

Southport & Formby Clinical Commissioning Group

Integrated Performance Report July 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 July 2015 (note: time periods of data are different for each source).

CCG Key Performance Indicators

NHS Constitution Indicators		Footprint	
A&E 4 Hour Waits	CCG		
Ambulance Category A Calls (Red 1)	CCG		
Cancer 2 Week GP Referral	CCG		
RTT 18 Week Incomplete Pathway	CCG		
Other Key Targets			
A&E 4 Hour Waits	S&ORM		
Ambulance Category A Calls (Red 2)	CCG		
Ambulance Category 19 Transportation	CCG		
Cancer 2 Week Urgent GP Referral - Breast Symptoms	CCG		
Emergency Admissions Composite Indicator	CCG		
Emergency Admissions for children with Lower Respiratory Tract Infections	CCG		
HCAI - C.Diff	CCG		
HCAI - C.Diff	S&ORM		
HCAI - MRSA	S&ORM		
IAPT - Roll Out	CCG		
IAPT - Recovery Rate	CCG		
RTT 18 Weeks - Admitted patients	S&ORM		
RTT 18 Weeks - Non Admitted patients	S&ORM		
Stroke	CCG		
Stroke	S&ORM		
Local Measure: BME	CCG		

Yearly measures - Apr 14 to Dec 14 provisional data update

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

Financial Performance - The forecast financial position as at 31 August 2015 (Month 5), after the application of reserves is breakeven against a planned surplus of £1.800m, which is a shortfall of £1.800m against target. The QIPP savings target for Southport and Formby CCG is £6.151m for 2015/16. This has reduced to £5.124m following delivery of several schemes totalling £1.027m.

Referrals – Referrals continue to increase above 2014/15 levels. Year to date (Apr-Jul) 15/16 referrals are 18% higher compared to the same period 2014/15.

A&E waits – Year to date the CCG achieved 94.71% against a 95% target (with July achieving 95.57%). The target has failed at CCG level since October 2014. Southport & Ormskirk achieved 94.44% year to date (with July achieving 95.51%) again failing the year to date target. Site compliance remains a challenge, due to the changing nature of non-elective patients, the risk this has on Trust compliance remains. The wider urgent care action plan is addressing significant health economy issues, many of which are long term objectives.

Ambulance Activity - Category A Red 1, 8 minute response time – The CCG achieved the 75% target. The CCG are failing Category A Red, 2 recording 71.20% year to date against a 75% target. Category 19 Transportation recording 90.7% year to date also failing the 95% target. NWS 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 NWS executive team and commissioning leads. Locally the Mersey CCGs continue to meet with NWS monthly to review performance at county and CCG level.

Cancer Indicators – For June the CCG are achieving all cancer indicators apart from two, which are 2 week breast symptoms hitting 83.33% year to date against a target of 93%, in June 4 patients were not seen within 14 days out of a total of 40 (85.71%). 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 79.55% year to date, in June 6 patients were not upgraded out of a total of 22 (72.73%). Southport & Ormskirk are achieving all cancer indicators.

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

HCAI – C difficile – Having 5 new cases reported in July the CCG are above target for C-difficile year to date, (actual 17 / plan 13). Year-end plan 38. Southport & Ormskirk had 3 new cases reported in July 2015 (ytd 15), against a year to date plan of 12. Of the 3 cases, 2 were aligned to Southport and Formby CCG and 1 to West Lancashire CCG. Year to date plan is 36. Following appeals, 4 cases were upheld meaning Southport & Ormskirk are now below the threshold with 11 cases against a threshold of 12.

HCAI – MRSA – In July 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 for July 0.86% with 164 patients having entered into treatment. There has been a small and steady increase since April, (April 0.54%, May 0.50%, June 0.68%).

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. Monthly data shows the CCG are over the plan for recovery rate in July reaching 54.05%. This equates to 40 patients who have moved to recovery out of 74 who have completed treatment.

RTT 18 Weeks – Admitted patients – In June Southport & Ormskirk failed to achieve the target of 90% achieving 84.40%. This equates to 166 patients out of 1064 not been seen within 18 weeks. The Trust continues to make progress toward Trust-level compliance; additional activity was scheduled in June and July in a number of specialties which will assist the Trust reach compliance.

RTT 18 Weeks – Non Admitted patients – In June Southport & Ormskirk reported below the target of 95%, achieving 93.7% this equates to 332 patients out of 5307 not being seen within 18 weeks. The Trust continues to make progress toward Trust-level compliance. A contract query relating to RTT performance remains open with Southport and Ormskirk Hospital.

Patient Safety Incidents Reported – Southport & Ormskirk reported 6 Serious Untoward Incidents in July, bringing the year to date total to 56. Of the 6, 2 were pressure ulcers grade 3, 1 Pressure Sore - (Grade 3 or 4), 1 Sub-optimal care of the deteriorating patient, 1 Failure to act upon test results and 1 confidential information leak.

Stroke 90% time on stroke unit – The CCG failed the 80% target for July reaching 64.29% which is an improvement on last month (58.80%), 10 patients out of 17 spending at least 90% of their time on a stroke unit. Of the 5 breaches, 4 were at Southport & Ormskirk and 1 at Aintree. Southport & Ormskirk failed to achieve the 80% target in June reaching 70.00%, 21 patients out of 30 spending at least 90% of their time on a stroke unit. There will be a relocation of beds within urgent care that will facilitate a dedicated stroke ward. This will assist in ensuring that patients are allocated to the correct area, particularly in times of pressure.

PROMS – Patient reported outcomes measures for elective procedures: Hip replacement – Provisional data (Apr 14 – Dec 14) shows the CCG has scored the same as previous year, but failed to achieve a score higher than the England Average which is 0.449. PROMS have been chosen as the CCG Quality Premium measure for 2015/16. Clinical engagement between primary and secondary care is taking place to understand how each can support. Proposal to use Shared Decision Aids with patients being discussed at QIPP, Quality Committees and Locality Lead GP meetings.

Local Measure – Access to Community Mental Health Services by BME - The baseline data (2013-14) for the CCG shows access to community mental health services by people from BME groups is 2118.0 which is higher for the CCG than the England rate per 100,000 (England rate 2035.9) but lower than the plan. This is an improvement on the previous year when the CCG rate was 1779.2.

2. Financial Position

2.1 Summary

This report focuses on the financial performance for Southport and Formby CCG as at 31 August 2015 (Month 5). The forecast financial position as at 31 August 2015 (Month 5), 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 offset 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	(£0.532m)
QIPP	Unmet QIPP to be identified > 0	£5.124m	£6.017m
Running Costs (Forecast Outturn)	CCG running costs < National 2015/16 target of £22.07 per head	✓	✓
BPPC	NHS - Value YTD > 95%	97.4%	97.7%
	NHS - Volume YTD > 95%	82.5%	84.2%
	Non NHS - Value YTD > 95%	91.2%	90.5%
	Non NHS - Volume YTD > 95%	90.1%	90.1%

*Note this is now the position after reserves and reflects the final position before risks and mitigations as reported in Table 2.

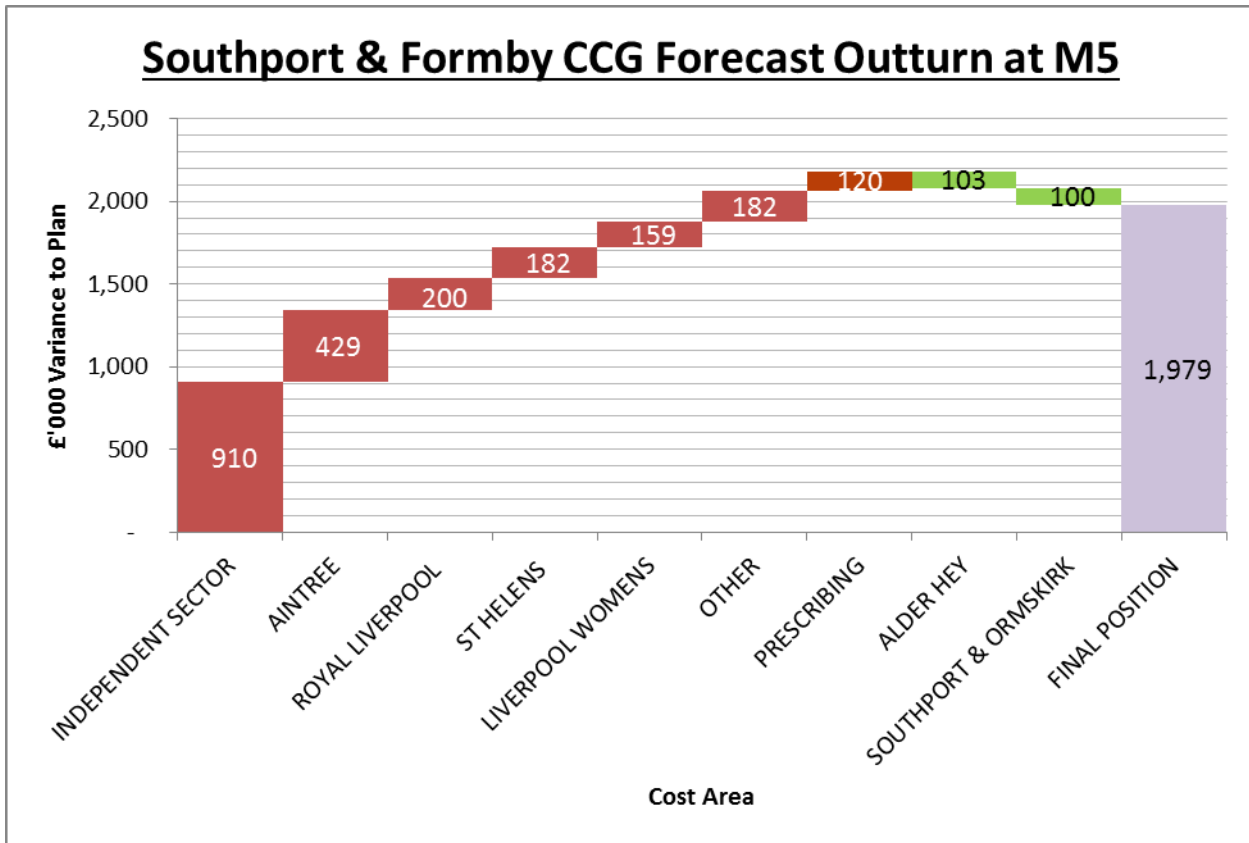
2.2 Resource Allocation

The Resource Allocation has increased by £0.073m in Month 5 in respect of additional funding for Mental Health.

2.3 Financial Position and Forecast

The main cost pressures are with Independent Sector and Acute providers as a result of increased activity compared to plan. Overspends are partly supported by underspending areas, mainly Southport and Ormskirk and Alder Hey provider contracts. Whilst the financial activity period relates to the end of August, the CCG has based its reported position on information received from Acute Trusts to the end of July 2015.

Figure 2 Forecast Outturn at Month 3



Independent Sector Providers

The forecast overspend for Independent Sector providers is £0.910m. This is projected using Month 4 data received from providers. The majority of this overspend (£0.767m) is with Ramsay Healthcare for Orthopaedics and General Surgery.

Acute commissioning

Aintree NHS Foundation Trust

The forecast overspend for Aintree is £0.429m. The Month 4 data shows overspends in relation to ARMD, excluded drugs, radiology and the breast services premium.

Royal Liverpool Hospital

Month 4 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 £0.200m.

St Helens & Knowsley NHS Trust

The forecast overspend for St Helens and Knowsley NHS Trust is projected to be £0.182m with anticipated overspends within planned care and day cases.

Liverpool Womens Hospital

The forecast overspend for Liverpool Womens Hospital of £0.159m relates to deliveries, ante-natal care and HDU.

Southport and Ormskirk NHS Trust

The forecast position for Southport and Ormskirk NHS Trust is £0.100m underspent. The position is based on Month 4 data received from the trust which shows an underperformance against plan.

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 latest contract offer has been reflected in the budget, but contract negotiations are ongoing regarding the locally negotiated prices for a number of services. The CCG has extended an improved offer to the Trust, which includes the provision of an Early Supported Discharge service to enhance stroke rehabilitation. The Trust has not formally accepted the offer, and the disputed difference now stands at £0.200m.

The CCG has received Month 4 data from the Trust which shows an underspend against the phased contract for PbR services. The underspend is in the following areas:

- Emergency admissions (including short stay admissions) - £0.138m (includes offset of GPAU activity totalling £0.173m). This is 1.9% lower than budget, which continues a consistent pattern across the year to date. One of the reasons for the underspend is the change in charging of GPAU activity. GPAU attendances that do not end in admission are charged under a locally negotiated tariff. A&E activity is also approximately 2% lower than plan.
- Outpatient care – Outpatient attendances are £0.080m lower than budget, with a marked shift from new and follow up attendances to outpatient procedures.
- Maternity pathway and deliveries – Maternity care continues to reduce at Southport & Ormskirk, with a corresponding increase at Liverpool Womens Hospital. The underspend at Southport and Ormskirk is £0.118m.

Prescribing / High Cost Drugs

The prescribing budget is overspent by £0.306m at Month 5 and the year end forecast is £0.320m 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.

2.4 QIPP

The QIPP savings target for Southport and Formby CCG is **£6.151m** for 2015/16. This has reduced to £5.124m following delivery of schemes totalling £1.027m as follows:

- Reduction in CHC / FNC costs (£0.569m) – Growth of 5% previously included in the budgets has now been taken out due to the targeted work on CHC reviews that has been done.
- Queens Court Recharge (£0.024m)
- Reductions in contract value with a number of providers (£0.134m)
- 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 exceeded the funding available by £0.284m, however the 2015/16 position forecasts an underspend of £0.863m 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 current year forecast for these budgets is an underspend of £0.093m 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. £6.151m of recurrent savings must be realised in 2015/16 in order to achieve financial targets.

In addition, there are a number of other risks that require monitoring and managing:

- Acute cost per case contracts – The CCG has experienced significant growth in acute care in previous years 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.
- Southport & Ormskirk NHS Trust – There remains a number of contract issues with S&O relating to the prices for some services that are not governed by national prices. The difference across the four services where the parties have not reached agreement is £0.200m. The CCG is seeking a solution with the Trust through informal mediation.
- 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.
- Estates – The methodology for charging estates costs is expected to change in 2015/16. Previously, the costs had been based on historic charges. In 2015/16, the organisation that administers the LIFT buildings (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 is also subject to potential pricing changes partway through the year.

- Better Care Fund – Sefton Council has predicted growth in demand for social care. As part of the governance arrangements supporting the Better Care Fund, a review of the overall Health and Social Care financial position is required to determine how the resources within the Better Care Fund will be allocated, particularly in relation to the performance element of the fund.

Reserve budgets are set aside as part of the Budget Setting exercise to reflect planned investments, known risks and an element for contingency. Each month, the reserves and risks are analysed against the forecast financial performance and QIPP delivery. The assessment of the financial position is set out in figure 3.

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)	(1.979)		(1.979)
Contingency reserves	1.581		1.581
Transformation Fund slippage		0.862	0.862
Technical adjustments		1.398	1.398
Unutilised reserves	0.877	0.447	1.324
Quality Premium		0.138	0.138
QIPP:			
CM Rehab	0.300		0.300
Contract Adjustments	0.134		0.134
Queenscourt drug charges	0.024		0.024
CHC / FNC	0.569		0.569
Forecast surplus / (deficit)	(2.845)	2.845	0.000
Risks	(0.200)		(0.200)
Mitigations	0.175	0.125	0.300
Risk adjusted forecast surplus / (deficit)	(2.870)	2.970	0.100



3. Referrals

3.1 Referrals by source

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

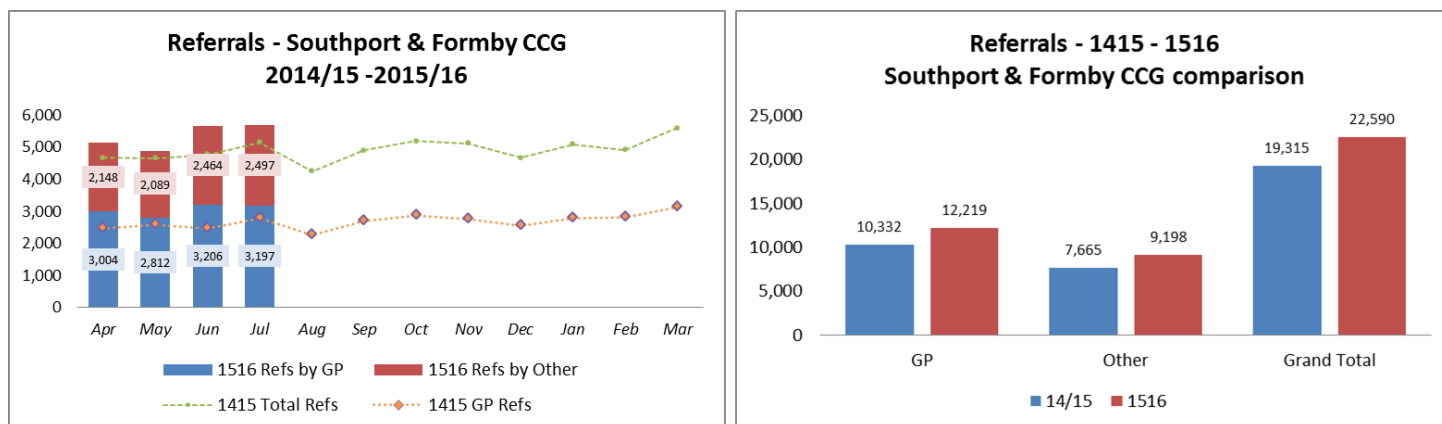


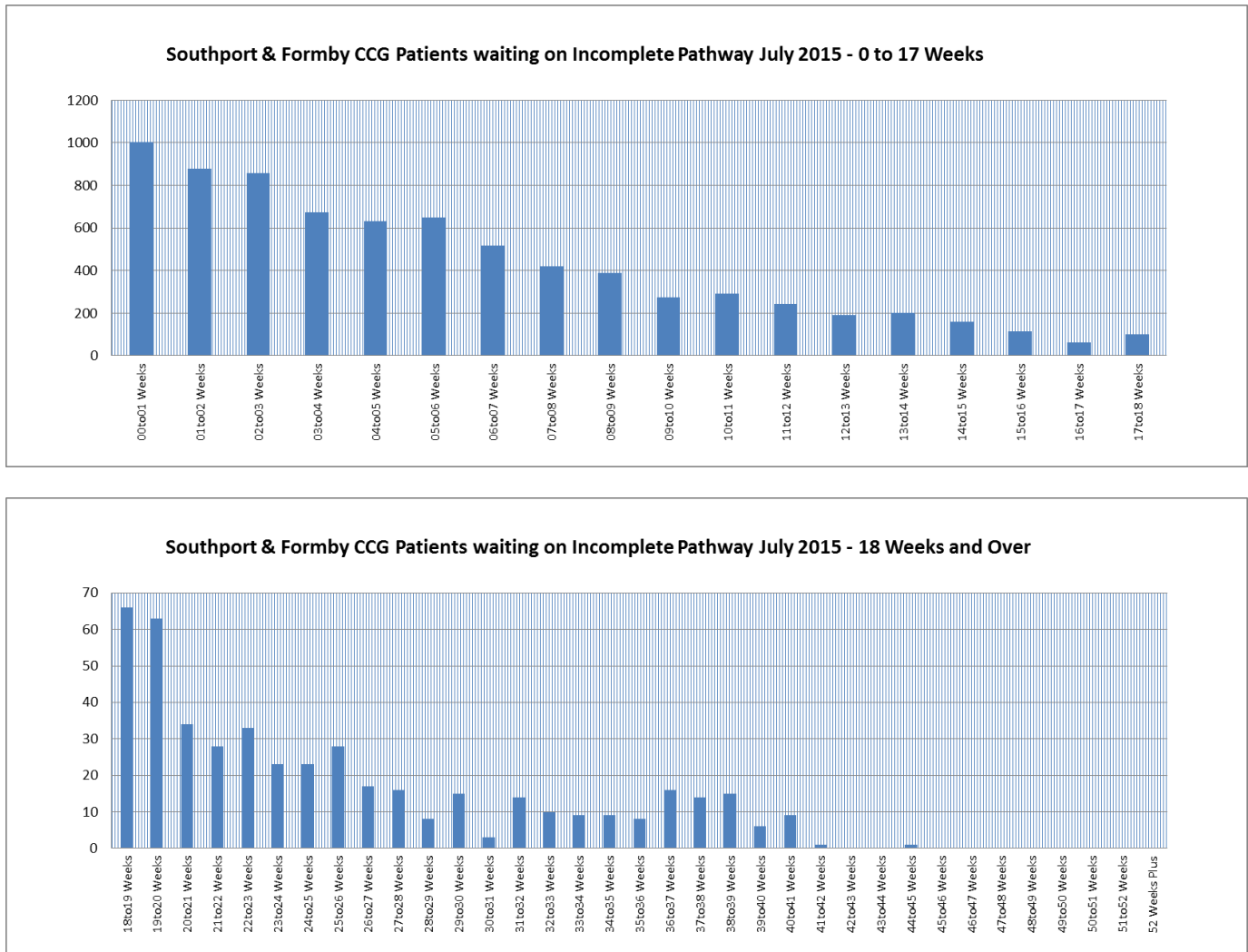
Figure 5 The number of GP and 'other' referrals for the CCG across all providers comparing 2014/15 and 2015/16 by month

Referral Type	DD Code	Description	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr-15	May-15	Jun-15	Jul-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	3,004	2,812	3,206	3,197	10,332	12,219	1,887	18%
GP Total			2,472	2,579	2,487	2,794	2,275	2,703	2,887	2,755	2,567	2,805	2,826	3,149	3,004	2,812	3,206	3,197	10,332	12,219	1,887	18%
Other	01	following an emergency admission	196	174	211	200	181	188	132	7	6	10	8	12	8	10	11	10	781	39	-742	-95%
	02	following a Domiciliary Consultation					1	2	7	27	36	25	37	33	15	4		3	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	282	249	320	279	924	1,130	206	22%
	05	A CONSULTANT, other than in an Accident and Emergency Department	725	674	677	747	640	695	879	936	870	952	798	874	993	977	1,232	1,310	2,823	4,512	1,689	60%
	06	self-referral	93	106	106	104	81	99	109	116	131	134	121	134	169	146	171	126	409	612	203	50%
	07	A Prosthetist		1	1	2	1	4			1	1					2		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	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	40	62	60	54	256	216	-40	-16%
	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	7	9	6	16	5	38	33	660%
	14	An Allied Health Professional	140	150	127	199	127	112	86	136	103	122	125	154	129	173	144	198	616	644	28	5%
	15	An OPTOMETRIST	84	37	72	47	59	71	48	48	29	47	53	61	59	37	64	49	240	209	-31	-13%
	16	An Orthoptist						1						24	11	9	10	7	0	37	0%	
	17	A National Screening Programme	30	29	23	23	21	15	32	28	33	29	24	52	39	46	83	52	105	220	115	110%
	92	A GENERAL DENTAL PRACTITIONER	122	137	144	135	121	143	144	148	147	131	116	142	145	132	125	133	538	535	-3	-1%
93	A Community Dental Service		3	2		2	2	2	2	2	4		2	1	3	1		5	4	-1	-20%	
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	232	204	230	238	209	229	239	257	222	233	216	238	235	213	209	244	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	2,148	2,089	2,464	2,497	7,665	9,198	1,533	20%
Unknown (All are Renacres SOR coding error)			295	317	360	346	247	318	321	341	255	335	343	426	370	338	456	9	1,318	1,173	-145	-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	5,522	5,239	6,126	5,703	19,315	22,590	3,275	17%

4. Waiting Times

4.1 NHS Southport and Formby CCG patients waiting

Figure 6 Patients waiting on an incomplete pathway by weeks waiting



4.2 Top 5 Providers

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

Trust	0to10 wks	10to18 wks	Total 0 to 17 Weeks	18to24 wks	24to30 wks	30+ wks	Total 18+ Weeks	Total Incomplete
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	4499	884	5383	187	90	102	379	5762
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	409	95	504	8	4	0	12	516
RENACRES HOSPITAL	499	143	642	0	0	0	0	642
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	327	104	431	21	2	5	28	459
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	117	35	152	15	4	2	21	173
Other Providers	440	96	536	16	7	6	29	565
Total All Providers	6291	1357	7648	247	107	115	469	8117

4.3 Provider assurance for long waiters

Figure 8 Southport RTT caseload:

Provider assurance has not been received in time this month for the report. An addendum will be made to the published CCG performance reports.

5. Planned Care

5.1 All Providers

Performance at Month 4 of financial year 2015/16, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of £639k. This over-performance is driven by increases at Aintree Hospital (£113k), Renacres Hospital (£277k) and St Helens & Knowsley Hospitals (£74k).

Figure 9 All Providers (Excl S&O)

	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date	Price variance to date (£000s)	Price YTD % Var
Other Providers (PBR & Non PBR)										
Aintree University Hospitals NHS F/T	13,961	4,767	5,665	898	18.83%	£2,814	£964	£1,076	£113	11.68%
Alder Hey Childrens NHS F/T	5,048	1,723	1,526	-197	-11.45%	£651	£222	£202	£-20	-8.96%
Countess of Chester Hospital NHS FT	0	0	32	32	0.00%	£0	£0	£4	£4	0.00%
Liverpool Heart and Chest NHS F/T	1,622	552	565	13	2.42%	£913	£311	£319	£8	2.73%
Liverpool Womens Hospital NHS F/T	2,398	804	788	-16	-2.02%	£727	£243	£246	£2	1.01%
Royal Liverpool & Broadgreen Hospitals	14,718	5,005	4,773	-232	-4.64%	£3,093	£1,052	£1,095	£43	4.13%
ST Helens & Knowsley Hospitals	4,280	1,430	1,490	60	4.17%	£946	£314	£387	£74	23.47%
Wirral University Hospital NHS F/T	315	104	65	-39	-37.53%	£103	£34	£15	£-19	-55.55%
Central Manchester University Hospitals Nhs FT	236	79	76	-3	-3.39%	£44	£15	£14	£0	-2.36%
Fairfield Hospital	103	30	23	-7	-22.87%	£27	£8	£4	£-4	-54.19%
ISIGHT (SOUTHPORT)	2,846	949	1,142	193	20.40%	£686	£229	£281	£52	22.93%
Renacres Hospital	11,329	3,848	4,784	936	24.33%	£3,030	£1,041	£1,318	£277	26.66%
SPIRE LIVERPOOL HOSPITAL	866	289	241	-48	-16.47%	£229	£76	£73	£-3	-4.36%
University Hospital Of South Manchester NHS FT	199	67	90	23	34.23%	£36	£12	£17	£5	39.46%
Wrightington, Wigan And Leigh Nhs FT	2,163	721	962	241	33.43%	£776	£259	£365	£107	41.26%
	60,082	20,367	22,222	1,855	9.11%	£14,076	£4,778	£5,418	£639	13.38%

5.2 Southport and Ormskirk Hospital NHS Trust

Figure 10 Month 4 Planned Care- Southport and Ormskirk Hospital NHS Trust by POD

	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
S&O Hospital Planned Care (Pbr ONLY)										
Daycase	11,747	4,028	4,229	201	4.98%	£6,367	£2,183	£2,422	£239	10.92%
Elective	1,554	536	550	14	2.57%	£4,142	£1,430	£1,382	£-48	-3.33%
Elective Excess BedDays	315	109	77	-32	-29.22%	£70	£24	£18	£-7	-27.53%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	800	279	292	13	4.77%	£129	£45	£47	£2	4.10%
OPFASPCL - Outpatient first attendance single professional consultant led	18,095	6,304	5,200	-1,104	-17.51%	£2,767	£964	£789	£-175	-18.12%
OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,885	657	726	69	10.53%	£198	£69	£78	£9	12.43%
OPFUPSCL - Outpatient follow up single professional consultant led	45,503	15,852	14,926	-926	-5.84%	£4,188	£1,459	£1,392	£-67	-4.59%
Outpatient Procedure	20,351	7,090	7,977	887	12.51%	£3,599	£1,254	£1,405	£151	12.03%
Unbundled Diagnostics	10,220	3,560	4,103	543	15.24%	£820	£286	£354	£68	23.78%
Grand Total	110,470	38,415	38,080	-335	-0.87%	£22,280	£7,713	£7,885	£172	2.23%

5.2.1 Southport & Ormskirk Hospital Key Issues

Daycases are showing a £239k over performance against plan against 2015/16 Month 4 plan. Trauma & Orthopaedics and General Surgery are the 2 main contributors. This over performance is offset by a -£166k under performance in Outpatient First attendances. This is coupled with a shift from some daycase activity to Outpatient Procedure, resulting in a £151k 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 4 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	481	546	65	13.58%	£1,334	£462	£561	£99	21.55%
Elective	200	69	76	7	10.01%	£693	£240	£343	£103	43.18%
Elective Excess BedDays	13	4	0	-4	-100.00%	£4	£1	£0	-£1	-100.00%
OPFASPCL - Outpatient first attendance single professional consultant led	3,311	1,121	1,306	185	16.50%	£450	£152	£179	£26	17.30%
OPFUPSPCL - Outpatient follow up single professional consultant led	3,149	1,066	2,163	1,097	102.93%	£258	£87	£133	£46	52.85%
Outpatient Procedure	2,102	712	328	-384	-53.90%	£197	£67	£66	£0	-0.41%
Unbundled Diagnostics	1,164	395	365	-30	-7.60%	£95	£32	£36	£4	11.00%
Grand Total	11,329	3,848	4,784	936	24.33%	£3,030	£1,041	£1,318	£277	26.66%

5.3.1 Renacres Hospital Key Issues

Renacres over performance is focused on Elective care and, as expected, within T&O. Analysis shows us that Major Hip & Knee procedures are up a combined £122k – 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 £35k, with YTD activity reporting a 121% 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 4 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	246	234	-12	-4.86%	£502	£170	£151	-£20	-11.57%
Elective	366	127	162	35	27.91%	£767	£265	£312	£47	17.79%
Elective Excess BedDays	460	159	85	-74	-46.64%	£105	£36	£20	-£16	-45.45%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	56	19	56	37	195.06%	£11	£4	£10	£6	162.09%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	219	75	73	-2	-2.52%	£11	£4	£4	£0	2.73%
OPFASPCL - Outpatient first attendance single professional consultant led	2,501	855	946	91	10.63%	£404	£138	£154	£16	11.69%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	137	47	63	16	34.97%	£17	£6	£7	£1	17.68%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	84	29	119	90	314.27%	£2	£1	£3	£2	314.27%
OPFUPSPCL - Outpatient follow up single professional consultant led	6,351	2,172	2,487	315	14.51%	£589	£201	£233	£32	15.72%
Outpatient Procedure	2,121	725	852	127	17.47%	£326	£112	£139	£27	24.64%
Unbundled Diagnostics	942	314	588	274	87.26%	£82	£27	£44	£17	62.53%
Grand Total	13,961	4,767	5,665	898	18.83%	£2,814	£964	£1,076	£113	11.68%



5.4.1 Aintree University Hospital Key Issues

Daycases under performance is due to a -£23k (64%) under performance in Ophthalmology. Electives over performance is primarily due to Gastro (£17k), Hepatobiliary & Pancreatic Surgery (£16k) and Urology (£13k). Outpatient FU over performance is due to Gastroenterology and Breast Surgery.

5.5 Wrightington, Wigan & Leigh Hospital

Figure 13 Month 4 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	49	63	14	29.45%	£218	£73	£82	£9	13.00%
Elective	70	23	37	14	58.57%	£368	£123	£200	£77	62.87%
Elective Excess BedDays	62	21	2	-19	-90.32%	£15	£5	£0	£-5	-91.43%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	30	10	13	3	30.00%	£3	£1	£1	£0	14.92%
OPFASPCL - Outpatient first attendance single professional consultant led	281	94	151	57	61.21%	£32	£11	£18	£8	72.86%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	46	15	20	5	30.43%	£4	£1	£2	£0	32.51%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	46	15	9	-6	-41.30%	£1	£0	£0	£0	-37.86%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,090	363	516	153	42.02%	£79	£26	£40	£13	50.78%
Outpatient Procedure	156	52	63	11	21.15%	£28	£9	£12	£2	22.80%
Unbundled Diagnostics	236	79	88	9	11.86%	£28	£9	£10	£1	11.43%
Grand Total	2,163	721	962	241	33.43%	£776	£259	£365	£107	41.26%

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 £95k (41%). 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 4 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	628	445	-183	-29.17%	£914	£307	£262	£-45	-14.75%
Alder Hey Childrens NHS F/T	773	272	275	3	1.02%	£416	£155	£131	£-24	-15.64%
Countess of Chester Hospital	0	0	11	11	0.00%	£0	£0	£3	£3	0.00%
Liverpool Heart and Chest NHS F/T	133	44	41	-3	-7.35%	£421	£140	£156	£15	10.92%
Liverpool Womens Hospital NHS F/T	247	83	84	1	1.76%	£202	£67	£94	£28	41.21%
Royal Liverpool & Broadgreen Hospitals	1,083	361	534	173	47.90%	£644	£215	£273	£58	27.25%
ST Helens & Knowsley Hospitals	398	136	130	-6	-4.63%	£214	£74	£58	£-16	-21.75%
Wirral University Hospital NHS F/T	112	37	11	-26	-70.62%	£45	£15	£6	£-9	-57.50%
Central Manchester University Hospitals	88	29	16	-13	-45.45%	£30	£10	£1	£-8	-85.29%
University Hospital Of South Manchester	47	16	10	-6	-37.31%	£8	£3	£7	£4	173.92%
Wrightington, Wigan And Leigh	62	21	41	20	98.39%	£53	£18	£21	£3	17.76%
Grand Total	4,808	1,628	1,598	-30	-1.84%	£2,947	£1,003	£1,012	£9	0.95%

6.2 Southport and Ormskirk Hospital NHS Trust

Figure 15 Month 4 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	12,208	11,954	-254	-2.08%	£3,951	£1,358	£1,340	£-18	-1.33%
NEL/NELSD - Non Elective/Non Elective IP Same Day	11,175	3,842	3,754	-88	-2.30%	£19,185	£6,596	£6,343	£-253	-3.84%
NELNE - Non Elective Non-Emergency	1,254	431	586	155	35.88%	£2,115	£727	£632	£-95	-13.05%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	217	75	56	-19	-24.93%	£68	£23	£17	£-7	-27.87%
NELST - Non Elective Short Stay	1,776	611	544	-67	-10.90%	£1,242	£427	£370	£-57	-13.25%
NELXBD - Non Elective Excess Bed Day	5,298	1,822	1,874	52	2.88%	£1,113	£383	£387	£4	1.16%
Grand Total	55,228	18,988	18,768	-220	-1.16%	£27,674	£9,515	£9,090	£-425	-4.47%

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 £303k. Over performance is offset by a large cost variance of £560k being reported in General Medicine.

6.3 Royal Liverpool & Broadgreen Hospitals

Figure 16 Month 4 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	269	277	8	3.06%	£71	£24	£26	£2	8.35%
AMAU	16	5	8	3	45.85%	£2	£1	£1	£0	44.27%
NEL - Non Elective	168	56	59	3	5.63%	£470	£157	£157	£0	0.04%
NELNE - Non Elective Non-Emergency	16	5	8	3	45.82%	£72	£24	£46	£22	90.66%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	3	1	46	45	4512.60%	£1	£0	£10	£9	4826.81%
NELST - Non Elective Short Stay	51	17	16	-1	-5.78%	£28	£9	£9	£0	-1.52%
NELXBD - Non Elective Excess Bed Day	22	7	120	113	1504.09%	£5	£2	£27	£25	1573.41%
readmissions	0	0	0	0	0.00%	£-4	£-1	£-1	£0	-1.99%
Grand Total	1,083	361	534	173	47.90%	£644	£215	£273	£58	27.25%

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	40	8	25%
1 Common Mental Health Problems (Low Severity)	35	18	(17)	-49%
2 Common Mental Health Problems (Low Severity with greater need)	45	27	(18)	-40%
3 Non-Psychotic (Moderate Severity)	162	201	39	24%
4 Non-Psychotic (Severe)	128	133	5	4%
5 Non-psychotic Disorders (Very Severe)	29	25	(4)	-14%
6 Non-Psychotic Disorder of Over-Valued Ideas	25	27	2	8%
7 Enduring Non-Psychotic Disorders (High Disability)	96	120	24	25%
8 Non-Psychotic Chaotic and Challenging Disorders	62	65	3	5%
10 First Episode Psychosis	52	67	15	29%
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	109	4	4%
14 Psychotic Crisis	18	24	6	33%
15 Severe Psychotic Depression	7	5	(2)	-29%
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	6	8	2	33%
17 Psychosis and Affective Disorder – Difficult to Engage	35	26	(9)	-26%
18 Cognitive Impairment (Low Need)	365	256	(109)	-30%
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	465	764	299	64%
20 Cognitive Impairment or Dementia Complicated (High Need)	159	197	38	24%
21 Cognitive Impairment or Dementia (High Physical or Engagement)	50	46	(4)	-8%
Reviewed Not Clustered	30	56	26	87%
No Cluster or Review	46	89	43	93%
Total	2,385	2,740	355	15%

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

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

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

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

Quality Overview

At month 4, MerseyCare is compliant with quality schedule reporting requirements. The Trust is working with the CCG to improve the safer staffing report, NICE and SUI reports for CQPG meetings. Underperforming KPIs are discussed at monthly quality meetings and the bi-monthly CQPGs.

7.2 Cheshire Wirral Partnership -Improving Access to Psychological Therapies Contract

Month 4 refreshed activity has been received from the trust with responses to the queries raised included.

The provider has not achieved the monthly prevalence target of 1.25% and the year to date prevalence rate as at month 4 is 2.58% against a target of 5%. If current activity levels continue this would give a forecast outturn of 7.75% for 2015/16 year end against the 15% target.

The recovery performance is above target at month 4, however to maintain this performance and based on current activity levels the provider will need to have 680 completed treatments, 316 patients moving to recovery and a below caseness average of 8 or fewer per month for the remainder of the year (August 2015 – March 2016).

There were 144 patient initiated cancellations and 54 cancellations initiated by the provider in month 4. The service has confirmed that provider cancellations are attributable to sickness within the service that the provider are managing. The provider has confirmed that cancelled appointments are rebooked immediately. A number of processes are being used by the provider with the aim of lowering the number of DNAs.

The provider has consistently failed to provide the weekly report required (every Monday) as part of the information schedule requirements to monitor the number of patients entering therapy on a weekly basis. This has been raised with the commissioners and has been discussed at the contract meetings however this weekly flow needs to be established by the provider. CSU colleagues routinely contact the provider every Monday, however the provider only include it within the monthly data submissions.

At the Contract Quality and Performance Group meeting on 23/09/2015 the provider will be requested to provide a remedial action plan, and there is potential to issue a contract query notice.

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

Performance Indicator		Apr-15	May-15	Jun-15	Jul-15	
Population (Psychiatric Morbidty Survey)		19079	19079	19079	19079	
National defininiton of those who have entered into treatment		103	96	130	164	
Prevelance Trajectory (%)		1.25%	1.25%	1.25% (q1=3.75%)	1.25%	
Prevelance Trajectory ACTUAL		0.54%	0.50%	0.68%	0.86%	
National definition of those who have completed treatment (KPI5)		95	85	78	83	
National definition of those who have entered Below Caseness (KPI6b)		7	8	6	9	
National definition of those who have moved to recovery (KPI6)		42	28	38	40	
Recovery - National Target		50.0%	50.0%	50.0%	50.0%	
Recovery ACTUAL		47.7%	36.4%	52.8%	54.1%	
Referrals Received		290	252	255	245	
Gp Referrals		192	137	108	107	
% GP Referrals		66%	54%	42%	44%	
Self referrals		64	81	126	117	
% Self referrals		22%	32%	49%	48%	
Other referrals Other Referrals are 13 - Acute Care Team, 3 - Psychiatrist, 2 - School Nurse, 1 - Perinatal Team, 1 - Health Visitor, 1 - Secondary Care		34	34	21	21	
% Other referrals		12%	13%	8%	9%	
Referral not suitable or returned to GP		0	0	0	0	
Referrals opting in		146	132	153	156	
Opt-in rate %		50%	52%	60%	64%	
Patients starting treatment by step (Local Definition)		Step 2	77	65	98	127
		Step 3	26	31	32	36
		Step 4				1
		Total	103	96	130	164
Percentage of patients entering in 28 days or less		47.0%	50.0%	44.0%	58.0%	
Completed Treatment Episodes by Step (Local Definition)		Step 2	141	90	116	145
		Step 3	287	273	248	191
		Step 4		1		
		Total	428	364	364	336
Activity	Attendances	Step 2	267	314	429	541
		Step 3	283	277	389	359
		Step 4		4	1	2
	DNA's	Step 2	42	62	108	117
		Step 3	20	31	41	46
		Step 4				
	Cancels	Step 2	37	61	117	127
		Step 3	37	41	65	71
		Step 4			3	
	Attendances	Total	550	595	819	902
	DNAs	Total	62	93	149	163
	Cancelled	Total	74	102	185	198
	Number Cancelled by patient	Total	43	60	136	144
	Number Cancelled by provider	Total	31	42	49	54



Figure 21: IAPT Waiting Time KPIs

	Indicator	Target	Apr-15	May-15	Jun-15	Jul-15
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	75% To be achieved by April				
	Numerator		97	128	203	186
	Denominator		98	140	213	194
	%		98.98%	91.43%	95.31%	95.88%
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	95% to be achieved by April 2016				
	Numerator		98	140	213	193
	Denominator		98	140	213	194
	%		100%	100%	100%	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 is being considered by CCG colleagues as to whether this will fulfill our reporting needs.

Community Gynaecology-The trust are submitting the monthly dataset as required however the data set provided does not include the capture of onward referrals. The service is due to migrate to EMIS in 2016 when this issue will be rectified. This is all part of the on-going discussions around this service with the commissioner.

Waiting Times

Work is on-going to set appropriate waiting time targets by service as the national RTT targets (18 wks) 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 has been raised with them in relation to patients discharged at first visit and charged at the tariff price. Below is a table that shows the difference between using the local tariff for these attendances s opposed to the full package tariff. An example of non PID analysis has been sent to the provider and a response is still awaited.

Discharged at 1st visit and on full package			Assessment Tariff Cost	
Package	Cost	Activity	£25	Difference
A	£2,850	30	£750	£2,100
B	£9,576	63	£1,575	£8,001
C	£7,956	78	£1,950	£6,006
D	£8,858	86	£2,150	£6,708
	£29,240		£6,425	£22,815

Quality Overview

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

Bridgewater

Paediatric Audiology

100 % of patients (Initial Appointments) are waiting less than 11 weeks (threshold is 60%). Both First DNA and follow up DNA are above their respective thresholds. The position for initials improved from 6.06% in June to 20.00% in July. Follow up DNAs have improved further to 16.67% in July from 4.4% in June.

The longest wait remains at 4 weeks. All patients are waiting under 11 weeks. Performance in the Southport Audiology service is 80.77% where there were 10 breaches of 6 week target in July. Assuming all patients attend as scheduled, worst case scenario is a predicted breach time of 2 weeks. Of the patients seen to date, there has been no harm associated with the delay. The service will continue to assess each patient as they attend for appointment.

An investigation has been undertaken and identified:

- Following the departure of the team leader an unreported waiting list was shared by a member of staff

- Consequently, incomplete and incorrect data submissions were made by the service for May, June and July .The trust have been asked to resubmit the corrected RTT information to Unify2 and conformation of this having been done is awaited from the trust.
- The Waiting list management system in place is inadequate.
- An uncharacteristic increase in new referrals for May (20 children) - approx. 44 % increase on the previous month. This caused a system pressure and highlighted that the waiting list management system was flawed. Further investigation into the increase revealed an increase in referrals from a new SALT practitioner in the area.

Led by the clinical manager and supported by the performance team, an immediate review of the waiting list management system is underway to ensure that appointment slots are utilised effectively and ensure that all patients are seen within 6 weeks. Assuming all patients attend as planned, the Southport service will return to full performance in September.

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 to establish when the reporting for these services will be in line. The trust has provided exception reporting for TB nurses only this month.

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.

Patient Identifiable data

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

Quality Overview

The first joint LCH CQPG (Clinical Quality and Performance Group) meeting was held with South Sefton and Liverpool CCGs on 10th September. A full review of pressure ulcers is underway with representatives from both CCGs, LCH and NHSE. A workshop is due to be held in September to develop an action plan and commence the work to satisfy governance requirements of all parties.

Looked after Children (LAC) - The LCH provide a co-ordinating role for health reviews of LAC in addition to the function of the School and District Nurses in undertaking the actual health reviews. Issues became apparent regarding the local systems and processes following the local authority 903 Return. A lessons learned event and pathway planning event has been held and plans are in place to improve the local system, the Trust has been supported on this improvement journey by the CCG Designated Nurse for looked after children and weekly reporting has been requested by the commissioner for the purposes of assurance.

9. Third Sector Contracts

Contract review meetings are underway with Third Sector providers and reports demonstrating service outcomes are to be finalised by CSU colleagues and passed over to the CCG by the end of September. These reports detail activity and service outcomes during 2014-15 highlighting where they link in with the CCG 5 year forward plan. These reports will enable the CCG to assess current services looking in particular at value for money, service duplications and gaps in service.

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 - July	13	17	↓	There were 5 new cases reported in July 2015, year to date there have been 17 cases against a year to date plan of 13. Of the 5 new cases 4 were reported by Southport and Ormskirk Hospital (2 apportioned to acute and 2 apportioned to community) the fifth case was at Aintree (apportioned to acute trust) . All but 2 cases reported in year to date all have been aligned to Southport & Ormskirk Hospital (8 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 - July	12	15 (11 following appeals)	↓	There were 3 new cases reported in July 2015 (ytd 15), against a year to date plan of 12. Of the 3 cases in July, 2 were aligned to Southport and Formby CCG and 1 to West Lancashire CCG . Year to date plan is 36.	In total there were 3 new C-diff cases in July against an internal trajectory of 2 (per month). Full Root Cause Analysis is undertaken for each case. Of the 3 cases one has been identified for appeal. To date for 15/16 4 cases have been successfully appealed, a further 3 cases have been identified for appeal in October. <i>Please Note - Data has been taken from the National HCAI Database - this is updated centrally therefore not all local appeals will be reflected in the table.</i>	

Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	15/16 - July	0	0	↔	No new cases reported in July 2015.	
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	15/16 - July	0	1	↔	No new cases have been reported in July 2015. The trust are above the zero tolerance so will remain red for the rest of 2015-16.	In April 2015 The Trust had an MRSA bacteraemia (West Lancs CCG patient) and are therefore over the annual trajectory of zero. A Post Infection Review (PIR) has been completed in collaboration with the CCG and reported to Public Health England. Primary Care and Secondary Care issues have been identified and will be reported back to SEMT in a formal de-brief to ensure lessons have been learnt and embedded. The standard of care provided by the Critical Care Unit should be highlighted and commended for a 12 month zero rate of central venous catheter related infections. This has been accomplished through continued excellent use of aseptic technique, clinical decision making of where lines are sited combined with the relative recent innovation of chlorhexidine impregnated discs at line insertion sites. <i>Please Note - Data has been taken from the National HCAI Database - this is updated centrally therefore not all local appeals will be reflected in the table.</i>
Mixed Sex Accommodation Breaches						
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	15/16 - July	0.00	0.00	↔		
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	15/16 - July	0.00	0.00	↔		

Enhancing quality of life for people with long term conditions						
Patient experience of primary care i) GP Services	Jul-Sept 14 and Jan-Mar 15		4.44%	New Measure		
Patient experience of primary care ii) GP Out of Hours services	Jul-Sept 14 and Jan-Mar 15		10.98%	New Measure		
Patient experience of primary care i) GP Services ii) GP Out of Hours services (Combined)	Jul-Sept 14 and Jan-Mar 15	6%	5.18%	New Measure		
Emergency Admissions Composite Indicator(Cumulative)	15/16 - July	801.75	803.95	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 190 less admissions than the same period last year.	
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative)	15/16 - July	162.30	158.04	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 1 below the same period last year.	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	15/16 - July	364.32	354.49	New Plans	The agreed plans are based on activity for the same period last year. The CCG is under the monthly plan the decrease in actual admissions is 12 lower the same period last year.	
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	15/16 - July	34.17	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 2 more than the same period last year.	The CCG respiratory programme manager continues to monitor this indicator closely.
Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)	15/16 - July	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 - July	No Plan	17.49	↓	The emergency readmission rate for the CCG is lower than previous month (17.64) and higher than the same period last year (16.96).	

Helping people to recover from episodes of ill health or following injury						
Patient reported outcomes measures for elective procedures: Groin hernia	Apr 14 - Dec 14 (Prov data)	Eng Ave 0.084	0.093	Provisional data	Provisional data shows the CCG has improved on previous years outcome for Groin Hernia procedures and achieved a rate greater than the England average.	This has been chosen as the CCG Quality Premium measure for 2015/16. Clinical engagement between primary and secondary care is taking place to understand how each can support. Proposal to use Shared Decision Aids with patients being discussed at QIPP, Quality Committees and Locality Lead GP meetings.
Patient reported outcomes measures for elective procedures: Hip replacement	Apr 14 - Dec 14 (Prov data)	Eng Ave 0.449	0.429	Provisional data	Provisional data shows the CCG has scored the same previous year, but failed to achieve a score higher than that of the England average.	
Patient reported outcomes measures for elective procedures: Knee replacement	Apr 14 - Dec 14 (Prov data)	Eng Ave 0.319		Provisional data	The CCG has no score for knee replacement, data suppressed due to low numbers.	
% who had a stroke & spend at least 90% of their time on a stroke unit (CCG)	15/16 - July	80%	64.29%	↑	In July the CCG failed to achieve the 80% target, with only 9 patients out of 14 spending at least 90% of their time on a stroke unit.	<p>The Trust has not achieved the standard for 90% stroke ward stay. Trust performance for July was 70% against the 80% target. A slight deterioration based on the previous reporting period. The main reason for the breaches relates to bed availability due to pressures across the Trust.</p> <p>Actions There will be a relocation of beds within urgent care that will facilitate a dedicated stroke ward. This will assist in ensuring that patients are allocated to the correct area, particularly in times of pressure.</p> <p>Forecast There continues to be a risk around atypical presentations causing delays to diagnosis and during periods of increased bed pressures which impact on performance. The Trust has robust procedures in place to diagnose and treat patients effectively.</p>
% who had a stroke & spend at least 90% of their time on a stroke unit (Southport & Ormskirk)	15/16 - July	80%	70.00%	↓	Southport & Ormskirk have failed to achieve the target in July only 21 patients out of 30 spending at least 90% of their time on a stroke unit.	
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (CCG)	15/16 - July	60%	86.00%	↑		
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	15/16 - July	60%	80.00%	↑		

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).	Please see main report for exception commentary (Section 7)
IAPT Access - Roll Out	15/16 - July	1.25%	0.86%	↑	The CCG are under plan for July for IAPT Roll Out, out of a population of 19079, 164 patients have entered into treatment. There has been a steady increase since April, (April 0.54%, May 0.50%, June 0.68%).	
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.	
IAPT - Recovery Rate	15/16 - July	50.00%	54.05%	↑	The CCG are over the plan for recovery rate in July. This equates to 40 patients who have moved to recovery out of 74 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 - June	93%	93.84%	↑		
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	15/16 - June	93%	94.79%	↑		
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 - June	93%	83.33%	↑	Southport & Formby CCG failed the target for June and year to date. In June 4 patients were not seen within 14 days out of a total of 28 (85.71%).	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 - June	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 - June	96%	98.26%	↔		
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	15/16 - June	96%	98.62%	↑		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	15/16 - June	94%	96.10%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	15/16 - June	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	15/16 - June	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	15/16 - June	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	15/16 - June	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 - June	98%	100%	↔		

Cancer waits – 62 days						
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	15/16 - June	85% (local target)	79.55%	↓	Southport & Formby CCG failed the target for June and year to date. In June 6 patients were not upgraded out of a total of 22 (72.73%).	This is a local target. Cancer leads continue to monitor performance and managerial cancer lead now receives weekly cancer PTLs and attends the weekly cancer PTL meetings at the Trust. Root Cause Analysis of all breaches takes place at these meetings. A copy of the latest SBAR is shared with the CCG.
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 - June		88.55%	↓		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	15/16 - June	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 - June	90%	100.00%	↔		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	15/16 - June	85%	85.32%	↓		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	15/16 - June	85%	86.38%	↓		

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 - July	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (Southport & Ormskirk)	15/16 - June	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (CCG)	15/16 - July	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (Southport & Ormskirk)	15/16 - June	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	15/16 - July	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	15/16 - June	0	0	↔	

Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (CCG)	15/16 - July	90%	92.16%	↑		<p>The Trust continues to make progress toward Trust-level compliance. At the beginning of April there were a total of 15,886 open pathways and 1,332 patients with a wait experience of 18 weeks or longer. These figures, in August are 11,966 and 689 respectively. The admitted pathway backlog is 88 and the overall list is 1,882. We have, therefore, achieved our target backlog size of fewer than 100 breached patients. As previously advised the Trust was aiming for compliance in July, however, a number of Orthopaedics patients were treated just outside the 18 week target. The reason for this was that work instructions for booking inpatients were not adhered to.</p> <p>Actions</p> <ul style="list-style-type: none"> • A restructure is in progress which will move the access department from having a single manager over inpatients and outpatients to a dedicated manager over each area • On-going validation • Additional activity were there are evidenced issues with demand and capacity <p>Forecast</p> <p>The Trust will continue to deliver the 92% ongoing target. Based on predictions mid-month August performance is currently 91.9% against the admitted pathway and 94.5% against the non-admitted pathway. Both ENT and Gastroenterology have seen significant increases in the number of patients waiting over 18 weeks. Both specialties have issues with consultant capacity. ENT has also experienced a number of late referrals from Dermatology which has compounded the backlog issue.</p>
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (Southport & Ormskirk)	15/16 - June	90%	84.40%	↑	<p>The Trust failed to achieve the target of 90% in June achieving 84.40%. This equates to 166 patients out of 1064 not been seen within 18 weeks. These breaches were in the following specialities:-</p> <ul style="list-style-type: none"> General Surgery (21) Urology (4) T&O (43) Ophthalmology (29) ENT (19) Oral Surgery (30) General Medicine (1) Gynaecology (1) All other (18) 	
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (CCG)	15/16 - July	95%	95.13%	↑		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (Southport & Ormskirk)	15/16 - June	95%	93.74%	↓	<p>The Trust failed to achieve the target of 95% in June achieving 93.74%. This equates to 332 patients out of 5307 not been seen within 18 weeks. These breaches were in:</p> <ul style="list-style-type: none"> General Surgery (28) Urology (10) T&O (19) Ophthalmology (8) ENT (23) Oral Surgery (12) General Medicine (8) Gastroenterology (28) Cardiology (30) Dermatology (86) Rheumatology (24) Gynaecology (6) Other (50) 	
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 - July	92%	94.21%	↔		
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 - June	92%	93.39%	↔		



A&E waits						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG)	15/16 - July	95.00%	94.71%	↔	Southport & Formby CCG achieved the 95% target in July reaching 95.57% but are narrowly failing year to date reaching 94.71%. In July 140 attendances out of 3161 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 - July	95.00%	94.44%	↑	Southport & Ormskirk have also achieved the target in July, reaching 95.51%, but are failing year to date reaching 94.44%. In July month 448 attendances out of 9974 were not admitted, transferred or discharged within 4 hours. This is the second month in a row the trust have achieved the target since October 2014.	Attendances at Southport A&E are in line with July14, admissions are higher in July than the same period over the last two years. Analysis of GP referrals into the Trust has highlighted that a greater proportion of patients are seen in A&E rather than the GPAU, with their admission being recorded as A&E. The Trust has identified internal reasons for this which are being addressed by the operational team and admission criteria for GPAU is being reviewed by the Clinical Director. The volume of patients aged over 75 + has seen a slight decrease compared to the last winter period but is still significantly higher when compared to June in previous years. 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 - July	1.00%	0.71%	↓		
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	15/16 - June	1.00%	0.40%	↔		

Category A ambulance calls						
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	15/16 - July	75%	77.70%	↑		Demand for the service across the North West continues to be below plan, with calls down 7.3% in July, resulting in total incidents being 4.1% down on expected levels. Calls from Southport & Formby CCG patients are 6.6% down YTD. However calls resulting in an ambulance attendance (Red and Green) are also slightly below plan despite response times failing at CCG level. NWAS performance is measured at regional level, not CCG level which means performance as measured in the consitution and for Quality Premium remains on track (green).
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	15/16 - July	75%	71.20%	↓	The CCG failed to achieve the 75% target year to date, or in month (July) recording 66.2%.	
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	15/16 - July	95%	90.70%	↓	The CCG failed to achieve the 95% target year to date, or in month (July) recording 89.5%.	
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	15/16 - July	75%	77.90%	↔		
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	15/16 - July	75%	76.40%	↔		
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	15/16 - July	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)	2013/14	2200	2118.0	↓	The baseline data shows access to community mental health services by people from BME groups is higher for the CCG than the England rate per 100,000 (England rate 2035.9) but lower than the plan. This is an improvement on the previous year when the CCG rate was 1779.2.	Local data flows are being established to monitor this indicator more frequently.

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 (July 2015)	RR - Trajectory From Previous Month (June 15)	% Recommended (England Average)	% Recommended (July 2015)	PR Trajectory From Previous Month (June 15)	% Not Recommended (England Average)	% Not Recommended (July 2015)	PNR Trajectory From Previous Month (June 15)
Inpatients	25%	21.4%	↓	95.9%	94%	↓	1.4%	2.2%	↑
A&E	15%	8.8%	↓	88.2%	90.7%	↑	6%	6%	↓
Q1 - Antenatal Care	N/A	-	-	95%	100%	↑	2%	0%	↓
Q2 - Birth	N/A	23.2%	↓	97%	84%	↓	1%	9%	↓
Q3 - Postnatal Ward	N/A	-	-	94%	91%	↓	2%	5%	↑
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 decline in response rates for both inpatients and A&E compared to the previous month, this is disappointing given an increase in response rates in June compared to May.

The percentage of patients that would recommend the inpatient service in the trust has decreased from the previous month and remains lower than the England average. The percentage of people who would not recommend the inpatient service has worsened 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 increased from the previous month to 90.7%, and surpasses the England average, and the percentage of people who would not recommend the A&E service has improved from the previous month and is in line with 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 care, the percentage of people who would recommend those areas and would actively not recommend those areas are worse than the England average.

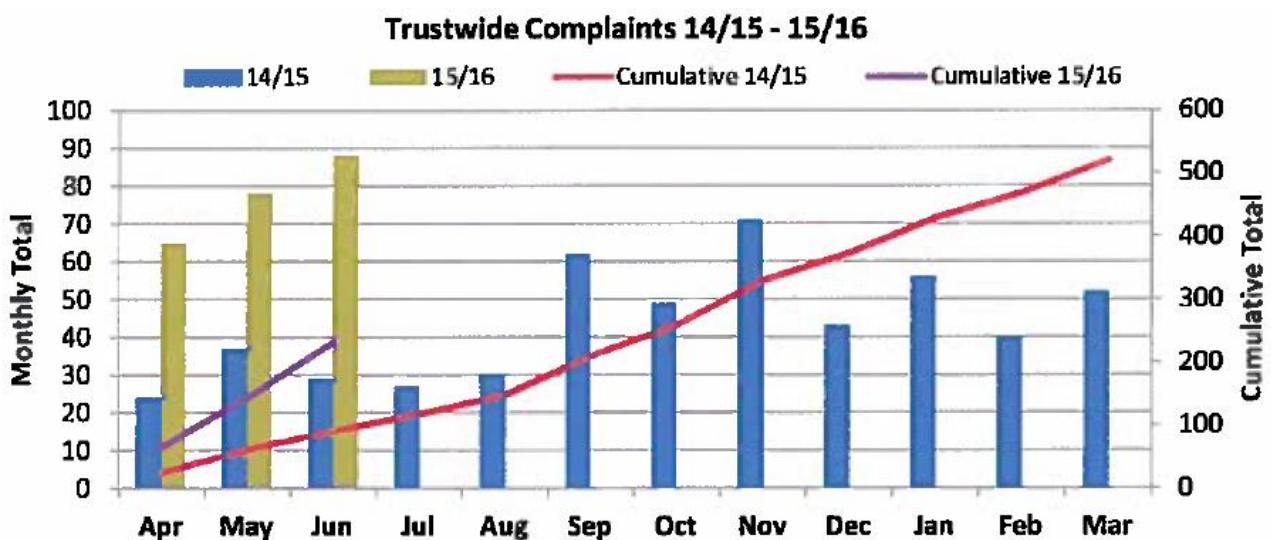
Friends and Family is a standing agenda item on the Clinical Quality Performance Group (CQPG), which is a joint meeting between the trust and the CCG. An action plan has been developed by the trust, for which the Director of Nursing is accountable. This action plan seeks to address the areas of poor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

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

10.3 Complaints

Southport & Ormskirk Hospital – Quarter 1 Complaints

231 complaints were received into the Trust in Q1, a 56% increase on the 148 reported in Q4 14/15. If we take into account both complaint and concerns / information requests numbers, the figures in Q1 2015/16 are 10% higher than for the same time period last year (315 in 14/15, 347 in 15/16).



Top 3 Reasons for Complaints – Quarter 1 15/16

All complaints are categorised by the subjects and sub-subjects contained within them. This means that any one complaint can contain multiple subjects. The 231 complaints received in Q1 have in them 371 subjects, the breakdown of which can be analysed.

The three top reasons for complaints in Quarter 1 were

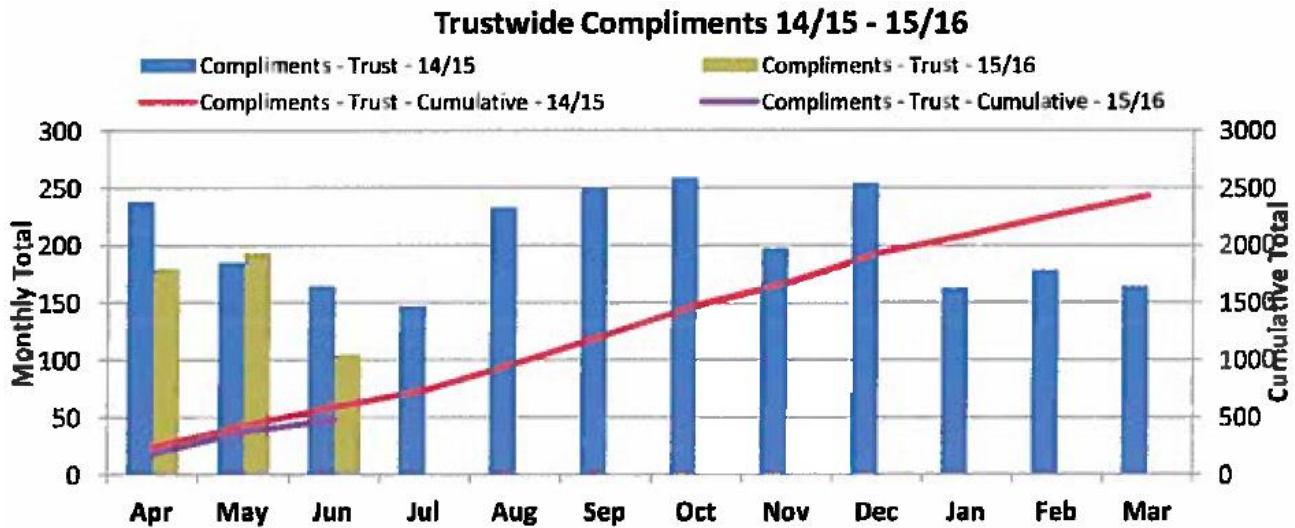
- Clinical Treatment (26%)
- Oral Communication (16%)
- both Staff Attitude / Behaviour and Date for Appointment were equal (11.5%)

Combined, these four subjects account for 65% of all complaints received in Q1.

The full complaints report will be presented to the CQPG in October, the report analyses complaint by Business Units including Community Services and provides a summary of 'lessons learned'.

Compliments

The graph below shows compliment numbers this year compared to last. Numbers reported continue to remain low due to under reporting on Datix.



10.4 Serious Untoward Incidents (SUIs) and Never Events

10.4.1 CCG level Serious Untoward Incidents

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

There were 8 Serious Incidents in June involving Southport and Formby CCG patients and 2 in July.

For the year 15/16 up to and including July there have been 26 Serious Incidents involving Southport and Formby CCG patients

Figure 23 SUIs Reported at Southport & Formby CCG level

CCG Level SUIs

Southport & Formby CCG

Never Event

CCG SUIs

Type of Incident	Apr	May	Jun	Jul	YTD
Pressure ulcer - (Grade 3)	3	6	3	1	13
Pressure ulcer - (Grade 4)	2		3		5
Sub-optimal care of the deteriorating patient		2			2
Unexpected Death (general)	1				1
Surgical Error		1			1
Allegation Against HC Professional			1		1
Pressure Sore - (Grade 3 or 4)			1	1	2
Attempted Suicide by Outpatient (in receipt)		1			1
Grand Total	6	10	8	2	26

Figure 24 SUIs by Provider

Provider / Type of Incident	Apr	May	Jun	Jul	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	13
Pressure ulcer - (Grade 4)	2		3		5
Sub-optimal care of the deteriorating patient		2			2
Allegation Against HC Professional			1		1
Pressure Sore - (Grade 3 or 4)			1	1	2
Grand Total	6	10	8	2	26

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 (23), 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



Figure 25 SUIs Reported at Southport & Ormskirk Hospital

Provider SUIs

Incident Type	Apr	May	Jun	Jul	YTD
Pressure ulcer - (Grade 3)	15	8	6	2	31
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
Child abuse (institutional)			1		1
Confidential Information Leak				1	1
Grand Total	25	12	13	6	56

Figure 26 SUIs Reported at Southport & Ormskirk Hospital split by CCG

Incidents Split by CCG

CCG Name / Incident Type	Apr	May	Jun	Jul	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	13
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
Allegation Against HC Professional			1		1
West Lancashire CCG					
Pressure ulcer - (Grade 3)	11	1	3	1	16
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	56

Number of Serious Untoward Incidents (SUIs) reported in period

For the year 15/16 up to and including July, Southport & Ormskirk Hospital Integrated Care Organisation (ICO) reported 56 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.

- 31 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 – 23
- West Lancashire CCG - 30

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

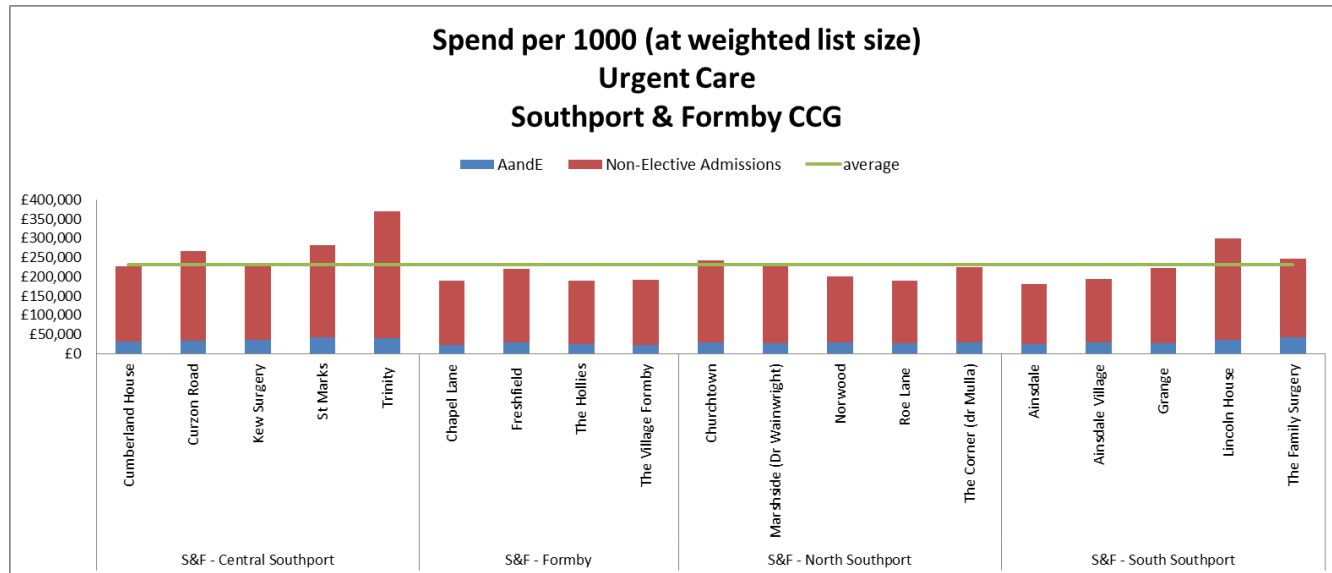
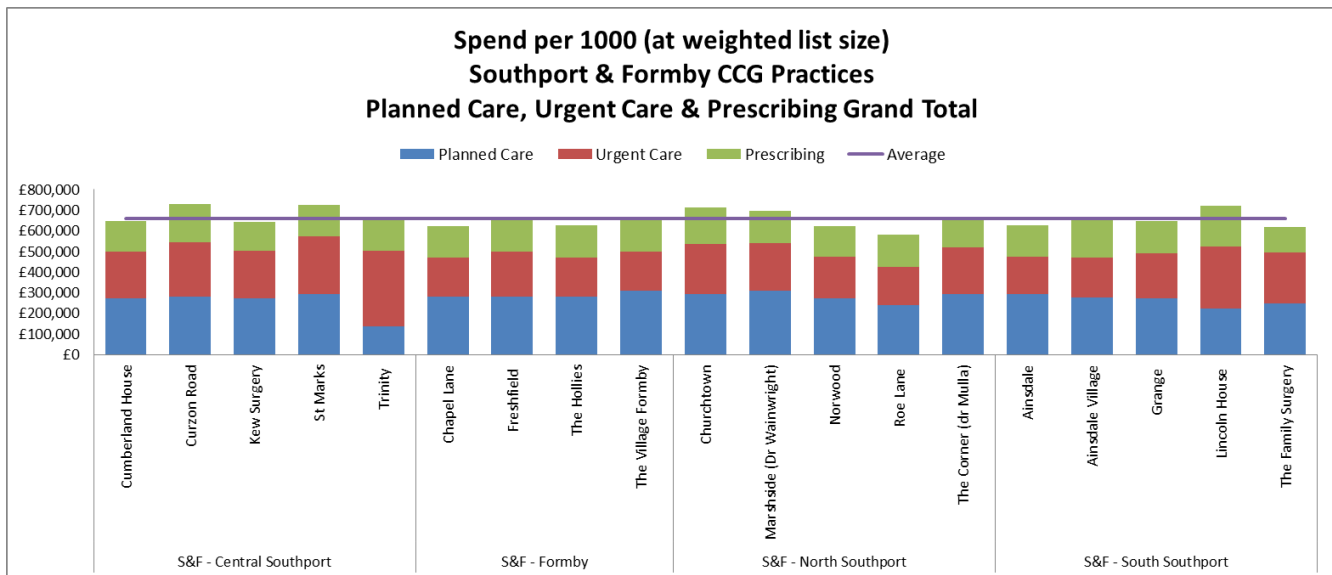
The data is presented for all practices, grouped to locality level and RAG rated to illustrate easily variation from the CCG average, where green is better than CCG average by 10% or more, and red is worse than CCG average. Amber is defined as better than CCG average but within 10%. Data is refreshed 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).

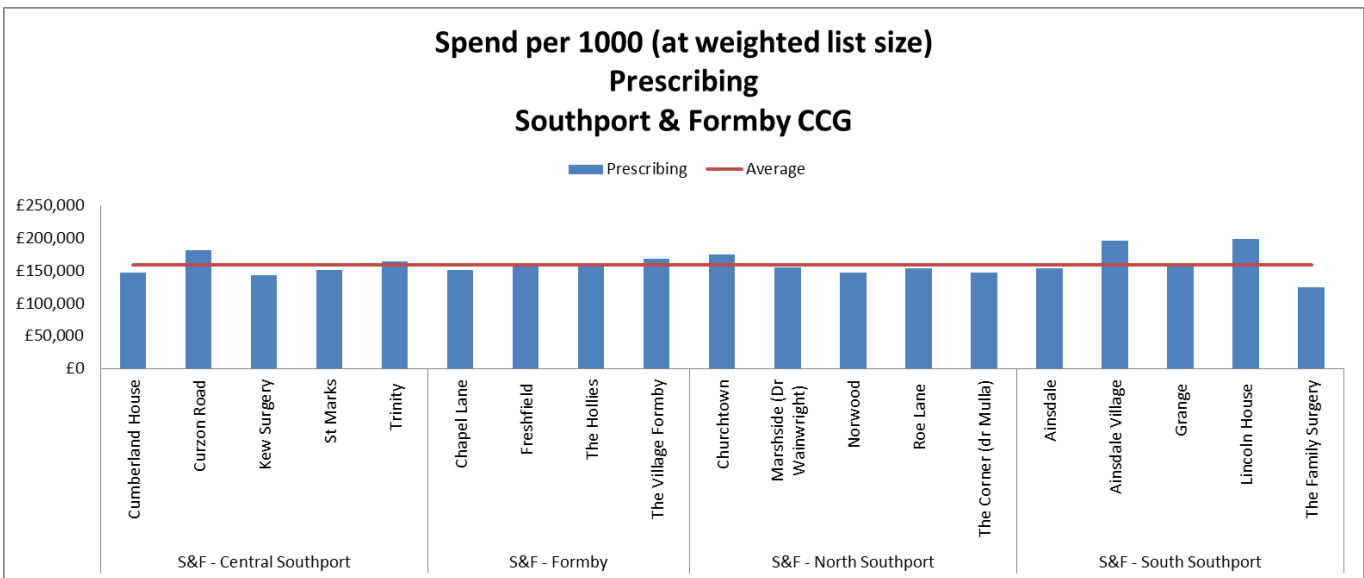
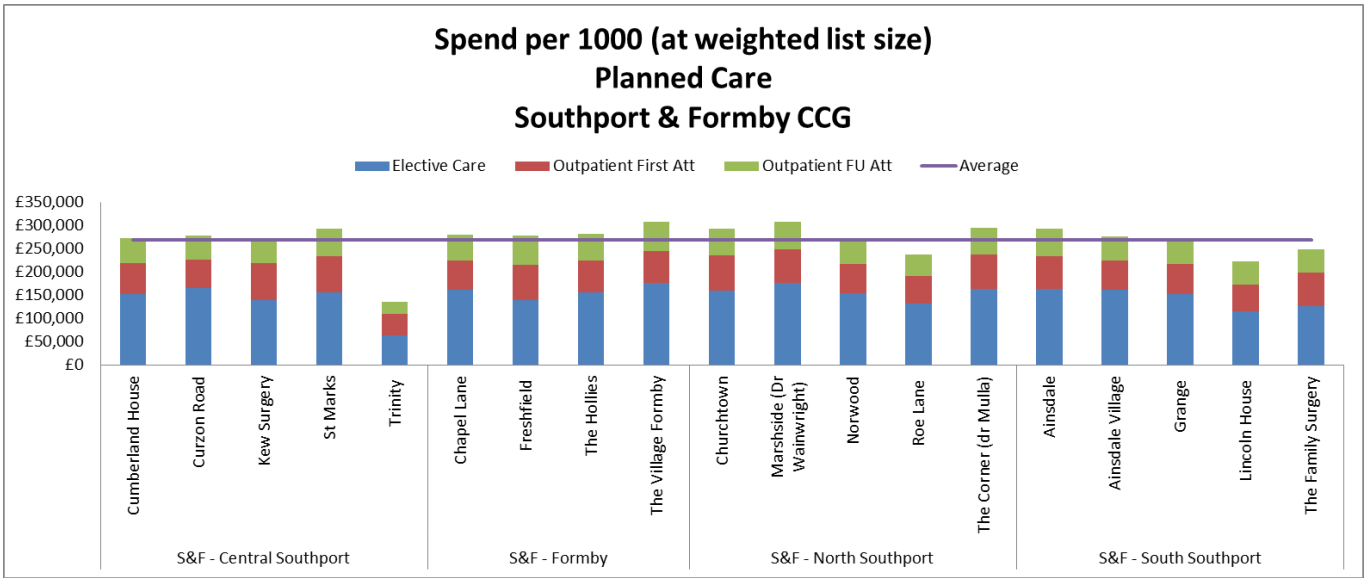


11.4 Summary of performance

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 27 Summary of Primary Care Dashboard – Urgent Care Summary





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 17/09/2015:

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

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

BCF NEL Admissions (MAR)	Apr	May	Jun	Q1	Jul	Year to Date
Plan	3,003	3,003	3,003	9,009	2,941	11,950
Actual	3,257	3,245	2,958	9,461	2,957	12,418
Var	254	242	-45	452	17	468
%age Var	8.5%	8.1%	-1.5%	5.0%	0.6%	3.9%

13. NHS England Activity Monitoring

Measures		Apr	May	Jun	Jul	YTD
E.C.8 A&E (Type 1, 2 & 3)	Plan	3132	3293	3188	3442	13055
	Actual	3307	3302	3426	3529	13564
	Var	175	9	238	87	509
	%age Var	5.6%	0.3%	7.5%	2.5%	3.9%
E.C.32 Daycase (All Specs)	Plan	1629	1708	1767	1730	6834
	Actual	1530	1418	1594	1545	6087
	Var	-99	-290	-173	-185	-747
	%age Var	-6.1%	-17.0%	-9.8%	-10.7%	-10.9%
E.C.2 Daycase (G&A)	Plan	1629	1707	1767	1730	6833
	Actual	1530	1417	1594	1545	6086
	Var	-99	-290	-173	-185	-747
	%age Var	-6.1%	-17.0%	-9.8%	-10.7%	-10.9%
E.C.21 Elective (All Specs)	Plan	250	262	272	265	1049
	Actual	246	251	309	302	1108
	Var	-4	-11	37	37	59
	%age Var	-1.6%	-4.2%	13.6%	14.0%	5.6%
E.C.1 Elective (G&A)	Plan	250	262	272	266	1050
	Actual	246	251	309	302	1108
	Var	-4	-11	37	36	58
	%age Var	-1.6%	-4.2%	13.6%	13.5%	5.5%
E.C.23 Non Elective	Plan	1358	1428	1382	1492	5660
	Actual	1372	1326	1447	1572	5717
	Var	14	-102	65	80	57
	%age Var	1.0%	-7.1%	4.7%	5.4%	1.0%
E.C.4 Non Elective (G&A)	Plan	1313	1380	1335	1441	5469
	Actual	1335	1290	1413	1527	5565
	Var	22	-90	78	86	96
	%age Var	1.7%	-6.5%	5.8%	6.0%	1.8%
E.C.24 OP All 1st (All Spec)	Plan	3190	3346	3463	3389	13388
	Actual	3761	3547	4338	3997	15643
	Var	571	201	875	608	2255
	%age Var	17.9%	6.0%	25.3%	17.9%	16.8%
E.C.5 OP All 1st (G&A)	Plan	3114	3266	3380	3309	13069
	Actual	3544	3335	4101	3770	14750
	Var	430	69	721	461	1681
	%age Var	13.8%	2.1%	21.3%	13.9%	12.9%
E.C.25 OP All 1st Following GP Ref(All Spec)	Plan	2037	2137	2211	2165	8550
	Actual	2246	2235	2670	2441	9592
	Var	209	98	459	276	1042
	%age Var	10.3%	4.6%	20.8%	12.7%	12.2%
E.C.12 OP All 1st Following GP Ref(G&A)	Plan	1988	2085	2158	2112	8343
	Actual	2181	2160	2601	2375	9317
	Var	193	75	443	263	974
	%age Var	9.7%	3.6%	20.5%	12.5%	11.7%
E.C.6 All Subsequent OP	Plan	7318	7675	7943	7775	30711
	Actual	9121	8408	10144	9957	37630
	Var	1803	733	2201	2182	6919
	%age Var	24.6%	9.6%	27.7%	28.1%	22.5%

