

Southport & Formby Clinical Commissioning Group

Integrated Performance Report August 2015

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1. Executive Summary

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

CCG Key Performance Indicators

NHS Constitution Indicators		Footprint	
A&E 4 Hour Waits	CCG		
Ambulance Category A Calls (Red 1)	CCG		
Cancer 2 Week GP Referral	CCG		
RTT 18 Week Incomplete Pathway	CCG		
Other Key Targets			
A&E 4 Hour Waits	S&ORM		
Ambulance Category A Calls (Red 2)	CCG		
Ambulance Category 19 Transportation	CCG		
Cancer 2 Week Urgent GP Referral - Breast Symptoms	CCG		
Cancer 62 Day Consultant Upgrade	CCG		
Diagnostics	CCG		
Emergency Admissions Composite Indicator	CCG		
Emergency Admissions for acute conditions that should not usual require hospital admission	CCG		
Emergency Admissions for children with Lower Respiratory Tract Infections	CCG		
HCAI - C.Diff	CCG		
HCAI - C.Diff	S&ORM		
HCAI - MRSA	S&ORM		
IAPT - Roll Out	CCG		
IAPT - Recovery Rate	CCG		
Mixed Sex Accommodation	CCG		
Mixed Sex Accommodation	S&ORM		
RTT 18 Weeks - Admitted patients	S&ORM		
RTT 18 Weeks - Non Admitted patients	CCG		
RTT 18 Weeks - Non Admitted patients	S&ORM		
Stroke	CCG		
Stroke	S&ORM		
TIA	S&ORM		
Unplanned hospitalisation for chronic ambulatory care	CCG		

Yearly measures - Apr 14 to Mar 15 provisional data update

Patient reported outcomes measures for elective procedures: Hip replacement	CCG	
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Key Information from this report

Financial Performance – Financial position for Southport and Formby CCG as at 30 September 2015 (Month 6), after the application of reserves is breakeven against a planned surplus of £1.800m, which is a shortfall of £1.800m against target. This has resulted from non-delivery of the cost reduction target and the 'in year' pressures against operational budgets. These pressures are partly supported by a release of reserves and by non-recurrent gains.

Referrals – The Governing Body is requested to note that GP referrals April-July 2015/16 are 15% higher than the corresponding months of the previous financial year. Discussions regarding referral management schemes were held at the Wider GP Forum meeting in October with the wider CCG membership. The increase in referrals from A&E and from consultants will be investigated and raised with providers if necessary.

A&E waits – Year to date the CCG achieved 94.93% against a 95% target (with August achieving 95.88%). The target has failed at CCG level since April 2015. Southport & Ormskirk achieved 94.70% year to date (with August achieving 95.8%) again failing the year to date target. Site compliance remains a challenge. The wider urgent care action plan is addressing significant health economy issues, many of which are long term objectives.

Ambulance Activity - Category A Red 1, 8 minute response time – The CCG achieved the 75% target. The CCG are failing Category A Red, 2 recording 70.80% year to date against a 75% target. Category 19 Transportation recording 90.60% year to date also failing the 95% target. NWAS have achieved all 3 targets year to date and are flagged as green. The delivery and sustainability of emergency ambulance performance remains a key priority for commissioners. Performance continues to be closely monitored with the support of lead commissioner Blackpool CCG and through monthly contract and Strategic Partnership Board meetings with the NWAS executive team and commissioning leads. Locally the Mersey CCGs continue to meet with NWAS monthly to review performance at county and CCG level.

Cancer Indicators – For July the CCG are achieving all cancer indicators apart from two, which are 2 week breast symptoms hitting 85.62% year to date against a target of 93%, in July 4 patients were not seen within 14 days out of a total of 44 (90.91%). This is an effect of the closure of the Southport and Ormskirk breast unit to new patients and increased demand on the Royal Liverpool service. Also 62 day consultant upgrade hitting 84.75% year to date and are under plan due to previous months breaches, in July all 15 patients were upgraded (100%). Southport & Ormskirk are achieving all cancer indicators.

Diagnostics - The CCG have failed the target for diagnostics in August going over the <1% plan hitting 2.14%, this is the first time since October 2014 that the target has been failed. This equates to 40 patients out of 1869 waiting 6 weeks or more for their diagnostic test of the 40, 30 were at Bridgewater waiting 6-13 weeks and 1 patient at Central Manchester waiting over 13 weeks. Southport & Ormskirk had 9 patients waiting 6-13 weeks but stayed under plan, below are the remainder of the breaches. Bridgewater had an uncharacteristic increase in new referrals in May, inappropriate referral exacerbated the issue causing a system pressure and highlighted that the waiting list management system was inappropriate. The Clinical Manager and the Info & Performance Team have undertaken an immediate review of the administration system in place to ensure that appointment slots are utilised effectively and ensuring that all patients are seen within 6 weeks. Underpinning this review is an action plan which includes a patient pathway and associated data collection methodology for each part of the patient journey through the service offer. A senior Trust administrator is on site, working with the team to implement an interim systematic waiting list management process with full application of patient access policy. All parents have been contacted to explain the situation and offer an urgent



appointment should this be required, this has not been needed. Equally, there have been no requests from the referring agents to expedite appointments and no reported harms.

Emergency Admissions Composite Measure - Currently this measure is over performing year to date against plan of 976.87 with August showing a value of 1028.27. Compared with the same period last year the CCG has had 172 less admissions than same period last year. The monthly plans for 2015-16 been split using last years seasonal performance.

Friends & Family - Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the three parts for both inpatients and A&E. Despite this however, the trust have shown an improvement in response rates for inpatients and the percentage of patients who would recommend services in all areas assessed.

Measure – August 2015	Southport & Ormskirk	England Average
Inpatient – response	22.7%	25.5%
Recommended	95%	96%
Not Recommended	2%	1%
A&E – response	4%	14%
Recommended	88%	88%
Not Recommended	7%	6%

HCAI – C difficile – Having 2 new cases reported in August the CCG are above target for C-difficile year to date, (actual 19 / plan 16). Year-end plan 38. Southport & Ormskirk had 2 new cases reported in August 2015 (ytd 17), against a year to date plan of 15. The 2 were aligned to Southport and Formby CC . Year to date plan is 36. Following appeals, 4 cases were upheld meaning Southport & Ormskirk are now below the threshold with 13 cases against a threshold of 15.

HCAI – MRSA – In August the CCG had no new cases of MRSA. Southport & Ormskirk had no new cases in July, however, there has been 1 new case reported for Southport & Ormskirk in April, the case is related to a West Lancashire CCG patient. The trust are over the zero tolerance so will remain red for the rest of 2015-16. A Post Infection Review (PIR) has been completed in collaboration with the CCG and reported to Public Health England. Primary Care and Secondary Care issues have been identified and will be reported back to SEMT in a formal de-brief to ensure lessons have been learnt and embedded.

IAPT Access – Roll Out – The CCG are under plan for Q1 for IAPT Roll Out and reached 1.72% (plan 3.75%). This equates to 329 patients having entered into treatment out of a population of 19079 (Psychiatric Morbidity Survey). The CCG are also under plan in August reaching 0.55%, out of a population of 19079, 104 patients have entered into treatment. There had been a steady increase since April, (April 0.54%, May 0.50%, June 0.68%, July 0.86%) but this has dropped in August.

IAPT Recovery - The CCG are under the 50% plan for recovery rate In Q1 reaching 45.57%. This equates to 108 patients who moved to recovery out of 237 who completed treatment. The monthly data shows for August the CCG are over plan for recovery rate reaching 59.4%. This equates to 41 patients who have moved to recovery out of 69 who have completed treatment. The target has been achieved for the past 3 months so early indications are that the target will be achieved at Q2.

RTT 18 Weeks – Admitted patients – In July Southport & Ormskirk failed to achieve the target of 90% achieving 88.47%. This equates to 112 patients out of 971 not been seen within 18 weeks. The Trust continues to make progress toward Trust-level compliance.

RTT 18 Weeks – Non Admitted patients – In August the CCG reported just below the 95% target, achieving 94.65% this equates to 150 out of 2803 not being seen within 18 weeks. In July Southport &

Ormskirk reported below the target of 95%, achieving 94.27% this equates to 274 patients out of 4778 not being seen within 18 weeks. The Trust continues to make progress toward Trust-level compliance.

Patient Safety Incidents Reported – Southport & Ormskirk reported 3 Serious Untoward Incidents in August, bringing the year to date total to 59. Of the 3, 2 were pressure ulcers grade 3 and 1 surgical error.

Stroke 90% time on stroke unit – The CCG failed the 80% target for August reaching 42.11% which is a decline on last month (64.29%), 8 patients out of 19 spending at least 90% of their time on a stroke unit. The 11 breaches were at Southport & Ormskirk. Southport & Ormskirk failed to achieve the 80% target in August reaching 59.38%, 19 patients out of 32 spending at least 90% of their time on a stroke unit. This is a result of bed pressures across the Trust. Causing delays to patient flow to and from the ward.

TIA – Southport & Ormskirk failed to achieve the 60% target in August reaching 36.36%, only 4 out of 11 patient who experienced TIA were assessed and treated within 24 hours. This is a significant drop from last month when the trust achieved 80%.

PROMS – Patient reported outcomes measures for elective procedures: **Hip replacement** – Provisional data (Apr14 – Mar15) shows the CCG reported 0.422 for average health gain following a hip replacement which is slightly lower than the previous year (0.419) and under plan (0.429), and failed to achieve a score higher than the England average which is 0.440.

PROMS have been chosen as the CCG Quality Premium measure for 2015/16. Clinical engagement between primary and secondary care is taking place to understand how each can support. Proposal to use Shared Decision Aids with patients being discussed at QIPP, Quality Committees and Locality Lead GP meetings.

2. Financial Performance

2.1 Summary

This section of the report focuses on the financial performance for Southport and Formby CCG as at 30 September 2015 (Month 6).

The forecast financial position after the application of reserves is breakeven against a planned surplus of £1.800m, which is a shortfall of £1.800m against target. This has resulted from non-delivery of the cost reduction target and the 'in year' pressures against operational budgets. These pressures are partly supported by a release of reserves and by non-recurrent gains.

Figure 1 Financial Dashboard

Key Performance Indicator		This Month	Prior Month
Business Rule (Forecast Outturn)	1% Surplus	✘	✘
	0.5% Contingency Reserve	✓	✓
	2.5% Non-Recurrent Headroom	✓	✓
Surplus	Financial Surplus / (Deficit) *	£0m	£0m
QIPP	Unmet QIPP to be identified > 0	£4.439m	£5.124m
Running Costs (Forecast Outturn)	CCG running costs < National 2015/16 target of £22.07 per head	✓	✓

**Note this is the position after reserves and reflects the final position before risks and mitigations*

2.2 Resource Allocation

There have been no changes to the resource allocation in Month 6.

2.3 Financial Position and Forecast

Analysis of CCG practice populations has identified an increase in the GP weighted population of 1.2% for the period April – July 2015. The net increase of 268 patients includes a high proportion of >65 year olds which will increase demand for services and explain some of the increase in costs experienced within the financial year, this will not immediately result in an increase in our allocation as the CCG is already classified as being 'over-target'.

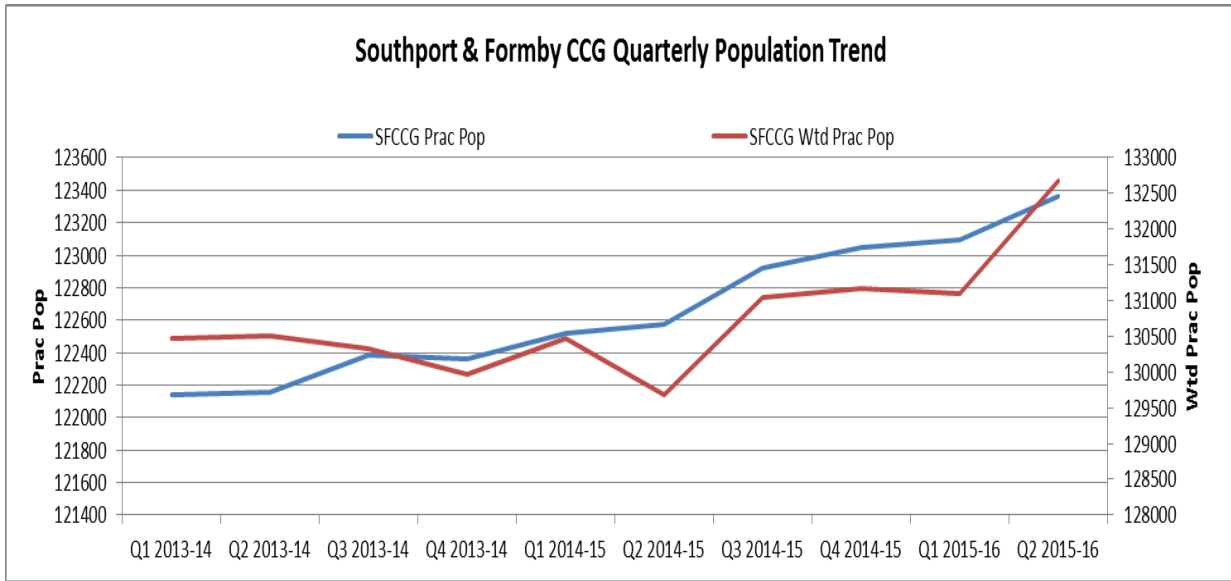
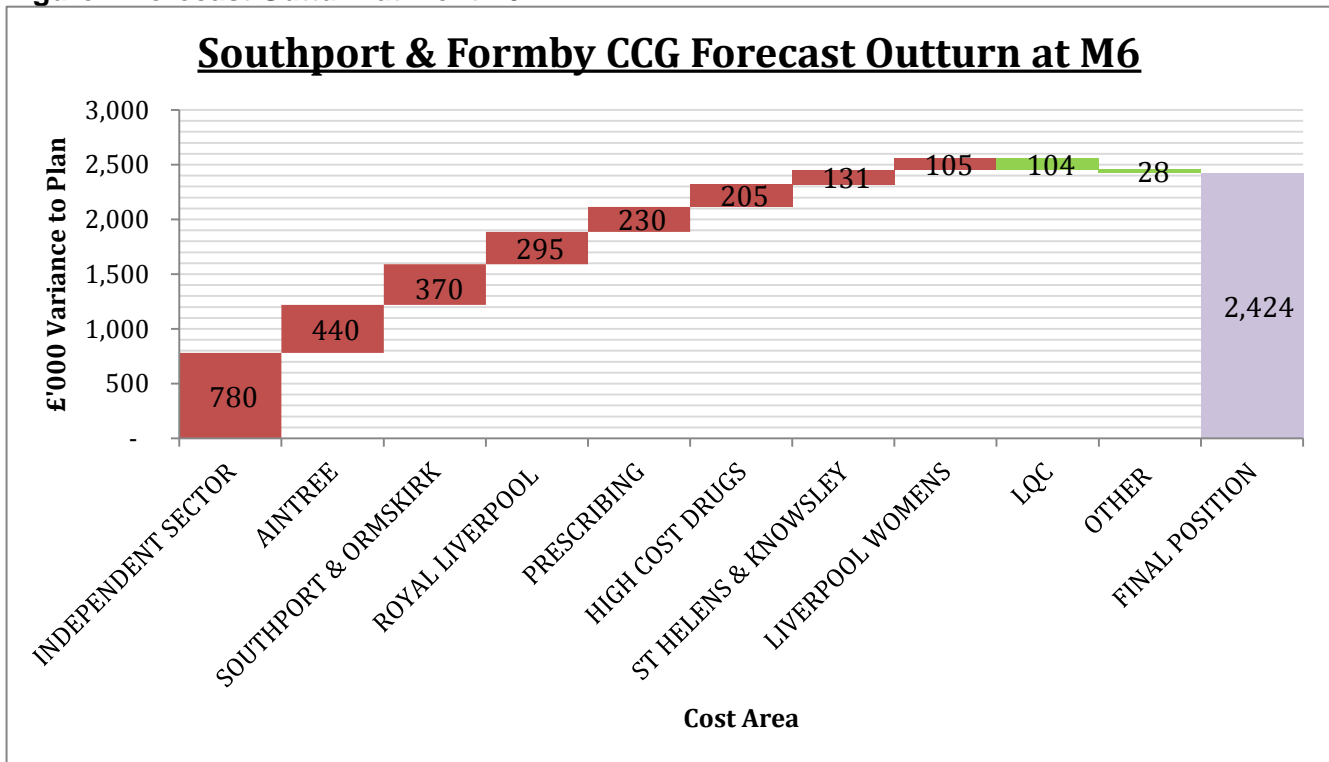


Figure 2 Forecast Outturn at Month 6



The main cost pressures are with Independent Sector and Acute providers as a result of increased activity compared to plan as well as within prescribing and high cost drugs budgets. Overspends are partly supported by underspending areas, mainly some of the provider contracts and the Local Quality Contract (LQC).

The financial activity period relates to the end of September 2015, the CCG has based its reported position on the latest information received from Acute Trusts which is up to the end of August 2015.

Independent Sector Providers

The forecast overspend for Independent Sector providers is £0.780m. This is projected using Month 5 data received from providers. The majority of this overspend (£0.635m) is with Ramsay Healthcare for Orthopaedics and General Surgery.

Acute commissioning

Aintree NHS Foundation Trust

The forecast overspend for Aintree is £0.440m. The Month 5 data shows overspends in relation to ARMD, excluded drugs and radiology. It is assumed the breast services premium will not be paid by the CCG, but will be recharged to Southport & Ormskirk NHS Trust.

Southport and Ormskirk NHS Trust

The forecast position for Southport and Ormskirk NHS Trust is £0.370m overspent. The position is based on Month 5 data received from the trust.

The contract for 2015/16 is still to be agreed with the Trust. The element of the contract that covers activity reported under national rules (Payment by Results) has been agreed and the Trust has presented data in relation to this activity. The contract dispute went to arbitration, and the CCG has reflected the guidance received from the arbitrators in its latest contract offer to the Trust. The latest contract offer has been reflected in the budget. At the time of writing, the Trust has not formally responded to the offer.

The CCG has received Month 5 data from the Trust which shows an overspend against the phased contract for PbR services. Activity in August exceeded the plan, particularly in the area of emergency care, with A&E attendances and unplanned admissions being higher than budgeted. The main variances to the plan are in the following areas:

- Emergency admissions (including short stay admissions) – under-spend of £0.040m (includes offset of GPAU activity totalling £0.204m). Non-elective admissions were 5% higher in August than the budget. This has reversed the trend seen in previous months of lower than planned admissions.
- A&E attendances in August were 8% higher than the plan, and are now 2% higher than the plan for the year to date.
- Outpatient care – Outpatient attendances are £0.042m lower than budget, with a marked shift from new and follow up attendances to outpatient procedures. The contract calculated the expected shift to procedures based on announced coding changes made by the Trust. However, this initial assessment under-estimated the impact.
- Maternity pathway and deliveries – Maternity care continues to reduce at Southport & Ormskirk, with a corresponding increase at Liverpool Womens Hospital. The under-spend at Southport and Ormskirk is £0.092m. Although activity continues to be lower than plan on a monthly basis, the complexity assigned to patients for maternity pathway payments is higher than that assumed in the plan.
- Daycases – Daycases are £0.228m higher than plan. The Trust started the year with a backlog of patients and through concerted effort this backlog has decreased considerably. It is unclear what the

ongoing activity levels will be now that most specialties have reduced their backlogs to more manageable levels.

- The forecast builds in an estimate for increased gastroscopy in the latter part of the year. The Trust still has a backlog and will be working with other local providers to reduce this in the second half of the year, in line with guidance received from NHSE.

Royal Liverpool Hospital

Month 5 data received from Royal Liverpool Hospital shows an overperformance in a number of areas; AMD, Day Cases, Electives and Non-Electives.

The current forecast is an overspend of £0.295m.

St Helens & Knowsley NHS Trust

The forecast overspend for St Helens and Knowsley NHS Trust is projected to be £0.131m with anticipated overspends within planned care and day cases.

Liverpool Womens Hospital

The forecast overspend for Liverpool Womens Hospital is £0.105m and relates to deliveries, ante-natal care and HDU.

Prescribing / High Cost Drugs

The prescribing budget is overspent by £0.250m at Month 6 and the year end forecast is £0.230m overspent. The latest forecast received from the PPA indicates an overspend on the prescribing budget plus there have been increased costs within the High Cost Drugs budget in respect of healthcare at home charges from Southport and Ormskirk Hospital.

As iterated earlier, the CCG believes a significant portion of the prescribing overspend can be attributed to the increased population numbers.

2.4 QIPP

The QIPP savings target for Southport and Formby CCG is **£6.151m** for 2015/16. This has reduced to £4.439m following delivery of schemes totalling £1.712m as follows:

- Reduction in CHC / FNC costs (£0.569m) – Growth of 5% previously included in the budgets has now been removed following targeted CHC review work.
- Queens Court Recharge (£0.024m)
- Reductions in contract value with a number of providers (£0.819m)
- Move to cost per case for Cheshire and Merseyside rehab services (£0.300m)

A 1% Transformation Fund was established in CCG reserves to fund transformational initiatives that would result in more efficient delivery of healthcare and improvements to quality. In addition, the CCG has invested in system resilience schemes that are aimed at reducing emergency care.

The full year cost of proposals schemes being considered against the Transformation Fund exceed the funding available by £0.304m, however the 2015/16 position forecasts an underspend of £1.027m due

to delayed implementation of some schemes. In addition to the transformational initiatives, a number of other cost reduction schemes are also being implemented.

2.5 CCG Running Costs

The CCG is currently operating within its running cost target of £2.606m. The target has been reduced in 2015/16 to £22.07 per head (from £24.81 per head in 2014/15). Plans agreed by the Governing Body to meet this target have been implemented and the relevant budgets reduced. The CCG is still awaiting the outcome of the LPF procurement exercise to understand the future costs of the remaining outsourced activity that is currently delivered by the North West CSU.

The current year forecast for these budgets is an underspend of £0.121m due to vacant posts.

2.6 Evaluation of Risks and Opportunities

The CCG's primary risk is non-achievement of the NHS England business rule to achieve the planned 1% surplus, which is predominantly driven by non-achievement of the QIPP and creation of the transformation fund. £4.439m of recurrent savings must still be identified in 2015/16 in order to achieve financial targets. In addition, there are a number of other risks that require monitoring and managing:

- Acute cost per case contracts – The CCG has experienced significant growth in acute care in previous years as well as seeing a significant shift of activity to non S&O providers including the independent sector which is growing significantly. Although historic growth has been factored into plans, we are experiencing overall acute activity in excess of this.
- Continuing Healthcare Costs / Funded Nursing care – this is a volatile area of spend due to the nature of individual high cost packages of care which are difficult to forecast. In addition to this there is an overall pressure in the sector as a result of the increases to the living wage from 16/17. This is likely to materialise through the NW framework procurement exercise currently being undertaken with all care home providers. The new framework starts in November 2015, but the impact of it is currently unknown.
- Estates – The methodology for charging estates costs has changed in 2015/16. Previously, the costs had been based on historic charges. In 2015/16, the organisation that administers the LIFT buildings (Community Health Partnerships – CHP) will be charging based on actual usage. The implementation of this change has been delayed to quarter 3. The CCG has set aside reserves to cover estates costs, and has now received the latest billing estimates from CHP. It is likely that any adjustments will need to come through S&O trust however it may be difficult to recoup any further funding in the current climate.
- Prescribing / Drugs costs – This is a volatile area of spend, and this risk has increased following implementation of a new electronic prescribing system leading to a change to the process for pharmacies to submit their prescribing scripts. This is resulting in time delays and unreliable year to date costs.

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

The forecast position at this stage is breakeven, against a planned £1.800m surplus. It should be noted that this forecast is a near best case scenario and is reliant on a reduction in acute care and prescribing expenditure.

In order to meet the required planned surplus the CCG will need to deliver £1.800m of in-year savings, rising to £2.600m if risks are not mitigated. Failure to deliver all of the QIPP savings on a recurrent basis in 2015/16 will increase the financial pressure in future years.

The immediate challenge facing the CCG is to reduce expenditure levels to deliver financial balance.

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

Figure 3 Reserves and agreed actions

	Recurrent £000	Non-Recurrent £000	Total £000
Target surplus	1.800		1.800
Unidentified QIPP	(6.151)		(6.151)
Revised surplus / (deficit)	(4.351)		(4.351)
Forecast (against operational budgets)	(2.420)		(2.420)
Contingency reserves	1.581		1.581
Transformation Fund slippage		1.027	1.027
Technical adjustments		0.618	0.618
Unutilised reserves	0.801	0.894	1.695
Quality Premium		0.138	0.138
QIPP:			
CM Rehab	0.300		0.300
Contract Adjustments	0.819		0.819
Queenscourt drug charges	0.024		0.024
CHC / FNC	0.569		0.569
Forecast surplus / (deficit)	(2.677)	2.677	0.000
Risks	(0.500)		(0.500)
Mitigations	0.174	0.426	0.600
Risk adjusted forecast surplus / (deficit)	(3.003)	3.103	0.100

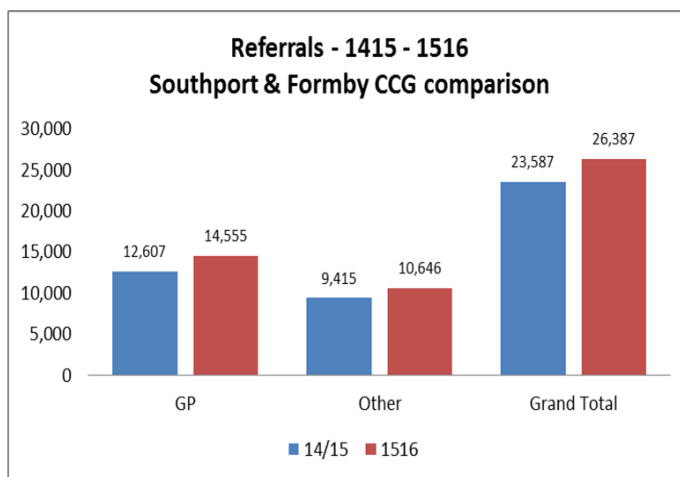
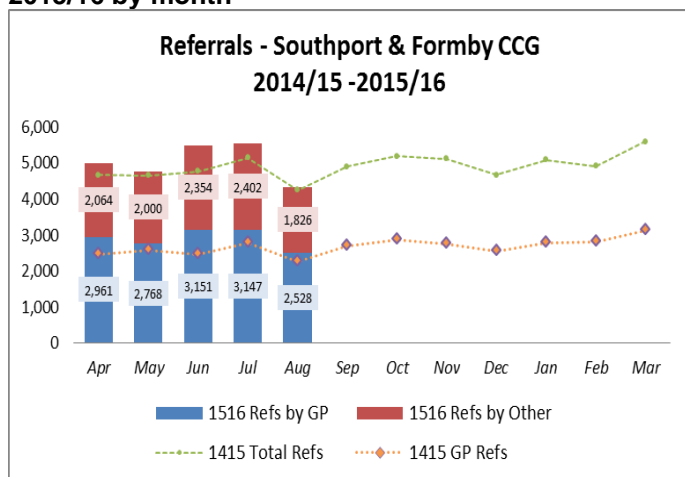
3. Referrals

3.1 Referrals by source

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

Referral Type	DD Code	Description	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr-15	May-15	Jun-15	Jul-15	Aug-15	14/15	1516	Variance	% Variance	
GP	03	GP Ref	2,472	2,579	2,487	2,794	2,275	2,703	2,887	2,755	2,567	2,805	2,826	3,149	2,961	2,768	3,151	3,147	2,528	10,332	12,027	1,695	16%	
GP Total			2,472	2,579	2,487	2,794	2,275	2,703	2,887	2,755	2,567	2,805	2,826	3,149	2,961	2,768	3,151	3,147	2,528	10,332	12,027	1,695	16%	
Other	01	following an emergency admission	196	174	211	200	181	188	132	7	6	10	8	12	8	10	11	10	9	781	39	-742	-95%	
	02	following a Domiciliary Consultation					1	2	7	27	36	25	37	33	15	4		3	4	0	22	22	0%	
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	228	203	253	240	239	247	270	266	219	221	204	266	279	249	320	280	238	924	1,128	204	22%	
	05	A CONSULTANT, other than in an Accident and Emergency Department	725	674	677	747	640	695	879	936	870	952	798	874	921	903	1,135	1,229	827	2,823	4,188	1,365	48%	
	06	self-referral	93	106	106	104	81	99	109	116	131	134	121	134	168	144	171	123	143	409	606	197	48%	
	07	A Prosthetist		1	1	2	1	4				1	1							1	4	2	-2	-50%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	12	10	13	19	14	14	8	11	17	7	14	12	11	21	27	16	17	54	75	21	39%	
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	58	50	77	71	50	68	44	53	43	54	43	40	34	52	50	51	51	256	187	-69	-27%	
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)				1							1			2				1	2	1	0%	
	13	A Specialist NURSE (Secondary Care)	2	1	2		4	4	1	3	3	2	6	1	4	6	3	9	5	5	22	17	340%	
	14	An Allied Health Professional	140	150	127	199	127	112	86	136	103	122	125	154	129	173	144	198	113	616	644	28	5%	
	15	An OPTOMETRIST	84	37	72	47	59	71	48	48	29	47	53	61	59	37	64	49	51	240	209	-31	-13%	
	16	An Orthoptist						1					24	11	9	10	7	5	0	37	37	0	0%	
	17	A National Screening Programme	30	29	23	23	21	15	32	28	33	29	24	52	39	46	83	52	53	105	220	115	110%	
	92	A GENERAL DENTAL PRACTITIONER	122	137	144	135	121	143	144	148	147	131	116	142	145	132	125	132	127	538	534	-4	-1%	
	93	A Community Dental Service		3	2		2	2	2	2	4		2	1	3	1				5	4	-1	-20%	
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	232	204	230	238	209	229	239	257	222	233	216	238	236	213	209	243	182	904	901	-3	0%		
Other Total			1,922	1,779	1,938	2,026	1,750	1,894	2,001	2,038	1,864	1,968	1,768	2,044	2,064	2,000	2,354	2,402	1,826	9,415	10,646	1,231	13%	
Unknown (All are Renaces SOR coding error)			295	317	360	346	247	318	321	341	255	335	343	426	371	338	456	11	10	1,318	1,176	-142	-11%	
Grand Total			4,689	4,675	4,785	5,166	4,272	4,915	5,209	5,134	4,686	5,108	4,937	5,619	5,396	5,106	5,961	5,560	4,364	23,587	26,387	2,800	12%	

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

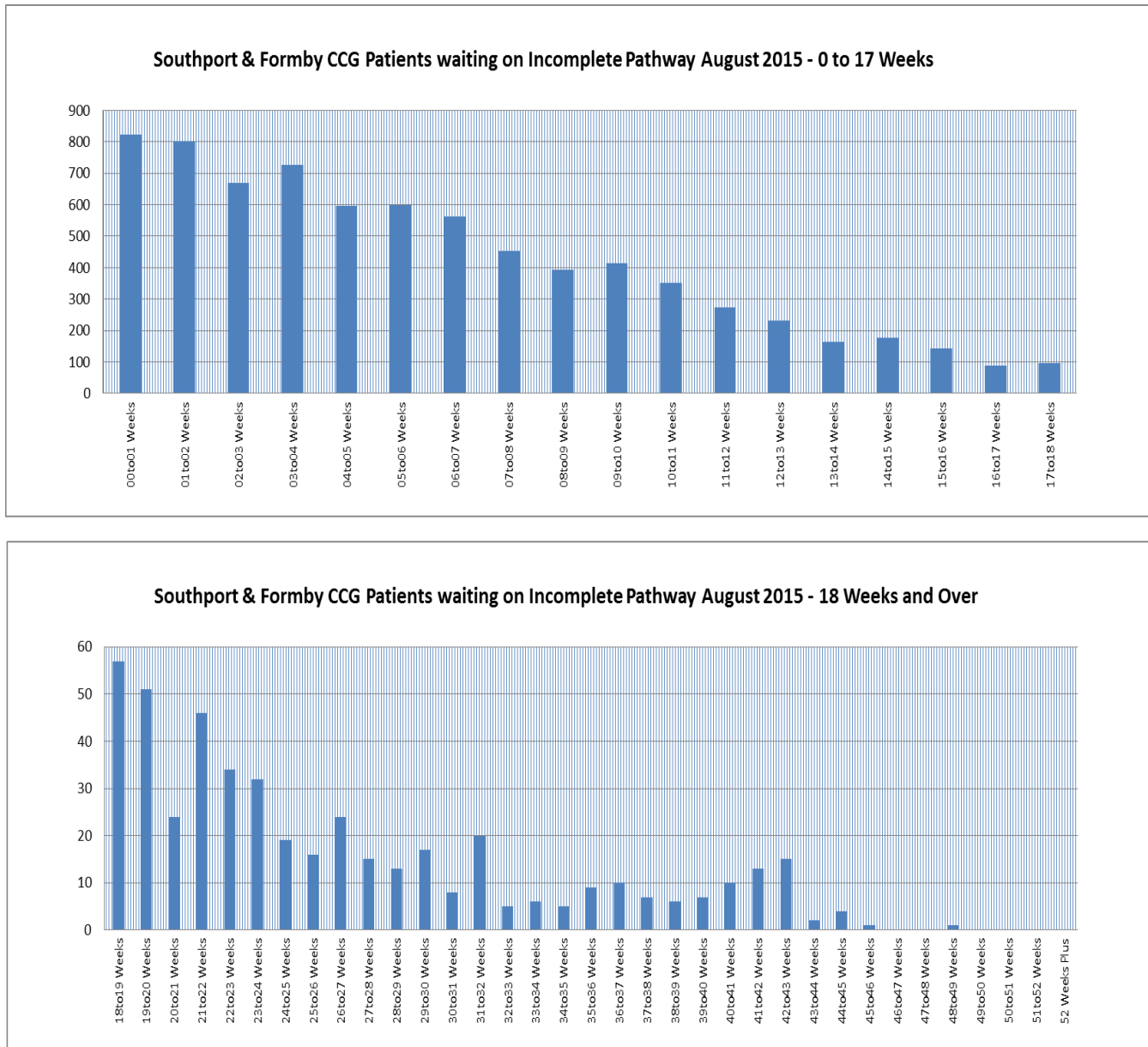


Discussions regarding referral management schemes were held at the Wider GP Forum meeting in October with the wider CCG membership. The increase in referrals from A&E and from consultants will be investigated and raised with providers if necessary.

4. Waiting Times

4.1 NHS Southport and Formby CCG patients waiting

Figure 6 Patients waiting on an incomplete pathway by weeks waiting



There were 477 patients (5.9%) waiting over 18 weeks on Incomplete Pathways at the end of August 2015, an increase of 8 patients (1.7%) from Month 4 (15/16).

There were no patients waiting over 52 weeks in any month of 2015/16 to date.

4.2 Top 5 Providers

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

Trust	0to10 wks	10to18 wks	Total 0 to 17 Weeks	18to24 wks	24to30 wks	30+ wks	Total 18+ Weeks	Total Incomplete
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	4253	988	5241	183	83	120	386	5627
RENACRES HOSPITAL	500	135	635	0	0	0	0	635
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	383	108	491	13	3	1	17	508
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	328	109	437	20	4	2	26	463
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	111	19	130	4	1	0	5	135
Other Providers	456	163	619	24	13	6	43	662
Total All Providers	6031	1522	7553	244	104	129	477	8030

4.3 Provider assurance for long waiters

Figure 8 Southport RTT caseload:

Trust	Speciality	No of weeks waited	Reason for the delay, has patient been seen or has a TCI date?
Central Manchester	All Other	40-41	Treated 23.09.15
Central Manchester	All Other	48-49	Patient choice 08/09/2015
Royal Liverpool	Trauma & Orthopaedics	40-41	TCI 19/10/15
Southport & Ormskirk	General Medicine	44-45	Dated TCI 29/9/15
Southport & Ormskirk	General Surgery	40-41	Patient has been seen & treated and had their clocks stopped or validated as non-RTT/previous clock stops/pathways
Southport & Ormskirk	Gynaecology	41-42	Patient has been seen & treated and had their clocks stopped or validated as non-RTT/previous clock stops/pathways
Southport & Ormskirk	Rheumatology	41-42	Patient has been seen & treated and had their clocks stopped or validated as non-RTT/previous clock stops/pathways
Southport & Ormskirk	Urology	44-45	Patient has been seen & treated and had their clocks stopped or validated as non-RTT/previous clock stops/pathways
Southport & Ormskirk	Dermatology	41-42	Patient has been seen & treated and had their clocks stopped or validated as non-RTT/previous clock stops/pathways
Southport & Ormskirk	Dermatology	41-42	Patient has been seen & treated and had their clocks stopped or validated as non-RTT/previous clock stops/pathways
Southport & Ormskirk	Dermatology	42-43	Patient has been seen & treated and had their clocks stopped or validated as non-RTT/previous clock stops/pathways
Southport & Ormskirk	Dermatology	42-43	Patient has been seen & treated and had their clocks stopped or validated as non-RTT/previous clock stops/pathways
Southport & Ormskirk	Dermatology	42-43	Patient has been seen & treated and had their clocks stopped or validated as non-RTT/previous clock stops/pathways
Southport & Ormskirk	Dermatology	42-43	Patient has been seen & treated and had their clocks stopped or validated as non-RTT/previous clock stops/pathways
Southport & Ormskirk	Dermatology	42-43	Patient has been seen & treated and had their clocks stopped or validated as non-RTT/previous clock stops/pathways
Southport & Ormskirk	Dermatology	42-43	Patient has been seen & treated and had their clocks stopped or validated as non-RTT/previous clock stops/pathways



5. Planned Care

Performance at Month 5 of financial year 2015/16, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of £972k. This over-performance is driven by increases at Southport & Ormskirk Hospital (£218k), Aintree Hospital (£151k), Renacres Hospital (£325k) and Wrightington Wigan & Leigh (£117k).

5.1 All Providers

Figure 9 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	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	13,961	5,803	6,964	1,161	20.01%	£2,814	£1,174	£1,325	£151	12.85%
Alder Hey Childrens NHS F/T	5,048	2,112	1,830	-282	-13.35%	£651	£272	£245	£28	-10.13%
Countess of Chester Hospital NHS FT	0	0	36	36	0.00%	£0	£0	£5	£5	0.00%
Liverpool Heart and Chest NHS F/T	1,622	683	713	30	4.39%	£913	£385	£386	£1	0.48%
Liverpool Womens Hospital NHS F/T	2,398	999	986	-13	-1.33%	£728	£303	£293	£10	-3.17%
Royal Liverpool & Broadgreen Hospitals	14,718	6,197	6,009	-188	-3.03%	£3,093	£1,302	£1,400	£97	7.48%
Southport & Ormskirk Hospital	110,470	46,779	46,440	-339	-0.72%	£22,280	£9,426	£9,644	£218	2.31%
ST Helens & Knowsley Hospitals	4,280	1,768	1,862	94	5.34%	£946	£387	£453	£66	16.94%
Wirral University Hospital NHS F/T	315	129	85	-44	-34.04%	£103	£42	£22	£20	-48.46%
Central Manchester University Hospitals Nhs FT	236	98	95	-3	-3.39%	£44	£18	£18	£0	-1.48%
Fairfield Hospital	103	38	35	-3	-8.51%	£27	£10	£5	£5	-48.96%
ISIGHT (SOUTHPORT)	2,846	1,186	1,482	296	24.99%	£686	£286	£342	£56	19.65%
Renacres Hospital	11,329	4,671	5,828	1,157	24.77%	£3,030	£1,266	£1,592	£325	25.68%
SPIRE LIVERPOOL HOSPITAL	866	357	293	-64	-17.98%	£229	£95	£89	£6	-5.62%
University Hospital Of South Manchester NHS FT	199	84	105	21	25.57%	£36	£15	£19	£4	22.62%
Wrightington, Wigan And Leigh Nhs FT	2,163	901	1,191	290	32.15%	£776	£323	£440	£117	36.14%
Total	170,552	71,805	73,954	2,149	2.99%	36,355	15,306	16,277	972	6.35%

5.2 Southport and Ormskirk Hospital NHS Trust

Figure 10 Month 5 Planned Care- Southport and Ormskirk Hospital NHS Trust by POD

S&O Hospital Planned Care (Pbr ONLY)	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	11,747	4,932	5,130	198	4.02%	£6,367	£2,673	£2,901	£228	8.53%
Elective	1,554	662	676	14	2.17%	£4,142	£1,764	£1,757	£7	-0.39%
Elective Excess BedDays	315	134	91	-43	-32.21%	£70	£30	£21	£9	-31.20%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	800	339	452	113	33.30%	£129	£54	£71	£17	30.44%
OPFASPCL - Outpatient first attendance single professional consultant led	18,095	7,669	6,277	-1,392	-18.15%	£2,767	£1,173	£957	£216	-18.39%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,885	799	1,042	243	30.39%	£198	£84	£110	£26	30.68%
OPFUPSPCL - Outpatient follow up single professional consultant led	45,503	19,286	18,278	-1,008	-5.23%	£4,188	£1,775	£1,709	£66	-3.73%
Outpatient Procedure	20,351	8,626	9,816	1,190	13.80%	£3,599	£1,525	£1,723	£198	12.99%
Unbundled Diagnostics	10,220	4,332	4,678	346	8.00%	£820	£347	£395	£48	13.74%
Grand Total	110,470	46,779	46,440	-339	-0.72%	£22,280	£9,426	£9,644	£218	2.31%

5.2.1 Southport & Ormskirk Hospital Key Issues

Daycases are showing a £228k over performance against 2015/16 Month 5 plan. Trauma & Orthopaedics and General Surgery are the 2 main contributors. This over performance is offset by a -- £216k under performance in Outpatient First attendances. This is coupled with a shift from some daycase activity to Outpatient Procedure, resulting in a £198k over performance in Outpatient



Procedures. This was raised with the provider through the contract review meeting mechanism and further analysis will be taking place between Provider and Commissioner.

5.3 Renacres Hospital

Figure 11 Month 5 Planned Care- Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	1,390	586	667	81	13.83%	£1,334	£563	£669	£107	18.97%
Elective	200	84	94	10	11.63%	£693	£292	£420	£128	44.01%
Elective Excess BedDays	13	5	0	-5	-100.00%	£4	£1	£0	-£1	-100.00%
OPFASPCL - Outpatient first attendance single professional consultant led	3,311	1,358	1,571	213	15.66%	£450	£185	£215	£31	16.64%
OPFUPSCL - Outpatient follow up single professional consultant led	3,149	1,292	2,628	1,336	103.48%	£258	£106	£162	£56	52.73%
Outpatient Procedure	2,102	862	400	-462	-53.60%	£197	£81	£79	-£1	-1.80%
Unbundled Diagnostics	1,164	483	468	-15	-3.16%	£95	£39	£46	£6	16.35%
Grand Total	11,329	4,671	5,828	1,157	24.77%	£3,030	£1,266	£1,592	£325	25.68%

5.3.1 Renacres Hospital Key Issues

Renacres over performance is focused on Daycase and Elective care and, as expected, within T&O. Analysis shows us that Major Hip & Knee procedures are up a combined £213k – which equates to circa 95% over performance for the two HRGs. Face to Face Follow Ups are also showing a large over performance variance of £56k, with YTD activity reporting a 103% over performance. Further analysis is being undertaken to understand if there is a shift in activity or growth.

5.4 Aintree University Hospital

Figure 12 Month 5 Planned Care- Aintree University Hospital by POD

Aintree University Hospital Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	725	301	288	-13	-4.28%	£502	£208	£187	-£22	-10.42%
Elective	366	154	192	38	24.37%	£767	£323	£380	£56	17.38%
Elective Excess BedDays	460	194	106	-88	-45.40%	£105	£44	£24	-£20	-44.90%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	56	23	81	58	251.53%	£11	£5	£14	£10	214.04%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	219	91	99	8	8.88%	£11	£4	£5	£1	17.82%
OPFASPCL - Outpatient first attendance single professional consultant led	2,501	1,038	1,168	130	12.51%	£404	£168	£191	£23	13.94%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	137	57	74	17	30.58%	£17	£7	£8	£1	19.53%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	84	35	148	113	324.37%	£2	£1	£4	£3	324.37%
OPFUPSCL - Outpatient follow up single professional consultant led	6,351	2,637	3,037	400	15.18%	£589	£244	£284	£40	16.37%
Outpatient Procedure	2,121	881	1,058	177	20.15%	£326	£135	£172	£37	27.30%
Unbundled Diagnostics	942	392	713	321	81.66%	£82	£34	£55	£21	62.67%
Grand Total	13,961	5,803	6,964	1,161	20.01%	£2,814	£1,174	£1,325	£151	12.85%



5.4.1 Aintree University Hospital Key Issues

Daycases under performance is due to a -£22k (10%) under performance in Ophthalmology. Electives over performance is primarily due to Gastro (£16k), Breast Surgery (£15k) and Urology (£15). Outpatient FU over performance is due to Gastroenterology and Breast Surgery.

5.5 Wrightington, Wigan & Leigh Hospital

Figure 13 Month 5 Planned Care- Wrightington, Wigan & Leigh Hospital by POD

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
Daycase	146	61	73	12	20.00%	£218	£91	£93	£3	2.98%
Elective	70	29	47	18	61.14%	£368	£153	£242	£89	57.96%
Elective Excess BedDays	62	26	2	-24	-92.26%	£15	£6	£0	-£6	-93.15%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	30	12	17	5	36.00%	£3	£1	£1	£0	17.71%
OPFASPCL - Outpatient first attendance single professional consultant led	281	117	183	66	56.30%	£32	£13	£22	£9	68.84%
OPFUPMPCL - Outpatient Follow Up Multi- Professional Outpatient Follow. Up (Consultant Led).	46	19	26	7	35.65%	£4	£2	£2	£1	39.16%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	46	19	11	-8	-42.61%	£1	£0	£0	£0	-39.24%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,090	454	626	172	37.83%	£79	£33	£48	£15	46.07%
Outpatient Procedure	156	65	82	17	26.15%	£28	£12	£15	£3	28.42%
Unbundled Diagnostics	236	98	120	22	22.03%	£28	£12	£14	£2	20.69%
Grand Total	2,163	901	1,191	290	32.15%	£776	£323	£440	£117	36.14%

5.5.1 Wrightington, Wigan & Leigh Hospital Key Issues

Trauma & Orthopaedics is the main cause of over performance, as expected. The Planned Care total variance for T&O is £83k (55%). Elective HRG's showing the largest variances are Hip & Knee Procedures with CC which have a zero plan for 1516.

6. Unplanned Care

6.1 All Providers

Figure 14 Month 5 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	1,866	784	551	-233	-29.75%	£914	£384	£339	£45	-11.83%
Alder Hey Childrens NHS F/T	773	327	346	19	5.76%	£416	£191	£176	£15	-7.68%
Countess of Chester Hospital	0	0	14	14	0.00%	£0	£0	£4	£4	0.00%
Liverpool Heart and Chest NHS F/T	133	55	49	-6	-11.70%	£421	£176	£178	£3	1.46%
Liverpool Womens Hospital NHS F/T	245	103	105	2	2.17%	£202	£84	£114	£30	35.40%
Royal Liverpool & Broadgreen Hospitals	1,083	453	628	175	38.70%	£644	£269	£349	£80	29.63%
ST Helens & Knowsley Hospitals	398	169	170	1	0.33%	£214	£92	£76	£16	-17.54%
Wirral University Hospital NHS F/T	112	46	25	-21	-46.14%	£45	£18	£8	£10	-54.87%
Central Manchester University Hospitals	88	37	24	-13	-34.55%	£30	£12	£5	£7	-56.70%
University Hospital Of South Manchester	47	20	13	-7	-34.23%	£8	£3	£8	£5	149.94%
Wrightington, Wigan And Leigh	62	26	42	16	62.58%	£53	£22	£21	£1	-5.41%
Grand Total	4,807	2,021	1,967	-54	-2.66%	£2,946	£1,252	£1,278	£26	2.08%

6.2 Southport and Ormskirk Hospital NHS Trust

Figure 15 Month 5 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

S&O Hospital Unplanned Care (PbR ONLY)	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A and E	35,509	14,969	14,908	-61	-0.41%	£3,951	£1,666	£1,704	£39	2.33%
NEL/NELSD - Non Elective/Non Elective IP Same Day	11,175	4,735	4,635	-100	-2.12%	£19,185	£8,129	£7,942	£188	-2.31%
NELNE - Non Elective Non-Emergency	1,254	532	743	211	39.79%	£2,115	£896	£804	£92	-10.24%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	217	92	98	6	6.59%	£68	£29	£29	£0	1.47%
NELST - Non Elective Short Stay	1,776	752	700	-52	-6.97%	£1,242	£526	£470	£56	-10.71%
NELXBD - Non Elective Excess Bed Day	5,298	2,245	2,273	28	1.25%	£1,113	£472	£472	£0	-0.04%
Grand Total	55,228	23,325	23,357	32	0.14%	£27,674	£11,718	£11,421	£297	-2.53%

6.2.1 Southport and Ormskirk Hospital NHS Trust Key Issues

Within Non Electives, the largest over performing Specialty is Geriatric Medicine, showing a cost variance of £387k. Over performance is offset by a large cost variance of -£740k being reported in General Medicine.

6.3 Royal Liverpool & Broadgreen Hospitals

Figure 16 Month 5 Unplanned Care – Royal Liverpool & Broadgreen Hospitals by POD

Royal Liverpool & Broadgreen Hospitals Urgent 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
AandE	806	337	349	12	3.54%	£71	£30	£33	£3	9.46%
AMAU	16	7	9	2	30.84%	£2	£1	£1	£0	29.42%
NEL - Non Elective	168	70	78	8	11.36%	£470	£196	£221	£25	12.56%
NELNE - Non Elective Non-Emergency	16	7	9	2	30.81%	£72	£30	£50	£20	66.60%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	3	1	46	45	3578.02%	£1	£0	£10	£9	3828.57%
NELST - Non Elective Short Stay	51	21	17	-4	-20.18%	£28	£12	£10	£2	-17.68%
NELXBD - Non Elective Excess Bed Day	22	9	120	111	1179.08%	£5	£2	£27	£25	1234.36%
readmissions	0	0	0	0	0.00%	£4	£2	£2	£0	-1.05%
Grand Total	1,083	453	628	175	38.70%	£644	£269	£349	£80	29.63%

6.3.1 Royal Liverpool & Broadgreen Hospitals Key Issues

NEL over performance is centred on small but costly and unplanned activity in Vascular Surgery. The same patients also influence the Nel Excess Bed Day variance.

7. Mental Health

7.1 Mersey Care NHS Trust Contract

Figure 17 NHS Southport and Formby CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS Southport and Formby CCG			
	Plan	Caseload	Variance from Plan	% Variance
0 Variance	32	39	7	22%
1 Common Mental Health Problems (Low Severity)	35	18	(17)	-49%
2 Common Mental Health Problems (Low Severity with greater need)	45	21	(24)	-53%
3 Non-Psychotic (Moderate Severity)	162	200	38	23%
4 Non-Psychotic (Severe)	128	136	8	6%
5 Non-psychotic Disorders (Very Severe)	29	24	(5)	-17%
6 Non-Psychotic Disorder of Over-Valued Ideas	25	25	-	0%
7 Enduring Non-Psychotic Disorders (High Disability)	96	119	23	24%
8 Non-Psychotic Chaotic and Challenging Disorders	62	65	3	5%
10 First Episode Psychosis	52	65	13	25%
11 On-going Recurrent Psychosis (Low Symptoms)	282	283	1	0%
12 On-going or Recurrent Psychosis (High Disability)	151	154	3	2%
13 On-going or Recurrent Psychosis (High Symptom & Disability)	105	107	2	2%
14 Psychotic Crisis	18	20	2	11%
15 Severe Psychotic Depression	7	5	(2)	-29%
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	6	10	4	67%
17 Psychosis and Affective Disorder – Difficult to Engage	35	24	(11)	-31%
18 Cognitive Impairment (Low Need)	365	257	(108)	-30%
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	465	758	293	63%
20 Cognitive Impairment or Dementia Complicated (High Need)	159	189	30	19%
21 Cognitive Impairment or Dementia (High Physical or Engagement)	50	48	(2)	-4%
Reviewed Not Clustered	30	59	29	97%
No Cluster or Review	46	93	47	102%
Total	2,385	2,719	334	14%

Figure 18 CPA – Percentage of People under followed up within 7 days of discharge

			Apr-15	May-15	Jun-15	Jul-15	Aug-15
E.B.S.3	The % of people under adult mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	100%	100%	100%	100%

Figure 19 CPA Follow up 2 days (48 hours) for higher risk groups

			Apr-15	May-15	Jun-15	Jul-15	Aug-15
KPI_32	CPA Follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by CRHT, Early Intervention, Assertive Outreach or Homeless Outreach Teams.	95%	100%	100%	100%	100%	100%

Quality Overview

At Month 5, MerseyCare are compliant with the quality schedule reporting requirements. The Trust is working with the CCG Quality Team to improve the safer staffing report, NICE and Serious Incident reports for CQPG meetings. Underperforming KPIs are discussed at monthly quality and performance meetings and the bi-monthly CQPGs.

CQC Inspection feedback was published 14th October - Overall rating for services at this Provider was GOOD

Are Mental Health Services safe? **Requires improvement**

Are Mental Health Services effective? **Good**

Are Mental Health Services caring? **Good**

Are Mental Health Services responsive? **Good**

Are Mental Health Services well-led? **Good**

Specific concerns exist around; DNA's at new Clock View site, GP referral pathways, AED assessment and access to psychotherapy. The CCG are monitoring these areas through the CQPG.

7.2 Cheshire Wirral Partnership -Improving Access to Psychological Therapies Contract

The prevalence position at month 5 is below the planned target .Year to date the actual prevalence rate as at month 5 3.13%. If current activity levels continue this would give a forecast outturn that would fall below the 15% target at 2015/16 year end.

The Recovery rate in month 5 is 45% against the target of 50% and the monthly position since April has been refreshed by the provider and now shows the reverse of the month 4 position where from April this had been below the 50% target. Where the trust has refreshed data there is a need for an explanation as to why this has occurred.

There were 181 (253 at month 4) cancellations by the patient and 37 (67 at month 4) cancellations recorded by the provider in month 5. The service has confirmed that provider cancellations are attributable to sickness within the service which they are managing. The provider has confirmed that cancelled appointments are rebooked immediately.

Step 2 staff are reporting that they are experiencing a high DNA rate. The staff are confirming appointments with clients over the phone who then subsequently do not attend the appointment. The wait to therapy post screening is still part of the timeline and as such the service think that the client may sometimes feel they need to accept the appointment as they have waited a significant time, but then do not feel the need to attend, as essentially the need has past. This may explain the high DNA rate.

The increase in self referrals may be impacting on the "watchful wait" that is usually managed by the GP as this is missed and clients referring are assessed promptly. Following the assessment the natural process of managing some level of emotional distress occurs and when appointments are offered the desire to engage in therapy has diminished.

There are marked differences in % opt in rates for referrals and it would be interesting to see if the opt in rates differ between the different referral sources.

Figure 20 Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Performance Indicator		Apr-15	May-15	Jun-15	Jul-15	Aug-15	
Population (Psychiatric Morbidty Survey)		19079	19079	19079	19079	19079	
National defininiton of those who have entered into treatment		103	96	130	164	104	
Prevelance Trajectory (%)		1.25%	1.25%	1.25% (q1=3.75%)	1.25%	1.25%	
Prevelance Trajectory ACTUAL		0.54%	0.50%	0.68%	0.86%	0.55%	
National definition of those who have completed treatment (KPI5)		95	85	78	99	83	
National definition of those who have entered Below Caseness (KPI6b)		7	8	6	9	8	
National definition of those who have moved to recovery (KPI6)		39	47	35	40	44	
Recovery - National Target		50.0%	50.0%	50.0%	50.0%	50.0%	
Recovery ACTUAL		44.3%	61.0%	48.6%	44.4%	58.7%	
Referrals Received		290	252	255	245	209	
Gp Referrals		192	137	108	107	87	
% GP Referrals		66%	54%	42%	44%	42%	
Self referrals		64	81	126	117	110	
% Self referrals		22%	32%	49%	48%	53%	
Other referrals	Other Referrals are 1 - Acute Care Team, 1 - Perinatal, 2 - Secondarycare, 1- CAMHS	34	34	21	21	12	
% Other referrals		12%	13%	8%	9%	6%	
Referral not suitable or returned to GP		0	0	0	0	0	
Referrals opting in		146	132	153	156	111	
Opt-in rate %		50%	52%	60%	64%	53%	
Patients starting treatment by step (Local Definition)		Step 2	77	65	98	127	72
		Step 3	26	31	32	36	32
		Step 4				1	
		Total	103	96	130	164	104
Percentage of patients entering in 28 days or less		47.0%	50.0%	44.0%	58.0%	41.0%	
Completed Treatment Episodes by Step (Local Definition)		Step 2	141	90	116	145	91
		Step 3	287	273	248	191	261
		Step 4		1			1
		Total	428	364	364	336	353
Activity	Attendances	Step 2	267	314	429	541	387
		Step 3	283	277	389	359	330
		Step 4		4	1	2	3
	DNA's	Step 2	42	62	108	117	55
		Step 3	20	31	41	46	34
		Step 4					
	Cancels	Step 2	37	61	117	127	93
		Step 3	37	41	65	71	62
		Step 4			3		
	Attendances	Total	550	595	819	902	720
	DNAs	Total	62	93	149	163	89
	Cancelled	Total	74	102	185	198	155
Number Cancelled by patient	Total	43	60	136	144	112	
Number Cancelled by provider	Total	31	42	49	54	43	
	Total						

Figure 21: IAPT Waiting Time KPIs

EH.1_A1	The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	75% To be achieved by April 2016					
	Numerator		97	128	203	186	138
	Denominator		98	140	213	194	143
	%		98.98%	91.43%	95.31%	95.88%	96.50%
EH.2_A2	The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	95% to be achieved by April 2016					
	Numerator		98	140	213	193	142
	Denominator		98	140	213	194	143
	%		100%	100%	100%	99%	99%

8. Community Health

8.1 Southport and Ormskirk Community Health

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

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

Integrated Care- The trust has established a data collection process that utilises electronic proformas on Medway. It should be noted that this data collection does not support the production of a CIDS. The trust has now developed a monthly report based on the data captured on the electronic proforma of patient's discharges under section 2 and 5 (which indicates the type of care package required for each patient) by ward. This has been shared with the commissioner for a decision as to whether this will fill the reporting needs. At the last FIG it was suggested that looking at the eligible cohort of patients would be more meaningful and looking at how it could be linked to delayed discharge reasons.

Waiting Times

Work is on-going to set appropriate wait targets by service as the national RTT targets are inappropriate for community services. The trust has agreed to provide thematic reasons on a monthly basis around breaches from now on.

The CCG are working with the Trust to review Community KPIs and Quality Contract Measures and develop a new suite of indicators for inclusion in the 15/16 Contract. This is part of the work plan of the Finance and Information Group.

There are general implications this year as the trust move from the IPM community system to EMIS and Medway and so far this has manifested itself in the trust being unable to date to report on Community Nurses, CERT, Chronic Care Coordinators and Lymphodema which is still a manual data collection.

Any Qualified Provider

The locally agreed assessment tariff of £25 is being used from 1st April in the podiatry AQP dataset; however a query was raised with them in relation to patients discharged at first visit and charged at the tariff price at month 4. This issue has now been resolved with patients seen and discharged at first visit charged at £25 and recorded as such in the supporting dataset.

The trust may need to raise credit notes.

Quality Overview

The CCG is working with the Trust to develop a suite of local community specific indicators and quality measures for inclusion in the quality schedule, NHSE are also developing a national set of measures for 2016/17.

Bridgewater

Paediatric Audiology

98.3 % of patients (Initial Appointments) are waiting less than 11 weeks (threshold is 60%). Of the 57 waiters only one waited over 11 weeks. Both First DNA and follow up DNA are above their respective



thresholds. The position for initials improved from 20.00% in July to 14.6% in August. Follow up DNAs have improved further to 8.3% in August from 16.7% in July. The longest wait was 11 weeks.

There were 30 breaches of the 6 week target in August for Southport Audiology service. The trust was asked to confirm that the waiting lists and referrals are back on track. Confirmation was received from the trust 23/09/2015 which states the data is now complete and accurate.

Liverpool Community Health Trust

Exception reporting started to be provided from month 3 with Allied Health professional exceptions reported a month in arrears. This is a standing item on the FIG and was raised at the latest meeting in September as the trust have failed to consistently provide them. It was also commented that the exceptions narrative need to be clear and concise and that the use of acronyms must be kept to a minimum.

The trust has provided exception reporting for TB nurses and IV Therapy only this month.

Patient Identifiable data

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

Waiting Times

Waiting times are not being recorded for Community Cardiac/Heart Failure, IV Therapy and Respiration. The development of waiting time thresholds is part of the work plan for the FIG as currently the default of 18 weeks is being used.

Quality Overview

Joint LCH Clinical Quality and Performance Group (CQPG) meetings are now held on a monthly basis with South Sefton and Liverpool CCGs. A full review of pressure ulcers is underway with representation from both CCGs, LCH and NHS England. A workshop was held at the end of September to develop an action plan, progress will be reviewed at the CQPGs.

CQC Action Plan

Collaborative Forum meets on a monthly basis, one task is to review the LCH CQC and NHS England Quality Review Action Plan. There are currently 4 work streams

- Culture
- Governance
- Safety
- Workforce.

From September 2015 – South Sefton and Southport & Formby CCGs and Liverpool CCG will hold joint CQPGs with the Trust, work streams will also be reviewed at the CQPG.

Looked After Children (LAC)

Currently issues regarding the timely return of LAC Health Information to the Local Authority and the undertaking of health assessments, the CCG is holding them to account regarding any challenges they may have from across the system. A paper was presented to the Sefton Corporate Parenting Board on

13th October, work continues locally on the development of new pathways and DES Nurse for Looked After Children is liaising with LCH to support the provider and improve the systems

Ward 35 – C-Diff

2 x C.Diff cases that have occurred recently on Ward 35 in August these were both LCCG patients. Both were in the same bay and sharing the same toilet. Potential issues as follows:

- Utilisation of C.diff assessment tool (going to be reviewed and undertaken throughout stay)
- Deviation in following prescribing guidelines (will follow Aintree's) - will need to document deviation and rationale
- The Laboratory not accepting type 5 or type 6 stools from anywhere therefore staff not sending for testing
- All GPs for the patients will be contacted - this will include other patients in the same bay who may be at an increased risk.

Both Sefton CCG's and Liverpool CCG are working together with Public Health team.

9. Third Sector Contracts

Contract review meetings have now taken place with all Third Sector providers; Minutes have been produced and forwarded to the appropriate commissioners at the CCG's.

Reports outlining service outcomes for 2014-15 have now been finalised and have been passed over to the CCG for further review. These reports detail activity collected within Information Schedules and service outcomes and highlight how the services link in with the CCG 5 year forward plans.

Further meetings are to be arranged with providers to tailor Information Schedules further and to help with capturing more complex information during 2015-16. NHS number collation is also to be piloted amongst providers to help with building up intelligence around potential reduction in hospital admissions for service users accessing these services.

10. Quality and Performance

10.1 NHS Southport and Formby CCG Performance

Performance Indicators	Data Period	Current Period				Exception Commentary	Actions
		Target	Actual	Direction of Travel			
IPM							
Treating and caring for people in a safe environment and protecting them from avoidable harm							
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	15/16- August	16	19	↑	There were 2 new cases reported in August 2015, year to date there have been 19 cases against a year to date plan of 16. The 2 new cases were reported by Southport and Ormskirk Hospital (both apportioned to acute). All but 2 cases reported in year to date all have been aligned to Southport & Ormskirk Hospital (10 apportioned to acute trust and 7 apportioned to community). The remaining 2 cases was aligned to The Walton Centre in April and apportioned to the acute trust (1 case) and Aintree in July apportioned to community). Year-end plan is 38.	The majority of Southport & Formby CCG C.difficile cases are attributed to Southport & Ormskirk Hospitals. Please see below for the Trust narrative.	
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	15/16- August	15	17 (13 following appeal)	↑	There were 2 new cases reported in August 2015 (ytd 17), against a year to date plan of 15. Of the 2 cases in August, both were aligned to Southport and Formby CCG. Year to date plan is 36.	In total there were 2 new C-diff cases in August against an internal trajectory of 15. Full Root Cause Analysis is undertaken for each case. To date for 15/16 4 cases have been successfully appealed, a further 3 cases have been identified for appeal in October. 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.	
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	15/16- August	0	0	↔	No new cases reported in August 2015.		
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	15/16- August	0	1	↔	No new cases have been reported in August 2015. The trust are above the zero tolerance so will remain red for the rest of 2015-16.	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.	

Mixed Sex Accommodation Breaches						
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	15/16 - August	0.00	1.10	↑	In August the CCG had 4 mixed sex accommodation breaches which is above the target and as such are reporting red for this indicator the first time in 2015-16.	In August there were 8 Sleeping Accommodation Breaches, these are the first breaches this year 2015-16. RCAs have been completed and shared with the CCG, there were 5 breaches in spinal due to 1 patient requiring admission and no other bed being available and 3 breaches related to delayed discharges from critical care.
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	15/16 - August	0.00	1.50	↑	In August the Trust had 8 mixed sex accommodation breaches which is above the target and as such are reporting red for this indicator the first time in 2015-16.	
Enhancing quality of life for people with long term conditions						
Patient experience of primary care i) GP Services	Jul-Sept 14 and Jan-Mar 15		4.44%	New Measure		
Patient experience of primary care ii) GP Out of Hours services	Jul-Sept 14 and Jan-Mar 15		10.98%	New Measure		
Patient experience of primary care i) GP Services ii) GP Out of Hours services (Combined)	Jul-Sept 14 and Jan-Mar 15	6%	5.18%	New Measure		
Emergency Admissions Composite Indicator(Cumulative)	15/16 - August	976.87	1,028.27	New Plans	This measure now includes a monthly plan, this is based on the plan set within the Outcome Measure framework and has been split using last years seasonal Performance. The CCG is slightly over the monthly plan and had 172 less admissions than the same period last year.	
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative)	15/16 - August	183.67	162.31	New Plans	The agreed plans are based on activity for the same period last year. The CCG is under the monthly plan and the decrease in actual admissions is 5 below the same period last year.	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	15/16 - August	446.18	455.19	New Plans	The agreed plans are based on activity for the same period last year. The CCG is over the monthly plan the increase in actual admissions is 11 higherer the same period last year.	
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	15/16 - August	38.44	42.71	New Plans	The agreed plans are based on activity for the same period last year. (Numbers are generally very low for this indicator). The CCG is over plan for this indicator the increase in actual admissions is 1 more than the same period last year.	The CCG respiratory programme manager continues to monitor this indicator closely.
Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)	15/16 - August	589.45	441.27	New Plans	The agreed plans are based on activity for the same period last year. This indicator is below plan, the decrease in actual admissions is 181 lower the same period last year.	
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	15/16 - August	No Plan	17.51	↓	The emergency readmission rate for the CCG is lower than previous month (17.98) and higher than the same period last year (16.95).	

Helping people to recover from episodes of ill health or following injury						
Patient reported outcomes measures for elective procedures: Groin hernia	Apr 14 - Mar 15 (Prov data)	0.082	0.091	Provisional data	Provisional data shows the CCG improved on the previous years rate of 0.080 in 2013/14 and achieved a score higher than that of the England average 0.085.	
Patient reported outcomes measures for elective procedures: Hip replacement	Apr 14 - Mar 15 (Prov data)	0.429	0.422	Provisional data	Provisional data shows the CCG has improved on the previous years rate of 0.419 in 2013/14 but are achieving a score lower than the England average 0.440.	This has been chosen as the CCG Quality Premium measure for 2015/16. Clinical engagement between primary and secondary care is taking place to understand how each can support. Proposal to use Shared Decision Aids with patients being discussed at QIPP, Quality Committees and Locality Lead GP meetings.
Patient reported outcomes measures for elective procedures: Knee replacement	Apr 14 - Mar 15 (Prov data)	0.311	0.313	Provisional data	Provisional data shows the CCG's rate has improved from previous year (2012/13 - 0.303) but is under the England average 0.316.	
% who had a stroke & spend at least 90% of their time on a stroke unit (CCG)	15/16 - August	80%	42.11%	↓	In August the CCG failed to achieve the 80% target, with only 8 patients out of 19 spending at least 90% of their time on a stroke unit.	
% who had a stroke & spend at least 90% of their time on a stroke unit (Southport & Ormskirk)	15/16 - August	80%	59.38%	↓	Southport & Ormskirk have failed to achieve the target in August only 19 patients out of 32 spending at least 90% of their time on a stroke unit.	<p>Reasons</p> <p>The Trust failed to achieve the standard for 90% stay on the stroke ward for August. Performance for the month was 61.1% against the 80% target. The main reason for reported performance relates to bed pressures across the Trust. Bed pressures impact on the Trust's ability to move people around wards to ensure that stroke patients stay on the relevant ward for the majority of their hospital episode.</p> <p>Actions</p> <p>As previously advised, the Trust will have a ring-fenced stroke ward from 1 October 2015. This will assist in the flow of stroke patients.</p> <p>Forecast</p> <p>The Trust has previously flagged a risk to compliance with this standard during periods of increased pressure across our bed compliment. The Trust continues to experience bed pressures through September which impacts on the Trusts ability to meet the target. The dedicated stroke beds from October will increase our ability to meet the target.</p>
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (CCG)	15/16 - August	60%	71.43%	↓		
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	15/16 - August	60%	36.36%	↓	Southport & Ormskirk have failed to achieve the target in August only 4 out of 11 patients who experienced a TIA were assessed and treated within 24 hours. This is a significant drop from previous months where the trust achieved 80%.	<p>Reasons</p> <p>Performance against the 60% standard was 36.4% in August. This relates to 7 breaches out of 11 patients.</p> <p>There are two reasons that relate to all seven breached patients:</p> <ul style="list-style-type: none"> •Five breaches relate to weekend presentations. All but one patient was seen on the Monday following the weekend •Two breaches relate to patient choice. Appointments within 24 hours were available but patients declined offers and were seen in another clinic •The Trust has revised the process and paperwork surrounding TIA administration and increased both the availability of clinics and the availability of ad-hoc clinics to increase capacity for patients to be seen within 24 hours •Revised process with the Access Team to ensure patients are not booked outside of their 24 hour clock <p>Forecast</p> <p>The Trust has previously advised that both weekend presentations and delayed referrals will continue to pose a threat to Trust compliance against this measure. Due to the relatively small number of patients presenting few patient breaches can cause significant variations in percentage compliance.</p>



Mental health						
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) (CCG)	15/16 - Qtr1	95%	100.00%	↑		
IAPT Access - Roll Out	15/16 - Qtr1	3.75%	1.72%		The CCG are under plan for Q1 for IAPT Roll Out, this equates to 329 patients having entered into treatment out of a population of 19079 (Psychiatric Morbidity Survey).	
IAPT Access - Roll Out	15/16 - August	1.25%	0.55%	↓	The CCG are under plan in August for IAPT Roll Out, out of a population of 19079, 104 patients have entered into treatment. There had been a steady increase since April, (April 0.54%, May 0.50%, June 0.68%, July 0.86%) but this has dropped in August.	
IAPT - Recovery Rate	15/16 - Qtr1	50.00%	45.57%		The CCG are under plan for recovery rate reaching 43.57% in Q1. This equates to 108 patients who have moved to recovery out of 237 who have completed treatment. The data for July and August show that this measure should over plan at Q2.	
IAPT - Recovery Rate	15/16 - August	50.00%	59.40%	↑	The CCG are over the plan for recovery rate in August. This equates to 41 patients who have moved to recovery out of 69 who have completed treatment.	
The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	Q1 15/16	75.00%	95.90%			
The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	Q1 15/16	95%	99.50%			
Preventing people from dying prematurely						
Under 75 mortality rate from cancer	2013		120.20			
Under 75 mortality rate from cardiovascular disease	2013		57.50			
Under 75 mortality rate from liver disease	2013		15.80			
Under 75 mortality rate from respiratory disease	2013		22.30			
Rate of potential years of life lost (PYLL) from causes considered amenable to healthcare (Person)	2013	2,646.00	1,933.40	↑		The annual variation is significant and the CCG is working with Public Health locally and regionally to understand this. Indications at present are that the PYLL is significantly susceptible to fluctuations due to changes such as young deaths, which introduces major swings, particularly at CCG level.

Cancer waits – 2 week wait						
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	15/16 - July	93%	93.97%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	15/16 - July	93%	94.84%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	15/16 - July	93%	85.62%	↑	Southport & Formby CCG failed the target for July and year to date. In July 4 patients were not seen within 14 days out of a total of 44 (90.91%) this is an improvement on the 85.71% in June.	This is an effect of the closure of the Southport and Ormskirk breast unit to new patients and increased demand on the Royal Liverpool service. We will be investigating the notice period that patients are being given for appointments with the provider. A communication from the Network Breast Clinical Network Group is planned, reinforcing to primary care that a 2 week target is in place for breast symptoms not suspicious of cancer as well as suspected cancer and for patients to expect to be contacted quickly. Improvement is expected over the next 3 months.
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Southport & Ormskirk)	15/16 - July	93%	N/A	↔	Southport & Ormskirk no longer provide this service.	
Cancer waits – 31 days						
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	15/16 - July	96%	98.76%	↔		
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	15/16 - July	96%	98.96%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	15/16 - July	94%	96.26%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	15/16 - July	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	15/16 - July	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	15/16 - July	94%	96.00%	↓		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	15/16 - July	98%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk)	15/16 - July	98%	100.00%	↔		

Cancer waits – 62 days						
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	15/16 - July	85% (local target)	84.75%	↑	Southport & Formby CCG achieved the target for July but are failing and year to date due to previous month breaches. In July all 15 patients were upgraded. Year to date there have been 59 patients and 9 patient breaches and are just under the 85% local target set.	
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (Southport & Ormskirk)	15/16 - July		90.42%	↑		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	15/16 - July	90%	100.00%	↔		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	15/16 - July	90%	100.00%	↔		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	15/16 - July	85%	86.58%	↑		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	15/16 - July	85%	86.83%	↔		
Referral To Treatment waiting times for non-urgent consultant-led treatment						
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (CCG)	15/16 - August	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (Southport & Ormskirk)	15/16 - July	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (CCG)	15/16 - August	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (Southport & Ormskirk)	15/16 - July	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	15/16 - August	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	15/16 - July	0	0	↔		

Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (CCG)	15/16 - August	90%	93.73%	↑		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (Southport & Ormskirk)	15/16 - July	90%	88.47%	↑	The Trust failed to achieve the target of 90% in July achieving 88.47%. This equates to 112 patients out of 971 not been seen within 18 weeks. These breaches were in the following specialities:- General Surgery (9) Urology (3) T&O (39) Ophthalmology (18) ENT (9) Oral Surgery (13) General Medicine (1) All other (20)	Reasons The Trust failed to achieve the non-admitted target in August. The Trust continues to treat patients in chronological order from longest waiter first, excluding urgent patients. The backlog of patients whose treatment concludes in the outpatient phase is too large in proportion to the number of breached patients to deliver compliance. The issue is predominantly related to two specialties ENT and Gastroenterology. Demand in both of these services has increased. In ENT there is an additional 68 patient per month, on average, referred from GPs. There has been an average of an additional 11 referrals per month into Gastroenterology whilst the Trust has seen a reduction in capacity.
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (CCG)	15/16 - August	95%	94.65%	↓	The CCG have narrowly failed the 95% target reaching 94.65%. This equates to 150 patients out of 2803 not seen within 18 weeks. These breaches were in the following specialities:- General Surgery (11) Urology (2) T&O (8) ENT (26) Ophthalmology (4) General Medicine (2) Gastroenterology (13) Cardiology (4) Dermatology (49) Respiratory (5) Rheumatology (9) Gynaecology (4) Other (13)	Actions •A revised SLA is being agreed with Aintree in relation to the provision of clinical staff to deliver our ENT service to ensure that the Trust has access to sufficient capacity to meet rising demand •A new Gastroenterology Locum Consultant has started with the Trust in September. This will increase the capacity of the service to address the backlog •The Trust is pursuing collaboration with two other local providers to increase capacity in the medium term Prediction The current RTT position across the key on-going pathway remains strong and the Trust continues to deliver against this standard. The recent non-compliance against both the admitted and nonadmitted pathways has resulted in demonstrable improvement in the main national standard. The current backlog in ENT and Gastroenterology continues to present a significant issue for the Trust in achieving the non-admitted standard. Based on the Trust's access policy of treating the longest waiters first the Trust will continue to breach this standard.
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (Southport & Ormskirk)	15/16 - July	95%	94.27%	↑	The Trust failed to achieve the target of 95% in July achieving 94.27%. This equates to 274 patients out of 4778 not been seen within 18 weeks. These breaches were in: General Surgery (11) Urology (9) T&O (13) Ophthalmology (7) ENT (55) Oral Surgery (10) General Medicine (1) Gastroenterology (30) Cardiology (17) Dermatology (57) Rheumatology (17) Gynaecology (5) Other (42)	There are no longer penalties related to the treated targets and treating patients that have waited the longest will improve our on-going pathway position. To Note: A joint letter from NHS England, Monitor and TDA confirmed that the admitted and non-admitted RTT operational standards are being abolished, and the incomplete standard will become the sole measure of patients' constitutional right to start treatment within 18 weeks. In line with these changes, we will continue to report your achievement on these completed pathways. The RTT information will concentrate on the incomplete pathway and new data items once they're available.

Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	15/16 - August	92%	94.05%	↔		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Southport & Ormskirk)	15/16 - July	92%	93.50%	↔		
A&E waits						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG)	15/16 - August	95.00%	94.93%	↔	Southport & Formby CCG achieved the 95% target in August reaching 95.88% but are narrowly failing year to date reaching 94.93%. In August 119 attendances out of 2887 were not admitted, transferred or discharged within 4 hours.	The majority of Southport & Formby CCG A&E breaches occurred at Southport & Ormskirk Hospitals. Please see below for the Trust narrative.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk)	15/16 - August	95.00%	94.70%	↔	Southport & Ormskirk have also achieved the target in August reaching 95.8%, but are failing year to date reaching 94.7%. In August month 380 attendances out of 9122 were not admitted, transferred or discharged within 4 hours. This is the third month in a row the trust have achieved the target since October 2014.	Attendances at Southport A&E are in line with August 14, admissions are higher than the same period over the last two years. Analysis of GP referrals into the Trust has highlighted that a greater proportion of patients are seen in A&E rather than the GPAU, with their admission being recorded as A&E. The Trust has identified internal reasons for this which are being addressed by the operational team and admission criteria for GPAU is being reviewed by the Clinical Director. The volume of patients aged over 75 + has seen a slight decrease compared to the last winter period but is still significantly higher when compared to previous years. Forecast Site compliance remains a challenge, due to the changing nature of non-elective patients, the risk this has on Trust compliance remains. The wider urgent care action plan is addressing significant health economy issues, many of which are long term objectives.
Diagnostic test waiting times						
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	15/16 - August	1.00%	2.14%	↓	The CCG have failed the target for diagnostics in August going over the <1% plan hitting 2.14%, this is the first time since October 2014 that the target has been failed. This equates to 40 patients out of 1869 waiting 6 weeks or more for their diagnostic test.	The CCG have failed the target for diagnostics in August going over the <1% plan hitting 2.14%, this is the first time since October 2014 that the target has been failed. This equates to 40 patients out of 1869 waiting 6 weeks or more for their diagnostic test. CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST At CCG level, the Trust failed to remain below the threshold of 1% achieving 20%. These are small numbers and equate to just 1 patient out of 5 waiting over 6 weeks. This patient is waiting 13+ weeks for treatment in Colonoscopy. BRIDGEWATER COMMUNITY HEALTHCARE NHS TRUST At CCG level, the Trust failed to remain below the threshold of 1%, achieving 52.63%. This equates to 30 patients out of 57 waiting over 6 weeks. 13 patients are waiting between 6-7 weeks, 4 patients are waiting between 7-8 weeks, 5 patients are waiting between 8-9 weeks, 3 patients are waiting between 9-10 weeks, 4 patients are waiting between 10-11 weeks and 1 patient is waiting 11-12 weeks for treatment in Audiology - Audiology Assessments.
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	15/16 - July	1.00%	0.80%	↓		

Category A ambulance calls						
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	15/16 - August	75%	76.50%	↓		The delivery and sustainability of emergency ambulance performance remains a key priority for commissioners. Performance continues to be closely monitored with the support of lead commissioner Blackpool CCG and through monthly contract and Strategic Partnership Board meetings with the NWAS executive team and commissioning leads. Locally the Mersey CCGs continue to meet with NWAS monthly to review performance at county and CCG level. Efforts to reduce the numbers and length of ambulance turnaround delays at Trusts also continue as a key part of the strategy in order to release 'frontline' ambulance response resources to respond to emergency calls. Extra investment of circa £10m has been made available by commissioners to NWAS to aid several initiatives such as Pathfinder, and Frequent Callers. NWAS have put in place a number of internal measures to focus staff on being able to meet performance in Q1 of 2015/16. For the Trust this means working in such a way as if they were managing a major incident (suspending mandatory training and attendance at some meetings), although it should be stressed that they have not declared a major incident.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	15/16 - August	75%	70.80%	↓	The CCG failed to achieve the 75% target year to date, or in month (August) recording 69.1%.	
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	15/16 - August	95%	90.60%	↔	The CCG failed to achieve the 95% target year to date, or in month (August) recording 90.0%.	
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	15/16 - August	75%	77.90%	↔		
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	15/16 - August	75%	76.20%	↔		
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	15/16 - August	95%	95.00%	↔		
Local Indicator						
Access to community mental health services by people from Black and Minority Ethnic (BME) groups (Rate per 100,000 population)	2014/15	2200	2202.8	↑	The latest data shows access to community mental health services by people from BME groups is over the CCG plan. This is also improvement on the previous year when the CCG rate was 2118.0.	

10.2 Friends and Family – Southport and Ormskirk Hospital NHS Trust

Figure 22 Friends and Family – Southport and Ormskirk Hospital NHS Trust

Friends and Family Response Rates and Scores

Southport & Ormskirk

Clinical Area	Response Rate (RR) Target	RR Actual (August 2015)	RR - Trajectory From Previous Month (July 15)	% Recommended (England Average)	% Recommended (August 2015)	PR Trajectory From Previous Month (July 15)	%Not Recommended (England Average)	%Not Recommended (August 2015)	PNR Trajectory From Previous Month (July 15)
Inpatients	25%	22.7%	↑	96.0%	95%	↑	1.0%	2.0%	↓
A&E	15%	4.0%	↓	88.0%	88.0%	↓	6%	7%	↑
Q1 - Antenatal Care	N/A	-	-	95%	95%	↓	2%	0%	↔
Q2 - Birth	N/A	8.6%	↓	97%	84%	↔	1%	0%	↓
Q3 - Postnatal Ward	N/A	-	-	94%	91%	↔	2%	6%	↑
Q4 - Postnatal Community Ward	N/A	-	-	98%	100%	↔	1%	0%	↔

Where cell contains "-" no denominator data available

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

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

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the above three parts for both inpatients and A&E. The trust have shown a further decline in response rates for A&E services compared to the previous month, with a response rate of 4% the lowest they have returned. response rates for inpatients, although still below the target response rate of 25%, has improved since last month to a rate of 22.7%.

The percentage of patients that would recommend the inpatient service in the trust has increased from the previous month and whilst remaining lower than the England average, is only marginally so (1%) The percentage of people who would not recommend the inpatient service has improved since the previous month and is markedly higher than the England average

In A&E the percentage of people who would recommend the service has decreased from the previous month to 88%, and is in line the England average, and the percentage of people who would not recommend the A&E service has improved from the previous month and is marginally lower than the England average.

For maternity services, antenatal care and postnatal community ward care are performing better than the England average. However for birth and postnatal ward, the percentage of people who would recommend those areas and would actively not recommend those areas are worse than the England average

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

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

10.3 Serious Untoward Incidents (SUIs) and Never Events

CCG Level SUIs

Southport & Formby CCG

 Never Event

CCG SUIs

Type of Incident	Apr	May	Jun	Jul	Aug	YTD
Pressure ulcer - (Grade 3)	3	6	3	1	1	14
Pressure ulcer - (Grade 4)	2		3			5
Sub-optimal care of the deteriorating patient		2				2
Surgical Error		1			1	2
Pressure Sore - (Grade 3 or 4)			1	1		2
Unexpected Death (general)	1					1
Allegation Against HC Professional			1			1
Attempted Suicide by Outpatient (in receipt)		1				1
Grand Total	6	10	8	2	2	28

Incident Split by Provider



Southport and Formby
Clinical Commissioning Group



Provider / Type of Incident	Apr	May	Jun	Jul	Aug	YTD
Aintree University Hospital NHS Foundation Trust						
Unexpected Death (general)	1					1
Liverpool Women's NHS Foundation Trust						
Surgical Error		1				1
Mersey Care NHS Trust						
Attempted Suicide by Outpatient (in receipt)		1				1
Southport and Ormskirk Hospital NHS Trust						
Pressure ulcer - (Grade 3)	3	6	3	1	1	14
Pressure ulcer - (Grade 4)	2		3			5
Sub-optimal care of the deteriorating patient		2				2
Allegation Against HC Professional			1			1
Surgical Error					1	1
Pressure Sore - (Grade 3 or 4)			1	1		2
Grand Total	6	10	8	2	2	28

CCG level Serious Untoward Incidents

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

There have been 28 Serious Incidents YTD involving Southport and Formby CCG patients.

In August 2 Serious Incidents were reported for Southport and Formby CCG patients.

Number of Never Events reported in period

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

Number of Southport & Formby CCG Incidents reported by Provider

The majority of incidents have occurred in Southport & Ormskirk Hospital (25), with one incident occurring in each of the following providers:

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

Provider level SUIs

Southport and Ormskirk Hospital

Provider SUIs

 Never Events

Incident Type	Apr	May	Jun	Jul	Aug	YTD
Pressure ulcer - (Grade 3)	15	8	6	2	2	33
Pressure ulcer - (Grade 4)	8	2	3			13
Sub-optimal care of the deteriorating patient	1	2		1		4
Pressure Sore - (Grade 3 or 4)			2	1		3
Failure to act upon test results				1		1
Allegation Against HC Professional			1			1
Unexpected Death of Inpatient (in receipt)	1					1
Surgical Error					1	1
Child abuse (institutional)			1			1
Confidential Information Leak				1		1
Grand Total	25	12	13	6	3	59

Incidents Split by CCG

CCG Name / Incident Type	Apr	May	Jun	Jul	Aug	YTD
Sefton CCG						
Pressure ulcer - (Grade 3)	1	1				2
Pressure ulcer - (Grade 4)	1					1
Southport & Formby CCG						
Pressure ulcer - (Grade 3)	3	6	3	1	1	14
Pressure ulcer - (Grade 4)	2		3			5
Pressure Sore - (Grade 3 or 4)			1	1		2
Sub-optimal care of the deteriorating patient		2				2
Surgical Error					1	1
Allegation Against HC Professional			1			1
West Lancashire CCG						
Pressure ulcer - (Grade 3)	11	1	3	1	1	17
Pressure ulcer - (Grade 4)	5	2				7
Sub-optimal care of the deteriorating patient	1			1		2
Child abuse (institutional)			1			1
Confidential Information Leak				1		1
Failure to act upon test results				1		1
Unexpected Death of Inpatient (in receipt)	1					1
Pressure Sore - (Grade 3 or 4)			1			1
Grand Total	25	12	13	6	3	59



Southport & Ormskirk Hospital Serious Incidents

Number of Serious Untoward Incidents (SUIs) reported in period

For the year 15/16 up to and including August, Southport & Ormskirk Hospital Integrated Care Organisation (ICO) reported 59 serious incidents. These are incidents that involved patients under the care of that organisation and those patients may be from CCGs other than Southport and Formby CCG.

Number of Never Events reported in period

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

Number of repeated incidents reported YTD

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

- 33 x Pressure ulcer – (Grade 3)
- 13 x Pressure ulcer – (Grade 4)
- 4 x Sub-optimal care of the deteriorating patient

Number of Incidents reported by CCG

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

- South Sefton CCG – 3
- Southport and Formby CCG – 25
- West Lancashire CCG - 31

11. Primary Care

11.1 Background

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

11.2 Content

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

11.3 Format

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

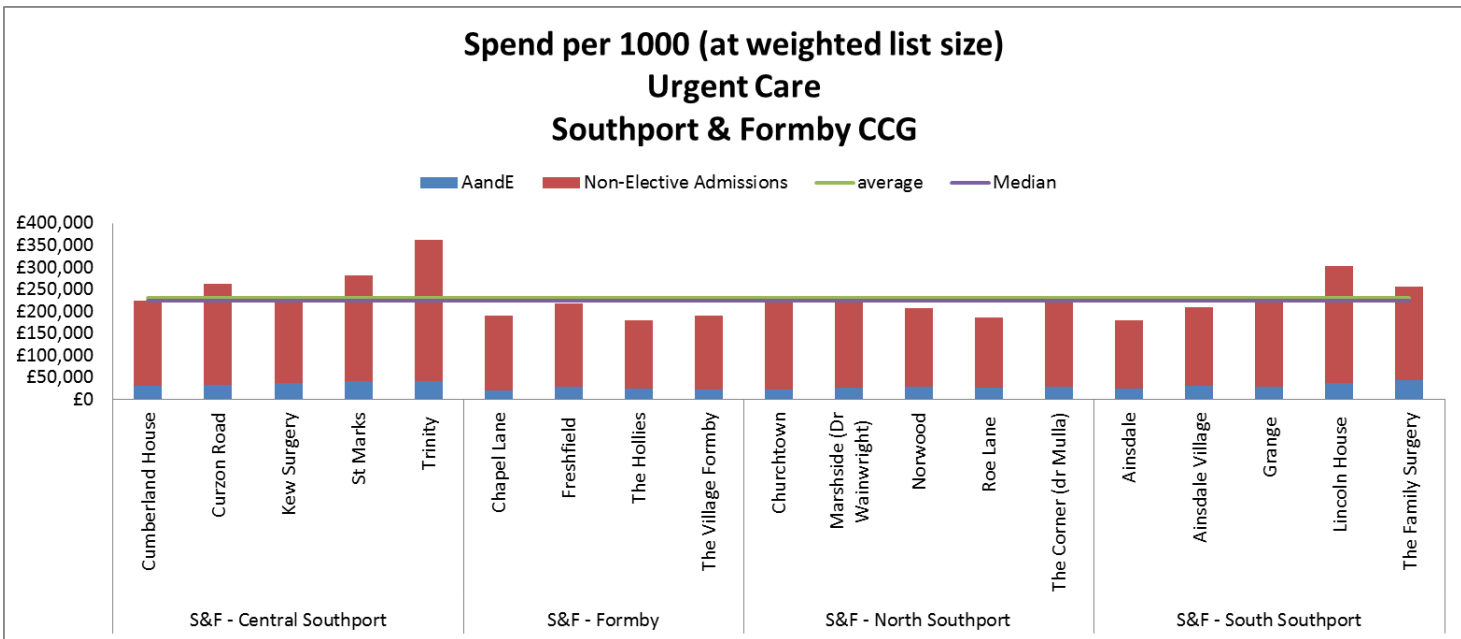
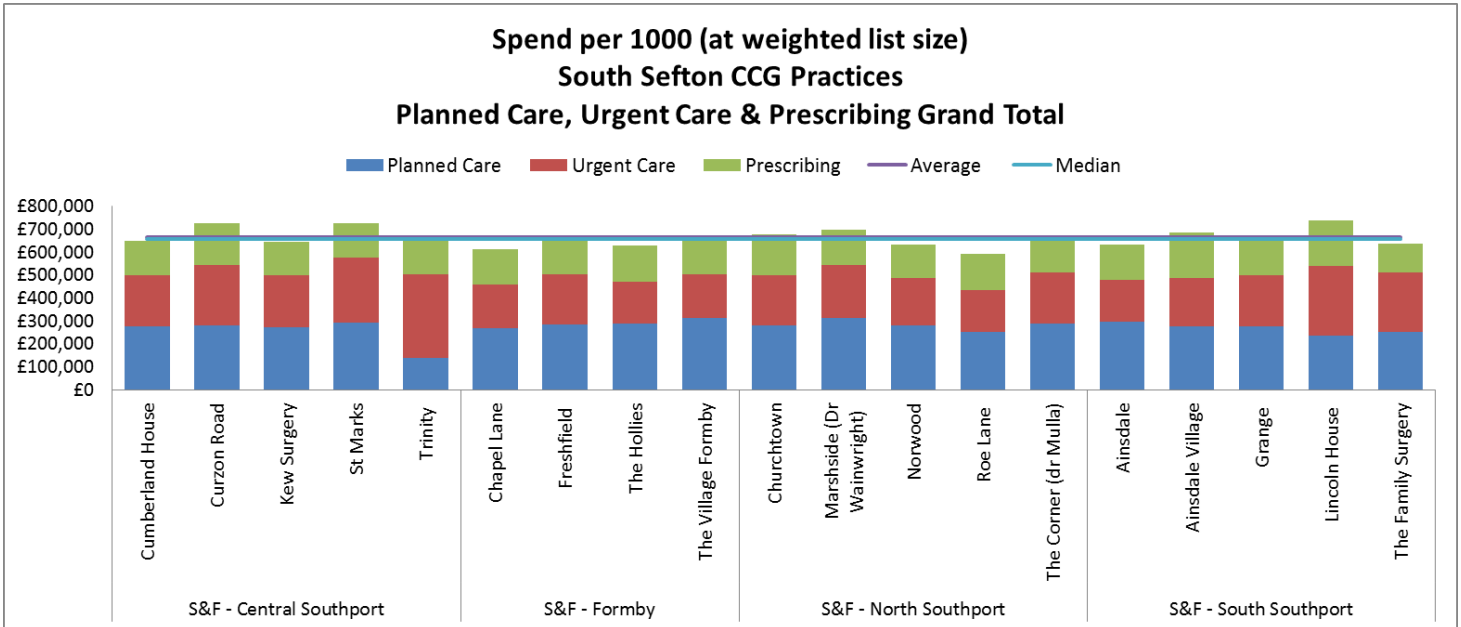
11.4 Summary of performance

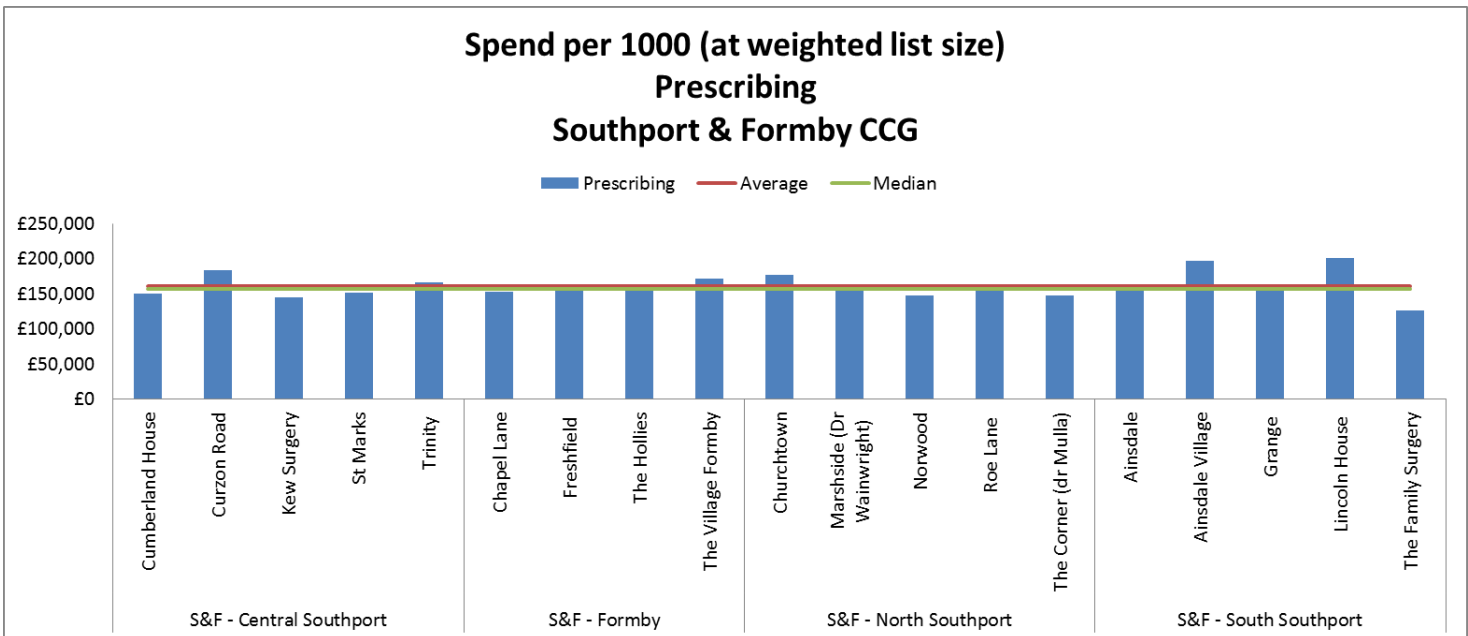
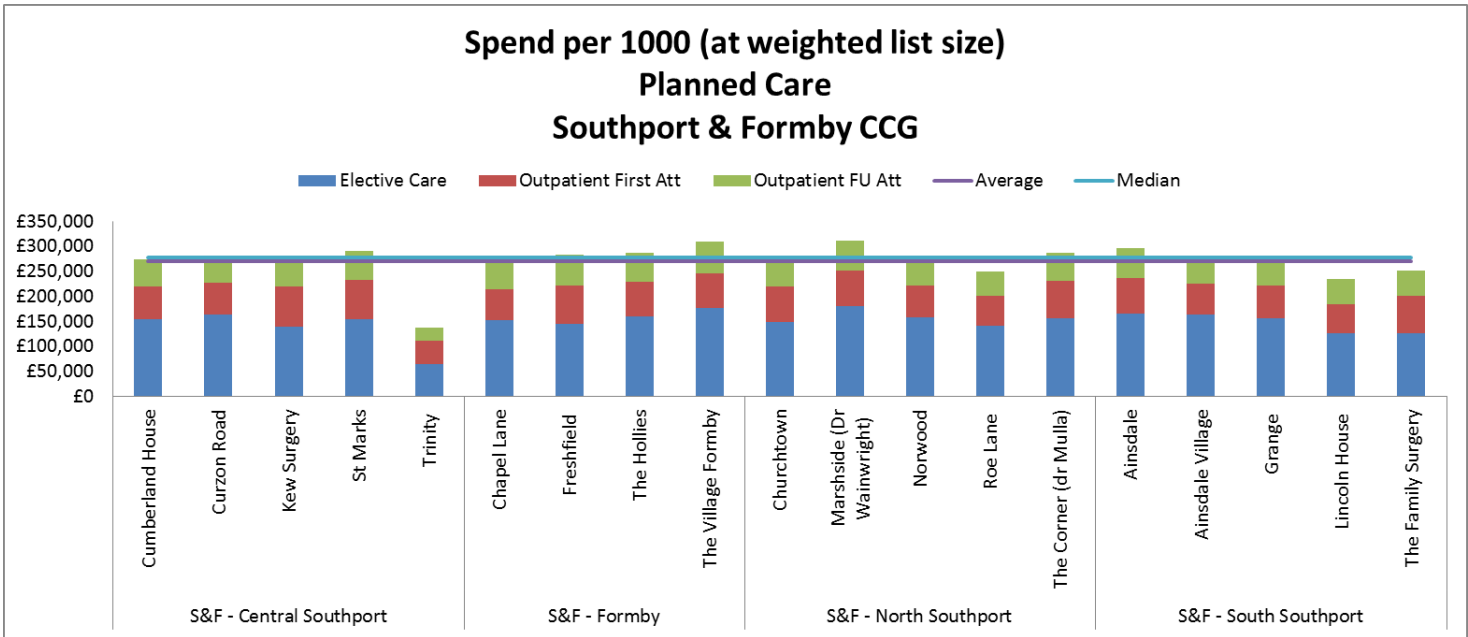
Colleagues from Finance and Business Intelligence teams within the CCG have been working closely with clinical leads to develop financial information. Colleagues have developed a chart to show weighted spend per head of weighted practice population which takes into account age, sex, deprivation, rurality, case mix, care and nursing home residents amongst others to standardise the data. The chart below is in draft format and is currently being shared with localities for feedback.



Figure 23 Summary of Primary Care Dashboard – Urgent Care Summary

Southport & Formby CCG August 2014 - July 2015 Planned/Urgent Care & Prescribing Costs





11.5 CQC Inspections

A number of practices in Southport and Formby CCG have recently been visited by the Care Quality Commission. CQC publish all inspection reports on their website and the following reports were available as of 19/10/2015:

Dr G Hedley & Partners **Good** (St Marks Medical Centre) (0.6 miles away)



42 Derby Road, Southport, PR9 0TZ
(01704) 511700

Provided by: Dr G Hedley & Partners

CQC inspection area ratings

(Latest report published on 8 October 2015)

Safe	Requires improvement	●
Effective	Good	●
Caring	Good	●
Responsive	Good	●
Well-led	Good	●

CQC Inspections and ratings of specific services

(Latest report published on 8 October 2015)

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

Doctors/GPs

Specialisms/services

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

[Full Details >](#)

[Share your experience](#)

[Email alert sign-up](#)

Cumberland House Surgery **Good** (0.9 miles away)



Cumberland House, 58 Scarisbrick New Road, Southport,
PR8 6PG

(01704) 501500

Provided by: Cumberland House Surgery

CQC inspection area ratings

(Latest report published on 27 August 2015)

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

CQC Inspections and ratings of specific services

(Latest report published on 27 August 2015)

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



Dr Kebalanandha Ramamurthie Naidoo Good (The Family Surgery Ltd)

(1.1 miles away)



107 Liverpool Road, Birkdale, Southport, PR8 4DB
(01704) 566646

Provided by: Dr Kebalanandha Ramamurthie Naidoo

CQC inspection area ratings

(Latest report published on 10 September 2015)

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

CQC Inspections and ratings of specific services

(Latest report published on 10 September 2015)

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

Doctors/GPs

Specialisms/services

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

Roe Lane Surgery Good (1.8 miles away)

We are carrying out checks at Roe Lane Surgery using our new way of inspecting services. We will publish a report when our check is complete.



172 Roe Lane, Churchtown, Southport, PR9 7PN
(01704) 228439

Provided by: Roe Lane Surgery

CQC inspection area ratings

(Latest report published on 27 August 2015)

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

CQC Inspections and ratings of specific services

(Latest report published on 27 August 2015)

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

Doctors/GPs and Clinics

Specialisms/services

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

12. Better Care Fund update

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

The payment for performance element of BCF requires a target reduction to be reached in the number of non elective admissions to hospital. Current performance for Q1 was above the required level of reduction, therefore no payment for performance was available. Quarter 2 performance looks more promising with below plan admissions for August. Performance is summarised below:

BCF NEL Admissions (MAR)	Jan	Feb	Mar	Q4	Apr	May	Jun	Q1	Jul	Aug	Year to Date
Plan	3003	3003	3003	9009	2940.7	2940.7	2940.7	8822	2935	2935	23702
Actual	3176	2976	3516	9667	3257	3245	2958	9461	2957	2849	24934
Var	173	-27	513	658	317	304	18	638.5	22	-86	1233
%age Var	5.8%	-0.9%	17.1%	7.3%	10.8%	10.3%	0.6%	7.2%	0.7%	-2.9%	5.2%



13. NHS England Activity Monitoring

Measures		Apr	May	Jun	Jul	Aug	YTD
E.C.8 A&E (Type 1, 2 & 3)	Plan	3132	3293	3188	3442	3144	16199
	Actual	3311	3302	3428	3531	3359	16931
	Var	179	9	240	89	215	732
	%age Var	5.7%	0.3%	7.5%	2.6%	6.8%	4.5%
E.C.9 GP Referrals (G&A)	Plan	2214	2225	2286	2500	2052	11277
	Actual	2682	2528	2871	2927	2401	13409
	Var	468	303	585	427	349	2132
	%age Var	21.1%	13.6%	25.6%	17.1%	17.0%	18.9%
E.C.10 Other Referrals (G&A)	Plan	1160	1126	1189	1259	1082	5816
	Actual	1416	1453	1660	1807	1333	7669
	Var	256	327	471	548	251	1853
	%age Var	22.1%	29.0%	39.6%	43.5%	23.2%	31.9%
E.C.32 Daycase (All Specs)	Plan	1629	1708	1767	1730	1461	8295
	Actual	1530	1418	1593	1549	1301	7391
	Var	-99	-290	-174	-181	-160	-904
	%age Var	-6.1%	-17.0%	-9.8%	-10.5%	-11.0%	-10.9%
E.C.2 Daycase (G&A)	Plan	1629	1707	1767	1730	1461	8294
	Actual	1530	1417	1593	1549	1301	7390
	Var	-99	-290	-174	-181	-160	-904
	%age Var	-6.1%	-17.0%	-9.8%	-10.5%	-11.0%	-10.9%
E.C.21 Elective (All Specs)	Plan	250	262	272	265	224	1273
	Actual	246	251	310	293	259	1359
	Var	-4	-11	38	28	35	86
	%age Var	-1.6%	-4.2%	14.0%	10.6%	15.6%	6.8%
E.C.1 Elective (G&A)	Plan	250	262	272	266	225	1275
	Actual	246	251	310	293	259	1359
	Var	-4	-11	38	27	34	84
	%age Var	-1.6%	-4.2%	14.0%	10.2%	15.1%	6.6%
E.C.23 Non Elective	Plan	1358	1428	1382	1492	1363	7023
	Actual	1373	1324	1442	1522	1469	7130
	Var	15	-104	60	30	106	107
	%age Var	1.1%	-7.3%	4.3%	2.0%	7.8%	1.5%
E.C.4 Non Elective (G&A)	Plan	1313	1380	1335	1441	1317	6786
	Actual	1336	1288	1408	1476	1437	6945
	Var	23	-92	73	35	120	159
	%age Var	1.8%	-6.7%	5.5%	2.4%	9.1%	2.3%
E.C.24 OP All 1st (All Spec)	Plan	3190	3346	3463	3389	2862	16250
	Actual	3761	3547	4340	4080	3367	19095
	Var	571	201	877	691	505	2845
	%age Var	17.9%	6.0%	25.3%	20.4%	17.6%	17.5%
E.C.5 OP All 1st (G&A)	Plan	3114	3266	3380	3309	2793	15862
	Actual	3544	3335	4103	3843	3166	17991
	Var	430	69	723	534	373	2129
	%age Var	13.8%	2.1%	21.4%	16.1%	13.4%	13.4%
E.C.25 OP All 1st Following GP Ref(All Spec)	Plan	2037	2137	2211	2165	1828	10378
	Actual	2246	2235	2670	2451	2129	11731
	Var	209	98	459	286	301	1353
	%age Var	10.3%	4.6%	20.8%	13.2%	16.5%	13.0%
E.C.12 OP All 1st Following GP Ref (G&A)	Plan	1988	2085	2158	2122	1783	10136
	Actual	2181	2160	2601	2383	2051	11376
	Var	193	75	443	261	268	1240
	%age Var	9.7%	3.6%	20.5%	12.3%	15.0%	12.2%
E.C.6 All Subsequent OP	Plan	7318	7675	7943	7775	6564	37275
	Actual	9121	8408	10147	10057	8544	46277
	Var	1803	733	2204	2282	1980	9002
	%age Var	24.6%	9.6%	27.7%	29.4%	30.2%	24.2%

