

# **South Sefton Clinical Commissioning Group**

## Integrated Performance Report February 2016

## Contents

1.# Executive Summary.....	5#
2.# Financial Position.....	9#
3.# Referrals .....	9#
3.1# Referrals by source .....	9#
4.# Waiting Times.....	10#
4.1# NHS South Sefton CCG patients waiting .....	10#
4.2# Top 5 Providers .....	11#
4.3# Provider assurance for long waiters .....	12#
5.# Planned Care.....	12#
5.1# All Providers .....	12#
5.2# Aintree University Hospital NHS Foundation Trust.....	13#
5.2.1 Aintree University Hospital NHS Foundation Trust Key Issues.....	13#
5.3# Southport & Ormskirk Hospital .....	14#
5.3.1# Southport & Ormskirk Hospital Key Issues .....	14#
5.4# Renacres Hospital .....	14#
5.4.1# Renacres Hospital Key Issues.....	14#
6.# Unplanned Care.....	15#
6.1# All Providers .....	15#
6.2# Aintree University Hospital NHS Foundation Trust.....	15#
6.2.1# Aintree Hospital Key Issues .....	16#
6.3# Alder Hey Hospital.....	16#
6.3.1# Alder Hey Hospital Key Issues.....	16#
6.4# Royal Liverpool and Broadgreen Hospitals .....	16#
6.4.1# Royal Liverpool and Broadgreen Hospitals Key Issues .....	17#
7.# Mental Health.....	17#
7.1# Mersey Care NHS Trust Contract.....	17#
Quality Overview .....	18#
7.2# Cheshire Wirral Partnership - Improving Access to Psychological Therapies Contract	18#
8.# Community Health .....	21#
9.# Third Sector Contracts.....	26#
10.# Quality and Performance .....	27#
10.1# NHS South Sefton CCG Performance.....	27#
10.2# Friends and Family – Aintree University Hospital NHS Foundation Trust.....	38#
10.3# Serious Untoward Incidents (SUIs) .....	39#
11.# Primary Care .....	39#
11.1# Background .....	39#
11.2# Content.....	39#

11.3# Format .....	39#
11.4# Summary of performance .....	40#
11.5# CQC Inspections .....	41#
12.# NHS England Activity Monitoring .....	44#

## List of Tables and Graphs

Figure 7 - GP and 'other' referrals for the CCG across all providers for 2015/16	9#
Figure 8 - GP and 'other' referrals for the CCG across all providers comparing 2014/15 and 2015/16 by month	9#
Figure 9 Patients waiting on an incomplete pathway at the end of February 2016 by weeks waiting.	10#
Figure 10 Patients waiting (in bands) on incomplete pathway for the top 5 Providers	11#
Figure 11 Planned Care - All Providers	12#
Figure 12 Month 11 Planned Care- Aintree University Hospital NHS Foundation Trust by POD	13#
Figure 13 Month 11 Planned Care- Southport & Ormskirk Hospital by POD	14#
Figure 14 Month 11 Unplanned Care – All Providers	15#
Figure 15 Month 11 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD	15#
Figure 16 Month 11 Unplanned Care – Alder Hey Hospital by POD	16#
Figure 17 NHS South Sefton CCG – Shadow PbR Cluster Activity	17#
Figure 18 CPA – Percentage of People under CPA followed up within 7 days of discharge	17#
Figure 19 CPA Follow up 2 days (48 hours) for higher risk groups	17#
Figure 20 Monthly Provider Summary including (National KPI s Recovery and Prevalence)	20#
Figure 21 IAPT Waiting Time KPIs	21#
Figure 22 Friends and Family – Aintree University Hospital NHS Foundation Trust	38#
Figure 23 Summary of Primary Care Dashboard – Finance	40#
Figure 24 NHS England Activity Monitoring	44#

## 1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 11 (note: time periods of data are different for each source).

### CCG Key Performance Indicators

NHS Constitution Indicators	CCG	Main Provider
A&E 4 Hour Waits (All Types)	Yellow	Aintree
Ambulance Category A Calls (Red 1)	Green	NWAS
Cancer 2 Week GP Referral	Green	Aintree
RTT 18 Week Incomplete Pathway	Green	Aintree
Other Key Targets	CCG	Main Provider
A&E 4 Hour Waits (Type 1)	Red	Aintree
Ambulance Category A Calls (Red 2)	Red	NWAS
Ambulance Category 19 transportation	Yellow	NWAS
Cancer 14 Day Breast Symptom	Green	Aintree
Cancer 31 Day First Treatment	Green	Aintree
Cancer 31 Day Subsequent - Drug	Green	Aintree
Cancer 31 Day Subsequent - Surgery	Green	Aintree
Cancer 31 Day Subsequent - Radiotherapy	Green	Aintree
Cancer 62 Day Standard	Yellow	Aintree
Cancer 62 Day Screening	Green	Aintree
Cancer 62 Day Consultant Upgrade	Green	Aintree
Diagnostic Test Waiting Time	Green	Aintree
Emergency Admissions Composite Indicator	Red	
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	Green	
Emergency Admissions for acute conditions that should not usually require a hospital admission	Red	
HCAI - C.Diff	Green	Aintree
HCAI - MRSA	Red	Aintree
IAPT Access - Roll Out	Red	
IAPT - Recovery Rate	Red	
Mental Health Measure - CPA	Green	
Mixed Sex Accommodation	Red	Aintree
Patient Experience of Primary Care i) GP Services ii) Out of Hours (Combined)	Red	
PROM: Elective procedures: Groin Hernia	Yellow	Aintree
PROM: Elective procedures: Hip Replacement	Red	Aintree
PROM: Elective procedures: Knee Replacement	Red	Aintree
PYLL Person (Annual Update)	Red	
RTT 18 Week Admitted Pathway	Green	Aintree
RTT 18 Week Non Admitted Pathway	Green	Aintree
RTT 18 Week Incomplete Pathway	Green	Aintree
RTT 52+ week waiters	Green	Aintree
Stroke 90% time on stroke unit	Red	Aintree
Stroke who experience TIA	Green	Aintree
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	Green	
Unplanned hospitalisation for chronic ambulatory care	Red	
Local Measure: Access to services BME	Green	

## Key information from this report

**Financial Performance** - The CCG year-end accounts and reporting information is still being finalised and will be included in the Month 12 report in May 2016

**Referrals** – Referrals for months 1-11 of 2015/16 compared to 2014/15 are 5% higher with GP referrals 8% higher and referrals from all other sources 3% higher than the previous year.

**A&E waits** (All Types) – The CCG were just under the 95% target in February with a performance of 94.62% year to date (in month achieving 88.62%). Aintree failed the target in February recording 88.19%, and are also failing year to date reaching 91.01%. In February 1549 out of 13119 attendances were not admitted, transferred or discharged within 4 hours. Provider comment - During February 2016 there were 13119 Type 1 and Type 3 attendances with 1549 breaches which equates to combined performance of 88.19%. The following 5 key actions implemented in February 2016 remain a priority:

1. Ensuring medically accepted GP patients go direct to AMU or AEC and delivery of a rapid assessment model in AMU.
2. Delivery of ambulatory emergency care in the AEC Unit in Acute Medicine and the Observation Unit in A&E.
3. Ensure SAU and GPAU can accept all emergency surgical patients.
4. Increase the number of patients seen by GP out of hours service (UC24) and relocation of the service to Room 1 in UCAT
5. Use the support from the Utilisation Management Team and Tessa Walton, with additional support from senior managers for all areas, to improve patient flow via the implementation of the Emergency and Acute Care Plan.

An action plan to reduce the numbers of medically optimised patients also remains in place. To ensure sustained improvement, the following actions remain in place:

- Full utilisation of the step down facility, Aintree 2 Home, and Aintree @ Home, including for Discharge to Assess.
- Implementation of the mobilisation plan for the transfer of the Discharge Planning Team to be community based.
- Evaluating alternative models to support reducing delays for medically optimised patients, including the provision of a second step down facility within the Trust.
- Weekly MADEs and implementation of actions from Safer Start/MADE.

**A&E Waits** (Type 1) – The CCG have failed the 95% target in February reaching 77.19%, and year to date reaching 82.82%. In February 772 attendances out of 3385 were not admitted, transferred or discharged within 4 hours. Aintree have failed the target in February reaching 76.87%, and year to date reaching 83.56%. In February 1549 attendances out of 6698 were not admitted, transferred or discharged within 4 hours.

**Ambulance Activity** - The CCG are failing Cat A (Red2) indicator achieving 70.05% year to date and in month (February) recording 57.5%, they are also failing Category 19 transportation achieving 94.75% year to date, in month (February) 83.10%. NWAS are also failing these 2 ambulance indicators, Category A (Red 2) achieving 71.57% year to date and in month 61.06% and Category 19 transportation time, achieving 93.19% year to date, in month achieving 88.08%. The delivery and sustainability of emergency ambulance performance remains a key priority for commissioners. NWAS have provided assurance that regional Red 1 performance will be maintained above 75% to the year-end, but Red 2 cannot be recovered by year end. Blackpool CCG and the Strategic Partnership Board have applied fines equal to 2% of the total contract relating to performance, and also fines relating to handover and turnaround (total fines £5,383,684).

**Cancer Indicators** – The CCG achieved all the cancer indicators year to date as at February 2016 apart from one, the 62 day standard, which narrowly failed the target reaching 84.84% year to date, in month achieving 80%, out of 25 patients there were 5 patient breaches. Aintree achieved all the cancer indicators year to date as at February 2016.

**Diagnostics** – The CCG are over plan for diagnostics in February. Out of 2,287 patients 41 waited over 6 weeks for a diagnostic test. Of the 41, 32 were for non-obstetric ultrasound. Aintree also failed the target for diagnostics and had 72 patients out of 4,752 waiting over 6 weeks for a diagnostic test. This is due to increased demand from Trauma & Orthopaedics department for ultrasound guided joint injections which the Trust has assured the CCG is likely to be resolved fully by August 2016 but they have some interim plans in place using clinicians from other Trusts on the bank to do some sessions/reporting. The CCG clinical lead is also working with the Trust to understand the increase in demand for these tests. (See comments in dashboard).

**Emergency Admissions Composite Measure** – For February the CCG is over the monthly plan and had 88 more admissions than the same period last year. The monthly plans for 2015-16 been split using last year's 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.

**HCAI – C Difficile** – Aintree had 7 new cases reported in February of C Difficile, year to date there have been 48 cases against a plan of 50.

**HCAI – MRSA** – No new cases have been reported in February of MRSA for South Sefton CCG. Year to date they has now been 3 cases attributed to the CCG against a zero tolerance target. No new cases have been reported at Aintree in January but there was 1 case in December a PIR was held on 4-1-16 and the case was attributed to Aintree Hospital.

**IAPT Access – Roll Out** – The CCG are under plan for Q3 for IAPT Roll Out and reached 2.89% which shows an improvement on Q2 (2.48%) plan 3.75%. This equates to 703 patients having entered into treatment out of a population of 24298 (Psychiatric Morbidity Survey). February data shows the CCG are under plan with 262 patients having entered into treatment (1.10%). This is an increase from last month when 1.40% was reported.

**IAPT - Recovery Rate** – The CCG are under the 50% plan for recovery rate in Q3 reaching 46.4%. This equated to 160 patients who moved to recovery out of 368 who completed treatment. This is slightly lower than quarter 2 when the CCG recorded 48.5%. February data shows the CCG are under plan for recovery rate reaching 46.4%. This equates to 52 patients who have moved to recovery out of 112 who have completed treatment. This is an increase from last month when 32.5% was reported.

**Mixed Sex Accommodation** – In February the CCG had 1 mixed sex accommodation breach (5 year to date) which is above the target and as such are reporting red. The breach occurred at Liverpool Heart & Chest, this is the fourth month in a row the Trust has reported a breach. The fifth breach was reported at Southport & Ormskirk in September.

**Patient experience of primary care** - The CCG reported the proportion of negative responses at 6.91% which is above the 6% target. This is a slight improvement from the last survey which reported 7.63%. 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 2 new Serious Untoward Incidents in February, year to date are reporting 33 in total, 1 failure to act upon test results and 1 grade 3 pressure ulcer.

**Patient reported outcomes measures (PROMS) for elective procedures: Groin hernia** – Provisional data (Apr 14 – Mar 15) shows South Sefton CCG reported 0.083 for average health gain following a groin hernia operation which is higher than the previous year which was 0.107 for 2013-14, and over the plan of 0.0697. England average being 0.084. This indicator is flagged as amber.

**Hip replacement** - Provisional data (Apr 14 – Mar 15) shows South Sefton CCG reported 0.408 for average health gain following a hip operation which is lower than the previous year which was 0.446 for 2013-14 and under the plan of 0.430. England average being 0.437. This indicator is flagged as red

**Knee replacement** - Provisional data (Apr 14 – Mar 15) shows South Sefton CCG reported 0.294 for knee replacement operation this is lower than the previous year which was 0.313 for 2013-14 and under the plan of 0.341. England average being 0.315. 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 February reaching 43.8%, only 7 patients out of 16 spending at least 90% of their time on a stroke unit. Aintree also failed to achieved the target achieving 51.2% have 22 patients out of 43 spending at least 90% of their time on a stroke unit. It is noted that the Trust overall SSNAP score for October 2015 to December 2015 has been maintained at B.

**Friends and Family Test** - Aintree University Hospital NHS Foundation Trust achieved the response rate target in both inpatients and A&E in February, but are failing the targets for A&E recommended and not recommended and also now inpatients not recommended.

**Local Measure – Access to Community Mental Health Services by BME** – The latest data shows access to community mental health services by people from BME groups is over the CCG plan (actual 2451.5 / plan 2400). This is also improvement on the previous year when the CCG rate was 2309.0.



## 2. Financial Position

The CCG year-end accounts and reporting information is still being finalised and will be included in the Month 12 report in May 2016.

## 3. Referrals

### 3.1 Referrals by source

Figure 1 - GP and 'other' referrals for the CCG across all providers for 2015/16

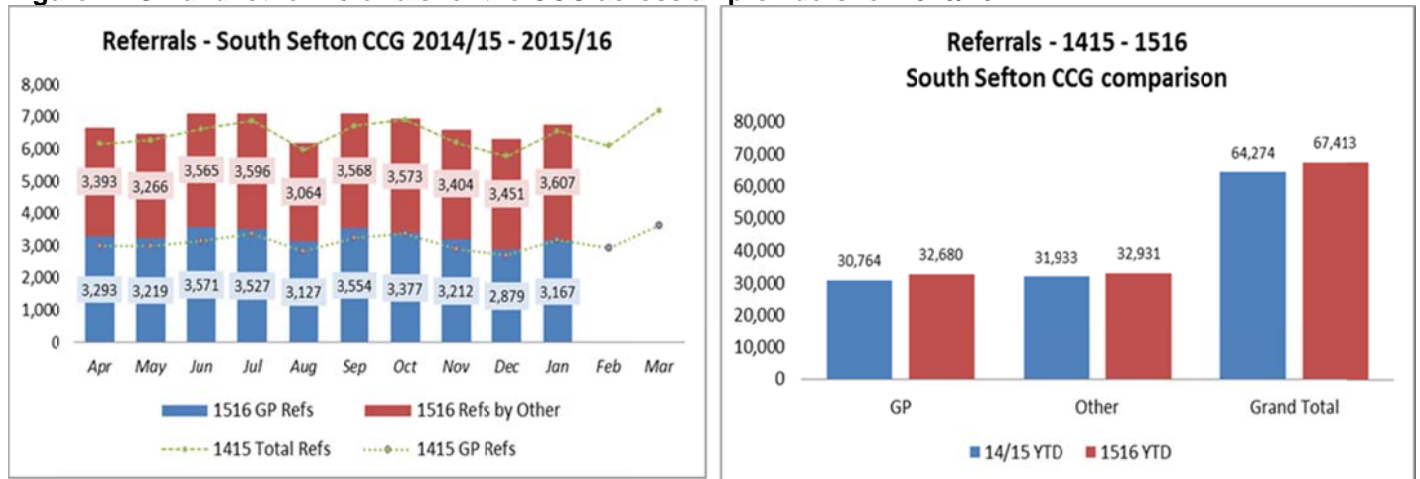


Figure 2 - GP and 'other' referrals for the CCG across all providers comparing 2014/15 and 2015/16 by month

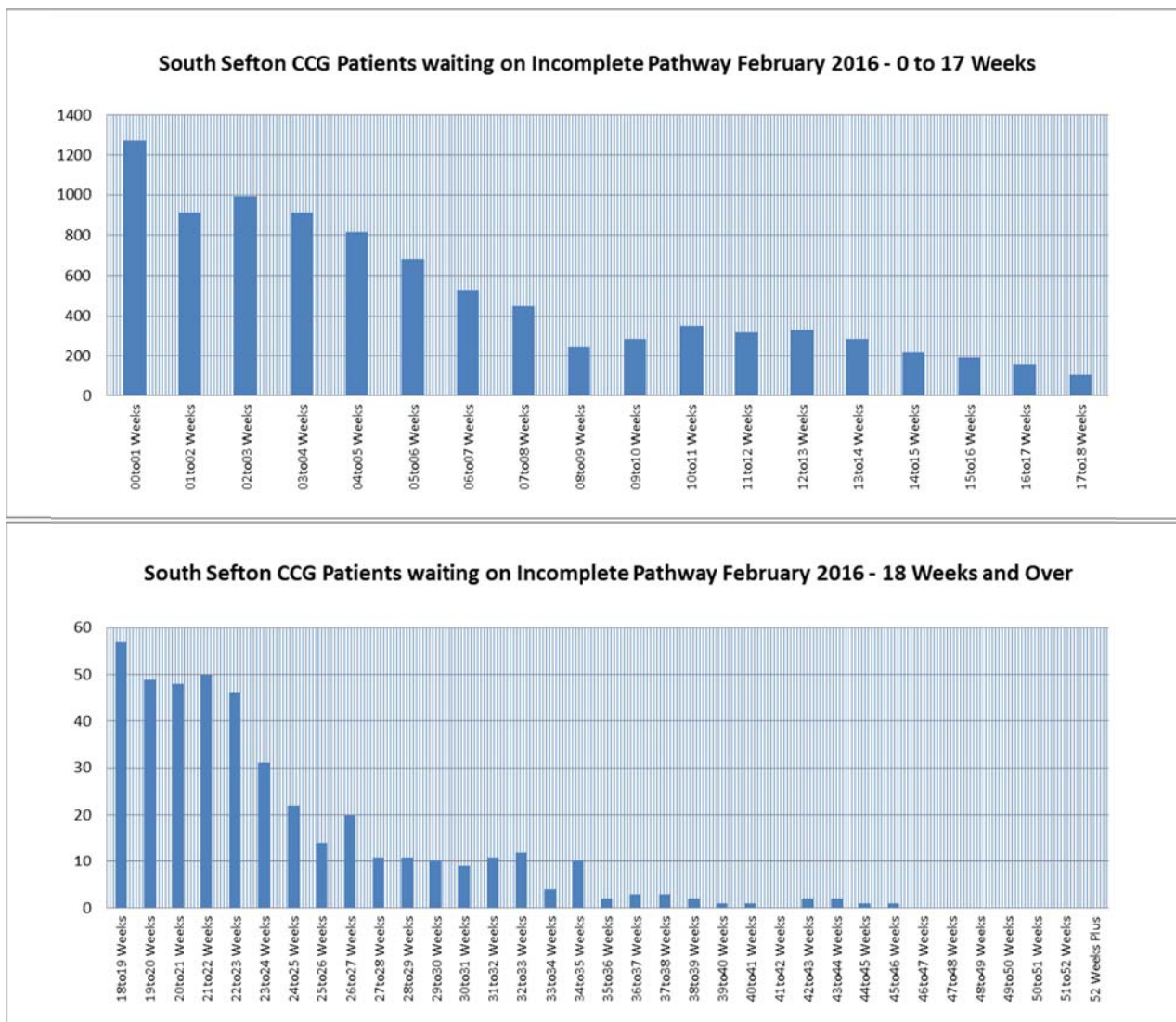
Referral Type	DD Code	Description	1314 Q1	1314 Q2	1314 Q3	1314 Q4	1415 Q1	1415 Q2	1415 Q3	1415 Q4	1516 Q1	1516 Q2	1516 Q3 FOT	1314 YTD	1415 YTD	1516 YTD	% Variance 1415 - 1516	1314-1516 Trendline
GP	03	GP Ref	8,766	8,709	8,563	9,073	9,130	9,480	8,953	9,773	10,078	10,211	9,466	26,038	27,563	29,755	8%	
<b>GP Total</b>			<b>8,766</b>	<b>8,709</b>	<b>8,563</b>	<b>9,073</b>	<b>9,130</b>	<b>9,480</b>	<b>8,953</b>	<b>9,773</b>	<b>10,078</b>	<b>10,211</b>	<b>9,466</b>	<b>26,038</b>	<b>27,563</b>	<b>29,755</b>	<b>8%</b>	
Other	01	following an emergency admission	553	513	538	469	517	534	473	511	527	509	509	1,604	1,524	1,545	1%	
	02	following a Domiciliary Consultation	7	6	8	1	2	5	8	7	5	2	6	21	15	13	0%	
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	1,024	875	721	806	832	780	727	762	1,385	1,208	1,189	2,620	2,339	3,782	62%	
	05	A CONSULTANT, other than in an Accident and Emergency Department	3,689	3,556	3,668	3,681	3,788	3,829	3,919	4,077	3,934	3,866	3,971	10,913	11,536	11,761	2%	
	06	self-referral	827	672	703	756	731	786	811	889	861	900	890	2,202	2,328	2,651	14%	
	07	A Prosthetist	1	16	10	14	3	4	4	7	6	2	1	27	11	9	-18%	
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres) other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	561	659	711	811	775	738	723	676	291	268	283	1,931	2,236	842	-62%	
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	571	551	568	594	631	788	738	674	593	720	866	1,690	2,157	2,179	1%	
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	22	8	11	25	7	16	24	23	17	20	19	41	47	56	19%	
	13	A Specialist NURSE (Secondary Care)	35	21	19	30	21	18	21	22	18	30	34	75	60	82	37%	
	14	An Allied Health Professional	224	214	195	179	311	272	233	204	280	352	393	633	816	1,025	26%	
	15	An OPTOMETRIST	20	22	19	19	28	25	23	19	26	28	42	61	76	96	26%	
	16	An Orthoptist	0	0	1	0	0	0	0	0	2	0	0	1	0	2	0%	
	17	A National Screening Programme	3	39	20	7	8	21	7	6	6	17	24	62	36	47	31%	
	92	A GENERAL DENTAL PRACTITIONER	589	568	568	617	602	538	536	524	539	502	509	1,725	1,676	1,550	-8%	
93	A Community Dental Service	6	9	12	5	8	8	12	5	5	0	7	27	28	12	-57%		
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	1,382	1,535	1,371	1,500	1,271	1,299	1,263	1,219	1,270	1,313	1,226	4,288	3,833	3,809	-1%		
<b>Other Total</b>			<b>9,514</b>	<b>9,264</b>	<b>9,143</b>	<b>9,514</b>	<b>9,535</b>	<b>9,661</b>	<b>9,522</b>	<b>9,625</b>	<b>9,765</b>	<b>9,727</b>	<b>9,969</b>	<b>27,921</b>	<b>28,718</b>	<b>29,461</b>	<b>3%</b>	
Unknown			315	485	511	509	446	492	471	515	458	491	435	1,311	1,409	1,384	-2%	
<b>Grand Total</b>			<b>18,595</b>	<b>18,458</b>	<b>18,217</b>	<b>19,096</b>	<b>19,111</b>	<b>19,633</b>	<b>18,946</b>	<b>19,913</b>	<b>20,301</b>	<b>20,429</b>	<b>19,870</b>	<b>55,270</b>	<b>57,690</b>	<b>60,600</b>	<b>5%</b>	

GP Referrals have been increasing since March 2015. Analysis by specialty and provider reveals that ENT at Aintree receives the most GP Referrals and has seen an increase since the middle of 2014/15. Gastroenterology referrals also continue to increase. General Medicine is showing a dramatic increase for 15/16. These are the GP Hotline referrals which we have notified Aintree that the CCG will not be funding and have since removed from the above referrals analysis.

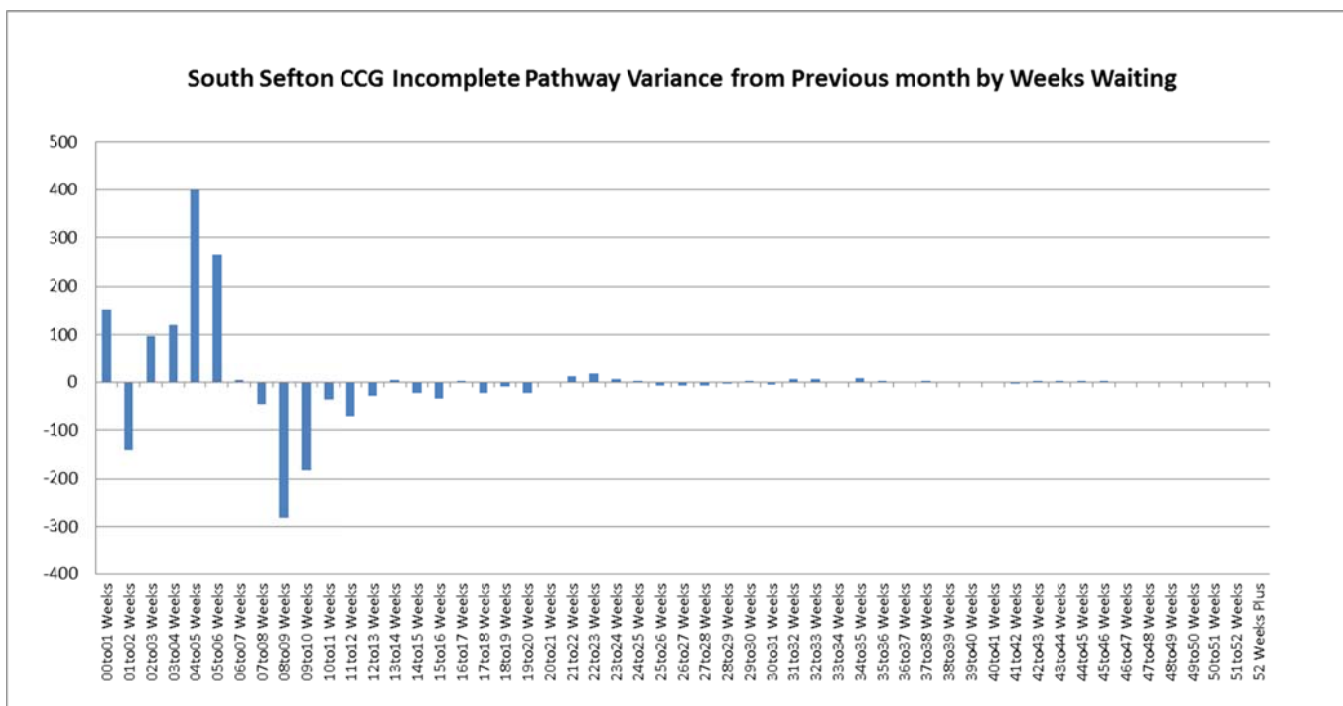
## 4. Waiting Times

### 4.1 NHS South Sefton CCG patients waiting

Figure 3 Patients waiting on an incomplete pathway at the end of February 2016 by weeks waiting.



There were 433 patients (4.6%) waiting over 18 weeks on Incomplete Pathways at the end of February 2016, an decrease of 6 patients (1.4%) from Month 10 (15/16). There were no patients waiting over 52 weeks at the end of January 2016.



There were 9,499 patients on the Incomplete Pathway at the end of February 2016, an increase of 167 patients (1.8%) from January 2016.

## 4.2 Top 5 Providers

Figure 4 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	4660	1199	5859	145	47	25	217	6076
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	680	245	925	51	24	21	96	1021
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	481	78	559	17	2	0	19	578
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	355	145	500	25	8	1	34	534
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	297	147	444	18	2	11	31	475
Other Providers	628	151	779	25	5	6	36	815
<b>Total All Providers</b>	<b>7101</b>	<b>1965</b>	<b>9066</b>	<b>281</b>	<b>88</b>	<b>64</b>	<b>433</b>	<b>9499</b>

### 4.3 Provider assurance for long waiters

Trust	Specialty	Wks.	Additional Information
Alder Hey	Other	40	Awaiting information from the provider
Alder Hey	Other	42	Awaiting information from the provider
Alder Hey	Other	43	Awaiting information from the provider
Alder Hey	Other	45	Awaiting information from the provider
Royal	General Surgery	42	Royal Information Team has contacted Directorate to provide an update as to when this patient will be treated.
Royal	T&O	44	Patient coming into Outpatients on 20/04/16 - Royal Info Team has requested an update from the Directorate.
RJ&H	T&O	43	The patient was admitted 24/3 for a diagnostic procedure relating to impending scoliosis surgery. Back to clinic 11/4 to discuss surgical plan with the consultant in the light of the findings of the diagnostic. The reason for the delay is lack of capacity in the spinal service to manage complex scoliosis pathways.

## 5. Planned Care

### 5.1 All Providers

Performance at Month 11 2015/16, against planned care elements of the contracts held by NHS South Sefton CCG shows an over-performance of £1.5m. This over-performance is driven by increases at Aintree Hospital (£1.4m), Southport & Ormskirk Hospital (£279k) and Renacres (£385k). Overspends are offset at Royal Liverpool (-£255k) and Alder Hey (-£274k).

Figure 5 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	170,685	155,307	162,013	6,706	4%	£31,071	£28,271	£29,682	£1,411	5%
Alder Hey Childrens NHS F/T	14,711	13,440	11,743	-1,697	-13%	£2,326	£2,125	£1,851	£-274	-13%
Countess of Chester Hospital NHS FT	0	0	164	164	0%	£0	£0	£22	£22	0%
Liverpool Heart and Chest NHS F/T	1,273	1,165	1,007	-158	-14%	£578	£529	£380	£-149	-28%
Liverpool Womens Hospital NHS F/T	15,539	14,283	14,735	452	3%	£3,282	£3,013	£3,100	£87	3%
Royal Liverpool & Broadgreen Hospitals	29,929	27,386	26,209	-1,177	-4%	£5,827	£5,332	£5,076	£-255	-5%
Southport & Ormskirk Hospital	13,390	12,299	13,613	1,314	11%	£2,761	£2,527	£2,806	£279	11%
ST Helens & Knowsley Hospitals	4,070	3,716	3,701	-15	0%	£986	£902	£934	£32	4%
Wirral University Hospital NHS F/T	462	422	339	-83	-20%	£123	£112	£93	£-19	-17%
Central Manchester University Hosp Nhs FT	86	79	130	51	65%	£22	£20	£28	£8	41%
Fairfield Hospital	95	87	139	52	59%	£20	£18	£32	£14	76%
ISIGHT (SOUTHPORT)	262	240	333	93	39%	£65	£60	£83	£23	39%
Renacres Hospital	3,897	3,546	5,135	1,589	45%	£1,257	£1,143	£1,529	£385	34%
SPIRE LIVERPOOL HOSPITAL	3,334	3,056	2,436	-620	-20%	£999	£916	£779	£-137	-15%
University Hosp South Manchester Nhs FT	108	99	0	-99	-100%	£16	£15	£17	£2	13%
Wrightington, Wigan And Leigh Nhs FT	846	775	1,006	231	30%	£305	£279	£374	£94	34%
<b>Grand Total</b>	<b>258,688</b>	<b>235,900</b>	<b>242,703</b>	<b>6,803</b>	<b>3%</b>	<b>£49,637</b>	<b>£45,262</b>	<b>£46,786</b>	<b>£1,524</b>	<b>3%</b>

## 5.2 Aintree University Hospital NHS Foundation Trust

Figure 6 Month 11 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	11,473	12,254	781	7%	£7,916	£7,199	£8,003	£804	11%
Elective	2,171	1,974	1,801	-173	-9%	£5,849	£5,319	£5,060	£-259	-5%
Elective Excess BedDays	1,134	1,031	669	-362	-35%	£252	£229	£147	£-82	-36%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	633	576	394	-182	-32%	£113	£103	£71	£-32	-31%
OPFANFTF - Outpatient first attendance non face to face	716	651	667	16	3%	£28	£26	£25	£-1	-4%
OPFASPCL - Outpatient first attendance single professional consultant led	31,994	29,090	30,685	1,595	5%	£4,593	£4,176	£4,562	£385	9%
OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,577	1,433	1,399	-34	-2%	£172	£157	£152	£-5	-3%
OPFUPNFTF - Outpatient follow up non face to face	1,251	1,137	3,222	2,085	183%	£30	£27	£77	£50	183%
OPFUPSPCL - Outpatient follow up single professional consultant led	83,804	76,198	76,339	141	0%	£6,558	£5,963	£6,061	£98	2%
Outpatient Procedure	20,122	18,296	20,217	1,921	11%	£3,254	£2,958	£3,288	£330	11%
Unbundled Diagnostics	13,104	12,012	12,963	951	8%	£1,147	£1,052	£1,172	£121	11%
Wet AMD	1,566	1,436	1,403	-33	-2%	£1,157	£1,060	£1,063	£3	0%
<b>Grand Total</b>	<b>170,685</b>	<b>155,307</b>	<b>162,013</b>	<b>6,706</b>	<b>4%</b>	<b>£31,071</b>	<b>£28,271</b>	<b>£29,682</b>	<b>£1,411</b>	<b>5%</b>

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

Analysis in the table above excludes GP Hotline activity recorded under OPFANFTF. The Collaborative Commissioning Forum has confirmed to Aintree Hospital in a letter that this activity will not be paid for by CCGs

Daycase over performance has continued to over perform throughout the year with an approx. variance of 10% each month. Month 11 is showing a variance of £804k/11%.

This is primarily driven by Gastroenterology's over performance of £387k. 30% of Gastro over performance is attributable to one particular HRG "FZ61Z - Diagnostic Endoscopic Procedures on the Upper GI Tract with biopsy 19 years and over"

The new ambulatory heart failure pathway continues to influence the combined Daycase/Elective performance in Cardiology (£280k). This activity continues to be coded as Daycase & Electives rather than Outpatient procedures. There has been no agreement with the Trust relating to the cost of the tariff and the commissioners will expect an outpatient procedure cost for this service.

Over performance for Outpatient First attendances is in single professional consultant led. £385k over performance for month 11 is driven by Clinical Haematology which is showing a £186k/118% over performance. This area was raised at the Contract Review Meeting and the Trust has been asked for further info regarding the increase in Clinical Haematology.

Outpatient Procedure over performance is attributable mainly to two Specialties – Cardiology £136k/59% and Interventional Radiology £84k/65%. The Interventional Radiology over performance is linked to HRG 'Unilateral Breast Procedures'. Further analysis of activity carried out under this HRG show that procedures involve fine needles and imaging-guided biopsy's, therefore attributable to Interventional Radiology, but also increased due to the transfer of Breast

Surgery activity into Aintree and the Breast Surgery over performance in outpatient first attendances. Cardiology over performance is solely attributable to Echocardiograms

## 5.3 Southport & Ormskirk Hospital

Figure 7 Month 11 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	938	877	-61	-7%	£702	£640	£684	£44	7%
Elective	194	176	201	25	14%	£583	£530	£561	£32	6%
Elective Excess BedDays	13	12	26	14	115%	£3	£3	£8	£5	163%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	113	104	238	134	130%	£18	£17	£35	£19	111%
OPFASPCL - Outpatient first attendance single professional consultant led	2,611	2,401	1,992	-409	-17%	£366	£337	£293	£44	-13%
OPFUPMPCCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	210	193	517	324	167%	£21	£20	£51	£31	157%
OPFUPSPCL - Outpatient follow up single professional consultant led	5,260	4,836	4,748	-88	-2%	£456	£419	£422	£3	1%
Outpatient Procedure	3,070	2,822	3,642	820	29%	£537	£494	£632	£138	28%
Unbundled Diagnostics	889	818	768	-50	-6%	£66	£61	£57	£4	-7%
<b>Grand Total</b>	<b>13,390</b>	<b>12,299</b>	<b>13,009</b>	<b>710</b>	<b>6%</b>	<b>£2,753</b>	<b>£2,520</b>	<b>£2,743</b>	<b>£223</b>	<b>9%</b>

### 5.3.1 Southport & Ormskirk Hospital Key Issues

Outpatients Procedures is seeing increased activity in Trauma & Orthopaedics and Dermatology. HRG "HB56C Minor Hand Procedures" has shown an increase in activity since 1415. Procedures associated with the HRG are Joint injections for arthritis and "examination" of joint. "Investigative Procedures" in Dermatology has also shown a marked increase. Procedures associated with this HRG are generally Diagnostic dermatoscopy of skin. These two specialties make up almost all of Outpatient Procedure variance and this has been the theme throughout 2015/16.

## 5.4 Renacres Hospital

Renacres Hospital Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	500	455	556	101	22%	£622	£565	£645	£79	14%
Elective	72	65	102	37	56%	£308	£280	£466	£186	67%
OPFASPCL - Outpatient first attendance single professional consultant led	1,021	929	1,065	136	15%	£136	£124	£145	£21	17%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,264	1,150	2,689	1,539	134%	£100	£91	£154	£63	69%
Outpatient Procedure	662	603	327	-276	-46%	£63	£57	£78	£21	36%
Unbundled Diagnostics	394	358	396	38	10%	£37	£34	£41	£8	22%
<b>Grand Total</b>	<b>3,913</b>	<b>3,560</b>	<b>5,135</b>	<b>1,575</b>	<b>44%</b>	<b>£1,265</b>	<b>£1,151</b>	<b>£1,529</b>	<b>£378</b>	<b>33%</b>

### 5.4.1 Renacres Hospital Key Issues

2015/16 activity within T&O is showing a marked increase in Major Hip & Knee Procedures. Activity in both of these major treatments is over performing by 56%, with the combined cost variance of £122k. The CCG is currently investigating the increase in Major Hip and Knee procedures to

understand why this has occurred. Outpatient Follow Ups are over performing by £32k/53%, although this is an improvement on previous months. Contract negotiations with Ramsey Healthcare are underway and the CCG has signalled an intention to closely monitor First: Follow Up outpatient ratios in 21016/17.

## 6. Unplanned Care

Unplanned Care at Month 11 of financial year 2015/16, shows an under-performance of circa -£891k for contracts held by NHS South Sefton CCG.

This underspend is clearly driven by the -£1.2m under spend at Aintree Hospital and -£139k at Alder Hey. If we exclude Aintree, we would be reporting a month 11 over spend of £413k/1%. The two main Trusts over spending are Liverpool Women's £159k and Royal Liverpool £150k

### 6.1 All Providers

Figure 8 Month 11 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	97,701	89,348	86,835	-2,513	-3%	£34,338	£31,470	£30,174	£1,296	-4%
Alder Hey Childrens NHS F/T	8,868	8,011	8,239	228	3%	£1,905	£1,738	£1,599	£139	-8%
Countess of Chester Hospital NHS FT	0	0	97	97	0%	£0	£0	£40	£40	0%
Liverpool Heart and Chest NHS F/T	171	156	183	27	17%	£144	£132	£272	£140	106%
Liverpool Womens Hospital NHS F/T	3,458	3,165	3,435	270	9%	£3,009	£2,758	£2,917	£159	6%
Royal Liverpool & Broadgreen Hospitals	5,851	5,355	5,604	249	5%	£2,145	£1,963	£2,113	£150	8%
Southport & Ormskirk Hospital	6,978	6,352	7,342	990	16%	£2,492	£2,274	£2,330	£56	2%
ST Helens & Knowsley Hospitals	850	778	793	15	2%	£351	£321	£311	£11	-3%
Wirral University Hospital NHS F/T	245	223	317	94	42%	£90	£82	£96	£14	17%
Central Manchester University Hospitals Nhs FT	67	61	68	7	11%	£16	£15	£19	£4	24%
University Hospital Of South Manchester Nhs FT	41	37	27	-10	-28%	£14	£13	£8	£5	-37%
Wrightington, Wigan And Leigh Nhs FT	42	38	62	24	61%	£15	£14	£20	£6	42%
<b>Grand Total</b>	<b>124,272</b>	<b>113,528</b>	<b>113,002</b>	<b>-526</b>	<b>0%</b>	<b>£44,528</b>	<b>£40,789</b>	<b>£39,897</b>	<b>£891</b>	<b>-2%</b>

### 6.2 Aintree University Hospital NHS Foundation Trust

Figure 9 Month 11 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 WiC Litherland	41,953	38,332	38,100	-232	-1%	£953	£870	£873	£3	0%
A&E - Accident & Emergency	30,956	28,284	27,905	-379	-1%	£3,646	£3,331	£3,370	£39	1%
NEL - Non Elective	13,932	12,775	11,681	-1,094	-9%	£25,986	£23,828	£22,975	£852	-4%
NELNE - Non Elective Non-Emergency	44	40	38	-2	-6%	£122	£112	£106	£5	-5%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	40	37	122	85	233%	£10	£9	£25	£16	187%
NELST - Non Elective Short Stay	2,732	2,505	2,060	-445	-18%	£1,764	£1,617	£1,378	£239	-15%
NELXBD - Non Elective Excess Bed Day	8,044	7,376	6,929	-447	-6%	£1,858	£1,703	£1,445	£258	-15%
<b>Grand Total</b>	<b>97,701</b>	<b>89,348</b>	<b>86,835</b>	<b>-2,513</b>	<b>-3%</b>	<b>£34,338</b>	<b>£31,470</b>	<b>£30,174</b>	<b>£1,296</b>	<b>-4%</b>

## 6.2.1 Aintree Hospital Key Issues

Discussions regarding activity and finance are on-going both internally and with the Trust with a view to informing contract negotiations for 2016/17.

The North West Utilisation Management team have been conducting a review at Aintree into urgent care, and a formal report has been shared with the CCG and Aintree. In the first 6 months of the financial year, Non Elective activity was showing an under performance due to the impact of the NEL pathway changes implemented earlier this year. Over the last 3 months, the levels of NEL activity has returned back to the levels prior to the changes and Aintree advise us that they expect that this will continue into 2016/17.

## 6.3 Alder Hey Hospital

Figure 10 Month 11 Unplanned Care – Alder Hey Hospital by POD

Alder Hey Childrens Hospital Urgent Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E - Accident & Emergency	7,899	7,124	7,429	305	4%	£688	£621	£619	£2	0%
NEL - Non Elective	854	782	789	7	1%	£1,174	£1,078	£973	£105	-10%
NELNE - Non Elective Non-Emergency	1	1	0	-1	-100%	£1	£1	£0	£1	-100%
NELXBD - Non Elective Excess Bed Day	113	104	21	-83	-80%	£42	£39	£7	£31	-81%
<b>Grand Total</b>	<b>8,868</b>	<b>8,011</b>	<b>8,239</b>	<b>228</b>	<b>3%</b>	<b>£1,905</b>	<b>£1,738</b>	<b>£1,599</b>	<b>£139</b>	<b>-8%</b>

### 6.3.1 Alder Hey Hospital Key Issues

The underperformance against contract plan has also been mirrored by Liverpool CCG, although other local CCGs have seen over performance against plan at this provider. The current financial position as a Trust for Urgent Care is 13% below plan. The Trust has been asked to provide further information into the variances, highlighting key specialties and possible reasons.

## 6.4 Royal Liverpool and Broadgreen Hospitals

The Royal Liverpool Hospital Urgent Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E - Accident & Emergency	4,422	4,047	4,253	206	5%	£397	£363	£388	£25	7%
AMAU - Acute Medical unit	63	58	49	-9	-15%	£6	£5	£5	£1	-16%
NEL - Non Elective	692	633	590	-43	-7%	£1,355	£1,240	£1,380	£141	11%
NELNE - Non Elective Non-Emergency	24	22	18	-4	-18%	£179	£164	£120	£44	-27%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	149	136	0	-136	-100%	£33	£31	£0	£31	-100%
NELST - Non Elective Short Stay	268	245	247	2	1%	£137	£126	£136	£10	8%
NELXBD - Non Elective Excess Bed Day	234	214	447	233	109%	£50	£46	£96	£50	109%
readmissions	0	0	0	0	#NUM!	£13	£12	£12	£0	0%
<b>Grand Total</b>	<b>5,851</b>	<b>5,355</b>	<b>5,604</b>	<b>249</b>	<b>5%</b>	<b>£2,145</b>	<b>£1,963</b>	<b>£2,113</b>	<b>£150</b>	<b>8%</b>



## 6.4.1 Royal Liverpool and Broadgreen Hospitals Key Issues

Non Electives make up £141k of the total £150k unplanned over spend. Malignant Pancreatic Disorders and Surgery make £100k of the total over spend Hepatobiliary & Pancreatic Surgery has a £90k over spend against a zero plan. Further analysis will be undertaken against this recent activity increase and revealed that this Trust deals with patients with these conditions as opposed to Aintree University Hospital (Aintree tend to deal with liver related conditions in return).

## 7. Mental Health

### 7.1 Mersey Care NHS Trust Contract

Figure 11 NHS South Sefton CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS South Sefton CCG			
	Plan	Caseload	Variance from Plan	% Variance
0 Variance	34	99	65	191%
1 Common Mental Health Problems (Low Severity)	23	41	18	78%
2 Common Mental Health Problems (Low Severity with greater need)	48	31	(17)	-35%
3 Non-Psychotic (Moderate Severity)	274	207	(67)	-24%
4 Non-Psychotic (Severe)	169	211	42	25%
5 Non-psychotic Disorders (Very Severe)	32	63	31	97%
6 Non-Psychotic Disorder of Over-Valued Ideas	43	47	4	9%
7 Enduring Non-Psychotic Disorders (High Disability)	133	224	91	68%
8 Non-Psychotic Chaotic and Challenging Disorders	83	108	25	30%
10 First Episode Psychosis	93	145	52	56%
11 On-going Recurrent Psychosis (Low Symptoms)	414	438	24	6%
12 On-going or Recurrent Psychosis (High Disability)	312	309	(3)	-1%
13 On-going or Recurrent Psychosis (High Symptom & Disability)	112	111	(1)	-1%
14 Psychotic Crisis	17	16	(1)	-6%
15 Severe Psychotic Depression	7	7	-	0%
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	33	37	4	12%
17 Psychosis and Affective Disorder – Difficult to Engage	58	53	(5)	-9%
18 Cognitive Impairment (Low Need)	347	229	(118)	-34%
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	462	489	27	6%
20 Cognitive Impairment or Dementia Complicated (High Need)	148	351	203	137%
21 Cognitive Impairment or Dementia (High Physical or Engagement)	45	102	57	127%
Reviewed Not Clustered	36	278	242	672%
No Cluster or Review	144	192	48	33%
<b>Total</b>	<b>3,067</b>	<b>3,788</b>	<b>721</b>	<b>24%</b>

Figure 12 CPA – Percentage of People under CPA followed up within 7 days of discharge

E.B.S.3	The % of people under adult mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	Target 95%	100%	100%	100%	93%	100%	100%	100%	100%	100%	100%	95%
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Figure 13 CPA Follow up 2 days (48 hours) for higher risk groups

KPI_32	CPA Follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by CRHT, Early Intervention, Assertive Outreach or Homeless Outreach Teams.	Target 95%	100%	100%	100%	100%	No patients requiring follow up in August	100%	No patients requiring follow up in October	100%	100%	100%	100%
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## Quality Overview

At Month 11, MerseyCare are compliant with quality schedule reporting requirements. The Trust is working with the CCG Quality team to develop the safer staffing report. At the last CQPG the Trust provided an update on the Quality Strategy and Nurse revalidation. In addition, work continues with Liverpool CCG and Mental Health Quality Leads to develop a new Serious Incident report .

Specific concerns remain regarding the Clock View Site, GP referral pathways were discussed at CQPG on 15<sup>th</sup> April 16 with the Trust's Director of Nursing who was taking this away as an action. The CCG are monitoring this through the CQPG.

The CCGs have recently met with the Trust Director of Nursing and the relevant provider teams to gain an understanding of the patient pathway from A&E to the specialist suite at Clock View due to some longer than expected waiting times. A member of the Quality Team has also 'shadowed' the Mersey Care Team to observe the systems and processes they have in place when undertaking internal quality assurance visits and plans are in place for a future visit to take place. The Quality Team has offered a reciprocal arrangement to the Trust to see how the CCGs' Quality Team operates as part of a 'commissioner / provider knowledge exchange' and to further support joint working and learning opportunities across the local system.

The CCG Chief Nurse shadowed the Trust's Director of Nursing when he undertook unannounced night visits to Trust facilities across the patch

### Contract Query

The contract query relating to 12 hour breaches at Aintree which occurred in August 2016 has formally been closed, however commissioners are continuing to monitor performance.

## 7.2 Cheshire Wirral Partnership - Improving Access to Psychological Therapies Contract

The prevalence rate at month 11 (9.93%) is below the target (however this is an improvement on last month) and current activity levels would indicate that the trust will fall below the 15% target. To achieve the prevalence target of 15% the provider would need 1,233 more people in the month of March to enter treatment. It should be noted that the trust provided the wrong population figures in the South Sefton report that impacted on the reported prevalence. This has however been corrected locally.

The Recovery rate in month 11 is 46.4% against the target of 50% and this is an increase on the position last month of 32.5%. The number of patients self-referring is on average consistent with previous months. The numbers of referrals of all types to date have been affected by the usual seasonal factors. There has been a fall in the number of GP referrals this month. The numbers had increased in January and this may have been a result of provider initiatives to raise awareness of the service with GPs. If this is the case this needs to continue on an on-going basis.

The percentage of patients entering treatment in 28 days or less is down on last month and has been on a downward trend since December and has not as would be expected picked up after the Christmas period.

Cancellations by patients at month 11 are up on last month's position. Appointments cancelled by the provider remain at levels that have and continue to be questioned however there has been a decrease on the position last month. The provider has again offered no current explanation as to the reasons for this and have previously attributed it to staff sickness.

Step 2 staff have previously reported that they were experiencing a high DNA rate and are confirming appointments with clients over the phone who then subsequently do not attend the appointment. The wait to therapy post screening is still part of the timeline and as such the service think that the client may sometimes feel they need to accept the appointment as they have waited a significant time, but then do not feel the need to attend, as essentially the need has passed. At month 11 the number of DNAs at step 2 has increased. The level of self-referrals may be impacting on the "watchful wait" that is usually managed by the GP as this is missed and clients referring are assessed promptly. Following the assessment the natural process of managing some level of emotional distress occurs and when appointments are offered the desire to engage in therapy has diminished.

It should be noted that the level of DNAs at step 3 have halved on last month and this is an improvement on last month. The service text reminder service could assist in the reduction of DNAs. This would give the prompt to clients 24 hours before an appointment for those clients most likely to have forgotten. Opt in rates have remained at the same level as last month.

**Figure 14 Monthly Provider Summary including (National KPI s Recovery and Prevalence)**

Performance Indicator		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16			
Population (Psychiatric Morbidity Survey)		19079	19079	19079	19079	19079	19079	19079	19079	19079	19079	19079			
National definition of those who have entered into treatment		103	96	130	164	104	123	128	165	191	216	186			
Prevalence Trajectory (%)		1.25%	1.25%	1.25% (q1=3.75%)	1.25%	1.25%	1.25% (q2=3.75%)	1.25%	1.25%	1.25% (q3=3.75%)	1.25%	1.25%			
Prevalence Trajectory ACTUAL		0.54%	0.50%	0.68%	0.86%	0.55%	0.64%	0.67%	0.86%	1.00%	1.13%	0.97%			
National definition of those who have completed treatment (KPI5)		95	85	78	99	83	93	79	115	86	101	98			
National definition of those who have entered Below Caseness (KPI6b)		7	8	6	9	8	6	3	8	12	8	8			
National definition of those who have moved to recovery (KPI6)		39	47	35	40	44	39	29	41	41	44	46			
Recovery - National Target		50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%			
Recovery ACTUAL		44.3%	61.0%	48.6%	44.4%	58.7%	44.8%	38.2%	38.3%	55.4%	47.3%	51.1%			
Referrals Received		290	253	255	245	209	244	225	264	206	239	239			
Gp Referrals		192	138	108	107	87	101	89	81	57	107	75			
% GP Referrals		66%	55%	42%	44%	42%	41%	40%	31%	28%	45%	31%			
Self referrals		64	81	126	117	110	138	109	163	134	111	144			
% Self referrals		22%	32%	49%	48%	53%	57%	48%	62%	65%	46%	60%			
Other referrals <small>Other Referrals are 11 - Acute Care Team, 1 - Perinatal, 4 - Other, 2-Psychiatrist, 2- SecondaryCare</small>		34	34	21	21	12	5	27	20	15	21	20			
% Other referrals		12%	13%	8%	9%	6%	2%	12%	8%	7%	9%	8%			
Referral not suitable or returned to GP		0	0	0	0	0	0	0	0	0	0	0			
Referrals opting in		275	228	204	173	162	171	153	177	148	196	192			
Opt-in rate %		95%	90%	80%	71%	78%	70%	68%	67%	72%	82%	82%			
Patients starting treatment by step (Local Definition)		Step 2	77	65	98	127	72	98	105	157	179	165	131		
		Step 3	26	31	32	36	32	25	23	8	12	53	55		
		Step 4				1									
		Total	103	96	130	164	104	123	128	165	191	218	186		
Percentage of patients entering in 28 days or less		47.0%	50.0%	44.0%	58.0%	41.0%	45.0%	21.0%	37.8%	22.9%	23.3%	24.0%			
Completed Treatment Episodes by Step (Local Definition)		Step 2	141	90	116	145	91	166	186	236	166	233	164		
		Step 3	287	273	248	191	261	223	209	205	338	259	283		
		Step 4		1			1	1	1		7				
		Total	428	364	364	336	353	390	396	441	511	492	447		
Activity		Attendances		Step 2	267	314	429	541	387	479	463	492	403	482	510
		Attendances		Step 3	283	277	389	359	330	343	319	318	252	352	337
		Attendances		Step 4		4	1	2	3	11	14	14	8	6	9
		DNA's		Step 2	42	62	108	117	55	84	88	65	51	66	72
		DNA's		Step 3	20	31	41	46	34	35	35	24	14	25	17
		DNA's		Step 4							1		0	0	1
		Cancels		Step 2	37	61	117	127	93	83	113	101	110	98	108
		Cancels		Step 3	37	41	65	71	62	78	69	89	52	84	73
		Cancels		Step 4			3			2	2	2	1	0	0
		Attendances		Total	550	595	819	902	720	833	796	824	663	840	856
		DNAs		Total	62	93	149	163	89	119	124	89	65	91	90
		Cancelled		Total	74	102	185	198	155	163	184	192	163	182	181
Number Cancelled by patient		Total	43	60	136	144	112	106	138	155	118	125	138		
Number Cancelled by provider		Total	31	42	49	54	43	57	46	37	45	57	43		
Total															

**Figure 15 IAPT Waiting Time KPIs**

Indicator	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Year To Date
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		94	83	92	116	83	99	90	115	81	98	96	1047
Denominator		96	84	95	127	85	104	93	117	83	101	98	1083
%		97.9%	98.8%	96.8%	91.3%	97.6%	95.2%	96.8%	98.3%	97.6%	97.0%	98.0%	96.7%
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		96	84	95	127	85	104	93	117	83	101	97	1082
Denominator		96	84	95	127	85	104	93	117	83	101	98	1083
%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.0%	99.9%

## 8. Community Health

### Liverpool Community Health Services (by exception)

Community Equipment: Community Equipment: An increase in demand is attributed to a number of factors: Staffing resources in the warehouse, availability of delivery slots, and operational issues. Additional funding has been agreed by the commissioners to be split proportionally across both CCGs and this is documented in the FIG work plan. NHS South Sefton CCG has agreed to fund £41,250 non-recurrently 2015/16 for the provision of Community Equipment Store.

A number of actions have also been identified for this service

- Trust to provide a detailed overview of current waiting list. This has not been provided as yet and is being followed up
- Trust to consider providing training on prescribing equipment and budget allocation.

Community Cardiac/Heart Failure: A reduction in referrals is due to the change in the cardiac rehabilitation element of the service, which previously accounted for 25% of referrals. The reduction in out-patient activity is a direct consequence of the change in the cardiac rehabilitation contract arrangements. Patients are being triaged at Aintree and are not being received by the service. Discussions are on-going between the service lead and the commissioners in relation to the development of an alternative service specification as the changes to the pathway are not accounted for in the current plan. A greater proportion of these patients are seen at home rather than in clinic and this issue has been raised with both performance and the commissioning lead.

Diabetes specialist nurse: This service has experienced issues with staffing since January 2015 including sickness and two appointed staff members subsequently resigned shortly after starting employment. Both vacancies were re advertised as part of the recruitment process and to date one band 6 has now been recruited and started in October. The service is focusing on providing clinic based delivery to maximise efficiency and domiciliary activity is therefore reduced and the long term vacancy and long term sickness have also contributed to this.

Dietetics: The service has been affected by long term sickness and this has been covered by utilising resources from other parts of the service and the use of overtime. Resources are being used efficiently to target those in the most need. At month 11 one member of the team that had been on long term sick has now returned, however this is on a phased return basis. One vacant post has been out to recruitment three times and the next round of interviews are due to take place on the 18/3/2016. The new recruit may well be a new graduate and therefore will only start in post in the summer. In the meantime a locum has been appointed to cover.

Palliative Care: The staff are now working in localities and are more accessible for advice face to face. The service that make the most referrals are district nurses and referrals are more often made face to face and this has reduced the amount of paper referrals as issues are dealt with directly at source. This way of working has enabled the district nurse team to fully understand the role of the palliative care team. The team is also still carrying a band 6 secondment that remains unfilled until a start date has been agreed with the team that the staff member currently works with. The service performance has been affected by long term sickness and vacancies the staff training District Nurses, participating in joint visits and caseload reviews. The Palliative care programme is now part of the STEP (Supporting Transition & Education through Preceptorship) for all new staff, some of which at first do not understand the role of the service. The new locality working has resulted in fewer referrals as staff are communicating effectively with each other and are able to provide appropriate advice at that point in time for example within GP surgeries therefore reducing the level of inappropriate referrals. The service has also been affected by long term sickness in the team, however it had been anticipated that staffing levels would be back to full capacity by December 2015.

Physiotherapy: There has been an increase in referrals to the team and there is currently a locum working with the team to provide additional capacity. A business case has been presented to the commissioner to recruit extra staff at bands 4,5, and 6 and the trust have been asked to develop this proposal further. There has been an improvement in performance with the locum in place however this is a temporary improvement and could not be sustained without this cover. Both activity and referrals are above planned thresholds and this has impacted on the waiting times. The level of contacts has increased due to the service re-design and the additional support from locum and agency staff. A data recording issue was identified with a member of staff who delivers the MSK service that had experienced difficulty inputting onto Emis. This has now been addressed.

Treatment Rooms: At month 11 demand and activity continues to be up for this service and additional capacity has been created through the introduction of specific ear syringing clinics. The change in the delivery model has resulted in an increase in referrals from District Nurses. The trust will be monitoring this going forward. The service continues to ensure that the majority of (98%) patients receive an appointment within 2 weeks of referral in Sefton and this is above the target of 95%. There are patients who opt to have an appointment appropriate to them and that falls outside of the 2 weeks. This is also attributed by the service to patients who request to wait for an appointment at a particular clinic location. Additional capacity has been created through the GP practices in Sefton conducting ear syringing sessions and it is anticipated that this will reduce the number of patients accessing the treatment rooms.

There is an action from the contracts and clinical quality performance group for the trust to provide analysis around the ratio of contacts to referrals. This was provided last year and can be calculated from the activity provided in the monthly reports. The ratio 2015/16 shows an upward trend in the ratio of contacts to referrals.

Intravenous Therapy (IV)- The continued over performance in year is due to an increase in long term antibiotic referrals, increased demand from secondary care along with cellulitis referrals from GPs. The trust is utilising staff from other localities along with staff working extra hours to

deal with the demand. IV patients are seen within 72 hours with cellulitis patients seen the same day as long as the referral is received before 3pm. The team continues to hand over non – complex patients to district nurses when capacity allows within the team .The IV team are training district nurses with monthly theory sessions ,planned assessments and bespoke sessions. Previously there has been an issue with staff not inputting activity to EMIS which made its look like demand is much higher than activity. The service has worked towards correcting this and continues to ensure that staff recognises the importance of capturing all activity.

Speech and Language Therapy (SALT) Adult and Children-The team is not able to meet the continued increased numbers of referrals and demand for SALT assessments and the trust is in the process of reviewing the core offer. There are planned discussions with the education authority with regards to the service provided to special educational settings and resourced units. The service states that additional funding needs to be sought outside of the block contract to enable the current staff to manage the high numbers of children waiting for support and assessment. A business case has been provided and this is to be discussed by Clinical Leads and processed by the CCG funding approval process. The trust submitted a business case for waiting list initiative funding and this has not been approved. The commissioner has asked for this to be reviewed to clearly demonstrate cost savings for the CCG.

Walk in Centre - The trust is continuing to work towards achieving the stretch target of all patients seen within 2 hours. There is increased demand for the service and the service is monitoring the attendances and providing the capacity by the use of overtime and agency staff to ensure patient safety.

Virtual Ward - The trust had agreed to uplift service plans accordingly for services that deliver the virtual ward model and this is part of the 16/17 activity plan development baseline. 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 were then to be reflected in the monthly reports going forward however this has not happened. The FIG work plan documents that the trust are awaiting guidance from the CCG. Update on progress is still awaited. The development of the activity plan has been picked up as part of contract re-negotiation for 2016/17 and these uplifts will be documented against the relevant services for audit purposes.

Wheelchairs: Following on from the review of the service specification waiting times will be reported separately for urgent and routine referrals going forward with targets of 4 and 12 weeks respectively. A new administration system is in place to release clinicians and allow them to undertake more clinical work. A new forecast is in position that the service will achieve all KPIs by February 2016. Additional capacity will also be released in February when then new staff are signed off for their competencies. A separate briefing paper was submitted to the Strategy & Performance Committee in January 2016. In the trusts January board report it was reported that a detailed deep dive is due to take place in January of the wheelchair service. An integrated performance report submitted to the Quality Committee in December 2015 on the issues being experienced around accessing specialist equipment for children highlighted the broader agenda around specialist schools. This meeting had been arranged with head teachers of special schools in order to discuss these issues. A report was to be submitted to the Quality Committee in December 2015. The Board is to be updated on this action in January 2016.Awaiting update.

Delayed Transfer of Care (DToC) / Intermediate Care (Ward 35): Although increased in February, the delays remain above target in Sefton. The percentage of bed days occupied by delayed transfers of care in Sefton during February 2016 was 17.4% which is an increase compared to the previous month. This is above the TDA target of 7.5%. The 2 main causes of delay in Sefton was “patient (or family) choice and “awaiting care package. Currently delays in packages of care are reducing LCHs response to the wider whole system pressures in

emergency care and the delays are significant in LCH Bed Base, Community Emergency Response Team and Frailty.

Podiatry: The service are still reporting that there are staffing shortages and a difficulty in recruiting permanent ,temporary and locum staff despite repeated rounds of recruitment. This is affecting the performance contact wise of this service.

Phlebotomy: Both clinic and domiciliary activity is above planned levels with the service reporting increased levels of referrals. The trust are utilising all clinics along with bank and agency staff together with overtime to keep pace and support permanent staff. The trust has been asked to provide further information in relation to where these referrals are coming from. The service is reviewing the demand compared to capacity.

## **Liverpool Community Health Waiting Times**

Paediatric Speech and Language Therapy: The current waiting time for Paediatric Speech and Language Therapy is reported is in excess of 18 weeks at 31 weeks for NHS South Sefton CCG. This is an increase in length of wait on previous months.

Adult speech and language therapy: The waiting times remain significantly above target in Sefton due to demand and capacity being significantly out of balance. A full validation of the waiting list was due to be completed in Sefton by January 2016. The current waiting time remains at 36 weeks .The service has now recruited to full establishment and this is expected to ensure that waiting times will reduce. Additional staff have been agreed in the interim to address waiting times issues across the Adult AHP services with business cases prepared for commissioners consideration. The approach to the management of waiting times is moving forward and a new clinical project lead has commenced in post and the project team (consisting of clinician's admin staff , analysts and comms) commenced in post from 22/2/2016 to develop a centralised waiting list management office.

For this financial year 2015-16, CSU has asked (via email Tue 19/05/2015) LCH to give an indication of which waiting times will be reported during the current month, a month behind or not at all. LCH has not responded.

Wheelchairs: The service is now fully staffed to its full establishment however in previous months vacancies had caused a reduction in capacity .The 12 week waiting target for routine referrals id now being achieved. Although the wait for urgent referrals has reduced significantly it still remains above the 4 week target due to a small number of patients. All of these patients are due to be seen by md March and the service therefore expects to achieve both wait targets by March 2016. The service is over performing and has submitted a new business case to the commissioner.

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

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



Waiting time Information was discussed at the Collaborative Commissioning Forum. The Trust advised that a Waiting List Management Task and Finish group has been established and trajectories are being developed to get waiting times back in target. The Co-ordinating Commissioner is to share these with GP Leads for further discussion and the Trust are considering the implications of adopting the proposals.

Further to the above LCH have adopted elements of the capacity and demand model in order to understand if demand is a contributing factor to increasing wait times. This tool has been developed following consultation with the intensive support team and has been clinically led by North locality clinical lead. It has led to trajectories for improvement, and operational plans to drive improvements in wait times and a centralised waiting list management office.

### **Any Qualified Provider**

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

### **Patient Identifiable Data**

The Trusts Caldicott guardian had 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 a reversal of this approach is being implemented starting with the trust raising patient awareness around the use of patient identifiable data and have introduced an opt out process. This means that patients can opt out from having identifiable electronic information flowed related to them. It was agreed that the trust would forward a copy of the letter prepared by the Caldicott guardian about what the trust plans to do at the last LCH finance and information group meeting. The letter that was sent out was in reference to the Liverpool CCG walk in centres. At present there is building work taking place at Litherland and it has not been possible to display the relevant information to patients in relation to information sharing. Once the refurbishment is complete and the literature is available this process will commence and patient identifiable WIC data will flow as part of the SUS submissions

### **Quality Overview**

Liverpool Community Health is subject to enhanced surveillance. Work streams have been identified by the Collaborative Forum (CF) including Culture, Governance, Safety and Workforce, each area has an identified clinical and managerial lead from the CCG and the Trust, each work stream reports directly into the joint CQPG and CF. The CQC re-inspected the Trust w/c 1<sup>st</sup> February, initial feedback from the Trust at the joint CQPG meeting in March was positive, particularly regarding culture and staff feedback – it is anticipated the rating will remain 'Needs Improvement' with elements of 'Good'.

### Delayed Transfers of Care

The Trust are working closely with the Local Authority to review delayed transfers of care, discussions are taking place through the SRG.

Liverpool Community Health is subject to enhanced surveillance. Work streams have been identified by the Collaborative Forum (CF) including Culture, Governance, Safety and Workforce, each area has an identified clinical and managerial lead from the CCG and the Trust, each work stream reports directly into the joint CQPG and CF. The CQC re-inspected the Trust w/c 1<sup>st</sup> February, the Trust are still awaiting formal feedback.

### SALT Waiting Times

The CCG continues to experience long waits for both paediatric and adult SALT, this has been raised at CQPG and Contract meetings, the Trust has been asked to resubmit a business case regarding SALT this will be reviewed by the CCG clinical leads. The Trust has also been asked to provide monthly progress reports and recovery plans for CCG assurance regarding patient safety.

#### Serious Incidents / Pressure Ulcers

Key areas of risk identified continue to be pressure ulcers, where the collaborative workshop has taken place alongside the trust and Liverpool CCG. The workshop has developed a composite action plan to address the 8 identified themes. The Trust alongside both Liverpool and South Sefton CCG have confirmed their attendance at the NHSE Pressure Ulcer action plan development session, where the composite action plan will be share.

LCCG are leading on this piece of work with LCH although SS CCG are an active member of this group. This approach is in line with the RASCI model

#### **Southport and Ormskirk Hospitals NHS Trust**

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

## **9. Third Sector Contracts**

Senior CCG Management updated the Contracting Team in regard to Third Sector contracts, all commissioned services are currently under review as part of the CCG Value for Money exercise. All providers have now been informed that if they are affected by change as a result of these reviews, further discussion will take place and applicable notice periods will be applied if services are to be de-commissioned.

NHS Standard Contracts and Grant agreements have been put in place for most providers and reference to the above has been made within the Contract Term for each. These contracts and Grants continue to be for a maximum of 12 months until reviews have taken place.

IG Toolkit Compliancy Assessments (V13) are now complete for all providers for 2015-16. Once the new assessment is released at the end of May, work will commence to update for 2016-17 (v14).

## 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			
<b>IPM</b>							
<b>Treating and caring for people in a safe environment and protecting them from avoidable harm</b>							
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	15/16 - February	50	48	↑	There were 7 new cases reported in February 2016, year to date there have been 48 cases against a plan of 50. Of the 48 cases reported in year to date 40 have been aligned to Aintree Hospital, 6 to the Royal Liverpool Broadgreen Hospital, 1 to Walton and 1 to Southport & Ormskirk (24 apportioned to acute trust and 24 apportioned to community).		
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	15/16 - February	42	48 (25 following appeal)	↑	There were 6 new cases have been reported in February. Year to date there have been 48 cases against a plan of 42, the year to date plan is 46.	<p>Several wards experienced increased incidence of CDT during January and February 2016. Key IPC messages continue to be reinforced corporately and within the divisions</p> <ul style="list-style-type: none"> <li>• The IPC matron attends the matron safety huddle daily to update the matrons</li> <li>• The Assistant DIPC and IPC Matron have visited all wards with an increase burden and have encouraged discussing the increase burden on the safety huddles.</li> <li>• Multidisciplinary IPC sweeps continue after every case of CDI.</li> <li>• A review of the antibiotic ward rounds is being undertaken in order to further improve clinical engagement and education regarding antibiotic prescribing</li> <li>• The daily side room plan risk assesses patients in isolation and continues to be of benefit to the bed managers.</li> <li>• The use of fidaxomicin for patients with moderate to severe CDI.</li> </ul> <p>A appeals panel met on 14th April, 7 cases were submitted, all were upheld. Taking into account 15/16 appeals YTD, the Trust is below trajectory.</p>	

Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	15/16 - February	0	3	↔	There were no new cases reported in February of MRSA for the CCG. Year to date there has now been 3 cases attributed to the CCG against a zero tolerance target.	The first case was reported in September 2015, the PIR was chaired by the South Sefton CCG Chief Nurse, the RCA was reviewed and chronology discussed, a decision was made to attribute the case to the CCG instead of Aintree as it was felt the CCG was the best placed to ensure lessons are learned. The second case was reported in November 2015 and was also attributed to the CCG, the third case reported in December 2015, the PIR attributed the case to Aintree Hospital. The CCG has been informed that another case of MRSA has been reported in March 2016, this is likely to be attributed to Aintree.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	15/16 - February	0	1	↔	No new cases reported in February, there was 1 case in December. Initially there has been one case reported at Aintree in August, however following local Post Infection Review (PIR) the case originally attributed to Aintree has now been attributed to the CCG.	The CCG was informed on 16/12/15 that a possible MRSA had been reported by Aintree Hospital, a PIR was held on 04/01/16 and the case was attributed to Aintree Hospital. The CCG has been informed that a second case of MRSA has been reported in March 2016, this is likely to be attributed to the Trust.
<b>Mixed Sex Accommodation Breaches</b>						
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	15/16 - February	0.00	0.20	↔	In February the CCG had 1 mixed sex accommodation breach (5 year to date) which is above the target and as such are reporting red for this indicator. The breach occurred in Liverpool Heart & Chest, this is the fourth month in a row the Trust has reported a breach. The fifth breach was reported at Southport & Ormskirk in September.	The CCG is working with colleagues from LCCG to review the Root Cause Analysis (RCAs) from Liverpool Heart & Chest Hospital and Southport & Ormskirk Trust.
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	15/16 - February	0.00	0.00	↔		
<b>Enhancing quality of life for people with long term conditions</b>						
Patient experience of primary care i) GP Services	Jan-Mar 15 and Jul-Sept 15		6.64%	↓	Percentage of respondents reporting poor patient experience of primary care in GP Services. This was a decrease from the previous period which recorded 7.64%.	
Patient experience of primary care ii) GP Out of Hours services	Jul-Sept 15		10.05%		Percentage of respondents reporting confidence and trust in person/people seen or spoken to at the GP Out of Hours Service. Due to slight alteration to the question on out of hours, the results are based on Jul-Sept 15 only.	

Patient experience of primary care i) GP Services ii) GP Out of Hours services (Combined)	Jan-Mar 15 and Jul-Sept 15	6%	6.91%	↓	The CCG reported a percentage of negative responses above the 6% threshold, this being a decrease from last survey which reported 7.63%.	Detailed practice level data has been shared with primary care, quality and communications colleagues for discussion and actions at the appropriate committees.
Emergency Admissions Composite Indicator(Cumulative)	15/16 - February	2169.81	2,390.52	↑	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 88 more admissions than the same period last year.	Unplanned care leads continue to monitor these indicators closely. Pathway changes at Aintree have not have been reflected in the planned targets as the targets were set in 2013 when the 5 year strategic plans were set. Aintree implemented pathway changes in October 2014 which has led to a higher number of admissions than originally planned for.
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative)	15/16 - February	285.18	189.09	↓	This measure now has a plan which is based on the same period previous year. The CCG is under the monthly plan and the decrease in actual admissions is 31 less than the same period last year.	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	15/16 - February	1059.7	1,087.99	↑	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 44 more than the same period last year.	
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	15/16 - February	216.99	170.49	↓	This measure now has a plan which is based on the same period previous year. The CCG is under the monthly plan and the decrease in actual admissions being 15 less that same period last year.	
Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)	15/16 - February	1231.66	1,269.66	↑	This measure now has a plan which is based on the same period previous year. The CCG is over plan, actual admissions is 59 more than the same period last year.	
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	15/16 - February	No Plan	14.81	↓	The emergency readmission rate for the CCG is lower than previous month (16.82) and also lower than the same period last year (18.69).	

Helping people to recover from episodes of ill health or following injury					
Patient reported outcomes measures for elective procedures: Groin hernia	Apr 14 - Mar 15 (Prov data)	0.0697	0.083	Provisional data (Published Feb 2016)	Provisional data shows the CCG achieved 0.083 which is lower than the previous years rate of 0.107 (2013/14) and lower than that of the England average 0.084. But above the plan of 0.0697.
Patient reported outcomes measures for elective procedures: Hip replacement	Apr 14 - Mar 15 (Prov data)	0.430	0.408	Provisional data (Published Feb 2016)	Provisional data shows the CCG has declined on the previous years rate of 0.446 in 2013/14 and are reporting 0.408, they are also achieving a score lower than the England average 0.437, and the plan of 0.430.
Patient reported outcomes measures for elective procedures: Knee replacement	Apr 14 - Mar 15 (Prov data)	0.341	0.294	Provisional data (Published Feb 2016)	Provisional data shows the CCG's rate has declined from previous year rate of 0.313 in 2013/14 recording a rate of 0.294 and is under the England average 0.315 and yearly plan.
% who had a stroke & spend at least 90% of their time on a stroke unit (CCG)	15/16 - February	80%	43.75%	↓	The CCG have failed to achieve the 80% target in February, only 7 patients out of 16 spending at least 90% of their time on a stroke unit.
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	15/16 - February	80%	51.20%	↓	Aintree have failed to achieve the target in February only 22 patients out of 43 spending at least 90% of their time on a stroke unit.  Stroke performance deteriorated to 51.2% (-19.8%). 43 patients were admitted to the Trust with a diagnosis of Stroke during February 2016 of which 22 spent at least 90% of their time on the stroke unit. • Of the 21 patients who failed the standard: - 13 patients were identified as requiring direct admission to the Stroke Unit on admission but no stroke bed was available and medical outliers were occupying stroke beds. - 1 patient was not referred to the stroke team. - 1 patient was palliative, kept comfortable and died on Ward 31 - 3 patients were not referred to the stroke team until after an MRI scan diagnosed a Stroke - 2 patients were seen by the stroke team on arrival but not accepted until after the MRI result. Both patients were not felt to be a stroke with atypical presentation - 1 patient arrived at 22.37. The Stroke Nurse Clinician went to AED to see the patient at 22.58 but there was no available assessment capacity to examine the patient. A further review took place at 09.10 and a CT scan ordered. The patient was not seen by a doctor until 23hrs after arrival. A diagnosis of Stroke was made but there was no stroke bed available. It is noted that the Trust overall SSNAP score for October 2015 to December 2015 has been maintained at B.

% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (CCG)	15/16 - February	60%	100%	↔		
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	15/16 - February	60%	100%	↔		
<b>Mental health</b>						
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) (CCG)	15/16 - Qtr3	95%	100.00%	↑		
IAPT Access - Roll Out	15/16 - Qtr3	3.75%	2.89%	↑	The CCG are under plan for Q3 for IAPT Roll Out, this equates to 703 patients having entered into treatment out of a population of 24298 (Psychiatric Morbidity Survey).	See section 7 of main report for commentary.
IAPT Access - Roll Out	15/16 - February	1.25%	1.10%	↓	The CCG are under plan in February for IAPT Roll Out, out of a population of 24298, 262 patients have entered into treatment. There has been a decrease from last month when 1.40% was reported.	See section 7 of main report for commentary.
IAPT - Recovery Rate	15/16 - Qtr3	50%	46.40%	↓	The CCG are under plan for recovery rate reaching 46.4% in Q3. This equates to 160 patients who have moved to recovery out of 368 who have completed treatment.	See section 7 of main report for commentary.
IAPT - Recovery Rate	15/16 - February	50%	46.40%	↑	The CCG are under plan for recovery rate reaching 46.4% in February. This equates to 52 patients who have moved to recovery out of 112 who have completed treatment. This is an increase from last month when 32.5% was reported.	See section 7 of main report for commentary.
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 - Qtr3	75%	95.40%	↑	February data shows 99.1%, an increase from January when 93.5% was recorded.	
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 - Qtr3	95%	99.70%	↑	February data shows 100%, a slight increase from January when 99.2% was recorded.	

Preventing people from dying prematurely						
Under 75 mortality rate from cancer	2014		152.20	↓	Under 75 mortality rate from Cancer has dropped from 158.7 in 2013 to 152.20 in 2014.	
Under 75 mortality rate from cardiovascular disease	2014		72.90	↑	Under 75 mortality rate from cardiovascular disease increased slightly from 72.60 in 2013 to 72.90 in 2014.	
Under 75 mortality rate from liver disease	2014		29.10	↑	Under 75 mortality rate from liver disease has increased from 22.6 in 2013 to 29.1 in 2014.	
Under 75 mortality rate from respiratory disease	2014		40.50	↑	Under 75 mortality rate from respiratory disease increased from 38.0 in 2013 to 40.50 in 2014.	
Rate of potential years of life lost (PYLL) from causes considered amenable to healthcare (Person)	2014	2,022.6	2,660.6	↓	South Sefton achieved a rate of 2660.6 in 2014 which has failed against the plan of 2022.6. For 2014 the rate for Males was 2981.1, a increase from the previous year (2669.2). Females had a decrease with a rate of 2349.2 compared with 2517.7 in 2013.	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 - February	93%	96.42%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	15/16 - February	93%	96.09%	↔		
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 - February	93%	94.30%	↔		
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 - February	93%	95.09%	↔		



Cancer waits – 31 days					
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	15/16 - February	96%	98.22%	↔	
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	15/16 - February	96%	99.02%	↔	
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	15/16 - February	94%	96.50%	↔	
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	15/16 - February	94%	100.00%	↔	
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	15/16 - February	94%	95.79%	↔	
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	15/16 - February	94%	98.81%	↔	
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	15/16 - February	98%	99.14%	↔	
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	15/16 - February	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 - February	85% local target	85.94%	↓	
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (Aintree)	15/16 - February	85% local target	87.02%	↓	

Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(CCG)</b>	15/16 - February	90%	92.68%	↑		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(Aintree)</b>	15/16 - February	90%	95.00%	↔		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(CCG)</b>	15/16 - February	85%	84.84%	↓	The CCG have narrowly failed the target year to date reaching 84.84%. In February they achieved 80% there were 5 patient breaches out of a total of 25 patients.	
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(Aintree)</b>	15/16 - February	85%	85.44%	↔		
<b>Referral To Treatment waiting times for non-urgent consultant-led treatment</b>						
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) <b>(CCG)</b>	15/16 - February	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) <b>(Aintree)</b>	15/16 - February	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways <b>(CCG)</b>	15/16 - February	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways <b>(Aintree)</b>	15/16 - February	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. <b>(CCG)</b>	15/16 - February	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. <b>(Aintree)</b>	15/16 - February	0	0	↔		

Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% <b>(CCG)</b>	15/16 - February	90%	91.95%	↑		No longer a national performance target but continue to monitor locally
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% <b>(Aintree)</b>	15/16 - February	90%	90.71%	↓		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% <b>(CCG)</b>	15/16 - February	95%	95.70%	↔		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% <b>(Aintree)</b>	15/16 - February	95%	95.89%	↔		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% <b>(CCG)</b>	15/16 - February	92%	95.44%	↔		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% <b>(Aintree)</b>	15/16 - February	92%	94.49%	↔		
<b>A&amp;E waits</b>						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(CCG) All Types</b>	15/16 - February	95.00%	94.62%	↓	The CCG have failed the target in February reaching 88.62% and are just under year to date reaching 94.62%. In February 778 attendances out of 6835 were not admitted, transferred or discharged within 4 hours.	

Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	15/16 - February	95.00%	82.82%	↔	The CCG have failed the target in February reaching 77.19%, and year to date reaching 82.22%. In February 772 attendances out of 3385 were not admitted, transferred or discharged within 4 hours	<p>During February 2016 there were 13119 Type 1 and Type 3 attendances with 1549 breaches which equates to combined performance of 88.19%. The following 5 key actions implemented in February 2016 remain a priority:</p> <ol style="list-style-type: none"> <li>1. Ensuring medically accepted GP patients go direct to AMU or AEC and delivery of a rapid assessment model in AMU.</li> <li>2. Delivery of ambulatory emergency care in the AEC Unit in Acute Medicine and the Observation Unit in A&amp;E.</li> <li>3. Ensure SAU and GPAU can accept all emergency surgical patients.</li> <li>4. Increase the number of patients seen by GP out of hours service (UC24) and relocation of the service to Room 1 in UCAT</li> <li>5. Use the support from the Utilisation Management Team and Tessa Walton, with additional support from senior managers for all areas, to improve patient flow via the implementation of the Emergency and Acute Care Plan.</li> </ol> <p>An action plan to reduce the numbers of medically optimised patients also remains in place. To ensure sustained improvement, the following actions remains in place:</p> <ul style="list-style-type: none"> <li>• Full utilisation of the step down facility, Aintree 2 Home, and Aintree @ Home, including for Discharge to Assess.</li> <li>• Implementation of the mobilisation plan for the transfer of the Discharge Planning Team to be community based.</li> <li>• Evaluating alternative models to support reducing delays for medically optimised patients, including the provision of a second step down facility within the Trust.</li> <li>• Weekly MADEs and implementation of actions from Safer Start/MADE.</li> </ul>
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) All Types	15/16 - February	95.00%	91.01%	↔	Aintree have failed the target in February reaching 88.19%, and year to date reaching 91.01%. In February 1549 attendances out of 13119 were not admitted, transferred or discharged within 4 hours. This is the eighth month the trust have not achieved the target in 2015/16	
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	15/16 - February	95.00%	83.56%	↓	Aintree have failed the target in February reaching 76.87%, and year to date reaching 82.95%. In February 1549 attendances out of 6698 were not admitted, transferred or discharged within 4 hours.	

Diagnostic test waiting times						
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	15/16 - February	1.00%	1.65%	↕ ↔	The CCG had 41 patients, out of 2287 waiting over 6 weeks for a diagnostic test in February, this is the third month in a row the target has been failed. Of the 41, 32 were for non-obstetric ultrasound.	The majority of breaches at Aintree, please see below for Trust narrative .
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	15/16 - February	1.00%	1.52%	↕ ↔	Aintree had 72 patients, out of 4752 waiting over 6 weeks for a diagnostic test in February, failing the target.	Performance reported as 1.50% of patients waiting in excess of 6 weeks for their diagnostic test (24 patients above threshold) as a result of 59 patients waiting >6 weeks for MSK USS, 3 patients waiting over 6 weeks for a flexible sigmoidoscopy and 9 patients waiting 6+ weeks for a Gastroscopy. Radiology are working with T&O to manage the demand into MSK USS and plans are in place to employ radiologists on zero hours contracts, to undertake ad hoc work, until vacant positions are filled in August 2016. Weekly Performance Meeting – Highlighting issues and putting action plans into place to improve current position in MRI, CT and MSK USS. Additional actions include: <ul style="list-style-type: none"> <li>Reviewed sessions with Radiologist in attempt to increase the number of sessions available for Ultrasound MSK injections.</li> <li>Increased Sonographer sessions for non-injection MSK to ensure those Radiologists with the necessary skills are undertaking sessions for injections only.</li> </ul> Endoscopy are maintaining levels of activity despite a number of vacancies - Recruitment is ongoing and additional sessions are taking place each Saturday to replace those that cannot run in the week due to staffing constraints (vacancies and sickness). Endoscopy also had 2 patient choice issues (Cancellation/DNA) in Flexible sigmoidoscopy and 4 patient choice issues in Gastroscopy.
Category A ambulance calls						
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	15/16 - February	75%	78.01%	↔		The onset of winter has seen the whole of the urgent care system coming under pressure due to high levels of demand. Overall demand in February for NWAS was 12.5% higher than planned for and 9.2% for South Sefton CCG. For the most time critical response times (Red) was 17.6% higher than plan for NWAS as a whole and 15.1% higher than plan for South Sefton. The average turnaround times at Aintree Hospital February was the same as January at over 41 minutes on average.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	15/16 - February	75%	70.05%	↓	The CCG failed to achieve the 75% year to date or in month (Feb) recording 57.5%. Out of 885 incidents there were 376 breaches.	
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	15/16 - February	95%	94.75%	↓	The CCG has narrowly failed the 95% year to date target reaching 94.75%, also failing in month (Feb) 83.10%, out of 932 incidents there were 158 breaches.	
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	15/16 - February	75%	75.56%	↓		
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	15/16 - February	75%	71.57%	↓	NWAS failed to achieve the 75% year to date or in month (Feb) recording 61.06%.	
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	15/16 - February	95%	93.19%	↔	NWAS failed to achieve the 95% year to date or in month (Feb) recording 88.08%.	
Local Indicator						
Access to community mental health services by people from Black and Minority Ethnic (BME) groups (Rate per 100,000 population)	2014/15	2400	2451.5	↑	The latest data shows access to community mental health services by people from BME groups is over the CCG plan. This is also improvement on the previous year when the CCG rate was 2309.0.	CCG and CSU colleagues are working to obtain an updated position from local data.

## 10.2 Friends and Family – Aintree University Hospital NHS Foundation Trust

Figure 16 Friends and Family – Aintree University Hospital NHS Foundation Trust

Clinical Area	Response Rate (RR) Target	RR Actual (Feb 2016)	RR - Trajectory From Previous Month (Jan 16)	Percentage Recommended (Eng. Average)	Percentage Recommended (Feb 2016)	PR - Trajectory From Previous Month (Jan 2016)	Percentage Not Recommended (Eng. Average)	Percentage Not Recommended (Feb 2016)	PNR - Trajectory From Previous Month (Jan 16)
Inpatients	25%	45.8%	↓	96.0%	96%	↓	2.0%	3%	↑
A&E	15%	26.0%	↑	85.0%	87%	↑	8%	8%	↓

ORGANISATION	Org level	INPATIENT FFT FEBRUARY 2015-16				A&E FFT FEBRUARY 2015-16			
		% Not recommend	Trend (twelve months to FEBRUARY 2015-16)	Total Not recommend	Response Rate*	% Not Recommend	Trend (twelve months to FEBRUARY 2015-16)	Response Rate*	
<b>NORTH OF ENGLAND REGION</b>	Region	1.5%		1,033	24.9%	7.7%		12.9%	
North (Yorkshire and Humber)	Region	1.3%		341	27.4%	7.7%		13.0%	
North (Lancashire and Greater Manchester)	Region	2.0%		378	29.4%	9.5%		16.9%	
North (Cumbria and North East)	Region	1.0%		122	17.9%	3.6%		9.5%	
North (Cheshire and Merseyside)	Region	1.7%		192	23.9%	8.8%		11.3%	
Aintree University Hospital NHS FT	Trust	2.6%		41	45.8%	7.5%		26.0%	

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 way in excess of the regional and national response rates. This is for both inpatients and A&E, as outlined above.

For Inpatient services, the percentage of people who would recommend that service is in line with the England average and has decreased marginally compared to the previous month (Feb 2016). The percentage of people who would not recommend the inpatient service is slightly above the England average.

The percentage of people that would recommend A&E has risen since February, and is above the England average. The percentage of people who would not recommend the A&E is in line with the England average.

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

experience is viewed as important as clinical effectiveness and safety in making up quality services.

Aintree are coming to EPEG in May 2016 to give an update on the continued patient experience work the trust are doing and the group look forward to this presentation.

### **10.3 Serious Untoward Incidents (SUIs)**

The Programme manager for Quality and Safety meets on a monthly basis with the Aintree Hospital to discuss all open serious incidents and their progression. The CCG hold regular internal SI meetings, where submitted reports are reviewed and assurance gained to enable closure of incidents.

Both the CQPG and the CCG Quality Committee have sight of both the serious incidents that involve South Sefton CCG patients, irrespective of the location of the incident, and also those serious incidents that occur in Aintree Hospital, irrespective of the CCG of the patient.

The data that feeds the monthly SI report is currently being cleansed so that the reports for 16/17 are of greater accuracy. The CCG is also exploring a number of different databases in order to be able to record data better and thus generate more meaningful reports to give greater assurance.

## **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**

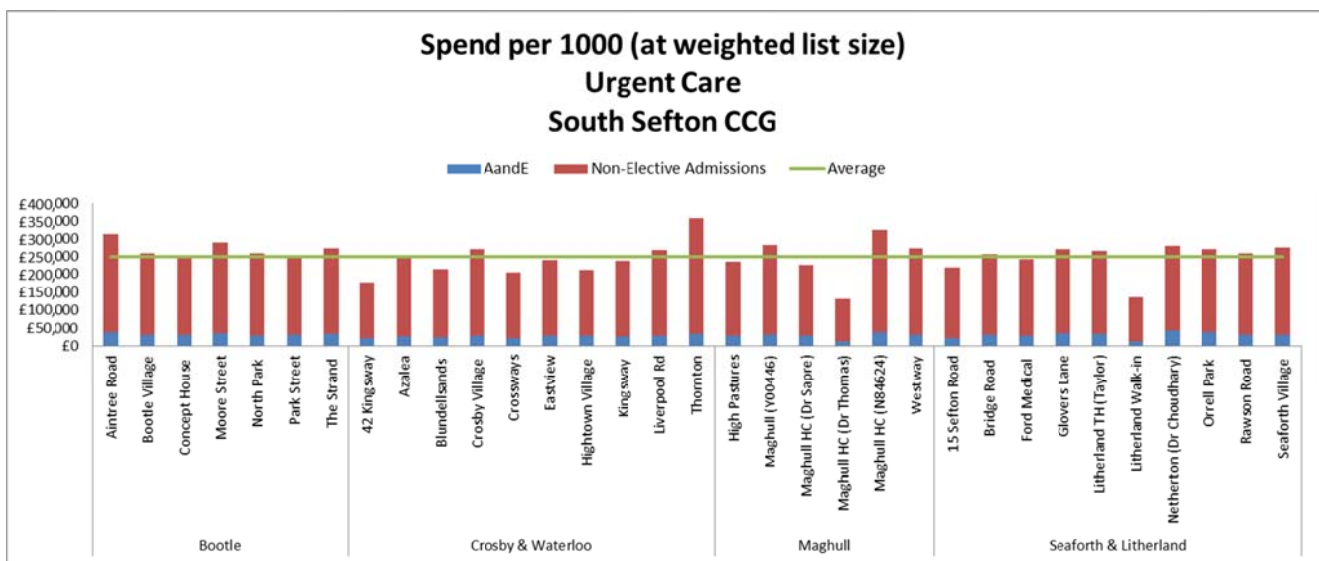
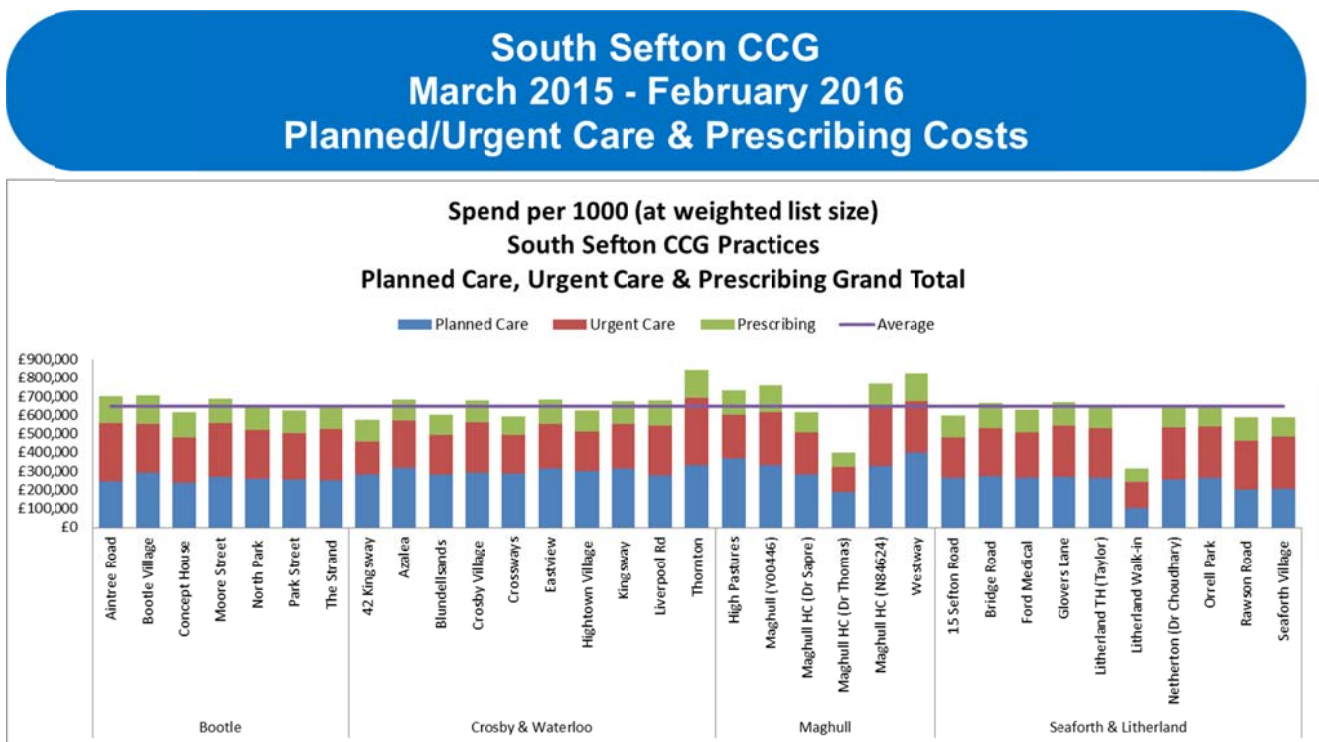
The data is presented for all practices, grouped to locality level and RAG rated to illustrate easily variation from the CCG average, where green is better than CCG average by 10% or more, and red is worse than CCG average. Amber is defined as better than CCG average but within 10%. Data is refreshed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

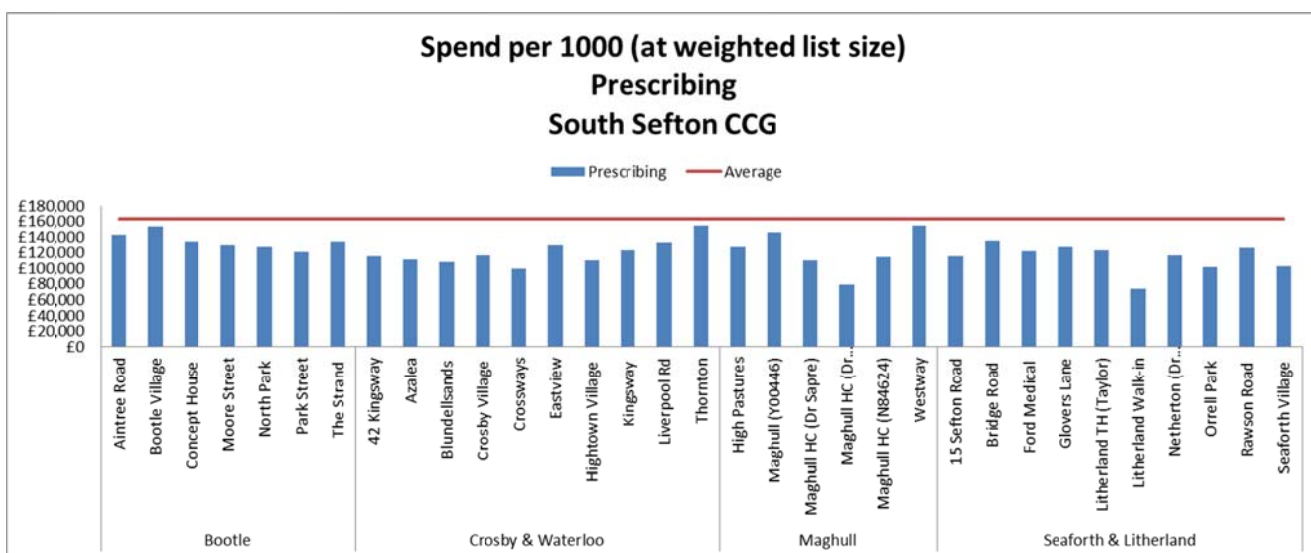
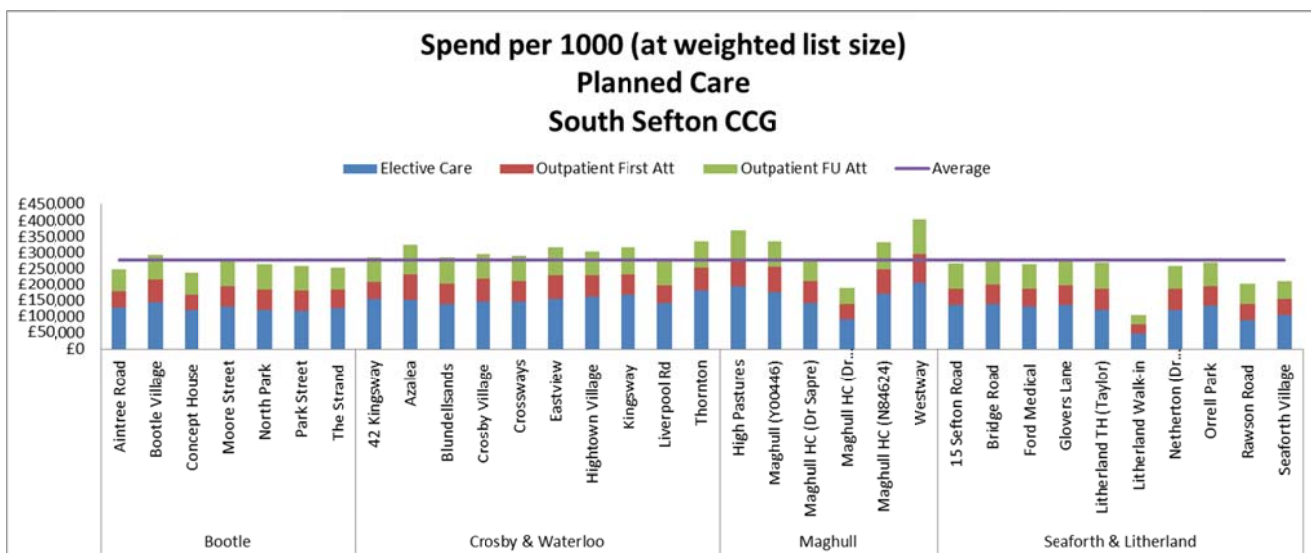
### 11.4 Summary of performance

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 17 Summary of Primary Care Dashboard – Finance







## 11.5 CQC Inspections

A number of practices in South Sefton CCG have been visited by the Care Quality Commission in 2015/16. CQC publish all inspection reports on their website. There have been further inspection results published in February and March, for Westway (Dr SS Sapre & Partners), and Aintree Rd Medical Centre (Dr SS Sapre & Partners):

Dr SS Sapre and Partners **Requires improvement** (5.5 mil)



Westway, Maghull, Liverpool, L31 0DJ  
(0151) 520 2487  
Provided by: Dr Sunil Sapre

**CQC inspection area ratings**

(Latest report published on 31 March 2016)

Safe	Requires improvement	●
Effective	Requires improvement	●
Caring	Good	●
Responsive	Good	●
Well-led	Requires improvement	●

**CQC Inspections and ratings of specific services**

(Latest report published on 31 March 2016)

Older people	Requires improvement	●
People with long term conditions	Requires improvement	●
Families, children and young people	Requires improvement	●
Working age people (including those recently retired and students)	Requires improvement	●
People whose circumstances may make them vulnerable	Requires improvement	●
People experiencing poor mental health (including people with dementia)	Requires improvement	●

## Dr SS Sapre and Partners Requires improvement (1.2 mile)



Aintree Road Medical Centre, 1B Aintree Road, Bootle,  
Liverpool, L20 9DL  
(0151) 922 1768  
Provided by: Dr Sunil Sapre

### CQC inspection area ratings

(Latest report published on 11 February 2016)

Safe	Requires improvement	●
Effective	Requires improvement	●
Caring	Good	●
Responsive	Good	●
Well-led	Requires improvement	●

### CQC Inspections and ratings of specific services

(Latest report published on 11 February 2016)

Older people	Requires improvement	●
People with long term conditions	Requires improvement	●
Families, children and young people	Requires improvement	●
Working age people (including those recently retired and students)	Requires improvement	●
People whose circumstances may make them vulnerable	Requires improvement	●
People experiencing poor mental health (including people with dementia)	Requires improvement	●

## 12. NHS England Activity Monitoring

Figure 18 NHS England Activity Monitoring

Source	Referrals (G&A)	Month 11 YTD PLAN	Month 11 YTD ACTUAL	Month 11 YTD Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
	<b>Referrals (G&amp;A)</b>				
MAR	GP	33147	36567	10.3%	Please see previous months report detailing issues with GP hotline at Aintree. Local figures report a much lower variance but with increases above the 3% threshold.
MAR	Other	19694	22792	15.7%	Please see previous months report detailing issues. Local referral data for the CCG suggests a much lower increase within the 3% threshold.
MAR	Total	52841	59359	12.3%	As above. Overall increase much less than plan v actual shows when looking at local referral data flows.
	<b>Outpatient attendances (G&amp;A)</b>				
SUS	All 1st OP	56116	56053	-0.1%	
SUS	Follow-up	140886	146881	4.3%	Please see previous report detailing the problems with the plans (based on MAR) against the actuals (based on SUS). Actual activity when comparing Apr-Feb 14/15 with the same period in 15/16 shows a variance of 1.3%, within the 3% threshold.
SUS	Total OP attends	197002	202934	3.0%	As above.
SUS	Outpatient procedures (G&A) (included in attends)				
	<b>Admitted Patient Care (G&amp;A)</b>				
SUS	Elective Day case spells	20136	18047	-10.4%	As with previous months comments day case procedures have increased against last year. A higher than expected increase in February has seen the variance against last year increase to 7.4%.
SUS	Elective Ordinary spells	3327	3109	-6.6%	As noted in previous returns, plan v actual remains in line with the year to date comparison of last year to this year's activity levels.
SUS	Total Elective spells	23463	21156	-9.8%	Overall when comparing last year to the same period this year the increase is approx. 5%. This is due to increases in day case procedures, especially in Feb 16.
SUS	Non-elective spells complete	19354	18261	-5.6%	The closure of CDU within Aintree has had an impact on the NEL figures. An estimated increase was used to gauge the potential increase within the plan but a much lower impact has been felt. Increase from last year's activity to this years is approx. 5%, due to the CDU effect. Recent increases in Jan and Feb due to system changes at Aintree have also seen a higher than expected increase.
SUS	Total completed spells	42817	39417	-7.9%	As above.
	<b>Attendances at A&amp;E</b>				
SUS	Type 1				
SUS	All types	42384	45540	7.4%	As per the comments from previous months, the variance of actual activity from April to January 2014/15 compared with the same period this year shows a slight increase of less than 1%, within the 3% threshold.