

# **South Sefton Clinical Commissioning Group**

## Integrated Performance Report September 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 6 (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	Yellow
Ambulance Category A Calls (Red 1)	NWAS	Green
Ambulance Category A Calls (Red 2)	CCG	Yellow
Ambulance Category 19 transportation	NWAS	Green
Cancer 31 Day Subsequent - Drug	CCG	Green
Cancer 62 Day Consultant Upgrade	CCG	Green
Cancer 62 Day Consultant Upgrade	AUHT	Green
Cancer 62 Day Screening	AUHT	Green
Diagnostic Test Waiting Time	AUHT	Green
Emergency Admissions Composite Indicator	CCG	Red
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	CCG	Red
Emergency Admissions for acute conditions that should not usually require a hospital admission	CCG	Red
HCAI - C.Diff	CCG	Green
HCAI - C.Diff	AUHT	Red
HCAI - MRSA	CCG	Red
IAPT Access - Roll Out	CCG	Red
IAPT - Recovery Rate	CCG	Red
Mixed Sex Accommodation	CCG	Red
Patient Experience of Primary Care i) GP Services ii) Out of Hours (Combined)	CCG	Red
PROM: Elective procedures: Groin Hernia	CCG	Green
PROM: Elective procedures: Hip Replacement	CCG	Red
PROM: Elective procedures: Knee Replacement	CCG	Red
PYLL Person (Annual Update)	CCG	Red
RTT 18 Week Admitted Pathway	CCG	Green
Stoke 90% time on stroke unit	CCG	Green
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
Local Measure: Access to services BME	CCG	Green

## Key information from this report

**Financial Performance** - The financial position is £0.011m underspent at Month 7 on operational budget areas before the application of reserves or contingency. The year end forecast outturn on operational budget areas is £0.353m overspent. The overall forecast for the CCG is a surplus of £2.400m against a planned surplus of £2.400m after the application of reserves. In addition to operational budgets, the CCG holds reserve budgets to deliver the planned surplus of £2.400m and a requirement to achieve the QIPP target of £3.441m.

**Referrals** – GP Referrals have been increasing since March 2015. Analysis by specialty and provider reveals that ENT at Aintree receives the most GP Referrals and has seen an increase since the middle of 2014/15. Gastroenterology referrals also continue to increase

**A&E waits** – The CCG met the 95% target for September with a performance of 97.29% year to date (in month achieving 94.88%). Aintree failed the target in September recording 92.59%, and are also failing year to date reaching 94.7%. In September 898 out of 12125 attendances were not admitted, transferred or discharged within 4 hours.

**Ambulance Activity** - The CCG and NWS are achieving all 3 ambulance targets year to date apart from Cat A (Red 2) where the CCG failed to achieve the 75% target year to date, achieving 74.8% and in month (Sept) recording 71.0%. 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 NWS executive team and commissioning leads. Locally the Mersey CCGs continue to meet with NWS monthly to review performance at county and CCG level.

**Cancer Indicators** – The CCG achieved all the cancer indicators year to date as at August 2015, along with Aintree who also achieved all indicators.

**Emergency Admissions Composite Measure** – For September the CCG is over the monthly plan and had 220 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.

**HCAI – C.Difficile** - Aintree have reported 8 new cases in September. Year to date there have been 25 cases against a plan of 23. Year-end plan is 46.

**HCAI – MRSA** - No new cases have been reported in September of MRSA for South Sefton CCG (According to the National Database). However, following local Post Infection Review (PIR) the case originally attributed to Aintree has now been attributed to the CCG, taking the CCG over trajectory.

**IAPT Access – Roll Out** – The CCG are under plan for Q2 for IAPT Roll Out and reached 2.48% which shows an improvement on Q1 (2.07%) plan 3.75%. This equates to 602 patients having entered into treatment out of a population of 24298 (Psychiatric Morbidity Survey). The CCG are also under plan for September 0.96% with 232 patients having entered into treatment. There had been a steady increase since April, (April 0.59%, May 0.65%, June 0.83%, July 0.84%, August 0.68%).

**IAPT - Recovery Rate** – The CCG are under the 50% plan for recovery rate in Q2 reaching 48.5%. This equated to 180 patients who moved to recovery out of 371 who completed treatment.

September data shows the CCG are under plan for recovery rate reaching 48.15%. This equates to 65 patients who have moved to recovery out of 135 who have completed treatment.

**MSA** - In September the CCG reported 0.20 breaches per 1000 FCE, which was 1 breach, this is above the target and as such are reporting red for this indicator the first time in 2015-16.

**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 5 new Serious Untoward Incidents in September, year to date are reporting 16 in total.

**Patient reported outcomes measures (PROMS) for elective procedures:**

**Groin hernia** – Provisional data (Apr 14 – Mar 15) shows South Sefton CCG reported 0.080 for average health gain following a groin hernia operation which is higher than the previous year which was 0.068 for 2012-13, England average being 0.085. This indicator is flagged as amber.

**Hip replacement** - Provisional data (Apr 14 – Mar 15) shows South Sefton CCG reported 0.403 for average health gain following a hip operation which is lower than the previous year which was 0.430 for 2012-13, England average being 0.440. This indicator is flagged as red

**Knee replacement** - Provisional data (Apr 14 – Mar 15) shows the CCG reported 0.323 for knee replacement operation this is lower than the previous year which was 0.343 for 2012-13, but higher than the England average of 0.316. This indicator is flagged as amber.

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.

**Stroke** - Aintree have failed to achieve the target in September hitting 73.1%. The number of patients discharged from the Trust with a diagnosis of stroke reduced to 26 (-5) during September 2015 of whom 19 spent at least 90% of their time on the stroke unit. Of the 7 patients who failed to spend 90% of their time on the Stroke Unit, 4 (58%) could not be admitted to the appropriate bed due to outlying patients and 2 were atypical presentations who were diagnosed later during their spell. 1 patient was transferred directly to the stroke ward from AED, 6 hours after presentation.

**Friends and Family Test** - Aintree University Hospital NHS Foundation Trust achieved the response rate target in both inpatients and A&E in September, after falling just under the target in August.

**Local Measure – Access to Community Mental Health Services by BME** - The baseline data (2013-14) for the CCG shows access to community mental health services by people from BME groups is 2309.0 which is higher than the England rate per 100,000 (England rate being 2035.9) but lower than the plan. This is also an improvement on the previous year when the CCG rate was 1824.4.

## 2. Financial Position

### 2.1 Summary

This section of the report focuses on the financial performance for South Sefton CCG as at 31 October 2015 (Month 7). The financial position is £0.011m underspent at Month 7 on operational budget areas before the application of reserves or contingency. The year end forecast outturn on operational budget areas is £0.353m overspent.

The overall forecast for the CCG is a surplus of £2.400m against a planned surplus of £2.400m after the application of reserves.

In addition to operational budgets, the CCG holds reserve budgets to deliver the planned surplus of £2.400m and a requirement to achieve the QIPP target of £3.441m. Plans to achieve the CCG's QIPP requirement have not yet been fully identified which increases the risk of the CCG's ability to continue to deliver the planned surplus in the longer term.

**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) *	£2.400m	£2.400m
QIPP	Unmet QIPP to be identified > 0	£2.385	£2.385
Running Costs (Forecast Outturn)	CCG running costs < National 2015/16 target of £22.07 per head	✓	✓

*\*Note this now reflects the overall surplus net of any reserves adjustments*

### 2.2 Resource Allocation

The resource allocation has increased by £0.758m in Month 7 in respect of the following amendments:

- Transfer of commissioning responsibility from Specialised Commissioning to South Sefton CCG:
  - Tier 3 Neurology (£0.550m)
  - Tier 3 Specialist Wheelchairs (£0.152m)
- Sefton Flu campaign (£0.015m)
- Liaison Psychiatry (£0.041m)

### 2.3 Position to date

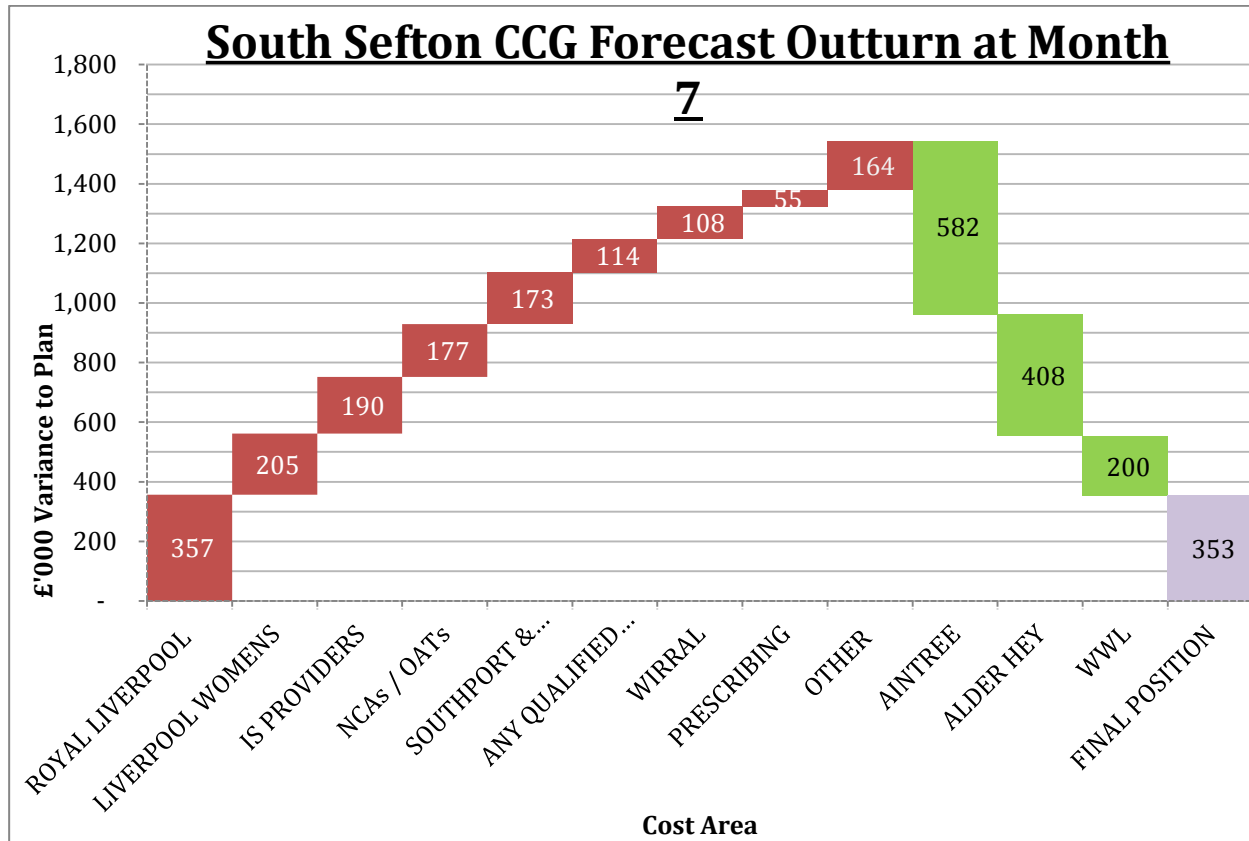
There are forecast overspends with Acute and Independent sector providers, particularly Ramsay Healthcare and Spire Healthcare, and also on Non-Contract / Out of Area Activity (NCAs/OATs).



The overspend is partly supported by underspends with Aintree, Alder Hey and Wrightington Wigan and Leigh (WWL) Hospitals due to underperformance against contract.

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

Figure 2 – Forecast Outturn



**Acute commissioning**

**Royal Liverpool Hospital Foundation Trust**

The forecast overspend for Royal Liverpool Hospital is £0.357m. Overspending areas include planned care, trauma and orthopaedics, anti-TNF drugs and ARMD.

**Liverpool Women’s Hospital Foundation Trust**

The forecast overspend at Liverpool Women’s Hospital is £0.205m overspent. The year to date overspend relates to deliveries, HDU and reproductive medicine. Additional funding is held in CCG reserves to accommodate the increase in reproductive medicine following the change in access criteria.

**Southport and Ormskirk NHS Trust**

The forecast overspend for Southport and Ormskirk is £0.173m and relates to over performance within a range of areas:

- Maternity pathway payments and deliveries (£0.072m variance at month 6)
- Outpatient attendances (£0.072m variance at month 6)
- Planned inpatient care (£0.056m at month 6)

These overspends are partially offset by underspends in emergency care of £0.080m at month 6.

**Aintree University Hospital Foundation Trust**

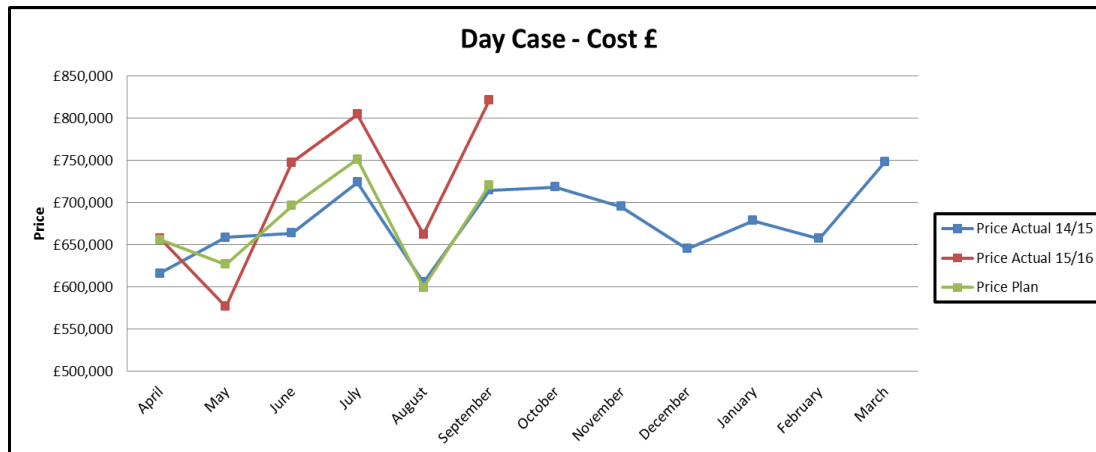
The year to date underspend reported for Aintree is £0.339m and the year-end forecast is £0.582m underspent. This is based on the Month 6 performance information received from the Trust. The main underspends are in the area of emergency care, with unplanned admissions being £0.691m (5%) lower than plan at the end of September. This is offset in part by an increase in outpatient activity (£0.319m above plan at the end of September or 4%) and high cost drugs (£0.228m above plan at the end of September or 17%).

Analysis of the emergency care data shows a significant fall in respiratory activity (£0.255m) which may be as a result of the respiratory QIPP scheme, further analysis into this is being done and will be fed back in due course.

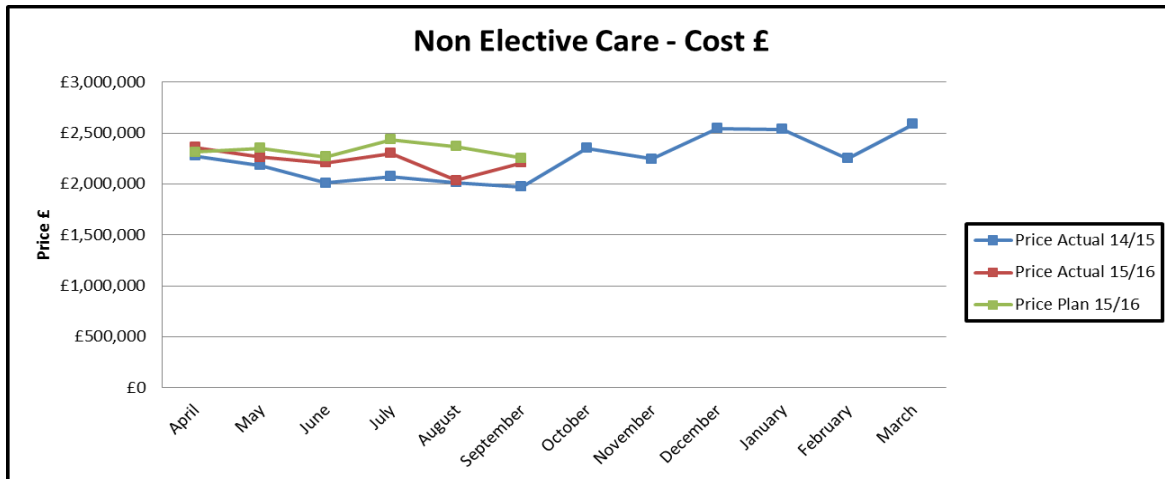
The other significant reason for the reduction in NEL activity is the impact of a new Ambulatory Emergency Care (AEC) pathway that the Trust implemented in July 2015. The result of this is that less patients are being admitted, and costs therefore have reduced. All activity as a result is paid in line with national tariff and this is consistent with other providers in the region. Aintree Hospitals have subsequently written to the Commissioners to request a block contract at planned levels this activity for 2015/16 which was considered by the Collaborative Commissioning Forum (CCF) in the November meeting. The CCF has replied to confirm that the contract will continue on a cost and volume basis for 2015/16 as no evidence has been provided to justify paying a premium to the national tariff.

The graphs below show the activity trends for inpatient care at the Trust. Although day case activity is higher than expected, the total planned inpatient care is consistent with the budget. As outlined above, expenditure on non-elective admissions has reduced from the activity seen over the winter period.

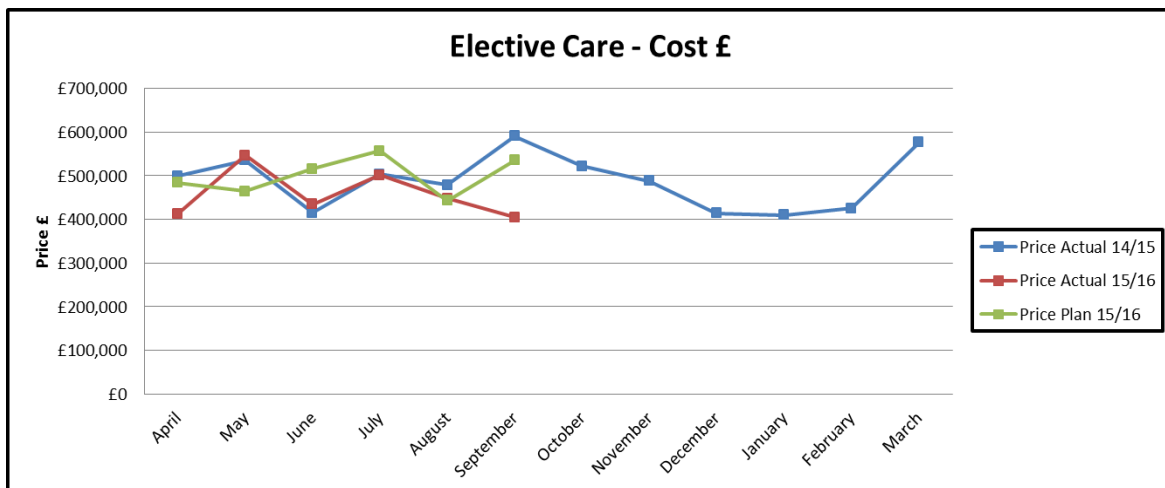
**Figure 3 – Daycase Activity**



**Figure 4 – Non Elective Activity**



**Figure 5 – Elective Activity**



**Alder Hey NHS Children’s Foundation Trust**

The year to date performance data received from Alder Hey shows an underperformance against plan across a number of specialties: paediatric ophthalmology, audiological medicine, trauma and orthopaedics and rheumatology. Activity has been consistently under plan in the first five months of the year, but month 6 has shown a slight increase. The relocation to the new build happened in October and therefore any financial impact from this will not be known until Month 8. The current forecast for Alder Hey is an underspend of £0.408m.

**Independent Sector**

The forecast overspend for independent sector providers is £0.190m for the financial year. The majority of this expenditure relates to orthopaedic activity with Spire Healthcare. A detailed review of the existing Trauma and Orthopaedic pathway is being undertaken across both CCGs, results of which will be fed back to the CCG in January 2016. There are also additional costs at Spa Medical for ophthalmology treatments.

**NCA/OATs**

The budget for non-contract activity (NCA) and Out of Area Treatments (OAT) is overspent in Month 7 by £0.103m. The forecast overspend is £0.177m. The overspend relates to three high value invoices with other providers (Guys & St Thomas, The Walton Centre and York FD Trust).

## Prescribing

The prescribing budget is overspent by £0.032m at Month 7, the year end forecast has reduced to £0.055m due to a revised forecast received from the PPA. Costs remain volatile, partly due to the introduction of a new electronic payment mechanism in place at community pharmacies.

## Continuing Health Care and Funded Nursing Care

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. There has been a sustained effort from the CCG and the CSU to contain CHC costs at 14/15 levels through robust case management and reviews.

As a result of this work, a recurrent efficiency of £0.200m has been achieved and transferred to support the QIPP savings target. The forecasted underspend is taken following this budget reduction.

A similar review commenced in November for Funded Nursing Care (FNC) packages and initial findings have been positive.

## 2.4 QIPP

The QIPP savings target for South Sefton CCG is £3.441m for 2015/16. QIPP schemes delivered in the first quarter of the year are listed below. Delivery of these schemes has reduced the QIPP requirement to £2.385m.

- Reduction in the Cheshire and Merseyside rehab beds contract (£0.200m)
- Reduction in the costs paid for medical support at Jospice (£0.064m);
- Contract reductions with a number of providers (£0.114m)
- Reduction in the CHC budget (£0.200m)
- Acute Growth Budget (£0.478m)

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 £1.094m due to the time taken to devise, review and implement schemes. However, the total fund on a full year basis is over-subscribed, and one of the roles of the QIPP Committee is to prioritise these 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 Lead Provider Framework (LPF) tender process is now complete for services outsourced with the North West Commissioning Support Unit, Midlands and Lancashire Commissioning Support Unit has been selected as the preferred commissioning support provider and are now entering final

discussions to enable contract award. Some services have transferred in house to the CCG and others will be transferred to Midlands and Lancashire CSU.

The current year forecast for the running costs budgets is an underspend of £0.067m mainly due to vacant posts.

## 2.6 Evaluation of Risks and Opportunities

The CCG's primary risk is non-achievement of the QIPP requirement. £2.385m of recurrent savings must be realised in 2015/16 in order to achieve financial stability in the next financial year. 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 and is now also seeing significant growth in the independent sector. Although historic growth has been factored into plans, there is a risk that activity will grow beyond budgeted levels.
- Continuing Healthcare Costs / Funded Nursing care – this is a volatile area of spend due to the nature of individual high cost packages of care which are difficult to forecast. In addition to this there is an overall pressure in the sector as a result of the increases to the living wage from 16/17. This is likely to materialise through the NW framework procurement exercise currently being undertaken with all care home providers.
- Estates – The methodology for charging estates costs has changed in 2015/16. Previously, the costs had been based on historic charges. In 2015/16, the organisation that administers the LIFT buildings (Community Health Partnerships – CHP) 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, and proposed charges have now been received from CHP. These are currently under review with CHP, particularly where proposed charges have risen unexpectedly. The data shows an increase in costs for the CCG and these have been queried with CHP. The charges are yet to be finalised as work with CHP is ongoing.
- Prescribing / Drugs costs - This is a volatile area of spend, and is also subject to potential pricing changes partway through the year. To date, three months' worth of data has been received and this shows an overspend against budget. The risk has also increased following implementation of a new electronic prescribing system leading to a change to the process for pharmacies to submit their prescribing scripts. This may result in time delays and unreliable year to date costs.

**Figure 6 – Reserves Analysis**

	<b>Recurrent £000</b>	<b>Non-Recurrent £000</b>	<b>Total £000</b>
Target surplus	2.400		2.400
Unidentified QIPP	(3.441)		(3.441)
Revised surplus / (deficit)	(1.041)		(1.041)
Forecast (against operational budgets)	(0.253)	(0.100)	(0.353)
Contingency reserves	1.187		1.187
Transformation Fund slippage		1.094	1.094
Reserves	0.058	0.399	0.457
QIPP:			
CM Rehab	0.200		0.200
Jospice	0.064		0.064
Contract Adjustments	0.050		0.050
Budget adjustments	0.064		0.064
Acute Growth restraint	0.478		0.478
CHC	0.200		0.200
Forecast surplus / (deficit)	1.007	1.393	2.400
Risks	(0.600)		(0.600)
Mitigations		0.600	0.600
Risk adjusted forecast surplus / (deficit)	0.407	1.993	2.400

<b>Risk</b>	<b>Total</b>	<b>Green</b>	<b>Amber</b>	<b>Red</b>
Acute Overspends	0.300	0.000	0.300	0.000
Continuing Healthcare	0.150	0.000	0.150	0.000
Prescribing	0.150	0.000	0.150	0.000
<b>Total</b>	<b>0.600</b>	<b>0.000</b>	<b>0.600</b>	<b>0.000</b>

<b>Mitigation</b>	<b>Total</b>	<b>Green</b>	<b>Amber</b>	<b>Red</b>
Reserves	0.600	0.600	0.000	0.000
<b>Total</b>	<b>0.600</b>	<b>0.600</b>	<b>0.000</b>	<b>0.000</b>

The CCG remains on target to achieve the forecast surplus of £2.400m. However, the risks identified will require close management through the year. 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

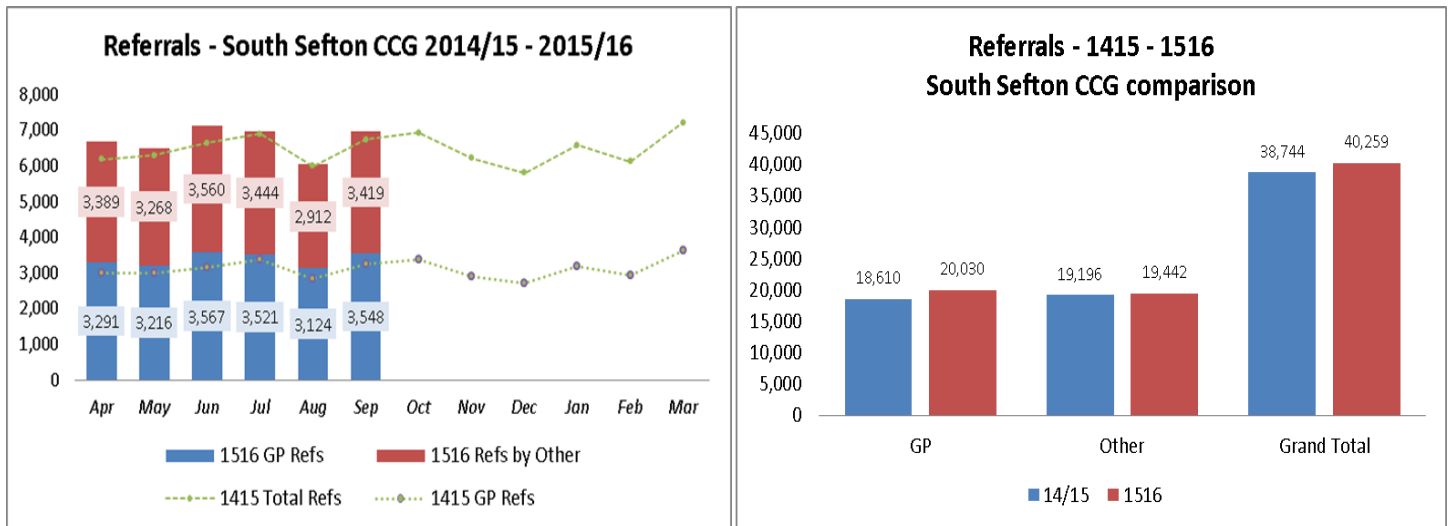


Figure 8 - GP and 'other' referrals for the CCG across all providers comparing 2014/15 and 2015/16 by month

Referral Type	DD Code	Description	1415 Q1	1415 Q2	1415 Q3	1415 Q4	1516 Q1	1516 Q2	1314 YTD	1415 YTD	1516 YTD	% Variance 1415 - 1516	1314-1516 Trendline
GP	03	GP Ref	9,130	9,480	8,953	9,773	10,074	10,193	17,475	18,610	20,267	9%	
<b>GP Total</b>			<b>9,130</b>	<b>9,480</b>	<b>8,953</b>	<b>9,773</b>	<b>10,074</b>	<b>10,193</b>	<b>17,475</b>	<b>18,610</b>	<b>20,267</b>	<b>9%</b>	
Other	01	following an emergency admission	517	534	473	511	527	508	1,066	1,051	1,035	-2%	
	02	following a Domiciliary Consultation	2	5	8	7	5	2	13	7	7	0%	
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	832	780	727	762	1,385	1,206	1,899	1,612	2,591	61%	
	05	A CONSULTANT, other than in an Accident and Emergency Department	3,788	3,829	3,919	4,077	3,932	3,829	7,245	7,617	7,761	2%	
	06	self-referral	731	786	811	889	861	890	1,499	1,517	1,751	15%	
	07	A Prosthetist	3	4	4	7	6	2	17	7	8	14%	
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	775	738	723	676	291	270	1,220	1,513	561	-63%	
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	631	788	738	674	590	714	1,122	1,419	1,304	-8%	
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	7	16	24	23	17	20	30	23	37	61%	
	13	A Specialist NURSE (Secondary Care)	21	18	21	22	18	31	56	39	49	26%	
	14	An Allied Health Professional	311	272	233	204	280	351	438	583	631	8%	
	15	An OPTOMETRIST	28	25	23	19	26	28	42	53	54	2%	
	16	An Orthoptist	0	0	0	0	2	0	0	0	2	0%	
	17	A National Screening Programme	8	21	7	6	6	17	42	29	23	-21%	
92	A GENERAL DENTAL PRACTITIONER	602	538	536	524	539	502	1,157	1,140	1,041	-9%		
93	A Community Dental Service	8	8	12	5	5	0	15	16	5	-69%		
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	1,271	1,299	1,263	1,219	1,269	1,313	2,917	2,570	2,582	0%		
<b>Other Total</b>			<b>9,535</b>	<b>9,661</b>	<b>9,522</b>	<b>9,625</b>	<b>9,759</b>	<b>9,683</b>	<b>18,778</b>	<b>19,196</b>	<b>19,442</b>	<b>1%</b>	
Unknown			446	492	471	515	458	92	800	938	550	-41%	
<b>Grand Total</b>			<b>19,111</b>	<b>19,633</b>	<b>18,946</b>	<b>19,913</b>	<b>20,291</b>	<b>19,968</b>	<b>37,053</b>	<b>38,744</b>	<b>40,259</b>	<b>4%</b>	

GP Referrals have been increasing since March 2015. Analysis by specialty and provider reveals that ENT at Aintree receives the most GP Referrals and has seen an increase since the middle of 2014/15. Gastroenterology referrals also continue to increase. General Medicine is showing a dramatic increase for 1516. These are the GP Hotline referrals which we have notified Aintree that the CCG will not be funding.

Figure 9 - GP Referrals per month April 2013 – September 2015

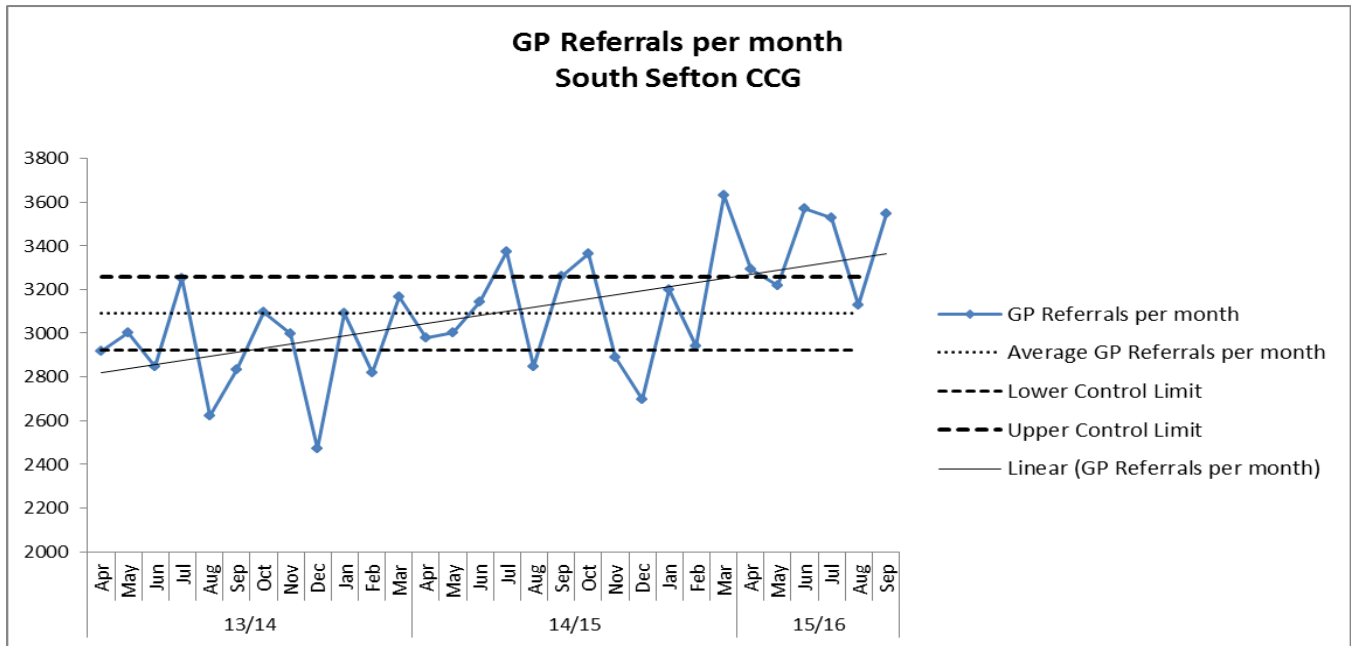
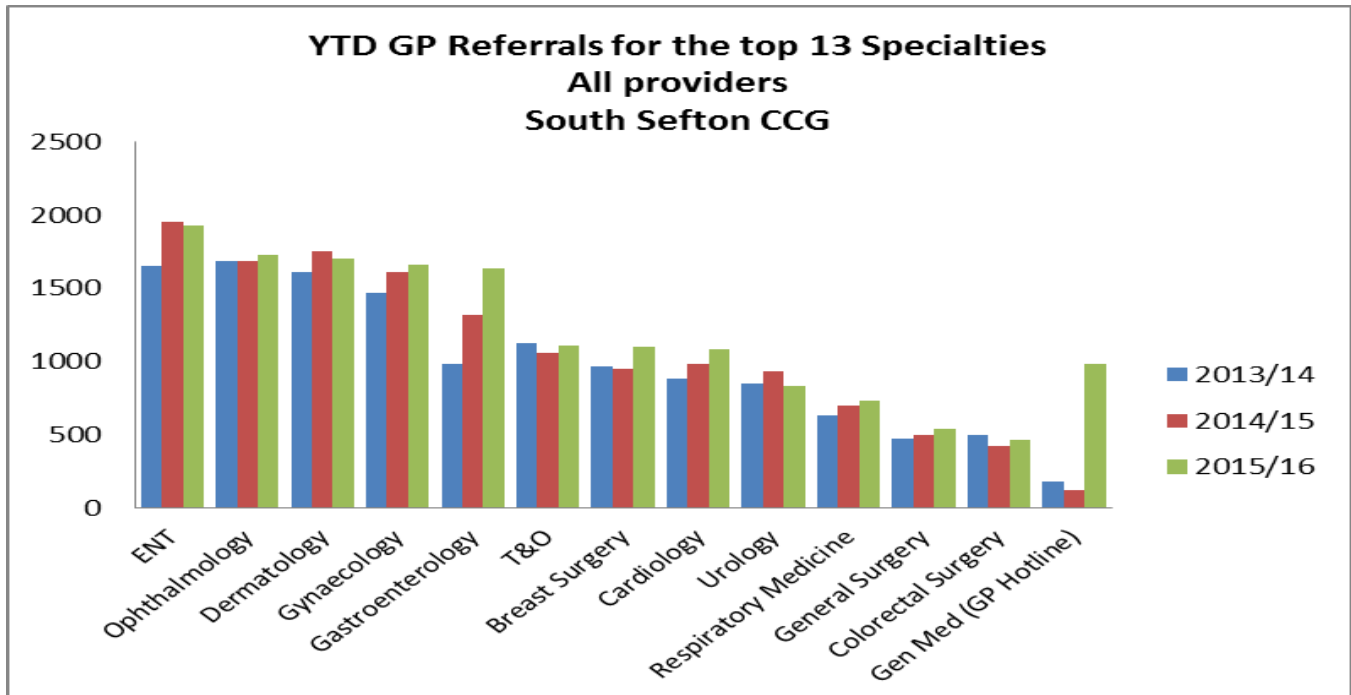


Figure 10 – Top 13 Specialties with GP Referrals. 1314, 1415 and 1516 YTD Total

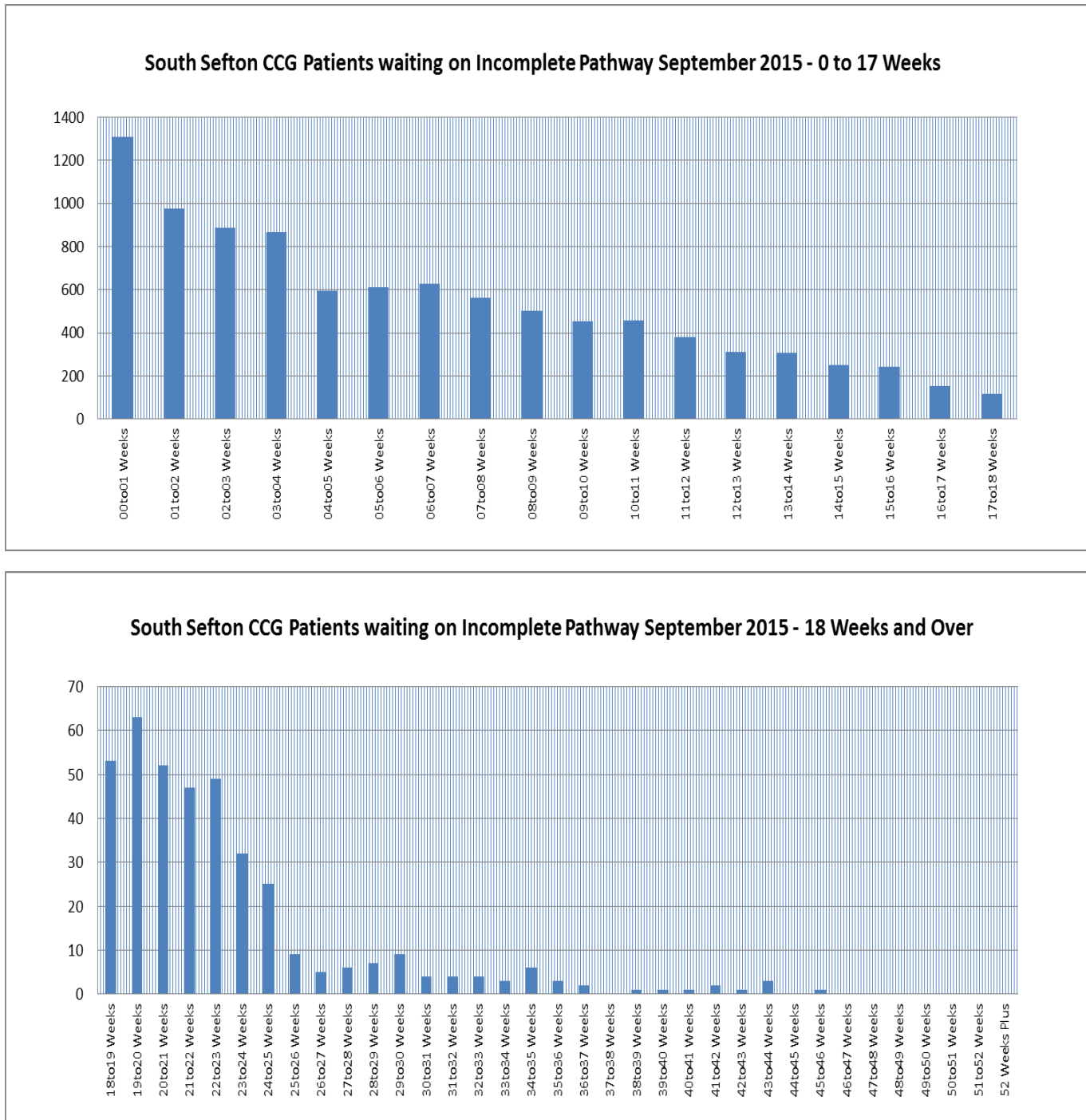




## 4. Waiting Times

### 4.1 NHS South Sefton CCG patients waiting

Figure 11 Patients waiting on an incomplete pathway at the end of September 2015 by weeks waiting.



There were 393 patients (3.9%) waiting over 18 weeks on Incomplete Pathways at the end of September 2015, an increase of 30 patients (8.3%) from Month 5 (15/16). There were no patients waiting over 52 weeks in any month of 2015/16 to date.

## 4.2 Top 5 Providers

Figure 12 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	4911	1256	6167	146	23	7	176	6343
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	755	308	1063	62	13	8	83	1146
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	462	150	612	28	8	0	36	648
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	482	126	608	22	8	7	37	645
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	324	231	555	32	7	7	46	601
Other Providers	464	154	618	6	2	7	15	633
<b>Total All Providers</b>	<b>7398</b>	<b>2225</b>	<b>9623</b>	<b>296</b>	<b>61</b>	<b>36</b>	<b>393</b>	<b>10016</b>

## 4.3 Provider assurance for long waiters

Figure 13 Patients waiting 40+ weeks by speciality and provider and reasons for delay

Trust	Speciality	No of weeks waited	Has patient been seen / has a TCI date?	Reason for the delay
Alder Hey	Other	42-43		
Countess of Chester	ENT	43-44	Treatment started in Outpatients 5 <sup>th</sup> October	
Royal Liverpool	Trauma & Orthopaedics	40-41	Validated - No longer long waiter	
Royal Liverpool	Other	45-46	Awaiting response from Directorate	
Southport and Ormskirk	Dermatology	41-42		Clock stopped
Southport and Ormskirk	Dermatology	43-44		Clock stopped
Southport and Ormskirk	Dermatology	43-44		Clock stopped
Southport and Ormskirk	Trauma & Orthopaedics	41-42		Clock stopped

## 5. Planned Care

### 5.1 All Providers

Performance at Month 6 2015/16, against planned care elements of the contracts held by NHS South Sefton CCG shows an over-performance of circa £219k. This over-performance is driven by increases at Aintree Hospital (£358k), Southport & Ormskirk Hospital (£154k) and Renacres (£85k). Overspends are offset at Royal Liverpool (-£194k) and Alder Hey (-£111k).

ARMD is a growing area. Benchmarking has revealed a variance in the prices charged by providers under local tariff arrangements. A review is being undertaken across the region to standardise treatment pathways and prices. This will be completed in Spring 2016.

**Figure 14 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	170,685	86,604	88,760	2,156	2%	£31,071	£15,765	£16,123	£358	2%
Alder Hey Childrens NHS F/T	14,711	7,091	5,441	-1,650	-23%	£2,353	£1,138	£1,027	-£111	-10%
Countess of Chester Hospital NHS FT	0	0	84	84	0%	£0	£0	£8	£8	0%
Liverpool Heart and Chest NHS F/T	1,273	649	503	-146	-23%	£578	£295	£199	-£96	-33%
Liverpool Womens Hospital NHS F/T	15,539	7,797	7,992	195	3%	£3,282	£1,642	£1,672	£30	2%
Royal Liverpool & Broadgreen Hospitals	29,929	15,268	14,067	-1,201	-8%	£5,827	£2,973	£2,778	-£194	-7%
Southport & Ormskirk Hospital	13,390	6,858	7,476	618	9%	£2,761	£1,410	£1,563	£154	11%
ST Helens & Knowsley Hospitals	4,070	2,026	2,091	65	3%	£1,014	£503	£537	£34	7%
Wirral University Hospital NHS F/T	462	229	197	-32	-14%	£123	£61	£44	-£17	-28%
Central Manchester University Hosp Nhs FT	86	43	73	30	70%	£22	£11	£18	£7	62%
Fairfield Hospital	95	45	56	11	25%	£20	£9	£9	£0	-4%
ISIGHT (SOUTHPORT)	262	131	189	58	44%	£65	£33	£44	£11	34%
Renacres Hospital	3,897	1,960	2,654	694	35%	£1,257	£641	£726	£85	13%
SPIRE LIVERPOOL HOSPITAL	3,334	1,667	1,513	-154	-9%	£999	£499	£444	-£55	-11%
University Hosp South Manchester Nhs FT	108	54	55	1	1%	£16	£8	£8	-£1	-7%
Wrightington, Wigan And Leigh Nhs FT	846	423	508	85	20%	£305	£152	£160	£7	5%
<b>Grand Total</b>	<b>258,688</b>	<b>130,845</b>	<b>131,659</b>	<b>814</b>	<b>1%</b>	<b>£49,692</b>	<b>£25,140</b>	<b>£25,359</b>	<b>£219</b>	<b>1%</b>

## 5.2 Aintree University Hospital NHS Foundation Trust

Figure 15 Month 6 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	6,346	6,694	348	5%	£7,916	£3,982	£4,283	£301	8%
Elective	2,171	1,114	1,031	-83	-7%	£5,849	£3,002	£2,775	£-227	-8%
Elective Excess BedDays	1,134	582	463	-119	-20%	£252	£129	£101	£-28	-22%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	633	322	235	-87	-27%	£113	£58	£42	£-16	-28%
OPFANFTF - Outpatient first attendance non face to face	716	364	316	-48	-13%	£28	£14	£13	£-1	-9%
OPFASPCL - Outpatient first attendance single professional consultant led	31,994	16,266	16,780	514	3%	£4,593	£2,335	£2,483	£147	6%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,577	802	753	-49	-6%	£172	£88	£80	£-7	-8%
OPFUPNFTF - Outpatient follow up non face to face	1,251	636	1,572	936	147%	£30	£15	£38	£23	148%
OPFUPSCL - Outpatient follow up single professional consultant led	83,804	42,607	42,399	-208	0%	£6,558	£3,334	£3,350	£15	0%
Outpatient Procedure	20,122	10,230	10,794	564	6%	£3,254	£1,654	£1,750	£96	6%
Unbundled Diagnostics	13,104	6,552	6,949	397	6%	£1,147	£574	£624	£51	9%
Wet AMD	1,566	783	774	-9	-1%	£1,157	£578	£584	£5	1%
<b>Grand Total</b>	<b>170,685</b>	<b>86,604</b>	<b>88,760</b>	<b>2,156</b>	<b>2%</b>	<b>£31,071</b>	<b>£15,765</b>	<b>£16,123</b>	<b>£358</b>	<b>2%</b>

### 5.2.1 Aintree University Hospital NHS Foundation Trust Key Issues

(Analysis in the table over excludes GP Hotline activity recorded under OPFANFTF. The Collaborative Commissioning Forum has confirmed to Aintree Hospital in a letter that this activity will not be paid for by CCGs)

Daycase over performance continues to rise to £300k/8 % (£172k/5% in M5) and this is again primarily driven by Gastroenterology's over performance of £227k. 30% of Gastro over performance is attributable to one particular HRG "FZ61Z - Diagnostic Endoscopic Procedures on the Upper GI Tract with biopsy 19 years and over"

Over performance for Outpatient First attendances is in single professional consultant led. £147k over performance for month 6 is driven by Geriatric Medicine (£60k/30% over performance), Clinical Haematology (£57k/67% over performance). Investigations are on-going as to whether the new OP Clinics, Clinic G, are causing the Haematology increase. Geriatric Medicine investigations are also on-going.

Outpatient Procedure over performance is attributable mainly to two Specialties – Cardiology £62k/54% and Interventional Radiology £44k/69%. The Interventional Radiology over performance is linked to HRG 'Unilateral Breast Procedures'. Further analysis of activity carried out under this HRG show that procedures involve fine needles and imaging-guided biopsy's, therefore attributable to Interventional Radiology, but also increased due to the transfer of Breast Surgery activity into Aintree and the Breast Surgery over performance in outpatient first attendances. Cardiology over performance is solely attributable to Echocardiograms and is currently £62k/55% over performing against plan.

## 5.3 Southport & Ormskirk Hospital

Figure 16 Month 6 Planned Care- Southport & Ormskirk 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	525	492	-33	-6%	£702	£358	£393	£34	10%
Elective	194	98	111	13	13%	£583	£295	£323	£28	9%
Elective Excess BedDays	13	7	0	-7	-100%	£3	£2	£0	£2	-100%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	113	58	124	66	115%	£18	£9	£18	£9	97%
OPFANFTF - OP 1st Attendance non face to face	0	0	9	9	0%	£0	£0	£0	£0	0%
OPFASPCL - Outpatient first attendance single professional consultant led	2,611	1,338	1,218	-120	-9%	£366	£188	£177	£10	-6%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	210	108	255	147	137%	£21	£11	£25	£14	125%
OPFUPNFTF - Outpatient follow up non face to face	0	0	34	34	0.00%	£0	£0	£1	£1	0%
OPFUPSPCL - Outpatient follow up single professional consultant led	5,260	2,695	2,829	134	4.96%	£456	£234	£248	£14	6%
Outpatient Procedure	3,070	1,573	1,977	404	25.69%	£545	£279	£344	£65	23%
Unbundled Diagnostics	889	456	427	-29	-6.30%	£66	£34	£35	£1	2%
<b>Grand Total</b>	<b>13,390</b>	<b>6,858</b>	<b>7,476</b>	<b>618</b>	<b>9.02%</b>	<b>£2,761</b>	<b>£1,410</b>	<b>£1,563</b>	<b>£154</b>	<b>11%</b>

### 5.3.1 Southport & Ormskirk Hospital Key Issues

Planned Care for month 6 is showing a £154k (11%) over performance. Daycase (£34k), Electives (£28k) and Outpatient Procedures (£65k) are the main cause of over spend.

Daycase over performance continues to be as a result of the increased activity in “Major Shoulder and Upper arm procedures”.

Outpatients Procedures is seeing increased activity in Trauma & Orthopaedics and Dermatology. HRG “HB56C Minor Hand or Foot Procedures” has shown an increase in activity since 1415. Procedures associated with the HRG are Joint injections for arthritis and “examination” of joint. “Investigative Procedures” in Dermatology has also shown a marked increase. Procedures associated with this HRG are generally Diagnostic dermatoscopy of skin. These two specialties make up almost all of Outpatient Procedure variance.

## 5.4 Renacres Hospital

Figure 17 Month 6 Planned Care- Renacres Hospital by POD

Renacres 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	496	255	267	12	4.79%	£614	£315	£291	£-24	-8%
Elective	72	37	47	10	27.75%	£308	£158	£217	£59	37%
OPFASPCL - Outpatient first attendance single professional consultant led	1,021	511	587	76	14.83%	£136	£68	£79	£11	16%
OPFUPSCL - Outpatient follow up single professional consultant led	1,256	629	1,399	770	122.42%	£99	£50	£82	£32	64%
Outpatient Procedure	658	330	152	-178	-53.90%	£62	£31	£36	£5	16%
Unbundled Diagnostics	394	198	202	4	1.87%	£37	£19	£21	£2	12%
<b>Grand Total</b>	<b>3,897</b>	<b>1,960</b>	<b>2,654</b>	<b>694</b>	<b>35.42%</b>	<b>£1,257</b>	<b>£641</b>	<b>£726</b>	<b>£85</b>	<b>13%</b>

### 5.4.1 Renacres Hospital Key Issues

Trauma & Orthopaedics is driving the Elective overspend with a M6 variance of £46k/32%. Activity within T&O is showing a marked increase in Major Hip & Knee Procedures. Activity in both of these areas is over performing by 47%, with the combined cost variance of £46k.

Outpatient Follow Ups are over performing by £32k/64%, and if we exclude the usual cause of T&O, we have activity and finance recorded under three specialties with no plan – Spinal Surgery Services, Nursing Episodes and Allied Health Professional Episode. Further investigations will be conducted as TFC codes for Nursing Episodes and Allied Health Professional Episodes are no longer in use.

## 5.5 Liverpool Heart & Chest Hospital

Figure 18 Month 6 Planned Care- Liverpool Heart & Chest Hospital by POD

Lpool Heart & Chest 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	167	85	54	-31	-36.60%	£360	£183	£111	£-72	-39%
Elective	29	15	8	-7	-46.76%	£78	£40	£21	£-19	-47%
Elective Excess BedDays	44	22	0	-22	-100.00%	£10	£5	£0	£-5	-100%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	33	17	13	-4	-21.96%	£7	£3	£3	£-1	-17%
OPFANFTF - OP 1st Attendance non face to face	0	0	1	1	0.00%	£0	£0	£0	£0	0%
OPFASPCL - Outpatient first attendance single professional consultant led	193	99	115	16	16.70%	£39	£20	£21	£1	8%
OPFASPCL - Outpatient first attendance single professional non consultant led	52	27	24	-3	-9.49%	£8	£4	£4	£0	2%
OPFUPMPCCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	75	38	27	-11	-29.05%	£12	£6	£4	£-2	-29.00%
OPFUPNFTF - Outpatient follow up non face to face	0	0	21	21	0.00%	£0	£0	£2	£2	0.00%
OPFUPSCL - Outpatient follow up single professional consultant led	370	189	160	-29	-15.15%	£39	£20	£17	£-4	-17.57%
OPFUPSCL - Outpatient follow up single professional non consultant led	145	74	14	-60	-81.10%	£12	£6	£1	£-5	-80.47%
Outpatient Procedure	76	39	10	-29	-74.21%	£4	£2	£1	£-1	-33.08%
Unbundled Diagnostics	89	46	52	6	14.18%	£11	£5	£11	£5	98.97%
<b>Grand Total</b>	<b>1,273</b>	<b>649</b>	<b>499</b>	<b>-150</b>	<b>-22.54%</b>	<b>£578</b>	<b>£295</b>	<b>£196</b>	<b>£-99</b>	<b>-32.57%</b>

## 5.5.1 Liverpool Heart & Chest Hospital Key Issues

A month 6 under performance of -£99k at Liverpool Heart & Chest is largely to do with a -£72k under performance in Daycase. This cost saving appears to be as a result of less complex/major procedures being carried out in the first 6 months of 2015/16.

## 6. Unplanned Care

### 6.1 All Providers

Unplanned Care at Month 6 of financial year 2015/16, shows an under-performance of circa -£750k for contracts held by NHS South Sefton CCG.

This underspend is clearly driven by the -£884k under spend at Aintree Hospital and -£136k at Alder Hey. If we just exclude Aintree, we would be reporting a month 6 over spend of £135k/2%. The two main Trusts over spending are Liverpool Women's £111k and Royal Liverpool £130k.

Figure 19 Month 6 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	97,701	48,973	46,267	-2,706	-5.52%	£33,385	£16,763	£15,879	-£884	-5.27%
Alder Hey Childrens NHS F/T	8,868	4,324	4,188	-136	-3.14%	£1,905	£977	£841	-£136	-13.93%
Countess of Chester Hospital NHS FT	0	0	75	75	0.00%	£0	£0	£31	£31	0.00%
Liverpool Heart and Chest NHS F/T	171	85	44	-41	-48.40%	£144	£72	£105	£33	46.05%
Liverpool Womens Hospital NHS F/T	3,458	1,740	1,962	222	12.76%	£3,009	£1,514	£1,625	£111	7.31%
Royal Liverpool & Broadgreen Hospitals	5,851	2,925	3,271	346	11.82%	£2,145	£1,072	£1,202	£130	12.15%
Southport & Ormskirk Hospital	6,978	3,520	3,816	296	8.40%	£2,492	£1,264	£1,216	-£48	-3.80%
ST Helens & Knowsley Hospitals	850	430	453	23	5.31%	£361	£184	£176	-£8	-4.36%
Wirral University Hospital NHS F/T	245	122	228	106	86.16%	£90	£44	£64	£20	44.79%
Central Manchester University Hospitals Nhs FT	67	33	4	-29	-88.06%	£16	£8	£6	-£2	-23.59%
University Hospital Of South Manchester Nhs FT	41	21	21	0	1.74%	£14	£7	£7	£0	1.94%
Wrightington, Wigan And Leigh Nhs FT	42	21	25	4	19.05%	£15	£8	£11	£4	46.40%
<b>Grand Total</b>	<b>124,270</b>	<b>62,195</b>	<b>60,354</b>	<b>-1,841</b>	<b>-2.96%</b>	<b>£43,577</b>	<b>£21,913</b>	<b>£21,163</b>	<b>-£750</b>	<b>-3.42%</b>

### 6.2 Aintree University Hospital NHS Foundation Trust

Figure 20 Month 6 Unplanned Care – Aintree University Hospital 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 WiC Litherland	41,953	21,015	20,034	-981	-4.67%	£0	£0	£0	£0	0.00%
A&E - Accident & Emergency	30,956	15,506	15,029	-477	-3.08%	£3,646	£1,826	£1,811	-£15	-0.85%
NEL - Non Elective	13,932	6,998	6,367	-631	-9.01%	£25,986	£13,052	£12,509	-£543	-4.16%
NELNE - Non Elective Non-Emergency	44	22	21	-1	-4.98%	£122	£61	£52	-£9	-14.12%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	40	20	51	31	153.85%	£10	£5	£10	£6	118.21%
NELST - Non Elective Short Stay	2,732	1,372	1,112	-260	-18.96%	£1,764	£886	£734	-£152	-17.11%
NELXBD - Non Elective Excess Bed Day	8,044	4,040	3,653	-387	-9.58%	£1,858	£933	£762	-£172	-18.39%
<b>Grand Total</b>	<b>97,701</b>	<b>48,973</b>	<b>46,267</b>	<b>-2,706</b>	<b>-5.52%</b>	<b>£33,385</b>	<b>£16,763</b>	<b>£15,879</b>	<b>-£884</b>	<b>-5.27%</b>

## 6.2.1 Aintree Hospital Key Issues

Discussions regarding activity and finance are ongoing both internally and with the Trust with a view to informing contract negotiations for 2016/17.

The North West Utilisation Management team have been conducting a review at Aintree into urgent care, and the first draft of a formal report will be shared with the CCG within the next fortnight.

## 6.3 Alder Hey Hospital

Figure 21 Month 6 Unplanned Care – Alder Hey Hospital by POD

Alder Hey Childrens 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	7,899	3,837	3,794	-43	-1.13%	£688	£334	£332	£-2	-0.57%
NEL - Non Elective	854	426	385	-41	-9.58%	£1,174	£620	£505	£-115	-18.50%
NELNE - Non Elective Non-Emergency	1	1	0	-1	-100.00%	£1	£0	£0	£0	-100.00%
NELXBD - Non Elective Excess Bed Day	113	60	9	-51	-84.99%	£42	£22	£3	£-19	-85.76%
<b>Grand Total</b>	<b>8,868</b>	<b>4,324</b>	<b>4,188</b>	<b>-136</b>	<b>-3.14%</b>	<b>£1,905</b>	<b>£977</b>	<b>£841</b>	<b>£-136</b>	<b>-13.93%</b>

### 6.3.1 Alder Hey Hospital Key Issues

The underperformance against contract plan experienced by South Sefton CCG has also been mirrored by Liverpool CCG, but other local CCGs have seen over performance against plan at this provider with the overall financial position for the Trust 6% below plan. The Trust has been asked to provide further information into the variances, highlighting key specialties and possible reasons.

## 6.4 Royal Liverpool & Broadgreen Hospitals

Figure 22 Month 6 Unplanned Care – Royal Liverpool & Broadgreen Hospitals by POD

The Royal Liverpool Hospital Urgent Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E - Accident & Emergency	4,422	2,211	2,398	187	8.46%	£397	£198	£221	£22	11.19%
AMAU - Acute Medical unit	63	31	36	5	14.60%	£6	£3	£3	£0	13.35%
NEL - Non Elective	692	346	350	4	1.18%	£1,355	£677	£741	£63	9.34%
NELNE - Non Elective Non-Emergency	24	12	12	0	0.26%	£179	£90	£93	£3	3.74%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	149	74	0	-74	-100.00%	£33	£17	£0	£-17	-100.00%
NELST - Non Elective Short Stay	268	134	147	13	9.65%	£137	£69	£80	£12	17.10%
NELXBD - Non Elective Excess Bed Day	234	117	328	211	180.90%	£50	£25	£71	£46	183.03%
readmissions	0	0	0	0	#NUM!	£-13	£-7	£-7	£0	-2.00%
<b>Grand Total</b>	<b>5,851</b>	<b>2,925</b>	<b>3,271</b>	<b>346</b>	<b>11.82%</b>	<b>£2,145</b>	<b>£1,072</b>	<b>£1,202</b>	<b>£130</b>	<b>12.15%</b>

### 6.4.1 Royal Liverpool & Broadgreen Hospitals Key Issues

Non Electives & Non Elective Excess Bed days make up £109k of the total £130k unplanned over spend. Vascular Surgery is the main cause of NEL and NELXBD overspend, more specifically, 2



particular HRGs relating to Amputations and Lower Limb Arterial Surgery make up £85k of the total NEL overspend.

## 6.5 Liverpool Women's Hospital

Figure 23 Month 6 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	877	970	93	10.59%	£172	£86	£98	£11	13.20%
NEL - Non Elective	157	79	92	13	16.41%	£229	£115	£140	£25	21.93%
NELNE - Non Elective Non-Emergency	1,309	659	664	5	0.78%	£2,510	£1,263	£1,296	£33	2.60%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	208	105	219	114	109.25%	£78	£39	£82	£43	109.24%
NELST - Non Elective Short Stay	30	15	9	-6	-40.23%	£17	£9	£7	£-2	-24.47%
NELXBD - Non Elective Excess Bed Day	10	5	8	3	51.79%	£3	£1	£2	£1	45.69%
<b>Grand Total</b>	<b>3,458</b>	<b>1,740</b>	<b>1,962</b>	<b>222</b>	<b>12.76%</b>	<b>£3,009</b>	<b>£1,514</b>	<b>£1,625</b>	<b>£111</b>	<b>7.31%</b>

### 6.5.1 Liverpool Women's Hospital Key Issues

NELNE activity at Liverpool Women's, shows that there has been an increase in assisted deliveries with induction and normal deliveries with post-partum surgical intervention. Contrary to this, there is an underperformance in normal deliveries. Non-Elective Non-Emergency Excess bed days are over performing as a result of Planned Lower Uterine C-Section. Although costs are not significant, Normal Delivery with induction is showing a 653% activity increase. Activity plan is a total of 5 for month 6; however actual activity is 34 causing a variance of 29/653%.

## 7. Mental Health

### 7.1 Mersey Care NHS Trust Contract

Figure 24 NHS South Sefton CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS South Sefton CCG			
	Plan	Caseload	Variance from Plan	% Variance
0 Variance	34	95	61	179%
1 Common Mental Health Problems (Low Severity)	23	46	23	100%
2 Common Mental Health Problems (Low Severity with greater need)	48	30	(18)	-38%
3 Non-Psychotic (Moderate Severity)	274	239	(35)	-13%
4 Non-Psychotic (Severe)	169	197	28	17%
5 Non-psychotic Disorders (Very Severe)	32	58	26	81%
6 Non-Psychotic Disorder of Over-Valued Ideas	43	38	(5)	-12%
7 Enduring Non-Psychotic Disorders (High Disability)	133	195	62	47%
8 Non-Psychotic Chaotic and Challenging Disorders	83	98	15	18%
10 First Episode Psychosis	93	136	43	46%
11 On-going Recurrent Psychosis (Low Symptoms)	414	433	19	5%
12 On-going or Recurrent Psychosis (High Disability)	312	310	(2)	-1%
13 On-going or Recurrent Psychosis (High Symptom & Disability)	112	110	(2)	-2%
14 Psychotic Crisis	17	26	9	53%
15 Severe Psychotic Depression	7	4	(3)	-43%
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	33	33	-	0%
17 Psychosis and Affective Disorder – Difficult to Engage	58	59	1	2%
18 Cognitive Impairment (Low Need)	347	213	(134)	-39%
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	462	520	58	13%
20 Cognitive Impairment or Dementia Complicated (High Need)	148	324	176	119%
21 Cognitive Impairment or Dementia (High Physical or Engagement)	45	61	16	36%
Reviewed Not Clustered	36	181	145	403%
No Cluster or Review	144	189	45	31%
<b>Total</b>	<b>3,067</b>	<b>3,595</b>	<b>528</b>	<b>17%</b>

Figure 25 CPA – Percentage of People under CPA followed up within 7 days of discharge

			Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-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	Target 95%	100%	100%	100%	93%	100%	100%

Figure 26 CPA Follow up 2 days (48 hours) for higher risk groups

			Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-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.	Target 95%	100%	100%	100%	100%	No patients requiring follow up in August	100%

## Quality Overview

At Month 6, Merseycare are compliant with the quality schedule reporting requirements. The Trust is working with the CCG Quality Team to improve the safer staffing report, NICE and Serious Incident reports for CQPG meetings. Underperforming KPIs are discussed at monthly quality and performance meetings and the bi-monthly CQPGs.

There are specific concerns exist around; DNA's at new Clock View site, GP referral pathways, AED assessment and access to psychotherapy. The CCG are monitoring these areas through the CQP and SRG meetings.

### 7.2 Cheshire Wirral Partnership - Improving Access to Psychological Therapies Contract

The access/prevalence rate at month 6 YTD is 4.54% which is below the target and current activity levels would indicate that the trust will fall below the 15% target.

The Recovery rate in month 6 is 48.1% against the target of 50% and this is an improvement on last month, meaning year to date position is above target at 51.1%.

There were 239 (181 at month 5) cancellations by the patient and 42 (37 at month 5) cancellations recorded by the provider in month 6.

Step 2 staff have reported that they are experiencing a high DNA rate and are confirming appointments with clients over the phone who then subsequently do not attend the appointment. The wait to therapy post screening is still part of the timeline and as such the provider suggested that the client may sometimes feel they need to accept the appointment as they have waited a significant time, but then do not feel the need to attend, as essentially the need has passed. This may explain the high DNA rate.

The increase in self referrals may be impacting on the "watchful wait" that is usually managed by the GP as this is missed and clients referring are assessed promptly. Following the assessment the natural process of managing some level of emotional distress occurs and when appointments are offered the desire to engage in therapy has diminished.

The service text reminder service would assist in the reduction of DNAs. This would give the prompt to clients 24 hours before an appointment for those clients most likely to have forgotten.

GP referrals appear to be on a downward trend however this is an upward trend in self referrals. Opt in rates have increased on last month and further analysis will be undertaken to understand if this increase is related to self-referrals.

There are marked differences in % opt in rates for referrals and further analysis is required to understand if the opt in rates differ between the different referral sources.

**Figure 27 Monthly Provider Summary including (National KPI s Recovery and Prevalence)**

Performance Indicator		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	TOTALS
Population (Psychiatric Morbidity Survey)		24298	24298	24298	24298	24298	24298	24298
National definition of those who have entered into treatment		143	158	201	204	166	232	1104
Prevalence Trajectory (%)		1.25%	1.25%	1.25% (q1=3.75%)	1.25%	1.25%	1.25% (q2=3.75%)	15.00%
Prevalence Trajectory ACTUAL		0.59%	0.65%	0.83%	0.84%	0.68%	0.95%	4.54%
National definition of those who have completed treatment (KPI5)		134	117	120	136	119	143	
National definition of those who have entered Below Caseness (KPI6b)		9	4	11	9	10	8	
National definition of those who have moved to recovery (KPI6)		75	51	61	66	49	65	
Recovery - National Target		50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	
Recovery ACTUAL		60.0%	45.1%	56.0%	52.0%	45.0%	48.1%	
Referrals Received		434	395	355	405	331	335	
Gp Referrals		288	215	152	161	115	114	
% GP Referrals		66%	54%	43%	40%	35%	34%	
Self referrals		114	149	175	205	184	207	
% Self referrals		26%	38%	49%	51%	56%	62%	
Other referrals <i>Other Referrals are 9 - Assessment and Immediate Care, 3 - Other, 1- Perinatal Team, 1 - Secondary Care</i>		32	31	28	39	32	14	
% Other referrals		7%	8%	8%	10%	10%	4%	
Referral not suitable or returned to GP		0	0	0	0	0	0	
Referrals opting in		240	268	218	261	169	203	
Opt-in rate %		55%	68%	61%	64%	51%	61%	
Patients starting treatment by step (Local Definition)		Step 2	94	119	142	157	125	178
		Step 3	49	39	59	47	41	54
		Step 4						
		Total	143	158	201	204	166	232
Percentage of patients entering in 28 days or less		53.0%	37.0%	59.0%	60.0%	46.0%	29.0%	
Completed Treatment Episodes by Step (Local Definition)		Step 2	138	175	128	203	127	240
		Step 3	341	329	363	383	287	462
		Step 4						
		Total	479	504	491	586	414	702
Activity	Attendances	Step 2	369	456	536	788	618	645
		Step 3	389	422	547	460	466	507
		Step 4		1	2	3	6	17
	DNA's	Step 2	80	92	146	179	129	175
		Step 3	52	49	75	56	55	60
		Step 4		1				
	Cancels	Step 2	40	82	159	225	137	176
		Step 3	62	89	107	95	81	99
		Step 4						6
	Attendances	Total	758	879	1085	1251	1090	1169
	DNAs	Total	132	142	231	235	184	235
	Cancelled	Total	102	171	266	320	218	281
	Number Cancelled by patient	Total	45	109	194	253	181	239
	Number Cancelled by provider	Total	57	62	72	67	37	42

**Figure 28 IAPT Waiting Time KPIs**

	Indicator	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
EH.1_A1	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	294	212	220
	Denominator		165	245	266	303	217	224
	%		99%	92%	95%	97%	98%	98%
EH.2_A2	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	302	217	223
	Denominator		165	245	213	303	217	224
	%		99%	99%	100%	100%	100%	100%

## 8. Community Health

### Liverpool Community Health Services (by exception)

The trust has provided an exception narrative by service in the monthly report however in the past it has included issues that should be escalated to commissioners e.g. the staffing of the Rehab at Home service and that despite the trust assurance that this will not impact on service delivery.

**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 and this is documented in the FIG work plan.

Delivery times in Sefton remain above target. Demand has increased compared to the previous year and additional funding has been agreed for the first quarter of 2015/16. A task and finish group has been set up to complete an in depth review of the service.

**Diabetes specialist nurse:** This service has experienced issues with staffing since January 2015 including sickness and two appointed staff members subsequently resigned shortly after starting employment. Both vacancies were re advertised as part of the recruitment process and to date one band 6 has now been recruited and starts in October.

**Treatment Rooms:** Demand and activity are up for this service and additional capacity has been created through the introduction of specific ear syringing clinics. A trajectory for improvement is under development. This will be reported on from next month. The change in delivery model has resulted in the increase in referrals from District Nurses. The trust will be monitoring this going forward. The service continues to ensure that the majority of (95%) patients receive an appointment within 2 weeks of referral in Sefton. There are patients who opt to have an appointment appropriate to them and that falls outside of the 2 weeks. This is also 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 provide analysis around the ratio of contacts to referrals. An update on this work is awaited.

Intravenous Therapy (IV)-There is an issue with staff not inputting activity to EMIS which makes it look like demand is higher than activity. The service is aware of this and continues to ensure that staff know the importance of capturing all activity.

The current over performance is due to an increase in long term antibiotic referrals along with cellulitis referrals from GPs. The trust is utilising staff from other localities along with staff working extra hours to deal with the demand. IV patients are seen within 72 hours with cellulitis patients seen the same day as long as the referral is received before 3pm. The team hands over non – complex patients to district nurses when capacity allows.

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 service plans accordingly for services that deliver the virtual ward model. It was agreed that a financial breakdown would be provided by the end of quarter 1 to assist with this at the July finance and information group. The uplifted plans will then be reflected in the monthly reports going forward. The FIG work plan documents that the trust are awaiting guidance from the CCG . Update on progress is still awaited.

### **Liverpool Community Health Waiting Times**

Paediatric Speech and Language Therapy: The trust continues to use temporary staff in the interim to increase activity. In addition the service has identified areas where significant efficiencies can be made which will enable activity levels to increase and ensure waiting times are reduced.

The current waiting time for Paediatric Speech and Language Therapy is reported as 26 weeks for NHS South Sefton CCG.

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. The current waiting time for the Wheelchair service is 18 weeks. A full demand and capacity analysis will be completed in October 2015 and a recovery plan developed with commissioners.

Waiting times are not being recorded for several services: Community Cardiac/Heart Failure, Community Matrons, District Nursing Service, Diabetes Specialist Nurses, IV Therapy, Intermediate care community, Respiratory, Palliative Care & Treatment Rooms. Requests continue to be made for this to be included with the monthly reports but to date has not been forthcoming. 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 aspirational targets identified in the document. This document is due to go to the trust board in November.

### **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.

### **Southport and Ormskirk ICO:Gynaecology**

Community Gynaecology-The trust are submitting the monthly dataset as required however the data set provided does not include the capture of onward referrals. The service is due to migrate to EMIS in 2016 when this issue will be rectified. This is all part of the on-going discussions around this service with the commissioner.

## **Quality Overview**

Joint LCH Clinical Quality and Performance Group (CQPG) meetings are now held on a monthly basis with South Sefton and Liverpool CCGs. A full review of pressure ulcers is underway with representation from both CCGs, LCH and NHS England, an action plan has been developed, progress will be reviewed at the CQPGs.

### CQC Action Plan

Collaborative Forum meets on a monthly basis, one task is to review the LCH CQC and NHS England Quality Review Action Plan. There are currently 4 work streams

Culture  
Governance  
Safety  
Workforce.

### Looked After Children (LAC)

Currently issues regarding the timely return of LAC Health Information to the Local Authority and the undertaking of health assessments, the CCG is holding them to account regarding any challenges they may have from across the system. A paper was presented to the Sefton Corporate Parenting Board on 13<sup>th</sup> October, work continues locally on the development of new pathways and DES Nurse for Looked After Children is liaising with LCH to support the provider and improve the systems

### Ward 35 – C-Diff

2 x C.Diff cases that have occurred recently on Ward 35 in August these were both LCCG patients. Both were in the same bay and sharing the same toilet. Potential issues as follows:

- Utilisation of C.diff assessment tool (going to be reviewed and undertaken throughout stay)
- Deviation in following prescribing guidelines (will follow Aintree's) - will need to document deviation and rationale
- The Laboratory not accepting type 5 or type 6 stools from anywhere therefore staff not sending for testing
- All GPs for the patients will be contacted - this will include other patients in the same bay who may be at an increased risk.

Both Sefton CCG's and Liverpool CCG are working together with Public Health team.

### Speech and Language Therapy

Issues regarding Speech and Language Therapy waiting times have been escalated to the CQPG to ensure any potential patient safety concerns are addressed, an update will be provided in the Month 7 report.

## 9. Third Sector Contracts

Contract review meetings have now taken place with all Third Sector providers; Minutes have been produced and forwarded to the appropriate commissioners at the CCG's.

Reports outlining service outcomes for 2014-15 have now been finalised and have been passed over to the CCG for further review by the finance team. These reports detail activity collected within Information Schedules and service outcomes highlighting how they link in with the CCG 5 year forward plans.

Further work has commenced to update the information schedules for 15-16 and NHS Number collection for service users accessing these services is to be piloted from 01/10/15.

Various Third Sector providers have invited the NWCSU contract manager to attend their support groups over the coming months to help in understanding the work they do within the community and how they contribute to the wider health economy of Sefton.



## 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			
<b>IPM</b>							
<b>Treating and caring for people in a safe environment and protecting them from avoidable harm</b>							
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	15/16 - September	27	22	↑	There were 3 new cases reported in September 2015, year to date there have been 22 cases against a plan of 27. Of the 22 cases reported in year to date all have been aligned to Aintree Hospital (12 apportioned to acute trust and 10 apportioned to community).		
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	15/16 - September	23	25 (13 following appeal)	↑	There were 8 new cases have been reported in September. Year to date there have been 25 cases against a plan of 23, the year to date plan is 46.	<ul style="list-style-type: none"> <li>Recent actions to reduce CDI includes the implementation of the HCAI Reduction Plan and in addition;</li> <li>* The development and implementation of a CDI collaborative</li> <li>* Revision of the CDI guideline and improved treatment options</li> <li>* The implementation of multidisciplinary IPC Sweeps following every case of CDI</li> <li>* Focused IPC training for Domestic staff and Catering staff</li> <li>* The development of a revised cleaning responsibility framework</li> <li>* Presentation at the Grand Round to promote antibiotic stewardship Start Smart then Focus</li> <li>* Development of a one page IPC briefing for bank and agency staff</li> <li>* In collaboration with procurement, a review of the current cleaning equipment, in particular wipes used by nursing staff</li> <li>* A visit to Wrightington Wigan and Leigh is planned as they have a low rate of infection</li> </ul>	
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	15/16 - September	0	1	↑	No new cases have been reported in September of MRSA for South Sefton CCG (According to the National Database). However, following local Post Infection Review (PIR) the case originally attributed to Aintree has now been attributed to the CCG, taking the CCG over trajectory.	The MRSA PIR chaired by the South Sefton CCG Chief Nurse, the RCA was reviewed and chronology discussed, a decision was made to attribute the case to the CCG instead of Aintree as it was felt the CCG was the best placed to ensure lessons are learned	
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	15/16 - September	0	0	↔	No new cases reported in September. Initially there has been one case reported at Aintree in August, however following local Post Infection Review (PIR) the case originally attributed to Aintree has now been attributed to the CCG, taking Aintree back below zero tolerance		

Mixed Sex Accommodation Breaches						
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	15/16 - September	0.00	0.20	↑	The CCG are over plan for MSA breaches per 1000 FCE recording 0.20 for September.	The CCG is aware that MSA breaches have occurred , but not at South Sefton's main provider Truist's, the CCG is working with NHSE to determine where the breaches occurred in order to review any lessons learned through RCAs
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	15/16 - September	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 - September	1258.89	1,279.97	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 220 more admissions than the same period last year.	
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative)	15/16 - September	130.19	130.19	New Plans	This measure now has a plan which is based on the same period previous year. The CCG actual and monthly plan are the same, there we no more admissions than the same period last year. Year to date there has been 42.	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's were set. The CCG will look to revise these targets.
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	15/16 - September	497.3	566.23	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 107 more than the same period last year.	
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	15/16 - September	43.40	46.50	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 decrease in actual admissions is 1 less that same period last year.	
Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)	15/16 - September	750.46	706.01	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 114 above the same period last year.	
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	15/16 - September	No Plan	17.80	↓	The emergency readmission rate for the CCG is slightly higher than previous month (17.20) and also higher than the same period last year (15.83).	

Helping people to recover from episodes of ill health or following injury						
Patient reported outcomes measures for elective procedures: Groin hernia	Apr 14 - Mar 15 (Prov data)	0.0697	0.080	Provisional data	Provisional data shows the CCG improved on the previous years rate of 0.680 in 2013/14 but achieved a score lower than that of the England average 0.085.	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 - Mar 15 (Prov data)	0.430	0.403	Provisional data	Provisional data shows the CCG has declined on the previous years rate of 0.420 in 2013/14 and are also achieving a score lower than the England average 0.440.	
Patient reported outcomes measures for elective procedures: Knee replacement	Apr 14 - Mar 15 (Prov data)	0.341	0.323	Provisional data	Provisional data shows the CCG's rate has declined from previous year 2013/14 - 3.33 but is over the England average 0.316.	
% who had a stroke & spend at least 90% of their time on a stroke unit (CCG)	15/16 - September	80%	90.90%	↑		
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	15/16 - September	80%	73.10%	↓	Aintree have failed to achieve the target in September only 19 patients out of 26 spending at least 90% of their time on a stroke unit.	The number of patients discharged from the Trust with a diagnosis of stroke reduced to 26 (-5) during September 2015 of whom 19 spent at least 90% of their time on the stroke unit. Of the 7 patients who failed to spend 90% of their time on the Stroke Unit, 4 (58%) could not be admitted to the appropriate bed due to outlying patients and 2 were atypical presentations who were diagnosed later during their spell. 1 patient was transferred directly to the stroke ward form AED, 6 hours after presentation.
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (CCG)	15/16 - September	60%	100%	↔		
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	15/16 - September	60%	100%	↔		
Mental health						
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) (CCG)	15/16 - Qtr2	95%	98.30%	↑		
IAPT Access - Roll Out	15/16 - Qtr2	3.75%	2.48%	↑	The CCG are under plan for Q2 for IAPT Roll Out, this equates to 602 patients having entered into treatment out of a population of 24298 (Psychiatric Morbidity Survey).	See section 7 of main report for commentary.
IAPT Access - Roll Out	15/16 - September	1.25%	0.96%	↑	The CCG are under plan in September for IAPT Roll Out, out of a population of 24298, 232 patients have entered into treatment. There had been a steady increase since April, (April 0.59%, May 0.65%, June 0.83%, July 0.84%, August 0.68%).	See section 7 of main report for commentary.

IAPT - Recovery Rate	15/16 - Qtr2	50%	48.52%	↑	The CCG are under plan for recovery rate reaching 48.5% in Q2. This equates to 180 patients who have moved to recovery out of 371 who have completed treatment.	See section 7 of main report for commentary.
IAPT - Recovery Rate	15/16 - September	50%	48.15%	↓	The CCG are under plan for recovery rate reaching 48.14% in September. This equates to 65 patients who have moved to recovery out of 135 who have completed treatment.	See section 7 of main report for commentary.
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	15/16 - Qtr2	75%	98.00%	↑		
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	15/16 - Qtr2	95%	100.00%	↔		
<b>Preventing people from dying prematurely</b>						
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)	2014	2,022.6	2,660.6	↓	South Sefton achieved a rate of 2660.6 in 2014 which has failed against the plan of 2022.6. For 2014 the rate for Males was 2981.1, a increase from the previous year (2669.2). Females had a decrease with a rate of 2349.2 compared with 2517.7 in 2013.	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.

<b>Cancer waits – 2 week wait</b>						
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	15/16 - August	93%	96.96%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	15/16 - August	93%	96.11%	↔		
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 - August	93%	93.93%	↔		
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 - August	93%	94.34%	↔		
<b>Cancer waits – 31 days</b>						
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	15/16 - August	96%	99.43%	↔		
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	15/16 - August	96%	99.83%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	15/16 - August	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	15/16 - August	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	15/16 - August	94%	97.56%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	15/16 - August	94%	99.26%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	15/16 - August	98%	98.79%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	15/16 - August	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 - August	85% local target	90.00%	↑		
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 - August	85% local target	89.68%	↔		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	15/16 - August	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 - August	90%	97.73%	↔		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	15/16 - August	85%	88.00%	↔		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	15/16 - August	85%	86.11%	↑		
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 - September	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (Aintree)	15/16 - August	0	0	↔		

The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (CCG)	15/16 - September	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (Aintree)	15/16 - August	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	15/16 - September	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	15/16 - August	0	0	↔		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (CCG)	15/16 - September	90%	95.51%	↔		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (Aintree)	15/16 - August	90%	94.56%	↑		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (CCG)	15/16 - September	95%	96.00%	↓		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (Aintree)	15/16 - August	95%	97.58%	↔		
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 - September	92%	96.08%	↔		
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 - August	92%	96.82%	↔		
<b>A&amp;E waits</b>						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG)	15/16 - September	95.00%	97.29%	↔		
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree)	15/16 - September	95.00%	94.70%	↓	Aintree have failed the target in September reaching 92.59%, and year to date reaching 94.70%. In September month 898 attendances out of 9122 were not admitted, transferred or discharged within 4 hours. This is the third month the trust have achieved the target in 2015/16	Trust is reporting issues relating to patient flow causing difficulty in discharges and admissions. Funding for Aintree at Home to support discharge. Additional social services to support discharge 7 days a week. Community staff in A&E to avoid admission. The Trust have opened up 22 additional beds. NWAS linking up with admission avoidance schemes. Improvement in performance by Q3 Projected

Diagnostic test waiting times					
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	15/16 - September	1.00%	0.47%	↓	
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	15/16 - August	1.00%	0.90%	↑	
Category A ambulance calls					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	15/16 - September	75%	78.60%	↓	
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	15/16 - September	75%	74.80%	↓	The CCG failed to achieve the 75% year to date or in month (Sept) recording 71.0%.
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	15/16 - September	95%	97.10%	↔	
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWS) (Cumulative)	15/16 - September	75%	77.90%	↔	
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWS) (Cumulative)	15/16 - September	75%	76.00%	↔	
Ambulance clinical quality - Category 19 transportation time (NWS) (Cumulative)	15/16 - September	95%	95.00%	↔	
Local Indicator					
Access to community mental health services by people from Black and Minority Ethnic (BME) groups (Rate per 100,000 population)	2014/15	2400	2451.5	↑	The latest data shows access to community mental health services by people from BME groups is over the CCG plan. This is also improvement on the previous year when the CCG rate was 2309.0.
					CCG and CSU colleagues are working to obtain an updated position from local data.



## 10.2 Friends and Family – Aintree University Hospital NHS Foundation Trust

Figure 29 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 (Sept 2015)	RR - Trajectory From Previous Month (Aug 15)	% Recommended (Eng. Ave)	% Recommended (Sept 2015)	PR - Trajectory From Previous Month (Aug 2015)	% Not Recommended (Eng. Ave)	% Not Recommended (Sept 2015)	PNR - Trajectory From Previous Month (Aug 15)
Inpatients	30%	56.7%	↓	96.0%	96.0%	↔	2.0%	2.0%	↑
A&E	20%	21.5%	↑	88.0%	87.0%	↑	6%	7.0%	↓

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 Inpatient and A&E targets have been met for September, however disappointingly, A&E % of people not recommending the service have declined compared to the previous month's figures.

The percentage of people that would recommend A&E has improved since August, and remains in line with the England average. The percentage of people who would not recommend the A&E service has worsened compared to the previous month and is below the England average.

The trust has consistently returned response rates and recommendation percentages significantly higher than the regional and national averages.

The patient experience lead within the trust presented the ongoing work the organisation is doing with the Friends and Family data to EPEG in October 2015. They demonstrated how feedback obtained is informing the trust how they can improve services for its patients. The presentation was well received by EPEG and gave assurances that patient engagement and experience is viewed as important as clinical effectiveness and safety in making up quality services.

## 10.3 Serious Untoward Incidents (SUIs)

### CCG Level SUIs

#### South Sefton CCG

#### Incident Split by Provider

Never Event

Provider / Type of Incident	Apr	May	Jun	Jul	Aug	Sep	YTD
<b>Aintree University Hospital NHS Foundation Trust</b>							
Delayed diagnosis			1				1
Failure to act upon test results				1			1
Sub-optimal care of the deteriorating patient			1				1
Treatment						1	1
Unexpected Death (general)						1	1
<b>Alder Hey Children's NHS Foundation Trust</b>							
Wrong site surgery			1				1
<b>Liverpool Community Health NHS Trust</b>							
Medical Devices/Equipment			1				1
Pressure Sore - (Grade 3 or 4)			1	3			4
Pressure ulcer - (Grade 3)	5	5	3	3	3	13	32
Pressure ulcer - (Grade 4)		1	2	1			4
Slips/Trips/Falls				1			1
Unexpected Death		1					1
Unexpected Death (general)						1	1
<b>Liverpool Women's NHS Foundation Trust</b>							
Maternity service						1	1
Surgical Error		1					1
Unexpected Death		1					1
<b>Mersey Care NHS Trust</b>							
Abscond		2					2
Homicide by Outpatient (in receipt)	1						1
Serious Self Inflicted Injury Outpatient	1			1		1	3
Slips/Trips/Falls				1			1
<b>Southport and Ormskirk Hospital NHS Trust</b>							
Maternity services - unexpected neonatal death.					1		1
Pressure ulcer - (Grade 3)	1	1					2
Pressure ulcer - (Grade 4)	1						1
<b>Grand Total</b>	<b>9</b>	<b>12</b>	<b>10</b>	<b>11</b>	<b>4</b>	<b>18</b>	<b>64</b>

## CCG SUIs

Type of Incident	Apr	May	Jun	Jul	Aug	Sep	YTD
Abscond		2					2
Delayed diagnosis			1				1
Failure to act upon test results				1			1
Homicide by Outpatient (in receipt)	1						1
Maternity service						1	1
Maternity services - unexpected neonatal death.					1		1
Medical Devices/Equipment			1				1
Pressure Sore - (Grade 3 or 4)			1	3			4
Pressure ulcer - (Grade 3)	6	6	3	3	3	13	34
Pressure ulcer - (Grade 4)	1	1	2	1			5
Serious Self Inflicted Injury Outpatient	1			1		1	3
Slips/Trips/Falls				2			2
Sub-optimal care of the deteriorating patient			1				1
Surgical Error		1					1
Treatment						1	1
Unexpected Death		2					2
Unexpected Death (general)						2	2
Wrong site surgery			1				1
<b>Grand Total</b>	<b>9</b>	<b>12</b>	<b>10</b>	<b>11</b>	<b>4</b>	<b>18</b>	<b>64</b>

### SUIs Reported at South Sefton CCG level

These are serious incidents involving South Sefton CCG patients irrespective of their location of care. Inclusive of month 6, there have been 64 Serious Incidents involving South Sefton CCG patients

### Number of Never Events reported in period

There have been zero Never Events involving South Sefton CCG patients up to and including September 2015

### **Provider level SUIs**

#### **Aintree University Hospital**

Incident Type	Apr	May	Jun	Jul	Aug	Sep	YTD
Delayed diagnosis			2				2
Failure to act upon test results			1	1			2
Pressure ulcer - (Grade 4)					1		1
Results					1		1
Sub-optimal care of the deteriorating patient	2		1		1		4
Treatment						2	2
Unexpected Death						1	1
Unexpected Death (general)	1					2	3
<b>Grand Total</b>	<b>3</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>5</b>	<b>16</b>

## Incidents split by CCG

CCG Name / Incident Type	Apr	May	Jun	Jul	Aug	Sep	YTD
<b>Knowsley CCG</b>							
Delayed diagnosis			1				1
Sub-optimal care of the deteriorating patient	1						1
<b>Liverpool CCG</b>							
Results					1		1
Sub-optimal care of the deteriorating patient	1				1		2
Unexpected Death						1	1
<b>South Sefton CCG</b>							
Delayed diagnosis			1				1
Failure to act upon test results				1			1
Sub-optimal care of the deteriorating patient			1				1
Treatment						1	1
Unexpected Death (general)						1	1
<b>Southport &amp; Formby CCG</b>							
Treatment						1	1
Unexpected Death (general)	1						1
<b>St Helens CCG</b>							
Unexpected Death (general)						1	1
<b>West Lancashire CCG</b>							
Failure to act upon test results			1				1
Pressure ulcer - (Grade 4)					1		1
<b>Grand Total</b>	<b>3</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>5</b>	<b>16</b>

### Number of Never Events reported in period

Aintree University Hospital NHS Foundation Trust reported zero Never Events year to date.

## 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

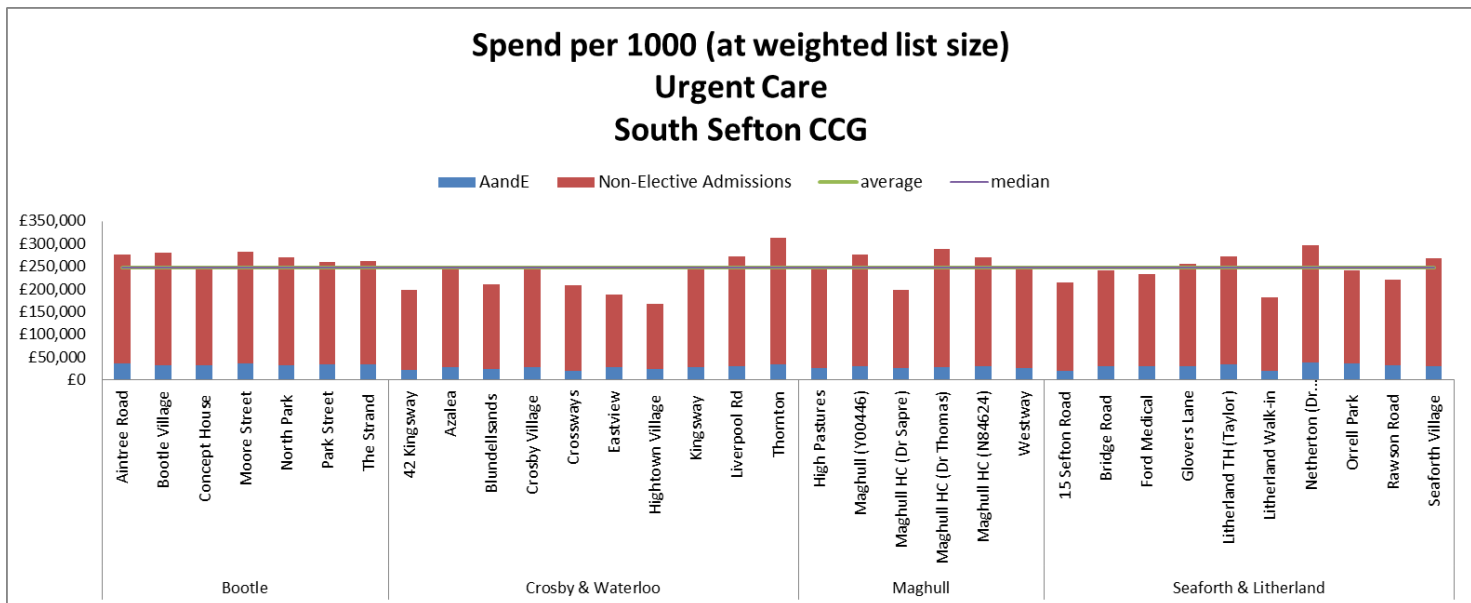
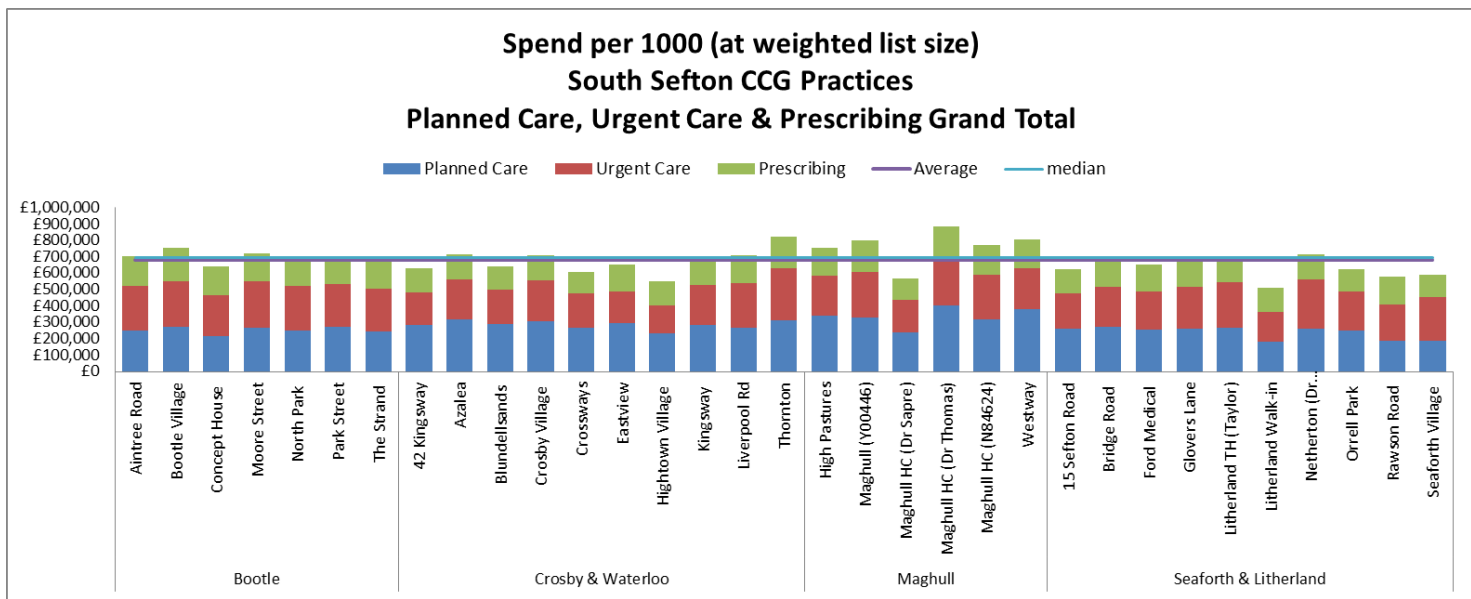
### 11.3 Format

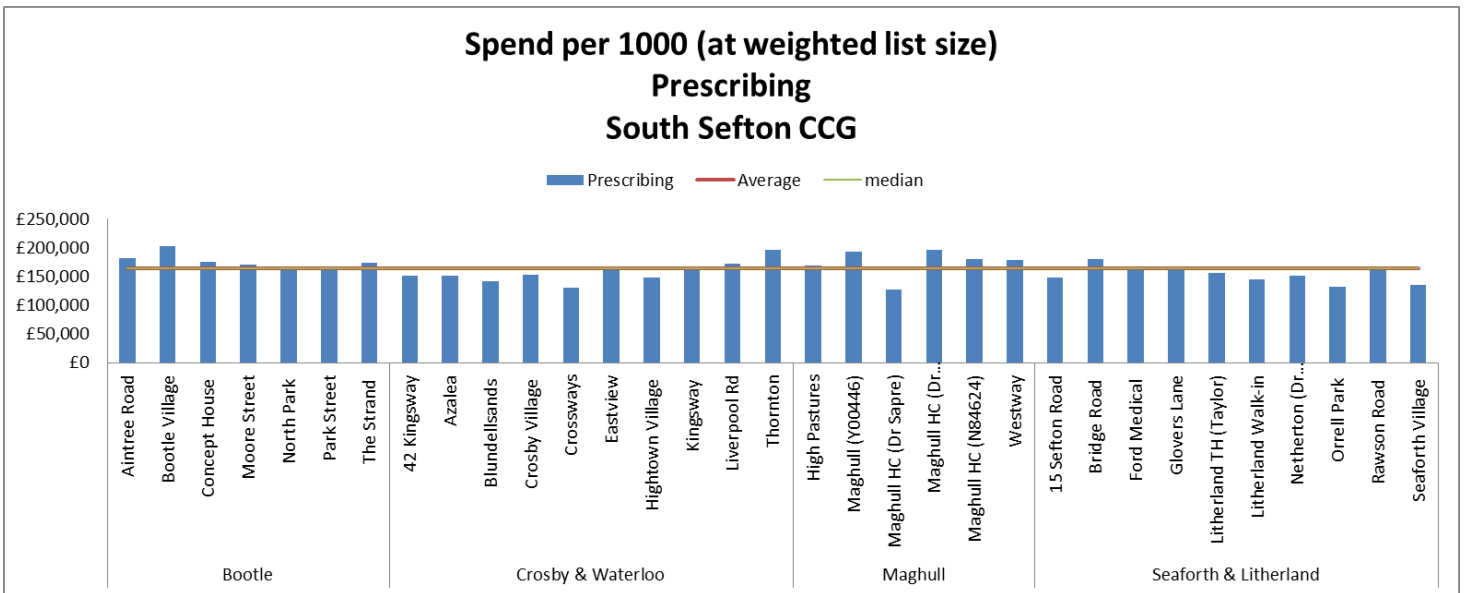
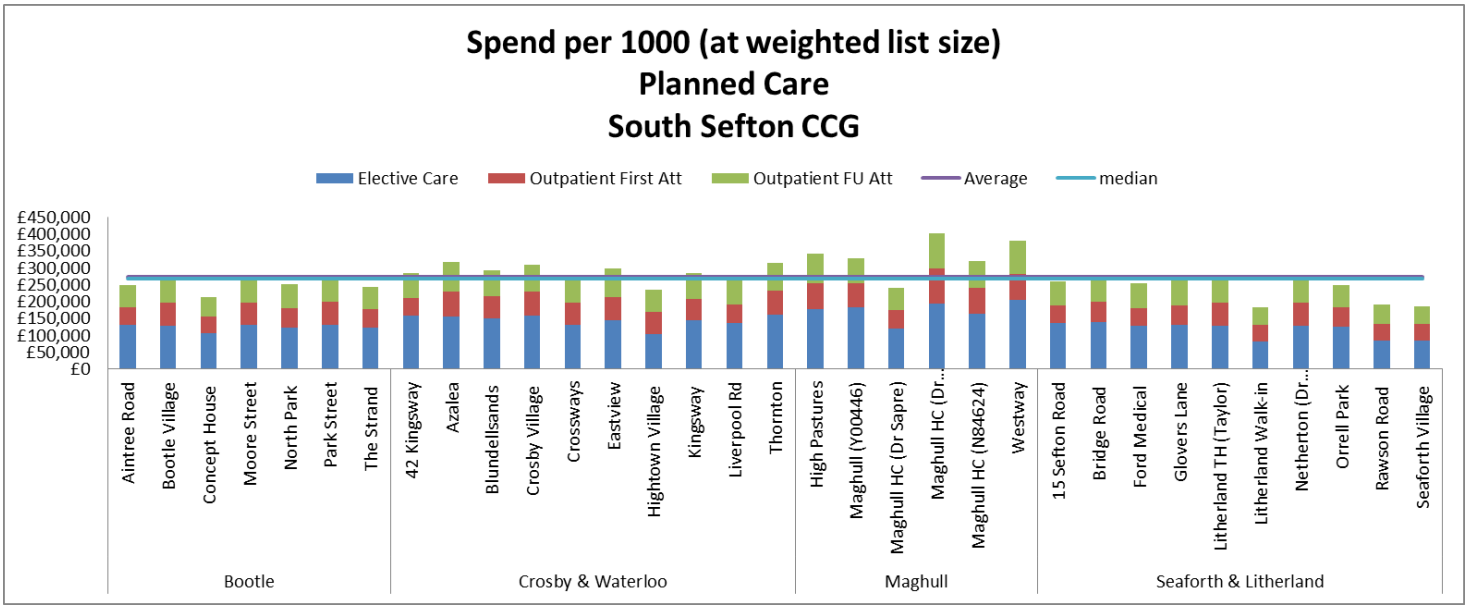
The data is presented for all practices, grouped to locality level and RAG rated to illustrate easily variation from the CCG average, where green is better than CCG average by 10% or more, and red is worse than CCG average. Amber is defined as better than CCG average but within 10%. Data is refreshed 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

Colleagues from Finance and Business Intelligence teams within the CCG have been working closely with clinical leads to develop financial information. Colleagues have developed a chart to show weighted spend per head of weighted practice population which takes into account age, sex, deprivation, rurality, case mix, care and nursing home residents amongst others to standardise the data. The chart below is in draft format and is currently being shared with localities for feedback.

Figure 30 Summary of Primary Care Dashboard – Finance






## 11.5 CQC Inspections

A number of practices in South Sefton CCG have recently been visited by the Care Quality Commission. CQC publish all inspection reports on their website and the following reports were available as of 16/11/2015:

# Freshfields Practice Good

**This service was previously managed by a different provider - see old profile**

 61 Gores Lane, Formby, Liverpool, L37 3NU  
Provided by: SSP Health Ltd

## CQC inspection area ratings

(Latest report published on 22 October 2015)

Safe	Requires improvement <span style="color: orange;">●</span>
Effective	Good <span style="color: green;">●</span>
Caring	Good <span style="color: green;">●</span>
Responsive	Good <span style="color: green;">●</span>
Well-led	Good <span style="color: green;">●</span>

## CQC Inspections and ratings of specific services

(Latest report published on 22 October 2015)

Older people	Good <span style="color: green;">●</span>
People with long term conditions	Good <span style="color: green;">●</span>
Families, children and young people	Good <span style="color: green;">●</span>
Working age people (including those recently retired and students)	Good <span style="color: green;">●</span>
People whose circumstances may make them vulnerable	Good <span style="color: green;">●</span>
People experiencing poor mental health (including people with dementia)	Good <span style="color: green;">●</span>

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## Doctors/GPs

### Specialisms/services

- Diagnostic and screening procedures
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury



## Rawson Road Surgery Good (SSP Health Ltd)



136-138 Rawson Road, Seaforth, Liverpool, L21 1HP  
(0151) 928 7576

Provided by: SSP Health Ltd

### CQC inspection area ratings

(Latest report published on 10 September 2015)

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

### CQC Inspections and ratings of specific services

(Latest report published on 10 September 2015)

Older people	Good ●
People with long term conditions	Good ●
Families, children and young people	Good ●
Working age people (including those recently retired and students)	Good ●
People whose circumstances may make them vulnerable	Good ●
People experiencing poor mental health (including people with dementia)	Good ●

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### Doctors/GPs

#### Specialisms/services

- Diagnostic and screening procedures
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

## Seaforth Village Surgery Good



20 Seaforth Road, Litherland, Liverpool, L21 4LF  
Provided by: SSP Health Ltd

### CQC inspection area ratings

(Latest report published on 29 October 2015)

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

### CQC Inspections and ratings of specific services

(Latest report published on 29 October 2015)

Older people	Good ●
People with long term conditions	Good ●
Families, children and young people	Good ●
Working age people (including those recently retired and students)	Good ●
People whose circumstances may make them vulnerable	Good ●
People experiencing poor mental health (including people with dementia)	Good ●

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### Doctors/GPs

#### Specialisms/services

- Diagnostic and screening procedures
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

## Netherton Practice Good

**This service was previously managed by a different provider - see old profile**



Netherton Health Centre, Magdalen Square, Netherton, Bootle,  
L30 5SP

Provided by: SSP Health Ltd

### CQC inspection area ratings

(Latest report published on 24 September 2015)

Safe	Requires improvement <span style="color: orange;">●</span>
Effective	Good <span style="color: green;">●</span>
Caring	Good <span style="color: green;">●</span>
Responsive	Good <span style="color: green;">●</span>
Well-led	Good <span style="color: green;">●</span>

### CQC Inspections and ratings of specific services

(Latest report published on 24 September 2015)

Older people	Good <span style="color: green;">●</span>
People with long term conditions	Good <span style="color: green;">●</span>
Families, children and young people	Good <span style="color: green;">●</span>
Working age people (including those recently retired and students)	Good <span style="color: green;">●</span>
People whose circumstances may make them vulnerable	Good <span style="color: green;">●</span>
People experiencing poor mental health (including people with dementia)	Good <span style="color: green;">●</span>

### Doctors/GPs

#### Specialisms/services

- Diagnostic and screening procedures
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

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# Crossways Practice Good

**This service was previously managed by a different provider - see old profile**



168 Liverpool Road, Crosby, Liverpool, L23 0QW  
(0151) 293 0800

Provided by: SSP Health Ltd

## CQC inspection area ratings

(Latest report published on 6 August 2015)

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

## CQC Inspections and ratings of specific services

(Latest report published on 6 August 2015)

Older people	Good ●
People with long term conditions	Good ●
Families, children and young people	Good ●
Working age people (including those recently retired and students)	Good ●
People whose circumstances may make them vulnerable	Good ●
People experiencing poor mental health (including people with dementia)	Good ●

## Doctors/GPs

### Specialisms/services

- Diagnostic and screening procedures
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

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## 12. Better Care Fund update

A quarterly 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. The latest collection template for Q2 2015-16 focusses on budget arrangements, the national conditions, payment for performance, income and expenditure to and from the fund, performance on local metrics, and planning for BCF 2016/17. It also presented an opportunity for Health and Wellbeing Boards to register interest in further 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 Q2 was above the required level of reduction, therefore no payment for performance was available. Quarter 2 performance improved on Q1 with a reduction in two of the three months of the quarter. Performance is summarised below:

Figure 31 BCF Activity Monitoring

BCF NEL Admissions (MAR)	Jan	Feb	Mar	BCF Q1 1516 (Financial Q4 1415)	Apr	May	Jun	BCF Q2 (Financial / Q1 1516)	Jul	Aug	Sep	BCF Q3 (Financial Q2 1516)	Year to Date
Plan	3003	3003	3003	9009	2940.67	2940.67	2940.67	8822	2935	2935	2935	8806	26637
Actual	3176	2976	3516	9667	3257	3245	2958	9461	2957	2849	2766	8573	27701
Var	173	-27	513	658	317	304	18	638.5	22	-86	-169	-233	1064
%age Var	5.8%	-0.9%	17.1%	7.3%	10.8%	10.3%	0.6%	7.2%	0.7%	-2.9%	-5.8%	-2.6%	4.0%

### 13. NHS England Activity Monitoring

Figure 32 NHS England Activity Monitoring

Measures		Apr	May	Jun	Jul	Aug	Sep	YTD
E.C.8 A&E (Type 1, 2 & 3)	Plan	4166	4379	4239	4576	4181	3569	25110
	Actual	4664	4670	4439	4476	4299	4462	27010
	Var	498	291	200	-100	118	893	1900
	%age Var	12.0%	6.6%	4.7%	-2.2%	2.8%	25.0%	7.6%
E.C.9 GP Referrals (G&A)	Plan	2914	2906	3097	3310	2834	3161	18222
	Actual	3258	3171	3328	3480	3137	3545	19919
	Var	344	265	231	170	303	384	1697
	%age Var	11.8%	9.1%	7.5%	5.1%	10.7%	12.1%	9.3%
E.C.10 Other Referrals (G&A)	Plan	1719	1752	1851	1901	1718	1838	10779
	Actual	2029	2021	1883	2223	1766	2195	12117
	Var	310	269	32	322	48	357	1338
	%age Var	18.0%	15.4%	1.7%	16.9%	2.8%	19.4%	12.4%
E.C.32 Daycase (All Specs)	Plan	1732	1735	1885	2039	1735	1858	10984
	Actual	1534	1536	1767	1824	1449	1690	9800
	Var	-198	-199	-118	-215	-286	-168	-1184
	%age Var	-11.4%	-11.5%	-6.3%	-10.5%	-16.5%	-9.0%	-10.8%
E.C.2 Daycase (G&A)	Plan	1732	1735	1885	2039	1735	1858	10984
	Actual	1534	1536	1767	1824	1449	1690	9800
	Var	-198	-199	-118	-215	-286	-168	-1184
	%age Var	-11.4%	-11.5%	-6.3%	-10.5%	-16.5%	-9.0%	-10.8%
E.C.21 Elective (All Specs)	Plan	297	325	294	348	307	329	1900
	Actual	269	316	289	324	276	292	1766
	Var	-28	-9	-5	-24	-31	-37	-134
	%age Var	-9.4%	-2.8%	-1.7%	-6.9%	-10.1%	-11.2%	-7.1%
E.C.1 Elective (G&A)	Plan	297	325	294	348	307	329	1900
	Actual	269	316	289	324	276	291	1765
	Var	-28	-9	-5	-24	-31	-38	-135
	%age Var	-9.4%	-2.8%	-1.7%	-6.9%	-10.1%	-11.6%	-7.1%
E.C.23 Non Elective	Plan	1952	2052	1986	2144	1959	1672	11765

	Actual	1954	1959	1807	1880	1832	1943	11375
	Var	2	-93	-179	-264	-127	271	-390
	%age Var	0.1%	-4.5%	-9.0%	-12.3%	-6.5%	16.2%	-3.3%
E.C.4 Non Elective (G&A)	Plan	1730	1819	1761	1901	1737	1482	10430
	Actual	1733	1736	1600	1640	1555	1680	9944
	Var	3	-83	-161	-261	-182	198	-486
	%age Var	0.2%	-4.6%	-9.1%	-13.7%	-10.5%	13.4%	-4.7%
E.C.24 OP All 1st (All Spec)	Plan	5039	5286	5470	5354	4520	4969	30638
	Actual	5470	5093	5810	5695	4875	5986	32929
	Var	431	-193	340	341	355	1017	2291
	%age Var	8.6%	-3.7%	6.2%	6.4%	7.9%	20.5%	7.5%
E.C.5 OP All 1st (G&A)	Plan	5035	5281	5466	5349	4516	4963	30610
	Actual	5104	4762	5390	5298	4528	5606	30688
	Var	69	-519	-76	-51	12	643	78
	%age Var	1.4%	-9.8%	-1.4%	-1.0%	0.3%	13.0%	0.3%
E.C.25 OP All 1st Following GP Ref(All Spec)	Plan	2824	2963	3066	3003	2535	2786	17177
	Actual	2590	2531	2922	2862	2490	3007	16402
	Var	-234	-432	-144	-141	-45	221	-775
	%age Var	-8.3%	-14.6%	-4.7%	-4.7%	-1.8%	7.9%	-4.5%
E.C.12 OP All 1st Following GP Ref (G&A)	Plan	2822	2960	3063	2999	2531	2782	17157
	Actual	2530	2476	2854	2799	2430	2944	16033
	Var	-292	-484	-209	-200	-101	162	-1124
	%age Var	-10.3%	-16.4%	-6.8%	-6.7%	-4.0%	5.8%	-6.6%
E.C.6 All Subsequent OP	Plan	12639	13258	13719	13430	11338	12463	76847
	Actual	12980	12448	14427	14263	12011	14297	80426
	Var	341	-810	708	833	673	1834	3579
	%age Var	2.7%	-6.1%	5.2%	6.2%	5.9%	14.7%	4.7%

Source	Referrals (G&A)	Month 6 YTD PLAN	Month 6 YTD ACTUAL	Month 6 YTD Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
	<b>Referrals (G&amp;A)</b>				
MAR	GP	18222	19919	9.3%	Activity figures started to flow through for a GP hotline service which is being coded as General Medicine in both referrals and outpatient data. The increase began in March 2015 so would not have been included in the planning stage. When looking at the actual figures GP hotline equates to approx. 1062 referrals since its start back in March. When this is factored in GP referrals have increased but to a lesser extent at 4%. Whilst this activity is flowing, CCG is not paying for this and the Trust have been formally notified as such.
MAR	Other	10779	12117	12.4%	Further investigations are on going as to the increases noted in other referrals to ascertain were the uplift is coming from. MAR data suggests the major increase is located at Aintree Trust, however local referral data suggests a much smaller overall increase in referrals at Aintree for non GP with 3% noted.
MAR	Total	29001	32036	10.5%	As above.
	<b>Outpatient attendances (G&amp;A)</b>				
SUS	All 1st OP	30610	30688	0.3%	
SUS	Follow-up	76847	80426	4.7%	Issues regarding the planning of Outpatient measures have been noted with the reporting differences between MAR (plans based on) and SUS (activity monitored on). When looking at figures comparing SUS activity months 1 to 6 in 2014/15 with the same period in 2015/16 the increase reduces to within 3% at 2.8%. Work is being done to examine the first to follow up rates by specialty.
SUS	Total OP attends	107457	111114	3.4%	As above.
SUS	Outpatient procedures (G&A) (included in attends)	17053	18256	7.1%	M1-6 2014/15 compared with same period 2015/16.
	<b>Admitted Patient Care (G&amp;A)</b>				



SUS	Elective Day case spells	10984	9800	-10.8%	When comparing 2014/15 M1-6 against the same period last year the figures suggest an increase of approx. 7% and not a reduction. The main focus of this is within Gastroenterology. This is in line with increased referrals within that speciality, work is currently being done to explore the source of referral, reason for the increase and conversion rates.
SUS	Elective Ordinary spells	1900	1765	-7.1%	Plan v actual is in line with 2014/15 M1-6 compared with the same period in 2015/16. The decrease is mainly down to Aintree with work on going to explore if a shift of some procedures has occurred to day case in line with the narrative above.
SUS	Total Elective spells	12884	11565	-10.2%	See above
SUS	Non-elective spells complete	10430	9944	-4.7%	CDU department closed part way through 2014/15 (October) leading to an increase in reported NEL admissions. In the 15/16 planning round, we had only two months of data recorded in the new way on which to base and model our plans. This led to an potential overestimate of the plan, hence the underperformance against plan reported here.
SUS	Total completed spells	23314	21509	-7.7%	As above.
<b>Attendances at A&amp;E</b>					
SUS	Type 1				
SUS	All types	25110	27010	7.6%	Plan value suggests an increase but when comparing 2014/15 month 1 to 6 against the same period in 2015/16 a slight decrease has been noted of approx. 1.9%.