

South Sefton Clinical Commissioning Group

Integrated Performance Report June 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 3 (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		
Cancer 31 Day Subsequent - Drug	CCG	Yellow
Cancer 62 Day Consultant Upgrade	CCG	Yellow
Emergency Admissions Composite Indicator	CCG	Red
Emergency Admissions for acute conditions that should not usually require a hospital admission	CCG	Red
IAPT Access - Roll Out	CCG	Red
IAPT - Recovery Rate	CCG	Red
Patient Experience of Primary Care i) GP Services ii) Out of Hours (Combined)	CCG	Red
PROM: Elective procedures: Knee Replacement	CCG	Red
PYLL Person (Annual Update)	CCG	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

Financial Performance - The financial position is £0.202m underspent at Month 4 on operational budget areas before the application of reserves or contingency. The year end forecast outturn is an overspend against plan of £0.056m. Annual budgets have been increased for growth but there are 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 fully realised. Progress against this is being monitored by the QIPP committee and further analysis provided in later in this section.

Referrals – The Governing Body are requested to note an increase in GP Referrals to secondary care of 10% between Q1 2014/15 and Q1 2015/16.

A&E waits – The CCG met the 95% target for June with a performance of 98.03% year to date, Aintree achieved the target in June recording 95.97%, and year to date reaching 95.03%.

Ambulance Activity - The CCG and NWAS are achieving all 3 ambulance targets year to date. The delivery and sustainability of emergency ambulance performance remains a key priority for commissioners. Performance continues to be closely monitored with the support of lead commissioner Blackpool CCG and through monthly contract and Strategic Partnership Board meetings with the NWAS executive team and commissioning leads. Locally the Mersey CCGs continue to meet with NWAS monthly to review performance at county and CCG level.

Cancer Indicators – The CCG achieved all the cancer indicators apart from two; 31 day wait for subsequent treatment where that treatment is an anti-cancer drug regimen, achieving 96.8% year to date against 98% target which equated to 2 patient breaches out of 27 patients. One breach was due to administrative delay around patient change of address, the other was due to patient holiday. Administrative team will reflect on the error to avoid recurrence as the tolerance on performance standards should take account of patient choice. The 62 day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient indicator achieved 84.6% year to date (local target 85%). This equated to the 2 patient breaches out of 8 patients not seen in April (May was 100%). These breaches were at Liverpool Heart & Chest Hospital, and were due to late onward referrals from another provider. The cancer network have agreed a number of actions to mitigate. Aintree achieved all the cancer indicators.

Emergency Admissions Composite Measure - The CCG is over the monthly plan and had 132 more admissions than the same period last year. The monthly plans for 2015-16 been split using last years seasonal performance. Pathway changes at Aintree resulting in higher activity levels, may not have been reflected in the planned targets due to when the changes were implemented compared to when the targets were set. The CCG will look to revise these targets.

IAPT Access – Roll Out – Month 3 activity has been received however there are a number of outstanding queries that have been raised with the provider. The prevalence reported is incorrect as they used the plan figure rather than the actuals in the calculation, an update is expected imminently. The CCG are working closely with the new provider to ensure high quality data is provided. A data quality improvement project is being developed by NHS England area team to aid commissioners and providers.

IAPT - Recovery Rate - The CCG are under plan for recovery rate reaching 39.53% in Q1. This equates to 136 patients who have moved to recovery out of 344 who have completed treatment. The CCG will request an recovery plan from the provider. An update will be provided in month 4.

Patient experience of primary care - The CCG reported the proportion of negative responses at 7.63% which is above the 6% target. This is a very slight improvement from the last survey which reported 7.89%. Detailed data has been shared with primary care, quality and communications colleagues for discussion and actions at the appropriate committees.

Patient Safety Incidents Reported – Aintree reported 4 new Serious Untoward Incidents in June, year to date are report 7 in total, 2 Delayed Diagnosis, 1 Sub-optimal care of the deteriorating patient and 1 failure to act upon test results.

Patient reported outcomes measures (PROMS) for elective procedures: Knee replacement - Provisional data (Apr 14 – Dec 14) shows the CCG reported 0.300 for knee replacement operation this is lower than the previous year which was 0.343 for 2012-13, England average being 0.319. This indicator is flagged as Red. PROMS have been selected as the Local Quality Premium measure for 2015/16. Discussions with clinicians have centred around a proposal to use Shared Decision Aids with patients for a number of surgical areas. This is awaiting approval and is thought to aid improvement in PROMS by ensuring the most appropriate patients are treated with surgery and are fully involved in the decision making process.

Friends and Family Test- Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target in both inpatients and A&E. Both targets have been met for June with Inpatients showing an increase in the response rates compared to May, however A&E response rates have declined since May.

Better Care Fund – As part of Better Care Fund monitoring, the CCG are required to complete a return to NHS England outlining performance against metrics. Non elective performance for Sefton (activity is reported at Local Authority level) is above the planned reduction.

2. Financial Position

2.1 Summary

This section of the report focuses on the financial performance for South Sefton CCG as at 31 July 2015 (Month 4). The financial position is £0.202m underspent at Month 4 on operational budget areas before the application of reserves or contingency. The year end forecast outturn is an overspend against plan of £0.056m. Annual budgets have been increased for growth but there are 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 fully realised. Progress against this is being monitored by the QIPP committee and further analysis provided in later in this section.

Figure 1 – Financial Dashboard

Key Performance Indicator		This Month	Prior Month
Business Rule (Forecast Outturn)	1% Surplus	✓	✓
	0.5% Contingency Reserve	✓	✓
	1% Non-Recurrent Headroom	✓	✓
Surplus	Financial Surplus / (Deficit) before the application of reserves or contingency - £'000	£0.056m	(£0.277m)
QIPP	Unmet QIPP to be identified > 0	£3.063m	£3.327m
Running Costs (Forecast Outturn)	CCG running costs < National 2015/16 target of £22.07 per head	✓	✓
BPPC	NHS - Value YTD > 95%	99.7%	99.6%
	NHS - Volume YTD > 95%	85.8%	85.2%
	Non NHS - Value YTD > 95%	89.2%	88.8%
	Non NHS - Volume YTD > 95%	91.3%	91.7%

2.2 Resource Allocation

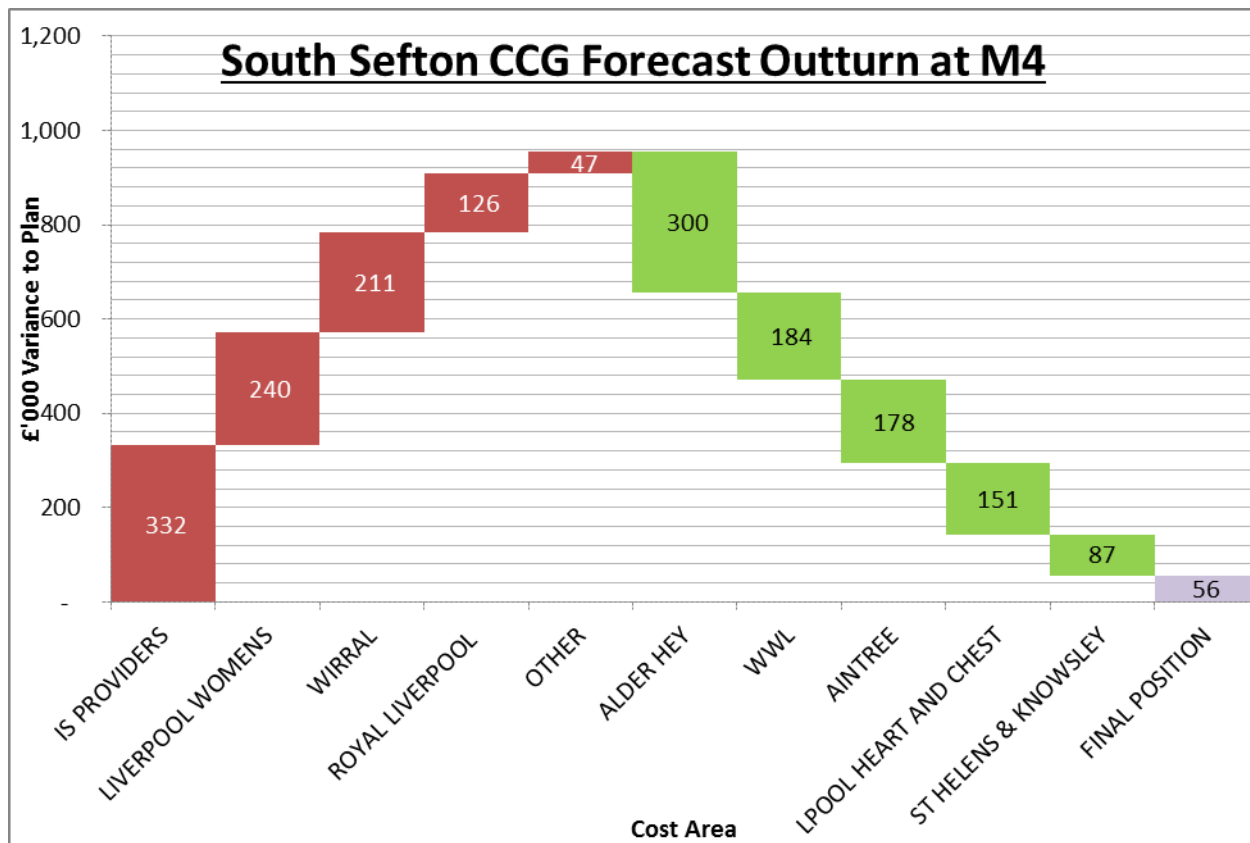
The Resource Allocation has increased by £0.008m in Month 4 in respect of additional funding for IAPT waiting list validation and data cleansing.

2.3 Position to date

There are forecast overspends with the independent sector providers, particularly Ramsay Healthcare and Spire Healthcare. Overspends are also forecast for Liverpool Womens and Wirral Hospital Trust. This overspend is partly supported by underspends with Alder Hey and other acute providers.

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

Figure 2 – Forecast Outturn



Independent Sector

The forecast overspend for independent sector providers is £0.332m for the financial year. The majority of this is expenditure relates to orthopaedic activity with Spire Healthcare (£0.111m) and Ramsay Healthcare (£0.096m).

Liverpool Women's Hospital

The forecast position at Liverpool Womens Hospital is £0.240m overspent. The year to date overspend relates to deliveries, High Dependency Unit and IVF. Additional funding is held in CCG reserves to accommodate the increase in fertility treatment following the change in access criteria.

Wirral University Teaching Hospital

The forecast overspend at Wirral Hospital is £0.211m and is in respect of critical care and non-elective activity.

Royal Liverpool Hospital Foundation Trust

The forecast overspend for Royal Liverpool Hospital is £0.126m. The main overspending areas include anti-TNF drugs and wet ARMD. This continues a trend experienced in previous years, and is expected to continue.

Alder Hey NHS Children's Foundation Trust

The Month 3 performance data received from Alder Hey shows an underperformance against plan in the areas of non-elective and outpatient care. Further underperformance is expected when the trust moves to the new site in October. The forecast position for Alder Hey is an underspend of £0.300m.

Wrightington Wigan and Leigh

Performance data received from the trust up to Month 3 shows an underperformance against plan across a number of areas. The year-end forecast position is £0.184m underspent.

Aintree University Hospital Foundation Trust

The year to date underspend reported for Aintree is £0.059m and the year end forecast is £0.178m underspent. This is based on the Month 3 performance information received from the Trust. There are underspends in elective care (Ophthalmology) and non-elective care (Cardiology and Orthopaedics). These are partially offset by over spend on high cost drugs and Aged Related Macular Degeneration (ARMD).

The graphs below show the activity trends for inpatient care at the Trust. Planned care is lower than the same period in the last financial year, and expenditure on non-elective admissions has reduced from the activity seen over the winter period.

Figure 3 – Daycase Activity

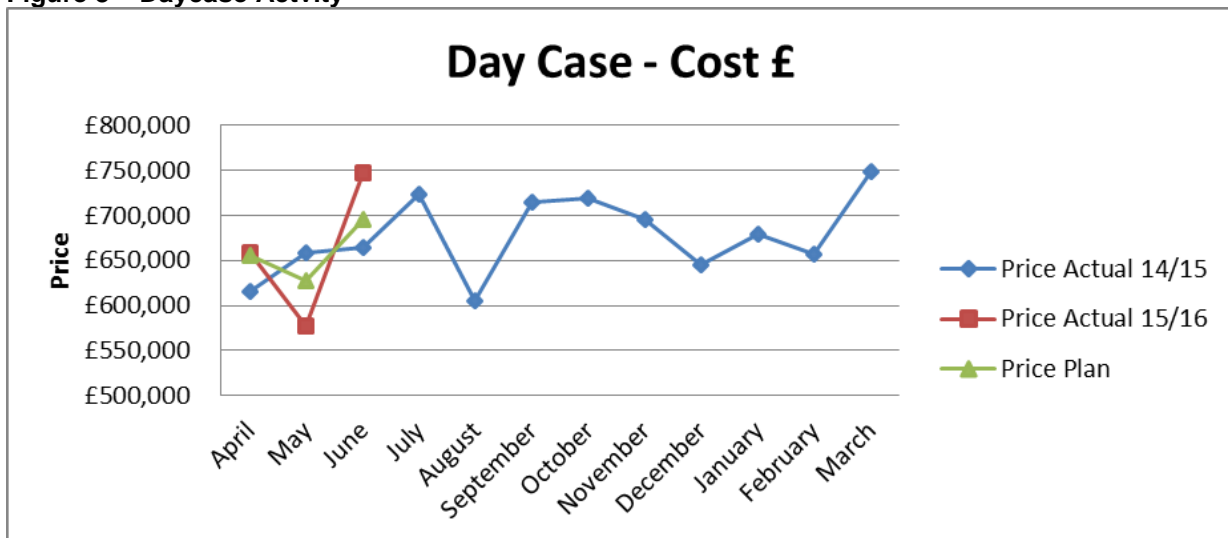


Figure 4 – Non Elective Activity

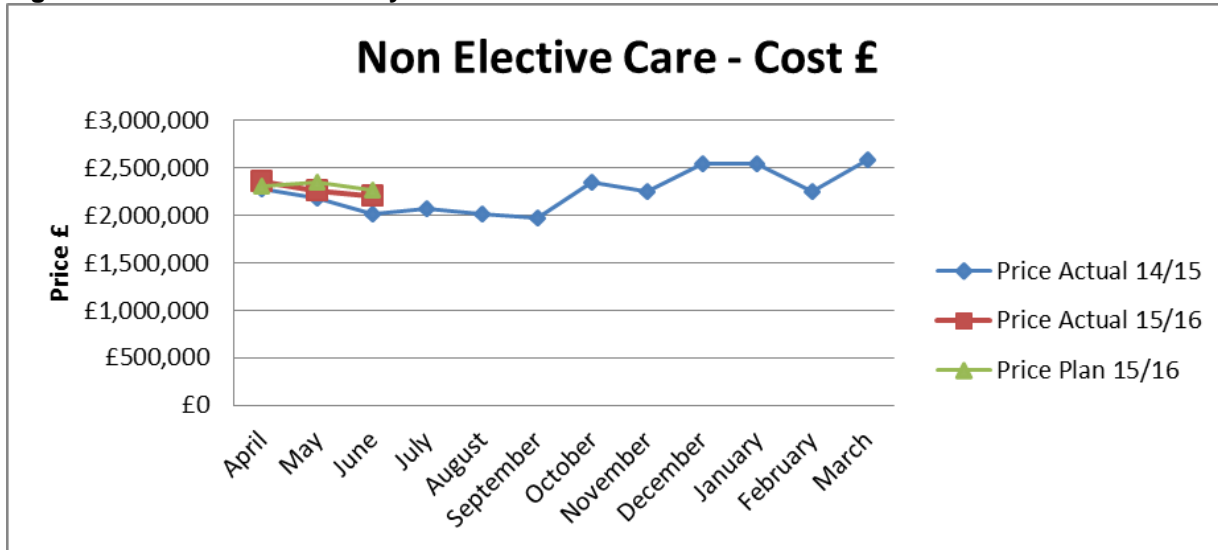
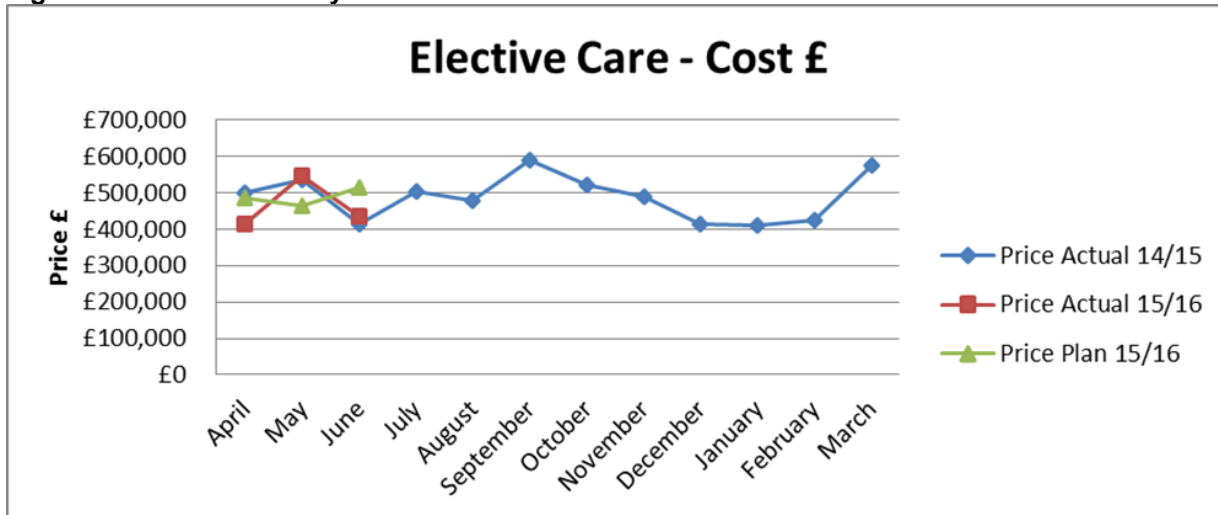


Figure 5 – Elective Activity



Liverpool Heart & Chest Hospital

The forecast outturn for Liverpool Heart and Chest Hospital is £0.151m underspent. This is based on the Month 3 performance information received from the Trust which shows underspends within day cases, elective and non-elective care.

Continuing Health Care (Adult)

The current forecast for this budget is breakeven. The forecast reflects the current number of patients, average package costs and an estimate for growth until the end of the financial year. Up to Month 4, there has been little or no growth in the number or price of packages of care. However, prices may increase when providers move to a new framework agreement during the financial year.

2.4 QIPP

The QIPP savings target for South Sefton CCG is £3.441m for 2015/16. Three QIPP schemes have been delivered in the first quarter of the year:

- Reduction in the Cheshire and Merseyside rehab beds contract
- Reductions in the costs paid for medical support
- Contract reductions with a number of providers

This has reduced the recurrent savings target to £3.063m. In addition, many other costs are being constrained to within budgeted levels meaning that recurrent contingency reserves may be utilised to offset the QIPP requirement. The outcome of transformation schemes are being reviewed, and the impact of these schemes will be shown in future reports.

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. The fund is expected to underspend in 2015/16 by £1.046m due to the time taken to devise, review and implement schemes. However, the total fund on a full year basis is oversubscribed, and the role of the QIPP Committee is to prioritise schemes.

In addition to the transformational initiatives, a number of other cost reduction schemes are also being implemented.

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 an underspend of £0.021m 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 recurrent savings must be realised in 2015/16 in order to achieve financial targets in future years. 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 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 and robustly challenging the fast track cases. At present the costs have not increased since April although there is a risk of an increase in costs arising from a price increase in the provider framework, which is in the process of being renegotiated.

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 implementation of this change has been delayed to quarter 3. The CCG has set aside reserves to cover estates costs, but up to date cost estimates have not yet been received by the CCG.

Prescribing / Drugs costs - This is a volatile area of spend, and is also subject to potential pricing changes halfway through the year. To date, only 2 months' worth of data has been received and this shows an overspend against budget.

Better Care Fund – Sefton Council has predicted growth in demand for social care. As part of the governance arrangements supporting the Better Care Fund, a review of the overall Health and Social Care financial position is required to determine how the resources within the Better Care Fund will be allocated.

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

Figure 6 – Reserves Analysis

	Recurrent £000	Non-Recurrent £000	Total £000
Target surplus	2.400		2.400
Unidentified QIPP	(3.441)		(3.441)
Revised surplus / (deficit)	(1.041)		(1.041)
Forecast (against operational budgets)	0.044	(0.100)	(0.056)
Contingency reserves	1.813		1.813
Transformation Fund slippage		1.046	1.046
Technical adjustments		2.293	2.293
Committed reserves	0.076	(1.809)	(1.733)
QIPP:			
CM Rehab	0.200		0.200
Jospice	0.064		0.064
Contract Adjustments	0.050		0.050
Budget adjustments	0.064		0.064
Forecast surplus / (deficit)	1.270	1.430	2.700
Risks	(0.300)		(0.300)
Risk adjusted forecast surplus / (deficit)	0.970	1.430	2.400

The CCG remains on course to achieve its forecast surplus of £2.4m. However, the risks will require close management through the year and the current forecast underspend against operational budgets needs to be maintained. The CCG is also required to achieve more cost reduction than it currently has in order to achieve a recurrent surplus. Failure to do so will place financial pressure on the CCG in future years.

3. Referrals

3.1 Referrals by source

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

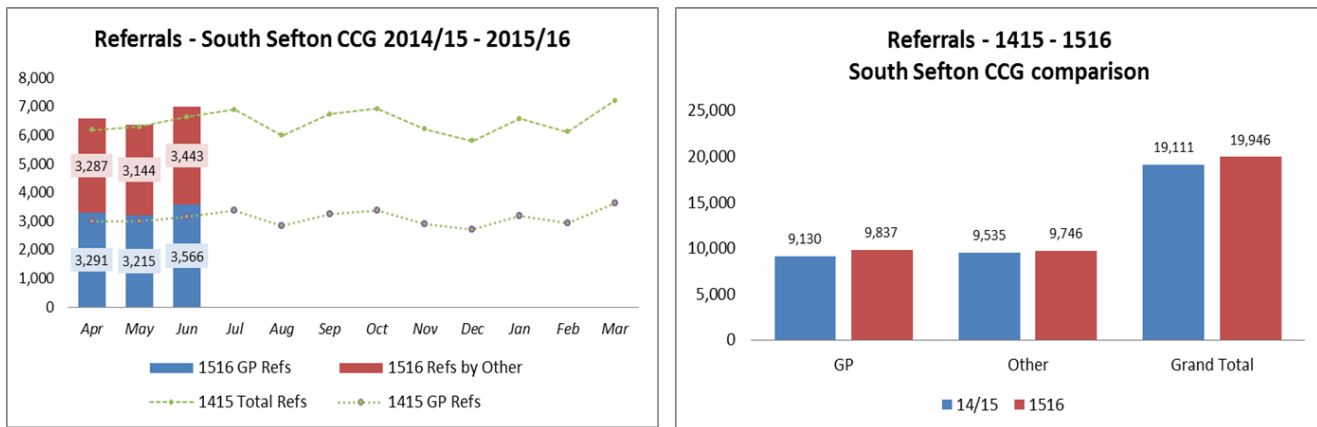


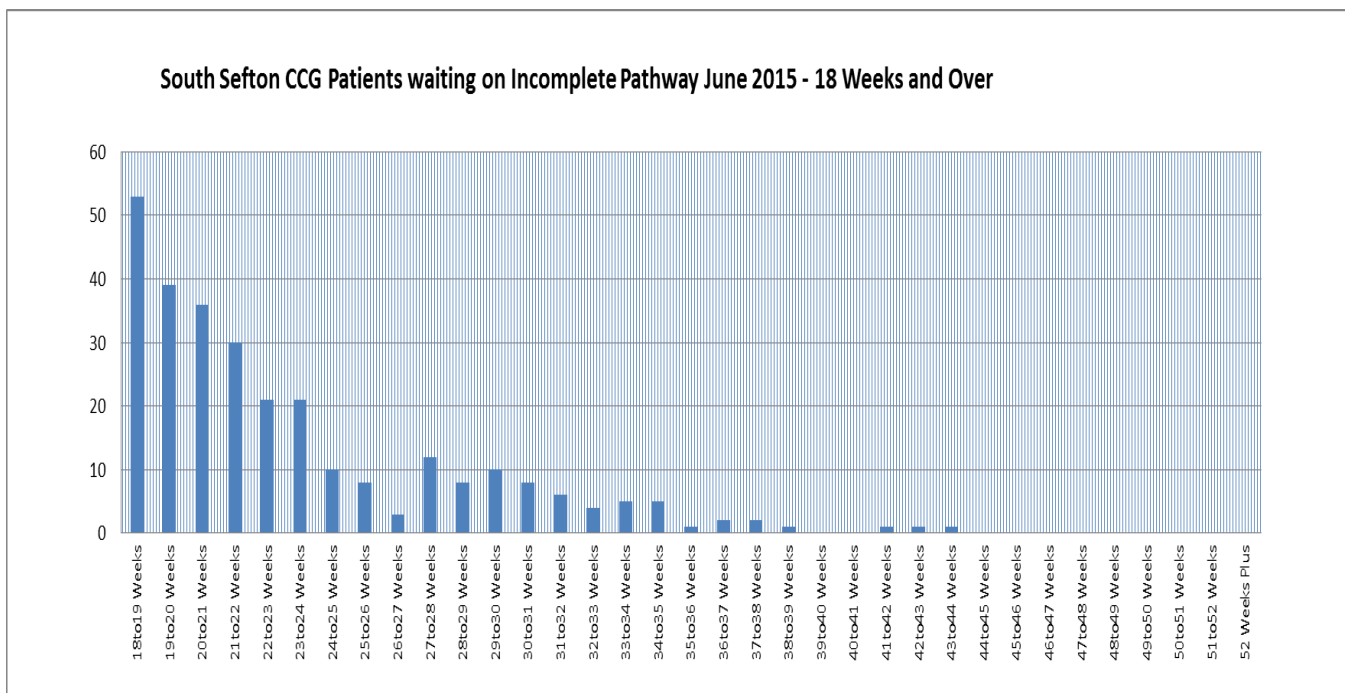
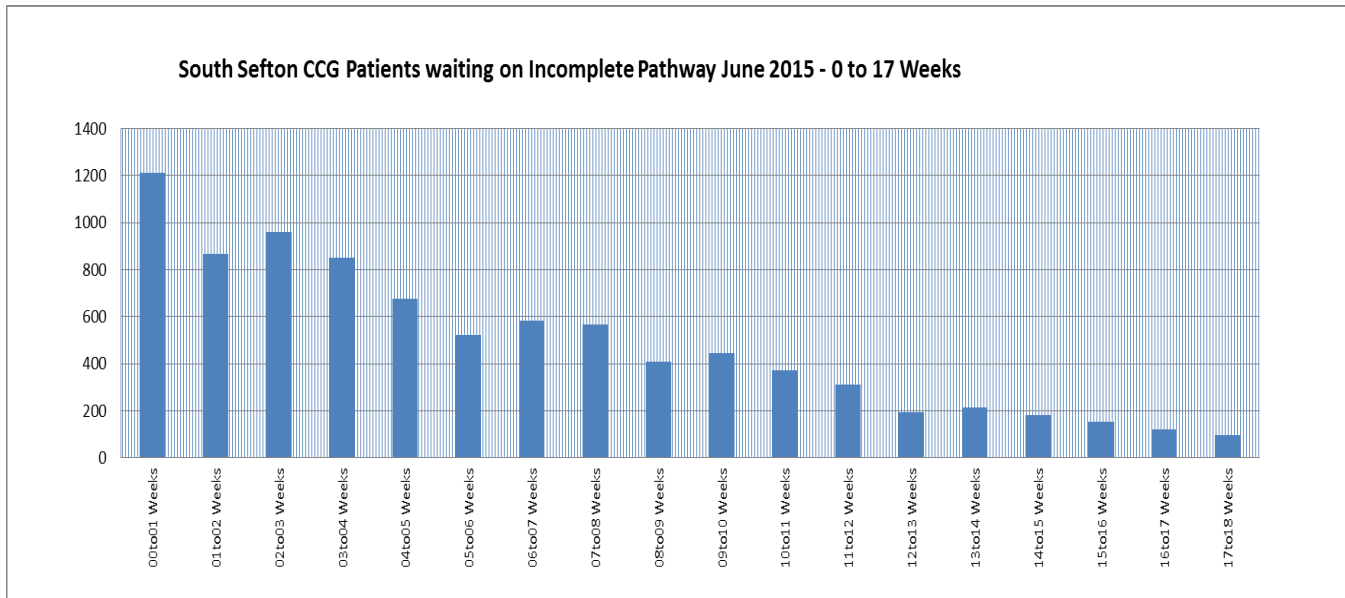
Figure 8 - GP and 'other' referrals for the CCG across all providers comparing 2014/15 and 2015/16 by month

Referral Type	DD Code	Description	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr-15	May-15	Jun-15	14/15	1516	Variance	% Variance
GP	03	GP Ref	2,981	3,004	3,145	3,374	2,847	3,259	3,364	2,890	2,699	3,201	2,941	3,631	3,291	3,215	3,566	9,130	10,072	942	10%
GP Total			2,981	3,004	3,145	3,374	2,847	3,259	3,364	2,890	2,699	3,201	2,941	3,631	3,279	3,279	3,279	9,130	9,837	707	8%
Other	01	following an emergency admission	183	178	156	199	159	176	183	163	127	157	169	185	179	173	175	517	527	10	2%
	02	following a Domiciliary Consultation			2	2	2	1	2	3	3	4	1	2	2	1	2	2	5	3	0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	241	308	283	273	244	263	258	244	225	256	230	276	466	467	454	832	1,387	555	67%
	05	A CONSULTANT, other than in an Accident and Emergency Department	1,230	1,254	1,304	1,298	1,199	1,332	1,322	1,326	1,271	1,345	1,251	1,481	1,298	1,251	1,378	3,788	3,927	139	4%
	06	self-referral	191	244	296	262	251	273	278	268	265	366	254	269	307	271	282	731	860	129	18%
	07	A Prosthetist		3		1	2	1		3	1	3	2	2			6	3	6	3	100%
		following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	255	260	260	279	214	245	277	253	193	222	195	259	97	81	113	775	291	-484	-62%
	10	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	199	209	223	251	217	320	290	225	223	222	231	221	193	174	219	631	586	-45	-7%
	11	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	8	5	7	17	10	143%
	12	A Specialist NURSE (Secondary Care)	8	10	3	6	6	6	5	7	9	10	9	3	5	7	5	21	17	-4	-19%
	13	An Allied Health Professional	128	95	88	102	86	84	80	67	86	73	75	56	72	87	121	311	280	-31	-10%
	14	An OPTOMETRIST	8	3	17	5	9	11	15	5	3	3	7	9	8	4	14	28	26	-2	-7%
	15	An Orthoptist													2			0	2	2	0%
	16	A National Screening Programme	3	4	1	12	2	7	4	2	1	2	2	2	1	2	3	8	6	-2	-25%
17	A GENERAL DENTAL PRACTITIONER	208	184	210	174	171	193	215	169	152	145	185	194	162	164	213	602	539	-63	-10%	
93	A Community Dental Service	4	1	3	3	2	3	3	2	7		3	2	2	3		8	5	-3	-38%	
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	405	393	473	481	422	396	441	436	386	399	391	429	443	418	404	1,271	1,265	-6	0%	
Other Total			3,067	3,148	3,320	3,351	2,996	3,314	3,383	3,179	2,960	3,215	3,014	3,396	3,241	3,111	3,394	9,535	9,746	211	2%
Unknown			142	135	169	171	154	167	182	143	146	168	161	186	46	33	49	446	128	-318	-71%
Grand Total			6,190	6,287	6,634	6,896	5,997	6,740	6,929	6,212	5,805	6,584	6,116	7,213	6,578	6,359	7,009	19,111	19,946	835	4%

4. Waiting Times

4.1 NHS South Sefton CCG patients waiting

Figure 9 Patients waiting on an incomplete pathway by weeks waiting



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	4893	1025	5918	91	16	10	117	6035
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	675	210	885	45	10	8	63	948
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	514	103	617	21	15	9	45	662
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	433	128	561	27	2	5	34	595
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	161	64	225	3	5	1	9	234
Other Providers	412	118	530	13	3	4	20	550
Total All Providers	7088	1648	8736	200	51	37	288	9024

4.3 Provider assurance for long waiters

Alder Hey Children's Hospital

One South Sefton patient was reported as waiting more than 30 weeks at this provider in Community Paediatrics . This continues to be a challenged specialty in term of growth in demand and difficulties in recruiting to the service. The patient has appointment 02/09/15.

Aintree University Hospital

At the time of contacting the Trust, only five South Sefton patients were waiting more tha 30 weeks. This will differ from the table above as the data is taken as a snapshot from reporting systems. Three were waiting in Orthopaedics, one in ophthalmology and one in ENT. As of 20/08/15 all have an agreed TCI date and, of those, the longest wait will be 37 weeks at point of treatment. The South Sefton patient waiting for ENT treatment had chosen to decline the latest TCI offer and has indicated unavailability until Mid-September due to wanting the procedure during a period of annual leave - however the team have agreed a TCI to accommodate the patient's wishes for September. This particular patient is currently waiting 31 weeks.

5. Planned Care

5.1 All Providers

Agreed 2015/16 plans have been used, where applicable. Where 1516 plans have not yet been agreed or loaded, the 2014/15 Month 3 position has been used. The providers using 1415 position are:

- Renacres
- Wrightington, Wigan and Leigh
- Isight
- Wirral

Performance at Month 3 of financial year 2015/16, against planned care elements of the contracts held by NHS South Sefton CCG shows an over-performance of circa £82k. Month 3 increase is driven by over-performance at Aintree Hospital (£165k), Southport & Ormskirk (£54k), and Renacres (£31k). To offset a proportion of costs at the over-performing Trusts, Liverpool Heart & Chest and Royal Liverpool & Broadgreen Hospitals are showing a combined under performance of -£190k.

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	169,119	41,979	43,839	1,860	4.43%	£29,914	£7,426	£7,592	£165	2.22%
Alder Hey Childrens NHS F/T	14,711	3,611	2,518	-1,093	-30.27%	£2,353	£578	£519	-£59	-10.22%
Countess of Chester Hospital NHS FT	0	0	41	41	0.00%	£0	£0	£4	£4	0.00%
Liverpool Heart and Chest NHS F/T	1,273	314	257	-57	-18.25%	£578	£143	£102	-£40	-28.36%
Liverpool Womens Hospital NHS F/T	15,539	3,828	3,772	-56	-1.46%	£3,282	£806	£802	-£4	-0.54%
Royal Liverpool & Broadgreen Hospitals	29,929	7,392	6,709	-683	-9.24%	£5,827	£1,439	£1,349	-£91	-6.29%
Southport & Ormskirk Hospital	13,390	3,445	3,472	27	0.77%	£2,753	£701	£755	£54	7.78%
ST Helens & Knowsley Hospitals	4,070	991	1,025	34	3.42%	£1,014	£247	£244	-£2	-1.01%
Wirral University Hospital NHS F/T	462	111	98	-13	-12.02%	£123	£30	£26	-£3	-11.15%
Central Manchester University Hosp Nhs FT	86	21	37	16	72.09%	£22	£5	£9	£3	58.94%
Fairfield Hospital	95	20	22	2	7.34%	£20	£4	£5	£0	6.04%
ISIGHT (SOUTHPORT)	361	90	83	-7	-8.03%	£92	£23	£22	-£1	-4.01%
Renacres Hospital	4,900	1,225	1,319	94	7.67%	£1,291	£323	£354	£31	9.67%
SPIRE LIVERPOOL HOSPITAL	3,334	807	884	77	9.54%	£999	£242	£258	£16	6.53%
University Hosp South Manchester Nhs FT	108	27	21	-6	-20.87%	£16	£4	£3	-£1	-14.61%
Wrightington, Wigan And Leigh Nhs FT	846	211	244	33	15.37%	£305	£76	£69	-£7	-9.81%
Grand Total	258,223	64,074	64,341	267	0.42%	£48,589	£12,048	£12,112	£65	0.54%

Annual Plan	Finance				Variance due to Casemix	Variance due to Volume	Activity						
	Month 3 Plan	Month 3 Actual	Month 3 Variance	% Variance			Month 3 Plan	Month 3 Actual	Month 3 Variance	% Variance			
Planned Care													
Day Case Spell (DC)	NT £7,707,578	£1,899,015	£1,920,554	£21,539	1.1%	(£60,875)	£82,414	2,992	3,122	130	4.3%		
	LT £208,604	£51,396	£55,718	£4,322	8.4%	(£972)	£5,294	116	128	12	10.3%		
	Total £7,916,182	£1,950,412	£1,976,272	£25,861	1.3%	(£63,125)	£88,985	3,108	3,250	142	4.6%		
Elective Spells (EL)	NT £5,813,653	£1,456,871	£1,386,276	(£70,595)	(4.8%)	£40,080	(£110,675)	526	486	-40	(7.6%)		
	LT £35,298	£8,846	£8,706	(£140)	(1.6%)	(£1,099)	£960	18	20	2	10.8%		
	Total £5,848,951	£1,465,716	£1,394,982	(£70,735)	(4.8%)	£31,646	(£102,381)	544	506	-38	(7.0%)		
Excess Beddays (ELXBD)	NT £252,026	£63,156	£34,852	(£28,304)	(44.8%)	£182	(£28,486)	284	156	-128	(45.1%)		
	LT				-	£0	£0			0	-		
	Total £252,026	£63,156	£34,852	(£28,304)	(44.8%)	£182	(£28,486)	284	156	-128	(45.1%)		
First Outpatients (OPFA-)	NT £4,422,685	£1,097,553	£1,098,847	£1,294	0.1%	£39,676	(£38,383)	6,641	6,409	-232	(3.5%)		
	LT £312,472	£77,545	£177,715	£100,171	129.2%	£63,942	£36,229	1,633	2,396	763	46.7%		
	Total £4,735,158	£1,175,098	£1,276,562	£101,465	8.6%	£26,095	£75,369	8,274	8,805	531	6.4%		
Follow-Up Outpatients (OPFUP-)	NT £5,985,120	£1,485,294	£1,471,693	(£13,602)	(0.9%)	£26,535	(£40,137)	15,636	15,213	-423	(2.7%)		
	LT £775,305	£192,403	£243,993	£51,590	26.8%	£13,598	£37,991	5,863	7,021	1,158	19.7%		
	Total £6,760,426	£1,677,697	£1,715,686	£37,988	2.3%	(£19,386)	£57,375	21,499	22,234	735	3.4%		
Outpatient Procedures (OPPROC)	NT £3,253,680	£807,448	£863,530	£56,082	6.9%	£16,382	£39,700	4,993	5,239	246	4.9%		
	LT £0	£0	£14,503	£14,503	-	£0	£14,503	0	174	174	-		
	Total £3,253,680	£807,448	£878,033	£70,585	8.7%	£2,749	£67,836	4,993	5,413	420	8.4%		
Unbundled Diagnostics	NT £1,147,495	£286,874	£315,198	£28,324	9.9%	£10,898	£17,426	3,276	3,475	199	6.1%		
Other Outpatients	LT			£0	-	£0	£0			0	-		
Planned Care Total	£29,913,918	£7,426,401	£7,591,584	£165,184	2.2%	-£10,941	£176,124	41,979	43,839	1860	4.4%		

5.2 Aintree University Hospital NHS Foundation Trust

Figure 12 Month 3 Planned Care- Aintree University Hospital 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	12,615	3,108	3,250	142	4.56%	£7,916	£1,950	£1,976	£26	1.33%
Elective	2,171	544	506	-38	-6.99%	£5,849	£1,466	£1,395	£-71	-4.83%
Elective Excess BedDays	1,134	284	156	-128	-45.10%	£252	£63	£35	£-28	-44.82%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	633	157	100	-57	-36.34%	£113	£28	£18	£-10	-35.81%
OPFANFTF - Outpatient first attendance non face to face	716	178	586	408	230.03%	£28	£7	£56	£49	700.93%
OPFASPCL - Outpatient first attendance single professional consultant led	31,994	7,940	8,119	179	2.26%	£4,593	£1,140	£1,202	£62	5.46%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,577	391	396	5	1.22%	£172	£43	£41	£-1	-3.32%
OPFUPNFTF - Outpatient follow up non face to face	1,251	310	773	463	148.99%	£30	£7	£18	£11	148.99%
OPFUPSCL - Outpatient follow up single professional consultant led	83,804	20,797	21,065	268	1.29%	£6,558	£1,628	£1,656	£28	1.74%
Outpatient Procedure	20,122	4,993	5,413	420	8.40%	£3,254	£807	£878	£71	8.74%
Unbundled Diagnostics	13,104	3,276	3,475	199	6.07%	£1,147	£287	£315	£28	9.87%
Grand Total	169,119	41,979	43,839	1,860	4.43%	£29,914	£7,426	£7,592	£165	2.22%

5.2.1 Aintree University Hospital NHS Foundation Trust Key Issues

Planned Care at Aintree is showing an over performance of £165k and this mainly focuses on Outpatient First, Follow Ups & Procedures. Outpatient Procedures have shown an 8% increase in over performance since month 2. In month 2, Daycase was showing an under performance with Electives showing an over performance. Month 3 is reporting the opposite, with Daycases over performing £26k and Electives underperforming -£71k.

5.3 Spire Liverpool Hospital

Figure 13 Month 3 Planned Care- Spire Liverpool Hospital by POD

Southport & Ormskirk 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
Daycase	1,030	258	255	-3	-1.25%	£702	£176	£200	£24	13.79%
Elective	194	48	56	8	15.54%	£583	£146	£164	£18	12.63%
Elective Excess BedDays	13	3	0	-3	-100.00%	£3	£1	£0	£-1	-100.00%
OPFAMPCL - OP 1st Attendance Multi- Professional Outpatient First. Attendance (Consultant Led)	113	29	29	-0	-0.17%	£18	£5	£4	£0	-4.49%
OPFANFTF - OP 1st Attendance non face to face	0	0	0	0	0.00%	£0	£0	£0	£0	0.00%
OPFASPCL - Outpatient first attendance single professional consultant led	2,611	674	586	-88	-13.02%	£366	£94	£84	£-11	-11.14%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	210	54	54	-0	-0.47%	£21	£6	£5	£0	-1.62%
OPFUPNFTF - Outpatient follow up non face to face	0	0	0	0	0.00%	£0	£0	£0	£0	0.00%
OPFUPSPCL - Outpatient follow up single professional consultant led	5,260	1,357	1,383	26	1.91%	£456	£118	£122	£4	3.52%
Outpatient Procedure	3,070	792	920	128	16.18%	£537	£139	£161	£22	15.97%
Unbundled Diagnostics	889	229	189	-40	-17.63%	£66	£17	£14	£-3	-16.50%
Grand Total	13,390	3,445	3,472	27	0.77%	£2,753	£701	£755	£54	7.78%

6. Unplanned Care

6.1 All Providers

Performance at Month 3 against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£223k. This under-performance is primarily driven by decreases at Aintree Hospital (-£189k) and Alder Hey (-£59k). Significant over-performance is being reported Lpool Women's (£48k) and Wirral Hospital (£24k).

Figure 14 Month 3 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	55,748	13,966	13,370	-596	-4.27%	£33,385	£8,282	£8,093	£-189	-2.28%
Alder Hey Childrens NHS F/T	8,868	2,290	2,234	-56	-2.46%	£1,905	£496	£436	£-59	-11.93%
Countess of Chester Hospital NHS Fo	0	0	26	26	0.00%	£0	£0	£13	£13	0.00%
Liverpool Heart and Chest NHS F/T	171	42	17	-25	-59.91%	£144	£36	£42	£6	17.65%
Liverpool Womens Hospital NHS F/T	3,489	867	996	129	14.92%	£3,008	£738	£786	£48	6.56%
Royal Liverpool & Broadgreen Hospit	5,851	1,455	1,643	188	12.95%	£2,145	£533	£552	£19	3.51%
Southport & Ormskirk Hospital	6,978	1,774	1,811	37	2.11%	£2,492	£638	£569	£-69	-10.79%
ST Helens & Knowsley Hospitals	850	214	217	3	1.34%	£361	£89	£65	£-24	-27.08%
Wirral University Hospital NHS F/T	245	62	148	86	139.75%	£90	£22	£45	£23	102.87%
Central Manchester University Hospit	67	17	18	1	7.46%	£16	£4	£7	£3	70.94%
University Hospital Of South Manche	41	10	13	3	24.96%	£14	£3	£4	£1	24.79%
Wrightington, Wigan And Leigh Nhs F	42	10	16	6	52.38%	£15	£4	£9	£5	129.01%
Grand Total	82,349	20,707	20,509	-198	-0.96%	£43,577	£10,845	£10,622	£-223	-2.05%

6.2 Aintree University Hospital NHS Foundation Trust

Figure 15 Month 3 Unplanned Care – Aintree University Hospital 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	30,956	7,830	7,582	-248	-3.17%	£3,646	£922	£907	£15	-1.64%
NEL - Non Elective	13,932	3,448	3,340	-108	-3.13%	£25,986	£6,431	£6,379	£52	-0.81%
NELNE - Non Elective Non-Emergency	44	11	10	-1	-8.16%	£122	£30	£36	£6	19.61%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	40	10	45	35	354.59%	£10	£2	£9	£7	291.56%
NELST - Non Elective Short Stay	2,732	676	614	-62	-9.19%	£1,764	£437	£392	£45	-10.21%
NELXBD - Non Elective Excess Bed Day	8,044	1,991	1,779	-212	-10.63%	£1,858	£460	£370	£90	-19.57%
Grand Total	55,748	13,966	13,370	-596	-4.27%	£33,385	£8,282	£8,093	£189	-2.28%

Annual Plan	Finance				Variance due to Casemix	Variance due to Volume	Activity			
	Month 3 Plan	Month 3 Actual	Month 3 Variance	% Variance			Month 3 Plan	Month 3 Actual	Month 3 Variance	% Variance

Urgent Care

Urgent Care	NT	£	Finance		Variance due to Casemix	Variance due to Volume	Activity					
			Month 3 Plan	Month 3 Actual			Month 3 Variance	% Variance	Month 3 Plan	Month 3 Actual	Month 3 Variance	% Variance
Short Stay Spells (NELST)	NT	£1,764,004	£436,551	£391,973	(£44,577)	(10.2%)	(£4,476)	(£40,102)	676	614	-62	(9.2%)
	LT				£0	-	£0	£0			0	-
	Total	£1,764,004	£436,551	£391,973	(£44,577)	(10.2%)	(£4,476)	(£40,102)	676	614	-62	(9.2%)
Long Stay Spells (NEL)	NT	£24,940,371	£6,172,171	£6,101,459	(£70,712)	(1.1%)	£135,841	(£206,553)	3,321	3,210	-111	(3.3%)
	LT	£1,045,916	£258,840	£277,353	£18,513	7.2%	£11,789	£6,724	127	130	3	2.6%
	Total	£25,986,287	£6,431,011	£6,378,812	(£52,199)	(0.8%)	£148,967	(£201,166)	3,448	3,340	-108	(3.1%)
NEL Excess Beddays (NELXBD)	NT	£1,857,780	£459,758	£369,792	(£89,966)	(19.6%)	(£41,073)	(£48,894)	1,991	1,779	-212	(10.6%)
	LT	£0			£0	-	£0	£0			0	-
	Total	£1,857,780	£459,758	£369,792	(£89,966)	(19.6%)	(£41,073)	(£48,894)	1,991	1,779	-212	(10.6%)
Non-Elective Non-Emergency Spells (NELNE)	NT	£121,680	£30,113	£36,019	£5,906	19.6%	£8,364	(£2,458)	11	10	-1	(8.2%)
	LT				£0	-	£0	£0			0	-
	Total	£121,680	£30,113	£36,019	£5,906	19.6%	£8,364	(£2,458)	11	10	-1	(8.2%)
NELNE Excess Beddays (NELNEXBD)	NT	£9,556	£2,365	£9,260	£6,895	291.6%	(£1,491)	£8,386	10	45	35	354.6%
	LT				£0	-	£0	£0			0	-
	Total	£9,556	£2,365	£9,260	£6,895	291.6%	(£1,491)	£8,386	10	45	35	354.6%
A&E	NT	£3,645,962	£922,246	£907,155	(£15,091)	(1.6%)	£14,086	(£29,177)	7,829	7,581	-248	(3.2%)
	Total	£33,385,269	£8,282,044	£8,093,010	(£189,033)	(2.3%)			13,964	13,369	-595	(4.3%)

6.2.1 Aintree Hospital Key Issues

The majority of under performance is attributed to Non Elective Excess Bed Days. If we exclude Excess Beddays, the Urgent Care under performance is -£99k. Non Electives short stay and long stay are showing a combined under spend of -£99k.

6.3 Liverpool Women's Hospital

Figure 16 Month 3 Unplanned Care – Liverpool Women's 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	439	478	39	8.95%	£172	£43	£48	£5	11.45%
NEL - Non Elective	156	39	45	6	15.15%	£223	£56	£63	£7	11.96%
NELNE - Non Elective Non-Emergency	1,341	328	311	-17	-5.05%	£2,514	£614	£613	£-1	-0.18%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	208	51	158	107	210.97%	£78	£19	£59	£40	210.90%
NELST - Non Elective Short Stay	31	8	4	-4	-49.42%	£18	£5	£3	£-2	-33.47%
NELXBD - Non Elective Excess Bed Day	10	3	0	-3	-100.00%	£3	£1	£0	£-1	-100.00%
Grand Total	3,489	867	996	129	14.92%	£3,008	£738	£786	£48	6.56%

6.3.1 Liverpool Women's Key Issues

Non-Elective, Non-Emergency Excess bed days is driving the over performance at Liverpool Women's. Excluding this, the contract is on plan for month 3.

7. Mental Health

7.1 Mersey Care NHS Trust Contract

Figure 17 NHS South Sefton CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS South Sefton CCG			
	Plan	Caseload	Variance from Plan	% Variance
0 Variance	34	45	11	32%
1 Common Mental Health Problems (Low Severity)	23	125	102	443%
2 Common Mental Health Problems (Low Severity with greater need)	48	113	65	135%
3 Non-Psychotic (Moderate Severity)	274	343	69	25%
4 Non-Psychotic (Severe)	169	185	16	9%
5 Non-psychotic Disorders (Very Severe)	32	33	1	3%
6 Non-Psychotic Disorder of Over-Valued Ideas	43	53	10	23%
7 Enduring Non-Psychotic Disorders (High Disability)	133	96	(37)	-28%
8 Non-Psychotic Chaotic and Challenging Disorders	83	81	(2)	-2%
10 First Episode Psychosis	93	128	35	38%
11 On-going Recurrent Psychosis (Low Symptoms)	414	241	(173)	-42%
12 On-going or Recurrent Psychosis (High Disability)	312	200	(112)	-36%
13 On-going or Recurrent Psychosis (High Symptom & Disability)	112	93	(19)	-17%
14 Psychotic Crisis	17	54	37	218%
15 Severe Psychotic Depression	7	16	9	129%
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	33	35	2	6%
17 Psychosis and Affective Disorder – Difficult to Engage	58	52	(6)	-10%
18 Cognitive Impairment (Low Need)	347	249	(98)	-28%
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	462	343	(119)	-26%
20 Cognitive Impairment or Dementia Complicated (High Need)	148	129	(19)	-13%
21 Cognitive Impairment or Dementia (High Physical or Engagement)	45	43	(2)	-4%
Reviewed Not Clustered	36	668	632	1756%
No Cluster or Review	144	191	47	33%
Total	3,067	3,516	449	15%

Figure 18 CPA – Percentage of People under followed up within 7 days of discharge

			Apr-15	May-15	Jun-15
E.B.S.3	The % of people under adult mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100.00%	100.00%	100.00%

Figure 19 CPA Follow up 2 days (48 hours) for higher risk groups

			Apr-15	May-15	Jun-15
KPI_32	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%	100.00%	100.00%	100.00%

Quality Overview

At Month 3, the Trust are compliant with their quality schedule. The Trust is working with the CCG to improve the safer staffing report and the SUI report for the CQPG meetings. Underperforming KPIs are discussed at monthly quality meetings and bi-monthly CQPGs.

7.2 Cheshire and Wirral Partnership IAPT Contract

Month 3 activity has been received however there are a number of outstanding queries that have been raised with the trust in relation to the submission received. These queries relate to the data used, the number of provider cancellations, DNAs, missing activity and the omission of the trust to provide agreed exception reports. The prevalence reported is incorrect as the trust have used the plan figure rather than the actuals in the calculation. The CCG are working closely with the new provider to ensure high quality data is provided. A data quality improvement project is being developed by NHS England area team to aid commissioners and providers.

Figure 20 Monthly Provider Summary inc (National KPI performance –Recovery and Prevalence)

Performance Indicator		Apr-15	May-15	Jun-15	
Population (Psychiatric Morbidity Survey)		24298	24298	24298	
National definition of those who have entered into treatment		304	304	304	
Prevalence Trajectory (%)		1.25%	1.25%	1.25% (q1=3.75%)	
Prevalence Trajectory ACTUAL		1.25%	1.25%	1.25%	
National definition of those who have completed treatment (KPI5)		122	120	131	
National definition of those who have entered Below Caseness (KPI6b)		9	4	11	
National definition of those who have moved to recovery (KPI6)		48	44	46	
Recovery - National Target		50.0%	50.0%	50.0%	
Recovery ACTUAL		42.5%	37.9%	38.3%	
Referrals Received		434	395	355	
Gp Referrals		288	215	152	
% GP Referrals		66%	54%	43%	
Self referrals		114	149	175	
% Self referrals		26%	38%	49%	
Other referrals (Any other please give a narrative)		32	31	28	
% Other referrals		7%	8%	8%	
Referral not suitable or returned to GP					
Referrals opting in		240	268	218	
Opt-in rate %		55%	68%	61%	
Patients starting treatment by step (Local Definition)		Step 2	94	119	142
		Step 3	49	39	59
		Step 4			
		Total	143	158	201
Percentage of patients entering in 28 days or less		53.0%	37.0%	59.0%	
Completed Treatment Episodes by Step (Local Definition)		Step 2	138	175	128
		Step 3	341	329	363
		Step 4			
		Total	479	504	491
Activity	Attendances	Step 2	369	456	536
		Step 3	389	422	547
		Step 4		1	2
	DNA's	Step 2	80	92	146
		Step 3	52	49	75
		Step 4		1	
	Cancels	Step 2	40	82	159
		Step 3	62	89	147
		Step 4			
	Attendances	Total	758	879	1085
	DNA's	Total	132	142	231
	Cancelled	Total	102	171	306
	Number Cancelled by patient	Total	45	109	177
Number Cancelled by provider	Total	57	62		
	Total				

Figure 21 IAPT Waiting Times

	Indicator	Target	Apr-15	May-15	Jun-15
EH.1	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	75% To be achieved by April 2016			
	Numerator		163	225	253
	Denominator		165	245	266
	%		99%	92%	95%
EH.2	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	95% to be achieved by April 2016			
	Numerator		164	242	213
	Denominator		165	245	213
	%		99%	99%	100%

8. Community Health

Liverpool Community Health Services (by exception)

The Trust has now as agreed provided the exception reporting along with the month 3 reports with the exception of the Allied Health professionals. Reporting for the Allied Health professionals is reported a month in arrears and the exceptions reported relate to this time period. This is being discussed at the next finance and information group to establish when reporting will be brought in line for these services.

The Trust has amended the monthly report so that it is on a locality basis and no longer includes splits between adults and children.

Community Equipment: The increase in demand is attributed to a number of factors: Sefton MBC budget issues, a new financial ordering system introduced by Sefton MBC, staffing resources in the warehouse, availability of delivery slots, and operational issues within the CES. Additional funding has been agreed by the commissioners to be split proportionally across both CCGs contingent on receipt of assurances from the Provider.

Diabetes specialist nurse: This service has experienced issues with staffing and two appointed staff members subsequently resigned shortly after starting employment. Both vacancies have been re advertised.

Treatment Rooms: Demand and activity are up for this service. The service continues to ensure that the majority of patients receive an appointment within 2 weeks of referral in Sefton, however this still excludes patients requiring ear syringing who continue to wait longer than 2 weeks. This underperformance is attributed by the service to patients who request to wait for an appointment at a particular clinic location. There is an action from the contracts and clinical quality performance group for the trust to provided analysis around the ratio of contacts to referrals.

IV Therapy-There is an issue with staff not inputting activity to EMIS which make its look that demand is higher than activity. The service is aware and has been told to catch up.

Walk in Centre-The trust is working towards achieving the stretch target of all patients seen within 2 hours.

Virtual Ward-The trust have agreed to uplift activity plans accordingly for district nurses, community matrons and physiotherapy. It was agreed that a financial breakdown would be provided by the end of quarter 1 to assist with this at the finance and information group. The uplifted plans will then be reflected in the monthly reports going forward. These are yet to be received.

Wheelchair waits are above target and this is due to the staffing issues the service has faced. It is anticipated that activity and waits should be within planned levels by December 2015.

Liverpool Community Health Waiting Times

A review and cleanse of the waiting list was conducted in June 2015 as the trust have previously reported that most of the maximum waits were due to data quality issues.

Paediatric Speech and Language Therapy: The trust continues to use temporary staff 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 .

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. A document was provided by the trust for discussion at the last finance and information group and it was agreed this would be circulated to clinicians for discussion and for the trust to consider the implications of adopting the aspirational targets identified in the document.

Quality Overview

From September 2015, there will be a joint LCH CQPG (Clinical Quality and Performance Group) with Liverpool CCG.

A full review of pressure ulcers is underway with representatives from CCGs, LCH and NHSE. A workshop is being arranged in September to develop the action plan and commence the work to satisfy the needs but also the governance of all parties concerned.

Any Qualified Provider

The trust is using the agreed £25 local assessment tariff.

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. This is on-going and an update is awaited.

9. Third Sector Contracts

All 2015/16 contracts have been issued and signed by all providers with contract review meetings taking place throughout August & September.

A piece of work is underway to establish service outcomes and how they link to the CCG 5 year forward plan. This incorporates value for money and will look at service duplications and gaps within services.

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 - June	14	11	↑	There were no new cases reported in June 2015, year to date there have been 11 cases against a plan of 14. Of the 11 cases reported in year to date all have been aligned to Aintree Hospital (7 apportioned to acute trust and 4 apportioned to community).		
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	15/16 - June	11	10 (7 following appeal)	↑	There were no new cases have been reported in June. Year to date there have been 10 cases against a plan of 11, the year to date plan is 46.	The first 15/16 C-dif Appeals Panel met on 25th June, 3 out of the 4 Aintree appeals were upheld. <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 - June	0	0	↔	No new cases have been reported in June of MRSA for South Sefton CCG, the plan remains at zero.		
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	15/16 - June	0	0	↔	No new cases of MRSA at Aintree in June.		
Mixed Sex Accommodation Breaches							
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	15/16 - June	0.00	0.00	↔			
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	15/16 - June	0.00	0.00	↔			

Enhancing quality of life for people with long term conditions

Patient experience of primary care i) GP Services	Jul-Sept 14 and Jan-Mar 15		7.64%	New Measure	Percentage of respondents reporting poor patient experience of primary care in GP Services. This is a very slight decrease from the previous period which recorded 7.69%.	
Patient experience of primary care ii) GP Out of Hours services	Jul-Sept 14 and Jan-Mar 15		7.53%	New Measure	Percentage of respondents reporting poor patient experience of GP Out of Hours Services. This is a decrease from the previous period which recorded 9.81%.	
Patient experience of primary care i) GP Services ii) GP Out of Hours services (Combined)	Jul-Sept 14 and Jan-Mar 15	6%	7.63%	New Measure	The CCG reported a percentage of negative responses above the 6% threshold, this being a slight decrease from last survey which reported 7.89%.	Detailed data has been shared with primary care, quality and communications colleagues for discussion and actions at the appropriate committees.
Emergency Admissions Composite Indicator(Cumulative)	15/16 - June	531.22	656.41	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 132 more admissions than the same period last year.	Unplanned care leads continue to monitor these indicators closely. Pathway changes at Aintree may not have been reflected in the planned targets due to when the changes were implemented compared to when the taret were set. The CCG will look to revise these targets.
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative)	15/16 - June	55.8	86.79	New Plans	This measure now has a plan which is based on the same period previous year. The CCG is over the monthly plan, the number of actual admissions is 10 more than the same period last year.	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	15/16 - June	253.16	298.25	New Plans	This measure now has a plan which is based on the same period previous year. The CCG is over the monthly plan and the increase in actual admissions is 70 more than the same period last year.	
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	15/16 - June	31.00	31.00	New Plans	This measure now has a plan which is based on the same period previous year. The CCG actual and plan are the same for month 3, actual admissions is 10 which is the same as the same period last year.	
Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)	15/16 - May	311.80	353.65	New Plans	This measure now has a plan which is based on the same period previous year. The CCG is over plan, actual admissions is 65 above the same period last year.	
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	15/16 - June	No Plan	16.96	↓	The emergency readmission rate for the CCG is lower than previous month (17.61) and slightly higher than the same period last year (16.61).	

Helping people to recover from episodes of ill health or following injury

Patient reported outcomes measures for elective procedures: Groin hernia	Apr 14 - Dec 14 (Prov data)	Eng Ave 0.084	0.100	Provisional data	Provisional data shows the CCG improved on the previous years rate (2012/13) and achieved a score higher than that of the England average.	PROMS have been selected as the Local Quality Premium measure for 2015/16. Discussions with clinicians have centred around a proposal to use Shared Decision Aids with patients for a number of surgical areas. This is awaiting approval and is thought to aid improvement in PROMS by ensuring the most appropriate patients are treated with surgery and are fully involved in the decision making process.
Patient reported outcomes measures for elective procedures: Hip replacement	Apr 14 - Dec 14 (Prov data)	Eng Ave 0.449		Provisional data	The CCG has no score for hip replacement, data suppressed due to low numbers.	
Patient reported outcomes measures for elective procedures: Knee replacement	Apr 14 - Dec 14 (Prov data)	Eng Ave 0.319	0.300	Provisional data	Provisional data shows the CCG's rate has declined from previous year (2012/13 - 3.43) and is under the England average.	

% who had a stroke & spend at least 90% of their time on a stroke unit (CCG)	15/16 - June	80%	90.00%	↑		
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	15/16 - June	80%	85.00%	↑		
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (CCG)	15/16 - June	60%	100%	↔		
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	15/16 - June	60%	100%	↔		
Mental health						
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) (CCG)	14/15 - Qtr4	95%	100.00%	↔		
IAPT Access - Roll Out	Q1 15/16	3.25%			Month 3 activity has been received however there are a number of outstanding queries that have been raised with the provider. The prevalence reported is incorrect as they used the plan figure rather than the actuals in the calculation, an update is due Friday 21 st August.	
IAPT - Recovery Rate	Q1 15/16	50.00%	39.53%		The CCG are under plan for recovery rate reaching 39.53% in Q1. This equates to 136 patients who have moved to recovery out of 344 who have completed treatment.	
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%	97.00%			
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%	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)	15/16 - May	93%	95.90%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	15/16 - May	93%	95.30%	↑		
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	15/16 - May	93%	94.25%	↓		
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Aintree)	15/16 - May	93%	94.23%	↔		
Cancer waits – 31 days						
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	15/16 - May	96%	100.00%	↔		
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	15/16 - May	96%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	15/16 - May	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	15/16 - May	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	15/16 - May	94%	94.12%	↓		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	15/16 - May	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	15/16 - May	98%	96.77%	↓	The CCG failed the target in May and year to date. In May there were 2 patient breaches out of a total of 27 patients; 1 breach was due to administrative delay around patient change of address, the other was due to patient holiday.	Administrative team will reflect on the error to avoid recurrence as the tolerance on performance standards should take account of patient choice.
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	15/16 - May	98%	100.00%	↔		

Cancer waits – 62 days						
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	15/16 - May	85% local target	84.62%	↑	The CCG achieved the target reaching 100% in May, but are failing year to date due to the 2 April breaches.	These breaches were at Liverpool Heart & Chest Hospital, and were due to late onward referrals from another provider. Lung service continues to struggle with delivery of the 62 day target due to clinical pathway complexity, and some pathway variation across the network. Key actions to mitigate include: <ul style="list-style-type: none"> • Lung clinical pathway group has been established at network level to critically audit, review and promote best practice in lung pathways; • Continued focus on performance with Trust • Focus on whole pathway, including early stages of diagnosis, exploring service improvement opportunities.
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)	15/16 - May	85% local target	88.24%	↓		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers –90% (Cumulative) (CCG)	15/16 - May	90%	100.00%	↔		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers –90% (Cumulative) (Aintree)	15/16 - May	90%	100.00%	↔		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	15/16 - May	85%	89.66%	↓		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	15/16 - May	85%	86.54%	↑		
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 - June	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (Aintree)	15/16 - May	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (CCG)	15/16 - June	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (Aintree)	15/16 - May	0	0	↔		

The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	15/16 - June	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	15/16 - May	0	0	↔		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (CCG)	15/16 - June	90%	92.31%	↓		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (Aintree)	15/16 - May	90%	94.15%	↑		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (CCG)	15/16 - June	95%	97.80%	↔		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (Aintree)	15/16 - May	95%	98.55%	↔		
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 - June	92%	96.81%	↔		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Aintree)	15/16 - May	92%	97.51%	↔		
A&E waits						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG)	15/16 - June	95.00%	98.03%	↔		
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree)	15/16 - June	95.00%	95.03%	↑		
Diagnostic test waiting times						
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	15/16 - June	1.00%	0.44%	↓		
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	15/16 - May	1.00%	0.75%	↓		

Category A ambulance calls						
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	15/16 - June	75%	79.29%	↓		The delivery and sustainability of emergency ambulance performance remains a key priority for commissioners. Performance continues to be closely monitored with the support of lead commissioner Blackpool CCG and through monthly contract and Strategic Partnership Board meetings with the NWAS executive team and commissioning leads. Locally the Mersey CCGs continue to meet with NWAS monthly to review performance at county and CCG level. Efforts to reduce the numbers and length of ambulance turnaround delays at Trusts also continue as a key part of the strategy in order to release 'frontline' ambulance response resources to respond to emergency calls. Extra investment of circa £10m has been made available by commissioners to NWAS to aid several initiatives such as Pathfinder, and Frequent Callers. NWAS have put in place a number of internal measures to focus staff on being able to meet performance in Q1 of 2015/16. For the Trust this means working in such a way as if they were managing a major incident (suspending mandatory training and attendance at some meetings), although it should be stressed that they have not declared a major incident.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	15/16 - June	75%	76.25%	↓		
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	15/16 - June	95%	97.30%	↔		
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	15/16 - June	75%	77.51%	↑		
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	15/16 - June	75%	76.60%	↑		
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	15/16 - June	95%	95.18%	↔		
Local Indicator						
Access to community mental health services by people from Black and Minority Ethnic (BME) groups (Rate per 100,000 population)	2013/14	England 2035.9	2309.0	↑	The most recent data shows access to community mental health services by people from BME groups is higher for the CCG than the England rate per 100,000. This is also an improvement on the previous year when the CCG rate was 1824.4.	

10.2 Friends and Family – Aintree University Hospital NHS Foundation Trust

Figure 22 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 (June 2015)	RR - Trajectory From Previous Month (May 15)	Percentage Recommended (Eng. Average)	Percentage Recommended (June 2015)	PR - Trajectory From Previous Month (May 15)	Percentage Not Recommended (Eng. Average)	Percentage Not Recommended (June 2015)	PNR - Trajectory From Previous Month (May 15)
Inpatients	30%	57.0%	↑	95.8%	96.5%	↓	1.4%	1.2%	↓
A&E	20%	27.3%	↓	88.4%	87.2%	↔	6%	6.6%	↑

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

- % Response Rate
- % Recommended
- % Not Recommended

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target in both inpatients and A&E. Both targets have been met for June with Inpatients showing an increase in the response rates compared to May, however A&E response rates have declined since May.

For Inpatient services, the percentage of people who would recommend that service remains above the England average but has decreased compared to the previous month (May 2015). The percentage of people who would not recommend the inpatient service has improved on the previous month and is better than the England average.

The percentage of people that would recommend A&E has remained static compared to April and May 2015, but remains marginally below the England average. The percentage of people who would not recommend the A&E service has worsened compared to the previous month and is slightly below the England average.

The patient experience lead within the trust is coming to present the ongoing work the organisation is doing with the Friends and Family data to EPEG in October 2015. They will show how feedback obtained is informing the trust how they can improve services for its patients.

10.3 Complaints

Aintree Hospital's Q1 2 C's (Complaints and Compliments) Report will be submitted for approval by the Trust's Patient Engagement Group and Board on 20/08/15 and will be summarised in the Month 4 Report.

10.4 Serious Untoward Incidents (SUIs) and Never Events

10.4.1 CCG level Serious Untoward Incidents

These are serious incidents involving South Sefton CCG patients irrespective of their location of care. Inclusive of month 3, there have been 29 Serious Incidents involving South Sefton CCG patients. There were 9 Serious Incidents in April, 12 in May, and 8 in June. The majority of incidents have occurred in Liverpool Community Health (18), with the remaining incidents (11) occurring in each of the following providers:

- Liverpool Women's NHS Foundation Trust – 2
- Aintree University Hospital NHS Foundation Trust - 2
- Mersey Care NHS Trust – 4
- Southport & Ormskirk Hospital NHS Trust - 3

Figure 23: SUIs Reported at South Sefton CCG level

Provider / Type of Incident	Apr	May	Jun	YTD
Aintree University Hospital NHS Foundation Trust				
Sub-optimal care of the deteriorating patient			1	1
Delayed diagnosis			1	1
Liverpool Community Health NHS Trust				
Pressure ulcer - (Grade 3)	5	5	2	12
Pressure ulcer - (Grade 4)		1	2	3
Unexpected Death		1		1
Pressure Sore - (Grade 3 or 4)			1	1
Medical Devices/Equipment			1	1
Liverpool Women's NHS Foundation Trust				
Surgical Error		1		1
Unexpected Death		1		1
Mersey Care NHS Trust				
Abscond		2		2
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		2
Pressure ulcer - (Grade 4)	1			1
Grand Total	9	12	8	29

Figure 24: SUIs by incident type

Type of Incident	Apr	May	Jun	YTD
Pressure ulcer - (Grade 3)	6	6	2	14
Pressure ulcer - (Grade 4)	1	1	2	4
Unexpected Death		2		2
Abscond		2		2
Pressure Sore - (Grade 3 or 4)			1	1
Surgical Error		1		1
Sub-optimal care of the deteriorating patient			1	1
Delayed diagnosis			1	1
Medical Devices/Equipment			1	1
Homicide by Outpatient (in receipt)	1			1
Serious Self Inflicted Injury Outpatient	1			1
Grand Total	9	12	8	29

10.4.2 CCG level Never Events

There have been zero Never Events involving South Sefton CCG patients in either April, May or June 2015

10.4.3 Aintree Hospital level Serious Untoward Incidents

In April, May and June; Aintree University Hospital NHS Foundation Trust reported 7 serious incidents. These are incidents that involved patients under the care of that organisation and those patients may be from CCGs other than South Sefton CCG.

Figure 25: SUIs Reported at Aintree Hospital

Incident Type	Apr	May	Jun	YTD
Sub-optimal care of the deteriorating patient	2		1	3
Delayed diagnosis			2	2
Unexpected Death (general)	1			1
Failure to act upon test results			1	1
Grand Total	3	0	4	7

Figure 26: SUIs Reported at Aintree Hospital split by CCG

CCG Name / Incident Type	Apr	May	Jun	YTD
Knowsley CCG				
Sub-optimal care of the deteriorating patient	1			1
Delayed diagnosis			1	1
Liverpool CCG				
Sub-optimal care of the deteriorating patient	1			1
South Sefton CCG				

Sub-optimal care of the deteriorating patient			1	1
Delayed diagnosis			1	1
Southport & Formby CCG				
Unexpected Death (general)	1			1
West Lancashire CCG				
Failure to act upon test results			1	1
Grand Total	3	0	4	7

10.4.4 Aintree Hospital level Never Events

Aintree University Hospital NHS Foundation Trust reported zero Never Events in April, May and June 2015

Number of incidents reported split by type

Aintree University Hospital NHS Foundation Trust has reported the following serious incidents by type

- Sub-optimal care of the deteriorating patient – 3
- Delayed diagnosis - 2
- Unexpected Death (general) – 1
- Failure to act upon test results - 1

Number of Incidents reported by CCG

The trust has had patients from 5 different CCGs involved in serious incidents.

- Knowsley CCG – 2
- South Sefton CCG - 2
- Liverpool CCG - 1
- Southport and Formby CCG – 1
- West Lancashire CCG - 1

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 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.

Figure 27 Summary of Primary Care Dashboard – Urgent Care

South Sefton CCG Urgent Care Practice Scorecard 2015/16

Indicator		A&E Attendance rate per 1000 for under 19's (12 Mths to May-15)			A&E Attendance rate per 1000 for 19-74 yrs (12 Mths to May-15)			A&E Attendance rate per 1000 for over 75's (12 Mths to May-15)			Emergency Admission rate per 1000 for under 19's (12 Mths to May-15)			Emergency Admission rate per 1000 for 19-74 yrs (12 Mths to May-15)			Emergency Admission rate per 1000 for over 75's (12 Mths to May-15)		
Code	Practice	Period	Result	Score	Period	Result	Score	Period	Result	Score	Period	Result	Score	Period	Result	Score	Period	Result	Score
N84002	AINTREE ROAD MEDICAL CENTRE	May-15	205.63	0	May-15	178.32	0	May-15	269.63	2	May-15	16.21	3	May-15	70.18	0	May-15	222.91	0
N84013	BOOTLE VILLAGE SURGERY	May-15	200.42	0	May-15	167.11	0	May-15	348.10	0	May-15	25.39	2	May-15	70.66	0	May-15	280.41	0
N84016	MOORE STREET MEDICAL CENTRE	May-15	220.49	0	May-15	175.62	0	May-15	379.39	0	May-15	31.91	0	May-15	79.81	0	May-15	312.65	0
N84019	NORTH PARK HEALTH CENTRE	May-15	189.28	0	May-15	152.43	0	May-15	282.96	0	May-15	24.54	2	May-15	66.13	0	May-15	212.18	2
N84028	THE STRAND MEDICAL CENTRE	May-15	214.88	0	May-15	166.73	0	May-15	328.47	0	May-15	29.32	0	May-15	69.89	0	May-15	276.16	0
N84034	PARK STREET SURGERY	May-15	226.35	0	May-15	171.69	0	May-15	343.84	0	May-15	27.78	0	May-15	68.50	0	May-15	265.42	0
N84038	CONCEPT HOUSE SURGERY	May-15	148.75	2	May-15	153.96	0	May-15	319.02	0	May-15	17.83	3	May-15	60.64	0	May-15	294.60	0
N84001	42 KINGSWAY	May-15	123.12	3	May-15	76.08	3	May-15	214.64	3	May-15	18.01	3	May-15	33.11	3	May-15	163.06	3
N84007	LIVERPOOL RD MEDICAL PRACTICE	May-15	141.38	2	May-15	128.86	0	May-15	312.98	0	May-15	18.62	3	May-15	48.75	2	May-15	250.00	0
N84009	AZALEA SURGERY	May-15	162.84	0	May-15	93.52	3	May-15	374.52	0	May-15	24.46	2	May-15	47.95	3	May-15	306.95	0
N84011	EASTVIEW SURGERY	May-15	138.97	2	May-15	111.00	3	May-15	295.96	0	May-15	19.91	3	May-15	45.06	3	May-15	222.43	0
N84020	BLUNDILLSANDS SURGERY	May-15	133.89	3	May-15	82.47	3	May-15	229.99	3	May-15	20.86	3	May-15	35.32	3	May-15	186.75	3
N84026	CROSBY - SSP HEALTH LIMITED	May-15	157.01	0	May-15	100.50	3	May-15	218.31	3	May-15	30.10	0	May-15	40.25	3	May-15	188.38	3
N84041	KINGSWAY SURGERY	May-15	136.10	2	May-15	99.57	3	May-15	331.54	0	May-15	22.68	3	May-15	43.34	3	May-15	221.02	0
N84621	THORNTON - SSP HEALTH LIMITED	May-15	135.79	2	May-15	123.30	2	May-15	411.39	0	May-15	29.85	0	May-15	56.42	0	May-15	313.29	0
N84626	HIGHTOWN - SSP HEALTH LIMITED	May-15	96.10	3	May-15	74.02	3	May-15	224.88	3	May-15	42.56	0	May-15	30.93	3	May-15	145.93	3
N84627	CROSSWAYS SSP HEALTH LTD	May-15	114.61	3	May-15	77.22	3	May-15	183.33	3	May-15	16.85	3	May-15	34.12	3	May-15	137.04	3
N84003	HIGH PASTURES SURGERY	May-15	45.02	3	May-15	88.24	3	May-15	213.94	3	May-15	36.97	0	May-15	39.25	3	May-15	173.87	3
N84010	MAGHULL HEALTH CENTRE (DR SAPRE)	May-15	63.22	3	May-15	112.02	3	May-15	264.33	2	May-15	23.95	3	May-15	42.78	3	May-15	186.31	3
N84025	WESTWAY MEDICAL CENTRE	May-15	50.31	3	May-15	94.76	3	May-15	232.38	3	May-15	34.36	0	May-15	46.23	3	May-15	186.12	3
N84622	MAGHULL HEALTH CENTRE (DR THOMAS)	May-15	61.53	3	May-15	103.49	3	May-15	270.44	2	May-15	43.72	0	May-15	59.39	0	May-15	243.28	0
N84624	MAGHULL HEALTH CENTRE	May-15	34.92	3	May-15	111.74	3	May-15	277.14	2	May-15	12.70	3	May-15	47.43	3	May-15	217.14	2
Y00446	PARKHAVEN SSP HEALTH LTD	May-15	50.88	3	May-15	87.69	3	May-15	309.88	0	May-15	32.65	0	May-15	35.99	3	May-15	238.27	0
N84004	GLOVERS LANE SURGERY	May-15	163.57	0	May-15	148.39	0	May-15	300.00	0	May-15	29.79	0	May-15	66.16	0	May-15	233.87	0
N84023	BRIDGE ROAD MEDICAL CENTRE	May-15	162.49	0	May-15	140.87	0	May-15	289.25	0	May-15	24.81	2	May-15	56.89	0	May-15	226.68	0
N84027	ORRELL PARK MEDICAL CENTRE	May-15	230.50	0	May-15	159.48	0	May-15	272.96	2	May-15	36.93	0	May-15	58.21	0	May-15	204.08	2
N84029	FORD MEDICAL PRACTICE	May-15	149.63	2	May-15	127.88	0	May-15	276.60	2	May-15	24.32	3	May-15	51.48	2	May-15	201.06	2
N84035	15 SEFTON ROAD	May-15	146.79	2	May-15	97.56	3	May-15	230.77	3	May-15	22.28	3	May-15	46.20	3	May-15	205.44	2
N84043	SEAFORTH SSP HEALTH LTD	May-15	193.98	0	May-15	161.39	0	May-15	309.86	0	May-15	37.16	0	May-15	73.26	0	May-15	239.44	0
N84605	LUTHERLAND - SSP HEALTH LIMITED	May-15	193.17	0	May-15	153.61	0	May-15	336.16	0	May-15	32.06	0	May-15	66.36	0	May-15	299.89	0
N84615	RAWSON ROAD MEDICAL CENTRE	May-15	202.11	0	May-15	170.64	0	May-15	293.30	0	May-15	26.41	2	May-15	62.18	0	May-15	192.74	3
N84630	NETHERTON - SSP HEALTH LIMITED	May-15	174.89	0	May-15	153.66	0	May-15	392.00	0	May-15	46.85	0	May-15	66.29	0	May-15	324.00	0
Y02514	LUTHERLAND PRIMARY CARE WALK-IN SERVICE	May-15	102.51	3	May-15	112.42	3	May-15	214.29	3	May-15	11.39	3	May-15	41.72	3	May-15	290.00	0
South Sefton Average			150.56			125.32			277.82			27.85			53.30			218.74	

Figure 28 Summary of Primary Care Dashboard – Locality level scorecard example

South Sefton CCG Bootle Practice Local Scorecard July - 2015/16

Under Construction

		Frequency	Latest Update	N84002	N84015	N84016	N84019	N84028	N84034	N84038
U r g e n t C a r e	A&E Attendance rate per 1000 for under 19's	Monthly	Jul-15	205.63	200.42	220.49	189.28	214.88	226.35	148.75
	A&E Attendance rate per 1000 for 19-74 yrs	Monthly	Jul-15	178.32	167.11	175.62	152.45	166.73	171.69	151.96
	A&E Attendance rate per 1000 for over 75's	Monthly	Jul-15	269.63	349.10	379.39	282.56	328.47	345.84	319.02
	Emergency Admission rate per 1000 for under 19's	Monthly	Jul-15	16.21	25.39	31.91	24.54	29.32	27.78	17.83
	Emergency Admission rate per 1000 for 19-74 yrs	Monthly	Jul-15	70.18	70.66	79.81	66.13	69.89	68.50	60.84
	Emergency Admission rate per 1000 for over 75's	Monthly	Jul-15	232.51	280.41	312.65	212.18	276.16	265.42	254.60
R e f e r r a l s	GP Referrals to Secondary Care - May 2015	Monthly	Jul-15	9.29	18.04	15.24	14.31	10.07	15.55	9.53
	C&B GP referrals to Secondary Care - May 2015	Monthly	Jul-15	0.00	3.10	2.45	1.16	1.24	2.43	0.41
	Non C&B Referrals to Secondary Care - May 2015	Monthly	Jul-15	5.57	0.00	1.82	2.17	3.38	0.09	5.53
	Cancer Fast Track Referrals - May 2015	Monthly	Jul-15	3.71	18.04	13.43	12.15	6.69	15.46	4.00
P r e s c r i b i n g	Lipid Modifying Drugs: Ezetimibe % Items	Quarterly	Q4 14/15	3.08	5.48	4.74	2.8	6.78	3.28	2.16
	Hypnotics ADQ/STAR PU (ADQ based)	Quarterly	Q4 14/15	0.59	0.44	0.29	0.18	0.48	0.29	0.3
	Antidepressants: First choice % Items	Quarterly	Q4 14/15	56.46	58.48	62.66	57.47	64.67	53.32	57.22
	Antibacterial items/STAR PU	Quarterly	Q4 14/15	0.42	0.45	0.43	0.29	0.3	0.43	0.24
	Minocycline ADQ/1000 Patients	Quarterly	Q4 14/15	0	18.24	0	5.52	23.19	0	11.45
	NSAIDs ibuprofen & Naproxen % Items	Quarterly	Q3 14/15	84.36	80.31	80.11	77.1	75.76	80.87	74.04
	NSAIDs ADQ/STAR PU	Quarterly	Q4 14/15	2.38	3.42	2.03	1.01	1.93	1.31	1.41
	Wound care products: NIC/Item	Quarterly	Q4 14/15	14.34	10.44	16.94	30.79	46.59	15.55	32.56
	Rosuvastatin as % All Statin	Quarterly	Q4 14/15	0.56%	1.44%	1.36%	3.32%	1.31%	1.50%	2.26%
	Dosulepin as a % of All Antidepressants	Quarterly	Q4 14/15	2.33%	0.96%	0.75%	0.77%	0.39%	2.13%	0.93%
	Specials per 1000 Item based ASTRO PU	Quarterly	Q4 14/15	0.56	0.51	0.21	0.46	0.49	0.54	0.47
	Urology Products Total Actual Cost	Quarterly	Q4 14/15	40	0	141	15	107	0	127
	Potential Generics Savings	Quarterly	Q4 14/15	941	973	1259	533	877	796	559
	Enteral Sip Feeds NIC/PU	Quarterly	Q4 14/15	0	0	0.2	0.1	0	0.4	0.4
Q u a l i t y	Estimated percentage of detected CHD prevalence	Annual	2010/11	62.16	82.95	63.52	70.84	70.09	72.43	72.94
	Estimated percentage of detected COPD prevalence	Annual	2010/11	69.97	94.80	81.73	93.49	92.51	87.05	92.82
	Estimated percentage of detected hypertension prevalence	Annual	2010/11	69.05	58.81	48.86	60.15	58.69	70.36	48.43
	Estimated percentage of detected stroke prevalence	Annual	2010/11	62.29	68.83	64.22	61.52	78.80	85.04	78.43
	Estimated percentage of detected diabetes prevalence	Annual	2008/09	109.24	97.88	94.65	101.15	93.75	108.27	109.80
	The contractor establishes and maintains a register of patients with atrial fibrillation	Annual	2013/14	2.16%	1.83%	1.44%	1.62%	1.80%	1.70%	1.65%
	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	9.02%	7.47%	5.47%	5.83%	7.09%	6.27%	7.19%
	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	2.12%	2.25%	2.44%	2.54%	2.22%	2.59%	1.80%
	The contractor establishes and maintains a register of patients with coronary heart disease	Annual	2013/14	4.41%	5.69%	3.86%	4.96%	4.16%	4.42%	3.97%
	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	4.95%	3.12%	4.14%	4.19%	4.19%	4.82%	5.47%
	The contractor establishes and maintains a register of patients with COPD	Annual	2013/14	3.41%	4.17%	3.38%	4.65%	3.87%	3.67%	3.86%
	The contractor establishes and maintains a register of patients diagnosed with dementia	Annual	2013/14	0.46%	0.80%	0.53%	0.38%	0.54%	0.51%	0.94%
	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	5.69%	5.54%	5.40%	5.47%	5.43%	5.57%	5.62%
	The contractor establishes and maintains a register of patients aged 18 or over receiving drug treatment for epilepsy	Annual	2013/14	1.25%	0.95%	1.19%	0.84%	1.06%	1.05%	1.35%
	The contractor establishes and maintains a register of patients with heart failure	Annual	2013/14	1.08%	1.45%	0.78%	1.42%	1.19%	1.58%	1.46%
	The contractor establishes and maintains a register of patients with established hypertension	Annual	2013/14	19.70%	15.34%	13.40%	16.43%	15.46%	17.26%	13.51%
	The contractor establishes and maintains a register of patients aged 18 or over with learning disabilities	Annual	2013/14	0.62%	0.42%	0.64%	0.60%	0.52%	0.69%	0.45%
	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	1.21%	1.30%	1.10%	1.80%	1.30%	1.58%	2.47%
	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	7.77%	10.34%	10.13%	5.37%	11.14%	7.15%	9.78%
	The contractor establishes and maintains a register of patients with peripheral arterial disease	Annual	2013/14	1.00%	1.28%	0.85%	1.22%	0.99%	0.98%	1.39%
	The percentage of patients aged 15 or over whose notes record smoking status in the preceding 24 months	Annual	2013/14	86.19%	84.13%	86.57%	53.93%	79.30%	82.25%	84.78%
	The contractor establishes and maintains a register of patients with stroke or TIA	Annual	2013/14	2.20%	2.10%	1.47%	1.71%	1.90%	2.13%	2.06%
	The contractor establishes and maintains a register of patients with hypothyroidism who are currently treated with levothyroxine	Annual	2013/14	4.11%	4.00%	3.34%	3.88%	4.05%	4.03%	3.45%

11.5 CQC Inspections

A number of practices in South Sefton CCG were visited earlier in the year by the Care Quality Commission and their findings published both on the CQC website and in previous Integrated Performance Reports . The CQC recently published Orrell Park Medical Centre as “Good” but incorrectly attributed this practice to Liverpool CCG.

12. Better Care Fund update

A data collection template has been issued by the Better Care Support Team for completion. It requires the Health & Wellbeing Board to track through the high level metrics and deliverables from the Health & Wellbeing Board Better Care Fund plan. This collection template for Q1 2015-16 focuses on budget arrangements, the national conditions, payment for performance, income and expenditure to and from the fund, and performance on local metrics. It also presents an opportunity for Health and Wellbeing Boards to register interest in support.

The payment for performance element of BCF requires a target reduction to be reached in the number of non elective admissions to hospital. Current performance for Q1 is above the required level of reduction, therefore no payment for performance is available. Performance is summarised below:

	Baseline				Plan				Actual			
	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
D. REVALIDATED: HWB version of plans to be used for future monitoring.	9,294	9,107	9,091	9,050	9,009	8,822	8,806	8,764	9,668	9,461		

Planned Absolute Reduction (cumulative) [negative values indicate the plan is larger than the baseline]						
% change [negative values indicate the plan is larger than the baseline]	Absolute reduction in non elective performance	Total Performance Fund Available	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
3.1%	1,141	£1,808,485	285	570	855	1141

Maximum Quarterly Payment				Performance against baseline				Suggested Quarterly Payment				Total Performance fund	Total Performance and ringfenced funds	Q4 Payment locally agreed
Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16			
£451,725	£451,725	£451,725	£453,310	-374	-354			£0	£0			£1,808,485	£6,136,000	£0