

South Sefton Clinical Commissioning Group

Integrated Performance Report

April 2015

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1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 1 (note: time periods of data are different for each source).

CCG Key Performance Indicators

NHS Constitution Indicators	Footprint	RAG
A&E 4 Hour Waits	CCG	Green
Ambulance Category A Calls (Red 1)	CCG	Green
Cancer 2 Week GP Referral	CCG	Green
RTT 18 Week Incomplete Pathway	CCG	Green
Other Key Targets		
A&E 4 Hour Waits	AUHT	Red
Ambulance Category A Calls (Red 1)	NWAS	Yellow
Ambulance Category A Calls (Red 2)	NWAS	Yellow
Ambulance Category 19 transportation	NWAS	Yellow
Cancer 62 Day Screening	AUHT	Red
Diagnostic Test Waiting Time	AUHT	Red
Emergency Admissions Composite Indicator	CCG	Red
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	CCG	Red
HCAI - C.Diff	AUHT	Red
Local Measure: Diabetes	CCG	Red
Patient Experience of Primary Care i) GP Services ii) Out of Hours (Combined)	CCG	Red
PYLL Person (Annual Update)	CCG	Red
RTT 18 Week Admitted Pathway	CCG	Yellow
Stoke 90% time on stroke unit	CCG	Red
Stoke 90% time on stroke unit	AUHT	Red
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	CCG	Red
Unplanned hospitalisation for chronic ambulatory care	CCG	Red

Key information from this report

The financial position for the CCG £0.180m underspent on operational budget areas before the application of reserves as at 31 May 2015 (Month 2). Annual budgets have been increased for growth but there are a small number of cost pressures emerging which will need close management if the CCG is to achieve the planned surplus.

Ambulance Activity - Whilst the CCG are achieving all 3 ambulance targets in April. NWAS has recorded 71.2% for Category Red 1 (target 75%), 72.1% for Category Red 2 (target 75%) and 93.3% for Category 19 Transportation (target 95%) so therefore failing all 3 targets. A number of actions are being carried out by the provider which are detailed in this report.

A&E waits – Whilst the CCG met the 95% target for April with a performance of 97.8%, Aintree failed the target recording 93.6%. An action plan and trajectory was agreed by the Aintree with Monitor and NHS England to reach 95% by end of Q2 15/16.

Cancer Indicators – Year to date the CCG achieved all the cancer indicators. Aintree achieved all indicators apart from 62 day screening achieving 80.6% year to date against 90% target. Performance is hampered by low numbers with only one patient breach often leading to failure against the target.

Diagnostic Test waiting Times - The CCG managed to remain below the 1% target in April. Aintree are failing the target for fifth month in a row achieving 1.57% which is a slightly worse than previous month. An extensive action plan has been received by the CCG by way of assurance and has also been agreed with Monitor.

HCAI - C difficile – The CCG had 5 new cases reported in April 2015 against a monthly plan of 5, year-end plan of 54. Aintree reported 6 new cases in April against a monthly plan of 4, year-end plan of 46, however following the Appeals Panel with the CCG in June 2015, 3 out of the 4 appeals submitted by the Trust were upheld taking the Trust below their contract target.

Patient Safety Incidents Reported – Aintree reported 3 Serious Untoward Incidents in April, 1 Sub-optimal care of the deteriorating patient, 1 Sub-optimal care of the deteriorating patient and 1 Unexpected Death (general).

RTT – 18 week Admitted - The CCG narrowly failed to achieve the target of 90%, achieving 89.63% in April, after achieving in all months in 2014-15.

Stoke 90% time on stroke unit – The CCG failed the 80% target in April reaching 70% with 14 patients out of 20 spending at least 90% of their time on a stroke unit. The 6 patients breaching the target were at Aintree. Aintree also failed the target reaching 74.4% with 32 patients out of 43 spending at least 90% of their time on a stroke unit.

IAPT – A new provider has taken over this contract and has inherited a waiting list issue from the previous provider. Information requirements are still requiring negotiation with the provider.

2. Financial Position

2.1 Summary

This report focuses on the financial performance for South Sefton CCG as at 31 May 2015 (Month 2). The financial position is £0.180m underspent on operational budget areas before the application of reserves, reserves or contingency. At this early stage of the year the forecasted out-turn is a small underspend against plan of £0.017m.

Annual budgets have been increased for growth but there are a small number of cost pressures emerging which will need close management if the CCG is to achieve the planned surplus.

In addition, plans to achieve the CCG QIPP requirement of £3.441m have not yet been agreed, and progress against this is being monitored by the QIPP Committee.

Figure 1 – Financial Dashboard

Key Performance Indicator		This Month	Prior Month
Business Rule (Forecast Outturn)	1% Surplus	✓	n/a
	0.5% Contingency Reserve	✓	n/a
	1% Non-Recurrent Headroom	✓	n/a
Surplus	Financial Surplus / (Deficit) before the application of reserves - £'000	- £0,180m	n/a
QIPP	Unmet QIPP to be identified > 0	£3.441m	n/a
Running Costs (Forecast Outturn)	CCG running costs < National 2015/16 target of £22.07 per head	✓	n/a
BPPC	NHS - Value YTD > 95%	99.9%	100%
	NHS - Volume YTD > 95%	99.8%	100%
	Non NHS - Value YTD > 95%	87.25%	98.31%
	Non NHS - Volume YTD > 95%	85.71%	100%

2.2 Resource Allocation

The Resource Allocation for the Financial Year 2015/16 is **£238,142m**. There have been no amendments to this allocation during Month 2.

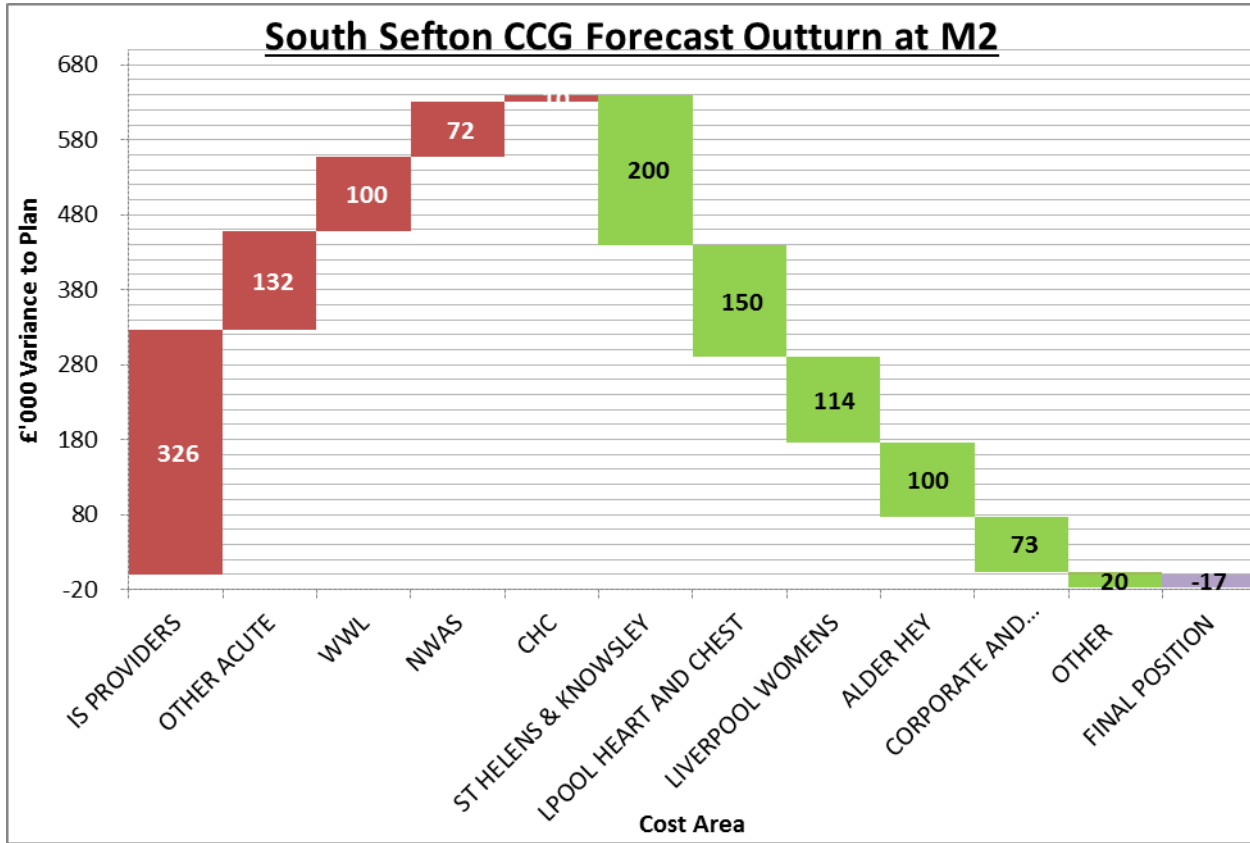
2.3 Position to date

The main financial pressures within the financial position are shown below.

There are overspends with the Independent Sector providers, particularly Ramsay Healthcare and Spire Healthcare. Smaller overspends are also forecast for Acute providers – Wirral and Countess of Chester. This overspend is supported partly by underspends on other Acute and Community providers and on Corporate and Support Services within the CCG.

The forecast financial position is based on data received for the year to date. For Acute Commissioning budgets, this is data up to the end of April 2015 and for other budgets, data for the first two months of the financial year. It should be noted that at this stage in the financial year, forecasting can be difficult and subject to variation.

Figure 2 – Forecast Outturn



Acute Commissioning

Whilst the financial activity period relates to the end of May, the CCG has based its reported position on information received from Acute Trusts to the end of April 2015.

Aintree Hospitals Foundation Trust

The year to date overspend reported for Aintree is £0.054m. This is based on the Month 1 information received by the Trust. The overspend is mainly linked to the pilot of a GP hotline which had been funded by winter monies until May 2015. The Trust has currently reported the April activity at full outpatient attendance prices and this has been therefore been challenged. Discussions are taking place with the Trust to review the service, and if continued, to agree a local tariff for this service going forward. At this stage of the year, there is no reported forecast overspend for Aintree.

The below graphs show the activity trends for inpatient care at the Trust. Non Elective Care activity is in line with the revised plan which was increased following the changes to the CDU unit during 14/15.

Figure 3 – Daycase Activity

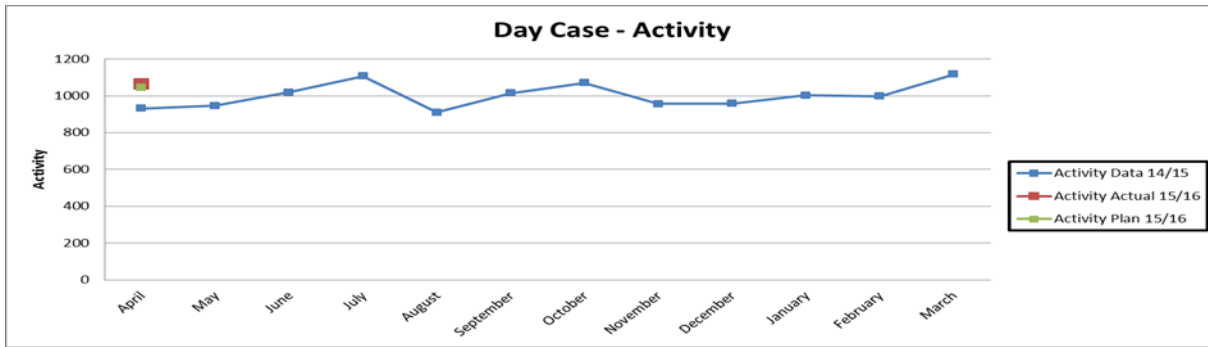


Figure 4 – Non Elective Activity

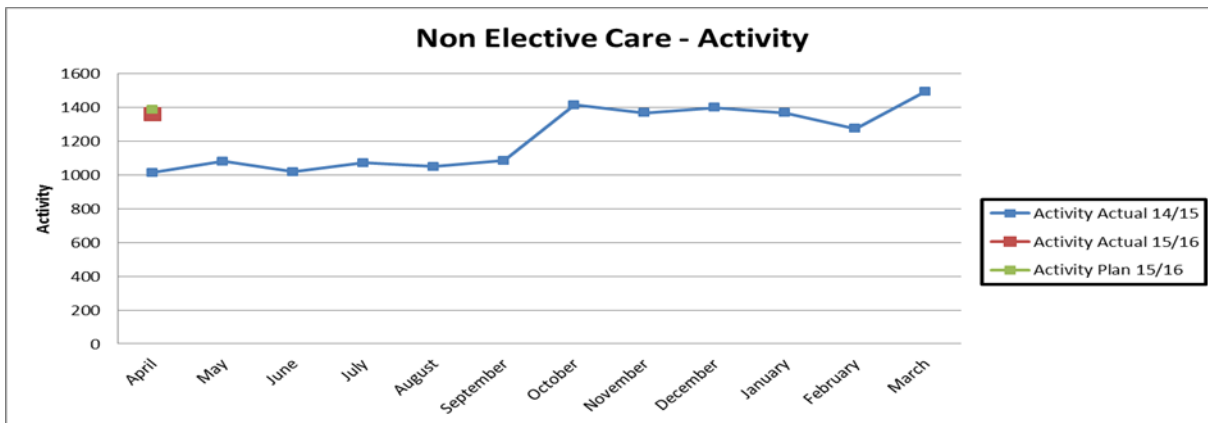
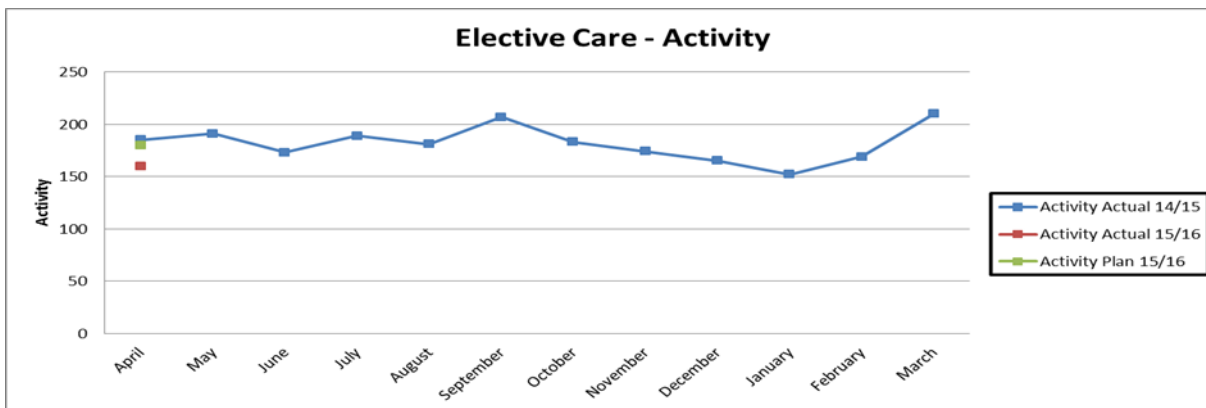


Figure 5 – Elective Activity



Liverpool Women’s Hospital

The forecast underspend at Liverpool Women's Hospital is projected to be £0.114m. The underspend relates to gynaecology and gynaecology oncology within planned care. This is offset partly by an overspend within deliveries. The financial impact of the Activity Query Notice raised in 2014-15 is still to be determined and the results of this will be fed back to the Committee once known.

Alder Hey NHS Children’s Foundation Trust

The forecasted out-turn underspend at Alder Hey hospital is £0.100m. There are underspends within non elective activity for trauma and orthopaedics and paediatrics, ophthalmology and dermatology outpatient activity and drugs, mainly linked to growth hormones. The Trust activity

levels for April and May are lower than an average month due to Easter and bank holidays. The activity levels are anticipated to increase from June onwards.

St Helens & Knowsley NHS Trust

The forecast underspend is projected to be £0.200m. This is based on the month 1 activity data received from the Trust which shows underspends both within planned and unplanned care.

Independent Sector

The forecast overspend for Independent Sector providers is £0.326m for the financial year. The majority of this is with Spire Healthcare (£0.200m) and Ramsay Healthcare (£0.102m). This is also based on month one activity information received from the providers.

Continuing Health Care (Adult)

The current forecast for this budget is an overspend of £0.010m. Forecasting based on one months' worth of data is challenging. The reported forecast reflects the current number of patients and average package costs, and builds in 5% growth between now and the end of the year. If growth in patient numbers or prices is not realised, then the forecast position will be an underspend.

A working group involving both the CCG and the Commissioning Support Unit meets regularly to improve processes within the CHC team and to instigate changes to control costs and activity for this high risk area of spend.

2.4 QIPP

The QIPP savings target for South Sefton CCG is £3.441m for 2015/16. QIPP savings can be achieved through a reduction in either programme or running costs.

The CCG established a 1% Transformation Fund in the budgets. This was set up to fund transformational initiatives that would result in more efficient delivery of healthcare and improvements to quality.

In addition to the transformational initiatives, a number of other initiatives are also being implemented. These include:

- Primary care investment focused on frail and elderly patients
- Continued focus on areas of comparatively high spend (eg outpatient care, review of high cost continuing healthcare packages).

2.5 CCG Running Costs

The CCG is currently operating within its running cost target of £3.296m. The target has been reduced in 2015/16 to £22.07 per head (from £24.81 per head in 2014/15). Plans agreed by the Governing Body to meet this target have been implemented and the relevant budgets reduced.

The current year forecast for these budgets is a small underspend due to vacant posts.

2.6 Evaluation of Risks and Opportunities

The CCG's primary risk is non-achievement of the QIPP requirement. £3.441m of savings must be realised in 2015/16 in order to achieve financial targets. In addition, there are a number of other risks that require monitoring and managing:

- Acute cost per case contracts – The CCG has experienced significant growth in acute care in previous years. Although historic growth has been factored into plans, there is a risk that activity will continue to grow beyond budgeted levels.
- Continuing Healthcare Costs – The CCG experienced significant growth in costs for continuing healthcare in 2014/15. The CCG has increased its budgets by 5%, and is focussing on reviewing high cost packages. The risks of overspending is augmented not only by increases in patient numbers, but also increases in the price. The framework is being renewed in year, and may result in increased prices. A number of providers are already pursuing higher prices.
- Continuing Healthcare restitution claims – The CCG has contributed to a national risk pool in line with the values previously notified by NHS England. Reserves were set aside for this purpose. There is a risk that claims made nationally will exceed the value of the risk pool and further contributions from CCGs will be sought.
- Estates – The methodology for charging estates costs is expected to change in 2015/16. Previously, the costs had been based on historic charges. In 2015/16, the organisation that administers the LIFT buildings will be charging based on actual usage. The CCG has set aside reserves to cover estates costs, but up to date cost estimates have not been received by the CCG.
- Prescribing / Drugs costs - The prescribing data is two months in arrears, and as such, no data relating to 2015/16 has yet been received. Growth of 3% was added to the budgets. Previous growth in expenditure have been within this level of growth, but costs in prescribing can often be volatile.
- Better Care Fund – Sefton Council has predicted growth in demand for social care and there is an anticipation that this growth will require funding from the Better Care Fund.

Reserve budgets are set aside as part of the Budget Setting exercise to reflect planned investments, known risks and an element for contingency. In order to meet the required planned surplus the CCG has to deliver the full QIPP requirement, and it is envisaged at this stage of the year that the contingency reserves will be called upon to mitigate risks that have been highlighted in section 7. Any overspends that are identified during the year will reduce the adjusted surplus from that presented in the figure below.

Figure 6 – Reserves Analysis

£'000	Rec	Non Rec	Total
Planned Surplus	2,400	0	2,400
Unidentified QIPP	(3,441)	0	(3,441)
Unallocated Contingency	1,813	0	1,813
Non Recurrent QIPP	0	2,087	2,087
Adjusted Surplus	772	2,087	2,859

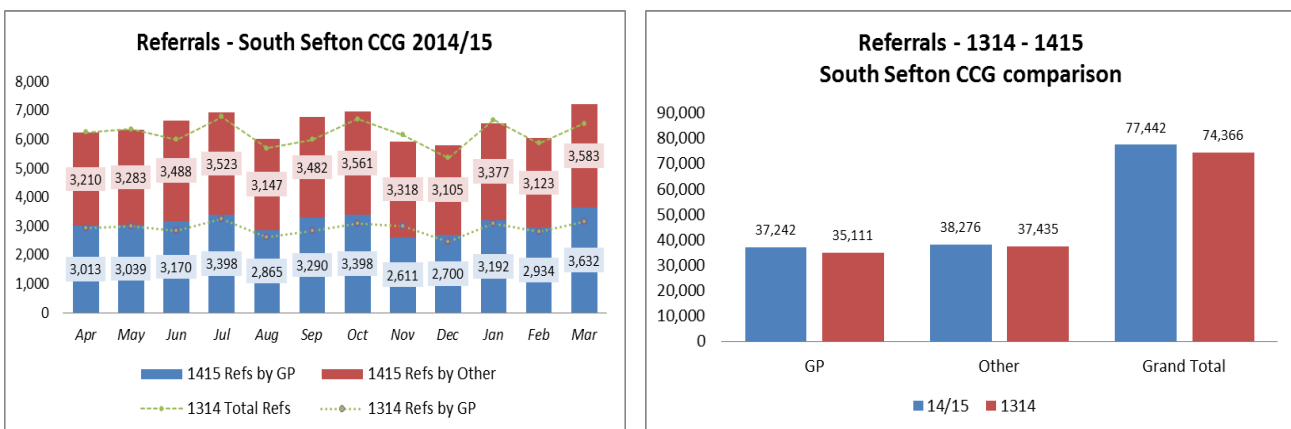
3. Referrals

3.1 Referrals by source

Figure 7 - GP and 'other' referrals for the CCG across all providers for 2014/15

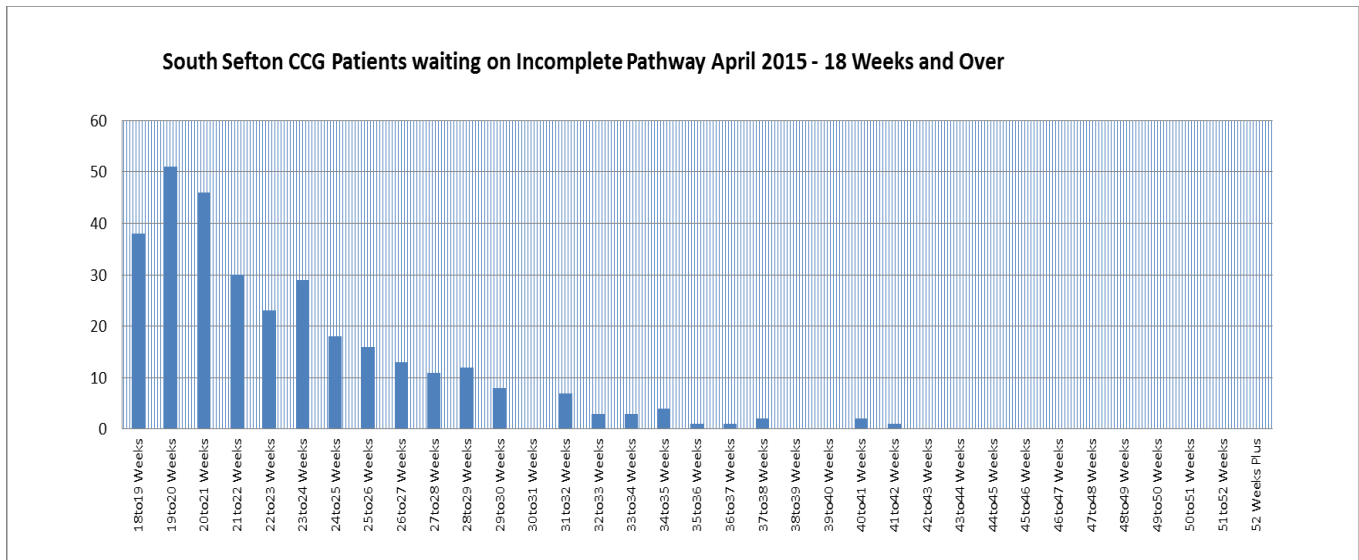
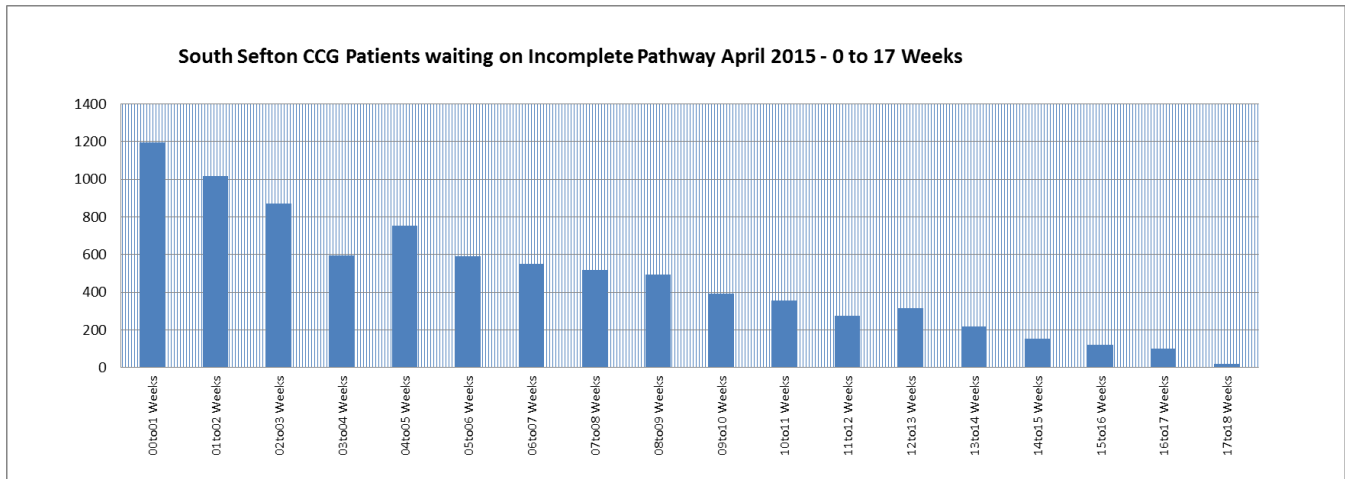
Referral Type	DD Code	Description	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr-15	14/15	1314	Variance	% Variance
GP	03	GP Ref	3,013	3,039	3,170	3,398	2,865	3,290	3,398	2,611	2,700	3,192	2,934	3,632	3,279	37,242	35,111	2,131	6%
GP Total			3,013	3,039	3,170	3,398	2,865	3,290	3,398	2,611	2,700	3,192	2,934	3,632	3,279	37,242	35,111	2,131	6%
Other	01	following an emergency admission	183	178	156	199	159	176	183	163	127	157	169	185	179	2,035	2,073	-38	-2%
	02	following a Domiciliary Consultation			2	2	2	1	2	3	3	4	1	2	2	22	22	0	0%
	04	An Accident and Emergency Department (Including Minor Injuries Units and Walk In Centres)	241	308	283	273	244	263	258	244	225	257	232	276	469	3,104	3,426	-322	-10%
	05	A CONSULTANT, other than in an Accident and Emergency Department	1,231	1,254	1,303	1,297	1,199	1,334	1,321	1,325	1,270	1,338	1,236	1,481	1,297	15,589	14,594	995	6%
	06	self-referral	191	245	296	265	249	273	276	267	265	366	255	269	311	3,217	2,958	259	8%
	07	A Prosthetist		3		1	2	1		3	1	3	2	2		18	41	-23	-128%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	255	260	260	279	214	245	277	253	193	222	196	259	98	2,913	2,742	171	6%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	199	209	223	251	217	320	291	225	223	221	227	221	188	2,827	2,284	543	19%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	4	2	1	3	10	3	10	6	8	8	9	6	4	70	66	4	6%
	13	A Specialist NURSE (Secondary Care)	8	9	3	6	6	6	5	7	9	10	9	3	4	81	105	-24	-30%
	14	An Allied Health Professional	128	95	88	102	86	84	80	67	86	73	75	56	72	1,020	812	208	20%
	15	An OPTOMETRIST	8	3	17	5	9	11	15	5	3	3	7	9	8	95	80	15	16%
	16	An Orthoptist													2	0	1	-1	0%
	17	A National Screening Programme	3	4	1	11	2	7	4	2	1	2	2	3	1	42	69	-27	-64%
	92	A GENERAL DENTAL PRACTITIONER	208	184	210	174	171	193	215	169	152	145	151	194	162	2,166	2,342	-176	-8%
	93	A Community Dental Service	4	1	3	3	2	3	3	2	7		3	2	2	33	32	1	3%
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	405	393	473	481	421	395	439	434	386	400	388	429	444	5,044	5,788	-744	-15%	
Other Total			3,068	3,148	3,319	3,352	2,993	3,315	3,379	3,175	2,959	3,209	2,962	3,397	3,243	38,276	37,435	841	2%
Unknown n			142	135	169	171	154	167	182	143	146	168	161	186	44	1,924	1,820	104	5%
Grand Total			6,223	6,322	6,658	6,921	6,012	6,772	6,959	5,929	5,805	6,569	6,057	7,215	6,566	77,442	74,366	3,076	4%

Figure 8 - GP and 'other' referrals for the CCG across all providers comparing 2013/14 and 2014/15 by month



4.1 NHS South Sefton CCG patients waiting

Figure 9 Patients waiting on an incomplete pathway at the end of April 2015 by weeks waiting.



There were 319 patients (3.6%) waiting over 18 weeks on Incomplete Pathways at the end of April 2015 a decrease of 39 patients (-10.9%) from Month 12 (14/15).

There were no patients Waiting over 52 weeks in March 2015 or April 2015.

4.2 Top 5 Providers

Figure 10 Patients waiting (in bands) on incomplete pathway for the top 5 Providers

Trust	0to10 wks	10to18 wks	Total 0to17 Weeks	18to24 wks	24to30 wks	30+ wks	Total 18+ Weeks	Total Incomplete
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	4564	876	5440	84	28	8	120	5560
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	661	173	834	32	13	7	52	886
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	563	123	686	40	11	4	55	741
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	412	165	577	22	8	2	32	609
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	314	89	403	26	11	2	39	442
Other Providers	462	136	598	13	7	1	21	619
Total All Providers	6976	1562	8538	217	78	24	319	8857

There were 8,857 patients on the Incomplete Pathway at the end of April 2015 an increase of 242 patients (2.8%) from March 2015.

5. Planned Care

5.1 All Providers

Agreed 2015/16 plans have been used, where applicable. Where 1516 plans have not yet been agreed, the 2014/15 Month 1 position has been used. The providers using 1415 position are:

- Southport & Ormskirk Trust
- Renacres
- Wrightington, Wigan and Leigh
- Isight
- Wirral
- Central/South Manchester

Performance at Month 1 of financial year 2015/16, against planned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa £131k. This under-performance is driven by decreases at Aintree Hospital (£19k), Royal Liverpool (£36k), Alder Hey (£25k), Wrightington Wigan and Leigh (£25k). Only Spire Liverpool and Renacres are reporting an over plan in month 1 - £18k and £20k respectively.

Figure 11 Planned Care - All Providers

Provider Name	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	169,549	14,209	14,256	47	0.33%	£29,898	£2,494	£2,476	£19	-0.76%
Alder Hey Childrens NHS F/T	14,724	1,271	925	-346	-27.22%	£2,116	£183	£157	£25	-13.82%
Countess of Chester Hospital NHS FT	0	0	14	14	0.00%	£0	£0	£1	£1	0.00%
Liverpool Heart and Chest NHS F/T	1,273	101	76	-25	-24.76%	£578	£46	£26	£19	-42.39%
Liverpool Womens Hospital NHS F/T	15,539	1,256	1,212	-44	-3.51%	£3,282	£264	£241	£23	-8.74%
Royal Liverpool & Broadgreen Hospitals	29,929	2,424	2,228	-196	-8.09%	£5,827	£472	£436	£36	-7.53%
Southport & Ormskirk Hospital	13,380	1,058	1,138	80	7.59%	£2,693	£213	£216	£4	1.66%
ST Helens & Knowsley Hospitals	4,158	349	313	-36	-10.30%	£1,014	£86	£62	£25	-28.46%
Wirral University Hospital NHS F/T	462	36	37	1	1.65%	£123	£10	£6	£4	-37.35%
Central Manchester University Hospitals Nhs FT	86	7	15	8	109.30%	£22	£2	£5	£3	157.94%
Fairfield Hospital	95	7	6	-1	-9.62%	£20	£1	£2	£0	23.13%
ISIGHT (SOUTHPORT)	361	30	29	-1	-3.60%	£92	£8	£8	£0	1.12%
Renacres Hospital	3,438	287	428	141	49.37%	£1,222	£102	£122	£20	19.57%
SPIRE LIVERPOOL HOSPITAL	3,334	265	316	51	19.43%	£1,024	£81	£99	£18	21.66%
University Hospital Of South Manchester Nhs FT	108	9	7	-2	-22.13%	£16	£1	£1	£1	-47.16%
Wrightington, Wigan And Leigh Nhs FT	846	70	0	-70	-100.00%	£305	£25	£0	£25	-100.00%
Grand Total	257,283	21,379	21,000	-379	-1.77%	£48,232	£3,988	£3,858	£131	-3.28%

5.2 Aintree University Hospital NHS Foundation Trust

Figure 12 Month 1 Planned Care- Aintree University Hospital NHS Foundation Trust by POD

	Month 12 Plan	Finance				Variance due to Casemix	Variance due to Volume	Activity				
		Month 1 Plan	Month 1 Actual	Month 1 Variance	% Variance			Month 1 Plan	Month 1 Actual	Month 1 Variance	% Variance	
Planned Care												
Day Case Spell (DC)	NT £7,439,809 LT £208,606 Total £7,648,415	£616,425 £17,272 £633,696	£640,138 £17,847 £657,986	£23,714 £576 £24,289	3.8% 3.3% 3.8%	(£17,499) £103 (£17,079)	£41,213 £472 £41,368	960 40 1,000	1,024 41 1,065	64 1 65	6.7% 2.7% 6.5%	
Elective Spells (EL)	NT £5,819,735 LT £35,301 Total £5,855,036	£484,911 £2,924 £484,835	£409,763 £3,482 £413,245	(£72,148) £558 (£71,590)	(14.8%) 19.1% (14.8%)	£18,477 (£140) £18,685	(£90,625) £698 (£84,275)	187 6 194	152 8 160	-35 2 -34	(18.8%) 23.9% (17.4%)	
Excess Beddays (ELXBD)	NT £251,887 Total £251,887	£20,915 £20,915	£6,707 £6,707	(£14,208) (£14,208)	(67.9%) (67.9%)	£124 £124	(£14,332) (£14,332)	95 95	30 30	-65 -65	(68.5%) (68.5%)	
First Outpatients (OPFA-)	NT £4,423,773 LT £312,474 Total £4,736,247	£372,175 £26,203 £398,379	£369,052 £76,223 £445,275	(£3,123) £50,019 £46,896	(0.8%) 190.9% 11.8%	£15,653 £37,365 £25,187	(£18,776) £12,654 £21,710	2,246 550 2,797	2,133 816 2,949	-113 266 152	(5.0%) 48.3% 5.4%	
Follow-Up Outpatients (OPFUP-)	NT £5,978,673 LT £774,975 Total £6,753,648	£504,098 £65,338 £569,437	£482,206 £79,815 £562,021	(£21,892) £14,476 (£7,416)	(4.3%) 22.2% (1.3%)	£10,455 £5,599 (£2,026)	(£32,348) £8,877 (£5,391)	5,300 1,995 7,295	4,960 2,266 7,226	-340 271 -69	(6.4%) 13.6% (0.9%)	
Outpatient Procedures (OPPROC)	NT £3,504,042 LT £0 Total £3,504,042	£291,466 £0 £291,466	£282,418 £3,667 £286,086	(£9,047) £3,667 (£5,380)	(3.1%) - (1.8%)	£4,938 £0 £1,219	(£13,985) £3,667 (£6,599)	1,736 0 1,736	1,653 44 1,697	-83 44 -39	(4.8%) - (2.3%)	
Unbundled Diagnostics	NT £1,148,833 Total £29,898,108	£95,736 £2,494,463	£104,200 £2,475,519	£8,464 (£18,944)	8.8% (0.8%)	£5,251 £25,362	£3,214 -£44,306	1,092 14,209	1,129 14,256	37 47	3.4% 0.3%	

5.2.1 Aintree University Hospital NHS Foundation Trust Key Issues

Although total Planned Care at Aintree is under performing by £19k, there are significant under/over performance shifts in individual PODS. Outpatients First Attendance are showing an over performance of £47k (11%), which is offset by the Elective under performance of -£72k (15%).

Outpatient Local Tariff costs are over performing, primarily, against a zero plan in Acute Medicine. Month 1 is showing a cost variance of £46k which makes up 97% of the over

performance. Aintree have reported a shift from General medicine to Acute Medicine and further discussions and understandings will take place at the Aintree Contract Review meeting.

Electives show an early sign of continuing the under performance seen throughout 2014/15. Outpatient Procedures appear to be performing against plan for month 1 as appose to the 1415 trend of over performing each month.

5.3 Spire Liverpool Hospital

Figure 13 Month 1 Planned Care- Spire Liverpool Hospital by POD

	Month 12 Plan	Finance				Variance due to Casemix	Variance due to Volume	Activity				
		Month 1 Plan	Month 1 Actual	Month 1 Variance	% Variance			Month 1 Plan	Month 1 Actual	Month 1 Variance	% Variance	
Planned Care												
Day Case Spell (DC)	NT	£511,970	£40,633	£39,911	(£722)	(1.8%)	(£2,869)	£2,147	29	31	2	5.3%
	LT	£746	£59	£0	(£59)	(100.0%)	£0	(£59)	0	0	0	(100.0%)
	Total	£512,716	£40,692	£39,911	(£781)	(1.9%)	(£2,587)	£1,806	30	31	1	4.4%
Elective Spells (EL)	NT	£242,569	£19,252	£34,465	£15,213	79.0%	£6,859	£8,355	3	5	2	43.4%
	Total	£242,569	£19,252	£34,465	£15,213	79.0%	£9,679	£5,534	4	5	1	28.7%
First Outpatients (OPFA-)	NT	£84,579	£6,713	£7,295	£582	8.7%	(£185)	£767	47	52	5	11.4%
	Total	£84,579	£6,713	£7,295	£582	8.7%	(£185)	£767	47	52	5	11.4%
Follow-Up Outpatients (OPFUP-)	NT	£98,217	£7,795	£9,533	£1,738	22.3%	£222	£1,517	96	115	19	19.5%
	LT	£21,750	£1,726	£2,194	£468	27.1%	(£156)	£624	52	71	19	36.2%
	Total	£119,967	£9,521	£11,728	£2,206	23.2%	(£205)	£2,411	148	186	38	25.3%
Outpatient Procedures (OPPROC)	NT	£31,288	£2,483	£2,303	(£181)	(7.3%)	(£72)	(£109)	18	17	-1	(4.4%)
	LT	£271	£22	£0	(£22)	(100.0%)	£0	(£22)	0	0	0	(100.0%)
	Total	£31,559	£2,505	£2,303	(£202)	(8.1%)	(£82)	(£120)	18	17	-1	(4.8%)
Unbundled Diagnostics	NT	£32,472	£2,577	£3,157	£580	22.5%	(£327)	£907	18	25	7	35.2%
Planned Care Total		£1,023,862	£81,259	£98,857	£17,598	21.7%	£6,293	£11,305	265	316	51	19.2%

5.3.1 Spire Liverpool Hospital Key Issues

Drilling down into Elective Activity highlights a possible issue with T&O and in particular the HRG HR05Z – Reconstruction Procedures Category 2. The YTD plan is for 3 spells at a cost of £18k. The actual performance for this HRG is 5 spells with a total cost of £35k. Overall over-performance is increased further by an over performance in HRG “HB21C Major Hip Procedures for non-Trauma Category 2 without cc” which is £11k over plan – 170% plan/actual variance

The over-performance in HR05Z – Reconstruction Procedures Category 2 was discussed in further detail at the 14/15 month 12 Contract Meeting. It was explained that some of the increase for this HRG was due to the Provider picking up some activity from the MCAS Service provided at Royal Liverpool and Broadgreen.

6. Unplanned Care

6.1 All Providers

Performance at Month 1 against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over-performance of circa £80k. This over-performance is primarily driven by increases at Aintree Hospital (£28k), Lpool Womens (£38k) and Wirral Hospital (£24k). Smaller, yet significant, underspends can be seen at St Helens Trusts (-£15k) and Southport & Ormskirk (-£21k)

Figure 14 Month 1 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	55,749	4,654	4,662	8	0.18%	£33,391	£2,774	£2,802	£28	1.02%
Alder Hey Childrens NHS F/T	8,868	754	694	-60	-7.96%	£1,355	£112	£121	£10	8.72%
Countess of Chester Hospital NHS Foundation Trust	0	0	15	15	0.00%	£0	£0	£10	£10	0.00%
Liverpool Heart and Chest NHS F/T	171	14	7	-7	-49.93%	£144	£12	£20	£8	71.55%
Liverpool Womens Hospital NHS F/T	3,489	284	371	87	30.65%	£3,008	£240	£278	£38	15.86%
Royal Liverpool & Broadgreen Hospitals	5,851	480	548	68	14.27%	£2,145	£176	£175	-£1	-0.66%
Southport & Ormskirk Hospital	6,705	561	619	58	10.39%	£2,634	£211	£190	-£21	-9.76%
ST Helens & Knowsley Hospitals	903	77	61	-16	-20.85%	£361	£32	£17	-£15	-45.62%
Wirral University Hospital NHS F/T	245	20	111	91	445.38%	£90	£7	£32	£24	331.55%
Central Manchester University Hospitals Nhs Foundation Trust	67	6	9	3	61.19%	£16	£1	£2	£0	11.67%
University Hospital Of South Manchester Nhs Foundation Trust	41	3	0	-3	-100.00%	£14	£1	£0	-£1	-100.00%
Wrightington, Wigan And Leigh Nhs Foundation Trust	42	3	0	-3	-100.00%	£15	£1	£0	-£1	-100.00%
Grand Total	82,130	6,856	7,097	241	3.52%	£43,174	£3,567	£3,648	£80	2.25%

6.2 Aintree University Hospital NHS Foundation Trust

Figure 15 Month 1 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD

Month 12 Plan	Finance				Variance due to Casemix	Variance due to Volume	Activity			
	Month 1 Plan	Month 1 Actual	Month 1 Variance	% Variance			Month 1 Plan	Month 1 Actual	Month 1 Variance	% Variance

Urgent Care

Short Stay Spells (NELST)	NT	£1,763,426	£145,755	£144,317	(£1,439)	(1.0%)	£2,307	(£3,746)	226	220	-6	(2.6%)
	LT				£0	-	£0	£0			0	-
	Total	£1,763,426	£145,755	£144,317	(£1,439)	(1.0%)	£2,307	(£3,746)	226	220	-6	(2.6%)
Long Stay Spells (NEL)	NT	£24,937,230	£2,069,930	£2,089,693	£19,763	1.0%	£53,306	(£33,543)	1,113	1,095	-18	(1.6%)
	LT	£1,045,913	£86,544	£105,772	£19,228	22.2%	£24,115	(£4,887)	42	40	-2	(5.6%)
	Total	£25,983,143	£2,156,474	£2,195,465	£38,991	1.8%	£77,123	(£38,132)	1,155	1,135	-20	(1.8%)
NEL Excess Beddays (NELXBD)	NT	£1,856,482	£154,062	£112,583	(£41,479)	(26.9%)	(£13,848)	(£27,631)	667	547	-120	(17.9%)
	LT	£0			£0	-	£0	£0			0	-
	Total	£1,856,482	£154,062	£112,583	(£41,479)	(26.9%)	(£13,848)	(£27,631)	667	547	-120	(17.9%)
Non-Elective Non-Emergency Spells (NELNE)	NT	£121,662	£10,046	£18,995	£8,949	89.1%	£7,970	£980	4	4	0	9.8%
	LT				£0	-	£0	£0			0	-
	Total	£121,662	£10,046	£18,995	£8,949	89.1%	£7,970	£980	4	4	0	9.8%
NELNE Excess Beddays (NELNEXBD)	NT	£9,543	£787	£2,546	£1,759	223.7%	(£556)	£2,315	3	13	10	294.3%
	LT				£0	-	£0	£0			0	-
	Total	£9,543	£787	£2,546	£1,759	223.7%	(£556)	£2,315	3	13	10	294.3%
A&E	NT	£3,656,752	£306,981	£328,416	£21,436	7.0%	£4,340	£17,095	2,598	2,743	145	5.6%
Urgent Care Total		£33,391,008	£2,774,104	£2,802,321	£28,218	1.0%			4,653	4,662	9	0.2%

6.2.1 Aintree Hospital Key Issues

Non Electives and A&E make up a total over performance of £60k, but is offset by an under performance in NELXBDs (£41k). This gives us an Urgent Care over performance of £28k.

Acute Medicine and Trauma & Orthopaedics make up the majority of the over performance in Non Electives.

Drilling down into T&O, "HRG HA12B - Major Hip Procedures Category 1 for Trauma with CC" makes up the biggest proportion of over performance. The YTD plan is for 4 spells at a cost of £31k. The actual performance for this HRG is 9 spells with a total cost of £68k.

6.3 Liverpool Womens Hospital

Figure 16 Month 1 Unplanned Care – Liverpool Womens Hospital by POD

Liverpool Womens 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	1,743	145	153	8	5.70%	£172	£14	£15	£1	7.47%
NEL - Non Elective	156	13	14	1	8.59%	£223	£18	£17	£-1	-5.82%
NELNE - Non Elective Non-Emergency	1,341	106	103	-3	-3.14%	£2,514	£199	£207	£7	3.73%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	208	16	99	83	500.16%	£78	£6	£37	£31	500.03%
NELST - Non Elective Short Stay	31	3	2	-1	-23.35%	£18	£2	£2	£0	4.53%
NELXBD - Non Elective Excess Bed Day	10	1	0	-1	-100.00%	£3	£0	£0	£0	-100.00%
Grand Total	3,489	284	371	87	30.65%	£3,008	£240	£278	£38	15.86%

6.3.1 Liverpool Womens Key Issues

Excess bed days makes up almost 100% of the over performance. Costs are attributed to one patient under Obstetrics with a HRG code of "Planned Lower C Section". Further analysis will be made to ensure this is coded and reported correctly.

6.4 Wirral University Hospital

Figure 17 Month 1 Unplanned Care – Wirral University Hospital by POD

Wirral University 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	178	15	10	-5	-32.57%	£18	£2	£1	£0	-24.71%
NEL - Non Elective	57	5	4	-1	-15.29%	£58	£5	£7	£3	53.82%
NELNE - Non Elective Non-Emergency	6	0	1	1	112.77%	£10	£1	£1	£0	3.02%
NELST - Non Elective Short Stay	4	0	0	0	0.00%	£3	£0	£0	£0	0.00%
NELXBD - Non Elective Excess Bed Day	0	0	96	96	0.00%	£0	£0	£22	£22	0.00%
Grand Total	245	20	111	91	445.38%	£90	£7	£32	£24	331.55%

6.4.1 Wirral University Hospital Key Issues

Excess bed days makes up almost 100% of the over performance. Costs are attributed to one patient under General Medicine with a HRG code of "IR Procedures - Vascular – Minor". Further analysis will be made to ensure this is coded and reported correctly.

7. Mental Health

7.1 Mersey Care NHS Trust Contract

Figure 18 NHS South Sefton CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS South Sefton CCG			
	2015/16 Plan	Caseload (Apr-2015)	Variance from Plan	% Variance
0 Variance	34	75	41	121%
1 Common Mental Health Problems (Low Severity)	23	45	22	96%
2 Common Mental Health Problems (Low Severity with greater need)	48	28	(20)	-42%
3 Non-Psychotic (Moderate Severity)	274	228	(46)	-17%
4 Non-Psychotic (Severe)	169	207	38	22%
5 Non-psychotic Disorders (Very Severe)	32	58	26	81%
6 Non-Psychotic Disorder of Over-Valued Ideas	43	42	(1)	-2%
7 Enduring Non-Psychotic Disorders (High Disability)	133	193	60	45%
8 Non-Psychotic Chaotic and Challenging Disorders	83	95	12	14%
10 First Episode Psychosis	93	117	24	26%
11 On-going Recurrent Psychosis (Low Symptoms)	414	436	22	5%
12 On-going or Recurrent Psychosis (High Disability)	312	315	3	1%
13 On-going or Recurrent Psychosis (High Symptom & Disability)	112	103	(9)	-8%
14 Psychotic Crisis	17	20	3	18%
15 Severe Psychotic Depression	7	3	(4)	-57%
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	33	31	(2)	-6%
17 Psychosis and Affective Disorder – Difficult to Engage	58	59	1	2%
18 Cognitive Impairment (Low Need)	347	207	(140)	-40%
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	462	588	126	27%
20 Cognitive Impairment or Dementia Complicated (High Need)	148	266	118	80%
21 Cognitive Impairment or Dementia (High Physical or Engagement)	45	47	2	4%
Reviewed Not Clustered	36	135	99	275%
No Cluster or Review	144	194	50	35%
Total	3,067	3,492	425	14%

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

Follow up from Inpatient Discharge		Apr-15	
CB_B19	The % of people under adult mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100.0%

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

Follow up from Inpatient Discharge		Apr-15	
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%	100.0%

8. Community Health

Liverpool Community Health Services (by exception)

The trust did not provide an exception report at month 1 but have stated that some will be provided at month 2.

Allied Health Professionals (Dietetics, Occupational Therapy, Physiotherapy, Podiatry, Speech and Language Therapy [SALT] Adult and Children's) -Following the comprehensive review, an action plan has been put in place which is expected to increase activity and reduce waiting times back within the target by June 2015. Capacity and Demand modelling is being developed and therapy services will be the first services to undertake this analysis during June 2015.

Community Equipment: Delivery times in Sefton remains above target despite continued increase in demand for which additional funding has been agreed for the first quarter of 2015/16. There will be a joint review to assess the efficiency of the service, a review of demand and pressures, the referrals process, items ordered as standard and the exceptional item process. This is part of the work plan for 2015/16.

Community Matrons are also over performing with this increase potentially caused by the Virtual Ward which is now established and further referrals are coming through. Urgent Care has now gone live within Virtual Ward creating an increase in referrals between both services being stepped up and stepped down. Proactive care is working well at the monthly GP meetings with the community matrons and reactive work continues to come through. District Nurses are actively referring to community matrons where this is appropriate. The reporting of activity and outcomes for the virtual ward are part of the FIG work plan for 2015/16

Treatment Rooms: The majority of patients are receiving an appointment within 2 weeks of referral in Sefton (excluding ear syringe patients).

Intermediate Care (Ward 35): During April 2015, the percentage of days lost due to delayed discharges was 13% against a target of 7.5%. The average length of stay during April 2015 also decreased to 22.6 days compared to the 26.5 reported the month before. It, however remains above the target of 21.3 days. The only cause of delay [100%] during April 2015 was attributable to social services ("awaiting care package at home"). The Action plan has been refreshed in order to optimise throughput and reduce delayed transfers of care.

Intermediate Care (9 & 11) – The main causes of delay during April 2015 were attributable to delays to social services packages/ funding.

IV Therapy-The domiciliary activity and demand continues to be above plan .A review is scheduled of the service as part of the work plan prior to its transfer.

Phlebotomy: The increase in demand and activity is due to the transfer of domiciliary phlebotomy from district nurses and this is being managed within current resources.

Podiatry: Demand and correspondingly activity continues to be below planned levels. The trust has identified no apparent reason for the reduction in referrals with AQP in effect .It is a possibility that GPs may have been referring some patients to other non LCH AQP podiatrists. A combination of long term and sickness has impacted on the contacts seen in Sefton. The trust have brought in locum staff however they are not always available and a recruitment round is now underway.

Children's services activity and demand is above planned levels with the following services contributing to this: dietetics and OT.

There are a number of the services that are being measured against plans which do not reflect current and previous demand and activity levels and additional investment. These will be part of a rebasing exercise with the provider to ensure the plans have been allocated correctly and that activity associated with investment around the virtual ward is quantified and included.

Liverpool Community Health Waiting Times

Paediatric Speech and Language Therapy: Maximum Waiting times remain significantly above plan at 42 weeks in March 2015. Temporary staff are being used in the interim to increase activity. In addition the service have identified areas where significant efficiencies can be made which will enable activity levels to increase and ensure waiting times are reduced to within target by June 2015

Allied Health Professionals: As at April 2015 most adult waiting times for Allied Health Professional Services across all Liverpool localities remain above target

Waiting times are not being recorded for several services: Community Cardiac/Heart Failure, Community Matrons, District Nursing Service, IV Therapy and Palliative Care & Treatment Rooms. Requests have been made on numerous occasions for this information.

The development of waiting time thresholds is part of the work plan for the FIG as currently the default of 18 weeks is being used.

Any Qualified Provider

AQP continues to perform above expected levels with a combined Podiatry block and AQP activity figure above the same period last year.

From 1st April 2015 the AQP podiatry data set from LCH now includes the local agreed assessment tariff of £25. This is to cover cases where a patient is assessed and discharged at the first visit.

Patient Identifiable Data

The Trusts Caldicott guardian has requested that no patient identifiable data sets are to be released from the trust. This includes all national submissions such as those made to the secondary user's service e.g. Inpatient, outpatient and WIC CDS. This was escalated last year and the commissioner and trust are in discussions about this.

9. Third Sector Contracts

The NHS Standard Contract 2015/16 has been populated and issued to Providers for signature.

10. Quality and Performance

10.1 NHS South Sefton CCG Performance

Performance Indicators	Data Period	Current Period				Exception Commentary	Actions
		Target	Actual	Direction of Travel			
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)	15/16 - April	5	5	↔	5 new cases reported in April 2015 against a monthly plan of 5. Of the 5 cases reported in April 6 were aligned to Aintree Hospital (4 apportioned to acute trust and 1 apportioned to community).		
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	15/16 - April	4	6(3 following appeal)	↓	6 new cases have been reported in April against a monthly plan of 4. Year to date plan is 46.	The current month position is 6 Trust attributable cases above the internal stretch target and 4 cases above the contractual target. Due to an issue with the national reporting system the regional and National reporting of cases still includes those which have been successfully appealed. The first 15/16 C-dif Appeals Panel met on 25th June, 3 out of the 4 Aintree appeals were upheld which takes the Trust above its contract target. <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) (CCG)	15/16 - April	0	0	↔	No new cases have been reported in April of MRSA for South Sefton CCG, the plan remains at zero.		
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	15/16 - April	0	0	↔	No new cases of MRSA at Aintree in April.		

Enhancing quality of life for people with long term conditions						
Patient experience of primary care i) GP Services	Jan-Mar 14 and Jul-Sept 14		7.69%	New Measure	Percentage of respondents reporting poor patient experience of primary care in GP Services. This is an increase from the previous period which recorded 6.56%.	
Patient experience of primary care ii) GP Out of Hours services	Jan-Mar 14 and Jul-Sept 14		9.81%	New Measure	Percentage of respondents reporting poor patient experience of GP Out of Hours Services. This is an increase from the previous period which recorded 9.52%.	
Patient experience of primary care i) GP Services ii) GP Out of Hours services (Combined)	Jan-Mar 14 and Jul-Sept 14	6%	7.89%	New Measure	The CCG reported a percentage of negative responses above the 6% threshold, this being an increase from last survey which reported 6.92%.	
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative)	15/16 - April	21.2	37.20	New Plans	This measure now has a plan which is based on the same period previous year. The number of actual admissions is 5 more than the same period last year.	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	15/16 - April	96.63	99.20	New Plans	This measure now has a plan which is based on the same period previous year. The increase in actual admissions is 4 more than the same period last year.	
Emergency Admissions Composite Indicator(Cumulative)	15/16 - April	184.46	197.76	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 CCG is over the monthly plan and had 1 less admission than the same period last year.	
IAPT Access - Roll Out	Q1 15/16	3.25%			No data at present for month 1, new services mobilised in April 2015	
IAPT - Recovery Rate	Q1 15/16	50.00%				
The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	Q1 15/16	75.00%				
The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	Q1 15/16	95%				

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.	The CCG is very close to the England Average for PROMs data, discussions are currently taking place at CCG level to establish ownership of PROMs measure and to develop an improvement plan.
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)	15/16 - April		15.16			
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	15/16 - April	9.30	12.40	New Plans	This measure now has a plan which is based on the same period previous year. The slight increase in actual admissions is 1 above the same period last year.	
Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)	15/16 - April	99.85	96.63	New Plans	This measure now has a plan which is based on the same period previous year. The decrease in actual admissions is 5 below the same period last year.	
% who had a stroke & spend at least 90% of their time on a stroke unit (CCG)	15/16 - April	80%	70.00%	↓	South Sefton CCG have failed the 80% target in April with 14 patients out of 20 spending at least 90% of their time on a stroke unit. The 6 patients breaching the target were at Aintree.	While the current bed pressures remain, and until the work to expand the Stroke Unit is complete, the risk of failing to achieve direct admission to the Stroke Unit remains.
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	15/16 - April	80%	74.42%	↓	Aintree have failed to achieved the target in April, 32 patients out of 43 spending at least 90% of their time on a stroke unit.	<p>A number of actions are in progress, these include:</p> <ul style="list-style-type: none"> • On-going work with bed management team to ensure a minimum of one stroke bed is always available. This has been challenging in April / May 2015 and has resulted in patients not being admitted directly to the Stroke Unit. • On-going work with the A&E team to ensure appropriate initial assessment and stroke calls are made. • On-going work with stroke team to ensure pathway is followed; patients with a probable diagnosis of stroke to be admitted to the stroke until alternative diagnosis confirmed. • Stroke physician on site from 9am to 8pm to facilitate timely assessment and transfer of stroke patients. Door to needle time consistently achieved. • Audit of every stroke admission continues to take place to identify learning where the pathway has not been followed. • Work is in progress to create a hyper acute stroke unit (HASU) so that all new stroke patients are admitted to a hyper acute stroke bed for up to the first 72 hours. Nurse recruitment has commenced and minor building works were due to commence in February 2015 but this has been delayed as funding is not yet agreed. • Therapies staffing is being reviewed using the latest BASP guidelines.

% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (CCG)	15/16 - April	60%	100%	↔		
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	15/16 - April	60%	100%	↔		
Mental health						
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) (CCG)	14/15 - Qtr4	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 - March	93%	94.76%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	14/15 - March	93%	97.02%	↔		
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 - March	93%	95.33%	↔		
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 - March	93%	95.68%	↔		

Cancer waits – 31 days						
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	14/15 - March	96%	98.51%	↔		
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	14/15 - March	96%	99.34%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	14/15 - March	94%	96.18%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	14/15 - March	94%	100%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	14/15 - March	94%	97.95%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	14/15 - March	94%	98.71%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	14/15 - March	98%	99.11%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	14/15 - March	98%	99.58%	↔		
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 - March		92.31%	↔		
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 - March		90.91%	↔		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	14/15 - March	90%	92.38%	↔		

Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	14/15 - March	90%	80.60%	↓	<p>Aintree failed the target in March (recording 72.73%) as well as year to date. For February there was equivalent of 3 patient breaches out of 11 patients. Year to date there have been 67 patients and the equivalent 13 patient breaches.</p> <p>Patient 1 (NR) delayed by 14 days (date offered was 28 days from clinic appointment with target being 14) from clinic to colonoscopy due to capacity issues within the service. Appointment offered led to further 11 day delay due to patient choice (total 39 days between clinic appointment and colonoscopy with target of 14). Patient was referred through to Warrington on day 45 of overall pathway with confirmation of cancer being sent with histology on day 48.</p> <p>Patient 2 (GD) was initially a complex patient who closed her episode. This was reopened at her request and attended colon on day 15. Referred through to MDT with CT and MRI requests completed same day. Patient was a complex case currently under the care of Mr Fenwick and Dr Sturgess requiring ERCP/Open common bile duct exploration which needed to be completed prior to the colorectal surgery. Patient had a prolonged recovery of above due to wound infection causing further delay. Patient had surgery on day 167.</p> <p>Patient 3 (SH) was reviewed in clinic on day 12. Declined his first colonoscopy date as he required an early appointment for management of his diabetes. Attended for colonoscopy on day 34. Was discussed at MDT but then needed to be discussed at the Lung MDT and subsequently required EBUS. Following this he was referred back to ACORN MDT and discussed on 25/2 (day 64). Patient had surgery on day 97. Close monitoring of all pathways and escalation process in place.</p> <p>All underperforming Cancer measures are discussed at the monthly CQPG meetings, all Merseyside Trusts have experienced difficulties achieving the cancer screening target, this is being reviewed at a regional level.</p>
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	14/15 - March	85%	88.08%	↔	
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	14/15 - March	85%	86.36%	↔	
Mixed Sex Accommodation Breaches					
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	15/16 - April	0.00	0.00	↔	
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	15/16 - April	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)	15/16 - April	0	0	↔		
The number of Referrals to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (Aintree)	14/15 - March	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (CCG)	15/16 - April	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (Aintree)	14/15 - March	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	15/16 - April	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	14/15 - March	0	0	↔		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (CCG)	15/16 - April	90%	89.63%	↓	South Sefton CCG narrowly failed to achieve the target of 90%, achieving 89.63%. The CCG has previously achieved the target for each month of 2014/15. Therefore this shows a decline in performance and is the lowest performance achieved by the CCG. This month's activity equates to 64 patients out of 617 not being seen within 18 weeks. These breaches were in the following specialities:- • T&O (20) • Ophthalmology (15) • Gynaecology (10) • General Surgery (7) • Urology (4) • ENT (2) • Cardiology (1) • All Other (5)	Aintree University Trust met their RRT targets in April, the CCG is currently reviewing pathways in other Trusts.
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (Aintree)	14/15 - March	90%	91.59%	↔		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (CCG)	15/16 - April	95%	97.44%	↔		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (Aintree)	14/15 - March	95%	97.97%	↔		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	15/16 - April	92%	96.40%	↑		
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 - March	92%	96.95%	↔		

A&E waits						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG)	15/16 - April	95.00%	97.80%	↔		
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree)	15/16 - April	95.00%	93.60%	↑	The 95% target was not achieved in April. Out of 14907 attendances, 951 were not admitted, transferred or discharged within 4 hours.	The causes remain multi-factorial, but remain largely due to capacity to assess and make decisions promptly in A&E (either through lack of physical capacity or inefficient processes), and the ability to maintain flow into assessment areas and through to inpatient wards. A great deal of work has been done with multiple partner agencies, but the assessment and discharge of patients from the Trust also remains a challenge. Other issues include: (1) Variable performance in admission processing and discharges from wards, with a general shortfall in medical ward capacity. (2) On-going delayed discharges and delays in assessments across health and social services. Delayed transfers of care and the discharge of medically optimised patients remain a key area of focus. (3) Assessment and prompt treatment of mental health patients continues to be a key area of focus. The risks to the achievement of the standard remain and requires all areas within the Trust and the wider health and social care community to work together to improve & sustain performance.
Diagnostic test waiting times						
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	15/16 - April	1.00%	0.90%	↔		
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	14/15 - March	1.00%	1.57%	↓	Aintree have failed to achieved the target for March this being the 5th month running. Aintree have put an action plan in place since breaching the target in November.	Action plans relating to DM01 performance in Sleep and Endoscopy are on-going with forecast completion dates of May 2015 and September 2015 respectively.
Category A ambulance calls						
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	15/16 - April	75%	81.00%	↑		
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	15/16 - April	75%	75.50%	↑		
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	15/16 - April	95%	96.80%	↑		
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWS) (Cumulative)	15/16 - April	75%	71.20%	↑	NWAS failed to achieve the 75% in April. The only month they achieved target in 2014/15 was April.	
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWS) (Cumulative)	15/16 - April	75%	72.10%	↑	NWAS failed to achieve the 75% in April. The only month they achieved target in 2014/15 was April.	
Ambulance clinical quality - Category 19 transportation time (NWS) (Cumulative)	15/16 - April	95%	93.30%	↔	NWAS failed to achieve the 95% target in April. NWAS have failed consecutively for the past 6 months.	
Local Measure						
Diabetes Care Processes	14/15 - Qtr4	65.9%	44.3%	New Measure	This measure makes up part of the quality premium and will be measured quarterly. Quarter 4 shows an increase from quarter 3 (42.2%) and remains below the target.	The data search criteria is being adjusted as recording of smoking status may be too low. The effect will mean an overall increase for the indicator.

10.2 Friends and Family – Aintree University Hospital NHS Foundation Trust

Figure 21 Friends and Family – Aintree University Hospital NHS Foundation Trust

Friends and Family Response Rates and Scores

Aintree University Hospital NHS Trust

Clinical Area	Response Rate (RR) Target	RR Actual (Apr 2015)	RR - Trajectory From Previous Month (Mar 15)	Percentage Recommended (Eng. Average)	Percentage Recommended (Apr 2015)	PR - Trajectory From Previous Month (Mar 15)	Percentage Not Recommended (Eng. Average)	Percentage Not Recommended (Apr 2015)	PNR - Trajectory From Previous Month (Mar 15)
Inpatients	30%	31.0%	↓	95%	96%	↓	2%	2%	↓
A&E	20%	27.3%	↑	87%	83%	↓	6%	10%	↓

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

- % Response Rate
- % Recommended
- % Not Recommended

The Trust achieved their A&E response rate target achieving 27.3% in April against a target of 20%, this was an improvement compared to March 2015. The Trust reported under the England average 'Recommended' 83% compared to 87%. At the June CQPG, The Aintree confirmed they have undertaken an exercise to triangulate A&E performance with FFT together with other quality intelligence and could not find anything significant between A&E performance and FFT results; however it was noted that despite comments regarding long waits in A&E there were a number of positive comments stating they would recommend A&E and also comments with regard to the helpfulness of staff.

The Trust achieved the Inpatient response rate target achieving 31% in April against a target of 30% and also exceeded the NHS England average for recommended and not recommended target.

Aintree Hospital have met their FFT 14/15 CQUIN targets for Q4, in addition 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.

10.3 Complaints

At the Aintree CQPG on 10th June 2015, the Trust presented their Quarter 4 '2C's' Complaints & Concerns Report. Complaints management is undertaken in accordance with the NHS (Complaints) regulations 2009. Complaints and concerns are regarded as an important source of intelligence on the quality of service provision. The Patient Advice & Complaints Team (PACT) manages this service in close liaison with the Divisional and Clinical Business Unit teams to ensure that where appropriate there are changes to practice and lessons are learnt and shared. The aim of the report is to identify and triangulate the themes and trends raised by those who use the Trust's services and provide assurance that changes to practice are implemented as a result.

Change to practice is identified within this report but it should be noted that, to gain full organisational learning and better triangulation, the content of this report should be utilised and read along with other Trust quarterly reports including the new Patient Experience Report and the Practice Improvement and lessons learnt report (P.I.L.L.)

The key messages from Quarter 4 are:

Concerns

There has been a further small drop in concerns to 261 during this period in comparison with 294 concerns in Quarter 3 but there has been an increase from 222 concerns for the same period in 2014. Since 2013 there has been a gradual increase in concerns for this same period.

Appointments are still the most common subject although concerns have reduced from Quarter 3 and for the same period in 2014. Clinical Treatment shows a reduction from Quarter 3 although still higher than the same period in 2014. This period shows a marked increase in Discharge concerns from Quarter 3 and the same period in 2014 which were both broadly similar. The drop in Implementation of Care has not continued and shows a rise from Quarter 3 although still lower than the same period in Quarter 4. Patient Information also shows a small but steady rise; Staff Attitude/Conduct has seen a small drop from Quarter 3 though still slightly higher than the same period in 2014.

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

- Appointments
- Clinical Treatment
- Discharge

Complaints

There has been a small drop in complaints to 70 during this period in comparison with 78 complaints in Quarter 3 but there has been an increase from 55 complaints for the same period in 2014.

The top two most frequently occurring complaint themes for Quarter 4 were the same as Quarter 3: Clinical Treatment and Implementation of Care. There was a small drop in Clinical Treatment from Quarter 3 but there is still an increase from the same period in 2014. Implementation of Care showed a continued small but steady drop from Quarter 3 and the same period in 2014. Diagnosis also showed a small drop from Quarter 3 but this is still quite a significant increase from the same period in 2014.

The graph on page 2 demonstrates the overall numbers of formal complaints received for Quarter 4 remaining steady throughout the span of the graph, with a peak in July 2013 which is in line with concerns.

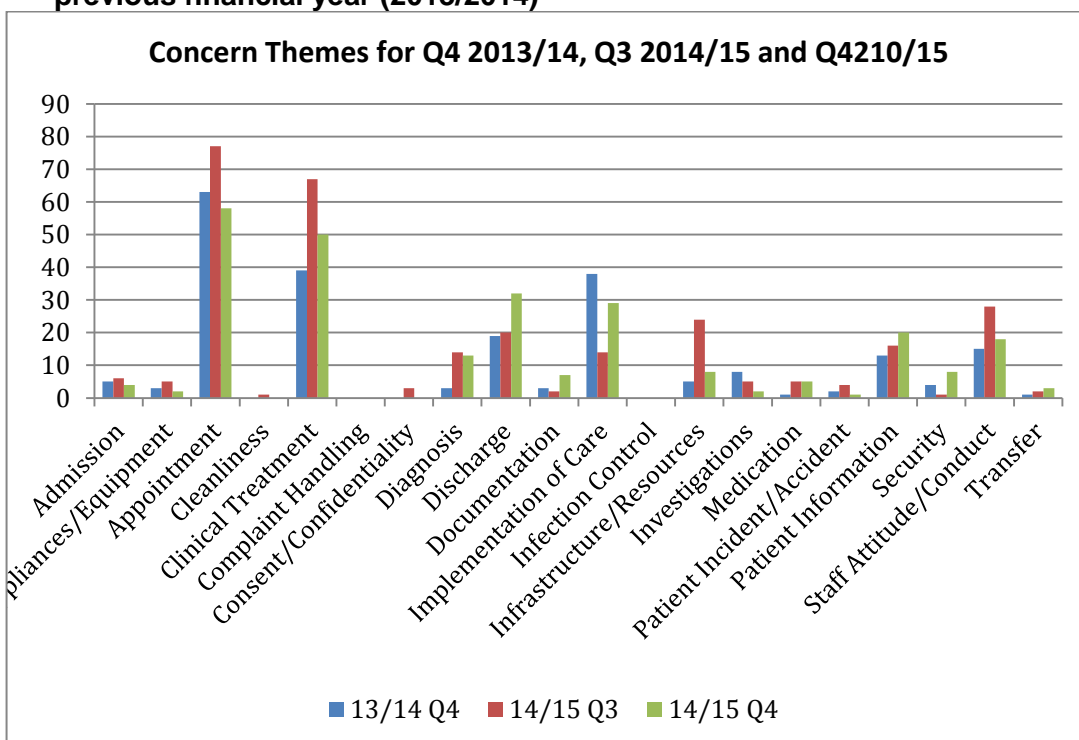
The top three most frequently occurring complaint themes recorded this quarter are:

- Clinical Treatment
- Implementation of Care
- Diagnosis

Response Rates

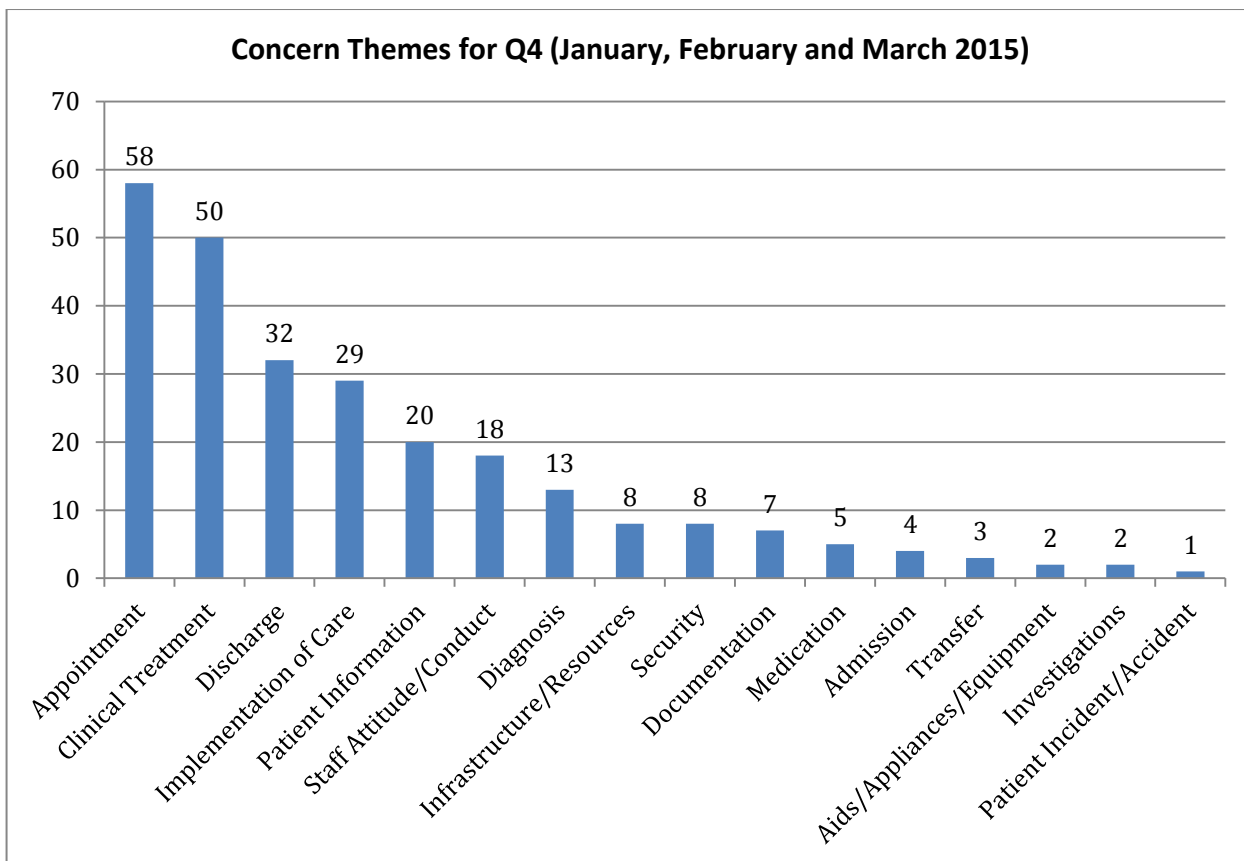
There has been a focus to prioritise and reduce long-term complaints albeit there was a slight increase in Quarter 2 2014/15. Inevitably some of the complaints will have moved from 'in time' (within 25 days) to over 25 days and the impact of which would be to increase the over 60 days complaints which is evidenced in Quarters 2 and 3, showing a drop in the number of complaints completed within the 25 day deadline. Following a considerable improvement in Quarter 3 to reduce the number of complaints over 60 days, there is now one complaint still open after 64 days at the time of the report (April).

Concern Themes for Q4 (2014/2015), Q3 of this financial year (2014/2015) & Q4 of the previous financial year (2013/2014)



The top three **concern** themes have been recorded for this quarter (Q4) as:

- Appointment
- Clinical Treatment
- Discharge



The most frequent concern theme in Quarter 4 was Appointments, which was also the case for the previous three quarters. The number of concerns regarding Clinical Treatment has continued to decrease since Quarter 3 and Quarter 2, but is still the second most occurring theme. However, Discharge concerns have replaced Staff Attitude/Conduct as the third highest concern with a significant increase from 20 in Quarter 3 to 32 in Quarter 4. Staff Attitude has decreased from Quarter 3 from 27 to 18. Implementation of Care has seen a significant increase from 14 to 29 which is more than double the Quarter 3 figure. Patient Information has also seen an increase (though small) from 16 to 20.

10.4 Serious Untoward Incidents (SUIs)

SUIs Reported at South Sefton CCG level

For South Sefton CCG there have been 9 serious incidents reported in April 2015.

Number of Never Events reported in period

For South Sefton CCG there have been no Never Events reported in April 2015.

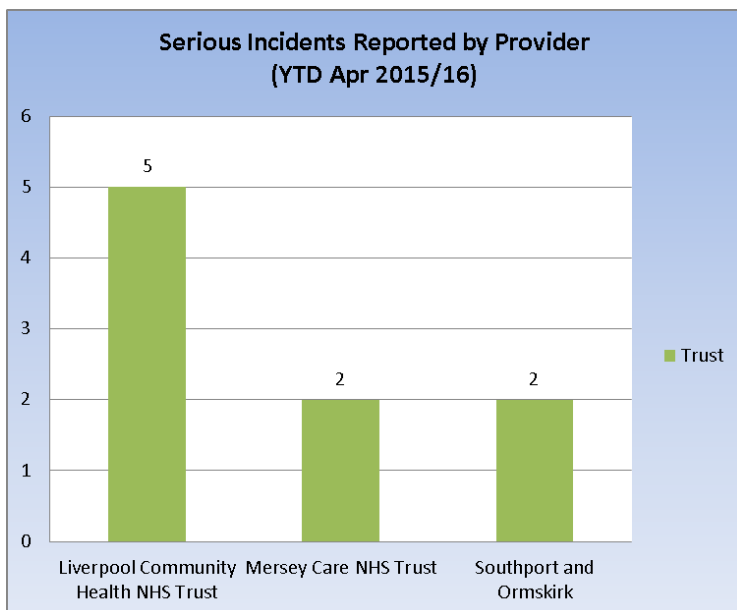
NHS South Sefton CCG reported Serious Untoward Incidents

STElS Number	Incident Category	Reported within 48hrs from Incident Date	Reported within 48hrs from Incident Identified
2015/12895	Pressure ulcer - (Grade 3)	Yes	Yes
2015/12912	Pressure ulcer - (Grade 3)	Yes	No identification date recorded.
2015/13677	Pressure ulcer - (Grade 3)	Yes	No 5 days after. Identification = , reported = 15/4/15.
2015/14113	Homicide by Outpatient (in receipt)	No 3 days after. Incident = 15/4/15, reported = 20/4/15.	Yes
2015/14123	Serious Self Inflicted Injury Outpatient	Yes	Yes
2015/14498	Pressure ulcer - (Grade 3)	Yes	No 10 days after. Identification = , reported = 22/4/15.
2015/15372	Pressure ulcer - (Grade 4)	Yes	Yes
2015/15465	Pressure ulcer - (Grade 3)	Yes	No 17 days after. Identification = , reported = 30/4/15.
2015/15469	Pressure ulcer - (Grade 3)	Yes	No 20 days after. Identification = , reported = 30/4/15.

Number of South Sefton CCG Incidents reported by Provider

Please note the data comes from Datix and not StEIS, as such differences in the figures reported for Liverpool community health and Mersey Care will be notable. These known data issues are being worked through with the Providers and the differing data sets.

Provider / Type of Incident	Apr	YTD
Liverpool Community Health NHS Trust		
Pressure ulcer - (Grade 3)	5	5
Mersey Care NHS Trust		
Homicide by Outpatient (in receipt)	1	1
Serious Self Inflicted Injury Outpatient	1	1
Southport and Ormskirk Hospital NHS Trust		
Pressure ulcer - (Grade 3)	1	1
Pressure ulcer - (Grade 4)	1	1
Grand Total	9	9



SUIs Reported at Aintree University Trust level

For Aintree University Trust there has been 3 serious incidents reported in April 2015.

- 1 x Unexpected Death (general) Slips / Trips / Falls
- 2 x Sub-optimal care of the deteriorating patient

To note the reporting methodology has changed slightly for incidents reported within 48hrs, figures now in exclude weekends and bank holidays.

Number of Never Events reported in period

0 never events reported in April 15.

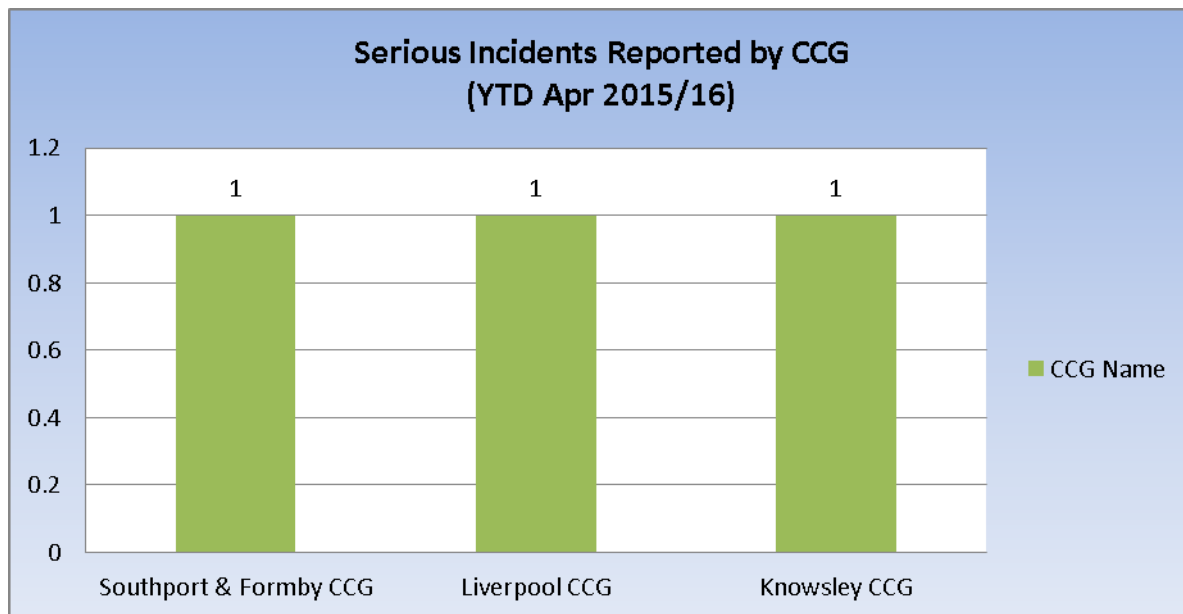
Number of incidents reported split by type

3 incidents reported in April 2015 by the provider.

Incident Type	Apr	YTD
Sub-optimal care of the deteriorating patient	2	2
Unexpected Death (general)	1	1
Grand Total	3	3

Number of Incidents reported by CCG

CCG Name / Incident Type	Apr	YTD
Knowsley CCG		
Sub-optimal care of the deteriorating patient	1	1
Liverpool CCG		
Sub-optimal care of the deteriorating patient	1	1
Southport & Formby CCG		
Unexpected Death (general)	1	1
Grand Total	3	3



11. Primary Care

11.1 Background

The primary care dashboard has been developed during the summer of 2014 with the intention of being used in localities so that colleagues from practices are able to see data compared to their peers in a timely and consistent format. From this, localities can use this data to request further analysis, raise queries with providers, determine local priorities for action, understand demand, and monitor improvement. The tool is to aid improvement, not a performance management tool.

11.2 Content

The dashboard is still evolving, but at this stage the following sections are included: Urgent care (A&E attendances and emergency admissions for children under 19, adults aged 20-74 and older people aged 75 and over separately), Demand (referrals, Choose & Book information, cancer and urgent referrals), and Prescribing indicators. Recent new additions are expected to observed disease prevalence (QOF), and forthcoming additions include financial information, and public health indicators.

11.3 Format

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

11.4 Summary of performance

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

Figure 22 Summary of Primary Care Dashboard – Urgent Care

South Sefton CCG Urgent Care Practice Scorecard 2014/15

Code	Indicator Practice	A&E Attendance rate per 1000 for under 19's (12 Mths to Mar-15)			A&E Attendance rate per 1000 for 19-74 yrs (12 Mths to Mar-15)			A&E Attendance rate per 1000 for over 75's (12 Mths to Mar-15)			Emergency Admission rate per 1000 for under 19's (12 Mths to Mar-15)			Emergency Admission rate per 1000 for 19-74 yrs (12 Mths to Mar-15)			Emergency Admission rate per 1000 for over 75's (12 Mths to Mar-15)		
		Period	Result	Score	Period	Result	Score	Period	Result	Score	Period	Result	Score	Period	Result	Score	Period	Result	Score
NB4002	AINTREE ROAD MEDICAL CENTRE	Dec-14	197.93	0	Dec-14	181.49	0	Dec-14	217.23	3	Dec-14	16.21	3	Dec-14	69.83	0	Dec-14	170.16	3
NB4015	BOOTLE VILLAGE SURGERY	Dec-14	201.98	0	Dec-14	159.50	0	Dec-14	331.08	0	Dec-14	30.08	0	Dec-14	66.69	0	Dec-14	262.39	0
NB4016	MOORE STREET MEDICAL CENTRE	Dec-14	226.33	0	Dec-14	173.88	0	Dec-14	391.10	0	Dec-14	30.63	0	Dec-14	73.99	0	Dec-14	304.43	0
NB4019	NORTH PARK HEALTH CENTRE	Dec-14	200.19	0	Dec-14	157.23	0	Dec-14	271.01	2	Dec-14	28.82	0	Dec-14	63.70	0	Dec-14	202.73	2
NB4028	THE STRAND MEDICAL CENTRE	Dec-14	211.66	0	Dec-14	170.70	0	Dec-14	351.58	0	Dec-14	31.25	0	Dec-14	67.33	0	Dec-14	273.72	0
NB4034	PARK STREET SURGERY	Dec-14	209.83	0	Dec-14	172.30	0	Dec-14	361.93	0	Dec-14	26.65	2	Dec-14	66.33	0	Dec-14	266.76	0
NB4038	CONCEPT HOUSE SURGERY	Dec-14	206.16	0	Dec-14	152.41	0	Dec-14	323.62	0	Dec-14	32.19	0	Dec-14	56.97	0	Dec-14	248.47	0
NB4001	42 KINGSWAY	Dec-14	125.63	3	Dec-14	78.42	3	Dec-14	220.47	3	Dec-14	20.94	3	Dec-14	33.64	3	Dec-14	158.90	3
NB4007	LIVERPOOL RD MEDICAL PRACTICE	Dec-14	134.96	0	Dec-14	129.26	0	Dec-14	296.76	0	Dec-14	18.11	3	Dec-14	48.16	2	Dec-14	227.10	0
NB4009	AZALEA SURGERY	Dec-14	133.20	0	Dec-14	92.22	3	Dec-14	368.73	0	Dec-14	25.23	3	Dec-14	32.03	0	Dec-14	320.46	0
NB4011	EASTVIEW SURGERY	Dec-14	140.45	2	Dec-14	112.40	3	Dec-14	286.76	0	Dec-14	21.01	3	Dec-14	49.96	3	Dec-14	225.18	0
NB4020	BLUNDELLSANDS SURGERY	Dec-14	129.77	3	Dec-14	82.89	3	Dec-14	227.69	3	Dec-14	22.07	3	Dec-14	34.69	3	Dec-14	187.67	3
NB4026	CROSBY - SSP HEALTH LIMITED	Dec-14	150.50	2	Dec-14	92.50	3	Dec-14	223.33	3	Dec-14	31.73	0	Dec-14	34.36	3	Dec-14	184.86	3
NB4041	KINGSWAY SURGERY	Dec-14	127.86	3	Dec-14	101.97	3	Dec-14	323.43	0	Dec-14	24.27	3	Dec-14	42.74	3	Dec-14	219.68	0
NB4621	THORNTON - SSP HEALTH LIMITED	Dec-14	135.79	3	Dec-14	120.61	2	Dec-14	406.63	0	Dec-14	32.74	0	Dec-14	34.63	0	Dec-14	306.96	0
NB4626	HIGHTOWN - SSP HEALTH LIMITED	Dec-14	98.83	3	Dec-14	80.27	3	Dec-14	220.10	3	Dec-14	41.19	0	Dec-14	30.27	3	Dec-14	145.93	3
NB4627	CROSSWAYS SSP HEALTH LTD	Dec-14	129.21	3	Dec-14	77.73	3	Dec-14	159.26	3	Dec-14	21.33	3	Dec-14	32.32	3	Dec-14	116.67	3
NB4003	HIGH PASTURES SURGERY	Dec-14	42.73	3	Dec-14	87.78	3	Dec-14	216.72	3	Dec-14	38.98	0	Dec-14	39.90	3	Dec-14	170.73	3
NB4010	MAGHULL HEALTH CENTRE (DR SAPRE)	Dec-14	52.68	3	Dec-14	103.34	3	Dec-14	259.55	2	Dec-14	23.93	3	Dec-14	39.07	3	Dec-14	189.49	3
NB4025	WESTWAY MEDICAL CENTRE	Dec-14	56.43	3	Dec-14	94.86	3	Dec-14	223.02	3	Dec-14	35.39	0	Dec-14	45.84	3	Dec-14	180.62	3
NB4622	MAGHULL HEALTH CENTRE (DR THOMAS)	Dec-14	61.53	3	Dec-14	104.23	3	Dec-14	265.72	2	Dec-14	42.10	0	Dec-14	36.31	0	Dec-14	218.53	0
NB4624	MAGHULL HEALTH CENTRE	Dec-14	52.38	3	Dec-14	104.01	3	Dec-14	303.71	0	Dec-14	12.70	3	Dec-14	45.68	3	Dec-14	228.37	0
Y00446	PARKHAVEN SSP HEALTH LTD	Dec-14	47.08	3	Dec-14	94.31	3	Dec-14	308.64	0	Dec-14	34.93	0	Dec-14	35.78	3	Dec-14	222.22	0
NB4004	GLOVERS LANE SURGERY	Dec-14	159.83	0	Dec-14	143.08	0	Dec-14	303.63	0	Dec-14	29.79	0	Dec-14	60.99	0	Dec-14	236.29	0
NB4023	BRIDGE ROAD MEDICAL CENTRE	Dec-14	162.49	0	Dec-14	137.50	0	Dec-14	264.64	2	Dec-14	23.90	3	Dec-14	32.77	0	Dec-14	202.82	2
NB4027	ORRELL PARK MEDICAL CENTRE	Dec-14	224.84	0	Dec-14	160.23	0	Dec-14	267.86	2	Dec-14	36.33	0	Dec-14	33.33	0	Dec-14	206.63	2
NB4029	FORD MEDICAL PRACTICE	Dec-14	150.38	2	Dec-14	128.00	0	Dec-14	272.34	2	Dec-14	23.37	3	Dec-14	48.15	2	Dec-14	188.30	3
NB4033	15 SEFTON ROAD	Dec-14	163.33	0	Dec-14	99.53	3	Dec-14	238.27	3	Dec-14	23.42	3	Dec-14	43.48	3	Dec-14	202.63	2
NB4043	SEAFORTH SSP HEALTH LTD	Dec-14	213.02	0	Dec-14	166.61	0	Dec-14	338.03	0	Dec-14	41.70	0	Dec-14	74.82	0	Dec-14	260.36	0
NB4605	LITHERLAND - SSP HEALTH LIMITED	Dec-14	183.16	0	Dec-14	142.50	0	Dec-14	307.91	0	Dec-14	33.66	0	Dec-14	62.39	0	Dec-14	243.76	0
NB4615	RAWSON ROAD MEDICAL CENTRE	Dec-14	199.82	0	Dec-14	176.82	0	Dec-14	310.06	0	Dec-14	32.15	0	Dec-14	39.84	0	Dec-14	192.74	2
NB4630	NETHERTON - SSP HEALTH LIMITED	Dec-14	174.11	0	Dec-14	150.14	0	Dec-14	380.00	0	Dec-14	30.73	0	Dec-14	60.77	0	Dec-14	312.00	0
Y02314	LITHERLAND PRIMARY CARE WALK-IN SERVICE	Dec-14	96.81	3	Dec-14	122.86	2	Dec-14	214.29	3	Dec-14	8.34	3	Dec-14	45.20	3	Dec-14	178.37	3
	South Sefton Average		152.70			125.15			275.23			28.73			51.22			212.26	

Figure 23 Summary of Primary Care Dashboard – Locality level scorecard example

South Sefton CCG Crosby Practice Local Scorecard 2014/15

Under Construction

	Frequency	Latest Update	Locality Data											
			N84001	N84007	N84009	N84011	N84020	N84026	N84041	N84621	N84626	N84627		
U n d e r c o n s t r u c t i o n	A&E Attendance rate per 1000 for under 19's	Monthly	Mar-15	125.63	154.96	155.20	140.45	129.77	150.50	127.66	135.79	98.85	129.21	
	A&E Attendance rate per 1000 for 19-74 yrs	Monthly	Mar-15	78.42	129.26	92.22	112.40	82.89	92.50	101.97	120.61	80.27	77.73	
	A&E Attendance rate per 1000 for over 75's	Monthly	Mar-15	220.47	296.76	368.73	286.76	227.69	225.35	323.45	406.65	220.10	159.26	
	Emergency Admission rate per 1000 for under 19's	Monthly	Mar-15	20.94	18.11	25.23	21.01	22.07	31.73	24.27	32.74	41.19	21.35	
	Emergency Admission rate per 1000 for 19-74 yrs	Monthly	Mar-15	33.64	48.16	52.05	43.96	34.69	34.36	42.74	54.63	30.27	32.32	
	Emergency Admission rate per 1000 for over 75's	Monthly	Mar-15	158.90	227.10	320.46	225.18	187.67	184.86	219.68	306.96	145.93	116.67	
R e f e r r a l s	GP Referrals to Secondary Care - Dec 2014	Monthly	Apr-15	5.92	11.33	16.88	16.58	10.03	10.59	9.78	11.16	13.62	10.70	
	C&B GP referrals to Secondary Care - Dec 2014	Monthly	Apr-15	0.31	1.13	2.17	2.24	1.30	0.83	1.50	1.59	2.39	1.50	
	Non C&B Referrals to Secondary Care - Dec 2014	Monthly	Apr-15	0.00	4.53	0.62	1.09	3.66	4.13	0.64	3.39	3.82	5.26	
	Cancer Fast Track Referrals - Dec 2014	Monthly	Apr-15	5.92	6.80	16.26	15.50	6.37	6.45	9.13	7.77	9.79	5.44	
	Lipid Modifying Drugs: Ezetimibe % Items	Quarterly	Q3 14/15	4.64	5.38	2.81	4.25	2.73	4.28	2.97	3.66	5.77	5.4	
	Hypnotics ADQ/STAR PU (ADQ based)	Quarterly	Q3 14/15	0.51	0.61	0.19	0.27	0.21	0.14	0.31	0.25	0.31	0.22	
	Antidepressants: First choice % Items	Quarterly	Q3 14/15	64.52	57.57	73.11	54.86	70.64	76.25	69.51	63.37	72.58	61.91	
	Antibacterial items/STAR PU	Quarterly	Q3 14/15	0.3	0.27	0.32	0.27	0.27	0.26	0.36	0.38	0.27	0.25	
	Minocycline ADQ/1000 Patients	Quarterly	Q3 14/15	8.61	26.43	0	24.33	4.05	0	0	0	0	0	
	NSAIDs Ibuprofen & Naproxen % Items	Quarterly	Q3 14/15	69.26	60.08	80.81	72.77	86.34	88.11	79.59	79.12	66.95	65.35	
P r e s c r i b i n g	NSAIDs ADQ/STAR PU	Quarterly	Q3 14/15	2.19	2.26	0.53	0.62	1.13	0.95	1.35	1.63	1.12	0.9	
	Wound care products: NIC/Item	Quarterly	Q3 14/15	64.04	15.63	24.29	75.52	16.13	25.01	24.05	55.22	18.74	24.25	
	Rosuvastatin as % All Statin	Quarterly	Q3 14/15	0.15%	2.27%	1.36%	1.12%	0.95%	1.60%	1.48%	3.04%	3.02%	1.38%	
	Dosulepin as a % of All Antidepressants	Quarterly	Q3 14/15	1.18%	4.27%	0.46%	0.67%	1.43%	3.08%	0.52%	1.17%	1.34%	1.32%	
	Specials per 1000 Item based ASTRO PU	Quarterly	Q3 14/15	0.22	0.34	0.23	0.36	0.37	0.41	0.47	1.09	0.29	0.25	
	Urology Products Total Actual Cost	Quarterly	Q3 14/15	67.4	734.82	0	24.48	155	132.87	3.03	180.33	47.95	0	
	Potential Generics Savings	Quarterly	Q3 14/15	2218.35	1652.06	1701.05	768.4	2301.66	911.64	996.94	522.36	983.03	78.38	
	Enteral Sip Feeds NIC/PU	Quarterly	Q3 14/15	0.653	0.821	0.666	0.89	0.65	0.515	0.789	0.98	0.507	0.422	
	Q o f	Estimated percentage of detected CHD prevalence	Annual	2010/11	95.97	78.94	73.41	78.54	88.95	75.00	73.67	94.11	81.68	87.09
		Estimated percentage of detected COPD prevalence	Annual	2010/11	38.29	62.21	53.50	76.09	36.09	54.90	67.50	97.98	44.50	86.67
		Estimated percentage of detected hypertension prevalence	Annual	2010/11	57.51	56.69	62.19	58.19	52.19	68.68	66.18	69.08	59.22	67.82
		Estimated percentage of detected stroke prevalence	Annual	2010/11	80.37	66.22	90.50	103.53	99.49	84.88	96.23	101.27	83.59	83.81
Estimated percentage of detected diabetes prevalence		Annual	2008/09	72.84	81.03	91.08	71.39	59.68	68.42	75.34	81.68	72.65	83.85	
The contractor establishes and maintains a register of patients with atrial fibrillation		Annual	2013/14	1.93%	2.33%	1.82%	2.25%	2.25%	2.06%	2.05%	2.71%	2.35%	1.61%	
The contractor establishes and maintains a register of patients with asthma, excluding patients with asthma who have been prescribed no asthma-related drugs in the preceding 12 months		Annual	2013/14	4.57%	6.26%	6.79%	5.94%	5.74%	4.59%	5.80%	7.86%	5.44%	5.35%	
The contractor practice establishes and maintains a register of all cancer patients defined as a register of patients with a diagnosis of cancer excluding non-melanotic skin cancers diagnosed on or after 1 April 2003		Annual	2013/14	2.25%	2.33%	2.36%	2.51%	2.66%	2.50%	2.22%	2.92%	3.13%	2.06%	
The contractor establishes and maintains a register of patients with coronary heart disease		Annual	2013/14	4.65%	4.49%	3.81%	4.37%	4.05%	3.48%	3.14%	5.19%	3.64%	4.19%	
The contractor establishes and maintains a register of patients aged 18 years and over with CKD (US National Kidney Foundation: Stage 3 to 5 CKD)		Annual	2013/14	3.23%	3.92%	5.22%	5.65%	6.11%	2.60%	1.98%	6.60%	2.26%	4.56%	
The contractor establishes and maintains a register of patients with COPD		Annual	2013/14	1.45%	3.07%	2.33%	3.27%	1.43%	1.69%	2.18%	4.01%	1.75%	3.25%	
The contractor establishes and maintains a register of patients diagnosed with dementia		Annual	2013/14	0.55%	0.53%	0.82%	0.93%	0.84%	0.64%	0.83%	2.19%	0.37%	0.86%	
The contractor establishes and maintains a register of all patients aged 17 or over with diabetes mellitus, which specifies the type of diabetes where a diagnosis has been confirmed		Annual	2013/14	4.12%	6.01%	5.16%	4.71%	4.47%	4.53%	4.14%	5.19%	4.47%	5.46%	
The contractor establishes and maintains a register of patients aged 18 or over receiving drug treatment for epilepsy		Annual	2013/14	0.80%	0.97%	1.01%	0.78%	0.84%	0.64%	0.49%	0.77%	0.46%	0.67%	
The contractor establishes and maintains a register of patients with heart failure		Annual	2013/14	0.60%	1.29%	0.85%	1.46%	1.15%	0.78%	1.05%	2.11%	1.34%	1.42%	
The contractor establishes and maintains a register of patients with established hypertension		Annual	2013/14	15.82%	16.76%	17.58%	16.31%	15.94%	17.23%	16.96%	19.53%	16.41%	20.22%	
The contractor establishes and maintains a register of patients aged 18 or over with learning disabilities		Annual	2013/14	0.38%	0.53%	0.60%	0.38%	0.11%	0.47%	0.19%	0.61%	0.05%	0.19%	
The contractor establishes and maintains a register of patients with schizophrenia, bipolar affective disorder and other psychoses and other patients on lithium therapy		Annual	2013/14	0.80%	1.29%	0.94%	1.81%	1.04%	1.82%	1.11%	1.54%	0.28%	0.93%	
The contractor establishes and maintains a register of patients aged 16 or over with a BMI greater than or equal to 30 in the preceding 12 months		Annual	2013/14	6.55%	10.10%	8.59%	8.71%	6.43%	7.87%	6.53%	9.60%	6.08%	10.54%	
The contractor establishes and maintains a register of patients with peripheral arterial disease		Annual	2013/14	0.92%	0.95%	0.85%	1.17%	0.70%	0.84%	1.15%	1.26%	0.69%	1.05%	
The percentage of patients aged 15 or over whose notes record smoking status in the preceding 24 months	Annual	2013/14	85.59%	86.64%	89.19%	81.05%	89.15%	85.71%	81.50%	86.00%	91.73%	89.27%		
The contractor establishes and maintains a register of patients with stroke or TIA	Annual	2013/14	1.47%	1.50%	1.89%	2.01%	2.15%	1.55%	1.71%	2.39%	1.66%	2.02%		
The contractor establishes and maintains a register of patients with hypothyroidism who are currently treated with levothyroxine	Annual	2013/14	3.78%	4.27%	4.72%	4.51%	3.54%	4.46%	4.29%	4.66%	3.41%	4.86%		