Sefton Place – North Sefton

Integrated Performance Report

June/Q1 2022

Contents

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	North Sefton	RAG	R	R	R										
		Actual	43.81%	39.66%	38.66%										
		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	North Sefton	RAG	R	R	R										
		Actual	69.38%	68.43%	67.17%										
		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	North Sefton	RAG	R	R	R										
		Actual	490	543	588										
		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**	North Sefton	RAG	R	R	R										
		Actual	98	113	88										
		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**	North Sefton	RAG	R	R	R										
		Actual	21	17	8										
		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	Southport & Ormskirk Hospital	RAG	R	R	R										R
		Actual	7	5	5										17
		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.	Southport & Ormskirk Hospital	RAG	G	G	G										G
		Actual	0	0	0										0
		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	North Sefton	RAG	R	R	R										R
		Actual	77.38%	70.89%	62.82%										69.96%
		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	North Sefton	RAG	R	R	R										R
		Actual	11.11%	23.53%	29.41%										21.15%
		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	North Sefton	RAG	G	G	R										R
		Actual	96.97%	96.74%	92.68%										95.42%
		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)	North Sefton	RAG	R	R	G										R
		Actual	87.50%	75.00%	100%										86.11%
		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)	North Sefton	RAG	G	G	R										G
		Actual	100%	100%	94.74%										98.18%
		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)	North Sefton	RAG	G	G	G										G
		Actual	95.83%	100%	100%										98.72%
		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	North Sefton	RAG	R	R	R										R
		Actual	60.53%	70.83%	61.90%										64.84%
		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	North Sefton	RAG		R	R										R
		Actual	No pats	33.33%	85.71%										70.00%
		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	North Sefton (local target 85%)	RAG	G	G											G
		Actual	94.44%	96.30%	66.67%										86.36%
		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	North Sefton	RAG	R	R	R										R
		Actual	59.39%	59.30%	60.31%										59.67%
		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	North Sefton	RAG	R	R	R										R
		Actual	15.00%	42.86%	53.33%										35.71%
		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	North Sefton	RAG	R	R	R										R
		Actual	47.62%	32.14%	65.00%										50.56%
		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	North Sefton	RAG	R	R	R										R
		Actual	79.49%	76.08%	76.74%										77.49%
		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	Southport & Ormskirk NHS Trust	RAG	R	R	R										R
		Actual	80.55%	77.04%	77.70%										78.49%
		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	Southport & Ormskirk NHS Trust	RAG	R	R	R										R
		Actual	12.46%	9.6%	10.10%										10.73%
		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	Southport & Ormskirk NHS Trust	RAG	R	R	R										R
		Actual	91.28%	97.57%	96.28%										95.11%
		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	Southport & Ormskirk NHS Trust	RAG	R	R	R										R
		Actual	65.50%	76.60%	74.02%										75.37%
		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	Southport & Ormskirk NHS Trust	RAG	R	R	R										R
		Actual	40.61%	47.50%	46.63%										49.31%
		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	North Sefton	RAG	R	R	R										R
		Actual	2	2	1										5
		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)	North Sefton	RAG	R	R	R										R
		Actual	0.5	0.5	0.2										1.2
		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	North Sefton	RAG	G	G	G										G
		YTD	0	0	0										0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner) cumulative	North Sefton	RAG	R	G	R										R
		YTD	5	7	13										13
		Target	4	8	12	16	20	24	28	32	36	40	44	48	48
Number of E.Coli Incidence of E.Coli (Commissioner) cumulative	North Sefton	RAG	G	G	G										G
		YTD	7	14	25										25
		Target	10	19	27	34	41	48	56	67	80	91	100	107	107

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	North 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.	North Sefton	RAG	G												G
		Actual	75%												75%
		Target	60%			60%			60%			60%			60%
Eating Disorders															
Eating Disorders Service (EDS) Treatment commencing within 18 weeks of referrals	North Sefton	RAG	R	R	R										R
		Actual	28.60%	42.90%	34.40%										35.30%
		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	North Sefton	RAG	R	R	R										R
		Actual	0.71%	0.78%	0.68%										2.17%
		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.	North Sefton	RAG	R	G	G										G
		Actual	45.30%	52.6%	56%										50.6%
		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.	North Sefton	RAG	R	R	R										R
		Actual	73%	54%	63%										63.3%
		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.	North Sefton	RAG	G	G	G										G
		Actual	98%	100%	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	North Sefton	RAG	R	R	R										R
		Actual	66.13%	65.94%	66.0%										66.03%
		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	North Sefton	RAG	R												
		Actual	4.33%												
		Target	18%			35%			52%			70%			70%
Severe Mental Illness - Physical Health Check			**Rolling 12 month as at the 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.	North Sefton	RAG	R												
		Actual	47.4%												
		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	North Sefton	RAG	G												
		Actual	42.1%												
		Target	8.75%			8.75%			8.75%			8.75%			35% YTD
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)	North Sefton	RAG	R												R
		Actual	31.5%												31.5%
		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)	North Sefton	RAG	G												G
		Actual	100%												100%
		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	North Sefton	RAG	R	R	R										
		Actual	34.1%	51.5%	34.1%										
		Target	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	North Sefton	RAG	R	R	R										
		Actual	68.9%	76.2%	68.9%										
		Target	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%	
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%	
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%	
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments completed within 30 Weeks - Alder Hey - KPI 5/13	Sefton	RAG	R	R	R										
		Actual	87%	74.4%	64%										
		Target	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 5/16	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 North 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	North Sefton	S&O
Diagnostics (National Target <1%)	38.66%	42.14%
Referral to Treatment (RTT) (92% Target)	67.17%	72.71%
No of incomplete pathways waiting over 52 weeks (Target zero)	588	285
No of incomplete pathways waiting over 104 weeks (Target zero from July 2022)	8	0
Cancelled Operations (Zero Tolerance) *(May data reported a month in arrears)*	-	5
Cancer 62 Day Standard (Nat Target 85%)	61.90%	62.11%
A&E 4 Hour All Types (National Target 95%)	76.74%	77.70%
S&O Waits in A&E from Arrival to Discharge, Admission or Transfer (Target 2%)	-	10.1%
A&E 12 Hour Breaches (Zero Tolerance)	-	137
Ambulance Handovers <= 15 mins (Target 65%)	-	46.63%
Ambulance Handovers <= 30 mins (Target 95%)	-	74.02%
Ambulance Handovers <= 60 mins (Target 100%)	-	96.28%
Stroke (Target 80%) *(May data - reported a month in arrears)*	-	54.8%
TIA Assess & Treat 24 Hours (Target 60%) *(May data - reported a month in arrears)*	-	76.5%
Mixed Sex Accommodation (Zero Tolerance)	1	2
CPA 72 Hours Follow Up (95% Target) 2022/23 – Q1	100%	-
EIP 2 Weeks (60% Target) 2022/23 – Q1	75%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.68%	-
IAPT Recovery (Target 50%)	56%	-
IAPT 6 Weeks (75% Target)	63%	-
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, wheelchair return (QWC1), Better Care Fund (BCF) and NHS England monthly activity monitoring. These measures will be updated as soon as the data becomes available and will 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 North Sefton eligible population of 121,109, the number of patients successfully vaccinated with a primary course at the end of June 22 is 93,138 (76.8%). 78,019 (64.4%) of North Sefton patients have received booster 1. There are 24,321 (20.1%) patients that have not yet had any vaccination and 3,108 (2.6%) that have only had the 1st dose.

In April 2022, the Spring Booster campaign started and at the end of June 22 17,006 (14.0%) patients have received a 2nd booster. Some patients in vulnerable groups, have also been offered a 3rd booster vaccination. At the end of June there have been 676 (0.6%) 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. Work is underway locally in the Southport & Ormskirk system to increase the available capacity to support urgent elective activity. 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, while 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 is being assessed against agreed trajectories.

Southport and Ormskirk Trust have continued to deliver routine elective activity throughout the pandemic, with a focus on delivering greater theatre capacity utilising on site theatres and that of the independent sector. Cheshire and Merseyside Hospital Cell has set out principles for elective recovery 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 and with priority given to clinically urgent patients and long waiters (52 week plus). The recently published 'Planning guidance' 2022/23, has also put a greater emphasis on recovery with expectations that trusts aim to deliver 110% of 2019/20 outturn, leading to a reduction in the waiting list position, primarily focused on those waiting the longest and at highest risk. The Health Care Partnership (HCP) Elective Care Programme Board has been coordinating a system approach to elective recovery across Cheshire and Merseyside, focusing on a number of key programmes such as 'High volume low complexity' and elective theatre utilisation within the following specialities: 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 being 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 service via the Increasing Capacity Framework (ICF). The Hospital Cell has developed a dashboard of elective care metrics focused on elective recovery, with weekly meeting with Trust Chief Operating Officers to hold the system to account for performance.

For local referral monitoring, the 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. North Sefton referrals in 2022/23 are 6% higher than in the equivalent period of the previous year but remain -12% below pre-pandemic levels. Total referrals to Southport & Ormskirk Hospital are currently 3% above levels reported in the previous year but are -19% below 2019/20 (pre-pandemic). the largest variance has occurred within routine referrals with a -17% decrease when compared to pre-pandemic levels. However, there has also been 6% increase in two week wait referrals and 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.

North Sefton is over the less than 1% target for Diagnostics in June, recording 38.66%, around a 1% improvement in performance from last month when 39.66% was reported. Along with being above the target, North Sefton is measuring above the national level of 27.48%. Southport and Ormskirk reported 42.15%, a 51.45% improvement on last month when 43.59% was reported. Overall, increased demand, changes to the urgency of requests across all modalities and effects of Infection Prevention and Control (IPC) guidance is impacting performance. Additional lost capacity due to

technical issues with the MRI scanner (3 days) and lost capacity at the Walton Centre due to CT scan downtime. The Walton Centre CT scan is now reinstated with further improvement in performance expected in June 2022. Additionally, open hours for MRI extended to increase capacity with a potential opportunity for the Trust to commission additional activity at the Walton Centre for MRI also.

The Trust is also currently utilising imaging network capacity at St Helens & Knowsley, a weekly session at The Walton Centre for CT and additional capacity at Renacres for non-obstetric ultrasound. Staff are continuing to carry out additional sessions of an evening and weekend where possible. A detailed piece of work will be completed with the Directorate to analyse and develop an improvement plan which the Place has formally requested via contract meetings. The expectation being that the improvement plan details a performance trajectory for improvement for individual modalities, areas of risk and concern, plans to utilise independent sector and where performance is not likely to achieve national targets, assurance that patient safety is prioritised. The constitutional standard performance will continue to be challenging for the remainder of the year based on infection control, workforce constraints and the continued effect of COVID. However, planned work in relation to the implementation of community diagnostic hubs across Cheshire & Merseyside in the coming months and the Trusts own plans are 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, North Sefton performance in June was 67.17%, a slight decline compared to performance last month (68.43%). North Sefton is reporting above the national level of 62.22%. Southport & Ormskirk Hospital reported 72.71%, showing a decline in performance across the previous 4 months.

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.

There were a total of 1,621 North Sefton patients waiting over 36+ weeks, the majority at Southport & Ormskirk Hospitals. Of the total long waiters, 588 patients were waiting over 52 weeks, an increase on last month when 543 breaches were reported. Included in the long waiters there are 8 patients waiting over 104 weeks (9 less than last month). Sefton Place meet on a bi-weekly basis with the provider to receive an update on the 104-day breaches.

Of the 588 52+ week breaches for North Sefton, there were 159 at Southport & Ormskirk, 247 at LUHFT, 26 at Renacres and 156 at 16 other Trusts. The 588 breaches represent 4.46% of the total waiting list, which remains below the national level of 5.29%.

Southport & Ormskirk had a total of 289, 52-week breaches in June, 4 more than reported last month. This, in contrast to the growth in 52-week waiters in the same period (53), indicates that although priority is given to long waiters (104/78 week waiters) and priority 2 (P2) patients, the Trust are continuing to tackle 52 week breaches. Growth in the 52-week position is in-line with the trend across Cheshire and Merseyside.

Overall, the number of patients waiting on an incomplete pathway for North Sefton increased to 13,178 in June 2022 (May 2022 reported 13,151). The monthly waiting list position remains high at North Sefton and the Trust, mirroring the national trend. The Sefton Place BI Team produces trend analysis into RTT incomplete pathways, which is shared with commissioners monthly.

The Trust has reported 5 cancelled operations in May (the data is a month in arrears due to the 28 day timescale), compared to 7 reported last month. For 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.

North Sefton are achieving 2 of the 9 cancer measures in June-22 and 3 year to date. The Trust are achieving 1 measure in June and 3 year to date.

The Trust has developed a tumour-site specific Cancer Improvement Plan presented through Clinical Contract and Quality Review Meetings (CCQRM). This contains trajectories by tumour site to deliver the operational standards on cancer access targets by March-23. Metrics to monitor the size and movement of patient tracking lists are also reported.

Progress over the last quarter includes:

- A peer review process with St Helens and Knowsley NHS Trust looking at comparative cancer staffing establishment and performance. This led to a proposal for an augmented structure for the cancer management team
- Recruitment of a programme manager to oversee continuing development of the Faster Diagnosis Programme. Priority areas are full implementation of FIT pathways for colorectal patients and urology diagnostic pathways

Challenges remain around:

- Sustained high referral rates
- Achievement of 14-day performance for first assessment in colorectal patients who have had FIT testing
- Inclusion of safety netting in secondary care for low-risk FIT patients from September 2022
- Histology turnaround times.
- Staffing gaps in several tumour sites

Performance is expected to meet the operational standard by the end of 2022/23.

North Sefton continues to fail the 2-week cancer measure in June reporting 62.82%. Southport and Ormskirk Hospital also continues to fail the 2-week standard reporting 74.55%, a decline on last month when 84.20% was recorded. The main reason for the breaches for both measures is inadequate outpatient capacity associated with growth in 2-week referrals compared to pre-pandemic levels. The Cheshire and Merseyside Cancer Alliance will undertake a deep dive on conversion rates from referral to cancer pathways (i.e., cancer detection rates). Headlines suggest these may have fallen over recent months.

For 2-week wait breast services, North Sefton performance has improved from 23.53% in May to 29.41% in June but remains significantly under the 93% target. Liverpool University Hospitals Foundation Trust (LUHFT), which is the main provider for breast services, is reporting 33.18% in June, with 141 breaches out of a total of 211 patients seen. This is an improvement on the previous month. Performance against the 28-day standard for patients referred with breast symptoms is under the 75% standard at 53.33%, an improvement from 42.86% recorded last month.

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 Cancer 62 Day standard, North Sefton is measuring above the national level of 69.75%, recording 61.90% in June, a 9% decline from last month and remains below the 85% operational target.

For patients waiting over 104 days, North Sefton reported 3 patients in June, the same as last month. The longest waiting patient was treated for urological cancer, number of days waiting was 135. There was also a further urological patient and 1 gynaecology.

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.

Trajectories have been submitted by providers to reflect planning guidance for first appointments and first treatments to meet the expectation that operational standards on cancer access targets will be attained by the end of 2022/23.

Systems were to meet the new Faster Diagnosis Standard (FDS) from Q3 2021/22, at a level of 75%. In June, North Sefton performed below the target all 3 indicators. 28-day FDS overall reporting for June 2022 is 59.88%, 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 yet.

For Southport & Ormskirk, the Friends and Family Inpatient test response rate is above the England average of 19.4% in May 2022 at 35.9% (latest data). The percentage of patients who would recommend the service has improved to 92%, which is below as the England average of 94% and the percentage who would not recommend has decreased to 6%, above 3% England average.

North Sefton have reported 90 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.

For planned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for Sefton Place – North 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 North Sefton. The first quarter of 2022/23 has seen a -10% decrease when comparing to pre-pandemic levels in the equivalent period but activity is 2% 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 Integrated Care Boards (ICBs).

Unplanned Care

In relation to A&E 4-hour waits for all types, North Sefton and Southport & Ormskirk continue to report under the 95% target in June, reporting 76.74% and 77.70% respectively – a very small decline from what was reported last month. North Sefton and the Trust are above 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-22, the Trust reported 10.1% against a threshold of no more than 2% of patients waiting over 12 hours, demonstrating a small decline from last month when 9.6% was reported.

The Trust reported 137, 12-hour breaches in June, a marked decrease of 72 from last month when 65 were reported. The avoidance of 12-hour breaches is a priority for the Southport and Ormskirk system 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.

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 for June-22 showed an average response time of 9 minutes and 5 seconds, above the target of 7 minutes for Category 1 incidents. Following this, Category 2 incidents had an average response time of 47 minutes 48 seconds, against a target of 18 minutes. Category 3 90th percentile has shown a small improvement to the target of less than or equal to 120 minutes reporting 5 hours 56 minutes. For Cat 4 90th percentile the Trust reported 7 hours 38 minutes a marked improvement on last recorded time. 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.

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. The Trust reported 46.63% against a target of 65% within 15 minutes, 74.02% against a target of 95% for handovers within 30 minutes and 96.28% against a target 100% for handovers within 60 minutes, all falling below target but an improvement on last month. Southport and Ormskirk Trust for April through to June have an average ambulance handover of 35 mins which remains one of the best performing Trusts across C&M. There is much variation, and this is dependent on time of day, surge management and ED overcrowding.

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. The plan is zero. Latest published data shows that North Sefton had 1 breach and the Trust reported 2 breaches in June 2022. The Trust report their delays relate to transferring patients from Critical Care to ward beds due to bed capacity. The Trust have a process in place whereby each case is escalated through the daily meetings.

The stroke indicator is currently one month in arrears. Southport & Ormskirk reported 54.8% of patients who had a stroke spending at least 90% of their time on a stroke unit in May, a 21% improvement in performance on the previous month. This is below the 80% target.

TIA was reported at 76.5% against the 60% target with 13 out of 17 patients treated within 24 hours, a decline in performance from last month when 100% was reported and continues to achieve.

North Sefton and the Trust reported no new cases of MRSA in June against a zero-tolerance plan and are on trajectory for 2022/23. All incidents are reviewed as part of the Infection Prevention Control (IPC) meeting monthly, which the Place are invited to attend.

For C.Difficile, North Sefton reported 6 new cases in June (13 year to date) against a year-to-date plan of 12 so are above the planned trajectory (year-end target is </= 48). Southport & Ormskirk Trust reported 6 new cases in June (13 year to date) against a year-to-date target of 12, also above the trajectory (year-end target is</= 49). Infection control panels, chaired by the Director of Infection Prevention Control, continue to meet and will be critical to ensure those actions put in place in 2021/22 are embedded across the organisation.

For E coli, North Sefton reported 11 new cases in June (25 year to date) against a year-to-date target of 27 so are below the planned monthly trajectory (year-end target is </=107). The Trust reported 5 new cases (13 year to date) against a year-to-date target of 13 also below the planned trajectory (year-end target is </=51). 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.

Southport & Ormskirk Trust Friends and Family A&E test response rate is above the England average of 19.7% in May 2022 reporting 22.9% (latest data reported). The percentage of patients who would recommend the service remained at 85% the same as reported the previously month and remains above the England average of 75%. The percentage who would not recommend increased to 13%, below the England average of 17%.

Southport & Ormskirk's Hospital Standardised Mortality Ratio (HSMR) was reported at 72.20 by the Trust in June, remaining under 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.

For unplanned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for Sefton Place – North 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 in 2021/22 demonstrated considerable increases in total unplanned care activity, which incorporates A&E attendances and non-elective admissions, particularly in the first half of the year. In the first quarter of 2022/23, total unplanned activity is recording a 3% increase when compared to pre-pandemic levels in the equivalent period. Also, May-22 has seen the highest activity levels reported for North Sefton since before the COVID-19 pandemic.

Mental Health
The Eating Disorder service has reported 34.4% of patients commencing treatment within 18 weeks of referral in June-22, compared to a 95% target. Only 11 patients out of 32 commenced treatment within 18 weeks. This shows an 8.5% decline from last month. Demand for the service continues to increase and exceed capacity.

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.68% in June-22 and is therefore under the 1.59% target. Performance is being closely monitored through regular meetings with the service.

The percentage of people who moved to recovery was 56% in June-22, above the 50% target showing a further improvement in performance from the 52.6% reported last month.

For IAPT six week waits to enter treatment, this measure has reported 63%, which remains under the 75% target and has now been under target for 7 months. The service has introduced a revised assessment process to maximise existing capacity, ensuring all cancellations are made available for assessments and using agency staff.

North Sefton is recording a dementia diagnosis rate in June-22 of 66%, which is under the national dementia diagnosis ambition of 66.7%, similar to what was reported last month (65.9%). Ongoing capacity and demand issues in primary care where initial dementia screening is completed continue to have an impact upon performance. 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, North Sefton reported 47.4% rolling 12 months as at the end of quarter 1 2022/23 - under the plan of 50%.

North Sefton reported 4.33% 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 in regard to 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.

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

As previously reported, the SALT performance continues to be challenged. A number of issues have impacted on the service notably the ongoing increase in referrals. In June, there was a slight improvement in with 44.1% of referrals seen within 18 weeks, compared to 40.1% in May.

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

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

The physiotherapy 18-week access performance dropped in June to 88%, due to a short-term staff absence on the team but is expected to be back on track over the coming months.

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 17.4% decline in 6 weeks to assessment to 34.1%, and a 7.3% drop in 18 weeks to treatment to 68.9%. 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

31.5% 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 22/23.

For 2021/22, North Sefton exceeded the 35% mental health target, which was 42.1% compared to 37% in 2020/21. Sefton 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 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 the 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 2022, although this assumes a stabilising of the referral rates. During 2022/23 capacity and demand will be more fully reviewed to identify any long-term recurrent investment requirements.

CQC Inspections

North Sefton GP practices are visited by the Care Quality Commission (CQC) and details of any inspection results are published on their website. The inspections have resumed and all, but one, practices in North Sefton are reported to be 'Good' with one reporting to be 'Outstanding'. There was 1 new inspection in June at Marshside Surgery which remains 'Good'.

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.

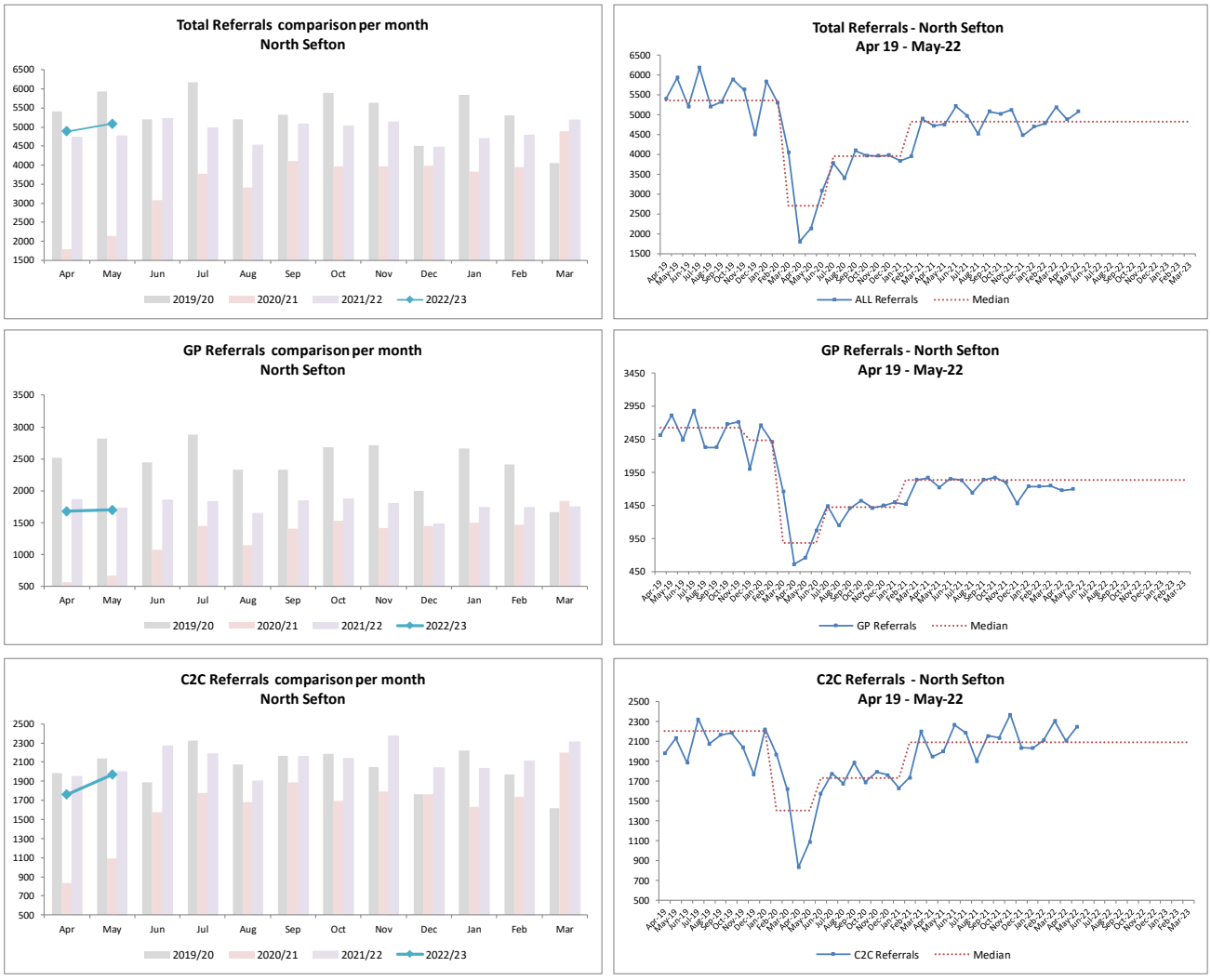
A separate report is prepared for Governing Body. This report presents an overview of the System Oversight Framework, and a summary of the latest performance including exception commentary regarding indicators for which the Place performance is consistently declining. The report describes reasons for 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			
	2021/22 Previous Full Financial Year	2022/23 Actuals	+/-	%	2021/22 Previous Full Financial Year	2022/23 Actuals	+/-	%	2021/22 Previous Full Financial Year	2022/23 Actuals	+/-	%
April	1,867	1,678	-189	-10.1%	1,947	2,107	160	8.2%	4,725	4,881	156	3.3%
May	1,723	1,696	-27	-1.6%	2,000	2,250	250	12.5%	4,759	5,087	328	6.9%
June	1,855				2,269				5,220			
July	1,832				2,188				4,975			
August	1,641				1,904				4,520			
September	1,840				2,157				5,086			
October	1,873				2,136				5,025			
November	1,796				2,371				5,129			
December	1,481				2,039				4,478			
January	1,740				2,034				4,700			
February	1,737				2,113				4,786			
March	1,750				2,308				5,192			
Monthly Average	**1,761**	**10,568**	**8,806**	**500.0%**	**2,122**	**12,733**	**10,611**	**500.0%**	**4,883**	**29,298**	**24,415**	**500.0%**
YTD Total Month 2	**3,590**	**3,374**	**-216**	**-6.0%**	**3,947**	**4,357**	**410**	**10.4%**	**9,484**	**9,968**	**484**	**5.1%**
Annual/FOT	**21,135**	**20,244**	**-891**	**-4.2%**	**25,466**	**26,142**	**676**	**2.7%**	**58,595**	**59,808**	**1,213**	**2.1%**

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 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.

- A focus on elective restoration has ensured that North Sefton referrals in 2022/23 are 6% higher than in the equivalent period of the previous year.
- However, when comparing to 2019/20 (pre-pandemic) levels, referrals are -12% lower as at month 2.
- GP referrals are currently -5% lower than the previous year and are also -36% lower when comparing to pre-pandemic levels.
- Total referrals to Southport & Ormskirk Hospital are currently 3% above levels reported in the previous year but are -19% below 2019/20 (pre-pandemic).
- In terms of referral priority, the largest variance has occurred within routine referrals with a -17% decrease when compared to pre-pandemic levels. However, there has also been 6% increase in two week wait referrals and referrals categorised as urgent.

2.2 NHS e-Referral Service (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
N Sefton	40.56%	43.81%	39.66%	38.66%
S&O	43.65%	48.56%	43.59%	42.14%
Previous year	Mar-21	Apr-21	May-21	Jun-21
N Sefton	15.07%	15.10%	18.41%	18.43%
S&O	14.58%	15.43%	17.53%	19.25%

National Target: less than 1%

Performance Overview/Issues:

- North Sefton and Trust performance has slightly improved compared to the previous month.
- For North Sefton, out of 5,013 patients, 1,938 patients were waiting over 6 weeks, (of those 881 were waiting over 13 weeks) for their diagnostic test. In comparison, June last year had a total waiting list of 3,343 patients, with 616 waiting over 6 weeks (of those 229 were waiting over 13 weeks).
- The majority of the long waiters were for Gastroscopy (533), Non-Obstetric Ultrasound (510), Colonoscopy (232), MRI (183) and Cardiology (142) and make up 82.56% of the breaches.
- North Sefton and the Trust are still reporting well above the national level of 27.48%.
- The IPC (Infection Prevention Control) guidance is having an adverse effect on the available capacity.
- The Trust performance continues to be impacted by high demand and staffing challenges. Situation, Background, Assessment, Recommendations (SBAR's) and recovery plans are being developed for each of the modalities.
- Decline in diagnostic performance cited as relating to endoscopy with wait times increasing due to the demand of the 2 week waits, recent reduced/cancelled activity due to the sickness within the nursing team, increase in overall demand and inclusion of overdue surveillance scopes onto the active PTL.

Actions to Address/Assurances:

Place Actions:

- Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership/ The Hospital Cell to establish recovery and innovation for longer term sustainability is on-going.
- Quality concerns will be discussed at Collaborative Commissioning Forum (CCF) and brought through to Clinical and Contract Quality Review Meeting (CCQRM) as appropriate.
- The Place have reviewed its QIPP schemes to ensure that the focus of the schemes continue to support restoration, improving quality of services and ensure resilience with the health care system. Priorities will be aligned to forthcoming planning guidance requirements.
- Work with system partners 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).
- Work with National/Regional and acute leads on programmes such as 'waiting list validation' to support optimisation of acute resources i.e. Endoscopy, in addition to prioritisation of diagnostics with the implementation of 'D' codes to indicate patients to be prioritised.
- Implementation of low risk 'Faecal Immunochemical Test' is expected to positively impact trust diagnostic performance. Sefton Place commissioning managers are working with the Trust and Cancer Alliance to confirm start date for 2WW pathways.
- 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, COO's from key providers.
- The Place is viewing waiting list/referral trends to analyse provider positions comparable with national picture.
- ICB diagnostic programme group co-ordinating recovery, aiming to deliver against targets set in recently published 'Planning guidance' 2022/23 to delivery 120% of 19/20 outturn in 22/23.

Trust Actions:

- Further Endoscopy insourcing planned in September to increase performance and maintain activity levels.
- Some Endoscopy surveillance patients being sent to Broadgreen to support reduction in backlog.
- MRI issues resolved and new templates embedded to increase slot capacity in July 2022.
- New templates in place for CT and ongoing recruitment.
- Workforce review being undertaken for Non-obstetric ultrasound.

When is performance expected to recover:

Not dates for recovery provided. Action plan and trajectory requested formally via Clinical Contract and Quality Review Meeting (CCQRM).

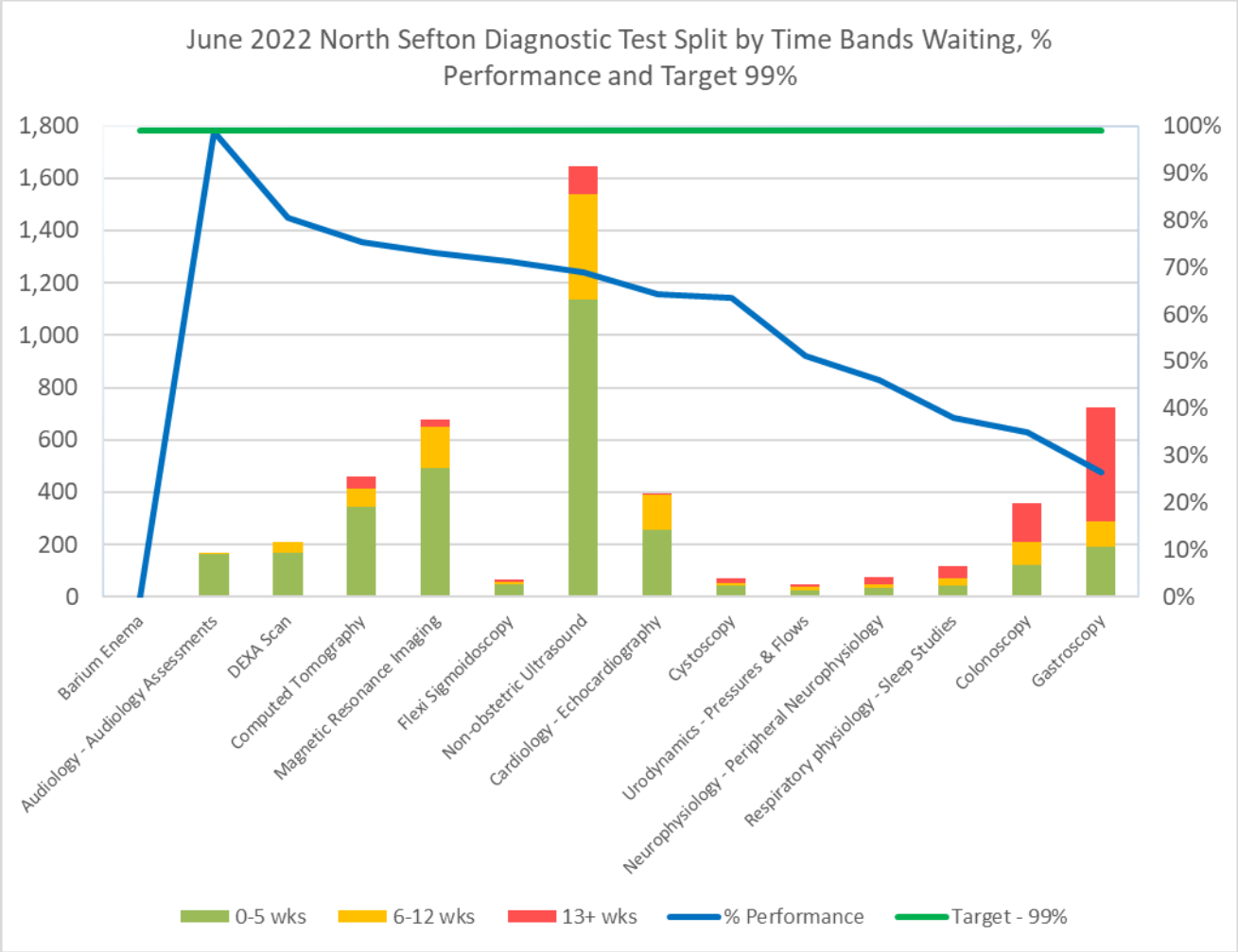
Quality:

No quality concerns raised.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	Rob Caudwell	Terry Hill

Figure 2 – June North Sefton Diagnostics Chart and Table

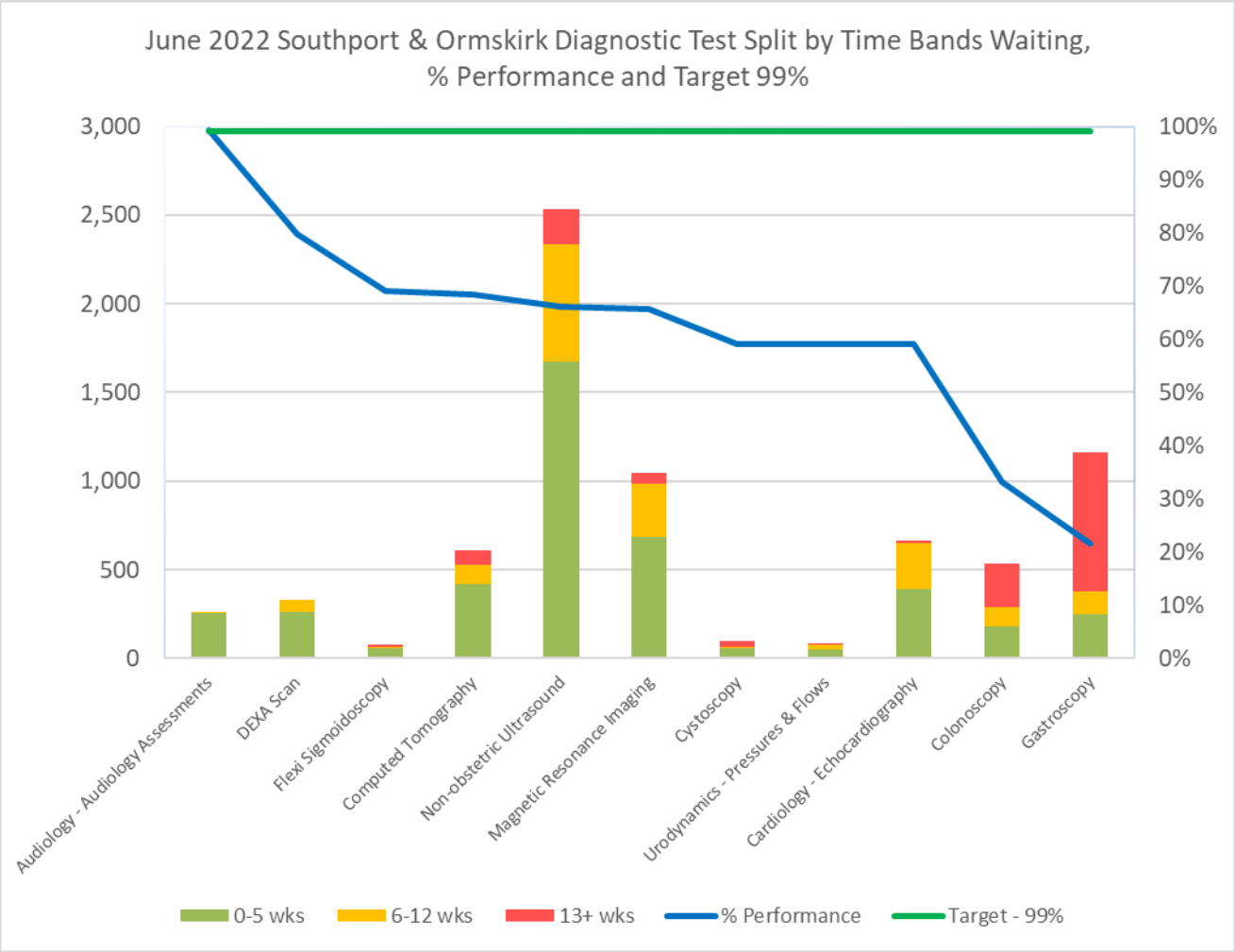


Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
Barium Enema	0	0	0	No patients	99%
Audiology - Audiology Assessments	**165**	**2**	**0**	**98.80%**	99%
DEXA Scan	**170**	**41**	**0**	**80.57%**	99%
Computed Tomography	**346**	**69**	**45**	**75.22%**	99%
Magnetic Resonance Imaging	**494**	**156**	**27**	**72.97%**	99%
Flexi Sigmoidoscopy	**47**	**10**	**9**	**71.21%**	99%
Non-obstetric Ultrasound	**1,134**	**403**	**107**	**68.98%**	99%
Cardiology - Echocardiography	**255**	**134**	**8**	**64.23%**	99%
Cystoscopy	**45**	**9**	**17**	**63.38%**	99%
Urodynamics - Pressures & Flows	**24**	**13**	**10**	**51.06%**	99%
Neurophysiology - Peripheral Neurophysiology	**34**	**12**	**28**	**45.95%**	99%
Respiratory physiology - Sleep Studies	**45**	**25**	**48**	**38.14%**	99%
Colonoscopy	**124**	**87**	**145**	**34.83%**	99%
Gastroscopy	**192**	**96**	**437**	**26.48%**	99%
Total	**3,075**	**1,057**	**881**	**61.34%**	**99%**

For diagnostics overall, North Sefton is reporting 61.34%, below target of greater than 99% seen within 6 weeks and the proportion waiting over 13 weeks is 17.57%. National levels overall are currently at 72.52% and the proportion waiting over 13 weeks nationally at 10.87%. North Sefton is performing worse on both counts.

For North Sefton, there are significant levels waiting over 13 weeks in Colonoscopy and Gastroscopy and with a number of other tests also showing proportionally high levels.

Figure 3 – June Southport & Ormskirk NHS Trust Diagnostics Chart and Table



Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
Audiology - Audiology Assessments	255	2	0	99.22%	99%
DEXA Scan	265	67	0	79.82%	99%
Flexi Sigmoidoscopy	56	12	13	69.14%	99%
Computed Tomography	416	110	82	68.42%	99%
Non-obstetric Ultrasound	1,676	656	202	66.14%	99%
Magnetic Resonance Imaging	687	298	61	65.68%	99%
Cystoscopy	58	10	30	59.18%	99%
Urodynamics - Pressures & Flows	52	24	12	59.09%	99%
Cardiology - Echocardiography	392	259	13	59.04%	99%
Colonoscopy	178	115	245	33.09%	99%
Gastroscopy	252	126	785	21.67%	99%
Total	**4,287**	**1,679**	**1,443**	**57.86%**	**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		
		N Sefton	69.49%	69.38%	68.43%	67.17%		
		S&O	77.91%	76.98%	74.86%	72.71%		
		Previous year	Mar-21	Apr-21	May-21	Jun-21		
		N Sefton	73.97%	77.41%	79.17%	79.68%		
		S&O	81.47%	82.13%	83.74%	83.51%		
		Plan: 92%						

Performance Overview/Issues:

• For June, North Sefton is showing a slight decline in performance compared to the previous month. S&O has shown a decline in performance across the previous 4 months, with a further decline in June.
• The challenged specialties for the Trust include ENT (47.06%) Rheumatology (54.8%), Other Surgical Services (54.3%).
• Included in the long waiters there were no patients waiting over 104 weeks at S&O for the third consecutive last month. The Place meet on a bi-weekly basis with the provider to receive an update on the 104-day breaches. The expectation set out in recently published operation planning guidance is that the system eliminates 104 weeks waits by July 2022.
• North Sefton and Trust are reporting well above the national level of 62.22%.
• IPC (Infection Prevention Control) guidance is having an adverse effect on available capacity, including reduced throughput in theatre, however, the Trust are endeavouring to maximise capacity with current staff and utilising bank staff as necessary.

Actions to Address/Assurances:

Place Actions:
• As with diagnostics, continued collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability is on-going.
• Re-establishment of Collaborative Commissioning Forum (CCF) and Contract Quality Review Meeting (CQRM) to ensure performance and quality concerns are addressed and assurance is sought from providers.
• The Place have reviewed its QIPP schemes to ensure that the focus of the schemes continue to support restoration and improving quality of services and ensure resilience with the health care system, working to support providers on area's identified as 'fragile'.
• 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.
• Review recovery plans of smaller independent providers, that sit outside of 'command and control' structures including indicative activity plans and waiting list size.
• Implementation of low risk 'Faecal Immunochemical Test' and imminent implementation of Gastroenterology pathways is expected to positively impact trust RTT performance, with resulting reduction in outpatient activity/diagnostic activity.
• The Place is 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 participates in a system recovery meeting, supporting the co-ordination of system partners to support acute recovery.
• The Place is working with providers to ensure assurance on clinical prioritisation and understanding of the waiting lists and key actions to mitigate patient harm.

System:
• 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.
• The Hospital Cell produce a weekly dashboard with close monitoring of performance across a number of elective care metrics including restoration of waitlist positions with a focus on long waiters and clinically urgent patients - priority 1 & 2s (P1 & P2s)

Trust Actions:
• Continued risk stratification of the waiting list.
• Trust is part of the Cheshire & Mersey wider elective restoration group.
• Insourcing weekend lists taking place throughout July and August to increase elective performance for Trauma & Orthopaedics.
• Additional theatre sessions and number of patients per list to be increased from July for Ophthalmology. Recovery is expected from September 2022.
• Discussions underway for insourcing Outpatient and Day Case patients.

When is performance expected to recover:

No dates for recovery provided.

Quality:

No quality issues raised.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	Rob Caudwell	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		
		N Sefton	432	490	543	588		
		S&O	182	192	289	285		
		Previous year	Mar-21	Apr-21	May-21	Jun-21		
		N Sefton	519	412	355	335		
		S&O	331	242	154	128		
		Plan: Zero						

Performance Overview/Issues:

• Of the 588 breaches for North Sefton, there were 159 at Southport & Ormskirk, 247 at LUHFT, 26 at Renacres and 156 at 16 other Trusts.
• The 588 breaches reported also represent 4.46% of the total waiting list, which is below the national level of 5.29%.
• Of the 285 breaches at Southport & Ormskirk (catchment), 112 were in General Surgery, 49 in General Medicine, 65 in Other - Surgical Services and the remainder spanned over the other specialties.
• Impact of COVID-19 pandemic and national guidance to suspend all non-urgent clinical contacts resulted in increased levels of 52 week breaches.

Actions to Address/Assurances:

Place Actions:
• Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability in on-going.
• Review of acute provider action plans, and gain assurances that risk stratification processes are in place and patients appropriately prioritised.

System:
• 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 with further focus on 78+ waits to achieve elimination of 78+ week waits by March 2023.

Trust Actions:
• Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery.
• Trust to continue to prioritise clinically urgent patients (Priority 1 and Priority 2 patients) and focus on long waiters.
• Trust continue to review patients on the waiting list and have processes in place to escalate patients if clinically required.
• National guidance in relation changes to nationally policy awaited, which may support patient pathways being temporarily paused were patients choose not to continue with treatment, citing COVID.

When is performance expected to recover:

No dates for recovery provided. The number of 52 week breaches have increased as a result of delayed treatments of patients <18 weeks pre-COVID-19 elective activity pause and subsequent reduced levels of activity. There will be a focus on elimination of 104+ week waits by July 2022.

Quality:

No quality concerns raised.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	Rob Caudwell	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 Places only)		Previous 3 months and latest					
RED	TREND		Mar-22	Apr-22	May-22	Jun-22	
		N Sefton		21	17	8	129c
		S&O		0	0	0	
		Plan: Zero from July 2022					

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.

Performance Overview/Issues:

• North Sefton reported 8 over 104 weeks waiter, 5 at Spire Liverpool, 1 at Renacres, 1 at Countess of Chester, 1 at Robert Jones and Agnes Hunt Orthopaedic Hospital.
• The Trust reported no 104 week waiters in June.

Actions to Address/Assurances:

• Oversight of 104 week target, managed at ICB level via 'Restoration of elective activity meeting' with a subgroup focused on delivery of the 104 week target. The group consists of Chief operating officers and ICB programme leads.
• Performance of the 104 week target is a reported through to the Restoration of elective activity meeting and is a standing agenda item.

When is performance expected to recover:

There will be a focus on elimination of 104+ week waits by July 2022.

Quality:

No quality concerns raised.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	Rob Caudwell	Terry Hill

Figure 4 – North Sefton RTT Performance & Activity Trend

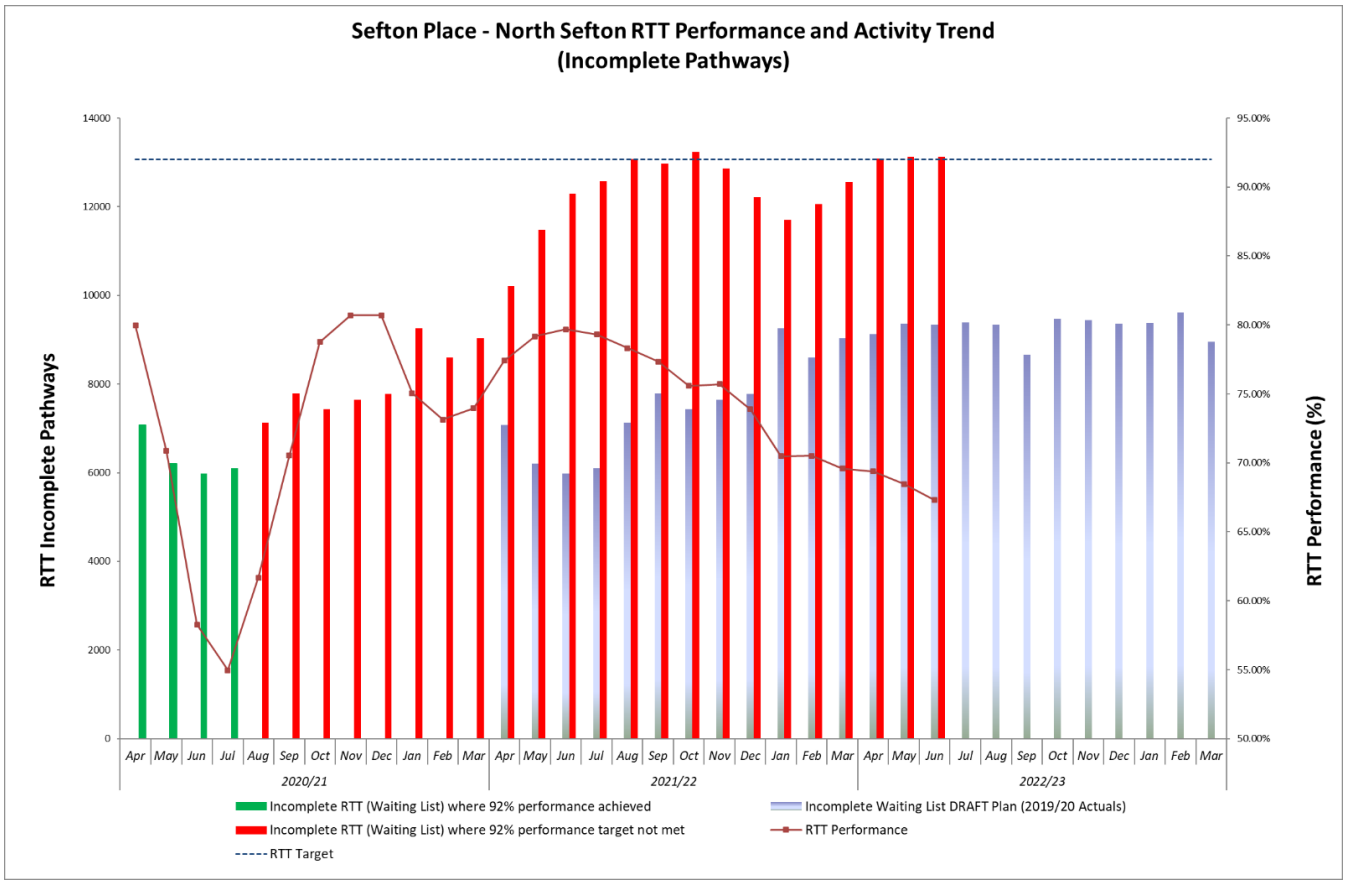


Figure 5 – North Sefton and Southport & Ormskirk Trust Total Incomplete Pathways

North Sefton

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (19/20 actuals)*	9,126	9,367	9,331	9,392	9,337	9,442	9,474	9,442	9,362	9,376	9,618	8,956	9,331
2021/22	13,082	13,151	13,178										13,178
Difference	**3,956**	**3,784**	**3,847**										**3,847**
52 week waiters - Plan (last year's actuals)*	412	355	335	320	342	354	350	339	357	377	410	432	
52 week waiters - Actual	490	543	588										
Difference	**78**	**188**	**253**										

S&O

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (19/20 actuals)	11,189	11,242	11,050	11,171	11,041	11,118	11,158	10,891	10,986	11,264	11,532	9,903	11,050
2021/22	12,556	12,954	12,843										12,843
Difference	**1,367**	**1,712**	**1,793**										**1,793**
52 week waiters - Plan (last year's actuals)*	242	154	128	101	132	135	134	136	136	140	159	182	
52 week waiters - Actual	192	289	285										
Difference	**-50**	**135**	**157**										

**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, North Sefton performance in June was 67.17%, a slight decline compared to performance to last month (68.43%). North Sefton is reporting above the national level of 62.22%. Southport & Ormskirk Hospital reported 72.71%, showing a decline in performance across the previous 4 months.

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

There was a total of 1,621 North Sefton patients waiting over 36+ weeks, the majority at Southport & Ormskirk Hospitals. Of the total long waiters, 588 patients were waiting over 52 weeks, an increase on last month when 543 breaches were reported. Included in the long waiters there are 8 patients waiting over 104 weeks (9 less than last month). The Place meet on a bi-weekly basis with the provider to receive an update on the 104-day breaches. The hospital cell has established a weekly system review group for 104 week waits, with the expectation that providers deliver against targets set in the recently published Operational Planning Guidance 2022/23, specifically that the system eliminates 104 week waits by 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

Of the 588 52+ week breaches for North Sefton, there were 159 at Southport & Ormskirk, 247 at LUHFT, 26 at Renacres and 156 at 16 other Trusts. The 588 breaches represent 4.46% of the total waiting list, which remains below the national level of 5.29%.

Southport & Ormskirk had a total of 289, 52-week breaches in June,4 more than reported last month. This, in contrast to the growth in 52-week waiters in the same period (53), indicates that although priority is given to long waiters (104/78 week waiters) and priority 2 (P2) patients, the Trust are continuing to tackle 52 week breaches. Growth in the 52-week position is in-line with the trend across Cheshire and Merseyside.

Overall, the number of patients waiting on an incomplete pathway for North Sefton increased to 13,178 in June 2022 (May 2022 reported 13,151). The monthly waiting list position remains high at

North Sefton and Trust, mirroring the national trend. The Sefton Place BI Team produces trend analysis into RTT incomplete pathways, which is shared with commissioners monthly.

2.4.3 Provider assurance for long waiters

Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	100: GENERAL SURGERY	71		**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	130: OPHTHALMOLOGY	63		***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	120: ENT	62		***Trust Comment:*** *See LUHFT comment above*
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	160: PLASTIC SURGERY	43		***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.*
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	X05: ALL OTHER - SURGICAL	34		***Trust Comment:*** *See SOUTHPORT comment above*
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	301: GASTROENTEROLOGY	32		***Trust Comment:*** *See LUHFT comment above*
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	X05: ALL OTHER - SURGICAL	32		***Trust Comment:*** *See LUHFT comment above*

Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	300: GENERAL INTERNAL SURGERY	26		***Trust Comment:*** *See SOUTHPORT comment above*
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	502: GYNAECOLOGY	23		***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.*
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	110: TRAUMA & ORTHOPAEDICS	22		***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.*
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	110: TRAUMA & ORTHOPAEDICS	21		***Trust Comment:*** *See LUHFT comment above*
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	330: DERMATOLOGY	13		***Trust Comment:*** *See LUHFT comment above*
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	101: UROLOGY	13		***Trust Comment:*** *See LUHFT comment above*
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	502: GYNAECOLOGY	11		***Trust Comment:*** *See SOUTHPORT comment above*
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	110: TRAUMA & ORTHOPAEDICS	8		***Trust Comment:*** *See SOUTHPORT comment above*
RENACRES HOSPITAL	502: GYNAECOLOGY	7	1	***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.*
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	100: GENERAL SURGERY	7		***Trust Comment:*** *See LUHFT comment above*
RENACRES HOSPITAL	110: TRAUMA & ORTHOPAEDICS	7		***Trust Comment:*** *See RENACRES comment above*
RENACRES HOSPITAL	100: GENERAL SURGERY	5		***Trust Comment:*** *See RENACRES comment above*

Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	120: ENT	5		***Trust Comment:*** *See SOUTHPORT comment above*
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	X05: ALL OTHER - SURGICAL	4		***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.*
RENACRES HOSPITAL	X02: ALL OTHER - MEDICAL	4		***Trust Comment:*** *See RENACRES comment above*
SPIRE LIVERPOOL HOSPITAL	120: ENT	3	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.*
THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	110: TRAUMA & ORTHOPAEDICS	3	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.*
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	502: GYNAECOLOGY	3		***Trust Comment:*** *See LANCASHIRE comment above*

Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
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.*
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	110: TRAUMA & ORTHOPAEDICS	3		***Trust Comment:*** *See ST HELENS comment above*
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	120: ENT	2	1	***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*
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	X04: All OTHER - PAEDIATRIC	2		***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*
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	X05: ALL OTHER - SURGICAL	2		***Trust Comment:*** *See COUNTESS comment above*
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	120: ENT	2		***Trust Comment:*** *See LANCASHIRE comment above*
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	130: OPHTHALMOLOGY	2		***Trust Comment:*** *See LANCASHIRE comment above*

Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	170: CARDIOTHORACIC SURGERY	2		***Trust Comment:*** *The trust have 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	320: CARDIOLOGY	2		***Trust Comment:*** *See LUHFT comment above*
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	X04: All OTHER - PAEDIATRIC	2		***Trust Comment:*** *See MANCHESTER comment above*
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	301: GASTROENTEROLOGY	2		***Trust Comment:*** *See SOUTHPORT comment above*
NORTHERN CARE ALLIANCE NHS FOUNDATION TRUST	110: TRAUMA & ORTHOPAEDICS	2		***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.*
SPIRE LIVERPOOL HOSPITAL	110: TRAUMA & ORTHOPAEDICS	1	1	***Trust Comment:*** *See SPIRE LIVERPOOL comment above*
SPIRE LIVERPOOL HOSPITAL	101: UROLOGY	1	1	***Trust Comment:*** *See SPIRE LIVERPOOL comment above*
BOLTON NHS FOUNDATION TRUST	130: OPHTHALMOLOGY	1		***Trust Comment*** *: The trust delivered zero 104 week waits by 1st July. The Trust continues to make progress to date all patients over 78 weeks waiting for surgery. Key areas of concern are Ophthalmology which has seen reduced outpatient activity due to increased patient complexity, this is a national issue and work is being undertaken by Greater Manchester Provider Federation Board to review this. Paediatric and vascular surgery have long waiting times to first appointment as a result of reduced capacity against demand.*
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	110: TRAUMA & ORTHOPAEDICS	1		***Trust Comment:*** *The Trust has focused combined efforts on actions to support discharge by noon and same day emergency care that prevents avoidable admissions. The Trust continues to make good progress on reducing the number of patients waiting for elective treatment for more than 104 weeks and is on track to eliminate these very long waits this summer.*
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	110: TRAUMA & ORTHOPAEDICS	1		***Trust Comment:*** *See COUNTESS comment above*

Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	100: GENERAL SURGERY	1		***Trust Comment:*** *There is a focus on bringing activity up to 104% of pre-pandemic levels and on the required actions to meet the year end aggregate target. The priority is to ensure that there are zero 104 week wait patients waiting but also focusing on moving towards reducing the number of 78 week waits, whilst continuing to treat urgent patients on a clinically stratified wait list. Overall outpatient recovery is now up to around 80% of pre-pandemic levels. A robust review is being undertaken of all pathways on the waiting list.*
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	320: CARDIOLOGY	1		***Trust Comment:*** *See LANCASHIRE comment above*
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	300: GENERAL INTERNAL SURGERY	1		***Trust Comment:*** *See LANCASHIRE comment above*
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	X02: ALL OTHER - MEDICAL	1		***Trust Comment:*** *See LANCASHIRE comment above*
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	160: PLASTIC SURGERY	1		***Trust Comment:*** *See LANCASHIRE comment above*
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	110: TRAUMA & ORTHOPAEDICS	1		***Trust Comment:*** *See LANCASHIRE comment above*
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	101: UROLOGY	1		***Trust Comment:*** *See LANCASHIRE comment above*
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	300: GENERAL INTERNAL SURGERY	1		***Trust Comment:*** *See LUHFT comment above*
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	340: RESPIRATORY MEDICINE	1		***Trust Comment:*** *See LUHFT comment above*
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	120: ENT	1		***Trust Comment:*** *See MANCHESTER comment above*
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	301: GASTROENTEROLOGY	1		***Trust Comment:*** *See MANCHESTER comment above*
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	130: OPHTHALMOLOGY	1		***Trust Comment:*** *See MANCHESTER comment above*
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	X05: ALL OTHER - SURGICAL	1		***Trust Comment:*** *See MANCHESTER comment above*
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	160: PLASTIC SURGERY	1		***Trust Comment:*** *See MANCHESTER comment above*
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	110: TRAUMA & ORTHOPAEDICS	1		***Trust Comment:*** *See MANCHESTER comment above*
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	101: UROLOGY	1		***Trust Comment:*** *See MANCHESTER comment above*
RENACRES HOSPITAL	301: GASTROENTEROLOGY	1		***Trust Comment:*** *See RENACRES comment above*
RENACRES HOSPITAL	101: UROLOGY	1		***Trust Comment:*** *See RENACRES comment above*

Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	320: CARDIOLOGY	1		***Trust Comment:*** *See SOUTHPORT comment above*
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	101: UROLOGY	1		***Trust Comment:*** *See SOUTHPORT comment above*
SPIRE LIVERPOOL HOSPITAL	X05: ALL OTHER - SURGICAL	1		***Trust Comment:*** *See SPIRE LIVERPOOL comment above*
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	100: GENERAL SURGERY	1		***Trust Comment:*** *See ST HELENS comment above*
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	X02: ALL OTHER - MEDICAL	1		***Trust Comment:*** *See ST HELENS comment above*
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	502: GYNAECOLOGY	1		***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.*
NORTHERN CARE ALLIANCE NHS FOUNDATION TRUST	100: GENERAL SURGERY	1		***Trust Comment:*** *See NORTHERN CARE comment above*
THE DUDLEY GROUP NHS FOUNDATION TRUST	101: UROLOGY	1		***Trust Comment:*** *Progress is being made in some specialities and non-admitted RTT completes is ahead of trajectory. The Trust has supported Royal Wolverhampton with mutual aid and is supporting University Hospitals Leicester. Validation continues to be a major focus to generate additional clock stops and pathway closures. Surgery also continues to aim to use 50% of list capacity for long waiting patients and is developing plans to deliver increased High Volume / Low Complexity work. Additional Minor Procedure Room capacity (x2 new rooms) are currently under construction and are planned to enter service during summer 2022, providing additional capacity.*
SPIRE LIVERPOOL HOSPITAL	100: GENERAL SURGERY	0	2	***Trust Comment:*** *See SPIRE LIVERPOOL comment above*
SPAMEDICA WIDNES	130: OPHTHALMOLOGY	0		***Trust Comment:*** *Patients are being referred to Spamedica as part of the Inter-provider transfer arrangement with Liverpool St Pauls.*
		580	**8**	
	Total	**588**		

2.5 Cancelled Operations

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

<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">Cancelled Operations</td><td colspan="4">Previous 3 months and latest</td><td rowspan="3"></td><td rowspan="3"></td></tr>
<tr><td>RED</td><td>TREND</td><td>Feb-22</td><td>Mar-22</td><td>Apr-22</td><td>May-22</td></tr>
<tr><td rowspan="3"></td><td rowspan="3"></td><td>7</td><td>8</td><td>7</td><td>5</td></tr>
<tr><td colspan="2"></td><td>Feb-21</td><td>Mar-21</td><td>Apr-21</td><td>May-21</td><td></td><td></td></tr>
<tr><td colspan="2"></td><td>0</td><td>4</td><td>3</td><td>6</td><td></td><td></td></tr>
<tr><td colspan="2"></td><td colspan="4">Plan: Zero</td><td></td><td></td></tr>
<tr><td colspan="8">Performance Overview/Issues:</td></tr>
<tr><td colspan="8">• This data is a month in arrears due to the 28 day timescale.
• Trust information show an improvement in cancelled operations in May having 5 cancelled operations, reason given by the Trust are that 3 Anaesthetist/Surgeon unavailable, 1 list overran, 1 needed SDGH site.</td></tr>
<tr><td colspan="8">Actions to Address/Assurances:</td></tr>
<tr><td colspan="8"><u>Place Actions:</u>
• Performance discussed at Contract and Clinical Quality Review Meeting (CCQRM), with accompanying narrative requested for any breaches reported.
<u>System:</u>
• ICS/HCP partners developing a programme of work called ‘Theatre lite/Theatre smart’, to develop principles that will support more effective use of theatre capacity, potentially increasing available capacity and reducing theatre cancellations.
• 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).
<u>Trust Actions:</u>
• As an organisation the plan is to maximise capacity on the Ormskirk site and develop an Elective Care Centre. The Trust advises of the development of a workforce strategy to ensure workforce is in place as set out in the Trust 20/20 vision. There will be an expectation that all staff work flexibly across the operating departments, as clinical need dictates.
• Insourcing, outsourcing and interim solutions are being implemented in the specialities with workforce challenges.</td></tr>
<tr><td colspan="8">When is performance expected to recover:</td></tr>
<tr><td colspan="8">Recovery anticipated next month.</td></tr>
<tr><td colspan="8">Quality:</td></tr>
<tr><td colspan="8">No quality concerns raised.</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">Rob Caudwell</td><td colspan="3">Terry Hill</td></tr>
</table>

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%)	N Sefton	67.04%	77.38%	70.89%	62.82%	69.96%	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.
		S&O	77.39%	86.10%	84.20%	74.55%	81.52%		
	2 Week breast (Target 93%)	N Sefton	28.21%	11.11%	23.53%	29.41%	21.15%		
		S&O	*Not applicable*						
	31 day 1st treatment (Target 96%)	N Sefton	96.04%	96.97%	96.74%	92.68%	95.42%		
		S&O	95.89%	91.30%	100%	91.30%	95.68%		
	31 day subsequent - drug (Target 98%)	N Sefton	96%	100%	100%	94.74%	98.18%		
		S&O	100%	No Pats	100%	No Pats	100%		
	31 day subsequent - surgery (Target 94%)	N Sefton	93.33%	87.50%	75.00%	100%	86.11%		
		S&O	No Pats	No Pats	66.67%	100%	75.00%		
	31 day subsequent - radiotherapy (Target 94%)	N Sefton	100%	96%	100%	100%	98.72%		
		S&O	No Pats	No Pats	No Pats	No Pats	No Pats		
	62 day standard (Target 85%)	N Sefton	64.29%	60.53%	70.83%	61.90%	64.84%	122b	
		S&O	70.49%	48.28%	67.48%	62.11%	60.33%		
	62 Day Screening (Target 90%)	N Sefton	57.14%	No Pats	33.33%	85.71%	70.00%		
		S&O	100%	No Pats	0%	No Pats	0.00%		
	62 Day Upgrade (Local Target 85%)	N Sefton	73.68%	94.44%	96.30%	66.67%	86.36%		
		S&O	78.72%	94.59%	90.91%	83.33%	89.40%		

Performance Overview/Issues:

• North Sefton is achieving 3 of the 9 cancer measures year to date and 4 measures in June.
• The Trust is achieving 3 of the 9 cancer measures year to date and 1 measure in June.
• North Sefton continues to fail the 2-week cancer measure in month and year to date. Southport and Ormskirk Hospital also continues to fail the 2-week standard reporting 74.55%. The main reason for the breaches is inadequate outpatient capacity associated with increased demand since the start of the pandemic.
• For 2-week wait breast services, performance remains significantly low at 29.41% in June which is under the 93% target. Liverpool University Hospitals Foundation Trust (LUHFT), which is the main provider for breast services, is reporting just 33.18% under target in June, with 141 breaches out of a total of 211 patients seen.
• For Cancer 62 Day standard, North Sefton is measuring below the national level of 69.75% recording 61.90% in June.

Key points to note:
• Urgent suspected cancer referrals remain high and above pre-pandemic levels. Urology is a high growth area anecdotally attributable to awareness raising by Prostate Cancer UK
• Significant pressure areas for cancer pathways include access to radiology and endoscopy and histology reporting turnaround times
Local focus areas:
• High risk FIT testing has now been implemented in North Sefton from 26th April 2022 and will enable triage and prioritisation of endoscopy for those most at risk of colorectal cancer. Potentially 50% of colorectal referrals could be re-prioritised to routine urgency.
• Communications with primary care around breast services to ensure realistic patient expectations on waiting times and to 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:

• 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 2021/22, 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:

Root cause analyses and harm reviews are undertaken on long waiting pathways. Southport and Ormskirk Hospital has presented a Cancer Improvement Plan at a tumour site level through Clinical Contract Quality Review Meetings (CCQRM).

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	Dr Graeme Allan	Sarah McGrath

2.6.1 Cancer 104+ Day Breaches

Indicator		Performance Summary					Potential organisational or patient risk factors
Cancer waits over 104 days - North Sefton		Previous 3 months and latest					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		
		8	1	3	3		
		Plan: Zero					

Performance Overview/Issues:

• North Sefton reported 3, 104 day breaches in June. The longest waiting patient was treated for urological cancer, number of days waiting was 135. There was also a further urological patient and 1 gynaecology.
• The Place has received a comprehensive cancer improvement plan from the provider. The majority of oustanding root cause analyses and harm reviews from delayed pathways have now been undertaken and shared through the contracts and quality forums.

Actions to Address/Assurances:

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

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 majority of outsanding root cause analyses of breached pathways and harm reviews have now been undertaken and themes reflected in the provider's cancer improvement plan. There have been no instances of harm reported to date.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	Dr Graeme Allan	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	N Sefton	65.30%	59.39%	59.30%	59.81%	59.67%		
		Target	*75% Target*						
	28-Day FDS 2 Week Wait Breast Symptoms Referral	N Sefton	54.55%	15.00%	42.86%	53.33%	35.71%		
		Target	*75% Target*						
	28-Day FDS Screening Referral	N Sefton	70.97%	47.62%	32.14%	65.00%	50.56%		
		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 2021/22 at a level of 75%.
• All 3 indicators are performing below the 75% target in June.
• RAG is indicating the measures achieving now the target is live.
• 28 Day FDS overall is reporting 59.42% for June and 58.52% 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 phase of the pathway to aid achievement of the 62 days standard, see under 62 day section.

When is performance expected to recover:

Trajectories were 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

<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">Southport & Ormskirk Friends and Family Test (FFT) Results: Inpatients</td><td colspan="5">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><td></td><td>Feb-22</td><td>Mar-22</td><td>Apr-22</td><td>May-22</td></tr>
<tr><td rowspan="4">  </td><td rowspan="4">  </td><td>RR</td><td>31.6%</td><td>33.3%</td><td>34.4%</td><td>35.9%</td></tr>
<tr><td>% Rec</td><td>95.0%</td><td>91.0%</td><td>91.0%</td><td>92.0%</td></tr>
<tr><td>% Not Rec</td><td>3.0%</td><td>6.0%</td><td>7.0%</td><td>6.0%</td></tr>
<tr><td colspan="5">2022/23 England Averages
Response Rates: 19.4%
% Recommended: 94%
% Not Recommended: 3%</td></tr>
<tr><td colspan="9">Performance Overview/Issues:</td></tr>
<tr><td colspan="9">• Friends and Family was paused during the COVID pandemic it has since resumed.
• Southport & Ormskirk Trust has reported a response rate for inpatients of 35.9% in May 2022 and above the England average of 19.4%. The percentage of patients who would recommend the service has increased to 92%, under the England average of 94%. The percentage who would not recommend decreased to 6%, also under the England average of 3%.</td></tr>
<tr><td colspan="9">Actions to Address/Assurances:</td></tr>
<tr><td colspan="9">• The Trust are reporting above the national average currently for response rates, recommended and in line for not recommended.
• The Trust recently provided a Patient Experience update at the Patient Experience Group (EPEG) meeting. This included actions put in place directly from patient feedback on the ward as well as the steps taken to reintroduce visiting times for relatives/carers following the recent lifting of restrictions.
• The Sefton Place Quality team continue to monitor trends and request assurances from providers when exceptions are noted.
• The Trust recently provided a Patient Experience update at the Patient Experience Group (EPEG) meeting. This included actions put in place directly from patient feedback on the ward as well as the steps taken to reintroduce visiting times for relatives/carers following the recent lifting of restrictions.</td></tr>
<tr><td colspan="9">When is performance expected to recover:</td></tr>
<tr><td colspan="9">The above actions will continue with an ambition to improve performance during 2022-23.</td></tr>
<tr><td colspan="9">Quality:</td></tr>
<tr><td colspan="9">The Trust are however scheduled to attend and present at the Engagement & Patient Experience Group a patient experience update. Updates are provided via 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.</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">Jane Lunt</td><td colspan="3">N/A</td><td colspan="3">Mel Spelman</td></tr>
</table>

2.8 Personal Health Budgets (PHBs)

North Sefton have reported 90 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 2021/22, but the Place will continue to measure and monitor on a quarterly basis. North Sefton 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.

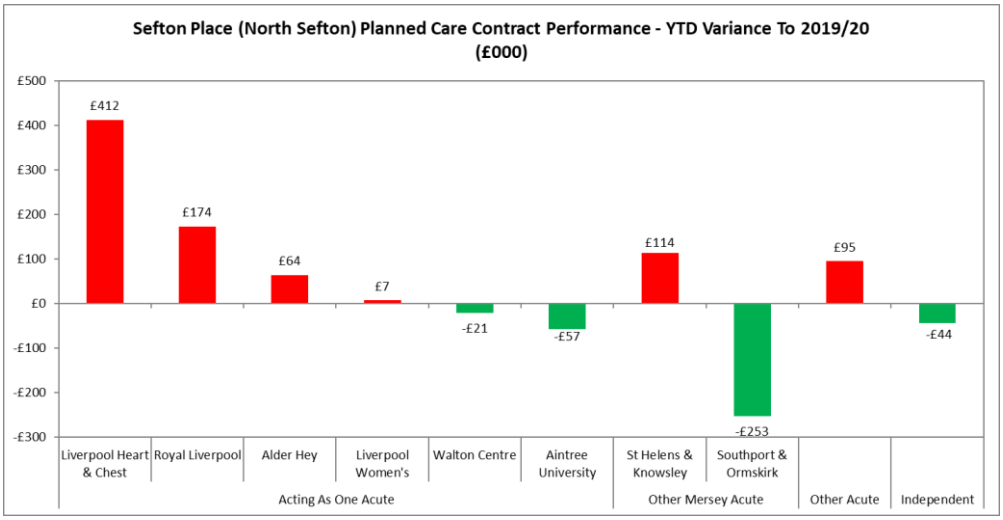
In terms of development of PHBs:

- 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, communications 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.
- Sefton 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.

- A request has been made from the Place for Mersey Care to scope out the changes required to support wheelchair personal budgets for the specialty wheelchair service in the North of the borough.

2.9 Planned Care Activity & Finance, All Providers

Figure 6 - 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 – North 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 North Sefton. The first quarter of 2022/23 has seen a -10% decrease when comparing to pre-pandemic levels in the equivalent period but activity is 2% above levels seen in the previous year.

Figure 7 - Planned Care Activity Trends

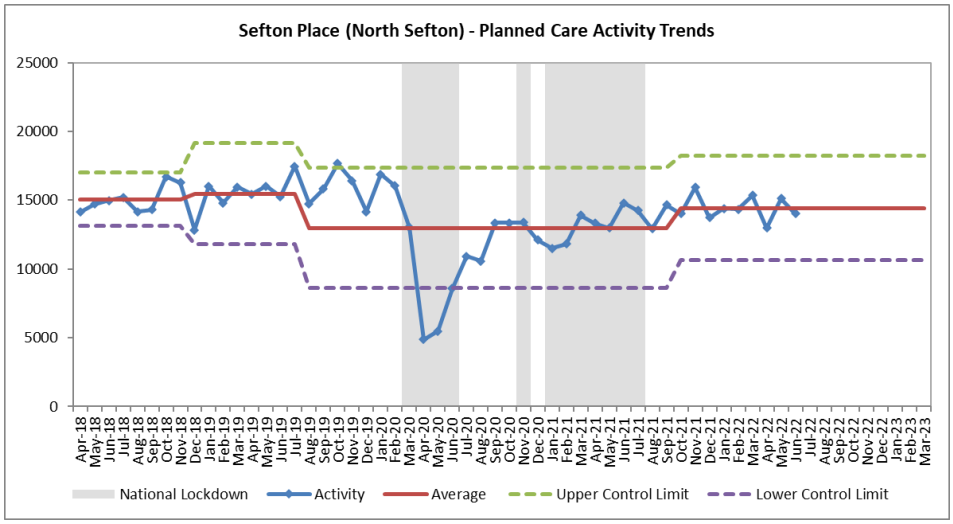


Figure 8 – Elective Inpatient Variance against Plan (Previous Year)

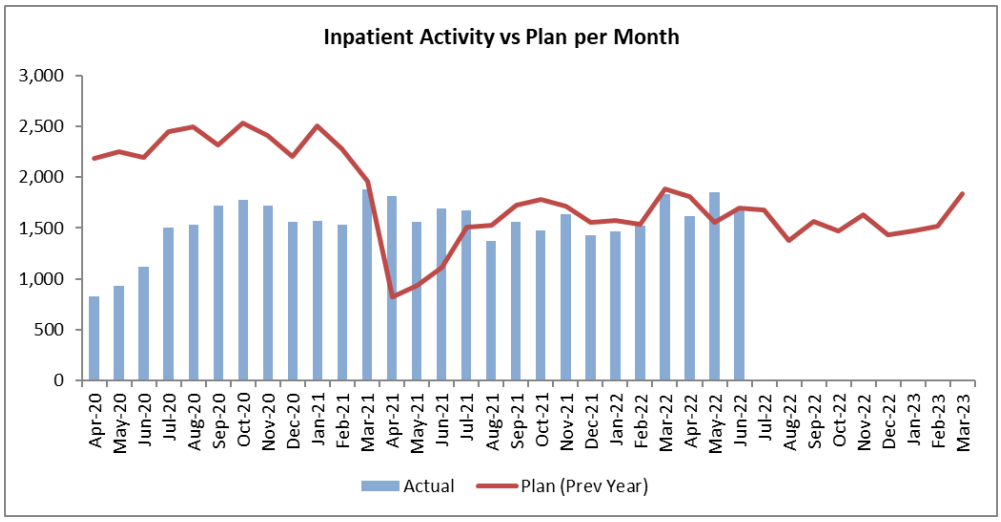
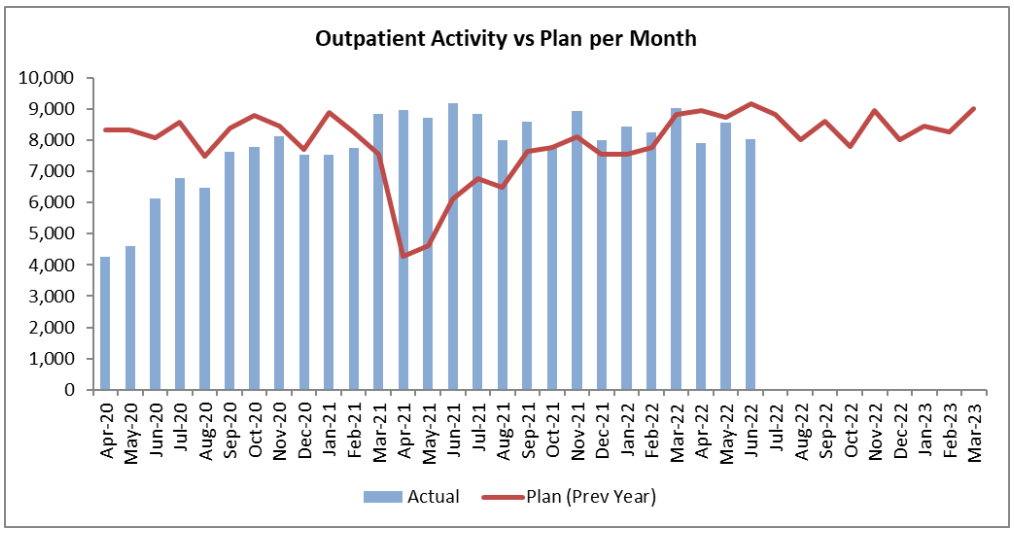


Figure 9 – Outpatient (First and Follow Up) Variance against Plan (Previous Year)



2.9.1 Southport & Ormskirk Hospital NHS Trust

Figure 10 - Planned Care – Southport & Ormskirk Hospital

S&O Hospital Planned Care*	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	2,695	2,482	-213	-8%	£1,420	£1,477	£58	4%
Elective	258	258	0	0%	£749	£850	£101	13%
Elective Excess Bed Days	112	76	-36	-32%	£30	£23	-£7	-24%
OPFAMPCL - *OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)*	224	111	-113	-50%	£47	£26	-£21	-44%
OPFASPCL - *Outpatient first attendance single professional consultant led*	3,936	3,470	-466	-12%	£687	£651	-£36	-5%
OPFUPMPCL - *Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).*	225	284	59	26%	£26	£35	£9	34%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	11,055	8,120	-2,935	-27%	£976	£739	-£237	-24%
Outpatient Procedure	6,720	5,087	-1,633	-24%	£914	£783	-£131	-14%
Unbundled Diagnostics	2,832	2,613	-219	-8%	£266	£279	£13	5%
Grand Total	**28,057**	**22,501**	**-5,556**	**-20%**	**£5,116**	**£4,863**	**-£253**	**-5%**

*PbR only

When comparing to 2019/20 (pre-pandemic) levels of activity, underperformance at Southport & Ormskirk Hospital is evident against the majority of the (PbR - national tariff) planned care points of delivery with a total variance of -£253k/-5% for North Sefton at month 3. In line with planned restoration of elective services, North Sefton referrals to Southport & Ormskirk Hospital have been on a general increasing trend with November-21 seeing the highest number of monthly referrals (3,471) reported since February-20. March-22 has also seen a secondary peak of 3,448 referrals although fewer referrals during April-22 and May-22 has resulted in an overall decrease of -19% when comparing to pre-pandemic.

Although not included in the above table (due to not being coded as 'PbR' activity), there have been significant increases in outpatient non face to face activity for first and follow up appointments in 2021/22. This reflects a change in service delivery at NHS providers to support the wider population measures announced by Government (i.e. 'stay at home' guidance, social distancing, IPC guidelines and supporting shielded patients).

The small amounts of activity to take place within an inpatient (day case and elective) setting during the first wave of the pandemic in 2020/21 were largely for same day chemotherapy admissions and intravenous blood transfusions although minimal admissions/procedures were also recorded against various HRGs. Since then, there has been some recovery of activity, particularly for diagnostic scopes within the General Surgery/Medicine service at Southport & Ormskirk Hospital. However, total inpatient admissions remain below levels seen in the equivalent period of 2019/20 due to an -8% decrease in day case procedures. Outpatient procedures have also increased slightly in quarter 1 when comparing to the previous year but remain below pre-pandemic levels. Activity within this point of delivery has been driven by the Dermatology service and minor skin 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.

2.9.2 ISight

Figure 11 - Planned Care – ISight

ISIGHT (SOUTHPORT) 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	316	276	-40	-13%	£158	£236	£78	50%
OPFASPCL - *Outpatient first attendance single professional consultant led*	458	418	-40	-9%	£63	£61	-£2	-3%
OPFUPMPCL - *Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).*	1	0	-1	-100%	£0	£0	£0	-100%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	794	1,446	652	82%	£48	£96	£48	101%
Outpatient Procedure	448	996	548	122%	£30	£116	£85	282%
Grand Total	**2,017**	**3,136**	**1,119**	**55%**	**£299**	**£509**	**£210**	**70%**

ISight had seen a considerable reduction in activity levels during 2020/21 as a result of the COVID-19 pandemic. However, as with other providers (NHS and Independent sector) recent trends have shown significant increases in referrals, outpatient appointments and procedures performed with total activity reported in March-22 representing the highest monthly total of the last three years. Although lower in the following month, total activity has been consistent and is above pre-pandemic levels.

Sefton Place – North Sefton have also reviewed aspects of coding at this provider and are looking to implement coding changes in any future contracts. This has resulted in a proportion of day case activity (Minor Vitreous Retinal Procedures) now being recorded as an outpatient procedure (Intermediate Vitreous Retinal Procedures) from month 4 of 2021/22 onwards. This has contributed to a significant overperformance for the outpatient procedure point of delivery as well as activity relating to *Contrast Fluoroscopy Procedures with duration of less than 20 minutes.*

In 2019/20 (pre-pandemic), ISight overperformance for North Sefton had been reported against all planned care points of delivery. Day case procedures accounted for the majority of the over performance reported, particularly for the HRG - *Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 0-1*. Activity relating to this procedure has increased by approximately 94% at month 3 in 2022/23 when comparing to 2019/20.

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 Renacres Hospital

Figure 12 - Planned Care – Renacres

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	461	381	-80	-17%	£436	£349	-£87	-20%
Elective	62	30	-32	-52%	£266	£165	-£100	-38%
OPFANFTF - *Outpatient first attendance non face to face*	0	49	49	#DIV/0!	£0	£7	£7	#DIV/0!
OPFASPCL - *Outpatient first attendance single professional consultant led*	717	321	-396	-55%	£123	£57	-£66	-54%
OPFASNCL - *Outpatient first attendance single professional non consultant led*	0	41	41	#DIV/0!	£0	£6	£6	#DIV/0!
OPFUPNFTF - *Outpatient follow up non face to face*	0	398	398	#DIV/0!	£0	£23	£23	#DIV/0!
OPFUPSPCL - *Outpatient follow up single professional consultant led*	960	830	-130	-14%	£70	£57	-£13	-19%
OPFUPSPNCL - *Outpatient follow up single professional non consultant led*	0	234	234	#DIV/0!	£0	£14	£14	#DIV/0!
Outpatient Pre-op	294	0	-294	-100%	£18	£0	-£18	-100%
Outpatient Procedure	555	317	-238	-43%	£95	£50	-£45	-47%
Physio	420	0	-420	-100%	£13	£0	-£13	-100%
Unbundled Diagnostics	333	583	250	75%	£32	£39	£7	20%
Grand Total	**3,802**	**3,184**	**-618**	**-16%**	**£1,051**	**£766**	**-£286**	**-27%**

For Renacres Hospital, a comparison of 2019/20 (pre-pandemic) activity has shown that Sefton Place – North Sefton is currently underperforming by approximately -£286k/-27% at month 3, which is a continuing theme from 2021/22. This underperformance is also reflected in the overall Renacres catchment position (the key outlier being South Sefton). Referrals to Renacres Hospital are -41% below 2019/20 levels but October-21 saw the highest number of monthly referrals reported since February-20. Referrals in 2022/23 to date for North Sefton are also -16% below the previous year.

The majority of planned care points of delivery are currently under performing with the key exceptions being 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. Throughout 2021/22 there have been significant drops in ENT and Gynaecology activity due to clinical capacity and equipment issues, although ENT is expected to improve in 2022/23 following the recruitment of a replacement consultant. This is evident in Q1 reporting with overall ENT activity increasing by 494% when compared to the previous year. Like other providers, Renacres has also been affected by cancellations and staff capacity issues particularly during the 'pingdemic'.

In order to support elective recovery, Renacres capacity is being utilised by Southport & Ormskirk NHS Trust via a subcontract. The subcontract has a plan for 30 cases per month, primarily Trauma & Orthopaedics and General Surgery. The figures above do not include this activity and recent reporting has shown activity to be below planned levels.

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 Place 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

2.10 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:

<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">Smoking at Time of Delivery (SATOD)</td><td colspan="5">Previous 3 quarters and latest</td><td rowspan="3">125d</td><td rowspan="3">Risk to Sefton Place
Where services do not meet the agreed standard, the 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 the Place's spend on budgets available on healthcare and services.</td></tr>
<tr><td>RED</td><td>TREND</td><td>Q1 21/22</td><td>Q2 21/22</td><td>Q3 21/22</td><td>Q4 21/23</td></tr>
<tr><td rowspan="3">  </td><td rowspan="3">  </td><td>7.96%</td><td>8.55%</td><td>9.05%</td><td>6.94%</td></tr>
<tr><td>Q1 20/21</td><td>Q2 20/21</td><td>Q3 20/21</td><td>Q4 20/22</td></tr>
<tr><td>14.01%</td><td>9.38%</td><td>8.76%</td><td>6.47%</td></tr>
<tr><td colspan="9">National ambition of 6% or less of maternities where mother smoked by 2022

Local aim for Q4 6% - Actual 9.05% so failed local plan</td></tr>
<tr><td colspan="9">Performance Overview/Issues:</td></tr>
<tr><td colspan="9">• During Quarter 4 Southport and Ormskirk have achieved 6.94%, against the National ambition of 6%; with 216 maternities, of which 15 were smokers at the time of delivery.
• This is a reduction of 2.11% this quarter from quarter 3, year to date SATOD has decreased by 0.47% from the same period the previous year with a total of 886 maternities, of which 72 were know to be smokers at the time of delivery.
• The Place have a very good working relationship with the Trust Maternity Team and the dedicated Smoking Cessation Midwife and the Trust have provided the following narrative:
- Since the creation of the dedicated smoking cessation midwife post in 2019, the yearly average SATOD for Sefton has been reduced from 10.42% in 2018/19 to 8.13% in 21/22.
- The Trust have seen SATOD reduce by one fifth in this past financial year from 9.67% 2020/21 to 8.13% 2021/22.
- The end of year SATOD figure for North Sefton remains below the last published England average (Q3) of 8.8%.</td></tr>
<tr><td colspan="9">Actions to Address/Assurances:</td></tr>
<tr><td colspan="9">• Smoking Cessation Specialist Midwife remains in full time post since January 2019 funded by Public Health Sefton.
• Home visits are in place and offered to all Sefton smokers who book for their maternity care at Southport & Ormskirk (including South Sefton)
• Training remains mandatory and yearly for all maternity staff.
• Training is also delivered to Obstetric staff.
• Specialist midwife is based within Antenatal clinic to offer more intensive conversations and support to any pregnant smokers. During this appointment NRT vouchers are able to be provided and follow up put in place.
• Nationally recognised Risk Perception intervention programme is delivered by the Specialist midwife at dating scan for any pregnant smoker who has not engaged with stopping smoking.
• The maternity unit maintain good links with the LMS smoking cessation programme leads.</td></tr>
<tr><td colspan="9">When is performance expected to recover:</td></tr>
<tr><td colspan="9">Ongoing ambition to continually improve is a priority.</td></tr>
<tr><td colspan="9">Quality:</td></tr>
<tr><td colspan="9">The above actions are in place to achieve and maintain quality. Sefton Place have an excellent rapport and work closely with the S&O Trust maternity team, there are no concerns re Quality or performance and a close working relationship with the Smoking Cessation service ABL Health who have also commenced working more closely with Primary Care.</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">Fiona Taylor</td><td colspan="3">Wendy Hewit</td><td colspan="3">Tina Ewart</td></tr>
</table>

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
A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD						127c	
RED	TREND		Mar-22	Apr-22	May-22	Jun-22	YTD		
		N Sefton All Types	74.16%	79.49%	76.08%	76.74%	77.49%		
		N Sefton Type 1	66.68%	74.45%	68.11%	68.85%	70.68%		
		Previous year	Mar-21	Apr-21	May-21	Jun-21	YTD	National Standard: **95%**	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.
		N Sefton All Types	86.83%	84.02%	80.16%	80.33%	81.43%	No improvement plans available for 2020/21	
			Mar-22	Apr-22	May-22	Jun-22	YTD		
		S&O All Types	74.89%	80.55%	77.04%	77.70%	78.49%		
		S&O Type 1	68.00%	76.08%	69.56%	70.26%	72.21%		

Performance Overview/Issues:

• June data shows North Sefton and Trust remain under the 95% target.
• In June 2022, the total number of A&E attendances reported for the Trust was 10,774, a decrease from the 11,169 attendances reported in May.
• North Sefton and the Trust A&E performance in June is higher compared to the national level of 72.11%.
• Monitoring will continue.

Actions to Address/Assurances:

• The Care Navigators are in position to stream at the front door of ED and assist with flow, however the tool is limited due to inability to stream externally to the Trust.
• Ageing Well 2-hour Urgent Care Response (UCR) was launched on the 1st April.
• The Place and wider system have invested in an expansion of existing rapid response service, reablement and SERV car. There has been a new commission for a 24/7 falls pick up service and a 2-hour response element to the Acute Visiting Service (AVS).

Focus on discharge continues with all system partners engaged in long length of stay reviews and daily Ready For Discharge (RFD) review.
• The Place have commissioned additional therapy resource to support discharge.
• Trusted assessors to in reach into the acute Trust.
• Additional domiciliary care provision.
• Additional community 17 community bed capacity.

Domiciliary care market continues to be challenged across Sefton with approx. 160 – 170 outstanding packages. Hospital discharges are being prioritised however there are significant delays. More community beds have been commissioned to support flow out of the acute trust to support ICB and patients requiring packages of care. This is causing pressure within community services and the Local authority within therapy and discharge services. Workforce issues due to recruitment and sickness remain a risk across the system.

Trust Management Actions:
• All patients have multiple specialty reviews undertaken in ED to ensure that admission is clinically required, and all escalation areas have remained open.
• Several actions underway to improve performance, detailed in the Urgent & Emergency Care Update paper, including piloting of frailty and SDEC pathways, review of triage model, 3x daily huddles and review of IPC measures.

When is performance expected to recover:

The 2hr UCR service is working well and performing as expected. This is set to improve as the service continues to bed in. Unsure of recovery from the domiciliary care crisis as this is dependent of market management and the ability of services to recruit.

Quality:

There were 137, 12 hour trolley waits reported by the Trust in June, which is More than the 65 reported in previous month.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	Annette Metzmacher	Sharon Forrester

3.1.2 Southport & Ormskirk Waits in A&E from Arrival to Discharge, Admission or Transfer

Indicator		Performance Summary					Potential organisational or patient risk factors
S&O Waits in A&E from Arrival to Discharge, Admission or Transfer		Previous 3 months and latest					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.
RED	TREND	Mar-22	Apr-22	May-22	Jun-22		
			12.50%	9.60%	10.10%		
		Plan: no more than 2%					

Performance Overview/Issues:

- New indicator for 2022-23, the Trust are required to report waiting in A&E from arrival to discharge, admission or transfer.
- June reported 10.1% of patients waits in A&E from arrival to discharge, admission or transfer, 0.5% higher than what was reported last month and higher than the target of no more than 2%.

Actions to Address/Assurances:

In June, the Trust maintained good time to treatment times, however due to high occupancy levels where unable to decant from ED to the main wards. Attendances to ED have remained static and admission rates from ED is lowest across C&M. Long length of stay is also lowest across C&M.

- 97.7% bed occupancy (6 wk average)
- % treated in first 60 minutes of arrival 39.74% (6wk average)
- Conversion rate for the month approx. 19.6% (lowest across C&M, with exception of Alder Hey)
- Long length of Stay (21 days) 20.39% (6wk average)

This would indicate either high acuity on the wards with the inability to discharge or a delay in discharges before lunch for less complex (pathway 0 + 1) patients. There is a shortage in reablement and domiciliary packages of care to support home first which is also impacting. The Place have commissioned additional bed capacity to support flow out of the trust and have further invested in reablement services to support discharge and are working together with the LA at a strategic level to manage the domicilary care market and recruitment.

When is performance expected to recover:

Performance recovery hoped to be seen in coming months.

Quality:

No adverse quality impacts have been reported.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	Annette Metzmacher	Sharon Forrester

3.1.3 A&E 12 Hour Breaches: Southport & Ormskirk Trust

Indicator		Performance Summary					Potential organisational or patient risk factors
A&E Performance 12 hour breaches		Previous 3 months and latest				12 hour breaches measure carries a zero tolerance and is therefore not benchmarked.	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.
RED	TREND	Mar-22	Apr-22	May-22	Jun-22		
		147	201	65	137		
		Mar-21	Apr-21	May-21	Jun-21		
		1	0	29	7		
		Plan: Zero					

Performance Overview/Issues:

• Southport & Ormskirk reported 137, 12-hour breaches in June, showing an increase of 72 from last month.
• 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 learnt.
• No harms have been identified for the latest 12 hour breaches, resulting in no serious incidents being reported.

Actions to Address/Assurances:

Actions and key priorities to reduce 12-hour breaches include:
• Dedicated additional medical consultants on site undertaking discharge ward rounds.
• Additional medical consultant presence for evenings in-reached into Emergency Department increasing senior decision-making capacity available.
• Senior specialty reviews of all patients in Emergency Department to consider alternative pathways to admission.
• 2 Matrons on site reviewed nurse staffing levels across the 2 sites and undertook walk throughs of all areas to ensure patients safety remained paramount at all times.
• IPC undertook ward rounds to assist with side room bed allocation and covid bed base.
• Discharge Matron on site and System huddle held with partners.
• General Manager onsite presence 0800-2300.
• Patient Experience is being monitored and maintained on Emergency Department, with PALS contact officer available specifically for AED queries etc, refreshments trolleys in use and no corridor care has been required for long waiters.
• Ambulance majors stream managed by Emergency Department from Ambulatory Care Unit footprint.
• ED consultant based in triage to increase streaming, and assist with timely appropriate diagnostic tests being requested.

When is performance expected to recover:

Performance recovery in Q2 2022/23.

Quality:

There have been no incidents of harm declared for long waiters within the Emergency Department

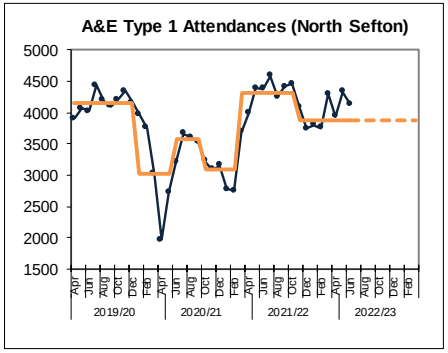
The internal processes regarding validation and quality reporting of 12 hour breaches in the emergency Department identified the paperwork was time-consuming. It was agreed in line with recommendations from NHSE/I to take the focus off 12 hour placements and reviews and to ensure patients were appropriately 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.

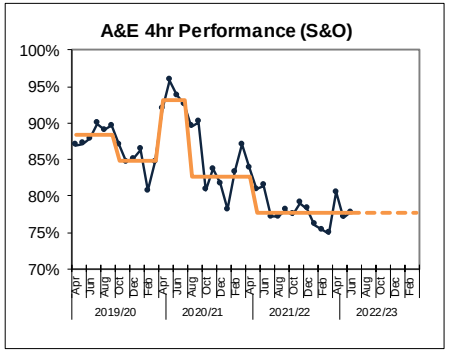
Indicator responsibility:

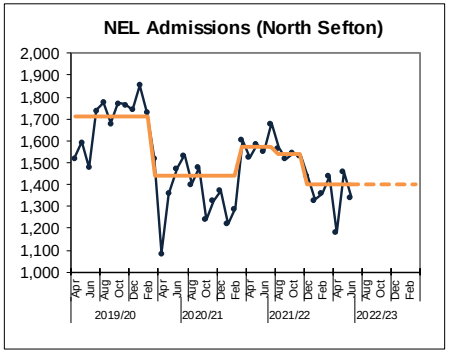
Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	Annette Metzmacher	Sharon Forrester

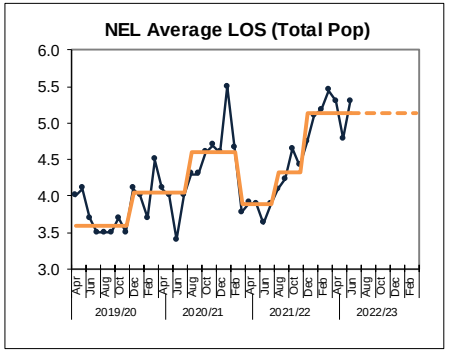
3.2 Urgent Care Dashboard

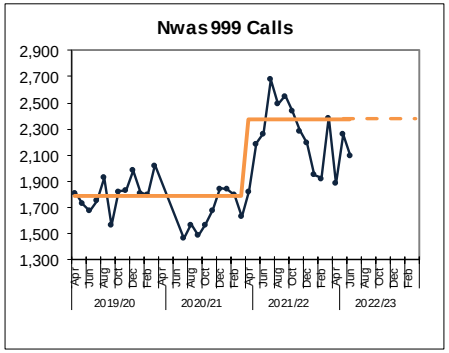
SEFTON PLACE - NORTH SEFTON URGENT CARE DASHBOARD

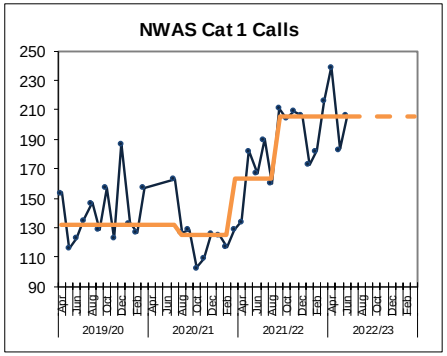


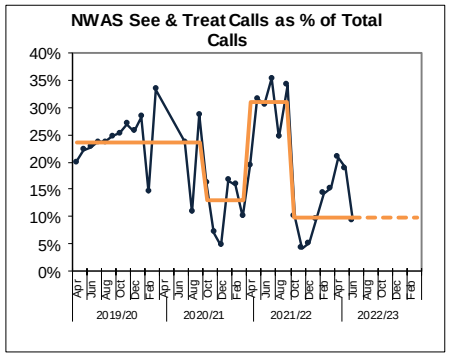












Definitions

Measure	Description	Expected Directional Travel	
Non-Elective Admissions	Spells with an admission method of 21-28 where the patient is registered to a North Sefton GP practice.		Sefton Place 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 North Sefton GP practice.		Sefton Place aim to see a reduction in average non-elective length of stay.
A&E Type 1 Attendances	North 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.		Sefton Place aim to see fewer patients attending Type 1 A&E departments.
A&E 4hr % S&O - 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 Southport & Ormskirk Hospital Trust catchment activity across all A&E department types (including walk-in centres).		Sefton Place aim to improve A&E performance to ensure that it meets/exceeds the 95% target.
NWAS 999 Calls	North Sefton - The total number of emergency and urgent calls presented to switchboard and answered.		Sefton Place aim to see a decrease in the number of emergency calls.
NWAS Cat 1 Calls	North 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.		Sefton Place aim to see a decrease in the number of life-threatening emergency calls.
NWAS See & Treat Calls	North 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.		Sefton Place 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.

3.3 Ambulance Performance Indictors

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 are impacting on timely and effective treatment and risk of preventable harm to patients. Likelihood of undue stress, anxiety and poor care experience for patients as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Category	Target	Apr-22	May-22	Jun-22		
		Cat 1 mean	<=7 mins	00:08:57	00:09:38	00:09:05		
		Cat 1 90th Percentile	<=15 mins	00:17:58	00:18:58	00:17:41		
		Cat 2 mean	<=18 mins	01:00:34	00:39:42	00:47:48		
		Cat 2 90th Percentile	<=40 mins	02:24:15	01:28:01	01:42:53		
		Cat 3 90th Percentile	<=120 mins	08:29:17	08:14:57	05:56:15		
		Cat 4 90th Percentile	<=180 mins	15:13:01	No data available	07:38:08		

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 for 2022/23.
• In June 2022 there was an average response time in North Sefton of 9 minutes, 5 seconds over the target of 7 minutes for Category 1 incidents. Following this, Category 2 incidents had an average response time of 47 minutes 48 seconds against a target of 18 minutes. Category 3 90th percentile has shown a small improvement to the target of less than or equal to 120 minutes reporting 5 hours 56 minutes and 7 hours 38 minutes recorded for Cat 4 90th percentile.
• 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 Sefton Place have commissioned a 24/7 falls pick up service to release SERV car capacity to cover a wider Sefton geographical area. This will enable the car to take Cat 3 and Cat 4 incidents directly from the NWAS stack and support performance.
• NWAS NHS 111 first and direct booking services remain in place to triage and redirect away from NWAS 999 services.

When is performance expected to recover:

Uncertain recovery trajectory. NWAS continue to experience surges in activity and increase level of incidents which is impacting on their ability to respond within target.

Quality:

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	Annette Metzmacher	Sharon Forrester

3.4 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		Indicator	Apr-22	May-22	Jun-22	
		(a)	<= 15 mins	40.60%	47.50%	46.63%	
		(b)	<= 30 mins	65.50%	76.60%	74.02%	
		(b)	<= 60 mins	91.28%	97.57%	96.28%	
		Plan: Zero					

Performance Overview/Issues:

- The metrics have been updated in-line with the 2022/23 Guidance based on % within 15mins and % within 30mins.
- The 3 metrics are failing their assurance measure and showing special cause concern.
- Ambulance performance impacted by staffing challenges and space in the department as demand exceeds capacity.
- The Trust reported under the 65% of handovers within 15 minutes in June recording 46.63%.
- The Trust reported under the 95% of handovers within 30 minutes in June recording 74.02%.
- The Trust reported under the 100% of handovers within 60 minutes in June recording 96.28%.

Actions to Address/Assurances:

Place Actions:

- The Place are working with the Trust and system partners to minimise overcrowding in ED and release ambulance crews as quickly as possible.
- To support NWAS the Place have commissioned 24/7 falls pick up service and rolled the SERV car across Sefton Place.
- The 2hr UCR is now in place and services continue to recruit.
- Additional AVS vehicle for 2hr response in place which is now taking referrals directly from NWAS and 111.

Trust Actions:

- Use of NWAS checklist to assist with timely handover of patients from crews to the department where clinically appropriate.
- Standardised NWAS clinical criteria for SDEC Medical used by crews across LUFT, STHK and S&O to enable clinical consistency in patients appropriate for direct streaming.
- ALO support to nursing staff to mitigate clinical risk.
- Senior clinician based in triage during periods of surge.
- Ensure appropriate patients are fit to sit to release cubicles and trolleys for those who clinically require them.
- Direct referral into SDEC pathways from Primary Care.

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:

No untoward incidents reported to the Place as a result of delayed handover.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	Annette Metzmacher	Sharon Forrester

3.5 Unplanned Care Quality Indicators

3.5.1 Stroke and TIA Performance

<table>
<tr><th colspan="2">Indicator</th><th colspan="5">Performance Summary</th><th>Measures</th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">Southport & Ormskirk: Stroke & TIA</td><td colspan="5">Previous 3 months and latest</td><td rowspan="8">a) % who had a stroke & spend at least 90% of their time on a stroke unit

b) % high risk of Stroke who experience a TIA are assessed and treated within 24 hours</td><td rowspan="8">Risk that the Sefton Place is unable to meet statutory duty to provide patients with timely access to Stroke 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><th>RED</th><th>TREND</th><td></td><td>Feb-22</td><td>Mar-22</td><td>Apr-22</td><td>May-22</td></tr>
<tr><td rowspan="5"></td><td rowspan="5"></td><td>a)</td><td>42.3%</td><td>41.4%</td><td>33.3%</td><td>54.8%</td></tr>
<tr><td>b)</td><td>21.1%</td><td>81.8%</td><td>100.0%</td><td>76.5%</td></tr>
<tr><td>Previous year</td><td>Feb-21</td><td>Mar-21</td><td>Apr-21</td><td>May-21</td></tr>
<tr><td>a)</td><td>29.2%</td><td>73.3%</td><td>58.6%</td><td>68.2%</td></tr>
<tr><td>b)</td><td>28.6%</td><td>22.2%</td><td>26.9%</td><td>35.5%</td></tr>
<tr><td colspan="6">Stroke Plan: 80%
TIA Plan: 60%</td></tr>
</table>

Performance Overview/Issues:

• This indicator is reported 1 month in arrears.
• Performance against the 90% stay on a Stroke ward continues to be challenged and has improved in May to 54.8%.
• 23 out of the 42 patients spent more than 90% of their hospital stay on a stroke unit in May, an improvement in performance being reported over the last few months.
• Compliance in May has been impacted by consistently high levels of attendance to the Trust which has resulted in bed capacity issues and therefore has had an impact on the ability to maintain at least 1 ringfenced Stroke bed.
• Compliance in May has also been impacted by Stroke patients testing COVID positive and so being unable to admit directly to Stroke ward if no available side room.
• Thirdly, compliance has been challenged by late referrals to the Stroke team and late diagnosis. This accounted for 7 of the 17 breaches. 4 were avoidable.
• TiA reported 76.5%, 13 out of 17 patients treated within 24 hours a small decline from previous month but still achieving over 60% target.

Actions to Address/Assurances:

Stroke Trust Actions:
• The Stroke Operational Group continues to focus on quality and pathway improvements.
• Collaborative work with LUFT continues as part of the 'North Mersey Stroke Transformation' pathway. An implementation date of 19th September has now been formally agreed for the S&O patient cohort and the FBC is due to go to the relevant boards in July 2022.
• In the interim Stroke Nurses continue to provide ad-hoc teaching in ED to support earlier diagnosis.
• Bed meetings take place 4 x daily where a plan for Stroke admissions, and a contingency where there is a lack of ringfenced bed, is established.
TIA Trust Actions:
• The Trust to explore the opportunity to extend TIA service across 7 days as part of the North Mersey Stroke Network.
Place Actions:
• The Early Supported Discharge (ESD) service is now staffed and the Sefton Place has worked with West Lancs Place to ensure provision in both with funding agreed recurrently. Looking jointly to recruit SALT and also train other health professionals in basics of the same.
• The stroke network have commenced a further gap analysis relating to gold standard rehabilitation provision and Places have been asked to commit to future developments through commissioning intentions. The work has been completed and sits within the Stroke Board re options for implemention and required resources.
• Failure to meet targets for stroke and the lack of identified TIA patients continues to be escalated to the Chief Nurse and the contract team for discussion with the Director of Nursing (DoN) at Southport & Ormskirk.
• A deep dive at the last contract meeting highlighted that improvement relies upon the system approach above. The same agreed at August ICB Board.

When is performance expected to recover:

Relies upon Stroke Board work above.

Quality:

No quality issues reported.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	Dr Nigel Taylor	Billie Dodd

3.5.2 Healthcare associated infections (HCAI): MRSA

<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: MRSA</td><td colspan="5">Previous 3 months and latest (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>GREEN</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>N Sefton</td><td>3</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>S&O</td><td>1</td><td>0</td><td>0</td><td>0</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>N Sefton</td><td>2</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>S&O</td><td>2</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td colspan="6">Plan: Zero</td></tr>
<tr><td colspan="8">Performance Overview/Issues:</td></tr>
<tr><td colspan="8">• North Sefton and Trust report no new cases in June.</td></tr>
<tr><td colspan="8">Actions to Address/Assurances:</td></tr>
<tr><td colspan="8">• For any reported cases a full root cause analysis (RCA) is completed and any lessons learnt and outcomes are reported through the Infection Control Assurance Committee at the Trust.
• Screening of all elective and emergency admissions continues and remains high at 98% to ensure all cases can be treated proactively with suppressive treatment and antibiotics as required.</td></tr>
<tr><td colspan="8">When is performance expected to recover:</td></tr>
<tr><td colspan="8">• Performance remains at the zero tolerance target.</td></tr>
<tr><td colspan="8">Quality:</td></tr>
<tr><td colspan="8">Any further cases will be reviewed by exception.</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">Jane Lunt</td><td colspan="3">Doug Callow</td><td colspan="3">Jennifer Piet</td></tr>
</table>

3.5.3 Healthcare associated infections (HCAI): C. Difficile

Indicator		Performance Summary						Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: C Difficile		Latest and previous 3 months (cumulative position)					2022/23 Plans New National Objectives: North Sefton: </= 48 YTD Trust: S&O </= 49 YTD	Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the Trust.
RED	TREND		Mar-22	Apr-22	May-22	Jun-22		
		N Sefton	46	5	7	13		
		S&O	43	5	7	13		
		Previous year	Mar-21	Apr-21	May-21	Jun-21		
		N Sefton	34	8	13	17		
		S&O	34	7	11	17		
		North Sefton - Actual 13 YTD - Target 12 YTD S&O - Actual 13 YTD - Target 12 YTD						

Performance Overview/Issues:

- North Sefton is reporting over the monthly of plan of 4, reporting 6 new cases in June, 13 year to date.
- The Trust current performance is also 13 cases year to date against a year to date plan of 12 cases.

Actions to Address/Assurances:

- Infection control panels, chaired by the Director of Infection Prevention Control, continue to meet and will be critical to ensure those actions put in place in 2021/22 are embedded across the organisation.
- Due to the action plan having the an impact of reducing rates meetings have now been reduced to monthly with the option to be stepped up as required.
- In June whilst incidence was slightly higher than trajectory this was due to 2 relapse cases.

When is performance expected to recover:

- Significant progress has been made over the last 12 months going from Q1 at 66.7% per 100,000 bed days to 12.4%, although further work planned and remains a priority.
- There will be further improvements in recovery as the new guidelines and processes embedded within the Trust.

Quality:

- There will be further work to ensure progress and completion of all the actions identified within the plan.
- Those cases identified within primary care are discussed with the GP practices via the infection prevention team to ensure samples requested and antibiotics prescribed appropriately.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Jane Lunt	Doug Callow	Jennifer Piet

3.5.4 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary					Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: E Coli		Latest and previous 3 months (cumulative position)					
GREEN	TREND		Mar-22	Apr-22	May-22	Jun-22	
		N Sefton	117	7	14	25	
		S&O	56	5	8	13	
		Previous year	Mar-21	Apr-21	May-21	Jun-21	
		N Sefton	123	8	17	25	
		S&O	185	6	8	15	
		North Sefton - Actual 25 YTD - Target 27 YTD S&O - Actual 13 YTD - Target 13 YTD					

2022/23 Plans
New National Objectives:
North Sefton: </= 107 YTD
Trust: S&O </= 51 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.

Performance Overview/Issues:

• NHS Improvement and NHS England originally set targets for reductions in E.coli in 2018/19, North Sefton have the new objectives/plans for E.coli for 2021/22 along with new Trust objectives to monitor.
• North Sefton and Trust are reporting under the 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 timely diagnostic testing.
• All those affected are appropriately reviewed and treatment prescribed in collaboration with the Consultant Microbiologist.

When is performance expected to recover:

• This is a cumulative total has shown improvement and monitoring of the numbers and exception reporting will continue.

Quality:

• This is being monitored through the Bi-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	Doug Callow	Jennifer Piet

3.5.5 Hospital Mortality – Southport & Ormskirk Hospital NHS Trust

Figure 13 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	22/23 - Jun	100	72.2	↓

HSMR is at 72.20 (with last month reporting 73.70) and still shows a continued trend of improving performance with 12 months of performance being better than the threshold and the lowest score in more than 3 years. Mortality and care of the deteriorating patient remains one of the Trusts 4 key quality priorities and is an exemplar for successfully achieving its primary goals. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is fewer than 100 this suggests 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 1.0029 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.

3.6 North Sefton Serious Incident (SI) Management – Quarter 1 2022/23

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

Southport and Formby CCG transitioned into the ICS on 1st July 2022 and will now be known as North 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.

North 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 North Sefton

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

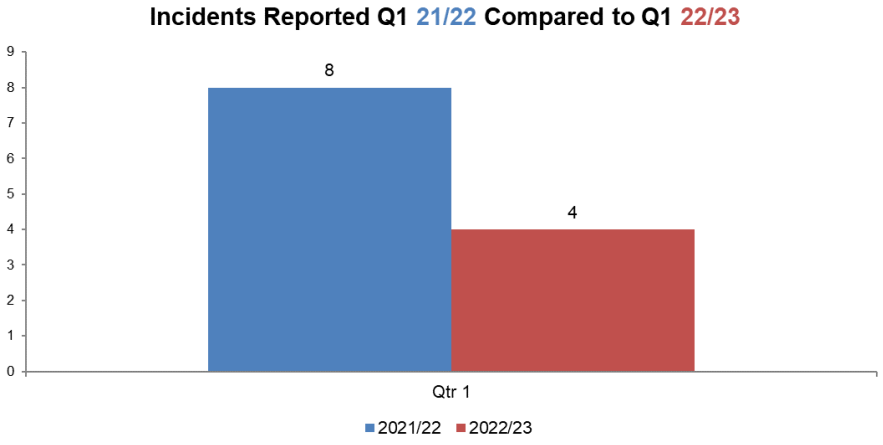
All RCAs that are due to be received will be reviewed at the North Mersey SIRG panel. All resubmitted RCAs and action plans that have been previously reviewed by North Sefton SIRG panel will be reviewed internally by the Sefton Place Quality Team.

Provider and Current SI status	Total
SOUTHPORT & ORMSKIRK HOSPITAL NHS TRUST	**1**
Awaiting RCA – overdue (stop the clock applied due to HSIB investigation)	1
Lancashire Care	**1**
RCA completed and closed however Serious Adults Review ongoing and subject to separate processes and timescales	1
Mersey Care NHS Foundation Trust	**3**
RCA – RCAs to be reviewed at MCFT SI panel Aug 22	1
Liverpool Women's Hospital NHS Foundation Trust	**1**
Awaiting RCA – RCA to be reviewed at North Mersey SIRG panel	1
The Hollies/Chapel Lane	**1**
Closed by North Sefton – awaiting NHSE/I to confirm closure	1
TOTAL	**5**

Southport and Ormskirk Hospital NHS Trust (SOHT)

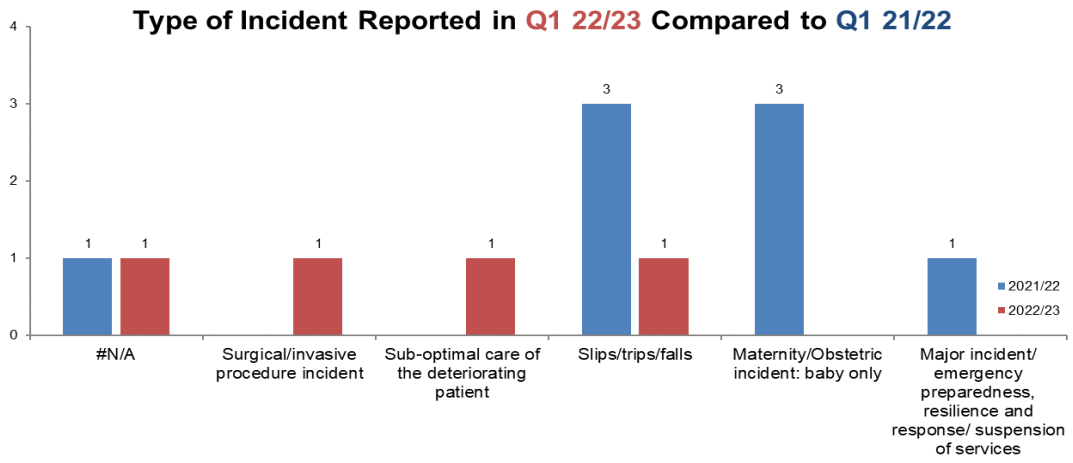
Total SIs reported for Q1 2021/22 compared with Q1 2022/23

The following graph shows the number of SIs reported in Q1 2022/23 compared with Q1 2021/22, this shows a decrease in the reporting of SIs.



Total SIs reported for Q1 2022/23 and Q1 2021/22, FY 2022/23 and FY 2021/22

The following graph shows the type of SIs reported in Q1 2021/22 compared to Q1 2022/23, followed by full year comparison of all SIs for 2021/22 and 2022/23.



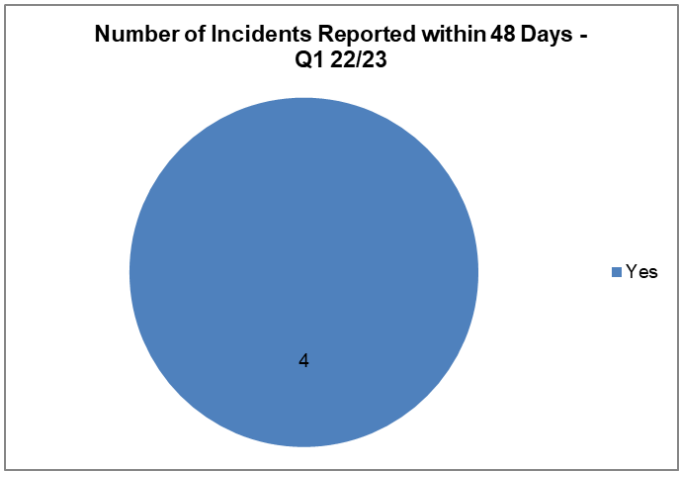
Number of Never Events reported

There have been no Never Events reported in 2022/23.

Never Events Reported						
Provider	**2017/18**	**2018/19**	**2019/20**	**2020/21**	**2021/22**	**2022/23**
Southport and Ormskirk Hospital NHS Trust	1	2	1	0	0	0
TOTAL	**1**	**2**	**1**	**0**	**0**	**0**

SIs reported within 48 Hour Timescale

The chart below shows the number of SIs reported within the 48-hour timescale throughout Q1 2022/23. The provider maintained 100% target of reporting all SIs within 48 hours for the whole of 2021/22.



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.

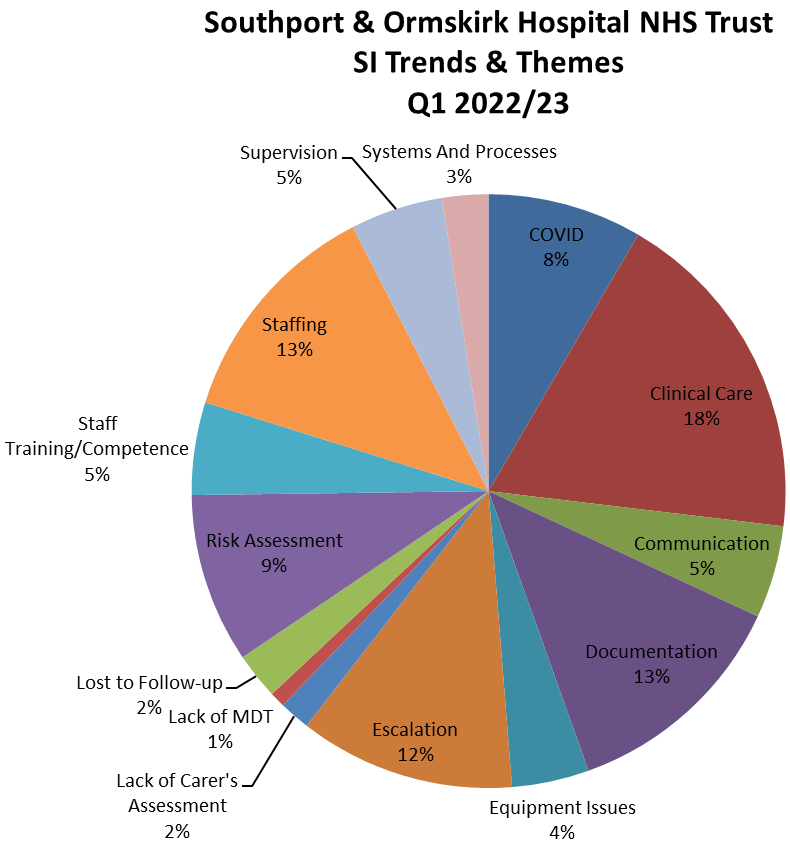
RCA performance against 60-day timescale

The Trust has continued to achieve 100% for RCA submission within the 60 day timescale throughout Q1 22/23.

Trends and Themes

From the RCAs that have been reviewed and closed, the trends and themes identified have been collected and are illustrated in the chart below.

N.B. In some cases, a number of trends and themes have been identified.



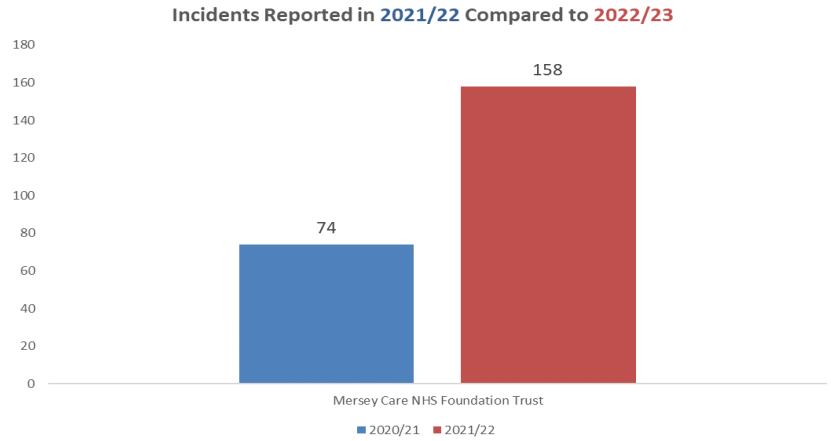
Mersey Care NHS Foundation Trust (MCFT)

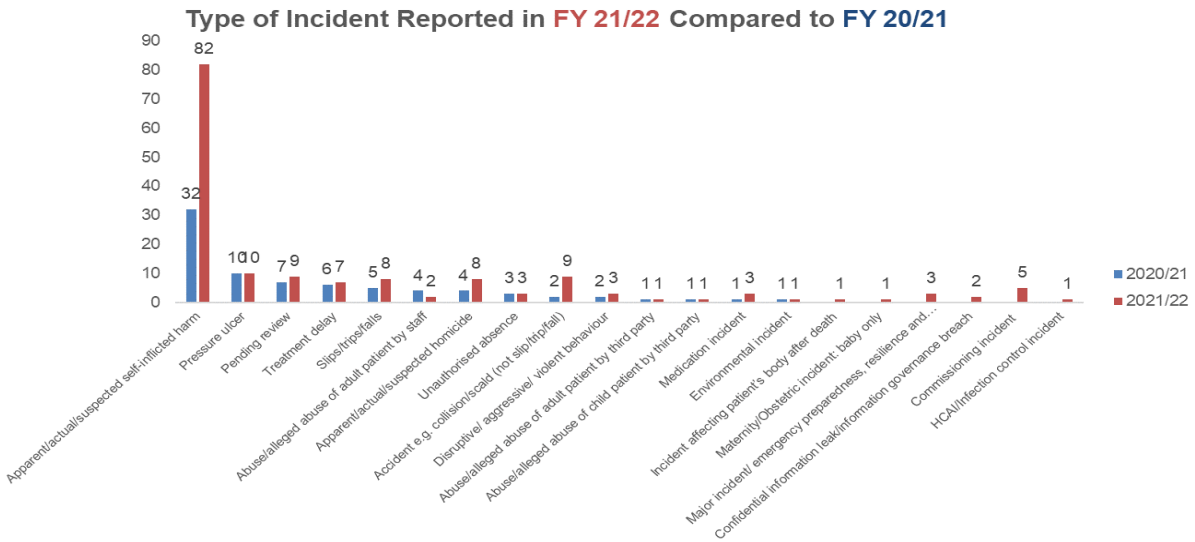
(N.B. Data below covers SIs reported by the Trust as a whole. It is not specific to North Sefton Patients. It also covers both community and mental health services)

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

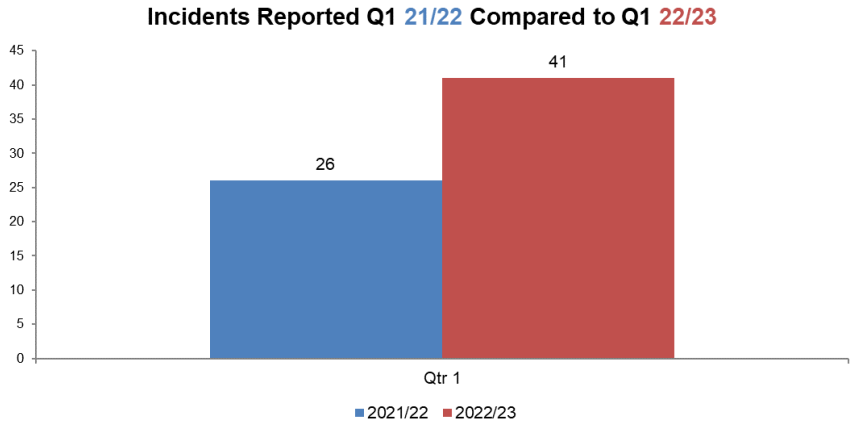
The following graph shows the number and type of SIs reported during 2021/22 compared with 2020/21.

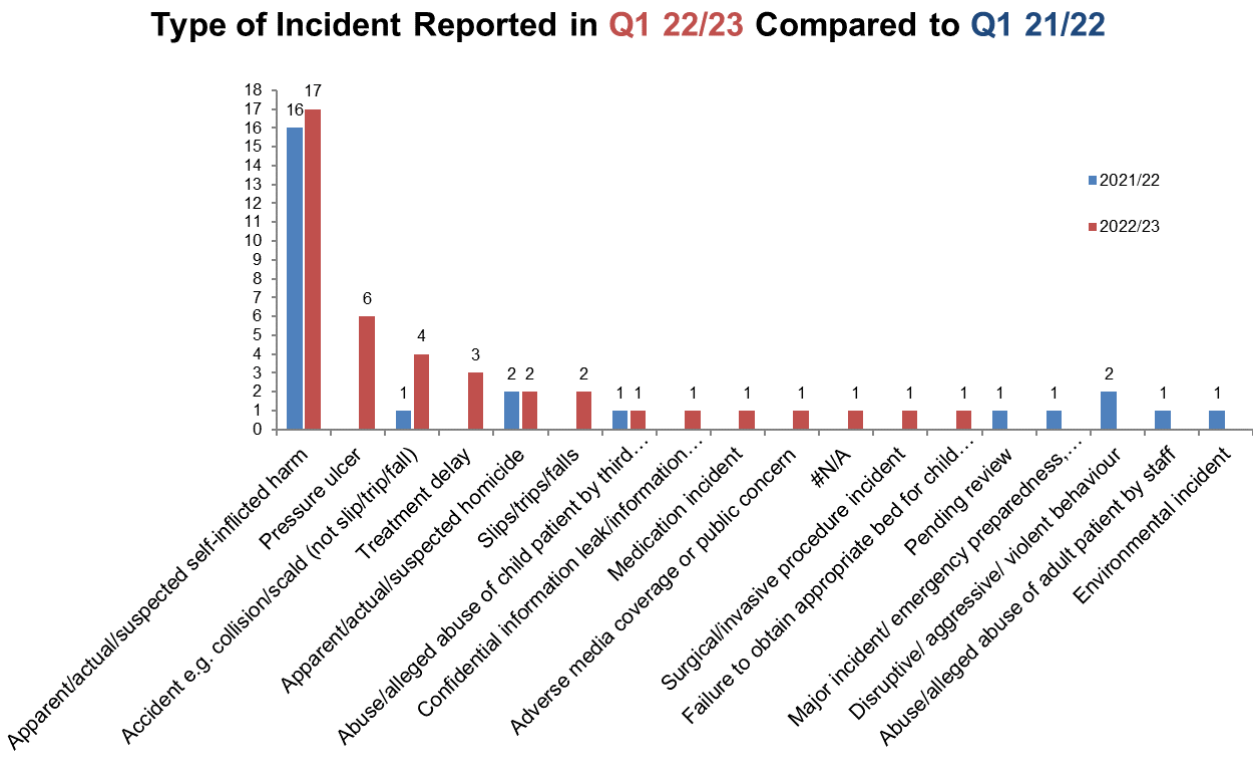




Total SIs reported for Q1 2021/22 and Q1 2022/22 by Type of SI

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





Self-Harm Incidents

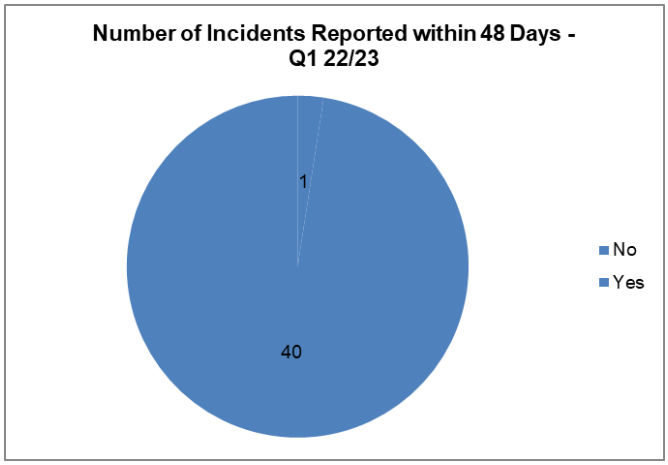
The charts above indicate a considerable increase in self-harm incidents when compared to the previous year. An update was provided in the Q4 21/22 SI report regarding self-harm incidents. A comprehensive update regarding suicide prevention was given at the Mersey Care CQPG and will continue to be monitored 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 throughout Q1 2022/23.



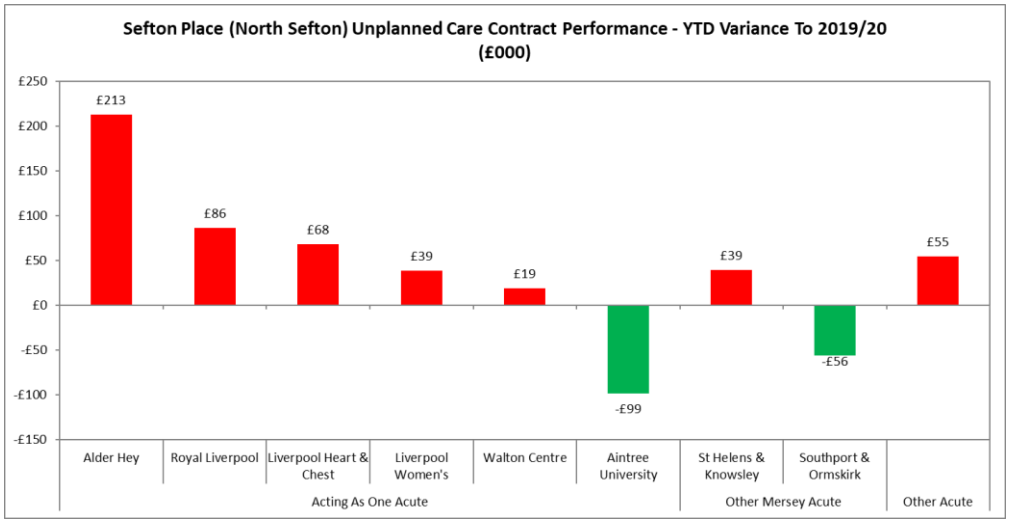
72 Hour Report Submitted

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.

3.7 Unplanned Care Activity & Finance, All Providers

3.7.1 All Providers

Figure 14 - Unplanned Care All Providers – Contract Performance Compared to 2019/20



For unplanned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for Sefton Place – North 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 in 2021/22 demonstrated considerable increases in total unplanned care activity, which incorporates A&E attendances and non-elective admissions, particularly in the first half of the year. In the first quarter of 2022/23, total unplanned activity is recording a 3% increase when compared to pre-pandemic levels in the equivalent period. Also, May-22 has seen the highest activity levels reported for North Sefton since before the COVID-19 pandemic.

Figure 15 - Unplanned Care Activity Trends

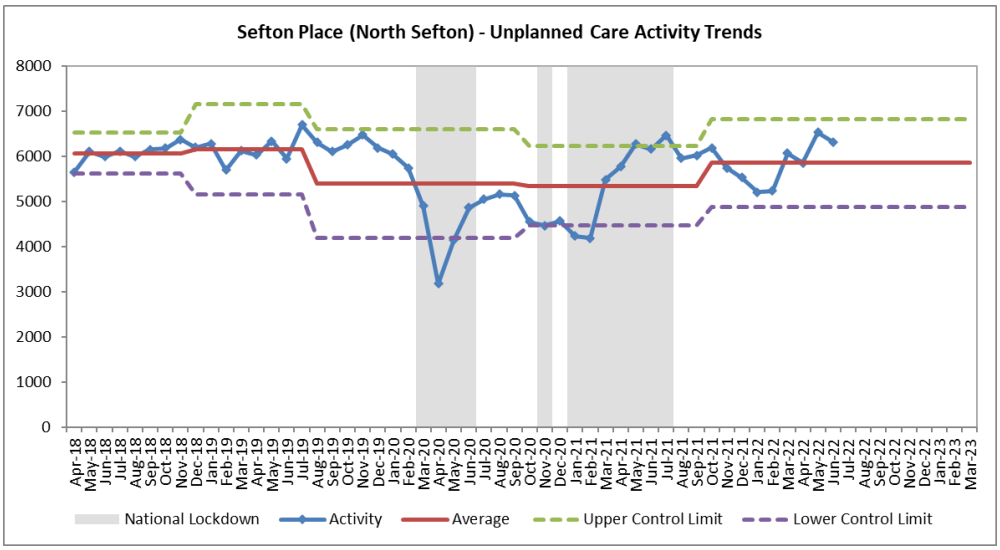


Figure 16 – A&E Type 1 against Plan (Previous Year)

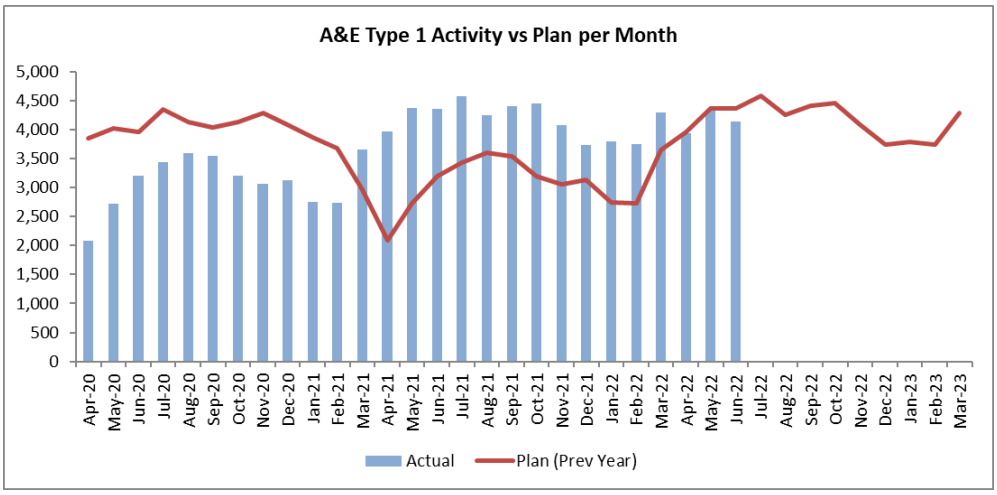
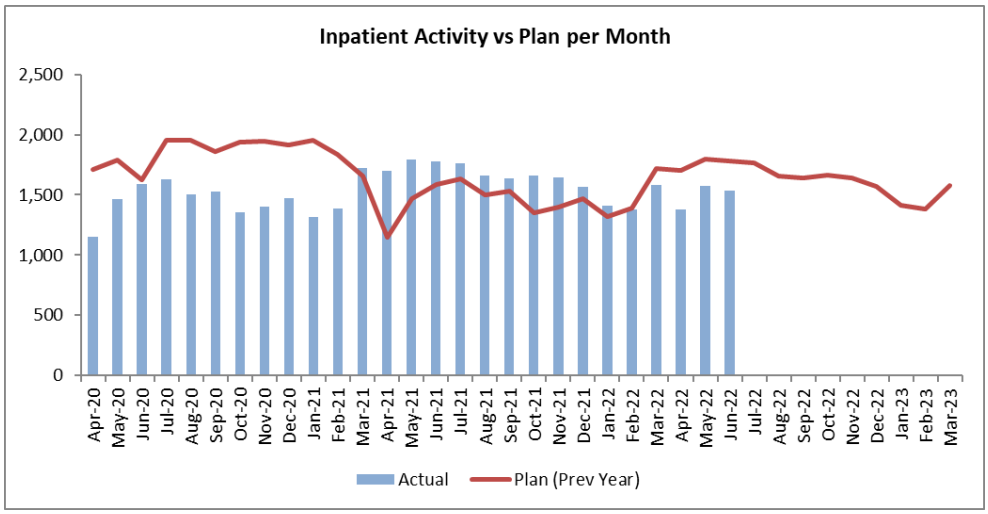


Figure 17 – Non-elective Inpatient Variance against Plan



3.7.2 Southport & Ormskirk Hospital NHS Trust

Figure 18 - Unplanned Care – Southport & Ormskirk Hospital NHS Trust

S&O Hospital Unplanned Care*	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A and E	10,790	11,164	374	3%	£1,797	£2,089	£292	16%
NEL - *Non Elective*	3,315	2,848	-467	-14%	£7,405	£6,906	-£499	-7%
NELNE - *Non Elective Non-Emergency*	265	276	11	4%	£576	£724	£148	26%
NELNEXBD - *Non Elective Non-Emergency Excess Bed Day*	13	13	0	0%	£6	£6	£0	7%
NELST - *Non Elective Short Stay*	744	489	-255	-34%	£534	£389	-£145	-27%
NELXBD - *Non Elective Excess Bed Day*	917	1,288	371	40%	£234	£381	£147	63%
Grand Total	**16,044**	**16,078**	**34**	**0%**	**£10,552**	**£10,496**	**-£56**	**-1%**

**exclude ambulatory emergency care POD*

Overperformance at Southport & Ormskirk Hospital is evident against the A&E department when comparing to the equivalent period in 2019/20 (pre-pandemic). There were 4,153 A&E attendances recorded for North Sefton patients in July-21, which represents a historical peak and attendances remained largely above a pre-pandemic monthly average until a decrease was evident in December-21. In 2022 to date, May-22 has once again seen an increase in attendances with the 3,895 reported being the highest recorded since October-21.

The increased A&E attendances has also had a negative impact on A&E performance for Southport & Ormskirk hospital throughout 2021/22 with performance decreasing to 78% for the year and the average time to treatment recording the highest levels for a number of years. Average A&E performance in quarter 1 of 2022/23 has averaged 76.7% representing a further decline. Also, the target of reducing 12 hours waits to zero and no more than 2% of total attendances illustrates that Southport & Ormskirk are averaging 10.7% in 2022/23 to date.

In terms of COVID admissions, North Sefton saw peaks in admissions to Southport & Ormskirk Hospital during April-20 (122) and January-21 (128) mirroring local and national trends for increasing cases. There were fewer admissions in 2021/22 with a peak of 42 in July-21. The latest position shows that there were 10 COVID related admissions recorded 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) discharged from inpatient care who are followed up within 7 days

<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" rowspan="2">The percentage of Service Users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric in-patient care</td><td colspan="4" rowspan="2">Previous 3 months and latest</td><td rowspan="4"></td><td rowspan="4">Patient safety risk re: – suicide/harm to others.</td></tr>
<tr></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></td><td></td><td>100.0%</td><td>100.0%</td><td>100.0%</td><td>100.0%</td></tr>
<tr><td colspan="8">Performance Overview/Issues:</td></tr>
<tr><td colspan="8">• The Trust reported 100% in June of patients being followed up within 72 hours of discharge from psychiatric in-patient care, in line with the 95% target.</td></tr>
<tr><td colspan="8">Actions to Address/Assurances:</td></tr>
<tr><td colspan="8">• Performance on all follow ups post discharge continue to be discussed and reviewed in the weekly Divisional Safety Huddle.</td></tr>
<tr><td colspan="8">When is performance expected to recover:</td></tr>
<tr><td colspan="8">Performance remains on target.</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="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">Hilal Mulla</td><td colspan="3">Ian Johnston</td></tr>
</table>

4.1.2 First Episode of Psychosis within 2 weeks of Referral (EIP)

<table>
<tr><th colspan="2">Indicator</th><th colspan="4">Performance Summary</th><th>NHS Oversight Framework (OF)</th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">% of people experiencing first episode psychosis (EIP) or an "at risk mental state" that wait 2 weeks or less to start a NICE recommended package of care</td><td colspan="4">Previous 3 months and latest</td><td rowspan="3">123c</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></tr>
<tr><td rowspan="2"></td><td rowspan="2"></td><td>85.7%</td><td>90.9%</td><td>50.0%</td><td>75.0%</td></tr>
<tr><td colspan="4">Plan: 60%</td></tr>
<tr><td colspan="8">Performance Overview/Issues:</td></tr>
<tr><td colspan="8">• The Trust report under the 60% plan in June recording 50%, out of 4 people experiencing their first episode of psychosis 3 waited 2 weeks for their recommended package of care, leaving 1 person who didn't.
• The Trust didn't give any comment on the 1 breach reported.</td></tr>
<tr><td colspan="8">Actions to Address/Assurances:</td></tr>
<tr><td colspan="8">• In terms of the service user that failed to attend multiple appointment, they have since been assessed and accessing support and treatment.
• Of the other breaches, there were no explained reasons to the delays. EIP continue to liaise with other teams across the Division and agencies to reinforce the need for speedy referral to MCFT services to avoid future breaches of this nature.
• No harm resulted from any of the breaches with the service users still accessing support and treatment from other services during this period.</td></tr>
<tr><td colspan="8">When is performance expected to recover:</td></tr>
<tr><td colspan="8">Performance has recovered in Quarter 1 2022/23.</td></tr>
<tr><td colspan="8">Quality:</td></tr>
<tr><td colspan="8">Service users did not receive what was required within the expected timescales. This will be scrutinised in future performance reports.</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">Hilal Mulla</td><td colspan="2">Ian Johnston</td></tr>
</table>

4.1.3 Eating Disorder Service (EDS)

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	
RED	TREND	Mar-22	Apr-22	May-22	Jun-22		Patient safety. Reputation.
		20.60%	28.60%	42.90%	34.40%		
		Mar-21	Apr-21	May-21	Jun-21		
		21.20%	25.00%	29.40%	30.30%		
		Plan: 95%					

Performance Overview/Issues:

• Long standing challenges remain in place (see Quality section below).
• Out of a potential 32 Service Users, just 11 started treatment within the 18 week target (34.4%), which shows an 8.5% decline in performance from the previous month. The Trust has stated that demand for the service continues to increase and to exceed capacity.
• Comparing to last year there has been a decline of 4.1 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. 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. 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	Hilal Mulla	Ian Johnston

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: Of the inpatients assessed and identified at risk of falling should 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>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="3"></td></tr>
<tr><td rowspan="3"></td><td rowspan="3"></td><td>100%</td><td>100%</td><td>100%</td><td>100%</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>100%</td><td>100%</td><td>100%</td><td>85%</td></tr>
<tr><td colspan="8">Performance Overview/Issues:</td></tr>
<tr><td colspan="8">• For North Sefton, the Trust had 8 inpatients who had their care plan in place in quarter 1 reporting 100% and 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.
• The Clinical Quality Performance Group (CQPG) pick up and review care plans.</td></tr>
<tr><td colspan="8">When is performance expected to recover:</td></tr>
<tr><td colspan="8">Performance remains on track in Q4.</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">Hilal Mulla</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>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>Previous 3 months and latest</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 | Apr-22 | May-22 | Jun-22
0.74% | 0.71% | 0.78% | 0.68%
Mar-21 | Apr-21 | May-21 | Jun-21
0.52% | 0.48% | 0.47% | 0.57%
National Monthly Access Plan: 1.59%</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td colspan="5">Performance Overview/Issues:
• 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="5">Actions to Address/Assurances:
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="5">When is performance expected to recover:
Improvement expected as 2022/23 progresses and long waits are reduced.</td></tr>
<tr><td colspan="5">Quality:
Lengthy internal waits will impact as individuals having had their initial assessment are unable to progress to follow up treatment in a timely manner.</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">Geraldine O'Carroll</td><td>Hilal Mulla</td><td colspan="2">Ian Johnston</td></tr>
</table>

4.2.2 Improving Access to Psychological Therapies: Recovery

<table>
<tr><th colspan="2">Indicator</th><th colspan="4">Performance Summary</th><th>NHS Oversight Framework (OF)</th><th>Potential organisational or patient risk factors</th></tr>
<tr><td colspan="2">IAPT Recovery - % of people moved to recovery</td><td colspan="4">Previous 3 months and latest</td><td rowspan="3">123a</td><td rowspan="3">Risk that the Sefton Place is unable to achieve nationally mandated target.</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="3">  </td><td rowspan="3">  </td><td>51.5%</td><td>45.3%</td><td>52.6%</td><td>56.0%</td></tr>
<tr><td>Mar-21</td><td>Apr-21</td><td>May-21</td><td>Jun-21</td></tr>
<tr><td>42.1%</td><td>42.4%</td><td>53.2%</td><td>40.9%</td></tr>
<tr><td colspan="8">Recovery Plan: 50%</td></tr>
<tr><td colspan="8">Performance Overview/Issues:</td></tr>
<tr><td colspan="8">• The Recovery rate saw a further increase of 3.4 percentage points in June from previous month reporting over the 50% target, at 56%.
• There is a slight an increase of 15.1 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.</td></tr>
<tr><td colspan="8">Actions to Address/Assurances:</td></tr>
<tr><td colspan="8">• 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.</td></tr>
<tr><td colspan="8">When is performance expected to recover:</td></tr>
<tr><td colspan="8">Expectation for performance to remain consistent and on plan throughout 2022/23.</td></tr>
<tr><td colspan="8">Quality:</td></tr>
<tr><td colspan="8">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.</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">Hilal Mulla</td><td colspan="2">Ian Johnston</td></tr>
</table>

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		
		66.0%	73.0%	54.0%	63.0%		
		Plan: 75%					

Performance Overview/Issues:

• Failing in June reporting 63% an increase of 9% from last month.
• In June, North Sefton again reported well below the national target in respect of cases discharged in the month being seen with 6 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 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	Hilal Mulla	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 will took place during this time.
RED	TREND	Mar-22	Apr-22	May-22	Jun-22		
		65.2%	66.1%	65.9%	66.0%		
		Mar-21	Apr-21	May-21	Jun-21		
		62.4%	64.5%	64.6%	65.2%		
		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 marginally by 0.8%.

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 are being lifted the Trust has re-commenced face to face activity and implemented weekend clinics, this has improved waiting times across the service.
• Sefton 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:

Sefton Place anticipates an increasing trend in referrals and diagnosis rates, the target is nearing achievement as a result of the measures put in place following on from the action plan to address issues.

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	Hilal Mulla	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)		Previous 3 quarters and latest				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 the 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		
		17.65%	38.82%	55.65%	4.33%		
		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 target for North Sefton is to complete 615 health 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 North Sefton was 4.33%, below the quarterly plan of 18%. 878 patients were registered with 38 being checked against a plan of 615 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, all North Sefton practices have opted to do their own annual health checks.
• A programme of work is 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.
• Practices usually undertake this work towards the end of the year, however they 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, 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:

No quality issues reported.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll	Hilal Mulla	Ian Johnston

4.5 Serious Mental Illness (SMI) Health Checks

<table>
<tr><th colspan="2">Indicator</th><th colspan="4">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 colspan="4">Rolling 12 month as at end of quarter</td><td rowspan="4">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 60% of people on GP SMI registers receive a physical health check in a primary or secondary care setting.</td><td rowspan="4">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>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>27.3%</td><td>33.1%</td><td>47.4%</td><td>47.4%</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>28.0%</td><td>25.4%</td><td>22.4%</td><td>26.5%</td></tr>
<tr><td colspan="6">Plan: 60%</td></tr>
<tr><td colspan="8">Performance Overview/Issues:</td></tr>
<tr><td colspan="8">• In Quarter 1 of 22/23, 47.4% of the 1,482 of people on the GP SMI register in North Sefton (703) received a comprehensive health check.
• COVID-19 will have 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.</td></tr>
<tr><td colspan="8">Actions to Address/Assurances:</td></tr>
<tr><td colspan="8">• 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 look at how SMI health check uptake can be improved.
• 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.</td></tr>
<tr><td colspan="8">When is performance expected to recover:</td></tr>
<tr><td colspan="8">Performance is expected to improve as 2022/23 progresses and the physical health leads become established.</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="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">Hilal Mulla</td><td colspan="3">Ian Johnston</td></tr>
</table>

5. Community Health

5.1 Adult Community Services – (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 in regard to 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 Place leads agreed to review service specifications throughout 2021/22 to ensure they reflect required service delivery and improvement work that has taken place over 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 7 patients are waiting between 19-24 weeks and 37 patients are waiting over 24 weeks. The Trust has previously stated that reports are not reflective of current positions and highlighted data quality issues. This will be addressed as part of a

wider piece of work on EMIS migration work. The Place has requested that assurance be provided with regards to the numbers reported at month 3.

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).

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 rowspan="8"></td><td rowspan="8">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></tr>
<tr><td rowspan="3"></td><td rowspan="3"></td><td>41.3%</td><td>41.0%</td><td>41.3%</td><td>42.1%</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>34.1%</td><td>36.5%</td><td>37.8%</td><td>37.0%</td></tr>
<tr><td colspan="4">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 rolling 12 months data to the end of the given quarter. This is more representative of the performance as the target set is annual. The rolling 12 month (Q4 21/22) rate is currently 42.1% compared to 37.0% 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 is on track to exceed the 35% access plan.</td></tr>
<tr><td colspan="8">Quality:</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">Hilal Mulla</td><td colspan="3">Peter Wong</td></tr>
</table>

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

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		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		
		*	38.3%	27.1%	31.5%		
		Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22		
		96.0%	96.7%	89.7%	*		
		National standard 95%					

Performance Overview/Issues:

• Quarter 1 shows a performance of 31.5% a small improvement from Quarter 4 when 27.1% was reported.
• As the service has relatively small number of breaches have a large impact on performance.
• For quarter 1 of the 54 completed pathways, 2 patients started treatment within 1 week and 15 patients in weeks 1 to 4, 36 patients starting their treatment between 4 and 12 weeks and 1 patient starting 12 weeks plus.
• 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:

No quality issues reported.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll	Hilal Mulla	Peter Wong

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

<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">Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral</td><td colspan="4">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>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 rowspan="2"></td><td rowspan="2"></td><td>*</td><td>91.7%</td><td>88.9%</td><td>100%</td></tr>
<tr><td></td><td>Q2 20/21</td><td>Q3 20/21</td><td>Q4 20/21</td><td>Q1 21/22</td><td></td></tr>
<tr><td></td><td></td><td>100%</td><td>100%</td><td>100%</td><td>*</td><td></td><td></td></tr>
<tr><td colspan="2"></td><td colspan="4">National standard 95%</td><td></td><td></td></tr>
<tr><td colspan="8">Performance Overview/Issues:</td></tr>
<tr><td colspan="8">Quarter 1 shows a performance of 100% compared to Quarter 4 recording 88.9% against the 95% target.
• All of 7 urgent cases all started treatment within 1 week and 1 within 1-4 weeks.</td></tr>
<tr><td colspan="8">Actions to Address/Assurances:</td></tr>
<tr><td colspan="8">• 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="8">When is performance expected to recover:</td></tr>
<tr><td colspan="8">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="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="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">Hilal Mulla</td><td colspan="3">Peter Wong</td></tr>
</table>

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

Indicator		Performance Summary					Potential organisational or patient risk factors
Proportion of CYP new ASD 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 ASD pathway: • Sustained increase in referrals impacting on service capacity and waiting times. • Decreased capacity within additional providers.
GREEN	TREND	Mar-22	Apr-22	May-22	Jun-22		
		100.0%	100.0%	100.0%	100.0%		
		Plan: 90% of referrals: Assessments started within 12 weeks					

Performance Overview/Issues:

• 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.

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

6.1.5 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 CCG 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 and 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 and 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

Indicator		Performance Summary				NHS Oversight Framework (OF)	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		
		38.2%	34.1%	51.5%	34.1%		
		Target 92%					

Performance Overview/Issues:

• Referral to choice waiting time has seen a 17.4% decline in compliance reporting 34.1% 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 three 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 reports 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 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 be fully recovered 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				NHS Oversight Framework (OF)	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		
		69.2%	68.9%	76.2%	68.9%		
		Target 92%					

Performance Overview/Issues:

• There has been a 7.3% decline in waiting times in June reporting 68.9%.
• 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 - 3 are 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.
• These 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 be fully recovered 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 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">Alder Hey Children's Community Services: SALT</td><td colspan="4">Latest and previous 3 months</td><td rowspan="3"><=92%: Red
> 92%: Green</td><td rowspan="3">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><td colspan="4">RTT: Open Pathways: % Waiting within 18 wks</td></tr>
<tr><td rowspan="4"></td><td rowspan="4"></td><td>Mar-22</td><td>Apr-22</td><td>May-22</td><td>Jun-22</td></tr>
<tr><td>38.70%</td><td>36.30%</td><td>40.80%</td><td>44.10%</td><td colspan="2" rowspan="4"></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 colspan="2"></td><td>75</td><td>54</td><td>65</td><td>60</td><td colspan="2">Target 92%</td></tr>
</table>

Performance Overview/Issues:

• For open pathways, the longest waiter was 53 weeks in June, 55 the previous month.
• Overall there has been a steady increase in new referrals the service received 60 in June, 64 in May.

Actions to Address/Assurances:

• 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.

When is performance expected to recover:

The service improvement plan indicates that a return to target performance will be achieved by end of Q4 2022/23.

Quality:

There are no identified quality issues.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	Rob Caudwell	Peter Wong

6.3.2 Paediatric Dietetics

<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">Alder Hey Children's Community Services: Dietetics</td><td colspan="4">Latest and previous 3 months</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 and a surge in referrals as part of COVID-19 recovery phase.</td></tr>
<tr><td>GREEN</td><td>TREND</td><td colspan="4">RTT: Open Pathways: % Waiting within 18 wks</td></tr>
<tr><td rowspan="5"></td><td rowspan="5"></td><td>Mar-22</td><td>Apr-22</td><td>May-22</td><td>Jun-22</td></tr>
<tr><td>100.0%</td><td>96.3%</td><td>96.2%</td><td>94.2%</td><td colspan="2" rowspan="4">Target 92%</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>49</td><td>24</td><td>27</td><td>24</td></tr>
<tr><td colspan="8">Performance Overview/Issues:</td></tr>
<tr><td colspan="8">• For open pathways, the longest waiter was 23 weeks in June compared to 21 in May.
• New referrals to the service remain steady, 24 were received in June and 24 in May.</td></tr>
<tr><td colspan="8">Actions to Address/Assurances:</td></tr>
<tr><td colspan="8">• None specifically, as performance is exceeding target consistently.</td></tr>
<tr><td colspan="8">When is performance expected to recover:</td></tr>
<tr><td colspan="8">Performance on target.</td></tr>
<tr><td colspan="8">Quality:</td></tr>
<tr><td colspan="8">No quality issues to report.</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">Martin McDowell</td><td colspan="3">Rob Caudwell</td><td colspan="2">Peter Wong</td></tr>
</table>

6.3.3 Paediatric Occupational Therapy (OT)

<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">Alder Hey Children's Community Services: OT</td><td colspan="4">Latest and previous 3 months</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>GREEN</td><td>TREND</td><td colspan="4">RTT: Open Pathways: % Waiting within 18 wks</td></tr>
<tr><td rowspan="5"></td><td rowspan="5"></td><td>Mar-22</td><td>Apr-22</td><td>May-22</td><td>Jun-22</td></tr>
<tr><td>100.0%</td><td>100.0%</td><td>100.0%</td><td>100.0%</td><td colspan="2" rowspan="4">Target 92%</td></tr>
<tr><td colspan="4">Accepte New Referrals</td></tr>
<tr><td>Mar-22</td><td>Apr-22</td><td>May-22</td><td>Jun-22</td></tr>
<tr><td>53</td><td>32</td><td>46</td><td>37</td></tr>
<tr><td colspan="8">Performance Overview/Issues:</td></tr>
<tr><td colspan="8">• For open pathways, the longest waiter was 14 weeks in June, 11 in May.
• Overall there has been a steady increase in referrals, the service received 46 in May compared to 32 in April.</td></tr>
<tr><td colspan="8">Actions to Address/Assurances:</td></tr>
<tr><td colspan="8">• None specifically, as performance is exceeding target consistently.</td></tr>
<tr><td colspan="8">When is performance expected to recover:</td></tr>
<tr><td colspan="8">Performance is achieving the target.</td></tr>
<tr><td colspan="8">Quality:</td></tr>
<tr><td colspan="8">No quality issues to report.</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">Martin McDowell</td><td colspan="3">Rob Caudwell</td><td colspan="2">Peter Wong</td></tr>
</table>

6.3.4 Paediatric Children's Physiotherapy

<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">Alder Hey Children's Community Services: Physiotherapy</td><td colspan="4">Latest and previous 3 months</td><td rowspan="2"><=92%: Red
> 92%: Green</td><td rowspan="2">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.</td></tr>
<tr><td>RED</td><td>TREND</td><td colspan="4">RTT: Open Pathways: % Waiting within 18 wks</td></tr>
<tr><td rowspan="4"></td><td rowspan="4"></td><td>Mar-22</td><td>Apr-22</td><td>May-22</td><td>Jun-22</td><td rowspan="4"></td></tr>
<tr><td>91.3%</td><td>93.0%</td><td>98.0%</td><td>88.0%</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 colspan="2"></td><td>28</td><td>15</td><td>32</td><td>22</td><td colspan="2">Target 92%</td></tr>
<tr><td colspan="8">Performance Overview/Issues:</td></tr>
<tr><td colspan="8">• For open pathways, the longest waiter was 22 weeks in June, 21 weeks reported in May.
• New referrals to the service remain steady, 22 were received in June and 32 in May.</td></tr>
<tr><td colspan="8">Actions to Address/Assurances:</td></tr>
<tr><td colspan="8">• There is an absence in the team which has reduced capacity in the short term, but it is expected that performance will be back on track in July/August.</td></tr>
<tr><td colspan="8">When is performance expected to recover:</td></tr>
<tr><td colspan="8">Performance has recovered in July.</td></tr>
<tr><td colspan="8">Quality:</td></tr>
<tr><td colspan="8">No quality issues to report.</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">Martin McDowell</td><td colspan="3">Rob Caudwell</td><td colspan="2">Peter Wong</td></tr>
</table>

7. Primary Care

7.1.1 CQC Inspections

Previously halted due to the COVID-19 pandemic.

North Sefton GP practices are visited by the Care Quality Commission and details of any inspection results are published on their website. There has been 1 new recent inspection on Marshside Surgery which remain 'Good', practices were reviewed on 9-7-21 no evidence was found for a need to carry out any new inspections or reassess their rating 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 19 - CQC Inspection Table

North Sefton								
Practice Code	Practice Name	Latest Inspection	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84005	Cumberland House Surgery	11 April 2018	Good	Good	Good	Good	Good	Good
N84013	Christina Hartley Medical Practice	29 September 2017	Outstanding	Good	Good	Good	Outstanding	Outstanding
N84021	St Marks Medical Centre	07 March 2019	Good	Good	Good	Good	Good	Good
N84617	Kew Surgery	16 November 2017	Good	Good	Good	Good	Good	Good
N84006	Chapel Lane Surgery	30 June 2017	Good	Good	Good	Good	Good	Good
N84018	The Village Surgery Formby	29 September 2016	Good	Good	Good	Good	Good	Good
N84618	The Hollies	01 February 2017	Good	Good	Good	Good	Good	Good
N84008	Norwood Surgery	10 November 2016	Good	Good	Good	Good	Good	Good
N84017	Churchtown Medical Centre	03 October 2017	Good	Good	Good	Good	Good	Good
N84611	Roe Lane Surgery	21 March 2018	Good	Good	Good	Good	Good	Good
N84613	The Corner Surgery (Dr Mulla)	24 January 2019	Good	Good	Good	Good	Good	Good
N84614	The Marshside Surgery	21 June 2022	Good	Good	Good	Good	Good	Good
N84012	Ainsdale Medical Centre	16 March 2018	Good	Good	Good	Good	Good	Good
N84014	Ainsdale Village Surgery	24 January 2017	Good	Good	Outstanding	Good	Outstanding	Good
N84024	Grange Surgery	12 October 2016	Good	Good	Good	Good	Good	Good
N84037	Lincoln House Surgery	15 December 2017	Good	Good	Good	Good	Good	Good
N84625	The Family Surgery	20 July 2017	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 provide 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 Sefton Place and St Marks regarding asylum seekers, the service is 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:

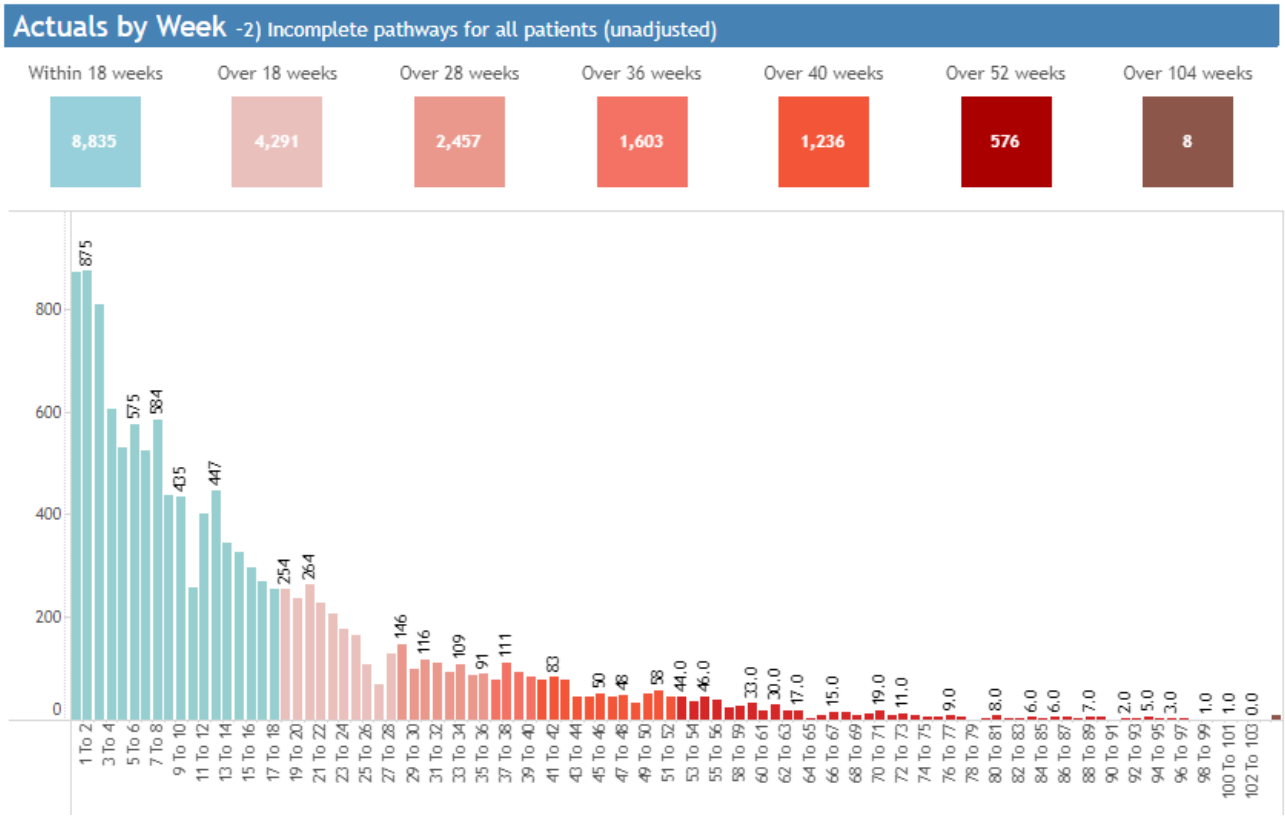
a) Ensure the alignment of priorities across the NHS and with the wider system partners.
b) Identify where ICBs and/or NHS providers may benefit from, or require, support.
c) Provide an objective basis for decision and about when and how NHS England will intervene.

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 20 - North Sefton Patients waiting on an incomplete pathway by weeks waiting



10.1.2 Long Waiters analysis: Top Providers

Figure 21 - Patients waiting (in bands) on incomplete pathway for the top Providers

10.1.3 Long waiters analysis: Top Provider split by Specialty

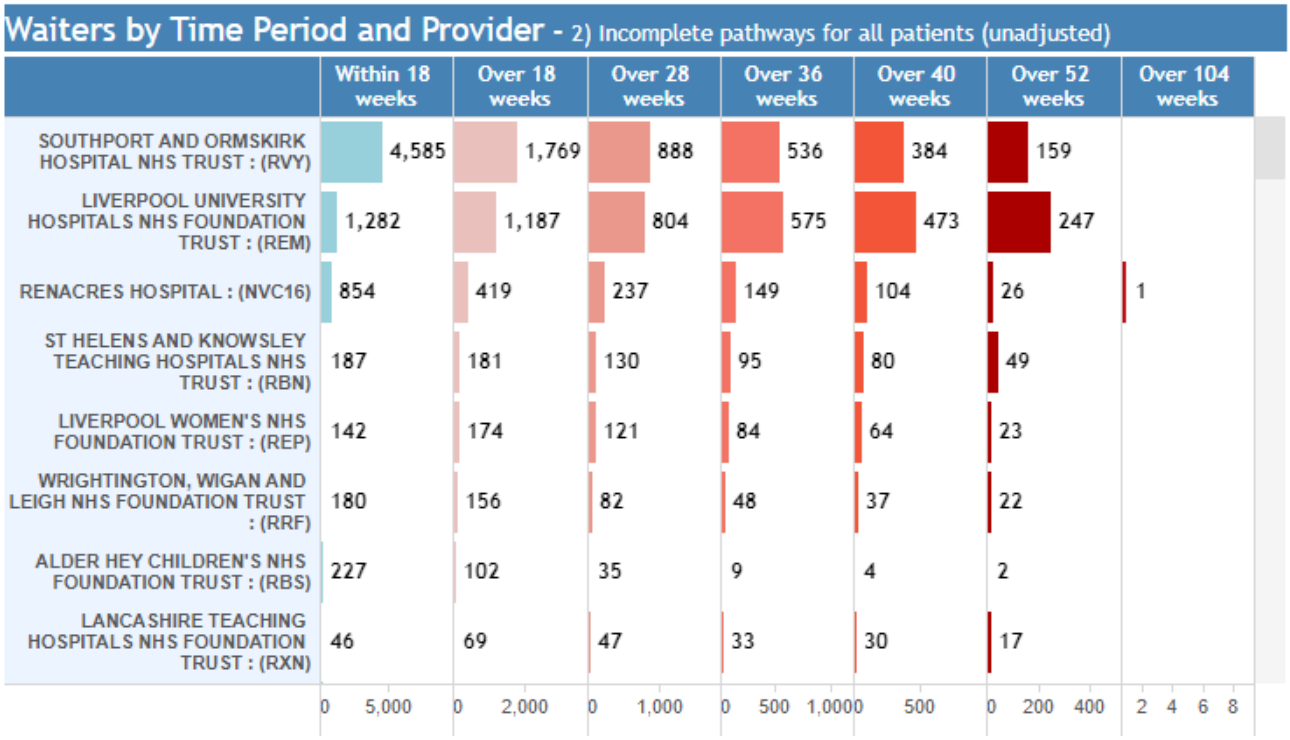


Figure 22 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust