140k over performance in Electives. Major Hip Procedures is the largest over performing HRG followed by Reconstruction Procedures. Combined costs for these two HRG's is £98k. The overperformance at Renacres is mirrored by underperformance at other Trusts, namely Spire and Southport and Ormskirk Hospitals suggesting a shift in patient and GP choice.

4. Unplanned Care

4.1 Accident & Emergency Performance

A&E waits					
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	16/17 - Nov	95%	87.54%	↔	The CCG have failed the target in November reaching 84.34% and year to date reaching 87.54%. In November 1222 attendances out of 7801 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	16/17 - Nov	95%	77.65%	↓	The CCG have failed the target in November reaching 70.94% (year to date 77.65%). In November 1221 attendances out of 4202 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) All Types	16/17 - Nov	STP Trajectory Target for Nov 95%	85.52%	↓	Aintree have failed the STP target of 95% in November reaching 81.11%. In November, 2446 attendances out of 12947 were not admitted, transferred or discharged within 4 hours. Year to date they are achieving 86.36%.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	16/17 - Nov	95%	72.43%	↓	Aintree have failed the target in November reaching 62.98% and year to date reaching 73.81%. In November 2446 attendances out of 6607 were not admitted, transferred or discharged within 4 hours.

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
STP Trajectory Aintree	90%	91%	92%	93%	94%	95%	95%	95%
Aintree Actual	89.48%	86.9%	87.50%	86.0%	84.10%	84.46%	84.76%	81.11%

Aintree failed to meet the Sustainability & Transformation Fund (STF) trajectory of 95% by September 2016 as agreed with NHS Improvement.

The Trusts' performance has improved marginally against the 4-hour standard, but remains below the required 95% at 81.11% for November 2016.

Implementation of the AED stream of the Emergency and Acute Care Plan commenced from 24th August 2016. Streaming and Pitstop have been implemented and support to the team to ensure these are embedded is in progress. Relaunch of the patient flow principles took place on 21 November followed by a relaunch of the AED model on 23 November. A presentation was delivered to the Intensive Recovery Programme Group on 24 November 2016 outlining work stream progress to date, remaining challenges/opportunities and support required.

- Following a recruitment campaign, one substantive consultant was appointed in September 2016. Support is being used from a recruitment company to further develop the recruitment strategy and recruit to the remaining two substantive vacancies.
- Maternity leave and paternity leave across the remaining Consultant staff is making cover of all shifts challenging. The use of Locum Consultants and GPs is being made to support the rota in the short term.
- Additional Emergency Nurse Practitioners (ENP) have been recruited and the hours of the nurse practitioners extended to 23:00. Four-week training programme for ENPs in expanded clinical areas is ongoing.
- A review of the portering workforce to support A&E and Acute Medical Unit has been undertaken and the Business Case submitted to Business Case Review Group. Further

detail is required with regards to patterns of demand. Information has been requested from the information team. Business Case to be re-submitted to BCRG in January 2017.

- Frailty Assessment Unit (FAU) opened on 6 December 2016. The unit comprises three functions: Rapid Assessment – early Multi-Disciplinary Team (MDT) and consultant geriatrician assessment within 1 hour of admission between 9am and 5pm, Monday to Friday.
- Ambulatory Care – same day treatment and discharge between 9am and 9pm, Monday to Friday.
- Short Stay – 48-hour length of stay area accepting admissions 24/7.
- Workstreams to progress actions arising from the rapid improvement event to reduce delayed discharges remain in place with action plans in progress. A 120 day event was held on 30th September and a follow-up event planned for February. The trajectory for reducing delayed discharges has been agreed with partners.
- A phased implementation of ‘Purple to Gold’ (‘Value Add’) commenced in October with a roll out plan agreed by December to cover all medical and surgical wards with dedicated input from Ward teams, CBU triumvirates, Divisional leadership across the Trust, Support Service teams and Executive leadership. Changes to job plans to support the implementation of this with daily ward and board rounds in Medicine specialties is in progress.

4.2 Ambulance Service Performance

Ambulance					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	16/17 - Nov	75%	72.70%	↓	The CCG is under the 75% target year to date reaching 72.70%. In November out of 45 incidents there were 14 breaches (68.89%)
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	16/17 - Nov	75%	61.76%	↓	The CCG is under the 75% target year to date reaching 61.76%. In November out of 890 incidents there were 390 breaches (56.19%).
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	16/17 - Nov	95%	91.52%	↓	The CCG is under the 95% target year to date reaching 91.52%. In November out of 935 incidents there were 121 breaches (87.03%)
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	16/17 - Nov	75%	70.35%	↓	NWAS reported under the 75% target year to date reaching 70.35%. November reaching 62.80%.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	16/17 - Nov	75%	64.07%	↔	NWAS failed to achieve the 75% target year to date reaching 64.07%. November reaching 60.35%.
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	16/17 - Nov	95%	89.95%	↓	NWAS failed to achieve the 95% target year to date reaching 89.95%. November reaching 86.79%.
Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Aintree	16/17 - Nov	0	227	↑ ↓	The Trust recorded 227 handovers between 30 and 60 minutes, this is a slight decline on last month when 281 was reported but still over the zero plan.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Aintree	16/17 - Nov	0	270	↓	The Trust recorded 270 handovers over 60 minutes, this below the previous month when 294 were reported, but still over plan.

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

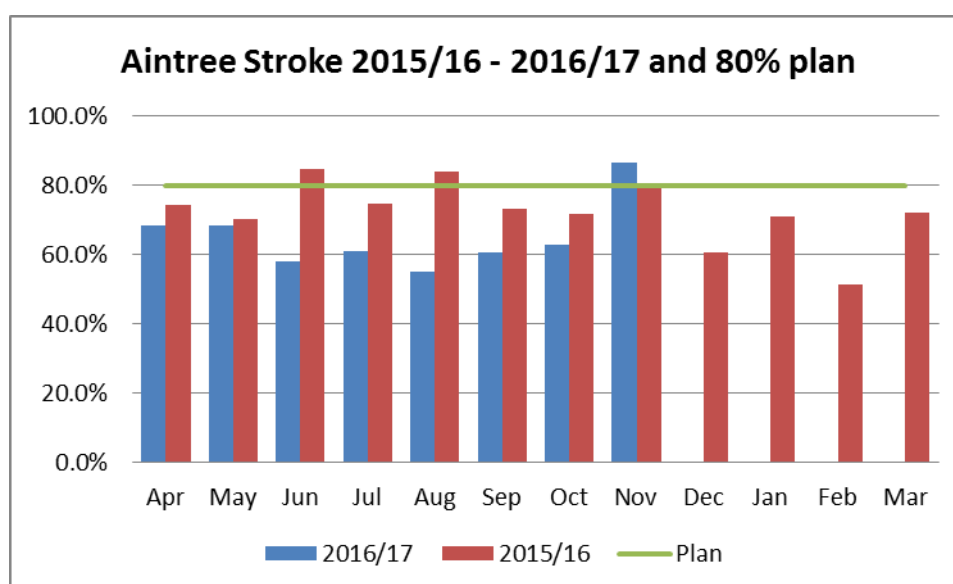
Ambulance turnaround times remain a key focus for improvement. In order to mitigate the problems caused by lack of available assessment space in the Emergency Department and prolonged ambulance handover delays; on 24 November 2016 Ambulance Pitstop was relocated to a new area within the Emergency Department comprising the following:

- Two x 7 mixed-sex trolley spaces within a self-contained unit within the ED with ward based facilities, toilet and shower and designated nursing staff.
- 1 x side room
- Substantial improvement in ambulance handover performance was recorded and between 26 November and 30 November there were no delays >2h. The area ceased to function as Ambulance Pitstop on 3 December due to staffing issues. At this time, it was used for patients with a DTA awaiting transfer to the main hospital bed base.
- Work with NWS and all partners, including ECIP, is in place to ensure delivery of agreed actions in respect of ambulance handover, including final agreement on the function and SOP for the Ambulance Pitstop area.

4.3 Unplanned Care Quality Indicators

4.3.1 Stroke and TIA Performance

Stroke				
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	16/17 - Nov	80%	86.40%	↑
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	16/17 - Nov	60%	100%	↔



Aintree have achieved the Stroke target in November 2016 for the first time since November 2015. The Trust have worked hard to implement the action plans described in previous months' reports, however sustainability of meeting the target longer term remains challenging.

4.3.2 Mixed Sex Accommodation

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

4.3.3 Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	16/17 - Nov	39	36	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	16/17 - Nov	30	31 (23 following appeal)	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	16/17 - Nov	0	1	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	16/17 - Nov	0	0	↔

The CCG has had seven new C.difficile cases reported in November, a total of 36 cases year to date against a year to date plan of 39.

For Aintree this year there have been 31 patients with Trust apportioned CDT including 4 cases in November. However, 8 cases have been upheld following appeal year to date.

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

The CCG has had no new cases of MRSA in November and only reported their first case in September; this was a non-trust apportioned case.

4.3.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	16/17 - Nov	100	93.43	↑ ↔
Summary Hospital Level Mortality Indicator (SHMI)	16/17 - Q2	100	106.40	↑

HSMR is reported for the period September 2015 to August 2016 remains below expected at 93.83 after rebasing, this is slightly lower than last month when 93.83 was reported.

SHMI for the period April 2015 – March 2016 is as expected at 106.40 this has increased by 3 points and further analysis is planned by the Trust.

4.4 CCG Serious Incident Management

Serious incidents reporting within the integrated performance report is in line with the CCG reporting schedule for Month 8.

There are a total of 110 serious incidents open on StEIS where South Sefton CCG are either lead or responsible commissioner. 79 of these affect South Sefton CCG patients with seven reported in November.

Aintree University Hospitals NHS Foundation Trust - 31 open Serious Incidents on StEIS and no serious incident reported in November 2016 making a total of 20 year to date. 22 remain open for >100 days. 3 cases are subject to Safeguarding Adult Board (SAB) processes (Liverpool and Knowsley) and 1 subject to police investigation.

Liverpool Community Health NHS Trust - 35 open serious incidents on StEIS affecting South Sefton CCG patients. 15 remain open for >100 days, 1 case is subject to management by NHS England and another is under Local Safeguarding Children Board processes. There were 5 serious incidents reported in November 2016, a total of 33 year to date, 19 year to date relate to pressure ulcers. The Trust has a composite pressure ulcer action plan in place, which continues to be monitored at the monthly Clinical Quality and Performance meeting.

Mersey Care NHS Foundation Trust - 17 incidents open on StEIS for South Sefton CCG patients, with 11 remaining open >100 days. 1 serious incident was reported in November making a total of 14 year to date. Two incidents reported in June relate to Secure Services which are managed by NHS England Specialist Commissioning.

4.5 CCG Delayed Transfers of Care

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

Delayed Transfers of Care (DTC's) increased to 23 in November from 18 in October 2016 (21.74%). Patient and/or family choice resulted in 16 delayed transfers (69.57%), a further 5 were due to delays incurred whilst awaiting further NHS non acute care (21.74%) and 2 were due to awaiting care package in own home. (8.70%).

Analysis of delays in November 2016 compared to November 2015 illustrates a 4.3% decrease in total number of delays. For the number of patients awaiting further NHS non-acute care is the same as previous year (5) and 25% increase in delays due to patient or family choice (4).

Delayed Transfers of Care April – November 2016

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

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

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

Further plans to support the reduction of delayed transfers of care are being discussed within the CCG and include a comprehensive review of at least one DTOC each week with the aim of identifying key points of learning and improve future systems and processes.

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

4.6 Patient Experience of Unplanned Care

Friends and Family Response Rates and Scores
 Aintree University Hospital NHS Foundation Trust
 Latest Month: Nov-16

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	15%	17.2%		87%	85%		7%	9%	

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

- % Response Rate
- % Recommended
- % Not Recommended

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

The percentage of people that would recommend A&E has recently fallen and is now under the England average along with the not recommended percentage.

As mentioned with the planned care FFT, the underperformance and downward trend was due to an unsuccessful pilot for collecting data by text message, affecting both the number of responses and the performance. The Trust immediately returned to using cards following which the response rate has been improving with a slight reduction noted in November. The rate is above target. The Trust FFT indicators are monitored monthly at their Patient Experience Executive Led Group.

Aintree's Patient Experience Lead is due to attend the CCG's EPEG group in April. This will provide an update of the Trusts Patient Experience Strategy and how they use Friends and Family data to inform the Trust on improving services for their patients and provide assurance that patient engagement and experience is considered as important as clinical effectiveness and safety in making up quality services.

The Trust engages readily with Healthwatch and welcomes visits from the organisation.

4.7 Unplanned Care Activity & Finance, All Providers

4.7.1 All Providers

Performance at Month 8 of financial year 2016/17, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£612k/-2%. This under-performance is clearly driven by Aintree Hospital reporting an under performance of -£564k/-2%. Alder Hey Hospital is reporting the largest year to date over performance with a £110/8% variance. Further analysis is taking place of the Alder Hey contract to understand the key areas of over performance alongside population measures such as birth rates.

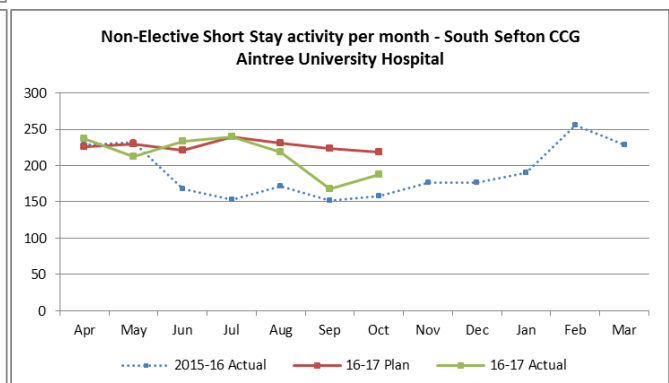
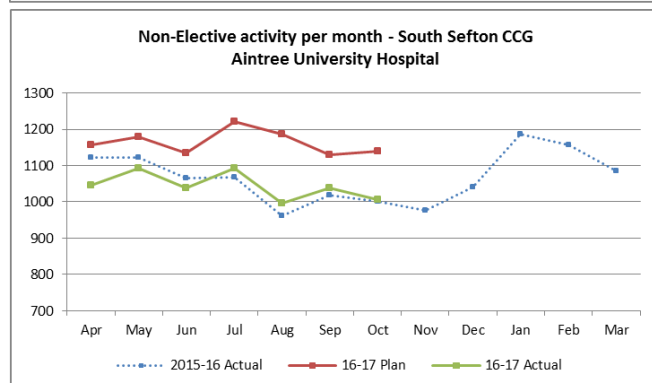
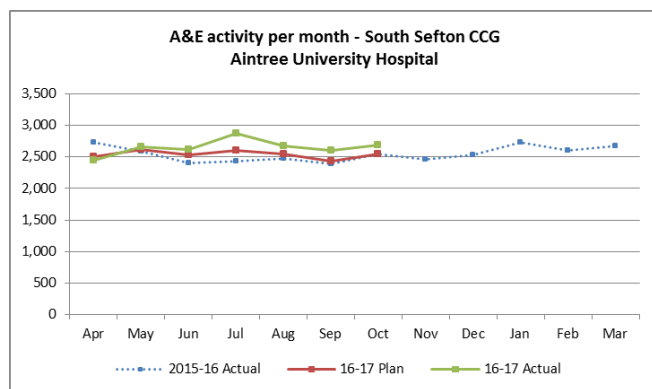
Figure 17- Month 8 Unplanned Care – All Providers

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	63,661	70,330	6,669	10%	£23,303	£22,739	-£564	-2%
Alder Hey Childrens NHS F/T	6,353	6,407	54	1%	£1,330	£1,440	£110	8%
Central Manchester University Hospitals Nhs Foundation Trust	45	47	2	5%	£11	£8	-£3	-25%
Countess of Chester Hospital NHS Foundation Trust	0	41	41	0%	£0	£18	£18	0%
Liverpool Heart and Chest NHS F/T	153	80	-73	-48%	£175	£221	£47	27%
Liverpool Womens Hospital NHS F/T	2,586	2,340	-246	-10%	£2,299	£2,295	-£4	0%
Royal Liverpool & Broadgreen Hospitals	4,367	3,949	-418	-10%	£1,617	£1,388	-£229	-14%
Southport & Ormskirk Hospital	8,586	8,705	119	1%	£1,943	£1,941	-£3	0%
ST Helens & Knowsley Hospitals	596	675	79	13%	£240	£260	£21	9%
University Hospital Of South Manchester Nhs Foundation Trust	27	24	-3	-13%	£9	£7	-£2	-20%
Wirral University Hospital NHS F/T	163	138	-25	-15%	£59	£44	-£15	-26%
Wrightington, Wigan And Leigh Nhs Foundation Trust	28	30	2	7%	£10	£22	£12	115%
Grand Total	86,565	92,766	6,201	7%	£30,996	£30,383	-£612	-2%

4.7.2 Aintree University Hospital NHS Foundation Trust

Figure 18 - Month 8 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	26,988	31,719	4,731	18%	£642	£642	£0	0%
A&E - Accident & Emergency	20,156	21,067	911	5%	£2,493	£2,611	£118	5%
NEL - Non Elective	9,278	8,264	-1,014	-11%	£17,732	£16,620	£-1,113	-6%
NELNE - Non Elective Non-Emergency	29	28	-1	-5%	£82	£94	£12	14%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	27	89	62	234%	£6	£19	£12	190%
NELST - Non Elective Short Stay	1,821	1,675	-146	-8%	£1,195	£1,170	£-25	-2%
NELXBD - Non Elective Excess Bed Day	5,362	7,488	2,126	40%	£1,152	£1,584	£432	38%
Grand Total	63,661	70,330	6,669	10%	£23,303	£22,739	£-564	-2%



4.7.3 Aintree Hospital Key Issues

Urgent Care under spend of -£564k is driven by a -£1.1m under performance in Non Elective activity. This under performance offsets the £432k over performance seen in Non Elective Excess Bed Days. Excess bed days has been raised through the official challenge process and reported through the various exec boards.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

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

NHS South Sefton CCG					
PBR Cluster	Caseload as at 30/11/2016	2016/17 Plan	Variance from Plan	Variance on 30/11/2015	
0 Variance	100	88	12	9	
1 Common Mental Health Problems (Low Severity)	42	42	-	(1)	
2 Common Mental Health Problems (Low Severity with greater need)	25	22	3	1	
3 Non-Psychotic (Moderate Severity)	150	217	(67)	(47)	
4 Non-Psychotic (Severe)	272	215	57	53	
5 Non-psychotic Disorders (Very Severe)	67	62	5	6	
6 Non-Psychotic Disorder of Over-Valued Ideas	46	40	6	9	
7 Enduring Non-Psychotic Disorders (High Disability)	252	192	60	60	
8 Non-Psychotic Chaotic and Challenging Disorders	122	98	24	24	
10 First Episode Psychosis	143	138	5	7	
11 On-going Recurrent Psychosis (Low Symptoms)	393	433	(40)	(37)	
12 On-going or Recurrent Psychosis (High Disability)	353	307	46	42	
13 On-going or Recurrent Psychosis (High Symptom & Disability)	102	112	(10)	(7)	
14 Psychotic Crisis	28	21	7	5	
15 Severe Psychotic Depression	6	6	-	2	
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	38	34	4	6	
17 Psychosis and Affective Disorder – Difficult to Engage	50	58	(8)	(9)	
18 Cognitive Impairment (Low Need)	220	223	(3)	(4)	
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	446	505	(59)	(56)	
20 Cognitive Impairment or Dementia Complicated (High Need)	397	332	65	67	
21 Cognitive Impairment or Dementia (High Physical or Engagement)	139	76	63	68	
Cluster 99	553	402	151	184	
Total	3,944	3,623	321	8.14%	382
	-				-

5.1.1 Key Mental Health Performance Indicators

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

		Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
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%	100%	94%	100%	93%	95%

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

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

Figure 22 - Figure 16 EIP 2 week waits

		Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	
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 (in month)	50%	0%	100%	33.33%	50%	50%	86%	100%	75%	
			Rolling Quarter			37.50%	50%	50%	73%	100%	86%

5.1.2 Mental Health Contract Quality Overview

Commissioners continue to be involved in the Trust’s review of the acute care pathway (including crisis). This initial scoping and gathering of evidence and intelligence is expected to be completed by February 2017. The review will consider system wide issues that impact on the effective delivery of the acute care pathway, these will include pathways in and out of the Mersey Care services and the interfaces with other providers and partners and will recommend models for each of the Mersey Care services (e.g. Access Service, A&E Liaison, Community Mental Health Teams), functions in the pathway (Stepped Up Care, Bed Management, Single Point of Access) and specialist pathways (e.g. personality disorder pathway, in-patient pathway).

The recommendations from the Review will be considered by both Mersey Care NHS Foundation Trust and the North Mersey Transformation. If accepted, the implementation of the recommendations will form a key area of work for both the Trust and the Transformation Board to begin from 2017/18 onwards.

At the December 2016 CQPG, the CCG raised concerns regarding the underperformance in relation to the ‘timeliness of GP Communications / Discharge Letters, since this KPI stopped being a CQUIN, the Trust has failed to meet the targets. A meeting was held with the Trust in December 2016 to discuss the underperformance in relation to GP communication KPIs, in South Sefton and Southport & Formby CCGs. The Trust confirmed that there are issues particularly from the Clock View site regarding timeliness of discharge summaries due to clinical staffing capacity. The Trust has added this to their Risk Register. The roll out of the RIO clinical IT system should have a positive impact on performance. However, the Trust confirmed in December 2016 that the RIO roll out has been put on hold due to ‘technical issues’. Performance will continue to be monitored via the CQPG and a full report and action will be requested for submission at the February 2017 CQPG. The Trust has indicated that a formal communication relating RIO implementation will be sent to CCGs later in January 2017.

5.2 Improving Access to Psychological Therapies

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

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March
National definition of those who have entered into treatment	2015/16	143	158	201	204	166	232	184	252	267	343	262	256
	2016/17	282	295	293	272	244	268	269	253				
2016/17 approx. numbers required to enter treatment to meet monthly Access target of 1.3%	Target	306	306	306	306	306	306	306	306	306	306	306	306
	Variance	-24	-11	-13	-34	-62	-38	-37	-53				
	%	-7.9%	-3.6%	-4.3%	-11.2%	-20.3%	-12.5%	-12.1%	-17.4%				
Access % ACTUAL - Monthly target of 1.3% - Year end 15% required	2015/16	0.6%	0.7%	0.8%	0.8%	0.7%	1.0%	0.8%	1.0%	1.1%	1.4%	1.1%	1.1%
	2016/17	1.2%	1.2%	1.2%	1.1%	1.0%	1.1%	1.1%	1.0%				
Recovery % ACTUAL - 50% target	2015/16	60.0%	45.1%	56.0%	52.0%	45.0%	48.1%	53.6%	47.1%	38.6%	32.5%	46.4%	50.0%
	2016/17	40.9%	45.4%	45.7%	41.4%	42.7%	43.5%	41.5%	44.4%				
ACTUAL % 6 weeks waits - 75% target	2015/16	96.8%	94.2%	94.1%	96.6%	95.4%	97.2%	93.8%	94.7%	98.3%	93.5%	99.1%	96.3%
	2016/17	93.5%	98.5%	96.4%	97.4%	97.7%	95.5%	98.0%	99.5%				
ACTUAL % 18 weeks waits - 95% target	2015/16	99.2%	99.2%	100.0%	100.0%	100.0%	100.0%	99.3%	100.0%	100.0%	99.2%	100.0%	100.0%
	2016/17	100.0%	100.0%	100.0%	100.0%	100.0%	98.7%	100.0%	100.0%				
National definition of those who have completed treatment (KPI5)	2015/16	134	117	120	136	119	143	117	132	119	124	114	162
	2016/17	163	147	141	153	133	163	150	199				
National definition of those who have entered Below Caseness (KPI6b)	2015/16	9	4	11	9	10	8	5	13	5	7	2	6
	2016/17	4	6	3	1	2	9	8	10				
National definition of those who have moved to recovery (KPI6)	2015/16	75	51	61	66	49	65	60	56	44	38	52	78
	2016/17	65	64	63	63	56	67	59	84				
Referral opt in rate (%)	2015/16	95.4%	89.9%	80.3%	73.8%	78.2%	74.3%	72.0%	66.2%	75.0%	86.0%	83.0%	84.0%
	2016/17	85.1%	88.3%	88.3%	81.9%	80.2%	80.4%	84.0%	76.8%				

The provider (Cheshire & Wirral Partnership) reported 253 South Sefton patients entering treatment in month 8, which is a slight decrease to the previous month. The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is currently set at 15% for 2016/17 year end. Current activity levels provide a forecast outturn of 13.4% against the 15% standard. This would represent an improvement to 2015/16 when South Sefton CCG reported a year end access rate of 11.0%.

There were 383 Referrals in Month 8, which was an increase of 16% compared to the previous month; of these 65% were Self-referrals. GP Referrals increased to 75 compared to 61 for Month 7. 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 44.4% in month 8, which does not meet the minimum standard of 50%. A forecast outturn at month 8 gives a year end position of 43.2%, which is below the year- end position of 2015/16 (48.0%). The provider believes that it is possible recovery will dip as the longest waiters are brought into service, as more are likely to disengage without completing treatment. However, as waits reduce, this is expected to improve.

Cancelled appointments by the provider saw a slight increase in month 8 from 58 reported in month 7 to 63 in month 8.

There was an increase of 28% in DNAs in Month 8 (from 137 in month 7 to 176 in month 8); the provider has commented that the DNA policy has been tightened with all clients made aware at the outset. Cancelled slots are being made available for any assessments/entering therapy appointments.

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

5.2.1 Improving Access to Psychological Therapies Contract Quality Overview

Internal waiting lists within the service are impacting on both recovery and access KPIs and the service continues to implement the actions identified in month 7 through additional staff/sessions, group work and changing working practices.

At the end of October 2016 a total of 798 patients were identified within the service as waiting for their second appointment with an average wait time of 61.4 days.

At the end of November 2016 a total of 714 patients were identified within the service as waiting for their second appointment with an average wait time of 54.9 days. Internal wait information is being submitted weekly by the provider.

In South Sefton the provider has forged links with the VCF sector and in particular the SWAN Centre that has enabled joint working opportunities including counselling room capacity which commenced late in November 2016.

Progress will be continue to be monitored via the Quality and Contract meetings

Efforts continue to receive a copy of the Intensive Support Team report following their visit on 21st October 2016.

5.3 Dementia

Summary for NHS South Sefton dementia registers at 30-11-2016

People Diagnosed with Dementia (Age 65+)	1,183
Estimated Prevalence (Age 65+)	2,091
Gap - Number of addition people who could benefit from diagnosis (all ages)	994
NHS South Sefton - Dementia Diagnosis Rate (Age 65+)	56.6%
National estimated Dementia Diagnosis Rate	68.0%
Target	66.70%

Latest guidance from Operations and Guidance Directorate NHS England has confirmed that following a review by NHS Digital a decision has been made to change the way the dementia diagnosis rate is calculated for April 2017 onwards. The new methodology is based on GP

registered population instead of ONS population estimates. Using registered population figures is more statistically robust than the previous mixed approach. The new methodology takes the calculation of South Sefton's diagnosis rate to 63.5% for November 2016, an increase of 7%.

The latest data on the NHS England site (in the above table) is not using the new methodology as yet, hence a lower rate.

6. Community Health

6.1 Liverpool Community Health Contract

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

An EMIS mobile app was trialled in Adult Physio, so staff can enter information straight onto the system in the community rather than making paper records and then having to duplicate the information in EMIS. This programme was delivered by informatics Merseyside. In addition, a report has been produced in relation to the pilot which will be shared with the CCG shortly.

6.1.1 Patient DNA's and Provider Cancellations

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

For patient DNAs, Sefton Physio Service reported a high rate of 10.6% in November, however this is an improvement on last month. Adult Dietetics is also high this month at 23.8% compared to 20% last month, as well as Paediatric Dietetics at 14.8% compared to 10% last month. Total DNA rates for South Sefton are green for this month at 6.5%.

Provider cancellation rates remain relatively static this month, with the exception of Adult Dietetics reporting 6.3% compared to 10.8% last month and Paediatric Dietetics reporting 13.2% compared to 0% last month (7 cancellations this month). Total Trust cancellation rate for Sefton is green at 2% this month.

Treatment rooms, Podiatry, Physio, Adult Dietetics, and Paediatric Dietetics have all continued the trend of previous years showing high numbers of patient cancellations. All services are above 10% for November 2016. Total patient cancellations for Sefton have decreased in November to 10.6%.

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

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

Patient cancellation rates have been discussed in previous contract review meetings. In instances where appointments are rearranged, the only way to take the original appointment off the system is to cancel it and then re-book. It was agreed that this does not necessarily mean this is having a

negative effect on the patient or the utilisation of the clinic, as that slot could potentially be rebooked. It was suggested that a clinic utilisation report may be useful but the Trust has not yet provided one.

6.1.2 Waiting Times

The following issues have arisen in November 2016:

Physiotherapy: Waiting times have steadily increased over the past 5 months, resulting in this service failing the 18-week target again in November – 20 weeks on the incomplete pathway and 28 weeks on the completed pathway. The longest waiters were two patients waiting at 26 weeks.

Occupational Therapy: Waiting times on the completed pathways (95th Percentile) have gradually increased over the past 3 months resulting in a breach of the 18-week target, an average of 23 weeks being reported in November. The longest waiter was at 21 weeks.

Podiatry: Waiting times on the completed pathways have steadily declined over the past 5 months, whilst the incomplete have remained relatively steady. The average wait (95th percentile) on the completed pathway was 19 weeks in November. The longest waiter was at 34 weeks.

Nutrition & Dietetics: Waiting times on the completed pathways have increased to 22 weeks from the 19 weeks reported in October, therefore this service is still reporting a breach of the 18-week target, whilst the incomplete pathway is still achieving. The longest waiter was at 34 weeks.

Paediatric SALT: A new reporting process has now been set up for this service, and the Trust has begun to report waiting times information from August. In November, on the incomplete pathway the average waiting time (92nd percentile) increased from 33 weeks to 36 weeks, with the longest waiting patient increasing to 3 patients at 42 weeks. This service has consistently breached the 18 week target since it began reporting in August, with waiting times steadily increasing.

6.2 Any Qualified Provider LCH Podiatry Contract

The trust continues to use the £25 local tariff. At month 8 2016/17 the YTD costs for the CCG are £206,821 with attendances at 2,200. At the same time period last year the costs were £261,246 and attendances at 2,839.

6.2.1 Liverpool Community Health Quality Overview

The Trust regularly revises their CQC Action Plan and shared with commissioners, the Trust will be supported with progressing actions up until services are transferred to the new providers. Therapies waiting times are being monitored through the CQC Action Plans at the Collaborative Forum (CF) and CQPGs. The Trust's Executives and the CQC have been invited to the January 2017 CF to review progress against the Action Plans.

The CCG has agreed a revised waiting time trajectory for Paediatric SALT with LCH to allow the Trust to develop a new service model, this will be reviewed at the end of the financial year. Patient experience and complaints / feedback are regularly monitored at CQPG meetings. At the end of November 2016, 96.7% of patients who responded to FFT positively recommended the Trust as a place to receive treatment and care.

Healthwatch Sefton have produced a draft Patient Experience Report for Litherland (WIC) Walk in Centre - for outreach carried out during August and September 2016 at the December CQPG LCH's Sefton Locality Team reported that it was a 'really positive report', with the overall score being 4.5 out of 5 stars. The report is to be reviewed for factual accuracies and action plan to be completed and shared with Healthwatch by 13th January 2017.

6.3 Southport and Ormskirk Trust Community Services

EMIS Switch Over

Activity

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

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

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

All services have now gone live on the new system.

Waiting times

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

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

This service is going to be discussed at the next contract meeting with the Trust and the CCG.

7. Third Sector Contracts

It has been agreed that funding for all contracted Third Sector providers will continue to provide services at their current contract value until 31st March 2016. Letters have been sent to providers to inform of this decision and to propose reduced funding levels from 1st April 2017. Meetings and consultations with providers are underway to discuss the potential impact upon services as a result of these changes.

8. Primary Care

8.1 Primary Care Dashboard progress

The primary care dashboard that has been used in 2015/16 is being reviewed with a view to understanding the needs for reporting across the organisation from a quality, improvement, QIPP perspective. Work with other CCGs is also underway 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 across CCGs in Cheshire & Merseyside. Information would 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.

Work is now progressing with MLCSU to further define the indicators for the dashboard. A further meeting was held on 15th December, where it was agreed to begin to produce the dashboards with a first live version available in Aristotle at the end of January 2017. There will be various "views" of the data, for CCG users to view the indicators across the CCG area with the ability to drill to locality and practice level, plus practice level views allowing authorised practice users to drill to patient level. A core set of indicators allowing benchmarking across a number of areas will be produced first (practice demographics, GP survey patient satisfaction, secondary care utilisation rates, CQC inspection status), followed by further indicators and bespoke information (e.g. Liverpool CCG GP Spec).

8.2 CQC Inspections

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

Figure 24 - CQC Inspection Table

South Sefton CCG									
Practice Code	Practice Name	Date of Last Visit	Overall Rating	Safe	Effective	Caring	Responsive	Well-led	
N84001	42 Kingsway	7th November 2016	Good	Good	Good	Good	Good	Good	
N84002	Aintree Road Medical Centre	n/a	Not yet inspected the service was registered by CQC on 20 July 2016						
N84003	High Pastures Surgery	5th March 2015	Good	Requires Improvement	Good	Good	Good	Good	
N84004	Glovers Lane Surgery	10th May 2016	Good	Good	Good	Good	Good	Good	
N84007	Liverpool Rd Medical Practice	10th November 2016	Good	Requires Improvement	Good	Good	Good	Good	
N84010	Maghull Health Centre (Dr Sapre)	n/a	Not yet inspected the service was registered by CQC on 20 July 2016						
N84011	Eastview Surgery	7th January 2016	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement	
N84015	Bootle Village Surgery	3rd August 2016	Good	Good	Good	Good	Good	Good	
N84016	Moore Street Medical Centre	17th June 2016	Good	Good	Good	Good	Good	Good	
N84019	North Park Health Centre	n/a	Not yet inspected the service was registered by CQC on 8 December 2014						
N84020	Blundellsands Surgery	24th November 2016	Good	Good	Good	Good	Good	Good	
N84023	Bridge Road Medical Centre	15th June 2016	Good	Good	Good	Good	Good	Good	
N84025	Westway Medical Centre	23rd September 2016	Good	Good	Good	Good	Good	Good	
N84026	Crosby Village Surgery	n/a	Not yet inspected the service was registered by CQC on 19 August 2016						
N84027	Orrell Park Medical Centre	20th August 2015	Good	Good	Good	Good	Good	Good	
N84028	The Strand Medical Centre	19th February 2015	Good	Good	Good	Good	Good	Good	
N84029	Ford Medical Practice	31st March 2015	Good	Good	Good	Good	Good	Good	
N84034	Park Street Surgery	17th June 2016	Good	Good	Good	Good	Good	Good	
N84035	15 Sefton Road	23rd April 2015	Good	Good	Good	Good	Good	Good	
N84038	Concept House Surgery	23rd April 2015	Good	Good	Good	Good	Good	Good	
N84041	Kingsway Surgery	7th November 2016	Good	Good	Good	Good	Good	Good	
N84043	Seaforth Village Practice	n/a	Not yet inspected the service was registered by CQC on 19 August 2016						
N84605	Litherland Town Hall Hth Ctr (Taylor)	n/a	Not yet inspected the service was registered by CQC on 19 August 2016						
N84615	Rawson Road Medical Centre	10th September 2015	Good	Good	Good	Good	Good	Good	
N84621	Thornton SSP Practice	n/a	Not yet inspected the service was registered by CQC on 19 August 2016						
N84624	Maghull Health Centre	5th February 2015	Good	Good	Good	Good	Good	Good	
N84626	Hightown Village Surgery	n/a	Not yet inspected the service was registered by CQC on 19 August 2016						
N84627	Crossways SSP Practice	n/a	Not yet inspected the service was registered by CQC on 19 August 2016						
N84630	Netherton SSP Practice (Dr Choudhary)	24th September 2015	Good	Requires Improvement	Good	Good	Good	Good	
Y00446	Maghull SSP Practice	n/a	Not yet inspected the service was registered by CQC on 19 August 2016						

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

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 has been undertaken to further develop these plans for implementation. In the meantime, a Quarter 2 performance report has been prepared for NHSE for submission on 22nd November 2016. Guidance for BCF 2017/18 is delayed.

10. CCG Improvement & Assessment Framework (IAF)

10.1 Background

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

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

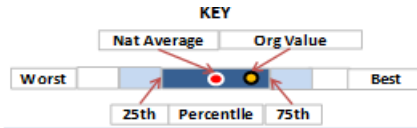
10.2 Q2 Improvement & Assessment Framework Dashboard

Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better is...	Range
Better Health						
▲ Maternal smoking at delivery	Q1 16/17	13.2%	10.2%		L	
◀▶ Percentage of children aged 10-11 classified as overweight or obese	2014-15	34.5%	33.2%		L	
▼ Diabetes patients that have achieved all the NICE recommended treatment targets: Three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children	2014-15	44.7%	39.8%		H	
▲ People with diabetes diagnosed less than a year who attend a structured education course	2014-15	4.1%	5.7%		H	
◀▶ Injuries from falls in people aged 65 and over	Mar-16	1,810	2,014		L	
▼ Utilisation of the NHS e-referral service to enable choice at first routine elective referral	Jul-16	78.2%	52.0%		H	
◀▶ Personal health budgets	Q1 16/17	22.4	11.3		H	
▲ Percentage of deaths which take place in hospital	Q4 15/16	42.5%	47.0%		◊	
▲ People with a long-term condition feeling supported to manage their condition(s)	2016	73.0%	64.3%		H	
▲ Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions	Q4 15/16	1,226	929		L	
▲ Inequality in emergency admissions for urgent care sensitive conditions	Q4 15/16	2,837	2,168		L	
▼ Anti-microbial resistance: appropriate prescribing of antibiotics in primary care	Jul-16	1.2	1.1		◊	
◀▶ Anti-microbial resistance: Appropriate prescribing of broad spectrum antibiotics in primary care	Jul-16	6.5%	9.3%		◊	
▼ Quality of life of carers	2016	77.7%	80.0%		H	
Better Care						
◀▶ Cancers diagnosed at early stage	2014	54.8%	50.7%		H	
▲ People with urgent GP referral having first definitive treatment for cancer within 62 days of referral	Q1 16/17	73.4%	82.2%		H	
▲ One-year survival from all cancers	2013	67.1%	70.2%		H	

Please Note: If indicator is highlighted in GREY, this indicator will be available at a later date

If indicator is highlighted in BLUE, this value is in the lowest performance quartile nationally.

KEY
 H = Higher
 L = Lower
 ◊ = N/A



Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better is...	Range
Better Care						
◀▶ Cancer patient experience	2015	8.8	SN/A		H	
▼ Improving Access to Psychological Therapies recovery rate	Jun-16	37.1%	48.9%		H	
▲ People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	Jul-16	44.4%	72.0%		H	
◀▶ Reliance on specialist inpatient care for people with a learning disability and/or autism	Q1 16/17	64	SN/A		L	
◀▶ Proportion of people with a learning disability on the GP register receiving an annual health check	2014-15	58.0%	47.0%		H	
◀▶ Neonatal mortality and stillbirths	2014-15	4.5	7.1		L	
◀▶ Women's experience of maternity services	2015	81.2	SN/A		H	
◀▶ Choices in maternity services	2015	67.0%	SN/A		H	
▼ Estimated diagnosis rate for people with dementia	Aug-16	56.6%	67.3%		H	
◀▶ Dementia care planning and post-diagnostic support	2014/15	77.6%	77.0%		H	
◀▶ Achievement of milestones in the delivery of an integrated urgent care service	August 2016	4			H	
▼ Emergency admissions for urgent care sensitive conditions	Q4 15/16	3,338	2,359		L	
▼ Percentage of patients admitted, transferred or discharged from A&E within 4 hours	Aug-16	86.9%	91.0%		H	
▼ Delayed transfers of care per 100,000 population	Aug-16	10.7	14.1		L	
▲ Population use of hospital beds following emergency admission	Q4 15/16	1.3	1.0		L	
▼ Management of long term conditions	Q4 15/16	1,193	795		L	
▲ Patient experience of GP services	H1 2016	81.2%	85.2%		H	
◀▶ Primary care workforce	H1 2016	0.9	1.0		H	
▼ Patients waiting 18 weeks or less from referral to hospital treatment	Aug-16	92.4%	91.0%		H	
▲ People eligible for standard NHS Continuing Healthcare	Q1 16/17	44.5	46.0		H	
Sustainability						
◀▶ Financial plan	2016	Amber	SN/A		H	
◀▶ In-year financial performance	Q1 16/17	Amber			H	
◀▶ Outcomes in areas with identified scope for improvement	Q1 16/17	CCG not i	58.3%		H	
▲ Digital interactions between primary and secondary care	Q2 16/17	59.6%			H	
◀▶ Local strategic estates plan (SEP) in place	2016-17	Yes	SN/A		H	
Well Led						
◀▶ Staff engagement index	2015	3.8	3.8		H	
◀▶ Progress against workforce race equality standard	2015	0.2	0.2		L	
◀▶ Effectiveness of working relationships in the local system	2015-16	69.4	SN/A		H	
◀▶ Quality of CCG leadership	Q1 16/17	Green	SN/A		H	

Appendix – Summary Performance Dashboard



South Sefton CCG - Performance Report 2016-17



Metric	Reporting Level	2016-17													
		Q1			Q2			Q3			Q4			YTD	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Preventing People from Dying Prematurely															
Cancer Waiting Times															
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G	G	G	G	G	G	G	G					G
		Actual	94.772%	94.697%	95.563%	96.604%	96.918%	97.661%	94.505%	95.971%					95.848%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	G	G	R	G	G	G	R	R					G
		Actual	100.00%	96.078%	89.091%	94.18%	94.34%	95.455%	90.00%	92.727%					93.825%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G	G	G	G	G	G	G	G					G
		Actual	96.61%	98.305%	98.387%	100.00%	98.795%	100.00%	98.507%	96.471%					98.336%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	R	G	G	R	G	G	G	G					G
		Actual	90.909%	100.00%	100.00%	91.667%	100.00%	100.00%	100.00%	100.00%					97.561%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	G	G	R	G	G	G	G					G
		Actual	100.00%	100.00%	100.00%	94.737%	100.00%	100.00%	100.00%	100.00%					99.457%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%

25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	R	G	R	G	R	G	G					G	
		Actual	100.00%	93.333%	100.00%	91.667%	95.238%	93.548%	100.00%	100.00%						96.855%
		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%
539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	G	G	G	G	G	G	G	R					G	
		Actual	88.462%	91.429%	92.105%	90.323%	86.957%	86.667%	96.97%	81.81%						89.338%
		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%	85.00%
540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	G	G	G	G	G	G	G	G					G	
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%						100.00%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
541: % of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	South Sefton CCG	RAG														
		Actual	100.00%	100.00%	85.714%	80.00%	83.333%	88.889%	66.667%	60.00%						82.609%
		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%	85.00%
Ambulance																
1887: Category A Calls Response Time (Red1) Number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	G	R	R	R	R	R	R	R					R	
		Actual	76.47%	74.28%	73.06%	70.45%	72.60%	69.49%	64.59%	62.80%						70.35%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	South Sefton CCG	RAG	G	G	R	R	R	G	R	R						R
		Actual	76.56%	78.00%	74.50%	71.43%	72.92%	77.55%	62.50%	68.89%						72.704%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
1889: Category A (Red 2) 8 Minute Response Time Number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	South Sefton CCG	RAG	R	R	R	R	R	R	R						R	
		Actual	72.10%	66.50%	62.40%	57.55%	62.18%	54.78%	62.05%	56.19%						61.755%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R	R	R	R	R						R
		Actual	67.46%	66.26%	66.20%	62.69%	65.25%	61.75%	63.05%	60.35%						64.07%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%

546: Category A calls responded to within 19 minutes Category A calls responded to within 19 minutes	South Sefton CCG	RAG	G	R	R	R	R	R	R	R					R	
		Actual	95.08%	94.50%	9120%	9144%	93.48%	87.91%	9161%	87.03%						91521%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R	R	R	R	R						R
		Actual	92.01%	91.47%	91.49%	89.81%	91.09%	89.04%	88.23%	86.79%						89.946%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
	1932: Ambulance: 30 minute handover delays Number of ambulance handover delays over 30 minutes	UNIVERSITY HOSPITAL AINTREE	Actual	285	326	318	520	446	603	575	497	528				4,098
		Target	0	0	0	0	0	0	0	0	0	0				
	1933: Ambulance: 60 minute handover delays Number of ambulance handover delays over 60 minutes	UNIVERSITY HOSPITAL AINTREE	Actual	106	137	146	258	195	342	294	270	287				2,035
Target		0	0	0	0	0	0	0	0	0	0					

Enhancing Quality of Life for People with Long Term Conditions

Mental Health

138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G		G										G
		Actual	98.148%		98.00%										98.077%
		Target	95.00%		95.00%				95.00%		95.00%				95.00%

Episode of Psychosis

2099: First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	R	G	R	G	G	G	G						G	
		Actual	0.00%	100.00%	33.333%	50.00%	50.00%	85.714%	100.00%	75.00%						65.385%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%

Ensuring that People Have a Positive Experience of Care

EMSA

1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG	G	G	G	R	R	G	R	G					R	
		Actual	0	0	0	1	4	0	3	0						8
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG	G	G	G	R	R	G	G	G					R	
		Actual	-	-	-	0.25	101	-	0.00	-						8.00
		Target	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Referral to Treatment (RTT) & Diagnostics

1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	G	G	G	G	G	R	R	G					G	
		Actual	94.954%	95.213%	93.919%	93.33%	92.354%	91.272%	91.919%	92.263%						93.167%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	G	R	G	G	G	G	G					R	
		Actual	1	0	1	0	0	0	0	0						2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	G	R	G	G	R	G	G	G					G	
		Actual	0.748%	100%	0.494%	0.711%	14.18%	0.527%	0.403%	0.85%						0.769%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Cancelled Operations

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

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

HCAI

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

Accident & Emergency

2123: 4- Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	South Sefton CCG	RAG	R	R	R	R	R	R	R					R	
		Actual	90.124%	88.35%	89.13%	87.648%	86.873%	86.836%	87.066%	84.323%					87.537%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
431: 4- Hour A&E Waiting Time Target (Monthly Aggregate for Total Provider) % of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps)	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	R	R	R	R	R	R	R					R	
		Actual	89.484%	86.885%	87.505%	85.955%	84.103%	84.458%	84.763%	81.108%					85.525%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
1928: 12 Hour Trolley waits in A&E Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	R	G	G	G	R	R	R	G				R	
		Actual	5	0	0	0	2	2	1	0					10
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0