Sefton Place – South Sefton

Integrated Performance Report
June/Q1 2022

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Summary Performance Dashboard

Metric	Reporting Level		2022-23												
			Q1			Q2			Q3			Q4			YTD
			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	R										
		Actual	17.88%	12.73%	12.32%										
		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	R										
		Actual	50.45%	50.90%	49.09%										
		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	R										
		Actual	2,108	2,371	2,650										
		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	R										
		Actual	333	358	383										
		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	R										
		Actual	35	53	42										
		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										R
		Actual	20	16	13										49
		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										R
		Actual	3	0	3										6
		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										R
		Actual	68.85%	73.66%	65.98%										69.70%
		Target	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										R
		Actual	18.42%	29.41%	26.67%										25.21%
		Target	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	R										G
		Actual	96.08%	96.92%	93.65%										96.97%
		Target	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	R										G
		Actual	100%	100%	92.86%										96.97%
		Target	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										G
		Actual	100%	100%	100%										100%
		Target	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										G
		Actual	96.55%	100%	100%										98.95%
		Target	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										R
		Actual	41.67%	47.06%	57.14%										48.84%
		Target	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										R
		Actual	25%	50%	0%										28.57%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

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															
% 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%	63.16%										55.77%
		Target	85%	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	R										R
		Actual	59.76%	60.30%	59.33%										59.78%
		Target	75%	75%	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	R										R
		Actual	50%	50%	63.64%										53.72%
		Target	75%	75%	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	R										R
		Actual	44.44%	51.35%	62.96%										52.75%
		Target	75%	75%	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										R
		Actual	67.98%	67.06%	68.17%										67.73%
		Target	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										R
		Actual	66.77%	65.98%	66.95%										66.56%
		Target	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										R
		Actual	12.92%	10.00%	11.06%										11.33%
		Target	<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										R
		Actual	90.56%	92.77%	94.09%										92.50%
		Target	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										R
		Actual	74.24%	77.83%	76.99%										76.99%
		Target	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										R
		Actual	32.03%	37.22%	36.15%										35.17%
		Target	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	G										R
		Actual	0	1	0										1
		Target	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	G										R
		Actual	0	0.2	0										0.2
		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	
HCAI															
Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner) cumulative	South Sefton	RAG	G	G	R										R
		YTD	0	0	1										1
		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										R
		YTD	4	13	23										33
		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										G
		YTD	14	20	32										32
		Target	13	24	33	42	51	59	67	76	86	97	108	117	117

Metric	Reporting Level		2022-23												
			Q1			Q2			Q3			Q4			YTD
			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										G
		Actual	100%	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	G												G
		Actual	80%												80%
		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										R
		Actual	22.0%	24.4%	12.80										29.61%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Metric	Reporting Level		2022-23												
			Q1			Q2			Q3			Q4			YTD
			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										R
		Actual	0.88%	0.86%	0.91%										2.65%
		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%	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	G										R
		Actual	33.0%	47.6%	60%										46.9%
		Target	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										R
		Actual	60%	57%	52%										56%
		Target	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										G
		Actual	99%	99%	100%										99%
		Target	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										R
		Actual	59.47%	60.2%	60.1%										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%

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		R											
		Actual		7.95%											
		Target		10%			35%			52%			70%		
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		R											
		Actual		30.0%											
		Target		50%			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		G											
		Actual		39.6%											
		Target		8.75%			8.75%			8.75%			8.75%		35.00%
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		Suppressed Data											
		Actual		Meaning less than 2 referrals in the quarter											
		Target		95%			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		Suppressed Data											
		Actual		See above											
		Target		95%			95%			95%			95%		95%

Metric	Reporting Level		2022-23												
			Q1			Q2			Q3			Q4			YTD
			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	Sefton Sefton	RAG	R	R	R										
		Actual	38.7%	40.3%	37.5%										
		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	Sefton Sefton	RAG	R	R	R										
		Actual	73.8%	70.1%	66.8%										
		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	G										
		Actual	100%	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	R										
		Actual	53%	51.5%	52%										
		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	G										
		Actual	100%	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	R										
		Actual	87%	74.4%	64%										
		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	12.67										
		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	86.2										
		Target													
Average waiting tines 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	51.7										
		Target													

1. Executive Summary

This report provides summary information on the activity and quality performance of Sefton Place - South Sefton at month 3 of 2022/23 (note: time periods of data are different for each source).

Constitutional Performance for June and Quarter 1 2022/23	South Sefton	LUHFT
Diagnostics (National Target <1%)	12.32%	11.87%
Referral to Treatment (RTT) (92% Target)	49.09%	51.68%
No of incomplete pathways waiting over 52 weeks (Target zero)	2,650	6,688
No of incomplete pathways waiting over 104 weeks (Target Zero from July 2022)	42	25
Cancer 62 Day Standard (Nat Target 85%)	57.14%	48.68%
A&E 4 Hour All Types (National Target 95%)	68.17%	66.95%
LUHFT Waits in A&E from Arrival to Discharge, Admission or Transfer (Target 2%)	-	11.06%
Ambulance Handovers <= 15 mins (Target 65%)	-	36.15%
Ambulance Handovers <= 30 mins (Target 95%)	-	76.99%
Ambulance Handovers <= 60 mins (Target 100%)		94.09%
Stroke (Target 80%)	-	see report
TIA Assess & Treat 24 Hours (Target 60%)	-	Not Available
Mixed Sex Accommodation (Zero Tolerance)	0	0
CPA 72 Hour Follow Up (95% Target) 2022/23 – Q1	100%	-
EIP 2 Weeks (60% Target) 2022/23 – Q1	80%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.91%	-
IAPT Recovery (Target 50%)	60%	-
IAPT 6 Weeks (75% Target)	52%	-
IAPT 18 Weeks (95% Target)	100%	-

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 148,151, the number of patients successfully vaccinated with a primary course at the end of June-22 is 105,720 (71.4%). 83,342 (56.3%) of South Sefton patients have received booster 1. There are 37,045 (25.0%) patients that have not yet had any vaccination and 4,991 (3.4%) that have only had the 1st dose. In April-22 the Spring Booster campaign started and at the end of June-22 12,934 (8.7%) patients have received a 2nd booster. Some patients in vulnerable groups, have also been offered a 3rd booster vaccination. At the end of June-22 there have been 429 (0.3%) patients, usually severely immunocompromised, that 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 (104, 78 and 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 focused on those waiting 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' with an 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 meetings between Trust Chief Operating Officers to hold the system to account for performance.

For local referral monitoring, the Place BI team data sources recently transferred to a new data warehouse environment as part of planned upgrades designed to enhance data processing and analysis. This has resulted in some issues with the local referrals data set and month 3 data for key providers such as LUHFT is currently unavailable. As such, reporting is currently a month in arrears. South Sefton referrals in 2022/23 are 26% higher than in the equivalent period of the previous year and are 17% above pre-pandemic levels. Total referrals to Aintree Hospital are significantly higher when comparing to the equivalent period in the previous year (22%) and are 3% above pre-pandemic (i.e. 2019/20) levels. In terms of referral priority, the largest variance has occurred within routine referrals with an increase of 26% when compared to 2019/20. However, there has also been a 16% increase in two week wait referrals and a -31% decrease in referrals categorised as urgent.

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 12.32% in June – similar to last month (12.73%). South Sefton is measuring below the national level of 27.48%. Liverpool University Hospital Foundation Trust (LUHFT) performance was 11.87% in June, a small improvement on last month when 12.57% 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.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, South Sefton performance in June was 49.09%, showing no improvement on last month's performance (50.90%) and is reporting well below the national level of 62.22%. LUHFT reported 51.68%, a decrease compared to last month's performance when 53.82% was recorded.

There were a total of 6,030 South Sefton patients waiting over 36+ weeks, the majority at LUHFT. Of the total long waiters, 2,650 patients were waiting over 52 weeks, an increase of 279 on last month when 2,371 breaches were reported. The majority of these patients were at LUHFT (2,180) with the remaining 470 breaches spanned across 23 other Trusts.

The 2,650 52+ week wait breaches reported represent 11.12% of the total waiting list in June-22 which is above the national level of 5.29%.

Included in the long waiters there were 42 South Sefton patients waiting over 104 weeks, 11 less 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.

LUHFT had a total of 8,688 52-week breaches in June-22, showing an increase of 8.87% (771) from the previous month when the Trust reported 7,917.

The Trust has reported 13 cancelled operations in June (3 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 2 of the 9 cancer measures in June-22 and 3 year to date. LUHFT are achieving 1 in June-22 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 Clinical Quality & Performance Group (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 the Trust are still below for both the two week wait measures in month 3. The main reason for the breaches for both measures is inadequate outpatient capacity associated with increased demand which continues to exceed pre pandemic levels but with a sense that rates are starting to reduce. 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 South Sefton and the Trust continue to report significantly below the 93% target, despite an increase in performance in June-22. South Sefton reported 26.67% and the Trust 33.18% - out of a total of 211 patients there were 141 breaches. The maximum wait was 66 days at the Trust. The median wait in June for this indicator for South Sefton was 20 days. Performance against the 28-day standard for patients referred with breast symptoms increased to 63.64%, which is below the 75% standard for the Place.

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 cancer symptoms cited in NICE guidance.

For the Cancer 62 Day standard, South Sefton is measuring below the national level of 69.75% recording 57.14% in June-22, around a 10% improvement compared to the previous month, but remaining below the operational standard of 85%.

For patients waiting over 104 days, South Sefton reported 6 patients over 104 days in June (no patients waiting more than 73 days on a 31-day pathway). A position statement on progress with harm reviews for patients who waited more than 104 days for cancer treatment is expected at the August CQPG meeting.

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 June-22 South Sefton performed below the target for all 3 indicators. 28-day FDS overall reporting for June-22 is 58.07%, under the 75% target. It is recognised that the current focus on the 62-day backlog will close outstanding diagnostic 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 Places 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 May-22 at 25.9% (latest data reported). The percentage of patients who would recommend the service has improved to 93%, remaining below the England average of 94%. The percentage who would not recommend also improved at 4% but 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.

South Sefton have reported 85 Personal Health Budgets (PHBs) in quarter 1. NHSE/I's expectation has remained unchanged, with all CHC eligible individuals receiving a package of care at home to be funded via a PHB.

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. The first quarter of 2022/23 has seen a -14% decrease when comparing to pre-pandemic levels in the equivalent period but activity is 1% above levels seen in the previous year.

For smoking at time of delivery (SATOD) Quarter 1 data deadline has been put back until the end of September 2022 due to the creation of the ICBs.

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 June-22, reporting 68.17% and 66.95% respectively. This shows a similar performance from the previous month. South Sefton and the Trust performance is lower than the nationally reported level of 72.11%.

New in 2022/23, the Trust are required to report waits in A&E from arrival to discharge, admission or transfer. In June, the Trust reported 11.06% against the plan of patients waiting no more than 2% waiting over 12 hours, therefore reporting over this threshold. The Trust reported 19, 12-hour breaches in June with 4 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 June-22, when the average response time for South Sefton was 8 minutes, 13 seconds, over the target of 7 minutes for category 1 incidents. Category 2 incidents had an average response time of 53 minutes 49 seconds against a target of 18 minutes. The Place are still reporting over target for category 3 90th percentile (5 hours, 55 minutes) and has shown improvement this month. For Cat 4 90th percentile - 17 hours, 5 minutes was recorded, which is also over target. 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 NWAS by improving access to urgent community response including referrals from NWAS 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 36.15% against a target of 65% within 15 minutes, 76.99% against a target of 95% for handovers within 30 minutes and 94.09% against a target of 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 the Patient Flow Collaborative at Aintree has also occurred 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-20 to release capacity across the NHS. The collection has now resumed. Latest published data shows South Sefton reported no breaches in June-22 against a zero-tolerance threshold. Escalation beds have been identified and are being utilised to prevent any further breaches.

For stroke, 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.

South Sefton reported 1 new case in June, none reported at the Trust, although the 1 case at the Trust in April has 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 10 new cases of C difficile cases in June (23 year to date), against a year-to-date target of 14 so are above the planned trajectory (year-end target is </=59). LUHFT reported 18 new cases in June (51 year to date), against a year-to-date target of 34 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 12 new cases in June (32 year-to-date) against a year-to-date target of 33 so are below the planned monthly trajectory (year-end target is </=177). LUHFT reported 15 new cases (50 year to date), against the year-to-date target of 44 so 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 9.7% in May 2022 at 17.3% (latest data available). The percentage of patients who would recommend the service has increased to 67%, which is below the England average of 75%. The percentage who would not recommend decreased to 24% and remains above the England average of 17%. 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 CCG. 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 Q1 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 £1.7k to £2.8k. 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.

Mental Health
The Eating Disorder service has reported 12.8% of patients commencing treatment within 18 weeks of referral in June-22, compared to a 95% target. Just 5 patients out of 39 commenced treatment within 18 weeks, which shows a decline in performance on last month when 24.4% 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.

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.91% in June-22, below the monthly target standard of 1.59%. Performance is being closely monitored through regular meetings with the service.

The percentage of people who moved to recovery was 60% in June-22 against the target of 50%, which is an improvement in performance from 47.6% that was reported last month and is now reporting above plan.

For IAPT six week waits to enter treatment, this measure has reported 52%, which is under the 75% target and has now been under target for 8 months. Inherited waits continue to impact performance.

South Sefton is recording a dementia diagnosis rate in June-22 of 60.1%, similar to last month when 60.2% was recorded but is under the national dementia diagnosis ambition of 66.7%. Proposals for new a new mandatory and additional optional scheme has been forwarded to GP practices Sefton wide, these additional measures will help with identifying patients on practice registers and that they are coded appropriately. Consultation will conclude shortly and plans to implement service specifications will commence shortly afterwards.

For the percentage of people on general practice SMI register who have had a physical health check, South Sefton reported 30% rolling 12 months as at the end of quarter 1 2022/23 - under the plan of 50%.

South Sefton reported 7.95% of patients with learning disabilities receiving their health checks as at quarter 1 2022/23 under the quarterly target of 18%, year-end target 70%.

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.

Children's Services – South Sefton
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 notably the ongoing increase in referrals. In June, 102 new referrals were accepted into the service and there was a slight deterioration in performance 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 SALT Assistants have recently been appointed to with the aim of releasing capacity of qualified SALTs. As per the

improvement plan, actions are being implemented to return the performance to 18 weeks by March-23, 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 June-22.

Dietetics is a small team and due to a vacancy on the team, the 18-week access performance has dropped in June to 85.5%. The provider is looking to flex 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.

Whilst the process of recruitment has been ongoing, the service continues to experience workforce challenges due to the high level of internal/external movement across the system. Between June and September 2022, 6 staff have left/will leave the service, resulting in a reduction in clinical capacity and an associated deterioration in performance. Whilst these posts have now been recruited and there are 3 new staff starting in post in August, the Trust report that capacity and performance will continue to be challenged with an improved position expected in the autumn.

Due to these ongoing issues, waiting times for assessment and treatment continue to be challenged. In June there was a 2.8% decline in 6 weeks to assessment to 37.5%, and a 3.3% drop in 18 weeks to treatment to 68.8%. There were also 5 young people across Sefton waiting over 52 weeks at the end of June, although these patients have now either been seen or have an appointment booked in August. The service continues to prioritise the increasing number of urgent appointments and all long waiters are regularly contacted by the service allowing for escalation if required. There are some initial signs that referral rates are beginning to reduce to more closely reflect pre-pandemic levels, but further data and evidence is required to confirm this.

A detailed service improvement plan has been shared by the Trust outlining when capacity and waiting times are expected to improve, which Sefton Place is currently reviewing. This indicates that with an increase in capacity, the 92% referral to treatment target would be reached in September 2023.

In the meantime, the CAMHS waiting time position continues to be closely monitored by Sefton Place and the Trust, and the local Sefton Emotional Health 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, service continues to experience a high number of paediatric admissions for young people with an eating disorder. Despite these pressures, the service continues to assess urgent cases within one week, ensuring that treatment commences within one week of referral, although occasionally patients may choose to delay treatment. Due to ongoing demand and capacity issues, waiting times for routine cases to commence treatment within 28 days continue to be challenged. In Q1, the service had 69.6% of routine cases start 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 2022/23.

For 2021/22, South Sefton exceeded the 35% mental health target, which was 39.6% compared to 34.6% in 2020/21. The Place now receives data from third sector organisations Venus, Parenting

2000, Kooth and MHSTs which now all submit data to the Mental Health Services Data Set (MHSDS) and are included in this dataset. The increases in service investment through the Mental Health Investment Standard, SDF, SR and additional COVID recovery monies will also continue to positively impact access rates.

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 further deteriorated in June-22 to 64% for ADHD and 52% for ASD. Whilst Sefton Place released additional investment in Q4 2021/22 to increase service capacity, the Trust and Sefton Place have highlighted the need for a system wide response to the sustained increase and there have been some initial discussions about this, and the need to develop a system wide pathway offer. In the meantime, a service recovery plan is being implemented to bring the performance re: 30-week assessment complete by December-22, 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
Practices in 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 South Sefton report to be 'Good'. There have been no new inspections that have taken place in June.

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.

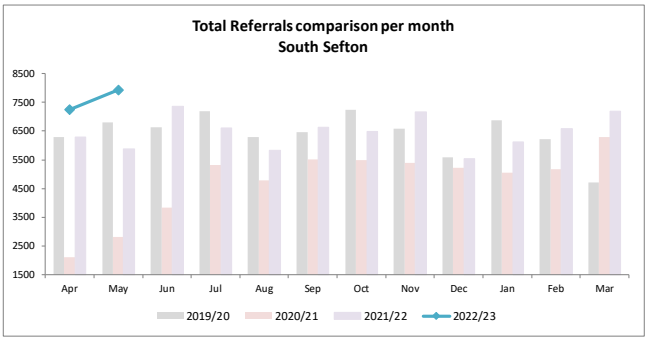
A separate report is prepared for Governing Body. This report presents an overview of the System Oversight Framework, and a summary of the latest performance including exception commentary regarding indicators for which the Place's performance is consistently declining. The report describes reasons for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

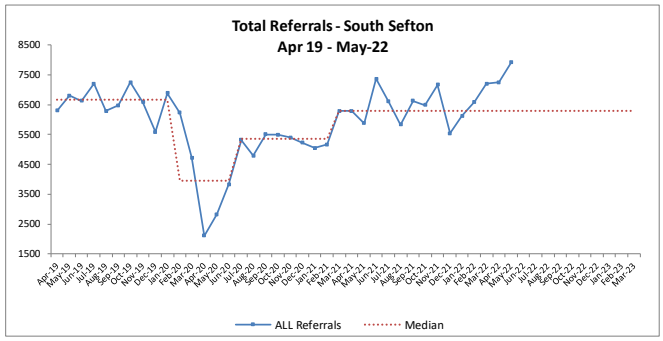
2. Planned Care

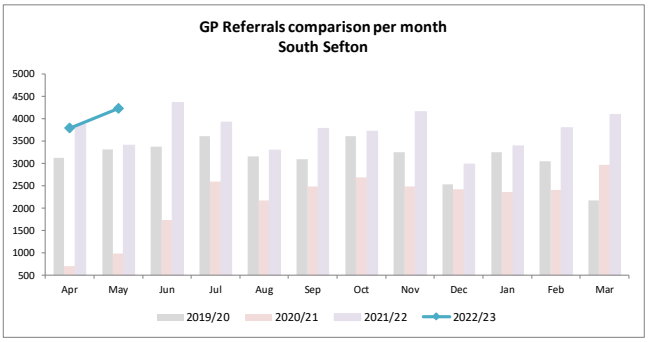
2.1 Referrals by source

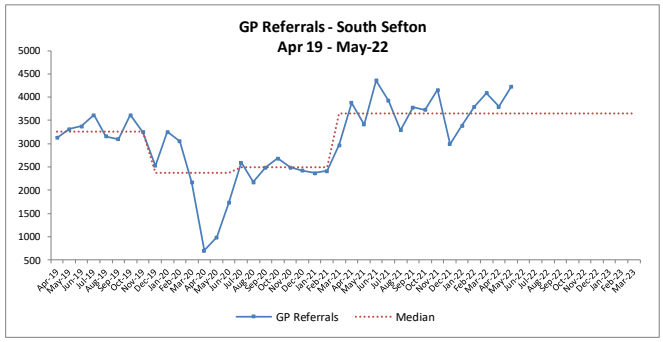
Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
Month	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2019/20 Previous Full Financial Year	2021/22 Actuals	+/-	%	2019/20 Previous Full Financial Year	2021/22 Actuals	+/-	%	2019/20 Previous Full Financial Year	2021/22 Actuals	+/-	%
April	3,877	3,796	-81	-2.1%	925	1,762	837	90.5%	6,283	7,243	960	15.3%
May	3,414	4,228	814	23.8%	1,345	1,971	626	46.5%	5,874	7,930	2,056	35.0%
June	4,362				1,720				7,366			
July	3,923				1,485				6,606			
August	3,293				1,418				5,831			
September	3,779				1,549				6,629			
October	3,726				1,485				6,485			
November	4,154				1,663				7,165			
December	2,991				1,362				5,535			
January	3,393				1,508				6,126			
February	3,800				1,580				6,588			
March	4,091				1,729				7,196			
Monthly Average	**3,734**	**22,402**	**18,668**	**500.0%**	**1,481**	**8,885**	**7,404**	**500.0%**	**6,474**	**38,842**	**32,368**	**500.0%**
YTD Total Month 2	**7,291**	**8,024**	**733**	**10.1%**	**2,270**	**3,733**	**1,463**	**64.4%**	**12,157**	**15,173**	**3,016**	**24.8%**
Annual/FOT	**44,803**	**48,144**	**3,341**	**7.5%**	**17,769**	**22,398**	**4,629**	**26.1%**	**77,684**	**91,038**	**13,354**	**17.2%**

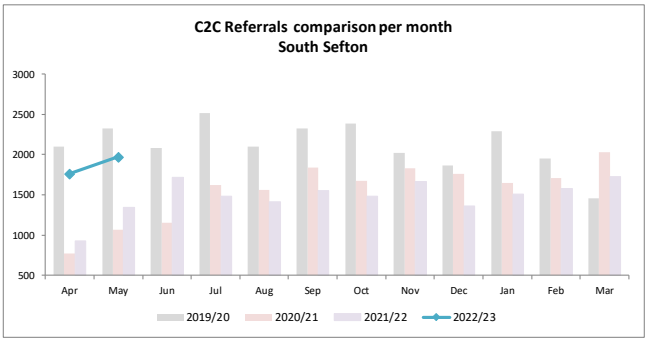
Figure 1 - Referrals by Source across all providers for 2019/20, 2020/21 to 2022/23

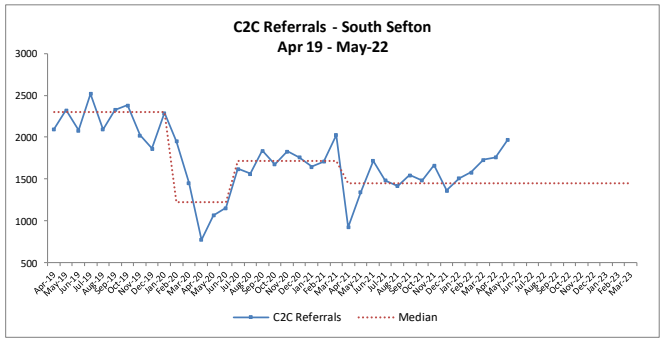












Month 2 Summary:

Data quality note:
Business Intelligence data sources have currently transferred to a new data warehouse environment as part of planned upgrades in order to enhance data processing and analysis. This has resulted in some issues with the local referrals data set and month 3 data for key providers such as LUHFT is currently unavailable. As such, reporting is currently a month in arrears.

- A focus on elective restoration has ensured that South Sefton referrals in 2022/23 are 26% higher than in the equivalent period of the previous year.
- Also, when comparing to 2019/20 (pre-pandemic) levels, referrals are 17% higher as at month 2.
- GP referrals seen significant increases in 2021/22 to the previous year and are reporting a further year to date increase of 11% in 2022/23 when comparing to 2021/22.
- Total referrals to Aintree Hospital are significantly higher when comparing to the equivalent period in the previous year (22%) and are 3% above pre-pandemic (i.e. 2019/20) levels.
- In terms of referral priority, the largest variance has occurred within routine referrals with an increase of 26% when compared to pre-pandemic levels. However, there has also been a 16% increase in two week wait referrals and a -31% decrease in referrals categorised as urgent.

2.2 NHS E-Referral Services (e-RS)

Reporting has been suspended on the e-Referral Service (e-RS) metric as e-RS capacity has been removed to ensure equity of provision. 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.

2.3 Diagnostic Test Waiting Times

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test		**Previous 3 months and latest**					133a	The risk that the Sefton Place is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.
RED	**TREND**		Mar-22	Apr-22	May-22	Jun-22		
		S Sefton	16.22%	17.88%	12.73%	12.32%		
		LUHFT	14.05%	15.45%	12.57%	11.87%		
		Previous year	Mar-21	Apr-21	May-21	Jun-21		
		S Sefton	8.39%	8.05%	12.71%	14.14%		
		LUHFT	10.79%	7.85%	7.49%	8.24%		
		National Target: less than 1%						

Performance Overview/Issues:

• For South Sefton 3,052 patients were on the waiting list with 376 waiting over 6 weeks (of those 162 are waiting over 13 weeks). Same period last year saw 2,312 patients waiting in total and 327 waiting over 6 weeks (of those 142 waiting over 13 weeks).
• Respiratory physiology - sleep studies (103), Gastroscopy (52), Colonoscopy (62), Non-Obstetric Ultrasound (42) and CT (38) make up the 68.88% of the total breaches.
• South Sefton and the Trust is reporting well below the national level of 27.48%.
• For LUHFT performance was 11.87% in June compared to 12.57% the previous month.
• Impact on performance due to COVID-19 pandemic.
• Infection Prevention Control (IPC) guidance has resulted in reduced capacity.

Actions to Address/Assurances:

Place Actions:
• 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.
• Collaborative Commissioning Forum (CCF) and Contract Quality Review Meeting (CQRM) convene to ensure performance and quality concerns are addressed and assurance is sought from providers.
• The Place is reviewing waiting list/referral trends to analyse provider positions comparable with the national picture.

System:
• Liverpool Place continues to meet with providers such as LUHFT to discuss diagnostic recovery approach.
• Discussions at Cheshire and Mersey (C&M) footprint via C&M imaging network with a local focus on how system can make performance improvements.
• Establishment of a C&M Endoscopy operational recovery team with membership from the Cancer Alliance, the hospital cell, clinical leads, Chief Operating Officers (COO's) from key providers.
• Further developments expected within coming months with regards to community diagnostic hubs, envisaged to provide additional diagnostic capacity across a number of modalities, aimed to meet additional diagnostic demand and support improved performance.

LUHFT Actions:
• Trust participating in C&M Diagnostic programme; review of endoscopy productivity and utilisation workshops delivered with follow up in July and September.
• Internal review of endoscopy demand and capacity and mobilisation of support from MBI commenced.
• Continued insourcing of Medinet to support activity on both sites, and WLIs where staffing is available.
• Continued insourcing of additional imaging scanner capacity (CT/MR).
• Review potential for alternative low risk MRI pathway to mitigate lack of available Cardiologist supervision.
• Weekly validation of imaging DM01 position revised and in test.

When is performance expected to recover:

No specific date for recovery provided.

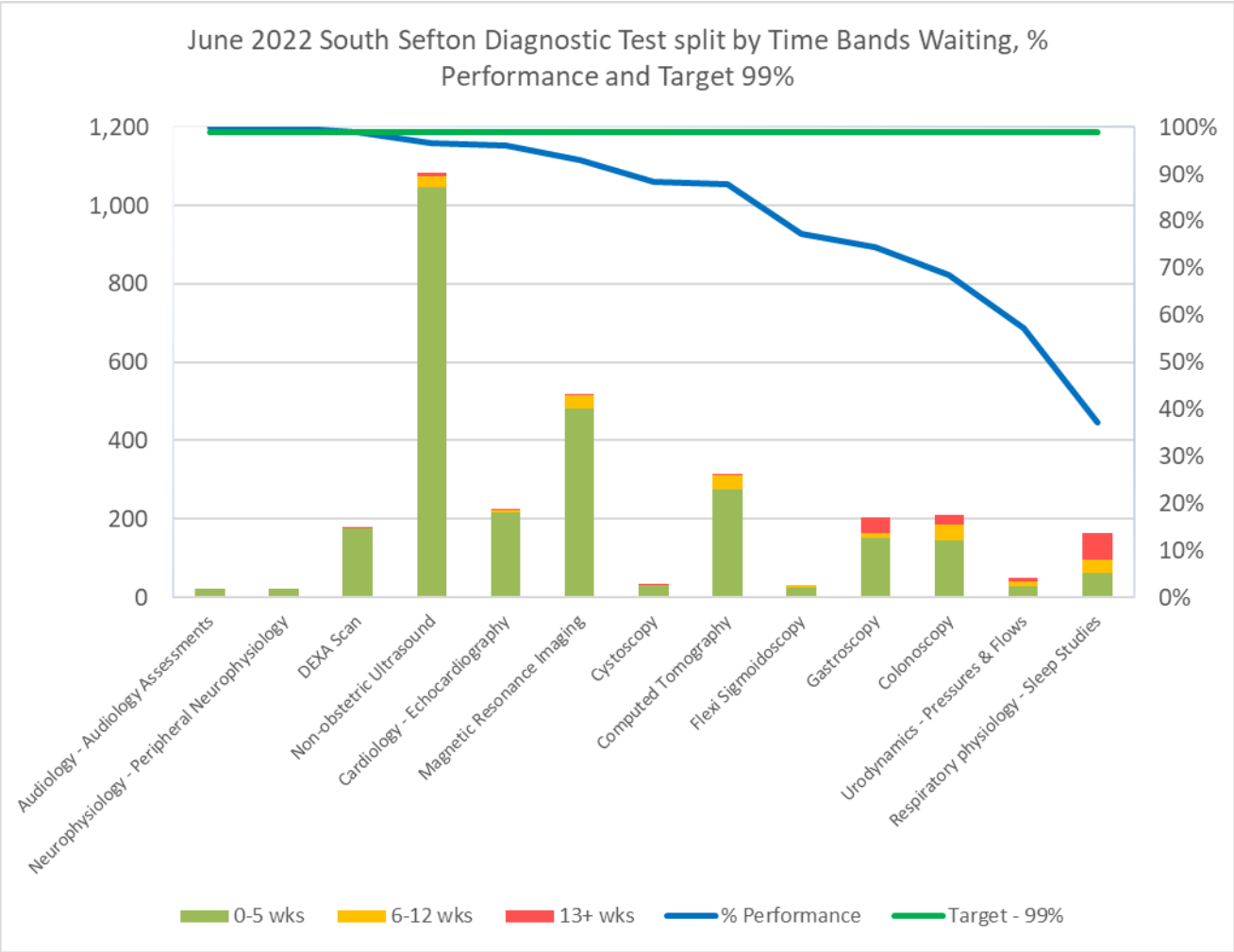
Quality:

No quality concerns have been raised.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	John Wray	Terry Hill

Figure 2 – June South Sefton (previously SSCCG) Diagnostics Chart and Table

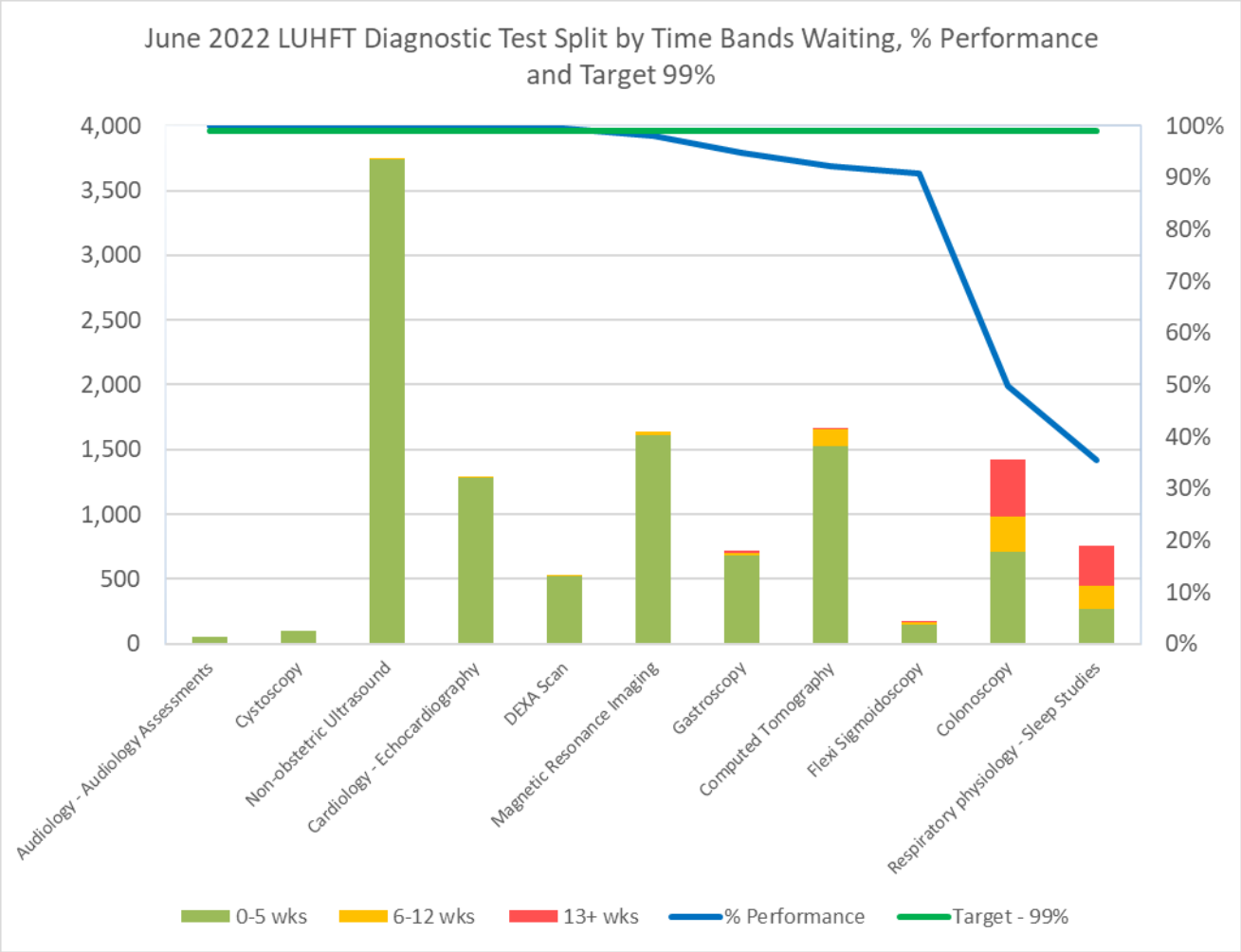


Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
Audiology - Audiology Assessments	23	0	0	100.00%	99%
Neurophysiology - Peripheral Neurophysiology	21	0	0	100.00%	99%
DEXA Scan	175	1	1	98.87%	99%
Non-obstetric Ultrasound	1,046	27	10	96.58%	99%
Cardiology - Echocardiography	217	7	2	96.02%	99%
Magnetic Resonance Imaging	482	33	4	92.87%	99%
Cystoscopy	30	2	2	88.24%	99%
Computed Tomography	274	37	1	87.82%	99%
Flexi Sigmoidoscopy	24	7	0	77.42%	99%
Gastroscopy	151	13	39	74.38%	99%
Colonoscopy	144	40	26	68.57%	99%
Urodynamics - Pressures & Flows	28	12	9	57.14%	99%
Respiratory physiology - Sleep Studies	61	35	68	37.20%	99%
Total	**2,676**	**514**	**162**	**87.68%**	**99%**

For diagnostics overall, South Sefton is reporting 87.68%, below target of greater than 99% seen within 6 weeks and the proportion waiting over 13 weeks is 5.31%. National levels overall are currently at 72.52% and the proportion waiting over 13 weeks nationally is at 10.87%. South Sefton is performing better on both counts.

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

Figure 2 – June LUHFT Diagnostics Chart and Table



Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
Audiology - Audiology Assessments	49	0	0	100.00%	99%
Cystoscopy	101	0	0	100.00%	99%
Non-obstetric Ultrasound	3,742	9	0	99.76%	99%
Cardiology - Echocardiography	1,280	4	0	99.69%	99%
DEXA Scan	524	3	0	99.43%	99%
Magnetic Resonance Imaging	1,612	31	0	98.11%	99%
Gastroscopy	685	15	23	94.74%	99%
Computed Tomography	1,529	127	2	92.22%	99%
Flexi Sigmoidoscopy	148	14	1	90.80%	99%
Colonoscopy	706	273	443	49.65%	99%
Respiratory physiology - Sleep Studies	269	179	310	35.49%	99%
Total	**10,645**	**655**	**779**	**88.13%**	**99%**

2.4 Referral to Treatment Performance (RTT)

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (18 weeks)		**Previous 3 months and latest**					129a	The Sefton Place is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
RED	**TREND**		Mar-22	Apr-22	May-22	Jun-22		
		S Sefton	51.24%	50.45%	50.90%	49.09%		
		LUHFT	54.00%	52.73%	53.82%	51.68%		
		Previous year	Mar-21	Apr-21	May-21	Jun-21		
		S Sefton	62.11%	63.70%	66.71%	66.29%		
		LUHFT	63.44%	63.42%	65.89%	65.58%		
		Plan: 92%						

Performance Overview/Issues:

- This month South Sefton's and the Trust performance has fallen from the previous month, both are still reporting well below the 92% target.
- The challenged specialties for South Sefton include ENT (33.1%), General Surgery (35.1%)and Urology (36%).
- Included in the long waiters there were 42 patients waiting over 104 weeks. Of the 42 there were 24 for General Surgery, 14 for ENT, 3 for T&O and 1 for Urology. The lead commissioner 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. The expectation set out in recently published operation planning guidance is that the system eliminates 104 weeks waits by July 2022.
- The CCG and Trust are reporting below the national level of 62.22%.
- LUHFT's overall waiting list has increased by 1,1345 from previous month to 82,841 in June.

Actions to Address/Assurances:

Place Actions:

- As with diagnostics, 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.
- Work with system partners and National/regional leads to enable a co-ordinated approach to ensure equality of access and best use of resource during the recovery phase and beyond (including mutual aid), including discussing proposal with regards to surgical hubs/Green sites, digital risk stratification (A2I) and system PTL/waiting lists.
- Work with National Elective care programme leads to develop and implement a system modelling tool in Ophthalmology, that will indicate changing levels of activity across the pathway, and support transformation of services, with expected positive impact on restoration and performance.
- Work with National Elective care programme leads, sharing good practice in relation to development of integrated Gastroenterology pathways already implemented across Sefton & Liverpool. Pathways currently out for discussion across Cheshire and Merseyside footprint.
- Review recovery plans of smaller independent providers, that sit outside of 'command and control' structures including indicative activity plans and waiting list size.
- Place reviewing the 'Increasing Capacity' Framework for the commissioning of ISP activity, working closely with the acute Trust to ensure alignment in commissioning of an appropriate quantum of independent sector capacity.
- The Place is working closely with Renacres on assurance around waiting list performance, including its processes to review and validate waiting lists from a patient quality perspective, prioritising by clinical need and length of time on the waiting list.
- The Place is viewing waiting list/referral trends to analyse provider positions comparable with national picture.

LUHFT Actions:

Key actions taken to support the safe restart of the elective programme on the Royal and Aintree sites include:

- Continue to focus on the treatment of clinically urgent patients (P2) and cancer patients in line with cancer pathway standards. Focus on reduction of cancer patients waiting >104 days for treatment.
- Validation of all long wait patients and potential duplication of referrals and pathways has commenced with further support required to embed reliable processes and reporting.
- Planned use of C2AI to support admitted waiting list prioritisation and risk stratification (dates to be determined).
- Standardisation of validation processes across central and devolved validation teams and operational teams.
- Confirmed processes for validation and removal of duplicate pathways/referrals to be delivered through Admin Academy in August and September.

When is performance expected to recover:

No specific date for recovery provided.

Quality:

No quality concerns have been raised.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	John Wray	Terry Hill

2.4.1 Referral to Treatment Incomplete pathway - 52+ Week Waiters

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (52+ weeks)		Previous 3 months and latest					129c	The Sefton Place is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
RED	TREND		Mar-22	Apr-22	May-22	Jun-22		
		S Sefton	1,836	2,108	2,371	2,650		
		LUHFT	6,367	7,225	7,917	8,688		
		Previous year	Mar-21	Apr-21	May-21	Jun-21		
		S Sefton	1,548	1,422	978	912		
		LUHFT	5,027	4,758	4,404	4,122		
		Plan: Zero						

Performance Overview/Issues:

- Of the 2,650 breaches, the majority were at were at Liverpool University Hospital Foundation Trust (2,180) and the remaining 470 breaches spanned across 23 other Trusts.
- 52+ week waits for South Sefton represent 11.12% of the total waiting list in June which is above the national level of 5.29%.
- LUHFT 52 week breaches increased by 771 to 8,688 in June. The largest number of patient waiting in excess of 52 weeks were in ENT (2,332), T&O (1,128), Gastroenterology (1,008), General Surgery (1,119) and other surgical services (844).
- High volumes of priority 2 patients restricting ability to reduce long waits.

Actions to Address/Assurances:

Place/System Actions:

- Monitoring of the 36+ week waiter continues.
- Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability in on-going.
- The Hospital Cell produce a weekly dashboard with close monitoring of performance across a number of elective care metrics.
- System focus on prioritising long waiters (52+ weeks), with specific focus on 78 and 104+ week waits.
- System meeting with executive trust membership focused on elimination of 104+ week waits by July 2022.
- Quality concerns will be discussed at Collaborative Commissioning Forum (CCF) and brought through to Contract Quality Review Meeting (CQRM) as appropriate.
- 52 week waiters is a standing agenda item at Clinical Quality Review Meetings (CQRM) for assurance.

LUHFT Actions:

- LUHFT continues to be a part of the C&M 104 Club to review long waits weekly and identify areas of concern.
- Specialty and Divisional wait list meetings in place weekly. Twice weekly LUHFT huddle in place.
- Provision of wait list by week wait to specialties.
- Impending Tier 1 weekly monitoring from NHSE/I for cancer and RTT performance.
- Move to focus on patients waiting >78 weeks from May onwards.

When is performance expected to recover:

No specific date for recovery set, other than elimination of over 104 weeks by July 2022.

Quality:

No quality concerns have been raised.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	John Wray	Terry Hill

2.4.2 Referral to Treatment Incomplete pathway - 104+ Week Waiters

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Zero tolerance of RTT waits over 104 weeks (English commissioners only)		Previous 3 months and latest						The Sefton Place is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
RED	TREND		Mar-22	Apr-22	May-22	Jun-22		
		S Sefton		35	53	42		
		LUHFT		116	62	25		
		Plan: Zero from July 2022						

Performance Overview/Issues:

- Of the 42 breaches, the majority were at were at Spire (37) and remaining 5 at LUHFT.
- 104+ week waits for South Sefton represent 0.18% of the total waiting list in June which is above the national level of 0.06%.
- LUHFT 104 week breaches decreased by 37 to 25 in June. Breaches were in ENT (12), T&O (6), General Surgery (2), Oral Surgery (2) and Other - Surgical Services (3).

Actions to Address/Assurances:

- Oversight of 104 week target, managed at ICB level via 'Restoration of elective activity meting' with a subgroup focussed on delivery of the 104 week target. The group consists of Chief Operating Officers and ICB programme leads.
- Performance of the 104 weeks target is reported through to the Restoration of elective activity meeting and is a standing agenda item.

When is performance expected to recover:

Elimination of over 104 weeks by July 2022.

Quality:

No quality concerns have been raised.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	John Wray	Terry Hill

Figure 3 – South Sefton RTT Performance & Activity Trend

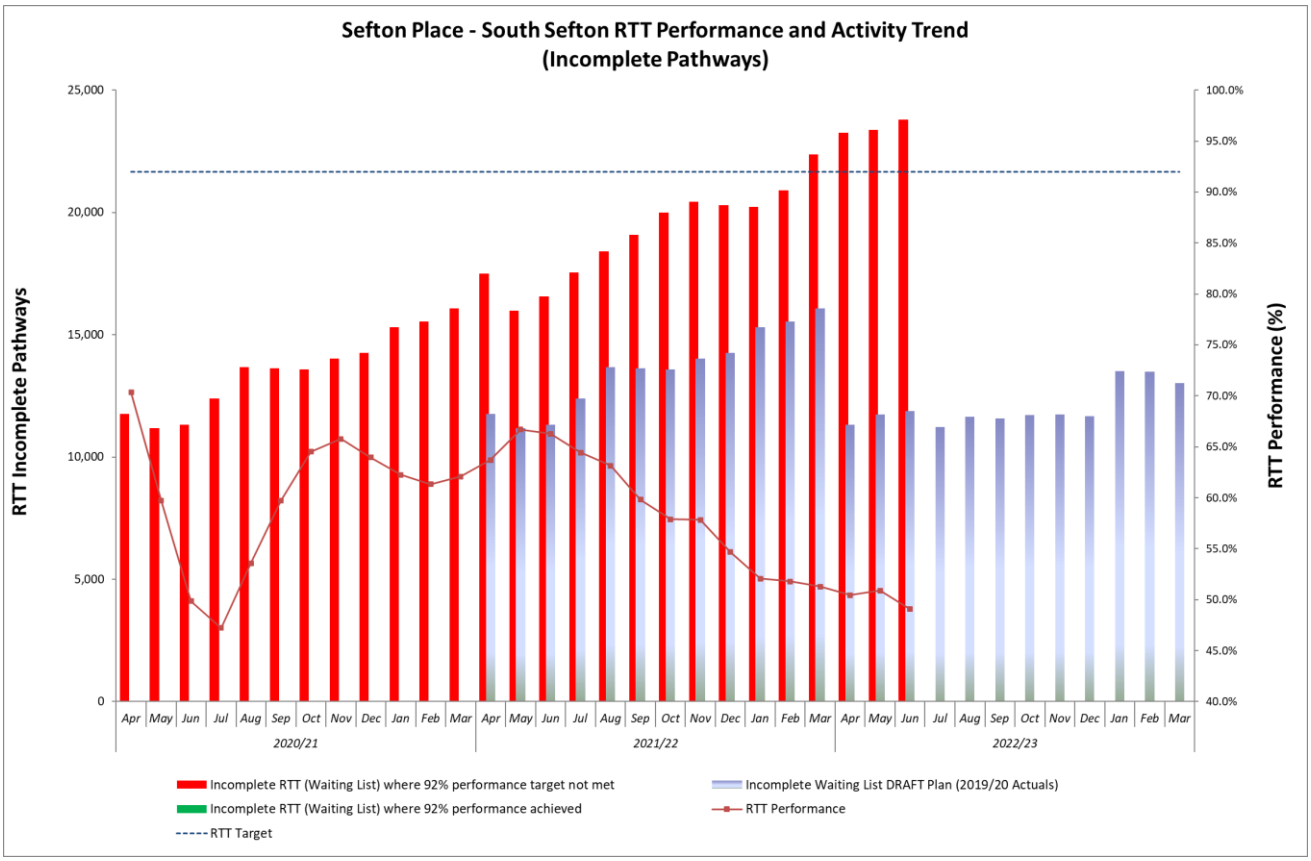


Figure 4 - South Sefton and LUHFT Total Incomplete Pathways

South Sefton

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	11,880
2022/23	23,261	23,391	23,828										23,828
Difference	**11,952**	**11,664**	**11,948**										**11,948**
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	2,650										
Difference	**686**	**1,393**	**1,738**										

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	48,329
2022/23	79,702	81,707	82,841										82,841
Difference	**33,813**	**34,894**	**34,512**										**34,512**
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	8,688										
Difference	**2,467**	**3,513**	**4,566**										

**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 June was 49.09%, showing no improvement on last month's performance (50.90%) and is reporting well below the national level of 62.22%. LUHFT reported 51.68%, a decrease compared to last month's performance when 53.82% 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 6,030 South Sefton patients waiting over 36+ weeks, the majority at LUHFT. Of the total long waiters, 2,650 patients were waiting over 52 weeks, an increase of 279 on last month when 2,371 breaches were reported. The majority of these patients were at LUHFT (2,180) with the remaining 470 breaches spanned across 23 other Trusts.

The 2,650 52+ week wait breaches reported represent 11.12% of the total waiting list in June-22 which is above the national level of 5.29%.

Included in the long waiters there were 42 South Sefton patients waiting over 104 weeks, 11 less 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 437 this month with a total 23,828 South Sefton patients now on the RTT waiting list in June-22. This is compared to 11,880 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 South Sefton and Trust, mirroring the national trend. The BI team within the Place produces trend analyses into RTT incomplete pathways, which is shared with commissioners monthly.

LUHFT had a total of 8,688 52-week breaches in June-22, showing an increase of 8.87% (771) from the previous month when the Trust reported 7,917.

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 between the HCP and Place leads to ascertain the level of support required by place to support elective recovery.

2.4.3 Provider assurance for long waiters

Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	120: ENT	622	4	***Trust Comment:*** *The Trust has achieved the national target of treating all 104 week plus waiters by the end of June 2022, a huge achievement for the organisation given the large numbers of patients that the Trust had to treat. The Cheshire and Merseyside 104 club will now focus on the reduction of 78 weeks by March 2023. Validation of all long wait patients has resulted in 2,200 patients waiting over 52 weeks being removed from the waiting list. Focus is now on potential duplicate referrals / pathways for outpatients. Specialty and Divisional waiting list meetings are in place weekly with a twice weekly LUHFT huddle in place.*
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	100: GENERAL SURGERY	367		***Trust Comment:*** *See LUHFT comment above*
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	301: GASTROENTEROLOGY	337		***Trust Comment:*** *See LUHFT comment above*
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	502: GYNAECOLOGY	289		***Trust Comment:*** *An external out-sourced validation review is being planned from July onwards to review the full PTL and ensure all patients waiting have correct pathways. There is a large focus on Outpatients, reviewing clinic utilisation and maximising capacity where available. Plans are in place to increase the clinical workforce to increase out-patient appointment capacity. A Partnership Board has been established with Liverpool University to oversee formalisation of pathways. There is increased access to colorectal surgeons for women with Gynaecological cancers and complex Gynaecology at Liverpool University sites.*
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	110: TRAUMA & ORTHOPAEDICS	248	1	***Trust Comment:*** *See LUHFT comment above*
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	101: UROLOGY	237		***Trust Comment:*** *See LUHFT comment above*
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	130: OPHTHALMOLOGY	152		***Trust Comment:*** *See LUHFT comment above*
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	X05: ALL OTHER - SURGICAL	149		***Trust Comment:*** *See LUHFT comment above*

Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	160: PLASTIC SURGERY	50		***Trust Comment:*** *Patient Tracking List meetings continue to be held twice weekly with service leads in attendance. All theatres are now fully re-opened. Pathway management standardisation is progressing, with a daily review and validation. All long wait patients are monitored individually, and the additional capacity will enable them to be booked as soon as feasible or when the patient agrees. Urgents, cancer patients and long waiters remain the priority patients for surgery at Whiston. Orthopaedics has also been identified as a priority area. Fairfield is supporting the Trust to decrease waits in T&O. Two-way appointment reminders have been reintroduced so that patients can respond and confirm attendance or advise if they wish to cancel or rebook, and this will help to reduce DNAs. The Trust continues to progress the strategic site development plans that will enable the Trust to increase capacity.*
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	330: DERMATOLOGY	32		***Trust Comment:*** *See LUHFT comment above*
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	300: GENERAL INTERNAL SURGERY	13		***Trust Comment:*** *See LUHFT comment above*
RENACRES HOSPITAL	110: TRAUMA & ORTHOPAEDICS	13		***Trust Comment:*** *Ramsay Health Care has treated the highest volumes of NHS patients in the independent sector throughout the pandemic. Ramsay continues to work in partnership with the NHS supporting the growing waiting lists and ensuring ongoing access to healthcare for patients moving forward.*
SPIRE LIVERPOOL HOSPITAL	101: UROLOGY	9	1	***Trust Comment:*** *All 84 plus week patients are under review. Spire Liverpool has commenced a waiting list recovery working group with support from the Spire national clinical team, the teams focus has been to review the processes around the current booking capacity. The team has streamlined some processes and increased staffing level to support the inpatient booking team to best utilise all available theatre/outpatient capacity.*
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	340: RESPIRATORY MEDICINE	8		***Trust Comment:*** *See LUHFT comment above*
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	110: TRAUMA & ORTHOPAEDICS	8		***Trust Comment:*** *Robust and realistic recovery plans had been developed and the Trust is currently performing well against these. The Greater Manchester Elective Recovery Reform Group is in place with two programmes of work; capacity and demand across Greater Manchester and reform. It is attended by the Trust's Deputy Chief Executive. The Trust continue to access independent provider capacity.*
SPIRE LIVERPOOL HOSPITAL	110: TRAUMA & ORTHOPAEDICS	6	2	***Trust Comment:*** *See SPIRE LIVERPOOL comment above*
SPIRE LIVERPOOL HOSPITAL	100: GENERAL SURGERY	5	24	***Trust Comment:*** *See SPIRE LIVERPOOL comment above*
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	320: CARDIOLOGY	5		***Trust Comment:*** *See LUHFT comment above*

Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	502: GYNAECOLOGY	5		**Trust Comment:** *There is continued risk stratification of the waiting list and the Trust is part of the Cheshire and Mersey wider elective restoration group. There is the potential use of ring-fenced beds at Southport and Formby District Hospital. Insourcing weekend lists for Trauma and Orthopaedics patient commenced in July. There is active recruitment for Ophthalmology and the system transformation project. The Gynaecology redesign and recruitment process is now complete and recovery is expected. The Urology new rapid diagnostic pathway will be implemented August 2022. Additional theatre sessions and number of patients per list increased from July for Ophthalmology and recovery is expected from September 2022. Discussions are*
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	X02: ALL OTHER - MEDICAL	4		***Trust Comment:*** *See LUHFT comment above*
RENACRES HOSPITAL	X02: ALL OTHER - MEDICAL	4		***Trust Comment:*** *See RENACRES comment above*
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	X05: ALL OTHER - SURGICAL	4		***Trust Comment:*** *See SOUTHPORT comment above*
SPIRE LIVERPOOL HOSPITAL	120: ENT	3	10	***Trust Comment:*** *See SPIRE LIVERPOOL comment above*
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	502: GYNAECOLOGY	3		***Trust Comment:*** *The elective programme continues to focus on supporting sites to treat both long waiting and clinically urgent patients. Transformation resource is being utilised to improve in-session efficiency in theatres, booking and scheduling performance. Continuing use of system-wide capacity such as Independent Sector and Greater Manchester hub capacity at Rochdale and the Christies, as well as undertaking dedicated support at Trafford through the Theatre Efficiency Programme . Long waits have reduced significantly given the joint working between hospitals and group teams in line with planning guidance and focus on reducing long waits. A trajectory on reducing long waits in year has been produced and shared with Hospitals to review and operationalise. This will be managed weekly in line with current long waits reductions.*
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	120: ENT	2		***Trust Comments:*** *The implementation and mobilisation of the Trust's Elective Recovery programme has continued at pace. Delivery of an improved 104 week position has been underpinned by robust operational focus and grip on booking and utilisation of available outpatient and theatre capacity. Known capacity gaps in services essential to delivery of the RTT pathway have been rectified to allow them to maximise throughput and utilisation of their services e.g. theatre, Pre-op assessment and Outpatient Appointment's Booking team. The Trust continues to validate key known data quality issues to help support RTT tracking. The Validation team's establishment has been augmented with additional staff to support this process. The Trust have developed insourcing and outsourcing arrangements with independent sector providers for specialties with known capacity gaps.*

Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	100: GENERAL SURGERY	2		***Trust Comment:*** *See MANCHESTER comment above*
RENACRES HOSPITAL	502: GYNAECOLOGY	2		***Trust Comment:*** *See RENACRES comment above*
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	101: UROLOGY	2		***Trust Comment:*** *See ST HELENS comment above*
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	502: GYNAECOLOGY	2		***Trust Comment:*** *The Trust continues to progress elective care recovery plans to reduce the waits for elective care. Patients are prioritised in line with the nationally mandated clinical prioritisation of patients. 2022/23 has seen the work expand to outpatients and non-admitted patients. The Trust has full visibility of the volume of patients waiting at every point of care, enabling robust recovery plans which are reviewed on a weekly basis at the executive led Performance Oversight Group. The Trust is participating in the Cheshire and Merseyside elective recovery programme. There has been the introduction of HVLC (High Volume Low Complexity) surgical pathways.*
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	X04: All OTHER - PAEDIATRIC	1		***Trust Comment:*** *The over 52 week RTT challenge remains predominantly in Paediatric Dental in terms of both Outpatient and Inpatient. A Paediatric Dentistry support plan is in place to allocate more theatre and clinical sessions to the team, expand learning disability operative capacity and increase the workforce. A Locum consultant has started in General Paediatrics to tackle waiting lists for new patients. The Trust is providing aid to support Royal Manchester Children's Hospital to clear a waiting list backlog in Gastroenterology and Plastic Surgery.*
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	130: OPHTHALMOLOGY	1		***Trust Comment:*** *See COUNTESS comment above*
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	110: TRAUMA & ORTHOPAEDICS	1		***Trust Comment:*** *See COUNTESS comment above*
HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	X05: ALL OTHER - SURGICAL	1		***Trust Comment:*** *The Trust and speciality level clearance trajectories have been agreed and monitored, which is delivering improved performance. The Clinical Admin Service continue to proactively contact patients with TCIs and appointments to check that they are still attending and that treatment is still required. A small number have been removed from the waiting list. The Trust is progressing mutual aid support from providers.*
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	300: GENERAL INTERNAL SURGERY	1		***Trust Comment:*** *The Elective Restoration Plan has been shared with the CQC and the risk has been updated to reflect that Level 3 assurance has been obtained for this risk from the CQC. The action plans have also been updated and the risk continues to be managed by the Director of Service Development and the Chief Operating Officer. A Working group is in place to look at Harm Review processes to reduce potential harm and manage risk to patients whilst on the waiting list. The Performance Recovery Group continues to monitor performance and work through solutions. Clearing the 104 week waits is of paramount focus and priority for the divisional teams. The Trust continues with weekly performance tracking for Cancer and RTT. A number of long waiters had been offered treatment in other Trusts as part of the mutual aid approach. In addition, some patients with oral and maxillofacial conditions have been offered care with primary dental practitioners.*

Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
LEEDS TEACHING HOSPITALS NHS TRUST	X05: ALL OTHER - SURGICAL	1		***Trust Comment:*** *Activity plans have been agreed to deliver an increase in outpatient and admitted activity with twice monthly activity reviews with Director of Operations. Daily Management data is being developed to support delivery of standard work at specialty level, including RTT pathway standards, and consolidation of RTT reporting. Reset groups have been established and led by Clinical Directors. A drive to use Patient Initiated Follow-Up and convert capacity released for new patients. A Patient Hub (appointments portal) pilot was launched successfully on 29 June 2022 and an organisational scale at pace is planned which will allow patients to book and amend their appointments online and expected benefits in reducing DNA/WNB rate.*
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	170: CARDIOTHORACIC SURGERY	1		***Trust Comment:*** *The trust has been working hard to clear the long waits, with a key focus on the 104 weeks. Plans are in place to treat the majority of the long wait patients in July. The 52 week, 78 week and 104 week trajectory has been reviewed in relation to 2022/23 and is currently on track against the national targets. Monthly updates continue to be provided to the Board of Directors.*
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	X06: ALL OTHER - OTHER	1		***Trust Comment:*** *See LUHFT comment above*
RENACRES HOSPITAL	101: UROLOGY	1		***Trust Comment:*** *See RENACRES comment above*
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	300: GENERAL INTERNAL SURGERY	1		***Trust Comment:*** *See SOUTHPORT comment above*
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	110: TRAUMA & ORTHOPAEDICS	1		***Trust Comment:*** *See SOUTHPORT comment above*
SPAMEDICA LIVERPOOL	130: OPHTHALMOLOGY	1		***Trust Comment :*** *Patients are being referred to Spamedica as part of the Inter-provider transfer arrangement with Liverpool St Pauls.*
SPAMEDICA SKELMERSDALE	130: OPHTHALMOLOGY	1		***Trust Comment:*** *Patients are being referred to Spamedica as part of the Inter-provider transfer arrangement with Liverpool St Pauls.*
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	330: DERMATOLOGY	1		***Trust Comment:*** *See ST HELENS comment above*
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	110: TRAUMA & ORTHOPAEDICS	1		***Trust Comment:*** *See ST HELENS comment above*
THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	110: TRAUMA & ORTHOPAEDICS	1		***Trust Comment:*** *The Trust expects spinal disorders 104+ weeks to still be present. This is due to national pressures for this specialist service and continued demand. As acknowledged through the planning guidance, there may also be patients who choose to wait. The Trust has taken actions to review the volume of patients who fall into the 'patient choice' category with improvements to the volumes now seen and reflected in revised trajectories. Mutual aid support has been identified with the Royal Orthopaedic Hospital. Other providers are also being explored however complexity remains a limiting factor for mutual aid support. The Trust is constantly monitoring waiting list movements alongside capacity available for the clinically urgent patients. Weekly escalation calls are in place with NHS EI for monitoring purposes.*

Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	101: UROLOGY	1		***Trust Comment*** *: At the end of June, operational teams were able to fully eliminate the backlog of patients waiting at 104 weeks for treatment in key surgical areas such as Head and Neck, GI, Urology and Gynaecology. This was a coordinated effort involving multi-disciplinary collaboration both onsite and in the independent sector. We continue to work with teams to ensure forward planning is in place to prevent patients tipping into this cohort in future. Focus now shifts to eradication of 78 week, or 1.5 year, waits by the end of March 2023. Currently working through internal analyses to identify which areas may be able to reach this goal sooner, which will direct trust resources and support to areas, particularly where surgery is required, that anticipate delays in reaching reduction targets. Operational teams are developing trajectories for earlier clearance.*
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	120: ENT	1		***Trust Comment:*** *The Elective Recovery Group/In-hospital Delivery Group are monitoring the delivery of the improvement plan. These have representation from all Health Groups. Mutual aid from other providers is supporting the total WLV reduction overall. There is increased inpatient bed capacity at Castle Hill site for pressured specialities. Targeted speciality meetings are taking place to focus on the risks related to achievement of no patient waiting more than 78-weeks at 31 March 2023. Working to implement/deliver revised RTT pathway training to 1,700 staff across the Trust who are primarily involved with pathway management. A process of text validation on 31,000 pathways commenced during June 2022 delivered by Healthcare Communications. This process will focus on patients confirming whether they still require treatment.*
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	301: GASTROENTEROLOGY	1		***Trust Comment:*** *See BIRMINGHAM comment above*
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	101: UROLOGY	1		***Trust Comment:*** *See BIRMINGHAM comment above*
UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	100: GENERAL SURGERY	1		***Trust Comment:*** *A new electronic process for managing patients transfers to the independent sector is now live. The RTT Trainer is now in post and the Trust wide revamp of validation and training is underway, focusing on tracking long waiters and addressing any bottlenecks in the pathways.. Active reporting is focusing on ensuring that the right patients (urgent and longest waiters) are the patients booked into all available capacity, so that the limited resource available continues to be used for the right patients by clinical need. There is increased focus on non-admitted patients and increasing outpatient and diagnostic capacity, improving utilisation and business processes to move patients to a decision to admit.*
WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST	X05: ALL OTHER - SURGICAL	1		***Trust Comment:*** *Recovery of the elective programme is taking place with elective activity being prioritised along with all patients being clinically reviewed in conjunction with guidance released for the management of patients. Elective capacity has been restored at the Halton Elective Centre and the Captain Sir Tom Moore Centre. Restoration and recovery plans for 2022/23 have been drawn up in line with Operational Planning Guidance.*

Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
NORTHERN CARE ALLIANCE NHS FOUNDATION TRUST	330: DERMATOLOGY	1		***Trust Comment:*** *The RTT improvement trajectory meets the national requirements as set out by the NHS, and additionally the internal trajectory pulls forward the eradication of 78 week waits by a month to support sustainable delivery for 2023-24. The Trust is ensuring that waiting lists are accurate through validation and undertakes regular clinical reviews of long wait patients to keep them safe. The Trust will procure additional capacity from outside of Manchester as required.*
NORTHERN CARE ALLIANCE NHS FOUNDATION TRUST	110: TRAUMA & ORTHOPAEDICS	1		***Trust Comment:*** *See NORTHERN CARE comment above*
MANCHESTER SURGICAL SERVICES LTD	120: ENT	1		***Trust Comment:*** *All patients are treated by clinical priority.*
		2,608	**42**	
	Total	**2,650**		

2.5 Cancelled Operations

Indicator		Performance Summary					Potential organisational or patient risk factors
Cancelled Operations		Previous 3 months and latest					
RED	TREND	Mar-22	Apr-22	May-22	Jun-22		
		12	20	16	13		
		Plan: Zero					

Performance Overview/Issues:

• Data above is from the Trust Key Performance Reports no narrative supplied from the Trust other than the breaches are investigated and lessons learned are disseminated across the organisation.

• 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. 13 reported in June.
• No urgent operation to be cancelled for a 2nd time. There were 3 reported in June.

Actions to Address/Assurances:

• Performance discussed at the lead provider's Clinical Quality Review Meeting, with accompanying narrative requested for any breaches reported.

When is performance expected to recover:

Recovery is anticipated in the coming months.

Quality:

No quality concerns raised.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	John Wray	Terry Hill

2.6 Cancer Indicators Performance

Indicator		Performance Summary						NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Cancer Measures		Previous 3 months, latest and YTD							
RAG	Measure		Mar-22	Apr-22	May-22	Jun-22	YTD		
	2 Week Wait (Target 93%)	S Sefton	73.44%	68.85%	73.66%	65.98%	69.70%	122a (linked)	Risk that the Sefton Place is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
		LUHFT	71.98%	64.78%	69.64%	53.53%	62.66%		
	2 Week breast (Target 93%)	S Sefton	23.91%	18.42%	29.41%	26.67%	25.21%		
		LUHFT	21.94%	14.57%	27.20%	33.18%	24.52%		
	31 day 1st treatment (Target 96%)	S Sefton	86.49%	96.08%	96.92%	93.65%	95.53%		
		LUHFT	90.77%	93.30%	91.28%	92.89%	92.50%		
	31 day subsequent - drug (Target 98%)	S Sefton	100%	100%	100%	100%	100%		
		LUHFT	100%	100%	100%	100%	100%		
	31 day subsequent - surgery (Target 94%)	S Sefton	85.71%	100%	100%	92.86%	96.97%		
		LUHFT	63.89%	86.27%	93.48%	83.67%	87.67%		
	31 day subsequent - radiotherapy (Target 94%)	S Sefton	96.00%	96.55%	100%	100%	98.95%		
		LUHFT	No pats	No pats	No pats	No pats	No pats		
	62 day standard (Target 85%)	S Sefton	52.94%	41.67%	47.06%	57.14%	48.84%	122b	
		LUHFT	52.47%	53.69%	45.35%	48.68%	49.18%		
	62 Day Screening (Target 90%)	S Sefton	33.33%	25.00%	50.00%	0.00%	28.57%		
		LUHFT	54.35%	61.04%	38.10%	53.23%	51.49%		
	62 Day Upgrade (Local Target 85%)	S Sefton	56.25%	46.15%	55.00%	63.16%	55.77%		
		LUHFT	79.39%	75.68%	78.85%	71.32%	75.00%		

Performance Overview/Issues:

• South Sefton is achieving 3 of the 9 cancer measures year to date and 2 measures in June.
• The Trust is achieving 1 measure year to date and 1 in June.
• Pressures in breast and colorectal services continue to dominate under-performance across a number of access standards
• South Sefton and the Trust are still failing the 2 week wait measures in month and year to date. The main reason for the breaches is inadequate outpatient capacity associated with increased demand which continues to exceed pre pandemic levels but has started to reduce over recent weeks.
• For Cancer 62 Day standard South Sefton is now measuring below the national level of 69.75% recording 57.14% in June.

2-week wait breast services: Performance declined to 26.67%% in June which is under the 93% target. As a catchment position, Liverpool University Hospitals Foundation Trust (LUHFT), which is the main provider for breast services, is reporting 33.18% , significantly under target in June, with 141 breaches out of a total of 211 patients seen.

Key Areas of Focus for LUHFT:

• 2 week wait capacity in Colorectal and fluctuations in Breast. There has been successful recruitment to 2 radiology consultant posts and a breast locum and clinical fellow roles are being advertised. Mammography apprenticeships have also been made available. Funding is available from the Cheshire and Merseyside Cancer Alliance to develop community based low risk breast clinics.

Key Areas of Focus for South Sefton

• Communications with primary care around breast services to ensure realistic patient expectations on waiting times, aid demand management and promote provision of full clinical information to ensure that the triage process prioritises those most at risk of breast cancer.

Actions to Address/Assurances:

2022/23 Priorities and Operational Planning Guidance asks the system to:
• Accelerate the restoration of cancer and elective care and to return the number of people waiting for longer than 62 days to the level seen in February 2020
• Meet the Faster Diagnosis Standard (FDS) from Q3, ensuring at least 75% of patients will have cancer ruled out or diagnosed within 28 days of referral for diagnostic testing. Where the lower GI pathway is a barrier to achieving FDS, full implementation of faecal immunochemical tests.

When is performance expected to recover:

Trajectories have been submitted by providers for first appointments and first treatments to meet the expectation that operational standards on cancer access targets will be met by March 2023.

Quality:

The LUHFT quality schedule has been developed to include quarterly sharing of the Trust's cancer improvement plan with commissioners. An assurance paper on cancer performance will be provided for the September Contract Quality and Performance Group (CQPG) meeting.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	Dr Debbie Harvey	Sarah McGrath

2.6.1 Cancer 104+ Day Breaches

Indicator		Performance Summary					Potential organisational or patient risk factors
Cancer waits over 104 days - South Sefton		**Latest and previous 3 months**					Risk that the Sefton Place is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	**TREND**	Mar-22	Apr-22	May-22	Jun-22		
		4	2	3	6		
		Plan: Zero					

Performance Overview/Issues:

• South Sefton reported 6 patients over 104 days in June (no patients waiting more than 73 days on a 31 day pathway).
• Of the 6 patients, there were 2 lower gastro, 1 gynaecological, 1 urological, 1 haematological and 1 sarcoma.
• North West guidance requires any patients who experience a long wait to be reviewed to ensure no harm has occurred as a result of the long wait.

Actions to Address/Assurances:

• See actions and assurances in the main cancer measures template,

When is performance expected to recover:

Providers have been required to submit trajectories for recovery of all over 62 day backlogs to the pre-pandemic position by March 2022

Quality:

LUHFT is currently working through a backlog of harm reviews to allow the collation of information required for the detailed report requested through the Quality Committee. A position statement is expected from the provider at the August CQPG meeting. An assurance paper has been requested on cancer performance for the September CQPG.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	Dr Debbie Harvey	Sarah McGrath

2.6.2 Faster Diagnosis Standard (FDS)

Indicator		Performance Summary						NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Cancer - Faster Diagnosis Standard Measures		Previous 3 months, latest and YTD							Risk that the Sefton Place is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RAG	Measure		Mar-22	Apr-22	May-22	Jun-22	YTD		
	28-Day FDS 2 Week Wait Referral	S Sefton	61.03%	59.76%	60.30%	59.33%	59.78%		
		Target	*75% Target*						
	28-Day FDS 2 Week Wait Breast Symptoms Referral	S Sefton	58.14%	50.00%	50.00%	63.64%	53.72%		
		Target	*75% Target*						
	28-Day FDS Screening Referral	S Sefton	46.43%	44.44%	51.35%	62.96%	52.75%		
		Target	*75% Target*						

Performance Overview/Issues:

• The 2021/22 Priorities and Operational Planning Guidance has a strong focus on full operational restoration of cancer services.
• Systems to meet the new Faster Diagnosis Standard (FDS) from Q3, at a level of 75%.
• All 3 indicators are performing below the 75% target in June.
• RAG is indicating the measures achieving now the 75% target is live.
• 28 Day FDS overall reporting for June is 58.19% and 58% year to date, 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.

Actions to Address/Assurances:

• The new Faster Diagnosis Standard (FDS) is designed to ensure that patients who are referred for investigation of suspected cancer will have this excluded or confirmed within a 28 day timeframe.
• Actions to achieve the 28 days standard are consistent with actions aimed at shortening the diagnostic element of the pathway to aid achievement of the 62 days standard, see under 62 day section.

When is performance expected to recover:

Trajectories have been submitted in line with planning guidance requirements for 2022/23.

Quality:

Not applicable.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	Dr Debbie Harvey	Sarah McGrath

2.7 Patient Experience of Planned Care

Indicator		Performance Summary					Potential organisational or patient risk factors
LUHFT Friends and Family Test (FFT) Results: Inpatients		Previous 3 months and latest					Very low/minimal risk on patient safety identified.
RED	TREND		Feb-22	Mar-22	Apr-22	May-22	
		% RR	25.0%	24.5%	25.9%	24.3%	
		% Rec	93.0%	92.0%	92.0%	93.0%	
		% Not Rec	5.0%	5.0%	5.0%	4.0%	
		2022/23 England Averages: Response Rates: 18.5% % Recommended: 94% % Not Recommended: 3%					

Performance Overview/Issues:

• Data submission and publication for the Friends and Family Test was been paused during the response to COVID-19, but has now resumed. Latest data being May.
• LUHFT has reported a response rate for inpatients of 24.3% in April which is above the England average of 18.5%. The percentage of patients who would recommend the service has improved to 93% below the England average of 94% and the percentage who would not recommend has also improved to 4% but still above the England average of 3%.

Actions to Address/Assurances:

• Performance had started to improve slightly. The Trust continue to be supported by Healthwatch to identify key areas for improvement. Engagement sessions have been held with patient, carers and support networks and the Trust have enhanced mechanisms of obtaining feedback to drive improvements and identified actions such as lifting of visiting restrictions which is expected to have a positive impact on patient experience.
• Updates are provided via the Engagement & Patient Experience Group (EPEG) meetings and CQPG and discussed with rationale for dips in performance to be provided by the Trust. There are plans in place to ensure providers are core members of EPEG going forward, attending each meeting rather than being invited in a bi-annual basis.

When is performance expected to recover:

The above actions will continue with an ambition to improve performance during 2022-23.

Quality:

Due to the delay in FFT reporting, it is acknowledged that patient experience improvement measures currently in place, may not be fully realised until a few months. This is due to the reporting mechanisms and timescales set out by NHSE/I for recording FFT.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Jane Lunt	N/A	Mel Spelman

2.8 Personal Health Budgets (PHBs)

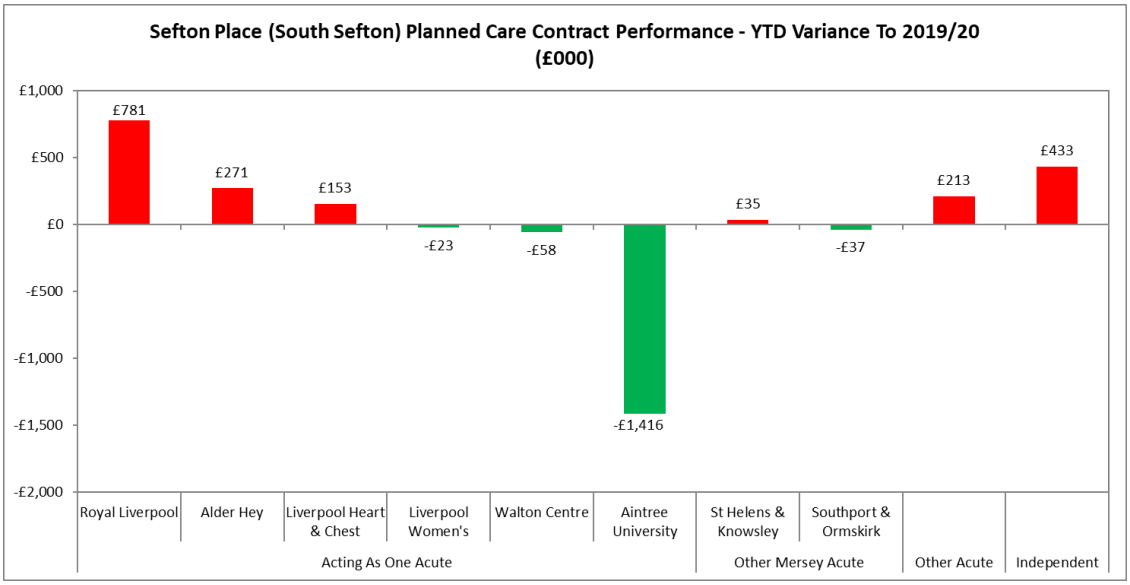
South Sefton have reported 85 personal health budgets (PHBs) in quarter 1. NHSE/I's expectation has remained unchanged, all CHC eligible individuals receiving a package of care at home are to be funded via a PHB. There are no formal plans/targets in place to measure PHBs currently as part of the Operation Planning for 2022/23, but the Place will continue to measure and monitor on a quarterly basis. The Place is significantly above expectation. A notional PHB (and offer of either direct payment/3rd party option in the longer term) has been the default position for some time.

In terms of development of PHBs:

- Sefton Place PHB improvement plan in place which is monitored as part of the SEND health performance improvement group which is co-owned by the Place's PHB lead, comms and engagement team and Sefton Carers Centre. This includes awareness raising sessions across health, education, social care and 3rd sector members.
- Sefton Place web page is now accessible which include promotional materials.
- Service specification for Midlands and Lancashire CSU (MLCSU) has been revised and updated to reflect PHB delivery across IPA programmes of work. Service specification is yet to be formally approved.
- The Place has approved additional funding to support the transition of Children Continuing Care direct payments, to meet the requirements for a PHB. The cases have been referred to Sefton Carers Centre and are in the process of having the necessary governance arrangements in place. Work is ongoing with MLCSU, Sefton Carers Centre and Sefton LA Contract Team.
- Additional work is being undertaken with MLCSU and Mersey Care to support PHBs being offered at the point of Continuing Health Care (CHC) eligibility and as part of CHC review.

2.9 Planned Care Activity & Finance, All Providers

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



For planned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for Sefton Place – 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. The first quarter of 2022/23 has seen a -14% decrease when comparing to pre-pandemic levels in the equivalent period but activity is 1% above levels seen in the previous year.

Figure 6 - Planned Care Activity Trends

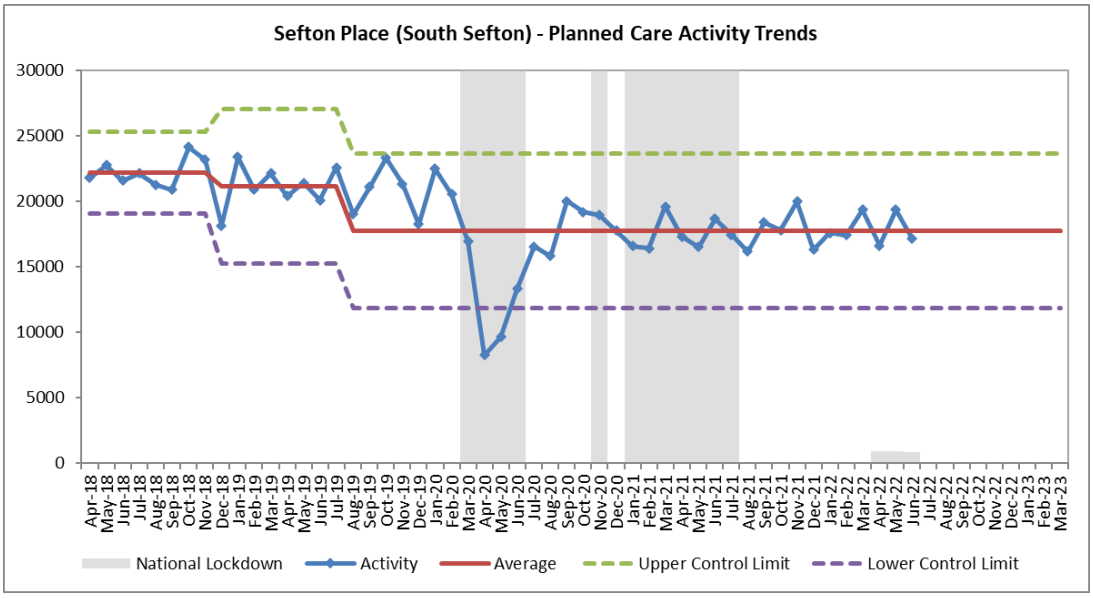


Figure 7 - Elective Inpatient Variance against Plan (Previous Year)

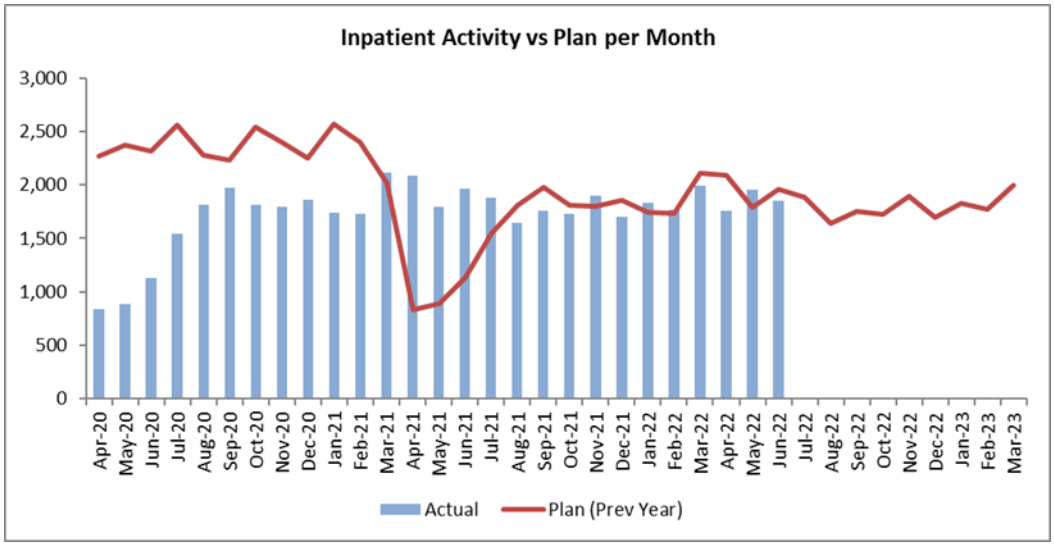
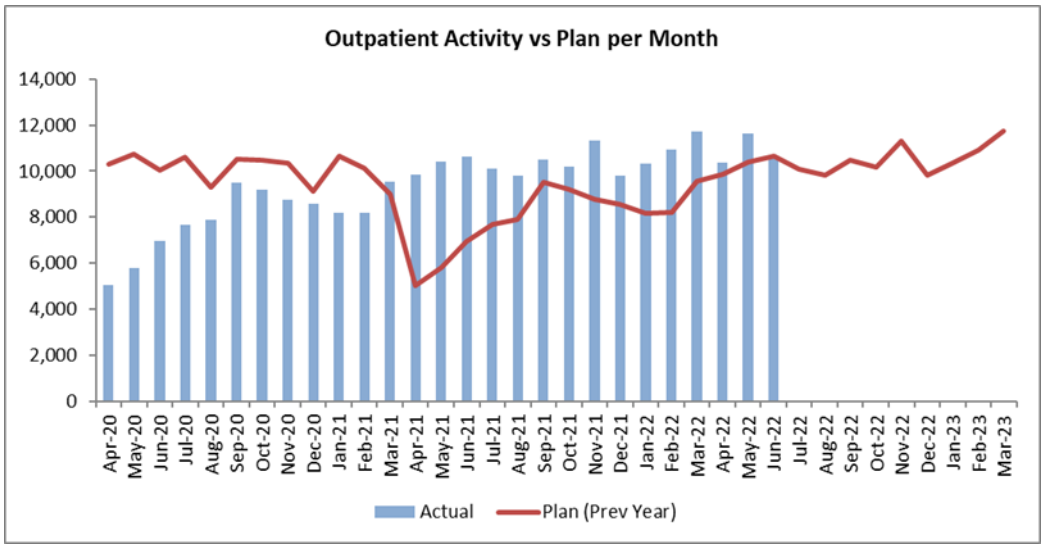


Figure 8 - Outpatient (First and Follow Up) Variance against Plan (Previous Year)



2.9.1 Aintree Hospital

Figure 9 - Planned Care – Aintree Hospital

Aintree University Hospitals 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	3,166	2,545	-621	-20%	£1,952	£1,638	-£314	-16%
Elective	353	212	-141	-40%	£1,178	£643	-£535	-45%
Elective Excess BedDays	218	63	-155	-71%	£57	£19	-£39	-68%
OPFAMPCL - *OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)*	55	0	-55	-100%	£11	£0	-£11	-100%
OPFANFTF - *Outpatient first attendance non face to face*	283	1,542	1,259	445%	£9	£301	£292	3267%
OPFASPCL - *Outpatient first attendance single professional consultant led*	7,514	6,026	-1,488	-20%	£1,214	£1,035	-£179	-15%
OPFUPMPCL - *Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).*	179	4	-175	-98%	£19	£1	-£18	-97%
OPFUPNFTF - *Outpatient follow up non face to face*	1,555	3,822	2,267	146%	£39	£359	£320	823%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	16,519	9,241	-7,278	-44%	£1,221	£732	-£489	-40%
Outpatient Procedure	5,669	2,413	-3,256	-57%	£785	£394	-£391	-50%
Unbundled Diagnostics	3,555	2,306	-1,249	-35%	£296	£216	-£81	-27%
Wet AMD	398	404	6	2%	£317	£346	£30	9%
Grand Total	**39,464**	**28,578**	**-10,886**	**-28%**	**£7,097**	**£5,682**	**-£1,416**	**-20%**

When comparing to 2019/20 (pre-pandemic), underperformance at Aintree Hospital is evident against the majority of planned care points of delivery with a total variance of -£1.4m/-20% for Sefton Place – South Sefton in quarter 1 of 2022/23. In line with planned restoration of elective services, South Sefton referrals to Aintree Hospital increased during 2021/22 with June-21 seeing the highest number of monthly referrals (3,978) reported since October-19. A similar peak (3,960) was reported during November-21 and more recently, a further peak in referrals has occurred during May-22 (3,947). Referrals have been on an upward trend and are 3.3% above that reported in the equivalent period of 2019/20.

The two points of delivery that have continued to report an over performance throughout 2021/22 and into 2022/23 are for outpatient non face to face (first and follow up) activity, which reflects a change in service delivery at NHS providers first established in 2020/21 to support the wider population measures announced by Government (i.e. 'stay at home' guidance, social distancing, IPC guidelines and supporting shielded patients). Increased non face to face activity has occurred across a number of services including Gastroenterology, ENT, Renal Medicine, Respiratory Medicine, Urology, Cardiology and T&O. Some of these specialities had not previously seen any non-face to face appointments recorded.

Elective and day case procedures remain below levels seen in 2019/20 (pre-pandemic). Gastroenterology accounts for the majority of day case procedures performed (predominantly diagnostic scopes) and is currently -5% below the equivalent period in 2019/20. For elective procedures, the Urology Service accounted for most of the activity seen in 2019/20 and this speciality remains below pre-pandemic levels by approximately -34%. The Trauma & Orthopaedics service at Aintree Hospital has also seen a significant reduction in the number of elective procedures recorded for South Sefton patients throughout 2021/22 and into 2022/23. However, this is likely a result of the Trust merger as well as a merger of individual site PAS systems, with activity moving between sites at LUHFT (Aintree to Broadgreen).

NB. Plan values in the above table relate to 2019/20 actuals. March-20 was the first month to see an impact on activity as a result of the COVID-19 pandemic.

2.9.2 Renacres Hospital

Figure 10 - Planned Care – Renacres Hospital

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	167	180	13	8%	£217	£228	£11	5%
Elective	37	56	19	51%	£220	£335	£115	52%
Elective Excess Bed Days	0	0	0	#DIV/0!	£0	£0	£0	#DIV/0!
OPFANFTF - *Outpatient first attendance non face to face*	0	8	8	#DIV/0!	£0	£1	£1	#DIV/0!
OPFASPCL - *Outpatient first attendance single professional consultant led*	355	324	-31	-9%	£59	£59	£0	-1%
OPFASNCL - *Outpatient first attendance single professional non consultant led*	0	303	303	#DIV/0!	£0	£43	£43	#DIV/0!
OPFUPNFTF - *Outpatient follow up non face to face*	0	207	207	#DIV/0!	£0	£11	£11	#DIV/0!
OPFUPSPCL - *Outpatient follow up single professional consultant led*	552	1,073	521	94%	£38	£66	£28	75%
OPFUPSPNCL - *Outpatient follow up single professional non consultant led*	0	375	375	#DIV/0!	£0	£19	£19	#DIV/0!
Outpatient Pre-op	131	0	-131	-100%	£8	£0	-£8	-100%
Outpatient Procedure	200	225	25	13%	£37	£34	-£3	-8%
Physio	393	0	-393	-100%	£12	£0	-£12	-100%
Unbundled Diagnostics	203	335	132	65%	£20	£36	£15	77%
Grand Total	**2,038**	**3,086**	**1,048**	**51%**	**£612**	**£832**	**£220**	**36%**

For Renacres Hospital, a comparison of 2019/20 (pre-pandemic) activity has shown that Sefton Place – South Sefton is currently overperforming by approximately £220k/36% at month 3. Referrals to Renacres Hospital are 47% above 2019/20 with overall trends for Referrals being driven by Trauma & Orthopaedics service.

The majority of planned care points of delivery are currently over performing although it should be noted that an element of this is related to outpatient non-face-to-face activity, which had seen little or no activity previously recorded. This reflects a change in service delivery as a result of the pandemic.

South Sefton's performance contrasts with the Renacres overall catchment position which is under performing and to the major commissioners within the contract; Sefton Place – North Sefton and West Lancashire, which are both under plan.

South Sefton are also aware of significant data quality issues relating to RTT reporting at this provider. RTT figures throughout 2021/22 were not reliable or credible due to significant data quality issues from a Ramsay corporate perspective. A formal request for an action plan has been submitted to Renacres and raised at CQPG. The Place are working with other commissioning colleagues on the issues. A Lancashire led Ramsay data quality group is in place with input from a West Lancashire BI lead who links in with the Renacres contract. Ramsay corporate have responded with a statement and a plan with timescales. The Data Quality group is monitoring this plan and reviewing the data. Feedback is being provided to both Sefton and Lancashire contract leads and the CQPG.

NB. Plan values in the above table relate to 2019/20 actuals. March-20 was the first month to see an impact on activity as a result of the COVID-19 pandemic.

2.9.3 SpaMedica

Figure 11 - Planned Care – SpaMedica

Spamedica 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	113	224	111	98%	£64	£202	£138	218%
OPFASPCL - *Outpatient first attendance single professional consultant led*	79	172	93	118%	£11	£25	£15	133%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	92	181	89	97%	£6	£12	£7	119%
Outpatient Procedure	0	111	111	#DIV/0!	£0	£8	£8	#DIV/0!
Outpatient Unbundled Diagnostics	27	0	-27	-100%	£2	£0	-£2	-100%
Grand Total	**311**	**688**	**377**	**121%**	**£82**	**£248**	**£166**	**202%**

For SpaMedica, a comparison of 2019/20 (pre-pandemic) activity has shown that Sefton Place – South Sefton is currently overperforming by approximately £166k/202% within the first quarter of 2022/23. Referrals to SpaMedica (all within the Ophthalmology speciality) are 231% above 2019/20 levels and this increase is driven by GP referred patients.

All planned care points of delivery are currently over performing with the apparent decrease in outpatient unbundled diagnostics a result of a switch in Point Of Delivery (POD) coding. These diagnostic tests (largely CT scans of two areas, without contrast) now being recorded under the outpatient procedure POD.

Day case procedures account for a large proportion of overperformance in terms of finance and activity. The majority of day case activity is related to cataract procedures.

NB. Plan values in the above table relate to 2019/20 actuals. March-20 was the first month to see an impact on activity as a result of the COVID-19 pandemic.

2.10 Smoking at Time of Delivery (SATOD)

Quarter 1 data deadline has been put back until the end of September 2022 due to the creation of the ICBs.
Latest update below:

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Smoking at Time of Delivery (SATOD)		**Latest and previous 3 quarters**				125d	Risk to Place Where services do not meet the agreed standard, Sefton Place and Public Health are able to challenge provider(s) to improve and demonstrate that they are concerned with monitoring the quality of their services and improving the healthcare provided to the required standard. Risk to Patients Smoking significantly increases the risk of pregnancy complications, some of which can be fatal for the mother or the baby. This in turn impacts on Sefton Place spend on budgets available on healthcare and services.
RED	**TREND**	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22		
		11.08%	10.00%	7.66%	8.58%		
		Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21		
		10.84%	11.28%	10.59%	7.49%		
		National ambition of 6% or less of maternities where mother smoked by 2022					

Performance Overview/Issues:

• During Quarter 4, the number of South Sefton Maternities were 373, of which 32 were reported as Smoking at time of Delivery giving the statistic of 8.6%, which is an increase of 0.92% compared to Quarter 3.
• Measured across the whole year, there was a total of 1590 pregnancies, of which 148 were known to be smokers at the time of delivery giving an annual figure of 8.6% failing the National ambition of 6%, by 2.5% for the year 2021/22.

Actions to Address/Assurances:

• The Place and Public Health have made every effort to contact several key workers at the Maternity department at the Trust in order to obtain information and feedback on Smoking Cessation good practice without any response.
• Cheshire & Merseyside LMS have appointed two dedicated smoking cessation leads to work across the patch and have just advertised for expressions of interest for a Commissioning Lead for input into the smokefree pregnancy pathways under development, as well as input into the service model and potentially linking in with contracts teams.
• The national recommended model for smokefree pregnancies is for an in-house opt-out service owned by maternity, moving away from the current model of maternal smokers being referred to external community stop smoking we need to ensure C&M Children & Young People Commissioning Managers are involved in the discussions, as well as the Local Authority Tobacco Control Commissioners. The meetings are held monthly. At present, they include Smoking in Pregnancy Lead Midwives from each maternity unit, but wider representation from across the system is needed to ensure a system wider approach will ensure successful implementation.

When is performance expected to recover:

Continued performance improvement is anticipated given the invested resource and practices already embedded.

Quality:

The Place have recently contacted the Smoking Cessation Service ABL Health, and have introduced the Service Manager to Primary Care Leads to assist with working more closely and making every contact count. There has been no response or narrative input from the Trust to this or previous reports.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Fiona Taylor	Wendy Hewit	Tina Ewart

3. Unplanned Care

3.1 Accident & Emergency Performance

3.1.1 A&E 4 Hour Performance

Indicator		Performance Summary						NHS Oversight Framework (OF)	Potential organisational or patient risk factors
South Sefton and LUHFT A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		**Previous 3 months, latest and YTD**						127c	Risk that South Sefton is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients' conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	**TREND**		Mar-22	Apr-22	May-22	Jun-22	YTD		
		S Sefton All Types	67.18%	67.98%	67.06%	68.17%	67.73%		
		Previous Year	Mar-21	Apr-21	May-21	Jun-21	YTD	National Standard: **95%**	
		S Sefton All Types	85.63%	81.14%	73.86%	71.29%	76.75%	No improvement plans available for 2020/21	
			Mar-22	Apr-22	May-22	Jun-22	YTD		
		LUHFT All Types	66.94%	66.77%	65.98%	66.95%	66.56%		
		LUHFT Type 1	51.61%	51.83%	51.66%	52.94%	52.14%		

Performance Overview/Issues:

• Performance is based on the overall LUHFT A&E position at Aintree and the Royal.
• South Sefton 4 hour performance shows a 1.11% increase in June from the previous month, following a continuing a deteriorating position, likely as a result of activity increasing month on month.
• South Sefton and Trust A&E performance in June is lower than the national level of 72.11%.

Actions to Address / Assurances

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.
• The North Mersey systems have identified 10 key work programmes agreed at the A&E Exec Delivery Board to support urgent and emergency care including flow to reduce the risk of the urgent care demand and workforce challenges.

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.

When is performance expected to recover:

The Trust has consistently failed to meet the A&E 4 hour target since introduced. Improvement is uncertain with pressures from workforce issues across all health and social sectors. In addition, all services remain pressured due to high demand from public accessing urgent care.

Quality:

There have had 19, 12 hour breaches in June.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	Craig Blakey	Janet Spallen

3.2 LUHFT Waits in A&E from Arrival to Discharge, Admission or Transfer

Indicator		Performance Summary					Potential organisational or patient risk factors
LUHFT Waits in A&E from Arrival to Discharge, Admission or Transfer		**Latest and previous 3 months**					Risk that South Sefton is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	**TREND**	Mar-22	Apr-22	May-22	Jun-22		
			12.92%	10.00%	11.06%		
		Plan: No more than 2% waiting over 12 hours					

Performance Overview/Issues:

• June reported 11.06% of patients waits in A&E from arrival to discharge, admission or transfer, slightly higher than last month and higher than the target of no more than 2%.
• For patients waiting >12 hours in department data shows special cause of a concerning nature at Trust and Royal level and common cause variation at AUH. Since October 2021, performance has been outside of upper control limits for LUHFT and will consistently miss target. AUH, 18% of patients wait more than 12 hours in department.

Actions to Address/Assurances:

• 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 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 hours by admitted/non admitted/specialty referral.
• The North Mersey systems have identified 10 key work programmes agreed at the A&E Exec Delivery Board to support urgent and emergency care including flow to reduce the risk of the urgent care demand and workforce challenges.

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).

When is performance expected to recover:

The Trust is required to ensure that there are no 12 hour breaches at all times.

Quality:

Quality Team set up task and finish group to standardise reporting of 12 hour breaches and mechanisms for providing assurance of patient safety. This is a Cheshire and Merseyside piece of work and will be reported into the DoNs meeting. Currently 3 providers across the patch are piloting a new 48 hour review template that aims to help reduce the burden of providers completing lengthy RCAs.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	Craig Blakey	Janet Spallen

3.3 LUHFT A&E Performance 12 Hour Breaches

<table>
<tr><th colspan="2">Indicator</th><th colspan="4">Performance Summary</th><th></th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">LUHFT A&E Performance 12 hour breaches</td><td colspan="4">Latest and previous 3 months</td><td rowspan="3">12 hour breaches measure carries a zero tolerance and is therefore not benchmarked.</td><td rowspan="3">Risk that the Sefton Place is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.</td></tr>
<tr><td>RED</td><td>TREND</td><td>Mar-22</td><td>Apr-22</td><td>May-22</td><td>Jun-22</td></tr>
<tr><td></td><td></td><td>0</td><td>2</td><td>4</td><td>19</td></tr>
<tr><td colspan="8">Plan: Zero</td></tr>
<tr><td colspan="8">Performance Overview/Issues:</td></tr>
<tr><td colspan="8">• June saw 19 new breaches an increase of 15 from last month.
• No harms have been identified for the latest 12-hour breaches, resulting in no serious incidents being reported.</td></tr>
<tr><td colspan="8">Actions to Address/Assurances:</td></tr>
<tr><td colspan="8">• Feedback required on 48 hours high level review followed by more detailed Root Cause Analysis.
• 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 CCG 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.
• The internal processes regarding validation and quality reporting of 12 hour breaches in Emergency Department identified the paperwork was time-consuming. It was agreed in line with recommendations from NHSE/I to take the focus off 12 hour placements and reviews and to ensure patients were appropriately into assessment units as opposed to being placed directly on a ward. This allows for an optimal placement of the patient and improves the patient journey. The numbers will follow the normal reporting process as will any incidents of harm.</td></tr>
<tr><td colspan="8">When is performance expected to recover:</td></tr>
<tr><td colspan="8">The Trust is required to ensure that there are no 12 hour breaches at all times.</td></tr>
<tr><td colspan="8">Quality:</td></tr>
<tr><td colspan="8">A surge in COVID numbers has impacted on Emergency Department , the rise in numbers happened at the same time in the change in process detailed above therefore there has been no notable difference in the numbers following this change. An assurance paper was requested for August/ September Clinical Quality Performance Group.</td></tr>
<tr><td colspan="8">Indicator responsibility:</td></tr>
<tr><td colspan="2">Leadership Team Lead</td><td colspan="3">Clinical Lead</td><td colspan="3">Managerial Lead</td></tr>
<tr><td colspan="2">Martin McDowell</td><td colspan="3">Craig Blakey</td><td colspan="3">Janet Spallen</td></tr>
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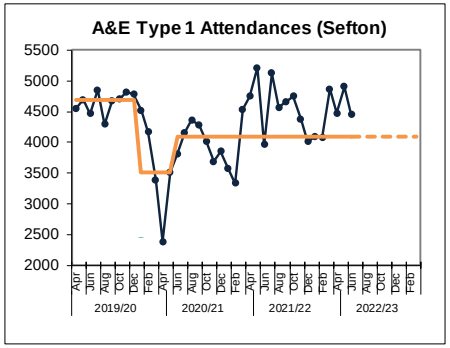
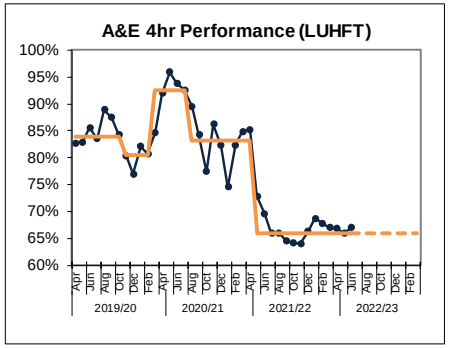
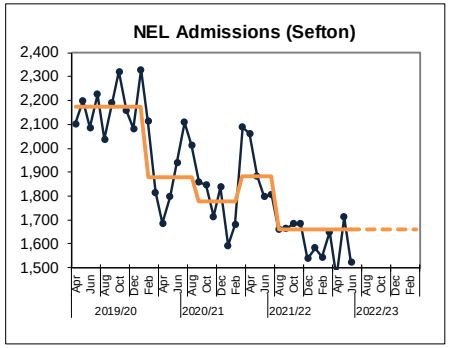
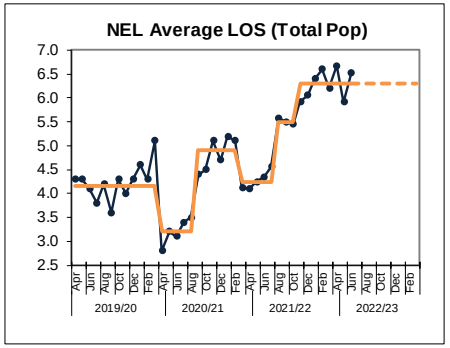
3.4 Urgent Care Dashboard

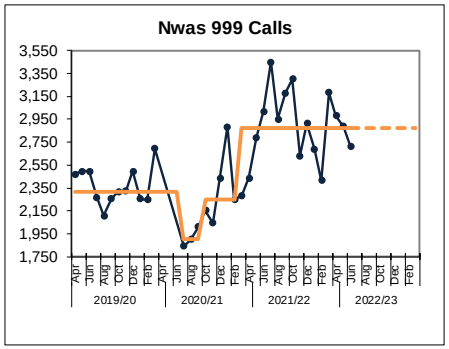
SOUTH SEFTON URGENT CARE DASHBOARD

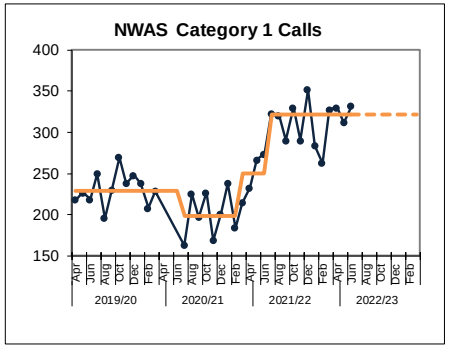


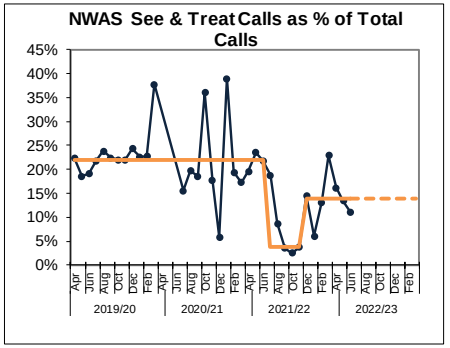












Definitions

Measure	Description	Expected Directional Travel	
Non-Elective Admissions	Spells with an admission method of 21-28 where the patient is registered to a South Sefton GP practice.		Commissioners aim to reduce non-elective admissions by 15%
Non-Elective Admissions Length of Stay	The average length of stay (days) for spells with an admission method of 21-28 where the patient is registered to a South Sefton GP practice.		Commissioners aim to see a reduction in average non-elective length of stay.
A&E Type 1 Attendances	South Sefton registered patients A&E attendances to a Type 1 A&E department i.e. consultant led 24 hour service with full resus facilities and designated accommodation for the reception of A&E patients.		Commissioners aim to see fewer patients attending Type 1 A&E departments.
A&E 4hr % Aintree - All Types	The percentage of A&E attendances where the patient spends four hours or less in A&E from arrival to transfer, admission or discharge. Refers to Aintree University Hospital Trust catchment activity across all A&E department types (including walk-in centres).		Commissioners aim to improve A&E performance to ensure that it meets/exceeds the 95% target.
NWAS 999 Calls	South Sefton - The total number of emergency and urgent calls presented to switchboard and answered.		Commissioners aim to see a decrease in the number of emergency calls.
NWAS Cat 1 Calls	South Sefton - A combination of Red 1 and Red 2 Calls. Red 1 refers to life-threatening requiring intervention and ambulance response. Red 2 refers to immediately life-threatening requiring ambulance response.		Commissioners aim to see a decrease in the number of life-threatening emergency calls.
NWAS See & Treat Calls	South Sefton - The number of incidents, following emergency or urgent calls, resolved with the patient being treated and discharged from ambulance responsibility on scene. There is no conveyance of any patient.		Commissioners aim to see an increase in the number of patients who can be seen and treated on scene (where possible) to avoid an unnecessary conveyance to hospital.

3.5 Ambulance Performance Indicators

Indicator		Performance Summary					Definitions	Potential organisational or patient risk factors
Category 1,2,3 & 4 performance		**Previous 2 months and latest**					**Category 1** -Time critical and life threatening events requiring immediate intervention **Category 2** -Potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and / or urgent transport **Category 3** - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering **Category 4 / 4H / 4HCP**- Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly transport	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	**TREND**	Cat	Target	Apr-22	May-22	Jun-22		
		Cat 1 mean	<=7 mins	00:08:44	00:08:30	00:08:13		
		Cat 1 90th Percentile	<=15 mins	00:14:32	00:13:35	00:13:16		
		Cat 2 mean	<=18 mins	01:09:50	00:46:42	00:53:49		
		Cat 2 90th Percentile	<=40 mins	02:34:35	01:36:29	01:52:49		
		Cat 3 90th Percentile	<=120 mins	12:40:50	07:04:45	05:55:30		
		Cat 4 90th Percentile	<=180 mins	13:34:29	No data available	17:05:16		

Performance Overview/Issues:

• 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, continued throughout 2020/21, 2021/22 and 2022/23.
• In June 2022 there was an average response time in South Sefton of 8 minutes, 13 seconds and not achieving the target of 7 minutes for Category 1 incidents. Also Category 2 incidents had an average response time of 53 minutes 49 seconds against a target of 18 minutes. The South Sefton also failed the category 3 90th percentile (5 hours, 55 minutes) but showed an improvement from the previous month, for Cat 4 90th percentile reported 17 hours 5 minutes way over target. South Sefton is yet to achieve the targets in category 3 since the introduction of the ARP system.
• The deteriorating position for ambulance is in line with the increased NWAS 999 calls, this is a system issue and not a localised.

Actions to Address/Assurances:

• 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 went live in April 2022.
• Also, the Ageing Well Programme now being implemented will support NWAS by improving access to urgent community response including referrals from NWAS and the community teams with a response within 2 hours.

The following actions are part of an ongoing work programme:
• NWAS recovery plan: Under development supported by commissioners to address potential second surge / winter planning seeking to retain, expand and /or consolidate many of the beneficial actions and changes implemented to date.
• Integrated UEC: Restarting the previous joint work to develop the integrated 999 and 111 service offer and eventual direct contract award, accompanied by the expansion of CAS capacity and clinical capability. Also, improving utilisation of urgent community response services by paramedics to increase see and treat and reduce conveyances as well as planning to establish a conveyance pathway to the WiC/UTC to avoid AED.
• Patient Transport Service (PTS) redesign: Review of the future shape, role and configuration of the PTS service, taking into consideration the post COVID redesign of outpatient / hospital and out of hospital services, the role of PTS in supporting Patient Emergency Services (PES) responses and the national PTS review. The review will also seek to encourage Trusts to include within scope the considerable amount of directly commissioned PTS vehicles and / or taxis used by many Trusts to supplement the NWAS service offer. The latter provides an opportunity for greater efficiency and possible system financial savings.
• CAS: Development of Pathways Clinical Consultation Support (PaCCS) for the CAS and NWAS will encourage greater utilisation of Same Day Emergency Care (SDEC)/ACU at LUHFT and avoid AED.
• Turnaround Improvement – NWAS are rolling out the ED Checklist that is expected to include most AEDs (with the exclusion of paediatrics), which will increase ambulance handover times but maintain patient safety.

When is performance expected to recover:

Recovery hard to predict due the unknown impact on recovery and lifting of social restrictions on public behaviour.

Quality:

Capacity is meeting current demand. There has been no reports through to the Place of any serious untoward incidents.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	Craig Blakey	Janet Spallen

3.6 Ambulance Handovers

Indicator		Performance Summary					Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months					a) All handovers between ambulance and A & E must take place within 15 minutes b) All handovers between ambulance and A & E must take place within 30 minutes c) All handovers between ambulance and A & E must take place within 60 minutes	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	LUHFT	Target	Apr-22	May-22	Jun-22		
		(a)	<=15mins	32.03%	37.22%	36.15%		
		(b)	<=30mins	74.24%	77.83%	76.99%		
		(c)	<=60mins	90.56%	92.77%	94.09%		
		Plan: (a) 65%, (b) 95%, (c) 100%						

Performance Overview/Issues:

• The metrics have been updated in-line with the 2022/23 Guidance based on percentages within 15, 30 and 60 minutes.
• The Trust reported under the 65% of handovers within 15 minutes in June recording 36.15%.
• The Trust reported under the 95% of handovers within 30 minutes in June recording 76.99%.
• The Trust reported under the 100% of handovers within 60 minutes in June recording 94.09%.
• Data for ambulance handovers within 60 mins is showing special cause of concerning nature for the Trust, influenced this month largely by AUH position. Both sites are showing common cause variation and that the target will not be consistently hit or missed.
• Aintree to note is showing Common Cause as the move to Paperlite has resulted in a step change in the control limits, however performance is still deteriorating.

Actions to Address/Assurances:

• This is a joint challenge for NWAS and LUHFT resulting in:
- The introduction of the new NWAS escalation process in partnership with AQuA - Every Minute Matters.
- Reconfiguration of front door estate within AUH ED to support revised processes/pathways for ambulance handovers.
• Implementation of a Patient Flow Collaborative at Aintree to support reduction in ED occupancy and reduce ambulance crews held >60 mins.

When is performance expected to recover:

Uncertain recovery trajectory due to ongoing high demand for urgent and emergency services as well as flow in ED challenging at times.

Quality:

All incidents at South Sefton are reviewed with peers at NWAS/NHS111 commissioners meeting to identify issues and lessons learned. These do occasionally refer to priority categorisations and waiting times for ambulance arrival, although this is rarely the only issue identified. This process remains in place.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	Craig Blakey	Janet Spallen

3.7 Unplanned Care Quality Indicators

3.7.1 Stroke and TIA Performance

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. At the 4th August ICB board it was agreed that the programme should go ahead with the planned move of Southport &Ormskirk patients to LUHFT from 19th September. There should be a review of the financial impact of changes since first assessed which has increased by several million pounds. There will be 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.

3.7.2 Healthcare associated infections (HCAI): MRSA

<table>
<tr><th colspan="2">Indicator</th><th colspan="5">Performance Summary</th><th></th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">Incidence of Healthcare Acquired Infections: MRSA</td><td colspan="5">Latest and previous 3 months (cumulative position)</td><td rowspan="8">Cases of MRSA carries a zero tolerance and is therefore not benchmarked.</td><td rowspan="8">Due to the increased strengthening of IPC control measures due to the ongoing COVID-19, risks have been mitigated.</td></tr>
<tr><td>RED</td><td>TREND</td><td></td><td>Mar-22</td><td>Apr-22</td><td>May-22</td><td>Jun-22</td></tr>
<tr><td rowspan="3"></td><td rowspan="3"></td><td>S Sefton</td><td>1</td><td>0</td><td>0</td><td>1</td></tr>
<tr><td>LUHFT</td><td>1</td><td>1</td><td>1</td><td>1</td></tr>
<tr><td>Previous year</td><td>Mar-21</td><td>Apr-21</td><td>May-21</td><td>Jun-21</td></tr>
<tr><td>S Sefton</td><td>2</td><td>0</td><td>0</td><td>1</td></tr>
<tr><td>LUHFT</td><td>4</td><td>0</td><td>0</td><td>1</td></tr>
<tr><td colspan="6">Plan: Zero</td></tr>
<tr><td colspan="8">Performance Overview/Issues:</td></tr>
<tr><td colspan="8">• RAG rating and trend is on South Sefton cases.
• South Sefton reported 1 new case 1 in June, along with the Trust who reported 1 in April so have failed the zero tolerance plan for 2022-23.
• The case in June is planned to have the post infection review in August to include all organisation involved in the care to ensure no lapses in care and any lessons are implemented and embedded across all organisations.</td></tr>
<tr><td colspan="8">Actions to Address/Assurances:</td></tr>
<tr><td colspan="8">• All incidents are reviewed as part of the Infection Prevention Control (IPC) meeting on a monthly basis.
• Further work ongoing at the Aintree site to review compliance against MRSA screening on admission and work ongoing with Business Intelligence as currently no systems to monitor compliance for this and remains ongoing.</td></tr>
<tr><td colspan="8">When is performance expected to recover:</td></tr>
<tr><td colspan="8">Both South Sefton and Trust have breached zero tolerance so recovery isn't possible in 2022-23.</td></tr>
<tr><td colspan="8">Quality:</td></tr>
<tr><td colspan="8">Any further incidents will be reported by exception.</td></tr>
<tr><td colspan="8">Indicator responsibility:</td></tr>
<tr><td colspan="3">Leadership Team Lead</td><td colspan="3">Clinical Lead</td><td colspan="2">Managerial Lead</td></tr>
<tr><td colspan="3">Jane Lunt</td><td colspan="3">Gina Halstead</td><td colspan="2">Jennifer Piet</td></tr>
</table>

3.7.3 Healthcare associated infections (HCAI): C Difficile

<table>
<tr><th>Indicator</th><th colspan="5">Performance Summary</th><th></th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">Incidence of Healthcare Acquired Infections: C Difficile</td><td colspan="5">Previous 3 months and latest (cumulative position)</td><td rowspan="2"><u>2022/23 Plans</u>
New National Objectives:
South Sefton: </= 59 YTD
Trust: LUHFT </= 134 YTD</td><td rowspan="2">Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the trust sites to ensure any risks mitigated.</td></tr>
<tr><td>RED</td><td>TREND</td><td></td><td>Mar-22</td><td>Apr-22</td><td>May-22</td><td>Jun-22</td></tr>
<tr><td rowspan="5"></td><td rowspan="5"></td><td>S Sefton</td><td>59</td><td>4</td><td>13</td><td>23</td></tr>
<tr><td>LUHFT</td><td>134</td><td>14</td><td>33</td><td>51</td></tr>
<tr><td>Previous year</td><td>Mar-21</td><td>Apr-21</td><td>May-21</td><td>Jun-21</td></tr>
<tr><td>S Sefton</td><td>44</td><td>7</td><td>13</td><td>16</td></tr>
<tr><td>LUHFT</td><td>112</td><td>9</td><td>19</td><td>33</td></tr>
<tr><td colspan="6">S Sefton - Actual 23 YTD - Target 14 YTD
LUHFT - Actual 51 YTD - Target 34 YTD</td></tr>
<tr><td colspan="8">Performance Overview/Issues:</td></tr>
<tr><td colspan="8">• South Sefton is reporting 10 cases in June (23 year to date against the year to date target of 14 so reporting red.
• The Trust current performance being 51 cases against a year to date plan of 34 cases and have fallen under plan in month.</td></tr>
<tr><td colspan="8">Actions to Address/Assurances:</td></tr>
<tr><td colspan="8">• 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.</td></tr>
<tr><td colspan="8">When is performance expected to recover:</td></tr>
<tr><td colspan="8">• Recovery will be monitored as part of the LUHFT overall plan with specific emphasis on each of the sites through the Infections Prevention Control Meetings within the Trust.
• Work ongoing to ensure management of diarrhoea, isolation of patient and prompt sampling. A further piece of work ongoing with BI to look at how the side rooms are utilised, the IPC team continue to carry out education and training on the wards and pharmacy teams planning audits to provide assurance appropriate patient treatment and appropriate antimicrobial resistance (AMR) prescribing.
• Also learning has been taken from another Trust to see how that could be progressed within the organisation.</td></tr>
<tr><td colspan="8">Quality:</td></tr>
<tr><td colspan="8">The C. Difficile action plan which is in progress will be monitored through the Infection Prevention Control (IPC) Governance meeting.
The Board Assurance Framework (BAF) which is produced for the meeting is now a standing agenda item at Contracts Quality and Performance Group (CQPG) by exception.</td></tr>
<tr><td colspan="8">Indicator responsibility:</td></tr>
<tr><td colspan="3">Leadership Team Lead</td><td colspan="3">Clinical Lead</td><td colspan="2">Managerial Lead</td></tr>
<tr><td colspan="3">Jane Lunt</td><td colspan="3">Gina Halstead</td><td colspan="2">Jennifer Piet</td></tr>
</table>

3.7.4 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary					Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: E Coli		**Previous 3 months and latest (cumulative position)**				**2022/23 Plans** **New National Objectives:** South Sefton: </= 177 YTD Trust: LUHFT </= 174 YTD	Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the trust sites to ensure any risks mitigated.
GREEN	**TREND**		Mar-22	Apr-22	May-22	Jun-22	
		S Sefton	135	14	20	32	
		LUHFT	204	16	35	50	
		Previous year	Mar-21	Apr-21	May-21	Jun-21	
		S Sefton	115	6	18	34	
		LUHFT	519	12	26	47	
		S Sefton - Actual 32 YTD - Target 33 YTD LUHFT - Actual 50 YTD - Target 44 YTD					

Performance Overview/Issues:

• NHS Improvement and NHS England originally set targets for reductions in E.coli in 2018/19, the Place have the new objectives/plans for E.coli for 2022/23 along with Trust objectives to monitor.
• South Sefton are under and Trust are over plan in June.

Actions to Address/Assurances:

• The NHSE Gram Negative Bloodstream Infections (GNBSI) Programme Board Meetings has now merged with the Antimicrobial resistance (AMR) Group to provide a more joined up approach and meet every 6 weeks.
• 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.
• Post Infection Reviews (PIR) are undertaken on all cases of Hospital Onset Hospital Acquired (HOHA) cases of E. Coli and themes include lack of catheter insertion, monitoring and delay in blood cultures.

When is performance expected to recover:

This is a cumulative total shows a decline from the same time last year, training and actions plans are in place across the Trust.

Quality:

This will be monitored through the monthly Infection Prevention Control (IPC) meeting which is chaired by the Trust Director of Infection Prevention Control with Place attendance.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Jane Lunt	Gina Halstead	Jennifer Piet

3.7.5 Hospital Mortality – Liverpool University Hospital Foundation Trust (LUHFT)

Figure 12 - Hospital Mortality

Mortality					
Hospital Standardised Mortality Ratio (HSMR)	21/22 - March	100	101.97	↔	101.78 reported last quarter.

For March (last update from the Trust), HSMR is similar to that reported in the previous quarter at 101.97 and remains within expected levels. HSMR is an indicator of healthcare quality that measures whether the number of deaths in hospital is higher or lower than expected. Position remains better than expected. Like all statistical indicators it is not perfect, but can be both a measure of safe, high-quality care and a warning sign available to Trusts. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is fewer than 100 this suggest fewer deaths occurred than expected. Ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

SHMI is at 1.0257 and within expected parameters, for reporting period April 2021 - March 2022, which is in the SHMI banding of 2. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It includes deaths which occurred in hospital and deaths which occurred outside of hospital within 30 days (inclusive) of discharge. The SHMI gives an indication for each non-specialist acute NHS Trust in England whether the observed number of deaths within 30 days of discharge from hospital was 'higher than expected' (SHMI banding=1), 'as expected' (SHMI banding=2) or 'lower than expected' (SHMI banding=3) when compared to the national baseline.

3.8 South Sefton Serious Incident (SI) Management – Quarter 1

Serious Incident (SI) Process – Arrangements within the Integrated Care System (ICS)

South Sefton CCG transitioned into the ICS on 1st July 2022 and will now be known as Sefton Place – South Sefton. A system wide process for the management of SIs across the North Mersey area has been developed with implementation and oversight being monitored by the Patient Safety Task and Finish Group.

All Serious Incident Review Group (SIRG) panels have been set up for North Mersey with Sefton Place Quality Team members in attendance. There is specific panel held for Mersey Care NHS Foundation Trust that is held on a bi-monthly basis and a separate SI panel held for all other providers across the Merseyside, also on a bi-monthly basis.

A draft Cheshire and Merseyside ICS SI Policy has also been developed and is currently subject to minor amendments and an Equality and Diversity review and a standardised SI reporting template is currently being piloted for Q2 22/23.

South Sefton will continue to report SIs on behalf of our smaller, independent providers who do not have access to STEIS. This will include any SIs that occur within Primary Care.

As part of supporting integration and collaborative working, as of 1st April 2022, all Sefton Place SIs will be centrally managed by Liverpool Place with the exception of Mersey Care NHS Foundation Trust which will be centrally managed by Mid Lancashire Commissioning Support Unit (Mid-Lancs CSU).

Sefton Place will continue to monitor and close any legacy SIs that remain open prior to 1st April 2022.

Patient Safety Incident Reporting Framework (PSIRF) update

To support the NHS to further improve patient safety, NHSE/I are preparing for the introduction of a new Patient Safety Incident Response Framework (PSIRF), outlining how providers should respond to patient safety incidents and how and when a patient safety investigation should be conducted. This will replace the current NHSE/I Serious Incident Framework and associated policies and processes.

The Patient Safety Incident Response Framework will be published in early August, as a major piece of guidance on how NHS organisations respond to patient safety incidents and ensure compassionate engagement with those affected.

Secondary care providers will be asked to begin preparing to transition to PSIRF from September 2022. Preparation is expected to take 12 months with all organisations transitioning to PSIRF by

Autumn 2023. A range of resources to support organisations with this process will be made available on the NHS England website and Future NHS.

Once the framework is published, all Patient Safety Specialists will be notified directly, and a letter will be sent to chief executives, medical directors and directors of nursing at all trusts and foundation trusts and independent providers.

Sefton Place will continue to support our Providers to transition to the new framework and gain assurances that this will be supported by the appropriate policies and processes.

Number of legacy Serious Incidents Open for South Sefton

As of Q1 2021/22, there are a total of 5 legacy serious incidents (SIs) open on StEIS where South Sefton were either responsible or accountable commissioner. See table below for breakdown by Provider.

All RCAs that are due to be received will be reviewed at the North Mersey SIRG panel. All resubmitted RCAs and action plans that have been previously reviewed by South Sefton SIRG panel will be reviewed internally by the Sefton Place Quality Team.

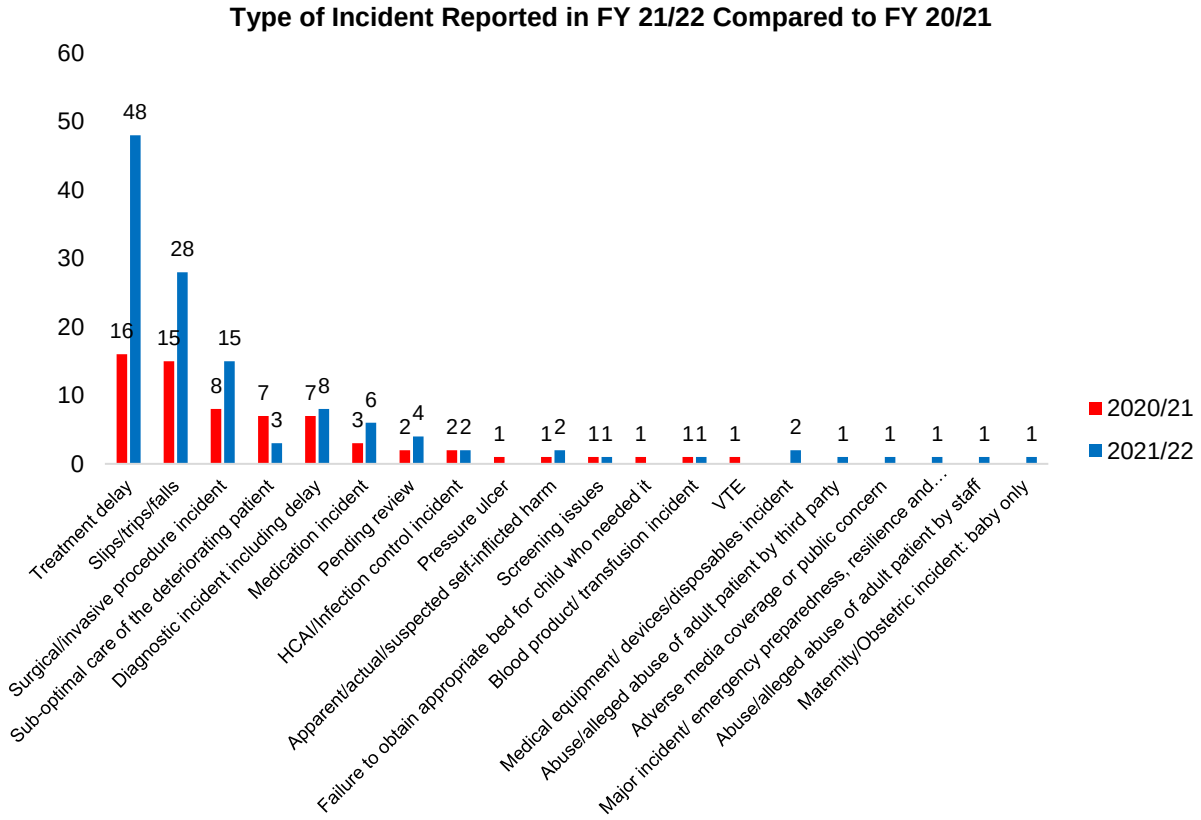
Provider and Current SI status	Total
St Helens & Knowsley Teaching Hospitals NHS Trust	**1**
Awaiting RCA – subject to external review	1
TOTAL	**1**

Liverpool University Hospitals NHS Foundation Trust (LUHFT)

(N.B. Data below covers SIs reported by the Trust as a whole and is not specific to South Sefton Patients)

Total SIs reported

The following graph shows the number of SIs by type reported during 2021/22 compared with 2020/21.

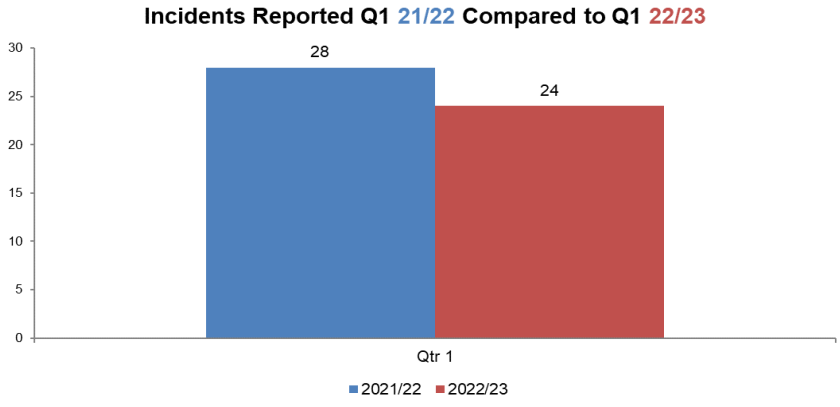


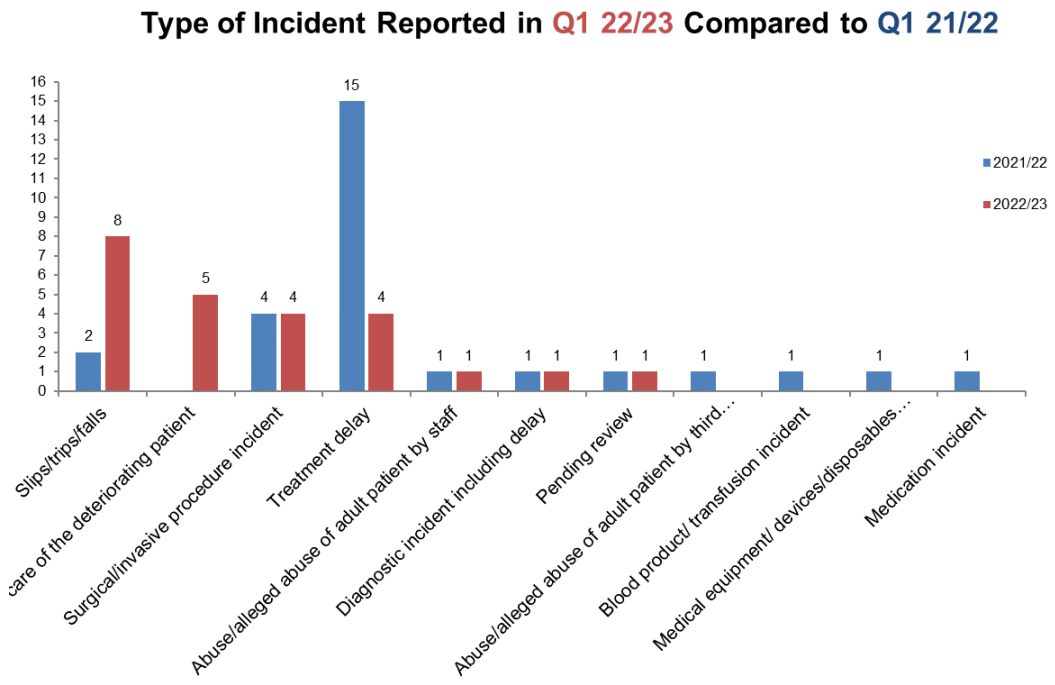
There has been a significant increase in the number of SIs reported by LUHFT. This has been highlighted by Liverpool Place as lead commissioner. While it has been noted that this could be attributed to robust and effective weekly safety meetings having a positive impact on the reporting culture, this will continue to be monitored.

The improvement trajectory that is in place for the Trust represents a challenging target and will require ongoing, focus and prioritisation by the hospitals and in order to be delivered. There has been improved oversight of SI investigations which provides more immediate support to unblock issues affecting their completion. A number of actions are being taken to address the backlog in the SI process in conjunction with Liverpool Place which is monitored via Executive Quality and Safety Group.

Total SIs reported for Q1 2021/22 and Q1 2022/23 by Type of SI

The following graph shows the type of SIs reported in Q1 2021/22 compared to Q1 2022/23.





As highlighted above, there has been a significant increase in the number of slips trips and falls reported.

The Trust has refreshed its falls strategy. This has been included into the overarching organisational improvement plan with renewed focus on the fundamentals of care. An update regarding progress against this plan was presented at the CQPG in April 2022 and will be continuously monitored so assurances can be obtained.

Number of Never Events reported

There has been 1 Never Event reported by the Trust in Q1 2022/23.

Never Events Reported				
Provider	**2019/20**	**2020/21**	**2021/22**	**2021/23**
Liverpool University Hospitals NHS Foundation Trust	8	7	9	**1**
TOTAL	**8**	**7**	**9**	**1**

This related to Wrong Site Surgery whereby a Fascia Iliaca block was performed in order to position the patient for spinal anesthesia. The block performed on the wrong side and subsequently administered to correct side following which the operation completed. This incident was discussed with the team, and it was identified that no harm came to the patient. A full investigation is awaited and will be reviewed at the North Mersey SI panel.

Gastroenterology SI Update

The initial findings of the Gastroenterology review identified that in March 2021 there were a total of 7,517 patients beyond their planned follow up review date or without a review date. As previously documented, virtual clinical validation of the overdue follow-ups was completed at the end of June 2021. This validation was undertaken by consultants from both the Royal and Aintree sites. All 7,517 patients were clinically validated, and 3,508 patients were discharged (47%).

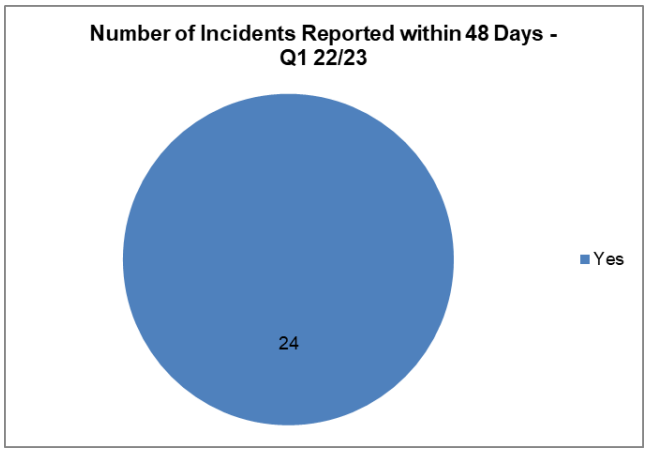
The Gastroenterology team continue to work closely with colleagues in Clinical Governance to ensure an accurate reportable position based on incidents directly relating to the validation programme. In order to reduce the number of patients over their follow up due date the service is carrying out the following actions:

- Validation of pre 2020 patients being completed for all subspecialties with patients discharged/booked clinic slot as appropriate
- Additional insourced capacity in place to accommodate long wait luminal patients via ID Medical to reduce the patients waiting pre-2020 to zero.
- Additional clinics in place across IBD and Liver to see the longest waiting patients to reduce the patients waiting pre-2020 to zero.
- Review of the clinical ward cover to identify if alternative ward model could free up clinical DCC time to be re-provided as outpatient sessions, from October 2022.
- Exploration of alternative staffing models such as Nurse Led activity via Clinical Nurse Specialists and Clinical Fellow positions and subsequent proposal submitted for additional consultant and clinical fellows to be recruited into the Gastro service, who would be able to see both new and follow-up patients
- Review of subspecialties to identify is any are suitable to be rolled out to PIFU
- Capacity and Demand review of Aintree gastroenterology service via support of MBI
- Exploration of moving to a full booking process

In May 2021, an independent external review was commissioned by the Executive Team to review the clinical oversight, pathways and governance arrangements related to the Gastroenterology service at Aintree University Hospital (AUH). In summary, the purpose of the independent external review was to review the clinical oversight, pathways and governance arrangements related to Gastroenterology follow-up lists beyond their planned follow-up review date at Aintree Hospital. An action plan to address the recommendations has been developed by the service, and an update on these actions will be provided at the August CQPG meeting.

SIs reported within 48 Hour Timescale

LUHFT has reported 100% of all SIs within 48 hours for Q1 2022/23.



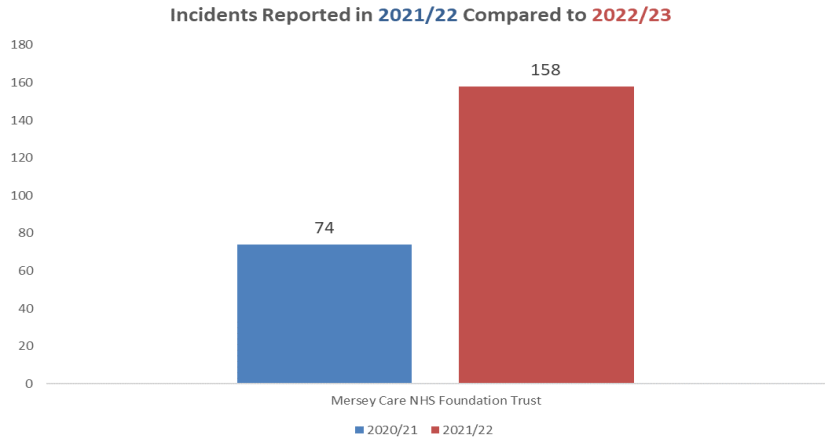
Mersey Care NHS Foundation Trust (MCFT)

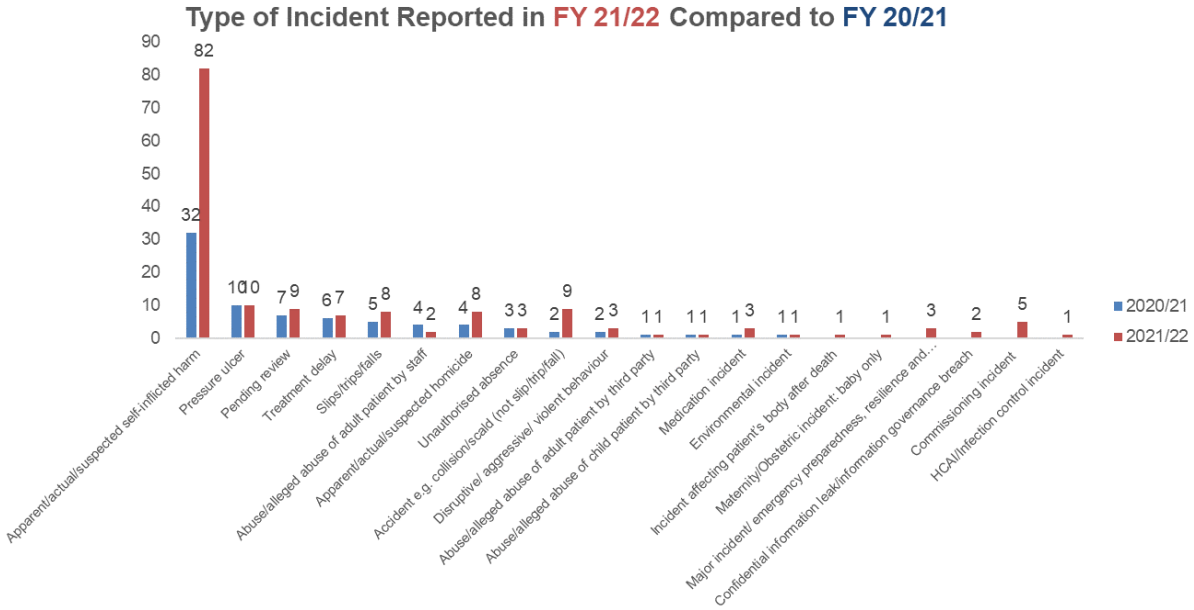
(N.B. Data below covers SIs reported by the Trust as a whole. It is not specific to North Sefton Patients. It also covers both community and mental health services)

During Q1 2022, MCFT services within were operating under business continuity, but continued to report SIs. The Trust continues to experience resourcing issues in terms of staffing and subsequently the management of SI investigtaions. This has resulted in a number of extension requests being requested. Despite the increase in extension requests, it has been noted that the quality of RCAs have improved. Sefton and Liverpool Place Quality teams will continue to support the provider and continously monitor performance.

Total SIs reported for 2021/22 and 20/21

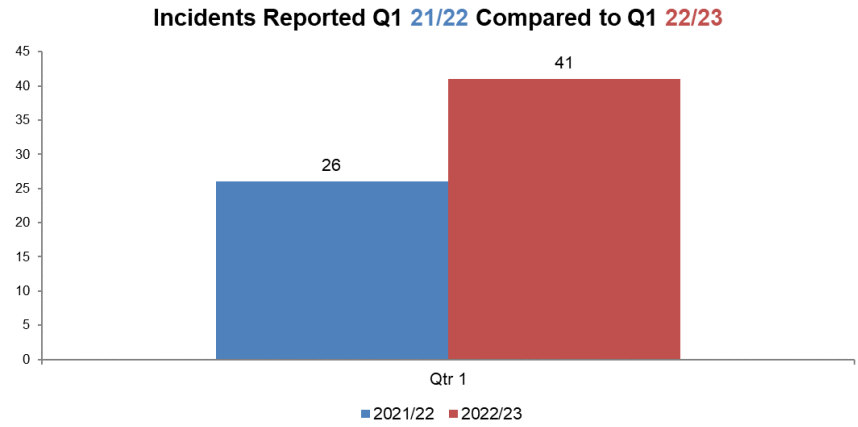
The following graph shows the number and type of SIs reported during 2021/22 compared with 2020/21.

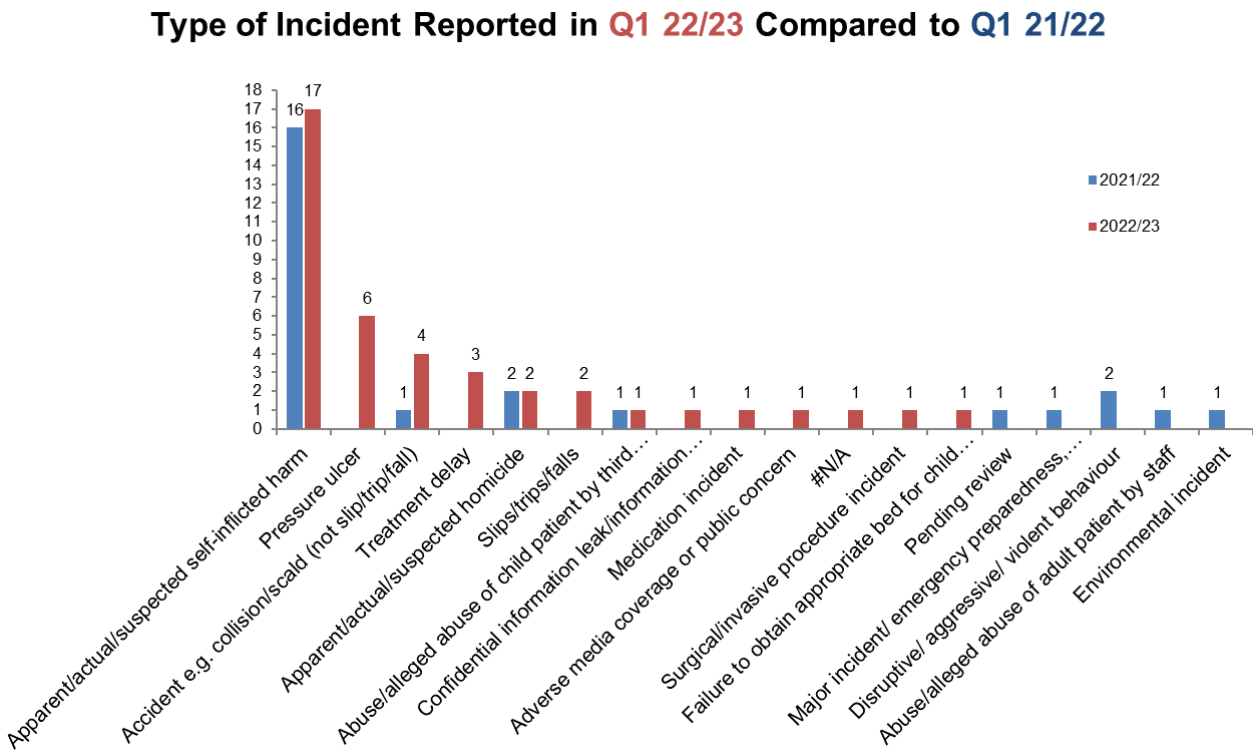




Total SIs reported for Q4 2020/21 and Q4 2019/20 by Type of SI

The following graph shows the type of SIs reported in Q1 2021/22 compared to Q1 2022/23.





Self-Harm Incidents

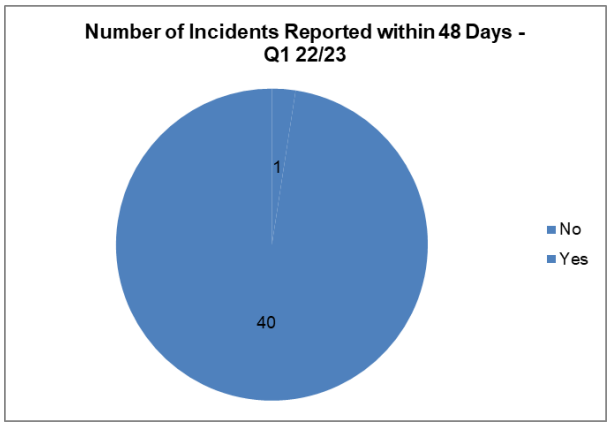
The charts above indicate a considerable increase in self-harm incidents when compared to the previous year. An update was provided in the Q4 21/22 SI report regarding self-harm incidents. A comprehensive update regarding suicide prevention was given at the Mersey Care CQPG and will continue to be monitored via the ICS and provider contract meetings. MCFT have successfully developed a suicide prevention strategy and associated policy and have seen an overall reduction in suicide rates by 22%.

Number of Never Events reported

There have been no Never Events reported by the provider in 2021/22.

SIs reported within 48 Hour Timescale

The chart below shows the number of SIs reported within the 48-hour timescale for Q1 2022/23.



72 Hour Report Submitted

The SI framework requires the submission of a 72-hour report following the reporting of an SI. This should be submitted to Liverpool Place by the reporting organisation within 5 working days. For Q1 22/23 all 72-hour reports were submitted within timescale and reviewed by the Liverpool Place and Sefton Place at the weekly 72 review panel meeting.

3.9 Patient Experience A&E

<table>
<tr><th>Indicator</th><th>Performance Summary</th><th></th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">LUHFT Friends and Family Test Results: A&E</td><td rowspan="2">Previous 3 months and latest</td><td rowspan="2"></td><td rowspan="2">Very low/minimal risk on patient safety identified.</td></tr>
<tr><td>RED</td><td>TREND</td></tr>
<tr><td rowspan="5"></td><td rowspan="5"></td><td>
<table>
<tr><td></td><td>Feb-22</td><td>Mar-22</td><td>Apr-22</td><td>May-22</td></tr>
<tr><td>% RR</td><td>17.1%</td><td>17.4%</td><td>17.7%</td><td>17.3%</td></tr>
<tr><td>% Rec</td><td>60.0%</td><td>60.0%</td><td>64.0%</td><td>67.0%</td></tr>
<tr><td>% Not Rec</td><td>29.0%</td><td>29.0%</td><td>26.0%</td><td>24.0%</td></tr>
</table>
2022/23 England Averages:
Response Rates: 9.7%
% Recommended: 75%
% Not Recommended: 17%
</td><td></td><td></td></tr>
</table>

Performance Overview/Issues:

• Data submission and publication for the Friends and Family Test was paused during the response to COVID-19, but has now resumed, latest data is May 2022.
• The response rates for LUHFT in May is the similar to last month at 17.3%. The percentage recommending the service has improved 67%, this is lower than the England average of 75%. The percentage not recommending is higher that the England average of 17% recording 24%.

Actions to Address/Assurances:

• A comprehensive update was provided on behalf of the Trust in the previous months Integrated Performance Report. There are no further actions or assurances to update currently.
• The Trust are however scheduled to attend and present at the Engagement & Patient Experience Group (EPEG) a patient experience update.
• Updates are provided via EPEG meetings and CQPG and discussed, with rationale for dips in performance required to be provided by the Trust.
• There are plans in place to ensure providers are core members of EPEG going forward, attending each meeting rather than being invited in a bi-annual basis.

When is performance expected to recover:

The Trust are unable to predict expected recovery at this time due to immense pressures on the system and moving towards the winter season. It is hoped performance will improve moving into 21 22/23.

Quality impact assessment:

• Following sustained deterioration of patient satisfaction, there is a month-on-month improvement. The satisfaction score in ED has now moved back within the lower control limit when monitoring performance historically.
• The top five negative themes for ED Departments remained consistent. However, waiting time remained as the top theme and this was consistent across both sites when looking at patient feedback. Waiting time performance metrics across the ED departments within the organisation also continue to follow reduced performance levels.
• Due to the delay in FFT reporting, it is acknowledged that patient experience improvement measures currently in place, may not be fully realised until a few months. This is due to the reporting mechanisms and timescales set out by NHSE/I for recording FFT.

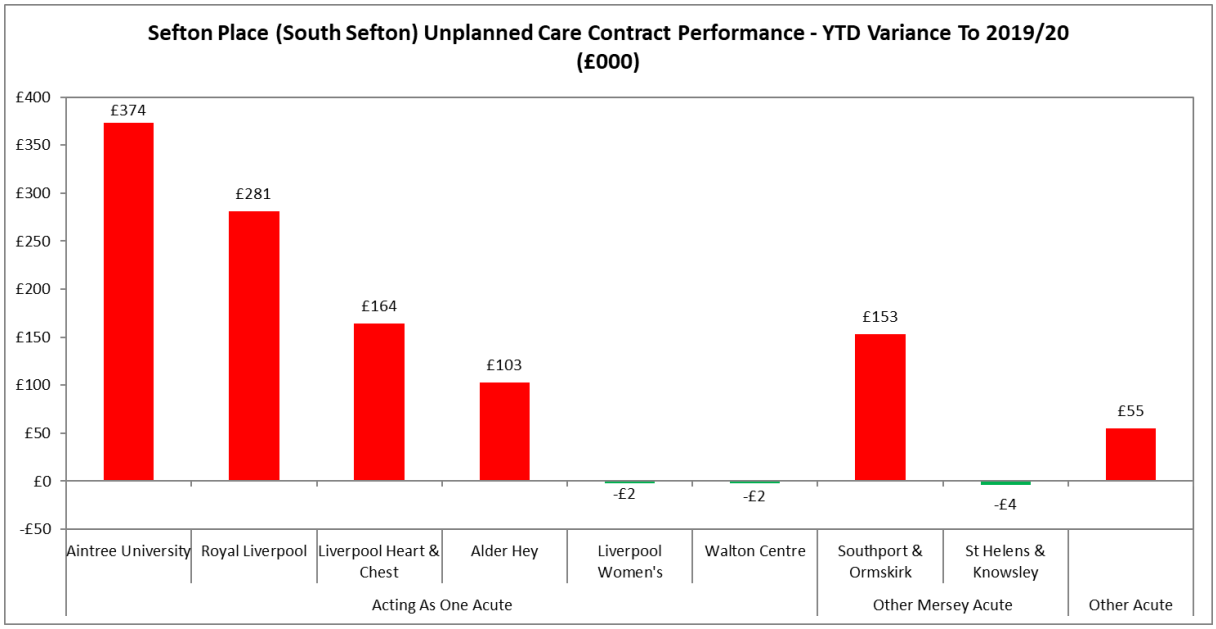
Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Jane Lunt	N/A	Mel Spelman

3.10 Unplanned Care Activity & Finance, All Providers

3.10.1 All Providers

Figure 13 - Unplanned Care – All Providers



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 2019/20 (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 £1.7k to £2.8k. 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 14 - Unplanned Care Activity Trends

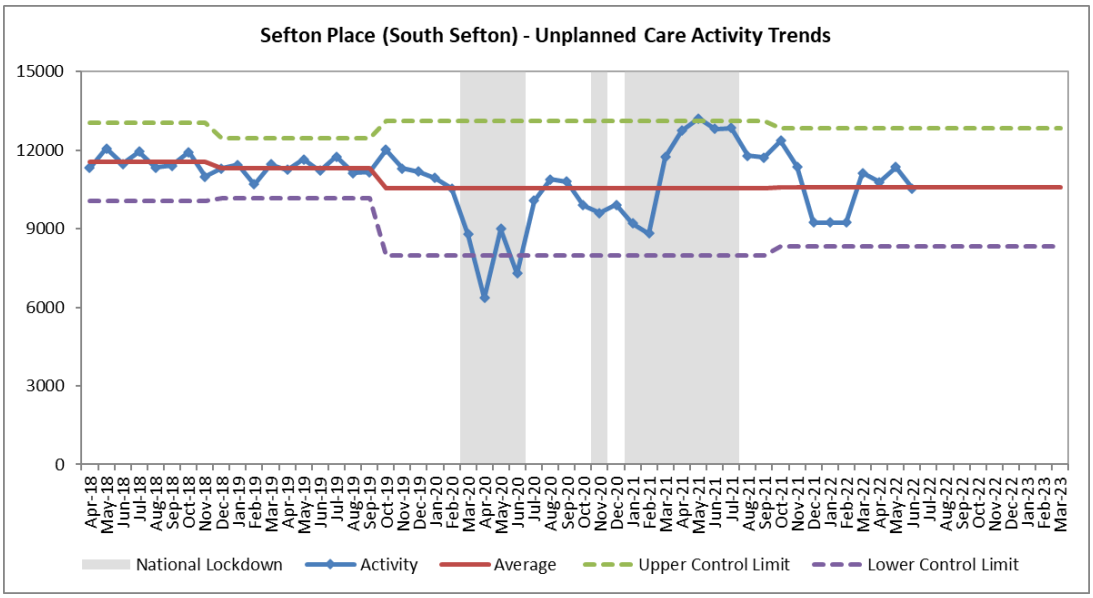


Figure 15 – A&E Type 1 against Plan (previous year)

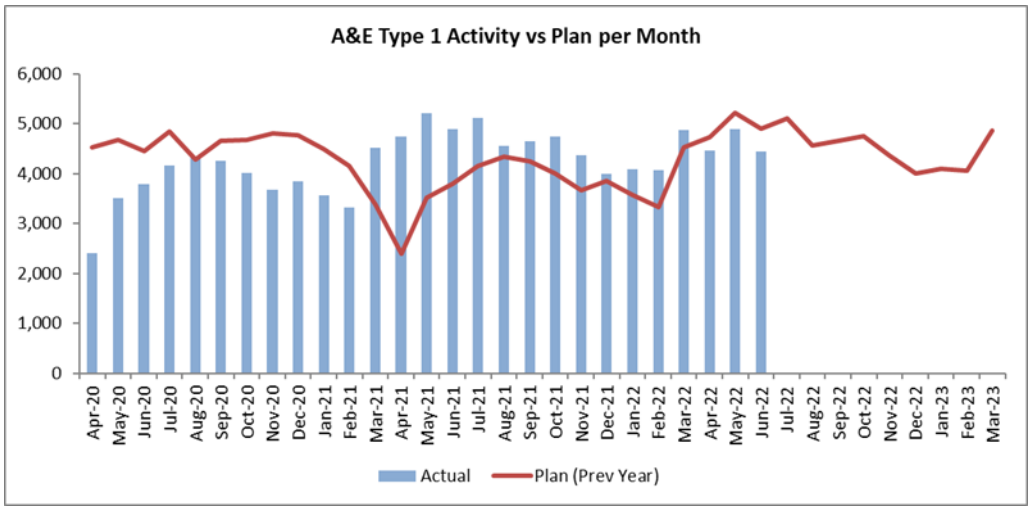
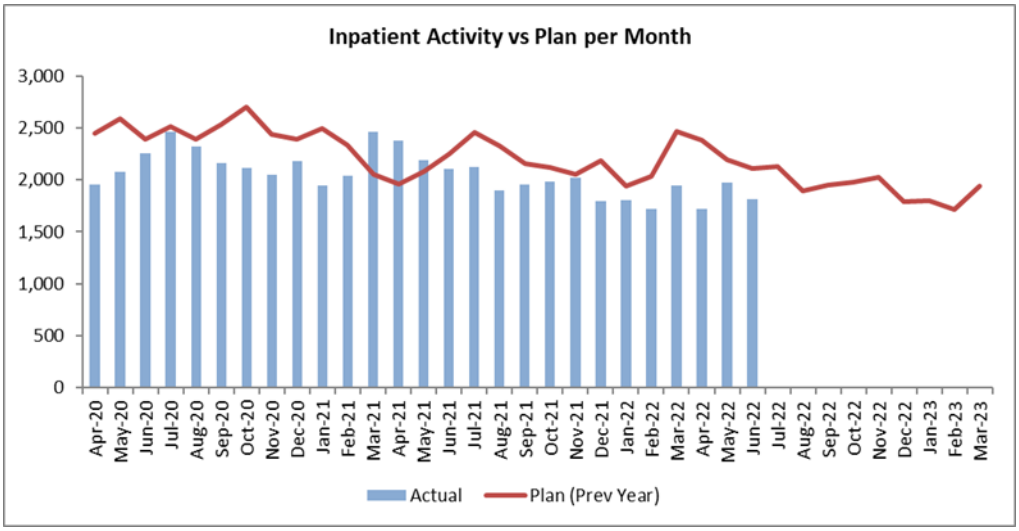


Figure 16 – Non-elective Inpatient Variance against Plan (Previous Year)



3.10.2 Aintree Hospital

Figure 17 - Unplanned Care – Aintree Hospital

Aintree University Hospitals Urgent 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
A&E WiC Litherland	9,850	10,367	517	5%	£252	£270	£17	7%
A&E - *Accident & Emergency*	9,192	8,558	-634	-7%	£1,496	£1,426	-£70	-5%
NEL - *Non Elective*	4,403	2,909	-1,494	-34%	£8,577	£9,223	£645	8%
NELNE - *Non Elective Non-Emergency*	11	3	-8	-73%	£60	£17	-£43	-72%
NELNEXBD - *Non Elective Non-Emergency Excess Bed Day*	0	0	0	-	£0	£0	£0	-
NELST - *Non Elective Short Stay*	881	480	-401	-46%	£609	£395	-£214	-35%
NELXBD - *Non Elective Excess Bed Day*	2,623	2,419	-204	-8%	£681	£719	£38	6%
Grand Total	**26,960**	**24,736**	**-2,224**	**-8%**	**£11,675**	**£12,048**	**£374**	**3%**

The total overperformance of £374k/3% for Sefton Place – South Sefton at Aintree Hospital can be attributed to the increasing cost of non-elective admissions. A comparison of the average cost of a non-elective in 2019/20 to 2022/23 illustrates that they have increased from circa £1.7k to £2.8k. 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.

A&E type 1 attendances were at their highest since July-19 for South Sefton at Aintree Hospital in early 2021/22 but have since decreased and in the first quarter of 2022/23, attendances are -7% below that seen in the equivalent period of 2019/20. Contracting data also suggests fewer patients require admission with a current conversion rate (attendance to admission) of approximately 40% compared to a pre-pandemic level of over 50%. Waits within the A&E department have also increased with a significant impact on A&E performance evident for LUHFT (individual site performance not available) throughout 2021/22 and into 2022/23. For patients who do require admission, it also appears that length of stay for South Sefton patients is increasing at Aintree with a current average of 4.6 days to 2.6 days in 2019/20. The number of stranded and super stranded patients has also increased when comparing to pre-pandemic levels.

Overperformance at Aintree Hospital is evident against the A&E Litherland walk-in centre point of delivery. This service was operating on a new service model of pre-booked appointments from June-20 and a surge in attendances was seen in early 2021/22 resulting in historical peaks in activity during May-21. Attendances in May-21 were 5,746 compared to a pre-pandemic monthly average of 3,274, which represents an increase of 62%. Attendances during 2021/22 then decreased but remain above the pre-pandemic average. Current activity levels represent an increase of 5% in quarter 1 when compared to 2019/20.

In terms of COVID admissions, contracting data illustrates that South Sefton saw peaks in admissions to Aintree Hospital during April-20 (177), October-20 (145) and January-21 (168) mirroring local and national trends for increasing cases. There were 53 COVID related admissions for South Sefton patients recorded in January-22, which is a peak for 2021/22 and is likely a result of the Omicron variant as cases increased in this period. Numbers of COVID admissions have since decreased with 7 reported in June-22.

NB. Plan values in the above table relate to 2019/20 actuals. March-20 was the first month to see an impact on activity as a result of the COVID-19 pandemic.

4. Mental Health

4.1.1 Care Programme Approach (CPA) Follow up 2 days (48 hours)

<table>
<tr><th colspan="2">Indicator</th><th colspan="4">Performance Summary</th><th></th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">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</td><td colspan="4">Previous 3 months and latest</td><td rowspan="3"></td><td rowspan="3">Patient safety risk re: – suicide/harm to others.</td></tr>
<tr><td>GREEN</td><td>TREND</td><td>Q2 21/22</td><td>Q3 21/22</td><td>Q4 21/22</td><td>Q1 22/23</td></tr>
<tr><td>  </td><td>  </td><td>50.0%</td><td>80.0%</td><td>100.0%</td><td>100.0%</td></tr>
<tr><td colspan="8">Plan: 95% - Quarter 1 2022/23 reported 100% and achieved</td></tr>
<tr><td colspan="8">Performance Overview/Issues:</td></tr>
<tr><td colspan="8">• The Trust is achieving the 95% target reporting 100% for the CCG.</td></tr>
<tr><td colspan="8">Actions to Address/Assurances:</td></tr>
<tr><td colspan="8">• Performance on all follow ups post discharge continues to be discussed and reviewed in the weekly Divisional Safety Huddle.
• Please note the indicator is number sensitive. Any underperformance can just equate to a very small number breaches in some cases.</td></tr>
<tr><td colspan="8">When is performance expected to recover:</td></tr>
<tr><td colspan="8">Recovery continues in Quarter 1 2022-23.</td></tr>
<tr><td colspan="8">Quality:</td></tr>
<tr><td colspan="8">No quality issues reported.</td></tr>
<tr><td colspan="8">Indicator responsibility:</td></tr>
<tr><td colspan="3">Leadership Team Lead</td><td colspan="2">Clinical Lead</td><td colspan="3">Managerial Lead</td></tr>
<tr><td colspan="3">Geraldine O'Carroll</td><td colspan="2">Yinka Moss</td><td colspan="3">Ian Johnston</td></tr>
</table>

4.1.2 Eating Disorder Service Waiting Times

Indicator		Performance Summary					Potential organisational or patient risk factors
Eating Disorder Service (EDS): Treatment commencing within 18 weeks of referrals		**Previous 3 months and latest**				KPI 123b	Patients safety risk. Reputation.
RED	**TREND**	Mar-22	Apr-22	May-22	Jun-22		
		29.40%	22.00%	24.40%	12.80%		
		Mar-21	Apr-21	May-21	Jun-21		
		33.30%	34.38%	30.30%	36.10%		
		Plan: 95%					

Performance Overview/Issues:

• Long standing challenges remain in place (see Quality section below).
• Out of a potential 39 Service Users, only 5 started treatment within the 18 week target (12.8%) which shows a decline in performance from the previous month. The Trust has stated that demand for the service continues to increase and to exceed capacity. In recent weeks the service has recently received several referrals for low weight clients requiring prioritisation and referrals to inpatient ED unit. Also, discharges from inpatient ED unit have required the team/staff to support transition to community services. Furthermore, several clients have turned 18 and have required prioritising to support positive transition to adult ED service. The service has been responsive to clinical need to ensure delivery of safe and effective service.
• COVID-19 has had a significant impact upon demand, along with the acuity and complexity of patients accessing the service.
• Compared to last year there has been a decline of 23.3 percentage points.

Actions to Address/Assurances:

• The service launched a digital peer support platform in April-22 which will benefit those individuals on the waiting list, along with those actively engaged in therapy as well as their carers. Need to understand the impact of this as it becomes established.
• The service is continuing to deliver therapy and assessment appointments through a blended approach with individuals offered a choice of face-to-face, telephone or digital appointment via Attend Anywhere or Zoom.
• Group therapy programmes are continuing via Online Consultation.
• Risk mitigation is in place for those breaching the 18 week to treatment target.
• A wellbeing call is being 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.
• CBTe training was completed in April. The service feel that this structured, manualised and evidence-based intervention will improve throughput and waiting times. The newly appointed assistant psychologists are being supported to deliver CBTe. CBT Therapists will hold a percentage of CBTe on their caseload and start delivering CBTe when they have capacity. This will be reviewed through line management.
• Low weight service users are being offered Therapy kitchen provision digitally via Attend Anywhere.
• Self-help material has been provided to service users (if appropriate).
• The service continues to be responsive, patients are prioritised based on clinical need.
• The Trust and Place recognise that considerable investment is required for the Eating Disorder (ED) service to be compliant. It is agreed that ED developments need to be phased in line with wider mental health investment over the period 2021/22 – 2023/24.
• Future service developments need to be consistent with national community mental health transformation roadmap which clearly states that physical health monitoring should be undertaken in primary care so need to consider capacity and resources in that regard.
• Sefton Place confirmed an additional £112k of investment for 2022/23 which has enabled the service to recruit a senior dietician and 1.49 WTE senior CBT therapists, both of which are really important senior roles in the context of waiting list and being able to see more of the acutely unwell and complex patients. Dietician is due to commence in August. Awaiting pre-employment checks for CBT therapists.
• 1.0 WTE band 6 Dietician currently out to advert, 2.0 WTE band 4 Assistant psychologists have been offered fixed-term contracts to Mar-23 to support increasing psychology provision within the service and will start clinical work on completion of Trust induction.
• Recruitment ongoing for FREED service, part of community mental health transformation roadmap, 0.5 WTE band 6 vacancy to fill.
• 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. The ED service has been included in the first 10 services to transition as part of the acquisition.
• The service remains on the Trust risk register and is subject to internal governance due to increasing waiting times.

When is performance expected to recover:

Expectation is that performance will begin to improve in Q2 2022/23 but achievement of the target is not guaranteed.

Quality:

It has been a longstanding issue that mental and physical health needs are managed in different parts of the health system with Mersey Care providing a psychology-led service and primary care monitoring physical health, for which it is not commissioned to do so. The national community mental health transformation roadmap clearly states that physical health monitoring should be undertaken in primary care so consideration needs to be given to appropriate capacity and resources within primary care to enable this to happen safely and effectively. Sefton Place and the Trust have raised concerns around assurance of safety of individuals on the waiting list. Service model developments and issues ideally need to be addressed through a collective approach between North and Mid-Mersey Places and Mersey Care. The service remains on the Mersey Care risk register and is subject to internal governance due to increasing waiting times.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll	Yinka Moss	Ian Johnston

4.1.3 Falls Management & Prevention: Of the inpatients identified as at risk of falling to have a care plan in place

<table>
<tr><th colspan="2">Indicator</th><th colspan="4">Performance Summary</th><th></th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">Falls Management & Prevention: Of the inpatients identified as at risk of falling to have a care plan in place</td><td colspan="4">Previous 3 quarters and latest</td><td>KPI 6b</td><td rowspan="4">Patient Safety.</td></tr>
<tr><td>RED</td><td>TREND</td><td>Q2 21/22</td><td>Q3 21/22</td><td>Q4 21/22</td><td>Q1 22/23</td><td rowspan="3"></td></tr>
<tr><td rowspan="2"></td><td rowspan="2"></td><td>100.0%</td><td>100.0%</td><td>100.0%</td><td>88.9%</td></tr>
<tr><td>Q2 20/21</td><td>Q3 20/21</td><td>Q4 20/21</td><td>Q1 21/22</td></tr>
<tr><td></td><td></td><td>100.0%</td><td>75.0%</td><td>100.0%</td><td>100.0%</td><td colspan="2">Plan: 98% - 2020/21</td></tr>
<tr><td colspan="8">Performance Overview/Issues:</td></tr>
<tr><td colspan="8">• The Trust report a decline to 88.9% in June for South Sefton.
• Out of 9 patients 1 patient didn't have their care plan in place.</td></tr>
<tr><td colspan="8">Actions to Address/Assurances:</td></tr>
<tr><td colspan="8">• The Clinical Quality Performance Group (CQPG) pick up and review care plans.
• Falls data reviewed on regular basis to ensure that individuals identified as a falls risk have appropriate assessment and care plan implemented.
• Team level falls data discussed in Safety Huddle on weekly basis and concerns escalated by Falls Lead/Risk & Governance Team.
• Monthly Divisional Falls Group established - breaches to MFRAT and falls care plan completion reviewed and actions implemented.
• MFRAT form reviewed as part of Rio merge and training sessions planned regarding completion and performance reporting.</td></tr>
<tr><td colspan="8">When is performance expected to recover:</td></tr>
<tr><td colspan="8">Performance expected to recover in quarter 2.</td></tr>
<tr><td colspan="8">Quality:</td></tr>
<tr><td colspan="8">No quality issues reported.</td></tr>
<tr><td colspan="8">Indicator responsibility:</td></tr>
<tr><td colspan="3">Leadership Team Lead</td><td colspan="3">Clinical Lead</td><td colspan="2">Managerial Lead</td></tr>
<tr><td colspan="3">Geraldine O'Carroll</td><td colspan="3">Yinka Moss</td><td colspan="2">Ian Johnston</td></tr>
</table>

4.1.4 Falls Management & Prevention: All adult inpatients to be risk assessed using an appropriate tool within 24 hours of admission

<table>
<tr><th colspan="2">Indicator</th><th colspan="4">Performance Summary</th><th></th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">Falls Management & Prevention: All adults inpatients to be risk assessed using an appropriate tool within 24 hours of admission</td><td colspan="4">Previous 3 quarters and latest</td><td>KPI 6a</td><td rowspan="3">Patient Safety.</td></tr>
<tr><td>GREEN</td><td>TREND</td><td>Q2 21/22</td><td>Q3 21/22</td><td>Q4 21/22</td><td>Q1 22/23</td><td rowspan="2"></td></tr>
<tr><td rowspan="2"></td><td rowspan="2"></td><td>40.0%</td><td>100.0%</td><td>100.0%</td><td>100.0%</td></tr>
<tr><td colspan="4">Plan: 98% - 2020/21</td></tr>
<tr><td colspan="2"></td><td>Q2 20/21</td><td>Q3 20/21</td><td>Q4 20/21</td><td>Q1 21/22</td><td colspan="2"></td></tr>
<tr><td colspan="2"></td><td>100.0%</td><td>100.0%</td><td>85.7%</td><td>100.0%</td><td colspan="2"></td></tr>
<tr><td colspan="8">Performance Overview/Issues:</td></tr>
<tr><td colspan="8">• For South Sefton the Trust continue to report 100% and are achieving the 98% target.</td></tr>
<tr><td colspan="8">Actions to Address/Assurances:</td></tr>
<tr><td colspan="8">• Modern Matrons have been tasked with ensuring the review and completion of Falls Risk Assessment Tool (FRAT) and care plan where identified.</td></tr>
<tr><td colspan="8">When is performance expected to recover:</td></tr>
<tr><td colspan="8">Performance is on target in quarter 1.</td></tr>
<tr><td colspan="8">Quality:</td></tr>
<tr><td colspan="8">No quality issues reported.</td></tr>
<tr><td colspan="8">Indicator responsibility:</td></tr>
<tr><td colspan="3">Leadership Team Lead</td><td colspan="3">Clinical Lead</td><td colspan="2">Managerial Lead</td></tr>
<tr><td colspan="3">Geraldine O'Carroll</td><td colspan="3">Yinka Moss</td><td colspan="2">Ian Johnston</td></tr>
</table>

4.2 Mental Health Matters (Adult)

4.2.1 Improving Access to Psychological Therapies: Access

<table>
<tr><th colspan="2">Indicator</th><th colspan="5">Performance Summary</th><th>NHS Oversight Framework (OF)</th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">IAPT Access - % of people who receive psychological therapies</td><td colspan="5">Latest and previous 3 months</td><td rowspan="3">123b</td><td rowspan="3">Risk that the Sefton Place is unable to achieve nationally mandated target.

Demand for the service continues to increase and exceed capacity.</td></tr>
<tr><td>RED</td><td>TREND</td><td>Mar-22</td><td>Apr-22</td><td>May-22</td><td>Jun-22</td></tr>
<tr><td rowspan="2"></td><td rowspan="2"></td><td>0.99%</td><td>0.88%</td><td>0.86%</td><td>0.91%</td></tr>
<tr><td colspan="5">Mar-21 | Apr-21 | May-21 | Jun-21
0.63% | 0.56% | 0.54% | 0.72%

National Monthly Access Plan: 1.59%</td></tr>
<tr><td colspan="9">Performance Overview/Issues:</td></tr>
<tr><td colspan="9">• Long standing challenge remains in place and local commissioning agreements have been made that the Provider should aim to achieve an annual access rate of 19.0%, which equates to approximately 1.59% per month and current performance is significantly under this threshold.
• The provider has hesitated in promoting the service whilst managing the lengthy inherited waits, believing that this would be irresponsible. However, waits are being actively addressed, with agency staff (financed by the provider) increasing in numbers, and trainees increasing caseloads (in line with their development). Once waiting list work has been completed, the provider will actively promote delivery.</td></tr>
<tr><td colspan="9">Actions to Address/Assurances:</td></tr>
<tr><td colspan="9">To address underperformance the following actions are being undertaken:
• New ways of working implemented and being driven by clinical lead.
• Trainee cohorts progressing through to qualification and becoming more experienced means that more appointment slots are now offered.
• Provider is funding agency staff and overtime to create additional capacity.
• Performance is being closely monitored through regular meetings with the service.
• Visit to service completed in June to meet with senior management.</td></tr>
<tr><td colspan="9">When is performance expected to recover:</td></tr>
<tr><td colspan="9">Improvement expected as 2022/23 progresses and long waits are reduced.</td></tr>
<tr><td colspan="9">Quality:</td></tr>
<tr><td colspan="9">Lengthy internal waits will impact as individuals having had their initial assessment ware unable to progress to follow up treatment in a timely manner.</td></tr>
<tr><td colspan="9">Indicator responsibility:</td></tr>
<tr><td colspan="3">Leadership Team Lead</td><td colspan="3">Clinical Lead</td><td colspan="3">Managerial Lead</td></tr>
<tr><td colspan="3">Geraldine O'Carroll</td><td colspan="3">Yinka Moss</td><td colspan="3">Ian Johnston</td></tr>
</table>

4.2.2 Improving Access to Psychological Therapies: Recovery

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Recovery - % of people moved to recovery		Latest and previous 3 months				123a	Risk that the Sefton Place is unable to achieve nationally mandated target.
GREEN	TREND	Mar-22	Apr-22	May-22	Jun-22		
		44.0%	33.0%	47.6%	60.0%		
		Mar-21	Apr-21	May-21	Jun-21		
		38.3%	43.3%	41.4%	36.8%		
		Recovery Plan: 50%					

Performance Overview/Issues:

• The recovery rate increased by 12.4 percentage points from previous month and increased 23.2 percentage points from previous year.
• New ways of working and improved staff supervision practices driven by clinical lead are beginning to have an impact upon the recovery rate.

Actions to Address/Assurances:

• Action plan continues to be adhered to and is monitored through regular meetings and formal contract review meetings.
• Visit to service completed in June to meet with senior management.

When is performance expected to recover:

Expectation for performance to remain consistent and on plan throughout 2022/23.

Quality:

Impact of patients not achieving the outcomes desired from treatment, although it should be stressed that outcome scores only provide a qualitative indication of progress which neglects the qualitative impact that treatment can have for individuals that have accessed the service. It is important to remember that some factors negatively affecting recovery outcomes are not within the control of the service and the percentage will continue to flex because of this.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll	Yinka Moss	Ian Johnston

4.2.3 Improving Access to Psychological Therapies: % 6 week waits to enter treatment

Indicator		Performance Summary					Potential organisational or patient risk factors
IAPT % 6 week waits to enter treatment		**Latest and previous 3 months**					
RED	**TREND**	Mar-22	Apr-22	May-22	Jun-22		
		59.0%	60.0%	57.0%	52.0%		
		Plan: 75%					

Performance Overview/Issues:

• Failing for an eighth month.
• In June, South Sefton remained below the national target in respect of cases discharged in the month being seen within six weeks at the start of treatment.
• Inherited waits continue to impact upon performance.
• Issues around data migration and impact upon nationally reported performance figures.

Actions to Address/Assurances:

• Trainee cohorts progressing through to qualification and becoming more experienced means that more appointment slots are now offered.
• New ways of working and improved staff supervision practices driven by clinical lead.
• Provider is funding agency staff and overtime to create additional capacity.
• Action plan continues to be adhered to.
• Performance is being closely monitored through regular meetings with the service.
• Visit to service completed in June to meet with senior management.
• Issues around data migration are being addressed through work with the Provider and NHS Digital.

When is performance expected to recover:

Expectation is for performance to begin to improve as 2022/23 progresses.

Quality impact assessment:

Impact of extended waits to enter treatment upon wellbeing of patients needing to access the service.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll	Yinka Moss	Ian Johnston

4.3 Dementia

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Dementia Diagnosis		Latest and previous 3 months				126a	COVID-19 Pandemic forced the temporary closure of memory services across Sefton. In addition GP practices are limiting face to face contacts, so fewer referrals / assessments took place during this time.
RED	TREND	Mar-22	Apr-22	May-22	Jun-22		
		59.0%	59.5%	60.2%	60.1%		
		Mar-21	Apr-21	May-21	Jun-21		
		57.2%	57.9%	57.7%	58.5%		
		Plan: 66.7%					

Performance Overview/Issues:

• Ongoing capacity and demand issues in primary care where initial dementia screening is completed continue to have an impact upon performance.
• Compared to last year the measure has improved by 1.6%.

Actions to Address/Assurances:

Sefton Place have implemented the following schemes to go into 21/22 Local Quality Contract (LQC) with primary care across Sefton:
1. Identify a practice lead for dementia (not necessarily clinical).
2. Provide an annual GP review for patients with a diagnosis of mild cognitive impairment until such time transient state resolves or progresses to dementia.
3. Support identification of carers for people with dementia.

The outcomes of the above LQC scheme for 21/22 will be reported shortly.
Proposals for new a new mandatory and additional optional scheme has been forwarded to GP practices Sefton wide, these additional measures will help with identifying patients on practice registers and that they are coded appropriately. Consultation will conclude shortly and plans to implement service specifications will commence shortly afterwards.
• Since COVID restrictions have being lifted the Trust has commenced face to face activity and commenced weekend clinics, this has improved waiting times and it is anticipated that further improvement will follow with these added clinics in place.
• Sefton Place have received £48k non-recurring Spending Review monies which is being targeted at reducing Memory assessment waits which have arisen due to the pandemic. The Trust is using the allocation for agency and staff overtime to reduce the waiting list.
• The commissioned voluntary sector (VCF Sector) in Sefton are now providing face to face and telephone support to more vulnerable clients including people suffering with dementia, cognitive impairment and their carers.
• The current model means that the service are continuing to review patients who could 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.

When is performance expected to recover:

It is possible Sefton Place will see an increased trend in referrals and diagnosis rates continuing next quarter and beyond. An action plan to address current waiting times and diagnosis rates has been implemented and the trend in diagnosis rates is starting to increase.

Quality:

Increased waiting times for memory clinics have been reported, the service has communicated that late receipt of patient scan results has resulted in longer than normal waits. This issue now appears to have been resolved, the service has added this to their recovery action plan.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Yinka Moss	Ian Johnston

4.4 Learning Disabilities (LD) Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Learning Disabilities Health Checks (Cumulative)		**Latest and previous 3 quarters**				124b People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people's health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check.	Risk that Sefton Place is unable to achieve nationally mandated target. Traditionally a difficult group of patients to engage with for health checks, with high appointment DNA's.
RED	**TREND**	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23		
		18.96%	23.79%	66.54%	7.95%		
		Quarter 1 Target: 18% Year End Target: 70% National target by the end of 2023/24: 75% of people with a learning disability to have an Annual Health Check					

Performance Overview/Issues:

• The South Sefton target is 555 checks for the year to reach the 70% target.
• Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. Data quality issues are apparent with practices not submitting their register sizes manually, or incorrectly. Therefore the information has been manually adjusted to include registered patients provided directly from GP practices. This has resulted in more realistic figures and these amendments have also been done retrospectively.
• In quarter 1 2022/23, the total performance for South Sefton was 7.95%, below the quarterly plan of 18%. 792 patients were registered with 63 being checked against a plan of 555 resulting in North Sefton being under target.

Actions to Address/Assurances:

• A programme of work has been established with South Sefton GP Federation to increase uptake of Learning Disabilities (LD) annual health checks. GP practices can sub-contract the LD DES to the GP Federation. The Federation have secured clinical staff and will work through the annual health checks from quarter 1.
• A programme of work is been focusing on patients who did not take up the offer of an annual health check in 2021/22, to understand what the barriers might be and to support patients to access a health check. This has built upon the previous work undertaken last year.
• Practices usually undertake this work towards the end of the year, however are being encouraged to spread this work throughout the year.
• The primary care team is supporting practices to ensure that data required is provided in a timely fashion. There have also been links made with NHS Digital to ensure that local LD data corresponds with national data published. NHS Digital is now receiving extracted data from GP clinical systems on a monthly basis, where previously extractions were quarterly.
• An LD task and finish group will be active across Sefton in 2022/23.

When is performance expected to recover:

Quarter 3 onwards.

Quality impact assessment:

No quality issues reported.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll	Yinka Moss	Ian Johnston

4.5 Severe Mental Illness (SMI) Health Checks

<table>
<tr><th colspan="2">Indicator</th><th>Performance Summary</th><th>NHS Oversight Framework (OF)</th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">The percentage of the number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as ‘in remission’ that have had a comprehensive physical health check</td><td>Rolling 12 month as at end of quarter</td><td rowspan="2">123g

As part of the ‘Mental Health Five Year Forward View’ NHS England has set an objective that by 2020/21, 280,000 people should have their physical health needs met by increasing early detection and expanding access to evidence-based care assessment and intervention. It is expected that 50% of people on GP SMI registers receive a physical health check in a primary or secondary care setting.</td><td rowspan="2">Risk that the Sefton Place is unable to achieve nationally mandated target.

SMI patients are in the JCVI vaccination groups called forward for COVID vaccination.</td></tr>
<tr><td>RED</td><td>TREND</td><td>
<table>
<tr><td>Q2 21/22</td><td>Q3 21/22</td><td>Q4 21/22</td><td>Q1 22/23</td></tr>
<tr><td>21.1%</td><td>23.9%</td><td>27.9%</td><td>30.0%</td></tr>
<tr><td>Q2 20/21</td><td>Q3 20/21</td><td>Q4 20/21</td><td>Q1 21/22</td></tr>
<tr><td>16.1%</td><td>12.3%</td><td>16.2%</td><td>20.8%</td></tr>
<tr><td colspan="4">Plan: 60%</td></tr>
</table>
</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td></tr>
</table>

Performance Overview/Issues:

• In Quarter 1 of 22/23, 30.0% of the 2,050 of people on the GP SMI register in South Sefton (615) received a comprehensive health check.
• COVID-19 has impacted on the delivery of some of the 6 interventions which make up the indicator (e.g. bloods).
• SMI health checks were removed from QOF in Q3 and Q4 due to COVID-19.

Actions to Address/Assurances:

• SMI health checks are back in QOF in 2022/23 which should help with uptake.
• Work is underway between the Place, clinical leads, Mersey Care and public health to explore how the mental health hub in South Sefton can assist with SMI health check uptake, with a small amount of funding secured to assist with this.
• Reducing health inequalities is a major focus area nationally with all ICS boards tasked with providing assurance around this as part of the Core20PLUS5 Framework.
• Spending Review funding of £64k has been identified to support physical health SMI in 2022/23 which has enabled Mersey Care to recruit a team of physical health leads for mental health whose primary role is to facilitate SMI health checks.
• Physical health leads have developed a delivery model and started to engage with individual GP practices to implement this.
• Work ongoing with iMerseyside to establish appropriate governance procedures to enable physical health leads to access SMI registers which will give them the ability to target GP practices and hard to reach individuals within them.

When is performance expected to recover:

Performance is expected to improve as 2022/23 progresses and the physical health leads become established.

Quality impact assessment:

No quality issues reported.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll	Yinka Moss	Ian Johnston

5. Community Health

5.1 Adult Community (Mersey Care 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 3 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 29 weeks, with 135 patients waiting over 18 weeks and Speech and Language Therapy (SLT), which has increased waiting times from previous month to 32 weeks, above the 18-week standard, with 33 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-22. A Trust wide group has been established to enable oversight of any long waits and the risk mitigation in place.

5.1.1 Quality

All information now goes through the one Clinical Quality and Performance Group (CQPG) for Mersey Care which includes all of its divisions and Liverpool Place Chair as the lead commissioner of the service.

Reviews at Place level are via the contract monitoring monthly meeting and any issues identified are escalated through to the CQPG via the Collaborative Commission Forum (CCF).

5.1.2 Mersey Care Adult Community Services: SALT

<table>
<tr><th colspan="2">Indicator</th><th>Performance Summary</th><th>RAG</th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">Mersey Care Adult Community Services: SALT</td><td>Previous 3 months and latest</td><td rowspan="2"><=18 weeks: Green
> 18 weeks: Red</td><td rowspan="2"></td></tr>
<tr><td>RED</td><td>TREND</td><td>
<table>
<tr><td colspan="4">Incomplete Pathways (92nd Percentile)</td></tr>
<tr><td>Mar-22</td><td>Apr-22</td><td>May-22</td><td>Jun-22</td></tr>
<tr><td>27 wks</td><td>28 wks</td><td>28 wks</td><td>32 wks</td></tr>
<tr><td>Mar-21</td><td>Apr-21</td><td>May-21</td><td>Jun-21</td></tr>
<tr><td>17 wks</td><td>14 wks</td><td>12 wks</td><td>16 wks</td></tr>
<tr><td colspan="4">Target: 18 weeks</td></tr>
</table>
</td></tr>
</table>

Performance Overview/Issues:

• June incomplete pathways reported over the 18 week standard at 32 weeks which shows an increase from the past few months.
• Number of referrals have decreased to 38 in June compared to 48 in May.
• Trust review of referral data advises that the service has seen a 47% increase in referrals 2021/22 compared to the previous year. Between April 2021 and March 2022 55% of referrals were triaged as high priority.
• Early warning data shows waiting times are continuing to increase.
• Workforce issues remain a challenge.

Actions to Address/Assurances:

Trust performance improvement plan at Month 3 advises of the following actions/assurances:
• Maximise clinical capacity and restore staffing lost through flexible working arrangements – staff working additional hours/overtime, increased staffing, utilising increased locum support of 35 hours a week and bank admin support. Triage backlog has been cleared and focussing on increased allocations within team.
• Reduce length of waiting time – the team prioritises according to clinical need which has a consequence for longest waiters. To end of May 22 team had seen 17.2% within 4 weeks and 50% seen within 8 weeks. Waited time data shows 81.3% of patients seen within 18 weeks.
• Understand demand and capacity - Trust review of referral data advises that service has seen a 47% increase in referrals 21/22 compared to previous year and 36% increase compared with 2017/18. Trust undertaken safer staffing reviews which recommend increased staffing. Time and motion study to be undertaken to understand clinical v non clinical activity required by team.
• Allocate based on clinical need, urgency – triage indicates a clinical risk score and patients identified as urgent are allocated ahead of routine waiters. If contact made about a patient, discussed at daily safety huddle and an appointment will be allocated via safety huddle in place of routine work.
• Undertaking a safer staffing review – table top safer staffing review completed in Jan 21 and repeated in Jan 22. Work has been completed at Trust wide level to examine demand and capacity.
• Cleanse, validate and reduce waiting list backlog – service is utilising additional hours and overtime to carry out waiting list validation.

When is performance expected to recover:

The trust has undertaken a trust wide review of SALT services and has an action plan in place. An update is to be brought to future CQPG. Sefton Place are aware that staffing remains an issue in regard to permanent recruitment.

Quality impact assessment:

The Trust has assured the Place that they continue to see urgent patients in a timely manner and these are prioritised. All referrals are triaged to identify those requiring urgent review. Briefing on Telehealth in SALT and Standard Operating Procedure for management of dysphagia provided as assurance of support provided to most complex cases - shared with Clinical Advisory Group.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	Vacant	Janet Spallen

5.1.3 Mersey Care Adult Community Services: Physiotherapy

<table>
<tr><th>Indicator</th><th colspan="2">Performance Summary</th><th>RAG</th><th>Potential organisational or patient risk factors</th></tr>
<tr><td>Mersey Care Adult Community Services: Physiotherapy</td><td colspan="2">Previous 3 months and latest</td><td rowspan="2"><=18 weeks: Green
> 18 weeks: Red</td><td rowspan="2"></td></tr>
<tr><td>RED</td><td>TREND</td><td>Incomplete Pathways (92nd Percentile)
Mar-22 | Apr-22 | May-22 | Jun-22
28 wks | 25 wks | 27 wks | 29 wks
Mar-21 | Apr-21 | May-21 | Jun-21
19 wks | 24 wks | 24 wks | 23 wks
Target: 18 weeks</td></tr>
</table>

Performance Overview/Issues:

• June incomplete pathways saw an decline to last month reporting 29 weeks, since February 2021 the Trust have been above the waiting time threshold of 18 weeks. This has been raised by the Place with a business case to develop a sustainable model to be provided by the Trust. This has recently been received and is currently being reviewed.
• Whilst the service has experienced reduced capacity due to some long-term sickness there has been an increase in patients waiting as well as long waiters. The Trust advise attributed in part to the cessation of the Aintree at Home service as well as changes to the Rehab at Home pathway.
• Increased acuity in patients referred to community therapy is slowing patient flow.

Actions to Address/Assurances:

Trust Performance Improvement Plan update at M3 for the recovery of physiotherapy waiting times advises the ongoing following actions:
• The Service is managing the demand through robust triage process, continues to review all new referrals and validation of those on waiting list to ensure that those with high priority needs receive support.
• Weekly breach report providing full oversight of current waiters is provided as part of the Trust action plan for the team to review. The Trust advises that increased number of referrals is impacting on services ability to reduce waiters and waiting times.
• Introduced a new process Band 7 complete caseload reviews with their teams to ensure caseload is appropriate and anyone who can be discharged is discharged and identify where the capacity is in the caseload.
• South Sefton CCG has agreed funding for 1 wte physiotherapist to support ICRAS and intermediate care. This post has recently been recruited to. This will increase overall therapy provision and potential support to planned care.
• Extra walking aid clinics are being booked at Netherton HC to reduce waiting times and numbers.

When is performance expected to recover:

The Place continue to monitor progress Performance Improvement Plan for the recovery of physiotherapy waiting times. The Trust advise a recovered position by October 2022.

Quality impact assessment:

The Trust has informed that there is limited risk of patient harm as all referrals to the service are triaged and seen based on clinical need. The service aims to see patients triaged as urgent within four weeks of referral. Patients, their carers and healthcare professionals can contact the service to discuss any change in a patients presentation and be re-triaged into another part of the ICRAS pathway.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	Vacant	Janet Spallen

5.1.4 Mersey Care Adult Community Services: Phlebotomy

Indicator		Performance Summary				Target and RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: Phlebotomy Urgent and Routine Domiciliary		**Previous 3 months and latest**				**Target:** Routine domiciliary appointments - 10 days, Urgent domiciliary appointments - 5 days >= target: **Green** < target: **Red**	
RED	**TREND**	Next Available appointment:					
			Apr-22	May-22	Jun-22		
		**Urgent**	1	1	7		
			Apr-22	May-22	Jun-22		
		Routine	2	9	25		

Performance Overview/Issues:

• June figures show the Trust report over the targets for routine and urgent domiciliary phlebotomy.
• The Service has reported staffing challenges which have impacted on service delivery both sickness (COVID and non-COVID) and recruitment issues. The Place approved recommendation for additional staffing for 2022-23 following business case. However, the Trust have not yet been able to recruit to posts. There are currently out to recruitment.

Actions to Address/Assurances:

• Additional staffing identified to support service - mutual aid, redeployment of staff from other Trust services, agency and bank.
• Trust has recruited to staffing establishment and currently out to recruitment following the approval of the business case for additional 2.4 wte phlebotomy staffing for a fixed term 2022-23

When is performance expected to recover:

Trust has advised that urgent domiciliary appointment waiting times are back within KPI threshold. The Trust are addressing reduction of routine domiciliary appointment waiting times.

Quality impact assessment:

No quality issues reported.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	Vacant	Janet Spallen

5.1.5 Mersey Care Adult Community Services: Occupational Therapy

<table>
<tr><th>Indicator</th><th colspan="2">Performance Summary</th><th>RAG</th><th>Potential organisational or patient risk factors</th></tr>
<tr><td>Mersey Care Adult Community Services: Occupational Therapy</td><td colspan="2">Previous 3 months and latest</td><td rowspan="3"><=18 weeks: Green
> 18 weeks: Red</td><td rowspan="3"></td></tr>
<tr><td>GREEN</td><td>TREND</td><td>Incomplete Pathways (92nd Percentile)
Mar-22 | Apr-22 | May-22 | Jun-22
12 wks | 14 wks | 16 wks | 10 wks
Mar-21 | Apr-21 | May-21 | Jun-21
12 wks | 14 wks | 15 wks | 15 wks</td></tr>
<tr><td></td><td></td><td>Target: 18 weeks</td></tr>
<tr><td colspan="5">Performance Overview/Issues:</td></tr>
<tr><td colspan="5">• Performance in June remains under the 18 week target, with a wait of 10 weeks.</td></tr>
<tr><td colspan="5">Actions to Address/Assurances:</td></tr>
<tr><td colspan="5">• As reporting within target a request has not been made for a performance improvement plan and the Trust have not indicated performance issue.
• The Trust has advised that additional 1 whole time equivalent Occupational Therapist has recently been recruited to support ICRAS and intermediate care, funding approved by the Place. This will increase overall therapy provision and potential support to planned care.</td></tr>
<tr><td colspan="5">When is performance expected to recover:</td></tr>
<tr><td colspan="5">Updated position received from Trust is that performance has recovered and within threshold.</td></tr>
<tr><td colspan="5">Quality impact assessment:</td></tr>
<tr><td colspan="5">The Trust has assured the Place that they continue to see urgent patients in a timely manner and these are prioritised. All referrals are triaged to identify those requiring urgent review.</td></tr>
<tr><td colspan="5">Indicator responsibility:</td></tr>
<tr><td>Leadership Team Lead</td><td colspan="2">Clinical Lead</td><td colspan="2">Managerial Lead</td></tr>
<tr><td>Martin McDowell</td><td colspan="2">Vacant</td><td colspan="2">Janet Spallen</td></tr>
</table>

6. Children's Services

6.1 Alder Hey NHS FT Children's Mental Health Services

6.1.1 Improve Access to Children & Young People's Mental Health Services (CYPMH)

Quarter 1 data is available 13th September 2022, there will be an update in the next report. Latest update below:

<table>
<tr><th colspan="2">Indicator</th><th colspan="4">Performance Summary</th><th></th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services</td><td colspan="4">Rolling 12 month access % as at each quarter</td><td></td><td rowspan="6">Due to impact of COVID-19, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by digital divide.

Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase.</td></tr>
<tr><td>GREEN</td><td>TREND</td><td>Q1 21/22</td><td>Q2 21/22</td><td>Q3 21/22</td><td>Q4 21/22</td><td></td></tr>
<tr><td rowspan="3"></td><td rowspan="3"></td><td>40.4%</td><td>48.3%</td><td>38.8%</td><td>39.6%</td><td rowspan="3"></td></tr>
<tr><td>Q1 20/21</td><td>Q2 20/21</td><td>Q3 20/21</td><td>Q4 20/21</td></tr>
<tr><td>32.2%</td><td>35.6%</td><td>37.0%</td><td>34.6%</td></tr>
<tr><td colspan="6">Annual Access Plan: 35%</td></tr>
<tr><td colspan="8">Performance Overview/Issues:</td></tr>
<tr><td colspan="8">• The performance data now reflects the 12 month rolling data to the end of the given quarter. This is more representative of the current performance as the target is set is annual. The rolling 12 months (Q4 21/22) rate was 39.6% compared to 34.6% for the same period in the previous year.
• The Place now receives data from a third sector organisation Venus and the online counselling service Kooth, both submit data to the Mental Health Services Data Set (MHSDS) and are included in this dataset.</td></tr>
<tr><td colspan="8">Actions to Address/Assurances:</td></tr>
<tr><td colspan="8">• The Venus, Parenting 200, Kooth and MHST data flows had a positive impact on the year end performance.
• In response to the challenges of COVID-19, service resilience and increasing demand for mental health support, the Place agreed additional short-term investment for Alder Hey CAMHS and third sector providers, Venus and Parenting 2000 in 2021/22. This increased capacity was mobilised in Q3 and Q4 and will continue into 2022/23.
• In addition, in 2022/23 investment has been agreed by Place in line with Mental Health Investment Standard (MHIS), Service Development Fund (SDF) and Service Resilience (SR) allocations, which will also positively impact access rates.</td></tr>
<tr><td colspan="8">When is performance expected to recover:</td></tr>
<tr><td colspan="8">Performance remains on track and exceed the 35% access plan.</td></tr>
<tr><td colspan="8">Quality impact assessment:</td></tr>
<tr><td colspan="8">There are no identified quality issues.</td></tr>
<tr><td colspan="8">Indicator responsibility:</td></tr>
<tr><td colspan="2">Leadership Team Lead</td><td colspan="3">Clinical Lead</td><td colspan="3">Managerial Lead</td></tr>
<tr><td colspan="2">Geraldine O'Carroll</td><td colspan="3">Wendy Hewitt</td><td colspan="3">Peter Wong</td></tr>
</table>

6.1.2 Waiting times for Routine/Urgent Referrals to Children & Young People's Eating Disorder Services – Routine cases within 4 weeks of referral

Indicator		Performance Summary					Potential organisational or patient risk factors
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral - Alder Hey		**Latest and previous 3 quarters**				Performance in this category is calculated against completed pathways only. * suppressed data meaning less than 2 referrals in the quarter	Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required. Ongoing increase in demand for the service may continue to impact on waiting times for treatment.
RED	**TREND**	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23		
		47.7%	19.5%	*	*		
		Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22		
		100.0%	97.6%	90.0%	69.6%		
		National standard 95%					

Performance Overview/Issues:

• For Q1 the Trust's data was supressed. (Less than 2 referrals in the quarter reported).
• As the service has relatively small numbers breaches have a large impact on performance.
• Since March 2020 and the start of the pandemic, there has been a significant increase in demand for the service and an increase in new and existing patients presenting at high physical risk.

Actions to Address/Assurances:

• All breaches are clinically tracked monthly and always related to patient choice (which the metric doesn't account for).
• Nationally and regionally, all services have capacity issues. Additional investment to fund increased capacity as part of national commitments (MHIS) was agreed with Alder Hey and the service is utilising this new investment in 22/23 to continue to grow its workforce.
• The service continues to offer both face-to-face monitoring and treatment for children and young people that are in the high risk category and have increased the intensity of treatment for this cohort by providing home visits to support meal times.
• The service has also moved to offering support over a seven-day period, using overtime at weekends to support the paediatric ward and to provide telephone support to parents and young people to try and avoid a hospital admission.
• The service continues to experience a high number of hospital admissions, which often require intensive inpatient support and treatment.

When is performance expected to recover:

Alder Hey is continuing with its recruitment process but will be some more time yet until extra capacity is realised within the service offer – notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.

Quality impact assessment:

No quality issues to report.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll	N/A	Peter Wong

6.1.3 Waiting times for Routine/Urgent Referrals to Children & Young People's Eating Disorder Services – Urgent Cases within 1 weeks of referral

<table>
<tr><th colspan="2">Indicator</th><th colspan="5">Performance Summary</th><th></th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral - Alder Hey</td><td colspan="5">Latest and previous 3 quarters</td><td rowspan="3">* suppressed data meaning less than 2 referrals in the quarter</td><td rowspan="3">Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required.

Ongoing increase in demand for the service may impact on waiting times for urgent treatment.</td></tr>
<tr><td>RED</td><td>TREND</td><td>Q2 21/22</td><td>Q3 21/22</td><td>Q4 21/22</td><td>Q1 22/23</td></tr>
<tr><td rowspan="3"></td><td rowspan="3"></td><td>75.0%</td><td>80.0%</td><td>*</td><td>*</td></tr>
<tr><td></td><td>Q2 20/21</td><td>Q3 20/21</td><td>Q4 20/21</td><td>14 21/22</td><td></td></tr>
<tr><td></td><td>*</td><td>100%</td><td>100%</td><td>100%</td><td></td></tr>
<tr><td colspan="2"></td><td colspan="5">National standard 95%</td><td></td><td></td></tr>
<tr><td colspan="9">Performance Overview/Issues:</td></tr>
<tr><td colspan="9">• For Q1 the Trust's data was supressed. (Less than 2 referrals in the quarter reported).</td></tr>
<tr><td colspan="9">Actions to Address/Assurances:</td></tr>
<tr><td colspan="9">• All breaches are clinically tracked monthly and always related to patient choice (which the metric doesn't account for).
• Nationally and regionally, all services have capacity issues. Additional investment to fund increased capacity as part of national commitments (MHIS) was agreed with Alder Hey and the service is utilising this new investment in 22/23 to grow its workforce.
• The service continues to offer both face-to-face monitoring and treatment for children and young people that are in the high risk category and have increased the intensity of treatment for this cohort by providing home visits to support meal times.
• The service has also moved to offering support over a seven-day period, using overtime at weekends to support the paediatric ward and to provide telephone support to parents and young people to try and avoid a hospital admission.
• The service continues to experience a high number of hospital admissions, which often require intensive inpatient support and treatment</td></tr>
<tr><td colspan="9">When is performance expected to recover:</td></tr>
<tr><td colspan="9">Alder Hey is continuing with its recruitment process but will be some more time yet until extra capacity is realised within the service offer – notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.</td></tr>
<tr><td colspan="9">Quality impact assessment:</td></tr>
<tr><td colspan="9">No quality issues to report.</td></tr>
<tr><td colspan="9">Indicator responsibility:</td></tr>
<tr><td colspan="3">Leadership Team Lead</td><td colspan="3">Clinical Lead</td><td colspan="3">Managerial Lead</td></tr>
<tr><td colspan="3">Geraldine O'Carroll</td><td colspan="3">N/A</td><td colspan="3">Peter Wong</td></tr>
</table>

6.1.4 Children & Young People new Autistic Spectrum Disorders (ASD) referrals within 12 weeks

<table>
<tr><th colspan="2">Indicator</th><th colspan="4">Performance Summary</th><th></th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">Proportion of CYP new ASD referrals that started an assessment within 12 weeks</td><td colspan="4">Latest and previous 3 months</td><td rowspan="4"></td><td rowspan="4">The following potential risks have been identified in relation to their impact on the delivery of ASD pathway:
• Sustained increase in referrals impacting on service capacity and waiting times.
• Decreased capacity within additional providers.</td></tr>
<tr><td>GREEN</td><td>TREND</td><td>Mar-22</td><td>Apr-22</td><td>May-22</td><td>Jun-22</td></tr>
<tr><td rowspan="2"></td><td rowspan="2"></td><td>100.0%</td><td>100.0%</td><td>100.0%</td><td>100.0%</td></tr>
<tr><td colspan="4">Plan: 90% of referrals: Assessments started within 12 weeks</td></tr>
<tr><td colspan="8">Performance Overview/Issues:</td></tr>
<tr><td colspan="8">• In June 100% of ASD assessments started within 12 weeks of referral, which is the same to previous months and above the planned target.
• Referral rates continue to be higher than the commissioned levels of activity; 128 referrals were received in June and 107 in May.</td></tr>
<tr><td colspan="8">Actions to Address/Assurances:</td></tr>
<tr><td colspan="8">• Although the number of young people open to the service is increasing and exceeds the commissioned capacity, the service continues to achieve the 12-week triage NICE compliant target.
• In 2021/22 Sefton Place agreed additional recurrent investment to provide further service capacity to meet increasing demand and reduce waiting times. During 2022/23 capacity and demand will be more fully reviewed to identify any long-term recurrent investment requirements.
• Sefton Place and Alder Hey Children's Hospital (AHCH) have highlighted the need for a system wide response to understand the drivers for the sustained increase in referrals, the impact and what the options are to respond to this demand to achieve the commissioned KPIs, including the development of a system wide ASD/ADHD pathway. There have been some initial conversations across the SEND partnership to understand the current neurodevelopmental offer.</td></tr>
<tr><td colspan="8">When is performance expected to recover:</td></tr>
<tr><td colspan="8">Achieving over the 90% target.</td></tr>
<tr><td colspan="8">Quality impact assessment:</td></tr>
<tr><td colspan="8">No quality issues reported.</td></tr>
<tr><td colspan="8">Indicator responsibility:</td></tr>
<tr><td colspan="2">Leadership Team Lead</td><td colspan="3">Clinical Lead</td><td colspan="3">Managerial Lead</td></tr>
<tr><td colspan="2">Geraldine O'Carroll</td><td colspan="3">Wendy Hewitt</td><td colspan="3">Peter Wong</td></tr>
</table>

6.1.5 Children & Young People new Autistic Spectrum Disorders (ASD) referrals within 30 weeks

Indicator		Performance Summary					Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that completed an assessment within 30 weeks		**Latest and previous 3 months**					The following potential risks have been identified in relation to their impact on the delivery of the ASD pathway: • Sustained increase in referrals impacting on service capacity and waiting times. • Decreased capacity within additional providers. • For those CYP waiting to complete their assessment, there is a potential quality/safety risk.
RED	**TREND**	Mar-22	Apr-22	May-22	Jun-22		
		54%	53%	52%	52%	Plan: 90% of referrals: Assessments completed within 30 weeks	

Performance Overview/Issues:

• 51.9% of ASD assessments were completed within the 30 week target, which is below the planned target, this measure has declined over the last 12 of months.
• The diagnostic pathways remain challenged due to a continued increase in referrals following the pandemic.
• The increase in referrals is impacting on capacity, specifically on the 30 week target to complete assessments. It is anticipated that an ongoing increase in demand will have a significant impact on waiting times going forward.

Actions to Address/Assurances:

• To reduce waiting times, 6 staff have recently been appointed (across Liverpool and Sefton) and further recruitment is planned.
• The services are also undertaking a quality improvement programme to improve efficiency at each stage of the pathway. Discussions remain ongoing with wider partners to identify actions to support the education and health sectors in this area.
• To increase service capacity and reduce waiting times, the Place has agreed additional service investment in Q4 of 2021/22 and recurrently moving forward. During 2022/23 capacity and demand will be more fully reviewed to identify long-term recurrent investment requirements.
• A service recovery plan is being implemented to bring the performance re: 30-week assessment complete by December 2022.
• Sefton Place and Alder Hey Children's Hospital (AHCH) have highlighted the need for a system wide response to understand the drivers for the sustained increase in referrals, the impact and what the options are to respond to this demand to achieve the commissioned KPIs, including the development of a system wide ASD/ADHD pathway. There have been some initial conversations across the SEND partnership to understand the current neurodevelopmental offer.
• To mitigate the risk of increasing demand, the service continues to make greater use of independent sector providers Axia and Healios to support the assessment process.

When is performance expected to recover:

The improvement plan indicates that performance will recover by December 2022, if referrals stabilise.

Quality impact assessment:

For those CYP waiting for their assessments to be completed, there is a potential quality/safety risk.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll	Wendy Hewitt	Peter Wong

6.1.6 Children & Young People new Attention Deficit Hyperactivity Disorder (ADHD) referrals within 12 weeks

Indicator		Performance Summary					Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that started an assessment within 12 weeks		**Latest and previous 3 months**					The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway: • Sustained increase in referrals impacting on service capacity and waiting times. • Decreased capacity within additional providers. • Delay in the start of assessment of some CYP due to delays in receiving assessment information from schools.
GREEN	**TREND**	Mar-22	Apr-22	May-22	Jun-22		
		100%	100%	100%	100%		
		Plan: 90% of referrals: Assessments started within 12 weeks					

Performance Overview/Issues:

• In June, 100% of assessments started within 12 weeks of referral and the pathway continues to meet the agreed performance targets.
• The service continues to receive a high number of referrals, above the commissioned level of activity. In June 74 referrals were received and 109 in May.

Actions to Address/Assurances:

• Although the number of young people open to the service is increasing and exceeds the commissioned capacity, the service continues to achieve the 12-week triage NICE compliant target.
• In 2021/22 Sefton Place agreed additional recurrent investment to provide further service capacity to meet increasing demand and reduce waiting times. During 2022/23 capacity and demand will be more fully reviewed to identify any long-term recurrent investment requirements.
• Sefton Place and Alder Hey Children's Hospital (AHCH) have highlighted the need for a system wide response to understand the drivers for the sustained increase in referrals, the impact and what the options are to respond to this demand to achieve the commissioned KPIs, including the development of a system wide ASD/ADHD pathway. There have been some initial conversations across the SEND partnership to understand the current neurodevelopmental offer.

When is performance expected to recover:

Achieving over the 90% target.

Quality impact assessment:

No quality issues reported.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll	Wendy Hewitt	Peter Wong

6.1.7 Children & Young People new Attention Deficit Hyperactivity Disorder (ADHD) referrals within 30 weeks

Indicator		Performance Summary					Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that completed an assessment within 30 weeks		**Latest and previous 3 months**					The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway: • Sustained increase in referrals impacting on service capacity and waiting times. • Decreased capacity within additional providers. • For those CYP waiting to complete their assessment, there is a potential quality/safety risk.
RED	**TREND**	Mar-22	Apr-22	May-22	Jun-22		
		88%	87%	74%	64%		
		Plan: 90% of referrals: Assessments completed within 30 weeks					

Performance Overview/Issues:

• 64% of ADHD assessments were completed within the 30 week target, which is below the planned target of 90% and shows a decline in last 3 months and 10% from previous month.
• The increase in rate of referrals is impacting on 30 week assessment waiting time target, which will increase further if current levels of demand continue.

Actions to Address/Assurances:

• To increase service capacity and reduce waiting times, Sefton Place agreed additional service investment in Q4 of 2021/22 and recurrently moving forward. During 2022/23 capacity and demand will be more fully reviewed to identify any long-term recurrent investment requirements.
• A service recovery plan is being implemented to bring the performance re: 30-week assessment complete by December 2022, if referral rates stabilise.
• Sefton Place and Alder Hey Children's Hospital (AHCH) have highlighted the need for a system wide response to understand the drivers for the sustained increase in referrals, the development of discharge pathways to primary care and a system wide ASD/ADHD pathway. There have been some initial conversations across the SEND partnership to understand the current neurodevelopmental offer.
• The service continues to review its pathway and to develop/implement improvements and efficiencies where it can, but this is limited by the wider systemic drivers and issues.

When is performance expected to recover:

The improvement plan indicates that performance will recover by December 2022, if referrals stabilise.

Quality impact assessment:

No quality issues reported.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll	Wendy Hewit	Peter Wong

6.2 Child and Adolescent Mental Health Services (CAMHS)

6.2.1 % Referral to Choice within 6 weeks (open pathways)

Indicator		Performance Summary					Potential organisational or patient risk factors
CAMHS - % Referral to Choice within 6 weeks (open pathways)		Latest and previous 3 months					Due to ongoing impact of COVID on demand and increase in urgent referrals, potential quality/safety risks from delayed access/or inability to access timely interventions. Potential of sustained and long term increase in waiting times/numbers and workforce capacity challenges due to service expansion and staff turnover across the system.
RED	TREND	Mar-22	Apr-22	May-22	Jun-22		
		36.8%	38.7%	40.3%	37.5%		
		Target 92%					

Performance Overview/Issues:

• Referral to choice waiting time has seen a 2.8% decline in compliance reporting 37.5% in June.
• The service continues to struggle to meet the agreed local metric for young people to receive a choice assessment within 6 weeks due to continued increases in referrals following the pandemic and capacity issues – the service has 6 staff leaving the service between June and September 2022.
• Due to expansion of mental health provision across the region, workforce challenges continue to be an issue as staff move around the system.
• Adhoc additional choice capacity continues to be provided and the service has 3 new clinical staff starting in post in August which will help improve the position, however increased demand continues to be a challenge.
• There continues to be an increase in the number of urgent cases referred to the service and capacity continues to be flexed to meet requirement for urgent assessment and/or treatment, which is increasing routine waiting times – across Sefton Place, there were 5 young people waiting over 52 weeks in June.
• These challenges are reflected regionally and nationally.

Actions to Address/Assurances:

• The service continues to monitor urgent and routine referral rates and aims to use capacity flexibly as needed to provide first assessments as soon as possible.
• All CAMHS referrals are risk assessed and prioritised. For urgent children and young people, Alder Hey offers an appointment within two weeks.
• For the 5 young people across Sefton waiting over 52 weeks at the end of June, 1 young person has now been seen and the remaining 4 have appointments booked in August.
• To address the staffing capacity issues, the Trust has appointed 3 staff members who are due to start in August, and a further 3 have been appointed. Whilst the Trust report that capacity will continue to be stretched over the coming months, the Trust anticipate that the waiting time position will improve in the autumn.
• Through MHIS investment plans and mental health COVID recovery investment released in 2021/22 (circa £800K for Sefton), the Trust and third sector providers continue to receive additional funding to support an increase in capacity. As services strive to reach full staffing capacity, there will be a sustained improvement in waiting times.
• Across the Sefton Emotional Health Partnership there has been a general increase in mental health provision and support for low level mental health support needs in response to the pandemic. This includes the renewed contract for the online counselling platform Kooth, the roll out of mental health training to schools, the introduction of the Emotional Health and Wellbeing toolkit and the implementation of two Mental Health Support Teams in 40 schools across Sefton and the phased implementation of the third team planned for January 2023
• The CAMHS waiting time position continues to be closely monitored by Sefton Place and the Trust. There are some initial signs that referral rates are beginning to reduce to more closely reflect pre-pandemic levels, but further data and evidence is required to confirm.
• Alder Hey has shared a service improvement plan including associated investment requirements. This is currently being considered by Sefton place.

When is performance expected to recover:

Alder Hey continues with its recruitment processes and is working towards achieving the required extra capacity – notwithstanding continued internal/external movement as posts are filled. The Trust anticipates that the waiting time KPIs will fully recover by the autumn 2023.

Quality impact assessment:

No quality issues to report.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll	Wendy Hewitt	Peter Wong

6.2.2 % Referral to Partnership within 18 weeks

Indicator		Performance Summary					Potential organisational or patient risk factors
CAMHS - Open Pathways: % Referral to Partnership within 18 weeks		**Latest and previous 3 months**					Due to ongoing impact of COVID on demand and increase in urgent referrals, potential quality/safety risks from delayed access/or inability to access timely interventions. Potential of sustained and long term increase in waiting times/numbers and workforce capacity challenges due to service expansion and staff turnover across the system.
RED	**TREND**	Mar-22	Apr-22	May-22	Jun-22		
		73.1%	73.8%	70.1%	66.8%		
		Target 92%					

Performance Overview/Issues:

• There has been a 3.3% decline in waiting times in June reporting 66.8% under the 92% target.
• There has been a deterioration in performance due to an increase in demand and a reduction in available clinic capacity.
• Recruitment is ongoing for the service with 6 new appointments made, with 3 due to commence in post in August, however increased demand continues to be a challenge
• Young people waiting for an urgent appointment continue to be prioritised and any routine long waiters continue to receive regular check in calls from the service.
• Due to expansion of mental health provision across the region, workforce challenges continue to be an issue as staff move around the system.
• There continues to be an increase in the number of urgent cases referred to the service; capacity continues to be flexed to meet requirement for urgent assessment and/or treatment.
• The challenges are reflected regionally and nationally.

Actions to Address/Assurances:

• All children and young people who have been waiting over 18 weeks for a partnership appointment are regularly contacted to undertake an up-to-date risk assessment and review of clinical urgency, enabling the team to expedite an earlier appointment, if clinically indicated.
• Across the Sefton Emotional Health Partnership there has been a general increase in mental health provision and support for low level mental health support needs in response to the pandemic. This includes the renewed contract for the online counselling platform Kooth, the roll out of mental health training to schools, the introduction of the Emotional Health and Wellbeing toolkit and the implementation of two Mental Health Support Teams in 40 schools across Sefton and the phased implementation of the third team planned for January 2023
• Through MHIS investment plans and mental health COVID recovery investment released in 2021/22 (circa £800K for Sefton), the Trust and third sector providers continue to receive additional funding to support an increase in capacity. As services strive to reach full staffing capacity, there will be a sustained improvement in waiting times.
• The CAMHS waiting time position continues to be closely monitored by Sefton Place and the Trust. There are some initial signs that referral rates are beginning to reduce to more closely reflect pre-pandemic levels, but further data and evidence is required to confirm.
.• Alder Hey has shared a service improvement plan for 22/23 including associated investment requirements. This is currently being considered by Sefton Place.

When is performance expected to recover:

Alder Hey continues with its recruitment processes and is working towards achieving the required extra capacity – notwithstanding continued internal/external movement as posts are filled. The Trust anticipates that the waiting time KPIs will fully recover by the autumn 2023.

Quality impact assessment:

No quality issues to report.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll	Wendy Hewitt	Peter Wong

6.3 Children's Community (Alder Hey)

6.3.1 Paediatric Speech & Language Therapies (SALT)

<table>
<tr><th>Indicator</th><th>Performance Summary</th><th>RAG</th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">Alder Hey Children's Community Services: SALT</td><td colspan="2" rowspan="2">Previous 3 months and latest</td><td rowspan="2">Potential ongoing increase in waiting times/numbers and a surge in referrals due to the ongoing impact of the pandemic.

Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required, particularly for the SEND cohort.</td></tr>
<tr><td>RED</td><td>TREND</td></tr>
<tr><td rowspan="6"></td><td rowspan="6"></td><td colspan="4">RTT: Open Pathways: % Waiting within 18 wks</td><td rowspan="6"><<=92%: Red
> 92%: Green</td></tr>
<tr><td>Mar-22</td><td>Apr-22</td><td>May-22</td><td>Jun-22</td></tr>
<tr><td>41.60%</td><td>41.10%</td><td>45.00%</td><td>44.00%</td></tr>
<tr><td colspan="4">Accepted New Referrals</td></tr>
<tr><td>Mar-22</td><td>Apr-22</td><td>May-22</td><td>Jun-22</td></tr>
<tr><td>124</td><td>92</td><td>100</td><td>102</td></tr>
<tr><td colspan="5">Target 92%</td></tr>
<tr><td colspan="5">Performance Overview/Issues:</td></tr>
<tr><td colspan="5">• For open pathways, the longest waiter was 59 weeks in June compared to 55 weeks last month.
• Overall there had been a steady increase in new referrals, June saw 102 compared to 100 the previous month.</td></tr>
<tr><td colspan="5">Actions to Address/Assurances:</td></tr>
<tr><td colspan="5">• The service is implementing a service improvement plan which anticipates achieving the maximum 18 week waiting time target by end of March 2023.
• The SALT service has experienced a sustained increase in referrals since the pandemic. The backlog of assessments and increased acuity and urgency of cases has meant that performance has continued to be challenged.
• Waiting times continue to reduce in line with the agreed recovery plan and all young people waiting over 45 weeks have received an appointment in July or August.
• The service will continue to focus on reducing the longest waiting times to within 18 weeks as per the recovery plan.
• Recruitment to speech and language therapy vacancies is also continuing.
• Data from mid-January 2022 indicates that the recovery plan has started to take effect with a reduction in the total numbers waiting.
• In the meantime, the position is being closely managed by the service and all referrals continue to be clinically triaged at the point of receipt and prioritised according to need.
• Families sent information on how to access resources including those on the service web page whilst waiting to be seen.
• Work continues with the early years services to support early intervention and reduce need for specialist support.</td></tr>
<tr><td colspan="5">When is performance expected to recover:</td></tr>
<tr><td colspan="5">The service improvement plan indicates that a return to target performance will be achieved by end of Q4 2022/23.</td></tr>
<tr><td colspan="5">Quality impact assessment:</td></tr>
<tr><td colspan="5">There are no identified quality issues to report.</td></tr>
<tr><td colspan="5">Indicator responsibility:</td></tr>
<tr><td colspan="2">Leadership Team Lead</td><td colspan="2">Clinical Lead</td><td>Managerial Lead</td></tr>
<tr><td colspan="2">Martin McDowell</td><td colspan="2">Wendy Hewitt</td><td>Peter Wong</td></tr>
</table>

6.3.2 Paediatric Dietetics

<table>
<tr><th>Indicator</th><th colspan="2">Performance Summary</th><th>RAG</th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">Alder Hey Children's Community Services: Dietetics</td><td colspan="2">Previous 3 months and latest</td><td rowspan="3"><=92%: Red
> 92%: Green</td><td rowspan="3">Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required.

Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.</td></tr>
<tr><td>RED</td><td>TREND</td><td>RTT: Open Pathways: % Waiting within 18 wks
Mar-22 | Apr-22 | May-22 | Jun-22
97.3% | 95.2% | 90.60% | 85.50%
Accepted New Referrals
Mar-22 | Apr-22 | May-22 | Jun-22
34 | 26 | 40 | 27
Target 92%</td></tr>
<tr><td></td><td></td></tr>
<tr><td colspan="5">Performance Overview/Issues:</td></tr>
<tr><td colspan="5">• For open pathways, the longest waiter was 27 weeks in June; 23 weeks was reported last month.
• Overall accepted new referrals to the service have decreased in June to 27 from 40 received in the previous month.</td></tr>
<tr><td colspan="5">Actions to Address/Assurances:</td></tr>
<tr><td colspan="5">• There is a vacancy in the clinical team causing a reduction in clinical capacity. A job advert has recently closed but without suitable applicants, therefore the post will be reviewed and readvertised.
• There is also additional demand from acute services which is a challenge, however, this is being reviewed to mitigate impact on new referrals into the service.
• The provider is looking to flex capacity across localities to mitigate.</td></tr>
<tr><td colspan="5">When is performance expected to recover:</td></tr>
<tr><td colspan="5">Performance will recover over the coming months, once a new therapist is in post.</td></tr>
<tr><td colspan="5">Quality impact assessment:</td></tr>
<tr><td colspan="5">No quality issues to report.</td></tr>
<tr><td colspan="5">Indicator responsibility:</td></tr>
<tr><td colspan="2">Leadership Team Lead</td><td>Clinical Lead</td><td colspan="2">Managerial Lead</td></tr>
<tr><td colspan="2">Martin McDowell</td><td>Wendy Hewitt</td><td colspan="2">Peter Wong</td></tr>
</table>

6.3.3 Paediatric Occupational Therapy (OT)

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: OT		**Previous 3 months and latest**				<=92%: **Red** > 92%: **Green**	Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.
GREEN	**TREND**	RTT: Open Pathways: % Waiting within 18 wks					
		Mar-22	Apr-22	May-22	Jun-22		
		100.0%	100.0%	100.0%	100.0%		
		Accepted New Referrals					
		Mar-22	Apr-22	May-22	Jun-22		
		58	56	66	82		
		Target 92%					

Performance Overview/Issues:

• For open pathways, the longest waiter was 14 weeks in June compared to 12 weeks last month.
• Overall there has been a steady increase in new referrals, the service received 82 new referrals in June, this is an increase of 16 on the previous month.

Actions to Address/Assurances:

• The service continues to closely monitor performance.

When is performance expected to recover:

Performance is on target.

Quality impact assessment:

No quality issues to report.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	Wendy Hewitt	Peter Wong

6.3.4 Paediatric Children's Physiotherapy

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: Physiotherapy		**Previous 3 months and latest**				<=92%: **Red** > 92%: **Green**	Potential quality/safety risks from non attendance and/or long waits ranging from deterioration in condition to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.
GREEN	**TREND**	RTT: Open Pathways: % Waiting within 18 wks					
		Mar-22	Apr-22	May-22	Jun-22		
		96.6%	100.0%	100.0%	100.0%		
		Accepted New Referrals					
		Mar-22	Apr-22	May-22	Jun-22		
		20	9	13	13		
		Target 92%					

Performance Overview/Issues:

• For open pathways, the longest waiter was 12 weeks in June 2 less than previous month.
• New referrals to the service remain steady, 13 were received in June, the same as previous month.

Actions to Address/Assurances:

• None specifically as performance is currently within target.

When is performance expected to recover:

Performance on target.

Quality impact assessment:

No quality issues reported.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	Wendy Hewitt	Peter Wong

7. Primary Care

7.1.1 CQC Inspections

Previously halted due to the COVID-19 pandemic.

South Sefton GP practices are visited by the Care Quality Commission and details of any inspection results are published on their website. There were no new inspections, but practices were reviewed on 09-07-21 - no evidence was found for a need to carry out any inspections or reassess their ratings at this stage. This can change at any time if the CQC receive new information. They will continue to monitor data on these GP Services.

All results are listed below:

Figure 18 - CQC Inspection Table

SeftonPlace - South Sefton								
Practice Code	Practice Name	Latest Inspection	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84002	Aintree Road Medical Centre	26 February 2018	Good	Good	Good	Good	Good	Good
N84015	Bootle Village Surgery	12 July 2016	Good	Good	Good	Good	Good	Good
N84016	Moore Street Medical Centre	21 March 2019	Good	Good	Good	Good	Good	Good
N84028	The Strand Medical Centre	05 January 2018	Good	Good	Good	Good	Good	Good
N84034	Park Street Surgery	16 July 2021	Good	Good	Good	Good	Good	Good
N84038	Concept House Surgery	27 March 2018	Good	Good	Good	Good	Good	Good
N84001	42 Kingsway	07 November 2016	Good	Good	Good	Good	Good	Good
N84007	Liverpool Rd Medical Practice	06 April 2017	Good	Good	Good	Good	Good	Good
N84011	Eastview Surgery	30 August 2017	Good	Good	Good	Good	Good	Good
N84020	Blundellsands Surgery	20 July 2016	Good	Good	Good	Good	Good	Good
N84026	Crosby Village Surgery	13 November 2018	Good	Good	Good	Good	Good	Good
N84041	Kingsway Surgery	07 October 2016	Good	Good	Good	Good	Good	Good
N84621	Thornton Practice	16 October 2018	Good	Good	Good	Good	Good	Good
N84627	Crossways Practice	14 December 2018	Good	Good	Good	Good	Good	Good
N84626	Hightown Village Surgery	13 July 2021	Good	Good	Good	Good	Good	Good
N84003	High Pastures Surgery	24 September 2019	Good	Good	Good	Good	Good	Good
N84010	Maghull Family Surgery (Dr Sapre)	31 July 2018	Good	Good	Good	Good	Good	Good
N84025	Westway Medical Centre	10 August 2016	Good	Good	Good	Good	Good	Good
N84624	Maghull Health Centre	16 April 2019	Good	Good	Good	Good	Good	Good
Y00446	Maghull Practice	16 July 2019	Good	Good	Good	Good	Good	Good
N84004	Glovers Lane Surgery	21 February 2019	Good	Good	Good	Good	Good	Good
N84023	Bridge Road Medical Centre	18 May 2016	Good	Good	Good	Good	Good	Good
N84027	Orrell Park Medical Centre	14 August 2017	Good	Good	Good	Good	Good	Good
N84029	Ford Medical Practice	05 March 2020	Good	Good	Good	Good	Good	Good
N84035	15 Sefton Road	10 March 2017	Good	Good	Good	Good	Good	Good
N84043	Seaforth Village Surgery	08 September 2015	Good	Good	Good	Good	Good	Good
N84605	Litherland Practice	18 November 2021	Good	Good	Good	Good	Good	Good
N84615	Rawson Road Medical Centre	12 February 2018	Good	Good	Good	Good	Good	Good
N84630	Netherton Practice	24 January 2020	Good	Good	Good	Good	Good	Good

Key	
	= Outstanding
	= Good
	= Requires Improvement
	= Inadequate
	= Not Rated
	= Not Applicable

8. Third Sector Overview – Quarter 1 2022-23

Introduction

This report details activity and outcomes for each of the organisations detailed below for Q4. Each of the following organisations has successfully adapted to new ways of working, all have continued to provide services to residents of Sefton during these unprecedented times. Service provisions and needs of the community have changed dramatically during the year but the determination and commitment of the VCF has continued to provide the most vulnerable residents of Sefton with help, support and companionship which has proven to dramatically reduce the need for acute mental health services and hospital admissions.

Age Concern – Liverpool & Sefton
The service has now been able to resume to mostly face-to-face contact with clients. All are receiving, either one phone call or visit per week and during Q1 the team continued to provided befriending support to clients.

Recruitment of volunteer befrienders is continuing; promotion and recruitment events have also recommenced to help increase the number of volunteers in the service. Referrals to the service have mainly been via other VCF organisations, there were no referrals received from Sefton GPs or NHS Trusts; communications to GP practices and NHS Trusts are to be initiated shortly.
The service has supported clients with the following:

- Feelings of abandonment, isolation and depression
- Support in arranging a care package
- Anxiety support
- Support with walking aids
- Encouragement of exercise and adopting a healthy lifestyle
- Healthy eating guidance
- Support with finding a cleaner
- Referrals for benefit advice
- Occupational Therapist assessment referral
- Referrals for making a will
- Support to obtain hospital transport
- Support to obtain shopping support

Alzheimer's Society
Services are starting to resume face to face activities, singing for the brain in Southport has just resumed face to face; this is proving very popular. Memory cafes and peer support groups are also starting to resume to pre- pandemic levels. Regular welfare calls continue to be made by staff and volunteers, continuing to assess support needs, checking client safety, providing important advice, and signposting to other essential services in the absence of face-to-face contact. A young onset dementia group is also being supported in Southport; the service has also submitted a bid to deliver support to people with early onset dementia as part of Sefton in Mind.

The service received 123 new referrals during Q1. The service continues to work with Southport Memory Clinic and have re-established links with South Sefton services for the inclusion of Alzheimer's Society within the post diagnostic pathway moving forward.

Citizens Advice Sefton
Advice sessions have resumed face to face meetings with in-patients of Clock View Hospital, Walton. The service is delivered by an experienced social welfare law advisor with specialist knowledge of mental health issues.

The main type of advice requested is mainly regarding benefits including tax credits, Universal Credits and appeals.

Crosby Housing and Reablement Team (CHART)
CHART works with Sefton residents who are in contact with secondary mental health services experiencing accommodation issues. They also work with those who are homeless and in-patients at secondary care mental health services; CHART enables swifter hospital discharges and assists those in the community preventing unnecessary hospital admissions.

CHART are continuing with a mixture of working from home and office. Face to face appointments are being carried, either in peoples' homes or on hospital wards.

Expect Limited
Expect Limited's staff complement comprises 4 paid members of staff plus 1 volunteer that look after the Bowersdale Centre in Litherland. Contracts at the centre remain static with 80 existing service users accessing the service at the Bowersdale Centre, there were no new referrals received during the period.

Imagine independence - IPS
Imagine Independence has now resumed with face-to-face contacts. Services are centred around 1:1 service user support; Peer Support, Social Inclusion and Employment Services have continued to eliminate the risk of mental health relapse; individual support plans were agreed with clients, the frequency of calls has increased whilst the service also offers extended support to vulnerable service users including emotional support. Vocational support continues to be offered. Referrals to the service have been affected as Community Mental Health Teams concentrated on Essential Care but as services are starting to resume, referrals are starting to increase.

Netherton Feelgood Factory
The service provides a safe space for people with complex mental and social care needs (Upstairs @ 83 offers open access drop-in, one-to-one counselling, group interventions, welfare advice and support). Three paid staff are employed to deliver this service together with a small number of volunteers.

Staff & Volunteers at the centre are coping well and adjusting to change in service provided.
Several issues have been at the forefront for staff at the centre these include increased alcohol consumption amongst service users, not eating properly and debt management.
Group work has recommenced at the centre and numbers attending are increasing.

Parenting 2000
Services provided by P2000 are now resuming face to face sessions for all, some sessions are still delivered via Zoom as appropriate. Counselling session referrals have increased; Self-referrals remain the largest source, but GP referrals and recommendation are increasing rapidly.
Groups have been introduced back into the centres, but this has added financial pressure to the organisation; P200 are actively seeking extra funding from charitable sources to help with the shortfall.

Sefton Advocacy
Sefton Advocacy continues to receive a high volume of referrals to the service. Procurement of a centralised advocacy hub is underway with the new service provider starting to provide services shortly.

Sefton Carers Centre
The number of carers registering with the centre has significantly increased since the start of the pandemic. Face to face support has resumed with some services remaining virtual as appropriate. There were 90 counselling sessions delivered and a further 356 calls received by the listening ear service. The service also managed to secure £165K of backdated benefits for Carers. There are currently 349 registered tier 2 young carers receiving support from the centre.

Sefton Council for Voluntary Service
BAME Service update
Sefton Community Voluntary Service are working closely with the Place and St Marks regarding asylum seekers, the service are also working with Merseyside Police in regard to hate crime. Work is on-going in supporting the needs of migrant groups of parents and children at Holy Trinity school. The service has seen a degree of reluctance within some BME families to challenge poor employment practice for fear of losing their position. An increase of emotional and physical abuse has also been seen.

High Intensity Users
The team of 5 staff running this service are currently working in between home and the office. Over the last year the introduction of the service has reported a 50% reduction in hospital admissions for High Intensity patients. This cohort of patients attended A&E more than 4 times during 18/19 leading to at least 1 hospital admission. Regular liaison with local services is key to ensuring service lists are kept as up to date as possible. This list includes local shops providing deliveries, pharmacies and mental health services. Some residents require intense ongoing support, these vulnerable service users are allocated to a volunteer who provides weekly well-being phone calls.

Reablement Service
Face to face services and home visits have resumed, the team remains at full capacity with all positions filled. The team have continued to support remotely and make calls to check welfare, support and refer to other organisations and services if needed the team continue to support patients with the many various issues that impact on their health and wellbeing in order that they are able to make more positive lifestyle choices.

There are now four Adult Social Workers covering each of the localities, who continue in supporting the Integrated Care Team with being part of the MDT meetings via Skype. Health & Wellbeing Trainers in all four localities continue to feel very supported by this discipline being part of the team and feel that the social worker and Health & Wellbeing Trainers complement each other within working towards the Health and Wellbeing of service users. The Social Worker who covers Crosby Health & Wellbeing Trainers continue to work in partnership with other Community Voluntary Service projects, such as Macmillan Community Navigators, Community Connectors and Living Well Sefton team.

ECM Co-ordinator –Children and Families Development Officer
Drop in referral are usually through schools, there are concerns about the safety of some vulnerable children. The lack of IT equipment has posed a significant barrier to children accessing therapy, support and home schooling. Families that would not usually need support of services are not able to manage financially but may not have access to benefits; parents may have reduced working hours, Furloughed or faced redundancy.

Sefton Women's And Children's Aid (SWACA)
SWACA provides crisis intervention, early intervention and prevention to overcome the impact of domestic abuse; including advocacy, advice, programmes of work, parenting support, legal advice and therapeutic support; plus, multi-agency training and VCF partnership working. The service currently has 12 qualified counsellors delivering services remotely, these methods include telephone support, online counselling, telephone counselling and text support. In addition, assessments are taking place via telephone or online. A number of support groups are also taking place online. More Complex cases are emerging as a result of lockdown restrictions, SWACA has said there is a need look more closely at the Trauma Informed model and joint working with other relevant organisations. It has also been noted that there has been a rise in Children and young people inflicting abuse on parents during restriction period.

Risk assessments are carried out to ensure services provided are safe to both staff and service users. Most women do not like to be referred on as there is distrust in some large/ public organisations, SWACA are mindful that those who wish to remain within the service as assessed regularly.

SWACA has communicated that whilst the current situation has presented some opportunities to think differently and provide support in a different way, issues have emerged around funding streams to the service.

Stroke Association
The Association provides information, advice and support for up to 12 months post-stroke. It works in hospital and community settings, alongside a multi-disciplinary team of health and social care professionals. As plans evolve, work is being undertaken to ensure stroke's new priority status is supported by ambitious and deliverable interventions across the whole National Stroke Programme pathway.

Face to face services have started to resume, this has been welcomed by some service users who have found online services difficult.

Swan Women's Centre
The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. The centre opened for a short time during the first lockdown then closed again. The centre has re-introduced some face-to-face therapies. Services are currently a mixture of face to face and remote as appropriate, these include counselling, various online support groups, telephone support, befriending services and weekly check in for vulnerable women. Counsellors at The Swan Centre are now British Association Counselling & Psychotherapy approved; each counsellor was required to undertake 80 hours of training. The cost of this was met by funds at the centre; this was not budgeted for but considered vital to deliver quality services to women across Sefton.

The issues identified include the following: women having a safe/quiet space at home to access counselling. Some women have opted to wait until the centre opens before accessing counselling. This is due to the above as well or perhaps they are not comfortable with this technology or they simply prefer face to face support.

Macmillan Cancer Support Centre – Southport
The service has continued to experience a high volume of referrals to the service.
The highest source of referrals is via GP practices. The centre is continuing to see service users face to face on an appointment basis, following a negative Covid test the day of the appointment. Counselling services at the centre continue to be popular; most counselling appointments are now face to face unless the service user's preference is telephone or zoom. Sessions have increased since last quarter and the number of people being referred into the counselling service has also increased.

Venus Centre
Work is underway to formalise services currently provided by the service. A grant agreement is to be finalised by Sefton Place and Venus shortly.

9. NHS Oversight Framework (NHS OF)

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.

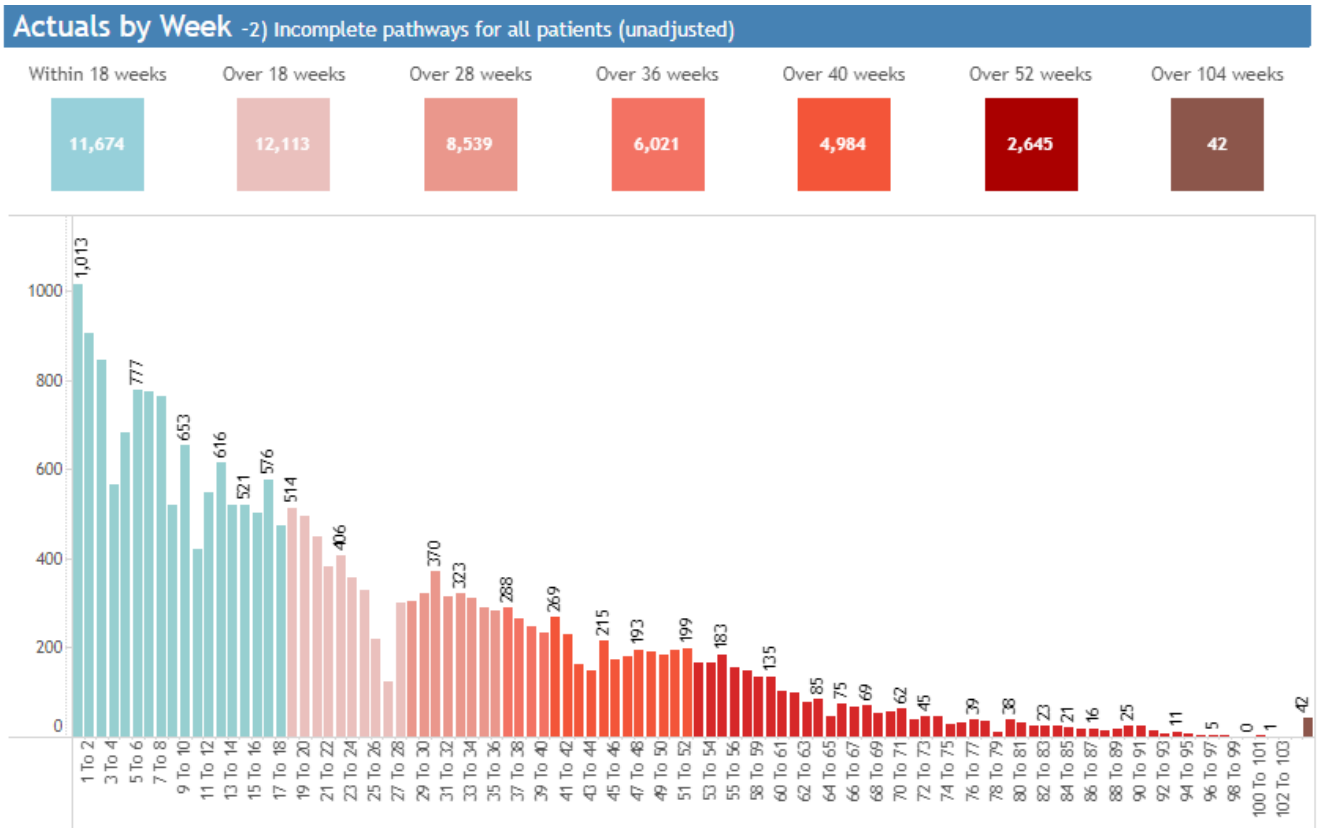
A separate report is prepared for Governing Body. This report presents an overview of the System Oversight Framework, and a summary of the latest performance including exception commentary

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.

10. Appendices

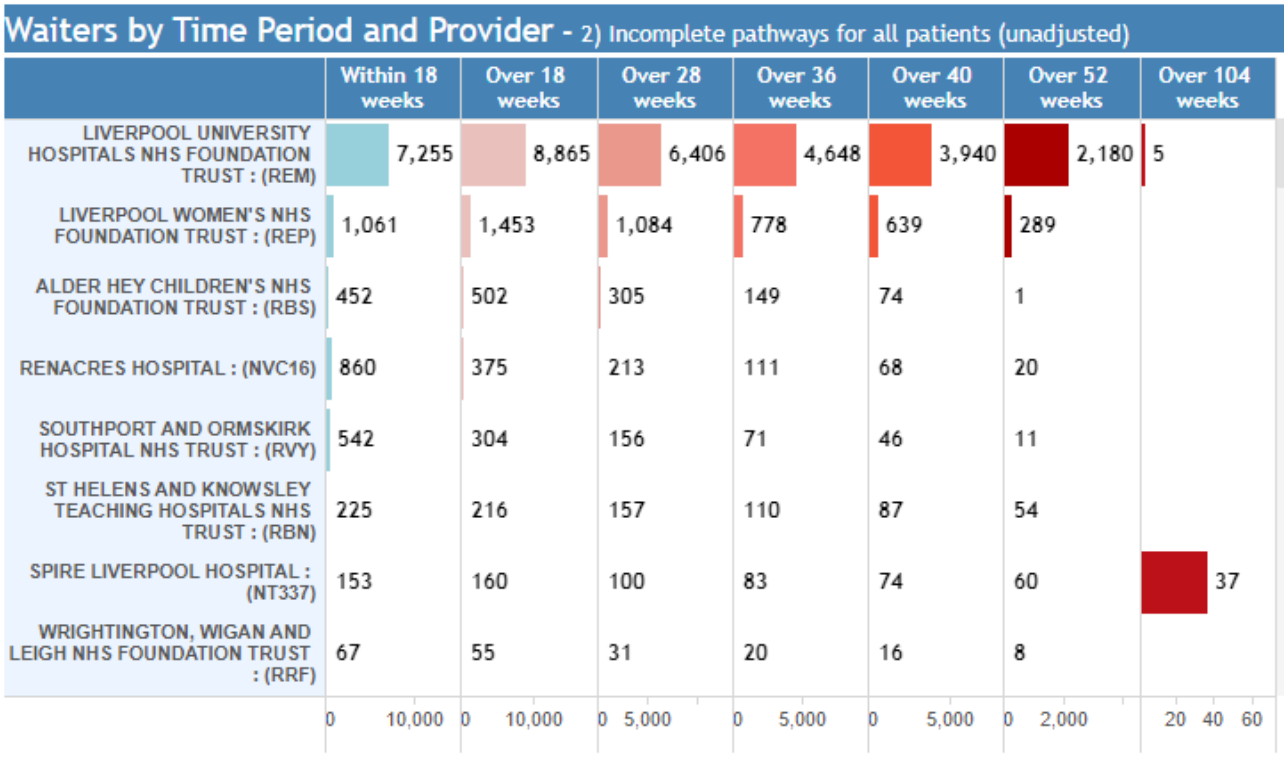
10.1.1 Incomplete Pathway Waiting Times

Figure 19 - South Sefton Patients waiting on an incomplete pathway by weeks waiting



10.1.2 Long Waiters analysis: Top Providers

Figure 20 - Patients waiting (in bands) on incomplete pathway for the top Providers



10.1.3 Long Waiters Analysis: Top Provider split by Specialty

Figure 21 - Patients waiting (in bands) on incomplete pathways by Speciality for Liverpool University Hospitals NHS Foundation Trust