

South Sefton Clinical Commissioning Group

Integrated Performance Report July 2015

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1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 4 (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	Green
Ambulance Category A Calls (Red 1)	CCG	Green
Cancer 2 Week GP Referral	CCG	Green
RTT 18 Week Incomplete Pathway	CCG	Green
Other Key Targets		
Cancer 31 Day Subsequent - Drug	CCG	Yellow
Cancer 62 Day Consultant Upgrade	CCG	Yellow
Emergency Admissions Composite Indicator	CCG	Red
Emergency Admissions for acute conditions that should not usually require a hospital admission	CCG	Red
IAPT Access - Roll Out	CCG	Red
IAPT - Recovery Rate	CCG	Red
Patient Experience of Primary Care i) GP Services ii) Out of Hours (Combined)	CCG	Red
PROM: Elective procedures: Knee Replacement	CCG	Red
PYLL Person (Annual Update)	CCG	Red
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	CCG	Red
Unplanned hospitalisation for chronic ambulatory care	CCG	Red
Local Measure: Access to services BME	CCG	Red

Key information from this report

Financial Performance - As at 31 August 2015 (Month 5) the financial position is £0.182m overspent at Month 5 on operational budget areas before the application of reserves or contingency. The year end forecast outturn operational budget areas is £0.580m overspent. The CCG is on target to meet the required surplus target of £2.4m for 2015/16. The position is reliant on non-recurrent measures to deliver against the planned surplus in 15/16 which is not sustainable in the longer term. In order to deliver the CCGs financial duties going forward, the CCG needs to deliver the recurrent QIPP target of £3.441m in 2015/16.

Referrals –Referrals continue to increase above 2014/15 levels. Year to date (Apr-Jul) 15/16 referrals are 9% higher compared to the same period 2014/15.

A&E waits – The CCG met the 95% target for July with a performance of 97.86% year to date, Aintree achieved the target in July recording 96.32%, and year to date reaching 95.35%.

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 apart from two; 31 day wait for subsequent treatment where that treatment is an anti-cancer drug regimen, achieving 97.9% year to date against 98% target there were no patient breaches in June, the indicator is failing due to previous months breaches. (For Quarter 1 there were 2 breaches out of a total of 96 patients).

Also the 62 day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient indicator achieved 81.3% year to date (local target 85%). In month (June) 66.7% which equated to 1 patient breach out of a total of 3 patients. This gynaecological patient's delay was due to patient choice of starting chemo after family event, the number of days waited was 68, consultant upgrade trust Aintree, first treatment trust Clatterbridge. (For Quarter 1 there were 3 breaches out of a total of 16 patients).

Emergency Admissions Composite Measure - The CCG is over the monthly plan and had 106 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 July 0.84% with 204 patients have entered into treatment. There has been a small and steady increase since April, (April 0.59%, May 0.65%, June 0.83%).

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. Also for July the CCG are under plan for recovery rate reaching 40.34%. This equated to 48 patients who moved to recovery out of 119 who 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 July, year to date are report 8 in total, the July incident was failure to act upon test results.

Patient reported outcomes measures (PROMS) for elective procedures: Knee replacement - Provisional data (Apr 14 – Dec 14) shows the CCG reported 0.300 for knee replacement operation this is lower than the previous year which was 0.343 for 2012-13, England average being 0.319. This indicator is flagged as Red. 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.

Stroke - The CCG have failed to achieve the target in July (76%) after achieving 80% in June. In July 19 patients out of 25 spending at least 90% of their time on a stroke unit. Of the 6 breaches 5 where at Aintree and 1 at Southport & Ormskirk. Aintree also failed to achieve the target in July, 38 patients out of 51 spending at least 90% of their time on a stroke unit.

Friends and Family Test- Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target in both inpatients and A&E. Both targets have been met for July with Inpatients showing an increase in the response rates compared to May, however A&E response rates have again declined since June.

Local Measure – Access to Community Mental Health Services by BME - The baseline data (2013-14) for the CCG shows access to community mental health services by people from BME groups is 2309.0 which is higher than the England rate per 100,000 (England rate being 2035.9) but lower than the plan. This is also an improvement on the previous year when the CCG rate was 1824.4.

2. Financial Position

2.1 Summary

This report focuses on the financial performance for South Sefton CCG as at 31 August 2015 (Month 5). The financial position is £0.182m overspent at Month 5 on operational budget areas before the application of reserves or contingency. The year end forecast outturn operational budget areas is £0.580m 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	£3.063m	£3.363m
Running Costs (Forecast Outturn)	CCG running costs < National 2015/16 target of £22.07 per head	✓	✓
BPPC	NHS - Value YTD > 95%	99.6%	99.7%
	NHS - Volume YTD > 95%	87.0%	85.8%
	Non NHS - Value YTD > 95%	89.6%	89.2%
	Non NHS - Volume YTD > 95%	91.3%	91.3%

2.2 Resource Allocation

The Resource Allocation has increased by £0.096m in Month 5 in respect of additional funding for Mental Health.

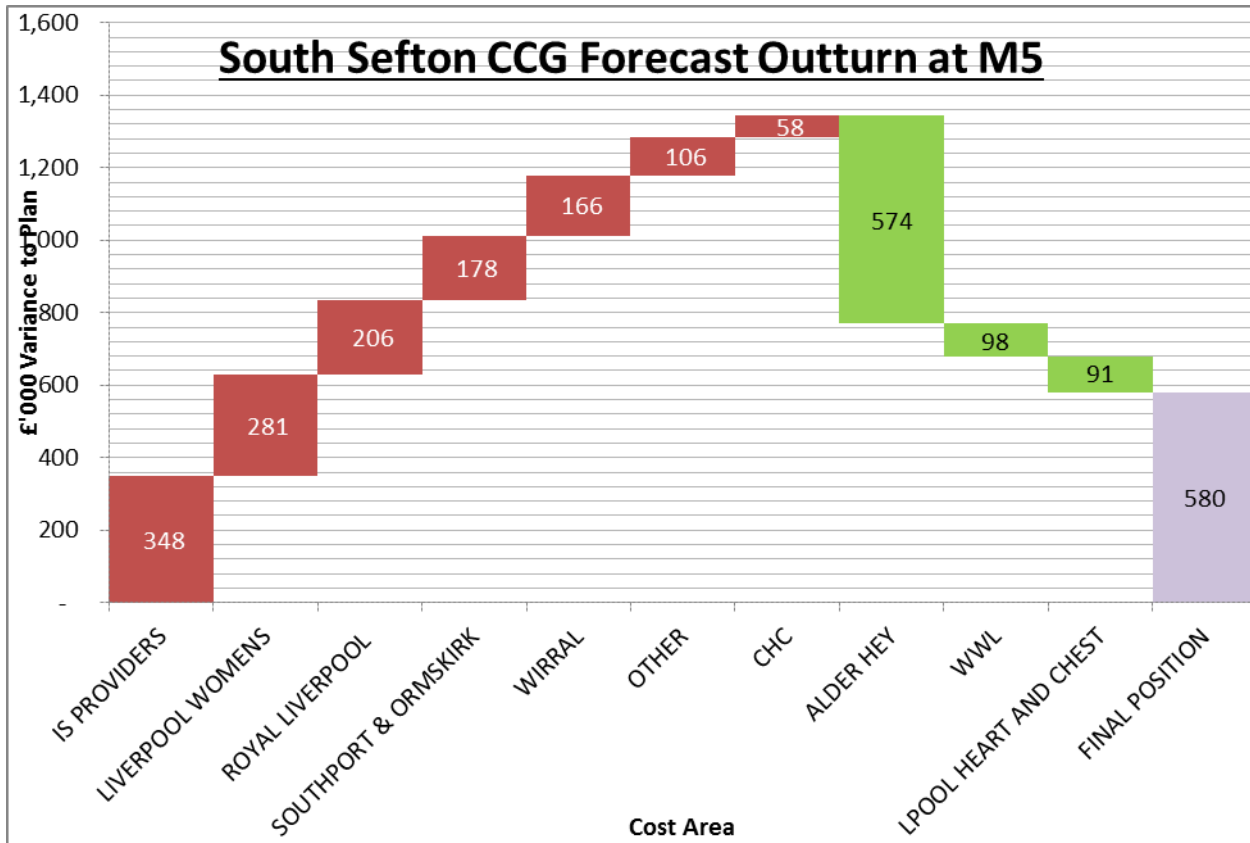
2.3 Position to date

There are forecast overspends with the independent sector providers, particularly Ramsay Healthcare and Spire Healthcare. Overspends are also forecast for Liverpool Womens and

other Acute providers. This overspend is partly supported by underspends with Alder Hey and other acute providers.

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

Figure 2 – Forecast Outturn



Independent Sector

The forecast overspend for independent sector providers is £0.348m for the financial year. The majority of this expenditure relates to orthopaedic activity with Spire Healthcare (£0.125m) and Ramsay Healthcare (£0.046m).

Acute commissioning

Liverpool Women’s Hospital

The forecast position at Liverpool Womens 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.

Royal Liverpool Hospital Foundation Trust

The forecast overspend for Royal Liverpool Hospital is £0.206m. Overspending areas include anti TNF drugs and wet ARMD.

Southport and Ormskirk NHS Trust

The forecast overspend for Southport and Ormskirk is £0.178m and relates to overperformance within planned care and A&E.

Wirral University Teaching Hospital

The forecast overspend at Wirral Hospital is £0.166m and is in respect of critical care and non-elective activity.

Alder Hey NHS Children's Foundation Trust

The Month 4 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 £0.574m.

Wrightington Wigan and Leigh

Performance data received from the trust up to Month 4 shows an underperformance against plan across a number of areas. The year-end forecast position is £0.098m underspent.

Liverpool Heart and Chest Hospital

The forecast outturn for Liverpool Heart and Chest Hospital is £0.091m underspent. This is based on the Month 4 performance information received from the Trust which shows underspends within day cases, elective and non-elective care.

Aintree University Hospital Foundation Trust

The year to date underspend reported for Aintree is £0.020m and the year end forecast is £0.049m underspent. This is based on the Month 4 performance information received from the Trust. There are underspends in elective care (Ophthalmology) and non-elective care (Cardiology and Orthopaedics). These are partially offset by overspends on outpatients, high cost drugs and Aged Related Macular Degeneration (ARMD).

The graphs overleaf 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.

Figure 3 – Daycase Activity

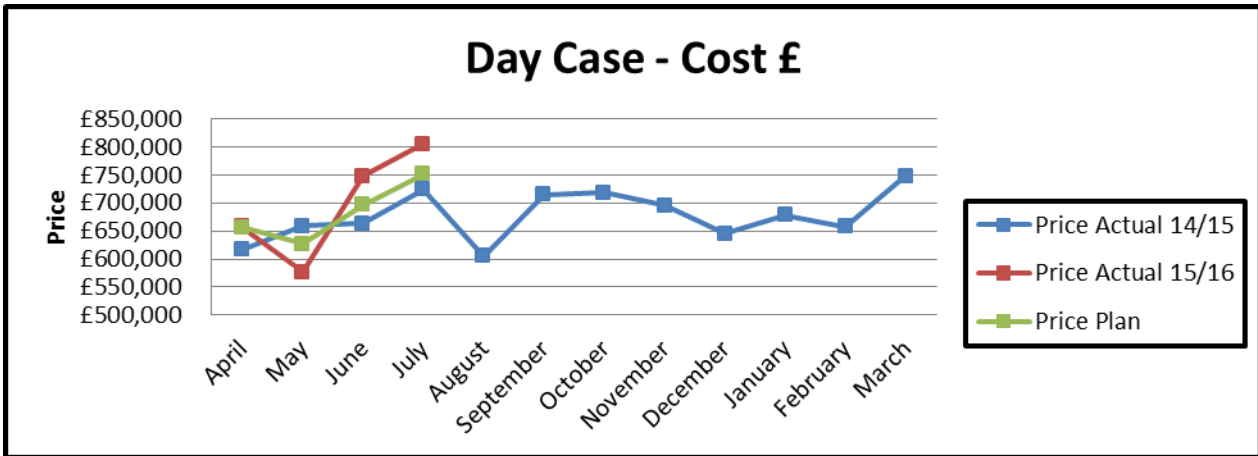


Figure 4 – Non Elective Activity

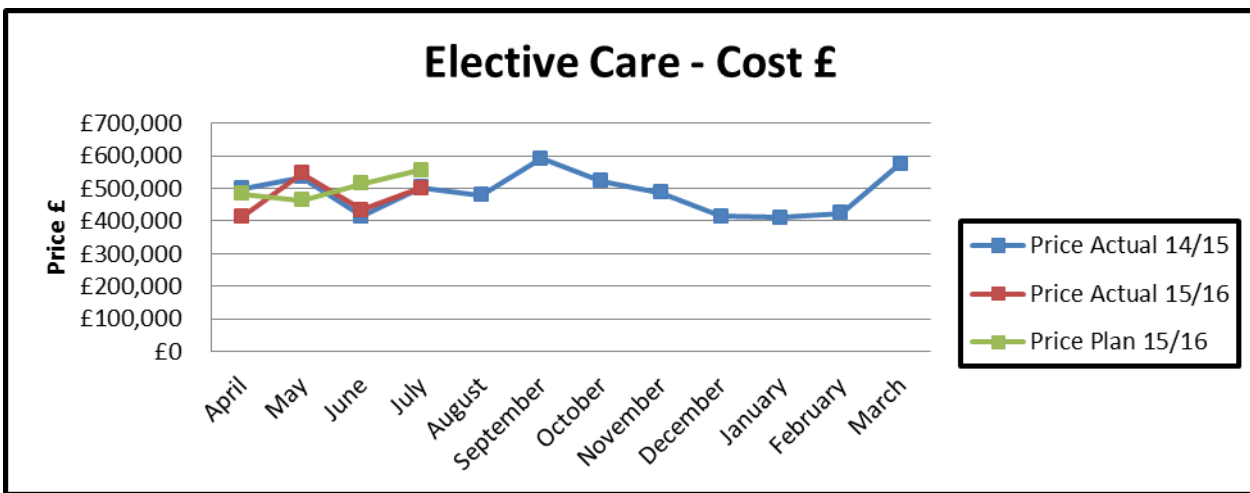
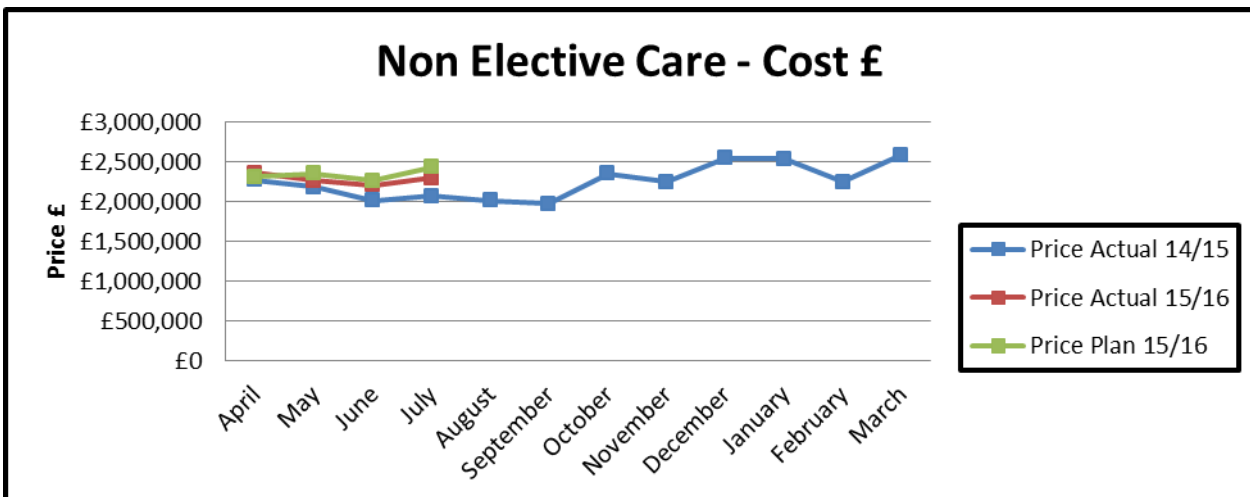


Figure 5 – Elective Activity



Continuing Health Care (Adult)

The current forecast for this budget is an overspend of £0.058m. 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 however this has been hampered by a small number of high cost cases year which are difficult to predict in their nature.

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 £3.063m.

- 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).

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 £1.050m 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 current year forecast for these budgets is an underspend of £0.019m mainly due to vacant posts.

2.6 Evaluation of Risks and Opportunities

The CCG's primary risk is non-achievement of the QIPP requirement. £3.441m 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 is expected to change 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.

- 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.

- Better Care Fund – Sefton Council has predicted growth in demand for social care. As part of the governance arrangements supporting the Better Care Fund, a review of the overall Health and Social Care financial position is required to determine how the resources within the Better Care Fund will be allocated.

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

Figure 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)	(0.480)	(0.100)	(0.580)
Contingency reserves	1.813		1.813
Transformation Fund slippage		1.050	1.050
Technical adjustments		2.385	2.385
Committed reserves	0.192	(1.797)	(1.605)
QIPP:			
CM Rehab	0.200		0.200
Jospice	0.064		0.064
Contract Adjustments	0.050		0.050
Budget adjustments	0.064		0.064
Forecast surplus / (deficit)	0.862	1.538	2.400
Risks	(0.450)		(0.450)
Mitigations		0.450	0.450
Risk adjusted forecast surplus / (deficit)	0.412	1.988	2.400

The CCG remains on target to achieve the forecast surplus of £2.4m. However, the risks 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 across all providers for 2015/16

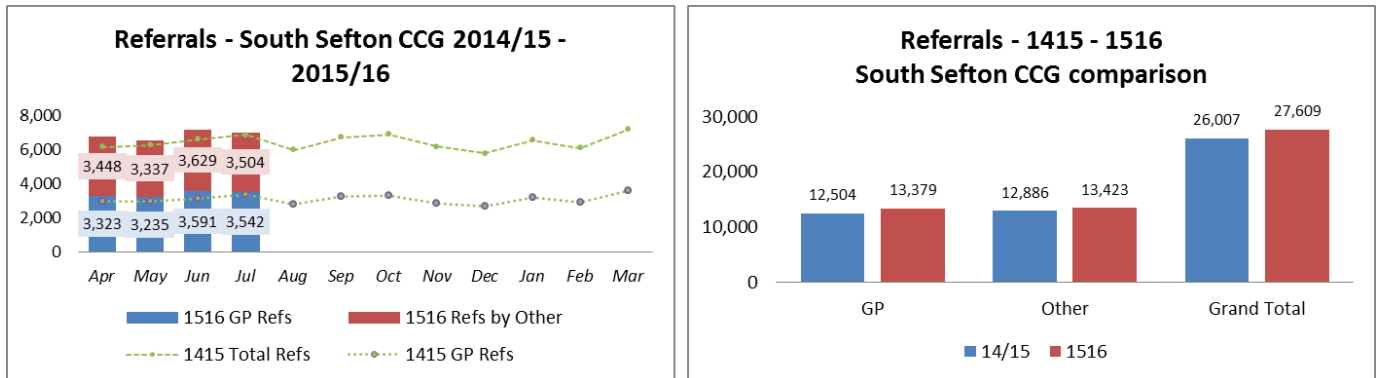


Figure 8 - GP and 'other' referrals for the CCG across all providers comparing 2014/15 and 2015/16 by month

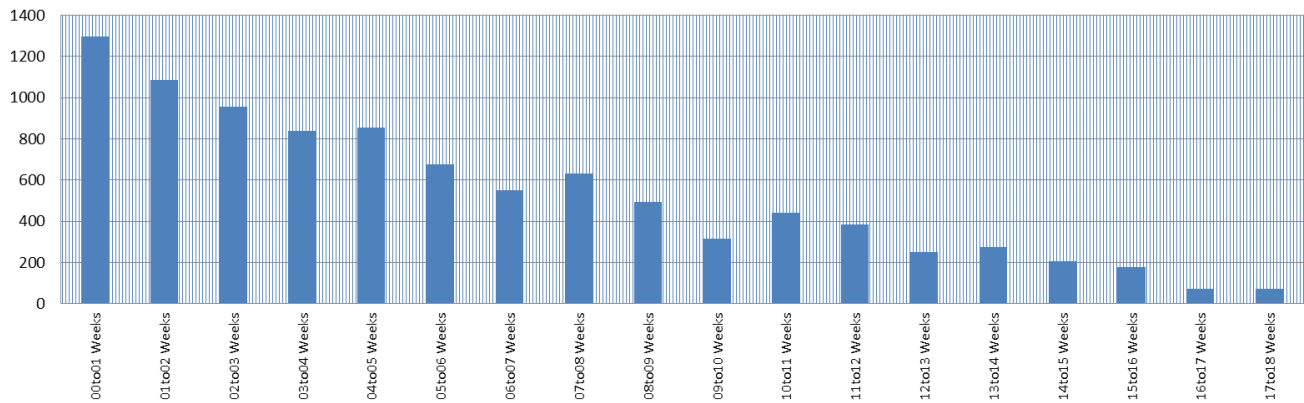
Referral Type	DD Code	Description	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr-15	May-15	Jun-15	Jul-15	14/15	1516	Variance	% Variance
GP	03	GP Ref	2,981	3,004	3,145	3,374	2,847	3,259	3,364	2,890	2,699	3,201	2,941	3,631	3,323	3,235	3,591	3,542	12,504	13,379	1,187	9%
GP Total			2,981	3,004	3,145	3,374	2,847	3,259	3,364	2,890	2,699	3,201	2,941	3,631	3,279	3,279	3,279	3,542	12,504	13,379	875	7%
Other	01	following an emergency admission	183	178	156	199	159	176	183	163	127	157	169	185	179	173	175	177	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	468	453	377	1,105	1,763	658	60%
	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	1,353	1,310	1,440	1,515	5,086	5,618	532	10%
	06	self-referral	191	244	296	262	251	273	278	268	265	366	254	269	308	274	285	291	993	1,158	165	17%
	07	A Prosthetist		3		1	2	1		3	1	3	2	2				6	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	81	1,054	372	-682	-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	198	178	222	231	882	829	-53	-6%
	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	10	22	12	120%
	13	A Specialist NURSE (Secondary Care)	8	10	3	6	6	6	5	7	9	10	9	3	6	11	8	9	27	34	7	26%
	14	An Allied Health Professional	128	95	88	102	86	84	80	67	86	73	75	56	72	87	122	120	413	401	-12	-3%
	15	An OPTOMETRIST	8	3	17	5	9	11	15	5	3	3	7	9	8	4	14	5	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	20	8	-12
92	A GENERAL DENTAL PRACTITIONER	208	184	210	174	171	193	215	169	152	145	185	194	162	164	213	197	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	459	1,752	1,728	-24	-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	3,302	3,184	3,467	3,470	12,886	13,423	537	4%
Unknown			142	135	169	171	154	167	182	143	146	168	161	186	146	153	162	34	617	495	-122	-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	6,771	6,572	7,220	7,046	26,007	27,609	1,602	6%

4. Waiting Times

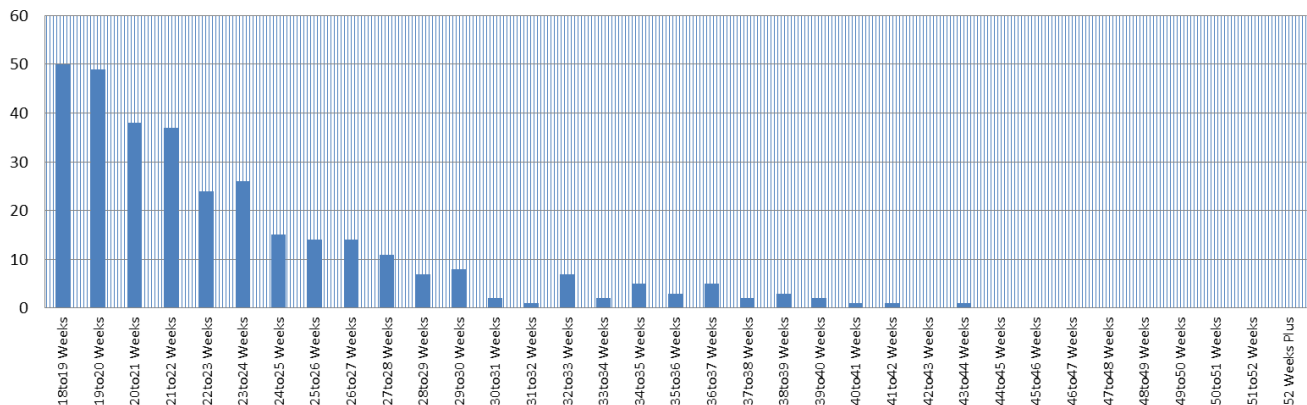
4.1 NHS South Sefton CCG patients waiting

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

South Sefton CCG Patients waiting on Incomplete Pathway July 2015 - 0 to 17 Weeks



South Sefton CCG Patients waiting on Incomplete Pathway July 2015 - 18 Weeks and Over



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	5177	1166	6343	90	24	3	117	6460
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	730	222	952	66	15	6	87	1039
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	533	105	638	28	7	12	47	685
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	399	150	549	17	11	4	32	581
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	425	116	541	12	9	5	26	567
Other Providers	438	124	562	11	3	5	19	581
Total All Providers	7702	1883	9585	224	69	35	328	9913

4.3 Provider assurance for long waiters

Provider assurance has not been received in time this month for the report. An addendum will be made to the published CCG performance reports.

5. Planned Care

5.1 All Providers

Performance at Month 4 of financial year 2015/16, against planned care elements of the contracts held by NHS South Sefton CCG shows an over-performance of circa £233k. This over-performance is driven by increases at Aintree Hospital (£266k), Southport & Ormskirk Hospital (£105k).

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	57,701	59,807	2,106	3.65%	£29,914	£10,223	£10,490	£266	2.60%
Alder Hey Childrens NHS F/T	13,872	4,737	3,455	-1,282	-318.03%	£1,988	£679	£594	£84	-12.10%
Countess of Chester Hospital NHS FT	0	0	60	60	0.00%	£0	£0	£6	£6	0.00%
Liverpool Heart and Chest NHS F/T	1,273	433	339	-94	-21.68%	£578	£197	£144	£53	-26.87%
Liverpool Womens Hospital NHS F/T	15,539	5,242	5,397	155	2.95%	£3,282	£1,103	£1,133	£30	2.75%
Royal Liverpool & Broadgreen Hospitals	29,929	10,178	9,199	-979	-9.62%	£5,827	£1,982	£1,855	£126	-6.37%
Southport & Ormskirk Hospital	13,390	4,658	4,964	306	6.56%	£2,761	£956	£1,061	£105	11.00%
ST Helens & Knowsley Hospitals	4,070	1,360	1,392	32	2.32%	£1,014	£336	£349	£13	3.90%
Wirral University Hospital NHS F/T	462	153	138	-15	-9.55%	£123	£41	£32	£9	-22.00%
Central Manchester University Hosp Nhs FT	86	29	51	22	77.91%	£22	£7	£10	£3	42.36%
Fairfield Hospital	95	28	38	10	35.60%	£20	£6	£7	£1	22.67%
ISIGHT (SOUTHPORT)	361	87	108	21	23.75%	£65	£22	£28	£6	27.75%
Renacres Hospital	4,900	1,324	1,789	465	35.14%	£1,257	£432	£483	£50	11.64%
SPIRE LIVERPOOL HOSPITAL	3,334	1,111	1,124	13	1.14%	£999	£333	£348	£15	4.63%
University Hosp South Manchester Nhs FT	108	36	32	-4	-12.05%	£16	£5	£5	£1	-13.50%
Wrightington, Wigan And Leigh Nhs FT	846	282	341	59	20.92%	£305	£102	£123	£21	20.78%
Grand Total	257,384	87,641	88,465	824	0.94%	£48,536	£16,546	£16,778	£233	1.41%

5.2 Aintree University Hospital NHS Foundation Trust

Figure 12 Month 4 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	4,282	4,472	190	4.44%	£7,916	£2,687	£2,789	£102	3.80%
Elective	2,171	751	702	-49	-6.51%	£5,849	£2,023	£1,916	£107	-5.31%
Elective Excess BedDays	1,134	392	379	-13	-3.37%	£252	£87	£82	£5	-5.46%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	633	216	157	-59	-27.47%	£113	£39	£28	£11	-27.67%
OPFANFTF - Outpatient first attendance non face to face	716	245	812	567	231.86%	£28	£10	£76	£66	684.21%
OPFASPCL - Outpatient first attendance single professional consultant led	31,994	10,941	11,044	103	0.94%	£4,593	£1,571	£1,645	£74	4.73%
OPFUPMPCPL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,577	539	534	-5	-0.95%	£172	£59	£56	£3	-5.01%
OPFUPNFTF - Outpatient follow up non face to face	1,251	428	1,009	581	135.86%	£30	£10	£24	£14	136.58%
OPFUPSCL - Outpatient follow up single professional consultant led	83,804	28,658	28,681	23	0.08%	£6,558	£2,243	£2,257	£14	0.62%
Outpatient Procedure	20,122	6,881	7,268	387	5.62%	£3,254	£1,113	£1,187	£74	6.69%
Unbundled Diagnostics	13,104	4,368	4,749	381	8.72%	£1,147	£382	£430	£47	12.37%
Grand Total	169,119	57,701	59,807	2,106	3.65%	£29,914	£10,223	£10,490	£266	2.60%

5.2.1 Aintree University Hospital NHS Foundation Trust Key Issues

Daycases over performance of £102k is driven by a Gastroenterology over performance of £142k. This variance is slightly offset by the under performance in Ophthalmology and T&O.

Outpatient First attendances are driven primarily by Acute Medicine with Rheumatology and Interventional Radiology driving the over performance in Follow Ups and Outpatient Procedures.

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

5.3 Southport & Ormskirk Hospital

Figure 13 Month 4 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	353	348	-5	-1.43%	£702	£241	£275	£34	14.03%
Elective	194	67	77	10	15.04%	£583	£201	£228	£26	13.16%
Elective Excess BedDays	13	5	0	-5	-100.00%	£3	£1	£0	£-1	-100.00%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	113	39	62	23	58.06%	£18	£6	£9	£3	49.75%
OPFANFTF - OP 1st Attendance non face to face	0	0	5	5	0.00%	£0	£0	£0	£0	0.00%
OPFASPCL - Outpatient first attendance single professional consultant led	2,611	910	809	-101	-11.07%	£366	£128	£116	£-11	-8.78%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	210	73	118	45	61.07%	£21	£7	£12	£4	57.09%
OPFUPNFTF - Outpatient follow up non face to face	0	0	19	19	0.00%	£0	£0	£0	£0	0.00%
OPFUPSPCL - Outpatient follow up single professional consultant led	5,260	1,832	1,927	95	5.16%	£456	£159	£169	£10	6.12%
Outpatient Procedure	3,070	1,069	1,281	212	19.79%	£545	£190	£226	£36	18.99%
Unbundled Diagnostics	889	310	318	8	2.64%	£66	£23	£27	£4	15.13%
Grand Total	13,390	4,658	4,964	306	6.56%	£2,761	£956	£1,061	£105	11.00%

5.3.1 Southport & Ormskirk Hospital Key Issues

Planned Care for month 4 is showing a £105k (11%) over performance. Daycase (£34k), Electives (£26k) and Outpatient Procedures 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. “Specified skin examinations and Investigations” in Dermatology have also shown an increase. These two Specialties make up almost all of Outpatient Procedure variance.

6. Unplanned Care

6.1 All Providers

Figure 14 Month 4 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	18,787	18,005	-782	-4.16%	£33,385	£11,208	£10,853	£-355	-3.17%
Alder Hey Childrens NHS F/T	8,868	3,055	2,919	-136	-4.44%	£1,905	£678	£574	£-103	-15.25%
Countess of Chester Hospital NHS Fo	0	0	41	41	0.00%	£0	£0	£20	£20	0.00%
Liverpool Heart and Chest NHS F/T	171	57	28	-29	-50.75%	£144	£48	£70	£22	46.38%
Liverpool Womens Hospital NHS F/T	3,489	1,167	1,333	166	14.24%	£3,008	£993	£1,044	£51	5.13%
Royal Liverpool & Broadgreen Hospit	5,851	1,950	2,219	269	13.78%	£2,145	£715	£772	£57	7.95%
Southport & Ormskirk Hospital	6,978	2,399	2,624	225	9.38%	£2,492	£857	£800	£-57	-6.60%
ST Helens & Knowsley Hospitals	850	291	281	-10	-3.42%	£361	£125	£92	£-32	-25.91%
Wirral University Hospital NHS F/T	245	82	152	70	84.55%	£90	£30	£48	£19	62.80%
Central Manchester University Hospit	67	22	24	2	7.46%	£16	£5	£7	£2	36.48%
University Hospital Of South Manche	41	14	14	0	0.19%	£14	£5	£4	£0	-4.84%
Wrightington, Wigan And Leigh Nhs F	42	14	18	4	28.57%	£15	£5	£9	£4	75.52%
Grand Total	82,348	27,839	27,658	-181	-0.65%	£43,577	£14,667	£14,295	£-373	-2.54%

6.2 Aintree University Hospital NHS Foundation Trust

Figure 15 Month 4 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	10,473	10,165	-308	-2.94%	£3,646	£1,233	£1,218	£-16	-1.26%
NEL - Non Elective	13,932	4,673	4,392	-281	-6.01%	£25,986	£8,715	£8,521	£-195	-2.24%
NELNE - Non Elective Non-Emergency	44	15	14	-1	-5.13%	£122	£41	£46	£5	11.70%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	40	13	45	32	235.43%	£10	£3	£9	£6	188.93%
NELST - Non Elective Short Stay	2,732	916	783	-133	-14.55%	£1,764	£592	£516	£-76	-12.83%
NELXBD - Non Elective Excess Bed Day	8,044	2,698	2,606	-92	-3.40%	£1,858	£623	£543	£-80	-12.77%
Grand Total	55,748	18,787	18,005	-782	-4.16%	£33,385	£11,208	£10,853	£-355	-3.17%

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.

6.3 Alder Hey Hospital

Figure 16 Month 4 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
<i>A&E - Accident & Emergency</i>	7,899	2,720	2,659	-61	-2.26%	£688	£237	£235	£-2	-0.79%
<i>NEL - Non Elective</i>	854	294	251	-43	-14.50%	£1,174	£425	£336	£-89	-21.03%
<i>NELNE - Non Elective Non-Emergency</i>	1	0	0	-0	-100.00%	£1	£0	£0	£0	-100.00%
<i>NELXBD - Non Elective Excess Bed Day</i>	113	40	9	-31	-77.62%	£42	£15	£3	£-12	-78.76%
Grand Total	8,868	3,055	2,919	-136	-4.44%	£1,905	£678	£574	£-103	-15.25%

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 overperformance against plan at this provider with the overall financial position for the Trust 0.3% below plan. The Trust have 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 17 NHS South Sefton CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS South Sefton CCG			
	Plan	Caseload	Variance from Plan	% Variance
0 Variance	34	93	59	174%
1 Common Mental Health Problems (Low Severity)	23	46	23	100%
2 Common Mental Health Problems (Low Severity with greater need)	48	30	(18)	-38%
3 Non-Psychotic (Moderate Severity)	274	240	(34)	-12%
4 Non-Psychotic (Severe)	169	196	27	16%
5 Non-psychotic Disorders (Very Severe)	32	57	25	78%
6 Non-Psychotic Disorder of Over-Valued Ideas	43	43	-	0%
7 Enduring Non-Psychotic Disorders (High Disability)	133	188	55	41%
8 Non-Psychotic Chaotic and Challenging Disorders	83	97	14	17%
10 First Episode Psychosis	93	123	30	32%
11 On-going Recurrent Psychosis (Low Symptoms)	414	441	27	7%
12 On-going or Recurrent Psychosis (High Disability)	312	313	1	0%
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	60	2	3%
18 Cognitive Impairment (Low Need)	347	199	(148)	-43%
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	462	529	67	15%
20 Cognitive Impairment or Dementia Complicated (High Need)	148	322	174	118%
21 Cognitive Impairment or Dementia (High Physical or Engagement)	45	49	4	9%
Reviewed Not Clustered	36	171	135	375%
No Cluster or Review	144	190	46	32%
Total	3,067	3,553	486	16%

Figure 18 CPA – Percentage of People under CPA followed up within 7 days of discharge

		Apr-15	May-15	Jun-15	Jul-15
E.B.S.3	The % of people under adult mental illness specialities who were followed up within 7 days	95%	100.00%	100.00%	100.00%
					93%

In July 13 out of 14 patients (93%) under adult mental illness specialities received a follow up within 7 days of discharge from psychiatric inpatient care. This KPI is measured quarterly, but monitored monthly. Merseycare colleagues made attempts at least once per day for six days to contact the one patient who breached, and the case was discussed at MDT. The patient was seen four days after the target date.

Figure 19 CPA Follow up 2 days (48 hours) for higher risk groups

			Apr-15	May-15	Jun-15	Jul-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.	95%	100.00%	100.00%	100.00%	100.00%

Quality Overview

At month 4, MerseyCare is compliant with quality schedule reporting requirements. The Trust is working with the CCG to improve the safer staffing report, NICE and SUI reports for CQPG meetings. Underperforming KPIs are discussed at monthly quality meetings and the bi-monthly CQPGs.

7.2 Cheshire Wirral Partnership - Improving Access to Psychological Therapies Contract

The provider has not achieved the targets for prevalence and recovery.

The monthly prevalence target is 1.25% and at month 4 the actual is 0.84% (year to date position is 2.91% against 5% YTD target). A forecast based on the current position would give a prevalence of 8.72% at year end against the 15% annual target.

The recovery rate in month 4 is 40.3% against the target of 50% and the monthly position since April has been below the 50% target. For the provider to achieve the 50% target based on the current performance levels would require 1,000 completed episodes between August and March, with 520 patients moving to recovery and a monthly average of 8 or fewer patients below caseness over this time period.

There were 253 cancellations initiated by patients and 67 cancellations initiated by the provider in month 4. The service has confirmed that provider cancellations are attributable to sickness within the service that the provider are managing. The provider has confirmed that cancelled appointments are rebooked immediately.

DNAs have shown an increase month on month. A number of processes are being used by the provider with the aim of lowering the number of DNAs.

The provider has consistently failed to provide the weekly report required (every Monday) as part of the information schedule requirements to monitor the number of patients entering therapy on a weekly basis. This has been raised with the commissioners and has been discussed at the contract meetings however this weekly flow needs to be established by the provider. CSU colleagues routinely contact the provider every Monday, however the provider only include it within the monthly data submissions.

At the Contract Quality and Performance Group meeting on 23/09/2015 the provider will be requested to provide a remedial action plan, and there is potential to issue a contract query notice.

Figure 20 Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Performance Indicator		Apr-15	May-15	Jun-15	Jul-15	
Population (Psychiatric Morbidity Survey)		24298	24298	24298	24298	
National definition of those who have entered into treatment		143	158	201	204	
Prevalence Trajectory (%)		1.25%	1.25%	1.25% (α1=3.75%)	1.25%	
Prevalence Trajectory ACTUAL		0.59%	0.65%	0.83%	0.84%	
National definition of those who have completed treatment (KPI5)		134	117	120	128	
National definition of those who have entered Below Caseness (KPI6b)		9	4	11	9	
National definition of those who have moved to recovery (KPI6)		48	44	46	48	
Recovery - National Target		50.0%	50.0%	50.0%	50.0%	
Recovery ACTUAL		38.4%	38.9%	42.2%	40.3%	
Referrals Received		434	395	355	405	
Gp Referrals		288	215	152	161	
% GP Referrals		66%	54%	43%	40%	
Self referrals		114	149	175	205	
% Self referrals		26%	38%	49%	51%	
Other referrals	Other referrals are 19 - Assessment and Immediate Care, 4 - Acute Care Team, 4 - Health Visitor, 4 - Other, 3 - LCH Community Intermediate Care Team, 1 - Employer, 1 - Other Primary Health Care, 1 -	32	31	28	39	
% Other referrals		7%	8%	8%	10%	
Referral not suitable or returned to GP		0	0	0	0	
Referrals opting in		240	268	218	261	
Opt-in rate %		55%	68%	61%	64%	
Patients starting treatment by step (Local Definition)		Step 2	94	119	142	157
		Step 3	49	39	59	47
		Step 4				
		Total	143	158	201	204
Percentage of patients entering in 28 days or less		53.0%	37.0%	59.0%	60.0%	
Completed Treatment Episodes by Step (Local Definition)		Step 2	138	175	128	203
		Step 3	341	329	363	383
		Step 4				
		Total	479	504	491	586
Activity	Attendances	Step 2	369	456	536	788
		Step 3	389	422	547	460
		Step 4		1	2	3
	DNA's	Step 2	80	92	146	179
		Step 3	52	49	75	56
		Step 4		1		
	Cancels	Step 2	40	82	159	225
		Step 3	62	89	107	95
		Step 4				
	Attendances	Total	758	879	1085	1251
	DNAs	Total	132	142	231	235
	Cancelled	Total	102	171	266	320
	Number Cancelled by patient	Total	45	109	194	253
	Number Cancelled by provider	Total	57	62	72	67
Total						

Figure 21 IAPT Waiting Time KPIs

	Indicator	Target	Apr-15	May-15	Jun-15	Jul-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
	Denominator		165	245	266	303
	%		99%	92%	95%	97%
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
	Denominator		165	245	213	303
	%		99%	99%	100%	100%

8. Community Health

Liverpool Community Health Services (by exception)

The Trust had agreed to provide monthly exception reports with exceptions provided one month in arrears for the Allied Health Professionals. This has not happened and no exceptions have been received at month 4. The trust has been contacted about this but to date no response has been forthcoming. This will be discussed at the next information subgroup and escalated to the contract review group should the information still not be provided.

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.

Diabetes specialist nurse: This service has experienced issues with staffing and two appointed staff members subsequently resigned shortly after starting employment. Both vacancies have been re advertised.

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. Commissioners have requested more detail on treatment rooms activity to be discussed at the next Finance and Information Subgroup in September including analysis around the ratio of contacts to referrals.

IV Therapy-There is an issue with staff not inputting activity to EMIS which make its look that demand is higher than activity. The service is aware and has been asked to improve recording.

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 .

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 have been made on numerous occasions for this information. 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.

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

The first joint LCH CQPG (Clinical Quality and Performance Group) meeting was held with South Sefton and Liverpool CCGs on 10th September. A full review of pressure ulcers is underway with representatives from both CCGs, LCH and NHSE. A workshop is due to be held in September to develop an action plan and commence the work to satisfy governance requirements of all parties.

Looked after Children (LAC) - The LCH provide a co-ordinating role for health reviews of LAC in addition to the function of the School and District Nurses in undertaking the actual health reviews. Issues became apparent regarding the local systems and processes following the local authority 903 Return. A lessons learned event and pathway planning event has been held and

plans are in place to improve the local system, the Trust has been supported on this improvement journey by the CCG Designated Nurse for looked after children and weekly reporting has been requested by the commissioner for the purposes of assurance.

9. Third Sector Contracts

Contract review meetings are underway with Third Sector providers and reports demonstrating service outcomes are to be finalised and passed over to the CCG by the end of September. These reports detail activity and service outcomes during 2014-15 highlighting where they link in with the CCG 5 year forward plan. These reports will enable the CCG to assess current services looking in particular at value for money, service duplications and gaps in service.

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 - July	18	13	↑	There were 2 new cases reported in July 2015, year to date there have been 13 cases against a plan of 18. Of the 13 cases reported in year to date all have been aligned to Aintree Hospital (7 apportioned to acute trust and 6 apportioned to community).	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.	
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	15/16 - July	15	13 (10 following appeal)	↑	There were 3 new cases have been reported in July. Year to date there have been 13 cases against a plan of 15, the year to date plan is 46.	The first 15/16 C-difficile Appeals Panel met on 25th June, 3 out of the 4 Aintree appeals were upheld, the second Panel met on 10th September, an update will be provided in the Month 5 report.	
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	15/16 - July	0	0	↔	No new cases have been reported in July of MRSA for South Sefton CCG, the plan remains at zero.		
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	15/16 - July	0	0	↔	No new cases of MRSA at Aintree in July.		
Mixed Sex Accommodation Breaches							
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	15/16 - July	0.00	0.00	↔			
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	15/16 - July	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%.
Emergency Admissions Composite Indicator(Cumulative)	15/16 - July	719.87	842.58	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 106 more admissions than the same period last year.
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative)	15/16 - July	71.3	102.29	New Plans	This measure now has a plan which is based on the same period previous year. The CCG is over the monthly plan, the number of actual admissions is 10 more than the same period last year.
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	15/16 - July	336.9	373.62	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 57 more than the same period last year.
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	15/16 - June	31.00	31.00	New Plans	No admissions for July, comment relates to June. This measure now has a plan which is based on the same period previous year. The CCG actual and plan are the same for month 3, actual admissions is 10 which is the same as the same period last year.
Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)	15/16 - July	429.02	464.45	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 55 above the same period last year.
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	15/16 - July	No Plan	17.02	↓	The emergency readmission rate for the CCG is lower than previous month (17.55) and slightly higher than the same period last year (16.29).

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

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 tarets were set. The CCG will look to revise these targets.

Helping people to recover from episodes of ill health or following injury						
Patient reported outcomes measures for elective procedures: Groin hernia	Apr 14 - Dec 14 (Prov data)	Eng Ave 0.084	0.100	Provisional data	Provisional data shows the CCG improved on the previous years rate (2012/13) and achieved a score higher than that of the England average.	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 - Dec 14 (Prov data)	Eng Ave 0.449		Provisional data	The CCG has no score for hip replacement, data suppressed due to low numbers.	
Patient reported outcomes measures for elective procedures: Knee replacement	Apr 14 - Dec 14 (Prov data)	Eng Ave 0.319	0.300	Provisional data	Provisional data shows the CCG's rate has declined from previous year (2012/13 - 3.43) and is under the England average.	
% who had a stroke & spend at least 90% of their time on a stroke unit (CCG)	15/16 - July	80%	76.00%	↓	The CCG have failed to achieve the target in July after achieving the target of 80% in June. In July 19 patients out of 25 spending at least 90% of their time on a stroke unit.	The majority of South Sefton's Stroke patients were treated at Aintree Hospital, please see below for Trust narrative.
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	15/16 - July	80%	74.50%	↓	Aintree have failed to achieve the target in July, 38 patients out of 51 spending at least 90% of their time on a stroke unit.	Stroke performance has deteriorated to 74.5% (-10.1%) and is therefore -5.5% below the national standard. Patients discharged from the Trust with a diagnosis of stroke during July 2015 increased by 24.5% compared to the June 2015 position. Of the 51 patients discharged during July 2015 a total of 38 spent 90% of their time on the stroke unit. The team continue to perform positively with 100% performance in relation to the number of Transient Ischaemic Attack (TIA) patients scanned and treated within 24 hours. Estates work to create a hyper acute stroke unit (HASU) and enable direct admission into a hyper acute stroke bed for the first 72 hours following admission is expected to be completed by late September 2015 and nurse recruitment is on-going.
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (CCG)	15/16 - July	60%	100%	↔		
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	15/16 - July	60%	100%	↔		

Mental health					
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) (CCG)	15/16 - Qtr1	95%	95.80%	↓	
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 - July	1.25%	0.84%	↑	The CCG are under plan for July for IAPT Roll Out, out of a population of 24298, 204 patients have entered into treatment. There has been a steady increase since April, (April 0.59%, May 0.65%, June 0.83%).
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 - July	50.00%	40.34%	↓	The CCG are under plan for recovery rate reaching 40.34% in July. This equates to 48 patients who have moved to recovery out of 119 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 - July	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 - July	95%	100.00%		

IAPT performance and actions are described in section 7 of the main report.

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.	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.
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 - June	93%	96.53%	↑		
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	15/16 - June	93%	95.52%	↔		
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 - June	93%	93.48%	↓		
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 - June	93%	93.98%	↓		

Cancer waits – 31 days						
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	15/16 - June	96%	99.00%	↓		
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	15/16 - June	96%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	15/16 - June	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	15/16 - June	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	15/16 - June	94%	96.43%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	15/16 - June	94%	99.01%	↓		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	15/16 - June	98%	97.89%	↑	The CCG achieved the target in June but are failing year to date due to the 2 patient breaches in May. Year to date there have been just 2 patient breaches out of a total of 95 patients.	Administrative team will reflect on the error to avoid recurrence as the tolerance on performance standards should take account of patient choice.
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	15/16 - June	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 - June	85% local target	81.25%	↓	The CCG failed the target in June reaching 66.7% and are failing year to date due to previous breaches and 1 patient breach in June out of a total of 3 patients. This gynaecological patient's delay was due to patient choice of starting chemo after family event, days waited 68, consultant upgrade trust Aintree, first treatment trust Clatterbridge.	These breaches were at Liverpool Heart & Chest Hospital, and were due to late onward referrals from another provider. Lung service continues to struggle with delivery of the 62 day target due to clinical pathway complexity, and some pathway variation across the network. Key actions to mitigate include: <ul style="list-style-type: none"> • Lung clinical pathway group has been established at network level to critically audit, review and promote best practice in lung pathways; • Continued focus on performance with Trust • Focus on whole pathway, including early stages of diagnosis, exploring service improvement opportunities.
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 - June	85% local target	88.16%	↔		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	15/16 - June	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 - June	90%	100.00%	↔		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	15/16 - June	85%	88.76%	↓		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	15/16 - June	85%	85.98%	↓		

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 - July	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (Aintree)	15/16 - June	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (CCG)	15/16 - July	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (Aintree)	15/16 - June	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	15/16 - July	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	15/16 - June	0	0	↔	
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (CCG)	15/16 - July	90%	92.31%	↔	
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (Aintree)	15/16 - June	90%	93.26%	↓	
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (CCG)	15/16 - July	95%	97.08%	↔	
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (Aintree)	15/16 - June	95%	98.37%	↔	
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 - July	92%	96.69%	↔	
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 - June	92%	97.14%	↔	

A&E waits						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG)	15/16 - July	95.00%	97.86%	↔		
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree)	15/16 - July	95.00%	95.35%	↔		
Diagnostic test waiting times						
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	15/16 - July	1.00%	0.59%	↓		
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	15/16 - June	1.00%	0.40%	↑		
Category A ambulance calls						
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	15/16 - July	75%	80.00%	↑		
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	15/16 - July	75%	76.00%	↔		
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	15/16 - July	95%	96.90%	↓		
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	15/16 - July	75%	77.90%	↔		
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	15/16 - July	75%	76.40%	↔		
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	15/16 - July	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)	2013/14	2400	2309.0	↓	The baseline data shows access to community mental health services by people from BME groups is higher for the CCG than the England rate per 100,000 (England rate 2035.9) but lower than the plan. This is an improvement on the previous year when the CCG rate was 1824.4.	Local data flows are being established to monitor this indicator more frequently.

10.2 Friends and Family – Aintree University Hospital NHS Foundation Trust

Figure 22 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 (July 2015)	RR - Trajectory From Previous Month (June 15)	% Recommended (Eng. Average)	% Recommended (July 2015)	PR - Trajectory From Previous Month (June 15)	% Not Recommended (Eng. Average)	% Not Recommended (July 2015)	PNR - Trajectory From Previous Month (June 15)
Inpatients	30%	61.1%	↑	95.9%	96.7%	↑	1.4%	1.6%	↑
A&E	20%	22.1%	↓	88.2%	88.0%	↑	6%	7.1%	↑

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. Both targets have been met for July with Inpatients showing an increase in the response rates compared to June, however A&E response rates have declined since June.

For Inpatient services, the percentage of people who would recommend that service remains above the England average and has increased compared to the previous month (June 2015). The percentage of people who would not recommend the inpatient service has improved on the previous month and is better than the England average.

The percentage of people that would recommend A&E has improved compared to May and June 2015, and is in line with the England average. The percentage of people who would not recommend the A&E service has worsened compared to the previous month and is slightly below the England average.

The patient experience lead within the trust is coming to present the ongoing work the organisation is doing with the Friends and Family data to EPEG in October 2015. They will show how feedback obtained is informing the trust how they can improve services for its patients.

10.3 Complaints

Aintree University Hospital

Concerns

There has been a rise in concerns to 298 during this period in comparison with 260 concerns in Quarter 4 and 232 in Quarter 1 in 2014.

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

- Appointments
- Clinical Treatment
- Implementation of Care

Comparisons from Q4 to Q1

Appointments – a rise from 58 to 67.

Clinical Treatment is still the second concern subject - a rise from 50 to 63.

Implementation of Care is now the third most common concern - a rise from 29 to 36.

Discharge - was the third most common concern - now reduced to 24 and Diagnosis concerns remain the same at 13.

Complaints

There has been a further reduction in complaints to 62 during this quarter and for the same period last year of 72 and 71 in Quarter 4.

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

- Clinical Treatment
- Implementation of Care
- Diagnosis and Staff Attitude/Conduct

Comparisons from Q4 to Q1

The top two most frequently occurring complaint themes for Quarter 1 were the same as Quarter 4.

Clinical Treatment - a small rise from 19 to 23

Implementation of Care - continues to show a small but steady drop from Quarter 3 and 4.

Diagnosis - showed a small drop from Quarter 3 and Quarter 4.

Staff Attitude/Conduct was the same as Diagnosis with 8 complaints which showed a rise from 5.

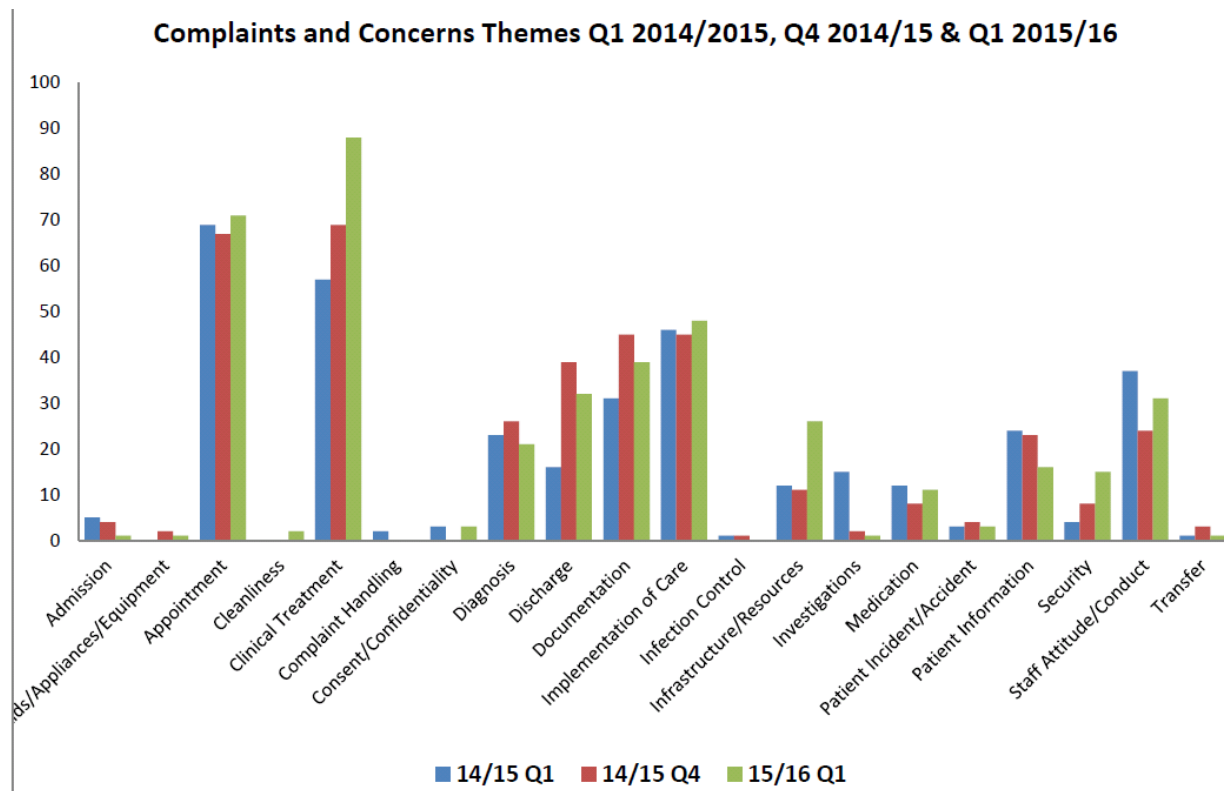
Response Rates

Long-term complaints have been a priority and following a considerable improvement to reduce the number of complaints over 60 days, there are currently 2 complaints which have breached the 60 day target. These are both from the Division of Medicine (ref 13534 and 13622).

Complaints closed within 25 days - an increase from 27% to 35%

Complaints closed over 25 working days - drop from 27% to 20%

Comparison of concern & complaint themes for Q1 of this financial year (2015/2016), Q4 of the previous financial year (2014/2015) & Q1 of the previous financial year (2014/2015)



10.4 Serious Untoward Incidents (SUIs)

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 4, there have been 40 Serious Incidents involving South Sefton CCG patients

There were 9 Serious Incidents in July 2015.

Incident Split by Provider

Provider / Type of Incident	Apr	May	Jun	Jul	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	40

CCG SUIs

Type of Incident	Apr	May	Jun	Jul	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	40

Number of Never Events reported in period

There have been zero Never Events involving South Sefton CCG patients year to date.

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
- Alder Hey - 1

- Mersey Care NHS Trust – 5
- Southport & Ormskirk Hospital NHS Trust - 3

SUIs Reported at Aintree University Trust level

For 15/16 including July; Aintree University Hospital NHS Foundation Trust reported 8 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 SUIs

Incident Type	Apr	May	Jun	Jul	YTD
Sub-optimal care of the deteriorating patient	2		1		3
Delayed diagnosis			2		2
Failure to act upon test results			1	1	2
Unexpected Death (general)	1				1
Grand Total	3	0	4	1	8

Incidents split by CCG

CCG Name / Incident Type	Apr	May	Jun	Jul	YTD
Knowsley CCG					
Delayed diagnosis			1		1
Sub-optimal care of the deteriorating patient	1				1
Liverpool CCG					
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	8

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 - 2

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 - 1
- Southport and Formby CCG – 1
- West Lancashire CCG - 1

11. Primary Care

11.1 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.

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), and forthcoming additions include financial information, and public health indicators

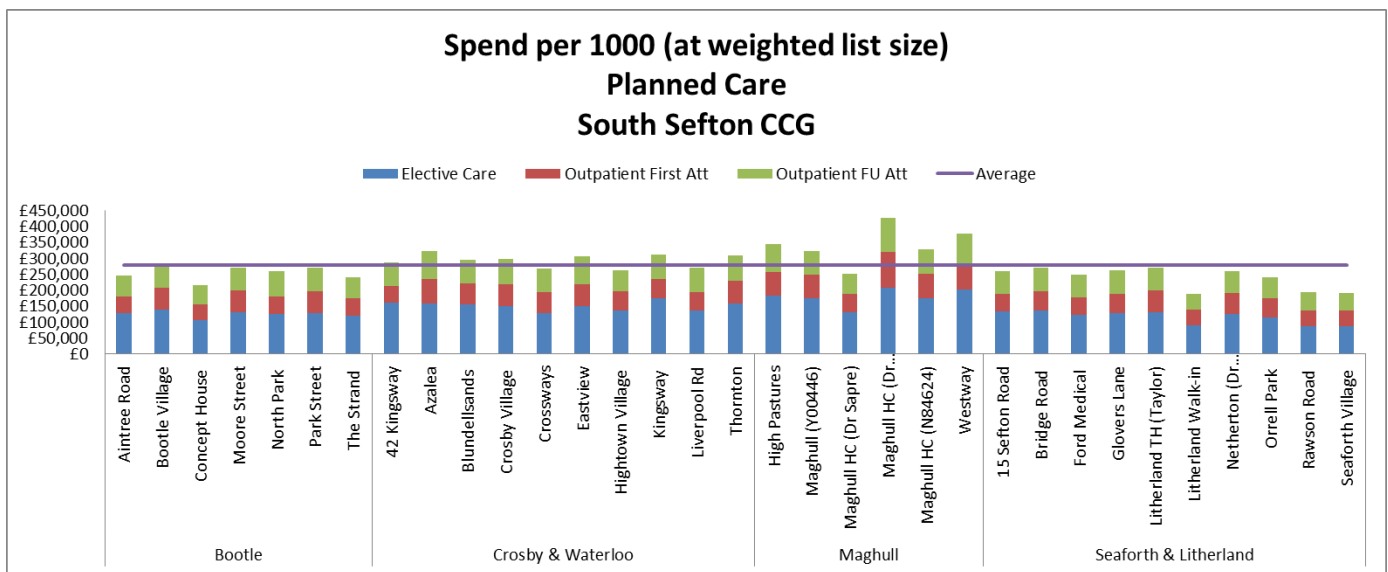
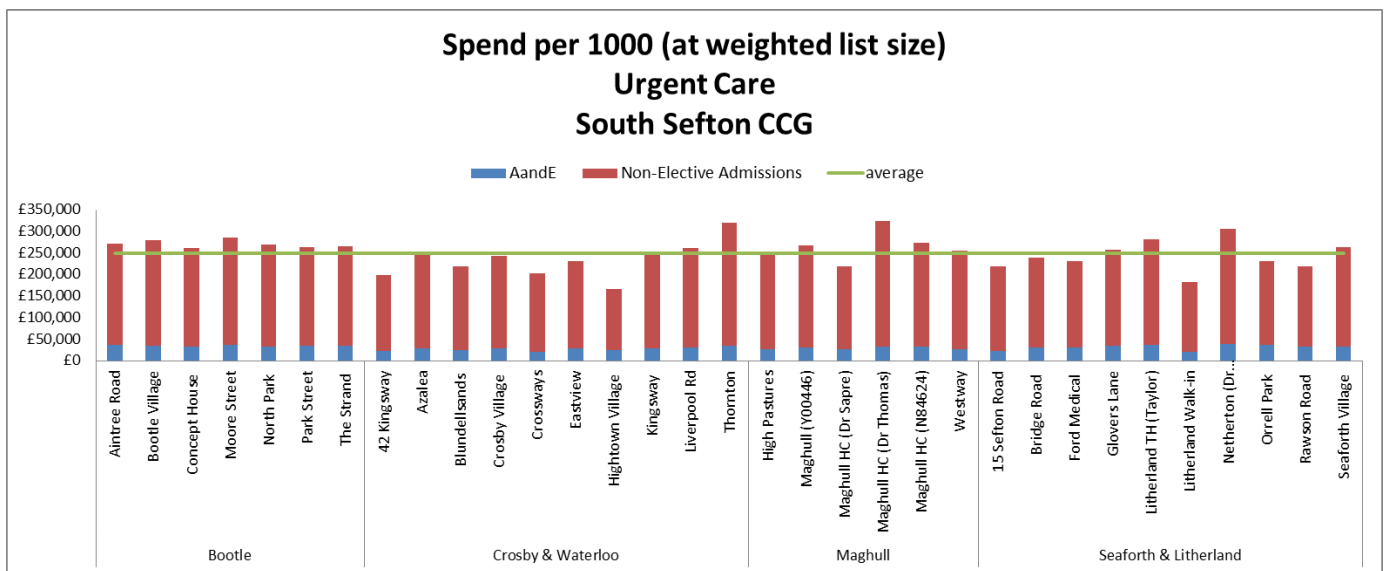
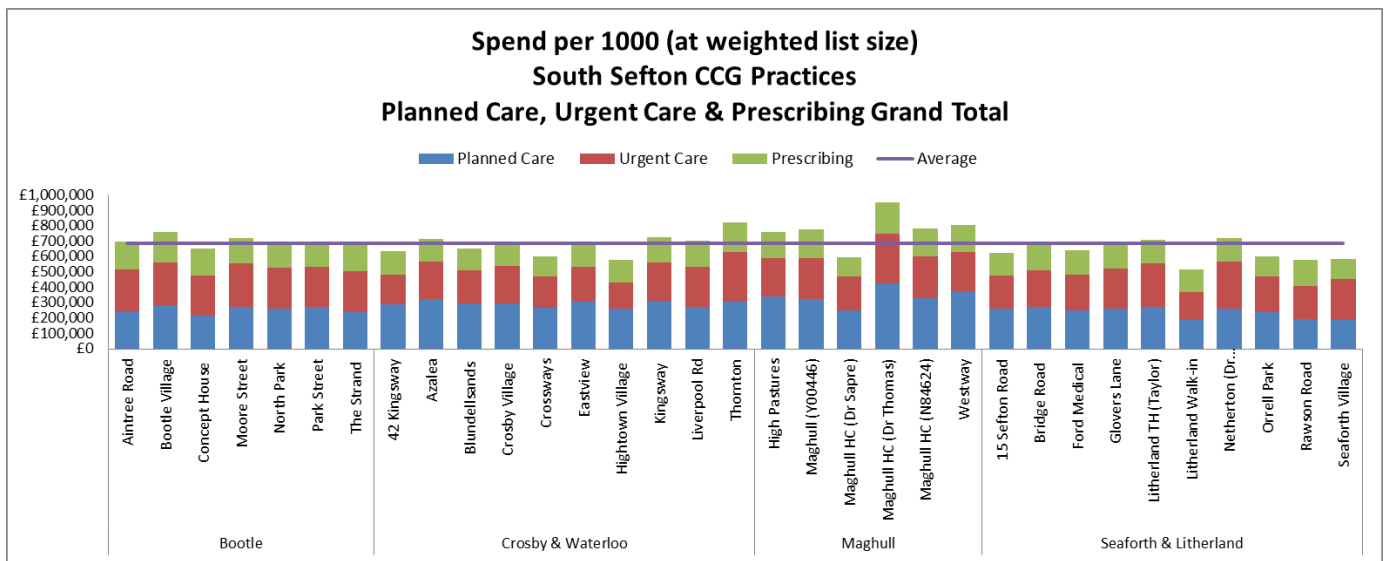
11.3 Format

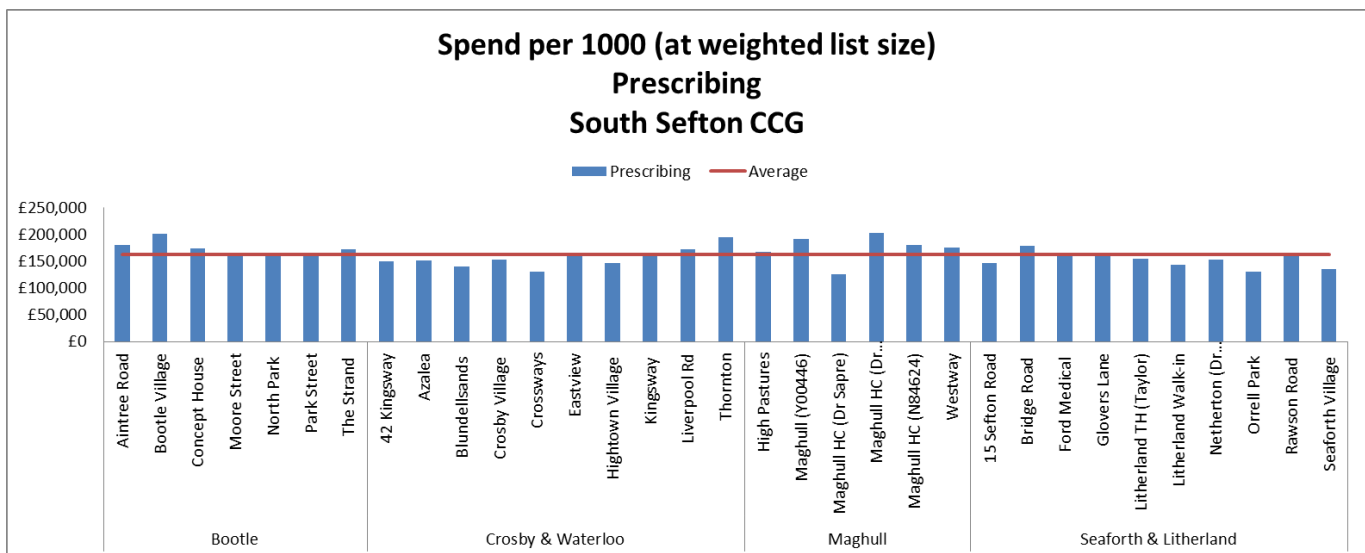
The data is presented for all practices, grouped to locality level and RAG rated to illustrate easily variation from the CCG average, where green is better than CCG average by 10% or more, and red is worse than CCG average. Amber is defined as better than CCG average but within 10%. Data is refreshed 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 23 Summary of Primary Care Dashboard – Finance





12. Better Care Fund update

A 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. This collection template for Q1 2015-16 focuses on budget arrangements, the national conditions, payment for performance, income and expenditure to and from the fund, and performance on local metrics. It also presents 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 is above the required level of reduction, therefore no payment for performance is available. Performance is summarised below:

BCF NEL Admissions (MAR)	Apr	May	Jun	Q1	Jul	Year to Date
Plan	3,003	3,003	3,003	9,009	2,941	11,950
Actual	3,257	3,245	2,958	9,461	2,957	12,418
Var	254	242	-45	452	17	468
%age Var	8.5%	8.1%	-1.5%	5.0%	0.6%	3.9%

13. NHS England Activity Monitoring

Figure 24 NHS England Activity Monitoring

Measures		Apr	May	Jun	Jul	YTD
E.C.8 A&E (Type 1, 2 & 3)	Plan	4166	4379	4239	4576	17360
	Actual	4674	4663	4438	4466	18241
	Var	508	284	199	-110	881
	%age Var	12.2%	6.5%	4.7%	-2.4%	5.1%
E.C.32 Daycase (All Specs)	Plan	1732	1735	1885	2039	7391
	Actual	1535	1536	1767	1821	6659
	Var	-197	-199	-118	-218	-732
	%age Var	-11.4%	-11.5%	-6.3%	-10.7%	-9.9%
E.C.2 Daycase (G&A)	Plan	1732	1735	1885	2039	7391
	Actual	1535	1536	1767	1821	6659
	Var	-197	-199	-118	-218	-732
	%age Var	-11.4%	-11.5%	-6.3%	-10.7%	-9.9%
E.C.21 Elective (All Specs)	Plan	297	325	294	348	1264
	Actual	268	318	289	332	1207
	Var	-29	-7	-5	-16	-57
	%age Var	-9.8%	-2.2%	-1.7%	-4.6%	-4.5%
E.C.1 Elective (G&A)	Plan	297	325	294	348	1264
	Actual	268	318	289	332	1207
	Var	-29	-7	-5	-16	-57
	%age Var	-9.8%	-2.2%	-1.7%	-4.6%	-4.5%
E.C.23 Non Elective	Plan	1952	2052	1986	2144	8134
	Actual	1958	1961	1811	1959	7689
	Var	6	-91	-175	-185	-445
	%age Var	0.3%	-4.4%	-8.8%	-8.6%	-5.5%
E.C.4 Non Elective (G&A)	Plan	1730	1819	1761	1901	7211
	Actual	1737	1739	1604	1714	6794
	Var	7	-80	-157	-187	-417
	%age Var	0.4%	-4.4%	-8.9%	-9.8%	-5.8%
E.C.24 OP All 1st (All Spec)	Plan	5039	5286	5470	5354	21149
	Actual	5465	5077	5801	5610	21953
	Var	426	-209	331	256	804
	%age Var	8.5%	-4.0%	6.1%	4.8%	3.8%
E.C.5 OP All 1st (G&A)	Plan	5035	5281	5466	5349	21131
	Actual	5099	4747	5384	5227	20457
	Var	64	-534	-82	-122	-674
	%age Var	1.3%	-10.1%	-1.5%	-2.3%	-3.2%
E.C.25 OP All 1st Following GP Ref(All Spec)	Plan	2824	2963	3066	3003	11856
	Actual	2593	2530	2920	2837	10880
	Var	-231	-433	-146	-166	-976
	%age Var	-8.2%	-14.6%	-4.8%	-5.5%	-8.2%
E.C.12 OP All 1st Following GP Ref (G&A)	Plan	2822	2960	3063	2999	11844
	Actual	2533	2476	2853	2777	10639
	Var	-289	-484	-210	-222	-1205
	%age Var	-10.2%	-16.4%	-6.9%	-7.4%	-10.2%
E.C.6 All Subsequent OP	Plan	12639	13258	13719	13430	53046
	Actual	12899	12431	14392	14094	53816
	Var	260	-827	673	664	770
	%age Var	2.1%	-6.2%	4.9%	4.9%	1.5%