

# **South Sefton Clinical Commissioning Group**

**Integrated Performance Report**

**October 2014**

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## 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.

## 1. Executive Summary

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

### Key information from this report

**Financial performance** – the CCG continues to experience financial pressures in the area of acute care and Continuing Healthcare. The CCG has sufficient reserves in place and remains on course to deliver its planned surplus.

**Cdifficile** – In September 2014 there have been 8 new cases of Cdifficile infection reported for South Sefton CCG patients giving a cumulative total of 34 cases year to date against a tolerance for South Sefton CCG patients of 30. All 8 cases were recorded at Aintree Hospitals NHS Foundation Trust (4 acute Trust acquired and 4 community acquired). The IPC action plan is being implemented and robustly monitored. As previously reported, an existing action plan is being implemented.

**MRSA** – 0 new cases reported in September 2014, 2 cases reported ytd. Aintree has informed the CCG that they have contacted Regional Office regarding the assigning of the case in July 2014 and to receive information regarding lessons learned.

**A&E 4 Hour Waits** - Percentage of patients who spent 4 hours or less in A&E (Cumulative) - South Sefton CCG achieved this target cumulatively to September 2014 with 98.78% against the 95% target. Performance cumulatively to September 2014 at Aintree University Hospitals NHS Foundation Trust was just below the target of 95% with 92.24%. 485 attendances were not admitted, transferred or discharged within 4 hours. An exception report has gone to Board detailing a number of changes to practice implemented during September. An activity query notice has been issued due to variances in unplanned care. Further detail is included within the report.

**Mixed Sex Accommodation (MSA)** - South Sefton CCG reported zero MSA breaches for September 2014.

**Cancer 62 Day Screening** - Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – South Sefton CCG achieved 96.88% for August against a target of 90% for 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers. Aintree University Hospitals NHS Trust failed the target of 90% in August achieving 80.0%. Further detail is included in the report.

### 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	
Cancer 62 Day Urgent GP Referral	AUHT	
Cancer 62 Day Screening	AUHT	
PYLL Person (Annual Update)	CCG	
Local Measure: Diabetes	CCG	

### Key information continued...

**Rate of Potential Years of Life Lost (PYLL)** from causes considered amenable to healthcare (Males and Females) – For males, South Sefton CCG achieved 2592.3 in 2013, which was above the target of 2,029. For females, South Sefton CCG achieved 2,517.70 in 2013, which was above the planned target of 2,128.24. The CCG are working with Public Health at a local and regional level to understand the measures.

**Ambulance Clinical Quality** – Category A (Red 1) 8 minute response time - South Sefton CCG failed to achieve the target of 75% for the month of September 2014, reaching 64.81% in month, 69.12% (cumulative). Ambulance Clinical Quality – Category A (Red 2) 8 minute response time - South Sefton CCG failed to achieve the target of 75% at September 2014, recording 67.38%, 69.99% (cumulative).

Please note the CCG is measured on the NWAS figures which are also under target for the above 2 indicators, Red 1 being slightly under at 72.16% and Red 2 at 72.96% NWAS is achieving Category 19 Transportation time along with the CCG.

NWAS are experience difficulties in delivering the contract across the North West, with increases in demand in all areas. NHS Southport and Formby and NHS South Sefton CCGs are working with NWAS to undertake a deep dive to further

## Key information continued...

understand these increases in demand.

### **% who had a stroke & spend at least 90% of their time on a stroke unit**

South Sefton CCG achieved the target for the Stroke indicator in September 2014. Performance was at 83.33% for the month of September.

Aintree University Hospitals NHS Foundation Trust achieved the 80% stroke target during September 2014; performance was at 90.24%.

### **& % high risk of Stroke who experience a TIA are assessed and treated within 24 hours -**

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

**Friends and Family Test Score – Inpatients and Accident & Emergency (A&E)** – NHS England has changed the way Friends and Family data is reported. They will continue to review the % of respondents but no longer receive a Test Score; the following 2 measures will replace the Test Score; Percentage Recommended, Percentage Not Recommended.

Aintree University Hospitals NHS Foundation Trust –

Inpatients

- % of respondents – 41.5%, % recommended – 99%, % not recommended – 0%

England (including Independent Sector Providers) - Inpatients

- % of respondents – 36.6%, % recommended – 94%, % not recommended – 2%

Aintree Hospital - A&E

- % of respondents – 22.6%, % recommended – 83%, % not recommended – 9%

England – A&E

- % of respondents – 19.5%, % recommended – 86%, % not recommended – 7%

### **Quality Premium Measures**

Based on local data performance for the indicators for 2014/15 (April 2014 – September 2014), South Sefton CCG would receive a payment in 2014/15 of £0 against a total possible payment (if all indicators were within tolerance) of £776,065. This is due to poor performance of the access to psychological therapies measure, the avoidable admissions measure, MerseyCare and Aintree's underperformance on the medication error reporting measure, the local diabetes measure and underperformance on the ambulance measure, which would result in a 25% reduction to the overall possible payment, plus indicators for which performance is currently unknown due to annual reporting frequencies. The total amount payable under a likely case scenario is £368,631 against a total possible payment (if all indicators were within tolerance) of £776,065.

The current rate for the local measure for diabetes is below the plan of 65.9% with the CCG recording 46.2% for quarter 1. This is a new measure and is updated quarterly. An omission has been found in the calculation for one of the care processes (smoking status) which should increase the overall percentage next quarter.

**Activity Variances - Planned Care:** focus is on key causes of over-performance at two providers. Increases in Outpatient procedures at Aintree to be investigated at the Information Sub Group. The outcome of the Liverpool Womens Hospital Activity query is a Joint activity Review led by Liverpool CCG as lead

commissioner. Year to date increases in Trauma and orthopaedics are noted at Wrightington Wigan and Leigh.

**Activity Variances** – Unplanned Care: focus is on two main areas of over-performance at Aintree and Royal. NHS Liverpool CCG carrying out a formal joint investigation of increased activity at Royal. NHS South Sefton CCG, supported by NWCSU, completing investigations on non-elective performance at Aintree and issuing a formal Activity Query Notice to the provider.

## 2. Financial Position

### 2.1 Summary

This report focuses on the financial performance of the CCG at October 2014 (Month 7), which is £1.905m (£1.306m in M6) overspent on operational budget areas before the application of Reserves.

The CCG is on target to achieve the planned £2.300m surplus by the end of the year. It also meets the other business rules required by NHS England, as demonstrated in **Table A** below. However, there are risks outlined in **section 2.3** that require monitoring and managing in order to manage and deliver the target, surplus position.

**Table A – Financial Dashboard**

Report Section	Key Performance Indicator		This Month	Prior Month
1	Business Rule (Forecast Outturn)	1% Surplus	✓	✓
		0.5% Contingency Reserve	✓	✓
		2.5% Non-Recurrent Headroom	✓	✓
3	Surplus	Financial Surplus / (Deficit) before the application of reserves - £'000	-3,191	-3,365
4	QIPP	Unmet QIPP to be identified > 0	210	210
5	Running Costs (Forecast Outturn)	CCG running costs < National 2014/15 target of £24.78 per head	21.64	21.99
6	BPPC	NHS - Value YTD > 95%	99.1%	99.1%
		NHS - Volume YTD > 95%	91.9%	91.8%
		Non NHS - Value YTD > 95%	89.1%	88.1%
		Non NHS - Volume YTD > 95%	92.1%	91.4%

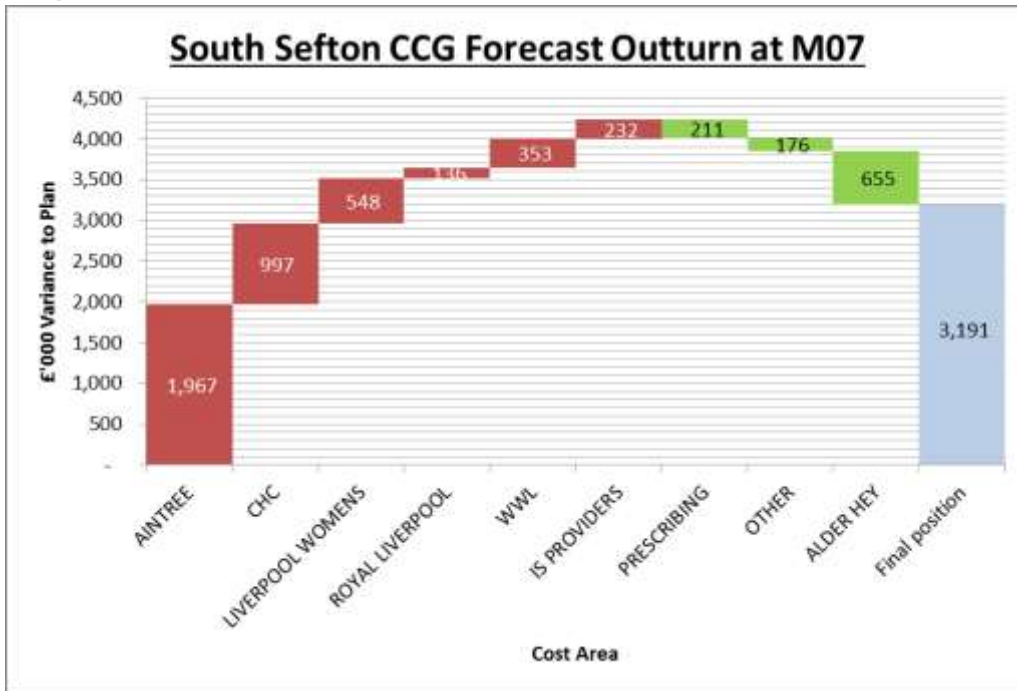
### 2.2 Position to date

The main financial pressures that the CCG is experiencing are shown below in **Graph 1**. There are significant overspends in acute care, particularly at Aintree University Hospital and Liverpool Women's Hospital. There are also significant overspends in Continuing Healthcare. This is offset partly by significant underspends at Alder Hey NHS Trust, and a modest forecast underspend for prescribing.

Whilst the financial activity period relates to the end of October, the CCG has based its reported position on information received from Acute Trusts to the end of September 2014. Sections 3 to 5 looks at hospital based acute care, and this finance section will therefore focus more on Continuing Healthcare and other financial risks.



**Graph 1**



**Continuing Health Care (Adult)**

This area continues to be a major risk for the CCG, with year to date over-spends of £0.803m. The CCG has seen a significant increase in the number of patients being awarded continuing healthcare packages. The budget was increased by 4% from last year’s expenditure levels, but the current data shows growth levels closer to 16%.

CSU data relating to individual packages of care is reconciled monthly with invoices received by the CCG. The CCG therefore has greater assurance in terms of year to date spend. CSU finance staff have also reviewed the forecasting tools in place, and additional assurances have been obtained regarding the accuracy of forecasts for existing CHC packages.

A full review of Continuing Healthcare (CHC) is underway, with a focus on receiving assurance in the following areas:

- 1) Process for approving new CHC cases, and ensuring that entry points are controlled appropriately, as well as reviewing existing packages for appropriateness.
- 2) Prices charged by providers are in line with the framework and expectations.
- 3) The data system captures costs in a timely fashion, and records are updated in a timely fashion to allow financial data to be reliable.

The CCG will continue to work with the CSU to investigate activity and costs in this area.

**2.3 Evaluation of Risks and Opportunities**

A number of risks have emerged. These are outlined below:

- Overspends on Acute cost per case contracts – The CCG has identified some pressures at a number of providers. This pressure has been calculated at £2.814m (2.3% of the relevant budget), and included in the forecast position.
- Continuing Healthcare Costs – The CCG has experienced significant pressures on the growth of CHC cases this year, which is close to 16% compared to a planned

increase in the budget of 4% compared to last years activity. An independent review of CHC cases has commenced by an external consultant and detailed findings from this piece of work will be fed back to the Finance and Resource Committee in due course.

- Continuing Healthcare restitution claims – clarity has been provided by NHS England in respect of CCG obligations for CHC restitution claims. The amount set aside in reserves at the beginning of the year will form a contribution to a national risk pool. Although the CCG will continue to make payments to recipients, this will be refunded in full from the national pool. However, there is a risk that the pool figure may change depending on payouts for CHC restitution claims nationally, and CCGs will be notified in December.
- Estates – Further clarity has now been provided by the organisation that administers the LIFT buildings. The CCG now has estimated charges for all premises, and this is reflected in the latest assessment of reserves. This is subject to on-going review and there is a risk that costs will vary from the latest estimates.
- Prescribing / Drugs costs – Five month’s data has been received for this financial year, and the PPA forecast shows an under-spend in respect of prescribing costs. However, the PPA estimates are prone to significant movements throughout the year and Governing Body members are reminded that prescribing forecasts are volatile. In addition, all CCGs have been notified that the prices paid for Category M drugs will increase from 1 October. The CCG has estimated the impact of this increase, and this is reflected in the forecast.

Reserves are set aside as part of budget setting to reflect planned investments, known risks and an element for contingency. As part of the review of risks and mitigations, the finance team and budget holders reviewed the expected expenditure levels for each earmarked reserve. This is summarised in **table B** and shows that the CCG has sufficient reserves to manage the risks identified.

**Table B: Reserves analysis**

	£'000
Forecast Overspend	3,191
Available reserves	(3,191)
Surplus Reserves	0

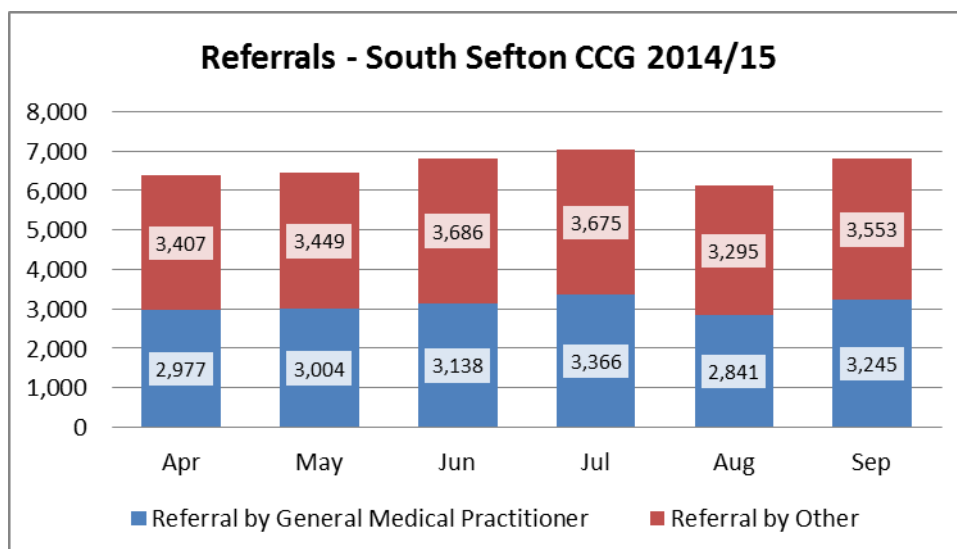
The CCG remains on course to achieve its planned surplus.

### 3. Referrals

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

#### 3.1 Referrals by source

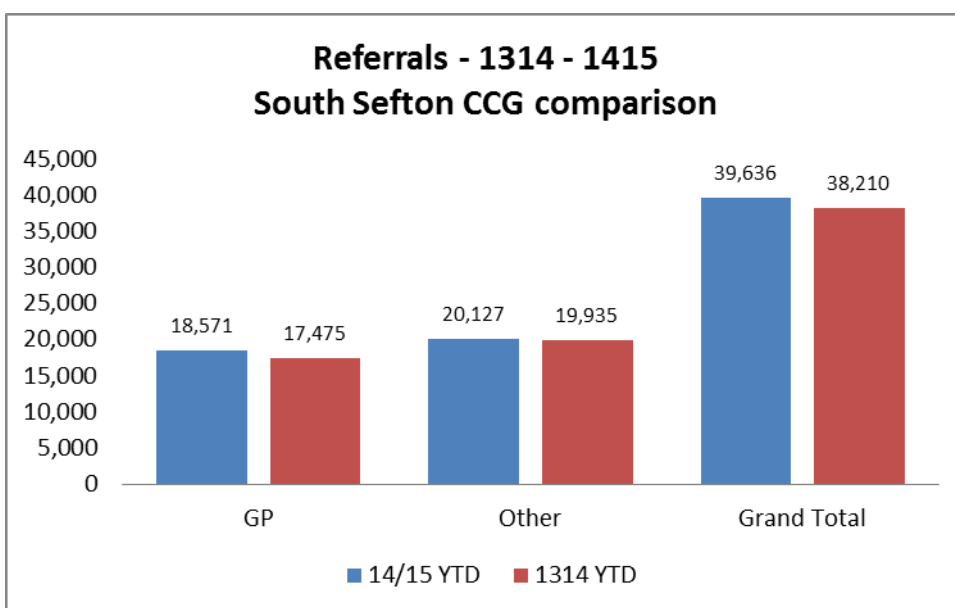
Chart A The number of GP and 'other' referrals for the CCG across all providers for 2014/15.



Below is a data table to show the split of GP and "Other" referrals in 2014/15, including a comparison of YTD in 2013/14. A rise in AHP referrals to paediatric specialties is being investigated. GP referral rates will be monitored at locality and practice level in the new primary care dashboard.

Referral Type	Data Dictionary Code	Description	Apr	May	Jun	Jul	Aug	Sep	14/15 YTD	1314 YTD	YTD Variance
GP	03	GP Ref	2,977	3,004	3,138	3,366	2,841	3,245	18,571	17,475	1,096
<b>GP Total</b>			<b>2,977</b>	<b>3,004</b>	<b>3,138</b>	<b>3,366</b>	<b>2,841</b>	<b>3,245</b>	<b>18,571</b>	<b>17,475</b>	<b>1,096</b>
Other	01	following an emergency admission	183	178	155	199	159	176	1,050	1,066	-16
	02	following a Domiciliary Consultation			2	2	2	1	7	13	-6
	92	A GENERAL DENTAL PRACTITIONER	208	184	210	174	171	147	1,094	1,157	-63
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	239	311	285	273	245	263	1,616	1,899	-283
	05	A CONSULTANT, other than in an Accident and Emergency Department	1,226	1,242	1,297	1,279	1,181	1,308	7,533	7,245	288
	06	self-referral	192	244	293	265	247	271	1,512	1,499	13
	07	A Prosthetist		3		1	2	1	7	17	-10
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	255	260	260	279	214	245	1,513	1,220	293
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	195	208	220	248	215	318	1,404	1,122	282
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	4	2	1	3	10	3	23	30	-7
	13	A Specialist NURSE (Secondary Care)	8	9	3	6	6	6	38	56	-18
	14	An Allied Health Professional	128	95	88	102	86	84	583	438	145
	15	An OPTOMETRIST	8	3	17	5	9	11	53	42	11
	16	An Orthoptist							0	0	0
	17	A National Screening Programme	3	4	1	11	2	6	27	42	-15
	92	A GENERAL DENTAL PRACTITIONER	208	184	210	174	171	147	1,094	1,157	-63
	93	A Community Dental Service	4	1	3	3	2	3	16	15	1
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	404	386	472	480	419	396	2,557	2,917	-360	
<b>Other Total</b>			<b>3,265</b>	<b>3,314</b>	<b>3,517</b>	<b>3,504</b>	<b>3,141</b>	<b>3,386</b>	<b>20,127</b>	<b>19,935</b>	<b>192</b>
Unknown			142	135	169	171	154	167	938	800	138
<b>Grand Total</b>			<b>6,384</b>	<b>6,453</b>	<b>6,824</b>	<b>7,041</b>	<b>6,136</b>	<b>6,798</b>	<b>39,636</b>	<b>38,210</b>	<b>1,426</b>

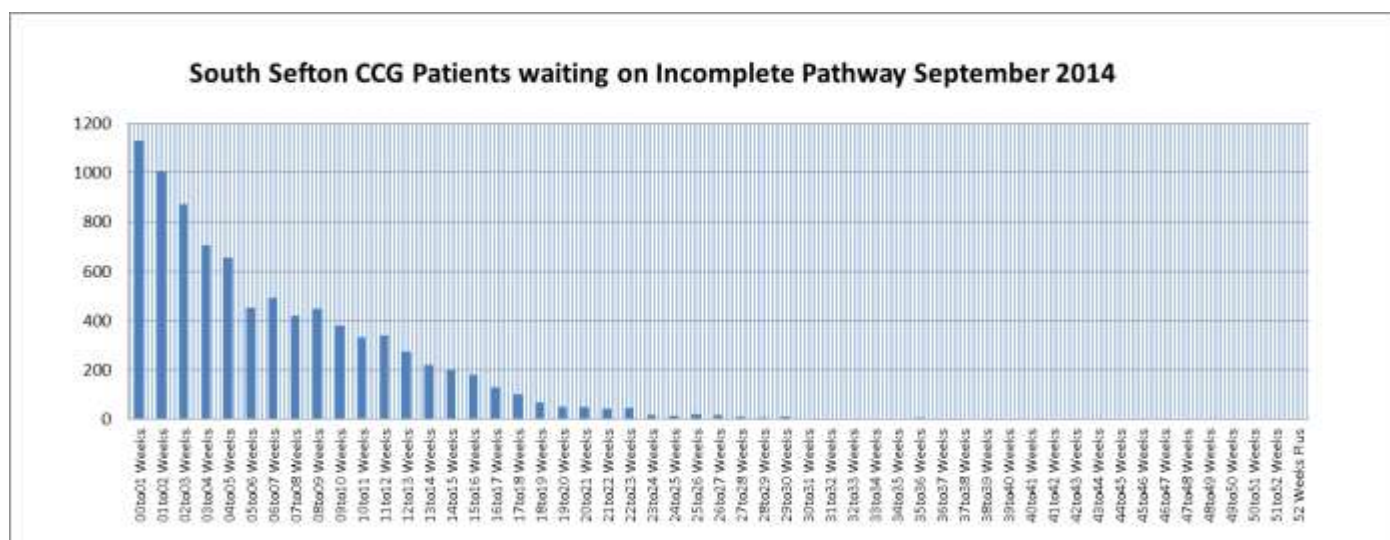
Chart B The number of GP and 'other' referrals for the CCG across all providers comparing 2013/14 and 2014/15 by month.



## 4. Waiting Times

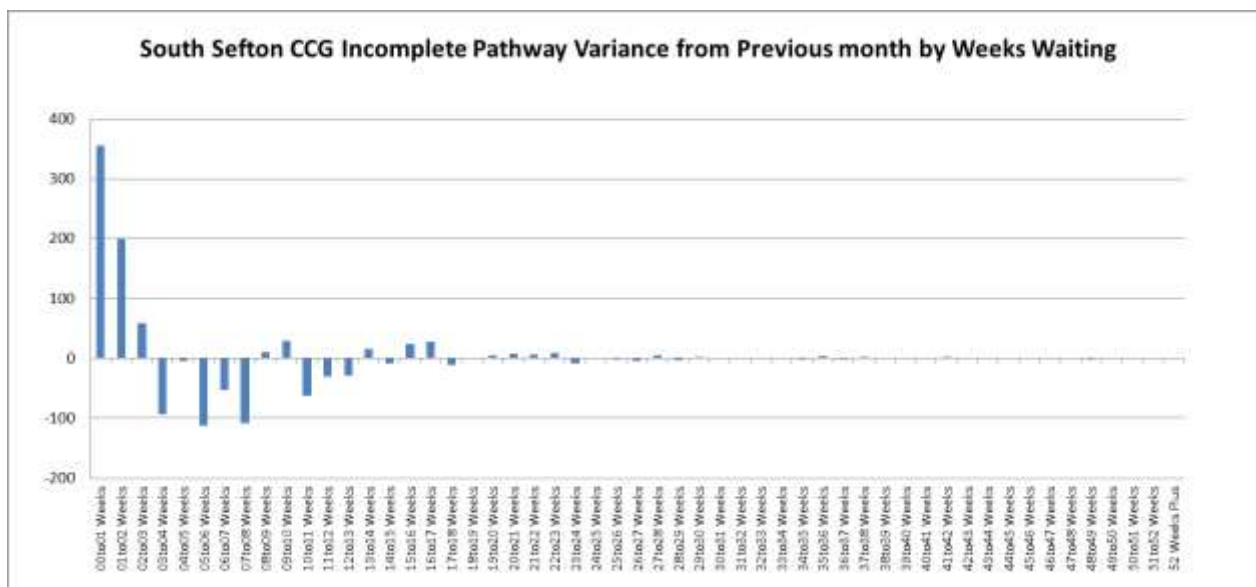
### 4.1 NHS South Sefton CCG patients waiting

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



There were 396 patients (4.5%) waiting over 18 weeks on Incomplete Pathways at the end of September 2014. There are no over 52 week waiters.

Chart E Variance of patients waiting on an incomplete pathway at the end of September 2014 compared to August 2014 by weeks waiting.



There were 8,730 patients on the Incomplete Pathway at the end of Sept 2014 an increase of 241 patients (2.8%). Over 18 Week Waiters increased by 31 (8.5%)

#### 4.2 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)	4263	1097	144	32	3	5539
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST (RQ6)	635	174	47	18	6	880
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST (RVY)	520	104	23	5	0	652
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST (REP)	343	191	25	15	4	578
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST (RBS)	269	92	28	12	18	419

### 4.3 52+ Week Waiters

52 Week Monthly Trend		April	May	June	July	August	September	October	November	December	January	February	March
South Sefton CCG	Complete Admitted (un-adjusted)	0	0	0	1	0	0						
	Complete Non-Admitted	0	0	1	1	0	0						
	Incomplete	0	2	2	0	0	0						
Aintree Trust	Complete Admitted (un-adjusted)	0	0	0	0	0							
	Complete Non-Admitted	0	0	0	0	0							
	Incomplete	0	0	0	0	0							

*\*Please note commissioner level data is published one month ahead of provider level data*

## 5. Planned Care

Performance at month 6, against the planned care elements of the contracts for NHS South Sefton CCG, shows an over-performance of £292k (1.2%). This is mainly driven by the over performance at Aintree University Hospitals NHS Foundation Trust (£367k), and Liverpool Women's NHS Foundation Trust (£147k). These over-performances are offset by under-performances at other Trusts in particular Alder Hey and Royal Liverpool & Broadgreen Hospitals who are showing a combined under spend of -£435k.

### 5.1 All Providers

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	143,289	71,382	72,450	1,068	1.50%	£27,897	£13,894	£14,261	£367	2.64%
Alder Hey Childrens NHS F/T	15,954	7,839	5,842	-1,997	-25.48%	£2,515	£1,265	£992	£-273	-21.58%
Countess of Chester Hospital NHS Foundation Trust	0	0	72	72	0.00%	£0	£0	£12	£12	0.00%
East Cheshire NHS Trust	0	0	2	2	0.00%	£0	£0	£0	£0	0.00%
Liverpool Heart and Chest NHS F/T	964	479	597	118	24.72%	£480	£234	£274	£40	17.14%
Liverpool Womens Hospital NHS F/T	13,833	6,723	7,148	425	6.32%	£3,127	£1,520	£1,666	£147	9.66%
Royal Liverpool & Broadgreen Hospitals	28,270	14,079	13,728	-351	-2.49%	£5,653	£2,815	£2,653	£-162	-5.77%
Southport & Ormskirk Hospital	12,412	6,157	6,849	692	11.23%	£2,614	£1,300	£1,395	£95	7.28%
ST Helens & Knowsley Hospitals	3,564	1,737	1,843	106	6.08%	£965	£474	£500	£27	5.61%
Wirral University Hospital NHS F/T	430	213	203	-10	-4.81%	£120	£60	£60	£0	0.37%
Central Manchester University Hospitals NHS F/T	80	40	59	19	47.50%	£21	£10	£15	£5	48.06%
Fairfield Hospital	137	68	40	-28	-41.61%	£43	£21	£8	£-14	-62.84%
ISIGHT (SOUTHPORT)	361	180	102	-78	-43.49%	£92	£46	£25	£-21	-46.39%
Renacres Hospital	3,042	1,521	2,018	497	32.65%	£1,182	£591	£494	£-97	-16.33%
SPIRE LIVERPOOL HOSPITAL	2,761	1,380	1,429	49	3.51%	£770	£385	£434	£49	12.65%
University Hospital Of South Manchester NHS F/T	102	51	31	-20	-39.62%	£16	£8	£7	£-1	-14.01%
Wrightington, Wigan And Leigh Nhs Foundation Trust	760	380	610	230	60.53%	£294	£147	£265	£118	80.65%
<b>Grand Total</b>	<b>225,959</b>	<b>112,231</b>	<b>113,023</b>	<b>792</b>	<b>0.71%</b>	<b>£45,789</b>	<b>£22,770</b>	<b>£23,062</b>	<b>£292</b>	<b>1.28%</b>

### 5.2 Aintree University Hospitals NHS Foundation Trust

Table C: Month 5 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
Daycase	11,670	5,812	5,942	130	2.24%	£7,758	£3,864	£3,993	£129	3.35%
Elective	2,139	1,065	1,115	50	4.67%	£5,823	£2,900	£3,036	£136	4.69%
Elective Excess BedDays	1,138	567	628	61	10.81%	£257	£128	£147	£19	14.78%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	480	239	331	92	38.46%	£84	£42	£56	£14	33.25%
OPFANFTF - Outpatient first attendance non face to face	524	261	311	50	19.17%	£22	£11	£13	£2	22.63%
OPFASPCL - Outpatient first attendance single professional consultant led	29,030	14,462	14,116	-346	-2.39%	£4,416	£2,200	£2,141	£-59	-2.67%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,606	800	759	-41	-5.10%	£178	£89	£82	£-6	-6.95%
OPFUPNFTF - Outpatient follow up non face to face	1,416	705	611	-94	-13.36%	£32	£16	£15	£-1	-8.63%
OPFUPSPCL - Outpatient follow up single professional consultant led	78,682	39,201	38,997	-204	-0.52%	£6,261	£3,119	£2,996	£-123	-3.94%
Outpatient Procedure	16,604	8,269	9,640	1,371	16.58%	£3,065	£1,526	£1,782	£255	16.71%
<b>Grand Total</b>	<b>143,289</b>	<b>71,382</b>	<b>72,450</b>	<b>1,068</b>	<b>1.50%</b>	<b>£27,897</b>	<b>£13,894</b>	<b>£14,261</b>	<b>£367</b>	<b>2.64%</b>

## 5.2.1 Aintree University Hospitals NHS Foundation Trust Key Issues

Planned care month 6 overspend, for contracted activity at South Sefton CCG, is showing a £367k over performance. This is mainly focused on Daycases, Elective and Outpatient Procedures. Daycase and Outpatient Procedures over performance is mirrored at all other CCGs but Elective is largely under performing at other CCGs. Elective over performance has increased from £44k (2%) at month 5 to £136k (5%) at month 6. Top 5 over-performing specialties for outpatient procedures are Diagnostic Imaging, Urology, ENT, cardiology and Breast surgery. The Aintree Information Subgroup is carrying out further analysis of these procedures.

## 5.3 Liverpool Women's NHS Foundation Trust

Table D: Month 5 Planned Care – Liverpool Womens Aintree University Hospitals NHS Foundation Trust by POD

Lpool Womens Hospital Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
all other outpatients	52	25	28	3	10.79%	£218	£106	£115	£10	9.13%
Daycase	1,105	537	483	-54	-10.06%	£643	£312	£313	£1	0.28%
Elective	327	159	238	79	49.76%	£717	£348	£410	£62	17.75%
Elective Excess BedDays	31	15	5	-10	-66.81%	£6	£3	£1	-£2	-59.05%
One Stop Clinics	481	234	276	42	18.07%	£141	£69	£80	£12	16.73%
OPFANFTF - Outpatient first attendance non face to face	0	0	2	2	0.00%	£0	£0	£0	£0	0.00%
OPFASPCL - Outpatient first attendance single professional consultant led	2,265	1,101	1,198	97	8.83%	£306	£149	£160	£11	7.72%
OPFUPNFTF - Outpatient follow up non face to face	304	148	200	52	35.37%	£7	£3	£5	£1	35.36%
OPFUPSPCL - Outpatient follow up single professional consultant led	6,035	2,933	2,966	33	1.12%	£506	£246	£249	£3	1.26%
Outpatient Procedure	3,229	1,569	1,752	183	11.64%	£582	£283	£332	£49	17.40%
Ward Attenders	4	2	0	-2	-100.00%	£0	£0	£0	£0	-100.00%
<b>Grand Total</b>	<b>13,833</b>	<b>6,723</b>	<b>7,148</b>	<b>425</b>	<b>6.32%</b>	<b>£3,127</b>	<b>£1,520</b>	<b>£1,666</b>	<b>£147</b>	<b>9.66%</b>

## 5.3.1 Liverpool Women's Hospital NHS Foundation Trust Key Issues

AQN and responses from LWH discussed in detail at Contract Review meeting on 2<sup>nd</sup> October. CSU working closely with LCCG as issues in the AQN affect co-commissioners and in particular South Sefton and Knowsley. More details requested on breakdown of Gynaecology outpatient procedures including referrals. Significant case mix shift was noted with LWH now recording higher levels of intermediate and intensive cases on the maternity pathway with levels more than the national average. LCCG has now commissioned Capita to review recording and coding for the two key areas of over performance. This will begin late November. Gynaecology Activity Sub Group to be established to look at overall activity in Gynaecology including outpatient procedures

## 5.4 Wrightington, Wigan & Leigh NHS Foundation Trust

Table E: Month 5 Planned Care – Wrightington, Wigan & Leigh Hospitals NHS Foundation Trust by POD



Wrightington, Wigan And Leigh Nhs Foundation Trust 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
all other outpatients	4	2	3	1	50.00%	£0	£0	£0	£0	66.61%
Daycase	56	28	34	6	21.43%	£68	£34	£65	£31	90.16%
Elective	28	14	30	16	114.29%	£167	£83	£154	£70	84.21%
Elective Excess BedDays	0	0	2	2	0.00%	£0	£0	£0	£0	0.00%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	6	3	17	14	466.67%	£0	£0	£2	£1	837.01%
OPFASPCL - Outpatient first attendance single professional consultant led	98	49	70	21	42.86%	£11	£6	£7	£1	22.32%
OPFUPMPCl - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	42	21	30	9	42.86%	£3	£1	£2	£1	60.76%
OPFUPNFTF - Outpatient follow up non face to face	26	13	21	8	61.54%	£1	£0	£0	£0	59.80%
OPFUPSPCL - Outpatient follow up single professional consultant led	436	218	350	132	60.55%	£31	£16	£25	£9	57.36%
Outpatient Procedure	64	32	53	21	65.63%	£11	£6	£9	£4	68.06%
<b>Grand Total</b>	<b>760</b>	<b>380</b>	<b>610</b>	<b>230</b>	<b>60.53%</b>	<b>£294</b>	<b>£147</b>	<b>£265</b>	<b>£118</b>	<b>80.65%</b>

### 5.4.1 Wrightington, Wigan & Leigh NHS Foundation Trust Key Issues

Daycase and Elective Inpatients make up 85% of the £118 total overspend in Planned Care. In terms of % variance, Planned Care is reporting a month 6 cost variance of 81% over performance.

The over performance in both Daycase and Elective is attributable to Trauma & Orthopaedics. Within T&O, there is an allocation of activity and finance against HRGs with no 14/15 plan as well as casemix. CSU will investigate further upon the commissioner's request.

## 6. Unplanned Care

Performance at month 6, against the unplanned care elements of the contracts for NHS South Sefton CCG, shows an over-performance of £669K (3.5%). This is mainly driven by the over performance at Aintree University Hospitals NHS Foundation Trust (£494k), and Royal Liverpool & Broadgreen Hospitals (£138k). No significant unplanned care increases evident at other trusts..

### 6.1 All Providers

Table F : Month 5 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	25,273	25,231	-42	-0.16%	£28,075	£14,076	£14,570	£494	3.51%
Alder Hey Childrens NHS F/T	9,195	4,455	4,240	-215	-4.83%	£2,070	£1,005	£947	£58	-5.77%
Countess of Chester Hospital NHS Foundation Trust	0	0	38	38	0.00%	£0	£0	£11	£11	0.00%
East Cheshire NHS Trust	0	0	7	7	0.00%	£0	£0	£1	£1	0.00%
Liverpool Heart and Chest NHS F/T	108	52	33	-19	-37.12%	£158	£77	£53	£23	-30.64%
Liverpool Womens Hospital NHS F/T	3,416	1,711	1,770	59	3.42%	£2,786	£1,396	£1,451	£55	3.95%
Royal Liverpool & Broadgreen Hospitals	5,641	2,828	2,998	170	6.00%	£1,982	£994	£1,132	£138	13.94%
Southport & Ormskirk Hospital	6,705	3,341	3,708	367	10.98%	£2,634	£1,310	£1,350	£40	3.07%
ST Helens & Knowsley Hospitals	978	495	440	-55	-11.07%	£388	£197	£201	£4	2.18%
Wirral University Hospital NHS F/T	245	122	159	37	29.82%	£90	£44	£46	£2	4.51%
Central Manchester University Hospitals Nhs Foundation Trust	67	33	32	-1	-4.48%	£16	£8	£5	£3	-40.17%
University Hospital Of South Manchester Nhs Foundation Trust	41	21	19	-2	-7.95%	£14	£7	£3	£4	-61.51%
Wrightington, Wigan And Leigh Nhs Foundation Trust	42	21	50	29	138.10%	£15	£8	£19	£11	147.97%
<b>Grand Total</b>	<b>76,845</b>	<b>38,353</b>	<b>38,725</b>	<b>372</b>	<b>0.97%</b>	<b>£38,228</b>	<b>£19,120</b>	<b>£19,789</b>	<b>£669</b>	<b>3.50%</b>

### 6.2 Aintree University Hospitals NHS Foundation Trust

Table G: Month 5 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
A&E - Accident & Emergency	30,748	15,416	15,550	134	0.87%	£3,294	£1,652	£1,692	£41	2.46%
NEL - Non Elective	10,592	5,311	5,530	219	4.13%	£22,135	£11,098	£11,545	£448	4.03%
NELNE - Non Elective Non-Emergency	40	20	27	7	34.63%	£117	£59	£72	£14	23.43%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	34	17	140	123	721.28%	£8	£4	£33	£29	738.78%
NELST - Non Elective Short Stay	1,270	637	720	83	13.08%	£833	£418	£506	£89	21.24%
NELXBD - Non Elective Excess Bed Day	7,723	3,872	3,264	-608	-15.70%	£1,689	£847	£721	-£125	-14.79%
<b>Grand Total</b>	<b>50,407</b>	<b>25,273</b>	<b>25,231</b>	<b>-42</b>	<b>-0.16%</b>	<b>£28,075</b>	<b>£14,076</b>	<b>£14,570</b>	<b>£494</b>	<b>3.51%</b>

## 6.2.1 Aintree University Hospitals NHS Foundation Trust Key Issues

A&E attendances this month are slightly up compared to month 5 with the significant increases against non-elective admissions. Year to date attendances at A&E are showing an increase but CDU has shown a marked decrease in month 6.

NHS South Sefton CCG, supported by CSU, has been leading a piece of work to identify the factors that are driving the significant non-elective increases seen in 2014/15 year to date. Since this work commenced, Commissioners have been informally advised by the provider of changes being made to Aintree's non-elective pathways including the Clinical Decision Unit which may be having, or may have, an impact on non-elective admission numbers in 2014/15. The impact of these changes will be fed into the analyses being undertaken. Before formally agreeing to the pathway changes that Aintree have been implementing since end of September, SSCCG are issuing an Activity Query Notice to Aintree, supported by Aintree's Collaborative Commissioning Forum, in an attempt to substantiate the reasons for the over-performance in the first half of the year. As a condition of the Activity Query Notice the provider is required to meet with the commissioner within ten working days of receipt. This has been scheduled for 27/11/2014.

## 6.3 The Royal Liverpool and Broadgreen University Hospitals Trust

Table H: Month 5 Unplanned Care - The Royal Liverpool and Broadgreen University Hospitals Trust by POD

The Royal Liverpool Hospital Urgent Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E - Accident & Emergency	4,403	2,208	2,250	42	1.92%	£368	£184	£191	£6	3.49%
AMAU - Acute Medical unit	52	26	30	4	15.07%	£5	£3	£3	£0	15.06%
NEL - Non Elective	648	325	412	87	26.81%	£1,338	£671	£780	£109	16.22%
NELNE - Non Elective Non-Emergency	24	12	13	1	8.04%	£126	£63	£78	£15	24.04%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	102	51	104	53	103.36%	£23	£11	£23	£12	103.35%
NELST - Non Elective Short Stay	102	51	66	15	29.06%	£66	£33	£35	£2	7.05%
NELXBD - Non Elective Excess Bed Day	310	155	123	-32	-20.86%	£70	£35	£29	-£6	-18.28%
readmissions	0	0	0	0	0.00%	-£13	-£7	-£7	£0	0.00%
<b>Grand Total</b>	<b>5,641</b>	<b>2,828</b>	<b>2,998</b>	<b>170</b>	<b>6.00%</b>	<b>£1,982</b>	<b>£994</b>	<b>£1,132</b>	<b>£138</b>	<b>13.94%</b>

### 6.3.1 The Royal Liverpool and Broadgreen University Hospitals Trust Key Issues

Urgent Care remains an issue within the Trust and non-elective admissions make up almost 90% of the total over-performance, with some notable over-performance also seen in non-elective excess bed-days. CSU analysis indicates that an increase in the volume of admission is responsible for the trust position.

By specialty, activity under the Accident & Emergency, General Medicine and Vascular Surgery make up the bulk of the over-performance in Urgent Care.

LCCG issued a formal Activity Query Notice to the Provider requesting explanations of the unexpected patterns of activity with 2014/15, specifically

- Emergency short stay – Accident and emergency and cardiology
- Non Elective admissions – accident and emergency, general medicine and vascular surgery
- No elective excess bed days - accident and emergency, general medicine and general surgery.

The Trust has previously stated that over performance in urgent care was as a result of the higher level of acuity of patients and increase in demand. The purpose of this information query is to undertake further analysis to substantiate the reasons for over performance.

## 7. Mental Health

### 7.1 Mersey Care NHS Trust Contract

Table I NHS South Sefton CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS South Sefton CCG			
	2014/15 Plan	Caseload (Sep-2014)	Variance from Plan	% Variance
0 Variance	34	28	(6)	-18%
1 Common Mental Health Problems (Low Severity)	23	28	5	22%
2 Common Mental Health Problems (Low Severity with greater need)	48	36	(12)	-25%
3 Non-Psychotic (Moderate Severity)	274	231	(43)	-16%
4 Non-Psychotic (Severe)	169	230	61	36%
5 Non-psychotic Disorders (Very Severe)	32	49	17	53%
6 Non-Psychotic Disorder of Over-Valued Ideas	43	53	10	23%
7 Enduring Non-Psychotic Disorders (High Disability)	133	175	42	32%
8 Non-Psychotic Chaotic and Challenging Disorders	83	83	-	0%
10 First Episode Psychosis	93	105	12	13%
11 On-going Recurrent Psychosis (Low Symptoms)	414	419	5	1%
12 On-going or Recurrent Psychosis (High Disability)	312	325	13	4%
13 On-going or Recurrent Psychosis (High Symptom & Disability)	112	101	(11)	-10%
14 Psychotic Crisis	17	19	2	12%
15 Severe Psychotic Depression	7	6	(1)	-14%
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	33	34	1	3%
17 Psychosis and Affective Disorder – Difficult to Engage	58	58	-	0%
18 Cognitive Impairment (Low Need)	347	245	(102)	-29%
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	462	648	186	40%
20 Cognitive Impairment or Dementia Complicated (High Need)	148	183	35	24%
21 Cognitive Impairment or Dementia (High Physical or Engagement)	45	46	1	2%
Reviewed Not Clustered	36	69	33	92%
No Cluster or Review	144	206	62	43%
<b>Total</b>	<b>3,067</b>	<b>3,377</b>	<b>310</b>	<b>10%</b>

#### 7.1.1 Key Performance Indicators - CPA follow up

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

		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
CB_B19	The % of people under adult mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	100.00%	100.00%	100.00%	87.50%	93.75%	100.00%

The above table shows current NHS South Sefton CCG performance achieving 100% against the 95% target.

The Trust reports this KPI on a monthly basis but the consequence of the breach is based on the quarterly response. At Quarter 2 the Trust reported 95.9%

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

			Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
MH_KPI.40	CPA Follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by CRHT, Early Intervention, Assertive Outreach or Homeless Outreach Teams.	95.0%	50.0%	100.0%	100.0%	100.00%	100.00%	100.00%

The above table shows current NHS South Sefton CCG performance achieving 100% against the 95% target.

### 7.2 Inclusion Matters Sefton

Since IAPT was established in 2008 there has been a national target for IAPT services to achieve a penetration prevalence of 15% by Q4 2014/15 against local prevalence figures which is based on people entering psychological therapies.

The National Target is based on the Adult Psychiatric Morbidity Survey (2000) data which was applied to all areas to determine the prevalence figure for people who have depression and or anxiety disorders. For Sefton this figure was identified as 43,377 people which broken down by CCG equates to:

Southport & Formby: 19,079  
 South Sefton: 24,298

Since establishment in 2009 Inclusion Matters Sefton (IMS) have been reporting good progress with the a year end figure of 13% across both CCGs being reported at the end of March 2014 and consequently for NHS England and Quality Premium purposes , both CCGs believed that the current trajectory would enable a 15% prevalence target to be achieved. In August 2014 on scrutiny of the activity it became apparent that IMS were not applying the nationally mandated definition for measuring this KPI and based on applying the correct definition the following outturn was forecast for each area:

Southport & Formby: 9.9%  
 South Sefton: 10.8%

The Provider was required to produce a remedial action plan detailing a range of activities to ensure the 15% prevalence target is achieved by the end of Quarter 4 and since week commencing 29th September 2014 IMS have been providing a weekly update on the numbers of people entering psychological therapies which is being closely monitored by commissioners and the position is forecasted to improve. At Month 6 the forecast is;

Southport & Formby: 9.53%  
 South Sefton: 11.13%

A further update will be provided in the November report.

Table L- PHQ13\_6 Proportion of people who complete treatment who are moving to recovery

South Sefton	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Total	FOT
Entered (KPI4)	176	257	237	670	231	188	263	682	1352	2704
Entered (KPI4) HSCIC	175	190	210	575					575	2300
Completed (KPI5)	163	184	140	487	208	152	219	579	1066	2132
Completed (KPI5) HSCIC	150	175	125	450					450	1800
Moved to recovery (KPI6)	59	87	51	197	95	64	92	251	448	896
Moved to recovery (KPI6) HSCIC	55	80	45	180					180	720
Entered Below Caseness (KPI6b)	14	8	7	29	11	9	13	33	62	124
Entered Below Caseness (KPI6b) HSCIC	10	10	5	25					25	100
Prevalence	0.72%	1.06%	0.98%	2.76%	0.95%	0.77%	1.08%	2.81%	5.56%	11.13%
Recovery	39.6%	49.4%	38.3%	43.0%	48.2%	44.8%	44.7%	46.0%	44.6%	44.6%
Prevalence HSCIC	0.72%	0.78%	0.86%	2.37%					2.37%	9.47%
Recovery HSCIC	39.3%	48.5%	37.5%	42.4%					42.4%	42.4%

The above table includes the figures submitted by the Provider and the figures published by the HSCIC. The Provider has highlighted an issue with the way in which the HSCIC are calculating the IAPT data submitted to them. The HSCIC is showing that Quarter 1 KPI's as lower than what the Provider is reporting. A formal query has been raised by the Provider with HSCIC as to why this is happening and how this can be resolved.

## 8. Liverpool Community Health NHS Trust Performance

### 8.1 Key Issues

- Impact of Virtual Ward and Urgent Care Pilots on the following services; District nursing, Community Matrons, Ward 35 admissions
- Operational Issues for a number of services; District Nursing, Treatment Rooms
- Interface with Acute Provider, Aintree University Hospital, increased referrals; Rehab at Home, Respiratory Service, IV Therapy
- Service Pressure - Community Equipment
- Waiting Times - The Trust has reported significant waiting times for Paediatric Occupational Therapy and Speech and Language Therapy at Month 6.
- CQC Action Plan - The Care Quality Commission's (CQC) has published its report on Liverpool Community Health NHS Trust (LCH) following their inspection of services in May 2014. This inspection followed the publication in January of the CQC reports into Intermediate Care Service (Ward 35), Community Equipment Service and District Nursing, which resulted in warning notices being issued. The CQC has lifted these warning notices following their latest inspection and has given an overall rating for LCH as 'Requires Improvement'. The Trust has published its full Improvement Plan which outlines the progress the organisation has already made, and the new strategic priorities that have been agreed to help transform community services LCH's Medical Director provided a verbal update at the CRM/CQPG on 9<sup>th</sup> October 2014 and advised that the Trust has developed an Action Plan which has been submitted to the CQC. In addition the Trust has developed an Action Plan following a recent Single Item QSG (Quality Surveillance Group) Meeting with NHS England, this will be monitored at the monthly Commissioning Forum Meetings with CCGs and will feed into the Trust's overarching Improvement Plan, this was discussed at the Collaborative Forum on 2<sup>nd</sup> October 2014.
- Quality Compliance & Key Performance Indicators - A number of Quality Compliance & Key Performance Indicators are non-compliant and under performing at Month 6.

- Delayed Transfers of Care indicator is performing well and additional intermediate care beds have been commissioned as part of resilience monies with a focus on step up as opposed to step down.
- The CCG Quality team are having conversations with LCH and the CSU regarding entry points and assessments for CHC patients.

The above issues are being addressed at Contract and Clinical Quality and Performance Group and the Finance and Information subgroup meetings.

## **9. Third Sector Contracts**

- NHS Contracts 2014/15 with Third Sector Providers have been signed by all Parties and signed versions of the Contracts issued. The contracts are block therefore there is limited financial risk to the CCG.
- Contract Management meetings have taken place with Providers and actions resulting from these meetings are being progressed.

# 10.0 Quality and Performance

## 10.1 NHS South Sefton CCG Performance Dashboard

Performance Indicators	Data Period	Current Period				Exception Commentary	Actions
		Target	Actual	Direction of Travel			
<b>IPM</b>							
<b>Treating and caring for people in a safe environment and protecting them from avoidable harm</b>							
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	14/15 - September	30	34 (29 following local appeals)	↑	8 new cases reported in September 2014. A total of 34 cases reported YTD compared to a plan of 30 cases. All cases reported in September were aligned to Aintree Hospital (4 apportioned to acute trust and 4 apportioned to community trusts). Of the 34 cases reported YTD 32 cases have been reported by Aintree Hospital (13 apportioned to community and 19 apportioned to community), 1 case reported by St Helens and Knowsley Hospital (apportioned to acute) and 1 case reported by Southport and Ormskirk Hospital (apportioned to community).	Aintree University Hospital submitted their C.Dif Action Pan at the October CQPG meeting and provided an update at the November meeting. The CCG continues to consider appeals at the monthly appeals meetings, the next meeting is scheduled to be held in December. Aintree University Hospital achieved their C.Dif trajectory in September. Out of the 11 local appeals submitted by Aintree, all 11 were upheld, 5 were South Sefton CCG, 5 Liverpool CCG and 1 Bury CCG. Following appeals, the revised local C-dif cases for the CCG will be 29. <i>Please Note - Data has been taken from the National HCAI Database - this is updated centrally therefore not all local appeals will be reflected in the table.</i>	
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	14/15 - September	41	35 (24 following local appeals)	↓	6 new cases have been reported in September bringing the year to date value to 35. Aintree remain below plan for the year.	Following the local appeals process - Aintree submitted 11 appeals and all 11 were upheld, 5 South Sefton CCG, 5 Liverpool CCG and 1 Bury CCG, following appeals, the revised local C-dif cases for Aintree will be 24.	
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	14/15 - September	0	2	↔	No new cases have been reported in September but the CCG remains red and will do for the remainder of the year due to the zero tolerance plan. The previous cases were reported against Aintree with one in May (Acute) and the other in July (Community)	Aintree Hospital reported a case in May 14, however following review by NHS England this case was found to be community acquired and attributed to South Sefton CCG. A second South Sefton case was initially reported by Aintree in July following a recent PIR (post infection review) NHS England attributed this case to Aintree Hospital. At the CQPG on the 8th October the Trust informed commissioners they had requested details of the decision making process from regional office and the reasons for assigning case to the Trust. At the November CQPG, the Trust confirmed that they are still awaiting feedback from NHS England. <i>Please Note - Data has been taken from the National HCAI Database - this is updated centrally therefore not all local appeals will be reflected in the table.</i>	
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	14/15 - September	0	1	↔	Conflicting data from HCAI database, which states 1 case reported in May 2014. Unify2 data reports 0 cases in May but 1 case in July 2014.	The CCG has queried the Nationally reported figures for Aintree as the HCAI data base and Unify 2 state conflicting figures. As mentioned above the May 14 case has been attributed to Community / South Sefton CCG so should therefore be removed from Aintree Hospital. Following the findings of the recent NHS England PIR - Aintree will have 1 MRSA case attributed to them in July or August 14. <i>Please Note - Data has been taken from the National HCAI Database - this is updated centrally therefore not all local appeals will be reflected in the table.</i>	

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	Percentage of respondents reporting poor patient experience of primary care in GP Services	
Patient experience of primary care ii) GP Out of Hours services	Jul-Sept 13 and Jan-Mar 14		9.52%	New Measure	Percentage of respondents reporting poor patient experience of GP Out of Hours Services	
Patient experience of primary care i) GP Services ii) GP Out of Hours services (Combined)	Jul-Sept 13 and Jan-Mar 14	6%	6.92%	New Measure	The CCG reported a percentage of negative responses above the 6% threshold.	
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative)	14/15 - September	102.29	130.19	New Plans	This measure now has a plan which is based on the same period previous year. The increase in actual admissions is 9 above the same period last year.	Patient level data is being shared with practices to analyse inappropriate admissions and possible actions to address
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	14/15 - September	432.24	489.57	New Plans	This measure now has a plan which is based on the same period previous year. The increase in actual admissions is 89 above the same period last year.	Patient level data is being shared with practices to analyse inappropriate admissions and possible actions to address
Emergency Admissions Composite Indicator(Cumulative)	14/15 - September	1062.30	1,111.20	New Plans	This measure now includes a monthly plan, this is based on the plan set within the Outcome Measure framework and has been split using last years seasonal Performance. The number of admissions have increase by 228 from the same period last year.	Patient level data is being shared with practices to analyse inappropriate admissions and possible actions to address
IAPT - Prevalence	14/15 - September	15%	5.56%		Annual Plan, monthly plan = 1.25%. The CCG is not on target to achieve 15% by the end of the year. To achieve the access rate for the first 6 months (7.5%) the CCG required a further 470 patients accessing the service.	Identified issue with provider not applying nationally mandated definition of KPI. Action plan in place to ensure target met by end Q4 2014/15
IAPT - Recovery Rate	14/15 - September	50%	44.62%		The CCG marginally missed out on the 50% target for the first 6 months of the year. The 50% target has not been achieved so far during 2014/15.	
Helping people to recover from episodes of ill health or following injury						
Patient reported outcomes measures for elective procedures: Groin hernia	2012/13	Eng Ave 0.085	0.068	Refreshed data	The CCG improved on the previous years rate but failed to achieve a score higher than that of the England average.	
Patient reported outcomes measures for elective procedures: Hip replacement	2012/13	Eng Ave 0.438	0.430	Refreshed data	The CCG improved on the previous years rate but failed to achieve a score higher than that of the England average.	
Patient reported outcomes measures for elective procedures: Knee replacement	2012/13	Eng Ave 0.318	0.343	Refreshed data	The CCG improved on both the previous years rate and achieved above the England average.	
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	14/15 - September		15.50			
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	14/15 - September	55.8	62.00	New Plans	This measure now has a plan which is based on the same period previous year. The increase in actual admissions is 4 above the same period last year.	Children's and Respiratory programme leads meeting to address
Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)	14/15 - September	521.78	613.25	New Plans	This measure now has a plan which is based on the same period previous year. The increase in actual admissions is 142 above the same period last year.	Patient level data is being shared with practices to analyse inappropriate admissions and possible actions to address
SQU06_01 - % who had a stroke & spend at least 90% of their time on a stroke unit (CCG)	14/15 - September	80%	83.33%	↓		
SQU06_01 - % who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	14/15 - September	80%	90.24%	↑		
SQU06_02 - % high risk of Stroke who experience a TIA are assessed and treated within 24 hours (CCG)	14/15 - September	60%	80%	↓		
SQU06_02 - % high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	14/15 - September	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	2013		158.70			
Under 75 mortality rate from cardiovascular disease	2013		72.60			
Under 75 mortality rate from liver disease	2013		22.60			
Under 75 mortality rate from respiratory disease	2013		38.00			
Rate of potential years of life lost (PYLL) from causes considered amenable to healthcare (Person)	2013	2,029.00	2,592.30	↓	South Sefton achieved above the planned figure for the latest data and is also a decreased performance from 2012 which had a rate of 2029.8. For 2013 the rate for Males was 2669.2, a drop from the previous year (2179.2). Females also had a drop in performance with a rate of 2517.7 compared with 1875.7 in 2012.	The annual variation is significant and the CCG is working with Public Health locally and regionally to understand this. Indications at present are that the PYLL is significantly susceptible to fluctuations due to changes such as young deaths, which introduces major swings, particularly at CCG level.
Cancer waits – 2 week wait						
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	14/15 - August	93%	95.25%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	14/15 - August	93%	97.40%	↔		
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 - August	93%	95.81%	↔		
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 - August	93%	95.65%	↔		
Cancer waits – 31 days						
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	14/15 - August	96%	98.67%	↔		
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	14/15 - August	96%	99.26%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	14/15 - August	94%	95.69%	↓		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	14/15 - August	94%	100%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	14/15 - August	94%	96.67%	↑		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	14/15 - August	94%	100%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	14/15 - August	98%	100%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	14/15 - August	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 - August		93.33%	↔	
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 - August		91.26%	↔	
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	14/15 - August	90%	96.88%	↑	
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	14/15 - August	90%	84.09%	↓	<p>Aintree failed the target for August and year to date, partly from previous months breaches, also in August there was 1 breach out of a total of 5 patients. The patient waited 87 days and the breach occurred due to patient holidays. First seen and first treatment trust being Aintree.</p> <p>The service is currently falling below the 90% target for August with 1 confirmed breach in the month. This breach is a direct result of patient choice as the patient declined the first offer of a date for Colonoscopy due to going on holiday for a 5 week period (43 days lost). First diagnostic test (Colonoscopy) performed on day 54, followed by subsequent staging investigations and MDT discussion before surgery was performed on day 87.</p> <p>The number of treatments for the month remains low (5 treatments). This is a direct result of the split of the Bowel Cancer Screening service between Aintree (55%) and the Royal Liverpool (45%) with each Trust taking patients from their own areas. This change took place on the 3rd February 2014 and as a result has impacted upon the activity of the Aintree screening centre with a decrease in treatment activity for this group of cancers.</p>
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	14/15 - August	85%	87.36%	↔	
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	14/15 - August	85%	84.78%	↑	<p>Aintree achieved the target for August but failed it year to date due to previous months performance. In August there were 4 breaches out of 39.5 patients in total. Underperformance reported YTD relates to breaches in May and June 2014.</p> <p>Whilst this standard had been achieved in July, the Trust failed to deliver this in August and September. However, Quarter 2 overall was delivered for this standard (unvalidated data). Causes of underperformance were due to complex pathways and patient choice. An exception report has gone to Board detailing a number of remedial actions which have been put in place.</p>
Mixed Sex Accommodation Breaches					
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	14/15 - September	0.00	0.00	↔	
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	14/15 - September	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 - September	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (Aintree)	14/15 - September	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (CCG)	14/15 - September	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (Aintree)	14/15 - September	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	14/15 - September	0	0	↔	

The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	14/15 - September	0	0	↔		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (CCG)	14/15 - September	90%	92.70%	↓		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (Aintree)	14/15 - September	90%	92.96%	↔		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (CCG)	14/15 - September	95%	96.36%	↓		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (Aintree)	14/15 - September	95%	96.60%	↓		
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 - September	92%	95.46%	↔		
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 - September	92%	96.44%	↓		
<b>A&amp;E waits</b>						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG)	14/15 - September	95.00%	98.36%	↔		
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree)	14/15 - September	95.00%	92.24%	↔	The target not achieved in month (94%) and also year to date. The Trust has not achieved for any previous month in 2014/15.	<p>Whilst the September performance 91.82% for Type 1 and 93.96% for all types was a small improvement over August, this still remains below the standard required.</p> <p>A projection had been submitted to Monitor of 92.83% for all types for Q2 – the final position was 92.29%. The causes of underperformance are multi-factorial, but are largely due to capacity to assess and make decisions promptly in A&amp;E (either through lack of physical capacity or inefficient processes), and ability to maintain flow into assessment areas and through to wards.</p> <p>An exception report has gone to Aintree's Board detailing a number of changes to practice implemented during September. The CCG have issued an activity query notice which will be discussed 27/11/14</p>
<b>Diagnostic test waiting times</b>						
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	14/15 - September	1.00%	0.69%	↑		
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	14/15 - September	1.00%	0.94%	↑		
<b>Category A ambulance calls</b>						
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	14/15 - September	75%	69.12%	↓	The CCG failed to achieve the 75% year to date and also did not achieve the target in month (Sept) recording 64.81% This is a drop against August which achieved 71.6%.	<p>NWAS has acknowledged a number of issues are contributing to poor performance levels. Activity levels are currently at a level greater than anything previously experienced by NWAS. In addition the health economies have introduced more community based services with the intention of deflecting and reducing demand on NWAS. Commissioners have been working with NWAS at county level to understand the nature and causes of this demand to enable agreement on how best to respond to the demand. It has been disappointing that data provided by NWAS has not been timely and in a format that has enabled a proper understanding of the increases. NWAS taking number of steps to increase number of Paramedics coming out of Universities. Aiming to recruit 50 extra Paramedics in November b) NWAS to agree fixed contracts with the voluntary sector. e.g Red Cross, St. Johns ambulance. c) Letter sent out to Healthcare Professionals(HCPs) re: HCPs calling PES vehicles straightaway, HCPs should utilise PTS and other options first. d) Clinical Transfers – there have been number of issues between the Royal Liverpool and Broadgreen sites. Royal Medical Director having talks with NWAS re: transfers between hot and cold sites. NWAS will also take forward with Whiston. An audit at Whiston has showed approximately 68% inappropriate transfers.</p>
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	14/15 - September	75%	69.99%	↓	The CCG failed to achieve the 75% year to date and also did not achieve the target in month (Sept) recording 67.38%. This is a slight improvement from August which recorded a percentage of 65.7%.	
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	14/15 - September	95%	95.72%	↔		
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	14/15 - September	75%	72.16%	↔	NWAS failed to achieve the 75% year to date and also did not achieve the target in month (Sept) recording 71.52%	
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	14/15 - September	75%	72.96%	↔	NWAS failed to achieve the 75% year to date and also did not achieve the target in month (Sept) recording 73.29%	
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	14/15 - September	95%	95.30%	↔		
<b>Local Measure</b>						
Diabetes Care Processes	14/15 - September	65.9%	46.2%	New Measure	This measure makes up part of the quality premium and will be measured quarterly. Current figures show the CCG is under performing against plan.	

## 10.2 CCG Outcomes Indicator Set (OIS)

The CCG Outcomes Indicator Set (OIS) is still in development but is designed to provide clear, comparative information for CCGs about the quality of health services and the associated health outcomes. The indicators measure outcomes at CCG level to help inform priority setting and drive local improvement. The areas covered by the indicators contribute to the five domains of the NHS Outcomes Framework. The table below provides the published South Sefton CCG position. Many of the indicators are published annually, with the majority updated in September of each year.

### CCG Outcomes Indicator Set South Sefton CCG

↑ Increase in performance    ↔ No change in performance  
↓ Decrease in performance

Ref.	Indicator Description	Reporting Period	Last reported data	Trend	Data
Preventing people from dying prematurely					
1.1 i	Potential years of life lost considered amenable to healthcare (MALES)	2013	2,669.2	↓	DSR (per 100,000)
1.1 ii	Potential years of life lost considered amenable to healthcare (FEMALES)	2013	2,517.7	↓	DSR (per 100,000)
1.2	Under 75 mortality rate from CVD	2013	72.6	↓	DSR (per 100,000)
1.4	Myocardial infarction, stroke and stage 5 kidney disease in people with diabetes	2011/12	1.46	New Indicator	ISR (per 100 with diabetes)
1.6	Under 75 mortality rate from Respiratory Disease	2013	38	↓	DSR (per 100,000)
1.7	Under 75 mortality rate from Liver Disease	2013	22.6	↑	DSR (per 100,000)
1.8	Emergency admissions for alcohol related liver disease	Apr 2013 - Mar 2014 (Provisional)	63.7	↓	DSR (per 100,000)
1.9	Under 75 mortality rate from Cancer	2013	158.7	↑	DSR (per 100,000)
1.14	Smoking status at time of delivery	Quarter 4 - 2013/14	14.9%	↓	Percentage of deliveries

Ref.	Indicator Description	Reporting Period	Last reported data	Trend	Data
Enhancing quality of life for people with long term conditions					
2.1	Health-related quality of life for people with long-term conditions	July 2013 - March 2014	0.699	↓	DSR (per 100,000)
2.2	People feeling supported to manage their condition	July 2013 - March 2014	65.8	↓	Weighted %
2.5	People with diabetes diagnosed less than a year referred to structured education	2011/12	8.2%	New Indicator	Percentage offered or attended
2.6	Unplanned hospitalisation for chronic ambulatory care sensitive conditions	Apr 2013 - Mar 2014 (Provisional)	1,020.2	↓	DSR (per 100,000)
2.7	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	Apr 2013 - Mar 2014 (Provisional)	344.4	↑	DSR (per 100,000)
2.8	Complications associated with diabetes including emergency admissions for diabetic ketoacidosis and lower limb amputation	2011/12	9.11	New Indicator	ISR (per 100 with diabetes)
2.15	Health-related quality of life for carers	July 2013 - March 2014	0.775	↓	DSA
Helping people to recover from episodes of ill health or following injury					
3.1	Emergency admissions for acute conditions that should not usually need hospital admission	Apr 2013 - Mar 2014 (Provisional)	1,284.9	↑	DSR (per 100,000)
3.2	Emergency re-admissions within 30 days of discharge from hospital	2011/12	12	↑	ISR (per 100,00)
3.3a	Patient reported outcome measures for elective procedures: hip replacement	2012/13	0.420	↑	case mix adjusted health gain
3.3b	Patient reported outcome measures for elective procedures: knee replacement	2012/13	0.333	↑	case mix adjusted health gain
3.3c	Patient reported outcome measures for elective procedures: groin hernia	2012/13	0.068	↑	case mix adjusted health gain
3.3d	Patient reported outcome measures for elective procedures: varicose veins	2012/13	<i>Data suppressed due to small numbers</i>		case mix adjusted health gain
3.4	Emergency admissions for children with lower respiratory tract infections	Apr 2013 - Mar 2014 (Provisional)	464.6	↓	DSR (per 100,000)

Ref.	Indicator Description	Reporting Period	Last reported data	Trend	Data
Ensuring that people have a positive experience of care					
4.1	Patient experience of GP out-of-hours services	July 2013 - March 2014	72.45	↓	Percentage (adjusted)
Treating and caring for people in a safe environment and protecting them from avoidable harm					
5.3	Incidence of Healthcare Associated Infection (HCAI) – Methicillin-resistant Staphylococcus aureus (MRSA)	Jun-14	0	↑	Count
5.4	Incidence of Healthcare Associated Infection (HCAI) – C. difficile	Jun-14	7	↓	Count (N.B. this is not adjusted for registered pop)

### 10.3 Friends and Family – Aintree Hospitals NHS Foundation Trust

Table M Friends and Family – Aintree Hospitals NHS Foundation Trust

Clinical Area	Response Rate (RR) Target	RR Actual (Sept 2014)	RR - Trajectory From Previous Month (Aug 14)	Percentage Recommended (Eng. Average)	Percentage Recommended (Sept 2014)	PR - Trajectory From Previous Month (Aug 14)	Percentage Not Recommended (Eng. Average)	Percentage Not Recommended (Sept 2014)	PNR - Trajectory From Previous Month (Aug 14)
Inpatients	20%	41.5%	↑	94%	99%	New Measure	2%	0%	New Measure
A&E	20%	22.6%	↑	86%	83%	New Measure	7%	9%	New Measure

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

- % Response Rate
- % Recommended
- % Not Recommended

The Trust achieved the A&E response rate target achieving 22.6% in September against a target of 20%, however they missed the national average for percentage recommended by 3% and the national average for not recommended by 2%. As % recommended is a new measure performance will be monitored and regular updates provided to the CCG's EPEG meetings.

The Trust achieved the Inpatient response rate target achieving 41.5% in September against a target of 20% and also exceeded the NHS England average for recommended and not recommended target.

Aintree Hospital have also agreed to share best practice and support other providers regarding improving response rates for FFT especially promoting the use of SMS, text, smartphone apps and telephone surveys to encourage patient participation.

## 10.4 Complaints

It was agreed that Complaints would only be included on a Quarterly basis in line with provider contract reporting requirements. The Trust's Quarter report will be approved by board in November, the next update will be provided in the December report.

## 10.5 Serious Untoward Incidents (SUIs)

### 10.5.1 NHS South Sefton CCG

Table N NHS South Sefton CCG reported Serious Untoward Incidents

#### Incidents Split by Type

Row Labels	Apr	May	Jun	Jul	Aug	Sep	YTD
Admission of under 18s to adult mental health ward		1					1
Child Death			1	3			4
Delayed diagnosis				1			1
Drug Incident (general)					1		1
Maternity service		1					1
Pressure ulcer - (Grade 3)	3	3	5	7	5	4	27
Pressure ulcer - (Grade 4)	3	4	4		1	2	14
Slips/Trips/Falls					1		1
Suicide by Outpatient (in receipt)						1	1
Unexpected Death of Community Patient (in receipt)						1	1
<b>Grand Total</b>	<b>6</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>8</b>	<b>8</b>	<b>52</b>

#### Incident split by provider

Row Labels	Apr	May	Jun	Jul	Aug	Sep	YTD
Aintree University Hospital NHS Foundation Trust				1	2		3
Alder Hey Children's NHS Foundation Trust			1	1			2
Liverpool Community Health NHS Trust	6	7	9	9	6	6	43
Liverpool Women's NHS Foundation Trust		1					1
Mersey Care NHS Trust		1				2	3
<b>Grand Total</b>	<b>6</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>8</b>	<b>8</b>	<b>52</b>

For South Sefton CCG patients there have been 8 serious incidents reported in September 2014, 52 SUIs reported YTD and zero Never Events. Year to date there have been 4 repeated incidents reported, detailed below;

- 27x Pressure Ulcer (Grade 3)
- 14x Pressure Ulcer (Grade 4)
- 4x Child Deaths

The majority of incidents occurred within Liverpool Community Health, the Trust is currently undertaking an aggregated pressure ulcer review with South Sefton and Liverpool CCGs.

All incident investigations and action plans are discussed in detail at the CCG's Monthly SUI Management Group Meeting.



## 10.5.2 Aintree University Hospitals NHS Foundation Trust

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

Row Labels	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	YTD
<b>Knowsley CCG</b>							
Failure to act upon test results		2					2
Unexpected Death (general)		1					1
<b>Liverpool CCG</b>							
Delayed diagnosis			1				1
Failure to act upon test results		1					1
Sub-optimal care of the deteriorating patient						1	1
<b>Sefton CCG</b>							
Delayed diagnosis				1			1
Drug Incident (general)					1		1
Slips/Trips/Falls					1		1
<b>Grand Total</b>		<b>4</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>9</b>

There has been 1 serious incident reported in September 2014 relating to 'Sub-optimal care of the deteriorating patient'. The trust has reported 9 incidents YTD.

The trust has reported 1 repeated incidents YTD relating to the following;

1. 2x Failure to act upon test results (Knowsley CCG patients).
2. 2x Delayed Diagnosis (1 Liverpool and 1 South Sefton CCGs patients).

All incident investigations and action plans are discussed in detail at SUI/Complaints Monthly Management Group.

## 11.Primary Care

### 11.1 Background

The primary care dashboard has been developed during the summer of 2014 with the intention of being used in localities so that colleagues from practices are able to see data compared to their peers in a timely and consistent format. From this, localities can use this data to request further analysis, raise queries with providers, determine local priorities for action, understand demand, and monitor improvement.

### 11.2 Content

The dashboard is still evolving, but at this stage the following sections are included: Urgent care (A&E attendances and emergency admissions for children and adults separately), Demand (referrals, Choose & Book information, cancer and urgent referrals), and Prescribing indicators. Future developments during Autumn 2014 include QOF data, financial information, and public health indicators.

### 11.3 Format

The data is presented for all practices, grouped to locality level and RAG rated to illustrate easily variation from the CCG average, where green is better than CCG average by 10% or more, and red is worse than CCG average. Amber is defined as better than CCG average but within 10%. Data is refreshed monthly, where possible and will have a 6 week time lag from month end for secondary care data and prescribing data, and less frequent updates for the likes of annual QOF data. The dashboards have been presented to Quality Committee and to localities, and feedback has been positive. The dashboards will be available on the new Cheshire & Merseyside Intelligence Portal (CMiP)

## 11.4 Summary of performance

A summary of the primary care dashboard measures at locality level for data relating to June 2014 is presented below. The criteria for the Red, Amber, Green rating is described above in section 11.3

	A&E Attendance rate per 1,000 for under 19's (12 Mths to Jun-14)	A&E Attendance rate per 1,000 for over 19's (12 Mths to Jun-14)	Emergency Admission rate per 1,000 for under 19's (12 Mths to Jun-14)	Emergency Admission rate per 1,000 for over 19's (12 Mths to Jun-14)
Bootle	422.6	351.9	56.1	144.4
Crosby	258.2	223.3	43.7	104.7
Maghull	126.0	225.1	70.5	108.9
Seaforth & Litherland	340.6	303.9	53.1	121.9
South Sefton CCG	305.3	276.3	54.0	119.9

Locality	GP referrals (JUNE 14)	GP urgent referrals as a % of all GP referrals	GP referrals / 1,000 patients	Cancer Fast Track / 1,000 patients	% Choose & Book
Bootle	865	6.7%	21.57	2.10	18.2%
Crosby & Waterloo	901	10.8%	19.09	1.55	23.2%
Maghull	632	15.8%	22.35	1.38	27.2%
Seaforth & Litherland	738	7.6%	18.84	1.91	19.9%
South Sefton CCG	3136	9.9%	20.27	1.75	21.8%

## 12. Programme Update

### 12.1 2014/15 Milestones

All programme milestones are green except for the following exceptions:

- Neurology: Clinical and Programme leads not yet identified.

### 12.2 CCG Strategic Performance

Newly developed strategic performance dashboard to monitor progress against four main CCG performance indicators.

The dashboards are all produced in a standard format using Accident and Emergency department and emergency admissions data extracted from Secondary User Services (SUS) files.

Emergency activity for the majority of dashboards are extracted using established Programme Budgeting Codes

- 02 (A-X) Cancers & Tumours
- 04 (A-X) Endocrine, Nutritional and Metabolic Disorders (Diabetes)
- 05 (A-X) Mental Health Disorders
- 07 (A-X) Neurological Problems
- 10 (A-X) Problems of circulation (Cardiovascular)
- 11 (A-X) Problems of the respiratory system

For the other programme areas Children and Young People are defined by age under 19 years old, Acute Kidney Injury (AKI) and Liver Disease are reviewed by the use of Primary Diagnosis Codes specified by NHS Right Care and Palliative Care is evaluated through Unbundled HRG codes which is the NHS England preferred choice.

A&E Attendances are measured by the use of Diagnosis Codes as produced by the Health and Social Care Information Centre. These codes are a broad classification of the types of diagnoses that patients require attendance in A&E.

CCG performance is broken down to show activity at locality and programme level.

Locality and programme leads will review Dashboards each month to identify areas of concern and support future service developments.

South Sefton CCG received National Recognition for the work and development of the Programme Dashboards when they were presented at the NHS England CSU BI Leads Network meeting in London.

## **CCG Locality Programme Dashboard**

The CCG Locality Programme Dashboard has been created to identify performance at Programme Level by Locality. This will be required to inform future Service Planning, Development and Implementation.

**The 3 parts of Information on the Dashboard are:**

### **1) KPI**

KPI is based on a RAG rating of RED, AMBER, GREEN

RED means YTD activity has increased this financial year.

AMBER means YTD performance has either stayed the same as last financial year or reduced by 0.9%

GREEN means YTD performance is 1% or more improved on last financial year.

### **2) Trend**

Performance Improved	↓
	↓
	↓
	=
	=
	=
Adverse Performance	↑
	↑
	↑

The Key for the trend above shows 9 possible performance outcomes, the best being ↓ and the worst being ↑  
 The arrow indicates direction of activity, up arrow is increased activity and the down arrow indicates activity has decreased when compared against last financial year  
 The colour of the arrow is the in-month performance.

### **3) Sparkline**

The sparkline information shows the YTD activity plotted per month and indicates current financial year trend.

## South Sefton CCG Programme Locality Dashboard

August 2014

All Activity		AE Attendance			Emergency Admissions			Emergency Bed Days			Emergency Re-admissions		
CCG Level		KPI 1	Trend	Sparkline	KPI 2	Trend	Sparkline	KPI 3	Trend	Sparkline	KPI 4	Trend	Sparkline
Locality	Bootle	6.8%	↑		12.8%	↑		13.1%	↑		22.4%	↑	
	Crosby	3.4%	↑		6.6%	↑		-5.2%	↓		11.4%	↑	
	Maghull	16.1%	↑		9.3%	↑		1.4%	↑		-6.0%	↓	
	Seaforth & Litherland	-1.3%	↓		10.4%	↑		-13.8%	↓		-4.1%	↓	
Activity - Programme		AE Attendance			Emergency Admissions			Emergency Bed Days			Emergency Re-admissions		
Bootle		KPI 1	Trend	Sparkline	KPI 2	Trend	Sparkline	KPI 3	Trend	Sparkline	KPI 4	Trend	Sparkline
	Acute Kidney Injury (AKI)				172.7%	↑		58.0%	↓		100.0%	↑	
	Cancer				25.7%	↑		-9.3%	↓				
	Cardiovascular	20.0%	↑		31.1%	↑		0.9%	↑		-10.0%	↓	
	Childrens and Young People	5.7%	↑		50.9%	↑		4.6%	↑		116.7%	↑	
	Diabetes				106.7%	↑		87.6%	↑		350.0%	↑	
	Liver Disease				-10.7%	↓		23.1%	↑		23.1%	↑	
	Mental Health	-22.4%	↓		-42.1%	↓		6.3%	↑				
	Neurology	-50.0%	↓		-7.2%	↓		-20.7%	↓		2.9%	↑	
	Palliative Care				32.5%	↑		22.6%	↑		8.3%	↑	
	Respiratory	-5.6%	↓		0.4%	↑		-12.1%	↓		3.3%	↑	
Crosby		KPI 1	Trend	Sparkline	KPI 2	Trend	Sparkline	KPI 3	Trend	Sparkline	KPI 4	Trend	Sparkline
	Acute Kidney Injury (AKI)				130.8%	↑		202.0%	↑		133.3%	↑	
	Cancer				14.0%	↑		33.4%	↑				
	Cardiovascular	-18.2%	↓		1.0%	↑		-19.0%	↓		23.3%	↑	
	Childrens and Young People	-5.7%	↓		44.9%	↑		8.2%	↑		25.0%	↑	
	Diabetes				-5.4%	↓		-6.7%	↓		0.0%	=	
	Liver Disease				2.8%	↑		-12.5%	↓		-12.5%	↓	
	Mental Health	6.3%	↑		-42.4%	↓		-64.6%	↓				
	Neurology	-63.6%	↓		-16.4%	↓		-19.4%	↓		-16.7%	↓	
	Palliative Care				28.2%	↑		28.0%	↑		42.9%	↑	
	Respiratory	-32.9%	↓		-13.7%	↓		-34.6%	↓		21.1%	↑	
Maghull		KPI 1	Trend	Sparkline	KPI 2	Trend	Sparkline	KPI 3	Trend	Sparkline	KPI 4	Trend	Sparkline
	Acute Kidney Injury (AKI)				137.5%	↑		-20.3%	↓		200.0%	↑	
	Cancer				0.0%	=		-38.1%	↓				
	Cardiovascular	-38.5%	↓		14.9%	↑		4.7%	↑		-11.1%	↓	
	Childrens and Young People	-0.3%	=		22.1%	↑		0.7%	↑		-80.0%	↓	
	Diabetes				9.7%	↑		38.3%	↑		-10.0%	↓	
	Liver Disease				20.8%	↑		33.3%	↑		33.3%	↑	
	Mental Health	-6.7%	↓		-15.8%	↓		-49.4%	↓				
	Neurology	-70.0%	↓		-6.7%	↓		-11.1%	↓		-15.4%	↓	
	Palliative Care				60.9%	↑		33.3%	↑		40.0%	↑	
	Respiratory	50.0%	↑		9.0%	↑		-13.4%	↓		18.5%	↑	
Seaforth & Litherland		KPI 1	Trend	Sparkline	KPI 2	Trend	Sparkline	KPI 3	Trend	Sparkline	KPI 4	Trend	Sparkline
	Acute Kidney Injury (AKI)				150.0%	↑		316.1%	↑				
	Cancer				-23.4%	↓		-37.4%	↓				
	Cardiovascular	-50.0%	↓		-1.9%	↓		-22.7%	↓		0.0%	=	
	Childrens and Young People	7.8%	↑		78.8%	↑		43.9%	↑		75.0%	↑	
	Diabetes				22.9%	↑		14.6%	↑		83.3%	↑	
	Liver Disease				-29.6%	↓		-57.1%	↓		-57.1%	↓	
	Mental Health	-2.9%	↓		-48.1%	↓		-69.3%	↓				
	Neurology	-44.4%	↓		-21.9%	↓		-42.0%	↓		-45.5%	↓	
	Palliative Care				4.2%	↑		-15.9%	↓		27.3%	↑	
	Respiratory	25.3%	↑		4.0%	↑		-16.7%	↓		12.8%	↑	

AE Attendances for Childrens and Young People excludes Attendances at Liverpool Community due to Age Recording Discrepancies.

## Appendix 1

NHS Data Dictionary Source of Referral descriptions

The source of referral of each Consultant Out-Patient Episode.

National Codes:

GP referral

03 referral from a GENERAL MEDICAL PRACTITIONER

Other referrals group includes all those listed below

#### Initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode

- 01 following an emergency admission
- 02 following a Domiciliary Consultation
- 10 following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)
- 11 other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode

#### Not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode

- 92 referral from a GENERAL DENTAL PRACTITIONER
- 12 referral from a General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)
- 04 referral from an Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)
- 05 referral from a CONSULTANT, other than in an Accident and Emergency Department
- 06 self-referral
- 07 referral from a Prosthetist
- 13 referral from a Specialist NURSE (Secondary Care)
- 14 referral from an Allied Health Professional
- 15 referral from an OPTOMETRIST
- 16 referral from an Orthoptist
- 17 referral from a National Screening Programme
- 93 referral from a Community Dental Service
- 97 other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode

Note: The classification has been listed in logical sequence rather than numeric order.

Where a PATIENT is referred by a GENERAL PRACTITIONER acting in the capacity of a General Practitioner with a Special Interest (GPwSI), National Code 12 - 'referral from a General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)' should be used.

Where a PATIENT is referred by that GENERAL PRACTITIONER acting in their capacity as an ordinary GENERAL MEDICAL PRACTITIONER, or as an ordinary GENERAL DENTAL PRACTITIONER, National Code 03 - referral from a GENERAL MEDICAL PRACTITIONER or National Code 92 - referral from a GENERAL DENTAL PRACTITIONER should be used as appropriate.

Two Week Wait Referrals made by Specialist NURSES in Primary Care, under the authority of the GENERAL MEDICAL PRACTITIONER leading their team, should continue to be classified as referrals from the GENERAL PRACTITIONER (National Code 03 - referral from a GENERAL MEDICAL PRACTITIONER). Referrals from Specialist NURSES in Secondary Care should be classified as National Code 13 - referral from a Specialist Nurse (Secondary Care).

## Appendix 1 Main Provider Activity & Finance Annual Comparison

Table P: Month 5 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	923	1015						
		1415 Activity Actual	931	950	1026	1105	917	1015						
	Price	1415 Price Plan	£613,314	£613,314	£643,980	£705,312	£613,314	£674,646						
		1415 Price Actual	£613,530	£661,008	£668,302	£725,227	£611,195	£714,542						
Elective	Activity	1415 Activity Plan	169	169	178	194	169	186						
		1415 Activity Actual	180	188	169	190	181	207						
	Price	1415 Price Plan	£460,306	£460,306	£483,322	£529,352	£460,306	£506,337						
		1415 Price Actual	£501,422	£536,883	£407,857	£512,442	£486,687	£590,615						
Non-Elective (NEL and NELST)	Activity	1415 Activity Plan	978	1011	978	1011	1011	978						
		1415 Activity Actual	1007	1071	1010	1061	1042	1085						
	Price	1415 Price Plan	£1,897,370	£1,960,616	£1,897,370	£1,960,616	£1,960,616	£1,897,370						
		1415 Price Actual	£1,967,154	£2,153,752	£2,009,680	£2,007,291	£2,019,047	£1,971,551						
AandE	Activity	1415 Activity Plan	2527	2611	2527	2611	2611	2527						
		1415 Activity Actual	2552	2651	2633	2624	2560	2534						
	Price	1415 Price Plan	£270,763	£279,789	£270,763	£279,789	£279,789	£270,763						
		1415 Price Actual	£275,927	£287,705	£287,973	£283,394	£280,388	£277,458						

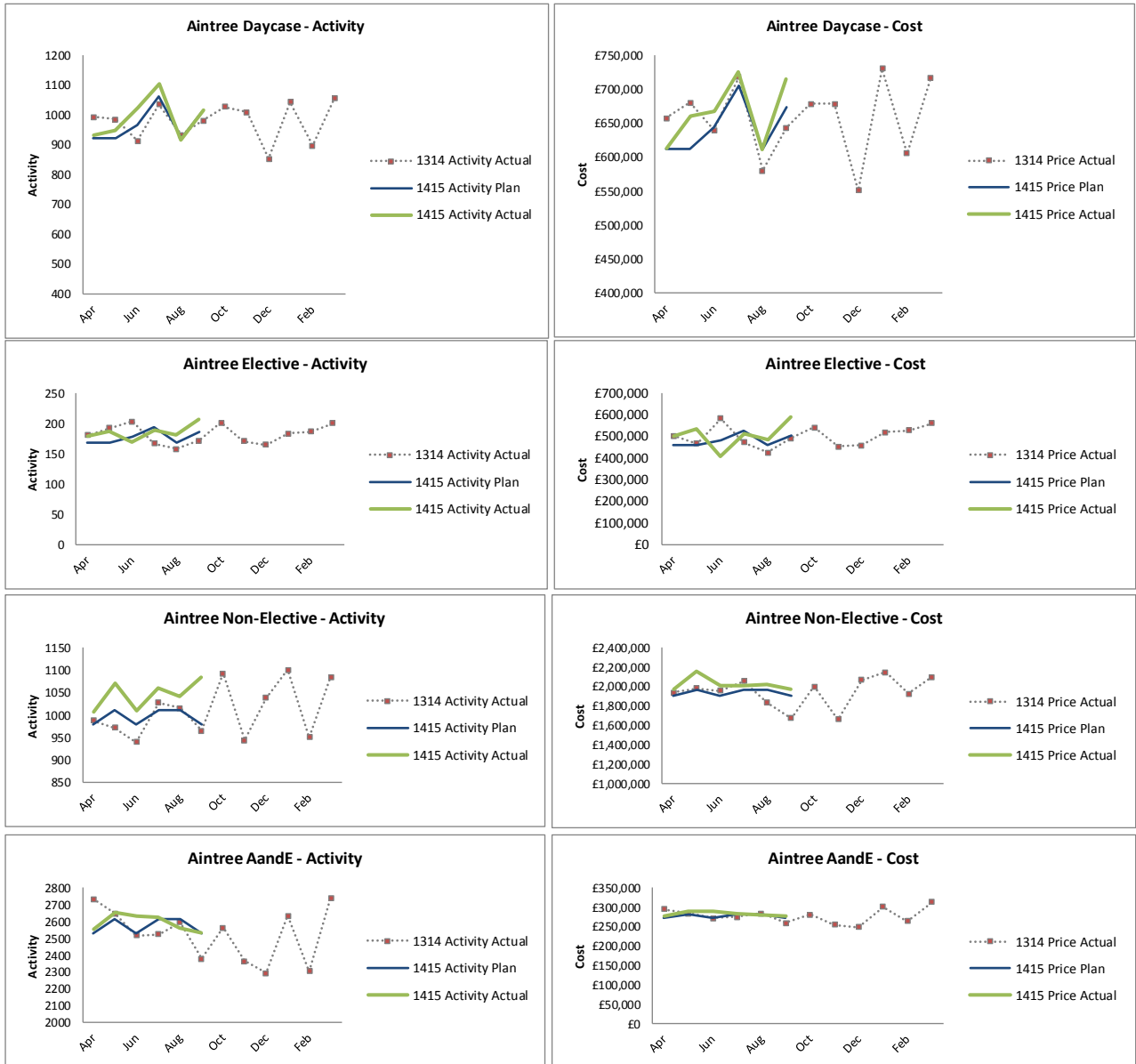


Table Q: Month 5 Planned Care – Liverpool Women’s Hospital NHS Foundation Trust 13/14 – 14/15 Comparison.

Liverpool Womens Hospital South Sefton CCG			2014/15											
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Daycase	Activity	1415 Activity Plan	84	90	95	99	74	95						
		1415 Activity Actual	85	80	99	94	70	55						
	Price	1415 Price Plan	£48,833	£52,045	£55,258	£57,828	£43,050	£55,258						
Elective	Activity	1415 Activity Plan	25	26	28	29	22	28						
		1415 Activity Actual	25	42	38	54	46	33						
	Price	1415 Price Plan	£54,488	£58,072	£61,657	£64,525	£48,035	£61,657						
Non-Elective (NEL and NELST)	Activity	1415 Activity Plan	123	127	123	127	127	123						
		1415 Activity Actual	118	112	146	155	116	117						
	Price	1415 Price Plan	£208,357	£215,980	£208,357	£215,980	£215,980	£208,357						
AandE	Activity	1415 Activity Plan	138	144	138	144	144	138						
		1415 Activity Actual	112	168	157	184	130	141						
	Price	1415 Price Plan	£12,873	£13,344	£12,873	£13,344	£13,344	£12,873						
		1415 Price Actual	£10,226	£14,753	£14,552	£17,347	£12,151	£12,736						

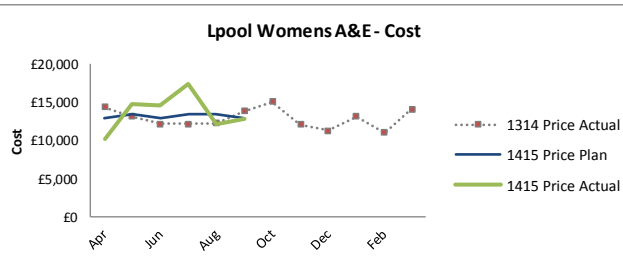
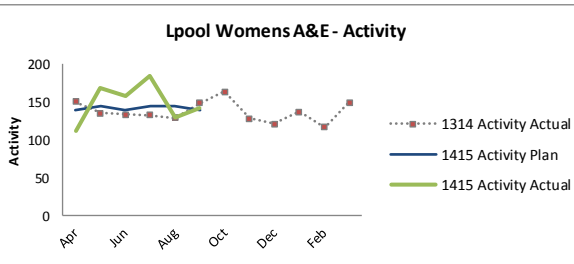
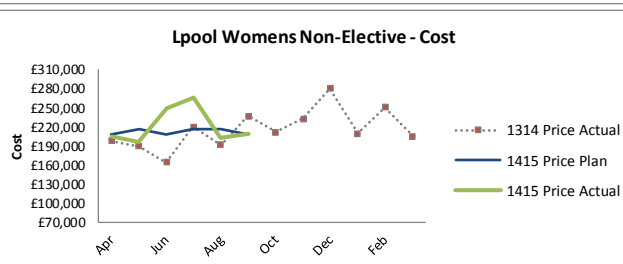
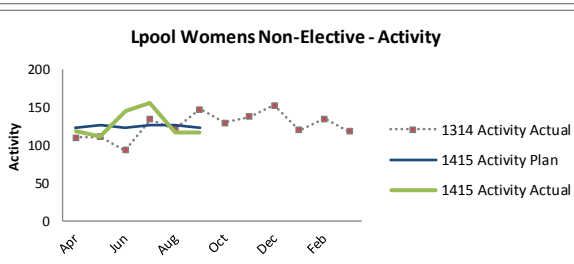
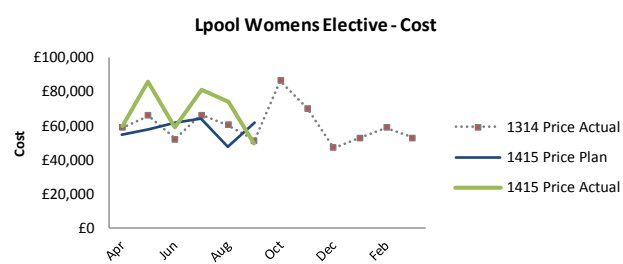
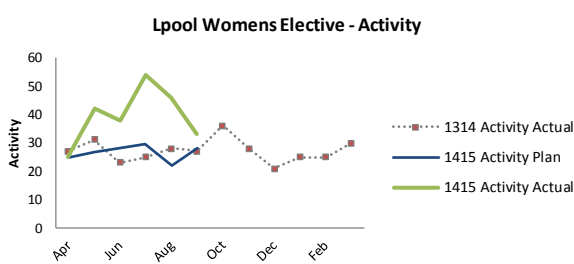
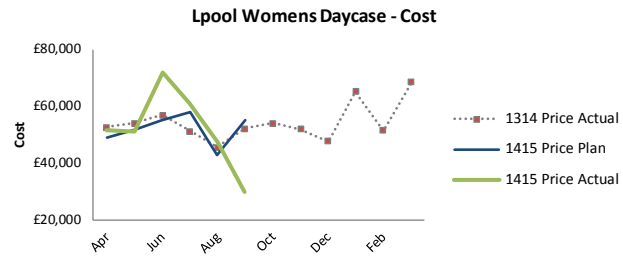
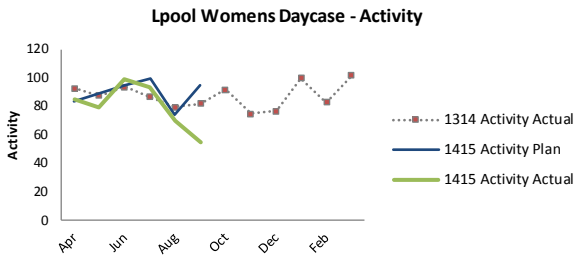


Table R: Month 5 Planned Care – Royal Liverpool & Broadgreen Liverpool Women’s Hospital NHS Foundation Trust 13/14 – 14/15 Comparison.

Royal Liverpool Hospital South Sefton CCG		2014/15												
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Daycase	Activity	1415 Activity Plan	119	119	125	137	119	131						
	Activity	1415 Activity Actual	116	112	127	135	111	127						
	Price	1415 Price Plan	£105,580	£105,580	£110,859	£121,417	£105,580	£116,138						
	Price	1415 Price Actual	£93,425	£101,245	£113,637	£110,940	£86,338	£112,440						
Elective	Activity	1415 Activity Plan	35	35	37	40	35	38						
	Activity	1415 Activity Actual	25	47	38	40	39	33						
	Price	1415 Price Plan	£119,760	£119,760	£125,748	£137,724	£119,760	£131,736						
	Price	1415 Price Actual	£59,269	£133,850	£139,497	£104,079	£109,147	£96,458						
Non-Elective (NEL and NELST)	Activity	1415 Activity Plan	68	70	68	70	70	68						
	Activity	1415 Activity Actual	78	83	94	103	78	86						
	Price	1415 Price Plan	£126,114	£130,318	£126,114	£130,318	£130,318	£126,114						
	Price	1415 Price Actual	£140,993	£118,945	£142,782	£179,965	£160,353	£159,767						
AandE	Activity	1415 Activity Plan	362	374	362	374	374	362						
	Activity	1415 Activity Actual	394	365	361	385	378	367						
	Price	1415 Price Plan	£30,232	£31,240	£30,232	£31,240	£31,240	£30,232						
	Price	1415 Price Actual	£32,676	£31,503	£30,287	£32,661	£32,747	£30,988						

