

# **Southport & Formby Clinical Commissioning Group**

## Integrated Performance Report March 2016

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# 1. Executive Summary

This report provides summary information on the activity and quality performance of Southport and Formby Clinical Commissioning Group at Month 12 (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 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 QIPP target and 'in year' pressures against operational budgets. It should be noted that achievement of the break-even position was reliant on a number of non-recurrent benefits which will not be available in the next financial year. It is imperative that the CCG implements plans to reduce expenditure immediately; otherwise it will not deliver financial targets in 2016/17.

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

**A&E waits** (All Types) – Year to date the CCG failed the 95% target achieving 90.92% (March achieving 84.84%). The target has been failed at CCG level since April 2015. Southport & Ormskirk also failed and achieved 90.64% year to date (March achieving 84.62%) again failing the year to date target. The Trust is developing a new clinical strategy and operational plan to hit 87.5% by April 2016 and 95% by April 2017.

**A&E Waits (Type 1)** - The CCG failed the 95% target in March reaching 71.51% and are failing year to date reaching 86.78%. In March 614 attendances out of 2155 were not admitted, transferred or discharged within 4 hours. Southport & Ormskirk have failed the target in March reaching 71.52%, and are failing year to date reaching 83.87%. In March 1942 attendances out of 6820 were not admitted, transferred or discharged within 4 hours.

**Ambulance Activity** - The CCG failed all 3 of the Ambulance targets. Category A (Red 1), 8 minute response time – In March the CCG recorded 72.90% year to date, Category A (Red 2), 8 minute response time recorded 65.00% year to date. Lastly Category 19 Transportation recording 86.80% year to date failing the 95% target. NWS are also failing all 3 ambulance indicators, Category A (Red1) achieving 74.80% year to date and in month 67.34%, Category A (Red 2) achieving 70.40% year to date and in month 58.88% and Category 19 transportation time, achieving 92.60% year to date, in month achieving 86.66%. 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 NWS executive team and commissioning leads. Locally the Mersey CCGs continue to meet with NWS monthly to review performance at county and CCG level.

**Cancer Indicators** – For March the CCG are achieved all cancer indicators apart from two. The two failing indicators were 2 week breast symptoms, in March the CCG achieved 88.3% and are still failing year to date due to previous months breaches, recording 89.73%. Also 62 day consultant upgrade achieving 80.26% year to date, and are under plan due to previous months breaches, with delays due to late referral from other Providers, clinical reasons (patients with infections and other surgery) and one other was due to admin delay with a patient taking part in a clinical trial undergoing screening. These breaches will be discussed at the next monthly Situation Background Action Response (SBAR) meetings between the CCG and providers and actions agreed. 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. 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 less than 1% target in March hitting 1.44% waiting over 6 weeks for their diagnostic test. Out of 2152 patients 31 waited over 6 weeks for their diagnostic tests, 4 waiting over 13 weeks. Southport & Ormskirk also failed having 30 patients waiting over 6 weeks out of a total of 2928. Underperformance was mainly due to the absence of an ultrasonographer in March 2016, the Trust has since recruited a replacement and initial data indicates that diagnostic waits are back on track and meeting target in April 2016.

**Emergency Admissions Composite Measure** - Currently this measure is over performing year to date against plan of 2325.90 with March showing a value of 2627.16. Compared with the same period last year the CCG has had 179 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.

Measure – March 2016	Southport & Ormskirk	England Average
Inpatient – response	22.7%	24.1%
Recommended	95%	96%
Not Recommended	2%	1%
A&E – response	2.2%	12.0%
Recommended	78%	84%
Not Recommended	16%	9%

**HCAI – C difficile** – The CCG had 3 new cases reported in March and are above target for C. difficile year to date, (actual 39 / plan 38). Year-end plan 38, the CCG has failed the target for 2015-16. Southport & Ormskirk had 1 new case in March (actual 37 / plan 36). Year-end plan is 36. Following successful appeals the Trust now has had 26 attributable cases against an annual target of 36 attributable cases therefore achieving the year end plan.

**HCAI – MRSA** – There has been no new cases of MRSA reported in March for the CCG. February saw the first case reported in 2015/16, which brought the CCG over the zero tolerance threshold. Southport & Ormskirk saw no new cases of MRSA reported in March, the year to date total is 2. The trust is above the zero tolerance target for 2015-16.

**IAPT Access – Roll Out** – The CCG is under plan for Q4 for IAPT Roll Out and reached 3.03%, which shows an improvement on Q3 (2.54%) plan 3.75%. This equates to 578 patients having entered into treatment out of a population of 19079 (Psychiatric Morbidity Survey).

**IAPT Recovery** - The CCG are under the 50% plan for recovery rate In Q4 reaching 48.71%. This equates to 132 patients who moved to recovery out of 271 who completed treatment. There has been an increase in performance from the previous quarter when the trust reported 43.19%.

**MSA** – In March the CCG reported 2.60 breaches per 1000 FCE, which was 11 breaches, this is above the target and as such are reporting red for this indicator the eighth time in 2015-16. In March Southport & Ormskirk Trust reported 3.20 breaches per 1000 FCE, which was 19 breaches, this is above the target and as such are also reporting red for this indicator for the eighth time in 2015-16. The trust has had 81 breaches year to date. The Provider reports that all the current breaches relate to critical care. There is a focus on step-down of patients from Critical Care to the wards to improve DSSA breaches, with an agreed hierarchy of bed allocation within the organisation. Significant pressure within the system have prevented timely step down of patients from critical care in March.

**RTT 18 Weeks – Admitted patients** - This indicator is monitored at local level again the previous statutory target of 90%. The CCG have narrowly failed the target reaching 88.58%, this equates to 82



patients out of 718 not seen within 18 weeks. Southport & Ormskirk also failed the target reaching 84.58%, this equates to 128 out of 702 not seen within 18 weeks.

**Patient Safety Incidents Reported** – Southport & Ormskirk reported 8 Serious Untoward Incidents in March, bringing the year to date total to 91. (4 x pressure ulcer grade 3, 1 x allegation against HC non-professional, 1 x diagnosis, 1 x pressure ulcer grade 4 and 1 x serious self-inflicted injury inpatient.

**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 March hitting 75.00%, 12 out of 16 patients spending at least 90% of their time on a stroke unit. Southport & Ormskirk failed to achieve the 80% target in March reaching 64.00%, 16 patients out of 25 spending at least 90% of their time on a stroke unit. An early supported discharge business case has been put forward as part of the business planning. Main concern is mixed sex and a partition is being considered in one of the bays. Further exacerbated by bed pressures.

**TIA** – The CCG failed the 60% target in March for % of high risk patients of stroke who experience a TIA being assessed and treated within 24 hours, achieving 50.0%, in March 2 out of 4 patients being assessed and treated. Southport & Ormskirk also failed achieving 54.55%, 6 out of 11 patients being assessed and treated within 24 hours.

**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 31<sup>st</sup> March 2016 (Month 12). The 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 QIPP target and 'in year' pressures against operational budgets.

It should be noted that achievement of the break-even position was reliant on a number of non-recurrent benefits which will not be available in the next financial year. It is imperative that the CCG implements plans to reduce expenditure immediately, otherwise it will not deliver financial targets in 2016/17.

In 2015/16, the CCG identified £1.877m QIPP savings against a target of £6.151m, leaving £4.274m unidentified. This unidentified QIPP has been achieved non-recurrently in 2015/16 through a management action plan and this has effectively increased the QIPP target for 2016/17.

The CCG Clinical QIPP Committee is responsible for identifying and implementing schemes to deliver required savings, a work programme is ongoing to ensure delivery of the QIPP requirement. In addition, the CCG is undertaking a review of all discretionary expenditure to identify areas where the CCG has control on spending decisions and the impact of a funding reduction.

**Figure 1 Financial Dashboard**

Key Performance Indicator		This Month	Prior Month
Business Rules	1% Surplus	✗	✗
	0.5% Contingency Reserve	✓	✓
	2.5% Non-Recurrent Headroom	✓	✓
Surplus	Financial Surplus / (Deficit) *	£0m	£0m
QIPP	Unmet QIPP to be identified > 0	£4.274m	£4.274m
Running Costs	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 12 as follows:

- Approved capital scheme (Queenscourt Hospice) - £0.045m

### 2.2 Financial Position and Forecast

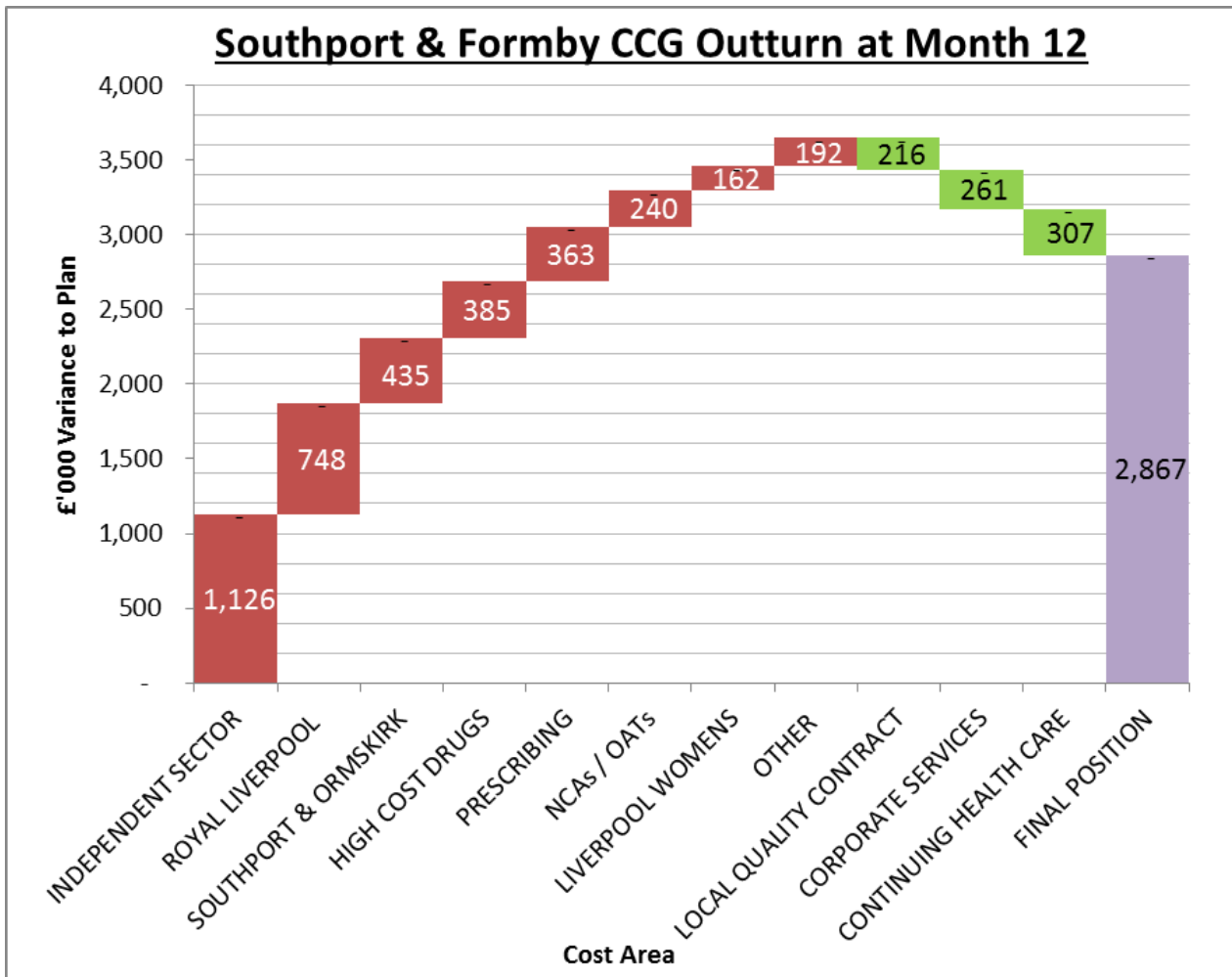
The majority of the overspend is within the Independent Sector, Acute providers, and in prescribing.

It should be noted that whilst the financial activity period relates to the end of March 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 February 2016. Where a year end settlement has been agreed, the financial position is based on the agreed values.

**Figure 2 Forecast Outturn at Month 12**



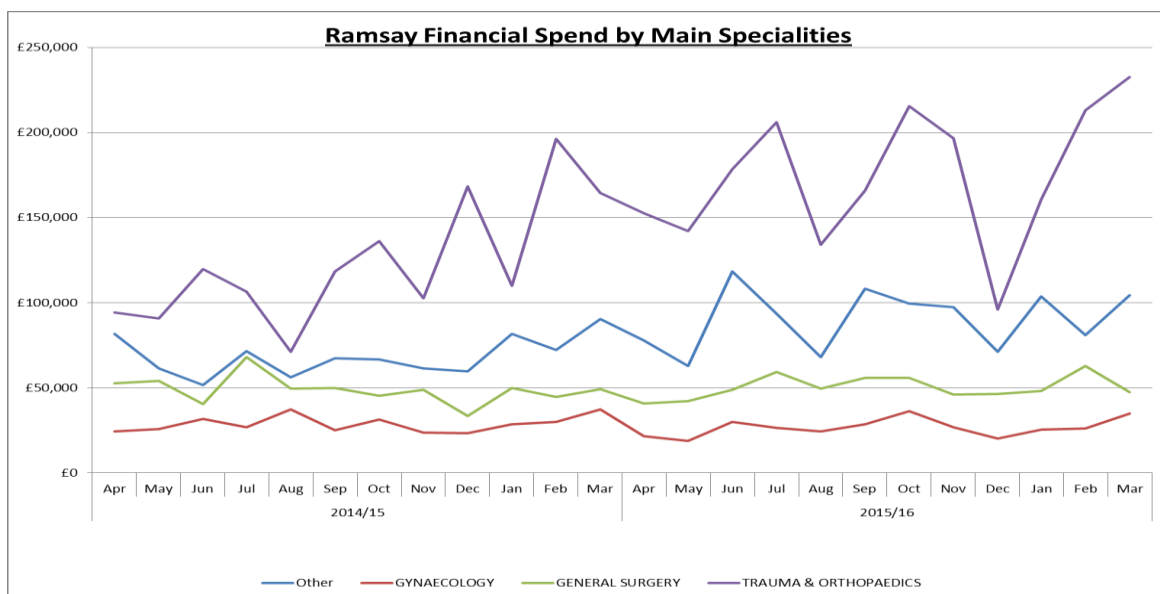
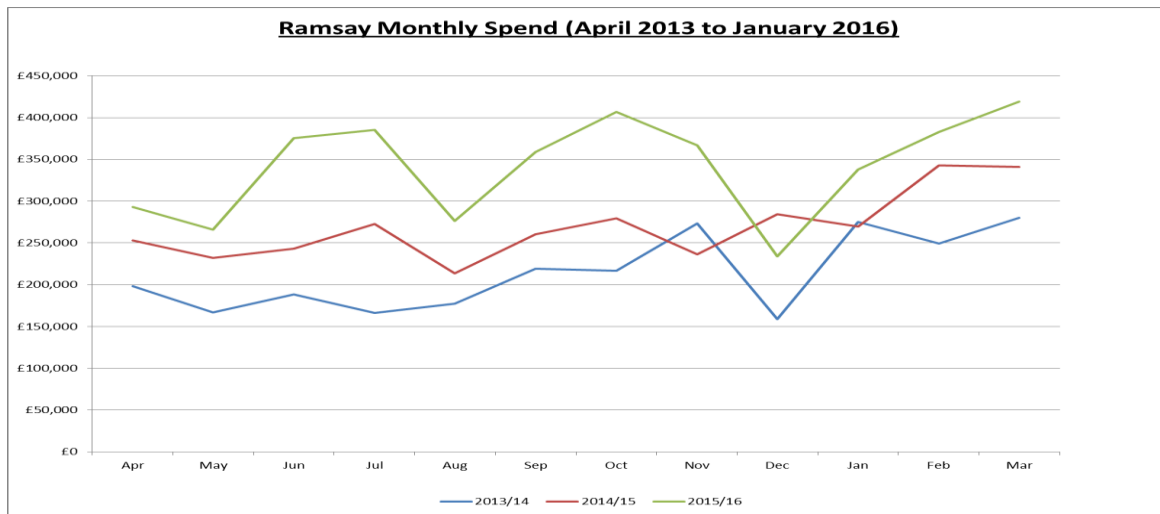
### Independent Sector Providers

The outturn position for independent sector providers is £1.126m overspent, 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 has been undertaken across the CCG and a case for change presented to the Clinical QIPP committee in May. Proposed redesign of the service aims to reduce referrals and activity through increased triage by the MCAS community service.

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

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



## Acute commissioning

### Southport and Ormskirk NHS Trust

The year-end financial position for Southport and Ormskirk NHS Trust is based on a year-end agreement with the Trust. It should be noted that this was not an agreed settlement but an agreed year end position. Adjustments will be made in the new year for CQUIN once the final position is known, and to reflect the final outcome of the Orthopaedic outpatient coding review. M12 activity is in line with the final agreed position and therefore does not present a risk for 2016/17.

The year-end agreement was based on the Month 11 activity data, adjusted for a number of items:

- Contract Penalties - £1.000m
- CQUIN reduction - £0.350m
- Orthopaedic outpatient procedures coding review - £0.300m

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 are in the following areas:

- A&E attendances – over spend of £0.380m in month 11. This is a continuation of a trend seen throughout the year.
- Planned inpatient care – in the year to date, day case activity is £0.354m higher than plan. This over spend is mainly within pain management and general surgery. There is also a small over spend on electives of £0.097m at month 11.
- Outpatient care – Outpatient attendances are £0.425m higher than budget. The main area of over spend is outpatient procedures £0.558m which is linked to trauma & orthopaedics and dermatology activity. A formal review is currently being under taken 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 11, the majority (£0.141m) 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) – overspend of £0.460m (includes GPAU activity totalling £0.453m). 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 11 data received from Royal Liverpool Hospital shows an overspend of £0.621m. The cumulative overspend relates to the following areas:

- Elective and day case surgery (£0.275m to Month 11) in breast surgery (£0.076m) and orthopaedics (£0.087m). This breast surgery activity increase is highly likely to be related to the closure of this service within Southport & Ormskirk NHS Trust.
- Outpatients - £0.073m, the majority of which relates to breast services
- Critical Care (HDU & ITU) - £0.036m to month 11
- Anti TNF and general drugs - £0.088m to month 11
- Age Related Macular Degeneration (ARMD) - £0.085m to month 11

### **Aintree University Hospitals NHS Foundation Trust**



The financial position for Aintree Hospital is based on a year-end settlement agreed with the Trust. The settlement was based on Month 11 outturn with adjustments for contract penalties. The outturn position was a small overspend of £0.050m.

### **Liverpool Heart and Chest**

The full year overspend for Liverpool Heart and Chest NHS Trust is £0.117m with overspends in elective care, particularly for cardiology as well as increases in both non-elective care and outpatients.

### **St Helens & Knowsley NHS Trust**

The full year outturn position for St Helens and Knowsley NHS Trust is an overspend of £0.144m with overspends within planned care and day cases.

### **Non Contract Activity / Out of Area Treatments**

The overspend for Non Contract Activity (NCA) and Out of Area Treatments (OATs) is £0.240m 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 Southport & Formby CCG registered, therefore an associated value has been included in the management action plan to offset some of this cost.

### **Prescribing / High Cost Drugs**

The overspend for the prescribing budget has increased to £0.363m in Month 12, which is based upon M11 data. 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 full year position for this budget is an underspend of £0.307m. This reflects the current number of patients, average package costs and 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, and has been included in the QIPP plan for 2016/17.

## 2.3 QIPP

The QIPP savings target for Southport and Formby CCG was **£6.151m** for 2015/16. This reduced to £4.274m following delivery of schemes totalling £1.877m

Any further QIPP schemes that have been delivered since budget setting at M9 are shown as an underspend against the relevant budget, and have been built into the QIPP plans for 2016/17

	£'m
<b>QIPP schemes reported at Month 11</b>	<b>1.877</b>
QIPP schemes identified in current Month:	0
<b>QIPP schemes reported as at Month 12</b>	<b>1.877</b>

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.

Schemes being considered against the Transformation Fund. This shows that the full year cost of proposals are consistent with the total funding available. However, the 2015/16 position forecasts an underspend position of £1.204m due to delayed implementation of schemes.

## 2.4 CCG Running Costs

The current year outturn position for the running cost budget is an underspend of £0.206m. 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.

Draft budgets for 2016/17 have been approved by the Governing Body. Running cost budgets are within the CCG 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 CCG implemented a recovery plan to deliver a break-even position. 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 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 - This is a volatile area of spend, and prescribing has overspent during the year by 3% creating a pressure of £0.8m. This also represents one of the biggest opportunities for the CCG and a critical review of all opportunities in this area is underway as part of the development of the QIPP plans for 2016/17.



**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)
Outturn (against operational budgets)	(4.992)	2.125	(2.867)
Transformation Fund slippage		1.204	1.204
Unutilised reserves	1.945	2.192	4.137
<b>QIPP:</b>			
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
Year End Surplus / (deficit)	(5.521)	5.521	0.000

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 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.

## 2.6 Conclusions and Recommendations

- The CCG has delivered its statutory financial duty to break-even which was mitigated through delivery of the agreed recovery plan. 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 has a challenging QIPP in the next financial year, and a financial recovery plan is being developed to be presented to the Governing Body in May 2016.
- 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

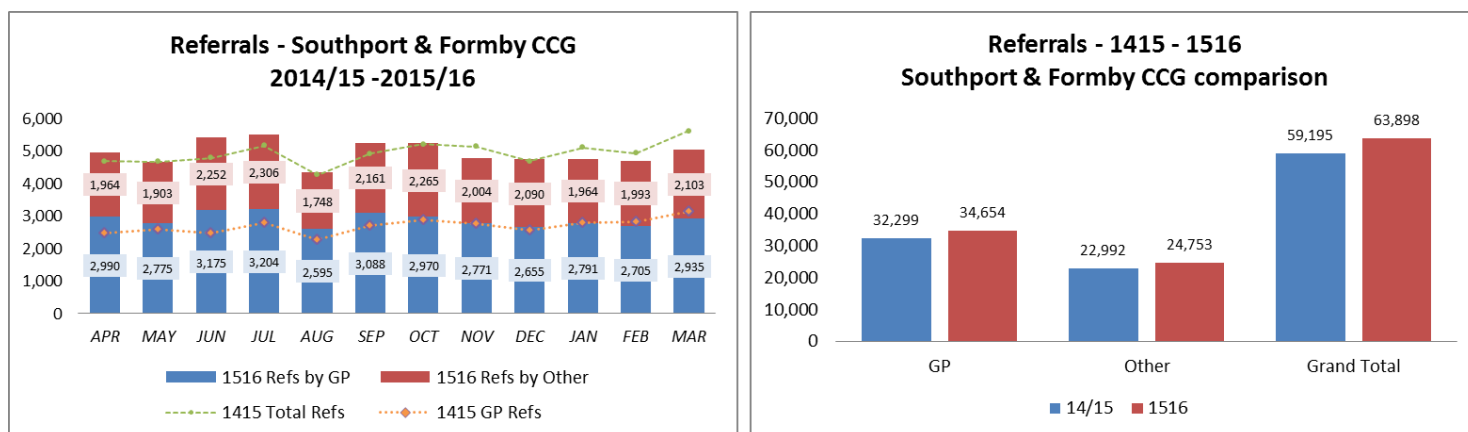


Figure 5 GP and 'other' referrals for the CCG across all providers comparing 2013/14, 2014/15 and 2015/16 by quarter

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	1516 Q4	1314 YTD	1415 YTD	1516 YTD	% 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	8,940	8,887	8,396	8,431	29,837	32,299	34,654	7%	
GP Total			7,523	7,460	7,365	7,489	7,538	7,772	8,209	8,780	8,940	8,887	8,396	8,431	29,837	32,299	34,654	7%	
Other	01	following an emergency admission	611	600	511	570	581	569	145	30	27	24	37	17	2,292	1,325	105	-92%	
	02	following a Domiciliary Consultation	3	1	1	0	0	3	70	95	19	7	3	6	5	168	35	0%	
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	733	660	645	636	684	726	755	691	860	838	817	746	2,674	2,856	3,261	14%	
	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	2,891	3,134	2,867	2,691	8,069	9,482	11,583	22%	
	06	self-referral	248	288	314	293	305	284	356	389	486	402	445	450	1,143	1,334	1,783	34%	
	07	A Prosthetist	1	6	2	4	2	7	1	1	2	0	3	0	13	11	5	-55%	
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	17	39	39	54	35	47	36	33	58	50	44	61	149	151	213	41%	
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	191	167	180	179	185	189	140	137	136	144	121	148	717	651	549	-16%	
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	1	0	0	0	0	1	0	1	2	2	3	1	1	2	8	0%	
	13	A Specialist NURSE (Secondary Care)	9	4	5	4	5	8	7	9	14	19	17	15	22	29	65	124%	
	14	An Allied Health Professional	40	26	29	147	417	438	325	401	450	434	470	414	242	1,581	1,768	12%	
	15	An OPTOMETRIST	129	141	169	196	193	177	125	161	213	236	287	227	635	656	963	47%	
	16	An Orthoptist	1	1	0	1	0	1	0	24	31	26	19	12	3	25	88	0%	
	17	A National Screening Programme	12	2	25	35	82	59	93	105	169	167	182	191	74	339	709	109%	
	92	A GENERAL DENTAL PRACTITIONER	416	402	431	397	403	399	439	389	80	89	87	93	1,646	1,630	349	-79%	
	93	A Community Dental Service	8	2	8	4	5	4	8	3	5	0	1	0	22	20	6	-70%	
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	664	639	653	673	666	676	718	687	676	643	956	988	2,629	2,747	3,263	19%		
Other Total			5,118	4,928	4,964	5,326	5,641	5,672	5,903	5,791	6,119	6,215	6,359	6,060	20,336	23,007	24,753	8%	
Unknown (All are Renaces SOR coding error)			1,119	1,280	1,421	1,264	972	911	917	1,104	1,155	1,198	1,040	1,097	5,084	3,904	4,490	15%	
Grand Total			13,760	13,668	13,750	14,079	14,151	14,355	15,029	15,675	16,214	16,301	15,795	15,588	55,257	59,210	63,898	8%	

In 2015/16 GP referrals accounted for 54% of all referral activity with consultant generated referrals accounting for 19%, 5% A&E, 5% 'other' (which includes community services), with the remaining 17% from other sources including 'unknown'. GP referrals in 2015/16 were 7% higher (extra 2,355 referrals) than in 2014/15, and 22% increase in consultant referrals (additional 2,101 referrals in 15/16), and 51% in A&E referrals (additional 1,096 referrals). Further analysis is being conducted into the increase in self referrals, and A&E referrals with potential for a clinical audit of a sample of cases. Referral

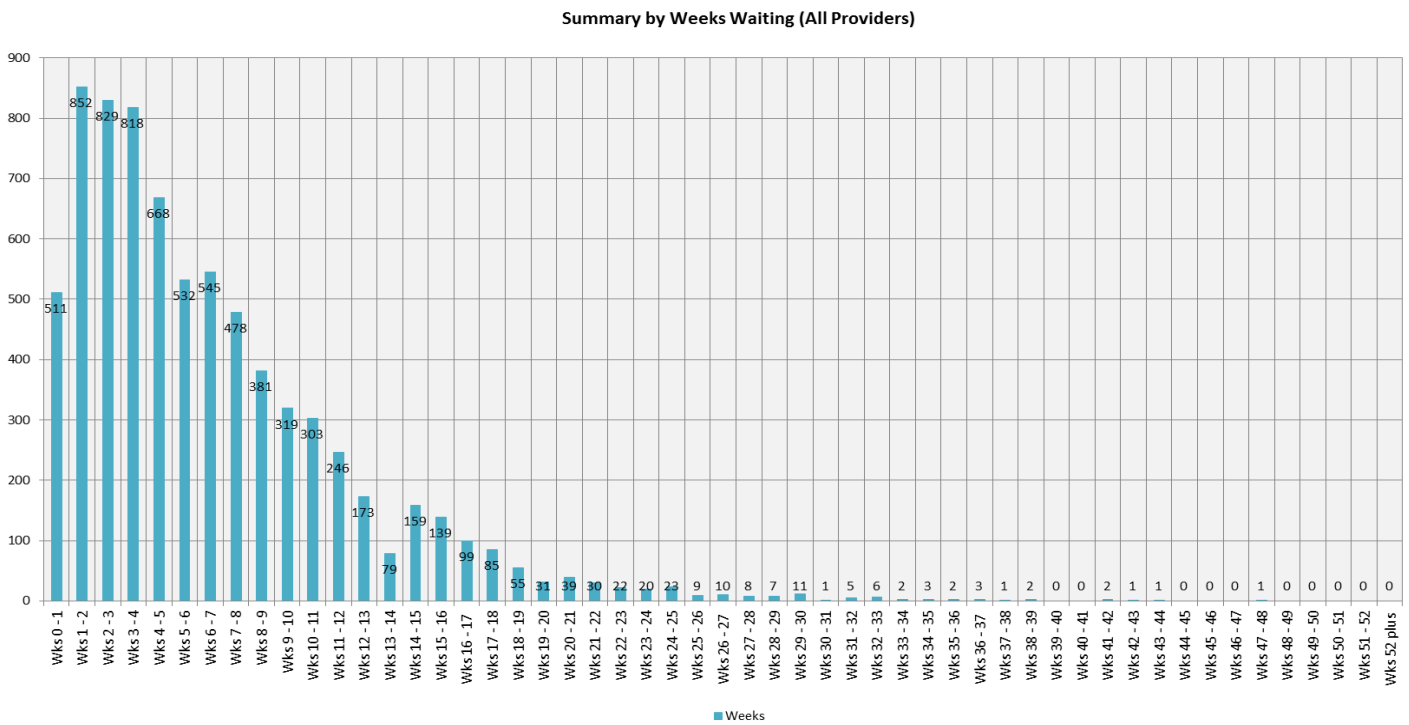


management options are being explored, and a question will be put to NHS England regarding the levels of referrals from dental practitioners.

## 4. Waiting Times

### 4.1 NHS Southport and Formby CCG patients waiting

Figure 6 Patients waiting on an incomplete pathway by weeks waiting



## 4.2 Top 5 Providers

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

Incomplet Pathways (Providers <92%)	2) Incomplete pathways for all patients (unadjusted)				
Provider	Under 18 Weeks	Over 18 Weeks	The Total	% in 18 Weeks	RAG
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST : (RQ6)	404	41	445	90.79%	●
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)	158	24	182	86.81%	●
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST : (RXN)	28	4	32	87.50%	●
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST : (RBL)	19	2	21	90.48%	●
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST : (RWW)	7	2	9	77.78%	●
SALFORD ROYAL NHS FOUNDATION TRUST : (RM3)	7	2	9	77.78%	●
THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST : (RL1)	1	1	2	50.00%	●

Patients on Incomplete Pathway - current month

Provider	Total Patients	>18 Weeks	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	Over 52
S&O	5,097	157	6	2	2	2		2	1				1																
Aintree	557	40		2	1	2		1	1	1	1				1			2											
RLBUHT	445	41	2		1	4	1		2	1	2	2	2	1	1														
Alder Hey	182	158	2	3	2	3		2	1																				

## 4.3 Provider assurance for long waiters

Provider	Specialty	Weeks	Reason for Delay
Aintree	Respiratory Medicine	41	Outpatient capacity issues
Lancashire Teaching	General Surgery	42	27/04/16 – Decision not to treat. Delay caused as patient declined investigation appointments.
Salford Royal	Unknown	43	TCI Date of 21/04/16 and the pathway has now closed The delay was due to patient being a 'dual case' with both Mr Mohammad and Mr Verma and with the diagnostics, Pre ops, Anaesthetic reviews and Mr Mohammad's extensive waiting list the delay occurred.
WW&L	T&O	47	Admitted 20/04. This patient was identified at pre-op as requiring surgery on the acute site due to their clinical condition. 20 <sup>th</sup> April was the earliest date this patient could be accommodated safely for surgery as two theatres are currently being refurbished.



## 5. Planned Care

Performance for the financial year 2015/16, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of £3.8m or 10% cost variance against plan. This over-performance is driven by increases at Southport & Ormskirk Hospital (£974k/4%), Aintree Hospital (£600k/17%) and Renacres Hospital (£1.3m/43%).

### 5.1 All Providers

Figure 8 All Providers (Excl S&O)

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
ALL Providers (PBR & Non PBR. PBR for S&O)								
Aintree University Hospitals NHS F/T	14,895	18,367	3,472	23%	£3,499	£4,099	£600	17%
Alder Hey Childrens NHS F/T	5,048	5,742	694	14%	£642	£658	£16	2%
Central Manchester University Hospitals Nhs Foundation Trust	236	282	46	19%	£44	£73	£29	65%
Countess of Chester Hospital NHS Foundation Trust	0	93	93	0%	£0	£14	£14	0%
East Cheshire NHS Trust	0	2	2	0%	£0	£0	£0	0%
Fairfield Hospital	103	81	-22	-21%	£27	£11	£-15	-57%
ISIGHT (SOUTHPORT)	2,846	3,693	847	30%	£686	£842	£156	23%
Liverpool Heart and Chest NHS F/T	1,622	2,088	466	29%	£913	£1,032	£118	13%
Liverpool Womens Hospital NHS F/T	2,408	2,552	144	6%	£729	£728	£-1	0%
Renacres Hospital	11,606	17,058	5,452	47%	£3,095	£4,430	£1,335	43%
Royal Liverpool & Broadgreen Hospitals	14,718	15,073	355	2%	£3,093	£3,373	£280	9%
Southport & Ormskirk Hospital	110,470	114,799	4,329	4%	£22,280	£23,253	£974	4%
SPIRE LIVERPOOL HOSPITAL	866	555	-311	-36%	£229	£199	£-30	-13%
ST Helens & Knowsley Hospitals	4,280	4,809	529	12%	£946	£1,098	£152	16%
University Hospital Of South Manchester Nhs Foundation Trust	199	233	34	17%	£36	£42	£6	15%
Walton Neuro	2,166	2,304	138	6%	£477	£512	£36	8%
Wirral University Hospital NHS F/T	315	267	-48	-15%	£103	£67	£-36	-35%
Wrightington, Wigan And Leigh Nhs Foundation Trust	2,163	2,779	616	28%	£776	£992	£216	28%
<b>Grand Total</b>	<b>173,940</b>	<b>190,777</b>	<b>16,837</b>	<b>10%</b>	<b>£37,575</b>	<b>£41,423</b>	<b>£3,849</b>	<b>10%</b>



## 5.2 Southport and Ormskirk Hospital NHS Trust

Figure 9 Month 12 Planned Care- Southport and Ormskirk Hospital NHS Trust by POD

S&O Hospital Planned Care (PbR ONLY)	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	11,747	12,347	600	5%	£6,367	£6,669	£303	5%
Elective	1,554	1,645	91	6%	£4,142	£4,218	£75	2%
Elective Excess BedDays	315	283	-32	-10%	£70	£62	-£8	-11%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	800	1,500	700	87%	£129	£221	£93	72%
OPFASPCL - Outpatient first attendance single professional consultant led	18,095	15,223	-2,872	-16%	£2,767	£2,345	-£422	-15%
OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,885	3,793	1,908	101%	£198	£384	£185	94%
OPFUPSCL - Outpatient follow up single professional consultant led	45,503	44,685	-818	-2%	£4,188	£4,201	£13	0%
Outpatient Procedure	20,351	24,162	3,811	19%	£3,599	£4,229	£630	18%
Unbundled Diagnostics	10,220	11,161	941	9%	£820	£923	£104	13%
<b>Grand Total</b>	<b>110,470</b>	<b>114,799</b>	<b>4,329</b>	<b>4%</b>	<b>£22,280</b>	<b>£23,253</b>	<b>£974</b>	<b>4%</b>

### 5.2.1 Southport & Ormskirk Hospital Key Issues

Daycases are showing a £303k over performance against the 2015/16 plan. General Surgery and Pain Management are the 2 main contributors to the planned care over performance. Two particular HRG's, making up £190k of the over performance, are "FZ61Z - Diagnostic Endoscopic Procedures on the Upper GI Tract with biopsy 19 years and over" and "FZ55Z - Diagnostic Flexible Sigmoidoscopy with biopsy 19 years and over". FZ61Z is reporting a 40% over performance with a FZ55Z reporting a year end variance of 100%.

The CCG appears as an outlier for Gastro activity in NHS Rightcare's 'Commissioning for Value' packs when compared with demographically similar CCGs. We are undertaking further analysis of the data with NHS Rightcare, and are looking to review activity with external clinical input across both Southport & Formby and South Sefton CCGs.

A review of outpatient coding is currently being undertaken at the Trust with an increase in multi professional attendances seen in 2015/16 as well as an increase in procedures. West Lancashire CCG along with MIAA are currently investigating the increase in one specific area of outpatient procedures relating to 'Examination of Joint NEC'. The findings of the reviews and audit are expected in the near future.



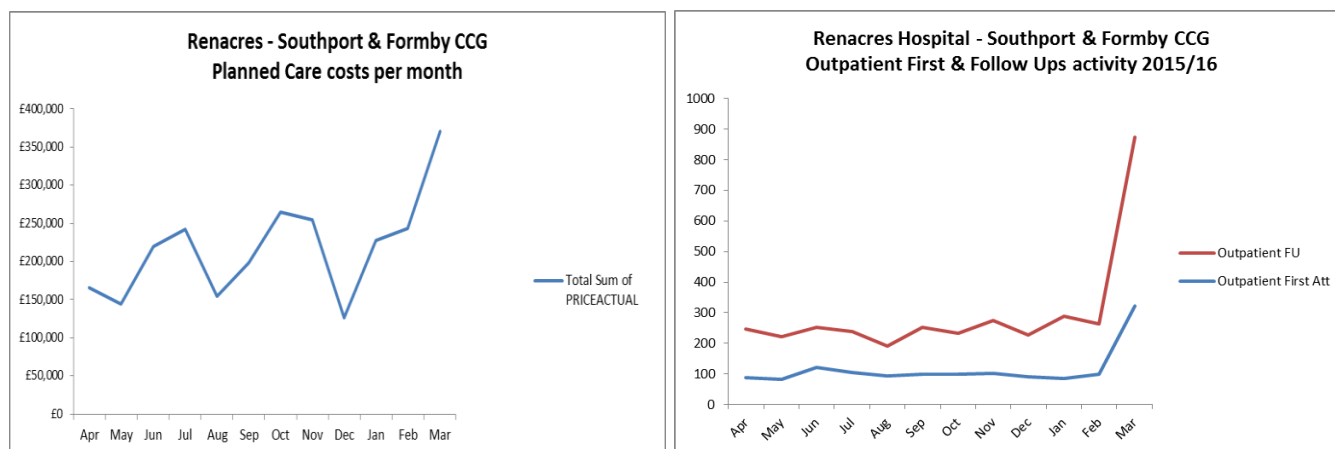
## 5.3 Renacres Hospital

Figure 10 Month 12 Planned Care- Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	1,408	1,717	309	22%	£1,348	£1,759	£411	30%
Elective	208	270	62	30%	£718	£1,184	£467	65%
Elective Excess BedDays	13	0	-13	-100%	£4	£0	£-4	-100%
OPFASPCL - Outpatient first attendance single professional consultant led	3,412	4,099	687	20%	£462	£563	£100	22%
OPFUPSCL - Outpatient follow up single professional consultant led	3,213	8,063	4,850	151%	£263	£496	£233	89%
Outpatient Procedure	2,161	1,492	-669	-31%	£203	£286	£83	41%
Unbundled Diagnostics	1,190	1,417	227	19%	£97	£143	£45	47%
<b>Grand Total</b>	<b>11,606</b>	<b>17,058</b>	<b>5,452</b>	<b>47%</b>	<b>£3,095</b>	<b>£4,430</b>	<b>£1,335</b>	<b>43%</b>

### 5.3.1 Renacres Hospital Key Issues

Whilst the Planned Care section of the Renacres contract has over performed throughout 2015/16, we have seen a sharp increase in activity reported in M12. Analysis of M12 Planned Care shows that there has been a dramatic increase in First and Follow Up appointments. Activity increase is repeated across all specialties. Tables below show the monthly costs with the Outpatient Increase:



Over performance also increased in Daycase and Elective care. 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. Daycase and Elective inpatient analysis shows us that 3 HRGs for major Hip, Knee & Shoulder procedures are up a combined £522k – which equates to circa 60% of the Daycase/Elective over performance. Given the size of this contract, CCG representation at contract review meetings will be increased in 2016/17, with additional support from finance and business intelligence colleagues to the contracts team. The CCG have redesigned the Musculoskeletal Clinical Assessment Service (MCAS) which will operate across all providers in 2016/17 including Renacres, meaning overall direct referrals to this provider without an MSK assessment should reduce. This will ensure that patients are seen in the most appropriate setting and get the most appropriate care. A review of New:Follow Up outpatient rates have been benchmarked; Renacres tends to be lower than average in a number of specialties except spinal, which the provider is reviewing.



## 5.4 Aintree University Hospital

Figure 11 Month 12 Planned Care- Aintree University Hospital by POD

Aintree University Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	725	763	38	5%	£502	£522	£20	4%
Elective	366	432	66	18%	£767	£933	£166	22%
Elective Excess BedDays	460	209	-251	-55%	£105	£47	-£58	-55%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	56	119	63	114%	£11	£21	£10	94%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	219	253	34	16%	£11	£11	£0	2%
OPFASPCL - Outpatient first attendance single professional consultant led	2,501	2,939	438	18%	£404	£479	£74	18%
OPFUPMPCl - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	137	169	32	24%	£17	£20	£3	20%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	84	460	376	448%	£2	£11	£9	448%
OPFUPSCL - Outpatient follow up single professional consultant led	6,351	7,450	1,099	17%	£589	£702	£113	19%
Outpatient Procedure	2,121	2,780	659	31%	£326	£456	£130	40%
Unbundled Diagnostics	942	1,790	848	90%	£82	£148	£67	82%
Wet AMD	934	1,003	69	7%	£685	£749	£65	9%
<b>Grand Total</b>	<b>14,895</b>	<b>18,367</b>	<b>3,472</b>	<b>23%</b>	<b>£3,499</b>	<b>£4,099</b>	<b>£600</b>	<b>17%</b>

### 5.4.1 Aintree University Hospital Key Issues

Daycase & Elective combined over performance continues to rise to £186k/31%. This is primarily driven by Breast Surgery; however Gastroenterology and Colorectal Surgery have seen an increase in activity over the last two months.

Daycase increase in Breast Surgery has been seen as a result of transfer of service into Aintree during 2015/16. Mastectomy's and Breast Reconstruction procedures make up the majority of Breast Surgery over performance.

Within Colorectal Surgery, two HRG's - "Hepatobiliary Procedures category 6 and 7" - are reporting a £60k cost against a nil plan in 2015/16.

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.



## 5.5 Wrightington, Wigan & Leigh Hospital

Figure 12 Month 12 Planned Care- Wrightington, Wigan & Leigh Hospital by POD

Wrightington, Wigan And Leigh Nhs Foundation Trust Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
all other outpatients	0	13	13	#DIV/0!	£0	£1	£1	#DIV/0!
Daycase	146	152	6	4%	£218	£203	-£15	-7%
Elective	70	100	30	43%	£368	£546	£178	48%
Elective Excess BedDays	62	10	-52	-84%	£15	£2	-£13	-86%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	30	41	11	37%	£3	£3	£0	9%
OPFASPCL - Outpatient first attendance single professional consultant led	281	415	134	48%	£32	£49	£18	56%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	46	59	13	28%	£4	£5	£1	33%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	46	85	39	85%	£1	£2	£1	96%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,090	1,436	346	32%	£79	£110	£31	39%
Outpatient Procedure	156	202	46	29%	£28	£38	£10	35%
Unbundled Diagnostics	236	266	30	13%	£28	£31	£4	13%
<b>Grand Total</b>	<b>2,163</b>	<b>2,779</b>	<b>616</b>	<b>28%</b>	<b>£776</b>	<b>£992</b>	<b>£216</b>	<b>28%</b>

### 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 £221k allocated to HRGs with no 2015/16 allocated plan. These HRG's consists of major hip, shoulder and foot procedures. 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 for financial year 2015/16 shows an over-performance of circa £595k for contracts held by NHS Southport & Formby CCG.

This overspend is driven by the £395k overspend at Southport & Ormskirk Hospital. The other two main Trusts over spending are Liverpool Women's £140k and Royal Liverpool £140k.

### 6.1 All Providers

Figure 13 Month 12 Unplanned Care – All Providers



	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
ALL Providers (PBR & Non PBR. PBR for S&O)								
Aintree University Hospitals NHS F/T	1,866	1,481	-385	-21%	£914	£905	£-9	-1%
Alder Hey Childrens NHS F/T	773	786	13	2%	£416	£352	£-64	-15%
Central Manchester University Hospitals Nhs Foundation Trust	88	84	-4	-5%	£30	£28	£-2	-6%
Countess of Chester Hospital NHS Foundation Trust	0	50	50	0%	£0	£9	£9	0%
East Cheshire NHS Trust	0	7	7	0%	£0	£1	£1	0%
Liverpool Heart and Chest NHS F/T	133	144	11	8%	£421	£425	£4	1%
Liverpool Womens Hospital NHS F/T	245	333	88	36%	£202	£342	£140	69%
Renacres Hospital	0	0	0	0%	£-6	£0	£6	-100%
Royal Liverpool & Broadgreen Hospitals	1,083	1,293	210	19%	£644	£784	£140	22%
Southport & Ormskirk Hospital	55,228	57,050	1,822	3%	£27,674	£28,069	£395	1%
ST Helens & Knowsley Hospitals	398	408	10	3%	£214	£206	£-9	-4%
University Hospital Of South Manchester Nhs Foundation Trust	47	26	-21	-45%	£8	£18	£11	137%
Walton Neuro	1	2	1	83%	£2	£9	£7	289%
Wirral University Hospital NHS F/T	112	53	-59	-53%	£45	£25	£-19	-43%
Wrightington, Wigan And Leigh Nhs Foundation Trust	62	70	8	13%	£53	£38	£-15	-28%
<b>Grand Total</b>	<b>60,036</b>	<b>61,787</b>	<b>1,751</b>	<b>3%</b>	<b>£30,617</b>	<b>£31,212</b>	<b>£595</b>	<b>2%</b>

## 6.2 Southport and Ormskirk Hospital NHS Trust

Figure 14 Month 12 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
S&O Hospital Unplanned Care (Pbr ONLY)								
A and E	35,509	36,538	1,029	3%	£3,951	£4,365	£414	10%
NEL/NELSD - Non Elective/Non Elective IP Same Day	11,175	11,104	-71	-1%	£19,185	£19,407	£222	1%
NELNE - Non Elective Non-Emergency	1,254	1,712	458	36%	£2,115	£1,905	£-209	-10%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	217	220	3	0%	£68	£67	£-2	0%
NELST - Non Elective Short Stay	1,776	1,594	-182	-10%	£1,242	£1,109	£-133	-11%
NELXBD - Non Elective Excess Bed Day	5,298	5,882	584	11%	£1,113	£1,217	£104	9%
<b>Grand Total</b>	<b>55,228</b>	<b>57,050</b>	<b>1,822</b>	<b>3%</b>	<b>£27,674</b>	<b>£28,069</b>	<b>£395</b>	<b>1%</b>

### 6.2.1 Southport and Ormskirk Hospital NHS Trust Key Issues

A&E costs for 2015/16 reported a year end variance of £414k/10%. Non Elective's £222k overspend is offset by a similar under performance in Non-Elective Same Day admissions and Non Elective short stays. Whilst financially the Trust are reporting an underperformance against contract, general increases in A&E activity are noted in the latest months figures coupled with increases in Ambulance attendances and negative numbers of discharges compared to the number of Admissions.

The A&E workforce is currently under review by the Trust with an on-going review of flow, and NEL activity at Ward level by the Trust. Daily meetings are held with discharge teams and daily review of DTOCs with the Trust feeding back to the System Resilience Group (SRG). MADE outcomes included in recovery plan and turnaround in particularly being focused on. Trust have suggested in their Sustainability & Transformation Fund Plan (STP) trajectory to achieve compliance with the 95% A&E target by March 2017.



## 7. Mental Health

### 7.1 Mersey Care NHS Trust Contract

Figure 15 NHS Southport and Formby CCG – Shadow PbR Cluster Activity

PBR Cluster	Caseload as at 31/03/2016	2015/16 Plan	Variance from Plan	Variance on 31/03/2015
0 Variance	46	32	14	7
1 Common Mental Health Problems (Low Severity)	3	35	(32)	(16)
2 Common Mental Health Problems (Low Severity with greater need)	4	45	(41)	(23)
3 Non-Psychotic (Moderate Severity)	159	162	(3)	(26)
4 Non-Psychotic (Severe)	170	128	42	30
5 Non-psychotic Disorders (Very Severe)	31	29	2	4
6 Non-Psychotic Disorder of Over-Valued Ideas	25	25	-	(1)
7 Enduring Non-Psychotic Disorders (High Disability)	127	96	31	8
8 Non-Psychotic Chaotic and Challenging Disorders	67	62	5	3
10 First Episode Psychosis	67	52	15	4
11 On-going Recurrent Psychosis (Low Symptoms)	272	282	(10)	(15)
12 On-going or Recurrent Psychosis (High Disability)	167	151	16	11
13 On-going or Recurrent Psychosis (High Symptom & Disability)	100	105	(5)	(11)
14 Psychotic Crisis	17	18	(1)	1
15 Severe Psychotic Depression	4	7	(3)	(1)
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	12	6	6	5
17 Psychosis and Affective Disorder – Difficult to Engage	23	35	(12)	(4)
18 Cognitive Impairment (Low Need)	219	365	(146)	(34)
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	799	465	334	90
20 Cognitive Impairment or Dementia Complicated (High Need)	211	159	52	11
21 Cognitive Impairment or Dementia (High Physical or Engagement)	58	50	8	6
Reviewed Not Clustered	67	30	37	3
No Cluster or Review	80	46	34	(16)
<b>Total</b>	<b>2,728</b>	<b>2,385</b>	<b>343</b>	<b>36</b>

Figure 16 CPA – Percentage of People under followed up within 7 days of discharge

E.B.S3	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%	100%	100%
--------	---	------------	------	------	------	------	------	------	------	------	------	------	------	------

Figure 17 CPA Follow up 2 days (48 hours) for higher risk groups

KPI_32	CPA Follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by CRHT, Early Intervention, Assertive Outreach or Homeless Outreach Teams.	Target 95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
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### Quality Overview

At Month 12 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 the Clock View Site, GP referral pathways were discussed at CQPG on 15<sup>th</sup> April 16 with the Trust's Director of Nursing who was taking this away as an action. The CCG are monitoring this through the CQPG.

In March 2016, the CCG Chief Nurse shadowed the Trust's Director of Nursing when he undertook unannounced night visits to Trust facilities across the patch in order to gain an understanding of the patient pathway from A&E to the specialist suite at Clock View due to some longer than expected waiting times. A member of the Quality Team has also 'shadowed' the Mersey Care Team to observe the systems and processes they have in place when undertaking internal quality assurance visits and plans are in place for a future visit to take place. The Quality Team has offered a reciprocal arrangement to the Trust to see how the CCGs' Quality Team operates as part of a 'commissioner / provider knowledge exchange' and to further support joint working and learning opportunities across the local system.

### Contract Query

The contract query relating to 12 hour breaches at Aintree which occurred in August 2015 has formally been closed, however commissioners are continuing to monitor performance.

## **7.2 Cheshire Wirral Partnership - Improving Access to Psychological Therapies Contract**

The access position in month 12 is below the planned target as it has been in each month of 2015/16. Year to date the actual access rate at month 12 is 9.34%. Therefore, the year-end access target of 15% has not been met for 2015/16.

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 12, the recovery is 47.7% and year end recovery equates to 47.9%.

Total referrals have increased slightly to the previous month (by 3%) but are fairly consistent with an overall monthly average for the year. The number of patients self-referring is up (8%) on last month, however, the percentage of referrals from GPs has remained consistent with the previous month. Both this month and last month are lower than January for GP referrals, which may be due to previous awareness initiatives conducted by the trust not being sustained.

The percentage of patients entering treatment in 28 days or less has been consistent with the two previous months (97.7% in month 12) after falling off slightly at Christmas. This is affected by not enough people entering treatment.

There have been 171 cancellations by the patient in month 12, which represents the third consecutive monthly increase (a 24% increase to the previous month). Cancellations by the provider have also increased (23%) to the previous month and are above a monthly average for the year. 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 have increased and the provider will be requested to report how they intend to tackle the numbers of cancellations and DNAs further.



Previously, Step 2 staff had reported that they were experiencing a high DNA rate and are confirming appointments with clients over the phone with clients then subsequently not attending 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, which have increased in month 12 (an increase of 11% at step 2 to the previous month).

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.

It was agreed at the February contract meeting that the contract performance notice would be closed. It is recognised that there is still a discrepancy between provider and HSCIC data but the gap in figures has narrowed once again in the latest month (January 2016 is the latest HSCIC data available).

At the contract meeting for May, commissioners will be further discussing the attrition rates for IAPT, and the need for a different approach to increase referrals in the Southport & Formby CCG area given the different demography amongst the population, i.e. a higher number of elderly patients who are less likely to use electronic methods of accessing services, and may be less likely to acknowledge anxiety and mental health needs.



**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	Feb-16	Mar-16	TOTALS		
Population (Psychiatric Morbidity Survey)	19079	19079	19079	19079	19079	19079	19079	19079	19079	19079	19079	19079	19079		
National definiton of those who have entered into treatment	103	96	130	164	104	123	128	165	191	216	186	176	1782		
Prevelance 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%	1.25%	1.25% (q4=3.75%)	15.00%		
Prevelance Trajectory ACTUAL	0.54%	0.50%	0.68%	0.86%	0.55%	0.64%	0.67%	0.86%	1.00%	1.13%	0.97%	0.92%	9.34%		
National definition of those who have completed treatment (KPI5)	95	85	78	99	83	93	79	115	86	101	98	95	1107		
National definition of those who have entered Below Caseness (KPI6b)	7	8	6	9	8	6	3	8	12	8	8	7	90		
National definition of those who have moved to recovery (KPI6)	39	47	35	40	44	39	29	41	41	44	46	42	487		
Recovery - National Target	50.0%	50.0%	50.0%	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%	51.1%	47.7%	47.9%		
Referrals Received	290	253	255	245	209	244	225	264	206	239	239	245	2914		
Gp Referrals	192	138	108	107	87	101	89	81	57	107	75	76	1218		
% GP Referrals	66%	55%	42%	44%	42%	41%	40%	31%	28%	45%	31%	31%	42%		
Self referrals	64	81	126	117	110	138	109	163	134	111	144	155	1452		
% Self referrals	22%	32%	49%	48%	53%	57%	48%	62%	65%	46%	60%	63%	50%		
Other referrals	34	34	21	21	12	5	27	20	15	21	20	14	244		
% Other referrals	12%	13%	8%	9%	6%	2%	12%	8%	7%	9%	8%	6%	8%		
Referral not suitable or returned to GP	0	0	0	0	0	0	0	0	0	0	0	0	0		
Referrals opting in	275	228	204	173	162	171	153	177	148	196	192	204	2283		
Opt-in rate %	95%	90%	80%	71%	78%	70%	68%	67%	72%	82%	82%	82%	82%		
Patients starting treatment by step (Local Definition)	Step 2	77	65	98	127	72	98	105	157	179	165	131	119	1393	
	Step 3	26	31	32	36	32	25	23	8	12	53	55	57	390	
	Step 4				1									1	
	Total	103	96	130	164	104	123	128	165	191	218	186	176	1784	
Percentage of patients entering in 28 days or less	57.8%	69.8%	84.8%	97.1%	94.8%	93.3%	99.0%	95.9%	87.9%	96.6%	99.5%	97.7%			
Completed Treatment Episodes by Step (Local Definition)	Step 2	141	90	116	145	91	166	186	236	166	233	164	174	1908	
	Step 3	287	273	248	191	261	223	209	205	338	259	283	260	3037	
	Step 4		1			1	1	1		7			8	19	
	Total	428	364	364	336	353	390	396	441	511	492	447	442	4964	
Activity	Attendances	Step 2	267	314	429	541	387	479	463	492	403	482	510	489	5256
		Step 3	283	277	389	359	330	343	319	318	252	352	337	349	3908
		Step 4		4	1	2	3	11	14	14	8	6	9	10	82
		Total	550	595	819	902	720	833	796	824	663	840	856	848	9246
	DNA's	Step 2	42	62	108	117	55	84	88	65	51	66	72	80	890
		Step 3	20	31	41	46	34	35	35	24	14	25	17	22	344
		Step 4							1		0	0	1	1	3
		Total	62	93	149	163	89	119	124	89	65	91	90	103	1237
	Cancels	Step 2	37	61	117	127	93	83	113	101	110	98	108	121	1169
		Step 3	37	41	65	71	62	78	69	89	52	84	73	99	820
		Step 4			3			2	2	2	1	0	0	4	14
		Total	74	102	185	198	155	163	184	192	163	182	181	224	2003
Number Cancelled by patient	Total	43	60	136	144	112	106	138	155	118	125	138	171	1446	
Number Cancelled by provider	Total	31	42	49	54	43	57	46	37	45	57	43	53	557	



**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	Feb-16	Mar-16	Year To Date
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	96	91	1138
Denominator		96	84	95	127	85	104	93	117	83	101	98	93	1176
%		97.9%	98.8%	96.8%	91.3%	97.6%	95.2%	96.8%	98.3%	97.6%	97.0%	98.0%	97.8%	96.8%
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	97	93	1175
Denominator		96	84	95	127	85	104	93	117	83	101	98	93	1176
%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	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 and the services going live. The trust is still unable to access all of the data inputted to the system for reporting purposes. These issues have been logged with EMIS and the Trust continues to work with the suppliers to resolve these issues. At month 12 it would appear that some progress has been made with some contact and referrals activity provided from January 2016. The data for May to December still remains unavailable. The Trust has been asked to provide a report or further assurance to commissioners regarding the Patient Administration/IT system switch, and the impact on reporting for each service line.

Lymphodema and Palliative care is reported a month in arrears however, the former have not provided the most up to date performance this month.

Podiatry Non AQP-There has been a shift in activity between clinic based and community contacts with less activity in a clinic setting than planned.

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 continues to perform above planned levels and continues to have issue with long waits. Currently the longest wait is 34 weeks. This has been escalated to the CQPG group and the Trust are reporting an update at the next meeting 18/05/16.



Pain Management: The refreshed data provided at month 12 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 returned to work and continues in addressing the backlog. The service has 14 long waiters and further feedback from the service is awaited.

Blue badge: The longest waits have been increasing during the year and is now at 51 weeks. This is a small service. This will be raised at the contract meeting with the provider 19/05/16.

Treatment Rooms: The trust is currently still 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 is currently investigating this and a response is still 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 Contract. This is part of the work plan of the Finance and Information Group. A copy of the KPIs is to be circulated to the FIG 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**

### **Podiatry**

The locally agreed assessment tariff of £25 is being used from 1st April in the podiatry AQP dataset. The Podiatry AQP budget is £566,000. At month 12 2015/16 the costs to date is £407,218 compared to the same time last year when it was £519,532. Activity comparisons this year (Southport and Formby CCG activity only) (5,063) compared to last year (5,395) show activity is up however the application of the £25 tariff has reduced the overall costs.

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

The trust may still need to raise credit notes in relation to 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 and the CCG summary reports will assist in this process. The trust raised possible technical problems that they may face moving forward with Podiatry AQP moving to EMIS at the last FIG meeting. The trust has been asked to contact another local community trust that may have had the same issues to establish if there are any solutions that can be shared. As there will be a requirement for this activity to be recorded it is essential the trust plan for this eventuality.



Although work has been done to correct the dataset based on the previous query raised around duplicates there still appears to be a small number of duplicates in the submitted dataset. This was a query raised last month and has been investigated and amendments made but it will remain open until resolved completely. Another query raised is around patients placed more than once in the financial year on package B. There are instances where a patient has had an assessment and been placed on a package the same day. This should not attract the £25 assessment tariff on top of the package that the patient has been placed on.

## **Adult Hearing**

Adult Hearing Audiology costs are over the full year budget. The budget is £248,000 and at month 12 2015/16 the costs are £398,204. The costs at the same time last year were £258,128 at month 12 2014/15. Comparisons of activity between the two time periods shows that activity is up 15/16 (1,177) compared to 14/15 (1,150) 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 CCG finance team.

The Trust has failed to achieve Assessments to be completed within 16 working days following receipt of referral target, unless patient requests otherwise. The target is 90% and the March 2016 position is 70.8%

The target for Hearing Aids to be fitted within 20 working days following assessment, unless patients requests otherwise has been failed in March. The target is 90% and at March 2016 the position is 64.29%.

## **MSK**

At month 12 the MSK AQP costs are £51,716 (Southport and Formby) this is below the allocated budget of £76,000. This is a change from earlier positions when the costs to date were affected by the level of duplicate activity being reported within the dataset. There had been financial underperformance on this AQP in 2014/15 and this led to in-depth scrutiny of the datasets being submitted for 2015/16 as activity and costs were being reported as much higher. A query was raised with the trust as to where the additional activity was coming from however activity began to slow from November 2015.

At month 9 further queries were raised as duplicate patients were 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. The response from the trust agreed with the identification of duplicate records and changes due to the corrections have been filtering through within the data sets received. Once the level of duplication had been established it was always expected that this would impact on the year to date spend as it has and that this may require the trust to issue credit notes.

The data set previously also included patients where a tariff is present and the outcome had been recorded as " NULL" and this was raised with the trust also. This has been investigated by the trust and the current data set from month 11 has been corrected to include an outcome description. The data sets received will continue to be data quality checked to identify any issues on an on-going basis. This is likely to be an issue with migration to EMIS.

The following KPIs have missed the target in March 2016:





90% of patients for non-urgent referral are offered an initial assessment appointment within 10 working days from receipt of referral. The March 2016 position is 71.59%.

90% of patients sampled to have an individual care management plan (minimum sample size is 20% of all patients). The March 2016 position is 76.1%.

Patient records and associated letters/ reports completed and sent to GP within 5 working days of initial assessment and follow up. The March 2016 position is 93.1% against a target of 95%

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

100% of patients to be asked to complete a validated PROMS before treatment and afterwards

95% of patients sampled should report overall satisfaction with the service

95% of patients from protected characteristic groups (PCGs) should report overall satisfaction with the service.

95% of all sampled GP referrers should report overall satisfaction with the service

Professional registration and evidence of clinical governance.

Patient experience questionnaires and peer satisfaction surveys to capture areas for improvements.

100% of recommendations made and agreed with Commissioners are addressed.

Safe and appropriate environment that meets the necessary professional standards according to NHS T&Cs and their own professional body.

An integrated patient pathway, which facilitates signposting to wider communication/social support services (where appropriate).

SUIs, PSIs and complaints should be dealt with in line with Commissioners policy".

## **Quality Overview**

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 May CQPG regarding safer staffing and staff sickness particularly focusing on community services and district nursing.

## **Bridgewater Community Health**

Paediatric Audiology: The trust met the 6 week access target of 99% in all boroughs with exception of Southport where performance is 41% with 37 children not seen within the timeframe. The availability of staffing has been challenging but substantive posts should be appointed to shortly. A remedial action plan is in place which includes the provision of dedicated leadership to this service. The primary focus is to meet the diagnostic test access standard which is forecast to be achieved by mid-March with a return to regular performance for review appointments by mid-April. Safety remains the services



paramount concern during this period and urgent appointments are offered to those with the highest need and consultant management is available for the more complex cases.

An audit of the caseload since appointment of the new team leader has identified 307 children who have not been called for follow up appointments and whose parents or guardians had not been in contact with the service to schedule an appointment. The trust have undertaken a number of actions including contacting high priority cases by phone to apologise and offer immediate appointments, and then families who were due a review between November 2011 and August 2014 were contacted by letter requesting they contact the service to book an appointment. In April, letters were sent to families who were due follow up between September 2014 and January 2015. Finally all cases will be clinically assessed to establish whether any harm has been caused, following due process if any cases are found. New processes have been introduced to manage referrals and follow up appointments to prevent reoccurrence.

### **Liverpool Community Health Trust**

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

Community Equipment: Community Equipment: Despite an increase in demand, the Community Equipment Service continues to exceed delivery targets for equipment orders. 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 in 2015/16 for the provision of Community Equipment Store.

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

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

Paediatric Speech and Language (SALT) - Capacity has been unable to meet 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 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**

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 11 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 was due to be completed in Sefton by January 2016. Feedback around this is awaited.

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. Awaiting update.

### **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 1<sup>st</sup> 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'. Formal feedback is due in June 2016.

The Capsticks 'Quality, Safety and Management Assurance Review' of Liverpool Community Health was published in March 2016. The review was conducted in two distinct phases, the first phase looked at governance issues within the Trust from its creation in 2010 until the appointment of a new leadership team in the middle of 2014, the second phase of the Capsticks report looked at the Trust today. It found that while there is still work to do, the organisation has made significant progress and turned an important corner 98% of the Trust's patients now say they would recommend the care they receive to their friends and family.

The report identified several areas for further improvement which the Trust is addressing through a detailed action plan, progress against this action plan is also monitored through the monthly CF and joint CQPG meetings with Liverpool CCG.

### 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.

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 1<sup>st</sup> February, the Trust are still awaiting formal feedback.

#### SALT Waiting Times

The CCG continues to experience long waits for both paediatric and adult SALT, this has been raised at CQPG and Contract meetings, the Trust has been asked to resubmit a business case regarding SALT 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.

#### 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 has confirmed their attendance at the NHSE Pressure Ulcer action plan development session, where the composite action plan will be share.

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

## **9. Third Sector Contracts**

Senior CCG Management updated the Contracting Team in regard to Third Sector contracts, all commissioned services are currently under review as part of the CCG Value for Money exercise. All providers have now been informed that if they are affected by change as a result of these reviews, further discussion will take place and applicable notice periods will be applied if services are to be de-commissioned.

NHS Standard Contracts and Grant agreements have been put in place for most providers and reference to the above has been made within the Contract Term for each. These contracts and Grants continue to be for a maximum of 12 months until reviews have taken place.

IG Toolkit Compliancy Assessments (V13) is now complete for all providers for 2015-16. Once the new assessment is released at the end of May, work will commence to update for 2016-17 (v14).

# 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			
<b>IPM</b>							
<b>Treating and caring for people in a safe environment and protecting them from avoidable harm</b>							
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	15/16 - March	38	39	↑	There was 3 new cases reported in March 2016, year to date there have been 39 cases against a year to date plan of 38. These cases were reported at Southport & Ormskirk apportioned to community. All but 3 cases reported in year to date all have been aligned to Southport & Ormskirk Hospital (21 apportioned to acute trust and 18 apportioned to community). The remaining 3 cases was aligned to The Walton Centre in April and apportioned to the acute trust (1 case), Aintree in July, apportioned to community (1 case) and the Royal Liverpool Broadgreen (1 case) 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 - March	36	37 (26 following appeal)	↑	There was 1 new case reported in March 2016 (ytd 37), against a year to date plan of 36. (Year-end plan is 36). Following successful appeals the Trust now has had 25 attributable cases against an annual target of 36 attributable cases.	C.Difficile year to day the Trust had to total of 37 cases. Target is to have no more than 36 attributable cases in the fiscal year 2015-16. We are 1 case above trajectory – this is the figure which is recorded by PHE. However, of the 37 cases we have successfully appealed 11 which drops the total to 26 attributable cases. The TDA and the CCGs use the total cases minus successfully appealed cases in monitoring the Trust’s performance.	
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	15/16 - March	0	1	↑	There has been no new cases of MRSA reported in March for the CCG. February saw the first case reported in 2015/16, which brought the CCG over the zero tolerance threshold.	The February case has been attributed to Southport & Ormskirk Hospital, please see below for comments:	

Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	15/16 - March	0	2	↑	There has been no new cases of MRSA reported in March, the year to date total is 2. The trust are above the zero tolerance target for 2015-16.	The Trust has now had two cases (April 2015 and February 2016) against an annual target of zero. Full post infection reviews (PIRs) have been carried out 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. and where possible, lessons learnt and embedded within clinical practice.
<b>Mixed Sex Accommodation Breaches</b>						
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	15/16 - March	0.00	2.60	↑	In March the CCG had 11 mixed sex accommodation breaches which is above the target and as such are reporting red for this indicator the eighth time in 2015-16. Of the 11 breaches, 10 were at Southport & Ormskirk and 1 from Royal Liverpool Broadgreen.	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 - March	0.00	3.20	↑	In March the Trust had 19 mixed sex accommodation breaches which is above the target and as such are reporting red for this indicator the eighth time in 2015-16. These breaches occurred in Critical Care, the Trust has made this an area of priority to resolve. Year to date there have been 81 breaches at the Trust.	Mixed Sex Accommodation Breaches indicate 81 year to date at the end of March 2016. All Breaches occurred within Critical Care. There is a focus on step-down of patients from Critical Care to the wards to improve DSSA breaches, with an agreed hierarchy of bed allocation within the organisation. Significant pressure within the system have prevented timely step down of patients from critical care in March.
<b>Enhancing quality of life for people with long term conditions</b>						
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 - March	2325.90	2,627.16	↑	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 179 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 - March	576.63	341.71	↓	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 55 below the same period last year.	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	15/16 - March	1099.50	1,028.27	↓	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 188 lower the same period last year.	
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	15/16 - March	316.1	435.67	↑	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 28 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 - March	1625.2	1,516.21	↓	The agreed plans are based on activity for the same period last year. This indicator is below plan, the decrease in actual admissions is 133 lower the same period last year.	
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	15/16 - March	No Plan	9.33	↓	The emergency readmission rate for the CCG is lower than previous month (11.99) and lower than the same period last year (16.20).	

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.	
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.	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: 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 - March	80%	75.00%	↑	The CCG failed the 80% target in March with only 12 out of 16 patients spending 90% of their time on a stroke unit.	
% who had a stroke & spend at least 90% of their time on a stroke unit (Southport & Ormskirk)	15/16 - March	80%	64.00%	↑	The Trust failed the 80% target in March with only 16 out of 25 patients spending 90% of their time on a stroke unit.	The stroke target of 90% stay in acute stroke unit was underachieved at 64% in March. An early supported discharge business case has been put forward as part of the business planning. Main concern is mixed sex and a partition is being considered in on of the bays. Further exacerbated by bed pressures.
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (CCG)	15/16 - March	60%	50.00%	↓	The CCG failed the 60% target in March with only 2 out of 4 patients who experienced a TIA being assessed and treated within 24 hours.	
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	15/16 - March	60%	54.55%	↓	The Trust failed the 60% target in March with only 6 out of 11 patients who experienced a TIA being assessed and treated within 24 hours.	March performance was 54.55%.which represents 6 treated of 11 patients presenting. The reasons normally relate to presentationat weekends when no scanning is available or lateness due to patient presenting initially at GP. Further detail will be provided at the CQPG Meeting on 18th May.



Mental health						
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) (CCG)	15/16 - Qtr4	95%	100.00%	↔		
IAPT Access - Roll Out	15/16 - Qtr4	3.75%	3.03%	↑	The CCG are under plan for Q4 for IAPT Roll Out, this equates to 578 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 - March	1.25%	0.92%	↓	The CCG are under plan in March for IAPT Roll Out, out of a population of 19079, 176 patients have entered into treatment. There has been a slight decrease on previous month when the trust reported 0.97%.	See section 7 of main report for commentary
IAPT - Recovery Rate	15/16 - Qtr4	50.00%	48.71%	↑	The CCG are under plan for recovery rate reaching 48.71% in Q4. This equates to 132 patients who have moved to recovery out of 271 who have completed treatment.	See section 7 of main report for commentary
IAPT - Recovery Rate	15/16 - March	50.00%	47.70%	↓	The CCG are under plan for recovery rate in March. This equates to 42 patients who have moved to recovery out of 88 who have completed treatment. There has been a decrease in performance from the previous month when the trust reported 51.1%.	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	Q4 15/16	75.00%	97.60%	↔	March data shows 97.85% a very slight decrease from February when 97.96% 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	Q4 15/16	95%	99.66%	↔	March data shows 100%, the same as February.	

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 - March	93%	94.87%	↔	
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	15/16 - March	93%	95.54%	↔	
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 - March	93%	89.73%	↔	Southport & Formby CCG failed the target for March achieving 88.33% and are failing year to date partly due to previous months breaches (YTD 89.73%). In March there were 7 breaches out of a total of 60 patients. Year to date out of 526, there have been 54 patient breaches.
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Southport & Ormskirk)	15/16 - March	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 - March	96%	98.69%	↔		
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	15/16 - March	96%	98.65%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	15/16 - March	94%	95.42%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	15/16 - March	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	15/16 - March	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	15/16 - March	94%	97.01%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	15/16 - March	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 - March	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 - March	85% (local target)	80.26%	↔	Southport & Formby CCG failed the target for March and year to date (80.26%), partly due to previous month breaches. In March 3 patients out of a total of 13 were not upgraded (76.92%). Year to date there have been 152 patients and 30 patient breaches and are under the 85% local target set.	62 day wait consultant upgrade - with delays due to late referral from other Providers, clinical reasons (patients with infections and other surgery) and one other was due to admin delay with a patient taking part in a clinical trial undergoing screening. These breaches will be discussed at the next monthly Situation Background Action Response (SBAR) meetings between the CCG and providers and actions agreed.

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) <b>(Southport &amp; Ormskirk)</b>	15/16 - March		90.30%	↔		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(CCG)</b>	15/16 - March	90%	98.33%	↔		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	15/16 - March	90%	79.17%	↔	Southport & Ormskirk Trust had no patients in March 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.	The Trust has met the monthly target, the cumulative target has not been met due to breaches (now resolved) earlier within the year.
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(CCG)</b>	15/16 - March	85%	86.62%	↑		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	15/16 - March	85%	87.11%	↔		
<b>Referral To Treatment waiting times for non-urgent consultant-led treatment</b>						
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) <b>(CCG)</b>	15/16 - March	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) <b>(Southport &amp; Ormskirk)</b>	15/16 - March	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways <b>(CCG)</b>	15/16 - March	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways <b>(Southport &amp; Ormskirk)</b>	15/16 - March	0	0	↔		

Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (CCG)	15/16 - March	90%	88.58%	↔	The CCG have failed the 90% target reaching 88.58%. This equates to 82 patients out of 718 not seen within 18 weeks.	No longer a national performance targets but continue to monitor locally.
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (Southport & Ormskirk)	15/16 - March	90%	84.58%	↑	The Trust has failed the 90% target reaching 84.58% in March, this equates to 128 out of 702 not seen within 18 weeks.	
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (CCG)	15/16 - March	95%	96.20%	↑		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (Southport & Ormskirk)	15/16 - March	95%	96.58%	↔		
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 - March	92%	96.07%	↑		
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 - March	92%	97.08%	↑		
<b>A&amp;E waits</b>						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	15/16 - March	95.00%	90.92%	↓	Southport & Formby CCG failed the 95% target in March reaching 84.84% and are failing year to date reaching 90.92%. In March 625 attendances out of 4122 were not admitted, transferred or discharged within 4 hours.	
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	15/16 - March	95.00%	86.78%	↓	Southport & Formby CCG failed the 95% target in March reaching 71.51% and are failing year to date reaching 86.78%. In March 614 attendances out of 2155 were not admitted, transferred or discharged within 4 hours.	

Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(Southport &amp; Ormskirk) All Types</b>	15/16 - March	95.00%	90.64%	↓	Southport & Ormskirk have failed the target in March reaching 84.62%, and are failing year to date reaching 90.64%. In March 1978 attendances out of 12862 were not admitted, transferred or discharged within 4 hours.	Trust has submitted a revised trajectory to NHSE to hit 87.5% by April and 95% by April 2017. A clinical services plan is being put in place, redesigning all pathways taking account of previous advice from NHSE's Emergency Care Intensive Support Team.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(Southport &amp; Ormskirk) Type 1</b>	15/16 - March	95.00%	83.87%	↓	Southport & Ormskirk have failed the target in March reaching 71.52%, and are failing year to date reaching 83.87%. In March 1942 attendances out of 6820 were not admitted, transferred or discharged within 4 hours.	
<b>Diagnostic test waiting times</b>						
% of patients waiting 6 weeks or more for a Diagnostic Test <b>(CCG)</b>	15/16 - March	1.00%	1.44%	↓	The CCG has failed to achieve the target in March with 31 patients out of 2152 waiting over 6 weeks for their diagnostic tests, of the 31, 4 patients waited over 13 weeks.	
% of patients waiting 6 weeks or more for a Diagnostic Test <b>(Southport &amp; Ormskirk)</b>	15/16 - March	<1%	1.00%	↓	In March 30 patients out of 2928 waited over 6 weeks for their diagnostic test, therefore the Trust only just failed the under 1% target.	Underperformance was mainly due to the absence of an ultrasonographer in March 2016, the Trust has since recruited a replacement and initial data indicates that diagnostic waits are back on track and meeting target in April 2016.

Category A ambulance calls					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	15/16 - March	75%	72.90%	↓	The CCG failed to achieve the 75% target year to date (72.90%), or in month (Mar) recording 60.0%. Out of 36 incidents there were 14 breaches.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	15/16 - March	75%	65.00%	↓	The CCG failed to achieve the 75% target year to date (65.0%), or in month (Mar) recording 55.80%. Out of 615 incidents there were 272 breaches.
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	15/16 - March	95%	86.80%	↓	The CCG failed to achieve the 95% target year to date (86.80%), or in month (Mar) recording 78.80%. Out of 651 incidents there were 138 breaches.
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWS) (Cumulative)	15/16 - March	75%	74.80%	↓	NWS failed to achieve the 75% year to date or in month (Mar) recording 67.34%.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWS) (Cumulative)	15/16 - March	75%	70.40%	↓	NWS failed to achieve the 75% year to date or in month (Mar) recording 58.88%.
Ambulance clinical quality - Category 19 transportation time (NWS) (Cumulative)	15/16 - March	95%	92.60%	↓	NWS failed to achieve the 95% year to date or in month (Mar) recording 86.66%.
Performance issues continue to affect figures with the whole of the urgent care system coming under pressure due to high levels of demand. The overall demand in March for NWS was 9.8% higher than planned for and 10.1% than plan for Southport & Formby CCG. For the most time critical response times (Red) was 16.2% higher than plan for NWS as a whole and 26.4% higher than plan for Southport & Formby CCG. The average turnaround times at Southport & Ormskirk Hospital were the longest of any Cheshire & Merseyside in March at over 1 hour 6 minutes on average, this is an increase on February when it was over 58 minutes. Additional capacity has also been created due to extra ambulance available in the Southport area.					
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

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

- % Response rate
- % Recommended
- % Not Recommended

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the above three bullet points for both inpatients and A&E. The trust has improved in response rates for inpatients compared to the previous month. A&E response rates remain extremely low at 2.2% but have improved on the previous month's figure of 1.3%

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

In A&E the percentage of people who would recommend the service has improved from the previous month to 78%, but remains lower than the England average. The percentage of people who would not recommend the A&E service has improved from the previous month, but is still considerably 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 improved on the previous month. Birth, postnatal ward and postnatal community ward have shown an increase in percentage of people who would recommend the service compared to the previous month but aside from postnatal community ward at 100%, still fall below the England average. However there is no response rate recorded for 3 out of the 4 areas measured and therefore it is difficult to see how figures for % recommended or not recommend have been deduced.

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

The Engagement and Patient Experience Group (EPEG) have sight of the trusts friends and family data on a quarterly basis and seek assurance from the trust that areas of poor patient experience are being addressed. The trust is presenting their patient experience strategy to EPEG in June 2016 and EPEPG have requested specifically that they talk about F&F data. Health Watch Sefton are members of EPEG and also attend the trust's patient experience group and directly ask the organisation specific questions about poor Friends and Family response rates and recommendations.





### 10.3 Serious Untoward Incidents (SUIs) and Never Events

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

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

The data that feeds the monthly SI report is currently being cleansed so that the reports for 16/17 are of greater accuracy. The CCG has of May 2016 adopted a new database in order to be able to record data better and thus generate more meaningful reports to give greater assurance.

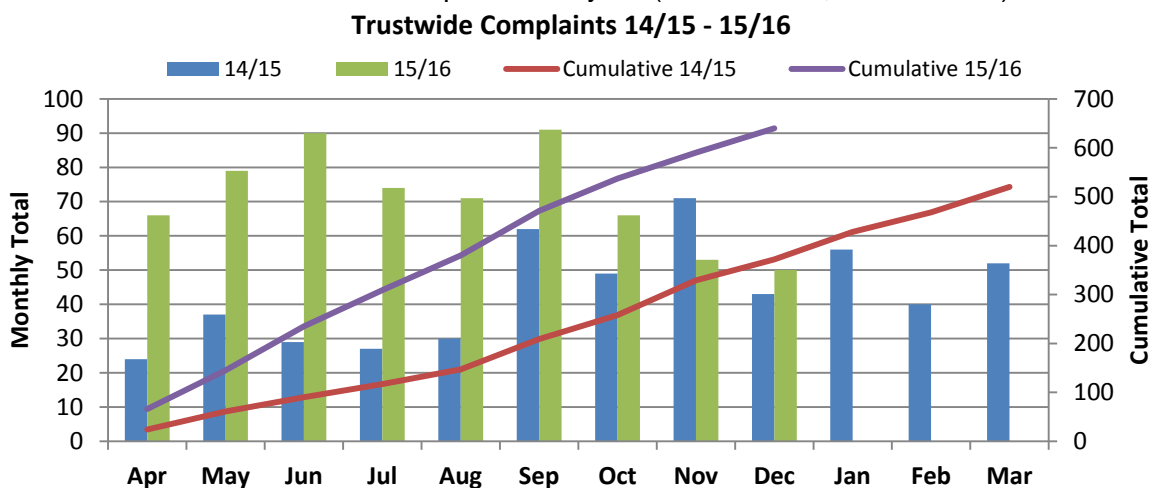
As a result, the month 1 data to be presented at the June Governing Body, will be reflective of accurate cleansed data.

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

### 10.4 Complaints Quarter 3 – Southport and Ormskirk Hospital NHS Trust

#### Complaints

169 complaints were received into the Trust in Q3, a 28% decrease on the 236 reported in Q2. Taking into account both complaint and concerns/information requests numbers, the figures in Q3 2015/16 are 21% lower than for the same time period last year (282 in 14/15, 223 in 15/16).



## **Top 3 Reasons for Complaint – Quarter 3 15/16**

All complaints are categorised by the subjects and sub-subjects contained within them. This means that any one complaint can contain multiple subjects. The 169 complaints received in Q3 have in them 284 subjects, the breakdown of which will now be analysed.

The top three reasons for complaint in Quarter 3 were **Clinical Treatment** (24%), **Staff Attitude/Behaviour** (21%) and **Oral Communication** (13%). Combined, these three subjects account for 57% of all complaints received in Q3.

## **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).

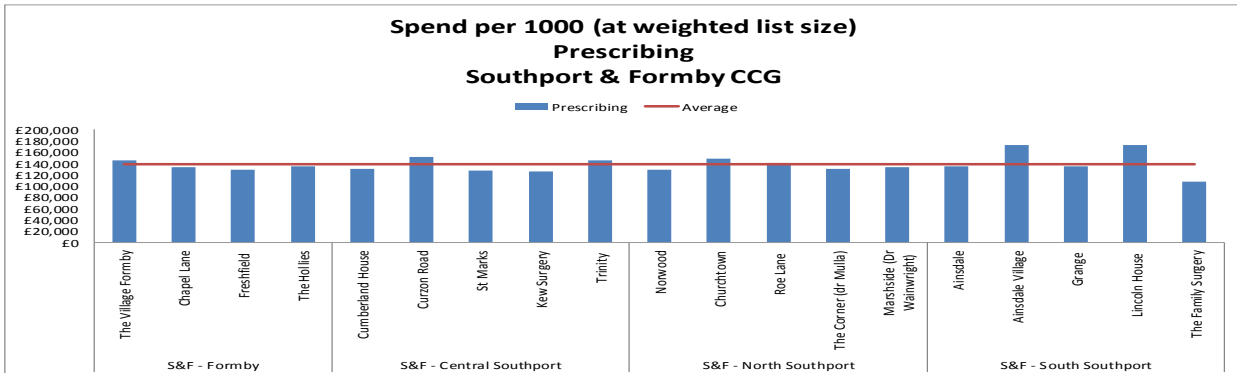
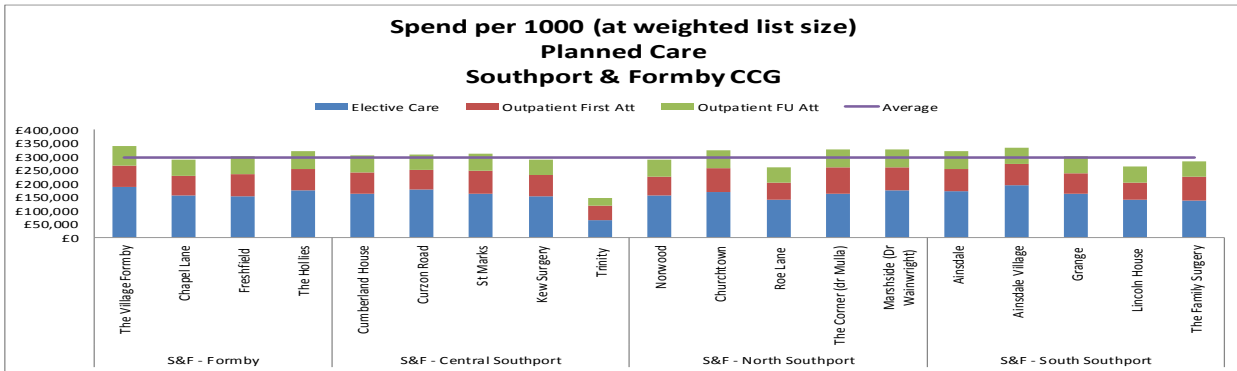
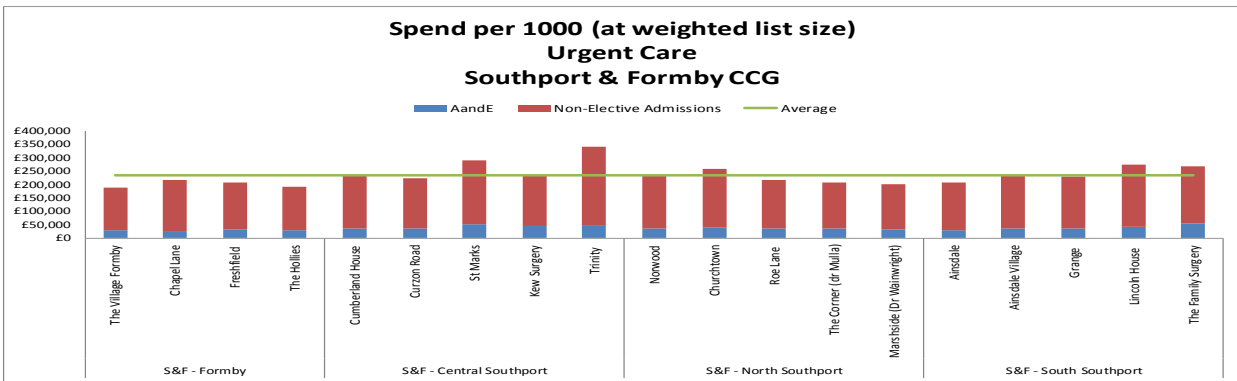
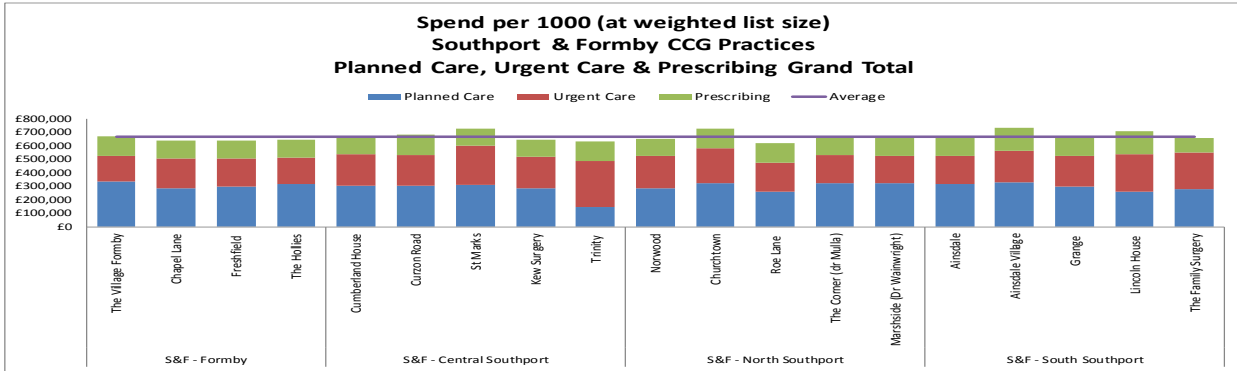
### **11.4 Summary of performance**

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 21 Summary of Primary Care Dashboard – Urgent Care Summary

**Southport & Formby CCG**  
**April 2015 - March 2016**  
**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 May, for the Hollies:

### The Hollies Good



10 Elbow Lane, Formby, Liverpool, L37 4AF  
(01704) 877600  
Provided by: The Hollies

#### CQC inspection area ratings

(Latest report published on 10 May 2016)

Safe	Requires improvement <span style="color: orange;">●</span>
Effective	Good <span style="color: green;">●</span>
Caring	Good <span style="color: green;">●</span>
Responsive	Good <span style="color: green;">●</span>
Well-led	Good <span style="color: green;">●</span>

#### CQC Inspections and ratings of specific services

(Latest report published on 10 May 2016)

Older people	Good <span style="color: green;">●</span>
People with long term conditions	Good <span style="color: green;">●</span>
Families, children and young people	Good <span style="color: green;">●</span>
Working age people (including those recently retired and students)	Good <span style="color: green;">●</span>
People whose circumstances may make them vulnerable	Good <span style="color: green;">●</span>
People experiencing poor mental health (including people with dementia)	Good <span style="color: green;">●</span>

#### Doctors/GPs

##### Specialisms/services

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

## 12. NHS England Activity Monitoring

Figure 22 NHS England Activity Monitoring

Source	Referrals (G&A)	Month 12 YTD PLAN	Month 12 YTD ACTUAL	Month 12 YTD Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
	<b>Referrals (G&amp;A)</b>				
MAR	GP	28179	32716	16.1%	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. Also increases at Aintree and Royal Liverpool due to shift in Breast surgery Activity. Also to note is the start of Walton Neuro reporting in Oct 15, previously not reported.
MAR	Other	14405	19076	32.4%	As above. Updated figures using local referral data suggests a much lower increase but still outside the 3% threshold. Increases at Royal Liverpool and Aintree Hospitals due to shift in breast surgery activity as well as increased referrals at Liverpool Women's. PAS installation at Southport Trust also affecting other referrals.
MAR	Total	42584	51792	21.6%	See above.
	<b>Outpatient attendances (G&amp;A)</b>				
SUS	All 1st OP	38302	45332	18.4%	Issues between plans (based on MAR) and actuals (SUS monitored) noted in previous submission. Actual activity from 2014/15 to 2015/16 (SUS) shows a variance of 3% for first outpatient attendances. Follow up activity comparing last year to this year shows a slight increase of approx. 5.8%. Overall the increase is at 5% for all attendances. A coding review of outpatient activity is being undertaken with Southport Trust with an increase in follow up activity noted.
SUS	Follow-up	90007	117564	30.6%	
SUS	Total OP attends	128309	162896	27.0%	
SUS	Outpatient procedures (G&A) (included in attends)				
	<b>Admitted Patient Care (G&amp;A)</b>				
SUS	Elective Day case spells	20029	18092	-9.7%	As stated in previous reports day case activity has increased against previous years. When comparing activity from 2014/15 to 2015/16 the variance is approx. +6%. The increase is mainly down to General Surgery.

SUS	Elective Ordinary spells	3077	3279	6.6%	Actual increase against previous years activity in line with plan v actual. Mainly due to T&O with an increase in referrals noted to Renacres Hospital.
SUS	Total Elective spells	23106	21371	-7.5%	See above.
SUS	Non-elective spells complete	16139	16436	1.8%	
SUS	Total completed spells	39245	37807	-3.7%	
	<b>Attendances at A&amp;E</b>				
SUS	Type 1				
SUS	All types	38529	43040	11.7%	Actual activity for 2015/16 compared with last year shows a variance above the 3% threshold at 9% with January, February and March 16 having a much higher than expected attendance rate.