

# **Southport & Formby Clinical Commissioning Group**

## Integrated Performance Report

### April 2015

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## 1. Executive Summary

This report provides summary information on the activity and quality performance of Southport and Formby Clinical Commissioning Group at April 2015 (note: time periods of data are different for each source).

### CCG Key Performance Indicators

NHS Constitution Indicators	Footprint	
A&E 4 Hour Waits	CCG	
Ambulance Category A Calls (Red 1)	CCG	
Cancer 2 Week GP Referral	CCG	
RTT 18 Week Incomplete Pathway	CCG	
Other Key Targets		
A&E 4 Hour Waits	S&ORM	
Ambulance Category A Calls (Red 1)	NWAS	
Ambulance Category A Calls (Red 2)	CCG	
Ambulance Category A Calls (Red 2)	NWAS	
Ambulance Category 19 Transportation	CCG	
Ambulance Category 19 Transportation	NWAS	
Cancer 2 Week Urgent GP Referral - Breast Symptoms	CCG	
Cancer 62 Day Screening	CCG	
Cancer 62 Day Screening	S&ORM	
HCAI - C.Diff	CCG	
HCAI - C.Diff	S&ORM	
HCAI - MRSA	S&ORM	
Local Measure: Diabetes	CCG	
RTT 18 Weeks - Admitted patients	CCG	
RTT 18 Weeks - Admitted patients	S&ORM	
RTT 18 Weeks - Non Admitted patients	S&ORM	
RTT 18 Weeks - Non Admitted patients	CCG	

#### Yearly measures - no new update

Patient Recorded Outcomes Measures for elective procedures: Groin Hernia	CCG	
Patient reported outcomes measures for elective procedures: Hip replacement	CCG	
Patient reported outcomes measures for elective procedures: Knee replacement	CCG	

## Key Information from this report

The financial position for Southport & Formby CCG as of 31 May 2015 is breakeven. The CCG experienced significant financial pressures in the last financial year and a number of risks continue into the new financial year. Although budgets have been increased for growth, there are cost pressures emerging which will need close management if the CCG is to achieve the planned surplus.

**A&E waits** - The CCG narrowly failed the 95% target for this indicator with the actual for April at 93.2%. 250 attendances out of 3698 were not admitted, transferred or discharged within 4 hours. The CCG have failed the target since October in 2014. Southport & Ormskirk have failed the target in April reaching 92.7%. 799 attendances out of 10126 patients were not admitted, transferred or discharged within 4 hours. The Trust have also failed the target each month since October 2014. The wider urgent care action plan is addressing significant health economy issues, many of which are long-term objectives. Unofficial data suggests May was also a challenging month but the first two weeks of June indicated compliance with the target.

**Ambulance Activity** - Category A Red 1, 8 minute response time – The CCG recorded 63.4% in April failing to achieve the 75% target. The CCG are also failed Category A Red, 2 recording 69.2%, and Category 19 Transportation recording 86.9%. NWS have failed both Cat A targets and are flagged as amber. NWS are also failing the Category 19 target recording 93.3% in April. A number of actions are detailed in this report.

**RTT 18 Weeks – Admitted patients** – The CCG failed to achieve the target of 90% for the third consecutive month, achieving 85.04%. This is also a further decline in performance since last month and is therefore the lowest performance recorded compared to 2014/15. This month's activity equates to 108 patients 722 not being within 18 weeks. Also Southport & Ormskirk failed to achieve the target of 90% in March achieving 80.25%. This equates to 188 patients out of 952 not been seen within 18 weeks. A contract query was issued to Southport & Ormskirk in late May, regarding all aspects of RTT performance and the Trust have responded outlining their action plan and a target to achieve compliance for July 2015 reporting.

**RTT 18 Weeks – Non Admitted patients** - The CCG failed to achieve the target of 95% in April for the second consecutive month, achieving 94.10%. This shows a slight decline in performance since last month. This month's activity equates to 184 patients out of 3117 not being seen within 18 weeks. Also Southport & Ormskirk reported below the target of 95% in March, achieving 93.74%. This month's performance equates to 302 patients out of 4828 not being seen within 18 weeks.

**Cancer Indicators** – Year to date the CCG achieved all the cancer indicators apart from two, which were 2 week breast symptom, year to date achieving 88.57%, in month (March) achieving 88.57% and 62 day screening year to date they achieved 86.27%, in month (March) 100%, (target 90%). Southport & Ormskirk also achieved all targets apart from 62 day screening year to date due to previous months breaches achieving 65.2%, the target was achieved in March. Year to date there have been 3 patient breaches out of a total of 11.5 patients. Performance is hampered by low numbers with only one patient breach often leading to failure against the target.

**Friends & Family** - NHS England has changed the way Friends and Family is reported. The two measures reported are: % Recommended and % Not Recommended. Southport & Ormskirk Hospital remain below the national average for Friends & Family test scores:

Measure – April 2015	Southport & Ormskirk	England Average
Inpatient – response	13.1%	26.3%
Recommended	94.0%	95.5%
Not Recommended	2.0%	1.5%
A&E – response	4.3%	14.8%
Recommended	83.0%	87.5%
Not Recommended	12.0%	6.4%

**HCAI – C difficile** – The CCG are failing the monthly target for C difficile for April, (actual 7 / plan 3) Year-end plan 38. Southport & Ormskirk reported 5 news cases in April against a plan monthly of 3, as such the Trust are also over target for this indicator, Year-end plan is 36 cases.

**HCAI – MRSA** – In April the CCG had no new cases of MRSA. However, there has been 1 new case reported for Southport & Ormskirk in April, the case is related to a West Lancashire CCG patient. The trust are over the zero tolerance so will remain red for the rest of 2015-16.

**Patient Safety Incidents Reported** – Southport & Ormskirk reported 25 Serious Untoward Incidents in April 23 for pressure ulcers grade 3 and 4, 1 for sub-optimal care of the deteriorating patient and 1 for unexpected death of inpatient (in receipt).

## 2. Financial Position

### 2.1 Summary

This report focuses on the financial performance for Southport and Formby CCG as at 31 May 2015 (Month 2). At this early stage of the year the forecasted out-turn is breakeven before the application of reserves and contingency.

The CCG experienced significant financial pressures in the last financial year and a number of risks continue into the new financial year. Although budgets have been increased for growth, there are cost pressures emerging which will need close management if the CCG is to achieve the planned surplus.

In addition, plans to achieve the CCG's QIPP requirement of £6.151m have not yet been agreed and progress against this is being monitored by the QIPP Committee..

Figure 1 Financial Dashboard

Report Section	Key Performance Indicator		This Month	Prior Month
1	Business Rule (Forecast Outturn)	1% Surplus	✓	n/a
		0.5% Contingency Reserve	✓	n/a
		2.5% Non-Recurrent Headroom	✓	n/a
3	Surplus	Financial Surplus / (Deficit) before the application of reserves - £'000	£0	n/a
4	QIPP	Unmet QIPP to be identified > 0	£6.151m	n/a
5	Running Costs (Forecast Outturn)	CCG running costs < National 2015/16 target of £22.07 per head	✓	n/a
6	BPPC	NHS - Value YTD > 95%	99.3%	n/a
		NHS - Volume YTD > 95%	90.5%	n/a
		Non NHS - Value YTD > 95%	84.0%	n/a
		Non NHS - Volume YTD > 95%	93.4%	n/a

### 2.2 Resource Allocation

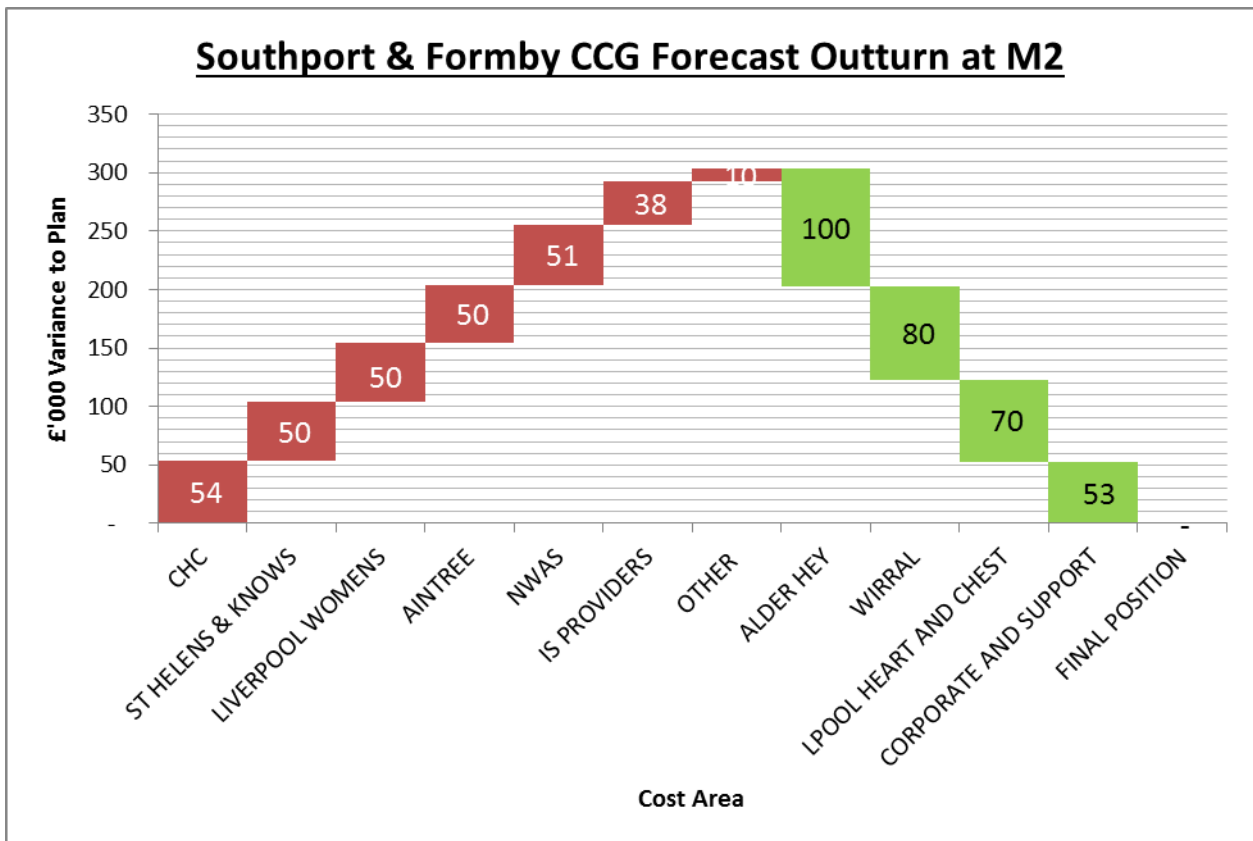
The Resource Allocation for the Financial Year 2015/16 is £176,617m. There have been no amendments to this allocation during Month 2.

## 2.3 Financial Position and Forecast

The main cost pressures are shown overleaf in the chart below, notably Continuing Healthcare, Independent Sector and Acute Care.

The forecast financial position is based on data received for the year to date. For Acute Commissioning budgets, this is data up to the end of April 2015 and for other budgets, data for the first two months of the financial year. It should be noted that at this stage in the financial year, forecasting can be difficult and subject to variation.

Figure 2 Forecast Outturn at Month 2



### Southport and Ormskirk NHS Trust

#### Acute Commissioning

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

#### Southport and Ormskirk NHS Trust

The contract for 2015/16 is still yet to be agreed with the Trust. The element of the contract that covers activity reported under national rules (Payment by Results) has been agreed and the Trust has presented data in relation to this activity. The latest contract offer has been reflected



in the budget, but contract negotiations are ongoing regarding the locally negotiated prices for a number of services. The Trust is requesting another £0.400m from the CCG.

We have received month one data from the Trust which shows an underspend of £0.184m against a budget that has been split equally between all months. Further phasing work is underway to determine an appropriate pattern of activity. This will be reported from June onwards. Due to the uncertainty, our forecast and year to date expenditure assumes a balanced position.

#### **Aintree NHS Foundation Trust**

The forecast overspend at Aintree hospital is £0.050m. This is projected using month one data received by the Trust. The month one data shows an overspend for both Aged Related Macular Degeneration (ARMD) outpatient appointments and drugs. There are also overspends within excluded drugs at the Trust. ARMD continues to be an area of significant growth for the CCG.

#### **Liverpool Women's NHS Foundation Trust**

The forecast overspend at Liverpool Women's is £0.05m. This is projected using the month one activity received by the Trust. The month one data shows an overspend within deliveries and IVF cycles.

#### **St Helens & Knowsley NHS Trust**

The forecast overspend is projected to be £0.05m. This is based on the month one activity data received from the Trust which shows overspend within planned care.

#### **Independent Sector Providers**

The forecast overspend for Independent Sector providers is £0.038m. This is projected using on month one data received from the providers. The majority of this is with Ramsay Healthcare. There are also forecast overspends within Spire Healthcare.

#### **Continuing Health Care (Adult) / Funded Nursing Care**

This area continues to be a high risk for the CCG, and annual budgets have been increased in 2015/16 by 5% from the activity levels seen in the latter part of last year.

The current forecast for this budget is an overspend of £0.05m. Forecasting based on one months' worth of data is challenging. The reported forecast reflects the current number of patients and average package costs, and builds in 5% growth between now and the end of the year. If growth in patient numbers or prices is not realised, then the forecast position will be an underspend estimated at £0.400m. Year to date expenditure is £0.067m lower than budget.

A working group involving both the CCG and the Commissioning Support Unit meets regularly to improve processes within the CHC team and to instigate changes to control costs and activity for this high risk area of spend.

## **2.4 QIPP**

The QIPP savings target for Southport and Formby CCG is £6.151m for 2015/16. QIPP savings can be achieved through a reduction in either programme or running costs.

The CCG established a 1% Transformation Fund in the budgets. This was set up to fund transformational initiatives that would result in more efficient delivery of healthcare and improvements to quality.

In addition to the transformational initiatives outlined above, a number of other initiatives are also being implemented. This includes:

- Primary care investment focused on frail and elderly patients
- Community geriatrician scheme
- Continued focus on areas of comparatively high spend (e.g. outpatient care, review of high cost continuing healthcare packages)

## 2.5 CCG Running Costs

The CCG is currently operating within its running cost target of £2.606m. The target has been reduced in 2015/16 to £22.07 per head (from £24.81 per head in 2014/15). Plans agreed by the Governing Body to meet this target have been implemented and the relevant budgets reduced.

The current year forecast for these budgets is an underspend of £0.046m due to vacant posts.

## 2.6 Evaluation of Risks and Opportunities

The CCG's primary risk is non-achievement of the QIPP requirement. £6.151m of savings must be realised in 2015/16 in order to achieve financial targets. In addition, there are a number of other risks that require monitoring and managing:

- Acute cost per case contracts – The CCG has experienced significant growth in acute care in previous years. Although historic growth has been factored into plans, there is a risk that activity will continue to grow beyond budgeted levels.
- Southport & Ormskirk NHS Trust – There remains a number of contract issues with S&O relating to the prices for some services that aren't governed by national prices. The difference across the four services where the parties have not reached agreement is £0.400m. The CCG is seeking a solution with the Trust without recourse to an independent party for decision.
- Continuing Healthcare Costs – The CCG experienced significant growth in costs for continuing healthcare in 2014/15. The CCG has increased its budgets by 5%, and is focussing on reviewing high cost packages. The risks of overspending is augmented not only by increases in patient numbers, but also increases in the price. The framework is being renewed in year, and may result in increased prices. A number of providers are already pursuing higher prices.
- Continuing Healthcare restitution claims – The CCG has contributed to a national risk pool in line with the values previously notified by NHS England. Reserves were set aside for this purpose. There is a risk that claims made nationally will exceed the value of the risk pool and further contributions from CCGs will be sought.

- Estates – The methodology for charging estates costs is expected to change in 2015/16. Previously, the costs had been based on historic charges. In 2015/16, the organisation that administers the LIFT buildings will be charging based on actual usage. The CCG has set aside reserves to cover estates costs, but up to date cost estimates have not been received by the CCG.
- Prescribing / Drugs costs - The prescribing data is two months in arrears, and as such, no data relating to 2015/16 has yet been received. Growth of 3% was added to the budgets. Previous growth in expenditure has been within this level of growth, but costs in prescribing can often be volatile.
- Better Care Fund – Sefton Council has predicted growth in demand for social care and there is an anticipation that this growth will require funding from the Better Care Fund.

Reserve budgets are set aside as part of the Budget Setting exercise to reflect planned investments, known risks and an element for contingency. In order to meet the required planned surplus the CCG has to deliver the full QIPP requirement, and it is envisaged at this stage of the year that the contingency reserves will be called upon to mitigate risks that have been highlighted. Any overspends that are identified during the year will increase the savings requirement from that presented in Figure 4

**Figure 3 Reserves and agreed actions**

<b>£'000</b>	<b>Rec</b>	<b>Non Rec</b>	<b>Total</b>
Planned Surplus	1,800	0	1,800
Unidentified QIPP	(6,151)	0	(6,151)
Unallocated Contingency	1,581	0	1,581
Non Recurrent QIPP	0	1,193	1,193
<b>Adjusted Surplus</b>	<b>(2,770)</b>	<b>1,193</b>	<b>(1,577)</b>
<b>In Year Savings Requirement</b>			<b>(3,377)</b>

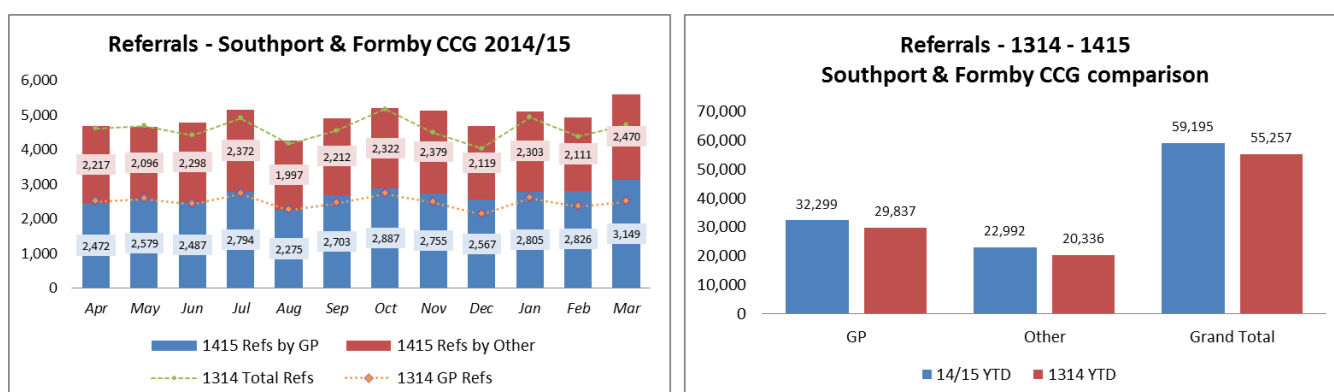
### 3. Referrals

#### 3.1 Referrals by source

Figure 4 Number of GP and 'other' referrals for the CCG across all providers for 2014/15

Referral Type	DD Code	Description	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr-15	14/15	1314	Variance	% Variance	
GP	03	GP Ref	2,472	2,579	2,487	2,794	2,275	2,703	2,887	2,755	2,567	2,805	2,826	3,149	2,958	32,299	29,837	2,462	8%	
GP Total			2,472	2,579	2,487	2,794	2,275	2,703	2,887	2,755	2,567	2,805	2,826	3,149	2,958	32,299	29,837	2,462	8%	
Other	01	following an emergency admission	196	174	211	200	181	188	132	7	6	10	8	12	8	1,325	2,292	-967	-73%	
	02	following a Domiciliary Consultation						1	2	7	27	36	25	37	33	15	168	5	163	97%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	228	203	253	240	239	247	270	266	219	221	204	266	279	2,856	2,674	182	6%	
	05	A CONSULTANT, other than in an Accident and Emergency Department	725	674	677	747	640	695	879	936	870	952	798	874	909	9,467	8,069	1,398	15%	
	06	self-referral	93	106	106	104	81	99	109	116	131	134	121	134	168	1,334	1,143	191	14%	
	07	A Prosthetist		1	1	2	1	4				1	1				11	13	-2	-18%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	12	10	13	19	14	14	8	11	17	7	14	12	11	151	149	2	1%	
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	58	50	77	71	50	68	44	53	43	54	43	40	34	651	717	-66	-10%	
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)				1										3	2	1	1	50%
	13	A Specialist NURSE (Secondary Care)	2	1	2		4	4	1	3	3	2	6	1	4	29	22	7	24%	
	14	An Allied Health Professional	140	150	127	199	127	112	86	136	103	122	125	154	129	1,581	242	1,339	85%	
	15	An OPTOMETRIST	84	37	72	47	59	71	48	48	29	47	53	61	59	656	635	21	3%	
	16	An Orthoptist						1						24	11	25	3	22	88%	
	17	A National Screening Programme	30	29	23	23	21	15	32	28	33	29	24	52	39	339	74	265	78%	
	92	A GENERAL DENTAL PRACTITIONER	122	137	144	135	121	143	144	148	147	131	116	142	145	1,630	1,646	-16	-1%	
	93	A Community Dental Service		3	2		2	2	2	2	4		2	1	3	20	22	-2	-10%	
	97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	232	204	230	238	209	229	239	257	222	233	216	238	236	2,747	2,629	118	4%	
Other Total			1,922	1,779	1,938	2,026	1,750	1,894	2,001	2,038	1,864	1,968	1,768	2,044	2,053	22,992	20,336	2,656	12%	
Unknown (All are Renacres SOR coding error)			295	317	360	346	247	318	321	341	255	335	343	426	23	3,904	5,084	-1,180	-30%	
Grand Total			4,689	4,675	4,785	5,166	4,272	4,915	5,209	5,134	4,686	5,108	4,937	5,619	5,034	59,195	55,257	3,938	7%	

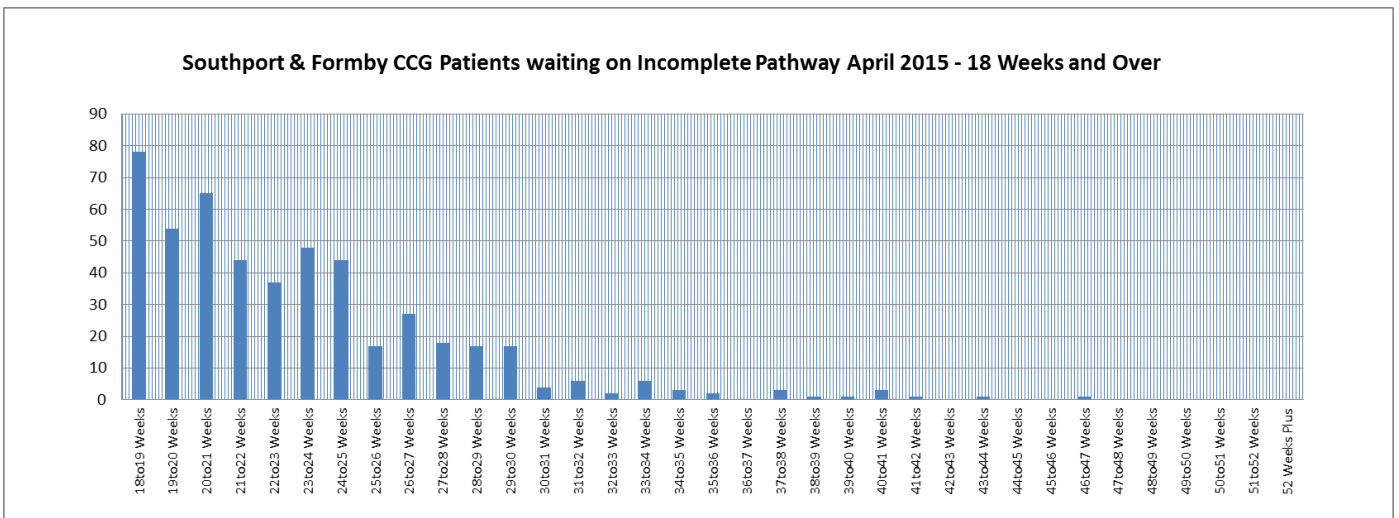
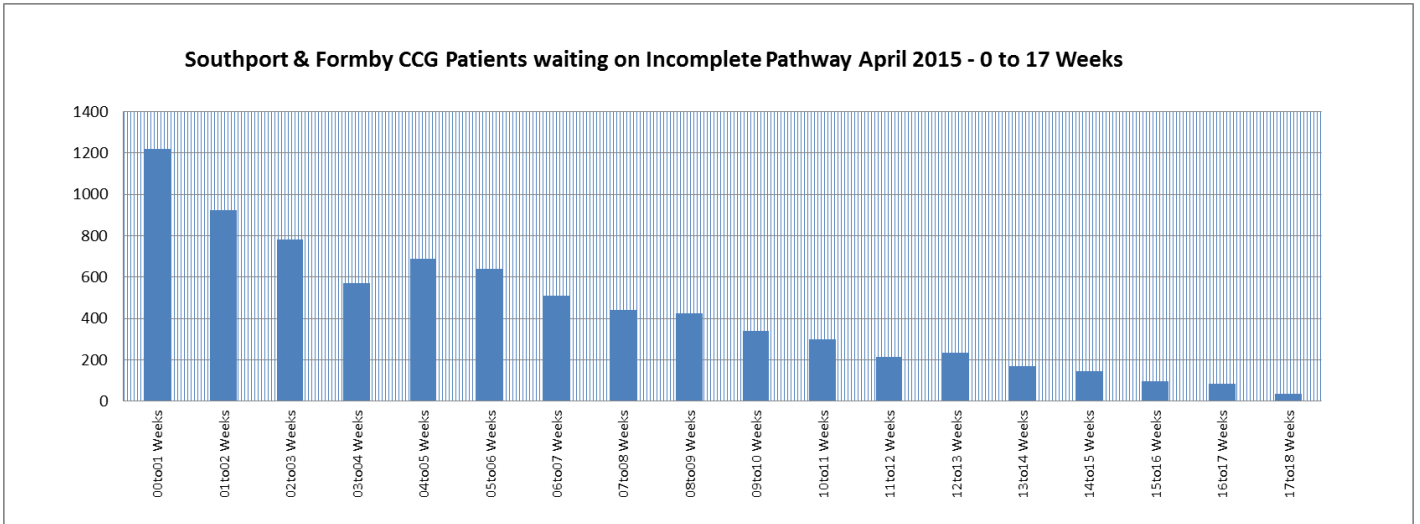
Figure 5 The number of GP and 'other' referrals for the CCG across all providers comparing 2013/14 and 2014/15 by month



## 4. Waiting Times

### 4.1 NHS Southport and Formby CCG patients waiting

Figure 6 Patients waiting on an incomplete pathway by weeks waiting



## 4.2 Top 5 Providers

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

Trust	0to10 wks	10to18 wks	Total 0 to 17 Weeks	18to24 wks	24to30 wks	30+ wks	Total 18+ Weeks	Total Incomplete
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	4968	899	5867	280	121	21	422	6289
RENACRES HOSPITAL	424	90	514	0	0	0	0	514
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	356	80	436	3	3	0	6	442
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	294	62	356	17	5	7	29	385
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	77	31	108	7	1	1	9	117
Other Providers	420	118	538	19	10	5	34	572
<b>Total All Providers</b>	<b>6539</b>	<b>1280</b>	<b>7819</b>	<b>326</b>	<b>140</b>	<b>34</b>	<b>500</b>	<b>8319</b>

The Trust continues to make progress toward Trust level compliance for July reporting period. Work is ongoing to continue to validate data post implementation of a new IT system. The Trust continues to assure commissioners that they are assigning resources to the validation process, staff have been retrained on the new IT system, weekly internal meetings continue, with twice weekly monitoring to senior operational managers, and Merseyside Internal Audit Agency have been commissioned to review the processes the Trust have put in place. The Trust have set a target of 100 for their admitted backlog and are making progress towards this. At the beginning of April there were a total of 15,886 open pathways and 1,332 patients with a wait experience of 18 weeks or longer. Local data indicates significant progress is being made to reduce this.

## 4.3 Provider assurance for long waiters

Figure 8 Southport RTT caseload:

## 5. Planned Care

### 5.1 All Providers

Agreed 2015/16 plans have been used, where applicable. Where 1516 plans have not yet been agreed, the 2014/15 Month 1 position has been used. The providers using 1415 position are:

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

Performance at Month 1 of financial year 2015/16, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £93k. This over-performance is driven by increases at Renacres Hospital (£96k), Royal Liverpool (£19k) and St Helens & Knowsley Hospitals (£24k). This is offset by a large under spend at Wrightington Wigan and Leigh (£65k).

Figure 9 All Providers

	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date	Price variance to date (£000s)	Price YTD % Var
Other Providers (PBR & Non PBR)										
Aintree University Hospitals NHS F/T	14,119	1,184	1,238	54	4.56%	£2,814	£235	£242	£7	2.86%
Alder Hey Childrens NHS F/T	5,048	436	377	-59	-13.59%	£627	£54	£55	£1	1.82%
Countess of Chester Hospital NHS FT	0	0	9	9	0.00%	£0	£0	£1	£1	0.00%
Liverpool Heart and Chest NHS F/T	1,622	129	130	1	0.99%	£913	£72	£65	-£8	-10.60%
Liverpool Womens Hospital NHS F/T	2,398	193	194	1	0.56%	£727	£58	£63	£4	7.46%
Royal Liverpool & Broadgreen Hospitals	14,718	1,192	1,181	-11	-0.92%	£3,093	£251	£270	£19	7.75%
ST Helens & Knowsley Hospitals	4,332	362	365	3	0.90%	£946	£80	£104	£24	30.04%
Wirral University Hospital NHS F/T	315	25	15	-10	-39.86%	£103	£8	£4	-£5	-55.87%
Central Manchester Hospitals Nhs FT	236	20	20	0	1.69%	£44	£4	£4	£0	-4.94%
Fairfield Hospital	103	7	5	-2	-29.22%	£27	£2	£1	-£1	-29.24%
ISIGHT (SOUTHPORT)	2,518	210	261	51	24.38%	£582	£49	£66	£18	36.99%
Renacres Hospital	8,079	673	1,139	466	69.17%	£2,369	£197	£293	£96	48.67%
SPIRE LIVERPOOL HOSPITAL	866	69	67	-2	-2.47%	£235	£19	£15	-£3	-17.24%
Uni Hospital Of South Manchester Nhs FT	199	17	25	8	50.92%	£36	£3	£6	£3	102.43%
Wrightington, Wigan And Leigh Nhs FT	2,163	180	0	-180	-100.00%	£776	£65	£0	-£65	-100.00%
	<b>56,715</b>	<b>4,696</b>	<b>5,026</b>	<b>330</b>	<b>7.03%</b>	<b>£13,292</b>	<b>£1,097</b>	<b>£1,189,376</b>	<b>£93</b>	<b>8.45%</b>

### 5.2 Southport and Ormskirk Hospital NHS Trust

Figure 10 Month 1 Planned Care- Southport and Ormskirk Hospital NHS Trust by POD

		Month 12 Plan	Finance				Variance due to Casemix	Variance due to Volume	Activity			
			Month 1 Plan	Month 1 Actual	Month 1 Variance	% Variance			Month 1 Plan	Month 1 Actual	Month 1 Variance	% Variance
<b>Planned Care</b>												
Day Case Spell (DC)	NT	£6,606,310	£522,238	£596,291	£74,053	14.2%	£10,062	£63,991	953	1,070	117	12.3%
	LT	£0	£0	£0	-	£0	£0	0	24	24	-	
	Total	£6,606,310	£522,238	£596,291	£74,053	14.2%	(£3,087)	£77,140	953	1,094	141	14.8%
Elective Spells (EL)	NT	£5,069,288	£400,734	£311,015	(£89,719)	(22.4%)	(£34,058)	(£55,661)	146	126	-20	(13.9%)
	Total	£5,069,288	£400,734	£311,015	(£89,719)	(22.4%)	(£42,274)	(£47,445)	146	129	-17	(11.8%)
Excess Beddays (ELXBD)	NT	£90,214	£7,132	£3,515	(£3,616)	(50.7%)	£524	(£4,140)	31	13	-18	(58.0%)
	Total	£90,214	£7,132	£3,515	(£3,616)	(50.7%)	£524	(£4,140)	31	13	-18	(58.0%)
First Outpatients (OPFA-)	NT	£3,505,262	£277,096	£190,829	(£86,267)	(31.1%)	£6,518	(£92,785)	1,903	1,266	-637	(33.5%)
	LT	£0	£0	£16,685	£16,685	-	£0	£16,685	0	104	104	-
	Total	£3,505,262	£277,096	£207,514	(£69,581)	(25.1%)	£8,062	(£77,644)	1,903	1,370	-533	(28.0%)
Follow-Up Outpatients (OPFUP-)	NT	£4,347,392	£343,667	£354,120	£10,452	3.0%	£26,521	(£16,069)	3,979	3,793	-186	(4.7%)
	LT	£0	£0	£26,193	£26,193	-	£0	£26,193	0	503	503	-
Total	£4,347,392	£343,667	£380,313	£36,645	10.7%	£9,271	£27,375	3,979	4,296	317	8.0%	
Outpatient Procedures (OPPROC)	NT	£2,407,330	£190,303	£255,390	£65,087	34.2%	(£35,613)	£100,700	1,161	1,776	615	52.9%
	Total	£2,407,330	£190,303	£255,390	£65,087	34.2%	(£35,594)	£100,680	1,162	1,776	614	52.9%
Unbundled Diagnostics	NT	£899,113	£71,076	£70,364	(£712)	(1.0%)	(£3,186)	£2,474	831	860	29	3.5%
Other Outpatients	LT	£0	£0	£0	-	£0	£0	0	0	0	-	
<b>Planned Care NT Total</b>		<b>£22,924,909</b>	<b>£1,812,246</b>	<b>£1,781,524</b>	<b>(£30,721)</b>	<b>(1.7%)</b>	<b>(£10,321)</b>	<b>(£20,401)</b>	<b>9,005</b>	<b>8,904</b>	<b>-101</b>	<b>(1.1%)</b>
<b>Planned Care LT Total</b>		<b>£0</b>	<b>£0</b>	<b>£42,879</b>	<b>£42,879</b>	<b>-</b>	<b>£42,879</b>	<b>£0</b>	<b>0</b>	<b>634</b>	<b>634</b>	<b>798739.8%</b>
<b>Planned Care Total</b>		<b>£22,924,909</b>	<b>£1,812,246</b>	<b>£1,824,403</b>	<b>£12,157</b>	<b>0.7%</b>	<b>-£66,284</b>	<b>£78,441</b>	<b>9005</b>	<b>9538</b>	<b>533</b>	<b>5.9%</b>

## 5.2.1 Southport & Ormskirk Hospital Key Issues

Daycases are showing a £74k over performance against plan against 2014/15 Month 1 plan. Trauma & Orthopaedics and General Surgery are the 2 main contributors. This over performance is offset by a £90k under performance in Electives. £65k of this in T&O and could show a shift from Electives to Daycases in T&O. This is also coupled with a shift from some daycase activity to Outpatient Procedure. This will be raised with the provider through the contract review meeting mechanism.

(NB: Analysis for S&O is against 1415 plan)

## 5.3 Renacres Hospital

Figure 11 Month 1 Planned Care- Renacres Hospital by POD

Renacres Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	934	78	127	49	63.08%	£928	£77	£141	£64	82.43%
Elective	224	19	12	-7	-35.86%	£693	£58	£58	£0	-0.29%
OPFASPCL - Outpatient first attendance single professional consultant led	2,625	219	306	87	39.86%	£340	£28	£41	£13	45.86%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,792	149	540	391	261.61%	£135	£11	£34	£22	197.54%
Outpatient Procedure	1,732	144	59	-85	-59.12%	£206	£17	£11	-£7	-38.28%
Unbundled Diagnostics	771	64	95	31	47.86%	£66	£6	£9	£4	67.86%
<b>Grand Total</b>	<b>8,079</b>	<b>673</b>	<b>1,139</b>	<b>466</b>	<b>69.17%</b>	<b>£2,369</b>	<b>£197</b>	<b>£293</b>	<b>£96</b>	<b>48.67%</b>

### 5.3.1 Renacres Hospital Key Issues

Daycases make up the majority of Renacres planned care over performance. The cost is driven by activity in T&O under the HRG "HB51Z - Major Hand Procedures for non Trauma Category 2" and "HB61C - Major Shoulder and Upper Arm Procedures for Non-Trauma without CC" which amounts to £30k of the total £64k over spend.



## 6. Unplanned Care

Performance at Month 1 of financial year 2015/16, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £11k. Royal Liverpool is showing a £27k over performance, which is offset by under performance in the majority of other Providers.

### 6.1 All Providers

Figure 12 Month 1 Unplanned Care – All Providers

Other Providers (PBR & Non PBR)	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	1,869	156	113	-43	-27.61%	£915	£76	£66	£11	-14.02%
Alder Hey Childrens NHS F/T	773	65	53	-12	-18.71%	£379	£31	£27	£4	-11.94%
Countess of Chester Hospital NHS Founda	0	0	4	4	0.00%	£0	£0	£3	£3	0.00%
Liverpool Heart and Chest NHS F/T	133	11	9	-2	-17.29%	£421	£34	£36	£2	5.78%
Liverpool Womens Hospital NHS F/T	247	20	24	4	19.47%	£202	£16	£25	£9	57.52%
Royal Liverpool & Broadgreen Hospitals	1,083	89	132	43	48.68%	£644	£53	£79	£27	50.45%
ST Helens & Knowsley Hospitals	425	36	31	-5	-14.87%	£214	£19	£10	£9	-47.83%
Wirral University Hospital NHS F/T	112	9	8	-1	-13.99%	£45	£4	£3	£1	-7.30%
Central Manchester University Hospitals	88	7	3	-4	-59.09%	£30	£2	£0	£2	-88.24%
University Hospital Of South Manchester	47	4	2	-2	-48.50%	£8	£1	£1	£0	33.62%
Wrightington, Wigan And Leigh Nhs Foun	62	5	0	-5	-100.00%	£53	£4	£0	£4	-100.00%
<b>Grand Total</b>	<b>4,839</b>	<b>403</b>	<b>379</b>	<b>-24</b>	<b>-5.99%</b>	<b>£2,910</b>	<b>£241</b>	<b>£252</b>	<b>£11</b>	<b>4.67%</b>

### 6.2 Southport and Ormskirk Hospital NHS Trust

Figure 13 Month 1 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

	Month 12 Plan	Finance				Variance due to Casemix	Variance due to Volume	Activity				
		Month 1 Plan	Month 1 Actual	Month 1 Variance	% Variance			Month 1 Plan	Month 1 Actual	Month 1 Variance	% Variance	
<b>Urgent Care</b>												
Short Stay Spells (NELST)	NT £995,249	£88,873	£86,581	(£2,292)	(2.6%)	(£7,576)	£5,284	126	133	7	5.9%	
	LT			£0	-	£0	£0			0	-	
	Total	£995,249	£88,873	£86,581	(£2,292)	(2.6%)	(£7,576)	£5,284	126	133	7	5.9%
Long Stay Spells (NEL)	NT £18,635,593	£1,583,275	£1,496,299	(£86,977)	(5.5%)	(£134,051)	£47,075	881	907	26	3.0%	
	LT	£0		£0	-	£0	£0			0	-	
	Total	£18,635,593	£1,583,275	£1,496,299	(£86,977)	(5.5%)	(£134,051)	£47,075	881	907	26	3.0%
NEL Excess Beddays (NELXBD)	NT £1,092,886	£83,782	£83,443	(£338)	(0.4%)	(£5,567)	£5,229	382	406	24	6.2%	
	LT			£0	-	£0	£0			0	-	
	Total	£1,092,886	£83,782	£83,443	(£338)	(0.4%)	(£5,567)	£5,229	382	406	24	6.2%
Non-Elective Non-Emergency Spells (NELNE)	NT £1,947,014	£144,453	£151,043	£6,590	4.6%	(£97,995)	£104,585	85	147	62	72.4%	
	LT			£0	-	£0	£0			0	-	
	Total	£1,947,014	£144,453	£151,043	£6,590	4.6%	(£97,995)	£104,585	85	147	62	72.4%
NELNE Excess Beddays (NELNEXBD)	NT £49,384	£12,622	£9,123	(£3,500)	(27.7%)	£2,603	(£6,103)	52	27	-25	(48.4%)	
	LT			£0	-	£0	£0			0	-	
	Total	£49,384	£12,622	£9,123	(£3,500)	(27.7%)	£2,603	(£6,103)	52	27	-25	(48.4%)
A&E	NT £3,429,217	£293,572	£323,069	£29,496	10.0%	£15,380	£14,116	2,815	2,950	135	4.8%	
	LT	£0	£0	£9,493	9.493	£0	£9,493	0	86	86	-	
	Total	£3,429,217	£293,572	£332,561	£38,989	13.3%	£15,380	£23,610	2,815	3,036	221	7.9%
<b>Urgent Care NT Total</b>	<b>£26,149,343</b>	<b>£2,206,578</b>	<b>£2,149,558</b>	<b>(£57,020)</b>	<b>(2.6%)</b>	<b>£0</b>	<b>(£57,020)</b>	<b>4,341</b>	<b>4,570</b>	<b>229</b>	<b>5.3%</b>	
<b>Urgent Care LT Total</b>	<b>£0</b>	<b>£0</b>	<b>£9,493</b>	<b>£9,493</b>	<b>-</b>	<b>£0</b>	<b>£9,493</b>	<b>0</b>	<b>86</b>	<b>86</b>	<b>-</b>	
<b>Urgent Care Total</b>	<b>£26,149,343</b>	<b>£2,206,578</b>	<b>£2,159,050</b>	<b>(£47,528)</b>	<b>(2.2%)</b>	<b>(£207,810)</b>	<b>£160,282</b>	<b>4,341</b>	<b>4,656</b>	<b>315</b>	<b>7.3%</b>	

### 6.3 Southport and Ormskirk Hospital NHS Trust Key Issues

Southport & Ormskirk Trust is reporting a £57k under spend for PBR activity and finance within Unplanned Care. A&E have seen an 5% increase in activity in month 1 amounting to a financial over performance of £29k. This is offset by a large under spend in NEL which is reporting a -£87k under spend.

(NB: Further plan-actual analysis can take place when we receive the agreed 1516 plan file. BI chasing S&O Trust for the file to be loaded in-time for Month 2)

## 7. Mental Health

### 7.1 Mersey Care NHS Trust Contract

Figure 14 NHS Southport and Formby CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS Southport and Formby CCG			
	2015/16 Plan	Caseload (Apr-2015)	Variance from Plan	% Variance
0 Variance	32	41	9	28%
1 Common Mental Health Problems (Low Severity)	35	18	(17)	-49%
2 Common Mental Health Problems (Low Severity with greater need)	45	29	(16)	-36%
3 Non-Psychotic (Moderate Severity)	162	191	29	18%
4 Non-Psychotic (Severe)	128	135	7	5%
5 Non-psychotic Disorders (Very Severe)	29	25	(4)	-14%
6 Non-Psychotic Disorder of Over-Valued Ideas	25	25	-	0%
7 Enduring Non-Psychotic Disorders (High Disability)	96	122	26	27%
8 Non-Psychotic Chaotic and Challenging Disorders	62	65	3	5%
10 First Episode Psychosis	52	64	12	23%
11 On-going Recurrent Psychosis (Low Symptoms)	282	283	1	0%
12 On-going or Recurrent Psychosis (High Disability)	151	156	5	3%
13 On-going or Recurrent Psychosis (High Symptom & Disability)	105	110	5	5%
14 Psychotic Crisis	18	19	1	6%
15 Severe Psychotic Depression	7	5	(2)	-29%
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	6	7	1	17%
17 Psychosis and Affective Disorder – Difficult to Engage	35	28	(7)	-20%
18 Cognitive Impairment (Low Need)	365	257	(108)	-30%
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	465	714	249	54%
20 Cognitive Impairment or Dementia Complicated (High Need)	159	201	42	26%
21 Cognitive Impairment or Dementia (High Physical or Engagement)	50	50	-	0%
Reviewed Not Clustered	30	40	10	33%
No Cluster or Review	46	90	44	96%
<b>Total</b>	<b>2,385</b>	<b>2,675</b>	<b>290</b>	<b>12%</b>

Figure 15 CPA – Percentage of People under followed up within 7 days of discharge

	Follow up from Inpatient Discharge		Apr-15
CB_B19	The % of people under adult mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100.00%

**Figure 16 CPA Follow up 2 days (48 hours) for higher risk groups**

	Follow up from Inpatient Discharge		Apr-15
MH_KPI.40	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.	95.0%	100.0%

## 7.2 Improving Access to Psychological Therapies Contract

The new provider, Cheshire & Wirral Partnership began treating Southport and Formby patients from 1<sup>st</sup> April 2015.

## 8. Community Health

### 8.1 Southport and Ormskirk Community Health

**District Nurses:** Referrals to District Nurses remain above plan at month 1 and this is linked to “Care Closer to Home”. The trust has provided as requested the referral, activity and treatments analysis which shows the changes in demand, complexity and treatments over the time period. A summary of this can be found in month 1 Southport and Ormskirk ICO provider report.

**Wheelchair Service:** Activity in this service remains above plan but is lower than the same time last year. A business case has been put together and is currently under discussion within the trust as it requires substantial investment in IT hardware.

**Podiatry Non AQP-**There has been a shift in activity between clinic based and community contacts. Comparison of the combined block and AQP activity shows that overall activity is at the same level as the same time last year.

**CERT-**The trust have not reported on this services performance and have explained that this is due to technical reasons related to EMIS, its functionality and the difficulties that have been experienced extracting data. The trust has logged a number of jobs with EMIS to resolve this and to date it remains unresolved.

Community Matrons have also moved to EMIS and technical issues has affected the reporting at month 1.

### Waiting Times

18 week waiters – Work is on-going to set appropriate wait targets by service as the national RTT targets are inappropriate for community services. A small working group has been convened, and drawing on quality, business intelligence, managerial and clinical staff as required. A high level project plan is being developed. The trust has been reminded that it was agreed that thematic reasons would be provided on a monthly basis around breaches.

The CCG are working with the Trust to review Community KPIs and Quality Contract Measures and develop a new suite of indicators for inclusion in the 15/16 Contract. This will be picked up via the Finance and Information Group. There is likely to be general implications during the year as the trust move from the IPM community system to EMIS and Medway.

### **Any Qualified Provider**

Adult Hearing and MSK AQP activity year to date is up on the same time period last year. The Podiatry AQP activity and referrals are up on the same time period last year. The locally agreed assessment tariff of £25 is being used by the trust from 1st April in the podiatry AQP dataset.

### **Bridgewater**

Paediatric Audiology

This is a relatively new service that commenced in September 2014

Bridgewater have transferred a member of staff from the previous provider, and are about to recruit another two members of staff. The trust has been asked to provide an update on the recruitment process.

100 % of patients (Initial Appointments) are waiting less than 11 weeks (threshold is 60%)

Both first and follow up DNAs are above the 10% and 7% thresholds respectively, however the position for initials has worsened since March (21.4%) and is at 23.1% in April. Follow up DNAs have improved from 22.2% in March to 19.4% in April.

The longest wait was 6 weeks in Dec and this has decreased to 5 weeks in April. All patients are waiting under 11 weeks.

### **Liverpool Community Health Trust**

Overall adult services demand and activity is above planned levels at month 1, with children's demand and activity below plan.

Community Cardiac Nurses: Domiciliary visits are above plan and this is due to staffing levels and the ability to see more patients potentially more frequently.

Paediatric OT: Demand and have activity have increased resulting in a small number of children waiting over 18 weeks. The service is targeting the longest waiters.

Waiting times are not being recorded for several services: Community Cardiac/Heart Failure, IV Therapy. 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.

From 1st April 2015 the AQP podiatry data set from LCH now includes the local agreed assessment tariff of £25. This is to cover cases where a patient is assessed and discharged at the first visit.

Patient Identifiable data

The Trusts Caldicott guardian has requested that no patient identifiable data sets are to be released from the trust. This includes all national submissions such as those made to the secondary user's service e.g. Inpatient, outpatient and WIC CDS. This was escalated last year and the commissioner and trust are in discussions about this.

## **9. Third Sector Contracts**

The NHS Standard Contract 2015/16 has been populated and issued to Providers for signature.

# 10. Quality and Performance

## 10.1 NHS Southport and Formby 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 - April	3	7	↑	There were 7 new cases reported in April 2015, against a monthly plan of 3. Of the 7 cases reported, 6 were reported by Southport and Ormskirk Hospital (3 apportioned to acute and 3 apportioned to community), 1 cases reported by The Walton Centre (apportioned to acute). Year-end plan is 38.	The majority of Southport & Formby CCG C.difficile cases belong to Southport & Ormskirk Hospitals (data is currently being validated as there appears to be discrepancies on the national data base). See below for Southport & Ormskirk's narrative.	
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	15/16 - April	3	5	↑	There were 5 new cases reported in April 2015, against a monthly plan of 3 cases. Of the 5 cases 3 were alighted to Southport and Formby CCG and 2 West Lancashire CCG. Year to date plan is 36.	The 2015/16 target is 36 attributable cases i.e an average of no more than 3 cases per month. In April the Trust had 5 cases, however following the root cause analysis , it was decided 3 of these would go to appeal. The first 2015/16 Appeals Panel met on 26th June and 4 out of the the 5 cases submitted were upheld ( 2 May cases were also included). Antimicrobial prescribing remains good. The focus remains on early isolation of patients with diarrhoea and close liason with infection prevention control team particularly when side rooms are not available. <i>Please Note - Data has been taken from the National HCAI Database - this is updated centrally therefore not all local appeals will be reflected in the table.</i>	
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	15/16 - April	0	0	↔	No new cases reported in April 2015.		
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	15/16 - April	0	1	↑	One new case has been reported in April 2015. The case is related to a West Lancashire CCG patient. The trust are over the zero tolerance so will remain red for the rest of 2015-16.	In April 2015 The Trust had an MRSA bacteraemia and are therefore over the annual trajectory of zero. A Patient's Infection Review (PIR) has been completed in collaboration with the CCG and reported to Public Health England. Primary Care and Secondary Care issues have been identified and will be reported back to SEMT in a formal de-brief to ensure lessons have been learnt and embedded. The standard of care provided by the Critical Care Unit should be highlighted and commended for a 12 month zero rate of central venous catheter related infections. This has been accomplished through continued excellent use of aseptic technique, clinical decision making of where lines are sited combined with the relative recent innovation of chlorhexidine impregnated discs at line insertion sites. <i>Please Note - Data has been taken from the National HCAI Database - this is updated centrally therefore not all local appeals will be reflected in the table.</i>	

Enhancing quality of life for people with long term conditions						
Patient experience of primary care i) GP Services	Jan-Mar 14 and Jul-Sept 14		3.18%	New Measure		
Patient experience of primary care ii) GP Out of Hours services	Jan-Mar 14 and Jul-Sept 14		10.51%	New Measure		
Patient experience of primary care i) GP Services ii) GP Out of Hours services (Combined)	Jan-Mar 14 and Jul-Sept 14	6%	4.03%	New Measure		
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative)	15/16 - April	55.53	38.44	New Plans	The agreed plans are based on activity for the same period last year. The decrease in actual admissions is 4 below the same period last year.	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	15/16 - April	102.34	75.32	New Plans	The agreed plans are based on activity for the same period last year. The decrease in actual admissions is 33 lower the same period last year.	
Emergency Admissions Composite Indicator(Cumulative)	15/16 - April	201.80	171.11	New Plans	This measure now includes a monthly plan, this is based on the plan set within the Outcome Measure framework and has been split using last years seasonal Performance. Admissions have decreased in April by 86 compared with the same period last year.	
IAPT Access - Roll Out	Q1 15/16	3.25%			No data at present for month 1, new services mobilised in April 2015	
IAPT - Recovery Rate	Q1 15/16	50.00%				
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	Q1 15/16	75.00%				
The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	Q1 15/16	95%				

Helping people to recover from episodes of ill health or following injury						
Patient reported outcomes measures for elective procedures: Groin hernia	2012/13	Eng Ave 0.085	0.08	Refreshed data	The CCG failed to improve on previous years outcome for Groin Hernia procedures and did not achieve a rate greater than the England average.	This has been chosen as the CCG Quality Premium measure for 2015/16. Clinical engagement between primary and secondary care is taking place to understand how each can support.
Patient reported outcomes measures for elective procedures: Hip replacement	2012/13	Eng Ave 0.438	0.43	Refreshed data	The CCG improved on the previous years rate but failed to achieve a score higher than that of the England average.	
Patient reported outcomes measures for elective procedures: Knee replacement	2012/13	Eng Ave 0.318	0.31	Refreshed data	The CCG improved on the previous years rate but failed to achieve a score higher than that of the England average.	
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	15/16 - April		16.43	↔		
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	15/16 - April	21.36	0.00	New Plans	The agreed plans are based on activity for the same period last year. There were no patients in April (numbers are generally very low).	
Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)	15/16 - April	135.9	95.79	New Plans	The agreed plans are based on activity for the same period last year. This indicator is below the same period last year by 49 admissions.	
% who had a stroke & spend at least 90% of their time on a stroke unit (CCG)	15/16 - April	80%	80.00%	↓		
% who had a stroke & spend at least 90% of their time on a stroke unit (Southport & Ormskirk)	15/16 - April	80%	81.25%	↑		
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (CCG)	15/16 - April	60%	66.67%	↓		
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	15/16 - April	60%	72.73%	↓		
Mental health						
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) (CCG)	14/15 - Qtr4	95%	97.00%	↑		
Preventing people from dying prematurely						
Under 75 mortality rate from cancer	2013		120.20			
Under 75 mortality rate from cardiovascular disease	2013		57.50			
Under 75 mortality rate from liver disease	2013		15.80			
Under 75 mortality rate from respiratory disease	2013		22.30			
Rate of potential years of life lost (PYLL) from causes considered amenable to healthcare (Person)	2013	2,646.00	1,933.40	↑		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)	14/15 - March	93%	95.97%	↓		
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	14/15 - March	93%	95.69%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	14/15 - March	93%	92.27%	↔	Southport & Formby CCG failed the 93% target in month (Mar) achieving 88.57% and narrowly failed year to date. There were 4 patient breaches out of a total of 35 patients. The breaches were mainly down to patient cancellation, patient choice.	Southport & Formby CCG narrowly missed the 93% target due to a small number of breaches (patient choice), initial forecasts for Quarter 4 14/15 indicates that the 93% target will be met. Unvalidated cancer data indicates that Aintree Hospital has met it's 14/15 target, Southport & Ormskirk Hospital's breast service is no longer open to new patients but continued to run clinics and some surgery for follow-up patients finally ceasing all services from 1 April 2015.
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Southport & Ormskirk)	14/15 - March	93%	95.00%	↔		
Cancer waits – 31 days						
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	14/15 - March	96%	98.82%	↔		
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	14/15 - March	96%	99.74%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	14/15 - March	94%	97.09%	↑		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	14/15 - March	94%	100%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	14/15 - March	94%	98.50%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	14/15 - March	94%	98.95%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	14/15 - March	98%	99.27%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk)	14/15 - March	98%	100%	↔		



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)	14/15 - March		92.75%	↓		
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) (Southport & Ormskirk)	14/15 - March		91.30%	↔		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	14/15 - March	90%	86.27%	↑	The CCG achieved the target in March reaching 100% in month but failed year to date reaching 86.27%. For 2014/15 there were 7 patient breaches out of a total of 51 patients.	The CCG failed to achieve the target in March (see below for Southport & Ormskirk Hospital's narrative). Aintree Hospital also failed their Screening Target, the Cancer Network are currently reviewing cancer screening breaches across the Health Economy, to improve the process for late referrals and breach allocations.
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	14/15 - March	90%	65.22%	↓	The Trust achieved the target in March reaching 100% but failed year to date 65.22%. For 2014/15 there were 4 patient breaches out of the equivalent 11.5 patients.	Screening patients continue to be monitored by the MDT co-ordinator from receipt of referral into the Trust to ensure their pathway runs smoothly. The particular problem associated with late referrals from screening units is scheduled for discussion with CCGs and the Cancer Network.  Projection Due to the Trust's reliance on referrals from other providers the 62 day screening referral to treatment target remains at risk.
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	14/15 - March	85%	86.30%	↑		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	14/15 - March	85%	85.86%	↔		
Mixed Sex Accommodation Breaches						
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	15/16 - April	0.00	0.00	↔		
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	15/16 - April	0.00	0.00	↔		

Referral To Treatment waiting times for non-urgent consultant-led treatment																
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (CCG)	15/16 - April	0	0	↔												
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (Southport & Ormskirk)	14/15 - March	0	0	↔												
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (CCG)	15/16 - April	0	0	↔												
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (Southport & Ormskirk)	14/15 - March	0	0	↔												
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	15/16 - April	0	0	↔												
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	14/15 - March	0	0	↔												
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (CCG)	15/16 - April	90%	85.04%	↔	<p>Southport &amp; Formby CCG failed to achieve the target of 90% for the third consecutive month, achieving 85.04%. This is also a further decline in performance since last month and is therefore the lowest performance recorded compared to 2014/15. This month's activity equates to 108 patients 722 not being within 18 weeks. Please see speciality breakdown:-</p> <ul style="list-style-type: none"> <li>• T&amp;O (43)</li> <li>• Ophthalmology (22)</li> <li>• Urology (11)</li> <li>• Gynaecology (7)</li> <li>• General Surgery (6)</li> <li>• ENT (6)</li> <li>• Cardiology (1)</li> <li>• Plastic Surgery (1)</li> <li>• Dermatology (1)</li> <li>• All Other (10)</li> </ul>	See below for detailed narrative outlining the reasons for under performance in Southport & Ormskirk Hospital. The CCG is liaising with Liverpool CCG to discuss the breaches occurring at Alder Hey and Liverpool Heart & Chest Hospital.										
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (Southport & Ormskirk)	14/15 - March	90%	80.25%	↔	<p>The Trust failed to achieve the target of 90% in March achieving 80.25%. This equates to 188 patients out of 952 not been seen within 18 weeks. These breaches were in the following specialities:-</p> <table border="0"> <tr> <td>General Surgery (29)</td> <td>Urology (10)</td> </tr> <tr> <td>T&amp;O (55)</td> <td>Ophthalmology (34)</td> </tr> <tr> <td>Oral Surgery (12)</td> <td>ENT (10)</td> </tr> <tr> <td>Gynaecology (4)</td> <td>General Medicine (1)</td> </tr> <tr> <td></td> <td>'All other' (33).</td> </tr> </table>	General Surgery (29)	Urology (10)	T&O (55)	Ophthalmology (34)	Oral Surgery (12)	ENT (10)	Gynaecology (4)	General Medicine (1)		'All other' (33).	A contract query was issued to Southport & Ormskirk in late May, regarding all aspects of RTT performance and the Trust have responded outlining their action plan and a target to achieve compliance for July 2015 reporting. See below for Trust exception narrative.
General Surgery (29)	Urology (10)															
T&O (55)	Ophthalmology (34)															
Oral Surgery (12)	ENT (10)															
Gynaecology (4)	General Medicine (1)															
	'All other' (33).															

<p>Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (CCG)</p>	<p>15/16 - April</p>	<p>95%</p>	<p>94.10%</p>	<p>↓</p>	<p>Southport &amp; Formby CCG failed to achieve the target of 95% for the second consecutive month, achieving 94.10%. This also shows a slight decline in performance since last month. This month's activity equates to 184 patients out of 3,117 not being seen within 18 weeks. Please see speciality breakdown below:-</p> <ul style="list-style-type: none"> <li>• Cardiology (26)</li> <li>• Ophthalmology (25)</li> <li>• Dermatology (22)</li> <li>• ENT (19)</li> <li>• T&amp;O (15)</li> <li>• General Surgery (10)</li> <li>• Gynaecology (8)</li> <li>• Urology (8)</li> <li>• General Medicine (6)</li> <li>• Gastroenterology (5)</li> <li>• Rheumatology (4)</li> <li>• Respiratory Medicine (3)</li> <li>• All Other (33)</li> </ul>	
<p>Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (Southport &amp; Ormskirk)</p>	<p>14/15 - March</p>	<p>95%</p>	<p>93.74%</p>	<p>↔</p>	<p>The Trust narrowly failed to achieve the target of 95% in March achieving 93.74%. This equates to 302 patients out of 4828 not been seen within 18 weeks. These breaches were in:</p> <ul style="list-style-type: none"> <li>Urology (10)</li> <li>T&amp;O (22)</li> <li>Oral Surgery (8)</li> <li>General Medicine (29)</li> <li>Gastroenterology (17)</li> <li>Cardiology (12)</li> <li>Geriatric Medicine (2)</li> <li>Gynaecology (10)</li> <li>Other (54)</li> </ul> <p style="text-align: center;">General Surgery (10)</p> <p style="text-align: center;">Ophthalmology ENT (34)</p> <p style="text-align: center;">Dermatology Rheumatology (3)</p>	<p>The Trust continues to treat patients in chronological order from the longest waiter first excluding any patients that are urgent or have another priority status, for example military veterans. During March the Trust continued to utilise national funding to run waiting list initiatives focusing on reducing the number of patients with a wait longer than 18 weeks. A significant volume of patients were treated during the month from both the admitted and non-admitted pathways. This has been acknowledged by the TDA who have thanked the Trust for the reduction in the number of patients waiting.</p> <p>The Trust has also undertaken a significant validation exercise to ensure that the waiting list data is accurate. A number of patients had been incorrectly assigned to non-RTT pathways. These have been validated and are now reported against the correct RTT pathways. This has caused an increase to the backlog position across both admitted and non-admitted pathways.</p> <p>Actions</p> <ul style="list-style-type: none"> <li>• The Trust continues to assign resources to the validation process.</li> <li>• A comprehensive training programme has been delivered by the organisation that owns the Medway system.</li> <li>• Weekly RTT data meetings continue with an emphasis on delivering a comprehensive action plan.</li> <li>• Revised twice-weekly monitoring to senior operational managers.</li> <li>• The Trust is revising all Standard Operating Procedures including RTT. Prediction</li> </ul> <p>Validation work continues to be carried out across all pathways. As a result of this work the Trust has a larger backlog than planned. The total number of patients waiting over 18 weeks remains too great a proportion of clock stops to deliver compliance against the operational standards. This is focused in a small number of specialities which the Trust is addressing. As a result the Trust will continue to breach the admitted and non-admitted standards until the position improves. A deadline has been set to deliver compliance in July.</p>

Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	15/16 - April	92%	93.98%	↔		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Southport & Ormskirk)	14/15 - March	92%	93.20%	↓		
<b>A&amp;E waits</b>						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG)	15/16 - April	95.00%	93.20%	↓	Southport & Formby CCG failed the 95% target in April. 250 attendances out of 3698 were not admitted, transferred or discharged within 4 hours.	
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk)	15/16 - April	95.00%	92.70%	↓	Southport & Ormskirk have failed the target in April reaching 92.7%. 799 attendances out of 10126 were not admitted, transferred or discharged within 4 hours. The Trust have failed the target each month since October 2014.	The wider urgent care action plan is addressing significant health economy issues, many of which are long-term objectives. Unofficial data suggests May was also a challenging month but the first two weeks of June indicated compliance with the target.
<b>Diagnostic test waiting times</b>						
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	15/16 - April	1.00%	0.23%	↑		
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	14/15 - March	1.00%	0.30%	↔		
<b>Category A ambulance calls</b>						
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	15/16 - April	75%	63.40%	↓	The CCG failed to achieve the 75% target in April.	
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	15/16 - April	75%	69.20%	↑	The CCG failed to achieve the 75% target in April.	
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	15/16 - April	95%	86.90%	↓	The CCG continue to fail the 95% target as they did in 2014/15.	
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	15/16 - April	75%	71.20%	↑	NWAS failed to achieve the 75% in April. The only month they achieved target in 2014/15 was April.	
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	15/16 - April	75%	72.10%	↑	NWAS failed to achieve the 75% in April. The only month they achieved target in 2014/15 was April.	
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	15/16 - April	95%	93.30%	↔	NWAS failed to achieve the 95% target in April. NWAS have failed consecutively for the past 6 months.	

## 10.2 Friends and Family – Southport and Ormskirk Hospital NHS Trust

Figure 17 Friends and Family – Southport and Ormskirk Hospital NHS Trust

### Friends and Family Response Rates and Scores

Southport & Ormskirk

Clinical Area	Response Rate (RR) Target	RR Actual (Apr 2015)	RR - Trajectory From Previous Month (Mar 15)	Percentage Recommended (England Average)	Percentage Recommended (Apr 2015)	PR Trajectory From Previous Month (Mar 15)	Percentage Not Recommended (England Average)	Percentage Not Recommended (Apr 2015)	PNR Trajectory From Previous Month (Mar 15)
Inpatients	30%	13.1%	↓	95%	94%	↔	2%	2%	↑
A&E	20%	4.3%	↓	87%	83%	↑	6%	12%	↓
Q1 - Antenatal Care	N/A	-	-	95%	88%	↓	1%	9%	↓
Q2 - Birth	N/A	8.8%	↓	97%	84%	↓	1%	5%	↓
Q3 - Postnatal Ward	N/A	-	-	93%	88%	↓	2%	6%	↓
Q4 - Postnatal Community Ward	N/A	-	-	98%	96%	↓	1%	4%	↓

Where cell contains "-" no denominator data available

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

- % Response rate
- % Recommended
- % Not Recommended.

The Trust failed to achieve the A&E response rate target and achieved 4.3% in April against a target of 20%, there has also been a decline in performance from the March position. They Trust reported below the England Average percentage recommended and they saw a further decline in monthly performance against the March position.

The Trust also saw an fall in performance relating to Inpatient response rate target, achieving 13.1% against a target of 30%.

Work is on-going with the Trust to review Friends & Family Performance, the Trust has advised they are liaising with Aintree Hospital to share their A&E good practice. In addition the Trust has been invited to attend the CCG's EPEG meetings to provide regular updates against performance.

At the last CQPG meeting in June, the Trust informed the CCG that Task and finish group now is in place chaired by the Trust's Director of Nursing with an Action Plan in place to review additional methods to increase FFT feedback in A&E ie text messaging service. This Action Plan will be monitored at the monthly CQPG meetings.

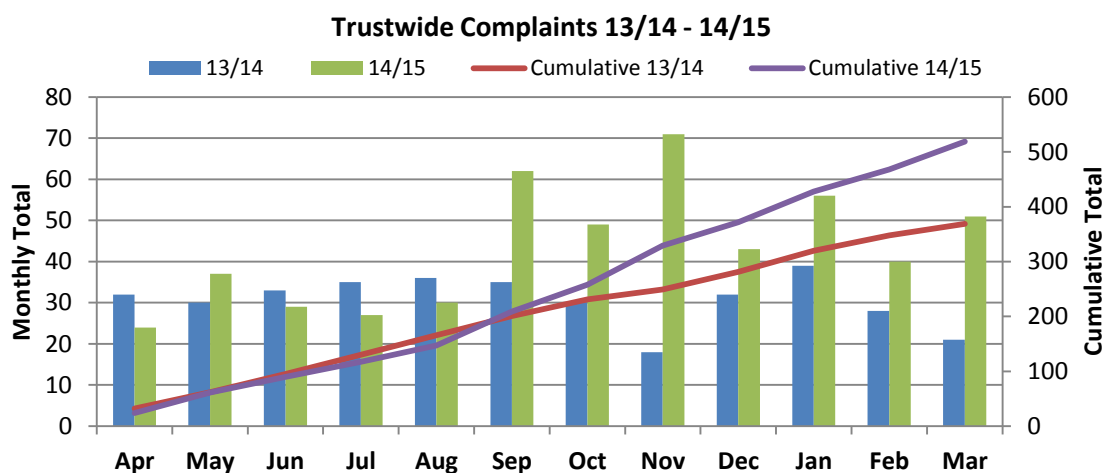
### 10.3 Complaints

#### Southport & Ormskirk Hospital Trust wide Complaints

The following section has been summarised from the Trust's Quarter 3 Complaints Report which was discussed at the CQPG meeting in June

#### Complaints

147 complaints were received into the Trust in Q4, a decrease of 10% on the 163 reported in Q3 but a 67% increase on the same period in 2013/14. If we take into account both complaint and concerns/information requests numbers, the figures in Q4 2014/15 are 13% lower than for the same time period last year (307 in 14/15, 354 in 13/14). This suggests that the 67% increase is due to the re-classification of concerns into formal complaints which happened with effect from September 2014.



#### Top 3 Reasons for Complaint – Quarter 4 14/15

All complaints are categorised by the subjects and sub-subjects contained within them. This means that any one complaint can contain multiple subjects. The 147 complaints received in Q4 have in them 267 subjects, the breakdown of which will now be analysed.

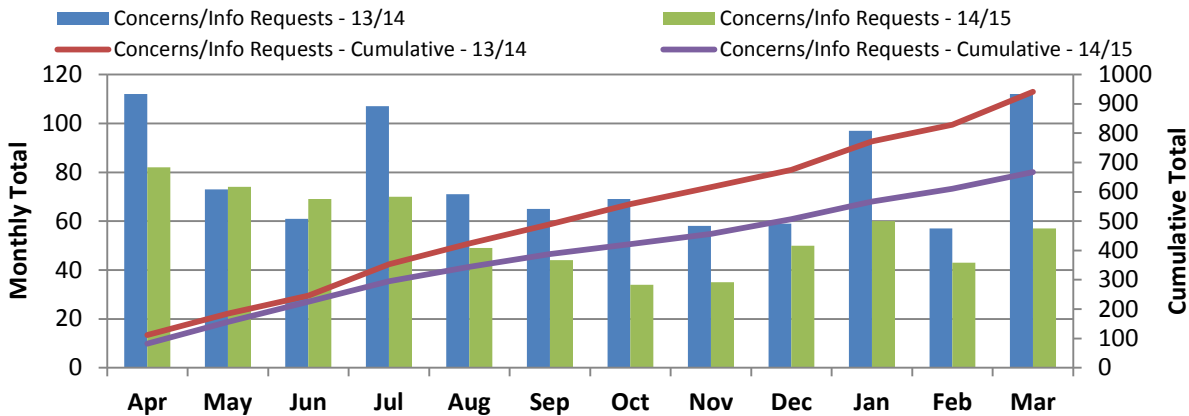
The top three reasons for complaint in Quarter 4 were **Clinical Treatment** (32.6%), **Oral Communication** (18%) and **Date for Appointment** (9.7%). Combined, these top three subjects account for 60.2% of all complaints received in Q4.

#### Concerns/Information Requests

The graph below shows the numbers of Concerns/Information Requests received into the Trust last year and this. As expected, numbers this year are down on last year, due to the re-

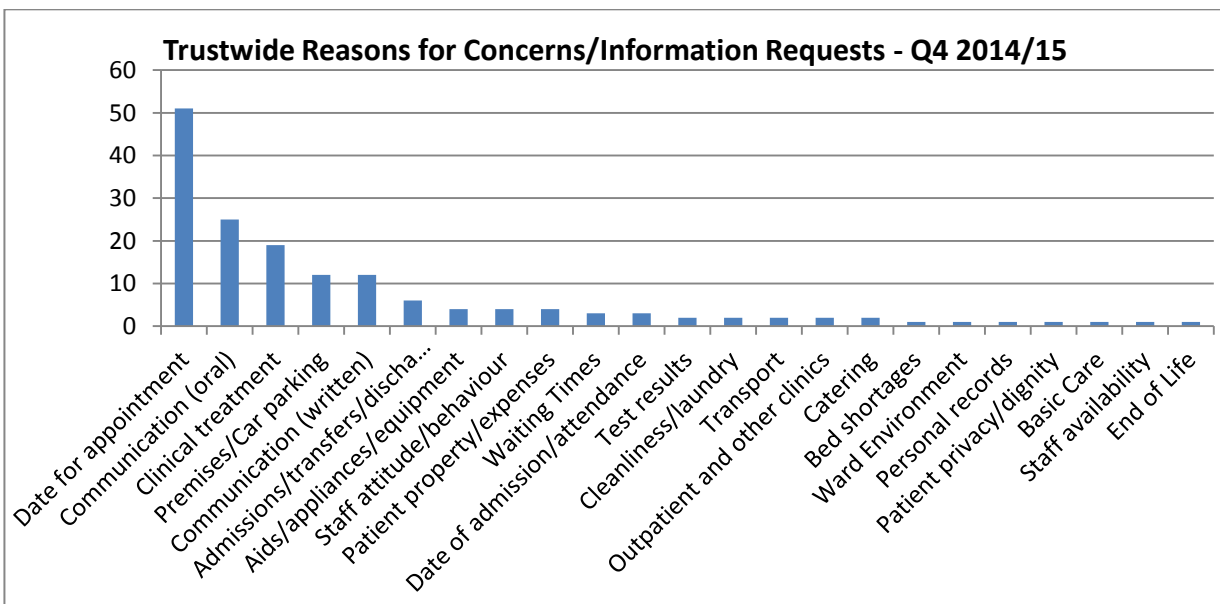
classification of concerns into formal complaints. 160 concerns were received in Q4, 40% fewer than the same period last year, but 34% higher than Q3 14/15.

### Trustwide Concerns/Information Requests (formerly PALS) 13/14 - 14/15



### Reasons behind Concerns/Information Requests

The graph below shows the prevalence of subjects contained within the Concerns/Information Requests received in Q4.



**Date for Appointment** dominates the reasons, accounting for 32% of the concerns in Q4. Of these concerns, they are dominated by **Podiatry**, as in Q3, who account for 39% of all the 'Date for Appointment' concerns received in Q4. The majority of these were received in January however, (12 concerns), with a significant reduction to six in February and then two in March. The second biggest contribution to these concerns comes from **Gastroenterology**, which accounts for 10% of the 'Date for Appointment' concerns received in Q4, having received five concerns in quarter, in comparison to just two received in the preceding nine months of this financial year.

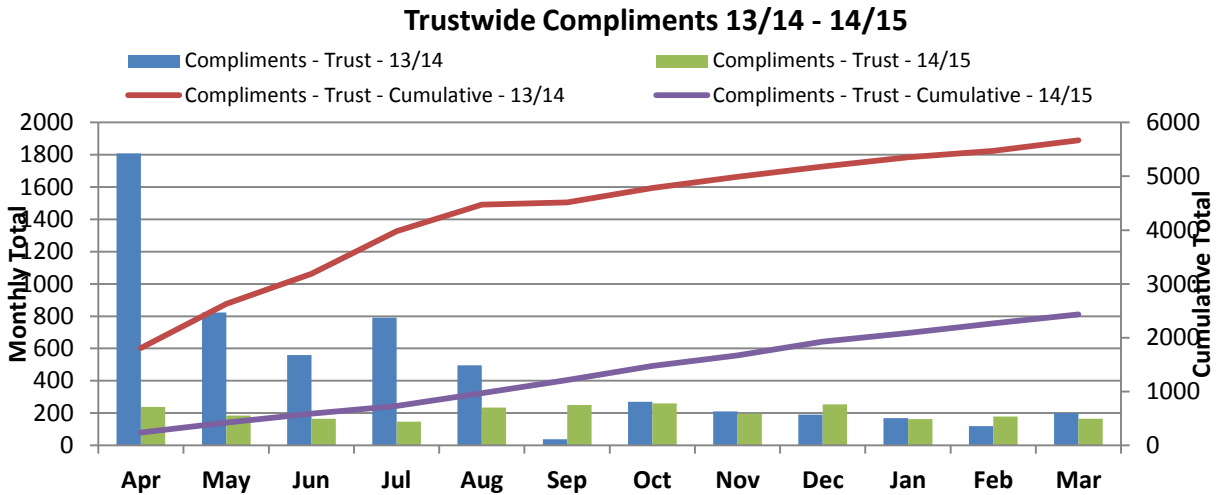
Oral **Communication** continues to be a theme, with 25 concerns citing this issue. Three of these concerns were raised around **Physiotherapy**, with patients concerned around miscommunication of appointment locations, system issues and lack of clear explanation

regarding a treatment plan. Two of the concerns relate to **ECG**, with both patients being unable to get through to the department by telephone.

**Clinical treatment** accounted for 19 of the 160 concerns received in Q4. Of these, A&E account for 16%, with three concerns raised in Q4. Two of these were concerns voiced via Twitter and NHS Choices. Two of these concerns relate to Ophthalmology, two to 7A, and two to Skelmersdale Walk in Centre.

**Compliments**

The graph below shows compliment numbers this year compared to last. Numbers reported continue to be lower than last year, due to under-reporting on Datix.



**10.4 Serious Untoward Incidents (SUIs)**

**SUIs Reported at Southport & Formby CCG level**

For Southport & Formby CCG there have been six serious incidents reported in April 2015 – 1 x Unexpected Death (general), 3 x Grade 3 Pressure Ulcers and 2 x Grade 4 Pressure Ulcers.

**Number of Never Events reported in period**

0 never events reported in April 2015

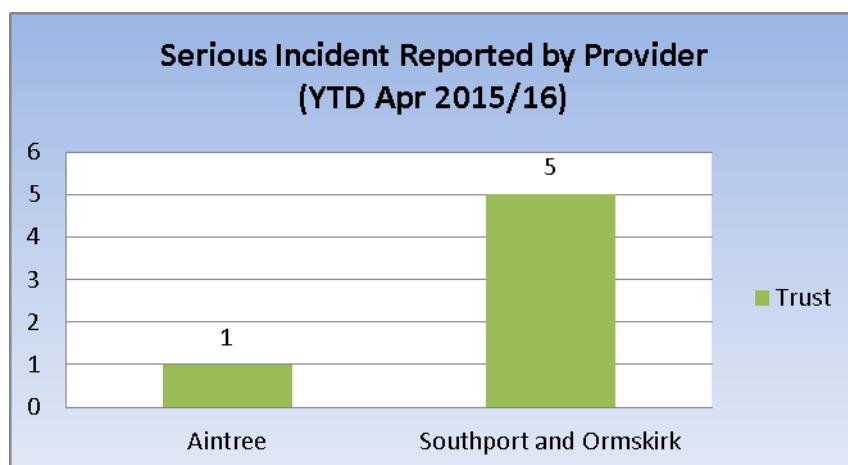
**Number of Southport & Formby CCG Incidents reported by Provider**

Please note the data comes from Datix and not StEIS, as such differences in the figures reported for Liverpool community health and Mersey Care will be notable. These known data issues are being worked through with the Providers and the differing data sets.

Provider / Type of Incident	Apr	YTD
Aintree University Hospital NHS Foundation Trust		



Unexpected Death (general)	1	1
<b>Southport and Ormskirk Hospital NHS Trust</b>		
Pressure ulcer - (Grade 3)	3	3
Pressure ulcer - (Grade 4)	2	2
<b>Grand Total</b>	<b>6</b>	<b>6</b>



### Southport & Ormskirk Hospital Serious Incidents

#### Number of Serious Untoward Incidents (SUIs) reported in period

25 serious incidents reported in April 2015.

STEIS Number	Incident Category	Reported within 48hrs from Incident Date	Reported within 48hrs from Incident Identified
2015/12495	Pressure ulcer - (Grade 3)	Yes	Yes
2015/12501	Pressure ulcer - (Grade 3)	Yes	Yes
2015/12893	Pressure ulcer - (Grade 3)	Reported 30 days after. Incident = 21/2/15, Reported = 8/4/15.	Yes
2015/12894	Pressure ulcer - (Grade 3)	Reported 20 days after. Incident = 9/3/15, Reported = 8/4/15.	Yes
2015/12895	Pressure ulcer - (Grade 3)	Yes	Yes
2015/12896	Pressure ulcer - (Grade 4)	Yes	Yes
2015/13164	Sub-optimal care of the deteriorating patient	Reported 82 days after. Incident = 10/12/14, Reported = 10/4/15.	Yes
2015/13691	Pressure ulcer - (Grade 4)	Reported 6 days after. Incident = 6/4/15, Reported = 15/4/15.	No reported 4 days after. Identification = 9/4/15, reported = 15/4/15.
2015/13701	Pressure ulcer - (Grade 3)	Reported 42 days after. Incident = 12/2/15, Reported = 15/4/15.	Yes
2015/13702	Pressure ulcer - (Grade 4)	Reported 6 days after. Incident = 3/4/15, Reported = 15/4/15.	Yes



2015/13704	Pressure ulcer - (Grade 3)	Yes	Yes
2015/13705	Pressure ulcer - (Grade 3)	Yes	No identification date recorded.
2015/13706	Pressure ulcer - (Grade 3)	Reported 6 days after. Incident = 5/4/15, Reported = 15/4/15.	Yes
2015/13707	Pressure ulcer - (Grade 3)	Reported 25 days after. Incident = 9/3/15, Reported = 17/4/15.	Yes
2015/13837	Pressure ulcer - (Grade 4)	Yes	Yes
2015/13834	Unexpected Death of Inpatient (in receipt)	Yes	Yes
2015/14042	Pressure ulcer - (Grade 3)	Reported 19 days after. Incident = 19/3/15, Reported = 17/4/15.	No reported 8 days after. Identification = 7/4/15, reported = 17/4/15.
2015/14041	Pressure ulcer - (Grade 3)	Reported 117 days after. Incident = 29/10/14, Reported = 17/4/15.	No reported 116 days after. Identification = 30/10/14, reported = 17/4/15.
2015/14043	Pressure ulcer - (Grade 4)	Reported 79 days after. Incident = 20/12/14, Reported = 17/4/15.	No reported 79 days after. Identification = 20/12/14, reported = 17/4/15.
2015/14047	Pressure ulcer - (Grade 3)	Reported 94 days after. Incident = 29/11/14, Reported = 17/4/15.	No reported 94 days after. Identification = 1/12/14, reported = 17/4/15.
2015/14218	Pressure ulcer - (Grade 4)	Yes	Yes
2015/15372	Pressure ulcer - (Grade 4)	Yes	Yes
2015/15615	Pressure ulcer - (Grade 3)	Yes	Yes
15/15623	Pressure ulcer - (Grade 4)	Reported 5 days after. Incident = 23/4/15, Reported = 30/4/15.	Yes
2015/15623	Pressure ulcer - (Grade 3)	Yes	Yes

#### Number of Never Events reported in period

0 never events reported in April 15.

#### Number of repeated incidents reported YTD

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

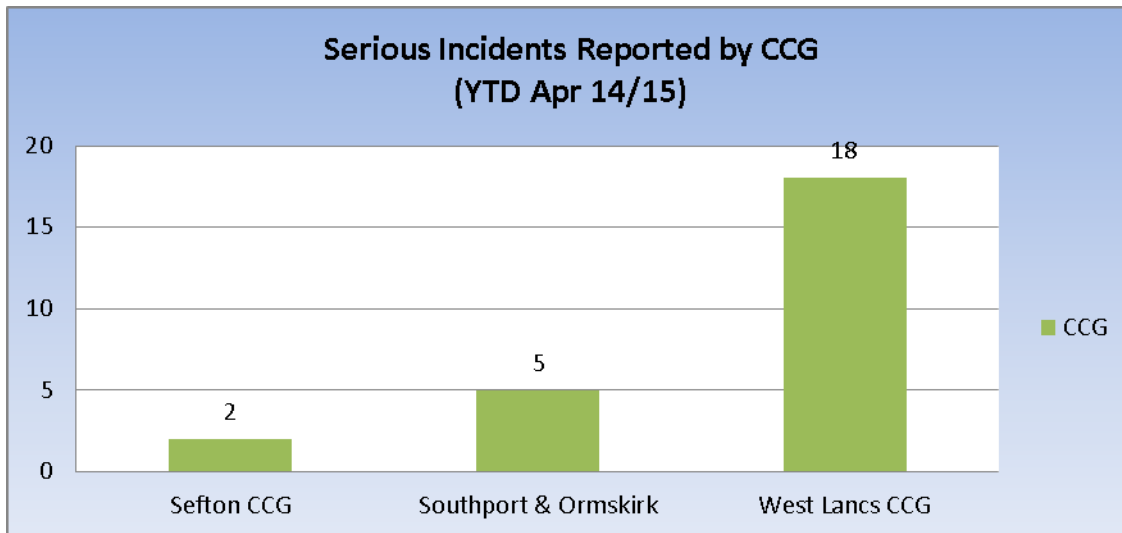
- 15xPressure ulcer – (Grade 3)
- 8xPressure ulcer – (Grade 4)

#### Number of Incidents reported by CCG

CCG Name / Incident Type	Apr	YTD
<b>Sefton CCG</b>		
Pressure ulcer - (Grade 3)	1	1
Pressure ulcer - (Grade 4)	1	1
<b>Southport &amp; Formby CCG</b>		
Pressure ulcer - (Grade 3)	3	3
Pressure ulcer - (Grade 4)	2	2

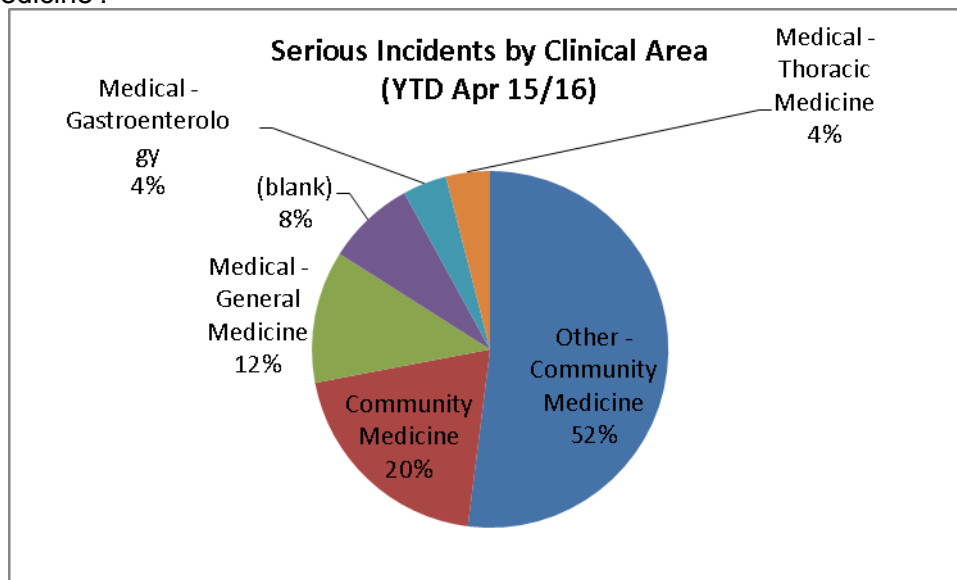


West Lancashire CCG		
Pressure ulcer - (Grade 3)	11	11
Pressure ulcer - (Grade 4)	5	5
Sub-optimal care of the deteriorating patient	1	1
Unexpected Death of Inpatient (in receipt)	1	1
<b>Grand Total</b>	<b>25</b>	<b>25</b>



**Incidents reported by clinical area**

The majority of incidents reported split by clinical area have been categorized as ‘Other – Community Medicine’.





## 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 new Cheshire & Merseyside Intelligence Portal (CMiP).



## 11.4 Summary of performance

Figure 18 Summary of Primary Care Dashboard – Urgent Care Summary

### Southport & Formby CCG Urgent Care Practice Scorecard 2014/15

Indicator		A&E Attendance rate per 1000 for under 19's (12 Mths to Feb-15)			A&E Attendance rate per 1000 for 19-74 yrs (12 Mths to Feb-15)			A&E Attendance rate per 1000 for over 75's (12 Mths to Feb-15)			Emergency Admission rate per 1000 for under 19's (12 Mths to Feb-15)			Emergency Admission rate per 1000 for 19-74 yrs (12 Mths to Feb-15)			Emergency Admission rate per 1000 for over 75's (12 Mths to Feb-15)		
Code	Practice	Period	Result	Score	Period	Result	Score	Period	Result	Score	Period	Result	Score	Period	Result	Score	Period	Result	Score
N84012	AINSDALE MEDICAL CENTRE	Dec-14	46.39	0	Dec-14	105.14	3	Dec-14	211.38	3	Dec-14	27.57	3	Dec-14	35.94	3	Dec-14	137.87	3
N84014	AINSDALE VILLAGE SURGERY	Dec-14	47.12	0	Dec-14	114.01	2	Dec-14	206.65	3	Dec-14	36.18	3	Dec-14	40.00	2	Dec-14	131.50	3
N84024	GRANGE SURGERY	Dec-14	37.54	3	Dec-14	123.12	2	Dec-14	253.53	2	Dec-14	35.59	3	Dec-14	43.67	0	Dec-14	173.94	2
N84037	LINCOLN HOUSE SURGERY	Dec-14	61.15	0	Dec-14	137.23	0	Dec-14	308.02	0	Dec-14	37.63	2	Dec-14	46.09	0	Dec-14	208.86	0
N84625	THE FAMILY SURGERY	Dec-14	47.31	0	Dec-14	142.48	0	Dec-14	298.54	0	Dec-14	60.58	0	Dec-14	52.97	0	Dec-14	225.73	0
N84005	CUMBERLAND HOUSE SURGERY	Dec-14	36.64	3	Dec-14	130.01	0	Dec-14	320.02	0	Dec-14	47.49	0	Dec-14	45.00	0	Dec-14	194.20	0
N84013	CURZON ROAD MEDICAL PRACTICE	Dec-14	56.61	0	Dec-14	152.39	0	Dec-14	333.83	0	Dec-14	51.62	0	Dec-14	47.71	0	Dec-14	227.00	0
N84021	ST MARKS MEDICAL CENTRE	Dec-14	51.95	0	Dec-14	171.74	0	Dec-14	302.91	0	Dec-14	54.38	0	Dec-14	57.01	0	Dec-14	206.99	0
N84617	KEW SURGERY	Dec-14	45.84	0	Dec-14	141.25	0	Dec-14	326.58	0	Dec-14	35.85	3	Dec-14	44.26	0	Dec-14	222.97	0
Y02610	TRINITY PRACTICE	Dec-14	30.98	3	Dec-14	205.99	0	Dec-14	447.65	0	Dec-14	59.32	0	Dec-14	69.10	0	Dec-14	326.71	0
N84006	CHAPEL LANE SURGERY	Dec-14	55.88	0	Dec-14	84.61	3	Dec-14	223.87	3	Dec-14	27.58	3	Dec-14	29.54	3	Dec-14	149.50	3
N84018	THE VILLAGE SURGERY FORMBY	Dec-14	47.16	0	Dec-14	86.86	3	Dec-14	207.66	3	Dec-14	35.93	3	Dec-14	31.92	3	Dec-14	144.83	3
N84036	FRESHFIELD SURGERY	Dec-14	44.33	2	Dec-14	95.11	3	Dec-14	214.29	3	Dec-14	41.17	0	Dec-14	37.81	3	Dec-14	190.48	0
N84618	THE HOLLIES	Dec-14	49.83	0	Dec-14	93.54	3	Dec-14	215.23	3	Dec-14	32.03	3	Dec-14	34.24	3	Dec-14	158.94	3
N84008	NORWOOD SURGERY	Dec-14	42.00	2	Dec-14	115.00	2	Dec-14	243.93	2	Dec-14	39.16	2	Dec-14	41.35	2	Dec-14	176.87	2
N84017	CHURCHTOWN MEDICAL CENTRE	Dec-14	37.83	3	Dec-14	126.64	0	Dec-14	276.53	0	Dec-14	36.52	2	Dec-14	48.69	0	Dec-14	201.62	0
N84032	SUSSEX ROAD SURGERY	Dec-14	59.30	0	Dec-14	116.07	2	Dec-14	236.97	2	Dec-14	34.43	3	Dec-14	34.26	3	Dec-14	151.66	3
N84611	ROE LANE SURGERY	Dec-14	50.37	0	Dec-14	107.34	3	Dec-14	269.82	0	Dec-14	31.87	3	Dec-14	32.05	3	Dec-14	172.26	2
N84613	THE CORNER SURGERY (DR MULLA)	Dec-14	48.08	0	Dec-14	107.94	3	Dec-14	272.51	0	Dec-14	32.86	3	Dec-14	43.64	0	Dec-14	170.62	2
N84614	THE MARSHSIDE SURGERY (DR WAINWRIGHT)	Dec-14	38.46	3	Dec-14	119.32	2	Dec-14	239.36	2	Dec-14	48.58	0	Dec-14	43.83	0	Dec-14	175.53	2
Southport & Formby Average			45.58			124.58			261.84			40.57			43.55			179.86	

Figure 19 Summary of Primary Care Dashboard – Example Locality Summary

## Southport & Formby CCG Central Southport Practice Local Scorecard 2014/15

Under Construction

		Frequency	Latest Update	NS4005	NS4013	NS4021	NS4617	Y02610	
U N D E R C O N S T R U C T I O N	A&E Attendance rate per 1000 for under 19's	Monthly	Feb-15	36.64	36.61	31.95	43.94	30.98	
	A&E Attendance rate per 1000 for 19-74 yrs	Monthly	Feb-15	130.01	152.39	171.74	141.23	203.99	
	A&E Attendance rate per 1000 for over 75's	Monthly	Feb-15	320.02	333.83	302.91	326.58	447.69	
	Emergency Admission rate per 1000 for under 19's	Monthly	Feb-15	47.49	31.62	34.38	35.85	39.32	
	Emergency Admission rate per 1000 for 19-74 yrs	Monthly	Feb-15	45.00	47.71	37.01	44.26	69.10	
	Emergency Admission rate per 1000 for over 75's	Monthly	Feb-15	194.20	227.00	206.99	222.97	326.71	
R E F E R R A L S	GP Referrals to Secondary Care - Dec 2014	Monthly	Feb-15	13.54	14.45	14.11	14.03	13.18	
	C&B GP referrals to Secondary Care - Dec 2014	Monthly	Feb-15	2.13	0.64	1.56	0.95	0.00	
	Non C&B Referrals to Secondary Care - Dec 2014	Monthly	Feb-15	0.66	1.27	0.25	0.68	1.37	
	Cancer Fast Track Referrals - Dec 2014	Monthly	Feb-15	12.89	13.18	13.85	13.35	13.81	
	Lipid Modifying Drug: Ezetimibe % Items	Quarterly	Q2 14/15	4.16	7.9	2.66	5.14	2.77	
P R E S C R I B I N G	Hypnotics ADQ/STAR PU (ADQ based)	Quarterly	Q2 14/15	0.23	0.64	0.37	0.74	0.32	
	Antidepressants: First choice % Items	Quarterly	Q2 14/15	64.52	61.86	67.01	73.89	54.37	
	Antibacterial Items/STAR PU	Quarterly	Q2 14/15	0.37	0.45	0.36	0.38	0.49	
	Minocycline ADQ/1000 Patients	Quarterly	Q2 14/15	0	0	36.47	0	20.9	
	NSAIDs: Ibuprofen & Naproxen % Items	Quarterly	Q2 14/15	86.25	82.75	83.29	80.35	88.24	
	NSAIDs ADQ/STAR PU	Quarterly	Q2 14/15	1.7	2.93	1.04	2.14	0.32	
	Wound care products: NIC/Item	Quarterly	Q2 14/15	25.71	21.08	21.84	10.01	32.25	
	Rosuvastatin as % All Statin	Quarterly	Q2 14/15	0.08%	2.50%	2.48%	5.96%	1.77%	
	Dosulepin as a % of All Antidepressants	Quarterly	Q2 14/15	0.82%	0.39%	0.76%	0.29%	0.33%	
	Specials per 1000 Item based ASTRO PU	Quarterly	Q2 14/15	0.09	0.13	0.19	0.12	0.28	
	Urology Products Total Actual Cost	Quarterly	Q2 14/15	666.77	0	388.13	333.02	0	
	Potential Generics Savings	Quarterly	Q2 14/15	3462.83	1060.52	6115.27	874.88	979.94	
	Enteral Sip Feeds NIC/PU	Quarterly	Q2 14/15	0.383	0.858	0.4	0.765	1.584	
	Q O F	Estimated percentage of detected CHD prevalence	Annual	2010/11	#N/A	#N/A	#N/A	#N/A	#N/A
		Estimated percentage of detected COPD prevalence	Annual	2010/11	#N/A	#N/A	#N/A	#N/A	#N/A
Estimated percentage of detected hypertension prevalence		Annual	2010/11	#N/A	#N/A	#N/A	#N/A	#N/A	
Estimated percentage of detected stroke prevalence		Annual	2010/11	#N/A	#N/A	#N/A	#N/A	#N/A	
Estimated percentage of detected diabetes prevalence		Annual	2008/09	#N/A	#N/A	#N/A	#N/A	#N/A	
The contractor establishes and maintains a register of patients with atrial fibrillation		Annual	2013/14	1.69%	1.96%	1.92%	1.35%	2.11%	
The contractor establishes and maintains a register of patients with asthma, excluding patients with asthma who have been prescribed no asthma-related drugs in the preceding 12 months		Annual	2013/14	6.75%	6.52%	6.46%	4.89%	2.88%	
The contractor practice establishes and maintains a register of all cancer patients defined as a register of patients with a diagnosis of cancer excluding non-melanotic skin cancers diagnosed on or after 1 April 2003		Annual	2013/14	2.82%	2.56%	2.41%	2.55%	0.85%	
The contractor establishes and maintains a register of patients with coronary heart disease		Annual	2013/14	4.01%	4.90%	4.21%	2.80%	3.52%	
The contractor establishes and maintains a register of patients aged 18 years and over with CKD (US National Kidney Foundation: Stage 3 to 5 CKD)		Annual	2013/14	4.71%	3.54%	4.13%	2.23%	4.37%	
The contractor establishes and maintains a register of patients with COPD		Annual	2013/14	1.66%	1.99%	1.81%	1.46%	1.63%	
The contractor establishes and maintains a register of patients diagnosed with dementia		Annual	2013/14	0.88%	1.74%	0.74%	0.47%	6.37%	
The contractor establishes and maintains a register of all patients aged 17 or over with diabetes mellitus, which specifies the type of diabetes where a diagnosis has been confirmed		Annual	2013/14	5.50%	6.20%	5.00%	4.42%	5.33%	
The contractor establishes and maintains a register of patients aged 18 or over receiving drug treatment for epilepsy		Annual	2013/14	0.68%	0.60%	0.91%	0.71%	1.97%	
The contractor establishes and maintains a register of patients with heart failure		Annual	2013/14	1.08%	1.11%	0.85%	0.55%	0.77%	
The contractor establishes and maintains a register of patients with established hypertension		Annual	2013/14	14.79%	15.47%	14.44%	9.95%	12.74%	
The contractor establishes and maintains a register of patients aged 18 or over with learning disabilities		Annual	2013/14	0.46%	1.01%	1.11%	0.41%	2.93%	
The contractor establishes and maintains a register of patients with schizophrenia, bipolar affective disorder and other psychoses and other patients on lithium therapy		Annual	2013/14	1.33%	1.58%	1.58%	0.82%	3.28%	
The contractor establishes and maintains a register of patients aged 16 or over with a BMI greater than or equal to 30 in the preceding 12 months		Annual	2013/14	8.19%	9.90%	9.09%	5.38%	8.53%	
The contractor establishes and maintains a register of patients with peripheral arterial disease		Annual	2013/14	1.02%	0.98%	0.88%	0.60%	1.04%	
The percentage of patients aged 15 or over whose notes record smoking status in the preceding 24 months		Annual	2013/14	90.83%	86.68%	80.76%	86.30%	85.79%	
The contractor establishes and maintains a register of patients with stroke or TIA		Annual	2013/14	1.91%	2.44%	1.97%	1.35%	3.94%	
The contractor establishes and maintains a register of patients with hypothyroidism who are currently treated with levothyroxine		Annual	2013/14	3.06%	3.32%	3.17%	2.50%	2.99%	

