

Southport & Formby Clinical Commissioning Group

Integrated Performance Report

October 2014

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1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at October 2014 (note: time periods of data are different for each source).

Key information from this report

The CCG continues to experience significant financial pressures, particularly in the area of acute care and Continuing Healthcare despite the use of the marginal rate for emergency admissions applied to the forecast this month which improved the forecast by £0.612m. The CCG's ability to deliver its financial targets for 2014/15 remains dependent upon the delivery of a management action plan.

Activity Variances – Planned Care: focus is on causes on over-performance at three providers. Increases at Royal and St Helens & Knowsley are being formally investigated by the lead commissioning CCGs. Initial investigations required into the increases seen at Wrightington, Wigan & Leigh at month 6.

Activity Variances – Unplanned Care: the focus is on S&O where excessively over performing HRGs are being investigated.

Cdifficile Target - Southport and Formby CCG reported a year to date September 2014 figure of 20 cases against a plan of 21. 2 of the 3 new cases reported in September were at Southport and Ormskirk (apportioned to community) and 1 at Aintree (also community). Southport and Ormskirk Hospital NHS Trust has reported 3 new cases in September 2014, taking the cumulative total to 21 cases against a year to date tolerance of 14.

MRSA – In September 2014, no new cases of MRSA were reported for Southport and Formby CCG. Year to date figure is 2, this is against a tolerance of zero. Southport and Ormskirk Hospital NHS Trust recorded 1 new case in September. Year to date it has recorded 2 cases, 1 in July related to a Southport and Formby CCG patient and 1 in September to a patient from West Lancashire CCG.

Patient reported outcome measures for elective procedures – groin hernia, hip & knee replacements – Average health gain following groin hernia operation was 0.080 for 2012-13, the same as the previous year and below England average, 0.085. Southport & Ormskirk report 0.065 for 2012-2013, lower than previous year's 0.073.

CCG Key Performance Indicators

NHS Constitution Indicators	Footprint	
Ambulance Category A Calls (Red 1)	CCG	
RTT 18 Week Incomplete Pathway	CCG	
Cancer 2 Week GP Referral	CCG	
Percentage of patients who spent 4 hours or less in A&E	CCG	
Other Key Targets		
Ambulance Category A Calls (Red 1)	NWAS	
Ambulance Category A Calls (Red 2)	CCG	
Ambulance Category A Calls (Red 2)	NWAS	
Ambulance Category 19 Transportation	CCG	
MRSA	CCG	
MRSA	S&ORM	
C.Diff	S&ORM	
Cancer 62 Day Screening	S&ORM	
Cancer 62 Day GP Referral	CCG	
Stroke	CCG	
TIA	CCG	
TIA	S&ORM	
Local Measure: Diabetes	CCG	

Key information continued...

Average health gain following a hip replacement was 0.425 for 2012-13, higher than the previous year, 0.368 but still below England average, 0.438. Southport & Ormskirk report 0.376 for 2012-13, higher than 0.348 reported the previous year.

Average health gain following a knee replacement was 0.310 for 2012-13, an improvement on previous year's gain of 0.295 but still less than England average, 0.318. Southport & Ormskirk report 0.332 for 2012-13, an increase on previous year 0.273 and higher than England average.

The CCG failed to meet both stroke targets in September. 4 out of the 19 patients admitted for stroke did not spend 90% of their time on a stroke unit. 78.95% was recorded against the 80% target for this indicator, an improvement on 58.33% in August. Southport & Ormskirk achieved this stroke target in September, recording 81.82% demonstrating that the Trust is compliant.

3 out of 6 patients who experienced a TIA were not assessed and treated within 24 hours. For the second month in a row the CCG has failed this indicator recording 50% against a target of 60%. In September, Southport & Ormskirk also failed this indicator at 50% meaning 5 out of 10 patients who experienced a TIA not being treated and assessed within 24 hours.

Key information from this report

Reasons for the breach include delays in patient presentation and weekend access to carotid scans. The Performance team will support a review of internal processes to be agreed and signed off by the Clinical Business Unit, providing assurance that any breaches are unavoidable given the current infrastructure. The Trust forecasts that delays in patient presentation and weekend presentations will continue to pose a risk in future months. There is a regional issue regarding hyperacute stroke units which is under review by the network.

Emergency Admission Composite Measure – This is made up of four sub indicators (described below). This indicator is a key Quality Premium indicator accounting for 25% of the available payment. The CCG is currently over performing year to date with a rate of 1,378.67 against a plan of 1,099.45. This represents an increase of approximately 15% on the same period last year, 266 admissions. Sub indicator 1: Emergency admissions for acute conditions that should not usually require hospital admission (Cumulative) – Year to date, the number of admissions is 817.87. The increase in actual admissions is 184 above the same period last year. Sub indicator 2: Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s – the increase in actual admissions is 17 above the same period last year, at 277.64. Sub indicator 3: Unplanned hospitalisation for chronic ambulatory care sensitive conditions – the increase in actual admissions is 90 above the same period last year, at 522.61.

Friends and Family Test Score – NHS England has changed the way Friends and Family is reported. The two measures reported are: % Recommended and % Not Recommended

Southport and Ormskirk Hospital Trust -

- Inpatient % response rate in September – 28.69 compared to England average of 36.6
- Inpatient % Recommended in September: 83 compared to England average of 94
- A&E % response rate in September – 8.1 compared to England average of 19.5
- A&E % Recommended in September – 69 compared to England average of 86

Cancer – Southport & Formby CCG failed to achieve the 85% cumulative target for 62-day wait from referral to first definitive treatment for all cancers, recording 82.8% year to date. In month for August the CCG recorded 61.9% which equates to 8 patients out of 21 not being treated within 62 days. Southport and Ormskirk achieved the year to date target for this indicator recording 85%, but with 7.5 breaches out of 38 achieved only 80.3% in August. Southport and Ormskirk failed the year to date target for maximum 62 day wait from a screening referral to first definitive treatment for all cancer types, recording 75%. The breach equates to 2.5 patients.

Ambulance Activity – year to date, the CCG failed to achieve the 75% target for Category A both Red 1 & 2 8 minute response time indicators, recording 68.12% (Red 1) and 67.26% (Red 2) respectively. In month (September) the CCG achieved 59.09% (Red 1) and 63.76% (Red 2). In 2014-15, the CCG has only achieved target for Red 1 in May and August and has failed to achieve target for Red 2 every month to date. NWS as a Trust failed to achieve the 75% year to date target for both these indicators, recording 72.16% (Red 1) and 72.96% for (Red 2). An action plan is being initiated within the CCG in conjunction with the provider.

Year to date, Southport & Formby failed to achieve the 95% target for Category 19 transportation time, recording 90.35%. In month figure for September was 89.38%. NWS are achieving this target.

Quality Premium measures: Based on local data performance for the indicators for 2014/15 (April 2014 – September 2014), Southport & Formby CCG should receive a payment in 2014/15 of £0 against a total possible payment (if all indicators were within tolerance) of £612,925. This is due to poor performance of the access to psychological therapies measure, underperformance on the emergency admissions composite measure, MerseyCare's underperformance on the medication error reporting measure, underperformance on the medication error reporting measure, the local diabetes measure and underperformance on the ambulance measure, which would result in a 25% reduction to the overall possible payment, plus indicators for which performance is currently unknown due to annual reporting frequencies. However, taking a likely case scenario approach, the total amount payable under the likely case scenario is £321,786 against a total possible payment (if all indicators were within tolerance) of £612,925. This is an improving position from last month's estimate.

Southport & Ormskirk Hospital NHS Trust recorded 1 serious incident in September (West Lancashire CCG) which was adverse media coverage or public concern about the organisation or wider NHS. Year to date, there have been 9 incidents recorded including 2 Never Events.

2. Financial Position

2.1 Summary

This section of the report focuses on the financial performance of the CCG at October 2014 (Month 7), which is £2.187m overspent (£1.417m in M6) on operational budget areas before the application of Reserves.

The CCG has experienced financial pressures in the first half of the year, and management actions are required in order to achieve the planned £1.750m surplus at the end of the year. With implementation of the management action plan detailed in section 2.4, the CCG remains on track to meet all the business rules required by NHS England, as demonstrated in **Table A** below. However, there are significant risks outlined in section 2.3 that require monitoring and management action in order to deliver the target, surplus position.

Table A – Financial Dashboard

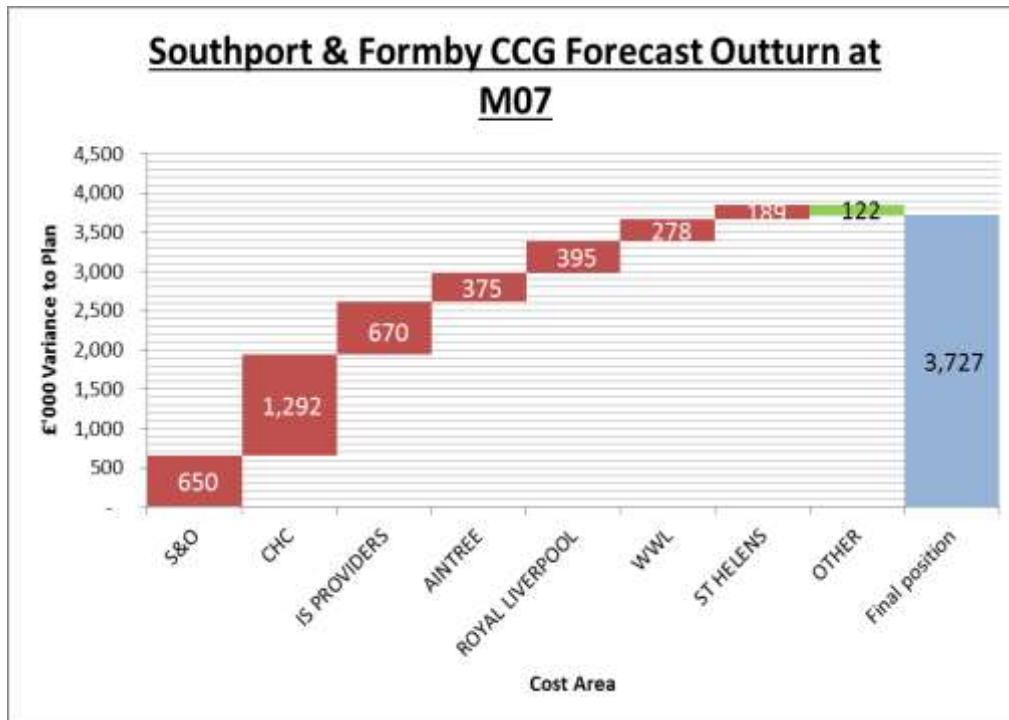
Report Section	Key Performance Indicator		This Month	Prior Month
1	Business Rule (Forecast Outturn)	1% Surplus	✓	✓
		0.5% Contingency Reserve	✓	✓
		2.5% Non Recurrent Headroom	✓	✓
3	Surplus	Financial Surplus / (Deficit) before the application of reserves - £'000	-3,727	-4,113
4	QIPP	Unmet QIPP to be identified > 0	438	438
5	Running Costs (Forecast Outturn)	CCG running costs < National 2014/15 target of £24.78 per head	22.94	23.13
6	BPPC	NHS - Value YTD > 95%	98.5%	98.3%
		NHS - Volume YTD > 95%	91.3%	93.4%
		Non NHS - Value YTD > 95%	92.7%	92.4%
		Non NHS - Volume YTD > 95%	92.4%	91.9%

2.2 Position to Date

The main pressures emerging at this stage of the year are shown below in **Graph 1**, notably acute care, and in particular Southport and Ormskirk Hospitals. There are also overspends in Continuing Healthcare and the Independent Sector Providers.

Whilst the financial reporting period relates to the end of October, the CCG has based its reported position on activity information received from Acute Trusts to the end of September 2014. Sections 3 to 5 looks at hospital based acute care, and this finance section will therefore focus more on Continuing Healthcare, other financial risks and the management action plan.

Graph 1



Continuing Health Care (Adult)

This area continues to be a major risk for the CCG, with year to date overspends of £0.602m. The CCG has recently seen a significant increase in the number of patients being awarded continuing healthcare packages, and the forecast expenditure in this area has once again risen this month.

The budget was increased by 4% from last years expenditure levels, but the current data shows growth levels closer to 17%.

CSU data relating to individual packages of care is reconciled monthly with invoices received by the CCG. The CCG therefore has greater assurance in terms of year to date spend. CSU finance staff have also reviewed the forecasting tools in place, and additional assurances have been obtained regarding the accuracy of forecasts for existing CHC packages.

A full review of Continuing Healthcare (CHC) is underway, with a focus on receiving assurance in the following areas:

- 1) Process for approving new CHC cases, and ensuring that entry points are controlled appropriately, as well as reviewing existing packages for appropriateness.
- 2) Prices charged by providers are in line with the framework and expectations.
- 3) The data system captures costs in a timely fashion, and records are updated in a timely fashion to allow financial data to be reliable.

The CCG will continue to work with the CSU to investigate activity and costs in this area.

2.3 Evaluation of risks and opportunities

A number of risks continue to be monitored. These are outlined below:

- Overspends on Acute cost per case contracts – The CCG has experienced some pressures in a number of providers, and work continues to understand the causes of the increased activity with an aim to address them. The pressures are mainly in the area of unplanned care and have been reflected in the forecasted position.
- Continuing Healthcare Costs – The CCG has experienced significant pressures on the growth of CHC cases this year, which is close to 17% compared to an estimated increase in the budget of 4% compared to last year’s activity. An independent review of CHC cases has commenced by an external consultant and detailed findings from this piece of work will be fed back to the Finance and Resource committee in due course.
- Continuing Healthcare restitution claims – clarity has been provided by NHS England in respect of CCG obligations for CHC restitution claims. The amount set aside in reserves at the beginning of the year will form a contribution to a national risk pool. Although the CCG will continue to make payments to recipients, this will be refunded in full from the national pool. However, there is a risk that the pool figure may change depending on payouts for CHC restitution claims nationally, and CCGs will be notified in December.
- Estates – Further clarity has now been provided by the organisation that administers the LIFT buildings. The CCG now has estimated charges for all premises, and this is reflected in the latest assessment of reserves.
- Prescribing / Drugs costs – Five month’s data has been received for this financial year, and the PPA forecast shows an under-spend in respect of prescribing costs. However, the PPA estimates are prone to significant movements throughout the year and Governing Body members are reminded that prescribing forecasts are volatile. In addition, all CCGs have been notified that the prices paid for Category M drugs will increase from 1 October. The CCG has estimated the impact of this increase, and this is reflected in the forecast.

2.4 Reserves and Management Action Plan

Reserves are set aside as part of budget setting to reflect planned investments, known risks and an element for contingency. At the end of month 4, it was recognised that the forecast costs exceeded the available reserves and subsequently a Management Action Plan was devised. Progress against this plan is outlined in **Table B:**

Table B: Reserves and agreed actions

	£000
Forecast overspend	3,727
Available reserves	(2,155)
Forecast pressures	1,572
Management actions implemented:	
Deferral of CVS payment	(307)
Deferral of Mandate spend	(236)
Quality Premium	(279)
Technical adjustments	(478)
Remaining shortfall	272

The use of the marginal rate for emergency admissions was included in the previous report under the management actions. Following discussions at the last Informal Governing Body meeting, this has been applied to the forecast this month, and improved the forecast by £0.612m.

Additional actions to manage the remaining shortfall of £0.272m are outlined in **Table C**, totalling £1.579m. These schemes have been risk rated as amber. On this basis the Governing Body can be assured that whilst the CCG faces significant financial pressures, there is a deliverable financial plan in place. Further detail for these schemes is outlined below:

- Cheshire / Mersey Rehab services - This pilot scheme has been funded on the basis of a population share across Mersey CCG's. It has become evident that the CCG's population is not accessing the "spoke" element of the service due to choice influenced by the location of the service (St. Helens and Liverpool). Negotiations are ongoing between the CFO's in Mersey regarding a more equitable funding arrangement which takes account of activity undertaken at the units.
- CQUIN underperformance - The CCG has assumed that not all Trusts will deliver their CQUIN schemes in full. The action plan assumes that 90% of schemes will be delivered although it is likely to be late in Q4 before a clear picture emerges in relation to this performance.
- Efficiencies accruing in primary care investment - the CCG has successfully launched its Local Primary Care Quality Scheme with high level of take-up from practices. This includes making "£5 per head of population" for accountable professional role, as identified in this year's NHS plan available. One of the aims of this investment is to deliver reductions in expenditure elsewhere in the healthcare system and this will be closely monitored in Q3 and Q4.
- Review Trust NPfIT funding - the CCG made provision to provide extra support, over and above tariff (on a one-year basis) to its local provider within its opening budgets. Discussions are ongoing with the Trust regarding the impact of this funding to ensure that tangible benefits are being delivered to the CCG before this funding is released.
- Estates Review - The CCG has received revised information from NHS PropCo and CHP with regard to property charges across the locality. A further exercise is required to triangulate these charges across all partners in the local economy. The CCG believes that it has previously over-estimated the impact of these charges in its forecast and is working with local partners, notably the main Trust to review funding arrangements with a view to making adjustments.
- CHC Restitution - the CCG has contributed to a "top-slice" arrangement instigated by NHS England (national value £250m). The original terms of this arrangement planned for a return of any funding not utilised to CCG's during the year. The CCG has settled claims worth c. 20% of its original contribution - if this position is replicated across England, then it would appear that the full value of resources taken by NHS England will not be utilised and CCG's could receive a rebate although it is hard to quantify the value.

Table C: Risk Rated Management Action Plan

Action	£'000			
	TOTAL	Green	Amber	Red
CM Rehab	300		300	
CQUIN Underperformance	250		250	
Efficiencies accruing from Primary Care investment	200		200	
Review Trust NPfIT funding	450		450	
Estates review	379		379	
CHC Restitution	TBC		TBC	
Total	1,579		1,579	

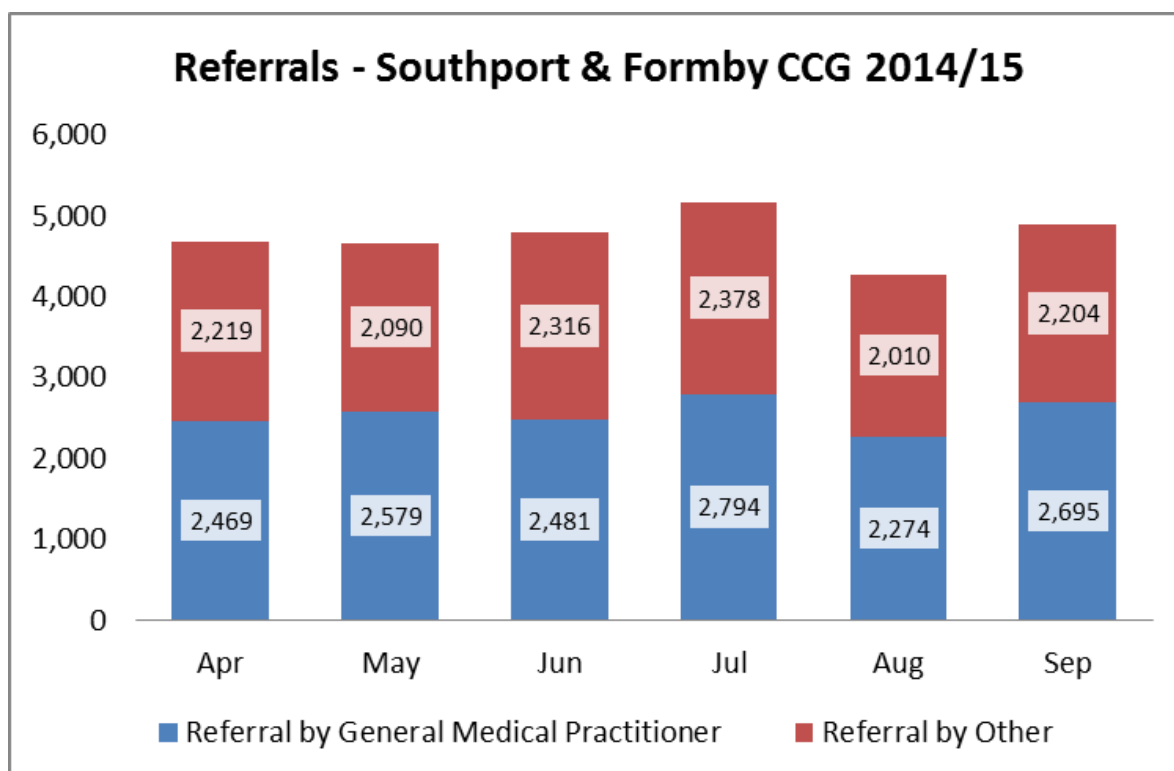
Most of the management actions identified are non-recurrent, whereas the current financial pressures being seen are likely to impact on 15/16. It is therefore imperative that the CCG develops a sustainable plan for recurrent balance, before it enters the 2015/16 financial year.

3. Referrals

The following section provides an overview of referrals to secondary care to September 2014.

3.1 Referrals by source

Chart A Number of GP and 'other' referrals for the CCG across all providers for 2014/15.

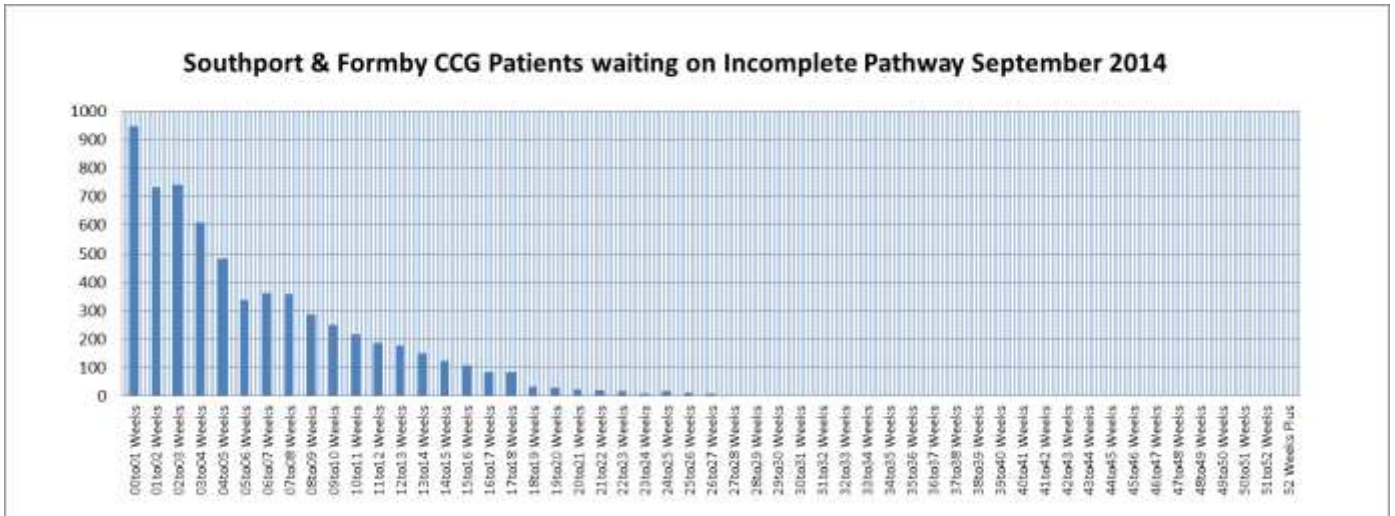


Below is a data table to show the split of GP and “Other” referrals in 2014/15, including a comparison of YTD in 2013/14. There is a noticeable growth in referrals from Allied Health Professionals. 96% of these AHP refs were to T&O and physio specialties which is indicative of the impact of the MCAS. First OP appts are higher than plan because of theatre maintenance carried out at S&O during Jun, July & Aug which was not taken account of in the plans as was unforeseen. While theatres were closed, consultants ran more OP clinics resulting in higher OP activity than plan, and lower inpatient activity than plan.

Referral Type	Data Dictionary Code	Description	Apr	May	Jun	Jul	Aug	Sep	14/15 YTD	1314 YTD	YTD Variance
GP	03	GP Ref	2,469	2,579	2,481	2,794	2,274	2,695	15,292	14,983	309
GP Total			2,469	2,579	2,481	2,794	2,274	2,695	15,292	14,983	309
Other	01	following an emergency admission	196	174	212	200	181	188	1,151	1,211	-60
	02	following a Domiciliary Consultation					1	2	3	4	-1
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	225	202	253	240	240	247	1,407	1,393	14
	05	A CONSULTANT, other than in an Accident and Emergency Department	717	665	666	731	634	684	4,097	3,984	113
	06	self-referral	93	104	106	103	81	98	585	536	49
	07	A Prosthetist		1	1	2	1	4	9	7	2
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	12	10	13	19	14	12	80	56	24
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	57	49	78	70	48	65	367	358	9
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)				1			1	1	0
	13	A Specialist NURSE (Secondary Care)	2	1	2		4	4	13	13	0
	14	An Allied Health Professional	140	150	127	199	127	112	855	66	789
	15	An OPTOMETRIST	84	37	72	47	59	71	370	270	100
	16	An Orthoptist						1	1	2	-1
	17	A National Screening Programme	30	29	23	23	21	15	141	14	127
	92	A GENERAL DENTAL PRACTITIONER	122	137	144	135	121	137	796	818	-22
	93	A Community Dental Service		3	2		2	2	9	10	-1
	97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	231	204	230	238	208	229	1,340	1,303	37
Other Total			1,909	1,766	1,929	2,008	1,742	1,871	11,225	10,046	1,179
Unknown			310	324	387	370	268	333	1,992	2,399	-407
Grand Total			4,688	4,669	4,797	5,172	4,284	4,899	28,509	27,428	1,081

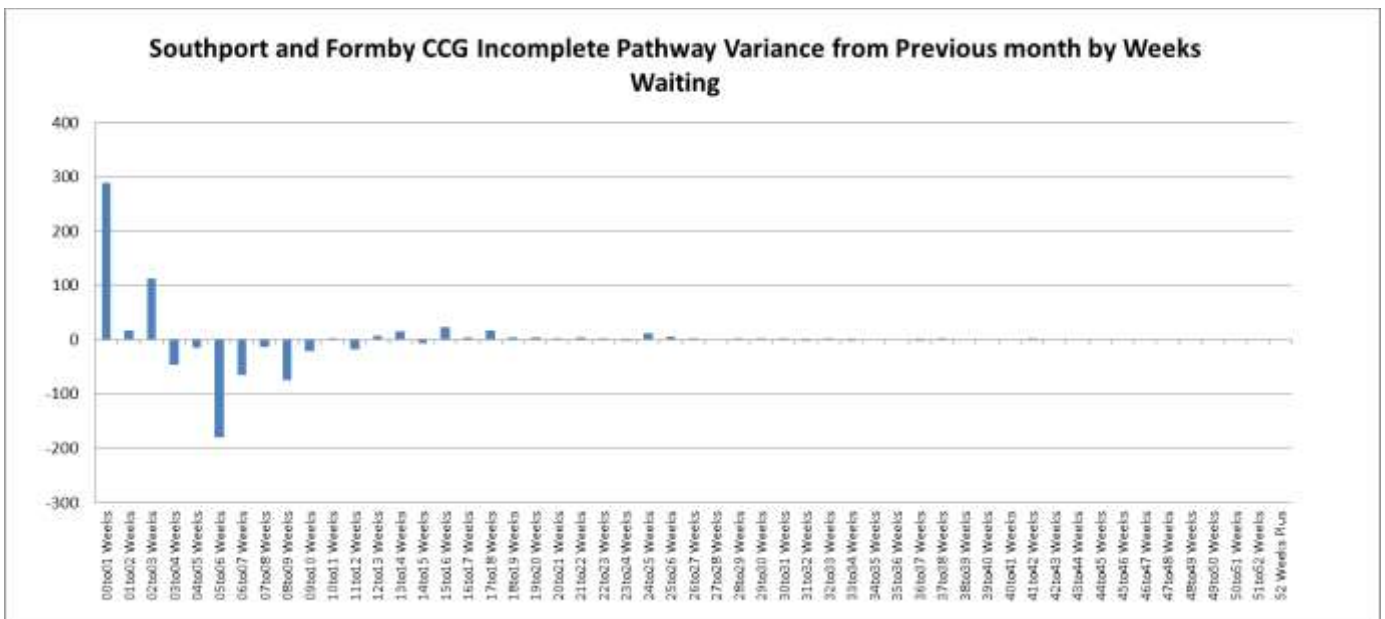
4. NHS Southport & Formby CCG patients waiting

Chart B - Patients waiting on an incomplete pathway at the end of September 2014 by weeks waiting



There were 193 patients (3.0%) waiting over 18 weeks on Incomplete Pathways at the end of September 2014. There are no over 52 week waiters.

Chart C Variance of patients waiting on an incomplete pathway at the end of September 2014 compared to August 2014 by weeks waiting.



There were 6,425 patients on the Incomplete Pathway at the end of Sept 2014 an increase of 70 patients (1.1%). Over 18 Week Waiters increased by 29 (17.7%)

4.1 Top 5 Providers

Table 1 Patients waiting (in bands) on incomplete pathway for the top 5 providers.

Trust	0to10 wks	10to18 wks	18to24 wks	24to30 wks	30+ wks	Total
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST (RVY)	3748	632	93	27	3	4503
RENACRES HOSPITAL (NVC16)	384	183	0	0	0	567
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST (RQ6)	255	63	12	8	3	341
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST (REM)	261	55	12	3	0	331
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST (RBS)	59	56	11	6	0	132

4.2 52+ Week Waiters

52 Week Monthly Trend		April	May	June	July	August	September	October	November	December	January	February	March
Southport & Formby CCG	Complete Admitted (un-adjusted)	0	0	0	0	1	0	0					
	Complete Non-Admitted	0	0	0	0	0	0	0					
	Incomplete	0	0	0	0	0	0	0					
Southport & Ormskirk Trust	Complete Admitted (un-adjusted)	0	0	0	0	0	0						
	Complete Non-Admitted	0	0	1	0	0	0						
	Incomplete	0	0	0	0	0	0						

**Please note commissioner level data is published one month ahead of provider level data*

5. Planned Care

5.1 All Providers

Performance to Month 6 against planned care elements of the contracts held by NHS Southport & Formby CCG show an over-performance of circa £467k. This over-performance is primarily driven by increases at Royal Liverpool and Broadgreen University Hospitals (£82k), St Helens & Knowsley (£68k) and Wrightington Wigan and Leigh who are showing a marked increase in cost variance rising from £33k over performance in Month 5 to £160k in month 6.

Smaller planned care increases can be seen at Aintree University Hospital NHS Foundation Trust, Wirral and Isight.

Table 2 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	10,652	5,306	5,334	28	0.53%	£2,256	£1,124	£1,159	£35	3.14%
Alder Hey Childrens NHS F/T	4,509	2,214	2,541	327	14.76%	£720	£367	£345	£23	-6.20%
Countess of Chester Hospital NHS Foundatio	0	0	39	39	0.00%	£0	£0	£3	£3	0.00%
East Cheshire NHS Trust	0	0	4	4	0.00%	£0	£0	£0	£0	0.00%
Liverpool Heart and Chest NHS F/T	1,243	615	709	94	15.35%	£783	£380	£400	£20	5.26%
Liverpool Womens Hospital NHS F/T	2,085	1,013	1,032	19	1.84%	£730	£355	£359	£5	1.27%
Royal Liverpool & Broadgreen Hospitals	11,947	5,950	6,526	576	9.68%	£2,636	£1,313	£1,395	£82	6.22%
ST Helens & Knowsley Hospitals	3,540	1,725	1,920	195	11.31%	£822	£403	£471	£68	16.80%
Wirral University Hospital NHS F/T	290	144	144	0	0.29%	£100	£50	£46	£3	-6.83%
Central Manchester University Hospitals Nh	220	110	150	40	36.36%	£42	£21	£35	£14	66.05%
Fairfield Hospital	61	30	45	15	47.54%	£13	£7	£14	£7	110.08%
ISIGHT (SOUTHPORT)	2,518	1,259	1,482	223	17.71%	£582	£291	£350	£58	20.05%
Renacres Hospital	7,308	3,654	4,892	1,238	33.87%	£2,302	£1,151	£1,119	£32	-2.76%
SPIRE LIVERPOOL HOSPITAL	480	240	384	144	60.00%	£128	£64	£97	£33	51.44%
University Hospital Of South Manchester Nh	191	96	73	-23	-24.08%	£35	£18	£12	£6	-34.59%
Wrightington, Wigan And Leigh Nhs Founda	1,927	963	1,305	342	35.44%	£748	£374	£534	£160	42.74%
	46,972	23,320	26,580	3,260	13.98%	£11,898	£5,917	£6,337,613	£420	7.10%

5.2 Southport and Ormskirk Hospital NHS Trust

Table 3: Month 6 Planned Care (PBR ONLY) - Southport and Ormskirk Hospital

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	12,058	6,005	6,035	30	0.50%	£6,606	£3,290	£3,344	£54	1.65%
Elective	1,851	922	812	-110	-11.92%	£5,069	£2,525	£2,221	£304	-12.03%
Elective Excess BedDays	392	195	165	-30	-15.48%	£90	£45	£39	£5	-12.23%
Professional Outpatient First Attendance (Consultant Led)	1,054	525	647	122	23.31%	£150	£75	£92	£18	23.80%
OPFASPCL - Outpatient first attendance single professional consultant led	23,023	11,430	10,623	-807	-7.06%	£3,355	£1,667	£1,542	£125	-7.54%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led)	2,156	1,073	1,211	138	12.84%	£210	£105	£118	£13	12.56%
OPFUPSPCL - Outpatient follow up single professional consultant led	48,179	23,943	23,963	20	0.09%	£4,137	£2,057	£2,069	£12	0.58%
Outpatient Procedure	14,692	7,317	8,921	1,604	21.92%	£2,407	£1,199	£1,583	£384	32.06%
Grand Total	103,405	51,410	52,377	967	1.88%	£22,026	£10,962	£11,009	£47	0.43%

5.2.1 Southport and Ormskirk Hospital NHS Trust Key Issues

Southport & Formby CCG overspend at Southport & Ormskirk trust is largely on target for planned care. Within Planned Care, Outpatient Procedures is showing a £384 (32%) over performance which is offset by a £304k (12%) underspend in Elective admissions. The increase in outpatient procedures is primarily as a result of coding changes made by the trust. Some of these are agreed i.e. transfer of cystoscopies from day case to outpatient setting, and some of these are under discussion namely dermoscopes (shift from outpatients to outpatient procedures) and increased depth of coding in T&O particular in the fracture clinic.

5.3 Wrightington Wigan & Leigh NHS Foundation Trust

Table 4: Month 5 Planned Care - Wrightington Wigan & Leigh NHS F/T

Wrightington, Wigan And Leigh Nhs Foundation Trust 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
all other outpatients	0	0	1	1	0.00%	£0	£0	£0	£0	0.00%
DC	146	73	79	6	8.22%	£218	£109	£108	£1	-0.87%
EL	70	35	50	15	42.86%	£368	£184	£315	£130	70.81%
ELXBD	62	31	56	25	80.65%	£15	£8	£14	£6	80.64%
OPFAMPCL	30	15	20	5	33.33%	£3	£1	£2	£0	15.59%
OPFASPCL	281	140	187	47	33.10%	£32	£16	£20	£4	28.13%
OPFUPMPCPL	46	23	32	9	39.13%	£4	£2	£3	£1	53.08%
OPFUPNFTF	46	23	40	17	73.91%	£1	£1	£1	£0	72.22%
OPFUPSPCL	1,090	545	735	190	34.86%	£79	£40	£53	£13	33.77%
OPPROC	156	78	105	27	34.62%	£28	£14	£19	£5	33.52%
Grand Total	1,927	963	1,305	342	35.44%	£748	£374	£534	£160	42.74%

5.3.1 Wrightington Wigan & Leigh NHS F/T Trust Key Issues

Wrightington Wigan & Leigh is reporting a £160k over performance in Planned Care. Elective admissions is the biggest contributor to the over performance and this is focused entirely in Trauma & Orthopaedics. Hip, Knee and Reconstruction HRGs have shown an increase in activity over the last 2 months.

5.4 The Royal Liverpool and Broadgreen University Hospital NHS Trust

Table 5: Month 6 Planned Care – The Royal Liverpool & Broadgreen Hospitals

Royal Liverpool & Broadgreen Hospitals 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
DC	744	371	442	71	19.29%	£575	£287	£329	£43	14.95%
EL	278	138	127	-11	-8.27%	£923	£460	£402	£58	-12.58%
ELXBD	48	24	181	157	657.16%	£11	£6	£44	£38	692.20%
OPFAMPCL	126	63	78	15	24.30%	£20	£10	£12	£2	22.30%
OPFANFTF	0	0	4	4	0.00%	£0	£0	£0	£0	0.00%
OPFASPCL	1,523	758	857	99	12.99%	£238	£119	£136	£18	15.05%
OPFUPMPCPL	248	124	96	-28	-22.27%	£27	£14	£8	£5	-37.80%
OPFUPNFTF	166	83	108	25	30.64%	£4	£2	£2	£1	30.64%
OPFUPSPCL	8,044	4,006	4,038	32	0.80%	£718	£357	£371	£14	3.78%
OPPROC	770	383	595	212	55.16%	£121	£60	£89	£29	49.06%
Grand Total	11,947	5,950	6,526	576	9.68%	£2,636	£1,313	£1,395	£82	6.22%

5.4.1 The Royal Liverpool and Broadgreen University Hospitals NHS Trust Key Issues

The main area of planned care over-performance at month 6 for NHS Southport & Formby CCG at Royal Liverpool Broadgreen University Hospital is elective excess beddays, daycases and outpatient procedures and elective inpatients. In terms of Speciality, the Daycase and Outpatient Procedure over performance is focused around 3 specialties – Ophthalmology, Dermatology and Gastroenterology.

The Trust has been issued with an information query notice relating to over-performance reported in month 3. The Co-ordinating Commissioner has met with the Provider and is currently agreeing an acceptable approach to undertaking a Joint Investigation into this issue. The trust's position on Planned Care has shown a return to the over performance seen in months 1-4, following a significant decrease in month 5.

5.5 St Helens & Knowsley Hospitals

Table 6: Month 6 Planned Care – St Helens & Knowsley Hospitals

St Helens & Knowsley Hospitals 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
DC	308	152	191	39	25.84%	£270	£133	£147	£14	10.15%
EL	132	65	65	-0	-0.08%	£266	£131	£169	£37	28.55%
ELXBD	14	7	0	-7	-100.00%	£3	£2	£0	£2	-100.00%
OPFAMPCL	12	6	5	-1	-14.34%	£2	£1	£1	£0	-15.09%
OPFASPCL	477	232	343	111	47.82%	£56	£27	£41	£13	48.50%
OPFASPCL	16	8	13	5	67.03%	£2	£1	£1	£0	20.96%
OPFUPMPCCL	85	41	25	-16	-39.54%	£7	£4	£2	£1	-40.65%
OPFUPNFTF	0	0	2	2	0.00%	£0	£0	£0	£0	0.00%
OPFUPSPCL	1,759	856	836	-20	-2.30%	£119	£58	£56	£2	-2.81%
OPFUPSPCL	213	104	95	-9	-8.31%	£14	£7	£5	£2	-29.78%
OPPROC	524	255	345	90	35.35%	£80	£39	£49	£10	25.87%
Grand Total	3,540	1,725	1,920	195	11.31%	£822	£403	£471	£68	16.80%

5.5.1 St Helens & Knowsley Hospitals Key Issues

In terms of planned care the over-performance in all areas at St Helens & Knowsley Hospital continues from month 5. For NHS Southport & Formby CCG the main area of planned care over-performance at St Helens & Knowsley Hospital is elective inpatients. Urology and Plastic Surgery make up the majority of over performance in Electives. Laparoscopic Procedures is the main factor behind the urology over performance and mastectomy breast reconstruction a major factor in the Plastics over performance.

With regard to the formal contract query, which was issued to the Trust 4th June 2014, the Trust responded with an excusing notice within 10 operational days. This notice however was not accepted and therefore the query progressed to joint investigation/remedial action plan stage. This issue has now moved to an escalated negotiation process initially between the CCG and Trust Directors of Finance and more recently Chief Executive / Accountable Officer and NHS England. Further meetings are planned in November 2014 also involving TDA.

The outcome of these discussions has also expanded and correspondence has been issued by the Co-ordinating Commissioner with regard to withholding payment of their Local Incentive Scheme monies in light of the current significant levels of over-performance. In addition the Trust has also received correspondence regarding the changes in clinical pathway between the Walton Centre and the Trust without reference to Commissioners which has resulted in activity being attributed to CCGs for which the funding is with Specialised Commissioning. A detailed position statement, together with the records of escalated negotiation meetings have been requested from the Co-ordinating Commissioner.

6. Unplanned Care

Performance at Month 6 against unplanned care elements of the contracts held by NHS Southport & Formby CCG show an over-performance of circa £944k. This over-performance is primarily driven by increases at Southport & Ormskirk Hospital, with smaller elements of over-performance also seen at St Helens & Knowsley and Alder Hey.

6.1 All Providers

Table 7: Month 6 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	1,467	736	635	-101	-13.67%	£826	£414	£391	£-23	-5.58%
Alder Hey Childrens NHS F/T	664	329	354	25	7.56%	£277	£141	£209	£68	48.06%
Countess of Chester Hospital NHS Foundation Trust	0	0	16	16	0.00%	£0	£0	£2	£2	0.00%
East Cheshire NHS Trust	0	0	8	8	0.00%	£0	£0	£1	£1	0.00%
Liverpool Heart and Chest NHS F/T	157	78	62	-16	-20.92%	£370	£180	£178	£-2	-1.31%
Liverpool Womens Hospital NHS F/T	207	104	108	4	4.14%	£179	£90	£78	£-12	-12.86%
Royal Liverpool & Broadgreen Hospitals	1,285	644	542	-102	-15.87%	£724	£363	£319	£-44	-12.14%
Southport & Ormskirk Hospital	51,197	25,414	27,553	2,139	8.42%	£26,149	£12,882	£13,830	£947	7.35%
ST Helens & Knowsley Hospitals	292	148	198	50	34.03%	£163	£83	£104	£21	25.85%
Wirral University Hospital NHS F/T	112	55	40	-15	-27.84%	£45	£22	£19	£-3	-12.19%
Central Manchester University Hospitals Nhs Foundation	88	44	57	13	29.55%	£30	£15	£15	£0	0.29%
University Hospital Of South Manchester Nhs Foundation	47	24	17	-7	-27.96%	£8	£4	£4	£0	11.10%
Wrightington, Wigan And Leigh Nhs Foundation Trust	62	31	33	2	6.45%	£53	£26	£14	£-12	-46.57%
Grand Total	55,578	27,606	29,623	2,017	7.30%	£28,823	£14,220	£15,164	£944	6.64%

6.1.1 Southport and Ormskirk Hospital NHS Trust

Table 8: Month 6 Unplanned Care - Southport and Ormskirk Hospital NHS Trust

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	32,878	16,477	17,755	1,278	7.76%	£3,429	£1,719	£1,863	£144	8.38%
NEL/NELSD - Non Elective/Non Elective IP Same Day	10,554	5,069	5,681	612	12.08%	£18,636	£9,078	£9,811	£733	8.07%
NELNE - Non Elective Non-Emergency	1,181	612	1,022	410	66.96%	£1,947	£1,017	£1,083	£66	6.48%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	169	105	115	10	9.60%	£49	£29	£35	£6	19.70%
NELST - Non Elective Short Stay	1,436	722	848	126	17.38%	£995	£506	£566	£60	11.89%
NELXBD - Non Elective Excess Bed Day	4,979	2,429	2,132	-297	-12.22%	£1,093	£534	£472	£-61	-11.46%
Grand Total	51,197	25,414	27,553	2,139	8.42%	£26,149	£12,882	£13,830	£947	7.35%

6.2 Unplanned Care Key Issues

6.2.1 Southport & Ormskirk Hospital

For non- elective, increases in A&E attendances resulted in increases in the number of medical admissions from A&E. Continuing growth in non-elective admissions particularly in the specialties of A&E, General Medicine, Paediatrics and Geriatrics continues to be investigated by NWCSU. Specifically, further investigation is taking place into excessive over performing HRGs, particularly in the Specialties mentioned previously. Southport & Ormskirk Hospital month 6 Provider Report highlights those HRGs being queried. A working group is being established to describe and understand the flows into and out of urgent care in more depth.

7. Mental Health

7.1 Mersey Care contract

Table 9: NHS Southport & Formby CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS Southport and Formby CCG			
	2014/15 Plan	Caseload (Sep-2014)	Variance from Plan	% Variance
0 Variance	32	20	(12)	-38%
1 Common Mental Health Problems (Low Severity)	35	29	(6)	-17%
2 Common Mental Health Problems (Low Severity with greater need)	45	27	(18)	-40%
3 Non-Psychotic (Moderate Severity)	162	187	25	15%
4 Non-Psychotic (Severe)	128	147	19	15%
5 Non-psychotic Disorders (Very Severe)	29	25	(4)	-14%
6 Non-Psychotic Disorder of Over-Valued Ideas	25	21	(4)	-16%
7 Enduring Non-Psychotic Disorders (High Disability)	96	119	23	24%
8 Non-Psychotic Chaotic and Challenging Disorders	62	66	4	6%
10 First Episode Psychosis	52	68	16	31%
11 On-going Recurrent Psychosis (Low Symptoms)	282	289	7	2%
12 On-going or Recurrent Psychosis (High Disability)	151	150	(1)	-1%
13 On-going or Recurrent Psychosis (High Symptom & Disability)	105	114	9	9%
14 Psychotic Crisis	18	20	2	11%
15 Severe Psychotic Depression	7	3	(4)	-57%
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	6	8	2	33%
17 Psychosis and Affective Disorder – Difficult to Engage	35	27	(8)	-23%
18 Cognitive Impairment (Low Need)	365	288	(77)	-21%
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	465	665	200	43%
20 Cognitive Impairment or Dementia Complicated (High Need)	159	224	65	41%
21 Cognitive Impairment or Dementia (High Physical or Engagement)	50	57	7	14%
Reviewed Not Clustered	30	27	(3)	-10%
No Cluster or Review	46	98	52	113%
Total	2,385	2,679	294	12%

7.1.1 Mental Health Key Issues

7.2 Key Performance Indicator CPA follow up

Table 10: NHS Southport & Formby CCG Performance CPA follow up within 7 days of discharge from psychiatric inpatient care

		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
CB_B19	The % of people under adult mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	100.00%	93.75%	93.75%	100.00%	92.86%	85.71%

The above table shows current NHS Southport & Formby CCG performance achieving 85.71% against a target of 95%. This equates to 6 out of 7 patients followed up within 7 days of discharge from psychiatric inpatient care.

The Trust reports this KPI on a monthly basis but the consequence of the breach is based on the quarterly response.

Table 11: NHS Southport & Formby CCG Performance CPA follow up within 2 days (48 hrs) for higher risk groups

			Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
MH_KPI.4	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%	100.0%	100.0%	100.00%	100.00%	91.67%

The above table shows current NHS Southport & Formby CCG performance achieving 91.67% against a target of 95%. This equates to 11 out of 12 patients followed up within 48 hours by CRHT, Early Intervention, Assertive Outreach or Homeless Outreach Teams.

7.2.1 Improving Access to Psychological Therapies (IAPT) Inclusion Matters Sefton

Since IAPT was established in 2008 there has been a national target for IAPT services to achieve a penetration prevalence of 15% by Q4 2014/15 against local prevalence figures which is based on people entering psychological therapies.

The National Target is based on the Adult Psychiatric Morbidity Survey (2000) data which was applied to all areas to determine the prevalence figure for people who have depression and or anxiety disorders. For Sefton this figure was identified as 43,377 people which broken down by CCG equates to:

Southport & Formby: 19,079
 South Sefton: 24,298

Since establishment in 2009 Inclusion Matters Sefton (IMS) have been reporting good progress with the a year end figure of 13% across both CCGs being reported at the end of March 2014 and consequently for NHS England and Quality Premium purposes , both CCGs believed that the current trajectory would enable a 15% prevalence target to be achieved. In August 2014 on scrutiny of the activity it became apparent that IMS were not applying the nationally mandated definition for measuring this KPI and based on applying the correct definition the following outturn was forecast for each area:

Southport & Formby: 9.9%
 South Sefton: 10.8%

The Provider was required to produce a remedial action plan detailing a range of activities to ensure the 15% prevalence target is achieved by the end of Quarter 4 and since week commencing 29th September 2014 IMS have been providing a weekly update on the numbers of people entering psychological therapies which is being closely monitored by commissioners and the position is forecasted to improve. At Month 6 the forecast is;

Southport & Formby: 9.53%
 South Sefton: 11.13%

A further update will be provided in the November report.

Table 12: PHQ13_6 The Proportion of People who complete treatment who are moving to recovery

Southport & Formby	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Total	FOT
Entered (KPI4)	108	204	177	489	173	120	127	420	909	1818
Entered (KPI4) HSCIC	115	155	180	450				0	450	1800
Completed (KPI5)	122	138	110	370	164	119	124	407	777	1554
Completed (KPI5) HSCIC	95	120	95	310				0	310	1240
Moved to recovery (KPI6)	46	67	51	164	66	47	52	165	329	658
Moved to recovery (KPI6) HSCIC	40	65	45	150				0	150	600
Entered Below Caseness (KPI6b)	17	14	10	41	15	14	15	44	85	170
Entered Below Caseness (KPI6b) HSCIC	10	10	10	30				0	30	120
Prevalence	0.57%	1.07%	0.93%	2.56%	0.91%	0.63%	0.67%	2.20%	4.76%	9.53%
Recovery	43.8%	54.0%	51.0%	49.8%	44.3%	44.8%	47.7%	45.5%	47.5%	47.5%
Prevalence HSCIC	0.60%	0.81%	0.94%	2.36%					2.36%	9.43%
Recovery HSCIC	47.1%	59.1%	52.9%	53.6%					53.6%	53.6%

The above table includes the figures submitted by the Provider and the figures published by the HSCIC. The Provider has highlighted an issue with the way in which the HSCIC are calculating the IAPT data submitted to them. The HSCIC is showing that Quarter 1 KPI's as lower than what the Provider is reporting. A formal query has been raised by the Provider with HSCIC as to why this is happening and how this can be resolved.

8. Southport & Ormskirk Community Health Performance

8.1 Key Issues

- A revised activity baseline was agreed in October with Southport & Ormskirk which actual activity can now be measured against. A high level table of planned versus actual activity can be included in the next report. Large variances will be described in more detail by exception. Quality information will also be included.

8.2 Third Sector Contracts

- NHS Contracts 2014/15 with Third Sector Providers have been signed by all Parties and signed versions of the Contracts issued. The contracts are block meaning financial risk to the CCG is contained.
- Contract Management meetings have taken place with Providers and actions resulting from these meetings are being progressed.

9. Quality and Performance

9.1 Southport & Formby CCG Performance Dashboard

Performance Indicators	Data Period	Current Period				Actions
		Target	Actual	Direction of Travel	Exception Commentary	
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)	14/15 - September	21	20 (16 following local appeals)	↑	3 new cases reported in September 2014, 20 cases reported YTD compared to a annual plan of 21 cases. Two of the cases reported in September were apportioned to Southport and Ormskirk Hospital acute and one to Aintree Hospitals. Of the 20 cases reported YTD, 16 cases reported by Southport and Ormskirk Hospital (8 apportioned to acute and 8 apportioned to community), 3 cases reported by Aintree Hospital (1 apportioned to acute, 2 apportioned to community) and 1 case reported by Royal Liverpool Hospital (apportioned to acute).	Out of the 10 local appeals submitted by Southport & Ormskirk, 9 have been upheld, 4 related to Southport & Formby CCG, and 5 to West Lancs CCG. Following appeals, the revised local C-dif cases for the CCG will be 16.
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	14/15 - September	14	21 (12 following local appeals)	↓	3 new cases reported in September 2014, 21 cases reported YTD compared to a annual plan of 14 cases. Of the 3 cases reported in September, all cases related to West Lancs patients. Of the 21 cases reported YTD, 8 cases reported against Southport and Formby CCG patients, 11 cases against West Lancs CCG patients, 1 case reported against a Chorley and South Ribble CCG patient and 1 case reported against an Eastern Cheshire CCG patient.	The Trust is currently off trajectory with 21 cases (as of 22.10.14) against an annual target of 27. This year four out of five appeals have been won and a further five appeals are scheduled for 24.10.14. If successful, this will bring the Trust on trajectory. The Trust's C.difficile Action Plan is monitored at the monthly CQPG & Contract Meetings. The following actions are still open: * Implementation of UV markers for quantitative measurement of cleaning effectiveness * Formalisation of programme, dissemination of results and action plans from divisions required * Development of criteria and guidance for junior medical staff * 100% of patients with diarrhoea must be isolated when followed up on test result Following the local appeals process - S&O submitted 110 appeals and 9 were upheld, 4 relating to Southport & Formby CCG and 5 West Lancs CCG, the revised local C-dif cases for S&O will be 12. <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)	14/15 - September	0	2	↑	No new cases reported in September 2014, 2 cases reported YTD, both cases reported YTD were reported by Southport and Ormskirk Hospital in July 2014 (1 apportioned to acute and 1 apportioned to community).	The CCG currently has two year-to-date MRSA cases related to Southport & Formby CCG Patients - 1 apportioned to acute and 1 apportioned to community - as community providers cannot be held accountable for HCAIs the CCG has had the community MRSA case attributed to them. The CCG is monitoring all Trust acquired cases of MRSA through Southport & Ormskirk Hospital's Quality & Safety Committee and the monthly CQPG. <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) (Southport & Ormskirk)	14/15 - September	0	2	↑	1 new case was reported in September 2014, 2 cases reported YTD (as stated above) 1 in July 2014 relating to a Southport and Formby CCG patient and 1 in September related to a West Lancashire CCG patient.	There has been one MRSA case in September bringing the year-to-date total to 1 Acute acquired case. (Although the ICO has reported 2 cases - 1 apportioned to acute and 1 apportioned to community (CCG) nb community cases are not included in this Trust specific KPI) against a target of 0. At the November CQPG the Trust informed the meeting that performance is not recoverable in this financial year. MRSA cases have now been designated as 'internal never events' and the relevant teams will be meeting with the Executive Team to discuss the management of the patients and lessons learned. Regular updates and lessons learned will be report to the Trust's internal Quality & Safety Committees and the monthly CQPG. <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 13 and Jan-Mar 14		2.86%	New Measure	Percentage of respondents reporting poor patient experience of primary care in GP Services	
Patient experience of primary care ii) GP Out of Hours services	Jul-Sept 13 and Jan-Mar 14		15.91%	New Measure	Percentage of respondents reporting poor patient experience of GP Out of Hours Services	
Patient experience of primary care i) GP Services ii) GP Out of Hours services (Combined)	Jul-Sept 13 and Jan-Mar 14	6%	4.58%	New Measure	The CCG is achieving the target for this combined measure.	
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative)	14/15 - September	205.02	277.64	New Plans	Plans have now been agreed and included, the plans are based on the same period last year. This indicator is above the same period last year by 17 admissions.	Patient level data is being shared with practices to analyse trends and identify inappropriate or avoidable admissions.
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	14/15 - September	478.93	552.61	New Plans	Plans have now been agreed and included, the plans are based on the same period last year. This indicator is above the same period last year by 90 admissions.	
Emergency Admissions Composite Indicator(Cumulative)	14/15 - September	1099.45	1,378.67	New Plans	This measure now includes a monthly plan, this is based on the plan set within the Outcome Measure framework and has been split using last years seasonal Performance. Admissions have increased by 266 compared with the same period last year.	
IAPT - Prevalence	14/15 - September	15%	4.76%		Annual Plan, monthly plan = 1.25%. The CCG is not on target to achieve 15% by the end of the year. To achieve the access rate for the first 6 months the CCG required a further 521 patients accessing the service.	Identified issue with provider not applying nationally mandated definition of KPI. Action plan in place to ensure target met by end Q4 2014/15
IAPT - Recovery Rate	14/15 - September	50%	47.54%		The CCG marginally missed out on the 50% target for the first 6 months of the year. Two months in the year did achieve with May and June recording figures above the 50%.	
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.	The CCG is very close to the England Average for PROMs data, discussions are currently taking place at CCG level to establish ownership of PROMs measure and to develop an improvement plan.
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)	14/15 - September		16.88			
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	14/15 - September	81.15	25.63	New Plans	Plans have now been agreed and included, the plans are based on the same period last year.	
Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)	14/15 - September	667.23	817.87	New Plans	Plans have now been agreed and included, the plans are based on the same period last year. This indicator is above the same period last year by 184 admissions.	Patient level data is being shared with practices to analyse trends and identify inappropriate or avoidable admissions.
SQU06_01 - % who had a stroke & spend at least 90% of their time on a stroke unit (CCG)	14/15 - September	80%	78.95%	↑	For the month of September 4 out of the 19 Patients admitted with stroke did not spend 90% of their time on the stroke unit and as such the CCG did not achieve the target. All four of the breaches occurred within Southport & Ormskirk Trust.	All CCG Stroke breaches occurred at Southport & Ormskirk Hospital, the Trust met it's Stroke Target for September (achieved 81.82% against a Target of 80%). The bed managers have improved throughput through the hospital and prioritise specialist wards such as stroke. Additionally a revised validation processes and closer working with the consultants and specialist nurses have improved performance over the last 12 months. As anticipated the Trust has improved performance and is now compliant.. All KPI underperformance is discussed at the monthly CQPG meetings with input from the Trust's clinicians.

SQU06_01 - % who had a stroke & spend at least 90% of their time on a stroke unit (Southport & Ormskirk)	14/15 - September	80%	81.82%	↑	For the month of September 6 patients of the 33 patients admitted with stroke did not spend 90% of their time on the stroke unit.	
SQU06_02 - % high risk of Stroke who experience a TIA are assessed and treated within 24 hours (CCG)	14/15 - September	60%	50.00%	↑	For the month of September 3 out of the 6 patients who experienced a TIA were not assessed and treated within 24 hours. The CCG did not achieve the required 60% for this measure. All of the breaches occurred within Southport & Ormskirk Trust.	The majority of the patients who breached the target attended Southport & Ormskirk Hospital the Trust's exception narrative regarding underperformance can be found below. All KPI underperformance is discussed at the monthly CQPG meetings with input from the Trust's clinicians.
SQU06_02 - % high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	14/15 - September	60%	50.00%	↓	In September 5 patients of the 10 patients who experienced a TIA were not assessed and treated within 24 hours.	The Trust failed the target for TIA in month with performance of 50%. In total five patients breached the target. There were a number of reasons for breaches including: <ul style="list-style-type: none"> • Patient choice • Weekend presentations The Trust's performance team will support a review of internal processes to be agreed and signed off by the Clinical Business Unit. This will provide assurance that any breaches are unavoidable given the current infrastructure. Due to the number of patients within the service a small number of breaches affect our compliance against the target. Whilst we 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 - Qtr1	95%	97.67%	↓		
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 CCG recorded a rate of 1,667.1 for Males and 2,191.8 for Females. The rate for males has reduced from the previous year (2,624.7) but the Female rate has increased (2,093.5). The Rate for 'Persons' has also reduced from 2013 (2,355.0)	The annual variation is significant and the CCG is working with Public Health locally and regionally to understand this. Indications at present are that the PYLL is significantly susceptible to fluctuations due to changes such as young deaths, which introduces major swings, particularly at CCG level.
Cancer waits – 2 week wait						
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	14/15 - August	93%	97.09%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	14/15 - August	93%	96.53%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	14/15 - August	93%	94.40%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Southport & Ormskirk)	14/15 - August	93%	96.63%	↔		

Cancer waits – 31 days						
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers –96% (Cumulative) (CCG)	14/15 - August	96%	98.43%	↓		
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers –96% (Cumulative) (Southport & Ormskirk)	14/15 - August	96%	100%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy –94% (Cumulative) (CCG)	14/15 - August	94%	95.33%	↑		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy –94% (Cumulative) (Southport & Ormskirk)	14/15 - August	94%	100%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery –94% (Cumulative) (CCG)	14/15 - August	94%	98.31%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery –94% (Cumulative) (Southport & Ormskirk)	14/15 - August	94%	98.11%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen –98% (Cumulative) (CCG)	14/15 - August	98%	100%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen –98% (Cumulative) (Southport & Ormskirk)	14/15 - August	98%	100%	↔		
Cancer waits – 62 days						
Maximum 62-day wait for first definitive treatment following a consultant’s decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	14/15 - August		94.44%	↔		
Maximum 62-day wait for first definitive treatment following a consultant’s decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (Southport & Ormskirk)	14/15 - August		86.84%	↔		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers –90% (Cumulative) (CCG)	14/15 - August	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)	14/15 - August	90%	85.00%	↑	The trust failed the target for the month of August hitting 80.3% and are not achieving year to date. In August there were 7.5 breaches out of a total of 38 patients.	The Trust achieved their target in September with no breaches to report. The failed to meet the cumulative target due to a breach of 0.5 patients in August, however the Trust is revalidating this breach and will provide an update at the December CQPG. All cancer breaches are discussed at the monthly CQPG meetings and are reported at Board Level.
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer –85% (Cumulative) (CCG)	14/15 - August	85%	82.80%	↓	The CCG failed the target year to date as well as in month reaching 61.9% for August. There were 8 breaches out of a total of 21 patients treated.	The majority of the patients who breached the target attended Southport & Ormskirk Hospital. The range of reasons for patient breaches in month including: <ul style="list-style-type: none"> • Patient initiated delays • Patient unfit for treatment due to illness • Diagnostic delays due to complex pathways involving multiple providers The newly strengthened cancer management team have developed a robust and detailed action plan. This is being delivered via weekly cancer performance meetings. Due to the nature of multiple providers and complex pathways and the small number of patients treated performance against all 62 day treatment targets remain at risk. The Trust is expecting to deliver quarterly compliance.
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer –85% (Cumulative) (Southport & Ormskirk)	14/15 - August	85%	85.00%	↓		

Mixed Sex Accommodation Breaches						
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	14/15 - September	0.00	0.00	↔		
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	14/15 - September	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)	14/15 - September	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (Southport & Ormskirk)	14/15 - September	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (CCG)	14/15 - September	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (Southport & Ormskirk)	14/15 - September	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	14/15 - September	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	14/15 - September	0	0	↔		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (CCG)	14/15 - September	90%	94.12%	↑		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (Southport & Ormskirk)	14/15 - September	90%	92.62%	↑		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (CCG)	14/15 - September	95%	97.81%	↔		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (Southport & Ormskirk)	14/15 - September	95%	98.19%	↔		

Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	14/15 - September	92%	97.00%	↔		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Southport & Ormskirk)	14/15 - September	92%	96.92%	↓		
A&E waits						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG)	14/15 - September	95.00%	97.49%	↔		
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk)	14/15 - September	95.00%	97.26%	↔		
Diagnostic test waiting times						
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	14/15 - September	1.00%	0.37%	↑		
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	14/15 - September	1.00%	0.33%	↑		
Category A ambulance calls						
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	14/15 - September	75%	68.12%	↓	The CCG failed to achieve the 75% year to date due to the latest performance in September. In month the CCG recorded a percentage of 59.09, a drop from 77.5% in August. This is the lowest recorded for 14/15. May remains the only month for 14/15 to meet the target.	NWAS has acknowledged a number of issues are contributing to poor performance levels. Activity levels are currently at a level greater than anything previously experienced by NWAS. In addition the health economies have introduced more community based services with the intention of deflecting and reducing demand on NWAS. Commissioners have been working with NWAS at county level to understand the nature and causes of this demand to enable agreement on how best to respond to the demand. It has been disappointing that data provided by NWAS has not been timely and in a format that has enabled a proper understanding of the increases. NWAS taking number of steps to increase number of Paramedics coming out of Universities. Aiming to recruit 50 extra Paramedics in November b) NWAS to agree fixed contracts with the voluntary sector. e.g Red Cross, St. Johns ambulance. c) Letter sent out to Healthcare Professionals(HCPs) re: HCPs calling PES vehicles straightaway, HCPs should utilise PTS and other options first. d) Clinical Transfers – there have been number of issues between the Royal Liverpool and Broadgreen sites. Royal Medical Director having talks with NWAS re: transfers between hot and cold sites. NWAS will also take forward with Whiston. An audit at Whiston has showed approximately 68% inappropriate transfers. Raised turnaround time performance with S&O. CCG also engaging with NWAS to deflect patients under the influence of alcohol being transferred by ambulance to A&E
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	14/15 - September	75%	67.26%	↓	The CCG failed to achieve the 75% year to date and also did not achieve the target in month (Sept). After a increase in August the performance has dipped again in September with 63.76% against last months of 71.6%. The target has not been met all year.	
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	14/15 - September	95%	90.35%	↓	The CCG failed to achieve the 95% year to date and also did not achieve the target in month (Sept) recording 89.38% lower than what was recorded in August 93.1%	
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	14/15 - September	75%	72.16%	↔	NWAS failed to achieve the 75% year to date and also did not achieve the target in month (Sept) recording 71.52%	
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	14/15 - September	75%	72.96%	↔	NWAS failed to achieve the 75% year to date and also did not achieve the target in month (Sept) recording 73.29%	
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	14/15 - September	95%	95.30%	↔		
Local Measure						
Diabetes Care Processes (CCG)	Qtr. 1 - 14/15	59.3%	50.7%	New Measure	This measure makes up part of the quality premium and will be measures quarterly. Current figures show the CCG is under performing against plan.	The data search criteria is being adjusted as recording of smoking status may be too low. The effect will mean an overall increase for the indicator.

9.2 CCG Outcomes Indicator Set (OIS)

The CCG Outcomes Indicator Set (OIS) is still in development but is designed to provide clear, comparative information for CCGs about the quality of health services and the associated health outcomes. The indicators measure outcomes at CCG level to help inform priority setting and drive local improvement. The areas covered by the indicators contribute to the five domains of the NHS Outcomes Framework. The table below provides the published Southport and Formby CCG position. Many of the indicators are published annually, with the majority updated in September of each year.

CCG Outcomes Indicator Set Southport & Formby CCG

↑ Increase in performance ↔ No change in performance
↓ Decrease in performance

Ref.	Indicator Description	Reporting Period	Last reported data	Trend	Data
Preventing people from dying prematurely					
1.1 i	Potential years of life lost considered amenable to healthcare (MALES)	2013	1,667.1	↑	DSR (per 100,000)
1.1 ii	Potential years of life lost considered amenable to healthcare (FEMALES)	2013	2,191.8	↓	DSR (per 100,000)
1.2	Under 75 mortality rate from CVD	2013	57.5	↑	DSR (per 100,000)
1.4	Myocardial infarction, stroke and stage 5 kidney disease in people with diabetes	2011/12	1.34	New Indicator	ISR (per 100 with diabetes)
1.6	Under 75 mortality rate from Respiratory Disease	2013	22.3	↑	DSR (per 100,000)
1.7	Under 75 mortality rate from Liver Disease	2013	15.8	↓	DSR (per 100,000)
1.8	Emergency admissions for alcohol related liver disease	Apr 2013 - Mar 2014 (Provisional)	29.4	↑	DSR (per 100,000)
1.9	Under 75 mortality rate from Cancer	2013	120.2	↑	DSR (per 100,000)
1.14	Smoking status at time of delivery	Quarter 4 - 2013/14	11.2%	↑	Percentage of deliveries

Ref.	Indicator Description	Reporting Period	Last reported data	Trend	Data
Enhancing quality of life for people with long term conditions					
2.1	Health-related quality of life for people with long-term conditions	July 2013 - March 2014	0.759	↓	DSR (per 100,000)
2.2	People feeling supported to manage their condition	July 2013 - March 2014	65.7	↓	Weighted %
2.5	People with diabetes diagnosed less than a year referred to structured education	2011/12	13.8%	New Indicator	Percentage offered or attended
2.6	Unplanned hospitalisation for chronic ambulatory care sensitive conditions	Apr 2013 - Mar 2014 (Provisional)	913.5	↑	DSR (per 100,000)
2.7	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	Apr 2013 - Mar 2014 (Provisional)	510.2	↑	DSR (per 100,000)
2.8	Complications associated with diabetes including emergency admissions for diabetic ketoacidosis and lower limb amputation	2011/12	7.16	New Indicator	ISR (per 100 with diabetes)
2.15	Health-related quality of life for carers	July 2013 - March 2014	0.812	↓	DSA

Ref.	Indicator Description	Reporting Period	Last reported data	Trend	Data
Helping people to recover from episodes of ill health or following injury					
3.1	Emergency admissions for acute conditions that should not usually need hospital admission	Apr 2013 - Mar 2014 (Provisional)	1,409.7	↑	DSR (per 100,000)
3.2	Emergency re-admissions within 30 days of discharge from hospital	2011/12	11.6	↑	ISR (per 100,00)
3.3a	Patient reported outcome measures for elective procedures: hip replacement	2012/13	0.419	↑	case mix adjusted health gain
3.3b	Patient reported outcome measures for elective procedures: knee replacement	2012/13	0.303	↑	case mix adjusted health gain
3.3c	Patient reported outcome measures for elective procedures: groin hernia	2012/13	0.080	↔	case mix adjusted health gain
3.3d	Patient reported outcome measures for elective procedures: varicose veins	2012/13	<i>Data suppressed due to small numbers</i>		case mix adjusted health gain
3.4	Emergency admissions for children with lower respiratory tract infections	Apr 2013 - Mar 2014 (Provisional)	442.2	↑	DSR (per 100,000)
Ref.	Indicator Description	Reporting Period	Last reported data	Trend	Data
Ensuring that people have a positive experience of care					
4.1	Patient experience of GP out-of-hours services	July 2013 - March 2014	71.07	↓	Percentage (adjusted)
Treating and caring for people in a safe environment and protecting them from avoidable harm					
5.3	Incidence of Healthcare Associated Infection (HCAI) – Methicillin-resistant Staphylococcus aureus (MRSA)	Jun-14	0	↔	Count
5.4	Incidence of Healthcare Associated Infection (HCAI) – C. difficile	Jun-14	5	↓	Count (N.B. this is not adjusted for registered pop)

9.3 Friends and Family – Southport and Ormskirk NHS Trust

Clinical Area	Response Rate (RR) Target	RR Actual (Sept 2014)	RR - Trajectory From Previous Month (Aug 14)	Percentage Recommended (England Average)	Percentage Recommended (Sept 2014)	PR Trajectory From Previous Month (Aug 14)	Percentage Not Recommended (England Average)	Percentage Not Recommended (Sept 2014)	PNR Trajectory From Previous Month (Aug 14)
Inpatients	20%	28.7%	↓	94%	83%	New Measure	2%	8%	New Measure
A&E	20%	8.1%	↓	86%	69%	New Measure	7%	24%	New Measure
Q1 - Antenatal Care	20%	-	-	95%	100%	New Measure	1%	0%	New Measure
Q2 - Birth	20%	20.5%	↑	95%	79%	New Measure	2%	9%	New Measure
Q3 - Postnatal Ward	20%	-	-	91%	88%	New Measure	2%	9%	New Measure
Q4 - Postnatal Community Ward	20%	-	-	96%	98%	New Measure	1%	0%	New Measure

Where cell contains "-" no denominator data available

Southport and Ormskirk

The Friends and Family Test Indicator now comprises of three parts: the % response rate, the % recommended and the % not recommended.

The Trust failed to achieve the A&E response rate target 8.1% in September against a target of 20%, they also failed to achieve the England Average percentage recommended by 17% and percentage not recommended by 6%. As % recommended is a new measure performance will be monitored and regular updates provided to the CCG's EPEG meetings.

The Trust achieved the Inpatient response rate target achieving 28.7% in September against a target of 20%, however they missed the England Average percentage recommended by 17% and not recommended target by 17%.

Work is on-going with the Trust to review Friends & Family Performance, the Trust has advised they are liaising with Aintree Hospital to share their A&E good practice, in addition there is further 'incentivisation' through AQC (Alternative Quality Contract) to introduce a text reminder service for Friends & Family questionnaires following discharge. In addition the Trust has been invited to attend the CCG's EPEG meetings to provide regular updates against performance.

9.4 Complaints

It was agreed that Complaints would only be included on a Quarterly basis in line with provider reporting requirements. The next update will be for Quarter 2, the Trust's Complaints Report is due to go to Board in November, an update will be provided in the December Report.

9.5 Serious Untoward Incidents (SUIs)

9.5.1 NHS Southport and Formby CCG

Table 13: Serious Untoward incidents NHS Southport & Formby CCG Patients by Trust

Incidents Split by Type

Row Labels	Apr	May	Jun	Jul	Aug	Sep	YTD
Abscond						1	1
Admission of under 18s to adult mental health ward	1						1
Allegation Against HC Professional					1		1
Attempted Suicide by Outpatient (in receipt)		1					1
Child Death					1	1	2
Confidential Information Leak				1			1
Delayed diagnosis			1				1
Drug Incident (general)				1			1
Radiology/Scanning incident	1						1
Safeguarding Vulnerable Child			1				1
Serious Incident by Inpatient (not in receipt)			1				1
Surgical Error		1					1
Suspected suicide		1			1	1	3
Unexpected Death of Community Patient (in receipt)		1				1	2
Grand Total	2	4	3	2	3	4	18

Incident split by provider

Row Labels	Apr	May	Jun	Jul	Aug	Sep	YTD
Alder Hey Children's NHS Foundation Trust		1			1		2
Liverpool Community Health NHS Trust					1	1	2
Mersey Care NHS Trust	1	3			1	3	8
Royal Liverpool and Broadgreen University Hospitals NHS Trust			1				1
Southport and Ormskirk Hospital NHS Trust	1		2	2			5
Grand Total	2	4	3	2	3	4	18

For Southport & Formby CCG patients there have been 4 serious incidents reported in September 2014, 18 SUIs reported YTD and 1 Never Event YTD (Drug Incident Southport & Ormskirk). Year to date there have been 4 repeated incidents reported, detailed below;

- 3x Suspected Suicides (Merseycare)
- 2x Child Deaths (LCH & Merseycare)
- 2x Unexpected Death of Community Patient (in receipt) (Merseycare)

The majority of incidents occurred within Merseycare, all incident investigations and action plans are discussed in detail at the CCG’s Monthly SUI Management Group Meeting.

9.5.2 Southport and Ormskirk Hospital NHS Trust

Table 14: Reported Serious Untoward incidents - Southport and Ormskirk Hospital NHS Trust

Row Labels	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	YTD
Southport and Formby CCG							
Confidential Information Leak				1			1
Delayed diagnosis			1				1
Drug Incident (general)				1			1
Radiology/Scanning incident	1						1
Safeguarding Vulnerable Child			1				1
West Lancashire CCG							
Adverse media coverage or public concern about the organisation or the wider NHS					1	1	2
Delayed diagnosis				1			1
Drug Incident (Chemotherapy)				1			1
Grand Total	1	0	2	4	1	1	9

There has been 1 serious incident reported in September 2014 (West Lancs CCG patient) relating to ‘Adverse media coverage or public concern about the organisation or wider NHS’. The trust has reported 9 incidents YTD.

The trust has reported 2 repeated incidents YTD relating to the following;

1. 2x Drug Incidents (1 Southport & Formby CCG and 1 West Lancs CCG patient).
2. 2x Delayed Diagnosis (1 Southport & Formby CCG and 1 West Lancs CCG patient).

The majority of incidents occurred within Merseycare, all incident investigations and action plans are discussed in detail at the CCG’s Monthly SUI Management Group Meeting.

10.Primary Care

10.1 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.

10.2 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 and adults separately), Demand (referrals, Choose

& Book information, cancer and urgent referrals), and Prescribing indicators. Future developments during Autumn 2014 include QOF data, financial information, and public health indicators.

10.3 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)

10.4 Summary of performance

A summary of the primary care dashboard measures at locality level for data relating to June 2014 is presented below. The criteria for the Red, Amber, Green rating is described above in section 11.3.

	A&E Attendance rate per 1,000 for under 19's (12 Mths to Jun-14)	A&E Attendance rate per 1,000 for over 19's (12 Mths to Jun-14)	Emergency Admission rate per 1,000 for under 19's (12 Mths to Jun-14)	Emergency Admission rate per 1,000 for over 19's (12 Mths to Jun-14)
Ainsdale & Birkdale	81.3	270.4	69.3	124.7
Central Southport	88.0	331.7	84.7	146.2
Formby	87.5	204.9	67.3	100.8
North Southport	72.9	279.7	84.7	132.3
<i>Southport & Formby CCG</i>	82.4	276.8	77.3	127.8

Locality	GP referrals	GP urgent referrals as a % of all GP referrals	GP referrals / 1,000 patients	Cancer Fast Track / 1,000 patients	% Choose & Book
Ainsdale & Birkdale	113	18.6%	19.5	0.00	35.0%
Central Southport	149	19.3%	21.7	0.00	39.2%
Formby	85	18.7%	18.1	0.00	43.5%
North Southport	155	24.1%	21.1	0.00	20.2%
<i>Southport & Formby CCG</i>	502	20.3%	20.2	0	34.0%

11. Programme Update

11.1 2014/15 Milestones

All programme milestones are green except for the following exceptions:

- Neurology: Clinical and Programme leads not yet identified.

11.2 CCG Strategic Performance

We have developed a dashboard to monitor progress against 4 main strategic performance indicators.

The dashboards are all produced in a standard format using Accident and Emergency department and emergency admissions data extracted from Secondary User Services (SUS) files.

Emergency activity for the majority of dashboards are extracted using established Programme Budgeting Codes

- 02 (A-X) Cancers & Tumours
- 04 (A-X) Endocrine, Nutritional and Metabolic Disorders (Diabetes)
- 05 (A-X) Mental Health Disorders
- 07 (A-X) Neurological Problems
- 10 (A-X) Problems of circulation (Cardiovascular)
- 11 (A-X) Problems of the respiratory system

For the other programme areas Children and Young People are defined by age under 19 years old, Acute Kidney Injury (AKI) and Liver Disease are reviewed by the use of Primary Diagnosis Codes specified by NHS Right Care and Palliative Care is evaluated through Unbundled HRG codes which is the NHS England preferred choice.

A&E Attendances are measured by the use of Diagnosis Codes as produced by the Health and Social Care Information Centre. These codes are a broad classification of the types of diagnoses that patients require attendance in A&E.

CCG performance is broken down to show activity at locality and programme level.

Locality and programme leads will review Dashboards each month to identify areas of concern and support future service developments.

Southport & Formby CCG received National Recognition for the work and development of the Programme Dashboards when they were presented at the NHS England CSU BI Leads Network meeting in London.

CCG Locality Programme Dashboard

The CCG Locality Programme Dashboard has been created to identify performance at Programme Level by Locality. This will be required to inform future Service Planning, Development and Implementation.

The 3 parts of information on the Dashboard are:

1) KPI

KPI is based on a RAG rating of RED, AMBER, GREEN

RED means YTD activity has increased this financial year.
 AMBER means YTD performance has either stayed the same as last financial year or reduced by 0.9%
 GREEN means YTD performance is 1% or more improved on last financial year.

2) Trend

Performance Improved	↓ ↓ ↓
	= =
Adverse Performance	↑ ↑ ↑

The Key for the trend above shows 9 possible performance outcomes, the best being ↑ and the worst being ↓
 The arrow indicates direction of activity, up arrow is increased activity and the down arrow indicates activity has decreased when compared against last financial year
 The colour of the arrow is the in-month performance.

3) Sparkline

The sparkline information shows the YTD activity plotted per month and indicates current financial year trend.

Southport & Formby CCG Programme Locality Dashboard

August 2014

All Activity		AE Attendance			Emergency Admissions			Emergency Bed Days			Emergency Re-admissions		
CCG Level		KPI 1	Trend	Sparkline	KPI 2	Trend	Sparkline	KPI 3	Trend	Sparkline	KPI 4	Trend	Sparkline
Locality	Ainsdale & Birkdale	4.6%	↑		4.7%	↑		-14.4%	↓		1.2%	↑	
	Central Southport	8.6%	↑		8.2%	↑		-8.3%	↓		4.3%	↑	
	Formby	15.4%	↑		14.0%	↑		-1.4%	↓		22.6%	↑	
	North Southport	4.2%	↑		2.8%	↑		-5.2%	↓		12.5%	↑	
Activity - Programme		AE Attendance			Emergency Admissions			Emergency Bed Days			Emergency Re-admissions		
Ainsdale & Birkdale		KPI 1	Trend	Sparkline	KPI 2	Trend	Sparkline	KPI 3	Trend	Sparkline	KPI 4	Trend	Sparkline
	Acute Kidney Injury (AKI)				11.1%	↑		-36.8%	↓		0.0%	=	
	Cancer				-9.1%	↓		-39.0%	↓				
	Cardiovascular	-20.0%	↓		-23.2%	↓		-32.9%	↓		-35.3%	↓	
	Childrens and Young People	0.9%	↑		25.2%	↑		-7.9%	↓		-25.0%	↓	
	Diabetes				25.9%	↑		169.3%	↑		166.7%	↑	
	Liver Disease				53.8%	↑		114.0%	↑		0.0%	=	
	Mental Health	18.6%	↑		-8.3%	↓		-74.2%	↓				
	Neurology		↑		1.8%	↓		-21.7%	↓		-13.3%	↓	
	Palliative Care				30.8%	↑		20.4%	↑		133.3%	↑	
	Respiratory	0.0%	=		16.3%	↑		17.5%	↑		84.6%	↑	
Central Southport		KPI 1	Trend	Sparkline	KPI 2	Trend	Sparkline	KPI 3	Trend	Sparkline	KPI 4	Trend	Sparkline
	Acute Kidney Injury (AKI)				0.0%	=		31.1%	↑		100.0%	↑	
	Cancer				0.0%	=		-9.9%	↓				
	Cardiovascular	29.8%	↑		27.2%	↓		22.2%	↑		6.1%	↑	
	Childrens and Young People	11.6%	↑		22.7%	↑		24.8%	↑		-45.5%	↓	
	Diabetes				26.8%	↑		49.5%	↑		112.5%	↑	
	Liver Disease				-22.2%	↓		-23.3%	↓		-26.7%	↓	
	Mental Health	5.6%	↑		-44.7%	↓		-73.4%	↓				
	Neurology	-33.3%	↓		-5.9%	↓		-1.5%	↓		5.4%	↑	
	Palliative Care				5.9%	↑		68.1%	↑		-12.5%	↓	
	Respiratory	-70.0%	↓		-3.6%	↓		-7.2%	↓		-38.5%	↓	
Formby		KPI 1	Trend	Sparkline	KPI 2	Trend	Sparkline	KPI 3	Trend	Sparkline	KPI 4	Trend	Sparkline
	Acute Kidney Injury (AKI)				100.0%	↑		-6.4%	↓			↑	
	Cancer				-41.4%	↓		-39.8%	↓				
	Cardiovascular	60.0%	↑		2.2%	↓		13.9%	↑		100.0%	↑	
	Childrens and Young People	24.4%	↑		29.7%	↑		17.3%	↑		25.0%	↑	
	Diabetes				-8.0%	↓		47.6%	↑		-16.7%	↓	
	Liver Disease				-16.7%	↓		-47.8%	↓		33.3%	↑	
	Mental Health	33.3%	↑		-34.8%	↓		-44.0%	↓				
	Neurology	-100.0%	↓		14.0%	↑		6.2%	↑		0.0%	=	
	Palliative Care				-23.1%	↓		22.8%	↑		-25.0%	↓	
	Respiratory	20.0%	↑		9.7%	↑		-7.6%	↓		52.9%	↑	
North Southport		KPI 1	Trend	Sparkline	KPI 2	Trend	Sparkline	KPI 3	Trend	Sparkline	KPI 4	Trend	Sparkline
	Acute Kidney Injury (AKI)				42.9%	↑		-47.2%	↓			↑	
	Cancer				19.0%	↑		-15.7%	↓				
	Cardiovascular	34.1%	↑		3.1%	↓		11.7%	↑		0.0%	=	
	Childrens and Young People	13.6%	↑		0.5%	↓		-4.5%	↓		-31.3%	↓	
	Diabetes				4.9%	↑		19.8%	↑		50.0%	↑	
	Liver Disease				42.3%	↑		3.7%	↑		0.0%	=	
	Mental Health	8.9%	↑		-41.1%	↓		-70.1%	↓				
	Neurology	100.0%	↑		12.1%	↑		32.6%	↑		36.8%	↑	
	Palliative Care				-25.0%	↓		-41.5%	↓		-60.0%	↓	
	Respiratory	0.0%	=		6.1%	↑		8.2%	↑		40.0%	↑	

AE Attendances for Childrens and Young People excludes Attendances at Liverpool Community due to Age Recording Discrepancies.

Appendix 1

NHS Data Dictionary Source of Referral descriptions

The source of referral of each Consultant Out-Patient Episode.

National Codes:

GP referral

03 referral from a GENERAL MEDICAL PRACTITIONER

Other referrals group includes all those listed below

Initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode

01 following an emergency admission

02 following a Domiciliary Consultation

10 following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)

11 other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode

Not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode

92 referral from a GENERAL DENTAL PRACTITIONER

12 referral from a General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)

04 referral from an Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)

05 referral from a CONSULTANT, other than in an Accident and Emergency Department

06 self-referral

07 referral from a Prosthetist

13 referral from a Specialist NURSE (Secondary Care)

14 referral from an Allied Health Professional

15 referral from an OPTOMETRIST

16 referral from an Orthoptist

17 referral from a National Screening Programme

93 referral from a Community Dental Service

97 other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode

Note: The classification has been listed in logical sequence rather than numeric order.

Where a PATIENT is referred by a GENERAL PRACTITIONER acting in the capacity of a General Practitioner with a Special Interest (GPwSI), National Code 12 - 'referral from a General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)' should be used.

Where a PATIENT is referred by that GENERAL PRACTITIONER acting in their capacity as an ordinary GENERAL MEDICAL PRACTITIONER, or as an ordinary GENERAL DENTAL PRACTITIONER, National Code 03 - referral from a GENERAL MEDICAL PRACTITIONER or National Code 92 - referral from a GENERAL DENTAL PRACTITIONER should be used as appropriate.

Two Week Wait Referrals made by Specialist NURSES in Primary Care, under the authority of the GENERAL MEDICAL PRACTITIONER leading their team, should continue to be classified as referrals from the GENERAL

PRACTITIONER (National Code 03 - referral from a GENERAL MEDICAL PRACTITIONER). Referrals from Specialist NURSES in Secondary Care should be classified as National Code 13 - referral from a Specialist Nurse (Secondary Care).

Appendix 2 Main Provider Activity & Finance Comparisons

Table 15: Southport & Ormskirk 13/14 v 14/15 POD Comparison

Southport & Ormskirk Hospital Southport & Formby CCG		2014/15												
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Daycase	Activity	1415 Activity Plan	953	953	1001	1131	894	1073						
	1415 Activity Actual	1062	1023	1031	1085	942	1060							
	Price	1415 Price Plan	£522,238	£522,238	£548,350	£626,091	£479,156	£592,026						
	1415 Price Actual	£580,942	£566,463	£584,630	£586,402	£519,450	£591,748							
Elective	Activity	1415 Activity Plan	146	146	154	179	128	168						
	1415 Activity Actual	148	152	125	142	132	143							
	Price	1415 Price Plan	£400,734	£400,734	£420,771	£498,505	£337,966	£465,915						
	1415 Price Actual	£395,138	£431,812	£343,770	£406,578	£317,134	£376,123							
Non-Elective (NEL and NELST)	Activity	1415 Activity Plan	1092	1099	1035	1119	1047	1012						
	1415 Activity Actual	1308	1356	1302	1317	1205	1282							
	Price	1415 Price Plan	£1,816,601	£1,822,149	£1,721,693	£1,868,207	£1,745,465	£1,626,736						
	1415 Price Actual	£1,940,407	£1,974,683	£1,939,289	£2,032,762	£1,855,897	£1,944,713							
AandE	Activity	1415 Activity Plan	2815	2745	2722	2965	2686	2544						
	1415 Activity Actual	2896	2983	2981	3163	2814	2918							
	Price	1415 Price Plan	£293,572	£286,319	£283,934	£309,222	£280,158	£265,353						
	1415 Price Actual	£306,334	£313,886	£314,866	£325,561	£297,431	£304,534							

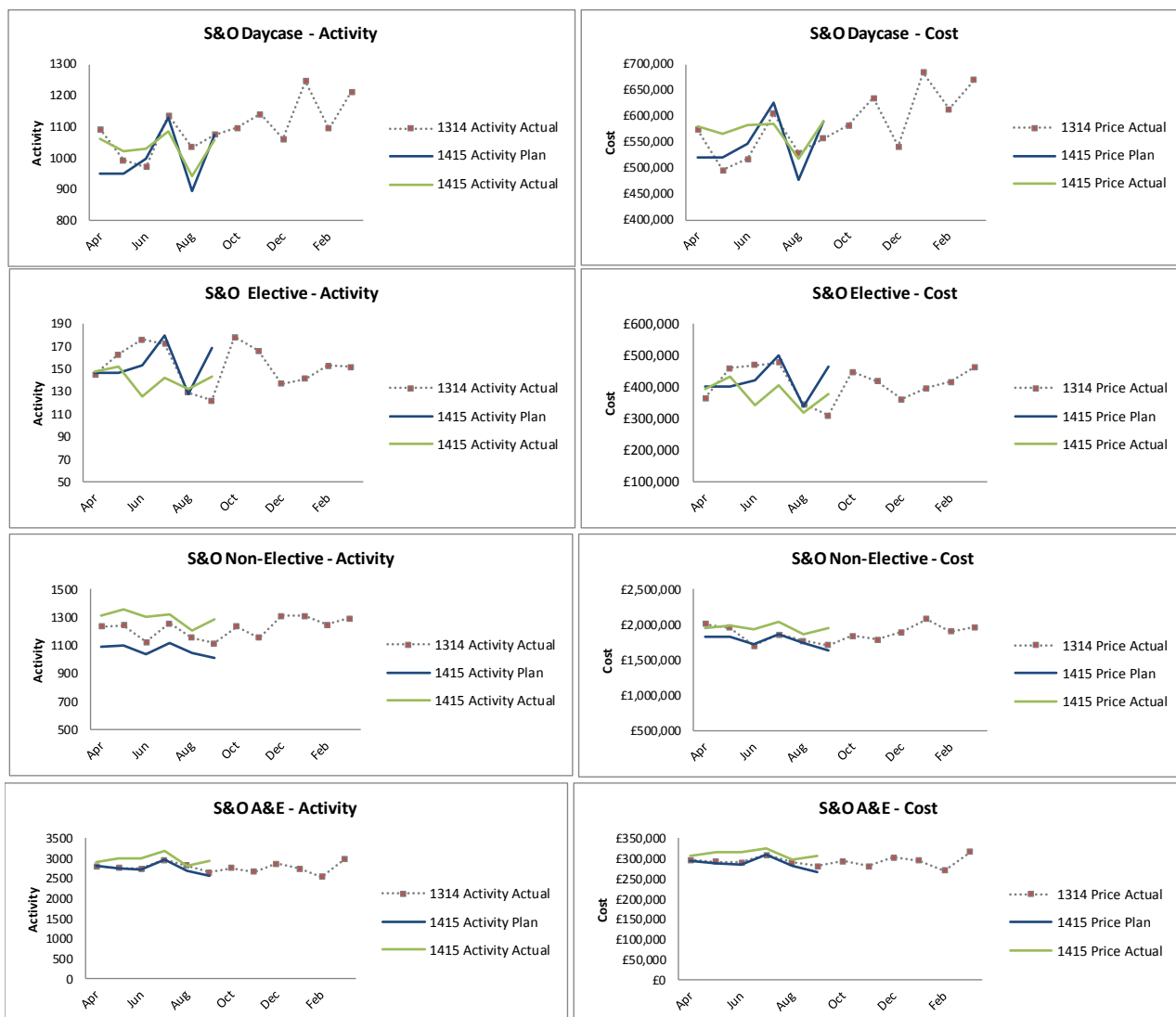


Table 16: Royal Liverpool & Broadgreen Hospitals 13/14 v 14/15 POD Comparison

Royal Liverpool & Broadgreen Hospitals Southport & Formby CCG			2014/15											
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Daycase	Activity	1415 Activity Plan	59	59	62	68	59	65						
		1415 Activity Actual	84	77	65	70	70	76						
	Price	1415 Price Plan	£45,485	£45,485	£47,759	£52,307	£45,485	£50,033						
		1415 Price Actual	£65,912	£51,150	£52,220	£47,180	£56,114	£56,806						
Elective	Activity	1415 Activity Plan	22	22	23	25	22	24						
		1415 Activity Actual	21	25	20	22	16	23						
	Price	1415 Price Plan	£72,942	£72,942	£76,589	£83,883	£72,942	£80,236						
		1415 Price Actual	£79,758	£67,223	£61,646	£57,521	£66,340	£69,230						
Non-Elective (NEL and NELST)	Activity	1415 Activity Plan	20	21	20	21	21	20						
		1415 Activity Actual	18	26	27	19	14	19						
	Price	1415 Price Plan	£49,111	£50,748	£49,111	£50,748	£50,748	£49,111						
		1415 Price Actual	£39,939	£47,988	£61,848	£37,407	£39,322	£57,752						
AandE	Activity	1415 Activity Plan	62	64	62	64	64	62						
		1415 Activity Actual	56	83	69	68	66	63						
	Price	1415 Price Plan	£5,364	£5,542	£5,364	£5,542	£5,542	£5,364						
		1415 Price Actual	£4,727	£7,422	£6,031	£5,326	£5,185	£5,009						

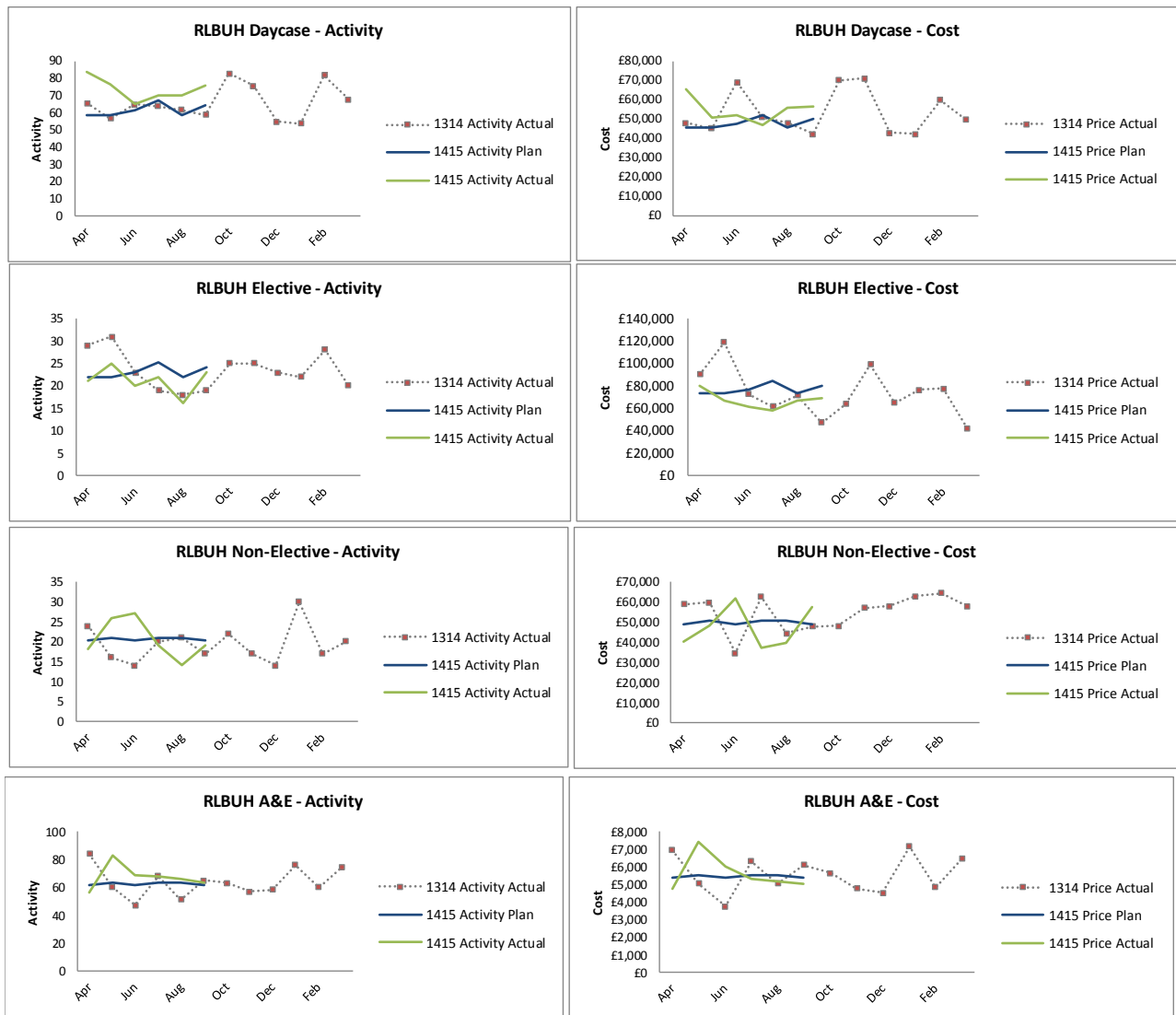


Table 17: St Helens & Knowsley Hospitals 13/14 v 14/15 POD Comparison

St Helens & Knowsley Hospital Southport & Formby CCG		2014/15												
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Daycase	Activity	1415 Activity Plan	26	25	24	27	24	27						
	1415 Activity Actual	29	21	27	42	33	39							
	Price	1415 Price Plan	£22,760	£21,767	£20,953	£23,393	£20,737	£23,681						
	1415 Price Actual	£20,676	£14,866	£20,411	£31,577	£26,364	£32,933							
Elective	Activity	1415 Activity Plan	11	11	10	11	10	12						
	1415 Activity Actual	13	13	15	9	10	5							
	Price	1415 Price Plan	£22,414	£21,436	£20,635	£23,038	£20,422	£23,322						
	1415 Price Actual	£34,529	£32,711	£33,654	£27,115	£28,782	£11,954							
Non-Elective (NEL and NELST)	Activity	1415 Activity Plan	11	11	10	11	10	10						
	1415 Activity Actual	17	16	9	16	12	7							
	Price	1415 Price Plan	£13,338	£13,062	£12,163	£13,052	£12,699	£12,117						
	1415 Price Actual	£13,219	£21,161	£10,590	£17,755	£21,442	£9,082							
AandE	Activity	1415 Activity Plan	14	14	14	14	14	14						
	1415 Activity Actual	20	11	26	24	19	15							
	Price	1415 Price Plan	£1,160	£1,178	£1,135	£1,186	£1,156	£1,133						
	1415 Price Actual	£1,754	£945	£2,375	£2,115	£1,750	£1,333							

