

Southport & Formby Clinical Commissioning Group

Integrated Performance Report February 2016

Contents

1.# Executive Summary.....	5#
2.# Finance Summary.....	9#
3.# Referrals	9#
3.1# Referrals by source	9#
4.# Waiting Times.....	10#
4.1# NHS Southport and Formby CCG patients waiting	10#
4.2# Top 5 Providers	11#
4.3# Provider assurance for long waiters	12#
5.# Planned Care.....	12#
5.1# All Providers	12#
5.2# Southport and Ormskirk Hospital NHS Trust.....	13#
5.2.1# Southport & Ormskirk Hospital Key Issues	13#
5.3# Renacres Hospital	13#
5.3.1# Renacres Hospital Key Issues	14#
5.4# Aintree University Hospital	14#
5.4.1# Aintree University Hospital Key Issues.....	14#
5.5# Wrightington, Wigan & Leigh Hospital.....	15#
5.5.1# Wrightington, Wigan & Leigh Hospital Key Issues	15#
6.# Unplanned Care.....	16#
6.1# All Providers	16#
6.2# Southport and Ormskirk Hospital NHS Trust.....	16#
7.# Mental Health.....	17#
7.1# Mersey Care NHS Trust Contract.....	17#
Quality Overview	17#
7.2# Cheshire Wirral Partnership - Improving Access to Psychological Therapies Contract	18#
8.# Community Health	21#
8.1# Southport and Ormskirk Community Health	21#
9.# Third Sector Contracts.....	26#
10.# Quality and Performance	27#
10.1# NHS Southport and Formby CCG Performance.....	27#
10.2# Friends and Family – Southport and Ormskirk Hospital NHS Trust	38#
10.3# Serious Untoward Incidents (SUIs) and Never Events.....	39#
11.# Primary Care	40#
11.1# Background	40#



11.2# Content.....	40#
11.3# Format.....	40#
11.4# Summary of performance.....	40#
11.5# CQC Inspections.....	42#
12.# NHS England Activity Monitoring.....	44#

List of Tables and Graphs

Figure 4 Number of GP and 'other' referrals for the CCG across all providers	9#
Figure 5 GP and 'other' referrals for the CCG across all providers comparing 2013/14, 2014/15 and 2015/16 by quarter	9#
Figure 8 Patients waiting on an incomplete pathway by weeks waiting	10#
Figure 9 Patients waiting (in bands) on incomplete pathway for the top 5 Providers	11#
Figure 10 All Providers (Excl S&O)	12#
Figure 11 Month 11 Planned Care- Southport and Ormskirk Hospital NHS Trust by POD	13#
Figure 12 Month 11 Planned Care- Renacres Hospital by POD	13#
Figure 13 Month 11 Planned Care- Aintree University Hospital by POD	14#
Figure 14 Month 11 Planned Care- Wrightington, Wigan & Leigh Hospital by POD	15#
Figure 15 Month 11 Unplanned Care – All Providers	16#
Figure 16 Month 11 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD	16#
Figure 17 NHS Southport and Formby CCG – Shadow PbR Cluster Activity	17#
Figure 18 CPA – Percentage of People under followed up within 7 days of discharge	17#
Figure 19 CPA Follow up 2 days (48 hours) for higher risk groups	17#
Figure 20 Monthly Provider Summary including (National KPI s Recovery and Prevalence)	20#
Figure 21: IAPT Waiting Time KPIs	21#
Figure 22 Friends and Family – Southport and Ormskirk Hospital NHS Trust	38#
Figure 27 Summary of Primary Care Dashboard – Urgent Care Summary	41#
Figure 28 NHS England Activity Monitoring	44#



1. Executive Summary

This report provides summary information on the activity and quality performance of Southport and Formby Clinical Commissioning Group at Month 11 (note: time periods of data are different for each source).

CCG Key Performance Indicators

NHS Constitution Indicators	CCG	Main Provider
A&E 4 Hour Waits (All Types)		SORM
Ambulance Category A Calls (Red 1)		NWAS
Cancer 2 Week GP Referral		SORM
RTT 18 Week Incomplete Pathway		SORM
Other Key Targets	CCG	Main Provider
A&E 4 Hour Waits (Type 1)		SORM
Ambulance Category A Calls (Red 2)		NWAS
Ambulance Category 19 transportation		NWAS
Cancer 14 Day Breast Symptom		
Cancer 31 Day First Treatment		SORM
Cancer 31 Day Subsequent - Drug		SORM
Cancer 31 Day Subsequent - Surgery		SORM
Cancer 31 Day Subsequent - Radiotherapy		SORM
Cancer 62 Day Standard		SORM
Cancer 62 Day Screening		SORM
Cancer 62 Day Consultant Upgrade		SORM
Diagnostic Test Waiting Time		SORM
Emergency Admissions Composite Indicator		
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)		
Emergency Admissions for acute conditions that should not usually require a hospital admission		
HCAI - C.Diff		SORM
HCAI - MRSA		SORM
IAPT Access - Roll Out		
IAPT - Recovery Rate		
Mental Health Measure - CPA		
Mixed Sex Accommodation		SORM
Patient Experience of Primary Care i) GP Services ii) Out of Hours (Combined)		
PROM: Elective procedures: Groin Hernia		SORM
PROM: Elective procedures: Hip Replacement		SORM
PROM: Elective procedures: Knee Replacement		SORM
PYLL Person (Annual Update)		
RTT 18 Week Admitted Pathway		SORM
RTT 18 Week Non Admitted Pathway		SORM
RTT 18 Week Incomplete Pathway		SORM
RTT 52+ week waiters		SORM
Stroke 90% time on stroke unit		SORM
Stroke who experience TIA		SORM
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s		
Unplanned hospitalisation for chronic ambulatory care		
Local Measure: Access to services BME		



Key Information from this report

Financial Performance - The CCG year-end accounts and reporting information is still being finalised and will be included in the Month 12 report in May 2016.

Referrals – January referrals from GPs are below the previous month but the year to date position is still 9% above 2014/15. Referrals from other sources are also lower than December but again 13% above the previous year.

A&E waits (All Types) – Year to date the CCG failed the 95% target achieving 91.40% (February achieving 85.60%). The target has been failed at CCG level since April 2015. Southport & Ormskirk also failed and achieved 91.35% year to date (with February achieving 85.40%) again failing the year to date target. The Trust is developing a new clinical strategy and operational plan to hit 90% by April 16 and 95% by April 2017.

A&E Waits (Type 1) - The CCG failed the 95% target in February reaching 72.88% and are failing year to date reaching 87.87%. In February 521 attendances out of 1921 were not admitted, transferred or discharged within 4 hours. Southport & Ormskirk have failed the target in February reaching 72.88%, and are failing year to date reaching 85.20%. In February 1649 attendances out of 6080 were not admitted, transferred or discharged within 4 hours.

Ambulance Activity - Category A Red 1, 8 minute response time – In February the CCG failed the 75% target recording 73.09% year to date. The CCG also failed Category A Red, 2 recording 65.98% year to date against a 75% target. Lastly Category 19 Transportation recording 87.58% year to date failing the 95% target. NWS have achieved Category Red 1 year to date but are failing Red 2 year to date achieving 71.57% and are failing the 95% target for Category 19 achieving 93.19%. The delivery and sustainability of emergency ambulance performance remains a key priority for commissioners. NWS have provided assurance that regional Red 1 performance will be maintained above 75% to the year-end, but Red 2 cannot be recovered by year end. Blackpool CCG and the Strategic Partnership Board have applied fines equal to 2% of the total contract relating to performance, and also fines relating to handover and turnaround (total fines £5,383,684).

Cancer Indicators – For February the CCG are achieved all cancer indicators apart from two. The two failing indicators were 2 week breast symptoms, in February the CCG achieved 91.9% and are still failing year to date due to previous months breaches, recording 89.81%. Also 62 day consultant upgrade achieving 80.58% year to date, and are under plan due to previous months breaches. In February there were 5 patient breaches out of a total of 11 (54.55%). Southport & Ormskirk are achieving all cancer indicators apart from 62 day screening where they are failing year to date achieving 79.17%, failure due to previous month breaches. Year to date there have been the equivalent of 2.5 breaches out of a total of 12 patients.

Diagnostics – The CCG failed to achieve the <1% target in February hitting 1.39% waiting over 6 weeks for their diagnostic test. Out of 2088 patients 29 waited over 6 weeks for their diagnostic tests, 4 waiting over 13 weeks.

Emergency Admissions Composite Measure - Currently this measure is over performing year to date against plan of 2139.14 with February showing a value of 2382.38. Compared with the same period last year the CCG has had 217 less admissions than same period last year. The monthly plans for 2015-16 been split using last year's seasonal performance.

Friends & Family - Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the three parts for both inpatients and A&E.



Measure – February 2016	Southport & Ormskirk	England Average
Inpatient – response	21.5%	24.9%
Recommended	96%	96%
Not Recommended	2%	2%
A&E – response	1.3%	12.9%
Recommended	71%	85%
Not Recommended	20%	8%

HCAI – C difficile – The CCG had 1 new cases reported in February and are above target for C. difficile year to date, (actual 36 / plan 35). Year-end plan 38. Southport & Ormskirk also saw 4 new cases in February (actual 36 / plan 33). Year-end plan is 36. Following successful appeals the Trust now has had 25 attributable cases against an annual target of 36 attributable cases.

HCAI – MRSA – February saw 1 new case of MRSA for the CCG this is the first case reported in 2015-16. This brings the CCG over the zero tolerance threshold. Southport & Ormskirk have had 1 new case reported in February, this brings the year to date total to 2.

IAPT Access – Roll Out – The CCG are under plan for Q3 for IAPT Roll Out and reached 2.54%, which shows an improvement on Q2 (2.05%) plan 3.75%. This equates to 484 patients having entered into treatment out of a population of 19079 (Psychiatric Morbidity Survey). The CCG are also under plan in February reaching 1.00%, out of a population of 19079, 186 patients have entered into treatment. There has been a slight decrease on previous month when the trust reported 1.10%.

IAPT Recovery - The CCG are under the 50% plan for recovery rate In Q3 reaching 43.19%. This equates to 111 patients who moved to recovery out of 280 who completed treatment. But the monthly data shows for February the CCG are over plan for recovery rate reaching 51.10%. This equates to 46 patients who have moved to recovery out of 90 who have completed treatment, there has been an increase in performance from the previous month when the trust reported 47.31%.

MSA – In February the CCG reported 2.50 breaches per 1000 FCE, which was 9 breaches, this is above the target and as such are reporting red for this indicator the seventh time in 2015-16. In February Southport & Ormskirk Trust reported 2.70 breaches per 1000 FCE, which was 14 breaches, this is above the target and as such are also reporting red for this indicator for the seventh time in 2015-16. The trust has had 62 breaches year to date. The Provider reports that all the current breaches relate to critical care. This is an area of priority. The Director of Nursing has set up a system to ensure that breaches are brought to zero as soon as possible.

RTT 18 Weeks – Admitted patients - This is indicator is monitored at local level again the previous statutory target of 90%. The CCG have narrowly failed the target reaching 89.06%, this equates to 78 patients out of 635 not seen within 18 weeks. Southport & Ormskirk also failed the target reaching 83.45%, this equates to 147 out of 888 not seen within 18 weeks.

Patient Safety Incidents Reported – Southport & Ormskirk reported 8 Serious Untoward Incidents in March, bringing the year to date total to 91. (4 x pressure ulcer grade 3, 1 x allegation against HC non-professional, 1 x diagnosis, 1 x pressure ulcer grade 4 and 1 x serious self-inflicted injury inpatient.

Patient reported outcomes measures (PROMS) for elective procedures: Groin hernia – Provisional data (Apr 14 – Mar 15) shows Southport & Formby CCG reported 0.071 for average health gain following a groin hernia operation which is higher than the previous year which was 0.67 for 2013-14, but under the plan of 0.082. England average being 0.084. This indicator is flagged as red.

Hip replacement - Provisional data (Apr 14 – Mar 15) shows Southport & Formby CCG reported 0.421 for average health gain following a hip operation which is lower than the plan 0.429. Also lower than the England average 0.437. This indicator is flagged as red



Knee replacement - Provisional data (Apr 14 – Mar 15) shows the Southport & Formby CCG reported 0.310 for knee replacement operation, this is lower than the previous year which was 0.340 for 2013-14 and slightly under the plan of 0.311. England average being 0.315. This indicator is flagged as red. 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.

Stroke 90% time on stroke unit – The CCG failed to achieve the 80% target in February hitting 68.42%, 13 out of 19 patients spending at least 90% of their time on a stroke unit. Southport & Ormskirk failed to achieve the 80% target in February reaching 61.76%, 21 patients out of 34 spending at least 90% of their time on a stroke unit. An early supported discharge business case has been put forward as part of the business planning. Main concern is mixed sex and a partition is being considered in one of the bays. Further exacerbated by bed pressures.

Local Measure – Access to Community Mental Health Services by BME – The latest data shows access to community mental health services by people from BME groups is over the CCG plan (actual 2202.8 / plan 2200). This is also improvement on the previous year when the CCG rate was 2118.0.

2. Finance Summary

The CCG year-end accounts and reporting information is still being finalised and will be included in the Month 12 report in May 2016.

3. Referrals

3.1 Referrals by source

Figure 1 Number of GP and 'other' referrals for the CCG across all providers

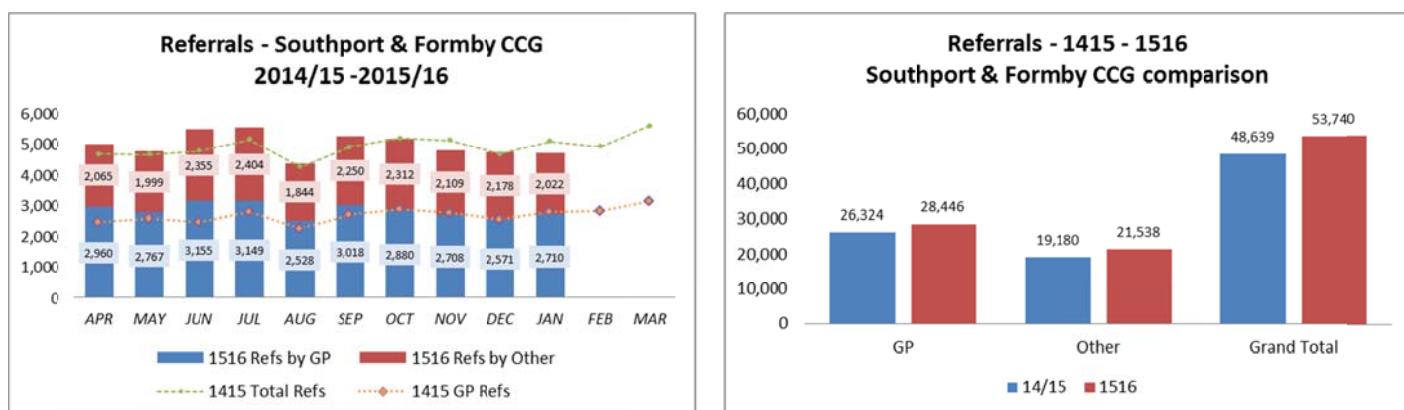


Figure 2 GP and 'other' referrals for the CCG across all providers comparing 2013/14, 2014/15 and 2015/16 by quarter

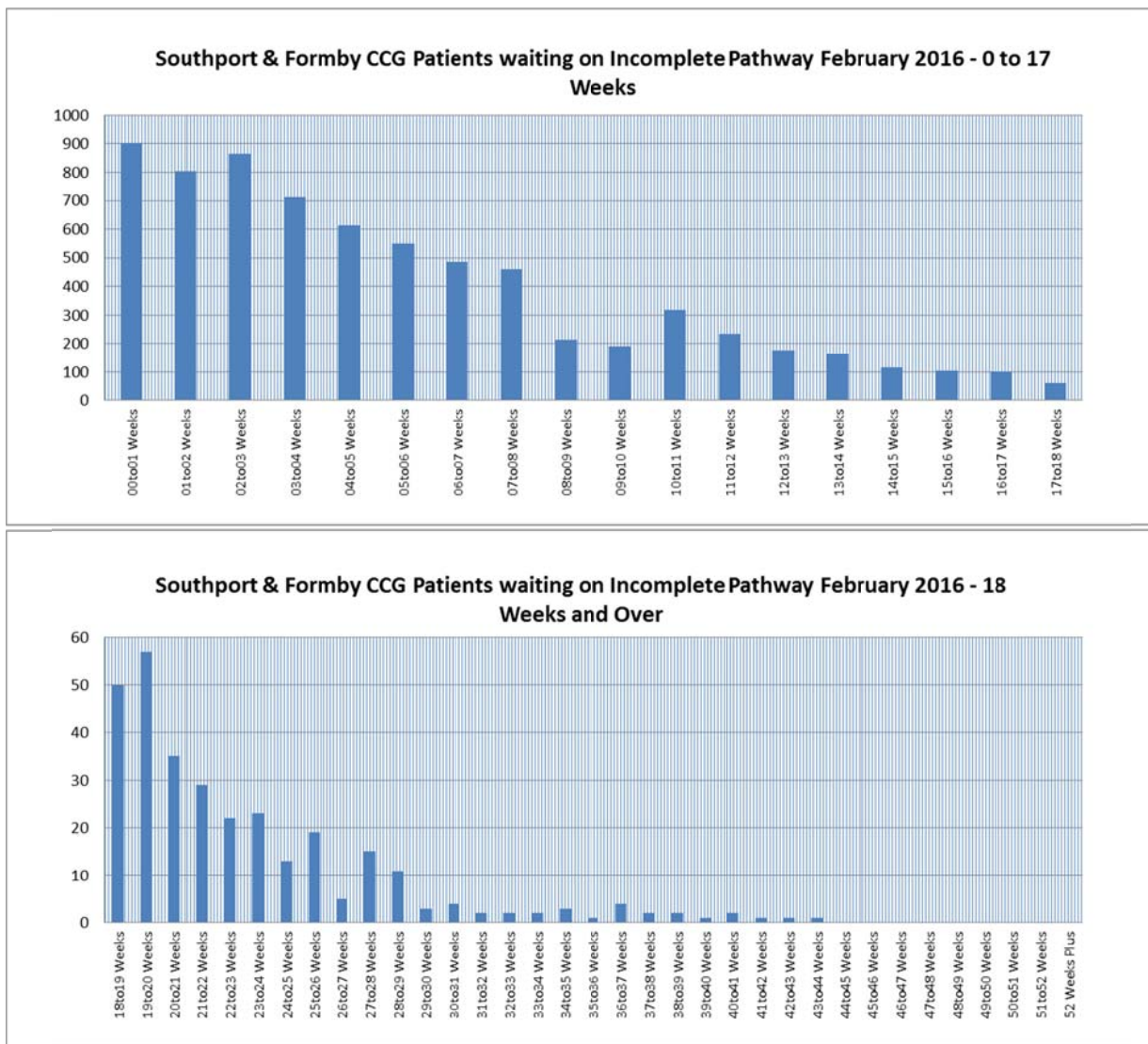
Referral Type	DD Code	Description	1314 Q1	1314 Q2	1314 Q3	1314 Q4	1415 Q1	1415 Q2	1415 Q3	1415 Q4	1516 Q1	1516 Q2	1516 Q3	1314 YTD	1415 YTD	1516 YTD	Variance	% Variance 1415 - 1516	1314 - 1516 Trendline	
GP	03	GP Ref	7,523	7,460	7,365	7,489	7,538	7,772	8,209	8,780	8,883	8,693	8,159	22,348	23,519	25,735	2,216	9%		
GP Total			7,523	7,460	7,365	7,489	7,538	7,772	8,209	8,780	8,883	8,693	8,159	22,348	23,519	25,735	2,216	9%		
Other	01	following an emergency admission	611	600	511	570	581	569	145	30	29	27	39	1,722	1,295	95	-1,200	-93%		
	02	following a Domiciliary Consultation	3	1	1	0	0	0	3	70	95	19	7	3	5	73	29	-44	0%	
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	733	660	645	636	684	726	755	691	848	824	807	2,038	2,165	2,479	314	15%		
	05	A CONSULTANT, other than in an Accident and Emergency Department	2,034	1,950	1,952	2,133	2,078	2,084	2,685	2,635	2,960	3,203	2,917	5,936	6,847	9,080	2,233	33%		
	06	self-referral	248	288	314	293	305	284	356	389	482	395	446	850	945	1,323	378	40%		
	07	A Prosthetist	1	6	2	4	2	7	1	1	2	1	2	9	10	5	-5	-50%		
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	17	39	39	54	35	47	36	33	59	51	45	95	118	155	37	31%		
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	191	167	180	179	185	189	140	137	136	147	124	538	514	407	-107	-21%		
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	1	0	0	0	0	1	0	1	2	2	3	1	1	7	6	0%		
	13	A Specialist NURSE (Secondary Care)	9	4	5	4	5	8	7	9	13	19	17	18	20	49	29	145%		
	14	An Allied Health Professional	40	26	29	147	417	438	325	401	446	431	460	95	1,180	1,337	157	13%		
	15	An OPTOMETRIST	129	141	169	196	193	177	125	161	160	184	205	439	495	549	54	11%		
	16	An Orthoptist	1	1	0	1	0	1	0	24	30	25	18	2	1	73	72	0%		
	17	A National Screening Programme	12	2	25	35	82	59	93	105	168	159	181	39	234	508	274	117%		
	92	A GENERAL DENTAL PRACTITIONER	416	402	431	397	403	399	439	389	402	393	385	1,249	1,241	1,180	-61	-5%		
	93	A Community Dental Service	8	2	8	4	5	4	8	3	4	0	1	18	17	5	-12	-71%		
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	664	639	653	673	666	676	718	687	659	622	941	1,956	2,060	2,222	162	8%			
Other Total			5,118	4,928	4,964	5,326	5,641	5,672	5,903	5,791	6,419	6,490	6,594	15,010	17,216	19,503	2,287	13%		
Unknown (All are Renacres SOR coding error)			1,119	1,280	1,421	1,264	972	911	917	1,104	1,152	1,198	1,039	3,820	1,883	3,389	1,506	80%		
Grand Total			13,760	13,668	13,750	14,079	14,151	14,355	15,029	15,675	16,454	16,381	15,792	18,830	19,099	22,892	3,793	20%		

January referrals from GPs are below the previous month but the year to date position is still 9% above 2014/15. Referrals from other sources are also lower than December but again 13% above the previous year. Referrals to Southport & Ormskirk Trust are currently being investigated as the Trust have stated a change in recording since the installation of the new PAS (Oct-14) has resulted in an increased variance not wholly due to growth. The CCG and the Trust are working to establish the exact impact the new PAS has had on referrals.

4. Waiting Times

4.1 NHS Southport and Formby CCG patients waiting

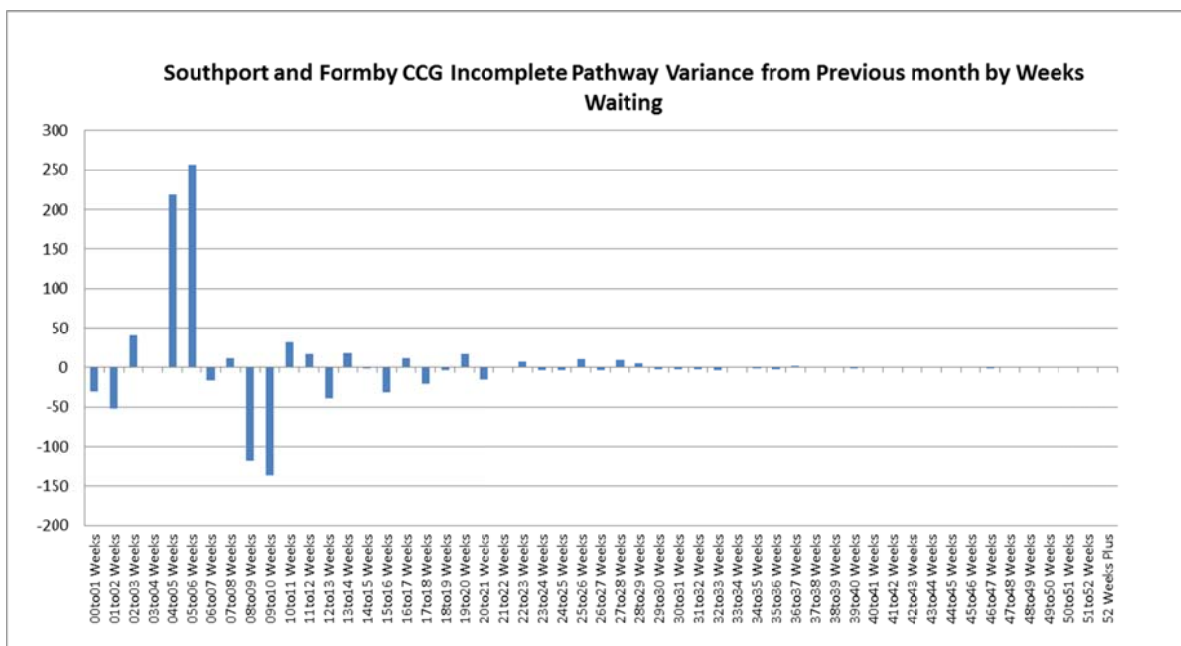
Figure 3 Patients waiting on an incomplete pathway by weeks waiting



There were 310 patients (4.2%) waiting over 18 weeks on Incomplete Pathways at the end of February 2016, an increase of 14 patients (4.7%) from Month 10 (15/16).

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





There were 7,387 patients on the Incomplete Pathway at the end of February 2016, an increase of 177 patients (2.5%) since January 2016.

4.2 Top 5 Providers

Figure 4 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	4026	780	4806	138	25	2	165	4971
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	396	114	510	15	10	4	29	539
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	286	119	405	12	17	11	40	445
RENACRES HOSPITAL	371	68	439	0	0	0	0	439
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	111	46	157	23	11	3	37	194
Other Providers	612	148	760	28	3	8	39	799
Total All Providers	5802	1275	7077	216	66	28	310	7387

4.3 Provider assurance for long waiters

Provider	Specialty	Wks.	Additional Information
Alder Hey	Other	42	Awaiting information from provider
Royal	General Surgery	43	Clock Stop 11/03/16
Royal	T&O	41	Validated - Patient no longer long waiter
WWL	T&O	42	Awaiting information from provider

5. Planned Care

Performance at Month 11 of financial year 2015/16, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of £3.4m. This over-performance is driven by increases at Southport & Ormskirk Hospital (£959k), Aintree Hospital (£541k) and Renacres Hospital (£990k).

ARMD is a growing area. Benchmarking has revealed a variance in the prices charged by providers under local tariff arrangements. A review is being undertaken across the region to standardise treatment pathways and prices. This will be completed in Spring 2016.

5.1 All Providers

Figure 5 All Providers (Excl S&O)

ALL Providers (PBR & Non PBR. PBR for 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
Aintree University Hospitals NHS F/T	14,895	13,558	16,746	3,188	24%	£3,499	£3,187	£3,728	£541	17%
Alder Hey Childrens NHS F/T	5,048	4,611	5,180	569	12%	£642	£586	£595	£8	1%
Countess of Chester Hospital NHS FT	0	0	93	93	0%	£0	£0	£17	£17	0%
Liverpool Heart and Chest NHS F/T	1,622	1,484	1,905	421	28%	£913	£836	£949	£114	14%
Liverpool Womens Hospital NHS F/T	2,398	2,205	2,327	122	6%	£728	£669	£651	£-18	-3%
Royal Liverpool & Broadgreen Hospitals	14,718	13,467	13,771	304	2%	£3,093	£2,830	£3,122	£292	10%
ST Helens & Knowsley Hospitals	4,280	3,906	4,355	449	12%	£946	£865	£1,010	£145	17%
Wirral University Hospital NHS F/T	315	288	245	-43	-15%	£103	£94	£64	£-30	-32%
Southport & Ormskirk Hospital	110,470	101,445	105,053	3,608	4%	£22,280	£20,388	£21,347	£959	5%
Central Manchester University Hospitals Nhs FT	236	216	264	48	22%	£44	£41	£67	£27	66%
Fairfield Hospital	103	95	72	-23	-24%	£27	£24	£10	£-14	-58%
ISIGHT (SOUTHPORT)	2,846	2,608	3,001	393	15%	£686	£629	£730	£101	16%
Renacres Hospital	11,606	10,560	13,608	3,048	29%	£3,095	£2,815	£3,805	£990	35%
SPIRE LIVERPOOL HOSPITAL	866	793	524	-269	-34%	£229	£210	£185	£-25	-12%
University Hospital Of South Manchester Nhs FT	199	182	0	-182	-100%	£36	£33	£37	£4	11%
Wrightington, Wigan And Leigh Nhs FT	2,163	1,983	2,779	796	40%	£776	£711	£992	£281	40%
Grand Total	171,764	157,401	169,923	12,522	8%	£37,097	£33,919	£37,309	£3,390	10%



5.2 Southport and Ormskirk Hospital NHS Trust

Figure 6 Month 11 Planned Care- Southport and Ormskirk Hospital NHS Trust by POD

S&O Hospital Planned Care (PbR ONLY)	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	11,747	10,705	11,351	646	6%	£6,367	£5,802	£6,156	£354	6%
Elective	1,554	1,412	1,497	85	6%	£4,142	£3,766	£3,862	£97	3%
Elective Excess BedDays	315	287	274	-13	-4%	£70	£64	£61	-£3	-5%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	800	735	1,383	648	88%	£129	£118	£204	£86	73%
OPFASPCL - Outpatient first attendance single professional consultant led	18,095	16,635	14,092	-2,543	-15%	£2,767	£2,544	£2,171	-£373	-15%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,885	1,733	3,389	1,656	96%	£198	£182	£343	£160	88%
OPFUPSPCL - Outpatient follow up single professional consultant led	45,503	41,832	40,852	-980	-2%	£4,188	£3,850	£3,843	-£6	0%
Outpatient Procedure	20,351	18,709	22,068	3,359	18%	£3,599	£3,309	£3,867	£558	17%
Unbundled Diagnostics	10,220	9,395	10,147	752	8%	£820	£754	£841	£87	12%
Grand Total	110,470	101,445	105,053	3,608	4%	£22,280	£20,388	£21,347	£959	5%

5.2.1 Southport & Ormskirk Hospital Key Issues

Daycases are showing a £354k over performance against 2015/16 Month 11 plan. Trauma & Orthopaedics and General Surgery are the 2 main contributors to the planned care over performance. 2015/16 has seen a section of daycase activity shift to Outpatient Procedure, resulting in a £524k 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 7 Month 11 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	1,408	1,280	1,575	295	23%	£1,348	£1,226	£1,592	£366	30%
Elective	208	189	238	49	26%	£718	£653	£1,040	£387	59%
Elective Excess BedDays	13	12	0	-12	-100%	£4	£3	£0	-£3	-100%
OPFASPCL - Outpatient first attendance single professional consultant led	3,412	3,105	3,304	199	6%	£462	£421	£453	£32	8%
OPFUPSPCL - Outpatient follow up single professional consultant led	3,213	2,924	6,200	3,276	112%	£263	£239	£384	£145	61%
Outpatient Procedure	2,161	1,967	1,180	-787	-40%	£203	£185	£226	£41	22%
Unbundled Diagnostics	1,190	1,082	1,111	29	3%	£97	£88	£110	£22	25%
Grand Total	11,606	10,560	13,608	3,048	29%	£3,095	£2,815	£3,805	£990	35%



5.3.1 Renacres Hospital Key Issues

Renacres over performance is focused on Daycase and Elective care along with Outpatient follow up single professional consultant led. As expected, Trauma & Orthopaedics makes up 91% of the planned care overspend. 2015/16 daycase activity has seen an increase in Hand, Foot and shoulder procedures. Elective inpatient analysis shows us that 2 HRGs for major Hip & Knee procedures are up a combined £380k – which equates to circa 118% over performance for the two HRGs. Outpatient Follow Ups over performance continues to increase now showing a 57% price variance or £112k in terms of cost. CCG colleagues are investigating the reasons behind the increase noted in Major Hip and Knee operations.

5.4 Aintree University Hospital

Figure 8 Month 11 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	659	702	43	7%	£502	£456	£473	£17	4%
Elective	366	333	397	64	19%	£767	£698	£854	£157	22%
Elective Excess BedDays	460	419	202	-217	-52%	£105	£95	£46	-£50	-52%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	56	50	109	59	116%	£11	£10	£19	£9	93%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	219	199	265	66	33%	£11	£10	£11	£1	10%
OPFASPCL - Outpatient first attendance single professional consultant led	2,501	2,274	2,629	355	16%	£404	£367	£428	£60	16%
OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	137	124	155	31	25%	£17	£15	£18	£3	19%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	84	76	411	335	438%	£2	£2	£10	£8	437%
OPFUPSPCL - Outpatient follow up single professional consultant led	6,351	5,775	6,785	1,010	17%	£589	£535	£639	£103	19%
Outpatient Procedure	2,121	1,929	2,533	604	31%	£326	£296	£413	£117	39%
Unbundled Diagnostics	942	863	1,641	778	90%	£82	£75	£131	£56	75%
Wet AMD	934	857	917	60	7%	£685	£628	£687	£59	9%
Grand Total	14,895	13,558	16,746	3,188	24%	£3,499	£3,187	£3,728	£541	17%

5.4.1 Aintree University Hospital Key Issues

Daycase & Elective combined over performance continues to rise to £135k/12%. This is primarily driven by Breast Surgery, however Gastroenterology and ENT have seen an increase in activity over the last two months.

Combined Daycase/Elective Cardiology activity has seen a marked increase in month 11. This is as a result of three heart failure HRGs applicable to the new ambulatory heart failure service. This activity is being coded as Daycase & Electives rather than Outpatient procedures. There has been no agreement with the Trust relating to the cost of the tariff and the commissioners will expect an outpatient procedure cost for this service.

Over performance for Outpatient Follow Ups is in single professional consultant led. 50% of this over performance is related to the increased activity levels in Breast Surgery due to the transfer of activity into Aintree.

Outpatient Procedure over performance is attributable mainly to Interventional Radiology £60k/258% over performing. The Interventional Radiology over performance is linked to HRG 'Unilateral Breast Procedures'. Further analysis of activity carried out under this HRG show that procedures involve fine needles and imaging-guided biopsies, therefore attributable to Interventional Radiology, but also increased due to the transfer of Breast Surgery activity into Aintree and the Breast Surgery over performance in outpatient first attendances.

5.5 Wrightington, Wigan & Leigh Hospital

Figure 9 Month 11 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	134	152	18	14%	£218	£200	£203	£4	2%
Elective	70	64	100	36	56%	£368	£338	£546	£209	62%
Elective Excess BedDays	62	57	10	-47	-82%	£15	£14	£2	-£12	-84%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	30	27	41	14	49%	£3	£3	£3	£1	19%
OPFASPCL - Outpatient first attendance single professional consultant led	281	258	415	157	61%	£32	£29	£49	£20	70%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	46	42	59	17	40%	£4	£3	£5	£2	46%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	46	42	85	43	102%	£1	£1	£2	£1	113%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,090	999	1,436	437	44%	£79	£73	£110	£37	51%
Outpatient Procedure	156	143	202	59	41%	£28	£26	£38	£12	48%
Unbundled Diagnostics	236	216	266	50	23%	£28	£25	£31	£6	23%
Grand Total	2,163	1,983	2,779	796	40%	£776	£711	£992	£281	40%

5.5.1 Wrightington, Wigan & Leigh Hospital Key Issues

Elective activity is driving the increase in Planned Care at Wrightington. Within T&O Electives, there is a total cost of £175k allocated to HRGs applicable to major hip, shoulder and foot procedures but have no plan in 2015/16. The activity in these HRGs suggests these procedures are revisions to previous hip and knee replacements as the elderly population require second and third replacements of joints. Further analysis is taking place to understand this in more detail.

6. Unplanned Care

Unplanned Care at Month 11 of financial year 2015/16, shows an under-performance of circa -£521k for contracts held by NHS Southport & Formby CCG.

This underspend is driven by the -£391k underspend at Southport & Ormskirk Hospital. The two main Trusts over spending are Liverpool Women's £110k and Royal Liverpool £123k.

6.1 All Providers

Figure 10 Month 11 Unplanned Care – All Providers

ALL Providers (PBR & Non PBR. PBR for 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 (£000s)	Price variance to date (£000s)	Price YTD % Var
Southport & Ormskirk Hospital	55,228	50,303	52,127	1,824	4%	£27,674	£25,260	£25,651	£391	2%
Aintree University Hospitals NHS F/T	1,866	1,708	1,350	-358	-21%	£914	£838	£828	-£10	-1%
Alder Hey Childrens NHS F/T	773	702	710	8	1%	£416	£383	£322	-£61	-16%
Countess of Chester Hospital	0	0	49	49	0%	£0	£0	£11	£11	0%
Liverpool Heart and Chest NHS F/T	133	122	128	6	5%	£421	£385	£381	-£4	-1%
Liverpool Womens Hospital NHS F/T	245	225	304	79	35%	£202	£185	£311	£126	68%
Royal Liverpool & Broadgreen Hospitals	1,083	991	1,174	183	18%	£644	£589	£697	£108	18%
ST Helens & Knowsley Hospitals	398	364	368	4	1%	£214	£196	£176	-£20	-10%
Wirral University Hospital NHS F/T	112	102	50	-52	-51%	£45	£41	£24	-£17	-41%
Central Manchester University Hospitals	88	81	81	0	0%	£30	£27	£28	£0	2%
University Hospital Of South Manchester	47	43	17	-26	-60%	£8	£7	£12	£5	74%
Wrightington, Wigan And Leigh	62	57	70	13	23%	£53	£48	£38	-£11	-22%
Grand Total	60,035	54,696	56,428	1,732	3%	£30,621	£27,960	£28,481	£521	2%

6.2 Southport and Ormskirk Hospital NHS Trust

Figure 11 Month 11 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	32,292	33,238	946	3%	£3,951	£3,593	£3,973	£380	11%
NEL/NELSD - Non Elective/Non Elective IP Same Day	11,175	10,206	10,161	-45	-0.4%	£19,185	£17,523	£17,720	£197	1%
NELNE - Non Elective Non-Emergency	1,254	1,146	1,561	415	36%	£2,115	£1,931	£1,728	-£203	-11%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	217	198	211	13	6%	£68	£62	£63	£1	2%
NELST - Non Elective Short Stay	1,776	1,622	1,492	-130	-8%	£1,242	£1,134	£1,036	-£98	-9%
NELXBD - Non Elective Excess Bed Day	5,298	4,839	5,464	625	13%	£1,113	£1,017	£1,131	£114	11%
Grand Total	55,228	50,303	52,127	1,824	4%	£27,674	£25,260	£25,651	£391	2%

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 £592k. Over performance is offset by a large cost variance of -£1m in General Medicine.

7. Mental Health

7.1 Mersey Care NHS Trust Contract

Figure 12 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	43	11	34%
1 Common Mental Health Problems (Low Severity)	35	3	(32)	-91%
2 Common Mental Health Problems (Low Severity with greater need)	45	9	(36)	-80%
3 Non-Psychotic (Moderate Severity)	162	165	3	2%
4 Non-Psychotic (Severe)	128	161	33	26%
5 Non-psychotic Disorders (Very Severe)	29	34	5	17%
6 Non-Psychotic Disorder of Over-Valued Ideas	25	23	(2)	-8%
7 Enduring Non-Psychotic Disorders (High Disability)	96	125	29	30%
8 Non-Psychotic Chaotic and Challenging Disorders	62	64	2	3%
10 First Episode Psychosis	52	67	15	29%
11 On-going Recurrent Psychosis (Low Symptoms)	282	285	3	1%
12 On-going or Recurrent Psychosis (High Disability)	151	160	9	6%
13 On-going or Recurrent Psychosis (High Symptom & Disability)	105	99	(6)	-6%
14 Psychotic Crisis	18	15	(3)	-17%
15 Severe Psychotic Depression	7	6	(1)	-14%
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	6	10	4	67%
17 Psychosis and Affective Disorder – Difficult to Engage	35	23	(12)	-34%
18 Cognitive Impairment (Low Need)	365	247	(118)	-32%
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	465	789	324	70%
20 Cognitive Impairment or Dementia Complicated (High Need)	159	206	47	30%
21 Cognitive Impairment or Dementia (High Physical or Engagement)	50	52	2	4%
Reviewed Not Clustered	30	60	30	100%
No Cluster or Review	46	93	47	102%
Total	2,385	2,739	354	15%

Figure 13 CPA – Percentage of People under followed up within 7 days of discharge

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	Target 95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
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Figure 14 CPA Follow up 2 days (48 hours) for higher risk groups

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.	Target 95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
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Quality Overview

At Month 11, Merseycare are compliant with quality schedule reporting requirements. The Trust is working with the CCG Quality team to develop the safer staffing report. At the last CQPG the Trust provided an update on the Quality Strategy and Nurse revalidation. In addition, work continues with Liverpool CCG and Mental Health Quality Leads to develop a new Serious Incident report .

Specific concerns remain regarding the Clock View Site, GP referral pathways were discussed at CQPG on 15th April 16 with the Trust's Director of Nursing who was taking this away as an action. The CCG are monitoring this through the CQPG.

The CCGs have recently met with the Trust Director of Nursing and the relevant provider teams to gain an understanding of the patient pathway from A&E to the specialist suite at Clock View due to some longer than expected waiting times. A member of the Quality Team has also 'shadowed' the Mersey Care Team to observe the systems and processes they have in place when undertaking internal quality assurance visits and plans are in place for a future visit to take place. The Quality Team has offered a reciprocal arrangement to the Trust to see how the CCGs' Quality Team operates as part of a 'commissioner / provider knowledge exchange' and to further support joint working and learning opportunities across the local system.

The CCG Chief Nurse shadowed the Trust's Director of Nursing when he undertook unannounced night visits to Trust facilities across the patch

Contract Query

The contract query relating to 12 hour breaches at Aintree which occurred in August 2016 has formally been closed, however commissioners are continuing to monitor performance.

7.2 Cheshire Wirral Partnership - Improving Access to Psychological Therapies Contract

The prevalence position at month 11 is below the planned target. Year to date the actual prevalence rate as at month 11 is 8.42%. If current activity levels continue this would give a forecast outcome that would fall below the 15% target at 2015/16 year end. To achieve the prevalence target the Provider would need 1256 people entering treatment in March.

During the year the recovery rate has fluctuated and has been both above and below the 50% target. This has been a concern from month 5 when the recovery actual was 58.7% as to whether the service could maintain this. At month 11 the recovery is 51.1% and this is an improvement on the position last month.

Total referrals remain at the same level as last month. The number of patients self-referring is up on last month however the percentage of referrals from GPs has decreased and this may be due to previous awareness initiatives conducted by the trust not being sustained.

The number of patients entering treatment is as last month above the monthly average.

The percentage of patients entering treatment in 28 days or less appears to be on an upward trend after falling off slightly at Christmas. This is affected by not enough people entering treatment.

There have been 138 cancellations by the patient and this is an increase on last month and has been steadily rising since December 2015. Cancellations by the provider are on average 45 per month however at month 10 there is a reduction on last month with 43 cancellations by the provider. This requires further investigation as this is an on-going issue. Is the level of cancellations related to the length of time a patient waits from initial contact to the start of the course of treatment sessions?

The service has previously confirmed that the provider cancellations have been attributable to staff sickness within the service which the service is continuing to manage. All cancelled appointments are rebooked immediately.



Both DNAs and cancellations remain static and the provider will be requested to report how they intend to tackle the numbers of cancellations and DNAs further.

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

At month 11 self-referrals are higher than last month however there is decrease in GP referrals. The percentage of self-referrals may be impacting on the “watchful wait” that is usually managed by the GP as this is missed and clients referring are assessed promptly. Following the assessment the natural process of managing some level of emotional distress occurs and when appointments are offered the desire to engage in therapy has diminished.

The service text reminder service is being used to assist in the reduction of DNAs. This gives the prompt to clients 24 hours before an appointment for those most likely to have forgotten.

It was agreed at the February contract meeting that the contract performance notice would be closed. It is recognised that there is still a discrepancy between provider and HSCIC data but the gap in figures has narrowed once again in the latest month (December 2015 is the latest HSCIC data available).



Figure 15 Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Performance Indicator		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	TOTALS
Population (Psychiatric Morbidity Survey)		19079	19079	19079	19079	19079	19079	19079	19079	19079	19079	19079	19079
National definition of those who have entered into treatment		103	96	130	164	104	123	128	165	191	216	186	1606
Prevalence Trajectory (%)		1.25%	1.25%	1.25% (a1=3.7)	1.25%	1.25%	1.25% (a2=3.75%)	1.25%	1.25%	1.25% (a3=3.7)	1.25%	1.25%	15.00%
Prevalence Trajectory ACTUAL		0.54%	0.50%	0.68%	0.86%	0.55%	0.64%	0.67%	0.86%	1.00%	1.13%	0.97%	8.42%
National definition of those who have completed treatment (KPI5)		95	85	78	99	83	93	79	115	86	101	98	
National definition of those who have entered Below Caseness (KPI6b)		7	8	6	9	8	6	3	8	12	8	8	
National definition of those who have moved to recovery (KPI6)		39	47	35	40	44	39	29	41	41	44	46	
Recovery - National Target		50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	
Recovery ACTUAL		44.3%	61.0%	48.6%	44.4%	58.7%	44.8%	38.2%	38.3%	55.4%	47.3%	51.1%	
Referrals Received		290	253	255	245	209	244	225	264	206	239	239	
Gp Referrals		192	138	108	107	87	101	89	81	57	107	75	
% GP Referrals		66%	55%	42%	44%	42%	41%	40%	31%	28%	45%	31%	
Self referrals		64	81	126	117	110	138	109	163	134	111	144	
% Self referrals		22%	32%	49%	48%	53%	57%	48%	62%	65%	46%	60%	
Other referrals <small>Other Referrals are 11 - Acute Care Team, 1 - Perinatal, 4 - Other, 2- Pyschiatrist, 2-SecondaryCare</small>		34	34	21	21	12	5	27	20	15	21	20	
% Other referrals		12%	13%	8%	9%	6%	2%	12%	8%	7%	9%	8%	
Referral not suitable or returned to GP		0	0	0	0	0	0	0	0	0	0	0	
Referrals opting in		275	228	204	173	162	171	153	177	148	196	192	
Opt-in rate %		95%	90%	80%	71%	78%	70%	68%	67%	72%	82%	82%	
Patients starting treatment by step (Local Definition)		Step 2	77	65	98	127	72	98	105	157	179	165	131
		Step 3	26	31	32	36	32	25	23	8	12	53	55
		Step 4				1							
		Total	103	96	130	164	104	123	128	165	191	218	186
Percentage of patients entering in 28 days or less		47.0%	50.0%	44.0%	58.0%	41.0%	45.0%	21.0%	37.8%	22.9%	23.3%	24.0%	
Completed Treatment Episodes by Step (Local Definition)		Step 2	141	90	116	145	91	166	186	236	166	233	164
		Step 3	287	273	248	191	261	223	209	205	338	259	283
		Step 4		1			1	1	1		7		
		Total	428	364	364	336	353	390	396	441	511	492	447
Activity	Attendances	Step 2	267	314	429	541	387	479	463	492	403	482	510
		Step 3	283	277	389	359	330	343	319	318	252	352	337
		Step 4		4	1	2	3	11	14	14	8	6	9
	DNA's	Step 2	42	62	108	117	55	84	88	65	51	66	72
		Step 3	20	31	41	46	34	35	35	24	14	25	17
		Step 4							1		0	0	1
	Cancels	Step 2	37	61	117	127	93	83	113	101	110	98	108
		Step 3	37	41	65	71	62	78	69	89	52	84	73
		Step 4			3			2	2	2	1	0	0
	Attendances	Total	550	595	819	902	720	833	796	824	663	840	856
	DNAs	Total	62	93	149	163	89	119	124	89	65	91	90
	Cancelled	Total	74	102	185	198	155	163	184	192	163	182	181
	Number Cancelled by patient	Total	43	60	136	144	112	106	138	155	118	125	138
Number Cancelled by provider	Total	31	42	49	54	43	57	46	37	45	57	43	

Figure 16: IAPT Waiting Time KPIs

	Indicator	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Year To Date
EH1_A1	The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	75% To be achieved by April 2016												
	Numerator		94	83	92	116	83	99	90	115	81	98	96	1047
	Denominator		96	84	95	127	85	104	93	117	83	101	98	1083
	%		97.9%	98.8%	96.8%	91.3%	97.6%	95.2%	96.8%	98.3%	97.6%	97.0%	98.0%	96.7%
EH2_A2	The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	95% to be achieved by April 2016												
	Numerator		96	84	95	127	85	104	93	117	83	101	97	1082
	Denominator		96	84	95	127	85	104	93	117	83	101	98	1083
	%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99.0%	100%

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 and the services going live. The trust is still unable to access all of the data inputted to the system for reporting purposes. These issues have been logged with EMIS and the Trust continues to work with the suppliers to resolve these issues. At month 11 it would appear that some progress has been made with some contact and referrals activity provided from January 2016. The data for May to December still remains unavailable.

Lymphodema and Palliative care is reported a month in arrears however, the former have not provided the most up to date performance this month.

Podiatry Non AQP-There has been a shift in activity between clinic based and community contacts with less activity in a clinic setting than planned.

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

Continence: This service continues to perform above planned levels and continues to have issue with long waits. Currently the longest wait is 34 weeks.

Pain Management: The refreshed data provided at month 11 year to date may still include activity that should be attributed to the acute part of the service. This was raised at the last FIG meeting and is still currently being investigated. This service has been affected also by staffing issues during the year and this had led to delays in the inputting of data in December due to staff sickness. The staff member has returned to work and continues in addressing the backlog. The service has 14 long waiters and further feedback from the service is awaited.



Blue badge: The longest waits have been increasing during the year and is now at 51 weeks. This is a small service.

Treatment Rooms: The trust are currently still investigating the increase in activity related to wound care which would normally be dealt with in primary care. This may be related to practices that do not have access to a practice nurse. The trust are currently investigating this and a response is still awaited.

Waiting Times

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

The CCG are working with the Trust to review Community KPIs and Quality Contract Measures and develop a new suite of indicators for inclusion in the 15/16 Contract. This is part of the work plan of the Finance and Information Group .A copy of the KPIs is to be circulated to the FIG 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. The Podiatry AQP is budget is £566,000. At month 11 2015/16 the costs to date is £357,277 compared to the same time last year £471,577 and at March 2014/15 it came in at 8% over budget. Activity comparisons this year (Southport and Formby CCG activity only) (5063) to last year (4873) show activity is up however the application of the £25 tariff has reduced the possible costs.

The trust has been asked to provide the diagnostics within the data set and have said that they will work towards including this. The trust may still need to raise credit notes in relation to an earlier query raised in relation to patients discharged at first visit and for more recent queries raised. This needs to be checked with finance. The trust raised possible technical problems that they may face moving forward with Podiatry AQP moving to EMIS at the last FIG meeting. The trust have been asked to contact another local community trust that may have had the same issues to establish if there is any solutions that can be shared.

Adult Hearing Audiology costs are over the full year budget. The budget is £248,000 the latest position available at month 10 2015/16 the costs are £356,065 which is 44% over the annual budget. The costs at the same time last year were £202,961 at month 10 2014/15. Comparisons of activity between the two time periods shows that activity is up 15/16 (1078) compared to 14/15 (964) and demand has increased.

This is due to three year reviews being seen and the allocated budget not being uplifted to take this effect into account. At month 7 the trust were asked to provide the number of scheduled reviews between November and March to give a forecast of the likely final year costs and this has been provided and passed to the finance lead.



The MSK AQP is also likely to over perform 2015/16 as at month 11 only 3% of the budget is left for the rest of the financial year. Last year there was financial underperformance on this AQP. A query was raised with the trust as to where the additional activity is coming from and a response to this is awaited however activity levels began to slow from November. At month 9 further queries were raised as duplicate patients have been identified within the submitted data set, same patients discharged in the same month and patients with no outcome of attendance despite some of them having a diagnosis that would indicate that further treatment may be required. The response from the trust agrees with the identification of duplicate records and changes due to the corrections are filtering through within the data sets received. Once the level of duplication has been established and rectified this will impact on the year to date spend and this may require the trust to issue credit notes. The data set previously also included patients where a tariff is present and the outcome has been recorded as “ NULL” and this was raised with the trust also. This has been investigated by the trust and the current data set at month 11 appears to have corrected this by including an outcome description. The data sets received will continue to be data quality checked to identify any issues on an on-going basis.

Quality Overview

The CCG is working with the Trust to develop a suite of Community specific KPIs, these will be incorporated into the Quality Schedule in 16/17. The Trust has been requested to deliver a presentation at the May CQPG regarding safer staffing and staff sickness particularly focusing on community services and district nursing.

Bridgewater Community Health

Paediatric Audiology: The trust met the 6 week access target of 99% in all boroughs with exception of Southport where performance is 41% with 37 children not seen within the timeframe. The availability of staffing has been challenging but substantive posts should be appointed to shortly. A remedial action plan is in place which includes the provision of dedicated leadership to this service. The primary focus is to meet the diagnostic test access standard which is forecast to be achieved by mid-March with a return to regular performance for review appointments by mid-April. Safety remains the services paramount concern during this period and urgent appointments are offered to those with the highest need and consultant management is available for the more complex cases.

An audit of the caseload since appointment of the new team leader has identified 307 children who have not been called for follow up appointments and whose parents or guardians had not been in contact with the service to schedule an appointment. The trust have undertaken a number of actions including contacting high priority cases by phone to apologise and offer immediate appointments, and then families who were due a review between November 2011 and August 2014 were contacted by letter requesting they contact the service to book an appointment. In April, letters will be sent to families who were due follow up between September 2014 and January 2015. Finally all cases will be clinically assessed to establish whether any harm has been caused, following due process if any cases are found. New processes have been introduced to manage referrals and follow up appointments to prevent reoccurrence.

Liverpool Community Health Trust

Exception reporting started to be provided from month 3 with Allied Health professional exceptions reported a month in arrears. This is a standing item on the FIG and is a standing agenda item as the trust has failed to consistently provide them.



Community Equipment: The increase in demand is attributed to a number of factors: Sefton MBC budget issues, staffing resources in the warehouse, availability of delivery slots, and operational issues within the CES. Additional funding has been agreed by the commissioners to be split proportionally across both CCGs and this is documented in the FIG work plan. NHS Southport & Formby CCG has agreed to fund £33,750 non-recurrently Qtr. 2 2015/16 for the provision of Community Equipment Store.

A number of actions have also been identified for this service:

- Trust to provide a detailed overview of current waiting list. This has not been received and is being chased by the CSU
- Trust to consider providing training on prescribing equipment and budget allocation

Paediatric Speech and Language (SALT)-The staff have not been able to meet the increased numbers of referrals and demand for SALT assessments and the trust is reviewing the current core offer. There are planned discussions with education regarding the service to special educational settings and resourced units. The service is asking if additional funding can be sought outside of the block contract to enable staff to manage the high numbers of children waiting for support and assessment. Improvements will be seen when the service review is completed. The trust submitted a business case for waiting list initiative funding and this has not been approved. The commissioner has asked for this to be reviewed to clearly demonstrate cost savings for the CCG.

Waiting Times

Waiting times are reported for a small number of therapy services a month in arrears. 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.

Paediatric SALT: Current waiting times of concern: at month 11 for Paediatric SALT is reported as in excess of 18 weeks at 26 weeks average wait for NHS Southport & Formby and this is a worsening on the position last month . It was reported at the LCH December Board that a full service review is currently being completed including waiting list validation. The Board was also informed that a decision was made to close the waiting list. It was reported that 260 patients are waiting for an appointment across the LCH catchment. It was confirmed that a locum has been commissioned in order to offer an appointment to patients on the waiting list.

The waiting times remain significantly above target in Sefton due to demand and capacity being significantly out of balance .A full validation of the waiting list was due to be completed in Sefton by January 2016.Feedback around this is awaited.

The Capacity and demand model was expected by 18th December 2015 to inform the resources required to ensure waiting times are achieved. Additional therapists have been recruited and locums are due to start in January 2016. The waiting list remains closed and weekly meetings with commissioners will continue to monitor the impact. For this financial year 2015-16, CSU has asked (via email Tue 19/05/2015) LCH to give an indication of which waiting times will be reported during the current month, a month behind and not at all. Awaiting response.

Waiting time Information has been discussed at the Collaborative Commissioning Forum. The Trust advised that a Waiting List Management Task and Finish group has been established and trajectories are being developed to get waiting times back in target. The therapies paper prepared in April is being refreshed to go back to the board in November. Awaiting further feedback on progress.

Adult SALT: The Trust submitted a Business Case for waiting list initiative funding. This has been reviewed by the CCG and based upon the information provided the CCGs have not agreed to provide additional funding. The Trust has been advised to further develop the Business Case to demonstrate that for every £1 invested £3 of savings would result for NHS Southport & Formby CCG. Awaiting update.

Patient Identifiable data

The Trusts Caldicott guardian had 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 update to this is that the approach now being implemented is a reversal of this approach and the trust are raising patient awareness around the use of patient identifiable data and have introduced an opt out process. This means that patients can opt out from having identifiable electronic information flowed related to them. It was agreed that the trust would forward a copy of the letter prepared by the Caldicott guardian about what the trust plans to do at the last LCH finance and information group meeting. The letter that was sent out was in reference to the Liverpool CCG walk in centres. At present there is building work taking place at Litherland and it has not been possible to display the relevant information to patients in relation to information sharing. Once the refurbishment is complete and the literature is available this process will commence and patient identifiable WIC data will flow as part of the SUS submissions

Quality Overview

Liverpool Community Health is subject to enhanced surveillance. Work streams have been identified by the Collaborative Forum (CF) including Culture, Governance, Safety and Workforce, each area has an identified clinical and managerial lead from the CCG and the Trust, each work stream reports directly into the joint CQPG and CF. The CQC re-inspected the Trust w/c 1st February, initial feedback from the Trust at the joint CQPG meeting in March was positive, particularly regarding culture and staff feedback – it is anticipated the rating will remain 'Needs Improvement' with elements of 'Good'.

Delayed Transfers of Care

The Trust are working closely with the Local Authority to review delayed transfers of care, discussions are taking place through the SRG.

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SALT Waiting Times

The CCG continues to experience long waits for both paediatric and adult SALT, this has been raised at CQPG and Contract meetings, the Trust has been asked to resubmit a business case regarding SALT this will be reviewed by the CCG clinical leads. The Trust has also been asked to provide monthly progress reports and recovery plans for CCG assurance regarding patient safety.

Serious Incidents / Pressure Ulcers

Key areas of risk identified continue to be pressure ulcers, where the collaborative workshop has taken place alongside the trust and Liverpool CCG. The workshop has developed a composite action plan to



address the 8 identified themes. The Trust alongside both Liverpool and South Sefton CCG have confirmed their attendance at the NHSE Pressure Ulcer action plan development session, where the composite action plan will be share.

LCCG are leading on this piece of work with LCH although SS CCG are an active member of this group. This approach is in line with the RASCI model

9. Third Sector Contracts

Senior CCG Management updated the Contracting Team in regard to Third Sector contracts, all commissioned services are currently under review as part of the CCG Value for Money exercise. All providers have now been informed that if they are affected by change as a result of these reviews, further discussion will take place and applicable notice periods will be applied if services are to be de-commissioned.

NHS Standard Contracts and Grant agreements have been put in place for most providers and reference to the above has been made within the Contract Term for each. These contracts and Grants continue to be for a maximum of 12 months until reviews have taken place.

IG Toolkit Compliancy Assessments (V13) are now complete for all providers for 2015-16. Once the new assessment is released at the end of May, work will commence to update for 2016-17 (v14).

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 - February	35	36	↑	There was 1 new case reported in February 2016, year to date there have been 36 cases against a year to date plan of 35. This case was reported by the Royal Liverpool Broadgreen, apportioned to community. All but 3 cases reported in year to date all have been aligned to Southport & Ormskirk Hospital (21 apportioned to acute trust and 15 apportioned to community). The remaining 3 cases was aligned to The Walton Centre in April and apportioned to the acute trust (1 case), Aintree in July, apportioned to community (1 case) and the Royal Liverpool Broadgreen (1 case) 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 - February	33	36 (25 following appeal)	↑	There was 4 new cases reported in February 2016 (ytd 36), against a year to date plan of 33. Year-end plan is 36. Following successful appeals the Trust now has had 25 attributable cases against an annual target of 36 attributable cases.	Year to date the Trust has had 36 cases of C.difficile. Following successful appeals the Trust now has had 25 attributable cases against an annual target of 36 attributable cases. The annual target for 2016 has now been confirmed as remaining at 36 attributable cases.	
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	15/16 - February	0	1	↑	There has been the 1 new case of MRSA reported in February for the CCG this is the first case reported in 2015/16. This brings the CCG over the zero tolerance threshold.	The case has been attributed to Southport & Ormskirk Hospital, please see below for comments	

Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	15/16 - February	0	2	↑	There has been 1 new case of MRSA reported in February, this brings the year to date total to 2. The trust are above the zero tolerance so will remain red for the rest of 2015-16.	The Trust has now had two cases (April 2015 and February 2016) against an annual target of zero. Full post infection reviews (PIRs) have been carried out 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. Completion of MRSA screening pathways is monitored at PNFs for each Clinical Business Unit. and where possible, lessons learnt and embedded within clinical practice.
Mixed Sex Accommodation Breaches						
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	15/16 - February	0.00	2.50	↑	In February the CCG had 9 mixed sex accommodation breaches which is above the target and as such are reporting red for this indicator the seventh time in 2015-16. Of the 9 breaches, 8 were at Southport & Ormskirk and 1 from Liverpool Heart & Chest.	The majority of the breaches occurred in Southport & Ormskirk Trust, see below for comments.
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	15/16 - February	0.00	2.70	↑	In February the Trust had 14 mixed sex accommodation breaches which is above the target and as such are reporting red for this indicator the seventh time in 2015-16. These breaches occurred in Critical Care, the Trust has made this an area of priority to resolve. Year to date there have been 62 breaches at the Trust.	Mixed Sex Accommodation Breaches indicate 72 year to date at the end of February 2016 – and are occurring in Critical Care and the Spinal Unit – commissioners have addressed this issue at the relevant contract meeting and it has been discussed at the Collaborative Commissioning Forum. A decision has been made by the Trust's Chief Exec and Chief Operating Officer to prioritise this area, The Director of Nursing and Quality is capacity planning to prioritise the movement of patients within Critical Care / ITU.

Enhancing quality of life for people with long term conditions						
Patient experience of primary care i) GP Services	Jan-Mar 15 and Jul-Sept 15		3.75%	↓		
Patient experience of primary care ii) GP Out of Hours services	Jul-Sept 15		15.70%	↑	Percentage of respondents reporting confidence and trust in person/people seen or spoken to at the GP Out of Hours Service. Due to slight to the question on out of hours, the results are based on Jul-Sept 15 only.	
Patient experience of primary care i) GP Services ii) GP Out of Hours services (Combined)	Jan-Mar 15 and Jul-Sept 15	6%	4.73%	↓		
Emergency Admissions Composite Indicator(Cumulative)	15/16 - February	2139.14	2,382.38	↑	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 over the monthly plan and had 217 less admissions than the same period last year.	Unplanned care leads continue to monitor these indicators closely. Pathway changes at Southport & Ormskirk Hospital have not have been reflected in the planned targets as the targets were set in 2013 when the 5 year strategic plans were set. S&O implemented pathway changes in October 2014 which has led to a higher number of admissions than originally planned for.
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative)	15/16 - February	529.64	324.62	↓	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 48 below the same period last year.	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	15/16 - February	1022.50	943.13	↓	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 97 lower the same period last year.	
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	15/16 - February	316.1	410.05	↑	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 28 more than the same period last year.	The CCG respiratory programme manager continues to monitor this indicator closely.

% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (CCG)	15/16 - February	60%	100.00%	↑		
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	15/16 - February	60%	70.00%	↑		
Mental health						
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) (CCG)	15/16 - Qtr3	95%	100.00%	↔		
IAPT Access - Roll Out	15/16 - Qtr3	3.75%	2.54%	↑	The CCG are under plan for Q3 for IAPT Roll Out, this equates to 484 patients having entered into treatment out of a population of 19079 (Psychiatric Morbidity Survey).	See section 7 of main report for commentary
IAPT Access - Roll Out	15/16 - February	1.25%	1.00%	↓	The CCG are under plan in February for IAPT Roll Out, out of a population of 19079, 186 patients have entered into treatment. There has been a slight decrease on previous month when the trust reported 1.10%.	See section 7 of main report for commentary
IAPT - Recovery Rate	15/16 - Qtr3	50.00%	43.19%	↓	The CCG are under plan for recovery rate reaching 43.19% in Q3. This equates to 111 patients who have moved to recovery out of 280 who have completed treatment.	See section 7 of main report for commentary
IAPT - Recovery Rate	15/16 - January	50.00%	51.10%	↑	The CCG are over plan for recovery rate in February This equates to 46 patients who have moved to recovery out of 90 who have completed treatment. There has been an increase in performance from the previous month when the trust reported 47.31%.	See section 7 of main report for commentary

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	Q3 15/16	75.00%	97.60%	↑	February data shows 98.0% a very slight increase from January when 97% was recorded.	
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	Q3 15/16	95%	100.00%	↔	February data shows 99%, slightly lower than 100% shown in January.	
Preventing people from dying prematurely						
Under 75 mortality rate from cancer	2014		131.10	↑	Under75 mortality rate from Cancer has increased from 120.20 in 2013 to 131.10 in 2014.	
Under 75 mortality rate from cardiovascular disease	2014		66.00	↑	Under 75 mortality rate from cardiovascular disease has increased from 57.50 in 2013 to 66.00 in 2014.	
Under 75 mortality rate from liver disease	2014		20.40	↑	Under 75 mortality rate from liver disease has increased from 15.80 in 2013 to 20.40 in 2014.	
Under 75 mortality rate from respiratory disease	2014		22.10	↓	Under 75 mortality rate from respiratory has decreased very slightly from 22.30 in 2013 to 22.10 in 2014.	
Rate of potential years of life lost (PYLL) from causes considered amenable to healthcare (Person)	2014	2,464.40	2,120.40	↑		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 - February	93%	94.61%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	15/16 - February	93%	95.35%	↔		

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 - February	93%	89.91%	↔	Southport & Formby CCG failed the target for February achieving 91.9% and are failing year to date partly due to previous months breaches. In February there were 3 breaches out of a total of 37 patients. Year to date out of 466, there have been 47 patient breaches.	A communication to GPs regarding the management of breast symptomatic patients went out mid February, so hoping to see an improvement from March. This should aid demand management and in reminding GP and patient that these patients will be seen in the 2/52 timeframe if they need to be referred.
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 - February	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 - February	96%	98.58%	↔		
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	15/16 - February	96%	98.52%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	15/16 - February	94%	95.85%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	15/16 - February	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	15/16 - February	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	15/16 - February	94%	96.55%	↑		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	15/16 - February	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 - February	98%	100.00%	↔		



Cancer waits – 62 days						
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	15/16 - February	85% (local target)	80.58%	↓	Southport & Formby CCG failed the target for February and year to date partly due to previous month breaches. In February 5 patients out of a total of 11 were not upgraded (54.55%). Year to date there have been 139 patients and 27 patient breaches and are under the 85% local target set.	Local target. In February 5 patients were not seen within 62 days out of a total of 11. Of the 5 breaches, 2 were due to delays due to referrals between trusts, 1 patient need numerous investigations, 1 patient needed bladder treatment and the last patient had a delay in histology confirmation. SRG continues to oversee Network level solutions. Actions at Network level to work on SLAs between Trusts for outreach clinicians and agreeing standard protocols for transfers of patients between Trusts.
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 - February		90.35%	↔		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	15/16 - February	90%	98.31%	↔		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	15/16 - February	90%	79.17%	↔	Southport & Ormskirk Trust had no patients in February, but are failing and year to date due to previous months breaches. Year to date there have been the equivalent of 2.5 breaches out of a total of 12 patients.	The Trust has met the monthly target, the cumulative target has not been met due to breaches (now resolved) earlier within the year.
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	15/16 - February	85%	85.93%	↔		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	15/16 - February	85%	87.13%	↑		

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 - February	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (Southport & Ormskirk)	15/16 - February	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (CCG)	15/16 - February	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (Southport & Ormskirk)	15/16 - February	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	15/16 - February	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	15/16 - February	0	0	↔	
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (CCG)	15/16 - February	90%	89.06%	↔	The CCG have failed the 90% target reaching 89.06%. This equates to 78 patients out of 635 not seen within 18 weeks.
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (Southport & Ormskirk)	15/16 - February	90%	83.45%	↑	The Trust has failed the 90% target reaching 83.45% in February, this equates to 147 out of 888 not seen within 18 weeks.
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (CCG)	15/16 - February	95%	95.82%	↑	
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (Southport & Ormskirk)	15/16 - February	95%	96.97%	↑	
No longer a national performance targets but continue to monitor locally.					

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 - February	92%	95.80%	↔		
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 - February	92%	96.72%	↔		
A&E waits						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	15/16 - February	95.00%	91.40%	↓	Southport & Formby CCG failed the 95% target in February reaching 85.60% and are failing year to date reaching 91.64%. In February 534 attendances out of 3708 were not admitted, transferred or discharged within 4 hours.	
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	15/16 - February	95.00%	87.87%	↓	Southport & Formby CCG failed the 95% target in February reaching 72.88% and are failing year to date reaching 87.87%. In February 521 attendances out of 1921 were not admitted, transferred or discharged within 4 hours.	
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) All Types	15/16 - February	95.00%	91.35%	↓	Southport & Ormskirk have failed the target in February reaching 85.40%, and are failing year to date reaching 91.35%. In February 1689 attendances out of 11568 were not admitted, transferred or discharged within 4 hours.	Trust has developed an urgent care strategy & trajectory with intention to hit 95% by March 2017. Current pressures are being discussed at the Systems Resilience Group.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) Type 1	15/16 - February	95.00%	85.20%	↓	Southport & Ormskirk have failed the target in February reaching 72.88%, and are failing year to date reaching 86.52%. In February 1649 attendances out of 6080 were not admitted, transferred or discharged within 4 hours.	

Diagnostic test waiting times						
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	15/16 - February	1.00%	1.39%	↓	The CCG has failed to achieve the target in February with 29 patients out of 2088 waiting over 6 weeks for their diagnostic tests, of the 29, 4 patients waited over 13 weeks. Of the 29 breaches 14 were non ob ultrasounds of which 12 were at Southport and Ormskirk. 13 were for audiology assessments at Bridgewater, the position has improved from the previous months with the availability of staffing being extremely challenging in the service due to poor supply in the market, however, the Trust has been successful in attracting 2 members of agency staff whilst substantive vacancies are being interviewed.	The Trust are addressing the issues causing breaches (see exception commentary - left), an update will be provided at year - end.
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	15/16 - February	1.00%	0.75%	↓		
Category A ambulance calls						
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	15/16 - February	75%	73.89%	↓	The CCG failed to achieve the 75% target year to date (73.89%), or in month (Feb) recording 72.73%. Out of 45 incidents there were 12 breaches.	The onset of winter has seen the whole of the urgent care system coming under pressure due to high levels of demand. The overall demand in February, for NWAS was 12.5% higher than planned for and 16.2% than plan for Southport & Formby CCG. For the most time critical response times (Red) was 17.6% higher than plan for NWAS as a whole and 20.1% higher than plan for Southport & Formby CCG. The average turnaround times at Southport & Ormskirk Hospital were the longest of any Cheshire & Merseyside in February at just over 58 minutes on average, this is an increase on January when it was over 56 minutes. Additional capacity has also been created due to extra ambulance available in the Southport area.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	15/16 - February	75%	65.98%	↓	The CCG failed to achieve the 75% target year to date (65.98%), or in month (Feb) recording 55.61%. Out of 594 incidents there were 264 breaches.	
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	15/16 - February	95%	87.58%	↓	The CCG failed to achieve the 95% target year to date (87.58%), or in month (Feb) recording 78.14%. Out of 639 incidents there were 140 breaches.	
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	15/16 - February	75%	75.56%	↓		
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	15/16 - February	75%	71.57%	↓	NWAS failed to achieve the 75% year to date or in month (Feb) recording 61.06%.	
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	15/16 - February	95%	93.19%	↔	NWAS failed to achieve the 95% year to date or in month (Feb) recording 88.08%.	



Local Indicator						
Access to community mental health services by people from Black and Minority Ethnic (BME) groups (Rate per 100,000 population)	2014/15	2200	2202.8	↑	The latest data shows access to community mental health services by people from BME groups is over the CCG plan. This is also improvement on the previous year when the CCG rate was 2118.0.	

10.2 Friends and Family – Southport and Ormskirk Hospital NHS Trust

Figure 17 Friends and Family – Southport and Ormskirk Hospital NHS Trust

Clinical Area	Response Rate (RR) Target	RR Actual (Feb 2016)	RR - Trajectory From Previous Month (Jan 16)	Percentage Recommended (England Average)	Percentage Recommended (Feb 2016)	PR Trajectory From Previous Month (Jan 16)	Percentage Not Recommended (England Average)	Percentage Not Recommended (Feb 2016)	PNR Trajectory From Previous Month (Jan 16)
Inpatients	25%	21.5%	↑	96.0%	96%	↑	2.0%	2.0%	↔
A&E	15%	1.3%	↑	85.0%	71%	↓	8%	20%	↑
Q1 - Antenatal Care	N/A	-	-	95%	92%	↓	2%	8%	↑
Q2 - Birth	N/A	10.3%	↓	96%	74%	↓	1%	5%	↔
Q3 - Postnatal Ward	N/A	-	-	94%	83%	↓	2%	0%	↓
Q4 - Postnatal Community Ward	N/A	-	-	98%	89%	↑	1%	11%	↑

ORGANISATION	Org level	INPATIENT FFT FEBRUARY 2015-16				A&E FFT FEBRUARY 2015-16			
		% Not recommend	Trend (twelve months to FEBRUARY 2015-16)	Total Not recommend	Response Rate*	% Not Recommend	Trend (twelve months to FEBRUARY 2015-16)	Total Not recommend	Response Rate*
NORTH OF ENGLAND REGION	Region	1.5%		1,033	24.9%	7.7%		3,261	12.9%
North (Cheshire and Merseyside)	Region (Geo)	1.7%		192	23.9%	8.8%		512	11.3%
Southport & Ormskirk Hospital NHS Trust	Trust	1.9%		14	21.5%	20.2%		26	1.3%
Southport and Formby District General Hospital - RVY01	Site	2.7%		10	19.7%	30.0%		9	1.4%
Ormskirk and District General Hospital - RVY02	Site	1.1%		4	23.7%	23.1%		6	1.3%

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 bullet points for both inpatients and A&E. The trust have improved in response rates for inpatients compared to the previous month. A&E response rates remain extremely low at 1.3%

The percentage of patients that would recommend the inpatient service in the trust has improved compared to the previous month and is now in line with the England average. The percentage of people who would not recommend the inpatient service has remained static since the previous month and remains in line with the England average.

In A&E the percentage of people who would recommend the service has declined from the previous month to 71%, and is lower than the England average. The percentage of people who would not recommend the A&E service has declined markedly from the previous month (20%) and is lower than the England average. However given the extremely poor response rate the results cannot be viewed with any confidence.

For maternity services, recommendation of antenatal care is 92% and has declined on the previous month. Birth, postnatal ward and postnatal community ward have shown a decrease in percentage of people who would recommend the service compared to the previous month and fall below the England average. However there is no response rate recorded for 3 out of the 4 areas measured and therefore it is difficult to see how figures for % recommended or not recommend have been deduced.

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

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

10.3 Serious Untoward Incidents (SUIs) and Never Events

The Programme manager for Quality and Safety meets on a monthly basis with the Southport and Ormskirk Hospital alongside West Lancashire CCG, to discuss all open serious incidents and their progression. The CCG hold regular internal SI meetings, where submitted reports are reviewed and assurance gained to enable closure of incidents.

Both the CQPG and the CCG Quality Committee have sight of both the serious incidents that involve Southport and Formby CCG patients, irrespective of the location of the incident, and also those serious incidents that occur in Southport and Ormskirk Hospital, irrespective of the CCG of the patient.

The data that feeds the monthly SI report is currently being cleansed so that the reports for 16/17 are of greater accuracy. The CCG is also exploring a number of different databases in order to be able to record data better and thus generate more meaningful reports to give greater assurance.

Pressure Ulcer Serious Incidents remain an area of focus for the CCG, and alongside the patient safety collaborative work, the trust and the CCG are participating in the NHSE pressure ulcer action planning session being delivered. It is expected that these two events will enable the trust to produce an overarching transformational action plan to cluster all the pressure ulcer serious incidents which will enable a reduction of incidents ultimately. It is envisaged that the open pressure ulcer serious incidents will be closed once the CCF have agreed the approach of a composite action plan and a shift from a report writing culture to a learning development culture

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).

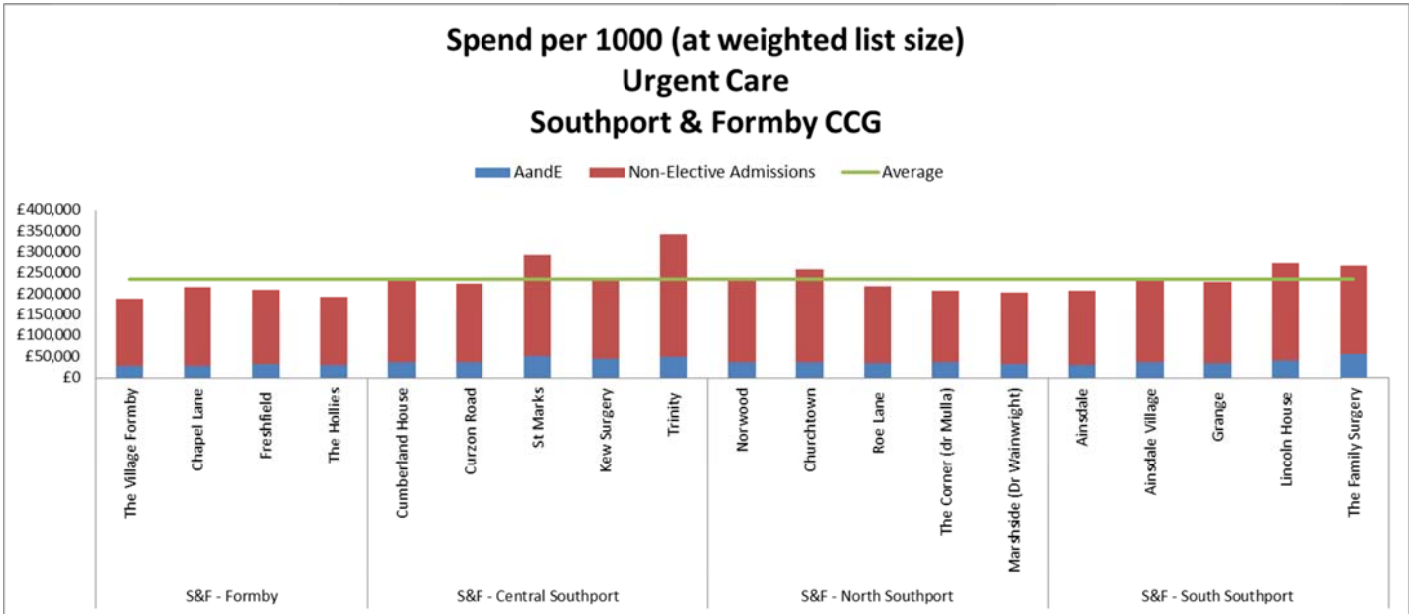
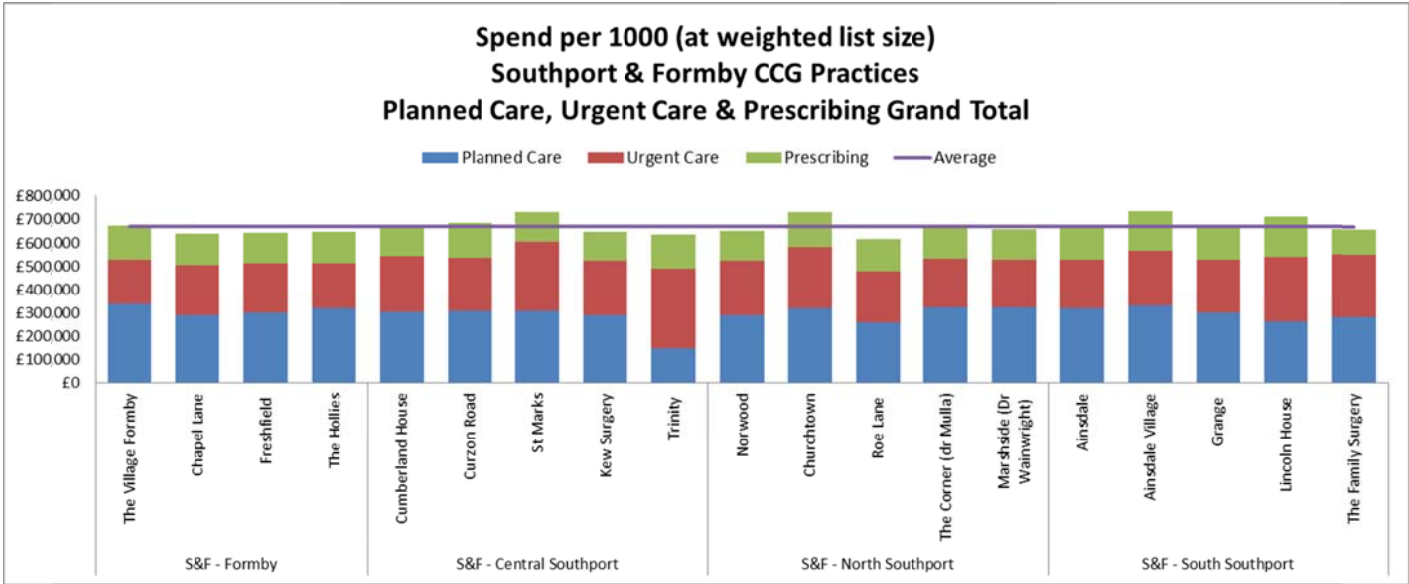
11.4 Summary of performance

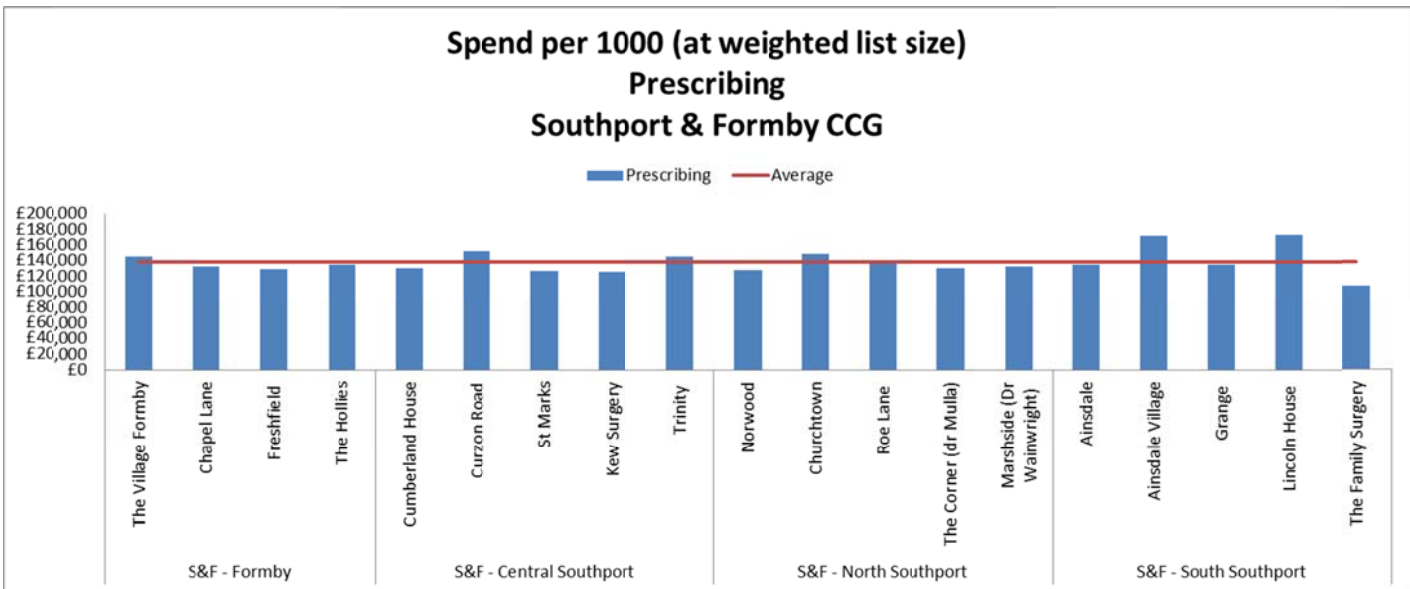
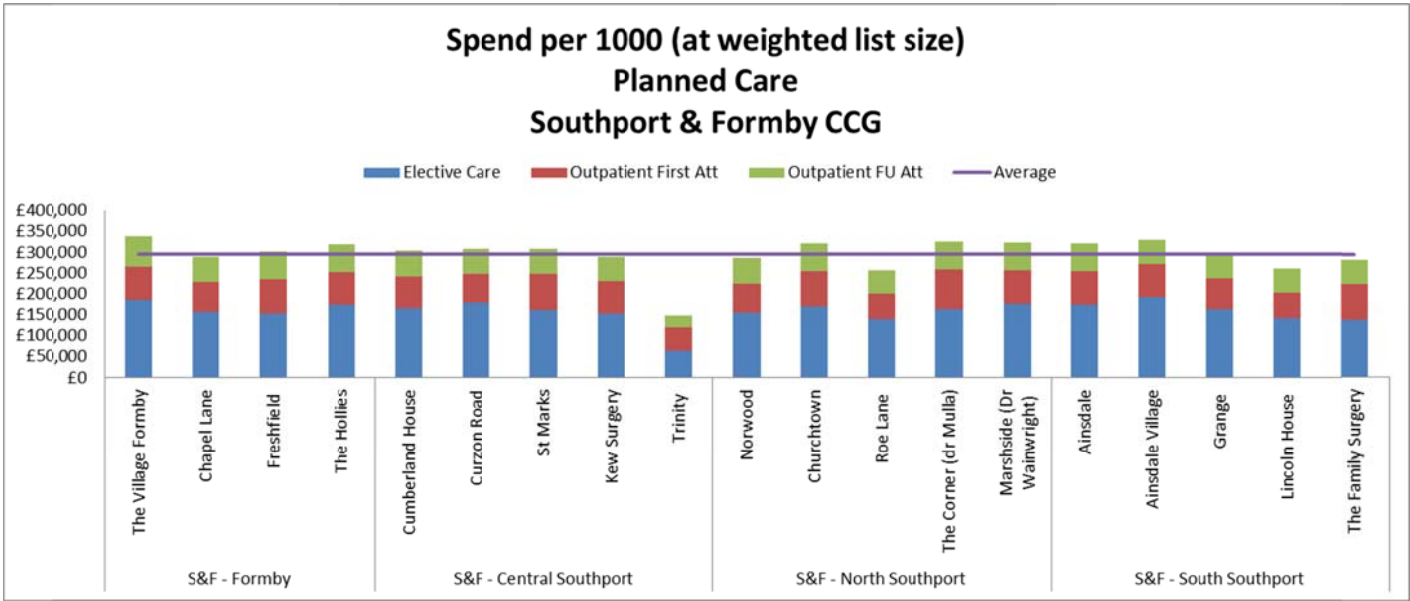
Colleagues from Finance and Business Intelligence teams within the CCG have been working closely with clinical leads to develop financial information. Colleagues have developed a chart to show weighted spend per head of weighted practice population which takes into account age, sex, deprivation, rurality, 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 18 Summary of Primary Care Dashboard – Urgent Care Summary

Southport & Formby CCG
March 2015 - February 2016
Planned/Urgent Care & Prescribing Costs





11.5 CQC Inspections

A number of practices in Southport and Formby CCG have been visited by the Care Quality Commission in 2015/16. CQC publish all inspection reports on their website. There has been one further inspection result published in April, for The Corner Surgery:

The Corner Surgery - Dr Mulla Good (2.6 miles away)



The Corner Surgery, 117 Fylde Road, Marshside,
Southport, PR9 9XL
(01704) 506055
Provided by: The Corner Surgery - Dr Mulla

CQC inspection area ratings

(Latest report published on 15 April 2016)

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

CQC Inspections and ratings of specific services

(Latest report published on 15 April 2016)

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 ●



12. NHS England Activity Monitoring

Figure 19 NHS England Activity Monitoring

Source	Referrals (G&A)	Month 11 YTD PLAN	Month 11 YTD ACTUAL	Month 11 YTD Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
	Referrals (G&A)				
MAR	GP	25557	29824	16.7%	Please see previous report detailing the problems with the coding of referrals at Southport & Ormskirk Trust since the introduction of the new PAS back in October 14. Local referral data suggests an increase but at a lower rate but still above the 3% threshold.
MAR	Other	13067	17511	34.0%	As above. Updated figures using local referral data suggests a much lower increase but still outside the 3% threshold.
MAR	Total	38624	47335	22.6%	See above.
	Outpatient attendances (G&A)				
SUS	All 1st OP	34709	41223	18.8%	Issues between plans (based on MAR) and actuals (SUS monitored) noted in previous submission. Actual activity from April to January (SUS) against the same period last year shows a variance of less than 3% for first outpatient attendances. Follow up activity comparing last year to this year shows a slight increase of approx. 6%. Overall the increase is at 5% for all attendances. An increase in coding of follow up activity is currently being investigated with Southport Trust.
SUS	Follow-up	81565	107135	31.3%	
SUS	Total OP attends	116274	148358	27.6%	
SUS	Outpatient procedures (G&A) (included in attends)				
	Admitted Patient Care (G&A)				
SUS	Elective Day case spells	18148	16560	-8.8%	As stated in previous reports day case activity has increased against previous years. When comparing activity year to date to the same period in 14/15 the variance is approx. +8%.
SUS	Elective Ordinary spells	2790	2978	6.7%	Actual increase against previous years activity in line with plan v actual.
SUS	Total Elective spells	20938	19538	-6.7%	See above.
SUS	Non-elective spells complete	14678	14983	2.1%	
SUS	Total completed spells	35616	34521	-3.1%	
	Attendances at A&E				
SUS	Type 1				
SUS	All types	35042	37497	7.0%	Actual activity for 2015/16 compared with the same period last year shows a variance above the 3% threshold at 4% with February 16 having a much higher than expected attendance rate.