

South Sefton Clinical Commissioning Group

Integrated Performance Report October 2015

Contents

1. Executive Summary.....	5
2. Financial Position.....	9
2.1 Summary.....	9
2.2 Resource Allocation.....	9
2.3 Position to date.....	9
2.4 QIPP.....	14
2.5 CCG Running Costs.....	14
2.6 Evaluation of Risks and Opportunities.....	14
3. Referrals.....	17
3.1 Referrals by source.....	17
4. Waiting Times.....	19
4.1 NHS South Sefton CCG patients waiting.....	19
4.2 Top 5 Providers.....	20
4.3 Provider assurance for long waiters.....	21
5. Planned Care.....	21
5.1 All Providers.....	21
5.2 Aintree University Hospital NHS Foundation Trust.....	22
5.2.1 Aintree University Hospital NHS Foundation Trust Key Issues.....	22
5.3 Southport & Ormskirk Hospital.....	23
5.3.1 Southport & Ormskirk Hospital Key Issues.....	23
5.4 Renacres Hospital.....	24
5.4.1 Renacres Hospital Key Issues.....	24
5.5 Liverpool Heart & Chest Hospital.....	25
5.5.1 Liverpool Heart & Chest Hospital Key Issues.....	25
6. Unplanned Care.....	26
6.1 All Providers.....	26
6.2 Aintree University Hospital NHS Foundation Trust.....	26
6.2.1 Aintree Hospital Key Issues.....	26
6.3 Alder Hey Hospital.....	27
6.3.1 Alder Hey Hospital Key Issues.....	27
6.4 Royal Liverpool & Broadgreen Hospitals.....	27
6.4.1 Royal Liverpool & Broadgreen Hospitals Key Issues.....	27
7. Mental Health.....	28
7.1 Mersey Care NHS Trust Contract.....	28
7.2 Cheshire Wirral Partnership - Improving Access to Psychological Therapies Contract.....	29
8. Community Health.....	33
9. Third Sector Contracts.....	36

10.	Quality and Performance.....	37
10.1	NHS South Sefton CCG Performance	37
10.2	Friends and Family – Aintree University Hospital NHS Foundation Trust.....	46
10.3	Complaints	47
10.4	Serious Untoward Incidents (SUIs).....	49
11.	Primary Care.....	50
11.1	Background	50
11.2	Content.....	50
11.3	Format.....	51
11.4	Summary of performance	51
11.5	CQC Inspections	53
12.	Better Care Fund update.....	64
13.	NHS England Activity Monitoring.....	65

List of Tables and Graphs

Figure 1 – Financial Dashboard	9
Figure 2 – Forecast Outturn	10
Figure 3 – Daycase Activity	12
Figure 4 – Non Elective Activity	12
Figure 5 – Elective Activity	13
Figure 6 – Reserves Analysis	16
Figure 7 - GP and 'other' referrals for the CCG across all providers for 2015/16	17
Figure 8 - GP and 'other' referrals for the CCG across all providers comparing 2013/14, 2014/15 and 2015/16 by quarter	17
Figure 9 - GP Referrals per month April 2013 – October 2015	18
Figure 10 – Top 13 Specialties with GP Referrals. 1314, 1415 and 1516 YTD Total	18
Figure 11 Patients waiting on an incomplete pathway at the end of October 2015 by weeks waiting.	19
Figure 12 Patients waiting (in bands) on incomplete pathway for the top 5 Providers	20
Figure 13 Planned Care - All Providers	21
Figure 14 Month 7 Planned Care- Aintree University Hospital NHS Foundation Trust by POD	22
Figure 15 Month 7 Planned Care- Southport & Ormskirk Hospital by POD	23
Figure 16 Month 6 Planned Care- Renacres Hospital by POD	24
Figure 17 Month 6 Planned Care- Liverpool Heart & Chest Hospital by POD	25
Figure 18 Month 7 Unplanned Care – All Providers	26
Figure 19 Month 7 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD	26
Figure 20 Month 7 Unplanned Care – Alder Hey Hospital by POD	27
Figure 21 Month 6 Unplanned Care – Royal Liverpool & Broadgreen Hospitals by POD	27
Figure 22 NHS South Sefton CCG – Shadow PbR Cluster Activity	28
Figure 23 CPA – Percentage of People under CPA followed up within 7 days of discharge	28
Figure 24 CPA Follow up 2 days (48 hours) for higher risk groups	29
Figure 25 Monthly Provider Summary including (National KPI s Recovery and Prevalence)	31
Figure 26 IAPT Waiting Time KPIs	32
Figure 27 Friends and Family – Aintree University Hospital NHS Foundation Trust	46
Figure 28 Summary of Primary Care Dashboard – Finance	51
Figure 29 NHS England Activity Monitoring	65

1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 7 (note: time periods of data are different for each source).

CCG Key Performance Indicators

NHS Constitution Indicators	CCG	Main Provider
A&E 4 Hour Waits	Green	Aintree
Ambulance Category A Calls (Red 1)	Green	NWAS
Cancer 2 Week GP Referral	Green	Aintree
RTT 18 Week Incomplete Pathway	Green	Aintree
Other Key Targets	CCG	Main Provider
A&E 4 Hour Waits (Type 1)	Red	Red
Ambulance Category A Calls (Red 2)	Yellow	NWAS
Ambulance Category 19 transportation	Green	NWAS
Cancer 14 Day Breast Symptom	Yellow	Aintree
Cancer 31 Day First Treatment	Green	Aintree
Cancer 31 Day Subsequent - Drug	Green	Aintree
Cancer 31 Day Subsequent - Surgery	Green	Aintree
Cancer 31 Day Subsequent - Radiotherapy	Green	Aintree
Cancer 62 Day Standard	Green	Aintree
Cancer 62 Day Screening	Green	Aintree
Cancer 62 Day Consultant Upgrade	Green	Aintree
Diagnostic Test Waiting Time	Green	Aintree
Emergency Admissions Composite Indicator	Red	Grey
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	Red	Grey
Emergency Admissions for acute conditions that should not usually require a hospital admission	Red	Grey
HCAI - C.Diff	Green	Aintree
HCAI - MRSA	Red	Aintree
IAPT Access - Roll Out	Red	Grey
IAPT - Recovery Rate	Green	Grey
Mixed Sex Accommodation	Green	Aintree
Patient Experience of Primary Care i) GP Services ii) Out of Hours (Combined)	Red	Grey
PROM: Elective procedures: Groin Hernia	Green	Aintree
PROM: Elective procedures: Hip Replacement	Red	Aintree
PROM: Elective procedures: Knee Replacement	Red	Aintree
PYLL Person (Annual Update)	Red	Grey
RTT 18 Week Incomplete Pathway	Green	Aintree
RTT 52+ week waiters	Red	Aintree
Stoke 90% time on stroke unit	Red	Aintree
Stoke who experience TIA	Green	Aintree
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	Green	Grey
Unplanned hospitalisation for chronic ambulatory care	Red	Grey
Local Measure: Access to services BME	Green	Grey

Key information from this report

Financial Performance - The financial position is £0.871m overspent at Month 8 on operational budget areas before the application of reserves or contingency. The equivalent position in month 7 was a £0.011m underspend, showing a worsening of the position in the month. The year end forecast outturn on operational budget areas is £1.159m overspent (£0.353m at month 7). The overall forecast for the CCG is a surplus of £2.400m against a planned surplus of £2.400m after the application of reserves.

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 (All Types) – The CCG met the 95% target for October with a performance of 96.75% year to date (in month achieving 92.64%). Aintree failed the target in October recording 89.12%, and are also failing year to date reaching 94.92%. In October 1394 out of 12812 attendances were not admitted, transferred or discharged within 4 hours. The number of medically optimised patients reached a peak of 94 patients in early October (higher than the peak in January 2015). However, with the implementation of targeted actions, this has since improved with daily figures ranging between 57 and 70 over the past 2 weeks. The number needs to continue to reduce to consistently below 50 to support flow. The lack of flow has resulted in delays in patients being seen and assessed in A&E and assessment areas. An action plan to reduce the numbers of medically optimised patients is in place and the key actions identified have started to deliver a degree of improvement. In addition, the senior leadership team has adopted a 'fortnightly focus' improvement methodology, whereby key actions are identified for A&E, assessment areas and wards, with an emphasis on timely and focussed implementation and improvement.

A&E Waits (Type 1) – The CCG have failed the 95% target in October reaching 82.54%, and year to date reaching 87.86%. In October 692 attendances out of 2964 were not admitted, transferred or discharged within 4 hours. Aintree have failed the target in October reaching 79.54%, and year to date reaching 88.48%. In October 1394 attendances out of 6812 were not admitted, transferred or discharged within 4 hours.

Ambulance Activity - The CCG are failing the Cat A (Red2) indicator achieving 74.2% year to date and in month (October) recording 71.1%. NWAS are also failing one Ambulance indicator, Category 19 transportation time, achieving 94.85% year to date, in month achieving 94.1%. A Contract Performance Notice relating to Ambulance Handover will be discussed at Aintree SRG Wednesday 16th December 2015. An update on the action agreed at the SRG is to be shared with the CRM group by 23rd December 2015 to meet the 10 day requirement of the NHS Standard Contract.

Cancer Indicators – The CCG achieved all the cancer indicators year to date as at September 2015 apart from 2 week breast symptom achieving 92.6% year to date against a 93% target, in month achieving 86.4%. In September 6 patients were not seen within 14 days out of a total of 44. Of the 6 breaches 3 were at Aintree and 3 were at the Royal Liverpool Broadgreen as the first seen provider. Aintree achieved all their cancer indicators year to date as at September 2015. All breaches were for reasons related to patient choice and availability. This is reflective of capacity constraints at other trusts following the closure of the Southport service meaning that flexibility and notice period for appointments is reduced. Cancer is not suspected in these patients, hence difficulty in conveying urgency. The Be Clear on Cancer campaign for Breast in over 70s recently will have increased referrals in older women who potentially would need more support getting to appointments. This will improve with Trusts being confident in steady state referral volumes.

Emergency Admissions Composite Measure – For October the CCG is over the monthly plan and had 195 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 plan ed targets due to when the changes were implemented compared to when the taretts were set. We are currently revising these targets.

HCAI – C.Difficile - Aintree have reported 3 new cases in October. Year to date there have been 28 cases against a plan of 27. Year-end plan is 46.

HCAI – MRSA - No new cases have been reported in October 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 October 0.76% with 184 patients having entered into treatment. There has been a decrease from last month when CWP reported 0.96%. A meeting was held with the provider on 10/12/2015 to disucsss the Contract Performance Notice issued by the CCG relating to underperformance in respect of the national access indicator. The provider presented an action plan which was reviewed. This is described in more detail in the main report.

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. October data shows the CCG are over plan for recovery rate reaching 53.57%. This equates to 60 patients who have moved to recovery out of 112 who have completed treatment.

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 2 new Serious Untoward Incidents in October, year to date are reporting 24 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 thant 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 that 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.

RTT – 52 week waiters - The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust has 1 patient waiting for 52+ weeks for treatment in T&O. The patient had TCI in October but cancelled and requested a date in the New Year.

Stroke – The CCG have failed to achieve the target in October hitting 76.19%, only 16 patients out of 21 spending at least 90% of their time on a stroke unit. Aintree have failed to achieve the target in October hitting 71.4%, with 33 patients out of 46 spending at least 90% of their time on a stroke unit. 46 patients were discharged from the Trust in October 2015 with a diagnosis of stroke. 71.7% of these patients (33) spent 90% of their stay on the Stroke Unit, against a standard of 80%. 28.3% of these patients (13) failed the standard. Work is ongoing via the wider stroke network on service redesign.

Friends and Family Test - Aintree University Hospital NHS Foundation Trust achieved the response rate target in both inpatients and A&E in October, but are failing the targets for A&E recommended and not recommended. The trust consistently returns 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.

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 30 November 2015 (Month 8). The financial position is £0.871m overspent at Month 8 on operational budget areas before the application of reserves or contingency. The equivalent position in month 7 was a £0.011m underspend, showing a worsening of the position in the month. The year end forecast outturn on operational budget areas is £1.159m overspent (£0.353m at month 7).

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

It should be noted that achievement of the planned surplus is reliant on a number of non-recurrent benefits which will not be available beyond Q1 of next year. It is imperative that the CCG develops plans to reduce expenditure between now and then, otherwise it will threaten ongoing delivery of its financial targets.

To date, the CCG has identified £1.156m QIPP savings against the target of £3.441m, leaving £2.285m required to deliver the plan in full. Unless plans to achieve the QIPP are identified in full, the CCG will not deliver a surplus in the new financial year.

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	£2.285m	£2.285m
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

There have been no changes to the resource allocation in Month 8.

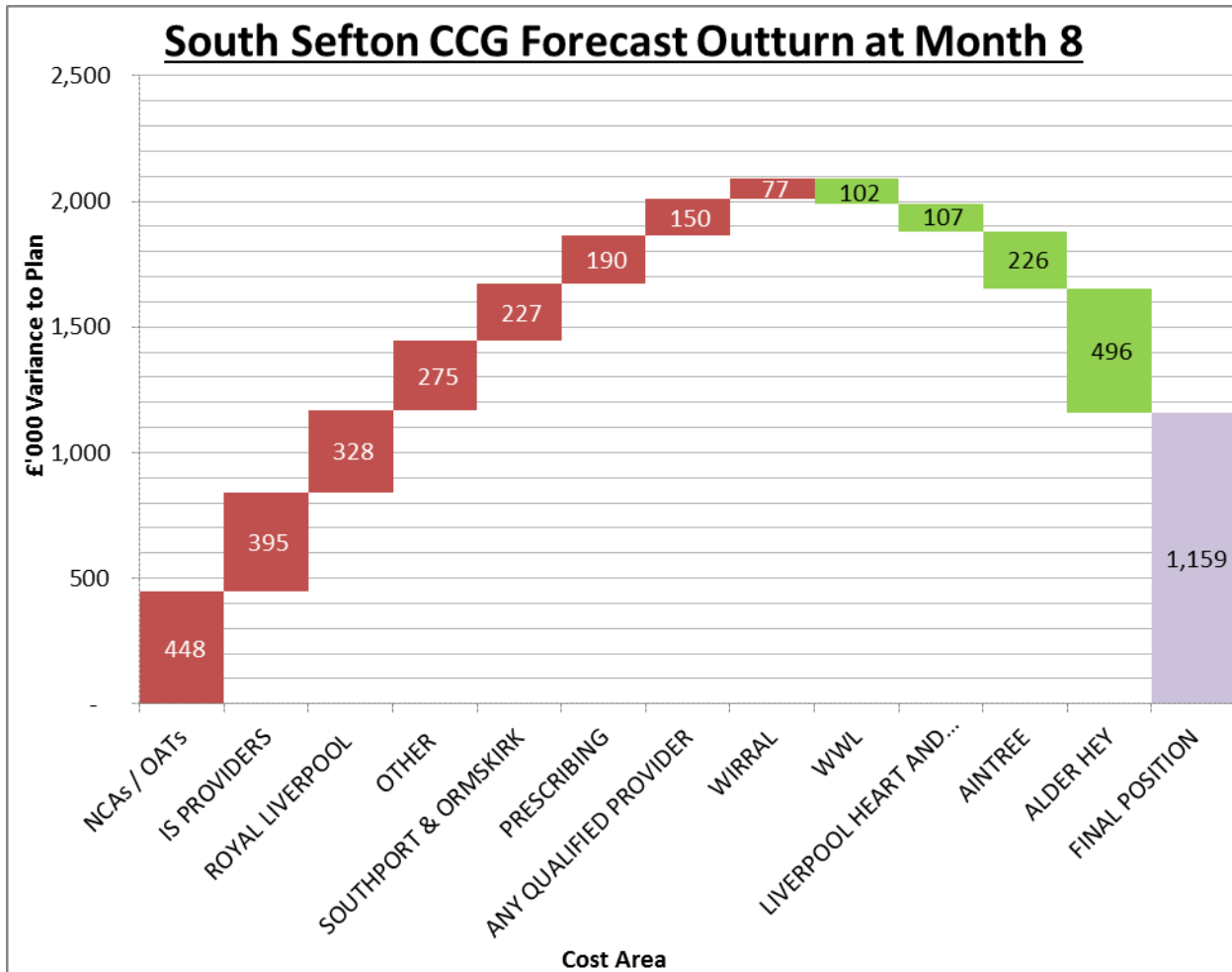
2.3 Position to date

There are forecast overspends on the non-contract / out of area activity (NCAs/OATs) budgets and with Acute and Independent sector providers, particularly Ramsay Healthcare for orthopaedics and Spa Medica for ophthalmology. The overspend is partly supported by

underspends with Acute providers, particularly Alder Hey and Aintree Hospitals due to underperformance against contract.

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

Figure 2 – Forecast Outturn



NCA_s/OAT_s

The budget for non-contract activity (NCA) and Out of Area Treatments (OATs) is overspent in Month 8 by £0.196m. The overspend relates to a number of high value invoices with various providers for out of area patients (St Georges University, Guys & St Thomas, and York FT) and overseas patients. (Aintree Hospital, and the Walton Centre).

Independent Sector

The forecast overspend for independent sector providers is £0.395m for the financial year. The majority of this expenditure relates to orthopaedic activity with Ramsay Healthcare. A detailed review of the current Trauma and Orthopaedic pathway is being undertaken across the CCG, results of which will be reported to the CCG in January 2016.

There are also additional costs at Spa Medica for ophthalmology treatment where the forecast overspend is £0.178m.

Under the current arrangements patients accessing independent hospitals are likely to complete their treatment well in advance of the 18 week target set out in the NHS Constitution. Whilst this is positive from both a patient experience and performance perspective, it is becoming increasingly difficult for the CCG to sustain this position in terms of affordability. Changes in referral patterns are required in both the short and long-term to address the financial affordability issue.

Acute commissioning

Royal Liverpool Hospital Foundation Trust

The forecast overspend for Royal Liverpool Hospital is £0.328m. Overspending areas include non-elective vascular surgery, planned care, trauma and orthopaedics, anti-TNF drugs and ARMD.

Southport and Ormskirk NHS Trust

The forecast overspend for Southport and Ormskirk is £0.227m and relates to overperformance within a range of areas:

- Maternity pathway payments and deliveries (£0.067m variance at month 7)
- Outpatient attendances (£0.098m variance at month 7)
- Planned inpatient care (£0.051m at month 7)

These overspends are partially offset by underspends in emergency care of £0.071m at month 7.

Aintree University Hospital Foundation Trust

The year to date underspend reported for Aintree is £0.150m and the year-end forecast is £0.226m underspent. This is based on the Month 7 performance information received from the Trust. The activity in October was greater than plan, with overspends in daycases, excluded drugs and outpatient attendances. This was offset by continued underspends in emergency admissions.

The main underspends in the cumulative year to date position are in the area of emergency care, with unplanned admissions being £0.951m (5.8%) lower than plan at the end of October. This is offset in part by an increase in outpatient activity (£0.555m above plan at the end of October or 5.8%) and high cost drugs (£0.271m above plan at the end of October or 17%).

Analysis of the emergency care data shows a significant fall in respiratory activity (£0.322m) which may be the result of the respiratory QIPP scheme.

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 fewer patients are being admitted, and costs therefore have reduced. All activity as a result

is paid in line with national tariff which 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 full tariff basis for 2015/16 as no evidence has been provided to justify paying a change in payment away from national rules.

The graphs below show the activity trends for inpatient care at the Trust. The CCG continues to review activity data from the Trust and query inappropriate charges when identified.

Figure 3 – Daycase Activity

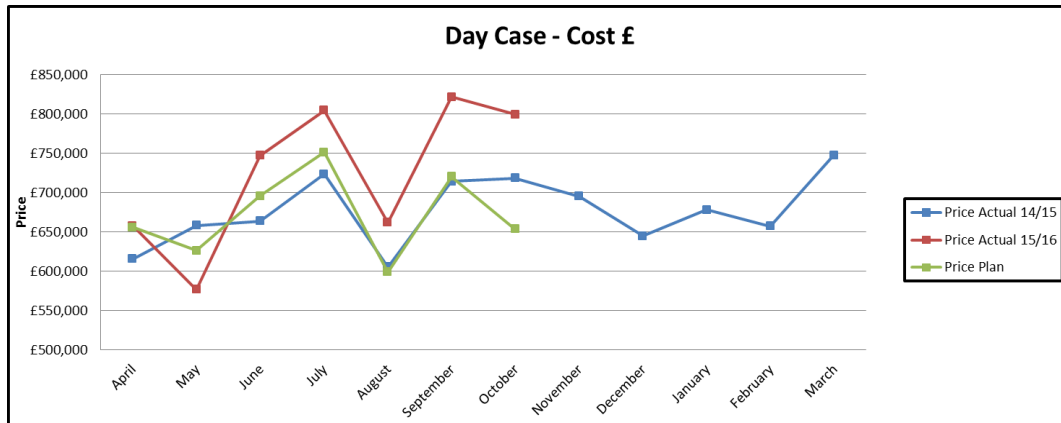


Figure 4 – Non Elective Activity

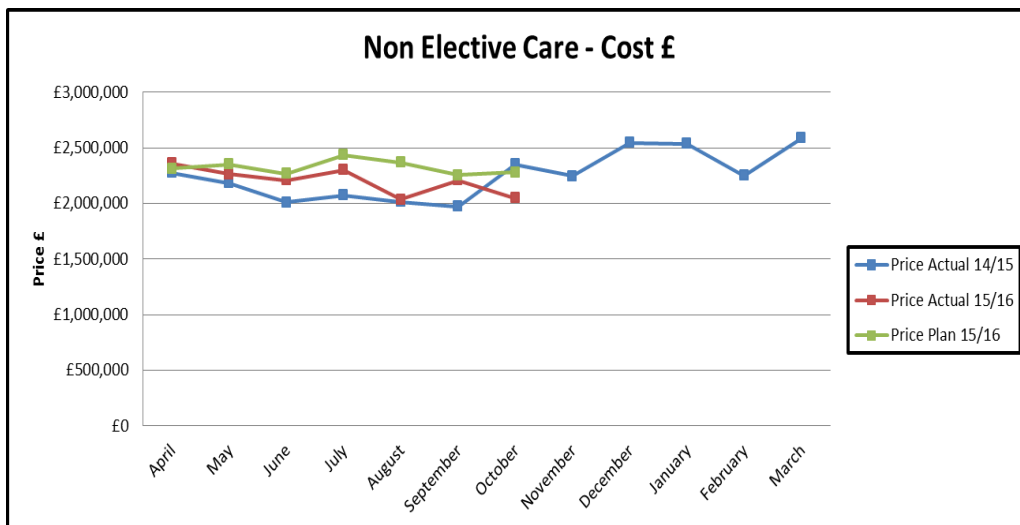
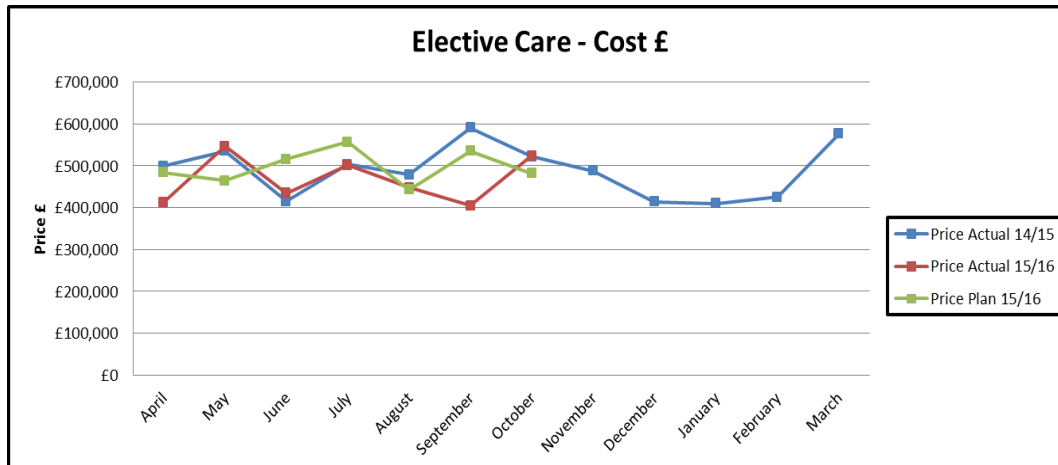


Figure 5 – Elective Activity



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. The activity plan was profiled to take into account the planned move to the new hospital with lower activity planned in September and higher activity in October. The actual move took place one month later than planned, therefore actual performance was not consistent with the plan. The impact of these changes have been reflected in the forecast.

The current forecast for Alder Hey is an underspend of £0.496m. This underspend has been a consistent trend throughout the year.

Prescribing

The prescribing budget is overspent by £0.127m at Month 8, the year end forecast is £0.190m overspent 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.

NHS England have informed the CCG that they expect a reduction in community prescribing costs following agreement of Category M re-imbursement arrangements and the potential impact of this has been reflected in the CCG’s management action plan.

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 £0.300m 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. This has reduced to £2.285m following delivery of schemes totalling £1.156m.

	£'m
QIPP schemes reported at Month 7	1.056
QIPP schemes identified in current Month:	
FNC/CHC reductions	0.100
QIPP schemes reported as at Month 8	1.156

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, with a view to understanding benefits achieved and to recommend whether they should be continued in 2016/17.

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. £2.285m of recurrent savings must be realised in 2015/16 in order to achieve financial stability at the start of 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 a potential pressure in the sector as a result of the increases to the living wage from 16/17. This has materialised through the NW framework procurement exercise, with new prices commencing from 1 December 2015 for new packages of care. The new prices show a significant increase compared with the original framework and more work is being undertaken to estimate the potential impact.
- 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 and local providers, 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 this risk has increased following implementation of a new electronic prescribing system leading to a change to the process for pharmacies to submit their prescribing scripts. As a result, it is unclear whether all prescriptions relating to the period have been submitted. This is leading to inconsistent reporting through PPA forecasts and is affecting CCG estimates.

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

Whilst the forecast position indicates that the CCG is on target to deliver its financial plans for 2015/16, the recurrent forecast surplus before risks/mitigations is £0.158m, primarily due to the failure to deliver QIPP schemes and is directly linked to the unmet QIPP figure of £2.285m. This presents a financial risk to the CCG in preparing for 2016/17.

This risk will be reflected accordingly in the CCG's risk reporting framework and must be considered as the CCG's top priority for both the remainder of this financial year and also 2016/17, alongside the commissioning of safe services.

It is critical for Governing Body Members to reflect this position in discussions with wider members. An intensive review of current expenditure is required at all levels of the CCG which will need considerable support from member practices, supported by Governing Body GP leads. The focus must be on reducing access to clinical services that provide low or little clinical benefit for patients.

The CCG's commissioning team must support Member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from Member practices to enable the CCG to reduce levels of low value healthcare and improve value for money.

Figure 6 – Reserves Analysis

	Recurrent £000	Non-Recurrent £000	Total £000
Target surplus	2.400		2.400
Unidentified QIPP	(3.441)		(3.441)
Revised surplus / (deficit)	(1.041)		(1.041)
Forecast (against operational budgets)	(1.059)	(0.100)	(1.159)
Contingency reserves	1.044		1.044
Transformation Fund slippage		1.178	1.178
Reserves	0.058	1.164	1.222
QIPP:			
Month 7 Achieved	1.056		1.056
Actioned in Month - CHC	0.100		0.100
Month 8 Achieved	1.156		1.156
Forecast surplus / (deficit)	0.158	2.242	2.400
Risks	(0.550)		(0.550)
Mitigations		0.550	0.550
Risk adjusted forecast surplus / (deficit)	(0.392)	2.792	2.400

3. Referrals

3.1 Referrals by source

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

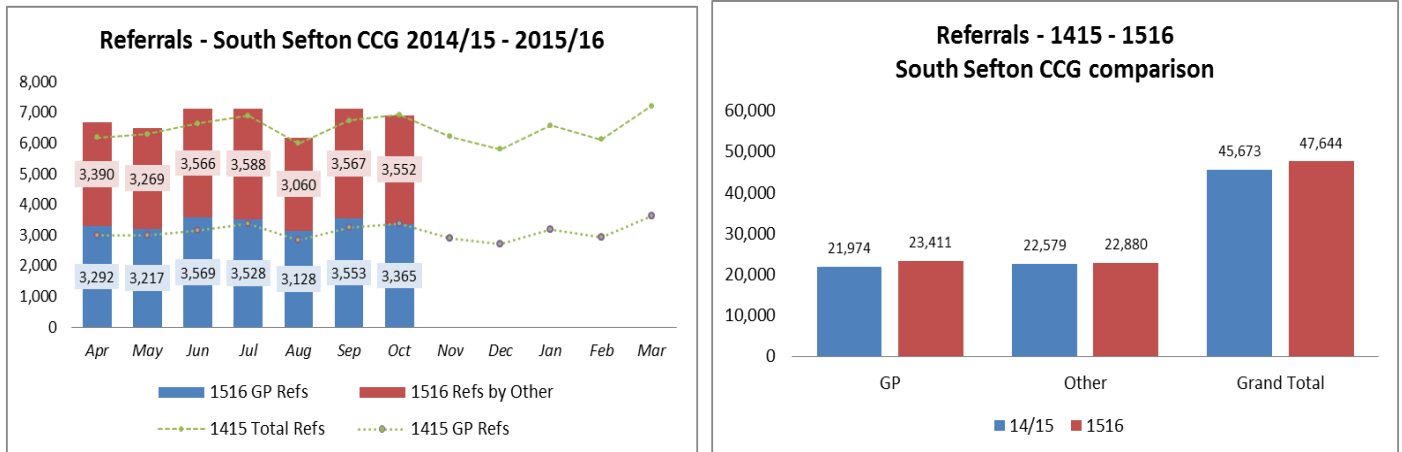


Figure 8 - GP and 'other' referrals for the CCG across all providers comparing 2013/14, 2014/15 and 2015/16 by quarter

Referral Type	DD Code	Description	1314 Q1	1314 Q2	1314 Q3	1314 Q4	1415 Q1	1415 Q2	1415 Q3	1415 Q4	1516 Q1	1516 Q2	1516 Q3 FOT	1314 YTD	1415 YTD	1516 YTD	% Variance 1415 - 1516	1314-1516 Trendline
GP	03	GP Ref	8,766	8,709	8,563	9,073	9,130	9,480	8,953	9,773	10,078	10,209	10,095	26,038	27,563	30,382	10%	
GP Total			8,766	8,709	8,563	9,073	9,130	9,480	8,953	9,773	10,078	10,209	10,095	26,038	27,563	30,382	10%	
Other	01	following an emergency admission	553	513	538	469	517	534	473	511	527	509	540	1,604	1,524	1,576	3%	
	02	following a Domiciliary Consultation	7	6	8	1	2	5	8	7	5	2	6	21	15	13	0%	
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	1,024	875	721	806	832	780	727	762	1,385	1,209	1,221	2,620	2,339	3,815	63%	
	05	A CONSULTANT, other than in an Accident and Emergency Department	3,689	3,556	3,668	3,681	3,788	3,829	3,919	4,077	3,932	3,855	3,972	10,913	11,536	11,759	2%	
	06	self-referral	827	672	703	756	731	786	811	889	861	898	975	2,202	2,328	2,734	17%	
	07	A Prosthetist	1	16	10	14	3	4	4	7	6	2	0	27	11	8	-27%	
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	561	659	711	811	775	738	723	676	291	269	321	1,931	2,236	881	-61%	
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	571	551	568	594	631	788	738	674	590	718	855	1,690	2,157	2,163	0%	
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	22	8	11	25	7	16	24	23	17	20	15	41	47	52	11%	
	13	A Specialist NURSE (Secondary Care)	35	21	19	30	21	18	21	22	18	31	27	75	60	76	27%	
	14	An Allied Health Professional	224	214	195	179	311	272	233	204	280	352	288	633	816	920	13%	
	15	An OPTOMETRIST	20	22	19	19	28	25	23	19	26	28	60	61	76	114	50%	
	16	An Orthoptist	0	0	1	0	0	0	0	0	2	0	0	1	0	2	0%	
	17	A National Screening Programme	3	39	20	7	8	21	7	6	6	17	18	62	36	41	14%	
	92	A GENERAL DENTAL PRACTITIONER	589	568	568	617	602	538	536	524	539	502	519	1,725	1,676	1,560	-7%	
93	A Community Dental Service	6	9	12	5	8	8	12	5	5	0	3	27	28	8	-71%		
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	1,382	1,535	1,371	1,500	1,271	1,299	1,263	1,219	1,269	1,312	1,347	4,288	3,833	3,928	2%		
Other Total			9,514	9,264	9,143	9,514	9,535	9,661	9,522	9,625	9,759	9,724	10,167	27,921	28,718	29,650	3%	
Unknown n			315	485	511	509	446	492	471	515	458	491	489	1,311	1,409	1,438	2%	
Grand Total			18,595	18,458	18,217	19,096	19,111	19,633	18,946	19,913	20,295	20,424	20,751	55,270	57,690	61,470	7%	

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 15/16. 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 – October 2015

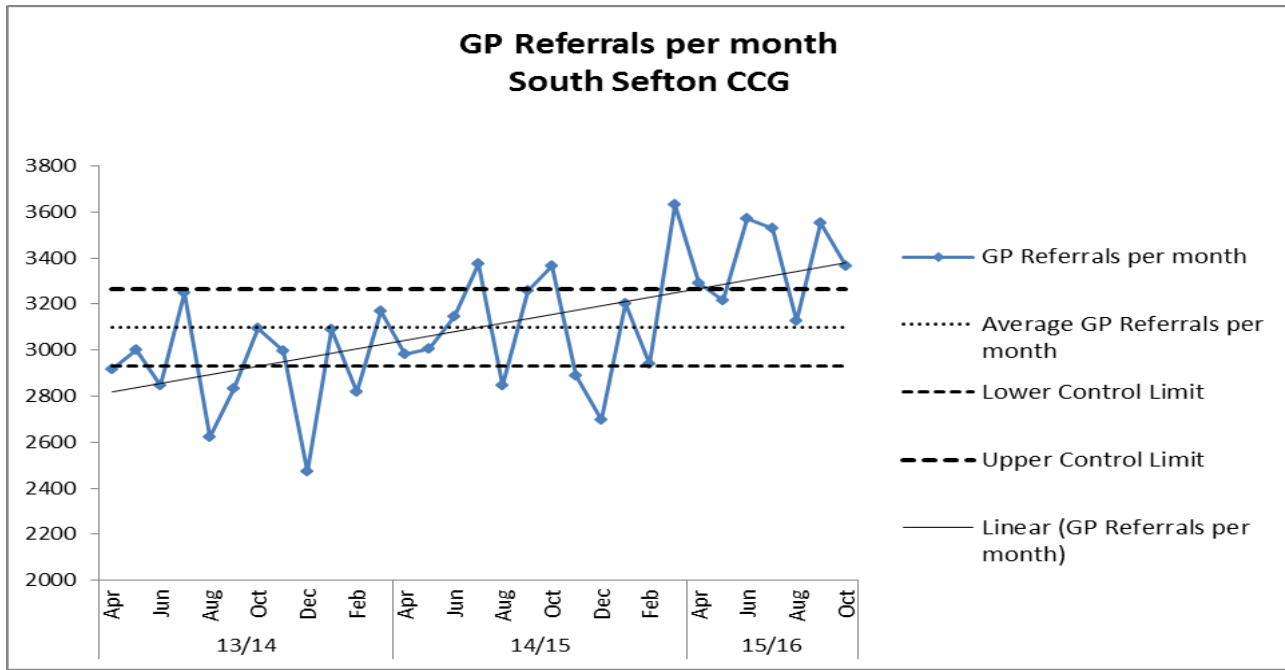
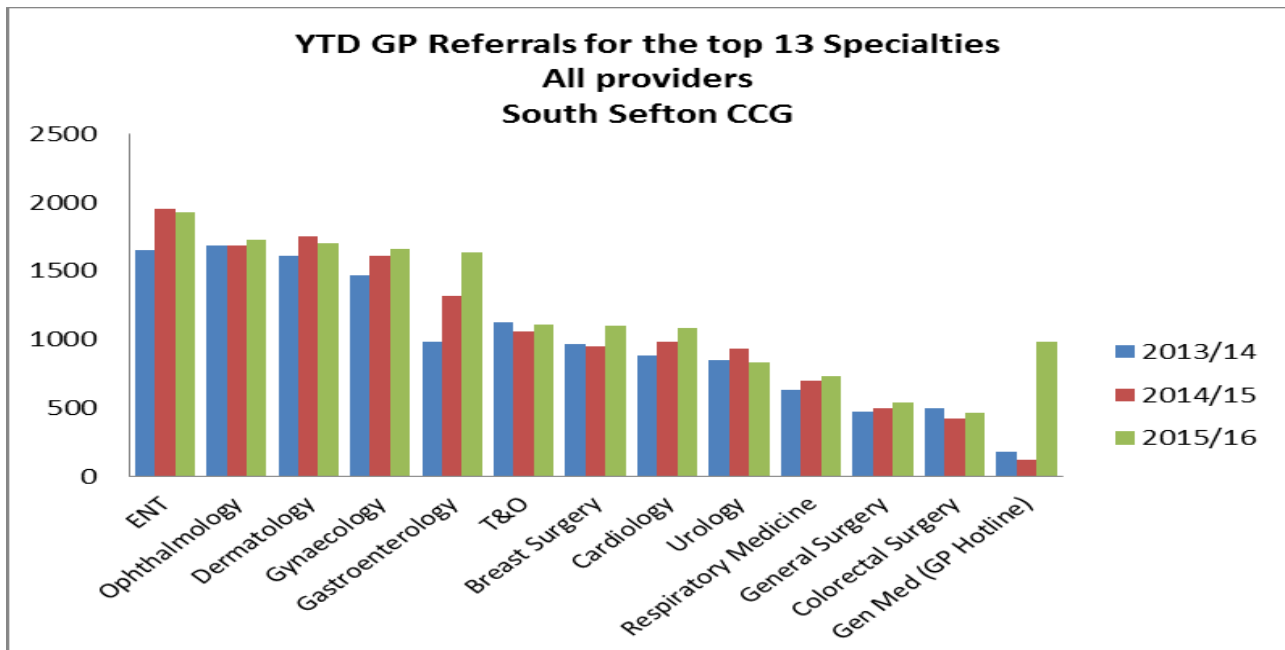


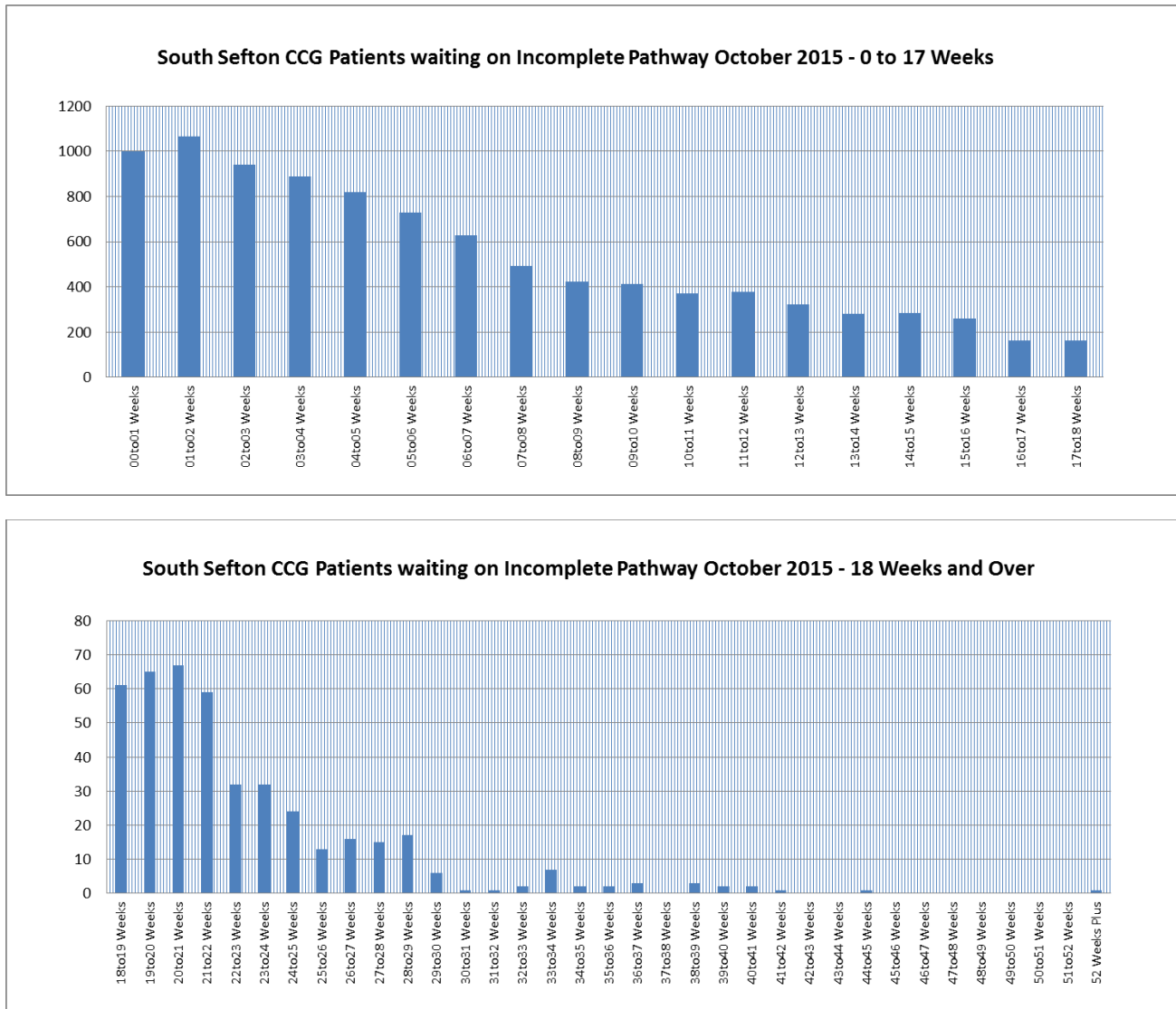
Figure 10 – Top 13 Specialties with GP Referrals. 1314, 1415 and 1516 YTD Total



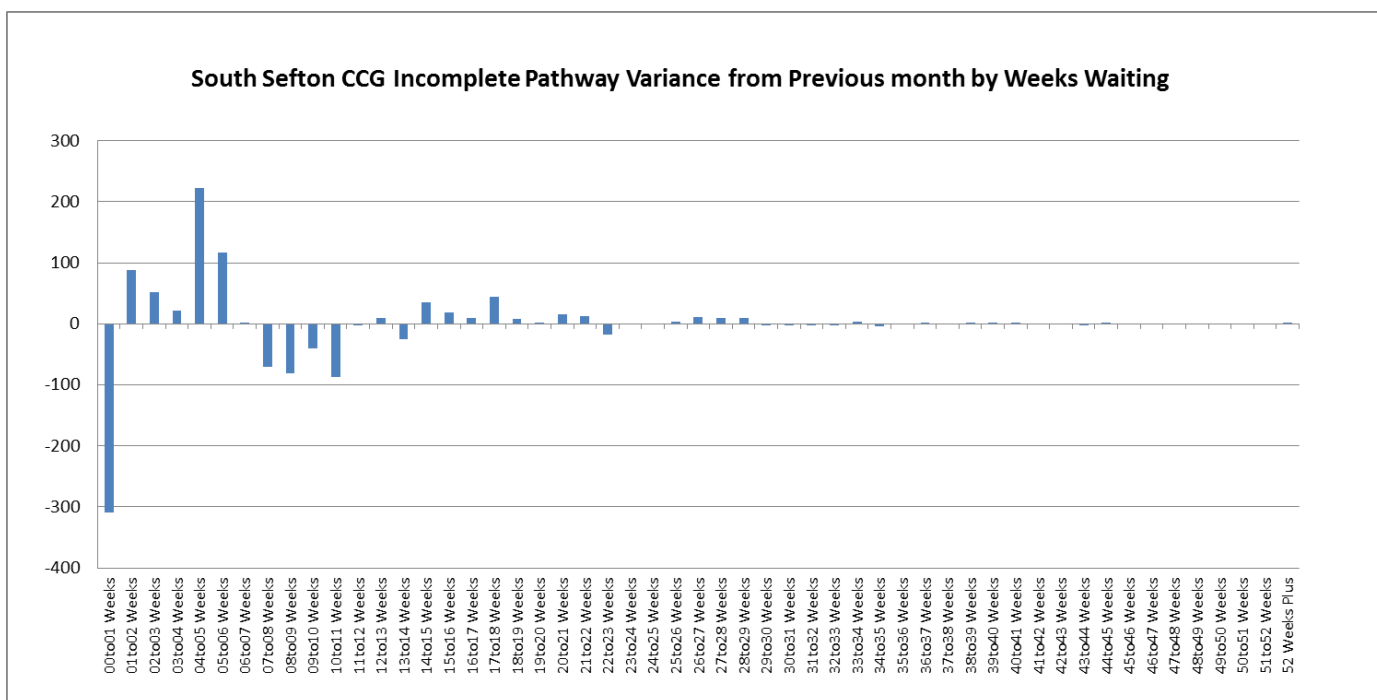
4. Waiting Times

4.1 NHS South Sefton CCG patients waiting

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



There were 435 patients (4.3%) waiting over 18 weeks on Incomplete Pathways at the end of October 2015, an increase of 42 patients (10.7%) from month 6 (15/16). There was one patient waiting over 52 weeks at the end of October 2015, the first occurrence in 2015/16.



There were 10,061 patients on the Incomplete Pathway at the end of October 2015, an increase of 45 patients (0.4%) from September 2015.

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	4825	1159	5984	163	35	9	207	6191
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	721	348	1069	66	25	8	99	1168
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	382	234	616	25	8	3	36	652
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	489	96	585	23	6	2	31	616
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	315	243	558	25	13	1	39	597
Other Providers	667	147	814	14	4	5	23	837
Total All Providers	7399	2227	9626	316	91	28	435	10061

4.3 Provider assurance for long waiters

Trust	Specialty	No. weeks waited	Has patient been seen/has TCI date?	Reason for delay
Aintree	Ophthalmology	40-41	No	
Central Manchester	Rheumatology	41-42	21/11/15	
Royal Liverpool & Broadgreen	Trauma & Orthopaedics	44-45	Validated - no longer a long waiter	
Liverpool Womens	Gynaecology	41-42	Awaiting response from Trust	
Robert Jones & Agnes Hunt	Trauma & Orthopaedics	52+	Currently undated. Had TCI date 22/10/15 but patient cancelled.	Capacity issues with spinal, plus patient cancellation and has chosen a date in 2016.

5. Planned Care

5.1 All Providers

Performance at Month 7 2015/16, against planned care elements of the contracts held by NHS South Sefton CCG shows an over-performance of circa £497k. This over-performance is driven by increases at Aintree Hospital (£688k), Southport & Ormskirk Hospital (£144k) and Renacres (£132k). Overspends are offset at Royal Liverpool (-£177k) and Alder Hey (-£164k).

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 13 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	100,980	104,193	3,213	3%	£31,071	£18,366	£19,053	£688	4%
Alder Hey Childrens NHS F/T	14,711	8,429	6,790	-1,639	-19%	£2,326	£1,335	£1,171	-£164	-12%
Countess of Chester Hospital NHS FT	0	0	94	94	0%	£0	£0	£10	£10	0%
Liverpool Heart and Chest NHS F/T	1,273	763	598	-165	-23%	£578	£346	£213	-£133	-33%
Liverpool Womens Hospital NHS F/T	15,539	9,230	9,409	179	2%	£3,282	£1,943	£1,960	£17	1%
Royal Liverpool & Broadgreen Hospitals	29,929	17,935	16,944	-991	-6%	£5,827	£3,492	£3,315	-£177	-5%
Southport & Ormskirk Hospital	13,390	8,059	8,475	416	5%	£2,753	£1,653	£1,797	£144	9%
ST Helens & Knowsley Hospitals	4,070	2,378	2,494	116	5%	£1,014	£592	£627	£35	6%
Wirral University Hospital NHS F/T	462	271	216	-55	-20%	£123	£72	£48	-£24	-33%
Central Manchester University Hosp Nhs FT	86	50	83	33	65%	£22	£13	£19	£6	48%
Fairfield Hospital	95	54	69	15	29%	£20	£11	£13	£2	18%
ISIGHT (SOUTHPORT)	262	153	242	89	58%	£65	£38	£57	£19	51%
Renacres Hospital	3,913	2,296	3,118	822	36%	£1,265	£750	£883	£132	18%
SPIRE LIVERPOOL HOSPITAL	3,334	1,958	1,706	-252	-13%	£999	£587	£509	-£78	-13%
University Hosp South Manchester Nhs FT	108	64	71	7	11%	£16	£10	£12	£3	29%
Wrightington, Wigan And Leigh Nhs FT	846	493	595	102	21%	£305	£178	£195	£17	10%
Grand Total	258,704	153,112	155,097	1,985	1%	£49,666	£29,385	£29,883	£497	2%

5.2 Aintree University Hospital NHS Foundation Trust

Figure 14 Month 7 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	7,399	7,883	484	7%	£7,916	£4,643	£5,111	£468	10%
Elective	2,171	1,293	1,205	-88	-7%	£5,849	£3,484	£3,282	£-202	-6%
Elective Excess BedDays	1,134	676	517	-159	-23%	£252	£150	£113	£-38	-25%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	633	375	284	-91	-24%	£113	£67	£50	£-17	-25%
OPFANFTF - Outpatient first attendance non face to face	716	424	382	-42	-10%	£28,320	£16,789	£15,650	£-1,139	-7%
OPFASPCL - Outpatient first attendance single professional consultant led	31,994	18,967	19,734	767	4%	£4,593	£2,723	£2,948	£224	8%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,577	935	890	-45	-5%	£172	£102	£95	£-7	-7%
OPFUPNFTF - Outpatient follow up non face to face	1,251	742	1,891	1,149	155%	£30	£18	£45	£28	156%
OPFUPSPCL - Outpatient follow up single professional consultant led	83,804	49,682	49,564	-118	0%	£6,558	£3,888	£3,915	£27	1%
Outpatient Procedure	20,122	11,929	12,748	819	7%	£3,254	£1,929	£2,070	£141	7%
Unbundled Diagnostics	13,104	7,644	8,215	571	7%	£1,147	£669	£744	£75	11%
Wet AMD	1,566	914	880	-34	-4%	£1,157	£675	£664	£-11	-2%
Grand Total	170,685	100,980	104,193	3,213	3%	£31,071	£18,366	£19,053	£688	4%

5.2.1 Aintree University Hospital NHS Foundation Trust Key Issues

Analysis in the table above 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 £468k/10% (£300k/8% in M6). This is primarily driven by Gastroenterology's over performance of £527k. 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"

Combined Daycase/Elective Cardiology activity has seen a marked increase in month 8. This is as a result of three heart failure HRGs applicable to the new ambulatory heart failure service. This activity is being coded as Daycase & Electives rather than Outpatient procedures. There has been no agreement with the Trust relating to the cost of the tariff and the commissioners will expect an outpatient procedure cost for this service. Within Trauma & Orthopaedics, months 6 and 7 have seen an increased count in Major Knee Procedures and Major Shoulder/Upper arm procedures and will be monitored throughout the remainder of the year.

HRG Code	HRG Desc	Values	Apr	May	Jun	Jul	Aug	Sep	Oct	Oct Variance	%
Cardiology	EB03H Heart Failure or Shock, with CC	Sum of Price Actual	£0	£12,505	£0	£0	£0	£33,347	£54,189	£20,842	38%
		Sum of Activity Actual	0	3	0	0	0	0	8	13	5
	EB03I Heart Failure or Shock, without CC	Sum of Price Actual	£0	£0	£1,613	£14,518	£11,292	£9,679	£35,489	£25,810	73%
		Sum of Activity Actual	0	0	1	9	7	6	22	16	73%
	EB07I Arrhythmia or Conduction Disorders, without CC	Sum of Price Actual	£2,755	£6,887	£4,821	£6,198	£8,264	£4,132	£9,641	£5,509	57%
		Sum of Activity Actual	4	10	7	9	12	6	14	8	57%

Over performance for Outpatient First attendances is in single professional consultant led. £224 over performance for month 7 is driven by Clinical Haematology which is showing a £118k/118%

over performance. This area was raised at the Contract Review Meeting and the Trust has been asked for further info regarding the increase in Clinical Haematology.

Outpatient Procedure over performance is attributable mainly to two Specialties – Cardiology £79k/58% and Interventional Radiology £52k/70%. 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 biopsies, 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 £79k/59% over performing against plan.

5.3 Southport & Ormskirk Hospital

Figure 15 Month 7 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	616	560	-56	-9%	£702	£420	£448	£28	7%
Elective	194	116	133	17	15%	£583	£348	£372	£24	7%
Elective Excess BedDays	13	8	1	-7	-87%	£3	£2	£0	-£2	-89%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	113	68	155	87	129%	£18	£11	£23	£12	109%
OPFASPCL - Outpatient first attendance single professional consultant led	2,611	1,573	1,329	-244	-16%	£366	£221	£195	-£25	-11%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	210	127	321	194	153%	£21	£13	£31	£19	144%
OPFUPSCL - Outpatient follow up single professional consultant led	5,260	3,168	3,136	-32	-1.01%	£456	£275	£278	£3	1%
Outpatient Procedure	3,070	1,849	2,356	507	27.44%	£537	£324	£413	£89	28%
Unbundled Diagnostics	889	536	484	-52	-9.64%	£66	£40	£37	-£3	-8%
Grand Total	13,390	8,059	8,475	416	5.16%	£2,753	£1,653	£1,797	£144	9%

5.3.1 Southport & Ormskirk Hospital Key Issues

Planned Care for month 7 is showing a £144k (9%) over performance. Daycase (£28k), Electives (£24k) and Outpatient Procedures (£89k) 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 and this has been the theme throughout 2015/16.

5.4 Renacres Hospital

Figure 16 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	500	298	317	19	6.35%	£622	£370	£355	-£16	-4%
Elective	72	43	59	16	38.18%	£308	£183	£269	£86	47%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	1,021	597	685	88	14.69%	£136	£80	£93	£13	16%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	1,264	740	1,629	889	120.27%	£100	£58	£96	£37	64%
Outpatient Procedure	662	388	190	-198	-50.97%	£63	£37	£46	£9	24%
Unbundled Diagnostics	394	231	238	7	2.94%	£37	£22	£25	£3	13%
Grand Total	3,913	2,296	3,118	822	35.78%	£1,265	£750	£883	£132	18%

5.4.1 Renacres Hospital Key Issues

Trauma & Orthopaedics is driving the Elective overspend with a M7 variance of £86k/47%. 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 £68k.

Outpatient Follow Ups are over performing by £37k/64%, and excluding the highest specialty 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 17 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	100	58	-42	-42.03%	£360	£215	£114	£-102	-47%
Elective	29	18	9	-9	-49.01%	£78	£47	£22	£-24	-52%
Elective Excess BedDays	44	26	0	-26	-100.00%	£10	£6	£0	£-6	-100%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	33	20	16	-4	-18.23%	£7	£4	£3	£-1	-13%
OPFANFTF - OP 1st Attendance non face to face	0	0	1	1	#NUM!	£0	£0	£0	£0	#NUM!
OPFASPCL - Outpatient first attendance single professional consultant led	193	116	127	11	9.72%	£39	£23	£23	£0	1%
OPFASPCL - Outpatient first attendance single professional non consultant led	52	31	28	-3	-10.11%	£8	£5	£5	£0	2%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	75	45	32	-13	-28.41%	£12	£7	£5	£-2	-28.13%
OPFUPNFTF - Outpatient follow up non face to face	0	0	24	24	#NUM!	£0	£0	£2	£2	#NUM!
OPFUPSPCL - Outpatient follow up single professional consultant led	370	221	200	-21	-9.70%	£39	£24	£21	£-3	-12.06%
OPFUPSPCL - Outpatient follow up single professional non consultant led	145	87	19	-68	-78.16%	£12	£7	£2	£-5	-76.06%
Outpatient Procedure	76	46	21	-25	-53.89%	£4	£2	£3	£1	27.70%
Unbundled Diagnostics	89	53	63	10	17.77%	£11	£6	£13	£6	102.17%
Grand Total	1,273	763	598	-165	-22.54%	£578	£346	£213	£-133	-32.57%

5.5.1 Liverpool Heart & Chest Hospital Key Issues

A month 7 under performance of -£133k at Liverpool Heart & Chest is largely to do with a -£102k under performance in Daycase. This cost saving appears to be as a result of less complex/major procedures being carried out in the first 7 months of 2015/16.

6. Unplanned Care

6.1 All Providers

Unplanned Care at Month 7 of financial year 2015/16, shows an under-performance of circa -£924k for contracts held by NHS South Sefton CCG.

This underspend is clearly driven by the -£1m under spend at Aintree Hospital and -£1536k at Alder Hey. If we just exclude Aintree, we would be reporting a month 7 over spend of £153k/2%. The two main Trusts over spending are Liverpool Women's £104k and Royal Liverpool £154k.

Figure 18 Month 7 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	57,181	54,147	-3,034	-5.31%	£34,338	£19,977	£18,900	£-1,077	-5.39%
Alder Hey Childrens NHS F/T	8,868	5,036	4,991	-45	-0.88%	£1,905	£1,129	£973	£-156	-13.82%
Countess of Chester Hospital NHS FT	0	0	76	76	0.00%	£0	£0	£32	£32	0.00%
Liverpool Heart and Chest NHS F/T	171	100	57	-43	-42.84%	£144	£84	£151	£67	78.96%
Liverpool Womens Hospital NHS F/T	3,458	2,046	2,271	225	11.01%	£3,009	£1,784	£1,888	£104	5.85%
Royal Liverpool & Broadgreen Hospitals	5,851	3,421	3,832	411	12.02%	£2,145	£1,254	£1,408	£154	12.29%
Southport & Ormskirk Hospital	6,978	4,119	4,517	398	9.66%	£2,492	£1,478	£1,427	£-51	-3.46%
ST Helens & Knowsley Hospitals	850	499	517	18	3.69%	£361	£211	£195	£-17	-7.81%
Wirral University Hospital NHS F/T	245	143	243	100	70.22%	£90	£51	£68	£17	33.10%
Central Manchester University Hospitals Nhs FT	67	39	43	4	10.02%	£16	£10	£10	£1	6.01%
University Hospital Of South Manchester Nhs FT	41	24	24	-0	-0.50%	£14	£8	£7	£-1	-8.80%
Wrightington, Wigan And Leigh Nhs FT	42	24	27	3	10.20%	£15	£9	£11	£2	27.84%
Grand Total	124,270	72,631	70,745	-1,886	-2.60%	£44,529	£25,995	£25,071	£-924	-3.56%

6.2 Aintree University Hospital NHS Foundation Trust

Figure 19 Month 7 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospitals Urgent Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E WiC Litherland	41,953	24,615	23,559	-1,056	-4.29%	£953	£559	£556	£-3	-0.58%
A&E - Accident & Emergency	30,956	18,162	17,577	-585	-3.22%	£3,646	£2,139	£2,118	£-21	-0.98%
NEL - Non Elective	13,932	8,095	7,353	-742	-9.16%	£25,986	£15,099	£14,399	£-699	-4.63%
NELNE - Non Elective Non-Emergency	44	26	25	-1	-2.21%	£122	£71	£66	£-4	-6.11%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	40	23	94	71	304.46%	£10	£6	£19	£14	243.81%
NELST - Non Elective Short Stay	2,732	1,587	1,268	-319	-20.12%	£1,764	£1,025	£850	£-175	-17.07%
NELXBD - Non Elective Excess Bed Day	8,044	4,674	4,271	-403	-8.62%	£1,858	£1,079	£892	£-188	-17.39%
Grand Total	97,701	57,181	54,147	-3,034	-5.31%	£34,338	£19,977	£18,900	£-1,077	-5.39%

6.2.1 Aintree Hospital Key Issues

Discussions regarding activity and finance are on-going 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 20 Month 7 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	4,472	4,524	52	1.15%	£688	£390	£387	£-3	-0.78%
NEL - Non Elective	854	493	455	-38	-7.68%	£1,174	£713	£581	£-131	-18.41%
NELNE - Non Elective Non-Emergency	1	1	0	-1	-100.00%	£1	£1	£0	£-1	-100.00%
NELXBD - Non Elective Excess Bed Day	113	69	10	-59	-85.60%	£42	£26	£3	£-22	-86.53%
Grand Total	8,868	5,036	4,991	-45	-0.88%	£1,905	£1,129	£973	£-156	-13.82%

6.3.1 Alder Hey Hospital Key Issues

The underperformance against contract plan has also been mirrored by Liverpool CCG, although other local CCGs have seen over performance against plan at this provider. The current financial position as a Trust for Urgent Care is 5% 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 21 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	2,585	2,829	244	9.42%	£397	£232	£259	£27	11.67%
AMAU - Acute Medical unit	63	37	41	4	11.61%	£6	£3	£4	£0	10.39%
NEL - Non Elective	692	405	414	9	2.34%	£1,355	£792	£887	£95	12.03%
NELNE - Non Elective Non-Emergency	24	14	12	-2	-14.27%	£179	£105	£93	£-12	-11.29%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	149	87	0	-87	-100.00%	£33	£20	£0	£-20	-100.00%
NELST - Non Elective Short Stay	268	157	170	13	8.44%	£137	£80	£93	£13	16.27%
NELXBD - Non Elective Excess Bed Day	234	137	366	229	168.04%	£50	£29	£79	£49	168.49%
readmissions	0	0	0	0	0.00%	£-13	£-8	£-8	£0	-2.66%
Grand Total	5,851	3,421	3,832	411	12.02%	£2,145	£1,254	£1,408	£154	12.29%

6.4.1 Royal Liverpool & Broadgreen Hospitals Key Issues

Non Electives & Non Elective Excess Bed days make up £144k of the total £154k 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.

7. Mental Health

7.1 Mersey Care NHS Trust Contract

Figure 22 NHS South Sefton CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS South Sefton CCG			
	Plan	Caseload	Variance from Plan	% Variance
0 Variance	34	94	60	176%
1 Common Mental Health Problems (Low Severity)	23	51	28	122%
2 Common Mental Health Problems (Low Severity with greater need)	48	27	(21)	-44%
3 Non-Psychotic (Moderate Severity)	274	242	(32)	-12%
4 Non-Psychotic (Severe)	169	206	37	22%
5 Non-psychotic Disorders (Very Severe)	32	59	27	84%
6 Non-Psychotic Disorder of Over-Valued Ideas	43	38	(5)	-12%
7 Enduring Non-Psychotic Disorders (High Disability)	133	188	55	41%
8 Non-Psychotic Chaotic and Challenging Disorders	83	96	13	16%
10 First Episode Psychosis	93	135	42	45%
11 On-going Recurrent Psychosis (Low Symptoms)	414	434	20	5%
12 On-going or Recurrent Psychosis (High Disability)	312	314	2	1%
13 On-going or Recurrent Psychosis (High Symptom & Disability)	112	110	(2)	-2%
14 Psychotic Crisis	17	25	8	47%
15 Severe Psychotic Depression	7	3	(4)	-57%
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	33	32	(1)	-3%
17 Psychosis and Affective Disorder – Difficult to Engage	58	57	(1)	-2%
18 Cognitive Impairment (Low Need)	347	220	(127)	-37%
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	462	515	53	11%
20 Cognitive Impairment or Dementia Complicated (High Need)	148	337	189	128%
21 Cognitive Impairment or Dementia (High Physical or Engagement)	45	70	25	56%
Reviewed Not Clustered	36	210	174	483%
No Cluster or Review	144	193	49	34%
Total	3,067	3,656	589	19%

Figure 23 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	Oct-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%	93%	100%	100%	100%

Figure 24 CPA Follow up 2 days (48 hours) for higher risk groups

			Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-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%	No patients requiring follow up in October

Quality Overview

At Month 7, MerseyCare are compliant with quality schedule reporting requirements. The Trust is working with the CCG Quality team to develop the safer staffing report, a presentation was provided at the December CQPG meeting. In addition work is ongoing with Liverpool CCG and Mental Health Quality Leads to develop a new Serious Incident report.

Specific concerns remain regarding DNA's at Clock View site, GP referral pathways, A&E assessment and access to psychotherapy. The CCG are monitoring these areas through the CQPG and SRG meetings.

A Contract Performance Notice has been issued to MerseyCare regarding the recent A&E waits, a remedial Action Plan is now in place as a result. Three meetings have already been held with the Trust, South Sefton CCG, Liverpool CCG and Knowsley CCG, the next meeting is due to be held on 22nd December. An Escalation Plan has been developed between MerseyCare and Aintree, to date there have not been any further long waits. As of 9th November the Prenton assessment suite at Clock View has been fully operational 24/7. It has been noted that communications have significantly improved between MerseyCare and Aintree.

7.2 Cheshire Wirral Partnership - Improving Access to Psychological Therapies Contract

The prevalence rate at month 7 (5.3%) is below the target and current activity levels would indicate that the trust will fall below the 15% target.

The Recovery rate in month 7 is 53.6% against the target of 50% and this is an improvement on last month.

There were 205 cancellations by the patient (239 at month 6) and 95 cancellations recorded by the provider in month 7 (42 at month 6). This is a significant increase for which the provider to date has offered no current explanation. Previously this has been attributed to staff sickness.

Step 2 staff have reported that they were 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 service think 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. At month 7 it would appear that this process may be giving some results as the DNAs are lower than last month.

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.

GP referrals continue to appear to be on a downward trend however seasonal factors that normally affect the holiday period of August will have had an effect upon the year to date activity. There is an upward trend in self referrals. Opt in rates have been affected this month and are down on previous months. This may be linked to the provider cancellations and staff potentially not being available to engage with patients.

Bespoke analysis from the provider has shown the opt in rates by practice and referral source which will be shared with practices.

Year to date activity										
GP Referral	Self Referral	Other Referral	GP Referral Opt-ins	Self Referral Opt-ins	Other Referral Opt-ins	Total Opt-ins	GP Ref Opt-in %	Self Ref Opt-in %	Other Ref Opt-in %	Total Opt-in %
1,153	1,269	234	781	1,250	119	2,150	67.7%	98.5%	50.9%	80.9%

A meeting was held with the provider on 10/12/2015 to discuss the Contract Performance Notice issued by the CCG relating to underperformance in respect of the national access indicator. The provider presented an action plan which was reviewed. A discrepancy was raised between the local data submitted to the CCG by the provider and the data the provider has submitted to the Health & Social Care Information Centre for the national data requirements. Arrangements are being made for the national Intensive Support Team to assist the provider in resolving this. Other actions agreed include:

- A focus of efforts to attract numbers in to IAPT treatment via engagement with GPs
- The inherited waiting list for the service has reduced from 1,100 to 64. Ongoing communication with GPs is planned to raise the profile of the service and dispel any myths around waiting times
- Embedded IAPT staff in targeted practices will also generate quicker access to services by undertaking assessments in GP practice setting.
- The service is initiating weekly SMS texting to reduce DNAs
- Referral criteria for Older People/Health Visiting team has been revised and this should generate more referrals.

The next meeting is scheduled for 07/01/2016.

Figure 25 Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Performance Indicator		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	TOTALS		
Population (Psychiatric Morbidity Survey)		24298	24298	24298	24298	24298	24298	24298	24298		
National definition of those who have entered into treatment		143	158	201	204	166	232	184	1288		
Prevalence Trajectory (%)		1.25%	1.25%	1.25% (q1=3.75%)	1.25%	1.25%	1.25% (q2=3.75%)	1.25%	15.00%		
Prevalence Trajectory ACTUAL		0.59%	0.65%	0.83%	0.84%	0.68%	0.95%	0.76%	5.30%		
National definition of those who have completed treatment (KPI5)		134	117	120	136	119	143	117			
National definition of those who have entered Below Caseness (KPI6b)		9	4	11	9	10	8	5			
National definition of those who have moved to recovery (KPI6)		75	51	61	66	49	65	60			
Recovery - National Target		50.0%	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%	53.6%			
Referrals Received		435	395	355	405	331	335	400			
Gp Referrals		289	215	152	161	115	114	107			
% GP Referrals		66%	54%	43%	40%	35%	34%	27%			
Self referrals		114	149	175	205	184	207	235			
% Self referrals		26%	38%	49%	51%	56%	62%	59%			
Other referrals <small>Other Referrals are 38 - Assessment and Immediate Care, 3 - Other, 4-WaltonNeuro, 3- Acute Care Team, 1 - Secondary Care, 1-Social Services, 1- Court Liaison and Diversion Service, 1- Drug Action, 1-Community(Adult), 3-Health Visitor, 2-Psychiatrist</small>		32	31	28	39	32	14	58			
% Other referrals		7%	8%	8%	10%	10%	4%	15%			
Referral not suitable or returned to GP		0	0	0	0	0	0	0			
Referrals opting in		415	355	285	299	259	249	288			
Opt-in rate %		95%	90%	80%	74%	78%	74%	72%			
Patients starting treatment by step (Local Definition)		Step 2	94	119	142	157	125	178	137		
		Step 3	49	39	59	47	41	54	47		
		Step 4									
		Total	143	158	201	204	166	232	184		
Percentage of patients entering in 28 days or less		53.0%	37.0%	59.0%	60.0%	46.0%	29.0%	18.0%			
Completed Treatment Episodes by Step (Local Definition)		Step 2	138	175	128	203	127	240	172		
		Step 3	341	329	363	383	287	462	377		
		Step 4									
		Total	479	504	491	586	414	702	549		
Activity		Attendances		Step 2	369	456	536	788	618	645	621
				Step 3	389	422	547	460	466	507	412
				Step 4		1	2	3	6	17	13
		DNA's		Step 2	80	92	146	179	129	175	149
				Step 3	52	49	75	56	55	60	45
				Step 4		1					2
		Cancels		Step 2	40	82	159	225	137	176	180
				Step 3	62	89	107	95	81	99	116
				Step 4						6	4
		Attendances		Total	758	879	1085	1251	1090	1169	1046
		DNAs		Total	132	142	231	235	184	235	196
		Cancelled		Total	102	171	266	320	218	281	300
Number Cancelled by patient		Total	45	109	194	253	181	239	205		
Number Cancelled by provider		Total	57	62	72	67	37	42	95		

Figure 26 IAPT Waiting Time KPIs

	Indicator	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Year To Date
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	207	1574
	Denominator		165	245	266	303	217	224	211	1631
	%		99%	92%	95%	97%	98%	98%	98%	97%
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	211	1572
	Denominator		165	245	213	303	217	224	211	1578
	%		99%	99%	100%	100%	100%	100%	100%	100%

8. Community Health

Liverpool Community Health Services (by exception)

Community Equipment: The increase in demand is attributed to a number of factors: 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 has now been recruited and started in October however they are not yet working independently. The service is focusing on providing clinic based delivery to maximise efficiency.

Palliative Care: The service performance has been affected by the staff training District Nurses, participating in joint visits and caseload reviews. The Palliative care programme is now part of the STEP (Supporting Transition & Education through Preceptorship) for all new staff. The service has also been affected by long term sickness in the team, however it is anticipated that staffing levels will be back to full capacity by December 2015

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. Additional capacity has been created through the GP practices in Sefton conducting ear syringing sessions and this reduces the number of patients accessing the treatment rooms. 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)- 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 continues to hand over non –complex patients to district nurses when capacity allows. Previously there was an issue with staff not inputting activity to EMIS which made its look like demand is much higher than activity. The service has worked towards correcting this and continues to ensure that staff recognises the importance of capturing all activity.

Speech and Language Therapy (SALT) Adult and Children- The team is not able to meet the increased numbers of referrals and demand for SALT assessments and the trust is in the process of reviewing the core offer. There are planned discussions with the education authority with regards to the service provided to special educational settings and resourced units. The service states that additional funding needs to be sought outside of the block contract to enable the current staff to manage the high numbers of children waiting for support and assessment. A business case has been provided and this is to be discussed by Clinical Leads and processed by the CCG funding approval process.

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. The development of the activity plan is to be picked up as part of contract negotiation 2016/17.

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 is in excess of 18 weeks at 22 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. The trust has been asked for an update and this is still awaited.

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.

Waiting time Information was discussed at the Collaborative Commissioning Forum. The Trust advised that a Waiting List Management Task and Finish group has been established and trajectories are being developed to get waiting times back in target. The Co-ordinating Commissioner is to share these with GP Leads for further discussion and the Trust are considering the implications of adopting

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 Trust

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

Liverpool Community Health is subject to enhanced surveillance. Work streams have been identified by the Collaborative Forum (CF) including Culture, Governance, Safety and Workforce, each area has an identified clinical and managerial lead from the CCG and the Trust, each work stream reports directly into the joint CQPG and CF.

Joint CCG Intermediate Care Visit / Feedback

The CCGs have shared their feedback report with LCH, the Trust's response and progress against actions will be monitored through the joint CQPG and Collaborative Forum.

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. The CCG Designated Nurse for Looked After Children has reported positive remedial action from the Trust with the back log of outstanding reviews now reduced significantly, however progress needs to be monitored and maintained.

Serious Incidents

Key areas of risk identified continue to be pressure ulcers, where the collaborative workshop has taken place alongside the trust and Liverpool CCG. The workshop has developed a composite action plan to address the 8 identified themes. The trust alongside both Liverpool and South

Sefton CCG have confirmed their attendance at the NHSE Pressure Ulcer action plan development session, where the composite action plan will be share.

SALT Waiting Times

The CCG continues to experience long waits for both paediatric and adult SALT, this has been raised at CQPG and Contract meetings, the Trust has submitted a business case regarding Adult SALT which is currently being reviewed with the clinical leads. The Trust has been asked to submit an updated progress report / recovery plan for CCG assurance.

Southport and Ormskirk Trust

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.

9. Third Sector Contracts

Reports outlining service outcomes during 2015-16 are underway; Information Schedules detailing Q2 activity and case studies have now been received by all providers. All providers are working towards v13 of the IG Toolkit and expect to be compliant before 31st March 16. Information Schedules for the final quarter are currently under review and are to be re-written to ensure the quality of the information provided demonstrates the service outcomes and the contributions made to the wider health economy of South Sefton, Southport & Formby. Contract Variations for those which have been finalised are currently with the CCG for final sign off. Various support groups and services have been attended by CCG Contracts to gain a greater understanding of the services provided and the work they do within the community, further visits have been arranged for later in the contracting year.

Further details are being sought around NHS Number collection for service users accessing Third Sector provider services. IMersey are looking into possibilities of nhs.net email account set up for each provider to enable secure transfer of data to DMIC for analysis. The aim is to analyse this data against hospital admissions within an electoral ward to see if the intervention is having an overall impact to the wider health economy of South Sefton, Southport & Formby. This pilot is expected to commence 01/01/16.

The Chair at Sefton Cancer Support has resigned from his post during November, CCG Commissioners have been informed and a final decision around Commissioning intentions for 2016-17 is awaited.

10. Quality and Performance

10.1 NHS South Sefton CCG Performance

Performance Indicators	Data Period	Current Period				Exception Commentary	Actions
		Target	Actual	Direction of Travel			
IPM							
Treating and caring for people in a safe environment and protecting them from avoidable harm							
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	15/16 - October	32	27	↑	There were 5 new cases reported in October 2015, year to date there have been 27 cases against a plan of 32. Of the 27 cases reported in year to date all have been aligned to Aintree Hospital (13 apportioned to acute trust and 14 apportioned to community).		
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	15/16 - October	27	28 (15 following appeal)	↑	There were 3 new cases have been reported in October. Year to date there have been 28 cases against a plan of 27, the year to date plan is 46.		
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	15/16 - October	0	1	↑	No new cases have been reported in October 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 - October	0	0	↔	No new cases reported in October. 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	The CCG was informed on 16/12/15 that an possible MRSA had been reported by Aintree Hospita, a PIR is due to be held on 04/01/16 to determine who this is attributable to / whether there was any lapses in care.	
Mixed Sex Accommodation Breaches							
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	15/16 - October	0.00	0.00	↓			
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	15/16 - October	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%			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%			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%			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 - October	1470.90	1,480.31	↑		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 195 more admissions than the same period last year.
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative)	15/16 - October	151.9	145.69	↓		This measure now has a plan which is based on the same period previous year. The CCG is under the monthly plan and the decrease in actual admissions is 2 less than the same period last year.
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	15/16 - October	594.57	665.43	↑		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 110 more than the same period last year.
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	15/16 - October	46.50	55.80	↑		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 3 more that same period last year.
Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)	15/16 - October	750.46	804.57	↑		This measure now has a plan which is based on the same period previous year. The CCG is over plan, actual admissions is 84 above the same period last year.
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	15/16 - October	No Plan	15.62	↓		The emergency readmission rate for the CCG is lower than previous month (19.75) and also lower than the same period last year (15.73).

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 tarets were set. The CCGare in the process of revising these targets for the next report.

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 - October	80%	76.19%	↓	The CCG have failed to achieve the target in October only 16 patients out of 21 spending at least 90% of their time on a stroke unit.	The majority of South Sefton CCG patient breaches occurred at Aintree, please see below for detail
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	15/16 - October	80%	71.74%	↓	Aintree have failed to achieve the target in October only 33 patients out of 46 spending at least 90% of their time on a stroke unit.	Of the 13 patients who failed the standard: <ul style="list-style-type: none"> • 7 patients were identified as requiring direct admission to the Stroke Unit on admission but no stroke bed was available and medical outliers were occupying stroke beds on each occasion. • 2 patients were late referrals and only referred after an MRI result • 1 patient had an inpatient stroke and was not referred to the stroke team • 1 patient had an inpatient stroke but there was no bed available to transfer until 24hrs later • 2 patients' notes are not yet scanned so unable to validate.
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (CCG)	15/16 - October	60%	100%	↔		
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	15/16 - October	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 - October	1.25%	0.76%	↓	The CCG are under plan in October for IAPT Roll Out, out of a population of 24298, 184 patients have entered into treatment. There has been a decrease from last month when CWP reported 0.96%.	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 - October	50%	53.57%	↑	The CCG are over plan for recovery rate reaching 53.57% in October. This equates to 60 patients who have moved to recovery out of 112 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%	↑	October data shows 98%.	
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%	↔	October data shows 100%.	
Preventing people from dying prematurely						
Under 75 mortality rate from cancer	2014		152.20	↓	Under75 mortality rate from Cancer has dropped from 158.7 in 2013 to 152.20 in 2014.	
Under 75 mortality rate from cardiovascular disease	2014		72.90	↑	Under 75 mortality rate from cardiovascular disease increased slightly from 72.60 in 2013 to 2.90 in 2014.	
Under 75 mortality rate from liver disease	2014		29.10	↑	Under 75 mortality rate from liver disease has increased from 22.6 in 2013 to 29.1 in 2014.	
Under 75 mortality rate from respiratory disease	2014		40.50	↑	Under 75 mortality rate from respiratory disease increased from 38.0 in 2013 to 40.50 in 2014.	
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.
Cancer waits – 2 week wait						
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	15/16 - September	93%	96.78%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	15/16 - September	93%	96.08%	↔		

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 - September	93%	92.64%	↓	South Sefton CCG failed the target for September and year to date. In September 6 patients were not seen within 14 days out of a total of 44. Of the 6 breaches 3 were at Aintree and 3 were at the Royal Liverpool Broadgreen as the first seen provider. Reasons for breaching were patient choice by cancelling and rearranging. Days waiting ranged between 15 and 25.	All were for reasons related to patient choice and availability. This is reflective of capacity constraints at other trusts following the closure of the Southport service meaning that flexibility and notice period for appointments is reduced. Cancer is not suspected in these patients, hence hard to convey urgency. The Be Clear on Cancer campaign for Breast in over 70s recently will have increased referrals in older women who potentially would need more support getting to appointments etc. Will improve with Trusts being confident in steady state referral volumes
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 - September	93%	94.45%	↔		
Cancer waits – 31 days						
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	15/16 - September	96%	99.05%	↔		
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	15/16 - September	96%	99.71%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	15/16 - September	94%	97.56%	↓		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	15/16 - September	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	15/16 - September	94%	96.30%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	15/16 - September	94%	98.77%	↓		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	15/16 - September	98%	98.96%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	15/16 - September	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 - September	85% local target	88.24%	↓		
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 - September	85% local target	89.93%	↔		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	15/16 - September	90%	90.00%	↓		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	15/16 - September	90%	97.73%	↔		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	15/16 - September	85%	86.17%	↓		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	15/16 - September	85%	85.95%	↓		
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 - October	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (Aintree)	15/16 - September	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (CCG)	15/16 - October	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (Aintree)	15/16 - September	0	0	↔		

The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	15/16 - October	0	1	↑	The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust has 1 patient waiting for 52+ weeks for treatment in T&O.	Capacity issues with Spinal patients – patient had TCI in October but cancelled and requested a date in the New Year.
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	15/16 - September	0	0	↔		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (CCG)	15/16 - October	90%	92.68%	↔		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (Aintree)	15/16 - September	90%	93.60%	↓		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (CCG)	15/16 - October	95%	96.99%	↑		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (Aintree)	15/16 - September	95%	96.78%	↓		
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 - October	92%	95.68%	↔		
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 - September	92%	96.47%	↔		

A&E waits					
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	15/16 - October	95.00%	96.75%	↓	
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	15/16 - October	95.00%	87.86%	↓	The CCG have failed the target in October reaching 82.54%, and year to date reaching 87.86%. In October 692 attendances out of 2964 were not admitted, transferred or discharged within 4 hours
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) All Types	15/16 - October	95.00%	94.92%	↔	Aintree have failed the target in October reaching 89.12%, and year to date reaching 94.92%. In October 1394 attendances out of 12812 were not admitted, transferred or discharged within 4 hours. This is the fourth month the trust have achieved the target in 2015/16
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	15/16 - October	95.00%	88.48%	↔	Aintree have failed the target in October reaching 79.54%, and year to date reaching 88.48%. In October 1394 Attendances out of 6812 were not admitted, transferred or discharged within 4 hours.
Diagnostic test waiting times					
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	15/16 - October	1.00%	0.91%	↑	
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	15/16 - September	1.00%	0.60%	↓	

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.

Category A ambulance calls						
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	15/16 - October	75%	78.34%	↔		A Contract Performance Notice relating to Ambulance Handover will be discussed at Aintree SRG Wednesday 16th December 2015. An update on the action agreed at the SRG is to be shared with the CRM group by 23rd December 2015 to meet the 10 day requirement of the NHS Standard Contract.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	15/16 - October	75%	74.20%	↔	The CCG failed to achieve the 75% year to date or in month (Oct) recording 71.1%.	
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	15/16 - October	95%	96.92%	↔		
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	15/16 - October	75%	77.68%	↔		
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	15/16 - October	75%	75.46%	↔		
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	15/16 - October	95%	94.84%	↓	NWAS failed to achieve the 95% year to date or in month (Oct) recording 94.1%.	
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 27 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 (October 2015)	RR - Trajectory From Previous Month (Sept 15)	% Recommended (Eng. Average)	% Recommended (October 2015)	PR - Trajectory From Previous Month (Sept 2015)	% Not Recommended (Eng. Average)	% Not Recommended (October 2015)	PNR - Trajectory From Previous Month (Sept 15)
In patients	25%	47.7%	↓	96.0%	96.0%	↔	1.0%	1.0%	↓
A&E	15%	21.3%	↔	87.0%	84.0%	↓	7%	9.0%	↓

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 as outlined above.

For Inpatient services, the percentage of people who would recommend that service is on par with the England average and has remained static compared to the previous month (Sep 2015). The percentage of people who would not recommend the inpatient service has declined marginally on the previous month and is now in line with the England average.

The percentage of people that would recommend A&E has declined since September, but remains marginally below the England average. The percentage of people who would not recommend the A&E service has improved compared to the previous month but remains below the England average.

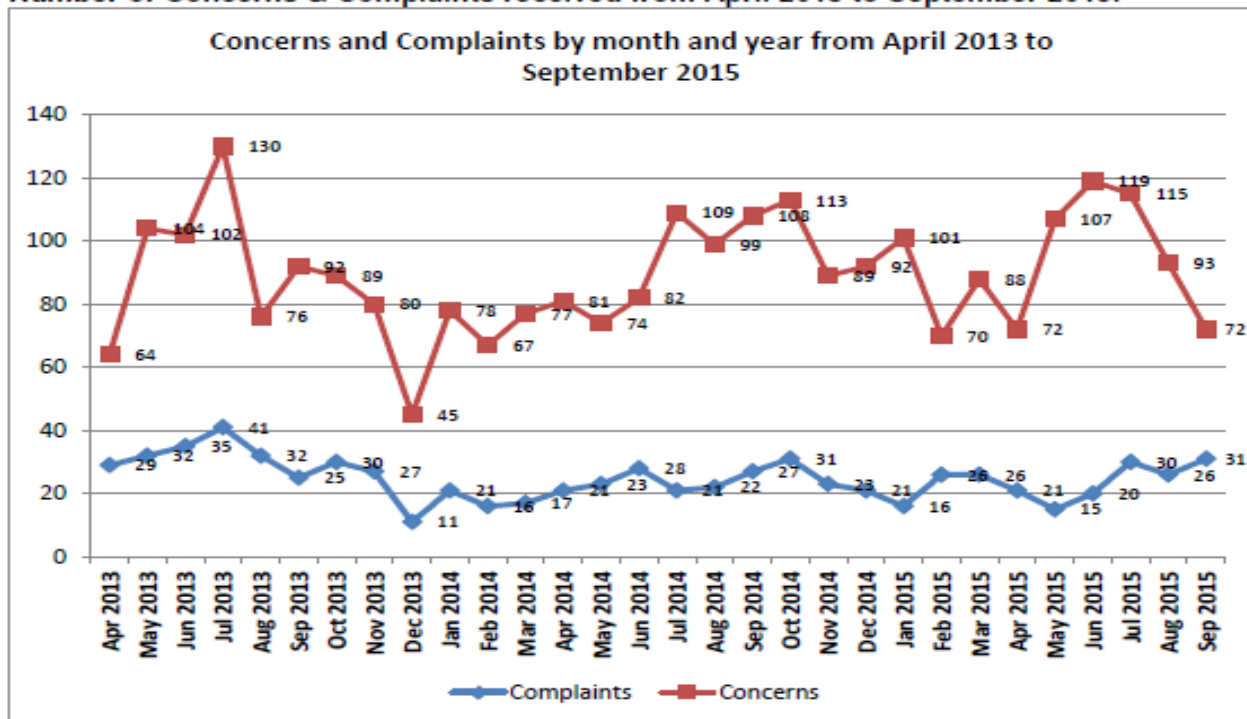
The trust consistently returns response rates and recommendation percentages significantly higher than the regional and national averages.

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 Complaints

Aintree University Hospital

Number of Concerns & Complaints received from April 2013 to September 2015.



Concerns

There has been a drop in concerns to 280 in comparison with 298 concerns in Quarter 1 2015/2016 and 316 in Quarter 2 in 2014/2015.

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

- Clinical Treatment
- Appointments
- Staff Attitude/Conduct

Comparison ratings from Q1 to Q2

1. Clinical Treatment: shows a rise from 63 to 68.
2. Appointments: dropped from 67 to 57.
3. Staff Attitude/Conduct: remains the same at 36.

Implementation of Care: was third but has now reduced to 23 from 36. Diagnosis concerns have dropped slightly from 13 to 11.

Complaints

There has been an increase in the number of complaints from 56 to 87 from the last quarter (Quarter 1) and the same period last year of 70 (Quarter 2 2014/15).

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

- Clinical Treatment
- Implementation of Care
- Diagnosis

Comparison ratings from Q1 to Q2

1. Clinical Treatment: shows a rise from 20 to 43
2. Implementation of Care: has risen by 1 from 12 to 13 only a small rise given the increase number of complaints.
3. Diagnosis: shows a rise from 7 to 12.
4. Staff Attitude has now dropped below Diagnosis from 6 to 8.

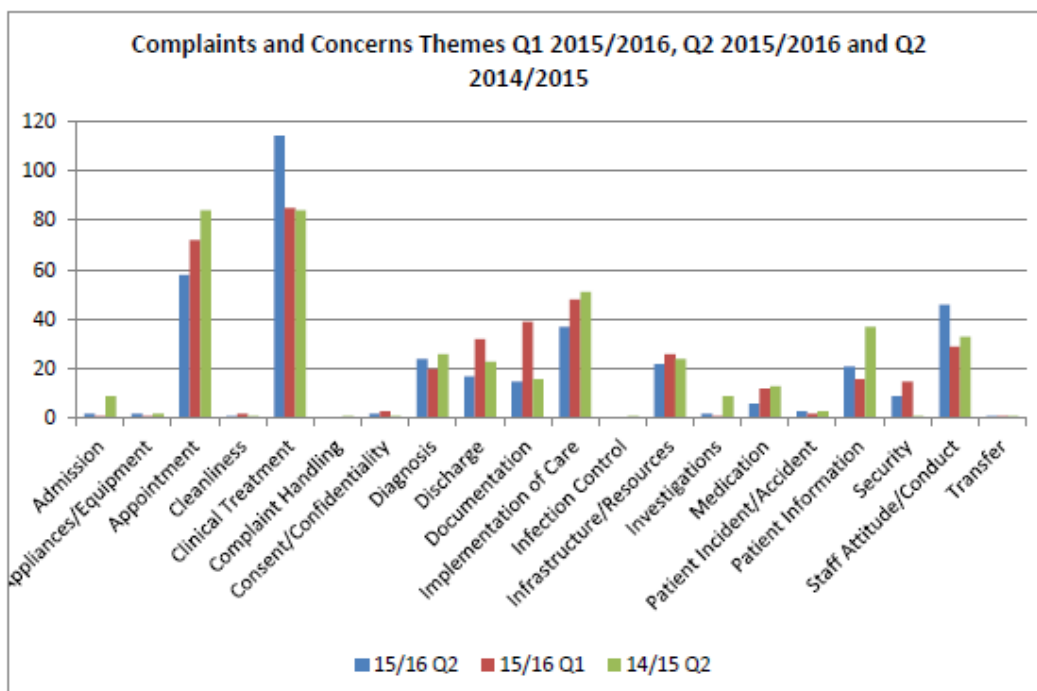
The overall numbers of formal complaints received for Quarter 2 remaining steady throughout the span of the graph, with a peak in July 2013 which is in line with concerns. Overall, there has been little fluctuation in the number of complaints since January 2014.

Response Rates

Long-term complaints have been a priority and following a considerable improvement to reduce the number of complaints over 60 days; there are currently 6 complaints which have breached the 60 day target, 4 from the Division of Medicine and 2 from the Division of Surgery & Anaesthetics.

- Complaints closed within 25 working days: a drop from 35% to 15%.
- Complaints closed over 25 working days: a drop from 20% to 19%.

Comparison of concern & complaint themes for Q2 of this financial year (2015/2016), Q1 of the this financial year (2015/2016) & Q2 of the previous financial year (2014/2015)



10.4 Serious Untoward Incidents (SUIs)

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 7, there have been 68 Serious Incidents involving South Sefton CCG patients

- Aintree University Hospital NHS Foundation Trust – 5
- Alder Hey Children's NHS Foundation Trust – 1
- Liverpool Community Health NHS Trust – 48
- Liverpool Women's NHS Foundation Trust – 3
- Mersey Care NHS Trust – 7
- Southport and Ormskirk Hospital NHS Trust - 4

Number of Never Events reported in period

1 never events reported in June 15, 1 reported year to date. (South Sefton CCG patient in Alder Hey- wrong site surgery)

SUIs Reported at Aintree University Trust level

Aintree University Hospital Foundation Trust reported 4 serious incidents in October 2015

20 incidents reported YTD by the provider.

STEIS Number	Incident Category	Reported within 48hrs from Incident Date	Reported within 48hrs from Incident Identified
2015/32379	Accident Whilst in Hospital	Yes	Yes
2015/31711	Pressure ulcer - (Grade 3)	No – 4 days after incident. Incident took place on 27/9/15,reported on 2/10/15	Yes
2015/32581	Unexpected Death	No – 39 days after incident. Incident took place on 21/8/15,reported on 13/10/15	Yes
2015/33769	Slips/Trips/Falls	No – 60 days after incident. Incident took place on 30/7/15,reported on 23/10/15	Yes

Number of incidents reported split by type

The Trust has had four incidents repeated in 2015/16.

- 6 x delayed diagnosis
- 5 x Sub-optimal care of the deteriorating patient
- 2 x Pressure Ulcer (grade 3)
- 3 x Treatment delay

Number of Never Events reported in period

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

Number of Incidents reported by CCG

CCG Name / Incident Type	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD
Knowsley CCG								
Delayed diagnosis			1					1
Sub-optimal care of the deteriorating patient	1							1
Liverpool CCG								
Accident Whilst in Hospital							1	1
Results					1			1
Slips/Trips/Falls							1	1
Sub-optimal care of the deteriorating patient	1							1
Unexpected Death						1		1
Unexpected Death (general)					1			1
South Sefton CCG								
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
Southport & Formby CCG								
Treatment						1		1
Unexpected Death (general)	1							1
St Helens CCG								
Unexpected Death (general)						1		1
West Cheshire CCG								
Pressure ulcer - (Grade 3)							1	1
Unexpected Death							1	1
West Lancashire CCG								
Failure to act upon test results			1					1
Pressure ulcer - (Grade 4)					1			1
Grand Total	3	0	4	1	3	5	5	20

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

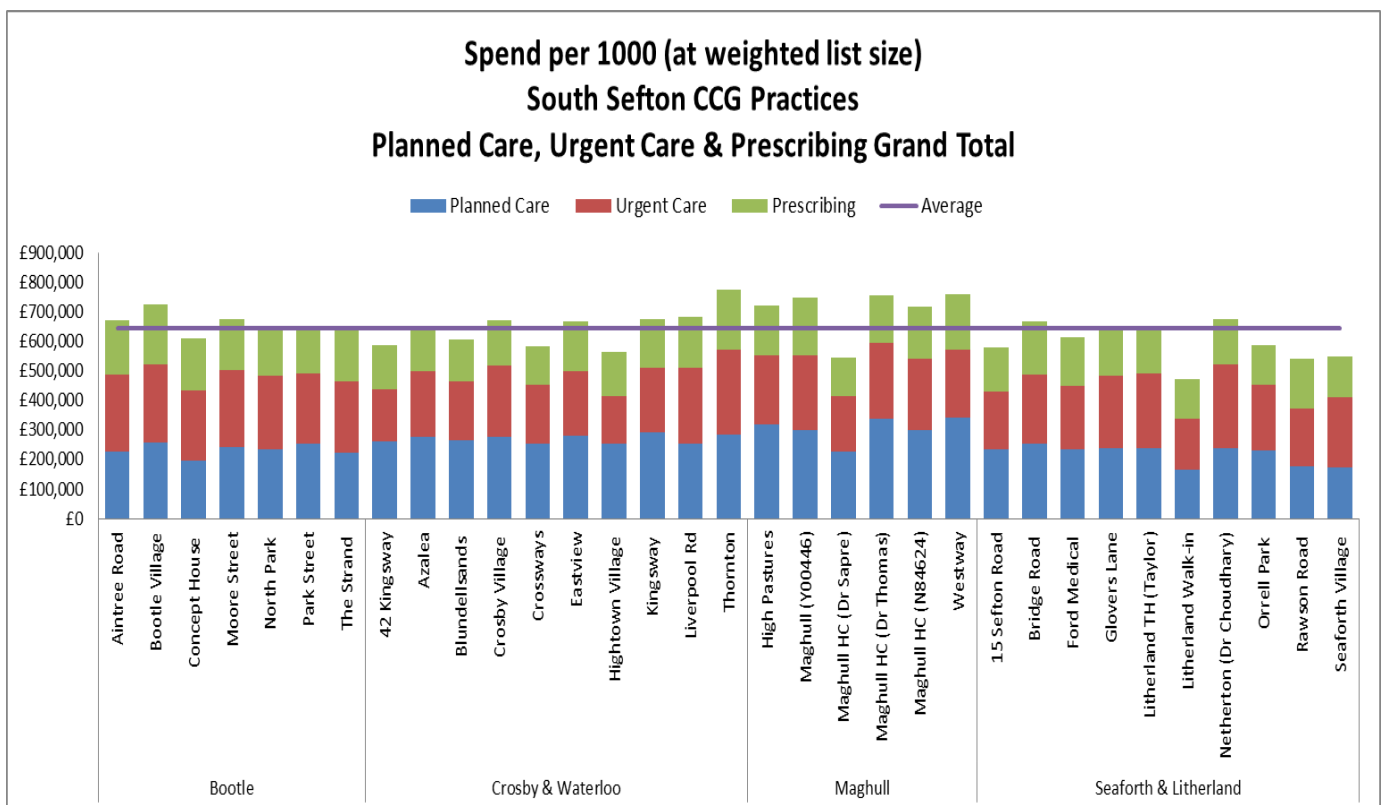
11.3 Format

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).

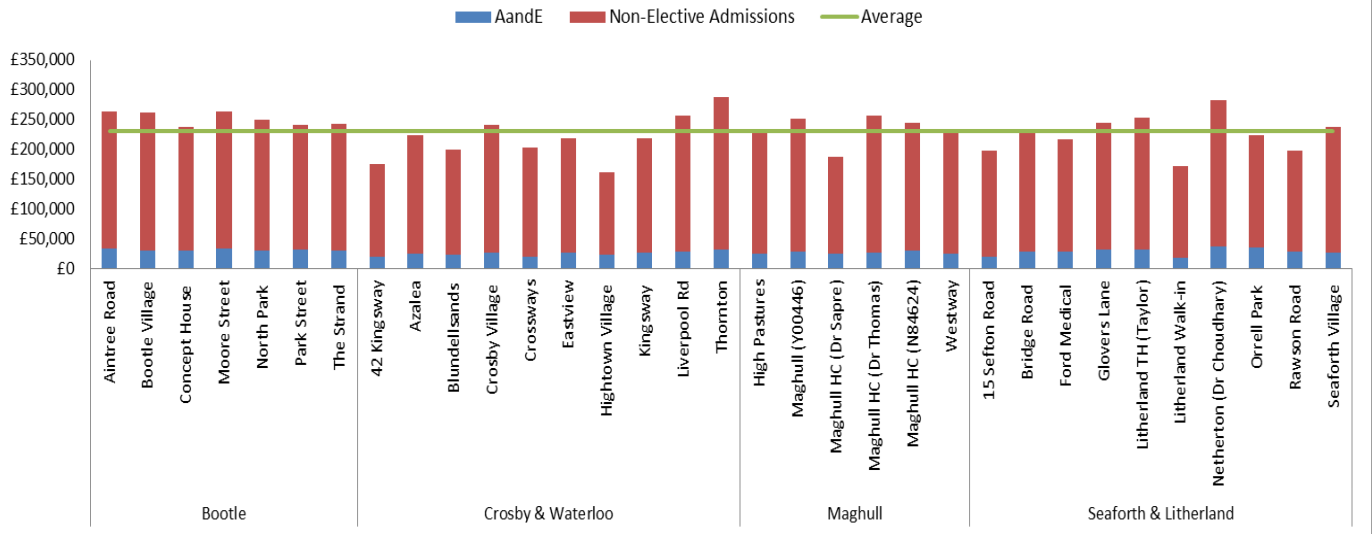
11.4 Summary of performance

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 28 Summary of Primary Care Dashboard – Finance



Spend per 1000 (at weighted list size) Urgent Care South Sefton CCG



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.

Concept House Surgery Good (0.5 miles away)



17 Merton Road, Bootle, L20 3BG
(0151) 476 7962

Provided by: Dr David Goldberg

CQC inspection area ratings

(Latest report published on 23 April 2015)

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

CQC Inspections and ratings of specific services

(Latest report published on 23 April 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 and Clinics

Specialisms/services

- Diagnostic and screening procedures
- Family planning services
- Maternity and midwifery services
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

Moore Street Medical Centre Good (1 mile away)



77 Moore Street, Bootle, L20 4SE
(0151) 944 1066

Provided by: Moore Street Medical Centre

CQC inspection area ratings

(Latest report published on 26 November 2015)

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

CQC Inspections and ratings of specific services

(Latest report published on 26 November 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	Outstanding ★
People experiencing poor mental health (including people with dementia)	Good ●

Doctors/GPs and Clinics

Specialisms/services

- Diagnostic and screening procedures
- Family planning services
- Maternity and midwifery services
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

Seaforth Village Surgery **Good** (1.3 miles away)



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 ●

Doctors/GPs

Specialisms/services

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

Orrell Park Medical Centre **Good** (SSP Health Ltd) (1.8 miles away)



Trinity Church, Orrell Lane/Rice Lane, Liverpool, L9 8BU
(0151) 525 3051

Provided by: SSP Health Ltd

CQC inspection area ratings

(Latest report published on 20 August 2015)

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

CQC Inspections and ratings of specific services

(Latest report published on 20 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

Rawson Road Surgery **Good** (SSP Health Ltd) (1.9 miles away)



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 ●

Doctors/GPs

Specialisms/services

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

Litherland Practice Good (1.9 miles away)

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



Litherland Town Hall Health Centre, Hatton Hill Road,
Litherland, Liverpool, L21 9JN
Provided by: SSP Health Ltd

CQC inspection area ratings

(Latest report published on 26 November 2015)

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

CQC Inspections and ratings of specific services

(Latest report published on 26 November 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

Dr Doran and Dr Navaratnam Good (2.7 miles away)



20 Kingsway, Waterloo, Liverpool, L22 4RQ
(0151) 920 9000

Provided by: Azalea Surgery

CQC inspection area ratings

(Latest report published on 16 April 2015)

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

CQC Inspections and ratings of specific services

(Latest report published on 16 April 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 and Clinics

Specialisms/services

- Diagnostic and screening procedures
- Family planning services
- Maternity and midwifery services
- Services for everyone
- Treatment of disease, disorder or injury

Crossways Practice Good (3 miles away)

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

Netherton Practice Good (3.2 miles away)

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

CQC Inspections and ratings of specific services

(Latest report published on 24 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	●

[Full Details >](#)

[Share your experience](#)

[Email alert sign-up](#)

Doctors/GPs

Specialisms/services

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

Crosby Village Surgery **Requires improvement** (3.5 miles away)

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

The provider of this service has requested a review of one or more of the ratings.



3 Little Crosby Road, Crosby, Liverpool, L23 2TE
 Provided by: SSP Health Ltd

CQC inspection area ratings

(Latest report published on 29 October 2015)

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

CQC Inspections and ratings of specific services

(Latest report published on 29 October 2015)

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

Doctors/GPs

Specialisms/services

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

Hightown Surgery **Inadequate** (6.3 miles away)

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

The provider of this service has requested a review of one or more of the ratings.



1 St George's Road, Hightown, Merseyside, L38 3RY
(0151) 929 3603
Provided by: SSP Health Ltd

CQC inspection area ratings

(Latest report published on 23 April 2015)

Safe	Inadequate	●
Effective	Requires improvement	●
Caring	Requires improvement	●
Responsive	Requires improvement	●
Well-led	Inadequate	●

CQC Inspections and ratings of specific services

(Latest report published on 23 April 2015)

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

Doctors/GPs

Specialisms/services

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

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 payment for performance element of BCF requires a target reduction to be reached in the number of non elective admissions to hospital. Performance for Q1 and 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, which has continued in October at 3.8% below plan, but 3.2% overall for the year to date (Jan-Oct). Performance is summarised below:

BCF NEL Admissions (MAR)	Jan	Feb	Mar	Q4	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Year to Date
Plan	3003	3003	3003	9009	2941	2941	2941	8822	2935	2935	2935	8806	2921	29558
Actual	3176	2976	3516	9667	3257	3245	2958	9461	2957	2849	2766	8573	2811	30512
Var	173	-27	513	658	317	304	18	639	22	-86	-169	-233	-110	954
%age Var	5.8%	-0.9%	17.1%	7.3%	10.8%	10.3%	0.6%	7.2%	0.7%	-2.9%	-5.8%	-7.9%	-3.8%	3.2%

13. NHS England Activity Monitoring

Figure 29 NHS England Activity Monitoring

Measures		Apr	May	Jun	Jul	Aug	Sep	Oct	YTD
E.C.8 A&E (Type 1, 2 & 3)	Plan	4166	4379	4239	4576	4181	3569	4382	29492
	Actual	4664	4670	4439	4476	4299	4474	4736	31758
	Var	498	291	200	-100	118	905	354	2266
	%age Var	12.0%	6.6%	4.7%	-2.2%	2.8%	25.4%	8.1%	7.7%
E.C.9 GP Referrals (G&A)	Plan	2914	2906	3097	3310	2834	3161	3325	21547
	Actual	3258	3171	3328	3480	3137	3545	3437	23356
	Var	344	265	231	170	303	384	112	1809
	%age Var	11.8%	9.1%	7.5%	5.1%	10.7%	12.1%	3.4%	8.4%
E.C.10 Other Referrals (G&A)	Plan	1719	1752	1851	1901	1718	1838	1864	12643
	Actual	2029	2021	1883	2223	1766	2195	2055	14172
	Var	310	269	32	322	48	357	191	1529
	%age Var	18.0%	15.4%	1.7%	16.9%	2.8%	19.4%	10.2%	12.1%
E.C.32 Daycase (All Specs)	Plan	1732	1735	1885	2039	1735	1858	1983	12967
	Actual	1534	1536	1767	1824	1449	1702	1719	11531
	Var	-198	-199	-118	-215	-286	-156	-264	-1436
	%age Var	-11.4%	-11.5%	-6.3%	-10.5%	-16.5%	-8.4%	-13.3%	-11.1%
E.C.2 Daycase (G&A)	Plan	1732	1735	1885	2039	1735	1858	1983	12967
	Actual	1534	1536	1767	1824	1449	1702	1719	11531
	Var	-198	-199	-118	-215	-286	-156	-264	-1436
	%age Var	-11.4%	-11.5%	-6.3%	-10.5%	-16.5%	-8.4%	-13.3%	-11.1%
E.C.21 Elective (All Specs)	Plan	297	325	294	348	307	329	328	2228
	Actual	269	316	289	324	276	279	306	2059
	Var	-28	-9	-5	-24	-31	-50	-22	-169
	%age Var	-9.4%	-2.8%	-1.7%	-6.9%	-10.1%	-15.2%	-6.7%	-7.6%
E.C.1 Elective (G&A)	Plan	297	325	294	348	307	329	328	2228
	Actual	269	316	289	324	276	278	306	2058
	Var	-28	-9	-5	-24	-31	-51	-22	-170
	%age Var	-9.4%	-2.8%	-1.7%	-6.9%	-10.1%	-15.5%	-6.7%	-7.6%
E.C.23 Non Elective	Plan	1952	2052	1986	2144	1959	1672	2053	13818
	Actual	1954	1960	1807	1878	1833	1857	1836	13125
	Var	2	-92	-179	-266	-126	185	-217	-693
	%age Var	0.1%	-4.5%	-9.0%	-12.4%	-6.4%	11.1%	-10.6%	-5.0%
E.C.4 Non Elective (G&A)	Plan	1730	1819	1761	1901	1737	1482	1820	12250
	Actual	1733	1737	1600	1638	1556	1595	1612	11471
	Var	3	-82	-161	-263	-181	113	-208	-779
	%age Var	0.2%	-4.5%	-9.1%	-13.8%	-10.4%	7.6%	-11.4%	-6.4%
E.C.24 OP All 1st (All Spec)	Plan	5039	5286	5470	5354	4520	4969	5502	36140
	Actual	5470	5093	5810	5695	4874	6045	5784	38771
	Var	431	-193	340	341	354	1076	282	2631
	%age Var	8.6%	-3.7%	6.2%	6.4%	7.8%	21.7%	5.1%	7.3%
E.C.5 OP All 1st (G&A)	Plan	5035	5281	5466	5349	4516	4963	5496	36106
	Actual	5104	4762	5390	5298	4527	5650	5332	36063
	Var	69	-519	-76	-51	11	687	-164	-43
	%age Var	1.4%	-9.8%	-1.4%	-1.0%	0.2%	13.8%	-3.0%	-0.1%
E.C.25 OP All 1st Following GP Ref(All Spec)	Plan	2824	2963	3066	3003	2535	2786	3085	20262
	Actual	2590	2531	2922	2862	2489	3032	3062	19488
	Var	-234	-432	-144	-141	-46	246	-23	-774
	%age Var	-8.3%	-14.6%	-4.7%	-4.7%	-1.8%	8.8%	-0.7%	-3.8%
E.C.12 OP All 1st Following GP Ref (G&A)	Plan	2822	2960	3063	2999	2531	2782	3081	20238
	Actual	2530	2476	2854	2799	2430	2965	2950	19004
	Var	-292	-484	-209	-200	-101	183	-131	-1234
	%age Var	-10.3%	-16.4%	-6.8%	-6.7%	-4.0%	6.6%	-4.3%	-6.1%
E.C.6 All Subsequent OP	Plan	12639	13258	13719	13430	11338	12463	13800	90647
	Actual	12980	12448	14427	14263	12018	14535	13712	94383
	Var	341	-810	708	833	680	2072	-88	3736
	%age Var	2.7%	-6.1%	5.2%	6.2%	6.0%	16.6%	-0.6%	4.1%

Source	Referrals (G&A)	Month 7 YTD PLAN	Month 7 YTD ACTUAL	Month 7 YTD Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
	Referrals (G&A)				
MAR	GP	21547	23356	8.4%	Please see previous months report detailing issues with GP hotline at Aintree. Excluding activity levels of the GP hotline, year to date up to October the increase is much lower compared to last years activity at 3%.
MAR	Other	12643	14172	12.1%	Please see previous months report detailing problems with identifying increase in MAR data as local referral data for the CCG suggests a much lower increase of 1.2%.
MAR	Total	34190	37528	9.8%	As above.
	Outpatient attendances (G&A)				
SUS	All 1st OP	36106	36063	-0.1%	
SUS	Follow-up	90647	94383	4.1%	Please see previous report detailing the problems with the plans (based on MAR) against the actuals (based on SUS). Actual activity last year between April and October compared with the same period this year suggests an increase of approx. 1.9%.
SUS	Total OP attends	126753	130446	2.9%	As above.
SUS	Outpatient procedures (G&A) (included in attends)				
	Admitted Patient Care (G&A)				
SUS	Elective Day case spells	12967	11531	-11.1%	As with previous months comments the actual increase compared with the same period last year is approx. 7%.
SUS	Elective Ordinary spells	2228	2058	-7.6%	Plan v actual remains in line with the year to date comparison of last year to this years activity levels.
SUS	Total Elective spells	15195	13589	-10.6%	Actual activity from April to October last year compared with the same period this year shows an approx. increase of 4.7%.

SUS	Non-elective spells complete	12250	11471	-6.4%	Actual activity from April to October 14/15 compared with the same period last year shows an increase of 9% in NEL admissions. This is due to the impact of CDU closure and the figures being added to NEL admissions from October 2014 onwards. When comparing October 2014 to October 2015 there has been a drop of 191 admissions. As the year progresses we will be able to see more accurately the comparison of NEL admissions from last year to this year.
SUS	Total completed spells	27445	25060	-8.7%	As above.
Attendances at A&E					
SUS	Type 1				
SUS	All types	29492	31758	7.7%	As per the comments from M6, the variance of actual activity from April to October 2014/15 compared with the same period this year shows a slight decrease of -1%.