



South Sefton
Clinical Commissioning Group

**South Sefton Clinical
Commissioning Group**
Integrated Performance Report
March 2022

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Summary Performance Dashboard

Metric	Reporting Level		2021-22												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
E-Referrals - NB Reporting suspended on this metric currently															
NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG													
		Actual													
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Diagnostics & Referral to Treatment (RTT)															
% of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	
		Actual	8.05%	12.71%	14.14%	15.02%	16.55%	19.19%	16.89%	16.64%	19.36%	19.97%	16.66%	16.22%	
		Target	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	
		Actual	63.70%	66.71%	66.29%	64.45%	63.16%	59.82%	57.59%	57.84%	54.67%	52.08%	51.80%	51.24%	
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	
		Actual	1,422	978	912	1,017	1,082	1,231	1,390	1,382	1,361	1,513	1,631	1,836	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations															
Cancellations for non-clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	Liverpool University Foundation Hospital Trust	RAG	R	R	R	R	R	R	R	R	R	R	R	R	
		Actual	2	2	1	7	19	14	5	4	4	13	10	13	93
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	Liverpool University Foundation Hospital Trust	RAG	G	G	R	G	G	G	G	G	G	G	G	R	
		Actual	0	0	1	0	0	0	0	0	0	0	0	0	1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times																
<u>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</u> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G	R	R	G	R	R	R	R	R	R	R	R	R	
		Actual	94.74%	91.88%	92.13%	93.89%	92.04%	90.95%	79.15%	74.81%	74.77%	69.39%	75.15%	73.44%	83.33%	
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<u>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</u> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	R	R	G	G	G	R	R	R	R	R	R	R	R	
		Actual	90.91%	92.00%	97.78%	94.34%	95.00%	84.85%	47.50%	28.57%	35.56%	23.26%	31.37%	23.91%	59.44%	
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<u>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</u> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G	G	G	G	G	R	R	G	G	R	R	R	R	
		Actual	100%	96.92%	100%	97.33%	96.88%	93.02%	95.29%	97.73%	97.44%	93.06%	95.16%	86.49%	95.82%	
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	G	R	G	R	R	R	R	R	R	R	G	R	R	
		Actual	100%	83.33%	100%	82.35%	92.31%	90%	90%	92.31%	91.67%	82.85%	100%	85.71%	90.0%	
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	R	R	G	G	G	G	G	G	G	R	G	G	G	
		Actual	95%	95.24%	100%	100%	100%	100%	100%	100%	100%	100%	96.15%	100%	100%	99.03%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G	
		Actual	95.24%	96.15%	100%	100%	100%	100%	100%	100%	100%	100%	96.43%	96.0%	98.62%	
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94% ⁷ .39	94%	94%	94%
<u>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</u> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R	G	R	R	R	R	R	R	R	R	R	R	R	
		Actual	61.11%	85.71%	75%	76.09%	71.79%	71.05%	54.05%	63.89%	74.29%	69.70%	75.0%	52.94%	69.54%	
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	
<u>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</u> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	R	R	R	R	G	R	R	R	R	R	R	R	R	
		Actual	75%	75%	40%	60%	100%	75%	60%	84.62%	66.67%	60.0%	25.0%	33.33%	65.43%	
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	
<u>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</u> % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.	South Sefton CCG (local target 85%)	RAG	G				G									
		Actual	100%	71.43%	70.42%	80%	90%	52.38%	56.00%	75.00%	69.23%	50.0%	70.0%	56.52%	67.39%	
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	

Metric	Reporting Level		2021-22												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Accident & Emergency															
4-Hour A&E Waiting Time Target % of patients who spent less than four hours in A&E	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	
		Actual	85.48%	73.86%	71.29%	66.63%	67.75%	65.90%	65.40%	64.99%	67.35%	69.68%	68.71%	67.18%	69.52%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	
MSA															
Paused from April 2020 due to COVID-19 – resumed October 2021															
Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG							G	G	G	G	G	R	R
		Actual	Not available	Not available	Not available	Not available	Not available	Not available	0	0	0	0	0	2	2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG							G	G	G	G	G	R	R
		Actual	Not available	Not available	Not available	Not available	Not available	Not available	0	0	0	0	0	0.3	0.3
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
HCAI															
Number of MRSA Bacteraemia Incidence of MRSA bacteraemia (Commissioner) cumulative	South Sefton CCG	RAG	G	G	R	R	R	R	R	R	R	R	R	R	R
		YTD	0	0	1	1	1	1	1	1	1	1	1	1	1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of C. Difficile infections Incidence of Clostridium Difficile (Commissioner) cumulative	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		YTD	7	13	16	22	26	31	36	39	44	51	54	59	59
		Target	6	10	14	18	22	27	31	35	41	45	49	54	54
Number of E. Coli Incidence of E. Coli (Commissioner) cumulative	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G
		YTD	6	18	34	45	61	75	85	94	103	108	124	135	135
		Target	17	33	47	59	70	80	91	103	116	130	144	156	156

Metric	Reporting Level		2021-22												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Mental Health															
Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G	G	G	G	G	G	G	R	G	G	R	G	G
		Actual	100%	100%	100%	100%	100%	100%	100%	92.3%	100%	100%	87.5%	100%	98.1%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Episode of Psychosis															
First episode of psychosis within 2 weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	G			G			G			G			
		Actual	64.3%			90.9%			70%			88.9%			78.5%
		Target	60%			60%			60%			60%			60%
Eating Disorders															
Eating Disorders Services (EDS) Treatment commencing within 18 weeks of referrals	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	34.38%	30.30%	36.10%	25.70%	11.40%	29.5%	20%	33.3%	37.3%	35.4%	28.8%	29.4%	29.61%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
IAPT (Improving Access to Psychological Therapies)															
IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	0.56%	0.54%	0.72%	0.90%	0.72%	1.11%	0.87%	0.94%	0.83%	0.83%	0.71%	0.99%	9.72%
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	19%
IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	G	G	R	R
		Actual	43.3%	41.4%	36.8%	42.3%	33.3%	47.7%	47.1%	40.5%	35.3%	50.7%	51.9%	44.0%	43.69%
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	G	G	G	G	G	G	G	R	R	R	R	R	G
		Actual	96%	100%	92%	88%	88%	79%	85%	70%	70%	63.0%	62.0%	59.0%	79.0%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G	G	G	G	G	G	G	R	G	G	G	G	G
		Actual	100%	100%	100%	100%	100%	100%	100%	94%	100%	100%	98.0%	100%	99%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Metric	Reporting Level		2021-22													YTD
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Dementia																
Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R	
Actual		57.88%	57.74%	58.5%	59.3%	59.7%	59.8%	59.3%	59.2%	58.6%	59.3%	59.5%	59.0%	58.97%		
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%		
Learning Disability Health Checks																
No of people who have had their Annual LD Health Check cumulative	South Sefton CCG	RAG	R			R			R			R			R	
Actual		5.98%			18.96%			23.79%			66.54%			66.54%		
Target		18%			35%			52%			70%			70%		
Severe Mental Illness - Physical Health Check																
Rolling 12 month as at end of quarter																
People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%) Percentage of people on General Practice Serious Mental Illness register who receive a physical health check and follow-up care in either a primary or secondary setting.	South Sefton CCG	RAG	R			R			R			R				
Actual		20.8%			21.1%			23.9%			29.7%					
Target		50%			50%			50%			50%			50%		
Children & Young People Mental Health Services (CYPMH)																
Rolling 12 month as at the end of quarter																
Improve access rate to Children and Young People's Mental Health Services (CYPMH) Increase the % of CYP with a diagnosable MH condition to receive treatment from an NHS-funded community MH service	South Sefton CCG	RAG	G			G			G							
Actual		40.4%			48.3%			38.8%			Q4 data due 13 th June					
Target		35%			35%			35%			35%					
Children and Young People with Eating Disorders																
The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	South Sefton CCG	RAG	R			R			R			*			R	
Actual		69.6%			47.7%			19.5%			Suppressed data meaning less than 2 referrals in the quarter			45.6%		
Target		95%			95%			95%			95%			95%		
The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	South Sefton CCG	RAG	G			R			R			*			R	
Actual		100%			75%			80%			As above			85%		
Target		95%			95%			95%			95%			95%		

Metric	Reporting Level		2021-22												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
SEND Measures															
Child and Adolescent Mental Health Services (CAMHS) - % Referral to choice within 6 weeks open pathways- Alder Hey	Sefton	RAG	R	R	R	R	R	R	R	R	R	R	R	R	
		Actual	83.9%	75.6%	52.5%	47.6%	32.1%	33.3%	64.6%	56.2%	41.1%	31.5%	39.6%	36.8%	
		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	Sefton	RAG	R	R	R	R	R	R	R	R	R	R	R	R	
		Actual	67.4%	75.8%	76.8%	73.9%	71.3%	65.5%	77%	73.9%	78.5%	80.6%	77.2%	73.1%	
		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	G	G	G	G	G	G	G	G	G	
		Actual	96%	98%	100%	100%	100%	100%	100%	100%	100%	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	R	R	R	R	R	R	R	R	R	
		Actual	85%	83%	77%	72%	66%	63%	63%	60%	55%	53%	52%	54%	
		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	G	G	G	G	G	G	G	G	G	
		Actual	98%	99%	100%	100%	100%	99%	100%	100%	99%	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	G	G	G	G	R	R	R	R	R	R	R	R	
		Actual	98%	93%	91%	90%	88%	85%	85%	85%	80%	84%	86%	88%	
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	
Average waiting times for Autism Spectrum Disorder (ASD) service <u>in weeks</u> (ages 16 - 25 years) - Mersey Care – KPI 5/15	Sefton	RAG													
		Actual	8.1	12.2	5.3	6.4	9.1	8.3	8.1	8.6	9.7	11.5	8.8	8.2	
		Target													
Average waiting times for Autism Spectrum Disorder (ASD) service diagnostic assessment <u>in weeks</u> (ages 16 - 25 years) - Mersey Care – KPI 5/16	Sefton	RAG													
		Actual	77.9	77.4	79.3	78.6	79.6	81.3	90.2	87.7	88.2	89.8	89.3	85.4	
		Target													
Average waiting times for Attention Deficit Hyperactivity Disorder (ADHD) service <u>in weeks</u> (ages 16 - 25 years) - Mersey Care - KPI 5/17	Sefton	RAG													
		Actual	90.5	77.0	78.4	63.8	62.9	65.0	63.7	61.9	57.9	60.5	57.1	55.5	
		Target													

1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at month 12 of 2021/22 (note: time periods of data are different for each source).

Constitutional Performance for March & Quarter 4 2021/22	CCG	LUHFT
Diagnostics (National Target <1%)	16.22%	14.05%
Referral to Treatment (RTT) (92% Target)	51.24%	54.00%
No of incomplete pathways waiting over 52 weeks	1,836	6,367
Cancer 62 Day Standard (Nat Target 85%)	52.94%	52.47%
A&E 4 Hour All Types (National Target 95%)	67.18%	66.94%
A&E 12 Hour Breaches (Zero Tolerance)	-	0
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	790
Ambulance Handovers 60+ mins (Zero Tolerance)	-	298
Stroke (Target 80%)	-	see report
TIA Assess & Treat 24 Hrs (Target 60%)	-	Not Available
Mixed Sex Accommodation (Zero Tolerance)	2	0
CPA 7 Day Follow Up (95% Target) 2021/22 - Q4	100%	-
EIP 2 Weeks (60% Target) 2021/22 - Q4	88.9%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.99%	-
IAPT Recovery (Target 50%)	44.0%	-
IAPT 6 Weeks (75% Target)	59.0%	-
IAPT 18 Weeks (95% Target)	100%	-

To Note:

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

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

COVID Vaccination Update

The South Sefton COVID-19 vaccination programme has now successfully fully vaccinated the majority of patients in cohorts 1 to 9 and continues to offer booster vaccinations to eligible patients in these cohorts. Seaforth Village Surgery continues to offer dose 1, 2 and booster vaccinations to the local population. The vaccination programme continues to offer vaccines to eligible patients in cohorts 1 to 12 through community pharmacies, hospitals and national vaccination sites. Patients between the ages of 16 to 17, 12 to 15 and 5 to 11 are now eligible and being offered vaccinations. At the end of March-22 there have been 110,411 (or 74.4%) first dose vaccinations and 104,316 (70.3%) second dose vaccinations. Denominator populations now include under 16s as they are eligible for doses 1 and 2. 74,871 (71.8%) of eligible patients had booster vaccinations given at the end of March-22.

Planned Care

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

In the context of responding to the ongoing challenges presented by COVID-19, whilst also restoring services, meeting new care demands and tackling health inequalities, Elective Recovery Funds (ERF) have been made available to systems that achieve activity levels above set thresholds. In Cheshire & Mersey Hospital Cell (established to co-ordinate acute hospital planning resulting from the COVID-19 pandemic), the delivery of activity both at Trust and system level is being assessed against agreed trajectories for H2 (Half year 2).

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

Secondary care referrals were below historic levels across all referral sources for the majority of 2020/21. With a focus on elective restoration, referral numbers in 2021/22 have been significantly higher than in the equivalent period of the previous year (a period in which elective services were severely impacted by the first wave of the COVID-19 pandemic). However, when comparing to 2019/20 (pre-pandemic) levels, total referrals are also 0.8% higher as at month 12. GP referrals have seen significant increases in 2021/22 and are reporting a 7.7% increase at March-22 when comparing to the same period of 2019/20 (pre-pandemic).

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.

The CCG is over the target of less than 1% of patients waiting 6 weeks or more for their diagnostic test with 16.22% in March - this being similar performance to last month (16.66%). Despite being above the target, the CCG is measuring below the national level of 24.85%. Liverpool University Hospital Foundation Trust (LUHFT) performance was 14.05% in March, slightly higher than last month when 13.84% was reported. Through the commissioning of delivery of additional diagnostic

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

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in March was 51.24%, similar to last month's performance (52.80%). The CCG is reporting well below the national level of 62.42%. LUHFT reported 54%, also similar to last month's performance when 54.24% was recorded. There is a continued focus on clinical prioritisation and access to additional capacity through mutual aid, independent sector and waiting list initiatives; specifically for Priority 2 patients waiting more than 4 weeks from decision to treat. Increases in the number of COVID positive patients and sickness absence has led LUHFT to request further mutual aid. This request is being facilitated by the lead commissioner, Liverpool CCG. Additionally, the CCG are having wider discussions with the Integrated Care Board (ICB) to ensure fragile services are prioritised at a system level, to ensure that individually and collectively services are in the best position to maximise their effectiveness/efficiency and support reduction of waiting list positions.

There were 1,836 patients were waiting over 52 weeks, an increase of 205 on last month when 1,631 breaches were reported. The majority of these patients were at LUHFT (1,559) with the remaining 277 breaches spanned across 26 other Trusts.

Included in the long waiters there were 39 patients waiting over 104 weeks. Liverpool CCG, as Lead Commissioner for LUHFT review Root Cause Analyses (RCAs) and harm reviews submitted by the provider for 104 days breaches and long waiters. Feedback has been provided to the Trust regarding those submitted and no serious harms have been identified. Additionally, the Deputy Chief Operating Officer has established a weekly review group to address patients waiting over 104 days (along with patients waiting on the 62-day cancer pathway). The expectation set out in recently published operation planning guidance is that the system eliminates 104 weeks waits by July 2022.

Overall waiters increased by 1,485 this month with a total 22,379 South Sefton patients now on the RTT waiting list in March 2022. This is compared to 16,076 patients waiting in the equivalent period of the previous year and 20,894 in February 2022. The monthly waiting list position remains high at CCG and Trust, mirroring the national trend.

LUHFT had a total of 6,367 52-week breaches in March 2022, showing an increase of 9.2% (586) from previous month when the Trust reported 5,781.

The Trust has reported 12 cancelled operations in March. No further details given by the Trust, only that the breaches are investigated and lessons learned are disseminated across the organisation. All patients who have had their operation cancelled, on or after the day of admission for non-clinical reasons are to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.

The CCG is achieving 2 of the 9 cancer measures year to date and 2 in March 2022. LUHFT are achieving 2 year to date and 1 in March 2022.

Pressures in breast and colorectal services continue to dominate underperformance across the majority of access standards. However, it is worth noting that monthly numbers seen and treated for both the 14-day standards and on the 62 day pathway for March were the highest for this financial year. If sustained, this level of activity will reduce the backlog and significantly improve waiting times. Performance against recovery trajectories demonstrates that in March 2022 the CCG is above plan for the number of first outpatients seen following an urgent referral and below for patients receiving a first cancer treatment within 31 days of a decision to treat.

The provider has been asked to develop comprehensive cancer improvement plans to tackle themes identified through root cause analysis of pathways which breach the performance standards.

Short to medium term actions include:

- Creation of capacity from further roll out of risk stratified follow up.
- Breast services recruitment and redesign to include low risk community clinics
- Roll out of rapid diagnostic service (RDS) models.

LUHFT Friends and Family Inpatient test response rate is above the England average of 19% in February 2022 at 25% (latest data reported). The percentage of patients who would recommend the service has remained at 93%, remaining below the England average of 94%. The percentage who would not recommend increased to 5% and is above the England average of 3%. The Trust are due to present a Patient Experience update at the CCG's Engagement & Patient Experience Group (EPEG) meeting in May 2022 and Patient Experience is embedded within the Trusts overall Improvement Plan which is monitored via the Clinical Quality Performance Group (CQPG) on a regular basis.

The CCG have reported 236 Personal Health Budgets (PHBs) in quarter 4 (cumulative total). NHSE/It's expectation has remained unchanged, with all CHC eligible individuals receiving a package of care at home to be funded via a PHB.

For Smoking at Time of Delivery (SATOD), the Trust reported over the ambition of 6% in quarter 4 2021/22, recording 8.58% of pregnant women smoking at the time of their delivery.

For planned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for South Sefton CCG. 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 has been a focus on restoration of elective services as set out in the NHS Operational Planning Guidance. At month 12 of 2021/22, this has resulted in an 11% increase in planned care activity (incorporating inpatients and outpatients) when compared to the equivalent period in the previous year but is -14% below that seen during 2019/20 (pre-pandemic). Total planned care activity (incorporating day case, elective and outpatient attendances) during March-22 saw an 11% increase to the previous month, which might be expected as a result of fewer working days in February-22 and total activity reported in month also represents a slight decrease of -1% compared to March-21.

Unplanned Care

In relation to A&E 4-Hour waits for all types, the CCG and LUHFT continue to report under the 95% target in March 2022, reporting 67.18% and 66.94% respectively. This shows a small decrease of around 1% from the previous month and the CCG and Trust performance is lower than the nationally reported level of 71.62%.

The original target to meet all of the ARP (Ambulance Response Programme) standards by Q1 2020/21 has not been met and was severely adversely impacted upon by COVID-19, which began to hit service delivery in Q4 2019/20 and has continued. The latest available data is for March-22, when the average response time for South Sefton was 8 minutes, 46 seconds, over the target of 7 minutes for category 1 incidents. Category 2 incidents had an average response time of 1 hour 41 minutes 45 seconds against a target of 18 minutes. The CCG are still reporting over target for category 3 90th percentile (9 hours, 32 minutes) there was no data available for Cat 4 90th percentile in March. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system. The introduction of a Sefton Emergency Response Vehicle to support category 3 and 4 calls will go-live in April 2022. Also, the Ageing Well Programme will look to support NWS by improving access to urgent community response including referrals from NWS and the community teams with a response within 2 hours.

For ambulance handovers, LUHFT reported a decline in performance for ambulance handover times in February 2022 (for handovers of 30 and 60 minutes) which increased to 790 from 562 last month.

Those above 60 minutes increased to 298 from 179. 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 mixed sex accommodation (MSA) collection was previously paused due to COVID-19 in April 2020 to release capacity across the NHS. The collection has now resumed. The plan is zero, published data shows the CCG reported 2 in March. Escalation beds have been identified and are being utilised to prevent further breaches.

For stroke, the CCG has requested data via Liverpool CCG (LCCG) as the lead provider for LUHFT, we expect this will be provided in the coming months, previously unavailable due to COVID pressures at the Trust.

The CCG and Trust reported no new cases of MRSA in March but have failed the zero-tolerance plan for 2021/22 due to 1 case reported in June. All incidents are reviewed as part of the Infection Prevention Control (IPC) meeting on a monthly basis, which the CCG attend.

For C difficile, the CCG reported 5 new cases of C difficile cases in March (59 year to date) against a yearly target of 54 so are above the planned trajectory and have failed for 2021-22. LUHFT reported 13 new cases in March (134 year to date) against the yearly target of 148 and are achieving for 2021-22. Post infection reviews are undertaken in all cases of healthcare associated infections, with any key themes/learning identified and monitored through the Trust's Action Plan and Infection Control & Prevention Meetings.

NHS Improvement and NHS England (NHSE/I) originally set CCG targets for reductions in E. coli in 2018/19, the CCG have the new objectives/plans for E. coli for 2021/22 along with new Trust objectives to monitor. In March there were 11 new cases (135 year to date), so achieving the year-end target of 156. LUHFT reported 25 new cases in March (204 year to date) against their yearly target of 233 so have also achieved for 2021/22. The North Mersey Antimicrobial Resistance (including gram negative bloodstream infections) Oversight and Improvement Group has recommenced with specific work identified including the inclusion of consistent healthcare associated infections reporting within each provider Trust being consistent across Cheshire and Mersey.

LUHFT's Hospital Standardised Mortality Ratio (HSMR) was reported at 101.97 in March 2022 by the Trust, just over the 100 threshold. The ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

LUHFT Friends and Family A&E test response rate is above the England average of 10.3% in February 2022 at 17.1% (latest data available). The percentage of patients who would recommend the service has decreased to 60% (from 69% last month), which is below the England average of 81%. The percentage who would not recommend significantly increased to 29% (from 23%) and remains above the England average of 12%. Poor Performance in terms of waiting times within A&E continues to have the biggest impact on Patient Experience. ED performance continues to be fed back and discussed at the Trusts Patient Experience governance meetings as part of the ED improvement plans. The Trust are utilising feedback to drive and implement improvements within the systems. This continues to be monitored via the Trust Improvement Plan at Clinical Quality Performance Group (CQPG).

For unplanned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public guidance was to 'stay at home'. Trends across 2021/22 have shown notable increases in A&E activity but fewer non-elective admissions when comparing to pre-pandemic activity. Total Unplanned activity at March-22 is recording a 21% increase compared to 2020/21 and also an increase of 4% when compared to pre-pandemic levels of activity (some of this increase can be attributed to changes in recording at Litherland WIC which was operating under a new service model i.e. pre-booked

appointments). Focussing specifically on A&E type 1 attendances, activity during March-22 has increased by 20% from the previous month and is also showing an increase of 44% when compared to March-20. Despite the majority of 2019/20 being pre-pandemic, March-20 was the first month to see an impact of the COVID-19 pandemic on activity levels as a result of the initial national lockdown.

Mental Health

The Eating Disorder service has reported 29.40% of patients commencing treatment within 18 weeks of referral in March 2022, compared to a 95% target. Just 15 patients out of 51 commenced treatment within 18 weeks, which shows a slight improvement in performance on last month when 28.80% was reported. Demand for the service continues to increase and exceed capacity. COVID-19 has had a significant impact upon demand, along with the acuity and complexity of patients accessing the service. The service launched a digital peer support platform on 4th April-22 which will benefit those individuals on the waiting list.

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.99% in March 2022, below the monthly target standard of 1.59%. Staffing has historically been a challenging issue but the service will have a full complement of staff (including new clinical lead) in place from March 2022 so is confident that performance will begin to improve, although it should be noted that this will take time to be reflected in the performance figures. Performance is being closely monitored through regular meetings with the service.

The percentage of people who moved to recovery was 44% in March 2022 against the target of 50%, which is a decline in performance from 51.9% that was reported last month and now reporting under plan.

For IAPT 6 week waits to enter treatment, this measure has reported 59%, which is under the 75% target, this has now been under target for 5 months. This percentage relates specifically to the time waiting for an assessment. The CCG is aware that the Talking Matters Sefton Psychological Wellbeing Practitioners Team has been significantly understaffed, although performance is expected to start improving with a full staffing compliment in place from March 2022. The recovery action plan continues to be adhered to.

The CCG is recording a dementia diagnosis rate in March 2022 of 59%, similar to last month when 59.5% was recorded and is under the national dementia diagnosis ambition of 66.7%.

For the percentage of people on general practice SMI register who have had a physical health check, the CCG reported 27.9% rolling 12 months as at the end of quarter 4 2021/22 - under the plan of 50%. The COVID-19 pandemic has impacted the delivery of some of the 6 interventions which made up the indicator e.g. blood bottle shortage.

The CCG reported 66.54% of patients with learning disabilities receiving their health checks as at quarter 4 2021/22 under the yearly target of 70%.

For the month of March 2022, average waiting times for the Autistic Spectrum Disorder (ASD) service diagnostic assessments for service user's aged 16 – 25 accessing ASD services and waiting for an initial assessment is 85.4 weeks in Sefton. This is lower to the 89.3 weeks reported in February. The service continues to prioritise those individuals with a documented SEND requirement and the Life Rooms continue to carry out welfare calls to individuals on the ASD service waiting list, escalating any concerns as per agreed pathways. £100k of additional funding was committed in 2021/22. This has enabled the service to recruit a further substantive band four assistant psychologist to support the post diagnostic group programmes. Through an organisational change process, the service has also uplifted two band five practitioner posts to band six to enable them to autonomously undertake diagnostic assessments. The service is currently out to recruitment for a further band six practitioner. The remaining monies are funding additional hours for the two part time team managers to provide clinical oversight of the junior clinicians as current staffing levels mean that only single practitioner assessments can be completed which is outside of NICE guidance for best practice, along with

additional assessments. A funding bid for the Cheshire and Merseyside Transforming Care Partnership is currently being completed with the intention of applying for non-recurrent funding to increase capacity for diagnostic assessments and post-diagnostic support. Given that the Mersey Care service covers both Liverpool and Sefton, the bid is a North Mersey one. More widely, all North and Mid-Mersey CCGs are experiencing similar issues and challenges and also share the same provider in Mersey Care NHS Trust. In recognition of this, collective agreement has been reached around the need to review the respective local service pathways and models with a view to ensuing parity and consistency, whilst reducing variation as much as possible. Mersey Care NHS Trust are part of this and supportive of the approach being taken. To note: the average of 8.2 weeks waiting times for ASD performance in March reflects the average time people aged 16 to 25 years old have been waiting for a first seen appointment. In addition to this, performance has been added to highlight the average waiting time for a diagnostic assessment (above), the majority of which will have already had their first seen appointment.

The CCG has developed a waiting list initiative with Psychiatry UK aimed at reducing Attention Deficit Hyperactivity Disorder (ADHD) waiting times which were reported as being 55.5 weeks in March 2022. Average waiting times for the ADHD service have improved over 2021/22, reducing from 90.5 weeks in April 2021 to their lowest reported level so far in March of this year. £137k of additional funding was committed in 2021/22 which enabled the Trust to complete a waiting list cleanse to identify those individuals who no longer either met the criteria for an assessment or did not wish to proceed. A general welfare review was also completed as part of this process. The service also recruited a band 7 non-medical prescriber on a fixed-term basis to commence nurse-led clinics and free up capacity in medical clinics for diagnostic assessments. The funding has also contributed to a subcontracting arrangement with a third-party organisation specifically to undertake clinical diagnostic assessments on behalf of the service to further reduce the waiting list. The provider will commence assessments in May 2022 and an improvement trajectory will be produced. Capacity issues remain through the service having to complete annual reviews of patients who could be managed in primary care via the shared care framework. Discussions have begun between the CCG, GP clinical leads and Mersey Care around how the shared care framework can be implemented effectively for all stakeholders and a meeting is scheduled at the end of May between all stakeholders to look at how progress can be made. More widely, all North and Mid-Mersey CCGs are experiencing similar issues and challenges but different providers and service models are in operation. In recognition of this, collective agreement has been reached around the need to review the respective local service pathways and models with a view to ensuing parity and consistency, whilst reducing variation as much as possible. Mersey Care NHS Trust are part of this and supportive of the approach being taken.

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

Focus within the Trust remains on COVID-19 recovery/resilience planning and understanding service specific issues, e.g. staffing, resources, waiting times. Assurance will be sought regarding changes instigated in response to COVID-19 and an understanding of services that are not operating at pre-COVID levels. A single Clinical Quality Performance Group (CQPG) across the Mersey Care footprint of commissioned services including South Sefton, Southport and Formby and Liverpool CCGs 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 CCG leads, will be reviewing service specifications throughout 2021/22 to ensure they reflect required service delivery and improvement work that has taken place over past few years. This work has been impacted by the pandemic.

Children's Services

In its ongoing response to the impact of the pandemic, 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. A service improvement plans is being implemented and there have been significant efforts to address the capacity pressure and improve waiting times and there has been a

further small improvement in performance for March. As per improvement plan, further actions are being implemented to return the performance to 18 weeks by March 2023.

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

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. Additional, investment has been agreed by the CCG in line with Mental Health Investment Standard (MHIS), Service Development Fund (SDF) and Service Resilience (SR) allocations. The process of recruitment is progressing but workforce challenges continue to be an issue as mental health provision expands and there is internal/external movement across the system as posts are filled, including normal staff turnover. A detailed service improvement plan/ trajectory is being developed by the Trust outlining when capacity and waiting times are expected to improve, however an initial timeline for returning to 6-week and 18-week KPIs is November 2022. The service improvement plan will be shared with the CCGs at the end of May 2022.

Due to these ongoing issues, waiting times for assessment and treatment continue to be challenged. In March there has been a slight reduction in 'open pathway' KPIs (i.e. assessment) to 37% and a small reduction in 18-weeks to treatment to 73%, although performance is starting to stabilise and improve overall. The service continues to prioritise the increasing number of urgent appointments. All long waiters are regularly contacted by the service allowing for escalation if required. Due to an increase in urgent appointments and caseload reallocations, there were 8 x 52 week breaches across both CCGs in March. This was compounded by staff absence (COVID and otherwise), staff leaving the service and waiting for new staff to commence in post. The Trust took swift action with the majority of these young people commencing treatment and/or appointments booked in April.

Sefton has been successful in its joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative which will also positively impact waiting times and identify opportunities for further improvement. In November 2021, the CCGs were also successful in securing additional winter pressure mental health funding which has been released to third sector providers Venus and Parenting 2000 to expand their open access drop-in services at evenings and weekends. It is anticipated that this will also have a positive impact on specialist CAMHS waiting times and potentially A&E attendances for mental health. The impact of this will be monitored in Q4 2021/22 and Q1 2022/23. In the meantime, the CAMHS waiting time position continues to be closely monitored by the CCGs and the Trust, and the local CAMHS partnership and third sector providers continue to offer additional support and capacity.

As with CAMHS, the impact of COVID has led to an increase in demand for the Eating Disorders Young People's Service (EDYS) and a number of new and existing patients continue to present to the service at physical and mental health risk, a position that is reflected nationally. Consequently, during COVID-19 the service has seen the highest number of paediatric admissions for young people with an eating disorder since the service commenced. 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.

Referral rates for Autistic Spectrum Disorder (ASD)/Attention Deficit Hyperactivity Disorder (ADHD) services continue to increase at a rate significantly higher than what is currently commissioned and there was an 80% increase in referrals in March for both services. Although for both ASD and ADHD the KPI of is still being met, increased referral rates are impacting on capacity and leading to delays in completion of the 30-week assessment pathways. Despite the deterioration in performance for this metric over the last 6 to 8 months, waiting times have slightly improved in March to 88% for ADHD and 54% for ASD. This follows the CCGs additional investment which has provided additional service

capacity to meet increasing demand and reduce waiting times. A service recovery plan is being implemented to bring the performance re: 30-week assessment complete by December 2022, although this assumes a stabilising of the referral rates. During 2022/23 capacity and demand will be more fully reviewed to identify any long-term recurrent investment requirements.

SEND health performance continues to be reported and monitored through the SEND Health Performance Group. Following the successful OFSTED SEND reinspection in June 2021 and the lifting of the improvement notice, the partnership has developed a refreshed SEND improvement plan, revised its governance arrangements and is in the process of refreshing the SEND dashboard and risk register. This will revise how health performance will be reported to the SEND Continuous Improvement Board and will be finalised in due course.

CQC Inspections

Previously halted due to the COVID-19 pandemic. Practices in South Sefton CCG GP practices are visited by the Care Quality Commission and details of any inspection results are published on their website. The inspections have resumed, but no new inspections have taken place in March.

NHS Oversight Framework (NHS OF)

The NHS Oversight Framework (NHS OF) has now been superseded by the NHS System Oversight Framework (NHS SOF). The NHS SOF for 2021/22 provides clarity to Integrated Care Systems (ICSs), Trusts and Commissioners on how NHS England and NHS Improvement will monitor performance; sets expectations on working together to maintain and improve the quality of care; and describes how identified support needs to improve standards and outcomes will be co-ordinated and delivered. A separate report is prepared for Governing Body. This report presents an overview of the 2021/22 System Oversight Framework, and a summary of the latest performance including exception commentary regarding indicators for which the CCG's performance is consistently declining. The report describes reasons for underperformance, actions being taken by managerial leads to improve performance, and expected date of improvement.

2. Planned Care

2.1 Referrals by source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2019/20 Previous Full Financial Year	2021/22 Actuals	+/-	%	2019/20 Previous Full Financial Year	2021/22 Actuals	+/-	%	2019/20 Previous Full Financial Year	2021/22 Actuals	+/-	%
	Month											
April	3150	3890	740	23.5%	2191	1008	-1183	-54.0%	6448	6407	-41	-0.6%
May	3332	3433	101	3.0%	2430	1415	-1015	-41.8%	6952	5992	-960	-13.8%
June	3394	4375	981	28.9%	2158	1798	-360	-16.7%	6740	7485	745	11.1%
July	3645	3938	293	8.0%	2603	1559	-1044	-40.1%	7356	6726	-630	-8.6%
August	3177	3306	129	4.1%	2164	1487	-677	-31.3%	6407	5944	-463	-7.2%
September	3132	3790	658	21.0%	2403	1626	-777	-32.3%	6608	6748	140	2.1%
October	3635	3743	108	3.0%	2471	1546	-925	-37.4%	7382	6618	-764	-10.3%
November	3263	4170	907	27.8%	2105	1735	-370	-17.6%	6696	7293	597	8.9%
December	2554	3004	450	17.6%	1934	1431	-503	-26.0%	5703	5651	-52	-0.9%
January	3277	3404	127	3.9%	2362	1596	-766	-32.4%	7010	6268	-742	-10.6%
February	3065	3813	748	24.4%	2048	1661	-387	-18.9%	6371	6717	346	5.4%
March	2186	4106	1920	87.8%	1541	1805	264	17.1%	4839	7324	2485	51.4%
Monthly Average	3151	3748	597	18.9%	2201	1556	-645	-29.3%	6543	6598	55	0.8%
YTD Total Month 12	37810	44972	7162	18.9%	26410	18667	-7743	-29.3%	78512	79173	661	0.8%
Annual/FOT	37810	44972	7162	18.9%	26410	18667	-7743	-29.3%	78512	79173	661	0.8%

Figure 1 - Referrals by Source across all providers for 2019/20, 2020/21 & 2021/22



Month 12 Summary:

- A focus on elective restoration has ensured that South Sefton CCG referrals at the end of H2 of the 2021/22 financial year are 35.8% higher than in the equivalent period of the previous year (a period in which elective services were severely impacted by the first wave of the COVID-19 pandemic).
- Also when comparing to 2019/20 (pre-pandemic) levels, referrals are 0.8% higher as at month 12.
- GP referrals have seen significant increases in 2021/22 to the previous year and are reporting a 7.7% increase in March-22 when comparing to the previous month. However, when considering working days, further analysis has established there have been approximately -12 fewer GP referrals per day in month 12 when comparing February-22.
- At the lead provider hospital site, trends show that total secondary care referrals in March-22 have increased by 226/6.4% when compared to the previous month.
- Referrals to Aintree Hospital are also significantly higher when comparing to the equivalent period in the previous year but remain -4.8% below pre-pandemic (i.e. 2019/20) levels. Despite this, June-21 saw the highest number of referrals since October-19.
- Trauma & Orthopaedics was the highest referred to specialty for South Sefton CCG in 2020/21 but referrals to this speciality have decreased significantly in 2021/22. However, South Sefton CCG are aware of a recording issue from May-21 as a result of a PAS merger between the Aintree Hospital and Royal Liverpool sites. This appears to have resulted in decreases in specialities such as Trauma & Orthopaedics and increases in specialities such as Physiotherapy, Rehabilitation and Cardiology, particularly during earlier months in the year.
- In terms of referral priority, the majority of priority types have seen an increase at month 12 of 2021/22 when comparing to the equivalent period in the previous year. The largest variance has occurred within routine referrals with an increase of 67.6% (22,003). However, Urgent referrals have decreased by -20.3% which is largely a result of reduced consultant-to-consultant referrals at Aintree Hospital within the Ophthalmology and Trauma & Orthopaedics services.
- Analysis suggests a recovery of two week wait referrals with the 991 reported in September-21 representing the highest monthly total of the last three years with the Dermatology and Breast Surgery services making up much of this increase followed by Gastroenterology.
- Spire Liverpool have not submitted data for March-22 and have therefore been excluded from the monthly analysis.

2.2 NHS E-Referral Services (e-RS)

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

2.3 Diagnostic Test Waiting Times



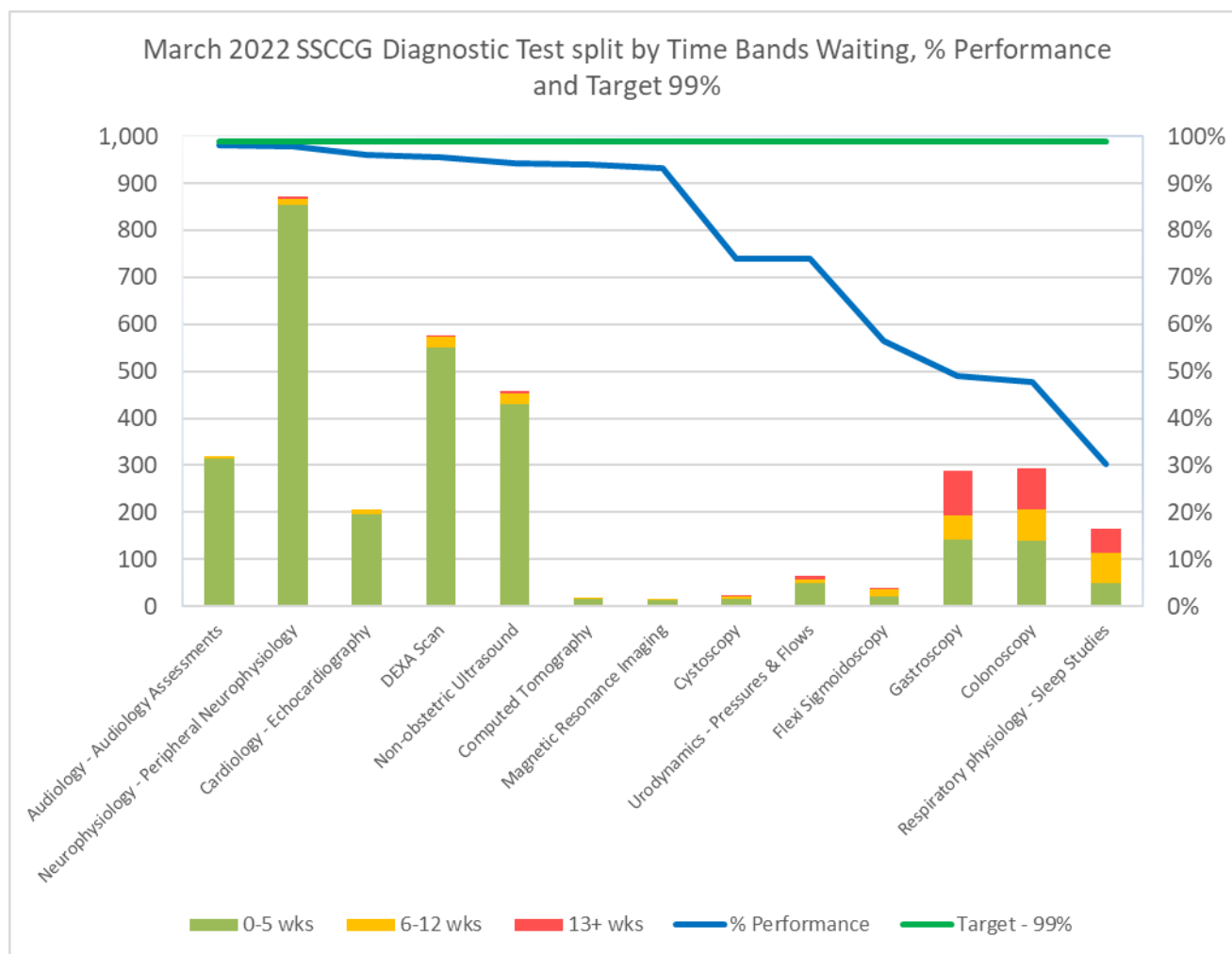
Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Diagnosics - % of patients waiting 6 weeks or more for a diagnostic test		Previous 3 months and latest				133a	The risk that the CCG is unable to meet statutory duty to provide patients with 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		Dec-21	Jan-22	Feb-22	Mar-22	
		CCG	19.36%	19.97%	16.66%	16.22%	
		LUHFT	15.24%	16.75%	13.84%	14.05%	
		Previous year	Dec-20	Jan-21	Feb-21	Mar-21	
		CCG	15.84%	17.25%	10.90%	8.39%	
		LUHFT	22.19%	25.01%	18.02%	10.79%	
		National Target: less than 1%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> For the CCG 3,335 patients on the waiting list with 541 waiting over 6 weeks (of those 258 are waiting over 13 weeks). Same period last year saw 2,563 patients waiting in total and 215 waiting over 6 weeks (of those 48 waiting over 13 weeks). Gastroscopy (147), Colonoscopy (153) and Respiratory physiology - sleep studies (115) make up 76.7% of the total breaches. The CCG and Trust is reporting well below the national level of 24.85%. For LUHFT joint performance was 14.05% in March compared to 13.84% the previous month. Impact on performance due to COVID-19 pandemic. Infection Prevention Control (IPC) guidance has resulted in reduced capacity. 							
Actions to Address/Assurances:							
CCG Actions:							
<ul style="list-style-type: none"> Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership (HCP) to establish recovery and innovation for longer term sustainability is on-going. Collaborative Commissioning Forum (CCF) and Contract Quality Review Meeting (CQRM) convene to ensure performance and quality concerns are addressed and assurance is sought from providers. CCG reviewing waiting list/referral trends to analyse provider positions comparable with the national picture. 							
System:							
<ul style="list-style-type: none"> Liverpool CCG continues to meet with providers such as LUHFT to discuss diagnostic recovery approach. Discussions at Cheshire and Mersey (C&M) footprint via C&M imaging network with a local focus on how system can make performance improvements. Establishment of a C&M Endoscopy operational recovery team with membership from the Cancer Alliance, the hospital cell, clinical leads, Chief Operating Officers (COO's) from key providers. Further developments expected within coming months with regards to community diagnostic hubs, envisaged to provide additional diagnostic capacity across a number of modalities, aimed to meet additional diagnostic demand and support improved performance. 							
LUHFT Actions: Capacity Actions:							
<ul style="list-style-type: none"> Endoscopy insourcing and waiting list initiatives continue to increase capacity. External recruitment to Consultant and Nurse Endoscopist in progress. Continued access to the relocatable scanner confirmed until March 2022. Assuming no significant increase in demand will prevent any further deterioration in CT performance. Revised additional payment rates for Radiology workforce across CT, MRI and ultrasound to increase diagnostic capacity. Trust in process of working up bids to the cancer alliance for innovation funding 2022/23 with a focus on rapid access diagnostics. 							
Improvement Actions:							
<ul style="list-style-type: none"> Central management of patients access for test across all sites to reduce variation in access between sites. Focus on reducing Gastroenterology follow-up waits as per CQC recommendations. 							
When is performance expected to recover:							
No specific date for recovery provided.							
Quality:							
No quality concerns have been raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		John Wray		Terry Hill			

Figure 2 – March CCG Diagnostics Chart and Table



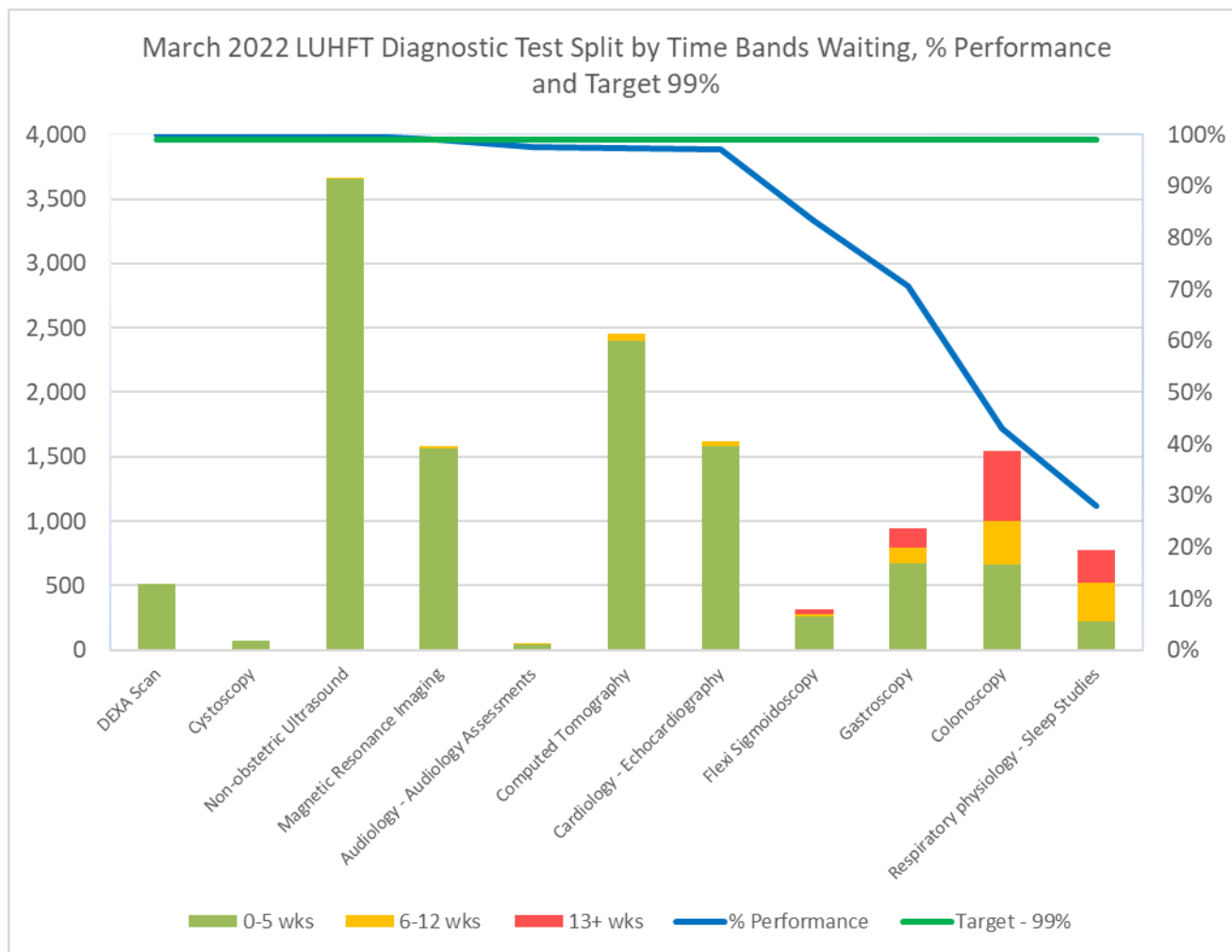
Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
Audiology - Audiology Assessments	314	6	0	98.13%	99%
Neurophysiology - Peripheral Neurophysiology	853	14	4	97.93%	99%
Cardiology - Echocardiography	197	8	0	96.10%	99%
DEXA Scan	551	22	4	95.49%	99%
Non-obstetric Ultrasound	431	23	3	94.31%	99%
Computed Tomography	16	1	0	94.12%	99%
Magnetic Resonance Imaging	14	1	0	93.33%	99%
Cystoscopy	17	5	1	73.91%	99%
Urodynamics - Pressures & Flows	48	9	8	73.85%	99%
Flexi Sigmoidoscopy	22	14	3	56.41%	99%
Gastroscopy	141	52	95	48.96%	99%
Colonoscopy	140	65	88	47.78%	99%
Respiratory physiology - Sleep Studies	50	63	52	30.30%	99%
Total	2,794	283	258	83.78%	99%

For diagnostics overall, the CCG is reporting 83.78%, below target of greater than 99% seen within 6 weeks and the proportion waiting over 13 weeks is 7.74%. National levels overall are currently at 75.15% and the proportion waiting over 13 weeks nationally is at 9.28%. The CCG is performing better on both counts.

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



Six North Mersey gastro pathways have been launched into primary care in early October across North Mersey (South Sefton, Southport & Formby, Liverpool and Knowsley CCGs) covering dyspepsia, IBS, suspected liver disease, suspected anaemia, CIBH diarrhoea, CIBH constipation. The pathways detail for GPs what approaches/tests to consider prior to potential Advice & Guidance (A&G)/referral and recommend the usages of A&G as appropriate instead of automatic referral. It is expected the launch of the pathways across North Mersey will have a significant impact on the number of scopes delivered and therefore, in time reduce demand on gastro services and have an impact on the performance. The implementation of low risk 'FIT' will help support in a reduction of routine referrals into secondary care. High risk 'FIT' has been rolled out across Cheshire and Merseyside and is expected to reduce the number of 2ww referrals and create capacity that will be focused on managing waiting lists.

Figure 2 – March LUHFT Diagnostics Chart and Table



Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
DEXA Scan	515	0	0	100.00%	99%
Cystoscopy	70	0	0	100.00%	99%
Non-obstetric Ultrasound	3,658	1	0	99.97%	99%
Magnetic Resonance Imaging	1,562	17	0	98.92%	99%
Audiology - Audiology Assessments	40	1	0	97.56%	99%
Computed Tomography	2,396	63	0	97.44%	99%
Cardiology - Echocardiography	1,578	46	0	97.17%	99%
Flexi Sigmoidoscopy	260	23	29	83.33%	99%
Gastroscopy	670	122	157	70.60%	99%
Colonoscopy	662	336	545	42.90%	99%
Respiratory physiology - Sleep Studies	218	308	253	27.98%	99%
Total	11,629	917	984	85.95%	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 CCG 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		Dec-21	Jan-22	Feb-22	Mar-22	
		CCG	54.67%	52.08%	51.80%	51.24%	
		LUHFT	54.13%	54.55%	54.27%	54.00%	
		Previous year	Dec-20	Jan-21	Feb-21	Mar-21	
		CCG	63.96%	62.25%	61.33%	62.11%	
		LUHFT	64.70%	63.86%	63.25%	63.44%	
Plan: 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> This month both the CCG and Trust are showing similar performance to last month reporting well below the 92% target. The challenged specialties for the CCG include ENT (36.9%), General Surgery (35.6%), Urology (38.3%) and T&O (49.7%). Included in the long waiters there were 39 patients waiting over 104 weeks. Of the 39 there were 15 T&O, 8 General surgery, 7 ENT, 5 Urology, 3 Other - Surgical Services and 1 Dermatology. The lead commissioner review Root Cause Analyses (RCAs) and harm reviews submitted by the provider for 104 days breaches and long waiters. Feedback has been provided to the Trust regarding those submitted and no serious harms have been identified. The expectation set out in recently published operation planning guidance is that the system eliminates 104 weeks waits by July 2022. The CCG and Trust are reporting below the national level of 62.42%. LUHFT's overall waiting list has increased by 3,565 from previous month to 76,973 in March. Renacres has been under the national contract for independent sector services in 2020-21 and is now back on an NHS standard contract from the 1st April 2021. Renacres has its own backlog of waiters and is also supporting S&O with elective recovery. 							
Actions to Address/Assurances:							
CCG Actions:							
<ul style="list-style-type: none"> As with diagnostics, collaborative working with North West Outpatient Transformation Programme and Health Care Partnership (HCP) to establish recovery and innovation for longer term sustainability is on-going. Work with system partners and National/regional leads to enable a co-ordinated approach to ensure equality of access and best use of resource during the recovery phase and beyond (including mutual aid), including discussing proposal with regards to surgical hubs/Green sites, digital risk stratification (A2I) and system PTL/waiting lists. Work with National Elective care programme leads to develop and implement a system modelling tool in Ophthalmology, that will indicate changing levels of activity across the pathway, and support transformation of services, with expected positive impact on restoration and performance. Work with National Elective care programme leads, sharing good practice in relation to development of integrated Gastroenterology pathways already implemented across Sefton & Liverpool. Pathways currently out for discussion across Cheshire and Merseyside footprint. Review recovery plans of smaller independent providers, that sit outside of 'command and control' structures including indicative activity plans and waiting list size. CCG 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 CCG is working closely with Renacres on assurance around waiting list performance, including its processes to review and validate waiting lists from a patient quality perspective, prioritising by clinical need and length of time on the waiting list. CCG viewing waiting list/referral trends to analyse provider positions comparable with national picture. 							
LUHFT Actions:							
Key actions taken to support the safe restart of the elective programme on the Royal and Aintree sites include:							
<ul style="list-style-type: none"> Trust continues to clinically prioritise patients in line with national guidance on prioritisation codes 1-4 (P-codes), focus remains on P1 and P2 (highest priority patients) and longest waiters. Trust are focused on sustained and extended use of virtual appointments where clinically appropriate and in line with National Operating Guidance. Patient Initiated Follow-ups (PIFU) – Project initiated to both identify new patients not suitable for follow-up consultation, and those currently waiting for follow-up, suitable for PIFU. Will allow the Trust to safely reduce unnecessary demand for patients whom may not need a follow-up and protecting capacity for those patients with an identified clinical priority. Two-way text reminders and use of robotic process automation – system that will allow patients to reply to a text appointment reminder and where a patient can no longer attend an appointment, their slot will be automatically cancelled and become available for rebooking. Reducing DNAs and waste. A change in Infection Prevention Control (IPC) guidance supporting reduction in self-isolation, resulting in improved utilisation of cancellations. 							
When is performance expected to recover:							
No specific date for recovery provided.							
Quality:							
No quality concerns have been raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		John Wray		Terry Hill			

2.4.1 Referral to Treatment Incomplete pathway - 52+ Week Waiters



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (52+ weeks)		Previous 3 months and latest				129c	The CCG 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		Dec-21	Jan-22	Feb-22	Mar-22	
		CCG	1,361	1,513	1,631	1,836	
		LUHFT	5,782	6,028	5,781	6,367	
		Previous year	Dec-20	Jan-21	Feb-21	Mar-21	
		CCG	647	1,025	1,374	1,548	
		LUHFT	2,327	3,395	4,431	5,027	
		Plan: Zero					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Of the 1,836 breaches, the majority were at were at Liverpool University Hospital Foundation Trust (1,559) the remaining 277 breaches spanned across 26 other Trusts. 52+ week waits for the CCG represent 8.20% of the total waiting list in March which is above the national level of 4.82%. LUHFT 52 week breaches increased by 586 to 6,367 in March. The largest number of patient waiting in excess of 52 weeks were in ENT (1,755), T&O (1,228), General Surgery (751) and other surgical services (675). High volumes of priority 2 patients restricting ability to reduce long waits. 							
Actions to Address/Assurances:							
CCG/System Actions:							
<ul style="list-style-type: none"> Monitoring of the 36+ week waiter continues. Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability in on-going. The Hospital Cell produce a weekly dashboard with close monitoring of performance across a number of elective care metrics. System focus on prioritising long waiters (52+ weeks), with specific focus on 78 and 104+ week waits. System meeting with executive trust membership focused on elimination of 104+ week waits by July 2022. Quality concerns will be discussed at Collaborative Commissioning Forum (CCF) and brought through to Contract Quality Review Meeting (CQRM) as appropriate. 52 week waiters is a standing agenda item at Clinical Quality Review Meetings (CQRM) for assurance. 							
LUHFT Actions:							
Key actions taken to support the safe restart of the elective programme on the Royal and Aintree sites include:							
<ul style="list-style-type: none"> Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery. Breaches/appointment cancellations were directly related to COVID-19 issues and the patients have since been prioritised and offered new appointments. In line with guidance, the Trust are validating their waiting list. Review of activity and workforce commenced to support rota development and future workforce planning to maintain safe staffing levels matched to patient demand. Improved number and utilisation of theatres sessions. 							
When is performance expected to recover:							
No specific date for recovery set, other than elimination of over 104 weeks by July 2022.							
Quality:							
No quality concerns have been raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		John Wray		Terry Hill			

Figure 3 – CCG RTT Performance & Activity Trend

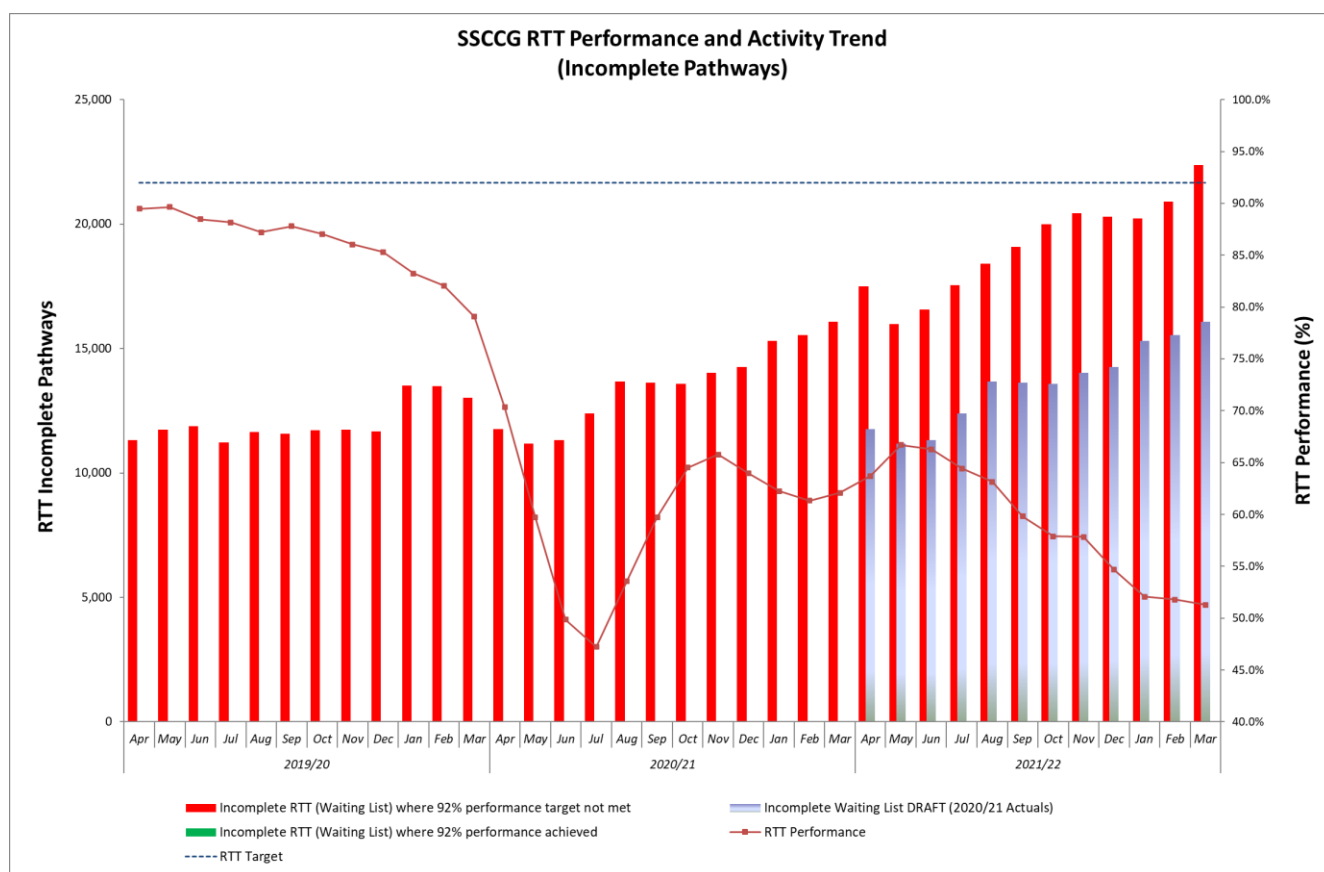


Figure 4 - South Sefton CCG and LUHFT Total Incomplete Pathways

South Sefton CCG

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)*	11,751	11,179	11,311	12,389	13,682	13,626	13,657	14,029	14,265	15,308	15,541	16,076	16,076
2021/22	17,491	15,977	16,576	17,537	18,395	19,085	19,998	20,431	20,296	20,229	20,894	22,379	22,379
Difference	5,740	4,798	5,265	5,148	4,713	5,459	6,341	6,402	6,031	4,921	5,353	6,303	6,303
52 week waiters - Plan (last year's actuals)*	8	46	106	171	198	247	349	503	647	1,025	1,374	1,548	
52 week waiters - Actual	1,422	978	912	1,017	1,082	1,231	1,390	1,382	1,361	1,513	1,631	1,836	
Difference	1,414	932	806	846	884	984	1,041	879	714	488	257	288	

LUHFT

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)*	41,822	39,838	39,096	41,292	42,299	40,417	42,570	43,605	44,536	46,052	47,414	49,055	49,055
2021/22	51,649	55,528	58,134	61,222	63,996	66,130	69,501	70,127	69,433	72,154	73,408	76,973	76,973
Difference	9,827	15,690	19,038	19,930	21,697	25,713	26,931	26,522	24,897	26,102	25,994	27,918	27,918

*NB. Plans were not required for 2021/22 Operational Planning. Therefore, previous year being used for comparative purposes.

There were a total of 4,921 South Sefton CCG patients waiting over 36+ weeks, the majority at LUHFT. Of the total long waiters, 1,836 patients were waiting over 52 weeks, an increase of 205 on last month when 1,631 breaches were reported. The majority of these patients were at LUHFT (1,559) with the remaining 277 breaches spanned across 26 other Trusts.

The 1,836 52+ week wait breaches reported for the CCG represent 8.20% of the total waiting list in March 2022 which is above the national level of 4.82%.

Included in the long waiters there were 39 patients waiting over 104 weeks, half of what was reported last month. Liverpool CCG, as Lead Commissioner for LUHFT review Root Cause Analyses (RCAs) and harm reviews submitted by the provider for 104 days breaches and long waiters. Feedback has been provided to the Trust regarding those submitted and no serious harms have been identified. Additionally, the Deputy Chief Operating Officer has established a weekly review group to address

patients waiting over 104 days (along with patients waiting on the 62-day cancer pathway). The expectation set out in recently published operation planning guidance is that the system eliminates 104 weeks waits by July 2022.

Overall waiters increased by 1,485 this month with a total 22,379 South Sefton patients now on the RTT waiting list in March 2022. This is compared to 16,076 patients waiting in the equivalent period of the previous year and 20,894 in February 2022. The monthly waiting list position remains high at CCG and Trust, mirroring the national trend. The CCG conducted further trend analysis into RTT incomplete pathways, which was shared at senior management team in April 2022.

LUHFT had a total of 6,367 52-week breaches in March 2022, showing a decrease of -9.2% (-586) from previous month when the Trust reported 5,781.

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

2.4.2 Provider assurance for long waiters

Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	120: ENT	503	7	<i>Trust Comment:</i> The Trust has been working closely with system partners to maintain access to elective treatment for those patients who have a diagnosis of cancer or who are clinically urgent. Continued focus remains on clinical prioritisation and access to capacity through internal restoration of elective capacity, mutual aid, independent sector (Ophthalmology, Orthopaedics, General Surgery) and waiting list initiatives. The Trust has worked to maintain outpatient activity where possible and has seen a significant shift from face-to-face appointments to virtual appointments where it is clinically appropriate, mitigating the risk of cross infection and risk of clinical harm due to delays in care. Work through the Elective Access Strategic Oversight Group and Outpatient Improvement Programme will focus on the sustained and extended use of virtual appointments where it is clinically appropriate and in line with National Operating Guidance. The Trust continues to be a part of the Cheshire and Merseyside 104 Club to review long waits weekly and identify areas of concern to support elimination of 104 week waits by the end of June 2022. There will be a move to focus on patients waiting over 78 weeks from May 2022 onwards. Specialty and Divisional wait list meeting take place weekly. Work continues with Cheshire and Merseyside Elective restoration on theatre productivity dashboards and KPMG to review PTL pathway management. A workshop was delivered early May 2022. Improved clinic slot utilisation and outpatient (new and follow up) activity work has commenced and is reported weekly.
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	110: TRAUMA & ORTHOPAEDICS	243	9	<i>Trust Comment:</i> See LUHFT comment above
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	100: GENERAL SURGERY	240	1	<i>Trust Comment:</i> See LUHFT comment above
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	101: UROLOGY	157		<i>Trust Comment:</i> See LUHFT comment above
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	301: GASTROENTEROLOGY	157		<i>Trust Comment:</i> See LUHFT comment above
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	X05: ALL OTHER - SURGICAL	115	3	<i>Trust Comment:</i> See LUHFT comment above
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	130: OPHTHALMOLOGY	107		<i>Trust Comment:</i> See LUHFT comment above
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	502: GYNAECOLOGY	100		<i>Trust Comment:</i> Work continues to ensure that the Trust's 52 week wait position does not deteriorate and a range of actions are in place to reduce waiting times. The Board Committees receives detailed information on these actions and trajectories on a regular basis. Joint clinics have been implemented across Maternity and Gynaecology to deliver outpatient care. Some joint theatre lists have been agreed at Liverpool University sites, to facilitate planned care for predictable medical conditions. 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. Improvement trajectories have been submitted as part of the annual planning process. A workshop focussing on improvements to RTT and incomplete pathways took place at the end of March to improve processes and speed up patient pathways. Additional capacity is now available via the employment of a Locum Consultant who started working at the Trust in April 2022.

Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	160: PLASTIC SURGERY	50		<i>Trust Comment:</i> All elective performance measures are incrementally improving as the Trust delivers its recovery plans and the situation will be continually monitored to prioritise the most clinically urgent patients. 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. All patients are being contacted with updates on the Trust position but there is a list of patients who continue to decline treatment due to Covid. The Trust continues to make numerous contacts and attempts to persuade these patients to attend. 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.
SPIRE LIVERPOOL HOSPITAL	101: UROLOGY	20	2	<i>Trust Comment:</i> 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 anticipated recovery has begun against the waiting list data, showing a reduction in 52 weeks waiters. Spire continues to perform in line with the trajectory, as planned on the waiting list reduction action plan. Due to the nature of patients at Spire Liverpool, several patients need to come into the hospital for an examination. However, the hospital is working with the consultants to identify those services that can return to a more virtual model of delivery, however the Trust is finding that patients would rather attend the hospital than have a virtual appointment.
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	330: DERMATOLOGY	13	1	<i>Trust Comment:</i> See LUHFT comment above
RENACRES HOSPITAL	110: TRAUMA & ORTHOPAEDICS	10	1	<i>Trust Comment:</i> Ramsay Health Care has treated the highest volumes of NHS patients in the independent sector throughout the pandemic. Ramsay continues to work in partnership with the NHS supporting the growing waiting lists and ensuring ongoing access to healthcare for patients moving forward.
SPIRE LIVERPOOL HOSPITAL	110: TRAUMA & ORTHOPAEDICS	7	5	<i>Trust Comment:</i> See SPIRE comment above
SPIRE LIVERPOOL HOSPITAL	100: GENERAL SURGERY	7	2	<i>Trust Comment:</i> See SPIRE comment above

Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	120: ENT	6		<i>Trust Comment</i> : The Trust has contracted further external validation support from December to augment existing internal validation capacity to tackle the validation backlog of known data quality issues arising from the Cerner migration. There have been significant in-roads made in fully validating the various validation backlogs during December and progress is tracked via the Data Quality Task and Finish Group. Mobilisation of the revised Elective Recovery programme is well under way with an agreed structure and governance framework commenced from the start of January. Six task and finish groups have been established with a focus on delivery of elective recovery in the following areas: Data Quality EPR and PTL issues, Cancer performance, Theatres, Outpatients, Patient Flow and Diagnostics. Each task and finish group will be led by an Executive Senior Responsible Officer (SRO), consist of cross organisational, MDT membership, and will focus on the completion of agreed milestones and actions to support delivery of agreed KPIs. A governance infrastructure to Executive and Board level has been established to enable clear visibility and assurance on delivery. Work continues in developing links with the independent sector (IS). The Trust have progressed discussions with Pioneer Healthcare to provide a full staffing solution for cohorts of elective orthopaedic, ophthalmology and hepatology patients. In addition, discussions with a number of other IS providers continue to develop insourcing and outsourcing solutions for our most electively challenged specialties- Ophthalmology, Gynaecology, Urology, Endoscopy, ENT and orthopaedics. Trust continues to request mutual aid from the region and are working with Alder Hey, Liverpool Women's Hospital and Wirral University Hospital to develop pathways for mutual aid for paediatric ophthalmology, gynaecology and ophthalmology respectively.
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	110: TRAUMA & ORTHOPAEDICS	5		<i>Trust Comment</i> : 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.
SPAMEDICA LIVERPOOL	130: OPHTHALMOLOGY	4		<i>Trust Comment</i> : Patients are being referred to Spamedica as part of the Inter-provider transfer arrangement with Liverpool St Pauls.
SPIRE LIVERPOOL HOSPITAL	301: GASTROENTEROLOGY	4		<i>Trust Comment</i> : See SPIRE comment above
RENACRES HOSPITAL	X02: ALL OTHER - MEDICAL	4		<i>Trust Comment</i> : See RENACRES comment above
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	100: GENERAL SURGERY	2		<i>Trust Comment</i> : The Manchester Elective Surgical Hub has been mobilised to ensure patients with urgent clinical needs are treated and maintain oversight and effective use of resources across Manchester University. The Trust continues to maximise Trafford General Hospital as a green site. The potential to utilise private sector capacity and Greater Manchester and regional pathways are under constant consideration in order to maximise delivery of patient care. Processes to review individual patients for clinical harm continue. Ongoing Outpatient Improvement work as part of the Recovery Programme continues to develop transformation opportunities. Weekly RTT oversight and performance meetings holding hospitals to account on delivery. Group Chief Operating Officer teams (Transformation and RTT) continue in place to support hospitals, including consistent, safe approach to development of Attend Anywhere, Virtual triage and Patient initiated follow up programmes. Additional timely validation of waiting lists by Hospital sites and Group resource continues. A national outpatient validation and clinical prioritisation programme commenced in March 2022.



Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	100: GENERAL SURGERY	2		<i>Trust Comment:</i> The Trust is progressing with transferring additional patients to the independent sector. There has been an extension of the contract to transfer patients for Bariatric Surgery. Key actions have been identified around divisional waiting list management with a focus on validation, data quality and over 52 weeks patients. Booking processes have now been reviewed and improved. All patients are contacted via text message to confirm that they still wish to have their procedure, with longest waiting patients prioritised for contact by phone. Training continues on RTT for new staff and where post validation has found incorrect actioning of pathway for staff to be retrained. A band 5 to be recruited to support.
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	101: UROLOGY	2		<i>Trust Comment:</i> See ST HELENS comment above
NORTHERN CARE ALLIANCE NHS FOUNDATION TRUST	110: TRAUMA & ORTHOPAEDICS	2		<i>Trust Comment:</i> Plans are in place across all specialties and a restoration plan has been submitted, and the Trust is currently meeting targeted restoration activity levels. The Trust continues risk stratification of all patients and to clinically prioritise surgical waiting lists. There are weekly PTL meetings to track patients and escalate any issues. Virtual appointments take place wherever possible. Gynaecology has pre-COVID theatres back to capacity and all theatres have now reverted to a six week notice period. The Trust is maximising the utilisation of the independent sector to reduce long waiters and is now in a sub group with Renacres to deliver activity as part of the Trust recovery plan. There is enhanced speciality management as the Trust manages COVID absence.
THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	110: TRAUMA & ORTHOPAEDICS	2		<i>Trust Comment:</i> The Trust continues with plans and actions to manage demand, with increasing theatre sessions. Constantly monitoring waiting list movements alongside capacity available for the clinically urgent patients. Mutual aid discussions are in progress with the independent sector to provide some capacity. Currently identifying patients who are suitable, and will agree to transfer.
MANCHESTER SURGICAL SERVICES LTD	120: ENT	2		<i>Trust Comment:</i> Plans are in place across all specialties and a restoration plan has been submitted, and the Trust is currently meeting targeted restoration activity levels. The Trust continues risk stratification of all patients and to clinically prioritise surgical waiting lists. There are weekly PTL meetings to track patients and escalate any issues. Virtual appointments take place wherever possible. Gynaecology has pre-COVID theatres back to capacity and all theatres have now reverted to a six week notice period. The Trust is maximising the utilisation of the independent sector to reduce long waiters and is now in a sub group with Renacres to deliver activity as part of the Trust recovery plan. There is enhanced speciality management as the Trust manages COVID absence.
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	340: RESPIRATORY MEDINE	2		<i>Trust Comment:</i> See LUHFT comment above
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	502: GYNAECOLOGY	2		<i>Trust Comment:</i> See MANCHESTER comment above
RENACRES HOSPITAL	502: GYNAECOLOGY	2		<i>Trust Comment:</i> See RENACRES comment above
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	502: GYNAECOLOGY	2		<i>Trust Comment:</i> Plans are in place across all specialties and a restoration plan has been submitted, and the Trust is currently meeting targeted restoration activity levels. The Trust continues risk stratification of all patients and to clinically prioritise surgical waiting lists. There are weekly PTL meetings to track patients and escalate any issues. Virtual appointments take place wherever possible. Gynaecology has pre-COVID theatres back to capacity and all theatres have now reverted to a six week notice period. The Trust is maximising the utilisation of the independent sector to reduce long waiters and is now in a sub group with Renacres to deliver activity as part of the Trust recovery plan. There is enhanced speciality management as the Trust manages COVID absence.

Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	X05: ALL OTHER - SURGICAL	2		<i>Trust Comment:</i> See SOUTHPORT comment above
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	X05: ALL OTHER - SURGICAL	2		<i>Trust Comment:</i> The clinical divisions are well sighted on the risks to recovery and have mitigations in place. The Trust is participating in the Cheshire and Merseyside elective recovery programme. There is continued use of the Independent Sector and Insourcing. There has been a regional review and agreement around staffing requirements to maximise qualified staff utilisation, particularly in critical care. There has been the introduction of HVLC (High Volume Low Complexity) surgical pathways. There is Green site working with the development on the Clatterbridge site.
RENACRES HOSPITAL	100: GENERAL SURGERY	1	4	<i>Trust Comment:</i> See RENACRES comment above
RENACRES HOSPITAL	101: UROLOGY	1	3	<i>Trust Comment:</i> See RENACRES comment above
PHOENIX PUBLIC HEALTH LTD	100: GENERAL SURGERY	1		<i>Trust Comment:</i> Due to the patient's comorbidity s/he was to undergo surgery at Aintree Hospital to utilise the support of both Nephrology and Cardiology. Unfortunately, due to the ongoing covid pandemic in 2021, it proved impossible to organise surgery at the Aintree site. However in the meantime the patient became unwell and is awaiting surgery and therefore for the time being s/he has been removed from the bariatric waiting list for surgery. Once the issues have been resolve the Trust will be happy to see the patient once again to organise the bariatric procedure.
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	100: GENERAL SURGERY	1		<i>Trust Comment:</i> See SOUTHPORT comment above
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	101: UROLOGY	1		<i>Trust Comment:</i> Urology has recently recruited additional nursing staff to support clinics and diagnostic tests which will help progress patients along RTT pathways.
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	101: UROLOGY	1		<i>Trust Comment:</i> Work continues on the improvement of waiting list data quality, overseen by the Executive-led oversight group. Q3 saw the implementation of a pathway management initiative which resulted in more than 750 patients being removed from the waiting list as they no longer needed an appointment.
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	110: TRAUMA & ORTHOPAEDICS	1		<i>Trust Comment:</i> Plans are in place across all specialties and a restoration plan has been submitted, and the Trust is currently meeting targeted restoration activity levels. The Trust continues risk stratification of all patients and to clinically prioritise surgical waiting lists. There are weekly PTL meetings to track patients and escalate any issues. Virtual appointments take place wherever possible. Gynaecology has pre-COVID theatres back to capacity and all theatres have now reverted to a six week notice period. The Trust is maximising the utilisation of the independent sector to reduce long waiters and is now in a sub group with Renacres to deliver activity as part of the Trust recovery plan. There is enhanced speciality management as the Trust manages COVID absence.
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	110: TRAUMA & ORTHOPAEDICS	1		<i>Trust Comment:</i> See SOUTHPORT comment above
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	130: OPHTHALMOLOGY	1		<i>Trust Comment:</i> Whilst the elective waiting list has grown significantly over the last two years, efforts to increase treatments have resulted in this growth slowing and significant progress has been made on 104+ week waits which are now projected to be significantly below plan at the end of the year. An assigned 40 bedded unit aims to create additional capacity to deliver elective (planned) Orthopaedic activity. All patients who breach the Referral to Treatment Time standard receive a letter from the Trust signposting available support and who to contact in the event that their condition deteriorates.

Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
SPAMEDICA SKELMERSDALE	130: OPHTHALMOLOGY	1		<i>Trust Comment:</i> Patients are being referred to Spamedica as part of the Inter-provider transfer arrangement with Liverpool St Pauls.
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	130: OPHTHALMOLOGY	1		<i>Trust Comment:</i> See ST HELENS comment above
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	170: CARDIOTHORACIC SURGERY	1		<i>Trust Comment:</i> Safely restoring maximum levels of elective activity amongst COVID system support remains the focus for the operational teams, delivering against the ambitious recovery trajectories. Elective (incl. day cases) activity is compared to the 2019/20 activity levels, with a strong focus on restoring activity to pre-Covid levels. The Trust continues to have challenges but have actions plans in place to meet the recovery trajectories that were developed earlier in the year. The Trust continues to experience issues with staffing across Cath Labs, Theatres and Radiology but these are being mitigated as far as possible. The clinical and operational teams are well sighted on the required performance which is managed through the divisional governance structures and Operational Board.
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	300: GENERAL INTERNAL SURGERY	1		<i>Trust Comment:</i> 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.
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	320: CARDIOLOGY	1		<i>Trust Comment:</i> See HEART & CHEST comment above
OAKLANDS HOSPITAL	502: GYNAECOLOGY	1		<i>Trust Comment:</i> 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.
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	502: GYNAECOLOGY	1		<i>Trust Comment:</i> See WIRRAL comment above
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	X04: ALL OTHER - PAEDIATRIC	1		<i>Trust Comment:</i> See MANCHESTER comment above
HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	X05: ALL OTHER - SURGICAL	1		<i>Trust Comment:</i> The Elective Recovery Group retains responsibility for managing elective waiting lists. Virtual outpatient appointments continue and clinical prioritisation of patients awaiting treatment using the national clinical prioritisation guidance.
LEEDS TEACHING HOSPITALS NHS TRUST	X05: ALL OTHER - SURGICAL	1		<i>Trust Comment:</i> The Tactical Reset Group has been established to realise opportunities to secure more elective capacity and deliver efficiencies in elective pathways. Mobile theatre to be placed at Wharfedale Hospital to provide additional capacity and reprioritisation of theatre lists at Wharfedale to focus on reducing the number of patients waiting over 104 weeks for treatment. Plans are in place to expand both ward and theatre capacity at Chapel Allerton Hospital. The Trust continues to revise the priority for patients who have waited over 80 weeks for treatment to a P3 category. There are additional weekend lists requests for high-risk specialties. The Trust is re-contacting long waiting patients to re-offer access to treatment at West Yorkshire Association of Acute Trusts hospitals. The Trust will maximise the new national contract with local Independent Sector providers to increase complexity of cases sent to the Independent sector.

Provider	Treatment Function Name	52-103 Weeks	104+ Weeks	Assurance Notes
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	X05: ALL OTHER - SURGICAL	1		<i>Trust Comment: See LUHFT comment above</i>
WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST	X05: ALL OTHER - SURGICAL	1		<i>Trust Comment: The Trust has robust recovery plans in place with clinical prioritisation. There has been an increase in the number of patients upgraded to a P2. These are mostly coming from harm reviews being conducted. Additional activity has commenced as part of H2 planning funding bid received. Elective capacity has been restored at the Halton Elective Centre and the Captain Sir Tom Moore Centre. The Trust continues to utilise the Independent Sector Capacity. Restoration and recovery plans for 2022/23 have been drawn up in line with Operational Planning Guidance.</i>
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	100: GENERAL SURGERY		1	<i>Trust Comment: See COUNTESS comment above</i>
		1797	39	
	Total	1836		



2.5 Cancelled Operations

Indicator		Performance Summary				Potential organisational or patient risk factors
Cancelled Operations		Previous 3 months and latest				
RED	TREND	Dec-21	Jan-22	Feb-22	Mar-22	
		4	13	10	12	
		Plan: Zero				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Reporting for this indicator has been suspended due to COVID-19 pandemic, so there is no data from February 2020 onwards. Data above is from the Trust Key Performance Reports no narrative supplied from the Trust other than the breaches are investigated and lessons learned are disseminated across the organisation. All patients who have cancelled operations on or day after the day of admission for non-clinical reasons to be offered another binding date within 28 days. 12 reported in March. No urgent operation to be cancelled for a 2nd time. None reported in March or year to date. 						
<ul style="list-style-type: none"> Performance discussed at the lead provider's Clinical Quality Review Meeting, with accompanying narrative requested for any breaches reported. 						
When is performance expected to recover:						
Recovery is anticipated in the coming months.						
Quality:						
No quality concerns raised.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		John Wray		Terry Hill		




2.6 Cancer Indicators Performance

Indicator		Performance Summary						NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Cancer Measures		Previous 3 months, latest and YTD						122a (linked)	Risk that CCG 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		Dec-21	Jan-22	Feb-22	Mar-22	YTD		
	2 Week Wait (Target 93%)	CCG	74.77%	69.39%	75.15%	73.44%	83.33%		
		LUHFT	64.10%	65.47%	71.55%	71.98%	81.29%		
	2 Week breast (Target 93%)	CCG	35.56%	23.26%	31.37%	23.91%	59.44%		
		LUHFT	24.05%	22.27%	26.91%	21.94%	57.04%		
	31 day 1st treatment (Target 96%)	CCG	97.44%	93.06%	95.16%	86.49%	95.82%		
		LUHFT	94.59%	91.32%	88.74%	90.77%	92.88%		
	31 day subsequent - drug (Target 98%)	CCG	100%	96.15%	100%	100%	99.03%		
		LUHFT	100%	100%	94.74%	100%	99.63%		
	31 day subsequent - surgery (Target 94%)	CCG	91.67%	82.35%	100%	85.71%	90.00%		
		LUHFT	77.42%	73.91%	78.57%	63.89%	80.31%		
	31 day subsequent - radiotherapy (Target 94%)	CCG	100%	100%	96.43%	96.00%	98.62%		
		LUHFT	No pats	No pats	100%	No pats	100%		
	62 day standard (Target 85%)	CCG	74.29%	69.70%	75.00%	52.94%	69.54%		
		LUHFT	55.51%	56.36%	55.91%	52.47%	61.06%		
	62 Day Screening (Target 90%)	CCG	66.67%	60.00%	25.00%	33.33%	65.43%		
		LUHFT	56.94%	37.25%	33.87%	54.35%	57.70%		
	62 Day Upgrade (Local Target 85%)	CCG	69.23%	50.00%	70.00%	56.52%	67.39%		
		LUHFT	78.07%	78.07%	83.18%	79.39%	81.60%		
Performance Overview/Issues:									
<ul style="list-style-type: none"> The CCG is achieving 2 of the 9 cancer measures year to date and 2 measures in March. The Trust is achieving 2 measure year to date and 1 in March. Pressures in breast and colorectal services continue to dominate under-performance across a number of access standards The CCG and Trust are still failing the 2 week wait measures in month and year to date. The main reason for the breaches is inadequate outpatient capacity associated with increased demand, which is generally sustained at 120% of pre pandemic levels. However numbers seen in March by LUHFT represented the highest month this financial year and a 24 % increase on the February position. This will impact positively on backlog and waiting times. For Cancer 62 Day standard the CCG is now measuring below the national level of 67.35% recording 52.94% in March. Again numbers treated by LUHFT represented the highest monthly total this financial year <p>2-week wait breast services: Performance declined again to 23.91% in March which is under the 93% target for the CCG. As a catchment position, Liverpool University Hospitals Foundation Trust (LUHFT), which is the main provider for breast services, is reporting just 21.94% under target in March, with 249 breaches out of a total of 319 patients seen. Demand for breast services increased significantly in month 7 and 8, likely driven by national Breast Awareness month in October and the death of a celebrity from breast cancer in September 2021. Demand now appears to be levelling off and in March LUHFT saw the highest monthly number of breast symptomatic patients for the past financial year.</p> <p>Key Areas of Focus for LUHFT:</p> <ul style="list-style-type: none"> 2 week wait capacity in Colorectal (driven by chronic capacity problems) and fluctuations in Breast (ongoing challenges with alignment with diagnostics). There has been successful recruitment to 2 radiology consultant posts and a breast locum and clinical fellow roles are being advertised. Mammography apprenticeships have also been made available. Funding is available from the Cheshire and Merseyside Cancer Alliance to develop community based low risk breast clinics. <p>Key Areas of Focus for SSCCG:</p> <ul style="list-style-type: none"> Communications with primary care around breast services to ensure realistic patient expectations on waiting times, aid demand management and promote provision of full clinical information to ensure that the triage process prioritises those most at risk of breast cancer. 									
Actions to Address/Assurances:									
2022/23 Priorities and Operational Planning Guidance asks the system to:									
<ul style="list-style-type: none"> Accelerate the restoration of cancer and elective care and to return the number of people waiting for longer than 62 days to the level seen in February 2020 Meet the Faster Diagnosis Standard (FDS) from Q3, ensuring at least 75% of patients will have cancer ruled out or diagnosed within 28 days of referral for diagnostic testing. Where the lower GI pathway is a barrier to achieving FDS, full implementation of faecal immunochemical tests. 									
When is performance expected to recover:									
Trajectories will be submitted by providers to reflect planning guidance for first appointments and first treatments to meet the expectation that the number of 62 day waits will return to pre pandemic levels.									
Quality:									
The LUHFT quality schedule has been developed to include quarterly sharing of the Trust's cancer improvement plan with commissioners.									
Indicator responsibility:									
Leadership Team Lead			Clinical Lead			Managerial Lead			
Martin McDowell			Dr Debbie Harvey			Sarah McGrath			



2.6.1 104+ Day Breaches

Indicator		Performance Summary				Potential organisational or patient risk factors
Cancer waits over 104 days - SSSCCG		Latest and previous 3 months				Risk that CCG 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	Dec-21	Jan-22	Feb-22	Mar-22	
		0	4	3	4	
Plan: Zero						
Performance Overview/Issues:						
<ul style="list-style-type: none"> The CCG reported 4 patients over 104 days in March. (No patients waiting more than 73 days on a 31 day pathway). Of the 4 patients, there were 2 breast patient delays, the first delay due to patient choice (113 days) the second due to complex diagnostic pathway (117 days), the third was a head & neck patient delay also due to complex diagnostic pathway (107 days), lastly an upper gastro patient whose delay was due to patient choice and waited 129 days. NB only the primary delay reason is captured here and all pathways will be subject to root cause analysis which typically identify multiple factors. North West guidance requires any patients who experience a long wait to be reviewed to ensure no harm has occurred as a result of the long wait. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> See actions and assurances in the main cancer measures template, 						
When is performance expected to recover:						
Providers are required to submit trajectories for recovery of all over 62 day backlogs to the pre-pandemic position by March 2022						
Quality:						
There is a monthly cancer harm review panel with input from Liverpool CCG Quality and Performance teams and a GP lead. The RCAs for breached pathways are reviewed against a number of KLOEs and feedback is provided to the provider following each panel. The KLOEs include evidence of safety netting and communication with patients/ primary care, risk stratification, utilisation of tracking and governance oversight. LUHFT is currently working through a backlog of harm reviews to allow the collation of information required for the detailed report requested through the Quality Committee on the number of patients waiting 104/73 days and a harm review action plan has been received by commissioners.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Dr Debbie Harvey		Sarah McGrath		

2.6.2 Faster Diagnosis Standard (FDS)

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
Cancer - Faster Diagnosis Standard Measures		Previous 3 months, latest and YTD						Risk that CCG 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		Dec-21	Jan-22	Feb-22	Mar-22			YTD
	28-Day FDS 2 Week Wait Referral	CCG	65.28%	57.06%	53.86%	61.03%			64.21%
		Target	75% Target from Q3 2021-22						
	28-Day FDS 2 Week Wait Breast Symptoms Referral	CCG	87.23%	71.05%	75.00%	58.14%			84.57%
		Target	75% Target from Q3 2021-22						
	28-Day FDS Screening Referral	CCG	28.30%	25.58%	54.89%	46.43%			41.87%
		Target	75% Target from Q3 2021-22						
Performance Overview/Issues:									
<ul style="list-style-type: none"> The 2021/22 Priorities and Operational Planning Guidance has a strong focus on full operational restoration of cancer services. Systems to meet the new Faster Diagnosis Standard (FDS) from Q3, at a level of 75%. Year to date, the CCG performed above the proposed target for the 2 week breast symptom FDS indicator. However, the two week and screening referral indicators performed below target. RAG is indicating the measures achieving now the 75% target is live. 28 Day FDS overall reporting for March is 60.45% and 63.97% 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:									
<ul style="list-style-type: none"> The new Faster Diagnosis Standard (FDS) is designed to ensure that patients who are referred for investigation of suspected cancer will have this excluded or confirmed within a 28 day timeframe. Actions to achieve the 28 days standard are consistent with actions aimed at shortening the diagnostic element of the pathway to aid achievement of the 62 days standard, see under 62 day section. 									
When is performance expected to recover:									
Trajectories have been submitted in line with planning guidance requirements for 2022/23.									
Quality:									
Not applicable.									
Indicator responsibility:									
Leadership Team Lead		Clinical Lead			Managerial Lead				
Martin McDowell		Dr Debbie Harvey			Sarah McGrath				

2.7 Patient Experience of Planned Care

Indicator		Performance Summary				Potential organisational or patient risk factors	
LUHFT Friends and Family Test (FFT) Results: Inpatients		Previous 3 months and latest				Very low/minimal risk on patient safety identified.	
RED	TREND	Nov-21	Dec-21	Jan-22	Feb-22		
		% RR	24.9%	24.8%	25.5%		25.0%
		% Rec	92.0%	92.0%	93.0%		93.0%
		% Not Rec	5.0%	4.0%	4.0%		5.0%
		2021/22 England Averages: Response Rates: 19% % Recommended: 94% % Not Recommended: 3%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Data submission and publication for the Friends and Family Test was been paused during the response to COVID-19, but has now resumed. Latest data being February. LUHFT has reported a response rate for inpatients of 25% in February which is above the England average of 19%. The percentage of patients who would recommend the service has remained at 93% but below the England average of 94% and the percentage who would not recommend has increased to 5% and still above the England average of 3%. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Performance has started to improve slightly. The Trust continue to be supported by Healthwatch to identify key areas for improvement. Engagement sessions have been held with patient, carers and support networks and the Trust have enhanced mechanisms of obtaining feedback to drive improvements. Lifting of visiting restrictions will likely improve inpatient experience. Updates are provided via the CCG's Engagement & Patient Experience Group (EPEG) meetings and CQPG and discussed with rationale for dips in performance to be provided by the Trust. 							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance during 2022-23.							
Quality:							
A key factor in the experience of patients and families was the introduction of visiting on a 'Rule of One' basis (1 visitor per patient for 1 hour each day) in October 2021. This may be linked to an improvement in the patient satisfaction score. Throughout Q3, patients continued to speak positively about the attitude of staff and the care and compassion they had received.							
Although there were many positive comments across Inpatient areas, themes in poor experiences related to the attitude of staff and also included environmental concerns with building works.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Jane Lunt		N/A		Mel Spelman			

2.8 Personal Health Budgets (PHBs)

The CCG have reported 236 personal health budgets (PHBs) in quarter 4 (cumulative total), previously this measure was paused due to the COVID-19 pandemic. Due to a change in personnel, the Q3 data missed the NHSE deadline. The CCG has notified NHSE/Cheshire & Merseyside and provided the Q3 data to support assurance. The Q3 and Q4 data was successfully submitted in April 2022. NHSE/Cheshire'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 CCG will continue to measure and monitor on a quarterly basis. The CCG 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.

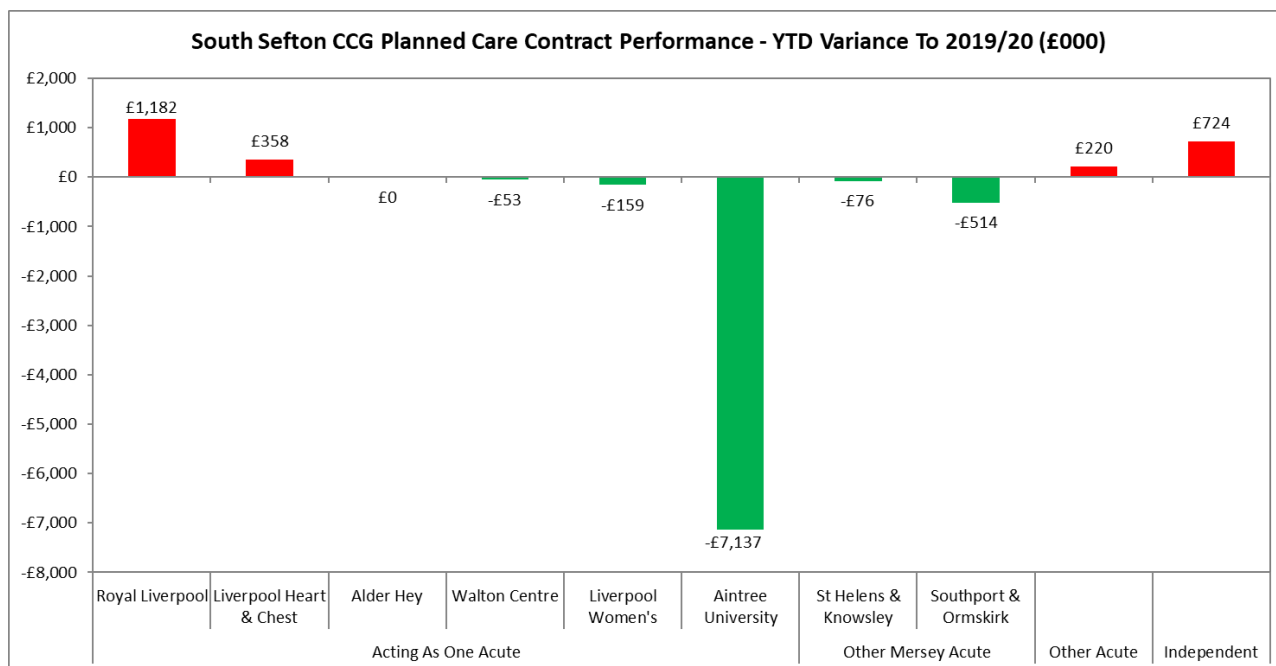
In terms of development of PHBs:

- CCG PHB improvement plan in place which is monitored as part of the SEND health performance improvement group which is co-owned by the CCGs PHB lead, comms and engagement team and Sefton Carers Centre. This includes awareness raising sessions across health, education, social care and 3rd sector members.
- Development of CCG website and promotional materials.

- Service specification for MLCSU has been revised and updated to reflect PHB delivery across IPA programmes of work. Service specification is yet to be formally approved
- The CCG has approved additional funding to support the transition of Children Continuing Care direct payments, to meet the requirements for a PHB.
- Additional work is being undertaken with the support of the CCGs CHC Programme Lead to ensure CHC reviews include the offer of a PHB.

2.9 Planned Care Activity & Finance, All Providers

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



For planned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for South Sefton CCG. 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 has been a focus on restoration of elective services as set out in the NHS Operational Planning Guidance. At month 12 of 2021/22, this has resulted in an 11% increase in planned care activity (incorporating inpatients and outpatients) when compared to the equivalent period in the previous year but is -14% below that seen during 2019/20 (pre-pandemic). Total planned care activity (incorporating day case, elective and outpatient attendances) during March-22 saw an 11% increase to the previous month, which might be expected as a result of fewer working days in February-22 and total activity reported in month also represents a slight decrease of -1% compared to March-21.

Figure 6 - Planned Care Activity Trends

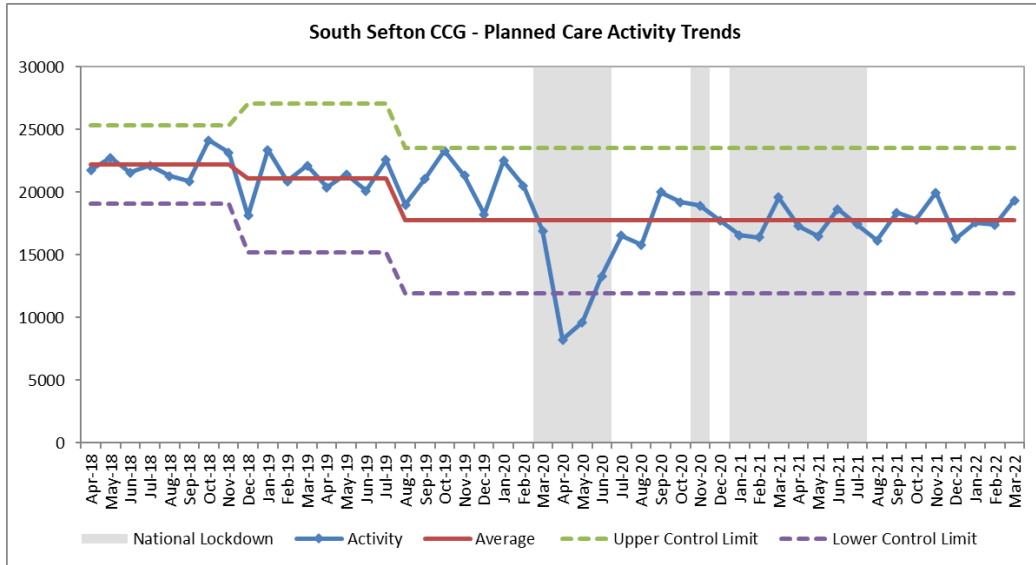


Figure 7 - Elective Inpatient Variance against Plan (Previous Year)

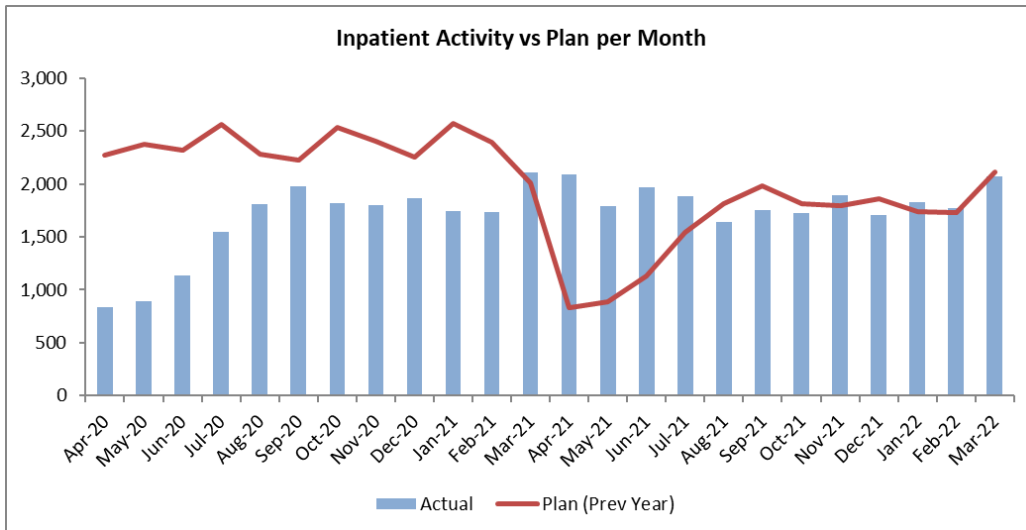
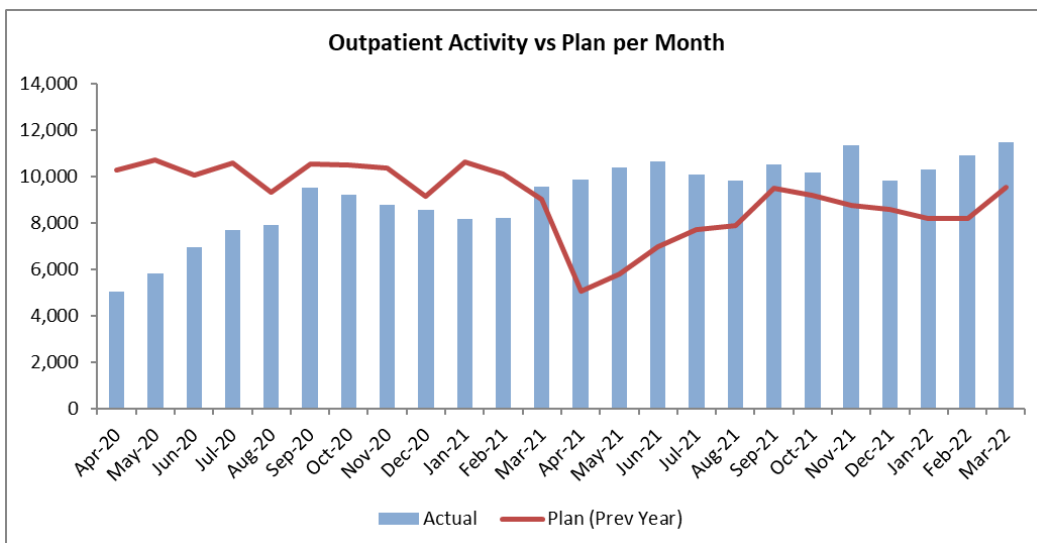


Figure 8 - Outpatient (First and Follow Up) Variance against Plan (Previous Year)



2.9.1 Aintree Hospital

Figure 9 - Planned Care – Aintree Hospital

Aintree University Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	12,382	10,140	-2,242	-18%	£7,489	£5,836	£-1,653	-22%
Elective	1,181	792	-389	-33%	£3,572	£2,093	£-1,479	-41%
Elective Excess BedDays	819	201	-618	-75%	£217	£54	£-163	-75%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	218	15	-203	-93%	£45	£3	£-42	-93%
OPFANFTF - Outpatient first attendance non face to face	1,354	7,640	6,286	464%	£45	£973	£928	2064%
OPFASPCL - Outpatient first attendance single professional consultant led	30,493	21,095	-9,398	-31%	£4,926	£3,354	£-1,572	-32%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	853	40	-813	-95%	£86	£4	£-81	-95%
OPFUPNFTF - Outpatient follow up non face to face	6,293	20,918	14,625	232%	£158	£1,246	£1,088	689%
OPFUPSPCL - Outpatient follow up single professional consultant led	63,214	35,295	-27,919	-44%	£4,757	£2,703	£-2,055	-43%
Outpatient Procedure	22,288	7,513	-14,775	-66%	£3,132	£1,055	£-2,077	-66%
Unbundled Diagnostics	14,052	12,957	-1,095	-8%	£1,175	£1,122	£-53	-5%
Wet AMD	1,636	1,607	-29	-2%	£1,315	£1,338	£23	2%
Grand Total	154,783	118,213	-36,570	-24%	£26,918	£19,781	£-7,137	-27%

When comparing to 2019/20 (pre-pandemic), underperformance at Aintree Hospital is evident against the majority of planned care points of delivery with a total variance of -£7.1m/-27% for South Sefton CCG at month 12 of 2021/22. In line with planned restoration of elective services, South Sefton CCG referrals to Aintree Hospital have increased during 2021/22 when compared to the previous year, with June-21 seeing the highest number of monthly referrals (3,978) reported since October-19. A similar peak (3,960) has also been reported during November-21 although this was followed by a notable drop in the following month, likely a result of fewer working days and the Christmas period. Referrals have since been on an upward trend but despite this, year to date referrals remain -4.8% below that reported in the equivalent period of 2019/20.

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

Although consultant led first appointments remain below plan overall, a number of individual specialities have recorded increases in recent months including the Physiotherapy Service, Respiratory Medicine, Emergency Medicine, Elderly Medicine and Gastroenterology.

Elective and day case procedures remain below levels seen in 2019/20 (pre-pandemic). Gastroenterology accounts for the majority of day case procedures performed (predominantly diagnostic scopes) and is currently -9% below the equivalent period in 2019/20. For elective procedures, the Urology Service accounted for most of the activity seen in 2019/20 and this speciality remains below pre-pandemic levels by approximately -39%. The Trauma & Orthopaedics service at Aintree Hospital has also seen a significant reduction in the number of elective procedures recorded for South Sefton patients throughout 2020/21 and 2021/22. However, this is likely a result of the Trust merger as well as a merger of individual site PAS systems, with activity moving between sites at LUHFT.

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

2.9.2 Renacres Hospital

Figure 10 - Planned Care – Renacres Hospital

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	734	778	44	6%	£884	£821	-£63	-7%
Elective	171	182	11	6%	£948	£1,061	£113	12%
Elective Excess Bed Days	0	0	0	#DIV/0!	£0	£0	£0	#DIV/0!
OPFANFTF - <i>Outpatient first attendance non face to face</i>	0	130	130	#DIV/0!	£0	£16	£16	#DIV/0!
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	1,423	1,871	448	31%	£241	£329	£89	37%
OPFASNCL - <i>Outpatient first attendance single professional non consultant led</i>	0	168	168	#DIV/0!	£0	£6	£6	#DIV/0!
OPFUPNFTF - <i>Outpatient follow up non face to face</i>	0	1,136	1,136	#DIV/0!	£0	£57	£57	#DIV/0!
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	2,221	2,128	-93	-4%	£153	£156	£2	1%
OPFUPSPNCL - <i>Outpatient follow up single professional non consultant led</i>	0	2,191	2,191	#DIV/0!	£0	£100	£100	#DIV/0!
Outpatient Pre-op	542	0	-542	-100%	£33	£0	-£33	-100%
Outpatient Procedure	701	638	-63	-9%	£124	£105	-£19	-15%
Physio	1,381	0	-1,381	-100%	£42	£0	-£42	-100%
Unbundled Diagnostics	705	946	241	34%	£68	£97	£29	42%
Grand Total	7,878	10,168	2,290	29%	£2,493	£2,747	£254	10%

For Renacres Hospital, a comparison of 2019/20 (pre-pandemic) activity has shown that South Sefton CCG is currently overperforming by approximately £254k/10% at month 12. Referrals to Renacres Hospital are 17% above 2019/20 levels and November-21 saw the highest number of monthly referrals reported during the last three years (259 in total). A number of services saw increased referrals during this month. Overall trends for Referrals are driven by Trauma & Orthopaedics with this service reporting a year-to-date increase of 65% against 2019/20 (pre-pandemic).

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

The significant increase in outpatient pre-op appointments during H1 of 2021/22 is partly a result of patients receiving a PCR COVID-19 test. This is in addition to a usual pre-op attendance for diagnostic tests and has a £60 tariff. A reduction in these pre-op appointments was evident in H2 as Renacres Hospital are now in receipt of NHS tests which are sent out to a patient.

South Sefton CCG's performance is in contrast to the Renacres overall catchment position which is under performing and to the major commissioners within the contract - Southport & Formby and West Lancashire which are both under plan.

South Sefton CCG are also aware of significant data quality issues relating to RTT reporting at this provider. RTT figures are currently 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. Sefton CCGs are working with Lancashire CCGs 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 CCG contract leads and the CQPG.

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

2.9.3 SpaMedica

Figure 11 - Planned Care – SpaMedica

Spamedica Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	447	730	283	63%	£252	£515	£263	104%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	324	625	301	93%	£45	£88	£44	97%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	324	654	330	102%	£19	£41	£21	110%
Outpatient Procedure	0	312	312	#DIV/0!	£0	£25	£25	#DIV/0!
Outpatient Unbundled Diagnostics	128	0	-128	-100%	£10	£0	-£10	-100%
Grand Total	1,223	2,321	1,098	90%	£326	£670	£343	105%



For SpaMedica, a comparison of 2019/20 (pre-pandemic) activity has shown that South Sefton CCG is currently overperforming by approximately £343k/105% at month 12. Referrals to SpaMedica (all within the Ophthalmology speciality) are 50% above 2019/20 levels and this increase is driven by GP referred patients.

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

Day case procedures account for a large proportion of overperformance in terms of finance and activity. The majority of day case activity is related to cataract procedures with the only HRG related to this that is not seeing an overperformance to 2019/20 being "Minor, Cataract or Lens Procedures".

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



2.10 Smoking at Time of Delivery (SATOD)

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Smoking at Time of Delivery (SATOD)		Latest and previous 3 quarters				125d	<u>Risk to CCG</u> Where services do not meet the agreed standard, the CCG 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. <u>Risk to Patients</u> 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 CCG spend on budgets available on healthcare and services.
RED	TREND	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22		
		11.08%	10.00%	7.66%	8.58%		
		Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21		
		10.84%	11.28%	10.59%	7.49%		
		National ambition of 6% or less of maternities where mother smoked by 2022					
Performance Overview/Issues:							
<ul style="list-style-type: none"> During Quarter 4, the number of South Sefton CCG Maternities were 373, of which 32 were reported as Smoking at time of Delivery giving the statistic of 8.6%, which is an increase of 0.92% compared to Quarter 3. Measured across the whole year, there was a total of 1590 pregnancies, of which 148 were known to be smokers at the time of delivery giving an annual figure of 8.5% failing the National ambition of 6%, by 2.5% for the year 2021/22. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The CCG and Public Health have made every effort to contact several key workers at the Maternity department at the Trust in order to obtain information and feedback on Smoking Cessation good practice without any response. Cheshire & Merseyside LMS have appointed two dedicated smoking cessation leads to work across the patch and have just advertised for expressions of interest for a Commissioning Lead for input into the smokefree pregnancy pathways under development, as well as input into the service model and potentially linking in with contracts teams. The national recommended model for smokefree pregnancies is for an in-house opt-out service owned by maternity, moving away from the current model of maternal smokers being referred to external community stop smoking we need to ensure C&M Children & Young People Commissioning Managers are involved in the discussions, as well as the Local Authority Tobacco Control Commissioners. The meetings are held monthly. At present, they include Smoking in Pregnancy Lead Midwives from each maternity unit, but wider representation from across the system is needed to ensure a system wider approach will ensure successful implementation. 							
When is performance expected to recover:							
Continued performance improvement is anticipated given the invested resource and practices already embedded.							
Quality:							
The CCG have recently contacted the Smoking Cessation Service ABL Health, and have introduced the Service Manager to Primary Care Leads to assist with working more closely and making every contact count. There has been no response or narrative input from the Trust to this or previous reports.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Fiona Taylor		Wendy Hewit		Tina Ewart			

3. Unplanned Care

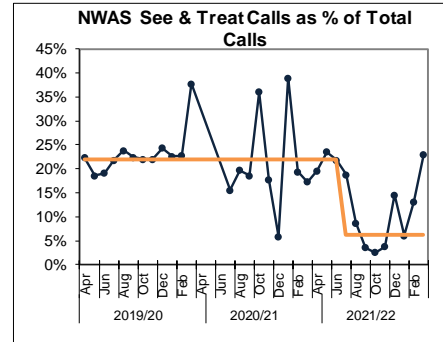
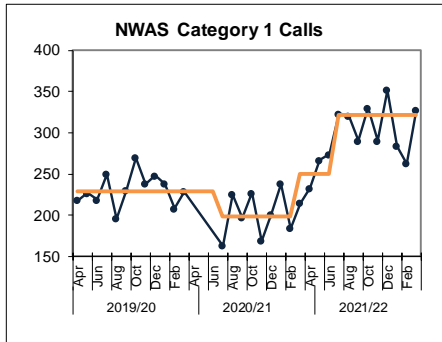
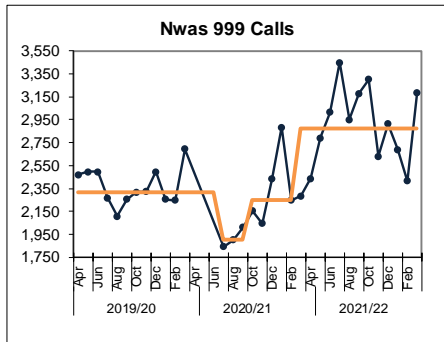
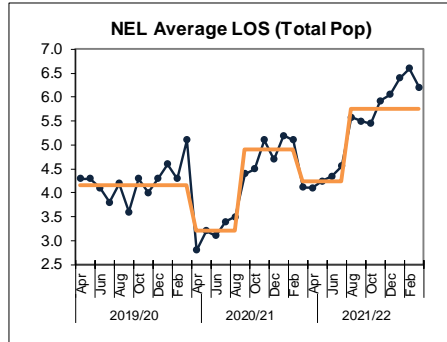
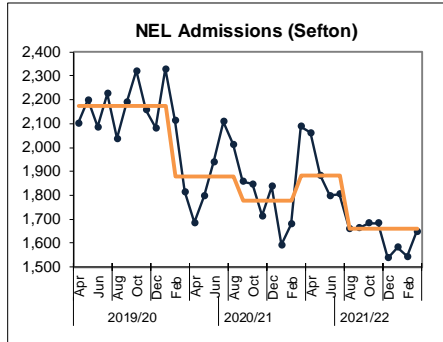
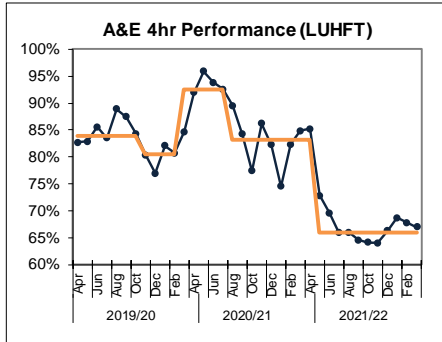
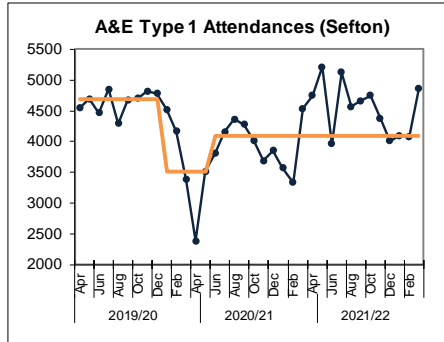
3.1 Accident & Emergency Performance

3.1.1 A&E 4 Hour Performance








Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
CCG and LUHFT A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD					127c	Risk that CCG 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		Dec-21	Jan-22	Feb-22	Mar-22	YTD	
		CCG All Types	67.35%	69.68%	68.71%	67.18%	69.52%	
		Previous Year	Dec-20	Jan-21	Feb-21	Mar-21	YTD	
		CCG All Types	82.66%	75.75%	82.99%	85.63%	86.43%	
			Dec-21	Jan-22	Feb-22	Mar-22	YTD	
		LUHFT All Types	66.22%	68.66%	67.81%	66.94%	68.50%	
LUHFT Type 1	52.15%	54.46%	53.04%	51.61%	56.65%			
							National Standard: 95% No improvement plans available for 2020/21	
Performance Overview/Issues:								
<ul style="list-style-type: none"> Performance is based on the overall LUHFT A&E position at Aintree and the Royal. 4 hour performance shows a 1.53% decrease in March from the previous month, following a continuing a deteriorating position, likely as a result of activity increasing month on month. CCG and Trust A&E performance in March is lower than the national level of 71.62%. 								
Actions to Address / Assurances								
CCG Actions:								
<ul style="list-style-type: none"> Expedited discharge remains the focus of the North Mersey system to improve patient flow out of the trust. Main risk remains the shortfall in domiciliary care packages. CCG and the Local Authority have commissioned additional bed capacity to mitigate the risk of delays. Omicron variant related sickness and isolation continues to drop. Additional funding to support discharge and 14 and 21 day reduction in length of stay has been allocated and system schemes with forecasted reductions in length of stay (LOS). CCG has put in place Nurse programme Director oversight of discharge process into the LUHFT system. This include daily review of the RFD data and validation. As a consequence of this work additional community bed capacity has been blocked to reduce discharge delays. Emergency Care Improvement Support Team (ECIST) support is scheduled to look specifically at pathway 0's and pathway 1 discharges, this is in conjunction with long length of stay review to reduce the 14 and 21 day length of stays. This is facilitated under the leadership of Mersey Care senior flight controller role and link to system flow. 								
Trust Actions:								
<ul style="list-style-type: none"> Care coordination mobilised in December to redirect self-presenting attendances to the most appropriate service. Await Trust to report findings and performance. Additional 7 beds commissioned to support flow for pathways 1 and 3. 								
When is performance expected to recover:								
Recovery is uncertain currently due to unknown expected pressures from COVID-19 and diminished workforce across all health and social sectors. In addition, all services remain pressured due to high demand from public accessing urgent care.								
Quality:								
There have been no 12 hour breaches in March.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		Craig Blakey			Janet Spallen			

3.2 Urgent Care Dashboard



SOUTH SEFTON URGENT CARE DASHBOARD





Definitions

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

3.3 Ambulance Performance Indicators

Indicator		Performance Summary					Definitions	Potential organisational or patient risk factors
Category 1,2,3 & 4 performance		Previous 2 months and latest					Category 1 - Time critical and life threatening events requiring immediate intervention Category 2 - Potentially serious conditions that may require rapid assessment, urgent on scene clinical intervention/treatment and / or urgent transport Category 3 - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering Category 4 / 4H / 4HCP - Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly transport	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Cat	Target	Jan-22	Feb-22	Mar-22		
		Cat 1 mean	<=7 mins	00:08:40	00:08:27	00:08:46		
		Cat 1 90th Percentile	<=15 mins	00:13:50	00:14:01	00:14:05		
		Cat 2 mean	<=18 mins	01:06:12	00:53:40	01:41:45		
		Cat 2 90th Percentile	<=40 mins	02:34:57	01:52:18	03:36:17		
		Cat 3 90th Percentile	<=120 mins	07:15:55	05:15:03	09:32:23		
		Cat 4 90th Percentile	<=180 mins	15:41:32	16:57:34	No data available		
Performance Overview/Issues:								
<ul style="list-style-type: none"> 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 and 2021/22. In March 2021 there was an average response time in South Sefton of 8 minutes, 46 seconds and not achieving the target of 7 minutes for Category 1 incidents. Also Category 2 incidents had an average response time of 1 hour 41 minutes 45 seconds against a target of 18 minutes. The CCG also failed the category 3 90th percentile (9 hours, 32 minutes) there was no data available for Cat 4 90th percentile in March. South Sefton is yet to achieve the targets in category 3 since the introduction of the ARP system. The deteriorating position for ambulance is in line with the increased NWS 999 calls, this is a system issue and not a localised. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system. The introduction of a Sefton Emergency Response Vehicle to support category 3 and 4 calls will go-live in April 2022. Also, the Ageing Well Programme will look to support NWS by improving access to urgent community response including referrals from NWS and the community teams with a response within 2 hours. <p>The following actions are part of an ongoing work programme:</p> <ul style="list-style-type: none"> NWS recovery plan: Under development supported by commissioners to address potential second surge / winter planning seeking to retain, expand and /or consolidate many of the beneficial actions and changes implemented to date. Integrated UEC: Restarting the previous joint work to develop the integrated 999 and 111 service offer and eventual direct contract award, accompanied by the expansion of CAS capacity and clinical capability. Also, improving utilisation of urgent community response services by paramedics to increase see and treat and reduce conveyances as well as planning to establish a conveyance pathway to the WIC/UTC to avoid AED. Patient Transport Service (PTS) redesign: Review of the future shape, role and configuration of the PTS service, taking into consideration the post COVID redesign of outpatient / hospital and out of hospital services, the role of PTS in supporting Patient Emergency Services (PES) responses and the national PTS review. The review will also seek to encourage Trusts to include within scope the considerable amount of directly commissioned PTS vehicles and / or taxis used by many Trusts to supplement the NWS service offer. The latter provides an opportunity for greater efficiency and possible system financial savings. CAS: Development of Pathways Clinical Consultation Support (PaCCS) for the CAS and NWS will encourage greater utilisation of Same Day Emergency Care (SDEC)/ACU at LUHFT and avoid AED. Turnaround Improvement – NWS are rolling out the ED Checklist that is expected to include most AEDs (with the exclusion of paediatrics), which will increase ambulance handover times but maintain patient safety. 								
When is performance expected to recover:								
Recovery hard to predict due the unknown impact on recovery and lifting of social restrictions on public behaviour. Situation remains unchanged for March.								
Quality:								
Capacity is meeting current demand. There has been no reports through to the CCG of any serious untoward incidents.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		Craig Blakey			Janet Spallen			

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 (30 to 60 minute breaches) b) All handovers between ambulance and A&E must take place within 15 minutes (> 60 minute breaches)	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	LUHFT	Target	Jan-22	Feb-22	Mar-22		
		(a)	<=15-30mins	481	562	790		
		(b)	<=15-60mins	139	179	298		
		LUHFT	Target	Jan-21	Feb-21	Mar-21		
		(a)	<=15-30mins	430	156	133		
		(b)	<=15-60mins	125	12	11		
Plan: Zero								
Performance Overview/Issues:								
<ul style="list-style-type: none"> The Trust reported a higher number of handovers between ambulance and A&E within 15 minutes and not waiting more than 30 minutes, recording 790 breaches compared to 562 last month. There was also an increase in handovers (so decline) within 30 minutes and none waiting more than 60 minutes, recording 298 compared to 179 last month. Handovers performance had declined from significantly from the previous year, see comparison in table above. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> 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. NWAS planning to redeploy patient transport service (PTS) vehicles in preparation for the expected spike in C19 incidents and probably winter surge. In early discussions regarding support from military services to increase capacity within emergency services and to support timely discharge from both secondary care and intermediate care services. And to support staff sickness and absence rates. This is to support the performance of Cat 1 and 2 response times. Plans also in place to implement a push model into the community 2hr UCR services for cat 3, 4 and 5 to reduce waits and release NWAS capacity. NWAS NHS 111 first and direct booking services remain in place to triage and redirect away from NWAS 999 services. SERV car to be commissioned for the CCG from April 2022 along with falls lifting services and Single Point of Advice (SPOA) extended across Sefton, Liverpool and Knowsley to encourage referrals into 2hr UCR from ambulance crews to improve see and treat and reduce conveyances. 								
When is performance expected to recover:								
Uncertain recovery trajectory due to ongoing high demand for urgent and emergency services as well as flow in ED challenging at times.								
Quality:								
CCG incidents are reviewed with peers at NWAS/NHS111 commissioners meeting to identify issues and lessons learned. These do occasionally refer to priority categorisations and waiting times for ambulance arrival, although this is rarely the only issue identified. This remains in place for March.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		Craig Blakey			Janet Spallen			



3.5 Unplanned Care Quality Indicators

3.5.1 Stroke and TIA Performance



For stroke, the CCG has requested data via Liverpool CCG (LCCG) as the lead provider for LUHFT, we expect this will be provided in the coming months, previously unavailable due to COVID pressures at the Trust.

In terms of CCG actions, the extensive work of the Merseyside Stroke Board continues, and the public consultation period has now closed. LCCG are leading the evaluation of the consultation responses to support further development of the Pre-Consultation Business Case (PCBC). A new Project Manager at LUHFT continues to support pathway development across the system. An internal Trust group will be focussing on workstreams including: TIA, Early Supported Discharge (ESD), Rehabilitation and Radiology.



3.5.2 Healthcare associated infections (HCAI): MRSA

Indicator		Performance Summary					Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: MRSA		Latest and previous 3 months (cumulative position)						
RED	TREND		Dec-21	Jan-22	Feb-22	Mar-22		
		CCG	1	1	1	1	Cases of MRSA carries a zero tolerance and is therefore not benchmarked.	Due to the increased strengthening of IPC control measures due to the ongoing COVID-19, risks have been mitigated.
		LUHFT	1	1	1	1		
		Previous year	Dec-20	Jan-21	Feb-21	Mar-21		
		CCG	1	2	2	2		
		LUHFT	3	4	4	4		
		Plan: Zero						
Performance Overview/Issues:								
<ul style="list-style-type: none"> RAG rating and trend is on CCG cases. The CCG and Trust reported no new cases in March but have failed the zero tolerance plan for 2021-22. The hospital onset healthcare associated case in June was identified at the Sefton Suite at the Aintree site. The patient previously had an MRSA in December 2020 and is currently being investigated to identify any lapses of care. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> All incidents are reviewed as part of the Infection Prevention Control (IPC) meeting on a monthly basis. Further work ongoing at the Aintree site to review compliance against MRSA screening on admission and work ongoing with Business Intelligence as currently no systems to monitor compliance for this and remains ongoing. 								
When is performance expected to recover:								
This is a zero tolerance indicator so recovery wasn't possible in 2021-22.								
Quality:								
Any further incidents will be reported by exception.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Jane Lunt		Gina Halstead			Jennifer Piet			

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		Previous 3 months and latest (cumulative position)				<p>2021/22 Plans New National Objectives: CCG: <= 54 YTD Trust: LUHFT <= 148 YTD</p> <p>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.</p>	
RED	TREND	Dec-21	Jan-22	Feb-22	Mar-22		
		CCG	44	51	54		59
		LUHFT	103	114	121		134
		Previous year	Dec-20	Jan-21	Feb-21		Mar-21
		CCG	27	34	38		44
		LUHFT	80	93	101		112
CCG - Actual 59 YTD - Target 54 YTD LUHFT - Actual 134 YTD - Target 148 YTD							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The CCG is reporting over the yearly of plan of 54, reporting 59 in March and have failed for 2021-22. The Trust current performance being 134 cases against a plan of 148 cases and have achieved. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Post infection reviews are undertaken in all cases of healthcare associated infections, with any key themes/learning identified and monitored through the Trust's Action Plan and Infection Control & Prevention Meetings. 							
When is performance expected to recover:							
<ul style="list-style-type: none"> Recovery will be monitored as part of the LUHFT overall plan with specific emphasis on each of the sites through the Infections Prevention Control Meetings within the Trust. Work ongoing to ensure management of diarrhoea, isolation of patient and prompt sampling. A further piece of work ongoing with BI to look at how the side rooms are utilised, the IPC team continue to carry out education and training on the wards and pharmacy teams planning audits to provide assurance appropriate patient treatment . 							
Quality:							
<p>The C. Difficile action plan which is in progress will be monitored through the Infection Prevention Control (IPC) Governance meeting. The Board Assurance Framework (BAF) which is produced for the meeting is now a standing agenda item at Contracts Quality and Performance Group (CQPG) by exception. To note this is not specific to the Trust as a rise in incidence has been seen in C. Difficile across Cheshire and Merseyside.</p>							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Jane Lunt		Gina Halstead		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		Previous 3 months and latest (cumulative position)					<p>2021/22 Plans New National Objectives: CCG: <= 156 YTD Trust: LUHFT <= 233 YTD</p> <p>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.</p>
GREEN	TREND	Dec-21	Jan-22	Feb-22	Mar-22		
 	CCG	103	108	124	135		
	LUHFT	149	165	179	204		
	Previous year	Dec-20	Jan-21	Feb-21	Mar-21		
	CCG	91	100	107	115		
	LUHFT	393	428	469	519		
CCG - Actual 135 YTD - Target 156 YTD LUHFT - Actual 204 YTD - Target 233 YTD							
Performance Overview/Issues:							
<ul style="list-style-type: none"> NHS Improvement and NHS England originally set CCG targets for reductions in E.coli in 2018/19, the CCG have the new objectives/plans for E.coli for 2021/22 along with new Trust objectives to monitor. The CCG and Trust have achieved the targets for 2021-22. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> 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. Post Infection Reviews (PIR) are undertaken on all cases of Hospital Onset Hospital Acquired (HOHA) cases of E. Coli and themes include lack of catheter insertion, monitoring and delay in blood cultures. 							
When is performance expected to recover:							
This is a cumulative total shows a decline from the same time last year, although as the Trust is now working with COVID-19 audits and training will be refocused upon to improve compliance.							
Quality:							
This will be monitored through the monthly Infection Prevention Control (IPC) meeting which is chaired by the Trust Director of Infection Prevention Control with CCG attendance.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Jane Lunt		Gina Halstead			Jennifer Piet		

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

Figure 12 - Hospital Mortality

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

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

SHMI is at 1.02 and within expected parameters, for reporting period January 2021 - December 2021, 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 CCG Serious Incident (SI) Management – Quarter 4

Serious Incident (SI) Process – Arrangement for Integrated Care System (ICS) Transition

As we move towards the transition to the ICS on 1st July 2022, a system wide process for the management of SIs across the North Mersey area has been developed. The North Mersey CCGs (Liverpool, South Sefton, Southport and Formby) have met and discussed proposed mechanisms for managing this process including:

- Establishing the end-to-end administration of the SI process.
- Establishing the scope and terms of reference of the SIRG panels.
- Clarifying roles and responsibilities for CCG staff members in relation to SI management.

Process mapping of the proposals and discussions have been ongoing to agree a collaborative approach the management of Serious Incidents (SIs) across the North and Mid-Mersey Region.

There has been agreement that all Southport and Formby CCG SIs will now be reviewed by the Liverpool CCG Serious Incident Review Group (SIRG) panel with Sefton representation. All SIs reported by Southport and Ormskirk Hospitals NHS Trust (SOHT) and those reported by the CCG on behalf of other Providers, will be managed centrally by the Liverpool CCG team. All legacy open SIs prior to April 2022 will be reviewed and managed internally by the CCGs Quality Team until closure has been agreed.

Going forward there will be a stand-alone Mersey Care NHS Foundation Trust SIRG panel, that will review all Community and Mental Health SIs on a bi-monthly basis. This will be centrally managed by Midlands and Lancashire Commissioning Support Unit (MLCSU) with support from the CCG.

Number of Serious Incidents Open for South Sefton CCG

As of Q4 2021/22, there were 2 serious incidents (SI) open on StEIS where South Sefton CCG are either responsible or accountable commissioner.

N.B. South Sefton CCG will report and SIs for providers that do not have access to the STEIS database.

Provider and Current SI Status	Total
Ramsay Health Care UK	1
Awaiting RCA – on target	1
St Helens and Knowsley Teaching Hospital NHS Trust	1
Awaiting RCA – on target	1
TOTAL	2

Number of Serious Incidents (SIs) by Type

There have been 2 SIs reported by South Sefton CCG during Q4 2021/22. The following table shows the types of SIs reported by South Sefton CCG during 2020/21 and 2021/22.

Provider and SI Type	Year 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22
SOUTH SEFTON CCG*	3	2	0	0	1
Medication incident meeting SI criteria (North Park Vaccine Centre & DMC)	0	2	0	0	0
Apparent/actual/suspected self-inflicted harm meeting SI criteria (Mental Health Matters – previously Insight)	1	0	0	0	0
Slips/trips/falls meeting SI criteria (Renacres)	1	0	0	0	0
Diagnostic incident including delay meeting SI criteria (The Village Surgery)	1	0	0	0	0
Treatment Delay – Ramsey Healthcare	0	0	0	0	1
LANCASHIRE TEACHING HOSPITAL NHS FOUNDATION TRUST	0	0	1	0	0
Pressure Ulcer Meeting SI criteria	0	0	1	0	0
NORTHWEST AMBULANCE SERVICE NHS FOUNDATION TRUST	1	0	1	2	0
Treatment Delay meeting SI criteria	1	0	1	2	0
ST HELENS AND KNOWSLEY TEACHING HOSPITAL NHS TRUST	0	0	0	0	1
Maternity/Obstetric incident	0	0	0	0	1
TOTAL	4	2	2	2	2

N.B. South Sefton CCG will report any SIs for Providers who do not have access to the StEIS database.

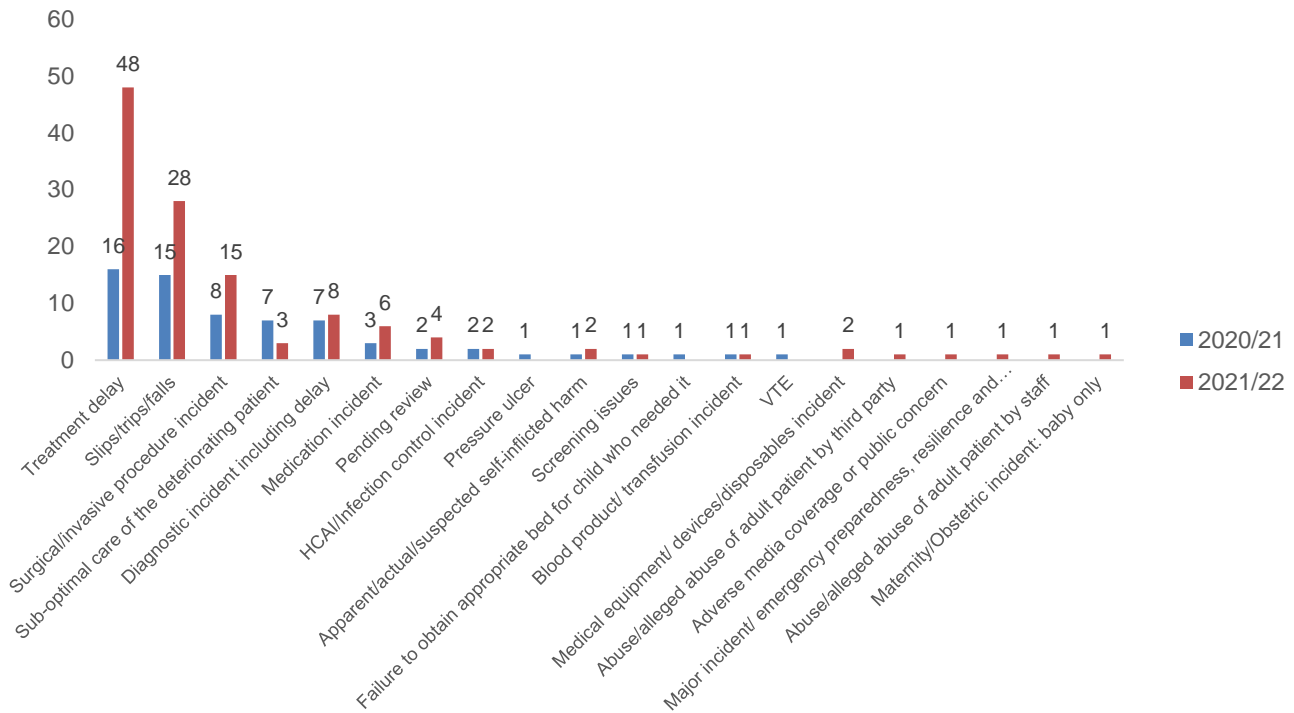
Liverpool University Hospitals NHS Foundation Trust (LUHFT)

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

Total SIs reported

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

Type of Incident Reported in FY 21/22 Compared to FY 20/21



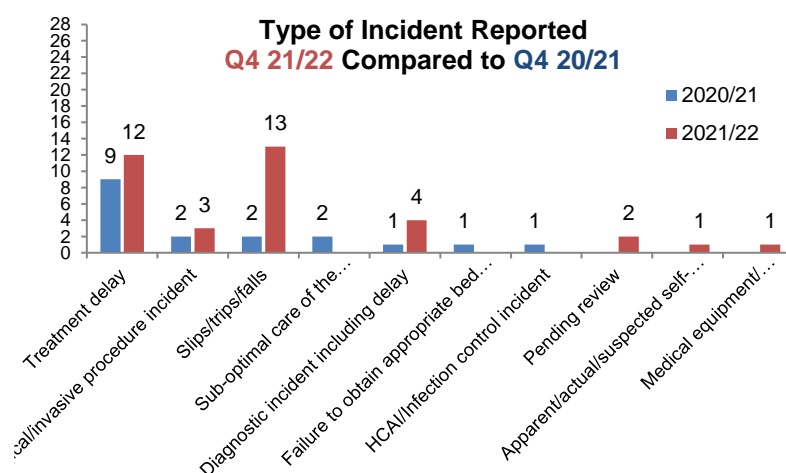
There has been a significant increase in the number of SIs reported for 2021/22. This has been highlighted by Liverpool CCG as lead commissioner. While it has been noted that this could be attributed to robust and effective weekly safety meetings having a positive impact on the reporting culture, this will continue to be monitored by commissioners.

The increase in reporting of SIs has also increased the burden on Trust investigators and senior managers responsible for sign off. Breaches of the SI process are now concentrated on areas of the trust with already significant pressures and risk (for example AED and gastroenterology). Mitigation is being closely monitored by the trust using a lengthy quality assurance process as well as the following:

- Delivery of a training programme for lead investigators was arranged for March 2022.
- Revised arrangements for patient and family liaison to ensure continued liaison with patients and families.
- Development of the Trust's Patient Safety Incident Response Plan (March 2022)
- Implementation of a revised SI Management Process focussing on locally owned investigation and improvements (with support from the Interim Deputy Medical Director)
- Finalisation of the Trust's response to the Never Event deep dive, including further multi-disciplinary theatre improvement work (supported by the Director of Patient Safety). This response will be presented to the Quality and Safety Group and joint quality meeting with Liverpool CCG.

Total SIs reported for Q4 2021/22 and Q4 2020/21 by Type of SI

The following graph shows the type of SIs reported in Q4 2021/22 compared to Q4 2020/21.



As highlighted above, there has been a significant increase in the number of SIs reported with 36 declared during Q4 21/22. Slips trips and falls and treatment delays account for the majority of incidents reported.

In relation to falls, the Trust has refreshed its falls strategy. This has been included into the overarching organisational improvement plan with renewed focus on the fundamentals of care. An update regarding progress against this plan is due to be presented at the CQPG in April 2022.

The treatment delays are not specific to a particular speciality or site. However, any trends or themes would be highlighted at the Liverpool CCG SIRG panel and further assurances requested from the provider if required.

The Trust are also due to present an update in terms of management of long waiters at the CQPG in April 2022.

Number of Never Events reported

There have been a total of 8 Never Events reported by the Trust in 2021/22. Four were reported in Q1 2021/22, two were reported in Q2 2021/22 and a further two in Q3 2021/22.

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

Never Events

Of the 2 Never Events reported during Q4 2021/22, one related to Retained Foreign Objects post procedure and the second a misplaced nasogastric tube. The cases occurred on different sites. One reported at the Aintree site and the other at the Royal site.

A Never Event focussed panel was held by the Trust in October 2022. However, concerns were raised about the learning being embedded, following the reporting of a further Never Event. The Trust presented an update at the March 2022 CQPG meeting to provide assurances on actions taken. The hospital leadership team will have a greater oversight over roles and responsibilities during the investigation process and the new process will be tested and revised where appropriate.

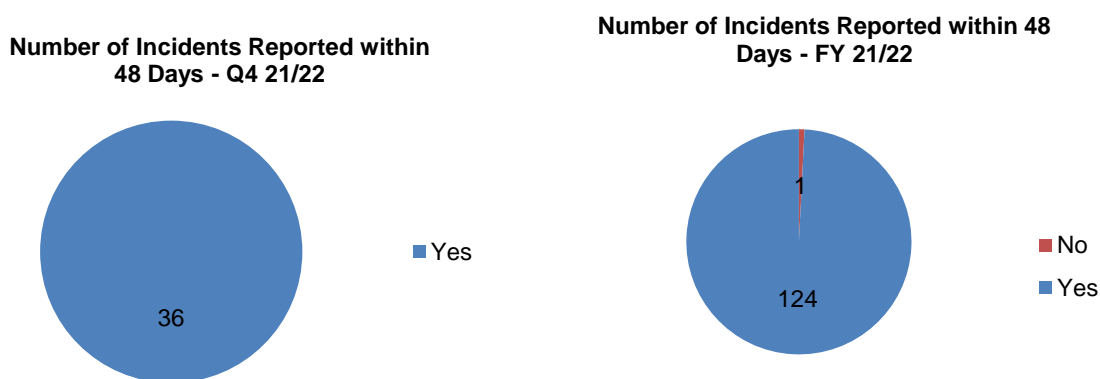
Commissioners will continue to monitor progress in relation to the plans put in place, and have noted that further work needs to be undertaken to address procedural safety within the Trust.

Gastroenterology Update

Following the previous update, the external review of the Gastroenterology incident has now been completed and will be presented at CQPG in March 2022. The Trust have developed an action plan in response to the report's recommendations which will also be presented in April 2022 at CQPG.

SIs reported within 48 Hour Timescale

LUHFT has reported 100% of all SIs within 48 hours for Q4 2021/22. There was 1 SI that was reported outside the timescale during Q1 2021/22, this was delay was due to the incident being reported following an internal harm free care review that identified the incident as meeting the SI threshold.



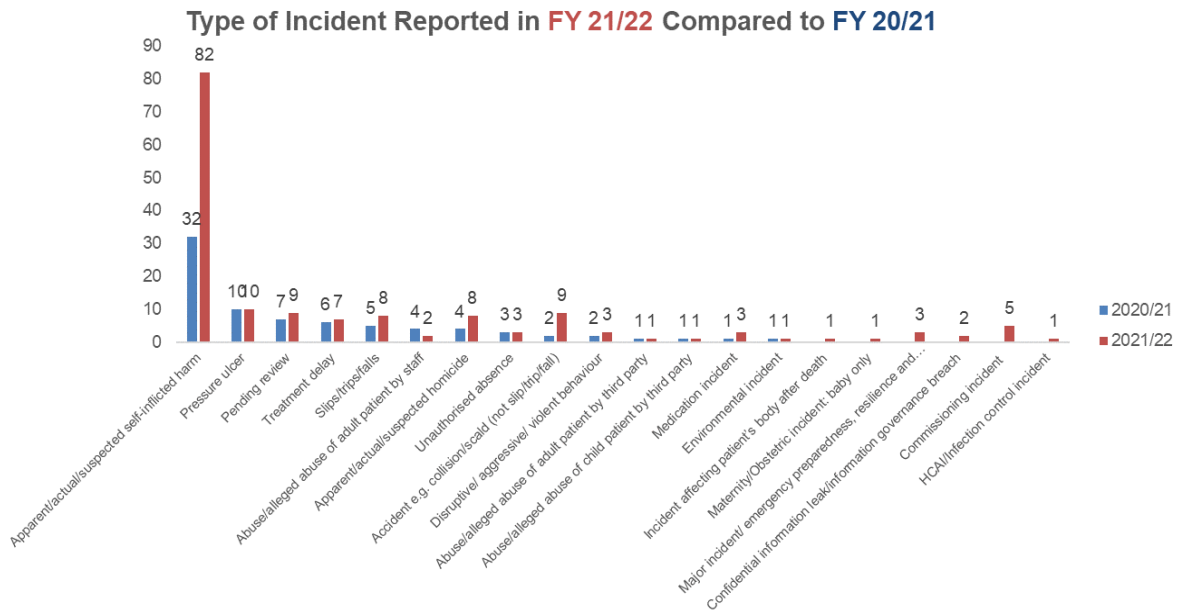
Mersey Care NHS Foundation Trust (MCFT)

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

During the month of January 2022, MCFT were operating under business continuity, but continued to report SIs. The Trust is currently experiencing resourcing issues in terms of management of SI investigations with a number of extension requests being requested. This is continuously monitored by the Liverpool CCG and Sefton CCG on a bi-weekly basis with assurances requested via the provider contract meetings.

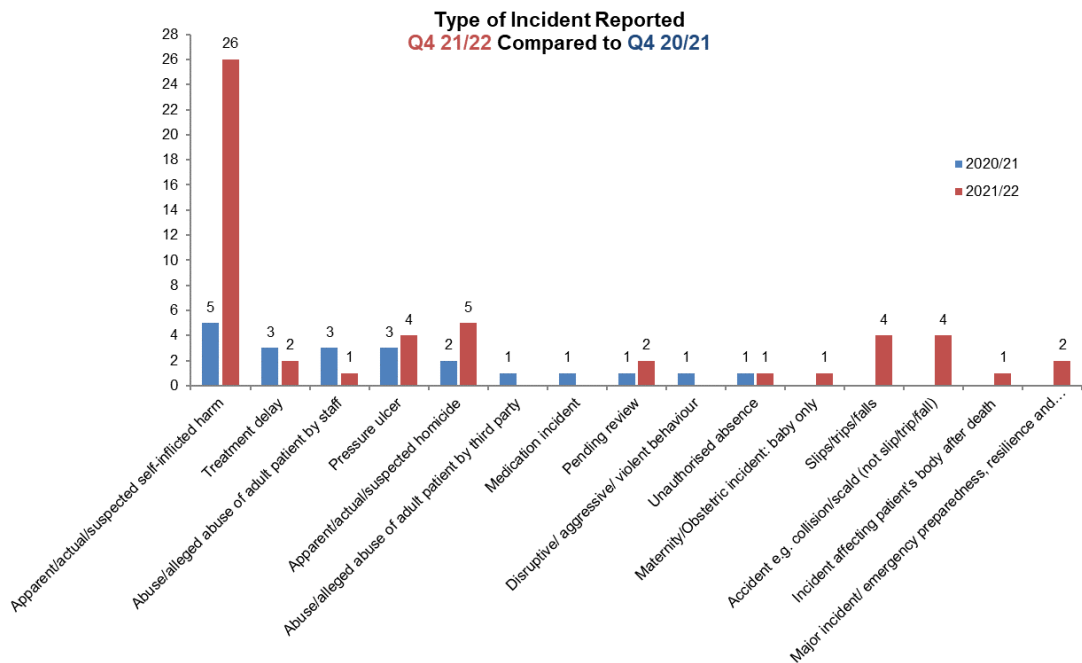
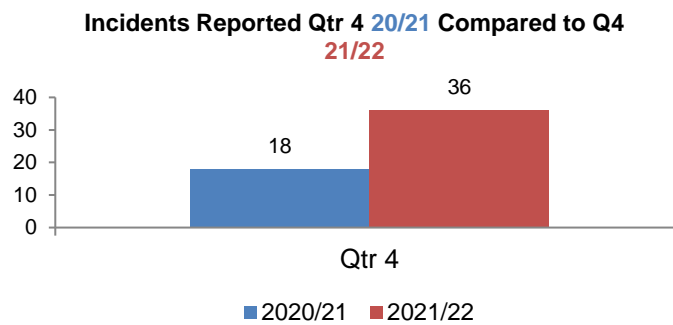
Total SIs reported for 2020/21 and 2019/20

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



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

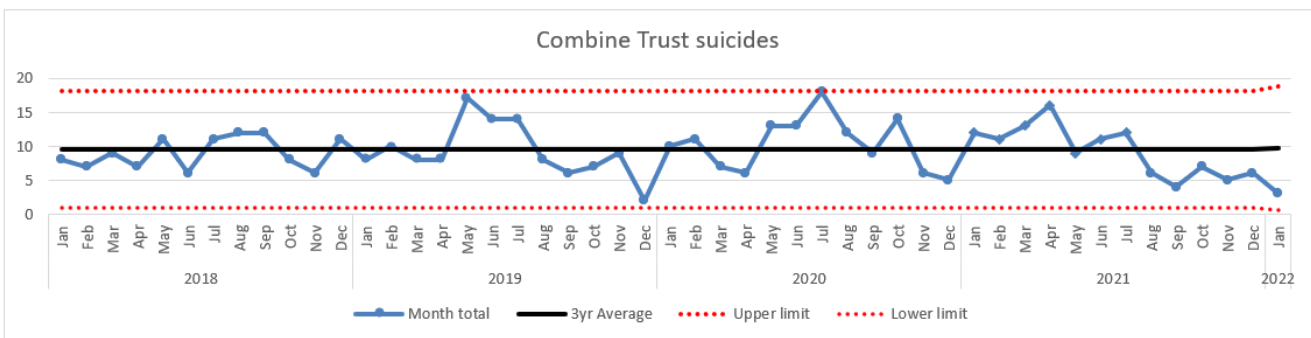
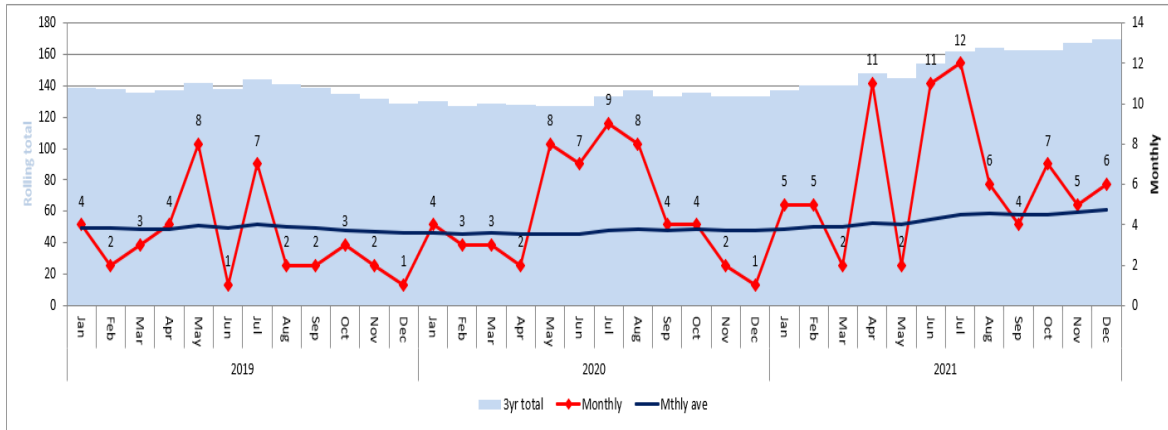
The following graph shows the type of SIs reported in Q4 2021/22 compared to Q4 2020/21.



Suicide Incidents

The charts above indicate a considerable increase in self-harm incidents when compared to the previous year.

The charts below provides a rolling 3-year view of all reported suicides (N.B. this does not include attempts of self-harm) to the Trust regardless of contact status i.e. discharged, CJLT, IAPT. It must be noted that Mid Mersey data is included from 1 June 2021 and does not include historical data from North West Boroughs NHS Foundation Trust (NWB) prior to this date.



The chart above indicates the combined reported suicides across both Mersey Care Trust and NWB. July 2020 is just below the upper limit, with May 19 the only other month close to that limit. Since August 21 all incidents have been below the combined average, which would be seen as a statistically significant outcome.

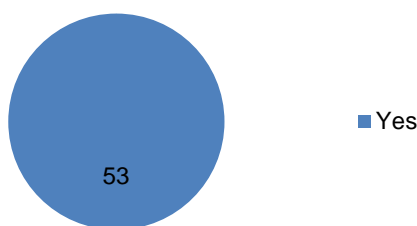
A comprehensive update regarding suicide prevention was given at the February CQPG. This also addressed a theme arising from reviewed Serious Incidents around suicide within 4 weeks of discharge. MCFT have successfully developed a suicide prevention strategy and associated policy and have seen an overall reduction in suicide rates by 22%.

The trust received a Reg 28: Report Prevention of Future Deaths from the Liverpool Coroner in March 2022, for a Sefton resident. This relates to the preciseness of documenting 5 minute observations, for a young person who died by hanging on an acute in-patient unit. This was identified by the Coroner on review of the trust documentation. The CCG submitted an SBAR to NHS EI C&M, to share the learning with other trusts.

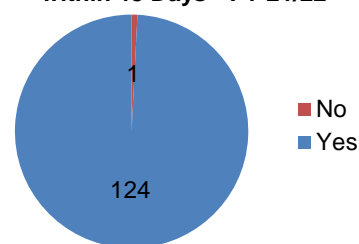
SIs reported within 48 Hour Timescale

The chart below shows the number of SIs reported within the 48-hour timescale throughout Q4 2021/22 and for full year 2021/22.

Number of Incidents Reported within 48 Days - Q4 21/22



Number of Incidents Reported within 48 Days - FY 21/22



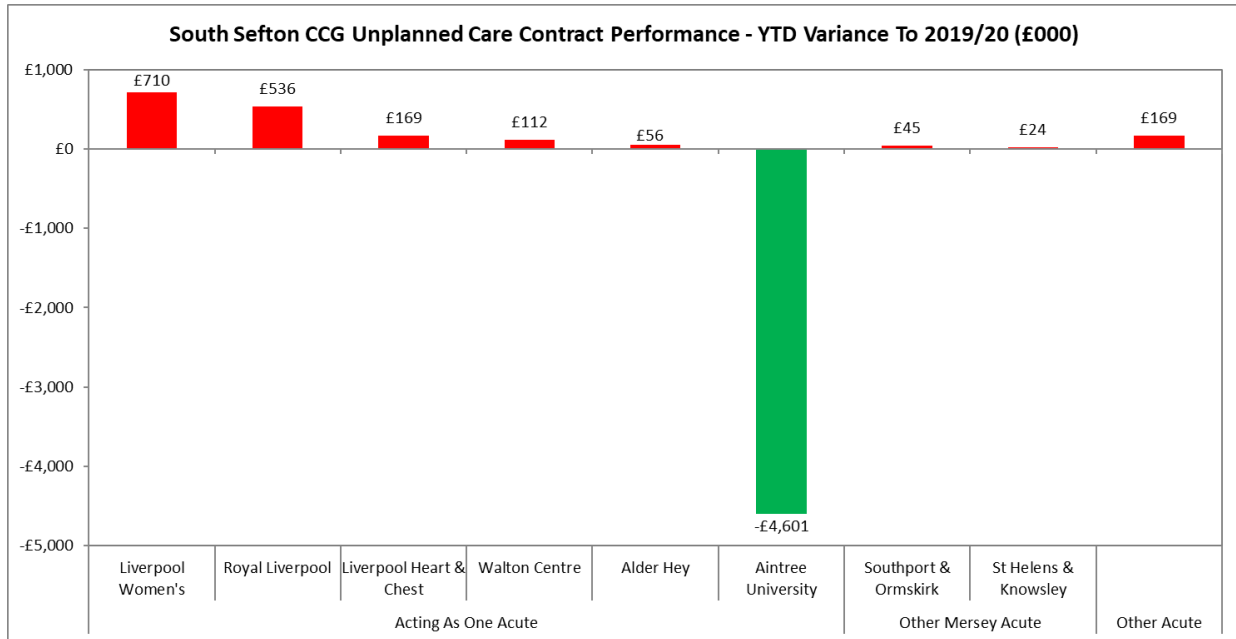
3.7 Patient Experience A&E

Indicator		Performance Summary				Potential organisational or patient risk factors	
LUHFT Friends and Family Test Results: A&E		Previous 3 months and latest				Very low/minimal risk on patient safety identified.	
RED	TREND	Nov-21	Dec-21	Jan-22	Feb-22		
		% RR	18.4%	17.4%	17.3%		17.1%
		% Rec	61.0%	65.0%	69.0%		60.0%
		% Not Rec	29.0%	25.0%	23.0%		29.0%
		<u>2021/22 England Averages:</u> Response Rates: 10.3% % Recommended: 81% % Not Recommended: 12%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Data submission and publication for the Friends and Family Test was paused during the response to COVID-19, but has now resumed, latest data is February 2022. The response rates for LUHFT in February is the similar to last month at 17.1%. The percentage recommending the service has declined to 60%, this is lower than the England average of 81%. The percentage not recommending is higher than the England average of 12% recording 29%. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The Trust attended the CCGs Engagement & Patient Experience Group (EPEG) meeting in May 2022 to provide an update on actions taken by the provider to improve those areas of Patient Experience ED Performance continues to be fed back and discussed at the Trusts Patient Experience governance meetings as part of the ED improvement plans. Additionally, specific FFT & Patient survey data is routinely compared to other key metrics including complaints, surveys and incidents. ED improvement plans continue to be implemented and monitored via CQPG on a monthly basis. This includes wider engagement work which is monitored monthly by the System Improvement Board (SIB). Although patient satisfaction has shown some improvement, waiting time remained as the top theme and this was consistent across both sites when looking at patient feedback. Updates are provided via the CCG's EPEG meetings and CQPG and discussed with rationale for dips in performance to be provided by the Trust including the following: <ul style="list-style-type: none"> Co-production of Carer Passport receiving regional award and national recognition of best practice. Successful pilot of Compassionate Companion (Shadowing) Patient Experience Programme to provide meaningful feedback on the patient journey. Automation of inpatient surveys to provide monthly accessible patient feedback for Matrons and Ward Managers. Development of specialist patient experience surveys for 9 departments across the Trust, uploaded to provide realtime patient feedback. Co-production of accessible FFT surveys to optimise participation and increase accessibility. Launch of Patient Experience "What matters most to me" project across wards on all sites. Engagement with under-represented groups including Afghan refugee community. 							
When is performance expected to recover:							
The Trust are unable to predict expected recovery at this time due to immense pressures on the system and moving towards the winter season. It is hoped performance will improve moving into Q1 22/23.							
Quality impact assessment:							
Following sustained deterioration of patient satisfaction from Q1 & Q2, there was a month-on-month improvement during Q3. The satisfaction score in ED has now moved back within the lower control limit when monitoring performance historically.							
The top five negative themes for ED Departments remained consistent. However, waiting time remained as the top theme and this was consistent across both sites when looking at patient feedback. Waiting time performance metrics across the ED departments within the organisation also continue to follow reduced performance levels.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Jane Lunt		N/A		Mel Spelman			

3.8 Unplanned Care Activity & Finance, All Providers

3.8.1 All Providers

Figure 13 - Unplanned Care – All Providers



For unplanned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public guidance was to 'stay at home'. Trends across 2021/22 have shown notable increases in A&E activity but fewer non-elective admissions when comparing to pre-pandemic activity. Total Unplanned activity at March-22 is recording a 21% increase compared to 2020/21 and also an increase of 4% when compared to pre-pandemic levels of activity (some of this increase can be attributed to changes in recording at Litherland WIC which was operating under a new service model i.e. pre-booked appointments). Focussing specifically on A&E type 1 attendances, activity during March-22 has increased by 20% from the previous month and is also showing an increase of 44% when compared to March-20. Despite the majority of 2019/20 being pre-pandemic, March-20 was the first month to see an impact of the COVID-19 pandemic on activity levels as a result of the initial national lockdown.

Figure 14 - Unplanned Care Activity Trends

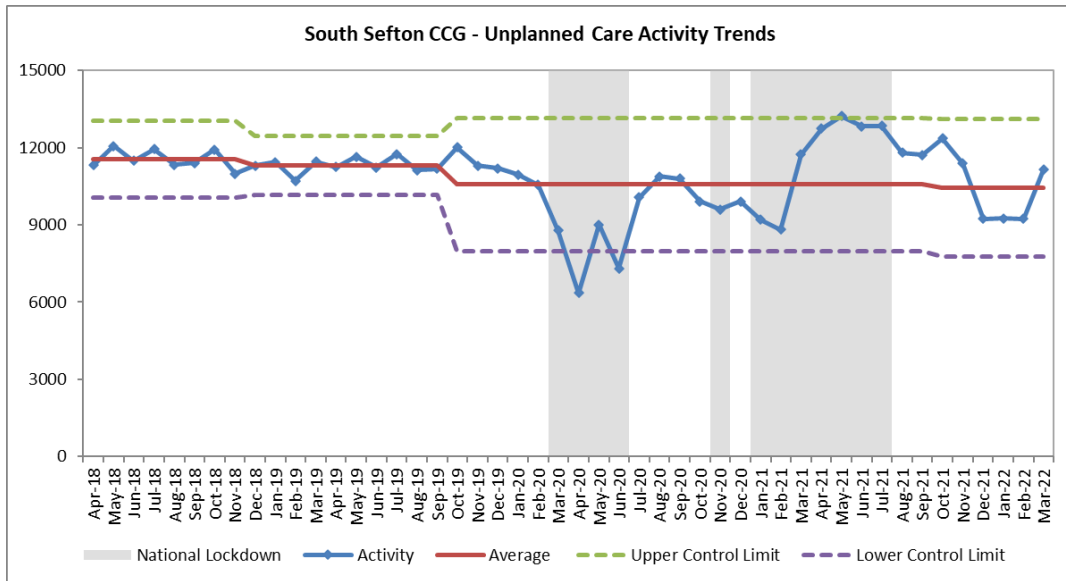


Figure 15 – A&E Type 1 against Plan (previous year)

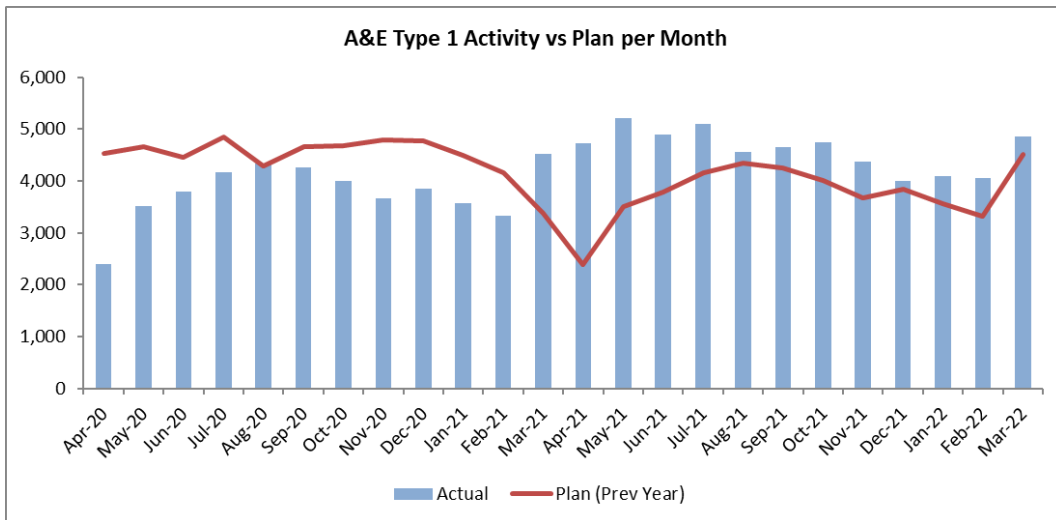
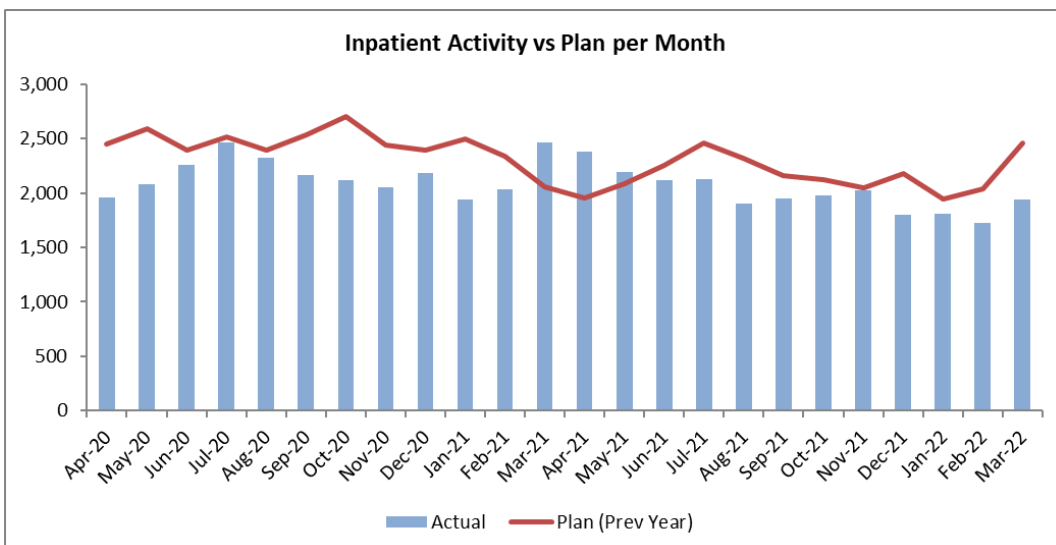


Figure 16 – Non-elective Inpatient Variance against Plan (Previous Year)



3.8.2 Aintree Hospital

Figure 17 - Unplanned Care – Aintree Hospital

Aintree University Hospitals Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E WIC Litherland	39,286	53,758	14,472	37%	£1,010	£1,024	£14	1%
A&E - Accident & Emergency	35,638	34,243	-1,395	-4%	£5,833	£5,296	£-537	-9%
NEL - Non Elective	17,236	12,455	-4,781	-28%	£35,732	£33,445	£-2,287	-6%
NELNE - Non Elective Non-Emergency	52	29	-23	-44%	£254	£124	£-130	-51%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	244	37	-207	-	£70	£10	£-60	-
NELST - Non Elective Short Stay	3,750	2,750	-1,000	-27%	£2,611	£2,009	£-602	-23%
NELXBD - Non Elective Excess Bed Day	8,219	4,207	-4,012	-49%	£2,106	£1,107	£-999	-47%
Grand Total	104,425	107,479	3,054	3%	£47,616	£43,015	£-4,601	-10%

The total underperformance of -£4.6m/-10% for South Sefton CCG at Aintree Hospital can be attributed to a decrease in non-elective admissions and the associated non-elective excess bed days when comparing to the equivalent period in 2019/20. Non-elective admissions are also -19% below activity reported in 2020/21, which encompassed the first and second waves of the pandemic when overall unplanned care saw substantial reductions as a result of the national lockdown periods.

A&E type 1 attendances were at their highest since July-19 for South Sefton CCG at Aintree Hospital in early 2021/22 but have since decreased. Contracting data also suggests fewer patients require admission with a current conversion rate (attendance to admission) of approximately 36% compared to a pre-pandemic level of 48%. Waits within the A&E department have also increased with a significant impact on A&E performance evident for LUHFT (individual site performance not available) throughout 2021/22.



Overperformance at Aintree Hospital is evident against the A&E Litherland walk-in centre point of delivery. This service has operated on a new service model of pre-booked appointments from June-20 and a surge in attendances was seen in early 2021/22 resulting in historical peaks in activity during May-21. Attendances in May-21 were 5,746 compared to a pre-pandemic monthly average of 3,274, which represents an increase of 62%. Attendances during 2021/22 have since decreased but remain above the pre-pandemic average. However, a significant drop in activity levels was reported during December-21 with attendances in month down approximately -42% on a 2021/22 average for the site. This is likely a result of business continuity plans being in place due to staff sickness/isolating and the re-opening of the Liverpool City Centre walk-in centre. Attendances have since recovered but remain below levels seen in early 2021/22.

In terms of COVID admissions, contracting data illustrates that South Sefton CCG saw peaks in admissions to Aintree Hospital during April-20 (177), October-20 (145) and January-21 (168) mirroring local and national trends for increasing cases. There were 53 COVID related admissions for South Sefton patients recorded in January-22, which is a peak for 2021/22 and is likely a result of the Omicron variant as cases increased in this period. Numbers of COVID admissions have since decreased with 17 in February-22 and 21 in March-22.



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

4. Mental Health



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

Indicator		Performance Summary				Potential organisational or patient risk factors
CPA Follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate T teams		Previous 3 months and latest				Patient safety risk re: – suicide/harm to others.
GREEN	TREND	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	
		100.0%	50.0%	80.0%	100.0%	
		Plan: 95% - Quarter 1 2021/22 reported 100% and achieved				
Performance Overview/Issues:						
<ul style="list-style-type: none"> The Trust is achieving the 95% target reporting 100% for the CCG. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> Performance on all follow ups post discharge continues to be discussed and reviewed in the weekly Divisional Safety Huddle. Please note the indicator is number sensitive. Any underperformance can just equate to a very small number breaches in some cases. 						
When is performance expected to recover:						
Recovered in Quarter 4 2021.						
Quality:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Yinka Moss		Ian Johnston		

4.1.2 Eating Disorder Service Waiting Times



Indicator		Performance Summary				Potential organisational or patient risk factors
Eating Disorder Service (EDS): Treatment commencing within 18 weeks of referrals		Previous 3 months and latest				KPI 123b Patients safety risk. Reputation.
RED	TREND	Dec-21	Jan-22	Feb-22	Mar-22	
		37.30%	35.40%	28.80%	29.40%	
		Dec-20	Jan-21	Feb-21	Mar-21	
		42.90%	40.00%	37.10%	33.30%	
		Plan: 95%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • Long standing challenges remain in place (see Quality section below). • Out of a potential 51 Service Users, only 15 started treatment within the 18 week target (29.4%) which shows a small improvement in performance from the previous month. The Trust has stated that demand for the service continues to increase and to exceed capacity. In recent weeks the service has recently received several referrals for low weight clients requiring prioritisation and referrals to inpatient ED unit. Also, discharges from inpatient ED unit have required the team/staff to support transition to community services. Furthermore, several clients have turned 18 and have required prioritising to support positive transition to adult ED service. The service has been responsive to clinical need to ensure delivery of safe and effective service. • COVID-19 has had a significant impact upon demand, along with the acuity and complexity of patients accessing the service. • Compared to last year there has been a decline of 3.9 percentage points. 						
Actions to Address/Assurances:						
Trust Actions:						
<ul style="list-style-type: none"> • 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. • The service is continuing to deliver therapy and assessment appointments via telephone or Attend Anywhere and alongside this is also increasing its face-to-face appointments offer. • 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 organised and delivered 13th and 14th April. The service feel that this structured, manualised and evidence-based intervention will improve throughput and waiting times. The newly appointed assistant psychologists will be able to deliver CBTe immediately. 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. • 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 Trust and CCG 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. Both CCGs have confirmed an additional £112k of investment for 2022/23 which has enabled the service to recruit a senior dietician and senior CBT therapist, 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. The service are now not carrying any vacancies which should help with performance issues. • 2.0 WTE band 4 Assistant psychologists have been offered fixed-term contracts to 31st March 2023, to support increasing psychology provision within the service. Awaiting pre-employment checks. • The service has reviewed the business case that was submitted and feel the psychological aspect of this is still valid and viable. Consideration still though needs to be given to the physical health monitoring arrangements and due to Mersey Care operating ED services across North and Mid-Mersey, have suggested they would prefer a collective approach to this involving commissioners from North and Mid-Mersey CCGs in order to maximise resources and the benefits of mature system working. • Low weight service users are been 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. 						
When is performance expected to recover:						
Expectation is that performance will begin to improve in Q1 2022/23 but achievement of the target is not guaranteed.						
Quality:						
It is a longstanding issue that the service is currently not NICE compliant, and as such primary care is asked to undertake interventions that ideally should be undertaken in secondary care. Both CCGs and the Trust have raised concerns around assurance of safety of individuals on the waiting list. These issues need to be addressed through a collective approach between North and Mid-Mersey CCGs and Mersey Care. The service remains on the Mersey Care risk register and is subject to internal governance due to increasing waiting times.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Yinka Moss		Ian Johnston		

4.1.3 Falls Management & Prevention: All adult inpatients to be risk assessed using an appropriate tool



Indicator		Performance Summary					Potential organisational or patient risk factors
Falls Management & Prevention: All adults inpatients to be risk assessed using an appropriate tool within 24 hours of admission		Previous 3 quarters and latest				KPI 6a	Patient Safety.
GREEN	TREND	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22		
		100.0%	40.0%	100.0%	100.0%		
		Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21		
		98.4%	100.0%	100.0%	85.7%		
		Plan: 98% - 2020/21					
Performance Overview/Issues:							
• For South Sefton CCG the Trust continue to report 100% and are achieving the 98% target, after failing in quarter 2.							
Actions to Address/Assurances:							
• Modern Matrons have been tasked with ensuring the review and completion of Falls Risk Assessment Tool (FRAT) and care plan where identified.							
When is performance expected to recover:							
Performance is on target in Q3 2021/22.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Yinka Moss			Ian Johnston		

4.2 Mental Health Matters (Adult)



4.2.1 Improving Access to Psychological Therapies: Access

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Access - % of people who receive psychological therapies		Latest and previous 3 months				123b	Risk that CCG is unable to achieve nationally mandated target. Demand for the service continues to increase and exceed capacity.
RED	TREND	Dec-21	Jan-22	Feb-22	Mar-22		
		0.83%	0.83%	0.71%	0.99%		
		Dec-20	Jan-21	Feb-21	Mar-21		
		0.60%	0.35%	0.97%	0.63%		
		National Monthly Access Plan: 1.59%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> 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 Trust have not met the 19% plan for 2021-22 recording 9.72%. 							
Actions to Address/Assurances:							
<p>To address underperformance the following actions are being undertaken:</p> <ul style="list-style-type: none"> The service has recruited to long standing clinical lead vacancy who started in post in March. As staffing has historically been a challenging issue, the service will have a full complement of staff in place from March 2022 so is confident that performance will begin to improve, although it should be noted that this will take time to be reflected in the performance figures. One trainee cohort is soon due to become fully qualified so able to work to full capacity, thereby increasing the number of appointments available. Provider is funding agency staff and overtime to create additional capacity. Performance is being closely monitored through regular meetings with the service. 							
When is performance expected to recover:							
Achievement of the 19% access standard remained challenging in Q4.							
Quality:							
Lengthy internal waits will impact as individuals having had their initial assessment were unable to progress to follow up treatment in a timely manner.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Yinka Moss			Ian Johnston		



4.2.2 Improving Access to Psychological Therapies: Recovery

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Recovery - % of people moved to recovery		Latest and previous 3 months				123a	Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Dec-21	Jan-22	Feb-22	Mar-22		
		35.3%	50.7%	51.9%	44.0%		
		Dec-20	Jan-21	Feb-21	Mar-21		
		46.1%	44.0%	50.0%	38.3%		
		Recovery Plan: 50%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The recovery rate decreased by 7.9 percentage points from previous month and increased 5.7 percentage points from previous year It has been recognised that for South Sefton CCG people enter the service with higher complexity which has an impact on recovery times The provider inherited significant numbers of long internal waits when it took over the contract in January 2021 which it has attempted to focus upon, along with the more complex patients that have been waiting. Internal waits are having an impact on the onward recovery of individuals and therefore the 50% IAPT recovery standard. It is widely recognised that individuals who wait long periods for treatment more frequently struggle with engagement. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Clinical lead now actively in post and has oversight in reviewing planned discharges to ensure optimum recovery is achieved. Structured approach to caseload management being utilised. The provider has submitted an action plan which is being monitored through regular meetings and formal contract review meetings. Meeting completed between provider and commissioners to discuss and better understand local and national service issues, along with wider contextual factors which impact upon performance. National recovery definitions and parameters mean that some service users aren't included within the recovery figures upon discharge, despite positive change being instigated through the therapy they've received. 							
When is performance expected to recover:							
Expectation is for performance to begin to improve as impact of full staffing compliment and structured approach to caseload management starts to take effect.							
Quality:							
Impact of patients not achieving the outcomes desired from treatment.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Yinka Moss			Ian Johnston		



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

Indicator		Performance Summary				Potential organisational or patient risk factors	
IAPT % 6 week waits to enter treatment		Latest and previous 3 months					
RED	TREND	Dec-21	Jan-22	Feb-22	Mar-22		
		70.0%	63.0%	62.0%	59.0%		
		Plan: 75%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Failing for a fifth month. Although achieving year to date reporting 79%. In March, the CCG remained below the national target in respect of cases discharged in the month being seen within six weeks at the start of treatment A shortage of Psychological Wellbeing Practitioners (PWPs) has impacted upon performance as it is these roles that are responsible for carrying out assessments. An additional seven PWP trainees commenced in March but it will take some time for the effect of them to be noted upon performance figures. Issues around data migration and inherited waiting list are impacting upon performance. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Additional PWP trainees commenced in March 2022. Recruitment is now managed at a Cheshire & Merseyside level in conjunction with local academic institutions. One trainee cohort is soon due to become fully qualified so able to work to full capacity, thereby increasing the number of appointments available. Most recently recruited trainees beginning to increase their appointment offer as they become more experienced and work towards fully qualified status. Provider is funding agency staff and overtime to create additional capacity. Pre-assessment questionnaire introduced to streamline assessment process. The provider has submitted an action plan which is being monitored through regular meetings and contract review meetings. Meeting completed between provider and commissioners to discuss and better understand local and national service issues, along with wider contextual factors which impact upon performance. 							
When is performance expected to recover:							
Expectation is for performance to begin to improve as impact of full staffing compliment starts to take effect							
Quality impact assessment:							
Impact of extended waits to enter treatment upon wellbeing of patients needing to access the service.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Yinka Moss		Ian Johnston			



4.3 Dementia

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Dementia Diagnosis		Latest and previous 3 months				126a	COVID-19 Pandemic forced the temporary closure of memory services across Sefton. In addition GP practices are limiting face to face contacts, so fewer referrals / assessments took place during this time.
RED	TREND	Dec-21	Jan-22	Feb-22	Mar-22		
		58.6%	59.3%	59.5%	59.0%		
		Dec-20	Jan-21	Feb-21	Mar-21		
		57.7%	57.6%	56.9%	57.2%		
		Plan: 66.7%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Ongoing capacity and demand issues in primary care where initial dementia screening is completed continue to have an impact upon performance. Compared to last year the measure has improved by 1.8%. 							
Actions to Address/Assurances:							
<p>Sefton CCGs have implemented the following schemes to go into 21/22 Local Quality Contract (LQC) with primary care across Sefton:</p> <ol style="list-style-type: none"> Identify a practice lead for dementia (not necessarily clinical). Provide an annual GP review for patients with a diagnosis of mild cognitive impairment until such time transient state resolves or progresses to dementia. Support identification of carers for people with dementia. <p>The outcomes of the above LQC scheme for 21/22 will be reported shortly.</p> <p>Proposals for new a new mandatory and additional optional scheme has been forwarded to GP practices Sefton wide, consultation will conclude shortly and plans to implement service specifications will commence shortly afterwards.</p> <ul style="list-style-type: none"> As the COVID restrictions are being lifted the Trust has commenced face to face activity and commenced weekend clinics, it is anticipated that improved waiting times will follow. The CCG 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 providing now providing face to face and telephone support to more vulnerable clients including people suffering with dementia, cognitive impairment and their carers. The current model means that the service are continuing to review patients who could be managed in primary care, thereby occupying capacity in the service through which new assessments could be completed. Discussions have begun with GP clinical leads as to how primary care could support with patient reviews and management, thereby increasing capacity in the service. 							
When is performance expected to recover:							
It is possible the CCG will see an increased trend in referrals and diagnosis rates continuing next quarter and beyond. An action plan to address current waiting times and diagnosis rates is to be discussed and implemented shortly.							
Quality:							
Issues to be looked into further around waiting times for memory services. To be queried with Mersey Care contract leads.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Jan Leonard		Yinka Moss			Ian Johnston		

4.4 Learning Disabilities (LD) Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Learning Disabilities Health Checks (Cumulative)		Latest and previous 3 quarters				124b People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people's health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check.	Risk that CCG is unable to achieve nationally mandated target. Traditionally a difficult group of patients to engage with for health checks, with high appointment DNA's. COVID-19.
RED	TREND	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22		
		5.98%	18.96%	23.79%	66.54%		
		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:							
<ul style="list-style-type: none"> The CCGs target increased to 550 from a total of 470 health checks for the year when the baseline changed in March 2021, previously using the QOF 2019-20 data now using the Network Contract DES (MI) 2021/22 data meaning an increase of baseline figure. Using the previous baseline the CCG would have achieved the 70% target and reported 77.71%. 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 4 2021/22, the total performance for the CCG was 66.54%, below the year to date plan of 70%. 786 patients were registered with 523 being checked against a plan of 550 resulting in the CCG failing the target. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> A programme of work has been established with South Sefton GP Federation to increase uptake of Learning Disabilities (LD) annual health checks. GP practices can sub-contract the LD DES to the GP Federation. The Federation have secured clinical staff and will work through the annual health checks from quarter 1. A programme of work has been focusing on patients who did not take up the offer of an annual health check in 2020/21, to understand what the barriers might be and to support patients to access a health check. This work is continuing into quarter 1. A full report will be done when the programme ends which will identify successes and barriers. Practices usually undertake this work towards the end of the year, however are being encouraged to spread this work throughout the year. The primary care team is supporting practices to ensure that data required is provided in a timely fashion. There have also been links made with NHS Digital to ensure that local LD data corresponds with national data published. NHS Digital is now receiving extracted data from GP clinical systems on a monthly basis, where previously extractions were quarterly. An LD task and finish group will be active across Sefton in 2022/23. 							
When is performance expected to recover:							
Target not met for 2021-22.							
Quality impact assessment:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Yinka Moss		Ian Johnston			

4.5 Severe Mental Illness (SMI) Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
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		Rolling 12 month as at end of quarter				123g	Risk that CCG is unable to achieve nationally mandated target. SMI patients are in the JCVI vaccination groups called forward for COVID vaccination.
RED	TREND	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22		
		20.8%	21.1%	23.9%	27.9%		
		Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21		
		19.0%	16.1%	12.3%	16.2%	As part of the 'Mental Health Five Year Forward View' NHS England has set an objective that by 2020/21, 280,000 people should have their physical health needs met by increasing early detection and expanding access to evidence-based care assessment and intervention. It is expected that 50% of people on GP SMI registers receive a physical health check in a primary or secondary care setting.	
		Plan: 60%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> In Quarter 4 of 21/22, 27.9% of the 2,075 of people on the GP SMI register in South Sefton CCG (579) received a comprehensive health check. COVID-19 has impacted on the delivery of some of the 6 interventions which make up the indicator (e.g. bloods). SMI health checks were removed from QOF in Q3 and Q4 due to COVID-19. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> SMI health checks will be back in QOF in 2022/23 which should help with uptake. Work is underway between CCG, clinical leads, GP Federation and public health to look at a small scale delivery pilot with the intention of increasing SMI health check uptake through targeted approach. 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. 							
When is performance expected to recover:							
Performance is expected to improve from Quarter 1 2022/23.							
Quality impact assessment:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Yinka Moss			Ian Johnston		

5. Community Health

5.1 Adult Community (Mersey Care Foundation Trust)

Focus within the Trust remains on COVID-19 recovery/resilience planning and understanding service specific issues, e.g. staffing, resources, waiting times. Assurance will be sought regarding changes instigated in response to COVID-19 and an understanding of services that are not operating at pre-COVID levels. A single Clinical Quality Performance Group (CQPG) across the Mersey Care footprint of commissioned services including South Sefton, Southport and Formby and Liverpool CCGs 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 CCG leads, will be reviewing service specifications throughout 2021/22 to ensure they reflect required service delivery and improvement work that has taken place over past few years. This work has been impacted by the pandemic.

Month 12 assurance supplied by the Trust indicates that Allied Health Profession (AHP) waiting times have maintained improved positions within the 18-week standard with the exception of physiotherapy which has decreased waiting times from previous month to 28 weeks and Speech and Language Therapy (SALT) decreased from the previous month to 27 weeks, remaining above the 18 week standard. A Trust wide review of SALT has been completed and the findings are to be shared at the June-22 CQPG. The CCG continues to monitor waiting times with close monitoring of the SALT service and Physiotherapy which continues to see high demand. AHP services triage patients and prioritise on clinical need and the Trust has provided a performance improvement plan for



physiotherapy and SALT. Consideration is being given to reduce the waiting times targets in 2021/22 in recognition of the sustained improved performance in line with agreed transformation work by the Trust. However, this work has been impacted by the pandemic and to be discussed further in 2022/23.

5.1.1 Quality



Monitoring through the Clinical Quality and Performance Group (CQPG) for Mersey Care remains on enhanced surveillance due to the merger/acquisitions of other services including North West Boroughs to ensure consistency and management of services is appropriate.

To ensure all operational details are discussed this is now included within the Contract Review Meeting and escalation as appropriate through the Collaborative Commissioning Forum (CCF) then to the CQPG.



5.1.2 Mersey Care Adult Community Services: SALT

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: SALT		Previous 3 months and latest					
RED	TREND	Incomplete Pathways (92nd Percentile)					
		Dec-21	Jan-22	Feb-22	Mar-22		
		28 wks	27 wks	28 wks	27 wks	<=18 weeks: Green > 18 weeks: Red	
		Dec-20	Jan-21	Feb-21	Mar-21		
		19 wks	22 wks	21 wks	25 wks		
		Target: 18 weeks					
Performance Overview/Issues:							
<ul style="list-style-type: none"> • March incomplete pathways reported over the 18 week standard at 27 weeks with fluctuations over the past few months. • Number of referrals have increased to 59 in March compared to 37 in February. • Early warning data shows waiting times are continuing to increase. • Workforce issues remain a challenge. 							
Actions to Address/Assurances:							
Trust provided a performance improvement plan at M10 which advised of the following actions:							
<ul style="list-style-type: none"> • Increased staffing, staff working additional hours to manage the triage backlog, utilising locum support 29 hours a week and bank admin support. • Weekly reporting of waiting list to understand demand to the service and analysis of referrals urgent and routine, initiatives to use clinic time more effectively signposting to other services. • Increase use of telephone and Attend Anywhere - briefing and standard operating procedure provided for CCG review and for assurance of quality of interventions where not directly seen face to face (F2F). • Recommencement of treatment of patients categorised as routine. 							
When is performance expected to recover:							
The CCG are aware that staffing remains an issue in regard to permanent recruitment. This is similar to many SALT services. Trust has advised that expect that the current waiting time will reduce to 22 weeks by July 2022, which is still above the 18 week standard.							
Quality impact assessment:							
The Trust has assured the CCG that they continue to see urgent patients in a timely manner and these are prioritised. All referrals are triaged to identify those requiring urgent review. Briefing on Telehealth in SALT and Standard Operating Procedure for management of dysphagia provided as assurance of support provided to most complex cases - shared with Clinical Advisory Group.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Vacant			Janet Spallen		



5.1.3 Mersey Care Adult Community Services: Physiotherapy

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: Physiotherapy		Previous 3 months and latest				<=18 weeks: Green > 18 weeks: Red	
RED	TREND	Incomplete Pathways (92nd Percentile)					
		Dec-21	Jan-22	Feb-22	Mar-22		
		28 wks	29 wks	31 wks	28 wks		
		Dec-20	Jan-21	Feb-21	Mar-21		
15 wks	16 wks	16 wks	19 wks				
Target: 18 weeks							
Performance Overview/Issues:							
<ul style="list-style-type: none"> March incomplete pathways saw an improvement to last month reporting 28 weeks, since February 2021 the Trust have been above the waiting time threshold of 18 weeks. Whilst the service has experienced reduced capacity due to some long-term sickness there has been an increase in patients waiting as well as long waiters. The Trust advise attributed in part to the cessation of the Aintree at Home service as well as changes to the Rehab at Home pathway. 							
Actions to Address/Assurances:							
Trust Performance Improvement Plan for the recovery of physiotherapy waiting times advises the following:							
<ul style="list-style-type: none"> Service is managing the demand through robust triage process, continues to review all new referrals and validation of those on waiting list to ensure that those with high priority needs receive support. Weekly breach report providing full oversight of current waiters is provided as part of the Trust action plan for the team to review. Locum physiotherapist has been recruited whilst further recruitment is underway and being expedited to ensure sufficient capacity is increased to reduce the waiting times to 18 week standard. Due to increase in referrals a staffing review has indicated an additional 4.2 wte staff are required to be submitted as business case for additional funding. South Sefton CCG has agreed funding for 1wte physiotherapist to support ICRAS and intermediate care and the trust are out to recruitment again for this post. This will increase overall therapy provision and potential support to planned care. Trust advises that they are undertaking a review to refine the referral process into the service as various professionals continue to refer via incorrect route and this can cause delays. 							
When is performance expected to recover:							
The CCG continue to monitor progress Performance Improvement Plan for the recovery of physiotherapy waiting times.							
Quality impact assessment:							
The Trust has informed that there is limited risk of patient harm as all referrals to the service are triaged and seen based on clinical need. The service aims to see patients triaged as urgent within four weeks of referral. Patients, their carers and healthcare professionals can contact the service to discuss any change in a patients presentation and be re-triaged into another part of the ICRAS pathway.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Vacant		Janet Spallen			

5.1.4 Mersey Care Adult Community Services: Phlebotomy

Indicator		Performance Summary				Target and RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: Phlebotomy Urgent and Routine Domiciliary		Previous 3 months and latest				Target: Routine domiciliary appointments - 10 days, Urgent domiciliary appointments - 5 days >= target: Green < target: Red	
RED	TREND	Next Available appointment:					
		Jan-22	Feb-22	Mar-22			
		Urgent	1	1	1		
		Routine	6	17	11		
Performance Overview/Issues:							
<ul style="list-style-type: none"> The Service has reported staffing challenges which have impacted on service delivery. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Additional staffing identified to support service - mutual aid, redeployment of staff from other Trust services, agency and bank. Trust has recruited to staffing establishment and currently out to recruitment following the approval of the business case for additional 2.4wte phlebotomy staffing for a fixed term 22-23 							
When is performance expected to recover:							
Month 1 reports that Routine domiciliary appointments delivered within target.							
Quality impact assessment:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Vacant		Janet Spallen			

5.1.5 Mersey Care Adult Community Services: Occupational Therapy

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: Occupational Therapy		Previous 3 months and latest				<=18 weeks: Green > 18 weeks: Red	
GREEN	TREND	Incomplete Pathways (92nd Percentile)					
		Dec-21	Jan-22	Feb-22	Mar-22		
		19 wks	10 wks	11 wks	12 wks		
		12 wks	11 wks	10 wks	12 wks		
Target: 18 weeks							
Performance Overview/Issues:							
<ul style="list-style-type: none"> Performance in March remains under the 18 week target, with a wait of 12 weeks, although weeks waits have started to increase. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> As reporting within target a request has not been made for a performance improvement plan and the Trust have not indicated performance issue. The Trust has advised that additional 1 whole time equivalent Occupational Therapist has recently been recruited to support ICRAS and intermediate care, funding approved by CCG. This will increase overall therapy provision and potential support to planned care. 							
he							
Updated position received from Trust is that performance has recovered and within threshold.							
Quality impact assessment:							
The Trust has assured the CCG that they continue to see urgent patients in a timely manner and these are prioritised. All referrals are triaged to identify those requiring urgent review.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Vacant		Janet Spallen			

5.2 Any Qualified Provider (AQP) – Audiology

Merseyside CCGs commission AQP Audiology from LUHFT, S&O, Specsavers, St H&K and Scrivens. Contracts have been rolled forward in 2022/23 pending a wider Liverpool led engagement exercise to review the Adult Hearing Loss service specification and includes input from providers and clinicians.

In terms of elective recovery, services are operational across the NHS Trusts and waiting times are good, broadly consistent with pre-pandemic levels.

Activity reports for M12 2021/22 below:



Total Activity & Cost for South Sefton CCG By Provider At M12						
Provider Name	2019/20		2020/21		2021/22	
	Activity	Cost	Activity	Cost	Activity	Cost
Specsavers	95	£29,517	158	£41,060	111	£30,145
Scrivens Limited	0	£0	1	£388	0	£0
Liverpool University Hospitals	28	£6,675	212	£36,054	73	£20,011
Southport & Ormskirk	4	£196	8	£1,070	8	£1,507
Grand Total	127	£36,388	379	£78,572	192	£51,663

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

Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services		Rolling 12 month access % as at each quarter				<p>Due to impact of COVID-19, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by digital divide.</p> <p>Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase.</p>
GREEN	TREND	Q1 21/22	Q2 21/22	Q3 21/22	Rolling 12 Mth Rate	
		34.6%	40.4%	48.3%	38.8%	
		Q1 20/21	Q2 20/21	Q3 20/21	Rolling 12 Mth Rate	
		29.9%	32.2%	35.6%	37.0%	
		Annual Access Plan: 35%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> The performance data now reflects the 12 month rolling data to the end of the given quarter. This is more representative of the current performance as the target is set as annual. The rolling 12 months (Q3 21/22) rate was 38.8% compared to 37.0% for the same period in the previous year. The CCG 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. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The Venus and Kooth data flows had a positive impact on the year end performance, along with the additional Kooth capacity which was implemented after securing additional short term Violent Reduction Partnership funding. In response to the challenges of COVID-19, service resilience and increasing demand for mental health support, the CCG agreed additional short term investment for Alder Hey CAMHS and third sector providers, Venus and Parenting 2000. This increased capacity was mobilised in Q3 and Q4, and will continue into 2021/22. This has, and will, continue to positively impact access rates. In response to the government's recent additional £75m national mental health investment, the CCGs have agreed and released further COVID recovery monies to Alder Hey and third sector providers which will sustain and further increase mental health service capacity. This will further increase access rates throughout 2021/22. Parenting 2000, another of our third sector CAMHS partners, and the newly established Mental Health Support Teams (MHSTs) began to submit data to the mental health data set (MHDS) in Q1 of 2021/22, which will further contribute to the access rates in 2021/22. 						
When is performance expected to recover:						
Performance remains on track to exceed the 35% access plan.						
Quality impact assessment:						
There are no identified quality issues.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		



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

Indicator		Performance Summary				Potential organisational or patient risk factors	
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral - Alder Hey		Latest and previous 3 quarters				<p>Performance in this category is calculated against completed pathways only.</p> <p>* suppressed data meaning less than 2 referrals in the quarter</p>	<p>Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required.</p> <p>Ongoing increase in demand for the service may continue to impact on waiting times for treatment.</p>
RED	TREND	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22		
		69.6%	47.7%	19.5%	*		
		Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21		
		80.0%	100.0%	97.6%	90.0%		
		National standard 95%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> For Q4 the Trust's data was suppressed. (Less than 2 referrals in the quarter reported). As the service has relatively small numbers breaches have a large impact on performance. Since March 2020 and the start of the pandemic, there has been a significant increase in demand for the service with a 171% referral increase in 2021, and an increase in new and existing patients presenting at high physical risk. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> 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 has also reported the highest number of paediatric admissions since it commenced, with a 366% increase in acute admissions in 2021 compared to 2019. The service has continued 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. 							
When is performance expected to recover:							
Alder Hey is continuing with its recruitment process but will be some more time yet until extra capacity is realised within the service offer – notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.							
Quality impact assessment:							
No quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		N/A		Peter Wong			



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

Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral - Alder Hey		Latest and previous 3 quarters				<p>Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required.</p> <p>Ongoing increase in demand for the service may impact on waiting times for urgent treatment.</p>
RED	TREND	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	
		100.0%	75.0%	80.0%	*	
		Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	
		*	*	100.0%	100.0%	
National standard 95%				* suppressed data meaning less than 2 referrals in the quarter		
Performance Overview/Issues:						
<ul style="list-style-type: none"> For Q4 the Trust's data was suppressed. (Less than 2 referrals in the quarter reported). 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> 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 has also reported the highest number of paediatric admissions since it commenced, with a 366% increase in acute admissions in 2021 compared to 2019. The service has continued 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. 						
When is performance expected to recover:						
Alder Hey is continuing with its recruitment process but will be some more time yet until extra capacity is realised within the service offer – notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		N/A		Peter Wong		



6.1.4 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				<p>The following potential risks have been identified in relation to their impact on the delivery of ASD pathway:</p> <ul style="list-style-type: none"> • Sustained increase in referrals impacting on service capacity and waiting times. • Decreased capacity within additional providers.
GREEN	TREND	Dec-21	Jan-22	Feb-22	Mar-22	
		100.0%	100.0%	100.0%	100.0%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • In March 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 commissioned levels and there was an 80% increase in referrals in March 22. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • Although the number of young people open to the service is increasing and exceeds the commissioned capacity, the service continues to exceed the 12-week triage NICE compliant target. • The CCGs have 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. • The CCG 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. 						
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				<p>The following potential risks have been identified in relation to their impact on the delivery of the ASD pathway:</p> <ul style="list-style-type: none"> • 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	Dec-21	Jan-22	Feb-22	Mar-22	
		55%	53%	52%	54%	
Plan: 90% of referrals: Assessments completed within 30 weeks						
Performance Overview/Issues:						
<ul style="list-style-type: none"> • 54% 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. • Performance has declined to the impact of increasing referrals on service capacity. Referrals are higher than expected and continue to increase each month. • The increase in referrals is impacting on capacity, specifically on the 30 week target to complete assessments. It is anticipated that increasing demand will have a significant impact on waiting times going forward. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • 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. • The CCG 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. • 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:						
There will be an improvement in the 30 week assessment waiting time standard when the Trust implements its recovery plan.						
Quality impact assessment:						
For those CYP waiting for their assessments to be completed, there is a potential quality/safety risk.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

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



Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway:</p> <ul style="list-style-type: none"> • 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	Dec-21	Jan-22	Feb-22	Mar-22	
		99%	100%	100%	100%	
Plan: 90% of referrals: Assessments started within 12 weeks						
Performance Overview/Issues:						
<ul style="list-style-type: none"> • In March, 100% of assessments started within 12 weeks of referral and the pathway continues to meet the agreed performance targets. • There has been an ongoing increase in referrals to the service which is starting to impact on waiting times. • Referrals are higher than the planned level of activity and continue to increase each month with an 80% increase in referrals in March. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • 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. • The CCGs have 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. • The CCG 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. 						
When is performance expected to recover:						
Achieving over the 90% target.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

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



Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway:</p> <ul style="list-style-type: none"> • 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	Dec-21	Jan-22	Feb-22	Mar-22	
		80%	84%	86%	88%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • 88% of ADHD assessments were completed within the 30 week target, which is below the planned target of 90% and shows improvement in last 3 months. • 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:						
<ul style="list-style-type: none"> • 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 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. • The CCG 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 and also in the development of discharge pathways to primary care • In response to the increase in investment, the Trust is developing a waiting time recovery plan. 						
When is performance expected to recover:						
There will be an improvement in the 30 week assessment waiting time standard when the Trust implements its recovery plan.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewit		Peter Wong		

6.2 Child and Adolescent Mental Health Services (CAMHS)

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



Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Choice within 6 weeks (open pathways)		Latest and previous 3 months				Due to ongoing impact of COVID on demand and increase in urgent referrals, potential quality/safety risks from delayed access/or inability to access timely interventions. Potential of sustained and long term increase in waiting times/numbers and workforce capacity challenges due to service expansion and staff turnover across the system.
RED	TREND	Dec-21	Jan-22	Feb-22	Mar-22	
		41.0%	31.5%	39.6%	36.8%	
		Target 92%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Referral to choice waiting time has seen a 2.8% decline in compliance reporting 36.8% in March. There were 8 x 52 week breaches across both CCGs in March due to an increase in urgent appointments and caseload reallocations; compounded by staff absence (COVID and otherwise), staff leavers and awaiting new staff to commence in April. Due to the ongoing impact of the pandemic on increasing demand, capacity continues to be challenged and although there has been a general deterioration in waiting times since December 2020, the position is starting to improve and stabilise. 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. This position is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The service continues to monitor urgent and routine referral rates and aims to flexibly use capacity 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 8 young people across Sefton waiting over 52 weeks at the end of March, 5 commenced treatment in April, 2 DNA'd/cancelled an appointment in April and have a further date booked in May and 1 DNA'd/cancelled an appointment in April and is being rebooked to the next available appointment. All CAMHS referrals are risk assessed and prioritised. For urgent children and young people, Alder Hey offers an appointment within two weeks. CAMHS referrals are risk assessed and prioritised. For urgent children and young people, Alder Hey offers an appointment within two weeks. Across the Sefton CAMHS 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 the Mental Health Support Teams in schools which began a phased roll out in April 2021. The CCGs have been successful in their joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative and pathway review and mapping is underway to identify opportunities to improve the efficiency of the referral process. The additional mental health COVID recovery investment released in 2021/22 (circa £800K for Sefton) continues to be mobilised by the Trust and third sector providers. As services strive to reach full staffing capacity and covid related sickness levels reduce, there will be a sustained improvement in waiting times. The CAMHS waiting time position continues to be closely monitored by the CCGs and the Trust, and the local CAMHS partnership and third sector providers continue to offer additional support and capacity. Alder Hey are in the process of developing a service improvement plan which will be shared with the CCGs at the end of May 2022. 						
When is performance expected to recover:						
Alder Hey continues with its recruitment processes and is working towards achieving the required extra capacity – notwithstanding likely internal/external movement as posts are filled. A detailed service improvement plan/trajectory will be shared by the Trust at the end of May 2022.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Wendy Hewitt		Peter Wong		

6.2.2 % Referral to Partnership within 18 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % 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	Dec-21	Jan-22	Feb-22	Mar-22	
		78.5%	80.6%	77.2%	73.1%	
		Target 92%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • There has been a 4.1% decline in waiting times in March reporting 73.1% now under the 75% target. • Due to the ongoing impact of the pandemic on increasing demand, capacity continues to be challenged and although there has been a general deterioration in waiting times since December 2020, the position is starting to improve and stabilise. • 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. • This position is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • 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 CAMHS 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 the Mental Health Support Teams in schools which began a phased roll out in April 2021. • The CCGs have been successful in their joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative and pathway review and mapping is underway to identify opportunities to improve the efficiency of the referral process. • The additional mental health COVID recovery investment released in 2021/22 (circa £800K for Sefton) continues to be mobilised by the Trust and third sector providers. As services strive to reach full staffing capacity and covid related sickness levels reduce, there will be a sustained improvement in waiting times. • The CAMHS waiting time position continues to be closely monitored by the CCGs and the Trust, and the local CAMHS partnership and third sector providers continue to offer additional support and capacity. • Alder Hey are in the process of developing a service improvement plan which will be shared with the CCGs at the end of May 2022. 						
When is performance expected to recover:						
Alder Hey continues with its recruitment processes and is working towards achieving the required extra capacity – notwithstanding likely internal/external movement as posts are filled. A detailed service improvement plan/trajectory will be shared by the Trust at the end of May 2022.						
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)

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: SALT		Previous 3 months and latest				<=92%: Red > 92%: Green	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.
RED	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Dec-21	Jan-22	Feb-22	Mar-22		
		35.70%	40.10%	38.30%	41.60%		
		Total Number Waiting					
		Dec-21	Jan-22	Feb-22	Mar-22		
		652	601	600	570		
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in March is 31.8 weeks compared to 32.7 weeks last month. For open pathways, the longest waiter was 56 weeks in March compared to 63 weeks last month. Overall there had been a steady increase in new referrals, March saw 124 compared to 100 the previous month. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The SALT service has experienced a sustained increase in referral since the pandemic. The backlog of assessments and increased acuity and urgency of cases has meant that performance has continued to be challenged. The service has developed and is implementing a service improvement plan which anticipates achieving the maximum 18 week waiting time target by end of March 2023. 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:							
Updated recovery plan is that recovery by end of Q4 2022/23.							
Quality impact assessment:							
There are no identified quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Wendy Hewitt		Peter Wong			



6.3.2 Paediatric Dietetics

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: Dietetics		Previous 3 months and latest				<=92%: Red > 92%: Green	Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Dec-21	Jan-22	Feb-22	Mar-22		
		100.0%	100.0%	100.0%	97.3%		
		Total Number Waiting					
		Dec-21	Jan-22	Feb-22	Mar-22		
47	59	51	37				
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in March is 10.9 weeks. For open pathways, the longest waiting was 19 weeks in March 15 weeks reported last month. Overall accepted new referrals to the service have increased slightly in March to 34 from 30 received in the previous month. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> None specifically, as performance is exceeding target. 							
When is performance expected to recover:							
Performance is on target.							
Quality impact assessment:							
No quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Wendy Hewitt		Peter Wong			



6.3.3 Paediatric Occupational Therapy (OT)

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: OT		Previous 3 months and latest				<=92%: Red > 92%: Green	Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Dec-21	Jan-22	Feb-22	Mar-22		
		97.4%	100.0%	100.0%	100.0%		
		Total Number Waiting					
		Dec-21	Jan-22	Feb-22	Mar-22		
75	53	73	82				
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in March is 8.5 weeks from 8.7 weeks last month. For open pathways, the longest waiter was 11 weeks in March compared to 15 weeks last month. Overall there has been a steady increase in new referrals, the service received 58 new referrals in March, this is an increase of 11 on the previous month. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The service continues to closely monitor performance. 							
When is performance expected to recover:							
Performance is on target.							
Quality impact assessment:							
No quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Wendy Hewitt		Peter Wong			

6.3.4 Paediatric Children's Continenence Promotion Service

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: Children's Continenence Promotion Service		Previous 3 months and latest				<=92%: Red > 92%: Green	Potential quality/safety risks from non attendance and/or long waits ranging from deterioration in condition to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Dec-21	Jan-22	Feb-22	Mar-22		
		100.0%	100.0%	100.0%	100.0%		
		Total Number Waiting					
		Dec-21	Jan-22	Feb-22	Mar-22		
23	21	22	22				
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in March is 6.7 weeks, previous month reported 8.7 weeks. For open pathways, the longest waiter was 17 weeks in March, the same as the previous month. New referrals to the service remain steady, 20 were received in March and 14 the previous month. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The service continues to closely monitor performance. 							
When is performance expected to recover:							
Performance is on target.							
Quality impact assessment:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Wendy Hewitt			Peter Wong		

6.3.5 Paediatric Children's Physiotherapy

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: Physiotherapy		Previous 3 months and latest				<=92%: Red > 92%: Green	Potential quality/safety risks from non attendance and/or long waits ranging from deterioration in condition to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Dec-21	Jan-22	Feb-22	Mar-22		
		100.0%	100.0%	100.0%	96.6%		
		Total Number Waiting					
		Dec-21	Jan-22	Feb-22	Mar-22		
24	35	35	29				
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in March is 12.21 weeks, previous month reported 10.81 weeks. For open pathways, the longest waiter was 18 weeks in March compared to 15 the previous month. New referrals to the service remain steady, 20 were received in March and 15 in February. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> None specifically as performance is currently within target. 							
When is performance expected to recover:							
Performance on target.							
Quality impact assessment:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Wendy Hewitt			Peter Wong		

7. Primary Care

7.1.1 CQC Inspections

Previously halted due to the COVID-19 pandemic.

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

All results are listed below:

Figure 18 - CQC Inspection Table

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

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

8. Third Sector Overview – Quarter 4

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 Q4 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 remains online but a blended face to face and virtual group is currently being explored. Memory cafes and peer support groups are currently still on hold but the service is scoping out locations to restart this shortly. Regular welfare calls are 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 148 new referrals during Q4 alone. 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 are still currently being delivered via telephone or online meetings to in-patients of Clock View Hospital, Walton 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 out as necessary with full PPE, either in peoples' homes or on hospital wards. There were 45 new referrals during Q4.

Expect Limited

Expect Limited's staff complement comprises 4 paid members of staff plus 1 volunteer that look after the Bowersdale Centre in Litherland. During Q4 an average of 80 existing service users have accessed the service at the Bowersdale Centre, there were no new referrals received during the period. A booking system for attendance at the centre has been put in place and appears to be

working well. A new timetable for activities has been introduced; these include a walking group, painting with Bob Ross and Mental Health Group.

Imagine independence - IPS

Imagine Independence drastically needed to change how services were delivered during the lockdown period. Services which were centred around 1:1 service user support were delivered via telephone or online Zoom catch-ups. It was essential that Peer Support, Social Inclusion and Employment Services could continue to eliminate the risk of mental health relapse; individual support plans were agreed with clients, the frequency of calls was increased whilst the service also offered extended support to vulnerable service users including emotional support. Connections on behalf of service users who were shielding were also made with local services delivering food parcels and medicines. These ways of keeping in touch proved vital to those shielding and reduced social isolation to the most vulnerable. Vocational support continued to be offered but issues were identified around the lack of digital skills and equipment amongst service users to progress vocational aims during lock down.

Referrals to the service were also affected as Community Mental Health Teams concentrated on Essential Care.

Services are resuming on a face-to-face basis and referrals are increasing.

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; it is envisaged this will conclude by 30th June 2022 with the new service provider starting from 1st July 2022. The current NHS Standard Contract has been extended until 30th June with agreement from Senior Leadership Team.

Sefton Carers Centre

The number of carers registering with the centre has significantly increased since the start of the pandemic. Face to face support is resuming with some services as appropriate. There were 101 remote Counselling sessions delivered and a further 735 hours of support given by the listening ear service. There were 170 appointments for benefits advice took place during the quarter, securing £351K of benefits for Carers. There are currently 561 registered tier 2 young carers receiving support from the centre. Face to face support has been re-introduced on a basis of need.

Sefton Council for Voluntary Service

BAME Service update

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

High Intensity Users

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

Reablement Service

Face to face services and home visits are starting to resume, 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.

Social Prescribing

During the first half of the year there have been an increase in referrals to the service. This quarter saw a large increase in face-to-face community-based activity, a return to 'more normal' activity with referrals onto community activity increasing. There has been an increased focus on personal goals / care plans and good case management by Social Prescribing Link Workers, increasing discharge rates. Current caseloads are still very high in most areas, with an average of 51 active cases per full time member of staff in September, partly due to a vacant post.

Individual PCN's have taken over the grant agreements from 1st November 2021.

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 because 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; there were 244 referrals made during Q4 and 1,069 individual contacts made with the centre.

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.

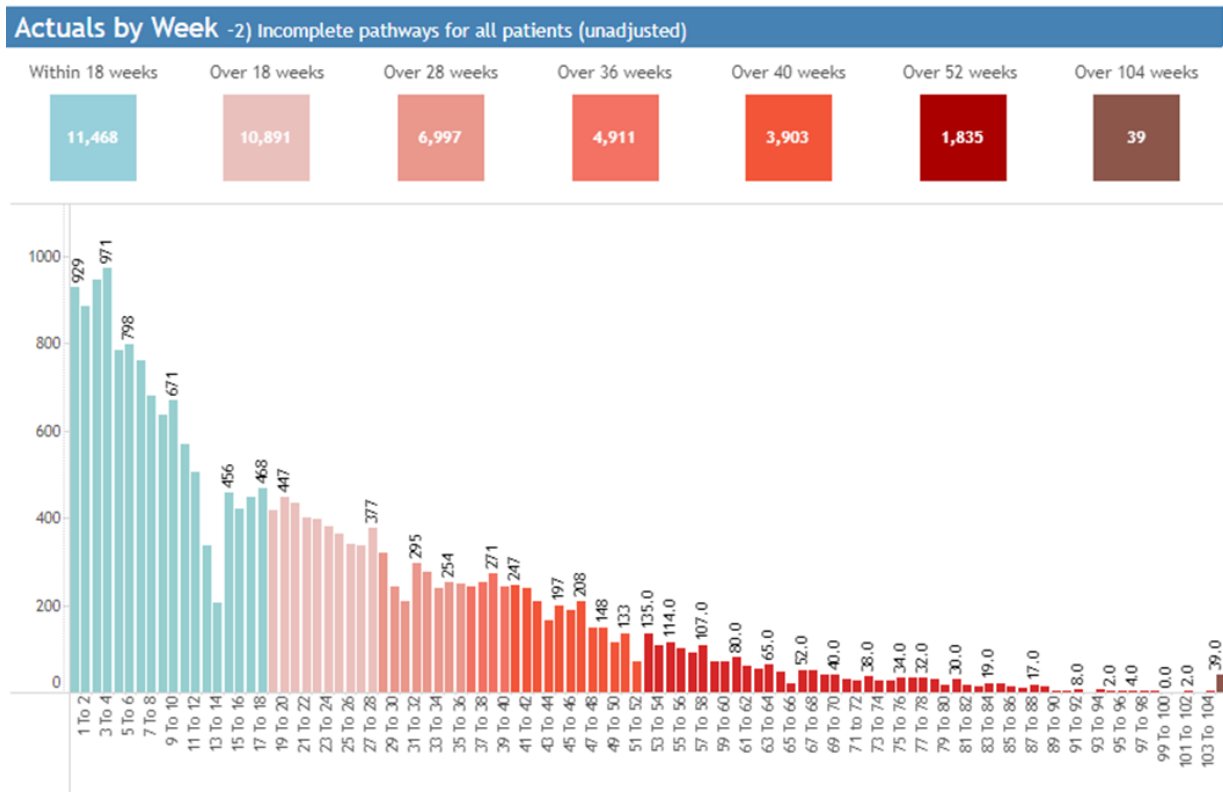
9. NHS Oversight Framework (NHS OF)

The NHS Oversight Framework (NHS OF) has now been superseded by the NHS System Oversight Framework (NHS SOF). The NHS SOF for 2021/22 provides clarity to Integrated Care Systems (ICSs), Trusts and Commissioners on how NHS England and NHS Improvement will monitor performance; sets expectations on working together to maintain and improve the quality of care; and describes how identified support needs to improve standards and outcomes will be co-ordinated and delivered. A separate report is done for Governing Body. This report presents an overview of the 2021/22 System Oversight Framework, and a summary of the latest performance including exception commentary regarding indicators for which the CCG's performance is consistently declining. The report describes reasons for underperformance, actions being taken by managerial leads to improve performance, and expected date of improvement.

10. Appendices

10.1.1 Incomplete Pathway Waiting Times

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



10.1.2 Long Waiters analysis: Top Providers

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

Waiters by Time Period and Provider - 2) Incomplete pathways for all patients (unadjusted)

Provider	Within 18 weeks	Over 18 weeks	Over 28 weeks	Over 36 weeks	Over 40 weeks	Over 52 weeks	Over 104 weeks
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST : (REM)	7,104	7,843	5,250	3,840	3,122	1,559	21
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST : (REP)	1,018	1,292	861	561	426	100	
RENACRES HOSPITAL : (NVC16)	752	491	208	86	60	26	8
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)	461	430	234	127	60	0	
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVY)	536	252	78	35	18	6	
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST : (RBN)	191	197	133	103	85	53	
SPIRE LIVERPOOL HOSPITAL : (NT337)	208	142	99	78	66	47	9
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST : (RRF)	70	45	28	16	12	5	

10.1.3 Long Waiters Analysis: Top Provider split by Specialty

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

