South Sefton Clinical Commissioning Group

Integrated Performance Report

January 2016

NHS
South Sefton
Clinical Commissioning Group

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1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 10 (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 (All Types)		Aintree
Ambulance Category A Calls (Red 1)		NWAS
Cancer 2 Week GP Referral		Aintree
RTT 18 Week Incomplete Pathway		Aintree
Other Key Targets	**CCG**	**Main Provider**
A&E 4 Hour Waits (Type 1)		Aintree
Ambulance Category A Calls (Red 2)		NWAS
Ambulance Category 19 transportation		NWAS
Cancer 14 Day Breast Symptom		Aintree
Cancer 31 Day First Treatment		Aintree
Cancer 31 Day Subsequent - Drug		Aintree
Cancer 31 Day Subsequent - Surgery		Aintree
Cancer 31 Day Subsequent - Radiotherapy		Aintree
Cancer 62 Day Standard		Aintree
Cancer 62 Day Screening		Aintree
Cancer 62 Day Consultant Upgrade		Aintree
Diagnostic Test Waiting Time		Aintree
Emergency Admissions Composite Indicator		
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)		
Emergency Admissions for acute conditions that should not usually require a hospital admission		
HCAI - C.Diff		Aintree
HCAI - MRSA		Aintree
IAPT Access - Roll Out		
IAPT - Recovery Rate		
Mental Health Measure - CPA		
Mixed Sex Accommodation		Aintree
Patient Experience of Primary Care i) GP Services ii) Out of Hours (Combined)		
PROM: Elective procedures: Groin Hernia		Aintree
PROM: Elective procedures: Hip Replacement		Aintree
PROM: Elective procedures: Knee Replacement		Aintree
PYLL Person (Annual Update)		
RTT 18 Week Admitted Pathway		Aintree
RTT 18 Week Non Admitted Pathway		Aintree
RTT 18 Week Incomplete Pathway		Aintree
RTT 52+ week waiters		Aintree
Stroke 90% time on stroke unit		Aintree
Stroke who experience TIA		Aintree
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s		
Unplanned hospitalisation for chronic ambulatory care		
Local Measure: Access to services BME		

Key information from this report

Financial Performance - The financial position is £2.836m overspent at Month 11 on operational budget areas before the application of reserves or contingency. 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.

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. 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.

A&E waits (All Types) – The CCG met the 95% target for January with a performance of 95.0% year to date (in month achieving 89.49%). Aintree failed the target in January recording 84.8%, and are also failing year to date reaching 91.30%. In January 2062 out of 13562 attendances where not admitted, transferred or discharged within 4 hours. Provider comment - During January 2016 there were 13,562 Type 1 and Type 3 attendances with 2,062 breaches which equates to combined performance of 84.80%. The following 5 key actions are a priority:

1. Ensuring medically accepted GP patients go direct to AMU or AEC and delivery of a rapid assessment model in AMU.
2. Delivery of ambulatory emergency care in the AEC Unit in Acute Medicine and the Observation Unit in A&E.
3. Ensure SAU and GPAU can accept all emergency surgical patients.
4. Increase the number of patients seen by GP out of hours service (UC24) and relocation of the service to Room 1 in UCAT
5. Use the support from the Utilisation Management Team and Tessa Walton, with additional support from senior managers for all areas, to improve patient flow.

An action plan to reduce the numbers of medically optimised patients remains in place. To ensure sustained improvement, the following actions remains in place:

- Full utilisation of the step down facility, Aintree 2 Home, which opened in December 2015 and Aintree @ Home, including for Discharge to Assess.
- Implementation of the mobilisation plan for the transfer of the Discharge Planning Team to be community based.
- Evaluating alternative models to support reducing delays for medically optimised patients, including the provision of a second step down facility within the Trust.
- Weekly MADEs and implementation of actions from Safer Start/MADE.

A&E Waits (Type 1) – The CCG have failed the 95% target in January reaching 74.83%, and year to date reaching 82.84%. In January 987 attendances out of 3922 were not admitted, transferred or discharged within 4 hours. Aintree have failed the target in January reaching 70.52%, and year to date reaching 83.56%. In January 2062 attendances out of 6995 were not admitted, transferred or discharged within 4 hours.

Ambulance Activity - The CCG are failing one ambulance indicator, Cat A (Red2) indicator achieving 71.40% year to date and in month (January) recording 59.6%. NWAS are failing 2 of the ambulance indicators Category A (Red 2) achieving 72.70% and in month 63.49% and Category 19 transportation time, achieving 94.70% year to date, in month achieving 89.85%. The delivery and sustainability of emergency ambulance performance remains a key priority for commissioners. Performance continues to be closely monitored with the support of lead

commissioner Blackpool CCG and through monthly contract and Strategic Partnership Board meetings with the NWAS executive team and commissioning leads. Locally the Mersey CCGs continue to meet with NWAS monthly to review performance at county and CCG level.

Cancer Indicators – The CCG and Aintree achieved all the cancer indicators year to date as at January 2016.

Diagnostics – The CCG are over plan for diagnostics in January. Out of 2,333 patients 37 waited over 6 weeks for a diagnostic test. Of the 37, 23 were for non-obstetric ultrasound. Aintree also failed the target for diagnostics and had 72 patients out of 4,612 waiting over 6 weeks for a diagnostic test, of the 72, 51 were for non-obstetric ultrasound. This is somewhat due to increased demand from Trauma & Orthopaedics department for ultrasound guided joint injectons which the Trust has assured the CCG is likely to be resolved fully by August 2016 but they have some interim plans in place using clinicians from other Trusts on the bank to do some sessions/reporting. The CCG clinical lead is also working with the Trust to understand the increase in demand for these tests.

Emergency Admissions Composite Measure – For January the CCG is over the monthly plan and had 42 more admissions than the same period last year. The monthly plans for 2015-16 been split using last year's seasonal performance. Pathway changes at Aintree resulting in higher activity levels, may not have been reflected in the planned targets due to when the changes were implemented compared to when the targets were set.

HCAI – C Difficile – Aintree had 9 new cases reported in January of C Difficille, year to date there have been 42 cases against a plan of 38. There have been 16 cases upheld by the CCG's CDI appeal panel, therefore for performance purposes, from April 15 – January 16 there are 26 cases . The March appeals panel was cancelled due to the junior doctors strike, the next panel is due to meet in April. Year end plan is 46.

HCAI – MRSA – No new cases have been reported in January of MRSA for South Sefton CCG. Year to date they has now been 3 cases attributed to the CCG against a zero tolerance target. No new cases have been reported at Aintree in January but there was 1 case in December a PIR was held on 4-1-16 and the case was attributed to Aintree Hospital.

IAPT Access – Roll Out – The CCG are under plan for Q3 for IAPT Roll Out and reached 2.89% which shows an improvement on Q2 (2.48%) plan 3.75%. This equates to 703 patients having entered into treatment out of a population of 24298 (Psychiatric Morbidity Survey). January data shows the CCG are under plan with 343 patients having entered into treatment (1.40%). This is an increase from last month when 1.10% was reported.

IAPT - Recovery Rate – The CCG are under the 50% plan for recovery rate in Q3 reaching 46.4%. This equated to 160 patients who moved to recovery out of 368 who completed treatment. This is slightly lower than quarter 2 when the CCG recorded 48.5%. January data shows the CCG are under plan for recovery rate reaching 38.60%. This equates to 38 patients who have moved to recovery out of 117 who have completed treatment. This is a decrease from last month when 38.6% was reported.

Mixed Sex Accommodation – In January the CCG had 1 mixed sex accommodation breach (4 year to date) which is above the target and as such are reporting red. The breach occurred at Liverpool Heart & Chest, this is the third month in a row the Trust has reported a breach. The fourth breach was reported at Southport & Ormskirk in September.

Patient experience of primary care - The CCG reported the proportion of negative responses at 6.91% which is above the 6% target. This is a slight improvement from the last survey which reported 7.63%. 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 January, year to date are reporting 31 in total, **1** surgical error (recorded as a Never Event) and 1 unexpected death.

Patient reported outcomes measures (PROMS) for elective procedures: **Groin hernia** – Provisional data (Apr 14 – Mar 15) shows South Sefton CCG reported 0.083 for average health gain following a groin hernia operation which is higher than the previous year which was 0.107 for 2013-14, and over the plan of 0.0697. England average being 0.084. This indicator is flagged as amber.
Hip replacement - Provisional data (Apr 14 – Mar 15) shows South Sefton CCG reported 0.408 for average health gain following a hip operation which is lower than the previous year which was 0.446 for 2013-14 and under the plan of 0.430. England average being 0.437. This indicator is flagged as red
Knee replacement - Provisional data (Apr 14 – Mar 15) shows South Sefton CCG reported 0.294 for knee replacement operation this is lower than the previous year which was 0.313 for 2013-14 and under the plan of 0.341. England average being 0.315. This indicator is flagged as red.
PROMS have been selected as the Local Quality Premium measure for 2015/16. Discussions with clinicians have centred around a proposal to use Shared Decision Aids with patients for a number of surgical areas. This is awaiting approval and is thought to aid improvement in PROMS by ensuring the most appropriate patients are treated with surgery and are fully involved in the decision making process.

RTT – Admitted patients – The CCG narrowly failed the 90% target reaching 89.36%, out of 628 patients 70 were not seen within 18 weeks. The measure is no longer a national performance target but it is monitored locally.

Stroke – The CCG have failed to achieve the target in January reaching 75%, only 9 patients out of 12 spending at least 90% of their time on a stroke unit. Aintree also failed to achieved the target achieving 71% have 22 patients out of 31 spending at least 90% of their time on a stroke unit.

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

Local Measure – Access to Community Mental Health Services by BME – The latest data shows access to community mental health services by people from BME groups is over the CCG plan (actual 2451.5 / plan 2400). This is also improvement on the previous year when the CCG rate was 2309.0.

2. Financial Position

2.1 Summary

This report focuses on the financial performance for South Sefton CCG as at 29 February 2016 (Month 11). The financial position is £2.836m overspent at Month 11 on operational budget areas before the application of reserves or contingency.

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 £1.474m QIPP savings against the target of £3.441m, leaving £1.967m required to deliver the plan in full. Unless plans to achieve the QIPP are identified in full, the CCG is unlikely to deliver its financial target for 2016/17.

The CCG Clinical QIPP Committee is responsible for identifying and implementing schemes to deliver required savings, a work programme is ongoing to ensure delivery of the QIPP requirement. In addition, the CCG has started a review of discretionary expenditure to identify areas where the CCG has control on spending decisions and the impact of a funding reduction.

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	£1.967m	£1.967m
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

Additional allocations have been received in Month 11 as follows:

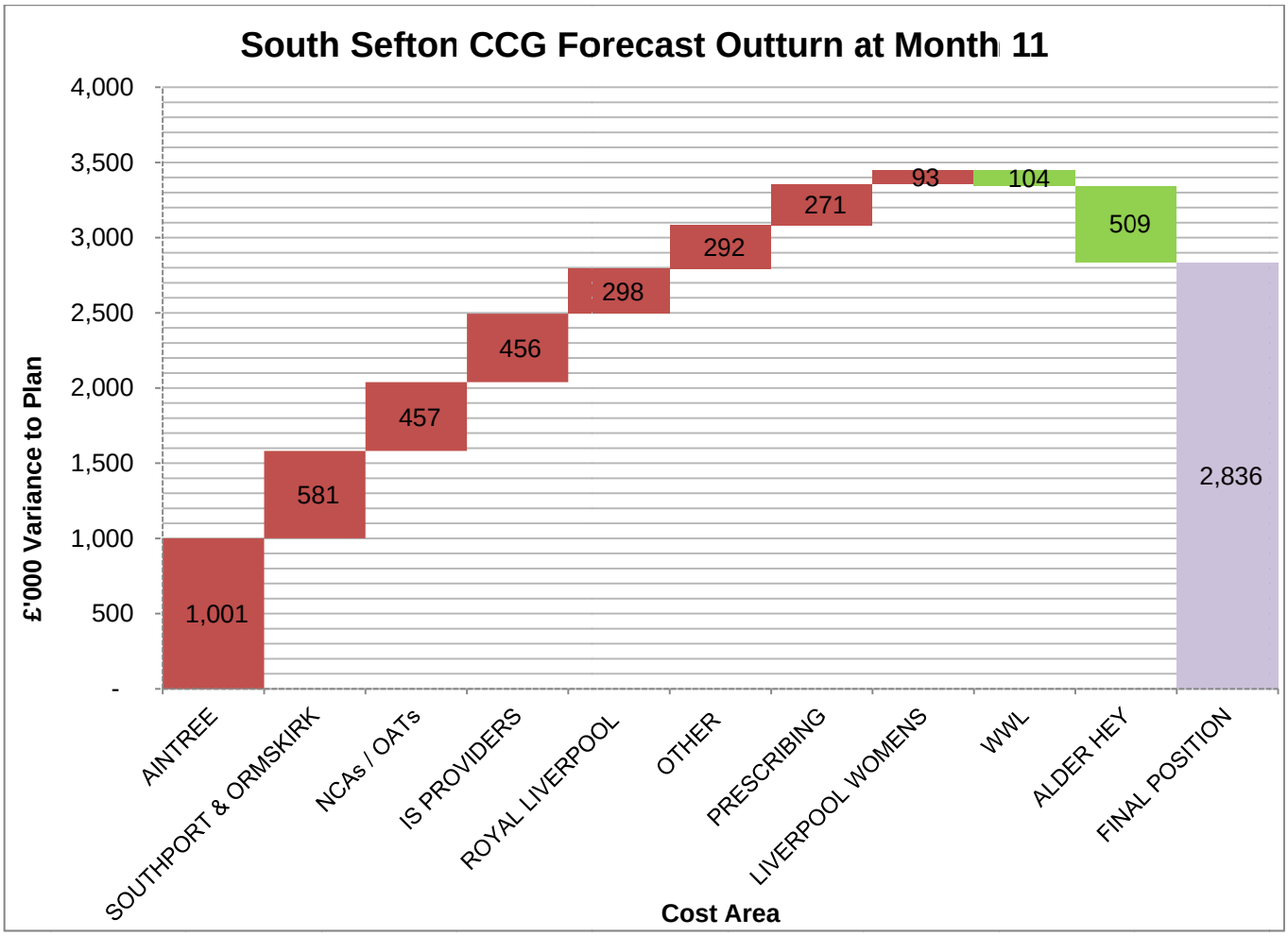
- Cataract Funding - £0.011m
- Net allocation adjustment in respect of specialised commissioning for wheelchairs and neurology – (£0.078m)
- Mental Health IAPT - £0.016m

2.3 Position to date

There are forecast overspends within acute care across a range of providers, particularly Aintree, Southport & Ormskirk and Royal Liverpool Hospitals, Ramsay Healthcare for orthopaedics and Spa Medical for ophthalmology. In addition, a high overspend on the non-contract / out of area activity (NCAs/OATs) budgets.

The overspend is partly supported by underspends with other acute providers, particularly Alder Hey due to underperformance against contract. It should be noted that whilst the financial reporting period runs to the end of February 2016, the CCG has based its reported position on the latest information received from Acute and Independent providers which is up to the end of January 2015.

Figure 2 – Forecast Outturn



Acute commissioning

Aintree University Hospital Foundation Trust

The year to date overspend reported for Aintree is £0.727m and the year-end forecast is £1.001m overspent. This position is reported after a budget reduction of £0.208m due to QIPP savings transferred from the contract in relation to the respiratory scheme. Efficiencies achieved have been evidenced by reduced activity in Non Elective admissions from respiratory conditions; primarily Pneumonia and COPD.

The current position and forecast is based on the Month 10 performance information received from the Trust, with overspends in day cases of £0.632m (particularly within Gastro and Cardiology), excluded drugs £0.519m, direct access £0.241m and outpatients £0.734m. This was partly offset by continued underspends in emergency admissions, the rate of underspend in Non Elective has however reduced significantly in December and January. It has been indicated by the Trust that this level of underspend is unlikely to continue once the new building work is completed in Summer 2016.

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 Costs

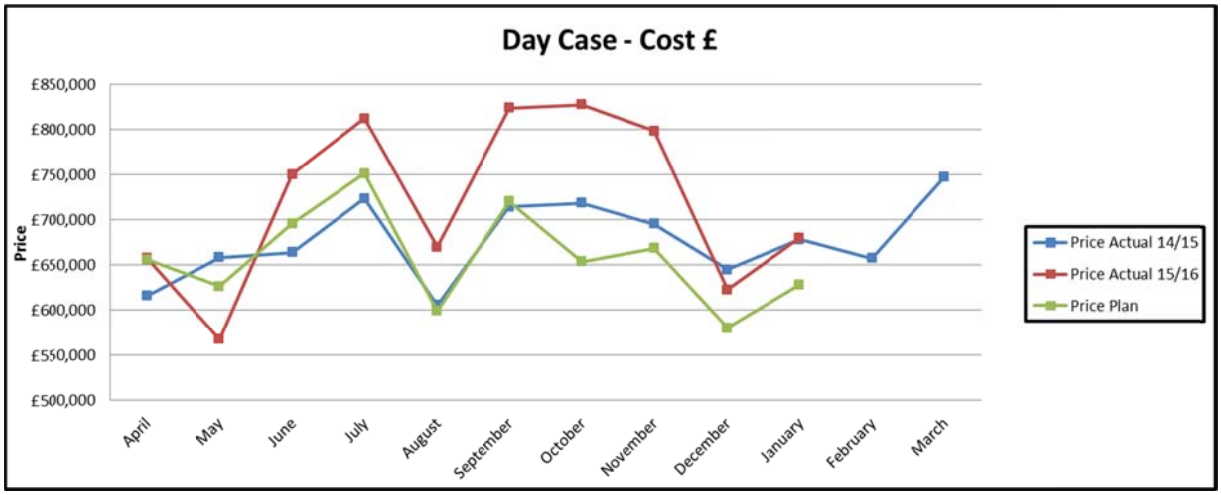


Figure 4 – Non Elective Costs

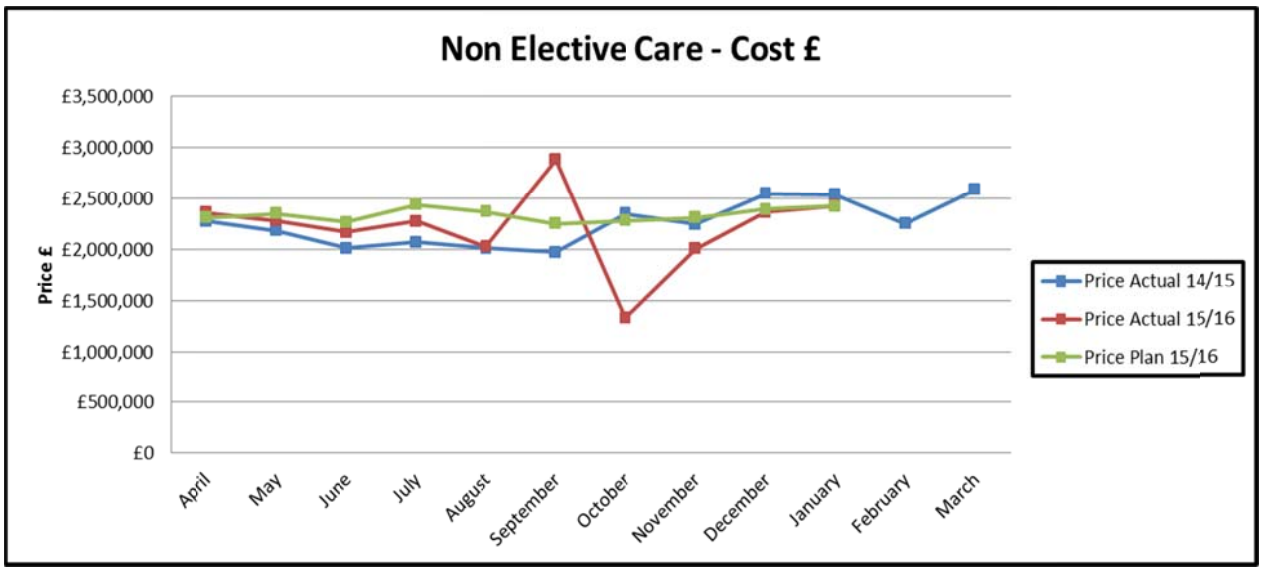
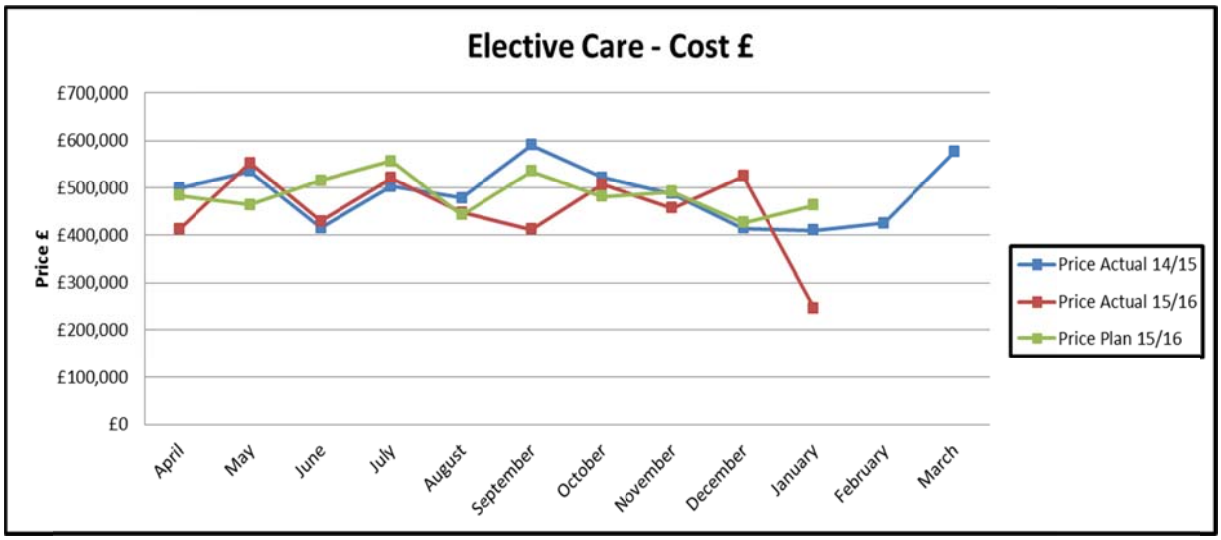


Figure 5 – Elective Costs



Southport and Ormskirk NHS Trust

The forecast overspend for Southport and Ormskirk is £0.591m and relates to over performance within a range of areas:

- Maternity pathway payments (£0.061m variance at month 10)
- Outpatient procedures (£0.128m variance at month 10)
- Day Cases (£0.045m at month 10)
- A&E (£0.067m at month 10)

Royal Liverpool Hospital Foundation Trust

The forecast overspend for Royal Liverpool Hospital is £0.298m. Overspending areas include non-elective - general medicine and vascular surgery, planned care, trauma and orthopaedics, anti-TNF drugs and ARMD.

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, and the impact of this has been reflected in the forecast and year to date position.

The current forecast for Alder Hey is an underspend of £0.509m.This underspend has been a consistent trend throughout the year.

NCAs/OATs

The forecast overspend for non-contract activity (NCA) and Out of Area Treatments (OATs) in Month 10 is £0.457m. 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 £0.456m for the financial year and has increased slightly during the month. 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.

There are also additional costs at Spa Medica for ophthalmology treatment reporting a forecast overspend of £0.191m. Spa Medica is a new provider of this service in the region, and it is likely that this trend will continue. The CCG is reviewing the referral pathway to ensure adequate patient choice is offered to patients.

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 increasing 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.

Prescribing

The prescribing forecast deteriorated in Month 11 due to a change in the forecast received from the PPA, the forecast overspend has increased to £0.271m.

The CCG prescribing budget is £30m in total and represents 1% of the total CCG budget, a small percentage change in the forecast position has a significant impact on the financial position for the CCG.

The forecasts provided by the PPA are volatile and can change significantly each month, this risk is increased by the introduction of a new electronic payment mechanism in place at community pharmacies.

Continuing Health Care and Funded Nursing Care

The forecast for the CHC and FNC budget has increased during the month to £0.053m overspent. The main reason for this are two additional high cost packages of care have been approved on the system.

The current 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 and FNC costs at 14/15 levels through robust case management and reviews.

As a result of this work, a recurrent efficiency of £0.460m has been achieved and transferred to support the QIPP savings target. The forecasted underspend is taken following this budget reduction.

2.4 QIPP

The QIPP savings target for South Sefton CCG was £3.441m for 2015/16. This has reduced to £1.967m following delivery of schemes totalling £1.474m

	£'m
QIPP schemes reported at Month 10	**1.474**
QIPP schemes identified in current Month:	0
QIPP schemes reported as at Month 11	**1.474**

The CCG established a 1% Transformation Fund in the 2015/16 budget. 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 £1.646m due to slow uptake of projects and 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, with a small forecast underspend of £0.040m. This is mainly due to non-recurrent savings made on vacant positions within the CCG.

Budgets for 2016/17 are currently being finalised and prepared against the revised running cost allocations that have now been confirmed. Running costs are presently within the CCGs allocation for 2016/17.

2.6 Evaluation of Risks and Opportunities

The CCG's primary risk is non-achievement of the QIPP requirement. £1.967m of recurrent savings must be realised in order to achieve financial stability required to deliver NHS business rules. 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. Previously this has been particularly evident in Urgent Care whereas the significant growth is evident in planned care in both the independent sector and in the NHS.

- 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 resulting in significant movements month on month. In addition to this, the forecast includes a saving relating to Cat M drugs over and above estimates provided by the PPA, which is based on some modelling work undertaken locally by the medicines management team on Cat M actual activity over the year. There is a risk that these savings may have been over-estimated.

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 majority of this is a result of non-recurrent measures and the recurrent position shows a deficit. This is primarily due to the failure to deliver QIPP schemes and is directly linked to the unachieved QIPP figure of £1.967m. This presents a financial pressure for the CCG in 2016/17.

Whilst the CCG remains on target to deliver its financial duties for 2015/16, it must not become complacent in terms of future sustainability. On this basis, the financial risk facing the CCG should be escalated to the Governing Body and considered as the CCG's top priority, alongside commissioning 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)	(1.736)	(1.100)	(2.836)
Transformation Fund slippage		1.646	1.646
Reserves	1.306	2.339	3.645
QIPP:			
CM Rehab	0.150		0.150
Jospice	0.064		0.064
Contract Adjustments	0.050		0.050
Budget adjustments	0.064		0.064
Acute Growth restraint	0.478		0.478
CHC	0.300		0.300
FNC	0.160		0.160
Respiratory (Aintree)	0.208		0.208
QIPP Achieved	1.474	0.000	1.474
Management Action Plan:			
Contract Penalties		0.657	0.657
CQUIN		0.050	0.050
BCF Payment review		(0.300)	(0.300)
Reorganisation Costs		(0.262)	(0.262)
Expenditure Review		(0.633)	(0.633)
Forecast surplus / (deficit)	0.003	2.397	2.400
Risks	(0.450)		(0.450)
Mitigations	0.450		0.450
Risk adjusted forecast surplus / (deficit)	0.003	2.397	2.400

2.7 Conclusions and Recommendations

- The CCG is on target to meet the required surplus target of £2.400m for 2015/16.

- Whilst the forecast position indicates that the CCG is on target to deliver its financial plans for 2015/16, the recurrent position is a deficit, this is primarily due to the failure to deliver QIPP schemes and is directly linked to the unmet QIPP figure of £1.967m. This presents a financial risk to the CCG for 2016/17 and actions are required to address the situation.

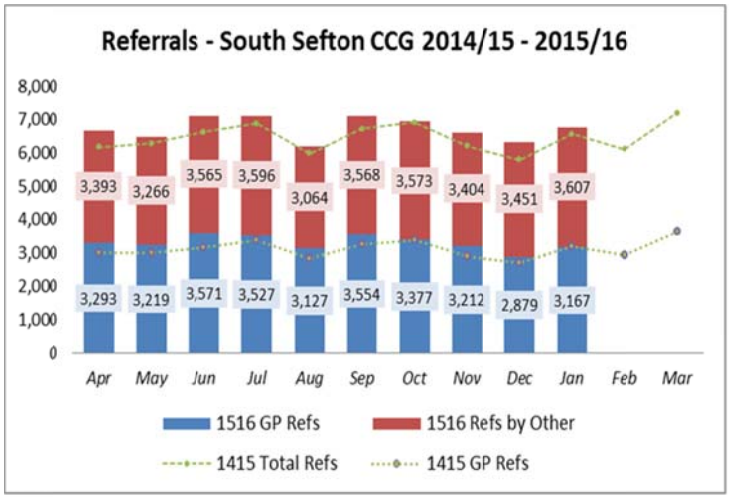
- Whilst the CCG remains on target to deliver its financial duties for 2015/16, it must not become complacent in terms of future sustainability. On this basis, the financial risk facing the CCG should be escalated to the Governing Body and considered as the CCG's top priority, alongside commissioning safe services.

- These actions will require significant engagement and support from all member practices, to be supported by Governing Body GP members, with a focus on reducing access to clinical services that provide low or little clinical benefit for patients.

3. Referrals

3.1 Referrals by source

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



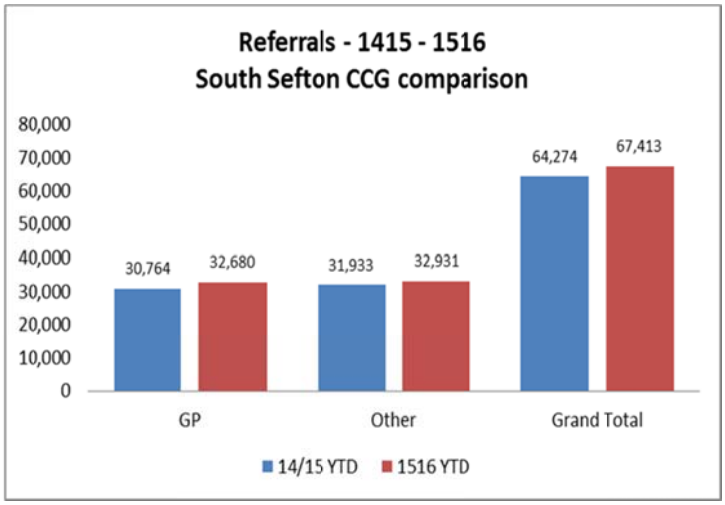


Figure 8 - GP and 'other' referrals for the CCG across all providers comparing 2014/15 and 2015/16 by month

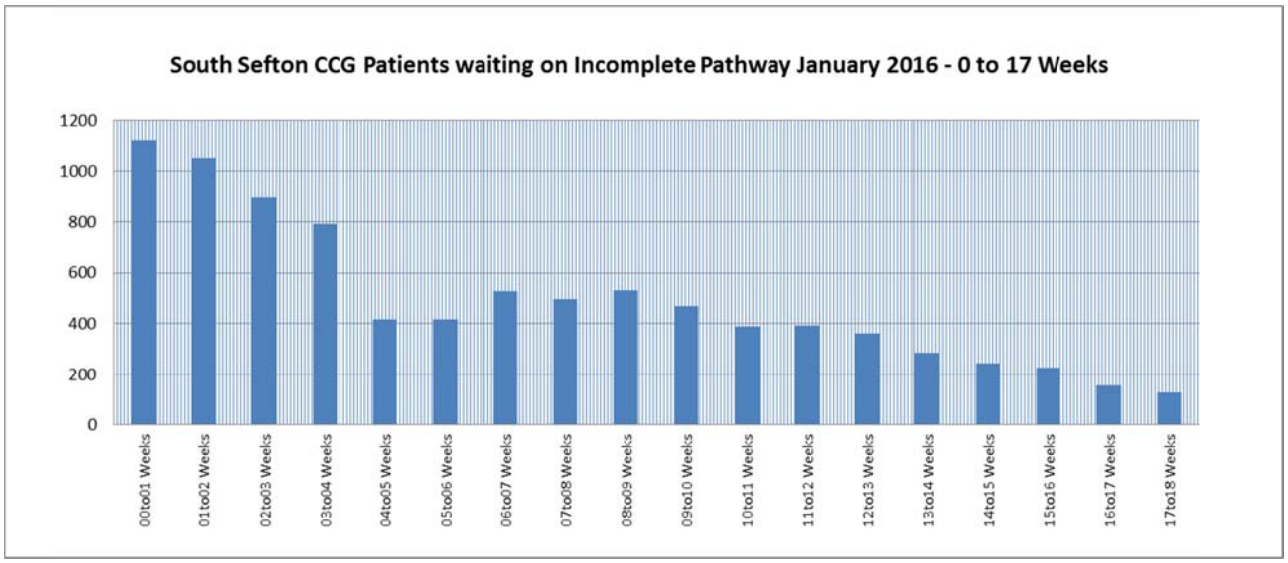
Referral Type	DD Code	Description	1314 Q1	1314 Q2	1314 Q3	1314 Q4	1415 Q1	1415 Q2	1415 Q3	1415 Q4	1516 Q1	1516 Q2	1516 Q3 FOT	1314 YTD	1415 YTD	1516 YTD	% Variance 1415 - 1516	1314-1516 Trendline
GP	03	GP Ref	8,766	8,709	8,563	9,073	9,130	9,480	8,953	9,773	10,078	10,211	9,466	26,038	27,563	29,755	8%	
GP Total			8,766	8,709	8,563	9,073	9,130	9,480	8,953	9,773	10,078	10,211	9,466	**26,038**	**27,563**	**29,755**	**8%**	
Other	01	following an emergency admission	553	513	538	469	517	534	473	511	527	509	509	1,604	1,524	1,545	1%	
	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	1,208	1,189	2,620	2,339	3,782	62%	
	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	3,934	3,856	3,971	10,913	11,536	11,761	2%	
	06	self-referral	827	672	703	756	731	786	811	889	861	900	890	2,202	2,328	2,651	14%	
	07	A Prosthetist	1	16	10	14	3	4	4	7	6	2	1	27	11	9	-18%	
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	561	659	711	811	775	738	723	676	291	268	283	1,931	2,236	842	-62%	
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	571	551	568	594	631	788	738	674	593	720	866	1,690	2,157	2,179	1%	
	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	19	41	47	56	19%	
	13	A Specialist NURSE (Secondary Care)	35	21	19	30	21	18	21	22	18	30	34	75	60	82	37%	
	14	An Allied Health Professional	224	214	195	179	311	272	233	204	280	352	393	633	816	1,025	26%	
	15	An OPTOMETRIST	20	22	19	19	28	25	23	19	26	28	42	61	76	96	26%	
	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	24	62	36	47	31%	
	92	A GENERAL DENTAL PRACTITIONER	589	568	568	617	602	538	536	524	539	502	509	1,725	1,676	1,550	-8%	
	93	A Community Dental Service	6	9	12	5	8	8	12	5	5	0	7	27	28	12	-57%	
	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	1,270	1,313	1,226	4,288	3,833	3,809	-1%	
Other Total			9,514	9,264	9,143	9,514	9,535	9,661	9,522	9,625	9,765	9,727	9,969	**27,921**	**28,718**	**29,461**	**3%**	
Unknown			315	485	511	509	446	492	471	515	458	491	435	1,311	1,409	1,384	-2%	
Grand Total			**18,595**	**18,458**	**18,217**	**19,096**	**19,111**	**19,633**	**18,946**	**19,913**	**20,301**	**20,429**	**19,870**	**55,270**	**57,690**	**60,600**	**5%**	

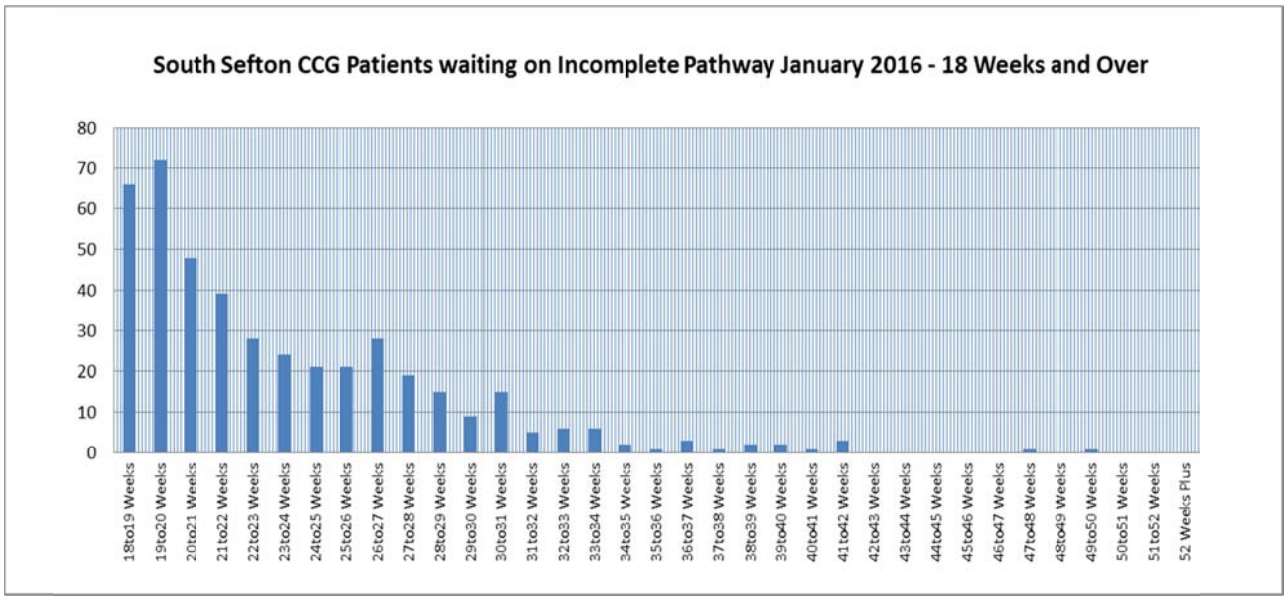
GP Referrals have been increasing since March 2015. Analysis by specialty and provider reveals that ENT at Aintree receives the most GP Referrals and has seen an increase since the middle of 2014/15. Gastroenterology referrals also continue to increase. General Medicine is showing a dramatic increase for 15/16. These are the GP Hotline referrals which we have notified Aintree that the CCG will not be funding.

4. Waiting Times

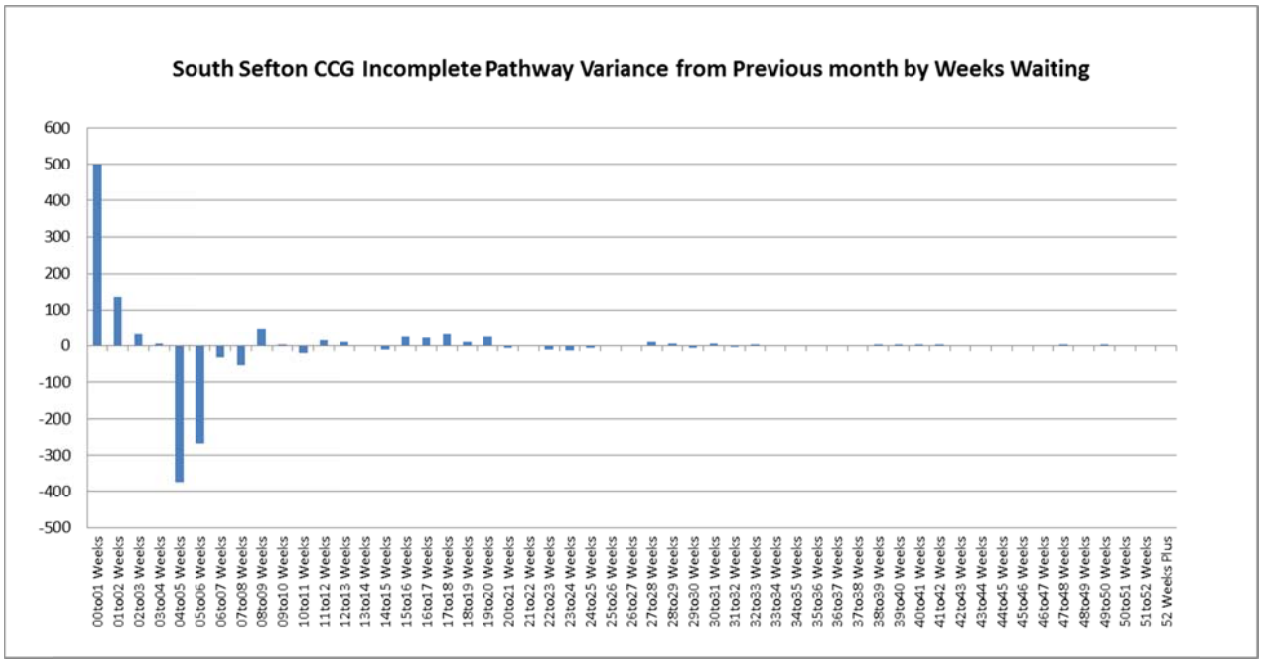
4.1 NHS South Sefton CCG patients waiting

Figure 9 Patients waiting on an incomplete pathway at the end of January 2016 by weeks waiting.





There were 439 patients (4.7%) waiting over 18 weeks on Incomplete Pathways at the end of January 2016, an increase of 14 patients (3.3%) from Month 9 (15/16).
There were no patients waiting over 52 weeks at the end of January 2016.



There were 9,332 patients on the Incomplete Pathway at the end of January 2016, an increase of 86 patients (0.9%) from December 2015.

4.2 Top 5 Providers

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

Trust	0to10 wks	10to18 wks	Total 0to17 Weeks	18to24 wks	24to30 wks	30+ wks	Total 18+ Weeks	Total Incomplete
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	4405	1343	5748	138	69	16	223	5971
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	621	255	876	62	28	16	106	982
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	391	159	550	36	3	2	41	591
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	451	85	536	7	0	1	8	544
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	259	183	442	15	7	8	30	472
Other Providers	590	151	741	19	6	6	31	772
Total All Providers	6717	2176	8893	277	113	49	439	9332

4.3 Provider assurance for long waiters

Trust	Speciality	No of weeks waited	Has patient been seen / has a TCI date?	Reason for the delay
RJ&AH	T&O	52	Clock Stop	A spinal long waiter removed from the pathway due to patient choice to not have surgery.
Aintree	ENT	41	Clock Stop	Clock was stopped on 29/02/2016 (active monitoring by patient), they had cancelled 2 previous appointments in Jun-15 & Feb-16 & DNA'd an appointment May-15, all of which we rebooked & the patient attended
Alder Hey	Other	41		Awaiting response from Trust
Central Man	ENT	41	Removal	This patient does not appear on the pathway at the end of February.

5. Planned Care

5.1 All Providers

Performance at Month 10 2015/16, against planned care elements of the contracts held by NHS South Sefton CCG shows an over-performance of £925k.This over-performance is driven by increases at Aintree Hospital (£1m), Southport & Ormskirk Hospital (£205k) and Renacres (£270k). Overspends are offset at Royal Liverpool (-£227k) and Alder Hey (-£276k).

Figure 11 Planned Care - All Providers

Provider Name	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	170,685	141,951	147,346	5,395	4%	£31,071	£25,834	£26,837	£1,004	4%
Alder Hey Childrens NHS F/T	14,711	12,173	10,312	-1,861	-15%	£2,326	£1,926	£1,651	-£276	-14%
Countess of Chester Hospital NHS FT	0	0	149	149	0%	£0	£0	£20	£20	0%
Liverpool Heart and Chest NHS F/T	1,273	1,057	898	-159	-15%	£578	£480	£325	-£155	-32%
Liverpool Womens Hospital NHS F/T	15,539	13,055	13,363	308	2%	£3,282	£2,751	£2,809	£58	2%
Royal Liverpool & Broadgreen Hospitals	29,929	24,842	23,830	-1,012	-4%	£5,827	£4,837	£4,610	-£227	-5%
Southport & Ormskirk Hospital	13,390	11,280	11,913	633	6%	£2,753	£2,308	£2,512	£205	9%
ST Helens & Knowsley Hospitals	4,070	3,386	3,420	34	1%	£1,014	£844	£874	£30	4%
Wirral University Hospital NHS F/T	462	385	304	-81	-21%	£123	£102	£77	-£26	-25%
Central Manchester University Hosp Nhs FT	86	72	116	44	62%	£22	£18	£26	£8	43%
Fairfield Hospital	95	79	125	46	57%	£20	£16	£30	£14	84%
ISIGHT (SOUTHPORT)	262	218	341	123	56%	£65	£54	£81	£27	49%
Renacres Hospital	3,913	3,248	4,608	1,360	42%	£1,265	£1,052	£1,322	£270	26%
SPIRE LIVERPOOL HOSPITAL	3,334	2,778	2,273	-505	-18%	£999	£832	£737	-£95	-11%
University Hosp South Manchester Nhs FT	108	90	0	-90	-100%	£16	£13	£17	£3	24%
Wrightington, Wigan And Leigh Nhs FT	846	705	906	201	29%	£305	£254	£319	£65	26%
Grand Total	**258,704**	**215,319**	**219,904**	**4,585**	**2%**	**£49,666**	**£41,322**	**£42,247**	**£925**	**2%**

5.2 Aintree University Hospital NHS Foundation Trust

Figure 12 Month 10 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	10,478	11,112	634	6%	£7,916	£6,575	£7,214	£639	10%
Elective	2,171	1,805	1,636	-169	-9%	£5,849	£4,864	£4,512	-£352	-7%
Elective Excess BedDays	1,134	943	603	-340	-36%	£252	£210	£132	-£77	-37%
OPFAMPCL - *OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)*	633	526	361	-165	-31%	£113	£94	£65	-£29	-31%
OPFANFTF - *Outpatient first attendance non face to face*	716	595	564	-31	-5%	£28	£24	£22	-£1	-5%
OPFASPCL - *Outpatient first attendance single professional consultant led*	31,994	26,605	27,938	1,333	5%	£4,593	£3,820	£4,155	£335	9%
OPFUPMPCL - *Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).*	1,577	1,311	1,254	-57	-4%	£172	£143	£136	-£7	-5%
OPFUPNFTF - *Outpatient follow up non face to face*	1,251	1,040	2,868	1,828	176%	£30	£25	£69	£44	176%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	83,804	69,689	69,714	25	0%	£6,558	£5,454	£5,527	£73	1%
Outpatient Procedure	20,122	16,733	18,301	1,568	9%	£3,254	£2,706	£2,968	£262	10%
Unbundled Diagnostics	13,104	10,920	11,705	785	7%	£1,147	£956	£1,061	£105	11%
Wet AMD	1,566	1,305	1,290	-15	-1%	£1,157	£964	£977	£13	1%
Grand Total	**170,685**	**141,951**	**147,346**	**5,395**	**4%**	**£31,071**	**£25,834**	**£26,837**	**£1,004**	**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 has continued to over perform throughout the year with an approx. variance of 10% each month. Month 10 is showing a variance of £639k/10%.

This is primarily driven by Gastroenterology's over performance of £357k. 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*"

The new ambulatory heart failure pathway continues to influence the combined Daycase/Elective performance in Cardiology (£250k). This activity continues to be 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.

Over performance for Outpatient First attendances is in single professional consultant led. £334k over performance for month 10 is driven by Clinical Haematology which is showing a £159k/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 £116k/59% and Interventional Radiology £72k/65%. The Interventional Radiology over performance is linked to HRG 'Unilateral Breast Procedures'. Further analysis of activity carried out under this HRG show that procedures involve fine needles and imaging-guided biopsy's, therefore attributable to Interventional Radiology, but also increased due to the transfer of Breast

Surgery activity into Aintree and the Breast Surgery over performance in outpatient first attendances. Cardiology over performance is solely attributable to Echocardiograms.

5.3 Southport & Ormskirk Hospital

Figure 13 Month 10 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	859	796	-63	-7%	£702	£586	£631	£45	8%
Elective	194	161	181	20	13%	£583	£483	£506	£22	5%
Elective Excess BedDays	13	11	26	15	136%	£3	£3	£8	£5	188%
OPFAMPCL - *OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)*	113	95	232	137	144%	£18	£15	£34	£19	125%
OPFASPCL - *Outpatient first attendance single professional consultant led*	2,611	2,202	1,834	-368	-17%	£366	£309	£269	-£39	-13%
OPFUPMPCL - *OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)*	210	177	503	326	184%	£21	£18	£49	£31	173%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	5,260	4,436	4,294	-142	-3%	£456	£384	£381	-£3	-1%
Outpatient Procedure	3,070	2,589	3,340	751	29%	£537	£453	£581	£128	28%
Unbundled Diagnostics	889	750	707	-43	-6%	£66	£56	£53	-£3	-6%
Grand Total	**13,390**	**11,280**	**11,913**	**633**	**6%**	**£2,753**	**£2,308**	**£2,512**	**£205**	**9%**

5.3.1 Southport & Ormskirk Hospital Key Issues

Outpatients Procedures is seeing increased activity in Trauma & Orthopaedics and Dermatology. HRG “HB56C Minor Hand 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.

5.1 Renacres Hospital

Figure 14 Month 10 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	416	479	63	15%	£622	£517	£532	£15	3%
Elective	72	60	89	29	49%	£308	£256	£414	£158	62%
OPFASPCL - *Outpatient first attendance single professional consultant led*	1,021	847	965	118	14%	£136	£113	£131	£18	16%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	1,264	1,048	2,426	1,378	131%	£100	£83	£140	£57	69%
Outpatient Procedure	662	549	293	-256	-47%	£63	£52	£69	£17	32%
Unbundled Diagnostics	394	327	356	29	9%	£37	£31	£37	£6	19%
Grand Total	**3,913**	**3,248**	**4,608**	**1,360**	**42%**	**£1,265**	**£1,052**	**£1,322**	**£270**	**26%**

5.1.1 Renacres Hospital Key Issues

2015/16 activity within T&O is showing a marked increase in Major Hip & Knee Procedures. Activity in both of these major treatments is over performing by 56%, with the combined cost variance of £122k. This is a change in the level of procedure complexity the Trust is taking on.

Outpatient Follow Ups are over performing by £32k/53%, although this is an improvement on previous months.

Contract negotiations with Ramsey Healthcare are underway and the CCG has signalled an intention to closely monitor First: Follow Up outpatient ratios in 21016/17.

6. Unplanned Care

6.1 All Providers

Unplanned Care at Month 10 of financial year 2015/16, shows an under-performance of circa -£1.3m for contracts held by NHS South Sefton CCG.

This underspend is clearly driven by the -£1.6m under spend at Aintree Hospital and -£175k at Alder Hey. If we exclude Aintree, we would be reporting a month 10 over spend of £330k/1%. The two main Trusts over spending are Liverpool Women's £138k and Royal Liverpool £189k.

Figure 15 Month 10 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	81,769	78,065	-3,704	-5%	£34,338	£28,863	£27,238	-£1,625	-6%
Alder Hey Childrens NHS F/T	8,868	7,328	7,443	115	2%	£1,905	£1,597	£1,422	-£175	-11%
Countess of Chester Hospital NHS FT	0	0	90	90	0%	£0	£0	£37	£37	0%
Liverpool Heart and Chest NHS F/T	171	143	177	34	24%	£144	£121	£257	£136	113%
Liverpool Womens Hospital NHS F/T	3,458	2,900	3,154	254	9%	£3,009	£2,531	£2,670	£138	5%
Royal Liverpool & Broadgreen Hospitals	5,851	4,892	5,208	316	6%	£2,145	£1,793	£1,982	£189	11%
Southport & Ormskirk Hospital	6,978	5,842	6,602	760	13%	£2,492	£2,092	£2,093	£1	0%
ST Helens & Knowsley Hospitals	850	712	735	23	3%	£361	£303	£292	-£11	-4%
Wirral University Hospital NHS F/T	245	204	295	91	45%	£90	£74	£85	£10	14%
Central Manchester University Hospitals Nhs FT	67	56	62	6	11%	£16	£14	£17	£4	27%
University Hospital Of South Manchester Nhs FT	41	34	27	-7	-21%	£14	£12	£8	-£4	-31%
Wrightington, Wigan And Leigh Nhs FT	42	35	54	19	54%	£15	£13	£17	£4	35%
Grand Total	**124,272**	**103,916**	**101,912**	**-2,004**	**-2%**	**£44,538**	**£37,420**	**£36,117**	**-£1,303**	**-3%**

6.2 Aintree University Hospital NHS Foundation Trust

Figure 16 Month 10 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	35,049	34,243	-806	-2%	£953	£796	£794	-£2	0%
A&E - *Accident & Emergency*	30,956	25,861	25,301	-560	-2%	£3,646	£3,046	£3,053	£7	0%
NEL - *Non Elective*	13,932	11,722	10,530	-1,192	-10%	£25,986	£21,863	£20,795	-£1,069	-5%
NELNE - *Non Elective Non-Emergency*	44	37	37	-0	0%	£122	£102	£102	-£1	-1%
NELNEXBD - *Non Elective Non-Emergency Excess Bed Day*	40	34	121	87	260%	£10	£8	£25	£17	210%
NELST - *Non Elective Short Stay*	2,732	2,299	1,806	-493	-21%	£1,764	£1,484	£1,214	-£270	-18%
NELXBD - *Non Elective Excess Bed Day*	8,044	6,768	6,027	-741	-11%	£1,858	£1,563	£1,256	-£307	-20%
Grand Total	**97,701**	**81,769**	**78,065**	**-3,704**	**-5%**	**£34,338**	**£28,863**	**£27,238**	**-£1,625**	**-6%**

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 negations for 2016/17.

The North West Utilisation Management team have been conducting a review at Aintree into urgent care, and a formal report has been shared with the CCG and Aintree. In the first 6 months of the financial year, Non Elective activity was showing an under performance due to the impact of the NEL pathway changes implemented earlier this year. Over the last 3 months, the

levels of NEL activity has returned back to the levels prior to the changes and Aintree advise us that they expect that this will continue into 2016/17.

6.3 Alder Hey Hospital

Figure 17 Month 10 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	6,516	6,728	212	3%	£688	£568	£565	-£3	0%
NEL - *Non Elective*	854	715	697	-18	-3%	£1,174	£993	£851	-£142	-14%
NELNE - *Non Elective Non-Emergency*	1	1	0	-1	-100%	£1	£1	£0	-£1	-100%
NELXBD - *Non Elective Excess Bed Day*	113	96	18	-78	-81%	£42	£36	£6	-£29	-82%
Grand Total	**8,868**	**7,328**	**7,443**	**115**	**2%**	**£1,905**	**£1,597**	**£1,422**	**-£175**	**-11%**

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 11% below plan. The Trust has been asked to provide further information into the variances, highlighting key specialties and possible reasons.

6.4 Royal Liverpool and Broadgreen Hospitals

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	3,697	3,920	223	6%	£397	£332	£357	£25	7%
AMAU - *Acute Medical unit*	63	53	47	-6	-11%	£6	£5	£4	-£1	-11%
NEL - *Non Elective*	692	578	553	-25	-4%	£1,355	£1,133	£1,311	£178	16%
NELNE - *Non Elective Non-Emergency*	24	20	14	-6	-30%	£179	£150	£99	-£50	-34%
NELNEXBD - *Non Elective Non-Emergency Excess Bed Day*	149	124	0	-124	-100%	£33	£28	£0	-£28	-100%
NELST - *Non Elective Short Stay*	268	224	229	5	2%	£137	£115	£126	£11	10%
NELXBD - *Non Elective Excess Bed Day*	234	195	445	250	128%	£50	£42	£96	£54	128%
readmissions	0	0	0	0	0%	-£13	-£10	-£10	£0	0%
Grand Total	**5,851**	**4,892**	**5,208**	**316**	**6%**	**£2,145**	**£1,793**	**£1,982**	**£189**	**11%**

6.4.1 Royal Liverpool and Broadgreen Hospitals Key Issues

Non Electives make up £138k of the total £189k unplanned over spend. Malignant Pancreatic Disorders and Surgery make £100k of the total over spend Hepatobiliary & Pancreatic Surgery has a £90k over spend against a zero plan. Further analysis will be undertaken against this recent activity increase and revealed that this Trust deals with patients with these conditions as opposed to Aintree University Hospital (Aintree tend to deal with liver related conditions in return).

7. Mental Health

7.1 Mersey Care NHS Trust Contract

Figure 18 NHS South Sefton CCG – Shadow PbR Cluster Activity

	NHS South Sefton CCG			
PBR Cluster	Plan	Caseload	Variance from Plan	% Variance
0 Variance	34	97	63	185%
1 Common Mental Health Problems (Low Severity)	23	40	17	74%
2 Common Mental Health Problems (Low Severity with greater need)	48	28	(20)	-42%
3 Non-Psychotic (Moderate Severity)	274	215	(59)	-22%
4 Non-Psychotic (Severe)	169	222	53	31%
5 Non-psychotic Disorders (Very Severe)	32	64	32	100%
6 Non-Psychotic Disorder of Over-Valued Ideas	43	46	3	7%
7 Enduring Non-Psychotic Disorders (High Disability)	133	206	73	55%
8 Non-Psychotic Chaotic and Challenging Disorders	83	98	15	18%
10 First Episode Psychosis	93	142	49	53%
11 On-going Recurrent Psychosis (Low Symptoms)	414	440	26	6%
12 On-going or Recurrent Psychosis (High Disability)	312	305	(7)	-2%
13 On-going or Recurrent Psychosis (High Symptom & Disability)	112	115	3	3%
14 Psychotic Crisis	17	18	1	6%
15 Severe Psychotic Depression	7	6	(1)	-14%
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	33	33	-	0%
17 Psychosis and Affective Disorder – Difficult to Engage	58	55	(3)	-5%
18 Cognitive Impairment (Low Need)	347	232	(115)	-33%
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	462	503	41	9%
20 Cognitive Impairment or Dementia Complicated (High Need)	148	333	185	125%
21 Cognitive Impairment or Dementia (High Physical or Engagement)	45	92	47	104%
Reviewed Not Clustered	36	253	217	603%
No Cluster or Review	144	195	51	35%
Total	3,067	3,738	671	22%

Figure 19 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	Nov-15	Dec-15	Jan-16
E.B.S.3	The % of people under adult mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	Target 95%	100%	100%	100%	93%	100%	100%	100%	100%	100%	100%

Figure 20 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	Nov-15	Dec-15	Jan-16
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	100%	100%	100%

Quality Overview

At Month 10, Merseycare are compliant with quality schedule reporting requirements. The Trust is working with the CCG Quality team to develop the safer staffing report. At the lat CQPG the

Trust provided an update on the Quality Strategy and Nurse revalidation. In addition work continues 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, AED 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. Meetings have already been held with the Trust, South Sefton CCG, Liverpool CCG and Knowsley CCG. An Escalation Plan has been developed between Merseycare and Aintree, to date there have not been any further mental health long waits. 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 10 (8.85%) is below the target (however this is an improvement on last month) and current activity levels would indicate that the trust will fall below the 15% target. To achieve the prevalence target of 15% between month February and March 1,500 more people would have to enter treatment.

The Recovery rate in month 10 is 32.5% against the target of 50% and this is a decrease on the position last month when it was 38.6% and the decrease attributed to the Christmas period. It would have been expected that this position would have improved. The trust has had a slight increase in the number of cancellations by the provider and this requires explanation.
The number of patients self-referring and all referrals is up on last month when the service will have been affected by the Christmas period. There is an increase in the number and percentage of GP referrals. This may be a result of provider initiatives to raise awareness of the service with GPs. The percentage of patients entering treatment in 28 days or less is up on last month.

Cancellations by patients at month 10 are up slightly on last month's position. Appointments cancelled by the provider remain at levels that have and continue to be questioned. The provider has again offered no current explanation to the reasons for this and have previously attributed it to staff sickness.

Step 2 staff have previously 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 past. At month 10 the number of DNAs at step 2 remain static. The level of 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.

It should be noted that the level of DNA at step 3 have doubled on last month and this requires investigation. The service text reminder service could assist in the reduction of DNAs. This

would give the prompt to clients 24 hours before an appointment for those clients most likely to have forgotten.

Opt in rates are up on the previous month and this is a possible refection of the increased referrals into the service.

In January a Contract Performance Notice was issued by the CCG relating to underperformance. The provider presented an action plan for review. 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. The gap in activity figures between the data sets has narrowed in the latest month.

Figure 21 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	Nov-15	Dec-15	Jan-16	TOTALS
Population (Paychiatric Morbidty Survey)			24298	24298	24298	24298	24298	24298	24298	24298	24298	24298	24298
National defininiton of those who have entered into treatment			143	158	201	204	166	232	184	252	267	343	2150
Prevelance Trajectory (%)			1.25%	1.25%	1.25% (q1=3.75%)	1.25%	1.25%	1.25% (q2=3.75%)	1.25%	1.25%	1.25% (q3=3.75%)	1.25%	**15.00%**
Prevelance Trajectory ACTUAL			0.59%	0.65%	0.83%	0.84%	0.68%	0.95%	0.76%	1.04%	1.10%	1.41%	8.85%
National definition of those who have completed treatment (KPI5)			134	117	120	136	119	143	117	132	119	124	
National definition of those who have entered Below Caseness (KPI6b)			9	4	11	9	10	8	5	13	5	7	
National definition of those who have moved to recovery (KPI6)			75	51	61	66	49	65	60	56	44	38	
Recovery - National Target			50.0%	50.0%	50.0%	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%	47.1%	38.6%	32.5%	
Referrals Received			435	395	355	405	331	335	400	429	317	397	
Gp Referrals			289	215	152	161	115	114	107	108	94	143	
% GP Referrals			66%	54%	43%	40%	35%	34%	27%	25%	30%	36%	
Self referrals			114	149	175	205	184	207	235	271	196	215	
% Self referrals			26%	38%	49%	51%	56%	62%	59%	63%	62%	54%	
Other referrals	Other Referrals are 34 - Assessment and Immediate Care, 6 - Other, 1-WaltonNeuro, 2- Acute Care Team, 3 - Secondary Care, 1- Community(Adult), 2-		32	31	28	39	32	14	58	50	27	39	
% Other referrals			7%	8%	8%	10%	10%	4%	15%	12%	9%	10%	
Referral not suitable or returned to GP			0	0	0	0	0	0	0	0	0	0	
Referrals opting in			415	355	285	299	259	249	288	284	238	341	
Opt-in rate %			95%	90%	80%	74%	78%	74%	72%	66%	75%	86%	
Patients starting treatment by step (Local Definition)		Step 2	94	119	142	157	125	178	137	240	248	324	
		Step 3	49	39	59	47	41	54	47	12	19	11	
		Step 4											
		Total	143	158	201	204	166	232	184	252	267	335	
Percentage of patients entering in 28 days or less			53.0%	37.0%	59.0%	60.0%	46.0%	29.0%	18.0%	31.8%	23.8%	22.2%	
Completed Treatment Episodes by Step (Local Definition)		Step 2	138	175	128	203	127	240	172	201	293	248	
		Step 3	341	329	363	383	287	462	377	245	268	334	
		Step 4									7	2	
		Total	479	504	491	586	414	702	549	446	568	584	
Activity	Attendances	Step 2	369	456	536	788	618	645	621	662	541	631	
		Step 3	389	422	547	460	466	507	412	499	365	461	
		Step 4		1	2	3	6	17	13	12	14	16	
	DNA's	Step 2	80	92	146	179	129	175	149	90	124	124	
		Step 3	52	49	75	56	55	60	45	45	36	61	
		Step 4		1					2		1	0	
	Cancels	Step 2	40	82	159	225	137	176	180	198	189	193	
		Step 3	62	89	107	95	81	99	116	119	97	112	
		Step 4						6	4	1	1	2	
	Attendances	Total	758	879	1085	1251	1090	1169	1046	1173	920	1108	
	DNAs	Total	132	142	231	235	184	235	196	135	161	185	
	Cancelled	Total	102	171	266	320	218	281	300	318	287	307	
	Number Cancelled by patient	Total	45	109	194	253	181	239	205	243	209	224	
	Number Cancelled by provider	Total	57	62	72	67	37	42	95	75	78	83	
		Total											

Figure 22 IAPT Waiting Time KPIs

	Indicator	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	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 treament in the reporting period	75% To be achieved by April 2016											
	Numerator		120	114	128	140	124	174	137	124	113	116	1290
	Denominator		124	121	136	145	130	179	146	131	115	124	1351
	%		97%	94%	94%	97%	95%	97%	94%	95%	98%	94%	95%
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		123	120	136	145	130	179	145	131	115	123	1347
	Denominator		124	121	136	145	130	179	146	131	115	124	1351
	%		99%	99%	100%	100%	100%	100%	99%	100%	100%	99%	100%

8. Community Health

Liverpool Community Health Services (by exception)
Community Equipment: Community Equipment: The increase in demand is attributed to a number of factors: Staffing resources in the warehouse, availability of delivery slots, and operational issues. Additional funding has been agreed by the commissioners to be split proportionally across both CCGs and this is documented in the FIG work plan. NHS South Sefton CCG has agreed to fund £41,250 non-recurrently 2015/16 for the provision of Community Equipment Store.

A number of actions have also been identified for this service
• Trust to provide a detailed overview of current waiting list. This has not been provided as yet and is being followed up
• Trust to consider providing training on prescribing equipment and budget allocation.

Community Cardiac/Heart Failure: The reduction in referrals is due to the change in the cardiac rehab element of the service, which previously accounted for 25% of referrals. The reduction in out -patient activity, is a direct consequence of the change in the cardiac rehab contract arrangements. Patients are being triaged at Aintree and are not being received by the service. Discussions are on-going between the service lead and the commissioners in relation to the set baseline.

Diabetes specialist nurse: This service has experienced issues with staffing since January 2015 including sickness and two appointed staff members subsequently resigned shortly after starting employment. Both vacancies were re advertised as part of the recruitment process and to date one band 6 has now been recruited and started in October. The service is focusing on providing clinic based delivery to maximise efficiency and domiciliary activity is reduced due to long the term vacancy and long term sickness .At month 10 activity is at expected levels.

Dietetics: The service has been affected by long term sickness that has been backfilled by using resources from other parts of the service and overtime. The resources are being used more efficiently to target those in the most need. The trust have asked to discuss baselines with the commissioner.

Palliative Care: Staff are working in localities. The service performance has been affected by long term sickness and vacancies 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, some of which at first do not understand the role of the service. The new locality working has resulted in fewer referrals as

staff are communicating effectively with each other and are able to provide appropriate advice at that point in time for example within GP surgeries therefore reducing the level of inappropriate referrals. 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.The service has now recruited to the vacancies.

Physiotherapy: Activity and referrals are above planned thresholds and this has impacted on the waiting times. The level of contacts has increased due to the service re-design and the additional support from locum and agency staff. The service will continue with this due to the increased demand and the increase in waiting times. The service has developed a business plan that has been shared with commissioners. The trust has been asked to develop the case further.

Treatment Rooms: Demand and activity continues to be up for this service and additional capacity has been created through the introduction of specific ear syringing clinics. The change in the delivery model has resulted in an increase in referrals from District Nurses. The trust will be monitoring this going forward. The service continues to ensure that the majority of (98%) patients receive an appointment within 2 weeks of referral in Sefton and this is above the target of 95%. 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 it is anticipated that this will reduce 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. This was provided last year and can be calculated from the activity provided in the monthly reports. The ratio 2015/16 shows an upward trend in the ratio of contacts to referrals.

Intravenous Therapy (IV)- The continued over performance in year 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 continued 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.

The trust submitted a business case for waiting list initiative funding and this has not been approved. The commissioner has asked for this to be reviewed to clearly demonstrate cost savings for the CCG.

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

Virtual Ward-The trust had 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 has been picked up as part of contract re-negotiation for 2016/17 and these uplifts will be documented against the relevant services for audit purposes.

Wheelchairs: Following on from the review of the service specification waiting times will be reported separately for urgent and routine referrals going forward with targets of 4 and 12 weeks respectively. A new administration system is in place to release clinicians and allow them to undertake more clinical work. A new forecast is in position that the service will achieve all KPIs by February 2016. Additional capacity will also be released in February when then new staff are signed off for their competencies. A separate briefing paper has been submitted to the Strategy & Performance Committee in January 2016. In the trusts January board report it was reported that a detailed deep dive is due to take place in January of the wheelchair service. An integrated performance report submitted to the Quality Committee in December 2015 on the issues being experienced around accessing specialist equipment for children highlighted the broader agenda around specialist schools. This meeting had been arranged with head teachers of special schools in order to discuss these issues. A report was to be submitted to the Quality Committee in December 2015. The Board is to be updated on this action in January 2016.Awaiting update.

Delayed Transfer of Care (DToC) / Intermediate Care (Ward 35): Although increased in January, the delays remain above target in Sefton. The percentage of bed days occupied by delayed transfers of care in Sefton during January 2016 was 16.4% which is an increase compared to the previous month. This is above the TDA target of 7.5%. The 2 main causes of delay in Sefton was “patient (or family) choice” (40% - attributable to Social services) and “awaiting care package” (29% - attributable to Social services). Currently delays in packages of care are reducing LCHs response to the wider whole system pressures in emergency care and the delays are significant in LCH Bed Base, Community Emergency Response Team and Frailty.

Podiatry: The service are reporting that there are staffing shortages and a difficulty in recruiting permanent ,temporary and locum staff despite repeated rounds of recruitment. This is affecting the performance contact wise of this service.

Phlebotomy: Both clinic and domiciliary activity is above planned levels with the service reporting increased levels of referrals. The trust are utilising all clinics along with bank and agency staff together with overtime to keep pace and support permanent staff. The trust has been asked to provide further information in relation to where these referrals are coming from.

Liverpool Community Health Waiting Times

Paediatric Speech and Language Therapy: The current waiting time for Paediatric Speech and Language Therapy is reported is in excess of 18 weeks at 30 weeks for NHS South Sefton CCG. This is an increase in length of wait on previous months.

Adult speech and language therapy: The current waiting time is 36 weeks.
It was reported at the LCH December Board that a full service review is currently being completed including waiting list validation. The Board was also informed that a decision was

made to close the waiting list. It was reported that 260 patients are waiting for an appointment across LCH catchment. It was confirmed that a locum has been commissioned in order to offer an appointment to patients on the waiting list.

The waiting times remain significantly above target in Sefton due to demand and capacity being significantly out of balance. Full validation of the waiting list is due to be completed in Sefton by January 2016. The Capacity and demand model was expected by 18th December 2015 to inform the resources required to ensure waiting times are achieved. Additional therapists have been recruited and locums are due to start in January 2016. The waiting list remains closed and weekly meetings with commissioners will continue to monitor the impact. For this financial year 2015-16, CSU has asked (via email Tue 19/05/2015) LCH to give an indication of which waiting times will be reported during the current month, a month behind or not at all. LCH has not responded.

Wheelchairs: Waiting times are reported to be 39 Weeks overall at Month 9 for both urgent and routine. The service is fully staffed however in earlier months has been affected by vacancies. From February the service is achieving the targets of 4 weeks for urgent and 12 weeks for routine. This is being maintained by the additional support still in place. A number of clinicians will soon have completed their preceptorship and will add additional capacity to the service. The service is over performing and intends to submit a new business case to the commissioner at the end of Feb 2016

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

The development of waiting time thresholds is part of the work plan for the FIG as currently the default of 18 weeks is being used. A document was provided by the trust for discussion at the last finance and information group and it was agreed this would be circulated to clinicians for discussion and for the trust to consider the implications of adopting aspirational targets identified in the document. This document was due to go to the trust board in November.

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 the proposals.

Any Qualified Provider

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

Patient Identifiable Data

The Trusts Caldicott guardian had 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 update to this is that the approach now being implemented is a reversal of this approach and the trust are raising patient awareness around the use of patient identifiable data and have introduced an op out process. This means that patients can opt out from having identifiable electronic information flowed related to them. It was agreed that the trust would forward a copy

of the letter prepared by the Caldicot guardian about what the trust plans to do at the last LCH finance and information group meeting. The letter that was sent out was in reference to the Liverpool CCG walk in centres. At present there is building work taking place at Litherland and it has not been possible to display the relevant information to patients in relation to information sharing. Once the refurbishment is complete and the literature is available this process will commence and patient identifiable WIc data will flow as part of the SUS submissions.

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. The CQC re-inspected the Trust w/c 1st February, initial feedback from the Trust at the joint CQPG meeting in March was positive, particularly regarding culture and staff feedback – it is anticipated the rating will remain 'Needs Improvement' with elements of 'Good'.

Delayed Transfers of Care
The Trust are working closely with the Local Authority to review delayed transfers of care, discussions are taking place through the SRG.

Serious Incidents / Pressure Ulcers
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. LCCG are leading on this piece of work with LCH although SS CCG are an active member of this group. This approach is in line with the RASCI model.

SALT & Physiotherapy Waiting Times
The CCG continues to experience longs waits for both paediatric and adult SALT and Physiotherapy, this has been raised at CQPG and Contract meetings, the Trust has been asked to resubmit a business case regarding SALT and Physiotherapy this will be reviewed by the CCG clinical leads. The Trust has also been asked to provide monthly progress reports and recovery plans for CCG assurance regarding patient safety.

Southport and Ormskirk Hospitals NHS Trust

Community Gynaecology-The trust are submitting the monthly dataset as required however the data set provided does not includes 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.

The CCG is working with the Trust to develop a suite of Community specific KPIs, these will be incorporated into the Quality Schedule in 16/17

9. Third Sector Contracts

All Third Sector Contracts and Grant agreements are due to expire on 31st March 2016.

Planning for the coming year is in progress and further meetings are to take place shortly to discuss commissioning intentions for 2016-17.

Full and detailed reports containing service outcomes for each provider have now been finalised, these are now with commissioners. A piece of work has been undertaken to establish commissioning priorities and funding for 2016-17, this is to be presented and discussed at the next full board meeting at the end of March. Letters requesting contract documentation are pending until a final decision has been made.

IG Toolkit compliancy assessments are underway and are expected to be finalised prior to 31st March 2016.

10. Quality and Performance

10.1 NHS South Sefton CCG Performance

		Current Period				
Performance Indicators	**Data Period**	**Target**	**Actual**	**Direction of Travel**	**Exception Commentary**	**Actions**
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 - January	45	41	↑	There were 8 new cases reported in January 2016, year to date there have been 41 cases against a plan of 45. Of the 41 cases reported in year to date 37 have been aligned to Aintree Hospital and 4 to the Royal Liverpool Broadgreen Hospital (19 apportioned to acute trust and 22 apportioned to community).	
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) **(Aintree)**	15/16 - January	38	42 (26 following appeal)	↑	There were 9 new cases have been reported in January. Year to date there have been 42 cases against a plan of 38, the year to date plan is 46.	Cumulatively there have been 42 patients with Trust apportioned CDI; there were 9 patients in January. There have been 16 cases upheld by the CCG's CDI appeal panel, therefore for performance purposes, from April 15 – January 16 there are 26 cases . The March appeals panel was cancelled due to the junior doctors strike, the next panel is due to meet in April. Actions taken by the Trust to reduce C.difficile include - 1. Implementation of a more robust weekly review of patients with CDI infection. In Aintree, this is currently undertaken by the Infection Control Doctor and Infection Prevention Nurse. In Wrightington Wigan and Leigh, there is also a dietician review and an antimicrobial pharmacist. 2. The Trust has a programmed deep clean and minor works programme. This is undertaken bay by bay on wards. Minor works are undertaken and the bays are repainted annually. They are subsequently deep cleaned. The Trust stated this is turned around in 24 hours maximum.

Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) **(CCG)**	15/16 - January	0	3	↔	There were no new cases reported in January of MRSA for South Sefton CCG. Year to date there has now been 3 cases attributed to the CCG against a zero tolerance target.	The first case was reported in September 2015, the PIR was 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 . The second case was reported in November 2015 and was also attributed to the CCG, the third case reported in December 2015, the PIR attributed the case to Aintree Hospital.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) **(Aintree)**	15/16 - January	0	1	↔	No new cases reported in January, there was 1 case reported in December. 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.	The CCG was informed on 16/12/15 that a possible MRSA had been reported by Aintree Hospital, a PIR was held on 04/01/16 and the case was attributed to Aintree Hospital.
Mixed Sex Accommodation Breaches						
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE **(CCG)**	15/16 - January	0.00	0.20	↔	In January the CCG had 1 mixed sex accommodation breach (4 year to date) which is above the target and as such are reporting red for this indicator. The breach occurred in Liverpool Heart & Chest, this is the third month in a row the Trust has reported a breach. The fourth breach was reported at Southport & Ormskirk in September.	The CCG is working with colleagues from LCCG to review the Root Cause Analysis (RCAs) from Liverpool Heart & Chest Hospital and Southport & Ormskirk Trust.
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE **(Aintree)**	15/16 - January	0.00	0.00	↔		
Enhancing quality of life for people with long term conditions						
Patient experience of primary care i) GP Services	Jan-Mar 15 and Jul-Sept 15		6.64%	↓	Percentage of respondents reporting poor patient experience of primary care in GP Services. This was a decrease from the previous period which recorded 7.64%.	
Patient experience of primary care ii) GP Out of Hours services	Jul-Sept 15		10.05%		Percentage of respondents reporting confidence and trust in person/people seen or spoken to at the GP Out of Hours Service. Due to slight alteration to the question on out of hours, the results are based on Jul-Sept 15 only.	
Patient experience of primary care i) GP Services ii) GP Out of Hours services (Combined)	Jan-Mar 15 and Jul-Sept 15	6%	6.91%	↓	The CCG reported a percentage of negative responses above the 6% threshold, this being a decrease from last survey which reported 7.63%.	Detailed practice level 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 - January	1953.61	2,128.34	↑	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 42 more admissions than the same period last year.	Unplanned care leads continue to monitor these indicators closely. Pathway changes at Aintree have not have been reflected in the planned targets as the targets were set in 2013 when the 5 year strategic plans were set. Aintree implemented pathway changes in October 2014 which has led to a higher number of admissions than originally planned for.
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative)	15/16 - January	266.58	173.59	↓	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 30 less than the same period last year.	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	15/16 - January	955.31	962.38	↑	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 11 more than the same period last year.	
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	15/16 - January	195.29	158.09	↓	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 being 12 less that same period last year.	
Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)	15/16 - January	1107.98	1,135.68	↑	This measure now has a plan which is based on the same period previous year. The CCG is over plan, actual admissions is 43 more than the same period last year.	
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	15/16 - January	No Plan	15.18	↓	The emergency readmission rate for the CCG is lower than previous month (16.74) and also lower than the same period last year (17.69).	

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	0.083	Provisional data (Published Feb 2016)	Provisional data shows the CCG achieved 0.083 which is lower than the previous years rate of 0.107 (2013/14) and lower than that of the England average 0.084. But above the plan of 0.0697.	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	0.408	Provisional data (Published Feb 2016)	Provisional data shows the CCG has declined on the previous years rate of 0.446 in 2013/14 and are reporting 0.408, they are also achieving a score lower than the England average 0.437, and the plan of 0.430.	
Patient reported outcomes measures for elective procedures: Knee replacement	Apr 14 - Mar 15 (Prov data)	0.341	0.294	Provisional data (Published Feb 2016)	Provisional data shows the CCG's rate has declined from previous year rate of 0.313 in 2013/14 recording a rate of 0.294 and is under the England average 0.315 and yearly plan.	
% who had a stroke & spend at least 90% of their time on a stroke unit **(CCG)**	15/16 - January	80%	75.00%	↑	The CCG have failed to achieve the 80% target in January, only 9 patients out of 12 spending at least 90% of their time on a stroke unit.	The majority of stroke patients breached at Aintree, please see below for Trust narrative .
% who had a stroke & spend at least 90% of their time on a stroke unit **(Aintree)**	15/16 - January	80%	71.00%	↑	Aintree have failed to achieve the target in January only 22 patients out of 31 spending at least 90% of their time on a stroke unit.	31 patients were discharged from the Trust in January 2016 with a diagnosis of stroke. 71% of these patients (22) spent 90% of their stay on the Stroke Unit, against a standard of 80%. 29% of these patients (9) failed the standard. Of the 9 patients who failed the standard, 8 arrived by ambulance and 1 patient was an existing inpatient. Of the 9 patients who failed the standard: - 1 patient was identified as requiring direct admission to the Stroke Unit on admission but no stroke bed was available and medical outliers were occupying stroke beds. - 1 patient was transferred to the Stroke Unit within 2hrs but died 2 hours after admission. - 1 patient was palliative and transferred to a side-room on AMU and died within 24 hours. - 1 patient had a Stroke whilst an inpatient but no stroke bed was available for 48hrs and medical outliers were occupying stroke beds. - 3 patients were transferred to the Stroke Unit but discharged early and therefore failed the standard. - 2 patients arrived during the night when there was no Stroke Nurse Clinician on duty and they were not assessed by the medical team until 4 hours and 9 hours respectively. Both patients were assessed and transferred to the Stroke Unit the following day.

% high risk of Stroke who experience a TIA are assessed and treated within 24 hours **(CCG)**	15/16 - January	60%	100%	↔		
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours **(Aintree)**	15/16 - January	60%	100%	↔		
Mental health						
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) **(CCG)**	15/16 - Qtr3	95%	100.00%	↑		
IAPT Access - Roll Out	15/16 - Qtr3	3.75%	2.89%	↑	The CCG are under plan for Q3 for IAPT Roll Out, this equates to 703 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 - January	1.25%	1.40%	↑	The CCG are under plan in January for IAPT Roll Out, out of a population of 24298, 343 patients have entered into treatment. There has been a increase from last month when 1.10% was reported.	See section 7 of main report for commentary.
IAPT - Recovery Rate	15/16 - Qtr3	50%	46.40%	↓	The CCG are under plan for recovery rate reaching 46.4% in Q3. This equates to 160 patients who have moved to recovery out of 368 who have completed treatment.	See section 7 of main report for commentary.
IAPT - Recovery Rate	15/16 - January	50%	32.50%	↓	The CCG are under plan for recovery rate reaching 32.5% in January. This equates to 38 patients who have moved to recovery out of 117 who have completed treatment. This is a decrease from last month when 38.6% was reported.	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 - Qtr3	75%	95.40%	↓	January data shows 93.5%, a decrease from December when 98.3% was recorded.	
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 - Qtr3	95%	99.70%	↓	January data shows 99.2%, a slight decrease from December when 99.7% was recorded.	

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 - January	93%	96.47%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) **(Aintree)**	15/16 - January	93%	96.09%	↔		
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 - January	93%	94.31%	↔		
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 - January	93%	95.10%	↔		

Cancer waits – 31 days						
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) **(CCG)**	15/16 - January	96%	98.50%	↔		
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) **(Aintree)**	15/16 - January	96%	99.17%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) **(CCG)**	15/16 - January	94%	96.51%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) **(Aintree)**	15/16 - January	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) **(CCG)**	15/16 - January	94%	95.35%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) **(Aintree)**	15/16 - January	94%	98.73%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) **(CCG)**	15/16 - January	98%	99.04%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) **(Aintree)**	15/16 - January	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 - January	85% local target	88.14%	↓		
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 - January	85% local target	89.63%	↓		

Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) **(CCG)**	15/16 - January	90%	91.89%	↑		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) **(Aintree)**	15/16 - January	90%	95.38%	↓		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) **(CCG)**	15/16 - January	85%	85.22%	↓		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) **(Aintree)**	15/16 - January	85%	85.87%	↓		
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 - January	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) **(Aintree)**	15/16 - January	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways **(CCG)**	15/16 - January	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways **(Aintree)**	15/16 - January	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. **(CCG)**	15/16 - January	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. **(Aintree)**	15/16 - January	0	0	↔		

Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% **(CCG)**	15/16 - January	90%	89.36%	↓	The CCG have failed the 90% target reaching 89.36%. This equates to 70 patients out of 628 not seen within 18 weeks.	No longer a national performance target but continue to monitor locally
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% **(Aintree)**	15/16 - January	90%	91.02%	↓		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% **(CCG)**	15/16 - January	95%	95.68%	↔		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% **(Aintree)**	15/16 - January	95%	95.84%	↔		
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 - January	92%	95.30%	↑		
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 - January	92%	94.40%	↔		

A&E waits						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) **(CCG) All Types**	15/16 - January	95.00%	95.00%	↓		
Percentage of patients who spent 4 hours or less in A&E (Cumulative) **(CCG) Type 1**	15/16 - January	95.00%	82.84%	↓	The CCG have failed the target in January reaching 74.83%, and year to date reaching 82.84%. In January 987 attendances out of 3922 were not admitted, transferred or discharged within 4 hours	Aintree - During January 2016 there were 13,562 Type 1 and Type 3 attendances with 2,062 breaches which equates to combined performance of 84.80%. The following 5 key actions are a priority: 1. Ensuring medically accepted GP patients go direct to AMU or AEC and delivery of a rapid assessment model in AMU. 2. Delivery of ambulatory emergency care in the AEC Unit in Acute Medicine and the Observation Unit in A&E. 3. Ensure SAU and GPAU can accept all emergency surgical patients. 4. Increase the number of patients seen by GP out of hours service (UC24) and relocation of the service to Room 1 in UCAT 5. Use the support from the Utilisation Management Team and Tessa Walton, with additional support from senior managers for all areas, to improve patient flow. An action plan to reduce the numbers of medically optimised patients remains in place. To ensure sustained improvement, the following actions remains in place: • Full utilisation of the step down facility, Aintree 2 Home, which opened in December 2015 and Aintree @ Home, including for Discharge to Assess. • Implementation of the mobilisation plan for the transfer of the Discharge Planning Team to be community based. • Evaluating alternative models to support reducing delays for medically optimised patients, including the provision of a second step down facility within the Trust. • Weekly MADEs and implementation of actions from Safer Start/MADE.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) **(Aintree) All Types**	15/16 - January	95.00%	91.30%	↓	Aintree have failed the target in January reaching 84.8%, and year to date reaching 91.3%. In January 2062 attendances out of 13562 were not admitted, transferred or discharged within 4 hours. This is the seventh month the trust have not achieved the target in 2015/16	
Percentage of patients who spent 4 hours or less in A&E (Cumulative) **(Aintree) Type 1**	15/16 - January	95.00%	83.56%	↓	Aintree have failed the target in January reaching 70.52%, and year to date reaching 83.56%. In January 2062 attendances out of 6995 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 - January	1.00%	1.59%	↑	The CCG had 37 patients, out of 2333 waiting over 6 weeks for a diagnostic test in January, this is the second month in a row the target has been failed. Of the 37, 23 were for non-obstetric ultrasound.	
% of patients waiting 6 weeks or more for a Diagnostic Test **(Aintree)**	15/16 - January	1.00%	1.56%	↔	Aintree had 72 patients, out of 4612 waiting over 6 weeks for a diagnostic test in January, failing the target. Of the 72,51 were for non-obstetric ultrasound.	Performance relates to delays to CT Cardiac, MRI and MSK USS. The radiology team have undertaken a number of actions to improve performance in relation to the DM01 standard. These include; • Weekly Performance Meeting – Highlighting issues and putting action plans into place to improve current position in MRI, CT and MSK USS. • Reviewed sessions with Radiologist in attempt to increase the number of sessions available for Ultrasound MSK injections. • Increased Sonographer sessions for non-injection MSK to ensure those Radiologists with the necessary skills are undertaking sessions for injections only. • MSK Radiologist appointed, commences August 2016 • WLI's for Cardiac CT to be arranged to take place during February.
Category A ambulance calls						
Ambulance clinical quality – Category A (Red 1) 8 minute response time **(CCG)** (Cumulative)	15/16 - January	75%	78.40%	↓		The onset of winter has seen the whole of the urgent care system coming under pressure due to high levels of demand. Overall demand in January for NWAS was 6.9% higher than planned for and 7.2% for South Sefton CCG. For the most time critical response times (Red) was 9.0% higher than plan for NWAS as a whole and 10% higher than plan for South Sefton. The average turnaround times at Aintree Hospital was one of the longest of any Cheshire & Merseyside Hospitals in January at over 41 minutes on average.
Ambulance clinical quality – Category A (Red 2) 8 minute response time **(CCG)** (Cumulative)	15/16 - January	75%	71.40%	↓	The CCG failed to achieve the 75% year to date or in month (Jan) recording 59.6%.	
Ambulance clinical quality - Category 19 transportation time **(CCG)** (Cumulative)	15/16 - January	95%	96.00%	↔		
Ambulance clinical quality – Category A (Red 1) 8 minute response time **(NWAS)** (Cumulative)	15/16 - January	75%	76.10%	↔		
Ambulance clinical quality – Category A (Red 2) 8 minute response time **(NWAS)** (Cumulative)	15/16 - January	75%	72.70%	↓	NWAS failed to achieve the 75% year to date or in month (Jan) recording 63.49%.	
Ambulance clinical quality - Category 19 transportation time **(NWAS)** (Cumulative)	15/16 - January	95%	93.70%	↓	NWAS failed to achieve the 95% year to date or in month (Jan) recording 89.85%.	

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 23 Friends and Family – Aintree University Hospital NHS Foundation Trust

Clinical Area	Response Rate (RR) Target	RR Actual (Jan 2016)	RR - Trajectory From Previous Month (Dec 15)	Percentage Recommended (Eng. Average)	Percentage Recommended (Jan 2016)	PR - Trajectory From Previous Month (Dec 2015)	Percentage Not Recommended (Eng. Average)	Percentage Not Recommended (Jan 2016)	PNR - Trajectory From Previous Month (Dec 15)
Inpatients	25%	47.6%	↑	96.0%	97%	↔	1.0%	2%	↔
A&E	15%	19.7%	↔	86.0%	85%	↓	7%	9%	↑

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 slightly above the England average and has remained static compared to the previous month (Dec 2015). The percentage of people who would not recommend the inpatient service has remained static on the previous month and is slightly above the England average.

The percentage of people that would recommend A&E has fallen slightly since December, and remains marginally below the England average. The percentage of people who would not recommend the A&E service has declined marginally compared to the previous month and is slightly above the England average.

The trust consistently returns response rates and recommendation percentages significantly higher than the regional and national averages, as observed in the table.

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.

Aintree are coming to EPEG in May 2016 to give an update on the continued patient experience work the trust are doing and the group look forward to this presentation.

10.3 Complaints

Aintree University Hospital

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.

This data relates to month 11, which is the latest data. There were 5 Serious Incidents in February involving South Sefton CCG patients.

For the year 15/16 up to and including February there have been 89 Serious Incidents involving South Sefton CCG patients.

CCG SUIs Never Event

Type of Incident	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
Abscond		2										2
Adverse media coverage or public concern about the organisation or the wider NHS										1		1
Allegation Against HC Professional										1		1
Child Abuse (family)										1		1
Child Death										1		1
Delayed diagnosis			1									1
Failure to act upon test results				1								1
Homicide by Outpatient (in receipt)	1											1
Maternity service						1						1
Maternity services - unexpected neonatal death.					1							1
Medical Devices/Equipment			1								1	2
Other								1				1
Pressure Sore - (Grade 3 or 4)			1	2							1	4
Pressure ulcer - (Grade 3)	6	6	3	3	3	16	1		2		1	41
Pressure ulcer - (Grade 4)	1	1	2	2								6
Serious Incident by Outpatient (in receipt)									1			1
Serious Self Inflicted Injury Inpatient										1		1
Serious Self Inflicted Injury Outpatient	1			1		1				2		5
Slips/Trips/Falls				2								2
Sub-optimal care of the deteriorating patient			1									1
Surgical Error		1						1			1	3
Treatment						1						1
Unexpected Death		2							4		1	7
Unexpected Death (general)						2						2
Wrong site surgery			1									1
Grand Total	**9**	**12**	**10**	**11**	**4**	**21**	**1**	**2**	**7**	**7**	**5**	**89**

Number of Never Events reported in period

One never event reported in June 15, and one reported February 2016. (South Sefton CCG patient in Alder Hey- wrong site surgery, South Sefton CCG patient in Aintree – surgical error)

Number of South Sefton CCG Incidents reported by Provider

The following are the organisations where SS CCG patinets have been subjected to serious incidents:

- Aintree University Hospital NHS Foundation Trust – 8
- Airedale NHS Foundation Trust – 1

- Alder Hey Children's NHS Foundation Trust – 2
- Liverpool Community Health NHS Trust – 56
- Liverpool Women's NHS Foundation Trust – 3
- Mersey Care NHS Trust – 12
- Southport and Ormskirk Hospital NHS Trust – 6

Incident Split by Provider Never Event

Provider / Type of Incident	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
Aintree University Hospital NHS Foundation Trust												
Delayed diagnosis			1									1
Failure to act upon test results				1								1
Pressure ulcer - (Grade 3)									1			1
Sub-optimal care of the deteriorating patient			1									1
Surgical Error											1	1
Treatment						1						1
Unexpected Death									1			1
Unexpected Death (general)						1						1
Airedale NHS Foundation Trust												
Serious Self Inflicted Injury Outpatient										1		1
Alder Hey Children's NHS Foundation Trust												
Unexpected Death									1			1
Wrong site surgery			1									1
Liverpool Community Health NHS Trust												
Child Abuse (family)										1		1
Child Death										1		1
Medical Devices/Equipment			1								1	2
Pressure Sore - (Grade 3 or 4)			1	2							1	4
Pressure ulcer - (Grade 3)	5	5	3	3	3	16	1		1		1	38
Pressure ulcer - (Grade 4)		1	2	2								5
Slips/Trips/Falls				1								1
Surgical Error								1				1
Unexpected Death		1							1			2
Unexpected Death (general)						1						1
Liverpool Women's NHS Foundation Trust												
Maternity service						1						1
Surgical Error		1										1
Unexpected Death		1										1
Mersey Care NHS Trust												
Abscond		2										2
Homicide by Outpatient (in receipt)	1											1
Other								1				1
Serious Incident by Outpatient (in receipt)									1			1
Serious Self Inflicted Injury Outpatient	1			1		1				1		4
Slips/Trips/Falls				1								1
Unexpected Death									1		1	2
Southport & Formby CCG												
Serious Self Inflicted Injury Outpatient										1		1
Southport and Ormskirk Hospital NHS Trust												
Adverse media coverage or public concern about the organisation or the wider NHS										1		1
Allegation Against HC Professional										1		1
Maternity services - unexpected neonatal death.					1							1
Pressure ulcer - (Grade 3)	1	1										2
Pressure ulcer - (Grade 4)	1											1
Grand Total	**9**	**12**	**10**	**11**	**4**	**21**	**1**	**2**	**7**	**7**	**5**	**89**

SUIs Reported at Aintree University Trust level

Aintree University Hospital Foundation Trust reported 2 serious incidents in February 2016 with 31 incidents reported YTD by the provider.

Number of Never Events reported in period

One Never Event reported by Aintree University Hospital Foundation Trust in February 2016 (surgical error)

Number of incidents reported split by type

Provider SUIs Never Event

Incident Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
Accident Whilst in Hospital							1					1
Critical Care Transfer								1				1
Delayed diagnosis			2									2
Failure to act upon test results			1	1								2
Pressure ulcer - (Grade 3)					1		2	1	1			5
Results					1							1
Slips/Trips/Falls							1			1		2
Sub-optimal care of the deteriorating patient	2		1							2		5
Surgical Error											1	1
Treatment						2						2
Unexpected Death						1	1		1		1	4
Unexpected Death (general)	1				1	2						4
Unexpected Death of Inpatient (in receipt)							1					1
Grand Total	**3**	**0**	**4**	**1**	**3**	**5**	**6**	**2**	**2**	**3**	**2**	**31**

Number of Incidents reported by CCG

CCG Name / Incident Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
Knowsley CCG												
Delayed diagnosis			1									1
Sub-optimal care of the deteriorating patient	1									2		3
Liverpool CCG												
Accident Whilst in Hospital							1					1
Critical Care Transfer								1				1
Pressure ulcer - (Grade 3)								1				1
Results					1							1
Slips/Trips/Falls							1					1
Sub-optimal care of the deteriorating patient	1											1
Unexpected Death						1					1	2
Unexpected Death (general)					1							1
South Sefton CCG												
Delayed diagnosis			1									1
Failure to act upon test results				1								1
Pressure ulcer - (Grade 3)									1			1
Sub-optimal care of the deteriorating patient			1									1
Surgical Error											1	1
Treatment						1						1
Unexpected Death									1			1
Unexpected Death (general)						1						1
Southport & Formby CCG												
Treatment						1						1
Unexpected Death (general)	1											1
St Helens CCG												
Slips/Trips/Falls										1		1
Unexpected Death (general)						1						1
West Cheshire CCG												
Pressure ulcer - (Grade 3)							2					2
Unexpected Death							1					1
Unexpected Death of Inpatient (in receipt)							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**	**6**	**2**	**2**	**3**	**2**	**31**

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

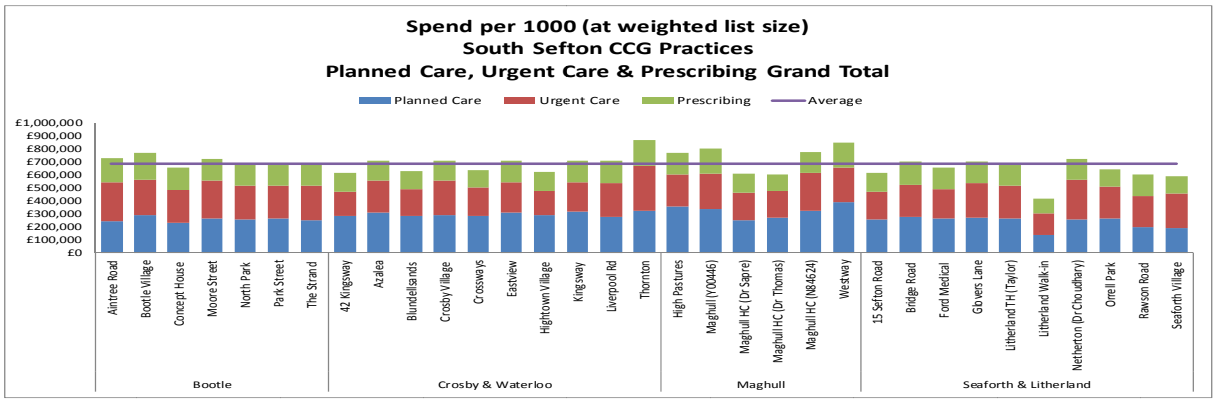
The data is presented for all practices, grouped to locality level and RAG rated to illustrate easily variation from the CCG average, where green is better than CCG average by 10% or more, and red is worse than CCG average. Amber is defined as better than CCG average but within 10%. Data is refreshed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

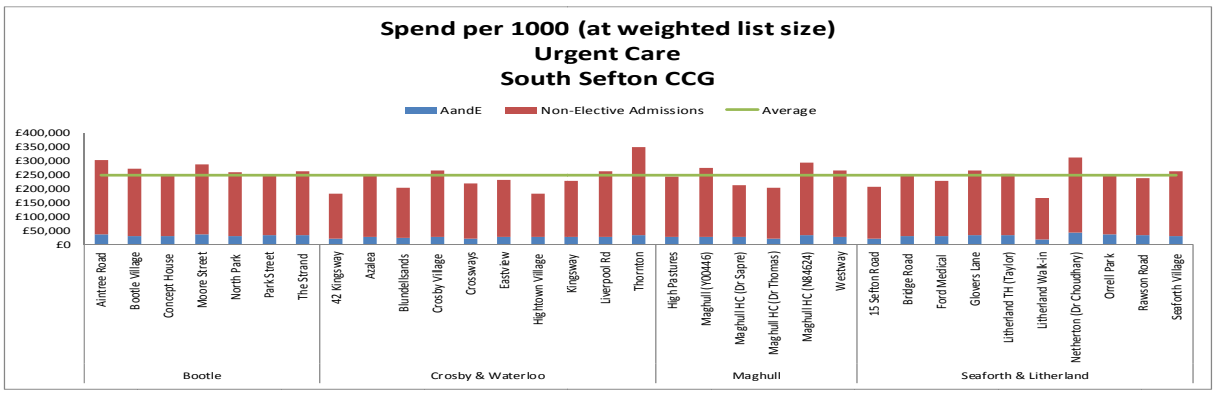
11.4 Summary of performance

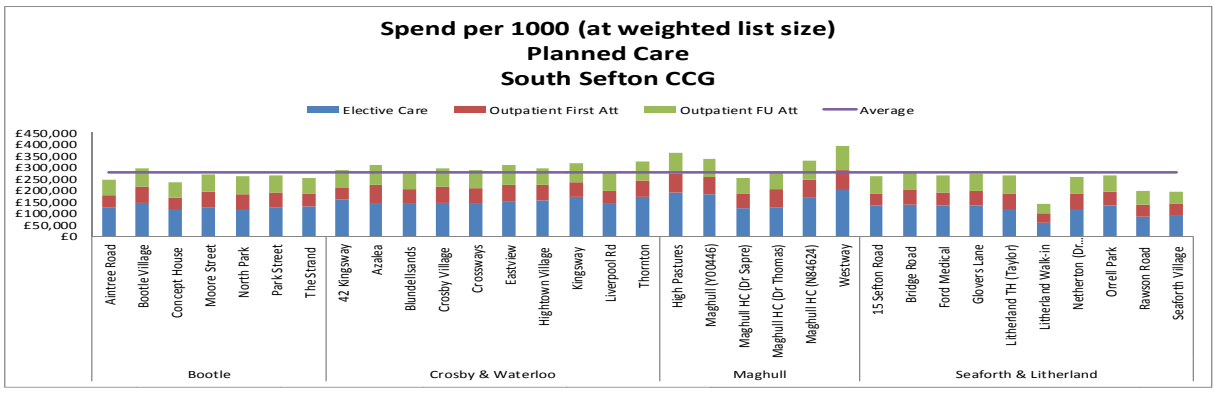
Colleagues from Finance and Business Intelligence teams within the CCG have been working closely with clinical leads to develop financial information. Colleagues have developed a chart to show weighted spend per head of weighted practice population which takes into account age, sex, deprivation, rurality, 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.

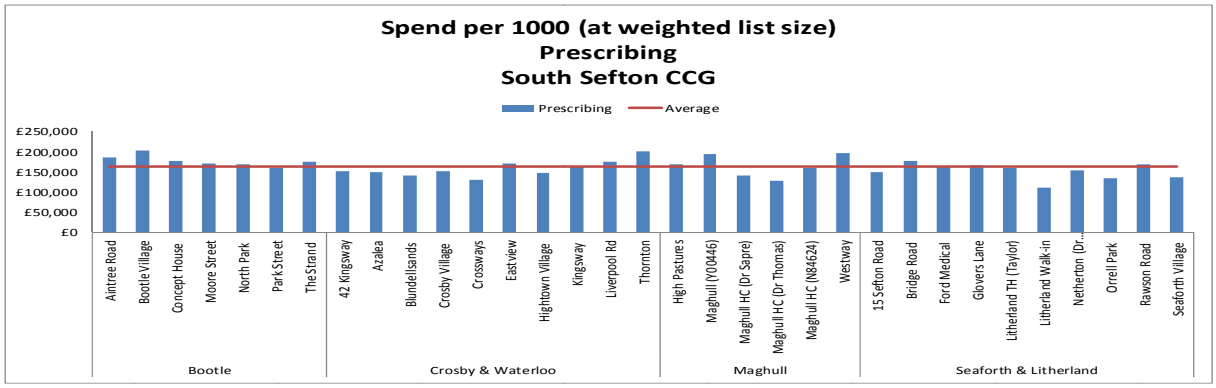
Figure 24 Summary of Primary Care Dashboard – Finance

South Sefton CCG
January 2015 - December 2015
Planned/Urgent Care & Prescribing Costs





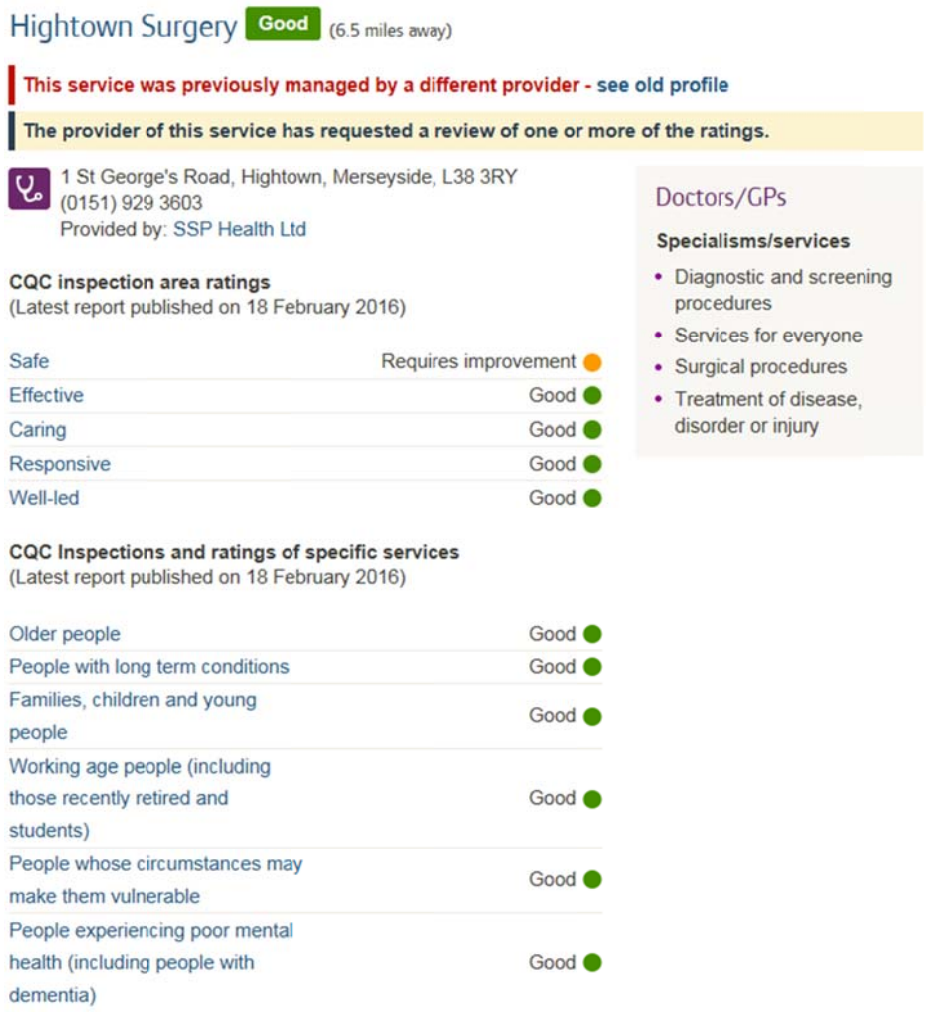




NHS South Sefton Clinical Commissioning Group

11.5 CQC Inspections

A number of practices in South Sefton CCG have been visited by the Care Quality Commission in 2015/16. CQC publish all inspection reports on their website. There has been one further inspection result published in February, for Hightown Surgery:



Hightown Surgery **Good** (6.5 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.

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

Doctors/GPs

Specialisms/services

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

CQC inspection area ratings
(Latest report published on 18 February 2016)

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

CQC Inspections and ratings of specific services
(Latest report published on 18 February 2016)

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

12. Better Care Fund update

Whilst the payment for performance element of the 2015/16 Better Care Fund has now ended, discussions are underway for planning the 2016/17 Better Care Fund.

13. NHS England Activity Monitoring

Figure 25 NHS England Activity Monitoring

Source	Referrals (G&A)	*Month 10 YTD* *PLAN*	*Month 10 YTD* *ACTUAL*	*Month 10 YTD* *Variance*	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
	Referrals (G&A)				
MAR	GP	30248	33102	9.4%	Please see previous months report detailing issues with GP hotline at Aintree. Local figures report a much lower variance but with increases above the 3% threshold.
MAR	Other	17972	20568	14.4%	Please see previous months report detailing issues. Local referral data for the CCG suggests a much lower increase within the 3% threshold.
MAR	Total	48220	53670	11.3%	As above. Overall increase much less than plan v actual shows when looking at local referral data flows.
	Outpatient attendances (G&A)				
SUS	All 1st OP	51164	50851	-0.6%	
SUS	Follow-up	128453	133605	4.0%	Please see previous report detailing the problems with the plans (based on MAR) against the actuals (based on SUS). Actual activity when comparing Apr-Jan 14/15 with the same period in 15/16 shows a variance of 1.2%, within the 3% threshold.
SUS	Total OP attends	179617	184456	2.7%	As above.
SUS	Outpatient procedures (G&A) (included in attends)				
	Admitted Patient Care (G&A)				
SUS	Elective Day case spells	18350	16294	-11.2%	As with previous months comments day case procedures have increased against last year with figures remaining at the 6% mark.
SUS	Elective Ordinary spells	3045	2826	-7.2%	As noted in previous returns, plan v actual remains in line with the year to date comparison of last year to this years activity levels.
SUS	Total Elective spells	21395	19120	-10.6%	Overall when comparing last year to the same period this year the increase is approx. 4%. This is due to increases in day case procedures.
SUS	Non-elective spells complete	17604	16437	-6.6%	The closure of CDU within Aintree has had an impact on the NEL figures. An estimated increase was used to gauge the potential increase within the plan but a much lower impact has been felt. Increase from last years activity to this years is approx. 4.5%, due to the CDU effect.
SUS	Total completed spells	38999	35557	-8.8%	As above.
	Attendances at A&E				
SUS	Type 1				
SUS	All types	42384	45540	7.4%	As per the comments from previous months, the variance of actual activity from April to January 2014/15 compared with the same period this year shows a slight decrease of less than 1%, within the 3% threshold.