

Southport & Formby Clinical Commissioning Group

Integrated Performance Report May 2016



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1. Executive Summary

This report provides summary information on the activity and quality performance of Southport and Formby Clinical Commissioning Group (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)	Red	SORM
Ambulance Category A Calls (Red 1)	Yellow	NWAS
Cancer 2 Week GP Referral	Green	SORM
RTT 18 Week Incomplete Pathway	Green	SORM
Other Key Targets	CCG	Main Provider
A&E 4 Hour Waits (Type 1)	Red	SORM
Ambulance Category A Calls (Red 2)	Red	NWAS
Ambulance Category 19 transportation	Red	NWAS
Cancer 14 Day Breast Symptom	Yellow	
Cancer 31 Day First Treatment	Green	SORM
Cancer 31 Day Subsequent - Drug	Green	SORM
Cancer 31 Day Subsequent - Surgery	Green	SORM
Cancer 31 Day Subsequent - Radiotherapy	Green	SORM
Cancer 62 Day Standard	Red	SORM
Cancer 62 Day Screening	Green	SORM
Cancer 62 Day Consultant Upgrade	Green	SORM
Diagnostic Test Waiting Time	Green	SORM
HCAI - C.Diff	Red	SORM
HCAI - MRSA	Green	SORM
IAPT Access - Roll Out	Red	
IAPT - Recovery Rate	Green	
Mental Health Measure - CPA	Green	
Mixed Sex Accommodation	Red	SORM
Patient Experience of Primary Care i) GP Services ii) Out of Hours (Combined)	Green	
RTT 18 Week Admitted Pathway	Green	SORM
RTT 18 Week Non Admitted Pathway	Green	SORM
RTT 18 Week Incomplete Pathway	Green	SORM
RTT 52+ week waiters	Green	SORM
Stroke 90% time on stroke unit		SORM
Stroke who experience TIA		SORM



Key Information from this report

Financial Performance - The financial position on operational budgets as of 30th June 2016 is an overspend of £1.198m. The majority of this cost pressure relates to over performance within acute provider contracts. The forecasted outturn position is a deficit of £4.000m against a planned deficit of £4.000m after the application reserves. Achievement of this position is subject to full delivery of the QIPP programme in 2016/17. The QIPP requirement to deliver the planned deficit of £4.000m for the financial year is £10.006m. QIPP delivered at the end of quarter 1 is £1.554m leaving a balance of £8.452m. This has increased as a result of the operational cost pressures seen to date.

Referrals – In 2015/16 GP referrals accounted for 54% of all referral activity with consultant generated referrals accounting for 19%, 5% A&E, 5% 'other' (which includes community services), with the remaining 17% from other sources including 'unknown'. GP referrals in 2015/16 were 7% higher (extra 2,355 referrals) than in 2014/15, and 69% increase in consultant referrals (additional 4,736 referrals in 15/16), and 51% in A&E referrals (additional 1,096 referrals). Referrals from GPs in April 2016 are 0.2% lower than in April 2015.

A&E waits - Southport & Formby CCG failed the 95% target in May reaching 89.64%. In May, 408 attendances out of 3,942 were not admitted, transferred or discharged within 4 hours. Whilst not achieving 95%, Southport & Ormskirk have achieved their Sustainability & Transformation Plan (STP) target of 88.3% in May reaching 89.77%. A clinical services plan is being put in place, redesigning all pathways taking account of previous advice from NHSE's Emergency Care Intensive Support Team. Attendances at Southport were 5% higher than in April and level with May 2015. The timeliness of patient flow out of A&E department results in the majority of breaches.

Ambulance Activity - Year to date Red activity (R1+R2) for NWS is 14.5% up on the equivalent period in 2015. Mersey (including Wirral) is 10.9% up and Southport & Formby CCG is 1.4% down at the end of May. Two national targets have been set for Red 1 and Red 2 activity which must receive a response at scene within 8 minutes in 75% of cases. Cumulative actual performance at May was 71.2% (Red 1) and 66.4% (Red 2) against the 75% target for Southport & Formby CCG. NWS continue to manage more incidents than planned through "Hear and Treat" and "See and Treat", resulting in patients receiving appropriate treatment without an avoidable A&E attendance. Cumulative Hear & Treat activity is 47.8% more than the planned level of expected activity for Southport & Formby CCG.

Cancer – 2 Week Wait - Southport & Formby CCG has failed the target of 93% in the second month of 2016/17 with a performance of 80.56% and a YTD performance of 90.79%. May's activity equates to 7 breaches out of a total of 36 patients.

31 Day Subsequent Surgery – Southport & Ormskirk failed to achieve the 94% target YTD with a performance of 87.5%. However, in May the Trust reported 0 breaches. The overall failure of the target is due to small numbers, with just 1 patient out of a total of 8 YTD not receiving treatment within 31 days.

62 Day Standard - Southport & Formby CCG failed to achieve the 85% target in May and YTD with a performance of 78.67%. In May, 70% of patients were seen in 62 days, equating to 12 breaches out of 40. Southport & Ormskirk failed the target of 85% in May with 70.71%, therefore impacting on the YTD position of 80.46%. In May, 14.5 breaches occurred out of a total of 49.5 patients. RCAs have been undertaken on all breaches to identify themes and trends. Harm reviews have been or will be undertaken on 4 patients waiting 104 days or longer. Key actions include; improvements to escalation processes, review of SLAs for diagnostic services between trusts, review of radiology and MRI capacity and demand.



Friends & Family - Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the three parts for both inpatients and A&E and response rates. 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 CCG Engagement and Patient Experience Group (EPEG) have sight of the trusts friends and family data on a quarterly basis and seek assurance from the trust that areas of poor patient experience are being addressed.

HCAI – C difficile – There were 6 new cases reported in May 2016 , year to date 11 cases against a year to date plan of 6. Out of the 11 cases all were reported at Southport & Ormskirk (6 apportioned to acute trust and 5 apportioned to community). Year-end plan 38.

IAPT Access – Roll Out – Southport & Formby CCG are under plan in May for IAPT Roll Out reaching 1.02% (plan 1.25%), out of a population of 19079, 195 patients have entered into treatment. There has been a slight decrease on previous month when the trust reported 1.05%.

MSA – In May Southport & Formby CCG had 5 mixed sex accommodation breaches (a rate of 1.3) and have therefore breached the zero tolerance threshold. All 5 breaches were at Southport & Ormskirk. Southport & Ormskirk had 10 mixed sex accommodation breaches (a rate of 1.8) and have therefore breached the zero tolerance threshold. Of these, 5 were Southport & Formby CCG patients and 5 were West Lancs CCG patients. During the recent Quality Walk Around on A&E the CCG Teams also visited the Critical Care / HDU to discuss MSA breaches with the clinical teams and to gain an appreciation of the clinical environment. At the June meeting of the S&O CCF, the Deputy Director of Nursing and Quality from NHSE (Cheshire and Merseyside) agreed to support the CCGs and Trust by relooking at available guidance.

Patient Safety Incidents Reported – There have been 4 reported incidents involving Southport & Formby patients in May. (16 year to date). 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. 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 has of May 2016 adopted a new database in order to be able to record data better and thus generate more meaningful reports to give greater assurance.

Stroke 90% time on stroke unit – Southport & Ormskirk failed the 80% target in May with only 10 out of 23 patients spending 90% of their time on a stroke unit. Performance against this standard continues to be challenging. As previously reported, some of the difficulties experienced relate to pressures in Urgent Care flow; however a number are also linked to mixed sex accommodation issues. Discussions are taking place to consider whether any Estates work could be undertaken to reconfigure a bay on the Stroke Unit to address this. An Early Supported Discharge business case (which would support earlier discharge for patients to have onward therapy in their own home) awaits Executive review.

TIA – Southport & Ormskirk failed the 60% target in April with only 2 out of 7 patients who experienced a TIA being assessed and treated within 24 hours. Patients who suffer TIAs often do not present in time to achieve this target and this occurred in 1 of the cases. 2 cases presented at the weekend and could not be treated in time as a result. 1 was due to patient choice. 1 was due to available clinic capacity. At the June CQPG, further information was requested regarding TIA performance over the last 8 months, this has now been received and is being reviewed by the CCG's GP clinical leads.



2. Finance Summary

The financial position on operational budgets as of 30th June 2016 is an overspend of £1.198m. The majority of this cost pressure relates to over performance within acute provider contracts.

The forecasted outturn position is a deficit of £4.000m against a planned deficit of £4.000m after the application reserves. Achievement of this position is subject to full delivery of the QIPP programme in 2016/17.

The QIPP requirement to deliver the planned deficit of £4.000m for the financial year is £10.006m. QIPP delivered at the end of quarter 1 is £1.554m leaving a balance of £8.452m. This has increased as a result of the operational cost pressures seen to date.

Figure 1 Financial Dashboard

Key Performance Indicator		This Month	Prior Month
Business Rules	1% Surplus	✗	✗
	0.5% Contingency Reserve	✓	✓
	2.5% Non-Recurrent Headroom	✓	✓
Surplus	Financial Surplus / (Deficit) *	(£4.000m)	(£4.000m)
QIPP	QIPP delivered to date	£1.554m	£0.807m
	Remaining QIPP to be delivered in order to meet agreed plan	£8.452m	£8.308m
Running Costs	CCG running costs < 2016/17 allocation	✓	✓

2.1 Resource Allocation

Additional allocations have been received in Month 3 as follows:

- Eating Disorder Service - £0.072m

This is a non-recurrent allocation and is expected to be fully utilised during the financial year as part of the CAMHS transformation plan.

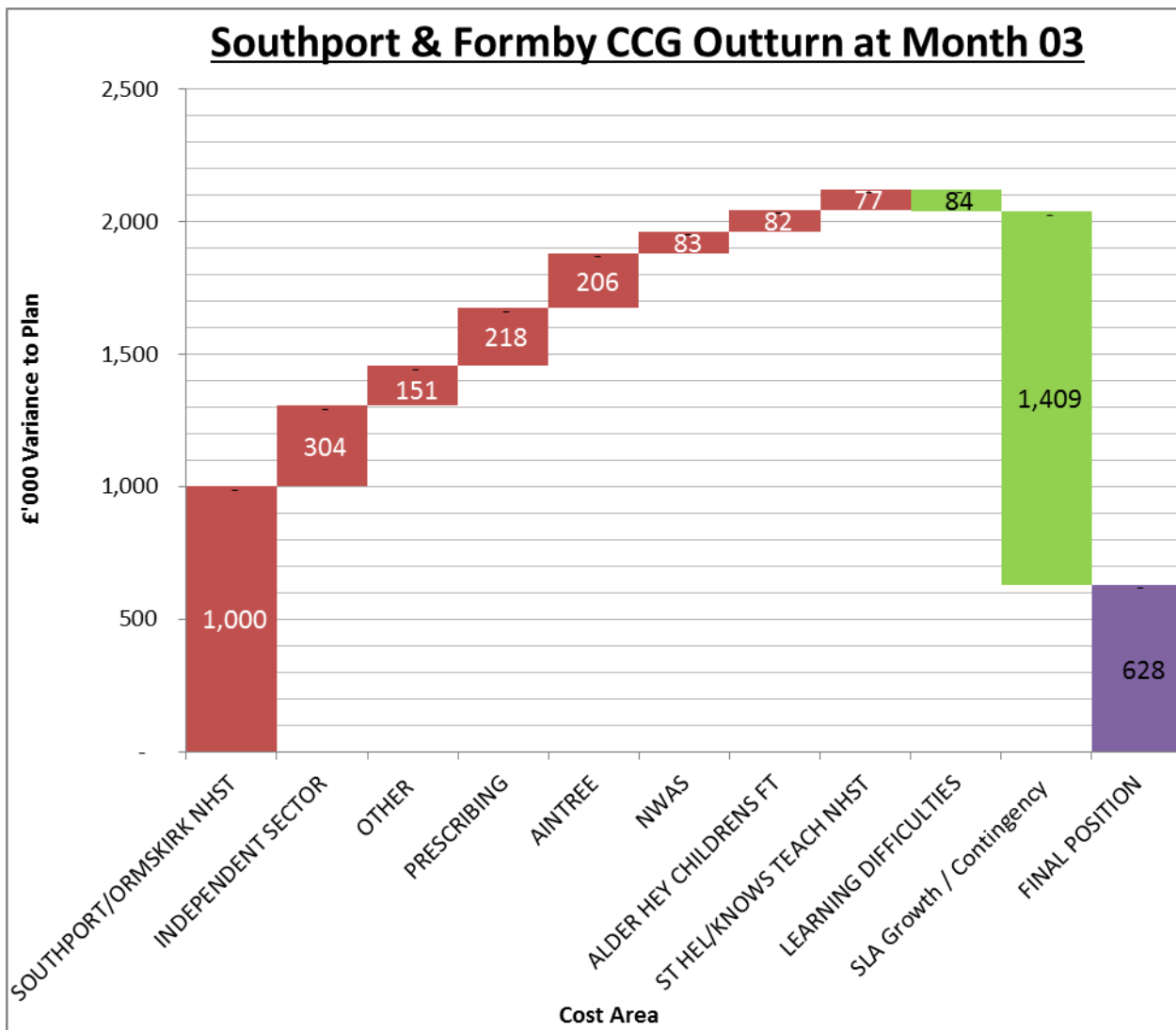
2.2 Financial Position and Forecast

The majority of the forecasted overspend is within acute commissioning contracts and prescribing budgets, a high proportion of this overspend has been offset by CCG contingency and growth budgets of £1.409m.

It should be noted that whilst the financial report is up to the end of June 2016, the CCG has based its reported position on the latest information received from Acute and Independent providers which is up to the end of May 2016.



Figure 2 Forecast Outturn



Acute commissioning

Activity levels in Month 2 (May 2016) were exceptionally high with £0.974m over performance in the month relating to the Acute Commissioning budgets. The forecast position assumes cost pressures will continue for the main provider (Southport and Ormskirk) but for other providers, the assumption is that performance can be maintained at current levels.

Further actions such as contract challenges and penalties are being implemented immediately to achieve this position.

The CCG is currently scrutinising the year to date performance with the intention to raise a formal activity query in respect of over performance.

Southport and Ormskirk Hospitals NHS Trust

There are areas of significant overspend within non-elective General Medicine, the Q1 over performance amounts to £0.569m. Further analysis of this has shown that although activity was high in M2, there has been a 7% increase in the average cost of a NEL admission since December 2015. The CCG is investigating this further but it would indicate a coding and counting change by the Trust which the CCG will formally challenge.

Figure 3 S&O Non Elective activity trend

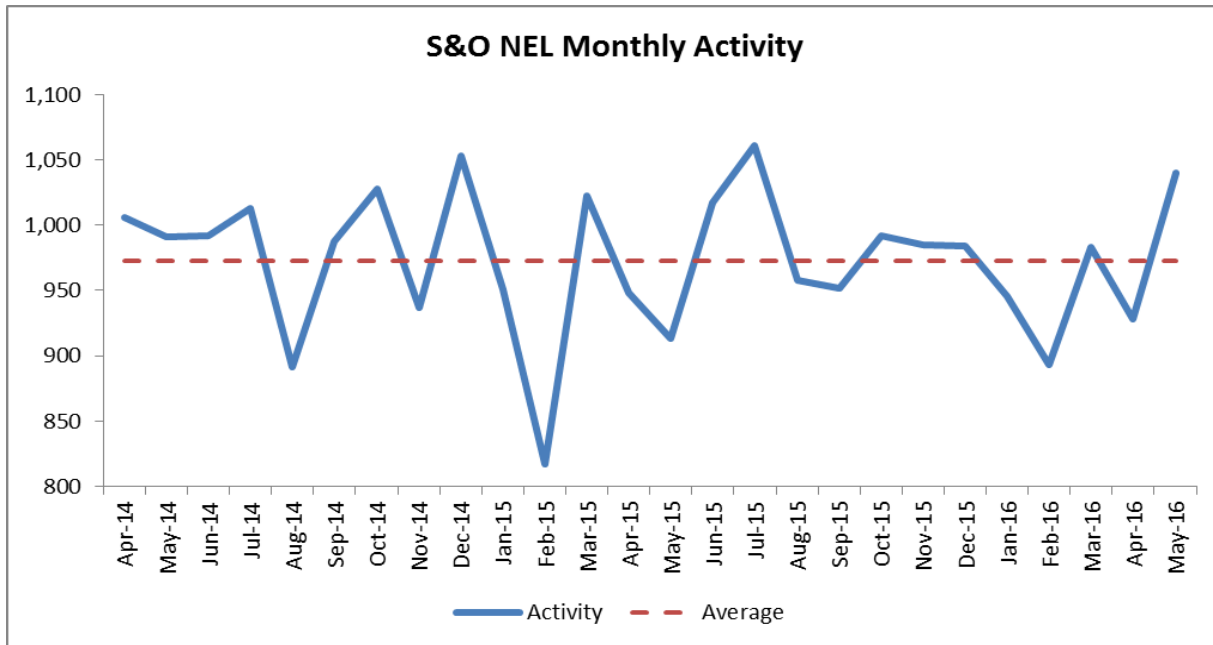


Figure 4 S&O Non Elective cost trend

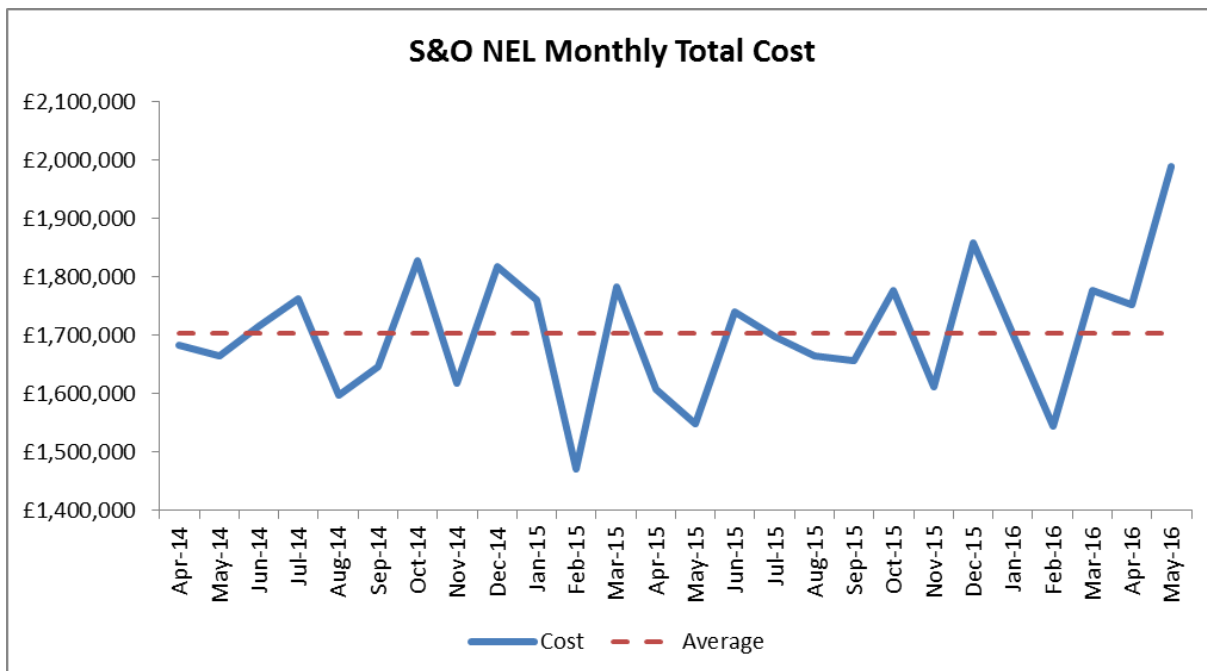
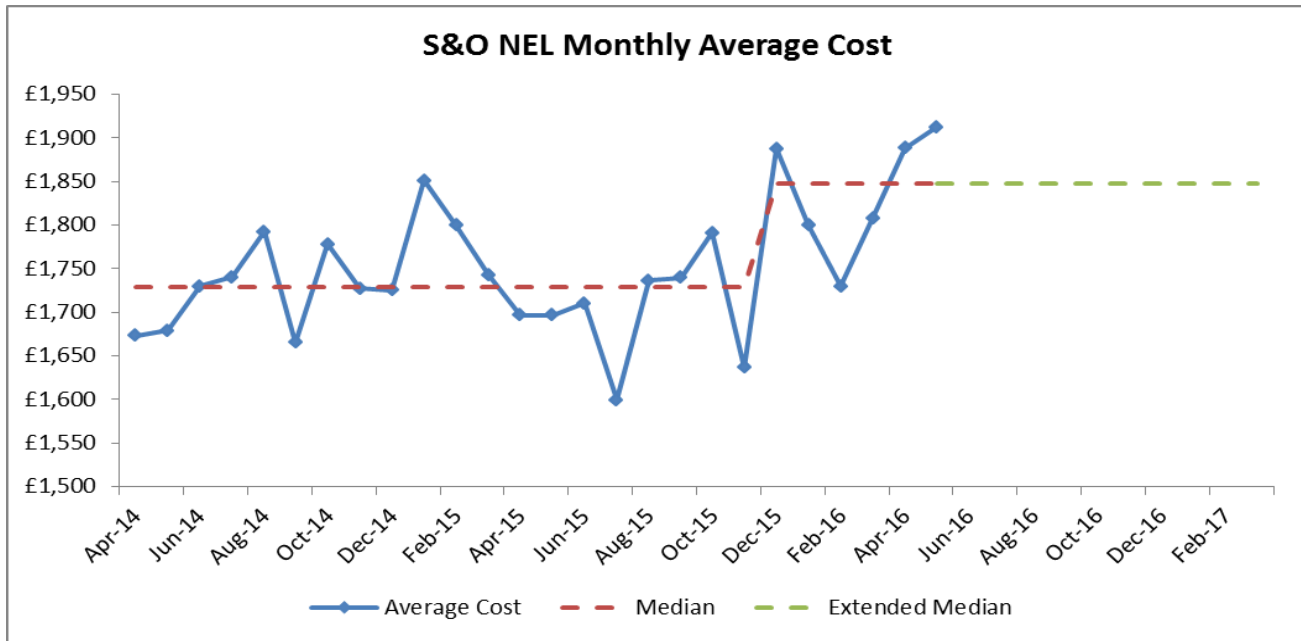


Figure 5 S&O Non Elective average monthly cost trend



Other pressures include £0.283m against non-elective Trauma & Orthopaedics and £0.240m within Non-PbR Rehabilitation service, however the former is being marginally offset by an underspend against elective and outpatient Trauma & Orthopaedics.

In depth analysis of activity data is being undertaken, findings will be discussed with the provider, and the CCG will agree formal challenges to be raised within the contracted timescales.

Aintree University Hospitals NHS Foundation Trust

The year to date overspend reported for Aintree is £0.206m and is predominantly within Colorectal Surgery £0.039m, Outpatient Ophthalmology £0.034m and Rheumatology £0.027m, offset by underspends within ENT and Trauma & Orthopaedics of £0.037m and £0.014m respectively.

High cost drugs charges are also being reviewed and challenged by the medicines management team to ensure they are appropriate.

Liverpool Women’s NHS Foundation Trust

The financial position for Liverpool Women’s is based on month 2 information reported by the trust. The position highlights a £0.070m underspend with the majority relating to Gynaecology £0.053m and Elective Obstetrics £0.031m.

St Helens & Knowsley Teaching NHS Trust

Based on month 2 financial information provided by the trust, there is a year to date overspend of £0.077m arising predominantly from Elective Plastic Surgery amounting to £0.051m, which is equivalent to a 51.5% increase against plan. The CCG is looking into this and will raise formal queries as appropriate.

Prescribing / High Cost Drugs

The overspend of £0.218m for the prescribing budget is mainly due to a higher than anticipated actual outturn against the 2015/16 year end forecast. The current forecast for the financial year is breakeven.

Achievement of a breakeven position is dependent on delivery of in year efficiencies in addition to the QIPP plan agreed. In year efficiencies are anticipated as a result of challenges on charges for high cost drugs and healthcare at home.

Non Contract Activity / Out of Area Treatments

The Month 3 overspend for Non Contract Activity (NCA) and Out of Area Treatments (OATs) is £0.025m following receipt of prior year invoices from Southport and Ormskirk Hospital on behalf of West Lancashire Health Partnership of £0.016m and a £0.009m overspend on various other NHS Trusts.

It is expected that these costs are non-recurrent but further investigation will be undertaken to validate this assumption.

Continuing Health Care and Funded Nursing Care

The month 3 position for this budget is an underspend of £0.003m, this position reflects the current number of patients, average package costs and an expected uplift to providers of 1.1% until the end of the financial year.

Year-to-date QIPP savings of £0.500m have been actioned relating to the additional growth budget of 5% included at budget setting. The forecast out-turn position has been adjusted to reflect this for the purposes of the report.

2.3 QIPP

The 2016/17 identified QIPP plan is £9.378m. Current pressures in operational budgets mean that a further £0.628m needs to be identified in the year to meet the agreed deficit of £4.000m.

The table below shows a summary of the current risk rated QIPP plan. This demonstrates that although recurrently there are a significant number of schemes in place, further work is required to move red and amber rated schemes to green rated schemes. This plan has been phased across the year on a scheme by scheme basis and full details of progress at scheme level is monitored at the QIPP committee and the monthly blueprint meetings.

Figure 6 RAG rated QIPP plan

2016/17 QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	(2,604)	(50)	(2,654)	(520)	(2,134)	0	(2,654)
Medicines optimisation plan	(1,589)	0	(1,589)	(646)	(943)	0	(1,589)
CHC/FNC plan	(1,057)	0	(1,057)	(1,000)	(57)	0	(1,057)
Discretionary spend plan	(1,393)	(1,485)	(2,878)	(1,040)	(1,838)	0	(2,878)
Urgent Care system redesign plan	(850)	(350)	(1,200)	0	0	(1,200)	(1,200)
Total QIPP Plan	(7,493)	(1,885)	(9,378)	(3,206)	(4,972)	(1,200)	(9,378)
Risk rated QIPP plan				(3,206)	(2,486)	0	(5,692)

£1.554m QIPP savings have already been actioned at Q1 against a phased plan of £2.110m. It is important to note that it is still too early in the year to assess the majority of schemes due to the limited activity data available.

Figure 7 Phased QIPP plan for the 2016/17 year

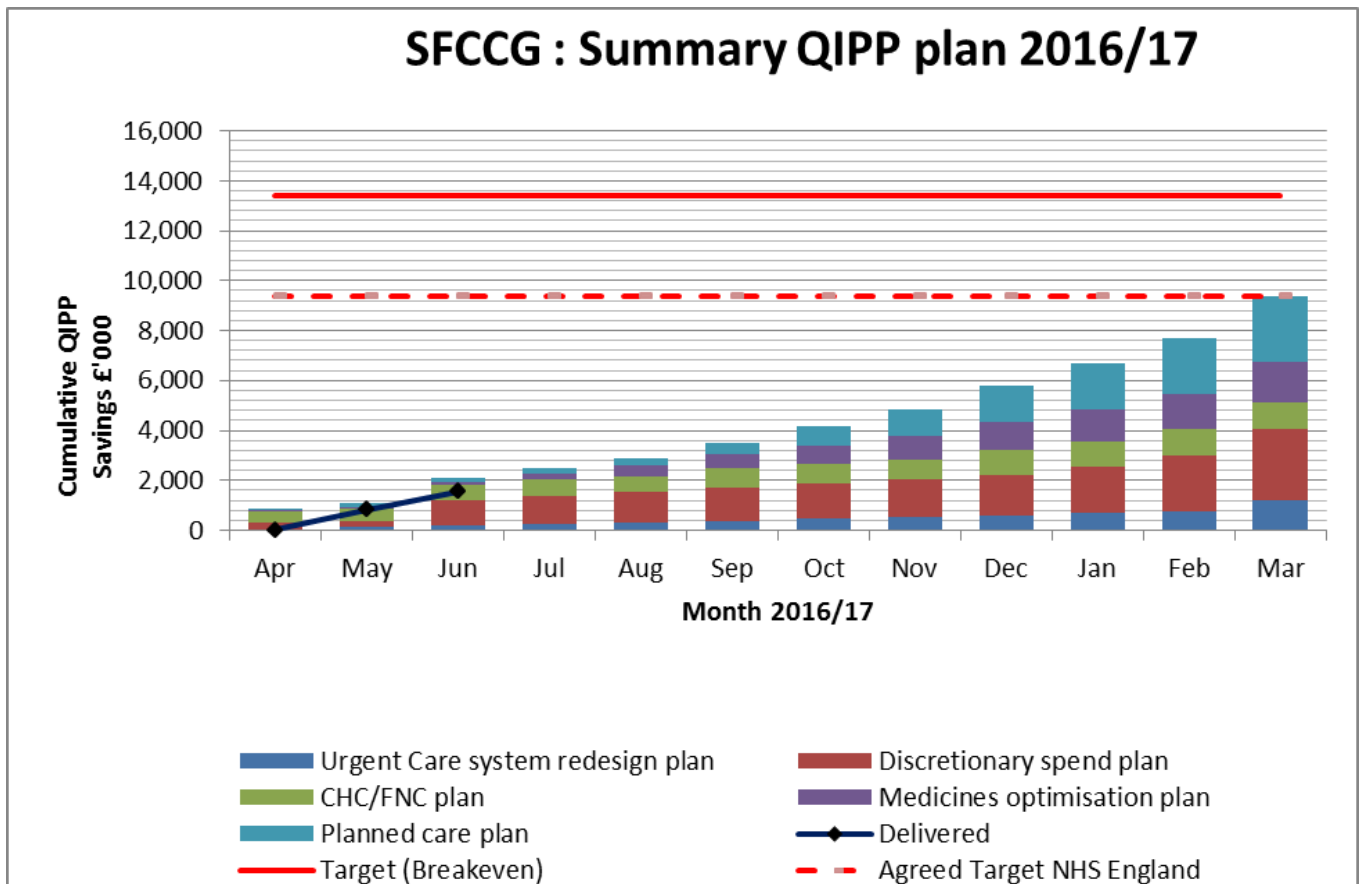


Figure 8 QIPP performance at month 3

Scheme	Current month (M3)						
	YTD Plan	YTD Actual	Variance		Annual Plan	Forecast out-turn savings	Forecast Variance
Planned care plan	201	50	(151)	●	2,654	2,654	0 ●
Medicines optimisation plan	71	0	(71)	●	1,589	1,589	0 ●
CHC/FNC Plan	650	500	(150)	●	1,057	1,057	0 ●
Discretionary spend plan	1,019	1,004	(15)	●	2,878	2,878	0 ●
Urgent Care system redesign	170	0	(170)	●	1,200	1,200	0 ●
Total	2,110	1,554	(556)		9,378	9,378	0

In order to deliver the QIPP programme a 1% Transformation Fund was established in CCG reserves to fund transformational initiatives that would result in more efficient delivery of healthcare and improvements to quality. In addition, the CCG has invested in system resilience schemes that are aimed at reducing emergency care. Due to the financial position facing the CCG a decision has been made to critically review any investment decisions that have not yet commenced, and the uncommitted balance of £0.858m is currently amber rated within the QIPP plans.

2.4 CCG Cash Position

In order to control cash expenditure within the NHS, limits are placed on the level of cash an organisation can utilise in each financial year.

The Maximum Cash Drawdown (MCD) is the maximum amount of cash available to a CCG each financial year and is made up of:

- Total Agreed Allocation
- Opening Cash Balance (i.e. at 1st April 2016)
- Opening creditor balances less closing creditor balances

Cash is held centrally at NHS England and is allocated monthly to CCGs following notification of cash requirements.

As well as managing the financial position, organisations must manage their cash position. The monthly cash requested should cover expenditure commitments as they fall due and the annual cash requested should not exceed the maximum cash drawdown limit.

Month 3 position

The Maximum Cash Drawdown (MCD) limit for Southport and Formby CCG for 2016/17 is £180.600m. Up to Month 3, the actual cash draw down was £45.300m (25.1% of MCD) against a target of £45.100m (25.0% of MCD).

At Month 3, the forecast financial position is a planned £4m deficit. The delivery of the planned deficit is reliant on QIPP programmes being achieved. If expenditure levels continue, the CCG will not have sufficient cash to meet expenditure requirements for the financial year.



If expenditure levels continue and the CCG does not achieve the planned QIPP targets to deliver the planned deficit of £4.000m, the CCG must manage the additional cash requirement. This will require an increase in creditors; which will require agreement with the relevant counter party. Alternatively this will require an additional cash allocation requested from NHS England which cannot be guaranteed.

2.5 CCG Running Costs

The running cost allocation for the CCG is £2.618m, the CCG must not exceed this allocation in the financial year.

The current year outturn position for the running cost budget is broadly in line with the plan. There is a small contingency budget in running costs which has been actioned as part of the QIPP plan.

2.6 Evaluation of Risks and Opportunities

The primary financial risks for the CCG are non-delivery of the QIPP target in the year and increased performance within Acute Care.

QIPP

There are still a significant number of QIPP programmes that are currently rated as 'Red' or 'Amber' and work is underway to change these schemes to 'Green'. Failure to do this will mean the CCG will not achieve the required £4.000m agreed deficit plan with NHSE. Overall management of the QIPP programme is being monitored by the QIPP committee.

Acute Contracts

The CCG has experienced significant growth in acute care year on year and if this continues the CCG will not achieve against the financial plan. The Month 3 performance was particularly high and further actions are required to mitigate further over performance and maintain the financial recovery trajectory for the financial year.

All members of the CCG have a role to play in managing this risk including GPs and other Health professionals to ensure individuals are treated in the most clinically appropriate and cost effective way, and the acute providers are charging correctly for the clinical activity that is undertaken.

Actions to mitigate the risk of further over performance are currently being implemented and include:

- Implementation of contract challenges for data validation and application of penalties for performance breaches.
- Scrutiny and challenge of all activity over performance

Other risks that require ongoing monitoring and managing include:

- Prescribing - This is a volatile area of spend but represents one of the biggest opportunities for the CCG, and as such this makes up one of the biggest QIPP programmes for 2016/17. It is too early in the year to assess the current position against this risk.
- CHC/FNC – There are increasing financial pressures within the care home economy, primarily arising from recent mandated wage increases in line with the National Minimum wage. The CCG has assumed a modest inflationary increase within the forecast.



2.7 Reserves Analysis

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

The assessment of the financial position is set out in the table below. This demonstrates that the CCG is required to deliver a total management action plan of £10.006m in 2016/17 in order to meet the agreed control total with NHS England. This will be done through delivery of the QIPP plan.

The delivery of the QIPP plan is extremely challenging and requires co-operation with partners across the healthcare economy. The CCG has recently allocated GP Governing Body member leads to each QIPP programme along with executive leads, and the leads meet on a monthly basis to report progress against their own programme to the Senior Team.

The table below outlines the Best, Most Likely and Worst Case scenarios. The best case scenario assumes achievement of the remaining QIPP requirement in full plus additional QIPP to be identified and delivered. The most likely case assumes achievement of 100% of schemes rated Green and 50% of schemes rated Amber. The worst case assumes further cost pressures emerge in acute care and prescribing

Figure 9 Reserves and agreed actions

	Recurrent £000	Non-Recurrent £000	Total £000
Planned Deficit	0.000	(4.000)	(4.000)
QIPP Target	(10.644)	1.266	(9.378)
Revised surplus / (deficit)	(10.644)	(2.734)	(13.378)
Forecast Outturn (against operational budgets)	(0.385)	(0.243)	(0.628)
Committed Reserve Budgets	(1.896)	1.896	0.000
Management action plan			
Actioned QIPP to date	1.374	0.180	1.554
Deliver on remaining QIPP plan	6.119	1.705	7.824
Total QIPP plan	7.493	1.885	9.378
Additional QIPP required to address deficit	0.385	0.243	0.628
Total QIPP plan required	7.878	2.128	10.006
Year End Surplus / (deficit)	(5.047)	1.047	(4.000)



Figure 10 – Risk Rated Financial Position

Southport and Formby	Best Case £m	Most Likely £m	Worst Case £m
Management Action Plan required	10.006	10.006	10.006
QIPP achieved to date	(1.554)	(1.554)	(1.554)
Remaining QIPP requirement	8.452	8.452	8.452
Remaining risk adjusted QIPP schemes	(4.138)	(4.138)	(4.138)
Further QIPP Delivery	(4.314)	-	-
Increased Cost Pressure			
- Acute	-	-	2.000
- Prescribing	-	-	0.500
Planned Deficit	4.000	4.000	4.000
Risk adjusted deficit	4.000	8.314	10.814

2.8 Conclusions and Recommendations

The Governing Body is asked to receive the finance update, noting that

- The CCG is currently forecasting a deficit of £4.000m against an agreed deficit of £4.000m.
- The CCG has a challenging QIPP in the current year, although significant progress has been made against the phased QIPP plan at Q1. It is imperative that the identified QIPP programme is delivered in full in order to achieve the agreed financial plan.
- The CCG is working closely with the transformation advisor to continue to develop the QIPP programme areas in order to achieve the required level of savings in the year.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from member practices to enable the CCG to reduce levels of low value healthcare and improve Value for Money.



3. Planned Care

3.1 Referrals by source

Figure 11 Referrals by Source across all providers for 2015/16 & 2016/17

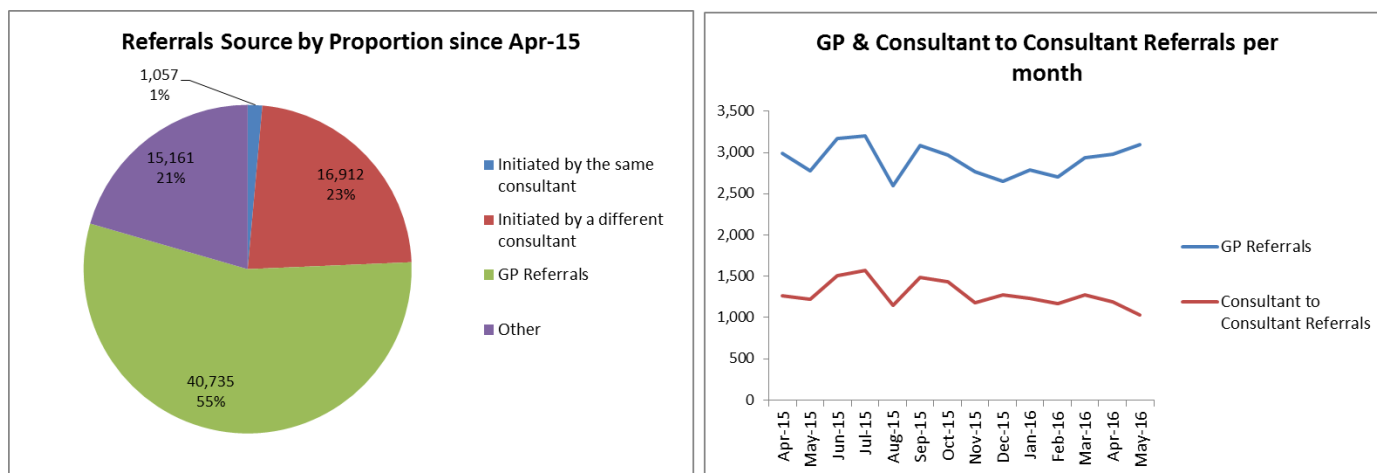


Figure 12 GP and 'other' referrals for the CCG across all providers comparing 2013/14, 2014/15 and 2015/16 by quarter

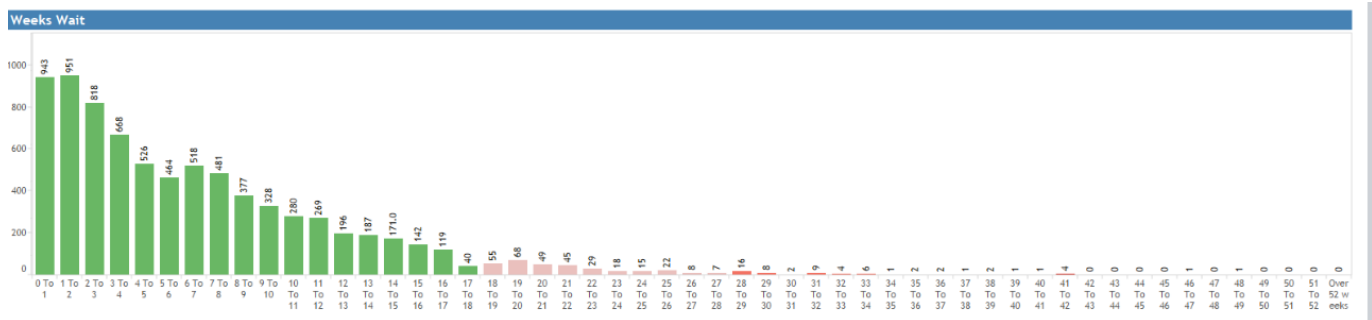
Referral Type	DD Code	Description	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
GP	03	GP Ref	2,990	2,775	3,175	3,204	2,595	3,088	2,970	2,771	2,655	2,791	2,705	2,935	2,983	3,098
GP Referrals Total			2,990	2,775	3,175	3,204	2,595	3,088	2,970	2,771	2,655	2,791	2,705	2,935	2,983	3,098
Other	01	following an emergency admission	7	9	11	9	7	8	11	8	18	7	6	4	12	6
	02	following a Domiciliary Consultation	15	4		3	4			1	2	2	2	2	1	2
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	283	252	325	283	242	313	311	230	276	255	212	279	260	285
	05	A CONSULTANT, other than in an Accident and Emergency Department	912	884	1,095	1,209	825	1,100	1,050	890	927	898	891	902	839	684
	06	self-referral	168	146	172	125	149	128	132	152	161	143	140	167	123	125
	07	A Prosthetist			2				2	1						1
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	10	21	27	15	17	18	11	13	20	19	10	32	27	16
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	35	51	50	50	51	43	50	41	30	47	48	53	49	42
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	2						2	1	1	1		1		3
	13	A Specialist NURSE (Secondary Care)	5	6	3	9	5	5	4	8	5	8	1	6		1
	14	An Allied Health Professional	130	173	147	198	114	122	165	150	155	157	127	130	170	166
	15	An OPTOMETRIST	76	46	91	62	62	112	127	100	60	34	98	95	92	194
	16	An Orthoptist	11	10	10	7	5	14	9	4	6	3	7	2	7	4
	17	A National Screening Programme	39	47	83	55	56	56	66	57	59	49	71	71	82	83
	92	A GENERAL DENTAL PRACTITIONER	27	31	22	37	24	28	26	38	23	18	30	45	57	39
	93	A Community Dental Service	3	2							1					
	97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	241	221	214	244	187	212	300	310	346	324	349	315	265	245
Other Total			1,964	1,903	2,252	2,306	1,748	2,161	2,265	2,004	2,090	1,964	1,993	2,103	1,988	1,892
Unknown (All are Renacres SOR coding error)			369	338	448	402	383	414	359	368	313	368	347	382		6
Grand Total			5,323	5,016	5,875	5,912	4,726	5,663	5,594	5,143	5,058	5,123	5,045	5,420	4,971	4,996



A proposal for a referral management scheme will be presented to the Clinical QIPP group in July and a consultant to consultant referral policy for Southport & Ormskirk Hospital has been approved.

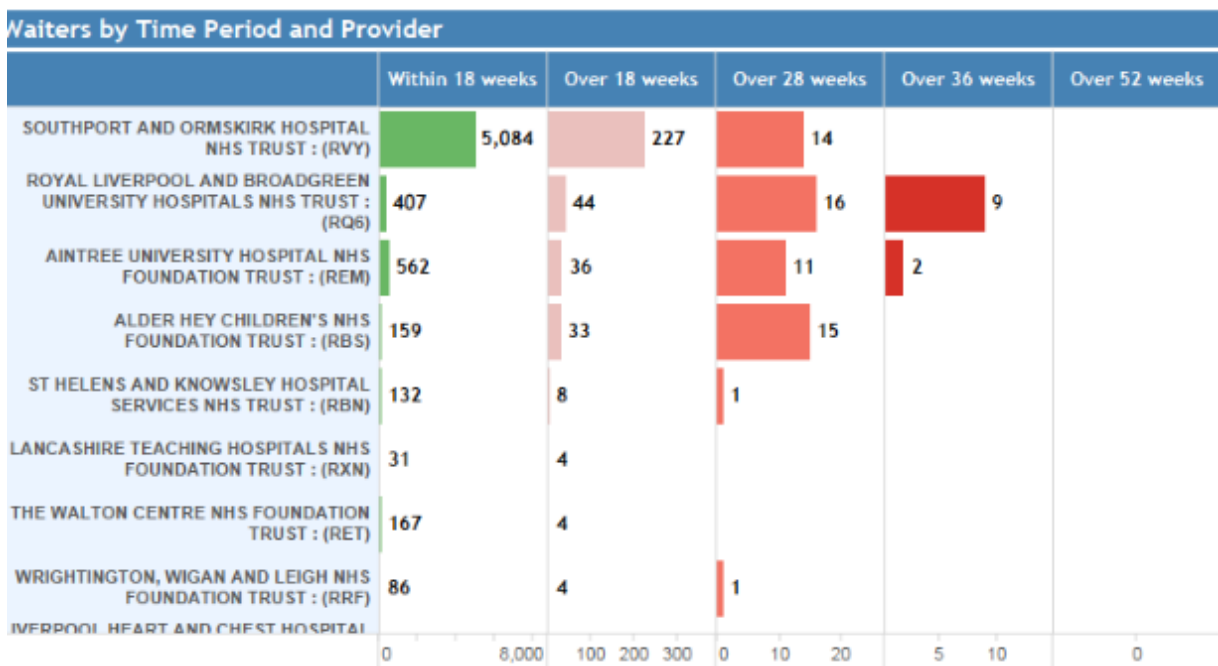
3.2 Waiting Times - NHS Southport and Formby CCG patients waiting

Figure 13 Patients waiting on an incomplete pathway by weeks waiting



3.3 Top Providers

Figure 14 Patients waiting (in bands) on incomplete pathway for the top Providers



3.4 Provider assurance for long waiters

Trust	Speciality	No of weeks waited	Reason for the delay
Alder Hey	Other	40	DNA 6-7-16 sent back to service for a decision.
RLBUHT	T&O	40	Clock stop 12-7-16.



RLBUHT	T&O	45	Clock stop 11-7-16.
RLBUHT	General Surgery	45	Clock stop 23-6-16

3.5 Planned Care contracts - All Providers

Performance at Month 2 of financial year 2016/17, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £294k/4%. This is predominantly caused by Renacres who are showing a £194k/31% year to date variance. Over performance can also be seen at Aintree University Hospital and Alder Hey Children's Hospital who have a combined over performance of £101k.

Figure 15 All Providers

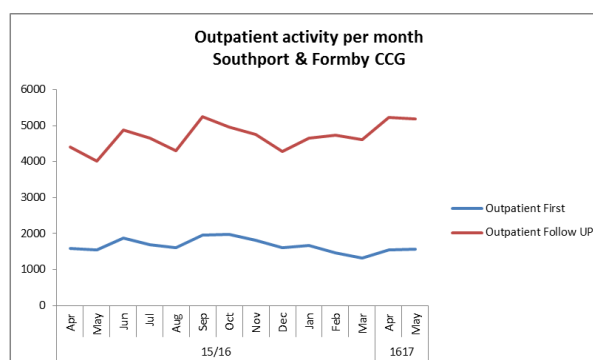
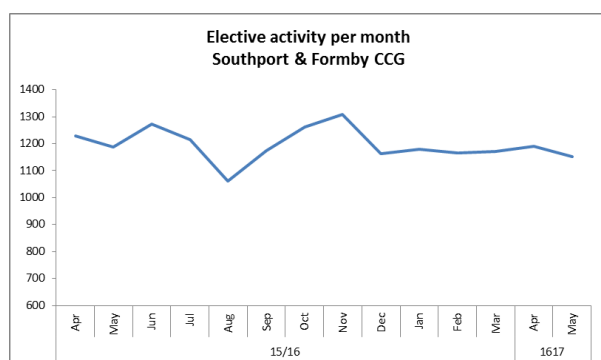
	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
ALL Providers (PBR & Non PBR. PBR for S&O)								
Aintree University Hospitals NHS F/T	2,746	2,986	240	9%	£636	£700	£64	10%
Alder Hey Childrens NHS F/T	166	1,216	1,050	633%	£105	£141	£37	35%
Central Manchester University Hospitals Nhs Foundation Trust	24	0	-24	-100%	£7	£0	-£7	-100%
Countess of Chester Hospital NHS Foundation Trust	0	11	11	0%	£0	£1	£1	0%
Fairfield Hospital	3	22	19	633%	£2	£3	£1	71%
ISIGHT (SOUTHPORT)	472	552	80	17%	£114	£105	-£9	-8%
Liverpool Heart and Chest NHS F/T	329	390	61	19%	£159	£168	£9	6%
Liverpool Womens Hospital NHS F/T	381	380	-1	0%	£115	£93	-£22	-19%
Renacres Hospital	1,813	2,644	831	46%	£618	£811	£194	31%
Royal Liverpool & Broadgreen Hospitals	2,453	2,571	118	5%	£555	£533	-£22	-4%
Southport & Ormskirk Hospital	18,438	21,339	2,901	16%	£3,842	£3,829	-£13	0%
SPIRE LIVERPOOL HOSPITAL	86	45	-41	-48%	£37	£15	-£23	-60%
ST Helens & Knowsley Hospitals	692	805	113	16%	£179	£210	£31	18%
University Hospital Of South Manchester Nhs Foundation Trust	20	36	16	80%	£6	£7	£1	24%
Walton Neuro	318	409	91	29%	£72	£85	£13	18%
Wirral University Hospital NHS F/T	30	54	24	80%	£16	£13	-£3	-18%
Wrightington, Wigan And Leigh Nhs Foundation Trust	322	489	167	52%	£129	£170	£41	32%
Grand Total	28,293	33,949	5,656	20%	£6,592	£6,886	£294	4%



3.6 Southport and Ormskirk Hospital NHS Trust

Figure 16 Month 1 Planned Care- Southport and Ormskirk Hospital NHS Trust by POD

S&O Hospital Planned Care (Pbr ONLY)	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	1,898	2,076	178	9%	£1,109	£1,056	£53	-5%
Elective	189	267	78	41%	£696	£656	£41	-6%
Elective Excess BedDays	42	67	25	60%	£10	£14	£5	46%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	237	217	-20	-8%	£35	£34	£1	-3%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	0	42	42	0%	£0	£1	£1	0%
OPFASPCL - Outpatient first attendance single professional consultant led	2,531	2,848	317	13%	£395	£429	£34	9%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	586	471	-115	-20%	£60	£52	£8	-14%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	0	211	211	0%	£0	£5	£5	0%
OPFUPSPCL - Outpatient follow up single professional consultant led	7,183	8,828	1,645	23%	£680	£792	£112	16%
OPFUPSPNCL - Outpatient follow up single professional non consultant led	0	918	918	0%	£0	£15	£15	0%
Outpatient Procedure	3,929	3,704	-225	-6%	£702	£613	£89	-13%
Unbundled Diagnostics	1,843	1,690	-153	-8%	£155	£164	£9	6%
Grand Total	18,438	21,339	2,901	16%	£3,842	£3,829	£13	0%



3.6.1 Southport & Ormskirk Hospital Key Issues

Planned Care at Southport & Ormskirk Hospital is reporting a year to date under performance of --£13k which equates to less than 1% variance. Under-Performance is driven by Elective activity which is reporting a -£94k variance. Trend charts above show the Elective activity has been consistent over the last 6 months with a slight decrease in May.

Over performance within Planned Care can be seen in Outpatient Follow Ups, with Outpatient Follow up Single Professional Consultant Led showing a £112k/16% over performance. In terms of Specialty, Ophthalmology and Optometry are driving the Outpatient over performance with a combined over performance of £48k. We will raise this issue with S&O at Info Sub Group to investigate a possible coding change.



3.1 Renacres Hospital NHS Trust

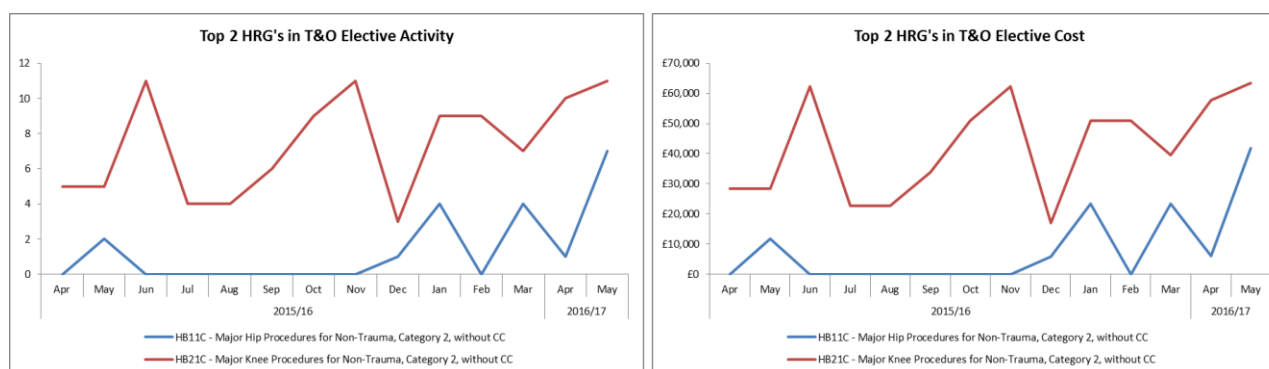
Figure 17 Month 1 Planned Care- Renacres Hospital NHS Trust by POD

Renacres Hospital Planned Care PODs	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	260	285	25	10%	£266	£306	£40	15%
Elective	37	60	23	62%	£165	£275	£111	67%
Elective Excess BedDays	0	0	0	0%	£0	£0	£0	0%
OPFASPCL - Outpatient first attendance single professional consultant led	583	543	-40	-7%	£86	£80	£-5	-6%
OPFUPSPCL - Outpatient follow up single professional consultant led	575	1,320	745	130%	£49	£83	£34	68%
Outpatient Procedure	174	226	52	30%	£35	£46	£11	30%
Unbundled Diagnostics	184	210	26	14%	£17	£21	£4	23%
Grand Total	1,813	2,644	831	46%	£618	£811	£194	31%

3.1.1 Renacres Hospital Key Issues

Renacres over performance of £194k/31% is largely driven by a £151k over performance in Elective Care. Daycase and Electives are over performing by £40k and £111k respectively.

Within Elective care, the majority of the over performance is in Trauma & Orthopaedics. In terms of HRG performance in T&O, HB21C – Major Knee Procedure without CC” over performs by £80k and HB11C Major Knee Procedures without CC over performs by £40k. Further analysis will be undertaken as the contract meeting recently revealed over performance across the provider’s three sites.



4. Unplanned Care

4.1 All Providers

Performance at Month 1 of financial year 2016/17, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £700k. This over-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £611k overspend.



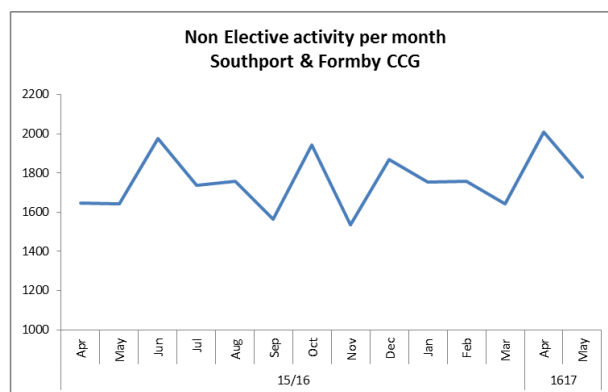
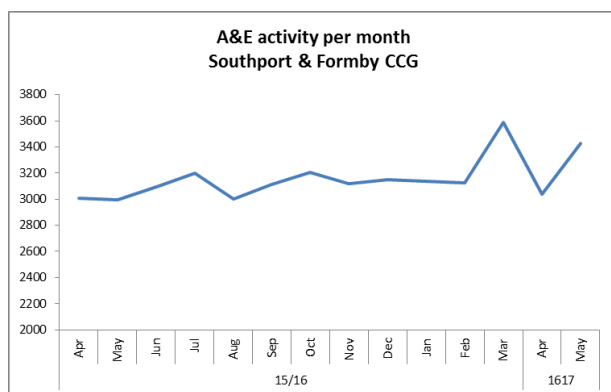
Figure 18 Month 1 Unplanned Care – All Providers

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
ALL Providers (PBR & Non PBR. PBR for S&O)								
Aintree University Hospitals NHS F/T	254	305	51	20%	£156	£190	£34	22%
Alder Hey Childrens NHS F/T	115	215	100	87%	£66	£90	£24	36%
Central Manchester University Hospitals Nhs Foundation Trust	10	14	4	40%	£5	£2	-£3	-66%
Countess of Chester Hospital NHS Foundation Trust	1	9	9	900%	£1	£7	£7	652%
Liverpool Heart and Chest NHS F/T	11	21	10	91%	£60	£71	£11	18%
Liverpool Womens Hospital NHS F/T	46	32	-14	-30%	£56	£28	-£28	-50%
Royal Liverpool & Broadgreen Hospitals	192	224	32	17%	£132	£155	£23	18%
Southport & Ormskirk Hospital	8,936	10,281	1,345	15%	£4,730	£5,341	£611	13%
ST Helens & Knowsley Hospitals	50	81	31	62%	£35	£46	£11	32%
Wirral University Hospital NHS F/T	16	15	-1	-6%	£8	£15	£8	105%
Wrightington, Wigan And Leigh Nhs Foundation Trust	6	18	12	200%	£9	£18	£9	102%
Grand Total	9,642	11,215	1,573	16%	£5,259	£5,962	£703	13%

4.2 Southport and Ormskirk Hospital NHS Trust

Figure 19 Month 1 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
S&O Hospital Unplanned Care (Pbr ONLY)								
A and E	6,234	6,470	236	4%	£811	£839	£28	3%
NEL/NELSD - Non Elective/Non Elective IP Same Day	1,464	1,968	504	34%	£3,194	£3,742	£548	17%
NELNE - Non Elective Non-Emergency	167	236	69	41%	£345	£291	-£54	-16%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	28	20	-8	-29%	£9	£6	-£3	-32%
NELST - Non Elective Short Stay	194	257	63	32%	£188	£174	-£14	-8%
NELXBD - Non Elective Excess Bed Day	849	1,330	481	57%	£183	£288	£106	58%
Grand Total	8,936	10,281	1,345	15%	£4,730	£5,341	£611	13%



4.2.1 Southport and Ormskirk Hospital NHS Trust Key Issues

Urgent Care over spend of £611k is driven by a £548k over performance in Non Elective activity. The main specialty over performance is General Medicine which is showing a £349k over spend. Further analysis of this has shown that although activity was high in M2, there has been a 7% increase in the average cost of a NEL admission since December 2015. The CCG is investigating this further but it would indicate a coding and counting change by the Trust which the CCG will formally challenge.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 20 NHS Southport and Formby CCG – Shadow PbR Cluster Activity

PBR Cluster	Caseload as at 30/04/2016	2016/17 Plan	Variance from Plan	Variance on 30/04/2015
0 Variance	44	41	3	8
1 Common Mental Health Problems (Low Severity)	2	3	(1)	(14)
2 Common Mental Health Problems (Low Severity with greater need)	3	11	(8)	(21)
3 Non-Psychotic (Moderate Severity)	122	174	(52)	(65)
4 Non-Psychotic (Severe)	179	156	23	50
5 Non-psychotic Disorders (Very Severe)	32	29	3	7
6 Non-Psychotic Disorder of Over-Valued Ideas	22	22	-	(4)
7 Enduring Non-Psychotic Disorders (High Disability)	129	112	17	13
8 Non-Psychotic Chaotic and Challenging Disorders	64	65	(1)	6
10 First Episode Psychosis	67	65	2	1
11 On-going Recurrent Psychosis (Low Symptoms)	263	291	(28)	(18)
12 On-going or Recurrent Psychosis (High Disability)	173	153	20	17
13 On-going or Recurrent Psychosis (High Symptom & Disability)	98	100	(2)	(8)
14 Psychotic Crisis	18	11	7	1
15 Severe Psychotic Depression	2	6	(4)	(4)
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	12	10	2	6
17 Psychosis and Affective Disorder – Difficult to Engage	28	26	2	1
18 Cognitive Impairment (Low Need)	208	244	(36)	(41)
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	780	787	(7)	57
20 Cognitive Impairment or Dementia Complicated (High Need)	220	202	18	33
21 Cognitive Impairment or Dementia (High Physical or Engagement)	66	53	13	20
Cluser 99	170	123	47	57
Total	2,702	2,684	18	102

Figure 21 CPA – Percentage of People under followed up within 7 days of discharge

		Target	Apr-16	May-16	Jun-16
E.B.S.3	The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	100%	

Figure 22 CPA Follow up 2 days (48 hours) for higher risk groups

		Target	Apr-16	May-16	Jun-16
KPI_19	CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	100%	100%	

Figure 23 EIP 2 week waits

		Target	Apr-16	May-16	Jun-16
NR_08	Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral	50%	50%	50%	

Quality Overview

At Month 2, MerseyCare are compliant with quality schedule reporting requirements. At the last CQPG the Trust provided an update patient falls both within inpatient and community settings. The Trust presented their Falls Strategy for 16/17, actions include:

- Reduce avoidable falls (5% last year) through frailty reviews
- All staff trained (Falls / Manual Handling) in the Trust standards
- Falls Incident dashboard (Live incident information)
- Improvements to environment (Irwell flooring, securing wardrobes etc.,)
- Standardised pressure sensor equipment
- Internal audit (NICE CG161).

Progress and outcomes will be monitored through the CQPG and CCG Quality Committees.

The Trust's Lead for Nursing and Quality highlighted that MerseyCare has recently attended nursing recruitment fairs in Dublin and London, but not appointments have been made, safer staffing and recruitment will be monitored throughout the year. 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 discussed at CQPGs in both April and June CQPGs. The concerns relate to GP referral pathways/access and Towels and Linens logistical issues which have now been resolved.

The Trust held a Kaizen 'Rapid Improvement Event' with stakeholders focusing on Clock View in early June 16, this will continue w/c 20th June and will focus on improving assessment and access processes. Progress will be reported through the CQPG.

A&E Response Times, Bed Pressures and Acute OAT (out of area) usage continues to be monitored by the CCGs via the CQPG.

A review of SIs and key themes is currently underway following concerns regarding the quality of RCAs (Root cause analysis) and action plans.

5.2 Cheshire Wirral Partnership - Improving Access to Psychological Therapies Contract

Figure 24 Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March
National definition of those who have entered into treatment	2015/16	103	96	130	164	104	123	128	165	191	216	186	176
	2016/17	201	195										
2016/17 approx. numbers required to enter treatment to meet monthly Access target of 1.3%	Target	240	240	240	240	240	240	240	240	240	240	240	240
	Variance	-39	-45										
	%	-16.4%	-18.9%										
Access % ACTUAL - Monthly target of 1.3% - Year end 15% required	2015/16	0.5%	0.5%	0.7%	0.9%	0.5%	0.6%	0.7%	0.9%	1.0%	1.1%	1.0%	0.9%
	2016/17	1.1%	1.0%										
Recovery % ACTUAL - 50% target	2015/16	44.3%	61.0%	48.6%	44.4%	58.7%	44.8%	38.2%	38.3%	55.4%	47.3%	51.1%	47.7%
	2016/17	42.9%	52.7%										
ACTUAL % 6 weeks waits - 75% target	2015/16	97.9%	98.8%	96.8%	91.3%	97.6%	95.2%	96.8%	98.3%	97.6%	97.0%	98.0%	97.8%
	2016/17	98.1%	99.0%										
ACTUAL % 18 weeks waits - 95% target	2015/16	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.0%	100.0%
	2016/17	100.0%	100.0%										
National definition of those who have completed treatment (KPI5)	2015/16	95	85	78	99	83	93	79	115	86	101	98	95
	2016/17	112	103										
National definition of those who have entered Below Caseness (KPI6b)	2015/16	7	8	6	9	8	6	3	8	12	8	8	7
	2016/17	7	10										
National definition of those who have moved to recovery (KPI6)	2015/16	39	47	35	40	44	39	29	41	41	44	46	42
	2016/17	45	49										
Referral opt in rate (%)	2015/16	94.8%	90.1%	80.0%	70.6%	77.5%	70.1%	68.0%	67.0%	71.8%	82.0%	82.0%	82.0%
	2016/17	93.7%	86.5%										

The provider (Cheshire & Wirral Partnership) reported 195 Southport & Formby patients entering treatment in month 2, a slight decrease of 3% to the previous month. The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is currently set at 15% for 2016/17 year end. Current activity levels provide a forecast outturn of 12.5% against the 15% standard. This would represent an improvement to 2015/16 when Southport & Formby CCG reported a year end access rate of 9.3%.

Referrals increased in month 2 with 61.5% being self-referrals. Marketing work is being carried out specifically in this area, targeting specific groups. The self-referral form adapted to make this far simpler to complete and is shared at appropriate meetings. Initial meetings have been agreed with Hesketh Centre, to attend weekly MDT meetings to agree appropriateness of clients for service



The percentage of people moved to recovery was 52.7% in month 2, which meets the minimum standard of 50%. A forecast outturn at month 2 gives a year end position of 47.5%, which is slightly below the year end position of 2015/16 (47.9%). However, the provider expects recovery to improve as waiting lists reduce.

Cancelled appointments by the provider were the highest since April 2015 in month 2 with 86 reported. The provider has previously stated that this was attributed to staff sickness. Staffing resources have been adjusted to provide an increased number of sessions at all steps in Southport & Formby.

The number of DNAs increased in month 2 and the provider has commented that the DNA policy has been tightened with all clients made aware at the outset. Cancelled slots are being made available for any assessments/entering therapy appointments.

To date in 2016/17, 98.5% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have waited less than 18 weeks (against a standard of 95%). The provider has achieved the monthly RTT targets throughout 2015/16 and in the first two months of 2016/17 for Southport & Formby CCG.

Quality Overview

A remedial action plan is in place regarding non-achievement of 15% prevalence / access target, progress is monitored through the CQPG / Contract meeting. In December 2015 the CCG issued a Contract Performance Notice which resulted in improved performance but which was still below the 15% prevalence /access target. NHSE have advised that although the target was not met at the end of March 2016 the expectation is that that the target will be achieved by the end of Quarter 1 2016/17. The CCG has requested support from the National IAPT team to support the service.

6. Community Health

6.1 Southport and Ormskirk Community Health

EMIS Switch Over

The Trust continue to progress in moving over services from the old IPM clinical system to EMIS. As this continues potential data quality and reporting issues may arise. The CCG has requested from the Trust a detailed report on the issues affecting each service and actions on how these are to be resolved.

Since the shift from IPM to EMIS reporting on Referrals, Contacts and Waiting times have been affected. The CCG and Trust are working together to resolve the issues. The Trust has advised of the following issues in the May submission;

- The Trust is unable to split out domiciliary and clinic activity from EMIS at the minute so it's all lumped into one.
- There will be some duplicates in the referrals data as all open caseloads had to be migrated across.

The latest services to go live have been Stoma and Continence in March, and Dietetics, Falls and Adult Therapies in April.



Current Issues

Data extract delays have been reported in both Lymphedema and Palliative Care services due to an upgrade on their System One as such reporting delays have ensued.

Activity levels for a number of services appear to be under performing against plan but the Trust has mentioned this is not the case with data extraction since the move to EMIS causing reporting issues.

Further discussion and actions to ascertain the correct activity figures is being resolved through the information sub group.

Any Qualified Provider

Southport & Ormskirk Hospital

Podiatry

The locally agreed assessment tariff of £25 continues to be used as agreed in the podiatry AQP dataset. The Podiatry AQP budget is £566,000. At month 2 2016/17 the costs to date is £86,958 compared to the same time last year when it was £70,465. Activity comparisons this year (Southport and Formby CCG activity only) (1,011) compared to last year (814) show activity is up however the application of the £25 tariff continues to help with reducing the potential overall costs.

The trust has been asked to provide the diagnostics within the data set and have reported that this will be worked on and included in the future. Definitive timescales need to be obtained from the trust around this as this information will help to determine that the patients seen are eligible for the AQP.

The trust may still need to raise credit notes in relation to the earlier queries raised in relation to patients discharged at first visit and for more recent queries raised in 2015/16. This needs to be checked with finance and the CCG summary reports will assist in this process.

The trust raised possible technical problems that they may face moving forward with Podiatry AQP moving to EMIS at FIG meetings last year. The trust has been asked to contact another local community trust that may have had the same issues to establish if there are any solutions that can be shared. As there will be a requirement for this activity to be recorded it is essential the trust plan for this eventuality and continue to provide the data to provide assurance to the commissioners.

Although work has been done to correct the dataset based on the previous queries raised around duplicates there still appears to be a small number of duplicates in the submitted dataset at month 2 2016/17. This was a query raised last month and has been investigated and amendments made but it will remain open until resolved completely.

Another query raised at March 2016 is around patients placed on more than one package in the financial year. A question was raised with the trust as to whether these patients would be best placed to be treated on the block if they are complex rather on the AQP. This might be an area to review or tighten up on in any future specifications.

At month 1 and 2 there are examples of a patients placed on two packages of care in the month on the same day. There are still incidences where a patient has had an assessment and been placed on a package of care on the same day. This should not attract the £25 assessment tariff on top of the



package that the patient has been placed on. If the patient needs to be seen before their appointment then this should be deemed as part of the overall package of care and not be charged for separately. There are examples of patients seen under different packages on the same day, discharged and charged at full tariff. There is evidence of a patient placed on packages of care in consecutive months. The first package was a C with orthotics including an assessment that was charged for separately and from which the patient was seen and discharged the same day. The following month the same patient was placed on a package D with orthotics with an outcome of a follow up appointment. It is unclear why this patient was discharged in the first place as all the activity has been charged at tariff.

Adult Hearing

The Adult Hearing Audiology budget is £248,000 however this needs to be reviewed in the light of 3 year reviews that will be coming up in 2016/17. At month 2 2016/17 the costs are £62,407. The costs at the same time last year were £93,724 at month 2 2015/16. Comparisons of activity between the two time periods shows that activity is at similar levels 16/17 compared to 15/16 with the same period last year affected by the three year reviews being seen and the allocated budget not being uplifted to accommodate the effect of this.

There are still duplicate records within the data set received for month 2 2016/17 however this remains under review and investigation by the trust. This month as last month the trust has failed to achieve.

The latest KPIs received from the trust are as follows:

- Assessments to be completed within 16 working days following receipt of referral target, unless patient requests otherwise. The target is 90% and the May 2016 position is 75% and this is below target and worse than last month.
- The target for Hearing Aids to be fitted within 20 working days following assessment, unless patients requests otherwise has been failed in March. The target is 90% and at May 2016 this is 93.9%. This is an improvement on the April reported position.
- Appointments are offered within 10 weeks of fitting, unless there are clear, documented, clinical reasons to do otherwise, or the patient chooses to wait beyond this period -90% Target. At May 2016 performance is below target at 89% and this is a reduction on the performance last month.
- At month 2 100% of patients undergo objective measurement at first fitting where clinically appropriate (exceptions reported in IMP)- 95% Target.
- 94.25% of Patient records and associated letters/reports have been completed and sent to GP within 5 working days of hearing/ assessment fitting/follow up. This is an improvement on last month- 95% target
- At month 2 97.75% of patients have a personalised care plan - All patients have an individual care management plan-100% Target
- 100% patients reported reduced social isolation - Improvement in GHABP/COSI/IOI-HA outcome measure after hearing aid fitted.-90% Target
- 100% of patients reported an improved Quality of Life - Improvement in GHABP/COSI/IOI-HA outcome measure after hearing aid fitted- 90% Target
- This indicator relating to Aftercare is available (face to face or non-face to face) within 2 working days of patient request-90% Target. The trust state that this indicator is not applicable as the service operates an open access policy.

The following indicators have not been reported;

- Increased choice and control of when and where treatment is delivered - patient questionnaire - reported from service.



- Percentage of patients still wearing hearing aids at review stage - Not recorded

MSK

The budget for 2016/17 is £76,000. At month 2 the MSK AQP costs are £10,585 (Southport and Formby). Last year the costs and activity were affected by the presence of duplicates in the received data sets. The trust made amendments that were in the month 12 data set, however at month 1 this issue appears to be resolved with no duplicates present. This will still need to be monitored going forward. The commissioner needs to ensure that the appropriate credit notes were issued for 2015/16 in relation to the duplication issue. At month 2 there appears to be no duplicate costed activity within the data set.

Last year the data set also included patients where a tariff is present and the outcome had been recorded as "NULL" and this was raised with the trust also. This was initially corrected after investigated by the trust, however the current data set at month 2 contains some patients with "NULL" with a tariff cost of £156. The data sets received still need to continue to be data quality checked to identify any issues on an on-going basis. There is likely to be issues with the migration to EMIS.

The latest KPIs received from the trust are as follows:

The following KPIs have missed the target in May 2016:

- 90% of patients for non-urgent referral are offered an initial assessment appointment within 10 working days from receipt of referral. The May 2016 position is 64.3% and this is similar to the position last month.
- 90% of patients sampled to have an individual care management plan (minimum sample size is 20% of all patients) The May 2016 position is 77.5%.
- Patient records and associated letters/ reports completed and sent to GP within 5 working days of initial assessment and follow up. The May 2016 position is 86.4% against a target of 95% this position is the same as last month.

The trust is still unable to report on a number of key indicators as follows:

- 100% of patients to be asked to complete a validated PROMS before treatment and afterwards
- 95% of patients sampled should report overall satisfaction with the service
- 95% of patients from protected characteristic groups (PCGs) should report overall satisfaction with the service
- 95% of all sampled GP referrers should report overall satisfaction with the service
- Professional registration and evidence of clinical governance
- Patient experience questionnaires and peer satisfaction surveys to capture areas for improvements.
- 100% of recommendations made and agreed with Commissioners are addressed
- Safe and appropriate environment that meets the necessary professional standards according to NHS T&Cs and their own professional body.
- An integrated patient pathway, which facilitates signposting to wider communication/social support services (where appropriate)
- SUIs, PSIs and complaints should be dealt with in line with Commissioners policy"

Quality Overview

New local KPIs and Quality specific measures are being developed, these will be incorporated into the 16/17 Quality Schedule reporting templates.



Year to date (Month 2) Southport & Ormskirk ICO have reported 11 C-difficile cases against a year to date plan of 6 (6 apportioned to acute trust and 5 apportioned to community). Learning points from the C diff RCAs (Root Cause Analysis) include prompt acquisition of samples and prompt isolation of cases when they are first symptomatic with diarrhoea. The IPC (Infection Prevention Control) team have arranged for a C diff information day when the Trust will interact with staff and patients on the main corridor in the Southport site and provide them with educational materials and staff aide memoire cards as to what their actions should be when C diff is suspected. The CCG is also liaising across with the link Infection Prevention Control Matron to review the community C-difficile cases.

Community District Nursing Teams – Southport & Formby & West Lancashire - Across the whole DN service there is eleven nursing staff on long-term sick. This is being closely monitored and updates provided regularly, this has reduced from previous months. Further work continues in collaboration with NHSP in enabling existing staff to work via the bank across community areas. This is ongoing.

Church town – A recent staffing review has identified that a further two band 5 nurses are required for the workload. A business case has been submitted. Sandy Lane has had high sickness during May. This has since resolved. Proactive management of nurse vacancies continues.

Liverpool Community Health Trust

A number of data validation queries were sent to the Trust which we are awaiting a response. A meeting is to be held with the Trust Business Intelligence lead and the CCG BI leads to go through the data by service line on 21/07/2016.

- Paediatric continence: the Trust were queried on the higher proportion of patients on the caseload compared with referrals into the service.
- Paediatric Dietetics: a shift from domiciliary contacts to clinic has been noted with a higher number now recorded as outpatients. It is suspected the Trust is encouraging more patients to attend clinic. Caseload increase from 17 in March 16 to 170 in April 16. Explanation from Trust: Year on year increase in number and complexity of referrals affected by NICE guidance e.g. CMPA. Locum employed for last 8 months to meet demand. Employed till April 17.
- Paediatric Occupational Therapy: increases in caseload with no real increase in demand has been noted and queried within the service. Trust explanation: Service operating well above Planned Referral and activity due to increased referrals, especially within sensory. Sensory workshops developed, those who require one-to-one intervention are then seen individually for assessment. No forecast downturn in referral rate therefore service spec and contract requirements to be reviewed.

Waiting Times

Problems persist with a number of services and there waiting times with Paediatric Speech and Language by far the worst performers. March 2016 saw an average of 39 weeks wait with the longest waiting patient recorded at 50 weeks on the incomplete pathway.

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, the final report was published on 8th July, the overall rating was Requires Improvement. Inspectors found that Liverpool Community Health NHS Trust has recruited more front-line clinicians to ensure safer staffing levels, and delivered big improvements to its intermediate care services on the Broadgreen and Aintree sites. Inspectors also highlighted 'significant improvements' in the culture of the organization and praised the Trust for the measures it has introduced to keep staff safe. However, there is more work still to do though, and team of CQC inspectors, who carried out their inspection in February 2016, said the Trust's services now need to tackle a number of new areas, including:

- Ensuring the Trust properly documents the way it is responding to the NHS duty of candor.
- Ensuring robust systems in all services are in place to monitor and improve the quality of services provided.

The Trust's Executive Team will be attending the August Collaborative Forum meeting to discuss the report and the development of an action plan.

Capsticks Report

The Capsticks Report 'Quality, Safety & Management Assurance Review at Liverpool Community Health NHS Trust' was published in March 2016, the Report and Action Plan are standing agenda items on the Joint Sefton And Liverpool LCH CQPG. The Trust report that the completed action plan will be presented to their Trust Board in July 2016. The Report was also discussed at the Quality Surveillance Group Meeting Chaired by NHSE in May 2016 and an action was taken to review the recommendations as a whole system exercise to identify any lessons learnt. This action has recently been followed up with NHSE by the CCG's Deputy Chief Nurse.

SALT Waiting Times

At the June CQPG a verbal update was given for adult SALT:

- A business case has been produced for additional staff
- 38 patients are currently on the waiting list
- Increase in the number of referrals and complexity noted i.e. COPD/ other respiratory, stroke patients, neuro patients.
- Locum recruited on a temporary basis resulting in reduced waiting times however follow up waiting times will be impacted on.

The CCG has requested a report for both adults and children, this should include referral rates, type/ source of referral, complexity and also staffing v establishment.



Serious Incidents / Pressure Ulcers

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

7. Third Sector Contracts

NHS Standard Contract and Grant agreements are now fully signed by all parties with exception of Alzheimer's Society, it is expected that this will be signed shortly. Variations to update the Notice Period to 3 months have now been actioned and signed by all providers.

Review of all discretionary CCG spend is ongoing to explore further how Voluntary Organisations support the CCG vision of Health Care within the wider community.

A half day event was held on the 21st July by the CCG which brought together all current VCF providers they highlighted the benefits of their services, the event's aim was to consider improved ways of working that will be sustainable, efficient and effective in the future. The outcome of the event was a proposal paper for the Senior Leadership team.



8. Quality and Performance

8.1 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)	16/17 - May	6	11	↑	There were 6 new cases reported in May 2016 , year to date 11 cases against a year to date plan of 6. Out of the 11 cases all were reported at Southport & Ormskirk (6 apportioned to acute trust and 5 apportioned to community). Year-end plan 38.	All 6 C diff hospital attributed cases were reported by Southport & Ormskirk Hospital Trust (see below for narrative). Please note: The CCG report on all cases of c.diff (Trust and Community), the Trust (S&O) only report on Trust apportioned cases.	
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	16/17 - May	6	8	↑	There were 5 new trust apportioned cases reported in May 2016 (YTD 8 / YTD Plan 6), Year-end plan is 36.	5 new cases of C diff reported, the Trust are putting 2 cases for local appeal. Learning points from the C diff RCAs (Root Cause Analysis) include prompt acquisition of samples and prompt isolation of cases when they are first symptomatic with diarrhoea. The IPC team have arranged for a C diff information day when the Trust will interact with staff and patients on the main corridor in the Southport site and provide them with educational materials and staff aide memoire cards as to what their actions should be when C diff is suspected. The CCG is also liaising across with the link Infection Prevention Control Matron to review the community C dif cases. No Appeals Panels have been held yet in 16/17.	
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	16/17 - May	0	0	↔	There has been no new cases of MRSA reported in May for the CCG against a zero tolerance target.		
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	16/17 - May	0	0	↔	There has been no new cases of MRSA reported at the Trust in May against a zero tolerance target.		
Mixed Sex Accommodation Breaches							
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	16/17 - May	0.00	1.30	↓	In May the CCG had 5 mixed sex accommodation breaches (a rate of 1.3) and have therefore breached the zero tolerance threshold. All 5 breaches were at Southport & Ormskirk.	All breaches occurred in Southport & Ormskirk Trust, see below for comments.	

Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	16/17 - May	0.00	1.80	↓	In May the Trust had 10 mixed sex accommodation breaches (a rate of 1.8) and have therefore breached the zero tolerance threshold. Of these, 5 were Southport & Formby CCG patients and 5 were West Lancs CCG patients.	All Breaches occurred within Critical Care. There is a focus on step-down of patients from Critical Care to the wards to improve MSA breaches, with an agreed hierarchy of bed allocation within the organisation. There have been discussions regarding MSA breaches at the CCF and CQPGs. During the recent Quality Walk Around on A&E the CCG Teams also visited the Critical Care / HDU to discuss MSA breaches with the clinical teams and to gain an appreciation of the clinical environment. At the June meeting of the S&O CCF, the Deputy Director of Nursing and Quality from NHSE (Cheshire and Merseyside) agreed to support the CCGs and Trust by relooking at available guidance.
Enhancing quality of life for people with long term conditions						
Patient experience of primary care i) GP Services	Jul-Sept 2015 and Jan-Mar 2016		3.11%	↓		
Patient experience of primary care ii) GP Out of Hours services	Jul-Sept 2015 and Jan-Mar 2016		9.00%	↓	Percentage of respondents reporting confidence and trust in person/people seen or spoken to at the GP Out of Hours Service.	
Patient experience of primary care i) GP Services ii) GP Out of Hours services (Combined)	Jul-Sept 2015 and Jan-Mar 2016	6%	3.95%	↓		
Helping people to recover from episodes of ill health or following injury						
% who had a stroke & spend at least 90% of their time on a stroke unit (Southport & Ormskirk)	16/17 - May	80%	43.50%	↓	The Trust failed the 80% target in May with only 10 out of 23 patients spending 90% of their time on a stroke unit.	Performance against this standard continues to be challenging. As previously reported, some of the difficulties experienced relate to pressures in Urgent Care flow; however a number are also linked to mixed sex accommodation issues. Discussions are taking place to consider whether any Estates work could be undertaken to reconfigure a bay on the Stroke Unit to address this. An Early Supported Discharge business case (which would support earlier discharge for patients to have onward therapy in their own home) awaits Executive review. Southport & Formby and West Lancashire CCGs held a Quality walk around the Stroke Unit on 30th June . there appeared to be no immediate patient safety / experience concerns to escalate to the Board. At the time of the visit there were no outlying patients on the unit. The CCG's Lay Member also attended the walk around.



% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	16/17 - May	60%	28.57%	↓	The Trust failed the 60% target in April with only 2 out of 7 patients who experienced a TIA being assessed and treated within 24 hours.	Patients who suffer TIAs often do not present in time to achieve this target and this occurred in 1 case. 2 cases presented at the weekend and could not be treated in time as a result. 1 was due to patient choice. 1 was due to available clinic capacity. At the June CQPG, further information was requested regarding TIA performance over the last 8 months, this has now been received and is being reviewed by the CCG's GP clinical leads.
Mental health						
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) (CCG)	15/16 - Qtr4	95%	100.00%	↔		
IAPT Access - Roll Out	16/17 - May	1.25%	1.02%	↑	The CCG are under plan in May for IAPT Roll Out, out of a population of 19079, 195 patients have entered into treatment. There has been a slight decrease on previous month when the trust reported 1.05%.	See section 7 of main report for commentary
IAPT - Recovery Rate	16/17 - May	50.00%	52.70%	↑		
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	16/17 - May	75.00%	99.00%	↑	April data shows 99% a very slight increase from April when 998.1% 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	16/17 - May	95%	100.00%	↑	April data shows 100%, the same as March.	
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.	

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)	16/17 - May	93%	95.64%	↓	
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	16/17 - May	93%	96.02%	↓	
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	16/17 - May	93%	90.79%	↓	The CCG has failed the target of 93% in the second month of 2016/17 with a performance of 80.56% and a YTD performance of 90.79%. May's activity equates to 7 breaches out of a total of 36 patients.
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)	16/17 - May	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)	16/17 - May	96%	97.28%	↓	
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	16/17 - May	96%	98.55%	↓	
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	16/17 - May	94%	100.00%	↔	
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	16/17 - May	94%	0 Patients	↔	
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	16/17 - May	94%	100.00%	↔	

Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	16/17 - May	94%	87.50%	↓	The Trust failed to achieve the 94% target YTD with a performance of 87.5%. However, in May the Trust reported 0 breaches. The overall failure of the target is due to small numbers, with just 1 patient out of a total of 8 YTD not receiving treatment within 31 days.	SRG will monitor. Small numbers have hampered performance.
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	16/17 - May	98%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk)	16/17 - May	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)	16/17 - May	85% (local target)	86.96%	↑		
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)	16/17 - May	85% (local target)	85.07%	↓		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	16/17 - May	90%	100.00%	↔		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	16/17 - May	90%	100.00%	↔		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	16/17 - May	85%	78.67%	↓	The CCG failed to achieve the 85% target in May and YTD with a performance of 78.67%. In May, 70% of patients were seen in 62 days, equating to 12 breaches out of 40.	RCAs have been undertaken on all breaches to identify themes and trends. Harm reviews have been or will be undertaken on 4 patients waiting 104 days or longer.
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	16/17 - May	85%	80.46%	↓	The Trust failed the target of 85% in May with 70.71%, therefore impacting on the YTD position of 80.46%. In May, 14.5 breaches occurred out of a total of 49.5 patients.	Key actions include; improvements to escalation processes, review of SLAs for diagnostic services between trusts, review of radiology and MRI capacity and demand.



Referral To Treatment waiting times for non-urgent consultant-led treatment					
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	16/17 - May	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	16/17 - May	0	0	↔	
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	16/17 - May	92%	94.90%	↓	
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Southport & Ormskirk)	16/17 - May	92%	95.80%	↓	
A&E waits					
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	16/17 - May	95.00%	89.64%	↑	Southport & Formby CCG failed the 95% target in May reaching 89.64%. In May, 408 attendances out of 3942 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	16/17 - May	95.00%	79.88%	↑	Southport & Formby CCG failed the 95% target in May reaching 81.2% (year to date 79.88). In May 380 attendances out of 2021 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	16/17 - May	STP Trajectory Target for May 88.3%	89.77%	↑	Southport & Ormskirk have achieved the STP trajectory target in May reaching 89.77%. In May 1209 attendances out of 11820 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) Type 1	16/17 - May	95.00%	81.22%	↑	Southport & Ormskirk have failed the target in May reaching 81.22%. In May, 1201 attendances out of 6394 were not admitted, transferred or discharged within 4 hours.
The majority of the breaches occurred in Southport & Ormskirk Trust, see below for comments.					
The CCG has updated the targets that are within STP accordingly. A clinical services plan is being put in place, redesigning all pathways taking account of previous advice from NHSE's Emergency Care Intensive Support Team. Attendances at Southport were 5% higher than in April and level with May 2015. The timeliness of patient flow out of A&E department results in the majority of breaches. Performance at Southport was 3% higher than in April at 70%. The performance is in line with the agreed trajectory.					
Diagnostic test waiting times					
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	16/17 - May	1.00%	0.68%	↑	
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	16/17 - May	<1%	0.15%	↓	



Category A ambulance calls						
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	16/17 - May	75%	71.20%	↑	The CCG is under the 75% target year to date achieving 71.20%. In May out of 38 incidents there were 5 breaches (86.50%).	<p>Year to date Red activity (R1+R2) for NWS is 14.5% up on the equivalent period in 2015. Mersey (including Wirral) is 10.9% up and Southport & Formby CCG is 1.4% down at the end of May. Two national targets have been set for Red 1 and Red 2 activity which must receive a response at scene within 8 minutes in 75% of cases. Cumulative actual performance at May was 71.2% (Red 1) and 66.4% (Red 2) against the 75% target for Southport & Formby CCG. NWS continue to manage more incidents than planned through "Hear and Treat" and "See and Treat", resulting in patients receiving appropriate treatment without an avoidable A&E attendance. Cumulative Hear & Treat activity is 47.8% more than the planned level of expected activity for Southport & Formby CCG.</p>
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	16/17 - May	75%	66.40%	↑	The CCG was under the 75% target year to date reaching 66.40%. In May out of 524 incidents there were 171 breaches (67.40%).	
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	16/17 - May	95%	88.30%	↓	The CCG was under the 95% target year to date reaching 71.20. In May out of 562 incidents there were 71 breaches (87.40%).	
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWS) (Cumulative)	16/17 - May	75%	75.40%	↓		
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWS) (Cumulative)	16/17 - May	75%	66.90%	↓	NWS failed to achieve the 75% target in May recording 66.26%, year to date reaching 66.90%	
Ambulance clinical quality - Category 19 transportation time (NWS) (Cumulative)	16/17 - May	95%	91.70%	↓	NWS failed to achieve the 95% target in May recording 91.47%, year to date reaching 91.70%	

8.2 Friends and Family – Southport and Ormskirk Hospital NHS Trust

Figure 25 Friends and Family – Southport and Ormskirk Hospital NHS Trust

Clinical Area	Response Rate (RR) Target	RR Actual (May 2016)	RR - Trajectory From Previous Month (Apr 16)	Percentage Recommended (England Average)	Percentage Recommended (May 2016)	PR Trajectory From Previous Month (Apr 16)	Percentage Not Recommended (England Average)	Percentage Not Recommended (May 2016)	PNR Trajectory From Previous Month (Apr 16)
Inpatients	25%	16.6%	↓	96.0%	94%	↑	1.0%	2.0%	↔
A&E	15%	0.6%	↓	85.0%	66%	↓	8%	17%	↑
Q1 - Antenatal Care	N/A	-	-	96%	*		2%	*	
Q2 - Birth	N/A	16.9%	↓	97%	100%	↑	1%	0%	↑
Q3 - Postnatal Ward	N/A	-	-	94%	100%	↑	2%	0%	↑
Q4 - Postnatal Community Ward	N/A	-	-	98%	100%	↑	1%	0%	↔

Where cell contains "-" no denominator data available

If an organisation or one of its sub-units has less than five responses the data will be suppressed with an asterisk (*) to protect against the possible risk of disclosure.

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 has seen a decrease in response rates for inpatients compared to the previous month. A&E response rates remain extremely low at 0.6% this is also a reduction compared to the previous month's figure of 1.1%

The percentage of patients that would recommend the inpatient service in the trust has declined marginally compared to the previous month and is a percent below the England average. The percentage of people who would not recommend the inpatient service has remained static since the previous month and is below the England average.

In A&E the percentage of people who would recommend the service has reduced again from the previous month to 66%, and remains lower than the England average.



For maternity services, recommendation of birth, postnatal ward and postnatal community ward have shown an increase in percentage of people who would recommend the service compared to the previous report all are 100%. 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. A trust presentation is planned for September CQPG.

The Engagement and Patient Experience Group (EPEG) have sight of the trusts friends and family data on a quarterly basis and seek assurance from the trust that areas of poor patient experience are being addressed. The trust is presenting their patient experience strategy to EPEG in June 2016 and EPEPG have requested specifically that they talk about F&F data. 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.

8.3 Serious Incidents (SIs) and Never Events

CCG Serious Incident Management

The CCG Programme Manager for Clinical Quality and Safety responsible for managing serious incident for the CCG, is currently on a six month secondment opportunity with NHS England (Cheshire and Merseyside). Arrangements have been made for the Head of Vulnerable People for the CCG to manage the SI process as an interim arrangement.

Datix Reporting System

From the beginning of June 2016 the CCG have transferred over to the new Datix reporting system which is managed by Datix Insight Team in Mid Lancashire Commissioning Support Unit (MLCSU). Some issues have been highlighted as part of the data transfer which have been highlighted to the Datix Insight Team and the CCG Corporate Governance Manager. It is anticipated that all issues will be resolved in time for the Q2 report.

Number of Serious Incidents (SIs) reported in period

There have been 4 SI's reported in June 2016 (Table 1), totalling 16 new reported SI's year to date. All SI's are managed as per the NHS England Serious Incident Framework within the CCG Internal Serious Incident Meeting.

All 4 SI's reported in June have been reported by MerseyCare NHS Foundation Trust (MerseyCare):

- Suspected homicide = 2
- Self-inflicted harm = 1
- Unauthorised absence = 1

SI's Reported June 2016

StEIS No.	Category	Organisation	Incident Reported within 48 Hours of Incident Date	Reported within 48hrs from Incident Identified
201615351	Apparent/actual/suspected homicide meeting SI criteria	Mersey Care Trust	Yes - Incident 4-6-16, reported 7-6-16.	Yes - Reported 7-6-16, identified 6-6-16.
201616583	Apparent/actual/suspected self-inflicted harm meeting SI criteria	Mersey Care Trust	Yes - Incident 19-6-16, reported 20-6-16.	Yes - Reported 20-6-16, identified 19-6-16.
201616668	Unauthorised absence meeting SI criteria	Mersey Care Trust	Yes - Incident 19-6-16, reported 20-6-16	Yes - Reported 20-6-16, identified 19-6-16.
201617523	Apparent/actual/suspected homicide meeting SI criteria	Mersey Care Trust	No 6 days after - Incident 22-6-16, reported 30-6-16.	No 3 days after - Reported 30-6-16, identified 26-6-16.

Number of Never Events reported in period

There were no never events reported in June 2016.

Number of SIs closed in month

There has been 1 Serious Incidents closed in June 2016, which relates to a S&O incident. There are ongoing issues relating to the quality of RCA's being received by S&O which is contributing to the length of time that remain open for this provider of StEIS. The CCG have invited S&O's the Assistant Director of Integrated Governance and the Deputy Medical Director to attend the CCG internal SI meeting to support improvements in the quality information being submitted. The Head of Vulnerable People has plans in place to arrange a monthly meeting with the Assistant Director of Integrated Governance to support the process.

Number of Route Cause Analysis (RCA) reports due in month there extension requested and granted.

There are 2 SI's which are out of timescale to be submitted as per NHS E Serious Incident Framework (2013)

A reminder has been sent to S&O for the report which is outside of schedule. The CCG is in the process of clarifying with Liverpool CCG who, hold co-ordinating commissioning responsibilities for Merseycare, to determine whether an extension has been requested and granted.

StEIS No.	Category	Organisation	RCA Due Date	RCA Report Received	Extension Given?
20166375	Pressure ulcer meeting SI criteria	Southport and Ormskirk Hospital NHS Trust	03/06/2016	No	No
20166207	Suspected Suicide	Mersey Care Trust	02/06/2016	17/06/2016	

Number of incidents reported split by type YTD

There have been a total of sixteen reported incidents during Q1 (Table 3). Of these there were four incidents which were repeated in quarter (Table 2).

Repeated Incidents Q1

SI Criteria	Number
Abuse / Alleged Abuse of adult patient by third party	2
Apparent/actual/suspected homicide	2
Apparent/actual/suspected self-inflicted harm	3
Slips/trips/falls	3

Number of Incidents reported by Provider

The 16 SI's raised in Q1 have been broken down by provider (Table 4)

- Merseycare have reported 11 incidents: 2 alleged abuse, 2 suspected homicides, 3 suspected self-inflicted harm, 1 slip/trip/ fall, 2 unauthorised absence, 1 fall with harm.
- Ramsey Health Care UK have reported 1 incident which was a slip/trip/fall
- S&O have reported 2 pressure ulcers. The Trust have submitted the composite pressure ulcer action plan as per CCG contract query. The action plan is awaiting validation by internal CCG processes. It is anticipated that once formally accepted the action plan will be monitored via the Clinical Quality Performance Group (CQPG), with agreement that all subsequent pressure ulcers will be raised and then closed on StEIS unless there are new themes that have been identified.
- St Helens and Knowsley NHS Trust have reported 1 incident which related to mortuary services
- WCCN have reported 1 incident related to a slip/trip/ fall

Incident Reported By Provider

Provider / Type of Incident	Apr	May	Jun	YTD
Mersey Care NHS Trust				
Abuse/alleged abuse of adult patient by third party	2			2
Apparent/actual/suspected homicide meeting SI criteria			2	2
Apparent/actual/suspected self-inflicted harm meeting SI criteria		2	1	3
Slips/trips/falls meeting SI criteria		1		1
Unauthorised absence meeting SI criteria		1	1	2
Falls (Accident)		1		1
Ramsey Health Care UK				
Slips/trips/falls meeting SI criteria		1		1
Southport and Ormskirk Hospital NHS Trust				
Pressure Ulcer meeting SI criteria	1	1		2
St Helens and Knowsley Hospital NHS Trust				
Incident affecting patient's body after death meeting SI criteria	1			1
The Walton Centre NHS Foundation Trust				
Slips/trips/falls meeting SI criteria		1		1
Grand Total	4	8	4	16



Serious Incidents Currently Open

In total there are 52 open serious incidents on StEIS where Southport and Formby CCG is the responsible and or has co-ordinating commissioning responsibilities. There is one SI open on StEIS for S&O where there is expected to be an extended timescale for closure. This is as a consequence to the number of providers involved in the incident which includes; University Hospital Aintree NHS Foundation Trust and WCCN. S&O have commissioned an external view from Salford Royal NHS Foundation Trust. The progress of the external review will be monitored by the CCG Internal SI meeting.

- 2014/15 = 2
- 2015/16 = 33
- 2016/17 = 26

The 2 SI's which remain open for S&O in 2014 /15 relate to pressure ulcers. It would be expected that once the S&O composite action plan has been validate and agreed by the CCG, these would then be closed on StIES.

Year	Provider	No of Open Incidents	
2014/15	Southport & Ormskirk NHS Trust	2	2
2015/16	Aintree University Hospital NHS Trust	1	34
	Central Manchester NHS Trust	1	
	Merseycare NHS Trust	3	
	Southport & Ormskirk NHS Trust	29	
2016/17	Merseycare NHS Trust	11	16
	Ramsey Healthcare UK	1	
	Southport & Ormskirk NHS Trust	2	
	St Helens & Knowsley NHS Trust	1	
	The Walton Centre NHS Foundation Trust	1	

9. Primary Care

9.1 Background

We are reviewing the primary care dashboard that has been used in 2015/16 with a view to understanding the needs for reporting across the organisation from a quality, improvement, QIPP perspective. We are also working closely with other CCGs to look at practice elsewhere, and the ability of Midlands and Lancashire Commissioning Support Unit's Business Intelligence tool, Aristotle to be able to report practice level primary care information. We feel that information should be made available to practices in a timely and consistent format to aid locality discussions. 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.

9.2 CQC Inspections

A number of practices in Southport and Formby CCG have been visited by the Care Quality Commission. CQC publish all inspection reports on their website. There have been no further inspection results published in the last month.



10. Better Care Fund

The 'Payment for Performance' (p4p) period for BCF ended in December 2015 (p4p ran Q4 2014/15 – Q3 2015/16) but the CCG continues to monitor non elective admissions to hospital. In order to ensure a consistent and accurate set of numbers for the financial year 2015/16, Health & Wellbeing Boards were required to submit a Q4 2015/16 plan in their Q2 2015/16 BCF monitoring submission (submitted 27/11/15). Non elective admissions in Q4 2015/16 were 8.6% lower than both the Q4 2015/16 plan and Q4 of the previous financial year (2014/15).

Note that in 2016/17 BCF non elective baselines have been pre-populated based on early March 2016 draft of CCG planning submissions and not final submissions. NHS England has conducted a refresh of these baselines to account for final CCG plans which were finalised at the end of the 2016/17 contracting round in May 2016.

Also CCG operational plans for 2016/17 are SUS based, however we had the option under BCF of choosing a data source to monitor non elective admissions in 2015/16, and we chose MAR. In a change from 2015-16 reporting local areas are no longer required to report on Non-Elective Admissions as this data will already be available nationally. Therefore comparisons of activity between years would not be accurate going forward.

Figure 26 Better Care Fund – Non Elective Admissions

BCF NEL Admissions	"Payment for Performance" period, calculated quarterly																Non payment for performance period			
Financial Year	2014/15				2015/16															
	Jan	Feb	Mar	Q4	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4
Baseline	3,098	3,098	3,098	9,294	3,036	3,036	3,036	9,107	3,030	3,030	3,030	9,091	3,017	3,017	3,017	9,050	3,223	3,223	3,223	9,668
Plan	3,003	3,003	3,003	9,009	2,491	2,491	2,491	8,822	2,935	2,935	2,935	8,806	2,921	2,921	2,921	8,763	3,128	3,128	3,128	9,383
Actual	3,176	2,976	3,515	9,667	3,257	3,246	2,958	9,462	2,957	2,849	2,767	8,574	2,811	2,902	2,936	8,650	2,962	2,922	2,950	8,834
Variance from baseline	78	-122	417	373	222	210	-77	355	-73	-181	-263	-517	-205	-114	-81	-400	-261	-301	-273	-834
% Variance from baseline	2.5%	-3.9%	13.5%	4.0%	7.3%	6.9%	-2.5%	3.9%	-2.4%	-6.0%	-8.7%	-5.7%	-6.8%	-3.8%	-2.7%	-4.4%	-8.1%	-9.3%	-8.5%	-8.6%