

Sefton Place – South Sefton

Integrated Performance Report

Summary – May 2022

Summary Performance Dashboard

Metric	Reporting Level		2022-23												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Diagnostics, Referral to Treatment (RTT) & Long Waiters															
% of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton	RAG	R	R											
		Actual	17.88%	12.73%											
		Target	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton	RAG	R	R											
		Actual	50.45%	50.90%											
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton	RAG	R	R											
		Actual	2,108	2,371											
		Target	0	0	0	0	0	0	0	0	0	0	0	0	
Referral to Treatment RTT - No of Incomplete Pathways Waiting >78 weeks The number of patients waiting at period end for incomplete pathways >78 weeks - reduction, 0 by April 2023	South Sefton	RAG	R	R											
		Actual	333	358											
		Target	0	0	0	0	0	0	0	0	0	0	0	0	
Referral to Treatment RTT - No of Incomplete Pathways Waiting >104 weeks The number of patients waiting at period end for incomplete pathways >104 weeks - 0 waits by July 2022	South Sefton	RAG	R	R											
		Actual	35	53											
		Target	0	0	0	0	0	0	0	0	0	0	0	0	
Cancelled Operations															
Cancellations for non-clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice	Liverpool University Foundation Hospital Trust	RAG	R	R										R	
		Actual	20	16											36
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Operations cancelled for a 2nd time 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.	Liverpool University Foundation Hospital Trust	RAG	R	G										R	
		Actual	3	0											3
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Metric	Reporting Level	2022-23														
		Q1			Q2			Q3			Q4			YTD		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
Cancer Waiting Times																
% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton	RAG	R	R											R	
		Actual	68.85%	73.66%												71.50%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton	RAG	R	R											R	
		Actual	18.42%	29.41%												24.72%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton	RAG	G	G											G	
		Actual	96.08%	96.92%												96.55%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton	RAG	G	G											G	
		Actual	100%	100%												100%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton	RAG	G	G											G	
		Actual	100%	100%												100%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton	RAG	G	G											G	
		Actual	96.55%	100%												98.41%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton	RAG	R	R											R	
		Actual	41.67%	47.06%												44.83%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days	South Sefton	RAG	R	R											R	
		Actual	25%	50%												33.33%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

Metric	Reporting Level		2022-23												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Cancer Waiting Times															
% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority	South Sefton (local target 85%)	RAG													
		Actual	46.15%	55%										51.52%	
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	
28-day faster referral standard (FDS) - two week wait referral (MONTHLY) % of patients diagnosed within 28 days	South Sefton	RAG	R	R											
		Actual	59.76%	60.30%											
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%		
28-day faster referral standard (FDS) - two week wait breast symptom referral (MONTHLY) % of patients diagnosed within 28 days	South Sefton	RAG	R	R											
		Actual	50%	50%											
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%		
28-day faster referral standard (FDS) - screening referral (MONTHLY) % of patients diagnosed within 28 days	South Sefton	RAG	R	R											
		Actual	44.44%	51.35%											
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%		

Metric	Reporting Level	2022-23														
		Q1			Q2			Q3			Q4			YTD		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
Accident & Emergency																
4-Hour A&E Waiting Time Target % of patients who spent less than four hours in A&E	South Sefton	RAG	R	R											R	
		Actual	67.98%	67.06%												67.51%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
4-Hour A&E Waiting Time Target % of patients who spent less than four hours in A&E	Liverpool University Hospital Foundation NHS Trust	RAG	R	R											R	
		Actual	66.77%	65.98%												66.39%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Waits in A&E from arrival to discharge, admission or transfer 98% of patients must wait less than 12 hours	Liverpool University Hospital Foundation NHS Trust	RAG	R	R											R	
		Actual	12.92%	10.00%												11.46%
		Target	<2%	<2%	<2%	<2%	<2%	<2%	<2%	<2%	<2%	<2%	<2%	<2%	<2%	<2%
Ambulance Handover																
Ambulance handover delays to accident & emergency (A&E) of 60 minutes % of patients delayed 60 minutes	Liverpool University Hospital Foundation NHS Trust	RAG	R	R											R	
		Actual	90.56%	92.77%												91.68%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Ambulance handover delays to accident & emergency (A&E) of 30 minutes % of patients delayed 30 minutes	Liverpool University Hospital Foundation NHS Trust	RAG	R	R											R	
		Actual	74.24%	77.83%												76.06%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Ambulance handover delays to accident & emergency (A&E) of 15 minutes % of patients delayed 15 minutes	Liverpool University Hospital Foundation NHS Trust	RAG	R	R											R	
		Actual	32.03%	37.22%												34.67%
		Target	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%
MSA																
Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton	RAG	G	R											R	
		Actual	0	1												1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton	RAG	G	R											R	
		Actual	0	0.2												0.2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Metric	Reporting Level		2022-23												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
HCAI															
Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner) cumulative	South Sefton	RAG	G	G											G
		YTD	0	0											0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner) cumulative	South Sefton	RAG	G	R										R	
		YTD	4	13											13
		Target	5	10	14	19	24	29	34	38	44	49	54	59	59
Number of E.Coli Incidence of E.Coli (Commissioner) cumulative	South Sefton	RAG	R	G										G	
		YTD	14	20											14
		Target	13	24	33	42	51	59	67	76	86	97	108	117	117
Metric	Reporting Level		2022-23												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Mental Health															
The percentage of Service Users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric in-patient care The proportion of those patients discharged from psychiatric in-patient care who are followed up within 72 hours	South Sefton	RAG	G	G											G
		Actual	100%	100%											100%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Episode of Psychosis															
First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton	RAG													
		Actual	To be updated in Q1												
		Target	60%			60%			60%			60%			60%
Eating Disorders															
Eating Disorders Services (EDS) Treatment commencing within 18 weeks of referrals	South Sefton	RAG	R	R										R	
		Actual	22.0%	24.4%											23.1%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Metric	Reporting Level		2022-23												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
IAPT (Improving Access to Psychological Therapies)																
IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton	RAG	R	R											R	
		Actual	0.88%	0.86%												1.75%
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	19%
IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton	RAG	R	R											R	
		Actual	33.0%	47.6%												39.71%
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton	RAG	R	R											R	
		Actual	60%	57.0%												58.5%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton	RAG	G	G											G	
		Actual	99%	99%												99%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Dementia																
Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton	RAG	R	R											R	
		Actual	59.47%	60.2%												59.85%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

Metric	Reporting Level		2022-23												
			Q1			Q2			Q3			Q4			YTD
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Learning Disability Health Checks															
No of people who have had their Annual LD Health Check	South Sefton	RAG													
		Actual	To be updated in Q1												
		Target	TBC			TBC			TBC			TBC			
Severe Mental Illness - Physical Health Check															
Rolling 12 month as at end of the quarter															
People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%) Percentage of people on General Practice Serious Mental Illness register who receive a physical health check and follow-up care in either a primary or secondary setting	South Sefton	RAG													
		Actual	To be updated in Q1												
		Target	50%			50%			50%			50%			
Children & Young People Mental Health Services (CYPMH)															
Rolling 12 month as at the end of the quarter															
Improve access rate to Children and Young People's Mental Health Services (CYPMH) Increase the % of CYP with a diagnosable MH condition to receive treatment from an NHS-funded community MH service	South Sefton	RAG													
		Actual	To be updated in Q1												
		Target	8.75%			8.75%			8.75%			8.75%			
Children and Young People with Eating Disorders															
The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	South Sefton	RAG													
		Actual	To be updated in Q1												
		Target	95%			95%			95%			95%			
The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	South Sefton	RAG													
		Actual	To be updated in Q1												
		Target	95%			95%			95%			95%			

Metric	Reporting Level		2022-23												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
SEND Measures																
Child and Adolescent Mental Health Services (CAMHS) - % Referral to choice within 6 weeks open pathways - Alder Hey	South Sefton	RAG	R	R												
		Actual	38.7%	40.3%												
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	
Child and Adolescent Mental Health Services (CAMHS) - % referral to partnership within 18 weeks - Alder Hey	South Sefton	RAG	R	R												
		Actual	73.8%	70.1%												
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	
Percentage of Autism Spectrum Disorder (ASD) assessments started in 12 weeks - Alder Hey - KPI 5/9	Sefton	RAG	G	G												
		Actual	100%	100%												
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	
Percentage of Autism Spectrum Disorder (ASD) assessments completed within 30 Weeks - Alder Hey - KPI 5/10	Sefton	RAG	R	R												
		Actual	53%	51.5%												
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments started within 12 Weeks - Alder Hey - KPI 5/12	Sefton	RAG	G	G												
		Actual	100%	100%												
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments completed within 30 Weeks - Alder Hey - KPI 5/13	Sefton	RAG	G	R												
		Actual	87%	74.4%												
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	
Average waiting times for Autism Spectrum Disorder (ASD) service in weeks (ages 16 - 25 years) - Mersey Care - KPI 5/15	Sefton	RAG														
		Actual	8.8	12.1												
		Target														
Average waiting times for Autism Spectrum Disorder (ASD) service diagnostic assessment in weeks (ages 16 - 25 years) - Mersey Care - KPI 5/16	Sefton	RAG														
		Actual	84.2	84.7												
		Target														
Average waiting times for Attention Deficit Hyperactivity Disorder (ADHD) service in weeks (ages 16 - 25 years) - Mersey Care - KPI 5/17	Sefton	RAG														
		Actual	54.9	56.3												
		Target														

Executive Summary

This report provides summary information on the activity and quality performance of South Sefton at month 2 of 2022/23 (note: time periods of data are different for each source).

Constitutional Performance for May 2022/23 & Quarter 4 2021/22	South Sefton	LUHFT
Diagnostics (National Target <1%)	12.73%	12.57%
Referral to Treatment (RTT) (92% Target)	50.90%	53.82%
No of incomplete pathways waiting over 52 weeks (Target zero)	2,371	7,917
No of incomplete pathways waiting over 104 weeks (Target Zero from July 2022)	53	62
Cancer 62 Day Standard (Nat Target 85%)	47.06%	45.35%
A&E 4 Hour All Types (National Target 95%)	67.06%	65.98%
LUHFT Waits in A&E from Arrival to Discharge, Admission or Transfer (Target 2%)	-	10.00%
Ambulance Handovers <= 15 mins (Target 65%)	-	37.22%
Ambulance Handovers <= 30 mins (Target 95%)	-	77.83%
Ambulance Handovers <= 60 mins (Target 100%)	-	92.77%
Stroke (Target 80%)	-	see report
TIA Assess & Treat 24 Hrs (Target 60%)	-	Not Available
Mixed Sex Accommodation (Zero Tolerance)	1	0
CPA 7 Day Follow Up (95% Target) 2021/22 - Q4	100%	-
EIP 2 Weeks (60% Target) 2021/22 - Q4	88.9%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.86%	-
IAPT Recovery (Target 50%)	47.6%	-
IAPT 6 Weeks (75% Target)	57.0%	-
IAPT 18 Weeks (95% Target)	99%	-

To Note:

Due to the COVID-19 pandemic and the need to release capacity across the NHS to support the response, the decision was made to pause the collection and publication of several official statistics. These include Delayed Transfers of Care (DToC), cancelled operations, occupied bed days, Better Care Fund (BCF) and NHS England monthly activity monitoring. These measures will be updated as soon as the data becomes available and incorporated back into the report.

Data quality issues due to the impact of COVID-19 remain within the data flows for referrals and contract monitoring.

COVID Vaccination Update

In a South Sefton eligible population of 148,203, the number of patients successfully vaccinated with a primary course at the end of May 2022 is 105,428 (71.4%). 82,845 (56.5%) of South Sefton patients have received booster 1. There are 37,144 (25.1%) patients that have not yet had any vaccination and 5,234 (3.5%) that have only had the 1st dose. In April 2022 the Spring Booster campaign started and at the end of May 2022, 11,605 (9.0%) patients have received a 2nd booster. Some patients in vulnerable groups, have also been offered a 3rd booster vaccination. At the end of May 2022, there have been 161 (0.4%) patients, usually severely immunocompromised, who have received a 3rd booster.

Planned Care

Local providers have continued to undertake urgent elective treatments during the COVID-19 pandemic period, and this has been clinically prioritised. There is a focus on delivering greater theatre capacity utilising on site theatres and that of the independent sector. This will include use of nationally agreed independent sector contracts following clinical assessment in terms of triage and prioritisation.

In the context of responding to the ongoing challenges presented by COVID-19, whilst also restoring services, meeting new care demands and tackling health inequalities, Elective Recovery Funds (ERF) have been made available to systems that achieve activity levels above set thresholds. In Cheshire & Mersey Hospital Cell (established to co-ordinate acute hospital planning resulting from the COVID-19 pandemic), the delivery of activity both at Trust and system level is being assessed against agreed trajectories.

Restrictions on outpatients and theatre capacity due to COVID is reflected in increased waiting list numbers and patients waiting longer than 52 weeks, which has led to considerable pressure on the waiting list position, despite targeting of patients in greatest need. Increased staff sickness/absence has also led to an increase in waiting list size. Cheshire and Merseyside Hospital Cell has set out principles for elective restoration with a proposed recovery approach. The approach is focused on development of system level waiting list management both in diagnostic and surgical waits to maximise the capacity available and to standardise waiting times where possible, with priority given to clinically urgent patients and long waiters (52 week plus). The recently published 'Planning guidance' 2022/23, has also put a greater emphasis on recovery with expectations that trusts aim to deliver 110% of 2019/20 outturn, leading to a reduction in the waiting list position, primarily on focused on those waiting long the longest and highest risk. The Health Care Partnership Elective Care Programme Board has been co-ordinating a system approach to elective recovery across Cheshire and Merseyside, focusing on a number of key programmes such as 'High volume low complexity' – aim to reduce patients waiting for operations, elective theatre utilisation within the following specialties: dermatology, referral optimisation, ophthalmology, urology, orthopaedics/MSK and ENT. These workstreams are co-ordinated centrally with close working relationships with Place and Trust leads. The expectation that these programmes will provide additional capacity by either reducing demand or making better use of current resources. Elective recovery will continue to be supported by the independent sector facilitated by the procurement of services via the Increasing Capacity Framework (ICF). The Hospital Cell has developed a dashboard of elective care metrics focused on elective recovery, with weekly meeting with Trust Chief Operating Officers to hold the system to account for performance.

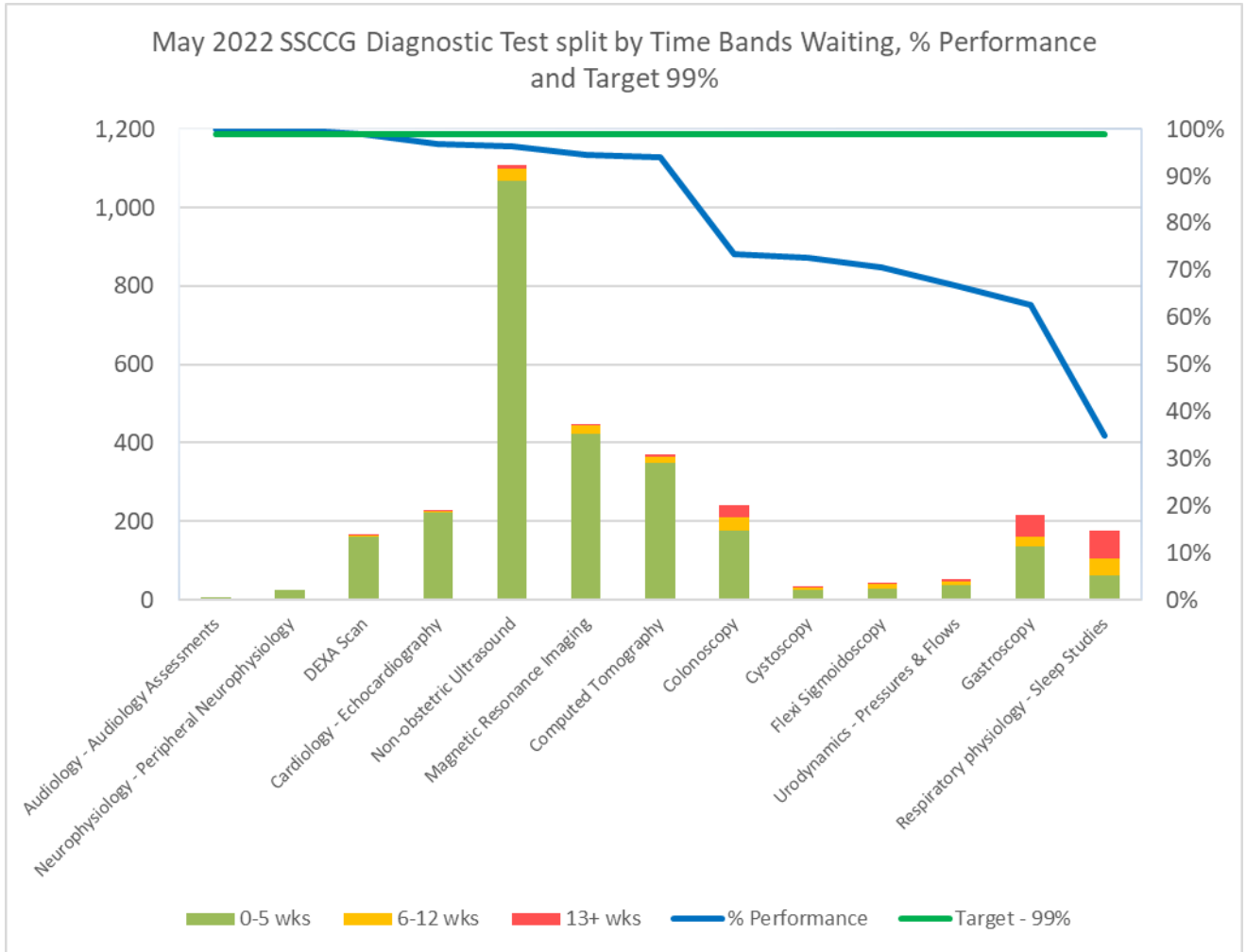
For local referral monitoring, the Sefton Place Business Intelligence team are undergoing network developments in order to enhance data processing and analysis. As a result of this, some referrals data for key providers such as LUHFT have been unavailable for April-22 and May-22 and this will require further investigation.

Reporting has been suspended on the e-Referral Service (e-RS) metric as e-RS capacity has been removed to ensure equity of provision. The current e-RS pathway is for all patients to be referred via the Appointment Slot Issue (ASI) functionality or via a Referral Assessment Service (RAS) for Trusts to manage the waiting lists fairly and according to clinical need. Therefore, reporting of e-RS utilisation will show a low conversion rate to bookings, as patients will be booked outside of e-RS. As system waiting lists reduce, there will need to be a transition plan to open capacity for direct booking via e-RS. However, until that point, e-RS reporting will be suspended.

South Sefton is over the target of less than 1% of patients waiting 6 weeks or more for their diagnostic test with 12.73% in May – an improvement on last month (17.88%). South Sefton is measuring below the national level of 35.17%. Liverpool University Hospital Foundation Trust (LUHFT) performance was 12.57% in May, an improvement on last month when 15.45% was reported. Through the commissioning of delivery of additional diagnostic capacity, the Trust has made significant progress in

reducing both the volume of patients waiting for outpatient diagnostics and the percentage waiting over 6 weeks. Planned work in relation to the implementation of 6 community diagnostic hubs across Cheshire & Merseyside is expected within the coming months, which is expected to deliver additional capacity and improve performance across the system.

Figure 1 – May South Sefton (Previously SSCCG) Diagnostics Chart and Table



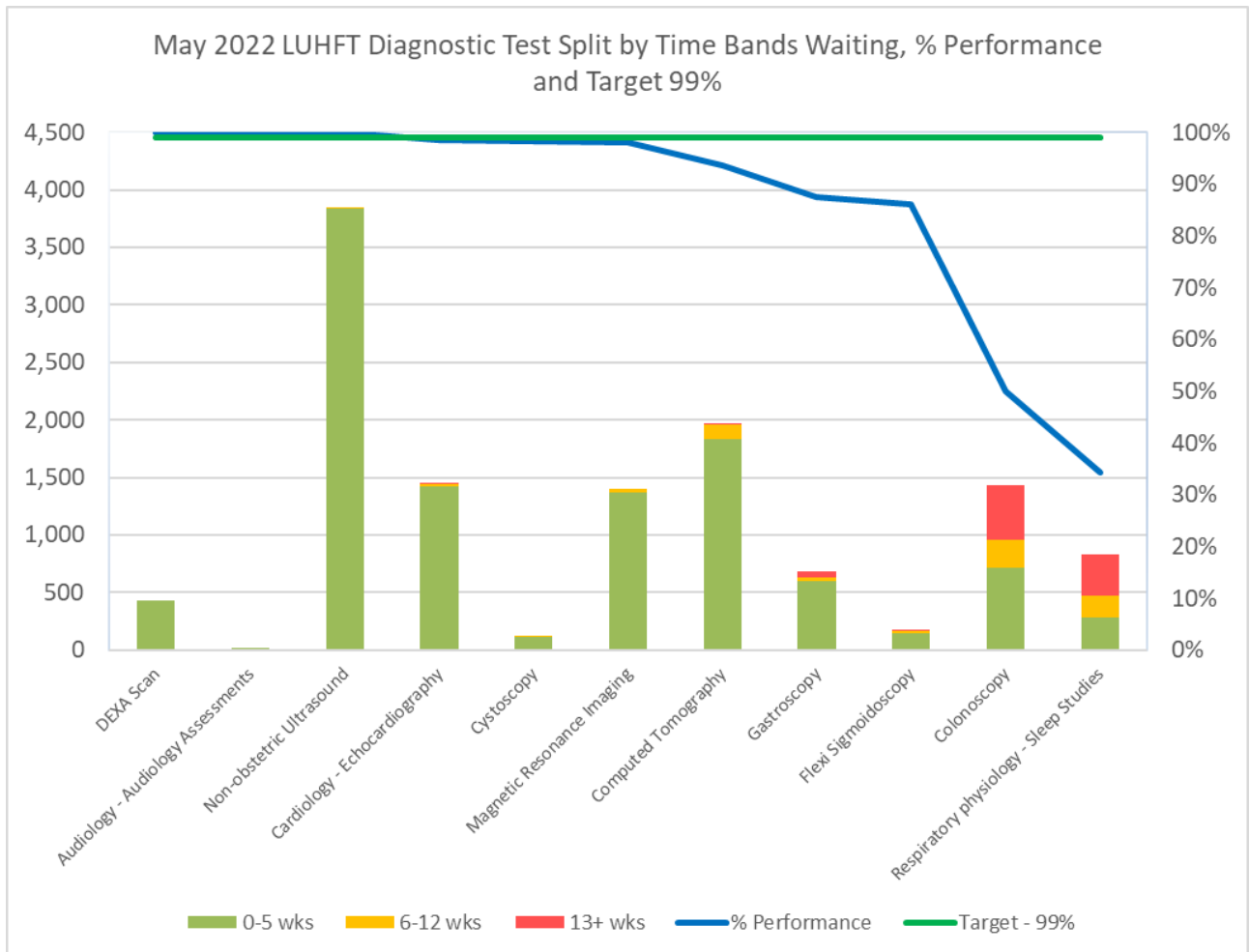
Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
Audiology - Audiology Assessments	8	0	0	100.00%	99%
Neurophysiology - Peripheral Neurophysiology	24	0	0	100.00%	99%
DEXA Scan	162	1	1	98.78%	99%
Cardiology - Echocardiography	221	4	3	96.93%	99%
Non-obstetric Ultrasound	1,067	32	10	96.21%	99%
Magnetic Resonance Imaging	422	24	1	94.41%	99%
Computed Tomography	348	17	5	94.05%	99%
Colonoscopy	177	32	32	73.44%	99%
Cystoscopy	24	6	3	72.73%	99%
Flexi Sigmoidoscopy	29	10	2	70.73%	99%
Urodynamics - Pressures & Flows	36	10	8	66.67%	99%
Gastroscopy	136	26	55	62.67%	99%
Respiratory physiology - Sleep Studies	61	43	71	34.86%	99%
Total	2,715	205	191	87.27%	99%

For diagnostics overall, South Sefton is reporting 87.27%, below target of greater than 99% seen within 6 weeks and the proportion waiting over 13 weeks is 6.14%. National levels overall are currently at 73.99% and the proportion waiting over 13 weeks nationally is at 10.04%. South Sefton is performing better on both counts.

For South Sefton there are significant levels waiting over 13 weeks in Colonoscopy, Gastroscopy and Respiratory Physiology compared with other tests.

Six North Mersey gastro pathways have been launched into primary care in early October across North Mersey (South Sefton, North Sefton, Liverpool and Knowsley Places) covering dyspepsia, IBS, suspected liver disease, suspected anaemia, CIBH diarrhoea, CIBH constipation. The pathways detail for GPs what approaches/tests to consider prior to potential Advice & Guidance (A&G)/referral and recommend the usages of A&G as appropriate instead of automatic referral. It is expected the launch of the pathways across North Mersey will have a significant impact on the number of scopes delivered and therefore, in time reduce demand on gastro services and have an impact on the performance. The implementation of low risk 'FIT' will help support in a reduction of routine referrals into secondary care. High risk 'FIT' has been rolled out across Cheshire and Merseyside and is expected to reduce the number of two week wait referrals and create capacity that will be focused on managing waiting lists. Gastroenterology is currently being appraised as an elective priority area by the regional elective programme board with Place clinical and managerial resource likely to be utilised to support the adoption of pathways across the ICS footprint, with a focus on development of Gastroenterology RAS's (Referral Assessment Services) utilising clinical pathways for clinical triage.

Figure 2 – May LUHFT Diagnostics Chart and Table



Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
DEXA Scan	425	0	0	100.00%	99%
Audiology - Audiology Assessments	15	0	0	100.00%	99%
Non-obstetric Ultrasound	3,843	1	0	99.97%	99%
Cardiology - Echocardiography	1,423	20	1	98.55%	99%
Cystoscopy	112	2	0	98.25%	99%
Magnetic Resonance Imaging	1,370	27	0	98.07%	99%
Computed Tomography	1,834	123	1	93.67%	99%
Gastroscopy	596	33	52	87.52%	99%
Flexi Sigmoidoscopy	142	20	3	86.06%	99%
Colonoscopy	717	242	478	49.90%	99%
Respiratory physiology - Sleep Studies	285	188	356	34.38%	99%
Total	10,762	656	891	87.43%	99%

Figure 3 – South Sefton (previously SSCCG) RTT Performance and Activity (Incomplete Pathways)

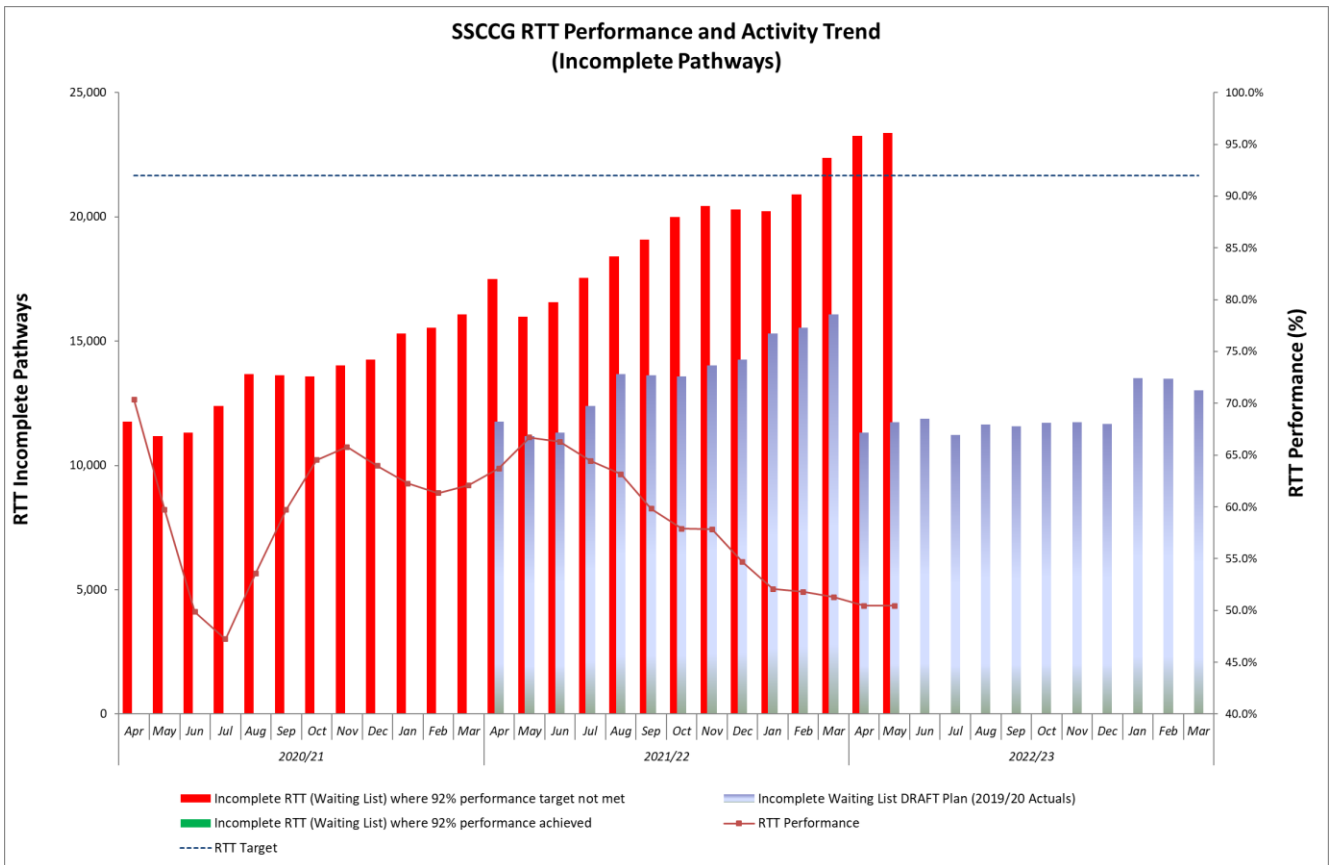


Figure 4 – RTT Incomplete Pathways, 52 weeks waiters v Plan

South Sefton CCG

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (19/20 actuals)*	11,309	11,727	11,880	11,234	11,648	11,574	11,725	11,734	11,680	13,503	13,493	13,013	11,727
2022/23	23,261	23,391											23,391
Difference	11,952	11,664											11,664
52 week waiters - Plan (last year's actuals)*	1,422	978	912	1,017	1,082	1,231	1,390	1,382	1,361	1,513	1,631	1,836	
52 week waiters - Actual	2,108	2,371											
Difference	686	1,393											

LUHFT

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (19/20 actuals)*	45,889	46,813	48,329	47,884	49,373	48,901	48,859	48,679	48,886	48,135	48,377	46,013	46,813
2022/23	79,702	81,707											81,707
Difference	33,813	34,894											34,894
52 week waiters - Plan (last year's actuals)*	4,758	4,404	4,122	4,452	4,824	5,470	6,066	6,004	5,782	6,028	5,781	6,367	
52 week waiters - Actual	7,225	7,917											
Difference	2,467	3,513											

*NB. Plans were not required for 2022/23 Operational Planning. Therefore, 2019/20 actuals used to monitor recovery as working towards pre pandemic levels and 2021/21 used for 52-week waiters.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, South Sefton performance in May was 50.90%, showing no improvement on last month's performance (50.45%). South Sefton is reporting well below the national level of 63.49%. LUHFT reported 53.82%, a slight increase compared to last month's performance when 52.73% was recorded. There is a continued focus on clinical prioritisation and access to additional capacity through mutual aid, independent sector and waiting list initiatives; specifically for Priority 2 patients waiting more than 4 weeks from decision to treat. Increases in the number of COVID positive patients and sickness absence has led LUHFT to request further mutual aid. This request is being facilitated by the lead commissioner, Liverpool Place. Additionally, the Place are having wider discussions with the Integrated Care Board (ICB) to ensure fragile services are prioritised at a system level, to ensure that individually and collectively services are in the best position to maximise their effectiveness/efficiency and support a reduction of waiting list positions.

There were a total of 5,686 South Sefton patients waiting over 36+ weeks, the majority at LUHFT. Of the total long waiters, 2,371 patients were waiting over 52 weeks, an increase of 263 on last month when 2,108 breaches were reported. The majority of these patients were at LUHFT (1,970) with the remaining 401 breaches spanned across 23 other Trusts.

The 2,370 52+ week wait breaches reported for South Sefton represent 10.14% of the total waiting list in May 2022 which is above the national level of 5.02%.

Included in the long waiters there were 53 South Sefton patients waiting over 104 weeks, 18 more than what reported last month. Liverpool Place, as Lead Commissioner for LUHFT review Root Cause Analyses (RCAs) and harm reviews submitted by the provider for 104 days breaches and long waiters. Feedback has been provided to the Trust regarding those submitted and no serious harms have been identified. Additionally, the Deputy Chief Operating Officer has established a weekly review group to address patients waiting over 104 days (along with patients waiting on the 62-day cancer pathway). A focus on eliminating the number of patients waiting over 104 weeks has been an ICS imperative with a zero target by 1st July 2022. There may however be some short-term deterioration in both 18 week and 52 week wait positions whilst long waiters are focused upon. Along with the ongoing focus on the long waits and the 104+ group, there is a focus on the next level down. Local targets are to be introduced to support a phased trajectory to the 78-week target, aiming to be below 78 weeks by the end of March 2023. See below:

- August: 96 weeks
- September: 92 weeks
- October: 88 weeks
- November: 84 weeks
- December: 82 weeks

- January: 80 weeks
- February: 78 weeks
- March: 76 weeks

Overall waiters increased by 130 this month with a total 23,391 South Sefton patients now on the RTT waiting list in May 2022. This is compared to 11,727 patients waiting in the equivalent period in 2019/20 (pre-pandemic which is being used to monitor recovery). The monthly waiting list position remains high at Place and Trust, mirroring the national trend. The Place BI Team produces trend analysis into RTT incomplete pathways, which is shared with commissioners monthly.

LUHFT had a total of 7,917 52-week breaches in May 2022, showing an increase of 8.74% (492) from previous month when the Trust reported 7,225.

As with diagnostics, continued collaborative working with North West Outpatient Transformation Programme and Health Care Partnership (HCP) to establish recovery and innovation for longer term sustainability is on-going with meetings to be held in May 2022 between the HCP and Place leads to ascertain the level of support required by Place to support elective recovery.

The Trust has reported 16 cancelled operations in May (4 less than last month). No further details given by the Trust, only that the breaches are investigated, and lessons learned are disseminated across the organisation. All patients who have had their operation cancelled, on or after the day of admission for non-clinical reasons are to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.

South Sefton is achieving 4 of the 9 cancer measures in May 2022 and 4 year to date. LUHFT are achieving just 1 in May 2022 also 1 year to date.

Pressures in breast and colorectal services continue to dominate underperformance across the majority of access standards.

Additional assurance is being sought through the CQPG to address concerns from commissioners relating to several cancer quality and performance areas and the need for the provider to share clear and deliverable improvement plans.

Short to medium term work in progress which will impact on performance includes:

- Creation of capacity from further roll out of risk stratified follow up
- Breast services recruitment and redesign to include low risk community clinics
- Roll out of Rapid Diagnostic Service (RDS) models

South Sefton and Trust are still below for both the two week wait measures in month 2. The main reason for the breaches for both measures is inadequate outpatient capacity associated with increased demand, which is sustained at 120% of pre pandemic levels. The Cheshire and Merseyside Cancer Alliance will undertake a deep dive on conversion rates from referral to cancer pathways (i.e., cancer detection rates). Headlines suggest these may have fallen over recent months.

For 2-week breast symptoms the South Sefton and Trust continue to report significantly below 93% target, despite an increase in performance in May. South Sefton reported 29.41% and the Trust 27.20% - out of a total of 261 patients there were 190 breaches. The maximum wait was 66 days at the Trust. The median wait for May for this indicator for South Sefton was 27 days. Performance against the 28-day standard for patients referred with breast symptoms remained at 50%, which is below the 75% standard for South Sefton.

Communications have gone out to primary care to ask that GPs give patients a realistic expectation of waiting times. There has also been promotion of resources for primary care aimed at managing

demand for breast services and ensuring full information to enable risk stratification is shared. The provider has asked that GPs make contact by telephone to discuss high risk cases. The provider is planning a series of actions in order to deliver a trajectory for improvement following successful recruitment to 2 consultant radiologist roles. Pathway changes are being worked through to prioritise radiology capacity for those with the most cancer risk, recognising that a significant number of breast cancers are also identified through the breast symptomatic (cancer not initially suspected) pathway. Consideration is also being given to lower risk clinics in the community to give reassurance to patients concerned about cancer but who do not have symptoms cited in NICE guidance.

For the Cancer 62 Day standard, South Sefton is measuring below the national level of 61.47% recording 47.06% in May 2022, around a 5% improvement compared to the previous month, but remaining below the operational standard of 85%.

For patients waiting over 104 days, South Sefton reported 3 patients in May: 1 lower gastro patient (124 days), 1 haematological patient (266 days) and 1 upper gastro patient (111 days). All patients who experience a long wait are reviewed to assess whether harm has occurred as a result of the long wait. A cancer harm review action plan has been received from the provider which is focussed on managing the backlog of harm reviews which will be reported to commissioners at a tumour site level from July 2022. A meeting is planned with the provider, primary care and lead Place to see how the recommendations from previous harm reviews can be incorporated to improve overall delivery.

The 2022/23 Priorities and Operational Planning Guidance urges systems to complete any outstanding work on the post pandemic recovery objectives set out for 2021/22. These include:

- Return the number of people waiting longer than 62 days to the level in February 2020.
- Meet the increased level of referrals and treatment required to meet the shortfall in number of first treatments.

Systems were to meet the new Faster Diagnosis Standard (FDS) from Q3 2021/22, at a level of 75%. In May the South Sefton performed below the target all 3 indicators. 28-day FDS overall reporting for May 2022 is 58.28%, under the 75% target. It is recognised that the current focus on the 62-day backlog will close pathways for long waiting patients but that such long pathways will not by definition meet the 28-day standard. There is therefore likely to be a lag in achieving the operational standard for 28 days.

The North West Cancer Patient Tracking List (PTL) is now available to Place and will enable interrogation to show mean and median waits and breaches by provider, Place and tumour site. Not all hospital sites are uploading data as yet.

LUHFT Friends and Family Inpatient test response rate is above the England average of 18.5% in April 2022 at 25.9% (latest data reported). The percentage of patients who would recommend the service has remained at 92%, remaining below the England average of 94%. The percentage who would not recommend remained at 5% and is above the England average of 3%. Patient Experience is embedded within the Trusts overall Improvement Plan which is monitored via the Clinical Quality Performance Group (CQPG) on a regular basis.

For planned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for South Sefton. This was a direct consequence of the COVID-19 pandemic and subsequent response to postpone all non-urgent elective operations so that the maximum possible inpatient and critical care capacity would be available to support the system. For 2021/22 there was a focus on restoration of elective services as set out in the NHS Operational Planning Guidance and this is a continued emphasis for 2022/23. Despite this, year to date activity in 2022/23 has seen a reduction in total planned care activity (incorporating day case, elective and outpatient attendances) for South Sefton. Month 2 has seen an increase in activity to the previous

month but year to date levels are currently -15% below pre-pandemic levels in the equivalent period. Comparing to the previous year, activity has increased by 5%.

Figure 5 – Planned Care All Providers - Contract Performance Compared to 2019/20

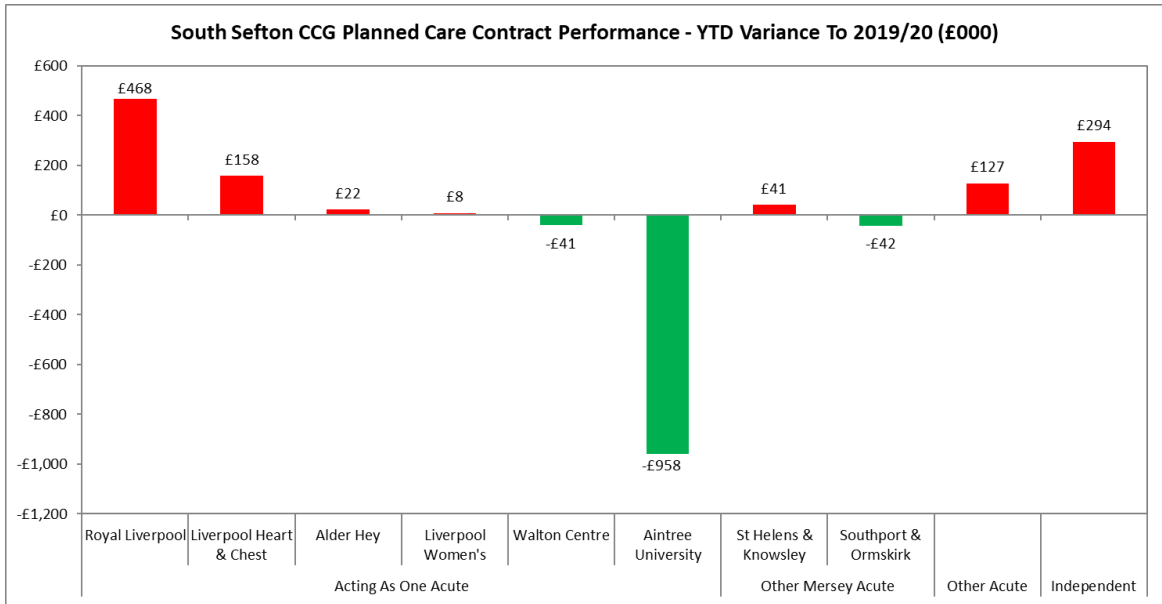


Figure 6 - Planned Care Activity Trends

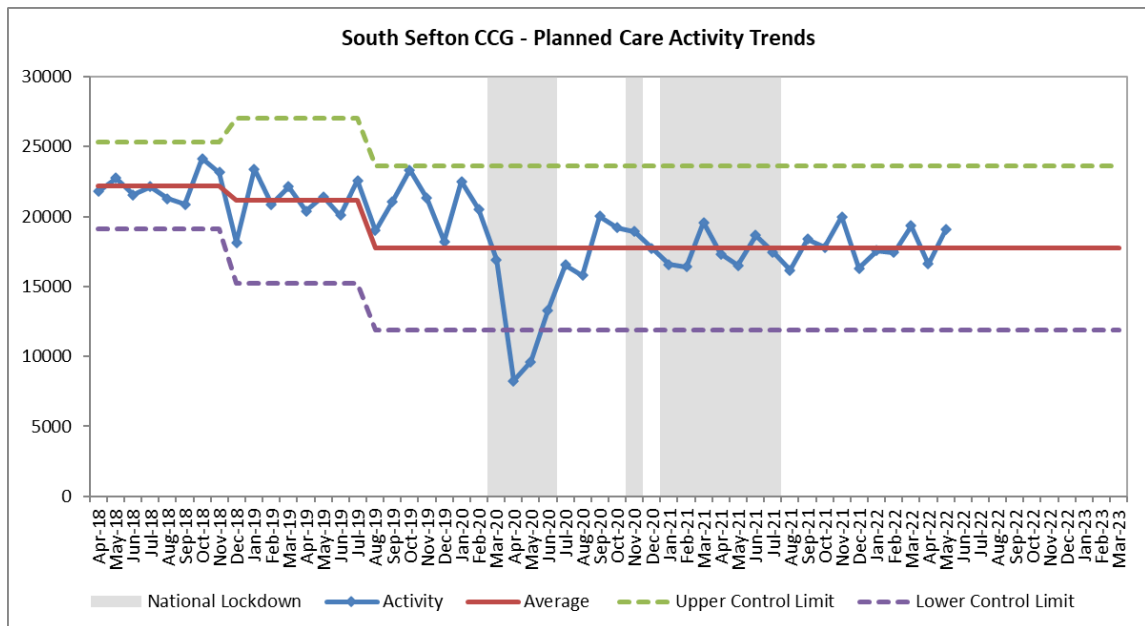


Figure 7 – Elective Inpatient Variance against Plan (i.e. Previous Year)

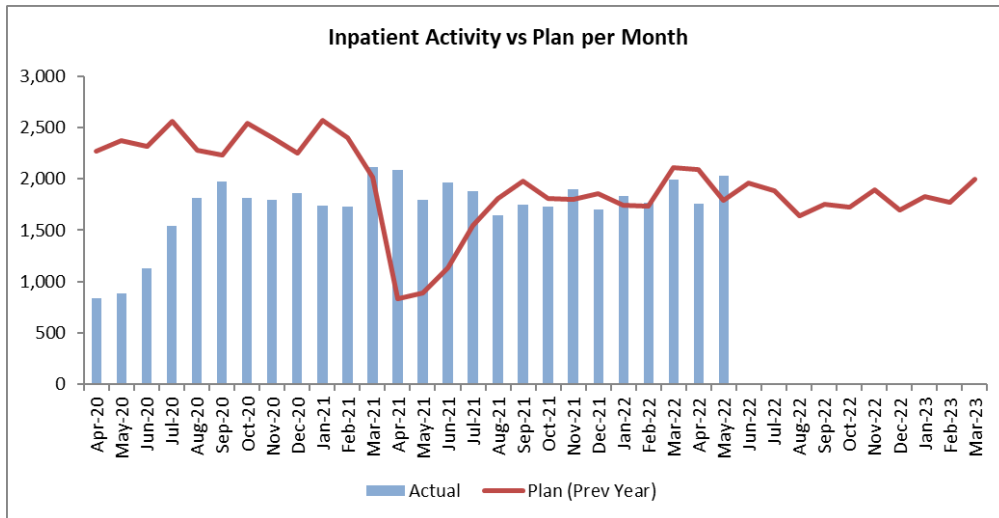
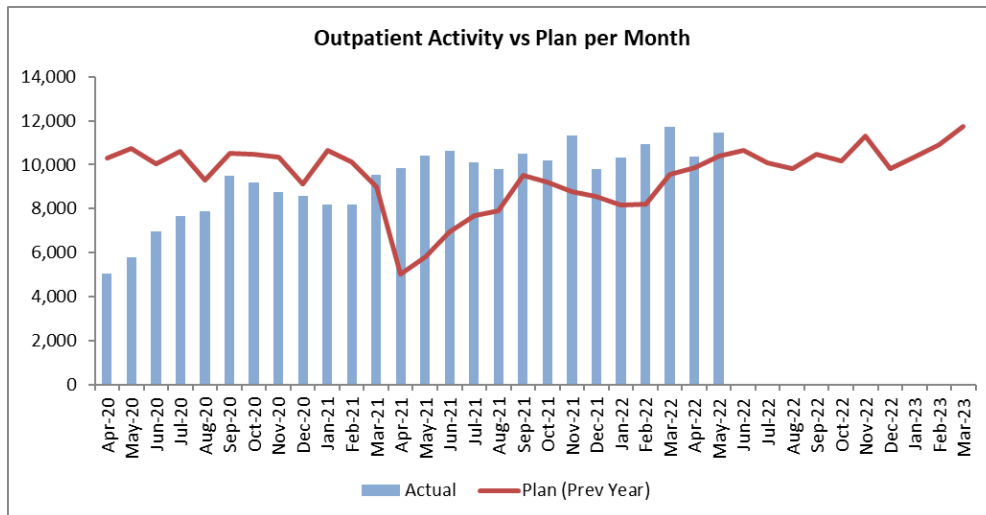


Figure 8 – Outpatient (First and Follow Up) Variance against Plan (i.e. Previous Year)



Unplanned Care

In relation to A&E 4-Hour waits for all types, South Sefton and LUHFT continue to report under the 95% target in May-22, reporting 67.06% and 65.98% respectively. This shows a very similar performance from the previous month. South Sefton and Trust performance is lower than the nationally reported level of 73.05%.

Place Actions:

- Expedited discharge remains the focus of the North Mersey system to improve patient flow out of the trust. Main risk remains the shortfall in domiciliary care packages.
- Omicron variant related sickness and isolation continues to drop.
- Additional funding to support discharge and 14 and 21 day reduction in length of stay has been allocated and system schemes with forecasted reductions in length of stay (LOS).
- South Sefton has put in place Nurse programme Director oversight of discharge process into the LUHFT system. There is existing ongoing daily review of the Ready For Discharge (RFD) data and validation.
- Emergency Care Improvement Support Team (ECIST) support is scheduled to look specifically at pathway 0's and pathway 1 discharges, this is in conjunction with long length of

stay review to reduce the 14 and 21 day length of stays. This is facilitated under the leadership of Mersey Care senior flight controller role and link to system flow.

Trust Actions:

- The Trust continues to work with system partners to develop pathways to redirect patients away from ED, including NHS111, e-triage and GP Streaming.
- Internally, both sites are optimising the use of Direct Conveyancing to Assessment and increasing Same Day Emergency Care pathways as alternatives to admission – both of which will reduce the occupancy in ED and improve patient flow. Detailed recommendations from the ECIST Assessments are being prioritised to support targeted improvement activities.

Impact:

The impact of improvement schemes is currently being defined as an integral part of the Patient Flow Collaborative.

New in 2022/23, the Trust are required to report waits in A&E from arrival to discharge, admission or transfer. In May, the Trust reported 10% against the plan of patients waiting no more than 2% waiting over 12 hours, therefore reporting over this threshold.

Trust Actions:

- Date to be confirmed for the establishment of the Trust patient flow collaborative to pick up Trust wide initiatives including discharges by 12 noon.
- Discharge Lounge utilisation review including system operating procedure (SOP) - Engagement with system partners to redirect patients away from ED.
- Review of out of hours practitioner presence including trialling of GP presence in the department at weekends and bank holidays.
- Deep dive review into patients waiting >12 by admitted/non admitted/speciality referral.

Impact:

Initially to understand the principal drivers for patients >12 hours in ED to then develop targeted improvements and develop specific actions in partnership with all stakeholders (internal and external to the Trust).

The Trust reported 4, 12-hour breaches in May with 2 reported in the previous month. The avoidance of 12-hour breaches is a priority for the Trust and continue to be reviewed in accordance with the recently agreed processes with the Place and NHSE/I. The Trust continue to submit 12 Hour Breach forms within the agreed timescales. If the patient has come to moderate or severe harm as a result of the breach, then this will be declared as a serious incident and a full investigation undertaken to identify lessons learned. No harms have been identified for the latest 12-hour breaches, resulting in no serious incidents being reported.

The original target to meet all of the ARP (Ambulance Response Programme) standards by Q1 2020/21 has not been met and was severely adversely impacted upon by COVID-19, which began to hit service delivery in Q4 2019/20 and has continued. The latest available data is for May-22, when the average response time for South Sefton was 8 minutes, 30 seconds, over the target of 7 minutes for category 1 incidents. Category 2 incidents had an average response time of 46 minutes 42 seconds against a target of 18 minutes. South Sefton are still reporting over target for category 3 90th percentile (7 hours, 4 minutes) but have shown improvement this month. For Cat 4 90th percentile no data provided/recorded. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system. The introduction of a Sefton Emergency Response Vehicle to support category 3 and 4 calls has gone live since April with focus now on promoting service and increasing referrals. Also, the Ageing Well Programme is supporting NWS by improving access to urgent community response including referrals from NWS and the community teams with a response within 2 hours.

For ambulance handovers, the metrics have been updated in line with the 2022-23 guidance based on percentage of handovers between ambulance and A&E within 15, 30 and 60 minutes. LUHFT report 37.22% against a target of 65% within 15 minutes, 77.83% against a target of 95% for handovers within 30 minutes and 92.77% against a target 100% for handovers within 60 minutes, all falling below target. The Trust state this is a joint challenge for NWAS and the Trust and has introduced a new NWAS escalation process in partnership with AQUA - Every Minute Matters. Also, the reconfiguration of front door estate within Aintree ED to support revised processes/pathways for ambulance handovers. Implementation of Patient Flow Collaborative at Aintree to support reduction in ED occupancy and reduce ambulance crews held over 60 minutes.

The mixed sex accommodation (MSA) collection was previously paused due to COVID-19 in April 2020 to release capacity across the NHS. The collection has now resumed. Latest published data shows the South Sefton reported 1 breach in May against a zero-tolerance threshold. Escalation beds have been identified and are being utilised to prevent any further breaches.

For stroke, the South Sefton requested the data via Liverpool Place as the lead commissioner for LUHFT and have they have provided an update for quarter 4 2021-22 - 57.8% for Aintree and 61.8% for the Royal Hospital site, which are under the 80% target. A revised Pre-Consultation Business Case is in its final draft for submission to NHSE with reworked costings including the impact on NWAS. It is expected that governance processes will be agreed and signed off by 4th August for further consideration by a Joint Oversight & Scrutiny Committee later the same month. An internal Trust group will be focussing on workstreams including: TiA, Early Supported (ESD), Rehab and Radiology.

South Sefton and Trust reported no new cases of MRSA in May, although the 1 case at the Trust in April have resulted in the failure of the zero-tolerance plan for 2022/23. The 1 case at the Trust was reviewed and further actions and plans implemented. Any further cases will continue to be reviewed as part of the Infection Prevention Control (IPC) monthly meeting.

For C difficile, South Sefton reported 9 new cases of C difficile cases in May (13 year to date), against a year-to-date target of 10 so are above the planned trajectory (year-end target is ≤ 59). LUHFT reported 19 new cases in May (33 year to date), against a year-to-date target of 22 and are also reporting over (year-end target is ≤ 134). Post infection reviews are undertaken in all cases of healthcare associated infections, with any key themes/learning identified and monitored through the Trust's Action Plan and Infection Control & Prevention Meetings.

For E coli, South Sefton reported 6 new cases in May (20 year-to-date) against a year-to-date target of 24 so are below the planned monthly trajectory (year-end target is ≤ 177). LUHFT reported 19 new cases (35 year to date), against the year-to-date target of 29 also above the planned trajectory (year-end target is ≤ 174). The North Mersey Antimicrobial Resistance (including gram negative bloodstream infections) Oversight and Improvement Group has identified specific work including the inclusion of consistent healthcare associated infections reporting through the quality schedule.

LUHFT's Hospital Standardised Mortality Ratio (HSMR) was reported at 101.97 by the Trust, just over the 100 threshold. The ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

LUHFT Friends and Family A&E test response rate is above the England average of 10.2% in April 2022 at 17.7% (latest data available). The percentage of patients who would recommend the service has increased to 64%, which is below the England average of 75%. The percentage who would not recommend decreased to 26% and remains above the England average of 17%. Since the CQC inspection in March 2022, there has been a gradual improvement in the data associated with ED performance. The Place note the actions put in place by the Trust to drive the improvements necessary to maintain patient experience and quality and safety in the department. The Trust

provided a detailed update on their Patient Experience agenda at the Sefton Place EPEG meeting in May 2022.

For unplanned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for South Sefton. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public guidance was to 'stay at home'. Trends across 2021/22 have shown notable increases in A&E activity but fewer non-elective admissions when comparing to pre-pandemic activity. In the first two months of 2022/23, total unplanned activity is recording a -4% reduction when compared to activity levels in 2019 (pre-pandemic). Despite the reduction in activity, comparing costs shows that some key providers (notably LUHFT) are seeing increases. For example, the average cost of a non-elective admission at Aintree Hospital appears to have increased from circa £1.9k to £3.1k. Some of this variance appears to be related to Sepsis admissions as well as admissions coded with higher Casemix Companion (CC) scores such as those for Heart Failure, Pneumonia and Stroke. COVID-19 admissions also account for some of the variance when comparing 2022/23 to pre-pandemic.

Figure 9 – Unplanned Care All Providers - Contract Performance Compared to 2019/20

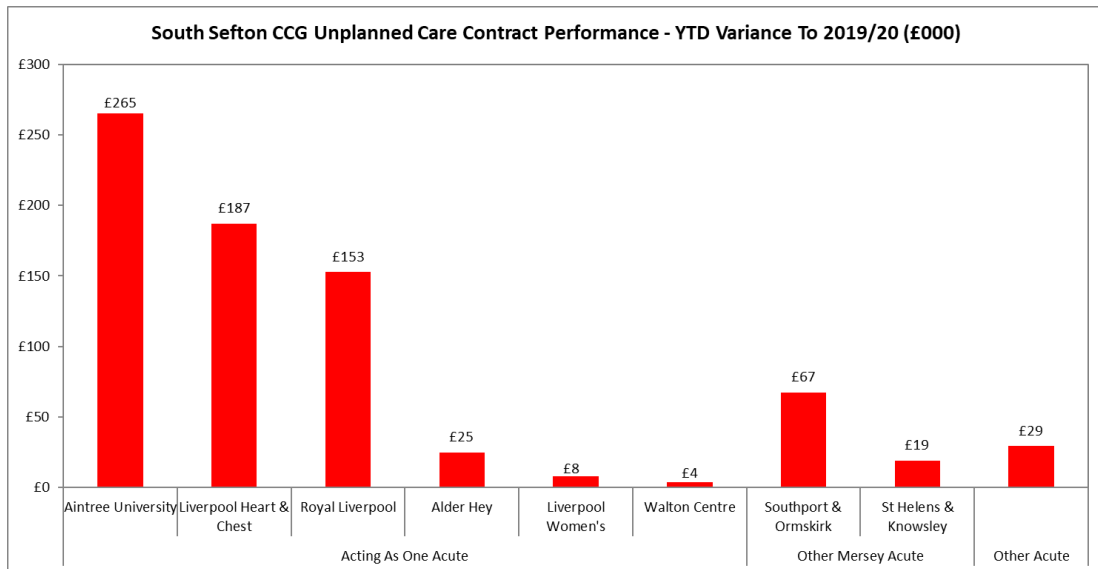


Figure 10 - Unplanned Care Activity Trends

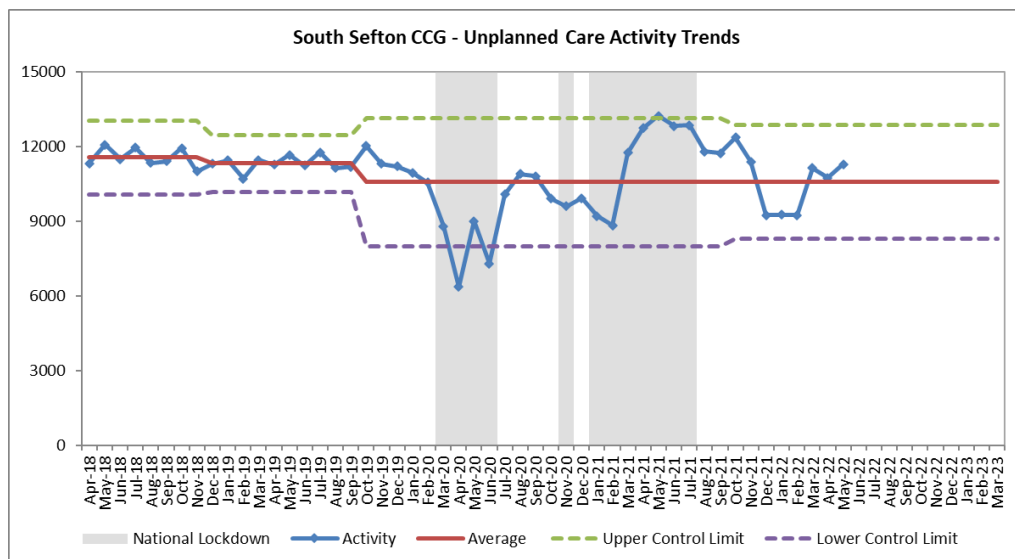


Figure 11 - A&E Type 1 against Plan (Previous Year)

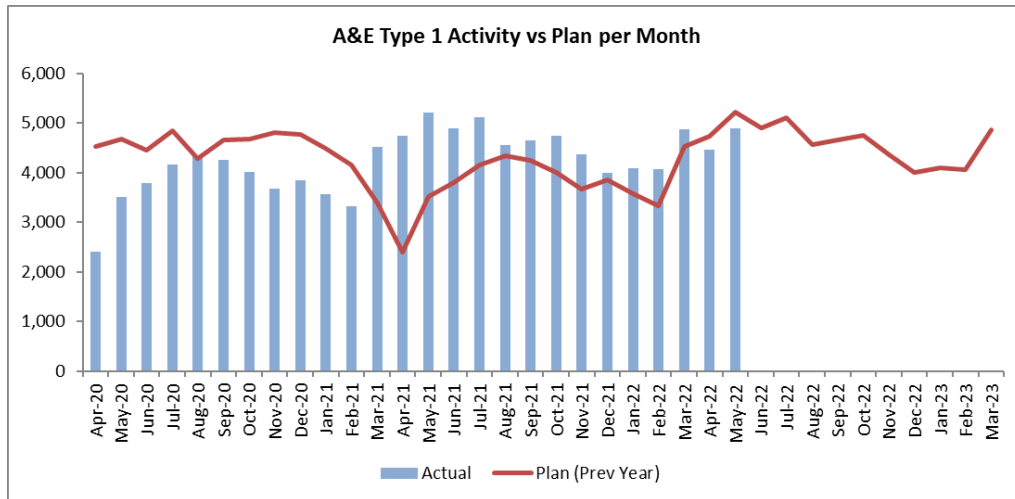
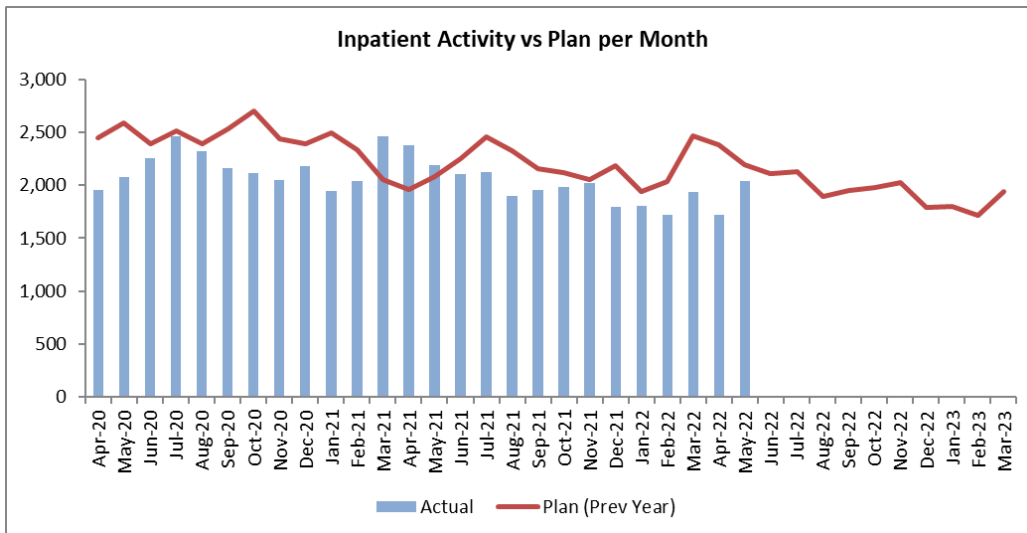


Figure 12 – Non-elective Inpatient Variance against Plan (Previous Year)



Mental Health

The Eating Disorder service has reported 24.4% of patients commencing treatment within 18 weeks of referral in May 2022, compared to a 95% target. Just 10 patients out of 41 commenced treatment within 18 weeks, which shows a small improvement in performance on last month when 22% was reported. Demand for the service continues to increase and exceed capacity. COVID-19 has had a significant impact upon demand, along with the acuity and complexity of patients accessing the service. The service launched a digital peer support platform (SHARoN) on 4th April 2022 which will benefit those individuals on the waiting list. Staff are working to capacity and the service is offering a blended approach i.e. service users are offered a choice of face to face, telephone or digital appointment via Attend Anywhere or Zoom. Risk mitigation is in place for those breaching the 18 weeks to treatment target. A wellbeing call is offered to all on the waiting list following which a psycho-education group is being offered for those who wish to attend from the waiting list. CBT-E training was delivered in April 2022. The service feel that this structured, manualised, and evidence-based intervention will improve throughput. The service continues to be responsive and patients are prioritised based on clinical need. The service has been responsive to clinical need to ensure delivery of safe and effective service. In recent weeks the service has been supporting several low weight clients requiring inpatient admission. Unfortunately, the service has not been able to access eating

disorder beds and out of area beds have been sought. However, there is a bed shortage nationally and consequently the outpatient service has continued to support severely low weight service users in the community, utilising a huge amount of resource impacting on throughput. As a wider piece of work, the service continues to explore how the acquisition of North West Boroughs NHS Trust can be of benefit and provide opportunities for additionality and service improvement. In relation to this, the eating disorder service has been confirmed as one of the first ten services across the Trust to formally go through the transition process. The Place confirmed an additional £112k of investment for 2022/23. 2.0 WTE band 4 Assistant psychologists have been offered (fixed term contracts until 31st March 2023) to support increasing psychology provision within the service. Applicants have completed employment checks and are due to start on 27th June and 4th July. Band 7 dietician permanent post has been recruited to. Pre-employment checks completed. Due to start August 2022. 7th June 2022 Interviewed applicants for 1.49 WTE band 7 Cognitive Behavioural Therapy (CBT). Appointed 0.8 WTE and 0.6 WTE, both applicants have accepted post and are going through pre-employment checks. Newly recruited Assistant Psychologists are being supported to deliver CBT-E. Sefton First Rapid Early Intervention for Eating Disorders (FREED) launched 6th June 2022. Recruitment ongoing, 0.5 WTE (band 6) vacancy to fill. Upcoming vacancies; Dietician 1.0 WTE (band 6) and Associate Psychological Practitioner. The service remains on the risk register and is subject to internal governance due to increasing waiting times. National community mental health transformation documentation for 2022/23 clearly stipulates need for robust arrangements to be in place in primary care for medical monitoring. This will need some consideration between C&M commissioners for whom Mersey Care provide eating disorder services.

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.86% in May 2022, below the monthly target standard of 1.59%. Staffing has historically been a challenging issue but through some trainees now becoming qualified and those that are still progressing through their training gaining more experience and so able to complete more assessments, the service has increased its capacity and introduced more robust internal processes around management and supervision. Performance is being closely monitored through regular meetings with the service.

The percentage of people who moved to recovery was 47.6% in May 2022 against the target of 50%, which is an improvement in performance from 33% that was reported last month and is reporting under plan. It has been recognised that for South Sefton, individuals enter the service with higher complexity which has an impact on recovery times. The provider has submitted an action plan which is being monitored through regular meetings and formal contract review meetings. Lots of work being undertaken by the provider to tighten internal systems and processes, along with more robust internal practices around management and supervision.

For IAPT six week waits to enter treatment, this measure has reported 57%, which is under the 75% target and has now been under target for 7 months. The service has introduced a revised assessment process to maximise existing capacity, ensuring all cancellations are made available for assessments and using agency staff. It will take time before the benefits of this are seen in the performance figures. In addition, trainees are now all beginning to have a small assessment caseload, which will progress gradually throughout the training course. Again, this provides previously unavailable capacity. The recovery action plan continues to be adhered to and regular meetings are in place around this, supported by colleagues from contracts, quality and finance.

The Sefton is recording a dementia diagnosis rate in May-22 of 60.2%, slightly higher to last month when 59.5% was recorded but is under the national dementia diagnosis ambition of 66.7%. Ongoing capacity and demand issues in primary care where initial dementia screening is completed continue to have an impact upon performance. The current model means that the service are continuing to review patients who could potentially be managed in primary care, thereby occupying capacity in the service through which new assessments could be completed. Discussions have begun with GP clinical leads as to how primary care could support with patient reviews and management, thereby increasing capacity in the service.

For the month of May-22, average waiting times for the Autistic Spectrum Disorder (ASD) service diagnostic assessments for service user's aged 16 – 25 accessing ASD services and waiting for an initial assessment is 84.7 weeks in Sefton. This is slightly higher than the 84.2 weeks reported in April. The service continues to prioritise those individuals with a documented SEND requirement and the Life Rooms continue to carry out welfare calls to individuals on the ASD service waiting list, escalating any concerns as per agreed pathways. £100k of additional funding was committed in 2021/22 and again in 2022/23. This has enabled the service to recruit a further substantive band four assistant psychologist to support the post diagnostic group programmes. Through an organisational change process, the service has also uplifted two band five practitioner posts to band six to enable them to autonomously undertake diagnostic assessments. A further band six practitioner has been recruited and is awaiting a start date. The remaining monies are funding additional hours for the two part time team managers to provide clinical oversight of the junior clinicians as current staffing levels mean that only single practitioner assessments can be completed which is outside of NICE guidance for best practice, along with additional assessments. A funding bid for the Cheshire and Merseyside Transforming Care Partnership has been submitted with the intention of applying for non-recurrent funding to increase capacity for diagnostic assessments and post-diagnostic support. Given that the Mersey Care service covers both Liverpool and Sefton, the bid is a North Mersey one. More widely, all North and Mid-Mersey Place's are experiencing similar issues and challenges and share the same provider in Mersey Care NHS Trust. In recognition of this, a task and finish group has been established between commissioners and Mersey Care. Terms of reference have been agreed and a work plan is being developed with further meetings arranged. Work is also underway through the contract monitoring meetings to ensure that monthly data reports are much more detailed and robust than they currently are to inform discussions around potential future service models. To note: the average of 12.1 weeks waiting times for ASD performance in May reflects the average time people aged 16 to 25 years old have been waiting for a first seen appointment. In addition to this, performance has been added to highlight the average waiting time for a diagnostic assessment (above), the majority of which will have already had had their first seen appointment.

The Place has developed a waiting list initiative with Psychiatry UK aimed at reducing Attention Deficit Hyperactivity Disorder (ADHD) waiting times which were reported as being 56.3 weeks in May-22. Average waiting times for the ADHD service have improved over 2021/22, reducing from 90.5 weeks in April 2021 to their lowest reported level so far in April 2022, although rising slightly in May 2022. £137k of additional funding was provided in 2022/23 which enabled the Trust to complete a waiting list cleanse to identify those individuals who no longer either met the criteria for an assessment or did not wish to proceed. A general welfare review was also completed as part of this process. The service also recruited a band seven non-medical prescriber on a fixed-term basis to commence nurse-led clinics and free up capacity in medical clinics for diagnostic assessments. The funding has also contributed to a subcontracting arrangement with a third-party organisation specifically to undertake clinical diagnostic assessments on behalf of the service to further reduce the waiting list. The provider has commenced assessments and an improvement trajectory is awaited. Capacity issues remain through the service having to complete annual reviews of patients who could be managed in primary care via the shared care framework. Discussions have been held between the Place, GP clinical leads and Mersey Care around how the shared care framework can be implemented effectively for all stakeholders, with agreement reached around the value of exploring additional mental health practitioners to support with the annual reviews, although consideration will need to be given about how this is funded.

Adult Community Health Services – (Mersey Care NHS Foundation Trust)

Focus within the Trust remains on COVID-19 recovery/resilience planning and understanding service specific issues, e.g., staffing, resources, waiting times. Assurance will be sought regarding changes instigated in response to COVID-19 and an understanding of services that are not operating at pre-COVID levels. A single Clinical Quality Performance Group (CQPG) across the Mersey Care footprint of commissioned services including South Sefton, North Sefton and Liverpool has been introduced. The joint Sefton and Liverpool Information Sub-Group is supporting the ongoing development and performance monitoring with the Trust. The Trust, in collaboration with commissioning leads agreed

to review service specifications throughout 2021/22 to ensure they reflect required service delivery and improvement work that has taken place over the past few years; however, this work has been impacted by the pandemic. This is to be discussed further as part of the 2022/23 work plan.

Month 2 assurance supplied by the Trust indicates that Allied Health Profession (AHP) waiting times have maintained improved positions within the 18-week standard except for physiotherapy, which has increased waiting times from previous month to 27 weeks, with 113 patients waiting over 18 weeks and Speech and Language Therapy (SLT), which has remained at 28 weeks, above the 18-week standard, with 31 patients waiting over 18 weeks.

Sefton Place continues to monitor waiting times with close monitoring of the SLT service and Physiotherapy which continues to see high demand. AHP services triage patients and prioritise on clinical need and the Trust has provided a performance improvement plan for physiotherapy and SLT. Consideration is being given to reduce the waiting times targets in recognition of the sustained improved performance in line with agreed transformation work by the Trust. However, this work has been impacted by the pandemic and to be discussed further in 2022/23.

The Trust has undertaken a deep dive of all SLT services to review capacity and demand and identify the resources required to clear the current waiting list backlog and balance the flow of patients, sharing its findings at June-22 CQPG. In response the trust has developed an action plan and an update is to be provided in September 2022. A trust wide group has been established to enable oversight of any long waits and the risk mitigation in place.

The Trust has recently submitted a business case for additional physiotherapy resource.

Children's Services

In line with Trust recovery plans, Alder Hey continues to focus on sustaining and improving pre-COVID levels of activity for community therapy services and Child and Adolescent Mental Health Services (CAMHS).

As previously reported, the SALT performance continues to be challenged. A number of issues have impacted on the service. Referrals across the service in Sefton are 12% higher in May than the previous month. Waiting times in May show slight improvement with 45% of referrals seen within 18 weeks.

A SALT service improvement plan is being implemented and there have been significant efforts to address the capacity pressure and improve waiting times, with additional plans to develop support options for CYP as they are waiting. As previously reported recruitment is ongoing, however, there is a national shortage of SALT therapists. As an interim measure two additional 2 SALT Assistants have recently been appointed to with the aim of releasing capacity of qualified SALTs. As per improvement plan, actions are being implemented to return the performance to 18 weeks by March 2023, although the Trust has flagged the potential impact on this trajectory if the increases in demand are ongoing. Commissioners and providers are closely monitoring this position.

All referrals continue to be clinically triaged at the point of receipt and prioritised according to need. Physiotherapy, Occupational Therapy (OT) and Continence continue to report above the 92% KPI in May 2022.

Dietetics is a small team and due to some staff sickness 18 week access performance has dropped slightly in May to 84.6%. Provider is flexing capacity across localities to mitigate.

The Alder Hey CAMHS team continues to address the ongoing impact of the pandemic on the increase in demand for the service and the increasing number of high risk and complex cases, a position which is reflected regionally and nationally. For 2022/23, investment has been agreed by the Place in line with Mental Health Investment Standard (MHIS), Service Development Fund (SDF) and

Service Resilience (SR) allocations. The process of recruitment is progressing but workforce challenges continue to be an issue as mental health provision expands and there is internal/external movement across the system as posts are filled, including normal staff turnover. A detailed service improvement plan has been shared by the Trust outlining when capacity and waiting times are expected to improve, which the Place is currently reviewing. This indicates that with an increase in capacity, the 92% referral to treatment target would be reached in September 2023.

Due to these ongoing issues, waiting times for assessment and treatment continue to be challenged. In May there has been a slight improvement in 6 weeks to assessment to 40.3%, but a slight drop in 18 weeks to treatment to 70.1%. The service continues to prioritise the increasing number of urgent appointments. All long waiters are regularly contacted by the service allowing for escalation if required.

Sefton has been successful in its joint bid with Liverpool Place to be a pilot site for the mental health 4 week wait initiative which will also positively impact waiting times and identify opportunities for further improvement. In the meantime, the CAMHS waiting time position continues to be closely monitored by the Place and the Trust, and the local CAMHS partnership and third sector providers continue to offer additional support and capacity.

As with CAMHS, the impact of COVID has led to an increase in demand for the Eating Disorders Young People's Service (EDYS) and a number of new and existing patients continue to present to the service at physical and mental health risk, a position that is reflected nationally. Consequently, during COVID-19 the service has seen the highest number of paediatric admissions for young people with an eating disorder since the service commenced. Despite these pressures, the service continues to meet the one week target for urgent cases, ensuring that treatment commences within one week of referral. In May the service also had 100% of routine cases commencing treatment within 28 days. To support the increased numbers of high-risk inpatients, the service was awarded additional funding through the winter pressure mental health funding stream and the service will continue to grow its workforce through ongoing MHIS funding in 22/23.

Although for both ASD and ADHD services the 12-week KPI for starting assessment (NICE compliance) continues to be met, increased referral rates are impacting on capacity and leading to delays in completion of the 30-week assessment pathways. Following the deterioration in performance for this metric over the last 6 to 9 months, waiting times have declined in May to 74.4% for ADHD and 51.5% for ASD. The Place have provided additional investment which has provided additional service capacity to meet increasing demand and reduce waiting times. A service recovery plan is being implemented to bring the performance re: 30-week assessment complete by December 2022, although this assumes a stabilising of the referral rates. During 2022/23 capacity and demand will be more fully reviewed to identify any long-term recurrent investment requirements.

CQC Inspections

South Sefton GP practices are visited by the Care Quality Commission and details of any inspection results are published on their website. The inspections have resumed and all practices in the Place report to be 'Good'. There have been no new inspections that have taken place in May.

NHS Oversight Framework

The updated NHS Oversight Framework describes NHS England's approach to NHS Oversight for 2022/23. It aligns to the priorities set out in the 2022/23 priorities and operational planning guidance and the legislative changes made by the Health and Care Act 2022, including the formal establishment of ICBs and the merging of NHS Improvement (comprising Monitor and the NHS Trust Development Authority) into NHS England. The purpose of the NHS Oversight Framework is to:

- a) Ensure the alignment of priorities across the NHS and with the wider system partners.
- b) Identify where ICBs and/or NHS providers may benefit from, or require, support.

- c) Provide an objective basis for decision and about when and how NHS England will intervene.

A separate report is prepared for Governing Body. This report presents an overview of the System Oversight Framework, and a summary of the latest performance including exception commentary regarding indicators for which the Place's performance is consistently declining. The report describes reasons for underperformance, actions being taken by managerial leads to improve performance, and expected date of improvement.