



*Southport and Formby  
Clinical Commissioning Group*

# **Southport & Formby Clinical Commissioning Group**

Integrated Performance Report  
August 2016

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# 1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at Month 5 (note: time periods of data are different for each source).

## CCG Key Performance Indicators

NHS Constitution Indicators	CCG	Main Provider
A&E 4 Hour Waits (All Types)		SORM
Ambulance Category A Calls (Red 1)		NWAS
Cancer 2 Week GP Referral		SORM
RTT 18 Week Incomplete Pathway		SORM
Other Key Targets	CCG	Main Provider
A&E 4 Hour Waits (Type 1)		SORM
Ambulance Category A Calls (Red 2)		NWAS
Ambulance Category 19 transportation		NWAS
Cancer 14 Day Breast Symptom		
Cancer 31 Day First Treatment		SORM
Cancer 31 Day Subsequent - Drug		SORM
Cancer 31 Day Subsequent - Surgery		SORM
Cancer 31 Day Subsequent - Radiotherapy		SORM
Cancer 62 Day Standard		SORM
Cancer 62 Day Screening		SORM
Cancer 62 Day Consultant Upgrade		SORM
Diagnostic Test Waiting Time		SORM
HCAI - C.Diff		SORM
HCAI - MRSA		SORM
IAPT Access - Roll Out		
IAPT - Recovery Rate		
Mixed Sex Accommodation		SORM
Patient Experience of Primary Care i) GP Services ii) Out of Hours (Combined)		
RTT 18 Week Incomplete Pathway		SORM
RTT 52+ week waiters		SORM
Stroke 90% time on stroke unit		SORM
Stroke who experience TIA		SORM

## **Key information from this report**

### **Financial position**

The forecast outturn after the application of reserves is a deficit of £7.000m against a planned deficit of £4.000m. The revised forecast incorporates known risks and has been amended following agreement with NHS England. Achievement of this position is subject to delivery of the remaining risk adjusted QIPP programme plus delivery of further efficiencies.

The financial position on operational budgets as at Month 6 is an overspend of £1.445m and the forecast for the year an overspend of £2.553m. The majority of the cost pressure relates to over performance within the acute provider contracts, independent sector and prescribing as well as the cost increase for Funded Nursing Care.

### **Planned Care**

Referrals for the year to date at month 5 (August) are slightly above 2015/16 levels for the same period (+2.6%). Broken down by referral source, GP referrals are 1.8% above, consultant to consultant referrals are 4.0% below and Other referrals are 19.6% above 2015/16 levels. A referral management scheme started on 1st October in Southport & Formby CCG.

The CCG has failed to remain below the diagnostic 1% threshold in August reporting 1.82% of patients waiting 6 weeks or more. The majority breaches were Audiology at Bridgewater (26 breaches) the Trust have stated they will be reporting zero breaches in September as per their recovery plan. The service has had significant challenge relating to staffing due to the national shortage of Children's audiologists. This will be monitored closely by both the CCG Planned Care lead and Children's Commissioning Manager.

The CCG has achieved the target of 93% for 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms in August, with a performance of 98.21% but are failing YTD with a performance of 91% due to previous months breaches. Year to date out of 211 patients there have been 19 breaches. The reasons for the breaches were patient choice. Capacity within breast clinics was discussed at a meeting with all local providers in September to look at the current position and future plans in relation to Southport and Formby patients following the closure of the local breast service 2 years ago.

The CCG failed the 85% target for the 2 month (62 day) wait from urgent GP Referral to first definitive treatment for cancer in August with a performance of 84.62% and are failing year to date hitting 82.99%. In August 39 patients were seen 6 breaching the 62 day standard. For the same measure Southport & Ormskirk achieved the target of 85% in August with 85.11%, the previous months are still impacting on the YTD position of 84.63%. In August, 7 breaches occurred out of a total of 47 patients. Reasons for breaching being delay in referrals between trusts, inadequate consultant capacity, more diagnostic tests required and further investigations.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to % response rate, % recommended and % not recommended for inpatients. The trust has seen a decrease in response rates for inpatients compared to the previous month. The percentage of patients that would recommend the inpatient service in the trust has decreased compared to the previous month and is still below the England average. The percentage of people who would not recommend the inpatient service has decreased since previous month and is below the England average.

Performance at Month 5 of financial year 2016/17, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £878k/5%. This is predominantly caused by Southport & Ormskirk and Renacres Hospitals who are showing an over performance of £275k/3% and £252k/15% respectively.

Planned Care at Southport & Ormskirk Hospital is reporting a year to date over performance of £275k, this is due to the inclusion of non-PbR activity and reference costs to give an indication of current performance of contracts which are currently block. Actual PbR performance for planned care at Southport & Ormskirk is a £242k under performance with the main areas below plan being Day Case, Elective and Outpatient Procedures. On-going issues regarding Trust recruitment of Anaesthetists and Theatre staff have been reported as contributing factor. Over performance has been formally raised with Renacres at the October contract review meeting.

## **Unplanned Care**

Southport & Ormskirk's performance for August exceeded the trajectory agreed with NHSI. Associated indicators for ambulance handovers and medical outliers also saw a significant improvement. The new rotas implemented for medical staff across A&E and Medicine with effect from August had a positive impact on patient flow. The Trust is participating in the Action on A&E improvement collaborative launched across the north by NHSI/ NHSE. CCG performance for all A&E types improved to 90.2% due to the improvements seen at S&O.

Southport & Formby CCG failed to achieve all 3 ambulance indicators year to date. Whilst Ambulance handovers within 15 minutes saw overall performance of 52.5%, the average performance for ambulance handovers across the whole of the month was 20 minutes, which is a significant improvement on previous months. At S&O A&E continue to have 2 nurses to support triage and 2 nurses to support the corridor, which does have a positive effect on A&E. NHSI attended the site on 19 September with NWS and CCG colleagues to support a 90 day improvement programme to continue to improve ambulance handover performance. The improvement programme will focus not only on the front door for A&E but also exit blocks from the wards out into the community, as this continues to be the biggest factor on stopping flow from A&E.

Southport & Ormskirk Stroke performance in August saw some improvement with 60% of stroke patients discharged during the month of August having spent 90% of their time on the stroke ward. As previously reported, the stroke unit continues to have operational difficulties in meeting the male/ female demand due to only have 3 bays on the ward. Discussions are ongoing with Estates for some capital work to segregate a bay into 2 male and 2 female beds.

There were 2 reportable cases for TIA for the month of August resulting in performance of 50%. The one patient seen outside the 24 hour period had had symptoms 7 days prior to referral.

Two new cases of C diff cases were attributed to the CCG in August, and one of these was reported by Southport & Ormskirk Hospital Trust. Year to date the Trust has had 11 cases (4 upheld), against a plan of 15, so is under plan. The CCG is also liaising across with the link Infection Prevention Control Matron to review the community attributed C.diff cases for Southport & Ormskirk ICO. The CCG have had 18 cases against a year to date plan of 16 which is over plan.

A case of MRSA was reported in August. A PIR with Southport & Ormskirk was held on 8th September, the conclusion of the meeting was to test the current PHS assignment process by assigning this as a third party incident due to the unique nature of the case.

In month 6 there were 5 serious incidents raised on StEIS for Southport and Formby CCG patients. 3 from Southport and Ormskirk Hospitals NHS Trust (S&O) and 2 from MerseyCare NHS Foundation Trust. Year to date there have been 27 serious incidents for the CCG.

Delayed Transfers of Care (DTCOC's) reduced to 3 during August 2016 from 7 in July (-57.10%). Patient and/or family choice resulted in 1 delayed transfer (33.3%) and a further 2 were due to delays incurred whilst awaiting further NHS non acute care (66.7%). The CCG urgent care lead participates in the system wide teleconference each week. This review of DTCOC's, with participation from the acute Trust, Local Authorities and CCG's, assigns actions to key individuals and aims to remove those blockages which prevent a patient being discharged to their chosen place of care.

Response rates to the A&E element of the Friends & Family Test significantly improved in August, with a corresponding increase in the percentage of people who would recommend the service to 88% which is higher than the England average. 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. A trust presentation is planned for October CQPG. The Engagement and Patient Experience Group (EPEG) also have sight of the trusts friends and family data on a quarterly basis and seek assurance from the trust that areas of poor patient experience are being addressed. The trust will be presenting their patient experience strategy to CQPG in November. EPEG are currently creating a dashboard to incorporate information available from FFTs, complaints and compliments with the aim to monitor patient experience from all acute and community providers.

Performance at Month 5 of financial year 2016/17, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £750k/6% which is driven by Southport & Ormskirk Hospital who are reporting a £600k overspend. Non-Elective PbR activity is currently 1.4% above plan and spend is 8.7% above plan. The average cost of an admission has increase from 2015/16 to 2016/17 which appears to be a factor in the over performance. This is currently being investigated via the Information Sub group and forms part of the monthly finance and activity queries to the Trust.

## **Mental Health**

Asperger's waiting times for this service seem to be increasing, with 90 patients (internal waits from initial screening). The CCG have requested a position statement around what the Trust is doing to manage these waits.

Following concerns around referral response times raised by the commissioners from 1st October 2016 the Trust has enabled access to on call Consultant Psychiatrist for GPs to discuss urgent referrals and access to Silver on call if referral issues that have not been addressed need escalating.

In addition following the CQPG held on the 14th October 2016 the commissioners have requested further information on psychotherapy, eating disorder staffing levels and GP communication.

The IAPT provider (Cheshire & Wirral Partnership) reported 162 Southport & Formby patients entering treatment in month 5, a slight decrease from the previous month. The access standard Current activity levels provide a forecast outturn of 11.4% against the 15% access standard.

Referrals saw a slight decrease in month 5 to 208 (from 215 in month 4) with 59.1% being self-referrals. Marketing work is being carried out specifically in this area, targeting specific groups. The self-referral form has been adapted to make this far simpler to complete. GP referrals have also been low with 57 reported in month 5 (against a monthly average of 102 in 2015/16). Initial meetings have been agreed with Hesketh Centre, to attend weekly MDT meetings to agree appropriateness of clients for service.



The percentage of people moved to recovery was 53.7% in month 5, which is above the minimum standard of 50%. A forecast outturn at month 5 gives a year end position of 50.4%.

Cancelled appointments by the provider saw an increase of 93% from 29 in month 4 to 56 in month 5. The provider has previously stated that this was attributed to staff sickness. Staffing resources have been adjusted to provide an increased number of sessions at all steps in Southport & Formby.

The number of DNAs also saw an increase in month 5 from 78 in month 4 to 98 in month 5. The provider has commented that the DNA policy has been revised.

Contact has been made with the Support Team and they will shortly commence working with the service. In addition to addressing underperformance in the 15% prevalence/access target the Support team will be working with the service provider to reduce the number of high waits that exist from first assessment to subsequent treatment which are unacceptably high.

Dementia diagnosis rates continue to further improve and now stand at 71.9% - above the year-end target of 67%.

### **Community Health Services**

Since Southport & Ormskirk ICO shifted IT systems from IPM to EMIS, reporting on Referrals, Contacts and Waiting times have been affected. The CCG and Trust are working together to resolve the issues. The Trust has advised of issues and is continuing to work through them service by service but all services have now gone live on the new system. At the latest Information Sub Group meeting the Trust presented a waiting times report which highlighted the extent of the current data quality issues since the system switch over. The Trust will continue to provide the waiting times report monthly and highlight the services where the data quality has been corrected for the CCG to monitor. The report highlights issues in Phlebotomy and Treatment Rooms with waiting times increasing over recent weeks. The Trust continues to monitor this and update the CCG.

### **Primary Care**

The latest Southport & Formby practice to receive CQC inspection results was Churchtown Medical Centre, with a "requires improvement" rating received in August 2016.

### **Better Care Fund**

A Better Care Fund Plan for 2016/17 has been agreed and submitted to the national Better Care Support Team and joint work is underway to further develop these plans by 31 October 2016 for implementation. In the meantime we have submitted a Quarter 1 performance report to NHSE.

## 2. Financial Position

### 2.1 Summary

This report focuses on the Month 6 financial performance for Southport and Formby CCG as at 30 September 2016 (Month 6).

The forecast outturn after the application of reserves is a deficit of £7.000m against a planned deficit of £4.000m. The revised forecast incorporates known risks and has been amended following agreement with NHS England. Achievement of this position is subject to delivery of the remaining risk adjusted QIPP programme plus delivery of further efficiencies.

The financial position on operational budgets as at Month 6 is an overspend of £1.445m and the forecast for the year an overspend of £2.553m. The majority of the cost pressure relates to over performance within the acute provider contracts, independent sector and prescribing as well as the cost increase for Funded Nursing Care.

The value of QIPP savings delivered at the end of Month 6 is £3.547m. At this stage the CCG needs to deliver a further £7.026m in year, in order to achieve the forecast position of £7.000m deficit.

It should be noted that the CCG is forecasting delivery of a total £7.607m worth of QIPP savings (risk adjusted plan) compared with £8.832m reported in the opening plan. This would equate to 86% delivery of its QIPP plan in year.

The high level CCG financial indicators are listed below:

**Figure 1 – Financial Dashboard**

Key Performance Indicator		This Month	Prior Month
Business Rules	1% Surplus	✗	✗
	0.5% Contingency Reserve	✓	✓
	1% Non-Recurrent Reserve	✓	✓
Surplus	Financial Surplus / (Deficit)	(£7.000m)	(£5.000m)
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£3.547m	£3.347m
Running Costs	CCG running costs < 2016/17 allocation	✓	✓

### 2.2 Resource Allocation

There were no additional allocations received in Month 6.

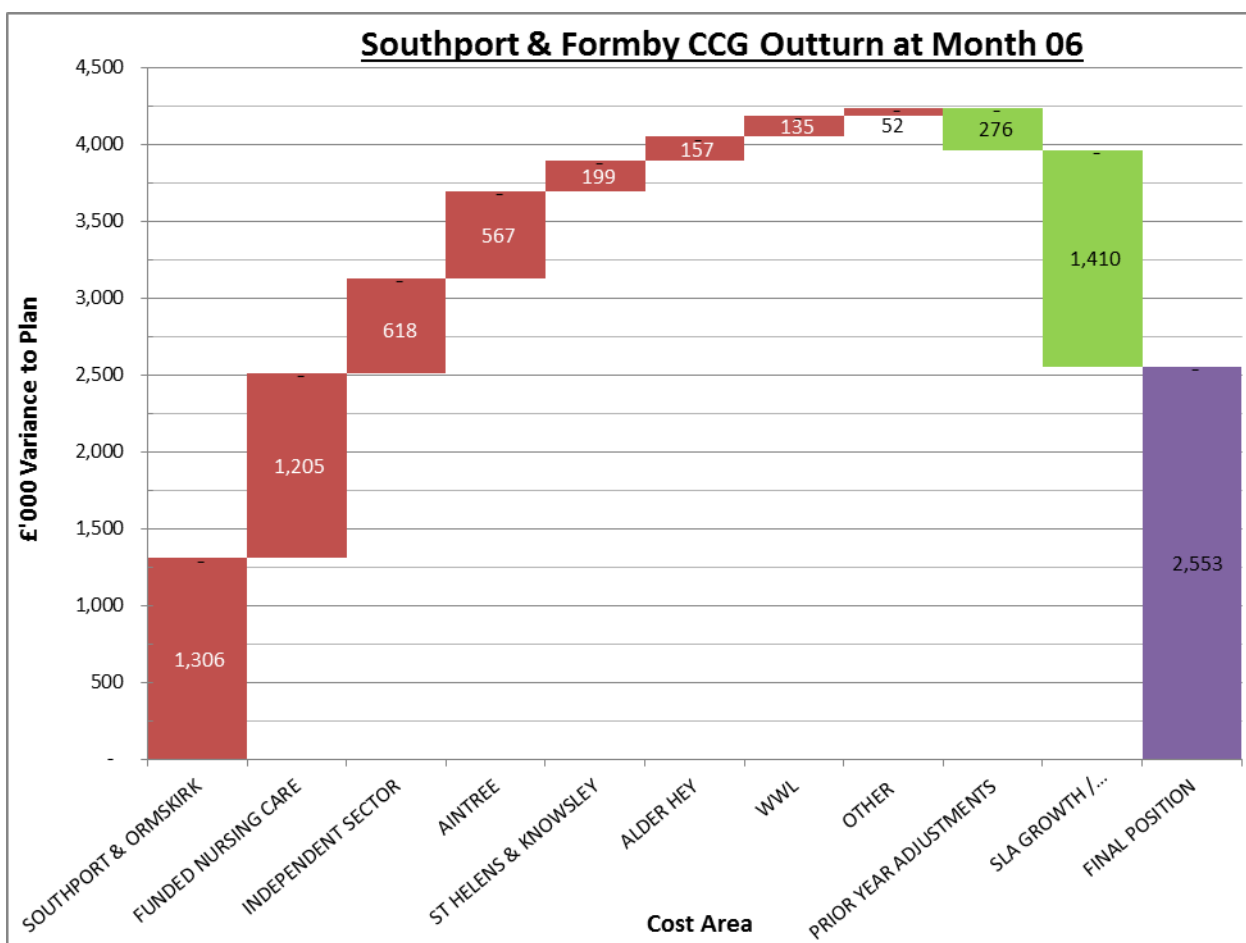
### 2.3 Position to date and forecast

The main financial pressures included within the financial position are shown below in figure 2 which presents the CCGs forecast outturn position for the year.

The majority of the forecasted overspend is within acute commissioning contracts, funded nursing care as a result of the mandated national price increase, and pressure in independent sector budgets. A high proportion of this overspend has been mitigated by CCG contingency and growth reserves included in the original financial plan totalling £1.410m.

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

**Figure 2 – Forecast Outturn**



### Prescribing / High Cost Drugs

The year-to-date overspend of £0.089m for the prescribing budget is mainly due to lower than anticipated rebate income against the 2015/16 year end forecast. The forecast for the 2016/17 financial year is an overspend of £0.009m.

The achievement of a breakeven position is dependent on delivery of in-year efficiencies in addition to the QIPP plan agreed. The CCG expects in year cost reductions as a result of the repeat prescribing scheme, challenges on charges for high cost drugs and healthcare at home.

## Continuing Health Care and Funded Nursing Care

The month 6 position for the continuing care budget is a £0.083m underspend, this position reflects the current number of patients, average package costs and an expected uplift to providers of 1.1% until the end of the financial year.

Year-to-date QIPP savings of £1.400m have been actioned including the element relating to the additional growth budget of 5% included at budget setting and additional efficiencies relating to prior year adjustments. The forecast outturn position has been adjusted to reflect this for the purposes of the report.

Increased costs in respect of Funded Nursing Care were announced in July 2016. The impact for Southport and Formby CCG is a cost pressure of £1.215m and is included within the forecast position for the CCG.

## 2.4 QIPP and Transformation Fund

The 2016/17 identified QIPP plan is £12.573m in total. This target includes an increased efficiency requirement of £2.553m to address the forecast overspend on operational budgets.

Figure 3 shows a summary of the current risk rated QIPP plan. This demonstrates that although recurrently there are a significant number of schemes in place, further work is required to move red and amber rated schemes to green rated schemes. The plan has been phased across the year on a scheme by scheme basis and full detail of progress at scheme level is monitored at the QIPP committee.

**Figure 3 – RAG rated QIPP plan**

QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	8,365	(4,171)	4,194	2,026	930	1,238	4,194
Medicines optimisation plan	3,070	(1,917)	1,153	1,110	0	43	1,153
CHC/FNC plan	1,778	(274)	1,504	1,400	104	0	1,504
Discretionary spend plan	10,032	(5,447)	4,585	2,040	740	1,805	4,585
Urgent Care system redesign plan	1,497	(360)	1,137	0	287	850	1,137
<b>Total QIPP Plan</b>	<b>24,742</b>	<b>(12,168)</b>	<b>12,573</b>	<b>6,576</b>	<b>2,061</b>	<b>3,936</b>	<b>12,573</b>
<b>Risk rated QIPP plan</b>				<b>6,576</b>	<b>1,031</b>	<b>0</b>	<b>7,607</b>

As shown in **Figure 4** and **5** below, below, £3.547m QIPP savings have already been actioned at Month 6 against a phased plan of £4.451m.

Figure 4 – Phased QIPP plan for the 2016/17 year

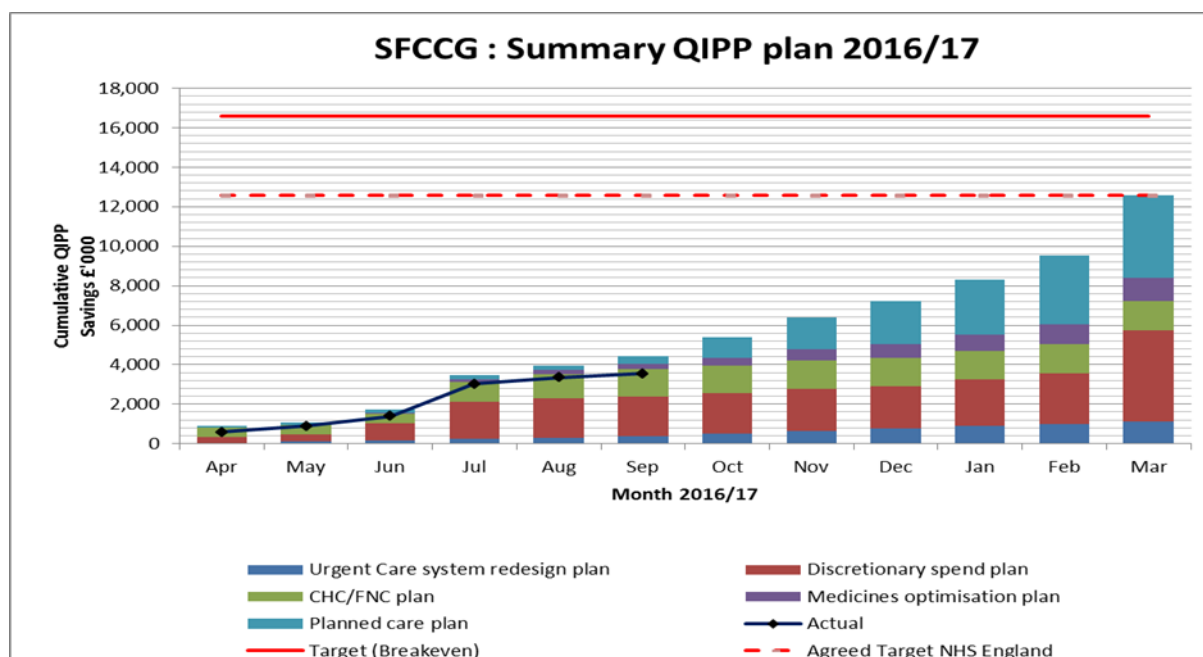


Figure 5 – QIPP performance at month 6

Scheme	Current month (M6)						
	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance
Planned care plan	166	0	(166)	●	403	50	(353) ●
Medicines optimisation plan	58	0	(58)	●	269	97	(172) ●
CHC/FNC Plan	200	200	0	●	1,400	1,400	0 ●
Discretionary spend plan	0	0	0	●	2,000	2,000	0 ●
Urgent Care system redesign	70	0	(70)	●	380	0	(380) ●
<b>Total</b>	<b>493</b>	<b>200</b>	<b>(293)</b>		<b>4,451</b>	<b>3,547</b>	<b>(904)</b>

QIPP delivery is £0.904m below plan at Month 6. There is a significant risk of delivery on the remaining plan with a high proportion of schemes rated red or amber and an increased target over the later months in the financial year. The CCG and scheme leads in particular must work to provide further assurance regarding the delivery of schemes in order to deliver the agreed financial plan.

## 2.5 CCG Running Costs

The running cost allocation for the CCG is £2.618m and the CCG must not exceed this allocation in the financial year.

The current year outturn position for the running cost budget is an underspend of £0.157m which relates to prior year adjustments. There is a small contingency budget within running costs which has been actioned as part of the QIPP plan.

## 2.6 CCG Cash Position

In order to control cash expenditure within the NHS, limits are placed on the level of cash an organisation can utilise in each financial year.

The Maximum Cash Drawdown (MCD) is the maximum amount of cash available to a CCG each financial year and is made up of:

- Total Agreed Allocation
- Opening Cash Balance (i.e. at 1st April 2016)
- Opening creditor balances less closing creditor balances

Cash is held centrally at NHS England and is allocated monthly to CCGs following notification of cash requirements.

As well as managing the financial position, organisations must manage their cash position. The monthly cash requested should cover expenditure commitments as they fall due and the annual cash requested should not exceed the maximum cash drawdown limit.

### Month 6 position

Maximum Cash Drawdown (MCD) limit for Southport & Formby CCG for 2016/17 is £184.736m. Up to Month 6, the actual cash received is £93.105m (50.4% of MCD) against a target of £92.368m (50.0% of MCD).

At Month 6, the forecast financial position is a planned £7.000m deficit. The delivery of the planned deficit is reliant on QIPP programmes being achieved. If expenditure levels continue, the CCG may not have sufficient cash to meet expenditure requirements for the financial year.

If expenditure levels continue and the CCG does not achieve the planned QIPP targets to deliver the planned deficit of £7.000m, the CCG will need to develop plans to manage the additional cash requirement. Alternatively this will require an additional cash allocation requested from NHS England which cannot be guaranteed.

A full year cash flow forecast, based on information available at month 6. This estimates a cash shortfall of £4.628m, the CCG is working with NHS England to assess the impact of this and take appropriate action.

## 2.7 Evaluation of risks and opportunities

The primary financial risks for the CCG continue to be non-delivery of the QIPP target in the year and increased performance within acute care.

### QIPP

There are still a significant number of QIPP programmes that are currently rated as 'Red' or 'Amber' and work is underway to provide the required levels of assurance to change these schemes to 'Green'. Failure to do this will mean the CCG will not achieve the forecast deficit. Overall management of the QIPP programme is being monitored by the QIPP committee.

## **Acute Contracts**

The CCG has experienced significant growth in acute care year on year and if this continues the CCG will not achieve against the financial plan. The year-to-date performance is particularly high and further actions are required to mitigate further over performance and maintain the financial recovery trajectory for the financial year.

All members of the CCG have a role to play in managing this risk including GPs and other Health professionals to ensure individuals are treated in the most clinically appropriate and cost effective way, and the acute providers are charging correctly for the clinical activity that is undertaken.

Actions to mitigate the risk of further over performance are currently being implemented and include:

- Implementation of contract challenges for data validation and application of penalties for performance breaches.
- Scrutiny and challenge of all activity over performance and other areas of contested activity.
- Implementation of a robust referral management process, which will ensure adherence to the CCGs existing policies for procedures of limited clinical value.

Other risks that require ongoing monitoring and managing include:

- Prescribing - This is a volatile area of spend but represents one of the biggest opportunities for the CCG, and as such this makes up one of the biggest QIPP programmes for 2016/17. The monthly expenditure and forecast will need to be monitored closely as QIPP schemes continue to be delivered.
- CHC/FNC – There are increasing financial pressures within the care home economy, primarily arising from recent mandated wage increases in line with the National Minimum wage. The CCG has notified providers of the 1.1% inflationary uplift but a number of providers have since communicated to the CCG that this is not adequate and they require additional uplifts in excess of this. An options paper will be presented to governing body members at the end of October to consider options to address this risk.

## **2.8 Reserves budgets / Risk adjusted surplus**

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

The assessment of the financial position is set out in figure 6. This demonstrates that the CCG needs to deliver a total management action plan of £10.573m in 2016/17 in order to achieve the revised forecast deficit of £7.000m.

**Figure 6 – Summary of Financial Position**

	Recurrent £000	Non-Recurrent £000	Total £000
Planned Deficit	0.000	(4.000)	(4.000)
QIPP Target	(10.817)	0.797	(10.020)
Revised surplus / (deficit)	(10.817)	(3.203)	(14.020)
Forecast Outturn (against operational budgets)	(0.589)	(0.748)	(1.337)
FNC Cost Pressure	(1.216)	0.000	(1.216)
Committed Reserve Budgets	(1.163)	0.163	(1.000)
<b>Management action plan</b>			
Actioned QIPP to date	1.693	1.854	3.547
Deliver on remaining QIPP plan	6.473	2.553	9.026
<b>Total Management Action plan required</b>	8.166	4.407	12.573
Revision to planned deficit	0.000	(2.000)	(2.000)
<b>Forecast Surplus / (deficit)</b>	<b>(5.619)</b>	0.619	<b>(7.000)</b>

Figure 7 outlines the Best, Most likely and Worst Case scenarios. The best case scenario assumes achievement of the remaining risk adjusted QIPP plan, plus additional QIPP delivery of £1.966m. The most likely case assumes further risks. The worst case assumes the additional QIPP of £1.966m is not achieved.

**Figure 7 – Risk Rated Financial Position**

Southport and Formby	Best Case £m	Most Likely £m	Worst Case £m
<b>Management Action Plan required (to deliver planned deficit)</b>	<b>(12.573)</b>	<b>(12.573)</b>	<b>(12.573)</b>
QIPP achieved to date	3.547	3.547	3.547
<b>Remaining QIPP requirement</b>	<b>(9.026)</b>	<b>(9.026)</b>	<b>(9.026)</b>
Predicted QIPP achievement (M7-12)	4.060	4.060	4.060
Planned Deficit	(4.000)	(4.000)	(4.000)
<b>Forecast Surplus / (Deficit)</b>	<b>(8.966)</b>	<b>(8.966)</b>	<b>(8.966)</b>
Further Risk	-	(1.800)	(1.800)
Mitigation	-	1.000	1.000
<b>Management Action Plan</b>			
Further QIPP delivery	1.966	1.966	-
<b>Risk adjusted Surplus / (Deficit)</b>	<b>(7.000)</b>	<b>(7.800)</b>	<b>(9.766)</b>



## 2.9 Recommendations

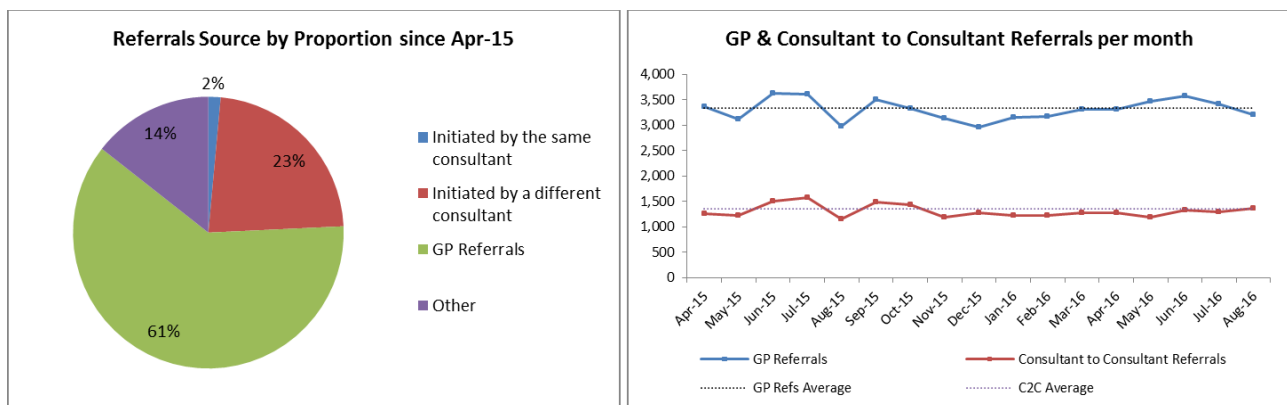
The Finance and Resource Committee is asked to receive the finance update, noting that:

- The CCG is currently forecasting a deficit of £7.000m against a planned deficit of £4.000m as its best case scenario. The likely case scenario indicates that the CCGs projected deficit will be £7.800m unless it can deliver further QIPP efficiencies.
- Despite remaining on target to deliver 86% of the original plan, additional pressures have emerged during the year which requires further QIPP savings for mitigation.
- The CCG is working closely with the transformation advisor to continue to develop the QIPP programme areas in order to achieve the required level of savings in the year.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from member practices to enable the CCG to reduce levels of low value healthcare and improve Value for Money.

## 3. Planned Care

### 3.1 Referrals by source

Figure 7 – Referrals by Source across all providers for 2015/16 & 2016/17



**Figure 8 GP and 'other' referrals for the CCG across all providers for 2015/16 & 2016/17**

Referral Type	DD Code	Description	1516 YTD	1617 YTD	Variance	% Variance
GP	03	GP Ref	16,672	16,970	298	2%
<b>GP Total</b>			<b>16,672</b>	<b>16,970</b>	<b>298</b>	<b>2%</b>
Other	01	following an emergency admission	43	33	-10	-23%
	02	following a Domiciliary Consultation	26	4	-22	-85%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	1,385	1,375	-10	-1%
	05	A CONSULTANT, other than in an Accident and Emergency Department	4,925	4,638	-287	-6%
	06	self-referral	760	697	-63	-8%
	07	A Prosthetist	2	2	0	0%
	08	Royal Liverpool Code (TBC)	164	203		0%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	90	122	32	36%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	237	264	27	11%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	2	6	4	200%
	13	A Specialist NURSE (Secondary Care)	28	20	-8	-29%
	14	An Allied Health Professional	762	836	74	10%
	15	An OPTOMETRIST	337	461	124	37%
	16	An Orthoptist	43	23	-20	-47%
	17	A National Screening Programme	280	364	84	30%
	92	A GENERAL DENTAL PRACTITIONER	141	210	69	49%
	93	A Community Dental Service	5	0	-5	-100%
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	943	1,329	386	41%	
<b>Other Total</b>			<b>10,173</b>	<b>10,587</b>	<b>414</b>	<b>4%</b>
Unknown			7	5	-2	-29%
<b>Grand Total</b>			<b>26,852</b>	<b>27,562</b>	<b>710</b>	<b>3%</b>

A referral management scheme started on 1<sup>st</sup> October in Southport & Formby CCG. A consultant to consultant referral policy for Southport & Ormskirk Hospital has been approved.

Data quality note: Walton Neuro Centre has been excluded from the above analysis as Referrals submissions commenced at the start of 2016/17. For info, Walton is recording approx. 80 referrals per month in 2016/17.

### 3.2 Diagnostic Test Waiting Times

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	16/17 - August	1.00%	1.82%	↔
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	16/17 - August	<1%	0.50%	↔

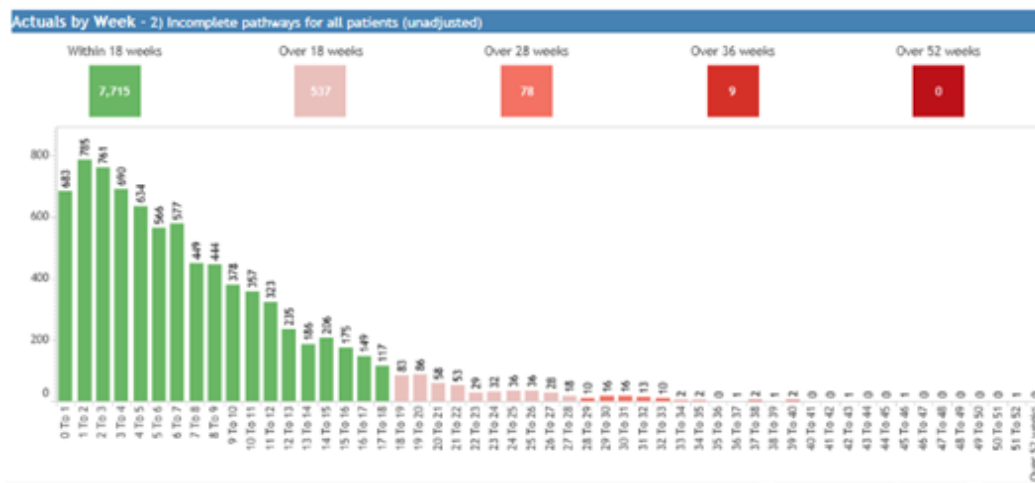
The CCG has failed to remain below the 1% threshold in August reporting 1.82% of patients waiting 6 weeks or more. This equates to 37 patients breaching out of a total of 2,027 on the pathway. The majority breaches were Audiology at Bridgewater (26 breaches) the Trust have stated they will be reporting zero breaches in September as per their recovery plan. The service has had significant challenge relating to staffing due to the national shortage of Children’s audiologists.

### 3.3 Referral to Treatment Performance

Referral To Treatment waiting times for non-urgent consultant-led treatment				
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	16/17 - August	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	16/17 - August	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	16/17 - August	92%	93.49%	↓
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Southport & Ormskirk)	16/17 - July	92%	93.81%	↓

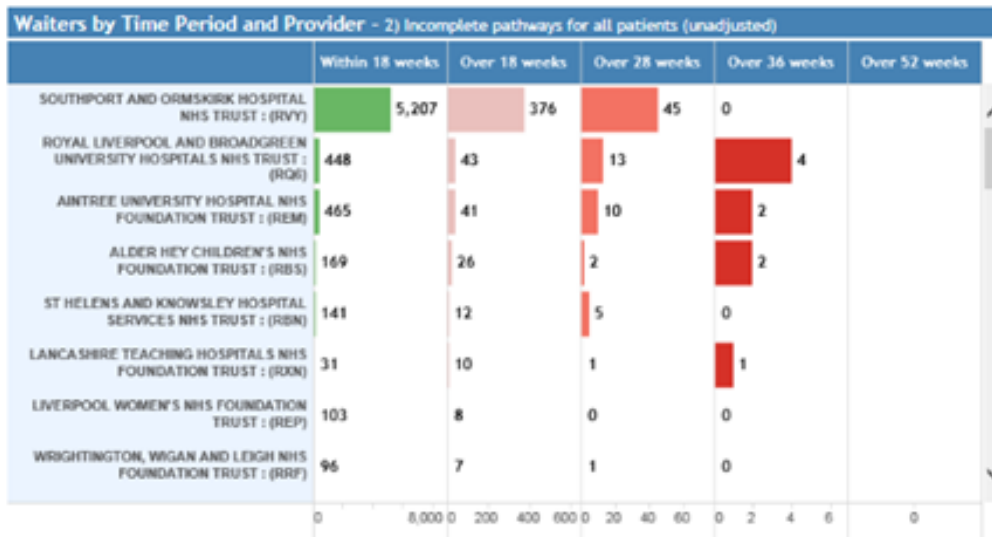
#### 3.3.1 Incomplete Pathway Waiting Times

Figure 9 Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



### 3.3.2 Long Waiters analysis: Top 5 Providers

Figure 10 Patients waiting (in bands) on incomplete pathway for the top 5 Providers



### 3.3.3 Provider assurance for long waiters

CCG	Trust	Speciality	No of weeks waited	No of patients	Registered practice code	Has patient been seen / has a TCI date?	Reason for the delay
Southport & Formby CCG	Royal	Ophthalmology	42	1	N84018	Clock stopped 12-9-16	Capacity
Southport & Formby CCG	Royal	other	45	1	N84005	Validated, patients clock stopped in July 2016	No treatment required at present
Southport & Formby CCG	Alder Hey	other	51	1		Patient DNA'd appt on 23/09/16 – decision with Clinical Team	

## 3.1 Cancelled Operations

**3.1.1 All patients who have cancelled operations on or day after the day of admission for non-clinical reasons to be offered another binding date within 28 days**

Cancelled Operations				
All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice - <b>Southport &amp; Ormskirk</b>	16/17 - August	0	0	↑ ↓

### 3.1.2 No urgent operation to be cancelled for a 2nd time

Cancelled Operations				
No urgent operation should be cancelled for a second time - <b>Southport &amp; Ormskirk</b>	16/17 - August	0	0	↑ ↔

## 3.2 Cancer Indicators Performance

### 3.2.1 - Two Week Waiting Time Performance

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) <b>(CCG)</b>	16/17 - August	93%	94.55%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	16/17 - August	93%	95.13%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) <b>(CCG)</b>	16/17 - August	93%	91.00%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	16/17 - August	93%	N/A	↔

The CCG has achieved the target of 93% for 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms in August, with a performance of 98.21% but are failing YTD with a performance of 91% due to previous months breaches. Year to date out of 211 patients there have been 19 breaches.

### 3.2.2 - 31 Day Cancer Waiting Time Performance

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(CCG)</b>	16/17 - August	96%	98.00%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	16/17 - August	96%	98.62%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(CCG)</b>	16/17 - August	94%	98.57%	↓
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	16/17 - August	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(CCG)</b>	16/17 - August	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	16/17 - August	94%	95.45%	↑
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(CCG)</b>	16/17 - August	98%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	16/17 - August	98%	100.00%	↔

### 3.2.3 - 62 Day Cancer Waiting Time Performance

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) <b>(CCG)</b>	16/17 - August	85%	86.30%	↑
Maximum 62-day wait for first definitive treatment following a consultant’s decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) <b>(Southport &amp; Ormskirk)</b>	16/17 - August	85% (local target)	87.50%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(CCG)</b>	16/17 - August	90%	90.91%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	16/17 - August	90%	94.44%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(CCG)</b>	16/17 - August	85%	82.99%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	16/17 - August	85%	84.63%	↔

The CCG failed the 85% target for the 2 month (62 day) wait from urgent GP Referral to first definitive treatment for cancer in August with a performance of 84.62% and are failing year to date hitting 82.99%. In August 39 patients were seen 6 breaching the 62 day standard.

For the same measure Southport & Ormskirk achieved the target of 85% in August with 85.11%, the previous months are still impacting on the YTD position of 84.63%. In August, 7 breaches occurred out of a total of 47 patients.

#### Admitted Care

1. Haematological patient delay due to patient initiated delay to initial offer of diagnostics (75 days – first seen trust Southport & Ormskirk, first treatment trust Southport & Ormskirk)

2. Lower gastro patient delay due to patient having 2 primary cancers to be treated at the same time (89 days – first seen trust Southport & Ormskirk, first treatment trust St Helens & Knowsley)
3. Lower gastro patient delay due to inadequate consultant capacity, avoidable breach (82 days – first seen trust Southport & Ormskirk, first treatment trust Southport & Ormskirk).
4. Lung patient delay, discussed with cancer manager delay in diagnostic at first trust (94 days – first seen trust Southport & Ormskirk, first treatment trust Liverpool Heart & Chest).

#### Non-Admitted Care









5. Lower Gastro patient delay due to referral between trusts day 44, reallocated to other trust (68 days – first seen trust Southport & Ormskirk, first treatment trust Clatterbridge)
6. Lung patient delay due to referral between tumour groups, many diagnostic tests needed (77 days – first seen trust Southport & Ormskirk, first treatment trust Southport & Ormskirk)
7. Upper Gastro patient delay due to referral between trusts, day 50 (90 days – first seen trust Southport & Ormskirk, first treatment trust Clatterbridge)
8. Urological patient delay due to patient initiated delay at start of pathway 111 days – first seen trust Southport & Ormskirk, first treatment trust Southport & Ormskirk)
9. Urological patient delay due to multiple investigations and reviews needed, unavoidable breach (105 days – first seen trust Southport & Ormskirk, first treatment trust Southport & Ormskirk)

### 3.3 Patient Experience of Planned Care

#### Friends and Family Response Rates and Scores

Southport & Ormskirk Hospitals NHS Trust

Latest Month: Aug-16

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Inpatient	25%	17.8%		95%	93%		2%	1%	
Q1 - Antenatal Care	N/A	-		95%	*		2%	*	
Q2 - Birth	N/A	8.2%		96%	75%		1%	6%	
Q3 - Postnatal Ward	N/A	-		93%	94%		2%	0%	
Q4 - Postnatal Community	N/A	-		97%	*		1%	*	

Where '-' appears, the number of patients eligible to respond (denominator) was not reported.

If an organisation or one of its sub-units has less than five responses the data will be suppressed with an asterisk (\*) to protect against the possible risk of disclosure.

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

- % Response rate
- % Recommended
- % Not Recommended

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the above. The trust has seen an decrease in response rates for inpatients compared to the previous month. The percentage of patients that would recommend the inpatient service in the trust has decreased compared to the previous month and is still below the England average. The percentage of people who would not recommend the inpatient service has decreased since previous month and is below the England average.



FFT % recommended for Birth has continued to decline, however the not recommended is green at 0% below the England Average for Postnatal Ward. The Engagement and Patient Experience Group (EPEG) have sight of the trusts friends and family data on a quarterly basis and seek assurance from the trust that areas of poor patient experience are being addressed. The trust is presenting their patient experience strategy to CQPG in September 2016.

The CCG Experience and Patient Engagement Group are currently creating a dashboard to incorporate information available from FFTs, complaints and compliments.

### 3.4 Planned Care Activity & Finance, All Providers

Performance at Month 5 of financial year 2016/17, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £878k/5%. This is predominantly caused by Southport & Ormskirk and Renacres Hospitals who are showing an over performance of £275k/3% and £252k/15% respectively. Combined over performance at the two Trusts equals £527k. Over performance can also be seen at Wrightington Wigan and Leigh who are reporting a cost variance of £152k/47%.

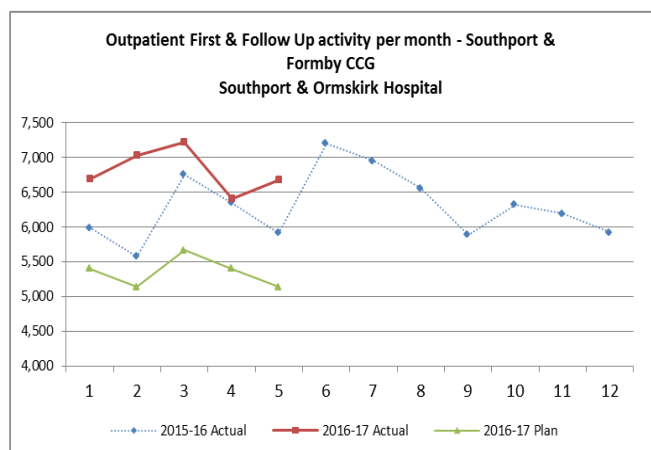
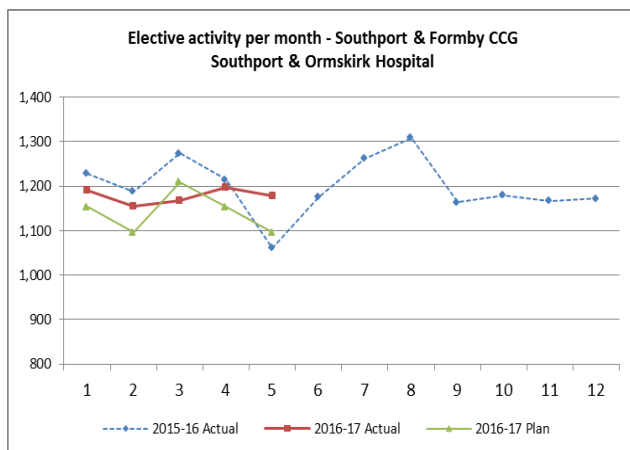
Figure 11 Planned Care - All Providers

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
ALL Providers								
Aintree University Hospitals NHS F/T	7,358	7,943	585	8%	£1,666	£1,747	£81	5%
Alder Hey Childrens NHS F/T	490	3,056	2,566	524%	£238	£306	£67	28%
Central Manchester University Hospitals Nhs Foundation Trust	98	165	67	68%	£18	£67	£48	263%
Fairfield Hospital	32	59	27	86%	£5	£14	£9	191%
ISIGHT (SOUTHPORT)	1,186	1,421	235	20%	£286	£285	£-1	0%
Liverpool Heart and Chest NHS F/T	874	971	97	11%	£403	£405	£1	0%
Liverpool Womens Hospital NHS F/T	1,015	1,088	73	7%	£292	£295	£3	1%
Renacres Hospital	5,457	6,833	1,376	25%	£1,720	£1,972	£252	15%
Royal Liverpool & Broadgreen Hospitals	6,606	6,613	7	0%	£1,434	£1,381	£-53	-4%
Southport & Ormskirk Hospital	47,249	54,510	7,261	15%	£9,750	£10,025	£275	3%
SPIRE LIVERPOOL HOSPITAL	267	142	-125	-47%	£93	£37	£-56	-61%
ST Helens & Knowsley Hospitals	1,918	2,075	157	8%	£458	£533	£75	16%
University Hospital Of South Manchester Nhs Foundation Trust	84	95	11	14%	£15	£19	£4	25%
Walton Neuro	891	1,033	142	16%	£198	£223	£25	12%
Wirral University Hospital NHS F/T	129	113	-16	-12%	£42	£38	£-5	-11%
Wrightington, Wigan And Leigh Nhs Foundation Trust	901	1,295	394	44%	£323	£476	£152	47%
<b>Grand Total</b>	<b>74,554</b>	<b>87,412</b>	<b>12,858</b>	<b>17%</b>	<b>£16,943</b>	<b>£17,821</b>	<b>£878</b>	<b>5%</b>

### 3.4.1 Planned Care Southport and Ormskirk NHS Trust

Figure 12 Planned Care – Southport and Ormskirk NHS Trust by POD

S&O Hospital Planned Care	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	5,031	5,217	186	4%	£2,813	£2,760	-\$54	-2%
Elective	676	669	-7	-1%	£1,767	£1,711	-\$56	-3%
Elective Excess BedDays	113	171	58	51%	£25	£37	£12	48%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	603	422	-181	-30%	£90	£69	-\$21	-24%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	0	131	131	0%	£0	£3	£3	0%
OPFASPCL - Outpatient first attendance single professional consultant led	6,431	7,838	1,407	22%	£1,002	£1,172	£170	17%
OPFUPMPCPL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,485	1,084	-401	-27%	£153	£121	-\$32	-21%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	0	544	544	0%	£0	£13	£13	0%
OPFUPSPCL - Outpatient follow up single professional consultant led	18,220	21,959	3,739	21%	£1,725	£1,999	£273	16%
OPFUPSPNCL - Outpatient follow up single professional non consultant led	0	2,063	2,063	0%	£0	£33	£33	0%
Outpatient Procedure	10,000	9,933	-67	-1%	£1,780	£1,690	-\$91	-5%
Unbundled Diagnostics	4,690	4,479	-211	-4%	£393	£418	£24	6%
<b>Grand Total</b>	<b>47,249</b>	<b>54,510</b>	<b>7,261</b>	<b>15%</b>	<b>£9,750</b>	<b>£10,025</b>	<b>£275</b>	<b>3%</b>



### 3.4.2 Southport & Ormskirk Hospital Key Issues

Planned Care at Southport & Ormskirk Hospital is reporting a year to date over performance of £275k, this is due to the inclusion of non-PbR activity and reference costs to give an indication of current performance of contracts which are currently block.

Actual PbR performance for planned care is reporting a £242k under performance with the main areas below plan being Day Case, Elective and Outpatient Procedures. On-going issues regarding Trust recruitment of Anaesthetists and Theatre staff have been reported as contributing factor.

### 3.4.3 Renacres Hospital

Figure 13 Planned Care - Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	711	725	14	2%	£727	£780	£53	7%
Elective	101	135	34	34%	£451	£573	£122	27%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	1,595	1,538	-57	-4%	£235	£226	-£8	-3%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	1,573	3,166	1,593	101%	£135	£200	£65	48%
Outpatient Procedure	972	633	-339	-35%	£126	£124	-£1	-1%
Unbundled Diagnostics	504	636	132	26%	£47	£68	£21	46%
<b>Grand Total</b>	<b>5,457</b>	<b>6,833</b>	<b>1,376</b>	<b>25%</b>	<b>£1,720</b>	<b>£1,972</b>	<b>£252</b>	<b>15%</b>

Renacres over performance of £252k/15% is largely driven by a £175k over performance in Elective Care, which has been a constant theme in 2016/17. Daycase and Electives are over performing by £53k and £122k respectively.

Within Elective care, the majority of the over performance is in Trauma & Orthopaedics. In terms of HRG performance in T&O, Major Hip and Major Knee Procedures are causing the over performance. There have been 14 Major Hip Procedures carried out, year to date, in 2016/17. When we consider that the year to date plan is 2 patients, we are seeing a £73k over performance in this one HRG.

Over performance has been formally raised with Renacres at the October contract review meeting. The provider was asked why there had been a notable increase in procedures on patients with complications/co-morbidities despite not having a High Dependency Unit and having exclusions in their contract as such. The Provider confirmed there had been no change to coding practice internally, that they were admitting patients in accordance with criteria, and they suggested that the national HRG grouper was categorising patients with complications in accordance with information (diagnoses and procedures) input into their Secondary Uses Service (SUS) submissions. The CCG BI team agreed to further analyse the episodes major with complications from SUS and produce a detailed report showing comparison between current activity and activity last year to understand why the HRG outputs are identifying more complicated activity.

## 4. Unplanned Care

### 4.1 Accident & Emergency Performance

A&E waits					
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(CCG) All Types</b>	16/17 - August	95.00%	90.02%	↑	Southport & Formby CCG failed the 95% target in August reaching 93.4% (year to date 90.02%). In August, 239 attendances out of 3605 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(CCG) Type 1</b>	16/17 - August	95.00%	82.72%	↑	Southport & Formby CCG failed the 95% target in August reaching 89.2% (year to date 82.72%). In August 203 attendances out of 1882 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(Southport &amp; Ormskirk) All Types</b>	16/17 - August	STF Trajectory Target for August 90%	90.17%	↔	Southport & Ormskirk have achieved the STF trajectory target in August reaching 93.8% (year to date 90.17%). In August 663 attendances out of 10760 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(Southport &amp; Ormskirk) Type 1</b>	16/17 - August	95.00%	82.48%	↑	Southport & Ormskirk have failed the target in August reaching 89.2% (year to date 82.48%). In August, 643 attendances out of 5957 were not admitted, transferred or discharged within 4 hours.

The CCG has updated the targets that are within STF accordingly. A clinical services plan is being put in place, redesigning all pathways taking account of previous advice from NHSE's Emergency Care Intensive Support Team.

Southport & Ormskirk's performance for August exceeded the trajectory agreed with NHSI. Associated indicators for ambulance handovers and medical outliers also saw a significant improvement. The new rotas implemented for medical staff across A&E and Medicine with effect from August had a positive impact on patient flow. The Trust is participating in the Action on A&E improvement collaborative launched across the north by NHSI/ NHSE. The Emergency Care Improvement Programme ECIP is working across the Merseyside area with providers to improve performance.

## 4.2 Ambulance Service Performance

Category A ambulance calls					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	16/17 - August	75%	92.92%	↑	The CCG is under the 75% target year to date achieving 72.92%. In August out of 40 incidents there were 13 breaches (67.50%).
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	16/17 - August	75%	62.75%	↔	The CCG was under the 75% target year to date reaching 62.75%. In August out of 559 incidents there were 213 breaches (61.87%).
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	16/17 - August	95%	85.03%	↔	The CCG was under the 95% target year to date reaching 85.03%. In August out of 599 incidents there were 86 breaches (85.69%).
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWS) (Cumulative)	16/17 - August	75%	73.37%	↔	NWS reported just under the 75% target year to date reaching 73.37%. In August reaching 72.60%.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWS) (Cumulative)	16/17 - August	75%	65.53%	↔	NWS failed to achieve the 75% target year to date reaching 65.53%. In August reaching 65.25%.
Ambulance clinical quality - Category 19 transportation time (NWS) (Cumulative)	16/17 - August	95%	91.16%	↔	NWS failed to achieve the 95% target year to date reaching 91.16%. In August reaching 91.09%.

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - <b>Southport &amp; Ormskirk</b>	16/17 - August	0	115	↓	The Trust recorded 115 handovers between 30 and 60 minutes, this is a decline on last month when 137 was reported.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - <b>Southport &amp; Ormskirk</b>	16/17 - August	0	65	↓	The Trust recorded 65 handovers over 60 minutes, this is also a decline on last month when 172 was reported.

Southport & Formby CCG failed to achieve all 3 indicators year to date, (see above of number of incidents/breaches).

At both a regional and county level, NWS failed to achieve any of the response time targets. Activity levels continue to be significantly higher than was planned for and this (together with the ongoing issues regarding turnaround times) continues to be reflected in the performance against the response time targets.

The Trust has signed up to the ambulance concordat across Cheshire and Mersey to deliver sustained improvement in handover performance across organisations.

Ambulance handovers within 15 minutes saw overall performance of 52.5%. However the average performance for ambulance handovers across the whole of the month was 20 minutes, which is a significant improvement on previous months. A&E continue to have 2 nurses to support triage and 2 nurses to support the corridor, which does have a positive effect on A&E. NHSI attended the site on 19 September with NWS and CCG colleagues to support a 90 day improvement programme to continue to improve ambulance handover performance. The improvement programme will focus

not only on the front door for A&E but also exit blocks from the wards out into the community, as this continues to be the biggest factor on stopping flow from A&E.

### 4.3 Unplanned Care Quality Indicators

#### 4.3.1 Stroke and TIA Performance

Stroke/TIA					
% who had a stroke & spend at least 90% of their time on a stroke unit ( <b>Southport &amp; Ormskirk</b> )	16/17 - August	80%	60.00%	↑	The Trust failed the 80% target in August with only 15 out of 25 patients spending 90% of their time on a stroke unit.
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours ( <b>Southport &amp; Ormskirk</b> )	16/17 - August	60%	50.00%	↑	The Trust failed the 60% target in July with 3 out of 6 (50%) patients who experienced a TIA being assessed and treated within 24 hours.

Southport & Ormskirk Stroke - August saw some improvement against this indicator with 60% of stroke patients discharged during the month of August having spent 90% of their time on the stroke ward. As previously reported, the stroke unit continues to have operational difficulties in meeting the male / female demand due to only have 3 bays on the ward. Discussions are ongoing with Estates for some capital work to segregate a bay into 2 male and 2 female beds.

TIA - There were 2 breaches for TIA for the month of August resulting in performance of 50%. The one patient seen outside the 24 hour period had had symptoms 7 days prior to referral.

#### 4.3.2 Mixed Sex Accommodation

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE ( <b>CCG</b> )	16/17 - August	0.00	0.00	↓
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE ( <b>Southport &amp; Ormskirk</b> )	16/17 - August	0.00	0.00	↓

### 4.3.3 Healthcare associated infections (HCAI)

HCAI					
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	16/17 - August	16	18	↑	There were 2 new cases reported in August 2016 , year to date 18 cases against a year to date plan of 16. Out of the 18 cases all were reported at Southport & Ormskirk (9 apportioned to acute trust and 9 apportioned to community). Year-end plan 38.
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	16/17 - August	15	11 (6 following appeal)	↑	There was 1 new trust apportioned case reported in August 2016 (YTD Actual 11 / YTD Plan 15), Year-end plan is 36.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	16/17 - August	0	1	↑	There has been one new case of MRSA reported in August for the CCG against a zero tolerance threshold. This is the first case in 2016/17.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	16/17 - August	0	1	↑	There has been one new cases of MRSA reported at the Trust in August against a zero tolerance threshold.

All C diff cases were reported by Southport & Ormskirk Hospital Trust. Please note: The CCG report on all cases of C.diff (Trust and Community) acquired, the Trust (S&O) only report on hospital apportioned cases. A local appeals panel met 12th August to review hospital acquired cases - of the four cases submitted, all four were upheld. The CCG is also liaising across with the link Infection Prevention Control Matron to review the community attributed C.diff cases for Southport & Ormskirk ICO.

A case of MRSA was reported in August. A PIR with Southport & Ormskirk was held on 8th September, the conclusion of the meeting was to test the current PHS assignment process by assigning this as a third party incident due to the unique nature of the case.

### 4.3.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	16/17 - August	100	99.18	↑
Summary Hospital Level Mortality Indicator (SHMI)	16/17 - Q1	100	107.30	

HSMR is reported for May 2016 as a rolling 12 month figure.

The latest SHMI published (in June 2016) is for the period January - December 2015 and whilst it is above expected, it is not statistically significantly so and in the "as expected" range.

## 4.4 CCG Serious Incident Management

Interim arrangements remain in place for the CCG Serious Incident Manager, who is currently on secondment to NHS England Cheshire and Merseyside. The fixed term post is in process of being recruited to.

In month 6 there were 5 serious incidents raised on StEIS for Southport and Formby CCG patients. 3 from Southport and Ormskirk Hospitals NHS Trust (S&O) and 2 from Merseycare NHS Foundation Trust. The 2 cases from S&O were pressure ulcers and the 3<sup>rd</sup> a post-partum haemorrhage (Table 3).

New guidance has been received from Cheshire and Merseyside Maternity Serious Incident Task and Finish Group, which means that there will be increased reporting against post-partum haemorrhage, unplanned maternity transfers to ITU, hysterectomy excluding prev diagnosis of cancer or placenta accreta and admission to neonatal ITU for cooling for babies delivered at or over 26 weeks gestation.

There are 149 serious incidents on StEIS where Southport and Formby CCG are either responsible or lead commissioner. 69 of these incidents apply to Southport & Formby CCG patients (Table 1). 125 are attributed to S&O with 45 of these being a Southport & Formby CCG patients (Table 2). There are 101 serious incidents open on StEIS over 100 days, 46 affecting Southport and Formby CCG patients. 91 are under the ownership of S&O. 90 of all serious incidents for the Trust are pressure ulcers.

An agreed composite pressure ulcer action plan from S&O remains outstanding. The contract query remains open against this element, with a formal letter being submitted to the Trust on 14th October. It has been requested that the Trust provide an updated thematic analysis to provide reassurance as an interim arrangement.

There were no Never Events reported in month. One Never Event remains open on StEIS for the Trust which was reported in August 2016, which was an operation/treatment given without valid consent. There were no serious incidents closed in month, which will have affected by no CCG internal Serious Incident Meeting being held in month.

**Table 1 – All Serious Incidents Open for Southport and Formby CCG Patients**

Year	Provider	No of Open Incidents	
2014	Southport & Ormskirk NHS Trust	2	2
2015	Merseycare NHS Trust	1	29
	Royal Liverpool Broadgreen	1	
	Southport & Ormskirk NHS Trust	27	
2016	Central Manchester University Hos	1	38
	Cheshire & Wirral Partnership	1	
	Merseycare NHS Trust	17	
	Oxfordshire University Hospitals	1	
	Ramsay Health Care UK	1	
	Southport & Ormskirk NHS Trust	16	
The Walton Centre	1		



**Table 2 – All Serious Incidents Open for Southport & Ormskirk NHS Trust**

Year	Provider	No of Open Incidents	
2014	GP Practice within Southport and Formby	2	5
	GP Practice within West Lancashire	3	
2015	GP Practice within Liverpool	1	65
	GP Practice within South Sefton	4	
	GP Practice within Southport and Formby	27	
	GP Practice within West Lancashire	33	
2016	GP Practice within South Sefton	4	55
	GP Practice within Southport and Formby	16	
	GP Practice within St Helens	1	
	GP Practice within West Lancashire	31	
	GP Practice within Wigan	1	
	Out of Area	1	
	GP Practice within Tameside & Glossop	1	

**Table 3 – Serious Incidents for Southport & Formby CCG patients Month 6**

StEIS No	Category	Organisation	Incident Reported within 48hrs of Incident Date	Reported within 48hrs from Incident Identified
201623275	Pending review (a category must be selected before incident is closed)	Mersey Care Trust	No 7 days after - Incident 23-8-16, reported 1-9-16	Yes - Reported 1-9-16, identified 31-8-16
201623529	Pressure ulcer meeting SI criteria	Southport and Ormskirk Hospital NHS Trust	No 21 days after - Incident 5-8-16, reported 5-9-16	No 21 days after - Reported 5-9-16, identified 5-8-16
201623549	Maternity/Obstetric incident meeting SI criteria: mother only	Southport and Ormskirk Hospital NHS Trust	No 3 days after - Incident 1-9-16, reported 6-9-16	No 3 days after - Reported 6-9-16, identified 1-9-16
201623643	Pressure ulcer meeting SI criteria	Southport and Ormskirk Hospital NHS Trust	No 10 days after - Incident 24-8-16, reported 7-9-16	No 8 days after - Reported 7-9-16, identified 26-8-16
201624227	Unauthorised absence meeting SI criteria	Mersey Care Trust	Yes - Incident 9-9-16, reported 13-9-16	Yes - Reported 13-9-16, identified 13-9-16

## 4.5 Delayed Transfers of Care

Delayed transfers of care data is sourced from the NHS England website. The data is submitted by NHS providers (acute, community and mental health) monthly to the Unify2 system.

Delayed Transfers of Care (DTC's) reduced to 3 during August 2016 from 7 in July (-57.10%). Patient and/or family choice resulted in 1 delayed transfers (33.3%) and a further 2 were due to delays incurred whilst awaiting further NHS non acute care (66.7%).

Analysis of delays in August 2016 compared to August 2015 illustrates a 66.7% increase in the number of patients waiting, August 2015 saw 1 patient waiting for further NHS non-acute care.

## Delayed Transfers of Care April 2015 – August 2016

Reason For Delay	2015-16												2016-17				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
A) COMPLETION ASSESSMENT	1	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0
B) PUBLIC FUNDING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C) WAITING FURTHER NHS NON-ACUTE CARE	0	0	0	0	1	1	1	1	0	1	1	1	1	0	0	0	2
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	1	0	0	1	1	0	0	0	1	0	0	0	1	0	0
DII) AWAITING NURSING HOME PLACEMENT	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0
E) AWAITING CARE PACKAGE IN OWN HOME	0	0	0	0	0	0	0	1	0	0	1	0	0	0	1	0	0
F) COMMUNITY EQUIPMENT/ADAPTIONS	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	3	0
G) PATIENT OR FAMILY CHOICE	1	1	0	0	0	7	2	2	1	1	4	4	3	3	4	4	1
H) DISPUTES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
I) HOUSING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Grand Total</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>9</b>	<b>4</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>7</b>	<b>5</b>	<b>4</b>	<b>5</b>	<b>7</b>	<b>7</b>	<b>3</b>

In terms of actions taken by Southport & Formby CCG to reduce the number of Delayed Transfers of Care within the acute setting the Acute Care Commissioning Lead participates in the system wide teleconference each Monday at 12:30. This review of DTOC's, with participation from the acute Trust, Local Authorities and CCG's, assigns actions to key individuals and aims to remove those blockages which prevent a patient being discharged to their chosen place of care.

Further plans to support the reduction of delayed transfers of care are being discussed within Southport & Formby CCG and include a comprehensive review of at least one DTOC each week with the aim of identifying key points of learning and improve future systems and processes.

## 4.6 Patient Experience of Unplanned Care

### Friends and Family Response Rates and Scores

Southport & Ormskirk Hospitals NHS Trust

Latest Month: Aug-16

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	15%	5.0%		87%	88%		7%	8%	

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

- % Response Rate
- % Recommended
- % Not Recommended

In A&E the percentage of people who would recommend the service has increased to 88% and is now higher than the England average.

Friends and Family is a standing agenda item on the Clinical Quality Performance Group (CQPG) agenda. 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. A trust presentation is planned for October CQPG.

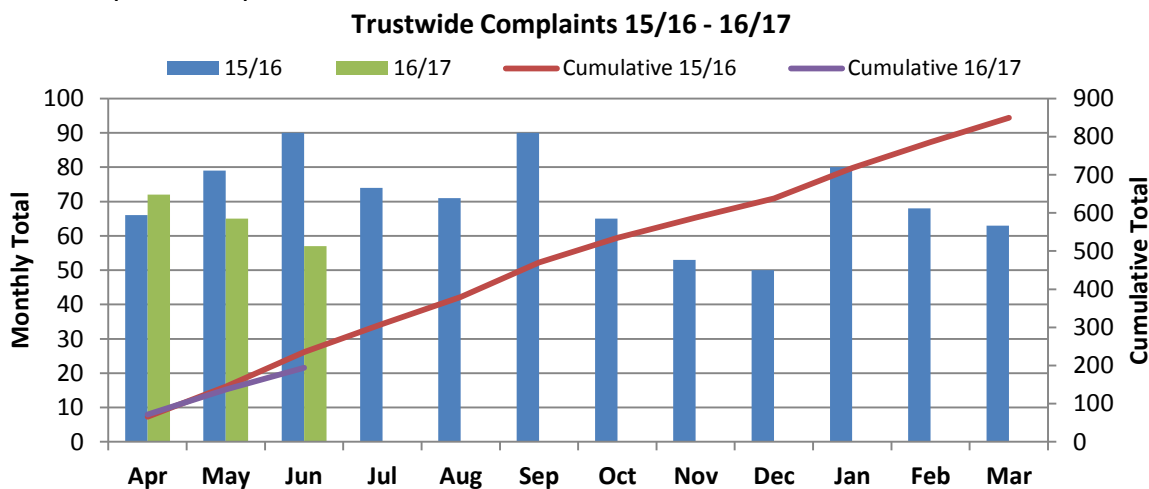
The Engagement and Patient Experience Group (EPEG) have sight of the trusts friends and family data on a quarterly basis and seek assurance from the trust that areas of poor patient experience are being addressed. The trust will be presenting their patient experience strategy to CQPG in November.

EPEG are currently creating a dashboard to incorporate information available from FFTs, complaints and compliments with the aim to monitor patient experience from all acute and community providers.

## **Southport & Ormskirk Quarter 1 Complaints and Concerns Summary**

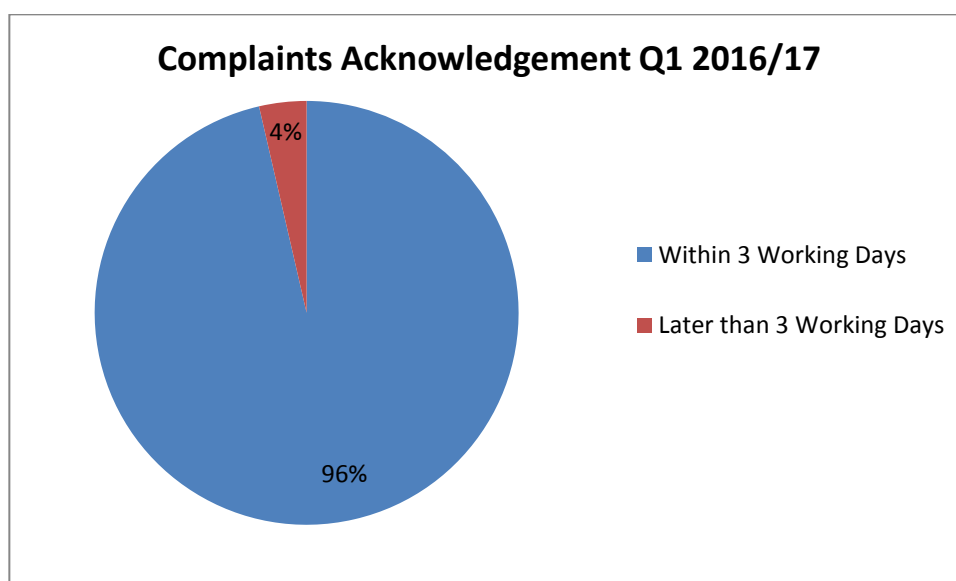
### **Complaints**

The first quarter of 2016/17 has seen improvements in the number of complaints and concerns received into the Trust. 194 complaints were received in Q1 16/17, an 8% decrease on the 211 reported in the previous quarter and 17% less than the same time period last year. Taking into account both complaint and concerns/information requests numbers, the figures in Q1 2016/17 are 30% lower than for the same time period 2015/16 (351 in 15/16, 246 in 16/17), and 21.5% lower than the previous quarter.



### **Complaint Acknowledgement**

The NHS Complaints Regulations 2009 state that all complaints must be acknowledged with 3 working days of receipt. The pie chart below demonstrates how we performed on this indicator in Q1 2016/17.



Of the 4% (7 complaints) not achieved within 3 working days, 4 relate complaints directly put onto Datix by the Business Units and a failure to notify the Patient Experience and Complaints

Team who are responsible for providing the acknowledgment. This issue will be addressed through the Complaints Review Panel. Three complaints from Q1 fell outside the 3 day acknowledgement time due to delays within the Patient Experience and Complaints Team.

### Top 3 Reasons for Complaint – Quarter 1 16/17

All complaints are categorised by the subjects and sub-subjects contained within them. This means that any one complaint can contain multiple subjects. The 194 complaints received in Q1 have in them 261 subjects, the breakdown of which will now be analysed.

The top three reasons for complaint in Quarter 1 were **Clinical Treatment** (26.8%), **Staff Attitude/Behaviour** (13.4%) and **Oral Communication** (13%). Combined, these three subjects account for 53.3% of all complaints received in Q1.

The table below shows the breakdown of the clinical treatment, staff attitude/behaviour and oral communication complaints by Business Unit.

	April	May	June	Grand Total
<b>Urgent Care</b>	<b>21</b>	<b>13</b>	<b>14</b>	<b>48</b>
Clinical treatment	7	10	7	<b>24</b>
Staff attitude/behaviour	8	1	4	<b>13</b>
Communication (oral)	6	2	3	<b>11</b>
<b>Planned Care</b>	<b>13</b>	<b>6</b>	<b>25</b>	<b>44</b>
Clinical treatment	7	2	16	<b>25</b>
Communication (oral)	4	4	2	<b>10</b>
Staff attitude/behaviour	2		7	<b>9</b>
<b>Women &amp; Childrens (Urgent Care)</b>	<b>8</b>	<b>5</b>	<b>7</b>	<b>20</b>
Clinical treatment	5	2	3	<b>10</b>
Staff attitude/behaviour	2	2	2	<b>6</b>
Communication (oral)	1	1	2	<b>4</b>
<b>Community &amp; Continued Care</b>	<b>5</b>	<b>10</b>	<b>4</b>	<b>19</b>
Clinical treatment	1	5	4	<b>10</b>
Staff attitude/behaviour	1	4		<b>5</b>
Communication (oral)	3	1		<b>4</b>
<b>Capital &amp; Facilities</b>		<b>2</b>		<b>2</b>
Staff attitude/behaviour		1		<b>1</b>
Communication (oral)		1		<b>1</b>
<b>Medical Director</b>	<b>1</b>	<b>1</b>		<b>2</b>
Staff attitude/behaviour		1		<b>1</b>
Clinical treatment	1			<b>1</b>
<b>Grand Total</b>	<b>48</b>	<b>37</b>	<b>50</b>	<b>135</b>

## 4.7 Unplanned Care Contract Performance

Performance at Month 5 of financial year 2016/17, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £750k/6%. This over-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £600k overspend.

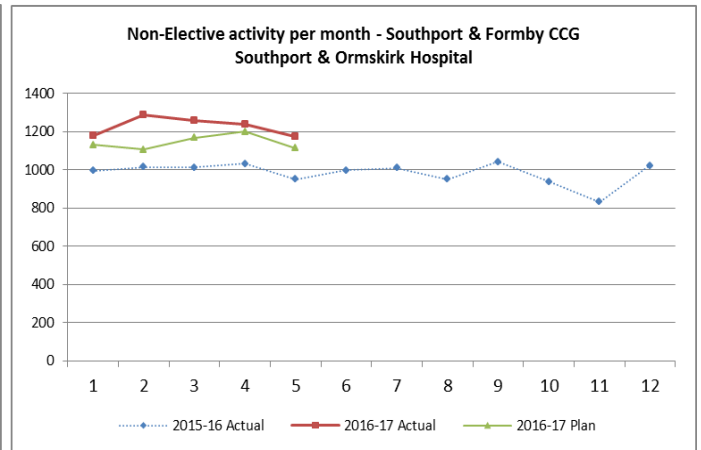
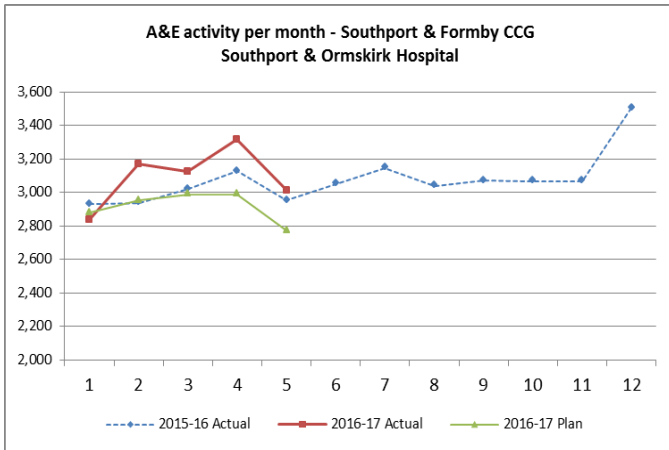
**Figure 14 Month 5 Unplanned Care – All Providers**

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
ALL Providers (PBR & Non PBR. PBR for S&O)								
Aintree University Hospitals NHS F/T	763	709	-54	-7%	£393	£448	£55	14%
Alder Hey Childrens NHS F/T	355	440	85	24%	£176	£189	£13	7%
Central Manchester University Hospitals Nhs Foundation Trust	37	44	7	20%	£12	£14	£1	11%
Countess of Chester Hospital NHS Foundation Trust	0	20	20	0%	£0	£13	£13	0%
Liverpool Heart and Chest NHS F/T	49	66	17	36%	£153	£179	£26	17%
Liverpool Womens Hospital NHS F/T	136	98	-38	-28%	£144	£123	-£21	-14%
Royal Liverpool & Broadgreen Hospitals	583	716	133	23%	£331	£380	£49	15%
Southport & Ormskirk Hospital	23,603	25,614	2,011	9%	£12,046	£12,646	£600	5%
ST Helens & Knowsley Hospitals	174	209	35	20%	£87	£98	£11	13%
Wirral University Hospital NHS F/T	46	33	-13	-29%	£18	£20	£2	10%
Wrightington, Wigan And Leigh Nhs Foundation Trust	26	34	8	32%	£22	£22	£0	-1%
<b>Grand Total</b>	<b>25,771</b>	<b>27,983</b>	<b>2,212</b>	<b>9%</b>	<b>£13,382</b>	<b>£14,132</b>	<b>£750</b>	<b>6%</b>

## 4.8 Southport and Ormskirk Hospital NHS Trust

**Figure 15 Month 5 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD**

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
S&O Hospital Unplanned Care								
A and E	14,582	15,467	885	6%	£1,777	£1,882	£105	6%
A and E Type 3	668	784	116	17%	£39	£46	£7	17%
A and E GPAU	337	439	102	30%	£211	£274	£63	30%
NEL/NELSD - Non Elective/Non Elective IP Same Day	4,567	4,850	283	6%	£8,173	£8,664	£491	6%
NELNE - Non Elective Non-Emergency	463	608	145	31%	£876	£729	-£147	-17%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	74	100	26	35%	£24	£27	£3	11%
NELST - Non Elective Short Stay	681	672	-9	-1%	£478	£449	-£29	-6%
NELXBD - Non Elective Excess Bed Day	2,231	2,694	463	21%	£467	£575	£107	23%
<b>Grand Total</b>	<b>23,603</b>	<b>25,614</b>	<b>2,011</b>	<b>9%</b>	<b>£12,046</b>	<b>£12,646</b>	<b>£600</b>	<b>5%</b>



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

Urgent Care is over performing by £600k (5%) against plan with nearly all the focus on non-elective admissions. Non-Elective PbR activity is currently 1.4% above plan and spend is 8.7% above plan. The average cost of an admission has increase from 2015/16 to 2016/17 which appears to be a factor in the over performance. This is currently being investigated via the Information Sub group and forms part of the monthly finance and activity queries to the Trust.

Non-Elective excess bed days remain over plan which is mainly due to a spike in performance within month 1. A sample of records and reasons for delay have been passed to the CCG clinical lead for review and a regular report is in the process of being produced to highlight long stay patients.

## 5. Mental Health

### 5.1 Mersey Care NHS Trust Contract

Figure 16 NHS Southport & Formby CCG – Shadow PbR Cluster Activity

NHS Southport and Formby CCG					
PBR Cluster	Caseload as at 31/08/2016	2016/17 Plan	Variance from Plan	Variance on 31/08/2015	
0 Variance	41	41	-	2	
1 Common Mental Health Problems (Low Severity)	2	3	(1)	(13)	
2 Common Mental Health Problems (Low Severity with greater need)	7	11	(4)	(11)	
3 Non-Psychotic (Moderate Severity)	109	174	(65)	(77)	
4 Non-Psychotic (Severe)	195	156	39	64	
5 Non-psychotic Disorders (Very Severe)	34	29	5	9	
6 Non-Psychotic Disorder of Over-Valued Ideas	25	22	3	(1)	
7 Enduring Non-Psychotic Disorders (High Disability)	123	112	11	10	
8 Non-Psychotic Chaotic and Challenging Disorders	72	65	7	9	
10 First Episode Psychosis	77	65	12	10	
11 On-going Recurrent Psychosis (Low Symptoms)	267	291	(24)	(9)	
12 On-going or Recurrent Psychosis (High Disability)	175	153	22	24	
13 On-going or Recurrent Psychosis (High Symptom & Disability)	93	100	(7)	(11)	
14 Psychotic Crisis	17	11	6	(2)	
15 Severe Psychotic Depression	3	6	(3)	(2)	
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	12	10	2	2	
17 Psychosis and Affective Disorder – Difficult to Engage	24	26	(2)	-	
18 Cognitive Impairment (Low Need)	229	244	(15)	(9)	
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	741	787	(46)	8	
20 Cognitive Impairment or Dementia Complicated (High Need)	243	202	41	61	
21 Cognitive Impairment or Dementia (High Physical or Engagement)	64	53	11	22	
Cluser 99	166	123	43	35	
<b>Total</b>	<b>2,719</b>	<b>2,684</b>	<b>35</b>	<b>121</b>	

#### 5.1.1 Key Mental Health Performance Indicators

Figure 17 CPA – Percentage of People under CPA followed up within 7 days of discharge

		Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16
E.B.S.3	The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	100%	100%	100%	100%

Figure 18 CPA Follow up 2 days (48 hours) for higher risk groups

		Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16
KPI_19	CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	100%	100%	100%	100%	100%

**Figure 19 Figure 16 EIP 2 week waits**

		Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16
NR_08	Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral	50%	50%	50%	50%	0.00%	50%

The EIP service is in the process of recruiting additional staff as per the business case that was agreed in April 2016 and it is anticipated that as staff come on stream that performance will improve. All additional staff are expected to be in post in early November 2016.

### **5.1.2 Mental Health Contract Quality Overview**

At Month 5 Merseycare are compliant with quality schedule reporting requirements.

Asperger's waiting times for this service seem to be increasing, with 90 patients (internal waits from initial screening). The CCG have requested a position statement around what the Trust is doing to manage these waits.

Specific concerns remain regarding the Clock View and Hesketh Centre sites and timely access to assessments and whilst the Trust undertook a Kaizen 'Rapid Improvement Event' with stakeholders focusing on Clock View commissioners have raised at a matter of urgency for the Trust to address ongoing access issues. Following concerns around referral response times raised by the commissioners from 1<sup>st</sup> October 2016 the Trust has enabled access to on call Consultant Psychiatrist for GPs to discuss urgent referrals and access to Silver on call if referral issues that have not been addressed need escalating.

In addition following the CQPG held on the 14<sup>th</sup> October 2016 the commissioners have requested further information on psychotherapy, eating disorder staffing levels and GP communication.



## 5.2 Improving Access to Psychological Therapies

Figure 20 Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March
National definition of those who have entered into treatment	2015/16	103	96	130	164	104	123	128	165	191	216	186	176
	2016/17	201	195	180	167	162							
2016/17 approx. numbers required to enter treatment to meet monthly Access target of 1.3%	Target	240	240	240	240	240	240	240	240	240	240	240	240
	Variance	-39	-45	-60	-73	-78							
	%	-16.4%	-18.9%	-25.1%	-30.5%	-32.6%							
Access % ACTUAL - Monthly target of 1.3% - Year end 15% required	2015/16	0.5%	0.5%	0.7%	0.9%	0.5%	0.6%	0.7%	0.9%	1.0%	1.1%	1.0%	0.9%
	2016/17	1.1%	1.0%	0.9%	0.9%	0.8%							
Recovery % ACTUAL - 50% target	2015/16	44.3%	61.0%	48.6%	44.4%	58.7%	44.8%	38.2%	38.3%	55.4%	47.3%	51.1%	47.7%
	2016/17	42.9%	52.7%	48.0%	56.3%	53.7%							
ACTUAL % 6 weeks waits - 75% target	2015/16	97.9%	98.8%	96.8%	91.3%	97.6%	95.2%	96.8%	98.3%	97.6%	97.0%	98.0%	97.8%
	2016/17	98.1%	99.0%	96.1%	94.8%	97.6%							
ACTUAL % 18 weeks waits - 95% target	2015/16	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.0%	100.0%
	2016/17	100.0%	100.0%	100.0%	100.0%	98.8%							
National definition of those who have completed treatment (KPI5)	2015/16	95	85	78	99	83	93	79	115	86	101	98	95
	2016/17	112	108	101	98	84							
National definition of those who have entered Below Caseness (KPI6b)	2015/16	7	8	6	9	8	6	3	8	12	8	8	7
	2016/17	7	10	3	2	2							
National definition of those who have moved to recovery (KPI6)	2015/16	39	47	35	40	44	39	29	41	41	44	46	42
	2016/17	45	49	47	54	44							
Referral opt in rate (%)	2015/16	94.8%	90.1%	80.0%	70.6%	77.5%	70.1%	68.0%	67.0%	71.8%	82.0%	82.0%	82.0%
	2016/17	93.7%	86.5%	84.6%	52.1%	82.7%							

The provider (Cheshire & Wirral Partnership) reported 162 Southport & Formby patients entering treatment in month 5, a slight decrease from the previous month. The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is currently set at 15% for 2016/17 year end. Current activity levels provide a forecast outturn of 11.4% against the 15% standard. This would represent an improvement to 2015/16 when Southport & Formby CCG reported a year end access rate of 9.3%.

Referrals saw a slight decrease in month 5 to 208 (from 215 in month 4) with 59.1% being self-referrals. Marketing work is being carried out specifically in this area, targeting specific groups. The self-referral form has been adapted to make this far simpler to complete and is shared at appropriate meetings. GP referrals have also been low with 57 reported in month 5 (against a monthly average of 102 in 2015/16). Initial meetings have been agreed with Hesketh Centre, to attend weekly MDT meetings to agree appropriateness of clients for service.

The percentage of people moved to recovery was 53.7% in month 5, which is above the minimum standard of 50%. A forecast outturn at month 5 gives a year end position of 50.4% which would meet the minimum standard and is greater than the year- end position of 2015/16 (47.9%).

Cancelled appointments by the provider saw an increase of 93% from 29 in month 4 to 56 in month 5. The provider has previously stated that this was attributed to staff sickness. Staffing resources

have been adjusted to provide an increased number of sessions at all steps in Southport & Formby.

The number of DNAs also saw an increase in month 5 from 78 in month 4 to 98 in month 5. The provider has commented that the DNA policy has been reviewed with all clients made aware at the outset. Cancelled slots are being made available for any assessments/entering therapy appointments.

To date in 2016/17, 97.1% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have waited less than 18 weeks (against a standard of 95%). The provider has achieved the monthly RTT targets throughout 2015/16 and in the first five months of 2016/17 for Southport & Formby CCG.

Support from the National Intensive Support Team is currently being arranged with a review to take place on 21/10/2016.

- To benchmark the service against other CCGs with similar demographics
- Guidance on the hidden waits that are in the system and on steps required to eliminate them to support the action plan that has been developed.
- To get a clearer understanding on reasons for referral shortfalls and severity and complexity in the case mix.
- To compare performance reports currently in place or planned with good practice.
- From the commissioners' perspective, a sense check of the contract the next step to ensure delivery.
- From a provider perspective, guidance on staffing levels and recruitment

## **5.2.1 Improving Access to Psychological Therapies Contract Quality Overview**

No additional quality concerns have been raised with Cheshire and Wirral Partnership NHS Foundation Trust.

## **5.3 Dementia**

### **Summary for NHS Southport and Formby dementia registers at 31-08-2016**

People Diagnosed with Dementia (Age 65+)	1,544
Estimated Prevalence (Age 65+)	2,148
Gap - Number of addition people who could benefit from diagnosis (all ages)	646
NHS Southport and Formby - Dementia Diagnosis Rate (Age 65+)	<b>71.9%</b>
National estimated Dementia Diagnosis Rate	67.3%
Target	67.00%

## **6. Community Health**

### **6.1 Southport and Ormskirk Trust Community Services**

#### **EMIS Switch Over**

The Trust continue to progress in moving over services from the old IPM clinical system to EMIS. As this continues potential data quality and reporting issues may arise. The CCG has requested from the Trust a detailed report on the issues affecting each service and actions on how these are to be resolved.

### Activity

Since the shift from IPM to EMIS reporting on Referrals, Contacts and Waiting times have been affected. The CCG and Trust are working together to resolve the issues. The Trust has advised of the following issues and is continuing to work through them service by service;

- The Trust is unable to split out domiciliary and clinic activity from EMIS, activity is currently being reported as a combined figure for the time being.
- There are some duplicates in the referrals data as all open caseloads had to be migrated across.

All services have now gone live on the new system.

### Waiting times

At the latest Information Sub Group meeting the Trust presented a waiting times report which highlighted the extent of the current data quality issues since the system switch over. The Trust will continue to provide the waiting times report monthly and highlight the services where the data quality has been corrected for the CCG to monitor.

The report highlights issues in Phlebotomy and Treatment Rooms with waiting times increasing over recent weeks. The Trust continues to monitor this and update the CCG.

## **6.1.1 Any Qualified Provider**

### **Southport & Ormskirk Hospital**

#### **Podiatry**

There are known issues in Southport & Ormskirk Trust with the recording of Podiatry activity on the new clinic system EMIS. This has been discussed at the information sub group meeting and details on these issues are to be shared with the CCG.

#### **Adult Hearing**

The Adult Hearing Audiology budget is £248,000.

At month 5 2016/17 the YTD costs are £175,580, compared to £196,454 at the same time last year. Comparisons of activity between the two time periods show that activity is slightly higher in 16/17 at 591 compared to 545 in 15/16, but costs have been reduced.

The Trust carries out quality checks in the data before they submit. However, they have informed the CCG that due to the complexity of how they collate the dataset, some duplicates still appear, and continue to try to resolve the issue.

#### **MSK**

The budget for 2016/17 is £76,000. At month 5 16/17 YTD the costs are £37,147, compared to £29,140 at the same time last year. Comparing activity with last year shows that activity is much

lower in 16/17 at 244, compared to 570 in 15/16, yet costs have increased. This is to be raised with the Trust in the next information sub group.

## **6.2 Liverpool Community Health Contract**

A meeting was held with the Trust BI lead and the CCG leads to go through the data by service line. A number of data validation queries were sent to the Trust and we received the following comments;

- Paediatric continence: There was a dramatic drop in contacts in May but an increase in referrals. This issue continued in Jun-16 and Jul-16 with no contacts being reported, yet a high caseload of 208 and 206 remained. The Trust informed the CCG that this was a coding issue. The service was adding consultations to the system but was not using a specific code that the Trust uses for their contract reporting. The Trust has now submitted refreshed figures in Aug-16 and contacts appear to be more accurate at 101 this month with a caseload of 213.

### **6.2.1 Patient DNA's and Provider Cancellations**

A number of services have seen a high number of DNA's and Provider cancellations so far in 2016/17.

For patient DNAs Sefton Physio Service 26% was reported in Aug-16, the highest reported YTD and higher than the past 4 years' average. Adult Dietetics is also high this month at 19.3%, a decline on last month's performance, and Paediatric Dietetics at 25.7% (although this is an improvement on last month). Total DNA rates at Sefton are green for this month at 7.5%.

Provider cancellation rates have seen an improvement this month, with no services reporting red. Total hospital cancellation rate for Sefton is green at 1.9% this month.

Treatment rooms, Podiatry, Physio, Diabetes, Adult Dietetics, and Paediatric Dietetics have all continued the trend of previous years showing high numbers of patient cancellations. All services are above 10% for August 2016. Total patient cancellations for Sefton have improved in Aug-16 at 10.8%, compared to 12.8% reported last month.

### **6.2.2 Liverpool Community Health Quality Overview**

#### Paediatric SALT Waiting Times

Current waiting times (as discussed at the Trust board and CQPG) are reported at 37 weeks, although this remains significantly above the 18 week target, this is a decrease compared to the 42 weeks reported for the previous month. Of the 651 patients waiting, 363 have been waiting more than the 18 week target. The longest wait was one patient waiting 51 weeks. A robust action plan is in place to manage the list and LCH is working with the CCG. The Trust provided a presentation to the CQPG in September with projected date for revised trajectories in December 2016 to inform any potential business case.

#### District Nurses

District Nursing teams within LCH are managed within Localities by the Care Manager. Pressures within the service have been managed on a daily basis within the locality and these pressures have fluctuated as a result of staff turnover, rising sickness absence and annual leave. In August 2016 these concerns were escalated by the Care Manager for Central Locality as requiring a response from across the trust in order to more effectively manage and support the teams and maintain safe patient care. Due to the number of teams experiencing similar staffing pressures the service moved into business continuity with immediate effect.

Daily escalation meetings took place between 10<sup>th</sup> August – 23<sup>rd</sup> September 2016 with attendance from each locality and HR. The teams have managed demand by prioritising visits, cancelling non-essential training and cross team working to support colleagues, bank, agency and overtime was also used. Where senior managers have an appropriate clinical qualification they also undertook clinical work to support teams by undertaking visits or offering advice regarding caseload cleansing. Staff wellbeing remains a high priority and additional support has been offered to individuals and teams.

Since de-escalation the Care Managers have agreed a process to ensure that teams share updated staffing and workload status on a daily basis and escalate appropriately. A weekly teleconference takes place between Care Managers during which they can share any specific difficulties or highlight the need for support from another locality. This has also been entered onto the Trust's risk register.

### **6.2.3 Waiting Times**

Waiting times are reported a month in arrears. The following issues are still outstanding in July 2016;

Adult SALT: Waiting times have improved further this month with an average of 9 weeks on the incomplete pathway, 7 weeks on the completed pathway and the longest wait at 15 weeks. Recent long waiting times have been due to the service only having 2-3 staff. The Trust has recruited a locum and the waiting time has now reduced to less than 18 weeks. However, it is expected that after a couple of months when the locum is no longer with the Trust that the waiting times will begin to increase again. Short-term plan: The Trust has plans to do some capacity and demand work around this so they can forward plan for waits increasing again. Long-term plan: The Trust has submitted a business case for more funds to employ more staff to reduce the waits in the service.

Paediatric SALT: The reporting process is set up for this and the Trust has retrospectively looked at it. For June the 92nd percentile wait was 42 weeks. However, this is still not being included in the report. An email was sent to the Trust contact on 29/09/2016.

## **6.3 Any Qualified Provider LCH Podiatry Contract**

The trust continues to use the £25 local tariff. At month 5 2016/17 the YTD costs for South Sefton CCG are £115,440 with attendances at 1,232. At the same time period last year the costs were £169,682 and attendances at 1,848.

At month 5 2016/17 the YTD cost for Southport and Formby CCG is £345 with 4 attendances and in 2015/16 the costs for Southport and Formby CCG were £204 with activity at 2. Low activity is due to the vast majority of podiatry AQP for this CCG occurring at the Southport and Ormskirk Trust.

## **7. Third Sector Contracts**

Following on after review of all discretionary CCG spend, it has been agreed that funding for some services will cease from 1st December 2016. In addition to the termination of these contracts, services funded to the Contract value of £0 to £50,000 will incur a reduction of 7% and services funded to the Contract value of £50,000 and above will incur a reduction of 13% within this contract year. These reductions are to take effect from 1st December 2016.

Letters informing providers of these changes have been sent to all and further consultation where required has been facilitated by commissioners.

## **8. Primary Care**

### **8.1 Primary Care Dashboard progress**

We are reviewing the primary care dashboard that has been used in 2015/16 with a view to understanding the needs for reporting across the organisation from a quality, improvement, QIPP perspective. We are also working closely with other CCGs to look at practice elsewhere, and the ability of Midlands and Lancashire Commissioning Support Unit's Business Intelligence tool, Aristotle to be able to report practice level primary care information. We feel that information should be made available to practices in a timely and consistent format to aid locality discussions. 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. Development work is now underway with MLCSU to further define the indicators in the dashboard.

### **8.2 CQC Inspections**

A number of practices in Southport and Formby CCG have been visited by the Care Quality Commission. CQC publish all inspection reports on their website. Below is the inspection information from the last practice visited in Southport & Formby.

## Churchtown Medical Centre Requires improvement



137 Cambridge Road, Churchtown, Southport, PR9 7LT  
(01704) 224416

Provided by: Churchtown Medical Centre

### CQC inspection area ratings

(Latest report published on 17 August 2016)

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

### CQC Inspections and ratings of specific services

(Latest report published on 17 August 2016)

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

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## **9. Better Care Fund**

A Better Care Fund Plan for 2016/17 has been agreed and submitted to the national Better Care Support Team and joint work is underway to further develop these plans by 31 October 2016 for implementation. In the meantime we have submitted a Quarter 1 performance report to NHSE.









### Referral to Treatment (RTT) & Diagnostics

<b>1291: % of all Incomplete RTT pathways within 18 weeks</b> Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	RAG	G	G	G	G	G											G	
		Actual	95.20%	94.882%	94.317%	94.51%	93.492%												94.473%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
<b>1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</b> The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G	G	G	G	G											G	
		Actual	0	0	0	0	0												0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>1828: % of patients waiting 6 weeks or more for a diagnostic test</b> The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	G	G	R	R	R											R	
		Actual	0.374%	0.68%	2.10%	19.16%	18.25%												13.97%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

### Cancelled Operations

<b>1983: Urgent Operations cancelled for a 2nd time</b> Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	G	G	G	G	G											G	
		Actual	0	0	0	0	0												0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

### Treating and Caring for People in a Safe Environment and Protect them from Avoidable Harm

#### HCAI

<b>497: Number of MRSA Bacteraemias</b> Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	G	G	G	G	R											R	
		YTD	0	0	0	0	1												1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>24: Number of C.Difficile infections</b> Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	R	R	G	G											G	
		YTD	5	11	15	16	18												19
		Target	6	9	13	18	20	24	27	29	29	29	32	38	24				24

