



**South Sefton
Clinical Commissioning Group**

South Sefton Clinical Commissioning Group

Integrated Performance Report

August 2014

Contents

1. Executive Summary	4
2. Referrals	6
3. Waiting Times	7
4. Planned Care	8
4.1 All Providers	8
4.2 Aintree University Hospitals NHS Foundation Trust	8
4.3 Key Issues	9
4.3.1 Aintree University Hospitals NHS Foundation Trust:	9
4.3.2 Liverpool Womens NHS Foundation Trust.....	9
5. Unplanned Care.....	10
5.1 All Providers	10
5.2 Aintree University Hospitals NHS Foundation Trust	10
5.3 Key Issues.....	11
5.3.1 Aintree University Hospitals NHS Foundation Trust:	11
5.3.3 Liverpool Womens NHS Foundation Trust:.....	11
6. Mental Health.....	12
6.1 Mersey Care NHS Trust Contract.....	12
6.2 Key Issues.....	12
6.3 Key Performance Indicators - CPA follow up.....	13
6.4 Inclusion Matters Sefton.....	13
7 Liverpool Community Health NHS Trust Performance.....	14
7.1 Key Issues.....	14
8 Third Sector Contracts.....	14
9. Quality and Performance	15
9.1 NHS South Sefton CCG Performance Dashboard	15
9.2 Friends and Family – Aintree Hospitals NHS Foundation Trust	20
9.3 Complaints.....	21
9.3.1 Aintree Hospitals NHS Foundation Trust.....	21
9.4 Serious Untoward Incidents (SUIs)	22

Tables

Table A– Patients waiting (in bands) on incomplete pathway for the top 5 Providers.	7
Table B All Providers.....	8
Table C: Month 4 Planned Care - Aintree University Hospitals NHS Foundation Trust by POD	8
Table D: Month 4 Planned Care - Aintree University Hospitals NHS Foundation Trust 13/14 – 14/15 Comparison.....	9
Table E : Month 4 Unplanned Care - All Providers	10
Table F: Month 4 Unplanned Care - Aintree University Hospitals NHS Foundation Trust by POD.	10
Table G: Month 4 Unplanned Care – Aintree University Hospitals NHS Foundation Trust 13/14 – 14/15 Comparison.....	11
Table H NHS South Sefton CCG – Shadow PbR Cluster Activity	12
Table I - CPA - Percentage of People under followed up within 7 days of discharge	13
Table J – CPA Follow up 2 days (48 hrs) for higher risk groups	13
Table K- PHQ13_6 Proportion of people who complete treatment who are moving to recovery	13
Table L Friends and Family – Aintree Hospitals NHS Foundation Trust	20
Table M Comparison of concern & complaints themes for Q1 of this financial year (2014/2015), and Q1 & Q4 of the previous financial year (2013/2014)	21
Table N NHS South Sefton CCG reported Serious Untoward Incidents	22
Table O Aintree University Hospitals NHS Foundation Trust Reported Serious Untoward Incidents	23

NB: CAVEAT TO THIS REPORT

Not all quality and performance information is available on a South Sefton footprint. Data has been provided at this level where available and Aintree Hospital Foundation Trust level data is used where not.

Key information from this report

Cdifficile - In July 2014 there have been 4 new cases of Cdifficile infection reported for NHS South Sefton CCG patients giving a cumulative total of 21 cases year to date against a tolerance for NHS South Sefton CCG patients of 20. 3 cases were recorded at Aintree Hospitals NHS Foundation Trust, 1 Acute Trust acquired and 2 Community acquired. 1 case was recorded at Southport & Ormskirk Hospital NHS Trust as community acquired.

MRSA - There has been 1 reported case of MRSA for NHS South Sefton CCG in July 2014 giving a cumulative total of 2 due to the case reported in June.

Southport and Ormskirk Hospital NHS Trust have recorded 1 case of MRSA in July 2014. A post infection review (PIR) will identify where this case will be attributed to.

A&E 4 Hour Wait – NHS South Sefton CCG achieved this target cumulatively to June 2014 with 98.27% against the 95% target. Performance cumulatively to July 2014 at Aintree University Hospitals NHS Foundation Trust was below the target of 95% with 91.88% a further fall from the figure cumulatively to June 2014. Year to date, of the 39,091 patients attending, 35,915 were seen within 4 hours. A number of key actions have taken place.

Mixed Sex Accommodation Breaches – NHS South Sefton CCG achieved this target for the month of July 2014 and reported zero MSA breaches.

Ambulance Clinical Quality – NHS South Sefton CCG failed to achieve the Category A (Red 1) 8 minute response time target of 75% for the month of July 2014, reaching 69.40% (cumulative). This is also a drop in performance by 3% since June. NHS South Sefton CCG marginally failed to achieve the Category A (Red 2) 8 minute response time target of 75% at July 2014, reaching 71.54% (cumulative). This is also a drop in performance by 3% since June.

1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at July 2014 (note: time periods of data are different for each source).

CCG key Performance Indicators

NHS Constitution Indicators	Footprint	
Ambulance Category A Calls (Red 1)	CCG	
RTT 18 Week Incomplete Pathway	CCG	
Cancer 2 Week GP Referral	CCG	
A&E 4 Hour Waits	CCG	
Other Key Targets		
A&E 4 Hour Waits	AUHT	
Ambulance Category A Calls (Red 1)	NWAS	
Ambulance Category A Calls (Red 2)	CCG	
Ambulance Category A Calls (Red 2)	NWAS	
MRSA	CCG	
MRSA	AUHT	
C.Diff	CCG	
Stroke	CCG	
Stroke	AUHT	
Cancer 62 Day Urget GP Referral	AUHT	
RTT 52 Week Waiters (Admitted)	CCG	
RTT 52 Week Waiters (Non-Admitted)	CCG	

Provider Trust Performance Issues Continued ...

The CCG is measured on the NWS figures which are also under target for the above 2 indicators, Red 1 being slightly under at 72.19% and Red 2 at 73.07% (both of these figures also show a drop in performance since June). NWS and the CCG are achieving Category 19 Transportation time target.

Cancer Targets - Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers. NHS South Sefton CCG achieved their target for June of 90% for 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers but Aintree University Hospitals NHS Trust narrowly failed the target of 85% in June achieving 83.28% for the maximum 62 day wait from urgent GP referral to first definitive treatment for cancer.

Referral To Treatment – NHS South Sefton CCG has 1 patient waiting for more than 52 weeks in July 2014 on the completed admitted pathway and 2 patients waiting on the incomplete pathway. These 52+ week waiters are at Royal Liverpool and Broadgreen University Hospitals Trust (RLBUHT) The Trust reports that there are two specialities which are failing to achieve the 18 week RTT targets at a speciality level, General Surgery and Trauma and Orthopaedics. There are recovery plans in place with trajectories to recover this position by Quarter 3.

Stroke Indicators – NHS South Sefton CCG did not achieve the target for the Stroke indicator in July 2014. Performance was at 69.23% for the month of July. 18 out of 26 patients admitted spent at least 90% of their time on a Stroke Unit. However, this is an increase in performance of 1% since June.

Aintree University Hospitals NHS Foundation Trust did not achieve the 80% stroke target during July 2014; performance was at 75.51%, however, this is an increase in performance since June. In July 12 patients out of the 49 admitted with a stroke did not spend 90% of their time on a stroke unit. A number of key actions have taken place.

Aintree University Hospitals NHS Foundation Trust achieved the 60% TIA target during June 2014, performance was 100%.

Friends and Family Test Score The indicator comprises two elements: the test score and the % of respondents who would recommend the services to friends and family – for Inpatient Services and A&E. Providers are now measured against these separately and not combined as previously measured.

Aintree University Hospitals NHS Foundation Trust –

- Inpatient test score in July – 82 compared to England average of 74
- A&E test score in July – 35 compared to England average of 53
- Inpatient % response rate in July – 47.3% compared to a target of 20%
- A&E % response rate in July – 24.1% compared to a target of 20%.

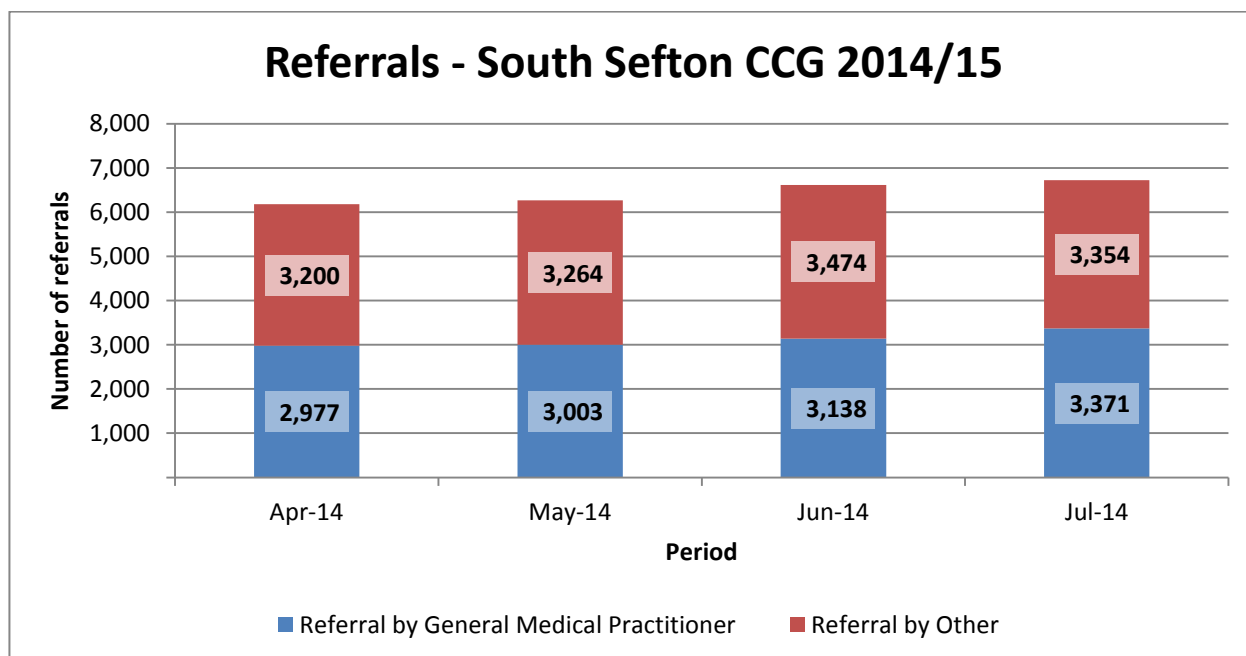
There have been 8 Serious Incidents reported in August 2014 for NHS South Sefton CCG, 43 Incidents reported year to date. The highest number of incidents reported relates to Grade 3 and 4 Pressure Ulcers reported at Liverpool Community Health NHS Trust. Aintree Hospitals NHS FT reported 2 serious incidents in August 2014.

2. Referrals

The following section provides an overview of referrals to secondary care to July 2014.

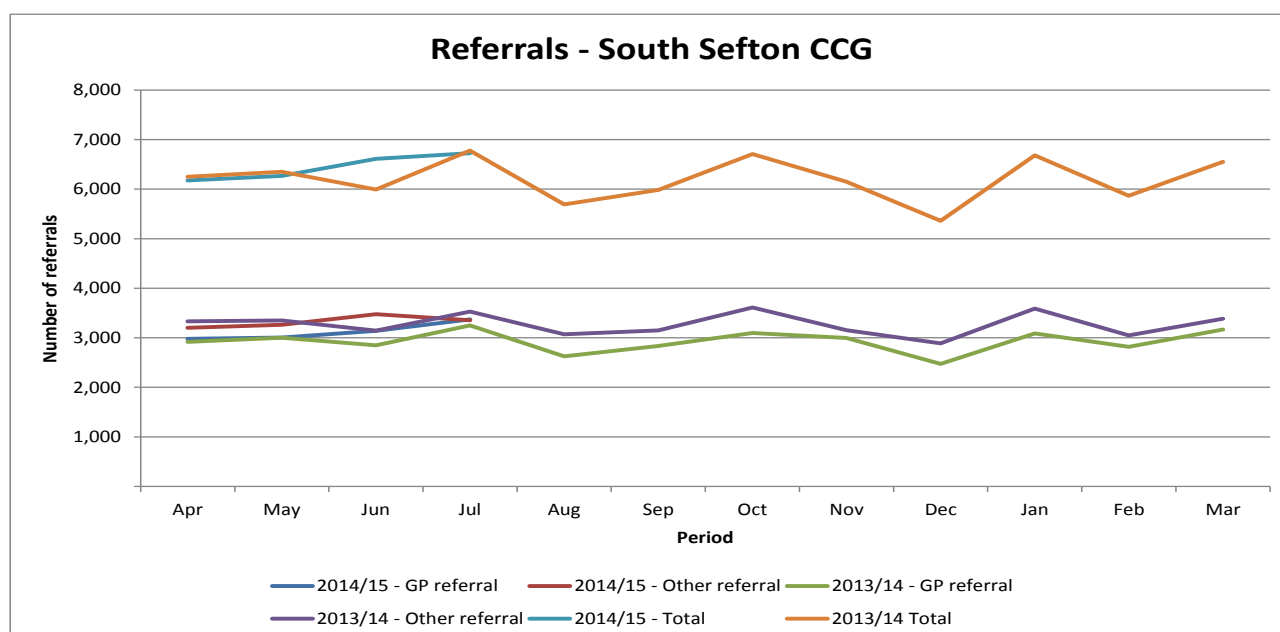
2.1 Referrals by source

Chart A The number of GP and 'other' referrals for the CCG across all providers for 2014/15.



Evidence suggests increase in GP referrals but overall referrals in numbers remaining consistent. NHS South Sefton CCG to review the Primary Care dashboard and explore referral activity by locality and practice.

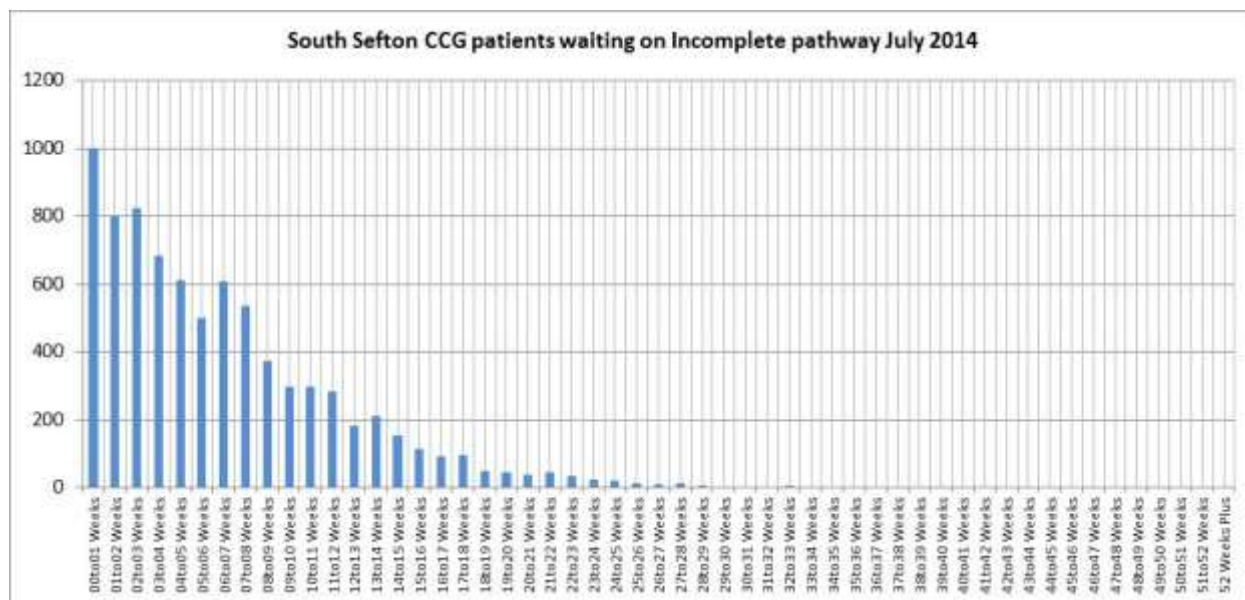
Chart B The number of GP and 'other' referrals for the CCG across all providers comparing 2013/14 and 2014/15 by month.



3. Waiting Times

3.1 NHS South Sefton CCG patients waiting

Chart C Patients waiting on an incomplete pathway at the end of July 2014 by weeks waiting



There were 331 patients (4.1%) waiting on incomplete pathways at the end of July 2014 waiting over 18 weeks.

3.2 Top 5 Providers

Table A– Patients waiting (in bands) on incomplete pathway for the top 5 Providers.

Trust	0to10 wks	10to18 wks	18to24 wks	24to30 wks	30+ wks	Total
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST (REM)	4113	831	109	25	4	5082
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST (RQ6)	677	168	33	12	6	896
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST (RVY)	521	89	15	4	0	629
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST (REP)	322	132	18	2	4	478
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST (RBS)	214	99	55	19	8	395

4. Planned Care

4.1 All Providers

Performance to Month 4 against planned care elements of the contract shows an over plan of £556k (3.7%). This is in the main driven by over performance at Aintree University Hospitals NHS Foundation Trust (£435k), Southport and Ormskirk Hospital NHS Trust (£101k) and Liverpool Womens NHS Foundation Trust (£156k).

Table B All Providers

Provider Name	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	132,955	44,143	51,350	7,207	16.33%	£27,521	£9,137	£9,573	£435	4.76%
Alder Hey Childrens NHS F/T	15,954	5,343	4,157	-1,186	-22.20%	£2,515	£861	£668	£193	-22.40%
Countess of Chester Hospital NHS Foundation Trust	0	0	43	43	0.00%	£0	£0	£6	£6	0.00%
Liverpool Heart and Chest NHS F/T	964	320	388	68	21.28%	£480	£159	£169	£10	6.34%
Liverpool Womens Hospital NHS F/T	13,833	4,606	5,000	394	8.54%	£3,127	£1,041	£1,197	£156	15.00%
Royal Liverpool & Broadgreen Hospitals	28,270	9,386	9,447	61	0.65%	£5,653	£1,877	£1,829	£48	-2.54%
Southport & Ormskirk Hospital	12,412	4,127	5,408	1,281	31.04%	£2,614	£877	£978	£101	11.51%
ST Helens & Knowsley Hospitals	3,564	1,162	1,232	70	6.05%	£965	£316	£326	£9	2.93%
Wirral University Hospital NHS F/T	0	0	153	153	0.00%	£0	£0	£44	£44	0.00%
Central Manchester University Hospitals Nhs Foundation Trust	0	0	33	33	0.00%	£0	£0	£7	£7	0.00%
Fairfield Hospital	137	46	23	-23	-49.64%	£43	£14	£5	£10	-67.78%
ISIGHT (SOUTHPORT)	361	120	65	-55	-45.98%	£92	£31	£15	£15	-50.43%
Renacres Hospital	3,042	1,014	1,394	380	37.45%	£1,182	£394	£349	£45	-11.49%
SPIRE LIVERPOOL HOSPITAL	2,761	920	1,006	86	9.31%	£770	£257	£267	£10	4.09%
University Hospital Of South Manchester Nhs Foundation Trust	102	34	21	-13	-38.89%	£16	£5	£5	£0	-6.73%
Wrightington, Wigan And Leigh Nhs Foundation Trust	760	253	409	156	61.45%	£294	£98	£186	£89	90.44%
Grand Total	215,115	71,476	80,129	8,653	12.11%	£45,272	£15,068	£15,624	£556	3.69%

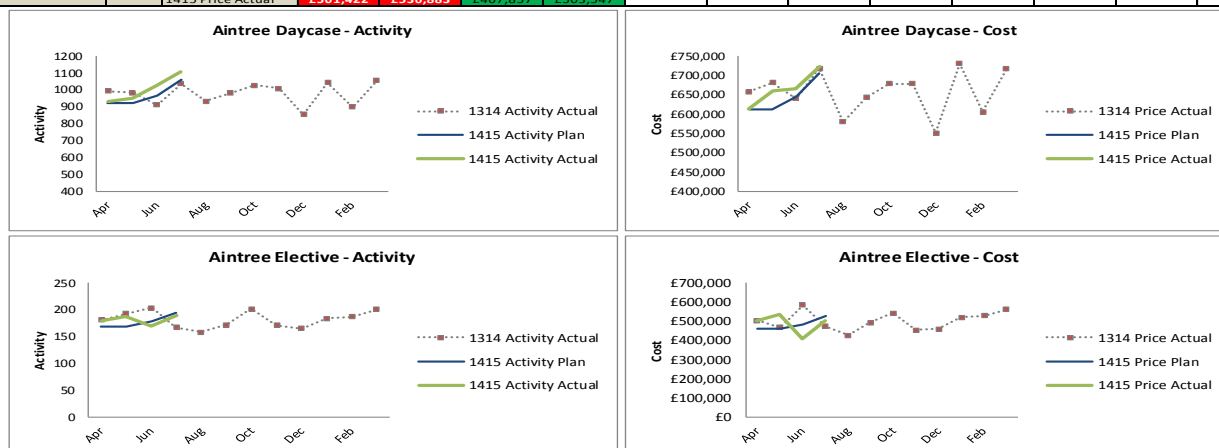
4.2 Aintree University Hospitals NHS Foundation Trust

Table C: Month 4 Planned Care - Aintree University Hospitals NHS Foundation Trust by POD

Aintree University Hospitals Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
DC	11,670	3,875	4,011	136	3.52%	£7,758	£2,576	£2,665	£89	3.46%
EL	2,139	710	726	16	2.23%	£5,823	£1,933	£1,950	£16	0.85%
ELXBD	1,138	378	457	79	20.95%	£257	£85	£108	£23	26.51%
OPFAMPCL	480	159	259	100	62.52%	£84	£28	£43	£15	53.43%
OPFANFTF	524	174	193	19	10.93%	£22	£7	£9	£1	18.81%
OPFASPCL	26,698	8,864	10,666	1,802	20.33%	£4,304	£1,429	£1,479	£50	3.46%
OPFUPMPCL	1,606	533	524	-9	-1.73%	£178	£59	£57	£2	-3.34%
OPFUPNFTF	1,416	470	428	-42	-8.96%	£32	£11	£10	£0	-4.00%
OPFUPSCL	70,680	23,467	27,761	4,294	18.30%	£5,997	£1,991	£2,085	£94	4.73%
OPPROC	16,604	5,513	6,325	812	14.73%	£3,065	£1,018	£1,167	£149	14.68%
	132,955	44,143	51,350	7,207	16.33%	£27,521	£9,137	£9,573	£435	4.76%

Table D: Month 4 Planned Care - Aintree University Hospitals NHS Foundation Trust 13/14 – 14/15 Comparison.

Aintree University Hospitals NHS F/T South Sefton CCG		2014/15												
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Daycase	Activity	1415 Activity Plan	923	923	969	1061								
		1415 Activity Actual	921	949	1024	1107								
	Price	1415 Price Plan	£613,314	£613,314	£643,980	£705,312								
		1415 Price Actual	£613,530	£660,783	£666,670	£723,957								
Elective	Activity	1415 Activity Plan	169	169	178	194								
		1415 Activity Actual	180	188	182	189								
	Price	1415 Price Plan	£460,306	£460,306	£483,322	£529,352								
		1415 Price Actual	£501,422	£536,888	£407,857	£503,547								



4.3 Key Issues

4.3.1 Aintree University Hospitals NHS Foundation Trust:

Gradual increases in referrals over a period of time combined with Aintree University Hospitals NHS Foundation Trust pro-active approach towards keeping ahead of Referral to Treatment targets (RTT) is resulting in planned care increases in day cases and a number of outpatient PODs (point of delivery) namely outpatient firsts, follow ups and procedures. Continuing good performance has the potential to create over performance resulting in cost pressures for CCGs

18 week resilience plans have been submitted to NHSE. The Trust will be working to these plans during the next six months to reduce RTT waiters in line with the plan costed at £400k which is the commitment to Aintree University Hospitals NHS Foundation Trust by CCGs.

Specialties showing an increase include Urology, upper gastro surgery, diabetic medicine, dermatology, chemical pathology, ophthalmology, cardiology and respiratory medicine

Actions:

- Continue to monitor RTT performance
- Methods of recording additional activity to be agreed to avoid any duplication
- Review referral patterns

4.3.2 Liverpool Womens NHS Foundation Trust

NHS Liverpool CCG issued a formal Activity Query Notice relating to variances to activity plan in Antenatal Pathway and Outpatient Procedures causing a significant year-to-date over performance at Month 3.

With specific reference to Outpatient Procedures, this over-performance is driven by activity in Gynaecology and is almost entirely due to a significant increase in HRG 'MA23Z - Lower Genital Tract Minor Procedures - Category 2'. While some proportion of this increase appears to be genuine growth in the volume of activity, it is worth noting that there has also been a 100% decrease in HRG 'NZ05C - Ante-natal or Post-natal Investigation age between 16 and 40 years with length of stay 0 days'.

The national tariff (excluding MFF) for HRG MA23Z is £156, while the non-mandatory tariff for HRG NZ05C is £71. This could suggest that activity volumes and the cost of case-mix are *both* responsible for this over-performance.

Referrals to Liverpool Womens Hospital appear to be increasing, with June and July showing exceptionally high numbers compared to previous years.

Actions:

- Monitor and review referral patterns.
- Discussions regarding activity query.

5. Unplanned Care

5.1 All Providers

Performance to Month 4 against unplanned care elements of the contract shows an over plan of £665k (5.2%). This is in the main driven by over performance at Aintree University Hospitals NHS Foundation Trust (£471k), Royal Liverpool and Broadgreen University Hospitals NHS Trust (£126k) and Liverpool Womens NHS Foundation Trust (£69k).

Table E : Month 4 Unplanned Care - All Providers

Provider Name	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	50,407	16,848	16,940	92	0.54%	£28,075	£9,384	£9,855	£471	5.02%
Alder Hey Childrens NHS F/T	9,195	3,011	2,960	-51	-1.68%	£2,070	£674	£620	£54	-7.96%
Countess of Chester Hospital NHS Foundation Trust	0	0	22	22	0.00%	£0	£0	£7	£7	0.00%
Liverpool Heart and Chest NHS F/T	108	36	24	-12	-32.48%	£158	£52	£30	£22	-42.30%
Liverpool Womens Hospital NHS F/T	3,416	1,141	1,224	83	7.28%	£2,786	£931	£999	£69	7.40%
Royal Liverpool & Broadgreen Hospitals	5,641	1,885	2,188	303	16.04%	£1,982	£662	£788	£126	18.97%
Southport & Ormskirk Hospital	6,705	2,269	2,567	298	13.16%	£2,634	£883	£923	£39	4.47%
ST Helens & Knowsley Hospitals	978	333	289	-44	-13.14%	£388	£133	£127	£6	-4.23%
Wirral University Hospital NHS F/T	0	0	127	127	0.00%	£0	£0	£30	£30	0.00%
East Cheshire NHS Trust	0	0	4	4	0.00%	£0	£0	£1	£1	0.00%
Central Manchester University Hospitals Nhs Foundation Trust	0	0	16	16	0.00%	£0	£0	£3	£3	0.00%
University Hospital Of South Manchester Nhs Foundation Trust	41	14	13	-1	-6.97%	£14	£5	£2	£3	-54.47%
Wrightington, Wigan And Leigh Nhs Foundation Trust	42	14	33	19	135.71%	£15	£5	£10	£4	87.24%
Grand Total	76,533	25,550	26,407	857	3.35%	£38,122	£12,729	£13,394	£665	5.22%

5.2 Aintree University Hospitals NHS Foundation Trust

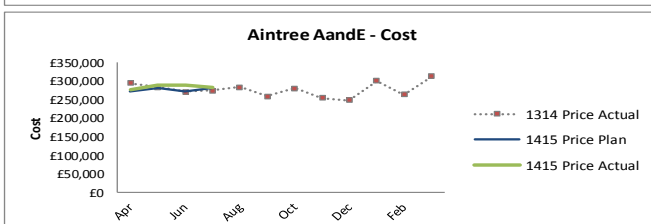
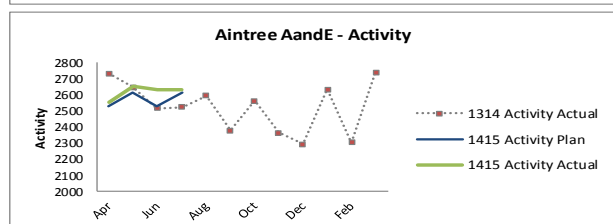
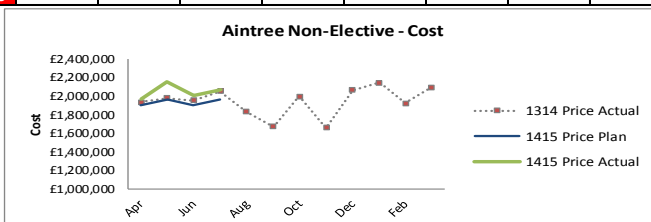
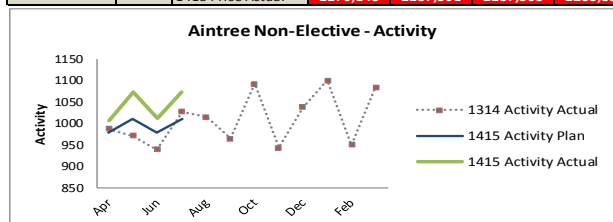
Unplanned care rose from £372km to the £471k seen at Month 4. Although there is a slight increase in A&E attendances this month the significant increases are against non-elective admissions as in month 3. Year to date attendances at A&E and CDU are both down compared to the same period last year.

Table F: Month 4 Unplanned Care - Aintree University Hospitals NHS Foundation Trust by POD

Aintree University Hospitals Urgent Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
AandE	30,748	10,277	10,463	186	1.81%	£3,294	£1,101	£1,135	£34	3.09%
NEL	10,592	3,540	3,667	127	3.58%	£22,135	£7,398	£7,806	£408	5.52%
NELNE	40	13	23	10	72.03%	£117	£39	£62	£23	58.23%
NELNEXBD	34	11	108	97	850.34%	£8	£3	£26	£23	890.65%
NELST	1,270	424	472	48	11.19%	£833	£278	£340	£62	22.23%
NELXBD	7,723	2,581	2,207	-374	-14.50%	£1,689	£564	£485	£79	-14.03%
Grand Total	50,407	16,848	16,940	92	0.54%	£28,075	£9,384	£9,855	£471	5.02%

Table G: Month 4 Unplanned Care – Aintree University Hospitals NHS Foundation Trust 13/14 – 14/15 Comparison.

Aintree University Hospitals NHS F/T South Sefton CCG		2014/15												
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Non-Elective (NEL and NELST)	Activity	1415 Activity Plan	978	1011	978	1011								
		1415 Activity Actual	1007	1072	1011	1072								
	Price	1415 Price Plan	£1,897,370	£1,960,616	£1,897,370	£1,960,616								
		1415 Price Actual	£1,967,154	£2,157,774	£2,012,010	£2,071,805								
AandE	Activity	1415 Activity Plan	2527	2611	2527	2611								
		1415 Activity Actual	2553	2650	2630	2630								
	Price	1415 Price Plan	£270,763	£279,789	£270,763	£279,789								
		1415 Price Actual	£276,143	£287,591	£287,568	£283,838								



5.3 Key Issues

5.3.1 Aintree University Hospitals NHS Foundation Trust:

Significant increases in non-elective admissions, alongside year-to-date accident and emergency attendances slightly below the same period last year, and reduced CDU attendances, could indicate changes to patient flows in the urgent care setting.

Actions:

- Ongoing review of increases in non-elective admissions via a working group reviewing A&E pathways and recording of activity.
- Aintree University Hospitals NHS Foundation Trust Contract and Performance report for Month 3 contains a number of additional analyses to allow further review of activity and trends i.e. non-elective admissions 13/14 v 14/15, A&E admissions 13/14 v 14/15, A&E source of referrals, A&E discharge code, CDU attendances 13/14 v 14/15.

5.3.2 The Royal Liverpool and Broadgreen University Hospitals Trust:

The Trust has been issued with an activity query notice relating to over-performance reported in Month 3. In keeping with the terms of the contract, a meeting has been arranged between the Trust and commissioners to discuss this issue (date to be arranged). The outcome of discussions will be reported in a future report.

5.3.3 Liverpool Womens NHS Foundation Trust:

NHS Liverpool CCG issued a formal Activity Query Notice relating to variances to activity plan in Antenatal Pathway and Outpatient Procedures causing a significant year-to-date over performance at Month 4.

6. Mental Health

6.1 Mersey Care NHS Trust Contract

The Expected Annual Contract Value for 2014/15 is £12,694,431 including CQUIN. A number of Contract Variations are in the process of being agreed. An updated expected Annual Contract Value 2014/15 will be provided at Month 5.

Table H NHS South Sefton CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS South Sefton CCG			
	2014/15 Plan	Caseload (May-2014)	Variance from Plan	% Variance
0 Variance	34	35	1	3%
1 Common Mental Health Problems (Low Severity)	23	25	2	9%
2 Common Mental Health Problems (Low Severity with greater need)	48	34	(14)	-29%
3 Non-Psychotic (Moderate Severity)	274	241	(33)	-12%
4 Non-Psychotic (Severe)	169	216	47	28%
5 Non-psychotic Disorders (Very Severe)	32	44	12	38%
6 Non-Psychotic Disorder of Over-Valued Ideas	43	52	9	21%
7 Enduring Non-Psychotic Disorders (High Disability)	133	178	45	34%
8 Non-Psychotic Chaotic and Challenging Disorders	83	79	(4)	-5%
10 First Episode Psychosis	93	103	10	11%
11 On-going Recurrent Psychosis (Low Symptoms)	414	418	4	1%
12 On-going or Recurrent Psychosis (High Disability)	312	317	5	2%
13 On-going or Recurrent Psychosis (High Symptom & Disability)	112	109	(3)	-3%
14 Psychotic Crisis	17	19	2	12%
15 Severe Psychotic Depression	7	7	-	0%
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	33	38	5	15%
17 Psychosis and Affective Disorder – Difficult to Engage	58	59	1	2%
18 Cognitive Impairment (Low Need)	347	257	(90)	-26%
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	462	605	143	31%
20 Cognitive Impairment or Dementia Complicated (High Need)	148	182	34	23%
21 Cognitive Impairment or Dementia (High Physical or Engagement)	45	50	5	11%
Reviewed Not Clustered	36	80	44	122%
No Cluster or Review	144	173	29	20%
Total	3,067	3,321	254	8%

6.2 Key Issues

- **Early Intervention and Assertive Outreach Teams** – Reporting over performance, Activity Plan set at a national level.
- **ADHD Service** - Sefton CCGs recurrently commissioned additional service capacity in 2013/14 to reduce the size of the Sefton commissioned ADHD service waiting list. Commissioners are monitoring waiting times, waiting list and DNAs.
- **Care Home In reach** – Commissioners reviewing the current configuration of the service and service delivery model.
- **Delayed Bed Days** 199 Delayed Bed Days attributed to awaiting nursing home placement (122 days) public funding (30 days), patient/family choice (15 days) and Housing – patients not covered by NHS & Community Care Act (32 days) for Sefton Local Authority area at Month 4.
- **Brain Injuries** - over-performance is in line with the over-performance in 2013/14. The plan remains as it was in 2013/14.
- **Community Mental Health and Crisis Resolution Teams** have been combined as a result of patient feedback. The Trust is currently investigating the impact of this change on activity recording, it is expected to increase total activity levels.
- **Personality Disorder services** – reported increased activity. Cheshire & Merseyside Commissioning Support Unit have requested a more detailed report based on a rolling 12 months to reflect service delivery.

- **Learning Disability Inpatients** – The Trust has two patients on the Learning Disability STaR Inpatient Ward, one admitted during May 2014.
- **Rathbone Rehabilitation Service Inpatients-** Rehabilitation activity relates to two patients, one admitted in June and the other who was discharged in June following an 18 month stay on the ward, with a brief overlap period.

6.3 Key Performance Indicators - CPA follow up

Table I - CPA - Percentage of People under followed up within 7 days of discharge

				Apr-14	May-14	Jun-14	Jul-14
	Follow up from inpatient discharge	threshold					
CB_B19	the % of people under adult mental illness specialties who were followed up within 7 days of discharge from psychiatric inpatient care	95%		100%	100%	100%	87.50%

The above Table shows current NHS South Sefton CCG performance achieving 87.5% against the 95% target. This equates to 14 out of 16 patients being followed up within 7 days of discharge.

The Trust reports this KPI on a monthly basis but the consequence of the breach is based on the quarterly response. At Quarter 1 Mersey Care NHS Trust reported a catchment position of 98.3% which is above the threshold.

Table J – CPA Follow up 2 days (48 hrs) for higher risk groups

				Apr-14	May-14	Jun-14	Jul-14
		threshold					
MH_KPI.40	CPA Follow up 2 days (48 hrs) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hrs) By Crisis Resolution Home Treatment, Early Intervention, Assertive outreach or Homeless Outreach Team	95%		50%	100%	100%	100%

6.4 Inclusion Matters Sefton

Access to evidence-based psychological therapies is required to increase to 15% by Quarter 4 2014/15. We are currently reviewing the data from our provider around this measure.

Providers of Improving Access to Psychological Therapies (IAPT) are expected to achieve a recovery rate of 50% by Quarter 4 2014/15. Inclusion Matters Sefton are reporting a recovery rate of 46.6% for NHS Southport & Formby CCG patients at Month 4.

Table K- PHQ13_6 Proportion of people who complete treatment who are moving to recovery

Period	Completed (KPI5)	Entered Below Caseness (KPI6b)	Moved to recovery (KPI6)	Recovery
Apr-14	163	14	59	39.6%
May-14	184	8	87	49.4%
Jun-14	140	7	51	38.3%
July 14	208	11	95	48.2%

7 Liverpool Community Health NHS Trust Performance

The Expected Annual Contract Value for 2014/15 is £18,150,221 including CQUIN. A number of Contract Variations are in the process of being agreed. An updated expected Annual Contract Value 2014/15 will be provided at Month 5.

7.1 Key Issues

- The Trust have reported that over and under performance related to one of or a combination of factors; data quality issues relating to reporting onto electronic systems, staffing levels (recruitment issues), the impact of Virtual Ward activity and increased referrals from Aintree University Hospital FT. Cheshire & Merseyside Commissioning Support Unit have highlighted a number of issues relating to performance, non-reported activity against service lines and omitted services with the Contract Statement. They have been discussed with the Trust and are currently being addressed.
- Alignment of the Activity Plan 2014/15 is required to reflect the activity and financial investment for Virtual Ward 2014/15

8 Third Sector Contracts

- NHS Standard Contracts 2014/15 issued for signature. Sign off being progressed.
- Quarter 1 Activity Monitoring submissions are being reviewed and outstanding submissions progress chased
- Commencement of Contract Review Meetings. The following issues have been raised so far; difficulties capturing electoral ward information, support required to complete NHS Information Governance Toolkit assessment and achievement of Level 2 Compliance. Support to address these issues is being discussed.

9. Quality and Performance

9.1 NHS South Sefton CCG Performance Dashboard

Performance Indicators	Data Period	Target	Actual	Direction of Travel	Exception Commentary	Actions
IPM						
Treating and caring for people in a safe environment and protecting them from avoidable harm						
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	14/15 - July	20	21	↓	South Sefton CCG reported 4 new cases of C.difficile in July, 21 cases year to date. 3 of the 4 cases where community acquired and relate to Aintree (2), and Southport (1). The other case was Acute acquired at Aintree.	
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	14/15 - July	27	22	↑	Aintree reported 6 new cases of C.difficile in July, 22 year to date. Only 1 of the 6 cases relates to South Sefton.	Aintree are meeting their national target, an internal stretch has been set for no more than 37. Cumulatively there have been 22 Trust attributable cases, 6 of which occurred in July. The Trust provided and update regarding actions being taken within the Trust to minimised C.difficile at the September CQPG.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	14/15 - July	0	2	↓	One new case of MRSA has been reported for South Sefton CCG for July, bringing their year to date total to 2. The case in July relates to a community acquired case in Aintree.	
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	14/15 - July	0	0	↔		
Enhancing quality of life for people with long term conditions						
Patient experience of primary care i) GP Services	Jul-Sept 13 and Jan-Mar 14		6.56%	New Measure		
Patient experience of primary care ii) GP Out of Hours services	Jul-Sept 13 and Jan-Mar 14		9.52%	New Measure		
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative)	14/15 - July		74.40	↓		
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	14/15 - July		327.88	↓		
Emergency Admissions Composite Indicator(Cumulative)	14/15 - July		777.52	↓		
IAPT - Prevalence						
IAPT - Recovery Rate						

Helping people to recover from episodes of ill health or following injury						
Patient reported outcomes measures for elective procedures: Groin hernia	2012/13	Eng Ave 0.085	0.068	Refreshed data		
Patient reported outcomes measures for elective procedures: Hip replacement	2012/13	Eng Ave 0.438	0.430	Refreshed data		
Patient reported outcomes measures for elective procedures: Knee replacement	2012/13	Eng Ave 0.318	0.343	Refreshed data		
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	14/15 - July		15.63	↓		
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	14/15 - July		40.30	↓		
Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)	14/15 - July		414.85	↓		
SQU06_01 - % who had a stroke & spend at least 90% of their time on a stroke unit (CCG)	14/15 - July	80%	69.23%	↑	South Sefton CCG failed to hit the 80% target for a second month running achieving 69.23% for the month of July, 18 out of 26 patients. June's percentage was 68.18%.	The CCG is monitoring Stoke performance at Aintree and Southport & Ormskirk Hospitals, Action Plans have been submitted are reviewed at CQPGs.
SQU06_01 - % who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	14/15 - July	80%	75.51%	↑	Aintree failed the stroke indicator in July achieving 75.51%, 12 patients out of the 49. June's percentage was 71.43.	75.51% of stroke patients spent 90%+ on a stroke unit, this is below the 80% threshold. This equates to 14 patients not spending 90% of time on a Stroke unit. A number of key actions have taken place these include - <ul style="list-style-type: none"> • Consultant of the week continues and has released Stroke Physicians from other commitments and allows for more rapid assessment and transfer of stroke patients. 4hr target has persistently been achieved since the changes took place. • Stroke physician on-call every weekday and on site from 9am to 8pm to further facilitate timely assessment and transfer of stroke patients. Door to needle time achieved persistently. • Audit of every stroke admission continues to take place • Daily consultant ward rounds continue to facilitate timely discharge of patients. There is evidence in reduction of length of stay. • Discharge co-ordinator for the unit commenced in May to improve discharge planning for more effective use of bed capacity.
SQU06_02 - % high risk of Stroke who experience a TIA are assessed and treated within 24 hours (CCG)	14/15 - July	60%	100%	↔		
SQU06_02 - % high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	14/15 - July	60%	100%	↔		
Mental health						
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) (CCG)	14/15 - Qtr1	95%	100.00%			
Preventing people from dying prematurely						
Under 75 mortality rate from cancer	2012		165.99			
Under 75 mortality rate from cardiovascular disease	2012		71.75			
Under 75 mortality rate from liver disease	2012		24.40			
Under 75 mortality rate from respiratory disease	2012		32.53			
Rate of potential years of life lost (PYLL) from causes considered amenable to healthcare (Males)	2012	1,833.68	1,894.30		South Sefton CCG achieved a rate of 1894.30 in 2012 which failed the planned target of 1833.68.	
Rate of potential years of life lost (PYLL) from causes considered amenable to healthcare (Females)	2012	2,128.24	2,198.60		South Sefton CCG achieved a rate of 2198.60 in 2012 which failed the planned target of 2128.24.	

Cancer waits – 2 week wait						
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	14/15 - June	93%	96.31%	↑		
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	14/15 - June	93%	97.23%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	14/15 - June	93%	95.62%	↓		
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Aintree)	14/15 - June	93%	95.71%	↑		
Cancer waits – 31 days						
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	14/15 - June	96%	98.10%	↓		
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	14/15 - June	96%	99.08%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	14/15 - June	94%	96.92%	↓		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	14/15 - June	94%	100%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	14/15 - June	94%	94.87%	↓		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	14/15 - June	94%	100%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	14/15 - June	98%	100%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	14/15 - June	98%	100%	↔		

Cancer waits – 62 days						
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	14/15 - June		100%	↔		
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (Aintree)	14/15 - June		94.64%	↑		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	14/15 - June	90%	90.00%	↑		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	14/15 - June	90%	90.43%	↑		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	14/15 - June	85%	87.38%	↓		
				↓		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	14/15 - June	85%	83.28%		Target not achieved for the second month in a row, so consequently not achieved year to date. The Trust achieved 79.6% in June, 9.5 breaches out of a total of 51.5. The majority of breaches relate to late referral from referring trust.	The service is currently falling below target for July with 1 confirmed breach in the month. This breach is a result of clinical delays requiring treatment for high blood pressure identified at pre-op assessment on day 45 (2 week delay due to commencement of anti-hypertensive medication). A subsequent Anaesthetic assessment was required where the patient was deemed as high risk for surgery. The patient waited a further 2 weeks to an ENT review for assessment of goitre, before it was deemed safe to operate. Some delay could be attributed to poor communication between the 2 services, whilst the patient was undergoing assessment for surgery.
Mixed Sex Accommodation Breaches						
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	14/15 - July	0.00	0.00	↔		
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	14/15 - July	0.00	0.00	↔		
Referral To Treatment waiting times for non-urgent consultant-led treatment						
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (CCG)	14/15 - July	0	1	↓	1 patient breach occurred at the Royal Liverpool Hospital, no comments received from the Trust. This is first breach for admitted patients in 2014/15 for a South Sefton patient.	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (Aintree)	14/15 - June	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (CCG)	14/15 - July	0	1	↔	1 patient breach occurred at the Royal Liverpool Hospital, no comments received from the Trust. This is second breach for South Sefton, the previous occurring in June again at the Royal Liverpool Hospital.	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (Aintree)	14/15 - June	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	14/15 - July	0	0	↑		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	14/15 - June	0	0	↔		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (CCG)	14/15 - July	90%	93.80%	↓		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (Aintree)	14/15 - June	90%	94.32%	↔		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (CCG)	14/15 - July	95%	97.70%	↔		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (Aintree)	14/15 - June	95%	98.37%	↔		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	14/15 - July	92%	95.87%	↓		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Aintree)	14/15 - June	92%	97.63%	↔		

A&E waits						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG)	14/15 - July	95.00%	98.27%	↔		
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree)	14/15 - July	95.00%	91.88%	↔	The target not achieved in month (91%) and also year to date. The Trust has not achieved for any previous month in 2014/15.	<p>A number of key actions have taken place, following the rapid improvement events in June, and the experience from Operation Future.</p> <ul style="list-style-type: none"> - A refresh of the Monitor 4 hour action plan . - Commencement of daily breach review, including SBAR analysis with AED and partner teams. - A review of lessons learned in Operation Future . - Changes to the bed management processes - Establishment of task & finish group for level 1 facilities – in progress - Review of A&E job plans; - Preparation for participation for Ambulatory Emergency Care Delivery Network scheme (to start in Sep 14) <p>2 further significant actions are planned:</p> <ul style="list-style-type: none"> - A remodelling of the medical assessment process and assessment areas hfollow up to Operation Future, 'Operation Sustainable Future' from 1st Sep for one month.
Diagnostic test waiting times						
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	14/15 - July	1.00%	0.46%	↑		
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	14/15 - June	1.00%	0.84%	↓		
Category A ambulance calls						
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	14/15 - July	75%	69.40%	↓	The CCG achieved 65% in July and as such the year to date figure is also below target. Only in May was the monthly target achieved.	
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	14/15 - July	75%	71.54%	↓	The CCG achieved 64% in July and as such the year to date figure is also below target. Only in May was the monthly target achieved.	
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	14/15 - July	95%	95.76%	↓		
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWS) (Cumulative)	14/15 - July	75%	72.19%	↓	68% was recorded in July, as such the year to date figure is below target. NWS failed to achieved 75% for the past 3 months.	
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWS) (Cumulative)	14/15 - July	75%	73.07%	↓	69% was recorded in July, as such the year to date figure is below target. NWS failed to achieved 75% for the past 3 months.	
Ambulance clinical quality - Category 19 transportation time (NWS) (Cumulative)	14/15 - July	95%	95.35%	↔		

9.2 Friends and Family – Aintree Hospitals NHS Foundation Trust

Table L Friends and Family – Aintree Hospitals NHS Foundation Trust

Clinical Area	Response Rate (RR) Target	RR Actual (July 2014)	RR – Trajectory from Previous Month (June 2014)	Score Target (England Average)	Score Actual (NPS) (July 2014)	Score – Trajectory from Previous Month (June 2014)	Comments
Inpatients	20%	47.3%	↑	74	82	↑	
A&E	20%	24.1%	↓	53	35	↔	

* Patient responses are used to calculate a 'Net Promoter Score (NPS)', a figure which is reported nationally. To work out the 'net promoter score', the number of detractors is subtracted from the number of promoters and then divided by the total number of responses. The score can therefore be as low as -100 (everybody is a detractor) or as high as +100 (everyone is a promoter). A score between -100 and -50 is considered to be in the lowest quartile, -50 to +50 the middle quartiles, and +50 to +100 the upper quartile. There is no literature on what is considered an acceptable NPS, but trusts usually aim for +50 or higher

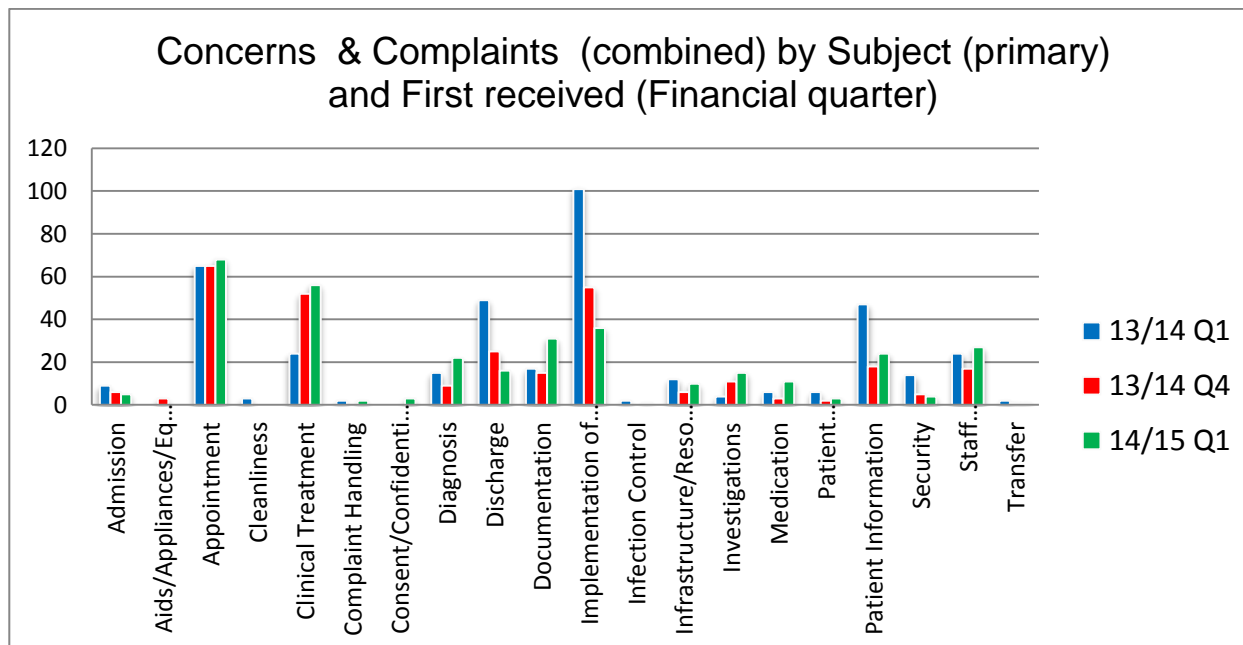
- Aintree continue to score above the 20% CQUIN target for the combined response rate.
- They continue to score above the 20% response rate in A&E and Inpatients
- Their net promoter score is in the top quartiles for inpatients and combined response rate

All wards in Aintree have achieved a Net Promoter Score of 60 and above, a score 50 and above is considered best practice. The Acute Frailty Unit and Ventilation Inpatient Centre have the highest response rates for Friends and Family while Ward 23 and Ward 8 (Cardiology) have the lowest response rates. At a recent EPEG (Engagement and Patient Experience Group) meeting the Trust provided an over view of their Family and Friends performance and have agreed to share best practice with other Trusts.

9.3 Complaints

9.3.1 Aintree Hospitals NHS Foundation Trust

Table M Comparison of concern & complaints themes for Q1 of this financial year (2014/2015), and Q1 & Q4 of the previous financial year (2013/2014)



The graph above is taken from the Trust's Quarter 1 2C's (Concerns and Complaints Report) and compares concern & complaints themes for Q1 of this financial year (2014/2015), and Q1 & Q4 of the previous financial year (2013/2014). The full report has been approved by the Trust's Board and at the September Clinical Quality Performance Group.

In summary, the following has been highlighted:

- Increase in concerns during this period in relation to Patient Information.
- Appointments is still the most common concern subject
- Significant reduction in concerns relating to Implementation of Care.
- The top three most frequently occurring concerns themes recorded this quarter are:
 - Appointments
 - Clinical Treatment
 - Patient Information

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

- Clinical Treatment
- Implementation of Care
- Diagnosis

The top two most frequently occurring themes for quarter 1 were the same as the previous quarter Implementation of Care and Clinical Treatment. There has been a significant increase in complaints in relation to Diagnosis.

The numbers of concerns and complaints received by the Trust have slightly increased for this quarter but still fall within the average of the 2012 to 2014 period. This will be monitored each quarter so that it can be reviewed over a longer period of time.

The overall numbers of formal complaints received remains steady and there has been a significant improvement in complaints being responded to within 60 days with overall response times reducing.

9.4 Serious Untoward Incidents (SUIs)

9.4.1 NHS South Sefton CCG

8 serious incidents reported against NHS South Sefton CCG in August 2014, 43 incidents reported year to date. The highest number of incidents reported relates to Grade 3&4 Pressure Ulcers reported at Liverpool Community Health NHS Trust.

Table N NHS South Sefton CCG reported Serious Untoward Incidents

Row Labels	Apr	May	Jun	Jul	Aug	YTD
Aintree						
Slips/Trips/Falls					1	1
Failure to act upon test results		1				1
Delayed diagnosis				1		1
Drug incident (general)					1	1
Alder Hey						
Child death			1	1		2
Liverpool Community Health						
Pressure ulcer Grade 3	3	3	5	7	5	23
Pressure ulcer grade 4	3	4	4		1	12
Liverpool Women's Hospital NHS Foundation Trust						
Maternity service		1				1
Mersey Care NHS Trust						
Admission of under 18s to adult mental health ward		1				1
Grand Total	6	10	10	9	8	43

9.4.2 Aintree University Hospitals NHS Foundation Trust

2 serious incidents reported at Aintree University Hospital in August 2014 relating to NHS South Sefton CCG patients, 8 incidents reported year to date. The highest number of incidents reported by the Trust relate to the Trust's failure to act upon test results.

Table O Aintree University Hospitals NHS Foundation Trust Reported Serious Untoward Incidents

Row Labels	Apr	May	Jun	Jul	Aug	YTD
Knowsley CCG						
Unexpected Death (general)		1				1
Failure to act upon test results		1				1
Knowsley CCG and Liverpool CCG						
Failure to act upon test results		1				1
Liverpool CCG						
Delayed diagnosis			1			1
South Sefton CCG						
Slips/Trips/Falls					1	1
Failure to act upon test results		1				1
Delayed diagnosis				1		1
Drug incident (general)					1	1
Grand Total	0	4	1	1	2	8