

Southport & Formby Clinical Commissioning Group

Integrated Performance Report

November 2014

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1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at November 2014 (note: time periods of data are different for each source).

Key information from this report

The CCG is £2.881m overspent (£2.880m in M8) on operational budget areas before the application of Reserves at December 2014 (Month 9). The CCG has experienced significant financial pressures in the first three quarters of the year, and a management action plan is required in order to achieve the planned £1.750m surplus at the end of the year. With implementation of the management action plan detailed in section 8, the CCG can meet all the business rules required by NHS England, as demonstrated in Figure 1 below. However, the worsening financial situation makes implementation critical.

Performance at Month 8 against unplanned care elements of the contracts shows an over-performance of circa £1.6m. This over-performance is primarily driven by increases at Southport & Ormskirk Hospital. Increases in A&E attendances resulted in increases in the number of medical admissions. Continuing growth is particularly in the specialties of A&E, General Medicine, Paediatrics and Geriatrics which continues to be investigated.

HCAIs – Southport and Formby CCG continue on plan for Cdifficile cases year to date. Early warning unvalidated data is reporting 26 cases at Southport & Ormskirk against the year to date tolerance of 18. The MRSA year to date figure is 2 against a tolerance of zero.

Stroke/TIA - The CCG failed to meet both stroke targets in November. 6 out of the 13 patients admitted having had a stroke did not spend 90% of their time on a stroke unit. 53.85% was therefore recorded against the 80%, the CCG have failed this target for the last four months.

IAPT – The CCG are not on target to achieve either the prevalence rate or the recovery rate as both indicators are below target at November. An issue has been identified with the provider not applying nationally mandated definition of the KPI. An action plan is in place to ensure the target is met by the end of Q4 2014/15.

Cancer – Southport and Formby CCG achieved GREEN in most cancer indicators with the exception of the following:

- Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative). This indicator underperformed at 78.8% during October and also failed year to date with 82.1%.

CCG Key Performance

NHS Constitution Indicators	Footprint	
Ambulance Category A Calls (Red 1)	CCG	Red
RTT 18 Week Incomplete Pathway	CCG	Green
Cancer 2 Week GP Referral	CCG	Green
Percentage of patients who spent 4 hours or less in A&E	CCG	Green
Other Key Targets		
Ambulance Category A Calls (Red 1)	NWAS	Yellow
Ambulance Category A Calls (Red 2)	CCG	Red
Ambulance Category A Calls (Red 2)	NWAS	Yellow
Ambulance Category 19 Transportation	CCG	Red
Ambulance Category 19 Transportation	NWAS	Yellow
MRSA	CCG	Red
MRSA	S&ORM	Red
C.Diff	S&ORM	Yellow
Cancer 62 Day Screening	S&ORM	Red
Cancer 62 Day GP Referral	CCG	Red
Stroke	CCG	Red
Stroke	S&ORM	Red
TIA	CCG	Red
TIA	S&ORM	Red
Local Measure: Diabetes	CCG	Red
RTT 18 Admitted patients	CCG	Yellow
Unplanned hospitalisation, asthma, diabetes, epilepsy under 19s	CCG	Red
Unplanned hospitalisation for chronic ambulatory care	CCG	Red
Emergency Admissions Composite Indicator	CCG	Red
IAPT - Prevalence	CCG	Red
IAPT - Recovery Rate	CCG	Red
Emergency Admissions for acute conditions that should not usual require hospital	CCG	Red

Key information continued...

- Maximum 62-day wait from referral from an NHS Screening service to first definitive treatment for all cancers – 90% (Cumulative). Southport and Ormskirk Hospital failed this target for both the month of October and year to date.

NWAS - Indicators are continuing to be below target. The main issues impacting on performance are turnaround times and increased activity. A deep dive with provider and commissioners is scheduled for the third week of January.

Patient reported outcomes measures for elective procedures: Groin hernia – The CCG did not improve on the previous year's outcome for groin hernia and achieved a rate below the England average. Hip/Knee – The CCG improved on previous year's rate but achieved a rate below the England average.

2. Financial Position

2.1 Executive Summary

This section of the report focuses on the financial performance of the CCG at December 2014 (Month 9), which is £2.881m overspent (£2.880m in M8) on operational budget areas before the application of Reserves.

The CCG has experienced significant financial pressures in the first three quarters of the year, and a management action plan is required in order to achieve the planned £1.750m surplus at the end of the year. With implementation of the management action plan detailed in **section 2.6**, the CCG can meet all the business rules required by NHS England, as demonstrated in **Figure 1** below. However, the worsening financial situation makes implementation critical. In addition, there are significant risks outlined in section 2.6 that require monitoring and management action in order to deliver the target surplus position.

Figure 1 Financial Dashboard

Report Section	Key Performance Indicator		This Month	Prior Month
1	Business Rule (Forecast Outturn)	1% Surplus	✓	✓
		0.5% Contingency Reserve	✓	✓
		2.5% Non-Recurrent Headroom	✓	✓
3	Surplus	Financial Surplus / (Deficit) before the application of reserves - £'000	-4,680	-4,411
4	QIPP	Unmet QIPP to be identified > 0	160	438
5	Running Costs (Forecast Outturn)	CCG running costs < National 2014/15 target of £24.78 per head	✓	✓
6	BPPC	NHS - Value YTD > 95%	98.5%	98.6%
		NHS - Volume YTD > 95%	90.5%	90.8%
		Non NHS - Value YTD > 95%	91.4%	91.8%
		Non NHS - Volume YTD > 95%	92.5%	92.6%

2.2 Resource Allocation

Changes to the RRL allocation in Month 9 are as follows:

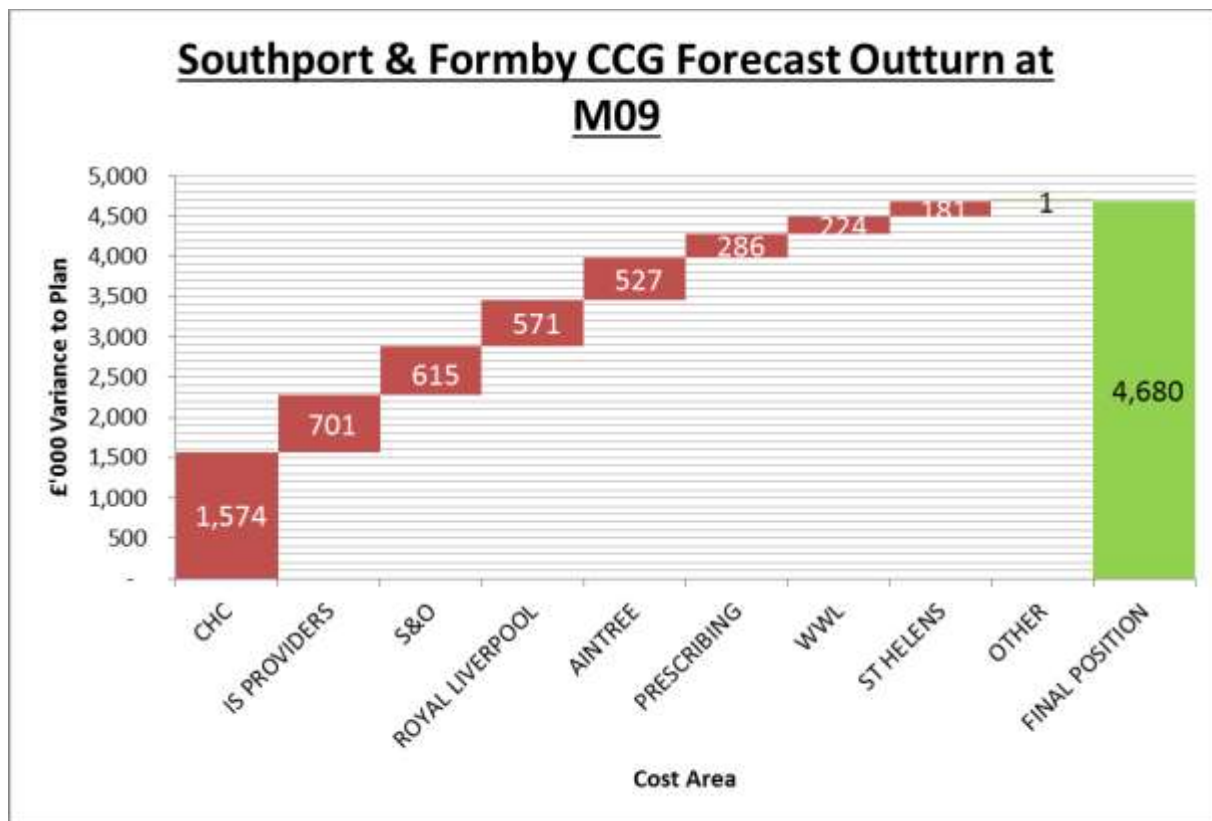
- £0.074m Mental Health Resilience – part of the system resilience monies dedicated to supporting delivery of care to patients with mental health conditions.
- £0.279m Quality Premium Award – from achievements in 2013/14. Committee members are reminded that this funding has been allocated to support the CCG's overspent position in the CCG's operational budget.

2.3 Financial Position to Date

The main pressures are shown below in **Figure 2**, notably Continuing Healthcare and Acute Care.

Whilst the financial reporting period relates to the end of December, the CCG has based its reported position on activity information received from Acute Trusts to the end of November 2014.

Figure 2 Forecast Outturn position



Southport and Ormskirk NHS Trust

The forecast overspend at Southport and Ormskirk has reduced slightly during the month (£0.615m overspend). This is based on data received from the Trust up to and including Month 8. Total expenditure in Month 8 was consistent with the budget, with overspends in emergency care being offset by underspends in new outpatient attendances and lower than budgeted maternity pathway payments.

This forecast position includes the application of the marginal rate for emergency admissions. The baseline for emergency admissions was amended to reflect 2013/14 activity levels. In accordance with the contract, the CCG has applied the marginal rate of 30% of tariff to activity over the 2013/14 baseline. Committee members will recall that the CCG made a significant investment of £900k to support Community and Urgent Care services at the start of the year and can demonstrate reinvestment of the remaining 70% of tariff (c£600k FOT) in these schemes. The Trust is contesting the CCG’s view in relation to this matter.

The hospital, consistent with other hospitals in the region and country, has experienced a sharp increase in demand for emergency care. As previously noted, the CCG and West Lancashire CCG have provided additional investment in Ambulatory Emergency Care, and community emergency response teams. It was anticipated that this investment would lead to a reduction in the level of admitted emergency patients. The Trust has reported on the effectiveness of the schemes implemented, and this is being reviewed by the CCG as it plans next year’s expenditure commitments.

Continuing Health Care (Adult)

This area continues to be a major risk for the CCG, with year to date overspends of £1.191m. The forecast has remained consistent with that reported last month. A working group involving both the CCG and the Commissioning Support Unit meets regularly to review progress and risks.

The budget was increased by 4% from last year's expenditure levels, but the current data shows growth levels closer to 23%.

2.4 CCG Running Costs

The CCG is currently operating within its running cost target which forms part of this budget area. It is important to note that although the CCG is operating below the 14/15 national target of £24.78 per head of population, this will be reduced to £22.11 in 2015/16. Significant work is required in order to ensure this target is met next year. This review on running cost affordability is being led by the Deputy CFO and the Senior Management Team, with a report to be presented to Part II of the Governing Body in January 2015.

2.5 Evaluation of Risks and Opportunities

A number of risks continue to be monitored. These are outlined below:

- Overspends on Acute cost per case contracts – The CCG has experienced pressures in a number of providers. The pressures are mainly in the area of unplanned care and have been reflected in the forecasted position.
- Continuing Healthcare Costs – The CCG has experienced significant pressures on the growth of CHC cases this year, which is close to 23% compared to an estimated increase in the budget of 4% compared to last year's activity. A joint working party between NWCSU and the CCG has been set up to review CHC processes, which is being chaired by the Lay Member (Audit and Governance). In addition to this, benchmarking is being undertaken with other CCGs and an independent Mental Health Specialist has been commissioned to undertake a review of high risk CHC placements to identify areas for improvement. In addition to the activity increases in continuing healthcare, the CCG has also identified that some providers are insisting on charging higher prices. The Framework under which prices are charged expires at the end of February 2015, and there is a risk that prices will increase further once the framework ceases.
- Continuing Healthcare restitution claims – clarity has been provided by NHS England in respect of CCG obligations for CHC restitution claims. Funding set aside in reserves at the beginning of the year forms part of a national risk pool. Although the CCG continues to make payments to recipients, this expenditure is refunded in full from the national pool. CCGs were notified in December of a forecast underutilisation against the national pool and £0.394m will be returned to the CCG. This return of funding is based upon the national position using CCG submissions made in month 8.
- Estates – Latest estimates have now been received from both NHS Property Services and the organisation that administers the LIFT buildings. The CCG now has estimated charges for all premises, and this is reflected in the management action plan below. However, these are not final charges, and the values could fluctuate.
- Prescribing / Drugs costs – The PPA has published its October data which has resulted in a significant change to the CCG's forecast position leading to a forecast overspent of £286k for the year. The PPA estimates are prone to significant movements throughout the year

and committee members are reminded that prescribing forecasts are volatile. The forecast overspend is understood to partially reflect the increased price of Category M drugs which were increased from October 2014.

2.6 Reserves and Management Action Plan

Reserve budgets are set aside as part of the Budget Setting exercise to reflect planned investments, known risks and an element for contingency. As part of the review of risks and mitigations, the finance team and budget holders reviewed the expected expenditure levels for each earmarked reserve.

At the end of Month 4, it was recognised that the forecast costs exceeded the available reserves and subsequently a Management Action Plan was devised.

The remaining shortfall stands at £1.130m, and management action plans are outlined in **Figure 3**, totalling £1.544m. These schemes have been risk rated. The financial situation has worsened in quarter 3, and it is critical that these management actions deliver maximum financial benefit to further protect the CCG from risks that may emerge in quarter 4. Further detail for these schemes is outlined below:

- CHC Restitution – As reported above, the CHC Restitution funding has been returned to the CCG from NHS England. NHS England added a further condition in early January to the return of this allocation in that it is expected to be used to increase the CCG's surplus by an equal value. The CCG has informed NHS England that reliance upon return of that funding has formed part of previous actions to deliver a 1% surplus. The CCG awaits final confirmation from NHS England regarding the CCG's position but for the purposes of this report, it should be noted that it is part of the CCG's plans to reach its surplus position.
- Review Trust NPfIT funding - the CCG made provision to provide extra support, over and above tariff (on a one-year basis) to its local provider within its opening budgets. After evaluation of the additional investment provided last year the CCG has not seen the benefits delivered as expected and is proposing to not pay this funding to the Trust.
- Locality money – The funding set aside for locality investments (£0.050m per locality) remains unspent, and it is proposed that this funding is used as part of the management action plan.
- Cheshire / Mersey Rehab services - This pilot scheme has been funded on the basis of a population share across Mersey CCG's. It has become evident that the CCG's population is not accessing the "spoke" element of the service due to choice influenced by the location of the service (St. Helens and Liverpool). Negotiations are ongoing between the CFO's in Mersey regarding a more equitable funding arrangement which takes account of activity undertaken at the units. Quarter 3 activity will be received by the end of January, and an update will be provided in February.
- Estates Review - The CCG has received revised information from NHS Property Services and CHP with regard to property charges across the locality. The CCG believes that it has previously over-estimated the impact of these charges in its forecast and the figure in Table C reflects the latest estimate. Final bills are yet to be received.
- CQUIN underperformance - The CCG has assumed that not all Trusts will deliver their CQUIN schemes in full. The action plan assumes that 92% of schemes will be delivered although it is likely to be late in Q4 before a clear picture emerges in relation to this performance.

Figure 3 Risk Rated Management Action Plan

Action	£'000			
	Total	Green	Amber	Red
CHC Restitution	394	394		
Review Trust NPfIT funding	450		450	
Locality money	200		200	
Sub-Total	1,044	394	650	-
CM Rehab	200		200	
Estates review	100		100	
CQUIN Underperformance	200		200	
Sub-Total	500	-	500	-
Grand Total	1,544	394	1,150	-

The management action plan has been split into areas broadly within the CCG control and those that remain subject to outside influence.

It can be seen that the CCG has 'green rated' £0.394m worth of schemes in the action plan leaving a further £0.736m to be found.

On this basis, it is proposed to transfer funding from the earmarked NPfIT support and Locality developments to bridge the financial gap facing the CCG. These two schemes provide an extra £0.650m to address the deficit facing the CCG. This leaves a further £0.086m still to find against amber rated schemes amounting to £0.500m. Whilst this remains achievable, it should be noted that the ability of the CCG to deliver its financial targets is extremely challenged and there is limited additional flexibility available to the CCG.

It should be noted that most of the management actions identified are non-recurrent, whereas the current financial pressures being seen are likely to impact on 15/16. It is therefore imperative that the CCG develops a sustainable plan for recurrent balance, before it enters the 2015/16 financial year.

3. Referrals

The following section provides an overview of referrals to secondary care to **November** 2014. Please note that Royal Liverpool Hospital did not submit Referrals for November 2014.

3.1 Referrals by source

Figure 4 Number of GP and 'other' referrals for the CCG across all providers for 2014/15.

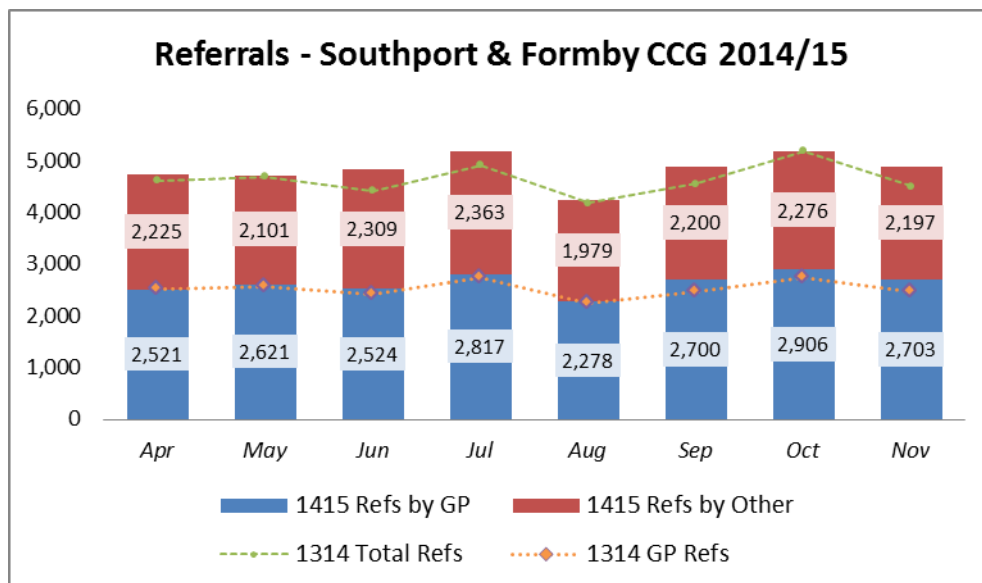


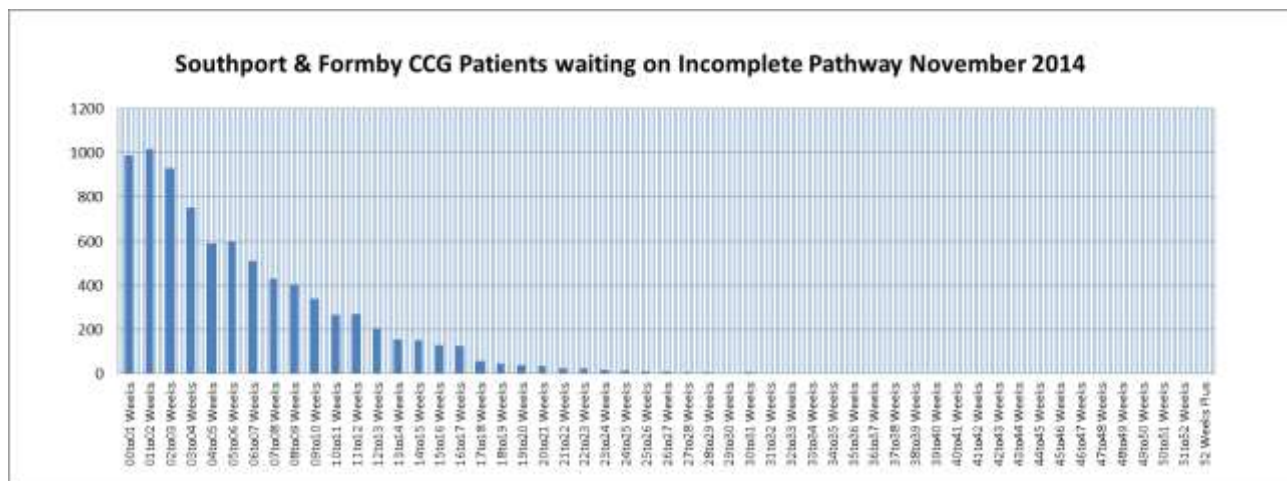
Figure 5 shows the number of GP and 'other' referrals for the CCG across all providers comparing 2013/14 and 2014/15 by month.

Referral Type	DD Code	Description	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	14/15 YTD	1314 YTD	YTD Variance	% YTD Variance
GP	03	GP Ref	2,521	2,621	2,524	2,817	2,278	2,700	2,906	2,703	21,070	20,205	865	4%
GP Total			2,521	2,621	2,524	2,817	2,278	2,700	2,906	2,703	21,070	20,205	865	4%
Other	01	following an emergency admission	196	174	211	200	181	188	132	7	1,289	1,567	-278	-22%
	02	following a Domiciliary Consultation					1	2	6	27	36	4	32	89%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	227	203	252	238	239	246	270	266	1,941	1,804	137	7%
	05	A CONSULTANT, other than in an Accident and Emergency Department	720	671	672	717	597	671	823	833	5,704	5,351	353	6%
	06	self-referral	91	102	102	103	83	99	108	110	798	766	32	4%
	07	A Prosthetist		1	1	2	1	4			9	8	1	11%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	12	10	13	18	14	14	8	9	98	81	17	17%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	52	46	69	67	48	61	43	30	416	477	-61	-15%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)				2					2	1	1	50%
	13	A Specialist NURSE (Secondary Care)	7	9	4	2	7	8	4	4	45	14	31	69%
	14	An Allied Health Professional	143	150	127	201	128	113	86	137	1,085	84	1,001	92%
	15	An OPTOMETRIST	84	37	72	47	59	71	48	47	465	401	64	14%
	16	An Orthoptist						1			1	2	-1	-100%
	17	A National Screening Programme	30	29	23	23	21	15	32	27	200	37	163	82%
	92	A GENERAL DENTAL PRACTITIONER	122	137	144	135	121	143	133	117	1,052	1,116	-64	-6%
93	A Community Dental Service		3	2		2	2	2	2	13	15	-2	-15%	
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	231	205	230	238	209	229	239	218	1,799	1,763	36	2%	
Other Total			1,915	1,777	1,922	1,993	1,711	1,867	1,934	1,834	14,953	13,491	1,462	10%
Unknown			310	324	387	370	268	333	342	363	2,697	3,431	-734	-27%
Grand Total			4,746	4,722	4,833	5,180	4,257	4,900	5,182	4,900	38,720	37,127	1,593	4%

4. Waiting Times

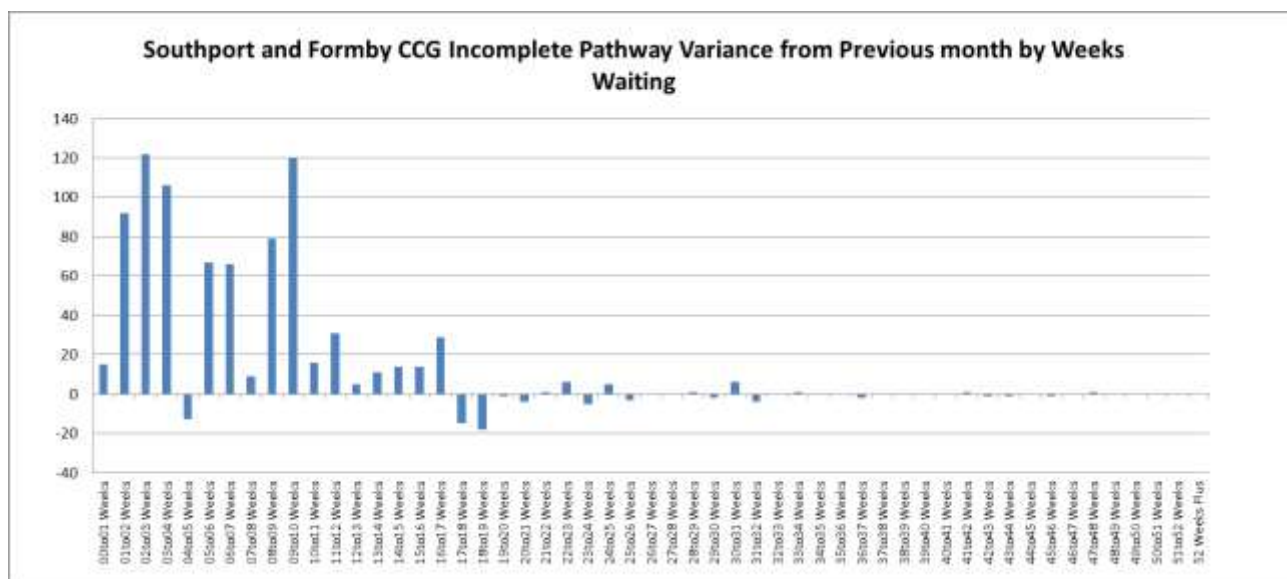
4.1 NHS Southport and Formby CCG Patients Waiting

Figure 6 Patients Waiting on an incomplete pathway at the end of November 2014 by weeks waiting



There were 256 patients (3.1%) waiting over 18 weeks on Incomplete Pathways at the end of November 2014 a decrease of 20 patients (-7.2%) from Month 7. There were no over 52 week waiters.

Figure 7 Variance of patients waiting on an incomplete pathway at the end of November 2014 compared to October 2014 by weeks waiting.



There were 8,171 patients on the Incomplete Pathway at the end of November 2014 an increase of 748 patients (10.1%). Over 18 Week Waiters decreased by 20 (-7.2%). The Trust are currently validating incomplete pathways as a result of their IT upgrade.

4.2 Top 5 Providers

Figure 8 Patients Waiting (in bands) on incomplete pathway for the top 5 Providers.

Trust	0to10 wks	10to18 wks	18to24 wks	24to30 wks	30+ wks	Total
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST (RVY)	4984	1017	151	31	7	6190
RENACRES HOSPITAL (NVC16)	474	118	0	0	0	592
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST (REM)	282	51	3	3	1	340
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST (RQ6)	249	60	9	8	2	328
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST (RBS)	90	11	9	6	1	117

4.3 52+ Week Waiters

52 Week Monthly Trend		April	May	June	July	August	September	October	November	December	January	February	March
Southport & Formby CCG	Complete Admitted (un-adjusted)	0	0	0	0	1	0	0	0				
	Complete Non-Admitted	0	0	0	0	0	0	0	0				
	Incomplete	0	0	0	0	0	0	0	0				
Southport & Ormskirk Trust	Complete Admitted (un-adjusted)	0	0	0	0	0	0	0					
	Complete Non-Admitted	0	0	1	0	0	0	0					
	Incomplete	0	0	0	0	0	0	0					

**Please note commissioner level data is published one month ahead of provider level data*

The Trust have assured commissioners through the regular contract meetings that they always deal with patients in chronological order with longest waits first, except for urgent patients.

5. Planned Care

5.1 All Providers

Performance at Month 8 against planned care elements of the contracts held by NHS Southport & Formby CCG show an over-performance of circa £1m. This over-performance is primarily driven by increases at Aintree Hospital (£167k), Royal Liverpool and Broadgreen University Hospitals (£159k) and Renacres (£324). Wrightington Wigan and Leigh contract continues to over perform with a cost variance of £185k.

Performance shows that there is a Planned Care over performance at the majority of contracted providers.

Figure 9 All Providers

Other Providers (PBR & Non PBR)	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	10,652	7,115	7,584	469	6.60%	£2,256	£1,507	£1,674	£167	11.09%
Alder Hey Childrens NHS F/T	4,509	3,018	3,353	335	11.11%	£720	£491	£454	£-37	-7.60%
Countess of Chester Hospital NHS FT	0	0	50	50	0.00%	£0	£0	£4	£4	0.00%
East Cheshire NHS Trust	0	0	4	4	0.00%	£0	£0	£0	£0	0.00%
Liverpool Heart and Chest NHS F/T	1,243	829	984	155	18.63%	£783	£519	£550	£31	6.07%
Liverpool Womens Hospital NHS F/T	2,085	1,391	1,392	1	0.09%	£730	£487	£475	£-12	-2.38%
Royal Liverpool & Broadgreen Hospitals	11,947	7,980	8,999	1,019	12.76%	£2,636	£1,761	£1,920	£159	9.05%
ST Helens & Knowsley Hospitals	3,540	2,344	2,651	307	13.11%	£822	£548	£636	£88	16.05%
Wirral University Hospital NHS F/T	290	193	199	6	2.89%	£100	£67	£61	£-6	-9.35%
Central Manchester University Hospitals Nhs FT	220	147	194	47	32.27%	£42	£28	£44	£16	59.04%
Fairfield Hospital	61	41	57	16	40.16%	£13	£9	£16	£7	81.91%
ISIGHT (SOUTHPORT)	2,518	1,679	1,919	240	14.32%	£582	£388	£447	£58	15.05%
Renacres Hospital	7,308	4,872	6,677	1,805	37.04%	£2,302	£1,535	£1,859	£324	21.11%
SPIRE LIVERPOOL HOSPITAL	480	321	520	199	62.14%	£128	£85	£145	£59	69.47%
University Hospital Of South Manchester Nhs FT	191	129	113	£-16	-12.72%	£35	£24	£25	£1	2.40%
Wrightington, Wigan And Leigh Nhs FT	1,927	1,285	1,714	429	33.42%	£748	£499	£683	£185	37.05%
Total	46,972	31,343	36,410	5,067	16.16%	£11,898	£7,947	£8,992,908	£1,046	13.16%

5.2 Southport and Ormskirk NHS Hospital Trust

Figure 10 Month 8 Planned Care Southport and Ormskirk Hospital NHS Trust (by POD)

S&O Hospital Planned Care (PBR ONLY)	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	12,058	8,055	7,992	-63	-0.78%	£6,606	£4,413	£4,569	£156	3.53%
Elective	1,851	1,236	1,096	-140	-11.36%	£5,069	£3,386	£2,930	£-456	-13.46%
Elective Excess BedDays	392	262	173	-89	-33.93%	£90	£60	£41	£-19	-31.38%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	1,054	704	746	42	5.96%	£150	£100	£107	£6	6.31%
OPFASPCL - Outpatient first attendance single professional consultant led	23,023	15,379	14,091	-1,288	-8.38%	£3,355	£2,241	£2,047	£-194	-8.66%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	2,156	1,440	1,474	34	2.35%	£210	£140	£146	£5	3.76%
OPFUPSCL - Outpatient follow up single professional consultant led	48,179	32,183	32,391	208	0.65%	£4,137	£2,764	£2,797	£34	1.22%
Outpatient Procedure	14,692	9,814	11,748	1,934	19.71%	£2,407	£1,608	£2,111	£503	31.27%
Grand Total	103,405	69,073	69,711	638	0.92%	£22,026	£14,713	£14,748	£35	0.24%

5.2.1. Southport & Ormskirk Hospital Key Issues

Southport & Formby CCG overspend at Southport & Ormskirk trust is largely on target for planned care. Within Planned Care, Outpatient Procedures is showing a £503k (31) over performance which is offset by a £456k (13%) underspend in Elective admissions. The increase in outpatient procedures is primarily as a result of coding changes made by the trust. Some of these are agreed i.e. transfer of cystoscopies from day case to outpatient setting, and some of these are under discussion namely dermoscopes (shift from outpatients to outpatient procedures) and increased depth of coding in T&O particular in the fracture clinic.

5.3 Royal Liverpool & Broadgreen Hospitals

Figure 11 Month 8 Planned Care - Royal Liverpool & Broadgreen Hospitals (by POD)

Royal Liverpool & Broadgreen Hospitals Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	744	497	600	103	20.73%	£575	£384	£427	£43	11.22%
Elective	278	186	186	0	0.16%	£923	£616	£582	£34	-5.59%
Elective Excess BedDays	48	32	233	201	626.69%	£11	£7	£55	£48	646.73%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	126	84	125	41	48.52%	£20	£13	£19	£6	43.77%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	0	0	4	4	#NUM!	£0	£0	£0	£0	#NUM!
OPFASPCL - Outpatient first attendance single professional consultant led	1,523	1,017	1,147	130	12.75%	£238	£159	£181	£21	13.48%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	248	166	131	-35	-20.92%	£27	£18	£12	£6	-33.97%
OPFUPNFTF	166	111	132	21	19.04%	£4	£3	£3	£0	19.04%
OPFUPSPCL - Outpatient follow up single professional consultant led	8,044	5,373	5,595	222	4.13%	£718	£479	£513	£34	7.06%
Outpatient Procedure	770	514	846	332	64.48%	£121	£80	£128	£47	58.93%
Grand Total	11,947	7,980	8,999	1,019	12.76%	£2,636	£1,761	£1,920	£159	9.05%

5.3.1. Royal Liverpool & Broadgreen Hospitals Key Issues

The main area of planned care over-performance at month 8 for NHS Southport & Formby CCG at Royal Liverpool Broadgreen University Hospital is elective excess bed days, daycases and outpatient procedures. In terms of Speciality, the Daycase and Outpatient Procedure over performance is focused around 3 specialties – Ophthalmology, Dermatology and Gastroenterology.

The Trust has been issued with an information query notice relating to over-performance reported since month 3. The Co-ordinating Commissioner has engaged external consultants to undertake an audit of clinical coding, and provide assurance regarding payment, which is currently underway. Preliminary findings have been shared by Capita with Co-ordinating Commissioners and further refinement against the original specification is being discussed. NWCSU will continue to liaise with the Co-ordinating Commissioner to ensure that outcomes can be shared with co-commissioners when available.

6. Unplanned Care

Performance at Month 8 against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £1.6m. This over-performance is primarily driven by increases at Southport & Ormskirk Hospital, with smaller but significant elements of over-performance also seen Alder Hey.

6.1 All Providers

Figure 12 Month 8 Unplanned Care - All Providers

Other Providers (PBR & Non PBR)	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	1,467	981	960	-21	-2.11%	£826	£552	£540	£-12	-2.18%
Alder Hey Childrens NHS F/T	664	439	509	70	15.91%	£277	£186	£279	£93	49.72%
Countess of Chester Hospital NHS FT	0	0	28	28	#NUM!	£0	£0	£5	£5	#NUM!
East Cheshire NHS Trust	0	0	9	9	#NUM!	£0	£0	£1	£1	#NUM!
Liverpool Heart and Chest NHS F/T	157	106	95	-11	-10.23%	£370	£246	£300	£54	21.96%
Liverpool Womens Hospital NHS F/T	207	138	164	26	18.60%	£179	£119	£128	£9	7.16%
Royal Liverpool & Broadgreen Hospitals	1,285	859	732	-127	-14.79%	£724	£484	£432	£-52	-10.69%
Southport & Ormskirk Hospital	51,197	34,060	37,253	3,193	9.37%	£26,149	£17,271	£18,827	£1,557	9.01%
ST Helens & Knowsley Hospitals	292	195	256	61	31.11%	£163	£109	£136	£27	24.45%
Wirral University Hospital NHS F/T	112	74	60	-14	-18.94%	£45	£30	£27	£-3	-9.46%
Central Manchester University Hospitals Nhs FT	88	59	82	23	39.77%	£30	£20	£18	£-1	-6.94%
University Hospital Of South Manchester Nhs FT	47	31	25	-6	-20.55%	£8	£5	£6	£1	21.44%
Wrightington, Wigan And Leigh Nhs FT	62	41	44	3	6.45%	£53	£35	£16	£-19	-55.56%
Grand Total	55,578	36,984	40,217	3,233	8.74%	£28,823	£19,057	£20,717	£1,659	8.71%

6.2 Southport and Ormskirk Hospital NHS Trust

Figure 13 Month 7 Unplanned Care - Southport and Ormskirk Hospital NHS Trust

S&O Hospital Unplanned Care (PbR ONLY)	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A and E	32,878	21,855	23,869	2,014	9.22%	£3,429	£2,279	£2,460	£180	7.91%
NEL/NELSD - Non Elective/Non Elective IP Same Day	10,554	6,821	7,570	749	10.98%	£18,636	£12,156	£13,148	£992	8.16%
NELNE - Non Elective Non-Emergency	1,181	829	1,302	473	57.09%	£1,947	£1,369	£1,396	£27	1.97%
Day	169	139	147	8	6.08%	£49	£41	£44	£4	8.76%
NELST - Non Elective Short Stay	1,436	953	1,132	179	18.84%	£995	£665	£752	£87	13.02%
NELXBD - Non Elective Excess Bed Day	4,979	3,464	2,934	-530	-15.31%	£1,093	£760	£655	£-105	-13.77%
Grand Total	51,197	34,060	36,954	2,894	8.50%	£26,149	£17,271	£18,455	£1,185	6.86%

6.2.1 Southport & Ormskirk Hospital Key Issues

For non- elective, increases in A&E attendances resulted in increases in the number of medical admissions from A&E. Continuing growth in non-elective admissions particularly in the specialties of A&E, General Medicine, Paediatrics and Geriatrics continues to be investigated by NWCSU. Specifically, further investigation is taking place into excessive over performing HRGs, particularly in the Specialties mentioned previously. Southport & Ormskirk Hospital month 7 Provider Report highlights those HRGs being queried. A working group is being established to describe and understand the flows into and out of urgent care in more depth, plus the impact of the Trust's IT system upgrade in October which has led to a process of validating a number of pathways.

With regard to non-Elective, the Trust feel that some of the schemes set up for specific cohorts of patients (CERT, FESSU etc) appear to be having an effect on non-elective activity, but cohorts of patients without a scheme aligned to them appear to be seeing increases in activity. S&O working through the data and will share when complete. SFCCG GP has agreed to review some of the patient level data from the AEC (HRGs which have seen significant increases e.g. skin).

At the December Joint Quality and Contract Meeting S&O advised that they have now put in place a GP Assessment Unit which is improving patient flow but is financially disadvantaging the Trust and they will be submitting a paper proposing an approach for CCGs consideration for the rest of this financial year, the CCG's Chief Nurse has also requested that this paper also incorporates Quality (improvement in A&E Friends and Family performance) and Patient Experience.

6.3 Other Providers

Figure 14 Month 7 Unplanned Care – Other Providers

All Other Trusts Urgent Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
AandE	2,439	1,624	1,901	277	17.06%	£227	£151	£177	£25	16.77%
AMAU	20	13	10	-3	-25.20%	£2	£1	£1	£0	-25.22%
NEL	888	594	634	40	6.79%	£1,727	£1,155	£1,303	£148	12.84%
NELNE	176	118	138	20	17.22%	£482	£322	£325	£3	0.91%
NELNEXBD	102	68	27	-41	-60.41%	£26	£18	£10	-£8	-45.58%
NELST	85	57	61	4	7.53%	£54	£36	£35	-£2	-4.35%
NELXBD	671	450	193	-257	-57.11%	£161	£108	£44	-£64	-59.46%
readmissions	0	0	0	0	0.00%	-£6	-£4	-£4	£0	0.00%
Grand Total	4,381	2,924	2,964	40	1.38%	£2,674	£1,787	£1,889	£102	5.73%

7. Out of Hours Services

Out of Hours Services in Southport and Formby are provided by Go To Doc. National Quality Requirements for Out of Hours Services continue to be met. A dashboard is provided to commissioners by the service monthly. The flowchart below from the National Audit Office describes the national quality requirements.

Figure 15 National Quality Requirements (Source: National Audit Office)

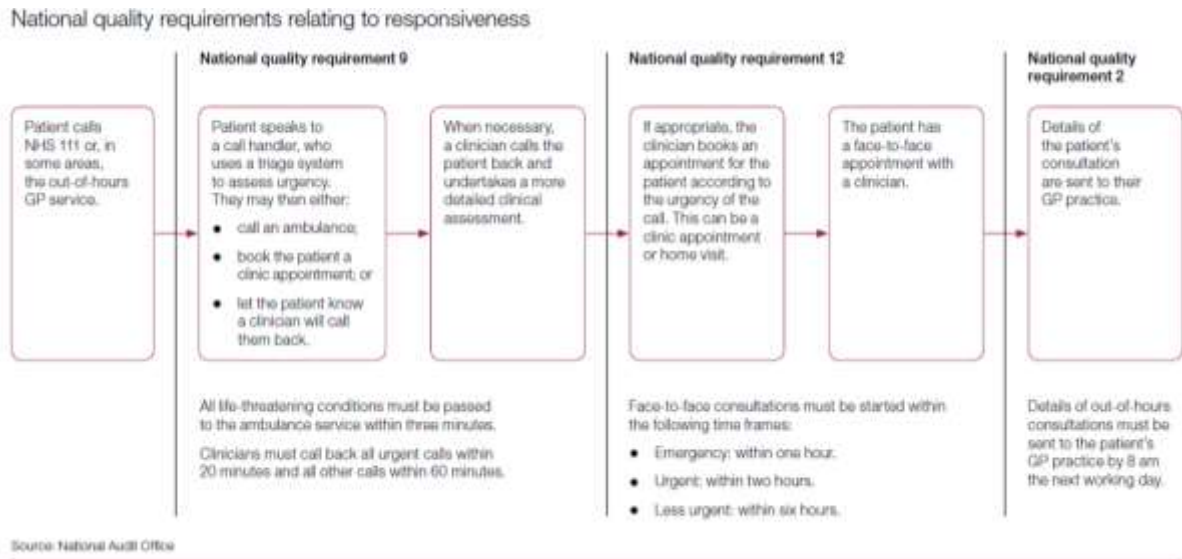


Figure 16 Southport and Formby Out of Hours Dashboard

Date Range : 01/11/2014 00:00:00 and 30/11/2014 23:59:59

	Southport & Formby	
QR02 Supply of Clinical Details Compliance	1421	100.00%
QR02 Breakdown	Total	%
Clinical Details sent before 8:00	1421	100.00%
Clinical details printed before 8:00	0	0.00%
Clinical details sent after 8:00	0	0.00%
Clinical details printed after 8:00	0	0.00%
Clinical details not sent	0	0.00%
Erroneous cases	0	0.00%
QR09 Life Threatening Conditions	1	100.00%
QR09 Breakdown		%
Patient called ambulance within 3 minutes	1	100.00%
Patient called ambulance after 3 minutes	0	0.00%
OOH centre called ambulance within 3 minutes	0	0.00%
OOH centre called ambulance after 3 minutes	0	0.00%
QR09 Telephone Clinical Assessment (Urgent)	324	94.14%
QR09 Urgent Breakdown	Total	%
Urgent cases advised within 20 minutes	305	94.14%
Urgent cases not advised within 20 minutes	19	5.86%
QR09 Telephone Clinical Assessment (Other)	681	97.80%
QR09 Other Breakdown	Total	%
All other cases advised within 60 minutes	666	97.80%
All other cases not advised within 60 minutes	15	2.20%
QR12 Base Time to Consultation (Emergency)	1	100.00%
QR12 Base Emergency Breakdown	Total	%
Emergency cases consulted within 60 minutes	1	100.00%
Emergency cases consulted not within 60 minutes	0	0.00%
QR12 Base Time to Consultation (Urgent)	65	95.38%
QR12 Base Urgent Breakdown	Total	%
Urgent cases consulted within 120 minutes	62	95.38%
Urgent cases consulted not within 120 minutes	3	4.62%
QR12 Base Time to Consultation (Less Urgent)	542	100.00%
QR12 Base Less Urgent Breakdown	Total	%
Less urgent cases consulted within 360 minutes	542	100.00%
Less urgent cases consulted not within 360 minutes	0	0.00%
QR12 Visit Time to Consultation (Emergency)	0	0.00%
QR12 Visit Emergency Breakdown	Total	%
Emergency cases consulted within 60 minutes	0	0.00%
Emergency cases consulted not within 60 minutes	0	0.00%
QR12 Visit Time to Consultation (Urgent)	71	92.96%
QR12 Visit Urgent Breakdown	Total	%
Urgent cases consulted within 120 minutes	66	92.96%
Urgent cases consulted not within 120 minutes	5	7.04%
QR12 Visit Time to Consultation (Less Urgent)	221	97.29%
QR12 Visit Less Urgent Breakdown	Total	%
Less urgent cases consulted within 360 minutes	215	97.29%
Less urgent cases consulted not within 360 minutes	6	2.71%

8. Mental Health

8.1 Mersey Care Contract

Figure 17 NHS Southport & Formby CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS Southport and Formby CCG			
	2014/15 Plan	Caseload (Nov-2014)	Variance from Plan	% Variance
0 Variance	32	41	9	28%
1 Common Mental Health Problems (Low Severity)	35	27	(8)	-23%
2 Common Mental Health Problems (Low Severity with greater need)	45	29	(16)	-36%
3 Non-Psychotic (Moderate Severity)	162	188	26	16%
4 Non-Psychotic (Severe)	128	148	20	16%
5 Non-psychotic Disorders (Very Severe)	29	29	-	0%
6 Non-Psychotic Disorder of Over-Valued Ideas	25	24	(1)	-4%
7 Enduring Non-Psychotic Disorders (High Disability)	96	117	21	22%
8 Non-Psychotic Chaotic and Challenging Disorders	62	65	3	5%
10 First Episode Psychosis	52	65	13	25%
11 On-going Recurrent Psychosis (Low Symptoms)	282	285	3	1%
12 On-going or Recurrent Psychosis (High Disability)	151	152	1	1%
13 On-going or Recurrent Psychosis (High Symptom & Disability)	105	108	3	3%
14 Psychotic Crisis	18	22	4	22%
15 Severe Psychotic Depression	7	5	(2)	-29%
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	6	8	2	33%
17 Psychosis and Affective Disorder – Difficult to Engage	35	24	(11)	-31%
18 Cognitive Impairment (Low Need)	365	266	(99)	-27%
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	465	684	219	47%
20 Cognitive Impairment or Dementia Complicated (High Need)	159	221	62	39%
21 Cognitive Impairment or Dementia (High Physical or Engagement)	50	49	(1)	-2%
Reviewed Not Clustered	30	34	4	13%
No Cluster or Review	46	75	29	63%
Total	2,385	2,666	281	12%

Figure 18 NHS Southport & Formby CCG Performance CPA follow up within 7 days of discharge from psychiatric inpatient care

Follow up from inpatient discharge		95%	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14
CB_B19	The % of people under adult mental health illness specialties who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	93.75%	93.75%	100%	92.86%	83.33%	84.12%	100%

The above table shows current NHS Southport & Formby CCG performance achieving 100% against the 95% target at Month 8.

The Trust reports this KPI on a monthly basis but the consequence of the breach is based on the quarterly response.

This rationale for this indicator is that follow up after discharge from an inpatient spell for mental health patients on care programme approach (CPA) can reduce the risk of suicide as set out in 'National suicide prevention strategy for England' and 'Preventing suicide: A toolkit for mental health services'

Figure 19 NHS Southport & Formby CCG Performance CPA follow up within 2 days (48 hrs) for higher risk groups

Follow up from inpatient discharge			Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14
MH_KPI.40	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	95%	100%	100%	100%	100%	100%	91.67%	87.50%	85.00%

The above table shows current NHS Southport & Formby CCG performance achieving 85% against the 95% target. The Trust reported CPA follow up for 17 out of 20 patients at Month 8.

The Trust reports this KPI on a monthly basis but the consequence of the breach is based on the quarterly response.

The rationale for this locally agreed indicator is similar to the national 7 day CPA follow up target and it was developed to ensure faster follow up for those patients deemed to be high risk. High risk in Mersey Care NHS Trust is defined in their discharge and transfer policy as service users with a history of serious self-harm, previous serious suicide attempts and a diagnosis of depressive disorder should be seen within 48 hours post discharge (Preventing suicide – A Toolkit for Mental Health Services - 2009).

8.2 Improving Access to Psychological Therapies (IAPT) Inclusion Matters Sefton

Figure 20 PHQ13_6 The Proportion of People who complete treatment who are moving to recovery

Southport & Formby	Target	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Total	FOT
Entered (KPI4)		108	204	177	489	173	120	124	417	196	193	168	557	1463	2195
Entered (KPI4) HSCIC		115	155	180	450				0					450	1800
Completed (KPI5)		122	138	110	370	164	119	124	407	185	107	93	385	1162	1743
Completed (KPI5) HSCIC		95	120	95	310				0					310	1240
Moved to recovery (KPI6)		46	67	51	164	66	47	52	165	77	45	36	158	487	731
Moved to recovery (KPI6) HSCIC		40	65	45	150				0					150	600
Entered Below Caseness (KPI6b)		17	14	10	41	15	14	15	44	15	3	11	29	114	171
Entered Below Caseness (KPI6b) HSCIC		10	10	10	30				0					30	120
Prevalence	15%	0.57%	1.07%	0.93%	2.56%	0.91%	0.63%	0.65%	2.19%	1.03%	1.01%	0.88%	2.92%	7.67%	11.50%
Recovery	50%	43.8%	54.0%	51.0%	49.8%	44.3%	44.8%	47.7%	45.5%	45.3%	43.3%	43.9%	44.4%	46.5%	46.5%
Prevalence HSCIC	15%	0.60%	0.81%	0.94%	2.36%									2.36%	9.43%
Recovery HSCIC	50%	47.1%	59.1%	52.9%	53.6%									53.6%	53.6%

NHS England set a target of 3.75% prevalence for Quarter 4 2014/15. The Provider has reported that at Quarter 3 they have achieved a prevalence rate of 2.92% The overall prevalence for Sefton is 3.45%

The Remedial Action Plan put in place in November 2014 has seen a positive impact on the number of patients accessing the service and the CCG continue to monitor the Remedial Action Plan against the agreed performance targets.

Following the recently undertaken re-procurement exercise for IAPT services a new provider has been awarded this contract, Cheshire Wirral Partnership NHS FT who will be commencing the new contract in April 2015. During the final quarter of the year 2014/15 the CCGs will be working with the Provider to mobilise. Commissioners will be working to ensure that any transfer arrangements run as smoothly as possible and do not have detrimental effect on performance.

However, the Current Provider has expressed concerns about the additional work required to ensure the smooth transition and have alerted the CCGs that this may impact on performance of the service.

9. Southport and Ormskirk Community

- Increased referrals to community matrons at month 8 linked to “Care at Home”.
- Chronic Care Coordinators-Upward trend in referrals received and a corresponding increase in the number of contacts seen.
- Comparison of activity on the Podiatry block and AQP 2013/14 and AQP and Block 2014/15 combined for November to date show that overall activity is at similar levels to the same time period last year. On AQP podiatry both referrals and contacts are down on current planned levels. Comparison of the block plus AQP year to date 13/14 and 14/15 shows overall activity is at similar levels. Activity spend against budget to date is around 51%. On the block community contacts are within tolerance levels while clinic contacts remain below plan which shows a shift in where activity is occurring.
- Adult Hearing AQP at month 8 year to date the budget spend is 6.3% above.
- MSK AQP At month 8 year to date the budget is underspent by 16%.
- Both MSK and Adult Hearing AQP activity year to date is down on the same time period last year.
- Treatment rooms –over the past few months both referrals and patients treated in clinic have increased.
- Community Gynaecology-Activity is flowing for this service however the data set does not include the procedures and treatments carried out. Onward referrals information is also not included and this would be useful to ensure that appropriate referral are being received by the service and that onward referrals are also appropriate.

This issue was raised at the point that the data first flowed and also within the information sub group. The current IT system does not allow the recording of these data items that are within the agreed data set. This service will be moving onto EMIS web next year and it is envisaged that some of these issues will be addressed by the migration. In the meantime other ways of understanding onward referrals are being investigated.

- The CCG are working with the Trust to review Community KPIs and Quality Contract Measures and develop a new suite of indicators for inclusion in the 15/16 Contract. This will be picked up via the 15/16 Quality Planning Meetings.
- The Trust now submits a monthly Nurse Staffing Report to the Joint Quality and Contract Meeting, this report also covers Community Nursing and Long Term Conditions, they are currently achieving 74.86% (Red) against the required percentage (staff vacancies). This is a concern to all community areas with the exception of Ainsdale (91.94%). The CCG queried staffing levels in the community, particularly within the Out of Hours team as there appears to be an issue there, the Trust provided assurance that the workload is being covered by existing staff.
- At the Joint Quality and Contract Meeting in December, the Chief Nurse informed the Trust that CCGs need to review a Trust action plan both for in-patient and A&E Friends and Family Test and formal plans to roll out the community element. NHSE require assurance of this and the Trust have been asked to submit this before the February 15th meeting. The Trust confirmed that it is engaging with the CCG’s EPEG Group and advised that the community roll out is imminent.

10. Bridgewater Community Healthcare NHS FT

The Trust commenced delivery of the Paediatric Audiology service from 1st September 2014. Currently the Trust has reported that 43 initial consultations and 104 follow up face to face consultations have taken place year to date.

11.Third Sector Contracts

- NHS Contracts 2014/15 with Third Sector Providers have been signed by all Parties and signed versions of the Contracts issued. The contracts are block meaning financial risk to the CCG is contained.
- Contract Management meetings have taken place with Providers and actions resulting from these meetings are being progressed.
- CCG leads are reviewing data relating to these contracts to include in the next Integrated performance Report.

12. Quality and Performance

12.1 Southport & Formby CCG Corporate Performance Dashboard

Performance Indicators	Data Period	Target	Actual	Direction of Travel	Exception Commentary	Actions
IPM						
Treating and caring for people in a safe environment and protecting them from avoidable harm						
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	14/15 - November	29	25	↑	There were 1 new case reported in November 2014, 25 cases reported YTD compared to a annual plan of 29 cases. The 1 case reported in November was apportioned to Southport and Ormskirk Hospital. Of the 25 cases reported YTD, 20 cases reported by Southport and Ormskirk Hospital (11 apportioned to acute and 9 apportioned to community), 3 cases reported by Aintree Hospital (1 apportioned to acute, 2 apportioned to community) and 2 case reported by Royal Liverpool Hospital (apportioned to acute)	
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	14/15 - November	18	26(14 following appeal)	↑	There 2 new cases reported in November 2014, 26 cases reported YTD compared to a annual plan of 18 cases. Of the 2 cases reported in November 1 case related to Southport & Formby CCG, and 1 case West Lancs CCG. Of the 26 cases reported YTD, 11 cases reported against Southport and Formby CCG patients, 13 cases against West Lancs CCG patients, 1 case reported against a Chorley and South Ribble CCG patient and 1 case reported against an Eastern Cheshire CCG patient.	<p>The Trust is currently off trajectory with 26 cases against an annual plan (YTD) of 18. This year 12 appeals have been successfully appealed the last appeal panel met on the 12th December 2014, this takes the Trust's local C.Dif performance to 14 and therefore within tolerance (however the national figures remain at 26). The Trust's C.difficile Action Plan is monitored at the monthly CQPG & Contract Meetings. The following actions are still open:</p> <ul style="list-style-type: none"> * Implementation of UV markers for quantitative measurement of cleaning effectiveness * Formalisation of programme, dissemination of results and action plans from divisions required * Development of criteria and guidance for junior medical staff * 100% of patients with diarrhoea must be isolated when followed up on test result <p><i>Please Note - Data has been taken from the National HCAI Database - this is updated centrally therefore not all local appeals will be reflected in the table.</i></p>
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	14/15 - November	0	2	↑	No new cases reported in November 2014, 2 cases reported YTD, both cases reported YTD were reported by Southport and Ormskirk Hospital in July 2014 (1 apportioned to acute and 1 apportioned to community).	<p>The CCG currently has two year-to-date MRSA cases related to Southport & Formby CCG Patients - 1 apportioned to acute and 1 apportioned to community - as community providers cannot be held accountable for HCAIs the CCG has had the community MRSA case attributed to them. The CCG is monitoring all Trust acquired cases of MRSA through Southport & Ormskirk Hospital's Quality & Safety Committee and the monthly CQPG. <i>Please Note - Data has been taken from the National HCAI Database - this is updated centrally therefore not all local appeals will be reflected in the table .</i></p>
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	14/15 - November	0	2	↑	No new cases have been reported in November, 2 cases reported YTD (as stated above) 1 in July 2014 relating to a Southport and Formby CCG patient and 1 in September related to a West Lancashire CCG patient.	<p>There has been one MRSA case in September bringing the year-to-date total to 1 Acute acquired case. (Although the ICO has reported 2 cases - 1 apportioned to acute and 1 apportioned to community (CCG) nb community cases are not included in this Trust specific KPI) against a target of 0. At the November CQPG the Trust informed the meeting that performance is not recoverable in this financial year. MRSA cases have now be designated as 'internal never events' and the relevant teams will be meeting with the Executive Team to discuss the management of the patients and lessons learned. Regular updates and lessons learned will be report to the Trust's internal Quality & Safety Committees and the monthly CQPG. <i>Please Note - Data has been taken from the National HCAI Database - this is updated centrally therefore not all local appeals will be reflected in the table.</i></p>

Helping people to recover from episodes of ill health or following injury

Patient reported outcomes measures for elective procedures: Groin hernia	2012/13	Eng Ave 0.085	0.08	Refreshed data	The CCG failed to improve on previous years outcome for Groin Hernia procedures and did not achieve a rate greater than the England average.	The CCG is very close to the England Average for PROMs data, discussions are currently taking place at CCG level to establish ownership of PROMs measure and to develop an improvement plan.
Patient reported outcomes measures for elective procedures: Hip replacement	2012/13	Eng Ave 0.438	0.43	Refreshed data	The CCG improved on the previous years rate but failed to achieve a score higher than that of the England average.	
Patient reported outcomes measures for elective procedures: Knee replacement	2012/13	Eng Ave 0.318	0.31	Refreshed data	The CCG improved on the previous years rate but failed to achieve a score higher than that of the England average.	
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	14/15 - November		16.41			
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	14/15 - November	115.38	111.05	New Plans	Plans have now been agreed and included, the plans are based on the same period last year. Admissions have decreased by 1 compared with the same period last year.	
Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)	14/15 - November	883.36	1,206.74	New Plans	Plans have now been agreed and included, the plans are based on the same period last year. This indicator is above the same period last year by 395 admissions.	Patient level data is being shared with practices to analyse trends and identify inappropriate or avoidable admissions.
% who had a stroke & spend at least 90% of their time on a stroke unit (CCG)	14/15 - November	80%	53.85%	↓	Southport & Formby CCG have failed the target for the 5th time since April 2014 (April, August, September, October and November). Six patients breached the timescale out of a total of 13.	The majority of CCG's breaches occurred at Southport & Ormskirk Hospital, see below for the Trust's Stoke narrative. In addition Aintree Hospital also failed their Stroke target at 65.75% and The Liverpool Royal Hospital also experienced difficulties in Quarter 3.
% who had a stroke & spend at least 90% of their time on a stroke unit (Southport & Ormskirk)	14/15 - November	80%	68.42%	↓	Southport & Formby CCG have failed the target for the second time in 2014-15 the first time being in August. Six patients breached the timescale out of a total of 19.	The Trust failed to achieved the target for 90% stay on stroke ward reporting performance of 68.4% against the 80% target. In total there were six breaches. - The increase in non-elective activity and reduced discharges created significant pressure on the system during November resulting in a small number of patient admissions onto the stroke ward being delayed. - One patient required a side room for MRSA, which was not available on the stroke ward. - A number of atypical presentations. The Trust is delivering a range of actions to address pressure on bed availability in the stroke ward. Weekly validations remain in place. There continues to be a risk around atypical presentations and during periods of increased bed pressure which impact on performance. The Trust has robust procedures in place to diagnose and treat patients effectively.
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (CCG)	14/15 - November	60%	0.00%	↓	In November no patients out of a total of 2 who experienced a TIA were not assessed and treated within 24 hours. The CCG did not achieve the required 60% for this measure. All of the breaches occurred within	See below for Southport & Ormskirk's TIA narrative, in comparison Aintree Hospital achieved their TIA target at 100%.
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	14/15 - November	60%	50.00%	↑ ↓	In November 2 patients of the 4 patients who experienced a TIA were not assessed and treated within 24 hours. The only months in 2014-15 were the target was me being April, May and July.	The Trust failed the target for TIA in month with performance of 50%. In total two patients breached , the reasons were: -One weekend presentation - One patient unable to attend within 24 hrs due to receiving dialysis. The Trust Performance Team are working with the Clinical Business Unit to review and sign off internal processes. This will provide assurance that any breaches are unavoidable given the current infrastructure. Due to the number of patients within the service a small number of breaches affect the Trust's compliance against target. Whilst capacity has been increased, patient choice and

Mental health						
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) (CCG)	14/15 - Qtr1	95%	97.67%	↓		
Preventing people from dying prematurely						
Under 75 mortality rate from cancer	2013		120.20			
Under 75 mortality rate from cardiovascular disease	2013		57.50			
Under 75 mortality rate from liver disease	2013		15.80			
Under 75 mortality rate from respiratory disease	2013		22.30			
Rate of potential years of life lost (PYLL) from causes considered amenable to healthcare (Person)	2013	2,646.00	1,933.40	↑	The CCG recorded a rate of 1,667.1 for Males and 2,191.8 for Females. The rate for males has reduced from the previous year (2,624.7) but the Female rate has increased (2,093.5). The Rate for 'Persons' has also reduced from 2013 (2,355.0)	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)	14/15 - October	93%	96.75%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	14/15 - October	93%	96.08%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	14/15 - October	93%	93.05%	↑		
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)	14/15 - October	93%	94.99%	↔		

Cancer waits – 31 days						
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	14/15 - October	96%	98.48%	↔		
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	14/15 - October	96%	99.56%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	14/15 - October	94%	96.89%	↑		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	14/15 - October	94%	100%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	14/15 - October	94%	98.75%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	14/15 - October	94%	98.57%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	14/15 - October	98%	98.64%	↓		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk)	14/15 - October	98%	100%	↔		
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)	14/15 - October		92.86%	↔		
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (Southport & Ormskirk)	14/15 - October		88.31%	↑		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	14/15 - October	90%	94.74%	↓		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	14/15 - October	90%	70.00%	↓	The Trust failed the target in October reaching 60% in month, and failed year to date. In October there was 1 patient breached out of 2.5 patients. Year to date there have been a total of 5 patients and 1.5 patient breaches.	One patient breached due to the referral being received late into the Trust and was therefore unavoidable. Pathways are under review with clinical teams and escalation processes are embedded, the Trust continues to deliver against the action plan. The Cancer Management Team are aware of all breaches that have occurred in November, early indications regarding November performance is positive. Pathways involving multiple providers for more complex patients remains a challenge.

Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	14/15 - October	85%	82.10%	↔	The CCG failed the target year to date as well as in month, reaching 78.8% for October. There were 7 breaches out of a total of 33 patients treated.	The majority of breaches occurred within Southport & Ormskirk Hospital, the main causes of breached patients were: <ul style="list-style-type: none"> • Patient choice continued to create delays along pathways especially within the Lung tumour site • Diagnostic delays, both internal and external also contributed to pathway delays and resulted in some breaches • Pathways involving multiple providers for complex patients. The CCG's Quality Committee has requested further information regarding patient breaches, this will be discussed at the next CQPG on 4th February.
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	14/15 - October	85%	85.89%	↔		
Mixed Sex Accommodation Breaches						
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	14/15 - November	0.00	0.00	↔		
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	14/15 - November	0.00	0.00	↔		
Referral To Treatment waiting times for non-urgent consultant-led treatment						
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (CCG)	14/15 - November	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (Southport & Ormskirk)	14/15 - October	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (CCG)	14/15 - November	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (Southport & Ormskirk)	14/15 - October	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	14/15 - November	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	14/15 - October	0	0	↔		

Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (CCG)	14/15 - November	90%	89.75%	↓	Overall, the CCG failed to achieve the 90% target for the first time this year, by performing slightly under at 89.75%. This equates to 69 patients out of 673 not being seen within 18 weeks.	<p>The majority of breaches occurred within Southport & Ormskirk in Month 8 (November). The Trust continues to treat patients in chronological order from the longest waiter first, excepting urgent patients. Where the number of patients on the backlog is greater than 10% of total list, this may cause non-compliance against targets.</p> <p>The Trust planned to utilise the national moratorium on compliance with all RTT performance in October and November to maximise the number of breached patients treated in month. As reported in the previous month, there are a number of validation issues that have had an impact on the reported RTT position. As a result the Trust position may change to deliver compliance post validation.</p>
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (Southport & Ormskirk)	14/15 - October	90%	90.09%	↓		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (CCG)	14/15 - November	95%	96.11%	↓		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (Southport & Ormskirk)	14/15 - October	95%	97.35%	↓		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	14/15 - November	92%	96.87%	↔		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Southport & Ormskirk)	14/15 - October	92%	96.12%	↓		

A&E waits						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG)	14/15 - November	95.00%	96.66%	↔		
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk)	14/15 - November	95.00%	96.35%	↔		
Diagnostic test waiting times						
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	14/15 - November	1.00%	0.33%	↑		
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	14/15 - November	1.00%	0.59%	↓		
Category A ambulance calls						
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	14/15 - November	75%	68.42%	↔	The CCG failed to achieve the 75% year to date target. In month the CCG recorded a percentage of 70.0%. May and August remain the only months for 14/15 to meet the target.	The deep dive scheduled for 20/01/15 with NWAS and Sefton commissioners was cancelled. Main issue with NWAS as reported last month is the poor turnaround times and increased activity.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	14/15 - November	75%	68.26%	↑	The CCG failed to achieved the 75% year to date target. In month the CCG recorded a percentage of 71.87% an increase from 70.55% in October. The CCG has n't achieved the target for any months in 2014/15.	
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	14/15 - November	95%	89.74%	↔	The CCG failed to achieve the 95% year to date and also did not achieve the target in month (Nov) recording 87.01%. The CCG has n't achieved the target for any months in 2014/15.	
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	14/15 - November	75%	71.55%	↓	NWAS failed to achieve the 75% year to date and also did not achieve the target in month (Nov) recording 68.0%.	
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	14/15 - November	75%	72.60%	↓	NWAS failed to achieve the 75% year to date and also did not achieve the target in month (Nov) recording 69.56%.	
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	14/15 - November	95%	94.78%	↔	NWAS failed to achieve the 95% year to date and also did not achieve the target in month (Nov) recording 93.05%.	
Local Measure						
Diabetes Care Processes (CCG)	14/15 - Qtr2	59.3%	46.8%	New Measure	This measure makes up part of the quality premium and will be measures quarterly. Current figures show the CCG is under performing against plan and performance has also dropped from quarter 1 which recorded above 50%.	The data search criteria is being adjusted as recording of smoking status may be too low. The effect will mean an overall increase for the indicator.

13.Mortality - Southport and Ormskirk NHS Trust

The Trust's **Summary Hospital Mortality Index** (SHMI) has been repositioned at 110, although it is still within acceptable confidence tolerance levels. The Trust's Mortality Review Group has been refreshed, chaired by the Medical Director, the Trust provided a report regarding Mortality for the CQPG/CRM on 3rd December 2014, the following actions were outlined to improve performance.

- Revised Core Quality Group - The EMD revised the membership of this group in October 2014 not only to include the DoNQ, Heads of Audit and Coding, data analysts and Medical Directors; but also external representation from Dr Foster. The latter representation will have a financial consequence for SEMT and Finance Performance and Investment (FP&I) Committee to consider. This group has a key primary role as a mortality surveillance group. It will perform 'deep dives' into spikes of HSMR.
- Strategic Stroke Group - Following the letter from the National Stroke Team, SEMT recommended that the EMD assume chairmanship of the group with support from the interim DoNQ and Associate Director for Integrated Governance (ADIG).
- Sepsis Task and Finish Group - The EMD has commissioned a Task and Finish Group for 12 months led by a senior clinician to embed appropriate clinical care pathways for sepsis management.
- Invited Service Review from RCP – Urgent Care. In light of the mortality statistics, the Dr Foster report, and the higher risk clinical pathways, the EMD has commissioned an invited service review of care pathways in acute medicine from the RCP. This will occur in early 2015.
- Invited Service Review from RCP – Stroke. The EMD has, in addition, commissioned an invited service review of stroke care pathways from the national stroke team at the RCP and this will be in a similar timeframe.

At the CCG's Quality Committee in January 2015 it was confirmed that the Southport and Formby CCG's Chief Nurse and GP Quality Leads will meet with the Trust's Medical Director and newly appointed Director of Nursing to discuss the Mortality Action Plan, this will be monitored at the monthly CQPGs.

14. Friends and Family – Southport and Ormskirk NHS Trust

Clinical Area	Response Rate (RR) Target	RR Actual (Nov 2014)	RR - Trajectory From Previous Month (Oct 14)	Percentage Recommended (England Average)	Percentage Recommended (Nov 2014)	PR Trajectory From Previous Month (Oct 14)	Percentage Not Recommended (England Average)	Percentage Not Recommended (Nov 2014)	PNR Trajectory From Previous Month (Oct 14)
Inpatients	30%	27.0%	↑	95%	89%	↑	2%	3%	↑
A&E	20%	11.9%	↓	87%	87%	↑	6%	7%	↑
Q1 - Antenatal Care	N/A	-	-	96%	84%	↓	1%	11%	↓
Q2 - Birth	N/A	23.4%	↓	97%	90%	↓	1%	0%	↑
Q3 - Postnatal Ward	N/A	-	-	93%	86%	↓	2%	3%	↓
Q4 - Postnatal Community Ward	N/A	-	-	97%	100%	↔	1%	0%	↑

Where cell contains "-" no denominator data available

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

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

The Trust failed to achieve the A&E response rate target and achieved 11.9% in November against a target of 20%, there has also been a slight decline in performance from the October position. They Trust was in line with the England Average percentage recommended, however they missed the percentage not recommended by 1%, both measures have seen an improvement compared to October performance. As % recommended is a new measure performance will be monitored and regular updates provided to the CCG's EPEG meetings.

The Trust saw an improvement in performance relating to Inpatient response rate target, however they underperformed against target in November achieving 27% against a target of 30%, they missed the England Average percentage recommended by 6% and not recommended target by 1%.

Work is on-going with the Trust to review Friends & Family Performance, the Trust has advised they are liaising with Aintree Hospital to share their A&E good practice. In addition the Trust has been invited to attend the CCG's EPEG meetings to provide regular updates against performance. The Joint Quality & Contract Committee has requested that the Trust submits an FFT Action Plan to the next meeting in February 15, the Trust have also provided assurance that the Community roll out of FFT was imminent, and update will be provided at the next CQPG Meeting.

14.1 Complaints

Southport & Ormskirk Hospital Trust wide Complaints

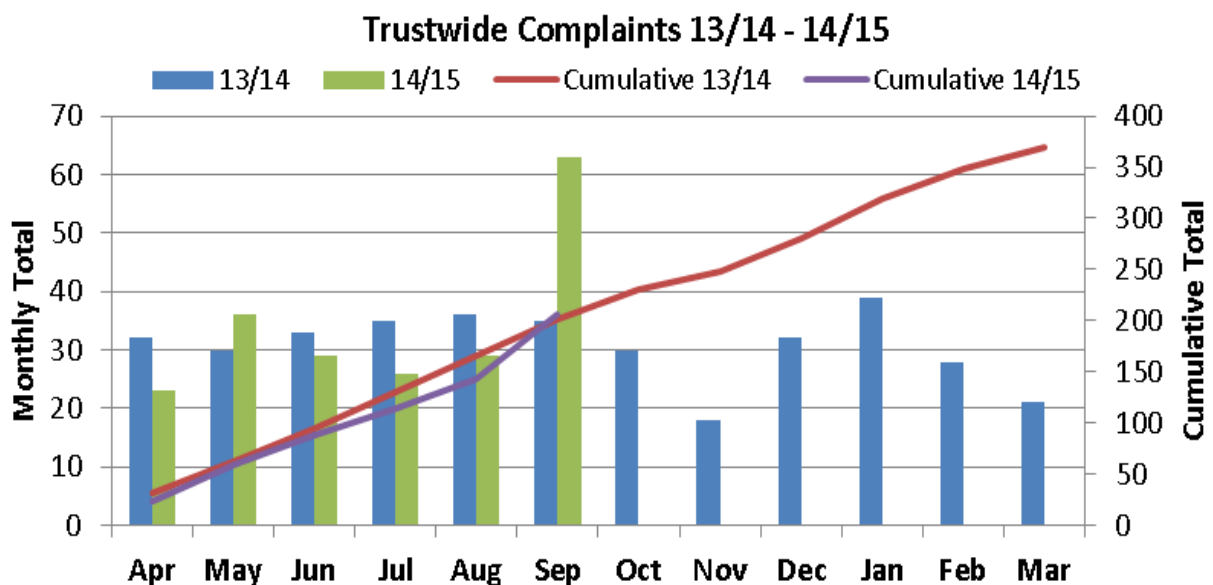
The following section has been summarised from the Trust’s Quarter 2 Complaints Report which was discussed at the Joint Quality and Performance Committee in December. The full report will also be discussed at the CCG’s external Quality Committee in January 15. The Report now includes revised sections focusing on –

- Complaints by Outcome
- Lessons Learned
- Actions undertaken as a result of complaints

Following recommendations from the CCG’s Quality Committee, it should be noted that this reports is still under development, commissioners will be asked for their feedback.

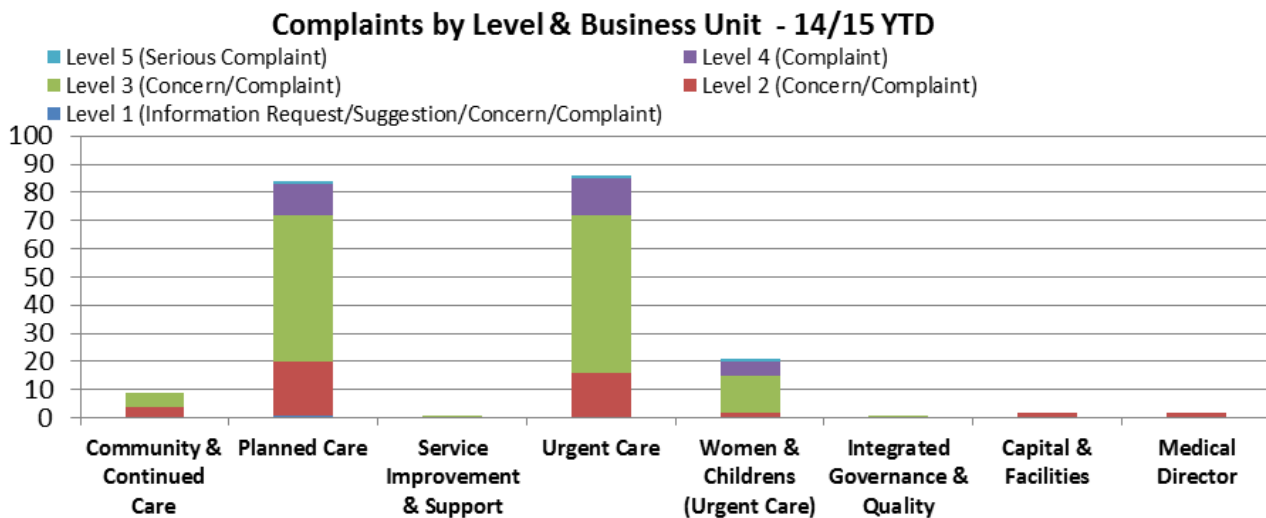
The graph below highlights complaints on a Trust wide basis. In the month of September 2014 the Customer services team reviewed the currently grading tool against the NHS complaints processes and decided that a change was required to fully implement the NHS complaints processes. This meant that any reported concern which was received by the department had to be treated as a formal complaint if the process for completion took over 24 hours. Therefore this meant that any concern not closed within the 24 hours, must be classified as a formal complaint. As a direct result of this, the number of complaints received in September was 63, more than double the average of 29 seen in previous months during this financial year. This change in the way concerns are now graded makes it inappropriate to draw direct comparisons on complaint numbers for the previous year.

Figure 21 Southport & Ormskirk Hospital Complaints



The chart above shows the higher number of complaint received due to the reclassification of the concerns to level 2 complaints. The split of all the complaints by Business Unit and Level is shown below.

Figure 22 Southport & Ormskirk Complaints by Level and Business Unit



As can be seen from the above chart there are a greater number of complaints received within the two largest business units in the Trust.

Compliments

The implementation of the new Datix system in October 2013 changed the way compliments are collected within the Trust. This means that we can now capture the specific reasons behind the compliments. This relies on ward/department staff completing a very short Datix form for each compliment, rather than simply submitting a total number of compliments received. However, we have experienced a decline in the numbers reported using this method but the data is now more reliable.

14.2 Serious Untoward Incidents (SUIs)

Figure 23 Serious Untoward incidents NHS Southport & Formby CCG Patients by Trust

CCG SUIs

Type of Incident	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD
Suspected suicide		1			1	1			3
Delayed diagnosis			1				1	1	3
Confidential Information Leak				1			1		2
Unexpected Death of Community Patient (in receipt)		1				1			2
Child Death					1	1			2
Attempted Suicide by Outpatient (in receipt)		1						1	2
Pressure ulcer - (Grade 3)							1	1	2
Slips/Trips/Falls							1		1
Safeguarding Vulnerable Child			1						1
Allegation Against HC Professional					1				1
Serious Incident by Inpatient (not in receipt)			1						1
Admission of under 18s to adult mental health ward	1								1
Surgical Error		1							1
Radiology/Scanning incident	1								1
Abscond						1			1
Drug Incident (general)				1					1
Hospital Transfer Issue								1	1
Grand Total	2	4	3	2	3	4	4	4	26

Incident Split by Provider

Provider / Type of Incident	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD
Alder Hey Children's NHS Foundation Trust									
Surgical Error		1							1
Allegation Against HC Professional					1				1
Liverpool Community Health NHS Trust									
Child Death					1	1			2
Mersey Care NHS Trust									
Suspected suicide		1			1	1			3
Unexpected Death of Community Patient (in receipt)		1				1			2
Abscond						1			1
Admission of under 18s to adult mental health ward	1								1
Attempted Suicide by Outpatient (in receipt)		1						1	2
Royal Liverpool and Broadgreen University Hospitals NHS Trust									
Serious Incident by Inpatient (not in receipt)			1						1
Southport and Ormskirk Hospital NHS Trust									
Confidential Information Leak				1			1		2
Delayed diagnosis			1				1	1	3
Radiology/Scanning incident	1								1
Safeguarding Vulnerable Child			1						1
Slips/Trips/Falls							1		1
Drug Incident (general)				1					1
Pressure ulcer - (Grade 3)							1	1	2
Hospital Transfer Issue								1	1
Grand Total	2	4	3	2	3	4	4	4	26

For Southport & Formby CCG patients there have been 4 serious incidents reported in November 2014, 26 SUIs reported YTD.

- 1x Hospital Transfer Issue (Southport & Ormskirk)
- 1x Delayed Diagnosis (Southport & Ormskirk)
- 1x Pressure ulcer (Grade 3) (Southport & Ormskirk)
- 1x Attempted Suicide by Outpatient (in receipt)

Zero Never Event in November, 3 YTD.

- 1x Surgical Error (May – Alder Hey)
- 1x Serious Incident by Inpatient (not in receipt) (June – Royal Liverpool)
- 1x Drug Incident (general) (July – Southport & Ormskirk)

There have been 7 repeated incidents during 2014/15

- 3x Suspected suicide
- 3x Delayed diagnosis
- 2x Confidential Information Leak
- 2x Attempted Suicide by Outpatient (in receipt)
- 2x Pressure ulcer – (Grade 3)
- 2x Child Death
- 2x Unexpected Death of Community Patient (in receipt)

The majority of incidents occurred within MerseyCare and Southport & Ormskirk Hospital, all incident investigations and action plans are discussed in detail at the CCG’s Monthly SUI Management Group Meeting.

Figure 24 Reported Serious Untoward incidents - Southport and Ormskirk Hospital NHS Trust

Southport and Ormskirk Hospital Never Event

Incident Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD
Delayed diagnosis			1	1			2	1	5
Pressure ulcer - (Grade 3)							3	1	4
Adverse media coverage or public concern about the organisation or the wider NHS					1	1			2
Confidential Information Leak				1			1		2
Allegation against HC non-Professional								1	1
Attempted Suicide by Inpatient (in receipt)							1		1
Drug Incident (Chemotherapy)				1					1
Drug Incident (general)				1					1
Hospital Transfer Issue								1	1
Radiology/Scanning incident	1								1
Safeguarding Vulnerable Child			1						1
Slips/Trips/Falls							1		1
Grand Total	1	0	2	4	1	1	8	4	21

Incidents Split by CCG

CCG Name / Incident Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD
Southport and Formby CCG									
Confidential Information Leak				1			1		2
Delayed diagnosis			1				1	1	3
Drug Incident (general)				1					1
Hospital Transfer Issue								1	1
Pressure ulcer - (Grade 3)							1	1	2
Radiology/Scanning incident	1								1
Safeguarding Vulnerable Child			1						1
Slips/Trips/Falls							1		1
West Lancashire CCG									
Adverse media coverage or public concern about the organisation or the wider NHS					1	1			2
Attempted Suicide by Inpatient (in receipt)							1		1
Delayed diagnosis				1			1		2
Drug Incident (Chemotherapy)				1					1
Pressure ulcer - (Grade 3)							2		2
Not Applicable									
Allegation against HC non-Professional								1	1
Grand Total	1	0	2	4	1	1	8	4	21

There have been 4 serious incident reported by Southport & Ormskirk Hospital in October 2014 (3 Southport & Formby patients and 1 West Lancs CCG patient) The trust has reported 21 incidents YTD.

- Hospital Transfer Issue
- Delayed diagnosis
- Allegation against HC non-Professional
- Pressure ulcer - (Grade 3)

There have been 4 repeated incidents during 2014/15

- 5x Delayed diagnosis
- 2x Adverse media coverage or public concern about the organisation or the wider NHS
- 2x Confidential Information Leak
- 4x Pressure ulcer - (Grade 3)

All incident investigations and action plans are discussed in detail at the CCG's Monthly SUI Management Group Meeting.

15.Primary Care Dashboard

15.1 Background

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

15.2 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 and adults separately), Demand (referrals, Choose & Book information, cancer and urgent referrals), and Prescribing indicators. Future developments during Winter 2014 include QOF data, financial information, and public health indicators.

15.3 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 new Cheshire & Merseyside Intelligence Portal (CMiP)

15.4 Locality level summary

A summary of the primary care dashboard measures at locality level for data relating to June 2014 is presented below. The criteria for the Red, Amber, and Green rating are described above .

Figure 25 Primary Care dashboard locality summary

	A&E Attendance rate per 1,000 for under 19's (12 Mths to Jun-14)	A&E Attendance rate per 1,000 for over 19's (12 Mths to Jun-14)	Emergency Admission rate per 1,000 for under 19's (12 Mths to Jun-14)	Emergency Admission rate per 1,000 for over 19's (12 Mths to Jun-14)
Ainsdale & Birkdale	81.3	270.4	69.3	124.7
Central Southport	88.0	331.7	84.7	146.2
Formby	87.5	204.9	67.3	100.8
North Southport	72.9	279.7	84.7	132.3
Southport & Formby CCG	82.4	276.8	77.3	127.8

Locality	GP referrals	GP urgent referrals as a % of all GP referrals	GP referrals / 1,000 patients	Cancer Fast Track / 1,000 patients	% Choose & Book
Ainsdale & Birkdale	113	18.6%	19.5	0.00	35.0%
Central Southport	149	19.3%	21.7	0.00	39.2%
Formby	85	18.7%	18.1	0.00	43.5%
North Southport	155	24.1%	21.1	0.00	20.2%
Southport & Formby CCG	502	20.3%	20.2	0	34.0%

16. Programme Update

16.1 2014/15 Milestones

All programme milestones are green except for the following exceptions:

- Neurology: Clinical and Programme leads not yet identified.

16.2 CCG Strategic Performance

We have developed a dashboard to monitor progress against 4 main strategic performance indicators.

The dashboards are all produced in a standard format using Accident and Emergency department and emergency admissions data extracted from Secondary User Services (SUS) files.

Emergency activity for the majority of dashboards are extracted using established Programme Budgeting Codes

- 02 (A-X) Cancers & Tumours
- 04 (A-X) Endocrine, Nutritional and Metabolic Disorders (Diabetes)
- 05 (A-X) Mental Health Disorders
- 07 (A-X) Neurological Problems
- 10 (A-X) Problems of circulation (Cardiovascular)
- 11 (A-X) Problems of the respiratory system

For the other programme areas Children and Young People are defined by age under 19 years old, Acute Kidney Injury (AKI) and Liver Disease are reviewed by the use of Primary Diagnosis Codes specified by NHS Right Care and Palliative Care is evaluated through Unbundled HRG codes which is the NHS England preferred choice.

A&E Attendances are measured by the use of Diagnosis Codes as produced by the Health and Social Care Information Centre. These codes are a broad classification of the types of diagnoses that patients require attendance in A&E.

CCG performance is broken down to show activity at locality and programme level.

Locality and programme leads will review Dashboards each month to identify areas of concern and support future service developments.

Southport & Formby CCG received National Recognition for the work and development of the Programme Dashboards when they were presented at the NHS England CSU BI Leads Network meeting in London.

CCG Locality Programme Dashboard

The CCG Locality Programme Dashboard has been created to identify performance at Programme Level by Locality. This will be required to inform future Service Planning, Development and Implementation.

The 3 parts of Information on the Dashboard are:

1) KPI

KPI is based on a RAG rating of RED, AMBER, GREEN

RED means YTD activity has increased this financial year.

AMBER means YTD performance has either stayed the same as last financial year or reduced by 0.9%

GREEN means YTD performance is 1% or more improved on last financial year.

2) Trend

Performance Improved	↓ ↓ ↓
	= = =
Adverse Performance	↑ ↑ ↑

The Key for the trend above shows 9 possible performance outcomes, the best being ↓ and the worst being ↑
The arrow indicates direction of activity, up arrow is increased activity and the down arrow indicates activity has decreased when compared against last financial year
The colour of the arrow is the in-month performance.

3) Sparkline

The sparkline information shows the YTD activity plotted per month and indicates current financial year trend.

Southport & Formby CCG Programme Locality Dashboard

September 2014

All Activity		AE Attendance			Emergency Admissions			Emergency Bed Days			Emergency Re-admissions		
CCG Level		KPI 1	Trend	Sparkline	KPI 2	Trend	Sparkline	KPI 3	Trend	Sparkline	KPI 4	Trend	Sparkline
Locality	Ainsdale & Birkdale	5.0%	↑		4.6%	↑		-7.3%	↓		-1.3%	↓	
	Central Southport	9.5%	↑		9.1%	↑		-4.7%	↓		3.9%	↑	
	Formby	15.0%	↑		12.0%	↑		0.7%	↑		21.7%	↑	
	North Southport	4.0%	↑		3.2%	↑		-8.2%	↓		12.2%	↑	

Activity - Programme		AE Attendance			Emergency Admissions			Emergency Bed Days			Emergency Re-admissions		
CCG Level		KPI 1	Trend	Sparkline	KPI 2	Trend	Sparkline	KPI 3	Trend	Sparkline	KPI 4	Trend	Sparkline
Ainsdale & Birkdale	Acute Kidney Injury (AKI)				20.0%	↑		-48.1%	↓		-33.3%	↓	
	Cancer				-11.5%	↓		-44.5%	↓				
	Cardiovascular	-34.7%	↓		-21.9%	↓		-8.2%	↓		-40.5%	↓	
	Childrens and Young People	4.0%	↓		20.8%	↑		-6.9%	↓		-33.3%	↓	
	Diabetes				20.0%	↑		167.9%	↑		200.0%	↑	
	Liver Disease				51.6%	↑		101.0%	↑		0.0%	=	
	Mental Health	23.5%	↑		2.0%	↑		-74.4%	↓				
	Neurology	0.0%	=		2.7%	↑		-20.6%	↓		-14.3%	↓	
	Palliative Care				5.9%	↑		11.2%	↑		40.0%	↑	
	Respiratory	0.0%	=		18.1%	↑		20.2%	↑		76.7%	↑	
Central Southport	Acute Kidney Injury (AKI)				22.2%	↑		11.5%	↑		100.0%	↑	
	Cancer				-6.9%	↓		-1.0%	↓				
	Cardiovascular	-1.4%	↓		27.8%	↑		32.8%	↑		-9.3%	↓	
	Childrens and Young People	16.7%	↓		31.1%	↑		27.5%	↑		-26.1%	↓	
	Diabetes				10.9%	↑		32.8%	↑		58.3%	↑	
	Liver Disease				-11.9%	↓		-16.4%	↓		-31.3%	↓	
	Mental Health	-8.4%	↓		-46.5%	↓		-73.8%	↓				
	Neurology	-83.3%	↓		-5.7%	↓		-2.5%	↓		-1.4%	↓	
	Palliative Care				5.6%	↑		66.9%	↑		0.0%	=	
	Respiratory	-70.0%	↓		3.8%	↑		8.6%	↑		-28.8%	↓	
Formby	Acute Kidney Injury (AKI)				85.7%	↑		56.4%	↑		100.0%	↑	
	Cancer				-48.6%	↓		-46.5%	↓				
	Cardiovascular	27.3%	↑		3.8%	↑		25.4%	↑		122.2%	↑	
	Childrens and Young People	31.1%	↓		21.9%	↑		17.7%	↑		33.3%	↑	
	Diabetes				-9.7%	↓		37.8%	↑		0.0%	=	
	Liver Disease				-31.6%	↓		-61.6%	↓		28.6%	↑	
	Mental Health	33.3%	↑		-37.0%	↓		-35.1%	↓				
	Neurology	-100.0%	↓		9.1%	↑		0.3%	↑		-3.2%	↓	
	Palliative Care				-25.0%	↓		25.5%	↑		0.0%	=	
	Respiratory	-25.0%	↓		16.4%	↑		1.3%	↑		47.6%	↑	
North Southport	Acute Kidney Injury (AKI)				37.5%	↑		-45.3%	↓				
	Cancer				12.0%	↑		-18.3%	↓				
	Cardiovascular	27.6%	↑		4.7%	↑		12.4%	↑		10.8%	↑	
	Childrens and Young People	14.5%	↓		-7.9%	↓		-16.2%	↓		-27.8%	↓	
	Diabetes				-7.5%	↓		27.2%	↑		33.3%	↑	
	Liver Disease				30.0%	↑		-6.6%	↓		0.0%	=	
	Mental Health	-1.4%	↓		-34.6%	↓		-62.0%	↓				
	Neurology	0.0%	=		13.4%	↑		30.6%	↑		43.5%	↑	
	Palliative Care				-7.1%	↓		-49.4%	↓		-20.0%	↓	
	Respiratory	150.0%	↑		4.3%	↑		-7.6%	↓		29.7%	↑	

AE Attendances for Childrens and Young People excludes Attendances at Liverpool Community due to Age Recording Discrepancies.

Appendix 1 Main Provider Activity & Finance Comparisons

Figure 26 Month 8 Planned Care Southport and Ormskirk Hospital NHS Trust (13/14 and 14/15 comparison)

Southport & Ormskirk Hospital Southport & Formby CCG		2014/15												
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Daycase	Activity	1415 Activity Plan	953	953	1001	1131	894	1073	1096	953				
	1415 Activity Actual	1060	1024	1031	1084	942	1059	1064	944					
	Price	1415 Price Plan	£522,238	£522,238	£548,350	£626,091	£479,156	£592,026	£600,574	£522,238				
	1415 Price Actual	£578,305	£566,859	£584,630	£586,402	£519,706	£606,915	£624,558	£611,888					
Elective	Activity	1415 Activity Plan	146	146	154	179	128	168	168	146				
	1415 Activity Actual	140	150	125	143	132	144	151	140					
	Price	1415 Price Plan	£400,734	£400,734	£420,771	£498,505	£337,966	£465,915	£460,844	£400,734				
	1415 Price Actual	£359,883	£427,076	£343,770	£407,316	£316,007	£375,257	£381,182	£338,593					
Non-Elective (NEL and NELST)	Activity	1415 Activity Plan	1092	1099	1035	1119	1047	1012	1133	1066				
	1415 Activity Actual	1304	1356	1300	1314	1200	1284	1306	1230					
	Price	1415 Price Plan	£1,816,601	£1,822,149	£1,721,693	£1,868,207	£1,745,465	£1,626,736	£1,855,415	£1,734,051				
	1415 Price Actual	£1,951,726	£1,989,344	£1,953,566	£2,041,613	£1,865,604	£1,906,128	£2,079,174	£1,880,007					
AandE	Activity	1415 Activity Plan	2815	2745	2722	2965	2686	2544	2725	2653				
	1415 Activity Actual	2896	2983	2982	3163	2815	2918	3133	2988					
	Price	1415 Price Plan	£293,572	£286,319	£283,934	£309,222	£280,158	£265,353	£284,232	£276,680				
	1415 Price Actual	£306,334	£313,885	£314,986	£325,568	£297,525	£304,554	£315,888	£281,904					

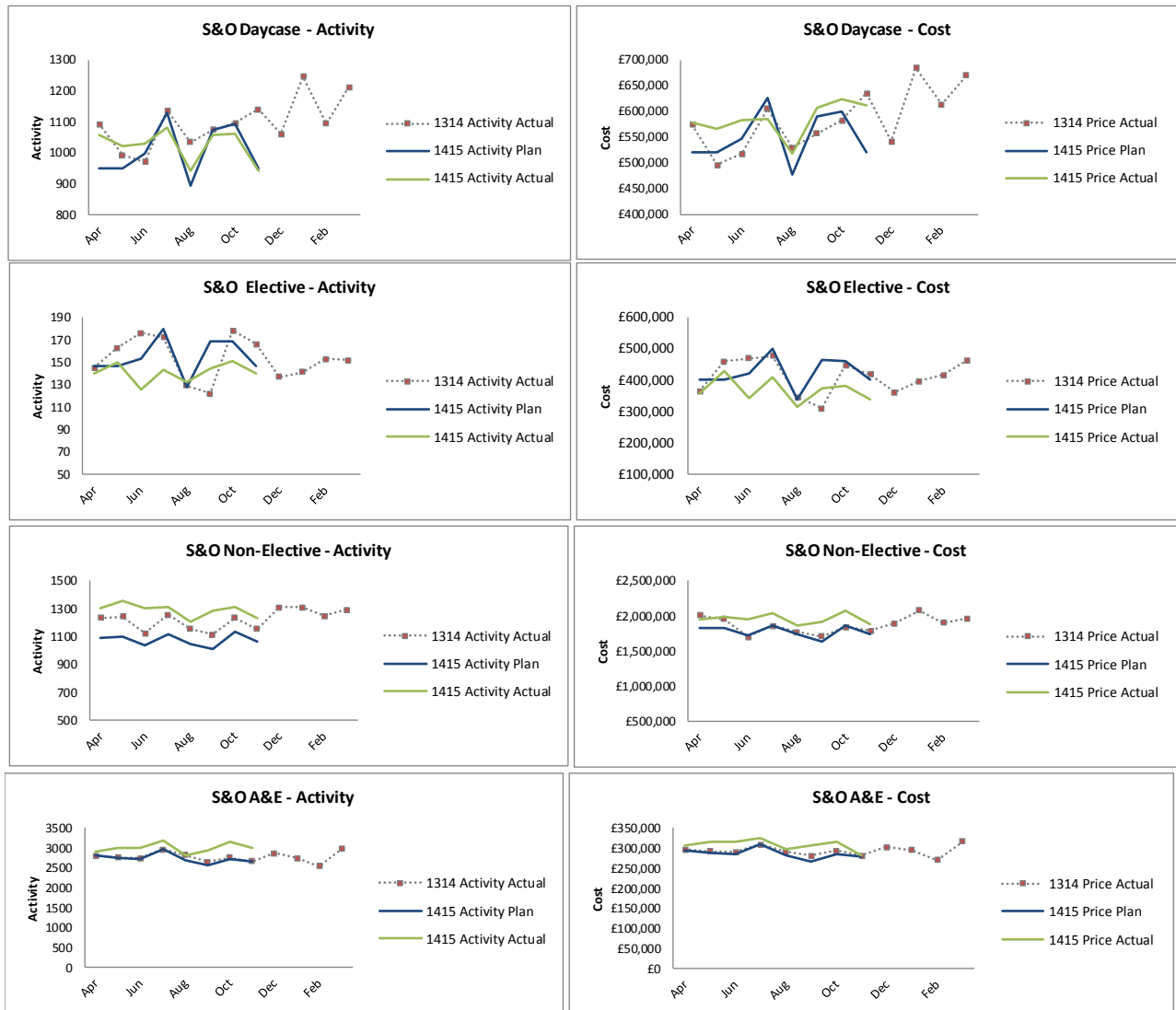


Figure 27 Month 7 Planned Care Royal Liverpool & Broadgreen Hospitals (13/14 and 14/15 comparison)

Royal Liverpool & Broadgreen Hospitals Southport & Formby CCG			2014/15													
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Daycase	Activity	1415 Activity Plan	59	59	62	68	59	65	68	59						
		1415 Activity Actual	84	77	65	70	70	76	75	83						
	Price	1415 Price Plan	£45,485	£45,485	£47,759	£52,307	£45,485	£50,033	£52,307	£45,485						
		1415 Price Actual	£65,912	£51,150	£52,220	£47,180	£56,114	£56,806	£42,758	£55,346						
Elective	Activity	1415 Activity Plan	22	22	23	25	22	24	25	22						
		1415 Activity Actual	21	25	20	22	16	23	35	24						
	Price	1415 Price Plan	£72,942	£72,942	£76,589	£83,883	£72,942	£80,236	£83,883	£72,942						
		1415 Price Actual	£79,758	£67,223	£61,646	£57,521	£66,340	£69,230	£110,913	£69,251						
Non-Elective (NEL and NELST)	Activity	1415 Activity Plan	20	21	20	21	21	20	21	20						
		1415 Activity Actual	18	26	27	19	14	19	25	20						
	Price	1415 Price Plan	£49,111	£50,748	£49,111	£50,748	£50,748	£49,111	£50,748	£49,111						
		1415 Price Actual	£39,939	£47,988	£61,848	£37,407	£39,322	£57,752	£58,444	£41,922						
AandE	Activity	1415 Activity Plan	62	64	62	64	64	62	64	62						
		1415 Activity Actual	56	83	69	68	66	64	60	76						
	Price	1415 Price Plan	£5,364	£5,542	£5,364	£5,542	£5,542	£5,364	£5,542	£5,364						
		1415 Price Actual	£4,727	£7,422	£6,031	£5,326	£5,185	£5,196	£5,256	£6,383						

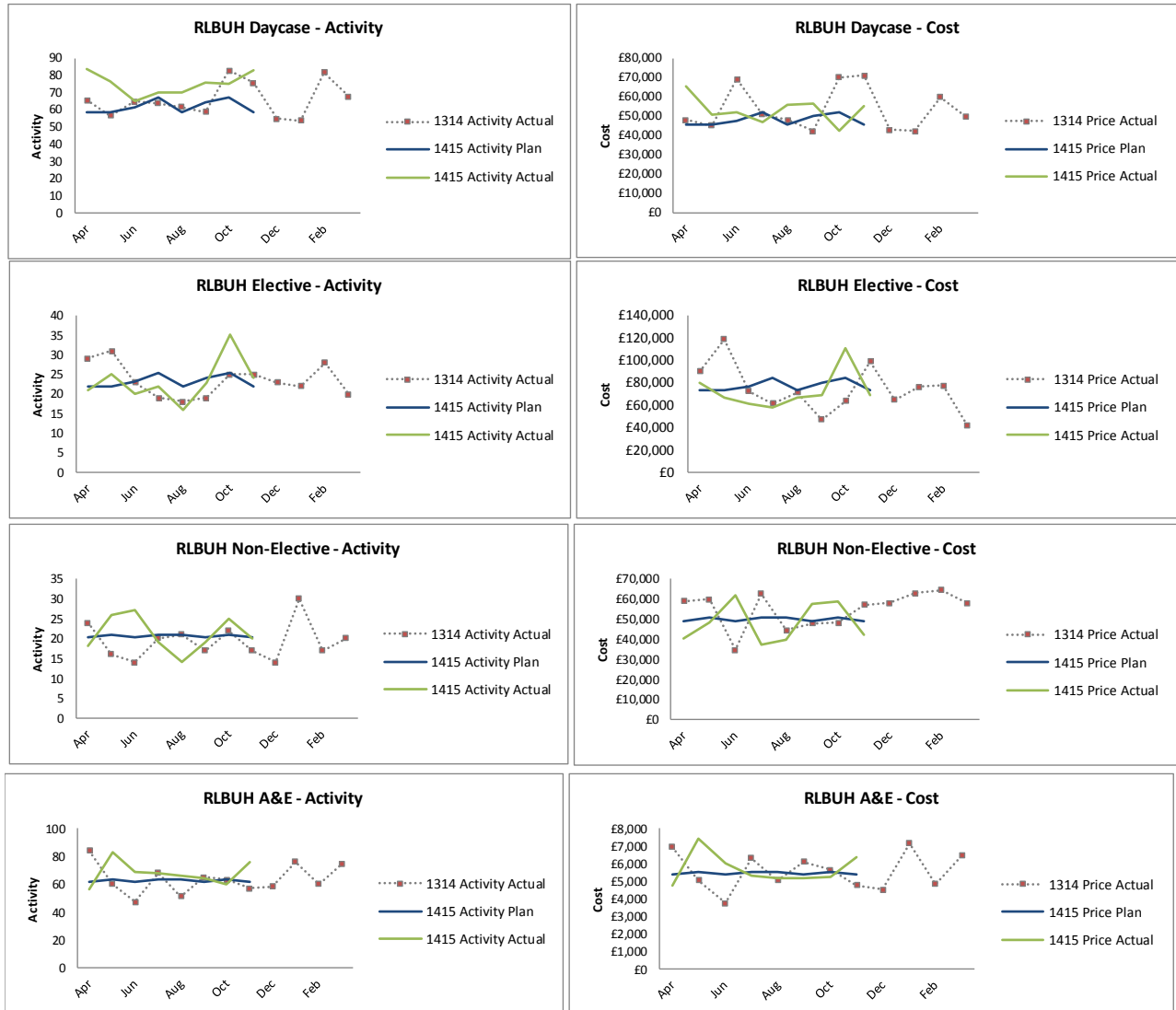
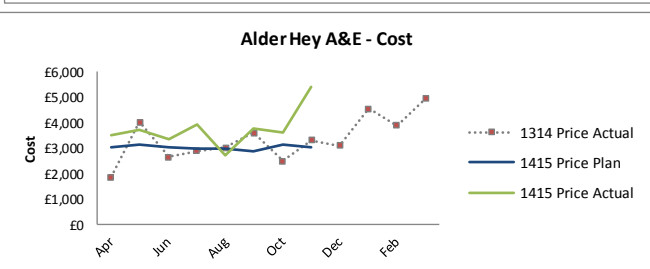
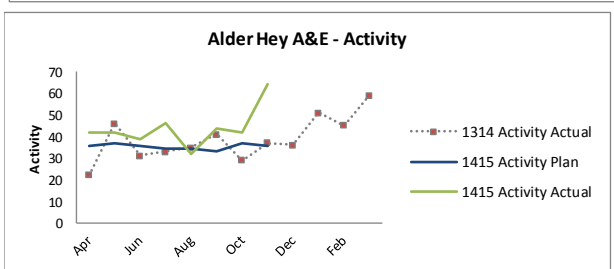
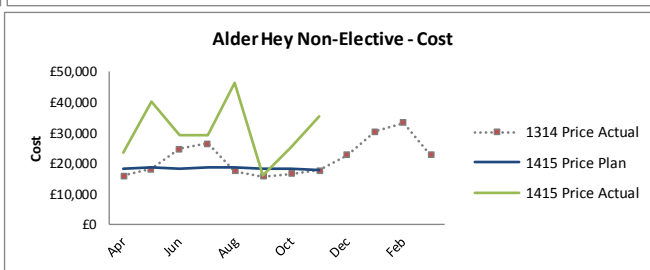
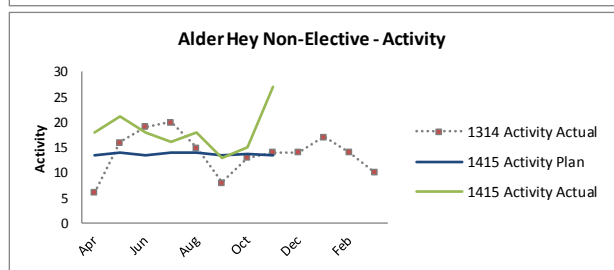
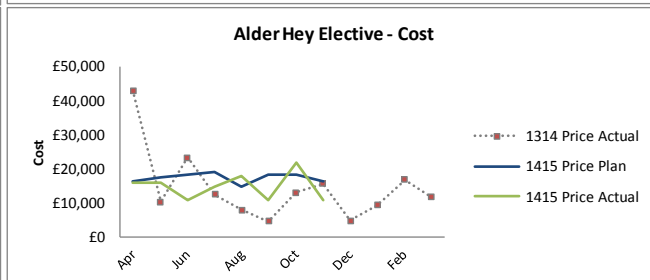
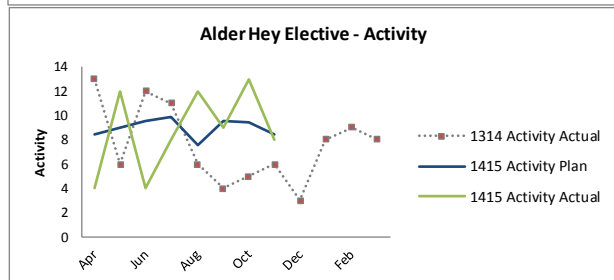
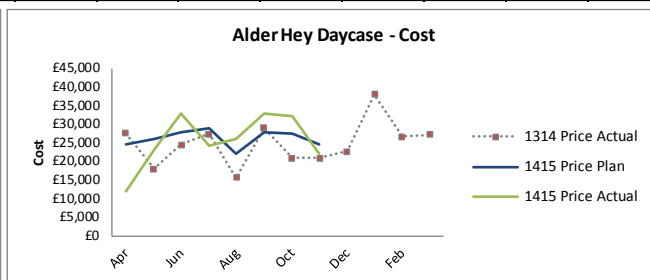
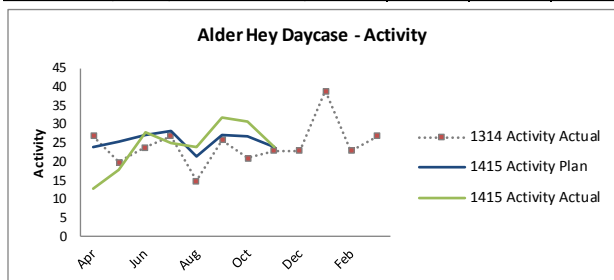


Figure 28 Month 7 Planned Care Alder Hey Hospital (13/14 and 14/15 comparison)

Alder Hey Childrens Hospital Southport & Formby CCG			2014/15													
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Daycase	Activity	1415 Activity Plan	24	26	27	28	21	27	27	24						
		1415 Activity Actual	13	18	28	25	24	32	31	24						
	Price	1415 Price Plan	£24,760	£26,289	£27,817	£29,040	£22,009	£27,817	£27,511	£24,760						
		1415 Price Actual	£12,118	£23,067	£32,886	£24,401	£26,189	£33,085	£32,348	£22,232						
Elective	Activity	1415 Activity Plan	8	9	10	10	8	10	9	8						
		1415 Activity Actual	4	12	4	8	12	9	13	8						
	Price	1415 Price Plan	£16,434	£17,449	£18,463	£19,275	£14,608	£18,463	£18,260	£16,434						
		1415 Price Actual	£15,930	£15,809	£10,834	£14,602	£17,887	£10,671	£21,914	£10,927						
Non-Elective (NEL and NELST)	Activity	1415 Activity Plan	13	14	13	14	14	13	14	13						
		1415 Activity Actual	18	21	18	16	18	13	15	27						
	Price	1415 Price Plan	£18,156	£18,810	£18,156	£18,810	£18,810	£18,156	£18,219	£17,566						
		1415 Price Actual	£23,510	£40,145	£29,179	£29,179	£46,456	£16,219	£25,295	£35,336						
AandE	Activity	1415 Activity Plan	36	37	36	35	35	33	37	36						
		1415 Activity Actual	42	42	39	46	32	44	42	64						
	Price	1415 Price Plan	£3,035	£3,146	£3,035	£2,960	£2,960	£2,849	£3,146	£3,035						
		1415 Price Actual	£3,488	£3,701	£3,323	£3,928	£2,705	£3,775	£3,595	£5,373						



Appendix 2 Further Finance Tables

01V NHS Southport and Formby Clinical Commissioning Group Month 9 Financial Position							
Cost centre Number	Cost Centre Description	Annual Budget	Budget To Date	Actual To Date	Variance to date	End of Year	
		£000	£000	£000	£000	Expenditure Outturn	FOT Variance
		£000	£000	£000	£000	£000	£000
COMMISSIONING - NON NHS							
603501	Mental Health Contracts	812	604	604	0	812	0
603506	Child and Adolescent Mental Health	119	89	92	3	124	5
603511	Dementia	84	61	61	0	84	0
603521	Learning Difficulties	1,306	961	896	(65)	1,219	(87)
603531	Mental Health Services – Adults	0	0	0	0	0	0
603541	Mental Health Services - Collaborative Commissioning	634	634	634	0	634	0
603596	Collaborative Commissioning	409	307	296	(11)	394	(15)
603661	Out of Hours	1,069	802	799	(3)	1,065	(4)
603682	CHC Adult Fully Funded	3,799	2,512	3,639	1,127	5,301	1,502
603684	CHC Adult Joint Funded	2,738	2,408	2,397	(11)	2,713	(25)
603685	CHC Adult Joint Funded Personal health Budgets	47	39	114	75	144	97
603687	CHC Children	319	240	214	(25)	306	(13)
603691	Funded Nursing Care	3,258	2,444	2,388	(56)	3,182	(76)
603711	Community Services	1,134	854	893	40	1,204	70
603721	Hospices	864	644	644	0	864	0
603726	Intermediate Care	392	284	284	(0)	392	0
603796	Reablement	997	752	752	0	997	0
Sub-Total		17,983	13,634	14,708	1,074	19,437	1,454
CORPORATE & SUPPORT SERVICES							
605251	Administration and Business Support (Running Cost)	136	102	102	(0)	137	1
605271	CEO/Board Office (Running Cost)	605	454	409	(45)	568	(37)
605276	Chairs and Non Execs (Running Cost)	152	114	118	4	157	5
605296	Commissioning (Running Cost)	1,238	928	885	(43)	1,191	(47)
605316	Corporate costs	174	131	69	(62)	115	(59)
605346	Estates & Facilities	87	36	36	1	48	(39)
605351	Finance (Running Cost)	375	281	270	(12)	359	(16)
605391	Medicines Management (Running Cost)	29	22	22	(0)	30	0
605426	Quality assurance	59	44	43	(1)	58	(1)
605266	BUSINESS INFORMATICS	61	46	33	(13)	49	(12)
	Sub-Total Running Costs	2,917	2,158	1,987	(171)	2,713	(204)
603646	Commissioning Schemes (Programme Cost)	741	555	549	(6)	699	(42)
603656	Medicines Management (Programme Cost)	503	377	364	(13)	496	(7)
603776	Non Recurrent Programmes (NPIT)	710	88	88	0	710	0
603676	Primary Care IT	613	460	456	(3)	613	0
605371	IM & T	0	0	2	2	0	0
	Sub-Total Programme Costs	2,567	1,480	1,460	(20)	2,518	(49)
Sub-Total		5,484	3,638	3,447	(191)	5,231	(253)
SERVICES COMMISSIONED FROM NHS ORGANISATIONS							
603571	Acute Commissioning	77,649	58,236	59,491	1,254	80,133	2,484
603576	Acute Childrens Services	2,121	1,591	1,657	66	2,210	88
603586	Ambulance Services	4,527	3,395	3,403	8	4,537	11
603616	NCAs/OATs	1,284	963	987	25	1,317	33
603631	Winter Pressures	2,228	25	25	0	2,228	0
603566	Mental Health Winter Resilience	74	0	0	0	74	0
603756	Commissioning - Non Acute	27,450	20,588	20,608	20	27,447	(4)
603786	Patient Transport	8	6	6	0	8	0
Sub-Total		115,341	84,804	86,177	1,373	117,953	2,612
INDEPENDENT SECTOR							
603591	Independent Sector	3,311	2,483	2,965	482	4,012	701
Sub-Total		3,311	2,483	2,965	482	4,012	701
PRIMARY CARE							
603651	Local Enhanced Services and GP Framework	2,132	1,498	1,537	40	2,160	28
603791	Programme Projects	261	193	196	3	264	3
Sub-Total		2,393	1,691	1,734	43	2,424	31
PRESCRIBING							
603606	High Cost Drugs	1,493	1,120	1,053	(67)	1,404	(89)
603666	Oxygen	194	144	97	(47)	131	(63)
603671	Prescribing	20,793	15,704	15,919	215	21,079	286
Sub-Total		22,481	16,968	17,068	101	22,615	134
Sub-Total Operating Budgets pre Reserves		166,991	123,218	126,099	2,881	171,671	4,680
RESERVES							
603761	Commissioning Reserve	4,458	2,881	0	(2,881)	(222)	(4,680)
Sub-Total		4,458	2,881	0	(2,881)	(222)	(4,680)
Grand Total I & E		171,449	126,099	126,099	0	171,449	0
RRL Allocation		(173,199)	(127,411)	(127,411)	0	(173,199)	0
(Surplus)/Deficit		(1,750)	(1,312)	(1,312)	0	(1,750)	0

01V NHS Southport and Formby Clinical Commissioning Group Month 9 Contract Summary

Description	Annual Budget £000	Budget To Date £000	Actual To Date £000	YTD Variance			Forecast Variance (Most Likely)		
				Month 9	Month 8	Movement	Month 9	Month 8	Movement
				£000	£000	£000	£000	£000	£000
ACUTE CHILDRENS SERVICES									
ACUTE CHILDRENS SERVICES	2,121	1,591	1,657	66	47	19 ▲	88	70	18 ▲
Sub-Total	2,121	1,591	1,657	66	47	19	88	70	18
ACUTE COMMISSIONING									
AINTREE UNI HOSP NHS FT	4,763	3,572	3,991	419	450	(31) ▼	527	381	146 ▲
AINTREE ANTICOAGULENT CLINIC	259	194	198	4	5	(2) ▼	5	5	0
ANY QUALIFIED PROVIDER	187	140	207	67	63	4 ▲	90	94	(4) ▼
C MANC UNI HOS NHS FT	77	58	86	28	20	8 ▲	37	30	7 ▲
COUNTRESS OF CHESTER FT	17	13	11	(1)	3	(5) ▼	(2)	5	(7) ▼
LANCS TEACH HOSP NHS FT	349	262	261	(1)	3	(4) ▼	(1)	5	(6) ▼
LVP HRT/CHST HOSP NHST	1,201	901	1,017	116	51	65 ▲	155	77	78 ▲
LVP WOMENS NHS FT	1,155	866	872	6	(12)	18 ▲	8	(18)	26 ▲
R LV/BRG UNI HOSP NHST	4,807	3,605	4,033	428	263	165 ▲	571	570	1
SOUTHPORT/ORMSKIRK NHST	62,239	46,679	46,990	311	163	148 ▲	615	650	(35) ▼
ST HEL/KNOWS TEACH NHST	1,381	1,036	1,172	136	125	11 ▲	181	187	(6) ▼
UNI HOSP SMAN NHS FT	49	37	50	14	15	(1) ▼	19	22	(3) ▼
WALTON CENTRE NHS FT	104	78	78	0	0	0	0	0	0
WIRRAL UNIV TEACH HOSP	172	129	186	56	62	(6) ▼	55	50	5
WRIGHT/WGN/LEIGH NHS FT	890	667	835	168	161	7 ▲	224	259	(35) ▼
Sub-Total	77,649	58,236	59,988	1,751	1,373	379	2,484	2,317	167
COMMISSIONING - NON ACUTE									
CHESH/WIRRAL PART NHSFT	9	7	6	(0)	(0)	(0)	(0)	0	(0)
LPOOL COMM HC NFT	2,987	2,240	2,240	0	(0)	0	0	0	0
MERSEY CARE NHST	12,231	9,174	9,174	0	0	0	0	0	0
NHS 111 SERVICE	196	147	143	(4)	(1)	(3) ▼	(5)	0	(5) ▼
SOUTHPORT/ORMSKIRK NHST	10,797	8,097	8,097	0	(0)	1	0	0	0
S&O ANTICOAGULENT CLINIC	0	0	0	0	0	0	0	0	0
STIFFS/SHRPS HC NHS FT	1,231	923	925	1	0	1 ▲	2	0	2 ▲
Sub-Total	27,450	20,588	20,585	(3)	(1)	(1)	(4)	0	(4)
AMBULANCE SERVICES									
NW AMBUL SVC NHST	4,527	3,395	3,403	8	5	3 ▲	11	8	3 ▲
Sub-Total	4,527	3,395	3,403	8	5	3	11	8	3
Grand Total	111,747	83,810	85,633	1,823	1,424	399	2,579	2,395	184

01V NHS Southport and Formby Clinical Commissioning Group Month 9 IS Provider Summary

Description	Annual Budget £000	Budget To Date £000	Actual To Date £000	YTD Variance			Forecast Variance (Most Likely)		
				Month 9	Month 8	Movement	Month 9	Month 8	Movement
				£000	£000	£000	£000	£000	£000
RAMSAY HEALTHCARE UK	2,469	1,852	2,228	377	388	(12) ▼	534	581	(47) ▼
ISIGHT LTD	597	448	498	50	64	(13) ▼	64	118	(54) ▼
SPIRE HEALTHCARE LTD	135	101	175	74	48	25 ▲	116	73	43 ▲
Fairfield	14	11	21	10	10	0	20	15	5 ▲
British Pregnancy Advisory Service	15	11	22	10	7	4 ▲	16	10	6 ▲
Other Cost Per Case IS Providers	81	61	21	(40)	(33)	(7) ▼	(49)	(49)	0
Sub-Total	3,311	2,483	2,965	482	485	(3)	701	748	(47)

Point of Delivery breakdown (includes NHS and Independent Sector providers)

Point of Delivery	Up to and including November 2014			
	Budget to date	Actual to date	Variance to date	Variance
Day Cases	7,033,538	7,647,123	613,585	8.72%
Elective Inpatients	5,795,766	5,433,141	-362,624	-6.26%
Elective XBDs	134,549	179,981	45,432	33.77%
Outpatient - New attendances	3,166,202	3,089,761	-76,441	-2.41%
Outpatient - Follow up attendances	4,240,828	4,428,385	187,557	4.42%
Outpatient Procedures	2,127,010	2,750,172	623,162	29.30%
Unbundled diagnostics	820,957	933,876	112,918	13.75%
A and E	2,430,836	2,637,192	206,356	8.49%
Non-elective admissions	15,704,138	16,958,045	1,253,907	7.98%
Non-elective excess bed-days	926,630	753,131	-173,499	-18.72%
Maternity pathway	1,488,304	1,144,357	-343,947	-23.11%
Critical Care	1,129,734	1,328,980	199,245	17.64%
High Cost Drugs	1,592,686	1,804,616	211,930	13.31%
Grand Total	46,591,180	49,088,760	2,497,580	5.36%

Note: This does not reflect the impact of the marginal rate for non-elective admissions at Southport and Ormskirk Trust.