

Southport & Formby Clinical Commissioning Group

Integrated Performance Report September 2015

Contents

1. Executive Summary.....	5
2. Financial Summary.....	9
2.1 Resource Allocation.....	9
2.2 Financial Position and Forecast.....	9
2.3 QIPP.....	13
2.4 CCG Running Costs.....	13
2.5 Evaluation of Risks and Opportunities.....	13
3. Referrals.....	16
3.1 Referrals by source.....	16
4. Waiting Times.....	17
4.1 NHS Southport and Formby CCG patients waiting.....	17
4.2 Top 5 Providers.....	18
4.3 Provider assurance for long waiters.....	19
5. Planned Care.....	20
5.1 All Providers.....	20
5.2 Southport and Ormskirk Hospital NHS Trust.....	21
5.2.1 Southport & Ormskirk Hospital Key Issues.....	21
5.3 Renacres Hospital.....	21
5.3.1 Renacres Hospital Key Issues.....	21
5.4 Aintree University Hospital.....	22
5.4.1 Aintree University Hospital Key Issues.....	22
5.5 Wrightington, Wigan & Leigh Hospital.....	23
5.5.1 Wrightington, Wigan & Leigh Hospital Key Issues.....	23
6. Unplanned Care.....	23
6.1 All Providers.....	23
6.2 Southport and Ormskirk Hospital NHS Trust.....	24
6.3 Royal Liverpool & Broadgreen Hospitals.....	24
6.4 Liverpool Women’s Hospital NHS F/T.....	24
7. Mental Health.....	25
7.1 Mersey Care NHS Trust Contract.....	25
Quality Overview.....	26
7.2 Cheshire Wirral Partnership -Improving Access to Psychological Therapies Contract.....	26
8. Community Health.....	29
8.1 Southport and Ormskirk Community Health.....	29
9. Third Sector Contracts.....	32
10. Quality and Performance.....	33
10.1 NHS Southport and Formby CCG Performance.....	33



10.1	Friends and Family – Southport and Ormskirk Hospital NHS Trust.....	41
10.2	Serious Untoward Incidents (SUIs) and Never Events.....	42
10.2.1	CCG level Serious Untoward Incidents.....	42
11.	Primary Care.....	45
11.1	Background.....	45
11.2	Content.....	45
11.3	Format.....	45
11.4	Summary of performance.....	45
11.5	CQC Inspections.....	48
12.	Better Care Fund update.....	52
13.	NHS England Activity Monitoring.....	53

List of Tables and Graphs

Figure 1 Financial Dashboard	9
Figure 2 Forecast Outturn at Month 5	10
Figure 3 Reserves and agreed actions	15
Figure 4 Number of GP and 'other' referrals for the CCG across all providers	16
Figure 5 The number of GP and 'other' referrals for the CCG across all providers comparing 2014/15 and 2015/16 by month	16
Figure 6 Patients waiting on an incomplete pathway by weeks waiting	17
Figure 7 Patients waiting (in bands) on incomplete pathway for the top 5 Providers	18
Figure 8 Patients waiting 40+ weeks by speciality and provider and reasons for delay	19
Figure 9 All Providers	20
Figure 10 Month 6 Planned Care- Southport and Ormskirk Hospital NHS Trust by POD	21
Figure 11 Month 6 Planned Care- Renacres Hospital by POD	21
Figure 12 Month 6 Planned Care- Aintree University Hospital by POD	22
Figure 13 Month 6 Planned Care- Wrightington, Wigan & Leigh Hospital by POD	23
Figure 14 Month 6 Unplanned Care – All Providers	23
Figure 15 Month 6 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD	24
Figure 16 Month 6 Unplanned Care – Royal Liverpool & Broadgreen Hospitals by POD	24
Figure 17 Month 6 Unplanned Care – Liverpool Women's Hospital NHS F/T by POD	24
Figure 18 NHS Southport and Formby CCG – Shadow PbR Cluster Activity	25
Figure 19 CPA – Percentage of People under followed up within 7 days of discharge	26
Figure 20 CPA Follow up 2 days (48 hours) for higher risk groups	26
Figure 21 Monthly Provider Summary including (National KPI s Recovery and Prevalence)	28
Figure 22: IAPT Waiting Time KPIs	29
Figure 23 Friends and Family – Southport and Ormskirk Hospital NHS Trust	41
Figure 24 SUIs Reported at Southport & Formby CCG level.....	42
Figure 28 Summary of Primary Care Dashboard – Urgent Care Summary	46
Figure 29 BCF Activity Monitoring.....	52
Figure 30 NHS England Activity Monitoring	53

1. Executive Summary

This report provides summary information on the activity and quality performance of Southport and Formby Clinical Commissioning Group at September 2015 (note: time periods of data are different for each source).

CCG Key Performance Indicators

NHS Constitution Indicators	Footprint	
A&E 4 Hour Waits	CCG	
Ambulance Category A Calls (Red 1)	CCG	
Cancer 2 Week GP Referral	CCG	
RTT 18 Week Incomplete Pathway	CCG	
Other Key Targets		
A&E 4 Hour Waits	S&ORM	
Ambulance Category A Calls (Red 1)	NWAS	
Ambulance Category A Calls (Red 2)	CCG	
Ambulance Category A Calls (Red 2)	NWAS	
Ambulance Category 19 Transportation	CCG	
Ambulance Category 19 Transportation	NWAS	
Cancer 2 Week GP Referral	CCG	
Cancer 2 Week GP Referral	S&ORM	
Cancer 2 Week Urgent GP Referral - Breast Symptoms	CCG	
Cancer 62 Day Standard	CCG	
Cancer 62 Day Standard	S&ORM	
Cancer 62 Day Consultant Upgrade	CCG	
Cancer 62 Day Screening	S&ORM	
CPA	CCG	
Diagnostics	CCG	
Diagnostics	S&ORM	
Emergency Admissions Composite Indicator	CCG	
Emergency Admissions for acute conditions that should not usual require hospital admission	CCG	
Emergency Admissions for children with Lower Respiratory Tract Infections	CCG	
HCAI - C.Diff	CCG	
HCAI - C.Diff	S&ORM	
HCAI - MRSA	S&ORM	
IAPT - Roll Out	CCG	
IAPT - Recovery Rate	CCG	
Local Measure: BME	CCG	
Mixed Sex Accommodation	CCG	
Mixed Sex Accommodation	S&ORM	
RTT 18 Weeks - Admitted patients	CCG	
RTT 18 Weeks - Admitted patients	S&ORM	
RTT 18 Weeks - Non Admitted patients	CCG	
RTT 18 Weeks - Non Admitted patients	S&ORM	
Stroke	CCG	
Stroke	S&ORM	
TIA	CCG	
TIA	S&ORM	
Unplanned hospitalisation, asthma, diabetes, epilepsy under 19s	CCG	
Unplanned hospitalisation for chronic ambulatory care	CCG	
Local Measure: BME	CCG	

Yearly measures - Apr 14 to Mar 15 provisional data update

Patient Recorded Outcomes Measures for elective procedures: Groin Hernia	CCG	
Patient reported outcomes measures for elective procedures: Hip replacement	CCG	
Patient reported outcomes measures for elective procedures: Knee replacement	CCG	



Key Information from this report

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

It should be noted that the forecast position of breakeven is a near best case scenario and is reliant on delivery of a management action plan of £0.803m. The forecast breakeven position also means that the CCG is in financial recovery and must deliver additional actions to achieve the planned surplus of £1.800m.

Referrals – Colleagues from Southport & Ormskirk Hospital have indicated that the upgrade of the Trust's IT system in October 2014 has led to a change in how referrals are counted. The Trust have been asked to quantify this difference in order to understand where there is genuine growth in referrals and also where there is growth due to changes in recording. At the Southport & Formby CCG wider group meeting in late October, the wider membership agreed to the use of the Map of Medicine tool in the areas of Dermatology, Gastroenterology and PROMs (Patient Reported Outcome Measures).

A&E waits – Year to date the CCG failed the 95% target achieving 94.53% (in month achieving 92.51%). The target has failed at CCG level since April 2015. Southport & Ormskirk achieved 94.32% year to date (with September achieving 92.44%) again failing the year to date target. Actions include the promotion of use of existing alternatives such as the geriatrician rapid access scheme, pathway reviews, daily review of Delayed Transfer of Care (DTC), continued development of intermediate care. The wider urgent care action plan is addressing significant health economy issues, many of which are long term objectives.

Ambulance Activity - Category A Red 1, 8 minute response time – The CCG achieved the 75% target. The CCG are failing Category A Red, 2 recording 70.3% year to date against a 75% target. Category 19 Transportation recording 90.2% year to date also failing the 95% target. NWAS have achieved all 3 targets year to date and are flagged as green. The delivery and sustainability of emergency ambulance performance remains a key priority for commissioners. Performance continues to be closely monitored with the support of lead commissioner Blackpool CCG and through monthly contract and Strategic Partnership Board meetings with the NWAS executive team and commissioning leads. Locally the Mersey CCGs continue to meet with NWAS monthly to review performance at county and CCG level.

Cancer Indicators – For August the CCG are achieving all cancer indicators apart from two, which are 2 week breast symptoms which is achieving 84.9% year to date against a target of 93%, August 82.6%. This is an effect of the closure of the Southport and Ormskirk breast unit to new patients and increased demand on the Royal Liverpool service. Also 62 day consultant upgrade achieving 83.1% year to date, and are under plan partly due to previous months breaches. Southport & Ormskirk are achieving all cancer indicators apart from 62 day screening where they are failing monthly (0%) and year to date (63.6%). The Trust have shared their Situation Background Assessment Recommendation (SBAR) report. SRG will continue to monitor. This indicator failure is unusual. High likelihood that performance will recover next month

Diagnostics - The CCG have failed the target for diagnostics in September going over the <1% plan hitting 1.8%, this is the second month in a row since October 2014 that the target has been failed. This equates to 29 patients at Bridgewater waiting 6-13 weeks in Audiology and 1 patient at Central Manchester waiting over 13 weeks for colonoscopy. At Bridgewater the Clinical Manager and the Info & Performance Team have undertaken an immediate review of the administration system in place to ensure that appointment slots are utilised effectively and ensuring that all patients are seen within 6 weeks. Underpinning this review is an action plan which includes a patient pathway and associated



data collection methodology for each part of the patient journey through the service offer. A senior Trust administrator is on site, working with the team to implement an interim systematic waiting list management process with full application of patient access policy. All parents have been contacted to explain the situation and offer an urgent appointment should this be required, this has not been needed. Equally, there have been no requests from the referring agents to expedite appointments and no reported harms. The October submissions should show the benefits from the above action plan.

Emergency Admissions Composite Measure - Currently this measure is over performing year to date against plan of 1173.9 with September showing a rate of 1244.4. Compared with the same period last year the CCG has had 196 less admissions than same period last year. The monthly plans for 2015-16 been split using last year's seasonal performance.

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

Measure – August 2015	Southport & Ormskirk	England Average
Inpatient – response	25.5%	25.1%
Recommended	96%	96%
Not Recommended	1%	2%
A&E – response	2.2%	14.1%
Recommended	77%	88%
Not Recommended	16%	6%

HCAI – C difficile – In total there were 5 new C-difficile cases for Southport & Ormskirk Hospital in September, bringing the year to date total to 14 against an internal trajectory of 18. Full Root Cause Analysis is undertaken for each case. For the year to date 8 cases have been successfully appealed, the last appeals panel met in October, 4 out of the 6 cases submitted were upheld.

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

MSA - In September the CCG reported 0.50 breaches per 1000 FCE, which was 2 breaches, this is above the target and as such are reporting red for this indicator the second time in 2015-16. In September Southport & Ormskirk Trust reported 0.80 breaches per 1000 FCE, which was 5 breaches, this is above the target and as such are also reporting red for this indicator for the second time in 2015-16. RCAs have been completed and shared with the CCG, all breaches related to delayed discharges from critical care.

IAPT Access – Roll Out – The CCG are under plan for Q2 for IAPT Roll Out and reached 2.05% (plan 3.75%). This equates to 391 patients having entered into treatment out of a population of 19079 (Psychiatric Morbidity Survey). The CCG are also under plan in September reaching 0.64%, out of a population of 19079, 123 patients have entered into treatment. There had been a steady increase since April but August and September have seen a drop in performance, (April 0.54%, May 0.50%, June 0.68%, August 0.55%).

IAPT Recovery - The CCG are under the 50% plan for recovery rate In Q2 reaching 48.81%. This equates to 108 patients who moved to recovery out of 237 who completed treatment. The monthly data shows for September the CCG are under plan for recovery rate reaching 44.8%. This equates to 39 patients who have moved to recovery out of 87 who have completed treatment.

RTT 18 Weeks – Non Admitted patients – No longer a national performance target but we continue to monitor locally. In September the CCG reported just below the 95% target, achieving 94.44% this equates to 192 out of 3451 not being seen within 18 weeks. In August Southport & Ormskirk reported below the target of 95%, achieving 94.13% this equates to 256 patients out of 4359 not being seen within 18 weeks. The Trust continues to make progress toward Trust-level compliance.

Patient Safety Incidents Reported – Southport & Ormskirk reported 5 Serious Untoward Incidents in September, bringing the year to date total to 65. Of the 5, 4 were pressure ulcers grade 3/4 and 1 being an unexpected death.

PROMS – Patient reported outcomes measures for elective procedures:

Hip replacement – Provisional data (Apr14 – Mar15) shows the CCG reported 0.422 for average health gain following a hip replacement which is slightly lower than the previous year (0.419) and under plan (0.429), and failed to achieve a score higher than the England average which is 0.440.

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

Stroke 90% time on stroke unit – Southport & Ormskirk failed to achieve the 80% target in September reaching 73.90%, 17 patients out of 23 spending at least 90% of their time on a stroke unit. This is a result of bed pressures across the Trust. Causing delays to patient flow to and from the ward.

2. Financial Summary

This section of the report focuses on the financial performance for Southport and Formby CCG as at 31 October 2015 (Month 7).

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

It should be noted that the forecast position of breakeven is a near best case scenario and is reliant on delivery of a management action plan of £0.803m. The forecast breakeven position also means that the CCG is in financial recovery and must deliver additional actions to achieve the planned surplus of £1.800m.

Figure 1 Financial Dashboard

Key Performance Indicator		This Month	Prior Month
Business Rule (Forecast Outturn)	1% Surplus	✗	✗
	0.5% Contingency Reserve	✓	✓
	2.5% Non-Recurrent Headroom	✓	✓
Surplus	Financial Surplus / (Deficit) *	£0m	£0m
QIPP	Unmet QIPP to be identified > 0	£4.424m	£4.439m
Running Costs (Forecast Outturn)	CCG running costs < National 2015/16 target of £22.07 per head	✓	✓

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

2.1 Resource Allocation

The resource allocation has increased by £0.554m in Month 7 in respect of the following amendments:

- Transfer of commissioning responsibility from Specialised Commissioning to South Sefton CCG:
 - Tier 3 Neurology (£0.413m)
 - Tier 3 Specialist Wheelchairs (£0.100m)
- Sefton Flu campaign (£0.010m)
- Liaison Psychiatry (£0.031m)

2.2 Financial Position and Forecast

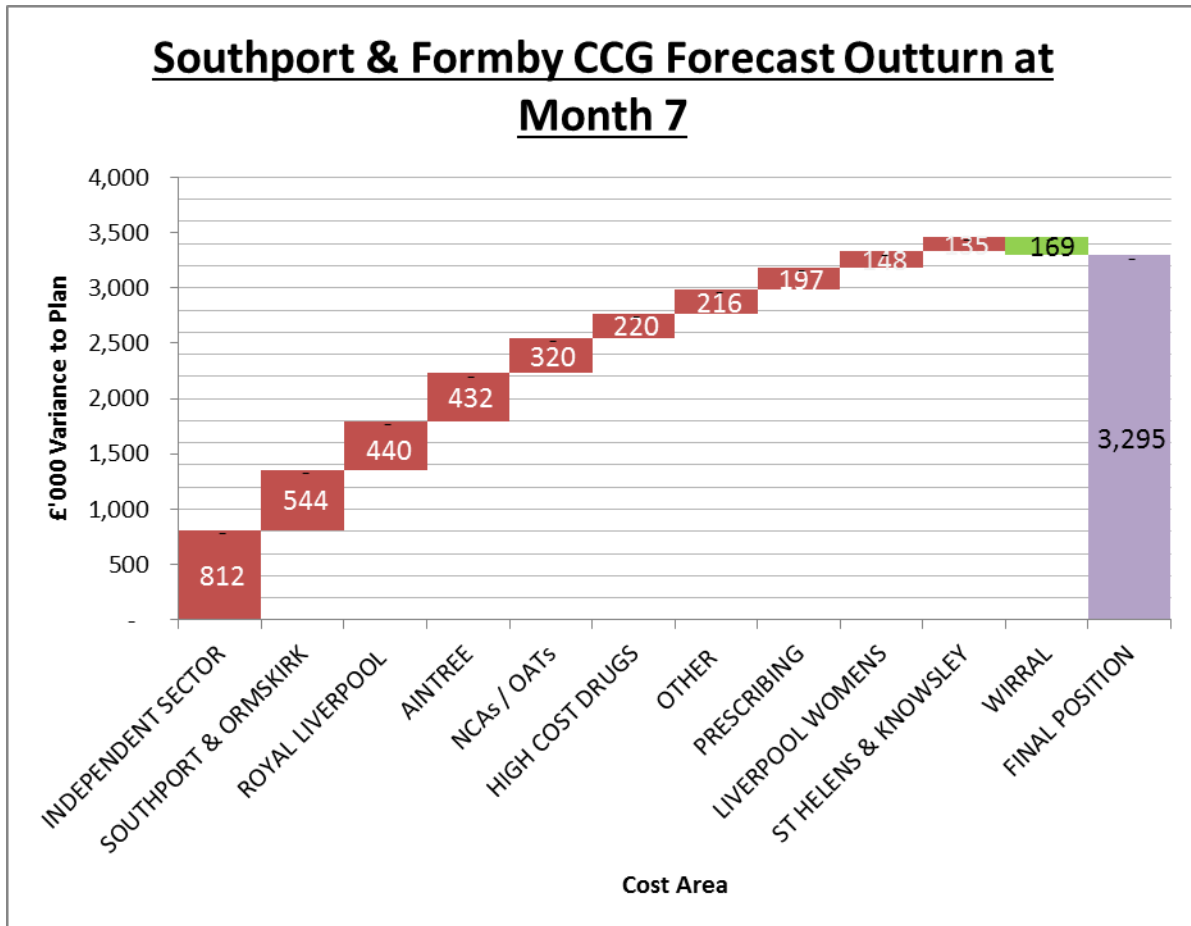
The main financial pressures within the financial position are shown below.



There are forecast overspends with Acute and Independent Sector providers, particularly Ramsay Healthcare, and also on Non-Contract / Out of Area Activity (NCAs/OATs), High Cost Drugs and prescribing budgets.

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

Figure 2 Forecast Outturn at Month 5



Independent Sector Providers

The forecast overspend for Independent Sector providers is £0.812m. This is projected using Month 6 data received from providers. The majority of this overspend is with Ramsay Healthcare for Orthopaedics and General Surgery. A detailed review of the existing Trauma and Orthopaedic pathway is being undertaken across both CCGs, results of which will be fed back to the CCG in January 2016.

Acute commissioning

Southport and Ormskirk NHS Trust

The forecast position for Southport and Ormskirk NHS Trust is £0.544m overspent. The position is based on Month 6 data received from the trust.

The contract for 2015/16 is still to be agreed with the Trust. The element of the contract that covers activity reported under national rules (Payment by Results) has been agreed and the Trust has

presented data in relation to this activity. Further discussions regarding contract resolution are ongoing with a number of minor outstanding points requiring resolution.

The CCG has received Month 6 data from the Trust which shows an overspend against the contract for a range of services. Activity in August exceeded the plan, particularly in the area of A&E attendances, Audiology AQP services and outpatient attendances. The main variances to the plan to date are in the following areas:

- Emergency admissions (including short stay admissions) – under-spend of £0.078m (includes offset of GPAU activity totalling £0.241m). A review of the phasing of the budget indicates that this underspend is likely to be recovered by the Trust in the latter part of the year.
- A&E attendances in September were 11% higher than the plan, and are now 7% higher than the plan for the year to date, with a variance of £0.132m at month 6.
- Outpatient care – Outpatient attendances are £0.031m higher than budget, with a marked shift from new and follow up attendances to outpatient procedures. The contract calculated the expected shift to procedures based on announced coding changes made by the Trust. However, this initial assessment under-estimated the impact. In addition to this there has been a marked shift from single speciality outpatient appointments to multi-speciality outpatient appointments, which appears to be a coding change that had not been formally notified to us. This particular area is being challenged as part of the monthly contract review meetings.
- Maternity pathway and deliveries – Maternity care continues to reduce at Southport & Ormskirk, with a corresponding increase at Liverpool Women’s Hospital. The under-spend at Southport and Ormskirk is £0.114m. Although activity continues to be lower than plan on a monthly basis, the complexity assigned to patients for maternity pathway payments is higher than that assumed in the plan.
- Day cases – Day cases are £0.182m higher than plan. The Trust started the year with a backlog of patients and through concerted effort this backlog has decreased considerably. It is unclear what the ongoing activity levels will be now that most specialties have reduced their backlogs to more manageable levels.
- AQP – AQP services have shown an increase in 2015/16, with audiology the main area of growth. Costs have risen by 54%, and the overspend stands at £0.068m.
- The forecast builds in an estimate for increased gastroscopy in the latter part of the year. The Trust still has a backlog and will be working with other local providers to reduce this in the second half of the year, in line with guidance received from NHSE.

Royal Liverpool Hospital

Month 6 data received from Royal Liverpool Hospital shows an over performance in a number of areas; ARMD (Age Related Macular Degeneration), Day Cases, Electives and Non-Electives.

ARMD is an area that is growing nationally, but is of particular relevance to the CCG due to its ageing population. This service is not offered by S&O trust and therefore patients generally choose either Aintree or the Royal for this treatment. A wider review of ARMD services is being undertaken across the region which should result in a standardised pathway and treatment cost across all providers. The current forecast is an overspend of £0.440m.

Aintree University Hospitals NHS Foundation Trust

The forecast overspend is £0.432m. The majority of this relates to growth in outpatient activity and ARMD activity. It is assumed the breast services premium will not be paid by the CCG, but will be recharged to Southport & Ormskirk NHS Trust.

Liverpool Women's Hospital

The forecast overspend for Liverpool Women's Hospital is £0.148m and relates to deliveries, ante-natal care and HDU. A corresponding decrease has been seen in S&O for maternity services.

St Helens & Knowsley NHS Trust

The forecast overspend for St Helens and Knowsley NHS Trust is projected to be £0.135m with anticipated overspends within planned care and day cases.

Prescribing / High Cost Drugs

The prescribing budget is overspent by £0.115m at Month 7 and the year end forecast is £0.197m overspent. This position is based on data up to month 5. The month 5 costs were slightly lower than budget leading to a small reduction in the forecast outturn. Costs remain volatile, partly due to the introduction of a new electronic payment mechanism in place at community pharmacies. The latest forecast received from the PPA indicates an overspend on the prescribing budget plus there have been increased costs within the High Cost Drugs budget in respect of healthcare at home charges from Southport and Ormskirk Hospital.

The table below shows a breakdown of the prescribing budget and the areas of overspend. This may differ from the figures presented by Medicines Management because Personally Administered Drugs are excluded from the finance analysis and accounted for separately.

Prescribing Breakdown

	Annual budget	Forecast Spend	Variance
GP Prescribing	£20,626,632	£20,756,912	£130,280
Community services prescribing	£479,500	£502,110	£22,610
Centrally retained items	£585,890	£630,000	£44,110
Prescribing Incentive Scheme	£120,000	£120,000	£0
14/15 Year end pressure	£97,549	£97,549	£0
	£21,909,571	£22,106,571	£197,000

Non Contract Activity / Out of Area Treatments

The forecast overspend for Non Contract Activity (NCA) and Out of Area Treatments (OAT) has increased to £0.320m following receipt of a number of high cost invoices from Lancashire Care NHS Trust. This concerns both inpatient and outpatient mental health care provided to a number of Southport residents. The charges are being reviewed to determine how they have arisen and whether we are liable to make payment.

Continuing Health Care and Funded Nursing Care

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

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

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

2.3 QIPP

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

	£'m
QIPP reported at Month 6	1.711
QIPP identified in current Month:	
Lancashire Teaching Hospital contract adjustment	0.016
QIPP reported as at Month 7	1.727

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

The schemes being considered against the Transformation Fund show that the full year cost of proposals exceed the funding available by £0.104m, however the 2015/16 position forecasts an underspend of £1.065m due to delayed implementation of some schemes.

2.4 CCG Running Costs

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

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

The current year forecast for the running cost budget is an underspend of £0.156m and is due to vacant posts.

2.5 Evaluation of Risks and Opportunities

The CCG's primary risk is non-achievement of the NHS England business rule to achieve the planned 1% surplus, which is predominantly driven by non-achievement of the QIPP and creation of the transformation fund. £4.424m of recurrent savings must still be identified in 2015/16 in order to achieve financial targets.

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

- Acute cost per case contracts – The CCG has experienced significant growth in acute care in previous years as well as seeing a significant shift of activity to non S&O providers including the

independent sector which is growing significantly. Although historic growth has been factored into plans, we are experiencing overall acute activity in excess of this.

- Continuing Healthcare Costs / Funded Nursing care – this is a volatile area of spend due to the nature of individual high cost packages of care which are difficult to forecast. In addition to this there is an overall pressure in the sector as a result of the increases to the living wage from 16/17. This is likely to materialise through the NW framework procurement exercise currently being undertaken with all care home providers. The new framework was expected to commence in November 2015, although this has been subject to delays and so the final outcome is still unknown, in terms of whether it will impact on the financial year.

- Estates – The methodology for charging estates costs has changed in 2015/16. Previously, the costs had been based on historic charges. In 2015/16, the organisation that administers the LIFT buildings (Community Health Partnerships – CHP) will be charging based on actual usage. The implementation of this change has been delayed to quarter 3. The CCG has set aside reserves to cover estates costs, and has now received the latest billing estimates from CHP. Further adjustments will need to be agreed with the Trust and whilst provision has been made within the Memorandum of Agreement, detailed information has yet to be received from the Trust.

- Prescribing / Drugs costs – This is a volatile area of spend, and this risk has increased following implementation of a new electronic prescribing system leading to a change to the process for pharmacies to submit their prescribing scripts. As a result, it is unclear whether all prescriptions relating to the period have been submitted. This is leading to inconsistent reporting through PPA forecasts and is affecting CCG estimates.

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

The forecast position at this stage is breakeven, against a planned £1.800m surplus. It should be noted that this forecast is a near best case scenario and is reliant on delivery of the management action plan of £0.803m. This position could deteriorate further if pressures in acute care continue to rise over the forecasted position.

The immediate challenge facing the CCG is to reduce expenditure levels to deliver financial balance.

The risk of not achieving the CCGs financial surplus target has been escalated within the CCGs risk reporting framework and must be considered as the CCGs top priority alongside commissioning safe services.

Figure 3 Reserves and agreed actions

Southport and Formby CCG	Month 7		
	Recurrent £000	Non-Recurrent £000	Total £000
Target surplus	1.800		1.800
Unidentified QIPP	(6.151)		(6.151)
Revised surplus / (deficit)	(4.351)		(4.351)
Forecast (against operational budgets)	(3.295)		(3.295)
Contingency reserves	1.581		1.581
Transformation Fund slippage		1.065	1.065
Technical adjustments		0.554	0.554
Unutilised reserves	0.834	0.944	1.778
Quality Premium		0.138	0.138
QIPP:			
QIPP reported at Month 6	1.711		1.711
Additional QIPP actioned in month	0.016		0.016
Forecast surplus / (deficit)	(3.504)	2.701	(0.803)
Management Action plan:			
Contribution to CHC claim		0.078	0.078
LQC - further year 1 underpayments		0.045	0.045
Unconfirmed Quality Premium		0.075	0.075
CQUIN under-performance		0.100	0.100
CHC - improved forecast		0.100	0.100
FNC - improved forecast		0.100	0.100
Lancs Care -MH NCA's		0.050	0.050
Prescribing - waste campaign		0.176	0.176
Estates - reduction in charges		0.079	0.079
Reported position	(3.504)	3.504	0.000
Risks	(0.550)		(0.550)
Mitigations	0.650	0.000	0.650
Risk adjusted forecast surplus / (deficit)	(3.404)	3.504	0.100

	Best Case £000	Most Likely £000	Worst Case £000
Month 7 Financial Position	(0.803)	(0.803)	(0.803)
Adjustments			
Further activity pressures - trend analysis	-	(0.500)	(1.000)
Management Action Plan	0.803	0.500	-
Risk Share	0.100	-	-
Total	0.100	(0.803)	(1.803)



3. Referrals

3.1 Referrals by source

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

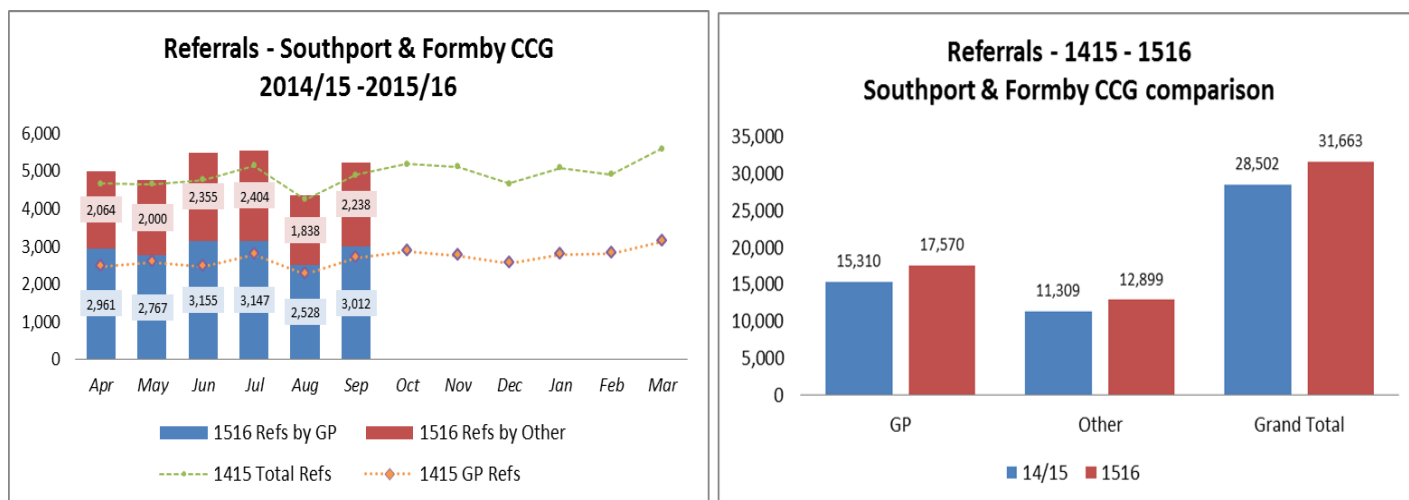


Figure 5 The number of GP and 'other' referrals for the CCG across all providers comparing 2014/15 and 2015/16 by month

Referral Type	DD Code	Description	1415 Q1	1415 Q2	1415 Q3	1415 Q4	1516 Q1	1516 Q2	1314 YTD	1415 YTD	1516 YTD	% Variance 1415 - 1516	1314 - 1516 Trendline
GP	03	GP Ref	7,538	7,772	8,209	8,780	8,883	8,687	14,983	15,310	17,570	15%	
GP Total			7,538	7,772	8,209	8,780	8,883	8,687	14,983	15,310	17,570	15%	
Other	01	following an emergency admission	581	569	145	30	29	27	1,211	1,150	56	-95%	
	02	following a Domiciliary Consultation	0	3	70	95	19	7	4	3	26	0%	
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	684	726	755	691	848	823	1,393	1,410	1,671	19%	
	05	A CONSULTANT, other than in an Accident and Emergency Department	2,076	2,082	2,685	2,624	2,960	3,192	3,984	4,158	6,152	48%	
	06	self-referral	305	284	356	389	482	397	536	589	879	49%	
	07	A Prosthetist	2	7	1	1	2	1	7	9	3	-67%	
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	35	47	36	33	59	51	56	82	110	34%	
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	185	189	140	137	136	147	358	374	283	-24%	
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	0	1	0	1	2	2	1	1	4	0%	
	13	A Specialist NURSE (Secondary Care)	5	8	7	9	13	19	13	13	32	146%	
	14	An Allied Health Professional	417	438	325	401	446	431	66	855	877	3%	
	15	An OPTOMETRIST	193	177	125	161	160	184	270	370	344	-7%	
	16	An Orthoptist	0	1	0	24	30	25	2	1	55	0%	
	17	A National Screening Programme	82	59	93	105	168	159	14	141	327	132%	
	92	A GENERAL DENTAL PRACTITIONER	403	399	439	389	402	393	818	802	795	-1%	
93	A Community Dental Service	5	4	8	3	4	0	10	9	4	-56%		
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	666	676	718	687	659	622	1,303	1,342	1,281	-5%		
Other Total			5,639	5,670	5,903	5,780	6,419	6,480	10,046	11,309	12,899	14%	
Unknown (All are Renaces SOR coding error)			972	911	917	1,104	1,165	29	2,399	1,883	1,194	-37%	
Grand Total			14,149	14,353	15,029	15,664	16,467	15,196	27,428	28,502	31,663	11%	

Colleagues from Southport & Ormskirk Hospital have indicated that the upgrade of the Trust's IT system in October 2014 has led to a change in how referrals are counted. The Trust have been asked

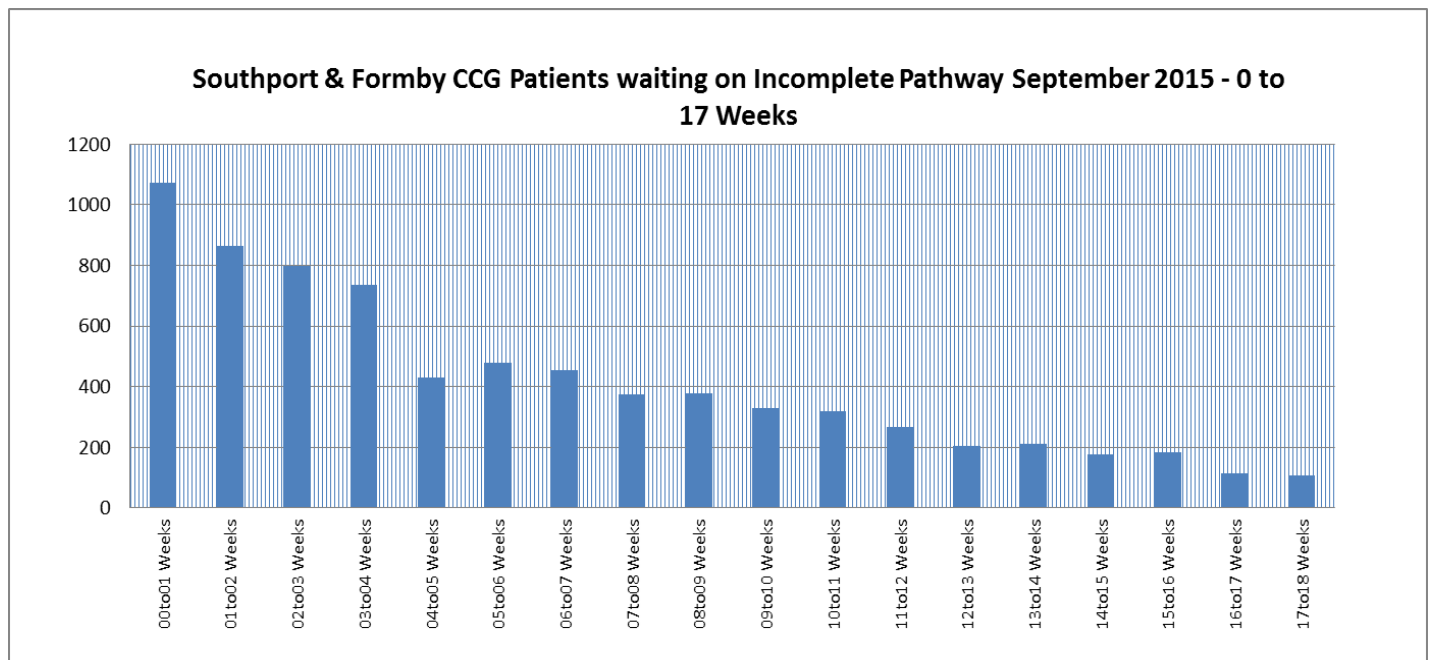
to quantify this difference in order to understand where there is genuine growth in referrals and also where there is growth due to changes in recording.

At the Southport & Formby CCG wider group meeting in late October, the wider membership agreed to the use of the Map of Medicine tool in the areas of Dermatology, Gastroenterology and PROMS (Patient Reported Outcome Measures).

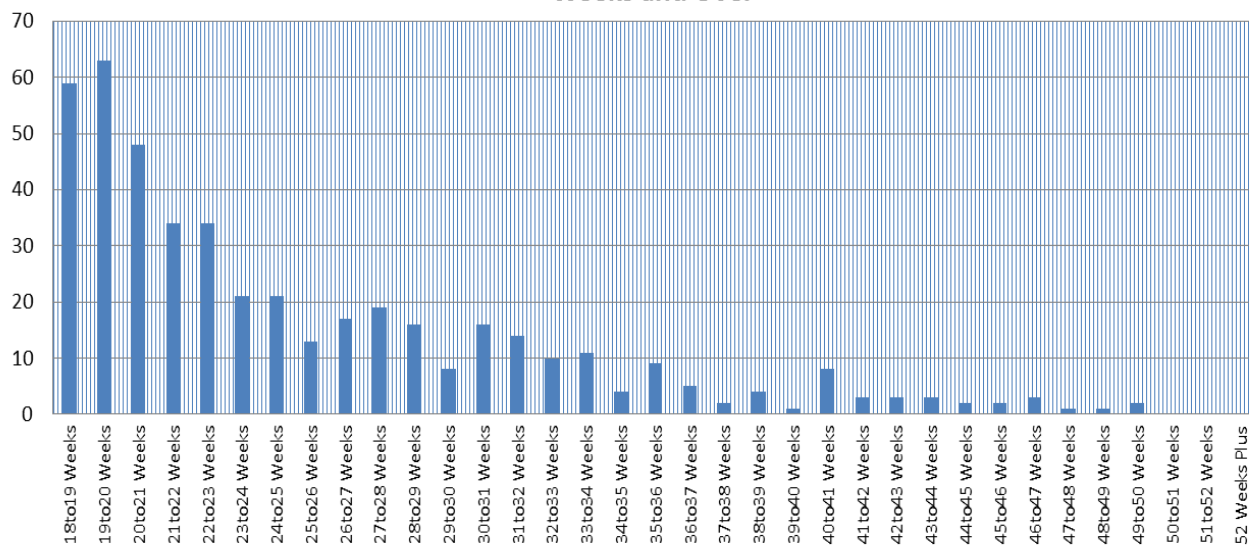
4. Waiting Times

4.1 NHS Southport and Formby CCG patients waiting

Figure 6 Patients waiting on an incomplete pathway by weeks waiting



Southport & Formby CCG Patients waiting on Incomplete Pathway September 2015 - 18 Weeks and Over



There were 457 patients (5.7%) waiting over 18 weeks on Incomplete Pathways at the end of September 2015, an decrease of 20 patients (4.2%) from Month 6 (15/16). There were no patients waiting over 52 weeks in any month of 2015/16 to date.

4.2 Top 5 Providers

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

Trust	0 to 10 wks	10 to 18 wks	Total 0 to 17 Weeks	18 to 24 wks	24 to 30 wks	30+ wks	Total 18+ Weeks	Total Incomplete
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	4216	933	5149	179	77	95	351	5500
RENACRES HOSPITAL	457	197	654	0	0	0	0	654
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	317	127	444	34	9	3	46	490
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	365	88	453	12	2	2	16	469
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	79	66	145	13	3	1	17	162
Other Providers	482	172	654	21	3	3	27	681
Total All Providers	5916	1583	7499	259	94	104	457	7956

4.3 Provider assurance for long waiters

Figure 8 Patients waiting 40+ weeks by speciality and provider and reasons for delay

Trust	Speciality	No of weeks waited	No. patients	Has patient been seen / has a TCI date?	Reason for the delay
Southport and Ormskirk	Gastroenterology	40-41	3		New patient DNA's and have been discharged back to their GPs
Southport and Ormskirk	General Surgery	40-41	1		Clock stopped
Southport and Ormskirk	Ophthalmology	40-41	2		Clock stopped
Southport and Ormskirk	Trauma & Orthopaedics	40-41	1		Clock stopped
Southport and Ormskirk	Gastroenterology	41-42	1		New patient DNA's and have been discharged back to their GPs
Southport and Ormskirk	Dermatology	41-42	2		Clock stopped
Southport and Ormskirk	General Medicine	42-43	1		Clock stopped
Southport and Ormskirk	Other	42-43	1		Clock stopped
Southport and Ormskirk	Trauma & Orthopaedics	42-43	1		Clock stopped
Southport and Ormskirk	Dermatology	43-44	2		Clock stopped
Southport and Ormskirk	Other	43-44	1		Clock stopped
Southport and Ormskirk	Dermatology	44-45	1		Clock stopped
Southport and Ormskirk	Gastroenterology	45-46	1		Clock stopped
Southport and Ormskirk	Dermatology	46-47	2		Clock stopped
Southport and Ormskirk	General Medicine	46-47	1		Clock stopped
Southport and Ormskirk	General Medicine	47-48	1		Clock stopped
Southport and Ormskirk	Dermatology	48-49	1		Clock stopped
Southport and Ormskirk	Dermatology	49-50	2		Clock stopped
Central Manchester University Hospitals	Ophthalmology	40-41	1	Treated 01.10.15	
Royal Liverpool	Trauma & Orthopaedics	44-45	1	Awaiting response from Directorate	Other (NOT T&O)
Royal Liverpool	Trauma & Orthopaedics	45-46	1	TCI 02/11/15	



5. Planned Care

Performance at Month 6 of financial year 2015/16, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of £1.8m. This over-performance is driven by increases at Southport & Ormskirk Hospital (£779k), Aintree Hospital (£221k) and Renacres Hospital (£405k).

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

5.1 All Providers

Figure 9 All Providers

ALL Providers (PBR & Non PBR. PBR for S&O)	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	14,895	7,557	8,963	1,406	19%	£3,499	£1,774	£1,995	£221	12%
Alder Hey Childrens NHS F/T	5,048	2,430	2,304	-126	-5%	£651	£314	£316	£2	1%
Countess of Chester Hospital NHS FT	0	0	40	40	0%	£0	£0	£7	£7	0%
Liverpool Heart and Chest NHS F/T	1,622	828	906	78	9%	£913	£466	£501	£35	7%
Liverpool Womens Hospital NHS F/T	2,398	1,201	1,207	6	0%	£728	£364	£356	£8	-2%
Royal Liverpool & Broadgreen Hospitals	14,718	7,508	7,402	-106	-1%	£3,093	£1,578	£1,690	£112	7%
ST Helens & Knowsley Hospitals	4,280	2,129	2,266	137	6%	£946	£469	£542	£73	16%
Wirral University Hospital NHS F/T	315	156	115	-41	-26%	£103	£51	£24	£27	-52%
Southport & Ormskirk Hospital	110,470	56,570	56,904	334	1%	£22,280	£11,377	£11,616	£240	2%
Central Manchester University Hospitals Nhs FT	236	118	113	-5	-4%	£44	£22	£20	£2	-7%
Fairfield Hospital	103	48	40	-8	-17%	£27	£13	£7	£5	-44%
ISIGHT (SOUTHPORT)	2,846	1,423	1,785	362	25%	£686	£343	£412	£69	20%
Renacres Hospital	11,606	5,835	7,208	1,373	24%	£3,095	£1,576	£1,948	£372	24%
SPIRE LIVERPOOL HOSPITAL	866	433	346	-87	-20%	£229	£115	£115	£1	1%
University Hospital Of South Manchester Nhs FT	199	100	127	27	27%	£36	£18	£21	£3	16%
Wrightington, Wigan And Leigh Nhs FT	2,163	1,081	1,445	364	34%	£776	£388	£521	£133	34%
	171,764	87,418	91,171	3,753	4%	£37,105	£18,866	£20,091	£1,225	6%

5.2 Southport and Ormskirk Hospital NHS Trust

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

S&O Hospital Planned Care (PbR ONLY)	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	11,747	5,993	6,132	139	2%	£6,367	£3,248	£3,430	£181	6%
Elective	1,554	787	806	19	2%	£4,142	£2,097	£2,064	£-33	-2%
Elective Excess BedDays	315	160	129	-31	-19%	£70	£35	£28	£-7	-20%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	800	410	655	245	60%	£129	£66	£100	£34	52%
OPFASPCL - Outpatient first attendance single professional consultant led	18,095	9,272	7,627	-1,645	-18%	£2,767	£1,418	£1,170	£-248	-17%
OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,885	966	1,535	569	59%	£198	£102	£159	£58	57%
OPFUPSPCL - Outpatient follow up single professional consultant led	45,503	23,317	22,292	-1,025	-4%	£4,188	£2,146	£2,080	£-66	-3%
Outpatient Procedure	20,351	10,428	11,936	1,508	14%	£3,599	£1,844	£2,096	£252	14%
Unbundled Diagnostics	10,220	5,237	5,792	555	11%	£820	£420	£488	£68	16%
Grand Total	110,470	56,570	56,904	334	1%	£22,280	£11,377	£11,616	£240	2%

5.2.1 Southport & Ormskirk Hospital Key Issues

Daycases are showing a £181k over performance against 2015/16 Month 6 plan. Trauma & Orthopaedics and General Surgery are the 2 main contributors. This over performance is offset by a -- £213k under performance in Outpatient First attendances. This is coupled with a shift from some daycase activity to Outpatient Procedure, resulting in a £252k over performance in Outpatient Procedures. This was raised with the provider through the contract review meeting mechanism and further analysis will be taking place between Provider and Commissioner.

5.3 Renacres Hospital

Figure 11 Month 6 Planned Care- Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	1,408	723	837	114	16%	£1,348	£692	£831	£139	20%
Elective	208	107	114	7	7%	£718	£368	£496	£127	35%
Elective Excess BedDays	13	7	0	-7	-100%	£4	£2	£0	£-2	-100%
OPFASPCL - Outpatient first attendance single professional consultant led	3,412	1,709	1,929	220	13%	£462	£232	£264	£33	14%
OPFUPSPCL - Outpatient follow up single professional consultant led	3,213	1,609	3,254	1,645	102%	£263	£132	£202	£70	53%
Outpatient Procedure	2,161	1,082	512	-570	-53%	£203	£102	£100	£-2	-2%
Unbundled Diagnostics	1,190	599	562	-37	-6%	£97	£49	£55	£6	12%
Grand Total	11,606	5,835	7,208	1,373	24%	£3,095	£1,576	£1,948	£372	24%

5.3.1 Renacres Hospital Key Issues

Renacres over performance is focused on Daycase and Elective care and, as expected, within T&O. Analysis shows us that Major Hip, Foot & Knee procedures are up a combined £207k – which equates to circa 95% over performance for the two HRGs.

5.4 Aintree University Hospital

Figure 12 Month 6 Planned Care- Aintree University Hospital by POD

Aintree University Hospital Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	725	365	355	-10	-3%	£502	£252	£234	£-18	-7%
Elective	366	188	227	39	21%	£767	£394	£470	£76	19%
Elective Excess BedDays	460	236	112	-124	-53%	£105	£54	£26	£-28	-52%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	56	28	86	58	205%	£11	£6	£15	£10	172%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	219	111	126	15	13%	£11	£5	£7	£2	31%
OPFASPCL - Outpatient first attendance single professional consultant led	2,501	1,271	1,420	149	12%	£404	£205	£233	£28	13%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	137	69	84	15	21%	£17	£8	£9	£1	12%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	84	43	186	143	336%	£2	£1	£4	£3	336%
OPFUPSPCL - Outpatient follow up single professional consultant led	6,351	3,229	3,724	495	15%	£589	£299	£349	£50	17%
Outpatient Procedure	2,121	1,078	1,295	217	20%	£326	£166	£209	£44	26%
Unbundled Diagnostics	942	471	851	380	81%	£82	£41	£66	£25	62%
Wet AMD	934	467	497	30	6%	£685	£342	£372	£29	9%
Grand Total	14,895	7,557	8,963	1,406	19%	£3,499	£1,774	£1,995	£221	12%

5.4.1 Aintree University Hospital Key Issues

Elective activity at Aintree Hospital is over performing by £76k/19%. 90% of this over performance is made up by two Specialties; Hepatobiliary & Pancreatic Surgery (£29k) and Breast Surgery (£23k). Hepatobiliary & Pancreatic Surgery has increased activity in one specific, more costly HRG "GA04B - Hepatobiliary Procedures category 6 without CC" of which there is no plan for in 2015/16.

Over performance for Outpatient First attendances is in single professional consultant led. £50k over performance for month 6 is driven by General Surgery (£14k/164% over performance), Breast Surgery (£14k/74% over performance).

Outpatient Procedure over performance is attributable mainly to two Specialties – Cardiology £62k/54% and Interventional Radiology £44k/69%. The Interventional Radiology over performance is linked to HRG 'Unilateral Breast Procedures'. Further analysis of activity carried out under this HRG show that procedures involve fine needles and imaging-guided biopsy's, therefore attributable to Interventional Radiology, but also increased due to the transfer of Breast Surgery activity into Aintree and the Breast Surgery over performance in outpatient first attendances. Cardiology over performance is solely attributable to Echocardiograms and is currently £62k/55% over performing against plan.

5.5 Wrightington, Wigan & Leigh Hospital

Figure 13 Month 6 Planned Care- Wrightington, Wigan & Leigh Hospital by POD

Wrightington, Wigan And Leigh Nhs Foundation Trust Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	146	73	86	13	18%	£218	£109	£106	£-3	-3%
Elective	70	35	57	22	63%	£368	£184	£288	£104	56%
Elective Excess BedDays	62	31	2	-29	-94%	£15	£8	£0	£-7	-94%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	30	15	19	4	27%	£3	£1	£2	£0	6%
OPFASPCL - Outpatient first attendance single professional consultant led	281	140	224	84	59%	£32	£16	£27	£11	70%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	46	23	32	9	39%	£4	£2	£3	£1	50%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	46	23	17	-6	-26%	£1	£1	£0	£0	-22%
OPFUPSCL - Outpatient follow up single professional consultant led	1,090	545	758	213	39%	£79	£40	£58	£19	47%
Outpatient Procedure	156	78	106	28	36%	£28	£14	£19	£5	38%
Unbundled Diagnostics	236	118	139	21	18%	£28	£14	£16	£2	17%
Grand Total	2,163	1,081	1,445	364	34%	£776	£388	£521	£133	34%

5.5.1 Wrightington, Wigan & Leigh Hospital Key Issues

Elective activity is driving the increase in Planned Care at Wrightington. Within T&O Electives, there is a total cost of £95k allocated to HRGs applicable to major hip, shoulder and foot procedures but have no plan in 2015/16.

6. Unplanned Care

Unplanned Care at Month 6 of financial year 2015/16, shows an under-performance of circa -£273k for contracts held by NHS Southport & Formby CCG.

This underspend is clearly driven by the -£287k underspend at Southport & Ormskirk Hospital. If we exclude Southport & Ormskirk, we would be reporting a month 6 over spend of £14k. The two main Trusts over spending are Liverpool Women's £61k and Royal Liverpool £77k.

6.1 All Providers

Figure 14 Month 6 Unplanned Care – All Providers

ALL Providers (PBR & Non PBR. PBR for S&O)	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Southport & Ormskirk Hospital	55,228	27,898	28,234	336	1.20%	£27,674	£14,052	£13,765	£-287	-2.04%
Aintree University Hospitals NHS F/T	1,866	936	655	-281	-30.01%	£914	£459	£406	£-53	-11.53%
Alder Hey Childrens NHS F/T	773	389	395	6	1.42%	£416	£228	£193	£-34	-15.13%
Countess of Chester Hospital	0	0	16	16	0.00%	£0	£0	£4	£4	0.00%
Liverpool Heart and Chest NHS F/T	133	66	55	-11	-17.14%	£421	£210	£195	£-16	-7.46%
Liverpool Womens Hospital NHS F/T	245	123	156	33	26.35%	£202	£102	£163	£61	60.07%
Royal Liverpool & Broadgreen Hospitals	1,083	542	726	184	34.05%	£644	£322	£398	£77	23.77%
ST Helens & Knowsley Hospitals	398	201	230	29	14.19%	£214	£109	£98	£-11	-9.67%
Wirral University Hospital NHS F/T	112	55	30	-25	-45.88%	£45	£22	£13	£-9	-41.39%
Central Manchester University Hospitals	88	44	2	-42	-95.45%	£30	£15	£5	£-10	-67.21%
University Hospital Of South Manchester	47	24	18	-6	-23.72%	£8	£4	£12	£8	206.04%
Wrightington, Wigan And Leigh	62	31	46	15	48.39%	£53	£26	£24	£-2	-8.10%
Grand Total	60,035	30,310	30,563	253	1%	£30,620	£15,549	£15,276	£-273	-1.75%



6.2 Southport and Ormskirk Hospital NHS Trust

Figure 15 Month 6 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

S&O Hospital Unplanned Care (PbR ONLY)	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A and E	35,509	17,870	18,125	255	1.43%	£3,951	£1,988	£2,120	£132	6.63%
NEL/NELSD - Non Elective/Non Elective IP Same Day	11,175	5,683	5,546	-137	-2.41%	£19,185	£9,756	£9,510	£-246	-2.53%
NELNE - Non Elective Non-Emergency	1,254	638	896	258	40.47%	£2,115	£1,075	£975	£-100	-9.34%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	217	110	102	-8	-7.56%	£68	£35	£30	£-5	-13.30%
NELST - Non Elective Short Stay	1,776	903	840	-63	-6.98%	£1,242	£631	£566	£-65	-10.33%
NELXBD - Non Elective Excess Bed Day	5,298	2,694	2,725	31	1.14%	£1,113	£566	£564	£-2	-0.40%
Grand Total	55,228	27,898	28,234	336	1.20%	£27,674	£14,052	£13,765	£-287	-2.04%

6.2.1 Southport and Ormskirk Hospital NHS Trust Key Issues

Within Non Electives, the largest over performing Specialty is Geriatric Medicine, showing a cost variance of £360k. Over performance is offset by a large cost variance of -£132k in Paediatrics and -£872k being reported in General Medicine. When combining Geriatric Medicine activity with General Medicine, we see a large cost underspend of -£145k in Lobar Atypical Pneumonia followed by -£90k for kidney infections and -£73k in Stroke or cerebrovascular accidents.

6.3 Royal Liverpool & Broadgreen Hospitals

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

Royal Lpool & Broadgreen Hospitals Urgent Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
AandE	806	403	424	21	5.17%	£71	£36	£40	£4	11.15%
AMAU	16	8	11	3	33.70%	£2	£1	£1	£0	32.24%
NEL - Non Elective	168	84	93	9	11.00%	£470	£235	£261	£26	11.01%
NELNE - Non Elective Non-Emergency	16	8	9	1	9.36%	£72	£36	£50	£14	39.29%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	3	1	46	45	2975.07%	£1	£0	£10	£9	3184.54%
NELST - Non Elective Short Stay	51	25	23	-2	-9.71%	£28	£14	£13	£-1	-9.67%
NELXBD - Non Elective Excess Bed Day	22	11	120	109	969.39%	£5	£2	£27	£24	1015.61%
readmissions	0	0	0	0	0.00%	£-4	£-2	£-2	£0	-2.00%
Grand Total	1,083	542	726	184	34.05%	£644	£322	£398	£77	23.77%

6.3.1 Royal Liverpool & Broadgreen Hospitals Key Issues

Non Electives & Non Elective Excess Bed days make up £50k of the total £77k unplanned over spend. Vascular Surgery & Anaesthetics are the main reason for the NEL overspend. More specifically, 2 particular HRGs relating to bypasses to tibial arteries and lower limb arterial surgery make up £45k of the overspend.

6.4 Liverpool Women's Hospital NHS F/T

Figure 17 Month 6 Unplanned Care – Liverpool Women's Hospital NHS F/T by POD

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



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

NELNE activity at Liverpool Women's, shows that there has been an increase in normal deliveries with induction with cc and emergency c sections. Non-Elective Non-Emergency Excess bed days are over performing as a result of Planned Lower Uterine C-Section. Although costs are not significant, Normal Delivery with induction is showing a 653% activity increase. Activity plan is a total of 5 for month 6; however actual activity is 34 causing a variance of 29/653%.

7. Mental Health

7.1 Mersey Care NHS Trust Contract

Figure 18 NHS Southport and Formby CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS Southport and Formby CCG			
	Plan	Caseload	Variance from Plan	% Variance
0 Variance	32	39	7	22%
1 Common Mental Health Problems (Low Severity)	35	15	(20)	-57%
2 Common Mental Health Problems (Low Severity with greater need)	45	19	(26)	-58%
3 Non-Psychotic (Moderate Severity)	162	202	40	25%
4 Non-Psychotic (Severe)	128	143	15	12%
5 Non-psychotic Disorders (Very Severe)	29	23	(6)	-21%
6 Non-Psychotic Disorder of Over-Valued Ideas	25	24	(1)	-4%
7 Enduring Non-Psychotic Disorders (High Disability)	96	121	25	26%
8 Non-Psychotic Chaotic and Challenging Disorders	62	62	-	0%
10 First Episode Psychosis	52	62	10	19%
11 On-going Recurrent Psychosis (Low Symptoms)	282	283	1	0%
12 On-going or Recurrent Psychosis (High Disability)	151	151	-	0%
13 On-going or Recurrent Psychosis (High Symptom & Disability)	105	103	(2)	-2%
14 Psychotic Crisis	18	18	-	0%
15 Severe Psychotic Depression	7	5	(2)	-29%
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	6	10	4	67%
17 Psychosis and Affective Disorder – Difficult to Engage	35	25	(10)	-29%
18 Cognitive Impairment (Low Need)	365	258	(107)	-29%
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	465	783	318	68%
20 Cognitive Impairment or Dementia Complicated (High Need)	159	197	38	24%
21 Cognitive Impairment or Dementia (High Physical or Engagement)	50	48	(2)	-4%
Reviewed Not Clustered	30	56	26	87%
No Cluster or Review	46	80	34	74%
Total	2,385	2,727	342	14%

Figure 19 CPA – Percentage of People under followed up within 7 days of discharge

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

Figure 20 CPA Follow up 2 days (48 hours) for higher risk groups

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

Quality Overview

At Month 6, MerseyCare are compliant with the quality schedule reporting requirements. The Trust is working with the CCG Quality Team to improve the safer staffing report, NICE and Serious Incident reports for CQPG meetings. Underperforming KPIs are discussed at monthly quality and performance meetings and the bi-monthly CQPGs.

There are specific concerns exist around; DNA's at new Clock View site, GP referral pathways, AED assessment and access to psychotherapy. The CCG are monitoring these areas through the CQP and SRG meetings.

7.2 Cheshire Wirral Partnership -Improving Access to Psychological Therapies Contract

Prevalence at month 6 is below the planned target with the year to date rate at 3.77%. If current activity levels continue this would give a forecast outturn that would fall below the 15% target at 2015/16 year end.

The recovery rate has dipped down below the 50% target at month 6 and is 44.8% despite being above target last month.

There were 106 (112 at month 5) cancellations by the patient and 57 (43 at month 5) cancellations recorded by the provider in month 6. The service has previously confirmed that provider cancellations are attributable to sickness within the service which they are continuing to manage. Cancelled appointments are rebooked immediately.

Step 2 staff have reported that they are experiencing a high DNA rate and are confirming appointments with clients over the phone who then subsequently do not attend the appointment. The wait to therapy post screening is still part of the timeline and as such the service think that the client may sometimes



feel they need to accept the appointment as they have waited a significant time, but then do not feel the need to attend, as essentially the need has past. This may explain the high DNA rate.

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

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

GP referrals appear to be on a downward trend however this is an upward trend in self referrals. Opt in rates have increased on last month and further analysis will be undertaken to understand if this increase is related to self-referrals.

There are marked differences in % opt in rates for referrals and further analysis is required to understand if the opt in rates differ between the different referral sources.

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

Performance Indicator		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	TOTALS			
Population (Psychiatric Morbidity Survey)		19079	19079	19079	19079	19079	19079	19079			
National definition of those who have entered into treatment		103	96	130	164	104	123	720			
Prevalence Trajectory (%)		1.25%	1.25%	1.25% (q1=3.75%)	1.25%	1.25%	1.25% (q2=3.75%)	15.00%			
Prevalence Trajectory ACTUAL		0.54%	0.50%	0.68%	0.86%	0.55%	0.64%	3.77%			
National definition of those who have completed treatment (KPI5)		95	85	78	99	83	93				
National definition of those who have entered Below Caseness (KPI6b)		7	8	6	9	8	6				
National definition of those who have moved to recovery (KPI6)		39	47	35	40	44	39				
Recovery - National Target		50.0%	50.0%	50.0%	50.0%	50.0%	50.0%				
Recovery ACTUAL		44.3%	61.0%	48.6%	44.4%	58.7%	44.8%				
Referrals Received		290	252	255	245	209	244				
Gp Referrals		192	137	108	107	87	101				
% GP Referrals		66%	54%	42%	44%	42%	41%				
Self referrals		64	81	126	117	110	138				
% Self referrals		22%	32%	49%	48%	53%	57%				
Other referrals <small>Other Referrals are 1 - Acute Care Team, 1 - Perinatal, 2 - Secondarycare, 1- CAMHS</small>		34	34	21	21	12	5				
% Other referrals		12%	13%	8%	9%	6%	2%				
Referral not suitable or returned to GP		0	0	0	0	0	0				
Referrals opting in		146	132	153	156	111	147				
Opt-in rate %		50%	52%	60%	64%	53%	60%				
Patients starting treatment by step (Local Definition)		Step 2	77	65	98	127	72	98			
		Step 3	26	31	32	36	32	25			
		Step 4				1					
		Total	103	96	130	164	104	123			
Percentage of patients entering in 28 days or less		47.0%	50.0%	44.0%	58.0%	41.0%	45.0%				
Completed Treatment Episodes by Step (Local Definition)		Step 2	141	90	116	145	91	166			
		Step 3	287	273	248	191	261	223			
		Step 4		1			1	1			
		Total	428	364	364	336	353	390			
Activity		Attendances		Step 2	267	314	429	541	387	479	
				Step 3	283	277	389	359	330	343	
				Step 4		4	1	2	3	11	
		DNAs		Step 2	42	62	108	117	55	84	
				Step 3	20	31	41	46	34	35	
				Step 4							
		Cancels		Step 2	37	61	117	127	93	83	
				Step 3	37	41	65	71	62	78	
				Step 4			3			2	
		Attendances		Total	550	595	819	902	720	833	
		DNAs		Total	62	93	149	163	89	119	
		Cancelled		Total	74	102	185	198	155	163	
Number Cancelled by patient		Total	43	60	136	144	112	106			
Number Cancelled by provider		Total	31	42	49	54	43	57			



Figure 22: IAPT Waiting Time KPIs

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

8. Community Health

8.1 Southport and Ormskirk Community Health

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

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

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

Waiting Times

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

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

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

Any Qualified Provider

The locally agreed assessment tariff of £25 is being used from 1st April in the podiatry AQP dataset.



A query was raised with them in relation to patients discharged at first visit and charged at the tariff price at month 4. This issue has now been resolved with patients seen and discharged at first visit charged at £25 and recorded as such in the supporting dataset. The trust may still need to raise credit notes.

Adult Hearing Audiology costs are over the full year budget. The budget is £248,000 and at month 6 2015/16 the costs are £216,825 which is 13% over the annual budget. The costs at the same time last year were £92,264 at month 6 2014/15. Comparisons of activity between the two time periods shows that activity is up 15/16 (704) compared to 14/15 (663) and demand has increased. This is due to three year reviews and that the allocated budget was not uplifted to take this effect into account.

The Podiatry AQP is budget is £566,000. At month 6 2015/16 the costs to date are £208,222 compared to the same time last year £183,639 and at March 2014/15 it came in at 8% over budget and there is a possibility that this will occur this year also. Activity comparisons this year to last show activity is up however the application of the £25 tariff has reduced the possible costs.

MSK AQP is also likely to over perform 2015/16 as at month 6 only 29% of the budget is left for the rest of the financial year. Last year there was financial underperformance on this AQP.

Quality Overview

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

Bridgewater

Paediatric Audiology

There were 29 breaches of the 6 week target in September for the Southport Audiology service. This was discussed at the FARG on 03/11/2015 as part of the request for Bridgewater to provide exception reporting. Southport's Paediatric Audiology Service has received support from the information and performance team and has a senior administrator to improve the service pathway administration. Performance is forecast to return to full compliance against the 6 week wait target a by the end of October. It has been confirmed by the trust that the refresh of the data has been made to Unify.

Liverpool Community Health Trust

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

The trust has provided exception reporting for TB nurses and IV Therapy only this month.

Waiting times are reported for a small number of therapy services a month in arrears.

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

Current waiting times of concern: for Paediatric Speech and Language Therapy is reported as 22.4 weeks for NHS Southport & Formby.

Patient Identifiable data

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

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

Quality Overview

Joint LCH Clinical Quality and Performance Group (CQPG) meetings are now held on a monthly basis with South Sefton and Liverpool CCGs. A full review of pressure ulcers is underway with representation from both CCGs, LCH and NHS England, an action plan has been developed, progress will be reviewed at the CQPGs.

CQC Action Plan

Collaborative Forum meets on a monthly basis, one task is to review the LCH CQC and NHS England Quality Review Action Plan. There are currently 4 work streams

Culture
Governance
Safety
Workforce.

Looked After Children (LAC)

Currently issues regarding the timely return of LAC Health Information to the Local Authority and the undertaking of health assessments, the CCG is holding them to account regarding any challenges they may have from across the system. A paper was presented to the Sefton Corporate Parenting Board on 13th October, work continues locally on the development of new pathways and DES Nurse for Looked After Children is liaising with LCH to support the provider and improve the systems

Ward 35 – C-Diff

2 x C.Diff cases that have occurred recently on Ward 35 in August these were both LCCG patients. Both were in the same bay and sharing the same toilet. Potential issues as follows:

- Utilisation of C.diff assessment tool (going to be reviewed and undertaken throughout stay)
- Deviation in following prescribing guidelines (will follow Aintree's) - will need to document deviation and rationale
- The Laboratory not accepting type 5 or type 6 stools from anywhere therefore staff not sending for testing
- All GPs for the patients will be contacted - this will include other patients in the same bay who may be at an increased risk.

Both Sefton CCG's and Liverpool CCG are working together with Public Health team.

Speech and Language Therapy

Issues regarding Speech and Language Therapy waiting times have been escalated to the CQPG to ensure any potential patient safety concerns are addressed, an update will be provided in the Month 7 report.

9. Third Sector Contracts

Contract review meetings have now taken place with all Third Sector providers; Minutes have been produced and forwarded to the appropriate commissioners at the CCG's.

Reports outlining service outcomes for 2014-15 have now been finalised and have been passed over to the CCG for further review by the finance team. These reports detail activity collected within Information Schedules and service outcomes highlighting how they link in with the CCG 5 year forward plans. Further work has commenced to update the information schedules for 15-16 and NHS Number collection for service users accessing these services is to be piloted from 01.10.15.

Various Third Sector providers have invited the NWCSU contract manager to attend their support groups over the coming months to help in understanding the work they do within the community and how they contribute to the wider health economy of Sefton.

10. Quality and Performance

10.1 NHS Southport and Formby CCG Performance

Performance Indicators	Data Period	Current Period				Exception Commentary	Actions
		Target	Actual	Direction of Travel			
IPM							
Treating and caring for people in a safe environment and protecting them from avoidable harm							
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	15/16 - September	19	25	↑	There were 5 new cases reported in September 2015, year to date there have been 25 cases against a year to date plan of 19. The 5 new cases were reported by Southport and Ormskirk Hospital (3 apportioned to acute and 2 apportioned to community). All but 2 cases reported in year to date all have been aligned to Southport & Ormskirk Hospital (13 apportioned to acute trust and 8 apportioned to community). The remaining 2 cases was aligned to The Walton Centre in April and apportioned to the acute trust (1 case) and Aintree in July apportioned to community). Year-end plan is 38.	The majority of Southport & Formby CCG C.difficile cases are attributed to Southport & Ormskirk Hospitals. Please see below for the Trust narrative. <i>Please note the HCAI DCS system was changed in October, so the figures for September are provisional and were taken from the previous system, awaiting access to the new system. Update 17-11-15 - Data checked on new system.</i>	
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	15/16 - September	18	22(14 following appeal)	↑	There were 5 new cases reported in September 2015 (ytd 22), against a year to date plan of 18. Of the 5 cases in September, 3 were aligned to Southport and Formby CCG and 2 to West Lancs CCG. Year to date plan is 36.	In total there were 5 new C-diff cases in September against an internal trajectory of 18 (ytd). Full Root Cause Analysis is undertaken for each case. To date for 15/16 8 cases have been successfully appealed, the last appeals panel met in October, 4 out of the 6 cases submitted were upheld. <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>	
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	15/16 - September	0	0	↔	No new cases reported in September 2015.		
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	15/16 - September	0	1	↔	No new cases have been reported in September 2015. The trust are above the zero tolerance so will remain red for the rest of 2015-16.	In April 2015 The Trust had an MRSA bacteraemia (West Lancs CCG patient) and are therefore over the annual trajectory of zero. A Post Infection Review (PIR) has been completed in collaboration with the CCG and reported to Public Health England. Primary Care and Secondary Care issues have been identified and will be reported back to SEMT in a formal de-brief to ensure lessons have been learnt and embedded. The standard of care provided by the Critical Care Unit should be highlighted and commended for a 12 month zero rate of central venous catheter related infections. This has been accomplished through continued excellent use of aseptic technique, clinical decision making of where lines are sited combined with the relative recent innovation of chlorhexidine impregnated discs at line insertion sites. <i>Please Note - Data has been taken from the National HCAI Database - this is updated centrally therefore not all local appeals will be reflected in the table.</i>	

Mixed Sex Accommodation Breaches						
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	15/16 - September	0.00	0.50	↑	In September the CCG had 2 mixed sex accommodation breaches which is above the target and as such are reporting red for this indicator the second time in 2015-16.	In August there were 5 Sleeping Accommodation Breaches (revised submission by the Trust), these are the first breaches this year 2015-16. RCAs have been completed and shared with the CCG, all breaches related to delayed discharges from critical care.
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	15/16 - September	0.00	0.80	↓	In August the Trust had 5 mixed sex accommodation breaches which is above the target and as such are reporting red for this indicator the second time in 2015-16.	
Enhancing quality of life for people with long term conditions						
Patient experience of primary care i) GP Services	Jul-Sept 14 and Jan-Mar 15		4.44%	New Measure		
Patient experience of primary care ii) GP Out of Hours services	Jul-Sept 14 and Jan-Mar 15		10.98%	New Measure		
Patient experience of primary care i) GP Services ii) GP Out of Hours services (Combined)	Jul-Sept 14 and Jan-Mar 15	6%	5.18%	New Measure		
Emergency Admissions Composite Indicator (Cumulative)	15/16 - September	1173.90	1,244.40	New Plans	This measure now includes a monthly plan, this is based on the plan set within the Outcome Measure framework and has been split using last years seasonal Performance. The CCG is over the monthly plan and had 196 less admissions than the same period last year.	Plans are being reset to account for changes in pathway at S&O
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (Cumulative)	15/16 - September	264.82	205.02	New Plans	The agreed plans are based on activity for the same period last year. The CCG is under the monthly plan and the decrease in actual admissions is 14 below the same period last year.	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Cumulative)	15/16 - September	554.25	538.70	New Plans	The agreed plans are based on activity for the same period last year. The CCG is under the monthly plan the decrease in actual admissions is 19 lower the same period last year.	
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI) (Cumulative)	15/16 - September	51.26	55.53	New Plans	The agreed plans are based on activity for the same period last year. (Numbers are generally very low for this indicator). The CCG is over plan for this indicator the increase in actual admissions is 1 more than the same period last year.	The CCG respiratory programme manager continues to monitor this indicator closely.
Emergency admissions for acute conditions that should not usually require hospital admission (Cumulative)	15/16 - September	841.6	695.06	New Plans	The agreed plans are based on activity for the same period last year. This indicator is below plan, the decrease in actual admissions is 179 lower the same period last year.	
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	15/16 - September	No Plan	13.41	↓	The emergency readmission rate for the CCG is lower than previous month (17.47) and lower than the same period last year (16.62).	

Helping people to recover from episodes of ill health or following injury						
Patient reported outcomes measures for elective procedures: Groin hernia	Apr 14 - Mar 15 (Prov data)	0.082	0.091	Provisional data	Provisional data shows the CCG improved on the previous years rate of 0.080 in 2013/14 and achieved a score higher than that of the England average 0.085.	This has been chosen as the CCG Quality Premium measure for 2015/16. Clinical engagement between primary and secondary care is taking place to understand how each can support. Proposal to use Shared Decision Aids with patients being discussed at QIPP, Quality Committees and Locality Lead GP meetings.
Patient reported outcomes measures for elective procedures: Hip replacement	Apr 14 - Mar 15 (Prov data)	0.429	0.422	Provisional data	Provisional data shows the CCG has improved on the previous years rate of 0.419 in 2013/14 but are achieving a score lower than the England average 0.440.	
Patient reported outcomes measures for elective procedures: Knee replacement	Apr 14 - Mar 15 (Prov data)	0.311	0.313	Provisional data	Provisional data shows the CCG's rate has improved from previous year (2012/13 - 0.303) but is under the England average 0.316.	
% who had a stroke & spend at least 90% of their time on a stroke unit (CCG)	15/16 - September	80%	80.00%	↑		The main reason for reported performance relates to bed pressures across the Trust. Bed pressures impact on the Trust's ability to move people around wards to ensure that stroke patients stay on the relevant ward for the majority of their hospital episode. As previously advised, the Trust will have ring-fenced strokebeds from December 2015. This will assist in the flow of stroke patients.
% who had a stroke & spend at least 90% of their time on a stroke unit (Southport & Ormskirk)	15/16 - September	80%	73.90%	↑	Southport & Ormskirk have failed to achieve the target in September only 17 patients out of 23 spending at least 90% of their time on a stroke unit.	
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (CCG)	15/16 - September	60%	66.70%	↓		
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	15/16 - September	60%	60.00%	↑		
Mental health						
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) (CCG)	15/16 - Qtr2	95%	100.00%	↔		
IAPT Access - Roll Out	15/16 - Qtr2	3.75%	2.05%	↑	The CCG are under plan for Q2 for IAPT Roll Out, this equates to 391 patients having entered into treatment out of a population of 19079 (Psychiatric Morbidity Survey).	See section 7 of main report for commentary
IAPT Access - Roll Out	15/16 - September	1.25%	0.64%	↑	The CCG are under plan in September for IAPT Roll Out, out of a population of 19079, 123 patients have entered into treatment. There had been a steady increase since April until July but August and September have seen a drop in performance, (April 0.54%, May 0.50%, June 0.68%, July 0.86%, August 0.55%).	See section 7 of main report for commentary
IAPT - Recovery Rate	15/16 - Qtr1	50.00%	48.81%	↑	The CCG are under plan for recovery rate reaching 48.81% in Q2. This equates to 123 patients who have moved to recovery out of 252 who have completed treatment.	See section 7 of main report for commentary
IAPT - Recovery Rate	15/16 - September	50.00%	44.80%	↓	The CCG are under plan for recovery rate in September. This equates to 39 patients who have moved to recovery out of 87 who have completed treatment.	See section 7 of main report for commentary
The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	Q1 15/16	75.00%	99.00%	↑		
The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	Q1 15/16	95%	100.00%	↑		

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)	2014	2,464.40	2,120.40	↑		The annual variation is significant and the CCG is working with Public Health locally and regionally to understand this. Indications at present are that the PYLL is significantly susceptible to fluctuations due to changes such as young deaths, which introduces major swings, particularly at CCG level.
Cancer waits – 2 week wait						
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	15/16 - August	93%	93.90%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	15/16 - August	93%	94.86%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	15/16 - August	93%	84.90%	↔	Southport & Formby CCG failed the target for August and year to date. In August 8 patients were not seen within 14 days out of a total of 46 (82.61%) this is a drop in performance compared to previous month when the CCG achieved 90.91%.	8 patients breached at 4 different Trusts. All were for reasons related to patient choice and availability. This is probably reflective of capacity constraints at other trusts following the closure of the Southport service meaning that flexibility and notice period for appointments is reduced. Southport patients will have to travel further with reduced flexibility on their part. Cancer is not suspected in these patients, hence hard to convey urgency. The Be Clear on Cancer campaign for Breast in over 70s recently will have increased referrals in older women who potentially would need more support getting to appointments etc. Will improve with Trusts being confident in steady state referral volumes and holiday periods being over.
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Southport & Ormskirk)	15/16 - August	93%	N/A	↔	Southport & Ormskirk no longer provide this service.	

Cancer waits – 31 days						
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	15/16 - August	96%	98.75%	↔		
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	15/16 - August	96%	98.89%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	15/16 - August	94%	96.83%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	15/16 - August	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	15/16 - August	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	15/16 - August	94%	94.12%	↓		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	15/16 - August	98%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk)	15/16 - August	98%	100.00%	↔		
Cancer waits – 62 days						
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	15/16 - August	85% (local target)	83.10%	↓	Southport & Formby CCG failed the target for August and year to date partly due to previous month breaches. In August 3 patients out of a total of 12 were upgraded. Year to date there have been 71 patients and 12 patient breaches and are under the 85% local target set.	Local target.
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (Southport & Ormskirk)	15/16 - August		89.55%	↔		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	15/16 - August	90%	100.00%	↔		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	15/16 - August	90%	63.64%	↓	Southport & Ormskirk Trust failed the target in August and year to date, there were 2 patient breaches out of only 2 patients in total. These are the first breaches in 2015-16 for this measure. Year to date there have been the equivalent of 5.5 patients and 2 patient breaches.	Both were gynae referrals from cervical screening. Year to date there has been a equivalent of 5.5 patients with 2 patient breaches. Both of these patients were West Lancashire CCG patients. The Trust have shared their Situation Background Assessment Recommendation (SBAR) report. SRG will continue to monitor. This indicator failure is unusual. High likelihood that performance will recover next month.

Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	15/16 - August	85%	86.17%	↔		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	15/16 - August	85%	86.96%	↔		
Referral To Treatment waiting times for non-urgent consultant-led treatment						
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (CCG)	15/16 - September	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (Southport & Ormskirk)	15/16 - August	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (CCG)	15/16 - September	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (Southport & Ormskirk)	15/16 - August	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	15/16 - September	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	15/16 - August	0	0	↔		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (CCG)	15/16 - September	90%	92.86%	↓		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (Southport & Ormskirk)	15/16 - August	90%	92.31%	↑		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (CCG)	15/16 - September	95%	94.44%	↔	The CCG have narrowly failed the 95% target reaching 94.65%. This equates to 192 patients out of 3451 not seen within 18 weeks.	No longer a national performance target but continue to monitor locally
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (Southport & Ormskirk)	15/16 - August	95%	94.13%	↔	The Trust failed to achieve the target of 95% in August achieving 94.27%. This equates to 256 patients out of 4359 not been seen within 18 weeks.	No longer a national performance target but continue to monitor locally
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	15/16 - September	92%	94.26%	↔		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Southport & Ormskirk)	15/16 - August	92%	93.41%	↑		

A&E waits						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG)	15/16 - September	95.00%	94.53%	↔	Southport & Formby CCG failed the 95% target in September reaching 92.51% and are narrowly failing year to date reaching 94.53%. In September 233 attendances out of 3111 were not admitted, transferred or discharged within 4 hours.	Reasons for breaches: Peaks of higher than average conversion from attendance to admission on 1-2 days each week of the three failed weeks in September, Infection control issues in the respiratory ward (D+V) for the three weeks including some staff sickness, Lower than expected discharges across weekend of 14th September had a knock on effect WC 15th. High levels of vacancies having an impact on staffing. Actions: Continued support to daily operational team. Promotion of use of existing alternatives such as the geriatrician rapid access scheme in Southport & Formby CCG and Acute Visiting Scheme in West Lancashire CCG, Daily operational support of Trust actions including: pathway reviews, standardisation of ward and board rounds to ensure full MDT approach to supporting onward transfer of patients, introduction of KPIs for wards to increase ownership of admission and discharges, daily discharge meeting held with Discharge Planning team tracking patients reported as MOFD, daily review of Delayed Transfer of Care (DTOC), Continued development of intermediate care. Trust assurance re staff employed from overseas.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk)	15/16 - September	95.00%	94.70%	↔	Southport & Ormskirk have failed the target in September reaching 92.41%, and are failing year to date reaching 94.32%. In September month 742 attendances out of 9816 were not admitted, transferred or discharged within 4 hours. This is the third month the trust have achieved the target in 2015/16.	
Diagnostic test waiting times						
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	15/16 - September	1.00%	1.84%	↑	The CCG have failed the target for diagnostics in September going over the <1% plan hitting 1.84%, this is the second time since October 2014 that the target has been failed. This equates to 37 patients out of 2014 waiting 6 weeks or more for their diagnostic test.	Southport and Formby CCG failed to remain below the target of 1% achieving 1.8%. This equates to 37 patients waiting out of a total of 2014. The providers below failed to achieve the threshold for the CCG. CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST At CCG level, the Trust failed to remain below the threshold of 1%, achieving 25%. This month's activity equates to just 1 patient out of 4 waiting over 6 weeks. The patient is waiting 13+ weeks for Colonoscopy. BRIDGEWATER COMMUNITY HEALTHCARE NHS TRUST At CCG level, the Trust failed to remain below the threshold of 1%, achieving 52.7%. This month's activity equates to 29 patients out of 55 waiting over 6 weeks. All patients are waiting in Audiology - Audiology Assessments.
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	15/16 - July	1.00%	0.60%	↑		

Category A ambulance calls						
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	15/16 - September	75%	75.70%	↓		Year to date Red activity (R1+R2) for NWAS is 4% up on the equivalent period in 2014. Mersey (including Wirral) is 7.8% up and Southport & Formby CCG is 13.6% up at the end of September. A new CQUIN scheme has been agreed which seeks stepped changes in the way patients are managed by more Hear & Treat and See & Treat, thereby reducing the numbers conveyed to hospital A&E departments. See & Treat activity continues to be over planned levels, which is attributed to the on-going success of the GP Visiting schemes that have been implemented across the region. The schemes are proving to be very successful with deflections away from A&E in the region of 90% being seen.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	15/16 - September	75%	70.30%	↔	The CCG failed to achieve the 75% target year to date, or in month (September) recording 68.0%.	
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	15/16 - September	95%	90.20%	↔	The CCG failed to achieve the 95% target year to date, or in month (September) recording 88.0%.	
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	15/16 - September	75%	77.90%	↔		
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	15/16 - September	75%	76.00%	↔		
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	15/16 - September	95%	95.00%	↔		
Local Indicator						
Access to community mental health services by people from Black and Minority Ethnic (BME) groups (Rate per 100,000 population)	2014/15	2200	2202.8	↑	The latest data shows access to community mental health services by people from BME groups is over the CCG plan. This is also improvement on the previous year when the CCG rate was 2118.0.	

10.1 Friends and Family – Southport and Ormskirk Hospital NHS Trust

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

Friends and Family Response Rates and Scores

Southport &
Ormskirk

Clinical Area	Response Rate (RR) Target	RR Actual (Sept 2015)	RR - Trajectory From Previous Month (Aug 15)	% Recommended (England Ave)	% Recommended (Sept 2015)	PR Trajectory From Previous Month (Aug 15)	% Not Recommended (England Ave)	% Not Recommended (Sept 2015)	PNR Trajectory From Previous Month (Aug 15)
In-patients	25%	25.5%	↑	96.0%	96%	↑	2.0%	1.0%	↓
A&E	15%	2.2%	↓	88.0%	77.0%	↓	6%	16%	↑
Q1 – Antenatal Care	N/A	-	-	95%	98%	↑	2%	0%	↔
Q2 - Birth	N/A	15.2%	↑	97%	91%	↑	1%	9%	↑
Q3 - Postnatal Ward	N/A	-	-	93%	88%	↓	2%	9%	↑
Q4 – Postnatal Community Ward	N/A	-	-	98%	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.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the above three parts for both inpatients and A&E. The trust have shown a further decline in response rates for A&E services compared to the previous month, with a response rate of 2.2% the lowest they have returned, however, response rates for inpatients, have exceeded the target response rate of 25% and has improved since last month to a rate of 25.5%.

The percentage of patients that would recommend the inpatient service in the trust has improved from the previous month and has met the England average.

In A&E the percentage of people who would recommend the service has decreased from the previous month to 77%, and is below the England average, the Trust has been asked to submit an update at the December CQPG.

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

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

10.2 Serious Untoward Incidents (SUIs) and Never Events

10.2.1 CCG level Serious Untoward Incidents

Figure 24 SUIs Reported at Southport & Formby CCG level

CCG Level SUIs

Southport & Formby CCG

 Never Event

CCG SUIs

Type of Incident	Apr	May	Jun	Jul	Aug	Sep	YTD
Allegation Against HC Professional			1				1
Attempted Suicide by Outpatient (in receipt)		1					1
Pressure Sore - (Grade 3 or 4)			1	1			2
Pressure ulcer - (Grade 3)	3	6	3	1	1		14
Pressure ulcer - (Grade 4)	2		3				5
Serious Self Inflicted Injury Inpatient					1		1
Sub-optimal care of the deteriorating patient		2					2



Surgical Error		1			1		2
Treatment						1	1
Unexpected Death						1	1
Unexpected Death (general)	1						1
Grand Total	6	10	8	2	3	2	31

CCG level Serious Untoward Incidents

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

There have been 31 Serious Incidents YTD involving Southport and Formby CCG patients.

In September 2 Serious Incidents were reported for Southport and Formby CCG patients.

Number of Never Events reported in period

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

Provider level SUIs

-
Southport and Ormskirk Hospital

Provider SUIs

 Never Events

Incident Type	Apr	May	Jun	Jul	Aug	Sep	YTD
Allegation Against HC Professional			1				1
Child abuse (institutional)			1				1
Confidential Information Leak				1			1
Failure to act upon test results				1			1
Maternity services - unexpected neonatal death.					1		1
Pressure Sore - (Grade 3 or 4)			2	1			3
Pressure ulcer - (Grade 3)	15	8	6	2	2	3	36
Pressure ulcer - (Grade 4)	8	2	3			1	14
Sub-optimal care of the deteriorating patient	1	2		1			4
Surgical Error					1		1
Unexpected Death						1	1
Unexpected Death of Inpatient (in receipt)	1						1
Grand Total	25	12	13	6	4	5	65

Southport & Ormskirk Hospital Serious Incidents

Number of Serious Untoward Incidents (SUIs) reported in period

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

Number of Never Events reported in period

Southport & Ormskirk Hospital Integrated Care Organisation (ICO) reported zero Never Events YTD.

Number of repeated incidents reported YTD

The Trust has had three incidents repeated as of September 2015/16.

- 36 x Pressure ulcer – (Grade 3)
- 14 x Pressure ulcer – (Grade 4)
- 4 x Sub-optimal care of the deteriorating patient

11. Primary Care

11.1 Background

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

11.2 Content

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

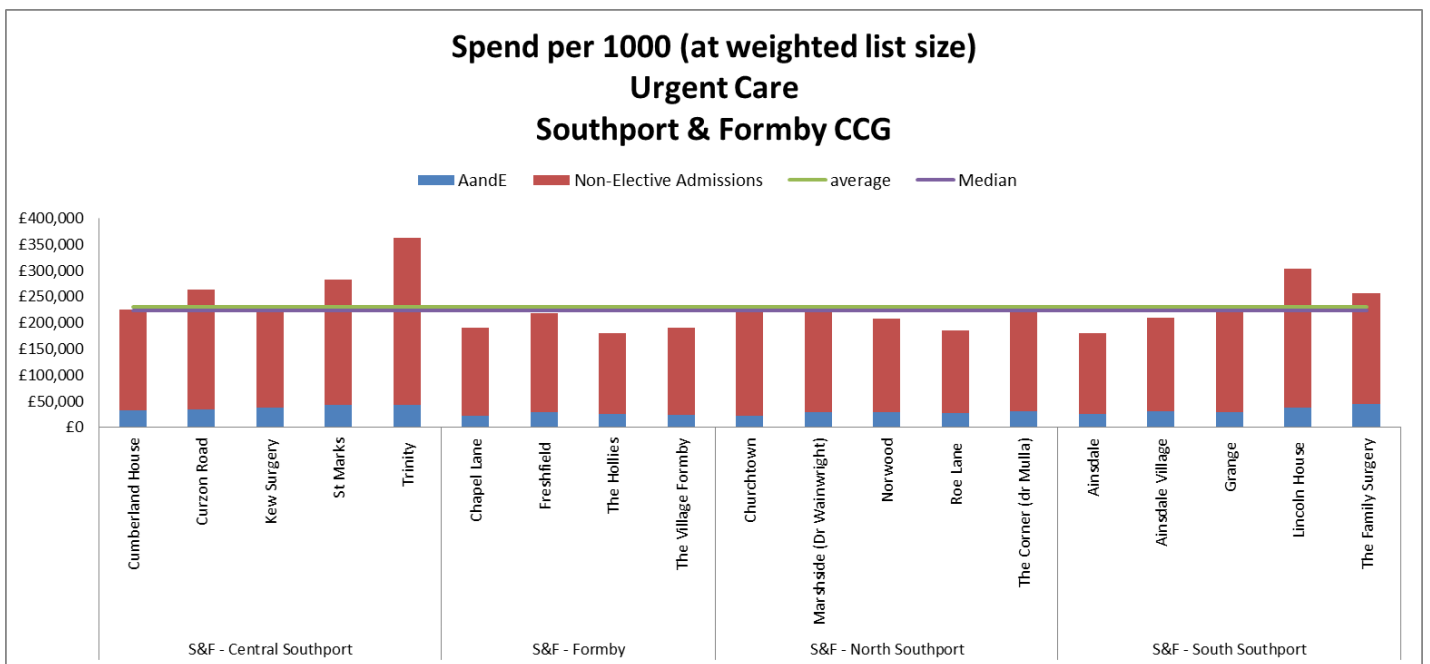
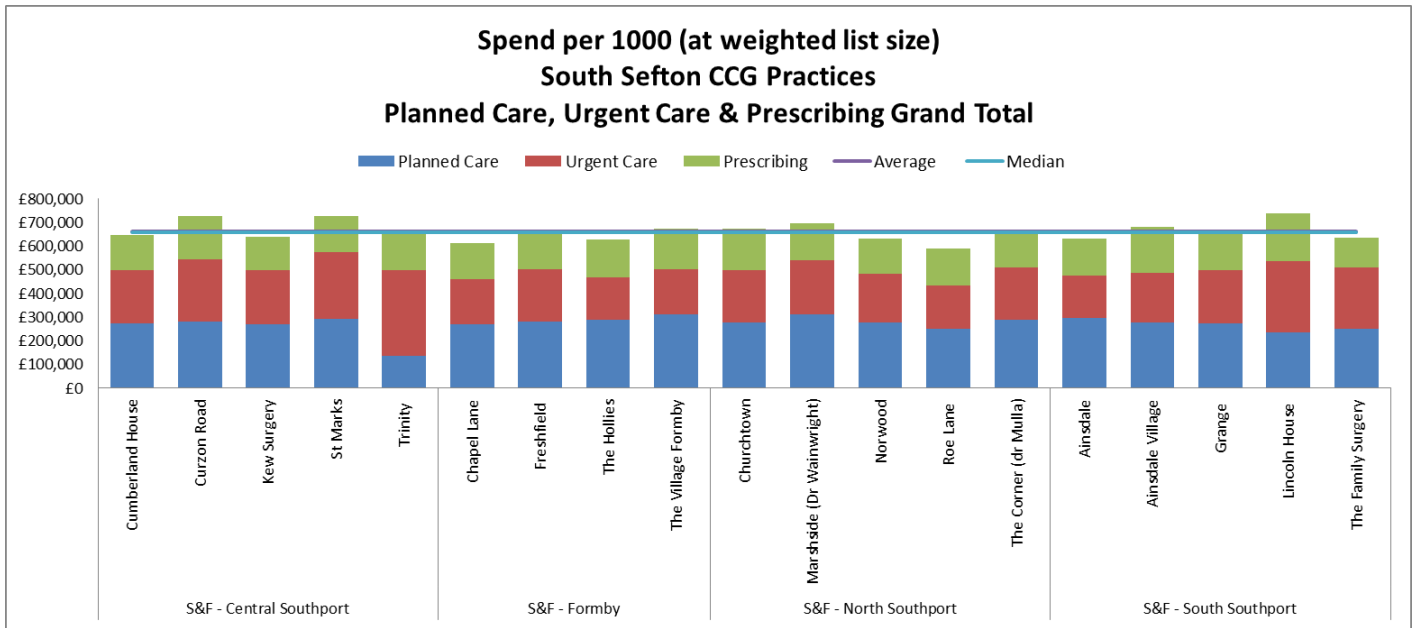
11.3 Format

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

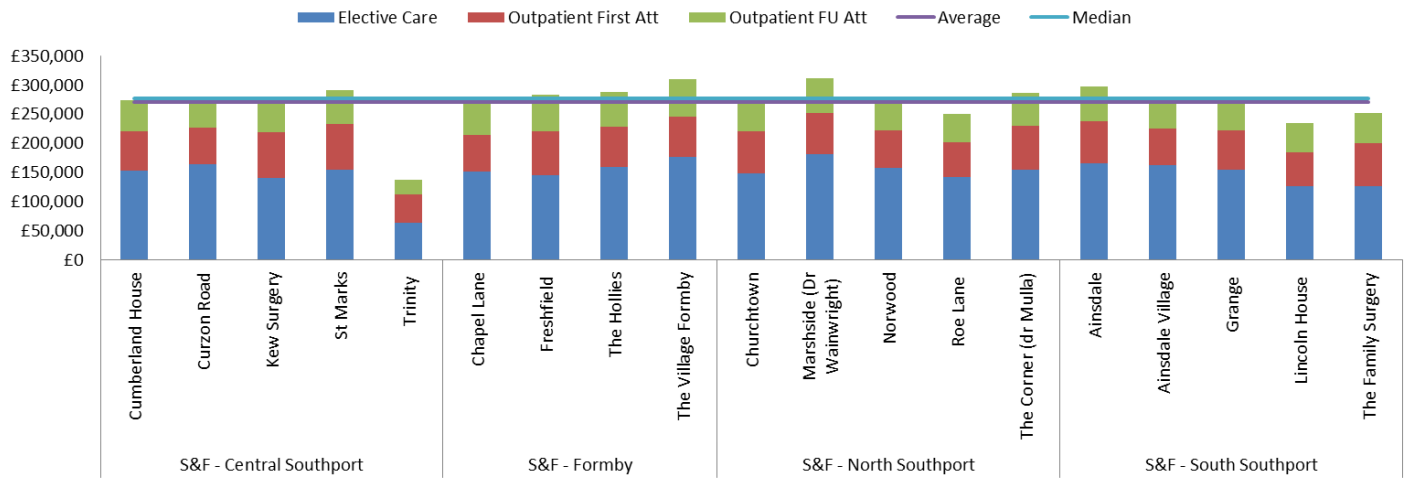
11.4 Summary of performance

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

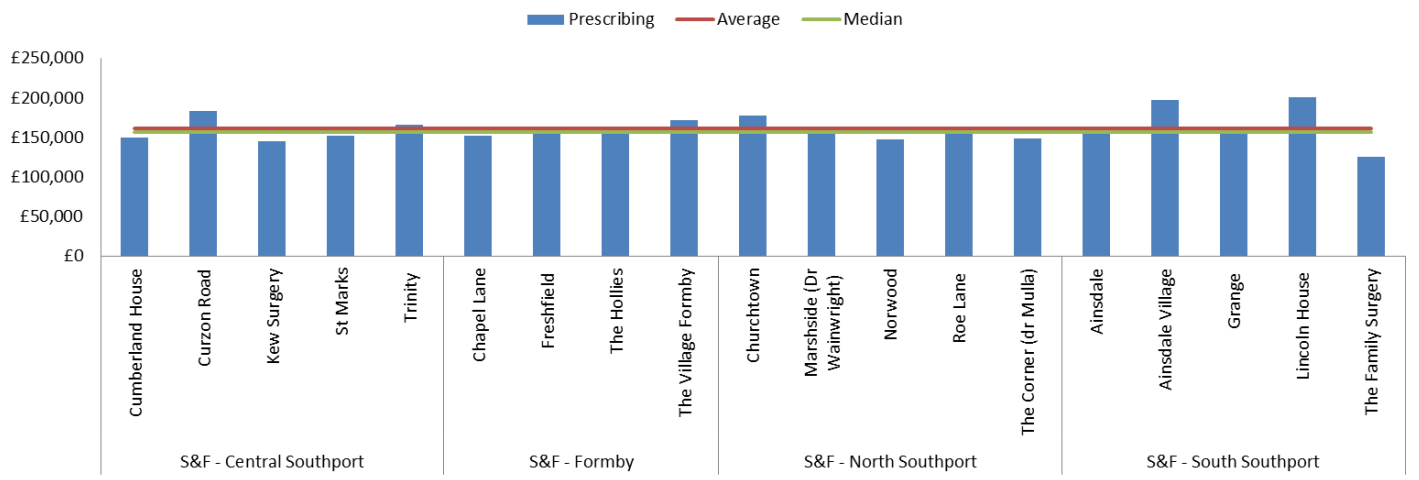
Figure 25 Summary of Primary Care Dashboard – Urgent Care Summary



Spend per 1000 (at weighted list size) Planned Care Southport & Formby CCG



Spend per 1000 (at weighted list size) Prescribing Southport & Formby CCG



11.5 CQC Inspections

A number of practices in Southport and Formby CCG have recently been visited by the Care Quality Commission. CQC publish all inspection reports on their website. There have been no further inspection results published since last month, therefore the same results are reported here as were reported in the October report:

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



42 Derby Road, Southport, PR9 0TZ
(01704) 511700

Provided by: Dr G Hedley & Partners

CQC inspection area ratings

(Latest report published on 8 October 2015)

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

Doctors/GPs

Specialisms/services

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

CQC Inspections and ratings of specific services

(Latest report published on 8 October 2015)

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

Cumberland House Surgery Good (0.9 miles away)



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

(01704) 501500

Provided by: Cumberland House Surgery

CQC inspection area ratings

(Latest report published on 27 August 2015)

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

CQC Inspections and ratings of specific services

(Latest report published on 27 August 2015)

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



Dr Kebalanandha Ramamurthie Naidoo Good (The Family Surgery Ltd)

(1.1 miles away)



107 Liverpool Road, Birkdale, Southport, PR8 4DB
(01704) 566646

Provided by: Dr Kebalanandha Ramamurthie Naidoo

CQC inspection area ratings

(Latest report published on 10 September 2015)

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

CQC Inspections and ratings of specific services

(Latest report published on 10 September 2015)

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

Doctors/GPs

Specialisms/services

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

Roe Lane Surgery Good (1.8 miles away)

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



172 Roe Lane, Churchtown, Southport, PR9 7PN
(01704) 228439

Provided by: Roe Lane Surgery

CQC inspection area ratings

(Latest report published on 27 August 2015)

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

CQC Inspections and ratings of specific services

(Latest report published on 27 August 2015)

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

Doctors/GPs and Clinics

Specialisms/services

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

12. Better Care Fund update

A quarterly data collection template has been issued by the Better Care Support Team for completion. It requires the Health & Wellbeing Board to track through the high level metrics and deliverables from the Health & Wellbeing Board Better Care Fund plan. The latest collection template for Q2 2015-16 focusses on budget arrangements, the national conditions, payment for performance, income and expenditure to and from the fund, performance on local metrics, and planning for BCF 2016/17. It also presented an opportunity for Health and Wellbeing Boards to register interest in further support.

The payment for performance element of BCF requires a target reduction to be reached in the number of non elective admissions to hospital. Current performance for Q2 was above the required level of reduction, therefore no payment for performance was available. Quarter 2 performance improved on Q1 with a reduction in two of the three months of the quarter. Performance is summarised below:

Figure 26 BCF Activity Monitoring

BCF NEL Admissions (MAR)	Jan	Feb	Mar	BCF Q1 1516 (Financial Q4 1415)	Apr	May	Jun	BCF Q2 (Financial / Q1 1516)	Jul	Aug	Sep	BCF Q3 (Financial Q2 1516)		Year to Date
Plan	3003	3003	3003	9009	2940.67	2940.67	2940.67	8822	2935	2935	2935	8806		26637
Actual	3176	2976	3516	9667	3257	3245	2958	9461	2957	2849	2766	8573		27701
Var	173	-27	513	658	317	304	18	638.5	22	-86	-169	-233		1064
%age Var	5.8%	-0.9%	17.1%	7.3%	10.8%	10.3%	0.6%	7.2%	0.7%	-2.9%	-5.8%	-2.6%		4.0%



13. NHS England Activity Monitoring

Figure 27 NHS England Activity Monitoring

Measures		Apr	May	Jun	Jul	Aug	Sep	YTD
E.C.8 A&E (Type 1, 2 & 3)	Plan	3132	3293	3188	3442	3144	2685	18884
	Actual	3310	3302	3420	3532	3371	3441	20376
	Var	178	9	232	90	227	756	1492
	%age Var	5.7%	0.3%	7.3%	2.6%	7.2%	28.2%	7.9%
E.C.9 GP Referrals (G&A)	Plan	2214	2225	2286	2500	2052	2448	13725
	Actual	2682	2528	2871	2927	2401	2854	16263
	Var	468	303	585	427	349	406	2538
	%age Var	21.1%	13.6%	25.6%	17.1%	17.0%	16.6%	18.5%
E.C.10 Other Referrals (G&A)	Plan	1160	1126	1189	1259	1082	1189	7005
	Actual	1416	1453	1660	1807	1333	1608	9277
	Var	256	327	471	548	251	419	2272
	%age Var	22.1%	29.0%	39.6%	43.5%	23.2%	35.2%	32.4%
E.C.32 Daycase (All Specs)	Plan	1629	1708	1767	1730	1461	1605	9900
	Actual	1529	1418	1592	1550	1302	1526	8917
	Var	-100	-290	-175	-180	-159	-79	-983
	%age Var	-6.1%	-17.0%	-9.9%	-10.4%	-10.9%	-4.9%	-9.9%
E.C.2 Daycase (G&A)	Plan	1629	1707	1767	1730	1461	1605	9899
	Actual	1529	1417	1592	1549	1302	1525	8914
	Var	-100	-290	-175	-181	-159	-80	-985
	%age Var	-6.1%	-17.0%	-9.9%	-10.5%	-10.9%	-5.0%	-10.0%
E.C.21 Elective (All Specs)	Plan	250	262	272	265	224	247	1520
	Actual	246	251	310	293	257	259	1616
	Var	-4	-11	38	28	33	12	96
	%age Var	-1.6%	-4.2%	14.0%	10.6%	14.7%	4.9%	6.3%
E.C.1 Elective (G&A)	Plan	250	262	272	266	225	247	1522
	Actual	246	251	310	293	257	259	1616
	Var	-4	-11	38	27	32	12	94
	%age Var	-1.6%	-4.2%	14.0%	10.2%	14.2%	4.9%	6.2%
E.C.23 Non Elective	Plan	1358	1428	1382	1492	1363	1214	8237

	Actual	1373	1324	1441	1517	1412	1466	8533
	Var	15	-104	59	25	49	252	296
	%age Var	1.1%	-7.3%	4.3%	1.7%	3.6%	20.8%	3.6%
E.C.4 Non Elective (G&A)	Plan	1313	1380	1335	1441	1317	1175	7961
	Actual	1336	1288	1407	1471	1380	1429	8311
	Var	23	-92	72	30	63	254	350
	%age Var	1.8%	-6.7%	5.4%	2.1%	4.8%	21.6%	4.4%
E.C.24 OP All 1st (All Spec)	Plan	3190	3346	3463	3389	2862	3145	19395
	Actual	3758	3551	4344	4118	3622	3977	23370
	Var	568	205	881	729	760	832	3975
	%age Var	17.8%	6.1%	25.4%	21.5%	26.6%	26.5%	20.5%
E.C.5 OP All 1st (G&A)	Plan	3114	3266	3380	3309	2793	3070	18932
	Actual	3541	3339	4103	3882	3413	3740	22018
	Var	427	73	723	573	620	670	3086
	%age Var	13.7%	2.2%	21.4%	17.3%	22.2%	21.8%	16.3%
E.C.25 OP All 1st Following GP Ref(All Spec)	Plan	2037	2137	2211	2165	1828	2009	12387
	Actual	2244	2236	2672	2462	2221	2504	14339
	Var	207	99	461	297	393	495	1952
	%age Var	10.2%	4.6%	20.9%	13.7%	21.5%	24.6%	15.8%
E.C.12 OP All 1st Following GP Ref (G&A)	Plan	1988	2085	2158	2122	1783	1960	12096
	Actual	2179	2161	2601	2393	2140	2439	13913
	Var	191	76	443	271	357	479	1817
	%age Var	9.6%	3.6%	20.5%	12.8%	20.0%	24.4%	15.0%
E.C.6 All Subsequent OP	Plan	7318	7675	7943	7775	6564	7215	44490
	Actual	9141	8412	10176	10100	8765	10456	57050
	Var	1823	737	2233	2325	2201	3241	12560
	%age Var	24.9%	9.6%	28.1%	29.9%	33.5%	44.9%	28.2%

Source	Referrals (G&A)	Month 6 YTD PLAN	Month 6 YTD ACTUAL	Month 6 YTD Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%

Referrals (G&A)					
MAR	GP	13725	16263	18.5%	Coding of referrals is currently being investigated with Southport & Ormskirk trust as the implementation of the new PAS system has changed the recording of referrals. Compared with the same period last year the average for GP referrals into S&O per month appears to have increased by approximately 160. Work is being carried out by Southport Hospital to understand the extent the new PAS has affected the referral figures. Increases at Aintree and the Royal Hospitals are due to the change in Breast surgery out of S&O to these two Trusts. Genuine increases have been noted at Renacres Independent provider and work is being undertaken with GP surgeries to investigate referral process. Local referral information (excluding Renacres) shows an increase but much less at approx. 8% when factoring in the potential PAS impact. Renacres has been excluded as information locally has only been received for quarter 1.
MAR	Other	7005	9277	32.4%	The introduction of the new PAS system in Southport hospital has impacted on all referrals with the average increase after the installation for non GP referrals at approx. 150. Local referral information (excluding Renacres) shows an increase but much less at approx. 5% when factoring in the potential PAS impact. Renacres has been excluded as information locally has only been received for quarter 1.
MAR	Total	20730	25540	23.2%	See above.
Outpatient attendances (G&A)					
SUS	All 1st OP	18932	22018	16.3%	Issues regarding the planning of Outpatient measures have been noted with the reporting differences between MAR (plans based on) and SUS (activity monitored on). Analysis into the activity from 2014/15 (Apr to Sep) against the same period in 2015/16 shows a much lower increase. First outpatient attendances appear to have increased by approx. 6%, while follow up attendances are within the +/-3% range. This gives the overall G&A outpatient figure at just below 4% increase. This is in line with increased referrals to Renacres hospital. Referral patterns and pathway reviews are being undertaken through the contract monitoring route.
SUS	Follow-up	44490	57050	28.2%	
SUS	Total OP attends	63422	79068	24.7%	
SUS	Outpatient procedures (G&A) (included in attends)	12476	16337	30.9%	Not required for planning, figures shown are April to September 14/15 compared to the same period in 15/16. An increase in OP procedures has been noted with a shift from other outpatient settings as well as from Day case procedures. Agreed shifts to outpatient procedures for a number of procedures are a factor in the higher figures from last year.
Admitted Patient Care (G&A)					
SUS	Elective Day case spells	9899	8914	-10.0%	Although down against plan, actual activity has increased against the same period last year mainly due to increased activity based in Renacres. This is in line with heightened referrals to Renacres independent provider which is being addressed directly with the GP practices. Current activity (Apr to Sep) compared with the same period shows an increase of approx. 4%.

SUS	Elective Ordinary spells	1522	1616	6.2%	Actual activity for 15/16 (Apr-Sep) against the same period last year is in the line with the plan value. The main areas of increase are within Aintree and Liverpool Royal Providers for the shift to Breast surgery as well as Renacres hospital in line with increased referrals.
SUS	Total Elective spells	11421	10530	-7.8%	See above.
SUS	Non-elective spells complete	7961	8311	4.4%	Lower phasing of plans in the later part of the year due to GPAU at Southport & Ormskirk has caused a greater variance to occur, this may continue as the months carry on.
SUS	Total completed spells	19382	18841	-2.8%	
Attendances at A&E					
SUS	Type 1				
SUS	All types	18884	20376	7.9%	Although increased against plan when comparing April to August 2014/15 against the same period this year in SUS the difference overall is approximately 3%, with the main increases occurring within the last two months. Further investigation is needed to see if the same issue regarding phasing of plans in NEL admissions is applicable to A&E data.