

**South Sefton Clinical  
Commissioning Group**  
Integrated Performance Report  
August 2016

## Contents

1. Executive Summary .....	5
2. Financial Position.....	9
2.1 Summary .....	9
2.2 Resource Allocation .....	9
2.3 Position to date and forecast.....	10
2.4 QIPP and Transformation Fund .....	11
2.5 CCG Running Costs .....	12
2.6 CCG Cash Position.....	13
2.7 Evaluation of risks and opportunities.....	13
2.8 Reserves budgets / Risk adjusted surplus .....	14
2.9 Recommendations.....	16
3. Planned Care.....	17
3.1 Referrals by source.....	17
3.2 Diagnostic Test Waiting Times.....	18
3.3 Referral to Treatment Performance.....	19
3.3.1 Incomplete Pathway Waiting Times .....	20
3.3.2 Long Waiters analysis: Top 5 Providers .....	20
3.3.3 Provider assurance for long waiters .....	21
3.4 Cancelled Operations .....	21
3.4.1 All patients who have cancelled operations on or day after the day of admission for non-clinical reasons to be offered another binding date within 28 days.....	21
3.4.2 No urgent operation to be cancelled for a 2nd time .....	21
3.5 Cancer Indicators Performance .....	22
3.5.1 - Two Week Waiting Time Performance .....	22
3.5.2 - 31 Day Cancer Waiting Time Performance .....	23
3.5.3 - 62 Day Cancer Waiting Time Performance .....	24
3.6 Patient Experience of Planned Care .....	24
3.7 Planned Care Activity & Finance, All Providers .....	25
3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust .....	26
3.7.2 Planned Care Southport & Ormskirk Hospital .....	27
3.7.3 Renacres Hospital .....	28
4. Unplanned Care.....	28
4.1 Accident & Emergency Performance .....	28
4.2 Ambulance Service Performance.....	30
4.3 Unplanned Care Quality Indicators .....	30
4.3.2 Mixed Sex Accommodation.....	31

4.3.3	Healthcare associated infections (HCAI).....	32
4.3.4	Mortality.....	32
4.4	CCG Serious Incident Management.....	32
4.5	Delayed Transfers of Care.....	34
4.6	Patient Experience of Unplanned Care.....	35
4.7	Unplanned Care Activity & Finance, All Providers.....	37
4.7.1	Unplanned Care Aintree University Hospital NHS Foundation Trust.....	37
4.7.2	Aintree Hospital Key Issues.....	38
5.	Mental Health.....	39
5.1	Mersey Care NHS Trust Contract.....	39
5.1.1	Key Mental Health Performance Indicators.....	39
5.1.2	Mental Health Contract Quality Overview.....	40
5.2	Improving Access to Psychological Therapies.....	41
5.2.1	Improving Access to Psychological Therapies Contract Quality Overview.....	42
5.3	Dementia.....	42
6.	Community Health.....	43
6.1	Liverpool Community Health Contract.....	43
6.1.1	Patient DNA's and Provider Cancellations.....	43
6.1.2	Waiting Times.....	44
6.2	Any Qualified Provider LCH Podiatry Contract.....	44
6.2.1	Liverpool Community Health Quality Overview.....	44
6.3	Southport and Ormskirk Trust Community Services.....	45
7.	Third Sector Contracts.....	46
8.	Primary Care.....	46
8.1	Primary Care Dashboard progress.....	46
8.2	CQC Inspections.....	46
9.	Better Care Fund.....	48

## List of Tables and Graphs

Figure 1 – Financial Dashboard	9
Figure 2 – Forecast Outturn	10
Figure 3 – RAG rated QIPP plan	11
Figure 4 – Phased QIPP plan for the 2016/17 year	12
Figure 5 – QIPP performance at month 6	12
Figure 6 – Summary of Financial Position	15
Figure 7 - GP and 'other' referrals for the CCG across all providers for 2015/16 & 2016/17	17
Figure 8 South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting	20
Figure 9 Patients waiting (in bands) on incomplete pathway for the top 5 Providers	20
Figure 10 Planned Care - All Providers	25
Figure 11 Planned Care - Aintree University Hospital NHS Foundation Trust by POD	26
Figure 12 Planned Care - Southport & Ormskirk Hospital by POD	27
Figure 13 Planned Care - Renacres Hospital by POD	28
Figure 14 Month 1 Unplanned Care – All Providers	37
Figure 15 Month 1 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD	37
Figure 16 NHS South Sefton CCG – Shadow PbR Cluster Activity	39

## 1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 3 (note: time periods of data are different for each source).

### CCG Key Performance Indicators

<b>NHS Constitution Indicators</b>	<b>CCG</b>	<b>Main Provider</b>
A&E 4 Hour Waits (All Types)		Aintree
Ambulance Category A Calls (Red 1)		NWAS
Cancer 2 Week GP Referral		Aintree
RTT 18 Week Incomplete Pathway		Aintree
<b>Other Key Targets</b>	<b>CCG</b>	<b>Main Provider</b>
A&E 4 Hour Waits (Type 1)		Aintree
Ambulance Category A Calls (Red 2)		NWAS
Ambulance Category 19 transportation		NWAS
Cancer 14 Day Breast Symptom		Aintree
Cancer 31 Day First Treatment		Aintree
Cancer 31 Day Subsequent - Drug		Aintree
Cancer 31 Day Subsequent - Surgery		Aintree
Cancer 31 Day Subsequent - Radiotherapy		Aintree
Cancer 62 Day Standard		Aintree
Cancer 62 Day Screening		Aintree
Cancer 62 Day Consultant Upgrade		Aintree
Diagnostic Test Waiting Time		Aintree
HCAI - C.Diff		Aintree
HCAI - MRSA		Aintree
IAPT Access - Roll Out		
IAPT - Recovery Rate		
Mixed Sex Accommodation		Aintree
Patient Experience of Primary Care i) GP Services ii) Out of Hours (Combined)		
RTT 18 Week Incomplete Pathway		Aintree
RTT 52+ week waiters		Aintree
Stroke 90% time on stroke unit		Aintree
Stroke who experience TIA		Aintree

## **Key information from this report**

### **Financial position**

The forecast outturn position after the application of reserves is a surplus of £1.250m against a planned surplus of £2.450m. The QIPP requirement to deliver the planned surplus of £2.450m for the financial year is £10.384m. QIPP delivered at the end of Month 6 is £3.623m and the forecast underspend on operational budgets is £0.761m. At this stage, the CCG has identified a further £2.721m worth of savings to be delivered in year (risk adjusted QIPP schemes to be delivered) resulting in a forecast deficit of £1.046m. The financial position relating to operational budgets at Month 6 before the application of reserves is £0.702m underspend against plan with a year-end forecast of £0.761m underspend following mitigation of cost pressures with the CCG contingency budget. The forecast position deteriorated by £1.208m overall during the month, this was due to an increased spend forecasted within acute care.

### **Planned Care**

Discussions regarding referral management, prior approval, cataracts and consultant to consultant referrals continue, but a decision is yet to be reached.

The CCG failed the less than 1% plan for diagnostics in August, reporting 1.4%, with Aintree Hospital reporting 1.2%. Aintree are putting in place a number of actions around Colonoscopy, MRI and CT which CCG colleagues will be monitoring closely.

All cancer indicators are performing favourably.

Planned care contract elements at month 5 for South Sefton CCG are displaying an over-performance of £91k, which is a percentage variance of less than 1%. At specific trusts, Renacres and Alder Hey are reporting the largest cost variances with totals of £122k and £162k respectively. Over spend is offset by underperformance at a numbers of Trusts, namely, Aintree University Hospital -£185k and Southport & Ormskirk Hospital -£112k.

### **Unplanned Care**

Aintree continue to fail against the A&E target in August not meeting the agreed SFT plan of 94% with 86.7% for all A&E types. South Sefton CCG performance is 88.4%. Implementation of the AED stream of the Emergency and Acute Care Plan at Aintree commenced 24 August 2016. The development of the Frailty and Ward work-streams remains ongoing. Until all the work-streams have been implemented and embedded, delivery of the 4 hour standard will be difficult to achieve.

South Sefton CCG failed all 3 ambulance indicators for August. Activity levels continue to be significantly higher than was planned for and this (together with the ongoing issues regarding turnaround times) continues to be reflected in the performance against the response time targets. In respect of ambulance turnaround times, Aintree experienced a decrease in the number of delays in excess of 30 minutes during August 2016 compared to previous month. Ambulance turnaround times remain a key focus for improvement and review of the Ambulance Escalation Plan is being undertaken.

Aintree failed to achieve the stroke target for August with 17 patients out of 31 spending 90% of their time in a stroke bed. A number of actions are in progress overseen by CCG urgent care and CVD leads.

In August the CCG had 4 mixed sex accommodation breaches (a rate of 0.7) and have therefore breached the zero tolerance threshold. The breaches were at Aintree. These were all due to patient's conditions improving and no longer requiring ventilator support and no step down beds

being available. Work is on-going with all agencies to minimise the number of delayed transfers of care and to free up acute beds as soon as possible.

In total this year there have been 23 patients with Trust apportioned CDI including 5 cases in August. However, 4 cases were successful at CCG appeal and so for performance from April – August 2016 there have been 19 cases, against a monthly ytd plan of 23.

There have been no cases of MRSA year to date.

Month 6 there were 10 serious incidents which were raised on StEIS. The majority of incidents 5 were pressure ulcers reported by Liverpool Community Health NHS Trust (LCH). The Trust composite pressure ulcer action remains in place which is managed by the Clinical Quality Performance Group. The CCG links in with the Trust pressure ulcer reduction meeting alongside Liverpool CCG as lead commissioner. Year to date there have been 48 serious incidents for the CCG.

Delayed Transfers of Care (DTCOC's) reduced to 32 during August 2016 (-8.6%). Patient and/or family choice resulted in 14 delayed transfers (43.8%) and a further 10 were due to delays incurred whilst awaiting further NHS non acute care (31.3%). Analysis of delays in August 2016 compared to August 2015 illustrates a 43% increase in the number of patients awaiting further NHS non acute care (+3) and 180% increase in delays due to patient or family choice (+9).

Aintree University Hospital NHS Foundation Trust routinely achieves the A&E Friends & Family Test response rate target way in excess of the regional and national response rates. The percentage of people that would recommend A&E has remained the same as last month but is now below the England average. The percentage of people who would not recommend the A&E is above the England average.

Performance at Month 5 of financial year 2016/17, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£528k/-3%. This under-performance is clearly driven by Aintree Hospital reporting an under performance of -£414k/-3%.

## **Mental Health**

Asperger's waiting times for the MerseyCare provided service appear to be increasing. The CCG have requested a position statement around what the Trust is doing to manage these waits.

At Aintree University Hospital (AUH) Trust, two 12 Hour Breaches related to mental health patients have occurred, both AUH and Mersey Care are constructing Root Cause Analyses. The CCG has requested that the Trust provide details regarding mental health liaison arrangements at Aintree Hospital should the additional ex-SRG funded resource be withdrawn at the end of October 2016.

Following concerns around referral response times raised by the commissioners from 1st October 2016 the Trust has enabled access to on call Consultant Psychiatrist for GPs to discuss urgent referrals and access to Silver on call if referral issues that have not been addressed need escalating.

In addition following the CQPG held on the 14th October 2016 the CCG has requested further information on psychotherapy, eating disorder staffing levels and GP communication.

Performance against the Mental Health Care Programme Approach target underperformed in August, this is related to 1 patient out of 18 who was not followed up within 7 days of an in-patient discharge. The Trust made numerous attempts to contact and follow up this patient.

The IAPT provider (Cheshire & Wirral Partnership) reported 244 South Sefton patients entering treatment in month 5, which is a 10% decrease from the previous month. Current activity levels provide a year-end forecast of 13.7% against the 15% access standard.

GP Referrals remained low at 76 for Month 5, although this is a slight increase from the 71 in Month 4. 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 42.7% in month 5, below the minimum standard of 50%. A forecast at month 5 gives a year end position of 43.1%. 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 and staff sickness absence continues to affect cancellation numbers.

Contact has been made with the National Intensive Support Team and they will shortly commence working with the service. In addition to addressing underperformance in the 15% prevalence/access target the Support team will be working with the service provider to reduce the number of high waits that exist from first assessment to subsequent treatment which are unacceptably high.

The dementia diagnosis rate has fallen slightly (56.6%) compared to the July rate (57%).

### **Community Health Services**

There is currently a District Nursing systems review taking place across LCH. This is to review processes in relation to manual and electronic requirements.

A number of services have seen a high number of DNA's and Provider cancellations so far in 2016/17. Provider cancellation rates have seen an improvement this month, with no services reporting red. Total hospital cancellation rate for Sefton is green at 1.9% this month. A number of actions and policies are in place in the Trust to try and reduce patient cancellations and DNAs.

The CCG raised some queries relating to Adult Speech & Language Therapy waiting times. These have improved further this month with an average of 9 weeks on the incomplete pathway, 7 weeks on the completed pathway and the longest waiter at 15 weeks. Recent long waiting times have been due to low staffing levels in the service however the Trust has recruited a locum and the waiting time has now reduced to less than 18 weeks. In the short term the Trust has plans to do some capacity and demand work around this so they can forward plan for waits increasing again. Whilst longer term the Trust has submitted a business case for more funds to employ more staff to reduce the waits in the service.

### **Primary Care**

One South Sefton practice, Westway Medical Practice received their CQC inspection report recently with a grading of "Good".

### **Better Care Fund**

A Better Care Fund Plan for 2016/17 has been agreed and submitted to the national Better Care Support Team and joint work is underway to further develop these plans by 31 October 2016 for implementation. In the meantime we have submitted a Quarter 1 performance report to NHSE.



## 2. Financial Position

### 2.1 Summary

This report focuses on the financial performance for South Sefton CCG as at 30 September 2016 (Month 6).

The forecast outturn position after the application of reserves is a surplus of £1.250m against a planned surplus of £2.450m. The forecast position is subject to delivery of the QIPP programme in 2016/17. Delivery of the planned surplus requires release of the 1% uncommitted non recurrent reserve, which is currently held uncommitted as directed by NHS England.

The financial position relating to operational budgets at Month 6 before the application of reserves is £0.702m underspend against plan with a year-end forecast of £0.761m underspend following mitigation of cost pressures with the CCG contingency budget. The forecast position deteriorated by £1.208m overall during the month, this was due to an increased spend forecasted within acute care.

The QIPP requirement to deliver the planned surplus of £2.450m for the financial year is £10.384m. QIPP delivered at the end of Month 6 is £3.623m and the forecast underspend on operational budgets is £0.761m. At this stage, the CCG has identified a further £2.721m worth of savings to be delivered in year (risk adjusted QIPP schemes to be delivered) resulting in a forecast deficit of £1.046m.

The CCG needs to deliver a further £2.296m of further savings in addition to the risk adjusted QIPP plan to deliver the revised surplus of £1.250m. This is before release of the 1% uncommitted reserve.

The high level CCG financial indicators are listed below:

**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)	£1.250m	£2.450m
QIPP	QIPP Plan delivered – <i>(Red if shortfall against planned delivery)</i>	£3.623m	£3.482m
Running Costs (Forecast Outturn)	CCG running costs < CCG allocation 2016/17	✓	✓

### 2.2 Resource Allocation

There were no additional allocations received in Month 6.

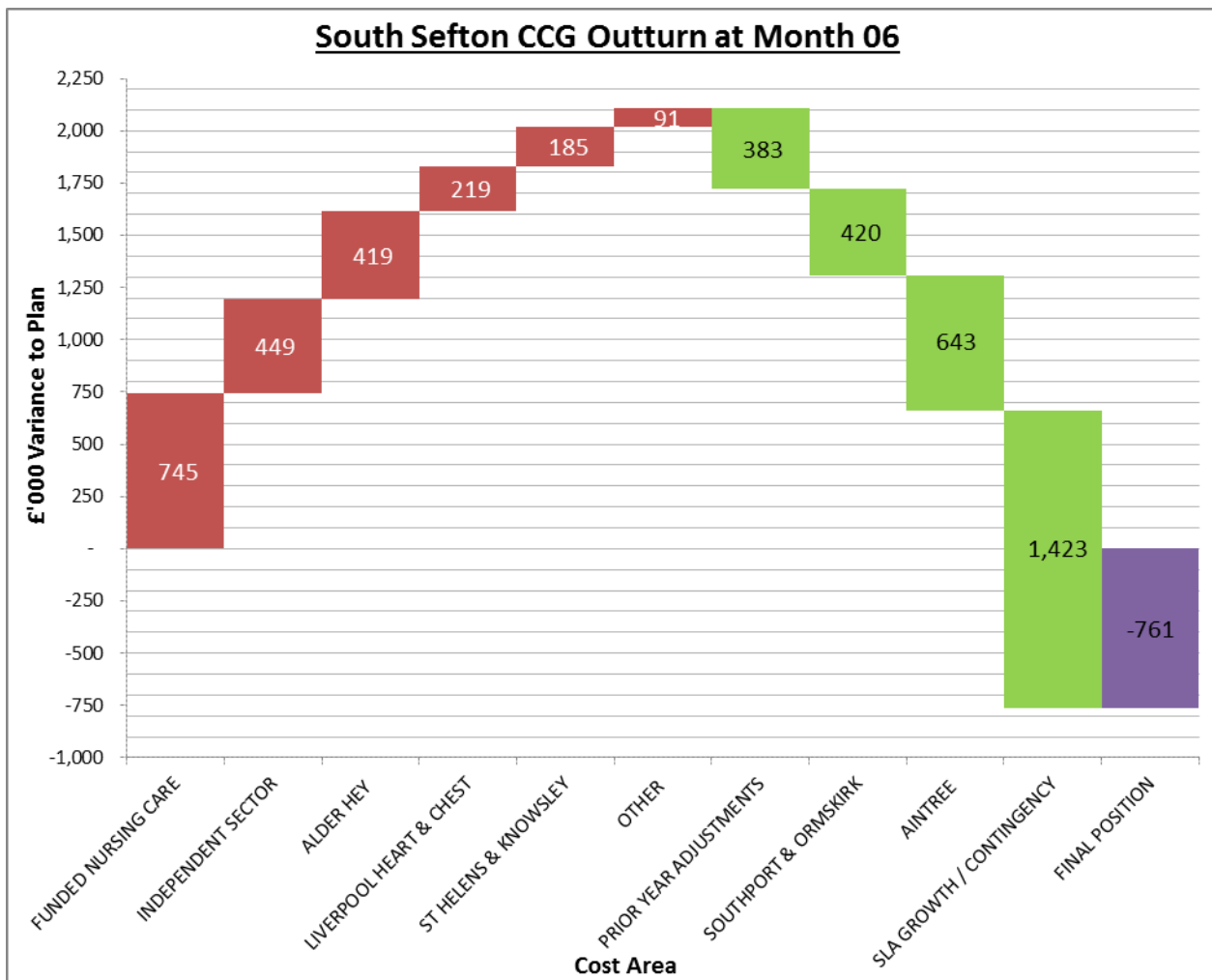
## 2.3 Position to date and forecast

The main financial pressures included within the financial position are shown below in figure 2 which presents the CCGs forecast outturn position for the year.

There are forecast pressures within funded nursing care; due to the nationally mandated uplift, and in acute care. Pressures on acute budgets are particularly evident at Alder Hey, Liverpool Heart & Chest and in the Independent Sector, mainly with Ramsay Healthcare.

The overspend is supported by underspends with other acute providers, notably Aintree, and Southport & Ormskirk.

**Figure 2 – Forecast Outturn**



### Prescribing

The prescribing forecast for the financial year is an underspend of £0.101m and is in line with the PPA forecast for 2016/17 and the actual performance for 2015/16. The forecast outturn has reduced significantly during the month and further scrutiny is in progress to understand the reason for the change and how much of this is directly related to CCG QIPP schemes.

### Continuing Health Care and Funded Nursing Care (Non-NHS Commissioning)

The Month 6 position for the continuing care budget is an overspend of £0.161m, which reflects the current number of patients, average package costs and an uplift to providers of 1.1% until the end of the financial year which has been communicated to providers.

Year-to-date QIPP savings have been transacted against this budget to the value of £0.840m relating to the additional growth budget of 5% included at budget setting and other efficiencies relating to prior year charges. The forecast financial position is taken following this budget reduction, and has been included in the QIPP plan for 2016/17.

Increased costs in respect of Funded Nursing Care were announced in July 2016. The impact for South Sefton CCG is a cost pressure of £0.783m and this cost pressure is now included within the CCG forecast position.

## 2.4 QIPP and Transformation Fund

The 2016/17 identified QIPP plan is £10.384m. This plan has been phased across the year on a scheme by scheme basis and full detail of progress at scheme level is monitored at the QIPP committee.

Figure 3 shows a summary of the current risk rated QIPP plan approved at the Governing Body in May 2016. This demonstrates that although recurrently there are a significant number of schemes in place, further work is being done to move red and amber rated schemes to green rated schemes. The detailed QIPP plan is projected to deliver £6.344m in total during the year

**Figure 3 – RAG rated QIPP plan**

	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	2,560	(1,236)	1,325	856	221	248	1,325
Medicines optimisation plan	4,003	(2,392)	1,429	1,289	140	0	1,429
CHC/FNC plan	1,285	(342)	943	840	103	0	943
Discretionary spend plan	6,824	(2,969)	3,855	2,332	1,498	25	3,855
Urgent Care system redesign plan	3,437	(585)	2,832	26	40	2,766	2,832
<b>Total QIPP Plan</b>	<b>18,109</b>	<b>(7,524)</b>	<b>10,384</b>	<b>5,343</b>	<b>2,002</b>	<b>3,039</b>	<b>10,384</b>
Risk rated QIPP plan				5,343	1,001	0	6,344

As shown in **Figure 4** and **5** below, £3.622m has been actioned at Month 6 against a phased plan of £5.289m.

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

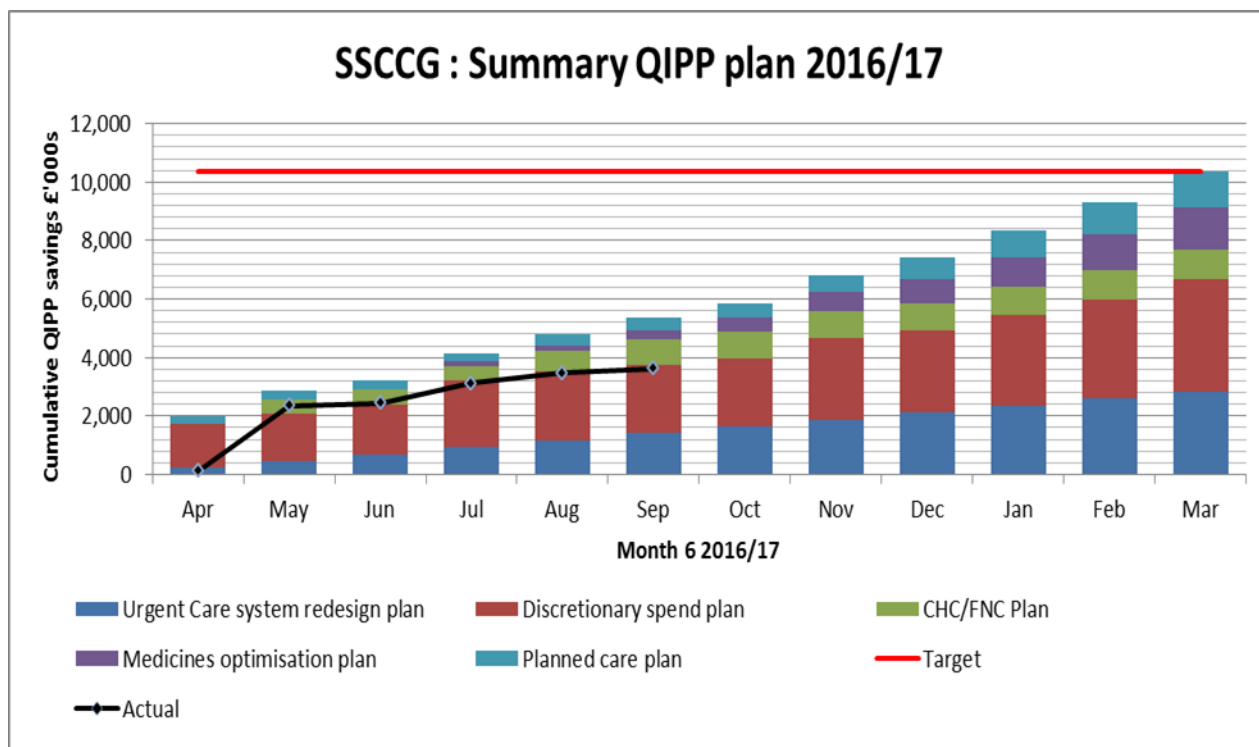


Figure 5 – QIPP performance at month 6

Scheme	In month current month (M6)					
	In month plan	In month actual	Variance	YTD Plan	YTD Actual	Variance
Planned care plan	0	0	0	431	364	(67)
Medicines optimisation plan	70	0	(70)	277	60	(217)
CHC/FNC Plan	140	140	0	840	840	0
Discretionary spend plan	0	0	0	2,332	2,332	(0)
Urgent Care system redesign plan	231	0	(231)	1,409	26	(1,383)
<b>Total</b>	<b>440</b>	<b>140</b>	<b>(300)</b>	<b>5,289</b>	<b>3,622</b>	<b>(1,667)</b>

QIPP delivery is £1.667m below plan at Month 6. There is a significant risk of delivery of the remaining plan with a high proportion of schemes rated red or amber and an increased target over the later months in the financial year. The CCG and scheme leads in particular, must work to provide further assurance regarding the delivery of schemes in order to deliver the agreed financial plan.

## 2.5 CCG Running Costs

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

The current year end outturn position for the running cost budget is an underspend of £0.082m.

## 2.6 CCG Cash Position

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 6 position

Maximum Cash Drawdown (MCD) limit for South Sefton CCG for 2016/17 is £240.274m. Up to Month 6, the actual cash received is £123.726m (51.5% of MCD) against a target of £120.137m (50.0% of MCD).

At Month 6, the forecast financial position is a planned £1.250m surplus. The delivery of this is heavily reliant on QIPP programmes being achieved. If expenditure levels continue, the CCG may 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. 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, the CCG will need to develop plans to manage the additional cash requirement. Alternatively this will require an additional cash allocation requested from NHS England which cannot be guaranteed.

A full year cash flow forecast, based on information available at month 6, has been produced. This estimates a cash shortfall of £8.730m, the CCG is working with NHS England to assess the impact of this and take appropriate action.

## 2.7 Evaluation of risks and opportunities

The primary financial risk for the CCG continues to be non-delivery of the QIPP target in this financial year. There are still a significant number of QIPP programmes that are currently rated as 'Red' or 'Amber' and work is underway to provide the required level of assurance to change these schemes to 'Green'.

Failure to do this will mean the CCG will not achieve its required planned surplus. Overall management of the QIPP programme is being monitored by the QIPP committee.

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

- Acute contracts – The CCG has historically 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 5 which is still in early stages in the financial year. There is a particular risk in relation to non-elective activity at Aintree following the opening of its new urgent care centre as previously reported.

All members of the CCG have a role to play in managing these risks 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. This is continually reviewed during the financial year.

- 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 notified providers of the 1.1% inflationary uplift but a number of providers have since communicated to the CCG that this is not adequate and they require additional uplifts in excess of this. A paper will be tabled to the GB at the end of October to consider this issue in more detail.
- 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. The monthly expenditure and forecast will need to be monitored closely as QIPP schemes continue to be delivered.

## **2.8 Reserves budgets / Risk adjusted surplus**

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 figure 6. This demonstrates that the CCG is required to deliver a total management action plan of £8.640m in 2016/17 in order to meet a revised surplus of £1.250m.

In order to deliver the planned surplus of £2.450m, the CCG is reliant on return of the 1% non-recurrent reserve, which remains uncommitted as directed by NHS England.

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.

**Figure 6 – Summary of Financial Position**

	Recurrent £000	Non-Recurrent £000	Total £000
Target surplus	2.450		2.450
QIPP Target	(4.921)	(5.463)	(10.384)
Revised surplus / (deficit)	(2.471)	(5.463)	(7.934)
Outturn (against operational budgets)	(0.763)	1.524	0.761
Committed Reserve Budgets	0.000	(0.217)	(0.217)
<b>Management action plan</b>			
Actioned QIPP to date	0.954	2.669	3.623
Additional QIPP required	4.471	0.546	5.017
<b>Total Management Action Plan</b>	<b>5.425</b>	<b>3.215</b>	<b>8.640</b>
<b>Year End Surplus / (Deficit)</b>	<b>2.191</b>	<b>(0.941)</b>	<b>1.250</b>

Figure 7 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 only £1.046m of additional savings can be identified, which will deliver a break even position. The worst case assumes only the risk adjusted QIPP plan is delivered and further pressures emerge in CHC and acute care.

**Figure 7 – Risk Rated Financial Position**

South Sefton	Best Case £m	Most Likely £m	Worst Case £m
Total QIPP Plan (to achieve 1% surplus)	(10.384)	(10.384)	(10.384)
QIPP achieved to date	3.623	3.623	3.623
<b>Remaining QIPP requirement</b>	<b>(6.761)</b>	<b>(6.761)</b>	<b>(6.761)</b>
Month 6 Forecast (I&E)	0.761	0.761	0.761
Committed Reserve Budgets	(0.217)	(0.217)	(0.217)
<b>Remaining QIPP requirement to deliver NHSE plan (1% surplus)</b>	<b>(6.217)</b>	<b>(6.217)</b>	<b>(6.217)</b>
Predicted QIPP achievement (M7-12)	2.721	2.721	2.721
Planned Surplus	2.450	2.450	2.450
<b>Forecast Surplus / (Deficit)</b>	<b>(1.046)</b>	<b>(1.046)</b>	<b>(1.046)</b>
<b>Further Risk</b>			
CHC	-	-	(0.500)
Acute Elective	-	-	(0.500)
Acute Non-Elective	-	-	(0.500)
<b>Management Action Plan</b>			
Further QIPP delivery	1.046	1.046	-
Other	1.250	-	-
<b>Risk adjusted Surplus / (Deficit)</b>	<b>1.250</b>	<b>0.000</b>	<b>(2.546)</b>

## 2.9 Recommendations

The Finance and Resource Committee is asked to receive the finance update, noting that:

- At Month 6, the CCG is forecasting a revised surplus of £1.250m which is deterioration from the agreed NHS target surplus of £2.450m.
- The CCG has a challenging QIPP programme in the current year, although progress has been made against the phased QIPP plan at month 6, there remains a gap in terms of both in year and forecast outturn delivery. It is imperative that the identified QIPP programme is delivered in order to achieve the agreed financial plan.
- In order to deliver the original surplus of £2.450m, the CCG is reliant on return of the 1% non-recurrent reserve, which remains uncommitted as directed by NHS England.
- 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.

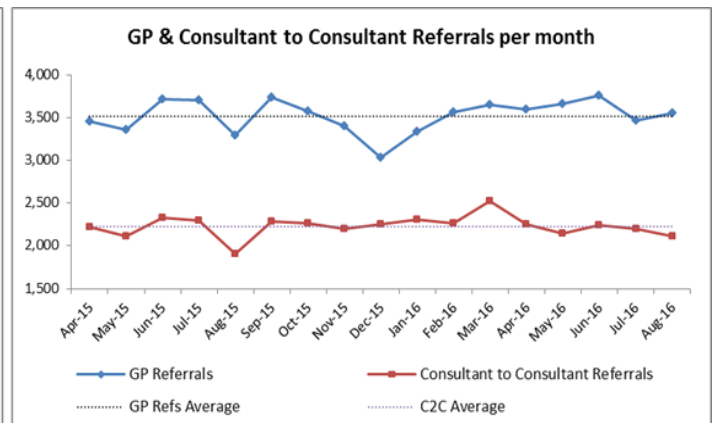
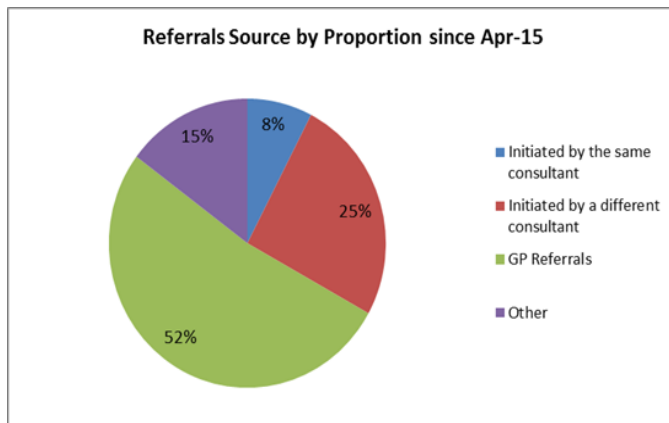


### 3. Planned Care

#### 3.1 Referrals by source

Figure 7 - GP and 'other' referrals for the CCG across all providers for 2015/16 & 2016/17

Referral Type	DD Code	Description	1516 YTD	1617 YTD	Variance	% Variance
GP	03	GP Ref	17,524	18,024	500	3%
<b>GP Total</b>			<b>17,524</b>	<b>18,024</b>	<b>500</b>	<b>3%</b>
Other	01	following an emergency admission	866	678	-188	-22%
	02	following a Domiciliary Consultation	6	1	-5	0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	2,128	2,198	70	3%
	05	A CONSULTANT, other than in an Accident and Emergency Department	6,342	6,289	-53	-1%
	06	self-referral	1,449	1,339	-110	-8%
	07	A Prosthetist	9	9	0	0%
	08	Royal Liverpool Code (TBC)	339	337		
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	465	478	13	3%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	1,058	1,309	251	24%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	26	27	1	4%
	13	A Specialist NURSE (Secondary Care)	38	34	-4	-11%
	14	An Allied Health Professional	520	723	203	39%
	15	An OPTOMETRIST	3	6	3	100%
	16	An Orthoptist	2	2	0	0%
	17	A National Screening Programme	19	9	-10	-53%
	92	A GENERAL DENTAL PRACTITIONER	669	749	80	12%
93	A Community Dental Service	6	2	-4	-67%	
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	1,779	1,569	-210	-12%	
<b>Other Total</b>			<b>15,724</b>	<b>15,759</b>	<b>35</b>	<b>0%</b>
Unknown			19	0	-19	-100%
<b>Grand Total</b>			<b>33,267</b>	<b>33,783</b>	<b>516</b>	<b>2%</b>



Discussions regarding referral management, prior approval, cataracts and consultant to consultant referrals continue, but a decision is yet to be reached.

Data quality note: Walton Neuro Centre has been excluded from the above analysis as Referrals submissions commenced at the start of 2016/17. For info, Walton are recording approx. 100 referrals per month in 2016/17.

### 3.2 Diagnostic Test Waiting Times

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	16/17 - August	1.00%	1.42%	↑
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	16/17 - August	1.00%	1.20%	↑

The CCG failed the less than 1% plan for diagnostics in August, out of a total of 2257 there were 32 breaches, 31 waiting between 6 - 13 weeks and 1 waiting over 13 weeks, this was in the diagnostic procedure Cardiology - echocardiography.

Aintree also failed in August, out of a total of 4313 there were 53 breaches all waiting between 6 and 13 weeks. Majority of the breaches being in CT (31) and MRI (14). Below are measures the Trust is putting in place:

#### CT

- Additional clinical sessions in place to recover position
- Additional number of patients on sessional list to recover position.
- Third Radiologist reporting imaging in post from 1st September 2016.
- Review of percentage rate of recalls due to high Calcium scores diagnosed on Calcium score imaging
- 32 patients have been given an appointment to attend.
- Discussions with Cardiology requesting redirection of patients to other diagnostic tests where appropriate.
- Review of Capacity/Demand profile

#### MRI

- All 14 patients have been appointed
- Third Radiologist reporting imaging in post from 1st September 2016.

Radiology Service Review is currently in progress. This is reviewing capacity and demand by Radiological Modality with the expectation that the outcomes will identify sustainable performance solutions.

#### Colonoscopy

- Review of DM01 validation Standing Operational Procedure to be completed by 15 August 2016 - complete.
- Review of escalation Standing Operational Procedure by 15 August 2016 - complete.
- Review of roles within endoscopy booking team – complete.
- Booking process to invite reinforced for new patients being added to the waiting list – complete.
- Implementation of revised Standing Operational Procedures by 19 August 2016 - complete.
- Review of booking process for prison patients by 15 September 2016.

- Staff performance managed in line with policy.

### 3.3 Referral to Treatment Performance

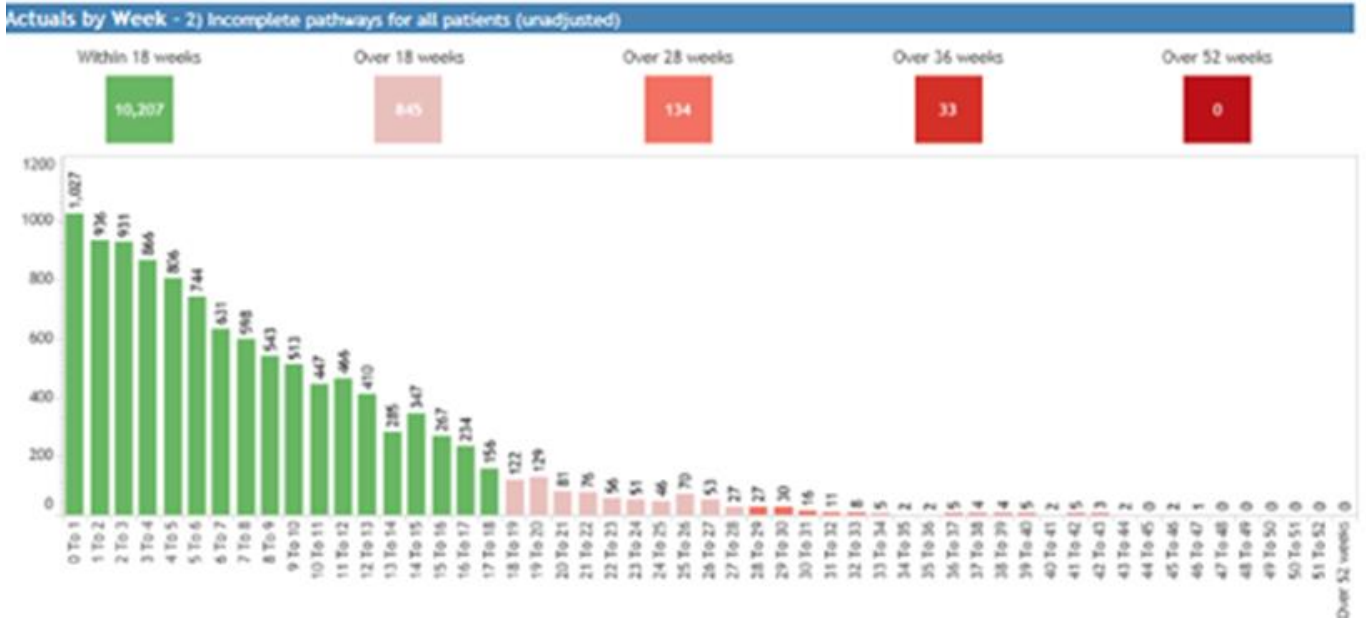
Referral To Treatment waiting times for non-				
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. <b>(CCG)</b>	16/17 - August	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. <b>(Aintree)</b>	16/17 - August	0	0	↔
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>	16/17 - August	92%	92.35%	↔
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>	16/17 - August	92%	89.63%	↓

Aintree have failed for the second month to achieve the 92% target in August, reporting 89.63%. Out of a total of 19,444 patients on the pathway, 2,017 patients were still waiting to receive treatment after 18 weeks. At specialty level, Thoracic Medicine (79.43%), Oral Surgery (77.29%), Ophthalmology (81.81%), Dermatology (72.59%), ENT (90.37%), Oral Surgery (74.79%), Thoracic medicine (77.58%) and Trauma and Orthopaedics (89.73%), fell below the mandated threshold. The Trust is reviewing their long waiting patients and capacity within the divisions and additional activity is being undertaken to improve the current situation. In addition to this the Trust's internal RTT Improvement Group meet fortnightly and focus on caseload, long waiters and capacity issues. The CBU management teams have been encouraged to ensure the access policy is followed and patients are booked for treatment to reduce the open pathways.

An external and an internal Audit were undertaken in July and the draft report for the internal audit has been shared with the Trust. Recommendations are currently being explored and a full action plan will be developed in due course. The draft report from the External report is still awaited.

### 3.3.1 Incomplete Pathway Waiting Times

Figure 8 South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



### 3.3.2 Long Waiters analysis: Top 5 Providers

Figure 9 Patients waiting (in bands) on incomplete pathway for the top 5 Providers

Waiters by Time Period and Provider - 2) Incomplete pathways for all patients (unadjusted)

Provider	Within 18 weeks	Over 18 weeks	Over 28 weeks	Over 36 weeks	Over 52 weeks
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST : (REM)	6,530	572	78	16	
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST : (RGG)	1,144	105	28	8	
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST : (REP)	546	52	5	0	
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVY)	656	36	1	0	
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)	423	32	8	5	
ST HELENS AND KNOWSLEY HOSPITAL SERVICES NHS TRUST : (RBN)	155	19	7	3	
THE WALTON CENTRE NHS FOUNDATION TRUST : (RET)	238	10	3	0	
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST : (RJR)	21	5	0	0	
THE ROBERT JONES AND AGNES BUNT					

### 3.3.3 Provider assurance for long waiters

Trust	Speciality	No of weeks waited	No of patients	Registered practice code	Has patient been seen / has a TCI date?	Reason for the delay
Aintree	Ophthalmology	41	1	G9311893	TCI 6/9/16	Capacity issue
Aintree	Ent	42	1	G9409639	6/9/16 - clock stopped patient declined treatment	Capacity issue
Aintree	Ophthalmology	42	1	G6773652	12/9/16 clock stopped decision not to treat.	Capacity issue
Aintree	T&O	42	1	G9111835	29/9/2016 clock stopped active monitoring	Capacity issue
Aintree	Ophthalmology	43	1	G4001421	TCI 6/9/16	Capacity issue
Royal	General Surgery	40	1	N84029	Clock Stop 28/09/16	Capacity
Royal	General Surgery	41	1	N85629	Clock Stop 02/09/16	Capacity
Royal	other	41	1	N84003	TCI 25/10/16	Capacity
Royal	T&O	46	1	N84011	Validated - No longer long waiter	Patient actually treated in May 2016
Alder Hey	other	41	2		5 x South Sefton (Community and Audiology Appts) – 2 have been seen and treated in September and 3 have dates in October	
Alder Hey	other	43	1		see above	
Alder Hey	other	45	2		see above	
Robert Jones	other	40	1		No provider comment received	

### 3.4 Cancelled Operations

**3.4.1 All patients who have cancelled operations on or day after the day of admission for non-clinical reasons to be offered another binding date within 28 days**

Cancelled Operations				
All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice - <b>Aintree</b>	16/17 - August	0	0	↕ ↔

### 3.4.2 No urgent operation to be cancelled for a 2nd time

No urgent operation should be cancelled for a second time - <b>Aintree</b>	16/17 - August	0	0	↔
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### 3.5 Cancer Indicators Performance

#### 3.5.1- Two Week Waiting Time Performance

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) <b>(CCG)</b>	16/17 - August	93%	95.71%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) <b>(Aintree)</b>	16/17 - August	93%	95.44%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) <b>(CCG)</b>	16/17 - August	93%	94.74%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) <b>(Aintree)</b>	16/17 - August	93%	93.80%	↔

### 3.5.2 - 31 Day Cancer Waiting Time Performance

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(CCG)</b>	16/17 - August	96%	98.48%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(Aintree)</b>	16/17 - August	96%	99.80%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(CCG)</b>	16/17 - August	94%	96.05%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(Aintree)</b>	16/17 - August	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(CCG)</b>	16/17 - August	94%	96.30%	↑
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(Aintree)</b>	16/17 - August	94%	99.12%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(CCG)</b>	16/17 - August	98%	98.98%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(Aintree)</b>	16/17 - August	98%	100.00%	↔

### 3.5.3 - 62 Day Cancer Waiting Time Performance

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) <b>(CCG)</b>	16/17 - August	85% local target	86.21%	↑
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) <b>(Aintree)</b>	16/17 - August	85% local target	92.81%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(CCG)</b>	16/17 - August	90%	100.00%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(Aintree)</b>	16/17 - August	90%	92.59%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(CCG)</b>	16/17 - August	85%	89.47%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(Aintree)</b>	16/17 - August	85%	86.14%	↑

### 3.6 Patient Experience of Planned Care

Friends and Family Response Rates and Scores  
Aintree University Hospital NHS Foundation Trust

Latest Month: Aug-16

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Inpatient	25%	21.1%		95%	94%		2%	4%	

The Friends and Family Test (FFT) Indicator 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 for both inpatients and A&E, but is under target for inpatients in August.

The Trust provided an update for the recent underperformance at the October CQPG; the downward trend was due to an unsuccessful pilot for collecting data by text message, this has impacted on both the number of responses and the performance. Once the poor response was realised the Trust immediately returned to using cards and for those wards were recommendations were reduced extra cards put in place and these are being monitored. The trust has provided assurance to the CCG that performance has already gone back up to 97.6% in September based on these actions.

Aintree's Patient Experience Lead recently attended the CCG's EPEG group and provided an update of their Patient Experience Strategy and how they use 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 CCG Experience and Patient Engagement Group are currently creating a dashboard to incorporate information available from FFTs, complaints and compliments.

### 3.7 Planned Care Activity & Finance, All Providers

Performance at Month 5 of financial year 2016/17, against planned care elements of the contracts held by NHS South Sefton CCG shows an over-performance of £91k, which is a percentage variance of less than 1%. At specific trusts, Renacres and Alder Hey are reporting the largest cost variances with totals of £122k and £162k respectively. Over spend is offset by underperformance at a numbers of Trusts, namely, Aintree University Hospital -£185k and Southport & Ormskirk Hospital -£112k.

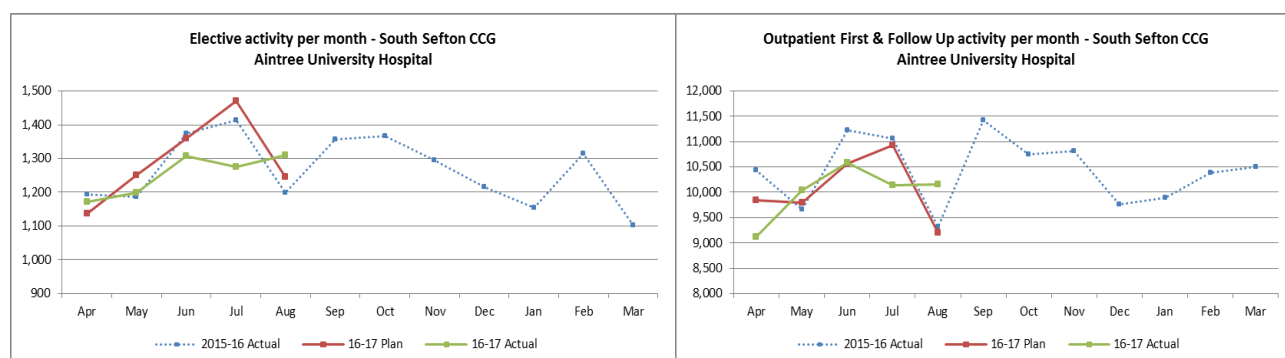
**Figure 10 Planned Care - All Providers**

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	72,297	72,276	-21	0%	£13,381	£13,195	-£185	-1%
Alder Hey Childrens NHS F/T	2,715	5,655	2,940	108%	£675	£837	£162	24%
Central Manchester University Hospitals Nhs Foundation Trust	36	71	35	98%	£9	£16	£7	72%
Countess of Chester Hospital NHS Foundation Trust	0	70	70	0%	£0	£7	£7	0%
East Cheshire NHS Trust	0	2	2	0%	£0	£0	£0	0%
Fairfield Hospital	51	73	22	43%	£9	£18	£9	101%
ISIGHT (SOUTHPORT)	109	259	150	137%	£27	£62	£35	130%
Liverpool Heart and Chest NHS F/T	463	500	37	8%	£153	£191	£38	25%
Liverpool Womens Hospital NHS F/T	6,689	6,680	-9	0%	£1,388	£1,347	-£41	-3%
Renacres Hospital	1,858	2,781	923	50%	£654	£776	£122	19%
Royal Liverpool & Broadgreen Hospitals	12,831	12,859	28	0%	£2,391	£2,361	-£30	-1%
Southport & Ormskirk Hospital	5,892	6,194	302	5%	£1,266	£1,154	-£112	-9%
SPIRE LIVERPOOL HOSPITAL	1,193	936	-257	-22%	£376	£322	-£53	-14%
ST Helens & Knowsley Hospitals	1,691	1,777	86	5%	£448	£504	£56	13%
University Hospital Of South Manchester Nhs Foundation Trust	45	44	-1	-3%	£7	£9	£2	35%
Walton Neuro	1,354	1,387	33	2%	£346	£334	-£13	-4%
Wirral University Hospital NHS F/T	189	195	6	3%	£50	£52	£2	3%
Wrightington, Wigan And Leigh Nhs Foundation Trust	352	504	152	43%	£127	£210	£83	66%
<b>Grand Total</b>	<b>107,767</b>	<b>112,263</b>	<b>4,496</b>	<b>4%</b>	<b>£21,306</b>	<b>£21,397</b>	<b>£91</b>	<b>0%</b>

### 3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust

Figure 11 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	5,611	5,527	-84	-2%	£3,632	£3,505	£-127	-4%
Elective	853	735	-118	-14%	£2,380	£2,228	£-152	-6%
Elective Excess BedDays	335	314	-21	-6%	£74	£70	£-4	-6%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	181	132	-49	-27%	£33	£27	£-6	-18%
OPFANFTF - Outpatient first attendance non face to face	1,017	1,305	288	28%	£29	£33	£4	16%
OPFASPCL - Outpatient first attendance single professional consultant led	13,617	13,935	318	2%	£2,038	£2,129	£91	4%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	600	518	-82	-14%	£66	£69	£3	5%
OPFUPNFTF - Outpatient follow up non face to face	1,295	1,854	559	43%	£31	£45	£13	43%
OPFUPSPCL - Outpatient follow up single professional consultant led	33,641	32,306	-1,335	-4%	£2,673	£2,590	£-83	-3%
Outpatient Procedure	8,712	8,882	170	2%	£1,441	£1,498	£58	4%
Unbundled Diagnostics	5,845	6,159	314	5%	£535	£547	£12	2%
Wet AMD	589	609	20	3%	£450	£454	£4	1%
<b>Grand Total</b>	<b>72,297</b>	<b>72,276</b>	<b>-21</b>	<b>0%</b>	<b>£13,381</b>	<b>£13,195</b>	<b>£-185</b>	<b>-1%</b>



Planned Care at Aintree University Hospital is reporting a year to date under performance of -£185k which equates to a -1% under performance. Under-Performance is driven by Daycase/Elective costs which show a combined cost variance of -£279k.

Trend charts above show the Elective activity has increased in the last 3 months compared to the first 2 months of this year.

Cardiology is showing the largest planned care cost variance in month 5 with a £161k over performance. The cardiology over performance is largely related to day case activity attributable to the heart failure pathway.

Rheumatology is also showing an over performance of £115k/9% against plan with South Sefton and Liverpool each seeing increases of £45k/11% and £41k/8% respectively. Outpatient follow ups was a key driver for over performance.

Table below shows the Planned Care year to date variance by Specialty. Specialties have been filtered on anything more than £10k or below -£10k:

Specialty above £10k or below -£10k	DAY CASES		ELECTIVE INPATIENTS		ELECTIVE XBDS		OUTPATIENT FIRST ATT		OUTPATIENT FU ATT		OUTPATIENT PROCEDURES		Total Activity YTD Var	Total Price YTD Var
	Activity YTD	Price YTD	Activity YTD	Price YTD	Activity YTD	Price YTD	Activity YTD	Price YTD	Activity YTD	Price YTD	Activity YTD	Price YTD		
	Var	Var	Var	Var	Var	Var	Var	Var	Var	Var	Var	Var		
Cardiology	163	£144,817	-3	-£3,800	-7	-£1,404	355	£37,883	26	-£29,939	84	£14,347	618	£161,904
Clinical haematology	-19	£4,307	6	£13,312	8	£2,025	83	£24,943	32	£4,011	0	£101	111	£48,698
Rheumatology	16	£8,776	0	£1,450	6	£1,309	54	£12,722	243	£21,016	9	£1,718	329	£46,990
Acute internal medicine	-2	-£958	2	-£217	-2	-£411	322	£27,570	8	£70	-10	-£1,415	318	£24,639
Physiotherapy							28	£749	518	£15,801			546	£16,549
Upper gastrointestinal surgery	-14	-£20,124	-1	£29,001	6	£1,265	9	£992	30	£2,508	-1	-£244	29	£13,398
Transient ischaemic attack							32	£10,266	-4	£0			28	£10,266
Diabetic medicine	20	£7,497	0	£532	-6	-£1,631	-48	-£10,038	4	£221	-40	-£5,227	-70	-£8,646
Dermatology	-23	-£12,846	1	£539			-100	-£11,124	-150	-£10,904	307	£23,015	35	-£11,320
Vascular surgery	-11	-£10,634	-1	-£1,582			10	£1,667	-12	-£1,300	1	£68	-14	-£11,781
Anticoagulant service									-878	-£22,589			-878	-£22,589
Gastroenterology	-50	-£57,442	-3	-£8,137	24	£5,165	58	£11,990	35	£13,378	31	£9,267	95	-£25,778
Hepatobiliary & pancreatic surgery	-1	-£637	-6	-£31,977	0	£105	-11	-£2,359	-20	-£1,528			-38	-£36,395
Breast surgery	-3	-£935	-10	-£29,345			-61	-£10,439	-85	-£3,677	21	£5,498	-138	-£38,899
Urology	5	-£5,713	-21	-£57,979	-14	-£2,987	-161	-£21,251	69	£5,150	63	£38,870	-59	-£43,910
Ophthalmology	-103	-£74,972	1	-£1,659			-83	-£9,956	-203	-£18,889	-389	-£45,421	-776	-£150,898
Trauma & orthopaedics	-37	-£110,365	-40	-£79,923	94	£20,504	17	£2,338	-26	-£2,746	-45	-£2,108	-36	-£172,301
<b>Grand Total</b>	<b>-84</b>	<b>-£127,259</b>	<b>-118</b>	<b>-£151,541</b>	<b>-21</b>	<b>-£4,295</b>	<b>556</b>	<b>£90,009</b>	<b>-858</b>	<b>-£66,039</b>	<b>170</b>	<b>£57,853</b>	<b>-355</b>	<b>-£201,272</b>

### 3.7.2 Planned Care Southport & Ormskirk Hospital

Figure 12 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	385	400	15	4%	£312	£266	-£46	-15%
Elective	92	69	-23	-25%	£265	£205	-£61	-23%
Elective Excess BedDays	1	1	0	65%	£0	£0	£0	102%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	116	32	-84	-72%	£17	£5	-£12	-68%
OPFANFTF - Outpatient first attendance non face to face	0	8	8	0%	£0	£0	£0	0%
OPFASPCL - Outpatient first attendance single professional consultant led	911	1,157	246	27%	£135	£165	£29	22%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	240	87	-153	-64%	£24	£10	-£14	-58%
OPFUPNFTF - Outpatient follow up non face to face	0	36	36	0%	£0	£1	£1	0%
OPFUPSPCL - Outpatient follow up single professional consultant led	2,144	2,378	234	11%	£192	£209	£16	9%
OPFUPSPNCL - Outpatient follow up single professional non-consultant led	0	129	129	0%	£0	£2	£2	0%
Outpatient Procedure	1,650	1,524	-126	-8%	£293	£261	-£32	-11%
Unbundled Diagnostics	352	373	21	6%	£27	£30	£3	11%
<b>Grand Total</b>	<b>5,892</b>	<b>6,194</b>	<b>302</b>	<b>5%</b>	<b>£1,266</b>	<b>£1,154</b>	<b>-£112</b>	<b>-9%</b>

Planned care at Southport & Ormskirk Trust remains below plan with the focus on Elective and Day Case procedures. The issue persists for the Trust with them having difficulty recruiting theatre staff.

Outpatient first and follow-up activity has increased with the activity query and audit into ENT and Ophthalmology pathways having an impact. There has been a shift from multiple-professional outpatient attendances to separate single attendances. This is currently being investigated and queried with the provider.

### 3.7.3 Renacres Hospital

Figure 13 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	239	248	9	4%	£268	£287	£19	7%
Elective	43	47	4	10%	£203	£243	£40	20%
OPFASPCL - Outpatient first attendance single professional consultant led	506	564	58	12%	£73	£81	£8	11%
OPFUPSCL - Outpatient follow up single professional consultant led	605	1,437	832	137%	£50	£84	£33	66%
Outpatient Procedure	290	229	-61	-21%	£43	£56	£13	31%
Unbundled Diagnostics	175	256	81	46%	£17	£26	£8	48%
<b>Grand Total</b>	<b>1,858</b>	<b>2,781</b>	<b>923</b>	<b>50%</b>	<b>£654</b>	<b>£776</b>	<b>£122</b>	<b>19%</b>

Renacres over performance of £122k/19% is largely driven by a £40k over performance in Daycase, with £13k 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 Accident & Emergency Performance

A&E waits					
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	16/17 - August	95.00%	88.40%	↔	The CCG have failed the target in August reaching 86.9% and year to date reaching 88.40%. In August 1037 attendances out of 7900 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	16/17 - August	95.00%	79.39%	↓	The CCG have failed the target in August reaching 77.3% (year to date 79.88%). In August 755 attendances out of 3332 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 - August	STP Trajectory Target for Aug 94%	86.74%	↓	Aintree have failed the STP target of 94% in August reaching 84.1%. In August, 2169 attendances out of 13644 were not admitted, transferred or discharged within 4 hours. Year to date they are achieving 86.74%.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	16/17 - August	95.00%	75.63%	↓	Aintree have failed the target in August reaching 69.6% and year to date reaching 75.63%. In August 2169 attendances out of 7126 were not admitted, transferred or discharged within 4 hours.

Aintree are aiming to meet STF trajectory of 95% by September 2016 as agreed with NHSI. But are still failing in August not hitting the SFT plan of 94%.

The failure to maintain flow throughout the AED and assessment areas and failure to embed processes continues to cause delays in patients being seen, assessed and transferred. Medical staffing issues within Emergency Medicine remain a significant concern with 3 of the 16 Consultant

posts currently vacant and one Consultant on maternity leave. The Trust also continues to report high numbers of medically optimised patients remaining in an inpatient bed.

Implementation of the AED stream of the Emergency and Acute Care Plan commenced from 24th August 2016. The development of the Frailty and Ward work-streams remains ongoing. Until all the work-streams have been implemented and embedded, delivery of the 4 hour standard will be difficult to achieve. Consultant recruitment is ongoing however the number of applications has been limited. Support is being sought from a recruitment consultant to further develop the recruitment strategy across all tiers of the medical workforce. Additional work is also being undertaken in respect of workforce modernisation and the development and integration of non-medical advanced roles.

An action plan to reduce the numbers of medically optimised patients also remains in place. Ambulance turnaround times remain a key focus for improvement and a review of the ambulance escalation plan is being undertaken.

A team from the CCG visited the Accident and Emergency Department at Aintree on Monday 10th October 2016. The visit, undertaken by GP's and Commissioners, focused upon quality following the publication of the CQC findings from their April 2016 visit.

Key Lines of Enquiry:

Must Do

- Monitoring and care of the deteriorating patient
- Staff Training
- Staffing Levels
- Staff Records

Should Do

- Audit activity
- Resuscitation equipment
- Escalation

The visit also incorporated a tour of the Acute Frailty Unit facilities which are co-located within the acute estate.

The CCG are currently in the process of producing a feedback report following what was a positive and very welcoming visit to the Accident and Emergency Department at Aintree.

## 4.2 Ambulance Service Performance

Ambulance					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	16/17 - August	75%	74.55%	↔	The CCG is slightly under the 75% target year to date reaching 74.55%. In August out of 48 incidents there were 13 breaches (72.92%)
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	16/17 - August	75%	64.29%	↔	The CCG was under the 75% target year to date reaching 64.29%. In August out of 789 incidents there were 298 breaches (62.18%).
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	16/17 - August	95%	93.16%	↔	The CCG was under the 95% target year to date reaching 93.16%. In August out of 837 incidents there were 55 breaches (93.48%)
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWS) (Cumulative)	16/17 - August	75%	73.37%	↔	NWS reported just under the 75% target year to date reaching 73.37%. In August reaching 72.60%.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWS) (Cumulative)	16/17 - August	75%	65.53%	↔	NWS failed to achieve the 75% target year to date reaching 65.53%. In August reaching 65.25%.
Ambulance clinical quality - Category 19 transportation time (NWS) (Cumulative)	16/17 - August	95%	91.16%	↔	NWS failed to achieve the 95% target year to date reaching 91.16%. In August reaching 91.09%.

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Aintree	16/17 - August	0	251	↑ ↓	The Trust recorded 251 handovers between 30 and 60 minutes, this is a slight improvement on last month when 262 was reported.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Aintree	16/17 - August	0	193	↓	The Trust recorded 193 handovers over 60 minutes, this is down on last month when 258 was reported.

South Sefton CCG failed all 3 indicators for ambulance. (See above of number of incidents / breaches).

At both a regional and county level, NWS failed to achieve any of the response time targets. Activity levels continue to be significantly higher than was planned for and this (together with the ongoing issues regarding turnaround times) continues to be reflected in the performance against the response time targets.

In respect of ambulance turnaround times, the Trust experienced a decrease in the number of delays in excess of 30 minutes during August 2016 compared to previous month. Ambulance turnaround times remain a key focus for improvement and review of the Ambulance Escalation Plan is being undertaken.

## 4.3 Unplanned Care Quality Indicators

### 4.3.1 Stroke and TIA Performance

Stroke					
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	16/17 - August	80%	54.80%	↓	Aintree have failed to achieve the target in August with only 17 patients out of 31 spending at least 90% of their time on a stroke unit.
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	16/17 - August	60%	100%	↔	

Analysis of Stroke performance during August 2016 illustrates that unavailability of a stroke bed (8), Patients referred to the stroke team after scanning (2), Supported early discharge from the

Trust (3), and patient passed away (1), are the recorded reasons for patients not spending at least 90% of their stay on the Stroke Unit. It is noted that the Trust overall SSNAP score for January 2016 to March 2016 has dropped from B to a C. A number of actions are in progress, these include:

- Stroke unit full capacity protocol was implemented in October 2015. This states that patients will be stepped down from HASU to accommodate a newly presenting stroke patient. However, as there are only 2 HASU beds at present this is not always clinically appropriate.
- Late referrals to the Stroke team following validation are discussed with the Acute and Emergency Care Teams so lessons can be learned.
- GP referrals accepted by the hotline in AEC are discussed with the Clinical Director for Acute Medicine so that lessons can be learned.
- Nurse recruitment is in progress following business case approval for hyper acute stroke beds.
- 2 HASU beds opened in June 2016, since that time the number of stroke outliers has reduced but continues to be a problem as there are 31 stroke beds at present, rather than 33.

### 4.3.2 Mixed Sex Accommodation

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	16/17 - August	0.00	0.70	↑
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	16/17 - August	0.00	0.60	↑

In August Aintree had 6 mixed sex accommodation breaches (a rate of 0.6 of the 6 breaches 4 were for South Sefton CCG and 2 Liverpool CCG) and have therefore breached the zero tolerance threshold. These were all due to patient's conditions improving and no longer requiring ventilator support and no step down beds being available. Work is on-going with all agencies to minimise the number of delayed transfers of care and to free up acute beds as soon as possible. The Trust alerted the CCG as soon as the breaches occurred and the Trust's Interim Director of Nursing provided an update by way of assurance regarding patient safety and dignity at the October CQPG. In August the CCG had 4 mixed sex accommodation breaches (a rate of 0.7) and have therefore breached the zero tolerance thresholds, all breaches occurred in Aintree.

### 4.3.3 Healthcare associated infections (HCAI)

HCAI					
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	16/17 - August	23	23	↑	The CCG had 5 new cases reported in August 2016, 23 year to date. Of the 23 cases reported year to date 20 have been aligned to Aintree Hospital and 3 to the Royal Liverpool Broadgreen Hospital, (9 apportioned to acute trust and 14 apportioned to community). The year to date plan is 54.
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	16/17 - August	19	19 (14 following appeal)	↑	There were 1 new cases reported in August year to date a total of 19 against a year to date plan of 19. The year-end plan is 46.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	16/17 - August	0	0	↔	There were no new cases reported in August of MRSA for the CCG against a zero tolerance target.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	16/17 - August	0	0	↔	The Trust recorded no new cases of MRSA in August.

In total this year there have been 23 patients with Trust apportioned CDI including 5 cases in August. However, 4 cases were successful at CCG appeal and so for performance from April – August 2016 there have been 19 cases, against a monthly ytd plan of 23.

### 4.3.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	16/17 - August	100	89.78	↑ ↓
Summary Hospital Level Mortality Indicator (SHMI)	16/17 - Q1	100	103.64	

HSMR is reported for the period June 2015 – May 2016 and is below expected at 89.78, this is higher than last month when 94.01 was reported.

SHMI for the period January 2015 - December 2015 is 'as expected' at 103.6.

## 4.4 CCG Serious Incident Management

Interim arrangements remain in place for the CCG Serious Incident Manager, who is currently on secondment to NHS England Cheshire and Merseyside. The fixed term post is in process of being recruited to.

There are 98 serious incidents open on StEIS where South Sefton CCG are either lead or are the responsible commissioner. 73 (98) applying to South Sefton CCG patients (Table 1). There are 33 incidents open with Aintree University Hospitals Foundation Trust (AUH) of which 8 relate to South Sefton CCG patients (Table 2). 34 of the incidents have been open for over 100 days which have affected South Sefton CCG, 18 under the ownership of AUH.

There have been no reported Never Events in month 6, however there remains 1 Never Event open for AUH which relates to a South Sefton CCG patient which is a surgical / invasive procedure incident.



Month 6 there were 10 serious incidents which were raised on StEIS (Table 3). The majority of incidents 5 (10) were pressure ulcers reported by Liverpool Community Health NHS Trust (LCH). The Trust composite pressure ulcer action remains in place which is managed by the Clinical Quality Performance Group. The CCG links in with the Trust pressure ulcer reduction meeting alongside Liverpool CCG as lead commissioner.

The CCG has recorded 1 Serious Incident as closed in September 2016, 22 closed year to date for 2016/17.

**Table 1. All Serious Incidents Open for South Sefton CCG Patients Month 6 16/17**

Year	Provider	No of Open Incidents	
2015	Aintree University Hospital NHS Trust	2	14
	Alder Hey Childrens Hospital NHS Trust	1	
	Liverpool Community Health	4	
	MerseyCare NHS Trust	3	
	Southport & Ormskirk NHS Trust	4	
2016	Aintree University Hospital NHS Trust	6	59
	Cheshire & Wirral Partnership	1	
	Airedale NHS Foundation Trust	1	
	Liverpool Community Health	23	
	Liverpool Womens	2	
	MerseyCare NHS Trust	17	
	North West Ambulance Service	3	
	Royal Liverpool Broadgreen	1	
	Southport & Ormskirk NHS Trust	4	
	The Walton Centre	1	

**Table 2 – Serious Incidents Open for Aintree University Hospital Foundation Trust Month 6 16/17**

Year	Provider	No of Open Incidents	
2015	GP Practice within Knowsley	1	9
	GP Practice within Liverpool	5	
	GP Practice within South Sefton	2	
	GP Practice within West Lancashire	1	
2016	GP Practice within Knowsley	6	24
	GP Practice within Liverpool	8	
	GP Practice within South Sefton	6	
	GP Practice within St Helens	2	
	GP Practice within Warrington	1	
	Out of Area	1	

**Table 3 – Serious Incidents for South Sefton CCG patients for September 2016**

StEIS No	Category	Organisation	Incident Reported within 48hrs of Incident Date	Reported within 48hrs from Incident Identified
201623624	Sub-optimal care of the deteriorating patient	Aintree University Hospital NHS Trust	No 16 days after - Incident 15-8-16, reported 6-9-16	Yes - Reported 6-9-16, identified 2-9-16
201624177	Pressure ulcer meeting SI criteria	Liverpool Community Health NHS Trust	No 5 days after - Incident 6-9-16, reported 13-9-16	Yes - Reported 13-9-16, identified 13-9-16
201624668	Pressure ulcer meeting SI criteria	Liverpool Community Health NHS Trust	Yes - Incident 19-9-16, reported 19-9-16	No 14 days after - Reported 19-9-16, identified 30-8-16
201624702	Maternity/Obstetric incident meeting SI	Liverpool Womens NHS Foundation Trust	No 3 days after - Incident 15-9-16, reported 20-9-16	No 3 days after - Reported 20-9-16, identified 15-9-16
201624848	Sub-optimal care of the deteriorating patient	Aintree University Hospital NHS Trust	No 31 days after - Incident 9-8-16, reported 21-9-16	Yes - Reported 21-9-16, identified 20-9-16
201625048	Pressure ulcer meeting SI criteria	Liverpool Community Health NHS Trust	Yes - Incident 22-9-16, reported 22-9-16	Yes - Reported 22-9-16, identified 22-9-16
201625035	Pressure ulcer meeting SI criteria	Liverpool Community Health NHS Trust	No 3 days after - Incident 19-9-16, reported 22-9-16	Yes - Reported 22-9-16, identified 22-9-16
201625002	Pressure ulcer meeting SI criteria	Liverpool Community Health NHS Trust	No 7 days after - Incident 13-9-16, reported 22-9-16	No 3 days after - Reported 22-9-16, identified 19-9-16
201625554	Apparent/actual/suspected self-inflicted harm	Mersey Care Trust	Yes - Incident 26-9-16, reported 28-9-16	Yes - Reported 28-9-16, identified 26-9-16
201625655	HCAI/infection control incident meeting SI	Liverpool Community Health NHS Trust	Yes - Incident 28-9-16, reported 29-9-16	Yes - Reported 29-9-16, identified 29-9-16

## 4.5 Delayed Transfers of Care

Delayed transfers of care data is sourced from the NHS England website. The data is submitted by NHS providers (acute, community and mental health) monthly to the Unify2 system.

Delayed Transfers of Care (DTCOC's) reduced to 32 during August 2016 (-8.6%). Patient and/or family choice resulted in 14 delayed transfers (43.8%) and a further 10 were due to delays incurred whilst awaiting further NHS non acute care (31.3%).

Analysis of delays in August 2016 compared to August 2015 illustrates a 43% increase in the number of patients awaiting further NHS non acute care (+3) and 180% increase in delays due to patient or family choice (+9).

### Delayed Transfers of Care April 2015 – August 2016

Reason For Delay	2015-16												2016-17				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
A) COMPLETION ASSESSMENT	0	0	0	0	1	0	0	1	1	0	0	0	0	0	3	2	3
B) PUBLIC FUNDING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C) WAITING FURTHER NHS NON-ACUTE CARE	8	8	9	7	7	7	11	5	8	7	11	6	15	8	7	12	10
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DII) AWAITING NURSING HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
E) AWAITING CARE PACKAGE IN OWN HOME	3	1	0	1	3	1	2	6	0	0	1	2	3	4	7	6	5
F) COMMUNITY EQUIPMENT/ADAPPTIONS	2	1	0	0	0	1	0	0	0	1	1	1	1	0	1	1	0
G) PATIENT OR FAMILY CHOICE	6	11	14	5	5	11	14	12	8	3	5	20	14	18	17	14	14
H) DISPUTES	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
I) HOUSING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
<b>Grand Total</b>	<b>20</b>	<b>22</b>	<b>24</b>	<b>13</b>	<b>16</b>	<b>20</b>	<b>27</b>	<b>24</b>	<b>17</b>	<b>11</b>	<b>18</b>	<b>30</b>	<b>33</b>	<b>30</b>	<b>36</b>	<b>35</b>	<b>32</b>

In terms of actions taken by South Sefton CCG to reduce the number of Delayed Transfers of Care within the acute setting the Acute Care Commissioning Lead participates in the system wide teleconference each Monday at 12:30. This review of DTCOC's, with participation from the acute

Trust, Local Authorities and CCG's, assigns actions to key individuals and aims to remove those blockages which prevent a patient being discharged to their chosen place of care.

Further plans to support the reduction of delayed transfers of care are being discussed within South Sefton CCG and include a comprehensive review of at least one DTOC each week with the aim of identifying key points of learning and improve future systems and processes.

## 4.6 Patient Experience of Unplanned Care

### Friends and Family Response Rates and Scores

Aintree University Hospital NHS Foundation Trust

Latest Month: Aug-16

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	15%	17.9%		87%	85%		7%	10%	

The Friends and Family Test (FFT) Indicator 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 for A&E.

The percentage of people that would recommend A&E has recently fallen and is now under the England average. As mentioned with the planned care FFT, the Trust provided an update for the recent underperformance at the October CQPG, the downward trend was due to an unsuccessful pilot for collecting data by text message, and this has impacted on both the number of responses and the performance. Once the poor response was realised the Trust immediately returned to using cards. The trust has provided assurance to the CCG that performance has improved in September.

Aintree's Patient Experience Lead recently attended the CCG's EPEG group and provided an update of their Patient Experience Strategy and how they use 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.

### Aintree Quarter 1 Complaints and Concerns Summary

#### Key Messages

#### CONCERNS

Year	Quarter	Concerns	
2016/17	1	289 (decrease)	Current
2015/16	4	317	Previous quarter
2015/16	1	297	Same quarter last year

#### Concern Themes

- Clinical Treatment

- Appointments
- Staff Attitude/Conduct

### Comparison ratings from Q4 2015/16 to Q1 2016/17

1. Clinical Treatment: a further drop from Q4 from 88 to 75.
2. Appointments: shows a drop from Q4 of 80 to 70.
3. Staff Attitude/Conduct: a continued rise from 26 in Q4 2015/16 to 33 in Q1 2016/17.
4. Implementation of Care: continues to fluctuate from 11 in Q4 2015/16 to 22 in Q1 2016/17.
5. Patient Information: a rise from 9 in Q4 2015/16 to 17 in Q1 2016/17.

### COMPLAINTS

Year	Quarter	Complaints	
<b>2016/17</b>	<b>1</b>	<b>99 (increase)</b>	<b>Current</b>
2015/16	4	95	Previous quarter
2015/16	1	54	Same quarter last year

### Complaint themes

- Clinical Treatment
- Implementation of Care
- Appointment

### Comparison ratings from Q4 2015/16 to Q1 2016/17

1. Clinical Treatment: shows a slight drop from 46 to 41
2. Implementation of Care: shows a small rise from 11 to 13
3. Appointments: show a rise from 5 to 11
4. Patient Information: shows a rise from 2 to 7
5. Staff Attitude/Conduct: shows a drop from 10 to 6.

### Response Rates

- Complaints closed within 25 working days: a rise from 45% to 71%
- Complaints closed over 25 working days: a drop from 46% to 40%

### Over 60 days

Long-term complaints have been a priority and following a considerable improvement to reduce the number of complaints still open after 60 days, there are currently 0 complaints at the time of producing this report which have breached the 60 day target, as opposed to 3 in Q4 2015/16.

### PHSO (Parliamentary and Health Service Ombudsman)

There are 10 new referrals this quarter: This shows a considerable rise from 4 in the previous quarter.

- 4 Division of Medicine
- 4 Division of Surgery
- 2 Division of Clinical Support Services

## 4.7 Unplanned Care Activity & Finance, All Providers

Performance at Month 5 of financial year 2016/17, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£528k/-3%. This under-performance is clearly driven by Aintree Hospital reporting an under performance of -£414k/-3%. Liverpool Heart & Chest Hospital is reporting the largest year to date over performance with a £27k/26% variance.

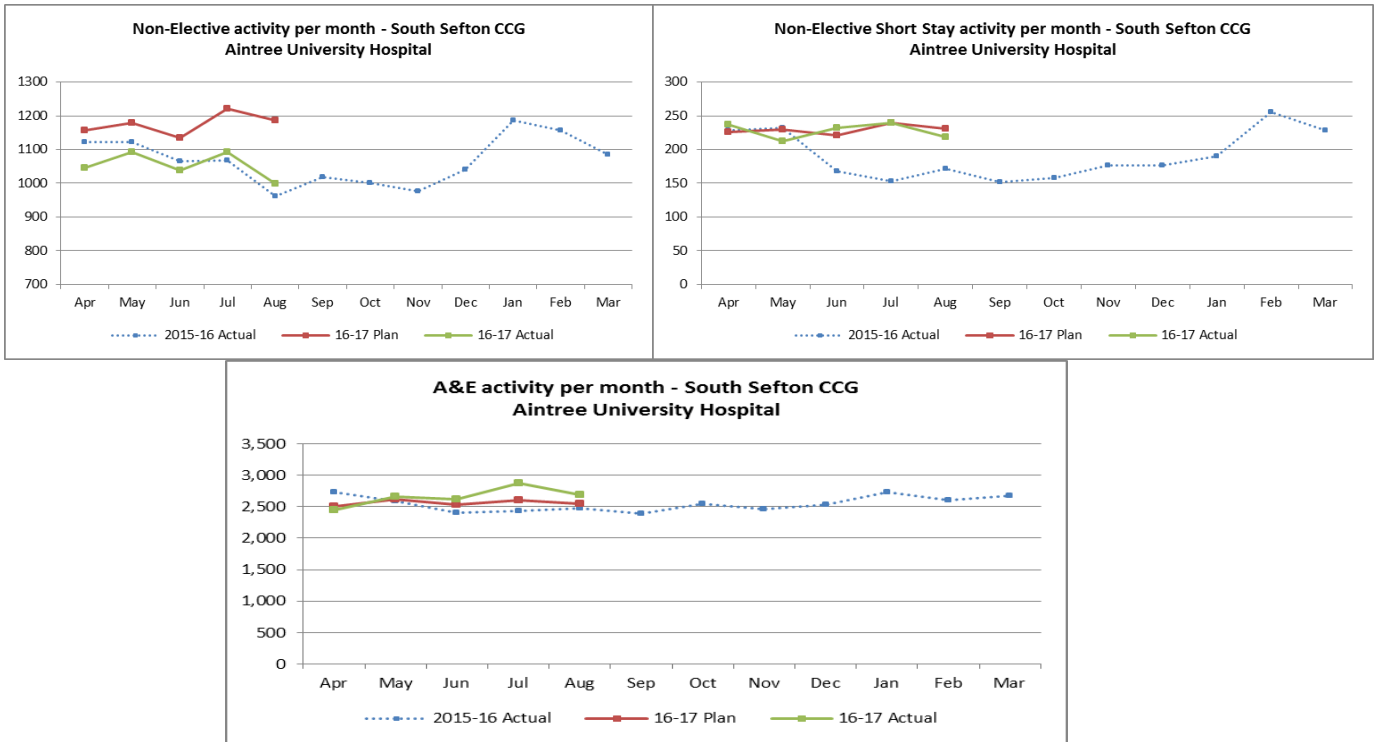
Figure 14 Month 1 Unplanned Care – All Providers

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	40,081	43,969	3,888	10%	£14,723	£14,309	-£414	-3%
Alder Hey Childrens NHS F/T	3,983	3,808	-175	-4%	£834	£853	£19	2%
Central Manchester University Hospitals Nhs Foundation Trust	28	25	-3	-10%	£7	£4	-£3	-37%
Countess of Chester Hospital NHS Foundation Trust	0	24	24	0%	£0	£14	£14	0%
Liverpool Heart and Chest NHS F/T	92	48	-44	-48%	£105	£132	£27	26%
Liverpool Womens Hospital NHS F/T	1,605	1,416	-189	-12%	£1,410	£1,414	£4	0%
Royal Liverpool & Broadgreen Hospitals	2,738	2,317	-421	-15%	£1,014	£849	-£165	-16%
Southport & Ormskirk Hospital	5,269	5,401	132	3%	£1,202	£1,189	-£13	-1%
ST Helens & Knowsley Hospitals	374	422	48	13%	£149	£159	£10	6%
University Hospital Of South Manchester Nhs Foundation Trust	17	15	-2	-13%	£6	£5	-£1	-13%
Wirral University Hospital NHS F/T	102	90	-12	-12%	£37	£26	-£11	-29%
Wrightington, Wigan And Leigh Nhs Foundation Trust	17	22	5	26%	£6	£10	£4	63%
<b>Grand Total</b>	<b>54,307</b>	<b>57,557</b>	<b>3,250</b>	<b>6%</b>	<b>£19,493</b>	<b>£18,965</b>	<b>-£528</b>	<b>-3%</b>

### 4.7.1 Unplanned Care Aintree University Hospital NHS Foundation Trust

Figure 15 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	16,867	19,451	2,584	15%	£401	£401	£0	0%
A&E - Accident & Emergency	12,785	13,280	495	4%	£1,581	£1,643	£62	4%
NEL - Non Elective	5,860	5,249	-611	-10%	£11,204	£10,374	-£830	-7%
NELNE - Non Elective Non-Emergency	19	18	-1	-3%	£52	£61	£9	17%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	17	89	72	430%	£4	£19	£15	361%
NELST - Non Elective Short Stay	1,148	1,138	-10	-1%	£753	£808	£55	7%
NELXBD - Non Elective Excess Bed Day	3,385	4,744	1,359	40%	£727	£1,003	£276	38%
<b>Grand Total</b>	<b>40,081</b>	<b>43,969</b>	<b>3,888</b>	<b>10%</b>	<b>£14,723</b>	<b>£14,309</b>	<b>-£414</b>	<b>-3%</b>



### 4.7.2 Aintree Hospital Key Issues

Urgent Care under spend of -£414k is driven by a -£830k under performance in Non Elective activity. This under performance offsets the £276k over performance seen in Non Elective Excess Bed Days. Excess bed days has been raised through the official challenge process and reported through the various exec boards.

## 5. Mental Health

### 5.1 Mersey Care NHS Trust Contract

Figure 16 NHS South Sefton CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS South Sefton CCG			
	Caseload as at 31/08/2016	2016/17 Plan	Variance from Plan	Variance on 31/08/2015
0 Variance	94	88	6	1
1 Common Mental Health Problems (Low Severity)	40	42	(2)	(6)
2 Common Mental Health Problems (Low Severity with greater need)	43	22	21	13
3 Non-Psychotic (Moderate Severity)	209	217	(8)	(14)
4 Non-Psychotic (Severe)	217	215	2	22
5 Non-psychotic Disorders (Very Severe)	63	62	1	12
6 Non-Psychotic Disorder of Over-Valued Ideas	47	40	7	10
7 Enduring Non-Psychotic Disorders (High Disability)	231	192	39	33
8 Non-Psychotic Chaotic and Challenging Disorders	113	98	15	17
10 First Episode Psychosis	132	138	(6)	5
11 On-going Recurrent Psychosis (Low Symptoms)	403	433	(30)	(29)
12 On-going or Recurrent Psychosis (High Disability)	338	307	31	31
13 On-going or Recurrent Psychosis (High Symptom & Disability)	97	112	(15)	(8)
14 Psychotic Crisis	26	21	5	-
15 Severe Psychotic Depression	7	6	1	3
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	36	34	2	2
17 Psychosis and Affective Disorder – Difficult to Engage	49	58	(9)	(9)
18 Cognitive Impairment (Low Need)	225	223	2	23
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	405	505	(100)	(108)
20 Cognitive Impairment or Dementia Complicated (High Need)	386	332	54	60
21 Cognitive Impairment or Dementia (High Physical or Engagement)	131	76	55	81
Cluster 99	540	402	138	200
<b>Total</b>	<b>3,832</b>	<b>3,623</b>	<b>209</b>	<b>339</b>

#### 5.1.1 Key Mental Health Performance Indicators

Figure 14 CPA – Percentage of People under CPA followed up within 7 days of discharge

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

The target underperformed in August, this is related to 1 patient out of 18 who to whom the target applied to in month 5. The Trust made numerous attempts to contact and follow up this patient.

Figure 15 CPA Follow up 2 days (48 hours) for higher risk groups

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	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16
			95%	100%	100%	No Patients	100%

**Figure 16 EIP 2 week waits**

		Target	Apr-16	May-16	Jun-16	Jul-16	Aug-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%	33.33%	50.00%	50%

The EIP service is in the process of recruiting additional staff as per the business case that was agreed in April 2016 and it is anticipated that as staff come on stream that performance will improve. All additional staff are expected to be in post in early November 2016.

## 5.1.2 Mental Health Contract Quality Overview

At Month 5 Mersey care are compliant with quality schedule reporting requirements.

Asperger's waiting times for this service seem to be increasing, with 90 patients (internal waits from initial screening). The CCG have requested a position statement around what the Trust is doing to manage these waits.

At Aintree University Hospital (AUH) Trust, two 12 Hour Breaches related to mental health patients have occurred, both AUH and Mersey Care are constructing RCAs. The commissioners have requested that the Trust provide details regarding mental health liaison arrangements at AUH should the additional ex- SRG funded resource be withdrawn at the end of October 2016.

Specific concerns remain regarding the Clock View and Hesketh Centre sites and timely access to assessments and whilst the Trust undertook a Kaizen 'Rapid Improvement Event' with stakeholders focusing on Clock View commissioners have raised at a matter of urgency for the Trust to address ongoing access issues. Following concerns around referral response times raised by the commissioners from 1<sup>st</sup> October 2016 the Trust has enabled access to on call Consultant Psychiatrist for GPs to discuss urgent referrals and access to Silver oncall if referral issues that have not been addressed need escalating.

In addition following the CQPG held on the 14<sup>th</sup> October 2016 the commissioners have requested further information on psychotherapy, eating disorder staffing levels and GP communication.



## 5.2 Improving Access to Psychological Therapies

Figure 17 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	293	272	244							
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	-13	-34	-62							
	%	-7.9%	-3.6%	-4.3%	-11.2%	-20.3%							
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%	1.2%	1.1%	1.0%							
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%	45.7%	41.4%	42.7%							
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%	96.4%	97.4%	97.7%							
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%	100.0%	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	141	153	133							
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	3	1	2							
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	63	63	56							
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%	88.3%	81.9%	80.2%							

The provider (Cheshire & Wirral Partnership) reported 244 South Sefton patients entering treatment in month 5, which is a 10% decrease from 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 13.7% 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%.

There were 349 Referrals in Month 5 which was comparable with the previous month; of these 60% were Self-referrals. GP Referrals remained low at 76 for Month 5, although this is a slight increase from the 71 in Month 4. 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 42.7% in month 5, which does not meet the minimum standard of 50%. A forecast outturn at month 5 gives a year end position of 43.1%, 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 102 reported in month 5 (a 31% increase from 70 in the previous month). Staff sickness absence continues to affect cancellation numbers.

Support is being provided including access to wellbeing services, phased return where appropriate and regular 121 meetings continue.

There was an increase in DNAs in Month 5 from 153 in month 4 to 177 in month 5; 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, 96.6% 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 five months of 2016/17 for South Sefton CCG.

Support from the National Intensive Support Team is currently being arranged with a review to take place on 21<sup>st</sup> October 2016.

- To benchmark the service against other CCGs with similar demographics
- Guidance on the hidden waits that are in the system and on steps required to eliminate them to support the action plan that has been developed.
- To get a clearer understanding on reasons for referral shortfalls and severity and complexity in the case mix.
- To compare performance reports currently in place or planned with good practice.
- From the commissioners' perspective, a sense check of the contract the next step to ensure delivery.
- From a provider perspective, guidance on staffing levels and recruitment

## **5.2.1 Improving Access to Psychological Therapies Contract Quality Overview**

No additional quality concerns have been raised with Cheshire and Wirral Partnership NHS Foundation Trust.

## **5.3 Dementia**

### **Summary for NHS South Sefton dementia registers at 31-08-2016**

People Diagnosed with Dementia (Age 65+)	1,184
Estimated Prevalence (Age 65+)	2,091
Gap - Number of addition people who could benefit from diagnosis (all ages)	994
NHS South Sefton - Dementia Diagnosis Rate (Age 65+)	56.6%
National estimated Dementia Diagnosis Rate	67.3%
Target	66.70%

A plan is in place to improve the South Sefton Dementia Diagnosis rate. A bespoke set of searches have been developed into a dementia toolkit and are ready to be rolled out to the south Sefton Facilitators Data facilitators who will work with each practice and run the searches. It is hoped the searches will generate errors in coding and identify patients with memory or associated cognitive difficulties who are not identified as having dementia. Clinical staff will be required to review some of the queries from the searches and also contact patients to attend for a review.

The dementia diagnosis rate has fallen slightly compared to the July rate (57%).

## **6. Community Health**

### **6.1 Liverpool Community Health Contract**

A meeting was held with the Trust BI lead and the CCG leads to go through the data by service line. A number of data validation queries were sent to the Trust and we received the following comments;

- Paediatric continence: There was a dramatic drop in contacts in May but an increase in referrals. This issue continued in Jun-16 and Jul-16 with no contacts being reported, yet a high caseload of 208 and 206 remained. The Trust informed the CCG that this was a coding issue. The service was adding consultations to the system but was not using a specific code that the Trust uses for their contract reporting. The Trust has now submitted refreshed figures in Aug-16 and contacts appear to be more accurate at 101 this month with a caseload of 213.

There is currently a District Nursing systems review taking place across LCH. This is to review processes in relation to manual and electronic requirements. EMIS mobile is not yet available for DNs and so there is a requirement to duplicate information on paper and on EMIS. This is known to impact on the level of information added to the system. The current variance though is within agreed tolerance levels and the Trust is forecasting that activity levels will be higher than last year.

An EMIS mobile app was 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. This programme was delivered by IM. There is a report that has been produced in relation to the pilot. The Trust is to send a copy for information.

#### **6.1.1 Patient DNA's and Provider Cancellations**

A number of services have seen a high number of DNA's and Provider cancellations so far in 2016/17.

For patient DNAs Sefton Physio Service 26% was reported in Aug-16, the highest reported YTD and higher than the past 4 years' average. Adult Dietetics is also high this month at 19.3%, a decline on last month's performance, and Paediatric Dietetics at 25.7% (although this is an improvement on last month). Total DNA rates at Sefton are green for this month at 7.5%.

Provider cancellation rates have seen an improvement this month, with no services reporting red. Total hospital cancellation rate for Sefton is green at 1.9% this month.

Treatment rooms, Podiatry, Physio, Diabetes, Adult Dietetics, and Paediatric Dietetics have all continued the trend of previous years showing high numbers of patient cancellations. All services are above 10% for August 2016. Total patient cancellations for Sefton have improved in Aug-16 at 10.8%, compared to 12.8% reported last month.

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.
- Information posters in some buildings on DNA/cancellation rates.
- Text reminders to reduce DNA's.

Patient cancellation rates were discussed in the latest FIG meeting (15/09/2016), including instances where appointments are rearranged, and the only way to take the original appointment off the system is to cancel it. It was agreed that this does not necessarily mean this is having a negative effect on the patient or the utilisation of the clinic, as that slot could potentially be rebooked. The trust is to provide a clinic utilisation report at the next FIG meeting.

### **6.1.2 Waiting Times**

Waiting times are reported a month in arrears. The following issues are still outstanding in July 2016;

Adult SALT: Waiting times have improved further this month with an average of 9 weeks on the incomplete pathway, 7 weeks on the completed pathway and the longest waiter at 15 weeks. Recent long waiting times have been due to the service only having 2-3 staff. The Trust has recruited a locum 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: The reporting process is set up for this and the Trust has retrospectively looked at it. For June the 92nd percentile wait was 42 weeks. However, this is still not being included in the report. An email was sent to the Trust contact on 29/09/2016.

## **6.2 Any Qualified Provider LCH Podiatry Contract**

The trust continues to use the £25 local tariff. At month 5 2016/17 the YTD costs for South Sefton CCG are £115,440 with attendances at 1,232. At the same time period last year the costs were £169,682 and attendances at 1,848.

At month 5 2016/17 the YTD cost for Southport and Formby CCG is £345 with 4 attendances and in 2015/16 the costs for Southport and Formby CCG were £204 with activity at 2. Low activity is due to the vast majority of podiatry AQP for this CCG occurring at the Southport and Ormskirk Trust.

### **6.2.1 Liverpool Community Health Quality Overview**

#### Paediatric SALT Waiting Times

Current waiting times (as discussed at the Trust board and CQPG) are reported at 37 weeks, although this remains significantly above the 18 week target, this is a decrease compared to the 42 weeks reported for the previous month. Of the 651 patients waiting, 363 have been waiting more than the 18 week target. The longest wait was one patient waiting 51 weeks. A robust action plan is in place to manage the list and LCH is working with the CCG. The Trust provided a presentation to the CQPG in September with projected date for revised trajectories in December 2016 to inform any potential business case.

## District Nurses

District Nursing teams within LCH are managed within Localities by the Care Manager. Pressures within the service have been managed on a daily basis within the locality and these pressures have fluctuated as a result of staff turnover, rising sickness absence and annual leave. In August 2016 these concerns were escalated by the Care Manager for Central Locality as requiring a response from across the trust in order to more effectively manage and support the teams and maintain safe patient care. Due to the number of teams experiencing similar staffing pressures the service moved into business continuity with immediate effect.

Daily escalation meetings took place between 10<sup>th</sup> August – 23<sup>rd</sup> September 2016 with attendance from each locality and HR. The teams have managed demand by prioritising visits, cancelling non-essential training and cross team working to support colleagues, bank, agency and overtime was also used. Where senior managers have an appropriate clinical qualification they also undertook clinical work to support teams by undertaking visits or offering advice regarding caseload cleansing. Staff wellbeing remains a high priority and additional support has been offered to individuals and teams.

Since de-escalation the Care Managers have agreed a process to ensure that teams share updated staffing and workload status on a daily basis and escalate appropriately. A weekly teleconference takes place between Care Managers during which they can share any specific difficulties or highlight the need for support from another locality. This has also been entered onto the Trust's risk register.

## **6.3 Southport and Ormskirk Trust Community Services**

### EMIS Switch Over

#### Activity

The Trust continues to progress in moving over services from the old IPM clinical system to EMIS. As this continues potential data quality and reporting issues may arise. The CCG has requested from the Trust a detailed report on the issues affecting each service and actions on how these are to be resolved.

Since the shift from IPM to EMIS reporting on Referrals, Contacts and Waiting times have been affected. The CCG and Trust are working together to resolve the issues. The Trust has advised of the following issues and is continuing to work through them service by service;

- The Trust is unable to split out domiciliary and clinic activity from EMIS, activity is currently being reported as a combined figure for the time being.
- There are some duplicates in the referrals data as all open caseloads had to be migrated across.

All services have now gone live on the new system.

#### Waiting times

At the latest Information Sub Group meeting the Trust presented a waiting times report which highlighted the extent of the current data quality issues since the system switch over. The Trust will continue to provide the waiting times report monthly and highlight the services where the data quality has been corrected for the CCG to monitor.

The report highlights issues in Phlebotomy and Treatment Rooms with waiting times increasing over recent weeks. The Trust continues to monitor this and update the CCG.

## **7. Third Sector Contracts**

Following on after review of all discretionary CCG spend, it has been agreed that funding for Sefton Cancer Support, PSS and Sefton Carers Centre (Care 4 You) will cease from 1st December 2016. In addition to the termination of these contracts, services funded to the Contract value of £0 to £50,000 will incur a reduction of 7% and services funded to the Contract value of £50,000 and above will incur a reduction of 13% within this contract year. These reductions are to take effect from 1st December 2016.

Letters informing providers of these changes have been sent to all and further consultation where required has been facilitated by commissioners.

## **8. Primary Care**

### **8.1 Primary Care Dashboard progress**

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. We are now working with MLCSU to further define the indicators for the dashboard.

### **8.2 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. The latest results posted in this month are as follows:

## Drs Hulme, Wray, Gough, Killough and Chamberlain Good (Westway Medical Centre)



Westway, Maghull, Liverpool, L31 0DJ  
(0151) 526 1121

Provided by: Drs Hulme, Wray, Gough, Killough and Chamberlain

### CQC inspection area ratings

(Latest report published on 23 September 2016)

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

### CQC Inspections and ratings of specific services

(Latest report published on 23 September 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 and Clinics

#### Specialisms/services

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

## **9. Better Care Fund**

A Better Care Fund Plan for 2016/17 has been agreed and submitted to the national Better Care Support Team and joint work is underway to further develop these plans by 31 October 2016 for implementation. In the meantime we have submitted a Quarter 1 performance report to NHSE.









