

Southport & Formby Clinical Commissioning Group

Integrated Performance Report January 2016



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# Conclusions and Recommendations	15#
3.# Referrals	17#
3.1# Referrals by source	17#
4.# Waiting Times.....	18#
4.1# NHS Southport and Formby CCG patients waiting	18#
4.2# Top 5 Providers	19#
4.3# Provider assurance for long waiters	20#
5.# Planned Care.....	20#
5.1# All Providers	20#
5.2# Southport and Ormskirk Hospital NHS Trust.....	21#
5.2.1# Southport & Ormskirk Hospital Key Issues	21#
5.3# Renacres Hospital	22#
5.3.1# Renacres Hospital Key Issues	22#
5.4# Aintree University Hospital	22#
5.4.1# Aintree University Hospital Key Issues.....	23#
5.5# Wrightington, Wigan & Leigh Hospital	23#
5.5.1# Wrightington, Wigan & Leigh Hospital Key Issues	23#
6.# Unplanned Care.....	24#
6.1# All Providers	24#
6.2# Southport and Ormskirk Hospital NHS Trust.....	24#
7.# Mental Health.....	25#
7.1# Mersey Care NHS Trust Contract.....	25#
Quality Overview	25#
7.2# Cheshire Wirral Partnership -Improving Access to Psychological Therapies Contract	26#
8.# Community Health	29#
8.1# Southport and Ormskirk Community Health.....	29#



9.#	Third Sector Contracts.....	34#
10.#	Quality and Performance	35#
10.1#	NHS Southport and Formby CCG Performance.....	35#
10.2#	Friends and Family – Southport and Ormskirk Hospital NHS Trust	47#
10.3#	Serious Untoward Incidents (SUIs) and Never Events.....	48#
10.3.1#	CCG level Serious Untoward Incidents	48#
11.#	Primary Care	51#
11.1#	Background	51#
11.2#	Content.....	51#
11.3#	Format	51#
11.4#	Summary of performance.....	51#
11.5#	CQC Inspections	53#
12.#	Better Care Fund update.....	54#
13.#	NHS England Activity Monitoring	54#

List of Tables and Graphs

Figure 1 Financial Dashboard	9#
Figure 2 Forecast Outturn at Month 10	10#
Figure 3 Reserves and agreed actions	15#
Figure 4 Number of GP and 'other' referrals for the CCG across all providers	17#
Figure 5 GP and 'other' referrals for the CCG across all providers comparing 2013/14, 2014/15 and 2015/16 by quarter	17#
Figure 6 Patients waiting on an incomplete pathway by weeks waiting	18#
Figure 7 Patients waiting (in bands) on incomplete pathway for the top 5 Providers	19#
Figure 8 All Providers (Excl S&O)	20#
Figure 9 Month 10 Planned Care- Southport and Ormskirk Hospital NHS Trust by POD	21#
Figure 10 Month 10 Planned Care- Renacres Hospital by POD	22#
Figure 11 Month 10 Planned Care- Aintree University Hospital by POD	22#
Figure 12 Month 10 Planned Care- Wrightington, Wigan & Leigh Hospital by POD	23#
Figure 13 Month 10 Unplanned Care – All Providers	24#
Figure 14 Month 10 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD	24#
Figure 15 NHS Southport and Formby CCG – Shadow PbR Cluster Activity	25#
Figure 16 CPA – Percentage of People under followed up within 7 days of discharge	25#
Figure 17 CPA Follow up 2 days (48 hours) for higher risk groups	25#
Figure 18 Monthly Provider Summary including (National KPI s Recovery and Prevalence)	28#
Figure 19: IAPT Waiting Time KPIs	29#
Figure 20 Friends and Family – Southport and Ormskirk Hospital NHS Trust	47#
Figure 21 SUIs Reported at Southport & Formby CCG level	48#
Figure 22 SUIs by Provider	49#
Figure 23 SUIs Reported at Southport & Ormskirk Hospital	49#
Figure 24 SUIs Reported at Southport & Ormskirk Hospital split by CCG	50#
Figure 25 Summary of Primary Care Dashboard – Urgent Care Summary	52#
Figure 26 NHS England Activity Monitoring	54#



1. Executive Summary

This report provides summary information on the activity and quality performance of Southport and Formby Clinical Commissioning Group at Month 10 (note: time periods of data are different for each source).

CCG Key Performance Indicators

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



Key Information from this report

Financial Performance - The 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. There is a risk that the CCG will not deliver its statutory financial duty to break-even is being mitigated through delivery of the agreed recovery plan, with continued effort, the CCG will achieve a break-even position. However, significant further actions are required to deliver recurrent financial balance.

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

A&E waits (All Types) – Year to date the CCG failed the 95% target achieving 92.36% (January achieving 84.22%). The target has been failed at CCG level since April 2015. Southport & Ormskirk achieved 92.07% year to date (with January achieving 84.0%) again failing the year to date target. The Trust is developing a new clinical strategy and operational plan to hit 90% by April 16 and 95% by April 2017.

A&E Waits (Type 1) - The CCG failed the 95% target in January reaching 74.10% and are failing year to date reaching 88.90%. In January 488 attendances out of 1884 were not admitted, transferred or discharged within 4 hours. Southport & Ormskirk have failed the target in January reaching 74.13%, and are failing year to date reaching 86.82%. In January 1557 attendances out of 6018 were not admitted, transferred or discharged within 4 hours.

Ambulance Activity - Category A Red 1, 8 minute response time – The CCG failed the 75% target recording 74.02% year to date. The CCG also failed Category A Red, 2 recording 67.10% year to date against a 75% target. Lastly Category 19 Transportation recording 88.60% year to date failing the 95% target. NWAS have achieved Category Red 1 year to date but are failing Red 2 year to date achieving 72.70% and are failing the 95% target for Category 19 achieving 93.70%. The delivery and sustainability of emergency ambulance performance remains a key priority for commissioners. Performance continues to be closely monitored with the support of lead commissioner Blackpool CCG and through monthly contract and Strategic Partnership Board meetings with the NWAS executive team and commissioning leads. Locally the Mersey CCGs continue to meet with NWAS monthly to review performance at county and CCG level.

Cancer Indicators – For January the CCG are achieving all cancer indicators apart from two. The two failing indicators are 2 week breast symptoms which did achieve for the month of January (93.6%) but are still failing year to date due to previous months breaches, recording 89.74%. Also 62 day consultant upgrade achieving 82.81% year to date, and are under plan partly due to previous months breaches. In January there were 2 patient breaches out of a total of 17 (88.24%). Southport & Ormskirk are achieving all cancer indicators apart from 62 day screening where they are failing year to date achieving 79.17% failure due to previous month breaches. In January all patients were treated within 62 days following a referral from an NHS Cancer Screening Service (100%). Year to date there have been the equivalent of 2.5 breaches out of a total of 12 patients.

Diagnostics – The CCG failed to achieve the <1% target in January hitting 2.65% waiting over 6 weeks for their diagnostic test. Out of 2075 patients 55 waited over 6 weeks for their diagnostic tests, 14 waiting over 13 weeks. Majority being audiology assessments at Bridgewater.

Emergency Admissions Composite Measure - Currently this measure is over performing year to date against plan of 1987.96 with January showing a value of 2152.32. Compared with the same period last year the CCG has had 277 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. A&E response rate being 0.7% for past 2 months.

Measure – January 2016	Southport & Ormskirk	England Average
Inpatient – response	19.8%	25.1%
Recommended	94%	96%
Not Recommended	2%	1%
A&E – response	0.7%	12.2%
Recommended	80%	86%
Not Recommended	13%	7%

HCAI – C difficile – The CCG had 6 new cases reported in January and are above target for C. difficile year to date, (actual 32 / plan 31). Year-end plan 38. Southport & Ormskirk also saw 6 new cases in January and are over target (actual 32 / plan 30). 17 cases have been put forward for consideration by the CCG Appeals Panel and 12 have been upheld taking the number of year to date cases to 20. Year-end plan is 36.

HCAI – MRSA – January saw no new cases of MRSA for the CCG. Year to date there has now been 3 cases attributed to the CCG against a zero tolerance target. Aintree saw no new cases reported in January, there was 1 case reported in December. A PIR was held on 04/01/16 and the case was attributed to Aintree Hospital.

IAPT Access – Roll Out – The CCG are under plan for Q3 for IAPT Roll Out and reached 2.54%, which shows an improvement on Q2 (2.05%) plan 3.75%. This equates to 484 patients having entered into treatment out of a population of 19079 (Psychiatric Morbidity Survey). The CCG are also under plan in January reaching 1.10%, out of a population of 19079, 218 patients have entered into treatment. There has been an increase on previous month when the trust reported 1.00%.

IAPT Recovery - The CCG are under the 50% plan for recovery rate In Q3 reaching 43.19%. This equates to 111 patients who moved to recovery out of 280 who completed treatment. The monthly data shows for January the CCG are under plan for recovery rate reaching 47.31%. This equates to 44 patients who have moved to recovery out of 93 who have completed treatment, there has been a dip in performance from the previous month when the trust reported 55.41%.

MSA – In January the CCG reported 1.30 breaches per 1000 FCE, which was 5 breaches, this is above the target and as such are reporting red for this indicator the sixth time in 2015-16. In January Southport & Ormskirk Trust reported 2.00 breaches per 1000 FCE, which was 10 breaches, this is above the target and as such are also reporting red for this indicator for the sixth time in 2015-16. The trust has had 48 breaches year to date. The Provider reports that all the current breaches relate to critical care. From March 2016 this will be an area of priority. The Director of Nursing has set up a system to ensure that breaches are brought to zero as soon as possible.

RTT 18 Weeks – Admitted patients - This indicator is monitored at local level against the previous statutory target of 90%. The CCG have narrowly failed the target reaching 89.79%, this equates to 67 patients out of 656 not seen within 18 weeks. Southport & Ormskirk also failed the target reaching 82.86%, this equates to 152 out of 887 not seen within 18 weeks.

RTT 18 Weeks – Non Admitted patients – This indicator is monitored at local level against the previous statutory target of 95%. The CCG have failed the target reaching 93.66%. This equates to 194 patients out of 3059 not seen within 18 weeks. Southport & Ormskirk also failed the target reaching 94.54% this equates 230 patients out of 4215 not seen within 18 weeks.



Patient Safety Incidents Reported – Southport & Ormskirk reported 2 Serious Untoward Incidents in January, bringing the year to date total to 83. Both being related to medication, 1 classed as a never event.

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

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

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

PROMS have been chosen as the CCG Quality Premium measure for 2015/16. Clinical engagement between primary and secondary care is taking place to understand how each can support. Proposal to use Shared Decision Aids with patients being discussed at QIPP, Quality Committees and Locality Lead GP meetings.

Stroke 90% time on stroke unit – The CCG failed to achieve the 80% target in January hitting 52.90%, 9 out of 17 patients spending at least 90% of their time on a stroke unit. Southport & Ormskirk failed to achieve the 80% target in January reaching 55.60%, 15 patients out of 27 spending at least 90% of their time on a stroke unit. At the recent stroke operational group there was detailed discussion about the difficulties in hitting the targets despite moving to a smaller unit. Part of the reason is due to the current pressures that the whole trust and especially ED is experiencing. The move has been regarded as successful on the whole especially re the nursing morale.

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



2. Finance Summary

This report focuses on the financial performance for Southport and Formby CCG as at 29 February 2016 (Month 11).

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 other non-recurrent benefits.

The forecast position, prior to the impact of management actions stands at a forecast deficit of £1.448m. This position includes the full application of penalties for non-achievement of NHS constitution targets, currently estimated at £0.700m for the year.

The forecast break-even position and deviation from the target position has required the CCG to submit a recovery plan to NHS England. Delivery of the agreed recovery plan and an improved forecast for other budget areas indicates that the CCG will achieve its statutory target of break-even.

The forecast position of breakeven is reliant on continued delivery of the management action plan.

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	£4.274m	£4.274m
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 11 as follows:

- Cataract Funding - £0.022m
- Tier 3 allocation adjustment in respect of specialised commissioning – £0.425m
- Avoiding Unplanned Admissions - £0.215m
- Mental Health IAPT - £0.016m

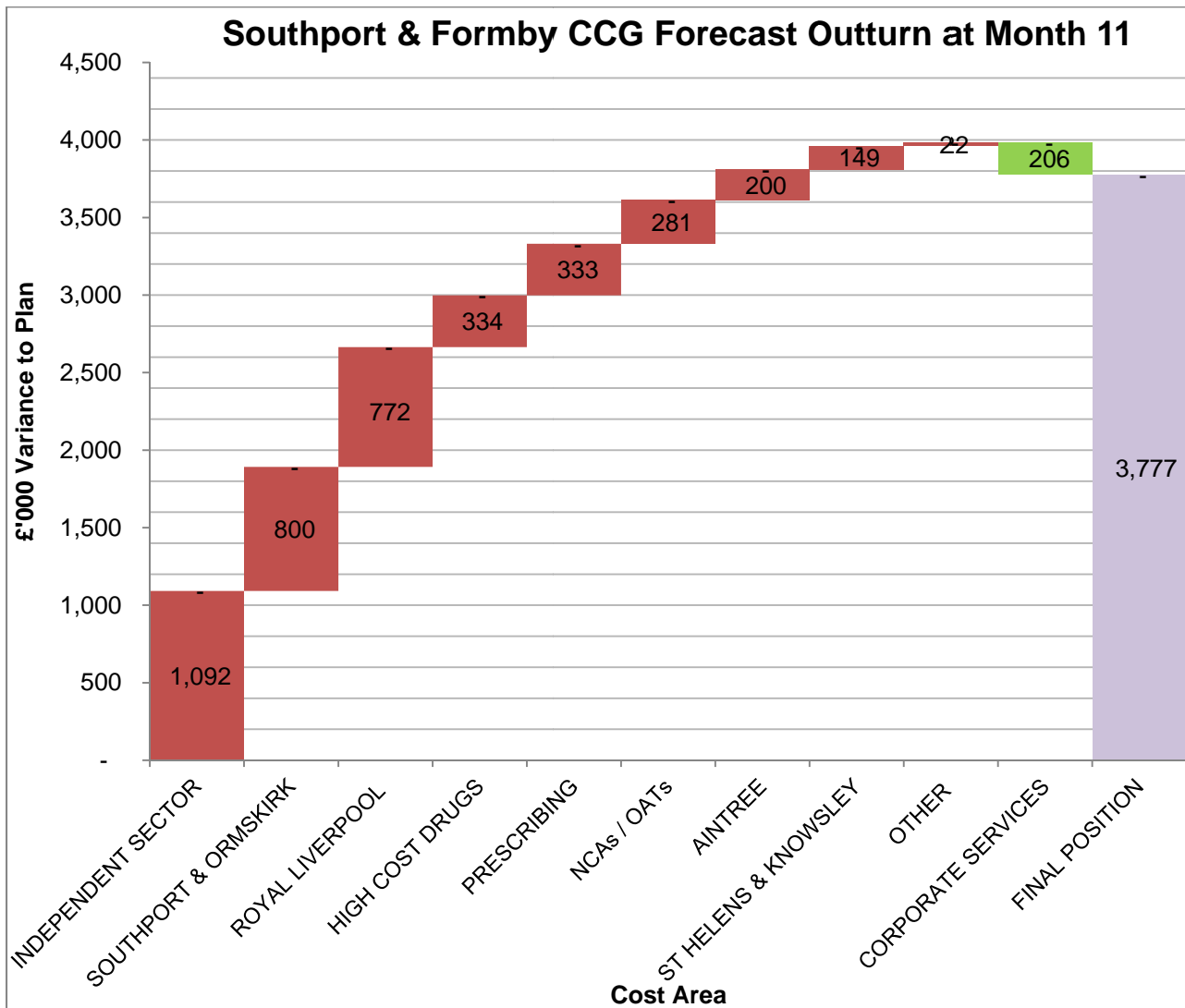
2.2 Financial Position and Forecast

The majority of the overspend is with Independent Sector and Acute providers, there are also high overspends in the High Cost Drugs and Prescribing budgets.



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

Figure 2 Forecast Outturn at Month 10



Independent Sector Providers

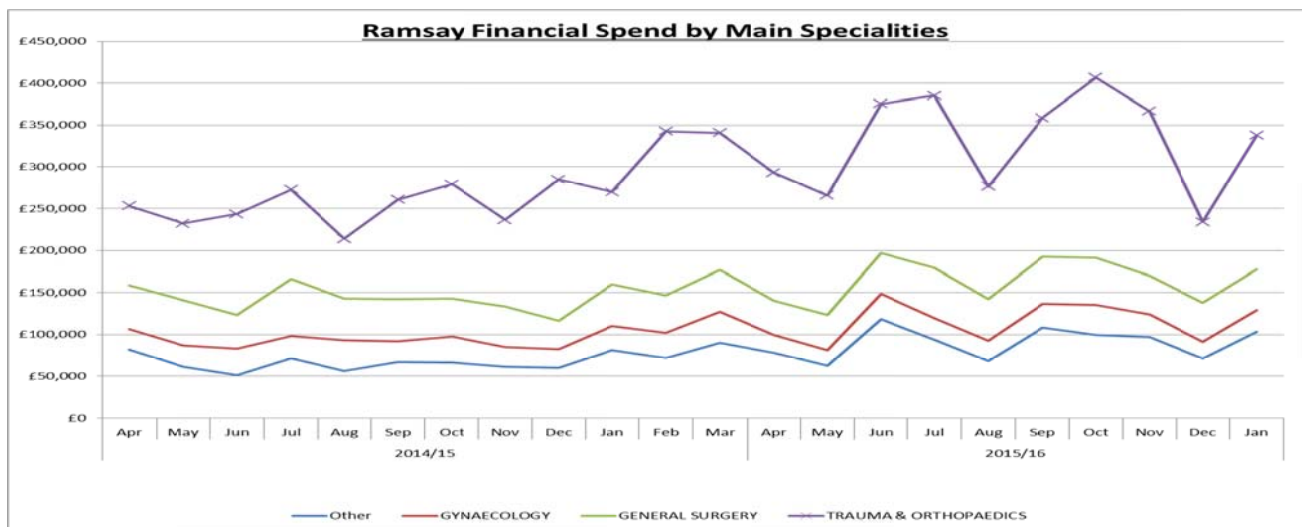
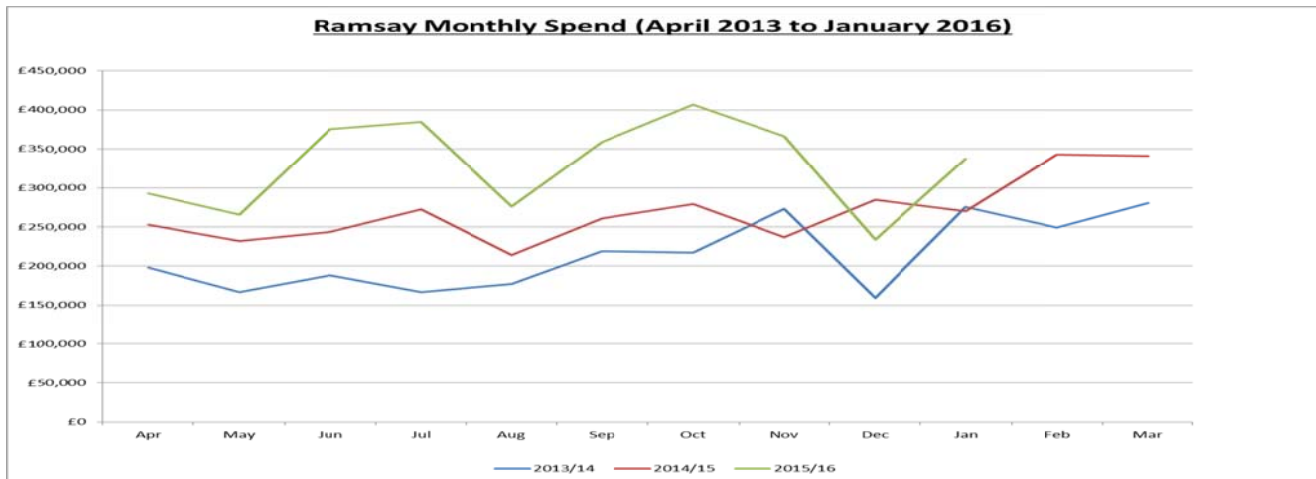
The forecast overspend for independent sector providers is £1.092m, compared with an opening budget of £4.482m, this represents a 25% increase compared with the previous year.

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.

The chart below demonstrates consistent increases annually. October activity was the highest of any month since April 2013, whilst November and December have seen a decrease in activity. A split by specialty demonstrates 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 £0.800m. The position is based on Month 10 data received from the trust and reflects the full application of penalties.

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

- A&E attendances – over spend of £0.312m in month 10. This is a continuation of a trend seen throughout the year.
- Planned inpatient care – in the year to date, day case activity is £0.324m higher than plan. This over spend is mainly within pain management and general surgery. There is also a small over spend on electives of £0.066m at month 10.
- Outpatient care – Outpatient attendances are £0.325m higher than budget. The main area of over spend is outpatient procedures £0.498m which is linked to trauma & orthopaedics and dermatology activity. A formal review is currently being undertaken in conjunction with West Lancashire CCG to investigate the marked shift from new and follow up attendances to outpatient procedures and the shift in multi-professional coding.
- AQP – Over spend of £0.142m at month 10, the majority (£0.134m) of this relates to AQP audiology. Costs have increased significantly in this financial year and work is undergoing to review services and related costs.
- Non elective admissions (including short stay admissions) – over-spend of £0.279m (includes GPAU activity totalling £0.418m). The overspend has increased during the month due to an increase in non-elective emergency activity, mainly in Trauma and Orthopaedics and Geriatric Medicine.

Royal Liverpool Hospital

Month 10 data received from Royal Liverpool Hospital shows a forecast overspend of £0.772m. The cumulative overspend relates to the following areas:

- Elective and day case surgery (£0.253m to Month 10) in breast surgery (£0.075m) and orthopaedics (£0.072m). This breast surgery activity increase is highly likely to be related to the closure of this service within Southport & Ormskirk NHS Trust.
- Outpatients - £0.103m, the majority of which relates to breast services
- Critical Care (HDU & ITU) - £0.059m to month 10
- Anti TNF and general drugs - £0.092m to month 10
- Age Related Macular Degeneration (ARMD) - £0.077m to month 10

Aintree University Hospitals NHS Foundation Trust

The forecast overspend is £0.200m, The majority of the overspend relates to growth in outpatient activity in relation to breast surgery, nephrology and radiology, there were also increases in ARMD activity, elective care, excluded drugs and diagnostic imaging.

Liverpool Heart and Chest

The forecast overspend for Liverpool Heart and Chest NHS Trust is projected to be £0.107m 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 £0.149m 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 £0.281m 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. A detailed review of these patients is being undertaken, and initial findings indicate that these patients are not S&FCCG, therefore an associated value has been included in the management action plan to offset some of this.

Prescribing / High Cost Drugs

The forecast overspend for the prescribing budget has increased to a projected overspend of £0.333m in Month 11.

The CCG prescribing budget is £21.9m in total and represents 13% of the total CCG budget, a small percentage change in the forecast position has a significant impact on the financial position.

The forecasts provided by the PPA are volatile and can change significantly each month, this risk is increased by the introduction of a new electronic payment mechanism in place at community pharmacies.

Continuing Health Care and Funded Nursing Care

The current forecast for this budget is an underspend of £0.064m. 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 recurrent efficiency of £0.769m has been achieved to date, which means forecasted expenditure 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 £4.274m following delivery of schemes totalling £1.877m.

	£'m
QIPP schemes reported at Month 10	1.877
QIPP schemes identified in current Month:	0
QIPP schemes reported as at Month 11	1.877



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 schemes being considered against the Transformation Fund show that the full year cost of proposals are consistent with the total funding available. However, the 2015/16 position forecasts an underspend position of £1.201m due to delayed implementation of schemes.

2.4 CCG Running Costs

The current year forecast for the running cost budget is an underspend of £0.226m. This relates to non-recurrent savings from vacancies within the year, retention of the Quality Premium to support the financial position and other non-pay underspends across departments.

Budgets for 2016/17 are currently being finalised and prepared against the revised running cost allocations that have now been confirmed. Running costs are presently within the CCGs allocation for 2016/17.

2.5 Evaluation of Risks and Opportunities

A combination of non-achievement of QIPP targets and increased expenditure over budgets led to a critical impact on the CCG's financial position.

The risk that the CCG not delivering its statutory financial duty to break-even is being addressed and actions agreed in the recovery plan implemented. Continued effort and delivery is required to achieve recurrent financial balance.

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

- Acute cost per case contracts – The CCG has experienced significant growth in acute care during the year, from both the independent sector and traditional NHS providers. Although historic growth has been factored into plans, we have continued to experience growth over the year above the initial plans.
- 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 resulting in significant movements month on month. In addition to this, the forecast includes a saving relating to Cat M drugs over and above estimates provided by the PPA, which is based on some modelling work undertaken locally by the medicines management team on Cat M actual activity over the year. There is a risk that these savings may have been over-estimated.

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

The forecast position is breakeven against a planned £1.800m surplus. It should be noted that this forecast is dependent on full application of penalties relating to NHS constitutional standards, and is reliant on delivery of a management action plan of £1.448m.



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

The delivery of the management action plan is extremely challenging and requires co-operation with partners across the healthcare economy. The CCG has recently allocated GP Governing Body member leads to each practice and the leads are asked to continue to meet with practices on a regular basis to stress the financial difficulties faced by the CCG and to discuss how expenditure can be reduced to deliver the CCG financial duties into the next financial year.

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)	(4.777)	1.000	(3.777)
Transformation Fund slippage		1.201	1.201
Reserves	1.939	1.663	3.602
QIPP:			
CM Rehab	0.250		0.250
Contract Adjustments	0.834		0.834
Queenscourt drug charges	0.024		0.024
CHC / FNC	0.769		0.769
QIPP Achieved	1.877	0.000	1.877
Forecast surplus / (deficit)	(5.312)	3.864	(1.448)
Management action plan:			
LQC - further year 1 underpayments		0.010	0.010
CQUIN under-performance		0.400	0.400
Lancs Care - challenge invoices		0.050	0.050
Contract Penalties		0.037	0.037
Primary Care investments		0.840	0.840
Reorganisation Costs		(0.062)	(0.062)
BCF Payment review		(0.200)	(0.200)
Provider PBR review		0.300	0.300
Expenditure Review		0.073	0.073
Reported position	(5.312)	5.312	0.000
Risks	(0.450)		(0.450)
Mitigations	0.450		0.450
Risk adjusted forecast surplus / (deficit)	(5.312)	5.312	0.000

2.6 Conclusions and Recommendations

- The risk that the CCG will not deliver its statutory financial duty to break-even is being mitigated through delivery of the agreed recovery plan, with continued effort, the CCG will

achieve a break-even position. However, significant further actions are required to deliver recurrent financial balance.

- A combination of non-achievement of QIPP targets and increased expenditure above budget led to the critical impact on the CCG's financial position. The CCG will have a challenging QIPP in the next financial year.
- As described in previous reports, an intensive review of current expenditure is required throughout all levels of the CCG with 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

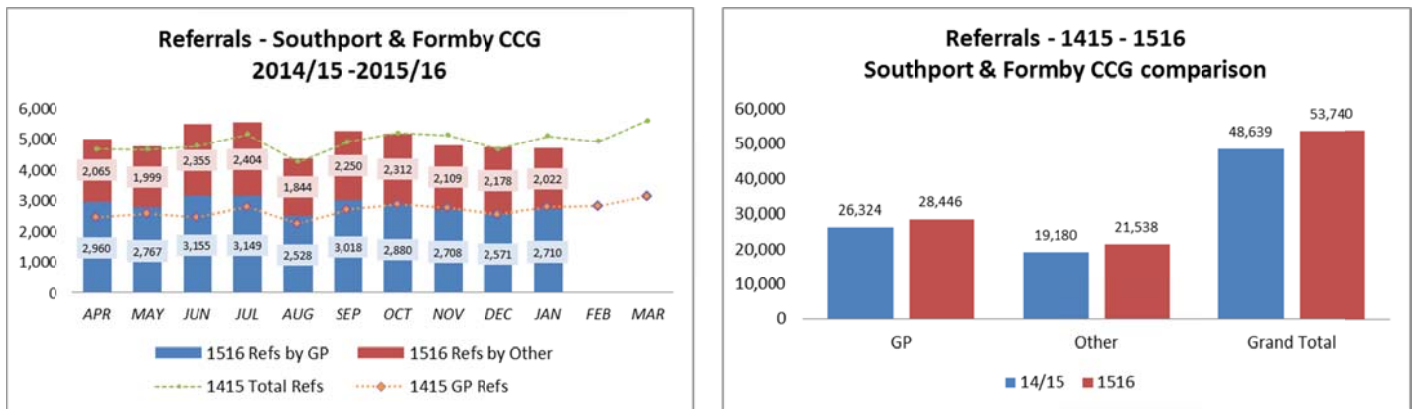


Figure 5 GP and 'other' referrals for the CCG across all providers comparing 2013/14, 2014/15 and 2015/16 by quarter

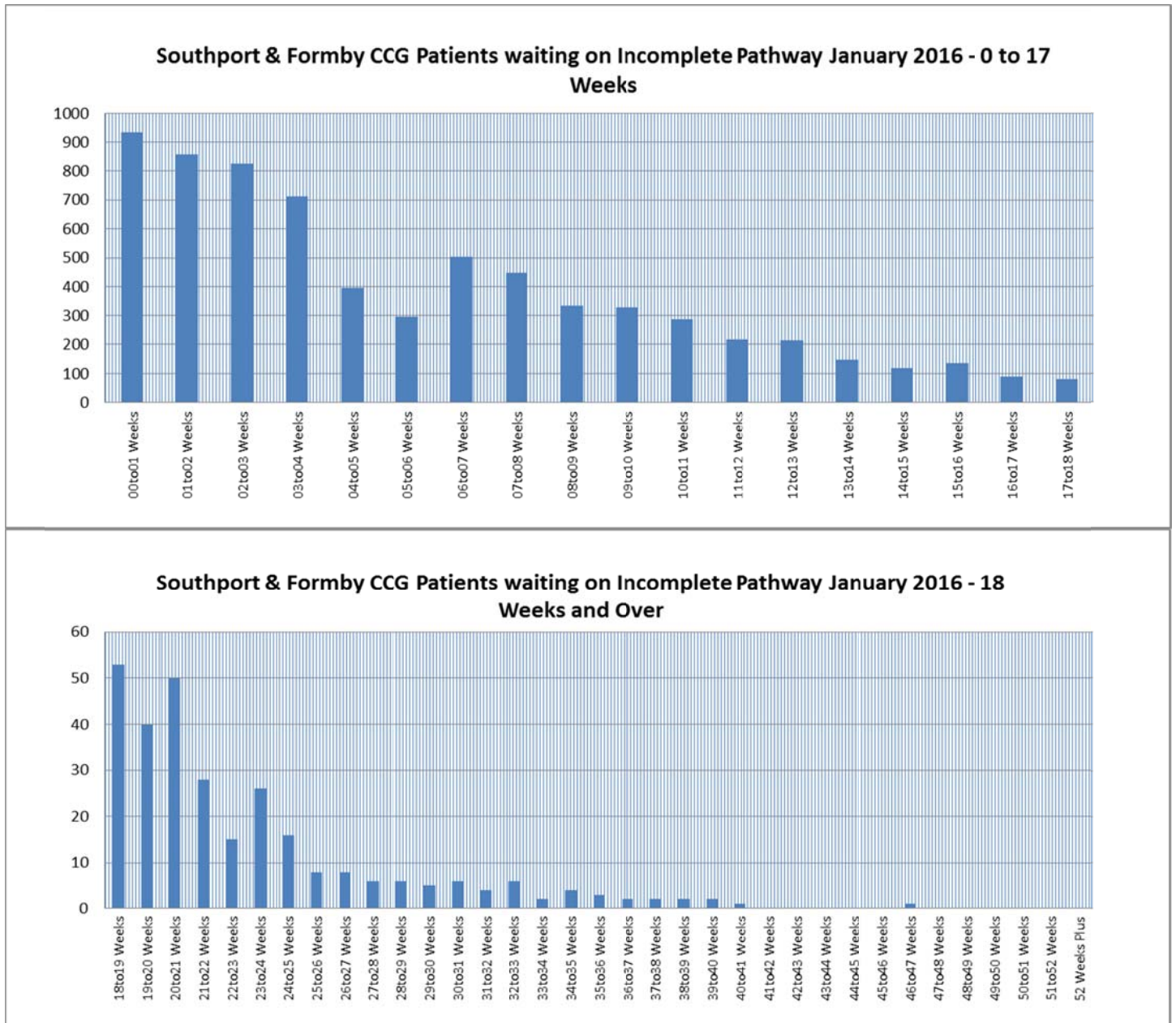
Referral Type	DD Code	Description	1314 Q1	1314 Q2	1314 Q3	1314 Q4	1415 Q1	1415 Q2	1415 Q3	1415 Q4	1516 Q1	1516 Q2	1516 Q3	1314 YTD	1415 YTD	1516 YTD	Variance	% Variance 1415 - 1516	1314 - 1516 Trendline
GP	03	GP Ref	7,523	7,460	7,365	7,489	7,538	7,772	8,209	8,780	8,883	8,693	8,159	22,348	23,519	25,735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

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

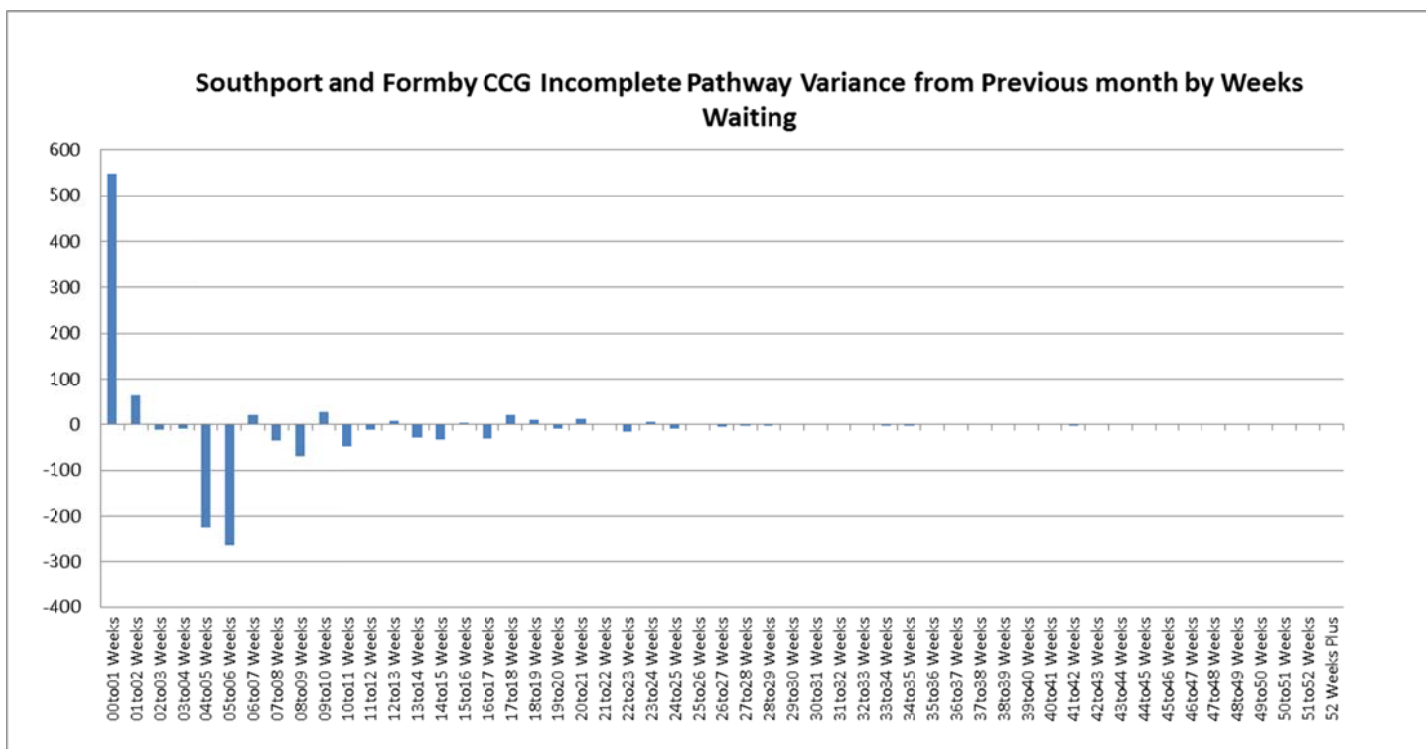
4. Waiting Times

4.1 NHS Southport and Formby CCG patients waiting

Figure 6 Patients waiting on an incomplete pathway by weeks waiting



There were 296 patients (4.1%) waiting over 18 weeks on Incomplete Pathways at the end of January 2016, a decrease of 13 patients (4.2%) from Month 9 (15/16). There were no patients waiting over 52 weeks in any month of 2015/16 to date.



There were 7,210 patients on the Incomplete Pathway at the end of January 2016, a decrease of 86 patients (1.2%) since December 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	3928	778	4706	116	25	4	145	4851
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	362	120	482	17	5	6	28	510
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	297	110	407	29	13	10	52	459
RENACRES HOSPITAL	384	65	449	0	0	0	0	449
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	88	45	133	22	0	5	27	160
Other Providers	566	171	737	28	6	10	44	781
Total All Providers	5625	1289	6914	212	49	35	296	7210



4.3 Provider assurance for long waiters

CCG	Trust	Speciality	No of weeks waited	No patients	Has patient been seen / has a TCI date?	Reason for the delay
Southport & Formby CCG	Central Man	Other	40	1	Clock Stop	Other' specialty patient has been discharged as patient DNA'd the first appointment in March, therefore this will not be reported. The specialty is paediatric orthopaedic and there are long waits.
Southport & Formby CCG	S&O	Other	46	1		Capacity issues within the specialty. The patient was seen on 4 February 2016 and put on a watchful wait. This patient does not appear on the pathway at the end of February.

5. Planned Care

Performance at Month 10 of financial year 2015/16, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of £2.9m. This over-performance is driven by increases at Southport & Ormskirk Hospital (£786k), Aintree Hospital (£470k) and Renacres Hospital (£844k).

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 8 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	12,389	15,223	2,834	23%	£3,499	£2,910	£3,380	£470	16%
Alder Hey Childrens NHS F/T	5,048	4,175	4,577	402	10%	£642	£531	£545	£14	3%
Countess of Chester Hospital NHS FT	0	0	79	79	#NUM!	£0	£0	£15	£15	#NUM!
Liverpool Heart and Chest NHS F/T	1,622	1,346	1,731	385	29%	£913	£758	£861	£103	14%
Liverpool Womens Hospital NHS F/T	2,398	2,014	2,084	70	3%	£728	£611	£589	£22	-4%
Royal Liverpool & Broadgreen Hospitals	14,718	12,216	12,550	334	3%	£3,093	£2,567	£2,847	£280	11%
ST Helens & Knowsley Hospitals	4,280	3,559	3,971	412	12%	£946	£787	£915	£128	16%
Wirral University Hospital NHS F/T	315	263	219	-44	-17%	£103	£86	£61	£25	-29%
Southport & Ormskirk Hospital	110,470	93,031	95,638	2,607	3%	£22,280	£18,673	£19,459	£786	4%
Central Manchester University Hospitals Nhs FT	236	197	235	38	19%	£44	£37	£57	£20	55%
Fairfield Hospital	103	86	64	-22	-25%	£27	£22	£9	£13	-57%
ISIGHT (SOUTHPORT)	2,846	2,371	3,034	663	28%	£686	£572	£685	£113	20%
Renacres Hospital	11,606	9,632	12,360	2,728	28%	£3,095	£2,571	£3,416	£844	33%
SPIRE LIVERPOOL HOSPITAL	866	721	505	-216	-30%	£229	£191	£173	£18	-9%
University Hospital Of South Manchester Nhs FT	199	167	0	-167	-100%	£36	£30	£37	£6	21%
Wrightington, Wigan And Leigh Nhs FT	2,163	1,802	2,520	718	40%	£776	£646	£850	£203	31%
Grand Total	171,764	143,970	154,790	10,820	8%	£37,096	£30,994	£33,899	£2,905	9%

5.2 Southport and Ormskirk Hospital NHS Trust

Figure 9 Month 10 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	9,799	10,336	537	5%	£6,367	£5,311	£5,635	£324	6%
Elective	1,554	1,289	1,382	93	7%	£4,142	£3,436	£3,503	£66	2%
Elective Excess BedDays	315	261	237	-24	-9%	£70	£58	£52	£6	-10%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	800	675	1,302	627	93%	£129	£108	£192	£84	77%
OPFASPCL - Outpatient first attendance single professional consultant led	18,095	15,260	12,844	-2,416	-16%	£2,767	£2,334	£1,982	£352	-15%
OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,885	1,590	3,198	1,608	101%	£198	£167	£323	£156	93%
OPFUPSCL - Outpatient follow up single professional consultant led	45,503	38,375	36,876	-1,499	-4%	£4,188	£3,532	£3,470	£62	-2%
Outpatient Procedure	20,351	17,163	20,175	3,012	18%	£3,599	£3,035	£3,533	£498	16%
Unbundled Diagnostics	10,220	8,619	9,288	669	8%	£820	£691	£769	£78	11%
Grand Total	110,470	93,031	95,638	2,607	3%	£22,280	£18,673	£19,459	£786	4%

5.2.1 Southport & Ormskirk Hospital Key Issues

Daycases are showing a £324k over performance against 2015/16 Month 10 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 £498k 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 10 Month 10 Planned Care- Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	1,408	1,171	1,436	265	23%	£1,348	£1,121	£1,442	£321	29%
Elective	208	173	208	35	20%	£718	£597	£905	£308	52%
Elective Excess BedDays	13	11	0	-11	-100%	£4	£3	£0	-£3	-100%
OPFASPCL - Outpatient first attendance single professional consultant led	3,412	2,831	3,072	241	9%	£462	£384	£421	£37	10%
OPFUPSPCL - Outpatient follow up single professional consultant led	3,213	2,666	5,581	2,915	109%	£263	£218	£347	£129	59%
Outpatient Procedure	2,161	1,793	1,049	-744	-41%	£203	£168	£202	£33	20%
Unbundled Diagnostics	1,190	988	1,014	26	3%	£97	£81	£100	£19	23%
Grand Total	11,606	9,632	12,360	2,728	28%	£3,095	£2,571	£3,416	£844	33%

5.3.1 Renacres Hospital Key Issues

Renacres over performance is focused on Daycase and Elective care along with Outpatient follow up single professional consultant led. As expected, Trauma & Orthopaedics makes up 91% of the planned care overspend.

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

Elective inpatient analysis shows us that 2 HRGs for major Hip & Knee procedures are up a combined £305k – which equates to circa 118% over performance for the two HRGs. Outpatient Follow Ups over performance continues to increase now showing a 57% price variance or £112k in terms of cost.

5.4 Aintree University Hospital

Figure 11 Month 10 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	602	644	42	7%	£502	£417	£432	£15	4%
Elective	366	304	356	52	17%	£767	£638	£758	£120	19%
Elective Excess BedDays	460	383	196	-187	-49%	£105	£87	£44	-£43	-49%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	56	46	105	59	128%	£11	£9	£19	£10	105%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	219	182	233	51	28%	£11	£9	£10	£1	14%
OPFASPCL - Outpatient first attendance single professional consultant led	2,501	2,079	2,413	334	16%	£404	£336	£394	£58	17%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	137	114	140	26	23%	£17	£14	£16	£2	17%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	84	70	363	293	420%	£2	£2	£9	£7	420%
OPFUPSPCL - Outpatient follow up single professional consultant led	6,351	5,281	6,196	915	17%	£589	£490	£583	£94	19%
Outpatient Procedure	2,121	1,764	2,250	486	28%	£326	£271	£371	£99	37%
Unbundled Diagnostics	942	785	1,490	705	90%	£82	£68	£117	£49	73%
Wet AMD	934	779	837	58	7%	£685	£571	£628	£57	10%
Grand Total	14,895	12,389	15,223	2,834	23%	£3,499	£2,910	£3,380	£470	16%



5.4.1 Aintree University Hospital Key Issues

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

Combined Daycase/Elective Cardiology activity has seen a marked increase in month 10. This is as a result of three heart failure HRGs applicable to the new ambulatory heart failure service. This activity is being coded as Daycase & Electives rather than Outpatient procedures. There has been no agreement with the Trust relating to the cost of the tariff and the commissioners will expect an outpatient procedure cost for this service.

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

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

5.5 Wrightington, Wigan & Leigh Hospital

Figure 12 Month 10 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	122	142	20	17%	£218	£181	£185	£4	2%
Elective	70	58	86	28	47%	£368	£307	£444	£137	45%
Elective Excess BedDays	62	52	10	-42	-81%	£15	£13	£2	-£10	-83%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	30	25	38	13	52%	£3	£2	£3	£1	24%
OPFASPCL - Outpatient first attendance single professional consultant led	281	234	385	151	64%	£32	£26	£46	£19	74%
OPFUPMPCPL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	46	38	55	17	43%	£4	£3	£5	£2	49%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	46	38	76	38	98%	£1	£1	£2	£1	110%
OPFUPSCL - Outpatient follow up single professional consultant led	1,090	908	1,297	389	43%	£79	£66	£99	£33	50%
Outpatient Procedure	156	130	183	53	41%	£28	£24	£35	£11	47%
Unbundled Diagnostics	236	197	237	40	21%	£28	£23	£28	£5	22%
Grand Total	2,163	1,802	2,520	718	40%	£776	£646	£850	£203	31%

5.5.1 Wrightington, Wigan & Leigh Hospital Key Issues

Elective activity is driving the increase in Planned Care at Wrightington. Within T&O Electives, there is a total cost of £175k allocated to HRGs applicable to major hip, shoulder and foot procedures but have no plan in 2015/16. The activity in these HRGs suggests these procedures are revisions to previous hip



and knee replacements as the elderly population require second and third replacements of joints. Further analysis is taking place to understand this in more detail.

6. Unplanned Care

Unplanned Care at Month 10 of financial year 2015/16, shows an under-performance of circa -£325k for contracts held by NHS Southport & Formby CCG.

This underspend is driven by the -£175k underspend at Southport & Ormskirk Hospital. The two main Trusts over spending are Liverpool Women's £110k and Royal Liverpool £123k.

6.1 All Providers

Figure 13 Month 10 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	46,269	47,437	1,168	3%	£27,674	£23,238	£23,413	£175	1%
Aintree University Hospitals NHS F/T	1,866	1,564	1,234	-330	-21%	£914	£769	£763	£5	-1%
Alder Hey Childrens NHS F/T	773	644	650	6	1%	£416	£354	£304	£51	-14%
Countess of Chester Hospital	0	0	46	46	0%	£0	£0	£11	£11	0%
Liverpool Heart and Chest NHS F/T	133	111	115	4	4%	£421	£352	£342	£10	-3%
Liverpool Womens Hospital NHS F/T	245	206	276	70	34%	£202	£170	£280	£110	64%
Royal Liverpool & Broadgreen Hospitals	1,083	906	1,089	183	20%	£644	£538	£661	£123	23%
ST Helens & Knowsley Hospitals	398	333	343	10	3%	£214	£179	£170	£9	-5%
Wirral University Hospital NHS F/T	112	93	49	-44	-47%	£45	£37	£24	£13	-35%
Central Manchester University Hospitals	88	73	71	-2	-3%	£30	£25	£20	£4	-17%
University Hospital Of South Manchester	47	39	17	-22	-57%	£8	£6	£12	£6	90%
Wrightington, Wigan And Leigh	62	52	67	15	30%	£53	£44	£37	£7	-16%
Grand Total	60,035	50,290	51,394	1,104	2%	£30,620	£25,713	£26,038	£325	1%

6.2 Southport and Ormskirk Hospital NHS Trust

Figure 14 Month 10 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	29,699	30,345	646	2%	£3,951	£3,305	£3,617	£313	9%
NEL/NELSD - Non Elective/Non Elective IP Same Day	11,175	9,390	9,314	-76	-1%	£19,185	£16,120	£16,220	£99	1%
NELNE - Non Elective Non-Emergency	1,254	1,054	1,418	364	35%	£2,115	£1,777	£1,576	£200	-11%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	217	182	160	-22	-12%	£68	£57	£48	£10	-17%
NELST - Non Elective Short Stay	1,776	1,492	1,374	-118	-8%	£1,242	£1,043	£953	£90	-9%
NELXBD - Non Elective Excess Bed Day	5,298	4,452	4,826	374	8%	£1,113	£936	£999	£64	7%
Grand Total	55,228	46,269	47,437	1,168	3%	£27,674	£23,238	£23,413	£175	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 £572k. Over performance is offset by a large cost variance of -£1m in General Medicine.

7. Mental Health

7.1 Mersey Care NHS Trust Contract

Figure 15 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	44	12	38%
1 Common Mental Health Problems (Low Severity)	35	3	(32)	-91%
2 Common Mental Health Problems (Low Severity with greater need)	45	12	(33)	-73%
3 Non-Psychotic (Moderate Severity)	162	182	20	12%
4 Non-Psychotic (Severe)	128	159	31	24%
5 Non-psychotic Disorders (Very Severe)	29	30	1	3%
6 Non-Psychotic Disorder of Over-Valued Ideas	25	23	(2)	-8%
7 Enduring Non-Psychotic Disorders (High Disability)	96	121	25	26%
8 Non-Psychotic Chaotic and Challenging Disorders	62	68	6	10%
10 First Episode Psychosis	52	64	12	23%
11 On-going Recurrent Psychosis (Low Symptoms)	282	292	10	4%
12 On-going or Recurrent Psychosis (High Disability)	151	157	6	4%
13 On-going or Recurrent Psychosis (High Symptom & Disability)	105	101	(4)	-4%
14 Psychotic Crisis	18	13	(5)	-28%
15 Severe Psychotic Depression	7	7	-	0%
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	6	8	2	33%
17 Psychosis and Affective Disorder – Difficult to Engage	35	25	(10)	-29%
18 Cognitive Impairment (Low Need)	365	243	(122)	-33%
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	465	798	333	72%
20 Cognitive Impairment or Dementia Complicated (High Need)	159	202	43	27%
21 Cognitive Impairment or Dementia (High Physical or Engagement)	50	50	-	0%
Reviewed Not Clustered	30	66	36	120%
No Cluster or Review	46	72	26	57%
Total	2,385	2,740	355	15%

Figure 16 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	Dec-15	Jan-16
E.B.S.3	The % of people under adult mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	Target 95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Figure 17 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	Dec-15	Jan-16
CPA Follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by CRHT, Early Intervention, Assertive Outreach or Homeless Outreach Teams.	Target 95%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Quality Overview

At Month 10, MerseyCare are compliant with quality schedule reporting requirements. The Trust is working with the CCG Quality team to develop the safer staffing report. At the last CQPG the Trust provided an update on the Quality Strategy and Nurse revalidation. In addition, work continues with Liverpool CCG and Mental Health Quality Leads to develop a new Serious Incident report.

Specific concerns remain regarding DNA's at Clock View site, GP referral pathways, A&E 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. Meetings have already been held with the Trust, South Sefton CCG, Liverpool CCG and Knowsley CCG. An Escalation Plan has been developed between Merseycare and Aintree, to date there have not been any further mental health long waits. 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 prevalence position at month 10 is below the planned target. Year to date the actual prevalence rate as at month 10 is 7.45%. If current activity levels continue this would give a forecast outcome that would fall below the 15% target at 2015/16 year end. To achieve the prevalence target the Provider would need 1,438 people entering treatment between February and March.

During the year the recovery rate has fluctuated and has been both above and below the 50% target. This has been a concern from month 5 when the recovery actual was 58.7% as to whether the service could maintain this. At month 10 the recovery is 47.3% and this is a reduction on the position last month.

Total referrals are up on last month and this is probably due to the expected seasonal recovery after the Christmas period. The number of patients self-referring is slightly down on last month however the percentage of referrals from GPs has increased and this may be due to awareness initiatives conducted by the trust.

The number of patients entering treatment is up on last month and corresponds with the increase in referrals received.

The percentage of patients entering treatment in 28 days or less is slightly up on last month however last month will have been affected by Christmas. This is affected by not enough people entering treatment.

There have been 125 cancellations by the patient and this is an increase on last month. Cancellations by the provider are on average 45 per month however at month 10 there is a slight increase with 57 cancellations by the provider. This requires further investigation as this is an on-going issue.

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

Both DNAs and cancellations are up on last month and the provider will be requested to report how they intend to tackle this further.

Previously Step 2 staff have 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 past. This may explain the level of



DNAs.

At month 10 self-referrals are lower than last month however there is an increase in GP referrals. The percentage of self-referrals may be impacting on the “watchful wait” that is usually managed by the GP as this is missed and clients referring are assessed promptly. Following the assessment the natural process of managing some level of emotional distress occurs and when appointments are offered the desire to engage in therapy has diminished.

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

In January a Contract Performance Notice was 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. The gap in activity figures between the data sets has narrowed in the latest month.



Figure 18 Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Performance Indicator		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	TOTALS		
Population (Psychiatric Morbidity Survey)		19079	19079	19079	19079	19079	19079	19079	19079	19079	19079	19079		
National definition of those who have entered into treatment		103	96	130	164	104	123	128	165	191	218	1422		
Prevalence Trajectory (%)		1.25%	1.25%	1.25% (q1=3.75%)	1.25%	1.25%	1.25% (q2=3.75%)	1.25%	1.25%	1.25% (q3=3.75%)	1.25%	15.00%		
Prevalence Trajectory ACTUAL		0.54%	0.50%	0.68%	0.86%	0.55%	0.64%	0.67%	0.86%	1.00%	1.14%	7.45%		
National definition of those who have completed treatment (KPI5)		95	85	78	99	83	93	79	115	86	101			
National definition of those who have entered Below Caseness (KPI6b)		7	8	6	9	8	6	3	8	12	8			
National definition of those who have moved to recovery (KPI6)		39	47	35	40	44	39	29	41	41	44			
Recovery - National Target		50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%			
Recovery ACTUAL		44.3%	61.0%	48.6%	44.4%	58.7%	44.8%	38.2%	38.3%	55.4%	47.3%			
Referrals Received		290	253	255	245	209	244	225	264	206	239			
Gp Referrals		192	138	108	107	87	101	89	81	57	107			
% GP Referrals		66%	55%	42%	44%	42%	41%	40%	31%	28%	45%			
Self referrals		64	81	126	117	110	138	109	163	134	111			
% Self referrals		22%	32%	49%	48%	53%	57%	48%	62%	65%	46%			
Other referrals <small>Other Referrals are 11 - Acute Care Team, 1 - Perinatal, 4 - Other, 2- Psychiatrist, 2-SecondaryCare</small>		34	34	21	21	12	5	27	20	15	21			
% Other referrals		12%	13%	8%	9%	6%	2%	12%	8%	7%	0			
Referral not suitable or returned to GP		0	0	0	0	0	0	0	0	0	0			
Referrals opting in		275	228	204	173	162	171	153	177	148	196			
Opt-in rate %		95%	90%	80%	71%	78%	70%	68%	67%	72%	82%			
Patients starting treatment by step (Local Definition)		Step 2	77	65	98	127	72	98	105	157	179	213		
		Step 3	26	31	32	36	32	25	23	8	12	3		
		Step 4				1								
		Total	103	96	130	164	104	123	128	165	191	216		
Percentage of patients entering in 28 days or less		47.0%	50.0%	44.0%	58.0%	41.0%	45.0%	21.0%	37.8%	22.9%	23.3%			
Completed Treatment Episodes by Step (Local Definition)		Step 2	141	90	116	145	91	166	186	236	166	233		
		Step 3	287	273	248	191	261	223	209	205	338	259		
		Step 4		1			1	1	1		7			
		Total	428	364	364	336	353	390	396	441	511	492		
Activity		Attendances		Step 2	267	314	429	541	387	479	463	492	403	482
				Step 3	283	277	389	359	330	343	319	318	252	352
				Step 4		4	1	2	3	11	14	14	8	6
				Total	550	595	819	902	720	833	796	824	663	840
		DNA's		Step 2	42	62	108	117	55	84	88	65	51	66
				Step 3	20	31	41	46	34	35	35	24	14	25
				Step 4							1		0	
		Cancels		Step 2	37	61	117	127	93	83	113	101	110	98
				Step 3	37	41	65	71	62	78	69	89	52	84
				Step 4			3			2	2	2	1	0
		Attendances		Total	550	595	819	902	720	833	796	824	663	840
		DNAs		Total	62	93	149	163	89	119	124	89	65	91
		Cancelled		Total	74	102	185	198	155	163	184	192	163	182
Number Cancelled by patient		Total	43	60	136	144	112	106	138	155	118	125		
Number Cancelled by provider		Total	31	42	49	54	43	57	46	37	45	57		



Figure 19: IAPT Waiting Time KPIs

	Indicator	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Year To Date
EH1_A1	The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	75% To be achieved by April 2016											
	Numerator		94	83	92	116	83	99	90	115	81	98	951
	Denominator		96	84	95	127	85	104	93	117	83	101	985
	%		97.92%	98.81%	96.84%	91.34%	97.65%	95.19%	96.77%	98.29%	97.59%	97.03%	96.5%
EH1_A2	The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	95% to be achieved by April 2016											
	Numerator		96	84	95	127	85	104	93	117	83	101	985
	Denominator		96	84	95	127	85	104	93	117	83	101	985
	%		100%	100%	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 continues to work with the suppliers to resolve these issues.

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

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

Continence: This service has experienced issues with staffing at currently have 39 long waiters and the longest wait in weeks is 43.

Pain Management- The refreshed data provided at month 9 year to date may still include activity that should be attributed to the acute part of the service. This was raised at the last FIG meeting and is still currently being investigated. This service has been affected also by staffing issues during the year and this had led to delays in the inputting of data in December due to staff sickness. The staff member has now returned to work and is addressing the backlog. The service has 8 long waiters and further feedback from the service is awaited.

Blue badge- longest waits have been increasing during the year and is now at 50 weeks. This is a small service.

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



Waiting Times

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

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

There are general implications this year as the trust move from the IPM community system to EMIS and Medway and so far this has manifested itself in the trust being unable to date to report on Community Nurses, CERT, Chronic Care Coordinators and Lymphodema which is still a manual data collection.

Any Qualified Provider

The locally agreed assessment tariff of £25 is being used from 1st April in the podiatry AQP dataset. The Podiatry AQP is budget is £566,000. At month 10 2015/16 the costs to date are £316,197 compared to the same time last year £507,60 and at March 2014/15 it came in at 8% over budget. Activity comparisons this year (Southport and Formby CCG activity only) (4596) to last year (3514) show activity is up however the application of the £25 tariff has reduced the possible costs.

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

Adult Hearing Audiology costs are over the full year budget. The budget is £248,000 and at month 10 2015/16 the costs are £332,643 which is 34% over the annual budget. The costs at the same time last year were £202,961 at month 10 2014/15. Comparisons of activity between the two time periods shows that activity is up 15/16 (1062) compared to 14/15 (964) and demand has increased.

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

The MSK AQP is also likely to over perform 2015/16 as at month 10 only 9% of the budget is left for the rest of the financial year. Last year there was financial underperformance on this AQP. Last month a query was raised with the trust as to where the additional activity is coming from and a response to this is awaited. At month 9 further queries were raised as duplicate patients have been identified within the submitted data set, same patients discharged in the same month and patients with no outcome of attendance despite some of them having a diagnosis that would indicate that further treatment may be required. An initial response from the trust agrees with the identification of duplicate records and changes due to the corrections will filter through within the data sets received. Once the level of duplication has been established and rectified this will impact on the year to date spend and this may require the trust to issue credit notes. The data set 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. This is being investigated with a view to the trust providing this information within the data set. This will continue to be monitored as part of the on-going data quality checks.



Quality Overview

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

Bridgewater Community Health

Paediatric Audiology: The 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. In Southport performance remains challenging with only 58% of children seen within six weeks. 7 referrals were received 1 month late due to an interruption in facsimile 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:

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. 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 the services of a newly identified locum to commence as soon as possible. Two locum posts have been approved and one is 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.

Liverpool Community Health Trust

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

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

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

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

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



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

Paediatric SALT: Current waiting times of concern: at month 10 for Paediatric SALT is reported as in excess of 18 weeks at 26 weeks average wait for NHS Southport & Formby and this is a worsening on the position last month . It was reported at the LCH December Board that a full service review is currently being completed including waiting list validation. The Board was also informed that a decision was made to close the waiting list. It was reported that 260 patients are waiting for an appointment across the LCH catchment. It was confirmed that a locum has been commissioned in order to offer an appointment to patients on the waiting list.

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

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

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

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

Patient Identifiable data

The Trusts Caldicott guardian had requested that no patient identifiable data sets are to be released from the trust. This includes all national submissions such as those made to the secondary user's service e.g. Inpatient, outpatient and WIC CDS. This was escalated last year and the update to this is that the approach now being implemented is a reversal of this approach and the trust are raising patient awareness around the use of patient identifiable data and have introduced an opt out process. This means that patients can opt out from having identifiable electronic information flowed related to them. It was agreed that the trust would forward a copy of the letter prepared by the Caldicott guardian about what the trust plans to do at the last LCH finance and information group meeting . The letter that was sent out was in reference to the Liverpool CCG walk in centres. At present there is building work taking place at Litherland and it has not been possible to display the relevant information to patients in relation to information sharing. Once the refurbishment is complete and the literature is available this process will commence and patient identifiable WIC data will flow as part of the SUS submissions

Quality Overview

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

Delayed Transfers of Care

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

Serious Incidents / Pressure Ulcers

Key areas of risk identified continue to be pressure ulcers, where the collaborative workshop has taken place alongside the trust and Liverpool CCG. The workshop has developed a composite action plan to address the 8 identified themes. The trust alongside both Liverpool and South Sefton CCG have confirmed their attendance at the NHSE Pressure Ulcer action plan development session, where the composite action plan will be shared. LCCG are leading on this piece of work with LCH although SS CCG are an active member of this group. This approach is in line with the RASCI model

SALT & Physiotherapy Waiting Times

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



9. Third Sector Contracts

All Third Sector Contracts and Grant agreements are due to expire on 31st March 2016. Planning for the coming year is in progress and further meetings are to take place shortly to discuss commissioning intentions for 2016-17.

Full and detailed reports containing service outcomes for each provider have now been finalised, these are now with commissioners. A piece of work has been undertaken to establish commissioning priorities and funding for 2016-17, this is to be presented and discussed at the next full board meeting at the end of March. Letters requesting contract documentation are pending until a final decision has been made.

IG Toolkit compliancy assessments are underway and are expected to be finalised prior to 31st March 2016.

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 - January	31	32	↑	There was 6 new cases reported in January 2016, year to date there have been 35 cases against a year to date plan of 31. Of the 6 new cases 5 were reported by Southport and Ormskirk Hospital (3 apportioned to Acute, 2 apportioned to community) and 1 reported by Aintree (apportioned to Acute). All but 3 cases reported in year to date all have been aligned to Southport & Ormskirk Hospital (21 apportioned to acute trust and 14 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 - January	30	32 (20 following appeal)	↑	There were 6 new cases reported in January 2016 (ytd 32), against a year to date plan of 30. Year-end plan is 36. To date 12 cases have been successfully appealed, taking the Trust's below the trajectory of 30 cases YTD.	To date the Trust has had 32 total cases (reported by PHE). 17 cases have been put forward for consideration by the CCG Appeals Panel and 12 have been upheld taking the number of YTD cases to 20. In reviewing our most recent C diff cases the Trust had zero in December, followed by 6 cases in January. The January cases were during a time period when there was extensive pressure on emergency admissions, however following RCAs of the 6 cases, 4 will be submitted for appeal. Learning points following the RCAs were there were considered to be lapses in care included: not isolating a patient promptly following symptoms of diarrhoea, not obtaining stool specimens promptly after symptoms of diarrhoea, obtaining microbiological evidence of infection from possible sites of infection and the appropriate use of antibiotics.	

Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	15/16 - January	0	0	↔	No new cases reported in January 2016.	
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	15/16 - January	0	1	↔	No new cases have been reported in January 2016. 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. The Trust declared a second case on 29th February - further details will be included in the Month 11 report.
Mixed Sex Accommodation Breaches						
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	15/16 - January	0.00	1.30	↓	In January the CCG had 5 mixed sex accommodation breaches which is above the target and as such are reporting red for this indicator the sixth time in 2015-16.	The majority of the breaches occurred in Southport & Ormskirk Trust, see below for comments.
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	15/16 - January	0.00	2.00	↑	In January the Trust had 10 mixed sex accommodation breaches which is above the target and as such are reporting red for this indicator the sixth time in 2015-16. Year to date there have been 48 breaches.	There were 10 breaches in January. They all related to ITU patients. A joint decision has been made by the Chief Executive and Chief Operating Officer to prioritise this area. The Director of Nursing and Quality Lead is capacity planning to prioritise the movement of patients within the ITU.
Enhancing quality of life for people with long term conditions						
Patient experience of primary care i) GP Services	Jan-Mar 15 and Jul-Sept 15		3.75%	↓		
Patient experience of primary care ii) GP Out of Hours services	Jul-Sept 15		15.70%	↑	Percentage of respondents reporting confidence and trust in person/people seen or spoken to at the GP Out of Hours Service. Due to slight to the question on out of hours, the results are based on Jul-Sept 15 only.	
Patient experience of primary care i) GP Services ii) GP Out of Hours services (Combined)	Jan-Mar 15 and Jul-Sept 15	6%	4.73%	↓		

Emergency Admissions Composite Indicator(Cumulative)	15/16 - January	1987.96	2,152.32	↑	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 277 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 - January	499.74	303.26	↓	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 46 below the same period last year.	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	15/16 - January	944.80	866.99	↓	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 95 lower the same period last year.	
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	15/16 - January	290.45	380.15	↑	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 21 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 - January	1380.3	1,212.47	↓	The agreed plans are based on activity for the same period last year. This indicator is below plan, the decrease in actual admissions is 205 lower the same period last year.	
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	15/16 - January	No Plan	14.90	↓	The emergency readmission rate for the CCG is lower than previous month (16.73) and lower than the same period last year (17.56).	

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	0.071	Provisional data (Published Feb 2016)	Provisional data shows the CCG is higher than the years rate of 0.067 in 2013/14 but is lower than plan and the England average 0.084.	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	0.421	Provisional data (Published Feb 2016)	Provisional data for 2014-15 is scoring lower than the plan and England average. England average 0.437.	
Patient reported outcomes measures for elective procedures: Knee replacement	Apr 14 - Mar 15 (Prov data)	0.311	0.310	Provisional data (Published Feb 2016)	Provisional data shows the CCG's rate is lower than the previous year (2013/14 - 0.340) and under the plan. England average 0.315.	
% who had a stroke & spend at least 90% of their time on a stroke unit (CCG)	15/16 - January	80%	52.90%	↓	The CCG failed the 80% target in January with only 9 out of 17 patients spending 90% of their time on a stroke unit.	The stroke target of 90% stay in acute stroke unit was underachieved at 55.6% in January. At the recent stroke operational group there was detailed discussion about the difficulties in hitting the targets despite moving as the RCP suggested to a smaller unit. Part of the reason is due to the current pressures that the whole trust and especially ED is experiencing.
% who had a stroke & spend at least 90% of their time on a stroke unit (Southport & Ormskirk)	15/16 - January	80%	55.60%	↑	The Trust failed the 80% target in January with only 15 out of out of 27 patients spending 90% of their time on a stroke unit.	The move has been regarded as successful on the whole especially re the nursing morale Three main issues which if addressed would support improving achievement of the targets. 1. Agreeing the business case for an ESD service which has been in the system for a number of months without any feedback and is supported by the CCGs and would also demonstrate a commitment to community services and reducing length of stay within the ICO. 2. There is a realisation that although the 22 beds is the correct number one of our current issues is that the staff are struggling due to the sex mixes of the 3 bays and it would be really beneficial if one of the 6 bedded bays could be partitioned to give us the flexibility we need. This is being looked into 3. With the advent of Bluebell there is the opportunity to look at a discharge to assess model. The stroke unit have only rarely used Bluebell for MOFD and TOFD patients because there is still the prolonged bureaucracy of assessment to complete which means especially for those requiring long term care that they don't fulfil the criteria as they do not yet have a discharge address. The resolution of these would have a significant impact on our bed usage and improve both our targets and the patient experience.
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (CCG)	15/16 - January	60%	75.00%	↓		
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	15/16 - January	60%	62.50%	↑		



Mental health						
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) (CCG)	15/16 - Qtr3	95%	100.00%	↔		
IAPT Access - Roll Out	15/16 - Qtr3	3.75%	2.54%	↑	The CCG are under plan for Q3 for IAPT Roll Out, this equates to 484 patients having entered into treatment out of a population of 19079 (Psychiatric Morbidity Survey).	See section 7 of main report for commentary
IAPT Access - Roll Out	15/16 - January	1.25%	1.10%	↑	The CCG are under plan in January for IAPT Roll Out, out of a population of 19079, 218 patients have entered into treatment. There has been a slight increase on previous month when the trust reported 1.0%.	See section 7 of main report for commentary
IAPT - Recovery Rate	15/16 - Qtr3	50.00%	43.19%	↓	The CCG are under plan for recovery rate reaching 43.19% in Q3. This equates to 111 patients who have moved to recovery out of 280 who have completed treatment.	See section 7 of main report for commentary
IAPT - Recovery Rate	15/16 - January	50.00%	47.31%	↓	The CCG are under plan for recovery rate in January This equates to 44 patients who have moved to recovery out of 93 who have completed treatment. There has been a dip in performance from the previous month when the trust reported 55.41%.	See section 7 of main report for commentary
The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	Q3 15/16	75.00%	97.60%	↑	January data shows 97.0% a very slight decrease from December when 97.6% was recorded.	
The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	Q3 15/16	95%	100.00%	↔	January 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 - January	93%	94.62%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	15/16 - January	93%	95.26%	↑		
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 - January	93%	89.74%	↑	Southport & Formby CCG achieved the target for January achieving 93.6% but are still failing year to date due to previous months breaches. Year to date out of 429, there have been 44 patient breaches.	A communication to GPs regarding the management of breast symptomatic patients went out mid February, so hoping to see an improvement from March. This should aid demand management and in reminding GP and patient that these patients will be seen in the 2/52 timeframe if they need to be referred.
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Southport & Ormskirk)	15/16 - January	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 - January	96%	98.47%	↔	
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	15/16 - January	96%	98.41%	↔	
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	15/16 - January	94%	95.78%	↑	
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	15/16 - January	94%	100.00%	↔	
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	15/16 - January	94%	100.00%	↔	
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	15/16 - January	94%	95.92%	↔	
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	15/16 - January	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 - January	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 - January	85% (local target)	82.81%	↔	Southport & Formby CCG achieved the target for January but failed year to date partly due to previous month breaches. In January 2 patients out of a total of 17 were not upgraded (88.24%). Year to date there have been 128 patients and 22 patient breaches and are under the 85% local target set.
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 - January		90.84%	↓	
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	15/16 - January	90%	98.21%	↑	
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	15/16 - January	90%	79.17%	↑	Southport & Ormskirk Trust achieved the target in January 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 12 patients.
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	15/16 - January	85%	85.44%	↓	
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	15/16 - January	85%	86.88%	↓	

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 - January	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (Southport & Ormskirk)	15/16 - January	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (CCG)	15/16 - January	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (Southport & Ormskirk)	15/16 - January	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	15/16 - January	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	15/16 - January	0	0	↔	
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (CCG)	15/16 - January	90%	89.79%	↓	The CCG have failed the 90% target reaching 89.79%. This equates to 67 patients out of 656 not seen within 18 weeks.
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (Southport & Ormskirk)	15/16 - January	90%	82.86%	↓	The Trust has failed the 90% target reaching 82.86% in January, this equates to 152 out of 887 not seen within 18 weeks.
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (CCG)	15/16 - January	95%	93.66%	↓	The CCG have failed the 95% target reaching 93.66%. This equates to 194 patients out of 3059 not seen within 18 weeks.
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (Southport & Ormskirk)	15/16 - January	95%	94.54%	↓	The Trust has failed the 95% target reaching 94.54% in January, this equates to 230 patients out of 4215 not seen within 18 weeks.
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 - January	92%	95.90%	↔	
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Southport & Ormskirk)	15/16 - January	92%	97.00%	↑	

No longer a national performance targets but continue to monitor locally.

A&E waits						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	15/16 - January	95.00%	92.36%	↓	<p>Southport & Formby CCG failed the 95% target in January reaching 84.22% and are failing year to date reaching 92.36%. In January 469 attendances out of 2972 were not admitted, transferred or discharged within 4 hours.</p>	<p>NHSE have recently announced that any Trust which falls below 80% on the main A and E 4 hour wait target will have to monitor and report breaches via root cause analysis on a weekly basis. The Trust does not fall into that category though it is still falling short of the 95% compliance target at 92.9% year to date (83.4% in January). NHSE have made it clear that they expect all Trusts to achieve the 95% target by April 2017.</p> <p>The Trust considers that there are some quick wins to hit the 90% target by April 2016 and is developing a clinical service strategy. This will be produced in the business planning round for consideration by the senior management team. The strategy will aim to redesign all pathways taking account of previous advice from NHSE's Emergency Care Intensive Support Team.</p> <p>The strategy will be converted to an implementation plan which will be rolled out throughout the year with the objective to hit the 95% by early 2017</p> <p>The TDA is coming to the Trust in April 2016 and the strategy and first cut of the plan will be presented to them by the service leads. Ambulance handover will form part of the plan and trajectories for this, along with the A and E targets, will be included within it. A and E remains the main concern. At the PMF it was recognised that 20% of staffing was via agency, there had been a small increase in incidents, morale is low and there had been an effect on patient experience reflected in the friends and family test figures. Activity was particularly high in January and the Management Team have escalated action to the urgent care team to meet weekly to consider supportive measures to improve matters.</p>
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	15/16 - January	95.00%	88.90%	↓	<p>Southport & Formby CCG failed the 95% target in January reaching 74.10% and are failing year to date reaching 88.90%. In January 488 attendances out of 1884 were not admitted, transferred or discharged within 4 hours.</p>	
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) All Types	15/16 - January	95.00%	92.07%	↔	<p>Southport & Ormskirk have failed the target in January reaching 84.0%, and are failing year to date reaching 92.07%. In January 1497 attendances out of 9339 were not admitted, transferred or discharged within 4 hours.</p>	
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) Type 1	15/16 - January	95.00%	86.82%	↓	<p>Southport & Ormskirk have failed the target in January reaching 74.13%, and are failing year to date reaching 86.52%. In January 1557 attendances out of 6018 were not admitted, transferred or discharged within 4 hours.</p>	

Diagnostic test waiting times

<p>% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)</p>	<p>15/16 - January</p>	<p>1.00%</p>	<p>2.65%</p>	<p>↔</p>	<p>The CCG has failed to achieve the target in January with 55 patients out of 2075 waiting over 6 weeks for their diagnostic tests, of the 55, 14 patients over 13 weeks. Of the 55 breaches 48 were for audiology assessments, 33 at Bridgewater.</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: • 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. .
<p>% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)</p>	<p>15/16 - January</p>	<p>1.00%</p>	<p>0.90%</p>	<p>↑</p>		

Category A ambulance calls						
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	15/16 - January	75%	74.02%	↓	The CCG failed to achieve the 75% target year to date (74.02%), or in month (Jan) recording 61.70%.	The onset of winter has seen the whole of the urgent care system coming under pressure due to high levels of demand. The overall demand in January, for NWS was 6.9% higher than planned for and 2.7% than plan for Southport & Formby CCG. For the most time critical response times (Red) was 9.0% higher than plan for NWS as a whole and 1.1% higher than plan for Southport & Formby CCG. The average turnaround times at Southport & Ormskirk Hospital were the longest of any Cheshire & Merseyside in January at just over 56 minutes on average. Additional capacity has also been created due to extra ambulance available in the Southport area.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	15/16 - January	75%	67.10%	↓	The CCG failed to achieve the 75% target year to date (67.10%), or in month (Jan) recording 55.5%.	
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	15/16 - January	95%	88.60%	↓	The CCG failed to achieve the 95% target year to date (88.60), or in month (Jan) recording 81.20%.	
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWS) (Cumulative)	15/16 - January	75%	76.10%	↔		
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWS) (Cumulative)	15/16 - January	75%	72.70%	↓	NWS failed to achieve the 75% year to date or in month (Jan) recording 63.49%.	
Ambulance clinical quality - Category 19 transportation time (NWS) (Cumulative)	15/16 - January	95%	93.70%	↓	NWS failed to achieve the 95% year to date or in month (Jan) recording 89.85%.	
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 20 Friends and Family – Southport and Ormskirk Hospital NHS Trust

Clinical Area	Response Rate (RR) Target	RR Actual (Jan 2016)	RR - Trajectory From Previous Month (Dec 15)	Percentage Recommended (England Average)	Percentage Recommended (Jan 2016)	PR Trajectory From Previous Month (Dec 15)	Percentage Not Recommended (England Average)	Percentage Not Recommended (Jan 2016)	PNR Trajectory From Previous Month (Dec 15)
Inpatients	25%	19.8%	↓	96.0%	94%	↔	1.0%	2.0%	↔
A&E	15%	0.7%	↔	86.0%	80%	↓	7%	13%	↓
Q1 - Antenatal Care	N/A	-	-	96%	100%	↑	1%	0%	↔
Q2 - Birth	N/A	12.1%	↑	97%	76%	↓	1%	5%	↑
Q3 - Postnatal Ward	N/A	-	-	94%	89%	↓	2%	6%	↑
Q4 - Postnatal Community Ward	N/A	-	-	98%	79%	↑	1%	0%	↓

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 deteriorated in response rates for inpatients compared to the previous month. A&E response rates remain extremely low at 0.7%

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

In A&E the percentage of people who would recommend the service has declined from the previous month to 80%, but is lower than the England average. The percentage of people who would not recommend the A&E service has declined from the previous month and is lower than the England average. However given the extremely poor response rate the results cannot be viewed with any confidence.



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

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

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

10.3 Serious Untoward Incidents (SUIs) and Never Events

10.3.1 CCG level Serious Untoward Incidents

These are serious incidents involving Southport and Formby CCG patients irrespective of their location of care. This data relates to month 11, which is the latest data. There were 3 Serious Incidents in February involving Southport and Formby CCG patients. For the year 15/16 up to and including February there have been 47 Serious Incidents involving Southport and Formby CCG patients.

Figure 21 SUIs Reported at Southport & Formby CCG level

CCG SUIs ■ Never Event

Type of Incident	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
Allegation Against HC Professional			1									1
Attempted Suicide by Outpatient (in receipt)		1										1
Child abuse (institutional)										1		1
Failure to act upon test results									1			1
Maternity services - unexpected neonatal death.										1		1
Medication											1	1
Mental Health Act - Class A incident										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
Slips/Trips/Falls										1	1	2
Sub-optimal care of the deteriorating patient		2										2
Surgical Error	1	1			1					1		4
Treatment						1						1
Unexpected Death						1	1	1			1	4
Unexpected Death (general)	1											1
Grand Total	7	10	8	2	3	2	2	4	1	5	3	47

Figure 22 SUIs by Provider

Provider / Type of Incident	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
Aintree University Hospital NHS Foundation Trust												
Treatment						1						1
Unexpected Death (general)	1											1
Central Manchester University Hospitals NHS Foundation Trust												
Surgical Error										1		1
Liverpool Women's NHS Foundation Trust												
Surgical Error		1										1
Mersey Care NHS Trust												
Attempted Suicide by Outpatient (in receipt)		1										1
Child abuse (institutional)										1		1
Mental Health Act - Class A incident										1		1
Serious Self Inflicted Injury Inpatient					1							1
Serious Self Inflicted Injury Outpatient							1					1
Slips/Trips/Falls										1	1	2
Unexpected Death								1			1	2
Royal Liverpool Broadgreen University												
Surgical Error									1			1
Southport and Ormskirk Hospital NHS Trust												
Allegation Against HC Professional			1									1
Failure to act upon test results									1			1
Maternity services - unexpected neonatal death.										1		1
Medication											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	7	10	8	2	3	2	2	4	1	5	3	47

Number of Never Events reported in period

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

Two Never Events involved a Southport and Formby CCG patient. These Never Events happened in May 2015 at the Liverpool Women's NHS Foundation Trust, and in January 2016 at Central Manchester University Hospitals NHS Foundation Trust. Both Never Events were surgical errors

Number of Southport & Formby CCG Incidents reported by Provider

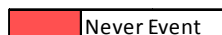
The majority of incidents have occurred in Southport & Ormskirk Hospital (33), with the other incidents occurring in each of the following providers:

- Aintree University Hospital NHS Foundation Trust - 2
- Liverpool Women's NHS Foundation Trust - 1
- Mersey Care NHS Trust – 9
- Royal Liverpool Broadgreen University Hospitals NHS Trust – 1
- Central Manchester University Hospitals NHS Foundation Trust – 1

Figure 23 SUIs Reported at Southport & Ormskirk Hospital

For the year 15/16 up to and including February, Southport & Ormskirk Hospital Integrated Care Organisation (ICO) reported 83 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.

Provider SUIs



*only 1 never event in Febr

Incident Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
Adverse media coverage or public concern about the organisation or the wider NHS										1		1
Allegation Against HC Professional			1							1		2
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					2		3
Medication								1			*2	3
Pressure Sore - (Grade 3 or 4)		2	2	1								5
Pressure ulcer - (Grade 3)	14	7	6	2	2	4	1	5	1			42
Pressure ulcer - (Grade 4)	8	1	3			1		1				14
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	24	12	13	6	4	6	3	7	2	4	2	83

Figure 24 SUIs Reported at Southport & Ormskirk Hospital split by CCG

CCG Name / Incident Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
Sefton CCG												
Adverse media coverage or public concern about the organisation or the wider NHS										1		1
Allegation Against HC Professional										1		1
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
Maternity services - unexpected neonatal death										1		1
Medication											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
West Lancashire CCG												
Child abuse (institutional)			1									1
Confidential Information Leak				1								1
Failure to act upon test results				1								1
Maternity services - unexpected neonatal death										1		1
Medication								1			1	2
Pressure Sore - (Grade 3 or 4)		2	1									3
Pressure ulcer - (Grade 3)	10		3	1	1	4	1	3	1			24
Pressure ulcer - (Grade 4)	5	1				1						7
Sub-optimal care of the deteriorating patient	1			1								2
Unexpected Death							1					1
Unexpected Death of Inpatient (in receipt)	1											1
Grand Total	24	12	13	6	4	6	3	7	2	4	2	83



Number of Never Events reported in period

Southport & Ormskirk Hospital Integrated Care Organisation (ICO) have reported two Never Events. One in November 2015 and one in February 2016, both relate to medication errors.

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).

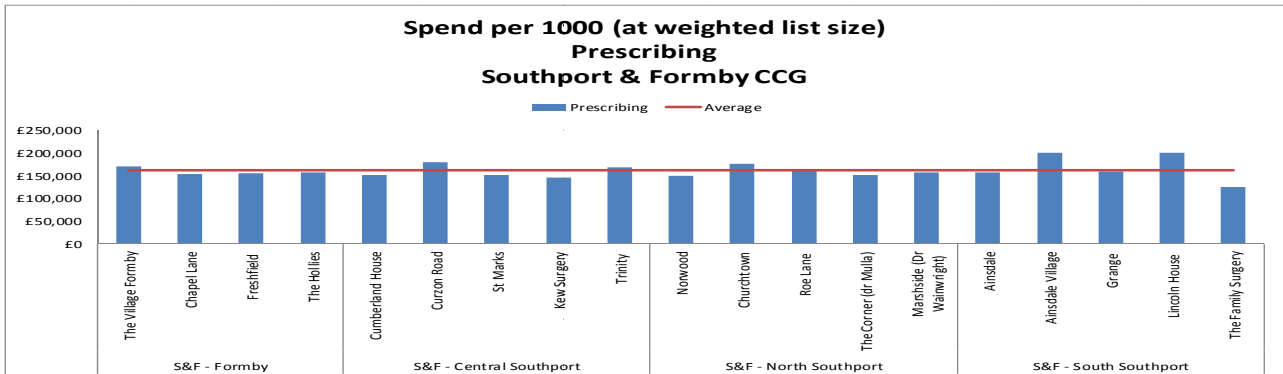
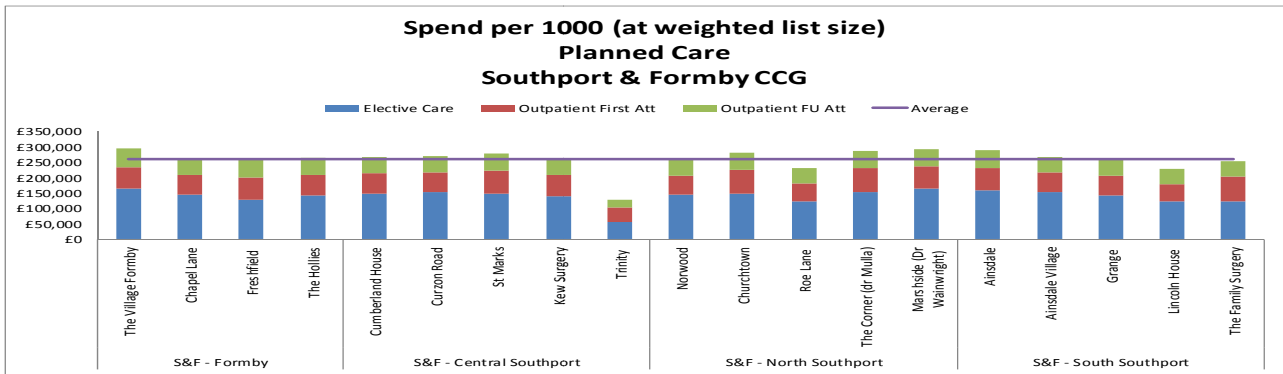
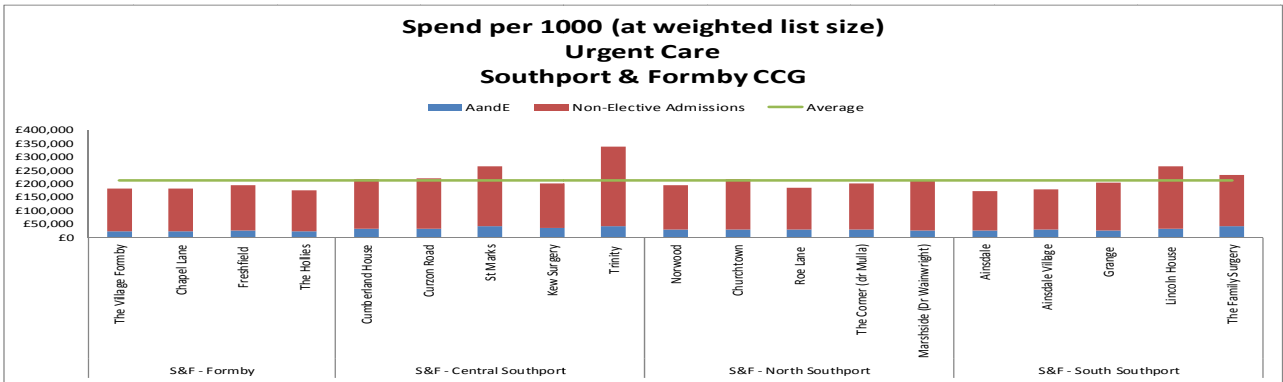
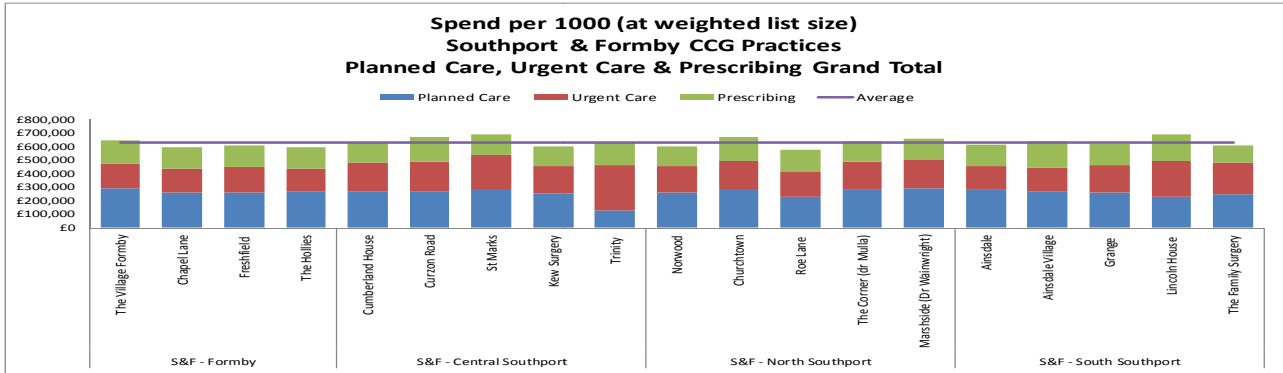
11.4 Summary of performance

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 25 Summary of Primary Care Dashboard – Urgent Care Summary

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




11.5 CQC Inspections

A number of practices in Southport and Formby CCG have been visited by the Care Quality Commission in 2015/16. CQC publish all inspection reports on their website. There has been one further inspection result published in February, for Hightown Surgery, which although a practice in South Sefton, the practice services are being provided by a Formby practice:

Hightown Surgery Good (6.5 miles away)

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.

 1 St George's Road, Hightown, Merseyside, L38 3RY
(0151) 929 3603
Provided by: SSP Health Ltd

CQC inspection area ratings
(Latest report published on 18 February 2016)

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

CQC Inspections and ratings of specific services
(Latest report published on 18 February 2016)

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

Doctors/GPs

Specialisms/services

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

12. Better Care Fund update

The payment for performance period of the 2015/16 Better Care Fund has now ended, as reported last month. Discussions are now underway for 2016/17 BCF planning.

13. NHS England Activity Monitoring

Figure 26 NHS England Activity Monitoring

Source	Referrals (G&A)	Month 10 YTD PLAN	Month 10 YTD ACTUAL	Month 10 YTD Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
Referrals (G&A)					
MAR	GP	23322	27016	15.8%	Please see previous report detailing the problems with the coding of referrals at Southport & Ormskirk Trust since the introduction of the new PAS back in October 14. Local referral data suggests an increase but at a lower rate but still above the 3% threshold.
MAR	Other	11922	15844	32.9%	As above. Updated figures using local referral data suggests a much lower increase but still outside the 3% threshold.
MAR	Total	35244	42860	21.6%	See above.
Outpatient attendances (G&A)					
SUS	All 1st OP	31646	37453	18.3%	Issues between plans (based on MAR) and actuals (SUS monitored) noted in previous submission. Actual activity from April to January (SUS) against the same period last year shows a variance of less than 1% for first outpatient attendances. Follow up activity comparing last year to this year shows a slight increase of approx. 5.3%. Overall the increase is slightly above 3% for all attendances.
SUS	Follow-up	74367	97034	30.5%	
SUS	Total OP attends	106013	134487	26.9%	
SUS	Outpatient procedures (G&A) (included in attends)				
Admitted Patient Care (G&A)					
SUS	Elective Day case spells	16546	15087	-8.8%	As stated in previous reports day case activity has increased against previous years. When comparing activity year to date to the same period in 14/15 the variance is approx. +8%.
SUS	Elective Ordinary spells	2544	2712	6.6%	Actual increase against previous years activity in line with plan v actual.
SUS	Total Elective spells	19090	17799	-6.8%	See above.
SUS	Non-elective spells complete	13351	13719	2.8%	
SUS	Total completed spells	32441	31518	-2.8%	
Attendances at A&E					
SUS	Type 1				
SUS	All types	31874	34130	7.1%	Actual activity for 2015/16 compared with the same period last year shows a variance slightly above the 3% threshold at 3.3%.

