

South Sefton Clinical Commissioning Group

Integrated Performance Report May 2016

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1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group (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)	Red	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	Green	Aintree
Cancer 62 Day Screening	Green	Aintree
Cancer 62 Day Consultant Upgrade	Green	Aintree
Diagnostic Test Waiting Time	Red	Aintree
HCAI - C.Diff	Green	Aintree
HCAI - MRSA	Green	Aintree
IAPT Access - Roll Out	Red	
IAPT - Recovery Rate	Red	
Mental Health Measure - CPA	Green	
Mixed Sex Accommodation	Green	Aintree
Patient Experience of Primary Care i) GP Services ii) Out of Hours (Combined)	Red	
RTT 18 Week Incomplete Pathway	Green	Aintree
RTT 52+ week waiters	Green	Aintree
Stroke 90% time on stroke unit		Aintree
Stroke who experience TIA		Aintree

Key information from this report

Financial position - The financial position as at 30th June 2016, before the application of reserves is a £0.363m underspend with a year end forecast of a £1.223m underspend. The main reason for the underspend being underperformance against acute contracts. The QIPP requirement to deliver the planned surplus of £2.450m for the financial year is £10.150m. QIPP delivered at the end of quarter 1 is £2.427m leaving a balance of £7.723m.

Referrals - GP referrals in South Sefton have increased in 2015/16 by 7% compared to 2014/15. GP referrals account for 49% of all referrals made to acute care providers. There are on average 3,315 referrals made by GPs per month. A proposal for a referral management scheme will be presented to the Clinical QIPP group in July and a consultant to consultant referral policy for Aintree Hospital is also in development.

A&E Performance – The CCG have failed the target in May reaching 88.34%. In May 954 attendances out of 8180 were not admitted, transferred or discharged within 4 hours. Aintree have failed the STP target of 91% in May reaching 86.88%. In May, 1790 attendances out of 13648 were not admitted, transferred or discharged within 4 hours. The Trust continues to experience a significant number of medically optimised patients remaining in an inpatient bed. An action plan to reduce the numbers of medically optimised patients also remains in place. This includes weekly MADEs and implementation of actions from Safer Start/MADE. The Trust is also undertaking rapid improvement events on delayed discharges in May, facilitated by NHSI.

Ambulance service – Year to date Red activity (R1+R2) for NWAS is 14.5% up on the equivalent period in 2015. Mersey (including Wirral) is 10.9% up and South Sefton CCG is 11.7% up at the end of May. Two national targets have been set for Red 1 and Red 2 activity which must receive a response at scene within 8 minutes in 75% of cases. Cumulative actual performance at May was 77.2% (Red 1) and 69.5% (Red 2) against the 75% target for South Sefton CCG.

NWAS continues to manage more incidents than planned through "Hear and Treat" and See and Treat", resulting in patients receiving appropriate treatment without an avoidable A&E attendance. Cumulative Hear & Treat activity is 85.8% more than the planned level of expected activity for South Sefton CCG.

Cancer Indicators – 62 Day Standard- Aintree failed the target for the second consecutive month of 2016/17, with an in month performance of 81.42% and a YTD performance of 83.12%. In May, there were an equivalent of 10.5 breaches out of a total of 56.5 patients. A review of RCA's illustrates that 3 patients were unfit to undergo planned treatment within 62 days, patient choice delayed 3 treatments, industrial action impacted upon 2 pathways and multiple diagnostics and transfer between tumour sites delayed treatment on 2 patient pathways.

Diagnostics – The CCG have just failed to remain below the threshold of <1%, reporting 1% of patients waiting 6 weeks or more. This equates to 26 breaches out of a total of 2,497 patients. June unvalidated information suggests the CCG is back within target.

Patient Safety Incidents – There have been 13 reported incidents involving South Sefton patients in June (26 year to date). 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 has of

May 2016 adopted a new database in order to be able to record data better and thus generate more meaningful reports to give greater assurance.

IAPT – Roll Out – South Sefton CCG are just under plan in May for IAPT Roll Out, out of a population of 24298, 295 patients have entered into treatment, reaching 1.21% against a monthly plan of 1.25%. **Recovery Rate** - The CCG are also under plan for recovery rate reaching 45.4% in May plan 50%. This equates to 64 patients who have moved to recovery out of 141 who have completed treatment. This is an increase on last month when 40.9% was reported.

Stroke - Aintree have failed to achieve the target in May reaching 45.95% against a plan of 80%, with only 17 patients out of 37 spending at least 90% of their time on a stroke unit. The number of patients discharged from the Trust with a diagnosis of stroke decreased to 37 (-4) and 17 of those spent at least 90% of their time on the stroke unit. Analysis of Stroke performance during May 2016 illustrates that unavailability of a stroke bed (12) and patients passing away within 24 hours of admission to the Trust (3) are the most frequently recorded reasons for patients not spending at least 90% of their stay on the Stroke Unit. Other identified delays relate to late referral to Stroke team (1), AEC direct admission referred late to Stroke but no bed available (1), treatment for AF prior to stroke referral (1) and referral to the Stroke Team post CT Scan (2). Recruitment to support the HASU is progressing.

2. Financial Position

2.1 Summary

The financial position at quarter 1 before the application of reserves is a £0.363m underspend with a year end forecast of a £1.223m underspend. The main reason for the underspend being underperformance against acute contracts

The forecast outturn position is a £2.450m surplus against a planned surplus of £2.450m. This is subject to delivery of the QIPP programme in 2016/17.

The QIPP requirement to deliver the planned surplus of £2.450m for the financial year is £10.150m. QIPP delivered at the end of quarter 1 is £2.427m leaving a balance of £7.723m

Figure 1 – Financial Dashboard

Key Performance Indicator		This Month	Prior Month
Business Rule (Forecast Outturn)	1% Surplus	✓	✓
	0.5% Contingency Reserve	✓	✓
	1% Non-Recurrent Headroom	✓	✓
Surplus	Financial Surplus / (Deficit)	£2.450m	£2.450m
QIPP	Unmet QIPP to be identified > 0	£7.723m	£10.150m
Running Costs (Forecast Outturn)	CCG running costs < CCG allocation 2016/17	✓	✓

2.2 Resource Allocation

Additional allocations have been received in Month 3 as follows:

- Eating Disorder Service - £0.095m

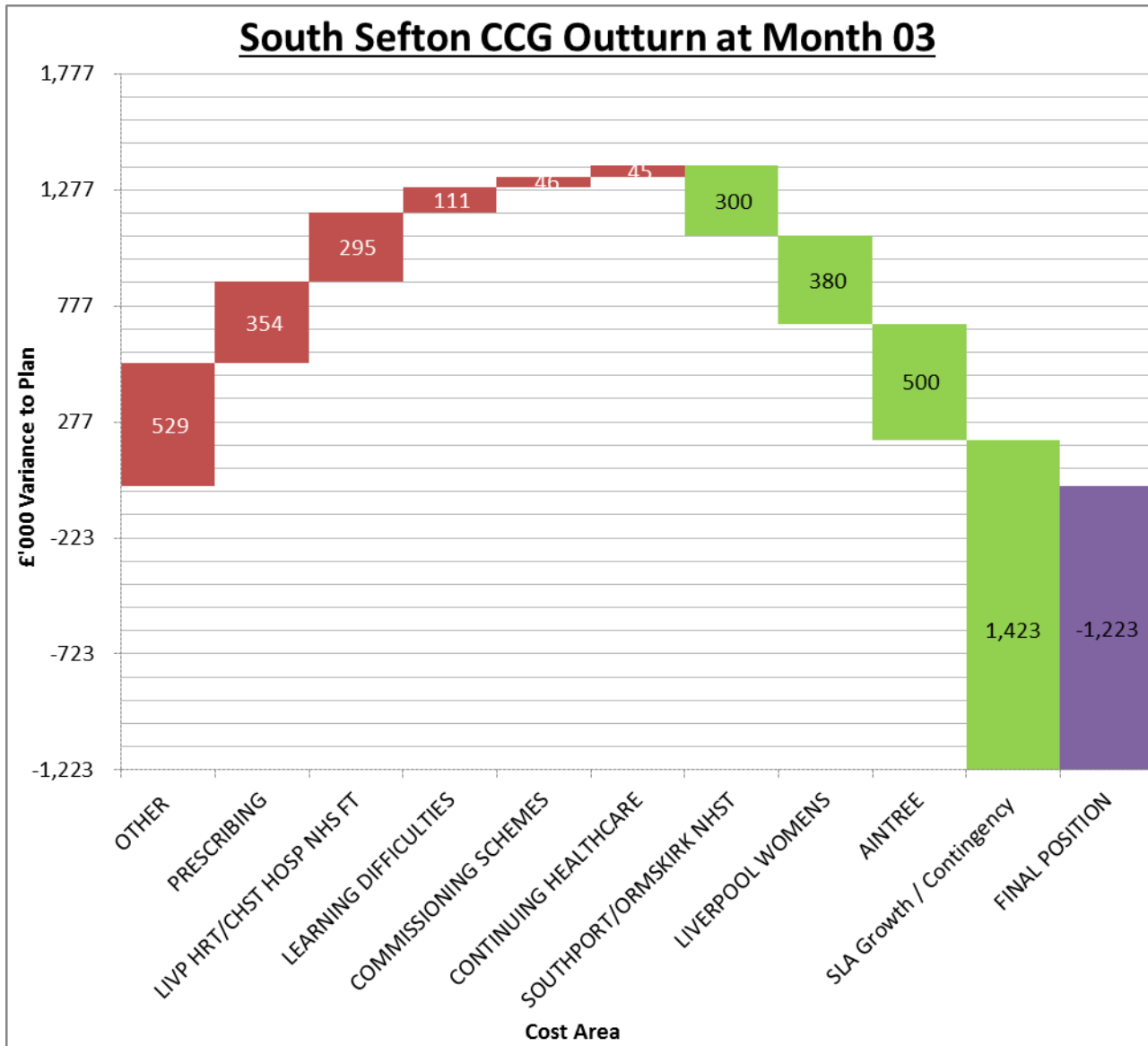
This is a non-recurrent allocation and is expected to be fully utilised during the financial year as part of the CAMHS transformation plan.

2.3 Position to date

There are forecast pressures within prescribing and acute care, particularly Liverpool Heart & Chest, St Helens & Knowsley and Alder Hey Children's Hospitals.

The overspend is supported by underspends with other acute providers, particularly Aintree, Southport and Liverpool Women's Hospitals.

Figure 2 – Forecast Outturn



Prescribing

The Month 3 overspend of £0.154m on the prescribing budget is due primarily to the actual outturn higher than anticipated against the 2015/16 year end forecast. The forecast for the financial year is an overspend of £0.354m and assumes further cost pressures for the remainder of the financial year.

Acute commissioning

Aintree University Hospital Foundation Trust

The underspend reported for Aintree is £0.276m in the month. The position is based on Month 2 performance information received from the trust and has been extrapolated to Month 3 position.

This underspend is predominantly within non-elective procedures specifically Accident & Emergency £0.150m, Colorectal Surgery £0.118m and Geriatric Medicine £0.092m.

Notable overspends include Elective Cardiology £0.115m, Rheumatology £0.076m, Non-Elective Gastroenterology £0.072m and Non-Elective Diabetic Medicine £0.071m.

In depth analysis of activity data is being undertaken, findings will be discussed with the provider, and the CCG will agree formal challenges to be raised within the contracted timescales.

Alder Hey Children's Hospital Foundation Trust

The prominent area of overspend is in relation to Non-PbR Paediatric Rheumatology. This shows a £0.035m over performance in relation to a single high cost patient. Other notable overspends include a £0.024m adverse pressure in relation to Elective Paediatric Urology, as well as a £0.013m and £0.011m within Elective Paediatric Trauma & Orthopaedics and Paediatric ENT respectively.

Southport & Ormskirk Hospital Trust

The majority of the Southport & Ormskirk contract is performing at a break-even level. This is with the exception of Trauma & Orthopaedics which demonstrates a £0.113m underspends across Elective, Non-Elective and Outpatient procedures. It is also worth noting that Accident & Emergency shows a £0.027m under performance.

Commissioning schemes

The overspend of £0.010m relates predominantly to GP sessions delivered at Jospice in excess of the budget. This is currently being investigated to ascertain whether the current number of sessions being delivered is in line with the original agreement.

Continuing Health Care and Funded Nursing Care

The Month 3 position for the continuing care budget is an overspend of £0.011m, which reflects the current number of patients, average package costs and an expected uplift to providers of 1.1% until the end of the financial year.

Year-to-date QIPP savings have been transacted against this budget to the value of £0.695m relating to the additional growth budget of 5% included at budget setting. The forecast financial position is taken following this budget reduction, and has been included in the QIPP plan for 2016/17.

2.4 QIPP

The 2016/17 identified QIPP plan is £10.573m. This plan has been phased across the year on a scheme by scheme basis and full details of progress at scheme level is monitored at the QIPP committee and also at the monthly blueprint meetings.

Although recurrently there are a significant number of schemes in place, further work is required to move red and amber rated schemes to green rated schemes. The risk adjusted QIPP plan totals £5.178m.

Figure 3 – RAG rated QIPP plan

2016/17 QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	(1,043)	0	(1,043)	(305)	(738)	0	(1,043)
Medicines optimisation plan	(1,660)	0	(1,660)	(770)	(890)	0	(1,660)
CHC/FNC plan	(563)	0	(563)	(500)	(63)	0	(563)
Discretionary spend plan	(49)	(4,053)	(4,102)	(1,412)	(2,690)	0	(4,102)
Urgent Care system redesign plan	(3,205)	0	(3,205)	0	0	(3,205)	(3,205)
Total QIPP Plan	(6,520)	(4,053)	(10,573)	(2,987)	(4,381)	(3,205)	(10,573)
Risk rated QIPP plan				(2,987)	(2,191)	0	(5,178)

£2.427m has been actioned at M3 against a phased plan of £3.350m. It is important to note that it is still too early in the year to assess the majority of schemes due to the limited activity data available.

Figure 4 – Phased QIPP plan for the 2016/17 year

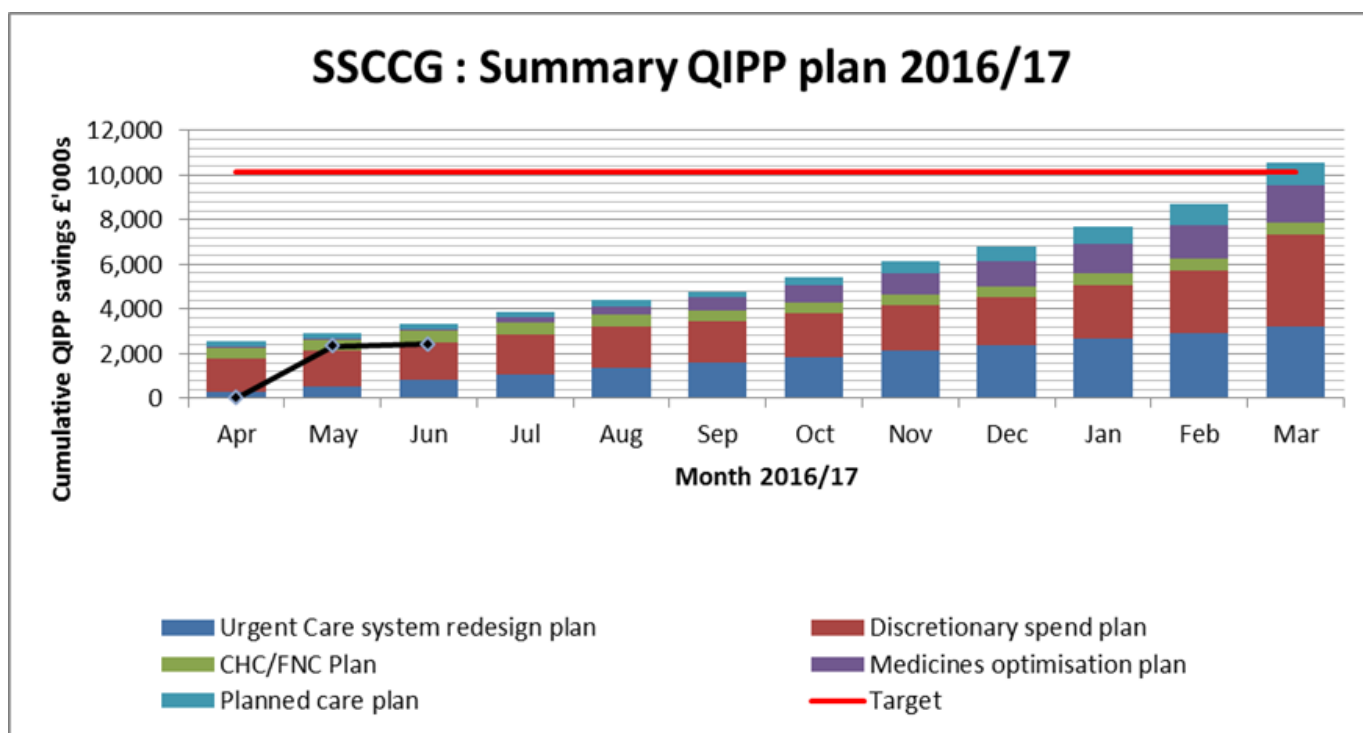


Figure 5 – QIPP performance at month 3

Scheme	In month current month (M3)									
	In month plan	In month actual	Variance	YTD Plan	YTD Actual	Variance	Annual Plan	Forecast out-turn savings	Forecast Variance	
Planned care plan	0	0	0	268	255	(13)	1,043	1,043	0	
Medicines optimisation plan	30	0	(30)	61	0	(61)	1,660	1,660	0	
CHC/FNC Plan	0	0	0	500	500	0	563	563	0	
Discretionary spend plan	116	107	(9)	1,720	1,672	(48)	4,104	4,102	(2)	
Urgent Care system redesign plan	267	0	(267)	801	0	(801)	3,205	3,205	0	
Total	414	107	(307)	3,350	2,427	(923)	10,575	10,573	(2)	

In order to deliver the QIPP programme, a 1% Transformation Fund was established in CCG reserves to fund transformational initiatives that would result in more efficient delivery of healthcare and improvements to quality. In addition, the CCG has invested in system resilience schemes that are aimed at reducing emergency care. Due to the financial position facing the CCG a decision has been made to critically review any investment decisions that have not yet commenced, and the uncommitted balance of £0.941m is currently amber rated within the QIPP plans.

2.5 CCG Running Costs

The running cost allocation for the CCG is £3.259m, the CCG must not exceed this allocation in the financial year.

The current year outturn position for the running cost budget is broadly in line with the plan. There is a small contingency in running costs which has been taken against the QIPP position.

2.6 Cash Flow

In order to control cash expenditure within the NHS, limits are placed on the level of cash an organisation can utilise in each financial year.

The Maximum Cash Drawdown (MCD) is the maximum amount of cash available to a CCG each financial year and is made up of:

- Total Agreed Allocation
- Opening Cash Balance (i.e. at 1st April 2016)
- Opening creditor balances less closing creditor balances

Cash is held centrally at NHS England and is allocated monthly to CCGs following notification of cash requirements.

As well as managing the financial position, organisations must manage their cash position. The monthly cash requested should cover expenditure commitments as they fall due and the annual cash requested should not exceed the maximum cash drawdown limit.

Month 3 position

Maximum Cash Drawdown (MCD) limit for South Sefton CCG for 2016/17 is £240.2m. Up to Month 3, the actual cash received is £61.2m (25.7% of MCD) against a target of £60.0m (25.0% of MCD).

At Month 3, the forecast financial position is a planned £2.450m surplus. The delivery of this is heavily reliant on QIPP programmes being achieved. If expenditure levels continue, the CCG will not have sufficient cash to meet expenditure requirements for the financial year.

The CCGs primary focus is to reduce expenditure in year to achieve the planned surplus of £2.450m. This will negate the requirement for additional cash in excess of the MCD limit.

If expenditure levels continue and the CCG does not achieve the planned QIPP targets to deliver the planned surplus of £2.450m, the CCG must manage the additional cash requirement. This will require an increase in creditors; this will require agreement with the relevant counter

party. Alternatively this will require an additional cash allocation requested from NHS England which cannot be guaranteed.

2.7 Evaluation of Risks and Opportunities

The primary financial risk for the CCG continues to be non-delivery of the QIPP target in the year. There are still a significant number of QIPP programmes that are currently rated as 'Red' or 'Amber' and work is underway to change these schemes to 'Green'. Failure to do this will mean the CCG will not achieve the required financial surplus. Overall management of the QIPP programme is being monitored by the QIPP committee.

There are a number of other risks that require ongoing monitoring and managing:

- Acute contracts – The CCG has experienced significant growth in acute care year on year, although year to date performance shows an underspend, the position is based on data for Month 2 which is early stages in the financial year. If the year on year trend continues, the CCG will not achieve against the financial plan. All members of the CCG have a role to play in managing this risk including GPs and other Health professionals to ensure individuals are treated in the most clinically appropriate and cost effective way, and the acute providers are charging correctly for the clinical activity that is undertaken. It is too early in the year to assess the current position against this risk.
- Prescribing - This is a volatile area of spend but represents one of the biggest opportunities for the CCG, and as such this makes up a significant element of the QIPP program for 2016/17. It is too early in the year to assess the current position against this risk.
- CHC/FNC – There are increasing financial pressures within the care home economy, primarily arising from recent mandated wage increases in line with the National Minimum wage. The CCG has assumed a modest inflationary increase within the forecast, which may not be in line with other commissioners. This will be reviewed as part of the CHC steering group in July.

2.8 Reserves analysis

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

The assessment of the financial position is set out in Table D below. This demonstrates that the CCG is required to deliver a total management action plan of £10.573m in 2016/17 in order to meet the agreed control total with NHS England.

The delivery of the QIPP plan is extremely challenging and requires co-operation with partners across the healthcare economy. The CCG has recently allocated GP Governing Body member leads to each QIPP programme along with executive leads, and the leads meet on a monthly basis to report progress against their own programme to the Senior Team.

The table below outlines the best, most likely and worst case scenarios. The best case scenario assumes achievement of the remaining risk adjusted QIPP plan plus additional QIPP identified and delivered. The most likely case assumes achievement of 100% of QIPP schemes rated Green and 50% of schemes rated Amber). The worst case assumes further cost pressures emerge in acute care.

Figure 6 – Reserves Analysis

	Recurrent £000	Non-Recurrent £000	Total £000
Target surplus	2.450		2.450
QIPP Target	(4.687)	(5.463)	(10.150)
Revised surplus / (deficit)	(2.237)	(5.463)	(7.700)
Outturn (against operational budgets)	0.000	1.223	1.223
Committed Reserve Budgets	(1.858)	0.212	(1.646)
Management action plan			
Actioned QIPP to date	0.755	1.672	2.427
Deliver on remaining QIPP plan	5.765	2.381	8.146
Total QIPP plan	6.520	4.053	10.573
Year End Surplus / (Deficit)	2.425	0.025	2.450

Figure 7 – Risk Rated Financial Position

South Sefton	Best Case £m	Most Likely £m	Worst Case £m
Total QIPP Plan	(10.150)	(10.150)	(10.150)
QIPP achieved to date	2.427	2.427	2.427
Remaining QIPP requirement	(7.723)	(7.723)	(7.723)
Month 3 Forecast (I&E)	1.223	1.223	1.223
Remaining QIPP requirement	(6.500)	(6.500)	(6.500)
Remaining risk adjusted QIPP schemes	2.751	2.751	2.751
Further QIPP Delivery	3.749		
Increased Cost Pressure / Efficiency - Acute		-	(0.500)
Planned Surplus	2.450	2.450	2.450
Risk adjusted Surplus / (Deficit)	2.450	(1.299)	(1.799)

2.9 Conclusions and Recommendations

The Governing Body is asked to receive the finance update, noting that

- The CCG is currently forecasting a surplus of £2.450m which is in line with its agreed NHS target surplus of 1%.
- The CCG has a challenging QIPP in the current year, although progress has been made against the phased QIPP plan at month 3. It is imperative that the identified QIPP programme is delivered in full in order to achieve the agreed financial plan.
- The CCG is working closely with the transformation advisor to continue to develop the QIPP programme areas in order to achieve the required level of savings in the year.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from member practices to enable the CCG to reduce levels of low value healthcare and improve Value for Money.

3. Planned Care

3.1 Referrals by source

Figure 8 – Referrals by Source across all providers for 2015/16 & 2016/17

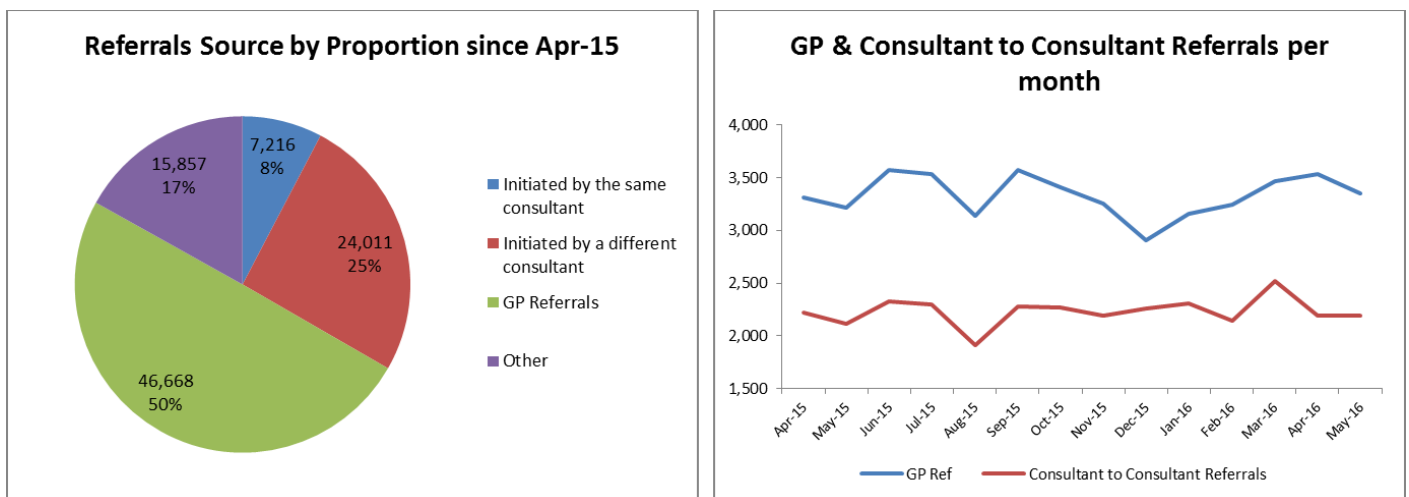


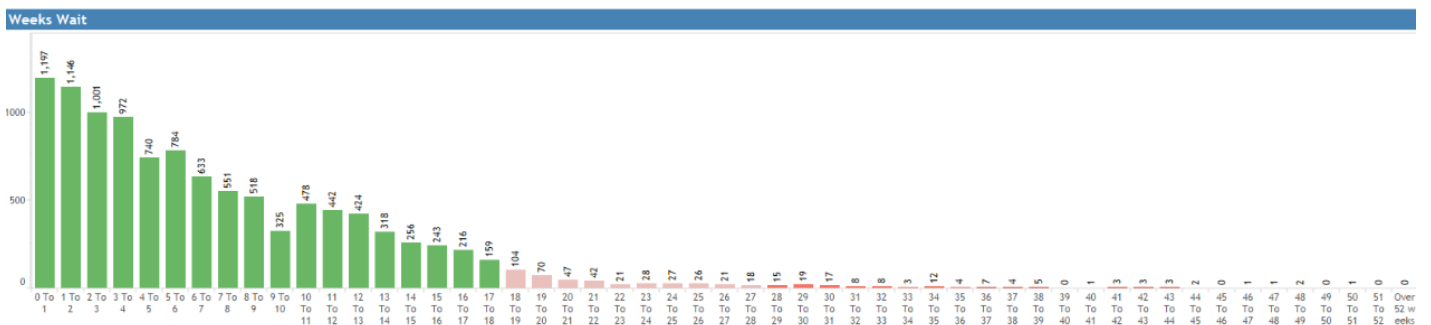
Figure 9 - GP and 'other' referrals for the CCG across all providers for 2015/16 & 2016/17

Referral Type	DD Code	Description	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	14/15 YTD	1516 YTD	Variance	% Variance	
GP	03	GP Ref	3,310	3,212	3,574	3,534	3,137	3,574	3,407	3,255	2,907	3,160	3,245	3,465	3,536	3,352	30,764	39,780	9,016	29%	
GP Total			3,279	3,279	3,279	3,534	3,137	3,574	3,407	3,255	2,907	3,160	3,245	3,465	3,536	3,352	30,764	39,521	8,757	28%	
Other	01	following an emergency admission	182	172	172	176	164	162	177	154	166	126	145	139	115	143	1,681	1,935	254	15%	
	02	following a Domiciliary Consultation	2	1	2	1		1	1	1	2	2	5	2				19	20	1	0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	460	455	452	380	381	451	397	410	373	421	425	475	419	359	2,595	5,080	2,485	96%	
	05	A CONSULTANT, other than in an Accident and Emergency Department	1,282	1,227	1,374	1,416	1,043	1,322	1,307	1,279	1,320	1,339	1,195	1,439	1,275	1,052	12,881	15,543	2,662	21%	
	06	self-referral	312	271	283	294	289	310	326	292	274	388	299	319	259	72	2,694	3,657	963	36%	
	07	A Prosthetist			7		2		2			1	2	1		3	3	14	15	1	7%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	101	86	111	89	78	115	112	95	82	93	72	81	100	88	2,458	1,115	-1,343	-55%	
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	192	172	216	234	244	231	275	256	315	327	302	386	283	221	2,379	3,150	771	32%	
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	4	8	5	5	4	11	5	10	4	7	4	3	7	2	55	70	15	27%	
	13	A Specialist NURSE (Secondary Care)	5	8	5	8	12	10	10	12	13	13	4	3	3	1	70	103	33	47%	
	14	An Allied Health Professional	67	90	124	125	114	122	97	134	184	133	167	179	127	154	889	1,536	647	73%	
	15	An OPTOMETRIST		2			1			1	4	1	4			3	79	13	-66	-84%	
	16	An Orthoptist	2										1		1	1	0	3	3	0%	
	17	A National Screening Programme	1	3	3	2	10	5	6	9	9	10	5	4	1	4	38	67	29	76%	
	92	A GENERAL DENTAL PRACTITIONER	124	116	162	149	118	112	125	121	125	141	157	162	161	164	1,821	1,612	-209	-11%	
	93	A Community Dental Service	3	3					3	3	4					1	28	16	-12	-43%	
	97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	442	419	405	463	389	461	447	376	403	373	411	380	322	254	4,232	4,969	737	17%	
Other Total			3,179	3,033	3,321	3,342	2,849	3,313	3,290	3,153	3,279	3,377	3,196	3,572	3,076	2,522	31,933	38,904	6,971	22%	
Unknown n			141	152	157	170	156	163	163	147	124	176	143	192	72	0	1,577	1,884	307	19%	
Grand Total			6,630	6,397	7,052	7,046	6,142	7,050	6,860	6,555	6,310	6,713	6,584	7,229	6,684	5,874	64,274	80,568	16,294	25%	

A proposal for a referral management scheme will be presented to the Clinical QIPP group in July.

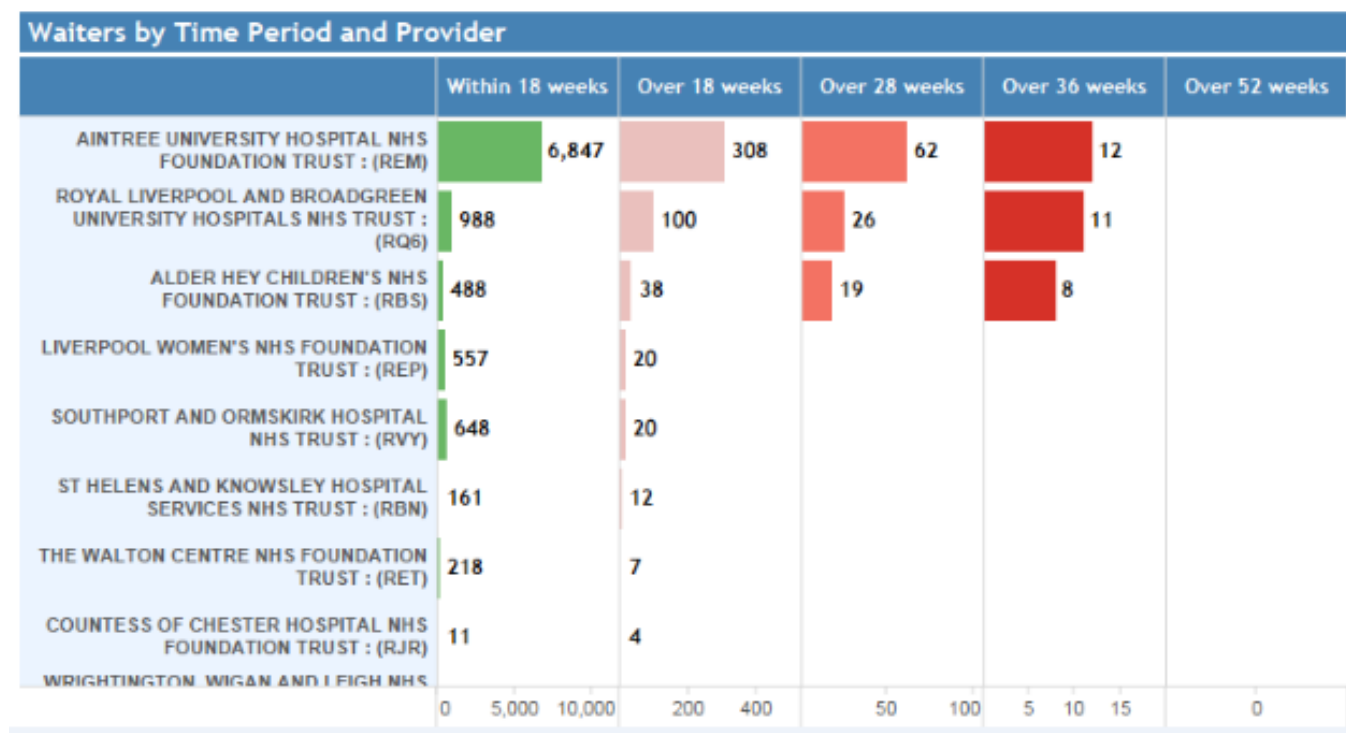
3.2 Waiting times - NHS South Sefton CCG patients

Figure 10 Patients waiting on an incomplete pathway by weeks waiting.



3.1 Waiting Times, Top Providers

Figure 11 Patients waiting (in bands) on incomplete pathway for the top Providers



3.2 Provider assurance for long waiters

Trust	Speciality	No of weeks waited	Reason for the delay
Aintree	Ophthalmology	41	Clock stopped 29/6/16 decision not to treat
Aintree	Ophthalmology	43	Clock stopped 14/6/16 active monitoring
Aintree	Ophthalmology	44	Clock stopped 13/6/16 first treatment
Aintree	Ophthalmology	48	Clock stopped 2/6/16 active monitoring
Aintree	Thoracic Medicine	40	Clock stopped 7/6/16 active monitoring
Aintree	Thoracic Medicine	41	Clock stopped 13/6/16 active monitoring
Alder Hey	Other	43	Appointment booked 25-7-16
Alder Hey	Other	46	DNA 30-6-16 – DNA letter sent to GP on 18-7-16
Alder Hey	Other	48	Ref incorrectly logged as 25-5-15 instead of 25-5-16 now corrected on the system
Alder Hey	Other	50	Seen and treated 28-6-16
RLBUHT	General Surgery	42	Clock stopped 22-6-16

RLBUHT	T&O	42	Clock stopped 2-6-16
RLBUHT	T&O	43	Validated, no longer a long waiter
RLBUHT	T&O	44	Clock stopped 23-6-16
Birmingham University Hospital	Ophthalmology	41	This patient is awaiting a first outpatient attendance in neuro-ophthalmology on 18th August 2016. Long backlog for the service as demand has exceeded available capacity for some time. The maximum waiting time is currently approximately 44 weeks. Local commissioner considering a business case to redesign patient pathway.
RJ&AH	T&O	47	The patient for was removed from the waiting list on 05/07/2016 – patient choice.

3.3 Planned Care contracts - All Providers

Performance at Month 2 of financial year 2016/17, against planned care elements of the contracts held by NHS South Sefton CCG shows an over-performance of £11k, which is a percentage variance of less than 1%. At specific trusts, Royal Liverpool are reporting the largest cost variance of £76k/8%, however this is offset by a -£85k under performance at Aintree University Hospital.

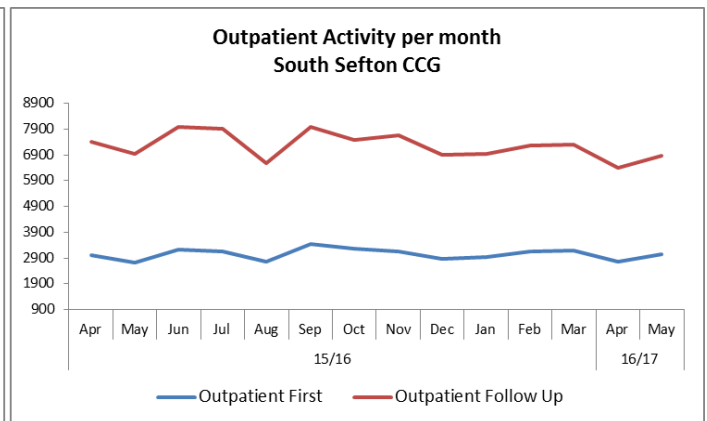
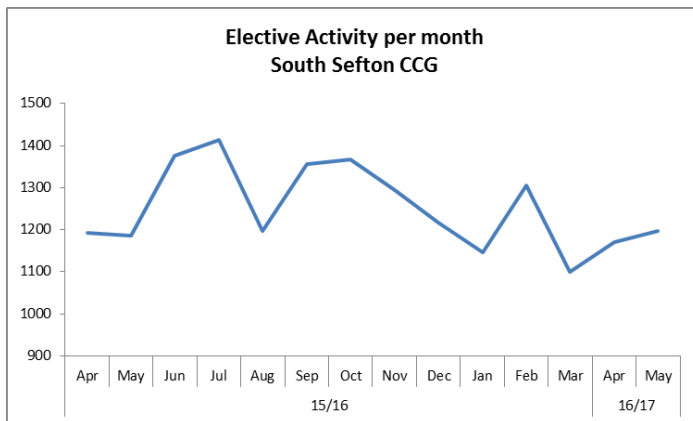
Figure 12 Planned Care - All Providers

Provider Name	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	27,777	27,522	-255	-1%	£5,093	£5,008	-£85	-2%
Alder Hey Childrens NHS F/T	1,169	2,136	967	83%	£336	£337	£2	0%
Central Manchester University Hospitals Nhs Foundation Trust	6	0	-6	-100%	£4	£0	-£4	-100%
Countess of Chester Hospital NHS Foundation Trust	0	31	31	0%	£0	£4	£4	0%
East Cheshire NHS Trust	0	1	1	0%	£0	£0	£0	0%
Fairfield Hospital	12	33	21	175%	£4	£5	£1	39%
ISIGHT (SOUTHPORT)	42	93	51	121%	£11	£21	£10	94%
Liverpool Heart and Chest NHS F/T	163	186	23	14%	£60	£84	£24	39%
Liverpool Womens Hospital NHS F/T	2,599	2,589	-10	0%	£543	£524	-£19	-4%
Renacres Hospital	620	1,101	481	78%	£235	£295	£60	25%
Royal Liverpool & Broadgreen Hospitals	4,808	5,132	324	7%	£924	£1,000	£76	8%
Southport & Ormskirk Hospital	2,263	2,402	139	6%	£499	£428	-£70	-14%
SPIRE LIVERPOOL HOSPITAL	446	351	-95	-21%	£150	£112	-£38	-26%
ST Helens & Knowsley Hospitals	611	724	113	18%	£175	£207	£33	19%
University Hospital Of South Manchester Nhs Foundation Trust	12	16	4	33%	£3	£5	£3	99%
Walton Neuro	491	520	29	6%	£127	£126	-£1	-1%
Wirral University Hospital NHS F/T	52	69	17	33%	£19	£14	-£5	-26%
Wrightington, Wigan And Leigh Nhs Foundation Trust	110	198	88	80%	£51	£73	£22	44%
Grand Total	41,181	43,104	1,923	5%	£8,233	£8,245	£11	0%

3.4 Aintree University Hospital NHS Foundation Trust

Figure 13 Month 1 Planned Care- Aintree University Hospital NHS Foundation Trust by POD

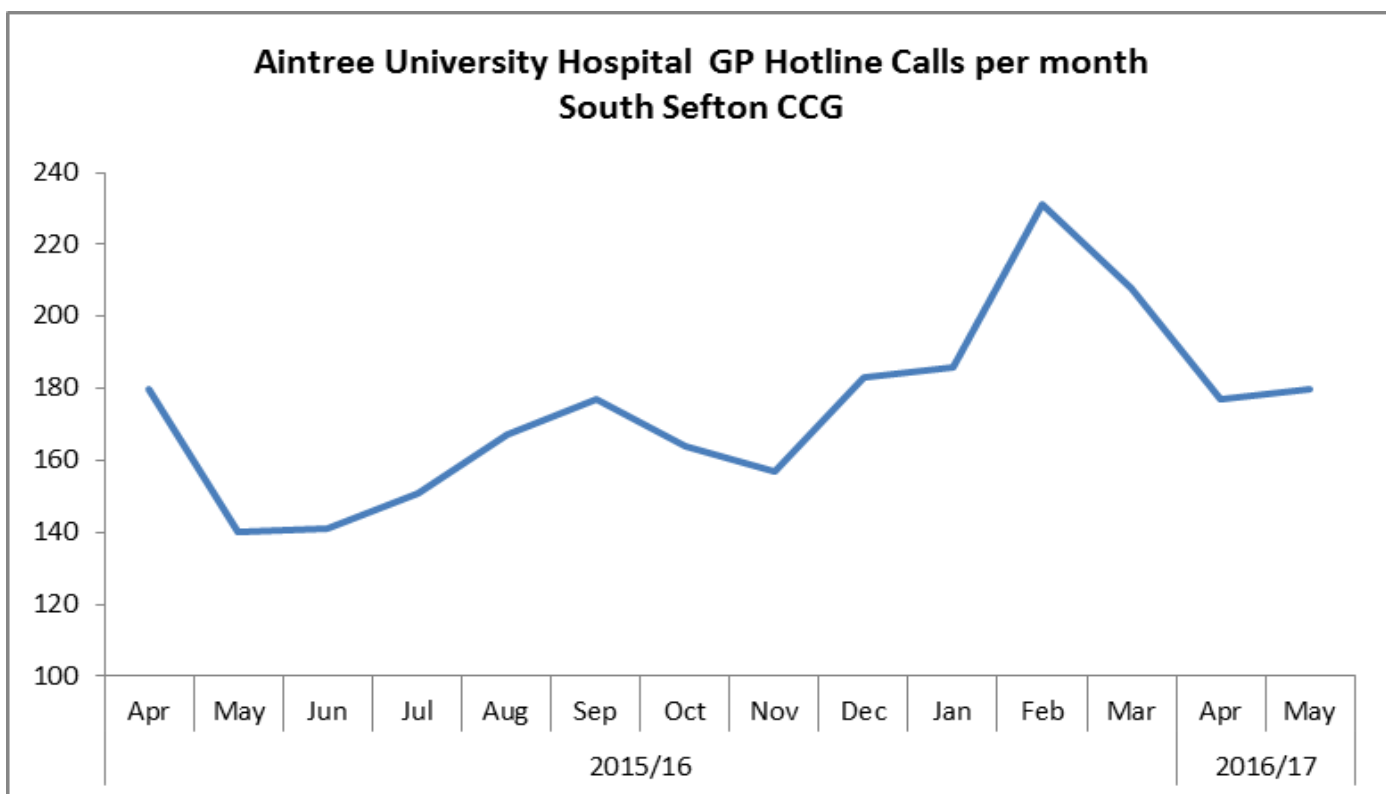
Aintree University Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	1,966	2,097	131	7%	£1,336	£1,338	£2	0%
Elective	208	270	62	30%	£899	£837	£62	-7%
Elective Excess BedDays	122	64	-58	-48%	£28	£15	£14	-48%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	68	49	-19	-28%	£12	£10	£2	-19%
OPFANFTF - Outpatient first attendance non face to face	405	489	84	21%	£11	£12	£1	8%
OPFASPCL - Outpatient first attendance single professional consultant led	5,289	5,280	-9	0%	£792	£797	£5	1%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	233	214	-19	-8%	£25	£28	£2	9%
OPFUPNFTF - Outpatient follow up non face to face	505	740	235	47%	£12	£18	£6	46%
OPFUPSCL - Outpatient follow up single professional consultant led	13,133	12,327	-806	-6%	£1,041	£998	£44	-4%
Outpatient Procedure	3,296	3,281	-15	0%	£549	£542	£7	-1%
Unbundled Diagnostics	2,330	2,447	117	5%	£214	£214	£0	0%
Wet AMD	222	264	42	19%	£170	£199	£29	17%
Grand Total	27,777	27,522	-255	-1%	£5,093	£5,008	£85	-2%



5.2.1 Aintree University Hospital NHS Foundation Trust Key Issues

Planned Care at Aintree University Hospital is reporting a year to date under performance of -£85k which equates to a -2% under performance. Under-Performance is driven by Elective activity which is reporting a -£62k variance. Trend charts above show the Elective activity reducing over the last 8 months (apart from February), however April and May have increased compared to March 16.

Within the actual Planned Care spend of £5m; Trauma & Orthopaedics (£864k), Gastroenterology (£665k) and Ophthalmology (£515kk) make up 40% of the total spend. Aintree Hospital continues to submit GP Hotline data under the POD of *Outpatient First New Face to Face (OPFANFTF)*. Below is a chart to show the total number of calls per month to the GP Hotline. All activity is recorded under a new outpatient non face to face with calls charged at £23.89 per call. Total number of calls in 2016/17 is currently 357 @ £8,529.



3.5 Southport & Ormskirk Hospital

Figure 14 Month 1 Planned Care - Southport & Ormskirk Hospital by POD

Southport & Ormskirk Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	128	155	27	21%	£123	£98	£-25	-20%
Elective	14	25	11	79%	£105	£74	£-30	-29%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	46	15	-31	-67%	£7	£3	£-4	-61%
OPFANFTF - Outpatient first attendance non face to face	0	4	4	0%	£0	£0	£0	0%
OPFASPCL - Outpatient first attendance single professional consultant led	361	463	102	28%	£53	£65	£12	22%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	94	31	-63	-67%	£9	£4	£-6	-62%
OPFUPNFTF - Outpatient follow up non face to face	0	22	22	0%	£0	£1	£1	0%
OPFUPSPCL - Outpatient follow up single professional consultant led	847	945	98	12%	£76	£82	£6	8%
OPFUPSPNCL - Outpatient follow up single professional non- consultant led	0	44	44	0%	£0	£1	£1	0%
Outpatient Procedure	638	553	-85	-13%	£116	£90	£-26	-22%
Unbundled Diagnostics	135	145	10	7%	£11	£11	£1	6%
Grand Total	2,263	2,402	139	6%	£499	£428	£-70	-14%

3.6 Renacres Hospital

Figure 15 Month 1 Planned Care - Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	87	113	26	30%	£98	£143	£45	46%
Elective	16	10	-6	-38%	£74	£56	-£19	-25%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	185	214	29	16%	£27	£31	£4	16%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	221	573	352	159%	£18	£33	£15	79%
Outpatient Procedure	47	92	45	96%	£12	£23	£11	93%
Unbundled Diagnostics	64	99	35	55%	£6	£9	£3	49%
Grand Total	620	1,101	481	78%	£235	£295	£60	25%

3.6.1 Renacres Hospital Key Issues

Renacres over performance of £60k/25% is largely driven by a £45k over performance in Daycase, with £22k of that variance in Trauma & Orthopaedics. In terms of HRG performance in T&O, HB61C – Major Shoulder and Upper Arm Procedure without CC” continues to over perform which is a continuation of the later part of 2015/16.

4. Unplanned Care

4.1 All Providers

Performance at Month 2 of financial year 2016/17, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£168k. This under-performance is driven by Aintree Hospital who are reporting a -£201k underspend. Alder Hey Children’s Hospital is reporting the largest year to date over performance with a £71k/25% variance.

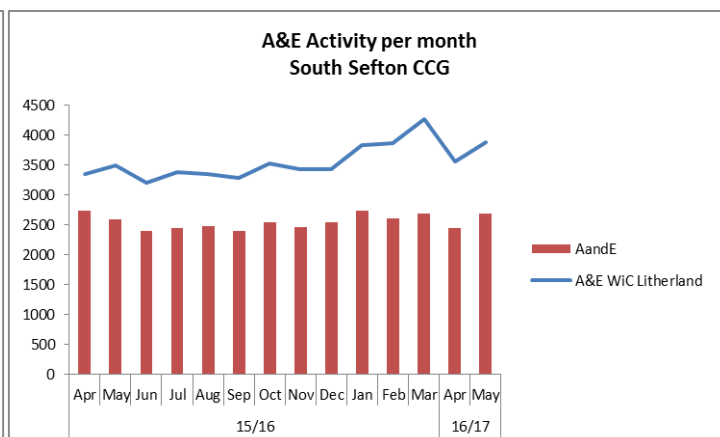
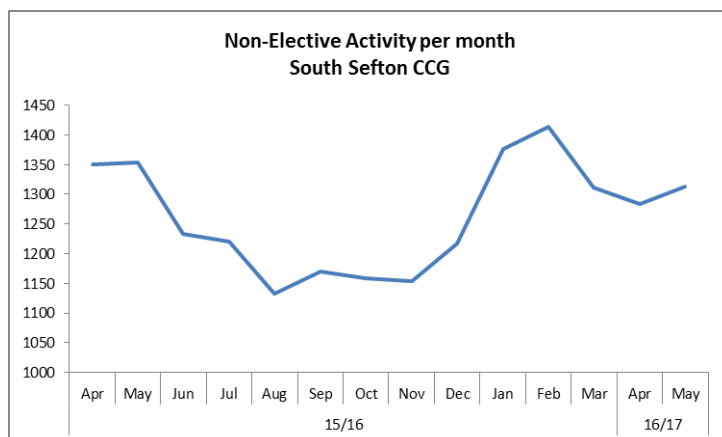
Figure 16 Month 1 Unplanned Care – All Providers

Provider Name	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	15,633	17,195	1,562	10%	£5,857	£5,656	-£201	-3%
Alder Hey Childrens NHS F/T	1,454	1,660	206	14%	£281	£353	£71	25%
Central Manchester University Hospitals Nhs Foundation Trust	8	6	-2	-25%	£3	£1	-£2	-75%
Countess of Chester Hospital NHS Foundation Trust	0	14	14	0%	£0	£11	£11	0%
Liverpool Heart and Chest NHS F/T	31	25	-6	-19%	£41	£65	£24	58%
Liverpool Womens Hospital NHS F/T	610	522	-88	-14%	£551	£521	-£31	-6%
Royal Liverpool & Broadgreen Hospitals	977	951	-26	-3%	£404	£394	-£10	-3%
Southport & Ormskirk Hospital	2,026	2,072	46	2%	£474	£446	-£28	-6%
ST Helens & Knowsley Hospitals	117	175	58	50%	£59	£68	£9	15%
University Hospital Of South Manchester Nhs Foundation Trust	4	2	-2	-50%	£2	£0	-£2	-89%
Wirral University Hospital NHS F/T	33	32	-1	-3%	£15	£7	-£8	-55%
Wrightington, Wigan And Leigh Nhs Foundation Trust	4	11	7	175%	£3	£1	-£1	-45%
Grand Total	20,897	22,665	1,768	8%	£7,691	£7,523	-£168	-2%

4.2 Aintree University Hospital NHS Foundation Trust

Figure 17 Month 1 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospitals Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E WiC Litherland	6,746	7,435	689	10%	£161	£161	£0	0%
A&E - Accident & Emergency	5,116	5,122	6	0%	£633	£642	£9	1%
NEL - Non Elective	2,026	2,136	110	5%	£4,453	£4,076	-£377	-8%
NELNE - Non Elective Non-Emergency	2	11	9	450%	£21	£26	£6	27%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	6	80	74	1233%	£2	£17	£15	944%
NELST - Non Elective Short Stay	394	449	55	14%	£299	£321	£22	7%
NELXBD - Non Elective Excess Bed Day	1,343	1,962	619	46%	£289	£414	£125	43%
Grand Total	15,633	17,195	1,562	10%	£5,857	£5,656	-£201	-3%



4.2.1 Aintree Hospital Key Issues

Urgent Care under spend of -£201k is driven by a -£377k under performance in Non Elective activity. This under performance offsets the £125k over performance seen in Non Elective Excess Bed Days. Excess bed days are being driven by two specialties; Geriatric Medicine and Trauma & Orthopaedics. Excess bed days, as a whole, have seen the largest activity actual in 18 months.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 18 NHS South Sefton CCG – Shadow PbR Cluster Activity

PBR Cluster	Caseload as at 30/04/2016	2016/17 Plan	Variance from Plan	Variance on 30/04/2015
0 Variance	91	88	3	17
1 Common Mental Health Problems (Low Severity)	49	42	7	6
2 Common Mental Health Problems (Low Severity with greater need)	35	22	13	7
3 Non-Psychotic (Moderate Severity)	202	217	(15)	(17)
4 Non-Psychotic (Severe)	209	215	(6)	15
5 Non-psychotic Disorders (Very Severe)	57	62	(5)	1
6 Non-Psychotic Disorder of Over-Valued Ideas	45	40	5	-
7 Enduring Non-Psychotic Disorders (High Disability)	230	192	38	44
8 Non-Psychotic Chaotic and Challenging Disorders	110	98	12	20
10 First Episode Psychosis	137	138	(1)	18
11 On-going Recurrent Psychosis (Low Symptoms)	400	433	(33)	(38)
12 On-going or Recurrent Psychosis (High Disability)	330	307	23	18
13 On-going or Recurrent Psychosis (High Symptom & Disability)	107	112	(5)	5
14 Psychotic Crisis	22	21	1	3
15 Severe Psychotic Depression	7	6	1	4
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	36	34	2	-
17 Psychosis and Affective Disorder – Difficult to Engage	53	58	(5)	(5)
18 Cognitive Impairment (Low Need)	225	223	2	25
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	441	505	(64)	(115)
20 Cognitive Impairment or Dementia Complicated (High Need)	368	332	36	100
21 Cognitive Impairment or Dementia (High Physical or Engagement)	112	76	36	64
Cluster 99	440	402	38	131
Total	3,706	3,623	83	303

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

		Target	Apr-16	May-16	Jun-16
E.B.S.3	The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	100%	

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

		Target	Apr-16	May-16	Jun-16
KPI_19	CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	100%	100%	

Figure 21 EIP 2 week waits

		Target	Apr-16	May-16	Jun-16
NR_08	Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral	50%	0%	100%	

Quality Overview

At Month 2, MerseyCare are compliant with quality schedule reporting requirements. At the last CQPG the Trust provided an update patient falls both within inpatient and community settings. The Trust presented their Falls Strategy for 16/17, actions include:

- Reduce avoidable falls (5% last year) through frailty reviews
- All staff trained (Falls / Manual Handling) in the Trust standards
- Falls Incident dashboard (Live incident information)
- Improvements to environment (Irwell flooring, securing wardrobes etc.,)
- Standardised pressure sensor equipment
- Internal audit (NICE CG161).

Progress and outcomes will be monitored through the CQPG and CCG Quality Committees.

The Trust's Lead for Nursing and Quality highlighted that MerseyCare has recently attended nursing recruitment fairs in Dublin and London, but not appointments have been made, safer staffing and recruitment will be monitored throughout the year. 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 discussed at CQPGs in both April and June CQPGs. The concerns relate to GP referral pathways/access and Towels and Linens logistical issues which have now been resolved.

The Trust held a Kaizen 'Rapid Improvement Event' with stakeholders focusing on Clock View in early June 16, this will continue w/c 20th June and will focus on improving assessment and access processes. Progress will be reported through the CQPG.

A&E Response Times, Bed Pressures and Acute OAT (out of area) usage continues to be monitored by the CCGs via the CQPG.

A review of SIs and key themes is currently underway following concerns regarding the quality of RCAs (Root cause analysis) and action plans.

5.2 Cheshire Wirral Partnership - Improving Access to Psychological Therapies Contract

Figure 22 Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March
National definition of those who have entered into treatment	2015/16	143	158	201	204	166	232	184	252	267	343	262	256
	2016/17	282	295										
2016/17 approx. numbers required to enter treatment to meet monthly Access target of 1.3%	Target	306	306	306	306	306	306	306	306	306	306	306	306
	Variance	-24	-11										
	%	-7.9%	-3.6%										
Access % ACTUAL - Monthly target of 1.3% - Year end 15% required	2015/16	0.6%	0.7%	0.8%	0.8%	0.7%	1.0%	0.8%	1.0%	1.1%	1.4%	1.1%	1.1%
	2016/17	1.2%	1.2%										
Recovery % ACTUAL - 50% target	2015/16	60.0%	45.1%	56.0%	52.0%	45.0%	48.1%	53.6%	47.1%	38.6%	32.5%	46.4%	50.0%
	2016/17	40.9%	45.4%										
ACTUAL % 6 weeks waits - 75% target	2015/16	96.8%	94.2%	94.1%	96.6%	95.4%	97.2%	93.8%	94.7%	98.3%	93.5%	99.1%	96.3%
	2016/17	93.5%	98.5%										
ACTUAL % 18 weeks waits - 95% target	2015/16	99.2%	99.2%	100.0%	100.0%	100.0%	100.0%	99.3%	100.0%	100.0%	99.2%	100.0%	100.0%
	2016/17	100.0%	100.0%										
National definition of those who have completed treatment (KPI5)	2015/16	134	117	120	136	119	143	117	132	119	124	114	162
	2016/17	163	147										
National definition of those who have entered Below Caseness (KPI6b)	2015/16	9	4	11	9	10	8	5	13	5	7	2	6
	2016/17	4	6										
National definition of those who have moved to recovery (KPI6)	2015/16	75	51	61	66	49	65	60	56	44	38	52	78
	2016/17	65	64										
Referral opt in rate (%)	2015/16	95.4%	89.9%	80.3%	73.8%	78.2%	74.3%	72.0%	66.2%	75.0%	86.0%	83.0%	84.0%
	2016/17	85.1%	88.3%										

The provider (Cheshire & Wirral Partnership) reported 295 South Sefton patients entering treatment in month 2, an increase of 5% to the previous month. The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is currently set at 15% for 2016/17 year end. Current activity levels provide a forecast outturn of 14.2% against the 15% standard. This would represent an improvement to 2015/16 when South Sefton CCG reported a year end access rate of 11.0%.

Referrals decreased slightly in month 2 with 63% being self-referrals. The provider is working closely with Clock View, attending weekly MDT meetings to agree appropriateness of clients for service.

The percentage of people moved to recovery was 45.4% in month 2, which does not meet the minimum standard of 50%. A forecast outturn at month 2 gives a year end position of 43.0%, which is below the year end position of 2015/16 (48.0%). The provider believes that it is possible recovery will dip as the longest waiters are brought into service, as more are likely to disengage without completing treatment. However, as waits reduce, this is expected to improve.

Cancelled appointments by the provider remain high with 81 reported in month 2. Staff sickness absence continues to affect this. Support is being provided including access to wellbeing services, phased return where appropriate and regular 121 meetings continue.

The number of DNAs decreased by 19% in month 2 and the provider has commented that the DNA policy has been tightened with all clients made aware at the outset. Cancelled slots are being made available for any assessments/entering therapy appointments.

To date in 2016/17, 95.9% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have waited less than 18 weeks (against a standard of 95%). The provider has achieved the monthly RTT targets throughout 2015/16 and in the first two months of 2016/17 for South Sefton CCG.

Quality Overview

A remedial action plan is in place regarding non-achievement of 15% prevalence / access target, progress is monitored through the CQPG / Contract meeting. In December 2015 the CCG issued a Contract Performance Notice which resulted in improved performance but which was still below the 15% prevalence /access target. NHSE have advised that although the target was not met at the end of March 2016 the expectation is that that the target will be achieved by the end of Quarter 1 2016/17. The CCG has requested support from the National IAPT team to support the service.

6. Community Health

Liverpool Community Health Waiting Times

The majority of figures reported in month 2's submission seem in line with month 1 activity. A number of data validation queries which were sent to the Trust relating to month 1 performance are still outstanding. A meeting was held with the Trust BI lead and the CCG leads to go through the data by service line, but some queries are still outstanding.

- Paediatric Dietetics: a shift from domiciliary contacts to clinic has been noted with a higher number now recorded as outpatients. The Trust is encouraging more patients to attend clinic as it is more cost effective.
- Community Cardiac: Increases in contacts carried through from 15/16 with no real increase in demand, the Trust has been asked if the service is seeing patients more often. A further greater increase in contacts compared to new referrals seen in May. This may be due to patients being transferred out of Aintree Hospital. The Trust are to provide further information on this.
- Phlebotomy: a shift of reported contacts from domiciliary to outpatients seems to have occurred in month 1 with nearly 3,000 last year but none reported in month 1, and just 2 in May 2016. The Trust is encouraging more patients to attend clinic as it is more cost effective.

The Trust's paediatric services have recently moved over from IPM to EMIS which has seen a significant increase in caseloads. Previously on IPM, a cohort of patients receiving treatment in a service weren't included in the caseload if they weren't assigned to a particular team. EMIS works differently and counts all patients in the service on the caseload, which explains the increase and is a more accurate reflection of this.

New queries regarding May-16 activity which were raised in the meeting with the Trust are as follows;

- Paediatric continence: There was a dramatic drop in contacts in May but an increase in referrals. We queried this with the Trust as it was suspected that they may have had staffing issues. There was an issue in 2015/16 where information wasn't being recorded properly on the system due to the team being small. It is thought that this issue was resolved but may have returned, the Trust is to feedback on this. An EMIS mobile app is being trialled in Adult Physio, so staff can enter information straight onto the system in the community rather than making paper records and then having to duplicate the information in EMIS.
- District nursing contacts have increased between Apr-16 and May-16. There has been an increase of district nursing staff due to members of staff returning to work after periods of sickness, and there being more capacity in the team to see more patients.

Patient DNA's and Provider Cancellations

A number of services have seen a high number of DNA's and Provider cancellations in month 1 and month 2.

For patient DNAs Paediatric Dietetics saw 31.5% of all patients not attend, this is higher than the previous 3 years average and month 1 figures of 23 is over half the number in the whole of 2015/16. Month 2 shows an improvement with just 15 patient DNA's out of 80 (15.8%).

Treatment rooms, Adult Dietetics, and Paediatric Dietetics have all continued the trend of previous years showing high numbers of patient cancellations. All services are above 15% for May 2016, however the dietetics service shows signs of improvement with a drop in patient cancellations by approximately 10% for adults and 7% for children.

The following policies are in place in the Trust to try and reduce patient cancellations and DNA's:-

- An "opt-in" policy where patients are told to ring up to book an appointment.
- Generally speaking, a patient can only DNA twice.
- Information posters in some buildings on DNA/cancellation rates.
- Text reminders to reduce DNA's.

It is suspected that the high patient cancellation rates may also include home visit cancellations and appointments where the patient has rang up to re-arrange an appointment for a different date, and it has been argued that these are not true reflections of a cancellation. The Trust is to review what they include in their cancellation figures.

Waiting Times

Issues persisted in 2015/16 with a number of services and the waiting times with Paediatric Speech and Language are by far the worst performing. March 2016 saw an average of 39 weeks wait with the longest waiting patient recorded at 50 weeks on the incomplete pathway. Adult SALT: Waiting times remain high with an average of 32 weeks on the incomplete pathway in April 2016, and the longest waiter at 51 weeks. Waiting times are simply due to the service only having 2-3 staff. The Trust has a locum in and the waiting time has now reduced to less than 18 weeks. However, it is expected that after a couple of months when the locum is no longer with the Trust that the waiting times will begin to increase again. Short-term plan: The Trust has plans to do some capacity and demand work around this so they can forward plan for waits increasing again. Long-term plan: The Trust has submitted a business case for more funds to employ more staff to reduce the waits in the service.

Paediatric SALT: An update for April 2016 is currently unavailable due to the Paediatric SALT Sefton team moving over to EMIS Web in Feb/March. The Trust is in the process of migrating to EMIS, which currently only shows active referrals. All referrals have been migrated over to EMIS, but the history of each patient hasn't followed so it's not possible to identify those who have had a first contact and those who are still waiting. Therefore the Trust cannot currently report on waiting times using EMIS. They are however expecting to be able to report on it using a manual process in the meantime. The Trust are hoping the process on EMIS will be up and running for August 2016 reporting.

Any Qualified Provider

Podiatry

The trust continues to use the £25 local tariff. At month 2 2016/17 the costs for South Sefton is £37,728 with activity at 580. The same time period last year the costs were £50,298 and activity at 545. This demonstrates the impact of the use of the local tariff as although activity is higher at month 2 2016/17 costs are less than the same period last year.

At month 2 2016/17 and 2015/16 the costs for Southport and Formby are £0 with activity at 0. This is due to the vast majority of podiatry AQP for this CCG occurring at the Southport and Ormskirk Trust.

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 Walk In Centre data will flow as part of the SUS submissions.

Aintree University Hospital NHS Foundation Trust AQP

MSK

Costs at May 2015/16 were £66,309 for South Sefton. Activity and associated costs for 2016/17 appears to be missing from the SLAM view on direct access and this is being investigated.

Adult Hearing

The spend at month 2 2016/17 is £23,875 for South Sefton . The cost April 2015/16 was £24,352.

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 1st February, the final report was published on 8th July, the overall rating was **Requires Improvement**. Inspectors found that Liverpool Community Health NHS Trust has recruited more front-line clinicians to ensure safer staffing levels, and delivered big improvements to its intermediate care services on the Broadgreen and Aintree sites. Inspectors also highlighted 'significant improvements' in the culture of the organisation and praised the Trust for the measures it has introduced to keep staff safe. However, there is more work still to do though, and team of CQC inspectors, who carried out their inspection in February 2016, said the Trust's services now need to tackle a number of new areas, including:

- Ensuring the Trust properly documents the way it is responding to the NHS duty of candour.
- Ensuring robust systems in all services are in place to monitor and improve the quality of services provided.

The Trust's Executive Team will be attending the August Collaborative Forum meeting to discuss the report and the development of an action plan.

Capsticks Report

The Capsticks Report 'Quality, Safety & Management Assurance Review at Liverpool Community Health NHS Trust' was published in March 2016, the Report and Action Plan are standing agenda items on the Joint Sefton And Liverpool LCH CQPG. The Trust report that the completed action plan will be presented to their Trust Board in July 2016. The Report was also discussed at the Quality Surveillance Group Meeting Chaired by NHSE in May 2016 and an action was taken to review the recommendations as a whole system exercise to identify any lessons learnt. This action has recently been followed up with NHSE by the CCG's Deputy Chief Nurse.

SALT Waiting Times

At the June CQPG a verbal update was given for adult SALT:

- A business case has been produced for additional staff
- 38 patients are currently on the waiting list
- Increase in the number of referrals and complexity noted i.e. COPD/ other respiratory, stroke patients, neuro patients.

- Locum recruited on a temporary basis resulting in reduced waiting times however follow up waiting times will be impacted on.

The CCG has requested a report for both adults and children, this should include referral rates, type/ source of referral, complexity and also staffing v establishment.

Community Matrons – South Sefton

At the June CQPG an update was provided regarding Community Matron establishment in South Sefton, it was confirmed that the team is currently experiencing 15% sickness absence rate and carrying a number of vacancies, however interviews for the vacancies are due to take place at the end of June.

Actions to support the service:

- Additionality has been sought and used from LCH bank and will continue to be sourced until staffing return to acceptable levels.
- Clinical triage is undertaken on a daily basis to identify priorities and mitigate risk of patient care being compromised
- There is 1.0wte matron in each ward as a minimum for domiciliary work
- Full staffing Care Home Matrons (apart from new posts)
- A process of caseload cleansing has commenced in Bootle ward and will be rolled out to all other wards.
- There is no waiting list for Care Home Matrons they are seen same day
- Due to caseload cleansing which has progressed to Seaforth & Litherland ward new patients currently not seen total 5 with a wait of <8days
- Vacancies – from five in total (Inc. additional 2) we have recruited to 2.0wte and the 3.0wte remaining have been shortlisted with interviews 28, 29,30th June.
- Despite sickness absence and vacancy levels the picture is now one of improvement and measures have and had been put in place to support the staffing levels and patient care.

Serious Incidents / Pressure Ulcers

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

7. Third Sector Contracts

NHS Standard Contract and Grant agreements are now fully signed by all parties with exception of Alzheimer's Society, it is expected that this will be signed shortly. Variations to update the Notice Period to 3 months have now been actioned and signed by all providers.

Review of all discretionary CCG spend is ongoing to explore further how Voluntary Organisations support the CCG vision of Health Care within the wider community.

A half day event was held on the 21st July by the CCG which brought together all current VCF providers they highlighted the benefits of their services, the event's aim was to consider improved ways of working that will be sustainable, efficient and effective in the future. The outcome of the event was a proposal paper for the Senior Leadership Team.

8. Quality and Performance

8.1 NHS South Sefton CCG Performance

Performance Indicators	Data Period	Current Period				Exception Commentary	Actions
		Target	Actual	Direction of Travel			
IPM							
Treating and caring for people in a safe environment and protecting them from avoidable harm							
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	16/17 - May	9	9	↑	There were 6 new cases reported in May 2016, 9 year to date. Of the 9 cases reported year to date 7 have been aligned to Aintree Hospital and 2 to the Royal Liverpool Broadgreen Hospital, (4 apportioned to acute trust and 5 apportioned to community). The year to date plan is 54.		
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	16/17 - May	8	8	↑	There were 6 new cases reported in May, year to date a total of 8. The year-end plan is 46.		
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	16/17 - May	0	0	↔	There were no new cases reported in May of MRSA for the CCG against a zero tolerance target.		
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	16/17 - May	0	0	↔	The Trust recorded no new cases of MRSA in May.		
Mixed Sex Accommodation Breaches							
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	16/17 - May	0.00	0.00	↔			
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	16/17 - May	0.00	0.00	↔			
Enhancing quality of life for people with long term conditions							
Patient experience of primary care i) GP Services	Jul-Sept 2015 and Jan-Mar 2016		6.47%	↔	Percentage of respondents reporting poor patient experience of primary care in GP Services. This was a very slight decrease from the previous period which recorded 6.64%.		
Patient experience of primary care ii) GP Out of Hours services	Jul-Sept 2015 and Jan-Mar 2016		7.86%	↓	Percentage of respondents reporting confidence and trust in person/people seen or spoken to at the GP Out of Hours Service. There has been an improvement from previous period when 10.05% was recorded.		

Patient experience of primary care i) GP Services ii) GP Out of Hours services (Combined)	Jul-Sept 2015 and Jan- Mar 2016	6%	6.68%	↓	The CCG reported a percentage of negative responses above the 6% threshold, this being an improvement 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.
Helping people to recover from episodes of ill health or following injury						
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	16/17 - May	80%	45.95%	↓	Aintree have failed to achieve the target in May with only 17 patients out of 37 spending at least 90% of their time on a stroke unit.	The number of patients discharged from the Trust with a diagnosis of stroke decreased to 37 (-4) and 17 of those spent at least 90% of their time on the stroke unit. Analysis of Stroke performance during May 2016 illustrates that unavailability of a stroke bed (12) and patients passing away within 24 hours of admission to the Trust (3) are the most frequently recorded reasons for patients not spending at least 90% of their stay on the Stroke Unit. Other identified delays relate to late referral to Stroke team (1), AEC direct admission referred late to Stroke but no bed available (1), treatment for AF prior to stroke referral (1) and referral to the Stroke Team post CT Scan (2). Recruitment to support the HASU is progressing.
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	16/17 - May	60%	100%	↔		
Mental health						
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) (CCG)	15/16 - Qtr4	95%	100.00%	↔		
IAPT Access - Roll Out	16/17 - May	1.25%	1.21%	↔	The CCG are under plan in May for IAPT Roll Out, out of a population of 24298, 295 patients have entered into treatment.	See section 7 of main report for commentary.
IAPT - Recovery Rate	16/17 - May	50%	45.40%	↔	The CCG are under plan for recovery rate reaching 45.4% in May. This equates to 64 patients who have moved to recovery out of 141 who have completed treatment. This is an increase on last month when 40.9% 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	16/17 - May	75%	98.50%	↑	May data shows 98.5%, an increase from April when 94% 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	16/17 - May	95%	100.00%	↑	May data shows 100%, April also recorded 100%.	

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.
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)	16/17 - May	93%	94.74%	↓	
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	16/17 - May	93%	94.97%	↓	
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	16/17 - May	93%	98.13%	↓	
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Aintree)	16/17 - May	93%	95.87%	↓	
Cancer waits – 31 days					
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	16/17 - May	96%	97.46%	↑	
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	16/17 - May	96%	99.21%	↓	

Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	16/17 - May	94%	97.22%	↓		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	16/17 - May	94%	0 Patients	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	16/17 - May	94%	94.44%	↑		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	16/17 - May	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	16/17 - May	98%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	16/17 - May	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)	16/17 - May	85% local target	100.00%	↔		
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)	16/17 - May	85% local target	91.67%	↑		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	16/17 - May	90%	100.00%	↔		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	16/17 - May	90%	90.90%	↓		

Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	16/17 - May	85%	90.00%	↑		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	16/17 - May	85%	83.12%	↓	The Trust failed the target for the second consecutive month of 2016/17, with an in month performance of 81.42% and a YTD performance of 83.12%. In May, there were an equivalent of 10.5 breaches out of a total of 56.5 patients.	The 62-day classic standard has again fallen below the 85% threshold with the Trust reporting performance of 82.7% during May 2016. The Trust treated 58 patients on 62 day cancer pathways with 10 patients receiving treatment outside of the 62 day threshold. A review of RCA's illustrates that 3 patients were unfit to undergo planned treatment within 62 days, patient choice delayed 3 treatments, industrial action impacted upon 2 pathways and multiple diagnostics and transfer between tumour sites delayed treatment on 2 patient pathways.
Referral To Treatment waiting times for non-urgent consultant-led treatment						
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	16/17 - May	0	0	↓		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	16/17 - May	0	0	↔		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	16/17 - May	92%	95.20%	↑		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Aintree)	16/17 - May	92%	93.90%	↑		

A&E waits						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	16/17 - May	95.00%	88.34%	↓	The CCG have failed the target in May reaching 88.34%. In May 954 attendances out of 8180 were not admitted, transferred or discharged within 4 hours.	Aintree comments: The Trust aims to achieve the 4 hour maximum A&E wait for Types 1 and 3 patients. During May 2016 there were 13,628 type 1 and type 3 attendances and 1,790 breaches which equates to combined performance of 86.88%. In relation to type 1 performance against the 4 hour emergency access standard the Trust achieved 74.77% (-5.0%) with 7,096 attendances and 1,790 breaches. Type 1 attendances during May 2016 are 3.25% higher than the 6,873 reported in May 2015 with peak demand consistently experienced on Mondays or Tuesdays. The Trust continues to experience a significant number of medically optimised patients remaining in an inpatient bed. The number of medically optimised patients reached a peak of 133 patients in March 2016 (higher than the peak in January 2015) and has continued to average 70 to 80 patients each day during May 2016. An action plan to reduce the numbers of medically optimised patients also remains in place. This includes weekly MADEs and implementation of actions from Safer Start/MADE. The Trust is also undertaking rapid improvement events on delayed discharges in May, facilitated by NHSI.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	16/17 - May	95.00%	80.72%	↑	The CCG have failed the target in May reaching 79.6% (year to date 80.72%). In May 726 attendances out of 3554 were not admitted, transferred or discharged within 4 hours.	
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) All Types	16/17 - May	STP Trajectory Target for May 91%	86.88%	↓	Aintree have failed the STP* target of 91% in May reaching 86.88%. In May, 1790 attendances out of 13648 were not admitted, transferred or discharged within 4 hours.	
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	16/17 - May	95.00%	74.77%	↓	Aintree have failed the target in May reaching 74.77%. In May 1790 attendances out of 7096 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)	16/17 - May	1.00%	1.00%	↑	The CCG have just failed to remain below the threshold of <1%, reporting 1% of patients waiting 6 weeks or more. This equates to 26 breaches out of a total of 2,497 patients.	June unvalidated data is showing the CCG is now achieving the target.
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	16/17 - May	1.00%	0.82%	↑		

Category A ambulance calls						
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	16/17 - May	75%	77.20%	↑		<p>Year to date Red activity (R1+R2) for NWAS is 14.5% up on the equivalent period in 2015. Mersey (including Wirral) is 10.9% up and South Sefton CCG is 11.7% up at the end of May. Two national targets have been set for Red 1 and Red 2 activity which must receive a response at scene within 8 minutes in 75% of cases. Cumulative actual performance at May was 77.2% (Red 1) and 69.5% (Red 2) against the 75% target for South Sefton CCG. NWAS continues to manage more incidents than planned through "Hear and Treat" and See and Treat", resulting in patients receiving appropriate treatment without an avoidable A&E attendance. Cumulative Hear & Treat activity is 85.8% more than the planned level of expected activity for South Sefton CCG.</p>
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	16/17 - May	75%	69.50%	↓	The CCG was under the 75% target year to date reaching 69.50%. In May out of 831 incidents there were 278 breaches (66.50%).	
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	16/17 - May	95%	94.80%	↓	The CCG was just under the 95% target year to date reaching 94.80%. In May out of 881 incidents there were 48 breaches (94.50%)	
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	16/17 - May	75%	75.40%	↓		
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	16/17 - May	75%	66.90%	↓	NWAS failed to achieve the 75% target in May recording 66.26%, year to date reaching 66.90%	
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	16/17 - May	95%	91.70%	↓	NWAS failed to achieve the 95% target in May recording 91.47%, year to date reaching 91.70%	

8.2 Friends and Family – Aintree University Hospital NHS Foundation Trust

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

Friends and Family Response Rates and Scores

Aintree University Hospital NHS Trust

Clinical Area	Response Rate (RR) Target	RR Actual (May 2016)	RR - Trajectory From Previous Month (Apr 16)	% Recommended (Eng. Average)	% Recommended (May 2016)	PR - Trajectory From Previous Month (Apr 2016)	% Not Recommended (Eng. Average)	% Not Recommended (May 2016)	PNR - Trajectory From Previous Month (Apr 16)
Inpatients	25%	25.6%	↓	96.0%	97%	↔	1.0%	1%	↔
A&E	15%	19.4%	↓	85.0%	86%	↔	8%	9%	↔

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 above the England average and is in line with the previous month (April 2016). The percentage of people who would not recommend the inpatient service remains in line with the England average

The percentage of people that would recommend A&E has risen since March, and is above the England average. The percentage of people who would not recommend the A&E is marginally below the England average.

The patient experience lead within the trust presented to the last EPEG group the ongoing work the organisation is doing against their patient experience strategy and focussed on the Friends and Family data. 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. The Trust's quarterly Patient Feedback Report contains detailed analysis regarding FFT, this report will be reviewed at CQPGs on a quarterly basis, the Quarter 1 report will be presented in September.

8.3 Serious Incidents (SIs)

CCG Serious Incident Management

The CCG Programme Manager for Clinical Quality and Safety responsible for managing serious incident for the CCG, is currently on a six month secondment opportunity with NHS England (Cheshire and Merseyside). Arrangements have been made for the Head of Vulnerable People for the CCG to manage the SI process as an interim arrangement.

Datix Reporting System

From the beginning of June 2016 the CCG have transferred over to the new Datix reporting system which is managed by Datix Insight Team in Mid Lancashire Commissioning Support Unit (MLCSU). Some issues have been highlighted as part of the data transfer which have been highlighted to the Datix Insight Team and the CCG Corporate Governance Manager. It is anticipated that all issues will be resolved in time for the Q2 report.

Number of Serious Incidents (SIs) reported in period

There have been 13 SI's reported in June 2016, this applies to a total of 26 reported SI's year to date (Table. 1). All SI's are managed as per the NHS England Serious Incident Framework within the CCG Internal Serious Incident Meeting.

Liverpool Community Health NHS Trust

7 SI's were raised by Liverpool Community Health NHS Trust (LCH). 4 were related to pressures ulcers. One of these was removed from StEIS with agreement of Liverpool CCG as the incident was within a south Sefton nursing home. The incident is being investigated in-line with section 42 safeguarding adult procedures. There is agreement in place with Liverpool and South Sefton CCG, to monitor the composite pressure ulcer action plan via the Clinical Quality Performance Groups (CQPG).

Liverpool CCG have highlighted low reporting of SI's across LCH with the exception of Pressure Ulcers. It has been proposed that there is a focus at the September CQPG on SI reporting per locality.

SI's Reported June 2016

StEIS No.	Category	Organisation	Incident Reported within 48 Hours of Incident Date	Reported within 48hrs from Incident Identified
201614866	Pressure ulcer meeting SI criteria	Liverpool Community Health NHS Trust	Yes - Incident 31-5-16, reported 1-6-16.	Yes - Reported 1-6-16, identified 1-6-16.
201614869	Pressure ulcer meeting SI criteria	Liverpool Community Health NHS Trust	No 12 days after - Incident 16-5-16, reported 1-6-16.	Yes - Reported 1-6-16, identified 31-5-16.
201614168	Apparent/actual/suspected self-inflicted harm meeting SI criteria	Liverpool Community Health NHS Trust	No 6 days after - Incident 24-5-16, reported 1-6-16	No 3 days after - Reported 1-6-16, identified 27-5-16.
201614915	Slips/trips/falls meeting SI criteria	Liverpool Community Health NHS Trust	Yes - Incident 31-5-16, reported 1-6-16.	Yes - Reported 1-6-16, identified 1-6-16.
201615354	Slips/trips/falls meeting SI criteria	Liverpool Community Health NHS Trust	Yes - Incident 3-6-16, reported 7-6-16.	Yes - Reported 7-6-16, identified 6-6-16.
201615858	Pending review (a category must be selected before incident is closed)	The Walton Centre NHS Foundation Trust	Yes - Incident 8-6-16, reported 10-6-16	Yes - Reported 10-6-16, identified 8-6-16.
201615983	Apparent/actual/suspected self-inflicted harm meeting SI criteria	Mersey Care Trust	Yes - Incident 11-6-16, reported 13-6-16.	Yes - Reported 13-6-16, identified 12-6-16.
201616347	Pending review (a category must be selected before incident is closed)	Mersey Care Trust	Yes - Incident 15-6-16, reported 16-6-16.	Yes - Reported 16-6-16, identified 15-6-16.
201616530	Abuse/alleged abuse of adult patient by staff	Mersey Care Trust	No 30 days after - Incident 9-5-16, reported 20-6-16	No 4 days after - Reported 20-6-16, identified 9-5-16.
201616848	Pressure ulcer meeting SI criteria	Liverpool Community Health NHS Trust	Yes - Incident 17-6-16, reported 21-6-16.	Yes - Reported 21-6-16, identified 17-6-16.
201617545	Pressure ulcer meeting SI criteria	Aintree University Hospital NHS Trust	No 3 days after - Incident 27-6-16, reported 30-6-16.	Yes - Reported 30-6-16, identified 28-6-16.
201617555	Pressure ulcer meeting SI criteria	Liverpool Community Health NHS Trust	Yes - Incident 28-6-16, reported 30-6-16	Yes - Reported 30-6-16, identified 28-6-16.
201617563	Apparent/actual/suspected self-inflicted harm meeting SI criteria	Mersey Care Trust	No 16 days after - Incident 8-6-16, reported 30-6-16.	Yes - Reported 30-6-16, identified 28-6-16.

There were 4 incidents raised on StEIS by Mersey Care NHS Foundation Trust (Merseycare). University Hospitals Aintree NHS Foundation Trust (UHA) have raised 1 incident on StEIS which was a pressure ulcer and The Walton Centre NHS Foundation Trust (WCCN) is awaiting confirmation.

Number of Never Events reported in period

There were no never events reported in June 2016.

Number of SIs closed in month

The CCG has recorded 1 Serious Incident as closed in June 2016 (the incident closed was classed as a never event), 2 closed year to date for 2016/17.

StEIS No.	Category	Organisation	Reported Date	Closed Date
20164559	Surgical/invasive procedure incident meeting SI criteria	Aintree University Hospital NHS Trust	17/02/2016	28/06/2016

Number of Route Cause Analysis reports due in month where extension requested and granted.

There was 1 RCA due in June, see details below:

StEIS No.	Category	Organisation	RCA Due Date	RCA Report Received	Extension Given?
20168401	Pressure Ulcer 3/4 - ungraded	Liverpool Community Health NHS Trust	23/06/2016	No	Yes - 1-7-2016

Number of incidents reported split by type YTD

There have been a total of twenty six reported incidents during Q1 (Table 3). Of these, there were five incidents that were repeated in quarter (Table 2). The majority of repeated incidents relate to pressure ulcers (9), with the 2nd most common incident related to slips/ trip and falls (6).

Repeated incidents Q1

SI Criteria	Number
Apparent/actual/suspected self-inflicted harm	3
Pressure ulcer	9
Slips/trips/falls	6
Substance misuse whilst inpatient	2
Pending review	2

Number of Incidents reported by Provider

The 26 SI's raised in Q1 have been broken down by provider (Table. 4)

UHA have reported 4 incidents: 2 pressure ulcers, 1 HCAI / infection control and 1 slips / trips falls. The CCG Serious Incident Manager meets with the Trust Clinical Risk Manager on a monthly basis to discuss all SI's and Trust actions.

LCH have reported 12 incidents: 1 related to a self-harm, 7 pressure ulcers, 3 slips / trips falls and 1 treatment delay. The CCG Serious Incident Manager liaises closely with Liverpool CCG who have co-ordinating commissioning responsibilities for LCH.

MerseyCare have reported 8 incidents: 1 alleged adult abuse, 2 related to self-harm, 2 slips / trips falls, 2 incidents related to substance misuse whilst an in-patient and 1 still awaiting classification on StEIS.

Southport and Ormskirk Hospitals NHS Trust (S&O) have reported 1 information governance related incident.

WCCN have reported an incident, awaiting classification on StEIS

Incident Reported By Provider

Provider / Type of Incident	Apr	May	Jun	YTD
Aintree University Hospital NHS Foundation Trust				
HCAI/Infection control incident meeting SI criteria	1			1
Pressure ulcer meetin SI criteria		1	1	2
Slips/trips falls meeting SI criteria	1			1
Liverpool Community Health NHS Trust				
Apparent/actual/suspected self-inflicted harm meeting SI criteria			1	1
Pressure ulcer meeting SI criteria		3	4	7
Slips/trips falls meeting SI criteria		1	2	3
Treatment Delay	1			1
Merseycare Trust				
Abuse/alleged abuse of adult patient by staff			1	1
Apparent/actual/suspected self-inflicted harm meeting SI criteria			2	2
Pending review (a category must be selected before incident is closed)			1	1
Slips/trips falls meeting SI criteria	1	1		2
Substance misuse whilst inpatient meeting SI criteria		2		2
Southport and Ormskirk Hospital NHS Trust				
Information Governance Incident	1			1
The Walton Centre NHS Foundation Trust				
Pending review			1	1
Grand Total	5	8	13	26

Serious Incidents Currently Open

In total there are 62 open serious incidents on StEIS where South Sefton CCG is the responsible and or has co-ordinating commissioning responsibilities.

- 2014/15 = 3
- 2015/16 = 33
- 2016/17 = 26

Year	Provider	No of Open Incidents	
2014/15	Aintree University Hospital NHS Trust	1	3
	The Walton Centre NHS Foundation Trust	1	
	Liverpool Community Health NHS Trust	1	
2015/16	Aintree University Hospital NHS Trust	4	33
	Airdale NHS Foundation Trust	1	
	Alder Hey Childrens Trust	1	
	Liverpool Community Health NHS Trust	16	
	Merseycare NHS Trust	5	
	Southport & Ormskirk NHS Trust	6	
2016/17	Aintree University Hospital NHS Trust	4	26
	Liverpool Community Health NHS Trust	12	
	Merseycare NHS Trust	8	
	Southport & Ormskirk NHS Trust	1	
	The Walton Centre NHS Foundation Trust	1	

9. Primary Care

9.1 Background


We are reviewing the primary care dashboard that has been used in 2015/16 with a view to understanding the needs for reporting across the organisation from a quality, improvement, QIPP perspective. We are also working closely with other CCGs to look at practice elsewhere, and the ability of Midlands and Lancashire Commissioning Support Unit's Business Intelligence tool, Aristotle to be able to report practice level primary care information. We feel that information should be made available to practices in a timely and consistent format to aid locality discussions. 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.

9.2 CQC Inspections

A number of practices in South Sefton CCG have been visited by the Care Quality Commission and details of any inspection results are published on their website. Results posted in the last month are as follows:

Drs Berni and Vitty Good (2.7 miles away)

We are carrying out checks at Drs Berni and Vitty using our new way of inspecting services. We will publish a report when our check is complete.

 40-42 Kingsway, Waterloo, Liverpool, L22 4RQ
(0151) 928 2415
Provided by: Drs Berni and Vitty

CQC inspection area ratings
(Latest report published on 15 July 2016)

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

CQC Inspections and ratings of specific services
(Latest report published on 15 July 2016)

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

Doctors/GPs

Specialisms/services

- Diagnostic and screening procedures
- Maternity and midwifery services
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

10. Better Care Fund

The 'Payment for Performance' (p4p) period for BCF ended in December 2015 (p4p ran Q4 2014/15 – Q3 2015/16) but the CCG continues to monitor non elective admissions to hospital. In order to ensure a consistent and accurate set of numbers for the financial year 2015/16, Health & Wellbeing Boards were required to submit a Q4 2015/16 plan in their Q2 2015/16 BCF monitoring submission (submitted 27/11/15). Non elective admissions in Q4 2015/16 were 8.6% lower than both the Q4 2015/16 plan and Q4 of the previous financial year (2014/15).

Note that in 2016/17 BCF non elective baselines have been pre-populated based on early March 2016 draft of CCG planning submissions and not final submissions. NHS England has conducted a refresh of these baselines to account for final CCG plans which were finalised at the end of the 2016/17 contracting round in May 2016.

Also CCG operational plans for 2016/17 are SUS based, however we had the option under BCF of choosing a data source to monitor non elective admissions in 2015/16, and we chose MAR. In a change from 2015-16 reporting local areas are no longer required to report on Non-Elective Admissions as this data will already be available nationally. Therefore comparisons of activity between years would not be accurate going forward.

Figure 24 Better Care Fund – Non Elective Admissions

BCF NEL Admissions	"Payment for Performance" period, calculated quarterly																Non payment for performance period			
Financial Year	2014/15				2015/16															
	Jan	Feb	Mar	Q4	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4
Baseline	3,098	3,098	3,098	9,294	3,036	3,036	3,036	9,107	3,030	3,030	3,030	9,091	3,017	3,017	3,017	9,050	3,223	3,223	3,223	9,668
Plan	3,003	3,003	3,003	9,009	2,491	2,491	2,491	8,822	2,935	2,935	2,935	8,806	2,921	2,921	2,921	8,763	3,128	3,128	3,128	9,383
Actual	3,176	2,976	3,515	9,667	3,257	3,246	2,958	9,462	2,957	2,849	2,767	8,574	2,811	2,902	2,936	8,650	2,962	2,922	2,950	8,834
Variance from baseline	78	-122	417	373	222	210	-77	355	-73	-181	-263	-517	-205	-114	-81	-400	-261	-301	-273	-834
% Variance from baseline	2.5%	-3.9%	13.5%	4.0%	7.3%	6.9%	-2.5%	3.9%	-2.4%	-6.0%	-8.7%	-5.7%	-6.8%	-3.8%	-2.7%	-4.4%	-8.1%	-9.3%	-8.5%	-8.6%