

# South Sefton Clinical Commissioning Group

Integrated Performance Report

November 2014

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## **NB: CAVEAT TO THIS REPORT**

**Not all quality and performance information is available on a South Sefton footprint. Data has been provided at this level where available and Aintree Hospital Foundation Trust level data is used where not.**

## 1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at November 2014 (note: time periods of data are different for each source).

### Key information from this report

Financial performance of the CCG at December 2014 (Month 9) is £1.767m overspent (£1.969m in M8) on operational budget areas before the application of Reserves. The CCG is on target to achieve the planned surplus by the end of the year. The forecast surplus is £2.300m as at Month 9. Funding of £0.548m which previously contributed to the CHC Restitution risk pool will be returned to the CCG in Month 10. Further discussion is required with NHS England to agree the effect of this funding on the agreed surplus.

Cdifficile Target – 5 new cases were reported in November 2014 taking the CCG total to 45 year to date compared to a plan of 40. Aintree reported 2 new cases in November bringing year to date total of 42 against a year-end target of 54. The Trust has undertaken a review of its Cdifficile policy and is now appealing the number of cases. The CCG has requested assurance that the Trust complies with national testing and reporting procedures and policies

MRSA – No new cases were reported for South Sefton CCG in November. However, the CCG remains over the plan of 0 with 2 reported cases and will remain so for the rest of the year. Both Aintree and the Walton Centre are reporting 1 case over a plan of 0.

A&E waits – whilst the CCG met the 95% target for November with a performance of 97.57%, Aintree did not meet the target recording 87.4%. Year to date CCG is flagged GREEN by achieving 98.2% with Aintree flagged AMBER with a performance of 91.44%.

Cancer Indicators – the year to date cancer indicators were achieved apart from 62 day screening against which Aintree achieved 88.73% against 90% target and the 62 day wait from GP referral against which Aintree achieved 84.10 against 85% target.

Secondary Care Activity: Emergency admissions for children with Lower Respiratory Tract Infections (Cumulative) - The CCG recorded 2 additional admissions compared to the same period last year, equating to 34.15 emergency admissions per 100,000 against a plan of 27.94.

Stroke Indicators – the CCG and Aintree did not achieve the 80% target for patients who had a stroke and spending at least 90% of their time on a stroke unit.

### CCG Key Performance Indicators

NHS Constitution Indicators	Footprint	RAG
Ambulance Category A Calls (Red 1)	CCG	Red
RTT 18 Week Incomplete Pathway	CCG	Green
Cancer 2 Week GP Referral	CCG	Green
A&E 4 Hour Waits	CCG	Green
Other Key Targets		
A&E 4 Hour Waits	AUHT	Yellow
Ambulance Category A Calls (Red 1)	NWAS	Yellow
Ambulance Category A Calls (Red 2)	CCG	Red
Ambulance Category A Calls (Red 2)	NWAS	Yellow
Ambulance Category 19 transportation	NWAS	Yellow
MRSA	CCG	Red
MRSA	AUHT	Red
C.Diff	CCG	Red
Cancer 62 Day Urgent GP Referral	AUHT	Yellow
Cancer 62 Day Screening	AUHT	Red
PYLL Person (Annual Update)	CCG	Red
Local Measure: Diabetes	CCG	Red
Diagnostic Test Waiting Time	CCG	Red
Diagnostic Test Waiting Time	AUHT	Red
Stoke 90% time on stroke unit	CCG	Red
Stoke 90% time on stroke unit	AUHT	Red
Unplanned hospitalisation, asthma, diabetes, epilepsy under 19s	CCG	Red
Unplanned hospitalisation for chronic ambulatory care	CCG	Red
Emergency Admissions Composite Indicator	CCG	Red
IAPT - Prevalence	CCG	Red
IAPT - Recovery Rate	CCG	Red
Emergency Admissions for acute conditions that should not usual require hospital admission	CCG	Red

### Key information continued...

Ambulance Activity: Category A Red 1 8 minute response time – Due to low performance in previous months, the CCG recorded 69.93% cumulative in November failing to achieve the 75% target.

Preventing People from Dying Prematurely: PYLL from causes considered amenable to healthcare – the CCG slightly failed to achieve targets for both males and females, recording 1894.30 against a target of 1833.68 (Males) and 2198.60 against 2128.24 (Females).

Patient Safety Incidents Reported – Aintree reported 2 Serious Untoward Incidents in November, 1 Slip/Trip/Fall and 1 unexpected death. This takes the Trust to 21 incidents year to date, with the highest number relating to delayed diagnosis. Southport and Ormskirk reported 3 incidents in November and 9 year to date.

## 2. Financial Position

### 2.1 Executive Summary

This section of the report focuses on the financial performance of the CCG at December 2014 (Month 9), which is £1.767m overspent on operational budget areas before the application of Reserves.

The CCG is on target to achieve the planned surplus by the end of the year. The forecast surplus is £2.300m as at Month 9. Funding of £0.548m which previously contributed to the CHC Restitution risk pool will be returned to the CCG in Month 10. Further discussion is required with NHS England to agree the effect of this funding on the agreed surplus.

The CCG also meets the other business rules required by NHS England, as demonstrated in **Figure 1** below. However, there are risks outlined later in this section that require monitoring and managing in order to manage and deliver the target, surplus position.

**Figure 1 Financial Dashboard**

Report Section	Key Performance Indicator		This Month	Prior Month
1	Business Rule (Forecast Outturn)	1% Surplus	✓	✓
		0.5% Contingency Reserve	✓	✓
		2.5% Non-Recurrent Headroom	✓	✓
3	Surplus	Forecast out-turn surplus / (deficit) before the application of reserves - £'000	-3,618	-3,286
4	QIPP	Unmet QIPP to be identified > 0	0	210
5	Running Costs (Forecast Outturn)	CCG running costs < National 2014/15 target of £24.78 per head	✓	✓
6	BPPC	NHS - Value YTD > 95%	98.7%	99.2%
		NHS - Volume YTD > 95%	90.5%	91.2%
		Non NHS - Value YTD > 95%	88.9%	88.8%
		Non NHS - Volume YTD > 95%	92.2%	92.0%

### 2.2 Resource Allocation

Changes to the RRL allocation this month are as follows:

- £0.103m Mental Health Resilience – part of the system resilience monies dedicated to supporting delivery of care to patients with mental health conditions.
- £0.368m Quality Premium Award – from achievements in 2013/14.

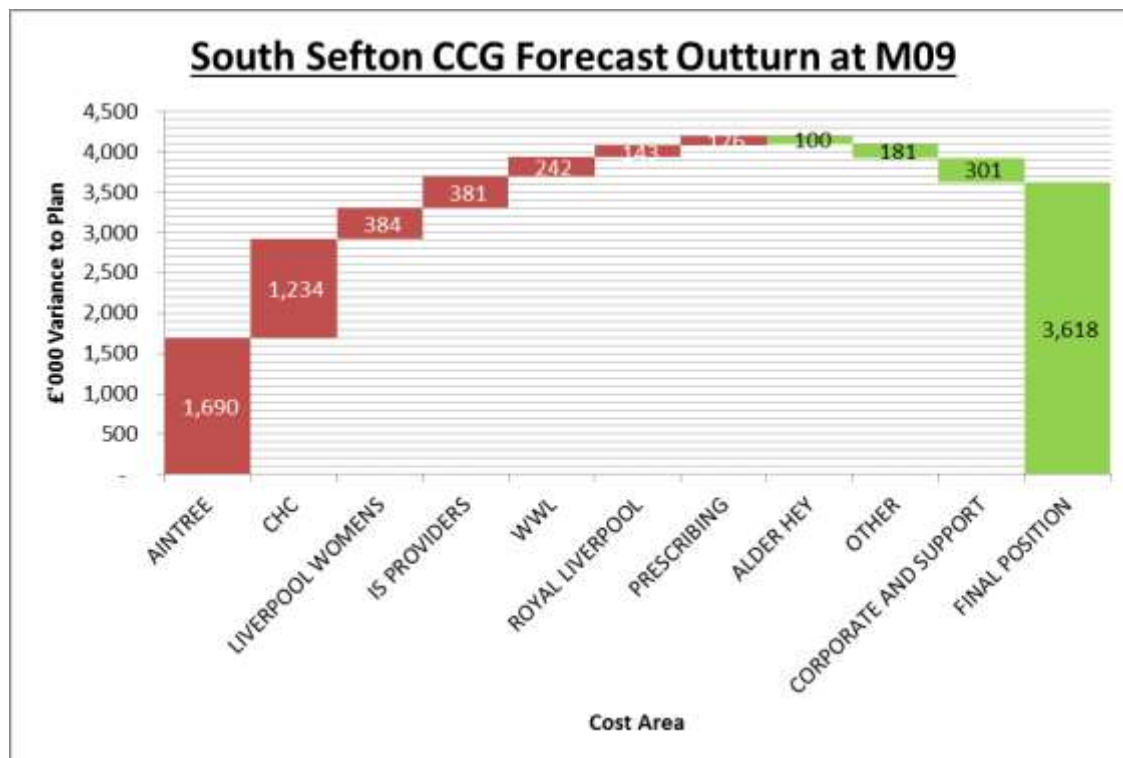
### 2.3 Financial Position to Date

The main financial pressures the CCG is experiencing are shown below in **Figure 2**. There are significant overspends in Acute Care, particularly at Aintree University Hospital and Liverpool Women's

Hospital. There are also significant overspends in Continuing Healthcare. This is offset partly by an underspend at Alder Hey NHS Trust and on Corporate and Support Services within the CCG.

Whilst the financial activity period relates to the end of December, the CCG has based its reported position on information received from Acute Trusts to the end of November 2014. The activity and finance relating to planned and unplanned care are covered in sections 5 and 6. The finance section of the paper therefore focuses on Continuing Healthcare and risks.

Figure 2 Financial Forecast outturn by Provider



### Continuing Health Care (Adult)

This area continues to be a major risk for the CCG, with a year to date overspend of £0.870m. The forecast overspend has reduced this month to £1.2m due to a reduction in the anticipated costs of fast track cases.

The budget was increased by 4% from last year's expenditure levels, but the current data shows growth levels closer to 22%.

In addition to the activity increases in continuing healthcare, the CCG has also identified that some providers are insisting on charging higher prices. The framework under which prices are charged expires at the end of February 2015.

### 2.4 CCG Running Costs

The CCG is currently operating within its running cost target which forms part of this budget area. The forecast for the year is an underspend on Running Costs and other Corporate and Support Services. There are still a number of vacancies in the staffing structure, and it is expected that these will be filled during Q4.



It is important to note that although the CCG is operating below the 14/15 national target of £24.78 per head of population this will be reduced to £22.11 in 2015/16. Significant work is required in order to ensure this target is met next year. This review on running costs affordability is being led by the Deputy CFO and the Senior Management Team, with a report to be presented to the Governing Body in January 2015.

## 2.5 Evaluation of Risks and Opportunities

A number of risks continue to be monitored. These are outlined below:

- Overspends on Acute cost per case contracts – The CCG has experienced pressures at a number of providers. This pressure has been calculated at £2.762m (2.3% of the relevant budget), and this is included in the forecast position.
- Continuing Healthcare Costs – The CCG has experienced significant pressures on the growth of CHC cases this year, which is close to 22% compared to a planned increase in the budget of 4% compared to last year's activity. An independent review of CHC cases has commenced by an external consultant and detailed findings from this piece of work will be fed back to the Finance and Resource committee in due course. In addition to this a working group involving both the CCG and the Commissioning Support Unit meets regularly to review progress and risks of the CHC service.
- Continuing Healthcare restitution claims – Clarity has been provided by NHS England in respect of CCG obligations for CHC restitution claims. Funding set aside in reserves at the beginning of the year forms part of a national risk pool. Although the CCG continues to make payments to recipients, this expenditure is refunded in full from the national pool. CCGs were notified in December of a forecast underutilisation against the national pool and £0.548m will be returned to the CCG. This return of funding is based upon the national position using CCG submissions made in month 8.
- Estates – Latest estimates have now been received from both NHS Property Services and the organisation that administers the LIFT buildings. The CCG now has estimated charges for all premises, and has sufficient reserves to meet its financial obligations. However, these are not final charges, and the values could fluctuate.
- Prescribing / Drugs costs – The PPA has published its October data which has resulted in a significant change to the CCG's forecast position leading to a forecast overspent of £126k for the year. The PPA estimates are prone to significant movements throughout the year and committee members are reminded that prescribing forecasts are volatile. The forecast overspend is understood to partially reflect the increased price of Category M drugs which were increased from October 2014.

Reserve budgets are set aside as part of budget setting to reflect planned investments, known risks and an element for contingency. As part of the review of risks and mitigations, the finance team and budget holders reviewed the expected expenditure levels for each earmarked reserve. This is summarised in **Figure 4** and shows that the CCG has sufficient reserves to manage the risks identified.

**Figure 3 Reserves Analysis**

	£'000
Forecast Overspend	3,618
Available reserves	(3,618)
Surplus Reserves	0

The CCG remains on course to achieve its planned surplus.

### 3. Referrals

The following section provides an overview of referrals to secondary care to November 2014. Please note that Royal Liverpool Hospital did not submit Referrals for November 2014.

#### 3.1 Referrals by source

Figure 4 The number of GP and 'other' referrals for the CCG across all providers for 2014/15.

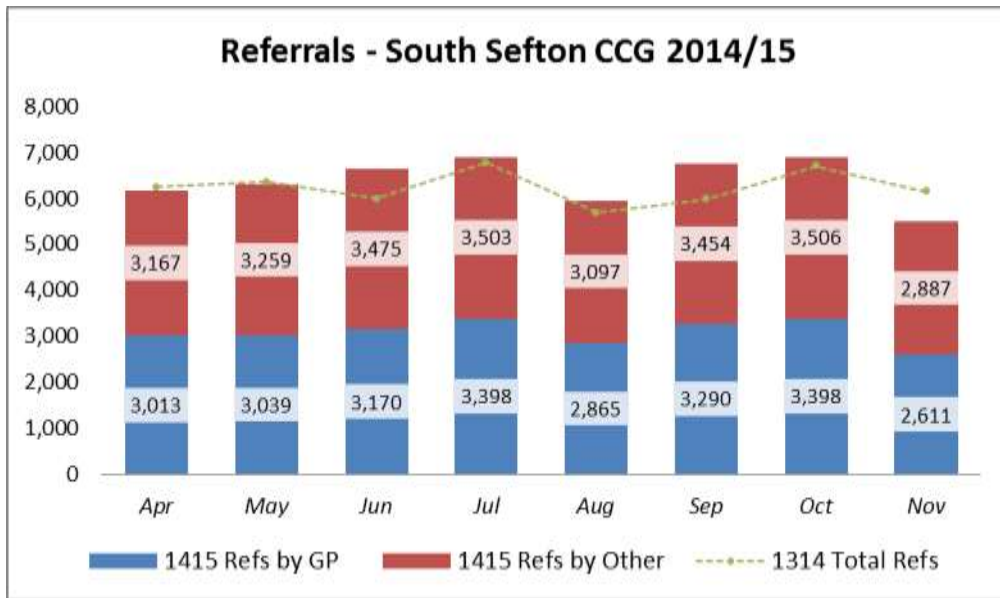


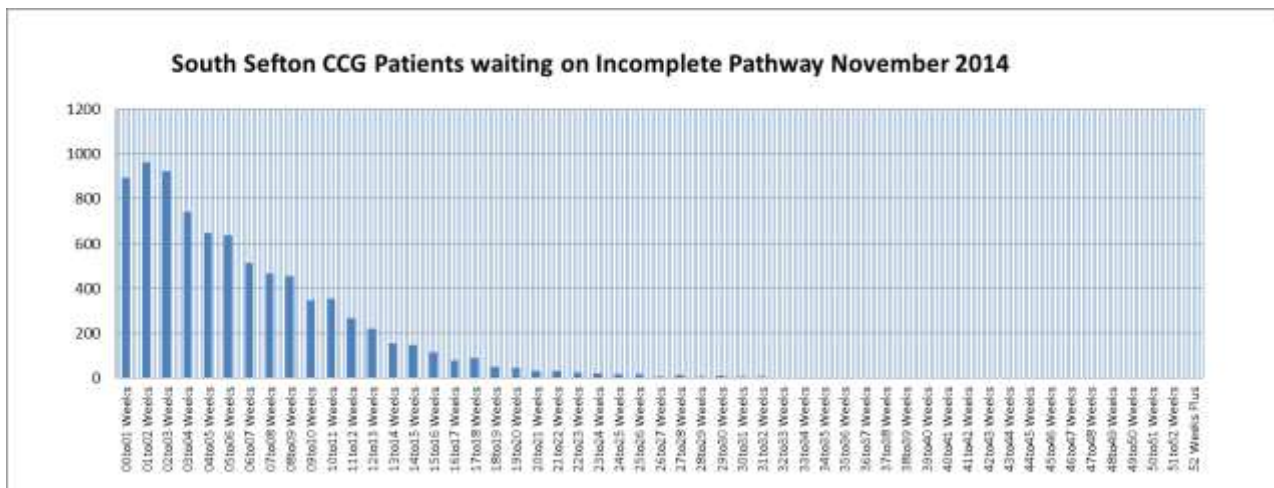
Figure 5 The number of GP and 'other' referrals for the CCG across all providers comparing 2013/14 and 2014/15 by month.

Referral Type	DD Code	Description	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	14/15 YTD	1314 YTD	YTD Variance	% YTD Variance
GP	03	GP Ref	3,013	3,039	3,170	3,398	2,865	3,290	3,398	2,611	24,784	23,567	1,217	5%
<b>GP Total</b>			<b>3,013</b>	<b>3,039</b>	<b>3,170</b>	<b>3,398</b>	<b>2,865</b>	<b>3,290</b>	<b>3,398</b>	<b>2,611</b>	<b>24,784</b>	<b>23,567</b>	<b>1,217</b>	<b>5%</b>
Other	01	following an emergency admission	183	178	156	199	160	176	183	163	1,398	1,436	-38	-3%
	02	following a Domiciliary Consultation			2	2	2	1	2	3	12	20	-8	-67%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	243	307	283	275	243	263	256	244	2,114	2,388	-274	-13%
	05	A CONSULTANT, other than in an Accident and Emergency Department	1,183	1,226	1,282	1,273	1,153	1,308	1,296	1,121	9,842	9,789	53	1%
	06	self-referral	191	250	297	264	246	272	275	230	2,025	2,023	2	0%
	07	A Prosthetist		3		1	2	1		3	10	23	-13	-130%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	255	260	260	279	214	245	275	229	2,017	1,713	304	15%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	200	208	226	251	212	316	283	201	1,897	1,515	382	20%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	4	2	1	3	10	3	9		32	36	-4	-13%
	13	A Specialist NURSE (Secondary Care)	9	12	6	9	7	7	9	10	69	69	0	0%
	14	An Allied Health Professional	128	95	88	102	88	84	80	68	733	577	156	21%
	15	An OPTOMETRIST	8	3	17	5	9	11	15	5	73	58	15	21%
	16	An Orthoptist									0	0	0	0%
	17	A National Screening Programme	3	4	1	11	2	7	4	2	34	61	-27	-79%
	92	A GENERAL DENTAL PRACTITIONER	208	184	210	174	171	193	168	43	1,351	1,568	-217	-16%
	93	A Community Dental Service	4	1	3	3	2	3	3	2	21	24	-3	-14%
	97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	406	391	474	481	422	397	434	349	3,354	3,862	-508	-15%
<b>Other Total</b>			<b>3,025</b>	<b>3,124</b>	<b>3,306</b>	<b>3,332</b>	<b>2,943</b>	<b>3,287</b>	<b>3,292</b>	<b>2,673</b>	<b>24,982</b>	<b>25,162</b>	<b>-180</b>	<b>-1%</b>
Unknown			142	135	169	171	154	167	214	214	1,366	1,180	186	14%
<b>Grand Total</b>			<b>6,180</b>	<b>6,298</b>	<b>6,645</b>	<b>6,901</b>	<b>5,962</b>	<b>6,744</b>	<b>6,904</b>	<b>5,498</b>	<b>51,132</b>	<b>49,909</b>	<b>1,223</b>	<b>2%</b>

## 4. Waiting Times

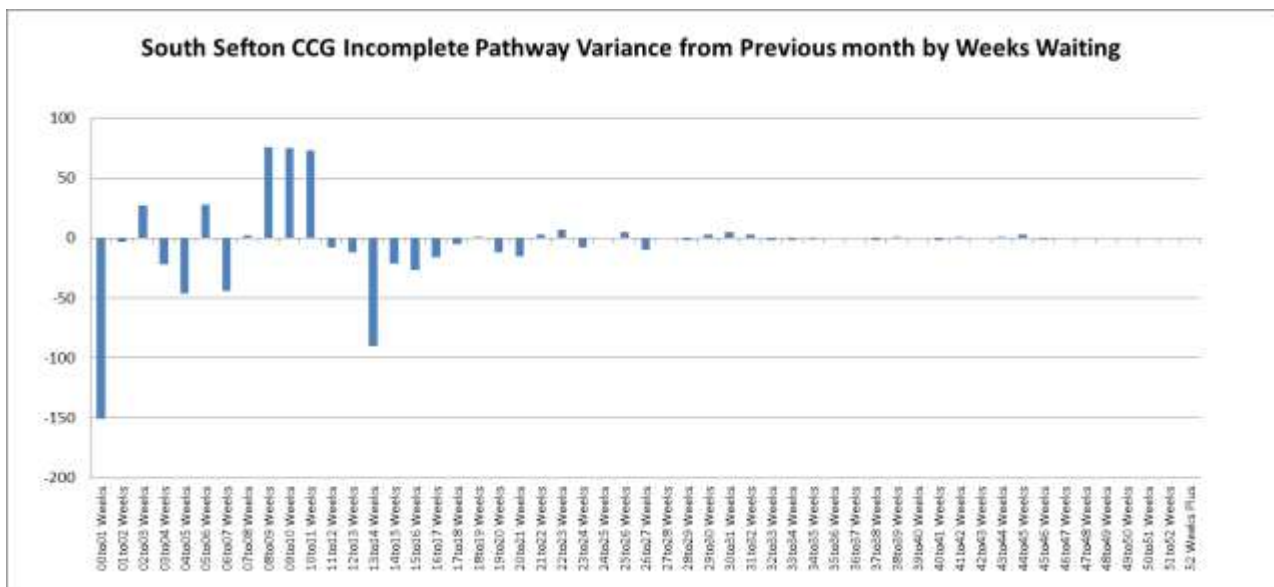
### 4.1 NHS South Sefton CCG patients waiting

Figure 6 Patients waiting on an incomplete pathway by weeks waiting



There were 310 patients (3.7%) waiting over 18 weeks on Incomplete Pathways at the end of November 2014 a decrease of 24 patients (-7.2%) from Month 7. There were no patients waiting over 52 weeks.

Figure 7 Variance of patients waiting on an incomplete pathway at the end of November 2014 compared to October 2014 by weeks waiting.



There were 8,330 patients on the Incomplete Pathway at the end of November 2014 a decrease of 188 patients (-2.2%). Over 18 Week Waiters decreased by 24 (-7.2%)

## 4.2 Top 5 Providers

Figure 8 Patients waiting (in bands) on incomplete pathway for the top 5 Providers.

Trust	0to10 wks	10to18 wks	18to24 wks	24to30 wks	30+ wks	Total
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST (REM)	4162	708	72	38	10	4990
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST (RQ6)	650	175	46	13	6	890
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST (RVY)	609	159	32	4	1	805
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST (REP)	319	157	28	5	4	513
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST (RBS)	362	71	23	5	8	469

## 4.3 52+ Week Waiters

52 Week Monthly Trend		April	May	June	July	August	September	October	November	December	January	February	March
South Sefton CCG	Complete Admitted (un-adjusted)	0	0	0	1	0	0	0	0				
	Complete Non-Admitted	0	0	1	1	0	0	0	0				
	Incomplete	0	2	2	0	0	0	0	0				
Aintree Trust	Complete Admitted (un-adjusted)	0	0	0	0	0	0	0					
	Complete Non-Admitted	0	0	0	0	0	0	0					
	Incomplete	0	0	0	0	0	0	0					

*\*Please note commissioner level data is published one month ahead of provider level data*

## 5. Planned Care

Performance at month 8, against the planned care elements of the contracts for NHS South Sefton CCG, shows an over-performance of £1m. Showing a % variance of 3% for month 8, this is a notable increase on the 1% reported in month 7. This over performance is mainly driven by Aintree University Hospitals NHS Foundation Trust price variance of £611k, Liverpool Women's NHS Foundation Trust price variance of £102k and Southport & Ormskirk Hospital over performance of £139k. Spire Liverpool has also shown a marked increase in over performance with a Month 8 variance of £112k. These over-performances are offset by under-performances at other Trusts in particular Alder Hey, Royal Liverpool & Renacres who are showing a combined under spend of -£422k.

### 5.1 All Providers

Figure 9 Planned Care - All Providers

Provider Name	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	143,289	95,701	98,218	2,517	2.63%	£27,897	£18,634	£19,245	£611	3.28%
Alder Hey Childrens NHS F/T	15,954	10,670	9,605	-1,065	-9.98%	£2,515	£1,701	£1,527	£-174	-10.24%
Countess of Chester Hospital NHS Foundation Trust	0	0	96	96	0.00%	£0	£0	£15	£15	0.00%
East Cheshire NHS Trust	0	0	2	2	0.00%	£0	£0	£0	£0	0.00%
Liverpool Heart and Chest NHS F/T	964	644	755	111	17.32%	£480	£318	£356	£38	12.05%
Liverpool Womens Hospital NHS F/T	13,833	9,227	9,480	253	2.75%	£3,127	£2,085	£2,188	£102	4.90%
Royal Liverpool & Broadgreen Hospitals	28,270	18,884	18,541	-343	-1.82%	£5,653	£3,776	£3,678	£-98	-2.59%
Southport & Ormskirk Hospital	12,412	8,291	9,120	829	10.00%	£2,614	£1,746	£1,885	£139	7.94%
ST Helens & Knowsley Hospitals	3,564	2,361	2,507	146	6.20%	£965	£644	£678	£34	5.29%
Wirral University Hospital NHS F/T	430	287	283	-4	-1.43%	£120	£80	£80	£-1	-0.83%
Central Manchester University Hospitals Nhs FT	80	53	99	46	85.63%	£21	£14	£25	£11	81.62%
Fairfield Hospital	137	91	54	-37	-40.88%	£43	£29	£13	£-16	-54.87%
ISIGHT (SOUTHPORT)	361	241	167	-74	-30.61%	£92	£61	£38	£-23	-37.64%
Renacres Hospital	3,042	2,028	2,784	756	37.26%	£1,182	£788	£887	£99	12.59%
SPIRE LIVERPOOL HOSPITAL	2,762	1,845	2,006	161	8.72%	£770	£514	£627	£112	21.85%
University Hospital Of South Manchester Nhs FT	102	69	48	-21	-30.57%	£16	£11	£9	£-1	-13.31%
Wrightington, Wigan And Leigh Nhs Foundation Trust	760	507	814	307	60.66%	£294	£196	£353	£157	80.27%
<b>Grand Total</b>	<b>225,961</b>	<b>150,899</b>	<b>154,579</b>	<b>3,680</b>	<b>2.44%</b>	<b>£45,789</b>	<b>£30,598</b>	<b>£31,605</b>	<b>£1,006</b>	<b>3.29%</b>

### 5.2 Aintree University Hospitals NHS Foundation Trust

Figure 10 Month 8 Planned Care - Aintree University Hospitals NHS Foundation Trust by POD

Aintree University Hospitals Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	11,670	7,795	7,985	190	2.43%	£7,758	£5,183	£5,418	£235	4.54%
Elective	2,139	1,429	1,465	36	2.53%	£5,823	£3,890	£4,039	£150	3.85%
Elective Excess BedDays	1,138	760	694	-66	-8.70%	£257	£172	£162	£-10	-5.71%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	480	321	422	101	31.61%	£84	£56	£70	£14	25.06%
OPFANFTF - Outpatient first attendance non face to face	524	350	477	127	36.28%	£22	£15	£19	£4	29.65%
OPFASPCL - Outpatient first attendance single professional consultant led	29,030	19,389	19,084	-305	-1.57%	£4,416	£2,950	£2,875	£-75	-2.53%
OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,606	1,073	1,051	-22	-2.03%	£178	£119	£114	£-5	-4.36%
face	1,416	946	834	-112	-11.83%	£32	£21	£20	£-2	-7.02%
OPFUPSCL - Outpatient follow up single professional consultant led	78,682	52,548	52,757	209	0.40%	£6,261	£4,182	£4,064	£-119	-2.83%
Outpatient Procedure	16,604	11,091	13,449	2,358	21.26%	£3,065	£2,047	£2,464	£417	20.35%
<b>Grand Total</b>	<b>143,289</b>	<b>95,701</b>	<b>98,218</b>	<b>2,517</b>	<b>2.63%</b>	<b>£27,897</b>	<b>£18,634</b>	<b>£19,245</b>	<b>£611</b>	<b>3.28%</b>

### 5.2.1 Aintree University Hospitals NHS Foundation Trust Key Issues

Planned care month 8 overspend, for contracted activity at South Sefton CCG, is showing a £611k (3%) over performance. This is a £300k increase on the Month 7 over performance of £299k.

As with previous months, the over performance increase is focused in Daycases, Elective and Outpatient Procedures. Whilst Daycases and Elective remains a similar variance to previous months, Outpatient Procedure cost variance continues to increase. Month 7 was reporting a £343k variance with month 8 increasing to £417k. There has also been £100k increase in month for Outpatient Follow Ups, although this remains is still under performing over all.

As in previous months, ENT and Urology are the biggest contributor to the overspend in OPPROCs. Whilst Urology & ENT make up 40% of the OPPROC over performance, Interventional Radiology has a zero plan for 1415 but is currently showing a spend of £236k for month 8. At the latest Information Sub-Group, Trust advised that the Urology lead consultant is back from absence in 1314 and this could be contributing to the increase in activity. There has also been 2 Consultant retirements in Urology and, as a result of the new staff being recruited, they could be seeing patients quicker than the previous.

The largest percentage variance against cost is in Cardiology & Breast Surgery. As reported in month 7, changes to Breast Services delivered at S&O have had an impact on Breast Surgery activity at Aintree. Short term and longer term proposals are being developed and therefore the overspend will continue until such proposals are agreed.

### 5.3 Liverpool Women’s Hospital NHS F/T

Figure 11 Month 8 Planned Care - Liverpool Women’s Hospital NHS F/T by POD

Lpool Womens Hospital Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (€000s)	Price Plan to Date (€000s)	Price Actual to Date (€000s)	Price variance to date (€000s)	Price YTD % Var
all other outpatients	52	35	38	3	9.56%	€218	€145	€157	€12	8.45%
Daycase	1,105	737	668	-69	-9.37%	€643	€429	€429	€0	0.02%
Elective	327	218	285	67	30.67%	€717	€478	€508	€30	6.31%
Elective Excess BedDays	31	21	7	-14	-66.15%	€6	€4	€2	-€3	-57.82%
One Stop Clinics	481	321	345	24	7.53%	€141	€94	€101	€7	7.34%
OPFANFTF - Outpatient first attendance non face to face	0	0	3	3	0.00%	€0	€0	€0	€0	0.00%
OPFASPCL - Outpatient first attendance single professional consultant led	2,265	1,511	1,559	48	3.19%	€306	€204	€210	€5	2.66%
OPFUPNFTF - Outpatient follow up non face to face	304	203	257	54	26.75%	€7	€5	€6	€1	26.74%
OPFUPSPCL - Outpatient follow up single professional consultant led	6,035	4,025	3,963	-62	-1.55%	€506	€338	€332	-€5	-1.53%
Outpatient Procedure	3,229	2,154	2,351	197	9.16%	€582	€388	€442	€54	13.80%
Ward Attenders	4	3	4	1	49.93%	€0	€0	€0	€0	47.07%
<b>Grand Total</b>	<b>13,833</b>	<b>9,227</b>	<b>9,480</b>	<b>253</b>	<b>2.75%</b>	<b>€3,127</b>	<b>€2,085</b>	<b>€2,188</b>	<b>€102</b>	<b>4.90%</b>

#### 5.3.1 Liverpool Women’s Hospital NHS F/T Key Issues

AQN and responses from LWH discussed in detail at Contract Review meeting on 2<sup>nd</sup> October. CSU working closely with LCCG as issues in the AQN affect co-commissioners and in particular South Sefton and Knowsley.

The CSU investigated the OPCS codes in detail using the SUS data. This showed that there are two types of procedures which appear to be the same procedure, one relates to Gynaecology (MA23Z HRG Q555 OPCS code) and one which relates to the Maternity pathway (NZ05C R432). This change occurred in December 2013. The NZ05C HRG code is no longer separately chargeable as it is covered under the Ante Natal Pathway whereas the MZ23Z HRG code is chargeable under Gynaecology at £156

Outpatient Procedure. This finding has now been borne out by the external Capita Review which has verbally reported back to LCCG. This review also noted the change in recording. LWH has confirmed that the change was due to national guidance which was implemented in November 2013 with immediate effect.

## 5.4 Southport & Ormskirk Hospital

Figure 12 Month 8 Planned Care - Southport & Ormskirk Hospital by POD

Southport & Ormskirk Hospital Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	1,027	686	714	28	4.08%	£705	£471	£510	£39	8.18%
Elective	214	143	143	0	0.04%	£640	£428	£429	£1	0.22%
Elective Excess BedDays	0	0	7	7	0.00%	£0	£0	£2	£2	0.00%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	90	60	111	51	84.64%	£13	£9	£16	£8	89.38%
OPFANFTF - OP 1st Attendance non face to face	0	0	1	1	0.00%	£0	£0	£0	£0	0.00%
OPFASPCL - Outpatient first attendance single professional consultant led	3,360	2,244	2,131	-113	-5.05%	£463	£309	£284	£-26	-8.28%
OPFUPMPCCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	147	98	160	62	62.94%	£14	£9	£16	£6	69.79%
OPFUPNFTF - Outpatient follow up non face to face	0	0	66	66	0.00%	£0	£0	£0	£0	0.00%
OPFUPSPCL - Outpatient follow up single professional consultant led	5,509	3,680	4,118	438	11.90%	£453	£303	£335	£32	10.60%
Outpatient Procedure	2,065	1,379	1,669	290	21.00%	£326	£218	£295	£77	35.33%
<b>Grand Total</b>	<b>12,412</b>	<b>8,291</b>	<b>9,120</b>	<b>829</b>	<b>10.00%</b>	<b>£2,614</b>	<b>£1,746</b>	<b>£1,885</b>	<b>£139</b>	<b>7.94%</b>

### 5.4.1 Southport & Ormskirk Hospital key Issues

Planned Care for month 8 is showing a £139k (8%) over performance. The over performing variances are consistent with the previous 7 months of the financial year. Outpatient Procedures is showing the largest cost and % variance with a £77k or 35% variance in month 8.

Although Outpatient Procedures has over performed throughout 1415, the in-month increase in Outpatient Procedures can be attributable to the missing patients from the new PAS system. This appeared to be approximately 1,500 records on Outpatient Appointment outcomes.

## 5.5 Spire Liverpool Hospital

Figure 13 Month 8 Planned Care – Spire Liverpool Hospital by POD

Spire Liverpool Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	272	182	223	41	22.74%	£391	£261	£308	£47	17.84%
Elective	57	38	31	-7	-18.58%	£189	£126	£174	£47	37.65%
OPFASPCL - Outpatient first attendance single professional consultant led	596	398	377	-21	-5.30%	£78	£52	£50	£-2	-3.60%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,641	1,096	1,172	76	6.90%	£92	£61	£70	£9	13.90%
OPFUSPNCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Non Consultant Led)	98	65	56	-9	-14.45%	£5	£3	£3	£0	-14.45%
Outpatient Procedure	98	65	147	82	124.56%	£15	£10	£22	£12	119.25%
<b>Grand Total</b>	<b>2,762</b>	<b>1,845</b>	<b>2,006</b>	<b>161</b>	<b>8.72%</b>	<b>£770</b>	<b>£514</b>	<b>£627</b>	<b>£112</b>	<b>21.85%</b>

### 5.5.1 Spire Liverpool Hospital key Issues

Looking at POD group shows there to be a possible casemix issue with Elective activity as the plan is under-performing but the costs are over-performing. Drilling down into this activity highlights a



possible issue with T&O and in particular the HRG HR05Z – Reconstruction Procedures Category 2. The plan to November is for 28 spells with a cost of £259k. The actual performance for this HRG is 121 spells with a total cost of £1.1 million. This over-performance is offset by an under performance in HRGs HB12C Major Hip Procedures for non-Trauma Category 1 without cc (21 spells under plan, £115k under plan), HB21C Major Knee Procedures for Non Trauma category 2 without cc (48 spells under plan, £279k under plan) and HB61C Major Shoulder and Upper Arm Procedures for Non Trauma without cc (16 spells under plan, £84k under plan). Day cases and outpatient procedures remain over plan whereas outpatient first and follow ups remain under plan.

## 5.6 Other Providers

Figure 14 Month 8 Planned Care – Other Providers by POD

All other Trusts Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	3,599	2,421	2,435	14	0.59%	£3,503	£2,353	£2,446	£93	3.96%
Elective	976	656	639	-17	-2.65%	£2,851	£1,910	£1,842	-£68	-3.56%
Elective Excess BedDays	602	403	493	90	22.46%	£140	£94	£112	£18	19.50%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	827	552	497	-55	-9.97%	£69	£46	£76	£30	64.78%
OPFANFTF - OP 1st Attendance non face to face	20	13	7	-6	-47.60%	£0	£0	£0	£0	-47.60%
OPFASPCL - Outpatient first attendance single professional consultant led	11,944	7,967	7,457	-510	-6.41%	£1,486	£991	£968	-£23	-2.29%
OPFASPCL - Outpatient first attendance single professional non consultant led	98	65	41	-24	-37.12%	£14	£9	£6	-£3	-35.64%
OPFUPMPCCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	1,083	723	572	-151	-20.87%	£97	£65	£56	-£9	-13.91%
OPFUPNFTF - Outpatient follow up non face to face	415	277	227	-50	-18.08%	£10	£6	£5	-£1	-18.50%
OPFUPSPCL - Outpatient follow up single professional consultant led	26,229	17,503	18,404	901	5.15%	£1,964	£1,311	£1,341	£30	2.29%
OPFUPSPCL - Outpatient follow up single professional non consultant led	349	231	329	98	42.14%	£27	£18	£22	£3	18.65%
Outpatient Procedure	6,463	4,318	4,078	-240	-5.55%	£874	£583	£584	£1	0.21%
All other Outpatients	1,012	675	564	-111	-16.40%	£330	£220	£198	-£22	-10.17%
<b>Grand Total</b>	<b>53,664</b>	<b>35,835</b>	<b>35,755</b>	<b>-80</b>	<b>-0.22%</b>	<b>£11,381</b>	<b>£7,618</b>	<b>£7,660</b>	<b>£42</b>	<b>0.56%</b>

## 6. Unplanned Care

Performance at month 8, against the unplanned care elements of the contracts for NHS South Sefton CCG, shows an over-performance of £1.2m (5%). This is mainly driven by the over performance at Aintree University Hospitals NHS Foundation Trust (£1.2m), and Royal Liverpool & Broadgreen Hospitals (£109k). No significant unplanned care increases evident at other trusts with a number of Trusts under performing in Unplanned Care.

### 6.1 All Providers

Figure 15 Month 8 Unplanned Care - All Providers

Provider Name	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	50,407	33,697	34,362	665	1.97%	£28,075	£18,768	£20,022	£1,254	6.68%
Alder Hey Childrens NHS F/T	9,195	6,001	5,795	-206	-3.43%	£2,070	£1,358	£1,265	£93	-6.84%
Countess of Chester Hospital NHS Foundation Trust	0	0	39	39	0.00%	£0	£0	£11	£11	0.00%
East Cheshire NHS Trust	0	0	10	10	0.00%	£0	£0	£2	£2	0.00%
Liverpool Heart and Chest NHS F/T	108	73	41	-32	-43.47%	£158	£105	£73	£33	-31.01%
Liverpool Womens Hospital NHS F/T	3,416	2,282	2,331	49	2.15%	£2,786	£1,861	£1,943	£82	4.42%
Royal Liverpool & Broadgreen Hospitals	5,641	3,771	3,919	148	3.93%	£1,982	£1,325	£1,434	£109	8.21%
Southport & Ormskirk Hospital	6,705	4,469	4,833	364	8.15%	£2,634	£1,771	£1,711	£60	-3.40%
ST Helens & Knowsley Hospitals	978	654	555	-99	-15.14%	£388	£259	£243	£16	-6.24%
Wirral University Hospital NHS F/T	245	163	199	36	22.05%	£90	£59	£59	£0	0.13%
Central Manchester University Hospitals Nhs FT	67	45	57	12	27.61%	£16	£11	£10	£1	-6.87%
University Hospital Of South Manchester Nhs FT	41	27	23	-4	-16.25%	£14	£9	£3	£6	-67.38%
Wrightington, Wigan And Leigh Nhs Foundation Trust	42	28	57	29	103.57%	£15	£10	£20	£10	94.27%
<b>Grand Total</b>	<b>76,845</b>	<b>51,209</b>	<b>52,221</b>	<b>1,012</b>	<b>1.98%</b>	<b>£38,228</b>	<b>£25,537</b>	<b>£26,796</b>	<b>£1,259</b>	<b>4.93%</b>

### 6.2 Aintree University Hospitals NHS Foundation Trust

Figure 16 Month 8 Unplanned Care - Aintree University Hospitals NHS Foundation Trust by POD

Aintree University Hospitals Urgent Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E - Accident & Emergency	30,748	20,555	20,661	106	0.52%	£3,294	£2,202	£2,256	£54	2.46%
NEL - Non Elective	10,592	7,081	7,877	796	11.25%	£22,135	£14,797	£15,874	£1,077	7.28%
NELNE - Non Elective Non-Emergency	40	27	33	6	23.41%	£117	£78	£91	£13	16.05%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	34	23	147	124	546.76%	£8	£5	£34	£29	562.28%
NELST - Non Elective Short Stay	1,270	849	1,150	301	35.46%	£833	£557	£769	£212	38.15%
NELXBD - Non Elective Excess Bed Day	7,723	5,163	4,494	-669	-12.95%	£1,689	£1,129	£997	£132	-11.66%
<b>Grand Total</b>	<b>50,407</b>	<b>33,697</b>	<b>34,362</b>	<b>665</b>	<b>1.97%</b>	<b>£28,075</b>	<b>£18,768</b>	<b>£20,022</b>	<b>£1,254</b>	<b>6.68%</b>

#### 6.2.1 Aintree University Hospitals NHS Foundation Trust Key Issues

As highlighted throughout 14/15, Urgent Care over performance at Aintree Hospital is caused by Non Elective admissions. The Urgent Care over performance continues to rise showing a £1m cost variance for month 8, up from £910k in month 7. Patients are no longer being seen through CDU and therefore the NEL activity is showing a further increase on the original over performance. As reported in month 7, SSCCG, supported by the CSU, have been leading a piece of work to identify the factors that are driving the significant non elective increases. Aintree Provider report includes a section of tables summarising a selection of the findings from the group.

CCGs are not assured by the Trust's initial response to the Activity query Notice issued on behalf of the Aintree Collaborative Commissioning Forum and are considering triggering an external joint investigation.

## 6.3 Royal Liverpool & Broadgreen Hospitals

Figure 17 Month 8 Unplanned Care - Royal Liverpool & Broadgreen Hospitals by POD

The Royal Liverpool Hospital Urgent Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E - Accident & Emergency	4,403	2,943	2,958	15	0.50%	£368	£246	£251	£5	2.22%
AMAU - Acute Medical unit	52	35	41	6	17.95%	£5	£3	£4	£1	17.94%
NEL - Non Elective	648	433	539	106	24.43%	£1,338	£894	£963	£69	7.73%
NELNE - Non Elective Non-Emergency	24	16	16	-0	-0.27%	£126	£84	£110	£26	30.71%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	102	68	104	36	52.52%	£23	£15	£23	£8	52.51%
NELST - Non Elective Short Stay	102	68	98	30	43.72%	£66	£44	£53	£9	21.25%
NELXBD - Non Elective Excess Bed Day	310	207	163	-44	-21.34%	£70	£47	£37	£10	-20.47%
readmissions	0	0	0	0	#NUM!	£13	£9	£9	£0	0.00%
<b>Grand Total</b>	<b>5,641</b>	<b>3,771</b>	<b>3,919</b>	<b>148</b>	<b>3.93%</b>	<b>£1,982</b>	<b>£1,325</b>	<b>£1,434</b>	<b>£109</b>	<b>8.21%</b>

### 6.3.1 Royal Liverpool & Broadgreen Hospitals Key Issues

Urgent Care remains an issue within the Trust and non-elective admissions make up almost 90% of the total over-performance, with some notable over-performance also seen in non-elective excess bed-days. CSU analysis indicates that an increase in the volume of admission is responsible for the trust position.

By specialty, activity under the Accident & Emergency, General Medicine and Vascular Surgery make up the bulk of the over-performance in Urgent Care.

LCCG issued a formal Activity Query Notice to the Provider requesting explanations of the unexpected patterns of activity with 2014/15, specifically

- Emergency short stay – Accident and emergency and cardiology
- Non Elective admissions – accident and emergency, general medicine and vascular surgery
- No elective excess bed days - accident and emergency, general medicine and general surgery.

The Trust has previously stated that over performance in urgent care was as a result of the higher level of acuity of patients and increase in demand. The purpose of this information query is to undertake further analysis to substantiate the reasons for over performance.

## 6.4 Other Providers

Figure 18 Month 8 Unplanned Care – Other Providers

All Other Trusts Urgent Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E - Accident & Emergency	15,746	10,381	10,500	119	1.15%	£1,440	£950	£959	£9	0.95%
NEL - Non Elective	2,343	1,523	1,510	-13	-0.86%	£3,170	£2,081	£2,049	£31	-1.51%
NELNE - Non Elective Non-Emergency	1,950	1,323	1,450	127	9.60%	£3,285	£2,227	£2,149	£78	-3.48%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	355	243	171	-72	-29.68%	£124	£85	£61	£24	-27.77%
NELST - Non Elective Short Stay	178	118	116	-2	-1.82%	£97	£65	£67	£2	3.27%
NELXBD - Non Elective Excess Bed Day	224	152	193	41	26.62%	£57	£39	£57	£18	46.40%
readmissions	0	0	0	0	#NUM!	£2	£2	£2	£0	0.00%
<b>Grand Total</b>	<b>20,797</b>	<b>13,741</b>	<b>13,940</b>	<b>199</b>	<b>1.45%</b>	<b>£8,171</b>	<b>£5,444</b>	<b>£5,340</b>	<b>£104</b>	<b>-1.90%</b>

## 7. Out of Hours Services

Out of Hours Services in South Sefton are provided by Go To Doc. National Quality Requirements for Out of Hours Services continue to be met. A dashboard is provided to commissioners by the service monthly. The flowchart below from the National Audit Office describes the national quality requirements.

Figure 19 National Quality Requirements (Source: National Audit Office)

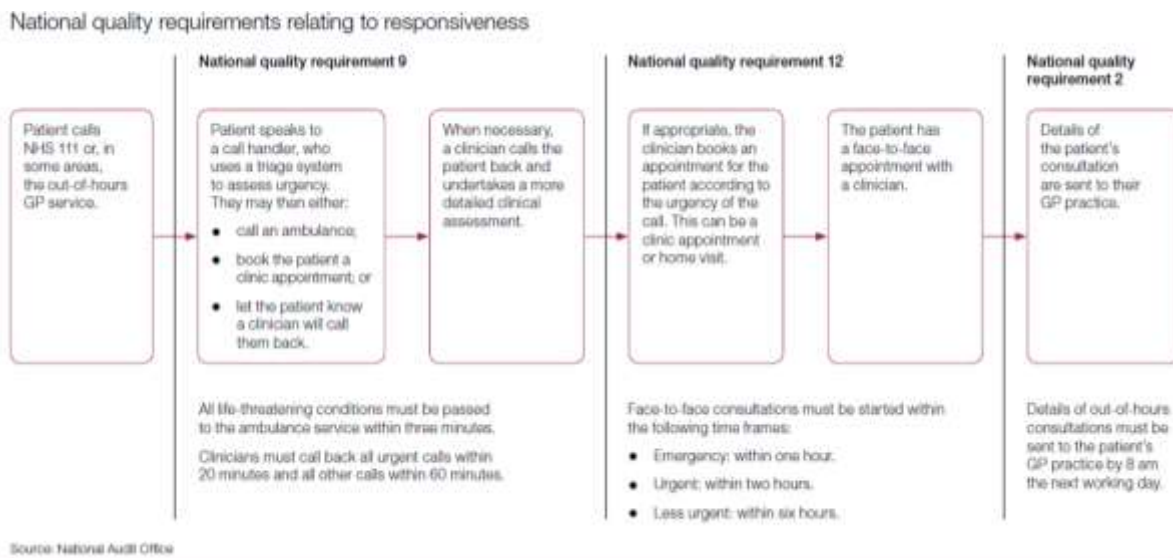


Figure 20 South Sefton Out of Hours Dashboard

Date Range : 01/11/2014 00:00:00 and 30/11/2014 23:59:59		Total	%
		<b>South</b>	
<b>QR02 Supply of Clinical Details Compliance</b>		<b>1511</b>	<b>100.00%</b>
<b>QR02 Breakdown</b>	<b>Total</b>		<b>%</b>
Clinical Details sent before 8:00	1511	✓	100.00%
Clinical details printed before 8:00	0	✓	0.00%
Clinical details sent after 8:00	0	✓	0.00%
Clinical details printed after 8:00	0	✓	0.00%
Clinical details not sent	0	✓	0.00%
Erroneous cases	0	✓	0.00%
<b>QR09 Life Threatening Conditions</b>		<b>2</b>	<b>100.00%</b>
<b>QR09 Breakdown</b>	<b>Total</b>		<b>%</b>
Patient called ambulance within 3 minutes	1		50.00%
Patient called ambulance after 3 minutes	0		0.00%
OOH centre called ambulance within 3 minutes	1		50.00%
OOH centre called ambulance after 3 minutes	0		0.00%
<b>QR09 Telephone Clinical Assessment (Urgent)</b>		<b>333</b>	<b>95.80%</b>
<b>QR09 Urgent Breakdown</b>	<b>Total</b>		<b>%</b>
Urgent cases advised within 20 minutes	319	✓	95.80%
Urgent cases not advised within 20 minutes	14	✓	4.20%
<b>QR09 Telephone Clinical Assessment (Other)</b>		<b>697</b>	<b>98.85%</b>
<b>QR09 Other Breakdown</b>	<b>Total</b>		<b>%</b>
All other cases advised within 60 minutes	689	✓	98.85%
All other cases not advised within 60 minutes	8	✓	1.15%
<b>QR12 Base Time to Consultation (Emergency)</b>		<b>0</b>	<b>0.00%</b>
<b>QR12 Base Emergency Breakdown</b>	<b>Total</b>		<b>%</b>
Emergency cases consulted within 60 minutes	0		0.00%
Emergency cases consulted not within 60 minutes	0		0.00%
<b>QR12 Base Time to Consultation (Urgent)</b>		<b>53</b>	<b>100.00%</b>
<b>QR12 Base Urgent Breakdown</b>	<b>Total</b>		<b>%</b>
Urgent cases consulted within 120 minutes	53		100.00%
Urgent cases consulted not within 120 minutes	0		0.00%
<b>QR12 Base Time to Consultation (Less Urgent)</b>		<b>586</b>	<b>100.00%</b>
<b>QR12 Base Less Urgent Breakdown</b>	<b>Total</b>		<b>%</b>
Less urgent cases consulted within 360 minutes	586		100.00%
Less urgent cases consulted not within 360 minutes	0		0.00%
<b>QR12 Visit Time to Consultation (Emergency)</b>		<b>1</b>	<b>100.00%</b>
<b>QR12 Visit Emergency Breakdown</b>	<b>Total</b>		<b>%</b>
Emergency cases consulted within 60 minutes	1		100.00%
Emergency cases consulted not within 60 minutes	0		0.00%
<b>QR12 Visit Time to Consultation (Urgent)</b>		<b>67</b>	<b>100.00%</b>
<b>QR12 Visit Urgent Breakdown</b>	<b>Total</b>		<b>%</b>
Urgent cases consulted within 120 minutes	67		100.00%
Urgent cases consulted not within 120 minutes	0		0.00%
<b>QR12 Visit Time to Consultation (Less Urgent)</b>		<b>199</b>	<b>97.99%</b>
<b>QR12 Visit Less Urgent Breakdown</b>	<b>Total</b>		<b>%</b>
Less urgent cases consulted within 360 minutes	195		97.99%
Less urgent cases consulted not within 360 minutes	4		2.01%

## 8. Mental Health

### 8.1 Mersey Care NHS Trust Contract

Figure 21 NHS South Sefton CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS South Sefton CCG			
	2014/15 Plan	Caseload (Nov-2014)	Variance from Plan	% Variance
0 Variance	34	71	37	109%
1 Common Mental Health Problems (Low Severity)	23	32	9	39%
2 Common Mental Health Problems (Low Severity with greater need)	48	28	(20)	-42%
3 Non-Psychotic (Moderate Severity)	274	228	(46)	-17%
4 Non-Psychotic (Severe)	169	223	54	32%
5 Non-psychotic Disorders (Very Severe)	32	46	14	44%
6 Non-Psychotic Disorder of Over-Valued Ideas	43	50	7	16%
7 Enduring Non-Psychotic Disorders (High Disability)	133	192	59	44%
8 Non-Psychotic Chaotic and Challenging Disorders	83	87	4	5%
10 First Episode Psychosis	93	99	6	6%
11 On-going Recurrent Psychosis (Low Symptoms)	414	429	15	4%
12 On-going or Recurrent Psychosis (High Disability)	312	321	9	3%
13 On-going or Recurrent Psychosis (High Symptom & Disability)	112	106	(6)	-5%
14 Psychotic Crisis	17	23	6	35%
15 Severe Psychotic Depression	7	3	(4)	-57%
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	33	34	1	3%
17 Psychosis and Affective Disorder – Difficult to Engage	58	57	(1)	-2%
18 Cognitive Impairment (Low Need)	347	198	(149)	-43%
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	462	658	196	42%
20 Cognitive Impairment or Dementia Complicated (High Need)	148	200	52	35%
21 Cognitive Impairment or Dementia (High Physical or Engagement)	45	44	(1)	-2%
Reviewed Not Clustered	36	99	63	175%
No Cluster or Review	144	149	5	3%
<b>Total</b>	<b>3,067</b>	<b>3,377</b>	<b>310</b>	<b>10%</b>

### 8.2 Development of Clock View Site

On 17<sup>th</sup> February 2015 the new £25 million Mersey Care NHS Trust mental health facility at Clock View on the former Walton Hospital site will be opened. This 80 bedded facility will replace existing provision at Stoddart House on the Aintree Hospital site. Clock View is a new generation of mental health facilities and it will treat NHS South Sefton CCG, NHS Southport and Formby CCG (dementia inpatients), NHS Liverpool CCG and NHS Knowsley CCG (Kirkby) residents for a range of mental health issues and dementia, providing 80 individual bedrooms all with en-suite bathrooms. It will also provide a new psychiatric intensive care unit for those most in distress in need of urgent inpatient care.

Figure 22 CPA - Percentage of People under followed up within 7 days of discharge

Follow up from inpatient discharge			Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14
CB_B19	The % of people under adult mental health illness specialties who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	100%	100%	87.50%	85.71%	100%	100%	100%

The above table shows current NHS South Sefton CCG performance achieving 100% against the 95% target at Month 8.

The Trust reports this KPI on a monthly basis but the consequence of the breach is based on the quarterly response.

This rationale for this indicator is that follow up after discharge from an inpatient spell for mental health patients on care programme approach (CPA) can reduce the risk of suicide as set out in 'National suicide prevention strategy for England' and 'Preventing suicide: A toolkit for mental health services'

Figure 23 CPA Follow up 2 days (48 hrs) for higher risk groups

Follow up from inpatient discharge			Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14
MH_KPI40	CPA Follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by CRHT, Early Intervention, Assertive Outreach or Homeless Outreach Teams	95%	50%	100%	100%	100%	100%	100%	100%	100%

The above table shows current NHS South Sefton CCG performance achieving 100% against the 95% target.

The Trust reports this KPI on a monthly basis but the consequence of the breach is based on the quarterly response.

The rationale for this locally agreed indicator is similar to the national 7 day CPA follow up target and it was developed to ensure faster follow up for those patients deemed to be high risk. High risk in Mersey Care NHS Trust is defined in their discharge and transfer policy as service users with a history of serious self-harm, previous serious suicide attempts and a diagnosis of depressive disorder should be seen within 48 hours post discharge (Preventing suicide – A Toolkit for Mental Health Services - 2009).

### 8.3 Inclusion Matters Sefton

Figure 24 PHQ13\_6 Proportion of people who complete treatment who are moving to recovery

South Sefton	Target	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Total	FOT	
Entered (KPI4)		176	257	237	670	231	188	266	685	322	323	290	935	2290	3435	
<b>Entered (KPI4) HSCIC</b>		<b>175</b>	<b>190</b>	<b>210</b>	<b>575</b>									<b>575</b>	<b>2300</b>	
Completed (KPI5)		163	184	140	487	208	152	219	579	244	211	153	608	1674	2511	
<b>Completed (KPI5) HSCIC</b>		<b>150</b>	<b>175</b>	<b>125</b>	<b>450</b>									<b>450</b>	<b>1800</b>	
Moved to recovery (KPI6)		59	87	51	197	95	64	92	251	89	71	54	214	662	993	
<b>Moved to recovery (KPI6) HSCIC</b>		<b>55</b>	<b>80</b>	<b>45</b>	<b>180</b>									<b>180</b>	<b>720</b>	
Entered Below Caseness (KPI6b)		14	8	7	29	11	9	13	33	13	19	7	39	101	152	
<b>Entered Below Caseness (KPI6b) HSCIC</b>		<b>10</b>	<b>10</b>	<b>5</b>	<b>25</b>									<b>25</b>	<b>100</b>	
Prevalence		15%	0.72%	1.06%	0.98%	2.76%	0.95%	0.77%	1.09%	2.82%	1.33%	1.33%	1.19%	3.85%	9.42%	14.14%
Recovery		50%	39.6%	49.4%	38.3%	43.0%	48.2%	44.8%	44.7%	46.0%	38.5%	37.0%	37.0%	37.6%	42.1%	42.1%
<b>Prevalence HSCIC</b>		15%	<b>0.72%</b>	<b>0.78%</b>	<b>0.86%</b>	<b>2.37%</b>								<b>2.37%</b>	<b>9.47%</b>	
<b>Recovery HSCIC</b>		50%	<b>39.3%</b>	<b>48.5%</b>	<b>37.5%</b>	<b>42.4%</b>								<b>42.4%</b>	<b>42.4%</b>	

NHS England set a target of 3.75% prevalence for Quarter 4 2014/15. The Provider has reported that at Quarter 3 they have achieved a prevalence rate of 3.85%. The overall prevalence for Sefton is 3.45%

The Remedial Action Plan put in place in November 2014 has seen a positive impact on the number of patients accessing the service and the CCG continue to monitor the Remedial Action Plan against the agreed performance targets.

Following the recently undertaken re-procurement exercise for IAPT services a new provider has been awarded this contract, Cheshire Wirral Partnership NHS FT who will be commencing the new contract in April 2015. During the final quarter of the year 2014/15 the CCGs will be working with the Provider to

mobilise. Commissioners will be working to ensure that any transfer arrangements run as smoothly as possible and do not have detrimental effect on performance.

However, the Current Provider has expressed concerns about the additional work required to ensure the smooth transition and have alerted the CCGs that this may impact on performance of the service.



## 9. Liverpool Community Health NHS Trust Performance

### 9.1 Key Issues

- Impact of Virtual Ward and Urgent Care Pilots on the following services; District nursing, Community Matrons, Ward 35 admissions
- The baseline plans do not include activity associated with the additional investment. The trust has been asked to factor this into the proposed activity plans for 15/16.
- Operational Issues for a number of services; District Nursing, Treatment Rooms
- Interface with Acute Provider, Aintree University Hospital, increased referrals; Rehab at Home, Respiratory Service, IV Therapy
- Service Pressure - Community Equipment
- Waiting Times - The Trust continues to report significant waiting times for Paediatric Occupational Therapy and Speech and Language Therapy at Month 8.
- CQC Action Plan - The Care Quality Commission's (CQC) has published its report on Liverpool Community Health NHS Trust (LCH) following their inspection of services in May 2014. This inspection followed the publication in January of the CQC reports into Intermediate Care Service (Ward 35), Community Equipment Service and District Nursing, which resulted in warning notices being issued. The CQC has lifted these warning notices following their latest inspection and has given an overall rating for LCH as 'Requires Improvement'. The Trust has published its full Improvement Plan which outlines the progress the organisation has already made, and the new strategic priorities that have been agreed to help transform community services LCH's Medical Director provided a verbal update at the CRM/CQPG on 13<sup>th</sup> November 2014 and advised that the Trust has developed an Action Plan which has been submitted to the CQC. In addition the Trust has developed an Action Plan following a recent Single Item QSG (Quality Surveillance Group) Meeting with NHS England, this will be monitored at the monthly Commissioning Forum Meetings with CCGs and will feed into the Trust's overarching Improvement Plan, this was discussed at the Collaborative Forum on 4<sup>th</sup> December 2014.
- Delayed Transfers of Care indicator is performing well and additional intermediate care beds have been commissioned as part of resilience monies with a focus on step up as opposed to step down.
- The CCG Quality team are having conversations with LCH and the CSU regarding entry points and assessments for CHC patients.
- The provider are submitting national Walk In Centre Commissioning data sets but due to the instructions of the trusts Caldicott guardian no data sets contain any patient identifiable data. The implication of this is that the trust is not compliant with the current information schedule.
- The provider has been asked to include within the AQP dataset patients who have attended and have been discharged at first visit. This information is needed to inform the discussions between commissioners around developing a local tariff. This has been discussed with the provider during the recent review of the information schedule for 15/16 as part of the contract renegotiation process.
- AQP podiatry activity, costs and referrals are lower at month 8 than the first four months of the year. The podiatry block is performing below planned activity levels and referrals are also below plan.

The above issues are being addressed at Contract and Clinical Quality and Performance Group and the Finance and Information subgroup meetings.

## 10.Third Sector Contracts

- NHS Contracts 2014/15 with Third Sector Providers have been signed by all Parties and signed versions of the Contracts issued. The contracts are block therefore there is limited financial risk to the CCG.
- Contract Management meetings have taken place with Providers and actions resulting from these meetings are being progressed.
- CCG colleagues are currently reviewing data for inclusion in the next Integrated performance Report.

# 11. Quality and Performance

## 11.1 NHS South Sefton CCG Performance Dashboard

Performance Indicators	Data Period	Current Period				Exception Commentary	Actions
		Target	Actual	Direction of Travel			
<b>IPM</b>							
<b>Treating and caring for people in a safe environment and protecting them from avoidable harm</b>							
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	14/15 - November	40	45	↑	5 new cases reported in November 2014. A total of 45 cases reported YTD compared to a plan of 40 cases. 4 of the cases reported in November were aligned to Aintree Hospital (1 apportioned to acute trust and 3 apportioned to community) and 1 case to the Royal Liverpool Broadgreen (apportioned to acute). Of the 45 cases reported YTD 41 cases have been reported by Aintree Hospital (15 apportioned to community and 26 apportioned to acute), 1 case reported by St Helens and Knowsley Hospital (apportioned to acute), 1 case reported at The Royal Liverpool Broadgreen (apportioned to acute) and 2 cases reported by Southport and Ormskirk Hospital (apportioned to community).	The majority of the cases are attributable to Aintree University Hospital, the Trust provided an update regarding their C.Dif Action Plan at the at the December CQPG meeting. The CCG continues to consider appeals at the regular appeals meetings, the last meeting was held on 11th December. (4 appeals were supported - YTD 15 have been supported). Aintree University Hospital achieved their national C.Dif trajectory in Month 8 (November). For C.Dif cases attributed to other providers, cases are reviewed via co-commissioner arrangements. <i>Please Note - Data has been taken from the National HCAI Database - this is updated centrally therefore not all local appeals will be reflected in the table.</i>	
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	14/15 - November	54	42	↑	2 new cases have been reported in November bringing the year to date value to 42. Aintree remain below plan for the year.	☒	
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	14/15 - November	0	2	↔	No new cases have been reported in November but the CCG remains red and will do for the remainder of the year due to the zero tolerance plan. The previous cases where reported against Aintree with one in May (Acute) and the other in July (Community)	Aintree Hospital reported a case in May 14, however following review by NHS England this case was found to be community acquired and attributed to South Sefton CCG. A second South Sefton case was initially reported by Aintree in July following a recent PIR (post infection review) NHS England attributed this case to Aintree Hospital. At the CQPG in October the Trust informed commissioners they had requested details of the decision making process from regional office and the reasons for assigning case to the Trust. At the December CQPG, the Trust confirmed that they are still awaiting feedback from NHS England, the CCG also confirmed that had requested feedback at their Quarter 2 Checkpoint meeting in November. <i>Please Note - Data has been taken from the National HCAI Database - this is updated centrally therefore not all local appeals will be reflected in the table.</i>	
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	14/15 - November	0	1	↔	Conflicting data from HCAI database, which states 1 case reported in May 2014. Unify2 data reports 0 cases in May but 1 case in July 2014. (As at 5-1-15 - Info still showing the 1 case in May on HCAI database and 1 case showing on UNIFY2 report for July)	The Trust has not reported any further MRSA cases at Aintree in November, however the CCG has been informed about a case reported at the end of December 2014 / beginning of January 2015 (Liverpool CCG patient) a PIR will take place by place by 26 January. The CCG has queried the Nationally reported figures for Aintree as the HCAI data base and Unify 2 state conflicting figures. As mentioned above the May 2014 case has been attributed to Community / South Sefton CCG so should therefore be removed from Aintree Hospital. Following the findings of the recent NHS England PIR - Aintree will have 1 MRSA case attributed to them in July / August 2014 (this may change in Month 9/10) <i>Please Note - Data has been taken from the National HCAI Database - this is updated centrally therefore not all local appeals will be reflected in the table.</i>	

Enhancing quality of life for people with long term conditions						
Patient experience of primary care i) GP Services	Jul-Sept 13 and Jan-Mar 14		6.56%	New Measure	Percentage of respondents reporting poor patient experience of primary care in GP Services	
Patient experience of primary care ii) GP Out of Hours services	Jul-Sept 13 and Jan-Mar 14		9.52%	New Measure	Percentage of respondents reporting poor patient experience of GP Out of Hours Services	
Patient experience of primary care i) GP Services ii) GP Out of Hours services (Combined)	Jul-Sept 13 and Jan-Mar 14	6%	6.92%	New Measure	The CCG reported a percentage of negative responses above the 6% threshold.	Patient level data is being shared with practices to analyse inappropriate admissions and possible actions to address
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative)	14/15 - November	192.19	204.59	New Plans	This measure now has a plan which is based on the same period previous year. The decrease in actual admissions is 4 below the same period last year.	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	14/15 - November	625.49	704.08	New Plans	This measure now has a plan which is based on the same period previous year. The increase in actual admissions is 9 more than the same period last year.	
Emergency Admissions Composite Indicator(Cumulative)	14/15 - November	1486.84	1,568.56	New Plans	This measure now includes a monthly plan, this is based on the plan set within the Outcome Measure framework and has been split using last years seasonal Performance. The CCG is over the monthly plan and had 19 more admissions than the same period last year.	Patient level data is being shared with practices to analyse inappropriate admissions and possible actions to address
IAPT - Prevalence	14/15 - November	15%	8.23%		The CCG are achieving 8.23% year to date which is an increase on last month which was 6.84% but is not on target to achieve 15% by the end of the year.	Identified issue with provider not applying nationally mandated definition of KPI. Action plan in place to ensure target met by end Q4 2014/15
IAPT - Recovery Rate	14/15 - November	50%	42.50%		The CCG are not achieving the 50% target reaching 42.50% and has not been achieved so far during 2014/15.	
Helping people to recover from episodes of ill health or following injury						
Patient reported outcomes measures for elective procedures: Groin hernia	2012/13	Eng Ave 0.085	0.068	Refreshed data	The CCG improved on the previous years rate but failed to achieve a score higher than that of the England average.	The CCG is very close to the England Average for PROMs data, discussions are currently taking place at CCG level to establish ownership of PROMs measure and to develop an improvement plan.
Patient reported outcomes measures for elective procedures: Hip replacement	2012/13	Eng Ave 0.438	0.430	Refreshed data	The CCG improved on the previous years rate but failed to achieve a score higher than that of the England average.	
Patient reported outcomes measures for elective procedures: Knee replacement	2012/13	Eng Ave 0.318	0.343	Refreshed data	The CCG improved on both the previous years rate and achieved above the England average.	
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	14/15 - November		15.22			
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	14/15 - November	154.99	86.79	New Plans	This measure now has a plan which is based on the same period previous year. The decrease in actual admissions is 7 below the same period last year.	
Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)	14/15 - November	693.77	848.37	New Plans	This measure now has a plan which is based on the same period previous year. The increase in actual admissions is 18 above the same period last year.	Patient level data is being shared with practices to analyse trends and identify inappropriate or avoidable admissions.
% who had a stroke & spend at least 90% of their time on a stroke unit (CCG)	14/15 - November	80%	77.78%	↑	South Sefton have failed to achieve the target for the 4th time since April 2014 (June, July, October and November).	See below for Aintree Hospital's Stoke narrative. In addition The Liverpool Royal did not achieve 90% for this measure recording 84.2% for Q 2. Out of 228 patients 36 did not spend 90% of time on a stroke unit. This is a slight drop from Q 1 which recorded 88.2% of patients spending 90% on a Stroke unit.

% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	14/15 - November	80%	67.65%	↓	Aintree have failed to achieve the target this month for the 5th time since April 2014 (June, July, August, October and November).	The Trust has provided an update regarding on-going actions to improve stroke performance, despite an improvement in performance at Q2 (Green), Aintree have not met the Q3 target: <ul style="list-style-type: none"> <li>• Ongoing work with bed management team to ensure a minimum of one stroke bed is always available</li> <li>• Ongoing work with A&amp;E team to ensure appropriate initial assessment and stroke calls</li> <li>• Ongoing work with stroke team to ensure pathway is followed; patients with a possible diagnosis of stroke to be admitted to the stroke unit until alternative diagnosis confirmed</li> <li>• Stroke physician on site from 9am to 8pm to facilitate timely assessment and transfer of stroke patients. Door to needle time consistently achieved.</li> <li>• Audit of every stroke admission continues to take place</li> </ul>
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (CCG)	14/15 - November	60%	100%	↔		
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	14/15 - November	60%	100%	↔		
<b>Mental health</b>						
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) (CCG)	14/15 - Qtr1	95%	100.00%			
<b>Preventing people from dying prematurely</b>						
Under 75 mortality rate from cancer	2013		158.70			
Under 75 mortality rate from cardiovascular disease	2013		72.60			
Under 75 mortality rate from liver disease	2013		22.60			
Under 75 mortality rate from respiratory disease	2013		38.00			
Rate of potential years of life lost (PYLL) from causes considered amenable to healthcare (Person)	2013	2,029.00	2,592.30	↓	South Sefton achieved above the planned figure for the latest data and is also a decreased performance from 2012 which had a rate of 2029.8. For 2013 the rate for Males was 2669.2, a drop from the previous year (2179.2). Females also had a drop in performance with a rate of 2517.7 compared with 1875.7 in 2012.	The annual variation is significant and the CCG is working with Public Health locally and regionally to understand this. Indications at present are that the PYLL is significantly susceptible to fluctuations due to changes such as young deaths, which introduces major swings, particularly at CCG level.
<b>Cancer waits – 2 week wait</b>						
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	14/15 - October	93%	94.23%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	14/15 - October	93%	97.68%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	14/15 - October	93%	95.61%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Aintree)	14/15 - October	93%	96.16%	↔		

### Cancer waits – 31 days

Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	14/15 - October	96%	98.17%	↔		
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	14/15 - October	96%	99.35%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	14/15 - October	94%	96.57%	↑		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	14/15 - October	94%	100%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	14/15 - October	94%	96.55%	↓		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	14/15 - October	94%	99%	↓		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	14/15 - October	98%	100%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	14/15 - October	98%	100%	↔		

### 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)	14/15 - October		93.94%	↔		
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)	14/15 - October		92.81%	↔		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	14/15 - October	90%	97.96%	↔		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	14/15 - October	90%	88.73%	↑	Aintree achieved the target for October but failed year to date, due to previous months breaches.	Performance is greatly influenced by patient choice, especially in the early (pre-diagnosis) phase, and hampered by low numbers of treatments. In addition, the initial stage of the pathway is directly managed by the Central HUB and as such is difficult to influence by the Trust. This underperformance is effected by very low patient breach numbers, in addition Colonoscopy capacity has been raised as a Trust risk and the business case for consultant recruitment has been agreed.
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	14/15 - October	85%	86.09%	↔		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	14/15 - October	85%	84.10%	↔	Aintree failed the target for October and year to date. In October there were 7.5 breaches out of 45 patients in total. Underperformance reported YTD relates to breaches in May, June, September and October 2014. The Q2 data shows that the target was reached at 85.31%, year to date Q1 and Q2 the trust are failing at 84.44%	SBAR analysis for the patients who breached is currently being undertaken, however early indications are patient choice and complexity of pathways have been the key reasons affecting the achievement of the target.

### Mixed Sex Accommodation Breaches

Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	14/15 - November	0.00	0.00	↔		
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	14/15 - November	0.00	0.00	↓		

### Referral To Treatment waiting times for non-urgent consultant-led treatment

The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (CCG)	14/15 - November	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (Aintree)	14/15 - October	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (CCG)	14/15 - November	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (Aintree)	14/15 - October	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	14/15 - November	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	14/15 - October	0	0	↔		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (CCG)	14/15 - November	90%	91.58%	↑		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (Aintree)	14/15 - October	90%	92.92%	↔		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (CCG)	14/15 - November	95%	97.05%	↑		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (Aintree)	14/15 - October	95%	97.13%	↑		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	14/15 - November	92%	96.28%	↔		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Aintree)	14/15 - October	92%	96.80%	↔		

A&E waits						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG)	14/15 - November	95.00%	98.20%	↔		
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree)	14/15 - November	95.00%	91.44%	↓	The target not achieved in month (87.4%) and also year to date. The Trust has not achieved for any previous month in 2014/15.	<p>The causes are multi-factorial, but remain largely due to capacity to assess and make decisions promptly in AED (either through lack of physical capacity or inefficient processes), and ability to maintain flow into assessment areas and through to wards. Discharge of patients from the trust also remains a challenge. Other issues include:</p> <ul style="list-style-type: none"> <li>- Variable performance in discharges from wards.</li> <li>- System pressures across the sector (activity through AED excluding direct GP admissions to AMU now exceeds 2013 levels which included GP patients).</li> <li>- Complex assessments processes across Community Health and Social Services which at times is leading to delays.</li> </ul> <p>Recovery</p> <ul style="list-style-type: none"> <li>• Progress continued to be made during November on the revised EAU/Acute Medicine Unit/Short stay ward implementation.</li> <li>• Progress continues on the Discharge project with Liverpool Community Health (LCH).</li> <li>• Joint work with LCH, Merseycare and Social Services is being undertaken as part of the winter resilience planning</li> <li>• The Trust 4 hour action plan continues to be monitored and updated</li> <li>• ECIST clinician (medical and nursing) meeting took place on for 10th December.</li> <li>• The new GMOC and clinical manager rota was implemented on the 1st November</li> </ul> <p>The achievement of the standard remains a challenge in the context of the pressures across the whole community, the number of actions to completely embed and the change of practice and culture required. The Trust has agreed a plan with Monitor for 2014/15: Q3 90%, Q4 92%, Q1 93.5%, Q2 95.5%.</p>

### Diagnostic test waiting times

% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	14/15 - November	1.00%	3.30%	↓	The CCG have failed the target for November, this being only the second time during 2014/15, first time being in August.	See below for Aintree Hospital's narrative. It should also be noted that following a query from NHS England regarding underperformance of this indicator. The Trust provide a further update. The diagnostic target has not been met for the first time this year, and this was solely due to issues with echocardiography. Staffing pressures due to illness reduced capacity, coupled with delays in identifying the impact of the capacity issues on diagnostic performance. As the diagnostic procedure requires specialist operators it was difficult to provide cover at short notice. A full exception report is being submitted by the Trust which we will share as soon as we receive it. It also contains an action plan.
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	14/15 - November	1.00%	3.34%	↓	Aintree have failed to achieved the target for November, this being the first time during 2014/15.	<p>Echocardiography waits exceeded the standard at 15% and endoscopy waits exceeded the standard in both colonoscopy at 1.6% and gastroscopy at 2.3%. Echo - Capacity is currently affected by a number of long term vacancies within the department. Referrals were 7.5% higher during April -November 2014 than the previous year. Plans for recovery continue to be developed (including on-going recruitment, a review of systems and processes for booking and ad hoc additional capacity) A trajectory for recovery is planned and improvement is expected month on month with achievement by Feb 2015.</p> <p>Endoscopy - The reason for underperformance related to capacity issues and patient cancellations. Endoscopy has experienced increased pressures due to the new rotation of SpRs being inexperienced in undertaking colon procedures. The business case for 2 Consultant Gastroenterologists has been agreed and recruitment is in progress.</p>



Category A ambulance calls						
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	14/15 - November	75%	69.93%	↑	The CCG failed to achieve the 75% year to date, but did achieve the target in month (Nov) recording 78.72%.	Deep dive with commissioners for 20/01/15 was cancelled. Main issue with NWAS is the poor turnaround times and increased activity as reported last month particularly with red category calls.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	14/15 - November	75%	69.32%	↔	The CCG failed to achieve the 75% year to date and also did not achieve the target in month (Nov) recording 66.47%.	
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	14/15 - November	95%	95.60%	↔		
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	14/15 - November	75%	71.55%	↓	NWAS failed to achieve the 75% year to date and also did not achieve the target in month (Nov) recording 68.00%.	
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	14/15 - November	75%	72.60%	↓	NWAS failed to achieve the 75% year to date and also did not achieve the target in month (Nov) recording 69.56%.	
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	14/15 - November	95%	94.78%	↔	NWAS failed to achieve the 95% year to date and also did not achieve the target in month (Nov) recording 93.05%.	
Local Measure						
Diabetes Care Processes	14/15 - Qtr1	65.9%	42.3%	New Measure	This measure makes up part of the quality premium and will be measured quarterly. Quarter 2 shows a decrease from quarter 1 (46%) and remains below the target.	The data search criteria is being adjusted as recording of smoking status may be too low. The effect will mean an overall increase for the indicator.

### 11.2 Mortality – Aintree Hospitals NHS Foundation Trust

As the Trust’s SHMI (Summary Hospital Mortality Index) has increased, the Risk Summit Action Plan has now been rag rated red for SHMI and also for deaths due to pneumonia. The Chair of the CCF has written to the Trust to ask them to review current performance and consider commissioning an independent review of SHMI and /or undertaking a collaboration with RLHBH which has a similar patient base but a lower SHMI. The Trust’s response was reviewed at the Collaborative Commissioning Forum (CCF) on the 4th December, the key points included in the response are:

- In addition to the formal responses to the questions the CCF raised, the Trust is currently finalising a report on our assessment of the latest SHMI data which highlights areas for further investigation by the Trust.
- The Trust have also invited members of the CCG’s Governing body to meet with members of the Aintree team which would also include David Fillingham, CEO of AQUA who is also a Non-Executive Director at Aintree. David has an in depth understanding of the reducing avoidable mortality work being done nationally and also at Aintree. This was discussed at the Avoidable Mortality Group meeting on 17<sup>th</sup> December

A Mortality Action Plan has been requested this will be monitored at the monthly CCF and CQPG meetings.

### 11.3 Friends and Family – Aintree Hospitals NHS Foundation Trust

Figure 25 Friends and Family – Aintree Hospitals NHS Foundation Trust

Clinical Area	Response Rate (RR) Target	RR Actual (Nov 2014)	RR - Trajectory From Previous Month (Sep 14)	Percentage Recommended (Eng. Average)	Percentage Recommended (Oct 2014)	PR - Trajectory From Previous Month (Sep 14)	Percentage Not Recommended (Eng. Average)	Percentage Not Recommended (Oct 2014)	PNR - Trajectory From Previous Month (Sep 14)
Inpatients	30%	39.4%	↑	95%	98%	↓	2%	1%	↔
A&E	20%	22.1%	↓	87%	86%	↑	6%	7%	↑

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

- % Response Rate
- % Recommended
- % Not Recommended

The Trust achieved the A&E response rate target achieving 22.1% in November against a target of 20%, however they missed the national average for percentage recommended by 1% and the national average for not recommended by 1%. As % recommended is a new measure performance will be monitored and regular updates provided to the CCG’s EPEG meetings.

The Trust achieved the Inpatient response rate target achieving 39.4% in November against a target of 30% and also exceeded the NHS England average for recommended and not recommended target.

Aintree Hospital have also agreed to share best practice and support other providers regarding improving response rates for FFT especially promoting the use of SMS, text, smartphone apps and

telephone surveys to encourage patient participation. The Trust also submit a quarterly FFT performance CQUIN report that is discussed at the CQPGs.

## 11.4 Complaints

At the Aintree CQPG on 10<sup>th</sup> December, the Trust presented their Quarter 2 '2C's' Complaints & Concerns Report. Complaints management is undertaken in accordance with the NHS (Complaints) regulations 2009. Complaints and concerns are regarded as an important source of intelligence on the quality of service provision. The Patient Advice & Complaints Team (PACT) manages this service in close liaison with the Divisional and Clinical Business Unit teams to ensure that where appropriate there are changes to practice and lessons are learnt and shared. The aim of the report is to identify and triangulate the themes and trends raised by those who use the Trust's services and provide assurance that changes to practice are implemented as a result.

Change to practice is identified within this report but it should be noted that, to gain full organisational learning and better triangulation, the content of this report should be utilised and read along with other Trust quarterly reports including the new Patient Experience Report and the Practice Improvement and lessons learnt report (P.I.L.L.)

The key messages from Quarter 2 are:

- Increase in concerns during this period.
- Appointments is still the most common concern subject
- Significant reduction in concerns relating to Implementation of Care.
- The top three most frequently occurring concerns themes recorded this quarter are:
  - Appointments
  - Clinical Treatment
  - Patient Information

The top three most frequently occurring complaint themes recorded this quarter are:

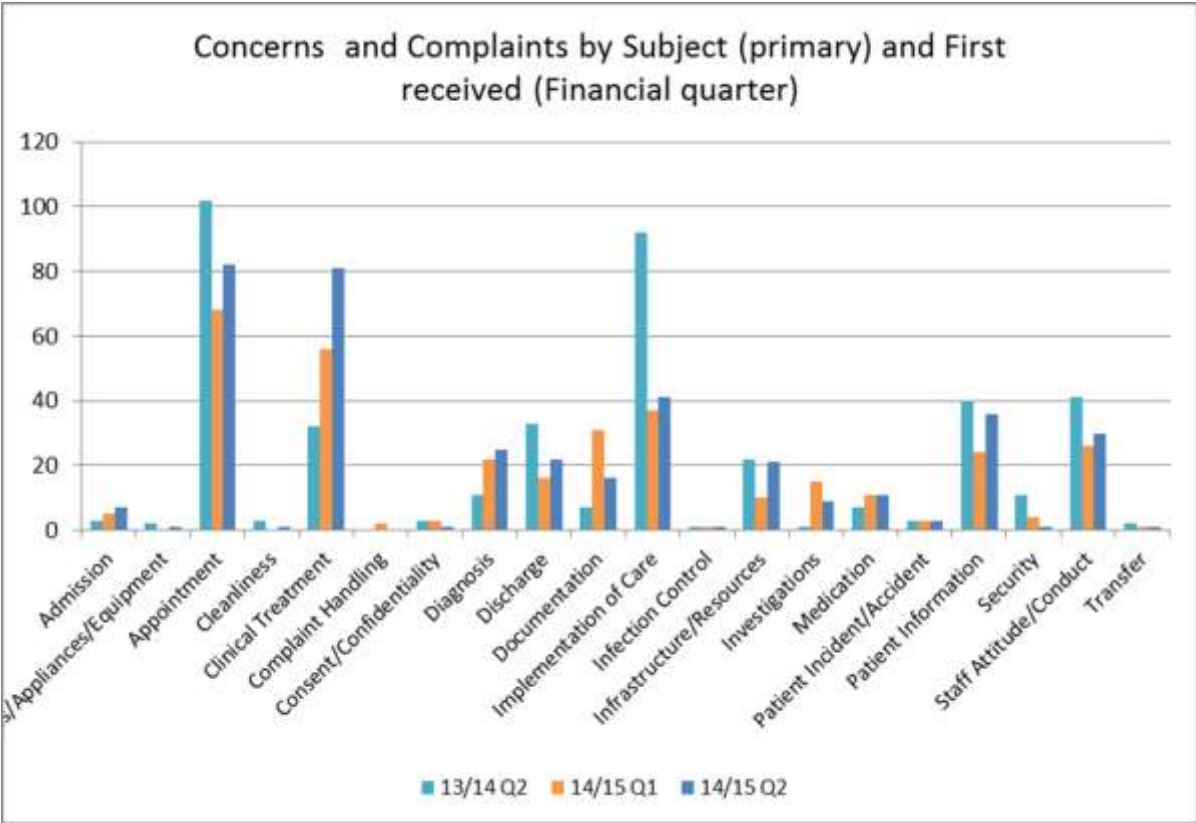
- Clinical Treatment
- Implementation of Care
- Diagnosis

The top two most frequently occurring themes for Quarter 2 were the same as the previous quarter Implementation of Care and Clinical Treatment which came top jointly. There has been a significant decrease from Quarter 1 in complaints in relation to Diagnosis.

The numbers of concerns received by the Trust have increased for this quarter and this could be due to the new Patient Advice and Complaints reception desk opening in July. This will be monitored each quarter so that it can be reviewed over a longer period of time.

The overall numbers of formal complaints received remains steady and although there has been a significant improvement in complaints being responded to within 60 days over the last 12 months there has been a slight increase in response times in Quarter 2.

Figure 26 Comparison of concern & complaints themes for Q2 of this financial year (2014/2015), Q1 of this financial year (2014/2015) & Q2 of the previous financial year (2013/2014)



## 11.5 Serious Untoward Incidents (SUIs)

Figure 27 NHS South Sefton CCG reported Serious Untoward Incidents

### Incident Split by Provider

Provider / Type of Incident	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD
<b>Aintree University Hospital NHS Foundation Trust</b>									
Delayed diagnosis				1			1		2
Slips/Trips/Falls					1				1
Drug Incident (general)					1				1
Failure to act upon Test Results								1	1
<b>Alder Hey Children's NHS Foundation Trust</b>									
Child Death			1	1					2
<b>Liverpool Community Health NHS Trust</b>									
Pressure ulcer - (Grade 3)	3	3	5	7	5	4	5	1	33
Pressure ulcer - (Grade 4)	3	4	4		1	2	1	1	16
Child Death				2				1	3
<b>Liverpool Women's NHS Foundation Trust</b>									
Maternity service		1							1
<b>Mersey Care NHS Trust</b>									
Admission of under 18s to adult mental health ward		1							1
Unexpected Death of Community Patient (in receipt)						1			1
Suicide by Outpatient (in receipt)						1			1
<b>Grand Total</b>	<b>6</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>8</b>	<b>8</b>	<b>7</b>	<b>4</b>	<b>63</b>

### CCG SUIs

Type of Incident	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD
Pressure ulcer - (Grade 3)	3	3	5	7	5	4	5	1	33
Pressure ulcer - (Grade 4)	3	4	4		1	2	1	1	16
Child Death			1	3				1	5
Delayed diagnosis				1			1		2
Slips/Trips/Falls					1				1
Unexpected Death of Community Patient (in receipt)						1			1
Suicide by Outpatient (in receipt)						1			1
Drug Incident (general)					1				1
Admission of under 18s to adult mental health ward		1							1
Maternity service		1							1
Failure to act upon Test Results								1	1
<b>Grand Total</b>	<b>6</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>8</b>	<b>8</b>	<b>7</b>	<b>4</b>	<b>63</b>

For South Sefton CCG patients there have been 4 serious incidents reported in November 2014, 63 SUIs reported YTD and zero Never Events. Year to date there have been 4 repeated incidents reported, detailed below;

- 33x Pressure ulcer - (Grade 3)
- 16x Pressure ulcer - (Grade 4)
- 5x Child Death
- 2x Delayed diagnosis

The majority of incidents occurred within Liverpool Community Health, the Trust is currently undertaking an aggregated pressure ulcer review with South Sefton and Liverpool CCGs an action plan has been provided and progress will be monitored at the CQPG meetings.

All incident investigations and action plans are discussed in detail at the CCG's Monthly SUI Management Group Meeting.

It should be noted that the data provided in the tables comes from Datix and not StEIS, as such differences in the figures reported for Liverpool Community Health and Mersey Care will be notable. These new data issues are being worked through with the Providers and the differing data sets.

**Figure 28 Aintree University Hospital reported Serious Untoward Incidents**

<b>Provider SUIs</b>									
<b>Incident Type</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>YTD</b>
Communicable Disease and Infection Issue								1	1
Delayed diagnosis			1	1			1		3
Drug Incident (general)					1				1
Failure to act upon test results		3						1	4
Slips/Trips/Falls					1				1
Sub-optimal care of the deteriorating patient						1			1
Unexpected Death (general)		1							1
<b>Grand Total</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>12</b>

<b>Incidents split by CCG</b>									
<b>CCG Name / Incident Type</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>YTD</b>
<b>Knowsley CCG</b>									
Failure to act upon test results		2							2
Unexpected Death (general)		1							1
<b>Liverpool CCG</b>									
Delayed diagnosis			1						1
Failure to act upon test results		1							1
Sub-optimal care of the deteriorating patient						1			1
<b>Sefton CCG</b>									
Delayed diagnosis				1			1		2
Drug Incident (general)					1				1
Failure to act upon test results								1	1
Slips/Trips/Falls					1				1
<b>West Cheshire CCG</b>									
Communicable Disease and Infection Issue								1	1
<b>Grand Total</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>12</b>

There have been 2 serious incidents reported in November 2014 relating to Communicable Disease and Infection Issue and Failure to act upon test results. The trust has reported 12 incidents YTD.

The trust has reported 12 repeated incidents YTD relating to the following;

There have been 2 repeated incidents during 2014/15

- 3x Delayed diagnosis
- 4x Failure to act upon test results

All incident investigations and action plans are discussed in detail at SUI/Complaints Monthly Management Group

## 12.Primary Care

### 12.1 Background

The primary care dashboard has been developed during the summer of 2014 with the intention of being used in localities so that colleagues from practices are able to see data compared to their peers in a timely and consistent format. 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. The tool is to aid improvement, not a performance management tool.

### 12.2 Content

The dashboard is still evolving, but at this stage the following sections are included: Urgent care (A&E attendances and emergency admissions for children and adults separately), Demand (referrals, Choose & Book information, cancer and urgent referrals), and Prescribing indicators. Future developments during winter 2014 include QOF data, financial information, and public health indicators.

### 12.3 Format

The data is presented for all practices, grouped to locality level and RAG rated to illustrate easily variation from the CCG average, where green is better than CCG average by 10% or more, and red is worse than CCG average. Amber is defined as better than CCG average but within 10%. Data is refreshed monthly, where possible and will have a 6 week time lag from month end for secondary care data and prescribing data, and less frequent updates for the likes of annual QOF data. The dashboards have been presented to Quality Committee and to localities, and feedback has been positive. The dashboards will be available on the new Cheshire & Merseyside Intelligence Portal (CMiP)

### 12.4 Summary of performance

A summary of the primary care dashboard measures at locality level for data relating to June 2014 is presented below. The criteria for the Red, Amber, Green rating is described above in section 11.3

Figure 29 Summary of Primary Care Dashboard

	A&E Attendance rate per 1,000 for under 19's (12 Mths to Jun-14)	A&E Attendance rate per 1,000 for over 19's (12 Mths to Jun-14)	Emergency Admission rate per 1,000 for under 19's (12 Mths to Jun-14)	Emergency Admission rate per 1,000 for over 19's (12 Mths to Jun-14)
Bootle	422.6	351.9	56.1	144.4
Crosby	258.2	223.3	43.7	104.7
Maghull	126.0	225.1	70.5	108.9
Seaforth & Litherland	340.6	303.9	53.1	121.9
<i>South Sefton CCG</i>	<i>305.3</i>	<i>276.3</i>	<i>54.0</i>	<i>119.9</i>

Locality	GP referrals (JUNE 14)	GP urgent referrals as a % of all GP referrals	GP referrals / 1,000 patients	Cancer Fast Track / 1,000 patients	% Choose & Book
Bootle	865	6.7%	21.57	2.10	18.2%
Crosby & Waterloo	901	10.8%	19.09	1.55	23.2%
Maghull	632	15.8%	22.35	1.38	27.2%
Seaforth & Litherland	738	7.6%	18.84	1.91	19.9%
<i>South Sefton CCG</i>	<i>3136</i>	<i>9.9%</i>	<i>20.27</i>	<i>1.75</i>	<i>21.8%</i>



## 13. Programme Update

### 13.1 2014/15 Milestones

All programme milestones are green except for the following exceptions:

- Neurology: Clinical and Programme leads not yet identified.

### 13.2 CCG Strategic Performance

Newly developed strategic performance dashboard to monitor progress against four main CCG performance indicators.

The dashboards are all produced in a standard format using Accident and Emergency department and emergency admissions data extracted from Secondary User Services (SUS) files.

Emergency activity for the majority of dashboards are extracted using established Programme Budgeting Codes

- 02 (A-X) Cancers & Tumours
- 04 (A-X) Endocrine, Nutritional and Metabolic Disorders (Diabetes)
- 05 (A-X) Mental Health Disorders
- 07 (A-X) Neurological Problems
- 10 (A-X) Problems of circulation (Cardiovascular)
- 11 (A-X) Problems of the respiratory system

For the other programme areas Children and Young People are defined by age under 19 years old, Acute Kidney Injury (AKI) and Liver Disease are reviewed by the use of Primary Diagnosis Codes specified by NHS Right Care and Palliative Care is evaluated through Unbundled HRG codes which is the NHS England preferred choice.

A&E Attendances are measured by the use of Diagnosis Codes as produced by the Health and Social Care Information Centre. These codes are a broad classification of the types of diagnoses that patients require attendance in A&E.

CCG performance is broken down to show activity at locality and programme level.

Locality and programme leads will review Dashboards each month to identify areas of concern and support future service developments.

South Sefton CCG received National Recognition for the work and development of the Programme Dashboards when they were presented at the NHS England CSU BI Leads Network meeting in London.

# CCG Locality Programme Dashboard

The CCG Locality Programme Dashboard has been created to identify performance at Programme Level by Locality. This will be required to inform future Service Planning, Development and Implementation.

**The 3 parts of Information on the Dashboard are:**

## 1) KPI

KPI is based on a RAG rating of RED, AMBER, GREEN

RED means YTD activity has increased this financial year.

AMBER means YTD performance has either stayed the same as last financial year or reduced by 0.9%

GREEN means YTD performance is 1% or more improved on last financial year.

## 2) Trend

Performance Improved	↓ ↓ ↓
	= = =
Adverse Performance	↑ ↑ ↑

The Key for the trend above shows 9 possible performance outcomes, the best being ↓ and the worst being ↑  
The arrow indicates direction of activity, up arrow is increased activity and the down arrow indicates activity has decreased when compared against last financial year  
The colour of the arrow is the in-month performance.

## 3) Sparkline

The sparkline information shows the YTD activity plotted per month and indicates current financial year trend.

**South Sefton CCG Programme Locality Dashboard**

September 2014

All Activity		AE Attendance			Emergency Admissions			Emergency Bed Days			Emergency Re-admissions		
CCG Level		KPI 1	Trend	Sparkline	KPI 2	Trend	Sparkline	KPI 3	Trend	Sparkline	KPI 4	Trend	Sparkline
Locality	Bootle	4.0%	↑		5.1%	↑		5.1%	↑		18.0%	↑	
	Crosby	23.5%	↑		3.0%	↑		-6.1%	↓		7.8%	↑	
	Maghull	39.3%	↑		7.1%	↑		-2.8%	↓		-3.4%	↓	
	Seaforth & Litherland	20.4%	↑		6.1%	↑		-10.7%	↓		-0.6%	=	

Activity - Programme		AE Attendance			Emergency Admissions			Emergency Bed Days			Emergency Re-admissions		
Locality	Programme	KPI 1	Trend	Sparkline	KPI 2	Trend	Sparkline	KPI 3	Trend	Sparkline	KPI 4	Trend	Sparkline
Bootle	Acute Kidney Injury (AKI)				150.0%	↑		43.9%	↑		120.0%	↑	
	Cancer				48.8%	↑		3.6%	↑				
	Cardiovascular	0.0%	=		22.1%	↑		-10.1%	↓		-2.6%	↓	
	Childrens and Young People	6.8%	↑		2.8%	↑		17.8%	↑		183.3%	↑	
	Diabetes				68.2%	↑		59.4%	↑		400.0%	↑	
	Liver Disease				3.0%	↑		25.3%	↑		37.5%	↑	
	Mental Health	-26.8%	↓		-43.6%	↓		0.9%	↑				
	Neurology	-73.5%	↓		-17.1%	↓		-28.9%	↓		-8.8%	↓	
	Palliative Care				34.7%	↑		30.8%	↑		-6.7%	↓	
	Respiratory	-0.9%	=		1.2%	↑		-11.9%	↓		-1.3%	↓	
Crosby	Acute Kidney Injury (AKI)				133.3%	↑		58.7%	↑		125.0%	↑	
	Cancer				10.9%	↑		7.2%	↑				
	Cardiovascular	-31.3%	↓		-0.8%	=		-23.3%	↓		5.4%	↑	
	Childrens and Young People	-2.0%	↓		-4.0%	↓		10.7%	↑		-9.1%	↓	
	Diabetes				0.0%	=		11.0%	↑		11.1%	↑	
	Liver Disease				17.5%	↑		-7.2%	↓		0.0%	=	
	Mental Health	0.0%	=		-46.8%	↓		-70.1%	↓				
	Neurology	-69.6%	↓		-15.0%	↓		-26.6%	↓		-25.0%	↓	
	Palliative Care				33.3%	↑		16.1%	↑		42.9%	↑	
	Respiratory	-28.2%	↓		-7.7%	↓		-28.3%	↓		30.8%	↑	
Maghull	Acute Kidney Injury (AKI)				90.0%	↑		-39.7%	↓		0.0%	=	
	Cancer				12.8%	↑		-25.1%	↓				
	Cardiovascular	-50.0%	↓		16.9%	↑		-8.7%	↓		3.2%	↑	
	Childrens and Young People	0.2%	↑		0.5%	↑		-5.5%	↓		-75.0%	↓	
	Diabetes				2.6%	↑		4.8%	↑		-9.1%	↓	
	Liver Disease				32.1%	↑		45.5%	↑		100.0%	↑	
	Mental Health	6.7%	↑		-14.6%	↓		-48.5%	↓				
	Neurology	-72.7%	↓		-6.8%	↓		-19.0%	↓		-14.6%	↓	
	Palliative Care				95.8%	↑		73.6%	↑		40.0%	↑	
	Respiratory	84.6%	↑		4.6%	↑		-15.5%	↓		6.1%	↑	
Seaforth & Litherland	Acute Kidney Injury (AKI)				140.0%	↑		188.1%	↑				
	Cancer				-16.3%	↓		-24.2%	↓				
	Cardiovascular	-63.6%	↓		7.7%	↑		-15.6%	↓		9.7%	↑	
	Childrens and Young People	6.3%	↑		17.1%	↑		37.4%	↓		54.5%	↑	
	Diabetes				18.2%	↑		22.1%	↑		57.1%	↑	
	Liver Disease				-21.3%	↓		-53.4%	↓		-70.0%	↓	
	Mental Health	5.7%	↑		-44.6%	↓		-61.0%	↓				
	Neurology	-55.0%	↓		-10.3%	↓		-35.4%	↓		-36.6%	↓	
	Palliative Care				13.2%	↑		-17.1%	↓		7.1%	↑	
	Respiratory	18.6%	↑		8.7%	↑		-13.5%	↓		26.5%	↑	

AE Attendances for Childrens and Young People excludes Attendances at Liverpool Community due to Age Recording Discrepancies.

# Appendix 1 Main Provider Activity & Finance Annual Comparison

Figure 30 Month 8 Planned Care - Aintree University Hospitals NHS Foundation Trust 13/14 – 14/15 Comparison

Aintree University Hospitals NHS F/T South Sefton CCG		2014/15														
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
Daycase	Activity	1415 Activity Plan	923	923	969	1061	923	1015	1061	923						
	1415 Activity Actual	933	951	1028	1105	917	1017	1077	957							
	Price	1415 Price Plan	£613,314	£613,314	£643,980	£705,312	£613,314	£674,646	£705,312	£613,314						
1415 Price Actual	£615,656	£662,910	£669,748	£723,295	£611,195	£713,917	£725,692	£695,466								
Elective	Activity	1415 Activity Plan	169	169	178	194	169	186	194	169						
	1415 Activity Actual	180	188	169	190	181	202	181	174							
	Price	1415 Price Plan	£460,306	£460,306	£483,322	£529,352	£460,306	£506,337	£529,352	£460,306						
1415 Price Actual	£501,422	£536,883	£407,857	£512,442	£486,687	£582,022	£524,053	£488,028								
Non-Elective (NEL and NELST)	Activity	1415 Activity Plan	978	1011	978	1011	1011	978	1011	978						
	1415 Activity Actual	1012	1072	1010	1063	1043	1082	1411	1367							
	Price	1415 Price Plan	£1,897,370	£1,960,616	£1,897,370	£1,960,616	£1,960,616	£1,897,370	£1,960,616	£1,897,370						
1415 Price Actual	£1,970,074	£2,158,801	£2,005,594	£2,011,537	£2,018,160	£1,977,447	£2,348,269	£2,244,208								
AandE	Activity	1415 Activity Plan	2527	2611	2527	2611	2611	2527	2611	2527						
	1415 Activity Actual	2549	2631	2622	2556	2527	2597	2529	2529							
	Price	1415 Price Plan	£270,763	£279,789	£270,763	£279,789	£279,789	£270,763	£279,789	£270,763						
1415 Price Actual	£275,641	£287,645	£287,833	£283,344	£279,987	£276,870	£287,385	£277,673								

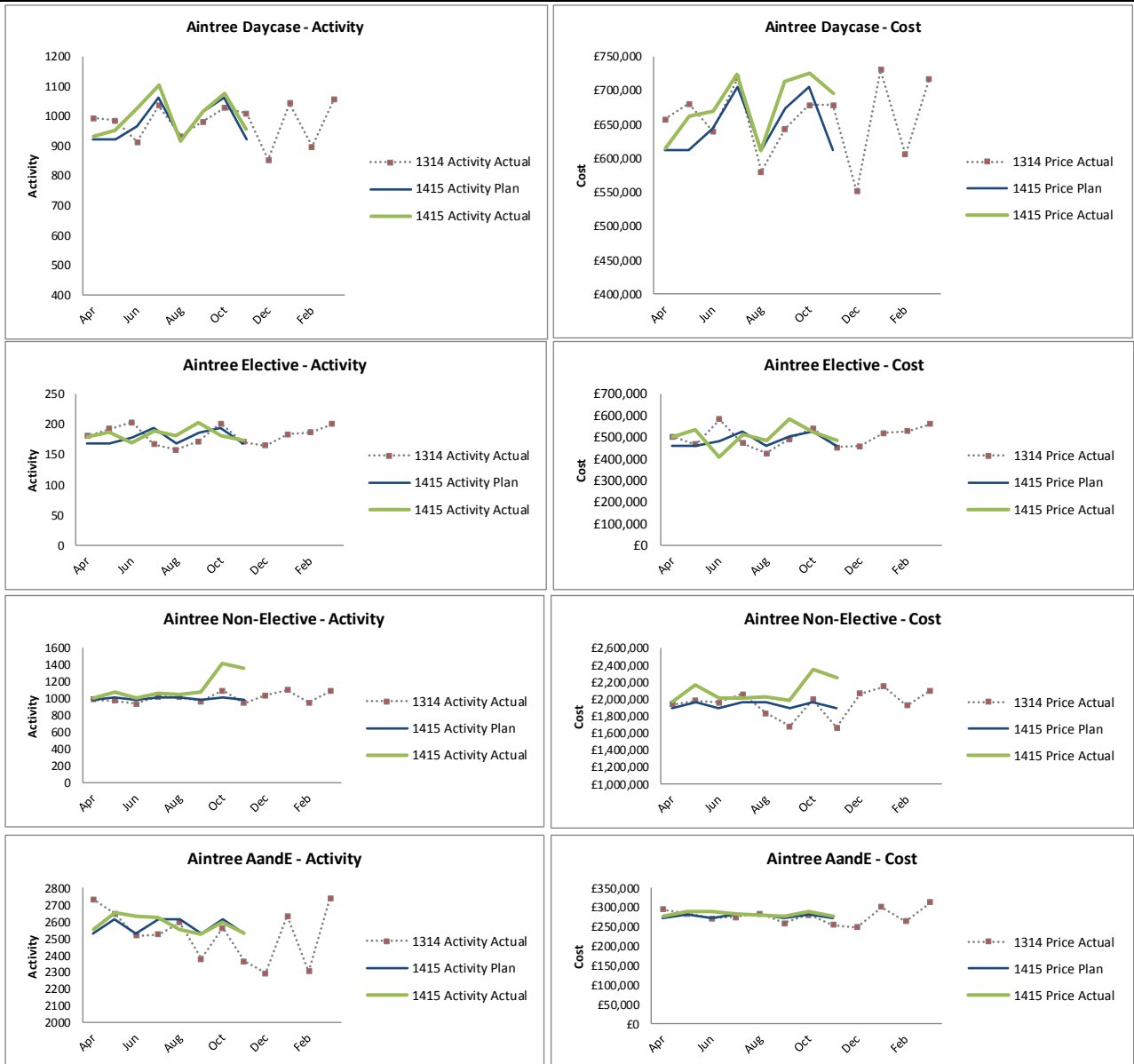


Figure 31 Month 8 Planned Care – Liverpool Women’s Hospital 13/14 – 14/15 Comparison

Liverpool Womens Hospital South Sefton CCG		2014/15												
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Daycase	Activity	1415 Activity Plan	84	90	95	99	74	95	105	95				
	1415 Activity Actual	85	80	99	94	70	65	89	86					
	Price	1415 Price Plan	£48,833	£52,045	£55,258	£57,828	£43,050	£55,258	£61,041	£55,258				
	1415 Price Actual	£51,580	£51,317	£71,771	£60,982	£47,574	£37,080	£58,075	£50,261					
Elective	Activity	1415 Activity Plan	25	26	28	29	22	28	31	28				
	1415 Activity Actual	25	42	38	54	46	23	28	29					
	Price	1415 Price Plan	£54,488	£58,072	£61,657	£64,525	£48,035	£61,657	£68,110	£61,657				
	1415 Price Actual	£60,106	£85,777	£59,466	£81,343	£74,213	£43,742	£53,981	£49,730					
Non-Elective (NEL and NELST)	Activity	1415 Activity Plan	123	127	123	127	127	123	127	123				
	1415 Activity Actual	118	112	146	155	116	113	130	128					
	Price	1415 Price Plan	£208,357	£215,980	£208,357	£215,980	£215,980	£208,357	£215,980	£208,357				
	1415 Price Actual	£204,996	£195,892	£248,939	£265,849	£202,205	£202,743	£230,006	£228,955					
AandE	Activity	1415 Activity Plan	138	144	138	144	144	138	144	138				
	1415 Activity Actual	112	168	157	184	130	141	144	129					
	Price	1415 Price Plan	£12,873	£13,344	£12,873	£13,344	£13,344	£12,873	£13,344	£12,873				
	1415 Price Actual	£10,226	£14,753	£14,552	£17,347	£12,151	£12,736	£13,914	£11,696					



Figure 32 Month 7 Planned Care – Royal Liverpool & Broadgreen Hospital 13/14 – 14/15 Comparison

Royal Liverpool Hospital South Sefton CCG			2014/15													
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Daycase	Activity	1415 Activity Plan	119	119	125	137	119	131	137	119						
		1415 Activity Actual	116	112	127	135	111	129	140	138						
	Price	1415 Price Plan	£105,580	£105,580	£110,859	£121,417	£105,580	£116,138	£121,417	£105,580						
		1415 Price Actual	£93,425	£101,245	£113,637	£110,940	£86,338	£113,508	£112,837	£120,027						
Elective	Activity	1415 Activity Plan	35	35	37	40	35	38	40	35						
		1415 Activity Actual	25	47	38	40	39	33	41	35						
	Price	1415 Price Plan	£119,760	£119,760	£125,748	£137,724	£119,760	£131,736	£137,724	£119,760						
		1415 Price Actual	£59,269	£133,850	£139,497	£104,079	£109,147	£96,458	£155,212	£140,272						
Non-Elective (NEL and NELST)	Activity	1415 Activity Plan	68	70	68	70	70	68	70	68						
		1415 Activity Actual	78	83	93	103	78	88	98	73						
	Price	1415 Price Plan	£126,114	£130,318	£126,114	£130,318	£130,318	£126,114	£130,318	£126,114						
		1415 Price Actual	£140,993	£118,945	£135,963	£179,965	£160,353	£161,734	£120,203	£112,452						
AandE	Activity	1415 Activity Plan	362	374	362	374	374	362	374	362						
		1415 Activity Actual	394	365	361	385	378	366	375	334						
	Price	1415 Price Plan	£30,232	£31,240	£30,232	£31,240	£31,240	£30,232	£31,240	£30,232						
		1415 Price Actual	£32,676	£31,503	£30,287	£32,661	£32,747	£31,159	£32,500	£27,805						



## Appendix 2 Additional Finance Tables

01T NHS South Sefton Clinical Commissioning Group Month 9 Financial Position							
Cost centre Number	Cost Centre Description	Annual Budget	Budget To Date	Actual To Date	Variance to date	End of Year	
						Expenditure Outturn	FOT Variance
		£000	£000	£000	£000	£000	£000
<b>COMMISSIONING - NON NHS</b>							
598501	Mental Health Contracts	970	705	705	0	970	0
598506	Child and Adolescent Mental Health	212	159	161	2	215	3
598511	Dementia	127	97	97	0	127	0
598521	Learning Difficulties	497	349	267	(82)	380	(117)
598541	Mental Health Services - Collaborative Commissioning	881	881	881	0	881	0
598596	Collaborative Commissioning	521	391	376	(14)	502	(19)
598661	Out of Hours	1,321	991	991	0	1,321	0
598682	CHC Adult Fully Funded	4,937	3,759	4,280	521	5,706	769
598684	CHC ADULT JOINT FUNDED	1,420	1,065	1,344	279	1,792	372
598685	CHC Adult joint funded Personal Health Budget	21	16	85	70	114	93
598687	CHC Children	661	496	471	(25)	622	(39)
598691	Funded Nursing Care	2,281	1,695	1,646	(49)	2,217	(64)
598711	Community Services	129	100	150	50	209	80
598721	Hospices	1,479	1,121	1,167	45	1,538	59
598726	Intermediate Care	164	111	111	0	164	0
598796	Reablement	1,290	966	966	0	1,290	0
<b>Sub-Total</b>		<b>16,909</b>	<b>12,901</b>	<b>13,699</b>	<b>798</b>	<b>18,046</b>	<b>1,137</b>
<b>CORPORATE &amp; SUPPORT SERVICES</b>							
600251	Administration and Business Support (Running Cost)	169	126	125	(1)	169	1
600271	CEO/Board Office (Running Cost)	785	589	488	(101)	675	(111)
600276	Chairs and Non Execs (Running Cost)	149	112	30	(82)	57	(93)
600286	Clinical Governance (Running Cost)	30	22	(25)	(48)	(26)	(56)
600296	Commissioning (Running Cost)	1,474	1,105	1,051	(55)	1,410	(64)
600316	Corporate costs	195	146	84	(63)	141	(54)
600346	Estates & Facilities	193	120	195	74	260	67
600351	Finance (Running Cost)	443	332	325	(7)	423	(20)
600391	Medicines Management (Running Cost)	37	28	36	8	46	9
600266	BUSINESS INFORMATICS	77	58	43	(15)	62	(15)
600426	Quality Assurance	138	103	101	(2)	136	(2)
	<b>Sub-Total Running Costs</b>	<b>3,690</b>	<b>2,743</b>	<b>2,452</b>	<b>(291)</b>	<b>3,352</b>	<b>(338)</b>
598646	Commissioning Schemes (Programme Cost)	742	543	574	32	850	108
598656	Medicines Management (Clinical)	663	497	435	(63)	591	(72)
598776	Non Recurrent Programmes (NPFIT)	1,264	92	92	(0)	1,264	0
598676	Primary Care IT	828	621	652	31	828	0
	<b>Sub-Total Programme Costs</b>	<b>3,498</b>	<b>1,753</b>	<b>1,753</b>	<b>0</b>	<b>3,534</b>	<b>36</b>
<b>Sub-Total</b>		<b>7,188</b>	<b>4,496</b>	<b>4,205</b>	<b>(291)</b>	<b>6,886</b>	<b>(303)</b>
<b>SERVICES COMMISSIONED FROM NHS ORGANISATIONS</b>							
598571	Acute Commissioning	110,621	82,965	84,309	1,343	113,102	2,481
598576	Acute Childrens Services	8,739	6,554	6,279	(276)	8,639	(100)
598586	Ambulance Services	5,347	4,011	4,028	18	5,371	24
598616	NCAa/OATs	1,331	998	941	(57)	1,304	(27)
598631	Winter Pressures	1,213	663	663	0	1,213	0
598566	Mental Health Services - Winter Resilience	103	0	0	0	103	0
598756	Commissioning - Non Acute	34,843	26,132	26,162	29	34,859	15
598786	Patient Transport	5	4	1	(3)	2	(3)
<b>Sub-Total</b>		<b>162,293</b>	<b>121,328</b>	<b>122,382</b>	<b>1,055</b>	<b>164,993</b>	<b>2,390</b>
<b>INDEPENDENT SECTOR</b>							
598591	Clinical Assessment and Treatment Centres	2,304	1,728	1,976	248	2,685	381
<b>Sub-Total</b>		<b>2,304</b>	<b>1,728</b>	<b>1,976</b>	<b>248</b>	<b>2,685</b>	<b>381</b>
<b>PRIMARY CARE</b>							
598651	Local Enhanced Services and GP Framework	2,000	1,390	1,381	(10)	1,943	(57)
598791	Programme Projects	504	363	292	(71)	411	(93)
<b>Sub-Total</b>		<b>2,503</b>	<b>1,754</b>	<b>1,673</b>	<b>(81)</b>	<b>2,353</b>	<b>(150)</b>
<b>PRESCRIBING</b>							
598606	High Cost Drugs	545	409	393	(16)	634	89
598666	Oxygen	439	327	286	(41)	385	(54)
598671	Prescribing	28,088	21,176	21,270	95	28,214	126
<b>Sub-Total</b>		<b>29,071</b>	<b>21,911</b>	<b>21,950</b>	<b>38</b>	<b>29,232</b>	<b>161</b>
<b>Sub-Total Operating Budgets pre Reserves</b>		<b>228,178</b>	<b>164,117</b>	<b>165,884</b>	<b>1,767</b>	<b>223,795</b>	<b>3,618</b>
<b>RESERVE 5</b>							
598761	Commissioning Reserves	8,926	1,767	0	(1,767)	5,308	(3,618)
<b>Sub-Total</b>		<b>8,926</b>	<b>1,767</b>	<b>0</b>	<b>(1,767)</b>	<b>5,308</b>	<b>(3,618)</b>
<b>Grand Total I &amp; E</b>		<b>229,104</b>	<b>165,884</b>	<b>165,884</b>	<b>(0)</b>	<b>229,104</b>	<b>0</b>
RRL Allocation		(231,404)	(167,609)	(167,609)	0	(231,404)	0
(Surplus)/Deficit		(2,300)	(1,725)	(1,725)	(0)	(2,300)	0

**01T NHS South Sefton Clinical Commissioning Group Month 9 Contract Summary**

Description	Annual Budget £000	Budget To Date £000	Actual To Date £000	YTD Variance			Forecast Variance (Most Likely)		
				Month 9	Month 8	Movement	Month 9	Month 8	Movement
				£000	£000	£000	£000	£000	£000
<b>ACUTE CHILDRENS SERVICES</b>									
ALDER HEY CHILDRENS FT	8,739	6,554	6,279	(276)	(371)	96 ▲	(100)	(557)	457 ▲
<b>Sub-Total</b>	<b>8,739</b>	<b>6,554</b>	<b>6,279</b>	<b>(276)</b>	<b>(371)</b>	<b>96</b>	<b>(100)</b>	<b>(557)</b>	<b>457</b>
<b>ACUTE COMMISSIONING</b>									
AINTREE UNI HOSP NHS FT	80,492	60,369	61,634	1,265	1,287	(22) ▼	1,690	1,753	(63) ▼
AINTREE ANTICOAGULENT CLINIC	220	165	167	2	0	2 ▲	2	2	0
ANY QUALIFIED PROVIDER	479	359	405	46	63	(17) ▼	61	94	(33) ▼
C MANC UNI HOS NHS FT	45	34	44	10	30	(20) ▼	13	44	(31) ▼
COUNTRESS OF CHESTER FT	32	24	33	9	9	1	12	13	(1)
LIVP HRT/CHST HOSP NHST	692	519	522	2	(15)	17 ▲	3	(22)	26 ▲
LIVP WOMENS NHS FT	9,035	6,776	7,059	283	290	(7) ▼	384	434	(50) ▼
R LIV/BRG UNI HOSP NHST	10,053	7,540	7,647	108	0	108 ▲	143	206	(63) ▼
SOUTHPORT/ORMSKIRK NHST	6,865	5,148	5,083	(65)	16	(81) ▼	(87)	38	(125) ▼
ST HEL/KNOWS TEACH NHST	1,907	1,430	1,453	22	31	(9) ▼	30	47	(17) ▼
UNI HOSP SMAN NHS FT	36	27	27	0	3	(3) ▼	0	5	(5) ▼
WALTON CENTRE NHS FT	138	103	104	0	0	0	0	0	0
WIRRAL UNIV TEACH HOSP	286	214	205	(10)	(13)	3 ▲	(13)	(19)	6 ▲
WRIGHT/WGN/LEIGH NHS FT	341	256	438	182	157	25 ▲	242	236	6 ▲
<b>Sub-Total</b>	<b>110,621</b>	<b>82,965</b>	<b>84,818</b>	<b>1,853</b>	<b>1,858</b>	<b>(5)</b>	<b>2,481</b>	<b>2,831</b>	<b>(350)</b>
<b>COMMISSIONING - NON ACUTE</b>									
CHESH/WIRRAL PART NHSFT	13	10	11	1	1	0	1	0	1 ▲
LPOOL COMM HC NHST	18,790	14,092	14,092	(0)	0	(0)	(0)	0	(0)
MERSEY CARE NHST	12,694	9,521	9,521	0	0	0	0	0	0
NHS 111 ~ SERVICE	260	195	196	1	1	(1)	1	2	(1) ▼
SOUTHPORT/ORMSKIRK NHST	1,313	985	985	0	6	(6) ▼	0	0	0
S&O ANTICOAGULENT CLINIC	73	55	63	8	0	8 ▲	13	13	0
STTFSS/SHRPS HC NHS FT	1,700	1,275	1,275	0	0	0	0	0	0
<b>Sub-Total</b>	<b>34,843</b>	<b>26,132</b>	<b>26,143</b>	<b>10</b>	<b>9</b>	<b>2</b>	<b>15</b>	<b>15</b>	<b>0</b>
<b>AMBULANCE SERVICES</b>									
NW AMBUL SVC NHST	5,347	4,011	4,028	18	13	5 ▲	24	19	5 ▲
<b>Sub-Total</b>	<b>5,347</b>	<b>4,011</b>	<b>4,028</b>	<b>18</b>	<b>13</b>	<b>5</b>	<b>24</b>	<b>19</b>	<b>5</b>
<b>Grand Total</b>	<b>159,550</b>	<b>119,663</b>	<b>121,268</b>	<b>1,606</b>	<b>1,508</b>	<b>97</b>	<b>2,420</b>	<b>2,308</b>	<b>112</b>

**01T NHS South Sefton Clinical Commissioning Group Month 9 IS Provider Summary**

Description	Annual Budget £000	Budget To Date £000	Actual To Date £000	YTD Variance			Forecast Variance (Most Likely)		
				Month 9	Month 8	Movement	Month 9	Month 8	Movement
				£000	£000	£000	£000	£000	£000
RAMSAY HEALTHCARE UK	1,282	961	1,076	114	74	40 ▲	150	111	39 ▲
SPIRE HEALTHCARE LTD	812	609	749	141	100	41 ▲	230	150	80 ▲
ISIGHT LTD	94	71	39	(31)	(32)	0	(34)	(48)	14 ▲
FAIRFIELD	47	35	16	(19)	(19)	0	(15)	(29)	14 ▲
BRITISH PREGNANCY ADVISORY SERVICE	60	45	59	14	4	10 ▲	6	6	0
Other Cost Per Case IS Providers	10	7	37	30	(2)	32 ▲	44	(4)	48 ▲
<b>Sub-Total</b>	<b>2,304</b>	<b>1,728</b>	<b>1,976</b>	<b>248</b>	<b>124</b>	<b>124</b>	<b>381</b>	<b>186</b>	<b>195</b>