

South Sefton Clinical Commissioning Group

Integrated Performance Report May 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 2 (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		
A&E 4 Hour Waits	AUHT	Yellow
Ambulance Category 19 transportation	NWAS	Yellow
Cancer 62 Day Consultant Upgrade	AUHT	Red
Emergency Admissions Composite Indicator	CCG	Red
Emergency Admissions for acute conditions that should not usually require a hospital admission	CCG	Red
HCAI - C.Diff	CCG	Red
HCAI - C.Diff	AUHT	Red
Local Measure: Diabetes	CCG	Red
Patient Experience of Primary Care i) GP Services ii) Out of Hours (Combined)	CCG	Red
PYLL Person (Annual Update)	CCG	Red
Stoke 90% time on stroke unit	CCG	Red
Stoke 90% time on stroke unit	AUHT	Red
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	CCG	Red
Unplanned hospitalisation for chronic ambulatory care	CCG	Red

Key information from this report

The financial position is £0.218m underspent at 30 June 2015 (Month 3) on operational budget areas before the application of reserves or contingency. At this early stage of the year the forecasted outturn is an underspend against plan of £0.277m. Annual budgets have been increased for growth but there are a small number of cost pressures emerging which will need close management if the CCG is to achieve the planned surplus. In addition, plans to achieve the CCG QIPP requirement of £3.441m have not yet fully identified.

Ambulance Activity - The CCG are achieving all 3 ambulance targets in May. NWAS achieved Red 1 and Red 2 but are slightly under target achieving 94.80% year to date for Category 19 Transportation.

A&E waits – The CCG met the 95% target for May with a performance of 98.1% year to date, Aintree achieved the target in May recording 95.91%, but are just failing year to date reaching 94.63%. An action plan and trajectory was agreed by the Aintree with Monitor and NHS England to reach 95% by end of Q2 15/16.

Cancer Indicators – The CCG achieved all the cancer indicators apart from 62 day consultant upgrade achieving 75% in April (local target 85%) this equated to 2 patient breaches out of 8 patients. Aintree achieved all the cancer indicators. Performance is hampered by low numbers with only one patient breach often leading to failure against the target.

Emergency Admissions Composite Measure - The CCG is over the monthly plan and had 58 more admissions than the same period last year. The monthly plans for 2015-16 been split using last years seasonal performance.

Emergency admissions for acute conditions that should not usually require hospital admission – The CCG is over the monthly plan and had 16 more admissions than the same period last year.

Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s – The CCG is over plan, the increase in actual admissions is 11 more than the same period last year.

Unplanned hospitalisation for chronic ambulatory care – The CCG is over plan, the increase in actual admissions is 46 more than the same period last year.

HCAI - C difficile – The CCG had 6 new cases of c difficile reported in May 2015 against a monthly plan of 4, (year to date 11 cases / plan 9 cases) year-end plan of 54. Aintree reported 4 new cases in May against a monthly plan of 4, (YTD 10 cases / plan 8 cases) year-end plan of 46.

Patient Safety Incidents Reported – Aintree reported no new Serious Untoward Incidents in May, year to date are report 3 in total, 1 Sub-optimal care of the deteriorating patient, 1 Sub-optimal care of the deteriorating patient and 1 Unexpected Death (general).

Stoke 90% time on stroke unit – The CCG failed the 80% target in April reaching 76.92% with 10 patients out of 13 spending at least 90% of their time on a stroke unit. Of the 3 patient breaches 2 were at Aintree and 1 Southport & Ormskirk. Aintree also failed the target reaching 70.0% with 26 patients out of 37 spending at least 90% of their time on a stroke unit.

2. Financial Position

2.1 Summary

This section of the report focuses on the financial performance for South Sefton CCG as at 30 June 2015 (Month 3). The financial position is £0.218m underspent at Month 3 on operational budget areas before the application of reserves or contingency. At this early stage of the year the forecasted outturn is an underspend against plan of £0.277m.

Annual budgets have been increased for growth but there are a small number of cost pressures emerging which will need close management if the CCG is to achieve the planned surplus.

In addition, plans to achieve the CCG QIPP requirement of £3.441m have not yet fully identified.

Figure 1 – Financial Dashboard

Key Performance Indicator	This Month	Prior Month
1% Surplus	✓	✓
0.5% Contingency Reserve	✓	✓
1% Non-Recurrent Headroom	✓	✓
Financial Surplus / (Deficit) before the application of reserves or contingency - £'000	-£0.277m	-£0.180m
Unmet QIPP to be identified > 0	£3.127m	£3.441m
CCG running costs < National 2015/16 target of £22.07 per head	✓	✓
NHS - Value YTD > 95%	99.6%	99.9%
NHS - Volume YTD > 95%	84.9%	87.2%
Non NHS - Value YTD > 95%	88.9%	99.8%
Non NHS - Volume YTD > 95%	91.7%	85.7%

2.2 Resource Allocation

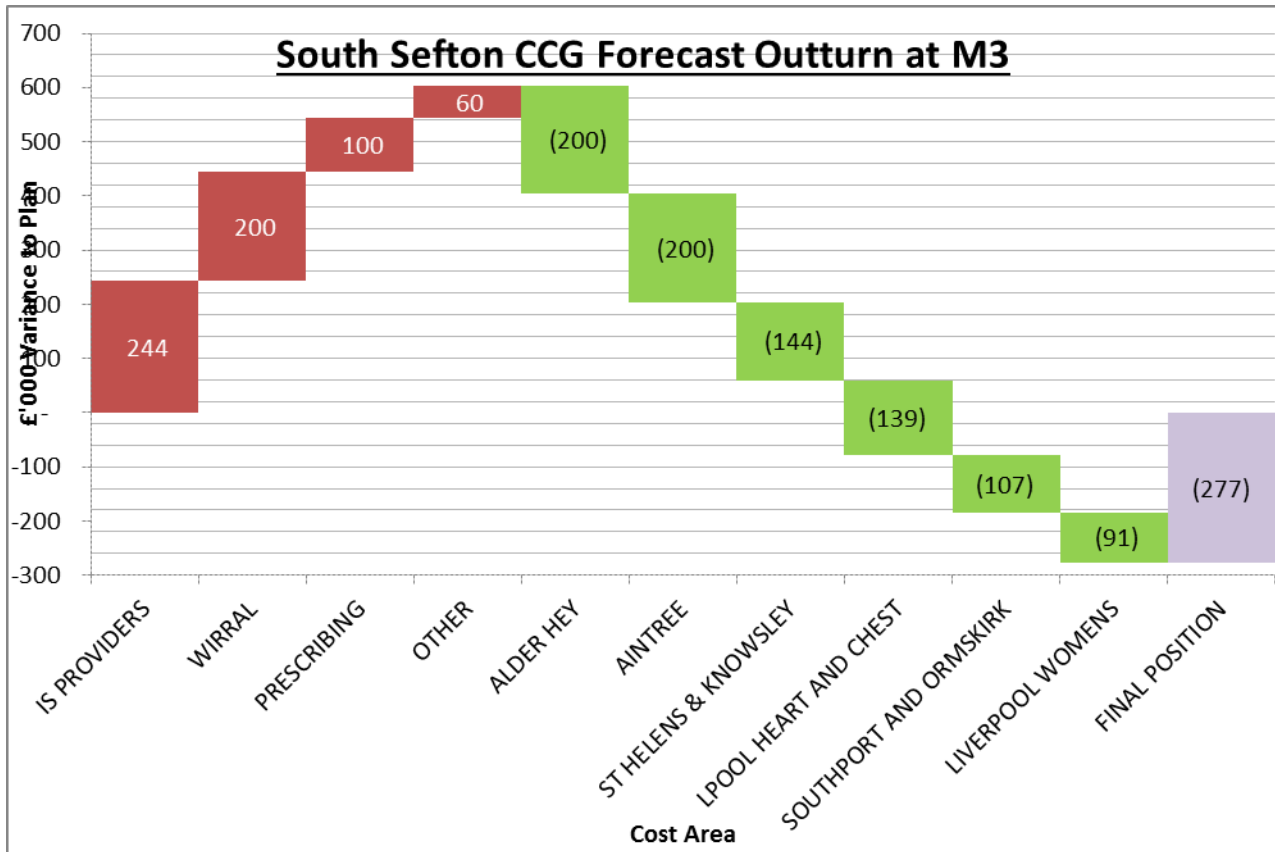
The Resource Allocation has increased by £0.478m in Month 3 in respect of the Primary Care IT budget allocations.

2.3 Position to date

There are forecast overspends with the independent sector providers, particularly Ramsay Healthcare and Spire Healthcare. Smaller overspends are also forecast for Wirral Acute Trust. This overspend is offset by underspends with Alder Hey and on other acute providers.

The forecast financial position is based on data received for the year to date. For acute commissioning budgets, this is data up to the end of May 2015. It should be noted that at this early stage in the financial year, forecasting can be difficult and subject to variation.

Figure 2 – Forecast Outturn



Acute Commissioning

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

Aintree Hospitals Foundation Trust

The year to date underspend reported for Aintree is £0.084m. This is based on the Month 2 information received by the Trust. There are underspends in both non-elective admissions (£0.106m to month 2) and planned inpatient care (£0.077m to month 2). These are partially offset by increased spend on drugs of £0.084m.

The below graphs show the activity trends for inpatient care at the Trust. Planned care is lower than at the same time last year, and spend on non-elective admissions has dropped from the activity seen over the winter period.

Figure 3 – Daycase Costs at Aintree

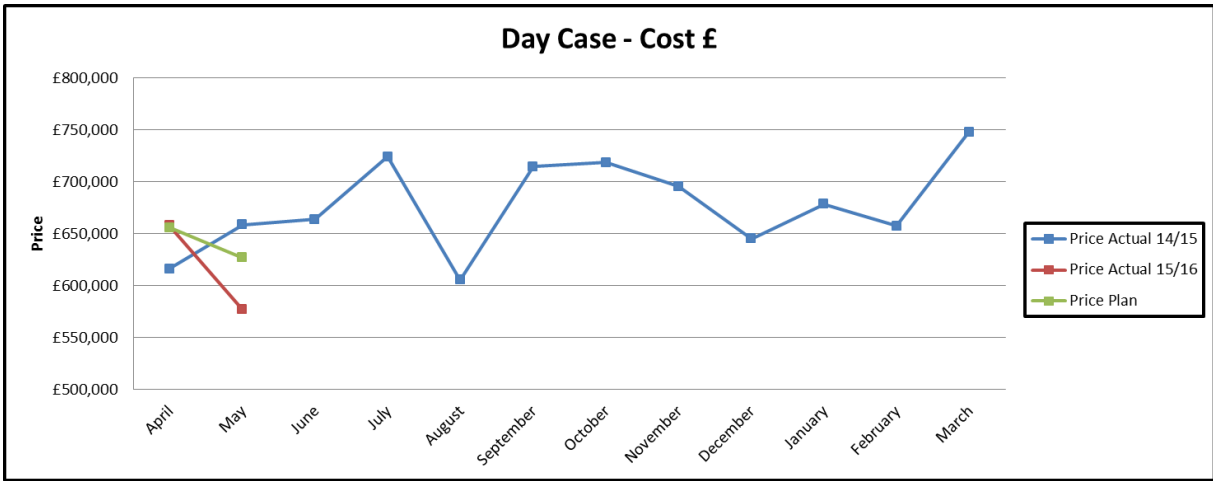


Figure 4 – Non Elective Costs at Aintree

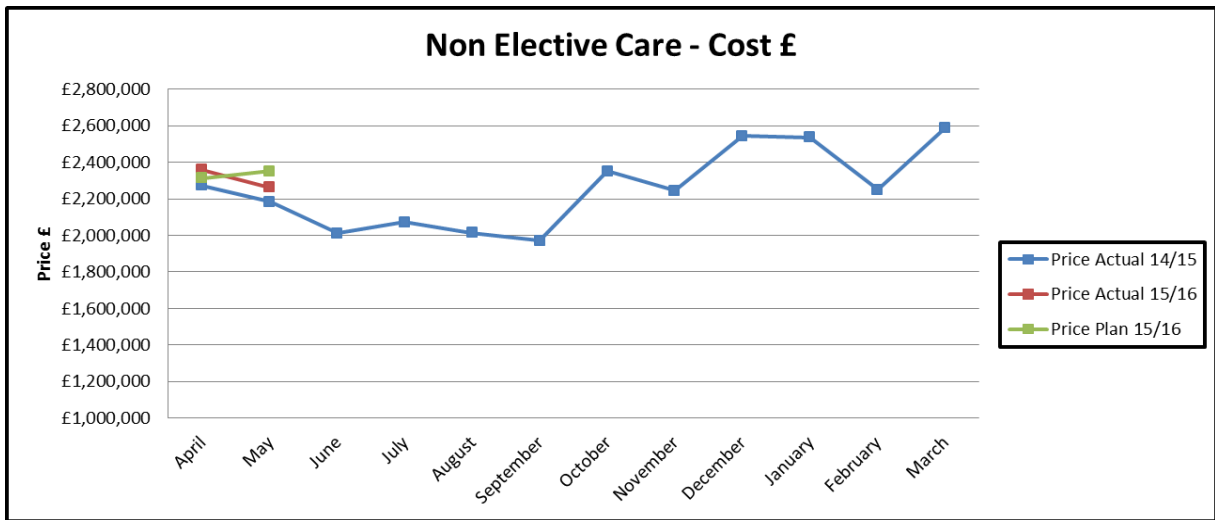
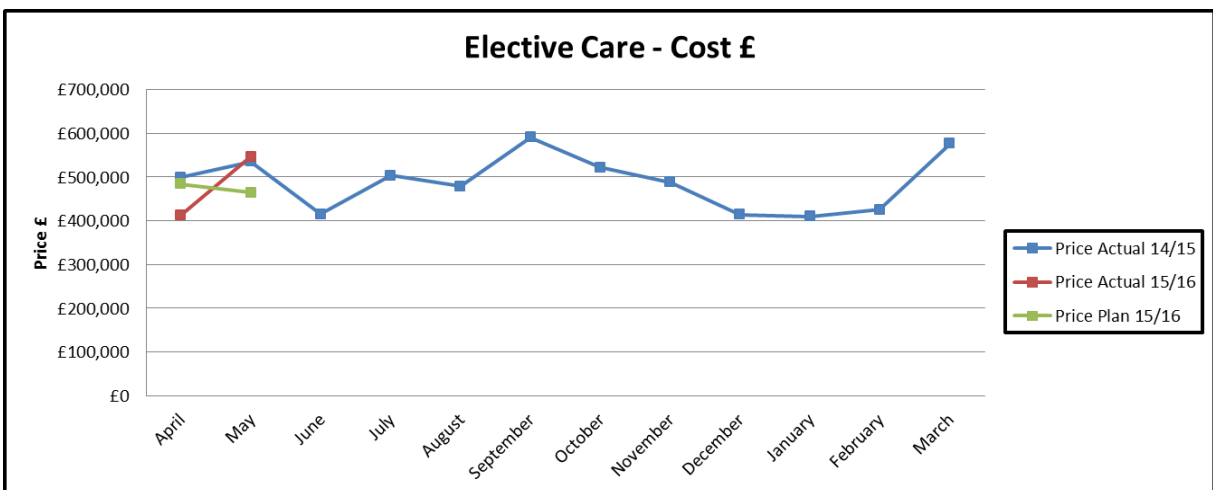


Figure 5 – Elective Costs at Aintree



Liverpool Women's Hospital

The forecasted out-turn underspend at Liverpool Womens Hospital is projected to be £0.091m. The underspend relates to gynaecology and gynaecology oncology within planned care. This is partly offset by an overspend within deliveries and IVF treatments. Reserves are in place to accommodate the increase in fertility treatment following the change in access criteria.

Alder Hey NHS Children's Foundation Trust

The forecasted out-turn underspend is projected to be £0.200m. There are underspends in the following areas:

- Non elective activity for trauma and orthopaedics and paediatrics
- Ophthalmology and dermatology outpatient activity
- Drugs, mainly linked to growth hormones.

St Helens & Knowsley NHS Trust

The forecast out-turn underspend is projected to be £0.144m. This is based on the Month 2 activity data received from the Trust which shows underspends both within planned and unplanned care.

Independent Sector

The forecast out-turn overspend for independent sector providers is £0.244m for the financial year. The majority of this is with Spire Healthcare (£0.170m) and Ramsay Healthcare (£0.040m). This is also based on Month 2 activity information received from the providers.

Continuing Health Care (Adult)

The current forecast for this budget is breakeven. The reported forecast reflects the current number of patients and average package costs, and builds in an estimate for growth between now and the end of the year. If growth in patient numbers or prices is not realised, then the forecast position will be an underspend.

2.4 QIPP

The QIPP savings target for South Sefton CCG is £3.441m for 2015/16. Two QIPP schemes have been delivered in the first quarter of the year:

- Reductions in the costs paid for medical support at Jospice
- Contract reductions with a number of providers

In addition, a move from block funding to cost per case for Cheshire and Merseyside rehab beds is expected to save £0.200m. These initiatives have reduced the QIPP to £3.127m.

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. In addition, the CCG has invested in system resilience schemes that are aimed at reducing emergency care.

The fund is expected to underspend in 2015/16 by £1.077m due to the time taken to devise, review and implement schemes. However, the total fund on a full year basis is oversubscribed, and the role of the QIPP Committee is to prioritise schemes.

In addition to the transformational initiatives, a number of other cost reductions 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 a small underspend (£0.012m) due to vacant posts.

2.6 Evaluation of Risks and Opportunities

The CCG's primary risk is non-achievement of the QIPP requirement. A further £3.127m of savings must be realised in 2015/16 in order to achieve financial targets on a recurrent basis. 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. Although historic growth has been factored into budgets, there is a risk that activity will grow beyond budgeted levels.
- Continuing Healthcare Costs – The CCG experienced significant growth in costs for continuing healthcare in 2014/15. The CCG has increased its budgets by 5%, and is focussing on reviewing high cost packages. The risks of overspending is augmented not only by increases in patient numbers, but also increases in the price. The framework is being renewed in year, and may result in increased prices. A number of providers are already pursuing higher prices.
- Continuing Healthcare restitution claims – The CCG has contributed to a national risk pool in line with the values previously notified by NHS England. Reserves were set aside for this purpose. There is a risk that claims made nationally will exceed the value of the risk pool and further contributions from CCGs will be sought.
- 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 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, but up to date cost estimates have not yet been received by the CCG.
- Prescribing / Drugs costs - This is a volatile area of spend, and is also subject to potential pricing changes halfway through the year. To date, only 1 months' worth of data has been received showing an overspend against budget

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 – Summary of Financial position

	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)	0.377	(0.100)	0.277
Contingency reserves	1.813		1.813
Transformation Fund slippage		1.077	1.077
Committed reserves	0.226	(0.266)	(0.040)
QIPP:			
CM Rehab	0.200		0.200
Jospice	0.064		0.064
Contract Adjustments	0.050		0.050
Forecast surplus / (deficit)	1.689	0.711	2.400
Risks	(1.000)		(1.000)
Mitigations	1.000		1.000
Risk adjusted forecast surplus / (deficit)	1.689	0.711	2.400

The CCG remains on course to achieve its forecast surplus. However, the risks will require close management through the year and the current forecast underspend against operational budgets needs to be maintained. 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

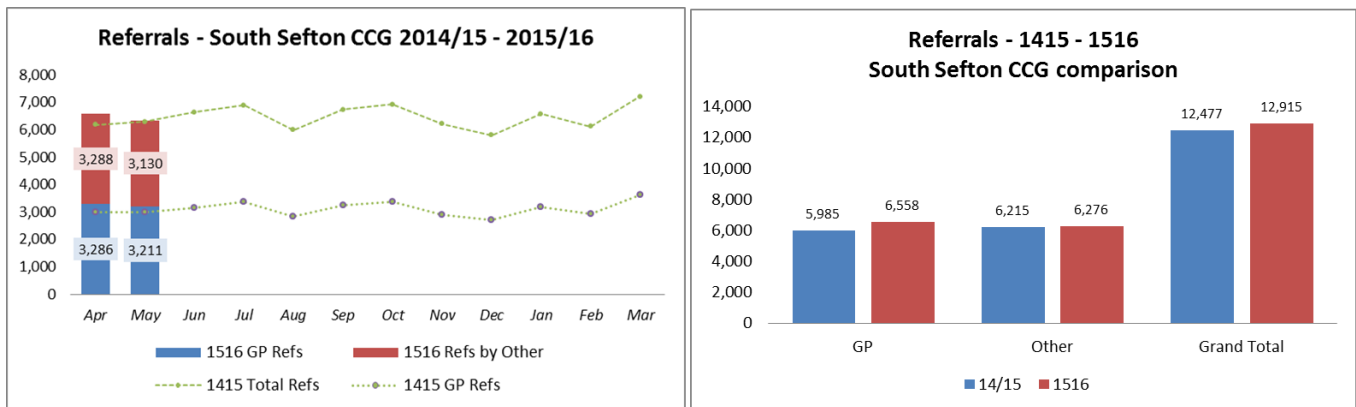


Figure 8 – GP Referrals by Specialty 1516 YTD v Average of 1314-1415 YTD.

GP REFERRALS	YTD Apr - May			
	Average YTD Total (1314-1415)	1516 YTD Total	1516 Difference to average	% Variance
ENT	615	622	7	1%
OPHTHALMOLOGY	565	506	-59	-10%
DERMATOLOGY	533	560	27	5%
GYNAECOLOGY	501	498	-3	0%
GASTROENTEROLOGY	361	545	184	51%
TRAUMA & ORTHOPAEDICS	351	358	7	2%
CARDIOLOGY	311	344	34	11%
BREAST SURGERY	303	339	37	12%
UROLOGY	301	292	-9	-3%
RESPIRATORY MEDICINE	220	222	3	1%
GENERAL SURGERY	152	178	27	17%
COLORECTAL SURGERY	149	145	-4	-2%
GENERAL MEDICINE	53	322	270	513%
ALL OTHER	1561	1566	4	0%
GRAND TOTAL	5972	6497	524	9%

Further analysis of Gastroenterology referrals reveals widespread increases across South Sefton and may be explained by cancer awareness campaigns that have been ongoing in the area recently.

Increases in General Medicine referrals are linked to the new GP Hotline at Aintree Hospital. This is the way that this activity is recorded on the IT system. Payment arrangements for this activity are currently being discussed between commissioner and provider.

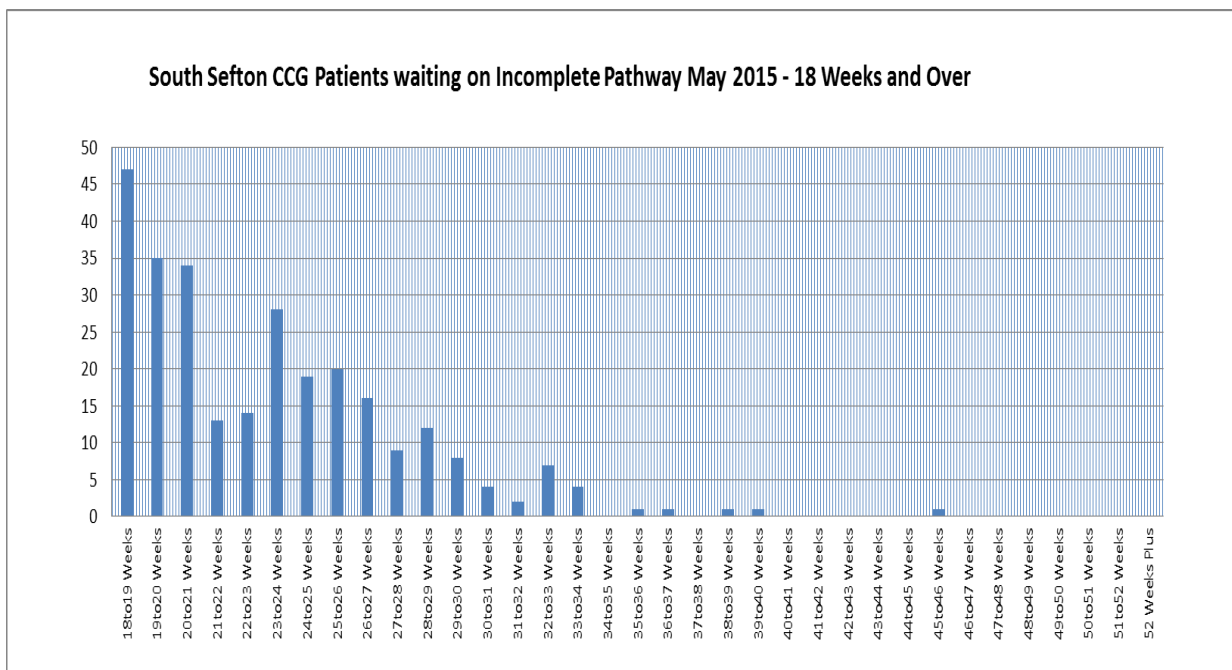
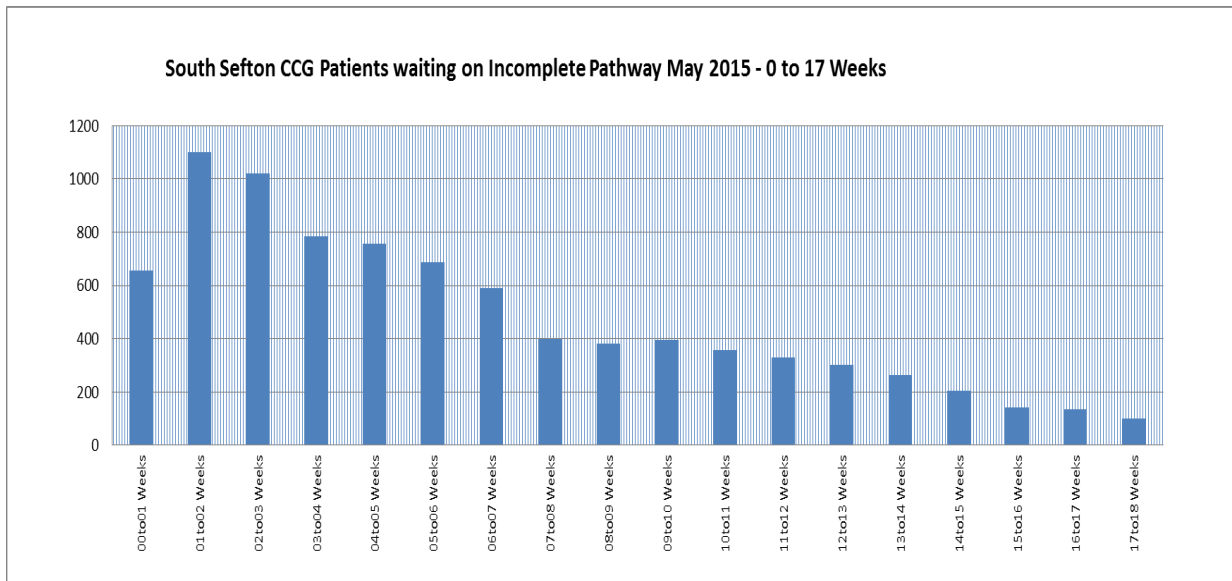
The increases in breast surgery will be due to the ceasing of the breast service at Southport & Ormskirk Hospital.

4. Waiting Times

Please note the 24th June 2015 announcement from NHS England, Monitor and the Trust Development Agency that the he admitted and non-admitted operational standards are being abolished, and the incomplete standard will become our sole measure of patients' constitutional right to start treatment within 18 weeks.

4.1 NHS South Sefton CCG patients waiting

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



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	4585	1128	5713	83	28	4	115	5828
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	665	210	875	23	19	6	48	923
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	521	132	653	29	14	6	49	702
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	400	168	568	25	12	2	39	607
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	165	47	212	3	7	1	11	223
Other Providers	437	149	586	8	4	3	15	601
Total All Providers	6773	1834	8607	171	84	22	277	8884

4.3 Provider assurance for long waiters

Numbers of patients waiting more than 30 weeks are very low and there is a high level of confidence that these patients will not wait beyond 52 weeks for treatment.

5. Planned Care

5.1 All Providers

Agreed 2015/16 plans have been used, where applicable. Where 1516 plans have not yet been agreed or loaded, the 2014/15 Month 2 position has been used. The providers using 1415 position are:

- Southport & Ormskirk Trust
- Renacres
- Wrightington, Wigan and Leigh
- Isight
- Wirral

Performance at Month 2 of financial year 2015/16, against planned care elements of the contracts held by NHS South Sefton CCG shows an over-performance of circa £58k. This over-performance is an increase on the £131k under-performance reported in Month 1. Month 2 increase is driven by over-performance at Aintree Hospital (£58k), Alder Hey (£22k), Spire Liverpool (£31k). To offset a proportion of costs at the over-performing Trusts, Liverpool Heart & Chest and Royal Liverpool & Broadgreen Hospitals are showing a combined under performance of -£88k.

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	169,144	27,210	27,903	693	2.55%	£29,898	£4,815	£4,873	£58	1.21%
Alder Hey Childrens NHS F/T	14,711	2,208	2,045	-163	-7.39%	£1,988	£296	£319	£22	7.50%
Countess of Chester Hospital NHS FT	0	0	26	26	0.00%	£0	£0	£2	£2	0.00%
Liverpool Heart and Chest NHS F/T	1,273	197	163	-34	-17.25%	£578	£89	£57	£-32	-36.18%
Liverpool Womens Hospital NHS F/T	15,539	2,593	2,513	-80	-3.09%	£3,282	£545	£526	£-19	-3.54%
Royal Liverpool & Broadgreen Hospitals	29,929	4,725	4,278	-447	-9.47%	£5,827	£920	£864	£-56	-6.04%
Southport & Ormskirk Hospital	12,501	2,091	2,091	0	0.00%	£2,687	£452	£460	£8	1.71%
ST Helens & Knowsley Hospitals	4,070	650	665	15	2.32%	£1,014	£161	£155	£-6	-3.90%
Wirral University Hospital NHS F/T	462	73	58	-15	-20.98%	£123	£19	£21	£2	8.44%
Central Manchester University Hospitals NHS	86	14	24	10	67.44%	£22	£4	£6	£2	65.06%
Fairfield Hospital	95	13	15	2	12.57%	£20	£3	£3	£0	-4.80%
ISIGHT (SOUTHPORT)	361	60	57	-3	-5.26%	£92	£15	£16	£1	7.75%
Renacres Hospital	3,438	573	833	260	45.35%	£1,222	£204	£238	£35	16.93%
SPIRE LIVERPOOL HOSPITAL	3,334	516	627	111	21.52%	£999	£155	£186	£31	20.26%
University Hospital Of South Manchester NHS	108	18	13	-5	-27.69%	£16	£3	£1	£-1	-43.98%
Wrightington, Wigan And Leigh Nhs FT	846	141	161	20	14.18%	£305	£51	£62	£12	23.08%
Grand Total	256,777	41,108	41,672	564	1.37%	£48,073	£7,732	£7,790	£58	0.75%

5.2 Aintree University Hospital NHS Foundation Trust

Figure 12 Month 2 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	11,916	1,930	2,047	117	6.05%	£7,648	£1,240	£1,226	£-14	-1.11%
Elective	2,172	352	339	-13	-3.77%	£5,855	£950	£966	£16	1.65%
Elective Excess BedDays	1,134	183	38	-145	-79.19%	£252	£41	£8	£-32	-79.16%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	633	101	63	-38	-37.35%	£114	£18	£11	£-7	-36.97%
OPFANFTF - Outpatient first attendance non face to face	716	115	417	302	263.68%	£28	£5	£40	£35	772.65%
OPFASPCL - Outpatient first attendance single professional consultant led	31,993	5,133	5,138	5	0.10%	£4,594	£734	£756	£22	3.05%
OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,576	251	236	-15	-5.84%	£172	£27	£24	£-3	-11.19%
OPFUPNFTF - Outpatient follow up non face to face	1,251	199	247	48	23.97%	£30	£5	£6	£1	23.97%
OPFUPSPCL - Outpatient follow up single professional consultant led	83,804	13,451	13,708	257	1.91%	£6,551	£1,048	£1,068	£20	1.90%
Outpatient Procedure	20,845	3,312	3,371	59	1.78%	£3,504	£557	£561	£4	0.69%
Unbundled Diagnostics	13,104	2,184	2,298	114	5.22%	£1,149	£191	£207	£16	8.13%
Grand Total	169,144	27,210	27,903	693	2.55%	£29,898	£4,815	£4,873	£58	1.21%

Annual Plan	Finance				Variance due to Casemix	Variance due to Volume	Activity						
	Month 2 Plan	Month 2 Actual	Month 2 Variance	% Variance			Month 2 Plan	Month 2 Actual	Month 2 Variance	% Variance			
Planned Care													
Day Case Spell (DC)	NT	£7,439,805	£1,205,703	£1,191,810	(£13,893)	(1.2%)	(£88,863)	£74,970	1,854	1,969	115	6.2%	
	LT	£208,605	£33,853	£33,953	£100	0.3%	(£593)	£693	76	78	2	2.0%	
	Total	£7,648,410	£1,239,556	£1,225,764	(£13,793)	(1.1%)	(£88,820)	£75,028	1,930	2,047	117	6.1%	
Elective Spells (EL)	NT	£5,819,732	£944,547	£959,823	£15,276	1.6%	£58,579	(£43,303)	341	325	-16	(4.6%)	
	LT	£35,298	£5,718	£6,225	£507	8.9%	(£1,119)	£1,626	12	15	3	28.4%	
	Total	£5,855,030	£950,265	£966,049	£15,783	1.7%	£48,946	(£33,162)	352	340	-12	(3.5%)	
Excess Beddays (ELXBD)	NT	£251,886	£40,558	£8,452	(£32,106)	(79.2%)	£13	(£32,119)	183	38	-145	(79.2%)	
	LT					-	£0	£0			0	-	
	Total	£251,886	£40,558	£8,452	(£32,106)	(79.2%)	£13	(£32,119)	183	38	-145	(79.2%)	
First Outpatients (OPFA-)	NT	£4,423,773	£704,775	£687,459	(£17,316)	(2.5%)	£18,704	(£36,020)	4,260	4,042	-218	(5.1%)	
	LT	£312,473	£51,448	£119,525	£68,077	132.3%	£45,025	£23,052	1,088	1,576	488	44.8%	
	Total	£4,736,246	£756,223	£806,984	£50,761	6.7%	£12,590	£38,171	5,348	5,618	270	5.0%	
Follow-Up Outpatients (OPFUP-)	NT	£5,978,673	£953,116	£942,417	(£10,699)	(1.1%)	£16,934	(£27,633)	10,036	9,745	-291	(2.9%)	
	LT	£774,975	£126,876	£155,536	£28,660	22.6%	£9,576	£19,084	3,865	4,446	581	15.0%	
	Total	£6,753,648	£1,079,992	£1,097,953	£17,961	1.7%	(£4,596)	£22,557	13,901	14,191	290	2.1%	
Outpatient Procedures (OPPROC)	NT	£3,504,042	£557,110	£551,464	(£5,646)	(1.0%)	£3,597	(£9,243)	3,312	3,257	-55	(1.7%)	
	LT	£0	£0	£9,502	£9,502	-	£0	£9,502	0	114	114	-	
	Total	£3,504,042	£557,110	£560,966	£3,856	0.7%	(£6,078)	£9,934	3,312	3,371	59	1.8%	
Unbundled Diagnostics	NT	£1,148,833	£191,472	£207,039	£15,567	8.1%	£5,572	£9,994	2,184	2,298	114	5.2%	
Other Outpatients	LT				£0	-	£0	£0			0	-	
Planned Care Total		£29,898,095	£4,815,177	£4,873,206	£58,028	1.2%	-£32,374	£90,402	27,210	27,903	693	2.5%	

NB: NT = National Tarriff, LT = Local Tarriff

5.2.1 Aintree University Hospital NHS Foundation Trust Key Issues

Planned Care at Aintree is showing an over performance of £58k and this mainly focuses on Outpatient First & Follow Ups. Daycase and Electives are offsetting each other; £16k over-performance in Electives, offset by -£14k under performance in Daycases. Analysis shows that there appears to be a shift in Daycase & Electives, particularly in Trauma & Orthopaedics. Casemix analysis shows that there appears to be more coding's of "Major Hip Procedures Cat 1" than planned, with less than expected "Major Hip Procedures Cat 2". Annual Forecast in these two HRGs alone, show an over performance of £107k. (See Below)

HRGCode	HRGDesc	POD	Activity Plan-to date	Activity Actual - to date	Activity Variance	Value Plan-to Date	Value Actual - to date	Value Variance	Annual Planned Value	FOT Value	FOT Value Variance - to date
HB11C	Major Hip Procedures for Non-Trauma, Category 2, without CC	Elective	10	7	(3)	59,409	41,081	(18,328)	365,820	246,488	(119,332)
HB12C	Major Hip Procedures for Non-Trauma, Category 1, without CC	Elective	6	13	7	29,677	68,205	38,529	182,738	409,233	226,495
			16	20	4	89,086	109,287	20,201	548,558	655,721	107,163

First Outpatients Local Tariff costs are over performing, primarily, in Acute Medicine (£38k), Clinical Haematology (£15k) and Geriatric Medicine (£12k). Acute Medicine over performance is due to a nil plan for "Non-Admitted Non-Face to Face First Attendance"(see below)

HRGCode	HRGDesc	POD	Activity Plan-to date	Activity Actual - to date	Activity Variance	Value Plan-to Date	Value Actual - to date	Value Variance	Annual Planned Value	FOT Value	FOT Value Variance - to date
WF01B	Non-Admitted Face to Face Attendance, First	OP First	120	136	16	22,604	25,569	2,966	141,008	153,416	12,409
WF01D	Non-Admitted Non-Face to Face Attendance, First	OP First	0	322	322	0	35,787	35,787	0	214,722	214,722
			120	458	338	22,604	61,356	38,753	141,008	368,139	227,131

5.3 Spire Liverpool Hospital

Figure 13 Month 2 Planned Care- Spire Liverpool Hospital by POD

Spire Liverpool Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	374	58	63	5	8.84%	£500	£77	£86	£9	11.11%
Elective	44	7	9	2	32.37%	£237	£37	£53	£16	44.56%
OPFASPL - Outpatient first attendance single professional consultant led	588	91	83	-8	-8.79%	£83	£13	£12	-£1	-9.03%
OPFUSPCL - Outpatient follow up single professional consultant led	1,780	275	381	106	38.31%	£113	£17	£25	£7	41.01%
OPFUSPNCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Non Consultant Led)	90	14	13	-1	-6.67%	£4	£1	£1	£0	-6.72%
Outpatient Procedure	225	35	35	0	0.51%	£31	£5	£5	£0	-5.37%
Unbundled Diagnostics	233	36	43	7	19.25%	£32	£5	£6	£1	14.51%
Grand Total	3,334	516	627	111	21.52%	£999	£155	£186	£31	20.26%

Annual Plan	Finance				Variance due to Casemix	Variance due to Volume	Activity				
	Month 2 Plan	Month 2 Actual	Month 2 Variance	% Variance			Month 2 Plan	Month 2 Actual	Month 2 Variance	% Variance	
Planned Care											
Day Case Spell (DC)	NT £499,482	£77,301	£86,014	£8,713	11.3%	£1,196	£7,517	57	63	6	9.7%
	LT £727	£113	£0	(£113)	(100.0%)	£0	(£113)	0	0	0	(100.0%)
	Total £500,210	£77,413	£86,014	£8,601	11.1%	£1,754	£6,847	58	63	5	8.8%
Elective Spells (EL)	NT £236,653	£36,625	£52,943	£16,318	44.6%	£4,464	£11,854	7	9	2	32.4%
	Total £236,653	£36,625	£52,943	£16,318	44.6%	£4,464	£11,854	7	9	2	32.4%
First Outpatients (OPFA-)	NT £82,516	£12,770	£11,617	(£1,154)	(9.0%)	(£31)	(£1,123)	91	83	-8	(8.8%)
	Total £82,516	£12,770	£11,617	(£1,154)	(9.0%)	(£31)	(£1,123)	91	83	-8	(8.8%)
Follow-Up Outpatients (OPFUP-)	NT £95,822	£14,830	£20,856	£6,027	40.6%	£712	£5,314	188	255	67	35.8%
	LT £21,221	£3,284	£4,359	£1,075	32.7%	(£131)	£1,205	102	139	37	36.7%
	Total £117,043	£18,114	£25,215	£7,101	39.2%	£555	£6,547	289	394	105	36.1%
Outpatient Procedures (OPPROC)	NT £30,526	£4,724	£4,509	(£215)	(4.5%)	(£260)	£45	35	35	0	1.0%
	LT £264	£41	£0	(£41)	(100.0%)	£0	(£41)	0	0	0	(100.0%)
	Total £30,790	£4,765	£4,509	(£256)	(5.4%)	(£280)	£24	35	35	0	0.5%
Unbundled Diagnostics	NT £31,680	£4,903	£5,614	£711	14.5%	(£232)	£944	36	43	7	19.2%
Planned Care NT Total	£976,679	£151,153	£181,554	£30,401	20.1%	£3,240	£27,160	414	488	74	18.0%
Planned Care LT Total	£22,212	£3,438	£4,359	£921	26.8%	(£312)	£1,233	102	139	37	35.9%
Planned Care Total	£998,891	£154,590	£185,913	£31,322	20.3%	£6,229	£25,093	516	627	111	21.5%

5.3.1 Spire Liverpool Hospital Key Issues

Over Performance in Elective Activity, at Renacres, continues to be influenced by one HRG in-particular - HR05Z; Reconstruction Procedures Category 2.

The over-performance in HR05Z – Reconstruction Procedures Category 2 was discussed in further detail at the 14/15 month 12 Contract Meeting. It was explained that some of the increase for this HRG was due to the Provider picking up some activity from the MCAS Service provided at Royal Liverpool and Broadgreen.

5.1 Alder Hey Hospital

Figure 14 Month 2 Planned Care- Alder Hey Hospital by POD

Alder Hey 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	670	100	107	7	7.18%	£649	£97	£113	£16	16.92%
Elective	194	29	41	12	42.04%	£304	£45	£70	£24	53.73%
Elective Excess BedDays	17	3	0	-3	-100.00%	£7	£1	£0	£-1	-100.00%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	279	42	13	-29	-68.73%	£43	£6	£2	£-4	-68.73%
OPFASPCL - Outpatient first attendance single professional consultant led	4,759	710	578	-132	-18.54%	£554	£83	£74	£-8	-9.87%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	96	14	6	-8	-58.06%	£13	£2	£1	£-1	-49.55%
OPFUPSPCL - Outpatient follow up single professional consultant led	7,490	1,117	1,112	-5	-0.43%	£380	£57	£53	£-3	-5.69%
Outpatient Procedure	190	28	29	1	2.15%	£23	£3	£3	£0	0.05%
Unbundled Diagnostics	177	26	24	-2	-9.01%	£16	£2	£2	£-1	-28.85%
Grand Total	13,872	2,068	1,910	-158	-203.40%	£1,988	£296	£319	£22	7.50%

5.1.1 Alder Hey Hospital Key Issues

CSU colleagues are finalising the 1516 plan mapping as this is currently showing an over inflated variance for South Sefton CCGs Planned Care at the hospital. The table above shows the accurate figure, albeit this is still an over-performance within Planned Care. Cost variance is being reported in Elective activity and this is centred on Paediatric Trauma & Orthopaedics.

6. Unplanned Care

6.1 All Providers

Performance at Month 2 against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over-performance of circa £80k. This over-performance is primarily driven by increases at Aintree Hospital (£28k), Lpool Women's (£38k) and Wirral Hospital (£24k). Smaller, yet significant, underspends can be seen at St Helens Trusts (-£15k) and Southport & Ormskirk (-£21k)

Figure 15 Month 2 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	55,747	9,409	16,022	6,613	70.28%	£33,391	£5,598	£5,506	£-92	-1.65%
Alder Hey Childrens NHS F/T	8,868	1,539	1,466	-73	-4.75%	£1,355	£227	£184	£-43	-18.89%
Countess of Chester Hospital NHS Foundation Trust	0	0	19	19	0.00%	£0	£0	£13	£13	0.00%
Liverpool Heart and Chest NHS F/T	171	28	13	-15	-54.27%	£144	£24	£36	£11	47.62%
Liverpool Womens Hospital NHS F/T	3,489	578	663	85	14.68%	£3,008	£495	£528	£33	6.61%
Royal Liverpool & Broadgreen Hospitals	5,851	975	1,169	194	19.88%	£2,145	£358	£382	£25	6.88%
Southport & Ormskirk Hospital	6,978	1,178	1,201	23	2.00%	£2,492	£424	£394	£-30	-7.00%
ST Helens & Knowsley Hospitals	850	143	142	-1	-0.60%	£361	£59	£44	£-16	-26.49%
Wirral University Hospital NHS F/T	245	42	135	93	224.75%	£90	£15	£42	£28	184.85%
Central Manchester University Hospitals Nhs FT	67	11	19	8	70.15%	£16	£3	£8	£5	176.06%
University Hospital Of South Manchester Nhs FT	41	7	4	-3	-42.41%	£14	£2	£3	£0	19.25%
Wrightington, Wigan And Leigh Nhs Foundation Trust	42	7	9	2	28.57%	£15	£3	£7	£4	166.92%
Grand Total	82,349	13,917	20,862	6,945	49.90%	£43,032	£7,208	£7,145	£-62	-0.86%

6.2 Aintree University Hospital NHS Foundation Trust

Figure 16 Month 2 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	5,263	5,335	72	1.37%	£3,657	£622	£635	£14	2.21%
NEL - Non Elective	13,932	2,331	2,277	-54	-2.32%	£25,983	£4,350	£4,333	£-17	-0.39%
NELNE - Non Elective Non-Emergency	44	7	5	-2	-31.98%	£122	£20	£22	£2	9.09%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	40	7	13	6	95.03%	£10	£2	£3	£1	60.09%
NELST - Non Elective Short Stay	2,732	456	448	-8	-1.77%	£1,763	£294	£283	£-11	-3.74%
NELXBD - Non Elective Excess Bed Day	8,044	1,345	1,103	-242	-18.00%	£1,856	£311	£230	£-81	-26.10%
Grand Total	55,747	9,409	16,022	6,613	70.28%	£33,391	£5,598	£5,506	£-92	-1.65%

	Annual Plan	Finance				Variance due to Casemix		Variance due to Volume		Activity			
		Month 2 Plan	Month 2 Actual	Month 2 Variance	% Variance			Month 2 Plan	Month 2 Actual	Month 2 Variance	% Variance		
Urgent Care													
Short Stay Spells (NELST)	NT £1,763,424	£294,399	£283,388	(£11,011)	(3.7%)	(£5,791)	(£5,220)	456	448	-8	(1.8%)		
	LT			£0	-	£0	£0			0	-		
	Total £1,763,424	£294,399	£283,388	(£11,011)	(3.7%)	(£5,791)	(£5,220)	456	448	-8	(1.8%)		
Long Stay Spells (NEL)	NT £24,937,236	£4,174,778	£4,142,161	(£32,617)	(0.8%)	£79,794	(£112,411)	2,245	2,185	-60	(2.7%)		
	LT £1,045,915	£174,737	£190,606	£15,868	9.1%	£2,752	£13,117	86	92	6	7.5%		
	Total £25,983,151	£4,349,516	£4,332,767	(£16,749)	(0.4%)	£84,082	(£100,831)	2,331	2,277	-54	(2.3%)		
NEL Excess Beddays (NELXBD)	NT £1,856,481	£310,748	£229,628	(£81,120)	(26.1%)	(£25,183)	(£55,937)	1,345	1,103	-242	(18.0%)		
	LT £0			£0	-	£0	£0			0	-		
	Total £1,856,481	£310,748	£229,628	(£81,120)	(26.1%)	(£25,183)	(£55,937)	1,345	1,103	-242	(18.0%)		
Non-Elective Non-Emergency Spells (NELNE)	NT £121,661	£20,294	£22,139	£1,845	9.1%	£8,336	(£6,491)	7	5	-2	(32.0%)		
	LT			£0	-	£0	£0			0	-		
	Total £121,661	£20,294	£22,139	£1,845	9.1%	£8,336	(£6,491)	7	5	-2	(32.0%)		
NELNE Excess Beddays (NELNEXBD)	NT £9,543	£1,590	£2,546	£956	60.1%	(£556)	£1,511	7	13	6	95.0%		
	LT			£0	-	£0	£0			0	-		
	Total £9,543	£1,590	£2,546	£956	60.1%	(£556)	£1,511	7	13	6	95.0%		
A&E	NT £3,656,752	£621,690	£635,424	£13,735	2.2%	£5,083	£8,652	5,262	5,335	73	1.4%		
Urgent Care Total	£33,391,012	£5,598,236	£5,505,892	(£92,345)	(1.6%)			9,408	9,181	-227	(2.4%)		

6.2.1 Aintree Hospital Key Issues

The majority of under performance is attributed to Non Elective Excess Bed Days. If we exclude Excess Beddays, the Urgent Care under performance is -£11k.

Acute Medicine and Trauma & Orthopaedics make up the majority of the over performance in Non Electives.

Drilling down into Acute Medicine, shows a large number of over performing HRGs as well as HRGs with costs but no plan. The table below highlights the top 20 HRGs. Forecast outturn for these HRGs alone show an over performance variance of circa £1m. (See Below for info)

SpecDesc	HRGDesc	Annual	Annual Planned	Activity	Activity	Activity	Value	Value	Value
		Activity Plan	Value	Plan-to-date	Actual-to-date	Variance	Plan-to-date	Actual-to-date	Variance
Acute Medicine	Inhalation Lung Injury or Foreign Body, with Major CC	8	£32,682	1	5	4	£5,444	£20,426	£14,982
	Medical Care of Patients with Alzheimer's Disease with CC	0	£0	0	3	3	£0	£10,804	£10,804
	Non-Interventional Acquired Cardiac Conditions	536	£312,804	89	106	17	£52,108	£62,367	£10,259
	Major Skin Disorders Category 2, with Major CC	0	£0	0	3	3	£0	£9,788	£9,788
	Lobar, Atypical or Viral Pneumonia, with Major CC	108	£235,706	18	21	3	£39,265	£48,789	£9,524
	Heart Failure or Shock, without CC	68	£84,971	11	10	(1)	£14,155	£23,236	£9,081
	Chronic Obstructive Pulmonary Disease or Bronchitis, with length of stay 1 day or less, discharged home	136	£70,209	23	38	15	£11,696	£19,617	£7,922
	Intermediate Endoscopic or Percutaneous, Hepatobiliary or Pancreatic Procedures, with CC	0	£0	0	2	2	£0	£7,275	£7,275
	Septicaemia with Major CC	12	£45,920	2	6	4	£7,649	£14,923	£7,274
	Chronic Obstructive Pulmonary Disease or Bronchitis, without NIV, without Intubation, with Intermediate CC	28	£60,757	5	8	3	£10,121	£17,359	£7,238
	Spinal Cord Conditions with CC	0	£0	0	1	1	£0	£6,580	£6,580
	Intestinal Infectious Disorders, with length of stay 2 days or more, with Major CC	20	£75,349	3	5	2	£12,552	£18,837	£6,285
	Malignant Liver or Pancreatic Disorders, with length of stay 2 days or more	0	£0	0	2	2	£0	£6,158	£6,158
	Degenerative Spinal Conditions with CC	4	£2,613	1	3	2	£435	£6,535	£6,099
	Malignancy of Bone or Connective Tissue, with Intermediate CC	0	£0	0	3	3	£0	£6,039	£6,039
	Acute Kidney Injury with Interventions, with Major CC	0	£0	0	1	1	£0	£6,003	£6,003
	Extradural Spine Intermediate 1 with CC	0	£0	0	1	1	£0	£5,430	£5,430

Drilling down into T&O, "HRG HA12B - Major Hip Procedures Category 1 for Trauma with CC" makes up the biggest proportion of over performance. The YTD plan is for 8 spells at a cost of £62k. The actual performance for this HRG is 16 spells with a total cost of £130k. As with Acute Medicine, T&O have a selection of HRGs with actual activity and finance against no plan. (See Below for info)

SpecDesc	HRGDesc	Annual	Annual Planned	Activity	Activity	Activity	Value	Value	Value
		Activity Plan	Value	Plan-to-date	Actual-to-date	Variance	Plan-to-date	Actual-to-date	Variance
Trauma & Orthopaedics	Major Hip Procedures for Trauma, Category 1, with CC	48	£368,654	8	16	8	£62,309	£130,889	£68,580
	Reconstruction Procedures Category 3, with CC	0	£0	0	2	2	£0	£21,458	£21,458
	Major Elbow and Lower Arm Procedures for Trauma, with CC	0	£0	0	3	3	£0	£13,100	£13,100
	Major Hip Procedures for Non-Trauma, Category 2, with Major CC	0	£0	0	1	1	£0	£8,620	£8,620
	Major Hip Procedures for Non-Trauma, Category 2, without CC	0	£0	0	1	1	£0	£5,869	£5,869
	Major Elbow and Lower Arm Procedures for Trauma, without CC	48	£148,229	8	10	2	£25,053	£30,881	£5,828
	Reconstruction Procedures Category 1, 18 years and under	0	£0	0	1	1	£0	£5,686	£5,686
	Multiple Trauma Diagnoses score 24-32, with Interventions score 19-29	0	£0	0	1	1	£0	£5,686	£5,686
	Major Shoulder and Upper Arm Procedures for Trauma, without CC	8	£27,389	1	3	2	£4,629	£10,271	£5,642
	Multiple Trauma Diagnoses score 24-32, with Interventions score 9-18	0	£0	0	1	1	£0	£5,518	£5,518

6.3 Liverpool Women's Hospital

Figure 17 Month 2 Unplanned Care – Liverpool Women's Hospital by POD

Liverpool Womens 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	1,743	291	323	32	11.00%	£172	£29	£32	£4	12.75%
NEL - Non Elective	156	26	28	2	7.96%	£223	£37	£40	£3	8.84%
NELNE - Non Elective Non-Emergency	1,341	220	209	-11	-5.04%	£2,514	£413	£416	£3	0.66%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	208	34	101	67	195.81%	£78	£13	£38	£25	195.75%
NELST - Non Elective Short Stay	31	5	2	-3	-61.87%	£18	£3	£2	£1	-48.00%
NELXBD - Non Elective Excess Bed Day	10	2	0	-2	-100.00%	£3	£0	£0	£0	-100.00%
Grand Total	3,489	578	663	85	14.68%	£3,008	£495	£528	£33	6.61%

6.3.1 Liverpool Women's Key Issues

The majority of over performance is attributed to Non-Elective Non-Emergency Excess Bed Days. If we exclude Excess Beddays, the Urgent Care over performance is £8k.

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 (Apr-2015)	Variance from Plan	% Variance
0 Variance	34	80	46	135%
1 Common Mental Health Problems (Low Severity)	23	44	21	91%
2 Common Mental Health Problems (Low Severity with greater need)	48	30	(18)	-38%
3 Non-Psychotic (Moderate Severity)	274	231	(43)	-16%
4 Non-Psychotic (Severe)	169	201	32	19%
5 Non-psychotic Disorders (Very Severe)	32	56	24	75%
6 Non-Psychotic Disorder of Over-Valued Ideas	43	44	1	2%
7 Enduring Non-Psychotic Disorders (High Disability)	133	190	57	43%
8 Non-Psychotic Chaotic and Challenging Disorders	83	93	10	12%
10 First Episode Psychosis	93	121	28	30%
11 On-going Recurrent Psychosis (Low Symptoms)	414	440	26	6%
12 On-going or Recurrent Psychosis (High Disability)	312	313	1	0%
13 On-going or Recurrent Psychosis (High Symptom & Disability)	112	102	(10)	-9%
14 Psychotic Crisis	17	19	2	12%
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	58	-	0%
18 Cognitive Impairment (Low Need)	347	203	(144)	-41%
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	462	569	107	23%
20 Cognitive Impairment or Dementia Complicated (High Need)	148	271	123	83%
21 Cognitive Impairment or Dementia (High Physical or Engagement)	45	49	4	9%
Reviewed Not Clustered	36	140	104	289%
No Cluster or Review	144	193	49	34%
Total	3,067	3,484	417	14%

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

Follow up from Inpatient Discharge		Apr-15	May-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	95%	100.0%

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

Follow up from Inpatient Discharge		Apr-15	May-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.	95.0%	100.0%

7.2 Cheshire Wirral Partnership- Sefton CCGs IAPT Contract

Figure 21 Prevalence and Recovery

CCG name	Month	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	15/16 total
South Sefton CCG	First treatment numbers required each month to deliver equivalent to the CCG 2015/16 plan (should equate to 3.75% each quarter)	292.8	292.8	292.8	292.8	292.8	292.8	292.8	292.8	292.8	292.8	292.8	292.8	3513.6
	Actual First Treatment Numbers delivered	236	216	207										659
	Current First treatment number shortfall this month <i>(automatically generated)</i>	-56.8	-76.8	-85.8	-292.8	-292.8	-292.8	-292.8	-292.8	-292.8	-292.8	-292.8	-292.8	-2854.6
	The number of people who have depression and/or anxiety disorders (local estimate based on Adult Psychiatric Morbidity Survey 2006).	24,298												
	Monthly Access rate <i>(automatically generated)</i>	0.97%	0.89%	0.85%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Quarterly Access rate <i>(automatically generated)</i>	2.71%			0.00%			0.00%			0.00%			2.71%
	Actual Recovery Rate delivered (%)	42%	38%	38%										
	Planned % 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													
	Actual % waiting 6 weeks or less	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	
	Planned % 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.													
	Actual % waiting 18 weeks or less	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	

8. Community Health

Liverpool Community Health Services (by exception)

The trust has not provided an exception report around service performance at month 1 or 2 despite this being promised at month 2. This was discussed at the recent Finance and information group and the commissioner has agreed that it is now to be included at month 3.

Community Equipment: Delivery times in Sefton fell below the 85% target for Priority 1 and Priority 2 referrals to 82.3% and 84.8% respectively. This 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. Actions have been implemented to ensure performance recovery in May 2015 onwards.

Treatment Rooms: The service continues to ensure that the majority of patients receive an appointment within 2 weeks of referral in Sefton, however this excludes patients requiring ear syringing who continue to wait longer than 2 weeks. This underperformance is attributed by the service to patients who request to wait for an appointment at a particular clinic location. Demand and activity levels in Sefton, are currently forecasted to be around 30% above planned levels.

Intermediate Care (Ward 35): As per the upload to the national database, there are no delays attributable to the NHS, all are Local Authority. There is on-going regional work looking at policies and national work regarding the funding recharge. Each intermediate care ward has established daily safety briefs which will monitor acuity and red flags as per National Quality Board recommendations. Occupancy levels have been below 80% during May 2015 and Ward

Sisters are not included in the fill rates and therefore can assist if required to maintain safety. The Interim Director of Nursing has reviewed how this is reported and from May 2015 a new report will be presented factoring in changes announced by Department of Health. This will be presented initially to the Quality Committee in June 2015.

Intermediate Care (9 & 11) – The main causes of delay during May 2015 were attributable to delays to social services packages/ funding.

Walk in Centre-The trust is working towards achieving the stretch target of all patients seen within 2 hours and at month 2 have achieved 84% which is an improvement on last month.

Children's services activity and demand is above planned levels with the following services contributing to this: dietetics and OT

There are a number of the services that are being measured against plans which do not reflect current and previous demand and activity levels and additional investment. These will be part of a rebasing exercise with the provider to ensure the plans have been allocated correctly and that activity associated with investment around the virtual ward is quantified and included.

Liverpool Community Health Waiting Times

A review and cleanse of waiting list will be done in June 2015 as the trust report that most of the maximum waits are due to data quality issues.

Paediatric Speech and Language Therapy: Temporary staff are being used 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 to within target by June 2015.

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.

Any Qualified Provider

The trust are 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. An update is awaited.

9. Third Sector Contracts

The NHS Standard Contract 2015/16 has been populated and issued to Providers for signature.

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 - May	9	11	↓	There were 6 new cases reported in May 2015 against a monthly plan of 4, year to date there have been 11 cases against a plan of 9. The 6 cases reported in May all were aligned to Aintree Hospital (3 apportioned to acute trust and 3 apportioned to community).	The 6 new cases are all attributed to Aintree The first 15/16 C-dif Appeals Panel met on 25th June, 3 out of the 4 Aintree appeals were upheld which takes the Trust below their contract target. <i>Please Note - Data has been taken from the National HCAI Database - this is updated centrally therefore not all local appeals will be reflected in the table.</i>	
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	15/16 - May	8	10 (7 following appeal)	↓	There were 4 new cases have been reported in May against a monthly plan of 4. Year to date there have been 10 cases against a plan of 8, year to date plan is 46.	The current month position is above the Trust's internal stretch target and the contractual target. Due to an issue with the national reporting system the regional and National reporting of cases still includes those which have been successfully appealed. The first 15/16 C-dif Appeals Panel met on 25th June, 3 out of the 4 Aintree appeals were upheld which takes the Trust below their contract target. <i>Please Note - Data has been taken from the National HCAI Database - this is updated centrally therefore not all local appeals will be reflected in the table.</i>	
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	15/16 - May	0	0	↔	No new cases have been reported in May of MRSA for South Sefton CCG, the plan remains at zero.		
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	15/16 - May	0	0	↔	No new cases of MRSA at Aintree in May.		
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.	

Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative)	15/16 - May	34.1	68.20	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 11 more than the same period last year.	Whilst overall unplanned activity appears to be lower than last year, admissions for these conditions are higher. This requires further investigation.
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	15/16 - May	174.57	204.20	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 46 more than the same period last year.	
Emergency Admissions Composite Indicator(Cumulative)	15/16 - May	364.73	429.66	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 58 more admissions than the same period last year.	
IAPT Access - Roll Out	Q1 15/16	3.25%			No data at present for month 1 and 2, new services mobilised in April 2015	
IAPT - Recovery Rate	Q1 15/16	50.00%				
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	Q1 15/16	75.00%				
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	Q1 15/16	95%				
Helping people to recover from episodes of ill health or following injury						
Patient reported outcomes measures for elective procedures: Groin hernia	2012/13	Eng Ave 0.085	0.068	Refreshed data	The CCG improved on the previous years rate but failed to achieve a score higher than that of the England average.	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	2012/13	Eng Ave 0.438	0.430	Refreshed data	The CCG improved on the previous years rate but failed to achieve a score higher than that of the England average.	
Patient reported outcomes measures for elective procedures: Knee replacement	2012/13	Eng Ave 0.318	0.343	Refreshed data	The CCG improved on both the previous years rate and achieved above the England average.	
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	15/16 - April		15.17			
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	15/16 - May	24.80	18.60	New Plans	This measure now has a plan which is based on the same period previous year. The CCG is under the monthly plan, the slight decrease in actual admissions is 2 below the same period last year.	
Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)	15/16 - May	212.58	222.88	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 16 above the same period last year.	Whilst overall unplanned activity appears to be lower than last year, admissions for these conditions are higher. This requires further investigation.

% who had a stroke & spend at least 90% of their time on a stroke unit (CCG)	15/16 - May	80%	76.92%	↑	The CCG have failed to achieve the target in May, 10 patients out of 13 spending at least 90% of their time on a stroke unit.	The Majority of South Sefton CCG patients breached at Aintree. Stroke performance at the Trust has deteriorated in May and is below the required standard. Of the 37 patients discharged from the Trust with a diagnosis of stroke during May 2015 a total of 26 spent 90% of their time on the stroke unit. A total of 11 patient pathways were not compliant and 9 of these were identified as requiring direct admission to the Stroke Unit on admission however no stroke bed was available due to outlying medical speciality patients occupying stroke beds. Work is in progress to create a hyper acute stroke unit (HASU) so that all new stroke patients are admitted to a hyper acute stroke bed for up to the first 72 hours. A full exception report will be circulated to the CQPG which includes detailed details causes of underperformance.
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	15/16 - May	80%	70.00%	↓	Aintree have failed to achieve the target in May, 26 patients out of 37 spending at least 90% of their time on a stroke unit.	
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (CCG)	15/16 - May	60%	100%	↔		
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	15/16 - May	60%	100%	↔		
Mental health						
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) (CCG)	14/15 - Qtr4	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.	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 - April	93%	95.06%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	15/16 - April	93%	94.86%	↓		
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 - April	93%	95.56%	↔		
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 - April	93%	94.85%	↔		

Cancer waits – 31 days						
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	15/16 - April	96%	100.00%	↑		
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	15/16 - April	96%	100.00%	↑		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	15/16 - April	94%	100.00%	↑		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	15/16 - April	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	15/16 - April	94%	100.00%	↑		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	15/16 - April	94%	100.00%	↑		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	15/16 - April	98%	100.00%	↑		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	15/16 - April	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 - April	85% local target	75.00%	↓	The CCG failed the local target of 85% in April reaching 75% this equated to 2 breaches out of a total of 8 patients.	South Sefton CCG failed to achieve the 85% target in April, the CCG is working with Liverpool CCG to establish where the breaches took place, Aintree Hospital met it's 2-day wait for first definitive treatment following a consultant's decision to upgrade monthly target. An update will be provided following the review of the latest SBAR report.
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 - April	85% local target	90.91%	↔		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	15/16 - April	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 - April	90%	100.00%	↑		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	15/16 - April	85%	91.91%	↑		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	15/16 - April	85%	85.56%	↔		

Mixed Sex Accommodation Breaches					
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	15/16 - May	0.00	0.00	↔	
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	15/16 - May	0.00	0.00	↔	
Referral To Treatment waiting times for non-urgent consultant-led treatment					
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (CCG)	15/16 - May	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (Aintree)	15/16 - April	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (CCG)	15/16 - May	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (Aintree)	15/16 - April	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	15/16 - May	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	15/16 - April	0	0	↔	
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (CCG)	15/16 - May	90%	93.77%	↑	
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (Aintree)	15/16 - April	90%	92.61%	↑	
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (CCG)	15/16 - May	95%	97.67%	↔	
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (Aintree)	15/16 - April	95%	98.11%	↔	
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 - May	92%	96.88%	↑	
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 - April	92%	97.35%	↔	

A&E waits						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG)	15/16 - May	95.00%	98.10%	↔		
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree)	15/16 - May	95.00%	94.63%	↑	Although the target was met in May with the trust reaching 95.91%, the year to date the 95% target was not achieved hitting 94.63%. Out of 11723 attendances, 480 were not admitted, transferred or discharged within 4 hours.	The Trust narrowly missed its A&E 4 hr target, the causes remain multi-factorial, but remain largely due to capacity to assess and make decisions promptly in A&E (either through lack of physical capacity or inefficient processes), and the ability to maintain flow into assessment areas and through to inpatient wards. A great deal of work has been done with multiple partner agencies, but the assessment and discharge of patients from the Trust also remains a challenge. Other issues include: (1) Variable performance in admission processing and discharges from wards, with a general shortfall in medical ward capacity. (2) On-going delayed discharges and delays in assessments across health and social services. Delayed transfers of care and the discharge of medically optimised patients remain a key area of focus. (3) Assessment and prompt treatment of mental health patients continues to be a key area of focus. The risks to the achievement of the standard remain and requires all areas within the Trust and the wider health and social care community to work together to improve & sustain performance.
Diagnostic test waiting times						
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	15/16 - May	1.00%	0.73%	↑		
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	15/16 - April	1.00%	0.96%	↑		
Category A ambulance calls						
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	15/16 - May	75%	81.20%	↔		
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	15/16 - May	75%	77.20%	↑		
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	15/16 - May	95%	97.00%	↔		
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	15/16 - May	75%	76.40%	↑		
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	15/16 - May	75%	75.80%	↑		
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	15/16 - May	95%	94.80%	↑	NWAS failed to achieve the 95% target in May. NWAS have failed consecutively for the past 7 months.	

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 (May 2015)	RR - Trajectory From Previous Month (Apr 15)	Percentage Recommended (Eng. Average)	Percentage Recommended (May 2015)	PR - Trajectory From Previous Month (Apr 15)	Percentage Not Recommended (Eng. Average)	Percentage Not Recommended (May 2015)	PNR - Trajectory From Previous Month (Apr 15)
Inpatients	30%	31.9%	↑	95%	97%	↑	2%	2%	↔
A&E	20%	29.2%	↑	87%	83%	↔	6%	8%	↓

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

- % Response Rate
- % Recommended
- % Not Recommended

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target in both inpatients and A&E. Both targets have been met for May and show an increase in the response rates from April.

For Inpatient services, the percentage of people who would recommend that service is above the England average and has increased compared to the previous month (April 2015). The percentage of people who would not recommend the inpatient service remains static at 2% and is in line with the England average.

The percentage of people that would recommend A&E has remained static compared to April 2015, but remains 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 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 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.

There were 9 Serious Incidents in April involving South Sefton CCG patients and 12 in May.

Incident Split by Provider

Provider / Type of Incident	Apr	May	YTD
Liverpool Community Health NHS Trust			
Pressure ulcer - (Grade 3)	5	5	10
Pressure ulcer - (Grade 4)		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
Southport and Ormskirk Hospital NHS Trust			
Pressure ulcer - (Grade 3)	1	1	2
Pressure ulcer - (Grade 4)	1		1
Grand Total	9	12	21

CCG SUIs

Type of Incident	Apr	May	YTD
Abscond		2	2
Homicide by Outpatient (in receipt)	1		1
Pressure ulcer - (Grade 3)	6	6	12
Pressure ulcer - (Grade 4)	1	1	2
Serious Self Inflicted Injury Outpatient	1		1
Surgical Error		1	1
Unexpected Death		2	2
Grand Total	9	12	21

Number of Never Events reported in period

There have been zero Never Events involving South Sefton CCG patients in either April or May 2015

NHS South Sefton CCG reported Serious Untoward Incidents

The majority of incidents have occurred in Liverpool Community Health (12), with the remaining incidents (9) occurring in each of the following providers:

- Liverpool Women’s NHS Foundation Trust - 2
- Mersey Care NHS Trust – 4
- Southport & Ormskirk Hospital NHS Trust - 3

Number of South Sefton CCG Incidents reported by Provider

SUIs Reported at Aintree University Trust level

In April and May Aintree University Hospital NHS Foundation Trust reported 3 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	YTD
Sub-optimal care of the deteriorating patient	2	0	2
Unexpected Death (general)	1	0	1
Grand Total	3	0	3

Incidents split by CCG

CCG Name / Incident Type	Apr	May	YTD
Knowsley CCG			
Sub-optimal care of the deteriorating patient	1	0	1
Liverpool CCG			
Sub-optimal care of the deteriorating patient	1	0	1
Southport & Formby CCG			
Unexpected Death (general)	1	0	1
Grand Total	3	0	3

Number of Never Events reported in period

Aintree University Hospital NHS Foundation Trust reported zero Never Events in April and May 2015

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 – 2
- Unexpected Death (general) - 1

Number of Incidents reported by CCG

The trust has had patients from 3 different CCGs involved in serious incidents.

- Knowsley CCG
- Liverpool CCG
- Southport and Formby CCG

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 new Cheshire & Merseyside Intelligence Portal (CMiP)

11.4 Summary of performance

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

Figure 23 Summary of Primary Care Dashboard – Urgent Care

South Sefton CCG Urgent Care Practice Scorecard 2015/16

Indicator		A&E Attendance rate per 1000 for under 19's (12 Mths to May-15)			A&E Attendance rate per 1000 for 19-74 yrs (12 Mths to May-15)			A&E Attendance rate per 1000 for over 75's (12 Mths to May-15)			Emergency Admission rate per 1000 for under 19's (12 Mths to May-15)			Emergency Admission rate per 1000 for 19-74 yrs (12 Mths to May-15)			Emergency Admission rate per 1000 for over 75's (12 Mths to May-15)		
Code	Practice	Period	Result	Score	Period	Result	Score	Period	Result	Score	Period	Result	Score	Period	Result	Score	Period	Result	Score
NS4002	AINTREE ROAD MEDICAL CENTRE	May-15	205.63	0	May-15	178.32	0	May-15	269.63	2	May-15	16.21	3	May-15	70.18	0	May-15	222.51	0
NS4013	BOOTLE VILLAGE SURGERY	May-15	200.42	0	May-15	167.11	0	May-15	349.10	0	May-15	25.39	2	May-15	70.66	0	May-15	280.41	0
NS4016	MOORE STREET MEDICAL CENTRE	May-15	220.49	0	May-15	175.62	0	May-15	379.39	0	May-15	31.91	0	May-15	79.81	0	May-15	312.65	0
NS4019	NORTH PARK HEALTH CENTRE	May-15	189.28	0	May-15	152.45	0	May-15	282.56	0	May-15	24.54	2	May-15	66.13	0	May-15	212.18	2
NS4028	THE STRAND MEDICAL CENTRE	May-15	214.88	0	May-15	166.73	0	May-15	328.47	0	May-15	29.32	0	May-15	69.89	0	May-15	276.16	0
NS4034	PARK STREET SURGERY	May-15	226.35	0	May-15	171.69	0	May-15	343.84	0	May-15	27.78	0	May-15	68.50	0	May-15	265.42	0
NS4038	CONCEPT HOUSE SURGERY	May-15	148.75	2	May-15	131.96	0	May-15	319.02	0	May-15	17.83	3	May-15	60.64	0	May-15	254.60	0
NS4001	42 KINGSWAY	May-15	123.12	3	May-15	76.08	3	May-15	214.64	3	May-15	18.01	3	May-15	33.11	3	May-15	163.06	3
NS4007	LIVERPOOL RD MEDICAL PRACTICE	May-15	141.38	2	May-15	128.86	0	May-15	312.98	0	May-15	18.62	3	May-15	49.75	2	May-15	250.00	0
NS4009	AZALEA SURGERY	May-15	162.84	0	May-15	93.32	3	May-15	374.52	0	May-15	24.46	2	May-15	47.95	3	May-15	306.95	0
NS4011	EASTVIEW SURGERY	May-15	138.97	2	May-15	111.00	3	May-15	255.96	0	May-15	19.91	3	May-15	45.06	3	May-15	222.43	0
NS4020	BLUNDELLSANDS SURGERY	May-15	133.89	3	May-15	82.47	3	May-15	229.99	3	May-15	20.86	3	May-15	35.32	3	May-15	186.75	3
NS4026	CROSBY - SSP HEALTH LIMITED	May-15	157.01	0	May-15	100.50	3	May-15	218.31	3	May-15	30.10	0	May-15	40.25	3	May-15	188.38	3
NS4041	KINGSWAY SURGERY	May-15	136.10	2	May-15	99.57	3	May-15	331.54	0	May-15	22.68	3	May-15	43.34	3	May-15	221.02	0
NS4621	THORNTON - SSP HEALTH LIMITED	May-15	135.79	2	May-15	123.30	2	May-15	411.39	0	May-15	29.85	0	May-15	56.42	0	May-15	313.29	0
NS4626	HIGHTOWN - SSP HEALTH LIMITED	May-15	96.10	3	May-15	74.02	3	May-15	224.88	3	May-15	42.96	0	May-15	30.93	3	May-15	145.93	3
NS4627	CROSSWAYS SSP HEALTH LTD	May-15	114.61	3	May-15	77.22	3	May-15	183.33	3	May-15	16.85	3	May-15	34.12	3	May-15	137.04	3
NS4003	HIGH PASTURES SURGERY	May-15	45.02	3	May-15	88.24	3	May-15	213.94	3	May-15	36.97	0	May-15	39.25	3	May-15	173.87	3
NS4010	MAGHULL HEALTH CENTRE (DR SAPRE)	May-15	63.22	3	May-15	112.02	3	May-15	264.33	2	May-15	23.95	3	May-15	42.78	3	May-15	186.31	3
NS4023	WESTWAY MEDICAL CENTRE	May-15	50.31	3	May-15	94.76	3	May-15	232.38	3	May-15	34.36	0	May-15	46.25	3	May-15	186.12	3
NS4622	MAGHULL HEALTH CENTRE (DR THOMAS)	May-15	61.53	3	May-15	103.49	3	May-15	270.44	2	May-15	43.72	0	May-15	59.35	0	May-15	245.28	0
NS4624	MAGHULL HEALTH CENTRE	May-15	34.92	3	May-15	111.74	3	May-15	277.14	2	May-15	12.70	3	May-15	47.43	3	May-15	217.14	2
Y00446	PARKHAVEN SSP HEALTH LTD	May-15	50.88	3	May-15	87.69	3	May-15	309.88	0	May-15	32.65	0	May-15	35.99	3	May-15	238.27	0
NS4004	GLOVERS LANE SURGERY	May-15	163.57	0	May-15	148.39	0	May-15	300.00	0	May-15	29.79	0	May-15	66.16	0	May-15	233.87	0
NS4023	BRIDGE ROAD MEDICAL CENTRE	May-15	162.49	0	May-15	140.87	0	May-15	283.25	0	May-15	24.81	2	May-15	56.89	0	May-15	226.68	0
NS4027	ORRELL PARK MEDICAL CENTRE	May-15	230.50	0	May-15	139.48	0	May-15	272.96	2	May-15	36.53	0	May-15	58.21	0	May-15	204.08	2
NS4029	FORD MEDICAL PRACTICE	May-15	149.63	2	May-15	127.88	0	May-15	276.60	2	May-15	24.32	3	May-15	51.48	2	May-15	201.06	2
NS4033	15 SEFTON ROAD	May-15	146.79	2	May-15	97.56	3	May-15	230.77	3	May-15	22.28	3	May-15	46.20	3	May-15	205.44	2
NS4043	SEAFORTH SSP HEALTH LTD	May-15	193.98	0	May-15	161.39	0	May-15	309.86	0	May-15	37.16	0	May-15	73.26	0	May-15	239.44	0
NS4603	LITHERLAND - SSP HEALTH LIMITED	May-15	193.17	0	May-15	153.61	0	May-15	336.16	0	May-15	32.06	0	May-15	66.36	0	May-15	259.89	0
NS4615	RAWSON ROAD MEDICAL CENTRE	May-15	202.11	0	May-15	170.64	0	May-15	293.30	0	May-15	26.41	2	May-15	62.18	0	May-15	192.74	3
NS4630	NETHERTON - SSP HEALTH LIMITED	May-15	174.89	0	May-15	135.66	0	May-15	392.00	0	May-15	46.85	0	May-15	66.29	0	May-15	324.00	0
Y02514	LITHERLAND PRIMARY CARE WALK-IN SERVICE	May-15	102.51	3	May-15	112.42	3	May-15	214.29	3	May-15	11.99	3	May-15	41.72	3	May-15	250.00	0
South Sefton Average			150.56			125.32			277.82			27.05			53.30			218.74	

Figure 24 Summary of Primary Care Dashboard – Locality level scorecard example

South Sefton CCG Bootle Practice Local Scorecard July - 2015/16										
Under Construction										
	Frequency	Latest Update								
			N84002	N84015	N84016	N84019	N84028	N84034	N84038	
U n d e r c o n s t r u c t i o n	A&E Attendance rate per 1000 for under 19's	Monthly	Jul-15	205.63	200.42	220.49	189.28	214.88	226.35	148.75
	A&E Attendance rate per 1000 for 19-74 yrs	Monthly	Jul-15	178.32	167.11	175.62	152.45	166.73	171.69	151.96
	A&E Attendance rate per 1000 for over 75's	Monthly	Jul-15	269.63	349.10	379.39	282.56	328.47	345.84	319.02
	Emergency Admission rate per 1000 for under 19's	Monthly	Jul-15	16.21	25.39	31.91	24.54	29.32	27.78	17.83
	Emergency Admission rate per 1000 for 19-74 yrs	Monthly	Jul-15	70.18	70.66	79.81	66.13	69.89	68.50	60.84
	Emergency Admission rate per 1000 for over 75's	Monthly	Jul-15	232.51	280.41	312.65	212.18	276.16	265.42	254.60
R e f e r r a l s	GP Referrals to Secondary Care - May 2015	Monthly	Jul-15	9.29	18.04	15.24	14.31	10.07	15.55	9.53
	C&B GP referrals to Secondary Care - May 2015	Monthly	Jul-15	0.00	3.10	2.45	1.16	1.24	2.43	0.41
	Non C&B Referrals to Secondary Care - May 2015	Monthly	Jul-15	5.57	0.00	1.82	2.17	3.38	0.09	5.53
	Cancer Fast Track Referrals - May 2015	Monthly	Jul-15	3.71	18.04	13.43	12.15	6.69	15.46	4.00
P r e s c r i b i n g	Lipid Modifying Drugs: Ezetimibe % Items	Quarterly	Q4 14/15	3.08	5.48	4.74	2.8	6.78	3.28	2.16
	Hypnotics ADQ/STAR PU (ADQ based)	Quarterly	Q4 14/15	0.59	0.44	0.29	0.18	0.48	0.29	0.3
	Antidepressants: First choice % Items	Quarterly	Q4 14/15	56.46	58.48	62.66	57.47	64.67	53.32	57.22
	Antibacterial items/STAR PU	Quarterly	Q4 14/15	0.42	0.45	0.43	0.29	0.3	0.43	0.24
	Minocycline ADQ/1000 Patients	Quarterly	Q4 14/15	0	18.24	0	5.52	23.19	0	11.45
	NSAIDs ibuprofen & Naproxen % Items	Quarterly	Q3 14/15	84.36	80.31	80.11	77.1	75.76	80.87	74.04
	NSAIDs ADQ/STAR PU	Quarterly	Q4 14/15	2.38	3.42	2.03	1.01	1.93	1.31	1.41
	Wound care products: NIC/Item	Quarterly	Q4 14/15	14.34	10.44	16.94	30.79	46.59	15.55	32.56
	Rosuvastatin as % All Statin	Quarterly	Q4 14/15	0.56%	1.44%	1.36%	3.32%	1.31%	1.50%	2.26%
	Dosulepin as a % of All Antidepressants	Quarterly	Q4 14/15	2.33%	0.96%	0.75%	0.77%	0.39%	2.13%	0.93%
	Specials per 1000 Item based ASTRO PU	Quarterly	Q4 14/15	0.56	0.51	0.21	0.46	0.49	0.54	0.47
	Urology Products Total Actual Cost	Quarterly	Q4 14/15	40	0	141	15	107	0	127
	Potential Generics Savings	Quarterly	Q4 14/15	941	973	1259	533	877	796	559
	Enteral Sip Feeds NIC/PU	Quarterly	Q4 14/15	0	0	0.2	0.1	0	0.4	0.4
Q o f	Estimated percentage of detected CHD prevalence	Annual	2010/11	62.16	82.95	63.52	70.84	70.09	72.43	72.94
	Estimated percentage of detected COPD prevalence	Annual	2010/11	69.97	94.80	81.73	93.49	92.51	87.05	92.82
	Estimated percentage of detected hypertension prevalence	Annual	2010/11	69.05	58.81	48.86	60.15	58.69	70.36	48.43
	Estimated percentage of detected stroke prevalence	Annual	2010/11	62.29	68.83	64.22	61.52	78.80	85.04	78.43
	Estimated percentage of detected diabetes prevalence	Annual	2008/09	109.24	97.88	94.65	101.15	93.75	108.27	109.80
	The contractor establishes and maintains a register of patients with atrial fibrillation	Annual	2013/14	2.16%	1.83%	1.44%	1.62%	1.80%	1.70%	1.65%
	The contractor establishes and maintains a register of patients with asthma, excluding patients with asthma who have been prescribed no asthma-related drugs in the preceding 12 months	Annual	2013/14	9.02%	7.47%	5.47%	5.83%	7.09%	6.27%	7.19%
	The contractor practice establishes and maintains a register of all cancer patients defined as a register of patients with a diagnosis of cancer excluding non-melanotic skin cancers diagnosed on or after 1 April 2003	Annual	2013/14	2.12%	2.25%	2.44%	2.54%	2.23%	2.59%	1.80%
	The contractor establishes and maintains a register of patients with coronary heart disease	Annual	2013/14	4.41%	5.69%	3.86%	4.96%	4.16%	4.42%	3.97%
	The contractor establishes and maintains a register of patients aged 18 years and over with CKD (US National Kidney Foundation: Stage 3 to 5 CKD)	Annual	2013/14	4.95%	3.12%	4.14%	4.19%	4.19%	4.82%	5.47%
	The contractor establishes and maintains a register of patients with COPD	Annual	2013/14	3.41%	4.17%	3.38%	4.65%	3.87%	3.67%	3.86%
	The contractor establishes and maintains a register of patients diagnosed with dementia	Annual	2013/14	0.46%	0.80%	0.53%	0.38%	0.54%	0.51%	0.94%
	The contractor establishes and maintains a register of all patients aged 17 or over with diabetes mellitus, which specifies the type of diabetes where a diagnosis has been confirmed	Annual	2013/14	5.69%	5.54%	5.40%	5.47%	5.43%	5.57%	5.62%
	The contractor establishes and maintains a register of patients aged 18 or over receiving drug treatment for epilepsy	Annual	2013/14	1.25%	0.95%	1.19%	0.84%	1.06%	1.05%	1.35%
	The contractor establishes and maintains a register of patients with heart failure	Annual	2013/14	1.08%	1.45%	0.78%	1.42%	1.19%	1.58%	1.46%
	The contractor establishes and maintains a register of patients with established hypertension	Annual	2013/14	19.70%	15.34%	13.40%	16.43%	15.48%	17.26%	12.51%
	The contractor establishes and maintains a register of patients aged 18 or over with learning disabilities	Annual	2013/14	0.62%	0.42%	0.64%	0.60%	0.52%	0.69%	0.45%
	The contractor establishes and maintains a register of patients with schizophrenia, bipolar affective disorder and other psychoses and other patients on lithium therapy	Annual	2013/14	1.21%	1.30%	1.10%	1.80%	1.30%	1.58%	2.47%
	The contractor establishes and maintains a register of patients aged 16 or over with a BMI greater than or equal to ?30 in the preceding 12 months	Annual	2013/14	7.77%	10.34%	10.13%	5.37%	11.14%	7.15%	9.78%
	The contractor establishes and maintains a register of patients with peripheral arterial disease	Annual	2013/14	1.00%	1.28%	0.85%	1.22%	0.99%	0.98%	1.39%
The percentage of patients aged 15 or over whose notes record smoking status in the preceding 24 months	Annual	2013/14	86.19%	84.13%	86.57%	53.93%	79.30%	82.25%	84.78%	
The contractor establishes and maintains a register of patients with stroke or TIA	Annual	2013/14	2.20%	2.10%	1.47%	1.71%	1.90%	2.13%	2.06%	
The contractor establishes and maintains a register of patients with hypothyroidism who are currently treated with levothyroxine	Annual	2013/14	4.11%	4.00%	3.34%	3.88%	4.05%	4.03%	3.45%	