

Southport & Formby Clinical Commissioning Group

Integrated Performance Report May 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 May 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		
Ambulance Category 19 Transportation	NWAS		
Cancer 2 Week GP Referral	CCG		
Cancer 2 Week GP Referral	S&ORM		
Cancer 2 Week Urgent GP Referral - Breast Symptoms	CCG		
Cancer 62 Day Standard	CCG		
Cancer 62 Day Standard	S&ORM		
HCAI - C.Diff	CCG		
HCAI - C.Diff	S&ORM		
HCAI - MRSA	S&ORM		
Local Measure: Diabetes	CCG		
Stroke	S&ORM		
TIA	CCG		
TIA	S&ORM		



Key Information from this report

The financial position for Southport and Formby CCG as at 30 June 2015 (Month 3) is £0.133m underspent on operational budget areas before the application of reserves or contingency. The forecast outturn is £0.227m overspent. The CCG experienced significant financial pressures in the last financial year and a number of risks continue into the new financial year. Although budgets have been increased for growth, there are cost pressures emerging which will need close management if the CCG is to achieve the planned surplus. In addition, plans to achieve the CCG's QIPP requirement of £6.151m have not yet been fully identified.

A&E waits – Year to date the CCG achieved 93.78% against a 95% target (in-month May achieving 94.4%). The CCG have failed the target since October in 2014. Southport & Ormskirk achieved 93.26% year to date (in-month May 93.96%) again failing the target. The Trust have also failed the target each month since October 2014. At the July CQPG the Trust presented their A&E improvement plan, this will be monitored via the SRG and the CQPGs.

Ambulance Activity - Category A Red 1, 8 minute response time – The CCG recorded 72.20% year to date failing to achieve the 75% target (but performance has improved in-month at 81.6%). The CCG are also failed Category A Red, 2 recording 73.40% year to date against a 75% target (but performance has improved in-month 77.6%). Category 19 Transportation recording 90.90% year to date also failing the 95% target (in-month 95%). NWAS have achieved both Cat A targets and are flagged as green. Although NWAS are failing the Category 19 target recording 94.80% in year to date and are flagged as amber.

Cancer Indicators – For April the CCG are failing 3 cancer indicators. The 3 indicators are, 2 week wait which is reporting 90.07% against a target of 93%, 2 week breast symptom which is reporting 88.24% also against a target of 93% and the 62 day standard which is report 80.56% against a target of 85%. Southport & Ormskirk are also failing their 2 week wait target and are reporting 92.52% and 62 day standard which is 83.52% year to date. Some actions are being addressed across the entire cancer network footprint.

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

Measure – April 2015	Southport & Ormskirk	England Average
Inpatient – response	14.8%	26.8%
Recommended	93.1%	95.7%
Not Recommended	2.9%	1.4%
A&E – response	5.1%	14.1%
Recommended	87.6%	88.3%
Not Recommended	7.7%	6.0%

HCAI – C difficile – The CCG is failing the monthly target for C difficile year to date, (actual 10 / plan 6) Year-end plan 38. Southport & Ormskirk are also failing the monthly target for C difficile year to date (actual 8 / plan 6), Year-end plan is 36 cases.

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

Patient Safety Incidents Reported – Southport & Ormskirk reported 12 Serious Untoward Incidents in May, bringing the year to date total to 37. Of the 12, 10 were pressure ulcers grade 3 and 4 and 2 were for sub-optimal care of the deteriorating patient.

Stroke 90% time on stroke unit – Southport & Ormskirk failed to achieve the 80% target in May, only 24 patients out of 34 spending at least 90% of their time on a stroke unit, 10 breaches (70.59%).

TIA assessed and treated within 24 hours – The CCG failed the 60% target in May (0%). There were a total of 3 high risk patients all of which were not assessed and treated within 24 hours. Southport & Ormskirk also failed the target with 2 out of 6 high risk patients getting assessed and treated within 24 hours (33.3%).

2. Financial Position

2.1 Summary

This report focuses on the financial performance for Southport and Formby CCG as at 30 June 2015 (Month 3). The financial position is £0.133m underspent at Month 3 on operational budget areas before the application of reserves or contingency. The forecast outturn is £0.227m overspent.

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

In addition, plans to achieve the CCG's QIPP requirement of £6.151m have not yet been fully identified.

Figure 1 Financial Dashboard

Key Performance Indicator	This Month	Prior Month
1% Surplus	✓	✓
0.5% Contingency Reserve	✓	✓
2.5% Non-Recurrent Headroom	✓	✓
Financial Surplus / (Deficit) before the application of reserves - £'000	(£0.227m)	£0.00m
Unmet QIPP to be identified > 0	£5.789m	£6.151m
CCG running costs < National 2015/16 target of £22.07 per head	✓	✓
NHS - Value YTD > 95%	98.4%	99.0%
NHS - Volume YTD > 95%	82.6%	90.2%
Non NHS - Value YTD > 95%	90.3%	90.3%
Non NHS - Volume YTD > 95%	92.2%	91.8%

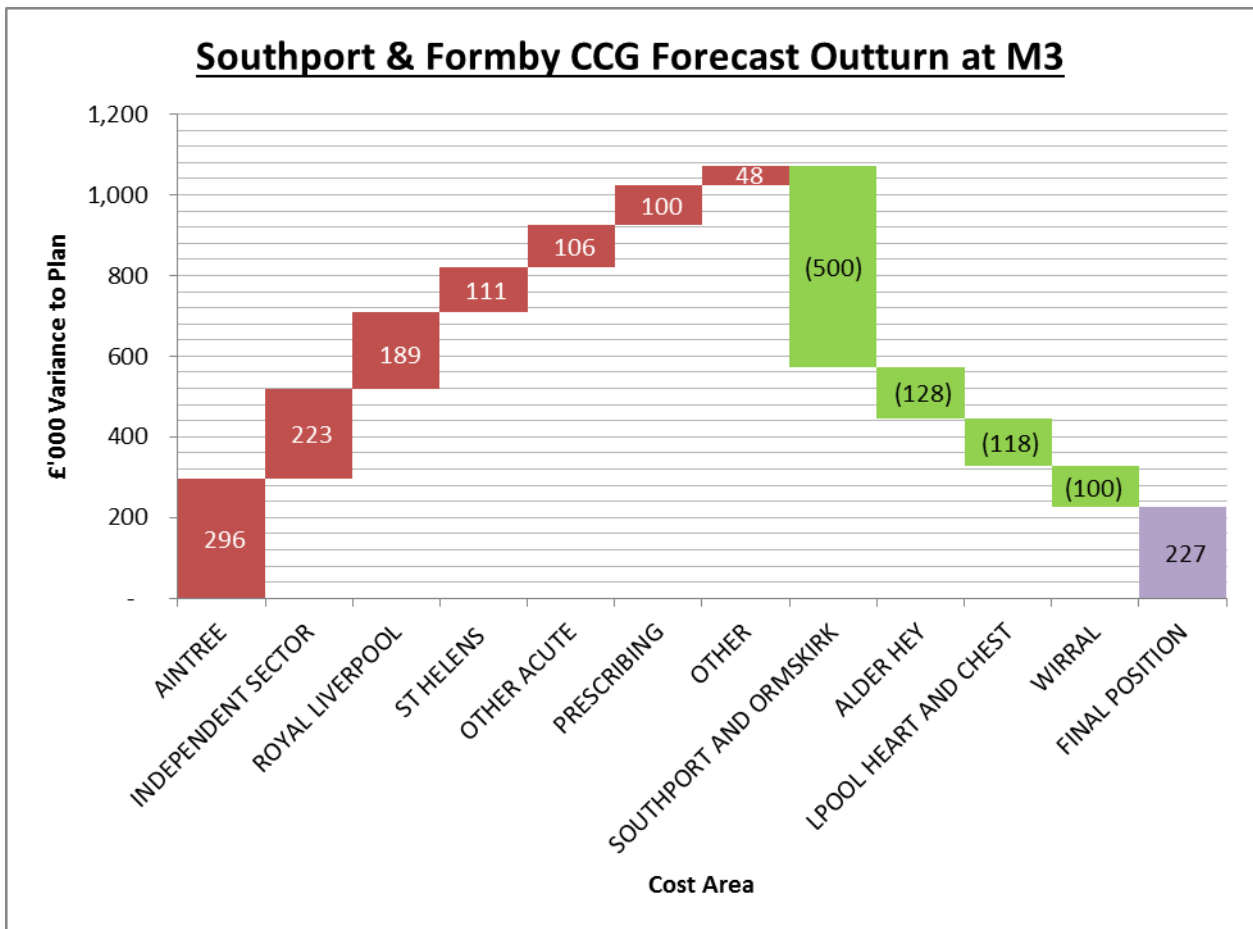
2.2 Resource Allocation

The Resource Allocation has increased by £0.371m in Month 3 in respect of the Primary Care IT budget allocations.

2.3 Financial Position and Forecast

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

Figure 2 Forecast Outturn at Month 2



Southport and Ormskirk NHS Trust

Acute commissioning

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

Southport and Ormskirk NHS Trust

The contract for 2015/16 is still yet to be agreed with the Trust. The element of the contract that covers activity reported under national rules (Payment by Results) has been agreed and the Trust has presented data in relation to this activity. The latest contract offer has been reflected in the budget, but contract negotiations are ongoing regarding the locally negotiated prices for a number of services. The Trust is requesting a further £0.400m from the CCG. This dispute remains unresolved.

The CCG has received month two data from the Trust which shows an underspend of £0.367m against the phased contract for PbR services. The underspend is in the following areas:

- Non-elective (including short stay admissions) - £0.231m. This is 6.6% lower than budget. One of the reasons for the underspend is the non-charging of GPAU activity. GPAU attendances that do not end in admission are currently not being charged by the Trust. They have sought a local price, and the CCG is awaiting further analysis from the Trust before

agreeing. GPAU activity under the Trust proposed price is valued at £0.084m at month 2. It is therefore only one of the reasons for the current underspend against emergency activity.

- New outpatient attendances - £0.098m. 20% lower than plan.
- Follow-up outpatient attendances - £0.042m. 5.7% lower than plan.

The Trust are unable to explain the extent of the underspends in both outpatient and emergency care. They continue to analyse the data, and are expected to report further findings in late July to the Information sub-group.

Aintree NHS Foundation Trust

The forecast out-turn overspend at Aintree is £0.296m. The Month 2 data shows an overspend for both Aged Related Macular Degeneration (ARMD) outpatient appointments and drugs. There are also overspends within excluded drugs at the Trust. ARMD continues to be an area of significant growth for the CCG.

Independent Sector Providers

The forecast out-turn overspend for Independent Sector providers is £0.223m. This is projected using on month one data received from the providers. The majority of this overspend (£0.200m) is with Ramsay Healthcare. There are also forecast overspends within Spire Healthcare.

Continuing Health Care (Adult) / Funded Nursing Care

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

The current forecast for this budget is an underspend of £0.050m. The month 2 data from the CSU showed a drop in estimated costs. The reported forecast reflects the current number of patients and 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 be reduced.

2.4 QIPP

The QIPP savings target for Southport and Formby CCG is £6.151m for 2015/16. This has reduced slightly to £5.789m following reductions in contract value with a number of providers and reflecting move to cost per case for Cheshire and Merseyside rehab services.

The CCG has a QIPP Committee that identifies, evaluates and monitors QIPP schemes. There is also a 1% Transformation Fund in reserves which was established to fund transformational initiatives that would result in more efficient delivery of healthcare and improvements to quality. In addition, the CCG has invested in system resilience schemes that are aimed at reducing emergency care.

A number of schemes have recently been approved and are being implemented:

- Telehealth in nursing homes – initial scheme will cover 15 homes, with anticipated reductions in expenditure of £0.400m.
- Respiratory primary care training – Anticipated savings of £0.785m

Both schemes will take time to deliver the savings, and progress will be monitored via the QIPP Committee. When schemes are deemed to be embedded and delivering, the CCG will reduce operational budgets and offset the QIPP reserve with the savings made.

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 £0.023m due to vacant posts.

2.6 Evaluation of Risks and Opportunities

The CCG's primary risk is non-achievement of the QIPP requirement. A further £5.789m of 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.
- Southport & Ormskirk NHS Trust – There remains a number of contract issues with S&O relating to the prices for some services that aren't governed by national prices. The difference across the four services where the parties have not reached agreement is £0.400m. The CCG is seeking a solution with the Trust without recourse to an independent party for decision.
- Continuing Healthcare Costs – The CCG experienced significant growth in costs for continuing healthcare in 2014/15. The CCG has increased its budgets by 5%, and is focussing on reviewing high cost packages. The risk of overspending is augmented not only by increases in patient numbers, but also increases in the price. The framework is being renewed in year, and may result in increased prices. A number of providers are already pursuing higher prices.
- Continuing Healthcare restitution claims – The CCG has contributed to a national risk pool in line with the values previously notified by NHS England. Reserves were set aside for this purpose. There is a risk that claims made nationally will exceed the value of the risk pool and further contributions from CCGs will be sought.
- Estates – The methodology for charging estates costs is expected to change in 2015/16. Previously, the costs had been based on historic charges. In 2015/16, the organisation that administers the LIFT buildings will be charging based on actual usage. The 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. To date, only 1 months' worth of data has been received showing a small overspend against budget.

Reserve budgets are set aside as part of the Budget Setting exercise to reflect planned investments, known risks and an element for contingency. Each month, the reserves and risks are analysed against the forecast financial performance and QIPP delivery. The assessment of financial position is set out below.

Figure 3 Summary of Financial position

	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)	(0.227)		(0.227)
Contingency reserves	1.581		1.581
Transformation Fund slippage		0.500	0.500
Unutilised reserves	0.263	1.642	1.905
Quality Premium:			
Confirmed element		0.138	0.138
Awaiting further development		0.092	0.092
QIPP:			
CM Rehab	0.300		0.300
Contract Adjustments	0.062		0.062
Forecast surplus / (deficit)	(2.372)	2.372	0.000
Risks	(1.050)		(1.050)
Risk adjusted forecast surplus / (deficit)	(3.422)	2.372	(1.050)

The CCG is on course to deliver its breakeven target and must find further savings totalling £1.8m to deliver its target surplus. There are further risks that will need to be closely monitored to prevent the CCG reporting a deficit position in this year. The risks are difficult to quantify with certainty because it is still early in the year.

Failure to deliver all of the QIPP on a recurrent basis in 2015/16 will increase the financial pressure in future years. The financial challenges will continue into 2016/17 and it is imperative that the CCG instigates actions to recover the financial position to ensure recurrent balance by the end of this financial year.

The risk of not achieving the CCGs financial surplus target has been escalated within the CCGs risk reporting framework and must be considered as the CCGs top priority alongside commissioning safe services.

3. Referrals

3.1 Referrals by source

Figure 4 Number of GP and 'other' referrals for the CCG across all providers for 2015/16

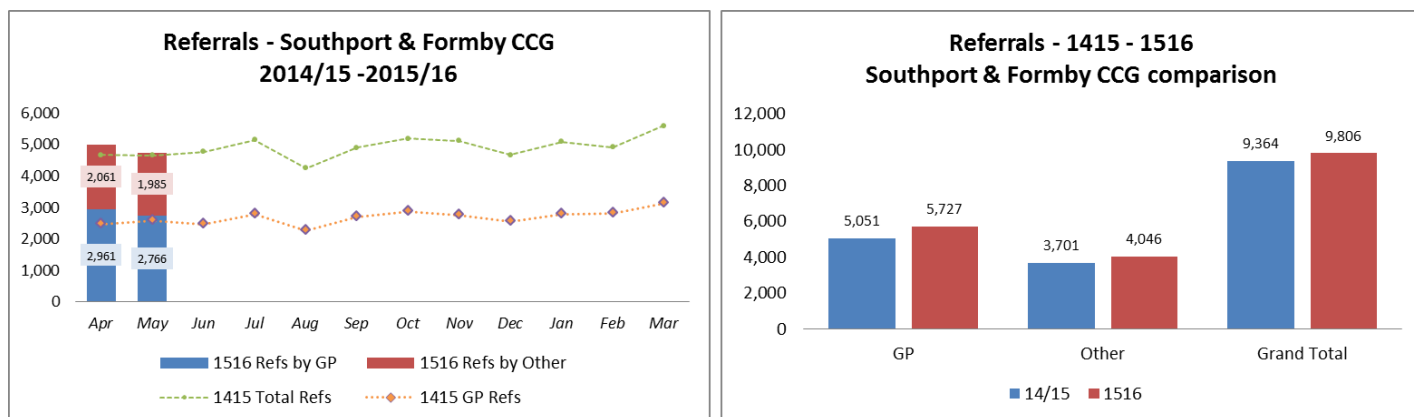


Figure 5 GP Referrals by Specialty 1516 YTD v Average of 1314-1415 YTD.

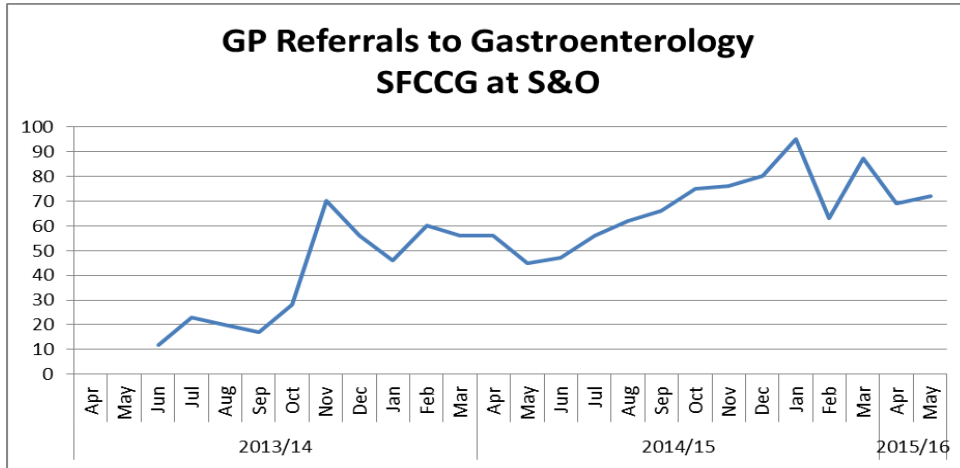
GP REFERRALS	YTD Apr - May			
	Average YTD Total (1314-1415)	1516 YTD Total	1516 Difference to average	% Variance
RESPIRATORY MEDICINE	103.5	247	144	139%
ENT	404	547	143	35%
BREAST SURGERY	120	223	104	87%
DERMATOLOGY	291	392	102	35%
GASTROENTEROLOGY	61	156	95	156%
CARDIOLOGY	147	234	88	60%
TRAUMA & ORTHOPAEDICS	184	256	73	40%
OBSTETRICS	5	75	71	1567%
RHEUMATOLOGY	90	158	68	76%
UROLOGY	185	235	51	27%
CLINICAL PHYSIOLOGY	86	132	46	53%
CLINICAL HAEMATOLOGY	97	141	45	46%
PHYSIOTHERAPY	862	903	42	5%
ENDOCRINOLOGY	35	57	23	65%
PAEDIATRICS	125	145	20	16%
ALL OTHER	2278	1826	-452	-20%
Grand Total	5069	5727	658	13%

The rise in obstetrics may be mirrored in a reduction in another maternity associated specialty e.g. Midwifery. Enquiries with Southport & Ormskirk Hospital are ongoing to understand if this is a simple shift in coding to a different specialty or a genuine increase. Since the IT system upgrade at the Trust,

the Trust are using less of the General Medicine/General Surgery specialty codes and more specific cods such as Respiratory Medicine. This may explain why “All other” specialties have reduced by 20%.

The increase in Gastroenterology referrals is widespread across practices in both Southport and Formby and indeed South Sefton. A number of cancer awareness campaigns have been carried out recently and may explain the increase in referrals.

Figure 6 Total Gastroenterology GP Referrals, per month, to S&O.



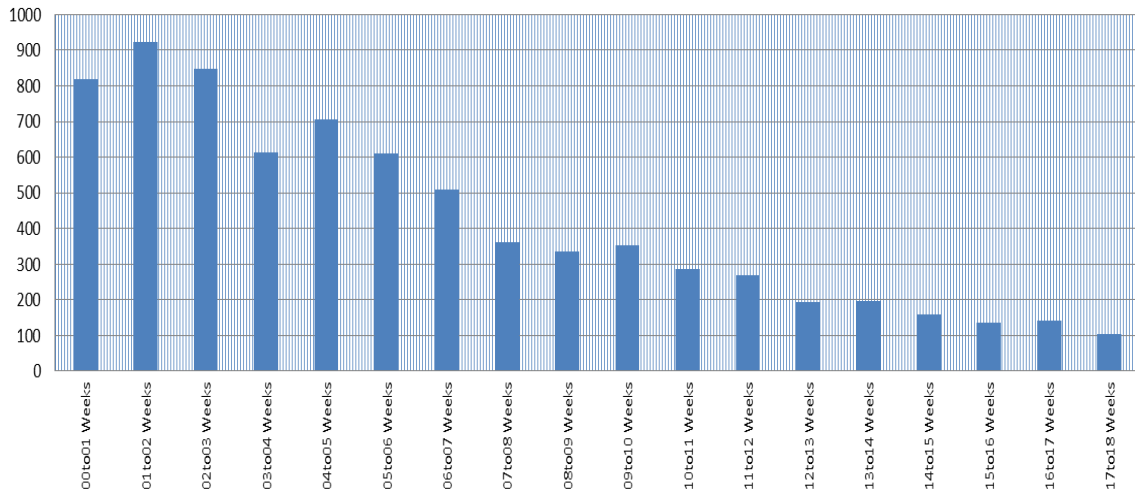
4. Waiting Times

4.1 NHS Southport and Formby CCG patients waiting

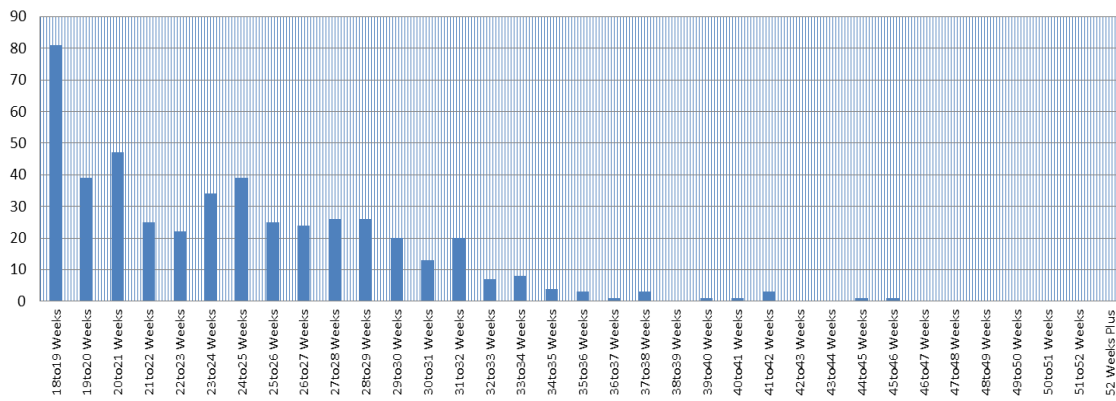
Please note the 24th June 2015 announcement from NHS England, Monitor and the Trust Development Agency that the he admitted and non-admitted operational standards are being abolished, and the incomplete standard will become our sole measure of patients’ constitutional right to start treatment within 18 weeks.

Figure 7 Patients waiting on an incomplete pathway by weeks waiting

Southport & Formby CCG Patients waiting on Incomplete Pathway May 2015 - 0 to 17 Weeks



Southport & Formby CCG Patients waiting on Incomplete Pathway May 2015 - 18 Weeks and Over



4.2 Top 5 Providers

Figure 8 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	4492	1027	5519	218	144	49	411	5930
RENACRES HOSPITAL	447	121	568	0	0	0	0	568
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	383	87	470	8	0	0	8	478
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	311	72	383	8	8	7	23	406
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	62	41	103	0	2	2	4	107
Other Providers	383	138	521	14	6	8	28	549
Total All Providers	6078	1486	7564	248	160	66	474	8038

4.3 Provider assurance for long waiters

Figure 9 Southport RTT caseload

Admitted Pathway Specialty	Wait experience						Grand Total
	30	31	32	36	38	39	
Dermatology		1					1
ENT	1						1
General Medicine				1		1	2
Ophthalmology			1				1
Pain Management					1		1
Trauma & Orthopaedics	1						1
Grand Total	2	1	1	1	1	1	7

Admitted Pathway Specialty	TCI							Grand Total
	27/07/2015	03/08/2015	06/08/2015	10/08/2015	16/08/2015	25/08/2015	not dated	
Dermatology				1		1		1
ENT				1				1
General Medicine		1			1			2
Ophthalmology			1					1
Pain Management		1						1
Trauma & Orthopaedics	1							1
Grand Total	1	1	1	1	1	1	2	7

Ongoing (incomplete pathways) Specialty	Wait experience												Grand Total
	30	31	32	33	34	35	36	37	38	39	40	41	
Cardiology				1	1								2
Clinical Oncology	2	2	1										5
Dermatology		2											2
Endocrinology		1		1				1	1				4
ENT	1												1
Gastroenterology	13	13	11	10	10	18	14	8	7	9	4	2	119
General Medicine							1			1			2
Neurology	1												1
Ophthalmology			1	1									2
Pain Management									1				1
Plastic Surgery												1	1
Respiratory Medicine	1												1
Rheumatology						1							1
Trauma & Orthopaedics	1												1
Urology		1											1
Grand Total	19	19	13	13	11	19	15	9	9	10	4	3	144

5. Planned Care

5.1 All Providers

Agreed 2015/16 plans have been used, where applicable. Where 1516 plans have not yet been agreed or loaded, the 2014/15 Month 2 position has been used. The providers using 1415 position are:

- Southport & Ormskirk Trust
- Isight
- Wirral
- Renacres

Performance at Month 2 of financial year 2015/16, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £318k. This over-performance is driven by increases at Renacres Hospital (£37k), Royal Liverpool (£25k) and St Helens & Knowsley Hospitals (£34k).

Figure 10 All Providers (Excl. S&O)

	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	13,962	2,244	2,506	262	11.70%	£2,814	£453	£466	£13	2.84%
Alder Hey Childrens NHS F/T	5,048	755	740	-15	-1.94%	£627	£94	£101	£7	7.56%
Countess of Chester Hospital NHS Foundation Tr	0	0	14	14	0.00%	£0	£0	£1	£1	0.00%
Liverpool Heart and Chest NHS F/T	1,622	251	245	-6	-2.40%	£913	£141	£133	£-9	-6.04%
Liverpool Womens Hospital NHS F/T	2,398	398	355	-43	-10.74%	£727	£120	£123	£3	2.17%
Royal Liverpool & Broadgreen Hospitals	14,718	2,324	2,260	-64	-2.74%	£3,093	£488	£514	£25	5.19%
ST Helens & Knowsley Hospitals	4,280	683	725	42	6.12%	£946	£150	£184	£34	22.67%
Wirral University Hospital NHS F/T	315	50	33	-17	-33.94%	£103	£16	£9	£-7	-44.54%
Central Manchester University Hospitals Nhs Fou	236	39	32	-7	-18.64%	£44	£7	£5	£-2	-25.52%
Fairfield Hospital	103	14	10	-4	-29.43%	£27	£4	£2	£-2	-51.91%
ISIGHT (SOUTHPORT)	2,518	420	525	105	25.10%	£582	£97	£132	£35	36.21%
Renacres Hospital	8,079	1,347	2,128	781	58.03%	£3,130	£522	£559	£37	7.18%
SPIRE LIVERPOOL HOSPITAL	866	134	136	2	1.52%	£229	£35	£42	£6	18.23%
University Hospital Of South Manchester NHS FT	199	33	47	14	41.86%	£36	£6	£11	£5	76.23%
Wrightington, Wigan And Leigh Nhs FT	2,163	360	437	77	21.22%	£1,031	£166	£173	£7	4.17%
	56,507	9,051	10,193	1,142	12.62%	£14,303	£2,302	£2,455,648	£154	14.88%

5.2 Southport and Ormskirk Hospital NHS Trust

Figure 11 Month 2 Planned Care- Southport and Ormskirk Hospital NHS Trust by POD

S&O Hospital Planned 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
Daycase	11,747	1,985	2,087	102	5.14%	£6,367	£1,076	£1,175	£99	9.18%
Elective	1,554	265	267	2	0.75%	£4,142	£706	£675	£-30	-4.31%
Elective Excess BedDays	315	54	19	-35	-64.81%	£70	£12	£5	£-7	-58.89%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	800	134	96	-38	-28.36%	£129	£21	£16	£-5	-24.42%
OPFASPCL - Outpatient first attendance single professional consultant led	18,095	3,023	2,449	-574	-18.99%	£2,767	£462	£369	£-93	-20.09%
OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,885	315	285	-30	-9.52%	£198	£33	£31	£-2	-5.09%
OPFUPSPCL - Outpatient follow up single professional consultant led	45,503	7,602	7,093	-509	-6.70%	£4,188	£700	£659	£-41	-5.85%
Outpatient Procedure	20,351	3,400	3,481	81	2.38%	£3,599	£601	£620	£19	3.19%
Unbundled Diagnostics	10,220	1,707	1,632	-75	-4.39%	£820	£137	£139	£2	1.14%
Grand Total	110,470	18,485	17,409	-1,076	-5.82%	£22,280	£3,749	£3,690	£-59	-1.56%

5.2.1 Southport & Ormskirk Hospital Key Issues

Although Daycases are showing a £99k over performance against plan, under performance in Outpatients First & Follow Ups amounts to a £59k under performance in Planned Care against 2015/16 Month 2 plan. Trauma & Orthopaedics and General Surgery are the 2 main contributors. Analysis shows a possible shift in T&O from Electives to Daycases. 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 12 Month 2 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	156	225	69	44.46%	£1,380	£230	£241	£11	4.88%
Elective	224	37	28	-9	-25.17%	£738	£123	£141	£18	14.63%
OPFASPCL - Outpatient first attendance single professional consultant led	2,625	438	567	129	29.58%	£468	£78	£77	£-1	-1.27%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,792	299	1,024	725	242.86%	£273	£46	£63	£17	37.11%
Outpatient Procedure	1,732	289	120	-169	-58.43%	£204	£34	£21	£-13	-37.74%
Unbundled Diagnostics	771	128	164	36	27.63%	£66	£11	£16	£5	46.21%
Grand Total	8,079	1,347	2,128	781	58.03%	£3,130	£522	£559	£37	7.18%

5.3.1 Renacres Hospital Key Issues

Daycases make up the majority of Renacres planned care over performance. The cost continues to be driven by activity in T&O under the HRG "HB51Z - Major Hand Procedures for non Trauma Category 2" and "HB61C - Major Shoulder and Upper Arm Procedures for Non-Trauma without CC".

NB: 1516 plans have now been received and will be ready and loaded for Month 3 reporting.

6. Unplanned Care

Performance at Month 2 of financial year 2015/16, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £7k. Royal Liverpool is showing a £51k over performance, which is offset by under performance in the majority of other Providers.

6.1 All Providers

Figure 13 Month 2 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	315	212	-103	-32.65%	£915	£154	£134	£20	-13.13%
Alder Hey Childrens NHS F/T	773	133	124	-9	-6.74%	£379	£63	£44	£19	-30.33%
Countess of Chester Hospital	0	0	5	5	0.00%	£0	£0	£1	£1	0.00%
Liverpool Heart and Chest NHS F/T	133	22	18	-4	-18.65%	£421	£70	£63	£7	-9.86%
Liverpool Womens Hospital NHS F/T	247	41	42	1	2.69%	£202	£33	£47	£14	40.90%
Royal Liverpool & Broadgreen Hospitals	1,083	181	281	100	55.66%	£644	£107	£159	£51	47.80%
ST Helens & Knowsley Hospitals	398	67	68	1	1.95%	£214	£35	£28	£7	-19.70%
Wirral University Hospital NHS F/T	112	19	15	-4	-20.72%	£45	£8	£6	£2	-20.79%
Central Manchester University Hospitals	88	15	9	-6	-38.64%	£30	£5	£1	£4	-83.73%
University Hospital Of South Manchester	47	8	5	-3	-36.90%	£8	£1	£6	£5	360.20%
Wrightington, Wigan And Leigh	62	10	14	4	35.48%	£53	£9	£5	£4	-44.96%
Grand Total	4,808	810	793	-17	-2.08%	£2,910	£486	£493	£7	1.48%

6.2 Southport and Ormskirk Hospital NHS Trust

Figure 14 Month 2 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	5,973	5,869	-104	-1.74%	£3,951	£665	£659	£6	-0.80%
NEL/NELSD - Non Elective/Non Elective IP Same Day	11,175	1,907	1,788	-119	-6.24%	£19,185	£3,274	£3,090	£183	-5.60%
NELNE - Non Elective Non-Emergency	1,254	214	298	84	39.25%	£2,115	£361	£319	£42	-11.54%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	217	37	30	-7	-18.92%	£68	£12	£10	£2	-14.64%
NELST - Non Elective Short Stay	1,776	303	240	-63	-20.79%	£1,242	£212	£165	£47	-22.34%
NELXBD - Non Elective Excess Bed Day	5,298	904	819	-85	-9.40%	£1,113	£190	£170	£20	-10.60%
Grand Total	55,229	9,338	9,044	464	4.97%	£27,674	£4,713	£4,413	£299	-6.35%

6.3 Southport and Ormskirk Hospital NHS Trust Key Issues

Southport & Ormskirk Trust is reporting a -£299k underspend for PBR activity and finance within Unplanned Care. This is attributable to a large under spend within NEL which is reporting a -£231k under spend.

(NB: Further plan-actual analysis can take place when we receive the agreed 1516 plan file. PBR plan received but cant be loaded into reporting portal until NonPBR is also signed off)

7. Mental Health

7.1 Mersey Care NHS Trust Contract

Figure 15 NHS Southport and Formby CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS Southport and Formby CCG			
	Plan	Caseload (Apr-2015)	Variance from Plan	% Variance
0 Variance	32	40	8	25%
1 Common Mental Health Problems (Low Severity)	35	20	(15)	-43%
2 Common Mental Health Problems (Low Severity with greater need)	45	28	(17)	-38%
3 Non-Psychotic (Moderate Severity)	162	193	31	19%
4 Non-Psychotic (Severe)	128	135	7	5%
5 Non-psychotic Disorders (Very Severe)	29	24	(5)	-17%
6 Non-Psychotic Disorder of Over-Valued Ideas	25	27	2	8%
7 Enduring Non-Psychotic Disorders (High Disability)	96	119	23	24%
8 Non-Psychotic Chaotic and Challenging Disorders	62	60	(2)	-3%
10 First Episode Psychosis	52	65	13	25%
11 On-going Recurrent Psychosis (Low Symptoms)	282	283	1	0%
12 On-going or Recurrent Psychosis (High Disability)	151	158	7	5%
13 On-going or Recurrent Psychosis (High Symptom & Disability)	105	107	2	2%
14 Psychotic Crisis	18	19	1	6%
15 Severe Psychotic Depression	7	6	(1)	-14%
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	6	7	1	17%
17 Psychosis and Affective Disorder – Difficult to Engage	35	28	(7)	-20%
18 Cognitive Impairment (Low Need)	365	258	(107)	-29%
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	465	741	276	59%
20 Cognitive Impairment or Dementia Complicated (High Need)	159	196	37	23%
21 Cognitive Impairment or Dementia (High Physical or Engagement)	50	50	-	0%
Reviewed Not Clustered	30	34	4	13%
No Cluster or Review	46	90	44	96%
Total	2,385	2,688	303	13%

Figure 16 CPA – Percentage of People under followed up within 7 days of discharge

Follow up from Inpatient Discharge		Apr-15	May-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%	100.0%

Figure 17 CPA Follow up 2 days (48 hours) for higher risk groups

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

7.2 Improving Access to Psychological Therapies Contract

Figure 18 Prevalence and Recovery

CCG name	Month													15/16 total	
		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16		
Southport and Formby CCG	First treatment numbers required each month to deliver equivalent to the CCG 2015/16 plan (should equate to 3.75% each quarter)	195.2	195.2	195.2	195.2	195.2	195.2	195.2	195.2	195.2	195.2	195.2	195.2	195.2	2342.4
	Actual First Treatment Numbers delivered	151	153	153											457
	Current First treatment number shortfall this month (automatically generated)	-44.2	-42.2	-42.2	-195.2	-195.2	-195.2	-195.2	-195.2	-195.2	-195.2	-195.2	-195.2	-195.2	-1885.4
	The number of people who have depression and/or anxiety disorders (local estimate based on Adult Psychiatric Morbidity Survey 2000).	19079													
	Monthly Access rate (automatically generated)	0.79%	0.80%	0.80%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
	Quarterly Access rate (automatically generated)	2.40%			0.00%			0.00%			0.00%			2.40%	
	Actual Recovery Rate delivered (%)	48%	36%	45%											
	Planned % 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														
	Actual % waiting 6 weeks or less	72%	92%	91%											
	Planned % 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														
	Actual % waiting 18 weeks or less	98%	100%	100%											

8. Community Health

8.1 Southport and Ormskirk Community Health

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

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.

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

Community Matrons have also moved to EMIS and technical issues has affected the reporting at month 2 with elements of activity not included within the reporting. Awaiting an update from the trust on progress to resolve this issue.



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 again at the finance and information group that it was agreed that thematic reasons would be provided on a monthly basis around breaches.

The CCG are working with the Trust to review Community KPIs and Quality Contract Measures and develop a new suite of indicators for inclusion in the 15/16 Contract. This will be picked up via the Finance and Information Group.

There is likely to be general implications during the year as the trust move from the IPM community system to EMIS and Medway.

Any Qualified Provider

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 awaited.

Bridgewater

Paediatric Audiology

100 % of patients (Initial Appointments) are waiting less than 11 weeks (threshold is 60%)
First DNA is above the 10% threshold and follow up DNA is 7% threshold. The position for initials has worsened from 23.1% in April to 27.3% in May. Follow up DNAs have improved to 5.4% in May from 19.4% in April. The longest wait remains at 5 weeks. All patients are waiting under 11 weeks. 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.

Liverpool Community Health Trust

The trust has not provided an exception report around service performance at month 1 or 2 despite this being promised at month 2. This was discussed at the recent Finance and information group and the commissioner has agreed that it is now to be included at month 3. A query log has been sent to LCH and a response is awaited.

Overall adult services demand and activity is above planned levels at month 2, with children's demand and activity below plan.

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

IV therapy: demand and activity below plan even though both have increased compared to last month.

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.

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.

9. Third Sector Contracts

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

10. Quality and Performance

10.1 NHS Southport and Formby CCG Performance

Performance Indicators	Data Period	Current Period				Exception Commentary	Actions
		Target	Actual	Direction of Travel			
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 - May	6	10	↓	There were 3 new cases reported in May 2015, against a monthly plan of 3, which was an improvement on the April figure of 7 cases reported. The 3 new cases were reported by Southport and Ormskirk Hospital (1 apportioned to acute and 2 apportioned to community). 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 - May	6	8 (4 following appeal)	↓	There were 3 new cases reported in May 2015, against a monthly plan of 3 cases. The 3 cases were aligned to Southport and Formby CCG. Year to date plan is 36.	The 2015/16 target is 36 attributable cases i.e an average of no more that 3 cases per month. In May the Trust had 3 new cases - 8 YTD, however following the root cause analysis , it was decided 3 of these would go to appeal. The first 2015/16 Appeals Panel met on 26th June and 4 out of the the 5 cases submitted were upheld . Antimicrobial prescribing remains good. The focus remains on early isolation of patients with diarrhoea and close liason with infection prevention control team particularly when side rooms are not available. <i>Please Note - Data has been taken from the National HCAI Database - this is updated centrally therefore not all local appeals will be reflected in the table.</i>	
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	15/16 - May	0	0	↔	No new cases reported in May 2015.		
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	15/16 - May	0	1	↔	No new cases have been reported in May 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 and are therefore over the annual trajectory of zero. A Patient's Infection Review (PIR) has been completed in collaboration with the CCG and reported to Public Health England. Primary Care and Secondary Care issues have been identified and will be reported back to SEMT in a formal de-brief to ensure lessons have been learnt and embedded. The standard of care provided by the Critical Care Unit should be highlighted and commended for a 12 month zero rate of central venous catheter related infections. This has been accomplished through continued excellent use of aseptic technique, clinical decision making of where lines are sited combined with the relative recent innovation of chlorhexidine impregnated discs at line insertion sites. <i>Please Note - Data has been taken from the National HCAI Database - this is updated centrally therefore not all local appeals will be reflected in the table.</i>	
Enhancing quality of life for people with long term conditions							
Patient experience of primary care i) GP Services	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			

Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative)	15/16 - May	93.97	64.07	New Plans	The agreed plans are based on activity for the same period last year. The decrease in actual admissions is 7 below the same period last year.	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	15/16 - May	201.4	155.55	New Plans	The agreed plans are based on activity for the same period last year. The decrease in actual admissions is 56 lower the same period last year.	
Emergency Admissions Composite Indicator(Cumulative)	15/16 - May	404.29	364.32	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 146 less admissions than the same period last year.	
IAPT Access - Roll Out	Q1 15/16	3.25%				
IAPT - Recovery Rate	Q1 15/16	50.00%				
The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	Q1 15/16	75.00%			No data at present for month 1 and 2, new services mobilised in April 2015	
The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	Q1 15/16	95%				
Helping people to recover from episodes of ill health or following injury						
Patient reported outcomes measures for elective procedures: Groin hernia	2012/13	Eng Ave 0.085	0.08	Refreshed data	The CCG failed to improve on previous years outcome for Groin Hernia procedures and did not achieve a rate greater than the England average.	This has been chosen as the CCG Quality Premium measure for 2015/16. Clinical engagement between primary and secondary care is taking place to understand how each can support. 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	2012/13	Eng Ave 0.438	0.43	Refreshed data	The CCG improved on the previous years rate but failed to achieve a score higher than that of the England average.	
Patient reported outcomes measures for elective procedures: Knee replacement	2012/13	Eng Ave 0.318	0.31	Refreshed data	The CCG improved on the previous years rate but failed to achieve a score higher than that of the England average.	
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	15/16 - May		15.02	↔		
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	15/16 - May	21.36	21.36	New Plans	The agreed plans are based on activity for the same period last year. (Numbers are generally very low for this indicator).	
Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)	15/16 - May	279.17	204.67	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 91 lower the same period last year.	

% who had a stroke & spend at least 90% of their time on a stroke unit (CCG)	15/16 - May	80%	81.82%	↑		
% who had a stroke & spend at least 90% of their time on a stroke unit (Southport & Ormskirk)	15/16 - May	80%	70.59%	↓	Southport & Ormskirk have failed to achieve the target in May, only 24 patients out of 34 spending at least 90% of their time on a stroke unit.	The main reason for the breaches relate 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.
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (CCG)	15/16 - May	60%	0.00%	↓	In May the CCG failed the target for TIA, there were a total of 3 high risk patients at Southport & Ormskirk which weren't assessed and treated within 24 hours.	
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	15/16 - May	60%	33.33%	↓	Southport & Ormskirk failed to achieve the target in May, with only 2 high risk patients out of 6 being assessed and treated within 24 hours.	The Trust failed the standard for TIA in month with performance of 33% against a 60% target. In total four patients breached the target out of six treated. The reasons for breaches were: * Two patients were offered compliant clinic slots, within 24 hours, but declined those appointments. Both were seen at a mutually agreed clinic after the 24 hour period. * One patient was seen in A&E at 08.15 and seen the following day in clinic at 10.00 * One patient attended A&E on Saturday of the first Bank Holiday weekend where there is no consultant capacity. No adverse outcomes were experienced by those patients not seen within 24 hours. Due to the number of patients within the service a small number of breaches affecting compliance against the target. Whilst the Trust have increased capacity patient choice and weekend presentations still pose a risk for future months.
Mental health						
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) (CCG)	14/15 - Qtr4	95%	97.00%	↑		
Preventing people from dying prematurely						
Under 75 mortality rate from cancer	2013		120.20			
Under 75 mortality rate from cardiovascular disease	2013		57.50			
Under 75 mortality rate from liver disease	2013		15.80			
Under 75 mortality rate from respiratory disease	2013		22.30			
Rate of potential years of life lost (PYLL) from causes considered amenable to healthcare (Person)	2013	2,646.00	1,933.40	↑		The annual variation is significant and the CCG is working with Public Health locally and regionally to understand this. Indications at present are that the PYLL is significantly susceptible to fluctuations due to changes such as young deaths, which introduces major swings, particularly at CCG level.

Cancer waits – 2 week wait						
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	15/16 - April	93%	90.07%	↓	Southport & Formby CCG a failed the target for April. In April 44 patients were not seen within 14 days out of a total of 443. Days waited were between 15 and 35. Of the 44 breaches 7 were at Aintree, 1 at The Royal Liverpool and 36 at Southport & Ormskirk. The main reasons for the breaches were patient cancellation and patient re-arranging their appointments.	Please see below for Southport & Ormskirk Hospital narrative, underperformance at Royal will be discussed with Liverpool CCG, Aintree achieved their trust target in April and May.
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	15/16 - April	93%	92.52%	↓	Southport & Ormskirk a failed the target for April. In April 47 patients were not seen within 14 days out of a total of 628. Days waited were between 15 and 27. The main reasons for the breaches were patient choice, patient cancellation, patient holidays and patient re-arranging their appointments.	<p>The Trust failed to achieve the two week GP referral target for April, the main areas of non-compliance were upper GI, colorectal and head and neck. Non compliance with the two week wait standard is disappointing given that the Trust met the standard every month last year.</p> <p>The two main reasons for the breaches in month:</p> <ul style="list-style-type: none"> * A number of patients had accepted appointments within the timescales yet these were not accepted by patients * The Trust experienced some capacity issues for head and neck patients resulting in leave cover arrangements by Aintree Hospital. <p>The Trust is revising the SLA with Aintree to ensure that capacity is available to cover consultant leave.</p> <p>Early indications from May indicate that the Trust will be compliant . Current performance forecast predicts 95.6%</p>
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 - April	93%	88.24%	↓	Southport & Formby CCG a failed the target for April (and year to date). In April 4 patients were not seen within 14 days out of a total of 34. 3. There was 1 breach due to admin delay in booking 1st appointment the rest were patient cancellation and re-arrangement.	Southport & Formby CCG missed the 93% target due to a small number of breaches (3 patient choice, 1 admin delay), Southport & Ormskirk Hospital's breast service is no longer open to new patients but continued to run clinics and some surgery for follow-up patients finally ceasing all services from 1 April 2015.
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Southport & Ormskirk)	15/16 - April	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 - April	96%	97.47%	↓		
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	15/16 - April	96%	98.51%	↓		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	15/16 - April	94%	95.83%	↓		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	15/16 - April	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	15/16 - April	94%	100.00%	↑		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	15/16 - April	94%	100.00%	↑		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	15/16 - April	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 - April	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 - April		85.71%	↓		
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 - April		93.75%	↑		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	15/16 - April	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 - April	90%	100.00%	↑		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	15/16 - April	85%	80.56%	↓	The CCG failed the target for April, there were 7 breaches out of a total of 36 patients	The majority of the breaches occurred at Southport & Ormskirk Hospital, please see below for details.
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	15/16 - April	85%	83.52%	↓	The Trust have failed the target for April, there were the equivalent of 7.5 breaches out of 45.5 patients.	<p>The Trust failed to achieve the 62 day GP referral to treatment target in April with performance at 83.5% against the 85% target. There were a number of contributory factors that impacted on performance. A robust Situational Breach Analysis Report (SBAR) for all breaches is executed each month. The main themes in April are:</p> <ul style="list-style-type: none"> * An administrative error by another provider who incorrectly uploaded a paused patient as a breach. * Three patients would have been treated compliantly but were unfit for treatment at the time. * A number of issues regarding the head and neck pathway with another provider. <p>Discussions have begun with a local provider regarding improvements to pathways, a revised SLA will be developed and signed. Approval for a head and neck Clinical Specialist Nurse post to support co-ordination both internally and across external providers involved in pathways. The Lung pathway is being reviewed network wide due to common issues across multiple providers.</p>
Mixed Sex Accommodation Breaches						
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	15/16 - May	0.00	0.00	↔		
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	15/16 - May	0.00	0.00	↔		

Referral To Treatment waiting times for non-urgent consultant-led treatment						
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (CCG)	15/16 -May	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (Southport & Ormskirk)	15/16 -April	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (CCG)	15/16 -May	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (Southport & Ormskirk)	15/16 -April	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	15/16 -May	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	15/16 -April	0	0	↔		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (CCG)	15/16 - May	90%	87.91%	↑	<p>Southport & Formby CCG failed to achieve the target of 90% for the fourth consecutive month, achieving 87.91%. This is an improvement on last month's figure of 85.04% This month's activity equates to 82 patients 695 not being seen within 18 weeks. Please see speciality breakdown below:-</p> <ul style="list-style-type: none"> • T&O (30) • Ophthalmology (16) • Urology (9) • Gynaecology (4) • General Surgery (6) • ENT (6) • Cardiology (1) • Plastic Surgery (1) • All Other (9) 	See below for detailed narrative outlining the reasons for under performance in Southport & Ormskirk Hospital. The CCG is liaising with Liverpool CCG to discuss the breaches occurring at Alder Hey and Liverpool Heart & Chest Hospital.
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (Southport & Ormskirk)	15/16 - April	90%	79.84%	↔	<p>The Trust failed to achieve the target of 90% in April achieving 79.84%. This equates to 197 patients out of 997 not been seen within 18 weeks. These breaches were in the following specialities:-</p> <ul style="list-style-type: none"> General Surgery (16) Urology (21) T&O (69) Ophthalmology (42) ENT (10) Oral Surgery (10) General Medicine (1) Dermatology (1) Gynaecology (10) All other (17) 	<p>The Trust continues to make progress toward Trust-level compliance for July reporting. 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 June are 12,634 and 805 respectively.</p> <p>The admitted pathway backlog is 140 and the overall list is 2,075. The Trust are still some way from their target of 10 breached patients. However, additional activity has been scheduled in June in a number of specialties which will assist the Trust reach compliance in July.</p> <p>The number of admitted clock stops has increased to over 1000 per month in April and May, this is driving some over performance on day cases as the Trust continues the focus on reducing the number of long waits.</p> <p>Actions previously advised continue to be delivered.</p> <p>A contract query was issued to Southport & Ormskirk in late May, regarding all aspects of RTT performance and the Trust have responded outlining their action plan and a target to achieve compliance for July 2015 reporting. See below for Trust exception narrative.</p>



Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (CCG)	15/16 - May	95%	95.23%	↑		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (Southport & Ormskirk)	15/16 - April	95%	93.15%	↓	The Trust narrowly failed to achieve the target of 95% in April achieving 93.15%. This equates to 319 patients out of 4660 not been seen within 18 weeks. These breaches were in: General Surgery (23) Urology (12) T&O (33) Ophthalmology (40) ENT (35) Oral Surgery (5) General Medicine (19) Gastroenterology (8) Cardiology (44) Dermatology (43) Rheumatology (6) Gynaecology (2) Other (49)	The Trust continues to make progress toward Trust-level compliance for July reporting. 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 June are 12,634 and 805 respectively. The admitted pathway backlog is 140 and the overall list is 2,075. The Trust are still some way from their target of 10 breached patients. However, additional activity has been scheduled in June in a number of specialties which will assist the Trust reach compliance in July. The number of admitted clock stops has increased to over 1000 per month in April and May, this is driving some over performance on day cases as the Trust continues the focus on reducing the number of long waits. Actions previously advised continue to be delivered. A contract query was issued to Southport & Ormskirk in late May, regarding all aspects of RTT performance and the Trust have responded outlining their action plan and a target to achieve compliance for July 2015 reporting. See below for Trust exception narrative.
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 - May	92%	94.11%	↔		
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 - April	92%	93.49%	↔		
A&E waits						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG)	15/16 - May	95.00%	93.76%	↑	Southport & Formby CCG failed the 95% target in May reaching 94.4% and also year to date reaching 93.76%. In May 168 attendances out of 3000 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 - May	95.00%	93.26%	↑	Southport & Ormskirk have failed the cumulative target in May, but the May month result of 93.96% was an improvement on the April month result of 92.7%. In May month 536 attendances out of 8871 were not admitted, transferred or discharged within 4 hours. The Trust have failed the target each month since October 2014.	May attendances at Southprt A&E are in line with those in May 2014, admissions from A&E are higher in May than in the same period over the last two years. The admission rate has fallen compared against the high levels experienced during the winter period 2014-15, the trust continues to face a more complex co-hort of patients resulting in a raised admissions rate. The change of pattern of attendences with a greater proportion of patients classified as major continues through May further highlight the complexity and acuity of patients presenting through the Southport site. At the July CQPG the Trust presented their A&E improvement plan, this will be monitored via the SRG and the CQPGs.

Diagnostic test waiting times						
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	15/16 - May	1.00%	0.69%	↓		
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	15/16 - April	1.00%	0.35%	↓		
Category A ambulance calls						
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	15/16 - May	75%	72.20%	↑	The CCG achieved the 75% target in May achieving 81.6% but failing year to date due to the April performance.	May data indicates improvement: Red 1 81.6% (green). R2 77.6% (green), all reds now green. Cumulative CCG performance is still below target.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	15/16 - May	75%	73.40%	↑	The CCG achieved the 75% target in May achieving 77.6% but failing year to date due to the April performance.	
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	15/16 - May	95%	90.90%	↑	The CCG achieved the target in May achieving 95.0% but again are failing due to the April performance.	
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	15/16 - May	75%	76.40%	↑		
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	15/16 - May	75%	75.80%	↑		
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	15/16 - May	95%	94.80%	↔	NWAS just failed to achieve the 95% target in May but there was an improvement in performance from the April figure of 93.3%	

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

May 2015

Clinical Area	Response Rate (RR) Target	RR Actual (May 2015)	RR - Trajectory From Previous Month (Apr 15)	Percentage Recommended (England Average)	Percentage Recommended (May 2015)	PR Trajectory From Previous Month (Apr 15)	Percentage Not Recommended (England Average)	Percentage Not Recommended (May 2015)	PNR Trajectory From Previous Month (Apr 15)
Inpatients	30%	14.8%	↑	95%	93%	↓	2%	3%	↓
A&E	20%	5.1%	↑	87%	88%	↑	6%	8%	↑
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 showing an improvement in response rates for both inpatients and A&E compared to the previous month, the rates are still extremely poor, and the poorest in the Mersey region.
- The percentage of patients that would recommend the inpatient service in the trust has decreased from the previous month and is 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.
- The opposite is the case in A&E where the percentage of people who would recommend the service has increased from the previous month to 88%, 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 have shown an improvement against the percentage of people who wouldn't recommend the service against all questions compared to 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 Serious Untoward Incidents (SUIs)

SUIs Reported at Southport & Formby CCG level

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

There were 6 Serious Incidents in April involving Southport and Formby CCG patients and 10 in May.

CCG SUIs

Type of Incident	Apr	May	YTD
Attempted Suicide by Outpatient (in receipt)		1	1
Pressure ulcer - (Grade 3)	3	6	9
Pressure ulcer - (Grade 4)	2		2
Sub-optimal care of the deteriorating patient		2	2
Surgical Error		1	1
Unexpected Death (general)	1	1	2
Grand Total	6	11	17

Incident Split by Provider

Provider / Type of Incident	Apr	May	YTD
Aintree University Hospital NHS Foundation Trust			
Unexpected Death (general)	1	1	2
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	9
Pressure ulcer - (Grade 4)	2		2
Sub-optimal care of the deteriorating patient		2	2
Grand Total	6	11	17

Number of Never Events reported in period

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

Number of Southport & Formby CCG Incidents reported by Provider

The majority of incidents have occurred in Southport & Ormskirk Hospital (13), 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

Southport & Ormskirk Hospital Serious Incidents

Number of Serious Untoward Incidents (SUIs) reported in period

Southport and Ormskirk Hospital

Provider SUIs

Incident Type	Apr	May	YTD
Pressure ulcer - (Grade 3)	15	8	23
Pressure ulcer - (Grade 4)	8	2	10
Sub-optimal care of the deteriorating patient	1	2	3
Unexpected Death of Inpatient (in receipt)	1		1
Grand Total	25	12	37

Incidents Split by CCG

CCG Name / Incident Type	Apr	May	YTD
South Sefton CCG			
Pressure ulcer - (Grade 3)	1	1	2
Pressure ulcer - (Grade 4)	1		1
Southport & Formby CCG			
Pressure ulcer - (Grade 3)	3	6	9
Pressure ulcer - (Grade 4)	2		2
Sub-optimal care of the deteriorating patient		2	2
West Lancashire CCG			
Pressure ulcer - (Grade 3)	11	1	12
Pressure ulcer - (Grade 4)	5	2	7
Sub-optimal care of the deteriorating patient	1		1
Unexpected Death of Inpatient (in receipt)	1		1
Grand Total	25	12	37

In April and May Southport & Ormskirk Hospital Integrated Care Organisation (ICO) reported 37 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.

Number of Never Events reported in period

Southport & Ormskirk Hospital Integrated Care Organisation (ICO) reported zero Never Events in April and May 2015

Number of repeated incidents reported YTD

The Trust has had three incidents repeated in April and May 2015/16.

- 23xPressure ulcer – (Grade 3)
- 10xPressure ulcer – (Grade 4)
- 3xSub-optimal care of the deteriorating patient

Number of Incidents reported by CCG



Southport and Formby
Clinical Commissioning Group



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

- South Sefton CCG – 3
- Southport and Formby CCG – 13
- West Lancashire CCG - 21

11. Primary Care

11.1 Background

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

11.2 Content

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

11.3 Format

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

11.4 Summary of performance

Figure 20 Summary of Primary Care Dashboard – Urgent Care Summary

Southport & Formby CCG Urgent Care Practice Scorecard 2015/16

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
N84012	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
N84014	AINSDALE VILLAGE SURGERY	May-15	52.17	0	May-15	119.01	2	May-15	197.98	3	May-15	37.87	2	May-15	38.50	2	May-15	122.83	3
N84024	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
N84037	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
N84625	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
N84005	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
N84013	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
N84021	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
N84617	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
N84006	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
N84018	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
N84036	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
N84618	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
N84008	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
N84017	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
N84032	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
N84611	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
N84613	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
N84614	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 21 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%