

Southport & Formby Clinical Commissioning Group

Integrated Performance Report June 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 June 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 2) | CCG | |
| Ambulance Category 19 Transportation | CCG | |
| Cancer 2 Week Urgent GP Referral - Breast Symptoms | CCG | |
| Emergency Admissions for children with Lower Respiratory Tract Infections | CCG | |
| HCAI - C.Diff | CCG | |
| HCAI - C.Diff | S&ORM | |
| HCAI - MRSA | S&ORM | |
| IAPT - Roll Out | CCG | |
| IAPT - Recovery Rate | CCG | |
| RTT 18 Weeks - Admitted patients | CCG | |
| RTT 18 Weeks - Admitted patients | S&ORM | |
| RTT 18 Weeks - Non Admitted patients | CCG | |
| RTT 18 Weeks - Non Admitted patients | S&ORM | |
| Stroke | CCG | |
| Stroke | S&ORM | |
| TIA | CCG | |

Yearly measures - Apr 14 to Dec 14 provisional data update

| | | |
|---|-----|--|
| Patient reported outcomes measures for elective procedures: Hip replacement | CCG | |
|---|-----|--|

Key Information from this report

The financial position for Southport and Formby CCG as at 31 July 2015 (Month 4) is £0.466m overspent on operational budget areas before the application of reserves or contingency. The forecast outturn is £1.325m overspent. The financial position and forecast outturn have deteriorated significantly during the month, this presents an increased risk to the CCGs ability to achieve the planned surplus. In order to meet the planned surplus the CCG will need to deliver in-year savings of £2.332m. In addition, plans to achieve the CCG's QIPP requirement of £6.151m have not yet been fully identified. Failure to deliver all of the QIPP savings on a recurrent basis in 2015/16 will increase the financial pressure in future years.

Referrals – The Governing Body are requested to note the reported 18% increase in GP Referrals to secondary care between Q1 2014/15 and Q1 2015/16.

A&E waits – Year to date the CCG achieved 94.43% against a 95% target (with June achieving 95.98%). The target has failed at CCG level since October 2014. Southport & Ormskirk achieved 94.07% year to date (with June achieving 95.56%) again failing the year to date target. Site compliance remains a challenge, due to the changing nature of non-elective patients, the risk this has on Trust compliance remains. The wider urgent care action plan is addressing significant health economy issues, many of which are long term objectives.

Ambulance Activity - Category A Red 1, 8 minute response time – The CCG achieved the 75% target. The CCG are failed Category A Red, 2 recording 72.80% year to date against a 75% target. Category 19 Transportation recording 91.17% year to date also failing the 95% target. NWAS have achieved all 3 targets year to date and are flagged as green. The delivery and sustainability of emergency ambulance performance remains a key priority for commissioners. Performance continues to be closely monitored with the support of lead commissioner Blackpool CCG and through monthly contract and Strategic Partnership Board meetings with the NWAS executive team and commissioning leads. Locally the Mersey CCGs continue to meet with NWAS monthly to review performance at county and CCG level.

Cancer Indicators – For May the CCG are achieving all cancer indicators apart for 2 week breast symptoms at 82.43% year to date against a target of 93%, in May 9 patients were not seen within 14 days out of a total of 40 (77.5%). This is an effect of the closure of the Southport and Ormskirk breast unit to new patients and increased demand on the Royal Liverpool service. Southport & Ormskirk are achieving all cancer indicators.

Friends & Family - Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the above three parts for both inpatients and A&E. Despite this however, the trust have shown an improvement in response rates and the percentage of patients who would recommend services in all areas assessed. An action plan for improvement has been developed by the trust, for which the Director of Nursing is accountable. This action plan seeks to address the areas of poor performance.

| Measure – June 2015 | Southport & Ormskirk | England Average |
|----------------------|----------------------|-----------------|
| Inpatient – response | 22.8% | 27.3% |
| Recommended | 94.5% | 95.8% |
| Not Recommended | 1.5% | 1.4% |
| A&E – response | 9.0% | 15.1% |
| Recommended | 89.8% | 88.4% |
| Not Recommended | 7.1% | 6.0% |

HCAI – C difficile – The CCG are above target for C-difficile year to date, (actual 12 / plan 9) Year-end plan 38. Following five appeals, four cases were upheld meaning Southport & Ormskirk are now below the threshold with 8 cases against a threshold of 9.

HCAI – MRSA – In June the CCG had no new cases of MRSA. Southport & Ormskirk had no new cases in June, 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. A Post 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 debrief to ensure lessons have been learnt and embedded.

IAPT Access – Roll Out – Month 3 activity has been received however there are a number of outstanding queries that have been raised with the provider. The prevalence reported is incorrect as they used the plan figure

rather than the actuals in the calculation, an update is due imminently. The CCG are working closely with the new provider to ensure high quality data is provided. A data quality improvement project is being developed by NHS England area team to aid commissioners and providers.

IAPT Recovery - The CCG are under plan for recovery rate reaching 43.55% in Q1. This equates to 108 patients who have moved to recovery out of 269 who have completed treatment. The CCG will request an recovery plan from the provider. An update will be provided in month 4.

RTT 18 Weeks – Admitted patients – In June the CCG failed to achieve the target of 90% for the fifth consecutive month, achieving 89.40%. This month's activity equates to 87 patients 821 not being within 18 weeks. Also Southport & Ormskirk failed to achieve the target of 90% in May achieving 83.74%. This equates to 159 patients out of 978 not been seen within 18 weeks. The Trust continues to make progress toward Trust-level compliance; additional activity was scheduled in June and July in a number of specialties which will assist the Trust reach compliance.

RTT 18 Weeks – Non Admitted patients – In June the CCG failed to achieve the target of 95% achieving 94.48%, this equates to 200 patients out of 362 not being seen within 18 weeks. Southport & Ormskirk reported below the target of 95% in May, achieving 94.32% this equates to 256 patients out of 4509 not being seen within 18 weeks. The Trust continues to make progress toward Trust-level compliance. A contract query relating to RTT performance remains open with Southport and Ormskirk Hospital.

Patient Safety Incidents Reported – Southport & Ormskirk reported 13 Serious Untoward Incidents in June, bringing the year to date total to 50. Of the 13, 9 were pressure ulcers grade 3 and 4, 2 Pressure Sores - (Grade 3 or 4), 1 Allegation Against HC Professional and 1 Child abuse (institutional).

Stroke 90% time on stroke unit – The CCG failed the 80% target for June reaching 58.80%, 10 patients out of 17 spending at least 90% of their time on a stroke unit. Southport & Ormskirk failed to achieve the 80% target in June reaching 71.40%, 25 patients out of 35 spending at least 90% of their time on a stroke unit. here will be a relocation of beds within urgent care that will facilitate a dedicated stroke ward. This will assist in ensuring that patients are allocated to the correct area, particularly in times of pressure.

TIA assessed and treated within 24 hours – The CCG failed the 60% target in June reaching 57.10%. There were a total of 7 high risk patients all of which 3 were not assessed and treated within 24 hours. Southport & Ormskirk achieved the 60% target. Due to the number of patients within the service, a small number of breaches affect compliance. Whilst the Trust have increased capacity, patient choice and weekend presentations still pose a risk for future months.

PROMS – Patient reported outcomes measures for elective procedures: Hip replacement – Provisional data (Apr 14 – Dec 14) shows the CCG has scored the same as previous year, but failed to achieve a score higher than the England Average which is 0.449. PROMS have 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. Proposal to use Shared Decision Aids with patients being discussed at QIPP, Quality Committees and Locality Lead GP meetings.

2. Financial Position

2.1 Summary

This report focuses on the financial performance for Southport and Formby CCG as at 31 July 2015 (Month 4). The financial position is £0.466m overspent on operational budget areas before the application of reserves or contingency. The forecast outturn is £1.325m overspent.

The financial position and forecast outturn have deteriorated significantly during the month, this presents an increased risk to the CCGs ability to achieve the planned surplus. In order to meet the planned surplus the CCG will need to deliver in-year savings of £2.332m.

In addition, plans to achieve the CCG's QIPP requirement of £6.151m have not yet been fully identified. Failure to deliver all of the QIPP savings on a recurrent basis in 2015/16 will increase the financial pressure in future years.

Figure 1 Financial Dashboard

| Report Section | Key Performance Indicator | | This Month | Prior Month |
|----------------|----------------------------------|--|------------|-------------|
| 1 | Business Rule (Forecast Outturn) | 1% Surplus | ✓ | ✓ |
| | | 0.5% Contingency Reserve | ✓ | ✓ |
| | | 1% Non-Recurrent Headroom | ✓ | ✓ |
| 3 | Surplus | Financial Surplus / (Deficit) before the application of reserves - £'000 | (£1.325m) | (£0.227m) |
| 4 | QIPP | Unmet QIPP to be identified > 0 | £5.717m | £6.089m |
| 5 | Running Costs (Forecast Outturn) | CCG running costs < National 2015/16 target of £22.07 per head | ✓ | ✓ |
| 6 | BPPC | NHS - Value YTD > 95% | 97.7% | 97.0% |
| | | NHS - Volume YTD > 95% | 82.7% | 84.2% |
| | | Non NHS - Value YTD > 95% | 90.0% | 90.5% |
| | | Non NHS - Volume YTD > 95% | 91.8% | 90.1% |

2.2 Resource Allocation

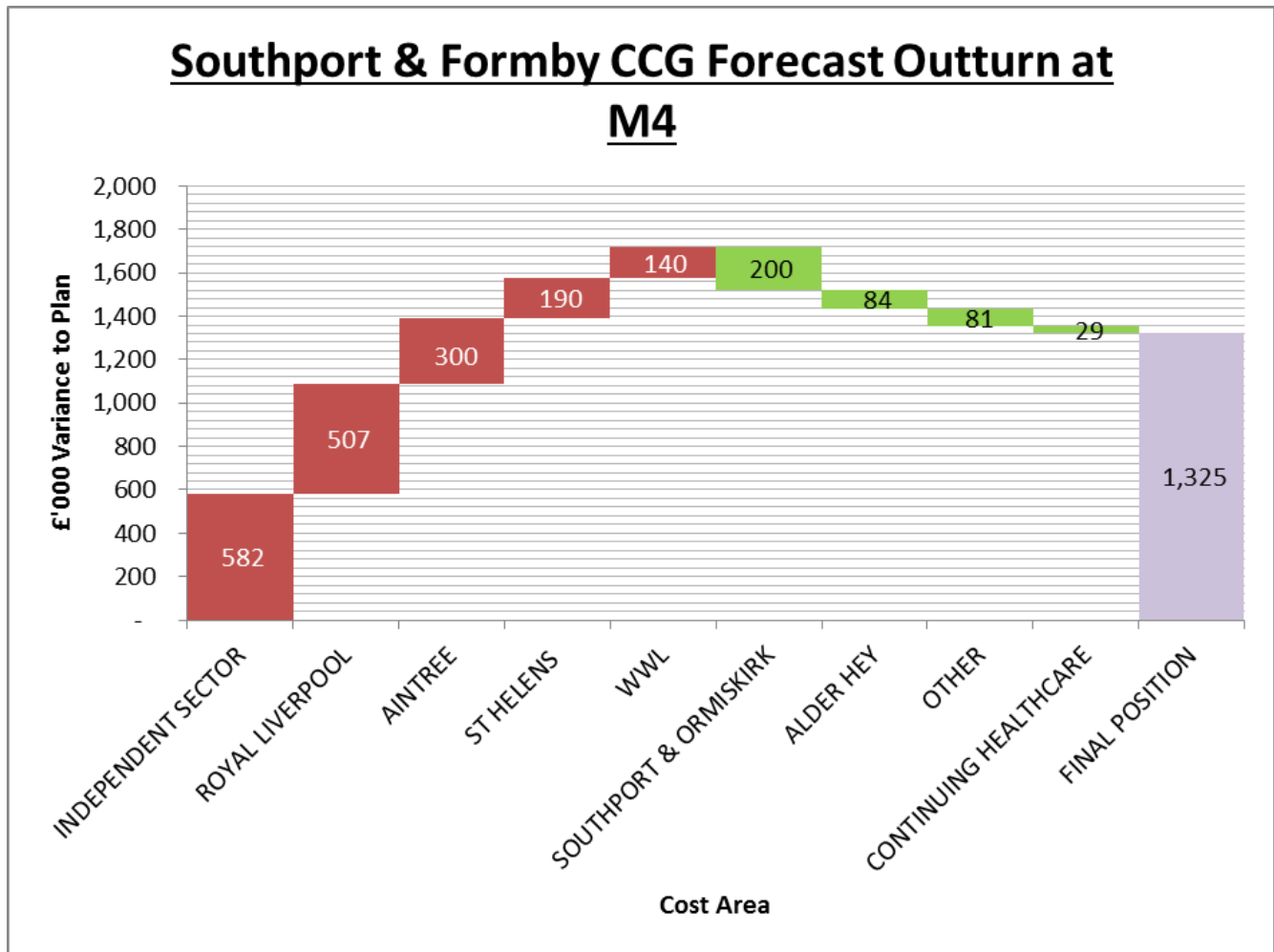
The Resource Allocation has increased by £0.006m in Month 4 in respect of additional funding for IAPT waiting list validation and data cleansing.

2.3 Financial Position and Forecast

The main cost pressures are with Independent Sector and Acute providers as a result of increased activity compared to plan. Overspends are partly supported by underspending areas, mainly Southport and Ormskirk and Alder Hey.

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

Figure 2 Forecast Outturn at Month 3



Acute commissioning

Independent Sector Providers

The forecast overspend for Independent Sector providers is £0.582m. This is projected using Month 3 data received from providers. The majority of this overspend (£0.540m) is with Ramsay Healthcare in Orthopaedics and General Surgery.

Royal Liverpool Hospital NHS Trust

The forecast overspend for Royal Liverpool Hospital is £0.507m, the majority of this being within planned care including anti TNF drugs and Age Related Macular Degeneration.

Costs for emergency activity have also increased, with some long stay emergency patients giving increased costs in the month. Further analysis is underway to determine whether this heightened activity is expected to continue.

In addition, the trust has proposed to change the ITU contract from a cost per case arrangement to a block contract. The current data suggests that this would cost the CCG more and has not been agreed by the CCG.

Aintree NHS Foundation Trust

The forecast overspend at Aintree is £0.300m. The Month 3 data shows an overspend for outpatient appointments within breast surgery, interventional radiology, general surgery and drugs. ARMD continues to be an area of significant growth for the CCG at both Aintree and Royal Liverpool.

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. This dispute is close to being resolved.

The CCG has received Month 3 data from the Trust which shows an underspend against the phased contract for PbR services. The underspend is in the following areas:

- Non-elective (including short stay admissions) - £0.270m. This is 4.6% lower than budget. One of the reasons for the underspend is that some GPAU activity is no longer recorded as an admission. Agreement over a local price is being sought by the Trust. GPAU activity under the Trust proposed price is valued at £0.127m at month 3. It is therefore only one of the reasons for the current underspend against emergency activity.
- New outpatient attendances - £0.118m. 16% lower than plan.
- Follow-up outpatient attendances - £0.042m. 4% lower than plan.

Activity in month 3 increased significantly, particularly in the area of daycases and non-elective admissions. The forecast position therefore moved from an underspend of £0.500m reported last month to an underspend of £0.200m.

St Helens & Knowsley NHS Trust

The forecast overspend for St Helens and Knowsley NHS Trust is projected to be £0.190m with anticipated overspends within planned care and day cases.

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 underspend of £0.029m. The reported forecast reflects the current number of patients, average package costs and builds in an estimate of growth between now

and the end of the year. If growth in patient numbers or prices is not realised, then the forecast position will improve.

2.4 QIPP

The QIPP savings target for Southport and Formby CCG is £6.151m for 2015/16. This has reduced to £5.717m following reductions in contract value with a number of providers and a move to cost per case for Cheshire and Merseyside rehab services. The CCG has a QIPP Committee that identifies, evaluates and monitors QIPP schemes.

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. The following schemes have been approved:

- IV therapy pilot project
- Respiratory primary care training scheme
- Telehealth support to care homes

Further schemes are currently being developed, and will be reviewed by the QIPP Committee in due course. In addition, the CCG has invested in system resilience schemes that are aimed at reducing emergency care, principally a Community Emergency Response Team (CERT) and a Community Geriatrician. In addition to the transformational initiatives, a number of other cost reduction schemes are also being implemented.

2.5 CCG Running Costs

The CCG is currently operating within its running cost target of £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 £0.062m due to vacant posts.

2.6 Evaluation of Risks and Opportunities

The CCG's primary risk is non-achievement of the NHS England business rule to achieve the planned 1% surplus, which is driven by non-achievement of the QIPP requirement. £6.151m of recurrent savings must be realised in 2015/16 in order to achieve financial targets on a recurrent basis.

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.
- 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 and robustly challenging the fast track cases. As a result of this the costs have not increased since April although is the risk of an increase in costs arising from a price increase in the provider framework, which is in the process of being renegotiated.

- 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 implementation of this change has been delayed to quarter 3. The CCG has set aside reserves to cover estates costs, but up to date cost estimates have not yet been received by the CCG.
- Prescribing / Drugs costs – This is a volatile area of spend, and is also subject to potential pricing changes halfway through the year.
- Better Care Fund – Sefton Council has predicted growth in demand for social care. As part of the governance arrangements supporting the Better Care Fund, a review of the overall Health and Social Care financial position is required to determine how the resources within the Better Care Fund will be allocated, particularly in relation to the performance element of the fund.

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

Figure 3 Reserves and agreed actions

| Southport and Formby CCG | | | |
|--|-------------------|-----------------------|---------------|
| | Recurrent £000 | Non-Recurrent £000 | Total £000 |
| Target surplus | 1.800 | | 1.800 |
| Unidentified QIPP | (6.151) | | (6.151) |
| Revised surplus / (deficit) | (4.351) | | (4.351) |
| Forecast (against operational budgets) | (1.325) | | (1.325) |
| Contingency reserves | 1.581 | | 1.581 |
| Transformation Fund slippage | | 0.829 | 0.829 |
| Technical adjustments | | 1.085 | 1.085 |
| Unutilised reserves | 0.747 | 0.330 | 1.077 |
| Quality Premium | 0.138 | | 0.138 |
| QIPP: | | | |
| CM Rehab | 0.300 | | 0.300 |
| Contract Adjustments | 0.134 | | 0.134 |
| Forecast surplus / (deficit) | (2.776) | 2.244 | (0.532) |
| Risks | (0.200) | | (0.200) |
| Risk adjusted forecast surplus / (deficit) | (2.976) | 2.244 | (0.732) |

3. Referrals

3.1 Referrals by source

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

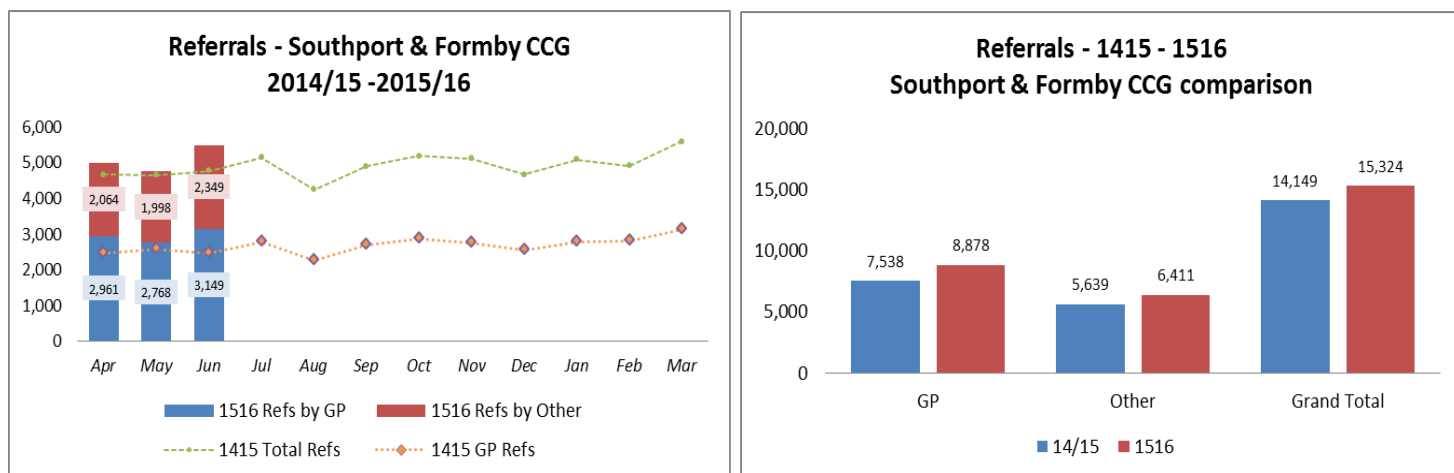


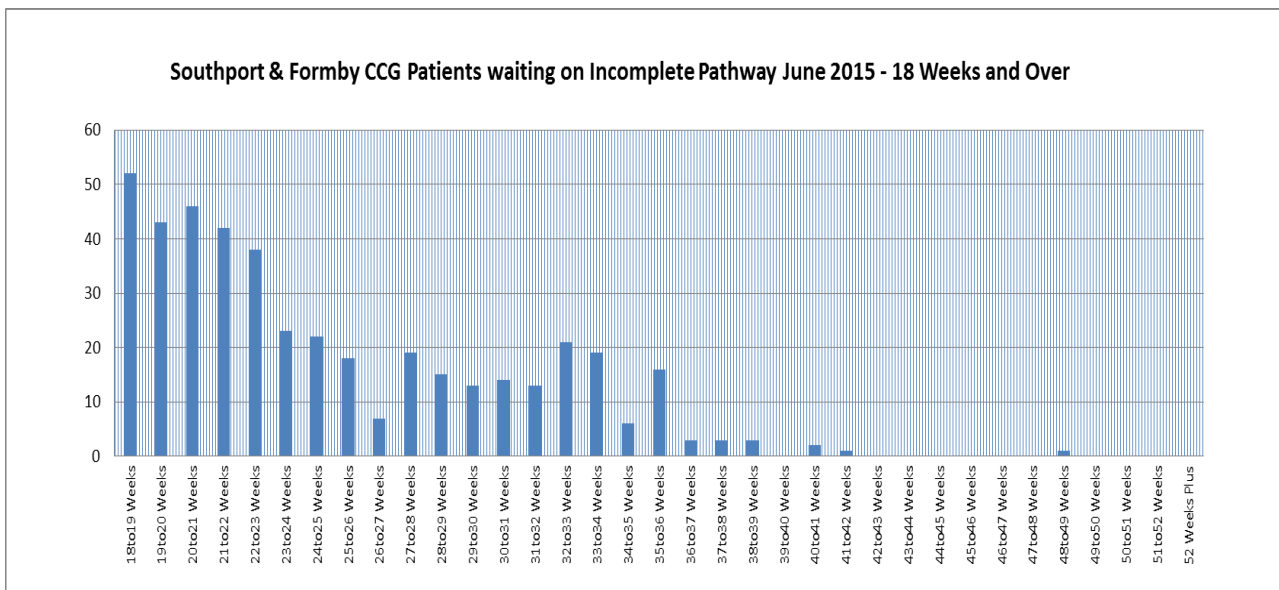
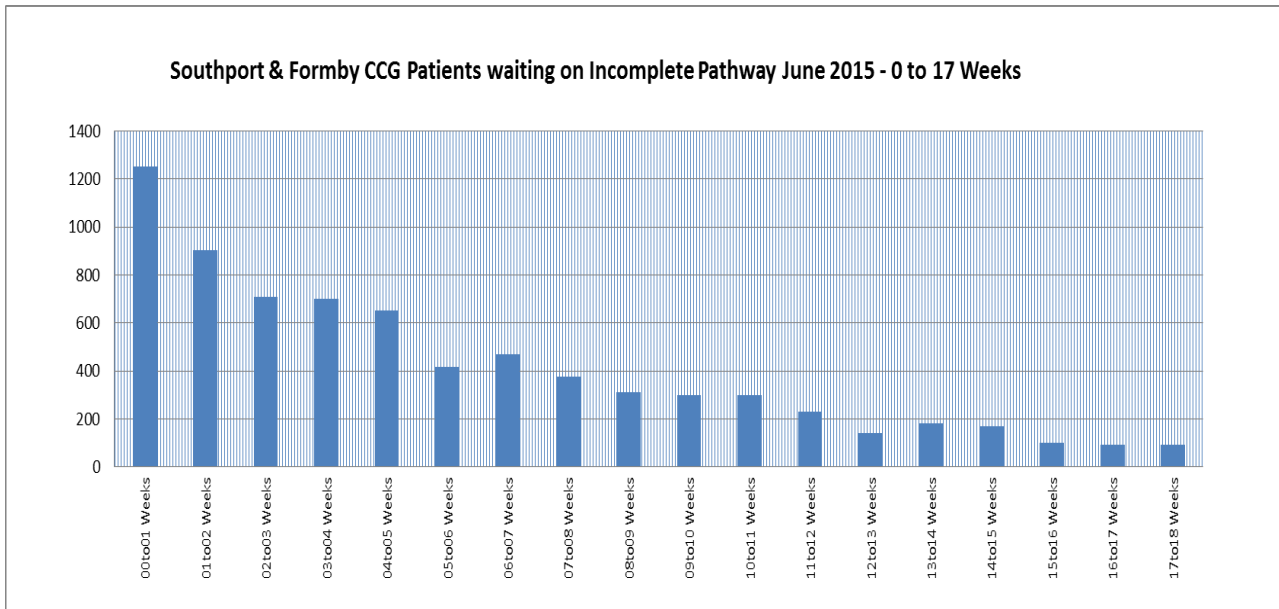
Figure 5 The number of GP and 'other' referrals for the CCG across all providers comparing 2014/15 and 2015/16 by month

| Referral Type | DD Code | Description | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr-15 | May-15 | Jun-15 | 14/15 | 1516 | 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 | 2,961 | 2,768 | 3,149 | 7,538 | 8,878 | 1,340 | 18% |
| 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 | 2,961 | 2,768 | 3,149 | 7,538 | 8,878 | 1,340 | 18% |
| Other | 01 | following an emergency admission | 196 | 174 | 211 | 200 | 181 | 188 | 132 | 7 | 6 | 10 | 8 | 12 | 8 | 10 | 11 | 581 | 29 | -552 | -95% |
| | 02 | following a Domiciliary Consultation | | | | | 1 | 2 | 7 | 27 | 36 | 25 | 37 | 33 | 15 | 4 | | 0 | 19 | | 0% |
| | 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 | 249 | 320 | 684 | 848 | 164 | 24% |
| | 05 | A CONSULTANT, other than in an Accident and Emergency Department | 725 | 674 | 677 | 747 | 640 | 695 | 879 | 936 | 870 | 952 | 798 | 874 | 921 | 900 | 1,131 | 2,076 | 2,952 | 876 | 42% |
| | 06 | self-referral | 93 | 106 | 106 | 104 | 81 | 99 | 109 | 116 | 131 | 134 | 121 | 134 | 169 | 145 | 171 | 305 | 485 | 180 | 59% |
| | 07 | A Prosthetist | | 1 | 1 | 2 | 1 | 4 | | | 1 | 1 | | | | | 2 | 2 | 2 | 0 | 0% |
| | 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 | 21 | 27 | 35 | 59 | 24 | 69% |
| | 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 | 52 | 50 | 185 | 136 | -49 | -26% |
| | 12 | A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI) | | | | 1 | | | | | | | | 1 | | 2 | | 0 | 2 | 2 | 0% |
| | 13 | A Specialist NURSE (Secondary Care) | 2 | 1 | 2 | | 4 | 4 | 1 | 3 | 3 | 2 | 6 | 1 | 4 | 6 | 3 | 5 | 13 | 8 | 160% |
| | 14 | An Allied Health Professional | 140 | 150 | 127 | 199 | 127 | 112 | 86 | 136 | 103 | 122 | 125 | 154 | 129 | 173 | 144 | 417 | 446 | 29 | 7% |
| | 15 | An OPTOMETRIST | 84 | 37 | 72 | 47 | 59 | 71 | 48 | 48 | 29 | 47 | 53 | 61 | 59 | 37 | 64 | 193 | 160 | -33 | -17% |
| | 16 | An Orthoptist | | | | | | 1 | | | | | | 24 | 11 | 9 | 10 | 0 | 30 | 30 | 0% |
| | 17 | A National Screening Programme | 30 | 29 | 23 | 23 | 21 | 15 | 32 | 28 | 33 | 29 | 24 | 52 | 39 | 46 | 83 | 82 | 168 | 86 | 105% |
| 92 | A GENERAL DENTAL PRACTITIONER | 122 | 137 | 144 | 135 | 121 | 143 | 144 | 148 | 147 | 131 | 116 | 142 | 145 | 132 | 125 | 403 | 402 | -1 | 0% | |
| 93 | A Community Dental Service | | 3 | 2 | | 2 | 2 | 2 | 2 | 4 | | 2 | 1 | 3 | 1 | | 5 | 4 | -1 | -20% | |
| 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 | 235 | 213 | 208 | 666 | 656 | -10 | -2% | |
| 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 | 2,064 | 1,998 | 2,349 | 5,639 | 6,411 | 772 | 14% |
| Unknown (All are Renaces SOR coding error) | | | 295 | 317 | 360 | 346 | 247 | 318 | 321 | 341 | 255 | 335 | 343 | 426 | 23 | 5 | 7 | 972 | 35 | -937 | -96% |
| 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 | 5,048 | 4,771 | 5,505 | 14,149 | 15,324 | 1,175 | 8% |

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 | 4436 | 867 | 5303 | 197 | 80 | 86 | 363 | 5666 |
| RENACRES HOSPITAL | 469 | 119 | 588 | 0 | 0 | 0 | 0 | 588 |
| AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST | 382 | 82 | 464 | 8 | 5 | 1 | 14 | 478 |
| ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST | 311 | 97 | 408 | 11 | 2 | 5 | 18 | 426 |
| ALDER HEY CHILDREN'S NHS FOUNDATION TRUST | 77 | 38 | 115 | 7 | 1 | 2 | 10 | 125 |
| Other Providers | 418 | 105 | 523 | 21 | 6 | 8 | 35 | 558 |
| Total All Providers | 6093 | 1308 | 7401 | 244 | 94 | 102 | 440 | 7841 |

4.3 Provider assurance for long waiters

Alder Hey Children's Hospital

Two Southport and Formby patients were reported as waiting more than 30 weeks at this provider in Community Paediatrics . This continues to be a challenged specialty in term of growth in demand and difficulties in recruiting to the service. One patient was seen and treated on 20th July 2015 and one patient has appointment 11/09/15.

Southport & Ormskirk Hospital

Eight patients are currently waiting more than 30 weeks and are within five main specialties outlined below. This is one more wait than last month. Currently the longest wait is 44 weeks, and of the 8 patients waiting, four have a date to come in (TCI). Of the ongoing pathways, 157 patients have a wait experience of 30 weeks or more. This is an increase of 13 from last month. Almost 80% (125 of 157) of long waits are in the gastroenterology specialty.



Figure 8 Southport RTT caseload:

Admitted Pathway 30+ weeks by specialty

| Specialty | Wait in weeks | | | | | | Total |
|--------------------|---------------|----------|----------|----------|----------|----------|----------|
| | 30 | 31 | 32 | 35 | 38 | 44 | |
| Dermatology | | | | 1 | | | 1 |
| General Medicine | | | | | 1 | 2 | 3 |
| General Surgery | | | 1 | | | | 1 |
| Ophthalmology | 1 | 1 | | | | | 2 |
| Oral Surgery | 1 | | | | | | 1 |
| Grand Total | 2 | 1 | 1 | 1 | 1 | 2 | 8 |

Admitted Pathway patients 30+ weeks with and without TCI date

| Specialty | Dated | Undated | Total |
|--------------------|----------|----------|----------|
| Dermatology | 1 | | 1 |
| General Medicine | 1 | 2 | 3 |
| General Surgery | 1 | | 1 |
| Ophthalmology | 1 | 1 | 2 |
| Oral Surgery | | 1 | 1 |
| Grand Total | 4 | 4 | 8 |

On-going (open) pathway

| Specialty | Wait in Weeks | | | | | | | | | | | | | | | | Total |
|----------------------|---------------|-----------|-----------|----------|-----------|-----------|-----------|----------|-----------|-----------|-----------|----------|----------|----------|----------|------------|-------|
| | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | | |
| Clinical Oncology | 1 | 1 | 1 | | | 2 | 2 | 1 | | | | | | | | 8 | |
| Dermatology | 1 | | 1 | | | 1 | | | | | | | | | | 3 | |
| Endocrinology | 3 | 1 | | | | | | | | | | 1 | | | | 5 | |
| ENT | 2 | | | | | | | | | | | | | | | 2 | |
| Gastroenterology | 16 | 7 | 6 | 3 | 12 | 14 | 9 | 7 | 10 | 15 | 12 | 6 | 4 | 4 | | 125 | |
| General Medicine | | | | | | | | | 1 | | | | | | 2 | 3 | |
| General Surgery | | | 1 | 1 | | | | | | | | | | | | 2 | |
| Ophthalmology | 1 | 1 | | | | | | 1 | | | | | | | | 3 | |
| Oral Surgery | 1 | 1 | | | | | | | | | | | | | | 2 | |
| Plastic Surgery | | | 1 | 1 | | | | | | | | | | | | 2 | |
| Respiratory Medicine | | | | | 1 | | | | | | | | | | | 1 | |
| Rheumatology | | | | | | | | | | 1 | | | | | | 1 | |
| Grand Total | 25 | 11 | 10 | 5 | 13 | 17 | 11 | 9 | 11 | 16 | 12 | 7 | 4 | 4 | 2 | 157 | |

5. Planned Care

5.1 All Providers

Performance at Month 3 of financial year 2015/16, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £503k. This over-performance is driven by increases at Aintree Hospital (£65k), Renacres Hospital (£148k), Royal Liverpool (£49k), Isight (£63k) and St Helens & Knowsley Hospitals (£60k).

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 | 13,961 | 3,467 | 4,035 | 568 | 16.38% | £2,814 | £700 | £765 | £65 | 9.31% |
| Alder Hey Childrens NHS F/T | 5,048 | 1,239 | 1,043 | -196 | -15.79% | £651 | £160 | £159 | -£1 | -0.48% |
| Countess of Chester Hospital NHS FT | 0 | 0 | 21 | 21 | 0.00% | £0 | £0 | £2 | £2 | 0.00% |
| Liverpool Heart and Chest NHS F/T | 1,622 | 401 | 420 | 19 | 4.83% | £913 | £226 | £234 | £9 | 3.77% |
| Liverpool Womens Hospital NHS F/T | 2,398 | 588 | 542 | -46 | -7.85% | £727 | £178 | £179 | £1 | 0.69% |
| Royal Liverpool & Broadgreen Hospitals | 14,718 | 3,635 | 3,529 | -106 | -2.91% | £3,093 | £764 | £813 | £49 | 6.38% |
| ST Helens & Knowsley Hospitals | 4,280 | 1,042 | 1,055 | 13 | 1.28% | £946 | £230 | £290 | £60 | 26.27% |
| Wirral University Hospital NHS F/T | 315 | 76 | 47 | -29 | -37.96% | £103 | £25 | £12 | -£13 | -51.45% |
| Central Manchester University Hospitals Nhs FT | 236 | 59 | 55 | -4 | -6.78% | £44 | £11 | £10 | -£1 | -9.43% |
| Fairfield Hospital | 103 | 22 | 15 | -7 | -31.24% | £27 | £6 | £3 | -£3 | -53.89% |
| ISIGHT (SOUTHPORT) | 2,518 | 629 | 858 | 229 | 36.30% | £582 | £146 | £208 | £63 | 43.16% |
| Renacres Hospital | 8,078 | 2,693 | 3,454 | 761 | 28.27% | £3,129 | £782 | £930 | £148 | 18.87% |
| SPIRE LIVERPOOL HOSPITAL | 866 | 210 | 183 | -27 | -12.66% | £229 | £55 | £54 | -£1 | -2.68% |
| University Hospital Of South Manchester NHS FT | 199 | 49 | 73 | 24 | 49.26% | £36 | £9 | £14 | £5 | 58.13% |
| Wrightington, Wigan And Leigh Nhs FT | 2,163 | 541 | 699 | 158 | 29.26% | £776 | £194 | £283 | £89 | 45.99% |
| | 56,504 | 14,649 | 16,029 | 1,380 | 9.42% | £14,071 | £3,485 | £3,956 | £471 | 13.52% |

5.2 Southport and Ormskirk Hospital NHS Trust

Figure 10 Month 2 Planned Care- Southport and Ormskirk Hospital NHS Trust by POD

| | 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 |
|---|----------------------|-----------------------|-------------------------|---------------------------|--------------------|---------------------------|----------------------------|------------------------------|--------------------------------|-----------------|
| S&O Hospital Planned Care (PbR ONLY) | | | | | | | | | | |
| Daycase | 11,747 | 2,946 | 3,198 | 252 | 8.55% | £6,367 | £1,597 | £1,829 | £232 | 14.53% |
| Elective | 1,554 | 388 | 404 | 16 | 4.05% | £4,142 | £1,035 | £1,027 | -£8 | -0.77% |
| Elective Excess BedDays | 315 | 79 | 37 | -42 | -53.03% | £70 | £18 | £9 | -£9 | -49.16% |
| OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led) | 800 | 206 | 175 | -31 | -15.21% | £129 | £33 | £28 | -£5 | -14.99% |
| OPFASPCL - Outpatient first attendance single professional consultant led | 18,095 | 4,668 | 3,968 | -700 | -15.00% | £2,767 | £714 | £600 | -£114 | -15.96% |
| OPFUPMPCl - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led). | 1,885 | 486 | 475 | -11 | -2.35% | £198 | £51 | £52 | £0 | 0.98% |
| OPFUPSPCL - Outpatient follow up single professional consultant led | 45,503 | 11,739 | 11,193 | -546 | -4.65% | £4,188 | £1,080 | £1,038 | -£43 | -3.93% |
| Outpatient Procedure | 20,351 | 5,250 | 5,811 | 561 | 10.68% | £3,598 | £928 | £1,017 | £89 | 9.57% |
| Unbundled Diagnostics | 10,220 | 2,637 | 2,343 | -294 | -11.14% | £820 | £211 | £201 | -£10 | -4.93% |
| Grand Total | 110,470 | 28,401 | 27,604 | -797 | -2.80% | £22,279 | £5,668 | £5,801 | £133 | 2.34% |

5.2.1 Southport & Ormskirk Hospital Key Issues

Daycases are showing a £232k over performance against plan against 2015/16 Month 3 plan. Trauma & Orthopaedics and General Surgery are the 2 main contributors. This over performance is offset by a -

-£126k 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.

5.3 Renacres Hospital

Figure 11 Month 3 Planned Care- Renacres Hospital by POD

| Renacres Hospital Planned Care PODS | Annual Activity Plan | Plan to Date Activity | Actual to date Activity | Variance to date Activity | Activity YTD % Var | Annual Plan Price (£000s) | Price Plan to Date (£000s) | Price Actual to Date (£000s) | Price variance to date (£000s) | Price YTD % Var |
|---|----------------------|-----------------------|-------------------------|---------------------------|--------------------|---------------------------|----------------------------|------------------------------|--------------------------------|-----------------|
| Daycase | 934 | 311 | 376 | 65 | 20.77% | £1,380 | £345 | £394 | £49 | 14.07% |
| Elective | 224 | 75 | 51 | -24 | -31.70% | £738 | £185 | £242 | £57 | 31.03% |
| OPFASPCL - Outpatient first attendance single professional consultant led | 2,625 | 875 | 952 | 77 | 8.80% | £468 | £117 | £130 | £13 | 10.77% |
| OPFUPSPCL - Outpatient follow up single professional consultant led | 1,792 | 597 | 1,591 | 994 | 166.35% | £273 | £68 | £98 | £30 | 43.75% |
| Outpatient Procedure | 1,732 | 577 | 209 | -368 | -63.80% | £204 | £51 | £40 | £11 | -21.18% |
| Unbundled Diagnostics | 771 | 257 | 275 | 18 | 7.00% | £66 | £17 | £27 | £10 | 61.48% |
| Grand Total | 8,078 | 2,693 | 3,454 | 761 | 28.27% | £3,129 | £782 | £930 | £148 | 18.87% |

6. Unplanned Care

6.1 All Providers

Performance at Month 3 of financial year 2015/16, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows a performance against plan with a just a variance of just £1k. Royal Liverpool (£69k) are showing an over performance but this is offset by underperformance at Aintree Hospital (£36k) and Liverpool Heart & Chest (£21k)

Figure 12 Month 3 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 | 1,865 | 466 | 315 | -151 | -32.47% | £915 | £227 | £191 | £36 | -15.84% |
| Alder Hey Childrens NHS F/T | 773 | 203 | 213 | 10 | 5.15% | £379 | £104 | £96 | £8 | -7.62% |
| Countess of Chester Hospital | 0 | 0 | 7 | 7 | 0.00% | £0 | £0 | £1 | £1 | 0.00% |
| Liverpool Heart and Chest NHS F/T | 133 | 33 | 27 | -6 | -18.20% | £421 | £105 | £83 | £21 | -20.50% |
| Liverpool Womens Hospital NHS F/T | 247 | 61 | 60 | -1 | -2.13% | £202 | £50 | £67 | £17 | 34.84% |
| Royal Liverpool & Broadgreen Hospitals | 1,083 | 269 | 413 | 144 | 53.36% | £644 | £160 | £229 | £69 | 42.86% |
| ST Helens & Knowsley Hospitals | 398 | 100 | 95 | -5 | -4.96% | £214 | £53 | £40 | £12 | -23.39% |
| Wirral University Hospital NHS F/T | 112 | 28 | 15 | -13 | -46.59% | £45 | £11 | £6 | £5 | -46.38% |
| Central Manchester University Hospitals | 88 | 22 | 14 | -8 | -36.36% | £30 | £7 | £1 | £6 | -83.03% |
| University Hospital Of South Manchester | 47 | 12 | 6 | -6 | -49.43% | £8 | £2 | £6 | £4 | 217.17% |
| Wrightington, Wigan And Leigh | 62 | 15 | 19 | 4 | 22.58% | £53 | £13 | £10 | £3 | -25.94% |
| Grand Total | 4,808 | 1,210 | 1,184 | -26 | -2.15% | £2,910 | £731 | £730 | £1 | -0.13% |

6.2 Southport and Ormskirk Hospital NHS Trust

Figure 13 Month 3 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

| S&O Hospital Unplanned Care (PbR ONLY) | Annual Activity Plan | Plan to Date Activity | Actual to date Activity | Variance to date Activity | Activity YTD % Var | Annual Plan Price (£000s) | Price Plan to Date (£000s) | Price Actual to Date (£000s) | Price variance to date (£000s) | Price YTD % Var |
|--|----------------------|-----------------------|-------------------------|---------------------------|--------------------|---------------------------|----------------------------|------------------------------|--------------------------------|-----------------|
| A and E | 35,509 | 9,001 | 8,887 | -114 | -1.26% | £3,951 | £1,001 | £995 | £7 | -0.67% |
| NEL/NELSD - Non Elective/Non Elective IP Same Day | 11,175 | 1,907 | 1,788 | -119 | -6.24% | £19,185 | £4,921 | £4,770 | £151 | -3.07% |
| NELNE - Non Elective Non-Emergency | 1,254 | 322 | 426 | 104 | 32.42% | £2,115 | £542 | £465 | £77 | -14.27% |
| NELNEXBD - Non Elective Non-Emergency Excess Bed Day | 217 | 56 | 48 | -8 | -13.74% | £68 | £17 | £15 | £3 | -16.08% |
| NELST - Non Elective Short Stay | 1,776 | 455 | 393 | -62 | -13.71% | £1,242 | £318 | £272 | £47 | -14.71% |
| NELXBD - Non Elective Excess Bed Day | 5,298 | 1,359 | 1,428 | 69 | 5.09% | £1,113 | £286 | £294 | £9 | 2.99% |
| Grand Total | 55,229 | 13,099 | 9,044 | 464 | 3.54% | £27,674 | £7,086 | £6,810 | £276 | -3.90% |

6.3 Southport and Ormskirk Hospital NHS Trust Key Issues

All PbR points of delivery are underperforming against plan. One of the reasons for the underspend is that some GPAU activity is no longer recorded as an admission and as such is not reflected in the table above. Agreement over a local price is being sought by the Trust. GPAU activity under the Trust proposed price is valued at £0.127m at month 3. It is therefore only one of the reasons for the current underspend against emergency activity.

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 | | | |
|--|------------------------------|--------------|--------------------|------------|
| | Plan | Caseload | Variance from Plan | % Variance |
| 0 Variance | 32 | 36 | 4 | 13% |
| 1 Common Mental Health Problems (Low Severity) | 35 | 86 | 51 | 146% |
| 2 Common Mental Health Problems (Low Severity with greater need) | 45 | 94 | 49 | 109% |
| 3 Non-Psychotic (Moderate Severity) | 162 | 256 | 94 | 58% |
| 4 Non-Psychotic (Severe) | 128 | 144 | 16 | 13% |
| 5 Non-psychotic Disorders (Very Severe) | 29 | 38 | 9 | 31% |
| 6 Non-Psychotic Disorder of Over-Valued Ideas | 25 | 37 | 12 | 48% |
| 7 Enduring Non-Psychotic Disorders (High Disability) | 96 | 77 | (19) | -20% |
| 8 Non-Psychotic Chaotic and Challenging Disorders | 62 | 64 | 2 | 3% |
| 10 First Episode Psychosis | 52 | 94 | 42 | 81% |
| 11 On-going Recurrent Psychosis (Low Symptoms) | 282 | 161 | (121) | -43% |
| 12 On-going or Recurrent Psychosis (High Disability) | 151 | 121 | (30) | -20% |
| 13 On-going or Recurrent Psychosis (High Symptom & Disability) | 105 | 69 | (36) | -34% |
| 14 Psychotic Crisis | 18 | 43 | 25 | 139% |
| 15 Severe Psychotic Depression | 7 | 14 | 7 | 100% |
| 16 Psychosis & Affective Disorder (High Substance Misuse & Engagement) | 6 | 15 | 9 | 150% |
| 17 Psychosis and Affective Disorder – Difficult to Engage | 35 | 47 | 12 | 34% |
| 18 Cognitive Impairment (Low Need) | 365 | 241 | (124) | -34% |
| 19 Cognitive Impairment or Dementia Complicated (Moderate Need) | 465 | 303 | (162) | -35% |
| 20 Cognitive Impairment or Dementia Complicated (High Need) | 159 | 142 | (17) | -11% |
| 21 Cognitive Impairment or Dementia (High Physical or Engagement) | 50 | 39 | (11) | -22% |
| Reviewed Not Clustered | 30 | 508 | 478 | 1593% |
| No Cluster or Review | 46 | 76 | 30 | 65% |
| Total | 2,385 | 2,705 | 320 | 13% |

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

| | | | Apr-15 | May-15 | Jun-15 |
|---------|---|-----|---------|---------|---------|
| E.B.S.3 | The % of people under adult mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care | 95% | 100.00% | 100.00% | 100.00% |

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

| | | | Apr-15 | May-15 | Jun-15 |
|--------|--|-----|---------|---------|---------|
| KPI_32 | CPA Follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by CRHT, Early Intervention, Assertive Outreach or Homeless Outreach Teams. | 95% | 100.00% | 100.00% | 100.00% |



Quality Overview

At Month 3, the Trust are compliant with their quality schedule. The Trust is working with the CCG to improve the safer staffing report and the SUI report for the CQPG meetings. Underperforming KPIs are discussed at monthly quality meetings and bi-monthly CQPGs.

7.2 Cheshire Wirral Partnership -Improving Access to Psychological Therapies Contract

Month 3 activity has been received however there are a number of outstanding queries that have been raised with the trust relating to the data used, the number of provider cancellations, DNAs, missing activity and the omission to provide agreed exception reports. The prevalence reported below is incorrect as the trust have used the plan figure for the number of people entering treatment rather than the actual number. The CCG are working closely with the new provider to ensure high quality data is provided and a data quality improvement project is being developed by NHS England area team to aid both commissioners and providers. The waiting time targets appear to be being met.

Figure 17:Monthly Provider Summary including (National KPI s Recovery and Prevalence)

| Performance Indicator | | Apr-15 | May-15 | Jun-15 | |
|--|-------------|--------|--------|---------------------|-----|
| Population (Psychiatric Morbidity Survey) | | 19079 | 19079 | 19079 | |
| National definition of those who have entered into treatment | | 238 | 238 | 238 | |
| Prevalence Trajectory (%) | | 1.25% | 1.25% | 1.25% (q1=3.75%) | |
| Prevalence Trajectory ACTUAL | | 1.25% | 1.25% | 1.25% | |
| National definition of those who have completed treatment (KPI5) | | 94 | 82 | 93 | |
| National definition of those who have entered Below Caseness (KPI6b) | | 7 | 8 | 6 | |
| National definition of those who have moved to recovery (KPI6) | | 42 | 28 | 38 | |
| Recovery - National Target | | 50.0% | 50.0% | 50.0% | |
| Recovery ACTUAL | | 48.3% | 37.8% | 43.7% | |
| Referrals Received | | 290 | 252 | 255 | |
| Gp Referrals | | 192 | 137 | 108 | |
| % GP Referrals | | 66% | 54% | 42% | |
| Self referrals | | 64 | 81 | 126 | |
| % Self referrals | | 22% | 32% | 49% | |
| Other referrals <i>(Any other please give a narrative)</i> | | 34 | 34 | 21 | |
| % Other referrals | | 12% | 13% | 8% | |
| Referral not suitable or returned to GP | | | | | |
| Referrals opting in | | 146 | 132 | 153 | |
| Opt-in rate % | | 50% | 52% | 60% | |
| Patients starting treatment by step (Local Definition) | | Step 2 | 77 | 65 | 98 |
| | | Step 3 | 26 | 31 | 32 |
| | | Step 4 | | | |
| | | Total | 103 | 96 | 130 |
| Percentage of patients entering in 28 days or less | | 47.0% | 50.0% | 44.0% | |
| Completed Treatment Episodes by Step (Local Definition) | | Step 2 | 141 | 90 | 116 |
| | | Step 3 | 287 | 273 | 248 |
| | | Step 4 | | 1 | |
| | | Total | 428 | 364 | 364 |
| Activity | Attendances | Step 2 | 267 | 314 | 429 |
| | | Step 3 | 283 | 277 | 389 |
| | | Step 4 | | 4 | 1 |
| | DNA's | Step 2 | 42 | 62 | 108 |
| | | Step 3 | 20 | 31 | 41 |
| | | Step 4 | | | |
| | Cancels | Step 2 | 37 | 61 | 117 |
| | | Step 3 | 37 | 41 | 65 |
| | | Step 4 | | | 3 |
| | Attendances | Total | 550 | 591 | 818 |
| | DNA's | Total | 62 | 93 | 149 |
| | Cancelled | Total | 74 | 102 | 185 |
| Number Cancelled by patient | Total | 43 | 60 | 136 | |
| Number Cancelled by provider | Total | 31 | 42 | 49 | |
| | Total | | | | |

Figure 18: IAPT Waiting Time KPIs

| Indicator | Target | Apr-15 | May-15 | Jun-15 |
|--|----------------------------------|--------|--------|--------|
| The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period | 75% To be achieved by April 2016 | | | |
| Numerator | | 97 | 128 | 203 |
| Denominator | | 98 | 140 | 213 |
| % | | 98.98% | 91.43% | 95.31% |
| | | | | |
| The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period | 95% to be achieved by April 2016 | | | |
| Numerator | | 98 | 140 | 213 |
| Denominator | | 98 | 140 | 213 |
| % | | 100% | 100% | 100% |

8. Community Health

8.1 Southport and Ormskirk Community Health

The Trust is experiencing issues with reporting on CERT, Chronic Care Coordinators and Community Matrons after the migration to EMIS. These issues have been logged with EMIS and the Trust are working with the suppliers to resolve these issues

Podiatry Non AQP-There has been a shift in activity between clinic based and community contacts.

Integrated Care- The trust has opened the debate around whether this service should be classified as an acute or community service. Historically staffing funding has been via the community route. At the moment the activity is not recorded on any electronic systems or manually, however what is clear is that the activity needs to be reported on in any case. A resolution to this issue is awaited.

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

Waiting Times

Work is on-going to set appropriate wait targets by service as the national RTT targets are inappropriate for community services. The trust has been reminded yet again at the finance and information group and on the month query log 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 are likely to be general implications during the year as the trust move from the IPM community system to EMIS and Medway and so far this has manifested itself in the trust being unable to report on Community Nurses, CERT, Chronic Care Coordinators and Lymphoedema which is still a manual data collection.

Any Qualified Provider

The locally agreed assessment tariff of £25 is being used from 1st April in the podiatry AQP dataset; however a query has been raised with them in relation to patients discharged at first visit and charged at the tariff price. A response is still awaited.

Quality Overview

The CCG is currently developing a suite of community KPIs and quality measures for inclusion in the Contract Quality Schedule, an update will be provided in the Month 4 report.

Bridgewater

Paediatric Audiology

The Trust reported 100% of patients (Initial Appointments) are waiting less than 11 weeks (threshold is 60%). Both First DNA and follow up DNA are below their respective thresholds. The position for initials improved from 27.3 % in May to 6.06% in June. Follow up DNAs have improved further to 4.4% in June from 5.4% in May. The longest wait remains at 5 weeks. All patients are waiting under 11 weeks. However the provider has very recently reported an issue in the way they have recorded their data and is negotiating a resubmission of the data to NHS England. An update will be available for next month's report.

Bridgewater has transferred a member of staff from the previous provider, and is in the process of recruiting another two members of staff. The trust has been asked to update on the recruitment process and this is still outstanding.

Liverpool Community Health Trust

The Trust has now as agreed provided the exception reporting along with the month 3 reports with the exception of the Allied Health professionals. Reporting for the Allied Health professionals is reported a month in arrears and the exceptions reported relate to this time period. This is being discussed at the next finance and information group to establish when reporting will be brought in line for these services. The Trust has amended the monthly report so that it is on a locality basis and no longer includes splits between adults and children. This was discussed at the last finance and information group but it is unclear if this was discussed with commissioners beforehand.

IV therapy: demand and activity below plan due to a lack of referrals from Southport and Ormskirk ICO. Discussions with Southport and Formby Commissioners have taken place and Sefton IV Team have been commissioned to accept GP referrals for Cellulitis and UTI.

A review and cleanse of waiting list will be done in June 2015 as the trust report that most of the maximum waits are due to data quality issues. 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. Paediatric Services: Increased activity in dietetics due to increased number of under 6 months olds discharged with enteral feed needs and increased advice given for under 12 month olds in relation to allergies. Increased OT needs for children with ADH and Autism and recruitment issues in Physiotherapy have affected service activity levels.

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 and an update is awaited.

Quality Overview

From September 2015, there will be a joint LCH CQPG (Clinical Quality and Performance Group) with Liverpool CCG.

A full review of pressure ulcers is underway with representatives from CCGs, LCH and NHSE. A workshop is being arranged in September to develop the action plan and commence the work to satisfy the needs but also the governance of all parties concerned.

9. Third Sector Contracts

All 2015/16 contracts have been issued and signed by all providers with contract review meetings taking place throughout August & September.

A piece of work is underway to establish service outcomes and how they link to the CCG 5 year forward plan. This incorporates value for money and will look at service duplications and gaps within services.

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 | | | |
| IPM | | | | | | | |
| Treating and caring for people in a safe environment and protecting them from avoidable harm | | | | | | | |
| Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG) | 15/16- June | 9 | 12 | ↓ | There were 2 new cases reported in June 2015, year to date there have been 12 cases against a year to date plan of 9. The 2 new cases were reported by Southport and Ormskirk Hospital (1 apportioned to acute and 1 apportioned to community). All but 1 case reported in year to date all have been aligned to Southport & Ormskirk Hospital (6 apportioned to acute trust and 5 apportioned to community). The remaining 1 case was aligned to The Walton Centre in April and apportioned to the acute trust. Year-end plan is 38. | The majority of Southport & Formby CCG C.difficile cases belong to Southport & Ormskirk Hospitals .Please see below for Southport & Ormskirk's narrative. | |
| Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk) | 15/16- June | 9 | 12 (8 following appeal) | ↓ | There were 3 new cases reported in June 2015 (ytd 12), against a year to date plan of 9. Of the 3 cases in June, 2 were aligned to West Lancashire CCG and 1 to Southport and Formby CCG. Year to date plan is 36. | In June the Trust had one case on ward 7A and two on ward 14A – total of 3 cases. It was concerning to have two cases in close proximity to each other on 14A, hence a total ward clean was instigated by decanting a bay to PIU and then by cleaning and moving remaining patients on 14A until the whole ward was cleaned and disinfected. This was a massive task and completed within a 3 day period. All mattresses and pillows were checked which resulted in 3 mattresses being replaced (also enhanced hand hygiene audits were conducted). The typing results received following the above actions showed that the first case was type 020 and the 2nd was unassignable ; this would indicate that transmission did not occur between these two patients. The 3 cases have had RCAs done and the 2 cases from 14A will be appealed (next appeals round in September). In April to June there have been a total of 12 cases, there have been appealed 5 cases and were successful in 4 cases. The 8 attributed cases are lower than the ¼ target 9. If the further 3 cases go to the next appeal panel are successful then performance will improve. <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- June | 0 | 0 | ↔ | No new cases reported in June 2015. | | |

| | | | | | | |
|--|----------------------------|--------|--------|-------------|--|--|
| Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk) | 15/16 - June | 0 | 1 | ↔ | No new cases have been reported in June 2015. The trust are above the zero tolerance so will remain red for the rest of 2015-16. | In April 2015 The Trust had an MRSA bacteraemia (West Lancs CCG patient) and are therefore over the annual trajectory of zero. A Post 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 debrief 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> |
| Mixed Sex Accommodation Breaches | | | | | | |
| Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG) | 15/16 - June | 0.00 | 0.00 | ↔ | | |
| Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk) | 15/16 - June | 0.00 | 0.00 | ↔ | | |
| Enhancing quality of life for people with long term conditions | | | | | | |
| Patient experience of primary care i) GP Services | Jul-Sept 14 and Jan-Mar 15 | | 4.44% | New Measure | | |
| Patient experience of primary care ii) GP Out of Hours services | Jul-Sept 14 and Jan-Mar 15 | | 10.98% | New Measure | | |
| Patient experience of primary care i) GP Services ii) GP Out of Hours services (Combined) | Jul-Sept 14 and Jan-Mar 15 | 6% | 5.18% | New Measure | | |
| Emergency Admissions Composite Indicator(Cumulative) | 15/16 - June | 610.89 | 586.18 | 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. The CCG is under the monthly plan and had 177 less admissions than the same period last year. | |
| Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative) | 15/16 - June | 115.30 | 102.51 | New Plans | The agreed plans are based on activity for the same period last year. The CCG is under the monthly plan and the decrease in actual admissions is 3 below the same period last year. | |
| Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative) | 15/16 - June | 286.50 | 257.89 | New Plans | The agreed plans are based on activity for the same period last year. The CCG is under the monthly plan the decrease in actual admissions is 35 lower the same period last year. | |

| | | | | | | |
|--|-----------------------------|---------------|--------|------------------|--|---|
| Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative) | 15/16 - June | 25.63 | 34.17 | New Plans | The agreed plans are based on activity for the same period last year. (Numbers are generally very low for this indicator). The CCG is over plan for this indicator the increase in actual admissions is 2 more than the same period last year. | The CCG respiratory programme manager continues to monitor this indicator closely. |
| Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative) | 15/16 - June | 440.5 | 321.74 | New Plans | The agreed plans are based on activity for the same period last year. This indicator is below plan, the decrease in actual admissions is 145 lower the same period last year. | |
| Emergency readmissions within 30 days of discharge from hospital (Cumulative) | 15/16 - June | No Plan | 16.96 | ↓ | The emergency readmission rate for the CCG is lower than previous month (17.50) and slightly higher than the same period last year (16.88). | |
| Helping people to recover from episodes of ill health or following injury | | | | | | |
| Patient reported outcomes measures for elective procedures: Groin hernia | Apr 14 - Dec 14 (Prov data) | Eng Ave 0.084 | 0.093 | Provisional data | Provisional data shows the CCG has improved on previous years outcome for Groin Hernia procedures and achieved 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. Proposal to use Shared Decision Aids with patients being discussed at QIPP, Quality Committees and Locality Lead GP meetings. |
| Patient reported outcomes measures for elective procedures: Hip replacement | Apr 14 - Dec 14 (Prov data) | Eng Ave 0.449 | 0.429 | Provisional data | Provisional data shows the CCG has scored the same previous year, but failed to achieve a score higher than that of the England average. | |
| Patient reported outcomes measures for elective procedures: Knee replacement | Apr 14 - Dec 14 (Prov data) | Eng Ave 0.319 | | Provisional data | The CCG has no score for knee replacement, data suppressed due to low numbers. | |
| % who had a stroke & spend at least 90% of their time on a stroke unit (CCG) | 15/16 - June | 80% | 58.80% | ↓ | In June the CCG failed to achieve the 80% target, only 10 patients out of 17 spending at least 90% of their time on a stroke unit. | The Trust has not achieved the standard for 90% stroke ward stay. Trust performance for June was 71.4% against the 80% target. This equates to 25 patients out of a total of 35. The main reason for the breaches relates to bed availability due to pressures across the Trust. Actions There will be a relocation of beds within urgent care that will facilitate a dedicated stroke ward. This will assist in ensuring that patients are allocated to the correct area, particularly in times of pressure. Forecast There continues to be a risk around atypical presentations causing delays to diagnosis and during periods of increased bed pressures which impact on performance. The Trust has robust procedures in place to diagnose and treat patients effectively. |
| % who had a stroke & spend at least 90% of their time on a stroke unit (Southport & Ormskirk) | 15/16 - June | 80% | 71.40% | ↑ | Southport & Ormskirk have failed to achieve the target in June only 25 patients out of 35 spending at least 90% of their time on a stroke unit. | |
| % high risk of Stroke who experience a TIA are assessed and treated within 24 hours (CCG) | 15/16 - June | 60% | 57.10% | ↑ | Although the Trust met the target fir June, their data includes patients from any CCG. 3 of 7 patients were not assessed and treated within 24 hours. | Due to the number of patients within the service, a small number of breaches affect compliance. Whilst the Trust have increased capacity, patient choice and weekend presentations still pose a risk for future months. |
| % high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk) | 15/16 - June | 60% | 60.00% | ↑ | | |

| Mental health | | | | | | |
|--|--------------|----------|----------|---|--|---|
| Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) (CCG) | 14/15 - Qtr4 | 95% | 97.00% | ↑ | | |
| IAPT Access - Roll Out | Q1 15/16 | 3.25% | | | Month 3 activity has been received however there are a number of outstanding queries that have been raised with the provider. The prevalence reported is incorrect as they used the plan figure rather than the actuals in the calculation, an update is due Friday 21 st August. | The CCG are working closely with the new provider to ensure high quality data is provided. A data quality improvement project is being developed by NHS England area team to aid commissioners and providers. |
| IAPT - Recovery Rate | Q1 15/16 | 50.00% | 43.55% | | The CCG are under plan for recovery rate reaching 43.55% in Q1. This equates to 108 patients who have moved to recovery out of 269 who have completed treatment. | The CCG will request an recovery plan from the provider. An update will be provided in month 4. |
| 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% | 97.00% | | | |
| 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% | 100.00% | | | |
| 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) | 15/16 - May | 93% | 93.18% | ↑ | | |
| Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk) | 15/16 - May | 93% | 93.99% | ↑ | | |

| | | | | | | |
|---|-------------|-----|---------|---|---|---|
| Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG) | 15/16 - May | 93% | 82.43% | ↓ | Southport & Formby CCG a failed the target for May and year to date. In May 9 patients were not seen within 14 days out of a total of 40 (77.5%). | This is an effect of the closure of the Southport and Ormskirk breast unit to new patients and increased demand on the Royal Liverpool service. We will be investigating the notice period that patients are being given for appointments with the provider. A communication from the Network Breast Clinical Network Group is planned, reinforcing to primary care that a 2 week target is in place for breast symptoms not suspicious of cancer as well as suspected cancer and for patients to expect to be contacted quickly. Improvement is expected over the next 3 months. |
| 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) | 15/16 - May | 93% | N/A | ↔ | Southport & Ormskirk no longer provide this service. | |
| Cancer waits – 31 days | | | | | | |
| Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG) | 15/16 - May | 96% | 97.30% | ↔ | | |
| Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk) | 15/16 - May | 96% | 97.87% | ↓ | | |
| Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG) | 15/16 - May | 94% | 96.00% | ↔ | | |
| Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk) | 15/16 - May | 94% | 100.00% | ↔ | | |
| Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG) | 15/16 - May | 94% | 100.00% | ↔ | | |
| Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk) | 15/16 - May | 94% | 100.00% | ↔ | | |
| Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG) | 15/16 - May | 98% | 100.00% | ↔ | | |
| Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk) | 15/16 - May | 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) | 15/16 - May | | 86.36% | ↑ | | |
| 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) | 15/16 - May | | 90.12% | ↓ | | |
| Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG) | 15/16 - May | 90% | 100.00% | ↔ | | |
| Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk) | 15/16 - May | 90% | 100.00% | ↔ | | |
| Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG) | 15/16 - May | 85% | 90.00% | ↑ | | |
| Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk) | 15/16 - May | 85% | 87.83% | ↑ | | |
| 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 - June | 0 | 0 | ↔ | | |
| The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (Southport & Ormskirk) | 15/16 - May | 0 | 0 | ↔ | | |
| The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (CCG) | 15/16 - June | 0 | 0 | ↔ | | |
| The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (Southport & Ormskirk) | 15/16 - May | 0 | 0 | ↔ | | |
| The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG) | 15/16 - June | 0 | 0 | ↔ | | |
| The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk) | 15/16 - May | 0 | 0 | ↔ | | |

| | | | | | | |
|---|---------------------|------------|---------------|----------|--|--|
| <p>Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (CCG)</p> | <p>15/16 - June</p> | <p>90%</p> | <p>89.40%</p> | <p>↑</p> | <p>The CCG failed to achieve the target of 90% for the fifth consecutive month, achieving 89.40%. This month's activity equates to 87 patients 821 not being seen within 18 weeks. Speciality breakdown:-</p> <ul style="list-style-type: none"> • T&O (28) • Ophthalmology (20) • Urology (4) • General Surgery (11) • ENT (11) • Cardiology (1) • All Other (12) | |
| <p>Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (Southport & Ormskirk)</p> | <p>15/16 - May</p> | <p>90%</p> | <p>83.74%</p> | <p>↑</p> | <p>The Trust failed to achieve the target of 90% in May achieving 83.74% this is an improvement on April which saw 79.84%. This equates to 159 patients out of 978 not been seen within 18 weeks. These breaches were in the following specialities:-</p> <ul style="list-style-type: none"> General Surgery (13) Urology (13) T&O (50) Ophthalmology (29) ENT (5) Oral Surgery (28) Gynaecology (5) All other (16) | <p>The Trust continues to make progress toward Trust-level compliance. 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. These figures, in July are 12,526 and 771 respectively. The admitted pathway backlog is 111 and the overall list is 1,985. The Trust is close to their target backlog size of less than 100 breached patients. However, additional activity was scheduled in June and July in a number of specialties which will assist the Trust reach compliance. The number of admitted clock stops has increased to over 1000 per month. This is driving some over performance on day cases as the Trust continues to focus on reducing the number of long waits. Of note is the Trust's continued compliance against the 92% on-going pathway standard. Along with other Trusts S&O received a letter on 24th June outlining that the sanctions against the treated RTT targets were removed with immediate effect. Any penalties levied against providers since 1st April 2015 are to be repaid. National reporting for the admitted and no-admitted pathways remain in place, however as they are important indicators highlighting how Trusts are treating patients. The only remaining measure will be the on going pathway (92% standard). The penalties applied to breaches of this standard will be increased and NHSE is currently out to consultation. Forecast The Trust will miss the internal deadline of July for full compliance with the two treated targets. Currently performance trajectory for July based on data from 17 July is performance of 87%. This was due to a number of patients orthopaedics being given a TCI date just outside the 18 week target. The reason for this was that work instructions for booking inpatients were not adhered to. The division has previously recognised that more robust management of the inpatient access team would improve performance and a restructure is in progress which will move the department from having a single manager over inpatients and outpatients to a dedicated manager over each. There were also challenges in the pain service where a number of patients are experiencing long waits for treatment due to capacity challenges. Performance monitoring of this speciality will be increased through attendance of the operational manager at the weekly access meeting. To note – the CCG still has the RTT Contract Query open – progress will be discussed at a meeting arranged at the end of August.</p> |
| <p>Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (CCG)</p> | <p>15/16 - June</p> | <p>95%</p> | <p>94.48%</p> | <p>↓</p> | <p>The CCG failed to achieve the target of 95% for the achieving 94.48%. This month's activity equates to 200 patients out of 3622 not being seen within 18 weeks. Speciality breakdown:-</p> <ul style="list-style-type: none"> • Cardiology (21) • Ophthalmology (15) • Dermatology (39) • ENT (16) • T&O (7) • General Surgery (17) • Gynaecology (4) • Urology (7) • General Medicine (5) • Gastroenterology (15) • Rheumatology (16) • All Other (38) | |
| <p>Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (Southport & Ormskirk)</p> | <p>15/16 - May</p> | <p>95%</p> | <p>94.32%</p> | <p>↑</p> | <p>The Trust again narrowly failed to achieve the target of 95% in May achieving 94.32%. This equates to 256 patients out of 4509 not been seen within 18 weeks. These breaches were in:</p> <ul style="list-style-type: none"> General Surgery (16) Urology (9) T&O (21) Ophthalmology (14) ENT (27) Oral Surgery (6) General Medicine (3) Gastroenterology (26) Cardiology (22) Dermatology (70) Rheumatology (3) Gynaecology (3) Other (36) | |



| | | | | | | |
|--|--------------|--------|--------|---|--|--|
| 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 - June | 92% | 94.37% | ↔ | | |
| Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Southport & Ormskirk) | 15/16 - May | 92% | 93.39% | ↔ | | |
| A&E waits | | | | | | |
| Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) | 15/16 - June | 95.00% | 94.43% | ↑ | Southport & Formby CCG achieved the 95% target in June reaching 95.98% but are narrowly failing year to date reaching 94.43%. In June 116 attendances out of 2888 were not admitted, transferred or discharged within 4 hours. | Please see below for Southport & Ormskirk Hospital narrative. |
| Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) | 15/16 - June | 95.00% | 94.07% | ↑ | Southport & Ormskirk have also achieved the target in June, reaching 95.86%, but are failing year to date reaching 94.07%. In June month 371 attendances out of 8959 were not admitted, transferred or discharged within 4 hours. This is the first month the trust have achieved the target since October 2014. | Attendances at Southport A&E are in line with June 14, admissions are higher in June than the same period over the last two years. Analysis of GP referrals into the Trust has highlighted that a greater proportion of patients are seen in A&E rather than the GPAU, with their admission being recorded as A&E. The Trust has identified internal reasons for this which are being addressed by the operational team and admission criteria for GPAU is being reviewed by the Clinical Director. The volume of patients aged over 75+ has seen a slight decrease compared to the last winter period but is still significantly higher when compared to June in previous years. Projections Site compliance remains a challenge, due to the changing nature of non-elective patients, the risk this has on Trust compliance remains. The wider urgent care action plan is addressing significant health economy issues, many of which are long term objectives. |
| Diagnostic test waiting times | | | | | | |
| % of patients waiting 6 weeks or more for a Diagnostic Test (CCG) | 15/16 - June | 1.00% | 0.43% | ↓ | | |
| % of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk) | 15/16 - May | 1.00% | 0.38% | ↔ | | |

| Category A ambulance calls | | | | | | |
|--|--------------|----------------|--------|---|---|--|
| Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative) | 15/16 - June | 75% | 76.03% | ↑ | | The delivery and sustainability of emergency ambulance performance remains a key priority for commissioners. Performance continues to be closely monitored with the support of lead commissioner Blackpool CCG and through monthly contract and Strategic Partnership Board meetings with the NWAS executive team and commissioning leads. Locally the Mersey CCGs continue to meet with NWAS monthly to review performance at county and CCG level. Efforts to reduce the numbers and length of ambulance turnaround delays at Trusts also continue as a key part of the strategy in order to release 'frontline' ambulance response resources to respond to emergency calls. Extra investment of circa £10m has been made available by commissioners to NWAS to aid several initiatives such as Pathfinder, and Frequent Callers. NWAS have put in place a number of internal measures to focus staff on being able to meet performance in Q1 of 2015/16. For the Trust this means working in such a way as if they were managing a major incident (suspending mandatory training and attendance at some meetings), although it should be stressed that they have not declared a major incident. |
| Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative) | 15/16 - June | 75% | 72.81% | ↓ | The CCG failed to achieve the 75% target year to date, or in month (June) recording 71.7%. | |
| Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative) | 15/16 - June | 95% | 91.17% | ↑ | The CCG failed to achieve the 95% target year to date, or in month (June) recording 91.8%. | |
| Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative) | 15/16 - June | 75% | 77.51% | ↑ | | |
| Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative) | 15/16 - June | 75% | 76.60% | ↑ | | |
| Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative) | 15/16 - June | 95% | 95.18% | ↑ | | |
| Local Indicator | | | | | | |
| Access to community mental health services by people from Black and Minority Ethnic (BME) groups (Rate per 100,000 population) | 2013/14 | England 2035.9 | 2118.0 | ↑ | The most recent data shows access to community mental health services by people from BME groups is higher for the CCG than the England rate per 100,000. This is also an improvement on the previous year when the CCG rate was 1779.2. | |

10.2 Friends and Family – Southport and Ormskirk Hospital NHS Trust

Figure 19: 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 (June 2015) | RR - Trajectory From Previous Month (May 15) | Percentage Recommended (England Average) | Percentage Recommended (June 2015) | PR Trajectory From Previous Month (May 15) | Percentage Not Recommended (England Average) | Percentage Not Recommended (June 2015) | PNR Trajectory From Previous Month (May 15) |
|-------------------------------|---------------------------|-----------------------|--|--|------------------------------------|--|--|--|---|
| Inpatients | 25% | 22.8% | ↑ | 95.8% | 95% | ↑ | 1.4% | 1.5% | ↓ |
| A&E | 15% | 9.0% | ↑ | 88.4% | 89.8% | ↑ | 6% | 7% | ↓ |
| Q1 - Antenatal Care | N/A | - | - | 95% | 97% | ↑ | 1% | 3% | ↑ |
| Q2 - Birth | N/A | 25.8% | ↑ | 97% | 96% | ↑ | 1% | 0% | ↑ |
| Q3 - Postnatal Ward | N/A | - | - | 93% | 98% | ↑ | 2% | 0% | ↑ |
| Q4 - Postnatal Community Ward | N/A | - | - | 98% | 98% | ↑ | 1% | 0% | ↑ |

Where cell contains "-" no denominator data available

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

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

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the above three parts for both inpatients and A&E. Despite this however, the trust have shown an improvement in response rates for both inpatients and A&E compared to the previous month, alongside an improvement in the percentage of people who would recommend their services

The percentage of patients that would recommend the inpatient service in the trust has increased from the previous month and is now only marginally lower than the England average. Although higher than the national average, the percentage of people who would not recommend the inpatient service has reduced from the previous month.

In A&E the percentage of people who would recommend the service has increased from the previous month to 89%, and surpasses the England average. However the percentage of people who would not recommend the A&E service has increased from the previous month and is higher than the England average.

For maternity services, aside from the percentage of people that would not recommend Antenatal Care being higher than the England average, the trust has improved in both percentage that would recommend the service against all questions and now have 0% of people who wouldn't recommend the service against all questions which is an improvement on the previous month.

The trust compares favourable against the England average in all areas.

Friends and Family is a standing agenda item on the Clinical Quality Performance Group (CQPG), which is a joint meeting between the trust and the CCG. An action plan has been developed by the trust, for which the Director of Nursing is accountable. This action plan seeks to address the areas of poor performance.

The Engagement and Patient Experience Group (EPEG) have sight of the trusts friends and family data on a monthly basis and seek assurance from the trust that areas of poor patient experience are being addressed. Health Watch Sefton are members of EPEG and also attend the trust's patient experience group and directly ask the organisation specific questions about poor Friends and Family response rates and recommendations.

10.3 Complaints

The Trust's Q 1 Complaints and Compliments Report is awaiting internal sign off, it will be summarised in the Month 4 Integrated Performance Report

10.4 Serious Untoward Incidents (SUIs) and Never Events

10.4.1 CCG level Serious Untoward Incidents

These are serious incidents involving Southport and Formby CCG patients irrespective of their location of care.

There were 10 Serious Incidents in May involving Southport and Formby CCG patients and 8 in June.

For April, May and June there have been 24 Serious Incidents involving Southport and Formby CCG patients

Figure 20: SUIs Reported at Southport & Formby CCG level

| Type of Incident | Apr | May | Jun | YTD |
|---|----------|-----------|----------|-----------|
| Pressure ulcer - (Grade 3) | 3 | 6 | 3 | 12 |
| Pressure ulcer - (Grade 4) | 2 | | 3 | 5 |
| Sub-optimal care of the deteriorating patient | | 2 | | 2 |
| Unexpected Death (general) | 1 | | | 1 |
| Surgical Error | | 1 | | 1 |
| Allegation Against HC Professional | | | 1 | 1 |
| Pressure Sore - (Grade 3 or 4) | | | 1 | 1 |
| Attempted Suicide by Outpatient (in receipt) | | 1 | | 1 |
| Grand Total | 6 | 10 | 8 | 24 |

Figure 21: SUIs by incident type

| Provider / Type of Incident | Apr | May | Jun | YTD |
|---|----------|-----------|----------|-----------|
| Aintree University Hospital NHS Foundation Trust | | | | |
| Unexpected Death (general) | 1 | | | 1 |
| Liverpool Women's NHS Foundation Trust | | | | |
| Surgical Error | | 1 | | 1 |
| Mersey Care NHS Trust | | | | |
| Attempted Suicide by Outpatient (in receipt) | | 1 | | 1 |
| Southport and Ormskirk Hospital NHS Trust | | | | |
| Pressure ulcer - (Grade 3) | 3 | 6 | 3 | 12 |
| Pressure ulcer - (Grade 4) | 2 | | 3 | 5 |
| Sub-optimal care of the deteriorating patient | | 2 | | 2 |
| Pressure Sore - (Grade 3 or 4) | | | 1 | 1 |
| Allegation Against HC Professional | | | 1 | 1 |
| Grand Total | 6 | 10 | 8 | 24 |

10.4.2 CCG level Never Events

One Never Event involved a Southport and Formby CCG patient. This Never event happened in the Liverpool Women's NHS Foundation Trust. It occurred in May 2015 and was a surgical error

The majority of incidents have occurred in Southport & Ormskirk Hospital (21), with one incident occurring in each of the following providers:

- Aintree University Hospital NHS Foundation Trust
- Liverpool Women's NHS Foundation Trust
- Mersey Care NHS Trust

10.4.3 Southport & Ormskirk Hospital level Serious Untoward Incidents

In April, May and June, Southport & Ormskirk Hospital Integrated Care Organisation (ICO) reported 50 serious incidents. These are incidents that involved patients under the care of that organisation and those patients may be from CCGs other than Southport and Formby CCG.

Figure 22: SUIs Reported at Southport & Ormskirk Hospital

| Incident Type | Apr | May | Jun | YTD |
|---|-----------|-----------|-----------|-----------|
| Pressure ulcer - (Grade 3) | 15 | 8 | 6 | 29 |
| Pressure ulcer - (Grade 4) | 8 | 2 | 3 | 13 |
| Sub-optimal care of the deteriorating patient | 1 | 2 | | 3 |
| Pressure Sore - (Grade 3 or 4) | | | 2 | 2 |
| Unexpected Death of Inpatient (in receipt) | 1 | | | 1 |
| Child abuse (institutional) | | | 1 | 1 |
| Allegation Against HC Professional | | | 1 | 1 |
| Grand Total | 25 | 12 | 13 | 50 |



Figure 23: SUIs Reported at Southport & Ormskirk Hospital split by CCG

| CCG Name / Incident Type | Apr | May | Jun | YTD |
|---|-----------|-----------|-----------|-----------|
| Sefton CCG | | | | |
| Pressure ulcer - (Grade 3) | 1 | 1 | | 2 |
| Pressure ulcer - (Grade 4) | 1 | | | 1 |
| Southport & Formby CCG | | | | |
| Pressure ulcer - (Grade 3) | 3 | 6 | 3 | 12 |
| Pressure ulcer - (Grade 4) | 2 | | 3 | 5 |
| Sub-optimal care of the deteriorating patient | | 2 | | 2 |
| Pressure Sore - (Grade 3 or 4) | | | 1 | 1 |
| Allegation Against HC Professional | | | 1 | 1 |
| West Lancashire CCG | | | | |
| Pressure ulcer - (Grade 3) | 11 | 1 | 3 | 15 |
| Pressure ulcer - (Grade 4) | 5 | 2 | | 7 |
| Unexpected Death of Inpatient (in receipt) | 1 | | | 1 |
| Sub-optimal care of the deteriorating patient | 1 | | | 1 |
| Child abuse (institutional) | | | 1 | 1 |
| Pressure Sore - (Grade 3 or 4) | | | 1 | 1 |
| Grand Total | 25 | 12 | 13 | 50 |

10.4.4 Southport & Ormskirk Hospital level Never Events

Southport & Ormskirk Hospital Integrated Care Organisation (ICO) reported zero Never Events YTD.

Number of repeated incidents reported YTD

The Trust has had three incidents repeated as of June 2015/16.

- 29xPressure ulcer – (Grade 3)
- 13xPressure ulcer – (Grade 4)
- 3xSub-optimal care of the deteriorating patient

Number of Incidents reported by CCG

The trust has had patients from 3 different CCGs involved in serious incidents.

- South Sefton CCG – 3
- Southport and Formby CCG – 21
- West Lancashire CCG - 26

11. Primary Care

11.1 Background

The primary care dashboard has been developed during the summer of 2014 with the intention of being used in localities so that colleagues from practices are able to see data compared to their peers in a timely and consistent format. From this, localities can use this data to request further analysis, raise queries with providers, determine local priorities for action, understand demand, and monitor improvement. The tool is to aid improvement, not a performance management tool.

11.2 Content

The dashboard is still evolving, but at this stage the following sections are included: Urgent care (A&E attendances and emergency admissions for children under 19, adults aged 20-74 and older people aged 75 and over separately), Demand (referrals, Choose & Book information, cancer and urgent referrals), and Prescribing indicators. Recent new additions are expected to observed disease prevalence (QOF), and forthcoming additions include financial information, and public health indicators.

11.3 Format

The data is presented for all practices, grouped to locality level and RAG rated to illustrate easily variation from the CCG average, where green is better than CCG average by 10% or more, and red is worse than CCG average. Amber is defined as better than CCG average but within 10%. Data is refreshed monthly, where possible and will have a 6 week time lag from month end for secondary care data and prescribing data, and less frequent updates for the likes of annual QOF data. The dashboards have been presented to Quality Committee and to localities, and feedback has been positive. The dashboards will be available on the Cheshire & Merseyside Intelligence Portal (CMiP).

11.4 Summary of performance

Figure 24 Summary of Primary Care Dashboard – Urgent Care Summary

| <h3 style="text-align: center;">Southport & Formby CCG Urgent Care Practice Scorecard 2015/16</h3> | | | | | | | | | | | | | | | | | | | |
|--|---------------------------------------|---|--------|-------|--|--------|-------|--|--------|-------|--|--------|-------|---|--------|-------|---|--------|-------|
| Indicator | | A&E Attendance rate per 1000 for under 19's (12 Mths to May-15) | | | A&E Attendance rate per 1000 for 19-74 yrs (12 Mths to May-15) | | | A&E Attendance rate per 1000 for over 75's (12 Mths to May-15) | | | Emergency Admission rate per 1000 for under 19's (12 Mths to May-15) | | | Emergency Admission rate per 1000 for 19-74 yrs (12 Mths to May-15) | | | Emergency Admission rate per 1000 for over 75's (12 Mths to May-15) | | |
| Code | Practice | Period | Result | Score | Period | Result | Score | Period | Result | Score | Period | Result | Score | Period | Result | Score | Period | Result | Score |
| NS4012 | AINSDALE MEDICAL CENTRE | May-15 | 50.20 | 0 | May-15 | 105.60 | 3 | May-15 | 211.67 | 3 | May-15 | 26.67 | 3 | May-15 | 34.08 | 3 | May-15 | 134.44 | 3 |
| NS4014 | AINSDALE VILLAGE SURGERY | May-15 | 52.17 | 0 | May-15 | 119.01 | 2 | May-15 | 197.98 | 3 | May-15 | 37.07 | 2 | May-15 | 36.50 | 2 | May-15 | 122.83 | 3 |
| NS4024 | GRANGE SURGERY | May-15 | 36.89 | 3 | May-15 | 121.55 | 2 | May-15 | 253.85 | 2 | May-15 | 35.59 | 2 | May-15 | 43.15 | 0 | May-15 | 171.69 | 2 |
| NS4037 | LINCOLN HOUSE SURGERY | May-15 | 62.32 | 0 | May-15 | 137.58 | 0 | May-15 | 289.03 | 0 | May-15 | 41.16 | 0 | May-15 | 44.36 | 0 | May-15 | 189.87 | 0 |
| NS4625 | THE FAMILY SURGERY | May-15 | 49.08 | 0 | May-15 | 143.40 | 0 | May-15 | 320.39 | 0 | May-15 | 55.71 | 0 | May-15 | 50.57 | 0 | May-15 | 235.44 | 0 |
| NS4005 | CUMBERLAND HOUSE SURGERY | May-15 | 39.89 | 3 | May-15 | 126.18 | 0 | May-15 | 319.47 | 0 | May-15 | 47.49 | 0 | May-15 | 41.72 | 2 | May-15 | 198.03 | 0 |
| NS4013 | CURZON ROAD MEDICAL PRACTICE | May-15 | 58.28 | 0 | May-15 | 165.73 | 0 | May-15 | 366.47 | 0 | May-15 | 55.78 | 0 | May-15 | 51.10 | 0 | May-15 | 250.74 | 0 |
| NS4021 | ST MARKS MEDICAL CENTRE | May-15 | 51.09 | 0 | May-15 | 172.90 | 0 | May-15 | 318.38 | 0 | May-15 | 50.39 | 0 | May-15 | 56.03 | 0 | May-15 | 211.32 | 0 |
| NS4617 | KEW SURGERY | May-15 | 43.49 | 2 | May-15 | 144.52 | 0 | May-15 | 315.32 | 0 | May-15 | 34.09 | 3 | May-15 | 45.42 | 0 | May-15 | 225.23 | 0 |
| Y02610 | TRINITY PRACTICE | May-15 | 30.98 | 3 | May-15 | 205.44 | 0 | May-15 | 456.68 | 0 | May-15 | 52.73 | 0 | May-15 | 69.65 | 0 | May-15 | 334.84 | 0 |
| NS4006 | CHAPEL LANE SURGERY | May-15 | 52.98 | 0 | May-15 | 84.24 | 3 | May-15 | 217.39 | 3 | May-15 | 26.49 | 3 | May-15 | 29.17 | 3 | May-15 | 145.69 | 3 |
| NS4018 | THE VILLAGE SURGERY FORMBY | May-15 | 48.44 | 0 | May-15 | 85.40 | 3 | May-15 | 208.67 | 3 | May-15 | 33.36 | 3 | May-15 | 31.31 | 3 | May-15 | 143.48 | 3 |
| NS4036 | FRESHFIELD SURGERY | May-15 | 43.54 | 2 | May-15 | 94.65 | 3 | May-15 | 223.81 | 3 | May-15 | 42.75 | 0 | May-15 | 38.28 | 2 | May-15 | 183.33 | 0 |
| NS4618 | THE HOLLIES | May-15 | 49.83 | 0 | May-15 | 93.23 | 3 | May-15 | 214.13 | 3 | May-15 | 30.51 | 3 | May-15 | 33.93 | 3 | May-15 | 149.01 | 3 |
| NS4008 | NORWOOD SURGERY | May-15 | 45.40 | 2 | May-15 | 117.97 | 2 | May-15 | 250.26 | 2 | May-15 | 36.32 | 2 | May-15 | 40.95 | 2 | May-15 | 173.18 | 2 |
| NS4017 | CHURCHTOWN MEDICAL CENTRE | May-15 | 36.52 | 3 | May-15 | 125.90 | 0 | May-15 | 280.27 | 0 | May-15 | 38.87 | 2 | May-15 | 46.54 | 0 | May-15 | 206.62 | 0 |
| NS4032 | SUSSEX ROAD SURGERY | May-15 | 40.17 | 3 | May-15 | 97.94 | 3 | May-15 | 196.68 | 3 | May-15 | 22.95 | 3 | May-15 | 25.79 | 3 | May-15 | 118.48 | 3 |
| NS4611 | ROE LANE SURGERY | May-15 | 49.34 | 0 | May-15 | 108.55 | 3 | May-15 | 262.20 | 2 | May-15 | 33.92 | 3 | May-15 | 29.93 | 3 | May-15 | 173.78 | 2 |
| NS4613 | THE CORNER SURGERY (DR MULLA) | May-15 | 49.29 | 0 | May-15 | 108.91 | 3 | May-15 | 280.81 | 0 | May-15 | 35.30 | 2 | May-15 | 44.41 | 0 | May-15 | 174.17 | 2 |
| NS4614 | THE MARSHSIDE SURGERY (DR WAINWRIGHT) | May-15 | 37.45 | 3 | May-15 | 116.34 | 2 | May-15 | 232.27 | 3 | May-15 | 39.47 | 0 | May-15 | 40.58 | 2 | May-15 | 173.76 | 2 |
| Southport & Formby Average | | | 46.07 | | | 124.66 | | | 264.04 | | | 39.21 | | | 42.44 | | | 179.50 | |

Figure 25 Summary of Primary Care Dashboard – Example Locality Summary

Southport & Formby CCG North Southport Practice Local Scorecard July - 2015/16

| Under Construction | | Frequency | Latest Update | N84008 | N84017 | N84032 | N84611 | N84613 | N84614 |
|---|--|-----------|---------------|---------|---------|--------|---------|--------|---------|
| 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 | May-15 | 45.40 | 36.52 | 40.17 | 49.34 | 49.29 | 37.45 |
| | A&E Attendance rate per 1000 for 19-74 yrs | Monthly | May-15 | 117.97 | 125.90 | 97.94 | 108.55 | 108.91 | 116.34 |
| | A&E Attendance rate per 1000 for over 75's | Monthly | May-15 | 250.26 | 280.27 | 196.68 | 262.20 | 280.81 | 232.27 |
| | Emergency Admission rate per 1000 for under 19's | Monthly | May-15 | 36.32 | 38.87 | 22.95 | 33.92 | 35.30 | 39.47 |
| | Emergency Admission rate per 1000 for 19-74 yrs | Monthly | May-15 | 40.95 | 46.54 | 25.79 | 29.93 | 44.41 | 40.58 |
| | Emergency Admission rate per 1000 for over 75's | Monthly | May-15 | 173.18 | 206.62 | 118.48 | 173.78 | 174.17 | 173.76 |
| R e f e r r a l s | GP Referrals to Secondary Care - Dec 2014 | Monthly | Jul-15 | 10.11 | 17.30 | 2.04 | 10.13 | 16.18 | 11.43 |
| | C&B GP referrals to Secondary Care - Dec 2014 | Monthly | Jul-15 | 1.68 | 2.60 | 0.58 | 1.01 | 2.48 | 2.10 |
| | Non C&B Referrals to Secondary Care - Dec 2014 | Monthly | Jul-15 | 0.73 | 0.05 | 0.00 | 0.41 | 1.30 | 0.57 |
| | Cancer Fast Track Referrals - Dec 2014 | Monthly | Jul-15 | 9.39 | 17.26 | 2.04 | 9.72 | 14.87 | 10.86 |
| | Lipid Modifying Drugs: Ezetimibe % Items | Quarterly | Q4 14/15 | 2.93 | 2.53 | 6.18 | 3.91 | 3.21 | 4.53 |
| | Hypnotics ADQ/STAR PU (ADQ based) | Quarterly | Q4 14/15 | 0.23 | 0.5 | 0.52 | 0.31 | 0.16 | 0.41 |
| P r e s c r i b i o n | Antidepressants: First choice % Items | Quarterly | Q4 14/15 | 68.52 | 64.75 | 59.55 | 71.06 | 72.44 | 59.45 |
| | Antibacterial Items/STAR PU | Quarterly | Q4 14/15 | 0.23 | 0.37 | 0.22 | 0.27 | 0.35 | 0.36 |
| | Minocycline ADQ/1000 Patients | Quarterly | Q4 14/15 | 21.9 | 10.23 | 0 | 0 | 14.61 | 0 |
| | NSAIDs (Ibuprofen & Naproxen % Items | Quarterly | Q3 14/15 | 90.17 | 81.03 | 79.75 | 79.89 | 82.39 | 77.59 |
| | NSAIDs ADQ/STAR PU | Quarterly | Q4 14/15 | 1.58 | 0.9 | 1.81 | 1.63 | 1.53 | 1.8 |
| | Wound care products: NIC/Item | Quarterly | Q4 14/15 | 18.8 | 22.57 | 23.04 | 13.68 | 12.45 | 17.34 |
| | Rosuvastatin as % All Statin | Quarterly | Q4 14/15 | 2.18% | 3.55% | 1.16% | 1.95% | 1.42% | 1.16% |
| | Dosulepin as a % of All Antidepressants | Quarterly | Q4 14/15 | 0.00% | 1.31% | 1.12% | 0.00% | 0.46% | 1.53% |
| | Specials per 1000 Item based ASTRO PU | Quarterly | Q4 14/15 | 0.26 | 0.30 | 0.51 | 0.02 | 0.31 | 0.12 |
| | Urology Products Total Actual Cost | Quarterly | Q4 14/15 | 145.34 | 1551.53 | 0 | 0 | 242.29 | 164.17 |
| | Potential Generics Savings | Quarterly | Q4 14/15 | 5007.89 | 4155.33 | 682.35 | 1192.49 | 716.84 | 2175.64 |
| | Enteral Sip Feeds NIC/PU | Quarterly | Q4 14/15 | 0.212 | 0.367 | 0.062 | 0.27 | 0.116 | 0.172 |

| Q o f | Estimated percentage of detected CHD prevalence | Annual | 2010/11 | #N/A | #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 | #N/A |
| | Estimated percentage of detected hypertension prevalence | Annual | 2010/11 | #N/A | #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 | #N/A |
| | Estimated percentage of detected diabetes prevalence | Annual | 2008/09 | #N/A | #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 | 1.91% | 2.36% | 2.00% | 2.93% | 1.82% | 1.67% |
| | 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 | 7.66% | 7.02% | 5.78% | 7.86% | 6.19% | 5.04% |
| | 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 | 2.72% | 3.65% | 3.26% | 3.01% | 3.36% | 2.29% |
| | The contractor establishes and maintains a register of patients with coronary heart disease | Annual | 2013/14 | 3.53% | 5.13% | 3.55% | 4.40% | 4.55% | 3.49% |
| | 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 | 3.24% | 4.00% | 2.52% | 6.23% | 4.76% | 3.60% |
| | The contractor establishes and maintains a register of patients with COPD | Annual | 2013/14 | 2.01% | 2.74% | 1.72% | 2.97% | 2.32% | 1.86% |
| | The contractor establishes and maintains a register of patients diagnosed with dementia | Annual | 2013/14 | 0.63% | 1.03% | 0.52% | 1.30% | 0.96% | 0.27% |
| | 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 | 4.65% | 6.05% | 5.56% | 6.19% | 6.06% | 3.99% |
| | The contractor establishes and maintains a register of patients aged 18 or over receiving drug treatment for epilepsy | Annual | 2013/14 | 0.80% | 0.87% | 0.57% | 0.81% | 0.36% | 0.74% |
| | The contractor establishes and maintains a register of patients with heart failure | Annual | 2013/14 | 1.01% | 1.05% | 1.26% | 1.83% | 0.83% | 1.05% |
| | The contractor establishes and maintains a register of patients with established hypertension | Annual | 2013/14 | 16.49% | 19.95% | 14.26% | 15.72% | 17.39% | 14.73% |
| | The contractor establishes and maintains a register of patients aged 18 or over with learning disabilities | Annual | 2013/14 | 0.44% | 0.52% | 0.17% | 0.53% | 0.29% | 0.50% |
| | 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 | 0.83% | 0.81% | 1.55% | 1.06% | 0.62% | 0.70% |
| | 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 | 6.32% | 5.99% | 11.11% | 11.93% | 8.22% | 7.09% |
| | The contractor establishes and maintains a register of patients with peripheral arterial disease | Annual | 2013/14 | 0.74% | 0.79% | 0.97% | 0.86% | 0.91% | 0.74% |
| | The percentage of patients aged 15 or over whose notes record smoking status in the preceding 24 months | Annual | 2013/14 | 84.06% | 86.27% | 91.87% | 91.77% | 91.79% | 92.11% |
| | The contractor establishes and maintains a register of patients with stroke or TIA | Annual | 2013/14 | 2.10% | 2.71% | 1.89% | 3.10% | 2.24% | 2.09% |
| | The contractor establishes and maintains a register of patients with hypothyroidism who are currently treated with levothyroxine | Annual | 2013/14 | 3.34% | 3.88% | 3.78% | 3.99% | 4.55% | 4.03% |

11.5 CQC Inspections

A number of practices in Southport and Formby CCG have recently been visited by the Care Quality Commission. The CQC are yet to publish the findings of these inspections.

12. Better Care Fund update

A data collection template has been issued by the Better Care Support Team for completion. It requires the Health & Wellbeing Board to track through the high level metrics and deliverables from the Health & Wellbeing Board Better Care Fund plan. This collection template for Q1 2015-16 focuses on budget arrangements, the national conditions, payment for performance, income and expenditure to and from the fund, and performance on local metrics. It also presents an opportunity for Health and Wellbeing Boards to register interest in support.

The payment for performance element of BCF requires a target reduction to be reached in the number of non elective admissions to hospital. Current performance for Q1 is above the required level of reduction, therefore no payment for performance is available. Performance is summarised below:

| | Baseline | | | | Plan | | | | Actual | | | |
|---|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | Q4 13/14 | Q1 14/15 | Q2 14/15 | Q3 14/15 | Q4 14/15 | Q1 15/16 | Q2 15/16 | Q3 15/16 | Q4 14/15 | Q1 15/16 | Q2 15/16 | Q3 15/16 |
| D. REVALIDATED: HWB version of plans to be used for future monitoring. | 9,294 | 9,107 | 9,091 | 9,050 | 9,009 | 8,822 | 8,806 | 8,764 | 9,668 | 9,461 | | |

Planned Absolute Reduction (cumulative) [negative values indicate the plan is larger than the baseline]

| | | | | | | |
|--|--|----------------------------------|----------|----------|----------|----------|
| % change [negative values indicate the plan is larger than the baseline] | Absolute reduction in non elective performance | Total Performance Fund Available | Q4 14/15 | Q1 15/16 | Q2 15/16 | Q3 15/16 |
| 3.1% | 1,141 | £1,808,485 | 285 | 570 | 855 | 1141 |

| Maximum Quarterly Payment | | | | Performance against baseline | | | | Suggested Quarterly Payment | | | | Total Performance fund | Total Performance and ringfenced funds | Q4 Payment locally agreed |
|---------------------------|----------|----------|----------|------------------------------|----------|----------|----------|-----------------------------|----------|----------|----------|------------------------|--|---------------------------|
| Q4 14/15 | Q1 15/16 | Q2 15/16 | Q3 15/16 | Q4 14/15 | Q1 15/16 | Q2 15/16 | Q3 15/16 | Q4 14/15 | Q1 15/16 | Q2 15/16 | Q3 15/16 | | | |
| £451,725 | £451,725 | £451,725 | £453,310 | -374 | -354 | | | £0 | £0 | | | £1,808,485 | £6,136,000 | £0 |