

Southport & Formby Clinical Commissioning Group

Integrated Performance Report April 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 at Month 1 (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	Green	
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	Green	SORM
Cancer 62 Day Screening	Green	SORM
Cancer 62 Day Consultant Upgrade	Green	SORM
Diagnostic Test Waiting Time	Green	SORM
Emergency Admissions Composite Indicator		
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)		
Emergency Admissions for acute conditions that should not usually require a hospital admission		
HCAI - C.Diff	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	
PROM: Elective procedures: Groin Hernia	Red	SORM
PROM: Elective procedures: Hip Replacement	Red	SORM
PROM: Elective procedures: Knee Replacement	Red	SORM
PYLL Person (Annual Update)	Green	
RTT 18 Week Admitted Pathway	Yellow	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	Red	SORM
Stroke who experience TIA	Red	SORM
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s		
Unplanned hospitalisation for chronic ambulatory care		
Local Measure: Access to services BME	Green	



Key Information from this report

Financial Performance - The financial position at month 2 before the application of reserves is a £0.239m overspend in the month, of which £0.186m relates to 2015/16 leaving an underlying deficit in the month of £0.092m. The forecasted out-turn position is a £4.000m deficit against a planned deficit of £4.000m. This is subject to delivery of the QIPP programme in 2016/17. The CCG has a challenging QIPP in the current year, although progress has been made against the phased QIPP plan at month 2. It is imperative that the identified QIPP programme is delivered in full in order to achieve the agreed financial plan. 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.

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 (All Types and Type 1) – Year to date (month 1) the CCG failed the 95% target for All Types achieving 88.6%. The target has been failed at CCG level since April 2015. Southport & Ormskirk also failed and achieved 78.4% year to date. The CCG failed the 95% target for Type 1 in April reaching 78.4% and Southport & Ormskirk also failed the target reaching 78.4%. The Trust is developing a new clinical strategy and operational plan to hit 87.5% by April 2016 and 95% by April 2017. The plan aims to redesign all pathways taking account of previous advice from NHSE's Emergency Care Intensive Support Team. Performance in April was in line with most other Trusts performance and below the national target, however the Trust has seen an improvement compared to the previous month due to implementation of an urgent care plan which includes daily meetings of key stakeholders on the Southport site who seek to resolve problems as they arise using this as a learning platform for continuous improvement.

A&E 12 hour trolley wait - The Trust reported a 12hr Trolley Breach in April 2016 for a Southport & Formby patient, the CCG received the timeline for the patient and a full RCA was undertaken and submitted to the CCG, no patient harm occurred.

Ambulance Activity - Year to date Red activity (R1+R2) for NWAS is 8.9% up on the equivalent period in 2015. Mersey (including Wirral) is 9.4% up and Southport & Formby CCG is 2.7% up at the end of April. When looking at Red activity specifically in the month of April, Southport & Formby CCG has seen an increase of 2.7% when comparing to April 2015.

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. 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.

HCAI – C difficile – The CCG had 5 new cases reported in April 2016, against a year to date plan of 38. All of these cases were reported at Southport & Ormskirk (3 apportioned to acute trust and 2



apportioned to community). Southport & Ormskirk had 3 new cases reported in April 2016, against a year end plan of 36. (Year-end plan is 36).

IAPT Access – Roll Out – The CCG are under plan in April for IAPT Roll Out, out of a population of 19079, 201 patients have entered into treatment. There has been a slight increase on previous month when the trust reported 0.92%.

MSA – In April the CCG had 11 mixed sex accommodation breaches (a rate of 2.6) and have therefore breached the zero tolerance threshold. All 11 breaches were at Southport & Ormskirk. In April the Trust had 14 mixed sex accommodation breaches (a rate of 2.3) and have therefore breached the zero tolerance threshold. Of these, 11 were Southport & Formby CCG patients and 3 were West Lancs CCG patients. The Director of Nursing has reviewed S&O's practice in line with other Trusts and found no difference in approach other than not having single gender Critical Care units. The DoN and Matron for critical care are investigating the possibility of making the critical care single gender accommodation in HDU/CCU. 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. Significant pressure within the system have prevented timely step down of patients from critical care.

Patient Safety Incidents Reported – Southport & Ormskirk reported 3 Serious Untoward Incidents in April. 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 – The CCG failed the 80% target in April with only 5 out of 11 patients spending 90% of their time on a stroke unit. The Trust failed the 80% target in April with only 16 out of 25 patients spending 90% of their time on a stroke unit. The CCG has raised concerns with the Trust regarding stroke care within the Trust and this has been discussed in several formal forums. A letter has been written from the CCG Chief Officer to the Interim Chief Executive in the Trust and two external reviews have been commissioned by the CCG. The CCG have forwarded copies of correspondence to the Chief Executive and to a concerned relative to the CQC. The Trust failed to achieve national target again partly due to pressures in urgent care but mainly due to mixed sex accommodation issues. The Trust performs well against the Sentinel Stroke National Audit Programme (SSNAP) scores. An early supported discharge business case has been prepared which will free up beds in the unit, this awaits approval by the Executive Team. Southport & Formby and West Lancashire CCG are planning a Quality Walk around the Stroke Unit on 30th June.

TIA – The CCG failed the 60% target in April with only 2 out of 4 patients who experienced a TIA being assessed and treated within 24 hours. The Trust failed the 60% target in April with only 6 out of 11 patients who experienced a TIA being assessed and treated within 24 hours. The Trust have prepared a report for the CCG summarising breaches for 15/16, most of the reasons for breaches are due to late presentation plus other reasons outside of the trusts control, numbers are also very small for presentations and those missed therefore distort the overall percentages.



2. Finance Summary

This report focuses on the Month 2 financial performance for Southport and Formby CCG as at 31 May 2016 (Month 2).

The financial position at month 2 before the application of reserves is a £0.239m overspend in the month, of which £0.186m relates to 2015/16 leaving an underlying deficit in the month of £0.092m. The forecasted out-turn position is a £4.000m deficit against a planned deficit of £4.000m. This is subject to delivery of the QIPP programme in 2016/17.

The high level CCG financial indicators are listed below:

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	Unmet QIPP to be identified > 0	£8.030m	£8.837m
Running Costs	CCG running costs < 2016/17 allocation	✓	✓

**Note agreed a £4.000m deficit with NHSE for 2016/17 as the CCGs control total*

2.1 Resource Allocation

There have been no additional allocations in month 2.

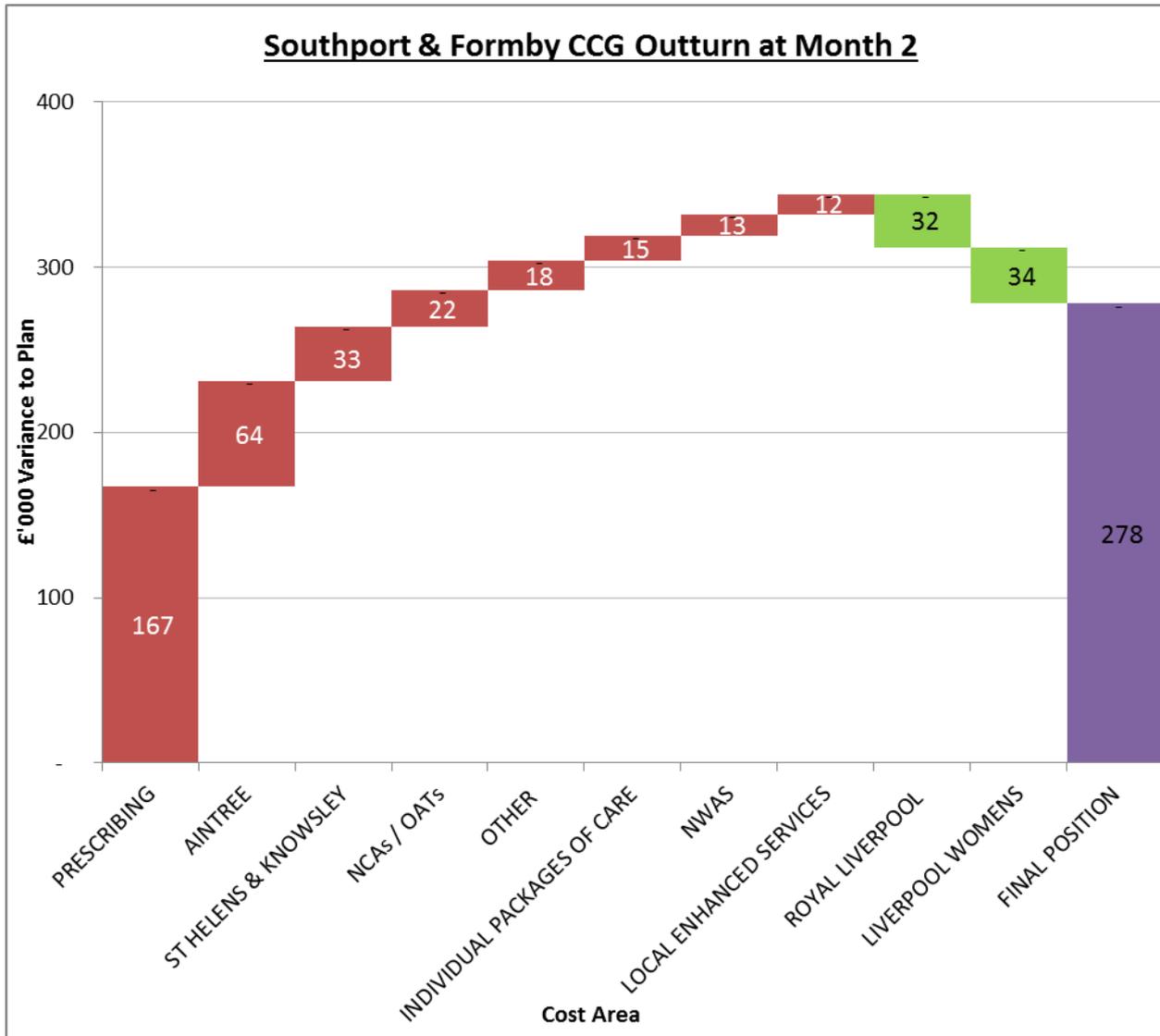
2.2 Financial Position and Forecast

The majority of the overspend is within Prescribing, and early pressures across the acute sector.

It should be noted that whilst the financial activity period relates to the end of May 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 April 2016.



Figure 2 Forecast Outturn



Prescribing / High Cost Drugs

The overspend of £0.174m for the prescribing budget is due to the outturn against the 2015/16 year end forecast. 2016/17 prescribing data is not yet available.

Acute commissioning

Aintree University Hospitals NHS Foundation Trust

The overspend reported for Aintree is £0.064m. The position is based on month 1 performance information received from the trust. This overspend is predominantly within Non-elective procedures (£0.042m). The forecasted position has not been extrapolated at this early stage in the year.

In addition to this, we have experienced small overspends in excluded drugs totalling £0.019m in relation to Rheumatology and Ophthalmology. High cost drugs are 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 1 information reported by the trust. The position highlights a £0.034m underspend with the majority relating to obstetrics. The forecasted position has not been extrapolated at this early stage in the year.

St Helens & Knowsley Teaching NHS Trust

Based on month 1 financial information provided by the trust, there is an overspend of £0.033m year-to-date. There are adverse pressures in Daycases, Elective attendances and Non-elective attendances. The forecasted position has not been extrapolated at this early stage in the year.

Southport and Ormskirk Hospitals NHS Trust

Based on month 1 financial information provided by the trust, the contract was in line with the plan. There are emerging pressures in non elective of £0.221m, which the CCG is challenging as the case mix has changed significantly. This is offset by underspends in outpatients (£0.102m), Electives (£0.112m) and A&E (£0.006m).

Non Contract Activity / Out of Area Treatments

The M2 overspend for Non Contract Activity (NCA) and Out of Area Treatments (OATs) is £0.022m following receipt of prior year invoices from S&O on behalf of West Lancs Health Partnership GP (£0.012m) and a £0.010m overspend on various other NHS Trusts.

Continuing Health Care and Funded Nursing Care

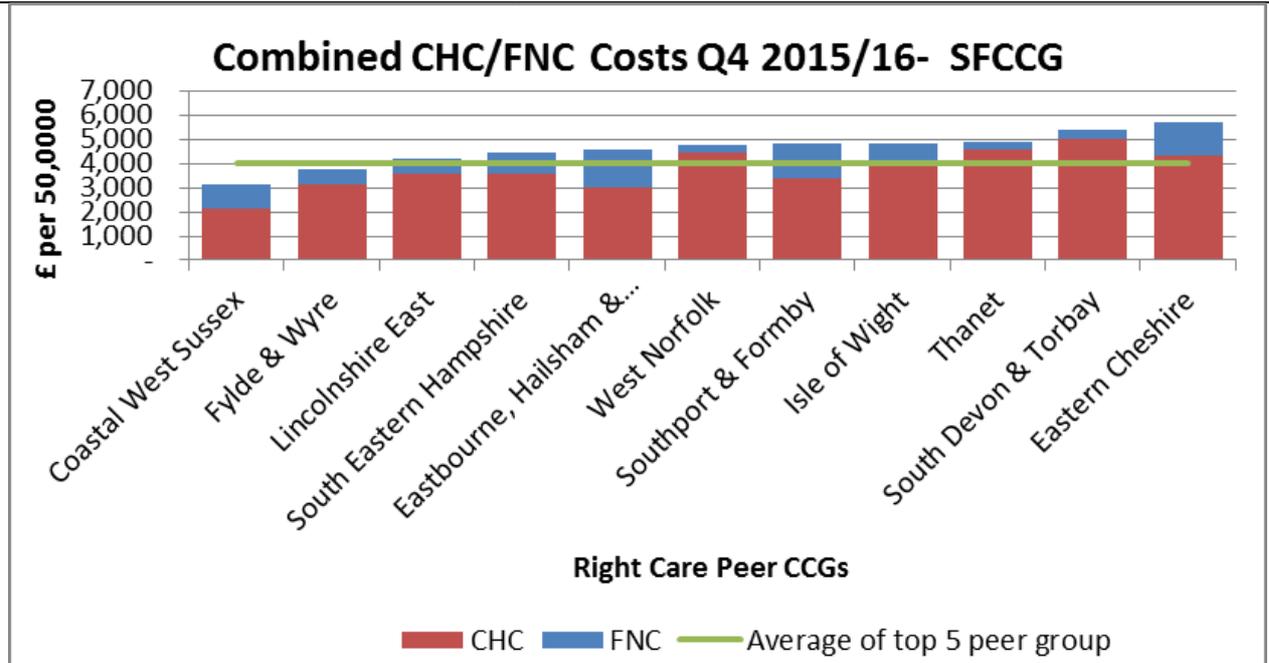
The month 2 position for this budget is an overspend of £0.015m, this position reflects the current number of patients, average package costs and an expected uplift to providers of 1.1% until the end of the financial year.

Year-to-date QIPP savings of £0.500m have been actioned against the final out-turn position 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, which will be formally actioned through budgets and reserves in M3.

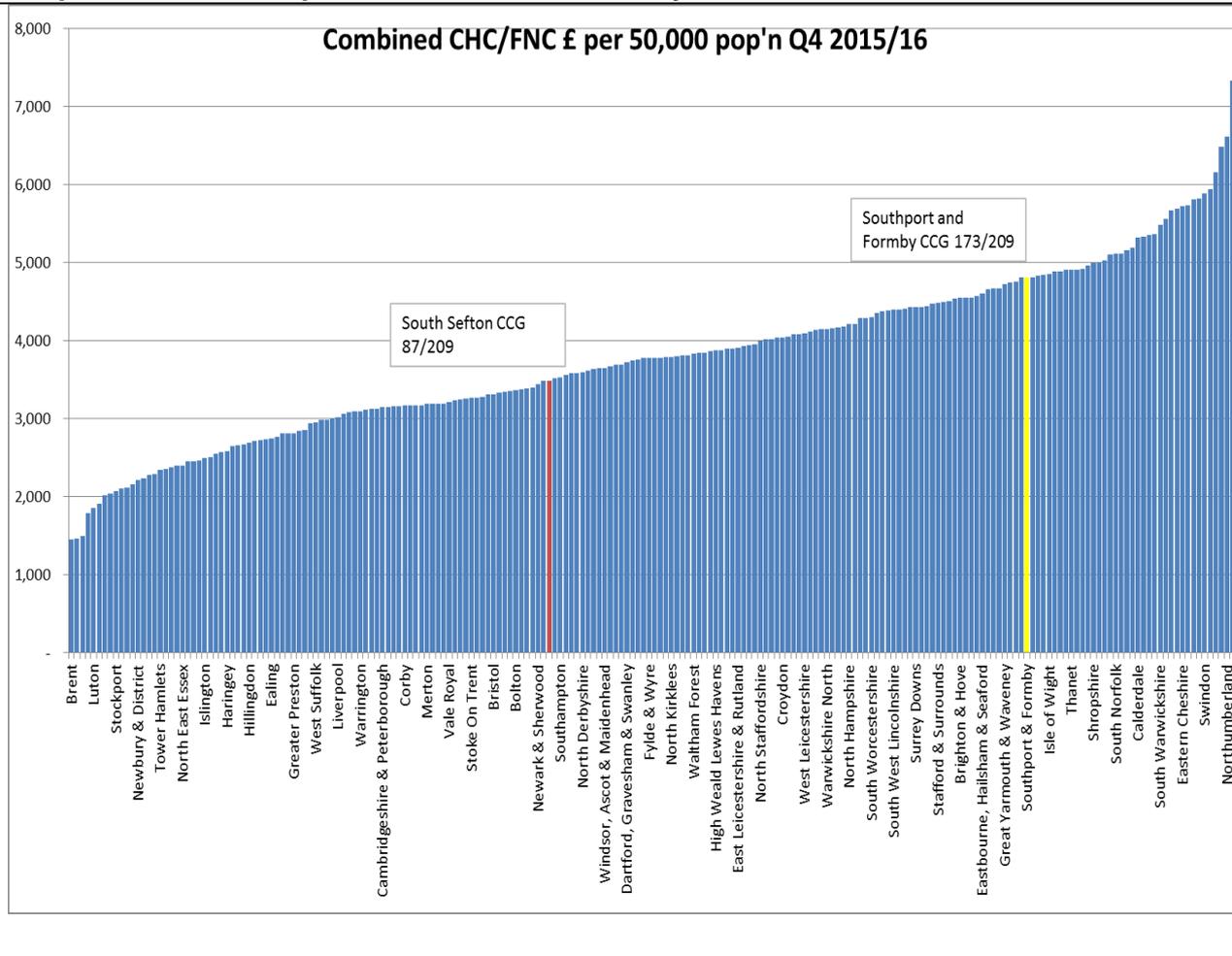
National benchmarking data has become available for Q4 which is shown in Graph 2 and 3 below. The national position is consistent with Q3 2015/16 data (Q4 173/209 Q3 174/209), and the position within the peer-group has also remained the same.



Graph 2: SFCCG compared to peer-group



Graph 3: SFCCG compared to all CCGs in country



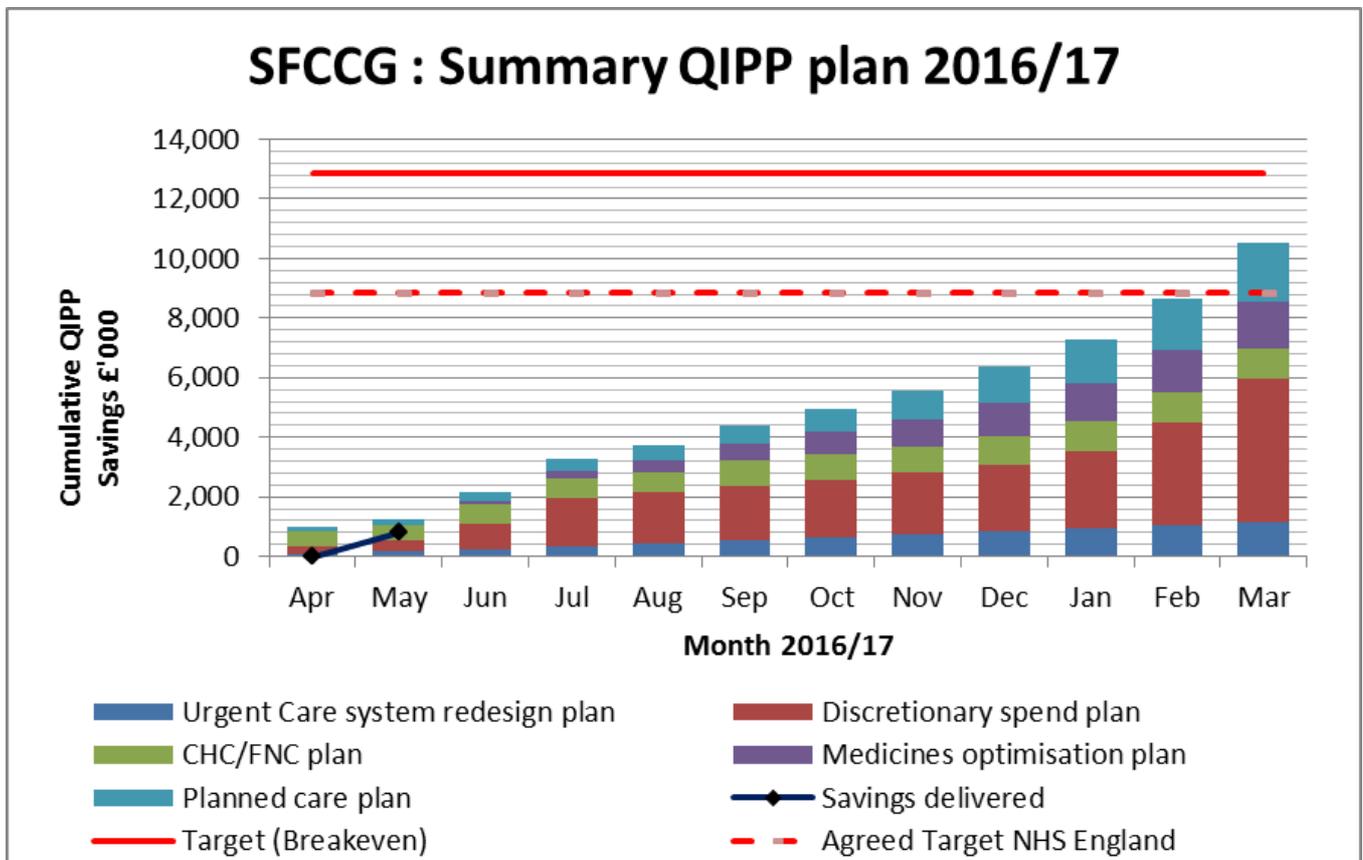
2.3 QIPP

The 2016/17 QIPP savings target for Southport and Formby CCG is **£8.837m** (to achieve a £4.000m agreed deficit). The CCG is targeting the full value of £14.637 on a recurrent basis in order to achieve the required 1% surplus targets. 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 also at the monthly blueprint meetings.

The table below shows a summary of the current risk rated QIPP plan approved at the GB in May 2016. 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.

QIPP plan £'000	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	2,980	(986)	1,994	962	1,032	0	1,994
Medicines optimisation plan	2,029	(440)	1,589	646	943	0	1,589
CHC/FNC plan	1,000	0	1,000	1,000	0	0	1,000
Discretionary spend plan	7,504	(2,700)	4,804	646	3,055	1,103	4,804
Urgent Care system redesign plan	2,085	(935)	1,150	0	0	1,150	1,150
Total QIPP Plan	15,598	(5,061)	10,537	3,254	5,030	2,253	10,537
Risk rated QIPP plan				3,254	2,515	0	5,769

£0.807m has been actioned at M2 against a phased plan of £1.266m. 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.



£'000s As at May 2016				
Scheme	Annual Plan	YTD Plan	YTD Actual	Variance
Planned care plan	1,994	216	40	(176)
Medicines optimisation plan	1,589	28	0	(28)
CHC/FNC Plan	1,000	500	500	0
Discretionary spend plan	4,804	363	267	(96)
Urgent Care system redesign	1,150	160	0	(160)
Total	10,537	1,266	807	(459)

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 £0.801m is currently amber rated within the QIPP plans.

2.4 CCG Running Costs

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

2.5 Evaluation of Risks and Opportunities

The primary financial risk for the CCG continues to be non-delivery of the QIPP target in the year. 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.

There are a number of other risks that require ongoing monitoring and managing:

- Acute contracts – The CCG has experienced significant growth in acute care year on year and therefore if this continues the CCG will not achieve against the financial plan. 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. It is too early in the year to assess the current position against this risk.
- 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, which may not be in line with other commissioners. The outcome of the local authorities uplift has not been confirmed at present, and indications are that this will be confirmed by July 2016 following consultation with providers.



Reserve budgets are set aside as part of the Budget Setting exercise to reflect planned investments, known risks and an element for contingency. Each month, the reserves and risks are analysed against the forecast financial performance and QIPP delivery. The assessment of the financial position is set out in **Table D** below. This demonstrates that the CCG is required to deliver a total management action plan of £9.115m in 2015/16 in order to meet the agreed control total with NHS England. Furthermore, the CCG must achieve a recurrent action plan of £11.995m in order to achieve the required 1% target surplus.

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.

Figure 3 Reserves and agreed actions

	Recurrent £000	Non-Recurrent £000	Total £000
Target surplus	0.000	(4.000)	(4.000)
Unidentified QIPP	(10.103)	1.266	(8.837)
Revised surplus / (deficit)	(10.103)	(2.734)	(12.837)
Outturn (against operational budgets)	(0.092)	(0.186)	(0.278)
Management action plan			
Actioned QIPP to date	0.627	0.180	0.807
Deliver on remaining QIPP plan	14.971	(5.241)	9.730
Total QIPP plan	15.598	(5.061)	10.537
Contingency	(3.603)	2.181	(1.422)
Total management action plan required	11.995	(2.880)	9.115
Year End Surplus / (deficit)	1.800	(5.800)	(4.000)

2.6 Conclusions and Recommendations

- The CCG is currently forecasting a deficit of £4.000 against an agreed deficit of £4.000m.
- The CCG has a challenging QIPP in the current year, although progress has been made against the phased QIPP plan at month 2. 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. Referrals

3.1 Referrals by source

Figure 4 Referrals by Source across all providers for 2015/16 & 2016/17

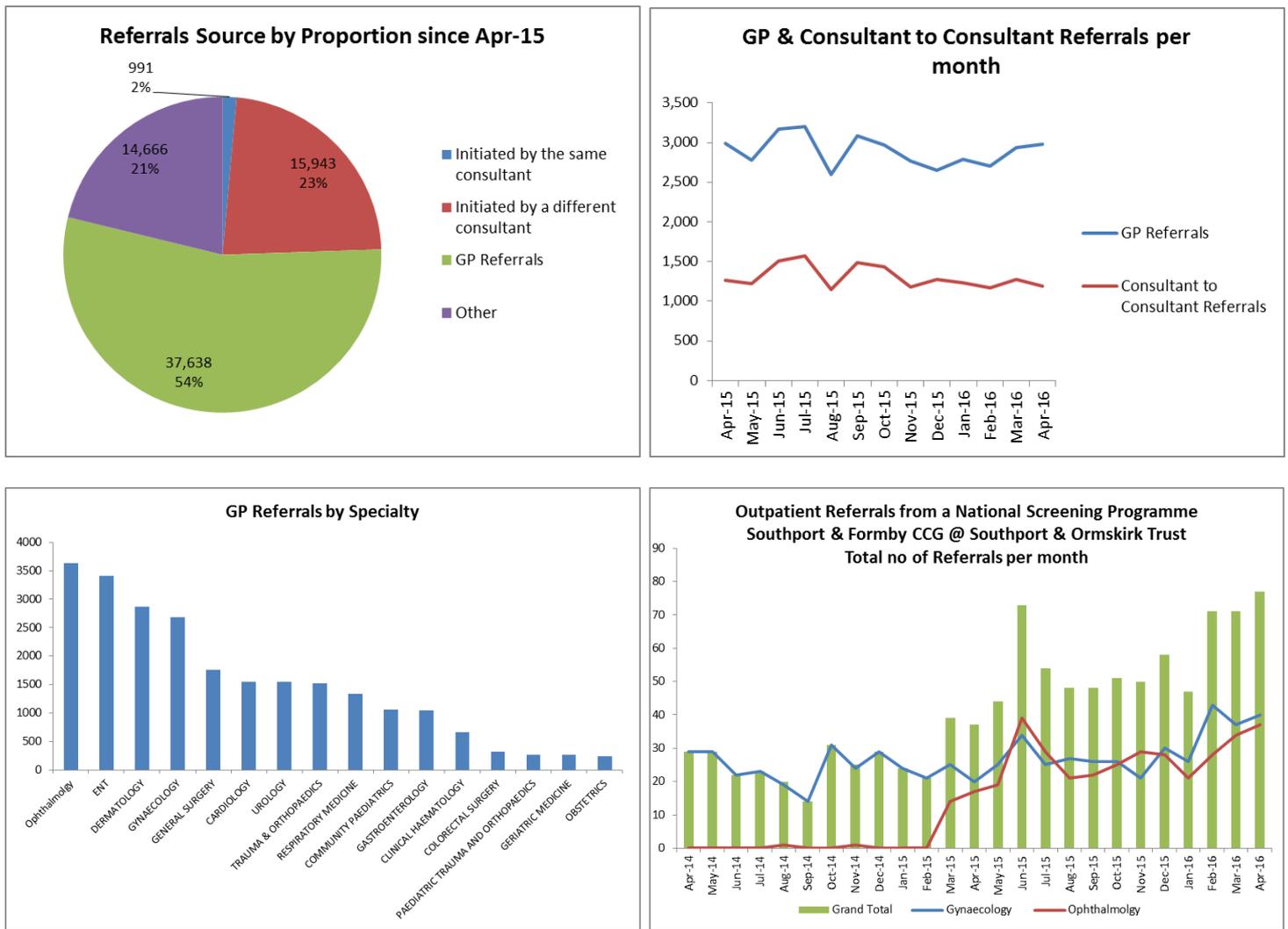


Figure 5 GP and 'other' referrals for the CCG across all providers comparing 2013/14, 2014/15 and 2015/16 by quarter

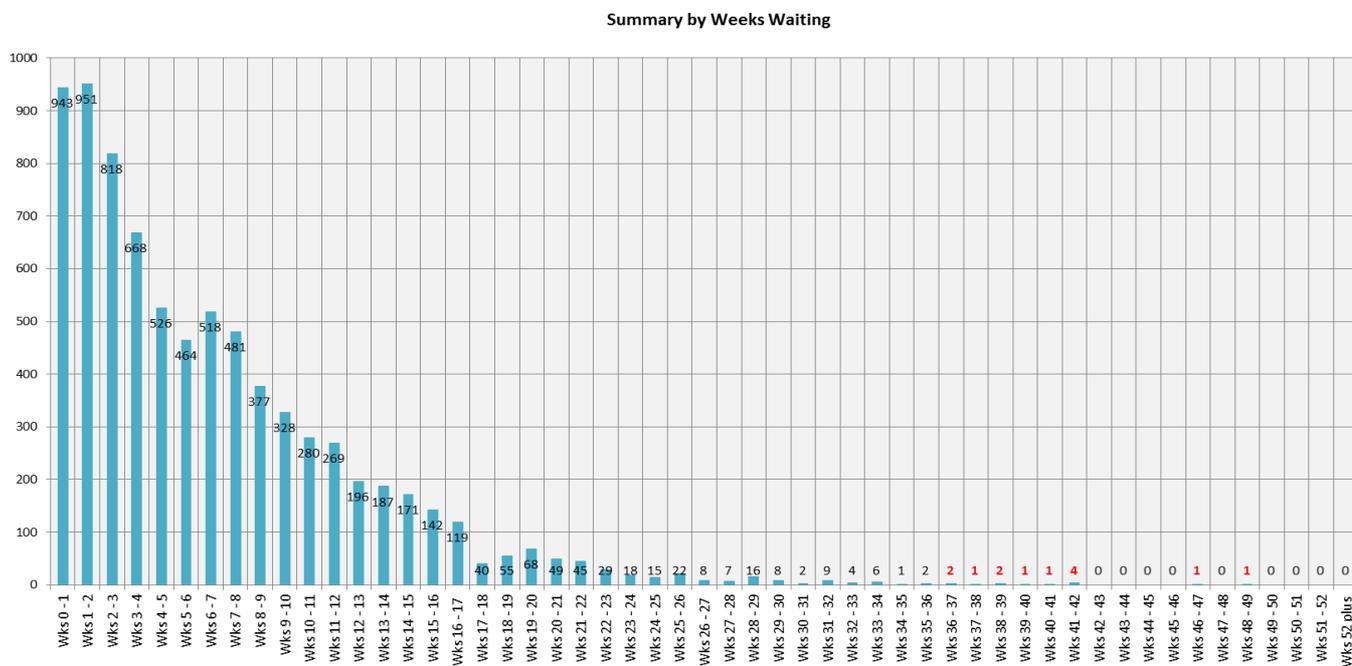
Referral Type	DD Code	Description	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
GP	03	GP Ref	2,990	2,775	3,175	3,204	2,595	3,088	2,970	2,771	2,655	2,791	2,705	2,935	2,984
GP Referrals Total			2,990	2,775	3,175	3,204	2,595	3,088	2,970	2,771	2,655	2,791	2,705	2,935	2,984
Other	01	following an emergency admission	7	9	11	9	7	8	11	8	18	7	6	4	12
	02	following a Domiciliary Consultation	15	4		3	4			1	2	2	2	2	1
	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
	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
	06	self-referral	168	146	172	125	149	128	132	152	161	143	140	167	123
	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
	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
	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	
	14	An Allied Health Professional	130	173	147	198	114	122	165	150	155	157	127	130	170
	15	An OPTOMETRIST	76	46	91	62	62	112	127	100	60	34	98	95	92
	16	An Orthoptist	11	10	10	7	5	14	9	4	6	3	7	2	7
	17	A National Screening Programme	39	47	83	55	56	56	66	57	59	49	71	71	82
	92	A GENERAL DENTAL PRACTITIONER	27	31	22	37	24	28	26	38	23	18	30	45	57
	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	
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
Unknown (All are Renacres SOR coding error)			369	338	448	402	383	414	359	368	313	368	347	382	368
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	5,340

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.

4. Waiting Times

4.1 NHS Southport and Formby CCG patients waiting

Figure 6 Patients waiting on an incomplete pathway by weeks waiting



4.2 Top 5 Providers

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

Incomplete Pathways (providers <92%) Top 10	2) Incomplete pathways for all patients (unadjusted)				
	Under 18 Weeks	Over 18 Weeks	The Total	% in 18 Weeks	RAG
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST : (RQ6)	407	44	451	90.24%	●
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)	159	33	192	82.81%	●
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST : (RXN)	31	4	35	88.57%	●
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST : (RBL)	20	3	23	86.96%	●
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST : (RJR)	5	1	6	83.33%	●
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST : (RW/W)	3	2	5	60.00%	●
THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST : (RL1)	3	1	4	75.00%	●
ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST : (RAN)	1	1	2	50.00%	●
SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST : (RXK)	0	1	1	0.00%	●
MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST : (RP6)	0	1	1	0.00%	●



Patients on Incomplete Pathway - current month

Provider	Total Patients	>18 Weeks	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	Over 52
S&O	5,311	227	3	5	7	1	1	3	1	1																			
Aintree	598	36	2		5	1		1	2						1								1						
RLBUHT	451	44	1		1	2		2		1	1		1	1	1	1	1	4											
Alder Hey	192	33	1	1	3	2	1	3		4		2																	

4.3 Provider assurance for long waiters

Trust	Speciality	No of weeks waited	Reason for the delay
Aintree	Respiratory	46	Clock stopped; active monitoring 06/05/16
Royal Liverpool	Gen Surgery	41	Awaiting response from Provider
Royal Liverpool	Trauma & Orthopaedics	41	Awaiting response from Provider
Royal Liverpool	Gen Surgery	41	Awaiting response from Provider
Royal Liverpool	Trauma & Orthopaedics	41	Awaiting response from Provider
Royal Liverpool	Ophthalmology	40	Awaiting response from Provider
Sandwell & West Birmingham	Urology	48	Decision not to treat. Results reported to patient May 2016 and letter sent to Patient and GP of a decision not to treat and to have a routine appointment in 2 years.

5. Planned Care

Agreed 2016/17 plans have been used, where applicable. Where 16/17 plans have not yet been agreed or submitted, the 2015/16 Month 1 position has been used. The providers using 1516 position are:

- Aintree University Hospital
- Southport & Ormskirk Trust
- Renacres
- Wrightington, Wigan and Leigh
- Isight
- Wirral
- Central/South Manchester

Performance at Month 1 of financial year 2016/17, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa -£1k.



St Helens & Knowsley Hospital are reporting a £30k over performance with Southport & Ormskirk Hospital offsetting this with a -£44k under spend.

In August the CCG is due to discuss the organisation's Commissioning Policy including a prior approval process for all listed patients.

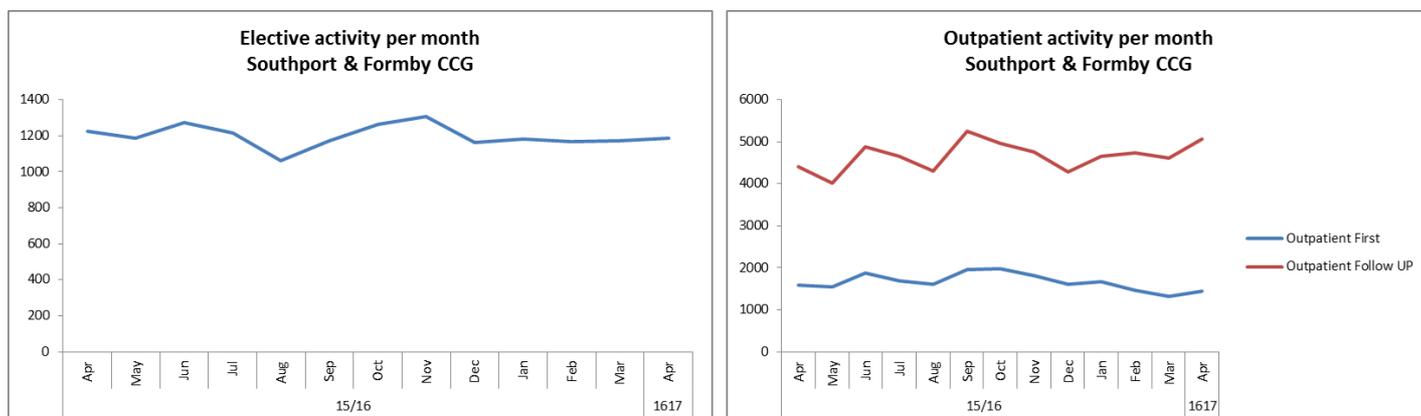
5.1 All Providers

Figure 8 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	1,372	1,410	38	3%	£313	£317	£3	1%
Alder Hey Childrens NHS F/T	79	544	465	589%	£51	£60	£9	19%
Central Manchester University Hospitals Nhs Foundation Trust	12	22	10	83%	£4	£5	£1	37%
Countess of Chester Hospital NHS Foundation Trust	0	7	7	0%	£0	£1	£1	0%
Fairfield Hospital	1	11	10	1000%	£1	£2	£1	141%
ISIGHT (SOUTHPORT)	236	293	57	24%	£57	£53	-£4	-7%
Liverpool Heart and Chest NHS F/T	129	190	61	47%	£64	£86	£22	34%
Liverpool Womens Hospital NHS F/T	193	170	-23	-12%	£58	£49	-£9	-16%
Renacres Hospital	1,197	1,338	141	12%	£349	£381	£33	9%
Royal Liverpool & Broadgreen Hospitals	1,252	1,283	31	2%	£284	£259	-£25	-9%
Southport & Ormskirk Hospital	9,122	10,300	1,178	13%	£1,883	£1,839	-£44	-2%
SPIRE LIVERPOOL HOSPITAL	43	23	-20	-47%	£19	£3	-£16	-84%
ST Helens & Knowsley Hospitals	355	472	117	33%	£91	£119	£28	31%
University Hospital Of South Manchester Nhs Foundation Trust	10	19	9	90%	£3	£5	£2	52%
Walton Neuro	163	226	63	39%	£37	£46	£9	24%
Wirral University Hospital NHS F/T	15	23	8	53%	£8	£8	£0	1%
Wrightington, Wigan And Leigh Nhs Foundation Trust	161	210	49	30%	£65	£54	-£11	-17%
Grand Total	14,340	16,541	2,201	15%	£3,285	£3,286	£1	0%

5.2 Southport and Ormskirk Hospital NHS Trust

Figure 9 Month 1 Planned Care- Southport and Ormskirk Hospital NHS Trust by POD



5.2.1 Southport & Ormskirk Hospital Key Issues

Overall elective activity is below plan for month 1 but within the separate PODs Elective Excess bed days is currently over performing against plan. This has been queried with the Trust as Elective activity is below the planned activity value.

The increase in excess bed days is mainly attributable to approx. 5 patients with varying elective procedures. The Trust have been asked if there are specific problems in discharging patients after elective procedures.

5.2.2 St Helens & Knowsley Hospitals Trust Key Issues

Across a number of planned areas an increase in activity has been noted with the main focus on day case admissions. The average number of day case admissions in 15/16 was approx. 45 per month with the highest month (October) recording 56. April 16/17 saw 62 day case admission, mainly for 'JC15Z – Skin Therapies Level 3'.

When examining these admissions more closely the procedure(s) driving this particular HRG relate to excision of lesion of skin. These procedures form part of the CCGs PLCV (Procedures of lower clinical value) policy and as such will be queried via the lead CCG.

6. Unplanned Care

Agreed 2016/17 plans have been used, where applicable. Where 1617 plans have not yet been agreed or submitted, the 2015/16 Month 1 position has been used. The providers using 1516 position are:

- Aintree University Hospital
- Southport & Ormskirk Trust
- Renacres
- Wrightington, Wigan and Leigh
- Isight
- Wirral
- Central/South Manchester

Performance at Month 1 of financial year 2016/17, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£115k. This under-performance is driven by Aintree Hospital who are reporting a -£145k underspend.



6.1 All Providers

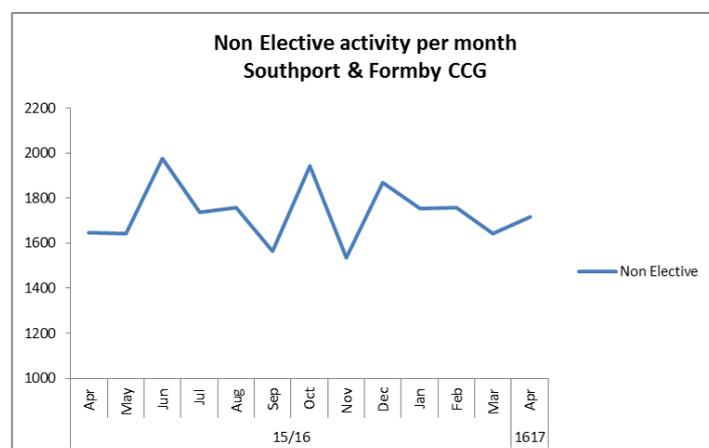
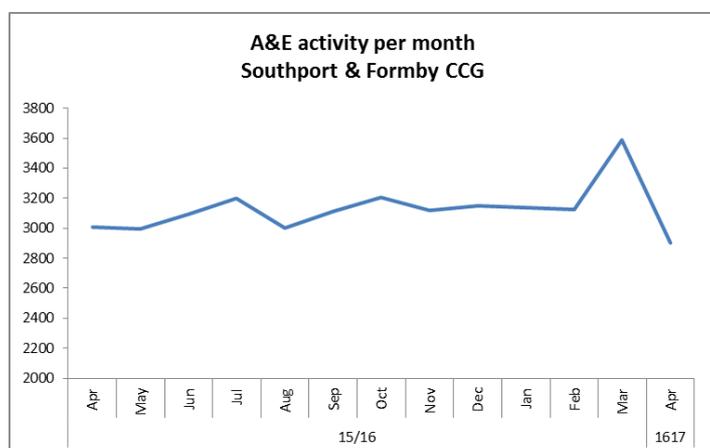
Figure 10 Month 1 Unplanned Care – All Providers

	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	125	142	17	14%	£77	£113	£35	45%
Alder Hey Childrens NHS F/T	56	80	24	43%	£32	£25	£-8	-23%
Central Manchester University Hospitals Nhs Foundation Trust	5	8	3	60%	£2	£7	£4	168%
Countess of Chester Hospital NHS Foundation Trust	0	6	6	0%	£0	£6	£6	0%
Liverpool Heart and Chest NHS F/T	4	13	9	225%	£24	£39	£14	58%
Liverpool Womens Hospital NHS F/T	23	18	-5	-22%	£28	£9	£-19	-69%
Renacres Hospital	0	0	0	0%	£0	£0	£0	-100%
Royal Liverpool & Broadgreen Hospitals	92	138	46	50%	£65	£72	£8	12%
Southport & Ormskirk Hospital	4,398	4,630	232	5%	£2,384	£2,592	£209	9%
ST Helens & Knowsley Hospitals	25	33	8	32%	£17	£21	£4	23%
University Hospital Of South Manchester Nhs Foundation Trust	3	0	-3	-100%	£1	£0	£-1	-100%
Walton Neuro	0	0	0	0%	£0	£0	£0	-100%
Wirral University Hospital NHS F/T	7	4	-3	-43%	£4	£7	£4	97%
Wrightington, Wigan And Leigh Nhs Foundation Trust	3	12	9	300%	£4	£17	£13	287%
Grand Total	4,741	5,084	343	7%	£2,639	£2,908	£269	10%

6.2 Southport and Ormskirk Hospital NHS Trust

Figure 11 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	2,952	2,905	-47	-2%	£328	£384	£55	17%
NEL/NELSD - Non Elective/Non Elective IP Same Day	782	953	171	22%	£1,672	£1,888	£216	13%
NELNE - Non Elective Non-Emergency	98	122	24	24%	£179	£142	£-37	-21%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	17	10	-7	0%	£6	£4	£-2	0%
NELST - Non Elective Short Stay	115	91	-24	-21%	£105	£61	£-44	-42%
NELXBD - Non Elective Excess Bed Day	434	549	115	26%	£94	£114	£20	22%
Grand Total	4,398	4,630	232	5%	£2,384	£2,592	£209	9%



6.2.1 Southport and Ormskirk Hospital NHS Trust Key Issues

Overall non elective activity at the trust is over performing with the over performance solely in Non Elective admissions and excess bed days. Non-elective non-emergency and short stay activity remains below plan.

The over performance in both areas is affected by the same activity, both have seen an increase in two main admissions. 'Atypical or Viral Pneumonia with major Complications' and 'Acute Lower Respiratory Infection with major Complications'. Both of these two HRG's carry a high tariff. These are also the main cause for the increase in excess bed days.

The CCG has queried the Trust regarding the heightened activity as current figures are above any period last year with 52 admissions for 'Atypical or Viral Pneumonia with major Complications' in April 2016 compared with 40 admissions in February 2016 (highest month in 205/16).

7. Mental Health

7.1 Mersey Care NHS Trust Contract

Figure 12 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	45	41	4	4
1 Common Mental Health Problems (Low Severity)	2	3	(1)	(16)
2 Common Mental Health Problems (Low Severity with greater need)	5	11	(6)	(24)
3 Non-Psychotic (Moderate Severity)	147	174	(27)	(44)
4 Non-Psychotic (Severe)	175	156	19	40
5 Non-psychotic Disorders (Very Severe)	31	29	2	6
6 Non-Psychotic Disorder of Over-Valued Ideas	22	22	-	(3)
7 Enduring Non-Psychotic Disorders (High Disability)	132	112	20	10
8 Non-Psychotic Chaotic and Challenging Disorders	67	65	2	2
10 First Episode Psychosis	70	65	5	6
11 On-going Recurrent Psychosis (Low Symptoms)	266	291	(25)	(17)
12 On-going or Recurrent Psychosis (High Disability)	170	153	17	14
13 On-going or Recurrent Psychosis (High Symptom & Disability)	99	100	(1)	(11)
14 Psychotic Crisis	17	11	6	(2)
15 Severe Psychotic Depression	5	6	(1)	-
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	12	10	2	5
17 Psychosis and Affective Disorder – Difficult to Engage	25	26	(1)	(3)
18 Cognitive Impairment (Low Need)	211	244	(33)	(46)
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	808	787	21	94
20 Cognitive Impairment or Dementia Complicated (High Need)	219	202	17	18
21 Cognitive Impairment or Dementia (High Physical or Engagement)	65	53	12	15
Cluser 99	175	123	52	45
Total	2,768	2,684	84	93



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

		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	100%		

Figure 14 CPA Follow up 2 days (48 hours) for higher risk groups

		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	100%		

Quality Overview

At Month 1, 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.

Contract Query

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

Safeguarding

The Trust remains on '**reasonable assurance**' against the Safeguarding Children and Adults KPIs /Quality Schedule at Q4.



7.2 Cheshire Wirral Partnership - Improving Access to Psychological Therapies Contract

Figure 15 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											
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											
	%	-16.4%											
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%											
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%											
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%											
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%											
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											
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											
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											
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%											

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.



8. Community Health

8.1 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 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

Podiatry

The locally agreed assessment tariff of £25 continues to be used as agreed in the podiatry AQP dataset. The Podiatry AQP is budget is £566,000. At month 1 2016/17 the costs to date is £40,270 compared to the same time last year when it was £30,667. Activity comparisons this year (Southport and Formby CCG activity only) (491) compared to last year (404) 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 .



Although work has been done to correct the dataset based on the previous query raised around duplicates there still appears to be a small number of duplicates in the submitted dataset at month 1 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 last month is around patients placed more than once in the financial year on package B. 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. This might be an area to review or tighten up on for any future specifications.

At month 1 there is an example of a patient 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.

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 1 2016/17 the costs are £19,219. The costs at the same time last year were £49,698 at month 1 2015/16. Comparisons of activity between the two time periods shows that activity is down 16/17 (106) compared to 15/16 (144) with the same period last year affected by the three reviews being seen and the allocated budget not being uplifted to accommodate the effect of this.

There are duplicate records within the data set received for month 1 2016/17.

Last month the trust had failed to achieve Assessments to be completed within 16 working days following receipt of referral target, unless patient requests otherwise. The target is 90% and the April 2016 position is 76.7% and is below target.

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 April 2016 the position is still underperformance at 77.4%.

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 April 2016 performance is above target at 92.5%.

At month 1 100% of patients undergo objective measurement at first fitting where clinically appropriate (exceptions reported in IMP)- 95% Target.

91.67% of Patient records and associated letters/reports have been completed and sent to GP within 5 working days of hearing/ assessment fitting/follow up- 95% Target

96.4% 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 has been unable to report on this as was the case last year.

MSK

The budget for 2016/17 is £76,000. At month 1 the MSK AQP costs are £5,280. 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.

Previously last year the data set previously 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 1 contains 15 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 April 2016:

90% of patients for non-urgent referral are offered an initial assessment appointment within 10 working days from receipt of referral. The April 2016 position is 64.3% and this has worsened on last month.

90% of patients sampled to have an individual care management plan (minimum sample size is 20% of all patients) The April 2016 position is 75.5%.

Patient records and associated letters/ reports completed and sent to GP within 5 working days of initial assessment and follow up. The April 2016 position is 86.4% against a target of 95% this position has worsened on 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.

Safeguarding

At Q4 the Trust remains on '**limited assurance**' against the Safeguarding Children and Adults KPIs / Quality Schedule. The Contract Query remains open, this will be reviewed following the validation of the latest Safeguarding Action Plan.

Safeguarding Adults:

Progress against training requirements noted at Level 2 safeguarding adults training, MCA and Prevent, however a rating of limited assurance will remain in place in view of levels of compliance against training targets, which does not give assurance regarding workforce competencies in safeguarding. Annual audit tool action plan remains outstanding although other action plans have been submitted.

Safeguarding Children:

The limiting factor against the Trust demonstrating reasonable (amber) assurance continues to be in respect of the training agenda. Although trajectories were provided in Q3, data within the Q4 submission highlights that they have not been achieved for L1 and L2. Revised trajectories have been developed and submitted in Q4, however without an action plan highlighting the additional plans required, there remains limited assurance that they will be met.

Domestic abuse training levels remain low and may be indicative of the lack of data in respect of domestic abuse referrals and risk assessments being completed.

Evidence of progress against the Annual Audit Tools action plan cannot be assured due to nil submission (albeit an overarching organisation Safeguarding Action Plan was been submitted which references the Contract Query, KPI's, Quality Walkabout and Lampard recommendations).

The Trust's new Head of Safeguarding commenced in post 1st June 2016.

Liverpool Community Health Trust

A number of data validation queries have been sent to the Trust relating to month 1 performance which we are awaiting a response. A meeting is to be held with the Trust BI lead and the CCG leads to go through the data by service line.

- Paediatric continence: the Trust has been queried on the higher proportion of patients on the caseload compared with referrals into the service. Caseload increase from 17 in March 16 to 170 in April 16.



- 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. The caseload for this service has also increased dramatically from 2 in 15/16 to 207 in April 2016.
- Paediatric Occupational Therapy: increases in caseload with no real increase in demand has been noted and queried within the service.

Patient DNA's and Provider Cancellations

A number of services have seen a high number of DNA's and Provider cancellations in month1.

For patient DNAs Paediatric Dietetics saw 31.5% of all patients not attend, this is higher than the previous 3 year average and month 1 figures of 23 appointments where the patient DNA is over half the number in the whole of 2015/16.

Treatment rooms, Adult Dietetics, and Paediatric Dietetics have all continued the trend of previous years showing high numbers of provider cancellations. All services are above 15% for April 2016 with Paediatric Dietetics showing a large increase of over 25%.

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, at the June CQPG it was confirmed that the Trust is now in receipt of the initial report to review for accuracy and provide any feedback to CQC by 21st June 2016.

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.

Community Matrons – South Sefton

At the June CQPG an update was provided regarding Community Matron establishment in South Sefton, it was confirmed that the team is currently experiencing 15% sickness absence rate and carrying a number of vacancies, however interviews for the vacancies are due to take place at the end of June.

Actions to support the service:

- Additional staffing has been sought and used from LCH bank and will continue to be sourced until staffing return to acceptable levels.
- Clinical triage is undertaken on a daily basis to identify priorities and mitigate risk of patient care being compromised
- There is 1.0wte matron in each ward as a minimum for domiciliary work
- Full staffing Care Home Matrons (apart from new posts)
- A process of caseload cleansing has commenced in Bootle ward and will be rolled out to all other wards.
- There is no waiting list for Care Home Matrons they are seen same day
- Due to caseload cleansing which has progressed to Seaforth & Litherland ward new patients currently not seen total 5 with a wait of <8days
- Vacancies – from five in total (Inc. additional 2) we have recruited to 2.0wte and the 3.0wte remaining have been shortlisted with interviews 28, 29,30th June.
- Despite sickness absence and vacancy levels the picture is now one of improvement and measures have and had been put in place to support the staffing levels and patient care

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

Safeguarding

Safeguarding Adults:

The Trust is giving ‘**significant assurance**’ against the adult agenda.

Full suite of policies, fully compliant with training with the exception of PREVENT. Evidence of continued partnership work provided and evidence of processes to capture activity

Safeguarding Children:



The Trust remains on **'reasonable assurance'** against the Safeguarding Children.

Data submitted supports that the organisations' engagement in the Early Help agenda has increased in respect of initiation and contribution to CAF processes. Evidence of practitioners taking on the lead role in respect of early help (CAF) remains poor.

The outstanding escalation raised by Liverpool LSCB remains open with meetings have been convened between the organisation, chair of the LSCB, CCG Chief Nurse and Public Health representation. Action plans have been developed, reviewed and progressed and a further meeting between performance management leads for the Trust and LSCB is to be held.

In light of the above areas and the assurance rating applied to LAC, the organisation will continue to be assessed as providing reasonable assurance for safeguarding children.

Looked After Children (LAC):

The Trust's hard work is recognised as the overall rating is now amber. The Trust were rated red in the previous quarter.

In the previous quarter there were 48 new health assessments outstanding. In Quarter 4 it was reduced to 12.

9. 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 has been organised by the CCG to bring together all current VCF providers with the aim for them to highlight the benefits of their services and to provide the opportunity to consider improved ways of working that will be sustainable, efficient and effective in the future.

10. Quality and Performance

10.1 NHS Southport and Formby CCG Performance

Performance Indicators	Data Period	Current Period				Exception Commentary	Actions
		Target	Actual	Direction of Travel			
IPM							
Treating and caring for people in a safe environment and protecting them from avoidable harm							
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	16/17 - April	3	5	↑	There was 5 new cases reported in April 2016, against a year to date plan of 38. All of these cases were reported at Southport & Ormskirk (3 apportioned to acute trust and 2 apportioned to community).	Southport & Ormskirk are in line with their monthly trajectory, 3 hospital acquired against a trajectory of 3. Community acquired C.difficile cases are attributed to the CCG.	
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	16/17 - April	3	3	↔	There were 3 new cases reported in April 2016, against a year end plan of 36. (Year-end plan is 36).		
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	16/17 - April	0	0	↔	There has been no new cases of MRSA reported in April for the CCG against a zero tolerance target.		
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	16/17 - April	0	0	↔	There has been no new cases of MRSA reported at the Trust in April against a zero tolerance target.		
Mixed Sex Accommodation Breaches							
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	16/17 - April	0.00	2.60	↑	In April the CCG had 11 mixed sex accommodation breaches (a rate of 2.6) and have therefore breached the zero tolerance threshold. All 11 breaches were at Southport & Ormskirk.	The majority of the breaches occurred in Southport & Ormskirk Trust, see below for comments.	
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	16/17 - April	0.00	2.30	↓	In April the Trust had 14 mixed sex accommodation breaches (a rate of 2.3) and have therefore breached the zero tolerance threshold. Of these, 11 were Southport & Formby CCG patients and 3 were West Lancs CCG patients.	In April 16, the Trust reported 14 MSA breaches. The Director of Nursing has reviewed S&O's practice in line with other Trusts and found no difference in approach other than not having single gender Critical Care units. The DoN and Matron for critical care are investigating the possibility of making the critical care single gender accommodation in HDU/CCU. 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. Significant pressure within the system have prevented timely step down of patients from critical care. There have been discussions regarding MSA breaches at the CCF and CQPGs. During the 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 last 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	Jan-Mar 15 and Jul-Sept 15		3.75%	↓		
Patient experience of primary care ii) GP Out of Hours services	Jul-Sept 15		15.70%	↑	Percentage of respondents reporting confidence and trust in person/people seen or spoken to at the GP Out of Hours Service. Due to slight to the question on out of hours, the results are based on Jul-Sept 15 only.	
Patient experience of primary care i) GP Services ii) GP Out of Hours services (Combined)	Jan-Mar 15 and Jul-Sept 15	6%	4.73%	↓		
Emergency Admissions Composite Indicator(Cumulative)	16/17 - April	201.80 <i>(currently being re-worked)</i>	183.39	↓	The plan stated is for Apr-15, and new plans are currently being re-worked for 2016/17. The CCG is under the monthly plan and had 22 less admissions than the same period last year.	Unplanned care leads continue to monitor these indicators closely. Pathway changes at Southport & Ormskirk Hospital have not have been reflected in the planned targets as the targets were set in 2013 when the 5 year strategic plans were set. S&O implemented pathway changes in October 2014 which has led to a higher number of admissions than originally planned for.
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative)	16/17 - April	TBC	25.63		Plans are currently being re-worked for 2016/17. The CCG has reported a decrease in actual admissions, with 4 below the same period last year.	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	16/17 - April	TBC	63.04		Plans are currently being re-worked for 2016/17. The CCG has reported a decrease in actual admissions, with 24 less the same period last year.	
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	16/17 - April	TBC	17.09		Plans are currently being re-worked for 2016/17. (Numbers are generally very low for this indicator). The CCG has reported a decrease compared to the same period as last year, with 4 reported compared to none.	The CCG respiratory programme manager continues to monitor this indicator closely.
Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)	16/17 - April	TBC	117.07		Plans are currently being re-worked for 2016/17. The CCG has reported a slight increase in actual admissions, with 2 more than the same period last year.	
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	16/17 - April	No Plan	14.50	↑	The emergency readmission rate for the CCG is higher than previous month (9.33).	

Helping people to recover from episodes of ill health or following injury						
Patient reported outcomes measures for elective procedures: Groin hernia	Apr 15 - Dec 15 (Prov data)	0.082	0.051	Provisional data (Published May 2016)	Provisional data shows the CCG is lower than last years rate of 0.071 in 2014/15 and is lower than plan and the England average 0.087.	This has been chosen as the CCG Quality Premium measure for 2015/16. Clinical engagement between primary and secondary care is taking place to understand how each can support. Proposal to use Shared Decision Aids with patients being discussed at QIPP, Quality Committees and Locality Lead GP meetings.
Patient reported outcomes measures for elective procedures: Hip replacement	Apr 15 - Dec 15 (Prov data)	0.429	0.370	Provisional data (Published May 2016)	Provisional data for Apr-15 to Dec-15 is scoring lower than the plan and England average. England average 0.449.	
Patient reported outcomes measures for elective procedures: Knee replacement	Apr 15 - Dec 15 (Prov data)	0.311	0.277	Provisional data (Published May 2016)	Provisional data shows the CCG's rate is lower than the previous year (2014/15 - 0.310) and under the plan. England average 0.331.	
% who had a stroke & spend at least 90% of their time on a stroke unit (CCG)	16/17 - April	80%	45.50%	↓	The CCG failed the 80% target in April with only 5 out of 11 patients spending 90% of their time on a stroke unit.	The majority of stroke patients breached at Southport & Ormskirk, please see below for Trust narrative .
% who had a stroke & spend at least 90% of their time on a stroke unit (Southport & Ormskirk)	16/17 - April	80%	64.00%	↓	The Trust failed the 80% target in April with only 16 out of out of 25 patients spending 90% of their time on a stroke unit.	<p>The CCG has raised concerns with the Trust regarding stroke care within the Trust and this has been discussed in several formal forums. A letter has been written from the CCG Chief Officer to the Interim Chief Executive in the Trust and two external reviews have been commissioned by the CCG. The CCG have forwarded copies of correspondence to the Chief Executive and to a concerned relative (Mr D) to the CQC.</p> <p>The Trust failed to achieve national target again partly due to pressures in urgent care but mainly due to mixed sex accommodation issues. The Trust performs well against the Sentinel Stroke National Audit Programme (SSNAP) scores. An early supported discharge business case has been prepared which will free up beds in the unit, this awaits approval by the Executive Team.</p> <p>Southport & Formby and West Lancashire CCG are planning a Quality Walk around the Stroke Unit on 30th June.</p>
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (CCG)	16/17 - April	60%	50.00%	↔	The CCG failed the 60% target in April with only 2 out of 4 patients who experienced a TIA being assessed and treated within 24 hours.	The majority of stroke patients breached at Southport & Ormskirk, please see below for Trust narrative .

% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	16/17 - April	60%	54.50%	↓	The Trust failed the 60% target in April with only 6 out of 11 patients who experienced a TIA being assessed and treated within 24 hours.	TIA - April's performance was 54.50% (threshold 60%), this relates to 11 patients of which 6 were treated within 24 hours. Patients who suffer TIAs often do not present in time to achieve this target and others present at the weekend and can not be treated in time as a result. The Trust have prepared a report for the CCG summarising breaches for 15/16, most of the reasons for breaches are due to late presentation plus other reasons outside of the trusts control, numbers are also very small for presentations and those missed therefore distort the overall percentages.
Mental health						
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) (CCG)	15/16 - Qtr4	95%	100.00%	↔		
IAPT Access - Roll Out	16/17 - April	1.25%	1.05%	↑	The CCG are under plan in April for IAPT Roll Out, out of a population of 19079, 201 patients have entered into treatment. There has been a slight increase on previous month when the trust reported 0.92%.	See section 7 of main report for commentary
IAPT - Recovery Rate	16/17 - April	50.00%	53.50%	↑		
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 - April	75.00%	98.10%	↑	April data shows 98.10% a very slight increase from March when 97.85% 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 - April	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.	



Rate of potential years of life lost (PYLL) from causes considered amenable to healthcare (Person)	2014	2,464.40	2,120.40	↑		The annual variation is significant and the CCG is working with Public Health locally and regionally to understand this. Indications at present are that the PYLL is significantly susceptible to fluctuations due to changes such as young deaths, which introduces major swings, particularly at CCG level.
Cancer waits – 2 week wait						
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	16/17 - April	93%	97.27%	↑		
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	16/17 - April	93%	96.82%	↑		
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 - April	93%	100.00%	↑		
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 - April	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 - April	96%	98.59%	↓		
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	16/17 - April	96%	100.00%	↑		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	16/17 - April	94%	100.00%	↑		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	16/17 - April	94%	100.00%	↔		

Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	16/17 - April	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	16/17 - April	94%	100.00%	↑		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	16/17 - April	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 - April	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 - April	85% (local target)	85.71%	↑		
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 - April	85% (local target)	85.71%	↓		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	16/17 - April	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 - April	90%	100.00%	↑		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	16/17 - April	85%	88.57%	↑		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	16/17 - April	85%	93.33%	↑		

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 - April	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	16/17 - April	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 - April	92%	95.20%	↓	
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 - April	92%	96.27%	↓	
A&E waits					
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	16/17 - April	95.00%	88.64%	↓	Southport & Formby CCG failed the 95% target in April reaching 88.64%. In April, 417 attendances out of 3,670 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 - April	95.00%	78.40%	↓	Southport & Formby CCG failed the 95% target in April reaching 78.4%. In April 392 attendances out of 1,816 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 - April	95.00%	88.60%	↓	Southport & Ormskirk have failed the target in April reaching 88.6%. In April 1,255 attendances out of 11,005 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 - April	95.00%	78.42%	↓	Southport & Ormskirk have failed the target in April reaching 78.42%. In April, 1,240 attendances out of 5,746 were not admitted, transferred or discharged within 4 hours.

The majority of the breaches occurred in Southport & Ormskirk Trust, see below for comments.

Trust has submitted a revised trajectory to NHSE to hit 87.5% by April and 95% by April 2017. Once this has been formally signed off by the CCG we will amend 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. Performance in April was in line with most other Trusts performance and below the national target, however the Trust has seen an improvement compared to the previous month due to implementation of an urgent care plan which includes daily meetings of key stakeholders on the Southport site who seek to resolve problems as they arise using this as a learning platform for continuous improvement.

Southport & Formby and West Lancashire CCG undertook a Quality Walk Around on 17th June 2016. At the time of attendance within the department the department didn't appear under pressure and there was only 1 escalation area open which was the GPAU which had 4 surgical patients 1 of whom had been identified for discharge. The Matron walked both the Quality and Ops Teams through the patient journey from arrival onwards and described the new escalation process that was in place, the Matron also described how she gained assurance regarding essential standards of care being delivered to all patients.
12Hr A&E Breach - The Trust reported a 12hr Trolley Breach in April 2016 for a



Diagnostic test waiting times					
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	16/17 - April	1.00%	0.37%	↑	
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	16/17 - April	<1%	0.36%	↑	
Category A ambulance calls					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	16/17 - April	75%	55.60%	↓	The CCG failed to achieve the 75% target in April recording 55.6%. Out of 37 incidents there were 16 breaches.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	16/17 - April	75%	65.30%	↑	The CCG failed to achieve the 75% target in April recording 65.3%. Out of 565 incidents there were 196 breaches.
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	16/17 - April	95%	89.20%	↑	The CCG failed to achieve the 95% target in April recording 89.2%. Out of 602 incidents there were 65 breaches.
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWS) (Cumulative)	16/17 - April	75%	76.47%	↑	
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWS) (Cumulative)	16/17 - April	75%	67.50%	↓	NWS failed to achieve the 75% target in April, recording 67.5%. Out of 2,354 incidents, there were 554 breaches.
Ambulance clinical quality - Category 19 transportation time (NWS) (Cumulative)	16/17 - April	95%	92.00%	↓	NWS failed to achieve the 95% target in April, recording 92%. Out of 39,860 incidents, there were 3,183 breaches.
Local Indicator					
Access to community mental health services by people from Black and Minority Ethnic (BME) groups (Rate per 100,000 population)	2014/15	2200	2202.8	↑	The latest data shows access to community mental health services by people from BME groups is over the CCG plan. This is also improvement on the previous year when the CCG rate was 2118.0.

Year to date Red activity (R1+R2) for NWS is 8.9% up on the equivalent period in 2015. Mersey (including Wirral) is 9.4% up and Southport & Formby CCG is 2.7% up at the end of April.

When looking at Red activity specifically in the month of April, Southport & Formby CCG has seen an increase of 2.7% when comparing to April 2015.

Cumulative Hear & Treat activity is 43% more than the planned level of expected activity for Southport & Formby CCG. This is due to the Urgent Care Desk moving out of a CQUIN scheme to being recurrently funded as part of core services. This has enabled NWS to increase staffing and operational hours. A new CQUIN scheme has been agreed which seeks stepped changes in the way patients are managed by more Hear & Treat and See & Treat, thereby reducing the numbers conveyed to hospital A&E departments.

See & Treat activity continues to be over planned levels, which is attributed to the on-going success of the GP Visiting schemes that have been implemented across the region. The schemes are proving to be very successful with deflections away from A&E in the region of 90% being seen.

10.2 Friends and Family – Southport and Ormskirk Hospital NHS Trust

Figure 16 Friends and Family – Southport and Ormskirk Hospital NHS Trust

Clinical Area	Response Rate (RR) Target	RR Actual (Apr 2016)	RR - Trajectory From Previous Month (Mar 16)	Percentage Recommended (England Average)	Percentage Recommended (Apr 2016)	PR Trajectory From Previous Month (Mar 16)	Percentage Not Recommended (England Average)	Percentage Not Recommended (Apr 2016)	PNR Trajectory From Previous Month (Mar 16)
Inpatients	25%	19.5%	↓	96.0%	93%	↓	1.0%	2.0%	↔
A&E	15%	1.1%	↓	86.0%	69%	↓	8%	20%	↓

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 1.1% this is also a reduction compared to the previous month's figure of 2.2%

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 from the previous month to 69%, and remains lower than the England average.

For maternity services, recommendation of antenatal care is 100% and remains static on the previous month. Birth, postnatal ward and postnatal community ward have shown an increase in percentage of people who would recommend the service compared to the previous month but aside from postnatal community ward at 100%, still fall below the England average. However there is no response rate recorded for 3 out of the 4 areas measured and therefore it is difficult to see how figures for % recommended or not recommend have been deduced.

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

The Engagement and Patient Experience Group (EPEG) have sight of the trusts friends and family data on a 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.

10.3 Serious Untoward Incidents (SUIs) and Never Events

CCG Level SUIs

Southport & Formby CCG

CCG SUIs

 Never Event

Type of Incident	Apr	May	Jun	YTD
Abuse/alleged abuse of adult patient by 3rd party	1			1
Incident affecting patient's body after death	1			1
Pressure ulcer	1			1
Grand Total	3	0	0	3

Incident Split by Provider

Provider / Type of Incident	Apr	May	Jun	YTD
Abuse/alleged abuse of adult patient by 3rd party	1			1
Southport and Ormskirk Hospital NHS Trust				
Pressure ulcer	1			
St Helens and Knowsley Hospital NHS Trust				
Incident affecting patient's body after death	1			
Grand Total	3	0	0	3

Provider level SUIs

Southport and Ormskirk Hospital

Provider SUIs

 Never Event

Incident Type	Apr	May	Jun	YTD
Confidential information leak/IG breach	1			1
Pressure ulcer	1			1
Grand Total	2	0	0	2

Incidents split by CCG

 Never Event

CCG Name / Incident Type	Apr	May	Jun	YTD
South Sefton CCG				



Confidential information leak/IG breach	1			1
Southport & Formby CCG				
Pressure ulcer	1			1
Grand Total	2			2

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

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

The data that feeds the monthly SI report is currently being cleansed so that the reports for 16/17 are of greater accuracy. The CCG 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.

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

11. Primary Care

11.1 Background

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.

11.2 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.



12. 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. We have requested NHS England conduct 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. Therefore comparisons of activity between years may not be accurate going forward and as such are subject to change.

Figure 17 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%