

Southport & Formby Clinical Commissioning Group Integrated Performance Report November 2015

Contents

1.# Executive Summary.....	5#
2.# Finance Summary.....	9#
2.1# Resource Allocation.....	9#
2.2# Financial Position and Forecast	9#
2.3# QIPP	13#
2.4# CCG Running Costs	14#

2.5#	Evaluation of Risks and Opportunities.....	14#
2.6#	Recommendations.....	17#
3.#	Referrals	17#
3.1#	Referrals by source	17#
4.#	Waiting Times.....	19#
4.1#	NHS Southport and Formby CCG patients waiting	19#
4.2#	Top 5 Providers	20#
4.3#	Provider assurance for long waiters	21#
5.#	Planned Care.....	21#
5.1#	All Providers	22#
5.2#	Southport and Ormskirk Hospital NHS Trust.....	22#
5.2.1#	Southport & Ormskirk Hospital Key Issues	22#
5.3#	Renacres Hospital	23#
5.3.1#	Renacres Hospital Key Issues	23#
5.4#	Aintree University Hospital	23#
5.4.1#	Aintree University Hospital Key Issues.....	24#
5.5#	Wrightington, Wigan & Leigh Hospital	24#
5.5.1#	Wrightington, Wigan & Leigh Hospital Key Issues	24#
6.#	Unplanned Care.....	25#
6.1#	All Providers	25#
6.2#	Southport and Ormskirk Hospital NHS Trust.....	25#
6.3#	Royal Liverpool & Broadgreen Hospitals.....	25#
7.#	Mental Health.....	28#
7.1#	Mersey Care NHS Trust Contract.....	28#
	Quality Overview	29#
7.2#	Cheshire Wirral Partnership -Improving Access to Psychological Therapies Contract	29#
8.#	Community Health	33#
8.1#	Southport and Ormskirk Community Health	33#
9.#	Third Sector Contracts.....	36#
10.#	Quality and Performance	37#
10.1#	NHS Southport and Formby CCG Performance.....	37#
10.2#	Friends and Family – Southport and Ormskirk Hospital NHS Trust	48#
10.3#	Serious Untoward Incidents (SUIs) and Never Events.....	49#
10.3.1#	CCG level Serious Untoward Incidents	49#
10.3.2#	Southport & Ormskirk Hospital level Serious Untoward Incidents.....	51#
11.#	Primary Care.....	53#
11.1#	Background	53#
11.2#	Content.....	53#

11.3#	Format	53#
11.4#	Summary of performance	53#
11.5#	CQC Inspections	55#
12.#	Better Care Fund update.....	61#
13.#	NHS England Activity Monitoring	62#

List of Tables and Graphs

Figure 1 Financial Dashboard	9#
Figure 2 Forecast Outturn at Month 9	10#
Figure 3 Reserves and agreed actions	16#
Figure 4 Number of GP and 'other' referrals for the CCG across all providers	17#
Figure 5 The number of GP and 'other' referrals for the CCG across all providers comparing 2014/15 and 2015/16 by month	18#
Figure 6 Patients waiting on an incomplete pathway by weeks waiting	19#
Figure 7 Patients waiting (in bands) on incomplete pathway for the top 5 Providers	20#
Figure 8 Southport RTT caseload:	21#
Figure 9 All Providers (Excl S&O)	22#
Figure 10 Month 6 Planned Care- Southport and Ormskirk Hospital NHS Trust by POD	22#
Figure 11 Month 6 Planned Care- Renacres Hospital by POD	23#
Figure 12 Month 6 Planned Care- Aintree University Hospital by POD	23#
Figure 13 Month 6 Planned Care- Wrightington, Wigan & Leigh Hospital by POD	24#
Figure 14 Month 6 Unplanned Care – All Providers	25#
Figure 15 Month 6 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD	25#
Figure 16 Month 6 Unplanned Care – Royal Liverpool & Broadgreen Hospitals by POD	26#
Figure 17 Delayed Transfers of Care	27#
Figure 17 NHS Southport and Formby CCG – Shadow PbR Cluster Activity	28#
Figure 18 CPA – Percentage of People under followed up within 7 days of discharge	28#
Figure 19 CPA Follow up 2 days (48 hours) for higher risk groups	29#
Figure 20 Monthly Provider Summary including (National KPI s Recovery and Prevalence)	31#
Figure 21: IAPT Waiting Time KPIs	32#
Figure 22 Friends and Family – Southport and Ormskirk Hospital NHS Trust	48#
Figure 23 SUIs Reported at Southport & Formby CCG level	49#
Figure 24 SUIs by Provider	50#
Figure 25 SUIs Reported at Southport & Ormskirk Hospital	51#
Figure 26 SUIs Reported at Southport & Ormskirk Hospital split by CCG	52#
Figure 27 Summary of Primary Care Dashboard – Urgent Care Summary	54#

1. Executive Summary

This report provides summary information on the activity and quality performance of Southport and Formby Clinical Commissioning Group at November 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)		SORM
Ambulance Category A Calls (Red 1)		NWAS
Cancer 2 Week GP Referral		SORM
RTT 18 Week Incomplete Pathway		SORM
Other Key Targets	CCG	Main Provider
A&E 4 Hour Waits (Type 1)		SORM
Ambulance Category A Calls (Red 2)		NWAS
Ambulance Category 19 transportation		NWAS
Cancer 14 Day Breast Symptom		
Cancer 31 Day First Treatment		SORM
Cancer 31 Day Subsequent - Drug		SORM
Cancer 31 Day Subsequent - Surgery		SORM
Cancer 31 Day Subsequent - Radiotherapy		SORM
Cancer 62 Day Standard		SORM
Cancer 62 Day Screening		SORM
Cancer 62 Day Consultant Upgrade		SORM
Diagnostic Test Waiting Time		SORM
Emergency Admissions Composite Indicator		
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)		
Emergency Admissions for acute conditions that should not usually require a hospital admission		
HCAI - C.Diff		SORM
HCAI - MRSA		SORM
IAPT Access - Roll Out		
IAPT - Recovery Rate		
Mixed Sex Accommodation		SORM
Patient Experience of Primary Care i) GP Services ii) Out of Hours (Combined)		
PROM: Elective procedures: Groin Hernia		SORM
PROM: Elective procedures: Hip Replacement		SORM
PROM: Elective procedures: Knee Replacement		SORM
PYLL Person (Annual Update)		
RTT 18 Week Admitted Pathway		SORM
RTT 18 Week Non Admitted Pathway		SORM
RTT 18 Week Incomplete Pathway		SORM
RTT 52+ week waiters		SORM

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. This has resulted from non-delivery of the cost reduction target and 'in year' pressures against operational budgets. The forecast position has deteriorated further in the month. The forecast break-even position and deviation from the target position has led the CCG to submit a recovery plan to NHS England. 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

Referrals – Whilst GP referrals are up 10% on the previous year (to date) the increase has reduced compared to previous months. Clinical discussions regarding referral management took place at the December Governing Body development session.

A&E waits (All Types) – Year to date the CCG failed the 95% target achieving 93.17% (November achieving 92.19%). The target has failed at CCG level since April 2015. Southport & Ormskirk achieved 93.59% year to date (with November achieving 91.41%) 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 who has produced a plan which aims to hit the target by the end of December.

A&E Waits (Type 1) - The CCG failed the 95% target in November reaching 86.68% and are failing year to date reaching 90.69%. In November 265 attendances out of 1989 Were not admitted, transferred or discharged within 4 hours. Southport & Ormskirk have failed the target in November reaching 86.67%, and are failing year to date reaching 88.95%. In November month 847 attendances out of 6356 were not admitted, transferred or discharged within 4 hours.

Ambulance Activity - Category A Red 1, 8 minute response time – The CCG achieved the 75% target. The CCG failed Category A Red, 2 recording 68.89% year to date against a 75% target. And also Category 19 Transportation recording 89.59% year to date also failing the 95% target. NWAS have achieved Category Red 1 year to date but are failing Red 2 year to date achieving 74.50% and are failing the 95% target for Category 19 achieving 94.40%. The onset of winter has seen the whole of the urgent care system coming under pressure due to high levels of demand. Whilst overall demand in November, for NWAS was 4.3% higher than planned for and 6% for Southport & Formby CCG; that for the most time critical response times (Red) was 12.5% higher than plan for NWAS as a whole, but 14.5% higher than plan for Southport & Formby CCG. Together with the continuing lengthening of turnaround times, these levels of demand severely impacted upon NWAS's performance against the response time targets, during the month. Average turnaround times at Southport Hospital were one of the longest of any Cheshire & Merseyside Hospitals in November at almost 34 mins on average. Additional capacity has also been created due to extra ambulance available in the Southport area.

Cancer Indicators – For October the CCG are achieving all cancer indicators apart from two, which are 2 week breast symptoms which is achieving 87.67% year to date against a target of 93%, in October all 8 out of 73 patients breached the target, these were due to patient choice. Also 62 day consultant upgrade achieving 82.29% year to date, and are under plan partly due to previous months breaches. In October there were 2 patients breaches out of a total of 11 (81.82%). Southport & Ormskirk are achieving all cancer indicators apart from 62 day screening where they are failing year to date achieving 72.22% failure due to previous month breaches. In October all patients were treated within 62 days following a referral from an NHS Cancer Screening Service (100%).

Diagnostics – The CCG failed to achieve the <1% target in November hitting 2.36% waiting over 6 weeks for their diagnostic test. 50 patients waited over 6 weeks for their diagnostic tests, 49 waited between 6 and 13 weeks, and 1 patient over 13 weeks.

Emergency Admissions Composite Measure - Currently this measure is over performing year to date against plan of 1574.77 with November showing a value of 1696.32. Compared with the same period last year the CCG has had 230 less admissions than same period last year. The monthly plans for 2015-16 been split using last year’s seasonal performance.

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

Measure – November 2015	Southport & Ormskirk	England Average
Inpatient – response	21.6%	25.1%
Recommended	95%	96%
Not Recommended	2%	1%
A&E – response	2.6%	13.1%
Recommended	81%	87%
Not Recommended	11%	7%

HCAI – C difficile – Having 2 new cases reported in November the CCG are above target for C. difficile year to date, (actual 28 / plan 25). Year-end plan 38. Southport & Ormskirk had 3 new cases reported in November 2015 and are also above target (actual 26 / plan 24). Year-end plan is 36. Following appeals, 15 cases were upheld meaning Southport & Ormskirk are now below the threshold with 15 cases against a threshold of 24.

HCAI – MRSA – November saw no new cases of MRSA for the CCG. Southport & Ormskirk also had no new cases in November, however, there has been 1 new case reported for Southport & Ormskirk in April, the case is related to a West Lancashire CCG patient. The trust are over the zero tolerance so will remain red for the rest of 2015-16. A Post Infection Review (PIR) has been completed in collaboration with the CCG and reported to Public Health England. Primary Care and Secondary Care issues have been identified and will be reported back to SEMT in a formal de-brief to ensure lessons have been learnt and embedded. Completion of MRSA screening pathways is monitored at PNFs for each Clinical Business Unit

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 November reaching 0.86%, out of a population of 19079, 165 patients have entered into treatment. There has been an increase on previous month when the trust reported 0.67%.

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 November the CCG are under plan for recovery rate reaching 38.32%. This equates to 41 patients who have moved to recovery out of 107 who have completed treatment, this is similar to the previous month when the trust reported 38.16%.

MSA – In November the CCG reported 0.50 breaches per 1000 FCE, which was 5 breaches, this is above the target and as such are reporting red for this indicator the fourth time in 2015-16. In November Southport & Ormskirk Trust reported 1.10 breaches per 1000 FCE, which was 6 breaches, this is above the target and as such are also reporting red for this indicator for the fourth time in 2015-16. The trust has had 27 breaches year to date. Provider comments report all the current breaches were in ITU due to bed pressures. An Action plan is in place to open a new ward for medically fit to



discharge. This has been agreed with commissioners. Further actions are in place to reduce A&E pressures.

RTT 18 Weeks – Admitted patients - This indicator is monitored at local level against the previous statutory target of 90%, November saw the CCG just under plan at 89.29%. This equates to 83 patients out of 693 not seen within 18 weeks. Southport & Ormskirk are currently just under plan at 89.14%. This equates to 104 patients out of 854 not seen within 18 weeks.

RTT 18 Weeks – Non Admitted patients – This indicator is also monitored at local level. The CCG have failed the 95% target reaching 93.50%. This equates to 215 patients out of 3095 not seen within 18 weeks. In November Southport & Ormskirk failed to achieve the target of 95% achieving 92.74%. This equates to 357 patients out of 4920 not been seen within 18 weeks. The Trust continues to make progress toward Trust-level compliance.

Patient Safety Incidents Reported – Southport & Ormskirk reported 2 Serious Untoward Incidents in November, bringing the year to date total to 77. Of the 2, 1 was a pressure ulcers grade 3 and 1 was failure to act upon test results.

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 November hitting 62.50%, 15 out of 24 patients spending at least 90% of their time on a stroke unit. Southport & Ormskirk failed to achieve the 80% target in November reaching 47.20%, 17 patients out of 36 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.

2. Finance Summary

This report focuses on the financial performance for Southport and Formby CCG as at 31st December 2015 (Month 9). 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. The forecast position has deteriorated further in the month, and prior to the impact of management actions stands at a forecast deficit of £1.843m. This position reflects the full application of penalties, currently estimated at £0.700m for the year.

The forecast break-even position and deviation from the target position has led the CCG to submit a recovery plan to NHS England. 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	£4.374m	£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*

2.1 Resource Allocation

Additional allocations have been received in Month 9 as follows:

- Liaison Psychiatry - £0.031m
- CAMHS Transformation funding - £0.136m
- IAPT Waiting list - £0.016m
- Quality Premium award - £0.044m

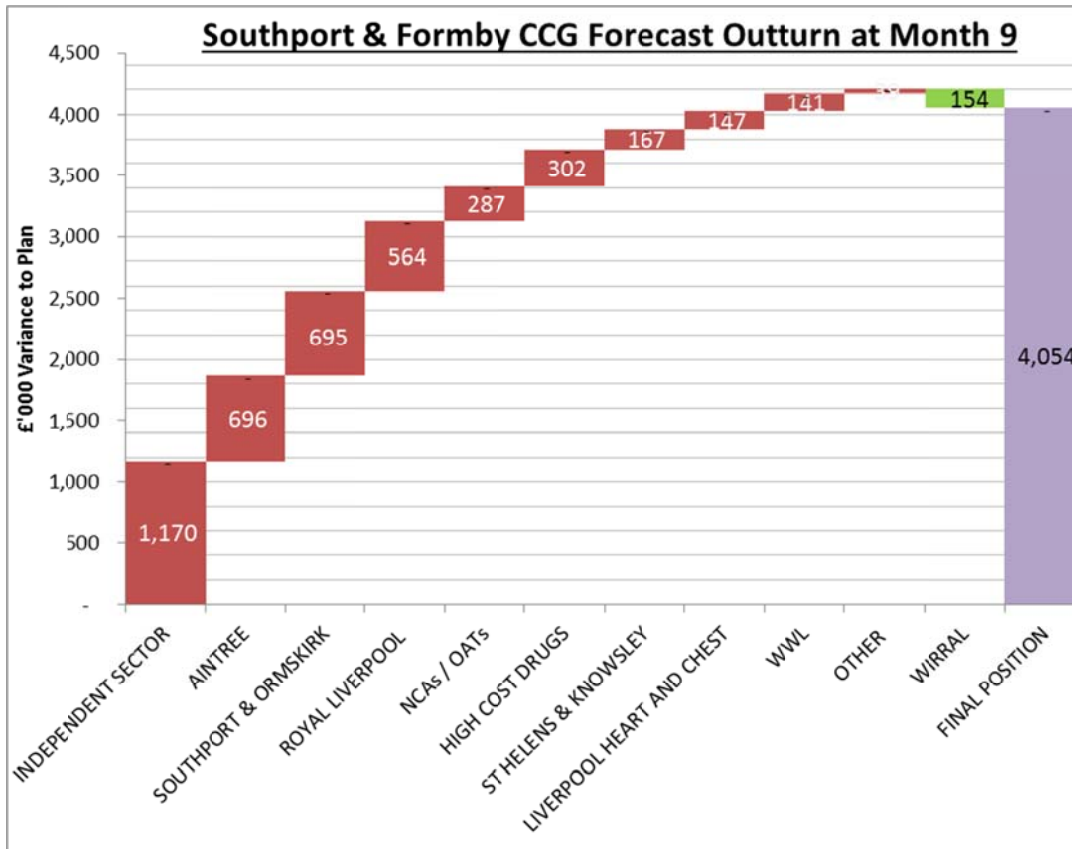
All of these allocations are non-recurrent and are expected to be utilised within this financial year.

2.2 Financial Position and Forecast

The majority of the overspend is with Independent Sector and Acute providers.

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

Figure 2 Forecast Outturn at Month 9



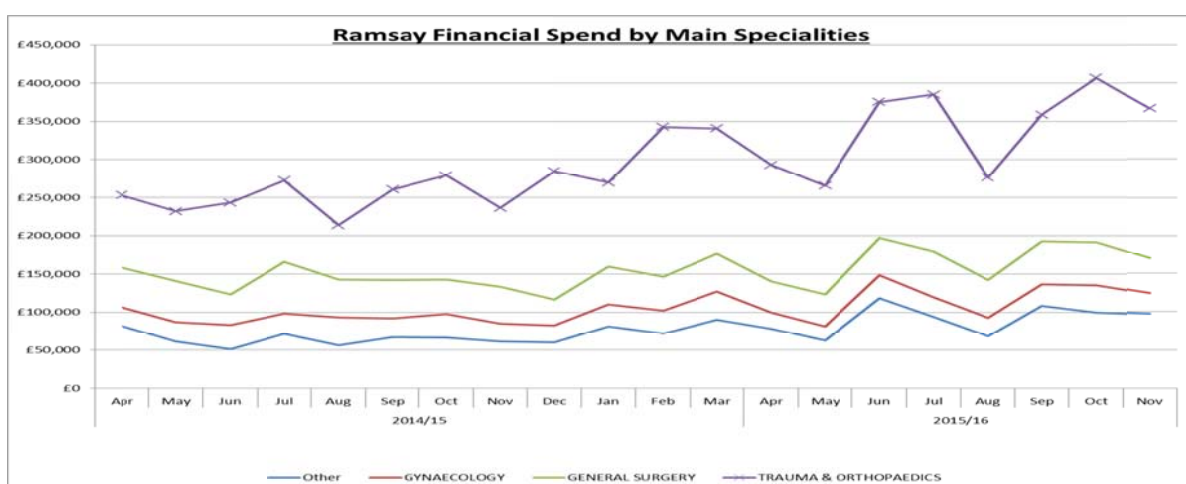
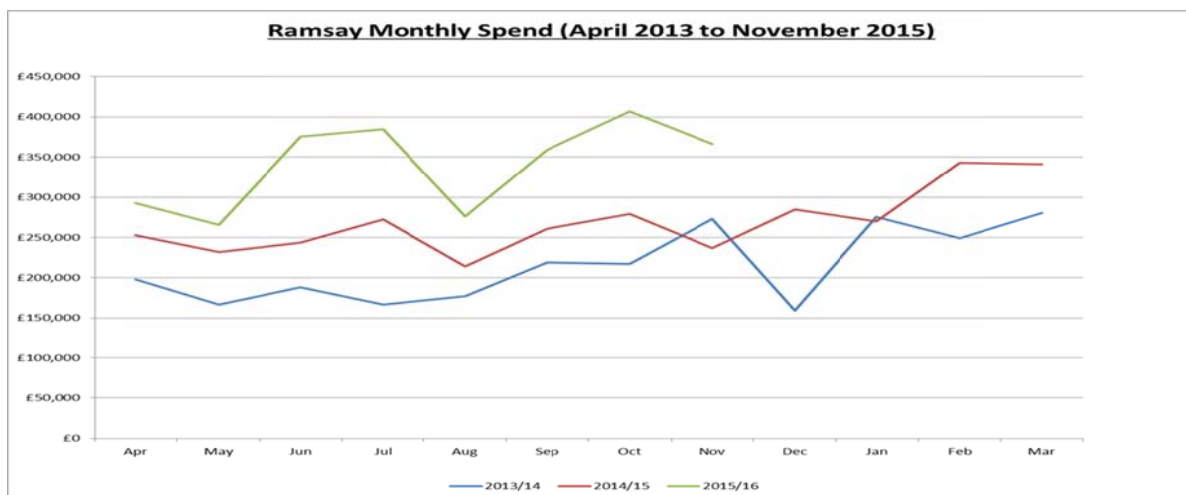
Independent Sector Providers

The forecast overspend for independent sector providers is £1.170m, compared with an opening budget of £4.482m and represents a 26% increase compared with the previous year. The overspend has reduced during the month which reflects the trend experienced in the last financial year.

The majority of the 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 in order to improve the patient pathway and reduce overall activity levels though a more effective use of the MCAS service.

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.

Activity trends for Ramsay Healthcare from April 2013 demonstrate consistent increases annually. October activity was the highest of any month since April 2013, whilst November has seen a decrease in activity. The graphs below show a split by specialty and demonstrate that Orthopaedic care is growing at the fastest rate compared to other specialties.



Acute commissioning

Southport and Ormskirk NHS Trust

The forecast position for Southport and Ormskirk NHS Trust is projecting an overspend of £0.695m. The position is based on Month 8 data received from the trust and reflects the full application of penalties.

Activity in November exceeded the plan, particularly in the area of A&E attendances, and planned inpatient care. The main variances to the plan to date are in the following areas:

- Emergency admissions (including short stay admissions) – over-spend of £0.110m (includes GPAU activity totalling £0.326m). This is consistent with the position reported last month indicating that emergency admissions in November were in line with the plan.
- Costs for A&E attendances in November were 13% higher than the plan, and are now 8% higher than the plan for the year to date. This is a continuation of a trend seen throughout the year. The year to date variance at month 8 is £0.201m.
- Outpatient care – Outpatient attendances are £0.245m higher than budget, with a marked shift from new and follow up attendances to outpatient procedures. This forecast variance has nearly doubled in the month. 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, and the CCG is working with West Lancashire CCG to conduct a formal review of these coding changes. It is expected that this review will report back in February.

- 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 £0.156m. 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.
- Planned inpatient care – in the year to date, daycase activity is £0.225m higher than plan. This over-performance has increased in month 7, with overspends experienced in orthopaedic activity. In addition, elective activity has also moved to an overspend. Previously, this had been lower than plan up to month 7.
- 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 £0.103m. This area requires further investigation to review the terms and conditions of existing contracts, and should be considered as part of any future QIPP programme.

Aintree University Hospitals NHS Foundation Trust

The forecast overspend is £0.696m, showing an increase of £0.124m, compared with the previous month. The majority of the overspend relates to growth in outpatient activity and ARMD activity but there are also overspends in elective care, excluded drugs and diagnostic imaging. 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 8 data received from Royal Liverpool Hospital shows an overspend of £0.564m. The cumulative overspend relates to the following areas:

- Elective and daycase surgery (£0.195m to month 8) in urology, orthopaedics and breast surgery
- Outpatients - £0.070m, the majority of which relates to breast services
- Age Related Macular Degeneration (ARMD) - £0.057m to month 8

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 Southport & Ormskirk trust and therefore patients generally choose either Aintree or the Royal Hospital 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.

Liverpool Heart and Chest

The forecast overspend for Liverpool Heart and Chest NHS Trust is projected to be £0.147m 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 £0.167m 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 £0.287m 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 respective patients are in the process of being reviewed with a view to returning them to the CCG commissioned area if reasonably practical.

Prescribing / High Cost Drugs

The forecast overspend for the prescribing budget has reduced from a projected overspend of £0.222m in Month 8 to a £0.009m overspend in Month 9. The reduction in the forecast overspend relates to a reduction in the cost of category M drugs from Q4, and also a rebate from GlaxoSmithKline. The reduction in category M costs has previously been reflected in the CCG 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 and FNC costs at 14/15 levels through robust case management and reviews.

A further £0.100m efficiency has been transferred to support the QIPP target this month, totalling a recurrent efficiency of £0.669m to date, which means forecasted spend is now less than 14/15 out-turn figures. The forecast financial position is taken following this budget reduction.

2.3 QIPP

The QIPP savings target for Southport and Formby CCG is £6.151m for 2015/16. This has reduced to £4.374m following delivery of schemes totalling £1.777m.

	£'m
QIPP schemes reported at Month 8	1.727
QIPP schemes identified in current Month:	
CHC cost reduction	0.100
Adjustment to Cheshire and Mersey rehab realignment	(0.050)
QIPP schemes reported as at Month 9	1.777

A 1% Transformation Fund was established in CCG reserves to fund transformational initiatives that would result in more efficient delivery of healthcare and improvements to quality. In addition, the CCG has invested in system resilience schemes that are aimed at reducing emergency care.

The full year cost of proposals are consistent with the total funding available. However, the 2015/16 position forecasts an underspend position of £1.073m due to delayed implementation of schemes.

2.4 CCG Running Costs

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

The current year forecast for the running cost budget is an underspend of £0.210m and is due to vacant posts particularly within the medicines management team.

2.5 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 £1.843m between now and the year-end to deliver its statutory duty. It will have to deliver extra savings of £1.800m (£3.643m 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.
- 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.

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 a small surplus of £0.100m, against a planned £1.800m surplus. It should be noted that this forecast is a best case scenario, with the full application of penalties, and is reliant on delivery of a management action plan of £0.707m, leaving £1.236m to deliver financial balance. The CCG will need to deliver this between now and the end of the financial year, otherwise it will return a deficit and not deliver its statutory financial duties.

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 financial position 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.

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.

Figure 3 Reserves and agreed actions

	Recurrent £000	Non-Recurrent £000	Total £000
Target surplus	1.800		1.800
Unidentified QIPP	(6.151)		(6.151)
Revised surplus / (deficit)	(4.351)		(4.351)
Forecast (against operational budgets)	(4.054)		(4.054)
Contingency reserves	1.480		1.480
Transformation Fund slippage		1.073	1.073
Unutilised reserves	0.723	1.509	2.232
QIPP:			
CM Rehab	0.250		0.250
Contract Adjustments	0.834		0.834
Queenscourt drug charges	0.024		0.024
CHC / FNC	0.669		0.669
QIPP Achieved	1.777	0.000	1.777
Forecast surplus / (deficit)	(4.425)	2.582	(1.843)
Action plan:			
Council payment of Lifeways		0.078	0.078
LQC - further year 1 underpayments		0.030	0.030
CQUIN under-performance		0.140	0.140
CHC - improved FOT or technical adj		0.150	0.150
LD		0.100	0.100
Lancs Care - challenge invoices		0.030	0.030
Estates		0.079	0.079
Contract Challenges		0.100	0.100
Review of expenditure		1.236	1.236
Reported position	(4.425)	4.525	0.100
Risks	(0.550)		(0.550)
Mitigations	0.550	0.000	0.550
Risk adjusted forecast surplus / (deficit)	(4.425)	4.525	0.100

2.6 Recommendations

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

- 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 £1.843m between now and the year-end to deliver its statutory duty. It will have to deliver extra savings of £1.800m (£3.643m in total) to deliver its agreed financial plan.
- As described in previous reports, an intensive review of current expenditure is required at all levels of the CCG which will need considerable support from member practices, supported by Governing Body GP leads. The focus must be on reducing access to clinical services that provide low or little clinical benefit for patients.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from member practices to enable the CCG to reduce levels of low value healthcare and improve Value for Money.

3. Referrals

3.1 Referrals by source

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

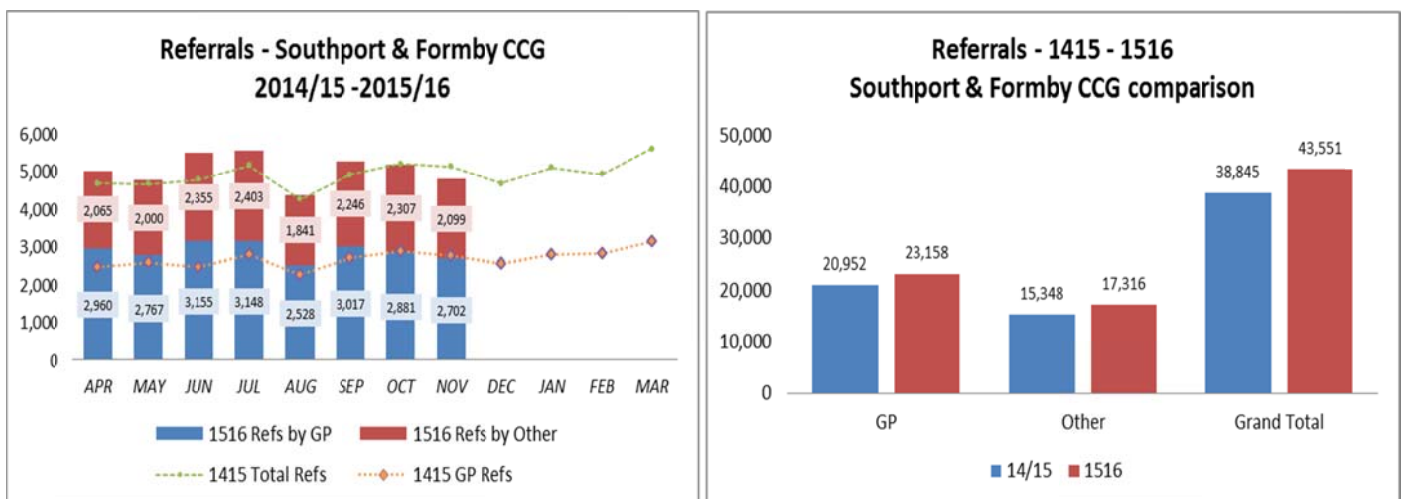


Figure 5 The number of GP and 'other' referrals for the CCG across all providers comparing 2014/15 and 2015/16 by month

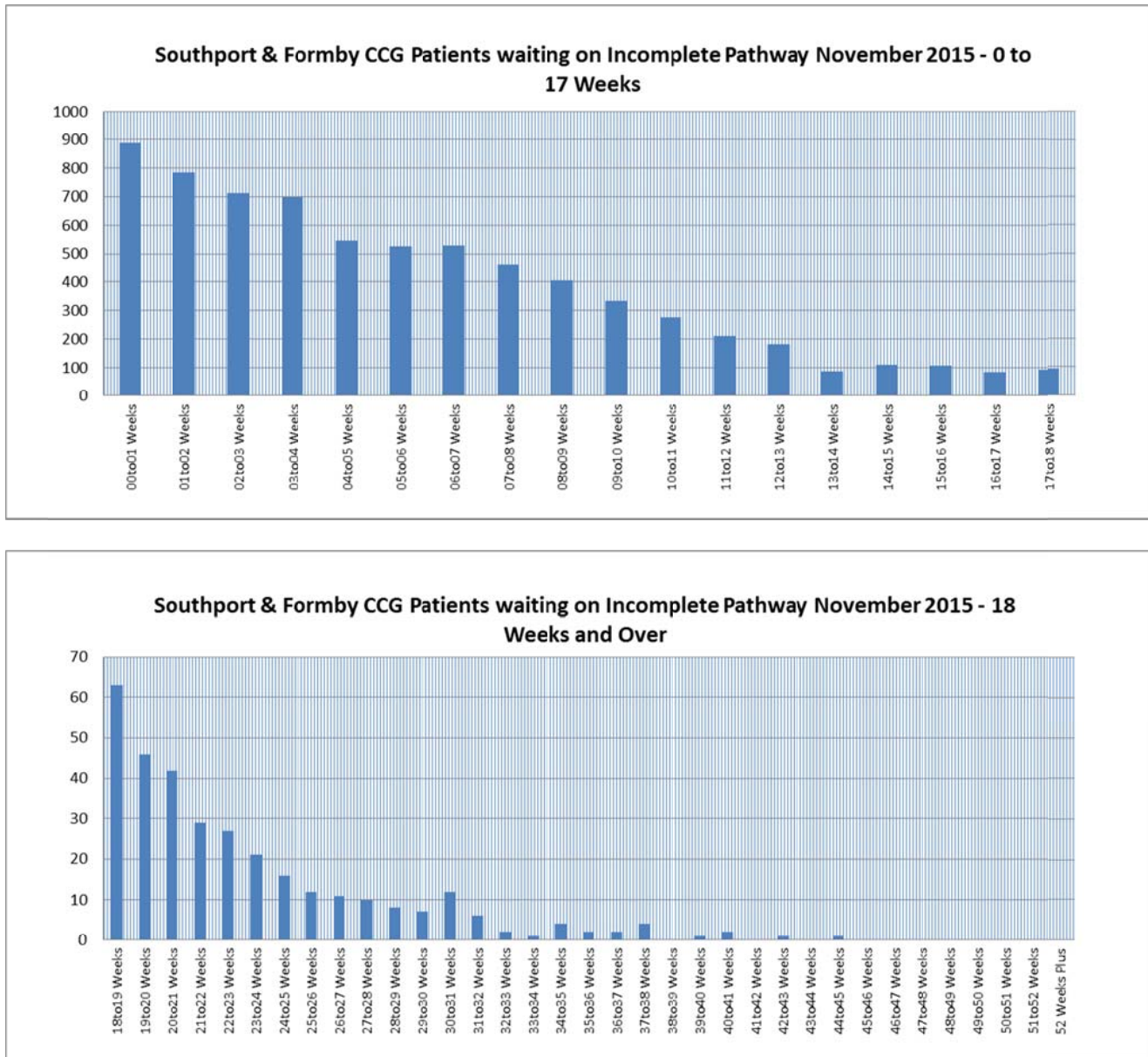
Referral Type	DD Code	Description	1314 Q1	1314 Q2	1314 Q3	1314 Q4	1415 Q1	1415 Q2	1415 Q3	1415 Q4	1516 Q1	1516 Q2	1516 Q3 (FOT)	1314 YTD	1415 YTD	1516 YTD	Variance	% Variance 1415 - 1516	1314 - 1516 Trendline
GP	03	GP Ref	7,523	7,460	7,365	7,489	7,538	7,772	8,209	8,780	8,883	8,693	8,375	22,348	23,519	25,951	2,432	10%	
GP Total			7,523	7,460	7,365	7,489	7,538	7,772	8,209	8,780	8,883	8,693	8,375	22,348	23,519	25,951	2,432	10%	
Other	01	following an emergency admission	611	600	511	570	581	569	145	30	29	27	30	1,722	1,295	86	-1,209	-93%	
	02	following a Domiciliary Consultation	3	1	1	0	0	3	70	95	19	7	2	5	73	28	-46	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	806	2,038	2,165	2,478	313	14%	
	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	3,203	2,960	5,936	6,843	9,123	2,280	33%	
	06	self-referral	248	288	314	293	305	284	356	389	482	395	431	850	945	1,308	363	38%	
	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	36	95	118	146	28	24%	
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	191	167	180	179	185	189	140	137	136	147	137	538	514	420	-95	-18%	
	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	18	18	20	50	30	150%	
	14	An Allied Health Professional	40	26	29	147	417	438	325	401	446	431	467	95	1,180	1,344	164	14%	
	15	An OPTOMETRIST	129	141	169	196	193	177	125	161	160	184	237	439	495	581	86	17%	
	16	An Orthoptist	1	1	0	1	0	1	0	24	30	25	18	2	1	73	72	0%	
	17	A National Screening Programme	12	2	25	35	82	59	93	105	168	159	183	39	234	510	276	118%	
	92	A GENERAL DENTAL PRACTITIONER	416	402	431	397	403	399	439	389	402	393	381	1,249	1,241	1,176	-65	-5%	
	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	900	1,956	2,060	2,181	121	6%		
Other Total			5,118	4,928	4,964	5,326	5,639	5,670	5,903	5,780	6,419	6,490	6,609	15,010	17,212	19,518	2,306	13%	
Unknown (All are Renacres SOR coding error)			1,119	1,280	1,421	1,264	972	911	917	1,104	1,152	1,198	1,091	3,820	1,883	3,441	1,558	83%	
Grand Total			13,760	13,668	13,750	14,079	14,149	14,353	15,029	15,664	16,454	16,381	16,074	18,830	19,095	22,959	3,864	20%	

Whilst GP referrals are up 10% on the previous year (to date) the increase has reduced compared to previous months. 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. The Trust have been asked for an explanation of the increase in referrals from screening services, and further analysis is taking place of referrals from dentists. Clinical discussions regarding referral management took place at the December Governing Body development session.

4. Waiting Times

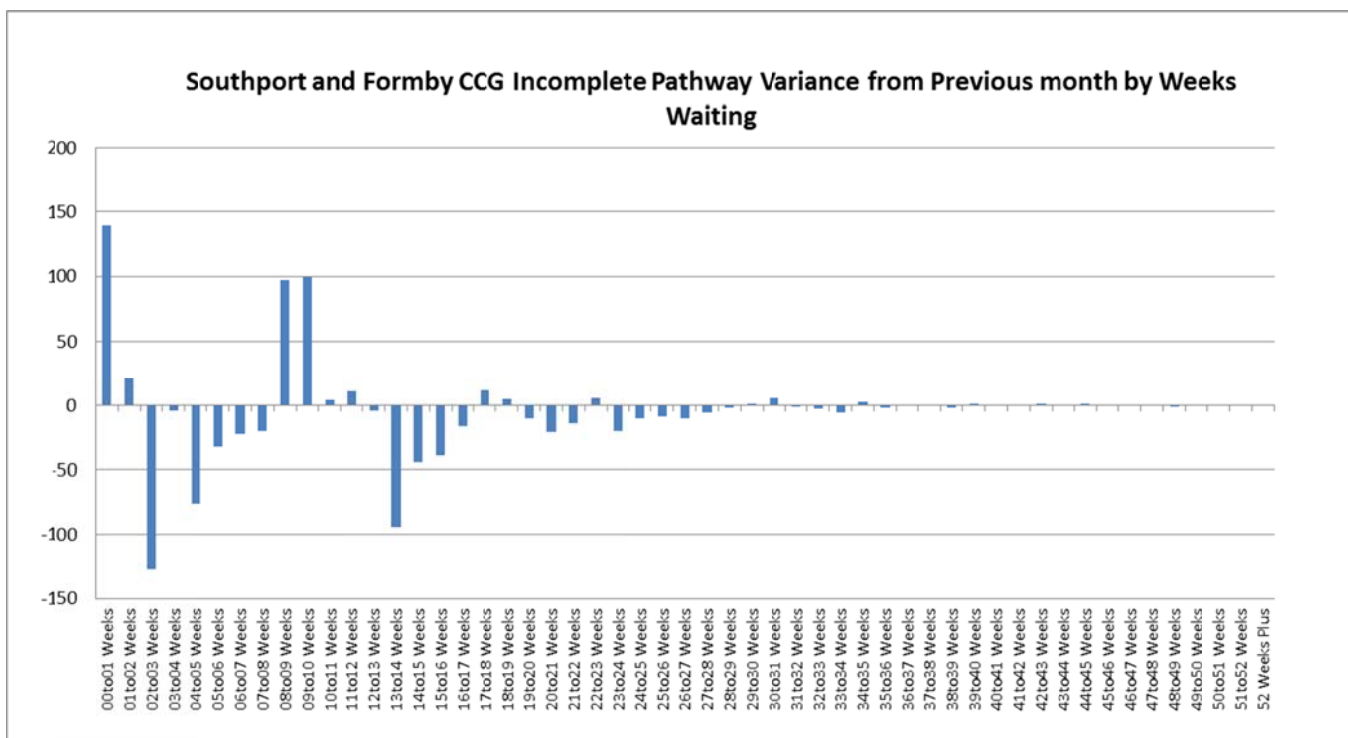
4.1 NHS Southport and Formby CCG patients waiting

Figure 6 Patients waiting on an incomplete pathway by weeks waiting



There were 330 patients (4.5%) waiting over 18 weeks on Incomplete Pathways at the end of November 2015, a decrease of 93 patients (22%) from Month 7 (15/16).

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



There were 7,361 patients on the Incomplete Pathway at the end of November 2015, a decrease of 188 patients (2.5%) since October 2015.

4.2 Top 5 Providers

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

Trust	0to10 wks	10to18 wks	Total 0 to 17 Weeks	18to24 wks	24to30 wks	30+ wks	Total 18+ Weeks	Total Incomplete
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	4116	709	4825	145	34	16	195	5020
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	377	80	457	18	4	2	24	481
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	297	136	433	29	9	9	47	480
RENACRES HOSPITAL	415	25	440	0	0	0	0	440
THE WALTON CENTRE NHS FOUNDATION TRUST	135	23	158	0	0	0	0	158
Other Providers	542	176	718	36	17	11	64	782
Total All Providers	5882	1149	7031	228	64	38	330	7361

4.3 Provider assurance for long waiters

Figure 8 Southport RTT caseload:

Trust	Speciality	No. of weeks waited	No. patients	Has patient been seen / has a TCI date?	Reason for the delay
Liverpool Womens Hospital NHS	Gynaecology	42-43	1	Awaiting response from Provider	Awaiting response from Provider
Southport & Ormskirk Hospital	ENT	40-41	2	1. Patient discharged 1st December 2. Patient seen 29th October awaiting results	Both delays due to lack of Consultant availability
Southport & Ormskirk Hospital	ENT	44-45	1	Discharged 22nd December.	The patient cancelled 3 appointments

5. Planned Care

Performance at Month 8 of financial year 2015/16, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of £2.1m. This over-performance is driven by increases at Southport & Ormskirk Hospital (£596k), Aintree Hospital (£357k) and Renacres Hospital (£646k).

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

5.1 All Providers

Figure 9 All Providers (Excl S&O)

	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date	Price variance to date (£000s)	Price YTD % Var
ALL Providers (PBR & Non PBR. PBR for S&O)										
Aintree University Hospitals NHS F/T	14,895	10,061	12,302	2,241	22%	£3,499	£2,361	£2,718	£357	15%
Alder Hey Childrens NHS F/T	5,048	3,350	3,449	99	3%	£642	£426	£430	£4	1%
Countess of Chester Hospital NHS FT	0	0	53	53	0%	£0	£0	£9	£9	0%
Liverpool Heart and Chest NHS F/T	1,622	1,110	1,366	256	23%	£913	£625	£713	£88	14%
Liverpool Womens Hospital NHS F/T	2,398	1,626	1,620	-6	0%	£728	£493	£467	-£26	-5%
Royal Liverpool & Broadgreen Hospitals	14,718	10,070	10,196	126	1%	£3,093	£2,116	£2,294	£178	8%
ST Helens & Knowsley Hospitals	4,280	2,852	3,144	292	10%	£946	£633	£745	£111	18%
Wirral University Hospital NHS F/T	315	210	176	-34	-16%	£103	£69	£44	-£25	-37%
Southport & Ormskirk Hospital	110,470	75,550	77,521	1,971	3%	£22,280	£15,200	£15,795	£596	4%
Central Manchester University Hospitals Nhs FT	236	157	186	29	18%	£44	£30	£41	£11	38%
Fairfield Hospital	103	68	53	-15	-22%	£27	£17	£8	-£9	-52%
ISIGHT (SOUTHPORT)	2,846	1,897	2,132	235	12%	£686	£458	£485	£27	6%
Renacres Hospital	11,606	7,818	9,846	2,028	26%	£3,095	£2,096	£2,742	£646	31%
SPIRE LIVERPOOL HOSPITAL	866	580	429	-151	-26%	£229	£154	£147	-£6	-4%
University Hospital Of South Manchester Nhs FT	199	135	167	32	24%	£36	£24	£33	£9	36%
Wrightington, Wigan And Leigh Nhs FT	2,163	1,442	2,000	558	39%	£776	£517	£734	£217	42%
Grand Total	171,764	116,927	124,640	7,713	7%	£37,096	£25,219	£27,406	£2,187	9%

5.2 Southport and Ormskirk Hospital NHS Trust

Figure 10 Month 6 Planned Care- Southport and Ormskirk Hospital NHS Trust by POD

	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
S&O Hospital Planned Care (PBR ONLY)										
Daycase	11,747	8,010	8,301	291	4%	£6,367	£4,341	£4,566	£224	5%
Elective	1,554	1,052	1,120	68	6%	£4,142	£2,805	£2,876	£71	3%
Elective Excess BedDays	315	213	187	-26	-12%	£70	£47	£41	-£6	-14%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	800	547	888	341	62%	£129	£88	£134	£46	52%
OPFASPC - Outpatient first attendance single professional consultant led	18,095	12,382	10,652	-1,730	-14%	£2,767	£1,894	£1,639	-£254	-13%
OPFUPMPC - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,885	1,290	2,022	732	57%	£198	£136	£209	£73	54%
OPFUPSCL - Outpatient follow up single professional consultant led	45,503	31,137	30,487	-650	-2%	£4,188	£2,866	£2,844	-£22	-1%
Outpatient Procedure	20,351	13,926	16,366	2,440	18%	£3,599	£2,463	£2,866	£403	16%
Unbundled Diagnostics	10,220	6,993	7,498	505	7%	£820	£561	£622	£61	11%
Grand Total	110,470	75,550	77,521	1,971	3%	£22,280	£15,200	£15,795	£596	4%

5.2.1 Southport & Ormskirk Hospital Key Issues

Daycases are showing a £224k over performance against 2015/16 Month 8 plan. Trauma & Orthopaedics and General Surgery are the 2 main contributors to the planned care over performance. 2015/16 has seen a section of daycase activity shift to Outpatient Procedure, resulting in a £403k over performance in Outpatient Procedures. This was raised with the provider through the contract review meeting mechanism and further analysis will be taking place between Provider and Commissioner.



5.3 Renacres Hospital

Figure 11 Month 6 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	957	1,142	185	19%	£1,348	£916	£1,157	£240	26%
Elective	208	141	167	26	18%	£718	£488	£738	£250	51%
Elective Excess BedDays	13	9	0	-9	-100%	£4	£2	£0	-£2	-100%
OPFASPCL - Outpatient first attendance single professional consultant led	3,412	2,295	2,505	210	9%	£462	£311	£344	£33	11%
OPFUPSPCL - Outpatient follow up single professional consultant led	3,213	2,161	4,464	2,303	107%	£263	£177	£277	£100	57%
Outpatient Procedure	2,161	1,453	774	-679	-47%	£203	£137	£150	£13	10%
Unbundled Diagnostics	1,190	802	794	-8	-1%	£97	£66	£78	£12	18%
Grand Total	11,606	7,818	9,846	2,028	26%	£3,095	£2,096	£2,742	£646	31%

5.3.1 Renacres Hospital Key Issues

Renacres over performance is focused on Daycase and Elective care along with Outpatient follow up single professional consultant led. As expected, Trauma & Orthopaedics makes up 88% of the planned care overspend.

2015/16 daycase activity has seen an increase in Hand, Foot and shoulder procedures.

Elective inpatient analysis shows us that 2 HRGs for major Hip & Knee procedures are up a combined £293k – which equates to circa 116% over performance for the two HRGs. Outpatient Follow Ups over performance continues to increase now showing a 57% price variance or £100k in terms of cost.

5.4 Aintree University Hospital

Figure 12 Month 6 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	488	517	29	6%	£502	£338	£350	£12	3%
Elective	366	249	292	43	17%	£767	£521	£608	£87	17%
Elective Excess BedDays	460	313	190	-123	-39%	£105	£71	£43	-£28	-40%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	56	38	97	59	158%	£11	£7	£17	£10	131%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First Attendance Non face to Face	219	148	172	24	16%	£11	£7	£10	£3	37%
OPFASPCL - Outpatient first attendance single professional consultant led	2,501	1,692	1,953	261	15%	£404	£274	£319	£46	17%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow Up (Consultant Led)	137	92	118	26	28%	£17	£11	£14	£2	21%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	84	57	271	214	377%	£2	£1	£6	£5	377%
OPFUPSPCL - Outpatient follow up single professional consultant led	6,351	4,298	5,054	756	18%	£589	£398	£474	£76	19%
Outpatient Procedure	2,121	1,435	1,805	370	26%	£326	£221	£296	£75	34%
Unbundled Diagnostics	942	628	1,180	552	88%	£82	£54	£93	£39	71%
Wet AMD	934	623	653	30	5%	£685	£457	£488	£31	7%
Grand Total	14,895	10,061	12,302	2,241	22%	£3,499	£2,361	£2,718	£357	15%



5.4.1 Aintree University Hospital Key Issues

Daycase & Elective combined over performance continues to rise to £98k/11% (£65k/9% in M7). This is primarily driven by Breast Surgery, however Gastroenterology and ENT have seen an increase in activity over the last two months.

Combined Daycase/Elective Cardiology activity has seen a marked increase in month 8. This is as a result of three heart failure HRGs applicable to the new ambulatory heart failure service. This activity is being coded as Daycase & Electives rather than Outpatient procedures. There has been no agreement with the Trust relating to the cost of the tariff and the commissioners will expect an outpatient procedure cost for this service. Within Trauma & Orthopaedics, months 6 and 7 have seen an increased count in Major Knee Procedures and Major Shoulder/Upper arm procedures and will be monitored throughout the remainder of the year.

Outpatient Procedure over performance is attributable mainly to Interventional Radiology £53k/258% over performing. The Interventional Radiology over performance is linked to HRG 'Unilateral Breast Procedures'. Further analysis of activity carried out under this HRG show that procedures involve fine needles and imaging-guided biopsies, therefore attributable to Interventional Radiology, but also increased due to the transfer of Breast Surgery activity into Aintree and the Breast Surgery over performance in outpatient first attendances.

5.5 Wrightington, Wigan & Leigh Hospital

Figure 13 Month 6 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	97	117	20	20%	£218	£145	£151	£6	4%
Elective	70	47	78	31	67%	£368	£245	£408	£163	66%
Elective Excess BedDays	62	41	4	-37	-90%	£15	£10	£1	£-9	-91%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	30	20	33	13	65%	£3	£2	£2	£0	26%
OPFASPCL - Outpatient first attendance single professional consultant led	281	187	319	132	70%	£32	£21	£38	£17	81%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	46	31	40	9	30%	£4	£3	£4	£1	41%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	46	31	52	21	70%	£1	£1	£1	£1	80%
OPFUPSPL - Outpatient follow up single professional consultant led	1,090	727	1,021	294	41%	£79	£53	£78	£25	48%
Outpatient Procedure	156	104	148	44	42%	£28	£19	£28	£9	49%
Unbundled Diagnostics	236	157	183	26	16%	£28	£19	£22	£4	19%
Grand Total	2,163	1,442	2,000	558	39%	£776	£517	£734	£217	42%

5.5.1 Wrightington, Wigan & Leigh Hospital Key Issues

Elective activity is driving the increase in Planned Care at Wrightington. Within T&O Electives, there is a total cost of £110k allocated to HRGs applicable to major hip, shoulder and foot procedures but have no plan in 2015/16. The activity in these HRGs suggests these procedures are revisions to previous hip and knee replacements as the elderly population require second and third replacements of joints. Further analysis is taking place to understand this in more detail.

6. Unplanned Care

Unplanned Care at Month 8 of financial year 2015/16, shows an under-performance of circa -£73k for contracts held by NHS Southport & Formby CCG.

This underspend is clearly driven by the -£151k underspend at Southport & Ormskirk Hospital. The two main Trusts over spending are Liverpool Women's £82k and Royal Liverpool £84k.

6.1 All Providers

Figure 14 Month 6 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	37,188	37,682	494	1%	£27,674	£18,642	£18,491	£-151	-1%
Aintree University Hospitals NHS F/T	1,866	1,244	906	-338	-27%	£914	£610	£579	£-31	-5%
Alder Hey Childrens NHS F/T	773	516	523	7	1%	£416	£292	£261	£-32	-11%
Countess of Chester Hospital	0	0	27	27	0%	£0	£0	£6	£6	0%
Liverpool Heart and Chest NHS F/T	133	89	81	-8	-8%	£421	£281	£274	£-7	-2%
Liverpool Womens Hospital NHS F/T	245	166	216	50	30%	£202	£137	£219	£82	60%
Royal Liverpool & Broadgreen Hospitals	1,083	722	919	197	27%	£644	£429	£514	£84	20%
ST Helens & Knowsley Hospitals	398	265	280	15	6%	£214	£143	£137	£-5	-4%
Wirral University Hospital NHS F/T	112	74	41	-33	-45%	£45	£30	£18	£-11	-38%
Central Manchester University Hospitals	88	59	49	-10	-16%	£30	£20	£13	£-7	-35%
University Hospital Of South Manchester	47	31	21	-10	-33%	£8	£5	£12	£7	135%
Wrightington, Wigan And Leigh	62	41	56	15	35%	£53	£35	£27	£-8	-22%
Grand Total	60,035	40,396	40,801	405	1%	£30,620	£20,623	£20,550	£-73	0%

6.2 Southport and Ormskirk Hospital NHS Trust

Figure 15 Month 6 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	23,903	24,142	239	1%	£3,951	£2,660	£2,860	£200	8%
NEL/NELSD - Non Elective/Non Elective IP Same Day	11,175	7,529	7,466	-63	-1%	£19,185	£12,925	£12,785	£-140	-1%
NELNE - Non Elective Non-Emergency	1,254	845	1,174	329	39%	£2,115	£1,425	£1,286	£-138	-10%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	217	146	134	-12	-8%	£68	£46	£39	£-7	-14%
NELST - Non Elective Short Stay	1,776	1,196	1,098	-98	-8%	£1,242	£837	£760	£-77	-9%
NELXBD - Non Elective Excess Bed Day	5,298	3,569	3,668	99	3%	£1,113	£750	£761	£11	1%
Grand Total	55,228	37,188	37,682	494	1%	£27,674	£18,642	£18,491	£-151	-1%

6.2.1 Southport and Ormskirk Hospital NHS Trust Key Issues

Within Non Electives, the largest over performing Specialty is Geriatric Medicine, showing a cost variance of £388k. Over performance is offset by a large cost variance of -£980k in General Medicine.

6.3 Royal Liverpool & Broadgreen Hospitals

Figure 16 Month 6 Unplanned Care – Royal Liverpool & Broadgreen Hospitals by POD

Royal Liverpool & Broadgreen Hospitals Urgent Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
AandE	806	538	576	38	7%	£71	£48	£54	£6	13%
AMAU	16	11	12	1	9%	£2	£1	£1	£0	8%
NEL - Non Elective	168	112	120	8	7%	£470	£313	£342	£29	9%
NELNE - Non Elective Non-Emergency	16	11	13	2	18%	£72	£48	£66	£18	36%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	3	2	46	44	2206%	£1	£0	£10	£9	2363%
NELST - Non Elective Short Stay	51	34	27	-7	-21%	£28	£19	£16	-£3	-14%
NELXBD - Non Elective Excess Bed Day	22	15	125	110	735%	£5	£3	£28	£24	770%
readmissions	0	0	0	0	0%	-£4	-£3	-£3	£0	-3%
Grand Total	1,083	722	919	197	27%	£644	£429	£514	£84	20%

6.3.1 Royal Liverpool & Broadgreen Hospitals Key Issues

Non Electives & Non Elective Excess Bed days make up £71k 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.

6.3.2 Delayed Transfers of Care

Delayed transfers of care are discussed weekly between the CCG, Hospital Providers and the Local Authority and figures are agreed each week. Note that these figures may not always match nationally reported figures from NHS England as they are often revised and agreed locally after the data submission deadlines of HS England.

Figure 17 Delayed Transfers of Care

Delayed Transfers of Care week commencing 04/01/2016:

Reason for delay	Number of delayed patients				
	Monday	Tuesday	Wednesday	Thursday	Friday
A. Awaiting completion of assessment	3	4	3	3	3
B. Awaiting public funding	0	0	0	0	0
C. Awaiting further non-acute (including community and mental health) NHS care (including intermediate care, rehabilitation services etc)	0	4	6	5	1
D i). Awaiting residential home placement or availability	0	0	0	0	0
D ii). Awaiting nursing home placement or availability	0	0	0	0	0
E. Awaiting care package in own home	1	1	2	1	1
F. Awaiting community equipment and adaptations	0	0	0	1	0
G. Patient or Family choice	3	5	2	0	4
H. Disputes	0	0	0	0	0
I. Housing – patients not covered by Care Act	0	0	0	0	0

7. Mental Health

7.1 Mersey Care NHS Trust Contract

Figure 18 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	39	7	22%
1 Common Mental Health Problems (Low Severity)	35	11	(24)	-69%
2 Common Mental Health Problems (Low Severity with greater need)	45	18	(27)	-60%
3 Non-Psychotic (Moderate Severity)	162	193	31	19%
4 Non-Psychotic (Severe)	128	159	31	24%
5 Non-psychotic Disorders (Very Severe)	29	28	(1)	-3%
6 Non-Psychotic Disorder of Over-Valued Ideas	25	24	(1)	-4%
7 Enduring Non-Psychotic Disorders (High Disability)	96	121	25	26%
8 Non-Psychotic Chaotic and Challenging Disorders	62	66	4	6%
10 First Episode Psychosis	52	63	11	21%
11 On-going Recurrent Psychosis (Low Symptoms)	282	293	11	4%
12 On-going or Recurrent Psychosis (High Disability)	151	148	(3)	-2%
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	26	(9)	-26%
18 Cognitive Impairment (Low Need)	365	253	(112)	-31%
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	465	781	316	68%
20 Cognitive Impairment or Dementia Complicated (High Need)	159	206	47	30%
21 Cognitive Impairment or Dementia (High Physical or Engagement)	50	48	(2)	-4%
Reviewed Not Clustered	30	59	29	97%
No Cluster or Review	46	99	53	115%
Total	2,385	2,771	386	16%

Figure 19 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	Nov-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 20 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	Nov-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 8, 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 ingoing 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.

A Contract Performance Notice has been issued to MerseyCare regarding the recent A&E waits, a remedial Action Plan is now in place as a result. Four meetings have already been held with the Trust, South Sefton CCG, Liverpool CCG and Knowsley CCG, the next meeting is due to be held in January 16. An Escalation Plan has been developed between MerseyCare and Aintree, to date there have not been any further long waits. As of 9th November the Prenton assessment suite at Clock View has been fully operational 24/7.It has been noted that communications have significantly improved between MerseyCare and Aintree.

7.2 Cheshire Wirral Partnership -Improving Access to Psychological Therapies Contract

The year to date prevalence position at month 8 is below the planned target at 5.31%. If current activity levels continue the forecast outturn would fall below the 15% target at 2015/16 year end. To achieve the national target the service would need to have 1,787 patients enter treatment between December and March.

The recovery rate dipped down further below the 50% target at month 7 and remains at a similar position in month 8 at 38.3% despite being above target 3 months ago.

Performance against waiting time targets continues to exceed the required minimum targets.

The number of patients self-referring is up on last month and this may be the result of awareness initiatives. The percentage of patients entering treatment in 28 days or less has also improved on last month.

There have been 155 cancellations by the patient and this is showing an upward trend since August.

Cancellations by the provider are on average 45 per month however at month 8 there is a slight reduction in numbers. The service has previously confirmed that the provider cancellations have been attributable to staff sickness within the service which the service is continuing to manage. All cancelled appointments are rebooked immediately.

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 percentage of GP referrals appear to be on a downward trend with a corresponding increase in the proportion of self-referrals. The increase in self- referrals may be impacting on the “watchful wait” that is usually managed by the GP as this step 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.

A 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.

Bespoke analysis from the provider has shown the opt in rates by practice and referral source which has been shared with practices.

A meeting was held with the provider on 10/12/2015 to discuss the Contract Performance Notice issued by the CCG relating to underperformance. The provider presented an action plan for review. 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. In a meeting on 07/01/2016 agreement was reached 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.

Figure 21 Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Performance Indicator		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	TOTALS			
Population (Psychiatric Morbidty Survey)		19079	19079	19079	19079	19079	19079	19079	19079	19079			
National definiton of those who have entered into treatment		103	96	130	164	104	123	128	165	1013			
Prevalence Trajectory (%)		1.25%	1.25%	1.25% (q1=3.75%)	1.25%	1.25%	1.25% (q2=3.75%)	1.25%	1.25%	15.00%			
Prevalence Trajectory ACTUAL		0.54%	0.50%	0.68%	0.86%	0.55%	0.64%	0.67%	0.86%	5.31%			
National definition of those who have completed treatment (KPI5)		95	85	78	99	83	93	79	115				
National definition of those who have entered Below Caseness (KPI6b)		7	8	6	9	8	6	3	8				
National definition of those who have moved to recovery (KPI6)		39	47	35	40	44	39	29	41				
Recovery - National Target		50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%				
Recovery ACTUAL		44.3%	61.0%	48.6%	44.4%	58.7%	44.8%	38.2%	38.3%				
Referrals Received		290	253	255	245	209	244	225	264				
Gp Referrals		192	138	108	107	87	101	89	81				
% GP Referrals		66%	55%	42%	44%	42%	41%	40%	31%				
Self referrals		64	81	126	117	110	138	109	163				
% Self referrals		22%	32%	49%	48%	53%	57%	48%	62%				
Other referrals Other Referrals are 11 - Acute Care Team, 1 - Perinatal, 4 - Other, 2-Psychiatrist, 2- SecondaryCare		34	34	21	21	12	5	27	20				
% Other referrals		12%	13%	8%	9%	6%	2%	12%	8%				
Referral not suitable or returned to GP		0	0	0	0	0	0	0	0				
Referrals opting in		275	228	204	173	162	171	153	177				
Opt-in rate %		95%	90%	80%	71%	78%	70%	68%	67%				
Patients starting treatment by step (Local Definition)		Step 2	77	65	98	127	72	98	105	157			
		Step 3	26	31	32	36	32	25	23	8			
		Step 4				1							
		Total	103	96	130	164	104	123	128	165			
Percentage of patients entering in 28 days or less		47.0%	50.0%	44.0%	58.0%	41.0%	45.0%	21.0%	37.8%				
Completed Treatment Episodes by Step (Local Definition)		Step 2	141	90	116	145	91	166	186	236			
		Step 3	287	273	248	191	261	223	209	205			
		Step 4		1			1	1	1				
		Total	428	364	364	336	353	390	396	441			
Activity		Attendances		Step 2	267	314	429	541	387	479	463	492	
		Attendances		Step 3	283	277	389	359	330	343	319	318	
		Attendances		Step 4		4	1	2	3	11	14	14	
		DNA's		Step 2	42	62	108	117	55	84	88	65	
		DNA's		Step 3	20	31	41	46	34	35	35	24	
		DNA's		Step 4							1		
		Cancels		Step 2	37	61	117	127	93	83	113	101	
		Cancels		Step 3	37	41	65	71	62	78	69	89	
		Cancels		Step 4			3			2	2	2	
		Attendances		Total	550	595	819	902	720	833	796	824	
		DNAs		Total	62	93	149	163	89	119	124	89	
		Cancelled		Total	74	102	185	198	155	163	184	192	
Number Cancelled by patient		Total	43	60	136	144	112	106	138	155			
Number Cancelled by provider		Total	31	42	49	54	43	57	46	37			



Figure 22: IAPT Waiting Time KPIs

	Indicator	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-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		94	83	92	116	83	99	90	115	772
	Denominator		96	84	95	127	85	104	93	117	801
	%		97.92%	98.81%	96.84%	91.34%	97.65%	95.19%	96.77%	98.29%	96.38%
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		96	84	95	127	85	104	93	117	801
	Denominator		96	84	95	127	85	104	93	117	801
	%		100%	100%	100%	100%	100%	100%	100%	100%	100%

8. Community Health

8.1 Southport and Ormskirk Community Health

The Trust is still experiencing issues with reporting on CERT, Chronic Care Coordinators and Community Matrons after the migration to EMIS. 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 the Medway IT system. It should be noted that this data collection does not support the production of a CIDS. The Trust has now developed a monthly report based on the data captured on the electronic proforma of patient's discharges under section 2 and 5 (which indicates the type of care package required for each patient) by ward. This has been shared with the commissioner for a decision as to whether this will fill the reporting needs. At the Information Sub Group it was suggested that looking at the eligible cohort of patients would be more meaningful and looking at how it could be linked to delayed discharge reasons. This work is on-going with a view to developing meaningful measures.

Contenance: This service has experienced issues with staffing at currently have 29 long waiters. A query with the provider has been raised requesting a description of the actions being taken to address.

Pain Management: The refreshed data provided at month 8 year to date may still 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 still currently being investigated. This service has been affected also by staffing issues during the year.

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

Any Qualified Provider

The locally agreed assessment tariff of £25 is being used from 1st April in the podiatry AQP dataset. The Podiatry AQP is budget is £566,000. At month 8 2015/16 the costs to date are £299,135 compared to the same time last year £210,428 and at March 2014/15 it came in at 8% over budget. Activity comparisons this year (4,189) to last year (3,454) show activity is up however the application of the £25 tariff has reduced the possible costs. The trust has been asked to provide the diagnostics within the data set and have said that they will work towards including this. The trust may still need to raise credit notes in relation to an earlier query raised in relation to patients discharged at first visit. This is being checked with finance colleagues.

Adult Hearing Audiology costs are over the full year budget. The budget is £248,000 and at month 8 2015/16 the costs are £278,767 which is 12% over the annual budget. The costs at the same time last year were £160,491 at month 8 2014/15. Comparisons of activity between the two time periods shows that activity is up in 2015/16 (878) compared to 14/15 (811) and demand has increased. This is

because patients are now being seen for their three yearly reviews for the first time since the service began and the allocated budget has not been 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 which has been received. It should be noted that there has been a significant drop in activity and the corresponding costs in month 8.

MSK AQP is also likely to over perform 2015/16 as at month 8 only 17% of the budget is left for the rest of the financial year. Last year there was financial underperformance on this AQP. A query has been raised with the trust as to where the additional activity is coming from and a response is awaited. 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. A response is awaited.

Bridgewater

Paediatric Audiology

Southport Audiology: There have been 30 breaches of the 6 week target in November for Southport Audiology Service and this position has worsened on the month 7 position. Performance in the Southport Audiology service whilst improved (from 47% compliance in September to 91% compliance in October against a 99% target) remains challenging. Whilst there are no known harms associated with these breaches, there are a number of lessons to be learnt. The Wigan service is supporting the Southport service and staffing capacity is reduced by 66% due to sickness absence of clinical and management staff and an unsuccessful recruitment campaign to fill vacancies. With regard to vacancies, one post has been upgraded in an attempt to attract interest and locum agencies are being contacted to secure staffing. Two locum posts have been approved and the management post is being covered by a secondment to start 25/1/2016. The Trusts quality and safety committee received a full report at its October meeting and will continue to receive monthly updates.

Liverpool Community Health Trust

Exception reporting started to be provided from month 3 with Allied Health professional exceptions reported a month in arrears. This is a standing item on the Finance & Information Group and was raised at the last meeting as the Trust has failed to consistently provide them.

Community Equipment: The increase in demand is attributed to a number of factors: Sefton MBC budget issues, a new financial ordering system introduced by Sefton MBC, staffing resources in the warehouse, availability of delivery slots, and operational issues within the CES. Additional funding has been agreed by the commissioners to be split proportionally across both CCGs and this is documented in the Finance & Information Group work plan. NHS Southport & Formby CCG has agreed to fund £135,000 non-recurrently in 2015/16 for the provision of Community Equipment Store.

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

- Trust to provide a detailed overview of current waiting list.
- Trust to consider providing training on prescribing equipment and budget allocation

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

Waiting times are reported for a small number of therapy services a month in arrears. Waiting times are not being recorded for Community Cardiac/Heart Failure, IV Therapy and Respiration. The development of waiting time thresholds is part of the work plan for the Finance & Information Group as currently the default of 18 weeks is being used.

Paediatric SALT: Current waiting times of concern: at month 8 for Paediatric SALT is reported as in excess of 18 weeks at 25.1 weeks average wait for NHS Southport & Formby. It was reported at the Liverpool Community Health December Board that a full service review is currently being completed including waiting list validation. The Board was also informed that a decision was made to close the waiting list. It was reported that 260 patients are waiting for an appointment across the Trust catchment. It was confirmed that a locum has been commissioned in order to offer an appointment to patients on the waiting list. The waiting times remain significantly above target in Sefton due to demand and capacity being significantly out of balance. Full validation of the waiting list is due to be completed in Sefton by January 2016. A Capacity and demand model exercise was expected by 18th December 2015 to inform the resources required to ensure waiting times are achieved. Additional therapists have been recruited and locums are due to start in January 2016. The waiting list remains closed and weekly meetings with commissioners will continue to monitor the impact. Waiting time Information has been discussed at the Collaborative Commissioning Forum. The Trust advised that a Waiting List Management Task and Finish group has been established and trajectories are being developed to get waiting times back in target.

Patient Identifiable data

The Trusts Caldicott guardian had requested that no patient identifiable data sets are to be released from the trust. This includes all national submissions such as those made to the secondary user's service e.g. Inpatient, outpatient and WIC CDS. This has been discussed throughout 2015/16 after being raised in 2014/15. A reversal of this approach is now being implemented and the Trust are raising patient awareness around the use of patient identifiable data. An opt out process has been developed which means that patients can opt out from having identifiable electronic information related to them, flowed to national repositories. It was agreed that the Trust would forward a copy of the letter prepared by the Caldicott guardian about what the trust plans to do at the last LCH finance and information group meeting.

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.

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 share.

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.

9. Third Sector Contracts

Reports outlining service outcomes during 2015-16 are underway; Information Schedules detailing Q3 activity and case studies have now been received by most providers, those who have not yet submit information are currently being chased.

All providers are working towards v13 of the IG Toolkit and expect to be compliant before 31st March 2016. Information Schedules for the new contracting year 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.

Support groups provided by Sefton Carers Centre and Swan Women's Centre 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 with Alzheimer's Society, SWACA, Sefton Cancer Support, Age Concern & SPAC.

Further consultation with iMersey around NHS Number collection for service users accessing Third Sector provider services is underway. iMersey are looking into possibilities of nhs.net email account set up for each provider to enable secure transfer of data to GP Practices for input and analysis. The aim is to analyse this data against GP appointments and hospital admissions within an electoral ward to see if the intervention is having an overall impact to the wider health economy of South Sefton, Southport & Formby.

An NHS Grant Agreement is currently being pulled together for services provided by AHDH Foundation for 2015-16. This grant is non-recurrent and is for the value of £30,000. Further details are to follow in month 9.

10. Quality and Performance

10.1 NHS Southport and Formby CCG Performance

Performance Indicators	Data Period	Current Period				Exception Commentary	Actions
		Target	Actual	Direction of Travel			
IPM							
Treating and caring for people in a safe environment and protecting them from avoidable harm							
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	15/16 - November	25	28	↑	There were 2 new cases reported in November 2015, year to date there have been 28 cases against a year to date plan of 25. The 2 new cases was reported by Southport and Ormskirk Hospital (1 apportioned to acute, 1 to community). All but 2 cases reported in year to date all have been aligned to Southport & Ormskirk Hospital (16 apportioned to acute trust and 10 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 - November	24	26 (15 following appeal)	↑	There was 3 new cases reported in November 2015 (ytd 26), against a year to date plan of 24. Year-end plan is 36. To date 15 cases have been successfully appealed, taking the Trust's below the trajectory of 24 cases YTD.	To date the Trust has had 26 total cases (reported by PHE). 15 have been deemed attributable to the Trust following CCG appeals. Further appeals are scheduled for February 16. 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 Deputy DIPC are working with the TDA HCAI lead with respect to clarity of reporting processes and supportive narrative in CQC Action Plan.	

Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	15/16 - November	0	0	↔	No new cases reported in November 2015.	
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	15/16 - November	0	1	↔	No new cases have been reported in November 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
Mixed Sex Accommodation Breaches						
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	15/16 - October	0.00	0.50	↑	In November the CCG had 2 mixed sex accommodation breaches which is above the target and as such are reporting red for this indicator the fourth time in 2015-16.	In October the Trust reported a further 6 MSA breaches (27 to date). All 6 new breaches relate to bed pressures in ITU. An Action plan is in place to open a new ward in January for medical optimised for discharge. Further actions are in place to reduce A&E pressures.
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	15/16 - October	0.00	1.10	↑	In November the Trust had 6 mixed sex accommodation breaches which is above the target and as such are reporting red for this indicator the fourth time in 2015-16. Year to date there have been 27 breaches.	
Enhancing quality of life for people with long term conditions						
Patient experience of primary care i) GP Services	Jan-Mar 15 and Jul-Sept 15		3.75%	↓		
Patient experience of primary care ii) GP Out of Hours services	Jul-Sept 15		15.70%	↑	Percentage of respondents reporting confidence and trust in person/people seen or spoken to at the GP Out of Hours Service. Due to slight to the question on out of hours, the results are based on Jul-Sept 15 only.	
Patient experience of primary care i) GP Services ii) GP Out of Hours services (Combined)	Jan-Mar 15 and Jul-Sept 15	6%	4.73%	↓		

Emergency Admissions Composite Indicator(Cumulative)	15/16 - November	1574.77	1,696.32	↑	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 230 less admissions than the same period last year.	Unplanned care leads continue to monitor these indicators closely. Pathway changes at Southport & Ormskirk Hospital have not have been reflected in the planned targets as the targets were set in 2013 when the 5 year strategic plans were set. S&O implemented pathway changes in October 2014 which has led to a higher number of admissions than originally planned for.
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative)	15/16 - November	427.13	260.55	↓	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 39 below the same period last year.	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	15/16 - November	736.82	691.79	↓	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 55 lower the same period last year.	
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	15/16 - November	106.78	239.19	↑	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 31 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 - November	1128.97	958.68	↓	The agreed plans are based on activity for the same period last year. This indicator is below plan, the decrease in actual admissions is 208 lower the same period last year.	
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	15/16 - November	No Plan	14.37	↓	The emergency readmission rate for the CCG is lower than previous month (17.15) and lower than the same period last year (16.63).	
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 - November	80%	62.50%	↓	The CCG has failed to achieve the target in November only 15 patients out of 24 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. 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.
% who had a stroke & spend at least 90% of their time on a stroke unit (Southport & Ormskirk)	15/16 - November	80%	47.20%	↓	Southport & Ormskirk have failed to achieve the target in November only 17 patients out of 36 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 - November	60%	100.00%	↑		
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	15/16 - November	60%	75.00%	↑		
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 - November	1.25%	0.86%	↑	The CCG are under plan in November for IAPT Roll Out, out of a population of 19079, 165 patients have entered into treatment. There has been an increase on previous month when the trust reported 0.67%.	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 - November	50.00%	38.16%	↓	The CCG are under plan for recovery rate in November. This equates to 41 patients who have moved to recovery out of 107 who have completed treatment. There has been little difference 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%	↑	November data shows 98.3%.	
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%	↑	November 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 - October	93%	94.48%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	15/16 - October	93%	95.12%	↔		
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 - October	93%	87.67%	↔	Southport & Formby CCG failed the target for October achieving 89.04% and are still failing year to date partly due to previous months breaches.	A letter to GPs regarding the management of breast symptomatic patients is going out imminently. This should aid demand management and in reminding GP and patient that these patients will be seen in the 2/52 timeframe if they need to be referred.
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Southport & Ormskirk)	15/16 - October	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 - October	96%	98.72%	↔	
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	15/16 - October	96%	98.22%	↔	
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	15/16 - October	94%	96.11%	↑	
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	15/16 - October	94%	100.00%	↔	
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	15/16 - October	94%	100.00%	↔	
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	15/16 - October	94%	94.87%	↔	
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	15/16 - October	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 - October	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 - October	85% (local target)	82.29%	↔	Southport & Formby CCG failed the target for October and year to date partly due to previous month breaches. In October 2 patients out of a total of 11 were not upgraded (81.82%). Year to date there have been 96 patients and 17 patient breaches and are under the 85% local target set.	Local target. In October 2 patients were not seen within 62 days out of a total of 11. Both breaches were due to delays due to referrals between trusts. SRG continues to oversee Network level solutions. Actions at Network level to work on SLAs between Trusts for outreach clinicians and agreeing standard protocols for transfers of patients between Trusts.
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (Southport & Ormskirk)	15/16 - October		90.49%	↑		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	15/16 - October	90%	97.56%	↑		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	15/16 - October	90%	72.22%	↑	Southport & Ormskirk Trust achieved the target in October reaching 100% but are failing and year to date due to previous months breaches. Year to date there have been the equivalent of 2.5 breaches out of a total of 11 patients.	Oversight by SRG of: <ul style="list-style-type: none"> • 8 Key priorities for managing 62 day performance have been put in place. • Pathway reviewed by Lead clinician and future pathways will consider pool patients • Lead clinician now meeting weekly to review PTL risks. • DM to review process for booking follow up post MDT and slots available. • Lead clinician / chair MDT will address TCI date within MDT and ensure surgeon availability clarified at the point of MDT and alternative surgeon availability agreed.
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	15/16 - October	85%	86.15%	↑		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	15/16 - October	85%	87.30%	↑		

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 - November	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (Southport & Ormskirk)	15/16 - October	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (CCG)	15/16 - November	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (Southport & Ormskirk)	15/16 - October	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	15/16 - November	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	15/16 - October	0	0	↔		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (CCG)	15/16 - November	90%	89.29%	↓	This indicator is monitored at local level against the previous statutory target of 90%, the CCG is currently just under plan at 89.29%. This equates to 83 patients out of 693 not seen within 18 weeks.	No longer a national performance target but continue to monitor locally
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (Southport & Ormskirk)	15/16 - October	90%	89.14%	↓	This indicator is monitored at local level against the previous statutory target of 90%, the trust is currently just under plan at 89.14%. This equates to 104 patients out of 854 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% (CCG)	15/16 - November	95%	93.50%	↓	The CCG have failed the 95% target reaching 93.50%. This equates to 215 patients out of 3095 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 - October	95%	92.74%	↓	The Trust failed to achieve the target of 95% in November achieving 92.74%. This equates to 357 patients out of 4920 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%	95.51%	↑		
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%	94.85%	↑		
A&E waits						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	15/16 - November	95.00%	93.17%	↓	Southport & Formby CCG failed the 95% target in November reaching 92.19% and are narrowly failing year to date reaching 93.17%. In November 245 attendances out of 3136 were not admitted, transferred or discharged within 4 hours.	<p>An interim A&E General Manager has recently been appointed who has produced a plan which aims to hit the target by the end of December.</p> <p>Actions include:</p> <ul style="list-style-type: none"> • 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 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 days 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 <p>Projection is to hit target by end of December.</p>
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	15/16 - November	95.00%	90.69%	↓	Southport & Formby CCG failed the 95% target in November reaching 86.68% and are failing year to date reaching 90.69%. In November 265 attendances out of 1989 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 - November	95.00%	93.59%	↔	Southport & Ormskirk have failed the target in November reaching 91.41%, and are failing year to date reaching 93.59%. In November month 847 attendances out of 9860 were not admitted, transferred or discharged within 4 hours. This is the fifth month the trust have not 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 - November	95.00%	88.95%	↓	Southport & Ormskirk have failed the target in November reaching 86.67%, and are failing year to date reaching 88.95%. In November month 847 attendances out of 6356 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 - November	1.00%	2.36%	↑	<p>The CCG has failed to achieve the target in November with 50 patients waiting over 6 weeks for their diagnostic tests, 49 waited between 6 and 13 weeks and 1 patient over 13 weeks.</p> <p>Aintree had 4 over 6 weeks, 1 Computed Tomography and 3 MRI</p> <p>Bridgewater had 33 over 6 weeks in Audiology Assessments</p> <p>Central Manchester had 1 over 6 weeks in Gastroscopy</p> <p>Liverpool Heart & Chest had 2 over 6 weeks - MRI</p> <p>Southport & Ormskirk had 8 over 6 weeks in various</p> <p>Walton had 1 over 6 weeks - MRI</p> <p>13 Weeks+</p> <p>Nuffield Health had 1 over 13 weeks waiting - MRI</p>	<p>Bridgewater Trust has assessed 90.15% of children's hearing within 6 weeks against a target of 99%. A total of 33 children have waited in excess of 6 weeks:</p> <ul style="list-style-type: none"> • 33 in Southport where performance remains challenging with only 58% of children seen within six weeks. 7 referrals were received 1 month late due to an interruption in fax functioning, back log of appointments due to reduced capacity within the team • A remedial action plan is in place which involves a full review of the Southport service. A deep dive into Audiology performance was undertaken at the Operational and Performance meeting in December 2015 and the following actions are being undertaken to address performance: <ul style="list-style-type: none"> • The Wigan team is supporting the Southport service and staffing capacity is reduced by 66% due to sickness absence of clinical and management staff and an unsuccessful recruitment campaign to fill vacancies. Absence is being managed in line with HR policy. With regard to vacancies, one post has been upgraded in an attempt to attract interest and locum agencies are being contacted to secure staffing. The Clinical manager is in negotiation with a locum agency to secure services of a newly identified locum to commence as soon as possible. 2 locum posts have been approved, one due to start 18/1/2016 and the second to commence 1/2/2016. The management post is being covered by a secondment to start 25/1/2016. The Trusts quality and safety committee received a full report at its October meeting and will continue to receive monthly updates.
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	15/16 - October	1.00%	0.46%	↔		

Category A ambulance calls						
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	15/16 - November	75%	75.46%	↑		
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	15/16 - November	75%	68.89%	↓	The CCG failed to achieve the 75% target year to date, or in month (November) recording 64.08%.	The onset of winter has seen the whole of the urgent care system coming under pressure due to high levels of demand. Whilst overall demand in November, for NWS was 4.3% higher than planned for and 6% for Southport & Formby CCG; that for the most time critical response times (Red) was 12.5% higher than plan for NWS as a whole, but 14.5% higher than plan for Southport & Formby CCG. Together with the continuing lengthening of turnaround times, these levels of demand severely impacted upon NWS's performance against the response time targets, during the month. Average turnaround times at Southport & Ormskirk Hospital were one of the longest of any Cheshire & Merseyside Hospitals in November at almost 34 mins on average. Additional capacity has also been created due to extra ambulance available in the Southport area.
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	15/16 - November	95%	89.59%	↔	The CCG failed to achieve the 95% target year to date, or in month (November) recording 88.21%.	
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWS) (Cumulative)	15/16 - November	75%	77.10%	↔		
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWS) (Cumulative)	15/16 - November	75%	74.50%	↓	NWS failed to achieve the 75% year to date or in month (Nov) recording 68.5%.	
Ambulance clinical quality - Category 19 transportation time (NWS) (Cumulative)	15/16 - November	95%	94.40%	↔	NWS failed to achieve the 95% year to date or in month (Nov) recording 92.0%.	
Local Indicator						
Access to community mental health services by people from Black and Minority Ethnic (BME) groups (Rate per 100,000 population)	2014/15	2200	2202.8	↑	The latest data shows access to community mental health services by people from BME groups is over the CCG plan. This is also improvement on the previous year when the CCG rate was 2118.0.	

10.2 Friends and Family – Southport and Ormskirk Hospital NHS Trust

Figure 23 Friends and Family – Southport and Ormskirk Hospital NHS Trust

Clinical Area	Response Rate (RR) Target	RR Actual (Nov 2015)	RR - Trajectory From Previous Month (Oct 15)	Percentage Recommended (England Average)	Percentage Recommended (Nov 2015)	PR Trajectory From Previous Month (Oct 15)	Percentage Not Recommended (England Average)	Percentage Not Recommended (Nov 2015)	PNR Trajectory From Previous Month (Oct 15)
Inpatients	25%	21.6%	↔	96.0%	95%	↓	1.0%	2.0%	↑
A&E	15%	2.6%	↓	87.0%	81.0%	↓	7%	11%	↑
Q1 - Antenatal Care	N/A	-	-	96%	100%	↑	1%	0%	↓
Q2 - Birth	N/A	19.2%	↑	96%	85%	↓	1%	6%	↔
Q3 - Postnatal Ward	N/A	-	-	94%	89%	↓	2%	3%	↓
Q4 - Postnatal Community Ward	N/A	-	-	98%	80%	↓	1%	0%	↔

Where cell contains "-" no denominator data available

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

- % Response rate
- % Recommended
- % Not Recommended

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

The percentage of patients that would recommend the inpatient service in the trust has declined compared to the previous month and is marginally below the England average. The percentage of people who would not recommend the inpatient service has improved since the previous month and is now only marginally higher than the England average.

In A&E the percentage of people who would recommend the service has decreased from the previous month to 81%, and is however lower than the England average. The percentage of people who would not recommend the A&E service has increased from the previous month and is lower than the England average.

For maternity services, recommendation of antenatal care has improved since the previous month and is now at 100%. However for birth, postnatal care and postnatal community ward; the percentage of people who would recommend those areas have dropped and are below the England average.

The percentage of people who would not recommend maternity services is in line with the England average aside from birth which at 6% is lower than the England average (1%)

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

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

10.3 Serious Untoward Incidents (SUIs) and Never Events

10.3.1 CCG level Serious Untoward Incidents

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

There were 2 Serious Incidents in December involving Southport and Formby CCG patients. For the year 15/16 up to and including December there have been 39 Serious Incidents involving Southport and Formby CCG patients.

Figure 24 SUIs Reported at Southport & Formby CCG level

Type of Incident	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Allegation Against HC Professional			1							1
Attempted Suicide by Outpatient (in receipt)		1								1
Failure to act upon test results									1	1
Pressure Sore - (Grade 3 or 4)			1	1						2
Pressure ulcer - (Grade 3)	3	6	3	1	1			2		16
Pressure ulcer - (Grade 4)	2		3					1		6
Serious Self Inflicted Injury Inpatient					1					1
Serious Self Inflicted Injury Outpatient							1			1
Sub-optimal care of the deteriorating patient		2								2
Surgical Error		1			1				1	3
Treatment						1				1
Unexpected Death						1	1	1		3
Unexpected Death (general)	1									1
Grand Total	6	10	8	2	3	2	2	4	2	39

Number of Never Events reported in period for Southport and Formby CCG Patients

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

Figure 25 SUIs by Provider

Provider / Type of Incident	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Aintree University Hospital NHS Foundation Trust										
Treatment						1				1
Unexpected Death (general)	1									1
Liverpool Women's NHS Foundation Trust										
Surgical Error		1								1
Mersey Care NHS Trust										
Attempted Suicide by Outpatient (in receipt)		1								1
Serious Self Inflicted Injury Inpatient					1					1
Serious Self Inflicted Injury Outpatient							1			1
Unexpected Death								1		1
Royal Liverpool Broadgreen University Hospitals NHS Trust										
Surgical Error									1	1
Southport and Ormskirk Hospital NHS Trust										
Allegation Against HC Professional			1							1
Failure to act upon test results									1	1
Pressure Sore - (Grade 3 or 4)			1	1						2
Pressure ulcer - (Grade 3)	3	6	3	1	1			2		16
Pressure ulcer - (Grade 4)	2		3					1		6
Sub-optimal care of the deteriorating patient		2								2
Surgical Error					1					1
Unexpected Death						1	1			2
Grand Total	6	10	8	2	3	2	2	4	2	39

Number of Southport & Formby CCG Incidents reported by Provider

The majority of incidents have occurred in Southport & Ormskirk Hospital (31), 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 – 4
- Royal Liverpool Broadgreen University Hospitals NHS Trust - 1

10.3.2 Southport & Ormskirk Hospital level Serious Untoward 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 75 serious incidents. These are incidents that involved patients under the care of that organisation and those patients may be from CCGs other than Southport and Formby CCG.

Number of Never Events reported in period

Southport & Ormskirk Hospital Integrated Care Organisation (ICO) reported One Never Events in November 2015. This is the only Never Event YTD

Number of repeated incidents reported YTD

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

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

Figure 26 SUIs Reported at Southport & Ormskirk Hospital

Incident Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	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	2
Maternity services - unexpected neonatal death.					1					1
Medication								1		1
Pressure ulcer - (Grade 3)	13	9	8	3	2	4	1	5	1	46
Pressure ulcer - (Grade 4)	7	1	3			1		1		13
Sub-optimal care of the deteriorating patient	1	2		1						4
Surgical Error					1					1
Unexpected Death						1	2			3
Unexpected Death of Inpatient (in receipt)	1									1
Grand Total	22	12	13	6	4	6	3	7	2	75

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 – 31
- West Lancashire CCG – 42

Figure 27 SUIs Reported at Southport & Ormskirk Hospital split by CCG

CCG Name / Incident Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	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
Failure to act upon test results									1	1
Pressure ulcer - (Grade 3)	3	6	4	2	1			2		18
Pressure ulcer - (Grade 4)	2		3					1		6
Sub-optimal care of the deteriorating patient		2								2
Surgical Error					1					1
Unexpected Death						1	1			2
West Lancashire CCG										
Child abuse (institutional)			1							1
Confidential Information Leak				1						1
Failure to act upon test results				1						1
Medication								1		1
Pressure ulcer - (Grade 3)	10	2	4	1	1	4	1	3	1	27
Pressure ulcer - (Grade 4)	5					1				6
Sub-optimal care of the deteriorating patient	1	1		1						3
Unexpected Death of Inpatient							1			1
Unexpected Death of Inpatient (in receipt)	1									1
Grand Total	22	12	13	6	4	6	3	7	2	75

11. Primary Care

11.1 Background

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

11.2 Content

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

11.3 Format

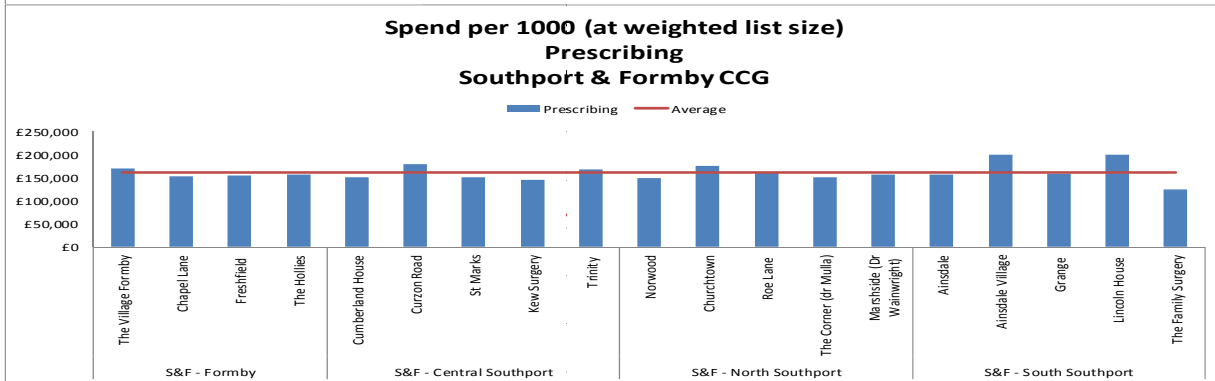
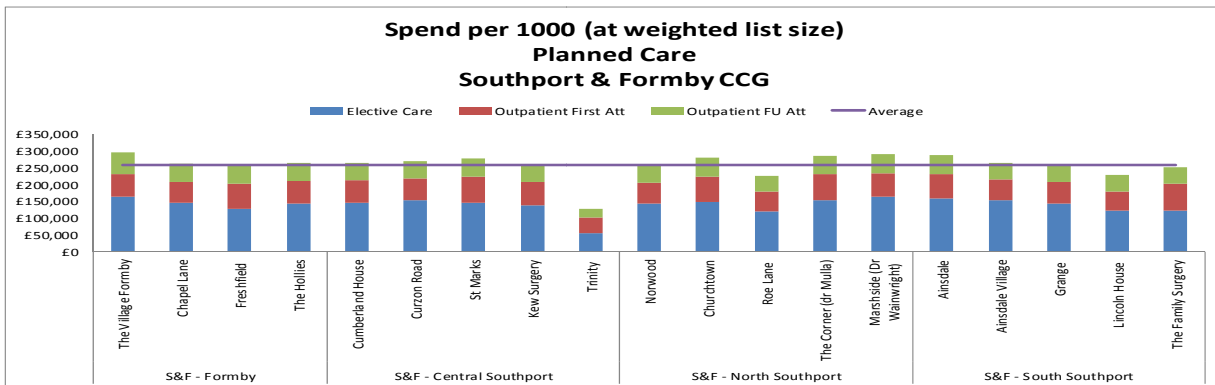
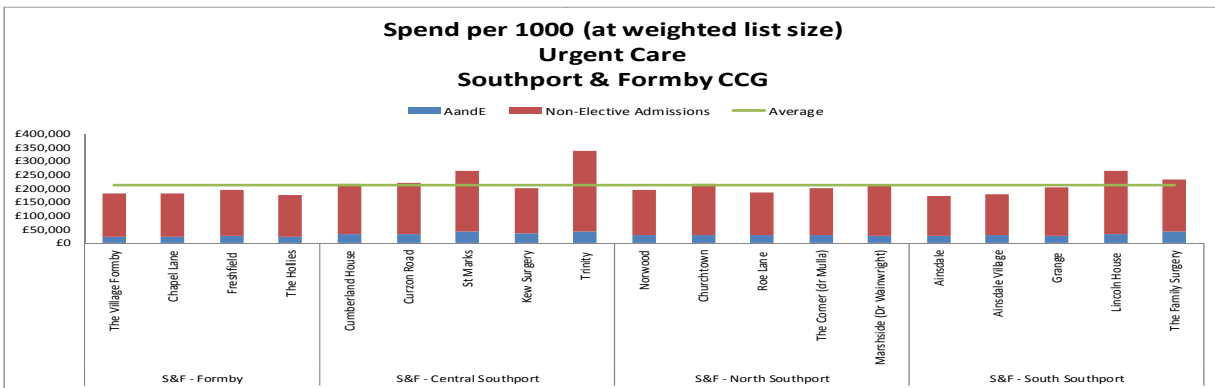
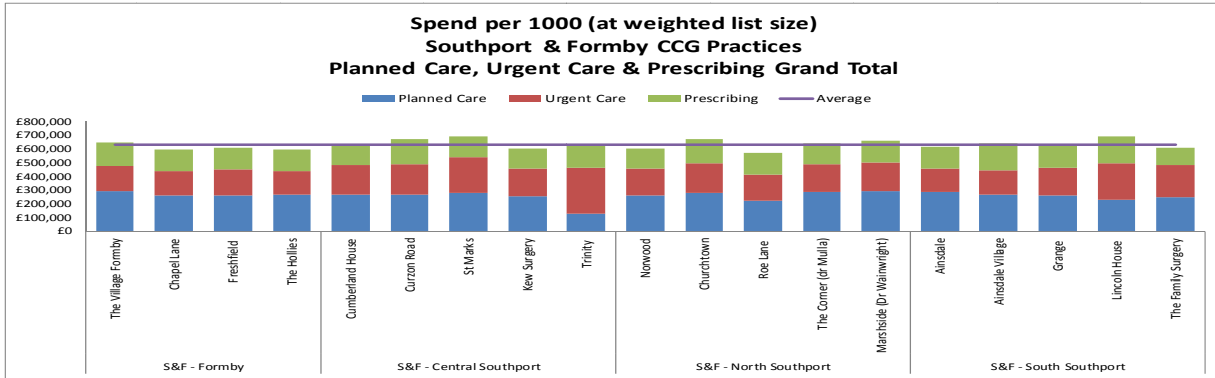
The data is presented for all practices, grouped to locality level and RAG rated to illustrate easily variation from the CCG average, where green is better than CCG average by 10% or more, and red is worse than CCG average. Amber is defined as better than CCG average but within 10%. Data is refreshed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

11.4 Summary of performance

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

Figure 28 Summary of Primary Care Dashboard – Urgent Care Summary

Southport & Formby CCG
December 2014 - November 2015
Planned/Urgent Care & Prescribing Costs



11.5 CQC Inspections

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

[Full Details >](#)

[Share your experience](#)

[Email alert sign-up](#)

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 ●

[Full Details >](#)

[Share your experience](#)

[Email alert sign-up](#)


Doctors/GPs

Specialisms/services

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



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

12. Better Care Fund update

Quarterly data collection templates are 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, and November at 0.6% below plan, but 2.9% over plan overall for the year to date (Jan-Nov). Performance is summarised below:

BCF NEL Admissions (MAR)	Jan	Feb	Mar	Q4	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Year to Date
Plan	3003	3003	3003	9009	2941	2941	2941	8822	2935	2935	2935	8806	2921	2921	32480
Actual	3176	2976	3516	9667	3257	3245	2958	9461	2957	2849	2766	8573	2811	2902	33415
Var	173	-27	513	658	317	304	18	639	22	-86	-169	-233	-110	-19	935
%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%	-0.6%	2.9%

13. NHS England Activity Monitoring

Source	Referrals (G&A)	Month 8 YTD PLAN	Month 8 YTD ACTUAL	Month 8 YTD Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
	Referrals (G&A)				
MAR	GP	16340	19044	16.5%	Please see previous report detailing the problems with the coding of referrals at Southport & Ormskirk Trust since the introduction of the new PAS back in October 14.
MAR	Other	8266	10993	33.0%	As above. Updated figures using local referral data suggests a much lower increase of 13% when comparing the same period last year.
MAR	Total	24606	30037	22.1%	See above.
	Outpatient attendances (G&A)				
SUS	All 1st OP	25430	30080	18.3%	Issues between plans (based on MAR) and actuals (SUS monitored) noted in previous submission. Actual activity from April to November (SUS) against the same period last year shows a slight decrease of approx. 1.4% for first attendances. Follow up activity comparing last year to this year shows a slight increase of approx. 5.1%.
SUS	Follow-up	59759	77826	30.2%	
SUS	Total OP attends	85189	107906	26.7%	
SUS	Outpatient procedures (G&A) (included in attends)				
	Admitted Patient Care (G&A)				
SUS	Elective Day case spells	13296	12141	-8.7%	As previously stated the actual performance from April to November 14/15 compared with the same period this year shows an increase, mainly due to the increased spells in Renacres Trust. This is line with local referral data to Renacres. Current increase against last years is approx. 6.8%.

SUS	Elective Ordinary spells	2044	2221	8.7%	Actual activity for April to October 15/16 compared with the same period last year shows the same trend as plan v actual, approx. 9%.
SUS	Total Elective spells	15340	14362	-6.4%	See above.
SUS	Non-elective spells complete	10447	11045	5.7%	As previously mentioned 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 year continues to show a lower rate of 1.8%.
SUS	Total completed spells	25787	25407	-1.5%	
Attendances at A&E					
SUS	Type 1				
SUS	All types	24941	27276	9.4%	Actual activity for 2015/16 compared with the same period last year shows a slight increase but below the 3% threshold at 2.7%.