

# **South Sefton Clinical Commissioning Group**

## Integrated Performance Report March 2016

## Contents

1. Executive Summary.....	5
2. Financial Position.....	9
2.1 Summary .....	9
2.2 Resource Allocation.....	10
2.3 Position to date.....	10
2.4 QIPP .....	15
2.5 CCG Running Costs .....	15
2.6 Evaluation of Risks and Opportunities.....	15
2.7 Conclusions and Recommendations .....	17
3. Referrals .....	18
3.1 Referrals by source .....	18
4. Waiting Times .....	19
4.1 NHS South Sefton CCG patients waiting .....	19
4.1 Top 5 Providers .....	19
4.2 Provider assurance for long waiters .....	20
5. Planned Care.....	20
5.1 All Providers .....	20
5.2 Aintree University Hospital NHS Foundation Trust.....	21
5.2.1 Aintree University Hospital NHS Foundation Trust Key Issues .....	21
5.3 Southport & Ormskirk Hospital .....	22
5.3.1 Southport & Ormskirk Hospital Key Issues .....	23
5.4 Renacres Hospital .....	23
5.4.1 Renacres Hospital Key Issues .....	23
6. Unplanned Care.....	24
6.1 All Providers .....	24
6.2 Aintree University Hospital NHS Foundation Trust.....	25
6.2.1 Aintree Hospital Key Issues .....	25
6.3 Alder Hey Hospital.....	26
6.3.1 Alder Hey Hospital Key Issues.....	26
6.4 Royal Liverpool and Broadgreen Hospitals .....	26
6.4.1 Royal Liverpool and Broadgreen Hospitals Key Issues .....	27
6.5 Liverpool Heart & Chest Hospital .....	27
6.5.1 Liverpool Heart & Chest Hospital Key Issues .....	27
7. Mental Health.....	28
7.1 Mersey Care NHS Trust Contract.....	28

Quality Overview .....	28
7.2 Cheshire Wirral Partnership - Improving Access to Psychological Therapies Contract	29
8. Community Health .....	32
9. Third Sector Contracts .....	36
10. Quality and Performance .....	37
10.1 NHS South Sefton CCG Performance.....	37
10.2 Friends and Family – Aintree University Hospital NHS Foundation Trust .....	49
10.3 Serious Untoward Incidents (SUIs) .....	49
11. Primary Care .....	53
11.1 Background .....	53
11.2 Content.....	53
11.3 Format .....	53
11.4 Summary of performance .....	54
11.5 CQC Inspections .....	55
12. NHS England Activity Monitoring .....	58

## List of Tables and Graphs

Figure 1 – Financial Dashboard	9
Figure 2 – Outturn	10
Figure 3 – Daycase Activity	12
Figure 4 – Non Elective Activity	12
Figure 5 – Elective Activity	12
Figure 6 – Reserves Analysis	16
Figure 7 - GP and 'other' referrals for the CCG across all providers for 2015/16	18
Figure 8 - GP and 'other' referrals for the CCG across all providers comparing 2014/15 and 2015/16 by month	18
Figure 9 Patients waiting on an incomplete pathway at the end of March 2016 by weeks waiting.	19
Figure 10 Patients waiting (in bands) on incomplete pathway for the top 5 Providers	19
Figure 11 Planned Care - All Providers	21
Figure 12 Month 12 Planned Care- Aintree University Hospital NHS Foundation Trust by POD	21
Figure 13 Month 12 Planned Care- Southport & Ormskirk Hospital by POD	22
Figure 14 Month 12 Unplanned Care – All Providers	24
Figure 15 Month 12 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD	25
Figure 16 Month 12 Unplanned Care – Alder Hey Hospital by POD	26
Figure 17 NHS South Sefton CCG – Shadow PbR Cluster Activity	28
Figure 18 CPA – Percentage of People under CPA followed up within 7 days of discharge	28
Figure 19 CPA Follow up 2 days (48 hours) for higher risk groups	28
Figure 20 Monthly Provider Summary including (National KPI s Recovery and Prevalence)	31
Figure 21 IAPT Waiting Time KPIs	32
Figure 22 Friends and Family – Aintree University Hospital NHS Foundation Trust	49
Figure 23 Summary of Primary Care Dashboard – Finance	54
Figure 24 NHS England Activity Monitoring	58

## 1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 12 (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)	Yellow	Aintree
Ambulance Category A Calls (Red 1)	Green	NWAS
Cancer 2 Week GP Referral	Green	Aintree
RTT 18 Week Incomplete Pathway	Green	Aintree
Other Key Targets	CCG	Main Provider
A&E 4 Hour Waits (Type 1)	Red	Aintree
Ambulance Category A Calls (Red 2)	Red	NWAS
Ambulance Category 19 transportation	Yellow	NWAS
Cancer 14 Day Breast Symptom	Green	Aintree
Cancer 31 Day First Treatment	Green	Aintree
Cancer 31 Day Subsequent - Drug	Green	Aintree
Cancer 31 Day Subsequent - Surgery	Green	Aintree
Cancer 31 Day Subsequent - Radiotherapy	Green	Aintree
Cancer 62 Day Standard	Yellow	Aintree
Cancer 62 Day Screening	Green	Aintree
Cancer 62 Day Consultant Upgrade	Yellow	Aintree
Diagnostic Test Waiting Time	Red	Aintree
Emergency Admissions Composite Indicator	Red	
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	Green	
Emergency Admissions for acute conditions that should not usually require a hospital admission	Red	
HCAI - C.Diff	Green	Aintree
HCAI - MRSA	Red	Aintree
IAPT Access - Roll Out	Red	
IAPT - Recovery Rate	Red	
Mental Health Measure - CPA	Green	
Mixed Sex Accommodation	Red	Aintree
Patient Experience of Primary Care i) GP Services ii) Out of Hours (Combined)	Red	
PROM: Elective procedures: Groin Hernia	Yellow	Aintree
PROM: Elective procedures: Hip Replacement	Red	Aintree
PROM: Elective procedures: Knee Replacement	Red	Aintree
PYLL Person (Annual Update)	Red	
RTT 18 Week Admitted Pathway	Red	Aintree
RTT 18 Week Non Admitted Pathway	Green	Aintree
RTT 18 Week Incomplete Pathway	Green	Aintree
RTT 52+ week waiters	Green	Aintree
Stroke 90% time on stroke unit	Red	Aintree
Stroke who experience TIA	Green	Aintree
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	Green	
Unplanned hospitalisation for chronic ambulatory care	Red	
Local Measure: Access to services BME	Green	

## Key information from this report

**Financial Performance** - Whilst the CCG has delivered its financial plan for 2015/16, recurrent cost pressures are evident which require immediate reductions in the expenditure profile to ensure that the CCG can deliver its financial targets for 2016/17.

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

**A&E waits** (All Types) – The CCG was just under the 95% target in March with a performance of 94.16% year to date (in month achieving 87.29%). Aintree failed the target in March recording 86.39%, and are also failing year to date reaching 90.57%. In March 2008 out of 14753 attendances were not admitted, transferred or discharged within 4 hours.

Provider comment - During March 2016 there were 14,753 Type 1 and Type 3 attendances with 2008 breaches which equates to combined performance of 86.39%. Type 1 attendances were 6.3% higher in March 2016 than the same month in 2015 and cumulatively 7.5% higher during Q4 of this year compared to last. The following 5 key actions implemented in February 2016 remain 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 via the implementation of the Emergency and Acute Care Plan.

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

- Full utilisation of the step down facility, Aintree 2 Home, 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 March reaching 74.33%, and year to date reaching 81.36%. In March 962 attendances out of 3747 were not admitted, transferred or discharged within 4 hours. Aintree have failed the target in March reaching 72.36%, and year to date reaching 82.0%. In March 2008 attendances out of 7264 were not admitted, transferred or discharged within 4 hours.

**Ambulance Activity** - The CCG are failing Cat A (Red2) indicator achieving 68.70% year to date and in month (March) recording 54.2%, they are also failing Category 19 transportation achieving 94.10% year to date, in month (March) 87.3%. NWAS are failing all 3 ambulance indicators, Category A (Red1) achieving 74.80% year to date and in month 67.34%, Category A (Red 2) achieving 70.40% year to date and in month 58.88% and Category 19 transportation time, achieving 92.60% year to date, in month achieving 86.66%. The delivery and sustainability of emergency ambulance performance remains a key priority for commissioners. Performance continues to be closely monitored with the support of lead commissioner Blackpool CCG and

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

**Cancer Indicators** – The CCG achieved all the cancer indicators year to date as at March 2016 apart from two, the 62 day standard, which narrowly failed the target reaching 84.28% year to date, in month achieving 76.92%, out of 26 patients there were 6 patient breaches, of which 3 were delays between trusts, 1 a late referral, 1 a complex pathway and final 1 admin delay to 1<sup>st</sup> appointment with oncologist. The second being 62 day consultant upgrade, which failed local target of 85% reaching 83.33% year to date, (in month 62.50%), in March there were 3 patient breaches out to a total of 8 patients. Of the 3 breaches 1 patient required multiple biopsies, 1 patient had a fall and fractured their back so unavoidable breach and the final patient had a delay due to referral between trusts on day 87. Aintree achieved all the cancer indicators year to date as at March 2016.

**Diagnostics** – The CCG are over plan for diagnostics in March. Out of 2275 patients 36 waited over 6 weeks for a diagnostic test (1.35%), this is the fourth month in a row the target has been failed. Aintree also failed the target for diagnostics and had 64 patients out of 4552 waiting over 6 weeks for a diagnostic test (1.41%). This is somewhat due to increased demand from Trauma & Orthopaedics department for ultrasound guided joint injections 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. (See comments in dashboard).

**Emergency Admissions Composite Measure** – For March the CCG is over the monthly plan and had 72 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 6 new cases reported in March of C Difficile, year to date there have been 54 cases against a plan of 46. The last local appeals panel met 14<sup>th</sup> April, 7 cases were submitted, all upheld. Taking into account 15/16 appeals year to date the Trust is below trajectory (31 cases following appeal).

**HCAI – MRSA** – No new cases have been reported in March of MRSA for South Sefton CCG. Year to date they has now been 3 cases attributed to the CCG against a zero tolerance target. One new case has been reported at Aintree in March year to date total now 2. A Post Infection Review undertaken in collaboration with the local CCG on the 18<sup>th</sup> April concluded that no specific actions that could have been taken to prevent the patient developing the bacteraemia.

**IAPT Access – Roll Out** – The CCG are under plan for Q4 for IAPT Roll Out and reached 2.54% which shows a slight decrease on Q3 (2.89%) plan 3.75%. This equates to 861 patients having entered into treatment out of a population of 24298 (Psychiatric Morbidity Survey). This target has been failed for 2015-16.

**IAPT - Recovery Rate** – The CCG are under the 50% plan for recovery rate in Q4 reaching 43.6%. This equated to 168 patients who moved to recovery out of 385 who completed treatment. This is lower than quarter 3 when the CCG recorded 46.4%. This target has been failed for 2015-16.

**Mixed Sex Accommodation** – In March the CCG had 1 mixed sex accommodation breach (6 year to date) which is above the target and as such are reporting red. The breach occurred at the Royal Liverpool Broadgreen. This is the first breach rot the CCG for this Trust. Four

breaches were reported at Liverpool Heart & Chest for the previous 4 month. The sixth 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 March, year to date are reporting 33 in total, 1 failure to act upon test results and 1 grade 3 pressure ulcer.

**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** - The CCG failed the 90% target in March, out of 84 patients, 72 were treated within 18 weeks. Admitted and non-admitted RTT is no longer a national performance target but the CCG continue to monitor locally.

**Stroke** – The CCG have failed to achieve the target in March reaching 76.19%, only 16 patients out of 21 spending at least 90% of their time on a stroke unit. Aintree also failed to achieve the target achieving 72.20% have 26 patients out of 36 spending at least 90% of their time on a stroke unit. It is noted that the Trust overall SNAPP score for October 2015 to December 2015 has been maintained at B.

**Friends and Family Test** - Aintree University Hospital NHS Foundation Trust achieved the response rate target in both inpatients and A&E in March, 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 section of the report provides an overview of the year-end financial position for NHS South Sefton Clinical Commissioning Group as at 31st March 2016.

Whilst the CCG has delivered its financial plan for 2015/16, recurrent cost pressures are evident which require immediate reductions in the expenditure profile to ensure that the CCG can deliver its financial targets for 2016/17.

The financial position is £2.981m overspent at Month 12 on operational budget areas before the application of reserves.

It should be noted that achievement of the planned surplus was reliant on a number of non-recurrent benefits which will not be available beyond Q1 of the next financial year. It is imperative that the CCG implements plans to reduce expenditure immediately; otherwise it will not deliver financial targets in 2016/17.

In 2015/16, the CCG identified £1.474m QIPP savings against a target of £3.441m (43%), leaving £1.967m unidentified. The unidentified QIPP has been achieved non-recurrently and has been added to the 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 is undertaking a review of all 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 as reflected in the Table B.*

## 2.2 Resource Allocation

Additional allocations have been received in Month 12 as follows:

- Approved capital scheme (Woodlands Hospice) - £0.012m

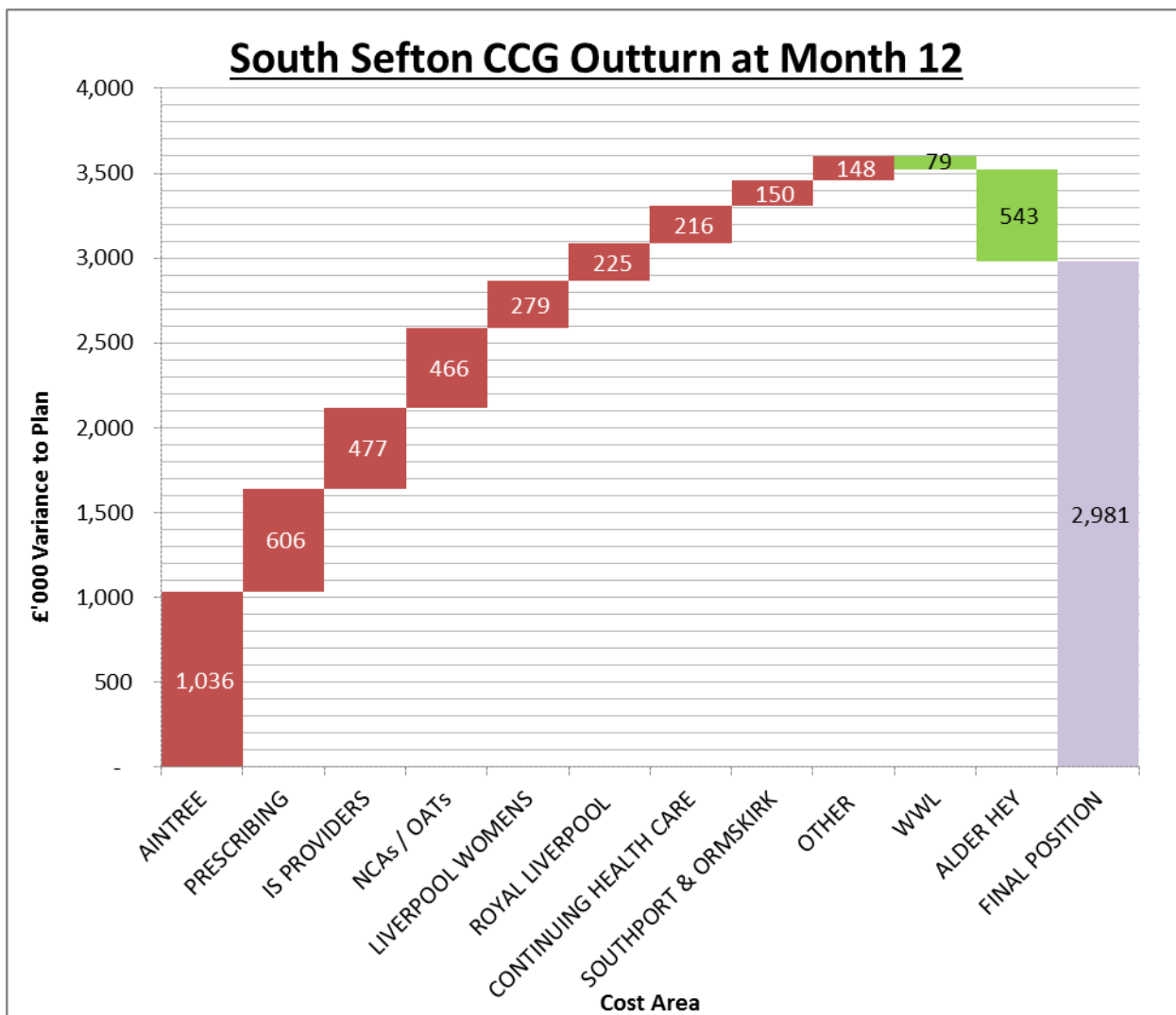
## 2.3 Position to date

There are forecast overspends within acute care across a range of providers, particularly Aintree, Liverpool Women's, Royal Liverpool Hospital, and Southport & Ormskirk Hospital, as well as Ramsay Healthcare for orthopaedics and Spa Medica for ophthalmology within the independent sector. In addition, there was 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.

The financial reporting period runs to the end of March 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 February 2016. Where year-end financial settlements have been agreed, the year-end financial position has been based on these figures.

### Figure 2 – Outturn



## Acute commissioning

### Aintree University Hospital Foundation Trust

The overspend reported for Aintree for the financial year is £1.036m. 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 financial position is based on a year-end settlement agreed with the Trust. The settlement was based on Month 11 outturn with adjustments for contract reductions:

- Contract Penalties – £0.633m
- Removal of GP Hotline – £0.045m
- Heart Failure Pathway - £0.223m

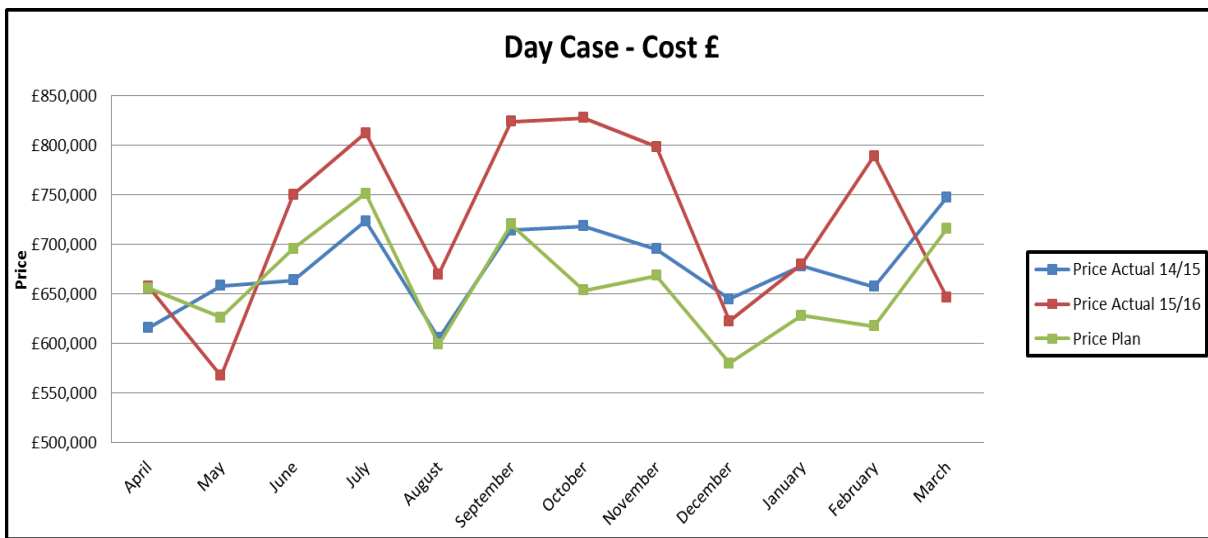
Total contract penalties were £1.007m but these were reduced to reflect part reimbursement of ambulance fines and 50% of the quarter four penalties as agreed through the CCF.

The Month 11 performance information received from the Trust identifies overspends in day cases of £0.804m (particularly within Gastro and Cardiology), excluded drugs £0.551m, direct access £0.277m and outpatients £0.890m. This was partly offset by underspends in emergency admissions. It is however noted that the underspend within Non Electives deteriorated in M11 with an in month adverse variance of £0.227m (£1.570m M10 underspend compared to £1.318k M11 underspend).

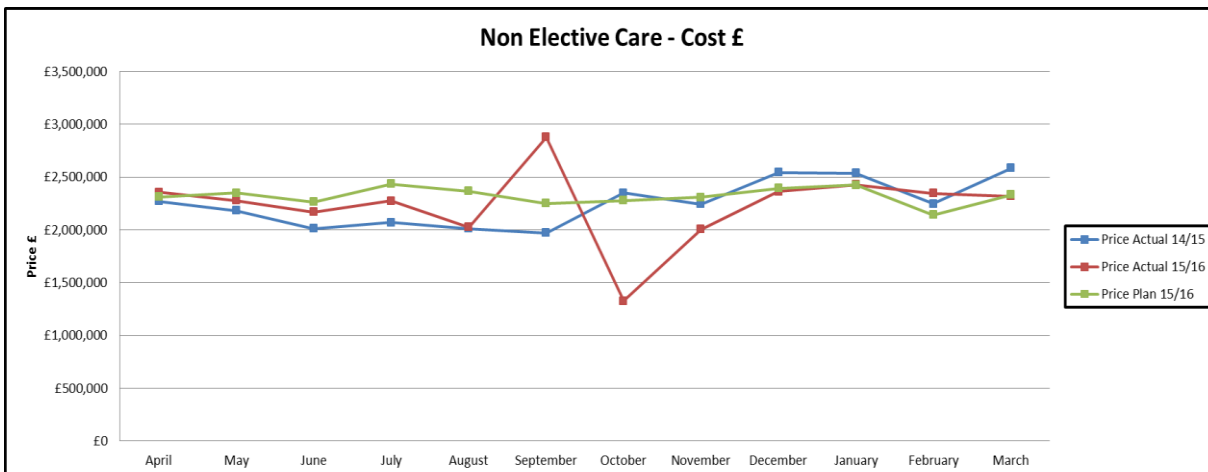
It has been indicated by the Trust that this level of underspend is unlikely to continue once the new building work is completed in summer 2016.

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.

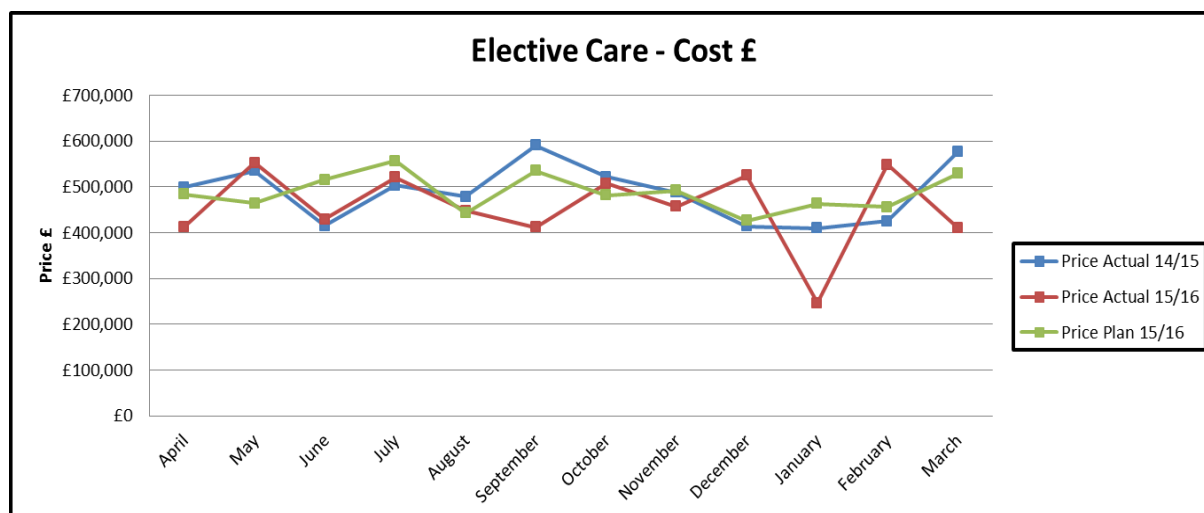
**Figure 3 – Daycase Activity**



**Figure 4 – Non Elective Activity**



**Figure 5 – Elective Activity**



### Southport and Ormskirk NHS Trust

The financial position for Southport and Ormskirk Hospital is based on a year-end agreement with the Trust. It should be noted that this was not an agreed settlement but an agreed year end position. Adjustments will be made in the new financial year when the final 2015/16 information is available in relation to CQUIN, and the final outcome of the orthopaedic outpatient procedures coding review has been agreed.

The year-end agreement was based on the Month 12 activity data, adjusted for a number of items:

- Contract Penalties - £0.100m
- CQUIN reduction - £0.020m
- Orthopaedic outpatient procedures coding review - £0.050m

### Royal Liverpool Hospital Foundation Trust

The overspend for Royal Liverpool Hospital is £0.225m. 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 M11 outturn position for Alder Hey is an underspend of £0.543m. This underspend has been a consistent trend throughout the year.

### NCA/OATs

The overspend for non-contract activity (NCA) and Out of Area Treatments (OATs) in Month 12 is £0.466m. 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 overspend for the independent sector providers is £0.477m 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 has been undertaken across the CCG and a case for change presented to the Clinical QIPP committee in May. Proposed redesign of the service aims to reduce referrals and activity through increased triage by the MCAS community service.

There were also additional costs at Spa Medica for ophthalmology treatment reporting an overspend of £0.198m for the financial year. 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 increasingly difficult for the CCG to sustain this position in terms of affordability. Changes in referral patterns are required in both the short and long-term to address the financial affordability issue.

### **Prescribing**

The prescribing outturn position deteriorated in Month 12 due to a change in the forecast received from the PPA, the forecast overspend has increased to £0.613m.

The CCG prescribing budget is £29.7m in total and represents 13% 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. The position is based on activity information up to M11.

### **Continuing Health Care and Funded Nursing Care**

The outturn position for the CHC and FNC budget has increased during the month to a £0.216m overspend (after reducing the budget by £0.460m for QIPP). The main reason for this is two additional high cost packages of care included in the Month 11 report.

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.

## 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. There were no additional schemes achieved during the month, any further reductions since budget setting have been reflected in the 2016/17 plans.

	£'m
<b>QIPP schemes reported at Month 11</b>	<b>1.474</b>
QIPP schemes identified in current Month:	0
<b>QIPP schemes reported as at Month 12</b>	<b>1.474</b>

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 underspent in 2015/16 by £1.711m due to delayed start 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 operated within its running cost target of £3.296m, with a small underspend of £0.038m. This is mainly due to non-recurrent savings made on vacant positions within the CCG.

Draft budgets for 2016/17 have been approved by the Governing Body. Running cost budgets are within the CCG allocation for 2016/17.

## 2.6 Evaluation of Risks and Opportunities

The CCG's primary risk in 2015/16 was non-achievement of the QIPP requirement. This risk will continue in the new financial year. In order to achieve financial stability required to deliver NHS business rules £1.967m of recurrent savings must be realised in addition to the requirement for the new financial year. In addition, there are a number of other risks that require ongoing monitoring and managing:

- Acute 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. This requires a sustained effort by all CCG members to reduce this risk.
- Prescribing / Drugs costs – This is a volatile area of spend, and prescribing spend has increased significantly in the final quarter of 2016/17. This also represents one of the biggest opportunities for the CCG and a critical review of all opportunities in this area is underway as part of the development of the QIPP plans for 2016/17.

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.

Although the CCG delivered the financial plan for 2015/16, the majority of this is a result of non-recurrent measures, 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.

The financial risk facing the CCG is 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 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
QIPP Target	(3.441)		(3.441)
Revised surplus / (deficit)	(1.041)		(1.041)
Outturn(against operational budgets)	(1.459)	(1.522)	(2.981)
Transformation Fund slippage		1.711	1.711
Reserves	1.083	2.154	3.237
<b>QIPP:</b>			
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
<b>Year End Surplus / (deficit)</b>	<b>0.057</b>	<b>2.343</b>	<b>2.400</b>

## 2.7 Conclusions and Recommendations

- The CCG met the required surplus target of £2.400m for 2015/16.
- The underlying position is a surplus of £0.057m, 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.
- The financial risk facing the CCG is considered as the CCG's top priority, alongside commissioning safe services.
- Actions to address the financial risk 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.

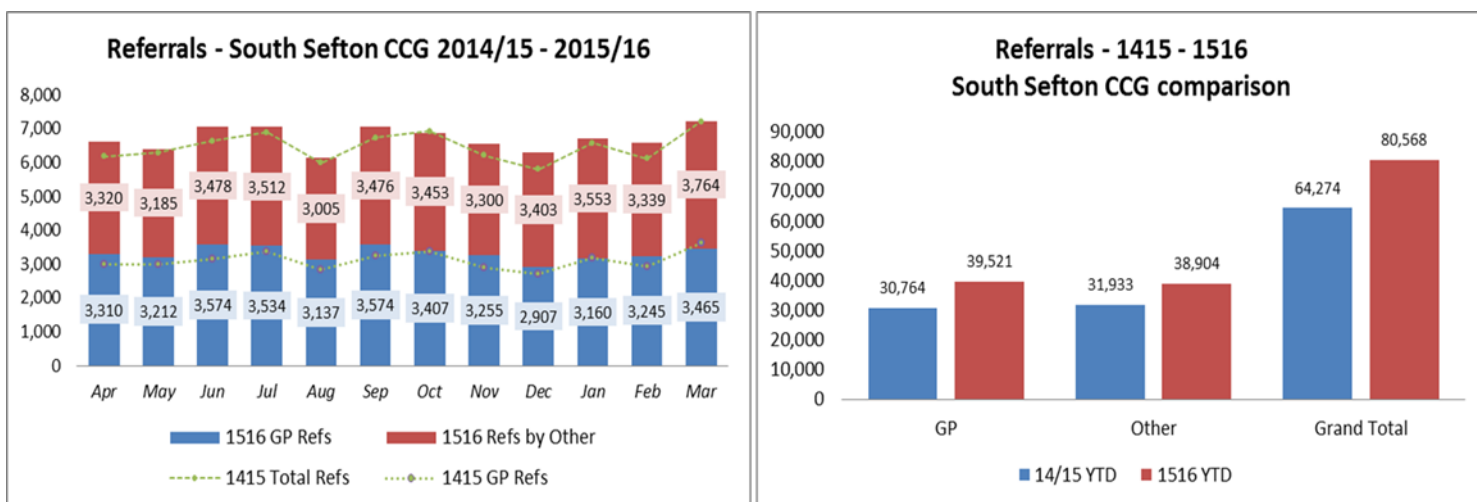
### 3. Referrals

#### 3.1 Referrals by source

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

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	1516 Q4	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	10,096	10,245	9,569	9,870	35,111	37,336	39,780	7%	
<b>GP Total</b>			<b>8,766</b>	<b>8,709</b>	<b>8,563</b>	<b>9,073</b>	<b>9,130</b>	<b>9,480</b>	<b>8,953</b>	<b>9,773</b>	<b>10,096</b>	<b>10,245</b>	<b>9,569</b>	<b>9,870</b>	<b>35,111</b>	<b>37,336</b>	<b>39,780</b>	<b>7%</b>	
Other	01	following an emergency admission	553	513	538	469	517	534	473	511	526	502	497	410	2,073	2,035	1,935	-5%	
	02	following a Domiciliary Consultation	7	6	8	1	2	5	8	7	5	2	4	9	22	22	20	0%	
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	1,024	875	721	806	832	780	727	762	1,367	1,212	1,180	1,321	3,426	3,101	5,080	64%	
	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	3,883	3,781	3,906	3,973	14,594	15,613	15,543	0%	
	06	self-referral	827	672	703	756	731	786	811	889	866	893	892	1,006	2,958	3,217	3,657	14%	
	07	A Prosthetist	1	16	10	14	3	4	4	7	7	2	3	3	41	18	15	-17%	
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	561	659	711	811	775	738	723	676	298	282	289	246	2,742	2,912	1,115	-62%	
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	571	551	568	594	631	788	738	674	580	709	846	1,015	2,284	2,831	3,150	11%	
	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	14	66	70	70	0%	
	13	A Specialist NURSE (Secondary Care)	35	21	19	30	21	18	21	22	18	30	35	20	105	82	103	26%	
	14	An Allied Health Professional	224	214	195	179	311	272	233	204	281	361	415	479	812	1,020	1,536	51%	
	15	An OPTOMETRIST	20	22	19	19	28	25	23	19	2	1	5	5	80	95	13	-86%	
	16	An Orthoptist	0	0	1	0	0	0	0	0	2	0	0	1	1	0	3	0%	
	17	A National Screening Programme	3	39	20	7	8	21	7	6	7	17	24	19	69	42	67	60%	
	92	A GENERAL DENTAL PRACTITIONER	589	568	568	617	602	538	536	524	402	379	371	460	2,342	2,200	1,612	-27%	
	93	A Community Dental Service	6	9	12	5	8	8	12	5	6	0	10	0	32	33	16	-52%	
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	1,266	1,313	1,226	1,164	5,788	5,052	4,969	-2%		
<b>Other Total</b>			<b>9,514</b>	<b>9,264</b>	<b>9,143</b>	<b>9,514</b>	<b>9,535</b>	<b>9,661</b>	<b>9,522</b>	<b>9,625</b>	<b>9,533</b>	<b>9,504</b>	<b>9,722</b>	<b>10,145</b>	<b>37,435</b>	<b>38,343</b>	<b>38,904</b>	<b>1%</b>	
Unknown			315	485	511	509	446	492	471	515	450	489	434	511	1,820	1,924	1,884	-2%	
<b>Grand Total</b>			<b>18,595</b>	<b>18,458</b>	<b>18,217</b>	<b>19,096</b>	<b>19,111</b>	<b>19,633</b>	<b>18,946</b>	<b>19,913</b>	<b>20,079</b>	<b>20,238</b>	<b>19,725</b>	<b>20,526</b>	<b>74,366</b>	<b>77,603</b>	<b>80,568</b>	<b>4%</b>	

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

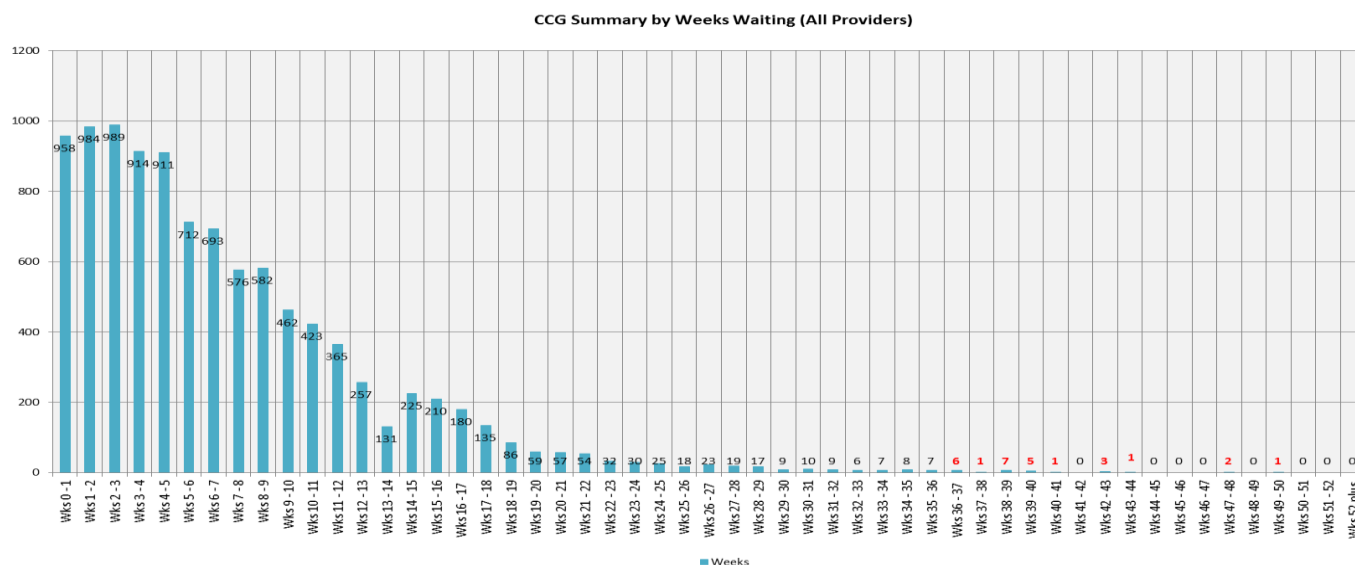


GP Referrals have been increasing since March 2015. Analysis by specialty and provider reveals that ENT at Aintree receives the most GP Referrals and has seen an increase since the middle of 2014/15. Gastroenterology referrals also continue to increase. General Medicine is showing a dramatic increase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

## 4. Waiting Times

### 4.1 NHS South Sefton CCG patients waiting

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



### 4.1 Top 5 Providers

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

Provider	2) Incomplete pathways for all patients (unadjusted)				
	Under 18 Weeks	Over 18 Weeks	The Total	% in 18 Weeks	RAG
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST : (RQ6)	927	99	1,026	90.35%	●
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST : (RRF)	33	5	38	86.84%	●
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST : (RJR)	13	2	15	86.67%	●
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST : (RXN)	11	1	12	91.67%	●
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST : (RM2)	7	2	9	77.78%	●
THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST : (RL1)	4	4	8	50.00%	●
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST : (RRV)	3	2	5	60.00%	●
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST : (RRK)	3	1	4	75.00%	●
SURREY AND SUSSEX HEALTHCARE NHS TRUST : (RTP)	1	1	2	50.00%	●
UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST : (RKB)	0	1	1	0.00%	●

Provider	Total Patients	>18 Weeks	Weeks																											
			26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	Over 52	
Aintree	6615	285	7	16	8	3	3	7	4	5	5	3	3		3	1														
RLBUHT	1026	99	9	1	3	6	5		1	1	2	3	2		4	3	1		1					1			1			
Womens	631	32	2	3				2												1										
Alder Hey	502	37			3		1					1	1	1								2								
RJ&H	8	4	1														1											1		

## 4.2 Provider assurance for long waiters

Trust	Speciality	No of weeks waited	No patients	Has patient been seen / has a TCI date?	Reason for the delay
Alder Hey	Other	42	2		Awaiting provider comment
Womens	Gynaecology	43	1	The patients has been seen / treated	The reason for their delay was a combination of complex diagnosis coupled with patient initiated delays for inpatient dates (both diagnostic & treatment)
RLBUHT	General Surgery	43	1	TCI 30/04/2016	
RLBUHT	T&O	42	1	Validated, no longer long waiter	
RLBUHT	T&O	49	1	Validated, no longer long waiter	
RLBUHT	Ophthalmology	40	1	Clock Stopped 13/04/16	
RJ&AH	T&O	47	1		Awaiting provider comment

## 5. Planned Care

### 5.1 All Providers

Final performance for financial year 2015/16, against planned care elements of the contracts held by NHS South Sefton CCG shows an over-performance of £1.3m or a 3% cost variance against plan. This over-performance is driven by increases at Aintree Hospital (£1.28/4%), Southport & Ormskirk Hospital (£274k/10%) and Renacres (£522k/41%). Overspends are offset at Royal Liverpool (-£312k/-5%) and Alder Hey (-£306k/-13%).

**Figure 11 Planned Care - All Providers**

Provider Name	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	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	178,851	8,166	5%	£31,071	£32,351	£1,280	4%
Alder Hey Childrens NHS F/T	14,711	12,851	-1,860	-13%	£2,326	£2,020	-£306	-13%
Central Manchester University Hospitals Nhs Foundation Trust	86	146	60	70%	£22	£30	£8	36%
Countess of Chester Hospital NHS Foundation Trust	0	183	183	0%	£0	£24	£24	0%
East Cheshire NHS Trust	0	2	2	0%	£0	£0	£0	0%
Fairfield Hospital	95	153	58	61%	£20	£42	£22	111%
ISIGHT (SOUTHPORT)	262	427	165	63%	£65	£99	£34	52%
Liverpool Heart and Chest NHS F/T	1,273	1,101	-172	-14%	£578	£433	-£145	-25%
Liverpool Womens Hospital NHS F/T	15,811	16,038	227	1%	£3,320	£3,349	£29	1%
Renacres Hospital	3,913	6,639	2,726	70%	£1,265	£1,788	£522	41%
Royal Liverpool & Broadgreen Hospitals	29,929	28,510	-1,419	-5%	£5,827	£5,516	-£312	-5%
Southport & Ormskirk Hospital	13,390	14,787	1,397	10%	£2,761	£3,035	£274	10%
SPIRE LIVERPOOL HOSPITAL	3,334	2,642	-692	-21%	£999	£846	-£153	-15%
ST Helens & Knowsley Hospitals	4,070	4,015	-55	-1%	£986	£996	£10	1%
University Hospital Of South Manchester Nhs Foundation Trust	108	114	6	6%	£16	£20	£4	25%
Walton Neuro	3,293	3,350	57	2%	£850	£860	£10	1%
Wirral University Hospital NHS F/T	462	387	-75	-16%	£123	£103	-£20	-16%
Wrightington, Wigan And Leigh Nhs Foundation Trust	846	1,006	160	19%	£305	£374	£69	23%
<b>Grand Total</b>	<b>262,269</b>	<b>271,202</b>	<b>8,933</b>	<b>3%</b>	<b>£50,534</b>	<b>£51,885</b>	<b>£1,351</b>	<b>3%</b>

## 5.2 Aintree University Hospital NHS Foundation Trust

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

Aintree University Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	12,615	13,201	586	5%	£7,916	£8,650	£733	9%
Elective	2,171	1,953	-218	-10%	£5,849	£5,472	-£377	-6%
Elective Excess BedDays	1,134	733	-401	-35%	£252	£161	-£91	-36%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	633	422	-211	-33%	£113	£77	-£37	-32%
OPFANFTF - Outpatient first attendance non face to face	716	2,793	2,077	290%	£28	£76	£48	169%
OPFASPCL - Outpatient first attendance single professional consultant led	31,994	33,651	1,657	5%	£4,593	£5,010	£417	9%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,577	1,538	-39	-2%	£172	£170	-£2	-1%
OPFUPNFTF - Outpatient follow up non face to face	1,251	3,584	2,333	186%	£30	£86	£56	186%
OPFUPSPCL - Outpatient follow up single professional consultant led	83,804	83,256	-548	-1%	£6,558	£6,621	£63	1%
Outpatient Procedure	20,122	22,049	1,927	10%	£3,254	£3,589	£335	10%
Unbundled Diagnostics	13,104	14,133	1,029	8%	£1,147	£1,278	£130	11%
Wet AMD	1,566	1,538	-28	-2%	£1,157	£1,163	£6	1%
<b>Grand Total</b>	<b>170,685</b>	<b>178,851</b>	<b>8,166</b>	<b>5%</b>	<b>£31,071</b>	<b>£32,351</b>	<b>£1,280</b>	<b>4%</b>

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

Daycase over performed throughout 2015/16 with an approx. variance of 10% each month. 2015/16 outturn is showing a cost variance of £733k/9%.

This is primarily driven by two specialties, Gastroenterology and Cardiology which are reporting a final 2015/16 over-performance of £360k / 15% and £362k / 83% respectively.

75% of Gastro activity is made up of 7 HRGs shown below:

HRG CODE	HRG DESCRIPTION	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
FZ61Z	Diagnostic Endoscopic Procedures on the Upper GI Tract with biopsy 19 years and over	1797	2035	238	13%	£688,768	£779,990	£91,222	13%
FZ51Z	Diagnostic Colonoscopy 19 years and over	447	513	66	15%	£201,510	£231,263	£29,753	15%
FZ60Z	Diagnostic Endoscopic Procedures on the Upper GI Tract 19 years and over	342	482	140	41%	£124,690	£175,733	£51,043	41%
FZ52Z	Diagnostic Colonoscopy with biopsy 19 years and over	417	463	46	11%	£201,846	£224,112	£22,266	11%
FZ53Z	Therapeutic Colonoscopy 19 years and over	402	455	53	13%	£196,256	£222,130	£25,875	13%
FZ54Z	Diagnostic Flexible Sigmoidoscopy 19 years and over	359	422	63	18%	£125,977	£148,159	£22,182	18%
FZ37F	Inflammatory Bowel Disease with length of stay 1 day or less	168	257	89	53%	£54,097	£82,755	£28,658	53%
All Other		1440	1576	831	58%	£741,411	£830,752	£89,342	15%
<b>Grand Total</b>		<b>5372</b>	<b>6203</b>	<b>1526</b>	<b>28%</b>	<b>£2,334,554</b>	<b>£2,694,894</b>	<b>£360,340</b>	<b>15%</b>

Within Cardiology, the new ambulatory heart failure pathway influences the combined Daycase/Elective performance of £291k. This activity continued to be coded as Daycase & Electives rather than Outpatient procedures. For year end agreement we have agreed to replace the proposed Day Case charges with the income that would have been generated when the patients would have been non electively admitted.

The main driver of Outpatient over performance was Clinical Haematology which showed a £193k/115% over performance. This area has been raised at the Contract Review Meeting and the Trust was asked for further info regarding the increase in Clinical Haematology. Lines of enquiry have been around the possible new Clinical Haematology Outpatient clinics set up in 2015/16.

Outpatient Procedure over performance is attributable mainly to Cardiology £150k/66%. Cardiology over performance is solely attributable to Electrocardiogram Monitoring and stress testing.

### 5.3 Southport & Ormskirk Hospital

Figure 13 Month 12 Planned Care - Southport & Ormskirk Hospital by POD

Southport & Ormskirk Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	1,030	974	-56	-5%	£702	£736	£34	5%
Elective	194	221	27	14%	£583	£617	£34	6%
Elective Excess BedDays	13	30	17	126%	£3	£9	£5	170%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	113	261	148	132%	£18	£38	£20	112%
OPFANFTF - Outpatient first attendance non face to face	0	13	13	0%	£0	£0	£0	0%
OPFASPCL - Outpatient first attendance single professional consultant led	2,611	2,374	-237	-9%	£366	£346	-£21	-6%
OPFUPMPCl - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	210	586	376	179%	£21	£57	£35	165%
OPFUPNFTF - Outpatient follow up non face to face	0	79	79	0%	£0	£2	£2	0%
OPFUPSPCL - Outpatient follow up single professional consultant led	5,260	5,456	196	4%	£456	£482	£26	6%
Outpatient Procedure	3,070	3,937	867	28%	£545	£680	£135	25%
Unbundled Diagnostics	889	856	-33	-4%	£66	£69	£2	3%
<b>Grand Total</b>	<b>13,390</b>	<b>14,787</b>	<b>1,397</b>	<b>10%</b>	<b>£2,761</b>	<b>£3,035</b>	<b>£274</b>	<b>10%</b>

### 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 14/15. 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.

A review of outpatient coding is currently being undertaken at the Trust with an increase in multi professional attendances seen in 2015/16 as well as an increase in procedures. West Lancashire CCG along with MIAA is currently investigating the increase in one specific area of outpatient procedures relating to ‘Examination of Joint NEC’. The findings of the reviews and audit are expected in the near future.

## 5.4 Renacres Hospital

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	500	600	100	20%	£622	£707	£85	14%
Elective	72	113	41	58%	£308	£527	£219	71%
OPFASPCL - Outpatient first attendance single professional consultant led	1,021	1,386	365	36%	£136	£188	£51	38%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,264	3,562	2,298	182%	£100	£202	£102	102%
Outpatient Procedure	662	450	-212	-32%	£63	£110	£47	75%
Unbundled Diagnostics	394	528	134	34%	£37	£55	£18	48%
<b>Grand Total</b>	<b>3,913</b>	<b>6,639</b>	<b>2,726</b>	<b>70%</b>	<b>£1,265</b>	<b>£1,788</b>	<b>£522</b>	<b>41%</b>

### 5.4.1 Renacres Hospital Key Issues

62% of 2015/16 Planned Care activity at Renacres Hospital is within the Elective and Outpatient-Follow Up points of delivery.

T&O Elective activity within 2015/16 showed a marked increase in Major Hip & Knee Procedures. Combined activity in both of these major treatments make up 87% of the total Elective over performance. Combined cost over performance for the two procedures is £168k. The CCG is currently investigating the increase in Major Hip and Knee procedures to understand why this has occurred.

Outpatient Follow Ups are over performing by £102k/102%, 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.

Given the size of this contract, CCG representation at contract review meetings will be increased in 2016/17, with additional support from finance and business intelligence colleagues to the contracts team. The CCG have redesigned the Musculoskeletal Clinical Assessment Service (MCAS) which will operate across all providers in 2016/17 including Renacres, meaning overall direct referrals to this provider without an MSK assessment should reduce. This will ensure that patients are seen in the most appropriate setting and get the most appropriate care. A review of New:Follow Up outpatient rates have been benchmarked; Renacres tends to be lower than average in a number of specialties except spinal, which the provider is reviewing.

## 6. Unplanned Care

Unplanned Care for the financial year 2015/16, shows an under-performance of circa -£759k for contracts held by NHS South Sefton CCG.

This underspend is clearly driven by the -£1.2m/-4% under spend at Aintree Hospital and -£120k/-6% at Alder Hey. If we exclude Aintree, we would be reporting a final over spend of £523k/1%.

The four main Trusts over spending are Liverpool Heart & Chest £187k/130%, Liverpool Women's £149k/5%, Royal Liverpool £123k/6% and Southport & Ormskirk Hospital £157k/6%.

### 6.1 All Providers

Figure 14 Month 12 Unplanned Care – All Providers



Provider Name	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	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	95,847	-1,854	-2%	£34,338	£33,056	£-1,282	-4%
Alder Hey Childrens NHS F/T	8,868	9,244	376	4%	£1,905	£1,786	£-120	-6%
Central Manchester University Hospitals Nhs Foundation Trust	67	77	10	15%	£16	£21	£4	26%
Countess of Chester Hospital NHS Foundation Trust	0	102	102	0%	£0	£42	£42	0%
East Cheshire NHS Trust	0	10	10	0%	£0	£2	£2	0%
Liverpool Heart and Chest NHS F/T	171	201	30	18%	£144	£331	£187	130%
Liverpool Womens Hospital NHS F/T	3,458	3,742	284	8%	£3,009	£3,158	£149	5%
Royal Liverpool & Broadgreen Hospitals	5,851	6,086	235	4%	£2,145	£2,267	£123	6%
Southport & Ormskirk Hospital	6,978	9,270	2,292	33%	£2,492	£2,650	£157	6%
ST Helens & Knowsley Hospitals	850	871	21	2%	£351	£328	£-23	-7%
University Hospital Of South Manchester Nhs Foundation Trust	41	33	-8	-20%	£14	£10	£-3	-25%
Walton Neuro	2	0	-2	-100%	£9	£0	£-9	-100%
Wirral University Hospital NHS F/T	245	333	88	36%	£90	£98	£8	9%
Wrightington, Wigan And Leigh Nhs Foundation Trust	42	62	20	48%	£15	£20	£5	30%
<b>Grand Total</b>	<b>124,272</b>	<b>125,878</b>	<b>1,606</b>	<b>1%</b>	<b>£44,528</b>	<b>£43,769</b>	<b>£-759</b>	<b>-2%</b>

## 6.2 Aintree University Hospital NHS Foundation Trust

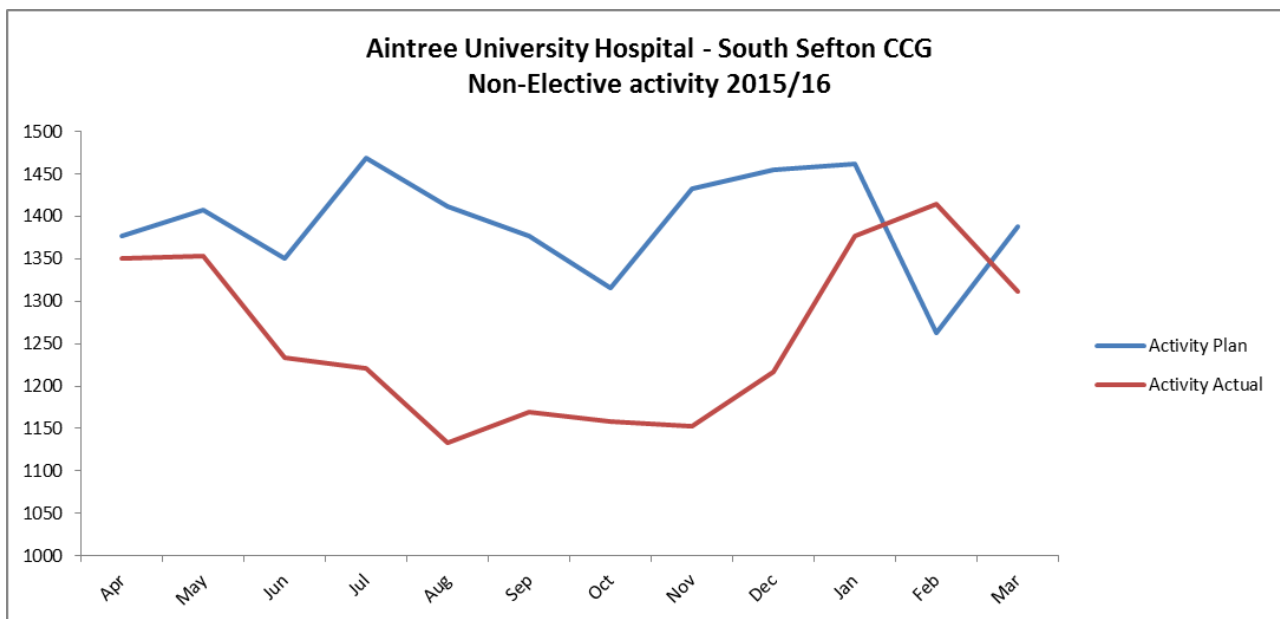
Figure 15 Month 12 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospitals Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E WiC Litherland	41,953	42,363	410	1%	£953	£953	£0	0%
A&E - Accident & Emergency	30,956	30,583	-373	70%	£3,646	£3,696	£50	41%
NEL - Non Elective	13,932	12,760	-1,172	-8%	£25,986	£25,133	£-853	-3%
NELNE - Non Elective Non-Emergency	44	39	-5	-11%	£122	£109	£-12	-10%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	40	122	82	205%	£10	£25	£16	163%
NELST - Non Elective Short Stay	2,732	2,291	-441	-16%	£1,764	£1,538	£-226	-13%
NELXBD - Non Elective Excess Bed Day	8,044	7,689	-355	-4%	£1,858	£1,602	£-255	-14%
<b>Grand Total</b>	<b>97,701</b>	<b>95,847</b>	<b>-1,854</b>	<b>-2%</b>	<b>£34,338</b>	<b>£33,056</b>	<b>£-1,282</b>	<b>-4%</b>

### 6.2.1 Aintree Hospital Key Issues

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

The North West Utilisation Management team have been conducting a review at Aintree into urgent care, and 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. A chart below illustrates the Non Elective activity in 2015/16:



### 6.3 Alder Hey Hospital

Figure 16 Month 12 Unplanned Care – Alder Hey Hospital by POD

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Activity YTD % Var
Alder Hey Childrens Hospital Urgent Care PODS								
A&E - Accident & Emergency	7,899	8,317	418	5%	£688	£687	-\$1	0%
NEL - Non Elective	854	880	26	3%	£1,174	£1,082	-\$92	-8%
NELNE - Non Elective Non-Emergency	1	0	-1	-100%	£1	£0	-\$1	-100%
NELXBD - Non Elective Excess Bed Day	113	47	-66	-58%	£42	£16	-\$26	-62%
<b>Grand Total</b>	<b>8,868</b>	<b>9,244</b>	<b>376</b>	<b>4%</b>	<b>£1,905</b>	<b>£1,786</b>	<b>-\$120</b>	<b>-6%</b>

#### 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 13% 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	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E - Accident & Emergency	4,422	4,647	225	5%	£397	£423	£26	7%
AMAU - Acute Medical unit	63	55	-8	-12%	£6	£5	-£1	41%
NEL - Non Elective	692	635	-57	-8%	£1,355	£1,487	£133	41%
NELNE - Non Elective Non-Emergency	24	18	-6	-25%	£179	£120	-£60	-33%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	149	0	-149	-100%	£33	£0	-£33	-100%
NELST - Non Elective Short Stay	268	264	-4	-2%	£137	£145	£8	6%
NELXBD - Non Elective Excess Bed Day	234	467	233	100%	£50	£100	£50	100%
readmissions	0	0	0	0%	-£13	-£13	£0	0%
<b>Grand Total</b>	<b>5,851</b>	<b>6,086</b>	<b>235</b>	<b>4%</b>	<b>£2,145</b>	<b>£2,267</b>	<b>£123</b>	<b>6%</b>

### 6.4.1 Royal Liverpool and Broadgreen Hospitals Key Issues

Non Electives make up £133k of the total £123k unplanned over spend. Lower Limb surgery and amputations make up £116k of the total over spend.

Further analysis was undertaken against this recent activity increase and revealed that this Trust deals with patients with these conditions as opposed to Aintree University Hospital.

## 6.5 Liverpool Heart & Chest Hospital

Liverpool Heart & Chest Hospital Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Activity YTD % Var
NEL - Non Elective	119	155	36	30%	£356	£463	£106	30%
NELNE - Non Elective Non-Emergency	56	79	23	40%	£179	£265	£86	48%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	0	7	7	0%	£0	£2	£2	0%
NELST - Non Elective Short Stay	7	9	2	35%	£5	£7	£2	39%
NELXBD - Non Elective Excess Bed Day	121	95	-26	-22%	£25	£20	-£4	-18%
<b>Grand Total</b>	<b>303</b>	<b>345</b>	<b>42</b>	<b>14%</b>	<b>£565</b>	<b>£756</b>	<b>£191</b>	<b>34%</b>

### 6.5.1 Liverpool Heart & Chest Hospital Key Issues

Non-Elective & Non-Elective Non-Emergency make up the £191k unplanned over spend. One particular HRG – “EA36A - Catheter 19 years and over” – makes up £96k of the over spend. Trend shows us that 48% of the over performance was carried out in the last 4 months of the financial year.

## 7. Mental Health

### 7.1 Mersey Care NHS Trust Contract

Figure 17 NHS South Sefton CCG – Shadow PbR Cluster Activity

PBR Cluster	Caseload as at 31/03/2016	2015/16 Plan	Variance from Plan	Variance on 31/03/2015
0 Variance	97	34	63	20
1 Common Mental Health Problems (Low Severity)	46	23	23	7
2 Common Mental Health Problems (Low Severity with greater need)	31	48	(17)	2
3 Non-Psychotic (Moderate Severity)	211	274	(63)	(20)
4 Non-Psychotic (Severe)	215	169	46	2
5 Non-psychotic Disorders (Very Severe)	63	32	31	13
6 Non-Psychotic Disorder of Over-Valued Ideas	48	43	5	8
7 Enduring Non-Psychotic Disorders (High Disability)	219	133	86	23
8 Non-Psychotic Chaotic and Challenging Disorders	114	83	31	17
10 First Episode Psychosis	140	93	47	27
11 On-going Recurrent Psychosis (Low Symptoms)	438	414	24	-
12 On-going or Recurrent Psychosis (High Disability)	308	312	(4)	(7)
13 On-going or Recurrent Psychosis (High Symptom & Disability)	107	112	(5)	5
14 Psychotic Crisis	18	17	1	(4)
15 Severe Psychotic Depression	7	7	-	5
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	37	33	4	2
17 Psychosis and Affective Disorder – Difficult to Engage	54	58	(4)	(4)
18 Cognitive Impairment (Low Need)	232	347	(115)	22
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	484	462	22	(130)
20 Cognitive Impairment or Dementia Complicated (High Need)	364	148	216	102
21 Cognitive Impairment or Dementia (High Physical or Engagement)	103	45	58	54
Reviewed Not Clustered	294	36	258	174
No Cluster or Review	199	144	55	2
<b>Total</b>	<b>3,829</b>	<b>3,067</b>	<b>762</b>	<b>320</b>

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

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%	95%	100%
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Figure 19 CPA Follow up 2 days (48 hours) for higher risk groups

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%	100%	100%
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### Quality Overview

At Month 12, 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 last 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 the Clock View Site, GP referral pathways were discussed at CQPG on 15<sup>th</sup> April 16 with the Trust's Director of Nursing who was taking this away as an action. The CCG are monitoring this through the CQPG.

In March 2016, the CCG Chief Nurse shadowed the Trust's Director of Nursing when he undertook unannounced night visits to Trust facilities across the patch in order to gain an understanding of the patient pathway from A&E to the specialist suite at Clock View due to some longer than expected waiting times. A member of the Quality Team has also 'shadowed' the Mersey Care Team to observe the systems and processes they have in place when undertaking internal quality assurance visits and plans are in place for a future visit to take place. The Quality Team has offered a reciprocal arrangement to the Trust to see how the CCGs' Quality Team operates as part of a 'commissioner / provider knowledge exchange' and to further support joint working and learning opportunities across the local system.

### Contract Query

The contract query relating to 12 hour breaches at Aintree which occurred in August 2015 has formally been closed, however commissioners are continuing to monitor performance.

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

The access rate in month 12 is 1.05%, which is a slight decrease to the previous month and is below the monthly target. There has been only one month during 2015/16 when monthly performance has met or exceeded the target (January 2016) and year to date access at month 12 is 10.98%. Therefore, the Trust has not achieved the year end access target of 15%.

The Recovery rate in month 12 is 50% which represents an improvement to the previous month when 46.4% was achieved. This is also one of five months during the year when recovery has met or exceeded the monthly target of 50%. Year-end recovery for 2015/16 is 48.0%.

The number of patients self-referring in month 12 increased by 10% to the previous month. The numbers of referrals of all types to date have been affected by the usual seasonal factors. There has been a fall in the number of GP referrals this month with the 74 reported being the lowest monthly total in 2015/16 (a decrease of 36% to the previous month). The numbers had increased in January 2016 and this may have been a result of provider initiatives to raise awareness of the service with GPs. However, a sharp decline has been evident in the two months following.

The percentage of patients entering treatment in 28 days or less was 96.9% in month 12, which is down on last month (when the highest monthly percentage in 2015/16 was reported). The high rates reported in the majority of months may be affected by not enough people entering treatment.

Cancellations by patients at month 12 are down 5% on last month's position. Appointments cancelled by the provider have seen a significant decrease (39%) in month 12 when compared to the previous month. Provider cancellations have been at levels in 2015/16 that were questioned and the provider has previously attributed it to staff sickness, which the service continues to manage. All cancelled appointments are rebooked immediately.

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 passed. At month 12 the number of DNAs at step 2 has decreased by 12%.

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 have remained at the same level as last month.

It was agreed at the February contract meeting that the contract performance notice would be closed. It is recognised that there is still a discrepancy between provider and HSCIC data but the gap in figures has narrowed once again in the latest month (January 2016 is the latest HSCIC data available).

**Figure 20 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	Feb-16	Mar-16	TOTALS		
Population (Psychiatric Morbidity Survey)	24298	24298	24298	24298	24298	24298	24298	24298	24298	24298	24298	24298	24298		
National definition of those who have entered into treatment	143	158	201	204	166	232	184	252	267	343	262	256	2668		
Prevalence 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%	1.25%	1.25% (q4=3.75%)	15.00%		
Prevalence Trajectory ACTUAL	0.59%	0.65%	0.83%	0.84%	0.68%	0.95%	0.76%	1.04%	1.10%	1.41%	1.08%	1.05%	10.98%		
National definition of those who have completed treatment (KPI5)	134	117	120	136	119	143	117	132	119	124	114	162	1537		
National definition of those who have entered Below Caseness (KPI6b)	9	4	11	9	10	8	5	13	5	7	2	6	89		
National definition of those who have moved to recovery (KPI6)	75	51	61	66	49	65	60	56	44	38	52	78	695		
Recovery - National Target	50.0%	50.0%	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%	46.4%	50.0%	48.0%		
Referrals Received	435	395	355	405	331	335	400	429	317	397	372	359	4530		
Gp Referrals	289	215	152	161	115	114	107	108	94	143	116	74	1688		
% GP Referrals	66%	54%	43%	40%	35%	34%	27%	25%	30%	36%	31%	21%	37%		
Self referrals	114	149	175	205	184	207	235	271	196	215	200	220	2371		
% Self referrals	26%	38%	49%	51%	56%	62%	59%	63%	62%	54%	54%	61%	52%		
Other referrals <small>Other Referrals are 34 - Assessment and Immediate Care, 6 - Other, 1-WaltonNeuro, 2- Acute Care Team, 3 - Secondary Care, 1-Community(Adult), 2-Health Visitor, 1- Practice Nurse</small>	32	31	28	39	32	14	58	50	27	39	56	65	471		
% Other referrals	7%	8%	8%	10%	10%	4%	15%	12%	9%	10%	15%	18%	10%		
Referral not suitable or returned to GP	0	0	0	0	0	0	0	0	0	0	0	0	0		
Referrals opting in	415	355	285	299	259	249	288	284	238	341	307	300	3620		
Opt-in rate %	95%	90%	80%	74%	78%	74%	72%	66%	75%	86%	83%	84%	84%		
Patients starting treatment by step (Local Definition)	Step 2	94	119	142	157	125	178	137	240	248	259	193	178	2070	
	Step 3	49	39	59	47	41	54	47	12	19	84	69	78	598	
	Step 4													0	
	Total	143	158	201	204	166	232	184	252	267	343	262	256	2668	
Percentage of patients entering in 28 days or less	60.1%	68.9%	82.3%	95.2%	97.0%	96.1%	97.8%	94.4%	83.0%	97.2%	98.1%	96.9%			
Completed Treatment Episodes by Step (Local Definition)	Step 2	138	175	128	203	127	240	172	201	293	248	222	290	2437	
	Step 3	341	329	363	383	287	462	377	245	268	334	271	391	4051	
	Step 4									7	2	2	0	11	
	Total	479	504	491	586	414	702	549	446	568	584	495	681	6499	
Activity	Attendances	Step 2	369	456	536	788	618	645	621	662	541	631	684	680	7231
		Step 3	389	422	547	460	466	507	412	499	365	461	408	408	5344
		Step 4		1	2	3	6	17	13	12	14	16	16	16	116
		Total	758	879	1085	1251	1090	1169	1046	1173	920	1108	1108	1104	12691
	DNA's	Step 2	80	92	146	179	129	175	149	90	124	124	165	145	1598
		Step 3	52	49	75	56	55	60	45	45	36	61	31	56	621
		Step 4		1					2		1	0	1	3	8
		Total	132	142	231	235	184	235	196	135	161	185	197	204	2237
	Cancelled	Step 2	40	82	159	225	137	176	180	198	189	193	198	166	1943
		Step 3	62	89	107	95	81	99	116	119	97	112	119	114	1210
		Step 4						6	4	1	1	2	3	3	20
		Total	102	171	266	320	218	281	300	318	287	307	320	283	3173
Number Cancelled by patient		Total	45	109	194	253	181	239	205	243	209	224	258	245	2405
Number Cancelled by provider		Total	57	62	72	67	37	42	95	75	78	83	62	38	768

**Figure 21 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	Feb-16	Mar-16	Year To Date
The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	75% To be achieved by April 2016													
Numerator		120	114	128	140	124	174	137	124	113	116	112	155	1557
Denominator		124	121	136	145	130	179	146	131	115	124	113	161	1625
%		97%	94%	94%	97%	95%	97%	94%	95%	98%	94%	99%	96%	96%
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	113	161	1621
Denominator		124	121	136	145	130	179	146	131	115	124	113	161	1625
%		99%	99%	100%	100%	100%	100%	99%	100%	100%	99%	100%	100%	100%

## 8. Community Health

**Community Equipment:** Community Equipment: Despite an increase in demand, the Community Equipment Service continues to exceed delivery targets for equipment orders. 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:** A reduction in referrals is due to the change in the cardiac rehabilitation 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 rehabilitation 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 development of an alternative service specification as the changes to the pathway are not accounted for in the current plan. A greater proportion of these patients are seen at home rather than in clinic and this issue has been raised with both performance and the commissioning lead.

**Diabetes specialist nurse:** This service has experienced issues with staffing since January 2015. The service is focusing on providing clinic based delivery to maximise efficiency and domiciliary activity is therefore reduced; the long term vacancy and long term sickness have also contributed to this.

**Dietetics:** The service has been affected by long term sickness and this has been covered by utilising resources from other parts of the service and the use of overtime. Resources are being used efficiently to target those in the most need. In the meantime a locum has been appointed to cover until substantive staff commence employment.

**Palliative Care:** The staff are now working in localities and are more accessible for advice face to face. 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. This way of working has enabled the district nurse team to fully understand the role of the palliative care team. 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.

Physiotherapy: There has been an improvement in performance with a locum in place however this is a temporary improvement. Both activity and referrals are above planned thresholds and this has impacted on the waiting times for the service. The level of contacts has increased due to service re-design. A data recording issue was identified with a member of staff who delivers the MSK service that had experienced difficulty inputting onto Emis. This has now been addressed.

Treatment Rooms: At month 11 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%. 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. The ratio 2015/16 shows an upward trend in the ratio of contacts to referrals.

Intravenous Therapy (IV) - Continued over performance in year is due to an increase in long term antibiotic referrals, increased demand from secondary care, 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 within the team .The IV team are training district nurses with monthly theory sessions ,planned assessments and bespoke sessions. Previously there has been 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. Additional staff has been agreed in the interim to address the waiting times and new trajectories have been agreed.

Walk in Centre - The trust is continuing to work towards achieving the stretch target of all patients seen within 2 hours. There is increased demand for the service and the service is monitoring the attendances and providing the capacity by the use of overtime and agency staff to ensure patient safety.

Virtual Ward - 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. The service is now staffed to full establishment, with vacancies causing a reduction in capacity in previous months. From February 2016 the service has been achieving its targets for 4 weeks for urgent and 12 weeks for routine. Two clinicians will come out of their preceptorship in March 2016 which will add additional capacity to the services.

Delayed Transfer of Care (DToC) / Intermediate Care (Ward 35): Although increased in February, the delays remain above target in Sefton. The percentage of bed days occupied by delayed transfers of care in Sefton during February 2016 was 17.4% 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 were "patient (or family) choice and "awaiting care package. 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. In Sefton, there has been a reduction in Care Home beds which has impacted on the number of delays on Ward 35.

Podiatry: The service are still 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 in terms of activity against plan for 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. The service is reviewing the demand compared to capacity.

### **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 31 weeks for NHS South Sefton CCG. This is an increase in length of wait on previous months.

Adult speech and language therapy: Consistency in approach to the management of waiting times is moving forward. A new clinical project lead has commenced in post and a project team commenced in post 22nd February and a project team involving clinicians, admin staff, analysts and communications team has been identified to develop a centralised waiting list management office. This will release clinicians to focus on clinical duties and bring in centralised and a consistent waiting list office for the Trust. Adult SALT has recruited to full establishment which is expected to ensure that waiting times will reduce.

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. The service is now staffed to full establishment, with vacancies causing a reduction in capacity in previous months. From February 2016 the service has been achieving its targets for 4 weeks for urgent and 12 weeks for routine.

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.

Further to the above LCH have adopted elements of the capacity and demand model in order to understand if demand is a contributing factor to increasing wait times. This tool has been developed following consultation with the intensive support team and has been clinically led by North locality clinical lead. It has led to trajectories for improvement, and operational plans to drive improvements in wait times and a centralised waiting list management office.

### **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 a reversal of this approach is being implemented starting with the trust raising patient awareness around the use of patient identifiable data and have introduced an opt 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 Caldicott 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 Walk In Centre 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 1<sup>st</sup> 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'. Formal feedback is due in June 2016.

The Capsticks 'Quality, Safety and Management Assurance Review' of Liverpool Community Health was published in March 2016. The review was conducted in two distinct phases, the first phase looked at governance issues within the Trust from its creation in 2010 until the appointment of a new leadership team in the middle of 2014, the second phase of the Capsticks report looked at the Trust today. It found that while there is still work to do, the organisation has made significant progress and turned an important corner 98% of the Trust's patients now say they would recommend the care they receive to their friends and family.

The report identified several areas for further improvement which the Trust is addressing through a detailed action plan, progress against this action plan is also monitored through the monthly CF and joint CQPG meetings with Liverpool CCG.

### 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, Month 12 data has shown a slight improvement for South Sefton CCG.

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 1<sup>st</sup> February, the Trust are still awaiting formal feedback.

### SALT Waiting Times

The CCG continues to experience long waits for both paediatric and adult SALT, this has been raised at CQPG and Contract meetings, the Trust has been asked to resubmit a business case regarding SALT 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.

### 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 has confirmed their attendance at the NHSE Pressure Ulcer action plan development session, where the composite action plan will be shared.

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

### **Southport and Ormskirk Hospitals NHS Trust**

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

## **9. Third Sector Contracts**

Senior CCG Management updated the Contracting Team in regard to Third Sector contracts, all commissioned services are currently under review as part of the CCG Value for Money exercise. All providers have now been informed that if they are affected by change as a result of these reviews, further discussion will take place and applicable notice periods will be applied if services are to be de-commissioned.

NHS Standard Contracts and Grant agreements have been put in place for most providers and reference to the above has been made within the Contract Term for each. These contracts and Grants continue to be for a maximum of 12 months until reviews have taken place.

IG Toolkit Compliancy Assessments (V13) is now complete for all providers for 2015-16. Once the new assessment is released at the end of May, work will commence to update for 2016-17 (v14).

## 10. Quality and Performance

### 10.1 NHS South Sefton CCG Performance

Performance Indicators	Data Period	Current Period				Exception Commentary	Actions
		Target	Actual	Direction of Travel			
<b>IPM</b>							
<b>Treating and caring for people in a safe environment and protecting them from avoidable harm</b>							
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	15/16 - March	54	51	↑	There were 7 new cases reported in March 2016, year to date there have been 451 cases against a plan of 54. Of the 51 cases reported in year to date 43 have been aligned to Aintree Hospital, 6 to the Royal Liverpool Broadgreen Hospital, 1 to Walton and 1 to Southport & Ormskirk (24 apportioned to acute trust and 27 apportioned to community).		
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	15/16 - March	46	54 (31 following appeal)	↑	There were 6 new cases have been reported in March. Year to date there have been 48 cases against a plan of 42, the year to date plan is 46.	<p>Several wards experienced increased incidence of CDT during Q4 2016. Key IPC messages continue to be reinforced corporately and within the divisions</p> <ul style="list-style-type: none"> <li>• The IPC matron attends the matron safety huddle daily to update the matrons</li> <li>• The Assistant DIPC and IPC Matron have visited all wards with an increase burden and have encouraged discussing the increase burden on the safety huddles.</li> <li>• Multidisciplinary IPC sweeps continue after every case of CDI.</li> <li>• A review of the antibiotic ward rounds is being undertaken in order to further improve clinical engagement and education regarding antibiotic prescribing</li> <li>• The daily side room plan risk assesses patients in isolation and continues to be of benefit to the bed managers.</li> <li>• The use of fidaxomicin for patients with moderate to severe CDI.</li> </ul> <p>The last local appeals panel met on 14th April, 7 cases were submitted, all were upheld. Taking into account 15/16 appeals YTD, the Trust is below trajectory.</p>	

Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	15/16 - March	0	3	↔	There were no new cases reported in March of MRSA for the 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. The CCG has been informed that another case of MRSA has been reported in March 2016, this is likely to be attributed to Aintree.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	15/16 - March	0	2	↑	The Trust recorded 1 new case of MRSA in March, bringing the year to date total to just 2. Initially there has been another 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 Trust reported a single case of MRSA Bacteraemia during March 2016 which brings the YTD total to 2 cases of Trust apportioned MRSA Bacteraemia. A post infection review undertaken in collaboration with the local Clinical Commissioning Group on 18/04/2016 concluded that no specific actions that could have been taken to prevent the patient developing the bacteraemia.
<b>Mixed Sex Accommodation Breaches</b>						
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	15/16 - March	0.00	0.20	↔	In March the CCG had 1 mixed sex accommodation breach (6 year to date) which is above the target and as such are reporting red for this indicator. The breach occurred in the Royal Liverpool Broadgreen. This is the first breach for South Sefton CCG for this Trust. Four breaches were reported at Liverpool Heart & Chest for the previous 4 months. The sixth breach was reported at Southport & Ormskirk in September.	The CCG is working with colleagues from LCCG and NHSE Specialist Commissioning 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 - March	0.00	0.00	↔		
<b>Enhancing quality of life for people with long term conditions</b>						
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 - March	2395.60	2,622.42	↑	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 72 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 - March	316.18	201.49	↓	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 37 less than the same period last year.	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	15/16 - March	1153.1	1,192.35	↑	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 61 more than the same period last year.	
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	15/16 - March	254.18	179.79	↓	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 24 less that same period last year.	
Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)	15/16 - March	1374.70	1,395.28	↑	This measure now has a plan which is based on the same period previous year. The CCG is over plan, actual admissions is 32 more than the same period last year.	
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	15/16 - March	No Plan	12.30	↓	The emergency readmission rate for the CCG is lower than previous month (13.19) and also lower than the same period last year (16.60).	



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 - March	80%	76.19%	↑	The CCG have failed to achieve the 80% target in March only 16 patients out of 21 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 - March	80%	72.20%	↑	Aintree have failed to achieve the target in March only 26 patients out of 36 spending at least 90% of their time on a stroke unit.	Stroke performance deteriorated to 72.2% 51.2% (+21%). 36 patients were admitted to the Trust with a diagnosis of Stroke during March 2016 of which 26 spent at least 90% of their time on the stroke unit. <ul style="list-style-type: none"> <li>Of the 10 patients who failed the standard: <ul style="list-style-type: none"> <li>- 5 patients were identified as requiring direct admission to the Stroke Unit on admission but no stroke bed was available and medical outliers were occupying stroke beds.</li> <li>- 1 patient was admitted to the Stroke Unit within 4hrs but discharged within 24hrs with Early Supported Discharge</li> <li>- 1 patients was on the Stroke Unit within 4hrs of admission but transferred to Ward 31 to be nursed in a side-room when found to be GDH positive</li> <li>- 1 patient was palliative, kept comfortable and died on Ward 22</li> <li>- 1 patient was seen by the Stroke Nurse on arrival but atypical symptoms and was referred to the stroke team after a CT scan diagnosed a Stroke</li> <li>- 1 patients case notes were not available to validate at the time of the report</li> </ul> </li> </ul> It is noted that the Trust overall SNAPP score for October 2015 to December 2015 has been maintained at B.



% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (CCG)	15/16 - March	60%	100%	↔		
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	15/16 - March	60%	100%	↔		
<b>Mental health</b>						
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) (CCG)	15/16 - Qtr4	95%	100.00%	↔		
IAPT Access - Roll Out	15/16 - Qtr4	3.75%	2.54%	↑	The CCG are under plan for Q4 for IAPT Roll Out, this equates to 861 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 - March	1.25%	1.10%	↔	The CCG are under plan in March for IAPT Roll Out, out of a population of 24298, 256 patients have entered into treatment and are reporting the same as last month 1.10%.	See section 7 of main report for commentary.
IAPT - Recovery Rate	15/16 - Qtr4	50%	43.64%	↓	The CCG are under plan for recovery rate reaching 43.6% in Q4. This equates to 168 patients who have moved to recovery out of 385 who have completed treatment.	See section 7 of main report for commentary.
IAPT - Recovery Rate	15/16 - March	50%	50.00%	↑	The CCG are at plan for recovery rate reaching 50.0% in March. This equates to 78 patients who have moved to recovery out of 156 who have completed treatment. This is an increase from last month when 46.4% 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 - Qtr4	75%	96.23%	↓	March data shows 96.3%, a slight decrease from February when 99.1% 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 - Qtr4	95%	99.75%	↑	March data shows 100%, February also recorded 100%.	

Preventing people from dying prematurely						
Under 75 mortality rate from cancer	2014		152.20	↓	Under75 mortality rate from Cancer has dropped from 158.7 in 2013 to 152.20 in 2014.	
Under 75 mortality rate from cardiovascular disease	2014		72.90	↑	Under 75 mortality rate from cardiovascular disease increased slightly from 72.60 in 2013 to 2.90 in 2014.	
Under 75 mortality rate from liver disease	2014		29.10	↑	Under 75 mortality rate from liver disease has increased from 22.6 in 2013 to 29.1 in 2014.	
Under 75 mortality rate from respiratory disease	2014		40.50	↑	Under 75 mortality rate from respiratory disease increased from 38.0 in 2013 to 40.50 in 2014.	
Rate of potential years of life lost (PYLL) from causes considered amenable to healthcare (Person)	2014	2,022.6	2,660.6	↓	South Sefton achieved a rate of 2660.6 in 2014 which has failed against the plan of 2022.6. For 2014 the rate for Males was 2981.1, a increase from the previous year (2669.2). Females had a decrease with a rate of 2349.2 compared with 2517.7 in 2013.	The annual variation is significant and the CCG is working with Public Health locally and regionally to understand this. Indications at present are that the PYLL is significantly susceptible to fluctuations due to changes such as young deaths, which introduces major swings, particularly at CCG level.
Cancer waits – 2 week wait						
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	15/16 - March	93%	96.06%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	15/16 - March	93%	95.99%	↔		
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 - March	93%	94.26%	↔		
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 - March	93%	94.86%	↔		

Cancer waits – 31 days					
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	15/16 - March	96%	98.35%	↔	
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	15/16 - March	96%	99.03%	↔	
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	15/16 - March	94%	96.39%	↔	
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	15/16 - March	94%	100.00%	↔	
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	15/16 - March	94%	95.92%	↔	
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	15/16 - March	94%	98.85%	↔	
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	15/16 - March	98%	98.89%	↔	
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	15/16 - March	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 - March	85% local target	83.33%	↓	The CCG have narrowly failed the target year to date reaching 83.33%. In March they achieved 62.50% there were 3 patient breaches out of a total of 8 patients.
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 - March	85% local target	87.04%	↔	

Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(CCG)</b>	15/16 - March	90%	93.48%	↑		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(Aintree)</b>	15/16 - March	90%	95.92%	↑		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(CCG)</b>	15/16 - March	85%	84.28%	↓	The CCG have narrowly failed the target year to date reaching 84.28%. In March they achieved 76.92% there were 6 patient breaches out of a total of 26 patients.	
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(Aintree)</b>	15/16 - March	85%	85.24%	↔		
<b>Referral To Treatment waiting times for non-urgent consultant-led treatment</b>						
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) <b>(CCG)</b>	15/16 - March	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) <b>(Aintree)</b>	15/16 - March	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways <b>(CCG)</b>	15/16 - March	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways <b>(Aintree)</b>	15/16 - March	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. <b>(CCG)</b>	15/16 - March	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. <b>(Aintree)</b>	15/16 - March	0	0	↔		

Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% <b>(CCG)</b>	15/16 - March	90%	85.71%	↓	The CCG failed the 90% target in March, out of 84 patients, 72 were treated 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% <b>(Aintree)</b>	15/16 - March	90%	90.15%	↔		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% <b>(CCG)</b>	15/16 - March	95%	95.99%	↔		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% <b>(Aintree)</b>	15/16 - March	95%	95.90%	↔		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% <b>(CCG)</b>	15/16 - March	92%	95.10%	↔		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% <b>(Aintree)</b>	15/16 - March	92%	93.60%	↓		
<b>A&amp;E waits</b>						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(CCG) All Types</b>	15/16 - March	95.00%	94.16%	↔	The CCG have failed the target in March reaching 87.29% and are just under year to date reaching 94.16%. In March 972 attendances out of 7650 were not admitted, transferred or discharged within 4 hours.	

Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(CCG) Type 1</b>	15/16 - March	95.00%	81.36%	↔	The CCG have failed the target in March reaching 74.33%, and year to date reaching 81.36%. In February 962 attendances out of 3747 were not admitted, transferred or discharged within 4 hours	<p>During March 2016 there were 14,753 Type 1 and Type 3 attendances with 2008 breaches which equates to combined performance of 86.39%. Type 1 attendances were 6.3% higher in March 2016 than the same month in 2015 and cumulatively 7.5% higher during Q4 of this year compared to last. The following 5 key actions implemented in February 2016 remain a priority:</p> <ol style="list-style-type: none"> <li>1. Ensuring medically accepted GP patients go direct to AMU or AEC and delivery of a rapid assessment model in AMU.</li> <li>2. Delivery of ambulatory emergency care in the AEC Unit in Acute Medicine and the Observation Unit in A&amp;E.</li> <li>3. Ensure SAU and GPAU can accept all emergency surgical patients.</li> <li>4. Increase the number of patients seen by GP out of hours service (UC24) and relocation of the service to Room 1 in UCAT</li> <li>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 via the implementation of the Emergency and Acute Care Plan (Appendix 1).</li> </ol> <p>An action plan to reduce the numbers of medically optimised patients also remains in place. To ensure sustained improvement, the following actions remains in place:</p> <ul style="list-style-type: none"> <li>• Full utilisation of the step down facility, Aintree 2 Home, and Aintree @ Home, including for Discharge to Assess.</li> <li>• Implementation of the mobilisation plan for the transfer of the Discharge Planning Team to be community based.</li> <li>• Evaluating alternative models to support reducing delays for medically optimised patients, including the provision of a second step down facility within the Trust.</li> <li>• Weekly MADEs and implementation of actions from Safer Start/MADE.</li> </ul>
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(Aintree) All Types</b>	15/16 - March	95.00%	90.57%	↓	Aintree have failed the target in March reaching 86.39%, and year to date reaching 90.57%. In March 2008 attendances out of 14753 were not admitted, transferred or discharged within 4 hours. This is the eighth month the trust have not achieved the target in 2015/16	
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(Aintree) Type 1</b>	15/16 - March	95.00%	82.00%	↓	Aintree have failed the target in March reaching 72.36%, and year to date reaching 82.00%. In March 2008 attendances out of 7264 were not admitted, transferred or discharged within 4 hours.	

<p>% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)</p>	<p>15/16 - March</p>	<p>1.00%</p>	<p>1.35%</p>	<p>↕ ↔ ↑</p>	<p>The CCG had 36 patients, out of 2675 waiting over 6 weeks for a diagnostic test in March, this is the fourth month in a row the target has been failed.</p>	<p>The majority of breaches at Aintree, please see below for Trust narrative .</p>
<p>% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)</p>	<p>15/16 - March</p>	<p>1.00%</p>	<p>1.41%</p>	<p>↔</p>	<p>Aintree had 64 patients, out of 4552 waiting over 6 weeks for a diagnostic test in March failing the target.</p>	<p>Actions taken to improve performance include:</p> <ul style="list-style-type: none"> <li>• Radiology are working with T&amp;O to manage the demand into MSK USS and radiologists have been employed on zero hours contracts until vacant positions are filled in August 2016, weekly performance meetings are taking place to highlight issues and take actions to improve current position in MSK USS. Additional actions include: <ul style="list-style-type: none"> <li>- Reviewed sessions with Radiologist in attempt to increase the number of sessions available for Ultrasound MSK injections.</li> <li>- Increased Sonographer sessions for non-injection MSK to ensure those Radiologists with the necessary skills are undertaking sessions for injections only.</li> </ul> </li> <li>• Endoscopy are maintaining levels of activity despite a number of vacancies - Recruitment is ongoing and additional sessions are taking place each Saturday to replace those that cannot run in the week due to staffing constraints (vacancies &amp; sickness). The unit expects to achieve full establishment by the end of quarter 1.</li> <li>• Cardiology Echocardiography waiting times have increased during March 2016 as a result of staff sickness. The service is delivered by a single imaging nurse (6 sessions) and Consultants (2.5 sessions) however the loss of the imaging nurse had led to a dramatic reduction in capacity. A bid has been submitted for a 2nd imaging nurse to provide business continuity. As yet the service does not have a return to work date for the imaging nurse however all urgent referrals are being prioritised.</li> </ul>

Category A ambulance calls						
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	15/16 - March	75%	76.14%	↓		Performance issues continue to affect figures with the whole of the urgent care system coming under pressure due to high levels of demand. Overall demand in March for NWS was 9.8% higher than planned for and 13.9% for South Sefton CCG. For the most time critical response times (Red) was 16.2% higher than plan for NWS as a whole and 12.9% higher than plan for South Sefton. The average turnaround times at Aintree Hospital in March was over 43 minutes an increase from previous 2 month when over 41 minutes was recorded.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	15/16 - March	75%	68.70%	↓	The CCG failed to achieve the 75% year to date or in month (Mar) recording 54.2%. Out of 886 incidents there were 406 breaches.	
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	15/16 - March	95%	94.10%	↔	The CCG has narrowly failed the 95% year to date target reaching 94.10%, also failing in month (Mar) 87.3%, out of 936 incidents there were 119 breaches.	
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWS) (Cumulative)	15/16 - March	75%	74.80%	↓	NWS failed to achieve the 75% year to date or in month (Mar) recording 67.34%.	
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWS) (Cumulative)	15/16 - March	75%	70.40%	↓	NWS failed to achieve the 75% year to date or in month (Mar) recording 58.88%.	
Ambulance clinical quality - Category 19 transportation time (NWS) (Cumulative)	15/16 - March	95%	92.60%	↓	NWS failed to achieve the 95% year to date or in month (Mar) recording 86.66%.	
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 22 Friends and Family – Aintree University Hospital NHS Foundation Trust**

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 way in excess of the regional and national response rates. This is for both inpatients and A&E, as outlined above.

For Inpatient services, the percentage of people who would recommend that service is above the England average and has increased compared to the previous month (Feb 2016). The percentage of people who would not recommend the inpatient service is in line with the England average

The percentage of people that would recommend A&E has risen since February, and is above the England average. The percentage of people who would not recommend the A&E is marginally below the England average.

The patient experience lead within the trust presented to the May 2016 EPEPG group the ongoing work the organisation is doing against their patient experience strategy and focussed on the Friends and Family data. They demonstrated how feedback obtained is informing the trust how they can improve services for its patients. The presentation was well received by EPEG and gave assurances that patient engagement and experience is viewed as important as clinical effectiveness and safety in making up quality services.

## 10.3 Serious Untoward Incidents (SUIs)

The Programme manager for Quality and Safety meets on a monthly basis with the Aintree Hospital to discuss all open serious incidents and their progression. The CCG hold regular internal SI meetings, where submitted reports are reviewed and assurance gained to enable closure of incidents.

Both the CQPG and the CCG Quality Committee have sight of both the serious incidents that involve South Sefton CCG patients, irrespective of the location of the incident, and also those serious incidents that occur in Aintree Hospital, irrespective of the CCG of the patient.

The data that feeds the monthly SI report is currently being cleansed so that the reports for 16/17 are of greater accuracy. The CCG has of May 2016 adopted a new database in order to be able to record data better and thus generate more meaningful reports to give greater assurance.

As a result, the month 1 data to be presented at the June Governing Body, will be reflective of accurate cleansed data.

## 10.4 Complaints Quarter 3 – Aintree University Hospital

### Quarter 3 Summary

#### **Concerns**

There has been a rise in concerns to 292 in comparison with 279 concerns in Quarter 2 2015/2016. In Quarter 3 2014/2015 there were 295 concerns.

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

- Clinical Treatment
- Appointments
- Staff Attitude/Conduct

#### **Comparison ratings from Q2 to Q3**

1. Clinical Treatment: shows a rise from 68 to 88.
2. Appointments: remain the same as the previous quarter at 57.
3. Staff Attitude/Conduct: quarter 2 36 to 34 in quarter 3.
4. Implementation of Care has shown a further drop from 23 to 15
5. Discharge concerns have shown a small increase from 17 to 22 from the previous quarter.

#### **Complaints**

There has been an increase in the number of complaints from 83 to 104 from the last quarter (Quarter 2) and the same period last year of 75 (Quarter 3 2014/15).

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

- Clinical Treatment
- Implementation of Care
- Appointments

#### **Comparison ratings from Q2 to Q3**

1. Clinical Treatment: shows a rise from 43 to 50
2. Implementation of Care: has risen from 13 to 17
3. Appointments: there were no Appointment complaints last quarter; however, this quarter Appointments received 10.
4. Diagnosis has dropped from 12 to 5 complaints from the last quarter.
5. Staff Attitude/Conduct is much the same at 7 (8 in Quarter 2).

Graph 1 demonstrates the overall numbers of formal complaints received for Quarter 3 remaining steady throughout the span of the graph, with a peak in December 2015 possibly due to winter pressures. Overall, there has been a small rise in the number of complaints since January 2014.

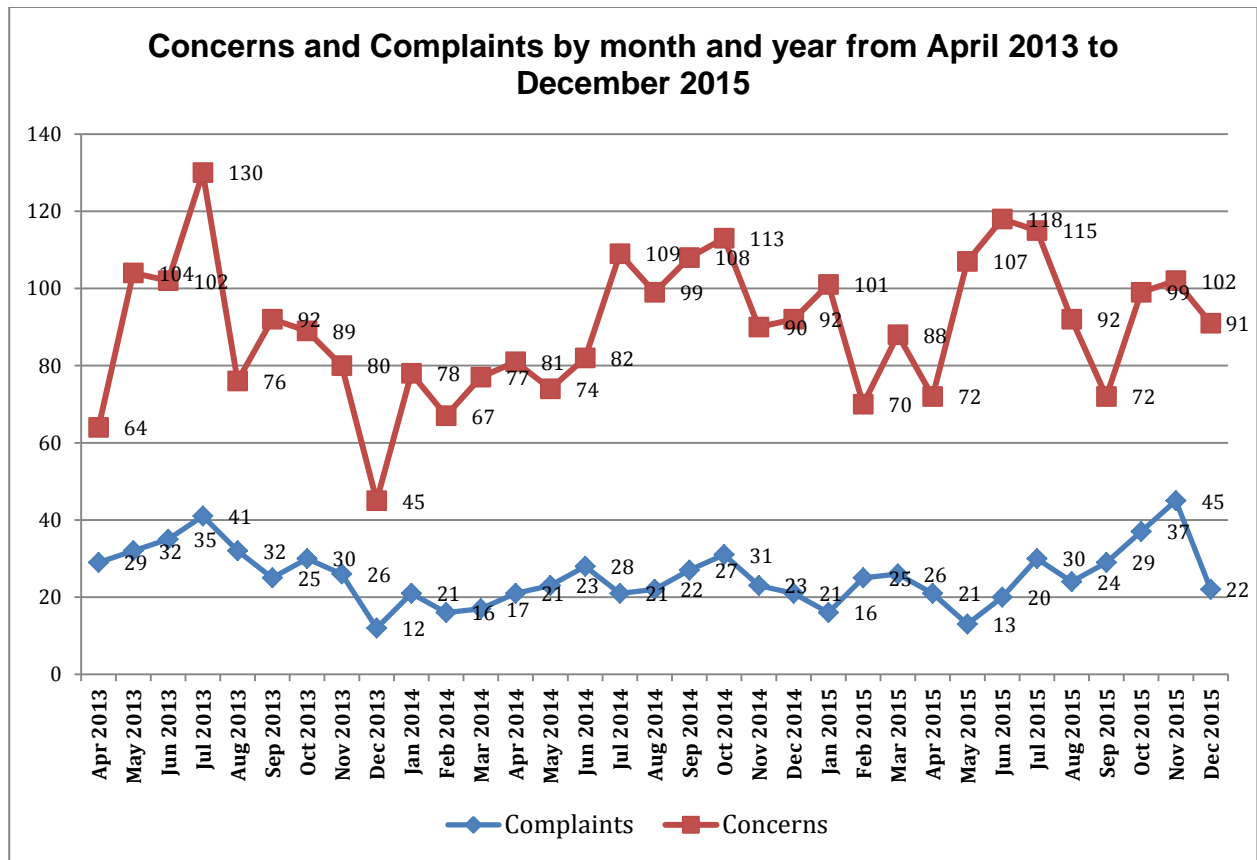
#### **Response Rates**

Long-term complaints have been a priority and following a considerable improvement to reduce the number of complaints over 60 days; there are currently 10 complaints which have breached the 60 day target, 7 from the Division of Medicine and 3 from the Division of Surgery & Anaesthetics.

- Complaints closed within 25 working days: a rise from 15% to 29%

- Complaints closed over 25 working days: a drop from 19% to 17%

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

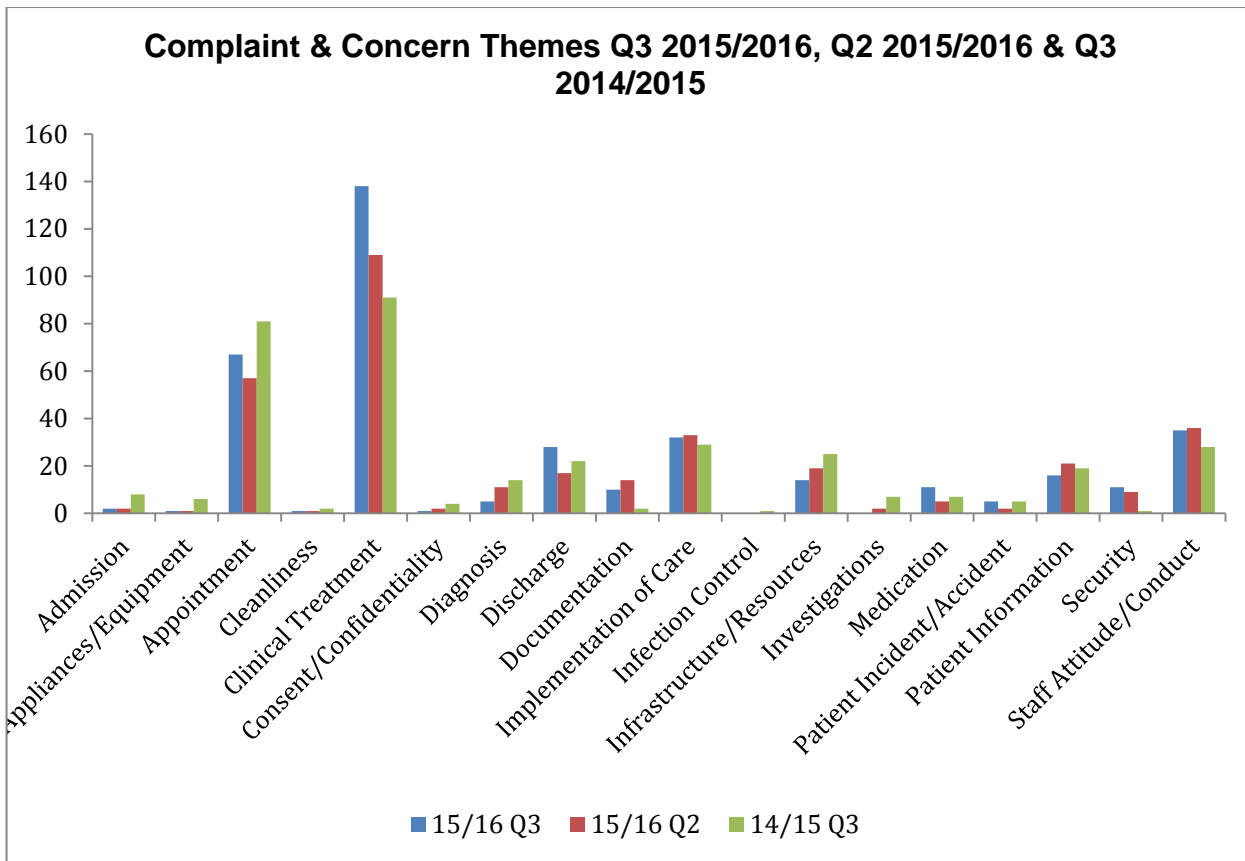


Graph 1

**Commentary**

- Graph 1 looks at the number of issues being raised each month for both concerns & complaints information.
- Overall the number of concerns has risen this quarter from 279 in Quarter 2 to 292. Concerns for this quarter (Quarter 3) over a 3 year period in comparison with previous years have been 214 in Quarter 3 2013/2014 and 295 in Quarter 3 2014/2015.
- In relation to complaints, numbers have risen from the previous Quarter 2 corresponding with a rise over a 3 year period i.e. 58 in Quarter 3 2013/14, 75 in Quarter 3 2014/15 and 104 in Quarter 3 2015/16.

**Comparison of Complaint & Concern themes for Q3 of this financial year (2015/2016), Q2 of this financial year (2015/2016) & Q3 of the previous financial year (2014/2015)**



Graph 2

## **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

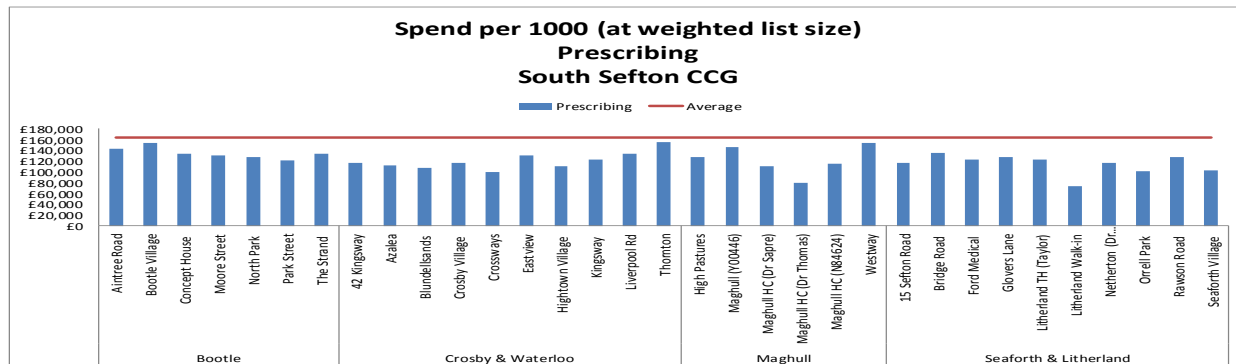
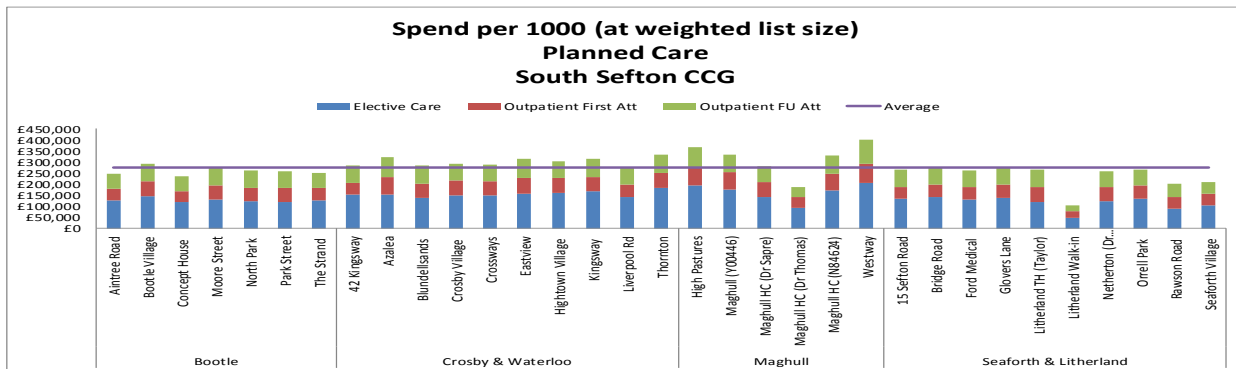
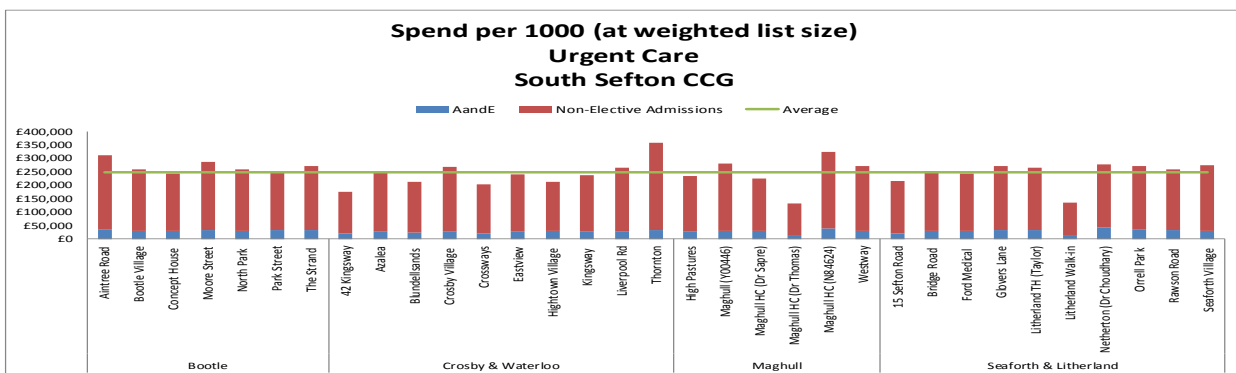
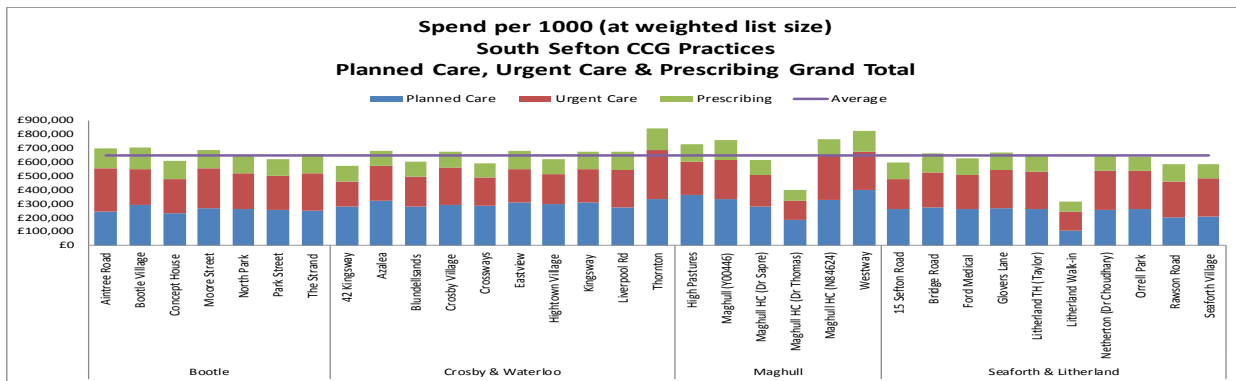
### **11.3 Format**

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

Figure 23 Summary of Primary Care Dashboard – Finance

## South Sefton CCG April 2015 - March 2016 Planned/Urgent Care & Prescribing Costs



## 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 have been further inspection results published in April and May, for Glovers Lane, 42 Kingsway, and Azalea practices.

### Glovers Lane Surgery Good



Magdalen Square, Netherton, Bootle, L30 5TA  
(0151) 524 2444

Provided by: Glovers Lane Surgery

#### CQC inspection area ratings

(Latest report published on 10 May 2016)

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

#### CQC Inspections and ratings of specific services

(Latest report published on 10 May 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 ●


#### Doctors/GPs and Clinics

##### Specialisms/services

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

Drs Vitty, Pfeiffer and Berni **Requires improvement**

We are carrying out checks at Drs Vitty, Pfeiffer and Berni using our new way of inspecting services. We will publish a report when our check is complete.

 40-42 Kingsway, Waterloo, Liverpool, L22 4RQ  
(0151) 928 2415  
Provided by: Drs Berni and Vitty

**CQC inspection area ratings**  
(Latest report published on 5 May 2016)

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

**CQC Inspections and ratings of specific services**  
(Latest report published on 5 May 2016)

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

Doctors/GPs

**Specialisms/services**

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



## Dr Doran and Dr Navaratnam Good



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

Provided by: Azalea Surgery

### CQC inspection area ratings

(Latest report published on 16 April 2015)

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

### CQC Inspections and ratings of specific services

(Latest report published on 16 April 2015)

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

### Doctors/GPs and Clinics

#### Specialisms/services

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

## 12. NHS England Activity Monitoring

### Figure 24 NHS England Activity Monitoring

Source	Referrals (G&A)	Month 12 YTD PLAN	Month 12 YTD ACTUAL	Month 12 YTD Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/- 3%
	<b>Referrals (G&amp;A)</b>				
MAR	GP	36547	40069	9.6%	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. A further issue have been noticed within the MAR data: The Walton Neuro has started reporting in Oct 15, previously had not reported and as such affecting figures adversely.
MAR	Other	21714	25060	15.4%	Please see previous months report detailing issues. Local referral data for the CCG suggests a much lower increase. Also increased activity at Aintree due to GP hotline and breast surgery shift.
MAR	Total	58261	65129	11.8%	As above. Overall increase much less than plan v actual shows when looking at local referral data flows.
	<b>Outpatient attendances (G&amp;A)</b>				
SUS	All 1st OP	61922	61667	-0.4%	
SUS	Follow-up	155471	160914	3.5%	Please see previous report detailing the problems with the plans (based on MAR) against the actuals (based on SUS). Actual activity when comparing 2014/15 to 2015/16 shows a small increase of approx. 0.4%. The variance against plan is slightly outside of the 3% threshold.
SUS	Total OP attends	217393	222581	2.4%	
SUS	Outpatient procedures (G&A) (included in attends)				
	<b>Admitted Patient Care (G&amp;A)</b>				
SUS	Elective Day case spells	22149	19824	-10.5%	As with previous months comments day case procedures have increased against last year. A higher than expected increase in February has seen the variance against last year increase to 7.3%. March activity has reduced against February. The increase appears to be mainly due to Gastroenterology which is being investigated.
SUS	Elective Ordinary spells	3671	3400	-7.4%	As noted in previous returns, plan v actual remains in line with the year to date comparison of last year to this year's activity levels.

SUS	Total Elective spells	25820	23224	-10.1%	Overall when comparing last year to the same period this year the increase is approx. 5%. This is due to increases in day case procedures, especially in Feb 16.
SUS	Non-elective spells complete	21281	20084	-5.6%	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 year's activity to this years is approx. 5%, due to the CDU effect. Recent increases in Jan and Feb due to system changes at Aintree have also seen a higher than expected increase.
SUS	Total completed spells	47101	43308	-8.1%	As above.
<b>Attendances at A&amp;E</b>					
SUS	Type 1				
SUS	All types	42384	45540	7.4%	As per previous months comments the actual increase from 2014/15 to 2015/16 is within the 3% threshold at approx. 1%.