

South Sefton Clinical Commissioning Group

Integrated Performance Report August 2015

Contents

1. Executive Summary.....	5
2. Financial Position.....	8
2.1 Summary.....	8
<i>*Note this now reflects the overall surplus net of any reserves adjustments.....</i>	<i>8</i>
2.2 Resource Allocation.....	8
2.3 Position to date.....	8
2.4 QIPP.....	11
2.5 CCG Running Costs.....	12
2.6 Evaluation of Risks and Opportunities.....	12
3. Referrals.....	14
3.1 Referrals by source.....	14
4. Waiting Times.....	15
4.1 NHS South Sefton CCG patients waiting.....	15
4.2 Top 5 Providers.....	16
4.3 Provider assurance for long waiters.....	16
5. Planned Care.....	17
5.1 All Providers.....	17
5.2 Aintree University Hospital NHS Foundation Trust.....	17
5.2.1 Aintree University Hospital NHS Foundation Trust Key Issues.....	18
5.3 Southport & Ormskirk Hospital.....	18
5.3.1 Southport & Ormskirk Hospital Key Issues.....	18
5.4 Renacres Hospital.....	19
5.4.1 Renacres Hospital Key Issues.....	19
6. Unplanned Care.....	20
6.1 All Providers.....	20
6.2 Aintree University Hospital NHS Foundation Trust.....	20
6.2.1 Aintree Hospital Key Issues.....	20
6.3 Alder Hey Hospital.....	21
6.3.1 Alder Hey Hospital Key Issues.....	21
7. Mental Health.....	22
7.1 Mersey Care NHS Trust Contract.....	22
7.2 Cheshire Wirral Partnership - Improving Access to Psychological Therapies Contract.....	23
8. Community Health.....	26
9. Third Sector Contracts.....	28
10. Quality and Performance.....	29
10.1 NHS South Sefton CCG Performance.....	29
10.2 Friends and Family – Aintree University Hospital NHS Foundation Trust.....	36

10.3	Serious Untoward Incidents (SUIs)	37
11.	Primary Care	40
11.1	Background	40
11.2	Content	40
11.3	Format	40
11.4	Summary of performance	40
12.	Better Care Fund update	43
13.	NHS England Activity Monitoring	43

List of Tables and Graphs

Figure 1 – Financial Dashboard	8
Figure 2 – Forecast Outturn	9
Figure 3 – Daycase Activity	10
Figure 4 – Non Elective Activity	11
Figure 5 – Elective Activity	11
Figure 6 – Reserves Analysis	13
Figure 7 - GP and 'other' referrals for the CCG, all providers comparing 2014/15 and 2015/16 by month and year to date.	14
Figure 8 - GP and 'other' referrals for the CCG across all providers comparing 2014/15 and 2015/16 by month	14
Figure 9 Patients waiting on an incomplete pathway at the end of August 2015 by weeks waiting.	15
Figure 10 Patients waiting (in bands) on incomplete pathway for the top 5 Providers	16
Figure 11 Planned Care - All Providers	17
Figure 12 Month 5 Planned Care- Aintree University Hospital NHS Foundation Trust by POD	17
Figure 13 Month 5 Planned Care- Southport & Ormskirk Hospital by POD	18
Figure 13 Month 5 Planned Care- Renacres Hospital by POD	19
Figure 14 Month 5 Unplanned Care – All Providers	20
Figure 15 Month 5 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD	20
Figure 16 Month 5 Unplanned Care – Alder Hey Hospital by POD	21
Figure 17 NHS South Sefton CCG – Shadow PbR Cluster Activity	22
Figure 18 CPA – Percentage of People under CPA followed up within 7 days of discharge	22
Figure 19 CPA Follow up 2 days (48 hours) for higher risk groups	23
Figure 20 Monthly Provider Summary including (National KPI s Recovery and Prevalence)	24
Figure 21 IAPT Waiting Time KPIs	25
Figure 22 Friends and Family – Aintree University Hospital NHS Foundation Trust	36
Figure 23 Summary of Primary Care Dashboard – Finance	41
Figure 24 NHS England Activity Monitoring	43

1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 5 (note: time periods of data are different for each source).

CCG Key Performance Indicators

NHS Constitution Indicators	Footprint	RAG
A&E 4 Hour Waits	CCG	
Ambulance Category A Calls (Red 1)	CCG	
Cancer 2 Week GP Referral	CCG	
RTT 18 Week Incomplete Pathway	CCG	
Other Key Targets		
Emergency Admissions Composite Indicator	CCG	
Emergency Admissions for acute conditions that should not usually require a hospital admission	CCG	
HCAI - MRSA	AUHT	
IAPT Access - Roll Out	CCG	
IAPT - Recovery Rate	CCG	
Patient Experience of Primary Care i) GP Services ii) Out of Hours (Combined)	CCG	
PROM: Elective procedures: Hip Replacement	CCG	
PROM: Elective procedures: Knee Replacement	CCG	
PYLL Person (Annual Update)	CCG	
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	CCG	
Unplanned hospitalisation for chronic ambulatory care	CCG	

Key information from this report

Financial Performance - The financial position is £0.04m underspent at Month 6 on operational budget areas before the application of reserves or contingency. The year end forecast outturn on operational budget areas is £0.247m overspent.

The overall forecast for the CCG is a surplus of £2.400m against a planned surplus of £2.400m after the application of reserves.

In addition to operational budgets, the CCG holds reserve budgets to deliver the planned surplus of £2.400m and a requirement to achieve the QIPP target of £3.441m. Plans to achieve the CCG's QIPP requirement have not yet been fully identified which increases the risk of the CCGs ability to deliver the planned surplus.

Referrals – The year to date position shows an increase of 9% for GP referrals (other referrals up 1%) compared to the previous year. Discussions regarding referral management schemes were held at the Wider GP Forum meeting in October with the wider CCG membership. The increase in referrals from A&E will be investigated and raised with providers if necessary.

A&E waits – The CCG met the 95% target for August with a performance of 97.61% year to date, Aintree failed the target in August recording 94.14%, but are achieving year to date reaching 95.01%.

Ambulance Activity - The CCG and NWS are achieving all 3 ambulance targets year to date. The delivery and sustainability of emergency ambulance performance remains a key priority for commissioners. Performance continues to be closely monitored with the support of lead commissioner Blackpool CCG and through monthly contract and Strategic Partnership Board meetings with the NWS executive team and commissioning leads. Locally the Mersey CCGs continue to meet with NWS monthly to review performance at county and CCG level.

Cancer Indicators – The CCG achieved all the cancer indicators year to date as at July 2015, along with Aintree who also achieved all indicators.

Emergency Admissions Composite Measure - The CCG is over the monthly plan and had 171 more admissions than the same period last year. The monthly plans for 2015-16 been split using last years seasonal performance. Pathway changes at Aintree resulting in higher activity levels, may not have been reflected in the planned targets due to when the changes were implemented compared to when the targets were set. The CCG will look to revise these targets.

IAPT Access – Roll Out – The CCG are under plan for Q1 for IAPT Roll Out and reached 2.07% (plan 3.75%). This equates to 502 patients having entered into treatment out of a population of 24298 (Psychiatric Morbidity Survey). The CCG are also under plan for August 0.68% with 166 patients having entered into treatment. There had been a steady increase since April, (April 0.59%, May 0.65%, June 0.83%, July 0.84%) until August where there has been a dip.

IAPT - Recovery Rate – The CCG are under the 50% plan for recovery rate In Q1 reaching 39.77%. This equated to 138 patients who moved to recovery out of 347 who completed treatment. But August data shows the CCG are now over plan for recovery rate reaching 52.2%. This equates to 47 patients who have moved to recovery out of 90 who have completed treatment.

Patient experience of primary care - The CCG reported the proportion of negative responses at 7.63% which is above the 6% target. This is a very slight improvement from the last survey

which reported 7.89%. Detailed data has been shared with primary care, quality and communications colleagues for discussion and actions at the appropriate committees.

Patient Safety Incidents Reported – Aintree reported 1 new Serious Untoward Incident in August, year to date are report 9 in total, the August incident was results .

Patient reported outcomes measures (PROMS) for elective procedures:

Hip replacement - Provisional data (Apr 14 – Mar 15) shows South Sefton CCG reported 0.403 for average health gain following a hip operation which is lower than the previous year which was 0.420 for 2013-14 and under the plan of 0.430. England average being 0.440. This indicator is flagged as Red.

Knee replacement - Provisional data (Apr 14 – Mar 15) shows the CCG reported 0.323 for knee replacement operation this is lower than the previous year which was 0.333 for 2013-14 and under the plan of 0.341, but higher than the England average of 0.316.

PROMS have been selected as the Local Quality Premium measure for 2015/16. Discussions with clinicians have centred around a proposal to use Shared Decision Aids with patients for a number of surgical areas. This is awaiting approval and is thought to aid improvement in PROMS by ensuring the most appropriate patients are treated with surgery and are fully involved in the decision making process.

Friends and Family Test- Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target in both inpatients and A&E, but in August the A&E response rate fell just under the 20% target reaching 19%.

2. Financial Position

2.1 Summary

This section of the report focuses on the financial performance for South Sefton CCG as at 30 September 2015 (Month 6). The financial position is £0.04m underspent at Month 6 on operational budget areas before the application of reserves or contingency. The year end forecast outturn on operational budget areas is £0.247m overspent.

The overall forecast for the CCG is a surplus of £2.400m against a planned surplus of £2.400m after the application of reserves.

In addition to operational budgets, the CCG holds reserve budgets to deliver the planned surplus of £2.400m and a requirement to achieve the QIPP target of £3.441m. Plans to achieve the CCG's QIPP requirement have not yet been fully identified which increases the risk of the CCGs ability to deliver the planned surplus.

Figure 1 – Financial Dashboard

Key Performance Indicator		This Month	Prior Month
Business Rule (Forecast Outturn)	1% Surplus	✓	✓
	0.5% Contingency Reserve	✓	✓
	1% Non-Recurrent Headroom	✓	✓
Surplus	Financial Surplus / (Deficit) *	£2.400m	£2.400m
QIPP	Unmet QIPP to be identified > 0	£2.385	£3.063
Running Costs (Forecast Outturn)	CCG running costs < National 2015/16 target of £22.07 per head	✓	✓

*Note this now reflects the overall surplus net of any reserves adjustments

2.2 Resource Allocation

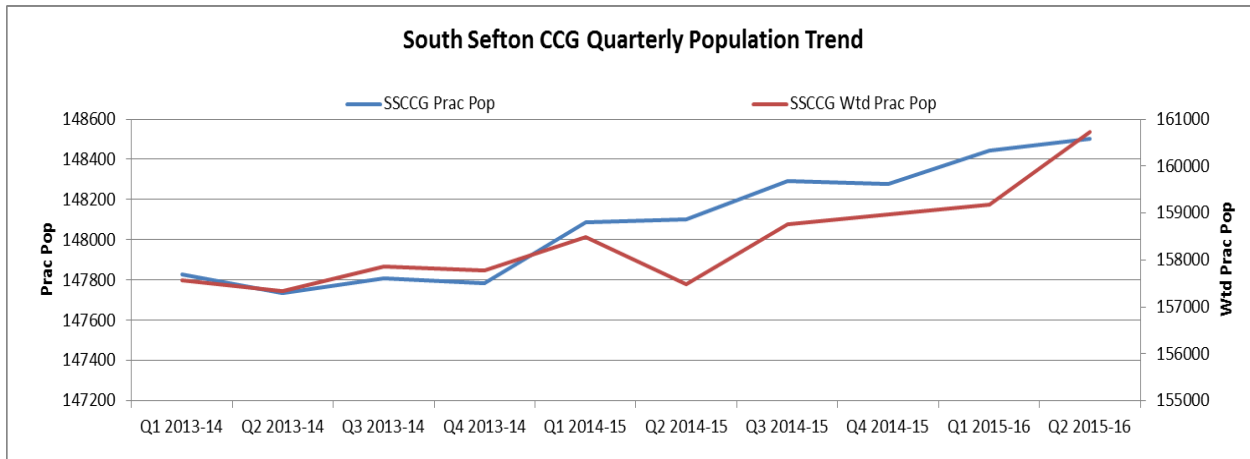
There have been no changes to the resource allocation in Month 6.

2.3 Position to date

There are forecast overspends on the prescribing budget, with independent sector providers, particularly Ramsay Healthcare and Spire Healthcare and with Acute providers. This overspend is partly supported by underspends with Alder Hey and Aintree Hospitals and an efficiency in the budget for the Local Quality Contract (LQC).

Analysis of CCG practice populations has identified an increase in weighted population of 1% for the period April-July 2015. The increase in patients will increase demand for services and explain some of the increase in costs experienced within the financial year. This will not result in an immediate increase in our allocation as the CCG is already classified as being 'over-target',

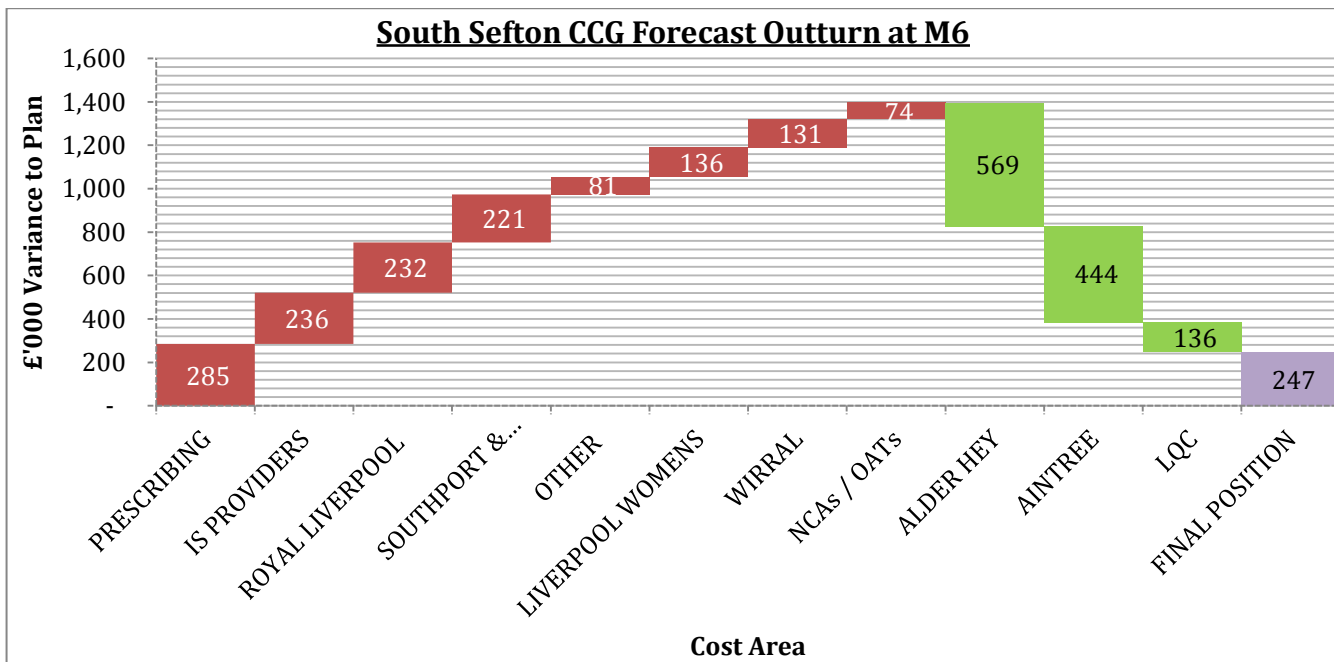
but it should reduce the distance from target over time if this trend is not replicated nationally. The population trend is illustrated below.



Note: North Park Practice has been excluded, as changes made to the weighted population during the year distorts the position.

Whilst the financial activity period relates to the end of September, the CCG has based its reported position on information received from Acute Trusts to the end of August 2015.

Figure 2 – Forecast Outturn



Prescribing

The prescribing budget is overspent by £0.285m, as iterated earlier in the report, the CCG believes a significant portion of this can be attributed to increasing practice populations.

Independent Sector

The forecast overspend for independent sector providers is £0.236m for the financial year. The majority of this expenditure relates to orthopaedic activity with Spire Healthcare. There are also additional costs at Spa Medical for ophthalmology treatments.

Acute commissioning

Royal Liverpool Hospital Foundation Trust

The forecast overspend for Royal Liverpool Hospital is £0.232m. Overspending areas include anti-TNF drugs and wet ARMD.

Southport and Ormskirk

The forecast overspend for Southport and Ormskirk is £0.221m and relates to over performance within planned care and A&E.

Liverpool Women's Hospital

The forecast overspend at Liverpool Women's Hospital is £0.281m overspent. The year to date overspend relates to deliveries, HDU and IVF. Additional funding is held in CCG reserves to accommodate the increase in IVF treatment following the change in access criteria.

Alder Hey NHS Children's Foundation Trust

The Month 5 performance data received from Alder Hey shows an underperformance against plan across a number of specialties: paediatric ophthalmology, audiological medicine, trauma and orthopaedics and rheumatology. Further underperformance is expected when the trust moves to the new site in October.

The current forecast for Alder Hey is an underspend of £0.569m, which has remained consistent throughout the year.

Aintree University Hospital Foundation Trust

The year to date underspend reported for Aintree is £0.222m and the year-end forecast is £0.444m underspent. This is based on the Month 5 performance information received from the Trust. The main under-spends are in the area of emergency care, with unplanned admissions being £0.627m lower than plan. This is more than 5% lower than plan. Respiratory medicine is the area of the greatest under-spend and contributes £0.228m to the under-spend. Further analysis on this is being undertaken to understand the reasons for this reduction.

These under-spends are partially offset by overspends in outpatient care, high cost drugs (primarily cytokine modulators) and Aged Related Macular Degeneration (ARMD).

The graphs below show the activity trends for inpatient care at the Trust. Planned care is lower than the same period in the last financial year, and expenditure on non-elective admissions has reduced from the activity seen over the winter period. Day Case costs have decreased in August but follow a similar trend to the same period last year.

Figure 3 – Daycase Activity

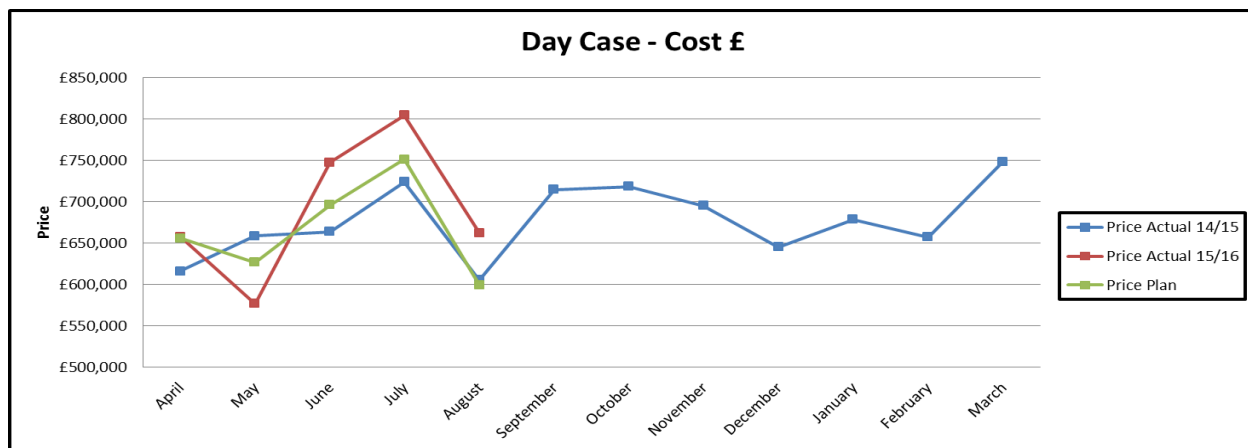


Figure 4 – Non Elective Activity

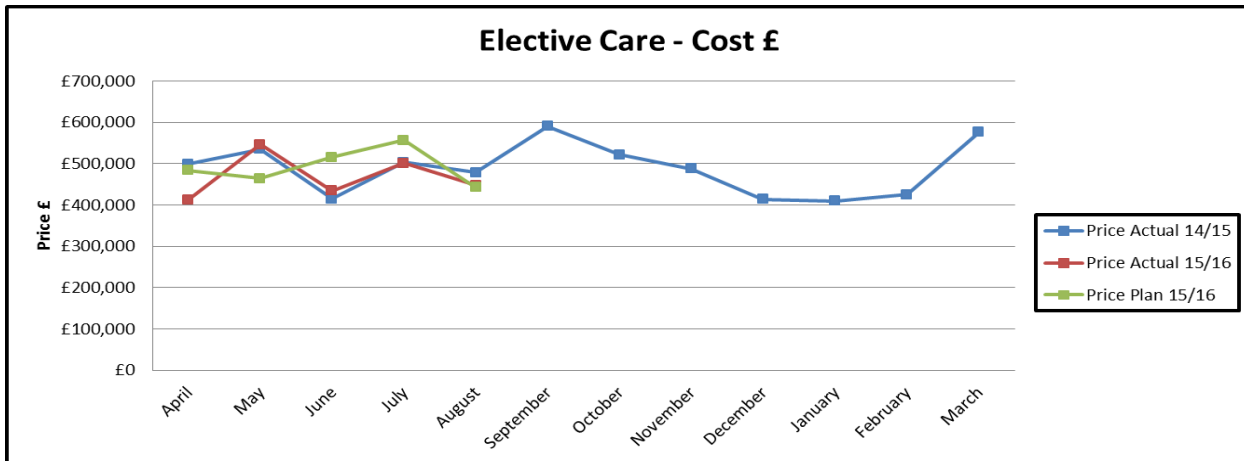
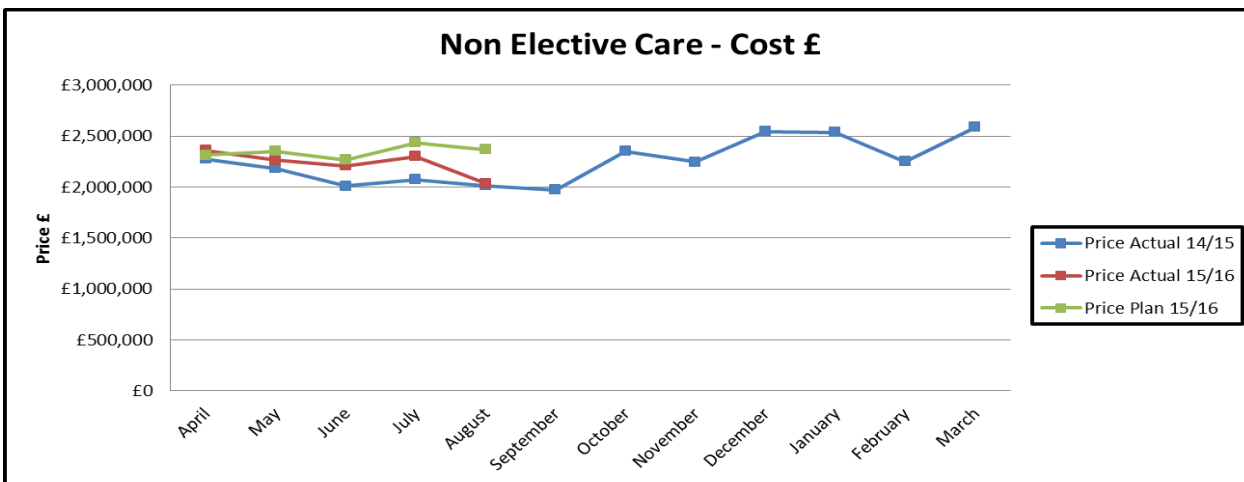


Figure 5 – Elective Activity



Continuing Health Care (Adult)

The current forecast for this budget is an underspend of £0.052m. The forecast reflects the current number of patients, average package costs and an estimate for growth until the end of the financial year. There has been a sustained effort from the CCG and the CSU to contain CHC costs at 14/15 levels through robust case management and reviews.

As a result of this work, a recurrent efficiency of £0.200m has been achieved and transferred to support the QIPP savings target. The forecasted underspend is taken following this budget reduction.

2.4 QIPP

The QIPP savings target for South Sefton CCG is £3.441m for 2015/16. QIPP schemes delivered in the first quarter of the year are listed below. Delivery of these schemes has reduced the QIPP requirement to £2.385m.

- Reduction in the Cheshire and Merseyside rehab beds contract (£0.200m)
- Reduction in the costs paid for medical support at Jospice (£0.064m);
- Contract reductions with a number of providers (£0.114m)
- Reduction in the CHC budget (£0.200m)

- Acute Growth Budget (£0.478m)

The CCG established a 1% Transformation Fund in the budgets. This was set up to fund transformational initiatives that would result in more efficient delivery of healthcare and improvements to quality.

The fund is expected to underspend in 2015/16 by £1.068m due to the time taken to devise, review and implement schemes. However, the total fund on a full year basis is over subscribed, and one of the roles of the QIPP Committee is to prioritise these schemes.

In addition to the transformational initiatives, a number of other cost reduction schemes are also being implemented.

2.5 CCG Running Costs

The CCG is currently operating within its running cost target of £3.296m. The target has been reduced in 2015/16 to £22.07 per head (from £24.81 per head in 2014/15). Plans agreed by the Governing Body to meet this target have been implemented and the relevant budgets reduced. The CCG is awaiting the outcome of the LPF tender process for the remaining outsourced services that currently rest with the NW CSU, and this should be known later in October.

The current year forecast for these budgets is an underspend of £0.041m mainly due to vacant posts.

2.6 Evaluation of Risks and Opportunities

The CCG's primary risk is non-achievement of the QIPP requirement. £2.385m of recurrent savings must be realised in 2015/16 in order to achieve financial targets. In addition, there are a number of other risks that require monitoring and managing:

- Acute cost per case contracts – The CCG has experienced significant growth in acute care in previous years and is now also seeing significant growth in the independent sector. Although historic growth has been factored into plans, there is a risk that activity will grow beyond budgeted levels.
- Continuing Healthcare Costs / Funded Nursing care – this is a volatile area of spend due to the nature of individual high cost packages of care which are difficult to forecast. In addition to this there is an overall pressure in the sector as a result of the increases to the living wage from 16/17. This is likely to materialise through the NW framework procurement exercise currently being undertaken with all care home providers.
- Estates – The methodology for charging estates costs has changed in 2015/16. Previously, the costs had been based on historic charges. In 2015/16, the organisation that administers the LIFT buildings (Community Health Partnerships – CHP) will be charging based on actual usage. The implementation of this change has been delayed to quarter 3. The CCG has set aside reserves to cover estates costs, and proposed charges have now been received from CHP. These are currently under review with CHP, particularly where proposed charges have risen unexpectedly. The data shows an increase in costs for the CCG and these have been queried with CHP. The charges are yet to be finalised.

- Prescribing / Drugs costs - This is a volatile area of spend, and is also subject to potential pricing changes partway through the year. To date, three months' worth of data has been received and this shows an overspend against budget. The risk has also increased following implementation of a new electronic prescribing system leading to a change to the process for pharmacies to submit their prescribing scripts. This may result in time delays and unreliable year to date costs.

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

Figure 6 – Reserves Analysis

	Recurrent £000	Non-Recurrent £000	Total £000
Target surplus	2.400		2.400
Unidentified QIPP	(3.441)		(3.441)
Revised surplus / (deficit)	(1.041)		(1.041)
Forecast (against operational budgets)	(0.147)	(0.100)	(0.247)
Contingency reserves	1.187		1.187
Transformation Fund slippage		1.068	1.068
Reserves	(0.150)	0.527	0.377
QIPP:			
CM Rehab	0.200		0.200
Jospice	0.064		0.064
Contract Adjustments	0.050		0.050
Budget adjustments	0.064		0.064
Acute Growth budget	0.478		0.478
CHC	0.200		0.200
Forecast surplus / (deficit)	0.905	1.495	2.400
Risks	(0.600)		(0.600)
Mitigations		0.600	0.600
Risk adjusted forecast surplus / (deficit)	0.305	2.095	2.400

The CCG remains on target to achieve the forecast surplus of £2.400m. However, the risks identified will require close management through the year. The CCG is also required to achieve more cost reduction than it currently has in order to achieve a recurrent surplus. Failure to do so will place financial pressure on the CCG in future years.

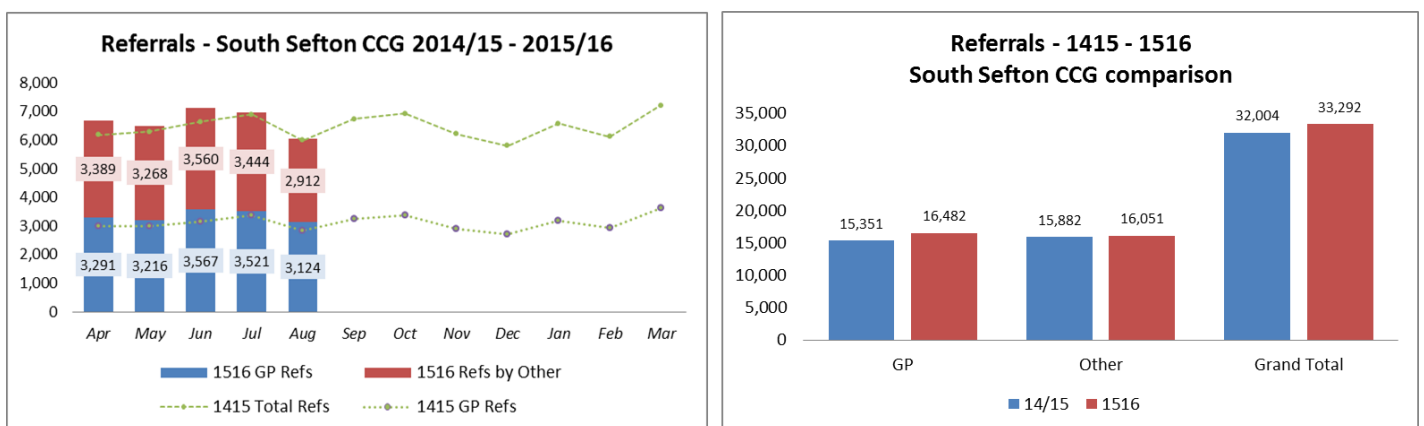
3. Referrals

3.1 Referrals by source

Figure 7 - GP and 'other' referrals for the CCG, all providers comparing 2014/15 and 2015/16 by month and year to date.

Referral Type	DD Code	Description	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr-15	May-15	Jun-15	Jul-15	Aug-15	14/15	1516	Variance	% Variance	
GP	03	GP Ref	2,981	3,004	3,145	3,374	2,847	3,259	3,364	2,890	2,699	3,201	2,941	3,631	3,291	3,216	3,567	3,521	3,124	12,504	13,595	1,091	9%	
GP Total			2,981	3,004	3,145	3,374	2,847	3,259	3,364	2,890	2,699	3,201	2,941	3,631	3,291	3,216	3,567	3,521	3,124	12,504	13,595	1,091	9%	
Other	01	following an emergency admission	183	178	156	199	159	176	183	163	127	157	169	185	179	173	175	177	164	716	704	-12	-2%	
	02	following a Domiciliary Consultation			2	2	2	1	2	3	3	4	1	2	2	1	2	1		4	6	2	0%	
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	241	308	283	273	244	263	258	244	225	256	230	276	465	467	453	377	380	1,105	1,762	657	59%	
	05	A CONSULTANT, other than in an Accident and Emergency Department	1,230	1,254	1,304	1,298	1,199	1,332	1,322	1,326	1,271	1,345	1,251	1,481	1,299	1,251	1,382	1,444	1,039	5,086	5,376	290	6%	
	06	self-referral	191	244	296	262	251	273	278	268	265	366	254	269	308	272	281	293	286	993	1,154	161	16%	
	07	A Prosthetist		3		1	2	1		3	1	3	2	2			6		2	4	6	2	50%	
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	255	260	260	279	214	245	277	253	193	222	195	259	97	81	113	82	79	1,054	373	-681	-65%	
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	199	209	223	251	217	320	290	225	223	222	231	221	195	174	221	233	246	882	823	-59	-7%	
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	4	2	1	3	10	3	10	6	8	8	9	6	4	8	5	5	4	10	22	12	120%	
	13	A Specialist NURSE (Secondary Care)	8	10	3	6	6	6	5	7	9	10	9	3	5	8	5	8	12	27	26	-1	-4%	
	14	An Allied Health Professional	128	95	88	102	86	84	80	67	86	73	75	56	72	87	121	120	113	413	400	-13	-3%	
	15	An OPTOMETRIST	8	3	17	5	9	11	15	5	3	3	7	9	8	4	14	5	8	33	31	-2	-6%	
	16	An Orthoptist													2					0	2	2	0%	
	17	A National Screening Programme	3	4	1	12	2	7	4	2	1	2	2	2	2	1	2	3	2	10	20	8	-12	-60%
	92	A GENERAL DENTAL PRACTITIONER	208	184	210	174	171	193	215	169	152	145	185	194	162	164	213	197	153	776	736	-40	-5%	
	93	A Community Dental Service	4	1	3	3	2	3	3	2	7		3	2	2	3				11	5	-6	-55%	
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	405	393	473	481	422	396	441	436	386	399	391	429	443	420	406	462	390	1,752	1,731	-21	-1%		
Other Total			3,067	3,148	3,320	3,351	2,996	3,314	3,383	3,179	2,960	3,215	3,014	3,396	3,244	3,115	3,400	3,406	2,886	15,882	16,051	169	1%	
Unknown			142	135	169	171	154	167	182	143	146	168	161	186	145	153	160	38	26	617	496	-121	-20%	
Grand Total			6,190	6,287	6,634	6,896	5,997	6,740	6,929	6,212	5,805	6,584	6,116	7,213	6,680	6,484	7,127	6,965	6,036	32,004	33,292	1,288	4%	

Figure 8 - GP and 'other' referrals for the CCG across all providers comparing 2014/15 and 2015/16 by month

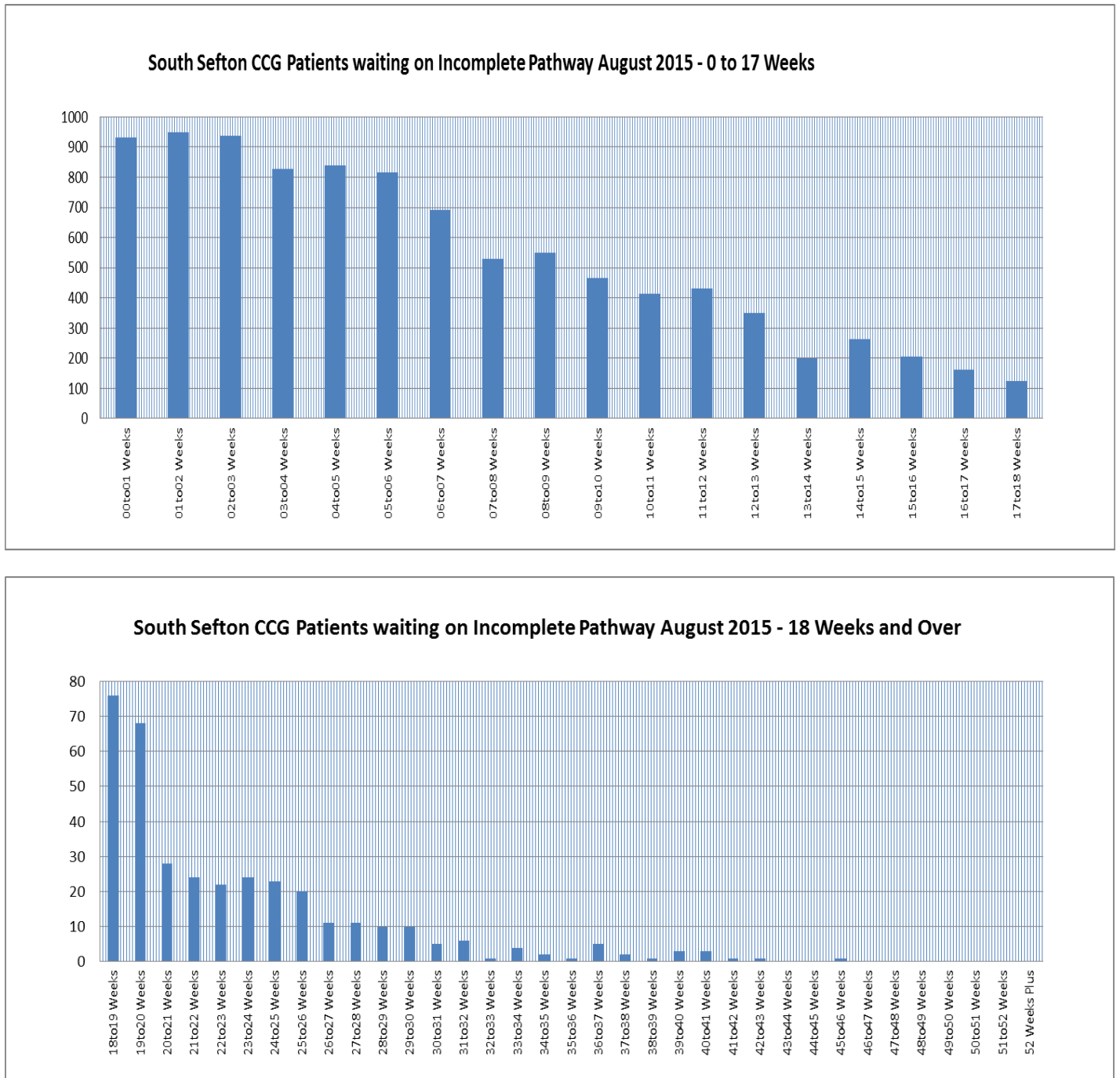


Discussions regarding referral management schemes were held at the Wider GP Forum meeting in October with the wider CCG membership. The increase in referrals from A&E will be investigated and raised with providers if necessary.

4. Waiting Times

4.1 NHS South Sefton CCG patients waiting

Figure 9 Patients waiting on an incomplete pathway at the end of August 2015 by weeks waiting.



There were 363 patients (3.6%) waiting over 18 weeks on Incomplete Pathways at the end of August 2015, an increase of 35 patients (10.7%) from Month 4 (15/16). There were no patients waiting over 52 weeks in any month of 2015/16 to date.

4.2 Top 5 Providers

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

Trust	0to10 wks	10to18 wks	Total 0to17 Weeks	18to24 wks	24to30 wks	30+ wks	Total 18+ Weeks	Total Incomplete
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	5060	1371	6431	132	36	4	172	6603
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	749	232	981	47	20	5	72	1053
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	499	126	625	15	10	15	40	665
RENACRES HOSPITAL	177	40	217	0	0	0	0	217
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	358	167	525	17	9	4	30	555
Other Providers	692	213	905	31	10	8	49	954
Total All Providers	7535	2149	9684	242	85	36	363	10047

4.3 Provider assurance for long waiters

Trust	Speciality	No. of weeks waited	No. of patients	Reason for the delay
Southport & Ormskirk	Gastroenterology	40-41	1	Patient has been seen & treated and had their clocks stopped or validated as non-RTT/ previous clock stops/pathways
Southport & Ormskirk	Dermatology	41-42	1	Patient has been seen & treated and had their clocks stopped or validated as non-RTT/ previous clock stops/pathways
Southport & Ormskirk	Dermatology	42-43	1	Patient has been seen & treated and had their clocks stopped or validated as non-RTT/ previous clock stops/pathways
Southport & Ormskirk	General Medicine	45-46	1	Patient has been seen & treated and had their clocks stopped or validated as non-RTT/ previous clock stops/pathways
Royal Liverpool	All Other	40-41	1	Clock Stop 14/09/15

5. Planned Care

5.1 All Providers

Performance at Month 5 of financial year 2015/16, against planned care elements of the contracts held by NHS South Sefton CCG shows an over-performance of circa £262k. This over-performance is driven by increases at Aintree Hospital (£425k), Southport & Ormskirk Hospital (£131k).

Figure 11 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	169,119	70,256	73,146	2,890	4%	£29,914	£12,461	£12,886	£425	3%
Alder Hey Childrens NHS F/T	14,711	6,155	4,387	-1,768	-29%	£2,353	£984	£852	£-133	-13%
Countess of Chester Hospital NHS FT	0	0	70	70	0%	£0	£0	£7	£7	0%
Liverpool Heart and Chest NHS F/T	1,273	536	414	-122	-23%	£578	£243	£162	£-81	-33%
Liverpool Womens Hospital NHS F/T	15,539	6,486	6,604	118	2%	£3,282	£1,367	£1,398	£31	2%
Royal Liverpool & Broadgreen Hospitals	29,929	12,602	11,383	-1,219	-10%	£5,827	£2,454	£2,254	£-200	-8%
Southport & Ormskirk Hospital	13,390	5,672	6,130	458	8%	£2,761	£1,169	£1,300	£131	11%
ST Helens & Knowsley Hospitals	4,070	1,682	1,723	41	2%	£1,014	£415	£447	£31	8%
Wirral University Hospital NHS F/T	462	189	168	-21	-11%	£123	£50	£35	£-15	-30%
Central Manchester University Hosp Nhs FT	86	36	57	21	59%	£22	£9	£16	£7	73%
Fairfield Hospital	95	36	45	9	26%	£20	£7	£8	£0	6%
ISIGHT (SOUTHPORT)	262	109	142	33	30%	£65	£27	£36	£9	33%
Renacres Hospital	3,897	1,607	2,163	556	35%	£1,257	£526	£597	£71	13%
SPIRE LIVERPOOL HOSPITAL	3,334	1,376	1,310	-66	-5%	£999	£412	£387	£-25	-6%
University Hosp South Manchester Nhs FT	108	45	42	-3	-7%	£16	£7	£6	£-1	-13%
Wrightington, Wigan And Leigh Nhs FT	846	352	416	64	18%	£305	£127	£131	£4	3%
Grand Total	257,121	107,139	108,200	1,061	1%	£48,536	£20,260	£20,522	£262	1%

5.2 Aintree University Hospital NHS Foundation Trust

Figure 12 Month 5 Planned Care- Aintree University Hospital 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	12,615	5,238	5,514	276	5%	£7,916	£3,287	£3,459	£172	5%
Elective	2,171	915	858	-57	-6%	£5,849	£2,466	£2,363	£-103	-4%
Elective Excess BedDays	1,134	478	435	-43	-9%	£252	£106	£95	£-11	-11%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	633	263	208	-55	-21%	£113	£47	£37	£-10	-22%
OPFANFTF - Outpatient first attendance non face to face	716	297	1,050	753	253%	£28	£12	£98	£86	730%
OPFASPCL - Outpatient first attendance single professional consultant led	31,994	13,283	13,582	299	2%	£4,593	£1,907	£2,006	£99	5%
OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,577	655	647	-8	-1%	£172	£72	£69	£-3	-4%
OPFUPNFTF - Outpatient follow up non face to face	1,251	519	1,252	733	141%	£30	£12	£30	£18	142%
OPFUPSCL - Outpatient follow up single professional consultant led	83,804	34,793	34,905	112	0%	£6,558	£2,723	£2,756	£33	1%
Outpatient Procedure	20,122	8,354	8,887	533	6%	£3,254	£1,351	£1,445	£95	7%
Unbundled Diagnostics	13,104	5,460	5,808	348	6%	£1,147	£478	£527	£49	10%
Grand Total	169,119	70,256	73,146	2,890	4%	£29,914	£12,461	£12,886	£425	3%

5.2.1 Aintree University Hospital NHS Foundation Trust Key Issues

Daycases over performance of £172k is driven by a Gastroenterology over performance of £201k. This variance is slightly offset by the under performance in Ophthalmology.

Outpatient First attendances are driven primarily by Acute & Geriatric Medicine. Cardiology & Interventional Radiology make up the majority of Outpatient Procedures over performance. The Interventional Radiology over performance is linked to the HRG 'Unilateral Breast Procedures' which could be a knock on effect of the Breast Surgery over performance in outpatient first attendances.

The GP hotline scheme is in operation, but the mechanism for payment is being disputed between the Trust and CCG. This is resulting in the over performance against plan in the Outpatient First attendance (Consultant led) POD.

5.3 Southport & Ormskirk Hospital

Figure 13 Month 5 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	1,030	432	404	-28	-7%	£702	£295	£324	£29	10%
Elective	194	83	94	11	14%	£583	£248	£283	£35	14%
Elective Excess BedDays	13	6	0	-6	-100%	£3	£1	£0	-£1	-100%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	113	48	93	45	95%	£18	£8	£14	£6	83%
OPFANFTF - OP 1st Attendance non face to face	0	0	7	7	0%	£0	£0	£0	£0	0%
OPFASPCL - Outpatient first attendance single professional consultant led	2,611	1,107	1,001	-106	-10%	£366	£155	£144	-£11	-7%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	210	89	183	94	105%	£21	£9	£18	£9	98%
OPFUPNFTF - Outpatient follow up non face to face	0	0	26	26	0.00%	£0	£0	£1	£1	0%
OPFUPSCL - Outpatient follow up single professional consultant led	5,260	2,229	2,369	140	6.26%	£456	£193	£207	£14	7%
Outpatient Procedure	3,070	1,301	1,609	308	23.67%	£545	£231	£280	£49	21%
Unbundled Diagnostics	889	377	344	-33	-8.74%	£66	£28	£28	£0	1%
Grand Total	13,390	5,672	6,130	458	8.08%	£2,761	£1,169	£1,300	£131	11%

5.3.1 Southport & Ormskirk Hospital Key Issues

Planned Care for month 5 is showing a £131k (11%) over performance. Daycase (£29k), Electives (£35k) and Outpatient Procedures (£49k) are the main cause of over spend. Almost all of the Daycase overspend is caused by increased activity in "Major Shoulder and Upper arm procedures". Outpatients Procedures is seeing increased activity in Trauma & Orthopaedics and Dermatology. Minor Hand or Foot Procedures have shown an increase in activity since 1415. Procedures associated with the HRG are Joint injections for arthritis and "examination" of joint. "Investigative Procedures" in Dermatology has also shown a marked increase. Procedures associated with this HRG are generally Diagnostic dermatoscopy of skin. These two Specialties make up almost all of Outpatient Procedure variance.

5.4 Renacres Hospital

Figure 14 Month 5 Planned Care- Renacres Hospital by POD

Renacres 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	496	209	214	5	2.25%	£614	£259	£236	£-23	-9%
Elective	72	30	41	11	35.68%	£308	£130	£186	£57	44%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	1,021	419	488	69	16.56%	£136	£56	£66	£10	18%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	1,256	515	1,149	634	123.05%	£99	£41	£66	£25	62%
Outpatient Procedure	658	270	111	-159	-58.89%	£62	£26	£27	£1	5%
Unbundled Diagnostics	394	164	160	-4	-2.25%	£37	£15	£16	£1	6%
Grand Total	3,897	1,607	2,163	556	34.60%	£1,257	£526	£597	£71	13%

5.4.1 Renacres Hospital Key Issues

Elective activity at Renacres is showing a 44% increase against plan, with 42% of this being driven by T&O. Activity within T&O is showing a 60% increase in Major Hip & Knee Procedures.

6. Unplanned Care

6.1 All Providers

Figure 15 Month 5 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	55,748	23,446	22,088	-1,358	-5.79%	£33,385	£14,022	£13,278	£-744	-5.31%
Alder Hey Childrens NHS F/T	8,868	3,632	3,481	-151	-4.15%	£1,905	£818	£683	£-134	-16.43%
Countess of Chester Hospital NHS Fo	0	0	59	59	0.00%	£0	£0	£27	£27	0.00%
Liverpool Heart and Chest NHS F/T	171	71	38	-33	-46.70%	£144	£60	£91	£31	50.78%
Liverpool Womens Hospital NHS F/T	3,458	1,448	1,648	200	13.80%	£3,009	£1,255	£1,338	£83	6.60%
Royal Liverpool & Broadgreen Hospit	5,851	2,446	2,751	305	12.48%	£2,145	£896	£978	£82	9.11%
Southport & Ormskirk Hospital	6,978	2,945	3,264	319	10.83%	£2,492	£1,055	£1,028	£-27	-2.58%
ST Helens & Knowsley Hospitals	850	362	369	7	2.01%	£361	£155	£132	£-23	-15.06%
Wirral University Hospital NHS F/T	245	102	198	96	93.27%	£90	£37	£56	£19	51.90%
Central Manchester University Hospit	67	28	29	1	3.88%	£16	£7	£9	£2	28.31%
University Hospital Of South Manches	41	17	19	2	9.78%	£14	£6	£7	£1	16.26%
Wrightington, Wigan And Leigh Nhs F	42	17	21	4	20.00%	£15	£6	£10	£4	62.60%
Grand Total	82,317	34,515	33,965	-550	-1.59%	£43,577	£18,317	£17,637	£-680	-3.72%

6.2 Aintree University Hospital NHS Foundation Trust

Figure 16 Month 5 Unplanned Care – Aintree University Hospital 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	30,956	13,037	12,644	-393	-3.01%	£3,646	£1,535	£1,521	£-15	-0.95%
NEL - Non Elective	13,932	5,850	5,353	-497	-8.49%	£25,986	£10,911	£10,435	£-476	-4.36%
NELNE - Non Elective Non-Emergency	44	18	16	-2	-13.39%	£122	£51	£41	£-10	-20.24%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	40	17	43	26	156.03%	£10	£4	£9	£5	120.02%
NELST - Non Elective Short Stay	2,732	1,147	956	-191	-16.66%	£1,764	£741	£632	£-108	-14.61%
NELXBD - Non Elective Excess Bed Day	8,044	3,377	3,076	-301	-8.92%	£1,858	£780	£640	£-140	-17.93%
Grand Total	55,748	23,446	22,088	-1,358	-5.79%	£33,385	£14,022	£13,278	£-744	-5.31%

6.2.1 Aintree Hospital Key Issues

Aintree Hospital are reporting a Non-Elective underspend for all CCGs across the 15/16 contract. June and July have shown the least activity in the year, but this would be expected during this early period of the year. Increased Non Elective activity is historically seen in the winter months. In terms of HRG analysis, the biggest contributor to the underperformance is 'DZ11A – Atypical Pneumonia with Major CC' showing a £-181k under performance against plan.

6.3 Alder Hey Hospital

Figure 17 Month 5 Unplanned Care – Alder Hey Hospital by POD

Alder Hey Childrens 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	7,899	3,226	3,161	-65	-2.01%	£688	£281	£279	-£2	-0.66%
NEL - Non Elective	854	355	311	-44	-12.36%	£1,174	£518	£401	-£117	-22.55%
NELNE - Non Elective Non-Emergency	1	1	0	-1	-100.00%	£1	£0	£0	£0	-100.00%
NELXBD - Non Elective Excess Bed Day	113	50	9	-41	-82.08%	£42	£19	£3	-£15	-83.00%
Grand Total	8,868	3,632	3,481	-151	-4.15%	£1,905	£818	£683	-£134	-16.43%

6.3.1 Alder Hey Hospital Key Issues

The underperformance against contract plan experienced by South Sefton CCG has also been mirrored by Liverpool CCG, but other local CCGs have seen over performance against plan at this provider with the overall financial position for the Trust 3% below plan. The Trust has been asked to provide further information into the variances, highlighting key specialties and possible reasons.

7. Mental Health

7.1 Mersey Care NHS Trust Contract

Figure 18 NHS South Sefton CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS South Sefton CCG			
	Plan	Caseload	Variance from Plan	% Variance
0 Variance	34	94	60	176%
1 Common Mental Health Problems (Low Severity)	23	49	26	113%
2 Common Mental Health Problems (Low Severity with greater need)	48	32	(16)	-33%
3 Non-Psychotic (Moderate Severity)	274	235	(39)	-14%
4 Non-Psychotic (Severe)	169	198	29	17%
5 Non-psychotic Disorders (Very Severe)	32	50	18	56%
6 Non-Psychotic Disorder of Over-Valued Ideas	43	38	(5)	-12%
7 Enduring Non-Psychotic Disorders (High Disability)	133	198	65	49%
8 Non-Psychotic Chaotic and Challenging Disorders	83	101	18	22%
10 First Episode Psychosis	93	129	36	39%
11 On-going Recurrent Psychosis (Low Symptoms)	414	434	20	5%
12 On-going or Recurrent Psychosis (High Disability)	312	309	(3)	-1%
13 On-going or Recurrent Psychosis (High Symptom & Disability)	112	105	(7)	-6%
14 Psychotic Crisis	17	26	9	53%
15 Severe Psychotic Depression	7	4	(3)	-43%
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	33	34	1	3%
17 Psychosis and Affective Disorder – Difficult to Engage	58	59	1	2%
18 Cognitive Impairment (Low Need)	347	207	(140)	-40%
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	462	520	58	13%
20 Cognitive Impairment or Dementia Complicated (High Need)	148	331	183	124%
21 Cognitive Impairment or Dementia (High Physical or Engagement)	45	50	5	11%
Reviewed Not Clustered	36	190	154	428%
No Cluster or Review	144	189	45	31%
Total	3,067	3,582	515	17%

Figure 19 CPA – Percentage of People under CPA followed up within 7 days of discharge

			Apr-15	May-15	Jun-15	Jul-15	Aug-15
E.B.S.3	The % of people under adult mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	Target 95%	100%	100%	100%	93%	100%

Figure 20 CPA Follow up 2 days (48 hours) for higher risk groups

			Apr-15	May-15	Jun-15	Jul-15	Aug-15
KPI_32	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.	Target 95%	100%	100%	100%	100%	No patients requiring follow up in August

The Trust has advised that at Month 5 no patients required follow up within 2 days.

Quality Overview

At Month 5, MerseyCare are compliant with the quality schedule reporting requirements. The Trust is working with the CCG Quality Team to improve the safer staffing report, NICE and Serious Incident reports for CQPG meetings. Underperforming KPIs are discussed at monthly quality and performance meetings and the bi-monthly CQPGs.

CQC Inspection feedback was published 14th October - Overall rating for services at this Provider was GOOD

Are Mental Health Services safe? **Requires improvement**

Are Mental Health Services effective? **Good**

Are Mental Health Services caring? **Good**

Are Mental Health Services responsive? **Good**

Are Mental Health Services well-led? **Good**

Specific concerns exist around; DNA's at new Clock View site, GP referral pathways, AED assessment and access to psychotherapy. The CCG are monitoring these areas through the CQPG.

7.2 Cheshire Wirral Partnership - Improving Access to Psychological Therapies Contract

The prevalence rate at month 5 is below the target and current activity levels would indicate that the trust will fall below the 15% target.

The Recovery rate in month 5 is 45% against the target of 50% and the monthly position since April has been refreshed by the provider and now shows the reverse of the month 4 position where from April this had been below the 50% target. We will seek explanation from the Trust at the Contract Review meeting.

There were 181 (253 at month 4) cancellations by the patient and 37 (67 at month 4) cancellations recorded by the provider in month 5. The service has confirmed that provider cancellations are attributable to sickness within the service which they are managing. The provider has confirmed that cancelled appointments are rebooked immediately.

Step 2 staff are reporting that they are experiencing a high DNA rate. The staff are confirming appointments with clients over the phone who then subsequently do not attend the appointment. The wait to therapy post screening is still part of the timeline and as such the service think that the client may sometimes feel they need to accept the appointment as they have waited a

significant time, but then do not feel the need to attend, as essentially the need has passed. This may explain the high DNA rate.

The increase in self referrals may be impacting on the “watchful wait” that is usually managed by the GP as this is missed and clients referring are assessed promptly. Following the assessment the natural process of managing some level of emotional distress occurs and when appointments are offered the desire to engage in therapy has diminished.

The service text reminder service would assist in the reduction of DNAs. This would give the prompt to clients 24 hours before an appointment for those clients most likely to have forgotten. GP referrals appear to be on a downward trend however this may be due to seasonal factors that normally affect August. Opt in rates have dipped in August possibly due to the same reason.

Figure 21 Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Performance Indicator	Apr-15	May-15	Jun-15	Jul-15	Aug-15			
Population (Psychiatric Morbidity Survey)	24298	24298	24298	24298	24298			
National definition of those who have entered into treatment	143	158	201	204	166			
Prevalence Trajectory (%)	1.25%	1.25%	1.25% (q1=3.75%)	1.25%	1.25%			
Prevalence Trajectory ACTUAL	0.59%	0.65%	0.83%	0.84%	0.68%			
National definition of those who have completed treatment (KPI5)	134	117	120	136	119			
National definition of those who have entered Below Caseness (KPI6b)	9	4	11	9	10			
National definition of those who have moved to recovery (KPI6)	75	51	61	66	49			
Recovery - National Target	50.0%	50.0%	50.0%	50.0%	50.0%			
Recovery ACTUAL	60.0%	45.1%	56.0%	52.0%	45.0%			
Referrals Received	434	395	355	405	331			
Gp Referrals	288	215	152	161	115			
%GP Referrals	66%	54%	43%	40%	35%			
Self referrals	114	149	175	205	184			
%Self referrals	26%	38%	49%	51%	56%			
Other referrals	32	31	28	39	32			
	Other Referrals are 9 - Assessment and Immediate Care, 3 - Other, 1- Perinatal Team, 1 - Secondary Care							
%Other referrals	7%	8%	8%	10%	10%			
Referral not suitable or returned to GP	0	0	0	0	0			
Referrals opting in	240	268	218	261	169			
Opt-in rate %	55%	68%	61%	64%	51%			
Patients starting treatment by step (Local Definition)	Step 2	94	119	142	157	125		
	Step 3	49	39	59	47	41		
	Step 4							
	Total	143	158	201	204	166		
Percentage of patients entering in 28 days or less	53.0%	37.0%	59.0%	60.0%	46.0%			
Completed Treatment Episodes by Step (Local Definition)	Step 2	138	175	128	203	127		
	Step 3	341	329	363	383	287		
	Step 4							
	Total	479	504	491	586	414		
Activity	Attendances	Step 2	369	456	536	788	618	
		Step 3	389	422	547	460	466	
		Step 4		1	2	3	6	
		Total	758	879	1085	1251	1090	
	DNA's	Step 2	80	92	146	179	129	
		Step 3	52	49	75	56	55	
		Step 4		1				
		Total	132	142	231	235	184	
	Cancels	Step 2	40	82	159	225	137	
		Step 3	62	89	107	95	81	
		Step 4						
		Total	102	171	266	320	218	
	Cancelled	Total	102	171	266	320	218	
		Number Cancelled by patient	Total	45	109	194	253	181
		Number Cancelled by provider	Total	57	62	72	67	37
		Total						

Figure 22 IAPT Waiting Time KPIs

	Indicator	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15
EH.1_A1	The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	75% to be achieved by April 2016					
	Numerator		163	225	253	294	212
	Denominator		165	245	266	303	217
	%		99%	92%	95%	97%	98%
EH.2_A2	The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	95% to be achieved by April 2016					
	Numerator		164	242	213	302	217
	Denominator		165	245	213	303	217
	%		99%	99%	100%	100%	100%

8. Community Health

Liverpool Community Health Services (by exception)

It was reported at the September FIG that the trust still have failed to provide the monthly exception report by service with the exceptions provided one month in arrears for the Allied Health Professionals. It was agreed that the narrative provided should be clear and concise and that acronyms should be kept to a minimum. It was noted that the commentary included issues that should be escalated to commissioners e.g. the staffing of the Rehab at Home service and that despite the trust assurance that this will not impact on service delivery.

Community Equipment: The increase in demand is attributed to a number of factors: Sefton MBC budget issues, a new financial ordering system introduced by Sefton MBC, staffing resources in the warehouse, availability of delivery slots, and operational issues within the CES. Additional funding has been agreed by the commissioners to be split proportionally across both CCGs and this is documented in the FIG work plan. Delivery times in Sefton remain above target. Demand has increased compared to the previous year and additional funding has been agreed for the first quarter of 2015/16. A task and finish group has been set up to complete an in depth review of the service.

Diabetes specialist nurse: This service has experienced issues with staffing since January 2015 and two appointed staff members subsequently resigned shortly after starting employment. Both vacancies have been re advertised as part of the recruitment process and to date one band 6 has now been recruited and starts in October.

Treatment Rooms: Demand and activity are up for this service. The service continues to ensure that the majority of patients receive an appointment within 2 weeks of referral in Sefton, however this still excludes patients requiring ear syringing who continue to wait longer than 2 weeks. This is attributed by the service to patients who request to wait for an appointment at a particular clinic location. There is an action from the contracts and clinical quality performance group for the trust to provide analysis around the ratio of contacts to referrals. An update on this work is awaited.

IV Therapy-There is an issue with staff not inputting activity to EMIS which makes its look like demand is higher than activity. The service is aware of this and has worked to rectifying this issue. The current over performance is due to an increase in long term antibiotic referrals along with cellulitis referrals from GPs. Staff are being used from other localities along with staff working extra hours to deal with this. IV patients are seen within 72 hours with cellulitis patients seen the same day as long as the referral is received before 3pm.

Walk in Centre-The trust is working towards achieving the stretch target of all patients seen within 2 hours.

Virtual Ward-The trust have agreed to uplift service plans accordingly for services that deliver the virtual ward model. It was agreed that a financial breakdown would be provided by the end of quarter 1 to assist with this at the July finance and information group. The uplifted plans will then be reflected in the monthly reports going forward. The FIG work plan documents that the trust are awaiting guidance from the CCG. Update on progress is awaited.

Wheelchair waits are above target and this is due to the staffing issues the service has faced. It is anticipated that activity and waits should be within planned levels by December 2015.

Liverpool Community Health Waiting Times

Paediatric Speech and Language Therapy: The trust continues to use temporary staff in the interim to increase activity. In addition the service have identified areas where significant efficiencies can be made which will enable activity levels to increase and ensure waiting times are reduced.

Waiting times are not being recorded for several services: Community Cardiac/Heart Failure, Community Matrons, District Nursing Service, IV Therapy and Palliative Care & Treatment Rooms. Requests continue to be made for this to be included with the monthly reports but to date has not been forthcoming.

The development of waiting time thresholds is part of the work plan for the FIG as currently the default of 18 weeks is being used. A document was provided by the trust for discussion at the last finance and information group and it was agreed this would be circulated to clinicians for discussion and for the trust to consider the implications of adopting aspirational targets identified in the document. An update on progress is awaited.

Southport and Ormskirk Integrated Care Organisation

Community Gynaecology-The trust are submitting the monthly dataset as required however the data set provided does not include the capture of onward referrals. The service is due to migrate to EMIS in 2016 when this issue will be rectified. This is all part of the on-going discussions around this service with the commissioner.

Any Qualified Provider

The trust is using the agreed £25 local assessment tariff.

Patient Identifiable Data

The Trusts Caldicott guardian has requested that no patient identifiable data sets are to be released from the trust. This includes all national submissions such as those made to the secondary user's service e.g. Inpatient, outpatient and WIC CDS. This was escalated last year and the commissioner and trust are in discussions about this. This is on-going and an update is awaited.

Quality Overview

Joint LCH Clinical Quality and Performance Group (CQPG) meetings are now held on a monthly basis with South Sefton and Liverpool CCGs. A full review of pressure ulcers is underway with representation from both CCGs, LCH and NHS England. A workshop was held at the end of September to develop an action plan, progress will be reviewed at the CQPGs.

CQC Action Plan

Collaborative Forum meets on a monthly basis, one task is to review the LCH CQC and NHS England Quality Review Action Plan. There are currently 4 work streams

Culture
Governance
Safety
Workforce.

From September 2015 – South Sefton CCG and Liverpool CCG will hold joint CQPGs with the Trust, work streams will also be reviewed at the CQPG.

Looked After Children (LAC)

Currently issues regarding the timely return of LAC Health Information to the Local Authority and the undertaking of health assessments, the CCG is holding them to account regarding any challenges they may have from across the system. A paper was presented to the Sefton Corporate Parenting Board on 13th October, work continues locally on the development of new pathways and DES Nurse for Looked After Children is liaising with LCH to support the provider and improve the systems

Ward 35 – C-Diff

2 x C.Diff cases that have occurred recently on Ward 35 in August these were both LCCG patients. Both were in the same bay and sharing the same toilet. Potential issues as follows:

- Utilisation of C.diff assessment tool (going to be reviewed and undertaken throughout stay)
- Deviation in following prescribing guidelines (will follow Aintree's) - will need to document deviation and rationale
- The Laboratory not accepting type 5 or type 6 stools from anywhere therefore staff not sending for testing
- All GPs for the patients will be contacted - this will include other patients in the same bay who may be at an increased risk.

South Sefton CCG and Liverpool CCG are working together with Public Health team.

9. Third Sector Contracts

Contract review meetings have now taken place with all Third Sector providers; Minutes have been produced and forwarded to the appropriate commissioners at the CCG's.

Reports outlining service outcomes for 2014-15 have now been finalised and have been passed over to the CCG for further review. These reports detail activity collected within Information Schedules and service outcomes and highlight how the services link in with the CCG 5 year forward plans.

Further meetings are to be arranged with providers to tailor Information Schedules further and to help with capturing more complex information during 2015-16. NHS number collation is also to be piloted amongst providers to help with building up intelligence around potential reduction in hospital admissions for service users accessing these services.

10. Quality and Performance

10.1 NHS South Sefton CCG Performance

Performance Indicators	Data Period	Current Period				Exception Commentary	Actions
		Target	Actual	Direction of Travel			
IPM							
Treating and caring for people in a safe environment and protecting them from avoidable harm							
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	15/16 - August	23	18	↑	There were 3 new cases reported in August 2015, year to date there have been 18 cases against a plan of 23. Of the 18 cases reported in year to date all have been aligned to Aintree Hospital (10 apportioned to acute trust and 8 apportioned to community).		
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	15/16 - August	19	17(14 following appeal)	↑	There were 4 new cases have been reported in August. Year to date there have been 17 cases against a plan of 19, the year to date plan is 46.		
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	15/16 - August	0	0 (1 revised figure)	↑	No new cases have been reported in August of MRSA for South Sefton CCG (According to the National Database). However, following local Post Infection Review (PIR) the case originally attributed to Aintree has now been attributed to the CCG, taking the CCG over trajectory.	The MRSA PIR chaired by the South Sefton CCG Chief Nurse, the RCA was reviewed and chronology discussed, a decision was made to attribute the case to the CCG instead of Aintree as it was felt the CCG was the best placed to ensure lessons are learned	
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	15/16 - August	0	1 (0 revised figure)	↔	Initially there has been one case reported at Aintree in August, however following local Post Infection Review (PIR) the case originally attributed to Aintree has now been attributed to the CCG, taking Aintree back below zero tolerance		
Mixed Sex Accommodation Breaches							
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	15/16 - August	0.00	0.00	↔			
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	15/16 - August	0.00	0.00	↔			

Enhancing quality of life for people with long term conditions

Patient experience of primary care i) GP Services	Jul-Sept 14 and Jan-Mar 15		7.64%	New Measure	Percentage of respondents reporting poor patient experience of primary care in GP Services. This is a very slight decrease from the previous period which recorded 7.69%.	
Patient experience of primary care ii) GP Out of Hours services	Jul-Sept 14 and Jan-Mar 15		7.53%	New Measure	Percentage of respondents reporting poor patient experience of GP Out of Hours Services. This is a decrease from the previous period which recorded 9.81%.	
Patient experience of primary care i) GP Services ii) GP Out of Hours services (Combined)	Jul-Sept 14 and Jan-Mar 15	6%	7.63%	New Measure	The CCG reported a percentage of negative responses above the 6% threshold, this being a slight decrease from last survey which reported 7.89%.	Detailed data has been shared with primary care, quality and communications colleagues for discussion and actions at the appropriate committees.
Emergency Admissions Composite Indicator(Cumulative)	15/16 - August	876.19	1,052.58	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 171 more admissions than the same period last year.	Unplanned care leads continue to monitor these indicators closely. Pathway changes at Aintree may not have been reflected in the planned targets due to when the changes were implemented compared to when the taretts were set. The CCG will look to revise these targets.
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative)	15/16 - August	92.99	114.69	New Plans	This measure now has a plan which is based on the same period previous year. The CCG is over the monthly plan, the number of actual admissions is 7 more than the same period last year.	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	15/16 - August	407.76	459.29	New Plans	This measure now has a plan which is based on the same period previous year. The CCG is over the monthly plan and the increase in actual admissions is 80 more than the same period last year.	
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	15/16 - August	43.40	31.00	New Plans	This measure now has a plan which is based on the same period previous year. The CCG is under the monthly plan and the decrease in actual admissions is 3 less that same period last year.	
Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)	15/16 - August	526.29	588.77	New Plans	This measure now has a plan which is based on the same period previous year. The CCG is over plan, actual admissions is 97 above the same period last year.	
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	15/16 - August	No Plan	17.06	↓	The emergency readmission rate for the CCG is lower than previous month (17.51) and slightly higher than the same period last year (16.08).	

Helping people to recover from episodes of ill health or following injury

Patient reported outcomes measures for elective procedures: Groin hernia	Apr 14 - Mar 15 (Prov data)	0.0697	0.080	Provisional data	Provisional data shows the CCG improved on the previous years rate of 0.680 in 2013/14 but achieved a score lower than that of the England average 0.085.	PROMS have been selected as the Local Quality Premium measure for 2015/16. Discussions with clinicians have centred around a proposal to use Shared Decision Aids with patients for a number of surgical areas. This is awaiting approval and is thought to aid improvement in PROMS by ensuring the most appropriate patients are treated with surgery and are fully involved in the decision making process.
Patient reported outcomes measures for elective procedures: Hip replacement	Apr 14 - Mar 15 (Prov data)	0.430	0.403	Provisional data	Provisional data shows the CCG has declined on the previous years rate of 0.420 in 2013/14 and are also achieving a score lower than the England average 0.440.	
Patient reported outcomes measures for elective procedures: Knee replacement	Apr 14 - Mar 15 (Prov data)	0.341	0.323	Provisional data	Provisional data shows the CCG's rate has declined from previous year 2013/14 - 3.33 but is over the England average 0.316.	
% who had a stroke & spend at least 90% of their time on a stroke unit (CCG)	15/16 - August	80%	88.24%	↑		
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	15/16 - August	80%	83.87%	↑		
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (CCG)	15/16 - August	60%	100%	↔		
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	15/16 - August	60%	100%	↔		

Mental health

Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) (CCG)	15/16 - Qtr1	95%	95.80%	↓		IAPT performance and actions are described in section 7 of the main report.
IAPT Access - Roll Out	15/16 - Qtr1	3.75%	2.07%		The CCG are under plan for Q1 for IAPT Roll Out, this equates to 502 patients having entered into treatment out of a population of 24298 (Psychiatric Morbidity Survey).	
IAPT Access - Roll Out	15/16 - August	1.25%	0.68%	↓	The CCG are under plan for August for IAPT Roll Out, out of a population of 24298, 166 patients have entered into treatment. There had been a steady increase since April, (April 0.59%, May 0.65%, June 0.83%, July 0.84%) until August where there has been a dip.	
IAPT - Recovery Rate	15/16 - Qtr1	50.00%	39.77%		The CCG are under plan for recovery rate reaching 39.53% in Q1. This equates to 138 patients who have moved to recovery out of 347 who have completed treatment.	
IAPT - Recovery Rate	15/16 - August	50.00%	52.20%	↑	The CCG are now over plan for recovery rate reaching 52.2% in August. This equates to 47 patients who have moved to recovery out of 90 who have completed treatment.	

The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	15/16 - Qtr1	75.00%	97.00%		
The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	15/16 - Qtr1	95%	100.00%		
Preventing people from dying prematurely					
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.
Cancer waits – 2 week wait					
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	15/16 - July	93%	96.68%	↔	
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	15/16 - July	93%	95.98%	↔	
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	15/16 - July	93%	93.41%	↔	
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Aintree)	15/16 - July	93%	94.43%	↑	

Cancer waits – 31 days						
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	15/16 - July	96%	99.28%	↔		
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	15/16 - July	96%	99.79%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	15/16 - July	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	15/16 - July	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	15/16 - July	94%	97.14%	↑		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	15/16 - July	94%	99.17%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	15/16 - July	98%	98.46%	↑		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	15/16 - July	98%	100.00%	↔		
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)	15/16 - July	85% local target	88.89%	↑		
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)	15/16 - July	85% local target	89.00%	↑		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	15/16 - July	90%	100.00%	↔		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	15/16 - July	90%	97.62%	↓		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	15/16 - July	85%	87.83%	↓		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	15/16 - July	85%	85.45%	↔		

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)	15/16 - August	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (Aintree)	15/16 - July	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (CCG)	15/16 - August	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (Aintree)	15/16 - July	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	15/16 - August	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	15/16 - July	0	0	↔	
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (CCG)	15/16 - August	90%	95.21%	↑	
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (Aintree)	15/16 - July	90%	92.99%	↓	
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (CCG)	15/16 - August	95%	97.13%	↔	
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (Aintree)	15/16 - July	95%	97.89%	↓	
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	15/16 - August	92%	96.39%	↔	
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Aintree)	15/16 - July	92%	97.20%	↔	

A&E waits						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG)	15/16 - August	95.00%	97.61%	↔		
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree)	15/16 - August	95.00%	95.01%	↔		
Diagnostic test waiting times						
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	15/16 - August	1.00%	0.82%	↑		
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	15/16 - July	1.00%	0.50%	↓		
Category A ambulance calls						
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	15/16 - August	75%	80.50%	↔		
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	15/16 - August	75%	75.50%	↔		
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	15/16 - August	95%	97.10%	↑		
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	15/16 - August	75%	77.90%	↔		
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	15/16 - August	75%	76.20%	↔		
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	15/16 - August	95%	95.00%	↔		
Local Indicator						
Access to community mental health services by people from Black and Minority Ethnic (BME) groups (Rate per 100,000 population)	2014/15	2400	2451.5	↑	The latest data shows access to community mental health services by people from BME groups is over the CCG plan. This is also improvement on the previous year when the CCG rate was 2309.0.	CCG and CSU colleagues are working to obtain an updated position from local data.

10.2 Friends and Family – Aintree University Hospital NHS Foundation Trust

Friends and Family Response Rates and Scores

Aintree University Hospital
NHS Trust

Clinical Area	Response Rate (RR) Target	RR Actual (August 2015)	RR - Trajectory From Previous Month (July 15)	%Recommended (Eng. Average)	% Recommended (August 2015)	PR - Trajectory From Previous Month (July 2015)	% Not Recommended (Eng. Average)	% Not Recommended (August 2015)	PNR - Trajectory From Previous Month (July 15)
Inpatients	30%	59.5%	↓	96.0%	96.0%	↓	1.0%	1.0%	↓
A&E	20%	19.0%	↓	88.0%	85.0%	↓	6%	9.0%	↑

Figure 23 Friends and Family – Aintree University Hospital NHS Foundation Trust

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

- % Response Rate
- % Recommended
- % Not Recommended

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target in both inpatients and A&E. Inpatient targets have been met for August, however disappointingly, A&E response rates and the % of people not recommending the service have declined compared to the previous months figures.

For Inpatient services, the percentage of people who would recommend that service is on par with the England average but has decreased compared to the previous month (July 2015). The percentage of people who would not recommend the inpatient service has declined marginally on the previous month and is now in line with the England average.

The percentage of people that would recommend A&E has declined since July, but remains marginally below the England average. The percentage of people who would not recommend the A&E service has worsened compared to the previous month and is below the England average. Response rates have also fallen below the 20% target for the first time in over 18 months.

Despite this month giving rise to some poor results, especially for A&E services, the trust has consistently returned response rates and recommendation percentages significantly higher than

the regional and national averages. The friends and family test results will continue to be monitored to establish whether this month is an anomaly or emerging theme

The patient experience lead within the trust presented the ongoing work the organisation is doing with the Friends and Family data to EPEG in October 2015. They demonstrated how feedback obtained is informing the trust how they can improve services for its patients. The presentation was well received by EPEG and gave assurances that patient engagement and experience is viewed as important as clinical effectiveness and safety in making up quality services.

10.3 Serious Untoward Incidents (SUIs)

CCG Level SUIs

South Sefton CCG

Incident Split by Provider

Provider / Type of Incident	Apr	May	Jun	Jul	Aug	YTD
Aintree University Hospital NHS Foundation Trust						
Delayed diagnosis			1			1
Failure to act upon test results				1		1
Sub-optimal care of the deteriorating patient			1			1
Alder Hey Children's NHS Foundation Trust						
Wrong site surgery			1			1
Liverpool Community Health NHS Trust						
Medical Devices/Equipment			1			1
Pressure Sore - (Grade 3 or 4)			1	3		4
Pressure ulcer - (Grade 3)	5	5	3	2		15
Pressure ulcer - (Grade 4)		1	2	1		4
Slips/Trips/Falls				1		1
Unexpected Death		1				1
Liverpool Women's NHS Foundation Trust						
Surgical Error		1				1
Unexpected Death		1				1
Mersey Care NHS Trust						
Abscond		2				2
Homicide by Outpatient (in receipt)	1					1
Serious Self Inflicted Injury Outpatient	1					1
Slips/Trips/Falls				1		1
Southport and Ormskirk Hospital NHS Trust						
Pressure ulcer - (Grade 3)	1	1				2
Pressure ulcer - (Grade 4)	1					1
Grand Total	9	12	10	9	0	40

CCG SUIs

Type of Incident	Apr	May	Jun	Jul	Aug	YTD
Pressure ulcer - (Grade 3)	6	6	3	2		17
Pressure ulcer - (Grade 4)	1	1	2	1		5
Pressure Sore - (Grade 3 or 4)			1	3		4
Unexpected Death		2				2
Slips/Trips/Falls				2		2
Abscond		2				2
Homicide by Outpatient (in receipt)	1					1
Surgical Error		1				1
Sub-optimal care of the deteriorating patient			1			1
Wrong site surgery			1			1
Medical Devices/Equipment			1			1
Serious Self Inflicted Injury Outpatient	1					1
Failure to act upon test results				1		1
Delayed diagnosis			1			1
Grand Total	9	12	10	9	0	40

SUIs Reported at South Sefton CCG level

These are serious incidents involving South Sefton CCG patients irrespective of their location of care. Inclusive of month 5, there have been 40 Serious Incidents involving South Sefton CCG patients

There were 9 Serious Incidents in April, 12 in May, 10 in June, 9 in July and 0 in August

Number of Never Events reported in period

There have been zero Never Events involving South Sefton CCG patients up to and including August 2015

Number of South Sefton CCG Incidents reported by Provider

The majority of incidents have occurred in Liverpool Community Health (26), with the remaining incidents (14) occurring in each of the following providers:

- Liverpool Women's NHS Foundation Trust – 2
- Aintree University Hospital NHS Foundation Trust - 3
- Mersey Care NHS Trust – 5
- Southport & Ormskirk Hospital NHS Trust – 3
- Alder Hey Children's NHS Foundation Trust - 1

SUIs Reported at Aintree University Trust level

Year to date; Aintree University Hospital NHS Foundation Trust reported 9 serious incidents. These are incidents that involved patients under the care of that organisation and those patients may be from CCGs other than South Sefton CCG.

Provider level SUIs

Aintree University Hospital

Provider SUIs

Incident Type	Apr	May	Jun	Jul	Aug	YTD
Sub-optimal care of the deteriorating patient	2		1			3
Delayed diagnosis			2			2
Failure to act upon test results			1	1		2
Results					1	1
Unexpected Death (general)	1					1
Grand Total	3	0	4	1	1	9

Incidents split by CCG

CCG Name / Incident Type	Apr	May	Jun	Jul	Aug	YTD
Knowsley CCG						
Delayed diagnosis			1			1
Sub-optimal care of the deteriorating patient	1					1
Liverpool CCG						
Results					1	1
Sub-optimal care of the deteriorating patient	1					1
South Sefton CCG						
Sub-optimal care of the deteriorating patient			1			1
Failure to act upon test results				1		1
Delayed diagnosis			1			1
Southport & Formby CCG						
Unexpected Death (general)	1					1
West Lancashire CCG						
Failure to act upon test results			1			1
Grand Total	3	0	4	1	1	9

Number of Never Events reported in period

Aintree University Hospital NHS Foundation Trust reported zero Never Events year to date.

Number of incidents reported split by type

Aintree University Hospital NHS Foundation Trust has reported the following serious incidents by type

- Sub-optimal care of the deteriorating patient – 3
- Delayed diagnosis - 2
- Unexpected Death (general) – 1
- Failure to act upon test results – 3

Number of Incidents reported by CCG

The trust has had patients from 5 different CCGs involved in serious incidents.

- Knowsley CCG – 2
- South Sefton CCG - 3
- Liverpool CCG - 2
- Southport and Formby CCG – 1
- West Lancashire CCG - 1

11. Primary Care

11.1 Background

The primary care dashboard has been developed 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.

11.2 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 under 19, adults aged 20-74 and older people aged 75 and over separately), Demand (referrals, Choose & Book information, cancer and urgent referrals), and Prescribing indicators. Recent new additions are expected to observed disease prevalence (QOF), practice level financial benchmarking, and forthcoming additions include public health indicators

11.3 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 Cheshire & Merseyside Intelligence Portal (CMiP).

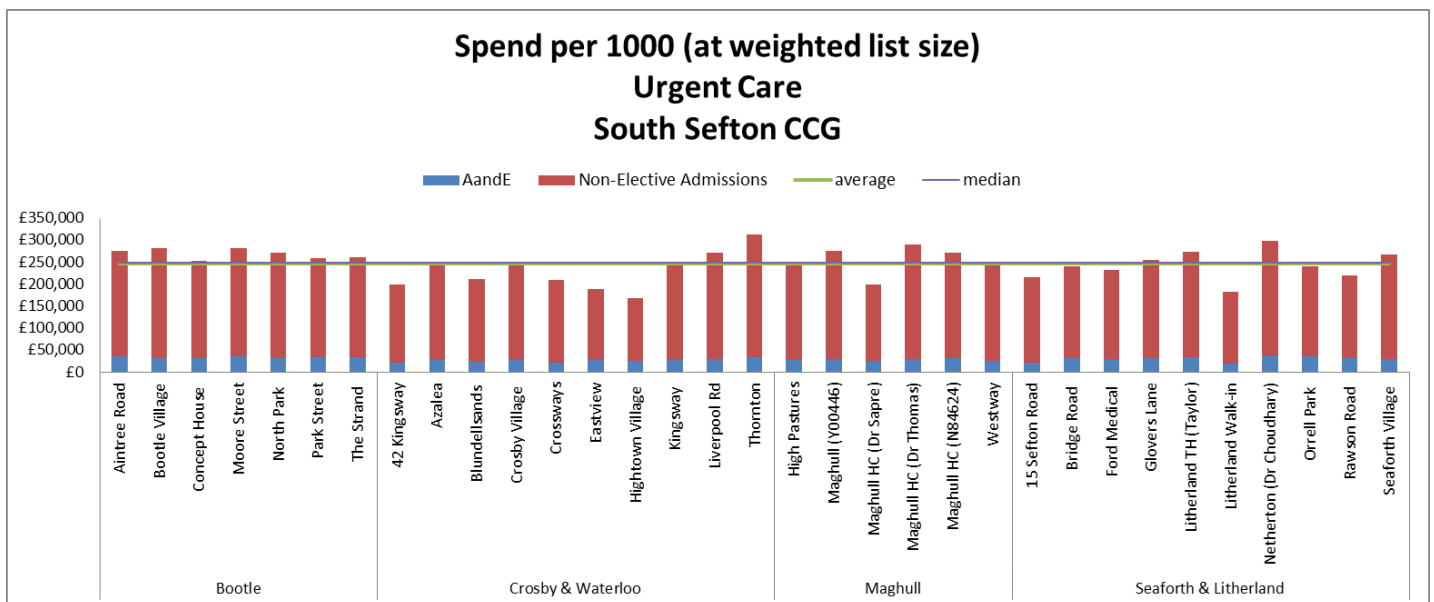
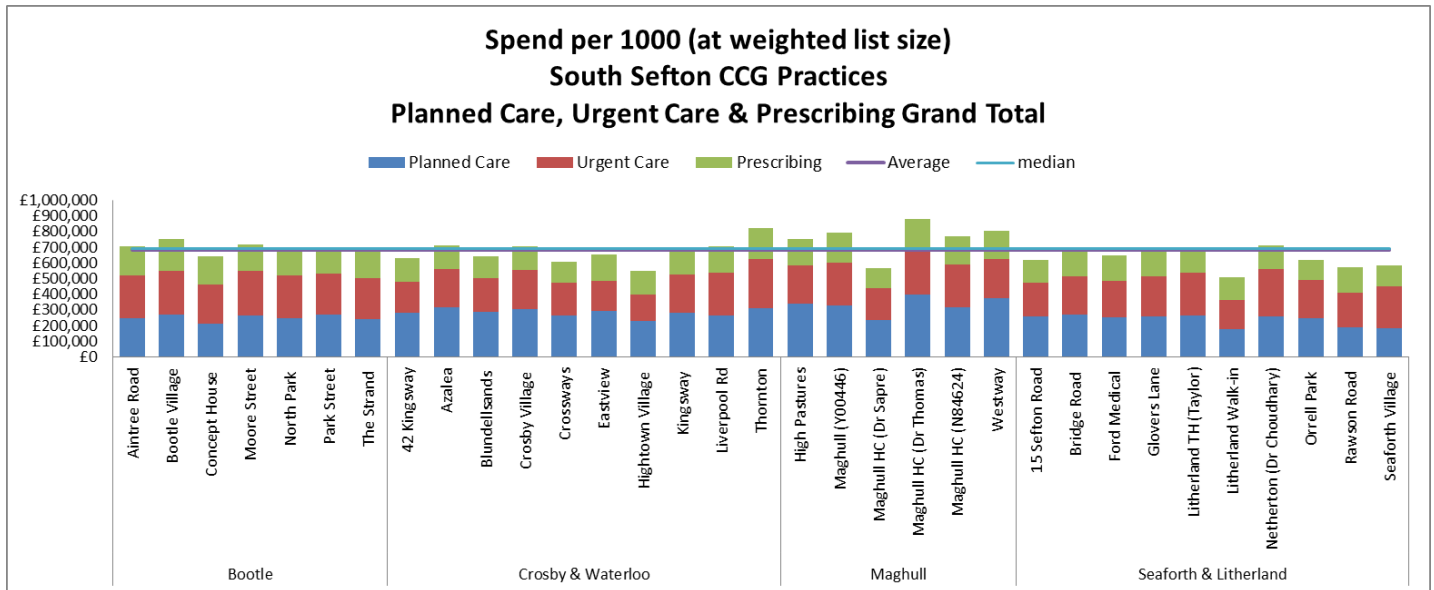
11.4 Summary of performance

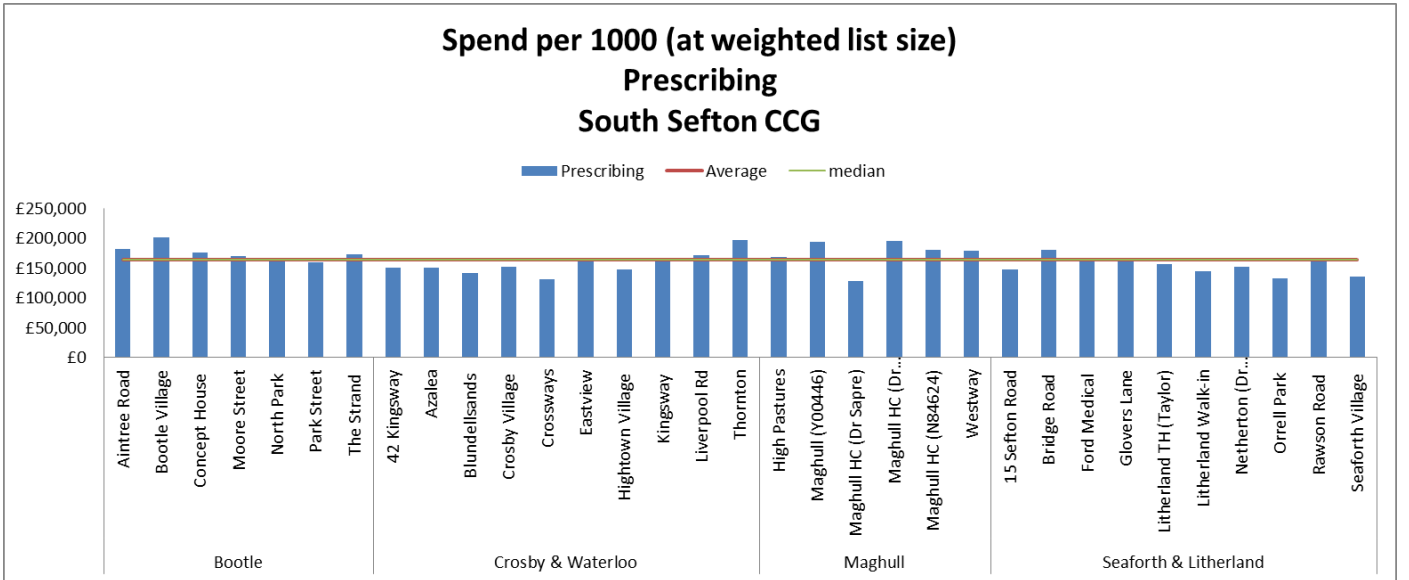
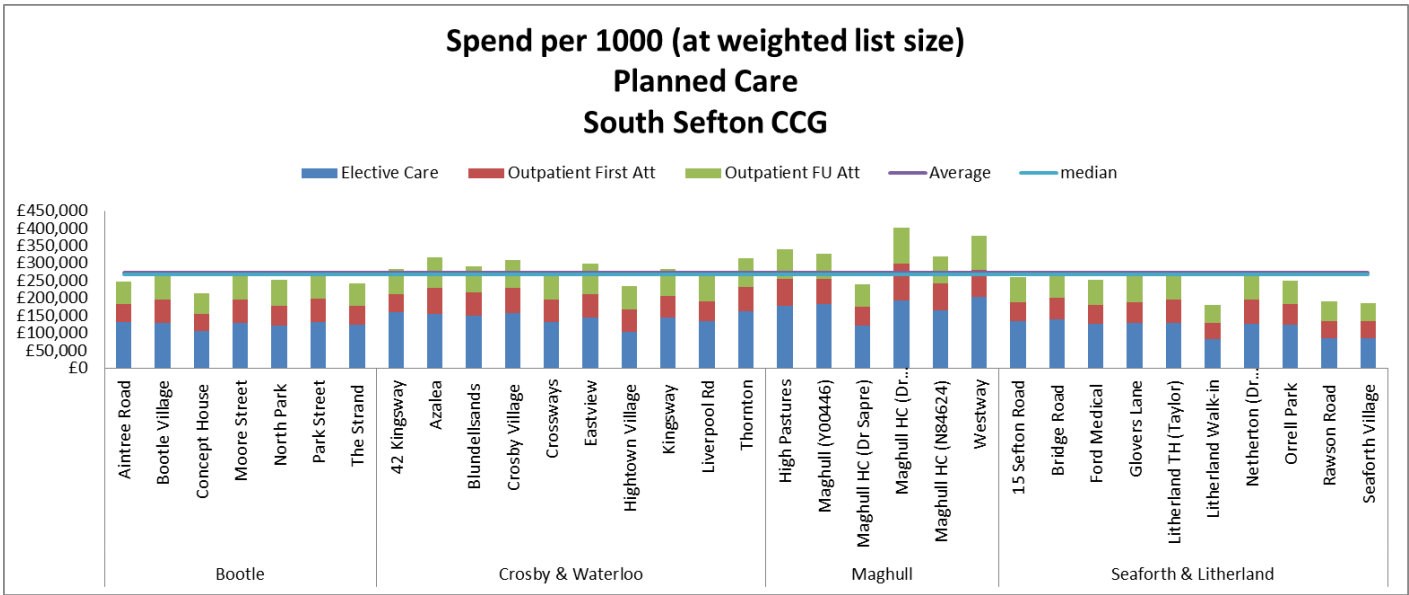
Colleagues from Finance and Business Intelligence teams within the CCG have been working closely with clinical leads to develop financial information. Colleagues have developed a chart to show weighted spend per head of weighted practice population which takes into account age,

sex, deprivation, rurality, case mix, care and nursing home residents amongst others to standardise the data. The chart below is in draft format and is currently being shared with localities for feedback.

Figure 24 Summary of Primary Care Dashboard – Finance

South Sefton CCG August 2014 - July 2015 Planned/Urgent Care & Prescribing Costs





12. Better Care Fund update

A quarterly data collection template has been issued by the Better Care Support Team for completion. It requires the Health & Wellbeing Board to track through the high level metrics and deliverables from the Health & Wellbeing Board Better Care Fund plan. The latest collection template for Q1 2015-16 focused on budget arrangements, the national conditions, payment for performance, income and expenditure to and from the fund, and performance on local metrics. It also presented an opportunity for Health and Wellbeing Boards to register interest in support.

The payment for performance element of BCF requires a target reduction to be reached in the number of non elective admissions to hospital. Current performance for Q1 was above the required level of reduction, therefore no payment for performance was available. Quarter 2 performance looks more promising with below plan admissions for August. Performance is summarised below:

BCF NEL Admissions (MAR)	Jan	Feb	Mar	Q4	Apr	May	Jun	Q1	Jul	Aug	Year to Date
Plan	3003	3003	3003	9009	2940.7	2940.7	2940.7	8822	2935	2935	23702
Actual	3176	2976	3516	9667	3257	3245	2958	9461	2957	2849	24934
Var	173	-27	513	658	317	304	18	638.5	22	-86	1233
%age Var	5.8%	-0.9%	17.1%	7.3%	10.8%	10.3%	0.6%	7.2%	0.7%	-2.9%	5.2%

13. NHS England Activity Monitoring

The activity measures in the table below are monitored monthly in line with the plans submitted to NHS England for the 2015/16 planning round. The data required to be submitted in the planning round was based on Monthly Activity Return (MAR) data and Secondary Uses Service (SUS) data sources. Note that this does not always match back to activity from other sources i.e Service Level Agreement Monitoring (SLAM) which is the contracting data that is invoiced against.

Figure 25 NHS England Activity Monitoring

Measures		Apr	May	Jun	Jul	Aug	YTD
E.C.8 A&E (Type 1, 2 & 3)	Plan	4166	4379	4239	4576	4181	21541
	Actual	4674	4663	4439	4475	4291	22542
	Var	508	284	200	-101	110	1001
	%age Var	12.2%	6.5%	4.7%	-2.2%	2.6%	4.6%
E.C.9 GP Referrals (G&A)	Plan	2914	2906	3097	3310	2834	15061
	Actual	3258	3171	3328	3480	3137	16374
	Var	344	265	231	170	303	1313
	%age Var	11.8%	9.1%	7.5%	5.1%	10.7%	8.7%
E.C.10 Other Referrals (G&A)	Plan	1719	1752	1851	1901	1718	8941
	Actual	2029	2021	1883	2223	1766	9922
	Var	310	269	32	322	48	981
	%age Var	18.0%	15.4%	1.7%	16.9%	2.8%	11.0%
E.C.32 Daycase (All Specs)	Plan	1732	1735	1885	2039	1735	9126
	Actual	1534	1536	1767	1825	1448	8110
	Var	-198	-199	-118	-214	-287	-1016
	%age Var	-11.4%	-11.5%	-6.3%	-10.5%	-16.5%	-11.1%
E.C.2 Daycase (G&A)	Plan	1732	1735	1885	2039	1735	9126
	Actual	1534	1536	1767	1825	1448	8110
	Var	-198	-199	-118	-214	-287	-1016
	%age Var	-11.4%	-11.5%	-6.3%	-10.5%	-16.5%	-11.1%
E.C.21 Elective (All Specs)	Plan	297	325	294	348	307	1571
	Actual	269	317	289	324	281	1480
	Var	-28	-8	-5	-24	-26	-91
	%age Var	-9.4%	-2.5%	-1.7%	-6.9%	-8.5%	-5.8%
E.C.1 Elective (G&A)	Plan	297	325	294	348	307	1571
	Actual	269	317	289	324	281	1480
	Var	-28	-8	-5	-24	-26	-91
	%age Var	-9.4%	-2.5%	-1.7%	-6.9%	-8.5%	-5.8%
E.C.23 Non Elective	Plan	1952	2052	1986	2144	1959	10093
	Actual	1955	1959	1810	1882	1929	9535
	Var	3	-93	-176	-262	-30	-558
	%age Var	0.2%	-4.5%	-8.9%	-12.2%	-1.5%	-5.5%
E.C.4 Non Elective (G&A)	Plan	1730	1819	1761	1901	1737	8948
	Actual	1734	1737	1603	1642	1658	8374
	Var	4	-82	-158	-259	-79	-574
	%age Var	0.2%	-4.5%	-9.0%	-13.6%	-4.5%	-6.4%
E.C.24 OP All 1st (All Spec)	Plan	5039	5286	5470	5354	4520	25669
	Actual	5465	5077	5803	5691	4771	26807
	Var	426	-209	333	337	251	1138
	%age Var	8.5%	-4.0%	6.1%	6.3%	5.6%	4.4%
E.C.5 OP All 1st (G&A)	Plan	5035	5281	5466	5349	4516	25647
	Actual	5099	4747	5387	5294	4422	24949
	Var	64	-534	-79	-55	-94	-698
	%age Var	1.3%	-10.1%	-1.4%	-1.0%	-2.1%	-2.7%
E.C.25 OP All 1st Following GP Ref(All Spec)	Plan	2824	2963	3066	3003	2535	14391
	Actual	2593	2530	2921	2859	2470	13373
	Var	-231	-433	-145	-144	-65	-1018
	%age Var	-8.2%	-14.6%	-4.7%	-4.8%	-2.6%	-7.1%
E.C.12 OP All 1st Following GP Ref (G&A)	Plan	2822	2960	3063	2999	2531	14375
	Actual	2533	2476	2854	2797	2408	13068
	Var	-289	-484	-209	-202	-123	-1307
	%age Var	-10.2%	-16.4%	-6.8%	-6.7%	-4.9%	-9.1%
E.C.6 All Subsequent OP	Plan	12639	13258	13719	13430	11338	64384
	Actual	12899	12431	14395	14262	11836	65823
	Var	260	-827	676	832	498	1439
	%age Var	2.1%	-6.2%	4.9%	6.2%	4.4%	2.2%