

Southport & Formby Clinical Commissioning Group

Integrated Performance Report October 2015

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1. Executive Summary

This report provides summary information on the activity and quality performance of Southport and Formby Clinical Commissioning Group at October 2015 (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)	Yellow	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	Red
Ambulance Category A Calls (Red 2)	Red	NWAS
Ambulance Category 19 transportation	Red	NWAS
Cancer 14 Day Breast Symptom	Red	Grey
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	Red	SORM
Diagnostic Test Waiting Time	Green	SORM
Emergency Admissions Composite Indicator	Red	Grey
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	Red	Grey
Emergency Admissions for acute conditions that should not usually require a hospital admission	Green	Grey
HCAI - C.Diff	Red	SORM
HCAI - MRSA	Green	SORM
IAPT Access - Roll Out	Red	Grey
IAPT - Recovery Rate	Red	Grey
Mixed Sex Accommodation	Red	SORM
Patient Experience of Primary Care i) GP Services ii) Out of Hours (Combined)	Green	Grey
PROM: Elective procedures: Groin Hernia	Green	SORM
PROM: Elective procedures: Hip Replacement	Red	SORM
PROM: Elective procedures: Knee Replacement	Green	SORM
PYLL Person (Annual Update)	Green	Grey
RTT 18 Week Incomplete Pathway	Green	SORM
RTT 52+ week waiters	Green	SORM
Stoke 90% time on stroke unit	Red	SORM
Stoke who experience TIA	Red	SORM
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	Green	Grey
Unplanned hospitalisation for chronic ambulatory care	Green	Grey
Local Measure: Access to services BME	Green	Grey

Key Information from this report

Financial Performance - The forecast financial position after the application of reserves is break-even against a planned surplus of £1.800m, which is a shortfall of £1.800m against target. It should be noted that the forecast position of breakeven is a near best case scenario and is reliant on delivery of a management action plan of £2.443m. The forecast break-even position and deviation from the target position has led the CCG to submit a recovery plan to NHS England. A further iteration of this plan will be submitted early in the new year.

Referrals – Whilst GP referrals are up 11% on the previous year (to date) the increase has reduced compared to last month. Colleagues from Southport & Ormskirk Hospital have indicated that the upgrade of the Trust's IT system in October 2014 has led to a change in how referrals are counted. The Trust have been asked to quantify this difference in order to understand where there is genuine growth in referrals and also where there is growth due to changes in recording. Clinical discussions regarding referral management will take place at the December Governing Body development session.

A&E waits (All Types) – Year to date the CCG failed the 95% target achieving 94.12% (October achieving 91.71%). The target has failed at CCG level since April 2015. Southport & Ormskirk achieved 93.91% year to date (with October achieving 91.71%) again failing the year to date target. Actions being taken to improve the situation are an interim A&E General Manager has recently been appointed. She has produced a plan which aims to hit the target by the end of December. Actions include:

- A step down ward is to be opened on the Ormskirk site in January for patients who are medically fit for discharge
- There are bed review meetings three times a day
- Work is starting with CCGs and local authority reablement teams to help overcome issues regarding social care planning to reduce delayed discharges
- Daily discharge ward rounds have been trialled since end of September. Numbers of delayed discharges are down from 99>10days to 78 since that time
- Weekend discharge planning protocol is being put in place at start of December
- Protocols will be put in place to ensure that on call staff will be knowledgeable about patients' details at weekends
- Projection is to hit target by end of December.

A&E Waits (Type 1) - The CCG failed the 95% target in October reaching 86.80% and are failing year to date reaching 91.04%. In October 265 attendances out of 2008 Were not admitted, transferred or discharged within 4 hours. Southport & Ormskirk have failed the target in October reaching 86.81%, and are failing year to date reaching 89.32%. In October month 846 attendances out of 6416 were not admitted, transferred or discharged within 4 hours.

Ambulance Activity - Category A Red 1, 8 minute response time – The CCG failed the 75% target reaching 74.82%. The CCG also failed Category A Red, 2 recording 69.60% year to date against a 75% target. Category 19 Transportation recording 89.79% year to date also failing the 95% target. NWAS have achieved Category Red 1 and Red 2 year to date and are flagged as green but are failed the 95% target for Category 19 achieving 94.84%. Handovers are the main area of focus and an additional ambulance has been deployed in the Southport area to provide additional capacity.

Cancer Indicators – For September the CCG are achieving all cancer indicators apart from two, which are 2 week breast symptoms which is achieving 87.22% year to date against a target of 93%, in September all 35 patients were within 14 days (100%). This is an effect of the closure of the Southport and Ormskirk breast unit to new patients and increased demand on the Royal Liverpool service. Also 62 day consultant upgrade achieving 82.35% year to date, and are under plan partly due to previous



months breaches. In September there were 3 patients breaches out of a total of 14 (78.57%). Southport & Ormskirk are achieving all cancer indicators apart from 62 day screening where they are failing monthly (67.67%) and year to date (64.29%). In September 1 patient out of the equivalent of 1.5 patients was treated within 62 days following a referral from an NHS Cancer Screening Service.

Emergency Admissions Composite Measure - Currently this measure is over performing year to date against plan of 1394.86 with October showing a value of 1461.35. Compared with the same period last year the CCG has had 254 less admissions than same period last year. The monthly plans for 2015-16 been split using last years seasonal performance.

Friends & Family - Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the three parts for both inpatients and A&E. Despite this however, the trust have shown an improvement in recommended for inpatients.

Measure – October 2015	Southport & Ormskirk	England Average
Inpatient – response	21.4%	25.1%
Recommended	96%	96%
Not Recommended	1%	1%
A&E – response	4.2%	13.6%
Recommended	84%	87%
Not Recommended	10%	7%

HCAI – C difficile – Having 1 new case reported in October the CCG are above target for C. difficile year to date, (actual 26 / plan 22). Year-end plan 38. Southport & Ormskirk had 1 new cases reported in October 2015 and are also above target (actual 23 / plan 21). Year-end plan is 36. Following appeals, 8 cases were upheld meaning Southport & Ormskirk are now below the threshold with 15 cases against a threshold of 21.

HCAI – MRSA – In October the CCG had no new cases of MRSA. Southport & Ormskirk had no new cases in October, however, there has been 1 new case reported for Southport & Ormskirk in April, the case is related to a West Lancashire CCG patient. The trust are over the zero tolerance so will remain red for the rest of 2015-16.

IAPT Access – Roll Out – The CCG are under plan for Q2 for IAPT Roll Out and reached 2.05% (plan 3.75%). This equates to 391 patients having entered into treatment out of a population of 19079 (Psychiatric Morbidity Survey). The CCG are also under plan in October reaching 0.67%, out of a population of 19079, 128 patients have entered into treatment. There has been a very slight increase on previous month when the trust reported 0.64%. A meeting was held with the provider on 10/12/2015 to discuss the Contract Performance Notice issued by the CCG relating to underperformance in respect of the national access indicator. The provider presented an action plan which was reviewed. This is described in more detail in the main report.

IAPT Recovery - The CCG are under the 50% plan for recovery rate In Q2 reaching 48.81%. This equates to 108 patients who moved to recovery out of 237 who completed treatment. The monthly data shows for October the CCG are under plan for recovery rate reaching 38.16%. This equates to 29 patients who have moved to recovery out of 76 who have completed treatment.

MSA – In October the CCG reported 1.40 breaches per 1000 FCE, which was 6 breaches, this is above the target and as such are reporting red for this indicator the third time in 2015-16. In October Southport & Ormskirk Trust reported 1.30 breaches per 1000 FCE, which was 8 breaches, this is above the target and as such are also reporting red for this indicator for the third time in 2015-16.

RTT 18 Weeks – Non Admitted patients – In October the CCG reported just below the 95% target, achieving 93.77% this equates to 215 out of 3237 not being seen within 18 weeks. In September



Southport & Ormskirk reported below the target of 95%, achieving 93.80% this equates to 300 patients out of 4839 not being seen within 18 weeks. The Trust continues to make progress toward Trust-level compliance.

Patient Safety Incidents Reported – Southport & Ormskirk reported 8 Serious Untoward Incidents in October, bringing the year to date total to 74. Of the 8, 6 were pressure ulcers grade 3, 1 pressure ulcer grade 4 and 1 medication.

PROMS – Patient reported outcomes measures for elective procedures: **Hip replacement** – Provisional data (Apr14 – Mar15) shows the CCG reported 0.422 for average health gain following a hip replacement which is slightly lower than the previous year (0.419) and under plan (0.429), and failed to achieve a score higher than the England average which is 0.440. PROMS have been chosen as the CCG Quality Premium measure for 2015/16. Clinical engagement between primary and secondary care is taking place to understand how each can support. Proposal to use Shared Decision Aids with patients being discussed at QIPP, Quality Committees and Locality Lead GP meetings.

Stroke 90% time on stroke unit – The CCG failed to achieve the 80% target in October hitting 70.83%, 17 out of 24 patients spending at least 90% of their time on a stroke unit. Southport & Ormskirk failed to achieve the 80% target in October reaching 67.74%, 21 patients out of 31 spending at least 90% of their time on a stroke unit. The stroke target was missed due to ongoing problems with bed pressures on the stroke ward which is not yet a dedicated stroke unit. From December the stroke ward will be a dedicated stroke unit of 22 beds with processes in place to address bed pressures elsewhere. There has been a delay in implementing this due to problems of relocating telemetry equipment which have recently been resolved.

TIA – The CCG failed to achieved the 60% target in October with the only patient who experienced a TIA not being assessed and treated within 24 hours, hitting 0%.

1.1 Summary

This section of the report focuses on the financial performance for Southport and Formby CCG as at 30 November 2015 (Month 8).

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

It should be noted that the forecast position of breakeven is a near best case scenario and is reliant on delivery of a management action plan of £2.443m. The forecast position has deteriorated significantly in the month, and prior to the impact of management actions stands at a forecast deficit of £2.343m. The forecast break-even position and deviation from the target position has led the CCG to submit a recovery plan to NHS England. A further iteration of this plan will be submitted early in the new year.

The CCG's financial position is now critical and immediate action is required to reduce expenditure in all aspects of the CCG's operations to enable delivery of the management action plan to return the CCG to a break-even position.

Figure 1 Financial Dashboard

Key Performance Indicator		This Month	Prior Month
Business Rule (Forecast Outturn)	1% Surplus	✗	✗
	0.5% Contingency Reserve	✓	✓
	2.5% Non-Recurrent Headroom	✓	✓
Surplus	Financial Surplus / (Deficit) *	£0m	£0m
QIPP	Unmet QIPP to be identified > 0	£4.424m	£4.424m
Running Costs (Forecast Outturn)	CCG running costs < National 2015/16 target of £22.07 per head	✓	✓

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

1.2 Resource Allocation

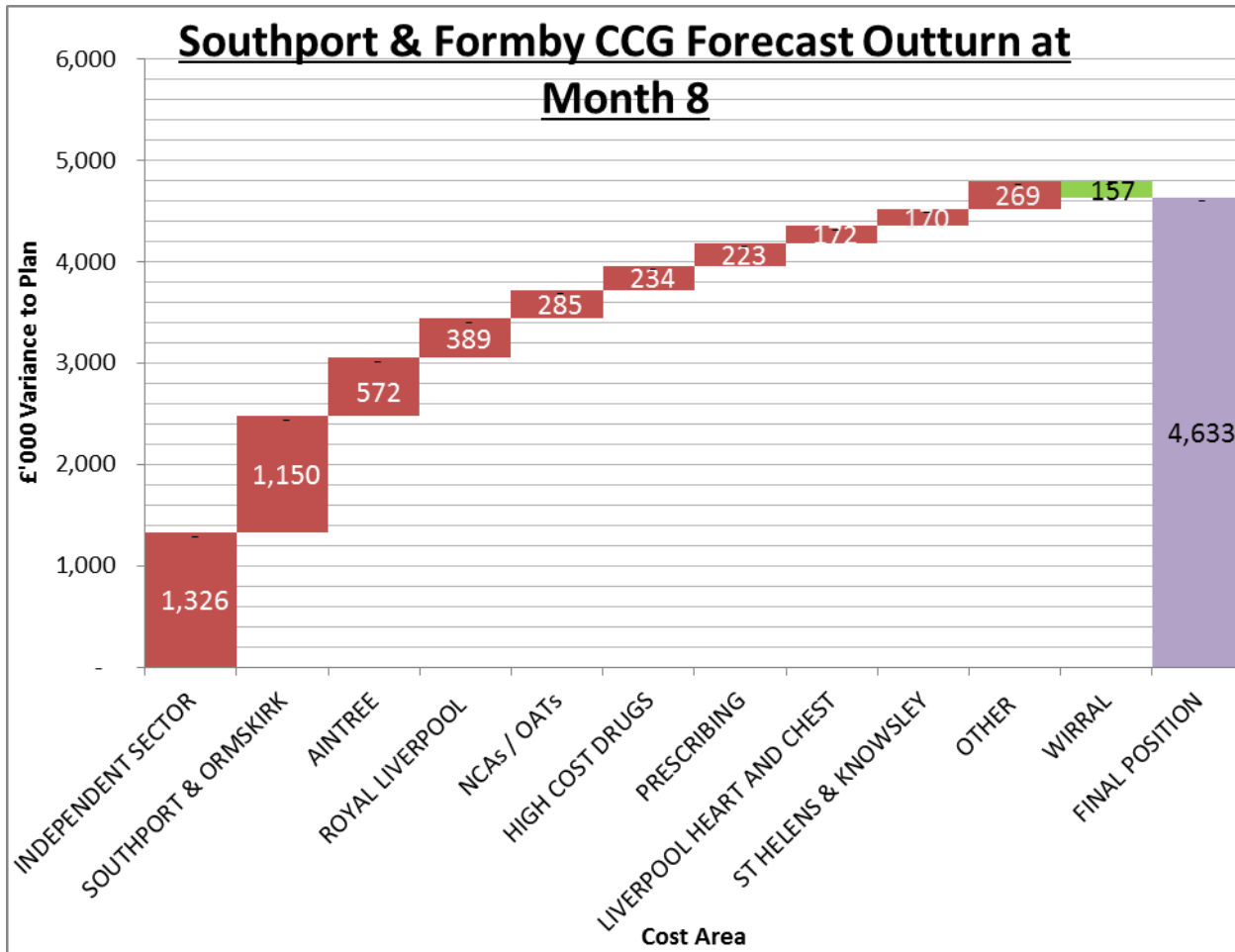
There have been no changes to the CCG resource allocation in Month 8.

1.3 Financial Position and Forecast

There are forecast overspends with Acute and Independent Sector providers and also on non-contract / out of area activity (NCAs/OATs) budgets, high cost drugs and prescribing budgets.

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

Figure 2 Forecast Outturn position



Independent Sector Providers

The forecast overspend for independent sector providers is £1.326m, compared with an opening budget of £4.482m and represents a 30% increase compared with the previous year. The majority of this overspend is with Ramsay Healthcare for Orthopaedic surgery and General Surgery. A detailed review of the existing Trauma and Orthopaedic pathway is being undertaken across both CCGs, results of which will be fed back to the CCG in January 2016.

Under the current arrangements patients accessing independent hospitals are likely to complete their treatment well in advance of the 18 week target set out in the NHS Constitution. Whilst this is positive from both a patient experience and performance perspective, it is becoming increasingly difficult for the CCG to sustain this position in terms of affordability. Changes in referral patterns are required in both the short and long-term to address the financial affordability issue.

Figure 2 shows the activity trends for Ramsay Healthcare from April 2013. It demonstrates consistent increases annually. October activity is the highest of any month since April 2013, whilst indicative November data shows a further increase. Figure 3 shows a split by specialty and demonstrates that Orthopaedic care is growing at the fastest rate.

Figure 3 Ramsey monthly spend

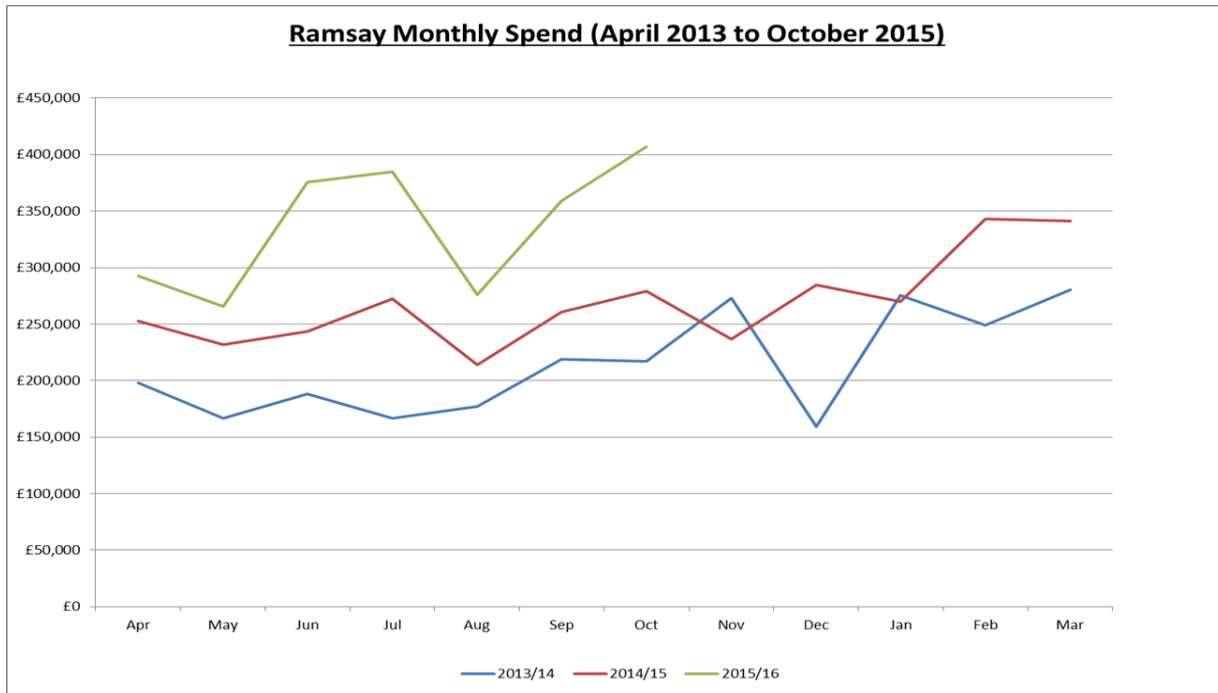
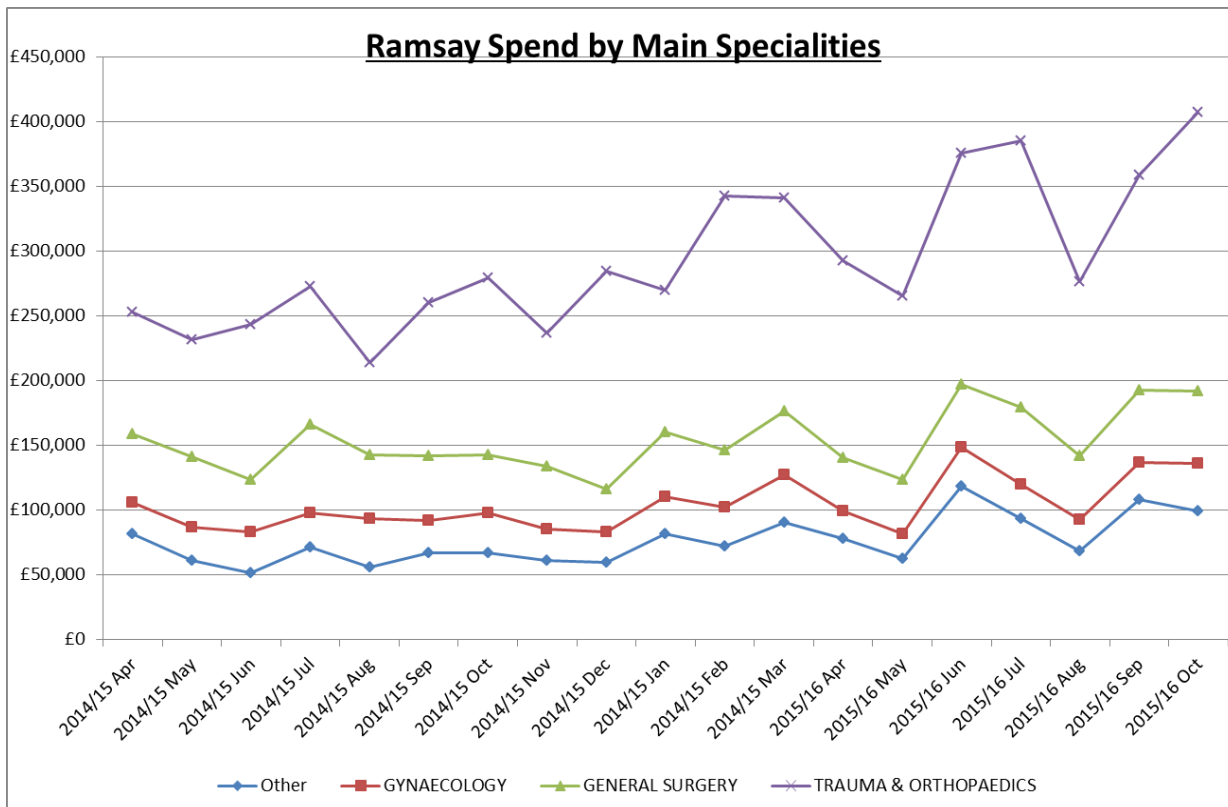


Figure 4 Ramsey monthly spend by speciality



Acute commissioning

Southport and Ormskirk NHS Trust

The forecast position for Southport and Ormskirk NHS Trust is projecting an overspend of £1.150m. The position is based on Month 7 data received from the trust.

A revised contract for 2015/16 has been sent to the Trust, and reflects the agreement reached during mediation. This revised contract reflects the transitional agreement for increases in payments for services not covered by national rules. The contract commits a further increase of £0.250m in 2015/16 and represents a compromise solution to both parties. This effectively re-instated the CCG's offer made to the Trust in August, prior to arbitration.

The CCG has received Month 7 data from the Trust which shows an overspend against the contract for a range of services. Activity in October exceeded the plan, particularly in the area of A&E attendances, emergency admissions and outpatient attendances. The main variances to the plan to date are in the following areas:

- Emergency admissions (including short stay admissions) – over-spend of £0.066m (includes GPAU activity totalling £0.278m). This is the first month that emergency admissions for the year to date have shown an overspend.
- Costs for A&E attendances in October were 11% higher than the plan, and are now 7% higher than the plan for the year to date, with a variance of £0.169m at month 7.
- Outpatient care – Outpatient attendances are £0.139m higher than budget, with a marked shift from new and follow up attendances to outpatient procedures. The contract calculated the expected shift to procedures based on coding changes made by the Trust, which were informed to commissioners. However, this initial assessment has under-estimated the impact and there has also been a marked shift from single speciality outpatient appointments to multi-professional outpatient appointments, which appears to be a coding change that had not been formally notified to CCG's. Both the move to outpatient procedures and the shift in multi-professional coding are being challenged through monthly contract review meetings.
- Maternity pathway and deliveries – Maternity care continues to reduce at Southport & Ormskirk, with a corresponding increase at Liverpool Womens Hospital. The under-spend at Southport and Ormskirk is £0.100m. Although activity continues to be lower than plan on a monthly basis, the complexity assigned to patients for maternity pathway payments is higher than that assumed in the plan.
- Day cases – in the year to date, daycase activity is £0.167m higher than plan. This over-performance has reduced in month 7 showing lower than budgeted activity in the month of October. The Trust started the year with a backlog of patients and through concerted effort this backlog has decreased considerably. The CCG is working with the Trust to review forecasts to understand expected activity levels in the latter part of the year.
- AQP – AQP services have shown an increase in 2015/16, with audiology the main area of growth. Costs have risen by 54%, and the overspend stands at £0.079m. This area requires further investigation to review the terms and conditions of existing contracts.

Aintree University Hospitals NHS Foundation Trust

The forecast overspend is £0.572m, showing an increase of £0.140m, compared with the previous month. The majority of this relates to growth in outpatient activity and ARMD activity. It is assumed the breast services premium will not be paid by the CCG, but will be recharged to Southport & Ormskirk NHS Trust.

Royal Liverpool Hospital

Month 7 data received from Royal Liverpool Hospital shows a small underspend in the month, but activity is still higher in the year to date. The cumulative overspend relates to the following areas:

- Elective and daycase surgery (**£0.134m** to month 7) in urology, orthopaedics and breast surgery
- Anti-TNF drugs – **£0.043m** to month 7
- Age Related Macular Degeneration - **£0.046m** to month 7

ARMD is an area that is growing nationally, but is of particular relevance to the CCG due to its ageing population. This service is not offered by S&O trust and therefore patients generally choose either Aintree or the Royal for this treatment. A wider review of ARMD services is being undertaken across the region which should result in a standardised pathway and treatment cost across all providers.

The current forecast is an overspend of **£0.389m**.

Liverpool Heart and Chest

The forecast overspend for Liverpool Heart and Chest NHS Trust is projected to be £0.172m with anticipated overspends in elective care, particularly for cardiology as well as increases in both non-elective care and outpatients.

St Helens & Knowsley NHS Trust

The forecast overspend for St Helens and Knowsley NHS Trust is projected to be £0.170m with anticipated overspends within planned care and day cases.

Non Contract Activity / Out of Area Treatments

The forecast overspend for Non Contract Activity (NCA) and Out of Area Treatments (OATs) is £0.285m following receipt of a number of high cost invoices from Lancashire Care NHS Trust. This concerns both inpatient and outpatient mental health care provided to a number of Southport residents. The charges are being reviewed to determine how they have arisen and whether costs can be reduced in future months.

Prescribing / High Cost Drugs

The prescribing budget is overspent by £0.149m at Month 8 and the year-end forecast is £0.223m overspent. This position is based on data up to month 6. This represents a small increase compared with last month.

The latest forecast received from the PPA indicates an overspend on the prescribing budget plus there have been increased costs within the High Cost Drugs budget in respect of healthcare at home charges from Southport and Ormskirk Hospital.

NHS England have informed the CCG that they expect a reduction in community prescribing costs following agreement of Category M re-imburement arrangements and the potential impact of this has been reflected in the CCG's management action plan.

Continuing Health Care and Funded Nursing Care

The current forecast for this budget is breakeven. The forecast reflects the current number of patients, average package costs and an estimate for growth until the end of the financial year. There has been a sustained effort from the CCG and the CSU to contain CHC costs at 14/15 levels through robust case management and reviews.

As a result of this work, a recurrent efficiency of £0.569m has been achieved and transferred to support the QIPP savings target. The forecasted underspend is taken following this budget reduction.

A similar review commenced in November for Funded Nursing Care (FNC) packages and initial findings have been positive.

1.4 QIPP

The QIPP savings target for Southport and Formby CCG is £6.151m for 2015/16. This has reduced to £4.424m following delivery of schemes totalling £1.727m

	£'m
QIPP schemes reported at Month 7	1.727
QIPP schemes identified in current Month:	
None	
QIPP schemes reported as at Month 8	1.727

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.

1.5 CCG Running Costs

The CCG is currently operating within its running cost target of £2.606m. The target has been reduced in 2015/16 to £22.07 per head (from £24.81 per head in 2014/15). Plans agreed by the Governing Body to meet this target have been implemented and the relevant budgets reduced.

The Lead Provider Framework (LPF) tender process is now complete for services currently outsourced with the North West Commissioning Support Unit. Midlands and Lancashire Commissioning Support Unit has been selected as the preferred commissioning support provider. Some services have transferred in house to the CCG and others will be transferred to Midlands and Lancashire CSU.

The current year forecast for the running cost budget is an underspend of £0.146m and is due to vacant posts.

1.6 Evaluation of Risks and Opportunities

There is a real risk that the CCG will not deliver its statutory financial duty to break-even in 2015/16 unless actions aimed at reductions in expenditure for the remainder of the year are agreed and implemented.

A combination of non-achievement of QIPP targets and increased expenditure over budgets has led to a critical impact on the CCG's financial position. The CCG will have to deliver savings of £2.343m between now and the year-end to deliver its statutory duty. It will have to deliver extra savings of £1.800m (£4.143m in total) to deliver its agreed financial plan.

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

- Acute cost per case contracts – The CCG has experienced significant growth in acute care during the year, with a particularly marked increase in costs in Independent Sector providers. Although historic growth has been factored into plans, we continue to experience increased growth.
- Continuing Healthcare Costs / Funded Nursing care – this is a volatile area of spend due to the nature of individual high cost packages of care which are difficult to forecast. In addition to this there is a potential pressure in the sector as a result of the increases to the living wage from 16/17. This has materialised through the NW framework procurement exercise, with new prices commencing from 1 December 2015. The new prices show a significant increase compared with the original framework and more work is being undertaken to estimate the potential impact.
- Estates – The methodology for charging estates costs has changed in 2015/16. Previously, the costs had been based on historic charges. In 2015/16, the organisation that administers the LIFT buildings (Community Health Partnerships – CHP) will be charging based on actual usage. The implementation of this change has been delayed to quarter 3. The CCG has set aside reserves to cover estates costs, and has now received the latest billing estimates from CHP. Further adjustments will need to be agreed with the Trust and whilst provision has been made within the Memorandum of Agreement, detailed information has yet to be received from the Trust.
- Prescribing / Drugs costs – This is a volatile area of spend, and this risk has increased following implementation of a new electronic prescribing system leading to a change to the process for pharmacies to submit their prescribing scripts. As a result, it is unclear whether all prescriptions relating to the period have been submitted. This is leading to inconsistent reporting through PPA forecasts and is affecting CCG estimates.

Figure 5 Reserves and agreed actions

Southport and Formby CCG

Month 8

	Recurrent £000	Non-Recurrent £000	Total £000
Target surplus	1.800		1.800
Unidentified QIPP	(6.151)		(6.151)
Revised surplus / (deficit)	(4.351)		(4.351)
Forecast (against operational budgets)	(4.633)		(4.633)
Contingency reserves	1.326		1.326
Transformation Fund slippage		1.065	1.065
Unutilised reserves	0.834	1.645	2.479
Quality Premium		0.044	0.044
QIPP:			
Month 7 Achieved	1.727		1.727
Actioned in Month	0.000		0.000
Month 8 Achieved	1.727		1.727
Forecast surplus / (deficit)	(5.097)	2.754	(2.343)
Action plan:			
LQC - further year 1 underpayments		0.040	0.040
CQUIN under-performance		0.100	0.100
Prescribing	0.100	0.000	0.100
Prescribing (Cat M)		0.100	0.100
Penalties		0.550	0.550
Contract Challenges (S&O)		0.100	0.100
Defer Elective Activity		0.400	0.400
Risk share		1.053	1.053
Best-case position	(4.997)	5.097	0.100

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 forecast position is breakeven, against a planned £1.800m surplus. It should be noted that this forecast is a best case scenario and is reliant on delivery of the management action plan of £2.343m. This position could deteriorate further if pressures outlined above continue to rise above the forecast position.

The immediate challenge facing the CCG is to reduce expenditure levels to deliver its statutory duty to break-even.

The deterioration in CCG's financial surplus target has been escalated within the CCG's risk reporting framework and must be considered as the CCG's top priority alongside the commissioning of safe services.

The CCG has experienced significant increases in spend in the month, almost entirely within acute care. The actions within the management action plan are not completely within the CCG's control, and the risk not delivering a break-even position without support from other parties has significantly increased.

The management action plan includes the full application of contract sanctions/penalties and CQUIN under-performance to local providers which may undermine system performance in the last quarter of the financial year.

In addition, a scheme which looks to defer treatment for non-urgent elective care has been proposed.

The delivery of the management action plan is extremely challenging and outside the CCG's control. Immediate steps are required to reduce expenditure in the remaining part of the financial year. The CCG has recently allocated GP Governing Body member leads to each practice and the leads are asked to urgently meet with practices to stress the financial difficulties faced by the CCG and to discuss how expenditure can be curtailed in the short-term to alleviate the immediate financial problems facing the CCG.

2. Referrals

2.1 Referrals by source

Figure 6 Number of GP and 'other' referrals for the CCG across all providers

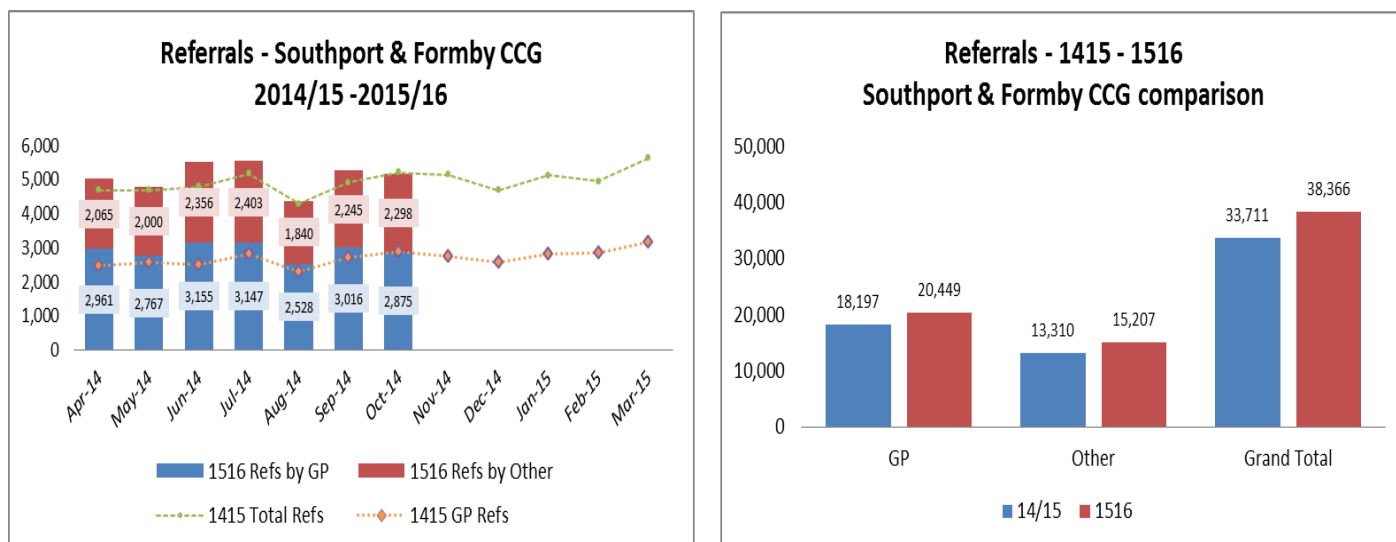


Figure 7 The number of GP and 'other' referrals for the CCG across all providers comparing 2014/15 and 2015/16 by month

Referral Type	DD Code	Description	1314 Q1	1314 Q2	1314 Q3	1314 Q4	1415 Q1	1415 Q2	1415 Q3	1415 Q4	1516 Q1	1516 Q2	1516 Q3 (FOT)	1314 YTD	1415 YTD	1516 YTD	Variance	% Variance 1415 - 1516	1314 - 1516 Trendline
GP	03	GP Ref	7,523	7,460	7,365	7,489	7,538	7,772	8,209	8,780	8,883	8,691	8,625	22,348	23,519	26,199	2,680	11%	
GP Total			7,523	7,460	7,365	7,489	7,538	7,772	8,209	8,780	8,883	8,691	8,625	22,348	23,519	26,199	2,680	11%	
Other	01	following an emergency admission	611	600	511	570	581	569	145	30	29	27	33	1,722	1,295	89	-1,206	-93%	
	02	following a Domiciliary Consultation	3	1	1	0	0	3	70	95	19	7	0	5	73	26	-47	0%	
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	733	660	645	636	684	726	755	691	848	824	921	2,038	2,165	2,593	428	20%	
	05	A CONSULTANT, other than in an Accident and Emergency Department	2,034	1,950	1,952	2,133	2,076	2,082	2,685	2,624	2,960	3,200	3,141	5,936	6,843	9,301	2,458	36%	
	06	self-referral	248	288	314	293	305	284	356	389	482	396	402	850	945	1,280	335	35%	
	07	A Prosthetist	1	6	2	4	2	7	1	1	2	1	3	9	10	6	-4	-40%	
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	17	39	39	54	35	47	36	33	59	51	33	95	118	143	25	21%	
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	191	167	180	179	185	189	140	137	136	147	150	538	514	433	-81	-16%	
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	1	0	0	0	0	1	0	1	2	2	3	1	1	7	6	0%	
	13	A Specialist NURSE (Secondary Care)	9	4	5	4	5	8	7	9	13	19	12	18	20	44	24	120%	
	14	An Allied Health Professional	40	26	29	147	417	438	325	401	446	431	492	95	1,180	1,369	189	16%	
	15	An OPTOMETRIST	129	141	169	196	193	177	125	161	160	184	258	439	495	602	107	22%	
	16	An Orthoptist	1	1	0	1	0	1	0	24	30	25	24	2	1	79	78	0%	
	17	A National Screening Programme	12	2	25	35	82	59	93	105	168	159	195	39	234	522	288	123%	
92	A GENERAL DENTAL PRACTITIONER	416	402	431	397	403	399	439	389	402	393	363	1,249	1,241	1,158	-83	-7%		
93	A Community Dental Service	8	2	8	4	5	4	8	3	4	0	0	18	17	4	-13	-76%		
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	664	639	653	673	666	676	718	687	659	622	864	1,956	2,060	2,145	85	4%		
Other Total			5,118	4,928	4,964	5,326	5,639	5,670	5,903	5,780	6,419	6,488	6,894	15,010	17,212	19,801	2,589	15%	
Unknown (All are Renacres SOR coding error)			1,119	1,280	1,421	1,264	972	911	917	1,104	1,152	1,198	1,080	3,820	1,883	3,430	1,547	82%	
Grand Total			13,760	13,668	13,750	14,079	14,149	14,353	15,029	15,664	16,454	16,377	16,599	18,830	19,095	23,231	4,136	22%	

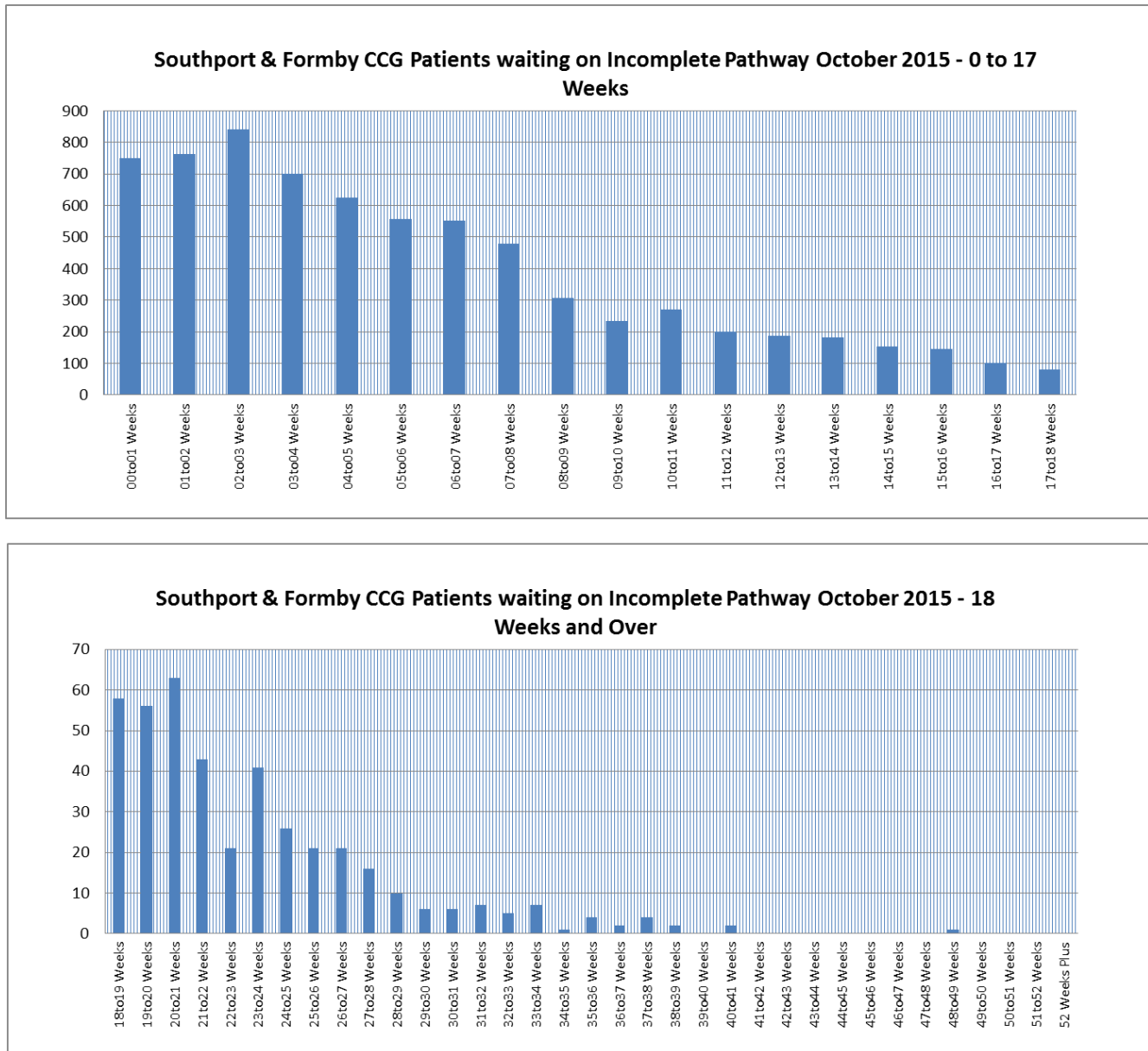
Whilst GP referrals are up 11% on the previous year (to date) the increase has reduced compared to last month. Colleagues from Southport & Ormskirk Hospital have indicated that the upgrade of the Trust's IT system in October 2014 has led to a change in how referrals are counted. The Trust have been asked to quantify this difference in order to understand where there is genuine growth in referrals

and also where there is growth due to changes in recording. Clinical discussions regarding referral management will take place at the December Governing Body development session.

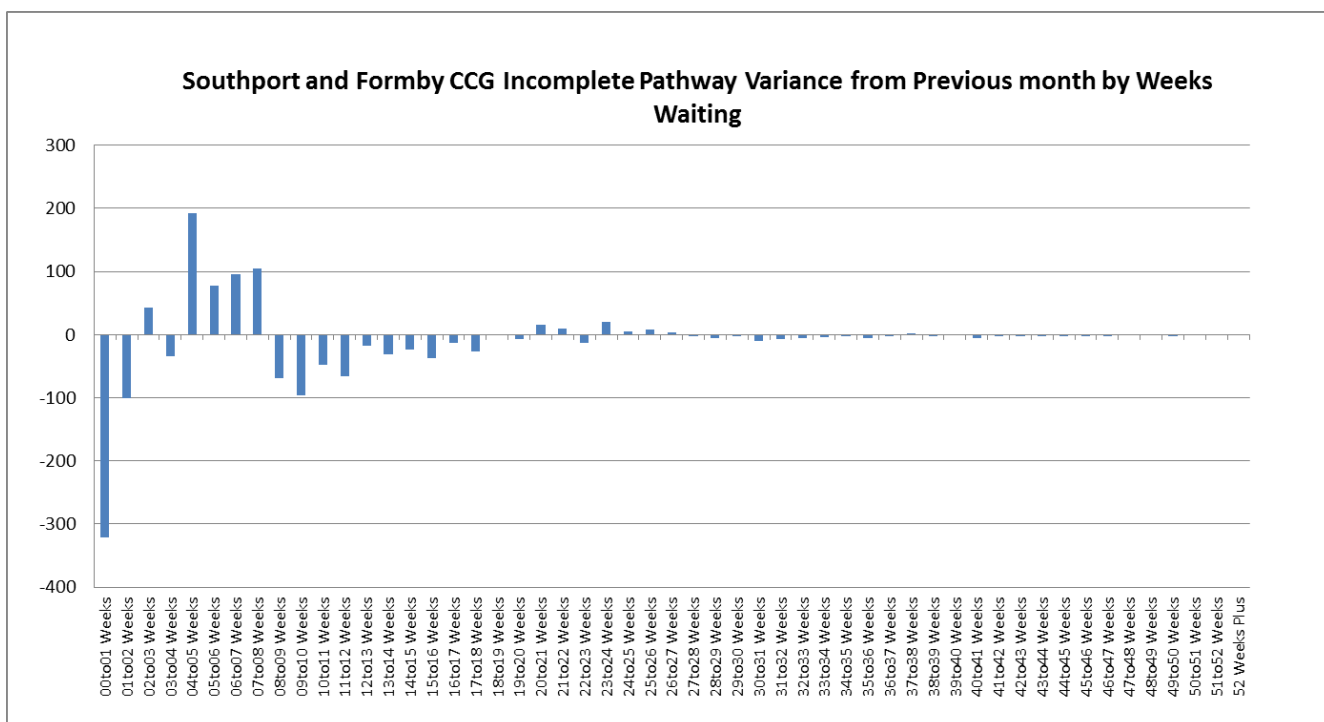
3. Waiting Times

3.1 NHS Southport and Formby CCG patients waiting

Figure 8 Patients waiting on an incomplete pathway by weeks waiting



There were 423 patients (5.6%) waiting over 18 weeks on Incomplete Pathways at the end of October 2015, a decrease of 34 patients (7.4%) from Month 6 (15/16). There were no patients waiting over 52 weeks in any month of 2015/16 to date.



There were 7,549 patients on the Incomplete Pathway at the end of October 2015, a decrease of 407 patients (5.1%) since September 2015.

3.2 Top 5 Providers

Figure 9 Patients waiting (in bands) on incomplete pathway for the top 5 Providers

Trust	0to10 wks	10to18 wks	Total 0 to 17 Weeks	18to24 wks	24to30 wks	30+ wks	Total 18+ Weeks	Total Incomplete
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	3951	798	4749	202	51	33	286	5035
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	327	133	460	22	19	4	45	505
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	351	96	447	15	7	1	23	470
RENACRES HOSPITAL	433	35	468	0	0	0	0	468
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	127	51	178	13	6	0	19	197
Other Providers	618	206	824	30	17	3	50	874
Total All Providers	5807	1319	7126	282	100	41	423	7549

3.3 Provider assurance for long waiters

Figure 10 40+ week waiters:

Trust	Specialty	No. of weeks waited	No. of patients	Has patient been seen/ has a TCI date?	Reason for delay
Southport & Ormskirk	ENT	40-41	1	01/12/15	3 appts cancelled due to lack of consultant availability
Southport & Ormskirk	All Other	40-41	1	12/11/15	Patient cancelled 27/08/15
Royal Liverpool & Broadgreen	General Surgery	48-49	1	No	Clock stopped 11/11/15

4. Planned Care

Performance at Month 7 of financial year 2015/16, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of £1.7m. This over-performance is driven by increases at Southport & Ormskirk Hospital (£353k), Aintree Hospital (£283k) and Renacres Hospital (£527k).

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

4.1 All Providers

Figure 11 All Providers (Excl S&O)

	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date	Price variance to date (£000s)	Price YTD % Var
ALL Providers (PBR & Non PBR. PBR for S&O)										
Aintree University Hospitals NHS F/T	14,895	8,811	10,589	1,778	20%	£3,499	£2,066	£2,350	£283	14%
Alder Hey Childrens NHS F/T	5,048	2,890	2,572	-318	-11%	£642	£368	£352	£-16	-4%
Countess of Chester Hospital NHS FT	0	0	43	43	#NUM!	£0	£0	£7	£7	#NUM!
Liverpool Heart and Chest NHS F/T	1,622	972	1,161	189	19%	£913	£547	£644	£96	18%
Liverpool Womens Hospital NHS F/T	2,398	1,424	1,415	-9	-1%	£728	£432	£414	£-18	-4%
Royal Liverpool & Broadgreen Hospitals	14,718	8,819	8,714	-105	-1%	£3,093	£1,854	£1,965	£112	6%
ST Helens & Knowsley Hospitals	4,280	2,500	2,738	238	10%	£946	£552	£653	£101	18%
Wirral University Hospital NHS F/T	315	185	146	-39	-21%	£103	£61	£36	£-24	-40%
Southport & Ormskirk Hospital	110,470	66,475	67,949	1,474	2%	£22,280	£13,373	£13,726	£353	3%
Central Manchester University Hospitals Nhs FT	236	138	152	14	10%	£44	£26	£33	£7	27%
Fairfield Hospital	103	57	47	-10	-18%	£27	£15	£8	£-7	-47%
ISIGHT (SOUTHPORT)	2,846	1,660	2,132	472	28%	£686	£400	£485	£84	21%
Renacres Hospital	11,606	6,810	8,538	1,728	25%	£3,095	£1,833	£2,360	£527	29%
SPIRE LIVERPOOL HOSPITAL	866	508	384	-124	-24%	£229	£135	£125	£-10	-7%
University Hospital Of South Manchester Nhs FT	199	118	150	32	27%	£36	£21	£31	£9	43%
Wrightington, Wigan And Leigh Nhs FT	2,163	1,262	1,729	467	37%	£776	£452	£641	£188	42%
Grand Total	171,764	102,628	108,459	5,831	6%	£37,096	£22,135	£23,829	£1,695	8%



4.2 Southport and Ormskirk Hospital NHS Trust

Figure 12 Month 7 Planned Care- Southport and Ormskirk Hospital NHS Trust by POD

S&O Hospital Planned Care (PbR ONLY)	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	11,747	7,023	7,194	171	2%	£6,367	£3,806	£3,974	£167	4%
Elective	1,554	929	960	31	3%	£4,142	£2,478	£2,445	£-33	-1%
Elective Excess BedDays	315	189	137	-52	-27%	£70	£42	£30	£-12	-28%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	800	482	777	295	61%	£129	£77	£117	£40	52%
OPFASPCL - Outpatient first attendance single professional consultant led	18,095	10,898	9,211	-1,687	-15%	£2,767	£1,667	£1,417	£-250	-15%
OPFUPMPCPL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,885	1,136	1,806	670	59%	£198	£119	£187	£68	57%
OPFUPSCL - Outpatient follow up single professional consultant led	45,503	27,406	26,584	-822	-3%	£4,188	£2,522	£2,478	£-44	-2%
Outpatient Procedure	20,351	12,257	14,258	2,001	16%	£3,599	£2,168	£2,492	£324	15%
Unbundled Diagnostics	10,220	6,155	7,022	867	14%	£820	£494	£585	£92	19%
Grand Total	110,470	66,475	67,949	1,474	2%	£22,280	£13,373	£13,726	£353	3%

4.2.1 Southport & Ormskirk Hospital Key Issues

Daycases are showing a £167k over performance against 2015/16 Month 7 plan. Trauma & Orthopaedics and General Surgery are the 2 main contributors. This over performance is offset by a -- £290k under performance in Outpatient First attendances. This is coupled with a shift from some daycase activity to Outpatient Procedure, resulting in a £324k over performance in Outpatient Procedures. This was raised with the provider through the contract review meeting mechanism and further analysis will be taking place between Provider and Commissioner.

4.3 Renacres Hospital

Figure 13 Month 7 Planned Care- Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	1,408	839	998	159	19%	£1,348	£803	£1,002	£199	25%
Elective	208	124	144	20	16%	£718	£428	£623	£196	46%
Elective Excess BedDays	13	8	0	-8	-100%	£4	£2	£0	£-2	-100%
OPFASPCL - Outpatient first attendance single professional consultant led	3,412	1,997	2,232	235	12%	£462	£271	£306	£36	13%
OPFUPSCL - Outpatient follow up single professional consultant led	3,213	1,880	3,846	1,966	105%	£263	£154	£239	£85	55%
Outpatient Procedure	2,161	1,265	638	-627	-50%	£203	£119	£123	£5	4%
Unbundled Diagnostics	1,190	698	680	-18	-3%	£97	£57	£66	£9	15%
Grand Total	11,606	6,810	8,538	1,728	25%	£3,095	£1,833	£2,360	£527	29%

4.3.1 Renacres Hospital Key Issues

Renacres over performance is focused on Daycase and Elective care and, as expected, within T&O. Analysis shows us that Major Hip, Foot & Knee procedures are up a combined £207k – which equates to circa 95% over performance for the two HRGs. Outpatient Follow Ups over performance continues to increase now showing a 55% price variance or £85k in terms of cost.



4.4 Aintree University Hospital

Figure 14 Month 7 Planned Care- Aintree University Hospital by POD

Aintree University Hospital Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	725	425	436	11	3%	£502	£294	£288	£6	-2%
Elective	366	218	259	41	19%	£767	£457	£527	£71	15%
Elective Excess BedDays	460	274	158	-116	-42%	£105	£63	£36	£27	-43%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	56	33	92	59	180%	£11	£6	£16	£10	148%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	219	130	142	12	9%	£11	£6	£8	£2	29%
OPFASPCL - Outpatient first attendance single professional consultant led	2,501	1,482	1,672	190	13%	£404	£240	£275	£35	15%
OPFUPMPCL - Outpatient Follow Up Multi- Professional Outpatient Follow. Up (Consultant Led).	137	81	106	25	31%	£17	£10	£12	£2	24%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	84	50	225	175	352%	£2	£1	£5	£4	352%
OPFUPSPCL - Outpatient follow up single professional consultant led	6,351	3,765	4,348	583	15%	£589	£349	£408	£58	17%
Outpatient Procedure	2,121	1,257	1,546	289	23%	£326	£193	£254	£60	31%
Unbundled Diagnostics	942	549	1,017	468	85%	£82	£48	£81	£33	70%
Wet AMD	934	545	588	43	8%	£685	£399	£440	£41	10%
Grand Total	14,895	8,811	10,589	1,778	20%	£3,499	£2,066	£2,350	£283	14%

4.4.1 Aintree University Hospital Key Issues

Elective activity at Aintree Hospital is over performing by £71k/15%. 90% of this over performance is made up by two Specialties; Hepatobiliary & Pancreatic Surgery and Breast Surgery. In addition to these two specialties, Trauma and Orthopaedics has seen an increase in activity, in month, and we will continue to monitor the activity versus the 2015/16 plan.

Over performance for Outpatient First attendances is in single professional consultant led. £35k over performance for month 7 is driven by General Surgery and Breast Surgery.

Outpatient Procedure over performance is attributable mainly to Interventional Radiology £41k/69%. The Interventional Radiology over performance is linked to HRG 'Unilateral Breast Procedures'. Further analysis of activity carried out under this HRG show that procedures involve fine needles and imaging-guided biopsy's, therefore attributable to Interventional Radiology, but also increased due to the transfer of Breast Surgery activity into Aintree and the Breast Surgery over performance in outpatient first attendances. Cardiology over performance is solely attributable to Echocardiograms and is currently £62k/55% over performing against plan.

4.5 Wrightington, Wigan & Leigh Hospital

Figure 15 Month 7 Planned Care- Wrightington, Wigan & Leigh Hospital by POD



Wrightington, Wigan And Leigh Nhs Foundation Trust Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	146	85	109	24	28%	£218	£127	£140	£13	10%
Elective	70	41	68	27	67%	£368	£215	£351	£136	63%
Elective Excess BedDays	62	36	4	-32	-89%	£15	£9	£1	-£8	-90%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	30	17	27	10	54%	£3	£2	£2	£0	19%
OPFASPCL - Outpatient first attendance single professional consultant led	281	164	272	108	66%	£32	£18	£32	£14	76%
OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	46	27	35	8	30%	£4	£2	£3	£1	45%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	46	27	38	11	42%	£1	£1	£1	£0	50%
OPFUPSCL - Outpatient follow up single professional consultant led	1,090	636	883	247	39%	£79	£46	£68	£22	47%
Outpatient Procedure	156	91	125	34	37%	£28	£16	£23	£7	40%
Unbundled Diagnostics	236	138	163	25	18%	£28	£16	£19	£3	20%
Grand Total	2,163	1,262	1,729	467	37%	£776	£452	£641	£188	42%

4.5.1 Wrightington, Wigan & Leigh Hospital Key Issues

Elective activity is driving the increase in Planned Care at Wrightington. Within T&O Electives, there is a total cost of £98k allocated to HRGs applicable to major hip, shoulder and foot procedures but have no plan in 2015/16.

5. Unplanned Care

Unplanned Care at Month 7 of financial year 2015/16, shows an under-performance of circa -£87k for contracts held by NHS Southport & Formby CCG.

This underspend is clearly driven by the -£144k underspend at Southport & Ormskirk Hospital. The two main Trusts over spending are Liverpool Women's £54k and Royal Liverpool £90k.

5.1 All Providers

Figure 16 Month 7 Unplanned Care – All Providers

ALL Providers (PBR & Non PBR. PBR for S&O)	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Southport & Ormskirk Hospital	55,228	32,634	33,099	465	1.42%	£27,674	£16,420	£16,276	-£144	-0.88%
Aintree University Hospitals NHS F/T	1,866	1,089	781	-308	-28.28%	£914	£532	£498	-£34	-6.33%
Alder Hey Childrens NHS F/T	773	452	455	3	0.69%	£416	£262	£229	-£33	-12.50%
Countess of Chester Hospital	0	0	19	19	0.00%	£0	£0	£4	£4	0.00%
Liverpool Heart and Chest NHS F/T	133	78	72	-6	-7.24%	£421	£246	£243	-£3	-1.34%
Liverpool Womens Hospital NHS F/T	245	145	170	25	17.09%	£202	£120	£174	£54	45.10%
Royal Liverpool & Broadgreen Hospitals	1,083	633	823	190	29.95%	£644	£376	£467	£90	23.98%
ST Helens & Knowsley Hospitals	398	233	254	21	8.88%	£214	£125	£119	-£6	-5.00%
Wirral University Hospital NHS F/T	112	65	36	-29	-44.37%	£45	£26	£15	-£10	-40.39%
Central Manchester University Hospitals	88	51	41	-10	-20.13%	£30	£17	£9	-£8	-48.14%
University Hospital Of South Manchester	47	28	21	-7	-23.92%	£8	£4	£12	£8	169.21%
Wrightington, Wigan And Leigh	62	36	53	17	46.54%	£53	£31	£26	-£4	-13.95%
Grand Total	60,035	35,444	35,824	380	1%	£30,620	£18,160	£18,073	-£87	-0.48%

5.2 Southport and Ormskirk Hospital NHS Trust

Figure 17 Month 7 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

S&O Hospital Unplanned Care (PbR ONLY)	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A and E	35,509	20,920	21,125	205	0.98%	£3,951	£2,328	£2,497	£169	7.27%
NEL/NELSD - Non Elective/Non Elective IP Same Day	11,175	6,638	6,528	-110	-1.66%	£19,185	£11,397	£11,254	£-143	-1.25%
NELNE - Non Elective Non-Emergency	1,254	745	1,051	306	41.05%	£2,115	£1,256	£1,154	£-102	-8.11%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	217	129	119	-10	-7.67%	£68	£40	£36	£-5	-12.00%
NELST - Non Elective Short Stay	1,776	1,055	953	-102	-9.66%	£1,242	£738	£647	£-91	-12.30%
NELXBD - Non Elective Excess Bed Day	5,298	3,147	3,323	176	5.58%	£1,113	£661	£689	£27	4.11%
Grand Total	55,228	32,634	33,099	465	1.42%	£27,674	£16,420	£16,276	£-144	-0.88%

5.2.1 Southport and Ormskirk Hospital NHS Trust Key Issues

Within Non Electives, the largest over performing Specialty is Geriatric Medicine, showing a cost variance of £390k. Over performance is offset by a large cost variance of -£124k in Paediatrics and -£833k being reported in General Medicine.

5.3 Royal Liverpool & Broadgreen Hospitals

Figure 18 Month 7 Unplanned Care – Royal Liverpool & Broadgreen Hospitals by POD

Royal Lpool & Broadgreen Hospitals Urgent Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
AandE	806	471	496	25	5.21%	£71	£42	£47	£5	11.35%
AMAU	16	10	11	1	14.33%	£2	£1	£1	£0	13.09%
NEL - Non Elective	168	98	110	12	12.28%	£470	£275	£310	£35	12.76%
NELNE - Non Elective Non-Emergency	16	10	11	1	14.30%	£72	£42	£61	£19	44.13%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	3	2	46	44	2529.61%	£1	£0	£10	£9	2708.74%
NELST - Non Elective Short Stay	51	30	24	-6	-19.43%	£28	£16	£14	£-2	-15.29%
NELXBD - Non Elective Excess Bed Day	22	13	125	112	852.58%	£5	£3	£28	£25	891.77%
readmissions	0	0	0	0	#NUM!	£-4	£-3	£-2	£0	-2.66%
Grand Total	1,083	633	823	190	29.95%	£644	£376	£467	£90	23.98%

5.3.1 Royal Liverpool & Broadgreen Hospitals Key Issues

Non Electives & Non Elective Excess Bed days make up £69k of the total £90k unplanned over spend. Vascular Surgery & Anaesthetics are the main reason for the NEL overspend. More specifically, 2 particular HRGs relating to bypasses to tibial arteries and lower limb arterial surgery make up £45k of the overspend.

5.4 Liverpool Women's Hospital NHS F/T

Figure 19 Month 7 Unplanned Care – Liverpool Women's Hospital NHS F/T by POD

Liverpool Womens Hospital Urgent Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
AandE	120	60	60	-0	-0.38%	£12	£6	£6	£0	3.03%
NEL - Non Elective	13	7	10	3	47.76%	£27	£14	£35	£21	152.15%
NELNE - Non Elective Non-Emergency	73	37	56	19	51.78%	£147	£74	£113	£39	53.06%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	33	17	2	-15	-87.93%	£12	£6	£1	£-5	-87.93%
NELST - Non Elective Short Stay	6	3	1	-2	-66.79%	£3	£2	£1	£-1	-41.48%
NELXBD - Non Elective Excess Bed Day	0	0	27	27	0.00%	£0	£0	£7	£7	0.00%
Grand Total	245	123	156	33	26.35%	£202	£102	£163	£61	60.07%

5.4.1 Liverpool Women's Hospital NHS F/T Key Issues

NELNE activity at Liverpool Women's, shows that there has been an increase in normal deliveries with induction with complications and emergency Caesarean sections. Non-Elective Non-Emergency Excess bed days are over performing as a result of Planned Lower Uterine C-Section.

6. Mental Health

6.1 Mersey Care NHS Trust Contract

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

PBR Cluster	NHS Southport and Formby CCG			
	Plan	Caseload	Variance from Plan	% Variance
0 Variance	32	43	11	34%
1 Common Mental Health Problems (Low Severity)	35	15	(20)	-57%
2 Common Mental Health Problems (Low Severity with greater need)	45	18	(27)	-60%
3 Non-Psychotic (Moderate Severity)	162	207	45	28%
4 Non-Psychotic (Severe)	128	142	14	11%
5 Non-psychotic Disorders (Very Severe)	29	28	(1)	-3%
6 Non-Psychotic Disorder of Over-Valued Ideas	25	23	(2)	-8%
7 Enduring Non-Psychotic Disorders (High Disability)	96	121	25	26%
8 Non-Psychotic Chaotic and Challenging Disorders	62	65	3	5%
10 First Episode Psychosis	52	60	8	15%
11 On-going Recurrent Psychosis (Low Symptoms)	282	287	5	2%
12 On-going or Recurrent Psychosis (High Disability)	151	146	(5)	-3%
13 On-going or Recurrent Psychosis (High Symptom & Disability)	105	104	(1)	-1%
14 Psychotic Crisis	18	17	(1)	-6%
15 Severe Psychotic Depression	7	5	(2)	-29%
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	6	10	4	67%
17 Psychosis and Affective Disorder – Difficult to Engage	35	24	(11)	-31%
18 Cognitive Impairment (Low Need)	365	248	(117)	-32%
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	465	778	313	67%
20 Cognitive Impairment or Dementia Complicated (High Need)	159	203	44	28%
21 Cognitive Impairment or Dementia (High Physical or Engagement)	50	48	(2)	-4%
Reviewed Not Clustered	30	69	39	130%
No Cluster or Review	46	77	31	67%
Total	2,385	2,738	353	15%



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

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

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

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

Quality Overview

At Month 7, MerseyCare are compliant with quality schedule reporting requirements. The Trust is working with the CCG Quality team to develop the safer staffing report, a presentation was provided at the December CQPG meeting. In addition work is ongoing with Liverpool CCG and Mental Health Quality Leads to develop a new Serious Incident report.

Specific concerns remain regarding DNA's at Clock View site, GP referral pathways, AED assessment and access to psychotherapy. The CCG are monitoring these areas through the CQPG and SRG meetings.

6.2 Cheshire Wirral Partnership -Improving Access to Psychological Therapies Contract

The prevalence position at month 7 is below the planned target. Year to date the actual prevalence rate as at month 7 is 4.4%. If current activity levels continue this would give a forecast outcome that would fall below the 15% target at 2015/16 year end.

The recovery rate has dipped down further below the 50% target at month 7 and is 38.2% despite being above target 2 months ago.

There were 138 cancellations by the patient (106 at month 6) and 46 cancellations recorded by the provider in month 7 (57 at month 6). The service has previously confirmed that provider cancellations are attributable to sickness within the service which they are continuing to manage and assured commissioners that all cancelled appointments are rebooked immediately.

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

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

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

GP referrals appear to be on a downward trend. In previous months this was thought to have been due to seasonal factors during the holiday period of August and September. Self-referrals looked previously to be on an upward trend; however month 7 has seen a marked drop. Opt in rates have dropped slightly on last month and bespoke analysis from the provider has shown the opt in rates by practice and referral source which will be shared with practices.

	GP Referral	Self Referral	Other Referral	GP Referral Opt-ins	Self Referral Opt-ins	Other Referral Opt-ins	Total Opt-ins	GP Ref Opt-in %	Self Ref Opt-in %	Other Ref Opt-in %	Total Opt-in %
Southport & Formby Total	822	745	154	542	733	91	1366	65.9%	98.4%	59.1%	79.4%

A meeting was held with the provider on 10/12/2015 to discuss the Contract Performance Notice issued by the CCG relating to underperformance in respect of the national access indicator. The provider presented an action plan which was reviewed. A discrepancy was raised between the local data submitted to the CCG by the provider and the data the provider has submitted to the Health & Social Care Information Centre for the national data requirements. Arrangements are being made for the national Intensive Support Team to assist the provider in resolving this. Other actions agreed include:

- A focus of efforts to attract numbers in to IAPT treatment via engagement with GPs
- The inherited waiting list for the service has reduced from 1,100 to 64. Ongoing communication with GPs is planned to raise the profile of the service and dispel any myths around waiting times
- Embedded IAPT staff in targeted practices will also generate quicker access to services by undertaking assessments in GP practice setting.
- The service is initiating weekly SMS texting to reduce DNAs
- Referral criteria for Older People/Health Visiting team has been revised and this should generate more referrals.

The next meeting is scheduled for 07/01/2016.

Figure 23 Monthly Provider Summary including (National KPIs Recovery and Prevalence)

Performance Indicator		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	TOTALS		
Population (Psychiatric Morbidity Survey)		19079	19079	19079	19079	19079	19079	19079	19079		
National definition of those who have entered into treatment		103	96	130	164	104	123	128	848		
Prevalence Trajectory (%)		1.25%	1.25%	1.25% (n1=3.75%)	1.25%	1.25%	1.25% (n2=3.75%)	1.25%	15.00%		
Prevalence Trajectory ACTUAL		0.54%	0.50%	0.68%	0.86%	0.55%	0.64%	0.67%	4.44%		
National definition of those who have completed treatment (KPI5)		95	85	78	99	83	93	79			
National definition of those who have entered Below Caseness (KPI6b)		7	8	6	9	8	6	3			
National definition of those who have moved to recovery (KPI6)		39	47	35	40	44	39	29			
Recovery - National Target		50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%			
Recovery ACTUAL		44.3%	61.0%	48.6%	44.4%	58.7%	44.8%	38.2%			
Referrals Received		290	253	255	245	209	244	225			
Gp Referrals		192	138	108	107	87	101	89			
% GP Referrals		66%	55%	42%	44%	42%	41%	40%			
Self referrals		64	81	126	117	110	138	109			
% Self referrals		22%	32%	49%	48%	53%	57%	48%			
Other referrals <small>Other Referrals are 17 - Acute Care Team, 1 - Perinatal, 3 - Other, 1- Graduation (Child to Adult), 1- Community (Adult), 1- Practice Nurse, 2-Psychiatrist, 1-Health Visitor</small>		34	34	21	21	12	5	27			
% Other referrals		12%	13%	8%	9%	6%	2%	12%			
Referral not suitable or returned to GP		0	0	0	0	0	0	0			
Referrals opting in		275	228	204	173	162	171	153			
Opt-in rate %		95%	90%	80%	71%	78%	70%	68%			
Patients starting treatment by step (Local Definition)		Step 2	77	65	98	127	72	98	105		
		Step 3	26	31	32	36	32	25	23		
		Step 4				1					
		Total	103	96	130	164	104	123	128		
Percentage of patients entering in 28 days or less		47.0%	50.0%	44.0%	58.0%	41.0%	45.0%	21.0%			
Completed Treatment Episodes by Step (Local Definition)		Step 2	141	90	116	145	91	166	186		
		Step 3	287	273	248	191	261	223	209		
		Step 4		1			1	1	1		
		Total	428	364	364	336	353	390	396		
Activity		Attendances		Step 2	267	314	429	541	387	479	463
				Step 3	283	277	389	359	330	343	319
				Step 4		4	1	2	3	11	14
		DNAs		Step 2	42	62	108	117	55	84	88
				Step 3	20	31	41	46	34	35	35
				Step 4							1
		Cancels		Step 2	37	61	117	127	93	83	113
				Step 3	37	41	65	71	62	78	69
				Step 4			3			2	2
		Attendances		Total	550	595	819	902	720	833	796
		DNAs		Total	62	93	149	163	89	119	124
		Cancelled		Total	74	102	185	198	155	163	184
		Number Cancelled by patient		Total	43	60	136	144	112	106	138
		Number Cancelled by provider		Total	31	42	49	54	43	57	46

Figure 24: IAPT Waiting Time KPIs

	Indicator	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Year To Date
EH.1_A1	The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	75% To be achieved by April 2016								
	Numerator		97	128	203	186	138	156	123	1031
	Denominator		98	140	213	194	143	158	127	1073
	%		98.98%	91.43%	95.31%	95.88%	96.50%	98.73%	96.85%	
EH.2_A2	The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	95% to be achieved by April 2016								
	Numerator		98	140	213	193	142	158	127	1071
	Denominator		98	140	213	194	143	158	127	1073
	%		100%	100%	100%	99%	99%	100%	100%	

7. Community Health

7.1 Southport and Ormskirk Community Health

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

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

Integrated Care- The trust has established a data collection process that utilises electronic proformas on Medway. It should be noted that this data collection does not support the production of a CIDS. The trust has now developed a monthly report based on the data captured on the electronic proforma of patient's discharges under section 2 and 5 (which indicates the type of care package required for each patient) by ward. Work is on-going with a view to developing meaningful measures.

Pain Management- The refreshed data provided at month 7 year to date may include activity that should be attributed to the acute part of the service. This was raised at the last information sub group meeting and is currently being investigated.

Treatment Rooms-The trust are currently investigating the increase in activity related to wound care which would normally be dealt with in primary care.

Waiting Times

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

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

Any Qualified Provider



Southport and Formby
Clinical Commissioning Group



The locally agreed assessment tariff of £25 is being used from 1st April in the podiatry AQP dataset. The Podiatry AQP is budget is £566,000. At month 7 2015/16 the costs to date are £247,686 compared to £286,443 the same time last year. At 2014/15 year end the position was 8% over budget. Activity comparisons this year to last show activity is up however a corrected application of the £25 tariff against activity has reduced the potential costs.

The Trust has been asked to provide the diagnostics within the data set and have said that they will work towards including this.

The Trust may still need to raise credit notes in relation to an earlier query raised in relation to patients discharged at first visit. This will be checked with finance.

Adult Hearing Audiology costs are above the full year budget. The budget is £248,000 and at month 7 2015/16 the costs are £259,964 which is 6% over the annual budget. The costs at the same time last year were £122,367 at month 7 2014/15. Comparisons of activity between the two time periods shows that activity is up 15/16 (704) compared to 14/15 (663) and demand has increased. This is because patients who were seen when the service first started three years ago are now due for their year three reviews, and the allocated budget was not uplifted to take this into account. At month 7 the trust has been asked to provide the number of scheduled reviews between November and March to give a forecast of the likely final year costs.

MSK AQP is also likely to over perform 2015/16 as at month 7 only 23% of the budget is left for the rest of the financial year. Last year this service saw financial underperformance. A query has been raised with the trust as to where the additional activity may be coming from. The data set also includes patients where a tariff is present and the outcome has been recorded as " NULL" and this has been raised with the trust also.

Quality Overview

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

Bridgewater Paediatric Audiology

Southport Audiology: There were 4 breaches of the 6 week target in October for Southport Audiology Service. The audiology team have been asked to confirm that the service is back on track with the waiting list and referrals. The response received is that the service anticipates all the children who have breached the 6 week referral to treatment will have been seen by the end of October and the service back on track fully in November.

Liverpool Community Health Trust

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

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

Current waiting times of concern: Paediatric Speech and Language Therapy is reported as 22 weeks for NHS Southport & Formby.

Waiting time Information was discussed at the Collaborative Commissioning Forum. The Trust advised that a Waiting List Management Task and Finish group has been established and trajectories are being developed to get waiting times back in target. The Co-ordinating Commissioner is to share these with GP Leads for further discussion and the Trust are considering the implications of adopting the proposals.

Patient Identifiable data

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

Quality Overview

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.

Joint CCG Intermediate Care Visit / Feedback

The CCGs have shared their feedback report with LCH, the Trust's response and progress against actions will be monitored through the joint CQPG and Collaborative Forum.

Looked After Children (LAC)

Currently issues regarding the timely return of LAC Health Information to the Local Authority and the undertaking of health assessments, the CCG is holding them to account regarding any challenges they may have from across the system. The CCG Designated Nurse for Looked After Children has reported positive remedial action from the Trust with the back log of outstanding reviews now reduced significantly, however progress needs to be monitored and maintained.

Serious Incidents

Key areas of risk identified continue to be pressure ulcers, where the collaborative workshop has taken place alongside the trust and Liverpool CCG. The workshop has developed a composite action plan to address the 8 identified themes. The trust alongside both Liverpool and South Sefton CCG have confirmed their attendance at the NHSE Pressure Ulcer action plan development session, where the composite action plan will be shared.

SALT Waiting Times

The CCG continues to experience long waits for both paediatric and adult SALT, this has been raised at CQPG and Contract meetings, the Trust has submitted a business case regarding Adult SALT which is currently being reviewed with the clinical leads. The Trust has been asked to submit an updated progress report / recovery plan for CCG assurance.

Southport and Ormskirk Trust

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

8. Third Sector Contracts

Reports outlining service outcomes during 2015-16 are underway; Information Schedules detailing Q2 activity and case studies have now been received by all providers. All providers are working towards v13 of the IG Toolkit and expect to be compliant before 31st March 16. Information Schedules for the final quarter are currently under review and are to be re-written to ensure the quality of the information provided demonstrates the service outcomes and the contributions made to the wider health economy of South Sefton, Southport & Formby. Contract Variations for those which have been finalised are currently with the CCG for final sign off.

Various support groups and services have been attended by CCG Contracts to gain a greater understanding of the services provided and the work they do within the community, further visits have been arranged for later in the contracting year.

Further details are being sought around NHS Number collection for service users accessing Third Sector provider services. Informatics Merseyside colleagues are looking into possibilities of nhs.net email account set up for each provider to enable secure transfer of data for analysis. The aim is to analyse this data against hospital admissions to see if the intervention is having an overall impact to the wider health economy of South Sefton, and Southport & Formby. This pilot is expected to commence 01/01/16.

The Chair at Sefton Cancer Support has resigned from his post during November, CCG Commissioners have been informed and a final decision around Commissioning intentions for 2016-17 is awaited.

9. Quality and Performance

9.1 NHS Southport and Formby CCG Performance

Performance Indicators	Data Period	Current Period				Exception Commentary	Actions
		Target	Actual	Direction of Travel			
IPM							
Treating and caring for people in a safe environment and protecting them from avoidable harm							
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	15/16 - October	22	26	↑	There was 1 new cases reported in October 2015, year to date there have been 26 cases against a year to date plan of 22. The new case was reported by Southport and Ormskirk Hospital (apportioned to acute). All but 2 cases reported in year to date all have been aligned to Southport & Ormskirk Hospital (15 apportioned to acute trust and 9 apportioned to community). The remaining 2 cases was aligned to The Walton Centre in April and apportioned to the acute trust (1 case) and Aintree in July apportioned to community). Year-end plan is 38.	The majority of Southport & Formby CCG C.difficile cases are attributed to Southport & Ormskirk Hospitals. Please see below for the Trust narrative.	
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	15/16 - October	21	23 (15 following appeal)	↑	There was 1 new case reported in October 2015 (ytd 23), against a year to date plan of 21. Year-end plan is 36. To date 8 cases have been successfully appealed, taking the Trust's below the trajectory of 21 cases YTD.	To date the Trust has had 23 total cases (reported by PHE). 15 have been deemed attributable to the Trust following CCG appeals. A further two appeals are scheduled for December 2015. Maintenance of current performance indicates achievement below the annual target for attributable cases. All cases undergo an RCA. Lessons learned from CCG appeals are imbedded in clinical practice eg improved stool documentation and earlier isolation of patients. High rate of success at CCG appeals in part due to strong clinical engagement. DIPC and	
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	15/16 - October	0	0	↔	No new cases reported in October 2015.		
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	15/16 - October	0	1	↔	No new cases have been reported in October 2015. The trust are above the zero tolerance so will remain red for the rest of 2015-16.	In April 2015 The Trust had an MRSA bacteraemia (West Lancs CCG patient) and are therefore over the annual trajectory of zero. A Post Infection Review (PIR) has been completed in collaboration with the CCG and reported to Public Health England. Primary Care and Secondary Care issues have been identified and will be reported back to SEMT in a formal de-brief to ensure lessons have been learnt and embedded. Completion of MRSA screening pathways is monitored at PNFs for each Clinical Business Unit <i>Please Note - Data has been taken from the National HCAI Database - this is updated centrally therefore not all local appeals will be reflected in the table.</i>	

Mixed Sex Accommodation Breaches						
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	15/16 - October	0.00	1.40	↑	In October the CCG had 6 mixed sex accommodation breaches which is above the target and as such are reporting red for this indicator the second time in 2015-16.	In October the Trust reported a further 8 MSA breaches (XX to date). All 8 new breaches relate to delayed discharges from critical care. There is a focus on the step-down of patients from Critical Care to the wards to improve MSA breaches. Critical Care are developing plans to provide single sex accommodation within the high dependency areas.
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	15/16 - October	0.00	1.30	↑	In October the Trust had 8 mixed sex accommodation breaches which is above the target and as such are reporting red for this indicator the third time in 2015-16.	
Enhancing quality of life for people with long term conditions						
Patient experience of primary care i) GP Services	Jul-Sept 14 and Jan-Mar 15		4.44%	New Measure		
Patient experience of primary care ii) GP Out of Hours services	Jul-Sept 14 and Jan-Mar 15		10.98%	New Measure		
Patient experience of primary care i) GP Services ii) GP Out of Hours services (Combined)	Jul-Sept 14 and Jan-Mar 15	6%	5.18%	New Measure		
Emergency Admissions Composite Indicator(Cumulative)	15/16 - October	1394.86	1,461.35	↑	This measure now includes a monthly plan, this is based on the plan set within the Outcome Measure framework and has been split using last years seasonal Performance. The CCG is over the monthly plan and had 254 less admissions than the same period last year.	Plans are being reset to account for changes in pathway at S&O
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative)	15/16 - October	354.52	226.38	↓	The agreed plans are based on activity for the same period last year. The CCG is under the monthly plan and the decrease in actual admissions is 30 below the same period last year.	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	15/16 - October	645.90	615.65	↓	The agreed plans are based on activity for the same period last year. The CCG is under the monthly plan the decrease in actual admissions is 37 lower the same period last year.	
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	15/16 - October	72.61	76.88	↑	The agreed plans are based on activity for the same period last year. (Numbers are generally very low for this indicator). The CCG is over plan for this indicator the increase in actual admissions is 1 more than the same period last year.	The CCG respiratory programme manager continues to monitor this indicator closely.
Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)	15/16 - October	1011.08	830.97		The agreed plans are based on activity for the same period last year. This indicator is below plan, the decrease in actual admissions is 220 lower the same period last year.	
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	15/16 - October	No Plan	15.65	↑	The emergency readmission rate for the CCG is higher than previous month (14.92) and lower than the same period last year (16.18).	

Helping people to recover from episodes of ill health or following injury						
Patient reported outcomes measures for elective procedures: Groin hernia	Apr 14 - Mar 15 (Prov data)	0.082	0.091	Provisional data	Provisional data shows the CCG improved on the previous years rate of 0.080 in 2013/14 and achieved a score higher than that of the England average 0.085.	This has been chosen as the CCG Quality Premium measure for 2015/16. Clinical engagement between primary and secondary care is taking place to understand how each can support. Proposal to use Shared Decision Aids with patients being discussed at QIPP, Quality Committees and Locality Lead GP meetings.
Patient reported outcomes measures for elective procedures: Hip replacement	Apr 14 - Mar 15 (Prov data)	0.429	0.422	Provisional data	Provisional data shows the CCG has improved on the previous years rate of 0.419 in 2013/14 but are achieving a score lower than the England average 0.440.	
Patient reported outcomes measures for elective procedures: Knee replacement	Apr 14 - Mar 15 (Prov data)	0.311	0.313	Provisional data	Provisional data shows the CCG's rate has improved from previous year (2012/13 - 0.303) but is under the England average 0.316.	
% who had a stroke & spend at least 90% of their time on a stroke unit (CCG)	15/16 - October	80%	70.83%	↓	The CCG has failed to achieve the target in October only 17 patients out of 24 spending at least 90% of their time on a stroke unit.	The main reason for reported performance relates to bed pressures across the Trust. The Stroke ward is used for overflow so has insufficient bed availability in periods of increased pressure. From December 2015 the stroke ward will be a dedicated stroke unit of 22 beds with processes in place to address bed pressures elsewhere. There was a delay due to problems of relocating telemetry equipment which have recently been resolved.
% who had a stroke & spend at least 90% of their time on a stroke unit (Southport & Ormskirk)	15/16 - October	80%	67.74%	↓	Southport & Ormskirk have failed to achieve the target in October only 21 patients out of 31 spending at least 90% of their time on a stroke unit.	
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (CCG)	15/16 - October	60%	0.00%	↓	The CCG has failed to achieve the target in October with the only patient who experienced a TIA not being assessed and treated within 24 hours, hence 0%.	
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	15/16 - October	60%	60.00%	↔		
Mental health						
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) (CCG)	15/16 - Qtr2	95%	100.00%	↔		
IAPT Access - Roll Out	15/16 - Qtr2	3.75%	2.05%	↑	The CCG are under plan for Q2 for IAPT Roll Out, this equates to 391 patients having entered into treatment out of a population of 19079 (Psychiatric Morbidity Survey).	See section 7 of main report for commentary
IAPT Access - Roll Out	15/16 - October	1.25%	0.67%	↑	The CCG are under plan in October for IAPT Roll Out, out of a population of 19079, 128 patients have entered into treatment. There has been a very slight increase on previous month when the trust reported 0.64%.	See section 7 of main report for commentary

IAPT - Recovery Rate	15/16 - Qtr2	50.00%	48.81%	↑	The CCG are under plan for recovery rate reaching 48.81% in Q2. This equates to 123 patients who have moved to recovery out of 252 who have completed treatment.	See section 7 of main report for commentary
IAPT - Recovery Rate	15/16 - October	50.00%	38.16%	↓	The CCG are under plan for recovery rate in October. This equates to 29 patients who have moved to recovery out of 76 who have completed treatment. There has been a decrease from previous month when the trust reported 44.83%.	See section 7 of main report for commentary
The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	Q2 15/16	75.00%	99.00%	↑	October data shows 97%.	
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	Q2 15/16	95%	100.00%	↑	October data shows 100%.	
Preventing people from dying prematurely						
Under 75 mortality rate from cancer	2014		131.10	↑	Under75 mortality rate from Cancer has increased from 120.20 in 2013 to 131.10 in 2014.	
Under 75 mortality rate from cardiovascular disease	2014		66.00	↑	Under 75 mortality rate from cardiovascular disease has increased from 57.50 in 2013 to 66.00 in 2014.	
Under 75 mortality rate from liver disease	2014		20.40	↑	Under 75 mortality rate from liver disease has increased from 15.80 in 2013 to 20.40 in 2014.	
Under 75 mortality rate from respiratory disease	2014		22.10	↓	Under 75 mortality rate from respiratory has decreased very slightly from 22.30 in 2013 to 22.10 in 2014.	
Rate of potential years of life lost (PYLL) from causes considered amenable to healthcare (Person)	2014	2,464.40	2,120.40	↑		The annual variation is significant and the CCG is working with Public Health locally and regionally to understand this. Indications at present are that the PYLL is significantly susceptible to fluctuations due to changes such as young deaths, which introduces major swings, particularly at CCG level.
Cancer waits – 2 week wait						
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	15/16 - September	93%	94.15%	↑		
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	15/16 - September	93%	94.84%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	15/16 - September	93%	87.22%	↑	Southport & Formby CCG achieved the target for September achieving 100% but are still failing year to date due to previous months breaches.	
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Southport & Ormskirk)	15/16 - September	93%	N/A	↔	Southport & Ormskirk no longer provide this service.	

Cancer waits – 31 days						
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	15/16 - September	96%	98.53%	↔		
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	15/16 - September	96%	98.37%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	15/16 - September	94%	95.42%	↓		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	15/16 - September	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	15/16 - September	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	15/16 - September	94%	94.87%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	15/16 - September	98%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk)	15/16 - September	98%	100.00%	↔		
Cancer waits – 62 days						
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	15/16 - September	85% (local target)	82.35%	↑	Southport & Formby CCG failed the target for September and year to date partly due to previous month breaches. In September 3 patients out of a total of 14 were not upgraded (78.57%). Year to date there have been 85 patients and 15 patient breaches and are under the 85% local target set.	Local target.
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (Southport & Ormskirk)	15/16 - September		87.38%	↓		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	15/16 - September	90%	96.67%	↓		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	15/16 - September	90%	64.29%	↑	Southport & Ormskirk Trust failed the target in September and year to date, there was the equivalent of a half patient breach out of only 1.5 patients in total. This lower gastro patient breach was avoidable. Initial screening biopsy non-diagnostic. Capacity with consultant due to on call commitments. Consultant specified to perform investigations, 79 days waited, first seen trust Aintree, first treatment trust Southport & Ormskirk. Year to date there have been the equivalent of 7 patients and 2.5 patient breaches.	All were for reasons related to patient choice and availability. This is reflective of capacity constraints at other trusts following the closure of the Southport service meaning that flexibility and notice period for appointments is reduced. Cancer is not suspected in these patients, hence hard to convey urgency. The Be Clear on Cancer campaign for Breast in over 70s recently will have increased referrals in older women who potentially would need more support getting to appointments etc. Will improve with Trusts being confident in steady state referral volumes

Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	15/16 - September	85%	85.28%	↓		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	15/16 - September	85%	86.87%	↔		
Referral To Treatment waiting times for non-urgent consultant-led treatment						
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (CCG)	15/16 - October	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (Southport & Ormskirk)	15/16 - September	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (CCG)	15/16 - October	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (Southport & Ormskirk)	15/16 - September	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	15/16 - October	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	15/16 - September	0	0	↔		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (CCG)	15/16 - October	90%	91.27%	↓		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (Southport & Ormskirk)	15/16 - September	90%	91.90%	↓		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (CCG)	15/16 - October	95%	93.77%	↓	The CCG have failed the 95% target reaching 93.77%. This equates to 215 patients out of 3237 not seen within 18 weeks.	No longer a national performance target but continue to monitor locally
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (Southport & Ormskirk)	15/16 - September	95%	93.80%	↓	The Trust failed to achieve the target of 95% in September achieving 93.80%. This equates to 300 patients out of 4839 not been seen within 18 weeks.	No longer a national performance target but continue to monitor locally
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	15/16 - October	92%	94.41%	↔		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Southport & Ormskirk)	15/16 - September	92%	93.72%	↔		

A&E waits						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	15/16 - October	95.00%	94.12%	↔	Southport & Formby CCG failed the 95% target in October reaching 91.7% and are narrowly failing year to date reaching 94.12%. In October 266 attendances out of 3195 were not admitted, transferred or discharged within 4 hours.	Continued support to daily operational team. Promotion of use of existing alternatives such as the geriatrician rapid access scheme in Southport & Formby. Daily operational support of Trust actions including: pathway reviews, standardisation of ward and board rounds to ensure full MDT approach to supporting onward transfer of patients, introduction of KPIs for wards to increase ownership of admission and discharges, daily discharge meeting held with Discharge Planning team tracking patients reported as MOFD, daily review of Delayed Transfer of Care (DTCOC), matron review of all arewas inc outliers. SRG/ Contract team considering option to open discharge to assess beds at Ormskirk site. Outstanding nursing shortfalls out to agencies, additional staff sought to support escalation areas. Trust assurance re staff employed from overseas. New operational team now in place who have been completing a deep dive into AED and hospital flow. Turnaround plan will be place to achieve at end of December.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	15/16 - October	95.00%	91.04%	↔	Southport & Formby CCG failed the 95% target in October reaching 86.80% and are failing year to date reaching 91.04%. In October 265 attendances out of 2008 Were not admitted, transferred or discharged within 4 hours.	
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) All Types	15/16 - October	95.00%	93.91%	↔	Southport & Ormskirk have failed the target in October reaching 91.71%, and are failing year to date reaching 93.91%. In October month 849 attendances out of 10049 were not admitted, transferred or discharged within 4 hours. This is the third month the trust have achieved the target in 2015/16.	
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) Type 1	15/16 - October	95.00%	89.32%		Southport & Ormskirk have failed the target in October reaching 86.81%, and are failing year to date reaching 89.32%. In October month 846 attendances out of 6416 were not admitted, transferred or discharged within 4 hours.	
Diagnostic test waiting times						
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	15/16 - October	1.00%	0.59%	↓		
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	15/16 - September	1.00%	0.40%	↓		
Category A ambulance calls						
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	15/16 - October	75%	74.82%	↓	The CCG failed to achieve the 75% target year to date, or in month (October) recording 71.43%.	Main focus remains on handovers. Additional capacity created due to extra ambulance available in the Southport area.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	15/16 - October	75%	69.60%	↓	The CCG failed to achieve the 75% target year to date, or in month (October) recording 65.51%.	
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	15/16 - October	95%	89.79%	↓	The CCG failed to achieve the 95% target year to date, or in month (October) recording 87.75%.	
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	15/16 - October	75%	77.68%	↔		
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	15/16 - October	75%	75.46%	↔		
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	15/16 - October	95%	94.84%	↓	NWAS failed to achieve the 95% year to date or in month (Oct) recording 94.1%.	
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.	

9.2 Friends and Family – Southport and Ormskirk Hospital NHS Trust

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

Friends and Family Response Rates and Scores Southport & Ormskirk

Clinical Area	Response Rate (RR) Target	RR Actual (Oct 2015)	RR - Trajectory From Previous Month (Sept 15)	% Rec (England Average)	% Rec (Oct 2015)	PR Trajectory From Previous Month (Sept 15)	% Not Rec (Eng Ave)	% Not Rec Oct 2015)	PNR Trajectory From Previous Month (Sept 15)
In-patients	25%	21.4%	↓	96.0%	96%	↔	1.0%	1.0%	↓
A&E	15%	4.2%	↑	87.0%	84.0%	↑	7%	10%	↓
Q1 - Antenatal Care	N/A	-	-	95%	75%	↓	1%	25%	↑
Q2 - Birth	N/A	16.0%	↑	96%	94%	↑	1%	6%	↓
Q3 - Postnatal Ward	N/A	-	-	94%	94%	↑	2%	6%	↓
Q4 - Postnatal Community Ward	N/A	-	-	98%	No data	↔	1%	No data	↔

Where cell contains "-" no denominator data available

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

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

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the above three bullet points for both inpatients and A&E. The trust have shown a decline in response rates for inpatients compared to the previous month. A&E response rates are still extremely low however these have improved compared to the previous month.

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

In A&E the percentage of people who would recommend the service has increased from the previous month to 84%, but is however lower than the England average, and the percentage of people who would not recommend the A&E service has improved from the previous month but again is however lower than the England average.

For maternity services, recommendation of antenatal care has dropped since the previous month and is markedly lower than the England average. However for birth and postnatal care, the percentage of people who would recommend those areas are in line with the England average.

What must be given prominence is the % of people who would not recommend antenatal care (25%), this is significantly higher than the England average (1%). The CCG is currently waiting for the release of two reviews into maternity services at Southport (RCOG and Harms review). The CCG will consider these reports when they have sight of them and act accordingly.

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

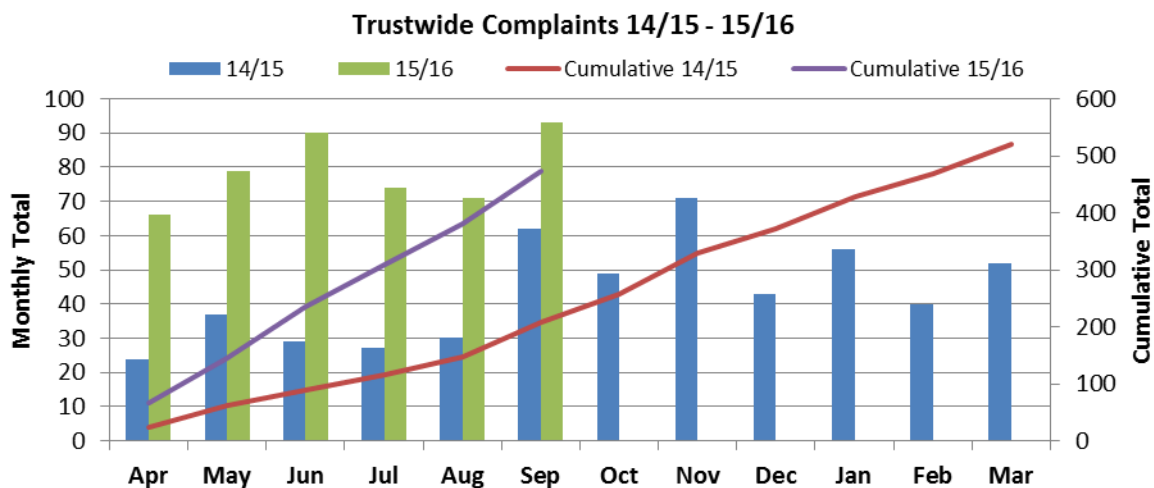
The Engagement and Patient Experience Group (EPEG) have sight of the trust's friends and family data on a monthly basis and seek assurance from the trust that areas of poor patient experience are being addressed. Health Watch Sefton are members of EPEG and also attend the trust's patient experience group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

9.3 Complaints

Southport & Ormskirk Hospital

Complaints

238 complaints were received into the Trust in Q2, a 1% increase on the 235 reported in Q1. Taking into account both complaint and concerns/information requests numbers, the figures in Q2 2015/16 are 13% higher than for the same time period last year (282 in 14/15, 319 in 15/16).



Top 3 Reasons for Complaint – Quarter 2 15/16

All complaints are categorised by the subjects and sub-subjects contained within them. This means that any one complaint can contain multiple subjects. The 238 complaints received in Q2 have in them 392 subjects, the breakdown of which will now be analysed.

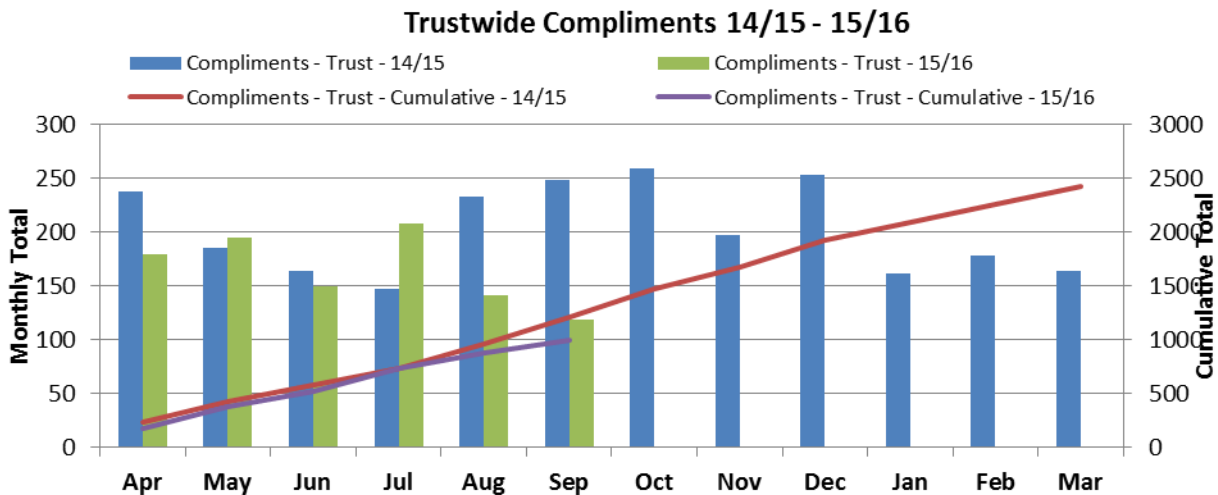
The top three reasons for complaint in Quarter 2 were **Clinical Treatment** (26%), **Staff Attitude/Behaviour** (17%) and both **Date for Appointment** and **Oral Communication** are equal third (both 14%). Combined, these three subjects account for 71% of all complaints received in Q2.

The table below shows the breakdown of the clinical treatment, oral communication and staff attitude/behaviour complaints by Business Unit.

Business Unit	July	August	September	Grand Total
Planned Care	35	30	40	105
Urgent Care	21	23	33	77
Women & Childrens	12	5	8	25
Community & Continued Care	3	4	6	13
Capital & Facilities			1	1
Finance		1		1
Grand Total	71	63	88	222

Compliments

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



9.4 Serious Untoward Incidents (SUIs) and Never Events

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

There were 2 Serious Incidents in October involving Southport and Formby CCG patients. For the year 15/16 up to and including October there have been 36 Serious Incidents involving Southport and Formby CCG patients

Number of Never Events reported in period

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

Number of Southport & Formby CCG Incidents reported by Provider

The majority of incidents have occurred in Southport & Ormskirk Hospital (30), with the other incidents occurring in each of the following providers:

- Aintree University Hospital NHS Foundation Trust - 2
- Liverpool Women’s NHS Foundation Trust - 1
- Mersey Care NHS Trust - 3

Southport & Ormskirk Hospital Serious Incidents

Number of Serious Untoward Incidents (SUIs) reported in period

For the year 15/16 up to and including October, Southport & Ormskirk Hospital Integrated Care Organisation (ICO) reported 65 serious incidents. These are incidents that involved patients under the care of that organisation and those patients may be from CCGs other than Southport and Formby CCG.

Incident Type	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD
Allegation Against HC Professional			1					1
Child abuse (institutional)			1					1
Confidential Information Leak				1				1
Failure to act upon test results				1				1
Maternity services - unexpected neonatal death.					1			1
Pressure Sore - (Grade 3 or 4)			2	1				3
Pressure ulcer - (Grade 3)	13	7	6	2	2	4	1	35
Pressure ulcer - (Grade 4)	7		4			1		12
Sub-optimal care of the deteriorating patient	1	2		1				4
Surgical Error					1			1
Unexpected Death						2	2	4
Unexpected Death of Inpatient (in receipt)	1							1
Grand Total	22	9	14	6	4	7	3	65

Number of Never Events reported in period

Southport & Ormskirk Hospital Integrated Care Organisation (ICO) reported zero Never Events up to and including October 2015.

Number of repeated incidents reported YTD

The Trust has had four incidents repeated as of October 2015/16.

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

Number of Incidents reported by CCG

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

- South Sefton CCG – 4
- Southport and Formby CCG – 30
- West Lancashire CCG – 31

CCG Name / Incident Type	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD
South Sefton CCG								
Maternity services - unexpected neonatal death.					1			1
Pressure ulcer - (Grade 3)	1	1						2
Pressure ulcer - (Grade 4)	1							1
Southport & Formby CCG								
Allegation Against HC Professional			1					1
Pressure Sore - (Grade 3 or 4)			1	1				2
Pressure ulcer - (Grade 3)	4	6	3	1	1			15
Pressure ulcer - (Grade 4)	2		4					6
Sub-optimal care of the deteriorating patient		2						2
Surgical Error					1			1
Unexpected Death						2	1	3
West Lancashire CCG								
Child abuse (institutional)			1					1
Confidential Information Leak				1				1
Failure to act upon test results				1				1
Pressure Sore - (Grade 3 or 4)			1					1
Pressure ulcer - (Grade 3)	8		3	1	1	4	1	18
Pressure ulcer - (Grade 4)	4					1		5
Sub-optimal care of the deteriorating patient	1			1				2
Unexpected Death of Inpatient							1	1
Unexpected Death of Inpatient (in receipt)	1							1
Grand Total	22	9	14	7	4	7	2	65

10. Primary Care

10.1 Background

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

10.2 Content

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

10.3 Format

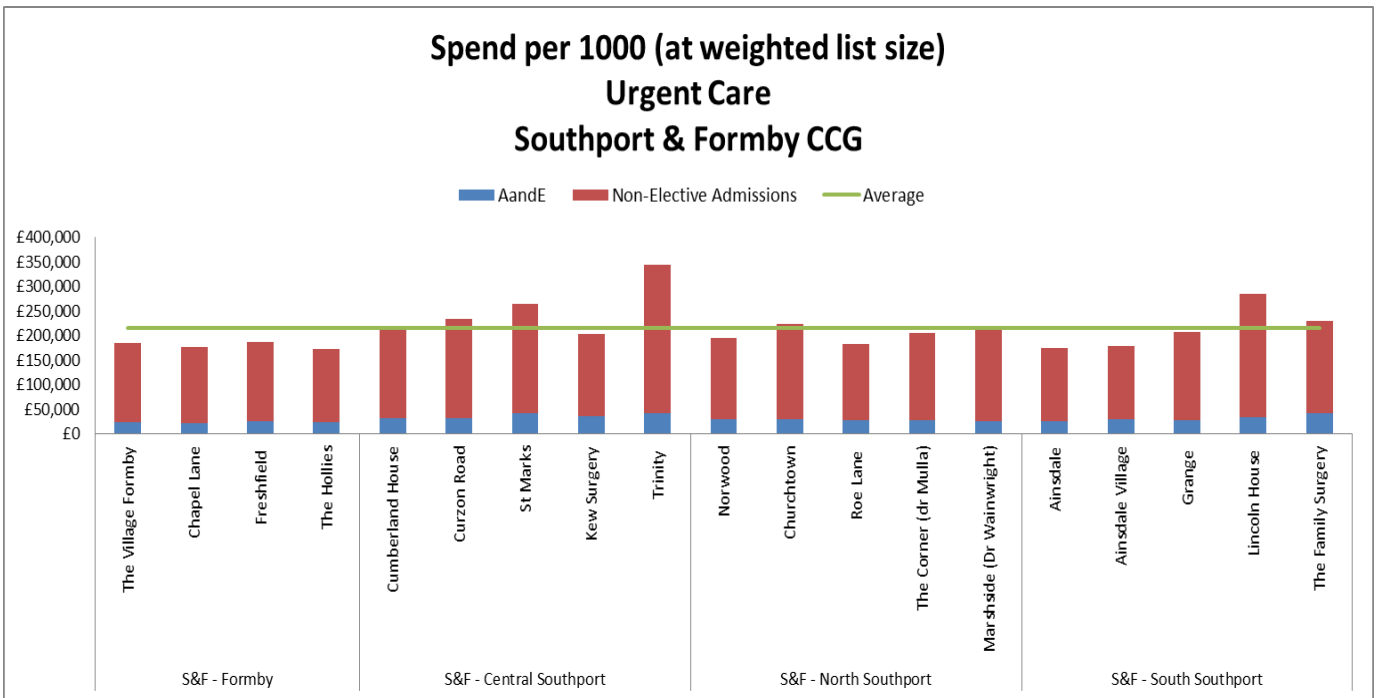
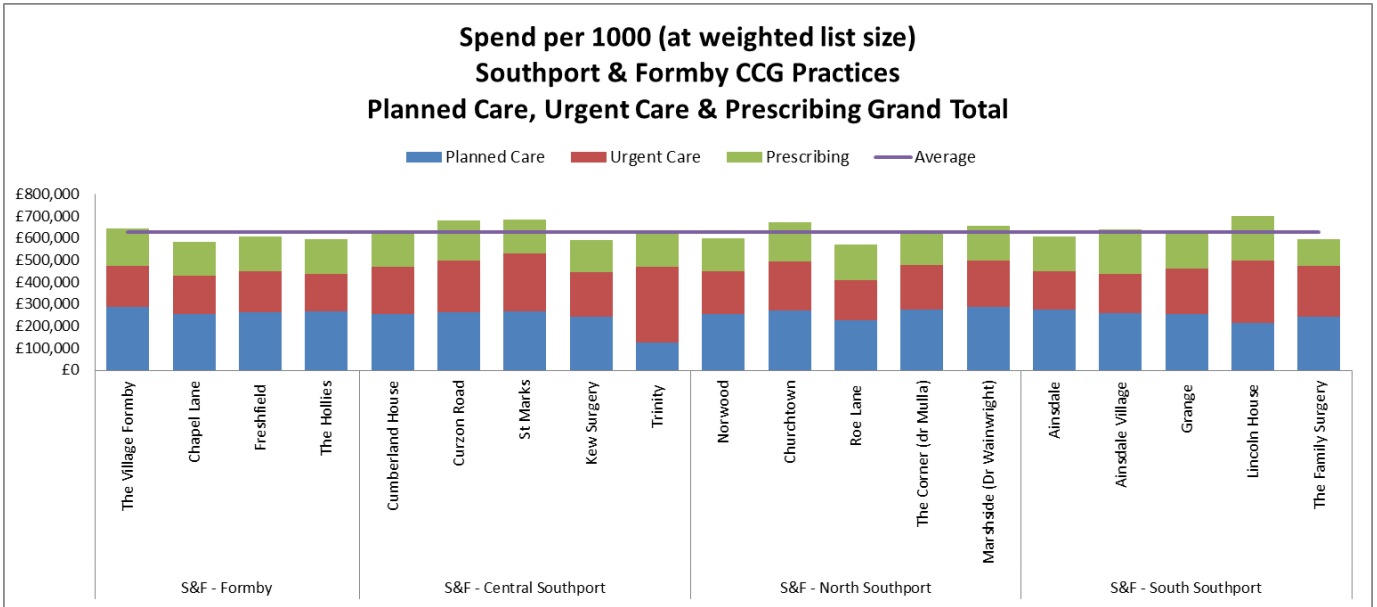
The data is presented for all practices, grouped to locality level and RAG rated to illustrate easily variation from the CCG average, where green is better than CCG average by 10% or more, and red is worse than CCG average. Amber is defined as better than CCG average but within 10%. Data is refreshed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

10.4 Summary of performance

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



Figure 26 Summary of Primary Care Dashboard – Urgent Care Summary



10.5 CQC Inspections

A number of practices in Southport and Formby CCG have recently been visited by the Care Quality Commission. CQC publish all inspection reports on their website. There has been one further inspection result published since last month for Ainsdale Village Surgery:

Ainsdale Village Surgery Good

The provider of this service changed - see old profile



2 Leamington Road, Southport, PR8 3LB
(01704) 577866

Provided by: Ainsdale Village Surgery

CQC inspection area ratings

(Latest report published on 10 December 2015)

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

CQC Inspections and ratings of specific services

(Latest report published on 10 December 2015)

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

Doctors/GPs

Specialisms/services

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

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Freshfields Practice Good

This service was previously managed by a different provider - see old profile

The provider of this service has requested a review of one or more of the ratings.



61 Gores Lane, Formby, Liverpool, L37 3NU
Provided by: SSP Health Ltd

CQC inspection area ratings

(Latest report published on 22 October 2015)

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

CQC Inspections and ratings of specific services

(Latest report published on 22 October 2015)

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

Doctors/GPs

Specialisms/services


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

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

 42 Derby Road, Southport, PR9 0TZ
(01704) 511700
Provided by: Dr G Hedley & Partners

CQC inspection area ratings
(Latest report published on 8 October 2015)

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

CQC Inspections and ratings of specific services
(Latest report published on 8 October 2015)

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


Doctors/GPs

Specialisms/services

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

Dr Kebalanandha Ramamurthie Naidoo Good (The Family Surgery Ltd)

(1.1 miles away)

 107 Liverpool Road, Birkdale, Southport, PR8 4DB
(01704) 566646
Provided by: Dr Kebalanandha Ramamurthie Naidoo

CQC inspection area ratings

(Latest report published on 10 September 2015)

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

CQC Inspections and ratings of specific services

(Latest report published on 10 September 2015)

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

Doctors/GPs

Specialisms/services

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

Cumberland House Surgery Good (0.9 miles away)



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

(01704) 501500

Provided by: Cumberland House Surgery

CQC inspection area ratings

(Latest report published on 27 August 2015)

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

CQC Inspections and ratings of specific services



(Latest report published on 27 August 2015)

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



Roe Lane Surgery Good (1.8 miles away)

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



 172 Roe Lane, Churchtown, Southport, PR9 7PN
 (01704) 228439
 Provided by: Roe Lane Surgery

CQC inspection area ratings

(Latest report published on 27 August 2015)

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

CQC Inspections and ratings of specific services

(Latest report published on 27 August 2015)

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

Doctors/GPs and Clinics

Specialisms/services

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

11. Better Care Fund update

A quarterly data collection template has been issued by the Better Care Support Team for completion. It requires the Health & Wellbeing Board to track through the high level metrics and deliverables from the Health & Wellbeing Board Better Care Fund plan.

The payment for performance element of BCF requires a target reduction to be reached in the number of non elective admissions to hospital. Performance for Q1 and Q2 was above the required level of reduction, therefore no payment for performance was available. Quarter 2 performance improved on Q1 with a reduction in two of the three months of the quarter, which has continued in October at 3.8% below plan, but 3.2% overall for the year to date (Jan-Oct). Performance is summarised below:

BCF NEL Admissions (MAR)	Jan	Feb	Mar	Q4	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Year to Date
Plan	3003	3003	3003	9009	2941	2941	2941	8822	2935	2935	2935	8806	2921	29558
Actual	3176	2976	3516	9667	3257	3245	2958	9461	2957	2849	2766	8573	2811	30512
Var	173	-27	513	658	317	304	18	639	22	-86	-169	-233	-110	954
%age Var	5.8%	-0.9%	17.1%	7.3%	10.8%	10.3%	0.6%	7.2%	0.7%	-2.9%	-5.8%	-7.9%	-3.8%	3.2%



12. NHS England Activity Monitoring

Measures		Apr	May	Jun	Jul	Aug	Sep	Oct	YTD
E.C.8 A&E (Type 1, 2 & 3)	Plan	3132	3293	3188	3442	3144	2685	3296	22180
	Actual	3310	3302	3420	3532	3366	3443	3500	23873
	Var	178	9	232	90	222	758	204	1693
	%age Var	5.7%	0.3%	7.3%	2.6%	7.1%	28.2%	6.2%	7.6%
E.C.9 GP Referrals (G&A)	Plan	2214	2225	2286	2500	2052	2448	2615	16340
	Actual	2682	2528	2871	2927	2401	2854	2781	19044
	Var	468	303	585	427	349	406	166	2704
	%age Var	21.1%	13.6%	25.6%	17.1%	17.0%	16.6%	6.3%	16.5%
E.C.10 Other Referrals (G&A)	Plan	1160	1126	1189	1259	1082	1189	1261	8266
	Actual	1416	1453	1660	1807	1333	1608	1716	10993
	Var	256	327	471	548	251	419	455	2727
	%age Var	22.1%	29.0%	39.6%	43.5%	23.2%	35.2%	36.1%	33.0%
E.C.32 Daycase (All Specs)	Plan	1629	1708	1767	1730	1461	1605	1778	11677
	Actual	1529	1418	1594	1550	1303	1529	1601	10524
	Var	-100	-290	-173	-180	-158	-76	-177	-1154
	%age Var	-6.1%	-17.0%	-9.8%	-10.4%	-10.8%	-4.7%	-10.0%	-9.9%
E.C.2 Daycase (G&A)	Plan	1629	1707	1767	1730	1461	1605	1778	11677
	Actual	1529	1417	1594	1549	1303	1528	1599	10519
	Var	-100	-290	-173	-181	-158	-77	-179	-1158
	%age Var	-6.1%	-17.0%	-9.8%	-10.5%	-10.8%	-4.8%	-10.1%	-9.9%
E.C.21 Elective (All Specs)	Plan	250	262	272	265	224	247	274	1794
	Actual	246	250	310	293	257	253	300	1909
	Var	-4	-12	38	28	33	6	26	115
	%age Var	-1.6%	-4.6%	14.0%	10.6%	14.7%	2.4%	9.5%	6.4%
E.C.1 Elective (G&A)	Plan	250	262	272	266	225	247	273	1795
	Actual	246	250	310	293	257	253	300	1909
	Var	-4	-12	38	27	32	6	27	114
	%age Var	-1.6%	-4.6%	14.0%	10.2%	14.2%	2.4%	9.9%	6.4%
E.C.23 Non Elective	Plan	1358	1428	1382	1492	1363	1214	1378	9615
	Actual	1372	1324	1440	1516	1422	1404	1457	9935
	Var	14	-104	58	24	59	190	79	320
	%age Var	1.0%	-7.3%	4.2%	1.6%	4.3%	15.7%	5.7%	3.3%
E.C.4 Non Elective (G&A)	Plan	1313	1380	1335	1441	1317	1175	1330	9291
	Actual	1335	1288	1406	1471	1390	1367	1417	9674
	Var	22	-92	71	30	73	192	87	383
	%age Var	1.7%	-6.7%	5.3%	2.1%	5.5%	16.3%	6.5%	4.1%
E.C.24 OP All 1st (All Spec)	Plan	3190	3346	3463	3389	2862	3145	3483	22878
	Actual	3758	3551	4344	4118	3644	4413	4164	27992
	Var	568	205	881	729	782	1268	681	5114
	%age Var	17.8%	6.1%	25.4%	21.5%	27.3%	40.3%	19.6%	22.4%
E.C.5 OP All 1st (G&A)	Plan	3114	3266	3380	3309	2793	3070	3400	22332
	Actual	3541	3339	4103	3882	3435	4170	3892	26362
	Var	427	73	723	573	642	1100	492	4030
	%age Var	13.7%	2.2%	21.4%	17.3%	23.0%	35.8%	14.5%	18.0%
E.C.25 OP All 1st Following GP Ref(All Spec)	Plan	2037	2137	2211	2165	1828	2009	2225	14612
	Actual	2244	2236	2672	2462	2226	2626	2573	17039
	Var	207	99	461	297	398	617	348	2427
	%age Var	10.2%	4.6%	20.9%	13.7%	21.8%	30.7%	15.6%	16.6%
E.C.12 OP All 1st Following GP Ref (G&A)	Plan	1988	2085	2158	2122	1783	1960	2171	14267
	Actual	2179	2161	2601	2393	2143	2558	2477	16512
	Var	191	76	443	271	360	598	306	2245
	%age Var	9.6%	3.6%	20.5%	12.8%	20.2%	30.5%	14.1%	15.7%
E.C.6 All Subsequent OP	Plan	7318	7675	7943	7775	6564	7215	7990	52480
	Actual	9141	8412	10176	10100	8819	10897	10356	67901
	Var	1823	737	2233	2325	2255	3682	2366	15421
	%age Var	24.9%	9.6%	28.1%	29.9%	34.4%	51.0%	29.6%	29.4%



Source	Referrals (G&A)	Month 7 YTD PLAN	Month 7 YTD ACTUAL	Month 7 YTD Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
Referrals (G&A)					
MAR	GP	16340	19044	16.5%	As with the previous month referrals have been impacted on since the change in PAS system at Southport & Ormskirk Trust. The exact impact is not known but an increase has been noted from October 14 onwards since the install. This is masking if a genuine increase has been noted at the CCGs main provider or if this is merely a technical counting affect. Work on-going with the provider to understand the effects. Local referral data suggests an increase across a number of Providers other than Southport & Ormskirk with Aintree and The Royal the main two. This is down to the switch from S&O to these two other providers for Breast Surgery treatment.
MAR	Other	8266	10993	33.0%	As above, the impact of the new PAS is affecting the overall figures. Local referral data suggests a much lower increase of 17%. On going with Southport Trust.
MAR	Total	24606	30037	22.1%	See above.
Outpatient attendances (G&A)					
SUS	All 1st OP	22332	26362	18.0%	Issues between plans (based on MAR) and actuals (SUS monitored) noted in previous submission. Actual activity from April to October (SUS) against the same period last year shows a slight decrease of approx. 2% for first attendances. Follow up activity comparing last year to this year shows a slight increase of approx. 4.7%.
SUS	Follow-up	52480	67901	29.4%	
SUS	Total OP attends	74812	94263	26.0%	
SUS	Outpatient procedures (G&A) (included in attends)				
Admitted Patient Care (G&A)					
SUS	Elective Day case spells	11677	10519	-9.9%	Although down against plan, actual activity has increased against the same period last year mainly due to increased activity based in Renacres. This is in line with heightened referrals to Renacres independent provider which is being addressed directly with the GP practices. Current activity (Apr to Oct) compared with the same period shows an increase of approx. 5%., slightly higher than last month variance.
SUS	Elective Ordinary spells	1795	1909	6.4%	Actual activity for April to October 15/16 compared with the same period last year shows the same trend as plan v actual. No change in the percentage rate from M6.

SUS	Total Elective spells	13472	12428	-7.7%	See above.
SUS	Non-elective spells complete	9291	9674	4.1%	Lower phasing of plans in the later part of the year due to GPAU has caused a greater variance to occur, this may continue as the months carry on. Actual increase from last years figures shows a lower rate of 1.8%.
SUS	Total completed spells	22763	22102	-2.9%	
Attendances at A&E					
SUS	Type 1				
SUS	All types	22180	23873	7.6%	Actual activity for 2015/16 compared with the same period last year shows a slight increase but below the 3% threshold at 2.9%.