South Sefton Clinical Commissioning Group

Integrated Performance Report
April 2016

NHS
South Sefton
Clinical Commissioning Group

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1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 1 (note: time periods of data are different for each source).

CCG Key Performance Indicators

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

Key information from this report

Financial position - The financial position at month 2 before the application of reserves is a £0.097m underspend in the month, of which £0.132m relates to 2015/16 leaving an underlying surplus at month 2 of £0.229m. The forecasted out-turn position is a £2.450m surplus against a planned surplus of £2.450m. The CCG has a challenging QIPP in the current year, although progress has been made against the phased QIPP plan at month 2. It is imperative that the identified QIPP programme is delivered in full in order to achieve the agreed financial plan.

Referrals - GP referrals in South Sefton have increased in 2015/16 by 7% compared to 2014/15. GP referrals account for 49% of all referrals made to acute care providers. There are on average 3,315 referrals made by GPs per month. A proposal for a referral management scheme will be presented to the Clinical QIPP group in July and a consultant to consultant referral policy for Aintree Hospital is also in development.

A&E Performance – Both the CCG and main provider (Aintree) have failed to meet the constitutional targets in month 1 for both Type 1 activity and All Types. The decline in A&E performance in recent months has been as a result of the lack of embedded processes across the Trust resulting in delays in patients being seen, assessed and discharged in A&E and assessment areas and a continuing high number of medically optimised ("ready for discharge") patients occupying acute beds (which reflects wider pressures seen across the surrounding health economy). 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.

Ambulance service - Year to date Red activity (R1+R2) for NWAS is 8.9% up on the equivalent period in 2015. Mersey (including Wirral) is 9.4% up and South Sefton CCG is 9.5% up at the end of April. When looking at Red activity specifically in the month of April, South Sefton CCG has seen an increase of 9.5% when comparing to April 2015. Two national targets have been set for Red 1 and Red 2 activity which must receive a response at scene within 8 minutes in 75% of cases. Cumulative actual performance at April was 76.6% (Red 1) and 72.1% (Red 2) against the 75% target for South Sefton CCG.

Cancer Indicators – The CCG has failed the target for Maximum 31-day wait for subsequent treatment where that treatment is surgery in the first month of 2016/17, a decline in performance compared to last year's month 1 position of 95.92%. 1 patient out of 11 was not treated within 31

days. The breach was a Urological patient at Royal Liverpool and the wait was 78 days due to two surgeons being required. Aintree narrowly failed the Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer target in the first month of 2016/17, with an equivalent of 9 breaches out of a total of 59 patients. The longest waiter in admitted care was an Upper gastro patient, delay due to referral received day 117 (144 days – first seen trust Wirral, first treatment trust Aintree), and in non-admitted care, a Lung patient, delay due to referral between trusts, day 132, reallocated to other trust (151 days – first seen trust Aintree, first treatment trust Clatterbridge). reviewing delivery of the 62 day classic cancer access standard at tumour site level identifies four specialties failing to achieve 85% performance: Colorectal, Head and Neck, Lung and HPB/NET. Analysis of RCA illustrates a number of reasons for delays to treatment including patient choice, complex diagnostic pathways, transfers between tumour sites and surgical capacity.

Diagnostics – Diagnostic performance has greatly improved this month, in line with expected recovery date from Aintree's action plan.

HCAI – C Difficile - There were 3 new cases reported against the CCG in April 2016, of the 3 cases reported in year to date 2 have been aligned to Aintree Hospital and 1 to the Royal Liverpool Broadgreen Hospital, (2 apportioned to acute trust and 1 apportioned to community). The year to date plan is 54. There were 2 new cases have been reported against Aintree in March. The year to date plan is 46.

Patient Safety Incidents – There have been 7 reported incidents involving South Sefton patients in April. 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.

IAPT – The CCG are under plan in April for IAPT Roll Out, out of a population of 24298, 282 patients have entered into treatment. The CCG are under plan for recovery rate reaching 41.8% in April. This equates to 64 patients who have moved to recovery out of 153 who have completed treatment. This is a decrease from last month when 50% was reported.

RTT – The CCG has breached the zero tolerance threshold in April 2016 with 1 patient waiting over 52 weeks. This patient was waiting for treatment at the Robert Jones and Agnes Hunt Orthopaedic Hospital. This patient was admitted and treated in May. This was a complex scoliosis patient requiring a 12 hour op with two consultants. The patient is under Specialist Commissioning arrangements and as such responsibility of NHS England as the lead commissioner.

Stroke - Aintree have failed to achieve the target in April with only 28 patients out of 41 spending at least 90% of their time on a stroke unit. Actions being taken by the Trust include: Review of clinical pathway with Acute and Emergency Medicine team. Agreed actions have been implemented; Ongoing work with stroke team to ensure the pathway is followed; patients with a probable diagnosis of stroke are to be admitted to the stroke until alternative diagnosis confirmed; Stroke physician is on site 9am - 8pm to facilitate timely assessment and transfer of stroke patients. Door to needle time consistently achieved; Audit of every stroke admission

continues to take place to identify learning where the pathway has not been followed; The Stroke Unit work was completed in December 2015: this increased the number of stroke beds from 29 to 33; Nurse recruitment in progress following approval for hyper acute stroke beds and therapy business case being reviewed.

2. Financial Position

2.1 Summary

This report focuses on the financial performance for South Sefton CCG as at 31 May 2016 (Month 2).

The financial position at month 2 before the application of reserves is a £0.097m underspend in the month, of which £0.132m relates to 2015/16 leaving an underlying surplus at month 2 of £0.229m. The forecasted out-turn position is a £2.450m surplus against a planned surplus of £2.450m. This is subject to delivery of the QIPP programme in 2016/17.

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)	£2.450m	£2.450m
QIPP	Unmet QIPP to be identified > 0	£10.864m	£13.194m
Running Costs (Forecast Outturn)	CCG running costs < CCG allocation 2016/17	✓	✓

2.2 Resource Allocation

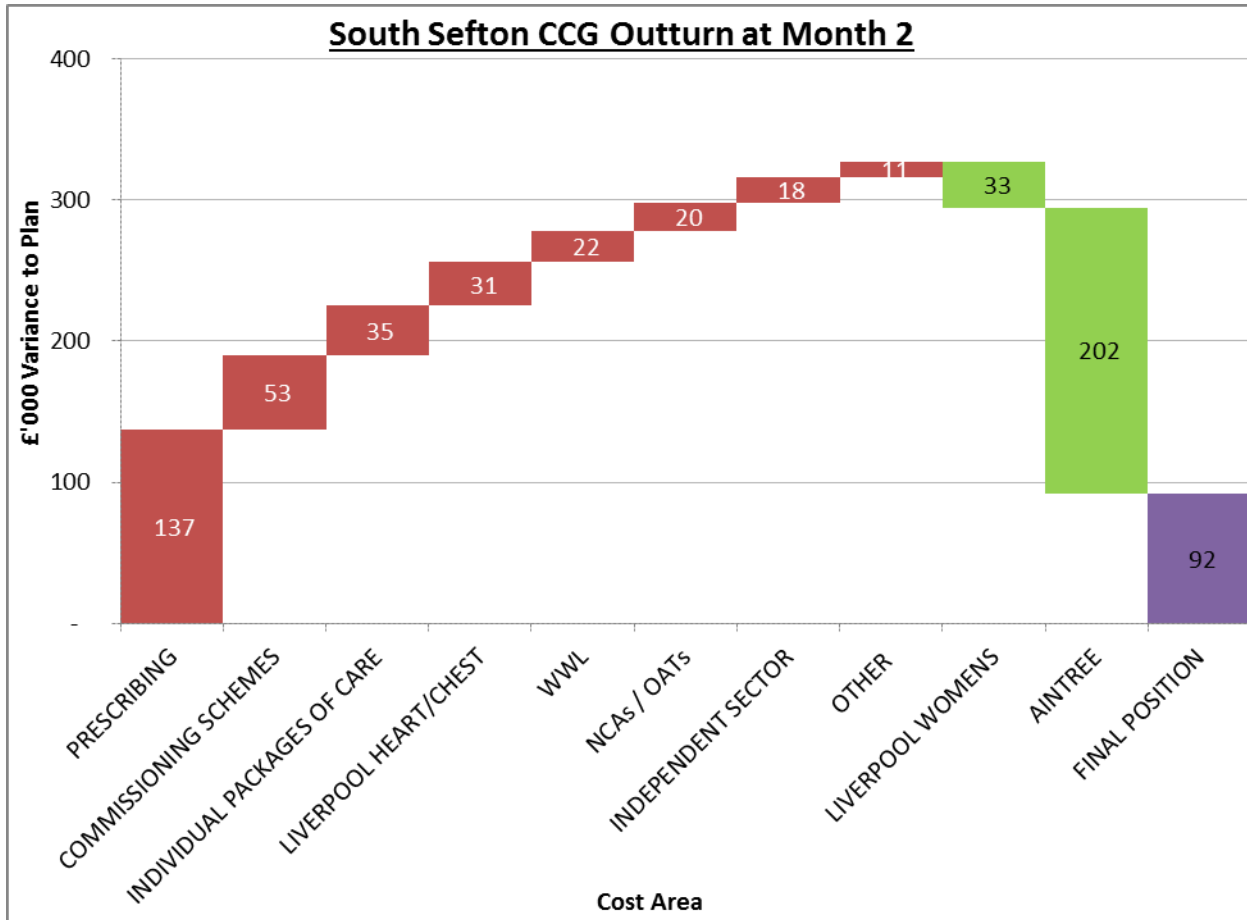
There have been no changes to allocations in month 2.

2.3 Position to date

There are forecast overspends within acute care across a range of providers, particularly Liverpool Heart & Chest, and Wrightington, Wigan & Leigh. In addition, there has been a significant pressure against prescribing that has emerged from the prior year.

The overspend is partly offset by significant underspends with other acute providers, particularly Aintree and Liverpool Women's.

Figure 2 – Forecast Outturn



Prescribing

The overspend of £0.137m for the prescribing budget is due primarily to the outturn against the 2015/16 year end forecast. 2016/17 prescribing data is not yet available.

Acute commissioning

Aintree University Hospital Foundation Trust

The underspend reported for Aintree is £0.202m. The position is based on Month 1 performance information received from the trust and has not been extrapolated at this early stage in the year.

This underspend is predominantly within Non-elective procedures specifically Accident & Emergency £0.059m, Trauma & Orthopaedics £0.058m and Respiratory Medicine £0.058m.

In addition to this there have been underspends in outpatients, including first attendances, follow ups and procedures totalling £0.077m. Notable overspends have been non-elective excess bed days, within the areas of cardiology and diabetic medicine of £0.042m.

Liverpool Heart & Chest Hospital NHS Foundation Trust

The financial position for Liverpool Heart and Chest is based on Month 1 information reported by the trust. The position highlights a £0.031m overspend. The majority of this has been

experienced within non-elective cardiology. The forecasted position has not been extrapolated at this early stage in the year.

Liverpool Women's NHS Foundation Trust

The financial position for Liverpool Women's is based on Month 1 information reported by the trust. The position highlights a £0.033m underspend which has been experience within gynaecology. The forecasted position has not been extrapolated at this early stage in the year.

Commissioning schemes

The overspend of £0.053 relates predominantly to GP sessions delivered at Jospice in excess of the budget. This is currently being investigated to ascertain whether the current number of sessions being delivered is in line with what has been agreed.

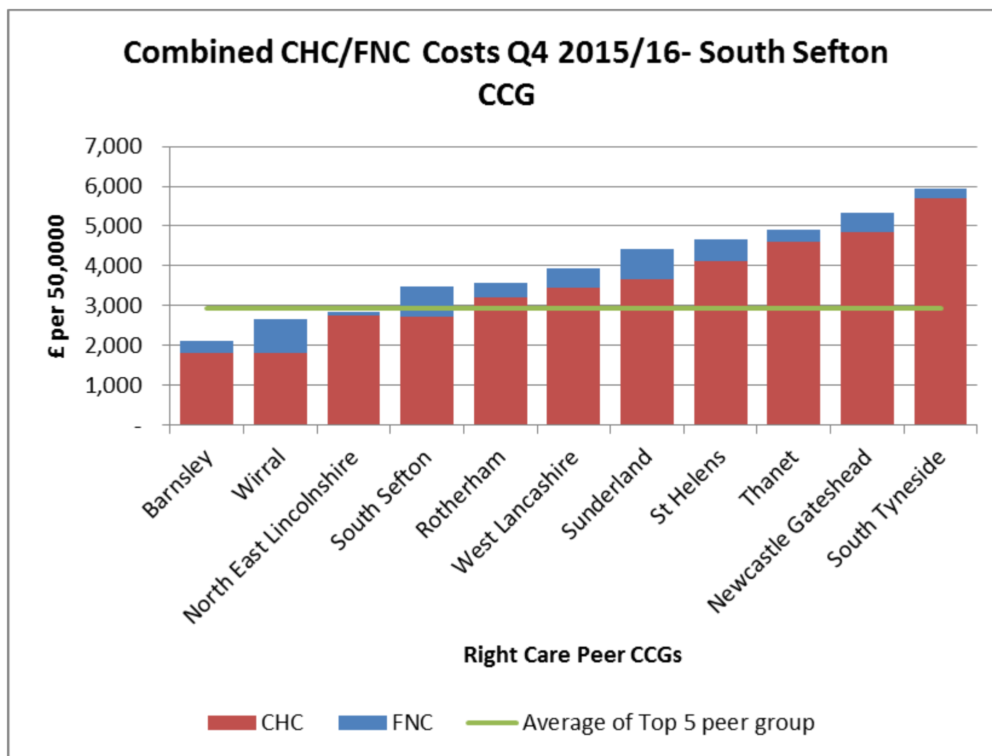
Continuing Health Care and Funded Nursing Care

The month 2 position for this budget is an overspend of £0.035m, this position reflects the current number of patients, average package costs and an expected uplift to providers of 1.1% until the end of the financial year.

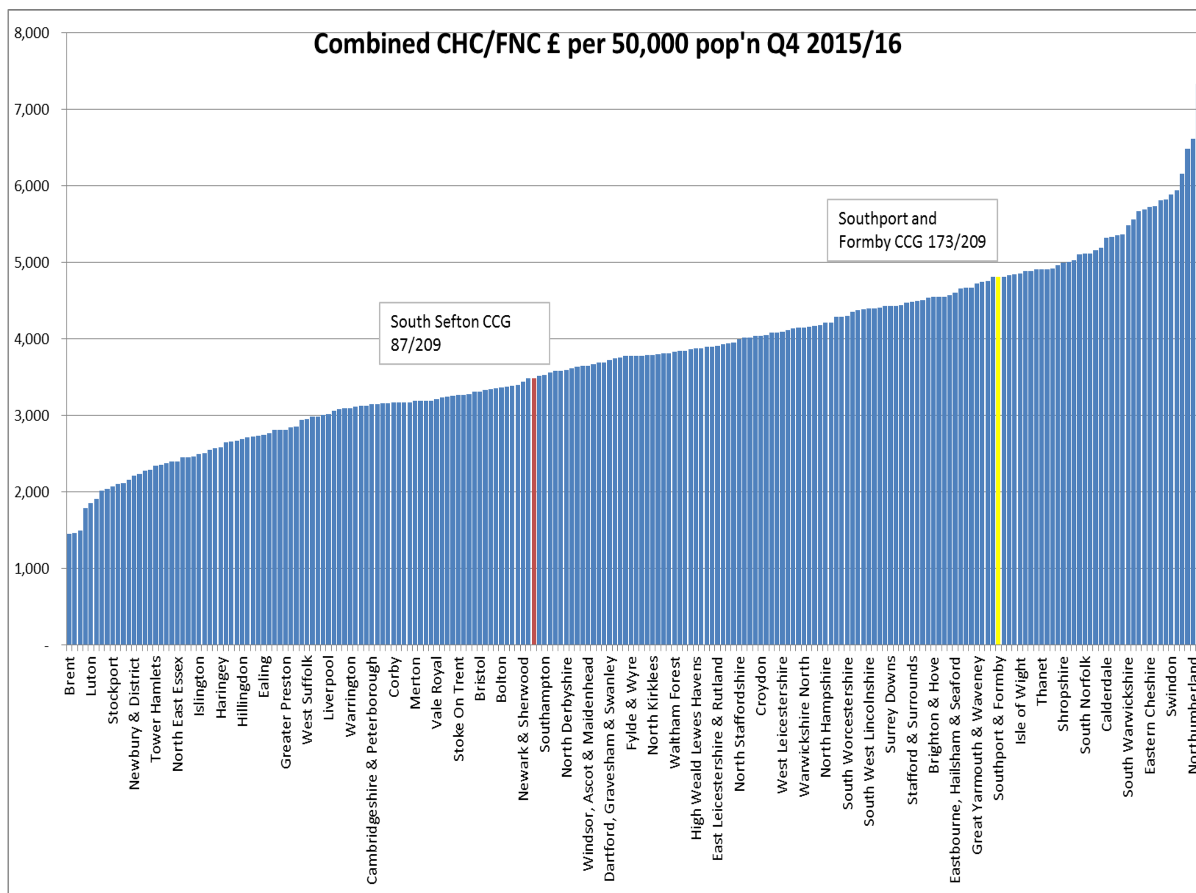
Year-to-date QIPP savings have been transacted against this budget to the value of £0.500m relating to the additional growth budget of 5% included at budget setting. The forecast financial position is taken following this budget reduction, and has been included in the QIPP plan for 2016/17.

National benchmarking data has become available for Q4 which is shown in Graph 2 and 3 below. The national position has deteriorated slightly from Q3 2015/16 (Q4 87/209 Q3 83/209) due to a small number of high cost packages approved at the end of the financial year, the position within the peer-group has improved from 5th to 4th.

SFCCG compared to peer-group



SFCCG compared to all CCGs in country



2.4 QIPP

The 2016/17 QIPP savings target for South Sefton CCG is £10.394 (this has been increased by £0.225m to reflect critical care which was actioned at May budget setting and is included in the QIPP plan below). This plan has been phased across the year on a scheme by scheme basis and full details of progress at scheme level is monitored at the QIPP committee and also at the monthly blueprint meetings.

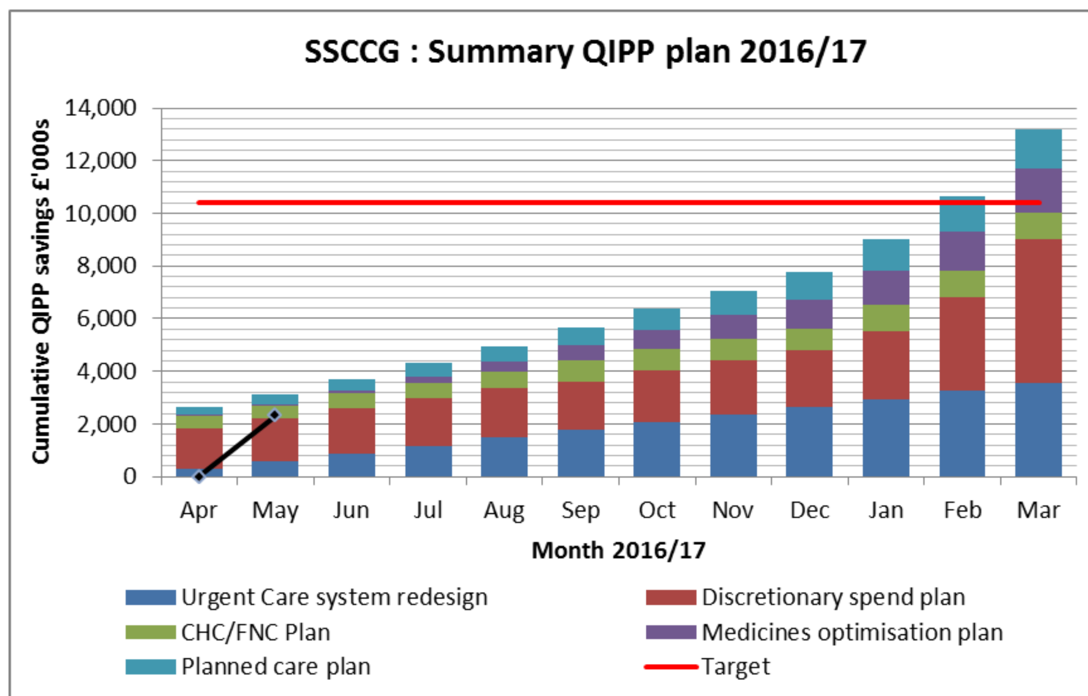
Table B shows a summary of the current risk rated QIPP plan approved at the GB in May 2016. This demonstrates that although recurrently there are a significant number of schemes in place, further work is required to move red and amber rated schemes to green rated schemes. The risk adjusted QIPP plan totals £5.896m which is less than what is required in order to deliver against the required 1% NHS target.

RAG rated QIPP plan

	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	2,723	(1,221)	1,503	895	608	0	1,503
Medicines optimisation plan	2,225	(565)	1,660	770	890	0	1,660
CHC/FNC plan	1,000	0	1,000	500	500	0	1,000
Discretionary spend plan	6,245	(751)	5,494	1,370	2,724	1,400	5,494
Urgent Care system redesign plan	7,282	(3,744)	3,538	0	0	3,538	3,538
Total QIPP Plan	**19,475**	**(6,281)**	**13,195**	**3,535**	**4,722**	**4,938**	**13,195**
Risk rated QIPP plan				3,535	2,361	0	5,896

£2.330m has been actioned at M2 against a phased plan of £3.119m. It is important to note that it is still too early in the year to assess the majority of schemes due to the limited activity data available.

Phased QIPP performance for the year



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QIPP performance at Month 2

£'000s As at May 2016				
Scheme	**Annual Plan**	**YTD Plan**	**YTD Actual**	**Variance**
Planned care plan	1,503	380	265	(115)
Medicines optimisation plan	1,660	31	0	(31)
CHC/FNC Plan	1,000	500	500	0
Discretionary spend plan	5,494	1,619	1,565	(54)
Urgent Care system redesign	3,538	590	0	(590)
Total	**13,195**	**3,119**	**2,330**	**(789)**

In order to deliver the QIPP programme a 1% Transformation Fund was established in CCG reserves to fund transformational initiatives that would result in more efficient delivery of healthcare and improvements to quality. In addition, the CCG has invested in system resilience schemes that are aimed at reducing emergency care. Due to the financial position facing the CCG a decision has been made to critically review any investment decisions that have not yet commenced, and the uncommitted balance of £0.875m is currently amber rated within the QIPP plans.

2.5 CCG Running Costs

The current year outturn position for the running cost budget is broadly in line with the plan. There is a small contingency in running costs which has been taken against the QIPP position

2.6 Evaluation of Risks and Opportunities

The primary financial risk for the CCG continues to be non-delivery of the QIPP target in the year. There are still a significant number of QIPP programmes that are currently rated as 'Red' or 'Amber' and work is underway to change these schemes to 'Green'. Failure to do this will mean the CCG will not achieve the required financial surplus. Overall management of the QIPP programme is being monitored by the QIPP committee.

There are a number of other risks that require ongoing monitoring and managing:

• Acute contracts – The CCG has experienced significant growth in acute care year on year and therefore if this continues the CCG will not achieve against the financial plan. All members of the CCG have a role to play in managing this risk including GPs and other Health professionals to ensure individuals are treated in the most clinically appropriate and cost effective way, and the acute providers are charging correctly for the clinical activity that is undertaken. It is too early in the year to assess the current position against this risk.

• Prescribing - This is a volatile area of spend but represents one of the biggest opportunities for the CCG, and as such this makes up a significant element of the QIPP program for 2016/17. It is too early in the year to assess the current position against this risk.

• CHC/FNC – There are increasing financial pressures within the care home economy, primarily arising from recent mandated wage increases in line with the National Minimum wage. The CCG has assumed a modest inflationary increase within the forecast, which may not be in line with other commissioners. The outcome of the local authorities uplift has not been confirmed at present, and indications are that this will be confirmed by July 2016 following consultation with providers.

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. The assessment of the financial position is set out in Table D below. This demonstrates that the CCG is required to deliver a total management action plan of £10.486m in 2016/17 in order to meet the agreed control total with NHS England, of this £4.891m needs to be recurrent in order to achieve the required 1% target surplus in future years.

The delivery of the QIPP plan is extremely challenging and requires co-operation with partners across the healthcare economy. The CCG has recently allocated GP Governing Body member leads to each QIPP programme along with executive leads, and the leads meet on a monthly basis to report progress against their own programme to the Senior Team.

Figure 3 – Reserves Analysis

	Recurrent £000	Non-Recurrent £000	Total £000
Target surplus	2.450	0.000	2.450
QIPP Target	(4.931)	(5.463)	(10.394)
Revised surplus / (deficit)	(2.481)	(5.463)	(7.944)
Outturn(against operational budgets)	0.040	(0.132)	(0.092)
Management action plan			
Actioned QIPP to date	0.980	1.350	2.330
Deliver on remaining QIPP plan	18.495	(7.631)	10.864
Total QIPP plan	19.475	(6.281)	13.194
Contingency for non delivery of QIPP schemes	(14.584)	11.876	(2.708)
Total management action plan required	4.891	5.595	10.486
Year End Surplus / (deficit)	2.450	0.000	2.450

2.7 Conclusions and Recommendations

The CCG is currently forecasting a surplus of £2.450m which is in line with its agreed NHS target surplus of 1%.

- The CCG has a challenging QIPP in the current year, although progress has been made against the phased QIPP plan at month 2. It is imperative that the identified QIPP programme is delivered in full in order to achieve the agreed financial plan.

- The CCG is working closely with the transformation advisor to continue to develop the QIPP programme areas in order to achieve the required level of savings in the year.

- 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.

3. Referrals

3.1 Referrals by source

Figure 4 – Referrals by Source across all providers for 2015/16 & 2016/17

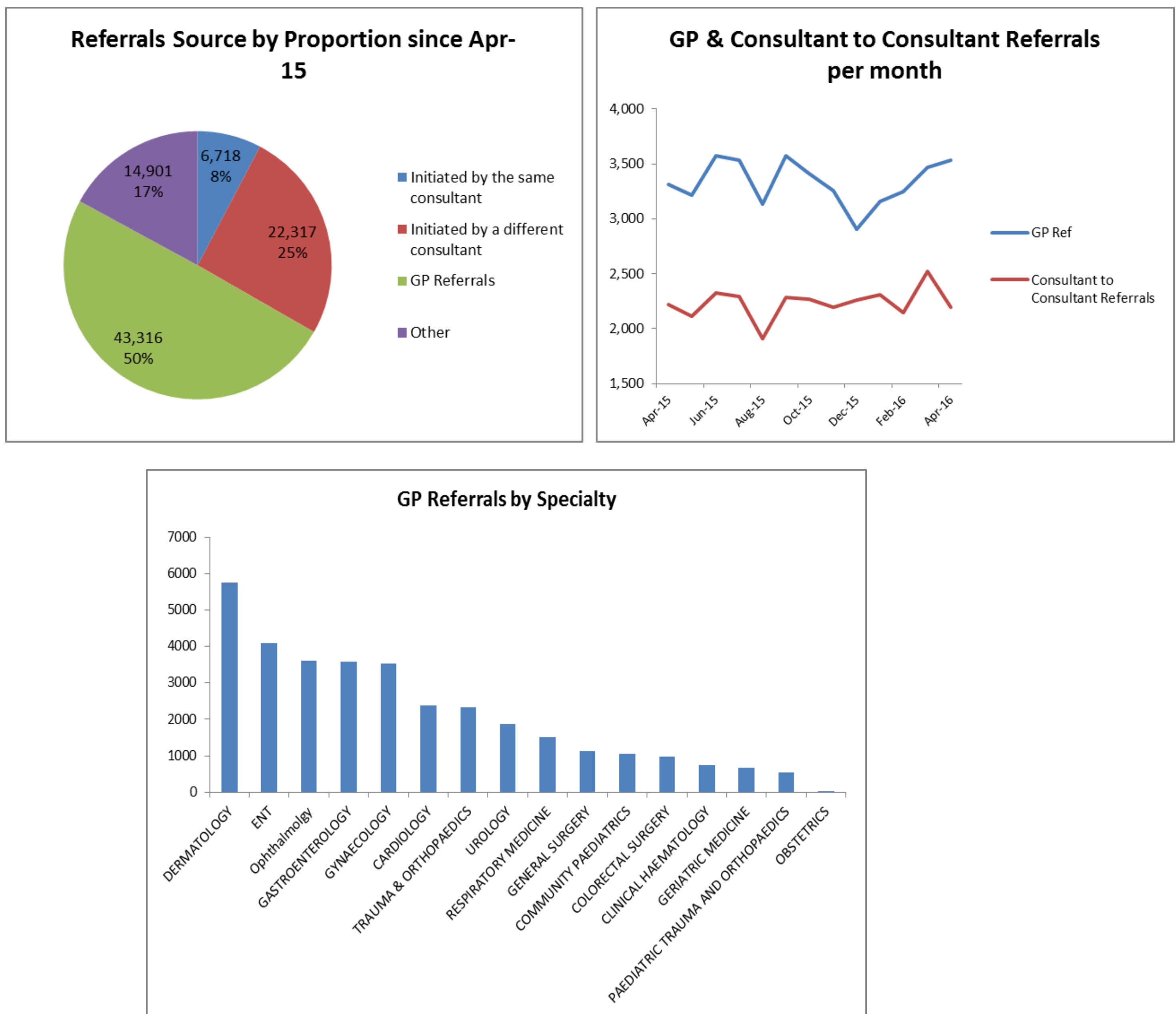


Figure 5 - GP and ‘other’ referrals for the CCG across all providers for 2015/16 & 2016/17

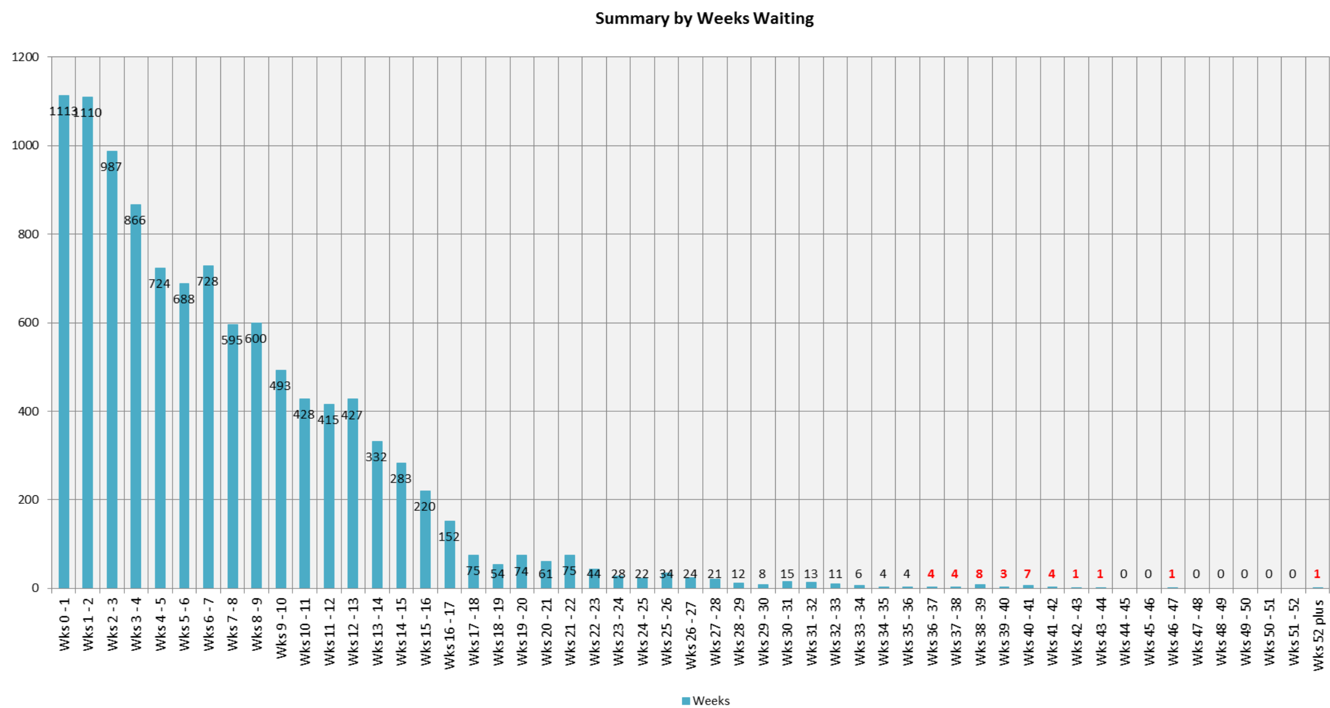
Referral Type	DD Code	Description	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
GP	03	GP Ref	3,310	3,212	3,574	3,534	3,137	3,574	3,407	3,255	2,907	3,160	3,245	3,465	3,536
GP Total			3,279	3,279	3,279	3,534	3,137	3,574	3,407	3,255	2,907	3,160	3,245	3,465	3,536
Other	01	following an emergency admission	182	172	172	176	164	162	177	154	166	126	145	139	115
	02	following a Domiciliary Consultation	2	1	2	1		1	1	1	2	2	5	2	0
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	460	455	452	380	381	451	397	410	373	421	425	475	419
	05	A CONSULTANT, other than in an Accident and Emergency Department	1,282	1,227	1,374	1,416	1,043	1,322	1,307	1,279	1,320	1,339	1,195	1,439	1,275
	06	self-referral	312	271	283	294	289	310	326	292	274	388	299	319	259
	07	A Prosthetist			7		2		2		1	2	1		3
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	101	86	111	89	78	115	112	95	82	93	72	81	100
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	192	172	216	234	244	231	275	256	315	327	302	386	283
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	4	8	5	5	4	11	5	10	4	7	4	3	7
	13	A Specialist NURSE (Secondary Care)	5	8	5	8	12	10	10	12	13	13	4	3	3
	14	An Allied Health Professional	67	90	124	125	114	122	97	134	184	133	167	179	127
	15	An OPTOMETRIST		2			1			1	4	1	4		
	16	An Orthoptist	2									1			1
	17	A National Screening Programme	1	3	3	2	10	5	6	9	9	10	5	4	1
	92	A GENERAL DENTAL PRACTITIONER	124	116	162	149	118	112	125	121	125	141	157	162	161
	93	A Community Dental Service	3	3					3	3	4				
	97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	442	419	405	463	389	461	447	376	403	373	411	380	322
Other Total			3,179	3,033	3,321	3,342	2,849	3,313	3,290	3,153	3,279	3,377	3,196	3,572	3,076
Unknow n			141	152	157	170	156	163	163	147	124	176	143	192	72
Grand Total			**6,630**	**6,397**	**7,052**	**7,046**	**6,142**	**7,050**	**6,860**	**6,555**	**6,310**	**6,713**	**6,584**	**7,229**	**6,684**

A proposal for a referral management scheme will be presented to the Clinical QIPP group in July and a consultant to consultant referral policy for Aintree Hospital is also in development.

4. Waiting Times

4.1 NHS South Sefton CCG patients waiting

Figure 6 Patients waiting on an incomplete pathway at the end of April 2016 by weeks waiting.



4.1 Top 5 Providers

Figure 7 Patients waiting (in bands) on incomplete pathway for the top 5 Providers

Incomplete Pathways (Providers <92%) Top 10	2) Incomplete pathways for all patients (unadjusted)				
Provider	**Under 18 Weeks**	**Over 18 Weeks**	**The Total**	**% in 18 Weeks**	**RAG**
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST : (RQ6)	925	104	1,029	89.89%	
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST : (RRF)	31	3	34	91.18%	
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST : (RBQ)	27	3	30	90.00%	
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST : (RBL)	22	3	25	88.00%	
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST : (RJR)	16	2	18	88.89%	
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST : (RWW)	11	1	12	91.67%	
SALFORD ROYAL NHS FOUNDATION TRUST : (RM3)	8	1	9	88.89%	
THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST : (RL1)	5	3	8	62.50%	
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST : (RM2)	7	1	8	87.50%	
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST : (RRK)	2	1	3	66.67%	

Patients on Incomplete Pathway - current month

Provider	Total Patients	>18 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	6992	313	15	15	9	4	5	10	5	3	2	1	2	4	4	1	3		1										
RLBUHT	1029	104	4	1	1	2	7	1	2	3	1	3	1		3	1	4	3											
Womens	716	35	2			2		1	1																				
Alder Hey	507	31	1	2	1		1		3		1					1		1					1						
RJ&H	8	3																		1									1

4.2 Provider assurance for long waiters

Trust	Speciality	No of weeks waited	Reason for the delay
Robert Jones & Agnes Hunt	Trauma & Orthopaedics	52	A complex scoliosis patient requiring a 12 hour op with two consultants The patient was admitted and treated in May.The patient is the commissioning responsibility of the Specialised Commissioner.
Aintree	ENT	42	TCI 09/05/2016
Aintree	Ophthalmology	40	TCI 13/06/16
Aintree	Ophthalmology	40	Clock stopped; patient declined treatment 11/05/16
Aintree	Ophthalmology	40	TCI 17/05/16
Alder Hey	Unknown	46	Patient has been treated (20th June)
Alder Hey	Unknown	41	TCI date 5th July
Royal	Gen Surgery	41	Awaiting response from Provider
Royal	Trauma & Orthopaedics	41	Awaiting response from Provider
Royal	Ophthalmology	41	Awaiting response from Provider

5. Planned Care

5.1 All Providers

Agreed 2016/17 plans have been used, where applicable. Where 1617 plans have not yet been agreed or submitted, the 2015/16 Month 1 position has been used. The providers using 1516 position are:

- Aintree University Hospital
- Southport & Ormskirk Trust
- Renacres
- Wrightington, Wigan and Leigh
- Isight

- Wirral
- Central/South Manchester

Performance at Month 1 of financial year 2016/17, against planned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£104k.This under-performance is driven by Aintree Hospital who are reporting a -£80k underspend with Southport & Ormskirk also reporting underspend of -£37k.

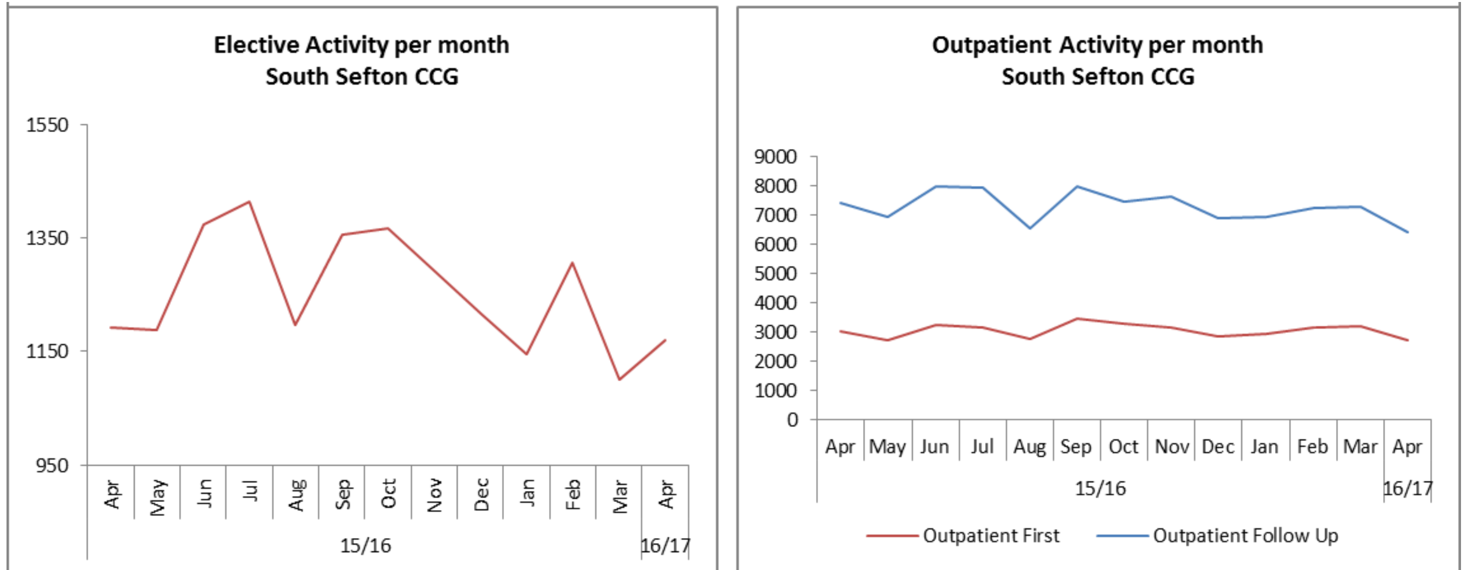
In August the CCG is due to discuss the organisation’s Commissioning Policy including a prior approval process for all listed patients.

Figure 8 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	13,821	13,194	-627	-5%	£2,501	£2,421	-£80	-3%
Alder Hey Childrens NHS F/T	564	1,016	452	80%	£163	£155	-£9	-5%
Central Manchester University Hospitals Nhs Foundation Trust	3	18	15	500%	£2	£3	£1	70%
Countess of Chester Hospital NHS Foundation Trust	0	11	11	0%	£0	£1	£1	0%
East Cheshire NHS Trust	0	1	1	0%	£0	£0	£0	0%
Fairfield Hospital	5	17	12	240%	£2	£2	£1	46%
ISIGHT (SOUTHPORT)	21	48	27	129%	£5	£11	£5	98%
Liverpool Heart and Chest NHS F/T	64	107	43	67%	£24	£42	£17	72%
Liverpool Womens Hospital NHS F/T	1,314	1,141	-173	-13%	£274	£237	-£37	-13%
Renacres Hospital	333	410	77	23%	£119	£154	£35	30%
Royal Liverpool & Broadgreen Hospitals	2,446	2,562	116	5%	£473	£460	-£13	-3%
Southport & Ormskirk Hospital	1,085	1,138	53	5%	£232	£195	-£37	-16%
SPIRE LIVERPOOL HOSPITAL	223	146	-77	-35%	£75	£54	-£21	-28%
ST Helens & Knowsley Hospitals	311	366	55	18%	£89	£98	£9	10%
University Hospital Of South Manchester Nhs Foundation Trust	6	8	2	33%	£1	£1	£0	-5%
Walton Neuro	252	257	5	2%	£65	£63	-£2	-4%
Wirral University Hospital NHS F/T	24	38	14	58%	£10	£7	-£3	-32%
Wrightington, Wigan And Leigh Nhs Foundation Trust	55	119	64	116%	£25	£52	£27	106%
Grand Total	**20,527**	**20,597**	**70**	**0%**	**£4,062**	**£3,957**	**-£104**	**-3%**

5.2 Aintree University Hospital NHS Foundation Trust

Figure 9 Month 1 Planned Care- Aintree University Hospital NHS Foundation Trust by POD



5.2.1 Aintree University Hospital NHS Foundation Trust Key Issues

Due to the delays in 2016/17 contract negotiations, the financial table above compares 1617 actual finance and activity against 2015/16 plan. For more appropriate analysis, the graphs above show the actual activity trends in Elective and Outpatient activity April 2015.

Elective activity over performed against the 2015/16 contract but, apart from February, has shown a decrease in activity over the last 6 months. Activity has shown a further decrease in March and April but both months have been subjective to Easter Holidays and Junior Doctor Strike, respectively. A decrease in Outpatient Attendances can also be linked to the Junior Doctor strike in April 2016.

Within the actual Planned Care spend of £2.4m; Trauma & Orthopaedics (£403k), Gastroenterology (£312k) and Ophthalmology (£240k) make up 40% of the total spend.

5.3 Southport & Ormskirk Hospital

Figure 10 Month 1 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	76	77	1	1%	£60	£46	-£15	-25%
Elective	12	13	1	8%	£49	£30	-£19	-39%
Elective Excess BedDays	0	0	0	0%	£0	£0	£0	0%
OPFAMPCL - *OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)*	9	11	2	22%	£2	£2	£0	23%
OPFANFTF - *Outpatient first attendance non face to face*	0	1	1	0%	£0	£0	£0	0%
OPFASPCL - *Outpatient first attendance single professional consultant led*	217	217	0	0%	£30	£30	-£1	-2%
OPFUPMPCL - *OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)*	16	13	-3	-19%	£2	£2	£0	-7%
OPFUPNFTF - *Outpatient follow up non face to face*	0	11	11	0%	£0	£0	£0	0%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	434	449	15	3%	£38	£39	£1	2%
Outpatient Procedure	251	263	12	5%	£45	£42	-£3	-6%
Unbundled Diagnostics	70	63	-7	-10%	£6	£5	-£1	-11%
Grand Total	**1,085**	**1,138**	**53**	**5%**	**£232**	**£195**	**-£37**	**-16%**

5.3.1 Southport & Ormskirk Hospital Key Issues

Overall planned activity and spend at the Trust is below plan with only one POD going against the trend with Outpatient first attendances up for both activity and spend in month 1. The slight over performance is focused in tow main specialties, Trauma & Orthopaedics and Pain Management.

6. Unplanned Care

6.1 All Providers

Agreed 2016/17 plans have been used, where applicable. Where 1617 plans have not yet been agreed or submitted, the 2015/16 Month 1 position has been used. The providers using 1516 position are:

- Aintree University Hospital
- Southport & Ormskirk Trust
- Renacres
- Wrightington, Wigan and Leigh
- Isight
- Wirral
- Central/South Manchester

Performance at Month 1 of financial year 2016/17, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£115k.This under-performance is driven by Aintree Hospital who are reporting a -£145k underspend.

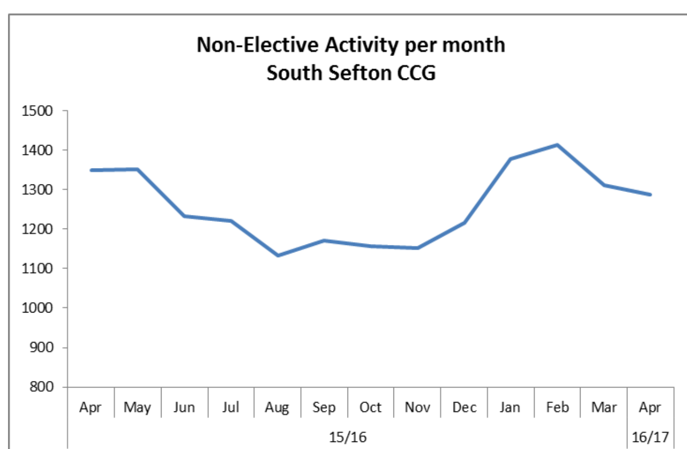
Figure 11 Month 1 Unplanned Care – All Providers

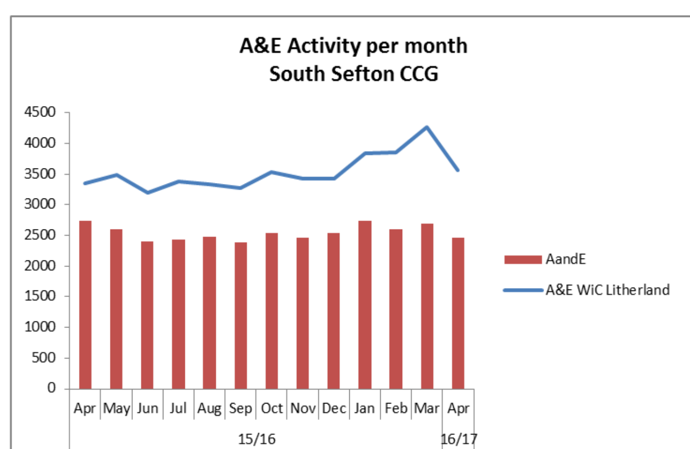
Provider Name	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	7,760	8,203	443	6%	£2,900	£2,755	-£145	-5%
Alder Hey Childrens NHS F/T	710	747	37	5%	£138	£140	£2	1%
Central Manchester University Hospitals Nhs Foundation Trust	4	2	-2	-50%	£1	£0	-£1	-89%
Countess of Chester Hospital NHS Foundation Trust	0	7	7	0%	£0	£5	£5	0%
Liverpool Heart and Chest NHS F/T	13	15	2	15%	£17	£44	£27	163%
Liverpool Womens Hospital NHS F/T	300	277	-23	-8%	£270	£264	-£5	-2%
Royal Liverpool & Broadgreen Hospitals	496	528	32	6%	£200	£219	£20	10%
Southport & Ormskirk Hospital	533	995	462	87%	£210	£204	-£6	-3%
ST Helens & Knowsley Hospitals	58	79	21	36%	£29	£25	-£5	-15%
University Hospital Of South Manchester Nhs Foundation Trust	2	1	-1	-50%	£1	£0	-£1	-89%
Wirral University Hospital NHS F/T	16	11	-5	-31%	£7	£3	-£5	-61%
Wrightington, Wigan And Leigh Nhs Foundation Trust	2	2	0	0%	£1	£0	-£1	-90%
Grand Total	**9,894**	**10,867**	**973**	**10%**	**£3,775**	**£3,660**	**-£115**	**-3%**

6.2 Aintree University Hospital NHS Foundation Trust

Figure 12 Month 1 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	3,373	3,562	189	6%	£80	£80	£0	0%
A&E - *Accident & Emergency*	2,505	2,455	-50	70%	£310	£307	-£2	41%
NEL - *Non Elective*	1,012	1,042	30	3%	£2,208	£2,001	-£207	-9%
NELNE - *Non Elective Non-Emergency*	1	7	6	600%	£10	£15	£5	47%
NELNEXBD - *Non Elective Non-Emergency Excess Bed Day*	3	70	67	2233%	£1	£15	£14	1753%
NELST - *Non Elective Short Stay*	197	239	42	21%	£148	£165	£17	11%
NELXBD - *Non Elective Excess Bed Day*	669	828	159	24%	£143	£172	£29	20%
Grand Total	**7,760**	**8,203**	**443**	**6%**	**£2,900**	**£2,755**	**-£145**	**-5%**





6.2.1 Aintree Hospital Key Issues

Due to prolonged 2016/17 contract negotiations, the financial table above compares 16/17 actual finance and activity against 2015/16 plan. For more appropriate analysis, the graphs above show the actual activity trends in Non-Elective and A&E since April 2015. Non-Elective

activity has shown a decrease compared to the previous 3 months of 2016. A&E activity over all has also seen an increase compared to previous months.

7. Mental Health

7.1 Mersey Care NHS Trust Contract

Figure 13 NHS South Sefton CCG – Shadow PbR Cluster Activity

PBR Cluster	Caseload as at 30/04/2016	2016/17 Plan	Variance from Plan	Variance on 30/04/2015
0 Variance	98	88	10	23
1 Common Mental Health Problems (Low Severity)	48	42	6	3
2 Common Mental Health Problems (Low Severity with greater need)	36	22	14	8
3 Non-Psychotic (Moderate Severity)	211	217	(6)	(17)
4 Non-Psychotic (Severe)	216	215	1	9
5 Non-psychotic Disorders (Very Severe)	57	62	(5)	(1)
6 Non-Psychotic Disorder of Over-Valued Ideas	45	40	5	3
7 Enduring Non-Psychotic Disorders (High Disability)	225	192	33	32
8 Non-Psychotic Chaotic and Challenging Disorders	112	98	14	17
10 First Episode Psychosis	134	138	(4)	17
11 On-going Recurrent Psychosis (Low Symptoms)	429	433	(4)	(7)
12 On-going or Recurrent Psychosis (High Disability)	308	307	1	(7)
13 On-going or Recurrent Psychosis (High Symptom & Disability)	106	112	(6)	3
14 Psychotic Crisis	20	21	(1)	-
15 Severe Psychotic Depression	7	6	1	4
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	38	34	4	7
17 Psychosis and Affective Disorder – Difficult to Engage	54	58	(4)	(5)
18 Cognitive Impairment (Low Need)	236	223	13	29
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	474	505	(31)	(114)
20 Cognitive Impairment or Dementia Complicated (High Need)	365	332	33	99
21 Cognitive Impairment or Dementia (High Physical or Engagement)	110	76	34	63
Cluster 99	497	402	95	168
Total	3,826	3,623	203	334

Figure 14 CPA – Percentage of People under CPA followed up within 7 days of discharge

		Apr-16	May-16	Jun-16
E.B.S.3	The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	100%		

Figure 15 CPA Follow up 2 days (48 hours) for higher risk groups

		Apr-16	May-16	Jun-16
KPI_19	CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	100%		

Quality Overview

At Month 1, Merseycare are compliant with quality schedule reporting requirements. At the last CQPG the Trust provided an update patient falls both within inpatient and community settings. The Trust presented their Falls Strategy for 16/17, actions include:

- Reduce avoidable falls (5% last year) through frailty reviews
- All staff trained (Falls / Manual Handling) in the Trust standards
- Falls Incident dashboard (Live incident information)
- Improvements to environment (Irwell flooring, securing wardrobes etc.,)
- Standardised pressure sensor equipment
- Internal audit (NICE CG161).

Progress and outcomes will be monitored through the CQPG and CCG Quality Committees.

The Trust's Lead for Nursing and Quality highlighted that Merseycare has recently attended nursing recruitment fairs in Dublin and London, but not appointments have been made, safer staffing and recruitment will be monitored throughout the year. 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 discussed at CQPGs in both April and June CQPGs. The concerns relate to GP referral pathways/access and Towels and Linens logistical issues which have now been resolved.

The Trust held a Kaizen 'Rapid Improvement Event' with stakeholders focusing on Clock View in early June 16, this will continue w/c 20th June and will focus on improving assessment and access processes. Progress will be reported through the CQPG.

A&E Response Times, Bed Pressures and Acute OAT (out of area) usage continues to be monitored by the CCGs via the CQPG.

Contract Query

The contract query relating to 12 hour breaches at Aintree which occurred in August 2016 has formally been closed, however commissioners are continuing to monitor performance.

Safeguarding

The Trust remains on 'reasonable assurance' against the Safeguarding Children and Adults KPIs /Quality Schedule at Q4.

7.2 Cheshire Wirral Partnership - Improving Access to Psychological Therapies Contract

Figure 16 Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March
National defininiton of those who have entered into treatment	2015/16	143	158	201	204	166	232	184	252	267	343	262	256
	2016/17	282											
2016/17 approx. numbers required to enter treatment to meet monthly Access target of 1.3%	*Target*	*306*	*306*	*306*	*306*	*306*	*306*	*306*	*306*	*306*	*306*	*306*	*306*
	Variance	*-24*											
	%	*-7.9%*											
Access % ACTUAL - *Monthly target of 1.3%* - *Year end 15% required*	2015/16	0.6%	0.7%	0.8%	0.8%	0.7%	1.0%	0.8%	1.0%	1.1%	1.4%	1.1%	1.1%
	2016/17	1.2%											
Recovery % ACTUAL - *50% target*	2015/16	60.0%	45.1%	56.0%	52.0%	45.0%	48.1%	53.6%	47.1%	38.6%	32.5%	46.4%	50.0%
	2016/17	40.9%											
ACTUAL % 6 weeks waits - *75% target*	2015/16	96.8%	94.2%	94.1%	96.6%	95.4%	97.2%	93.8%	94.7%	98.3%	93.5%	99.1%	96.3%
	2016/17	94.0%											
ACTUAL % 18 weeks waits - *95% target*	2015/16	99.2%	99.2%	100.0%	100.0%	100.0%	100.0%	99.3%	100.0%	100.0%	99.2%	100.0%	100.0%
	2016/17	100.0%											
National definition of those who have completed treatment (KPI5)	2015/16	134	117	120	136	119	143	117	132	119	124	114	162
	2016/17	163											
National definition of those who have entered Below Caseness (KPI6b)	2015/16	9	4	11	9	10	8	5	13	5	7	2	6
	2016/17	4											
National definition of those who have moved to recovery (KPI6)	2015/16	75	51	61	66	49	65	60	56	44	38	52	78
	2016/17	65											
Referral opt in rate (%)	2015/16	95.4%	89.9%	80.3%	73.8%	78.2%	74.3%	72.0%	66.2%	75.0%	86.0%	83.0%	84.0%
	2016/17	85.1%											

Quality Overview

A remedial action plan is in place regarding non-achievement of 15% prevalence / access target, progress is monitored through the CQPG / Contract meeting. In December 2015 the CCG issued a Contract Performance Notice which resulted in improved performance but which was still below the 15% prevalence /access target. NHSE have advised that although the target was not met at the end of March 2016 the expectation is that that the target will be achieved by the end of Quarter 1 2016/17. The CCG has requested support from the National IAPT team to support the service.

8. Community Health

Liverpool Community Health Waiting Times
A number of data validation queries have been sent to the Trust relating to month 1 performance which we are awaiting a response. A meeting is to be help with the Trust BI lead and the CCG leads to go through the data by service line.

- Paediatric continence: the Trust has been queried on the higher proportion of patients on the caseload compared with referrals into the service. Caseload increase from 131 to 197 with only 19 new referrals in that time.
- Paediatric Dietetics: a shift from domiciliary contacts to clinic has been noted with a higher number now recorded as outpatients. It is suspected the Trust is encouraging more patients to attend clinic.
- Paediatric Occupational Therapy: increases in caseload with no real increase in demand has been noted and queried within the service.
- Community Cardiac: Increases in contacts carried through from 15/16 with no real increase in demand, the Trust has been asked if the service is seeing patients more often.
- Phlebotomy: a shift of report contacts from domiciliary to outpatients seems to have occurred in month 1 with nearly 3,000 last year but none report in month 1.

Patient DNA's and Provider Cancellations

A number of services have seen a high number of DNA's and Provider cancellations in month1.

For patient DNAs Paediatric Dietetics saw 31.5% of all patients not attend, this is higher than the previous 3 years average and month 1 figures of 23 is over half the number in the whole of 2015/16.

Treatment rooms, Adult Dietetics, and Paediatric Dietetics have all continued the trend of previous years showing high numbers of provider cancellations. All services are above 15% for April 2016 with Paediatric Dietetics showing a large increase of over 25%.

Waiting Times

Issues persist with a number of services and there waiting times with Paediatric Speech and Language by far the worst performing. March 2016 saw an average of 39 weeks wait with the longest waiting patient recorded at 50 weeks on the incomplete pathway.

Any Qualified Provider

Podiatry

The trust continues to use the £25 local tariff. At month 1 2016/17 the costs for South Sefton is £18,85 with activity at 597. The same time period last year the costs were £26,186 and activity at 284.This demonstrates the impact of the use of the local tariff as although activity is higher at month 1 2016/17 costs are less than the same period last year.

At month 1 2016/17 and 2015/16 the costs for Southport and Formby are £0 with activity at 0. This is due to the vast majority of podiatry AQP for this CCG occurring at the Southport and Ormskirk Trust.

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 op out process. This means that patients can opt out from having identifiable electronic information flowed related to them. It was agreed that the trust would forward a copy of the letter prepared by the 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 1st February, at the June CQPG it was confirmed that the Trust is now in receipt of the initial report to review for accuracy and provide any feedback to CQC by 21st June 2016.

<u>SALT Waiting Times</u>

At the June CQPG a verbal update was given for adult SALT:

- A business case has been produced for additional staff
- 38 patients are currently on the waiting list
- Increase in the number of referrals and complexity noted i.e. COPD/ other respiratory, stroke patients, neuro patients.
- Locum recruited on a temporary basis resulting in reduced waiting times however follow up waiting times will be impacted on.

The CCG has requested a report for both adults and children, this should include referral rates, type/ source of referral, complexity and also staffing v establishment.

<u>Community Matrons – South Sefton</u>

At the June CQPG an update was provided regarding Community Matron establishment in South Sefton, it was confirmed that the team is currently experiencing 15% sickness absence rate and carrying a number of vacancies, however interviews for the vacancies are due to take place at the end of June.

Actions to support the service:

- Additional staffing has been sought and used from LCH bank and will continue to be sourced until staffing return to acceptable levels.

- Clinical triage is undertaken on a daily basis to identify priorities and mitigate risk of patient care being compromised
- There is 1.0wte matron in each ward as a minimum for domiciliary work
- Full staffing Care Home Matrons (apart from new posts)
- A process of caseload cleansing has commenced in Bootle ward and will be rolled out to all other wards.
- There is no waiting list for Care Home Matrons they are seen same day
- Due to caseload cleansing which has progressed to Seaforth & Litherland ward new patients currently not seen total 5 with a wait of <8days
- Vacancies – from five in total (Inc. additional 2) we have recruited to 2.0wte and the 3.0wte remaining have been shortlisted with interviews 28, 29,30th June.
- Despite sickness absence and vacancy levels the picture is now one of improvement and measures have and had been put in place to support the staffing levels and patient care

<u>Serious Incidents / Pressure Ulcers</u>

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

<u>Safeguarding</u>

Safeguarding Adults:

The Trust is giving '**significant assurance'** against the adult agenda.

Full suite of policies, fully compliant with training with the exception of PREVENT. Evidence of continued partnership work provided and evidence of processes to capture activity

Safeguarding Children:

The Trust remains on **'reasonable assurance'** against the Safeguarding Children.

Data submitted supports that the organisations' engagement in the Early Help agenda has increased in respect of initiation and contribution to CAF processes. Evidence of practitioners taking on the lead role in respect of early help (CAF) remains poor.

The outstanding escalation raised by Liverpool LSCB remains open with meetings have been convened between the organisation, chair of the LSCB, CCG Chief Nurse and Public Health representation. Action plans have been developed, reviewed and progressed and a further meeting between performance management leads for the Trust and LSCB is to be held.

In light of the above areas and the assurance rating applied to LAC, the organisation will continue to be assessed as providing reasonable assurance for safeguarding children.

Looked After Children (LAC):

The Trust's hard work is recognised as the overall rating is now amber. The Trust were rated red in the previous quarter.

In the previous quarter there were 48 new health assessments outstanding. In Quarter 4 it was reduced to 12.

Southport and Ormskirk Hospitals NHS Trust

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

New local KPIs and Quality specific measures are being developed, these will be incorporated into the 16/17 Quality Schedule reporting templates.

Aintree University Hospital NHS Foundation Trust AQP

MSK
Costs at April 2015/16 were £32,332 for South Sefton. Activity and associated costs for 2016/17 appears to be missing from the SLAM view on direct access and this is being investigated.

Adult Hearing
The spend at month 1 is £8,960 for South Sefton . The cost April 2015/16 was £13,534 and this was most likely related to the timing of three year reviews that would have been due.

9. Third Sector Contracts

NHS Standard Contract and Grant agreements are now fully signed by all parties with exception of Alzheimer's Society, it is expected that this will be signed shortly. Variations to update the Notice Period to 3 months have now been actioned and signed by all providers.

Review of all discretionary CCG spend is ongoing to explore further how Voluntary Organisations support the CCG vision of Health Care within the wider community.

A half day event has been organised by the CCG to bring together all current VCF providers with the aim for them to highlight the benefits of their services and to provide the opportunity to consider improved ways of working that will be sustainable, efficient and effective in the future.

10. Quality and Performance

10.1 NHS South Sefton CCG Performance

Performance Indicators	Data Period	Target	Actual	Direction of Travel	Exception Commentary	Actions
		Current Period				
IPM						
Treating and caring for people in a safe environment and protecting them from avoidable harm						
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) **(CCG)**	16/17 - April	5	3	↓	There were 3 new cases reported in April 2016, of the 3 cases reported in year to date 2 have been aligned to Aintree Hospital and 1 to the Royal Liverpool Broadgreen Hospital, (2 apportioned to acute trust and 1 apportioned to community). The year to date plan is 54.	
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) **(Aintree)**	16/17 - April	4	2	↓	There were 2 new cases have been reported in March. The year to date plan is 46.	
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) **(CCG)**	16/17 - April	0	0	↔	There were no new cases reported in April of MRSA for the CCG against a zero tolerance target.	
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) **(Aintree)**	16/17 - April	0	0	↔	The Trust recorded no new cases of MRSA in April.	
Mixed Sex Accommodation Breaches						
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE **(CCG)**	16/17 - April	0.00	0.00	↔		
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE **(Aintree)**	16/17 - April	0.00	0.00	↔		
Enhancing quality of life for people with long term conditions						
Patient experience of primary care i) GP Services	Jan-Mar 15 and Jul-Sept 15		6.64%	↓	Percentage of respondents reporting poor patient experience of primary care in GP Services. This was a decrease from the previous period which recorded 7.64%.	
Patient experience of primary care ii) GP Out of Hours services	Jul-Sept 15		10.05%		Percentage of respondents reporting confidence and trust in person/people seen or spoken to at the GP Out of Hours Service. Due to slight alteration to the question on out of hours, the results are based on Jul-Sept 15 only.	

NHS
South Sefton
Clinical Commissioning Group

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)	16/17 - April	184.46 (currently being re-worked)	190.03	↓	The plan stated is for Apr-15, and new plans are currently being re-worked for 2016/17. The CCG is over the monthly plan but had 65 less 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)	16/17 - April	TBC	12.40	↓	Plans are currently being re-worked for 2016/17. The CCG has reported a decrease in actual admissions, with 6 less than the same period last year.	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	16/17 - April	TBC	103.07	↓	Plans are currently being re-worked for 2016/17. The CCG has reported a decrease in actual admissions, with 13 less than the same period last year.	
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	16/17 - April	TBC			Nothing reported for April 2016.	
Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)	16/17 - April	TBC	86.96	↓	Plans are currently being re-worked for 2016/17. The CCG has reported a decrease in admissions, with 48 less than the same period last year.	
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	16/17 - April	No Plan	16.51	↑	The emergency readmission rate for the CCG is higher than previous month (12.30).	
Helping people to recover from episodes of ill health or following injury						
Patient reported outcomes measures for elective procedures: Groin hernia	Apr 15 - Dec 15 (Prov data)	0.0697	0.060	Provisional data (Published May 2016)	Provisional data shows the CCG achieved 0.060 which is lower than the previous years rate of 0.083 (2014/15) and lower than that of the England average 0.087, and below 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)	This data has been left in from the previous year. No data is available for the new reporting period (Apr-15 to Dec). 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 15 - Dec 15 (Prov data)	0.341	0.302	Provisional data (Published May 2016)	Provisional data shows the CCG's rate has improved from previous year rate of 0.294 in 2013/14 recording a rate of 0.302 but is still under the England average 0.331 and yearly plan.	

% who had a stroke & spend at least 90% of their time on a stroke unit **(CCG)**	16/17 - April	80%	70.00%	↓	The CCG have failed to achieve the 80% target in April with only 14 patients out of 20 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)**	16/17 - April	80%	68.30%	↓	Aintree have failed to achieve the target in April with only 28 patients out of 41 spending at least 90% of their time on a stroke unit.	Of the 13 patients who failed the standard: - 7 patients were identified as requiring direct admission to the Stroke Unit on admission but no stroke beds were available. - 2 patients were admitted to the Stroke Unit within 4hrs but died within 24 hours of being admitted to the unit - 1 patient was a late referral to the stroke team - 2 patients were referred to the stroke team after scan - 1 patients case notes were not available to validate at the time of the report Actions being taken by the Trust include: - Review of clinical pathway with Acute and Emergency Medicine team. Agreed actions have been implemented. - Ongoing work with stroke team to ensure the pathway is followed; patients with a probable diagnosis of stroke are to be admitted to the stroke until alternative diagnosis confirmed. - Stroke physician is on site 9am - 8pm to facilitate timely assessment and transfer of stroke patients. Door to needle time consistently achieved. - Audit of every stroke admission continues to take place to identify learning where the pathway has not been followed. - The Stroke Unit work was completed in December 2015: this increased the number of stroke beds from 29 to 33 - Nurse recruitment in progress following approval for hyper acute stroke beds and therapy business case being reviewed.
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours **(CCG)**	16/17 - April	60%	100%	↔		
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours **(Aintree)**	16/17 - April	60%	100%	↔		

Mental health						
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) **(CCG)**	15/16 - Qtr4	95%	100.00%	↔		
IAPT Access - Roll Out	16/17 - April	1.25%	1.16%	↔	The CCG are under plan in April for IAPT Roll Out, out of a population of 24298, 282 patients have entered into treatment.	See section 7 of main report for commentary.
IAPT - Recovery Rate	16/17 - April	50%	41.80%	↓	The CCG are under plan for recovery rate reaching 41.8% in April. This equates to 64 patients who have moved to recovery out of 153 who have completed treatment. This is a decrease from last month when 50% 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	16/17 - April	75%	94.00%	↓	April data shows 94%, a slight decrease from March when 96.2% 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	16/17 - April	95%	100.00%	↑	April data shows 100%, March 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)**	16/17 - April	93%	94.77%	↓		
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) **(Aintree)**	16/17 - April	93%	95.24%	↓		
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) **(CCG)**	16/17 - April	93%	100.00%	↑		
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) **(Aintree)**	16/17 - April	93%	97.32%	↑		
Cancer waits – 31 days						
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) **(CCG)**	16/17 - April	96%	96.61%	↓		
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) **(Aintree)**	16/17 - April	96%	100.00%	↑		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) **(CCG)**	16/17 - April	94%	100.00%	↑		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) **(Aintree)**	16/17 - April	94%	0 Patients	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) **(CCG)**	16/17 - April	94%	90.91%	↓	The CCG has failed the target in the first month of 2016/17, a decline in performance compared to last years YTD position of 95.92%. However, this month's activity equates to just 1 patient out of 11 not being treated within 31 days. The breach was a Urological patient at Royal Liverpool and the wait was 78 days due to two surgeons being required.	
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) **(Aintree)**	16/17 - April	94%	100.00%	↑		

Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) **(CCG)**	16/17 - April	98%	100.00%	↑		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) **(Aintree)**	16/17 - April	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)**	16/17 - April	85% local target	100.00%	↑		
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) **(Aintree)**	16/17 - April	85% local target	83.33%	↓	The Trust has failed the target in the first month of 2016/17, a decline in performance compared to last years YTD position of 87.04%. However, this month's activity equates to just 1.5 patient breaches out of a total of 9 patients. The first breach was a Lung patient whose delay was due to late referral to LHCH (90 days – consultant upgrade trust Aintree, first treatment trust Liverpool Heart & Chest). The second breach was a Urological patient whose delay was due to complex pathway (128 days – consultant upgrade trust Aintree, first treatment trust Aintree).	
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) **(CCG)**	16/17 - April	90%	100.00%	↑		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) **(Aintree)**	16/17 - April	90%	100.00%	↑		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) **(CCG)**	16/17 - April	85%	88.46%	↑		

Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) **(Aintree)**	16/17 - April	85%	84.75%	↓	The Trust narrowly failed the target in the first month of 2016/17, with an equivalent of 9 breaches out of a total of 59 patients. The longest waiter in admitted care was an Upper gastro patient, delay due to referral received day 117 (144 days – first seen trust Wirral, first treatment trust Aintree), and in non-admitted care, a Lung patient, delay due to referral between trusts, day 132, reallocated to other trust (151 days – first seen trust Aintree, first treatment trust Clatterbridge).	Reviewing delivery of the 62 day classic cancer access standard at tumour site level identifies four specialties failing to achieve 85% performance: Colorectal, Head and Neck, Lung and HPB/NET. Analysis of RCA illustrates a number of reasons for delays to treatment including patient choice, complex diagnostic pathways, transfers between tumour sites and surgical capacity.
Referral To Treatment waiting times for non-urgent consultant-led treatment						
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. **(CCG)**	16/17 - April	0	1	↑	The CCG has breached the zero tolerance threshold in April 2016 with 1 patient waiting over 52 weeks. This patient was waiting for treatment at the Robert Jones and Agnes Hunt Orthopaedic Hospital.	This patient was admitted and treated in May. This was a complex scoliosis patient requiring a 12 hour op with two consultants. The patient is under Sepcialist Commissioning arrangements and as such responsibility of NHS England as the lead commissioner**.**
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. **(Aintree)**	16/17 - April	0	0	↔		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% **(CCG)**	16/17 - April	92%	94.95%	↓		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% **(Aintree)**	16/17 - April	92%	93.67%	↑		
A&E waits						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) **(CCG) All Types**	16/17 - April	95.00%	90.12%	↓	The CCG have failed the target in April reaching 90.12%. In April 746 attendances out of 7,554 were not admitted, transferred or discharged within 4 hours.	Type 1 attendances during the period of industrial action on the 6th/7th April were marginally lower than the average experienced on other Wednesdays and Thursdays in the month with the Trust reporting 11 fewer attendances cumulatively over the 2 day period. The Trust experienced a greater reduction in Type 1 attendances on 26th/27th April with 185 (Ave 226) and 188 (Ave 223) attendances respectively.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) **(CCG) Type 1**	16/17 - April	95.00%	82.00%	↑	The CCG have failed the target in April reaching 82%. In April 585 attendances out of 3,247 were not admitted, transferred or discharged within 4 hours.	
Percentage of patients who spent 4 hours or less in A&E (Cumulative) **(Aintree) All Types**	16/17 - April	95.00%	89.48%	↓	Aintree have failed the target in April reaching 89.48%. In April, 1,332 attendances out of 12.662 were not admitted, transferred or discharged within 4 hours.	The decline in A&E performance in recent months has been as a result of the lack of embedded processes across the Trust resulting in delays in patients being seen, assessed and discharged in A&E and assessment areas and a continuing high number of medically optimised ("ready for discharge") patients occupying acute beds (which reflects wider pressures seen across the surrounding health economy).
Percentage of patients who spent 4 hours or less in A&E (Cumulative) **(Aintree) Type 1**	16/17 - April	95.00%	79.77%	↓	Aintree have failed the target in April reaching 79.77%. In April, 1,332 attendances out of 6,585 were not admitted, transferred or discharged within 4 hours.	

Indicator	Period	Target	Actual	Trend	Comment	Further comment
Diagnostic test waiting times						
% of patients waiting 6 weeks or more for a Diagnostic Test **(CCG)**	16/17 - April	1.00%	0.79%	↑		
% of patients waiting 6 weeks or more for a Diagnostic Test **(Aintree)**	16/17 - April	1.00%	0.79%	↑		Diagnostic performance has greatly improved this month, in line with expected recovery date from Aintree's action plan.
Category A ambulance calls						
Ambulance clinical quality – Category A (Red 1) 8 minute response time **(CCG)** (Cumulative)	16/17 - April	75%	76.60%	↑		Year to date Red activity (R1+R2) for NWAS is 8.9% up on the equivalent period in 2015. Mersey (including Wirral) is 9.4% up and South Sefton CCG is 9.5% up at the end of April. When looking at Red activity specifically in the month of April, South Sefton CCG has seen an increase of 9.5% when comparing to April 2015. Two national targets have been set for Red 1 and Red 2 activity which must receive a response at scene within 8 minutes in 75% of cases. Cumulative actual performance at April was 76.6% (Red 1) and 72.1% (Red 2) against the 75% target for South Sefton CCG. Cumulative Hear & Treat activity is 61.2% more than the planned level of expected activity for South Sefton CCG. This is due to the Urgent Care Desk moving out of a CQUIN scheme to being recurrently funded as part of core services. This has enabled NWAS to increase staffing and operational hours. A new CQUIN scheme has been agreed which seeks stepped changes in the way patients are managed by more Hear & Treat and See & Treat, thereby reducing the numbers conveyed to hospital A&E departments. See & Treat activity continues to be over planned levels, which is attributed to the on-going success of the GP Visiting schemes that have been implemented across the region. The schemes are proving to be very successful with deflections away from A&E in the region of 90% being seen.
Ambulance clinical quality – Category A (Red 2) 8 minute response time **(CCG)** (Cumulative)	16/17 - April	75%	72.10%	↑	The CCG failed to achieve the 75% target in April recording 72.1%. Out of 941 incidents there were 263 breaches.	
Ambulance clinical quality - Category 19 transportation time **(CCG)** (Cumulative)	16/17 - April	95%	95.10%	↑		
Ambulance clinical quality – Category A (Red 1) 8 minute response time **(NWAS)** (Cumulative)	16/17 - April	75%	76.47%	↑		
Ambulance clinical quality – Category A (Red 2) 8 minute response time **(NWAS)** (Cumulative)	16/17 - April	75%	67.50%	↓	NWAS failed to achieve the 75% target in April, recording 67.5%. Out of 2,354 incidents,there were 554 breaches.	
Ambulance clinical quality - Category 19 transportation time **(NWAS)** (Cumulative)	16/17 - April	95%	92.00%	↓	NWAS failed to achieve the 95% target in April, recording 92%. Out of 39,860 incidents, there were 3,183 breaches.	
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 17 Friends and Family – Aintree University Hospital NHS Foundation Trust

Friends and Family Response Rates and Scores
Aintree University Hospital NHS Trust

Clinical Area	Response Rate (RR) Target	RR Actual (Apr 2016)	RR - Trajectory From Previous Month (Mar 16)	% Recommended (Eng. Average)	% Recommended (Apr 2016)	PR - Trajectory From Previous Month (Mar 2016)	% Not Recommended (Eng. Average)	% Not Recommended (Apr 2016)	PNR - Trajectory From Previous Month (Mar 16)
Inpatients	25%	27.3%	↓	96.0%	97%	↑	1.0%	1%	⇔
A&E	15%	21.3%	↑	86.0%	86%	⇔	8%	9%	↑

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

- % Response Rate
- % Recommended
- % Not Recommended

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target 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 (March 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 March, 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)

CCG Level SUIs
South Sefton CCG

Incident Split by Provider Never Event

Provider / Type of Incident	Apr	May	Jun	YTD
Aintree University Hospital NHS Foundation Trust				
HCAI/Infection control incident	1			1
Slip/trips/falls	1			1
Liverpool Community Health NHS Trust				
Treatment delay	1			1
Mersey Care NHS Trust				
Abuse/alleged abuse of adult patient by 3rd party	1			1
Apparent/actual/suspected self-inflicted harm	1			1
North East Ambulance Service NHS Foundation Trust				
Sub-optimal care of the deteriorating patient	1			1
Southport and Ormskirk Hospital NHS Trust				
Confidential information leak/IG breach	1			1
Grand Total	**7**			**7**

CCG SUIs Never Event

Type of Incident	Apr	May	Jun	YTD
Abuse/alleged abuse of adult patient by 3rd party	1			1
Apparent/actual/suspected self-inflicted harm	1			1
Confidential information leak/IG breach	1			1
HCAI/Infection control incident	1			1
Slips/trips/falls	1			1
sub-optimal care of the deteriorating patient	1			1
Treatment delay	1			1
Grand Total	**7**			**7**

Provider level SUIs
Aintree University Hospital

-
Provider SUIs Never Event

Incident Type	Apr	May	Jun	YTD
HCAI/Infection control incident	1			1
Slips/trips/falls	1			1
Grand Total	**2**	**0**	**0**	**2**

Incidents split by CCG

Never Event

CCG Name / Incident Type	Apr	May	Jun	YTD
South Sefton CCG				
HCAI/Infection control incident	1			1
Slips/trips/falls	1			1
Grand Total	**2**			**2**

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.

11. Primary Care

11.1 Background

We are reviewing the primary care dashboard that has been used in 2015/16 with a view to understanding the needs for reporting across the organisation from a quality, improvement, QIPP perspective. We are also working closely with other CCGs to look at practice elsewhere, and the ability of Midlands and Lancashire Commissinoing Support Unit's Business Intelligence tool, Aristotle to be able to report practice level primary care information. We feel that information should be made available to practices in a timely and consistent format to aid locality discussions. 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.

11.2 CQC Inspections

A number of practices in South Sefton CCG have been visited by the Care Quality Commission and details of any inspection results are published on their website. Results posted in the last month are as follows:

Park Street Surgery **Good** (0.7 miles away)

Park Street, Bootle, L20 3DF
(0151) 922 3577
Provided by: Park Street Surgery

CQC inspection area ratings
(Latest report published on 17 June 2016)

Area	Rating
Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

CQC Inspections and ratings of specific services
(Latest report published on 17 June 2016)

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

Doctors/GPs and Clinics

Specialisms/services

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

Moore Street Medical Centre Good (1.1 miles away)

77 Moore Street, Bootle, L20 4SE
(0151) 944 1066
Provided by: Moore Street Medical Centre

CQC inspection area ratings
(Latest report published on 17 June 2016)

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

CQC Inspections and ratings of specific services
(Latest report published on 17 June 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	Outstanding
People experiencing poor mental health (including people with dementia)	Good

Doctors/GPs and Clinics

Specialisms/services

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

Bridge Road Medical Centre Good (1.7 miles away)

66-88 Bridge Road, Litherland, Liverpool, L21 6PH
(0151) 949 0249
Provided by: Bridge Road Medical Centre

CQC inspection area ratings
(Latest report published on 15 June 2016)

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

CQC Inspections and ratings of specific services
(Latest report published on 15 June 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

Specialisms/services

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

12. Better Care Fund

The 'Payment for Performance' (p4p) period for BCF ended in December 2015 (p4p ran Q4 2014/15 – Q3 2015/16) but the CCG continues to monitor non elective admissions to hospital. In order to ensure a consistent and accurate set of numbers for the financial year 2015/16, Health & Wellbeing Boards were required to submit a Q4 2015/16 plan in their Q2 2015/16 BCF monitoring submission (submitted 27/11/15). Non elective admissions in Q4 2015/16 were 8.6% lower than both the Q4 2015/16 plan and Q4 of the previous financial year (2014/15).

Note that in 2016/17 BCF non elective baselines have been pre-populated based on early March 2016 draft of CCG planning submissions and not final submissions. We have requested NHS England conduct a refresh of these baselines to account for final CCG plans which were finalised at the end of the 2016/17 contracting round in May 2016.

Also CCG operational plans for 2016/17 are SUS based, however we had the option under BCF of choosing a data source to monitor non elective admissions in 2015/16, and we chose MAR. Therefore comparisons of activity between years may not be accurate going forward and as such are subject to change.

Figure 18 Better Care Fund – Non Elective Admissions

BCF NEL Admissions	**"Payment for Performance" period, calculated quarterly**																Non payment for performance period			
Financial Year	**2014/15**				**2015/16**															
	Jan	**Feb**	**Mar**	***Q4***	**Apr**	**May**	**Jun**	***Q1***	**Jul**	**Aug**	**Sep**	***Q2***	**Oct**	**Nov**	**Dec**	***Q3***	**Jan**	**Feb**	**Mar**	***Q4***
Baseline	3,098	3,098	3,098	*9,294*	3,036	3,036	3,036	*9,107*	3,030	3,030	3,030	*9,091*	3,017	3,017	3,017	*9,050*	3,223	3,223	3,223	*9,668*
Plan	3,003	3,003	3,003	*9,009*	2,491	2,491	2,491	*8,822*	2,935	2,935	2,935	*8,806*	2,921	2,921	2,921	*8,763*	3,128	3,128	3,128	*9,383*
Actual	3,176	2,976	3,515	*9,667*	3,257	3,246	2,958	*9,462*	2,957	2,849	2,767	*8,574*	2,811	2,902	2,936	*8,650*	2,962	2,922	2,950	*8,834*
Variance from baseline	78	-122	417	*373*	222	210	-77	*355*	-73	-181	-263	*-517*	-205	-114	-81	*-400*	-261	-301	-273	*-834*
% Variance from baseline	2.5%	-3.9%	13.5%	*4.0%*	7.3%	6.9%	-2.5%	*3.9%*	-2.4%	-6.0%	-8.7%	*-5.7%*	-6.8%	-3.8%	-2.7%	*-4.4%*	-8.1%	-9.3%	-8.5%	*-8.6%*